

**REGION 1**

SEP 2023

# Co-Designing for Health Equity

A SOLUTIONS BRIEF TO ADVANCE HEALTH EQUITY



# ABOUT

## WHAT THIS IS

**This is a brief of co-designed solutions demonstrating a strategy for hospitals and health systems to advance health equity in this region.**

Health equity requires innovation – the ability to create constructive disruption with insight, empathy and bold collaboration.

In September 2023, the American Hospital Association (AHA) convened community, hospital and health system leaders in Region 1 to co-design solutions for advancing health equity. Set up to maximize collaboration, the one-day gathering used a human-centered design process to ensure shared accountability among community, hospital and health system participants.

This brief highlights the collective insights of a wide range of participants and the solutions discussed. It is designed for hospitals and health systems to operationalize their [Health Equity Roadmaps](#) and begin to create the system changes needed to advance health equity.

Disclaimer: The specific ideas captured within this solutions brief are reflective of the perspectives of AHA member participants who attended the Health Equity Summit and do not necessarily reflect the official viewpoints or positions of the AHA and the Institute for Diversity and Health Equity (IFDHE).

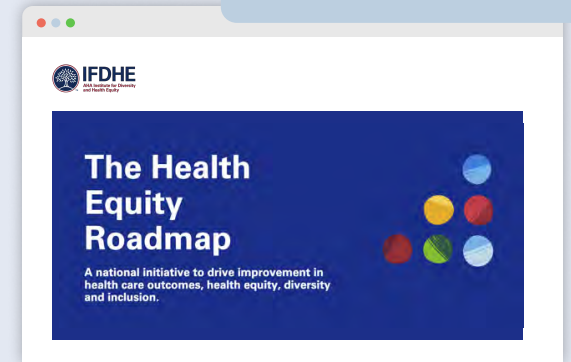
# A COMPANION TO THE HEALTH EQUITY ROADMAP

**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 (IFDHE), 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 for Transformation,” key performance indicators and a self-assessment tool for tracking progress.

**EQUITY.AHA.ORG**



Visit [equity.aha.org](https://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 FOR 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

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## HOW THESE SOLUTIONS WERE DEVELOPED

Leaders from 21 hospitals and health systems attended, including CEOs, SVPs, VPs and directors. Attendees represented functional areas including Equity, Quality, Community Health, Medical Affairs, Government and Community Relations, and Health Education. Most importantly, community stakeholders and leaders participated alongside their local hospitals and health systems for a day of co-design, using a human-centered structure and process for exploring solutions together.

*Baystate Health*

*Bristol Health*

*Care New England Health System*

*Connecticut Hospital Association*

*Connecticut Health Foundation*

*Foundation for Healthy Communities*

*Hartford HealthCare*

*Health Equity Compact*

*Lifespan Health System*

*Love Leadership Foundation*

*Massachusetts Health & Hospital Association*

*Rushford Hartford HealthCare*

*The Diaper Bank of Connecticut*

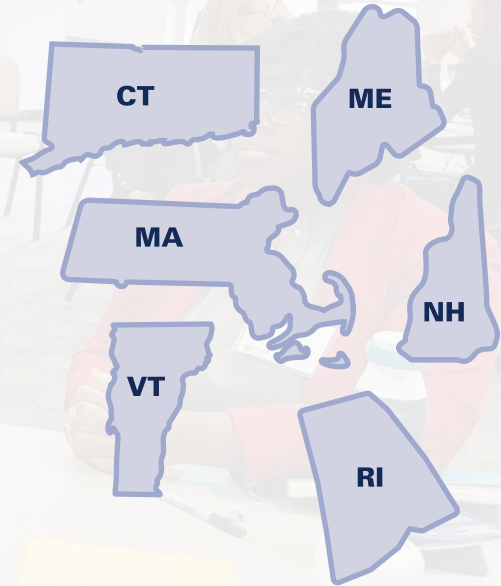
*Trinity Health Of New England*

*Waterbury Bridge To Success Community Partnership*

*Waterbury Hospital*

*Yale New Haven Hospital*

## REGION 1



# MODELING A CO-DESIGN COMMUNITY APPROACH

At the Region 1 Health Equity Innovation Summit, the AHA used a co-design approach for bringing community leaders, hospitals and health systems together to explore, listen, learn and co-create ideas as equal partners with equal voices. Empathy drove the tone. Visions and ideas were shared. Possible solutions were sketched out, built upon and evolved.

**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.



# OUR PROCESS

## Fireside Chat

Started the day with a panel of health equity experts discussing innovation.



## 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 at Design Thinking Roundtables to address each lever of transformation.



## Implementation of All the Levers

Co-created strategies for a specific lever for other hospitals in the Region.



# THREE THEMES

At the summit in Wallingford, CT, many ideas were generated and discussed over the course of the day. Three themes emerged that represented opportunities for action.

## **1** People (em)Powered

Ways to empower people as an engine of change

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## **2** Making the Most of Data

Ways to engage in smart data collection and use to drive equity efforts

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## **3** Lead with Love

Ways to lead change that start from the heart

**THEME ONE**

# **People (em)Powered**





## People (em)Powered

*People as the true engine of change.*

The first emerging theme was focused on people who drive change, formally and informally, and how they can be an engine for good. In many communities, the local hospital is one of the largest employers, and with this come significant opportunities to impact health equity.

The group focused on three areas of opportunity where the power of people was particularly evident. These included putting a spotlight on leadership roles to reflect the voice and make-up of the community, partnering with the community to learn how to use hospital size and infrastructure to create more equitable care pathways, and “creating careers, not jobs” as a powerful way to impact the financial health of people within our local communities.

### SOLUTION SPACES:

→ How might we build structures to help create diverse and generative leaders within our healthcare systems?

→ How might we be a force in the community for financial health and wealth building?

→ How might we leverage our size and employment opportunities to create pathways for those who are economically disadvantaged?

## → SOLUTION SPACE 1

**How might we build structures to help create diverse and generative leaders within our healthcare systems?**



Redesign leadership roles to prioritize equity and diversity as a part of everyone's job.

LEVERS 2, 6



Appoint a Senior VP with competence and experience dedicated to leading diversity, equity and inclusion efforts within the organization. We need to build up our focus and knowledge to perform at our best.

LEVERS 2, 6



Connect equity and diversity to performance reviews. Have SMART goals and clear pathways based on performance.

LEVERS 2, 3, 5



Explore opportunities to diversify the hospital boards that allow for open nominations by including community members as representatives.

LEVERS 2, 3

## → SOLUTION SPACE 2

**How might we be a force in the community for financial health and wealth building?**



Collaborate with minority or disadvantaged businesses in the supply chain to understand their needs and provide ongoing support and capacity-building opportunities.

LEVERS 1, 4, 6



Provide opportunities for co-workers without banking relationships to establish direct deposit arrangements, reducing reliance on check-cashing facilities. This helps preserve their full paychecks.

LEVERS 1, 3, 4



Focus on building wealth through the ownership of businesses for both employees and contracted partners.

LEVERS 1, 4



Recognize that some businesses may need to start small and grow gradually. Commit to assisting them throughout their journey toward becoming an integral part of the supply chain.

LEVER 1, 4

## SOLUTION SPACE 3

**How might we leverage our size and employment opportunities to create pathways for those who are economically disadvantaged?**



Ensure a deep understanding of the workforce's needs and the data concerning the wealth gap.

LEVERS 4, 5



Modify management styles to align with and support individuals in their chosen career paths.

LEVERS 2, 6



Open up our aperture about what skill sets and education are really required. Instead, consider creating or partnering for on-the-job training programs.

LEVERS 3, 6



Restructure performance evaluations to align with a longer term career pathway, not just the job of the moment. This would include readiness indicators for the next role in the career path.

LEVERS 3, 6



Recruit and retain potential leaders into our organizations based on desired career pathways (e.g., senior management) instead of traditional role job descriptions (e.g., program manager). Clearly articulate the career pathways to leadership during the recruiting phase.

LEVERS 2, 3

**THEME TWO**

# **Making the Most of Data**



## Making the Most of Data

*Smart data collection and use to drive equity efforts.*

The second theme from the summit focused on data and approaches to collecting, utilizing and sharing it. Participants were particularly mindful of the point of connection between care and support staff who may be collecting the data and the patients providing it, as this moment is more than just a transaction; it sets the stage for a shared experience.

Data helps to shine a light on biases and equity challenges. Ideas were created to gain insights into the needs of our community and into our own behavior. To do this, we need structures that are transparent and fair. This theme provides ideas to bring all of this to life.

### SOLUTION SPACES:

→ How might we collect data in a way that is empathetic and supportive to staff, physicians and patients alike?

→ How might we move beyond fragmented patient data points to data that builds true human insights?

→ How might we ensure that data is used as a tool for equity and not as a source of fear or shame?

## SOLUTION SPACE 1

How might we collect data in a way that is empathetic and supportive to staff, physicians and patients alike?



Focus on the end-to-end experience of how data collection occurs.

LEVERS 5



Design simple and easy-to-complete workflows to make the data collection a more user-friendly process for staff, physicians and patients. Ask for feedback.

LEVERS 3, 5, 6



Develop comprehensive training programs for staff members to ensure they understand not only WHAT data to collect, but HOW to collect it.

LEVERS 1, 5



Create patient journey maps to visualize where and how data collection occurs across their entire healthcare experience (e.g., admission, phone encounter, inpatient, outpatient, etc.)

LEVER 1, 4, 5



Use the journey map output to focus on the parts of the experience that matter most to people.

LEVER 1, 4, 5



Ensure continuous collaboration and reporting to adapt assessments to changing community needs.

LEVER 3, 4, 5

## SOLUTION SPACE 2

How might we move beyond fragmented patient data points to data that builds true human insights?



Develop universal standards for key terms like “race” and “ethnicity” across organizations and entities such as JCAHO, AHA, AMA, Magnet, etc.

LEVERS 3, 5



Make data available to community leaders to identify and address disparities alongside the healthcare system.

LEVERS 4, 5, 6



Work with the community to co-create measures and metrics for patient needs.

LEVERS 4, 5



To gather support, consider data campaigns such as Yale New Haven's "We ask because we care" campaign.

LEVERS 1, 4



Pair data and stories to create more complete pictures of people and their lives.

LEVERS 1, 3, 5



## SOLUTION SPACE 3

How might we ensure that data is used as a tool for equity and not as a source of fear or shame?



Educate staff on how to interpret and use data effectively to drive behavior change and decision making.

LEVERS 1, 3, 4



Create a data governance structure to address concerns about data transparency and accessibility.

LEVERS 3, 5, 6



Leverage practice data to provide feedback on our own blind spots and behaviors in treatment patterns and health equity.

LEVERS 1, 3, 5



Be transparent with patients about how their data will be used after it is collected, and share insights that are gained from the data.

LEVERS 1, 3, 4, 5



Focus on ensuring that the data is not met with defensiveness when shared, but is used constructively and thoughtfully.

LEVERS 3, 5



**THEME THREE**

# **Lead with Love**



## Lead with Love

*Change starts from the heart*

The final theme was inspired by a story told during the workshop about a group of nuns who originally came to the region many years ago to help those who were ill and struggling. As the story was told, the nuns did not know how they were going to help at the time, but they were brave, they followed the needs of those they served, and they evolved, learned and got better as they went on.

This message behind this story resonated with the participants as passion, empathy and even joy can stem from the calling to care. It creates virtuous cycles in our work.

The nuns in the story didn't wait for all the answers. They led with love for the community. What could it look like if we did the same?

### SOLUTION SPACES:

→ How might we better connect with what is important to our communities?

→ How might we make learning and evolving fun and even joyful?

→ How might we shift from cultural tensions to cultural differences that are actually celebrated?

## SOLUTION SPACE 1

How might we better connect with what is important to our communities?



Go to the community to learn about what is important. Talk to people. Observe. Learn.

LEVERS 1, 4



Structure leadership performance reviews with outcome targets that align with our community needs assessments.

LEVERS 2, 3, 5



Bring in (and compensate) community members to help educate the organization about daily life, challenges and what is important.

LEVER 1, 4, 6



Establish a new model for collaborative learning, where the community co-leads decision making with the health system.

LEVER 2, 4, 6



Remember the importance of language through interpretation and translation services to support solid two-way communication.

LEVERS 1, 3

## → SOLUTION SPACE 2

How might we make learning and evolving fun and even joyful?



People find more joy when their work is connected to a bigger “why.” Help make the meaning in each person’s work more clear and connected.

LEVERS 1, 5, 6



Find inspiration in low-tech but high-value collaborations like the Diaper Bank Program. This program identified the root of a need (diapers) that continually and disproportionately afflicted those struggling with entering the workforce after giving birth.

LEVERS 1, 4



Make learning collaborative and do it **WITH** the community.

LEVERS 4, 6



Explore and be curious about what others are doing. Remember to look to less explored places, like the UK health system (NHS) or to non-healthcare approaches.

LEVERS 1, 5

## SOLUTION SPACE 3

How might we shift from cultural tensions to cultural differences that are actually celebrated?



Create the importance of culture at the top. Link board member bonuses to improvements in patient experience scores and culturally appropriate services.

LEVERS 1, 2, 5



Support front-line staff and bring them into the process early when implementing new initiatives so it is a good experience for everyone.

LEVERS 1, 3, 6



Foster a culture of celebration—highlight and celebrate different cultures at work for events like a new department employee joining.

LEVERS 1, 6



Identify opportunities for simple, elegant innovations that don't require high-tech complexities (e.g., The Diaper Bank story).

LEVER 1, 4



Empower the workforce to choose which holidays they celebrate during the year.

LEVER 1, 3

# Take Action

# NEXT STEPS

1

## Identify what resonates

Personal connections drive purpose. Recommend that everyone who reads the brief reflect on one personal story about themselves or someone they care about who has been affected by health inequities or DEI challenges. Consider sharing with one another.

- [Great Storytelling Connects Employees to Their Work](#)  
*Harvard Business Review*

2

## Leverage networks and early adopters

Reach people who want to be early adopters. Inspire action and help break down barriers where you can. Identify the formal and informal networks both inside and outside of your organization that would want to be a part of this change and unleash the energy.

- [How to Start a Cultural Transformation](#)  
*Simon Sinek*

3

## Mind your organization's energy

Identify which areas are within your control and which require influence. Begin your problem solving where you can create momentum. The more complex problems can come later as you build bridges with your community and co-design together.

- [Wicked Problem Solvers](#)  
*Harvard Business Review*

4

## Dream big, start small

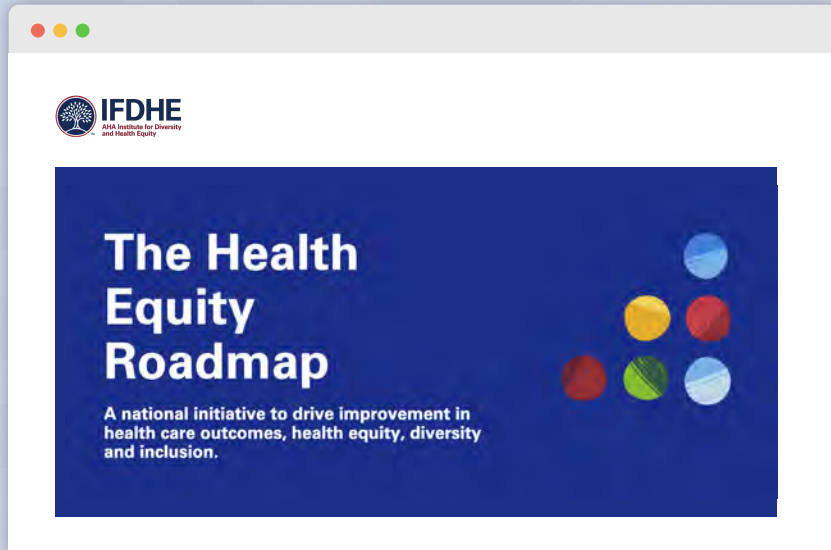
Big dreams inspire people and draw them into a cause. Balance that with small steps that create momentum and show that progress is possible. Celebrate progress!

- [The Power of Small Wins](#)  
*Harvard Business Review*



# RESOURCES

Visit [equity.aha.org](https://equity.aha.org) to access our many health equity resources.



## ROADMAP

The Health Equity Roadmap is a framework to help hospitals and health systems chart their own paths toward transformation to become more equitable and inclusive organizations.

→ [Visit the Roadmap](#)

## ACTION LIBRARY

The Health Equity Action Library (HEAL) is a dynamic collection of tools and resources focusing on practical, how-to solutions to help hospitals and health systems of all sizes build more equitable and inclusive communities.

→ [Visit the Health Equity Action Library](#)

## RESOURCE SERIES

The Health Equity Resource Series consists of toolkits designed to share evidence-based practices across four foundational pillars: data practices, cultural humility, DEI in leadership and governance, and sustainable community partnerships.

→ [Visit the Resource Series](#)

## ROUND-TABLE

This collective space is for those who influence and implement their organizational equity agenda. Join for professional development webinars, in-person events, moral support and self-care strategies from health equity pioneers.

→ [Sign up for the Roundtable](#)

# THANK YOU

On behalf of the American Hospital Association, we thank you for your contribution toward advancing health equity. We are all on the journey to position hospitals and health systems as contributors to a just society.

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 the Region 1 gathering, 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 tools and resources to advance health equity and dismantling structural barriers that create disparities. This Regional Solution Brief is a tool for leading discussions, developing strategies and implementing ideas. The goal of the Health Equity Roadmap is to improve safety, diversify leadership, amplify inclusion and design workplace cultures that recruit and retain diverse talent to co-design solutions for health equity.

We look forward to seeing you in your journey as Virtual Community Participants in the Health Equity Roadmap. Visit [equity.aha.org](https://equity.aha.org). 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.**

