
Learning Session 6: Building a Health Equity Plan

June 6, 2023



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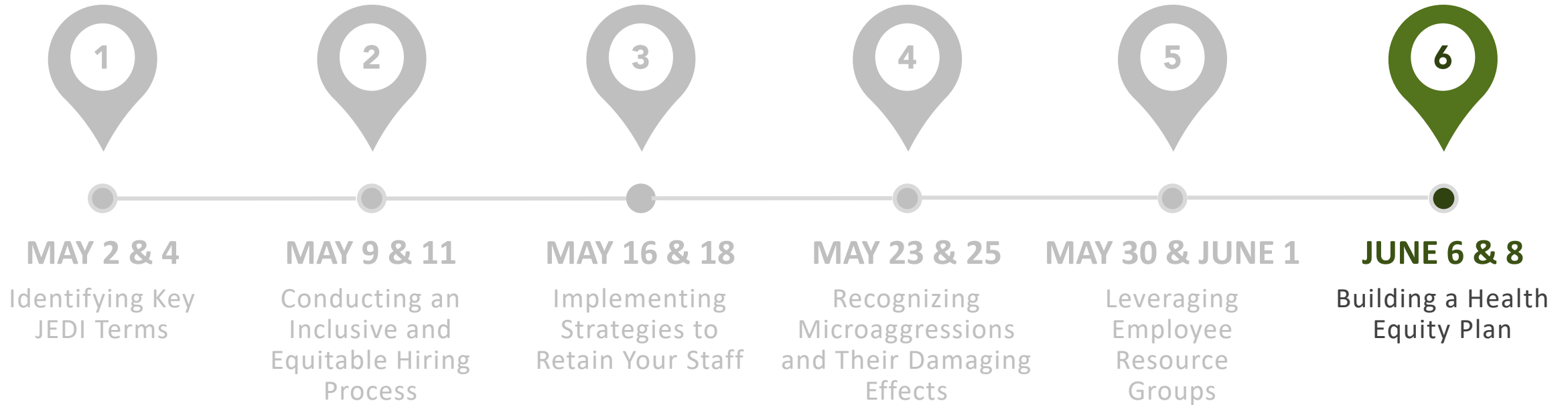
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About this Collaborative: Schedule



About this Session: Learning Objectives

At the conclusion of this session, you will be able to...

- 1 Describe the purpose of an organizational health equity plan
- 2 Outline the steps in constructing a health equity plan

Session Agenda

3:00 - 3:05	Opening remarks and discussion
3:05 - 3:50	Learning Session 6 content: Building a Health Equity Plan
3:50 - 4:00	Q & A and Next Steps

Opening Discussion: Unmute or share in the chat



How do you define health equity?

Defining Health Equity

FROM THE CDC:

Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

FROM THE ROBERT WOOD JOHNSON FOUNDATION:

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, powerlessness, and their consequences, including lack of access to good jobs with fair pay, safe environments, and quality education, housing, and health care.

Health Equity Plan (HEP)

An organizational plan created to advance health equity and reduce racial injustice and health disparities within the organization, services, and the community

Discussion: Unmute or share in the chat



Does your organization have a health equity plan in place?

CHC Timeline for Developing a HEP

Fall 2021

- Workgroup convened to create a HEP to account for all of our patients

Fall 2021 - Spring 2022

- Determined priority groups guided by the **HHS National CLAS Standards** and **Joint Commission's Sentinel Alert on Health Care Disparities**
- Determined champions and partners for each priority group

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

- 15 Standards
- Offers guidance in the areas of:
 - Governance, Leadership, and Workforce
 - Communication and Language Assistance
 - Engagement, Continuous Improvement, and Accountability

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

National Standards for CLAS in Health and Health Care

Visit thinkculturalhealth.hhs.gov for:

- Full set of CLAS standards
- Blueprint for Advancing and Sustaining CLAS Policy and Practice
Explanation of each standard's purpose, components, and strategies for implementation
- Resource library
- E-learning programs

Joint Commission's Sentinel Alert on Health Care Disparities

The Joint Commission is a nonprofit organization whose mission is to continuously improve the safety and quality of care provided to the public.

The organization works to address sentinel events, which are patient safety events that result in death, permanent harm, or severe temporary harm.

In November 2021, the organization issued *Sentinel Event Alert 64: Addressing health care disparities by improving quality and safety*.

The *Sentinel Event Alert* summarizes strategies to improve patient safety and quality of care and provides examples of successful initiatives from various organizations.

Joint Commission's Sentinel Alert on Health Care Disparities

Visit [jointcommission.org](https://www.jointcommission.org) to review the 4 recommended actions in more detail:

1. Collect and stratify quality and safety performance data specific to the communities your organization serves, and develop communication channels that enable you to listen and learn.
2. Analyze stratified data and community feedback to identify health care disparities and opportunities for improvement.
3. Commit to achieving diversity and inclusion as an important step toward addressing health care disparities.
4. Undertake initiatives to rectify health care disparities by building sustainable business cases.

Sentinel Event Alert

A complimentary publication of The Joint Commission

Issue 64, Nov. 10, 2021

Addressing health care disparities by improving quality and safety

The Joint Commission considers addressing health care disparities a quality and patient safety imperative, as well as a moral and ethical duty. Our enterprise's mission to continuously improve health care commits us to finding solutions to these inequities.

"Disparities in health care is one of the most studied and researched problems; there are overwhelming evidence and persistence of gaps in virtually all areas of health care," said Dr. Ana McKee, executive vice president, chief medical officer and chief diversity and inclusion officer, The Joint Commission. "This is a problem that is a major patient safety issue; it provides and introduces as much risk of harm as a central line infection or a fall. We encourage all organizations to address disparities as a patient safety concern."¹

This *Sentinel Event Alert* summarizes strategies for health care and human services organizations in all settings as they begin to address health care disparities; it also provides examples of successful initiatives for organizations that are well on their way. This alert can guide organizations as they address disparities as a central part of performance and patient safety improvement and hardwire the pursuit of health equity into their strategic planning.

The Henry J. Kaiser Family Foundation defines health care disparities as "differences between groups in health coverage, access to care, and quality of care."² While these disparities are commonly viewed through the lens of race and ethnicity, they occur across many dimensions, including socioeconomic status, age, location, gender, disability status, and sexual orientation and expression.

According to the Centers for Disease Control and Prevention, non-Hispanic Black women are three times more likely to die from a pregnancy-related cause than white women.³ The COVID-19 pandemic has widened disparity gaps. Non-Hispanic Blacks and Hispanics with COVID-19 experienced nearly three times the rate of hospitalization as whites,⁴ and both demographic groups combined experienced more than half of COVID-19 deaths nationally while representing only a third of the population, according to age-standardized data.⁵ Sexual minority persons in the U.S. also reported a higher prevalence of severe outcomes from COVID-19 than heterosexual persons, both within the overall population and among racial/ethnic minority groups.⁶

In addition, racial and ethnic minorities are less likely to receive treatment for depression, substance abuse, and other behavioral health conditions.⁷ Patients and clients with limited English proficiency face barriers to health care access, experience lower quality care, and suffer worse outcomes.⁸ Disparities relating to gender,⁹ culture,¹⁰ religion,¹¹ disabilities and more abound.

Developing your quality and safety improvement program to address disparities
A practical way to start addressing health care disparities in your organization is to engage your current quality and safety improvement program to identify opportunities for improvement in the communities your organization serves. This requires developing community partnerships to help you to fully understand the root causes that

Published for Joint Commission accredited organizations and interested health care professionals, *Sentinel Event Alert* identifies specific types of sentinel and adverse events and high-risk conditions, describes their common underlying causes, and recommends steps to reduce risk and prevent future occurrences.

Accredited organizations should consider information in a *Sentinel Event Alert* when designing or redesigning processes and consider implementing relevant suggestions contained in the alert or reasonable alternatives.

Please route this issue to appropriate staff within your organization. *Sentinel Event Alert* may be reproduced if credited to The Joint Commission. To receive by email, or to view past issues, visit www.jointcommission.org.

CHC Health Equity Priorities 2022-2023

PRIORITY 1

Awareness of health care equity and competency training

PRIORITY 4

Implementation of research in health equity to drive improvement in patient health outcomes

PRIORITY 2

Meaningful data documentation, collection, and analysis

PRIORITY 3

Identification of health disparities and begin initial plan for improved health outcomes for CHCI patients

Role of Champions and Partners

Champion

Role is to drive efforts within
their designated priority

Partner

Role is to collaborate with
champions and other partners in
support of the efforts within their
designated priority

Health Equity Plan Template

Priority Area:

CLAS Standard:

Identified Challenges:

STRATEGY AND MAJOR ACTIVITIES	MEASURABLE INDICATORS	ACCOUNTABILITY	TIMELINE

Health Equity Plan Sample

from [Connecting to Care](#)

PRIORITY AREA: Community Engagement

CLAS STANDARD OBJECTIVES: STANDARD #13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Identified Challenges:

- There is a need to develop relationships and trust in some communities.
- Mostly women
- Need more Spanish speaking staff and staff who speak other languages
- Lack LGBTQ representation and collaborations
- HR staff consists of one person
- Difficulty in recruiting non-English speakers
- Staff who are caregivers of children with behavioral health issues often cannot work fulltime or have outside issues that affect productivity

Strategies and Major Activities	Measureable Indicators	Accountability	Timeline
<p><i>The following are some implementation strategies for partnering with the community:</i></p> <ul style="list-style-type: none"> • Partner with community organizations that work specifically with limited English speaking people and LGBTQ to reach more people, to share information and learn, and to improve services. • Work with partners to advertise job openings, identify interpreting resources, and organize health promotion activities. 	<p>The emphasis is on concrete outcomes rather than on the completion of activities requires that program implementers monitor key outcome variables and make midstream corrections as necessary.</p> <p>By including specific indicators of outcomes and impacts and identifying baselines and targets, the plan will help answer the question: How will we know that the intervention has succeeded?</p> <ul style="list-style-type: none"> • A minimum of 2 new partnerships are developed in each of the largest towns (Bridgeport, Hartford, New Haven, etc.) • Job openings and volunteer openings are advertised through at least 6 new partner networks. 	<p>Identify the position (not the person) and department responsible for the overall accountability of meeting the activities of the CLAS Standard on the Health Equity Work Plan: Position, Department, Reports To</p> <ul style="list-style-type: none"> • Executive Director • HR Director 	<p>When do you anticipate the completion?</p> <p>7/2016--- 1/2016</p> <p>9/2016--- 6/2017</p>

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Spring 2022 - Fall 2022

- Priority groups meet on a monthly basis to give updates on advancements that were made
- Workgroup meets on a quarterly basis to provide progress reports

Spring 2023

- Report out gaps and successes to wider organization and community that will be made available on CHC's JEDI webpage
- Begin development of next year's HEP

Further Resources for Health Equity Plan Development

- [Connecting to Care](#)
Federally-funded initiative focused on improving the state's (CT) behavioral health system of care for children. Published a free self-guided CLAS Toolkit designed to help organizations develop their health equity plans.
- [Making CLAS Happen: Six Areas for Action](#)
Manual that offers strategies for organizations to incorporate the CLAS standards from Mass.gov