

REGION 2

MAY 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 May 2023, the American Hospital Association (AHA) convened community, hospital and health systems leaders at Lankenau Hospital in Region 2 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 does not necessarily reflect the official viewpoints or positions of the AHA and the Institute for Diversity and Health Equity (IFDHE).

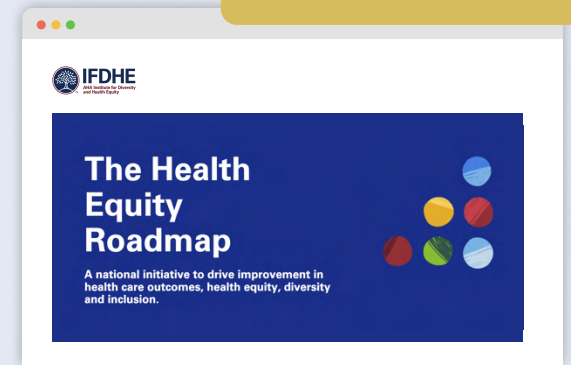
A COMPANION TO THE HEALTH EQUITY ROADMAP

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 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

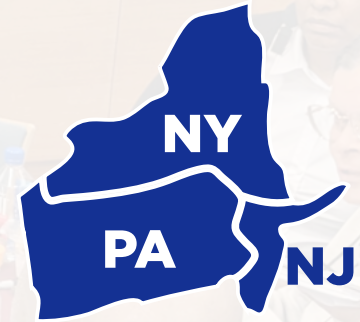
- 1** Culturally appropriate care
- 2** Diverse representation in leadership and governance
- 3** Equitable and inclusive organizational policies
- 4** Community collaboration for solutions
- 5** Collection and use of data to drive action
- 6** Systemic and shared responsibility

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HOW THESE SOLUTIONS WERE DEVELOPED

Leaders from 27 hospitals and health systems attended, including CEOs, SVPs, VPs and directors. Attendees represented functional areas such as Diversity, Equity and Inclusion; Quality; Population/Care Management; and HR/Organizational Development. 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.

REGION 2



American College of Preventive Medicine

Atlantic Health System

C Change

Catholic Health

Children's Hospital of Philadelphia

Drexel University

Geisinger Commonwealth School of Medicine

DiverseForce

Hackensack Meridian Health

The Hospital and Healthsystem Association of Pennsylvania

Independence Blue Cross

Inspira Health

Jefferson Health

Korn Ferry

Lankenau Medical Center

Main Line Health

Mazzoni Center

One Brooklyn Health

Overbrook Environmental Education Center

Penn Medicine

Stony Brook Medicine

Temple Health

Temple University, Lewis Katz School of Medicine

The Hospital and Healthsystem Association of Pennsylvania

Trinity Health

Trinity Health Mid-Atlantic, South Region

WellSpan Health

MODELING A CO-DESIGN COMMUNITY APPROACH

At the Region 2 Health Equity Innovation Summit, the AHA used a co-design approach for bringing community leaders, hospitals and health systems together to explore, listen and 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 methods in 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 Region 2 Innovation Summit in the suburb of Philadelphia, PA, more than 340 ideas were discussed over the course of the day.

Three themes emerged that represented opportunities for action.

1 Person- and Community-Focused Care

Ways to learn from and partner with community members to deliver equitable care and services

2 Empathetic Organizations Rooted in Kindness

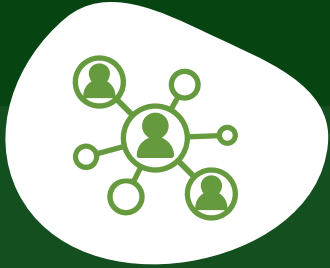
Ways for organizations to grow empathy and demonstrate kindness in the pursuit of DEI and belonging

3 System Solutions for Bold Visions

Ways to approach system transformations to bring bold visions of the future to life

THEME ONE

Person- and Community- Focused Care



People first and foremost. Always.

The first major theme from the Region 2 Innovation Summit centered around how health systems engage and partner with communities on the journey to health equity. There are many assets that come to bear in health equity work, and the community members' voices, experiences and ideas may be the most critical of all assets.

Ideas were explored around what is needed to connect with the community voice, how to co-design with the community and ways to create and sustain a more dynamic community ecosystem.

SOLUTION SPACES:

How might we best amplify inclusive community knowledge and experience?

How might we build approaches for community co-design through our structures and partnerships?

How might we approach investing in a community ecosystem?

How might we enhance our cultural competency to engage deeply with the community?

SOLUTION SPACE 1

How might we best amplify inclusive community knowledge and experience?



Invest in the community with Human-Centered Design (HCD) and leadership skills and tools to be partners at the table and lead changes.

LEVERS 4, 5



Create community-informed dashboards that identify gaps that the community deems important.

LEVERS 3, 5, 6



Get community members and community leaders involved in areas like community boards, new growth and development plans, and refinement of outreach programs.

LEVERS 1, 4, 5



Tie executive leadership compensation/incentives to equity outcomes that have been identified by the community itself.

LEVER 6



Replicate the AHA Regional Policy Board model for community committee involvement.

LEVERS 4, 5



Learn from other industries (e.g., hospitality) about how they make customers feel informed, special and in the driver's seat of their care.

LEVERS 1, 5

→ SOLUTION SPACE 2

How might we build approaches for community co-design through our structures and partnerships?



Create a council between the health system and local organizations based in the community.

LEVERS 1, 4, 5



Remove systemic penalties for seeking care in different ways.

LEVERS 1, 2



Build partnership within the community where people live, work and play with entities like barber shops, houses of worship, and parks departments.

LEVERS 1, 5



Bring healthcare into non-healthcare areas for greater access.

LEVERS 1, 5



Develop roles for non-medical staff who can provide basic health education to the community directly and in a familiar, authentic way.

LEVER 1



Amplify the voices and reach of employee resource groups as a bridge into diverse communities.

LEVERS 3, 5

→ SOLUTION SPACE 3

How might we approach investing in a community ecosystem?



Co-produce drivers/determinants of health reports.

LEVERS 3, 5, 6



Look at the environmental impacts in the community (e.g., impacts on children, physical structures, availability of clean water) and focus on those areas for solutions.

LEVERS 3, 5



Prioritize providing health education in the community that begins at a young age and invest in underserved schools.

LEVER 5



Provide workforce pipelines into the community through mentorship opportunities, fellowships, paid high school job opportunities, etc.

LEVERS 2, 5



Create or support grant programs to provide aid to students entering the workforce.

LEVERS 2, 5

→ SOLUTION SPACE 4

How might we enhance our cultural competency to engage deeply with the community?



Work to get past the jargon that fills the healthcare system and take time to improve healthcare literacy.

LEVERS 1, 5



Connect with the community through front-line workers and engage in community conversations.

LEVERS 1, 5



Educate staff, patients and local leaders about culturally sensitive care. Plan, execute and take the time to evaluate the curriculum to ensure it is effective.

LEVERS 1, 3



“Questions are powerful!”
Train staff, leaders and community workers on how to ask better questions.

LEVERS 1, 3



Teach culturally appropriate care in nursing and medical schools.

LEVER 1



THEME TWO

Empathetic Organizations Rooted in Kindness



How we treat each other as a model for how we treat our communities

One major theme from the Region 2 Innovation Summit centered around humane and just treatment of each other within the walls of our own organizations as a model of how we should treat those to whom we provide care and services.

Ideas were explored to bring awareness to deficits and how to take steps to fill them. Pay, recruitment, accountability strategies and leadership were all discussed as paths forward to foster the type of behavior and structures for each other that we are driven to provide to our community.

SOLUTION SPACES:

→ How might we create a just and inclusive workplace where people truly feel they belong?

→ How might we encourage and create the space for diversity and healthy debate?

→ How might we ensure equitable opportunities for and equitable treatment of employees?

→ How might we foster generative and representative leadership within our walls?

SOLUTION SPACE 1

How might we create a just and inclusive workplace where people truly feel they belong?



Create a shared vision of “belonging” and developing measurements and feedback loops to signal if it is being achieved.

LEVERS 4, 6



Treat the creation of an inclusive culture as an actual intervention to achieving equity.

LEVER 6



Ensure equitable treatment at work spills over into the community.

LEVER 6



Develop opportunities for equity influencers and leadership to work together.

LEVER 6



Emphasize the humanity of employees who work in stressful environments, make mistakes—and where possible—implement restorative justice.

LEVER 2



Take active steps for the workforce to mirror the community we serve.

LEVER 4



Develop a pay equity policy whereby job content—not titles—determines whether jobs are substantially equal.

LEVER 2

SOLUTION SPACE 2

How might we encourage and create the space for diversity and healthy debate?



Build facilitation skills that support diversity of thought and healthy debate in meetings and team interactions.

LEVERS 4, 6



Share diverse perspectives throughout the organization.

LEVERS 4, 6



Complete racial/gender workforce analysis followed by developing pay equity policies and protocol for the organizational workforce.

LEVERS 3, 2



Create transparency in key equity areas such as transparency in pay and rankings in workforce diversity data.

LEVERS 2, 3



Establish an associate board and engage them in governance, learning and education. Diversify the makeup of the board and include fresh, younger talent.

LEVER 4

SOLUTION SPACE 3

How might we ensure equitable opportunities and equitable treatment of employees?



Reassess requirements in job descriptions through an equity lens.

LEVER 2



Ensure HR accountability for DEI performance and system leader accountability for burnout drivers.

LEVERS 2, 6



Redesign fellowship opportunities to include attributes such as a reduction in normal workload to support participation, tuition reimbursement or stipends to offset compensation changes, and a retention commitment.

LEVERS 2, 4



Develop fellowship and additional job opportunities for those who have alternative educations or non-traditional experiences.

LEVERS 2, 4



Create term limits for identified roles, committees and functions to allow opportunities for and exposure for more people.

LEVERS 2, 4

SOLUTION SPACE 4

How might we foster generative and representative leadership within our walls?



Develop skills in deep listening and asking better questions.

LEVERS 1, 6



Develop opportunities for equity influencers and leadership to work together.

LEVERS 4, 5



Have leaders engage in training with clinical professionals such as nursing students and medical students to better understand care delivery.

LEVERS 1, 4



Create specific targets and metrics for diversifying the board and executive leadership. Incentivize those metrics.

LEVERS 3, 4



Seek out diverse communities or minority-owned businesses. Review internal and external policies that shape what vendor selection.

LEVERS 2, 5

THEME THREE

System Solutions for Bold Visions



Challenging orthodoxies and creating a burning ambition for change

The final thematic area from Region 2 highlighted the big challenges and the bold changes that the groups were driven to address. While it was far from quick or easy, the group believed strongly that it was worth the effort to bring about true health equity impact.

Approaches to the payment system and misaligned incentives were called out as areas in need of creative thinking, along with ways to leverage the power of uncommon partnerships and data. This area rounded off with ensuring that during this long-game approach, milestones and accomplishments were celebrated along the way.

SOLUTION SPACES:

How might we leverage data stratification and incentives to propel a path forward?

How might we build structures and competencies within the board and executive team to expedite our health equity work?

How might we unleash insights through uncommon partnerships and data sources?

How might we identify systemic flaws and go upstream to address them?

SOLUTION SPACE 1

How might we leverage data stratification and incentives to propel a path forward?



Obtain REaL (Race, Ethnicity, and Language), SOGI (Sexual Orientation and Gender Identity) and SDDH (Social Drivers of Health) data.

LEVER 3



Conduct data gathering and listening sessions in non-traditional areas such as job placement agencies, religious organizations, women's/men's/youth organizations, and food banks.

LEVERS 3, 5



Work to stratify data (e.g., quality outcomes stratified by REaL [Race, Ethnicity, and Language] and SOGI [Sexual Orientation and Gender Identity]).

LEVERS 3, 4



Build a true partnership with particular racial or ethnic groups by sharing and discussing the data (e.g., such as educating the public about diabetes).

LEVERS 3, 5



To support collaboration across organizations, set up structures such as standard data categories, leverage EMRs and HealthShare (HSX), and provide consistent training for equity approaches.

LEVERS 2, 3, 6



Share data universally with patients, legislators, ACOs, Payers, and new partners.

LEVERS 3, 5, 6



Create internal and external accountability across all levels, including senior leadership, the board and the CEO.

LEVERS 2, 4, 6

SOLUTION SPACE 2

How might we build structures and competencies within the board and executive team to expedite our health equity work?



Link competency and performance of leaders and the board to health equity goals (e.g., compensation).

LEVERS 2, 4



Develop a board mentorship program.

LEVER 4



Require term limits for board members.

LEVERS 2, 4



Pay community members to sit on boards and extend their voices to decisions about community partnerships.

LEVERS 4, 5



Set targets for all levels (especially senior leadership) to ensure the racial makeup of the workforce reflects the community it serves.

LEVERS 2, 3



Seek out national awards from organizations such as AONL, ANA and AMA.

LEVER 4



Acknowledge that quick wins are important to keep momentum, and that big changes take longer and require patience.

LEVERS 2, 3

SOLUTION SPACE 3

How might we unleash insights through uncommon partnerships and data sources?



Look to employee resource groups to help guide the work needed and consider incentivizing them for their efforts and health equity work.

LEVERS 2, 3



Create non-traditional partnerships (e.g., with mobile phones and cable companies) to develop a supportive infrastructure.

LEVERS 3, 6



Create a Federally Qualified Health Center model of care with socioeconomic diversity; there is a precedent for this.

LEVER 4



Consult with electric and water companies to discover where poverty is prevalent.

LEVERS 3, 6



Leverage food bank activity as a viable approach to determine what is happening "on the ground."

LEVERS 3, 5



Invest in public-private partnerships while still ensuring data integrity.

LEVERS 3, 5, 6

→ SOLUTION SPACE 4

How might we identify systemic flaws and go upstream to address them?



Be bold enough to name the elephants in the room (e.g., racism from systems operating as created, two tier care).

LEVER 5



Bring diverse talent into the healthcare pipeline by educating students and cultivating interest in middle school and high school.

LEVER 2, 5



Identify fundamentally flawed systems and take the time to fix them rather than creating workarounds.

LEVER 5



Eliminate for-profit healthcare.

LEVER 2



Uncouple employee awarded access to health insurance.

LEVER 2



Provide thorough training and education to empower the community and front-line workers.

LEVER 5, 6



Move to a single-payer healthcare system.

LEVER 2

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 Problems](#)
Harvard Business Review

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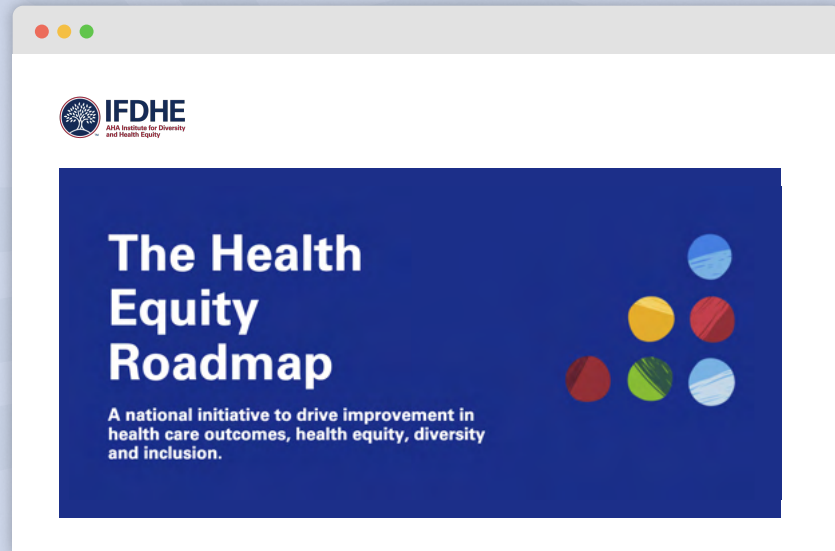
Dream big, start small

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 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 7 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. 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.

