

# Identify a Health Equity Focus

Advancing Health Equity Learning Collaborative

# Zoom Housekeeping

- // Please mute yourselves when not actively speaking
- // For closed captions or other Zoom accessibility features, please direct a chat message to Michelle Gorrell or call our program office line at 866-344-9800.

# AHE Technical Assistance Topics

- / Culture of Equity, Quality and Equity
- / Earning Stakeholder Buy-in
- / Partnering with Members and Communities
- / Anticipating Data Needs and Opportunities
- / **Identify a Health Equity Focus**
- / Diagnosing Disparities
- / Transforming Care
- / Transforming Payment



# About the Training Series

- /// The AHE Learning Collaborative will support the development of partnerships
- /// Together, we'll explore anti-racist and intersectional approaches to designing and implementing care transformations to advance health equity





# Systems Thinking and Antiracism

- Systems thinking involves seeing outcomes as a result of design and decision-making
- Anti-racist approaches require actively identifying the impact of racism, and changing policies, behaviors and beliefs that perpetuate racism

# Systems Thinking and Antiracism

## Ask:

- How can I engage in this effort? How might I be impeding this effort?
- How can my organization engage in this effort? How might my organization be impeding this effort?

# Learning Objectives

- // Explain how quality, health disparities, and health equity are linked
- // Understand the need to consider intersectionality when identifying health disparities
- // Describe data challenges involved with identifying health disparities
- // Describe steps your team can take to avoid or minimize these challenges

# Agenda

- // Welcome and Overview
- // Linking Quality, Health Disparities, and Health Equity: A Quick Review
- // Choosing a Health Equity Focus
- // Hidden Disparities: Intersectionality
- // Breakout: Common Data Opportunities to Identifying Health Disparities
- // Next Steps



# Linking Quality, Health Disparities, and Health Equity: A Quick Review

# Quality Care is...

**“...doing the right thing for the right patient,  
at the right time, in the right way  
to achieve the best possible results.”**

**—AGENCY FOR HEALTHCARE RESEARCH AND QUALITY**

# Domains of Health Care Quality

- / **Safe:** Avoiding harm to patients from the care that is intended to help them
- / **Effective:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively)
- / **Patient-centered:** Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions

# Domains of Health Care Quality

- /// **Timely:** Reducing wait times and sometimes harmful delays both for those who receive and who give care
- /// **Efficient:** Avoiding waste, including waste of equipment, supplies, ideas, and energy
- /// **Equitable:** Providing care that does not vary in quality because of characteristics such as gender, race, ethnicity, geographic location, and socioeconomic status

# An Equity Agenda for the Field of Health Care Quality Improvement

**“For care to be considered high quality, it must be equitable.”**

- What gets measured gets improved
- Communities’ perspectives, preferences and goals must be directly integrated into quality improvement efforts (i.e., “Nothing about me, without me.”)

# Impediments to Equity In Health Care Quality

- /// Racism and discrimination (historical and present-day)
- /// Inadequate integration of social drivers of health (SDOH) of which structural racism is a root cause
- /// Lack of data for Black, Indigenous, and People of Color (BIPOC), LGBTQ+ people and people living with disabilities
- /// Disparities in healthcare services resulting in perceived untrustworthiness of the health care system

# Linking Quality Improvement, Health Disparities, and Health Equity

Crosscutting Dimensions		Components of Quality Care	Type of Care		
			Preventive Care	Acute Treatment	Chronic condition management
E Q U I T Y	V A L U E	Effectiveness			
		Safety			
		Timeliness			
		Patient/family-centeredness			
		Access			
		Efficiency			
	Care Coordination				
	Health Systems Infrastructure Capabilities				

# Strategies to Improve Equity In Health Care Quality

- /// Increase system trustworthiness
- /// Increase partnership with patients and communities
- /// Change incentive structure (i.e. paying for equity)
- /// Improve data and measurement strategies
- /// Improve leadership and culture
- /// Embed equity approaches into all activities, especially quality improvement



# Linking Quality Improvement, Health Disparities, and Health Equity

## EQUALITY:

Everyone gets the same – regardless if it's needed or right for them.



## EQUITY:

Everyone gets what they need – understanding the barriers, circumstances, and conditions.



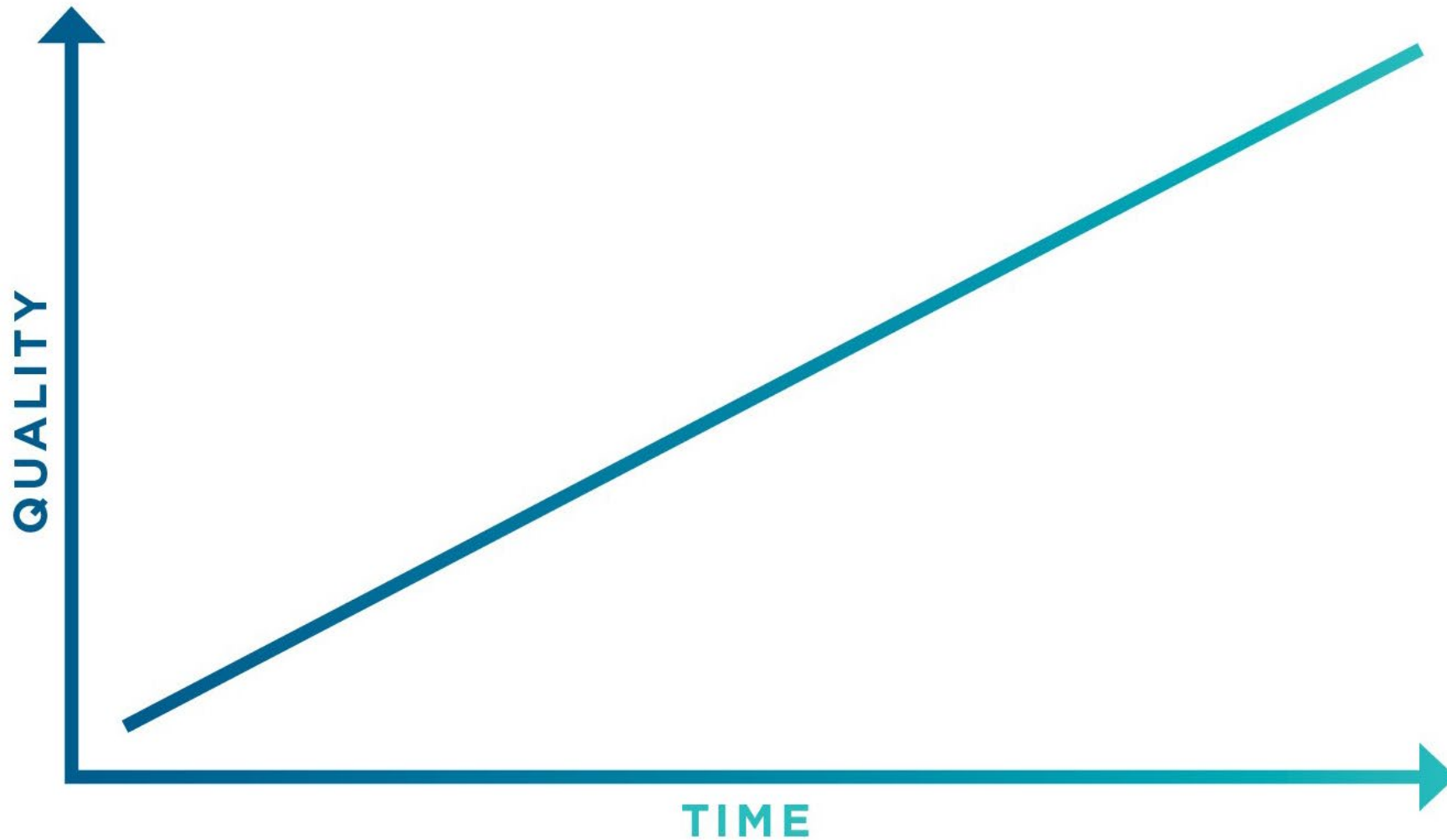
Copyright 2022 Robert Wood Johnson Foundation

# The Implications of Using a Health Equity Lens in Quality Improvement Activities

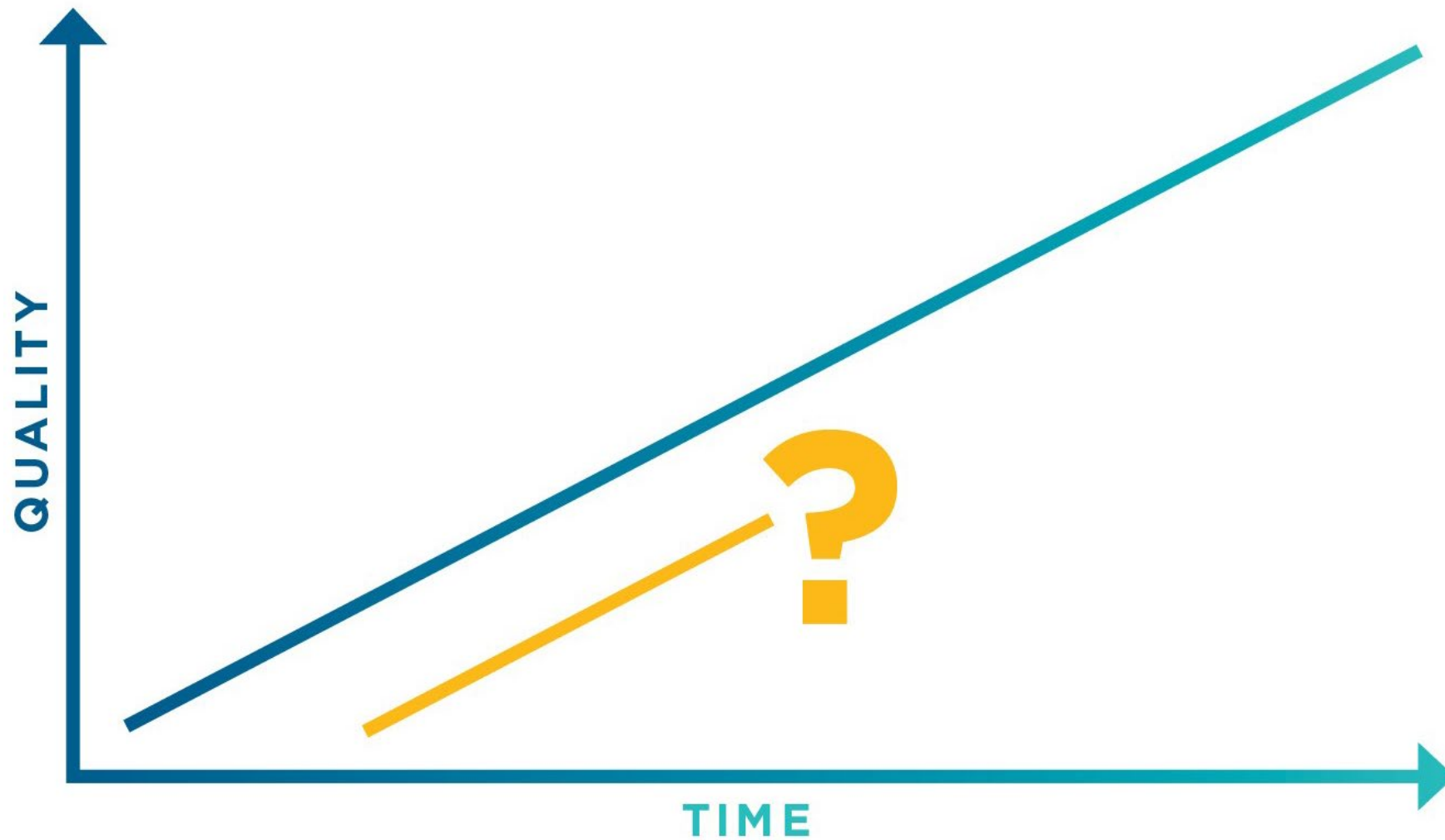
What would the implications be of improving quality in an equitable manner for:

- // Members and community stakeholders most affected by activities
- // A health care organization caring for individuals and communities of various races and ethnicities
- // An MMCO managing care in an entire market or region
- // A state agency promoting the health of the entire state's population

# Intended Effect of Programs

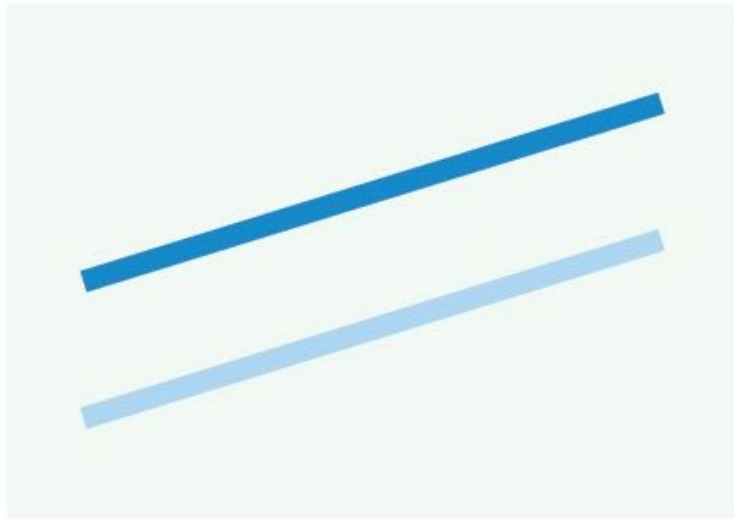


# Effect on Disparities



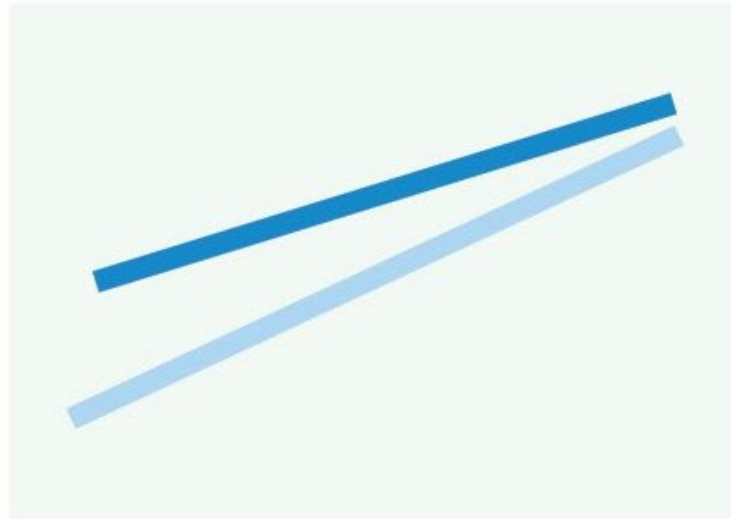
# Potential Impact on Disparities

## NEUTRAL



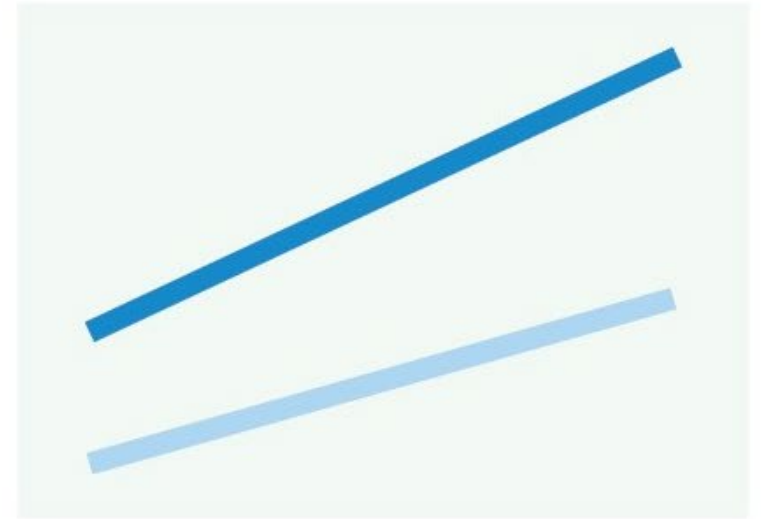
More of the same

## NARROWING



Reduces differences

## WIDENING

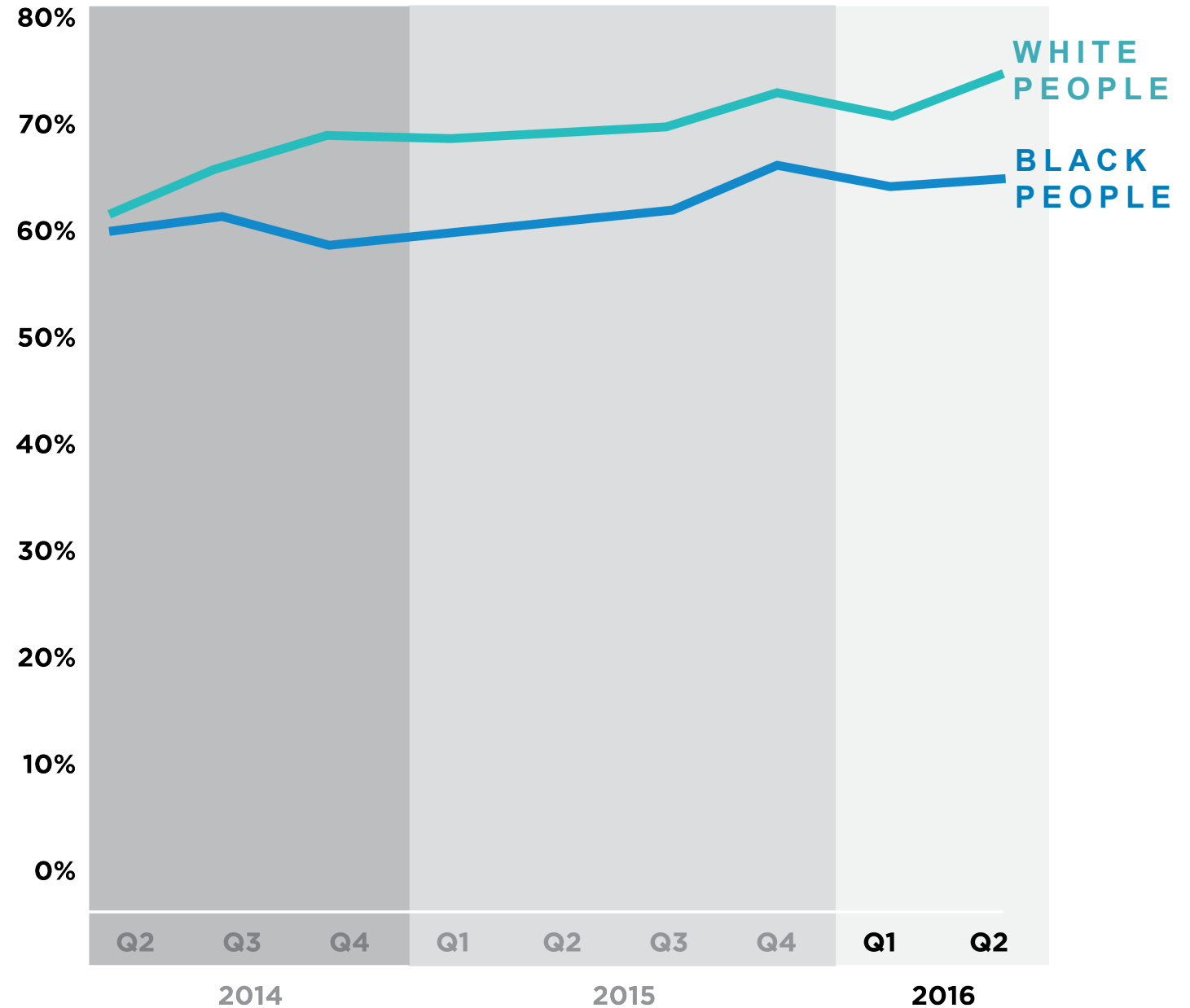


Has differential impact

# Impact on Health Disparities

## Racial and Ethnic Disparities in Care Following the New York State Sepsis Initiative

Percent of White and Black individuals with sepsis presenting to the emergency department for whom a 3-hour sepsis protocol was completed.



**“...[Racism] saps the strength of the whole society through the waste of human resources.”**

**–Camara Phyllis Jones, MD, PhD, MPH**

# Focusing on Equity Means More Than Reducing Inequities

## It requires recognizing that:

- /// In a society with enormous inequality, group outcomes will vary widely and will not reflect an optimal state
- /// The vision of advancing health equity is broader than reducing inequities
- /// Health system transformation requires exploring approaches that de-center dominant cultural responses



# Choosing a Health Equity Focus

# Considerations for Choosing A Health Equity Focus

- // Start with getting to know the priorities of the people you serve
- // Look for ways to meaningfully include qualitative data and the experiences of the people you serve
- // Learn about health-enhancing efforts in the community you serve
- // Stratify your quantitative data and learn more about it
- // Reflect on the limitations and bias of your data

# Considerations for Choosing A Health Equity Focus

- / Reflect on your priorities, contexts, values, and biases – as well as those of your stakeholders
- / Be willing to start knowing it may not be perfect
- / Pressure and/or momentum from stakeholder groups
- / Variations in domains of care (i.e., places where a different standard of care is in place for differently situated groups)
- / Disparities in outcomes between populations

# Tips for Choosing A Health Equity Focus

## Be specific

- // Specify the care experience, pathway and/or health condition you will target
- // Know the population you are serving, be specific about the context, history and/or conditions that you're targeting
- // Keep in mind: “Nothing about us, without us.”
- // Adopt a learning mindset. Mistakes are expected!

# Hidden Disparities: Intersectionality

# Intersectionality

The ways in which **systems of oppression** (e.g., racism, sexism, classism) **compound and intersect cannot be fully understood if examined in isolation.**



**Kimberlé Crenshaw**

# Gallup Data 2012–2017

## Medicaid–Intersecting Identities



# Gallup Data 2012–2017

## Uninsured – Intersecting Identities





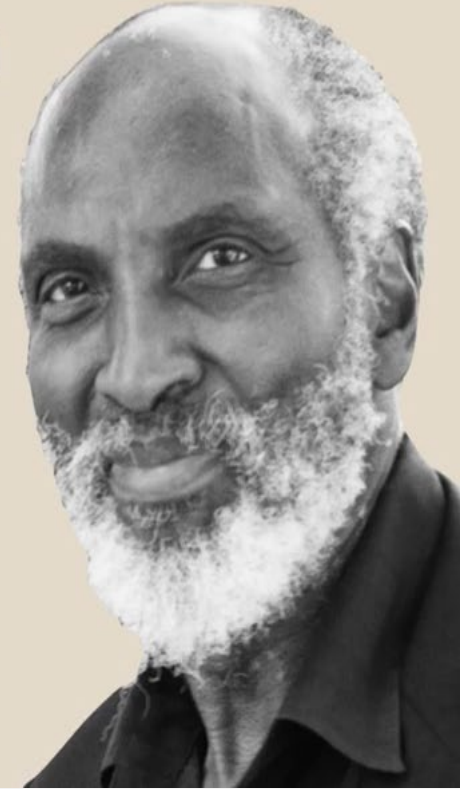
# Promising Approaches

# Targeted Universalism

- // Universal goals
- // Targeted strategies and processes based on how different groups are situated within structures, culture, and across geographies
- // Goal oriented, with experimentation in processes

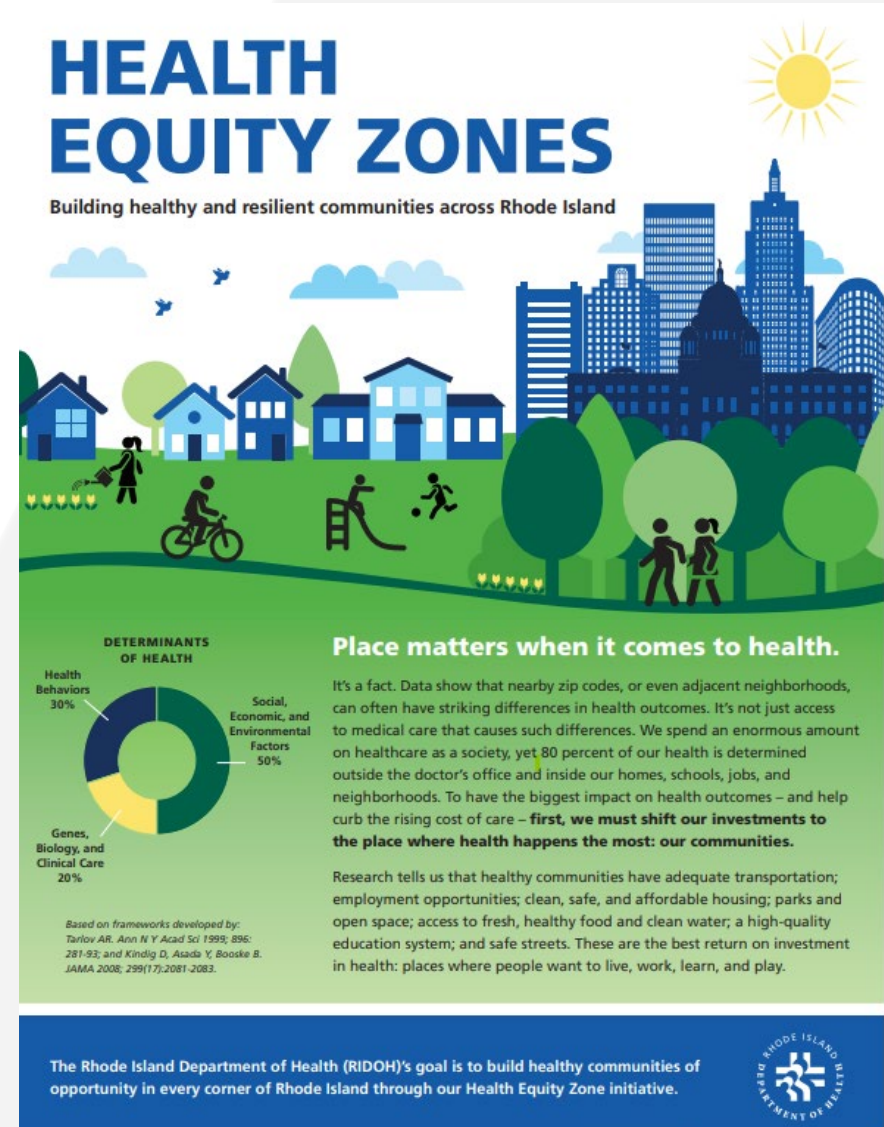
EQUITY 2.0? WHAT IS TARGETED  
UNIVERSALISM AND HOW DOES  
IT ADDRESS INEQUALITY?

john a. powell



# Place-based Initiatives

- Health Equity Zones or Health Equity Improvement Zones
- A designated community works together to shift power and resources towards community-designed solutions
- Brings together public, private, nonprofit systems



## HEALTH EQUITY ZONES

Building healthy and resilient communities across Rhode Island

**Place matters when it comes to health.**

It's a fact. Data show that nearby zip codes, or even adjacent neighborhoods, can often have striking differences in health outcomes. It's not just access to medical care that causes such differences. We spend an enormous amount on healthcare as a society, yet 80 percent of our health is determined outside the doctor's office and inside our homes, schools, jobs, and neighborhoods. To have the biggest impact on health outcomes – and help curb the rising cost of care – **first, we must shift our investments to the place where health happens the most: our communities.**


Research tells us that healthy communities have adequate transportation; employment opportunities; clean, safe, and affordable housing; parks and open space; access to fresh, healthy food and clean water; a high-quality education system; and safe streets. These are the best return on investment in health: places where people want to live, work, learn, and play.

**DETERMINANTS OF HEALTH**

Determinant	Percentage
Social, Economic, and Environmental Factors	50%
Health Behaviors	30%
Genes, Biology, and Clinical Care	20%

Based on frameworks developed by:  
Tarloff AR. *Ann N Y Acad Sci* 1995; 896:  
281-93; and Kindig D, Alameda Y, Boudie B.  
*JAMA* 2008; 299(17):2081-2083.

The Rhode Island Department of Health (RIDOH)'s goal is to build healthy communities of opportunity in every corner of Rhode Island through our Health Equity Zone initiative.



# Transforming Measurement

- // Measuring experiences of racism and discrimination
- // Creating experiences that affirm humanity and dignity
- // Community-established standards that focus on a group's self-defined priorities and needs



Discussions of “eliminating health inequities” are flawed because they center whiteness, are mathematically ambiguous, and emphasize individual-level solutions. Instead, ambitious yet attainable benchmarks could be created by communities, reflecting their priorities, realities, and resources.

**tamarie a. macon, Gillings School of Global Public Health**

# Team Breakouts

# Common Data Opportunities

- // Include partnership of individuals with Medicaid and community stakeholders in interpretation of health disparities data
- // Achieving progress or consensus in data review with a diverse group of stakeholders
- // Data Identification
- // Review of initial data
- // Obtaining buy-in from key individuals who manage the data sharing across team partners
- // Development of data analysis plan

# Breakout Group Agenda

- / **Goal:** Next steps with some target dates for completion
- / **In Breakout**
  - Select facilitator, timekeeper, note-taker
  - Review Data Handout (individually)
  - Discuss area of focus (as a group)
  - Breakout Group Discussion (addressing topics/questions from the handout)
  - Discussion Wrap-up (determine next steps and target dates, unanswered questions, TA needs; record on handout or separate notes)

# Discussion Questions



# Discussion: Potential Questions

- ✓ Keeping in mind that these are complex initiatives with multiple, often shifting, opportunities and constraints for all stakeholder groups:
  - What next steps will your team take to identify health disparities and inequities?
  - What are some issues your team has had to weigh or address so far in identifying the health disparity on which you will focus (health conditions and member populations)?
  - Is there a need or desire to reconsider your plans at this point in the Learning Collaborative experience?

# Discussion: Wrap-up

- // What questions do you have regarding the next steps your team should take?
- // What technical assistance needs do you anticipate in order to move forward?

# Virtual Training Next Steps

# Virtual Training Next Steps

/// Next Session: [Time, date, place]

/// Exercise

- Continue working on the breakout worksheet as a team, including next steps and target dates.
- Consider how your team can partner with members to get their input regarding identifying target disparities.
- Be ready to discuss the worksheet and your ideas at the next meeting.

# Thank you!