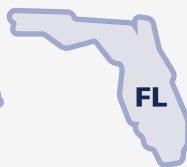


REGION 4
NOV 2023

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 November 2023, the American Hospital Association (AHA) convened community, hospital and health system leaders in Region 4 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).

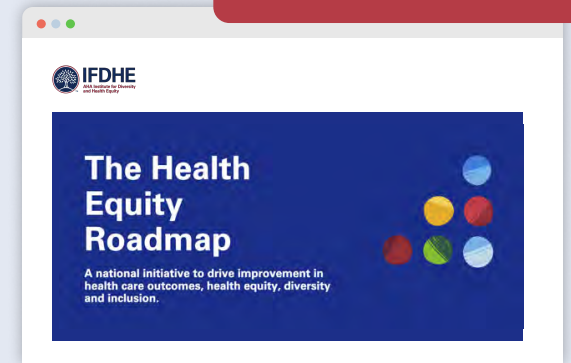
A COMPANION TO THE HEALTH EQUITY ROADMAP

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 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 20 hospitals, health systems, and hospital associations attended. Attendees included leaders in roles spanning health equity, quality, care management, clinical outcomes, impact and mission, nursing and data/analytics. 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.

AARP Georgia

Ask Me Your MD, Inc.

Atlanta Black Nurses Association

Baptist Health

BotOn Health

Central Alabama Veterans Health Care System

Center for Black Women's Wellness

CINQCARE

Coffee Regional Medical Center

CulturaLink LLC

East Alabama Health

East Alabama Medical Center

Florida Hospital Association

Flowing With Blessings

Fulton County Schools

Get Some Health

Grady Health System

Mind ReMapping Company LLC

Morehouse School of Medicine

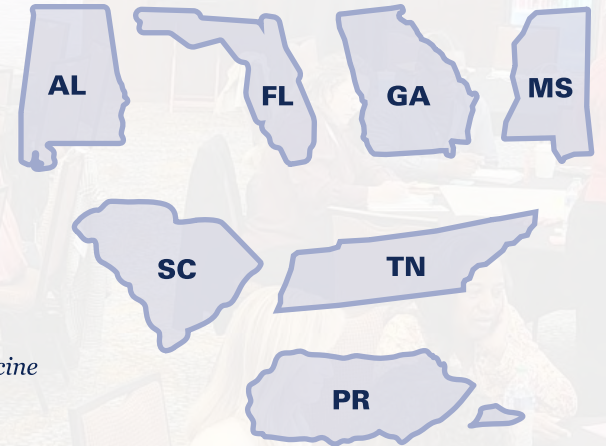
Phoebe Putney

The Good Samaritan Health Center

Wellstar Health System

YMCA of Metro Atlanta

REGION 4



MODELING A CO-DESIGN COMMUNITY APPROACH

At the Region 4 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.

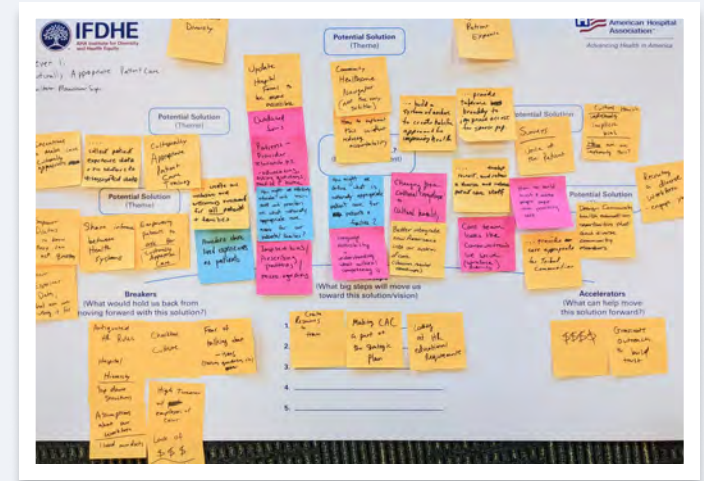
Design Thinking Sessions

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 Region 4 Summit in Atlanta, many ideas were generated and discussed over the course of the day. Three themes emerged that represented opportunities for action.

1 Equity from Within

Ways to build the conditions and will for change – starting with ourselves

2 Extend Care Outside Our Walls

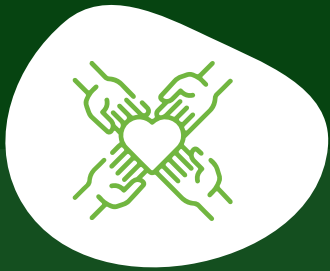
Ways to partner and open access for communities who need care most

3 Workforce as a Catalyst for Creating Equity and Change

Ways to leverage our workforce as a source of power to advance equity

THEME ONE

Equity from Within



Equity from Within

Building the conditions and will for change – starting with ourselves

The first emerging theme focused on how health systems can create the organizational will and the conditions for change – starting with themselves. Summit attendees imagined what it would look like to prepare leaders with skills to lead equity efforts in their communities. They discussed how health equity efforts – much like the quality improvement movement - can benefit from an infrastructure for continuous improvement. They also discussed the importance of having data with “hearts and souls” – providing whole-person and whole-community perspectives as a driving force for advancing equity work and hope.

SOLUTION SPACES:

How might we build hospital leadership teams that are prepared to lead equity efforts in their communities?

How might we build a continuous improvement infrastructure for health equity?

How might we implement a whole-person perspective into data collection, interpretation and reporting as a force for driving health equity and hope?

SOLUTION SPACE 1

How might we build hospital leadership teams that are prepared to lead equity efforts in their communities?



Tie executive recruitment and performance to health equity, community engagement, and DEI metrics to keep senior leadership accountable.

LEVERS 1, 4, 6



Catalyze community partnerships through pilot programs and quarterly, bidirectional convenings (e.g., Lunch & Learns) between hospital leadership and community stakeholders and partners.

LEVERS 1, 6



Develop our leadership's ability to drive health equity and DEI endeavors – starting with anti-racism and implicit bias training as part of leadership development and care delivery.

LEVERS 1, 4



Create mechanisms and policies for the community to keep health system leaders accountable for equitable outcomes.

LEVER 2



Support the ongoing development and emotional well-being of leaders with diverse backgrounds through leadership mentoring and programs to address burnout.

LEVER 4



Build a culture of trust and structures for receiving honest input from frontline staff (e.g., open-door policies with managers and leaders).

LEVER 6

→ SOLUTION SPACE 2

How might we build a continuous improvement infrastructure for health equity?



Make health equity a process improvement priority and establish a continuous process for growing health equity partnerships.

LEVER 6



Prioritize health equity work as a strategic focus. Structure health equity work as enduring programs (instead of projects) to incentivize ownership and investment.

LEVER 6



Establish a structure and framework (e.g., via creating a health equity team, task force, or center of excellence) for equity work. Identify sources of dedicated ownership (e.g., through Chief Diversity Officers, Chief Equity Officers, Chief Quality Officers, Population Health Officers, or Chief Human Resource Officers).

LEVERS 2, 5, 6



Flatten the org structure around health equity work. Engage all departments to work together to work on key levers, implement health equity and DEI practices into their culture, and establish structures for information distribution and senior leadership reporting.

LEVER 2






Be data driven. Make sure data is available for decision support, business case development, and publicizing small successes to generate momentum for larger initiatives.

LEVER 3

→ SOLUTION SPACE 3

How might we implement a whole-person perspective into data collection, interpretation and reporting as a force for driving health equity and hope?

-  Add heart and soul to the data.
-   Put a face to the data. Show how the data impacts people and communities to drive stories of change, promote equity and instill hope.

LEVER 3



Expand on patient histories by asking questions to understand patient context, background and preferences for receiving care. Hire more social workers to help collect Social Determinants of Health (SDOH) data.

LEVERS 1, 3



Make data personal and context-rich to reflect important life circumstances that impact health.

LEVER 3



Enhance and standardize our EMRs to empower providers. In the EMR, require and train staff to use Z codes as a way to capture, track, and trend SDOH data health disparities.

LEVERS 1, 3



Derive baseline understanding (e.g., through surveys that reach into the community) to learn where communities are coming from, what they need and where they want to go.

LEVER 2

THEME TWO

Extend Care Outside Our Walls





Extend Care Outside Our Walls

Partner to open access to communities who need care the most

The second emerging theme from the health equity innovation summit centered around the need to partner outside the four walls of hospitals and health systems. Notably, attendees explored opportunities for both deepening familiar relationships and cultivating new relationships in the community to achieve collective impact. Summit attendees also discussed the importance of non-traditional roles needed to extend and open access to underrepresented communities. Lastly, attendees highlighted the role outside forces can play in accelerating health systems' journeys toward an equitable future.

SOLUTION SPACES:

→ How might we partner to create collective impact in the community?

→ How might we open access to care through non-traditional roles?

→ How might we collaborate with external partners to incentivize health equity practices?

SOLUTION SPACE 1

How might we partner to create collective impact in the community?



Coordinate and develop incentives to support community partnerships. Create a model where stakeholders, providers and community members with lived experience work together to advance equity. Codify and normalize this way of working.

LEVERS 2, 5



Establish public-private partnerships to work with local school systems, institutions of higher education, faith-based organizations, local government, community-based organizations and payers. Create a shared governance to foster and mobilize collect impact.

LEVERS 2, 5



Partner with organizations and stakeholders who have programs that can impact health equity (e.g., local Chambers of Commerce, utility companies) and work together to create asset maps of resources and identify gaps (e.g., broadband access).

LEVERS 1, 5



Cross-pollinate and build symbiotic infrastructures with our safety net partners. Examples include: utilizing safety nets as a part of the discharge process, leveraging their expertise in the care of marginalized communities, and dedicating board seats for safety net representatives to encourage collaborative learning.

LEVER 6



Educate community stakeholders, the community and ourselves on what health equity really is.

LEVER 2

→ SOLUTION SPACE 2

How might we open access to care through non-traditional roles?



Coordinate a constellation of resources (e.g., community health workers and social services) so providers can confidently act on expanded patient histories and backgrounds.

LEVERS 1, 5



Expand the network of skilled caregivers within underserved communities. Consider creating family health care paths whereby families can be trained in health careers together.

LEVER 1



Demonstrate the importance of culturally competent community health workers and navigators as a key part of the care team. Provide them with livable wages and leadership support as they work to raise health awareness and advance outcomes.

LEVER 5



Provide care where people live, work and play. For example, deploy mobile health units to medically underserved populations and areas of need.

LEVER 5

→ SOLUTION SPACE 2

How might we collaborate with external partners to incentivize health equity practices?



Lobby for legislation to employ undocumented immigrants as community health workers as a pathway to establishing citizenship.

LEVER 6



Work with payers to invest in a health equity lobby, with a particular focus on linking payment models to outcomes that patients value.

LEVER 1



Advocate for government grants to award hospitals that can show improvements in health equity and tie reimbursements to their health equity outcomes.

LEVER 6



Develop a national information exchange that combines EMR and claims data anonymously. Use it to identify health disparities. Establish data reporting and results sharing requirements.

LEVER 3

THEME THREE

**Workforce as a
Catalyst for
Creating Equity
and Change**



Workforce as a Catalyst for Creating Equity and Change

Leverage our workforce as a source of power to advance equity

The last theme from the health equity innovation summit focused on thinking about the health care workforce and health system employment as a force for creating equity and change. Attendees explored ways in which health systems can create employee competency and readiness to engage in equitable care. They discussed the importance of working upstream to diversify and equip the talent pipelines that feed their organizations. Attendees also discussed ideas for updating career pathways inside of health systems – revisiting notions of professional development, talent retention, mentorship and career progression requirements that work against creating a diverse, culturally competent workforce.

SOLUTION SPACES:

→ How might we create employee readiness and culture for advancing health equity?

→ How might we work with upstream education entities to develop equity-centered leaders who reflect the communities they serve?

→ How might we evolve our existing career pathways to foster a diverse, culturally competent workforce?

→ SOLUTION SPACE 1

How might we create employee readiness and culture for advancing health equity?



Empower frontline providers with education and training on how to create a safe space for deeply understanding patient circumstances across a range of delivery settings.

LEVER 1



Weave health equity into daily operations by developing collective organizational language, defining and modeling best practices, and including equity as a part of performance evaluations across all programs and levels.

LEVER 2



Provide baseline knowledge and competency at every level through mandatory onboarding and annual trainings. Include DEI, anti-racism curriculum, bedside manners, language service training and Culturally and Linguistically Appropriate Service (CLAS) standards.

LEVERS 4, 5, 6



Link equity into values, culture and outcomes. Integrate into HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) and patient experience surveys. Conduct regular reviews and audits to assess progress.

LEVERS 2, 4, 6

→ SOLUTION SPACE 2

How might we work with upstream education entities to develop equity-centered leaders who reflect the communities they serve?



Create exposure to the full breadth of health care career pathways (beyond being MDs and RNs) in the high school years. Go out to schools to speak to students and host specialized open houses for school partners.

LEVERS 1, 5



Partner with academic institutions (e.g., medical schools, nursing schools, allied health) to build diverse pipelines reflective of the community.

LEVERS 1, 4



Build health equity competencies in pre-professional education to instill stronger equity-based mindsets, behaviors and habits. This could include anti-racism training, foreign language training, culturally appropriate patient care training and health care leadership.

LEVERS 1, 4

→ SOLUTION SPACE 3

How might we evolve our existing career pathways to foster a diverse, culturally competent workforce?



Create hiring pathways to help individuals move up and throughout the organization. Educate employees on the breadth of ways they can progress in their careers.

LEVER 6



Retain diverse talent by addressing outdated hiring policies and career pathways. For example, make college degrees and educational requirements optional if rising leaders have commensurate experience.

LEVER 6



Put undocumented staff on paths to be trained as medical assistants and dental assistants.

LEVER 6



Offer CEUs for cultural competency courses as a part of ongoing patient care training and professional development.

LEVER 1



Develop formal curriculum and personal development roadmaps that sponsors/mentors can leverage when they are working with rising leaders with diverse backgrounds.

LEVER 4

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

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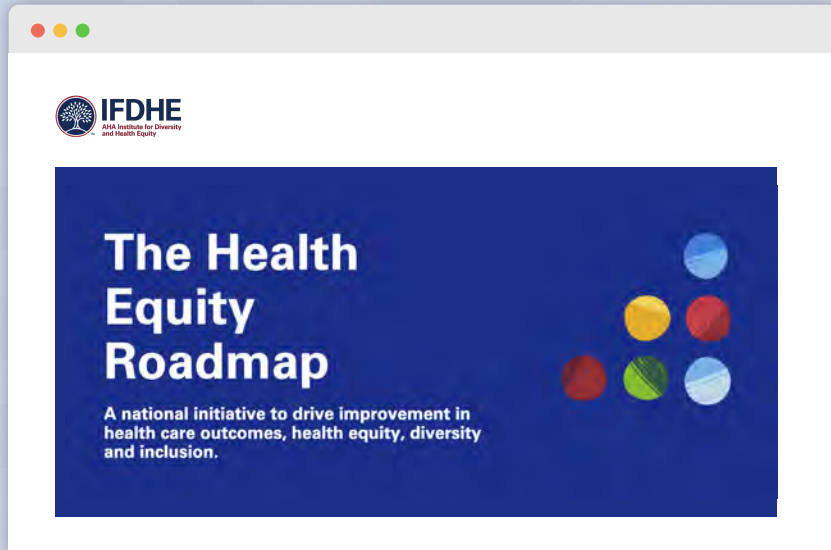
Dream big, start small

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 4 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.

