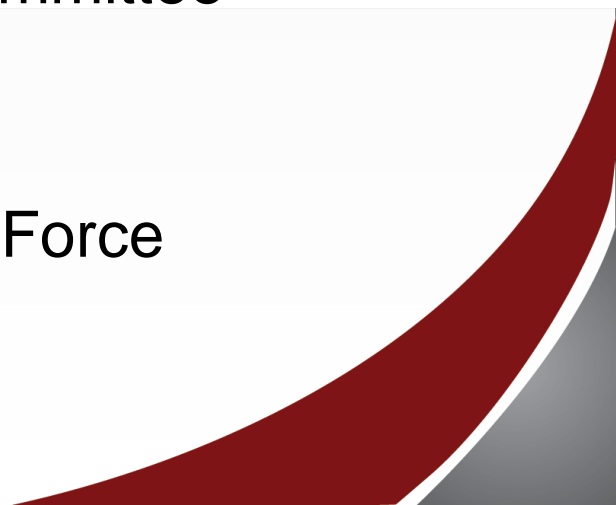


Lessons Learned for Achieving Health Equity Across Diverse General Populations




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- William Evans Visiting Fellow, University of Otago, Dunedin, New Zealand
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 - CDC Community Preventive Services Task Force
 - Co-Chair, NQF Disparities Standing Committee
 - PCORI – Disparities consultant
 - NIMHD National Advisory Council
 - Families USA – Equity and Value Task Force Advisory Council
- 

Based on:

- Own research – multi-level interventions to reduce disparities
 - RWJF Advancing Health Equity
 - Merck Foundation Bridging the Gap
 - Systematic reviews of literature
 - University of Chicago experience
 - National meetings and committees
- 

5 Lessons

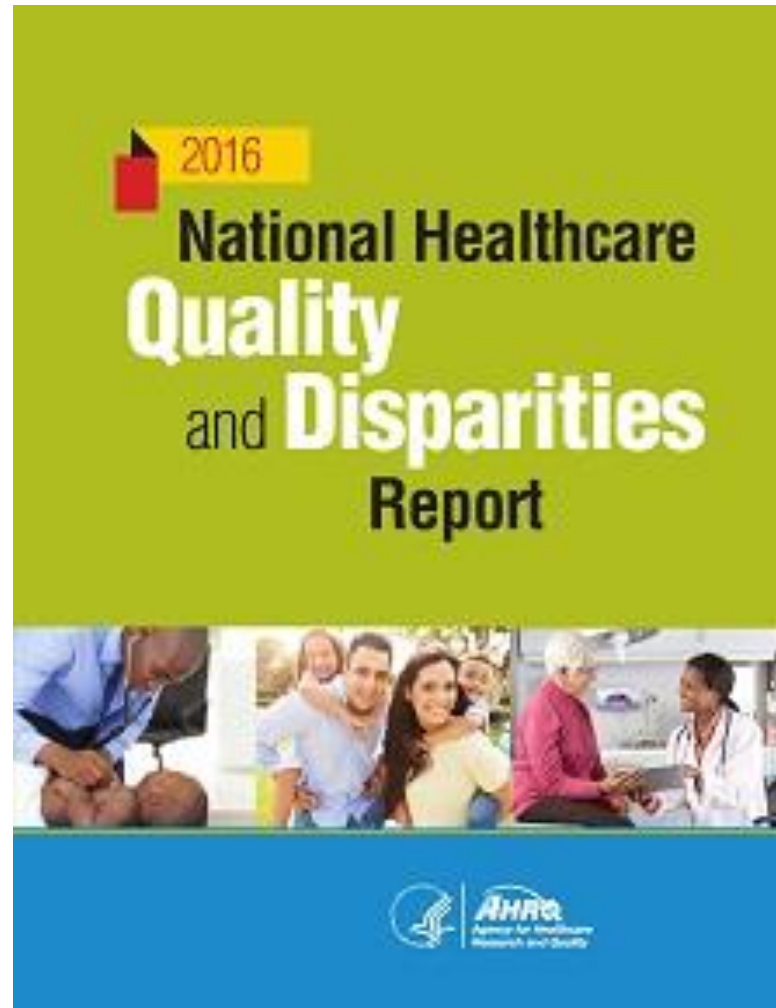
- No magic bullet solution
 - Achieving equity is a process
 - Culture
 - Quality improvement
 - Implementation and context
 - Sustainability
 - Address social determinants of health
 - Individual patient needs
 - Underlying structural drivers
- 

5 Lessons (cont.)

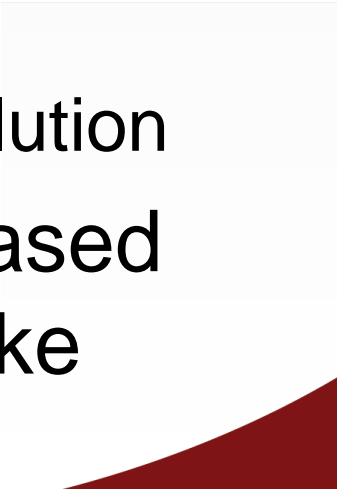
- Address payment and incentives
 - Healthcare organization – business case
 - Policymaker and payer
- Frame equity as a moral and social justice issue



Equity Goal: Move the National Numbers



No Magic Bullet

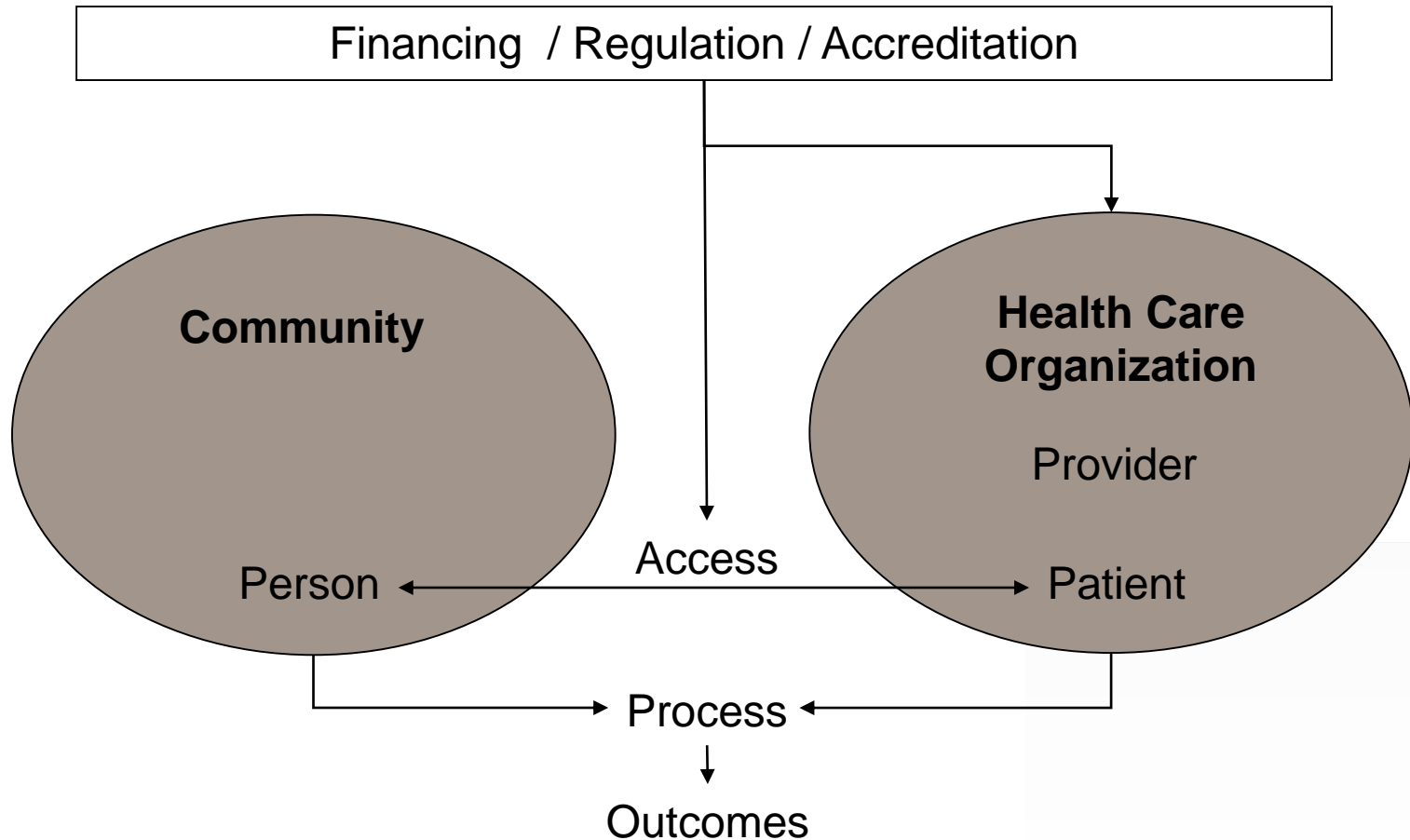
- Circa 2005 – Find disparities solutions
 - Context matters
 - Patients and communities
 - Organization
 - Political and financial
 - History
 - Need to work thru your own solution
 - Value of menu of evidence-based interventions; organizations like options/models
- 

Evidence-based Interventions

- Multifactorial attacking different levers
- Culturally tailored QI
- Team-based care
- Families and community partners
- Community health workers
- Interactive skills-based training



Multiple Levels for Clinical and Policy Action



Achieving Equity is a Process



RWJF Advancing Health Equity: Roadmap for Reducing Disparities


- 1) Create culture of equity
- 2) Implement QI infrastructure and process
- 3) Make equity an integral part of quality
- 4) Design intervention(s) – equity lens
- 5) Implement, evaluate, and adjust intervention(s)
- 6) Sustain intervention(s)



Chin MH et al. JGIM 2012; 27:992-1000

www.solvingdisparities.org

Quality Improvement

- Root cause analysis - no substitute for talking with the affected patients and communities
 - Iteratively address specific barriers and facilitators to change
- 

Consolidated Framework for Implementation Research


- Intervention (relative advantage)
- Outer (external incentives)
- Inner (culture)
- Individuals (beliefs)
- Process (plan, execute, evaluate)



IMPLEMENTATION SCIENCE


Implement Sci 2009; 4:50.

Address Social Determinants of Health

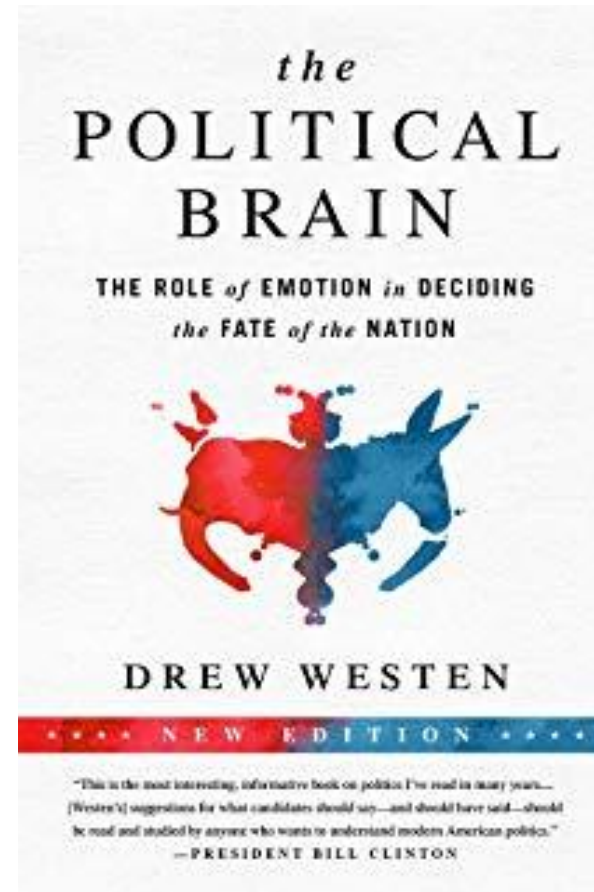
- Individual patient social needs
 - Screen, refer to community, info loop
 - Population health management - “High utilizers”
 - Underlying structural drivers
 - Free, frank, fearless discussions about structural racism, colonialism, and social privilege
 - Intersectoral partnerships
- 



Power is the Issue

- Control over resources
 - Control over the historical narrative
 - Control over the framing of health disparity issues
- 

Effective Communication



La Clinica – Washington, D.C.



Address Payment and Incentives

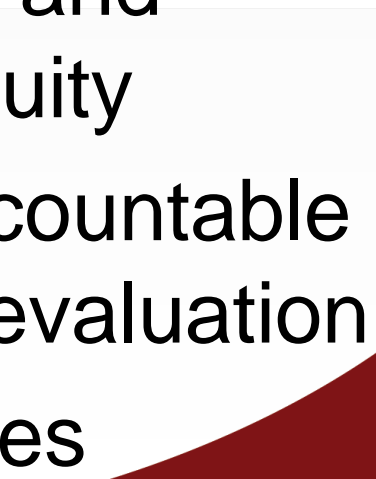
Need business case



Policy Gap

- Rhetoric about how nation values health equity and relative lack of policies that support and incentivize health equity

Policy Goals:


- Explicitly design quality of care and payment policies to achieve equity
 - Hold the healthcare system accountable through public monitoring and evaluation
 - Support with adequate resources
- 

National Quality Forum


4 I's for Health Equity

- Identify priority disparity areas
- Implement evidence-based interventions to reduce disparities
- Invest in health equity performance measures
- **Incentivize the reduction of health disparities and achievement of health equity**

NQF. A Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity. September 14, 2017.



NQF 10 Incentivize Recs

- Accountability
 - Stratified health equity outcome measures
 - Redesign payment models to support health equity
 - Infrastructure – capitation
 - Specific processes - P4P
 - Integrate health and social services
 - Tailor the safety net – QI and \$
- 



Accepting Applications to Advancing Health Equity's Learning Collaborative

Deadline: May 24, 2019, 3pm CDT

Align State Medicaid agencies, Medicaid managed care organizations, and health care organizations to achieve health equity

Frame Equity as a Moral and Social Justice Issue

“Of all the forms of inequality, injustice in health is the most shocking and the most inhuman.”

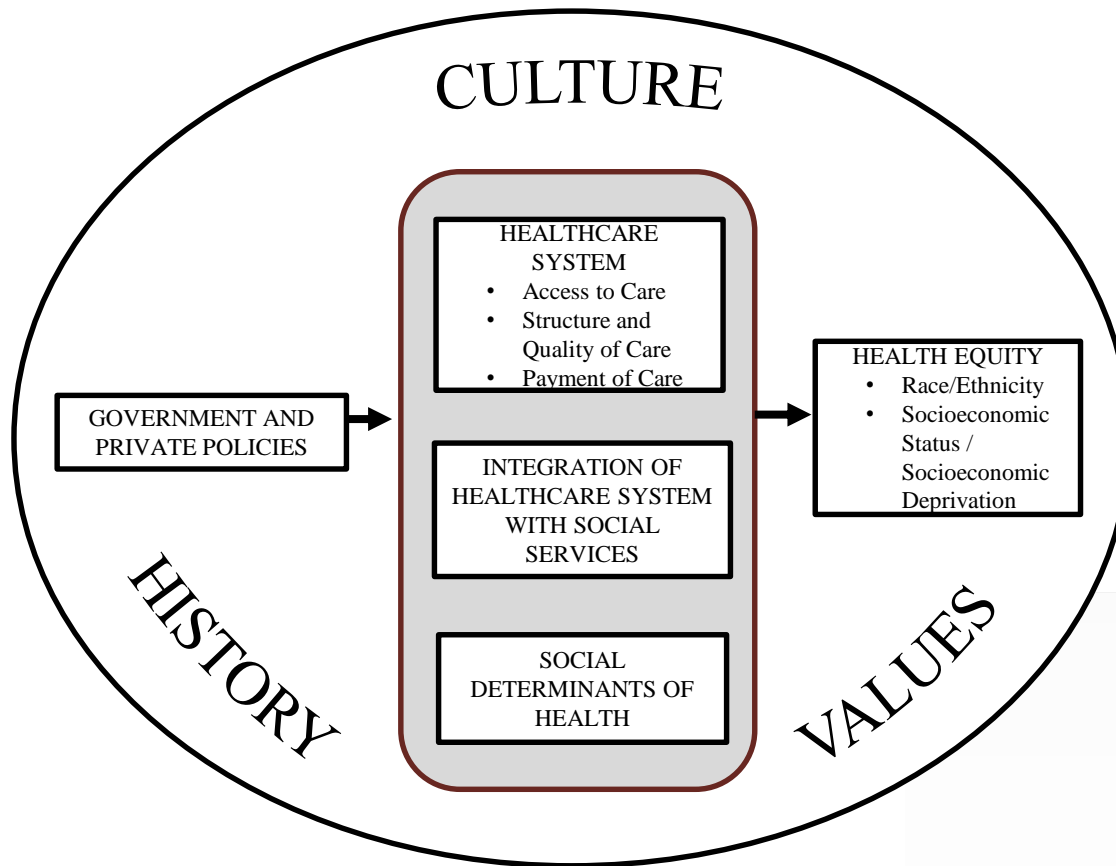
- Dr. Martin Luther King, Jr. 1966

Distributive justice

John Rawls – Veil of ignorance

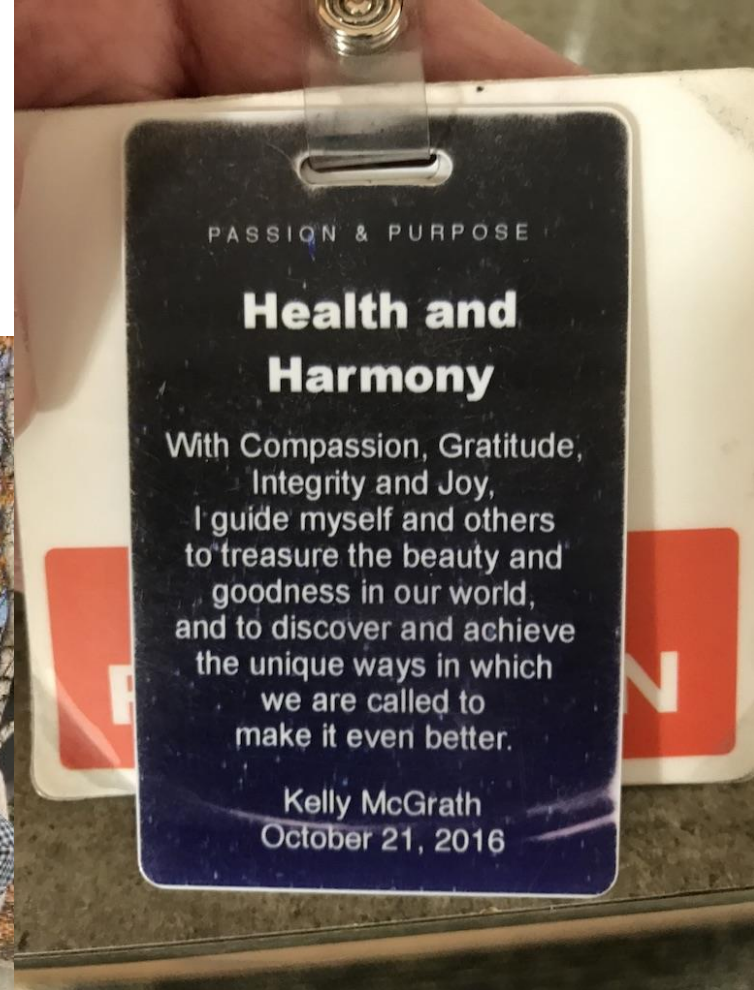


Conceptual Framework



Chin MH, King PT, Jones RG, Jones B, Ameratunga SN, Muramatsu N, Derrett S. Lessons for achieving health equity comparing Aotearoa/New Zealand and the United States. Health Policy 2018.

St. Mary's/ Clearwater Valley Frontier Idaho



Addressing Disparities Honestly

- “Dr. [Jennifer] Smith explained that a conflict is a personal narrative with a beginning, middle, and end. At the beginning, parties frequently experience powerful emotions such as anger, frustration, fear, and surprise, and often make assumptions based on their values and biases. The middle phase encompasses listening and telling, adjusting facts, and clarifying options. In the end, one can hope for agreement, compromise, and reconciliation, but at a minimum it should be possible to envision a new future with common facts, decreased emotion, and more clarity moving forward.”

Chin MH. JNMA 2017.





Janice McGeachin

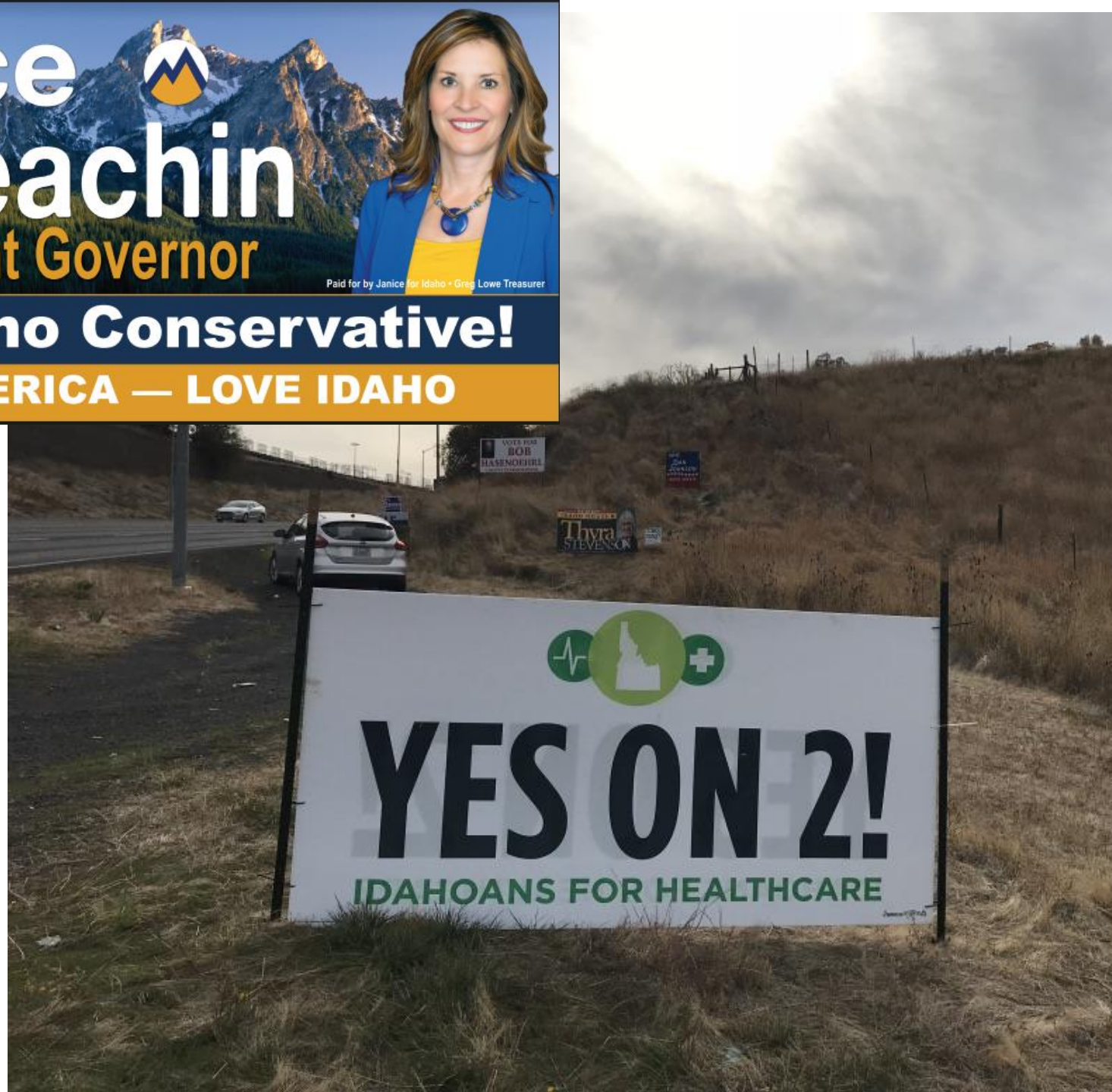
Lieutenant Governor

Paid for by Janice for Idaho • Greg Lowe Treasurer

Keep Idaho Conservative!

 **LOVE AMERICA — LOVE IDAHO**

This is a campaign graphic for Janice McGeachin, Lieutenant Governor. It features a background image of a mountain range and a portrait of Janice McGeachin. The text includes her name, title, a small disclaimer, a slogan 'Keep Idaho Conservative!', and a 'LOVE AMERICA — LOVE IDAHO' banner with a Republican elephant logo.



Leadership Matters



“Leadership matters. It is our professional responsibility as clinicians, administrators, and policymakers to improve the way we deliver care to diverse patients. We can do better.”

Chin MH. NEJM 2014.