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Webinar 10-minute takeaway

Taking action on health equity

An actionable guide for health care executives

C-suite. Connected.

1 Promote equity and diversity in the health care workforce

Health care professionals exhibit the same levels of bias as the wider population. Bias can impact clinical outcomes in multiple ways.

People in underrepresented categories must have access to a physician and clinical support staff that are culturally competent to engage with them.

"In the first 24 hours there's almost no difference in mortality rate for trauma patients with the same kinds of injuries, same severity of injuries. But if you start getting out beyond 48 to 72 hours, you start seeing a divergence in outcomes … "

— Wayne A. I. Frederick, MD, MBA, FACS
President, Howard University

Actions to take

- [ ] Make cultural competency a requirement for every role.
- [ ] Build a pipeline that includes more diverse representation across your labor pool.
- [ ] Hire from the community.
- [ ] Build a road map to improve the diversity of your network.
- [ ] Identify partnerships that can bridge cultural gaps.

Top 3 takeaways:



A diverse, inclusive workforce builds credibility and trust in the community.



Equitable outcomes depend on caring for an individual's unique physical, behavioral and social needs.



The economic health of a community directly impacts health outcomes.

2 Ensure equitable care across a diverse set of patients

Start by looking at where outcomes are failing or utilization is off the baseline. Learn more about those individuals and what is happening in their lives that is impacting their health.

Then look at your staff, processes, access, communication, and hours of operation. Too often the structure of a health system produces inequitable outcomes.

"Advancing equity is notably different from striving for equality, which involves offering the very same treatment to every person regardless of their situation or background."

— Adele Scielzo
Chief Executive Officer, Advisory Board

Actions to take

- ☐ Identify which subsegments are not achieving optimum levels of health.
- ☐ Reach out to hear their perspectives about their experience with the system.
- ☐ Explore ways to enhance and improve data collection of race, ethnicity, gender identity, language, and economic status.
- ☐ Test new channels of communication and care delivery (e.g., expanded hours, use of telehealth, on-site services).
- ☐ Build a data framework to measure the impact of new interventions.

3 Improve the health of underserved communities

Underlying social, economic, racial and cultural factors such as food, housing, employment and health literacy all impact a person's health. Organizations can build deeper data profiles and help clinicians and other service personnel recognize when individuals are not meeting their health goals.

Public agencies, faith-based organizations and health advocates can work together to bring resources, access and trust to communities that are struggling. Sharing power and committing financial resources to a community can foster and sustain innovation.

Glossary

Confirmation bias —
The tendency to interpret information that reinforces prior values or assumptions.

Cultural competency —
The ability to understand and effectively interact with people from other cultures.

Health equity —
Commonly shared positive outcomes and access to resources that impact health over the life of a human being.

Health disparities —
Lack of insurance coverage, access to care and failing health outcomes linked to social determinants of health, structural racism and other biases.

"It means that we all have to move closer to our patients … so that we can address some of these issues around access."

— Patrice Harris, MD, MA
Chief Executive Officer of eMed and
former President, American Psychiatric Association

Actions to take

- [ ] Invest time in building relationships across the community.
- [ ] Collaborate to share data and build more holistic views of the underserved.
- [ ] Define your role in the community: Funder, advocate, convener, expert, or anchor.
- [ ] Sustain the relationships with resources and metrics that guide action.

Health equity: Every day, all day

"Every day, all day, we are constantly using our data and clinical insights to identify disparities … "

— Michael Currie, MPH, MBA
Chief Health Equity Officer, UnitedHealth Group

Health equity is complicated, and every organization will develop an approach specific to its community. Maternal mortality, trauma, opioid abuse, diabetes, sickle cell, depression and vaccination are not individual issues. They are community issues that need systemic solutions. Health leaders need to fully embrace their communities' unique problems. Where do you begin?

Actions to take

Start where you are. Take a go-forward approach.

- [ ] Apply an equity lens to every initiative.
- [ ] Accommodate age, race and gender identity in your workforce, the people you serve and your approach to the community.
- [ ] Rebuild trust between communities and the health organizations that serve them.

Glossary

Social determinants of health (SDOH) — Elements of health determined by social, lifestyle and behavioral factors.

Structural bias — The institutionalized racism, classism and sexism that operate unnoticed and unquestioned throughout organizations.

Unconscious or implicit bias — Each person's beliefs, attitudes and biases shaped from their unique life experience.

C-suite. Connected.

Hear the full discussion about understanding the underserved and connecting equity and outcomes.

Watch webinar

Moderator:



Michael Currie, MPH, MBA
Chief Health Equity Officer, UnitedHealth Group

Key speaker:



Adele Scielzo
Chief Executive Officer, Advisory Board

Special guest:



Wayne A. I. Frederick, MD, MBA
President, Howard University

Special guest:



Patrice Harris, MD, MA
Chief Executive Officer of eMed and (Past) President, American Medical Association

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