

AMERICAN HOSPITAL ASSOCIATION

ACCELERATING HEALTH EQUITY CONFERENCE

TOGETHER ON THE QUEST
FOR HEALTHY ECOSYSTEMS

MAY 16 - 18, 2023 | HILTON MINNEAPOLIS

2023 Post-event Playbook



Together on the Quest for Healthy Ecosystems

In May 2023, professionals focused on improving community and population health and building partnerships, and those striving to advance diversity and inclusion within hospital management and executive levels, convened at the third annual Accelerating Health Equity Conference.



As a first-time participant in this conference, I was struck by the energy within and among all of those who attended. The session presenters delivered clear, tactical advice; the keynote sessions provided inspiration and challenge; and the leaders from across the country who came together shared how they used this week to refocus and recharge.

Chris DeRienzo

Senior Vice President and Chief Physician Executive
American Hospital Association

It's never been clearer that the only way to achieve health equity and eliminate disparities in all forms is to build strong ecosystems that foster health across the lifespan. Leaders of hospitals and health systems, public health departments and community-based organizations across the country are working to make change in their communities every day. It is our honor to provide a place for them to come together, recharge, learn from their peers and recommit to their vital work.

Nancy A. Myers

Vice President, Leadership and System Innovation, American Hospital Association



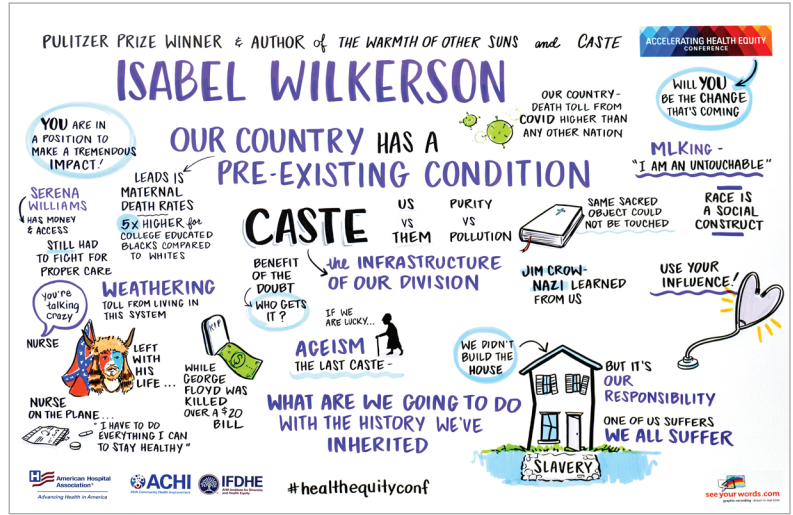
The Accelerating Health Equity Conference is AHA's annual convening where health care leaders and community stakeholders come together to explore equitable solutions to improve health care access and outcomes. The plenaries, breakout sessions and pioneers panel were opportunities to share promising practices — and that is critical because there are lives attached to this work. The conference reenergized attendees around continued actions toward our shared goal of a more just and equitable health care ecosystem for all.

Joy A. Lewis

Senior Vice President, Health Equity Strategies, and
Executive Director, Institute for Diversity and Health Equity, American Hospital Association



OPENING KEYNOTE: Isabel Wilkerson



Historical Context of Racial Inequity and Combating Its Lasting Effects Today

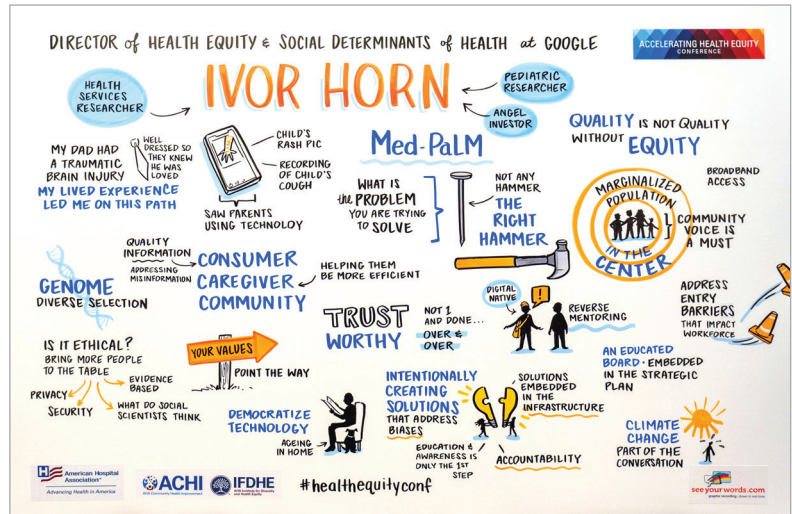
Isabel Wilkerson, author of The New York Times bestseller and critically acclaimed “Caste: The Origins of Our Discontents” and National Book Critics Circle Award Winner “The Warmth of Other Suns,” gave the opening keynote. Wilkerson brought the complexities of the past to vivid life through her passionate telling of her research and work on the history of racism. Wilkerson explained how racism has historically impacted the different facets of our society, including health care.

An organization can work to eliminate health disparities, dismantle structural barriers to health and address inequities that persist in our health care system as a result of historical racism by employing these tactics outlined by Wilkerson:

- Remember that without intervention, health care inequities will persist.
- Assess your organization by asking, “Where are we now?”

- Create an organizational culture that holds employees accountable and empowers them to start with their own individual actions.
- Demonstrate radical empathy.
- Collect and apply data in a responsible manner to avoid reinforcing features of the caste system.
- Use facts and historical context when making the case for anti-racist initiatives and give decision-makers the benefit of the doubt.
- Lead with the notion that racism is everyone’s responsibility and that addressing it benefits everyone.
- Develop solutions that cater to the perspectives of the people you serve.

PLENARY SPEAKER: Ivor Horn



Health Equity and Technology: Today's Challenges

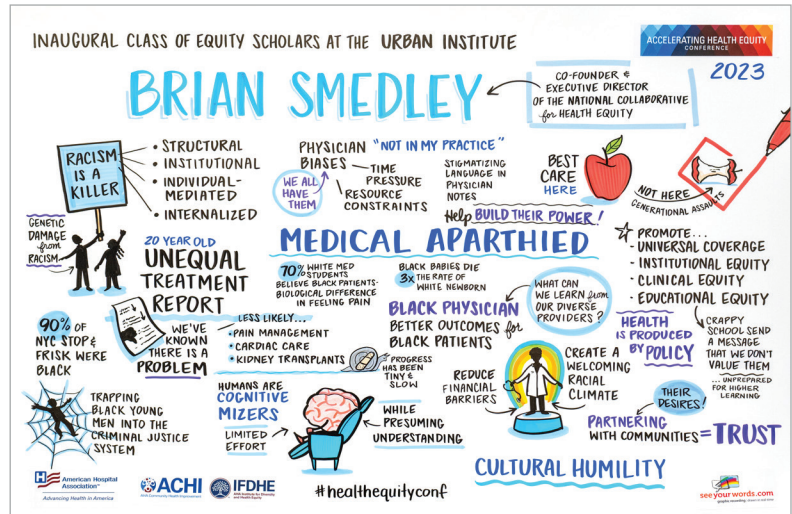
Ivor Horn, M.D., director of health equity and social determinants of health at Google, discussed the landscape of technology in health care — including its promising possibilities and potential perils — and how health care and health equity leaders can understand and challenge technology to support patients, employees and communities. Horn offered the following technology-related insights:

- Conversations about technology should be centered on communities. Bring equity into the conversation at the beginning of discussions on technology because quality is not quality without equity.
- When assessing technologies, consider how health care transparency and integration come into play (e.g., algorithms that rely on inherently biased data) by asking about the potential for bias when evaluating technological solutions, ensuring that automated information comes from an authoritative source. Also consider how to collect data for those experiencing the most disparities.
- Avoid unintended consequences when employing tech solutions by intentionally making course

corrections along the way where you know disparities exist and by actively seeking solutions to address racism.

- Take the following measures to ensure you don't exacerbate disparities:
 - Focus on upstream solutions.
 - Ask communities for input.
 - Monitor data and take corrective actions when issues arise.
 - Ensure that new technologies align with the evidence base, which should include the population you serve.
- Ease fear of data findings by educating decision-makers to be ready to receive data, connecting data findings to potential improved outcomes and connecting data to business imperatives.
- Since future partnerships between technology and health care will likely take place outside the four walls of the hospital, consider how to make this shift with dignity, respect and cost-effectiveness.

CLOSING KEYNOTE: Brian Smedley



What We Can Do to Advance Health Equity

Brian Smedley, Ph.D., one of the editors of “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,” spoke about the work that still needs to be done to advance equity in health care despite the progress that has been made on the recommendations made in the foundational report. He shared concrete strategy recommendations for health care organizations:

- Facilitate trust-building in the context of persistent racial inequity of care through:
 - Employing different and more authentic community engagement as a means of combating structural racism.
 - Amplifying sources of strength and resilience in communities.
 - Being mindful of narratives that stigmatize communities.
 - Viewing trust as a necessary component of data collection.
- If part of an anchor organization, leverage your position in the community to influence policy by calling attention to these issues, acknowledging issues of segregation and prioritizing community improvements that shift upstream.
- Make the case for leadership to champion and invest in activities that combat structural racism by:
 - Calling on the legal foundation for diversity, equity and inclusion efforts being challenged.
 - Exploring and citing new areas of research.
 - Committing to lifelong learning and training.
- Make a long-term commitment toward:
 - Addressing the maldistribution of health care resources.
 - Providing need-based resources.
 - Publicly reporting health care quality and access by patient demographic factors.
 - Stopping the inappropriate use of patient race in medical diagnoses and treatments.
 - Addressing race and difference in the clinical encounter.
 - Increasing the number of physicians from historically underrepresented racial and ethnic groups.

Community Immersion Experiences

Community Immersion Experience participants had the chance to visit and learn about community-focused programs led by four Minneapolis hospitals and health systems.



Allina Health

- A diverse workforce is vital to hospitals' and health systems' ability to provide culturally responsive care for community members.
- As an anchor organization, Allina showed how it works with local groups and leaders to become part of the community and hold itself accountable.
- Community health workers can help bridge cultures and, as care guides, serve as valuable resources when supporting clinical teams.
- Identifying appropriate spiritual care is important. Taking the necessary steps to include religious leaders in medical spaces leads to better collaboration and communication with patients and better outcomes.



Children's Minnesota

- Families experiencing food insecurity have access to direct referral processes.
- Studying data trends and patterns allows staff to be better prepared and more proactive in serving the community.
- Relationships need to be maintained, even when platforms or tools are put in place. Nothing can replace face-to-face communication.
- Communication protocols between the various organizations that align to work with patients should be efficient and coordinated. There is value in designing consistent communication processes and rules for all entities involved.

Community Immersion Experiences



Hennepin Healthcare

- It's important to acknowledge historic discrimination before seeking to earn a community's trust or beginning to develop programming with stakeholders.
- Find a strong community and equity champion outside of the hospital. Social and community needs need to be dealt with by diverse teams.
- It takes time and trust to gain community buy-in and develop community champions.
- Clinical and community health programming can be aligned under an anchor organization model, which is a unified framework.



M Health Fairview

- Organizations need to get buy-in and invest in equity to support communities and be successful in their work.
- Stratifying data helps understand the populations served and the specific barriers they face.
- Emphasizing the importance of diversity, equity and inclusion initiatives can help gain and sustain leadership buy-in.
- Culture navigators play a key role in resolving issues with patients from different backgrounds and non-English-speaking patients.



Rebuilding a New Minneapolis: From Tragedy to Transformation

Three years after the murder of George Floyd by Minneapolis law enforcement spurred a global call to action for social justice, six Minneapolis hospital leaders sit down to discuss how the summer of 2020 shaped the future of their work, and how that moment in time impacted their organization. [WATCH](#)

■ TRACK

Building Authentic and Sustained Community Engagement and Partnership



BREAKOUT SESSIONS

Key Takeaways

- Tap into a network of partnerships by working with local municipal leaders, such as those who participate in the Cities of Opportunity initiative.
- Collaborate regionally on community health assessments, which presents opportunities to eliminate duplicate efforts and align health advancement opportunities.
- Before approaching potential philanthropic partners, understand their mission and focus areas, including topical areas, regions and specific populations served.
- Know your philanthropic partners' limitations before beginning to work with them. For example, corporate philanthropies linked to the pharmaceutical industry are highly regulated.
- Adapt constantly and remain flexible in partnership-dependent work.
- Bring services directly to community members — not all community members can easily access key resources at hospitals or community centers.

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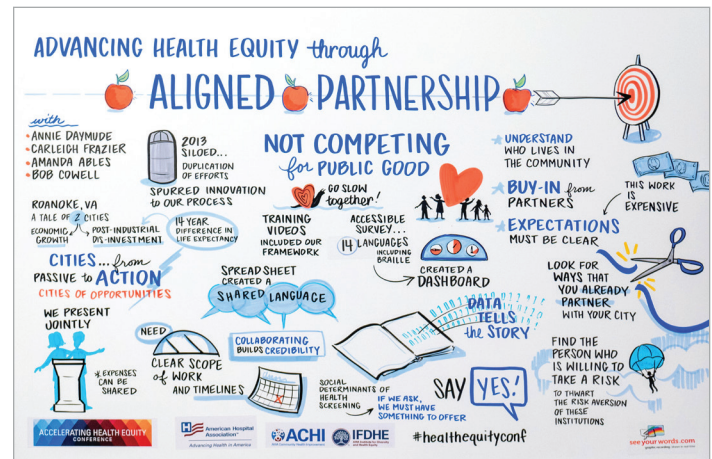
- Invest in everyone — e.g., workers, volunteers and other community members — to improve the overall health and well-being of communities.
- Focus on resilience, social support, emotional regulation, stress, belonging, and hope when

partnering to develop programming for youth dealing with mental health challenges in our communities.

- Take a holistic approach to address mental health in our communities to provide a foundation of resilience: Help people feel healthy, safe and supported through strong systems and relationships, while engaging them in programming that is relevant and meaningful.
- New community players can help address unique mental health challenges. Bring in new partners, such as religious, education, arts and public safety

personnel to break down mental health stigmas for diverse populations.

- Hospitals and health systems do not need to — and should not — do this work alone. Partner with other organizations who have aligned interests in improving community health.
- Contribute to a capital stack and/or leverage hospital resources (financial and other) to advance this work. Hospitals and health systems do not need to be the sole financier of these investments.



- Start where you can. These investments take time, so look for the small opportunities and wins and start there.
- Tailor messaging and marketing to the communities your organization serves by being aware of population demographics. Use culturally appropriate language that is easy to understand.
- Recognize there may be deep mistrust of hospitals, health systems and researchers, and building trust will take time.
- Build in open feedback loops to keep participants informed of the outcomes and proposed solutions.
- Leave the technical jargon at the door. Convene community-led committees and focus groups to test and edit your research questions before engaging with the broader community.

■ TRACK

Understanding and Meeting Individual Health and Social Needs

- The care delivery model used by community health centers incorporates many tactics to advance health equity for patients and communities, making them good role models for other ambulatory practice sites.
- Front-line staff's expertise and relationships with patients in physician office settings are critical to successfully engaging patients and communities to drive health equity.
- Before jumping into the data, make sure your health system has an agreement regarding the specific clinical or operational questions that you wish to answer, as this will help you focus on the best variables to include.
- Engage the "end user" of dashboards or other data visualizations early in the development process to ensure that the product will be most useful to front-line teams.
- Provide culturally focused navigation to patients across all sites of care, as this will improve their experience and care and also reduce provider burnout.
- To track nutrition security, collect specific data points such as the availability and accessibility of nutritious foods, utilization and stability.

Collect a combination of data and input. Data alone misses neighborhood subtlety, and input alone can allow passion by itself to drive decisions.

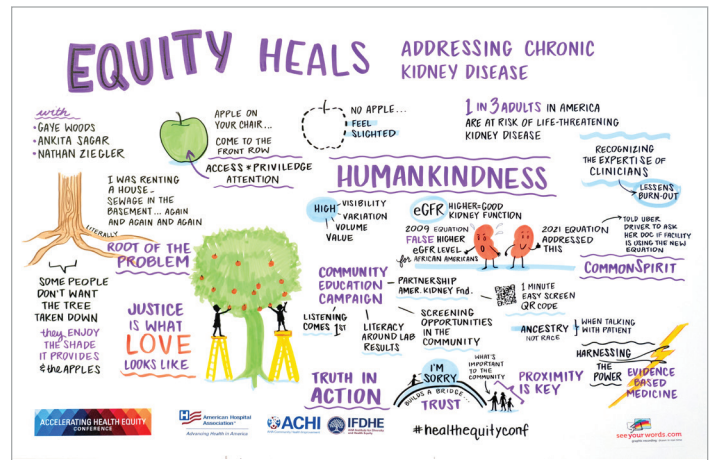
- Choose language that is culturally sensitive and relevant; how you ask a question matters.
- Leverage multiple avenues to find and help patients, and go into the community to find information that is not easily available online.
- Take action to address root causes. Nutrition" so it will read: "For example, nutrition insecurity is directly tied to financial instability, and nutrition directly impacts health outcomes.
- Invest in training your team in collecting sexual orientation and gender identity (SOGI) demographic data and host interactive workshop sessions or create and deploy team training materials.
- Ask teams to share how they collect the data, do observations and track improvement.



BREAKOUT SESSIONS

Key Takeaways

- Engage patients and the community early and often using messaging that addresses "why." Capturing REAL and SOGI data is important to build trust and transparency by integrating the voices of patients and the community, and be sure to ask patients to answer questions annually.
- Think about what a customized approach targeted to subpopulations might accomplish. Be in the neighborhood, e.g., co-sponsor events with community groups, religious organizations, local society chapters.



- Continue to examine individual and organization biases to personalize health care for every patient. Create a framework for health equity improvement and develop tactics that can be scaled to close health equity gaps. Start by providing cultural competency training.
- Work with internal teams to capture the overlap in fill-in fields on medical records to avoid having different people ask a patient the same question in multiple formats.
- Ensure that the right people are asking the right questions to ensure patients are comfortable answering questions.
- Work with your IT department to find quick fixes for updating the screening process to collect new and different data points.

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Establishing Systematic and Shared Accountability and Building Diverse Leadership and Governance



BREAKOUT SESSIONS

Key Takeaways

- Focus on ACT — accountability, culture and transparency — to create strong cultures of equity.
- Change organizational policy and advocacy agendas by leveraging board leadership to address social drivers of health.
- Focus on workforce diversity through internal and external messaging that focuses on inclusion, diversity, equity and alignment with the communities served.
- Use data transparency, reporting and focus groups or interviews to shine an active lens on diversity, equity and inclusion measures to facilitate change and eliminate health disparities by identifying root causes of equity.
- CMS' Health Equity Technical Assistance Program supports quality improvement partners, providers and other CMS stakeholders by offering personalized coaching and resources, guidance on data collection and analysis, assistance to develop a language access plan and resources on culturally and linguistically tailored care and communication.
- Develop Regional Health Equity Coalitions that convene grassroots stakeholders and culturally specific organizations to identify the most pressing health equity issues in specific communities.
- Create DEI learning collaboratives based on AHA's Health Equity Roadmap, convening subject matter experts who engage with leaders and teams of rural health care systems to deepen DEI learning and foster solidarity among peers.

- Form a health equity committee at the board level and develop health equity/DEI dashboards that track progress through peer group benchmarking.
- Analyze lab data on the population-level to support community benchmarking and chronic disease surveillance.



- Build partnerships and align goals with public health organizations to review findings together and identify areas of concern.
- Continuously review and update internal policies to support historically marginalized populations in the community.

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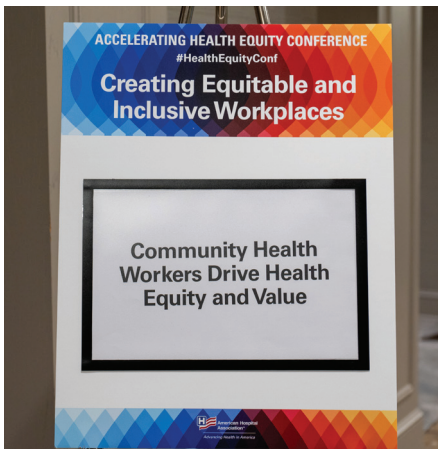
Creating Equitable and Inclusive Workplaces



BREAKOUT SESSIONS

Key Takeaways

- Consider several approaches to impact workforce strategies — outside in, inside up and system change.
- Partner with schools and university to build the external pipeline. Then make sure to provide career development and growth opportunities once new employees are hired.
- Build workforce equity into organizational strategy.
- Be intentional about creating a workforce that mirrors the patient population.
- Provide job training and credentialing, and make it accessible to your community.
- Pay trainees while they are being educated and provide transportation.
- Engage potential health care workers from a young age and expose them to possible career paths in health care.
- Make small adjustments that make a big difference in reducing anxiety and burnout.
- Adopt a virtual platform to extend mental health services.
- Consider mindfulness, meditation, exercise and other self-care platforms and resources to supplement services.
- Establish and sustain a trusting environment where everyone feels they are welcomed and treated with dignity and respect.
- Leverage procurement to ensure the diversity and well-being of contract workers.
- Actively push for and adopt payment reforms, especially reforms that align investments with the mission of improving health and well-being of health care workers.



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Emerging Topics



BREAKOUT SESSIONS

Key Takeaways

Health Equity at the Intersection of Health Care and Criminal Justice

- Develop a Reentry Opportunity Center to streamline needs identification and referrals.
- Support connecting to primary and specialty care, medication access and transitional care and bridge communication gaps between caregivers.
- Provide intake availability the same day or next day to allow patients to get the right care at the right time and in the right place.

Raising Awareness to Tackle Bias in Health Care

- Listen to hear patients, not to respond; learn to mirror patients' needs in their care.
- Understand the difference between responsibility and accountability and know that each of us has a sphere of influence that impacts our actions.
- Approach implicit bias as a patient safety concern.
- Provide crucial education and resources to promote public health equity.

Community Health Workers Drive Health Equity and Value

- Create standard practices and infrastructure to support community health workers.

Listen to hear patients, not to respond; learn to mirror patients' needs in their care.

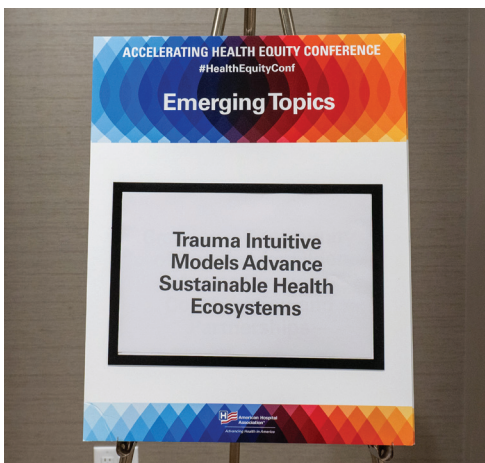
- Hire and train CHWs from various communities to expand reach and meet the needs of those different communities. Start slowly, using resources you have first.
- Build social care modules into the EMR and allow CHWs access to the EMR.
- Standardized roles and core competencies and delineate CHW roles from other care team members to illustrate their unique purpose.

- Remember that CHWs can help build trust in communities, being the bridge between hospital and community and also between various care sites (clinic, home, etc.).

- Measure success of the program by collecting testimonies and by tracking satisfaction scores, services referrals and impact on outcomes.

Trauma Intuitive Models Advance Sustainable Health Ecosystems

- Remember that trauma-informed training does not automatically translate to practice.
- Focus on a variety of different types of trauma and on different populations that experience trauma.



Additional Resources

For more information on collaborative approaches to improve the health and well-being of all individuals and communities, including the work of ACHI and IFDHE, visit:

- aha.org/chweek
- aha.org/pophealth
- equity.aha.org
- equityconference.aha.org
- healthycommunities.org
- healthycommunities.org/resources/community-health-assessment-toolkit
- ifdhe.aha.org
- aha.org/communityinvestment
- aha.org/heal
- aha.org/societalfactors
- ifdhe.aha.org/health-equity-resources
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