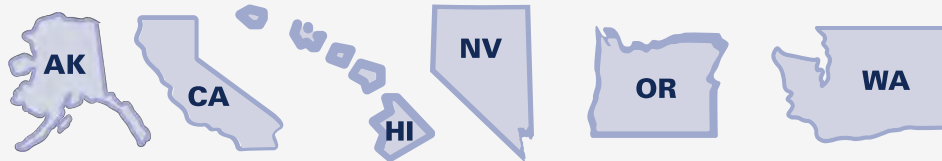


REGION 9

JULY 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 July 2023, the American Hospital Association (AHA) convened community, hospital and health systems leaders in Region 9 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 does not necessarily reflect the official viewpoints or positions of the AHA and the Institute for Diversity and Health Equity (IFDHE).

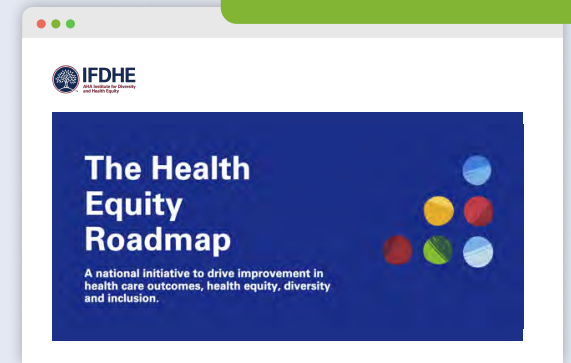
A COMPANION TO THE HEALTH EQUITY ROADMAP

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, 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

REGION 9

HOW THESE SOLUTIONS WERE DEVELOPED

Leaders from 13 hospitals and health systems attended, including CEOs, SVPs, VPs and directors. Attendees represented functional areas including Equity, Quality, Medical Affairs, Government and Community Relations, and Marketing. 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.

Fred Hutchinson Cancer Center

Harborview Medical Center

Providence

U.S. Department of Veterans Affairs

Indian Health Services

Tegria

*University of Washington/
UW Medicine*

Renown Health

The Queen's Health System

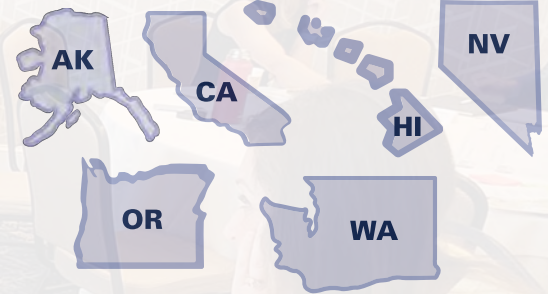
Washington State Hospital Association

San Joaquin General Hospital

Kaiser Permanente

Chinese Hospital

REGION 9



MODELING A CO-DESIGN COMMUNITY APPROACH

At the Region 9 Health Equity Innovation Summit, the AHA used a co-design approach for bringing community leaders, hospitals and health systems together to explore, listen and 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.

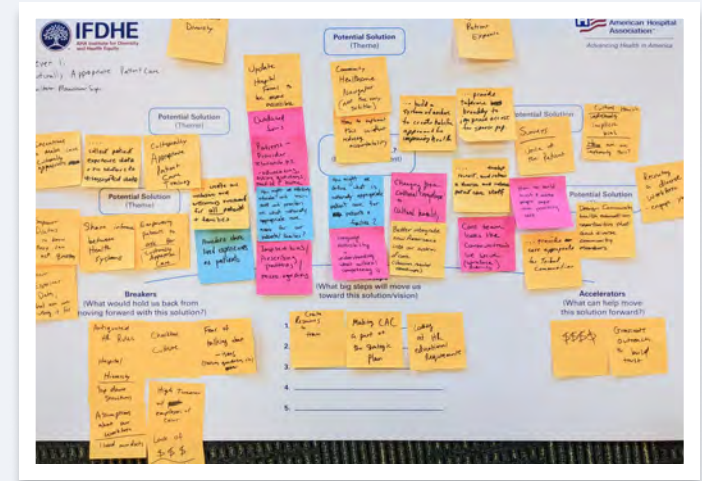
Design Thinking Sessions

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 9 Innovation Summit, more than 100 solutions were discussed over the course of the day.

Three themes emerged that represented opportunities for action:

1 Know Your Community. Be Your Community.

Ways to develop cultural humility and prioritize human relationships in pursuit of inclusive representation.

2 Equity as an Operating Principle.

Ways for health systems to make the right thing more apparent and easier to do.

3 Strong Networks Enabled by Smart Technology.

Ways to leverage human and technological connections to expand accessible care delivery networks across the community.

THEME ONE

**Know Your
Community.
Be Your
Community.**



Know Your Community. Be Your Community.

Our people as the engine for change.

This theme is about how hospitals and health systems can become real partners to their communities by focusing on its people as the dynamic engine for change.

This starts with demonstrating cultural humility and understanding across daily care practices. While education and experience can deepen this, attendees discussed evolving the way workforce and leadership pipelines are built to better reflect the broader community.

Lastly, attendees highlighted the importance of designing the system to support and maintain interpersonal relationships. Discussions focused on building trust, particularly in clinician-patient relationships - which often take time to build.

SOLUTION SPACES:

→ How might we foster visionary, equitable leadership?

→ How might we bring cultural understanding to life in our care practices?

→ How might we create a pipeline that reflects the people and communities served?

→ How might we attract and retain a workforce that is best suited to care for the community?

SOLUTION SPACE 1

How might we foster visionary, equitable leadership?



Critically re-evaluate company values to ensure a focus on community and patient-centered care.

LEVERS 1, 2



Establish term limits for the board to ensure opportunities to evolve board composition.

LEVERS 2, 4



Evolve competencies for senior leadership to ensure they elevate rather than exclude diverse voices.

LEVERS 2, 4



Evolve the board selection and recruitment process so it is done through a centralized and diverse hiring business unit.

LEVER 2, 4



Establish succession planning to ensure diverse leadership composition that upholds the communities being served.

LEVERS 2, 4



Double down on processes for diverse board selection, including; blind resume screening and a blind interview and selection process to remove implicit bias.

LEVERS 2, 4

→ SOLUTION SPACE 2

How might we bring cultural understanding to life within our care practices?



Foster cultural humility amongst people who can make change happen.

LEVERS 1



Conduct diversity and inclusion health literacy awareness and education programs including courses, immersive bootcamps, and programs at executive levels.

LEVERS 1, 4



Enable deep, immersive experiences that provide understanding of culture, assets, and resilience of patients (e.g., Indian Health Services' sheep camp).

LEVERS 1, 5



Develop a microclimates mindset. Don't try to fix the whole system at once. Find supporters and start a movement.

LEVERS 4



Bring culturally appropriate care to patients through the removal of language barriers, creating a range of ways to consume/learn information, and understanding culturally-specific body language like the use eye contact.

LEVER 1



Develop a trauma-informed care approach that addresses implicit bias, starting with mandatory training for medical students.

LEVERS 1, 2

→ SOLUTION SPACE 3

How might we create a pipeline that reflects the people and communities served?



Build people up through establishing partnerships with CBOs, universities, K-12 schools, other hospitals, government agencies, etc.

LEVERS 1, 4, 5, 6



Develop future leadership through youth pipeline programs, encouraging low-income families to overcome generational education/wealth challenges.

LEVERS 2, 4, 5



Fund scholarships (from kindergarten through medical school) into future positions for the historically disadvantaged.

LEVERS 1, 2, 4



Create pipeline attracting unconventional candidates (e.g., formerly incarcerated persons) in diverse range of positions in healthcare system.

LEVERS 2, 5



Develop creative incentive structures, including student loan repayment, home-buying support, etc.

LEVERS 2, 4

→ SOLUTION SPACE 4

How might we attract and retain a workforce that is best suited to care for the community?



Build skillsets to meet patient needs by recruiting diverse candidates (e.g., having lived experience), taking extra effort to ensure a diverse candidate pool.

LEVERS 1, 2, 4



Prioritize continuity in provider relationships through processes that enhance trusted, long-term relationships.

LEVERS 1, 2, 5



Ask equity-focused interview questions at the start to screen candidates and to be upfront about organizational priorities.

LEVERS 2, 4



Ensure retention efforts address and mitigate staff burnout that can lead to disrupted care with constant and/or unannounced provider changes.

LEVERS 2, 5



Review, refine, and implement policies and procedures through a Healthcare Effectiveness Data and Information Set (HEDIS) lens using continuous improvement as a strategy.

LEVER 2, 4



THEME TWO

**Equity as
an Operating
Principle.**



Equity as an Operating Principle.

Build the house from the foundation up.

Strong organizations learn to listen to the community and expand into innovative partnerships. Exceptional organizations go further to ensure that programs are built, funded and demonstrate measurable changes. You need to build a solid plan, and who is at the table affects what is built.

The final theme from the Region 9 Health Equity Innovation Summit focused on ways the hospital and health systems can creatively reach beyond their walls and use their influence to build a better sustainable health and wellness ecosystem for all.

SOLUTION SPACES:

→ How might we build up the people and places where care is delivered to reach more of those in need?

→ How might we develop financial support systems to encourage ongoing expansion of community partnerships?

→ How might we partner with non-traditional community organizations to bring health care to where people live, work and play?

SOLUTION SPACE 1

How might we build up the people and places where care is delivered to reach more of those in need?



Place community "influencers" inside healthcare organizations to establish bi-directional accountability between communities served and the health system.

LEVERS 2, 5, 6



Involve local institutions like libraries and pharmacies to dedicate space to deliver healthcare services within the community.

LEVER 5



Leverage the skills of interpreter services teammates within health systems as cultural ambassadors with our communities.

LEVERS 1, 5, 6



Not everyone has the access to reliable transportation to visit care facilities. Bring care into communities where people live through solutions such as mobile vans.

LEVER 5



Build volunteer capacity to help support the care needs of marginalized patients. Help develop partnerships between departments and organizations that work with volunteers.

LEVERS 1, 5, 6

SOLUTION SPACE 2

How might we develop financial support systems to encourage ongoing expansion of community partnerships?



Leverage a community advisory committees to gather input on health system innovations and community needs. Use the knowledge to inform hospital investment in community programs.

LEVERS 1, 2, 4, 5



Build stronger ongoing relationships with CBOs through sustainable funding as they to do the heavy lifting locally.

LEVERS 5, 6



Adequately and fairly compensate a community advisory committee. Consider membership that includes frontline health care workers, informal and formal community leaders, and community organizations.

LEVERS 1, 2, 4, 5



Provide prospective payment to CBOs with Social Determinants of Health mandates.

LEVERS 5, 6



Provide more unrestricted funding at the community level.

LEVERS 5, 6



Encourage charitable foundations within our healthcare system to develop a health equity fund. Support local efforts around children's healthcare needs and mobile food distribution.

LEVERS 1, 2, 5

SOLUTION SPACE 3

How might we partner with non-traditional community organizations to bring health care to where people live, work and play?



Leverage unique community assets, such as museums for Black history and culture, for collaborative programming.

LEVERS 1, 5, 6



Establish community service-nodes for events, such as health screenings that are tied to museum exhibits about Black history and health topics.

LEVERS 1, 5, 6



Conduct panel discussions with the community that deepens understanding of local context and history.

LEVERS 1, 5



Work with community partners to establish real-time feedback (e.g., visitor data) on effectiveness of health equity approaches and programming.

LEVERS 1, 3, 5



Work with museums and other partners to develop exhibits and programming for creative educational engagement in topics affecting the health and wellness of marginalized people.

LEVERS 1, 5



Capture community data, health needs and care experiences through site kiosks at local events, museums and other nodes in the community.

LEVERS 1, 3, 5

THEME THREE

**Strong Networks
Enabled by Smart
Technology.**



Strong Networks Enabled by Smart Technology.

Augmenting stakeholder collaboration through technology.

The third emerging theme created an innovative approach to the development of data systems and data collection. It focused on empowering the people who need the care, the people who will be collecting the data, and the bridge-builders and technology systems to tie it all together. Scale and impact were considered as well as bias for action, not perfection.

SOLUTION SPACES:

→ How might we power-up a holistic and active network of stakeholders?


→ How might we collaborate to better collect and use data to advance health outcomes?

→ How might we develop people-centric data collection methods?

→ How might we establish and expand the use of digital tools to achieve impact at scale?

→ SOLUTION SPACE 1

How might we power-up a holistic and active network of stakeholders?

 Acknowledge that hospitals cannot do it alone. The "COVID era" solidified our awareness that payers, faith-based groups, non-profits, for-profits, and community leaders/influencers also have a role to play in maximizing health for the marginalized.

LEVERS 5, 6



Engage for-profit organizations, such as local technology and energy companies, to activate their community benefit arms and creatively leverage their diverse resources (e.g., bill reductions, computer systems, wireless connectivity).

LEVERS 3, 5, 6



Spur co-opetition between health systems, foundations, and funding so energy can be put toward the creating programs with impact, instead of re-creating basic infrastructures.

LEVER 6



Establish an evaluation process including shared SMART goals to determine progress and needed adjustments of proposed partnerships/efforts.

LEVER 6



Build a neutral and trusted network of bridge builders with pharmacies, libraries, and other distributed community locations.

LEVERS 5, 6

SOLUTION SPACE 2

How might we collaborate to better collect and use data to advance health outcomes?



Acknowledge the unique starting points of population groups when assessing progress in health quality and inequity (i.e., use "growth" metrics).

LEVERS 3, 5



Co-create a rubric of the top 10 or so required metrics across all systems. Include the community to measure what matters.

LEVERS 3, 5



Leverage existing standards where possible (e.g., HEDIS) and to set meaningful and relevant health targets for community members.

LEVERS 3



Develop an infrastructure for data integration that automatically pulls in tagged key targets for data reporting.

LEVERS 3, 6



Establish a convener (potentially AHA) to volunteer time and/or resources to facilitate conversations and decision-making at cross-system gatherings.

LEVERS 3, 6



Integrate with common electronic health record systems so the full health picture is easier to see and act on, especially for those at the greatest risk.

LEVERS 2, 3

SOLUTION SPACE 3

How might we develop people-centric data collection methods?



Examine the impact and importance of collecting this data for both staff and community. Engage with the community outside of health care settings to collect data.

LEVERS 3, 5



Mandate that staff attend training on these approaches and processes for collecting patient data and support them in changing behaviors and norms.

LEVERS 2, 3



Co-create a data process and activation approach with communities and stakeholders on collection of REAL and SOGI data for communities and employees.

LEVERS 3, 5



Seek progress, not perfection in data collection. Crawl, walk, and then run... start small to build workflows that work.

LEVER 3



Develop data training that encompasses: why it is pertinent, how to do it in a person-centric way, how data is used, and what safeguards are in place (policy development).

LEVER 3



Make it easier to do spread the practice. Accelerate adoption by creating playbooks/toolkits to understand data, and review models of initiatives to propel action.

LEVERS 2, 3

SOLUTION SPACE 4

How might we establish and expand the use of digital tools to achieve impact at scale?



Identify the people within communities want digital services and identify what they need to successfully leveraging it.

LEVERS 1, 5



Promote the availability and use of these services. Go beyond traditional promotion channels to engage local community through social media.

LEVER 5



Leverage the health equity stakeholder network, including technology firms, to develop an integrated, interoperable platform that supports bi-directional feedback on community services and resources for patients such as food, language services, housing, and transportation.

LEVERS 1, 5, 6



Utilize care navigators to make cross-platform digital services easier to access and use.

LEVER 5



Enable close-loop referrals and search engine capability for patients to seek services in platform development.

LEVERS 1, 5, 6



Encourage payors (via policy and advocacy) to include tech-based services in care plans.

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

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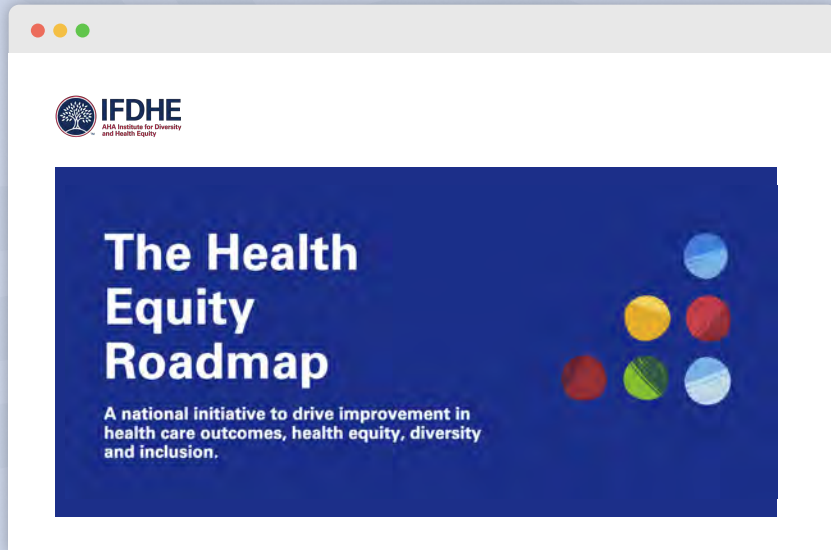
Dream big, start small

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 9 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.

