


The Role of Health Systems in Advancing Equity

Amy Reid, MPH, Director, Institute for Healthcare Improvement

Brian Lloyd, MHA, Consultant, Health Improvement & Care Innovation, HealthPartners



1:45 – 3:15pm

Agenda

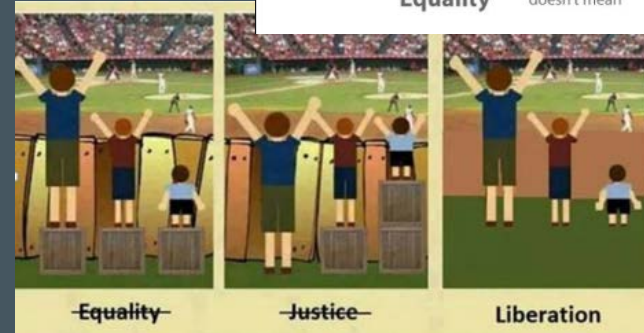
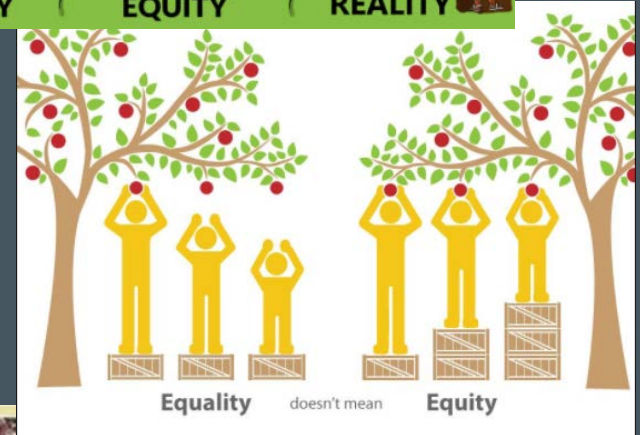
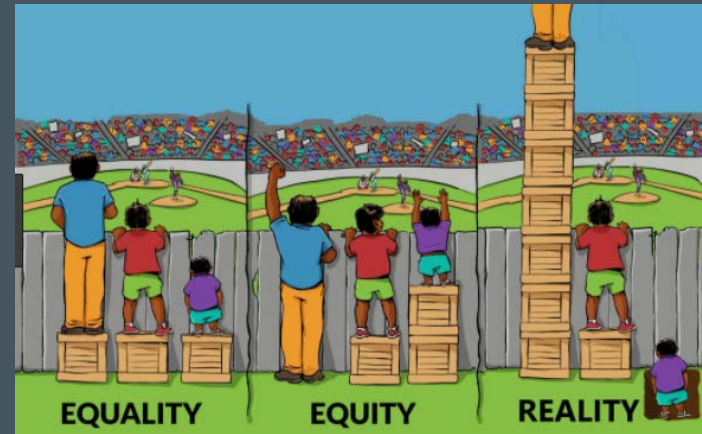
Time	Item
1:45 – 2:15pm	Health Equity & Introductions
2:15 – 2:50pm	Framework for Health Systems to Advance Equity
2:50 – 3:15pm	Interactive Exercise



What is Health Equity?

When all people have “the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance”.

CDC



What is Health Equity?

“A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

What is Health Equity?

A difference or disparity in health outcomes that is **systematic, avoidable, and unjust.**

CDC



The -Isms

_____ Prejudice + Power

Norms, structures, policies, practices that advantage one group over another.

Differential access to goods, services, and opportunity of society by race.

People's institute for survival and beyond (PISAB)

Phyllis-Jones, AJPH



Equity & Quality Care

- Equity is the forgotten IOM aim
- In order to reach any of our aims fully, equity is needed
- We recognize that inequities are a product of our systems
- Improvement tools give us a way to make systems better, but not without intentionality
- Equity must be a priority and you must have infrastructure to support that priority
- What part of your culture helps and hinders equity?
- Have to be willing to be uncomfortable and challenge status quo



Why?



Why?

What are the key contributors to observed inequities in health & health care?

- Differential access to resources and opportunity
- Differential application of care practices
- Multi-level – individual, community, state, policy
- -Isms that marginalize populations (racism, sexism, heterosexism, etc)



Inequitable Care & Health Outcomes

- Minority groups (except Asians) more likely to report health as fair or poor.
- Infant mortality for blacks 2.5 times higher than for whites.
- Low-income and uninsured adults are less likely to rate the quality of their care as excellent or very good
- Blacks are 3 times as likely to die from asthma than whites.
- American Indian/Alaska Natives twice as likely to have diabetes.
- Homeless populations experience unsafe discharges.
- Black women have lower rates of breast cancer but are more likely to die from the disease.
- Women with disabilities are less likely to receive screenings for breast and cervical cancer.
- Blacks are 10 times more likely to have AIDS; Hispanics are 3 times as likely.
- American Indian/Alaska Natives twice as likely as whites to have frequent mental distress.
- 2.5 times more Hispanics as whites report having no doctor.
- Adolescents and adults with disabilities are more likely to be excluded from sex education.
- LGBT inequities related to oppression and discrimination - youth more likely to be homeless, 2-3 times as likely to attempt suicide, lack health insurance and lack knowledgeable health care providers



1. What brought you to this session?
2. Share 1 equity win you've had in your organization.
3. Share 1 equity challenge you've had in your organization.



Agenda

Time	Item
1:45 – 2:15pm	Health Equity & Introductions
2:15 – 2:50pm	Framework for Health Systems to Advance Equity
2:50 – 3:15pm	Interactive Exercise



Framework for Health Care Organizations to Improve Equity

Make health equity a strategic priority

Develop structure and processes to support health equity work

Deploy specific strategies to address the multiple determinants of health

Eliminate institutional racism within the organization

Partner with community organizations



Pursuing Equity Partner Organizations

1. HealthPartners
2. Henry Ford Health System
3. Kaiser Permanente Hospitals & Health Plan
4. Main Line Health
5. Northwest Colorado Health
6. Rush University Medical Center
7. Southern Jamaica Plain Health Center, Brigham & Women's Department of Medicine
8. Vidant Health





HealthPartners®

Health Plan

- 1.8 million health and dental members

Care Group

- 1.2 million patients
- 1,800 physicians
 - Park Nicollet
 - HealthPartners Medical Group
 - Stillwater Medical Group
- 55+ medical and surgical specialties
- 50+ primary care 22 urgent care locations
- 70 dentists
- TRIA Orthopedic Center
- Physicians Neck & Back Center
- virtuwell.com

Seven Hospitals

- Regions: 454-bed level 1 trauma and tertiary center
- Methodist: 426-bed acute care hospital
- Lakeview: 97-bed acute care hospital
- Amery, Hudson, and Westfields: 25-bed critical access
- St. Francis: 86-bed community hospital (partial owner)

HealthPartners Institute

- 400+ research studies each year
- 550+ medical residents and fellows





HealthPartners®

Mission

To improve health and well-being in partnership with our members, patients and community

Vision

Health as it could be, affordability as it must be, through relationships built on trust

Values

Excellence | Compassion | Partnership | Integrity

A changing Minnesota



GETTING OLDER:

Age 65+ will outnumber K-12 for the first time by 2020.

GETTING MORE DIVERSE:

Percentage of people of color: 19% (2015) → 25% (2035)

MEDIAN AGES OF MINNESOTANS (2016):

41

WHITE

24

AF. AMER.

21

HMONG

20

SOMALI

Framework for Health Care Organizations to Improve Equity

Make health equity a strategic priority

Develop structure and processes to support health equity work

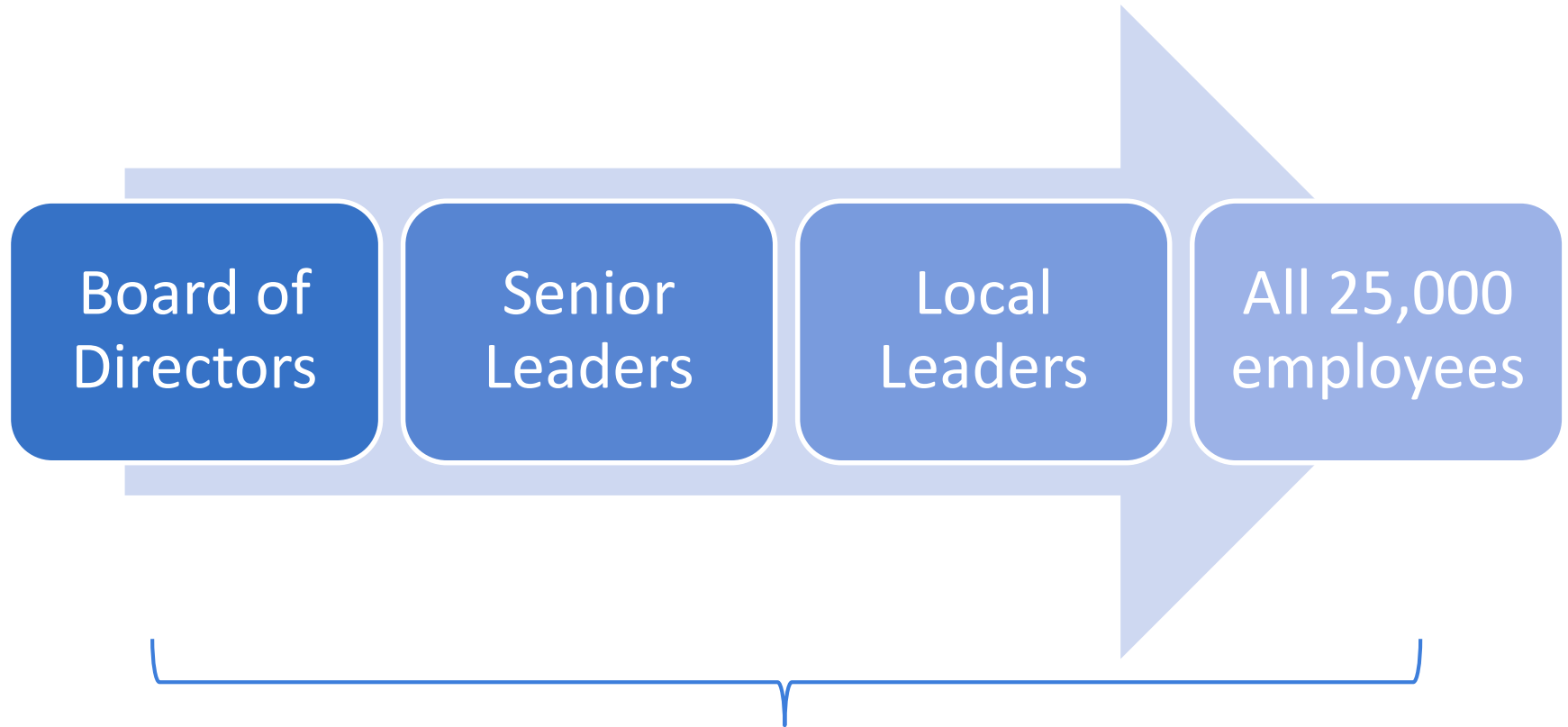
Deploy specific strategies to address the multiple determinants of health

Eliminate institutional racism within the organization

Partner with community organizations



Equity as a Priority



Culture: Head + Heart, *Together*

Partners for Better Health Goals 2020

Health as it could be,

Care and coverage are:

- Compassionate
- Safe
- Coordinated
- Equitable
- Based on individual needs, well-informed decisions and what works
- Best-performing in quality for all
- Integrated to link good oral, mental and physical health

Members and patients have support, education and engagement for healthy lifestyles.

Community partnerships support social, economic and environmental health and well-being.

Annual Plan 2018

“Measurably improve health equity by decreasing racial and financial class disparities”

“Every patient and member will be guided with empathy and feel supported”

“Accelerate diversity, inclusion and respect strategies”

Framework for Health Care Organizations to Improve Equity

Make health equity a strategic priority

Develop structure and processes to support health equity work

Deploy specific strategies to address the multiple determinants of health

Eliminate institutional racism within the organization

Partner with community organizations



Equity Data:

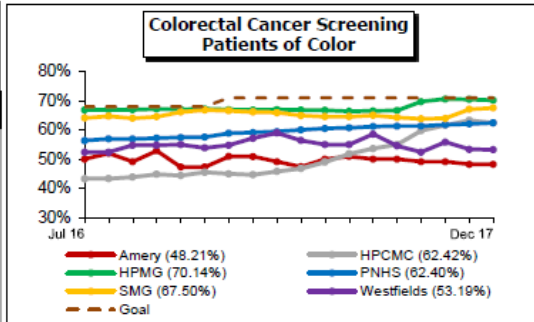
Colorectal Cancer Screening Disparities – December 2017 Summary Report

Aims & Measures:

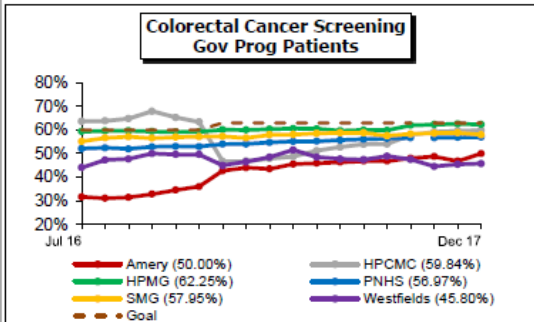
Aim: To increase colorectal cancer screening rates for patients of color to 71% and government programs patients to 63% by December 31, 2017.
Measure: Percentage of eligible adults (African Americans and Native Americans age 45-75, all others age 50-75) who have been screened for colorectal cancer by Colonoscopy in the last 10 years, CT Colonography or Flexible Sigmoidoscopy in the last 5 years, Cologuard (FIT DNA) in the last 3 years, and/or Fecal Occult Blood Test (FOBT) or Fecal Colorectal Screening (FIT) in the last 12 months.

# Patients of Color			# Gov Prog Patients		
Primary Care Clinic / OB Dept	# Patients of Color	% Met	Primary Care Clinic / OB Dept	# Patients	% Met
HPMG Arden Hills	505	80.59%	SMG OB	1	100.00%
HPMG Hlth Ctr For Women	398	79.65%	HP Central MN OB	6	83.33%
HPMG Ctr Intn'l Health	988	78.95%	HPMG Ctr Intn'l Health	552	76.63%
HPMG University Avenue	654	78.44%	HPMG Hlth Ctr For Women	136	74.26%
HPMG West	568	75.18%	PNHS Wavzata Medical	167	73.65%
HP North Suburban Roseville	205	75.12%	HPMG Arden Hills	255	73.33%
HP RiverWav Elk River	72	75.00%	HPMG West	202	71.78%
HP RiverWav Andover	98	74.49%	HPMG University Avenue	353	70.82%
HPMG White Bear Lake	202	74.26%	Amery Luck Medical	13	69.23%
PNHS Shakopee	928	72.31%	PNHS Champlin	76	67.11%
HPMG Apple Valley	467	71.95%	HPMG White Bear Lake	161	67.08%
HPMG Woodbury	1,248	71.71%	PNHS Shakopee	493	66.53%
HPMG Brooklyn Center	1,317	71.53%	HP RiverWav Andover	166	66.27%
HPMG Coon Rapids	512	70.70%	HPMG Inver Grove	217	65.90%
HPMG Maplewood	768	70.44%	PNHS Carlson	243	65.84%
HPMG Bloomington	765	70.20%	HP North Suburban Roseville	114	65.79%
HPMG Nokomis	197	70.05%	HPMG Brooklyn Center	425	64.00%
HPMG St Paul	1,487	69.67%	PNHS Eagan	256	63.67%
HPMG Inver Grove	329	69.00%	HPMG Maplewood	502	63.15%
SMG Curve Crest	274	68.98%	PNHS Eagan	137	62.04%
SMG Somerset	25	68.00%	HPMG Coon Rapids	364	61.81%
HPMG Como	1,000	67.30%	PNHS Burnsville	693	61.76%
PNHS Burnsville	1,424	66.43%	HPMG Nokomis	135	61.48%
PNHS Brookdale	2,221	65.96%	HPMG St Paul	774	61.37%
PNHS Wavzata Medical	152	65.79%	HPMG Woodbury	450	61.11%
HP North Suburban Lino Lakes	55	65.45%	HP North Suburban Lino Lakes	107	60.75%
PNHS Carlson	272	65.44%	HP RiverWav Elk River	163	60.74%
PNHS Eagan	564	65.43%	HPMG Apple Valley	275	60.73%
PNHS Chanhassen	595	64.37%	SMG Somerset	60	60.00%
HP RiverWav Anoka	266	64.29%	PNHS Lakeville	45	60.00%
PNHS 3850 St Louis Park	2,013	64.03%	SMG Curve Crest	550	59.64%
HPMG Eagan	221	63.80%	HPMG Central MN	639	59.62%
PNHS Golden Valley	276	63.41%	HPMG Bloomington	315	59.05%
PNHS Prairie Center	291	63.23%	PNHS Brookdale	718	58.64%
HPMG Riverside	1,231	62.88%	PNHS 3850 St Louis Park	1,150	58.61%
HP North Suburban Huoq	16	62.50%	HP RiverWav Anoka	345	58.55%
HPMG Central MN	618	62.46%	PNHS Shorewood Medical Bld	101	58.42%
HPMG Midway	1,324	62.31%	PNHS Prairie Center	162	58.02%
PNHS Bloomington	474	62.03%	HPMG Midway	753	57.50%
PNHS Prior Lake	163	61.35%	HPMG Highland Park	48	56.25%
Amery Regional Medical Ctr	36	61.11%	PNHS Golden Valley	173	56.07%
PNHS Chamolin	152	60.53%	PNHS Bloomington	263	55.51%
PNHS Shorewood Medical Bld	113	60.18%	HPMG Como	406	55.42%
PNHS 4155 Plymouth	538	59.11%	PNHS Chanhassen	393	54.96%
PNHS Target Downtown Health	9	55.56%	PNHS Prior Lake	211	54.50%
HPMG Maple Grove Res Ctr	600	55.50%	PNHS Maple Grove Res Ctr	297	52.53%
PNHS Creekside	170	55.29%	PNHS 4155 Plymouth	261	51.34%
HPMG Cottage Grove	78	55.13%	HPMG Riverside	460	50.22%
Westfields Hospital	47	53.19%	PNHS 3800 St Louis Park	46	50.00%
SMG Mahtomedi	17	52.94%	PNHS Target North Health	2	50.00%
PNHS Minneapolis	1,563	52.91%	Amery Regional Medical Ctr	124	49.19%
PNHS Lakeville	82	52.44%	Amery Turtle Lake Medical	41	48.78%
PNHS Rogers	92	52.17%	PNHS Creekside	107	48.60%
HPMG Highland Park	56	51.79%	Westfields Hospital	131	45.80%
HP Central MN OB	2	50.00%	Amery Clear Lake Medical	18	44.44%
PNHS 3800 St Louis Park	90	46.67%	PNHS Minneapolis	717	43.51%
HPMG OB	112	37.50%	HPMG Cottage Grove	64	42.19%
PNHS OB	141	33.33%	HPMG OB	66	37.88%
Amery Clear Lake Medical	6	33.33%	HP North Suburban Huoq	27	37.04%
PNHS Target North Health	13	30.77%	PNHS Rogers	76	36.84%
Amery Turtle Lake Medical	12	25.00%	PNHS OB	100	36.00%
SMG OB	4	25.00%	SMG Mahtomedi	43	32.56%
Amery Luck Medical	2	0.00%	Amery OB	0	-
Amery OB	0	-	PNHS Target Downtown Health	0	-
Westfields OB	0	-	Westfields OB	0	-

= Meets or Exceeds Goal



Top 10 Clinicians	# Pts of Color	% Met	Loc
	24	95.83%	HPMG
	53	92.45%	HPMG
	39	92.31%	HPMG
	59	88.14%	PNHS
	24	87.50%	HPMG
	109	87.16%	HPMG
	177	87.01%	HPMG
	15	86.67%	PNHS
	52	86.54%	HPMG
	22	86.36%	HPMG



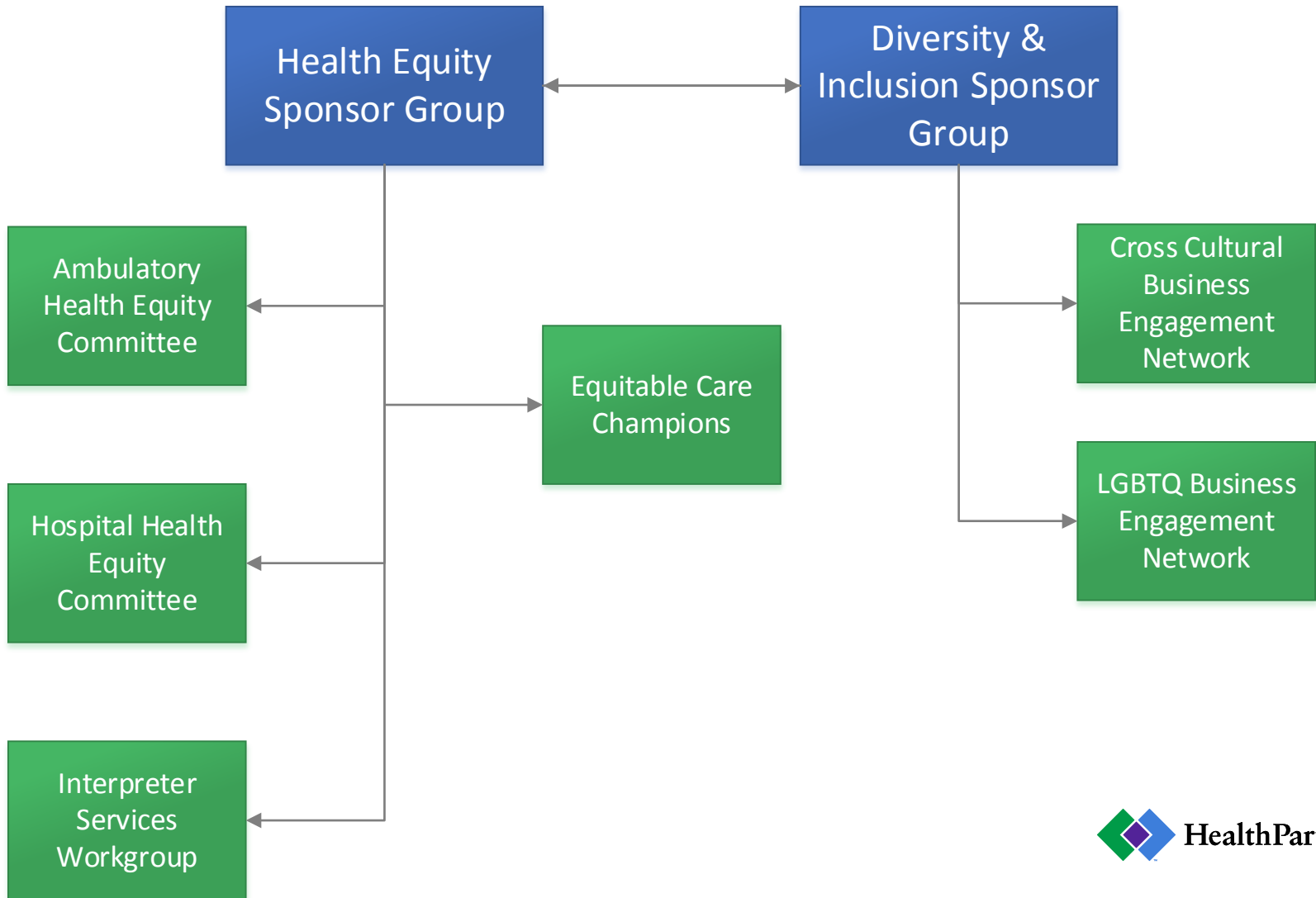
Top 10 Clinicians	# Gov Prog Pts	% Met	Loc
	16	93.75%	HPMG
	27	92.59%	PNHS
	19	89.47%	PNHS
	35	88.57%	HPMG
	23	86.96%	HPMG
	21	85.71%	PNHS
	74	85.14%	HPMG
	87	85.06%	HPMG
	19	84.21%	HPMG
	19	84.21%	SMG

Excludes clinicians < 15 patients

For questions, please contact Melissa Rudolph-Marshall, Quality and Measurement

Structure:

Health Equity/Embracing Diversity & Inclusion



Framework for Health Care Organizations to Improve Equity

Make health equity a strategic priority

Develop structure and processes to support health equity work

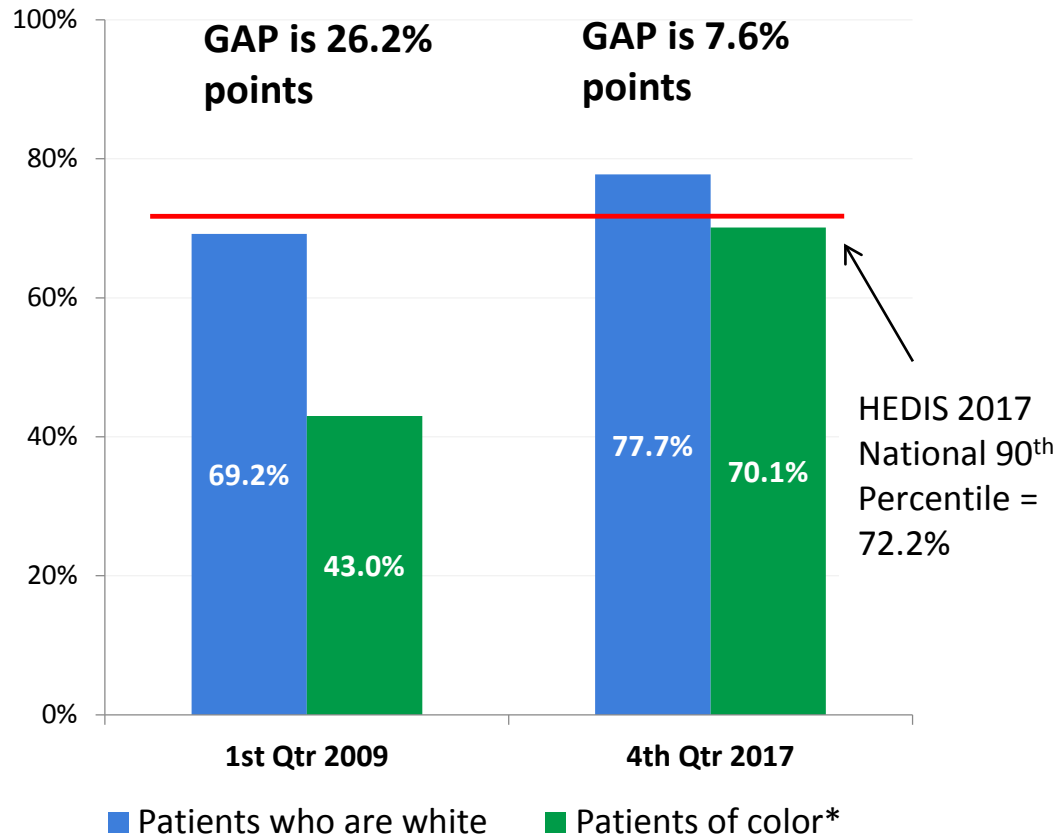
Deploy specific strategies to address the multiple determinants of health

Eliminate institutional racism within the organization

Partner with community organizations



Colorectal Cancer Screening by Race



Drivers

Decision supports in the electronic record

Shared decision making (FIT/colonoscopy)

Addressing clinician unconscious bias (FIT/colonoscopy)

Patient outreach

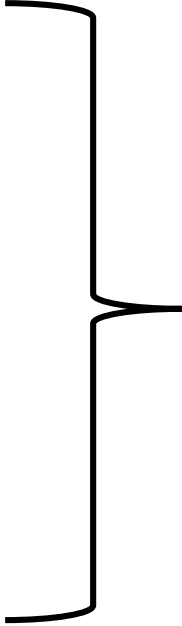


*Black and Native American patients start screening at age 45, age 50 for all other races

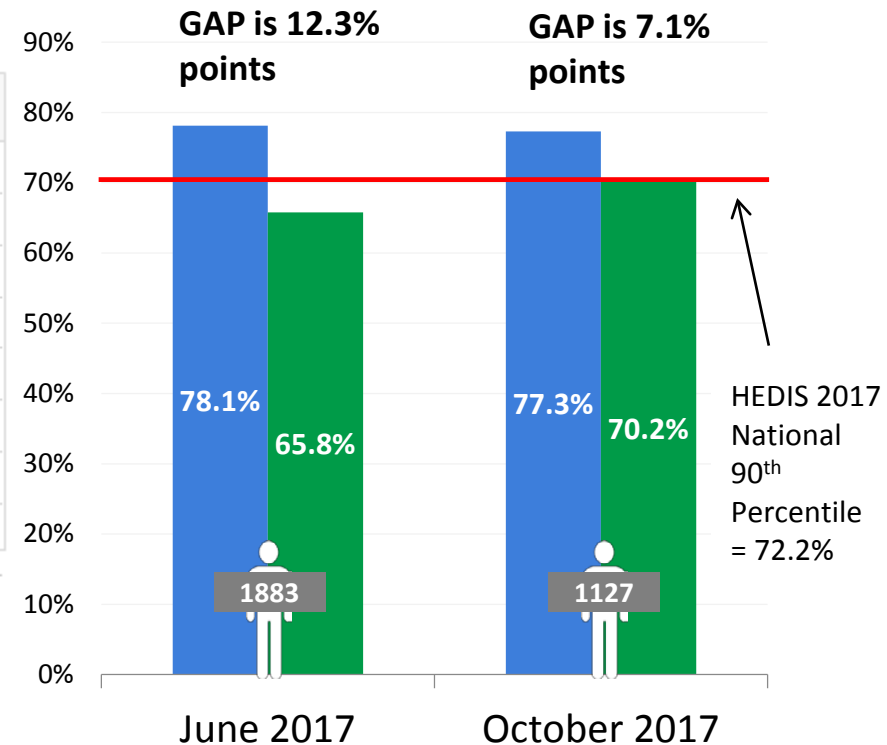
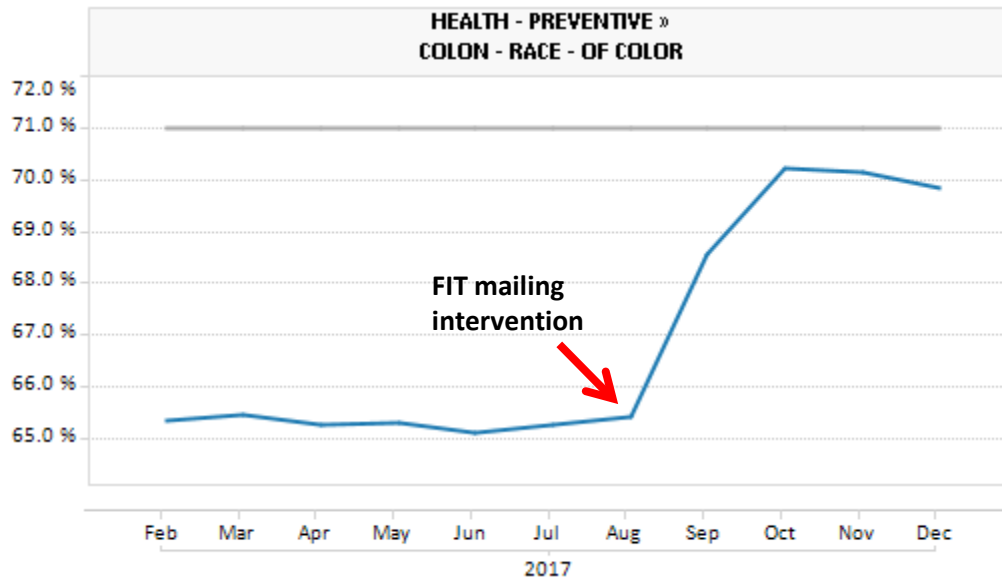
FIT Mailing

Aug-Oct 2017

- 3,261 FIT kits mailed to patients of color
- 140 kits “returned to sender”
- 756 kits returned to the lab
- 24.2% of all patients that “received” kits returned

- 
- 45 patients had positive FITs (5.6%)
 - 14 completed colonoscopies
 - 17 are scheduled for colonoscopies
 - 1 scheduled and cancelled
 - 13 did not schedule

Colorectal Cancer Screening by Race



756 more patients of color screened from June to October 2017.

- Patients who are white
- Patients of color*

Framework for Health Care Organizations to Improve Equity

Make health equity a strategic priority

Develop structure and processes to support health equity work

Deploy specific strategies to address the multiple determinants of health

Eliminate institutional racism within the organization

Partner with community organizations



Conversations about Race & Racism

Annual Meeting: 2,000+ leaders engaged and charged to facilitate conversations with teams



Post Nation

Minnesota officer charged with manslaughter for shooting Philando Castile during incident streamed on Facebook

TEAM TALKS



Decrease Institutional Racism

Physical Space: Buildings and Design

Health Insurance Plans

Reduce Unconscious Bias

Framework for Health Care Organizations to Improve Equity

Make health equity a strategic priority

Develop structure and processes to support health equity work

Deploy specific strategies to address the multiple determinants of health

Eliminate institutional racism within the organization

Partner with community organizations



Health is **20%** care,
80% community.



2017 – HealthPartners celebrating a 19-year tradition at Twin Cities Pride

Community Partnerships

Healthy Children



where great stories begin™



Greater Twin Cities
United Way



Mental Health



National Alliance on Mental Illness

Make It .org

mental health
crisis @alliance

Transforming crisis services
for adults in the East Metro

Beating the blues



Agenda

Time	Item
1:45 – 2:15pm	Health Equity & Introductions
2:15 – 2:50pm	Framework for Health Systems to Advance Equity
2:50 – 3:15pm	Interactive Exercise



Exercise: Individual Reflection

1. Make health equity a strategic priority

- Demonstrate leadership commitment to improving equity at all levels of the organization
- Secure sustainable funding through new payment models

2. Develop structure and processes to support health equity work

- Establish a governance committee to oversee and manage equity work across the organization
- Dedicate resources in the budget to support equity work

3. Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact

- Health care services
- Socioeconomic status
- Physical environment
- Healthy behaviors

4. Decrease institutional racism within the organization

- Physical space: Buildings and design
- Health insurance plans accepted by the organization
- Reduce implicit bias within organizational policies, structures, and norms, and in patient care

5. Develop partnerships with community organizations

- Leverage community assets to work together on community issues related to improving health and equity

Exercise: Consider your culture

What are 3 words that describe the culture at your organization? (e.g., academic, 'Minnesota-nice', hierarchical, conflict-avoidant)

How do these help or hinder the advancement of equity?

Exercise courtesy of Disparties Solutions Center



Exercise: Lay it on the Line

1. My organization prioritizes equity.
2. I feel confident in my ability to advance equity in my organization.
3. We will not achieve our aims without a focus on equity.

Exercise courtesy of RaceForward

