# **LEAD Collaborative**

# Best Practice Webinar #3

February 14, 2023











## **LEAD Information Session Housekeeping**



Session will be 60 minutes.



Session is being recorded.



Participants will be muted upon entry. Please keep microphone muted unless you are speaking.



Use the Chat feature to post comments or ask questions. You can also use the "Raise Hand" feature to ask questions.



When speakers are presenting, it is suggested that "Speaker View" is used. Otherwise, "Gallery View" is suggested.



Please ensure your Zoom screen name reflects how you wish to be identified.

Keep video on (if possible).

**LEAD Collaborative** 

## Agenda

2:00-2:05 PM: Welcome/Introductions

2:05-2:25 PM: Featured Presentation

2:25-2:35 PM: Q & A

2:35-2:45 PM: Breakouts

2:45-2:55 PM: Report Out/Commentary

2:55-3:00 PM: Thank You/Wrap Up

## **Constructive Disruption in Health Systems**



### Leon Caldwell, Ph.D.

Senior Director Health Equity Strategies and Innovation

Institute for Diversity and Health Equity

American Hospital Association



Advancing Health in America

### Leaders in Equity and Diversity (LEAD) Collaborative: Constructive Disruption in Health Systems

#### Leon D. Caldwell, Ph.D.

Senior Director, Health Equity Strategies and Innovation Institute for Diversity and Health Equity American Hospital Association

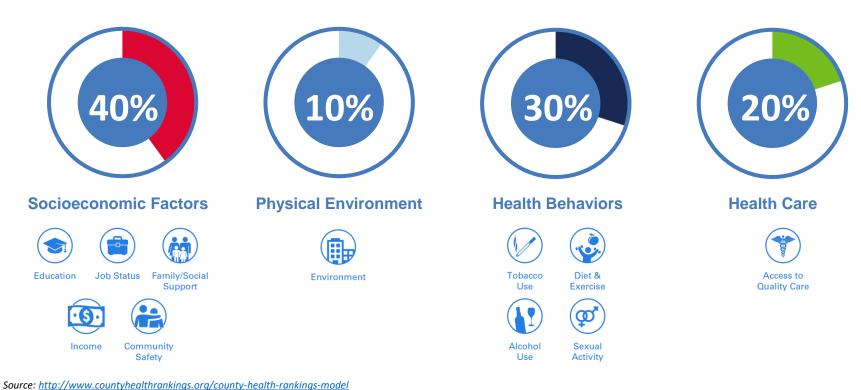
### **The Journey**

- Welcome
- Constructive Disruption defined
- The Societal factors and the need for solutions
- The IFDHE Resources: The Health Equity Roadmap
- Open Commentary



### **Health is More Than Health Care**

80 percent of our health is determined by societal factors



American Hospital Association<sup>\*\*</sup>

## **Societal Factors Impact Health Outcomes**

Impact an individual's health regardless of age, gender, race or ethnicity



Source: Kaiser Family Foundation. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity



### Societal Factors that Influence Health

#### A Framework for Hospitals

#### **Social Needs**

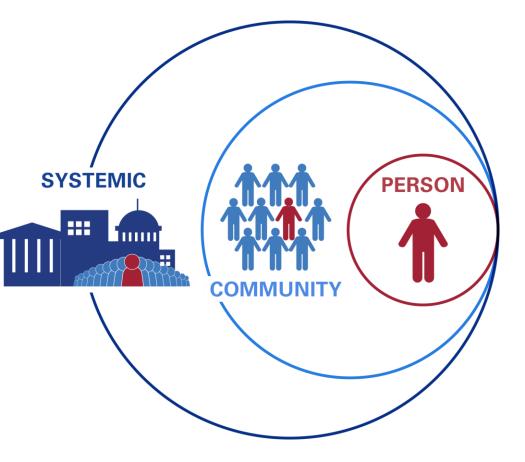
Individuals' non-medical, social or economic circumstances that hinder their ability to stay healthy and/or recover from illness.

#### **Social Determinants of Health**

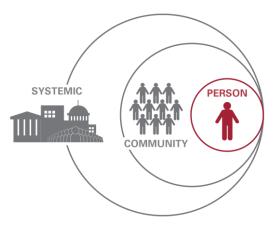
Underlying social and economic conditions that influence people's ability to be healthy.

#### Systemic Causes

The fundamental causes of the social inequities that lead to poor health.







Societal Factors that Influence Health

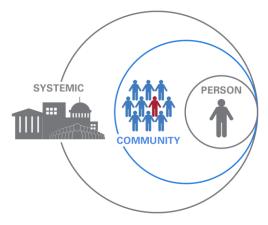
**Social Needs** 

**Who:** Individuals who present for health care services Setting: Patient encounter at a point of care.

**Examples:** Lack of stable housing, limited access to healthy food, loneliness, unsafe home.

**Strategies:** Screening and documenting, referrals, food pharmacies, temporary supportive housing, signing up for benefits.





### Societal Factors that Influence Health

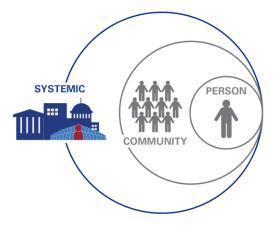
Social Determinants of Health

Who: The community served by a hospital Setting: In the community

**Examples:** Food deserts, lack of affordable housing, community violence

**Strategies:** Partner with community-based organizations and multi-sector stakeholders, support food banks, build grocery stores, invest in affordable housing, create employment opportunities.





### Societal Factors that Influence Health

**Systemic Causes** 

**Who:** Anchor organizations such as hospitals and health systems, community leaders, legislators or policy makers Setting: Community, state or national

**Examples:** Systemic inequities such as racism, sexism, generational poverty, redlining, environmental injustice

**Strategies:** Support and affect policy, system and environmental changes, incentivize investments, support higher wages, advocate for child tax credits.



### **Strategies Related to Societal Factors Must be Driven by Data**



- Identify social needs that impact patients and connect with community resources
- Aggregate data across patients to focus a social determinants strategy



- Track trends or risks in the community
- Guide community partnerships and CHNAs



- Enable system-wide research at the national level to understand the social needs of communities
- Tailor state and federal programs to meet those needs
- Support policy and payment reforms



#### Macro

Federal housing policies – tax credits – HUD, VA and Treasury

Food - USDA

CMS and Joint Commission -

Labor policy

#### Micro

State and Local Government Policies

Hospital and Health System Policies

Education policy –

**Hiring Policy** 



### AHA Health Equity Roadmap



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.

#### **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.





### Health Equity Roadmap: How to Participate (Process Steps)

Visit <u>equity.aha.org</u> to sign up (the HETA is designed to be completed at the <u>individual</u> hospital level).



Identify and gather internal team to complete the HETA.

3

After completing the HETA you will receive a Profile (data visualization) with embedded Transformation Action Planners to begin the work of transformation. 4

Search for tools and resources on the Health Equity Action Library to implement strategies to advance health equity.



Join the Journey Virtual Community to share information, resources and organizational insights on transformation.



#### The Continuum

#### Hospitals and health systems can be in any of the following positions along the continuum.





#### 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

standard practice.

establish equity as the

#### 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.



## Health Equity Transformation Profile

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	Diverse and representativ workfore				
	Inclusive, local sourcin	ng 🧰			
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	Understanding your communi	ty 🧰			
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Summary of Levers of Transformation



## Transformation Action Planners

#### Begin "Doing" Equity

Thank you for joining AHA's Institute for Diversity and Health Equity (IFDHE), (<u>http://lidhe.aha.org</u>), on the journey to advance health equity. The table below shows your overall current position in each of the six transformation levers and provides links to resources you can use in your health equity transformation journey. Your hospital's progression across the continuum can be engaged at your pace. It is our intention that you use this Profile as both a diagnostic tool and as a baseline.

As a diagnostic tool, the profile is used to inform your current health equity transformation position and identify
opportunities for growth and resource investment.

<ul> <li>As a baseline,</li> </ul>	the profile is used t	o facilitate planning	for continuous	improvement on your	journey towards
health equity.					
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Community Colleboration for Solutions		Immensing	https://www.wha.org/community-collaboration-affirming
Diverse Representation in Leadership and Devemance		Exploring	https://www.aha.confeedership-povernance-committing
Collection and Use of Data to Drive Action		Exploring	https://www.aha.org/data-committing
Culturally Appropriate Patient Care		Transforming	Congratulations on reaching this important milestone in this Lover of Transformation**

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American Hospital Association<sup>™</sup>

## Transformation Action Planners (TAP)





### Health Equity Action Library



#### **HEAL** Health Equity Action Library

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# Questions and More Questions



# Let's Share: Breakout Groups

- 1. Introduce selves in the chat
- 2. Select **ONE** person to guide breakout discussion and **ONE** person to share discussion highlights
- 3. Discuss **ONE** challenge:

**Challenge #1:** Public health data for your community indicates that 15% of people in one zip code have a challenge in access to healthy food.

**Challenge #2:** For the 2,000 people living with diabetes that your organization serves, there's a 10% disparity in blood sugar control (HgA1c) between whites (85% with their blood sugar in control) and nonwhite (75% with their blood sugar in control).

**Challenge #3:** Of your 200 leaders (supervisors, managers and directors), 15% are nonwhite and in the community you serve it is 30% nonwhite.

## How might we?



# Let's Share: Report Out

Share the Challenge your group selected and comment on highlights of discuss and next steps.

**Challenge #1:** Public health data for your community indicates that 15% of people in one zip code have a challenge in access to healthy food.

**Challenge #2:** For the 2,000 people living with diabetes that your organization serves, there's a 10% disparity in blood sugar control (HgA1c) between whites (85% with their blood sugar in control) and nonwhite (75% with their blood sugar in control).

**Challenge #3:** Of your 200 leaders (supervisors, managers and directors), 15% are nonwhite and in the community you serve it is 30% nonwhite.



### **Testing Grant**

- CareFirst has awarded a grant to Meritus Health for LEAD Collaborative participating organizations to further efforts in :
  - Leadership diversity
  - Addressing social determinants of health
  - Mitigating health disparities
- Will be distributed to LEAD Collaborative Participants in 2 ways:
  - Up to 25 Testing Grants of \$1,000
  - Up to 10 Sustainability Grants of \$2,000
- Sustainability Grants to be made available in second half of 2023 (October – November)
- For questions or more information, contact Ethan Feldmiller at <u>Ethan.feldmiller@meritushealth.com</u>

#### Applicants will be asked to:

- 1. Provide a crisp, measurable aim statement
- Describe 3 cycles of PDSA learning and the action items that resulted from them
- 3. Provide description of how funds will be used



# **Funding Request Timeline**

Testing Grant Timeline						
	13-Feb	24-Feb	1-Mar	8-Mar		
Form Made Available to Participants						
Request Submissions Due						
Approval Notification						
Funds Distributed						



## **Reminders and Updates**

- 2/17/23: Deadline to submit *Period 4 PDSA*
- 3/3/23: Deadline to submit *Period 5 PDSA*
- 3/17/23: Deadline to submit *Period 6 PDSA*

Submit all PDSAs and updates to *lead@advancingsynergy.com*.

3/22/23: In-Person Learning Session, 8:30 AM – 3:30 PM Meritus Health Hagerstown, MD

# **LEAD Organizations**







WVUMedicine BERKELEY MEDICAL CENTER

## **LEAD Collaborative Core Team**





Arti Varanasi Advancing Synergy LEAD Operational & Strategic Support

**LEAD Collaborative** 

## **Contact Us**

LEAD Website:

www.meritushealth.com/partnerships/aarp-lead/

LEAD Inbox: <a href="mailto:lead@advancingsynergy.com">lead@advancingsynergy.com</a>

For more information contact: Dr. Maulik Joshi, President & CEO, Meritus Health, maulik.joshi@meritushealth.com Ms. Deneen Richmond, President, Luminis Health **Doctors Community Medical Center**, deneen.richmond@luminishealth.org Dr. Arti Varanasi, President & CEO, Advancing Synergy, avaranasi@advancingsynergy.com