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
# Agenda

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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.”

Healthy People 2020
What is Health Equity?

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

CDC
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.

References:
- HealthyPeople 2020.
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.
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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
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
### 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):

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Median Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>41</td>
</tr>
<tr>
<td>Afro-American</td>
<td>24</td>
</tr>
<tr>
<td>Hmong</td>
<td>21</td>
</tr>
<tr>
<td>Somali</td>
<td>20</td>
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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
## Colorectal Cancer Screening Disparities - December 2017 Summary Report

**Aims:**
- To increase colorectal cancer screening rates for patients of color to 71% and government programs to 62% by December 31, 2017.
- To increase colorectal cancer screening for Obese patients (BMI ≥ 30) to 50% and African American and Hispanic patients to 45%.

**Current Status:**
- As of October 1, 2017, the colorectal cancer screening rate for patients of color was 58.5% and for government programs was 48.3%.
- The colorectal cancer screening rate for Obese patients was 37.5% and for African American and Hispanic patients was 32.5%.

### Primary Care Clinic / OB Dept

<table>
<thead>
<tr>
<th>Clinic Name</th>
<th># Patients of Color</th>
<th>% Met Pts of Color</th>
<th>Clinic Name</th>
<th># Patients of Color</th>
<th>% Met Pts of Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPMG Arden Hills</td>
<td>205</td>
<td>60.92%</td>
<td>HPMG High Point OB</td>
<td>2</td>
<td>0.00%</td>
</tr>
<tr>
<td>HPMG Arden Hills</td>
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### Gov Prog

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<tr>
<th>Pts of Color</th>
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### Top 10 Clinicians

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### Colorectal Cancer Screening Patients of Color

- **Aim:** 71% of patients of color screened by December 31, 2017.
- **Current Status:** 58.5% screened as of October 1, 2017.

### Colorectal Cancer Screening Gov Prog Patients

- **Aim:** 62% of government programs screened by December 31, 2017.
- **Current Status:** 48.3% screened as of October 1, 2017.
Structure:
Health Equity/Embracing Diversity & Inclusion

Health Equity Sponsor Group

Ambulatory Health Equity Committee

Hospital Health Equity Committee

Interpreter Services Workgroup

Equitable Care Champions

Diversity & Inclusion Sponsor Group

Cross Cultural Business Engagement Network

LGBTQ Business Engagement Network

HealthPartners

Health Equity Committee

Hospital Health Equity Committee

Interpreter Services Workgroup

Equitable Care Champions

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HealthPartners
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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

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

GAP is 12.3% points

June 2017
Patients who are white: 78.1%
Patients of color*: 65.8%

GAP is 7.1% points

October 2017
Patients who are white: 77.3%
Patients of color*: 70.2%

756 more patients of color screened from June to October 2017.
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Conversations about Race & Racism

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

Breaking Ice Teaser from Pillsbury House Theatre

it’s time to talk FORUMS ON RACE

eliminating racism empowering women ywca

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

TEAM TALKS

HealthPartners®
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

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Deploy specific strategies to address the multiple determinants of health

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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

Reach Out & Read
where great stories begin

Greater Twin Cities United Way

the Y

Mental Health

NAMI
National Alliance on Mental Illness
MINNESOTA

Make It OK.org

mental health crisis alliance
Transforming crisis services for adults in the East Metro

Beating the blues

HealthPartners
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## 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