



Institute for  
Healthcare  
Improvement

March 19, 2018

Population Health Colloquium

# Pursuing Equity

*The Role of Health Care in Advancing Equity*



Amy Reid  
Kedar Mate  
Julie Oehlert  
David Ansell  
Chinwe Onyekere

# Agenda

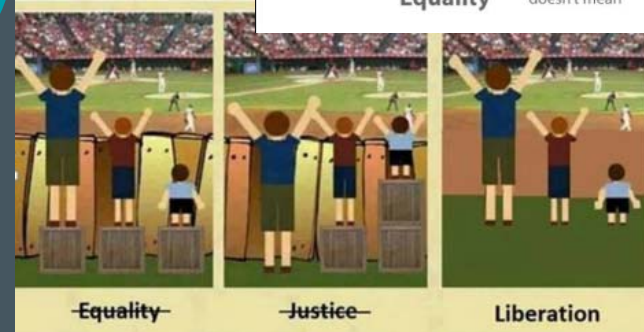
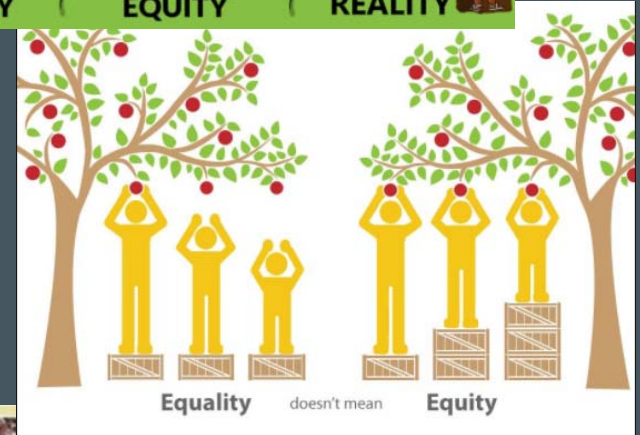
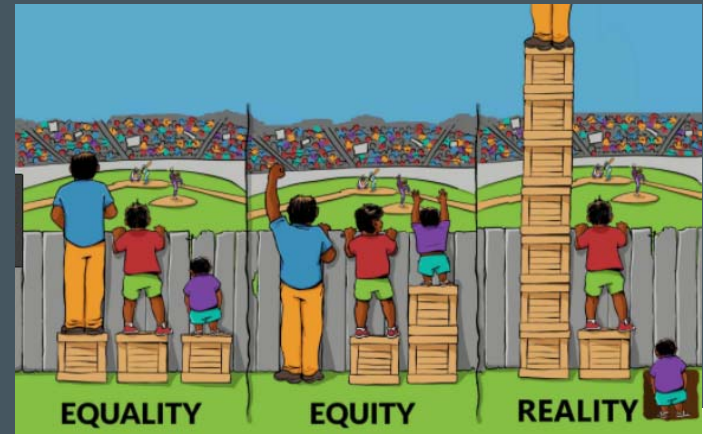
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8:00 – 8:30am	Overview of Agenda, Overview of Health Equity, Introductions
8:30 – 9:00	Review of the Framework for Health Systems to Advance Equity
9:00 – 10:00	Presentations from Vidant Health, Main Line Health, and Rush University Medical Center
10:00 – 10:15	Questions
10:15 – 10:45	BREAK
10:45 – 11:15	Panel
11:15 – 11:30	Questions
11:30 – 12:00pm	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.”

Healthy People 2020



# 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

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- 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



# Population specific inequities

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- Communities of color
- People with disabilities
- Low-income individuals and families
- People experiencing homelessness
- Limited English Proficient people
- LGBTQ+
- Immigration status





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



Inequities are harm.



Why does health equity matter to you?

What brought you to this session?



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# Framework for Health Care Organizations to Improve Equity

## 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



# 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





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# Vidant Health: Pursuing Equity



Dr. Julie Kennedy Oehlert DNP RN  
Chief Experience Officer

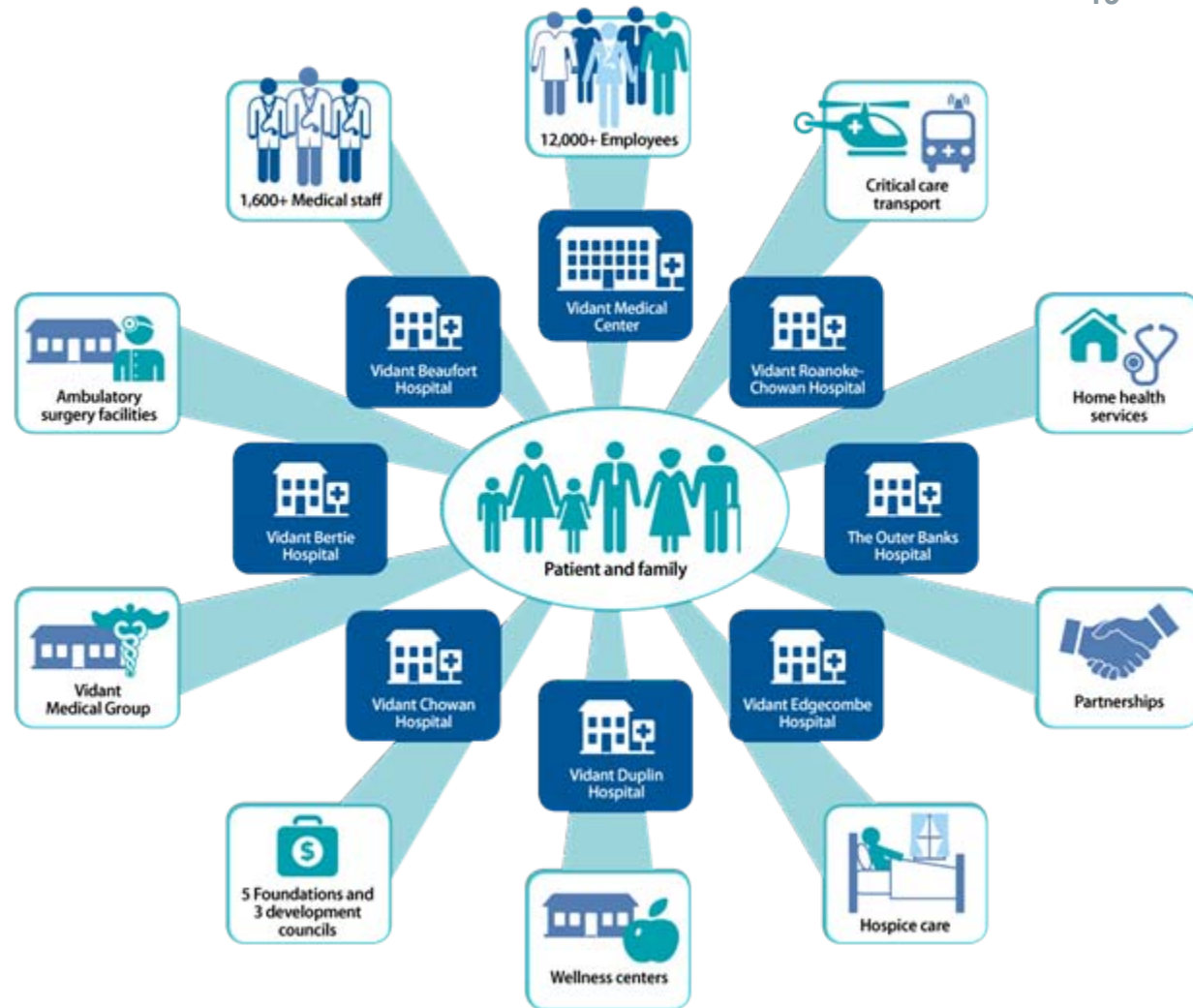
# Vidant Health

- **MISSION:** To improve the health and well-being of eastern North Carolina

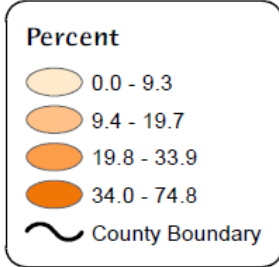
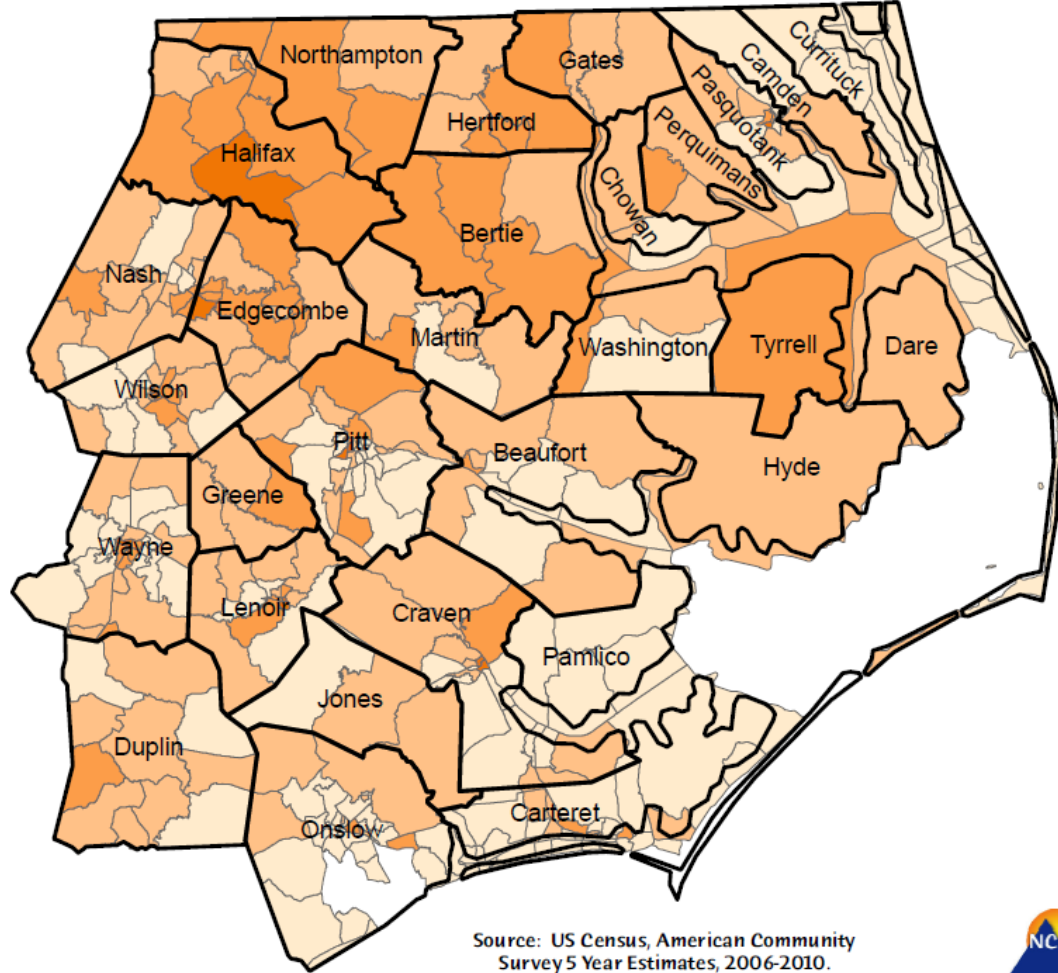
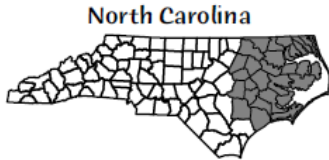
- **Transforming** from a health system to a health care experience

- **Activating** our team, our patients and our communities

- **Becoming** THE national model for rural health and wellness



# North Carolina Percent of Households on Food Stamps\* by Census Tracts



Source: US Census, American Community Survey 5 Year Estimates, 2006-2010.  
\*Supplemental Nutrition Assistance Program (SNAP)

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## Equity and Inclusion

Vidant Health believes that we will not achieve health equity without work force equity, and we will not achieve work force equity without addressing social determinants of our work force, structural racism, and bias that exists in the very fabric of our organization



# Make Health Equity a Strategic Priority



## Operational Excellence: the Value Imperatives

Quality

Experience

Finance

**Patient & Team Experience**

- Brand
- People
- Leadership
- Equity & Inclusion

# Make Health Equity a Strategic Priority

- Experience is a sub-committee of our Vidant Health Board
- Education on Bias, to include executives and other stake holders
- Planning for system-wide bias training

**Subject:** VH Board Education - March 2018

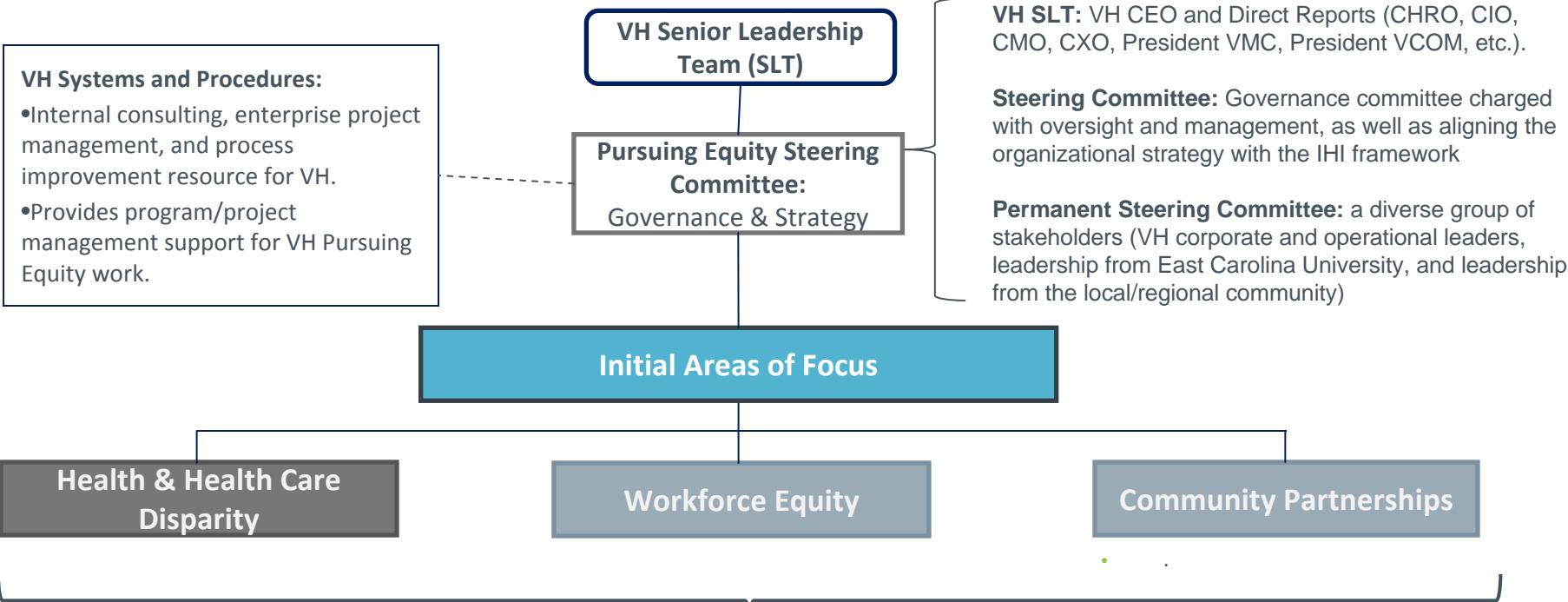
Morning everyone,

To advance our understanding and work on equity and inclusion, we are excited to invite you to our March education session facilitated by AAMC (Association of American Medical Colleges) on Unintended Bias. Topics include:

- Understanding Bias
  - Unconscious/Implicit Bias
  - Explicit Bias
  - Microaggressions
  - Imposter Phenomenon/Internalized Bias
- Strategies for Mitigating Bias
- Applying Promising Bias Mitigation Practices
- Planning for Next Steps



# Develop Structure and Processes to Support Equity Work



**VH SLT:** VH CEO and Direct Reports (CHRO, CIO, CMO, CXO, President VMC, President VCOM, etc.).

**Steering Committee:** Governance committee charged with oversight and management, as well as aligning the organizational strategy with the IHI framework

**Permanent Steering Committee:** a diverse group of stakeholders (VH corporate and operational leaders, leadership from East Carolina University, and leadership from the local/regional community)

**VH Systems and Procedures:**

- Internal consulting, enterprise project management, and process improvement resource for VH.
- Provides program/project management support for VH Pursuing Equity work.

- To develop and execute equity work across the health system, the goal is to avoid creating new workgroups/committees and leverage VH team members and existing organizational structures (e.g., existing committees, workgroups, etc.).
- In order for equity and inclusion to become a part of what we do, we need to integrate into our normal system of management.





## Team Members and Patients

### Historical data / information (stratified data):

Eastern North Carolina		
Ethnic Group	Count	Index
Asian	17,951	1.2%
Black	456,747	29.9%
Hispanic	124,920	N/A
Native American	10,138	0.7%
Not Specified	65,879	4.3%
Pacific	1,419	0.1%
Two or More	36,400	2.4%
White	938,709	61.5%
Total	1,527,243	

Vidant Health Team Members		
Ethnic Group	Count	Index
Asian	255	2.3%
Black	2,871	26.2%
Hispanic	221	2.0%
Native American	46	0.4%
Not Specified	137	1.2%
Pacific	5	0.0%
Two or More	49	0.4%
White	7,382	67.3%
Total	10,966	

Vidant Management (Including Supervisors)		
Ethnic Group	Count	Index
Asian	9	1.0%
Black	123	12.7%
Hispanic	18	1.9%
Native American	7	0.7%
Not Specified	10	1.0%
Pacific	0	0.0%
Two or More	4	0.4%
White	798	82.4%
Total	969	

- Vidant Health employee population closely aligns with and reflects the demographics of eastern North Carolina
- Vidant Health management does not fully reflect those of Eastern North Carolina and the overall employee population
- **GOAL:** Increase the representation of people of color in management positions 3 to 5% each year over the next three fiscal years. **Recruitment Matters!**



# Team Members

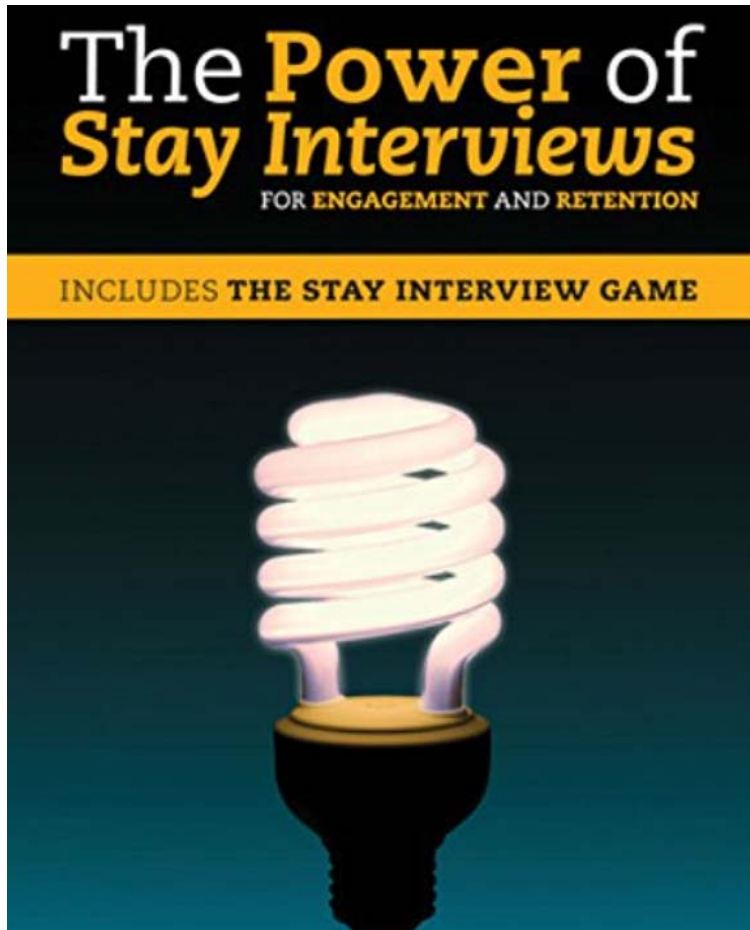
*Adoption of increased starting wage (\$12/hr) and adjustment of compensation of existing team members. Remove job requirements that promote bias.*

VH Team Member Impact Related to Starting Wage Initiative

	Female	Male	Totals	%
American Indian	5	1	6	0.35%
Asian	3	3	6	0.35%
Black	792	272	1064	61.29%
Hispanic	42	15	57	3.28%
Not Specified	18	8	26	1.50%
Two or More	9	0	9	0.52%
White	452	116	568	32.72%
Totals	1321	415	1736	100.00%



# Team Members



**FY 16 (October 1, 2015 to September 30, 2016):**

**475 VH team members utilized tuition reimbursement**

○ **89% Female | 11% Male**

○ **67% White | 29% Black**



# Develop Partnerships with Community Organizations

Be With  
Listen  
Partner



# Develop Partnerships with Community Organizations

- NC CIVIL is a non profit, grass roots community development organization. Their mission is to re-establish and strengthen the social, economic, legal, and political processes in our communities for improved civic life.
  - Each month, NC CIVIL hosts West Greenville POP Ups - a monthly vendors' market that highlights the economic and culture that is vibrant in the West Greenville community.
- **VH Talent Acquisition Leadership promotes career opportunities, as well as hosts various workshops at the POP Up events.**
    - **Workshop 1:** Building a resume. Creating a professional email address/account.
    - **Workshop 2:** How to Apply to VH Careers and Navigate the Application Process.
    - **Workshop 3:** Interview Preparation Techniques.



# Deploy Strategies to Address Multiple Determinants of Health



# Our Lessons

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1. **This work takes time...*this is heart work***
  - There must be intentionality. Efforts must be authentic, deliberate, and purposeful. Take the time to listen, dialogue, build genuine relationships, and establish trust and understanding.
  
2. **Figure it out as you go...**
  - It is important to be able to acknowledge that we don't have all the answers and there is a lot we don't know. It is also important to be open to learning and different perspectives. Not everything works in every community. Resist the cookie-cutter approach!



# Thank You!

**“This initiative hopes to break new ground by explicitly addressing institutional racism, and by identifying ways health care organizations can affect equity in areas like employee wellness and social determinants of health, in addition to reducing clinical disparities at the point of care.”**

**-Dr. Mike Waldrum**





# Main Line Health: Pursuing Equity



Chinwe Onyekere  
Associate Administrator

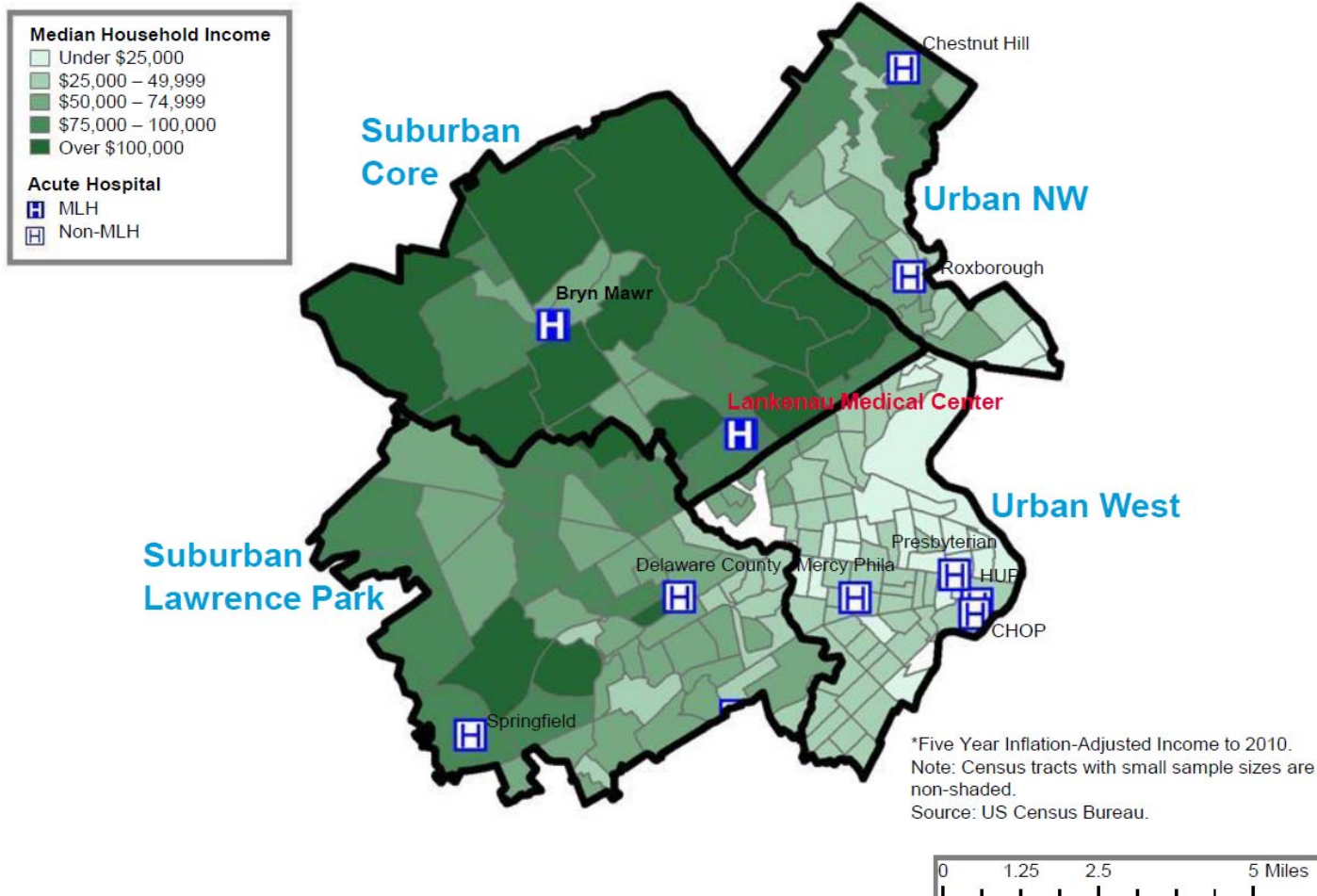
# Lankenau Medical Center:

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- 331 bed acute care teaching hospital & medical complex in Wynnewood, Pennsylvania.
- Located in the western suburbs of Philadelphia
- Part of Main Line Health System
- Established partnerships to tackle complex community needs
  - Partnered with non-profit Greener Partners to develop and maintain on-site farm, providing fresh, free, produce to patients in need. Zip codes were used to identify and target the most at-risk communities
  - Partnered with Philadelphia College of Osteopathic Medicine to engage second-year medical students, as Medical Student Health Advocates (MSAs), in connecting patients from underserved areas to needed social services.

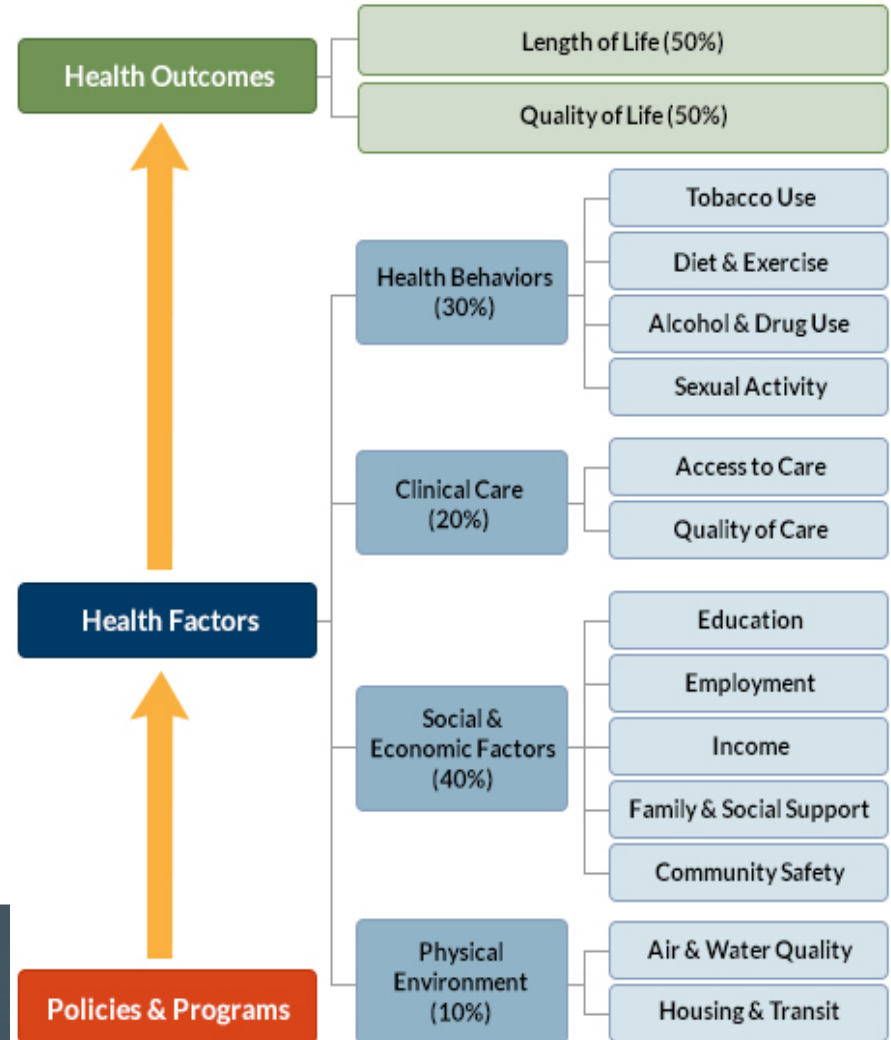
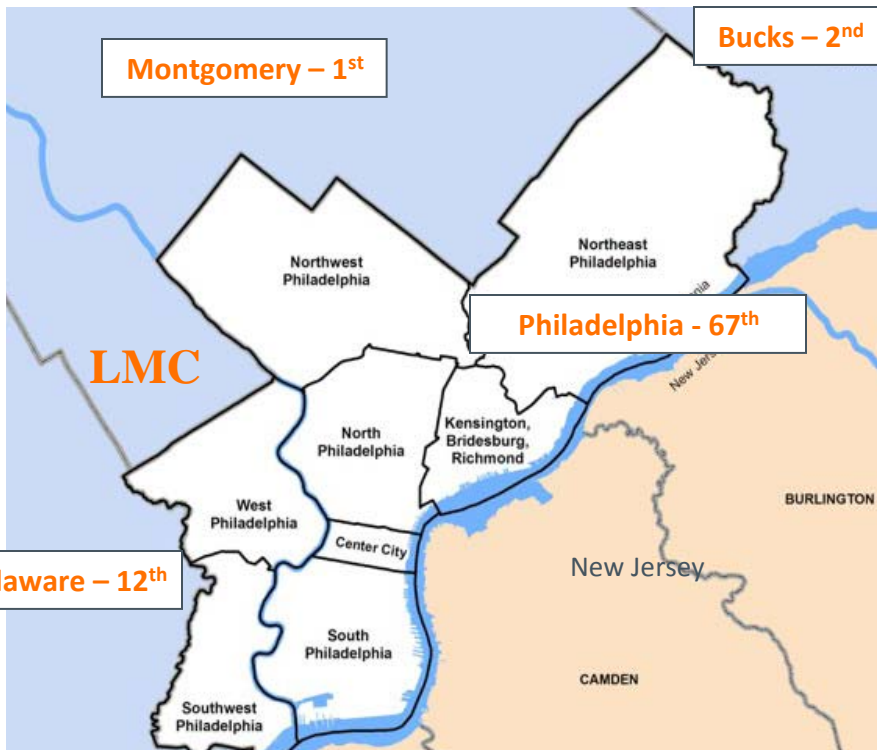


# The 67<sup>th</sup> vs. the 4<sup>th</sup>: Your zip code is more powerful than your genetic code



# Montgomery v Philadelphia County

## County Health Rankings for Pennsylvania: Health Factors\*



\*Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute

# Community Health Needs Assessment

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<b>Focus area:</b>
Obesity / Diabetes
Cardiovascular / Stroke
Cancer
Lung Disease
Senior Care
Cultural / Diversity

## Social Determinants of Health

Issue across ALL areas

# IHI Pursuing Equity Framework

**1** Make Health Equity a Strategic Priority



**2** Develop Structure and Processes to Support Equity Work



•DRI Steering Group  
•Colloquium

**3** Deploy Strategies to Address Multiple Determinants of Health



ED U Committee

**4** Develop Partnerships with Community Organizations



**APfWP**  
Academic Partners  
for  
West Philadelphia

**5** Decrease Institutional Racism



Continuity  
Clinic



# 1 Make Health Equity a Strategic Priority

## Community Health: Goals and Objectives



### Improve the health of the communities we serve

Goals	Objectives
1. Seek, identify and eliminate disparities in care.	a. Educate staff to recognize biases that result in disparities in care.
	b. Provide resources for innovative interventions to support patient compliance in care treatment plans.
	c. Improve collection and analysis of data used to determine particular types of health differences that are closely linked with social or economic disadvantages in our communities.
	d. Improve language and health literacy services.
	e. Build clinical teams with relevant skill sets to meet the needs of select underserved populations.
	f. Develop programs for specific patient populations based on: racial or ethnic group; religion; socioeconomic status; gender; age; sexuality; mental health; cognitive, sensory, or physical disability; geographic location; home environment and preferred language.



- Diversity, Respect, and Inclusion Steering Committee
- MLH Disparities in Care Annual Colloquium

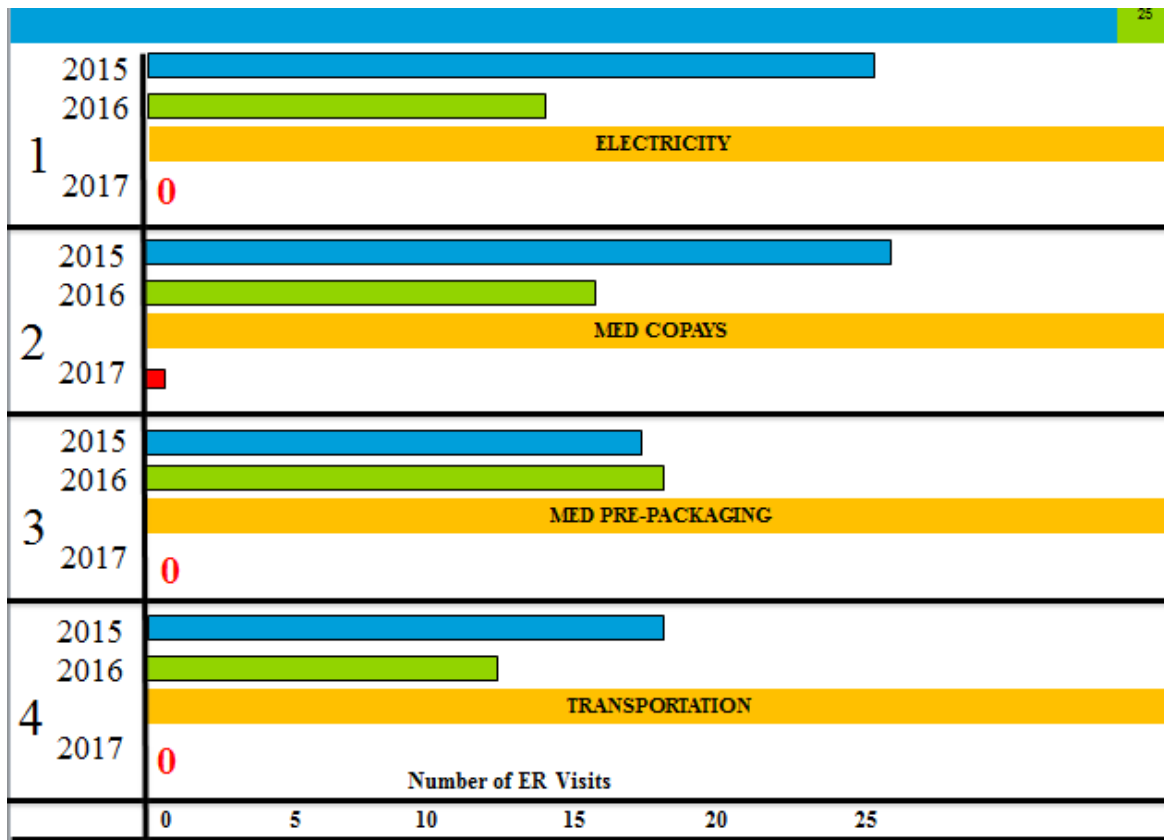




# 3

## Deploy Strategies to Address Multiple Determinants of Health

### ED High Utilizer – Patient Advocacy



# The problem

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- “superutilizer” - frequently defined as someone visiting the ED >4 x in a year
- Individuals with complex unmet medical, social, and psychiatric needs
- This care is **expensive, inefficient** and almost always **ineffective**
- Some studies have shown ED super users have increased mortality rates



# EDucation

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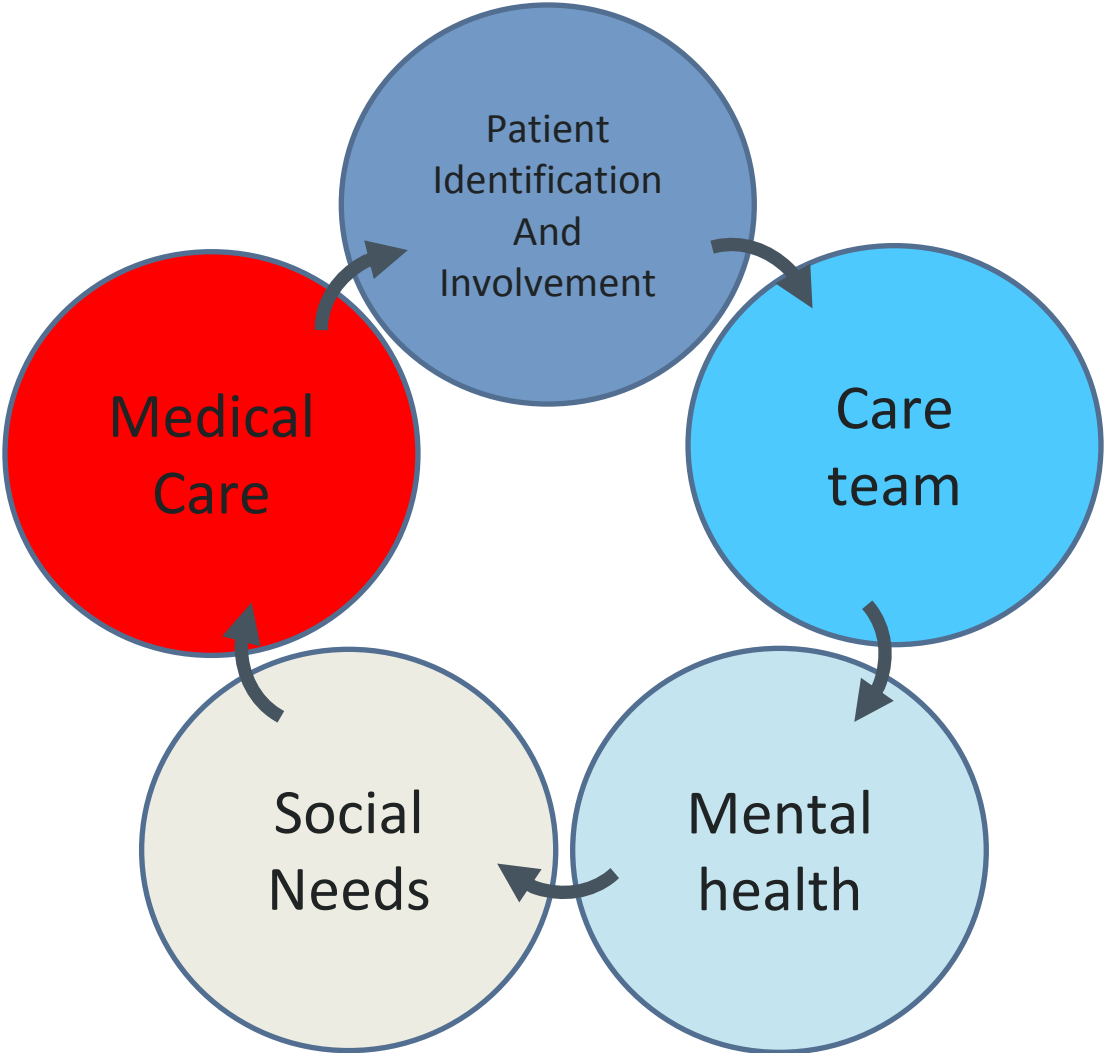
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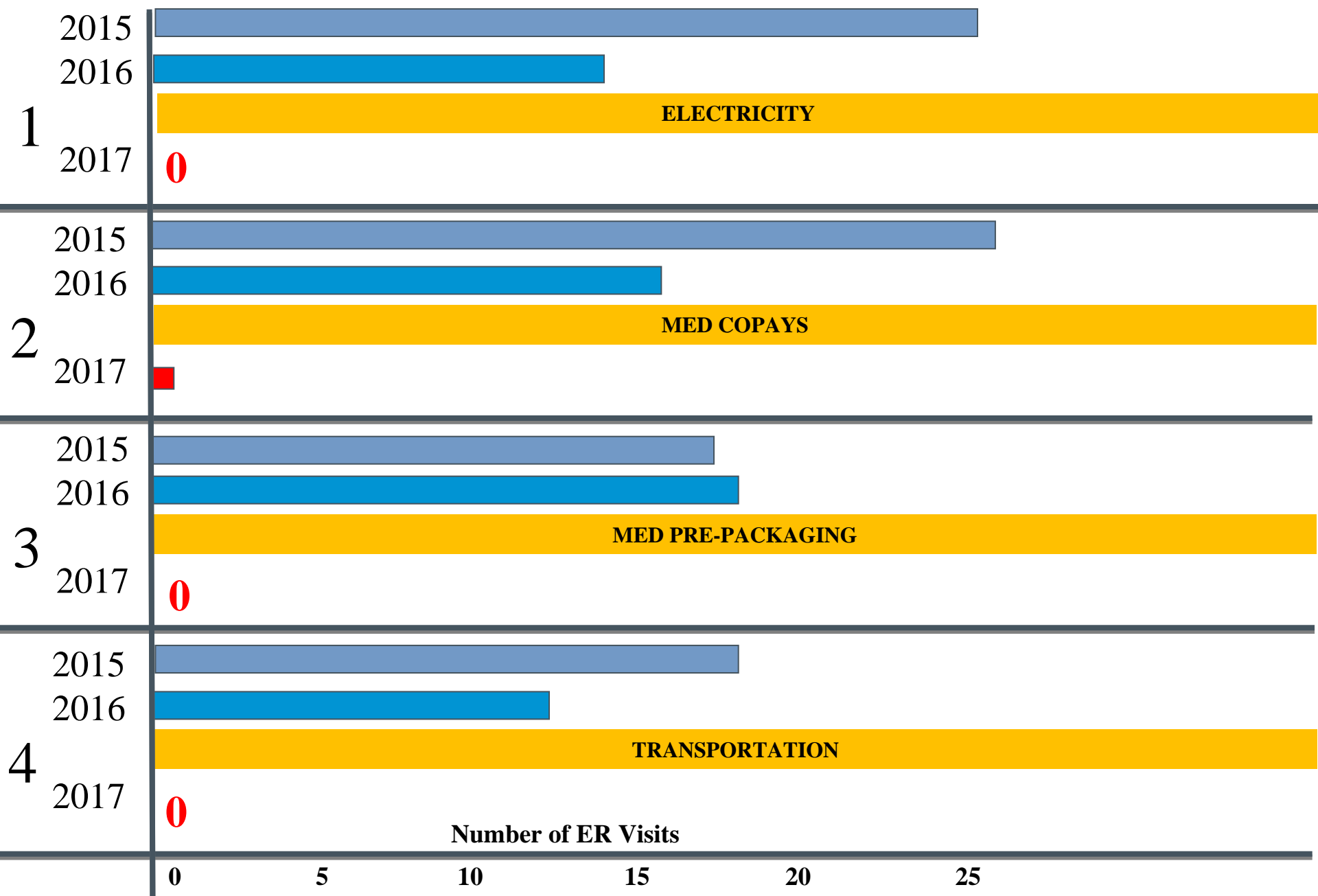


# Education Committee



	Number of ER visits 2015	Number of ER visits 2016
1	24	9
2	25	13
3	16	18
4	17	11
5	2	20
6	5	12





	2015	2016	E D U C A T I O N  I N T E R V E N T I O N S	Post intervention
1	24	9		<b>0</b>
2	25	13		<b>1</b>
3	16	18		<b>0</b>
4	17	11		<b>0</b>
5	2	20		<b>2</b>
6	5	12		<b>3</b>

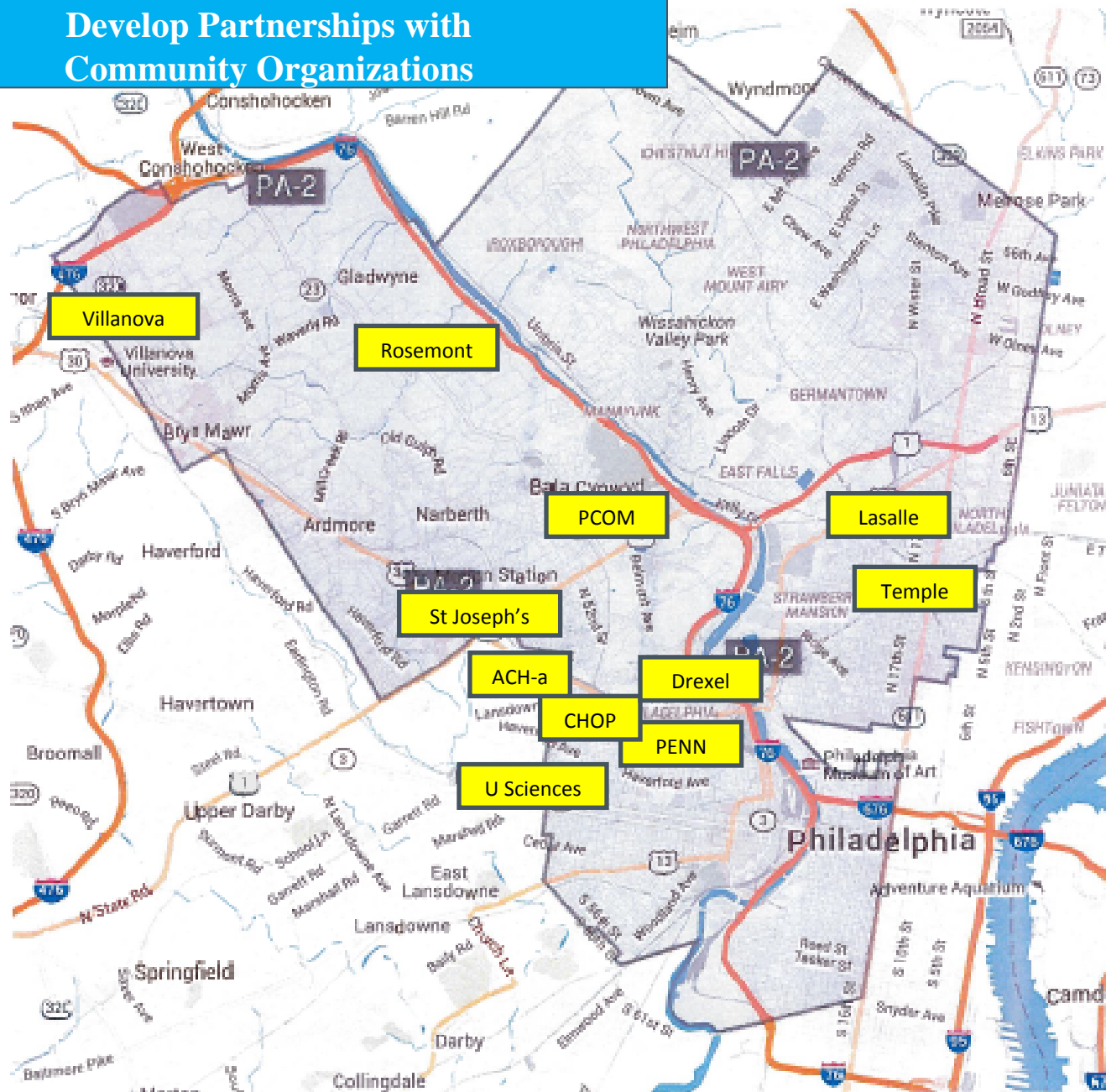


# Reimagining Continuity Clinic





## Develop Partnerships with Community Organizations



## WELCOME

Phil Robinson, FACHE, *President, Lankenau Medical Center*

## Together for West Philadelphia INTRODUCTION

Barry Mann, MD, *Chief Academic Officer, Main Line Health*

## SPEAKER MODERATOR

Chinwe Onyekere, *Associate Administrator, Lankenau Medical Center*

SPEAKER	TOPIC
Phyllis B. Cater <i>President and CEO, Spectrum Health</i>	Health Care in West Philadelphia: The Role of Spectrum Health
Michelle Abel, MSPH <i>Healthcare Senior Manager, The Food Trust</i>	The Food Trust: Ensuring Access to Affordable, Nutritious Foods
Jamila Harris-Morrison, MSW <i>Executive Director, ACHIEVEability</i>	Achievability: Breaking the Cycle of Poverty
Loretta Sweet Jemmott, PhD <i>Vice President for Health and Health Equity, Drexel University</i>	Drexel University's Role in the Promise Zone
Sharon Larson, PhD <i>Executive Director, Main Line Health Center for Population Health Research (CPHR) at the Lankenau Institute for Medical Research</i>	Collaborating to Impact the Addiction Problem
John Gruber, MS <i>Director, Distinguished Visiting Scientist Program, Science Faculty, Friends' Central School</i>	Pursuing Equity in Education

## KEYNOTE ADDRESS

Congressman Dwight Evans

## CLOSING REMARKS

Jack Lynch, FACHE, *President and CEO, Main Line Health*

## NEXT STEPS

Barry Mann, MD, *Chief Academic Officer, Main Line Health*

## Together for West Philadelphia

### CHARTER

*We, the undersigned, endorse the key objectives, common purpose and core values of Together for West Philadelphia, a collaborative for health, education and opportunity.*

### KEY OBJECTIVES

The Together for West Philadelphia collaborative will:

- Foster development of an alliance to enable stakeholders from a variety of associations to collaborate on projects for the benefit of the West Philadelphia community and to leverage resources within the collaborative in order to develop and advance comprehensive and sustainable programs of greater impact;
- Leverage learnings, evidence-based methodologies and best practices from similar collaboratives (in the region and nationally) in order to efficiently replicate and appropriately scale practical solutions for the community.

### COMMON PURPOSE

Together for West Philadelphia will be committed to:

- Assessing community needs and identifying and developing projects and programs focused on improving health for residents of West Philadelphia.
- Our definition of health will encompass:
  - Health care access, physical wellness, education, opportunity, housing, nutrition, food insecurity, emotional wellness, community and civic engagement, and social supports.

### CORE VALUES

Together for West Philadelphia will value:

- Engagement of the community;
- Consistency in meeting to set expectations, maintain momentum, and foster commitment;
- Measurable outcomes in all sponsored projects; and
- Flexibility and Inclusivity of membership in order to promote our common purpose.





## Legislative Advocacy



*“There’s a direct connection between health care and poverty. I represent a district with a 28 percent poverty rate, which means nearly 196,000 of my constituents are living in poverty. Throughout my career, I have always looked for ways to expand and broaden access to resources for each and every member of our communities. I am delighted to have such a strong community resource like Main Line Health in my district.”*

~Congressman Evans



# Our Lessons

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1. Relationships and trust are key
2. Know your community
3. Leadership is essential





Institute for  
Healthcare  
Improvement

Population Health Colloquium

March 19, 2018

# Rush University Medical Center: Pursuing Equity



David Ansell, MD,  
MPH  
SVP Community  
Health Equity

# Health Equity at Rush: An Inside-out and Outside-in Strategy

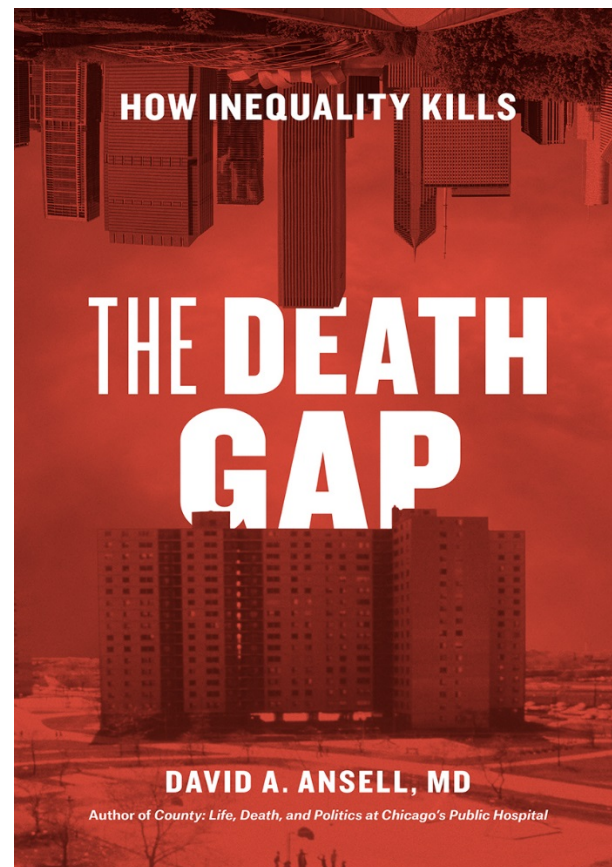
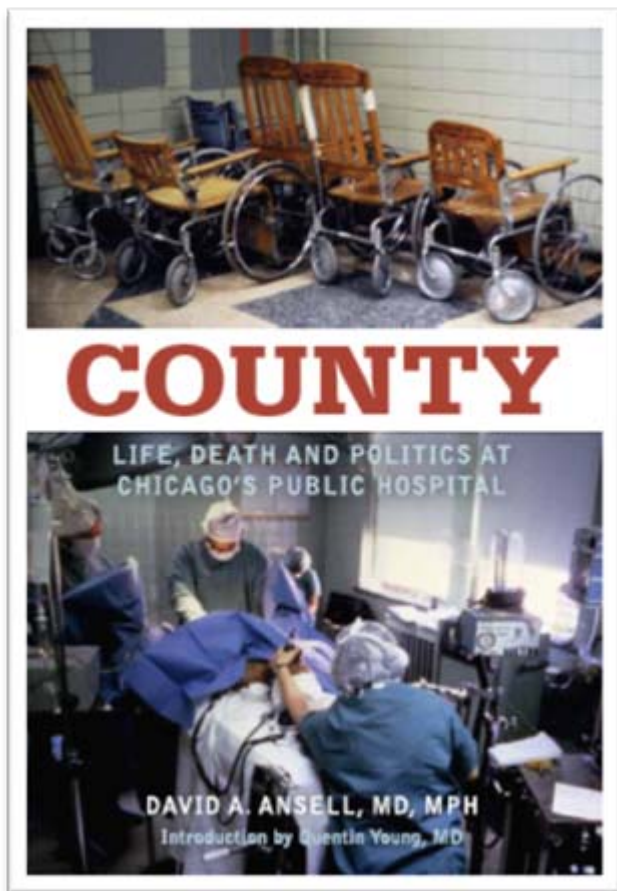
David Ansell, MD, MPH  
SVP Community Health Equity  
Rush University Medical Center



## Chicago's West Side



About me ..... Primary care doctor for 40 years, hospital administrator, epidemiologist and human rights activist





# Equity has been an explicit Rush strategy since 2016

## Mission:

The mission of Rush is to improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships.

## Vision:

Rush will be the leading academic health system in the region and nationally recognized for transforming health care.

## Values:

- Innovation
- Collaboration
- Accountability
- Respect
- Excellence



# Equity is a top health system priority

## People

*Create an innovative environment of continuous learning and personal growth to develop the healthcare workforce of the future*

## Reach

*Extend and expand the reach of Rush through growth, partnership and innovation*



## Programs

*Deliver an integrated, patient centered approach to care and discovery that sets a new standard for quality and value*

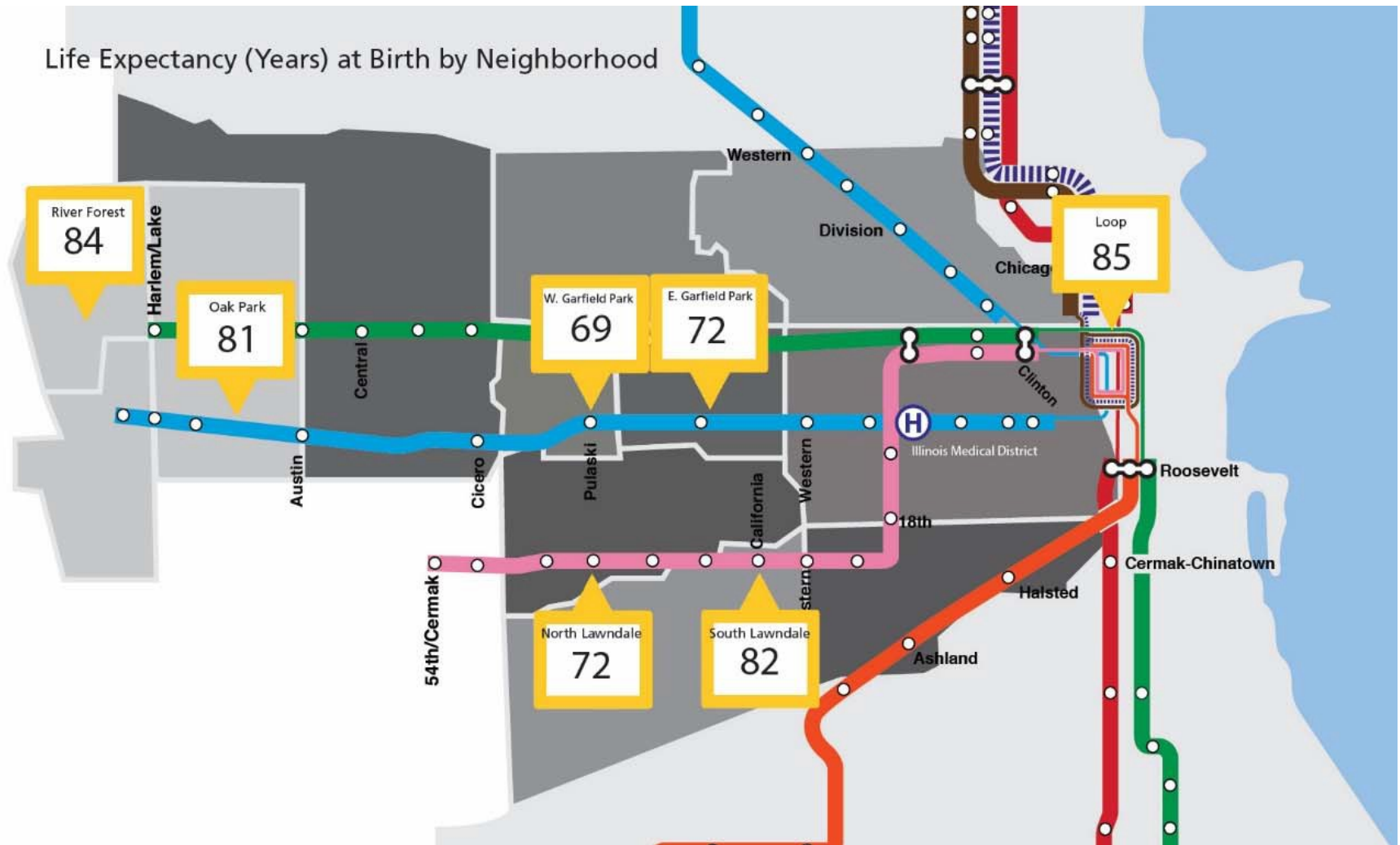
## Community

*Become a catalyst for community health and vitality*

# Equity is an Inside-Out and Outside-in Strategy

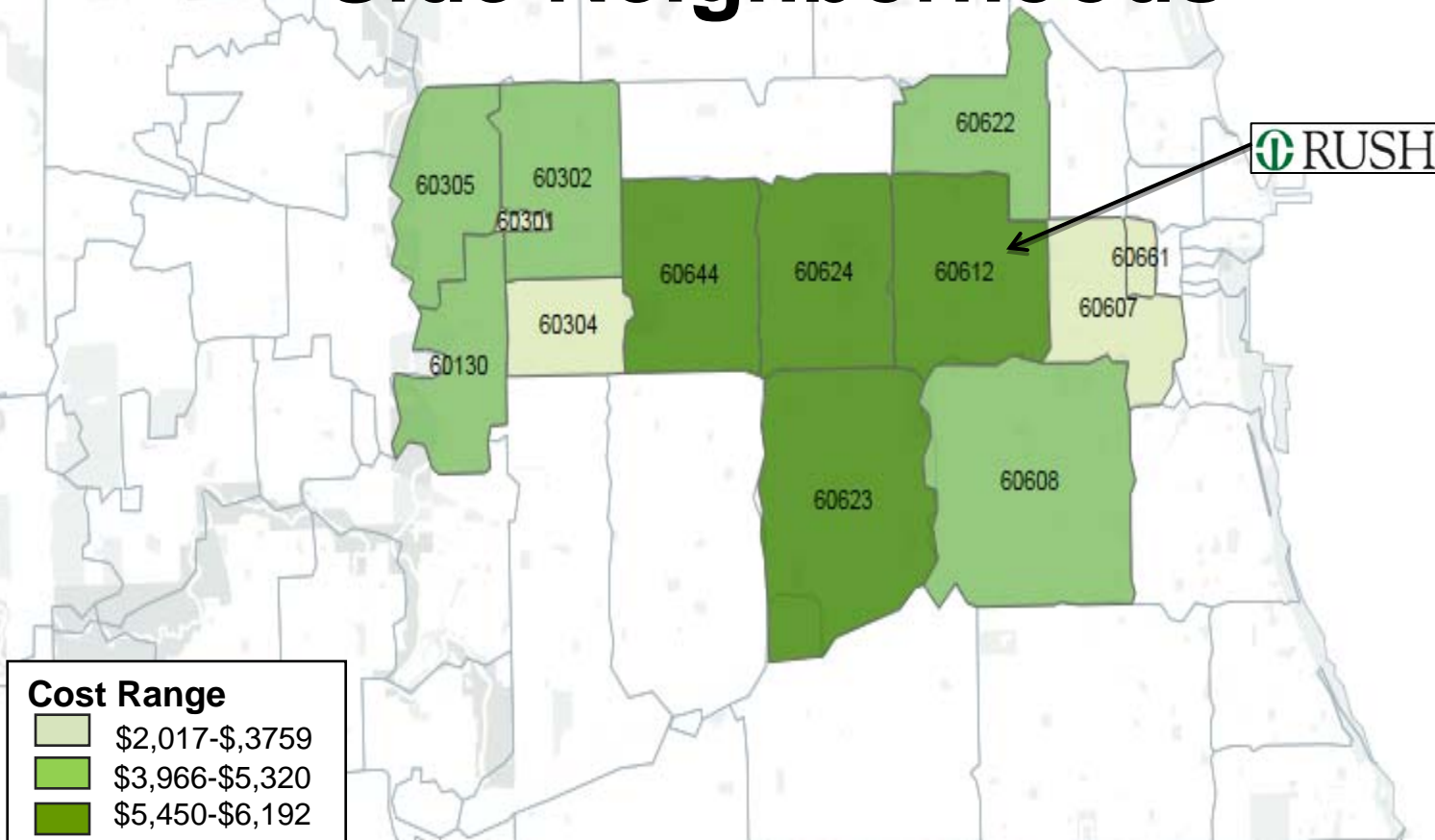
- Equity strategy endorsed by the Trustees and led by senior leaders
- Our plans call to accelerate diversity and inclusion in leadership...we aim to achieve demographic parity in leadership
- We plan to screen our patients and partner to treat the social and structural determinants of health
- We name the root causes of health inequity including structural racism, economic and educational deprivation
- We have identified opportunities to build wealth among our low wage employees through pension reform and career pathways
- We work to identify and eliminate health care equity gaps
- We partner with community groups and other hospitals to address the root-causes of these gaps
- We communicate widely in many forums about equity

The Narrative: There is up to a 16-year gap in life expectancy between the Loop and the West Side (<https://westsideunited.org/>)



**Goal: Decrease life expectancy gap by 50% by 2030**

# Our Patients: Rush's Sickest and Highest Cost Patients Live in West Side Neighborhoods



Patients with  $\geq 1$  CY2015 Ambulatory Visit

# Not enough to change one institution... need to solicit and follow the advice of the community (What We Heard West Side Listening Tour)

## Recommended Focus Areas from “What We Heard Report”

### Improved access to jobs

“We need help with economics and jobs.

There are a lot of hiring barriers, especially for ex-offenders.”

- Participant, Garfield Park Community Council conversation

“There is a stereotype that people on the West Side are lazy and don’t want to work. That’s not true.”

- Participant, Every Block a Village conversation

### Support for community businesses and entrepreneurs such as small-business counseling

“If we had a business, I would be proud to train other individuals in our community to work and get some kind of work ethic so they can provide for their own housing and for society.”

- Participant, Every Block a Village conversation

### Effective youth programming and more engagement from local schools in their communities

“After school programs are expensive and there’s no funding. Programs need to be based on what the community says it needs”

- Participant, Oakley Square Apartments conversation

### Resources for mental and behavior health needs

“There are no mental health facilities over here. The largest mental health facility on the West Side is Cook County Jail”

- Participant, Every Block a Village conversation

### Greater access to oral healthcare

“A big need over here is dental. There are like two centers and the problem is you can’t get in there”

- Participant, Austin Coming Together conversation

### Safer outdoor spaces for physical activity

“I don’t feel safe walking in the neighborhoods so I can’t walk for my physical activity”

- Participant, Enlace Chicago conversation

### Greater access to healthy foods

“I live in this area and I have to jump in my car to access healthy food. So, we can do so much education, but if we don’t have access to food...”

- Participant, Garfield Park Community Council conversation

“We have to travel outside of our community to eat healthy food”

- Participant, Rush Employees conversation

West Side United ( 9 Health Care Institutions and 100 CBOs) is a place-based, equity-framed approach to neighborhood vitality on Chicago’s West Side



- Holistically address the **social and structural determinants** of health
- Have a **unified “West Side Voice”** to outside audiences
- Create **opportunities to scale programs** that work on the community level
- Identify and create **new high-value connections** between organizations
- Create **common measures of success**
- Increase the **visibility of existing efforts**

# The Planning Committee brought the voice of the community to shape West Side United

## Community Representative Membership



**Darnell Shields**  
*Austin*



**Garth Katner**  
*Near West Side / West Town*



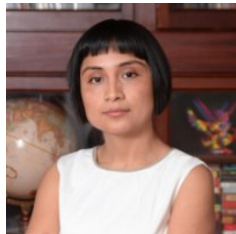
**Vanessa Ford**  
*East Garfield Park*



**Melissa Chrusfield**  
*North Lawndale*



**Rachel Bhagwat**  
*Humboldt Park*



**Fanny Diego**  
*South Lawndale*



**Araceli Lucio**  
*Lower West Side*



**Angela Taylor**  
*West Garfield Park*

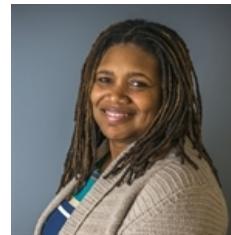
## Non-Profit, Government, & Institutional Membership



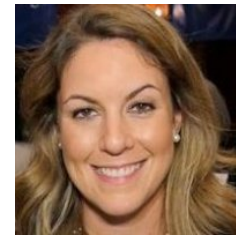
**Maureen Benjamins**  
*Sinai Urban Health Institute*



**Rhonda Hardemon**  
*Malcolm X College*



**Tameeka Christian**  
*LISC*



**Alexa James**  
*NAMI*



**Megan Cunningham**  
*Chicago Department of Public Health*



**Nicole Kazee**  
*Erie Family Health Center*



**Chris Denes**  
*Chicago Department of Family and Support Services*



**Theresa Nihill**  
*Metropolitan Family Services*



# The West Side United Mission, Vision and Aim

## MISSION

To build **community health and economic wellness** on Chicago's West Side and build **healthy, vibrant neighborhoods**.

## VISION

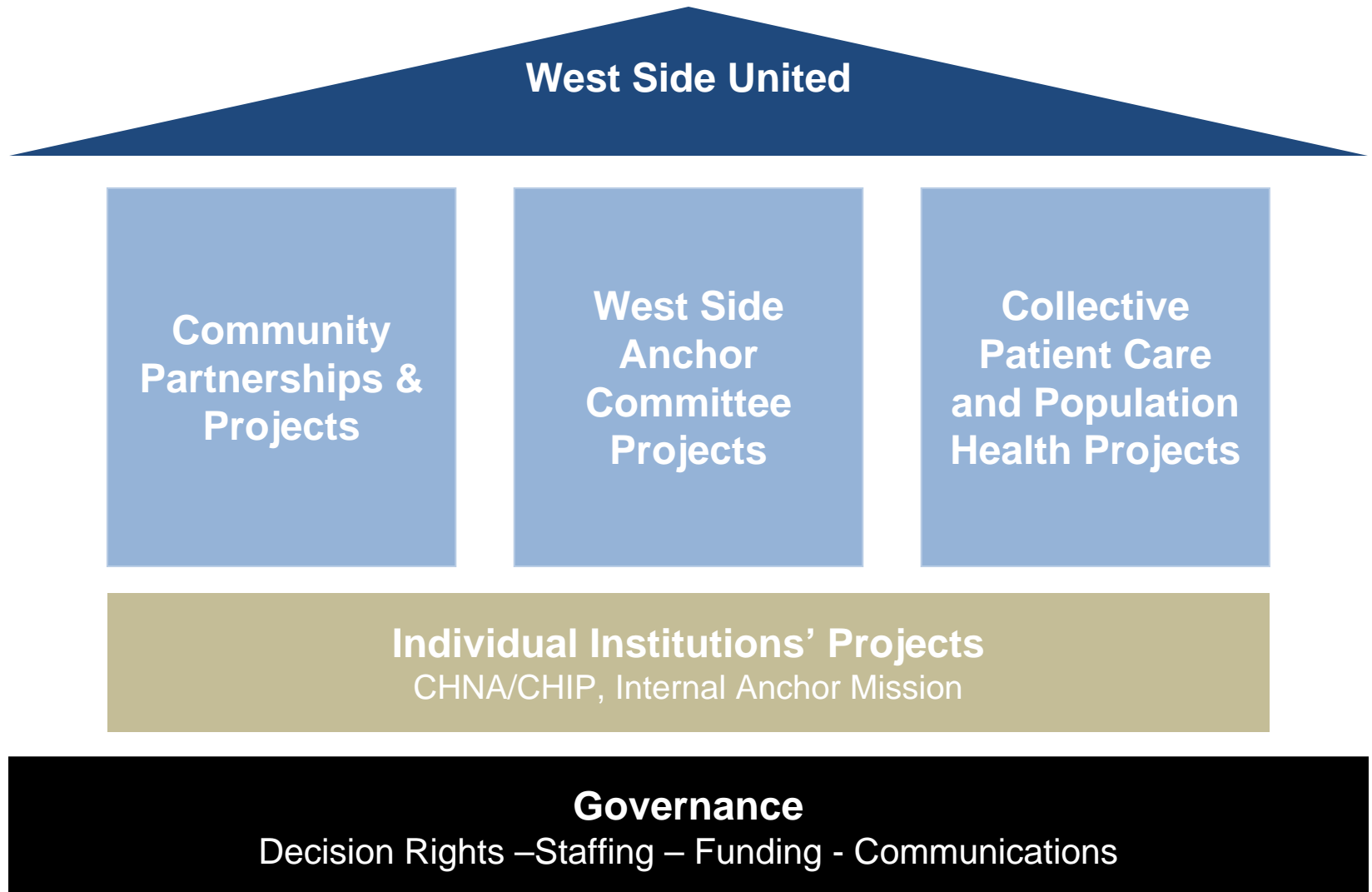
To **improve neighborhood health by addressing inequities** in healthcare, education, economic vitality and the physical environment using a cross-sector, place-based strategy.

**Partners** will include other healthcare providers, education providers, the faith community, business, government and residents that **work together to coordinate investments and share outcomes**.

## AIM

To reduce the life expectancy gap between the Loop and Westside neighborhoods by **50%** by 2030.

# Multiple work streams will contribute to collective West Side United outcomes in 2018



# The West Side Anchor Committee: leverage the economic power of healthcare institutions to build economic vitality



~6,000 Annual Hires*	
	~\$2.8 B in Supply /Service Expenses
43,800 Employees	
	\$5.4 B** in Employee Spending Potential
\$4 Billion in Salaries/Wages	
	2,190*** Hospital Beds
89,117*** Annual Admissions	
	7,125*** Hospital Births

\*Estimated with anchor hiring data

\*\*Estimated from Consumer Expenditure Survey

\*\*\* Sourced from IDPH CY16 Hospital Survey

# West Side United envisions vital, healthy communities for all residents and stakeholders

Equal access to behavioral and physical health services

Healthy, affordable food in each neighborhood

Residents employed in high-quality jobs

Summer jobs & apprenticeships opportunities for all students



**Goal: Decrease the life expectancy gap between each neighborhood and the Loop by 50% by 2030**

# Health Equity Achieved... Chicago's West Side 2030

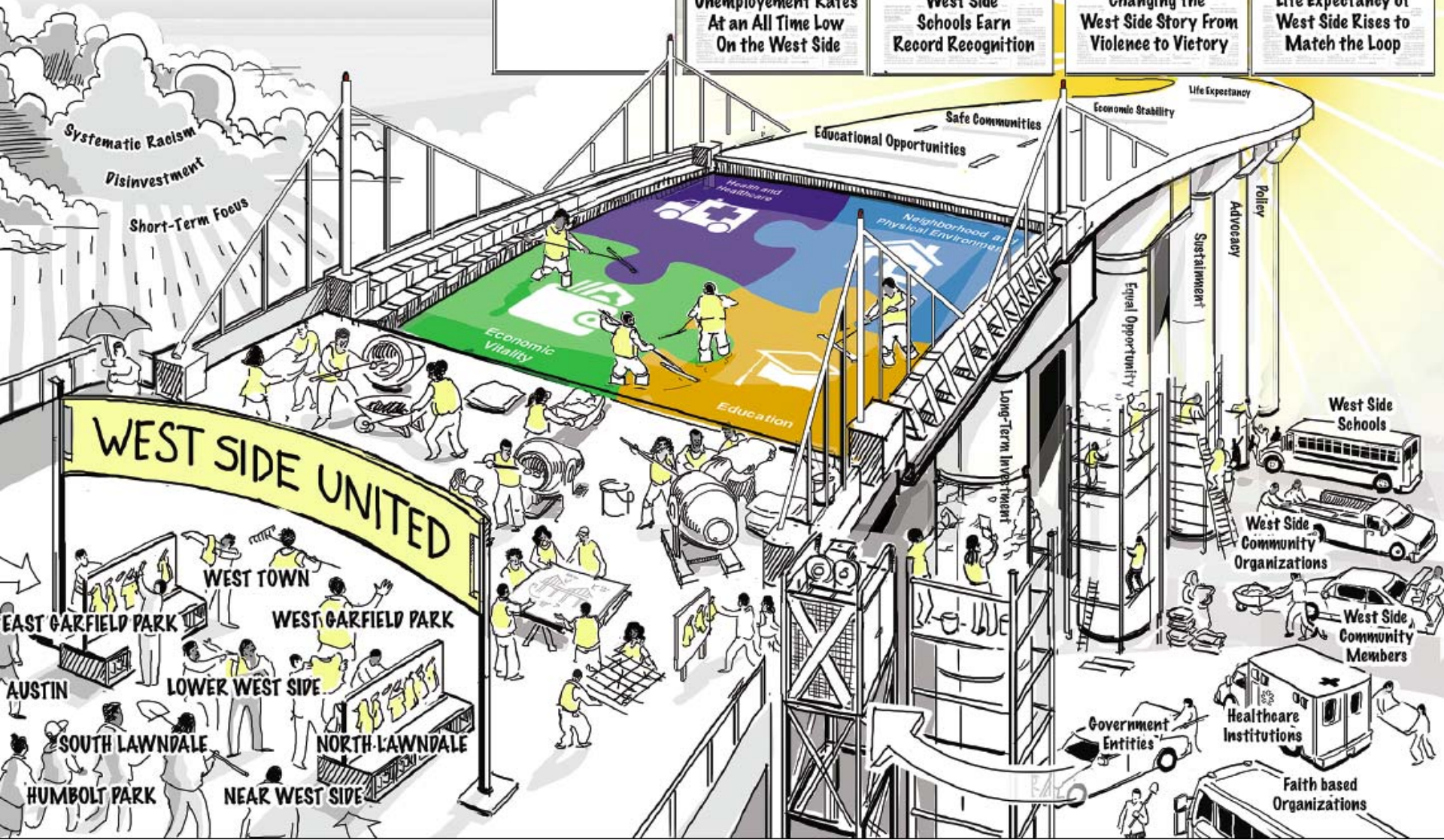


## WEST SIDE UNITED

Partners will include other healthcare providers, education providers, the faith community, business, government and others that work together to coordinate investments and share outcomes.

Vision: To improve neighborhood health by addressing inequality in healthcare, education, economic vitality, and the physical environment using a cross-sector, place-based strategy.

Chicago Tribune <b>Unemployment Rates At an All Time Low On the West Side</b>	Chicago Tribune <b>West Side Schools Earn Record Recognition</b>	Chicago Tribune <b>Changing the West Side Story From Violence to Victory</b>	Chicago Tribune <b>Life Expectancy of West Side Rises to Match the Loop</b>
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# Agenda

Time	Item
8:00 – 8:30am	Overview of Agenda, Overview of Health Equity, Introductions
8:30 – 9:00	Review of the Framework for Health Systems to Advance Equity
9:00 – 10:00	Presentations from Vidant Health, Main Line Health, and Rush University Medical Center
<b>10:00 – 10:15</b>	<b>Questions</b>
10:15 – 10:45	BREAK
10:45 – 11:15	Panel
11:15 – 11:30	Questions
11:30 – 12:00pm	Exercise



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# Pursuing Equity Panel

David Ansell, MD, MPH  
*SVP Community Health Equity*  
*Rush University Medical Center*

Dr. Julie Kennedy Oehlert DNP RN  
*Chief Experience Officer*  
*Vidant Health*

Chinwe Onyekere  
*Associate Administrator*  
*Main Line Health*

Led by: Kedar Mate, MD  
*Chief Innovation Officer*  
*Institute for Healthcare Improvement*





# Exercise: Small Group Discussion

1. How does health equity apply in your setting? Who in your system receives poorer quality of care and experiences poorer outcomes? Who experiences the best care quality and best outcomes?
2. What is the state of addressing health equity at your organization?
3. What challenges do you see to advancing health equity in your setting?



# 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

