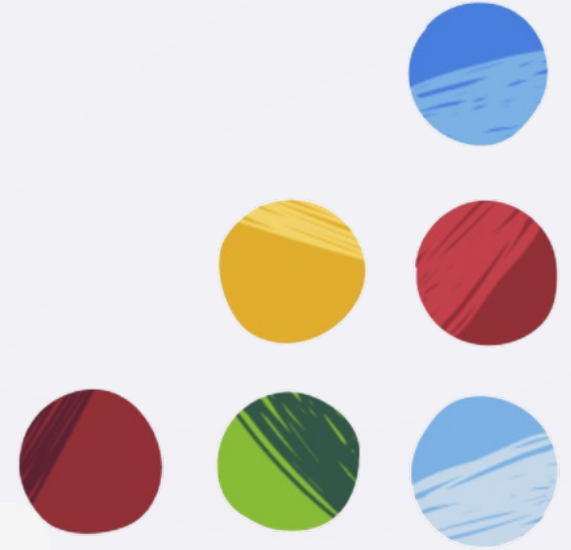


Health Equity Innovation Summit



A nine-region, 18-month summary of solutions
to advance health equity

MAY 2024



WELCOME

A note from AHA's Institute for Diversity and Health Equity

From 2022 to 2023, the American Hospital Association (AHA) and its Institute for Diversity and Health Equity (IFDHE), convened community, hospital and health system leaders across each of its nine regions to explore solutions for advancing health equity. During this 18-month journey, each region participated in a collaborative process to engage in new thinking using the six “Levers of Transformation” as a starting point for ideation, discourse and bold visioning.

Solutions from each of the nine Health Equity Summits were captured as briefs for distribution back out to member hospitals. This document is a summary of the briefs and provides a thematic overview of the solutions that were surfaced. For a more detailed look, refer [HERE](#) to access the individual Solution Briefs from each region.



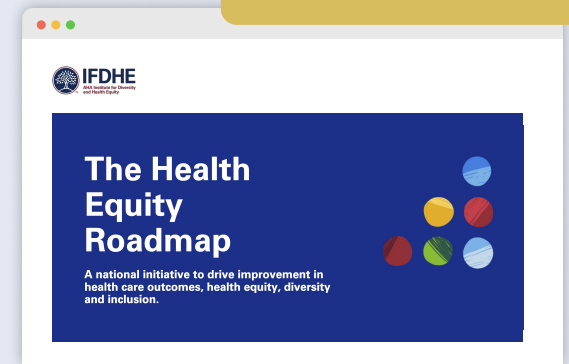
This document is a companion to the Health Equity Roadmap.

The Health Equity Roadmap is a framework to guide hospitals and health systems in charting their paths toward transformation.

Through its Institute for Diversity and Health Equity, the AHA seeks to eliminate structural barriers compromising equitable clinical and operational outcomes of hospitals and health systems, thereby advancing health equity. IFDHE operationalizes AHA's mission and vision in its development and offering to member hospitals.

The Health Equity Transformation Model – the Health Equity Roadmap's theoretical underpinning – provides six "Levers of Transformation," key performance indicators and a self-assessment tool for tracking progress.

EQUITY.AHA.ORG



Visit equity.aha.org to enroll in The Equity Roadmap Initiative, complete the Transformation Assessment, and connect with peers who are on this journey to advance health equity.

THE SIX LEVERS OF TRANSFORMATION

- 1** Culturally appropriate care
- 2** Diverse representation in leadership and governance
- 3** Equitable and inclusive organizational policies
- 4** Community collaboration for solutions
- 5** Collection and use of data to drive action
- 6** Systemic and shared responsibility

OUR JOURNEY

9 Regions, 18 Months



Modeling a Community Co-Design Approach

The Health Equity Innovation Summits used a co-design process with a diverse set of contributors as a catalyst for health equity innovation. Hospital leaders, administrators and community stakeholders were intentionally invited to participate in an ideation process that served as a foundation for surfacing innovative opportunities and solutions. This helped foster a community of practice centered on innovation that summit participants found compelling.

Co-design is a human-centered approach to identifying meaningful problems and solutions with diverse groups of stakeholders. It has proven to be an effective way to lead innovation and change by providing a methodology and tools to create solutions for complex challenges.

Research has shown that co-design benefits publicly traded companies and non-profits alike.

DID YOU KNOW?

Research from McKinsey and Co. shows that 70% of change efforts fail in organizations. Co-design has been proven to increase success rates through its participatory approach.



PROCESS

Fireside Chat

Started the day with a panel to bring perspectives in innovation as it relates to addressing health disparities in hospitals and health systems.



Health Equity Through Human-Centered Design

Held a deep dive into the methods of human-centered design, co-creation and experimentation.



Design Thinking Sessions

Collaborated via Design Thinking Roundtables to envision and explore bold solutions together.



Implementation of All the Levers

Discussed implementation strategies and co-designing for community collaboration.

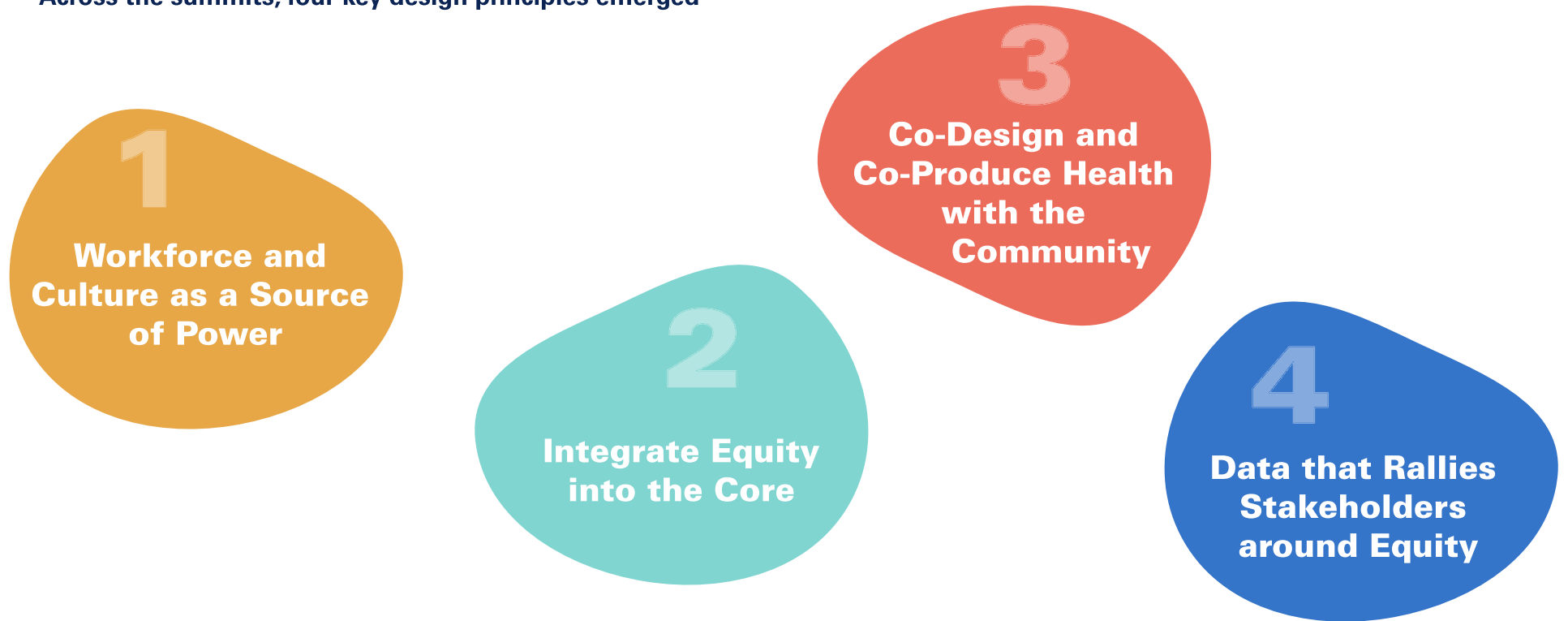


SUMMARY OF SOLUTIONS

Four Key Design Principles

Four Key Design Principles

Across the summits, four key design principles emerged



This design principle is about leaning into people. Powering them. Empowering them. And readying them to be the engine that drives change.

The summit participants made it clear that the best assets for advancing health equity are their people and the cultures they build. Many highlighted the need for organizational cultural level-setting: to align everyone within the culture and build common understanding that equity is quality care. The health care workforce should understand the historical legacy of structural racism, gender inequality, and systemic disparities in access and treatment. When the root causes and legacy of health disparities are understood, members of the workforce can be more effective change agents.

But this is just the beginning. The real work involves digging into the structures and policies that shape the makeup of the workforce. Reaching deeper into the community with pipelines is needed to attract those who truly understand and can cater to the needs of diverse patient populations. Methods of cultivating underrepresented talent to enable career pathways must be retained and reexamined. Challenging conventional career entry points and pathways to be inclusive of a variety of skill sets and entry points will provide opportunities to increase diversity in the workforce and hospital leadership.

The summits also pushed for preparing the workforce to power this transformation. This means investing in formal skills in deep listening, empathy, embodying cultural humility and understanding cultural biases. There was also emphasis on connecting the workforce to real experiences in their communities. The goal is to make engaging in equitable care a joy and to empower staff teams to lead the charge.

1

Workforce and Culture as a Source of Power

Ensure there are aligned pipelines and pathways for retention and growth to create a diverse workforce that is reflective of communities and suited to care for them.

Level-set the culture based on a shared understanding of systemic racism and its pervasive impact. Establish a shared vision based on the foundation that equity is synonymous with quality care. Develop a sense of cultural accountability around equity.

Invest in workforce readiness for transformative health equity work by investing in formal training and skills development across the workforce. Develop the language to have equity-centered conversations.

Fuel people and staff by creating a sense of joy, inclusion and true belonging. Create the space for joy by leaning into healthy debate, celebrating cultural differences and being directly engaged in the communities the staff serve.

2

Integrate Equity into the Core

Throughout the summits, attendees embraced the notion that change should start from within. It was critical for many that the journey of advancing health equity needed to start with weaving equity into the fabric of how hospitals and health systems operate, which is very much in their direct control. For example, hospital and health system leaders discussed integrating health equity into the processes that set and define their priorities (e.g., mission, values, strategic planning, annual operating plans). Hospitals and health systems have the power to examine and leverage their existing assets. They have the ability to integrate equity into their daily operations and care delivery. They have the ability to diversify and equip their leaders to better lead health equity work and work more directly with the community. And they have the power to regularly examine and revise their own policies.

Sustaining advances in DEI and health equity require policy and practice changes. Hospitals and health systems have to move beyond programs and performative exercises. This is about leveraging existing processes and assets to reimagine and reconstitute how business is done and make equity core to operating procedures.

Integrate equity into the processes and plans that define priorities and accountabilities. From the top-down, permeate equity into how business is done.

Leverage the full range of the assets and power structures (e.g., purchasing power) that are already in place and build on them to advance equity.

Create and embrace infrastructures that enable hospitals and health systems to apply new and potentially unfamiliar notions of equity-driven care and business operations. Evolve or create structures – and address systemic flaws – for equitable practices to thrive.

Integrate equity into daily operations and care delivery. Build cultural understanding and DEI practices into existing care practices. Incorporate equity into continuous improvement efforts.

Diversify and equip top leaders with the **competencies** to foster generative leadership, better work directly in their communities and lead equity work.

Regularly revisit, re-examine and retune policies with a health equity and inclusion lens. Reshape policies to allow for more creative ways to build a more inclusive organization and deliver equitable care.

3 Co-Design and Co-Produce Health with the Community

Structural barriers like racism and wealth disparities have historically provided the foundation of mistrust between communities and hospitals. Hospitals and health systems must recognize that power imbalances, supported by considerable imbalances in economic contributions and resource distribution, can strain relationships between the hospitals and health systems that are meant to serve communities and the communities themselves.

With recent changes in regulations, this is an opportune moment for hospitals and health systems to explore and strengthen relationships with surrounding communities. Partnerships with a range of community stakeholders are needed to learn and assess how and where to respond to the community's medical and non-medical needs.

Building the capacity and competency of hospital staff for developing authentic partnerships is required in order to advance health equity. Hospitals and health systems will need to share power in order to co-design sustainable interventions with communities.

Develop the competency and structure for deep community partnerships, collaboration and co-design.

Build leadership capacity for deep collaboration between hospitals and their communities. Establish direct connections and exchanges between hospital and community leadership.

Lean into the role of an anchor institutions in strengthening the surrounding community.

Surface, listen and measure what matters most to communities.

Re-center the focus and ownership of health and health care. Extending care beyond hospital and health system walls and into the community.

Broaden partnerships beyond “the usual suspects” and incentivize collective impact.

There is a need for comprehensive and collaborative data solutions that not only reflect the equity-centric priorities of health systems, but also promote shared ownership, transparency and empathy in the pursuit of health equity. Hospitals and health systems are seeking health equity data solutions that can help align their priorities with intentional outcomes. There is a desire for data that can measure and incentivize efforts to not only track progress, but also bring visibility and intuitive understanding of what constitutes "good" outcomes.

Recognizing that hospitals and health systems cannot tackle health equity alone, there is a need for solutions that facilitate effective collaboration with their communities. This involves establishing standards for gathering, utilizing and sharing data on social drivers of health to ensure a unified and cohesive approach. To foster collaboration, hospitals and health systems should also enable governance and data practices that reflect shared ownership and actions between health care organizations and the communities they serve. Frameworks are needed for collaborative decision making and accountability.

Lastly, participants emphasized the importance of human-centric data solutions. This includes data that reflects whole-person perspectives and is empathetic and supportive to staff, providers and patients. The goal is to ensure that data serves as a tool for positive change rather than a source of fear or shame.

4 Data that Rallies Stakeholders around Equity

Develop data standards and exchanges for advancing health equity that galvanize collaboration across individual hospitals, health systems and the breadth of community partners and stakeholders.

Create measurement systems for health equity that reflect intentional outcomes and align with organizational priorities, goals and incentives. This is a collective yearning not only for quantification, but also for an intuitive understanding of what constitutes "good" outcomes.

Create governance and data practices that enable shared ownership and concerted action between hospitals, health systems and the diverse array of community partners and stakeholders for effective collaboration, transparent decision making and mutual accountability.

Develop human-centric data solutions that bring deep insight into the lived experiences of diverse whole persons and communities. The aspiration is to cultivate data that can serve as a constructive tool rather than a source of apprehension or shame and to embody a people-centric ethos, extending empathy and support to staff and patients alike.

Take Action



Learn More

For more details, explore each of the regional solution briefs on the right.

Leverage these solution briefs to engage internal stakeholders to organize and take action. Look for ways to start and expand health equity work and pursue early, fast wins to build momentum.

Continue to reinforce the connection between quality, patient safety and health equity. Look for opportunities to embed health equity work into the existing infrastructure for quality and patient safety work.



REGION ONE, Sept 2023



REGION TWO, May 2023



REGION THREE, Sept 2022



REGION FOUR, Nov 2023



REGION FIVE, May 2022



REGION SIX, Nov 2022



REGION SEVEN, March 2023



REGION EIGHT, Oct 2023



REGION NINE, July 2023

THANK YOU

On behalf of the American Hospital Association, we thank you for your engagement and contribution to this body of work. We are all on the journey to make hospitals and health systems key contributors to a just society where all individuals and communities reach their highest potential in health.

The Health Equity Innovation Summits, funded by the Robert Wood Johnson Foundation, are designed as a collaborative space to develop solutions to implement the Health Equity Roadmap. For those who attended, we hope your experience of the innovation process was inspiring. Your colleagues thank you for your insights and ingenuity.

The Institute for Diversity and Health Equity is committed to providing evidence, tools and resources to advance health equity and dismantle structural barriers that create disparities. This summary of all nine Health Equity Innovation Summits and the Regional Solution Briefs are tools for leading discussions, developing strategies and implementing solutions.

We look forward to supporting your journey. Thank you for your commitment to health equity.

American Hospital Association's Institute for Diversity and Health Equity (IFDHE)



This solution brief was developed and designed by Aspen Labs as a contributing consulting partner.

