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

AZ CO ID MT NM UT WY

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 October 2023, the American Hospital Association (AHA) convened community, hospital and health system leaders in Region 8 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).
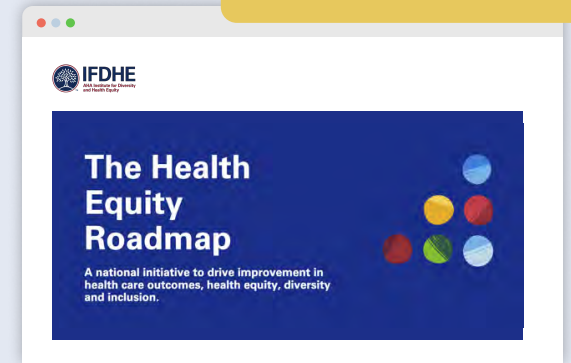
A COMPANION TO THE HEALTH EQUITY ROADMAP

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.

IFDHE
AHA Institute for Diversity
and Health Equity

The Health Equity Roadmap

A national initiative to drive improvement in health care outcomes, health equity, diversity and inclusion.

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 8

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.

Association for Utah Community Health

Claremore Indian Hospital

Common Spirit Holy Cross Hospitals

Denver Health

Gay & Lesbian Community Center of Southern Nevada, Inc.

Intermountain Healthcare

Phoenix Area IHS

R1 (Revenue Cycle Management)
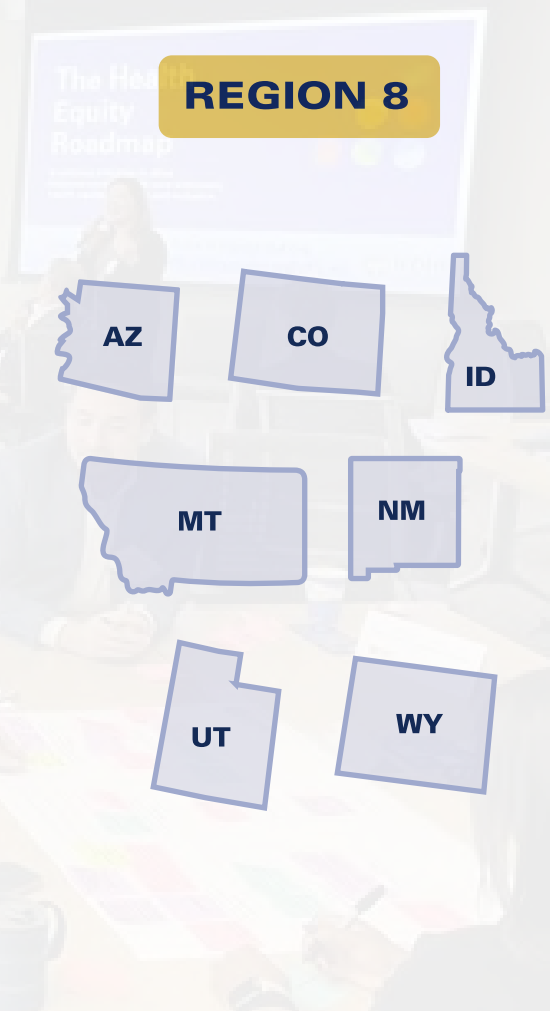
St. Luke's Health System

Utah Health Policy Project

Utah Hospital Association

University of Utah

Vizient, Inc.

Wyoming Hospital Association

REGION 8

AZ CO ID

MT NM

UT WY

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MODELING A CO-DESIGN COMMUNITY APPROACH

At the Region 8 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.
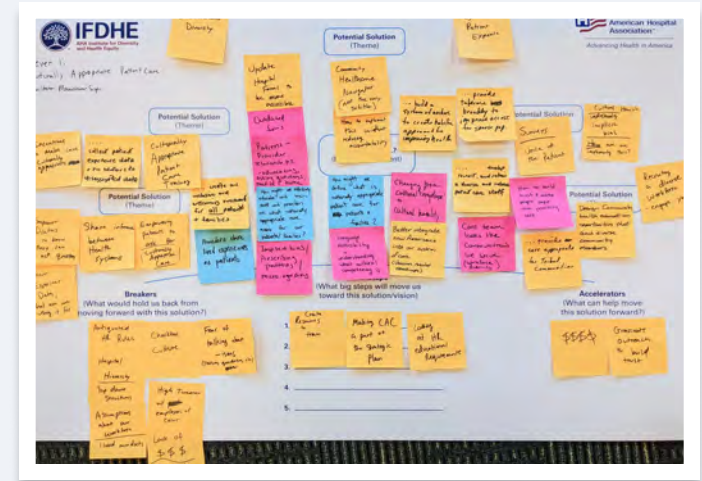
Design Thinking Sessions

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 8 Summit in Salt Lake City, many ideas were generated and discussed over the course of the day. Three themes emerged that represented opportunities for action.

1 ## Rebalancing and Recentering for Equity

Ways to rebalance power to advance our equity work.

2 ## Data-Led Public-Private Partnerships & Coalitions

Ways to enable Public-Private Parternships through data.

3 ## Creating an Equity-Conducive Organization

Ways to create the conditions for equity to thrive as a fundamental part of delivering care.

Rebalancing and Recentering for Equity

Rebalancing and Recentering for Equity

Shifting power.

The first emerging theme focused on the bold notion that the centers of power in healthcare ownership, decision making, access, participation, and even the political landscape can benefit from rebalancing.

Attendees explored questions such as: What would happen if communities owned their health care and what would happen if healthcare operated with that mindset? What would our boards and leadership look like? Attendees also expressed the need for fresh voices – ways for people NOT at the table to be a part of the conversation and solution. Lastly, the group discussed the need to lean into advocacy to create a stronger political, legislative and policy alliance for equitable solutions to emerge across the community.

SOLUTION SPACES:

How might we shift the ownership of care back to our community and fully serve the unique needs of the diverse groups of people we care for?

How might we find fresh voices and new ways of engaging with the community to power our efforts?

How might we lean into advocacy as a tool for recentering others around equity?

SOLUTION SPACE 1

How might we shift the ownership of care back to our community and fully serve the unique needs of the diverse groups of people we care for?

Approach collaborations, decisions, leadership/board makeup and population health intervention design with the mindset that our patients and communities own their healthcare.

LEVERS 1, 3

Revisit systems built for efficiency and rebalance them to close gaps in care by creating options that honor the preferences and needs of different groups.

LEVER 1

Pursue creative inroads to advance health equity goals (e.g., designing care for single-mother households).

LEVER 4

Bridge digital divides that prevent access to positive health outcomes (especially among the aging and socioeconomically disadvantaged).

LEVER 1

Embrace technology (e.g., virtual interpretation, AI for interpretation) for all touch points, not just clinical ones.

LEVER 1

Deliver culturally immersive patient and health education activities.

LEVER 2

Partner to benchmark for outcomes in vulnerable populations.

LEVER 3

SOLUTION SPACE 2

How might we find fresh voices and new ways of engaging with the community to power our efforts?

Expand the reach of our collaboration. Approach community leaders and partners beyond "the cast of usual suspects" for fresh perspectives and solutions.

LEVER 5

Develop and sustain a hiring pathway for Community Health Workers (CHW) to provide patient navigation, literacy and advocacy through an embedded community liaison model.

LEVERS 1, 6

Establish a peer coaching model between hospital and community-based organization trustees serving marginalized communities to foster listening, mutual learning and exchange of ideas.

LEVERS 4, 6

Meet the community where they are. Get out of our buildings and "show up" in the community to experience community health barriers first-hand and understand the infrastructure and funding needed to effectively address these barriers.

LEVERS 1, 5, 6

Explore how non-traditional provider and influencer roles can build relationships and establish trust with marginalized members of the community to achieve better health outcomes.

LEVER 1

Create a coalition and leverage the lived experiences of our staff and community to shape strategic planning and policy development.

LEVER 4

Invite the public into our Community Health Needs Assessment (CHNA) process.

LEVER 5

Leverage the diverse experiences and perspectives of our staff and leaders.

LEVER 2

SOLUTION SPACE 3

How might we lean into advocacy as a tool for recentering others around equity?

Combat divisive politics by leaning into advocacy and government affairs to create stronger alliances and an aligned landscape.

LEVERS 2, 6

Establish and develop plans for building strong advocacy alliances and ways of working with external stakeholders that may not prioritize health equity and DEI.

LEVERS 2, 6

Use data to inform needed legislative changes and to guide the focus of outside advocacy.

LEVER 2

Humanize diversity efforts and depoliticize DEI discussions. Educate key stakeholders (e.g., County Commissioners). Rally press coverage for educational events.

LEVERS 2, 4

Align internal advocacy needs and community advocacy agendas, and help move forward priorities that align with our mission.

LEVER 2

Data-Led Public-Private Partnerships and Coalitions

Data-Led Public-Private Partnerships and Coalitions

Data standards for catalyzing collaboration.

The second theme from the summit focused on the need for public-private collaborations to advance health equity. Attendees discussed the need for a coalition of the state, health systems, universities and community organizations working together (e.g., like they did during COVID) to establish data standards and exchanges to better understand the impact of social determinants of health on specific communities. Attendees also discussed opportunities to lean into our existing health system data to advance health equity.

SOLUTION SPACES:

→ How might we build a coalition for establishing data standards and exchanges to enable collaboration around health equity?

→ How might we better leverage the data processes we already have and build on how we collaborate around them?

SOLUTION SPACE 1

How might we build a coalition for establishing data standards and exchanges to enable collaboration around health equity?

Advocate for legislation and policy to unite health systems, government agencies and community organizations in creating a state-wide data exchange/repository with standardized demographic and community-generated SDOH data.

LEVERS 3, 4, 6

Partner with academic institutions (like we did during COVID) and other inherently trusted neutral, public parties to analyze, synthesize and share data with the community.

LEVER 3

Create a public mandate for a broad base of organizations (e.g., housing, Medicaid, Medicare, county health departments, social workers, food banks, health systems) to contribute data.

LEVER 3

Partner with universities to lead collaborative, translational science groups to engage communities in creating interventions that impact health and health care.

LEVER 5

Leverage Patient-Centered Outcomes Research Institute (PCORI) dollars to fund grassroots collaborations with the community.

LEVER 5

Directly address data barriers: Make it easy for patients to share data (e.g., by text message), activate/educate on updating community-generated data, de-identify data for analysis, make data interoperable, and ensure data output can be understood by all.

LEVERS 2, 3, 4

SOLUTION SPACE 2

How might we better leverage the data processes we already have and build on ways we collaborate around them?

Align collaboration around CHNAs. Bring them together regionally between health systems and merge with public health data to develop community-wide rather than piecemeal insights into community health.

LEVER 5

Invest in technology and tools to simplify self-reported data collection throughout the patient journey (e.g., text messaging, data collection from notes in the EHR, ambient listening).

LEVERS 3, 4

Publicize and share CHNA results broadly with the community. Provide education for using the data.

LEVER 5

Leverage mortality and comorbidity data on race and ethnicity to identify disparities and create new care processes and interventions. Use machine learning to surface predict disparities in outcomes (pre- and post-intervention).

LEVER 3

Use data to convene and design solutions for targeted issues (e.g., specific populations with poor prenatal access and outcomes) for measurable impact.

LEVERS 3, 5

Invest in creating data connections between existing information systems (e.g., Denver Health EHR and City of Denver homeless management information system).

LEVER 3

Creating an Equity-Conducive Organization

Creating an Equity-Conducive Organization

What's needed for equity to thrive inside.

The final theme is centered around the constellation of conditions needed for equity to thrive as a fundamental of care. Here, attendees discussed the need for creating a clear, shared understanding of equity as a key "why" to providing care; the need for cross-departmental alignment on goals; how to build a culture of equity and hold themselves accountable; how to create structures and infrastructures that will allow equity to thrive; and how to shape the very makeup of the workforce and its leaders so they reflect the communities that health systems serve.

SOLUTION SPACES:

How might we create a shared understanding that equity is fundamental to high-quality care?

How might we instill a culture of equity and hold ourselves accountable?

How might we create an infrastructure for equity to thrive?

How might we shape the makeup of our workforce and leadership to reflect the communities we serve?

SOLUTION SPACE 1

How might we create a shared understanding that equity is fundamental to high-quality care?

Level-set definitions of systemic racism, inequality and structural inequities, and foster a common understanding of their pervasive impact on a system across patients, caregivers, staff and leaders.

LEVER 1

Working within already-valued organizational frameworks, help everyone in the organization understand how equity aligns to their work (and what the work accomplishes) so they can manage competing priorities.

LEVERS 4, 5, 6

Require each department to set specific equity goals that align to their work. Embed trained equity advocates in every department. Convene quarterly meetings to keep shared value and work moving forward.

LEVER 6

SOLUTION SPACE 2

How might we instill a culture of equity and hold ourselves accountable?

Develop language and language guides to change the way the workforce and different populations talk about DEI and inequities.

LEVER 4

Create a culture of psychological safety so leaders and the workforce won't avoid confronting injustices and structural barriers.

LEVER 4

Train caregivers on cultural humility, personal bias and cultural norms. Embed the importance of creating a culturally appropriate environment in the organization's culture, mission and vision.

LEVER 1

Create and embrace two-way communication between leadership and the community and leadership and frontline workers to share progress and impact.

LEVERS 3, 6

Develop standards for and tenets of equity and hold everyone—regardless of title—accountable for upholding them. Follow through when standards are not met or tenets are violated.

LEVER 2

Set clear, measurable goals based on AHA's Health Equity Transformation Assessment (HETA) and check in quarterly.

LEVER 6

Define and measure success in advancing equity by identifying quantifiable outcomes (e.g., patient satisfaction, longer lives, better health outcomes around specific diseases, better mental health).

LEVERS 2, 5, 6

Secure committed executive sponsors and their compensation on the delivery of equity-forward strategies and policies.

LEVER 6

SOLUTION SPACE 3

How might we create an infrastructure for equity to thrive?

Restructure boards to invite rather than limit diversity. Base succession planning and leadership representation on data. Examine existing career pathways to see if they support a diverse base of employee backgrounds for top leadership roles.

LEVER 2

Identify actual gaps in representation and understand who is leaving and why. Recruit intentionally and develop informed retention strategies to address turnover (esp., in certain influential provider and leadership roles). Review promotions and compensation policies.

LEVERS 1, 2, 4

Address the structural complexities associated with mergers and build operational groups that can act effectively.

LEVERS 1, 6

Look beyond traditional leads and subject matter experts for equity work, which requires change management and communications resources and skills.

LEVER 6

Evaluate and train our existing board on how we can identify, recruit and mature a diverse base of new talent and voices within the community to serve effectively on our board.

LEVER 2, 4

SOLUTION SPACE 4

How might we shape the makeup of our workforce and leadership to reflect the communities we serve?

Work with the community and community organizations to build pathways to employment into our system. Regularly engage the community to understand barriers to entry and retention challenges.

LEVERS 2, 6

Leverage the full workforce within the community, including older people and workers who might have lost jobs in industries such as oil and gas.

LEVER 4

Collaborate with local schools for health care workforce development. Develop pipeline programs for youth of diverse and marginalized communities.

LEVERS 4, 5

Establish skills-based hiring and advancement. Develop career pathways for employees without advanced degrees or with non-traditional backgrounds, education and training.

LEVER 4

Establish "medical immersion days" for community members to visit partner medical schools, and create more residency slots.

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 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**
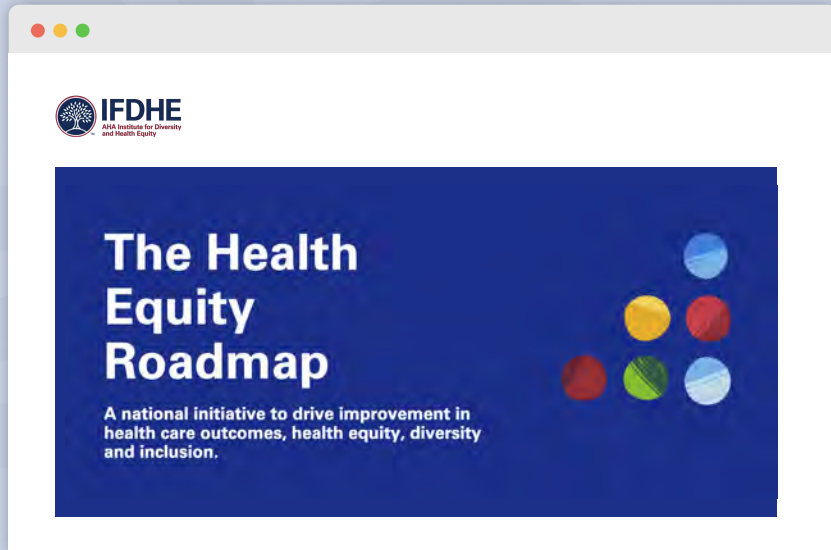*Harvard Business Review*

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 8 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.