



JULY 2021

# Bringing Light & Heat

A Health Equity Guide for  
Healthcare Transformation  
& Accountability

*“Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death.”*

REV. DR. MARTIN LUTHER KING JR.



*“Radical simply means grasping things at the root.”*

ANGELA DAVIS



*“Remember to imagine and craft the worlds you cannot live without, just as you dismantle the ones you cannot live within.”*

RUHA BENJAMIN

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SECTION 1

# Introduction & Overview

**This guide was developed to provide healthcare leaders with guidance for how to deepen, broaden, and elevate their organization's health equity work.**

Though this project sprouted in 2019, it came to life in 2020 — a year like no other in modern history.

The rise of COVID-19, mass uprisings against police violence and racial injustice, a norm-busting presidential election — all of these served as a backdrop in creating this guide, each month demonstrating its need with more and more urgency. Although there are other health equity resources and guides for the health care sector, when we started this work we did not encounter any that fully aligned with the values outlined below that are critical for transformational change.

The following organizations came together to develop this guide, with funding support from the Robert Wood Johnson Foundation. Human Impact Partners' [Health Equity Guide](#), which was designed for local and state health departments, inspired initial versions of the guide.

## Organizational Partners



## In this Guide, you will find

**An overarching framework** for how your healthcare institution can pursue health and racial equity

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**A proposed process and approach** to organize your action and ongoing improvement

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**Ideas about the kinds of strategic goals and sample practices** you might adopt — at the patient, organizational, community, and societal levels — to operationalize health and racial equity

## Goal

**Our aim is to drive radical transformation to achieve equity.**

This guide outlines a path for leaders and managers of healthcare institutions to commit to, own, and advance health and racial equity (**light**); and a way for internal and external stakeholders to measure and hold these systems accountable for this critical work (**heat**).

This guide is intended as a catalyzing instrument and resource for healthcare institutions and leaders to achieve health and racial equity. Health equity will not be achieved by completing a checklist, through a short-term effort, or by focusing exclusively on healthcare service delivery. It is intended to support a long-term commitment while also providing structure and intermediate steps necessary to maintain momentum. Our proposed framework, goals, and strategic practices are geared towards systematically transforming how healthcare institutions function at the patient, organization, community, and societal levels.

## Audience

**The guide was envisioned with leaders at medium to large non-profit hospitals and integrated delivery systems as the primary audience.**

However, the initiative and urgency to substantively focus on equity, and the imperative for accountability, can come from many sources within and outside of healthcare institutions. We hope this guide can be useful for any healthcare stakeholder who is committed to participating in an equity journey whether they are affiliated with a provider, payer, government agency, community-based organization, or patient advocacy group.

# Our Guiding Values

**1 Health equity**  
 We are committed to all people having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health — such as deep power imbalances and systems of advantage/oppression — and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. Health equity is inextricably linked with racial equity.

**2 Racial equity**  
 We lead explicitly with the need for racial equity because racial inequities persist in every system across the country, without exception, and because when we look

within other dimensions of identity — income, gender, sexuality, ability, geography and others — there are also intersecting inequities based on race.

**3 Power-sharing**  
 We seek to redress the significant power imbalances that create privilege and advantage for some, at the expense of others. All people and communities should be enabled to shape the practices, policies, and systems that impact their lives.

**4 Systems change**  
 We seek to shift the conditions that hold poor health and health inequities in place, including the policies, practices, resource flows, relationships, power dynamics, and the deeply held assumptions, values and norms that pattern individual and population level exposures and outcomes.

**5 Accountability**  
 We envision that, unlike other calls for equity that rely solely on the commitments and goodwill of healthcare leaders, additional accountability mechanisms and guidance are necessary to implement, track, and report progress to wider communities and the public.

**6 Comprehensive-ness**  
 We are committed to responses that are equal to the scale and deep roots of the issues. This is no easy task, and implies wall-to-wall transformation at all levels of the healthcare institution, and the ecosystem in which it sits. Anything short of this is likely to be insufficient to substantially achieve health and racial equity.

SECTION 2

# Process, Strategic Goals, and Accountability



PROCESS

# Bringing the Light

1 Commit

2 Build Capacity

3 Assess & Strategize

4 Change Practice & Policy

5 Learn

**We propose that healthcare institutions follow a structured process and pathway to achieve system transformation:**

The steps to (1) *Commit*, (2) *Build Capacity*, (3) *Assess & Strategize*, (4) *Change Practice & Policy* and (5) *Learn* should include a coordinated set of goals and practices that the organization pursues as an integrated set. This is critical for building momentum and ensuring a high level of coordination and accountability across the process. Given that this work will take time, the process should be thought of as circular, not linear: the Learn stage will inevitably lead to revising Commitment goals and so on.

Because the work will be iterative and responsive to context, institutions should be flexible in where they start depending on prior work and priorities. For example, the assessment function is necessary to understanding what capacities to build, while certain capacities need to be in place to conduct assessments. Ultimately, all of the steps are important, and it is critical to drive toward policy and practice changes that directly address inequities.

BRINGING LIGHT

BRINGING HEAT

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**Strategic Goals:** Each institution’s context and process will likely result in a unique set of prioritized goals. As a starting place, we propose the following strategic goals to advance health and racial equity for healthcare institutions. Later in this guide, we elaborate on sample practices to implement the goals.

**Commit**

**1.1** Make clear and explicit commitments to *internal* stakeholders (e.g., staff, patients, board members) to engage in a sustained transformation process to address inequities

**1.2** Make clear and explicit commitments to external stakeholders (e.g., community members, advocacy and professional organizations, elected and administrative officials) to engage in a sustained transformation process to address inequities

**1.3** Make clear and explicit commitments to partnering and sharing power with local community-based organizations to address inequities

**Build Capacity**

**2.1** Identify a core team—inclusive of staff at multiple levels, patients, and community members—who will lead organizational change efforts

**2.2** Train staff in anti-racism, diversity, and inclusion, and in how social factors affect health and link completion of training to organizational incentive processes

**2.3** Build relationships with community-based organizations with health and racial equity at the center, and identify opportunities to share power and decision making

**Assess & Strategize**

**3.1** Conduct a collaborative root-cause assessment using existing data to understand inequities affecting patient populations and the communities they are part of

**3.2** Identify potential changes that the health organization, with partners, could make that would substantially address the inequities that emerge from the assessment — focused on the patient, organizational, community, and societal change level

**3.3** Identify and monitor metrics to measure the impact of improved patient, organizational, community, and societal change efforts

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BRINGING LIGHT

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Change Practice & Policy

Patient-Level

4.1 Implement strategies to make clinical encounters and practices more equitable

4.2 Support patient populations to effectively advocate for themselves and their communities

Organization-Level

4.3 Implement practice and policy changes across the organization — e.g., hiring and retention, pay and benefits, human resources, patient billing, purchasing and contracting, facilities management, security, and other domains — to advance health and racial equity

4.4 Hire and train a workforce that understands the cultural and social context of the patient population

Community-Level

4.5 Participate in community-led and directed efforts to address social inequities

4.6 Maximize role as an anchor institution to positively and equitably impact surrounding community

Societal-Level

4.7 Advocate for policy and systems change at the local, state, and federal levels to actively address underlying social and economic conditions that create health and racial inequities

Learn

5.1 Collect data on metrics established during “assess & strategize” step and identify progress and gaps

5.2 Share lessons learned internally, with other health systems and organizations, including competitors, and with patients and patient advocates so that effective approaches can spread

5.3 Review data and revisit “commit” and “build capacity” steps (restart the cycle)

## ACCOUNTABILITY

### Bringing the Heat

Thus far, many health equity efforts in healthcare have failed to identify concrete mechanisms and structures of accountability. Without these, well-intentioned health equity efforts fail to achieve significant outcomes.

It's time to stop relying solely on institutional leaders to hold themselves accountable for health equity. By strengthening the components of institutional accountability described here, local internal and external stakeholders (including employees, patients, advocates, community governance and advisory bodies), payers, accreditation bodies (e.g. Joint Commission), and state and federal government agencies can better hold healthcare institutions accountable for advancing health equity.

### Components of Institutional Accountability

As healthcare institutions follow the strategic process outlined in this Guide, they must also commit to improving accountability for health equity. Internal and external stakeholders can use the following criteria to assess how well hospitals, health systems, physician groups and other healthcare institutions are investing in the systems that can help hold them accountable for health equity.

#### 1. Community-Centered Governance

- + Individuals with lived experience and members of historically marginalized communities meaningfully participate in governance (and not just advisory) roles.
- + There are clear mechanisms for shared decision-making with community members and stakeholders.

#### 2. Redress

- + Community stakeholders have helped identify the institution's own history of inequitable systems, processes, and outcomes and inform institutional redress and restitutions.
- + The institution has taken demonstrable steps to redress and make restitutions for harms and inequities driven or perpetuated by the institution.

#### 3. Transparency & Answerability

- + The institution shares data related to health equity and racial justice and makes it available to local community members as well as state and national stakeholders for public scrutiny.
- + The institution provides rationale for its decisions or actions taken (or not taken) and makes it available for public scrutiny.

#### 4. Compliance

- + The institution actively participates in monitoring and evaluation processes to ensure health equity efforts are implemented effectively and equitably. Monitoring and evaluation processes are overseen by community members. (See #1)

#### 5. Consequences

- + There are clear mechanisms and consequences when there are shortfalls in outcomes, governance, transparency, answerability, or compliance.
- + Government agencies and community-centered governance have the ability to enforce health equity-related expectations for institutions.

BRINGING LIGHT

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**Examples of Accountability:** The following are specific actions that could elevate accountability at each step of the process

**Commit**

Leadership’s support, role, and participation are evident

Commitments reflect an understanding of historic and institutional harms

Financial and staff resources are clearly allocated

Mechanisms for engaging community members as decision-makers in the process are specified

**Build Capacity**

A group of internal AND external stakeholders has been identified to lead the equity work

That leadership group has a clear mandate and the necessary power to propose and make changes

Time has been spent to establish trust and shared responsibility

**Assess & Strategize**

A process is in place to conduct a root-cause analysis connecting existing health outcome data with underlying inequities

Criteria are being used to prioritize inequities transparently

Proposed strategies are comprehensive (across all levels) and adequate to create change

External community partners have an equal voice in developing strategies

BRINGING LIGHT

BRINGING HEAT

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**Change Practice & Policy**

Proposed changes significantly shift the institution's incentives toward equity

Institution issues clear implementation plans and actions across the four levels

Commitment to change specific external regulations and funding practices is made

**Learn**

Process for measuring policy and practice changes is clear and transparent

Consequences for failing to follow through on commitments are established

The results of the process have been shared for input

The institution revises and reissues its commitment to improving equity

SECTION 3

# Putting Light & Heat into Practice



# Strategic Goals and Sample Practices to Advance Health and Racial Equity

The following sections of this guide provide sample practices that embody the strategic goals that healthcare institutions could pursue.

These are not provided as a prescriptive list. In fact, the most impactful practices will be context-specific and developed through the participation of multiple actors across levels of the healthcare institution and surrounding communities.

In some cases, practices may be identified that are already underway; one of the values of this sort of comprehensive process is that it creates a coordinated effort wherein there is clarity about what is happening and avoidance of duplication and inefficiency.

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To develop an actionable plan that achieves significant progress toward health and racial equity, healthcare institutions should focus on:

## Strategic Goals

Adoption of enterprise-wide strategic goals at each step in the process

## Sample Practices

Investment in and implementation of practices to operationalize the strategic goals

1 Commit

2 Build Capacity

3 Assess & Strategize

4 Change Practice & Policy

5 Learn

## Strategic Goal 1.1

Make clear and explicit commitments to internal stakeholders (e.g., staff, patients, board members) to engage in a sustained transformation process to address inequities

### Sample Practices

Make elimination of disparities and inequities a clear goal in institutional and patient communications

Identify a timeline and accountability steps for conducting an equity-focused process

Commit resources, financial and human capital, that will be provided and dedicated to the effort

Establish disparity and inequity reduction as performance measures for leadership, clinicians, and staff

Specify an accountability structure that includes board of trustees holding executive management accountable

1 Commit

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## Strategic Goal 1.2

Make clear and explicit commitments to external stakeholders (e.g., community members, advocacy and professional organizations, elected and administrative officials) to engage in a sustained transformation process to address inequities

### Sample Practices

Update organizational mission, vision, and values statements to communicate the priority of advancing health and racial equity, as well as the institution's role in addressing health and racial equity

Communicate process, from commitment to ongoing learning/QI, to external stakeholders

Commit resources, financial and human capital, that will be provided to external stakeholders to support their participation

Based on input from community-based organizational partners, develop boilerplate language expressing the need for policy and systems change at a societal level to address health and racial inequities, and the institution's commitment to such change

Go on the record about social issues that affect health — e.g., police brutality, wealth inequality, displacement — and how these could be prioritized for action

1 Commit

2 Build Capacity

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## Strategic Goal 1.3

Make clear and explicit commitments to partnering and sharing power with local community-based organizations to address inequities

### Sample Practices

With community-based organization partners, identify and incorporate goals, language, and data about health and racial equity and the social and economic conditions necessary for health in plans, practices, budgets, assessments, and other strategic documents

Identify and expand strategic opportunities for community-based organizational partners to contribute their expertise and knowledge to institutional change efforts

Establish memorandums of understanding and fund community-based organizations to directly support their efforts to improve social and economic conditions

Make reduction of health and racial inequities a central focus of community health needs assessment processes, and commit to jointly conducting such assessments with community-based organizations and other partners

1 Commit

2 Build Capacity

3 Assess & Strategize

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## Strategic Goal 2.1

Identify a core team – inclusive of staff at multiple levels, patients, and community members – who will lead organizational change efforts

### Sample Practices

Establish a clear institutional home/body to guide and be responsible for systems-change efforts (e.g., health equity council)

Dedicate long-term support for staff positions and internal cross-departmental “change teams” who are responsible for embedding health and racial equity throughout the entire organization

Co-design inclusive decision-making and prioritization processes with community-based organizations to reduce the marginalization of specific racial and socioeconomic groups

Create a culture of respectful co-learning, evaluation, reflection, and transparency about community needs/priorities to build trust between the institution and community-based organizational partners

Develop a shared understanding of social inequities and the community conditions that create health with community partners

1 Commit

2 Build Capacity

3 Assess & Strategize

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## Strategic Goal 2.2

Train staff in anti-racism, diversity, and inclusion, and in how social factors affect health and link completion of training to organizational incentive processes

### Sample Practices

Commit resources and time to an ongoing internal process of education, structured dialogue, and organizational development that engages all department staff to:

- + Understand the evidence around health inequities and its sources
- + Explore the root causes of health inequities – oppression and power, including the history of structural racism – and how they shape local healthcare delivery and health outcomes

- + Discuss the values and needs of the community with patients and community members
- + Build core competencies and capacities of staff to successfully achieve health and racial equity

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Set clear goals to improve staff sensitivity to and understanding of root causes of health inequities, including willingness to learn, cultural humility, and listening skills

1 Commit

2 Build Capacity

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## Strategic Goal 2.3

Build relationships with community-based organizations with health and racial equity at the center, and identify opportunities to share power and decision making

### Sample Practices

Allocate time, funds, and capacity to facilitate the meaningful participation of communities experiencing health inequities in institutional decision making

Develop a shared understanding of social inequities and the community conditions that create health with community partners

Strengthen community-owned data by investing in initiatives that enhance community capacity to conduct their own research

Develop working relationships and multi-sectoral collaborations with city/county/state/federal agencies and community partners to influence decision making in ways that promote health and racial equity

Allocate resources for staff to establish formal partnerships with organizations that work on environmental justice, civic engagement, immigrant rights, police abolition, and other key equity issues

Encourage staff at all levels of the institution to participate in campaigns and movements as part of their work – and/or allow for time off/sabbaticals to do so – with protections against retaliation and with training to engage in policy and systems change work

Support base-building organizations to participate in strategic dialogues and agenda-setting

1 Commit

2 Build Capacity

3 Assess & Strategize

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## Strategic Goal 3.1

Conduct a collaborative root-cause assessment using existing data to understand inequities affecting patient populations and the communities they are part of

### Sample Practices

In partnership with affected communities, engage each healthcare department to identify patterns of inequity in patient access, quality, and outcome data by race, ethnicity and primary language and other key dimensions (e.g., gender identity, sexual orientation, income, payer type, social risk, immigration status, disability, and neighborhood)

Collect, aggregate, and make publicly available data on societal factors/social determinants influencing health among the patient population and in the wider community

Incorporate strategic health equity questions into existing patient experience surveys

Engage external experts or third-parties to conduct an equity audit of organizational practices and policies, including surveys and focus groups with management, staff, patients, and community members

Conduct shared needs assessments and health improvement planning with community-based organizations and other partners

1 Commit

2 Build Capacity

3 Assess & Strategize

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## Strategic Goal 3.2

Identify potential changes that the health organization, with partners, could make that would substantially address the inequities that emerge from the assessment — focused on the patient, organizational, community, and societal change level

### Sample Practices

Understand the experiences and priorities of staff at all levels to uncover what hospitals could be doing differently as employers to support societal-level change

Understand the priorities of local social justice groups, including those who work on environmental justice, civic engagement, immigrant rights, police abolition, and other social determinants

Engage with state and national health trade, advocacy, and research organizations to understand the social issues and policies they are prioritizing

Based on findings from patient, organizational, and community assessments, as well as from any external audits, develop a health equity agenda that enumerates strategies, practices, policies, and processes targeted for change

Document prioritized opportunities to advance equity, and publish recommendations to the organization and wider community

1 Commit

2 Build Capacity

3 Assess & Strategize

4 Change Practice & Policy

5 Learn

## Strategic Goal 3.3

Identify and monitor metrics to measure the impact of improved patient, organizational, community, and societal change efforts

### Sample Practices

Review existing metrics and choose a small number that together will provide a clear picture of progress and impact. Ideally, a couple of metrics will be chosen that relate to each of the 4 levels

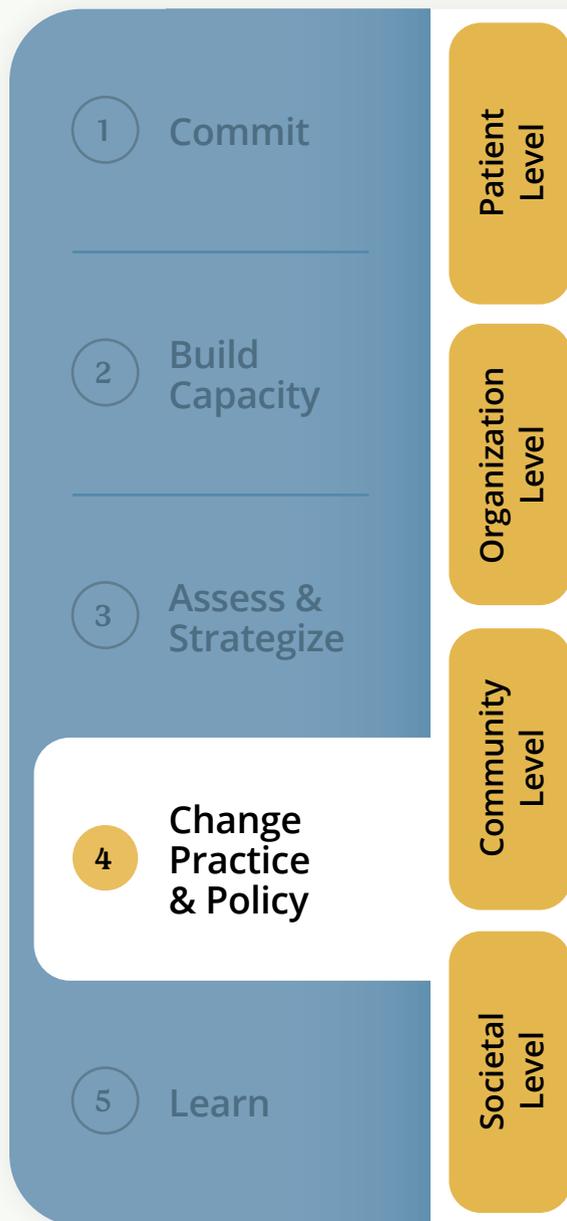
Select metrics that monitor implementation steps, partnership development, and impact

Identify how data on the selected metrics will be collected and how often progress will be shared and reviewed

Set a time period to implement an initial set of practice and policy changes, review results, and then return to the commitment stage

Ask communities to identify health indicators they want to target and measures of progress that are meaningful to them in achieving health and racial equity, and track those measures

Measure the quality of community-based partnerships to assess mutual trust between partners, equitable collaboration, culture of co-learning, and other factors



## STEP 4 Change Practice & Policy

*At the **Change Practice & Policy** step in the pathway, healthcare institutions must identify strategic goals and practices to advance health equity and racial justice at specified levels.*

While institutions have the most control over the patient and organizational levels, **it will be impossible to achieve significant equity outcomes without also developing mutually reinforcing goals and practices at the community and societal levels.**

This does not mean that patient and organization-level work is not important – it is just incomplete.

For example, imagine a patient shows up for an appointment with asthma symptoms. The clinician asks about their housing circumstances and identifies conditions that may be exacerbating the symptoms (patient level). The organization has built the recording of such information into their EHR and can make a referral to the

local Department of Environmental Health to conduct an assessment and provide low cost remediation. However, the organization notices that a disproportionate number of patients exhibiting similar symptoms live in the same publicly subsidized housing development (organization level). The healthcare organization then moves to partner with a local advocacy organization to pressure local government agencies and elected officials to tighten housing regulations and pursue delinquent landlords (community and societal levels).

*(Citation: Beck AF, Klein MD, Schaffzin JK, Tallent V, Gillam M, Kahn RS. [Identifying and treating a substandard housing cluster using a medical-legal partnership](#). *Pediatrics*. 2012 Nov;130(5):831-8. doi: 10.1542/peds.2012-0769. Epub 2012 Oct 22. PMID: 23090340.)*

*To stay coordinated, work in this section might require establishing subgroups to implement.*

1 Commit

2 Build Capacity

3 Assess & Strategize

4 Change Practice & Policy

5 Learn

Patient Level

Organization Level

Community Level

Societal Level

## Strategic Goal 4.1

Implement strategies to make clinical encounters and practices more equitable

### Sample Practices

Implement policy and practice changes based on data and health equity council feedback

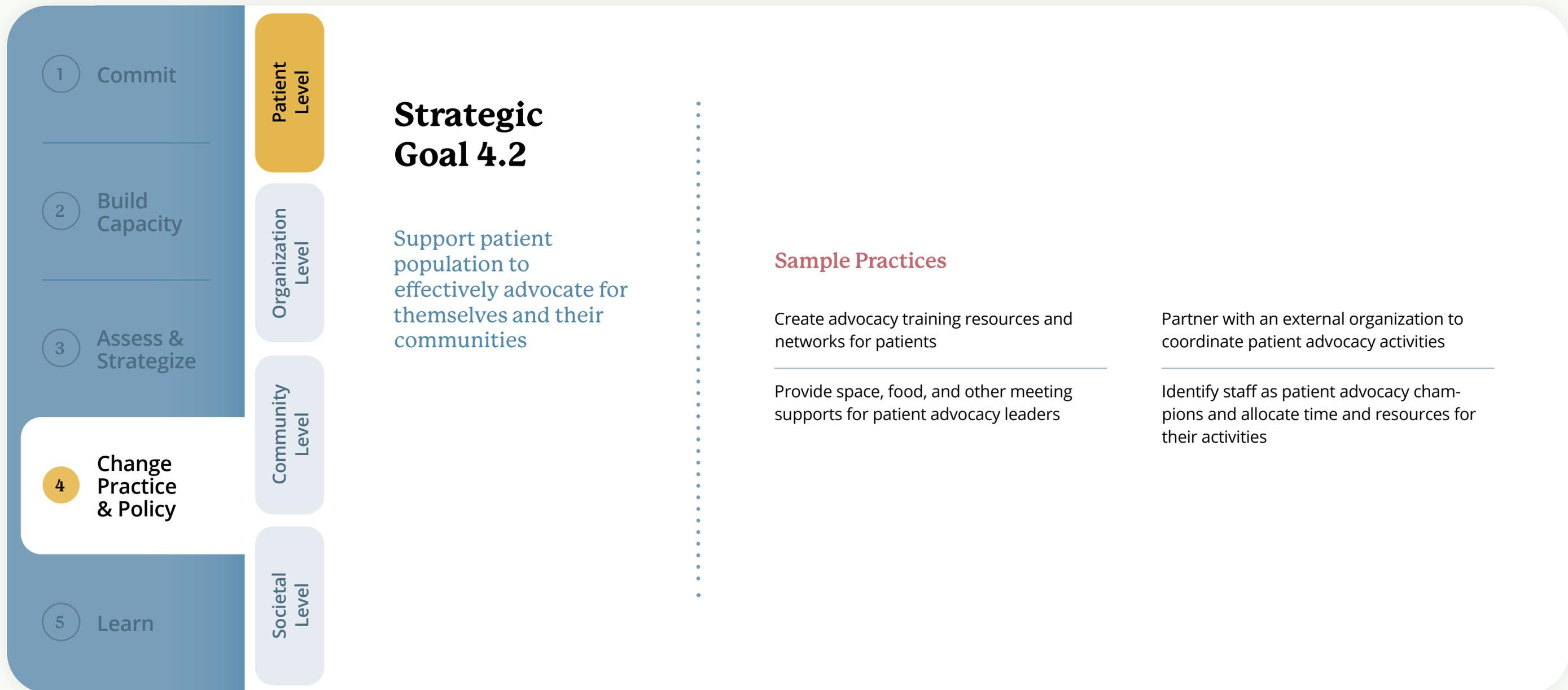
Implement quality improvement activities, with transparent reporting, to address disparities in quality, outcomes, and patient satisfaction

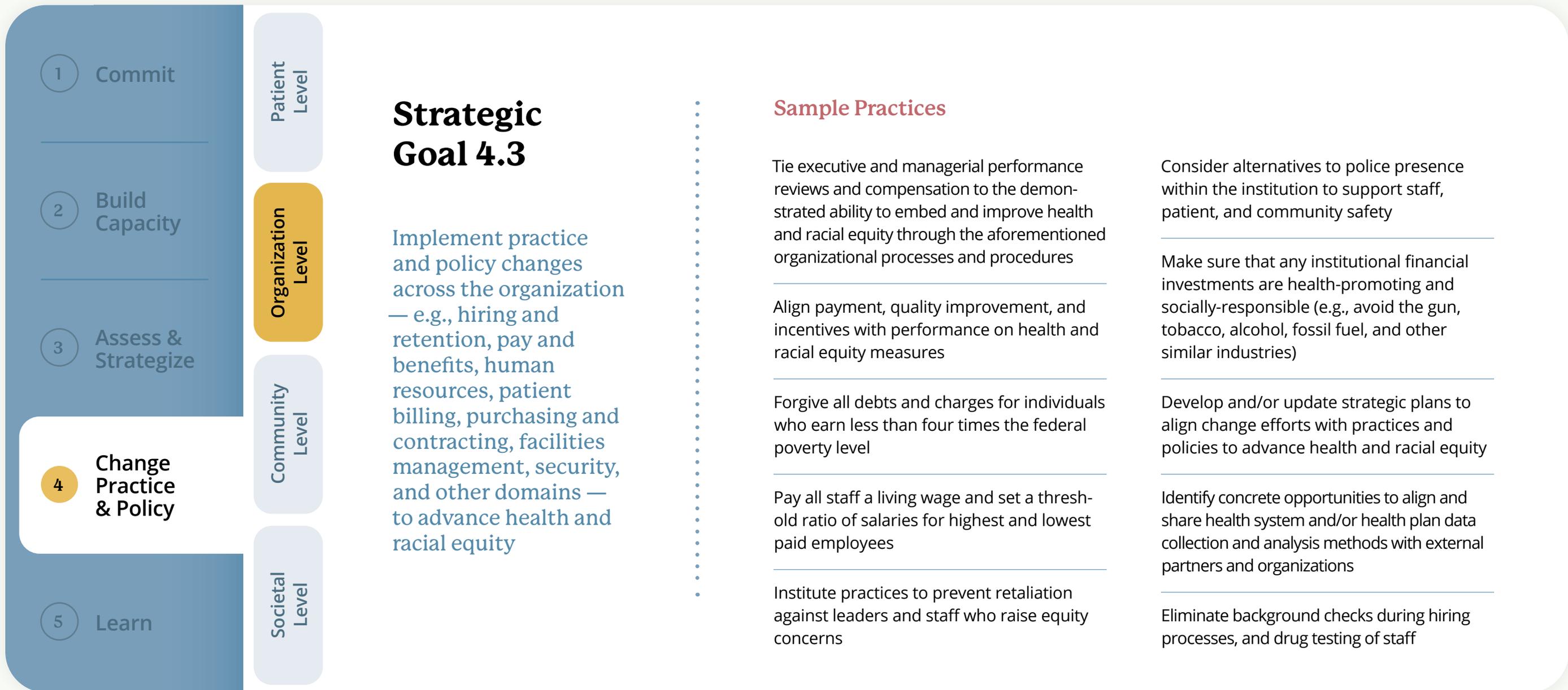
Implement a community health worker or patient navigator program to provide care navigation for patients with complex health and social needs

Implement a medical-legal partnership to address patients' legal needs

Implement a "do no harm" billing policy

Provide services demonstrating cultural humility





1 Commit

2 Build Capacity

3 Assess & Strategize

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5 Learn

Patient Level

Organization Level

Community Level

Societal Level

## Strategic Goal 4.4

Hire and train a workforce that understands the cultural and social context of the patient population

### Sample Practices

Prioritize hiring a workforce that reflects the demographics and lived experiences of the patient population

Incorporate a community-based workforce (e.g. community health workers) into clinical teams

Train staff on social conditions that relate to common clinical diagnoses

Establish protocols for responding to specific social conditions that emerge in clinical encounters

Hire policy staff with a background and commitment to equity

Allocate Governmental Affairs and Communications staff to support grassroots and base-building organizations working on health and racial equity advocacy for state and national policy

1 Commit

2 Build Capacity

3 Assess & Strategize

4 Change Practice & Policy

5 Learn

Patient Level

Organization Level

Community Level

Societal Level

## Strategic Goal 4.5

Participate in community-led and directed efforts to address social inequities

### Sample Practices

Co-develop, adopt, and promote a shared agenda, narrative, and resources to advance health and racial equity along with community partners

Routinely attend meetings and events organized by community organizations and show support by staying informed of their activities and priorities

Participate in and/or help fund collective impact efforts, using the institution's voice to support social determinants policy changes to reduce health and racial inequities

Use data, advocacy, and other expertise to support community-led social justice efforts that would improve equity

Include voices of the people experiencing inequities in all stages of program and policy development, and create meaningful opportunities for engagement and evaluation

Maintain a policy of transparency with communities around institutional needs and priorities

Invest in existing place-based, health and racial equity-focused multi-sector collaboratives

1 Commit

2 Build Capacity

3 Assess & Strategize

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Patient Level

Organization Level

Community Level

Societal Level

## Strategic Goal 4.6

Maximize role as an anchor institution to positively and equitably impact surrounding community

### Sample Practices

Eliminate environmental impacts of facilities (e.g., emissions, waste, employee use of public and active transit)

Establish policy to give preference to local businesses and vendors in contracting – i.e., Buy Local

Create career pathways for local residents through training and partnerships, and remove barriers to employment

Invest capital in affordable and supportive housing in local communities

Create living wage jobs that create economic security

In collaboration with other agencies, support, participate in, and/or conduct [equity impact analyses](#) to examine the impacts of major organizational decisions (e.g., proposed policies, projects, and plans), and identify necessary changes to mitigate identified impacts

*Racial Equity Impact Assessment Toolkit. Race Forward. (2015, December 7)*

1 Commit

2 Build Capacity

3 Assess & Strategize

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Patient Level

Organization Level

Community Level

Societal Level

## Strategic Goal 4.7

Advocate for policy and systems change at the local, state, and federal levels to actively address underlying social and economic conditions that create health and racial inequities

### Sample Practices

Establish equity policy agenda with the input of local partners, and use institutional influence alongside national partners to advocate for that agenda

Present at legislative hearings, press conferences, community events, and other public spaces about how health and equity are affected by the social justice issues that mobilize partners

Identify a portfolio of local, state and federal policies to support that seek to improve social and structural drivers of health equity, and demonstrate how charitable, reserve, government relations, and community benefit resources are being applied to support those policies

Advocate for federal, state, and local changes to healthcare payment and tax policy that decrease the profit motive and perverse incentives to profit off of illness and injury

Revisit an equity policy agenda in sync with political cycles

1 Commit

2 Build Capacity

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## Strategic Goal 5.1

Collect data on metrics established during “*assess & strategize*” step and identify progress and gaps

### Sample Practices

Collect and synthesize quality data related to clinical services and patient outcomes

Collect and synthesize data on community-level health and equity outcomes

Identify successful and unsuccessful policy and system-change efforts

Measure the experience of participants in this change process with a focus on empowerment and increased trust

Develop processes for improved data collection related to disparity dimensions (race, ethnicity, etc.) based on best practices

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## Strategic Goal 5.2

Share lessons learned internally, with other health systems and organizations, including competitors, and with patients and patient advocates so that effective approaches can spread

### Sample Practices

To promote accountability, collect and report data to patient and patient advocacy communities on disparity and inequity reduction performance measures

Engage with and convene peer organizations, professional associations, healthcare systems, along with community and civic leaders, to share successful strategies to align organizational resources and decision-making with equity goals

Share and compare data analysis findings/results of health and racial equity outcomes among patient populations with local health departments, other government agencies and community-based organizations

1 Commit

2 Build Capacity

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## Strategic Goal 5.3

Review data and revisit “commit” and “build capacity” steps (restart the cycle)

### Sample Practices

Engage organizational leadership and core equity team in learning session to review progress and gaps and make recommendations for revisions to practices in commit and build capacity steps

Core team reviews data and modifies practices in the assess and strategize step

Engage external expert support in collecting and synthesizing data, facilitating discussions and developing recommendations

Apply performance management and quality improvement principles, such as rapid-cycle improvement, to continuously improve policies, processes, and programs that advance health and racial equity

Highlight and sustain community partnerships that have led to changes in policies, processes, and practices

SECTION 4

# Conclusion



**There are energizing conversations — and meaningful and substantive action — taking place all over the country to advance racial and health equity.**

We are excited to be in fellowship with so many organizations who are transforming their relationships, practices, policies, and institutions towards equity and justice. We hope this guide helps healthcare organizations develop inclusive, accountable processes by providing a framework and goals to spur action. We welcome your feedback and look forward to crossing paths with you on our collective transformation efforts.

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## Additional resources

For additional guidance on emerging practices, strategy development, and accountability, see the following resources from allied organizations:

- + [Measuring Hospital Contributions to Community Health with a Focus on Equity](#)
- + [Lown Institute Hospitals Index](#)
- + [Health Care Equity: From Fragmentation to Transformation](#)
- + [Institute for Healthcare Improvement: Achieving Health Equity: A Guide for Health Care Organizations](#)
- + [Aligning Systems with Communities to Advance Equity through Shared Measurement](#)
- + [American Medical Association Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity](#)
- + [American Hospital Association Equity of Care: A Toolkit for Eliminating Health Care Disparities](#)
- + [Hospitals Aligned for Health Communities Toolkits](#)

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## Contact

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