



Mass General Brigham

The Equity Officers National Study (EONS): An Early Look at what Equity Officers are Doing to Address Healthcare Equity in US Hospitals

Joel S. Weissman, PhD
October 5, 2023

*“Exploring Diversity, Equity, Inclusion, And Health Equity
Commitments And Approaches By Health Organization C-Suites: A
Workshop”*

National Academies of Sciences, Engineering, and Medicine (NASEM),
Oakland CA

Meet the EONS Team



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Disclosures

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Agenda

EONS – The Equity Officers National Study

Background and Aims

National Survey of US Hospital Equity Officers

Joel S. Weissman, PhD

Qualitative Interviews

Rachel R. Adler, ScD, RD

Conclusions



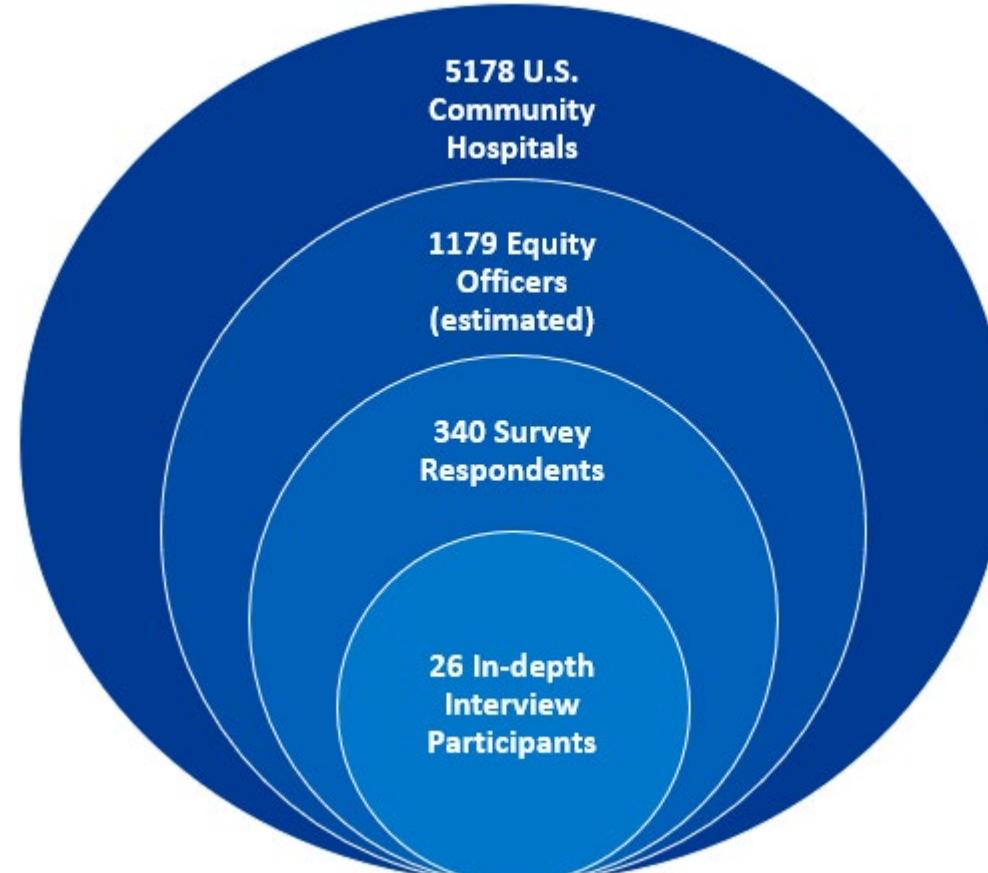
Background and Aims

- Many hospitals and healthcare systems have created Equity Officer positions or assigned equity responsibilities to staff, but little is known about the activities and responsibilities of these new positions
- The main purpose of EONS was to describe the scope of these roles, including priorities, facilitators, barriers, and skills necessary for success
- We conducted a survey of EQOs in US community hospitals, and then followed up with 26 one-on-one qualitative interviews with a purposive sub-sample.



Who we surveyed and what we asked

- Of all U.S. hospitals, we first determined which potentially had an Equity Officer
- Among those hospitals, we asked for, ***“the most senior person(s) in your hospital for health equity. By health equity, we mean any set of activities inside the hospital and in the community that aims to address health disparities and their underlying causes”***



Many EQOs have only been in the position a short time

Characteristics	Survey Respondents (%)
Length of Time in Equity Position	
<1 year	115 (35.3)
1 year to <5 years	159 (48.8)
5 or more years	52 (15.9)
Gender Identity	
Male	113 (35.4)
Female	199 (62.3)
Race	
White	183 (57.7)
Black or African American	85 (26.8)
Asian, AIAN	14 (4.4)
Other or Prefer not to answer	35 (11.0)
Hispanic or Latino	
Yes	31 (9.9)
No	281 (90.1)

A lot of EQOs exist only at the system level

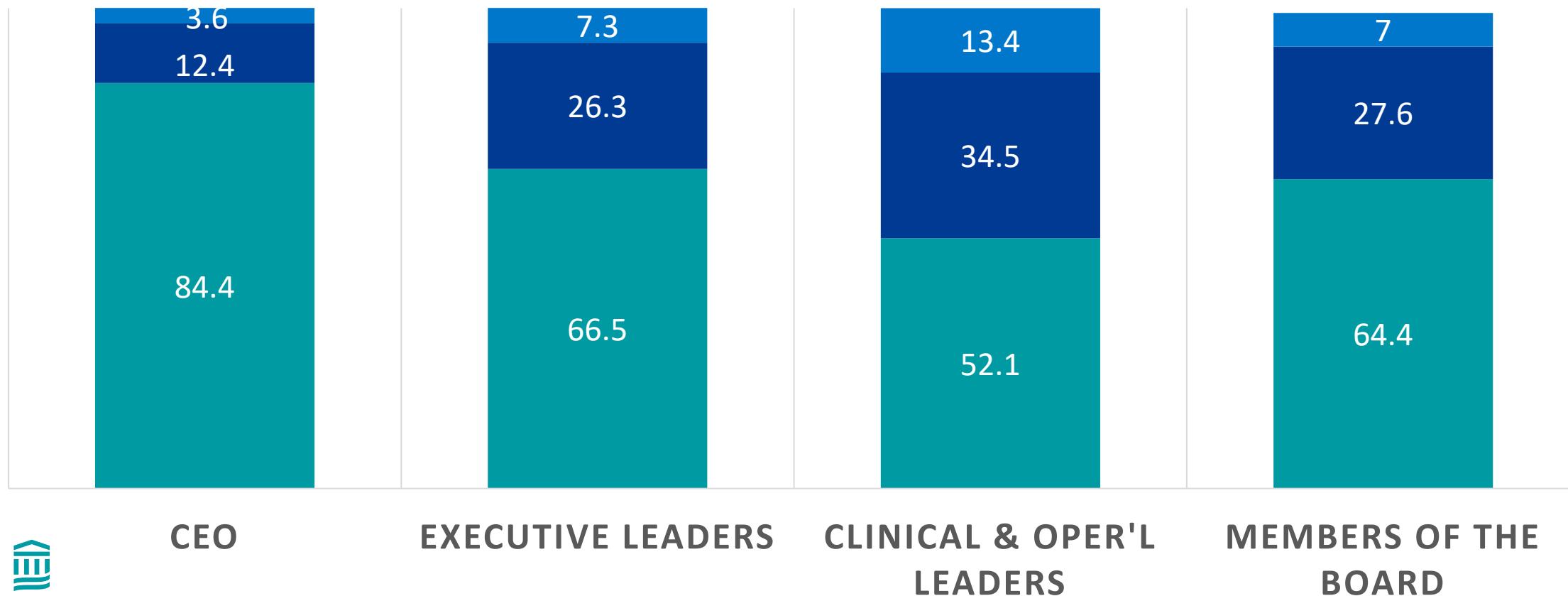
Characteristics	Survey Respondents N (%)	All U.S Community Hospitals N (%)
Location		
Urban	243 (71.6)	3357 (65.1)
Rural	96 (28.3)	1800 (34.9)
Multi-Hospital System		
Yes	193 (57.8)	3514 (68.1)
No	143 (43.2)	1643 (31.9)
Profit Status		
For Profit	29 (8.4)	1235 (23.9)
Private Non-Profit	229 (66.8)	2978 (57.7)
Public	85 (24.8)	944 (18.3)



Hospital leaders are perceived as being supportive, although less so among Clinical & Operations

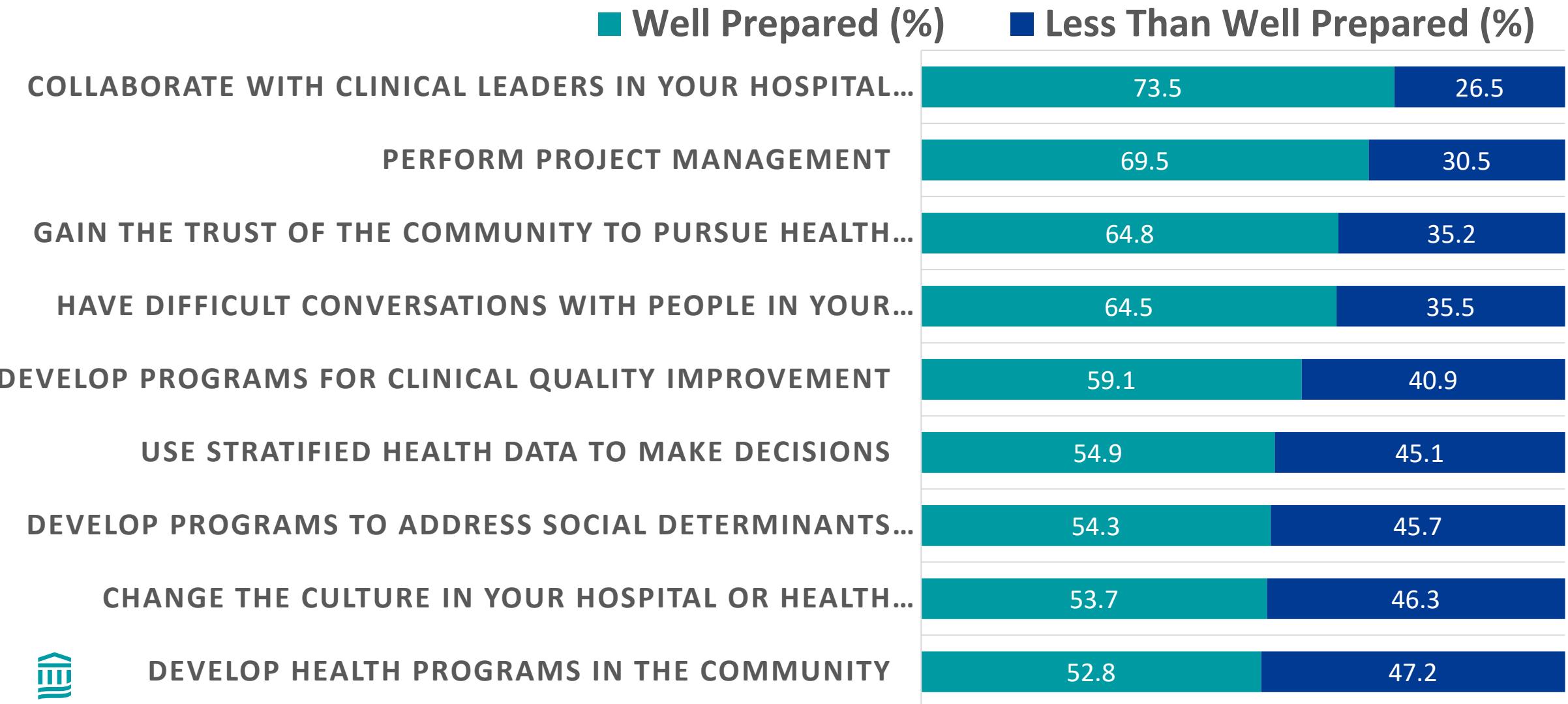
“In general, how supportive would you say the following leaders are about advancing health equity at your hospital or health system?”

■ Very Supportive (%) ■ Moderately Supportive (%) ■ Less than moderately supportive (%)



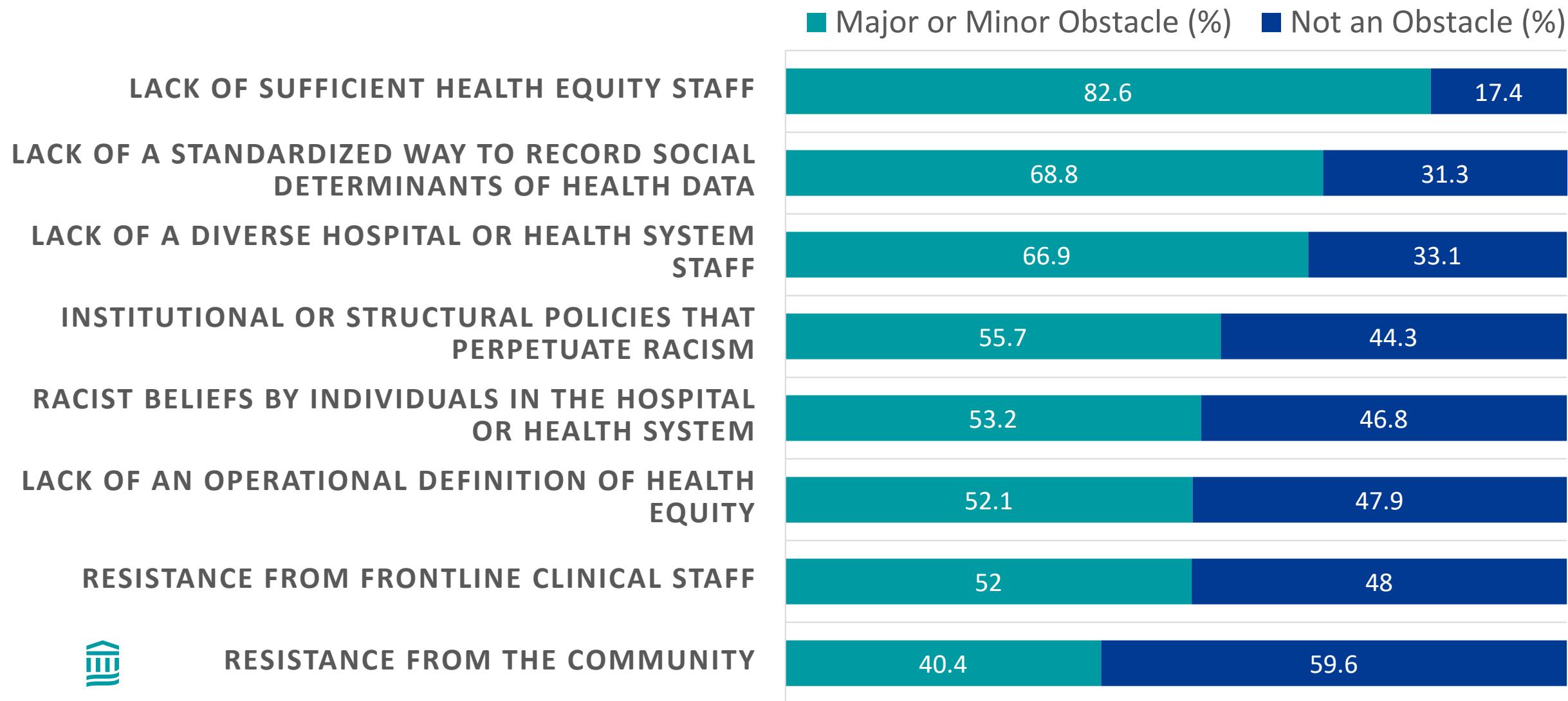
A majority –but far from 100% -- of EQOs feel well-prepared to carry out key tasks

“How prepared do you feel to do the following in your current position? ”



EQOs face an array of obstacles

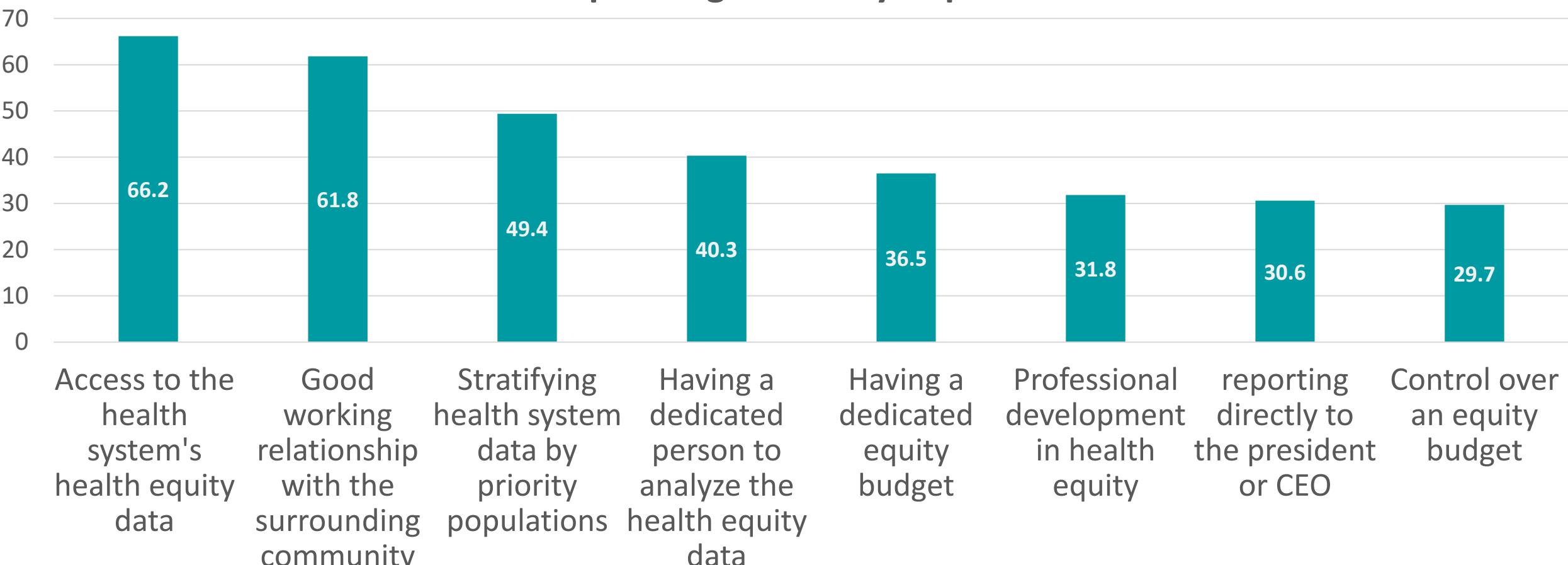
“Thinking about efforts to improve health equity in your hospital or health system or in your surrounding community, in your opinion, how much of an obstacle are any of the following?”



Data + Community = critically important attributes of EQOs

"If you were building a health equity office from scratch..., how important would each of the following attributes be ... to achieve the desired health equity goals?"

% responding "critically important"



Interview Results



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How can we collect data systematically?	<p>“What are the best standards for asking social determinants of health screening? What are the right clinical settings? How do you do that in a secure confidential way so that you get data that you can act on?”</p>



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How can we use the data in an actionable way?	<p>“[The clinical team needs to understand] ‘I've got these community partners. I've got these pathways. It's all baked into my EMR now. I can actually ask about housing insecurity and not go, 'Well, I don't know what to do about that so I'm not going to ask.'”</p>



SDOH screening presents particular challenges

My patient
screened positive
on SDOH.
Now what?

- Clinical teams may not have or know the next step to help patients who screen positive on SDOH.

My hospital has
partnerships in place
with community
organizations that
address SDOH.

- The clinical team refers to the community partner – if they exist.

Community
organizations
addressing SDOH
experience an
increase in demand.

- Community organizations may experience difficulty financing and staffing their operations, straining their ability to meet the needs of those they serve.



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Build relationships and work together	“Take your existing community relationships ...and start to share with them what you’re seeing in your data... your bandwidth to tackle this stuff is suddenly so much easier because [you’ve] got an expert in food insecurity ...and all [you’re] doing is making sure [you’re] a good partner to that work.”



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Be the squeaky wheel	“Always speak up. Always recognize injustice and speak up... things don’t change on their own. ”



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Play the long game	"You('ve) got to stay committed, stay focused because it's a long journey. It's not a sprint at all. It [needs] constant attention. "



Limitations



Our findings should be considered in light of the limitations

- Relatively low response rate to the survey (although not atypical)
 - Those who responded were likely early adopters with favorable environments
- Focus on descriptive information, experiences, barriers, and facilitators
- Too early for data on what factors contribute to EQO success



Conclusions



Conclusions

- A minority of hospitals have EQO positions, and many are relatively new
- Many exist only at the system level, raising questions about community ties
- Collaboration is key
- Equity Officers need:
 - Resources appropriate to the task – adequate budgets, adequate staff, diverse personnel
 - Clear, uniform strategies for collecting, analyzing, and acting on valid patient data
 - Training on best practices for educating both staff and patients on health equity
 - Coaching on how to build trust and sustainable relationships with their surrounding communities
 - Tools or strategies for changing the culture of where they work

Coming out Today!

Weissman, Adler, Betancourt , et al. *How Hospitals are Addressing the Effects of Racism: A mixed methods study of Hospital Equity Officers.* Health Affairs, In Press. 2023



Thank You!



Extra Slides



Characteristics of interview participants

Characteristics	Interview Participants (%)
Length of Time in Equity Position	
<1 year	9 (35)
1 year to <2 years	8 (31)
2 years to < 5 years	5 (19)
5 or more years	4 (15)
Level of Responsibility of Equity Position	
Individual Hospital	13 (50)
Health System	13 (50)
Race	
White	12 (46)
Black or African American	11 (42)
Other or Prefer not to answer	4 (15)
Hispanic or Latino	
Yes	2 (8)
No	24 (92)