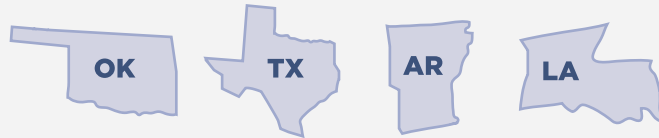


REGION 7

MAR 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 disruption with insight, empathy and bold collaboration.

In March 2023, the American Hospital Association (AHA) convened community, hospital and health systems leaders in Region 7 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 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).

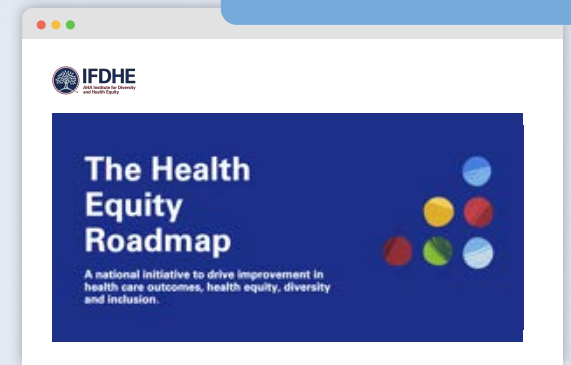
A COMPANION TO THE HEALTH EQUITY ROADMAP

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. 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 18 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 stakeholder 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.

Arkansas Children's Hospital

Baylor Scott & White Health

Bernards Healthcare

Franciscan Missionaries of Our Lady Health System

Guadalupe Regional Medical Center

HCA Houston Healthcare

HCA Houston Healthcare Southeast

Houston Methodist Hospital

Houston Methodist West Hospital

Kindred Medical Center

Memorial Hermann Health System

North Oaks Health System

St. Bernards Medical Center

St. James Parish Hospital

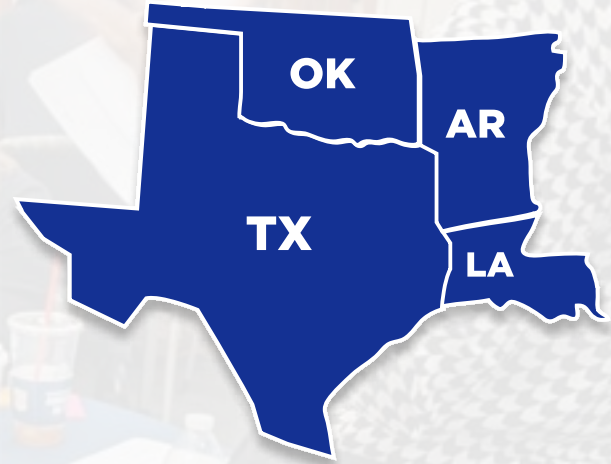
Texas Health Resources

Titus Regional Medical Center

Universal Health Services

Woman's Hospital

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MODELING A CO-DESIGN COMMUNITY APPROACH

At the Region 7 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.

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 Region 7 Innovation Summit in Houston, 50+ solutions were discussed over the course of the day. Three themes emerged that represented opportunities for action.

1 Prioritizing and Incentivizing Health Equity

Ways to adopt a proactive stance and accelerate the health equity journey

2 Deep Community and Patient Collaboration

Ways to engage in true community partnership and work beyond the four walls of hospitals and health systems

3 Becoming a Health Equity Learning Organization

Ways for hospitals and health systems to become learning organizations in advancing health equity

THEME ONE

Prioritizing and Incentivizing Health Equity



Prioritizing and Incentivizing Health Equity

Hospitals and health systems have no shortage of work to accomplish or goals to achieve. The first major theme from the Region 7 Innovation Summit centered around how hospitals and health systems can prioritize health equity work but do so in a way that is strategic and leverages existing infrastructure and processes.

Summit participants discussed what it would look like to take action with a sense of urgency, acknowledging the tension between what hospitals and health systems can control and change today vs. what they can work toward impacting tomorrow.

SOLUTION SPACES:

How might we measure and incentivize health equity now (and not wait for reimbursement to drive action)?

How might we proactively develop diverse leadership that mirrors the diversity of the communities we serve?

How might we create enabling structures and governance for taking action to advance health equity?

→ SOLUTION SPACE 1

How might we measure and incentivize health equity now (and not wait for reimbursement to drive action)?



Establish benchmarks for top health care equity measures for outcomes health systems can control and develop SMART goals to achieve them.

LEVERS 4, 6



Drive outcomes by tying/aligning C-Suite, provider and staff compensation and incentive plans to specific health care equity metrics and specified goals.

LEVERS 3, 4, 6



Align benchmarks for health care equity measures with common metrics and incentives (e.g., service excellence measures). Align measures across service lines and settings to create organization-wide accountability.

LEVER 6



Work with organizations (e.g., the AHA) to develop sets of standard performance benchmarks that reflect the range of health care equity measures hospitals and health systems can control.

LEVER 6



Develop strong financial rationale/ analytics that tie health care equity measures to cost savings (similar to the way ESG initiatives, employee well-being and voluntary turnover currently are tied to cost savings).

LEVER 4

→ SOLUTION SPACE 2

How might we proactively develop diverse leadership that mirrors the diversity of the communities we serve?



Develop robust metrics to understand where we are vs. where we think we should be in terms of leadership composition.

LEVER 4



Augment existing leadership development programs with training and tools to help leaders learn about inclusion and belonging (e.g., unconscious bias training).

LEVER 4



Use an “ABD” (Always Be Developing) approach to proactively develop a diverse pipeline of leaders who reflect the population of our communities. Implement this organization-wide to continually fill and grow our leadership pipeline.

LEVERS 4, 6



Implement HR strategies and interview planning processes to enable diverse recruitment.

LEVER 4



Implement iterative board composition. Enforce term limits. Establish transparent succession planning and nominating committee rules and practices.

LEVER 4

→ SOLUTION SPACE 3

How might we create enabling structures and governance for taking action to advance health equity?



Create accountability for health equity and DEI at the top of the organization (e.g., having the internal DEI leader report directly to the CEO).

LEVER 4



Designate DEI representatives across our system to ensure initiatives can be driven through all aspects of our organization.

LEVER 6



Establish governance around provider and staff diversification, physician practice, and inclusivity to ensure strong expectations and guidance and swift course corrections.

LEVERS 3, 4



Free up and/or allocate resources to aid in data-driven decision making for health equity initiatives. Establish training and governance around the collection, storage and analysis of health equity data.

LEVERS 3, 6



Ensure policy review teams are multidisciplinary and reflect representation from C-Suite, front-line staff, HR, Compliance and Enterprise Resource Groups. Conduct reviews strategically and iteratively.

LEVERS 2, 3



THEME TWO

Deep Community and Patient Collaboration



Deep Community and Patient Collaboration

A second emerging theme from the Region 7 Innovation Summit focused on ways to engage community organizations as equal partners and how we can work beyond traditional walls of hospitals and health systems.

Summit attendees discussed revisiting how hospitals and health systems fundamentally understand what matters to their communities, how to engage in true aligned partnerships, and how to impact health in community settings.

SOLUTION SPACES:

→ How might we better surface and measure what matters most for our patients and communities?

→ How might we engage in true community involvement, alignment and partnership?

→ How might we be in our community with our services and extend our ability to impact the health of our communities?

SOLUTION SPACE 1

How might we better surface and measure what matters most for our patients and communities?



Reexamine existing tools, such as cultural assessments and intake forms, to determine whether we are asking the right questions of our patients. Gain insight into patient circumstances that impact health and wellness.

LEVER 1



Leverage technology (e.g., barcodes) to dynamically respond to changing patient situations and values to provide true patient-centric care.

LEVERS 1, 4



Partner with respected community organizations to share and co-develop new data elements to gain deeper insights into the communities being served.

LEVER 3



Engage in intentional listening with patients and communities, especially in communities of color. Utilize external consultants to facilitate and lead.

LEVER 5



Consider using non-traditional approaches like hosting town hall meetings and attending community activities to garner feedback from patients, families, communities and front-line employees.

LEVER 2

SOLUTION SPACE 2

How might we engage in true community involvement, alignment and partnership?



Identify all community partners working to impact community health.

LEVER 5



Revisit current policies and programs to ensure they fully enable us to leverage our available resources and talents (e.g., space sharing, legal support, administrative support) to benefit our community partners.

LEVER 5



Create nodes of trust with community partners by developing shared strategies, accountability and resources; and transparent data practices.

LEVERS 3, 6



Work with community partners to establish strategic priorities and drive consistency in education and training (e.g., conduct internal DEI training with our community partners).

LEVERS 1, 5



Find creative ways to share data and feedback with the community (e.g., engage with recognized, informal community leaders, hold town halls and regular videoconferences, and book local radio appearances).

LEVERS 3, 5



Maximize how we engage with our patient and family advisory councils. Empower them to assist with determining funding for community outreach and partnerships. Broadly share their inputs back to the community.

LEVERS 4, 5



Regularly involve community partners in data collection, analysis and dissemination to establish data transparency with communities.

LEVERS 3, 5

SOLUTION SPACE 3

How might we be in our community with our services and extend our ability to impact the health of our communities?



Host wellness clinics in shared spaces with coordinated services and times.

LEVER 5



Establish partnerships that extend our reach. Build partnerships with faith-based organizations and key trades (e.g., barber shops for men's health). Partner with community colleges to build a pipeline of future health care workers. Partner with low-income schools, sororities and fraternities to host events. Send mobile farmers' markets to underserved communities.

LEVER 5



Create physician/community leader dyads (like physician/administrator dyads) - to lead health equity work.

LEVER 4



Extend our care teams to include community health workers. Develop them to work specifically with high-risk communities and their health needs. Work with them to reach patients in a way that addresses the whole person and establishes patient trust.

LEVERS 1, 5, 6



Work with community health workers to develop DEI trainings and certifications. Include culturally appropriate care in the curriculum.

LEVER 1



Establish community nurse triage to help direct levels of care.

LEVER 5

THEME THREE

**Becoming a Health
Equity Learning
Organization**



Becoming a Health Equity Learning Organization

The last emerging theme from the Regional 7 Innovation Summit focused around ways hospitals and health systems can become learning organizations for advancing health equity—much like how health systems have become learning organizations in quality improvement.

Being a learning organization involves being skilled at creating, gathering and—most importantly—internalizing new and sometimes hard-to-hear insights and knowledge around health equity. Learning organizations approach the work with curiosity and swiftly adjust organizational behaviors.

SOLUTION SPACES:

→ How might we concretely understand what "good" looks like in health equity in a measured and visible way?

→ How might we adopt and apply new and unfamiliar notions of equity-driven care and business operations?

→ SOLUTION SPACE 1

How might we concretely understand what “good” looks like in health equity in a measured and visible way?



Bring in patients and members of the community (e.g., patient advisory boards) to help us define what “good” looks like when walking around our organization.

LEVER 6



Develop decision-making tools and dashboards to guide equitable decision making and capture successes and failures. Train leaders to interpret and act on decision-making tools.

LEVERS 1, 2



Like we do with clinical and operational quality, apply continuous improvement principles to health equity. As part of this learning cycle, develop outcome metrics to systemically ingrain health equity improvements.

LEVER 6



Standardize health equity data definitions and data categories that account for specific demographics and health-related social drivers. Build those standards collaboratively and with diverse input (e.g., include social work, patient access, registration, advisory councils, and community-based organizations).

LEVER 3

SOLUTION SPACE 2

How might we adopt and apply new and unfamiliar notions of equity-driven care and business operations?



Embed DEI and implicit bias education in routine training across the organization at all levels (e.g., the C-Suite, Board and front lines).

LEVERS 1, 2, 4



Get comfortable with new notions of how we might provide care. Engage across full dimensions of diversity to understand real needs. Provide multi-generational care.

LEVERS 4, 6



Leverage existing frameworks and assessments (e.g., Ruby Payne framework for understanding poverty) to expand our definition of good outcomes.

LEVERS 1, 3



Partner with front-line staff as true learning partners rather than as subordinates. Engage them in designing equity measures. Make policy accessible to staff (e.g., through video) so they can participate meaningfully in reviews. Work with them to get real, on-the-ground input.

LEVERS 1, 2, 6



Support community-based organizations with our business services (e.g., legal and administrative support, IT systems, data analytics) to expand our reach.

LEVERS 2, 5



Partner with policymakers, accreditation bodies, and payers (e.g., the state, CMS, the Joint Commission, health plans) to develop new metrics, test/pilot new payment models, and advocate for aligned policies.

LEVERS 1, 2, 3, 6

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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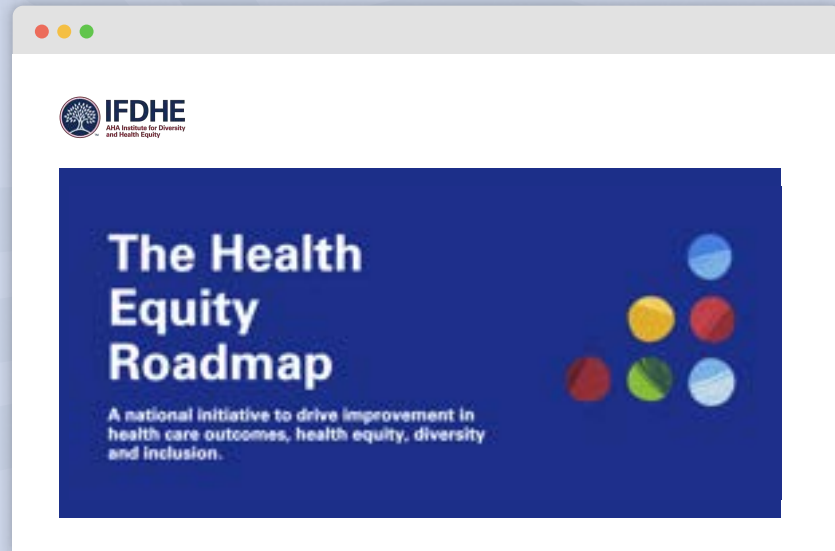
Dream big, start small

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.

