



**American Hospital
Association™**

Advancing Health in America

Advancing Health Equity for All

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Vision Statement:

- The AHA vision is of a just society of healthy communities, where all individuals reach their highest potential for health.



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Health Equity Landscape

BECKER'S
HOSPITAL REVIEW

People of color less likely to receive monoclonal antibodies, CDC finds

HealthAffairs

Negative Patient Descriptors: Documenting Racial Bias In The Electronic Health Record

healthcare
innovation

Research: Kaiser Permanente Cancer Screening Eliminated Disparities

After a structured screening program was launched, colorectal cancer death rates fell by more than half among Black members over a 10-year period

JAMA Network

The Quintuple Aim for Health Care Improvement A New Imperative to Advance Health Equity

HEALTH EQUITY

By Rachel R. Hardeman, Patricia A. Homan, Tongtan Chantarat, Brigette A. Davis, and Tyson H. Brown

OVERVIEW

Improving The Measurement Of Structural Racism To Achieve Antiracist Health Policy

STAT+

THE PHARMALOT VIEW

Take a deep breath: Asthma drug study failed to include Black and Puerto Rican children who could benefit most

The Washington Post

The striking race gap in corporate America

A small fraction of top executives are Black — and the people tapped to fix it often struggle to boost inclusion



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

CDC: U.S. maternal mortality rate rose in 2020 for women of color

PATIENT ENGAGEMENT HIT

COVID-19 Outcome Inequities Show Neighborhood Health Disparities

A new study found that COVID-19 patients from socially vulnerable neighborhoods risked worse health outcomes, highlighting the inequities which drive neighborhood health disparities in COVID-19 outcomes.



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Doctors Are More Likely to Describe Black Patients as Uncooperative, Studies Find

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AHRQ Agency for Healthcare Research and Quality

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Research

Publications & Products

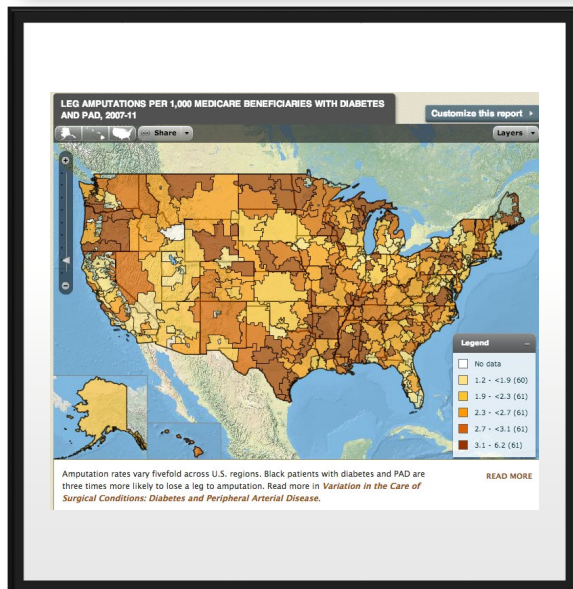
Research Findings & Reports

Evidence-based Practice Center Reports

Fact Sheets

2021 National Healthcare Quality and Disparities Report

For the 19th year, AHRQ is reporting on healthcare quality and disparities. The annual National Healthcare Quality and Disparities Report is mandated by Congress to provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial and socioeconomic groups. The report is produced with the help of an Interagency Work Group led by AHRQ.



Health Disparities

- In 2002 the Institute of Medicine published *Unequal Treatment*, which compiled research demonstrating substantial health disparities.
- Racial and ethnic variation in quality of health care that are not due to
 - Access-related factors
 - Patient preferences
 - Clinical needs
 - Appropriateness of intervention

Source: "Unequal Treatment: Contributing Factors to Disparities in Health Care." IOM, 2002

INSTITUTE OF MEDICINE

CROSSING THE QUALITY CHASM

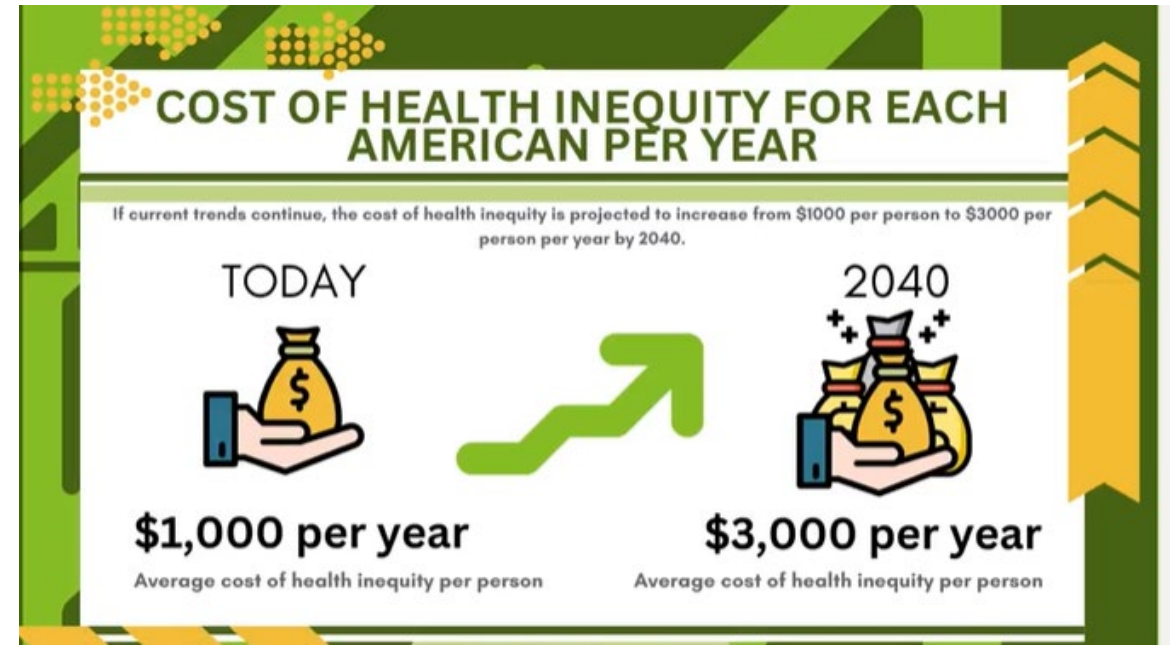
A New Health System for the 21st Century

Increasing costs of health inequities

A recent study revealed that in 2018, racial and ethnic health disparities cost the US economy **\$451 billion**, a 41% increase from 2014.

- Most of the economic burden for racial and ethnic disparities was borne by Black/African American population (69%) due to the level of premature mortality.
- Native Hawaiian/Pacific Islander (\$23,225) and American Indian/Alaska Native (\$12,351) populations had the highest economic burden per person.

Source: National Institute on Minority Health and Health Disparities (NIMHD) -- 2023



Source: Deloitte Center for Health Solutions & Health Equity Institute – June 2022

“The exorbitant cost of health disparities is diminishing U.S. economic potential. We have a clear call to action to address social and structural factors that negatively impact not only population health, but also economic growth.”

- Eliseo J. Pérez-Stable, M.D., Director - National Institute on Minority Health and Health Disparities

Joint Commission Accreditation

Health Equity Standards Additions

As of January 1, 2023, accreditation programs for primary care clinics, behavioral health centers, critical access facilities and hospitals will include new mandates for leaders

Designating an officer to lead a strategy for reducing health disparities and screening patients for social determinants of health

Add demographic breakdowns to quality and safety data



Assist organizations in identifying disparities in health outcomes

Joint Commission will require organizations to use this data to develop an action plan to eliminate disparities

Providers will then have to track their progress and regularly update internal leaders and staff.

CMS Links Health Equity to Quality Through Reporting Programs

Three Components of the FY 2023 IPPS Proposed Rule Suggest a Sustained Policy Push Toward Change



1) New IQR Quality Measures

CMS is proposing to adopt the following health equity and maternal health quality measures:

- **Hospital Commitment to Health Equity**
(mandatory beginning CY 2023)
- **Screening for Social Drivers of Health**
(mandatory beginning CY 2024)
- **Screen Positive Rate for Social Drivers of Health**
(mandatory beginning CY 2024)
- **Cesarean Birth eCQM**
- **Proposed Severe Obstetric Complications eCQM**



2) “Birthing-Friendly” Hospital Designation

New “birthing-friendly” hospital designation would be awarded to hospitals based on their attestation to the Maternal Morbidity Structural Measure:

- Measure data will be submitted by hospitals for the first time in May 2022.
- Publicly-reported hospital designation would begin in Fall 2023.
- Hospitals are awarded this designation if they report “Yes” to both questions in the measure.



3) Requests for Information (RFI)

- Ways CMS can support hospitals and other providers to better prepare for the harmful impacts of climate change on patients
- Considerations CMS should take in advancing the use of measurement and stratification to address healthcare disparities and advance health equity
- Ways CMS can address the U.S. maternal health crisis through policies and programs, including Conditions of Participation and quality measures



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AHA Health Equity Roadmap

AHA Health Equity Roadmap

The Six Levers of Transformation

Research and experience show that leading health equity strategies cut across six levers of transformation within health care organizational structures.



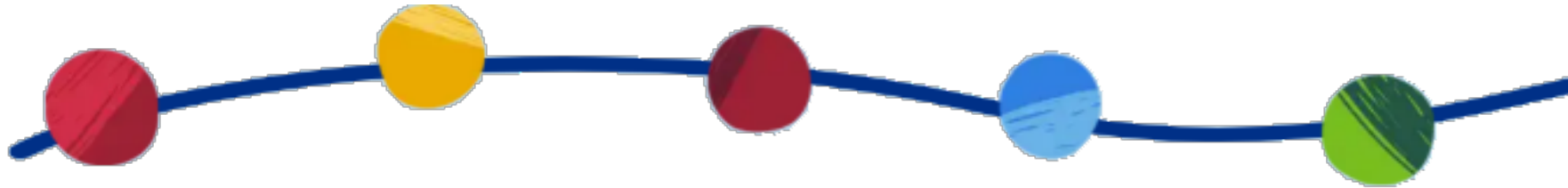
The Health Equity Roadmap is a framework to help hospitals and health care systems chart their own paths toward transformation — thus becoming more equitable and inclusive organizations.



Equity Roadmap: Translating Self-Assessment into Action

Self-assessment provides a profile of progress on each lever of transformation....

....and is accompanied by a Transformation Action Plan



Exploring

Exploring the values and resources needed to publicly *commit* to embarking upon a journey toward health equity.

Committing

Committing the resources to listen, learn, train and *implement policies and practices* that establish equity as the standard practice.

Immersing

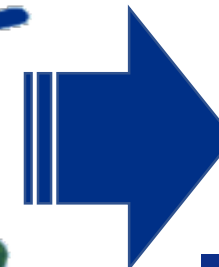
Immersing the leadership and system into *accountability* for implementing policies, procedures and cultural structures that support diversity, equity and inclusion.

Affirming

Affirming a just, equitable system culture with *continuous equity self-assessments* of policies and practices that remove structural barriers to equity.

Transforming

Transforming beyond the system toward *supporting a sustainable and equitable ecosystem* of health care within the community.



HEAL
Health Equity
Action Library



The Journey



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Actionable Strategies

Six Domains of Health Care Quality

Institute of Medicine

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.

Timely

Reducing waits and sometimes harmful delays for both those who receive and those 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 personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Bottom line: Inequitable care is low-quality care.



Applying an Equity Lens to Quality Improvement



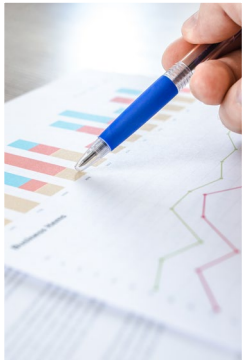
Now is the time to fully integrate equity into quality improvement.

- Critical role of health care organizations in preventing inequities
- Every health care process change can either improve, maintain or exacerbate health disparities



Disparities remain a common indicator for poor health system performance.

- Structural, persistent inequities limit the potential of the US workforce through lost productivity and economic potential
- Changing demographics, persistence of health care disparities and recent progress in identifying solutions to reduce gaps in care



Improvements in equity and quality outcomes cannot be achieved without the collection of standardized data.

- Use ReAL, SOGI, Societal Factors that Influence Health data to carefully define, measure and monitor changes in equity to identify which interventions are effective



Interventions resulting from data collection and analysis must be customized to meet the needs of populations experience unequal care.

Health Equity – Actionable Strategies



**Culturally Appropriate
Patient Care**



**Equitable and Inclusive
Organizational Policies**



**Collection and Use of Data to
Drive Action**



**Diverse Representation in
Leadership and Governance**



**Community Collaboration for
Solutions**



**Systemic and Shared
Accountability**

Collection and Use of Data to Drive Action



Health Equity
Resource Series

Data-Driven Care Delivery

Data Collection,
Stratification and Use



REaL - Race, Ethnicity and Language data

- Capture information on a patient's race, ethnicity and language preferences.
- Understand clinically relevant and unique aspects of their patient and communities.
- Apply care with cultural humility that does not vary with a patient's race, ethnicity or language.

SOGI - Sexual Orientation and Gender Identity data

- Systematically document and address health disparities affecting LGBTQIA+ persons.
- If data is not properly collected, it can have profound effects on health – key clinical therapeutic and preventive services can be missed.
- Supports a more patient-centered and comprehensive approach to patient care.

Societal Factors that Impact Health data

- Conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life-risks and outcomes.
- Examples of social needs include:
 - Food, housing education, transportation, social support and transportation

Using Culturally Appropriate Patient Care to Improve Quality and Health Outcomes

Culturally Appropriate Care:

Providers and organizations effectively deliver health care services that meet the social, cultural and linguistic needs of patients.

Quality outcomes suffer when culturally appropriate care practices are not integrated into patient care:

- Lower patient satisfaction scores
- Poor patient adherence and understanding
- Ineffective care planning leads to higher costs

Through culturally appropriate care practices, organizations can:

- Establish coaching frameworks for staff to increase cultural humility
- Address and mitigate implicit biases in clinical care
- Increase patient health literacy through increased access to language services and cultural considerations

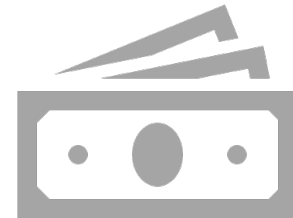
Community Collaborations for Solutions



Establish formal
partnerships



Health promotion and
education



Collaborative funding
opportunities

AHA Resources & Events



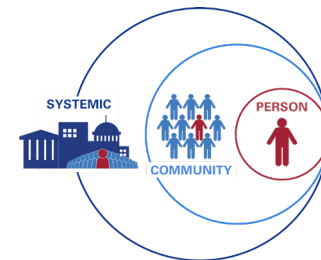
Health Equity Roadmap
www.equity.aha.org



Accelerating Health Equity Conference
www.equityconference.aha.org



AHA Institute for Diversity and Health Equity
www.ifdhe.aha.org



Societal Factors that Influence Health Framework
www.aha.org/societalfactors



AHA Community Health Improvement
www.healthycommunities.org



Trustee Services
www.trustees.aha.org

Thank You!

Please contact me with any questions or comments:

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