IHI LEADERSHIP ALLIANCE HEALTH EQUITY CALL TO ACTION

Drafted by the Achieving Health Equity Steering Committee*

The IHI Leadership Alliance believes that achieving health equity is essential to improving the health and well-being of everyone in the United States. We believe that health professionals are uniquely positioned to lead the efforts to eliminate health disparities and create health equity by working with communities, patients, providers, payers, legislators, and policymakers. Now is the time to commit to a Call to Action **for no tolerance of the social inequities that lead to health disparities.**

Health Equity is the foundation of the Triple Aim.

The Institute of Medicine, in its landmark 2001 report *Crossing the Quality Chasm: A New Health System for the 21st Century,* identified "six aims" required to improve the fragmented and unsafe United States health care system.[i] These aims sought to establish a health care system that was safe, effective, patient-centered, timely, efficient, and equitable. The final aim of equitable health care was defined as "providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status" for all people.

Unfortunately, progress toward that hope of equitable health care has been slow and difficult to achieve as a nation, as states, for health care organizations, and for individual health care providers. The United States is a nation of abundance and opportunity, built on the ideals of equality. However, despite 230 years of evolution to become the most democratic and the wealthiest country in the world, inequities exist in much of our society. Disparities in health and access to health care due to factors such as socioeconomic status, race, gender, and educational attainment persist, impeding the aim of achieving health equity.

We, the IHI Leadership Alliance, believe that health disparities created or perpetuated by barriers within our society can be prevented and should be removed. Getting to that point will require political will and prioritization by communities, patients, providers, payers, and policymakers. We believe this is possible. We believe that without fundamentally addressing and removing the barriers that create health disparities, it will be impossible to realize the full potential of the IHI Triple Aim — better health for populations, better care for patients, and lower costs for health care.

Health equity means that *everyone* has the right to well-being, health, and health care.

Many leading organizations have articulated the right to health, including the World Health Organization (WHO), the United Nations General Assembly, and the Robert Wood Johnson

Foundation. In the preamble to its 1946 Constitution, the WHO is explicit in stating that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition".[ii] In 1966, the United Nations General Assembly adopted the International Covenant on Economic, Social and Cultural Rights recognition that "underlying determinants of health" include safe drinking water, safe food, adequate nutrition, adequate sanitation, adequate housing, healthy working and environmental conditions, health-related education, and gender equality.[iii] More recently, The Robert Wood Johnson Foundation has defined health equity this way: "Everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and the lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."[iv]

Why is achieving health equity a priority right now?

We believe there are three compelling reasons why health equity is foundational to who we are as a people and as a country:

- First and foremost is the moral case, which is one of social justice.[v] We agree that health is a human right and that equal protection against discrimination extends to matters of health and health care. The quality of health care and preventative health services, adverse health care delivery events, mortality, and health outcomes have all been tied to racial, gender, and socioeconomic-related health disparities.[vi][vii][viii] Gaps in health literacy are greater in ethnic minorities, those with lower reading comprehension, and the elderly.[ix] There is ample evidence that poverty, unconscious bias, institutional racism, and other forms of discrimination (defined as differential access to goods, services and opportunities of society by race, gender, disabilities, and age)[x], all affect the social and physical environments in which we live.[xi] With this acknowledgement, the obligation is on us to act — and to lead — to remove barriers in achieving health equity.
- Secondly, while there are legal protections against discrimination in accessing urgent and emergent health care services, there has been an incomplete legal framework to ensure access to health care services for all or equity in accessing preventive health services. With the enactment of the Affordable Care Act (ACA), there has been significant progress in legislative guarantees to health care through expanded health insurance coverage, non-denial of care for pre-existing health conditions, and improved preventative services. However, the potential of the ACA has not been fully realized and its very existence is threatened.
- Thirdly, while some will focus on the short-term economic implications, there is evidence that health promotion, illness prevention, and health equity can result in lower long-term health care costs and economic benefit.[xii] For example, estimated health care

costs to US payers due to race-associated health disparities alone are $337 billion.[xiii] Others have predicted the economic value of improved health associated with a college degree as compared to finishing high school without a college education could be as high as $1 trillion.[xiv]

The IHI Leadership Alliance recognizes that many organizations are committed to creating health equity and have created useful documents and position statements. A sampling: The Institute for Healthcare Improvement's *Achieving Health Equity: A Guide for Health Care Organizations*; American Hospital Association #123forEquity Campaign to Eliminate Health Care Disparities; HHS National Stakeholder Strategy to Achieve Health Equity; Alliance for a Healthier South Carolina: A Call to Action to Improve Health Equity in South Carolina; Saskatoon Health Region Health Equity Position Statement, and the Michigan Department of Community Health Michigan Health Equity Roadmap.[xv] [xvi][xvii] [xviii] [xix] [xx] We share in these commitments and in the need to prioritize achieving health equity within our organizations.

We challenge all health care leaders to commit to the same and participate in this Call to Action.

This is the Alliance's Call to Action focused on health equity.

As noted, many organizations have developed robust strategies to address health disparities.[xxi] As individual leaders of health care organizations and as a collective voice, the members of the Leadership Alliance understand that partnership with these and many other community, legislative, payer, and employer entities will be required to achieve the common goal of health equity. We believe that a systematic, multi-faceted, and thorough set of strategies is necessary to have substantive impact. We plan to start here:

<u>As health care leaders, we will:</u>

- Serve as advocates at the local, state, and national level for policy changes that remove health equity barriers
- Actively partner with leaders from private, public, and governmental sectors on specific equity focused policy and system changes

<u>Within our own organizations, we will:</u>

- Adopt a public Zero Tolerance position on all forms of discrimination
- Adopt the IHI Achieving Health Equity framework, specifically committing to reducing institutional racism
- Adopt development, recruitment, and retention strategies to evolve to a workforce that more closely reflects the true demographics of a community
- Seek to qualitatively and quantitatively understand the populations and communities we serve

- Require the collection and use of REAL (Race, Ethnicity, and Language) data and assessment of social determinants data to address health disparities
- Educate health care providers about the importance of cultural norms and values, and about the impact of social and environmental factors on overall health and health care outcomes

In partnership with our communities, we will:

- Create health system and community partnerships focused on promoting health equity and reducing health disparities
- Partner with vulnerable and at-risk communities to have a direct voice in the policy decision processes, including at town halls, community gatherings, and community advisory panels

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** Steering Committee and Background on this Document*

A subset of Leadership Alliance members formed an Achieving Health Equity steering committee in Fall 2017 to explore how the Leadership Alliance can individually and collectively accelerate efforts to advance health equity. Under the leadership of Dr. Steppe Mette, the steering committee has developed the above draft position statement and call to action.

Steering Committee Members

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