

REGION 3

SEPT 2022

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 disruption with insight, empathy and bold collaboration.

In September 2022, the American Hospital Association (AHA) convened community, hospital and health systems leaders in Region 3 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, hospitals and health system participants.

This brief highlights the collective insights of a wide range of participants and the solutions discussed. It is designed for hospital 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. 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 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

REGION 3

HOW THESE SOLUTIONS WERE DEVELOPED

Leaders from 16 hospitals and health systems attended, ranging from CEOs to SVPs, VPs and directors. Attendees represented functions including Diversity, Equity and Inclusion; Quality; Population/Care Management, and HR/Organizational Development. Most importantly, community stakeholders and leaders participated alongside their local hospital and health systems for a day of co-design, using a human-centered structure and process for exploring solutions together.

REGION 3



Baptist Health

Children's National Hospital

*Commonwealth of Virginia -
Department of Behavioral Health
and Developmental Services*

Cone Health

Cone Health Medical Group

*Louisville Metro Department of
Public Health and Wellness*

Luminis Health

MedStar Health

Mon Health Medical Center

*North Carolina Healthcare
Association/CaroNova*

St. Elizabeth Healthcare

U of L Health

U of L Health – Jewish Hospital

U of L Health – Peace Hospital

UK HealthCare/A B Chandler Medical Center

Washington, DC VA Medical Center

MODELING A CO-DESIGN COMMUNITY APPROACH

At the Region 3 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 the right problems and finding meaningful 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 panel of experts in health equity.



Health Equity Through Human-Centered Design

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

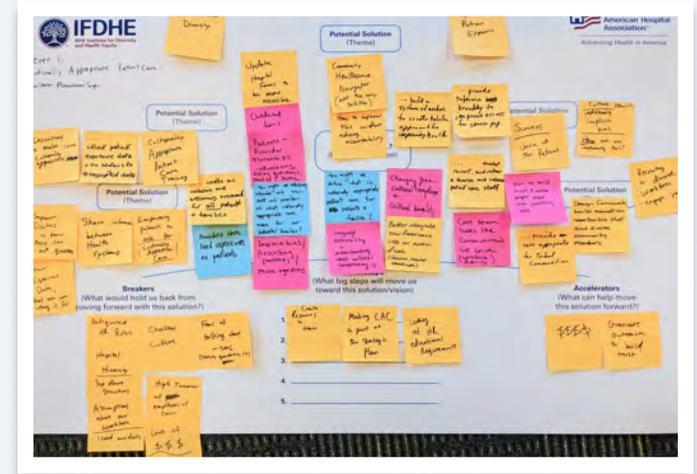


Co-Designing for Community Collaboration

Discussed Implementation Strategies and Co-Designing for Community Collaboration

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

Design Thinking Session



THREE THEMES

At the summit in Louisville, 50+ solutions were discussed over the course of the day. Three themes emerged that represented opportunities for action.

1 Intentionality Through Data

Ways to understand where we are and what we want to accomplish, using data

2 Integrate into the Core

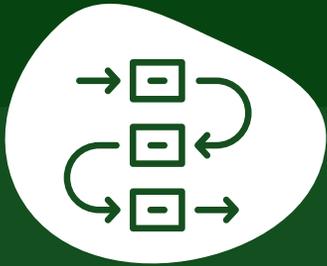
Ways to integrate health equity into the core of what we prioritize and how we operate

3 Innovative Partnerships

Ways to be more innovative around who we partner with and how we partner

THEME ONE

Intentionality Through Data



Intentionality Through Data

Knowing where we are and where we are going

The first major theme from the Region 3 Innovation Summit centered around intentionality – and the critical role data needs to play in hospitals' and health systems' journeys toward advancing equity.

Participants stressed the importance of being able to establish a baseline, knowing where they are, and using data to inform and define their outcomes. Participants also underscored the need to create an infrastructure of ownership, governance and engagement for their data and outcomes.

Lastly, ideas were explored around how hospitals and health systems can work to expand their view into the communities and populations they serve.

SOLUTION SPACES:

How might we understand where we are as a basis for setting priorities and moving forward with intentional outcomes?

How might we create a structure of ownership, governance and engagement around outcomes based on data?

How might we address the inherent "narrow view" and flaws in hospitals and health systems' data collection?

→ SOLUTION SPACE 1

How might we understand where we are as a basis for setting priorities and moving forward with intentional outcomes?



Take an internal inventory to get a better idea for what is already happening. Map key groups, resources and barriers to health equity and well-being.

LEVERS 4, 5



Work across the organization to align around a common definition of health equity for the system.

LEVER 3



Identify represented dimensions of diversity as a starting point for setting priorities for moving forward.

LEVER 4



Identify key metrics and develop a consistent data framework. Create measurable goals, outcomes and deliverables that can be tracked to trend progress.

LEVERS 1, 3, 5



Conduct data assessments to identify gaps in leadership representation relative to the diversity of the community populations hospitals and health systems serve.

LEVER 4



Define and connect DEI metrics to the language of impact (e.g., return on investment and clinical outcomes).

LEVER 4



Engage the board in developing baseline assessments, including quality data across the system (e.g., gaps in employee training, disparities in access and care).

LEVER 2

→ SOLUTION SPACE 2

How might we create a structure of ownership, governance and engagement around outcomes based on data?



Engage with Quality to own and lead health equity data. Designate a leader for health equity and DEI data who is tied to the organization's senior leadership.

LEVERS 2, 3, 6



Engage the board often and consistently (e.g., quarterly) in health equity outcomes and data.

LEVER 2



Identify key stakeholders across the organization to engage in health equity data and outcomes.

LEVER 3

→ SOLUTION SPACE 3

How might we address the inherent "narrow view" and flaws in health system data collection?



Leverage Electronic Health Records (EHRs) to better capture patient data.

LEVER 3



Partner with payers to integrate payer claims data to enrich hospitals' and health systems' understanding of patient outcomes.

LEVER 3



Educate staff on data collection. Consider structural and institutional biases in established hospital and health system tools and processes (e.g., CHNAs, MAPP Process).

LEVER 3



Develop shared metrics with community groups and partners as a proof of concept.

LEVER 6



Establish data partnerships with existing community groups and partners. Establish affinity groups with the community in order to gather more substantial data about communities served.

LEVER 4



Work with community partners to integrate data from the community to inform health equity issues, especially as it relates to undocumented populations.

LEVER 4

THEME TWO

Integrate into the Core



Integrate into the Core

Making it part of who we are, what we do and how we do it

The second emerging theme from the Region 3 Innovation Summit focused on ways to hard-wire health equity into the core of how hospitals and health systems prioritize and operate.

Summit participants discussed making health equity a part of how hospitals and health systems define their mission and values, what they prioritize and how they deliver on those priorities.

SOLUTION SPACES:

→ How might we integrate health equity into the processes that define our priorities and create true accountability?

→ How might we revisit our policies with a health equity lens?

→ How might we integrate health equity into our care delivery operations?

SOLUTION SPACE 1

How might we integrate health equity into the processes that define our priorities and create true accountability?



Tie health equity into the mission and values of the organization.

LEVER 3



Create an organizational department/center with dedicated focus and resources to own a health equity framework and drive it throughout the organization. Designate a system leader as owner.

LEVERS 3, 4



Collaborate annually with the board in the strategic planning process to prioritize health equity and DEI initiatives so they are funded as a part of core hospital and health system strategy.

LEVER 2



Work with senior leadership to incorporate health equity efforts into annual operating plans.

LEVER 3



Develop health equity strategies that tie directly to system care and business objectives.

LEVER 3



Leverage performance management metrics to create leadership paths and pipelines that reflect the diversity of the community populations the organization serves.

LEVER 4



Include health equity focus/pillars as part of the strategic plan to ensure they are owned by the board and CEO.

LEVER 6



Engage branding to support health equity efforts.

LEVER 6

SOLUTION SPACE 2

How might we revisit our policies with a health equity lens?



Establish policies to fund health equity and make it a requirement, not a “nice-to-have.”

LEVER 3



Develop policies that require hospitals to use Community Benefit dollars toward advancing health equity.

LEVER 3



Proactively revisit policies for policy-driven solutions to advance equity. Establish a process for assessing policies that impact equitable practices and barriers to health equity.

LEVERS 1, 4, 6

SOLUTION SPACE 3

How might we integrate health equity into our care delivery operations?



Develop education around health equity and DEI so everyone speaks the same language as it relates to policies and procedures.

LEVER 4



Establish infrastructure to enable health equity and DEI work within care delivery operations.

LEVERS 1, 6



Establish mandatory training for all leaders, providers and staff on cultural humility, implicit bias and culturally appropriate patient care.

LEVERS 1, 6



Develop advance budget models for implementing and sustaining health equity training vis-a-vis continuing education, beyond short-term budget cycles.

LEVER 1



Operationalize elements of actual care. Provide interpreter services to address language barriers.

LEVER 1

THEME THREE

Innovative Partnerships



Innovative Partnerships

Who we partner with and how we partner

The last emerging theme from the Region 3 Innovation Summit focused on ways for hospitals and health systems to be more innovative in how and with whom they partner. Solutions in this area focused on ways to work differently outside the walls of the hospitals and health systems.

SOLUTION SPACES:

How might we consider non-traditional partners to advance health equity?

How might we collaborate differently with communities to build a foundation of deeper trust and relationships?

SOLUTION SPACE 1

How might we consider non-traditional partners to advance health equity?



Align with payers; partner with them to pilot full risk solutions.

LEVER 6



Engage with philanthropies to drive creative collaborations.

LEVERS 5, 6



Partner with CMS, The Joint Commission, and other reporting bodies. Explore equity outcomes-based compensation, new Joint Commission requirements and state disparity reporting laws.

LEVERS 2, 6



Work collaboratively with other local hospitals and health systems to identify the health equity needs of the community.

LEVER 3



Engage in partnerships with community entities such as law enforcement and schools to address upstream community health barriers.

LEVER 2

SOLUTION SPACE 2

How might we collaborate differently with communities to build a foundation of deeper trust and relationships?



Create shared repositories with community partners to avoid duplication.

LEVER 5



Go for small, fast wins. Prioritize focused goals with targeted, short-term, achievable objectives to build trust and relationships with community partners.

LEVERS 3, 5



Enable population health teams to directly engage with community groups and small trusted organizations (e.g., churches, barber shops) to improve health and overall wellness of the community.

LEVER 1



Build commitment with community partners to learn together and keep at it – even if partners don't get it right at first.

LEVER 5



Build formal processes and networks of patient advisors and community advocates/influencers to make sure the health systems are solving problems that matter to the community.

LEVER 1



Conduct screenings for social drivers of health. Share results and CHNA data more effectively with community partners.

LEVER 5

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

4

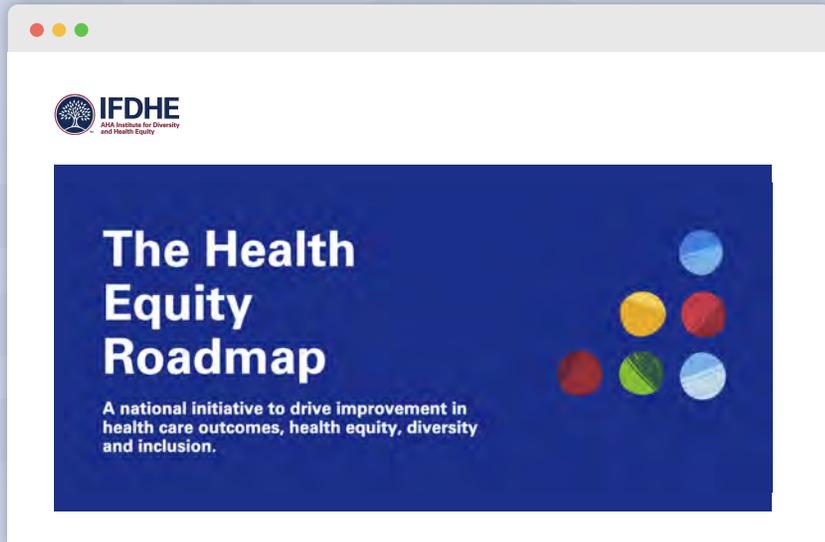
Dream big, start small

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 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 6 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)



Advancing Health in America

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

