Framework for Advancing Health Equity: ACHP's Action Loops

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Racial and ethnic health disparities continue to grow despite decades of tracking and efforts by leaders and health organizations. COVID-19 has exposed the depth and breadth of impact of these disparities, creating a crisis not just for health care, but for many aspects of our society.

Communities of color have experienced higher rates of COVID-19 illness and death, nearly twice as high compared to white people. It is clear that we must consider a different, more holistic approach to address health equity as a core component of population health.

Eliminating racial drivers of health inequities could lead to an economic gain of $135 billion per year, including $93 billion in savings for excess medical care costs and $42 billion in unrealized productivity.[1] We have an economic and moral obligation to eliminate disparities.

AN ACTIONABLE APPROACH

Health inequities result from a complex combination of clinical, economic, environmental and other social factors. ACHP and its members have learned that, inevitably, effective action on one level of the action loops will require addressing barriers across the other two levels. For this reason, we encourage those employing this framework to identify a specific problem or issue to solve, use data to understand its root causes and act at each level as is feasible. Successful efforts frequently build on existing relationships and leverage available infrastructure and resources.

LEVELS OF INTERVENTION

▶ **The individual level** involves developing a strategy to make an impact on the problem or issue for individuals within your immediate sphere of influence.

▶ **The community level** identifies strategic opportunities, often in collaboration with local partners, to make community-wide impact by galvanizing action beyond the individuals currently within your immediate influence.

▶ **The systemic level** involves addressing the root causes that foster health disparities and the upstream structural and systemic barriers.

ACHP and our nonprofit member companies are focusing efforts primarily where we live and breathe, in more than 16,700 local communities across the country.[2]

Additionally, we have identified needs and opportunities at the individual and systemic levels that require a measure of our attention.

Taking action at the individual level involves strategies that impact people within your organization and the people you serve: employees, customers, patients and beneficiaries.

ACHP member organizations held employee listening sessions, empowered staff to hold difficult conversations, made public statements about social justice and conducted staff trainings. These efforts are the underpinning of an internal infrastructure that ensures equity is infused into everything they do, beginning from within.

ACHP's 2030 Health Care Roadmap charts a course for an equitable health care system that is community driven and patient centric. Clinicians, health plans, social service providers, employers and government, among other community partners working together, can ensure every individual has an equitable opportunity to live a healthy, productive life.

ACHP

ALLIANCE
OF COMMUNITY HEALTH PLANS

Health care leaders can improve access to affordable care and coverage and improve health outcomes by working closely with community partners who share the same objectives. These partnerships must include a diverse set of voices — including community-based organizations, local public health and government officials and others — to develop local solutions that are tailored, equitable and directed to address the specific health and social needs of the community.

Lastly, health plans can and should collaborate with other partners to achieve policy changes or significant shifts in culture, economics and the regulatory environment for deeper, more lasting change. Systemic-level change takes years, sometimes even decades. But the health inequities documented today are rooted in centuries of history. We must lay the groundwork now if we expect to reap a more equitable health care system in the future.

AN INTEGRATED APPROACH

Each action loop is distinct but interconnected.

Pursuing action across all three levels offers the strongest opportunity for health organizations to make a broad, lasting impact.

ACHP member UCare has been working to address disparities in Minnesota, working across all three action loop levels.

At the individual level, UCare, along with other Minnesota-based non-profit organizations, including HealthPartners, signed a commitment to diversity, equity and inclusion. The commitment involved reviewing policies with an equity lens, partnering with policy makers, employers and community leaders to remove economic barriers to health equity, improving access to care, advocating for and promoting social justice.

Since 2015, UCare has acted at the community level by funding a mobile market to provide affordable, healthy food to neighborhoods that do not have easy access to fresh produce, meat and other groceries.

UCare sponsors the Culture Care Connection, a public online resource center, designed to support local clinicians, staff and health administrators in providing culturally competent care. The site offers resources — including assessments — to determine how an organization meets national, cultural and linguistic standards, as well as information on disparities and social determinants for a range of groups such as racial, ethnic, LGBTQ, poverty, rural and deaf and hard-of-hearing.

UCare also engages the community though its longstanding quarterly stakeholder meetings, during which participants discuss health care issues relevant to seniors and Medicare beneficiaries, including topics on health equity and disparities.

At the systemic level, UCare and the Minnesota Medical Association launched a two-year initiative to promote health and racial equity and improve outcomes in traditionally underserved and diverse populations, with a goal to begin dismantling key elements of structural racism present in Minnesota's health care system.

Recognizing the need for new approaches to engage people with serious mental illness and substance use disorders more effectively in the management of their chronic physical conditions, UCare took a systemic approach to address not just chronic care and mental health outcomes, but also economic stability, a key driver in poor health outcomes.

There is growing evidence that peer-driven interventions can be effective in certain populations, but there were systemic barriers to widespread implementation. UCare advocated with Minnesota State Medicaid to gain coverage for peer workers under Medicaid, and in 2009 Certified Peer Specialists became approved providers of mental health services. One of the steps necessary in winning that approval was establishing training and certification programs, for which UCare also advocated and provided money for training. As a result of continued advocacy by UCare and others, Minnesota Medicaid expanded the use of peer services for substance use disorder recovery. By employing people with lived experience in treatment for substance use disorder and other behavioral health disorders, new economic opportunities open up, creating a path to financial stability that further supports better health outcomes.

CALL TO ACTION

Discussion of diversity rose 36 percent on the S&P 500 earnings calls in Q2 2020, the quarter of George Floyd's death in Minneapolis. Health care purchasers, employers, consumers and federal and state governments are increasing their demand for health equity. By 2042 the US will be a predominantly minority country, and by 2050 the nation could realize an $8 trillion gain in GDP if we focus on eliminating disparities and opportunity differentials that limit the human potential and economic contributions of people of color.[3]

Clearly, equity is a business imperative. By using the health equity framework above, health care organizations and others can capture the urgency of this moment and drive lasting change. If you join our efforts, using our holistic approach, imagine the impact locally and nationally. Health plans can't do it alone.

Join us in creating an equitable health care system by identifying the community where you're most connected, understand the inequities within the community and identify the initial or next steps your organization will take in each of the action loops.

For more information, please contact Eva Powell at **epowell@achp.org**.

1. Ani Turner, "The Business Case for Racial Equality: A Strategy for Growth" (W.K Kellogg Founda-tion/Altarum), https://achp.pub/AltarumRacialJustice.

2. Measured in unique zip codes.

3. Ani Turner, "The Business Case for Racial Equality: A Strategy for Growth".

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.