

ADVANCING HEALTH EQUITY

Health Equity Loops in Action: Case Studies

The American health care system is plagued by growing racial and ethnic health disparities, resulting from a complex combination of clinical, economic, environmental and other social factors. Addressing these disparities effectively requires intervention at multiple levels, including: providing support to individuals; working to address disparities in the community; and advocating for fixes to systemic causes of inequity. As part of their commitment to building a more equitable, effective health care system, ACHP's community-based organizations have implemented programs at all levels. For more information, please see ACHP's Framework for Advancing Health Equity.

INDEPENDENT HEALTH (NEW YORK)

Starting in 2013, community leaders in Buffalo, New York, united to form the African American Health Equity Task Force, outlining the health disparity issues in the city. ACHP member Independent Health joined the partnership to reduce disparities and improve outcomes. Together, the task force and the Buffalo Center for Health Equity successfully brought the COVID-19 mortality rate from a peak of nearly 35 percent for the Black community, down toward 15 percent, which aligns with the overall Black population in Buffalo (14 percent).

SELECTHEALTH (UTAH)

Utah-based SelectHealth is listening to patients and colleagues of color to learn from their experiences and to be allies, advocates and partners to implement the change they want to see. The health plan is: ensuring internal practices and programs advance diversity, while working to build pipelines for people of color to find and advance in health careers; re-examining institutional policies with an equity lens and changing policies that do not promote equity and opportunity; and renewing and expanding their commitment to providing anti-racism and implicit bias training for leaders, providers and staff.

At the community level, SelectHealth is striving to increase the percentage of locally sourced goods purchased from sustainable, diverse suppliers.

SelectHealth and owner-system Intermountain Healthcare, along with other Utah health care leaders, declared systemic racism a public health crisis and are working to address systemic issues that lead to health inequities. One example includes forming a coalition to address the inequities exposed by COVID-19 and advocating for increased funding for social needs, social services and programs that promote social justice. The collaborative advocacy goes beyond traditional health care lobbying to exert influence over the myriad elements of inequity.

HEALTHPARTNERS (MINNESOTA)

HealthPartners, in collaboration with a historically underserved community, co-developed a birthing center within a hospital that was specifically designed to meet the community's needs. Knowing that they served a significant number of people of color and noting that their consumer experience scores were lower among that population, HealthPartners built authentic relationships with community members and used community input throughout all phases of development, from building design and art down to the type of food served. The birthing center model also includes financial service partners who work with patients who don't have insurance to get them access.

DEAN HEALTH PLAN (WISCONSIN)

Dean Health Plan is using an integrated approach to address health equity in maternal health. On the individual level, they train all staff on cultural sensitivity. Dean Health Plan, along with owner-system SSM Health, now requires implicit bias training for employees working in birthing suites and postpartum care at its hospital in Wisconsin. Dean Health Plan took this step based on a 2019 report that found babies born to Black mothers in Dane County, Wisconsin, are twice as likely to be underweight, putting them at increased risk of health and developmental challenges.

Social needs screening is done for all maternal health programs, and they have multiple partners in the community with which they work to connect people with resources, such as WIC, local health departments and several job centers. They incorporate supplemental benefits for Medicaid members to address food insecurity and transportation needs. Dean Health Plan has recognized the importance of evaluating outcomes and impact by race and ethnicity. In the absence of a standardized way to collect this data, Dean Health Plan started piloting data collection for race and ethnicity in its obstetrics program. All Black women are enrolled in their OB Medical Home to provide additional support and management given disparate outcomes.

At the community and systemic level, Dean Health Plan is partnering with Wisconsin Medicaid to pilot coverage for doula services, which many state Medicaid offices will not cover despite strong evidence of their effectiveness in improving birth outcomes in populations with the biggest disparities. Doulas share lived experiences with their clients, which increases trust and the likelihood of culturally competent care — both important factors in achieving better birth outcomes.

HEALTH ALLIANCE PLAN (MICHIGAN)

Concerned about Medicare members who were most adversely impacted by COVID-19, Health Alliance Plan of Michigan used social risk data to identify high-risk seniors across their membership. Using this approach, the health plan targeted the most at-risk members first and determine where to best apply resources.

The Alliance of Community Health Plans (ACHP) represents the nation's top-performing nonprofit health plans to improve affordability and outcomes in the health care system. ACHP member companies are provider-aligned health organizations that provide high-quality coverage and care to tens of millions of Americans. They are leading the industry in practical, proven reforms around primary care delivery, value-based payment and data-driven systems improvement.