Co-Designing for Health Equity

A SOLUTIONS BRIEF TO ADVANCE HEALTH EQUITY

IFDHE
AHA Institute for Diversity and Health Equity

American Hospital Association
Advancing Health in America

ND SD NE KS MN IA MO

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 November 2022, the American Hospital Association (AHA) convened community, hospital and health systems leaders in Region 6 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
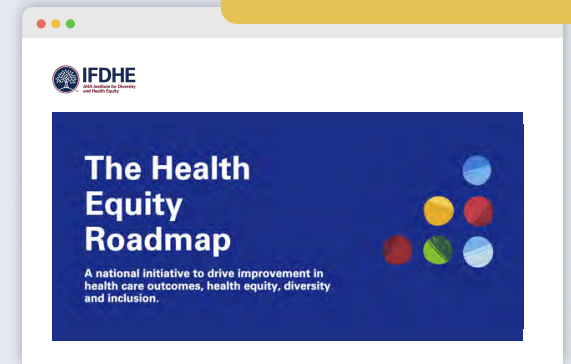
Visit **equity.aha.org** to enroll in The Equity Roadmap Initiative, complete the Transformation Assessment, and connect with peers who are on this journey to advance health equity.

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 6

HOW THESE SOLUTIONS WERE DEVELOPED

Leaders from 32 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.

Abbott Northwestern Hospital, part of Allina Health

Allina Health

Bothwell Regional Health Center

Broadlawns Medical Center

Children's Mercy Kansas City

Children's Minnesota

Community Dental Care

Compass Health Network

Dakota Electric Association

Dallas County Hospital

Dallas County Hospital and Family Medicine Clinics

Fairview Range

Gillette Children's

Golden Valley Memorial Healthcare

Hmong American Partnership

Karen Organization of Minnesota

LMH Health

M Health Fairview

MercyOne

Minnesota Hospital Association

Minnesota North College

Monument Health

MU Health Care

Pillsbury United Communities

Saint Luke's Health System

Sanford Health

Sentara Healthcare

St. Anthony Regional Hospital

UnityPoint Health

University of California, San Diego Health

Windom Area Health

Winona Health

MODELING A CO-DESIGN COMMUNITY APPROACH

At the Region 6 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.

4

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.
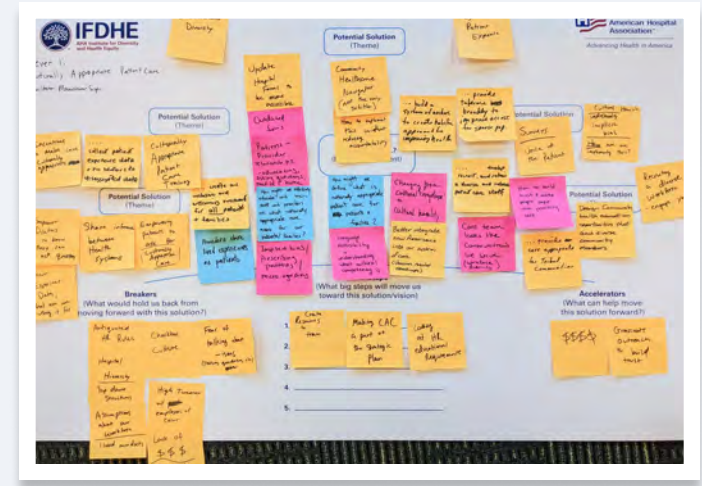
Design Thinking Sessions

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

Co-Designing for Community Collaboration

Discussed implementation strategies and co-designing for community collaboration.

THREE THEMES

At the summit in St. Paul, 40+ solutions were discussed over the course of the day. Three themes emerged that represented opportunities for action.

1 **Community Empowerment and Partnership**

Ways to creatively learn from and create with the community, based on needs identified by the community

**2** **Infrastructure to Guide Change**

Ways to focus organizational health equity efforts and build in accountability for equitable change

3 **Hospital and Health Systems as Anchor Institutions**

Ways to leverage hospital and health systems for workforce development and care delivery for historically underserved or marginalized individuals, families and communities

Community Empowerment and Partnership
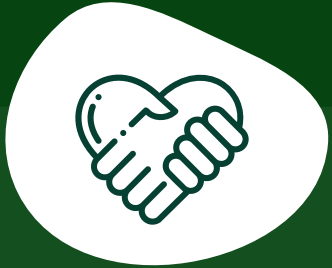
Community Empowerment and Partnership

The first major theme from the Region 6 Innovation Summit centered around community empowerment and moving the focus from strict hospital operations to include community voices and practices that extend beyond institutional walls.

To accomplish this, the participants discussed ways in which community members could be engaged. Summit participants explored how to share data that reveals community needs and build feedbacks loop for progress. They also discussed how program development might be more deeply rooted in neighborhoods and community partner organizations.

SOLUTION SPACES:

How might we elevate the voices and engagement of community members?

How might we align our data practices to drive community action outside a hospital's institutional walls?

How might we develop empowering programs that strengthen historically marginalized communities?

SOLUTION SPACE 1

How might we elevate the voices and engagement of community members?

Go beyond Community Health Needs Assessments (CHNAs). Use a full range of tools to gain insight into patient and community health needs (e.g., listening sessions in the community, storytelling across gatherings, bringing in patient advisors).

LEVERS 1, 3, 5, 6

Ensure community health education opportunities reach diverse community members and underrepresented groups. Invest in multilingual and culturally responsive messaging.

LEVERS 1, 4

Close the gap between the board and community members and engage with key community influencers. Meet community leaders at their point of influence through activities such as community fairs and gatherings.

LEVERS 4, 5

Build trust and a sense of safety to create an inclusive environment for all patients and families.

LEVER 1

Invest in building lasting relationships and social capital for the long-term nature of this work; convene community leaders, non-profits and policy makers to align priorities.

LEVER 5

Make Community Advisory Councils part of the strategic plan.

LEVER 1

SOLUTION SPACE 2

How might we align data practices to drive community action outside a hospital's institutional walls?

Ensure full transparency in sharing disparity data. Empower the community to own and lead how their data is used (e.g., provide capacity building to help community members analyze/interpret their data, if needed).

LEVER 3

Partner with businesses and community-based organizations (CBOs) that specialize in community data collection and provide processes to share insights with community members (and not just community partners).

LEVER 3

Establish stronger relationships and trust to drive meaningful data sharing between health systems and community members.

LEVER 3

Explore a bottoms-up approach to partnerships. Align with existing cycles of funding in the community (e.g., every three years, local businesses, grants, state funds, insurance providers, CMS).

LEVER 3

Drive action at scale based on community vs. county-level data (e.g., build community-wide quality dashboards, create regional Community Health Needs Assessments).

LEVER 3

SOLUTION SPACE 3

How might we develop empowering programs that strengthen historically marginalized communities?

Invite community partners into hospitals/health systems or health care serving institutions.; build their human-centered design muscle with us so that we can surface meaningful needs and co-create impactful solutions together.

LEVERS 3, 5. 6

Partner with "upstream" local collaborators (e.g., law enforcement, food pantries) to help communities navigate complex needs and create targeted solutions such as on-site food pantries and community gardens.

LEVERS 2, 6

Create solutions with an embedded "universal design" lens to improve overall accessibility to services.

LEVER 2

THEME TWO

Infrastructure to Guide Change

Infrastructure to Guide Change

A second emerging theme from the Region 6 Innovation Summit highlighted ways to focus efforts and build in accountability for equitable change. Summit participants discussed how having a deluge of efforts minimizes progress and creates confusion about what is really important.

Discussions centered around the need for a greater alignment between strategy, funding and the approaches to equity. Participants acknowledged that new infrastructures were not needed, but that many elements of existing hospital and health system infrastructure need to be realigned and refreshed. Participants also discussed the importance of incentives to reinforce change and signal the path toward the future.

SOLUTION SPACES:

How might we build DEI practices into how hospitals and health systems already operate?

How might we create approaches to prioritize what is important and incentivize those priorities?

How might we develop community data sources that are targeted and accessible?

SOLUTION SPACE 1

How might we build equitable practices into how hospitals and health systems already operate?

Approach with intentionality. Start with the vision and outcomes. Then align equity-driven operational practices, processes, metrics, policies and procedures to drive equitable outcomes.

LEVER 2

Align equity efforts with the organization's strategic plans (both short and long term) and be clear about how they will be funded so "your budgets reflect your moral compass."

LEVERS 2, 4, 5

Establish priorities as a cross-community collective and pursue funding mechanisms together, across silos.

LEVER 5

Take lessons from the pandemic and recreate (or avoid sunsetting) approaches that increase access to services in a more timely and efficient manner.

LEVER 6

Create resources to train for culturally appropriate patient care and take steps to make changes needed (e.g., outdated hospital forms that need to be revised and made more accessible).

LEVER 1

SOLUTION SPACE 2

How might we create approaches to prioritize what is important and incentivize those priorities?

Approach collaborations strategically and ensure a clear understanding of community priorities that everyone can coalesce around.

LEVER 5

Engage venture capitalists and other novel funding sources to help address gaps identified by CHNAs.

LEVER 5

Align hospital and health system strategies with public health, education, economic development, and county/city government.

LEVER 5

Provide innovative approaches to support the community in creating and sharing ideas of what's important to them in terms of health equity, then align measurement and priorities accordingly (e.g., community-wide quality dashboard).

LEVER 3

Partner with CMS.
Explore pay-for-performance/ equity goals; work to ensure that we do not separate health care outcomes from health outcomes.

LEVER 6

SOLUTION SPACE 3

How might we develop community data sources that are targeted and accessible?

Create data transparency (in both process and outcome data).
Data share across health systems, between health systems and social service agencies, and with internal employees to create impact.

LEVERS 1, 2, 5

Measure what matters. Identify meaningful metrics that will matter to hospital and health system boards and leaders, drive system actions, foster community partnerships and collaboration, and partner with CMS.

LEVERS 2, 5, 6

Establish analytic ownership. Ensure there is analytic support internally (e.g., go-to resources for aggregating data, running trend reports, etc.) on an ongoing basis.

LEVER 2

Create novel payer contracts that will hold both payers and health systems accountable to health equity metrics.

LEVER 2

Collaborate with the community on CHNAs to identify community health needs and implement improvement plans.

LEVER 5

Hospital and Health Systems as Anchor Institutions

Hospital and Health Systems as Anchor Institutions

Here, summit participants discussed the challenges with reaching historically underserved and/or marginalized individuals and communities. A big shift in thinking occurred around how health care organizations are important care providers, but they could also be a real force for employment and workforce development across their communities.

SOLUTION SPACES:

How might we positively leverage hospital and health systems' existing power structures for equitable change?

How might we implement hiring and retention practices to better reflect the diversity of the communities we serve?

How might we create a diverse workforce pipeline and ensure we remove barriers into that pipeline?

How might we confidently connect people to the care they need, even if it's outside a hospital's institutional walls?

SOLUTION SPACE 1

How might we positively leverage hospital and health systems' existing power structures for equitable change?

Be intentional about our purchasing power and identify clear spending goals around sourcing.

LEVER 2

Understand and revamp how current structures and practices contribute to lack of diversity and "tokenization"; restructure boards to reflect diverse community demographics.

LEVERS 4, 6

Engage the board and senior leaders to create top-down change regarding what it means to be a diverse and inclusive organization. Help leaders explore gaps in their knowledge and elevate their understanding equity and inclusion.

LEVER 4

Create a "flywheel" to amplify all aspects of investments (e.g., suppliers, employees, community, associations).

LEVER 2

Engage SMEs, thought partners and philanthropic support to accelerate the journey to achieving representative leadership
 (e.g., revisit committee policies, practices and procedures for nominating board/leadership).

LEVERS 2, 4, 5

Align contracting and accounts payable to support doing business with smaller businesses in the community (e.g., net 30 payment).

LEVERS 2, 4

SOLUTION SPACE 2

How might we implement hiring and retention practices to better reflect the diversity of the communities we serve?

Establish meaningful diversity goals through incentive plans and performance evaluations. Ensure top-down commitment, starting with the board.

LEVERS 1, 4

Align mindsets and culture for intentional diversity and inclusion. Create an environment that allows for courageous conversations.

LEVERS 2, 4

Analyze job requirements and other HR processes for bias (e.g., add "equivalents" to requirements).

LEVER 2

Create care teams that reflect the changing demographics of the community and actively support a strong sense of belonging and connection.

LEVERS 1, 5

Educate, train and shift lens away from assumptions, dominant cultural norms and biases (e.g., identify behaviors that specifically support equity measures and create programs to stimulate and award those behaviors).

LEVERS 2, 4

SOLUTION SPACE 3

How might we create a diverse workforce pipeline and ensure we remove barriers into that pipeline?

Conduct organization-wide workforce analysis down to the unit level. Examine HR policies and procedures to identify opportunities for improvement. Review and revise requirements in job descriptions that pose a barrier to workforce diversity.

LEVERS 1, 2

Develop pipelines into hospitals as anchor institutions. Educate communities regarding available jobs outside of traditional clinician roles (e.g., IT, administration, EVS). Bring diverse youth into the pipeline (e.g., through scholarships for middle schools, high schools).

LEVERS 1, 2, 4, 5

Send representative clinical and support staff into elementary schools. Partner with school districts to mentor students.

LEVERS 1, 5, 6

Acknowledge the value of multilingual roles, capabilities and skill sets by creating funding for multilingual training and roles.

LEVER 1

SOLUTION SPACE 4

How might we confidently connect people to the care they need, even if it's outside a hospital's institutional walls?

Establish access to utilization data across health systems and community partners. Leverage hospital system communication assets to message and educate internal and external audiences.

LEVERS 3, 6

Leverage community healthcare navigators, providers' relationships with patients, and telehealth to coordinate holistic care in community settings (e.g., home, schools, places of employment, rural settings).

LEVERS 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 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.

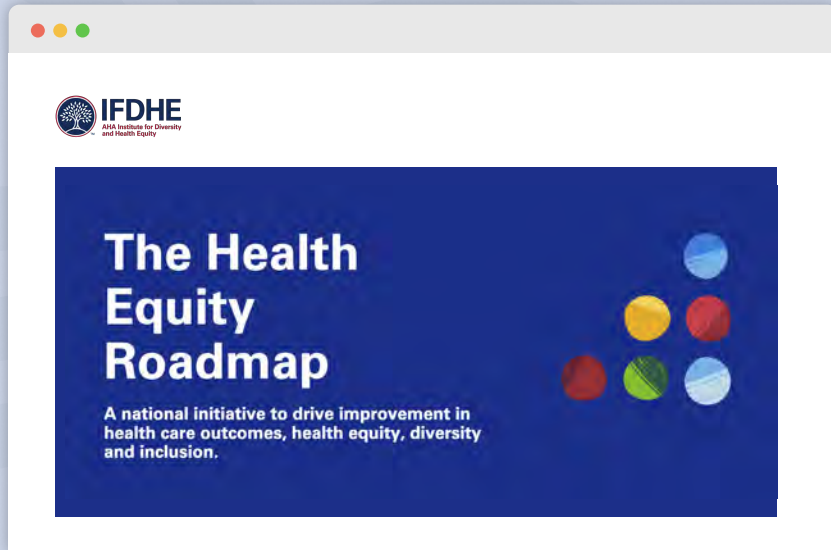→ **Wicked Problems**
Harvard Business Review

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)

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