

A Framework for Promoting Equity and Excellence in Healthcare

Supported by the **Robert Wood Johnson Foundation**, *Raising the Bar* provides an actionable framework for the entire healthcare sector to embed equity and excellence throughout its work. In this first part of the project the **National Alliance to impact the Social Determinants of Health** (NASDOH) convened extensive discussions with providers, hospitals, payers, and community leaders to develop foundational principles, essential roles, and concrete actions for the sector to help achieve optimal health for all. A second part, led by the National Partnership for Women & Families, is exploring more detailed guidance for maternal health.

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Executive Summary

Raising the Bar: Healthcare's Transforming Role

The United States has many of the assets needed for a healthier nation, including wealth, committed health providers, and technology. The healthcare field includes bright spots where innovative organizations are transforming the payment and delivery of care and strengthening engagement with and service to communities. But broad transformation remains too slow and often focused on narrow fixes to the most visible problems; the healthcare system, as it has evolved, is not delivering on key health goals, frustrates many of its participants, and often fails those most in need. The COVID-19 public health emergency and the national reckoning over equity and racial justice have amplified the importance and opportunity for change and shows the need for a new path for healthcare in recovering from the scope of overwhelming need.

Raising the Bar: Healthcare's Transforming Role is a framework and call to action for the healthcare sector to embrace all the levers, resources, and opportunities available to advance equity and excellence. At the heart of the framework are five foundational principles for a transformed healthcare system. To put these principles into practice, healthcare organizations need to take action across four primary roles, and 14 specific actions are defined. The *Raising the Bar* report highlights organizations already embracing these principles and taking action and incorporates a set of curated resources to support all healthcare stakeholders in pursuing this work.

Five Foundational Principles for Equity and Excellence

The project generated five principles that put the priorities of individuals, families, and communities at the center of healthcare. They were informed by discussion with those who give, get, and pay for care. *Raising the Bar* seeks to accelerate healthcare's efforts to achieve health equity, and to improve the healthcare experience and well-being of individuals, families, and communities.

These principles are designed for stakeholders who provide care, including individual clinicians or healthcare professionals, mental and behavioral health providers, provider and physician groups,

Raising the Bar: Foundational Principles

The principles are at the heart of *Raising the Bar* and outline commitments for healthcare to comprehensively and holistically raise the bar for equity and excellence. The principles are neither intended to be mutually exclusive nor expressed in any priority order.

- **Mission:** Commit Above All to a Mission of Improving Health and Well-being
- **Equity:** Systematically Pursue Health Equity, Racial Justice, and the Elimination of All Forms of Discrimination
- **Community:** Serve the Community as an Engaged, Responsive, and Proactive Partner
- **Power:** Share and Effectively Use Resources, Influence, and Power
- **Trust:** Earn and Sustain Trusting Relationships

hospitals, hospital systems, community health centers, integrated systems, those who pay for care—including public and private payers, and those who help facilitate the delivery and payment of physical, mental, behavioral, and social care and services.

Roles and Actions to Put the Principles into Practice

While multiple sectors must work together to address the issues that drive health, *Raising the Bar* focuses on the unique and important roles healthcare possesses across the spectrum: from payment and delivery of care to individuals and their families to promoting the health of employees and communities.

The project defined four essential roles played by healthcare, providing a framework for putting the principles into practice. Within each role, there are concrete actions. In total, there are 14 actions, each with a commitment that healthcare organizations and institutions can make to advance equity and excellence, a statement of the action's importance, and a set of tactical strategies.

PROVIDER ROLE

Provide Whole-Person Care to Achieve Health Equity

Achieving equity and excellence is grounded in the ability of individuals to access and receive the full range of affordable care they need and experience being treated with dignity and respect.

Action 1

Actively promote and facilitate access to care for all in ways that accommodate diverse life circumstances and needs.

Action 2

Establish and sustain a trusting environment where everyone feels they are welcomed and treated with dignity and respect.

Action 3

Provide holistic, effective, high-quality care responsive to plans co-created with individuals, families, and caregivers.

EMPLOYER ROLE

Employ and Support a Diverse Health Workforce

The delivery of care and health outcomes are improved when the workforce and leadership reflect the diversity of the communities served. As employers, healthcare organizations should model practices that allow their workers to thrive.

Action 4

Invest in and grow leaders who advance and embed equity, quality, and value across the organization.

Action 5

Employ and cultivate a representative workforce at all levels.

Action 6

Create and sustain workplaces and jobs where employees can be healthy, thrive, and help guide effective and equitable care while feeling safe.

Action 7

Leverage procurement to ensure the diversity and well-being of contract workers.

PARTNER ROLE

Engage with Individuals and Organizations in the Community, Prioritizing Those Most Affected by Inequities

Communities thrive—and healthcare delivery is more effective—when healthcare meaningfully involves communities; respects and centers their expertise, needs, and priorities in governance and decision-making; and works in partnership with individuals and organizations in the community on activities and initiatives that reflect that engagement.

Action 8

Meaningfully involve individuals from the community in governance and decision-making.

Action 9

Build trusting relationships with individuals and organizations in the community.

Action 10

Respect and build on the expertise and power of individuals and organizations in the community.

ADVOCATE ROLE

Advocate for and Invest in Health Equity

Healthcare's economic resources and influence can be harnessed as positive forces for payment reform, community well-being and resilience, and equity.

Action 11

Actively push for and adopt payment reforms, especially reforms that align investments with the mission of improving health and well-being.

Action 12

Use healthcare's voice to shape public understanding about the importance of health equity and dismantling racism and all forms of discrimination.

Action 13

Use power and influence to advocate for health equity in the development and implementation of public policies.

Action 14

Use investment and procurement power to contribute to the health and resilience of communities.

The Path Forward: What Can You Do to Raise the Bar?

Healthcare can lead the way with a commitment to *Raising the Bar*'s principles, and by taking the concrete actions described in this report.

- **Make a commitment.** We call upon leaders in healthcare—institutions, clinicians, payers—to make a commitment to incorporate the *Raising the Bar* framework in their organizational strategy and practice. For some, this is a starting point in the journey toward the system we need. For the many already seeking or making transformational change, it is an opportunity for further and sustained efforts to raise the bar and accelerate change.
- **Share or adapt our framework for your networks.** We also encourage others to adapt or refine the *Raising the Bar* framework for their own unique circumstances, and to help carry this work forward in their own networks. At rtbhealthcare.org, you can learn more about how many are already responding to this call.
- **Take immediate action while seeking broader changes.** Finally, we emphasize the importance of taking immediate and constructive steps while participating in broader efforts to reform public and private payment systems. Healthcare can both lead the effort to improve the experience of individuals and communities now, while simultaneously advocating for broader systems change that will make this transformation sustainable.
- **[Watch for detailed maternal health guidance.](#)** Part Two of the *Raising the Bar* project focuses on applying the *Raising the Bar* principles and actions to maternal health. This guidance will be available at rtbhealthcare.org in early 2023.



My aspiration for this project is to change healthcare in a fundamental way. I'd like to be able to look back and say we changed the way we think about health—away from a just the process of being cared for to one where in fact, we prevent poor health."

Governor Michael O. Leavitt, *Raising the Bar* Stewardship Council Co-Convener,
Former Governor of Utah and U.S. Secretary of Health and Human Services

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Raising the Bar: Healthcare's Transforming Role

“ Let us not return to what was normal,
but reach toward what is next.”

Amanda Gorman, National Youth Poet Laureate

We live in a time of historic unease and unrest. COVID-19 and the concurrent racial reckoning have highlighted the importance of health and equity to not only our personal aspirations but to our collective well-being as a society and economy. Healthcare has provided us with heroes, while also being overwhelmed and exhausted by the scope of the nation's healthcare needs.

The United States has many of the assets needed for a healthier nation, including wealth, committed health providers, and technology. And the healthcare field includes bright spots where innovative organizations are transforming the delivery of care and strengthening engagement with and service to communities.

But we can no longer ignore that the healthcare system, as it has evolved, is not delivering on key health goals, frustrates many of its participants, perpetuates inequities, and often fails those most in need. The COVID-19 pandemic and racial reckoning made long-standing issues in healthcare more visible. Dominant models remain grounded in misdirected incentives that prioritize volume over quality or outcomes, and on structures that sustain historic patterns of discrimination and neglect and tolerate continuing barriers to care. Transformation remains too slow and often focused on narrow fixes to the most visible problems.

Raising the Bar: Healthcare's Transforming Role aspires to a higher standard, based on a broad, coherent set of foundational principles that can guide transformation of healthcare organizations focused on equity and excellence. *Raising the Bar* seeks to show how healthcare stakeholders can undertake bold change, and in turn how healthcare can help improve the nation's health, equity, and well-being.

In this report, we outline how healthcare can use ALL of its tools and resources to raise the bar. We highlight organizations already working to raise the bar, provide resources to guide action, and call for ALL healthcare stakeholders—providers, practitioners, payers, and others—to join in this effort.

Why We're Raising the Bar (and Inviting You to Join Us)

Somava Saha, MD MS, *Founder and Lead, Well-being and Equity (WE) in the World*

This historic moment in time calls on us to raise the bar. As healthcare stewards – patients, payers, providers, hospitals, pharmacists, primary care, this is our commitment:

to raise the bar for ourselves,
for one another,
and for our collective nation,
to raise the bar to restore trust and trustworthiness
to restore soul, kindness and care into the practice and system of healthcare
to use our power and privilege to lift systems of oppression that harm us and hold back
our trapped and untapped potential
to lean into this moment to found a new system based on humanity and equity so that all
might reach their full potential to live their best lives and contribute to that of others.

In raising the bar, we free ourselves by seeing ourselves in each other. We free ourselves:

From fixing and rescuing to accompanying and supporting
From pay for performance to shared stewardship for equitable health and well-being
From a healthcare system in financial and spiritual crisis to a health system with possibility,
relationship, and abundance
From one which is blind to its role in perpetuating inequities to one which embraces its role
in creating justice
From savior and wounded to connected, healing, and growing together, in partnership
with patients, families, and communities.

This is our moment to build a legacy of a healthcare system for the future we can be proud
to leave for our children and grandchildren. This is why we raise the bar.

What is *Raising the Bar*?

Raising the Bar: Healthcare's Transforming Role is a framework and call to action for the healthcare sector to embrace all the levers, resources, and opportunities available to advance equity and excellence. It includes a set of foundational principles, essential roles, and concrete actions for the healthcare sector to pursue the primary goal of improving health and well-being while enabling all people to be treated with dignity and respect.

We intentionally set a high bar, recognizing that many in healthcare were already reaching for transformational change but that it would not be within easy reach of stakeholders. Our vision is that wide adoption of the *Raising the Bar* framework will lead to:

- Healthcare organizations and institutions that are all in: embracing the challenge of using all their power, capacity, and resources to achieve health equity; improving the care experience of individuals and families and furthering the health and well-being of communities.
- Healthcare stakeholders that lead the effort to achieve equity and excellence in their own organizations and communities, rather than waiting for broader systems change that may make transformation easier. Effective transformation requires acting within existing structures AND pursuing fundamental systems change.

- A common commitment from all healthcare stakeholders to identify and initiate transformative change: payers and policymakers that incentivize and support transformational actions; healthcare institutions and systems that adopt transformational change as part of their organizational culture; and individual providers and practitioners that embrace the opportunity to better serve individuals and their communities.
- Healthcare organizations and institutions that are connected to communities, partner to advance the community's interests, and are held accountable by communities.
- Healthcare organizations and institutions centered on achieving health equity and taking the extraordinary steps needed to address historic and current patterns of racism and discrimination at the clinical, community, and national level.
- Healthcare organizations and institutions that meet the moment by providing high quality, accessible, comprehensive, and integrated care with dignity and respect.
- Healthcare organizations and institutions that rebuild and recover from COVID-19, recognizing the challenges faced by people who experience inequity every day (even before COVID-19), and commit to building resilient and sustainable systems that better serve individuals, families, and communities.

MISSION

**Commit Above All
to a Mission of
Improving Health
and Well-being**

COMMUNITY

**Serve the
Community
as an Engaged,
Responsive,
and Proactive
Partner**

TRUST

**Earn and
Sustain
Trusting
Relationships**

EQUITY

**Systematically
Pursue Health Equity,
Racial Justice, and
the Elimination of
All Forms of
Discrimination**

POWER

**Share and
Effectively Use
Resources,
Influence,
and Power**

Why Focus on Healthcare?

"Healthcare" exists in a broader ecosystem responsible for generating and maintaining health. This ecosystem includes those directly engaged in the delivery or payment of care, public health and social services organizations, and many other stakeholders in the community that influence economic and social well-being. Healthcare is neither solely responsible for nor capable of achieving health and well-being; this must be a multi-sector effort.

Healthcare, though, has a central role to play in transformation:

- Healthcare constitutes a fifth of the US economy.¹ Though evidence shows that health is generated by a broader ecosystem, 97 percent of our health dollars are spent on care and treatment.² To achieve a more integrated and effective system of health, we must address healthcare's significant role in the broader ecosystem, and healthcare actors must be agents for change.
- Healthcare organizations have stature, power, and influence locally and nationally which can be harnessed for positive change. Healthcare organizations, whether that be providers, payers, and other vendors, are often the most influential institutions in their communities because of their standing or their economic impact. As such, they have significant political and social influence on healthcare policy, and on broader public policies which affect the conditions in which people live, work, learn, play, and pray, or the social determinants of health.³
- Healthcare providers offer vital care to individuals and, by raising the bar, can help people and their communities become healthier. Most people interact with the healthcare system from birth to the end of life, and many times in between. Those interactions can provide vital connections, guidance, and life-saving care. Healthcare should be a positive force for individuals, as well as for the communities that need their service. But for too many, this is not the case.
- Payers and providers increasingly have incentives to support stronger prevention and engagement at the community level, particularly as healthcare systems transition to risk-sharing models. In many respects, those paying for healthcare must finance the treatment for severe illnesses that could have been prevented. These incentives and realities should be leveraged to improve health outcomes and reduce health inequities.
- Many healthcare organizations are mission-driven, with the ability to align equity and social justice imperatives with their mission. They are in a prime position to lead change in healthcare as in broader society.

'Healthcare' or 'healthcare stakeholders' are used extensively in the *Raising the Bar* Principles, Roles, and Actions. These terms are used to refer to those that pay for, organize, and deliver medical and health services, and can adopt and implement the *Raising the Bar* framework to improve equity and excellence in healthcare. For example:

- Care providers, including single clinicians or professional staff, provider groups, hospitals, hospital systems
- Mental and behavioral health providers
- Community health centers
- Public and private payers
- Integrated delivery systems
- Vendors and partners who aid in care and case management, and facilitate the delivery and payment of physical, mental, behavioral, and social care and services

1 "2020 National Health Expenditure (NHE) Fact Sheet," Centers for Medicare and Medicaid Services (CMS), December 15, 2021, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet>.

2 "Health Expenditure and Financing Data," The Organisation for Economic Co-Operation and Development (OECD), accessed April 22, 2022, <https://stats.oecd.org/Index.aspx?DataSetCode=SHA#>

3 "Social Determinants of Health," World Health Organization, accessed April 15, 2022, https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1. "Social Determinants of Health: Know What Affects Health," Centers for Disease Control and Prevention (CDC), September 3, 2021, <https://www.cdc.gov/socialdeterminants/index.htm>. "Beyond Health Care: New Directions to a Healthier America," Robert Wood Johnson Foundation, April 1, 2009, <https://www.rwjf.org/en/library/research/2009/04/beyond-health-care.html>

- All healthcare actors have an opportunity, and obligation, to improve health equity and address structural and systemic harms. Racism and discrimination are pervasive in all sectors, and these broad structural and systematic harms have been embedded and perpetuated in healthcare. We observe the manifestation of these harms in payment and delivery systems that treat individuals differently by race or income, provide substandard care for many in greatest need, and are insensitive to cultural needs.
- This work is already underway in forward thinking and innovative organizations, but more action is needed. We offer examples of “bright spots” where healthcare organizations and institutions are already putting these principles into practice. But transformation is slow, uneven, and more can be done to ensure that culture, policy, and payment encourages uptake. Healthcare can commit to taking action to raise the bar now and simultaneously advocate for systems change.

Why Now?

Over the course of this project, we have worked with those who deliver, partner with, receive, and pay for healthcare. Overwhelmingly, we heard frustrations with the current healthcare system, including that we have settled for poor results for our investments.

- Patients are frustrated by systems that fail to treat them with dignity and respect, are frequently difficult or impossible to access, and often deliver fragmented care. These challenges are exacerbated for individuals and communities that face the greatest challenges—people of color, people with disabilities, women, and all people who experience discrimination—who often report feeling unseen, unwelcome, or disrespected.
- Hospitals and other healthcare practitioners work uphill against payment systems that incentivize and reward high-volume, encounter-based treatment rather than integrated, patient-centered care focused on prevention and well-being.
- Payers and integrated systems lack capacity, incentives, or dedicated financing to fully address social determinants of health at the community level.
- Community-based organizations, human and social service organizations, and public health organizations face challenges in forming trusted, co-equal partnerships and aligning priorities and initiatives with healthcare organizations to improve health overall.

Unfortunately, these frustrations are not new. Long-standing structural and systemic issues within healthcare were known, but their impacts have been magnified by the COVID-19 pandemic and the racial reckoning that moved front and center into the public’s consciousness in 2020 and 2021. These events further exposed the ongoing weaknesses of our system and brought much needed attention to the disparities that so many in our nation face daily. This underscores the imperative to confront the root causes of inequity—racism, distrust, and fragmentation—and adds an urgency to recognize the current system is not effective in improving health and well-being, and repairs are needed to heal the healthcare system itself.

Raising the Bar: Healthcare's Transforming Role is long overdue but is launching at a critical time for healthcare. We hope that *Raising the Bar* illuminates a path forward—a place for some to start, or a roadmap for others to accelerate progress—to support all healthcare stakeholders in advancing equity and excellence regardless of where they are currently on their journeys.



We have to meet this moment to see that our healthcare system has equity by design and is committed to be an antiracist health system. We heard a groundswell of support for equity efforts by all healthcare stakeholders—including those who purchase, pay for, and deliver care. Adopting the *Raising the Bar* framework and committing to the concrete action outlined provides healthcare a path forward. We urge healthcare leaders to join this important effort to improve health and well-being for people and communities and truly raise the bar for equity and excellence."

Dr. Karen DeSalvo, *Raising the Bar* Stewardship Council Co-Convener, NASDOH Co-Convener, Former Acting Assistant Secretary for Health, Former National Coordinator for Health IT

The Path Forward: What Can You Do to Raise the Bar?

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- **Watch for detailed maternal health guidance.** Part Two of the *Raising the Bar* project focuses on applying the *Raising the Bar* Principles and Actions to maternal health. This guidance will be available at rtbhealthcare.org in early 2023.

Findings and Resources: Navigating This Report

The heart of this report is the five overarching *Raising the Bar* Principles. These principles represent our vision for a healthcare system committed to excellence and equity. These foundational principles apply to all those involved in paying for and delivering care, and represent the aspirations of individuals, families, and communities as they engage with healthcare systems.

In **Foundational Principles** and **Framework in Practice: Bright Spots**, we define these principles and provide examples of healthcare organizations leading transformation by putting them into practice.

In the chapter's outlining the *Raising the Bar* Roles, **Employer Role,** **Provider Role,** **Partner Role,** **Advocate Role,** we define four essential roles for healthcare—and provide concrete actions within these roles that transform the healthcare system. Organizations committed to raising the bar can look to specific examples of how their peers have implemented these actions. We also provide a place to start or to accelerate existing efforts, with a curated set of resources and tools related to each role for healthcare. These resources are also consolidated in **Resources** along with a number of resources that apply to multiple roles.

The Principles, Roles, and Actions in this framework result from an intentionally and deeply co-creative process grounded in the perspectives of people with lived experience of inequities, the realities that healthcare leaders are facing, and the opportunities seen in the examples of transforming systems. The work was undertaken by a coalition of partners led by the National Alliance to impact the Social Determinants of Health and guided by two Councils to ensure broad and diverse input. Those partners, advisors, and our process are described in

Our Partners and Process.

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Our Partners and Process

The Robert Wood Johnson Foundation launched the development of *Raising the Bar's* Principles in 2020 through a coalition of partners led by the National Alliance to Impact the Social Determinants of Health (NASDOH). This coalition drove the ideations, evidence generation, stakeholder input, integration, and translation processes which unfolded over three phases.

Project Partners

The Principles, Roles, and Actions in this framework result from a co-creative process grounded in the perspectives of people with lived experience of inequities, as well as the realities and opportunities identified by healthcare leaders.



Advisory Councils

Two advisory councils oversaw the development of *Raising the Bar's* Principles, Roles, and Actions. The Council to Improve Healthcare for Individuals, Families, and Communities (IFC) was comprised of community advocacy organizations, patient and family representatives, and people with lived experience of inequities. In parallel, a Stewardship Council was composed of senior leaders and stakeholders in healthcare, behavioral health, public health, and social services, along with advocates and people with lived experience of inequities. The commitment and guidance of these members kept the project moving forward, provided a broad balance of creative input and review, and helped the project team connect with key stakeholders. Members who served during all or part of the project, and their organizational affiliation during their involvement, are listed below.



This network of organizations exemplified what it means to hold tension in life giving ways. When engaging consumers and/or community members there will always be a difference in view and perspective. The braided excellence in the *Raising the Bar* initiative communicated how collectively, we as a people can raise the bar in healthcare while being inclusive with aspiration and accountability."

Yolanda Roary, *Raising the Bar* IFC and Stewardship Council Member, President/CEO, Total Grace Consulting, LLC & Grace Coaching Academy, Co-Director/Founding Faculty, People with Lived Experience Institute

Raising the Bar Council to Improve Healthcare for Individuals, Families, and Communities

The IFC was engaged at critical decision points to develop and pressure-test principles that support a whole person, equitable approach to care delivery, and meaningful cross-sector engagement. It provided strategic direction to communications-related activities of the project as well as recommendations for products and approaches to describe the work.

- **Azza Altiraifi**, Research and Advocacy Manager, Disability Justice Initiative, Center for American Progress and Senior Policy Manager, Liberation in a Generation
- **Gildas Cheung**, President of the Board of Directors, International Community Health Services
- **Prem Durairaj**, Co-Founder, Data Elevates
- **Sarita Gupta**, Vice President of U.S. Programs; Director of Future of Work(ers), Ford Foundation
- **Arianna Inurritegui-Lint**, Founder, Arianna's Center
- **Luz (Lucy) Moreno**, Community Engagement Program Manager, Inncare
- **Yolanda Roary**, Founder, Total Grace Consulting
- **Kiran Savage-Sangwan**, Executive Director, California Pan-Ethnic Health Network
- **Denise Octavia Smith**, Executive Director, National Association of Community Health Workers

***Raising the Bar* Stewardship Council**

The Stewardship Council provided strategic input on the evolving principles. It was essential in assessing how the principles resonated with key stakeholders in healthcare and adjacent sectors and in achieving commitments to take action in support of *Raising the Bar's* goals.

- **Azza Altiraifi**, Research and Advocacy Manager, Disability Justice Initiative, Center for American Progress and Senior Policy Manager, Liberation in a Generation
- **Cathy Baase**, Board Chairperson, Michigan Health Improvement Alliance
- **Bruce Broussard**, President & Chief Executive Officer, Humana Inc.
- **Stephen Cha**, Chief Medical Officer, UnitedHealthcare Community & State
- **Marshall Chin**, Richard Parrillo Family Professor of Healthcare Ethics, University of Chicago
- **Sarah De Guia**, Chief Executive Officer, ChangeLab Solutions
- **Shemekka Ebony**, Founder of BlackGirlMagic Market, Co-Founder of I Am Brilliant, PLE Leaders, and the CROWN Campaign, Raleigh, NC
- **Tené Hamilton Franklin**, Vice President of Health Equity & Stakeholder Engagement, Health Leads
- **Dennis S. Freeman**, Chief Executive Officer, Cherokee Health Systems
- **Rick Gilfillan**, Independent Consultant
- **Daniel H. Gillison, Jr.**, Chief Executive Officer, National Alliance on Mental Illness (NAMI)
- **Marc Harrison**, President and Chief Executive Officer, Intermountain Healthcare
- **Dennis Heaphy**, Health Justice Advocate, Massachusetts Disability Policy Consortium
- **Sherry Hirota**, Chief Executive Officer, Asian Health Services, Co-Chair, One Nation Commission
- **Rishi Manchanda**, Founder and President, Health Begins
- **Benjamin F. Miller**, President, Well Being Trust
- **Carol Moehrle**, District Director, Public Health Department – Idaho North Central District
- **Alan Morgan**, Chief Executive Officer, National Rural Health Association
- **Meg Murray**, Chief Executive Officer, Association for Community Affiliated Plans
- **Nancy Myers**, Vice President, Leadership and System Innovation, AHA Center for Health Innovation, American Hospital Association
- **Aza Nedhari**, Chief Executive Officer/ Co-Founder, Mamatoto Village
- **Bob L. Phillips**, Executive Director, Center for Professionalism and Value in Health Care, American Board of Family Medicine
- **Yolanda Roary**, Founder, Total Grace Consulting, LLC
- **Karen Smith**, Consultant
- **Doug Thompson**, Chief Executive Officer, Perfect Health

- **Josie Williams**, Executive Director, Greensboro Housing Coalition;
Affiliated with North Carolina Institute of Medicine and Care Share Health Alliance
- **Winston Wong**, National Academy of Medicine, National Council of Asian Pacific Islander Physicians,
California Endowment
- **Judy Zerzan**, Chief Medical Officer, Washington State Health Care Authority

***Raising the Bar's* Development and Refinement Process**

Phase One: Generation

Project participants worked in concert for over a year to conceptualize and articulate the *Raising the Bar* project, and to develop the set of foundational principles, and transformational roles and actions for the healthcare sector. This work was informed by a broad literature review, an assessment of the experience of organizations leading transformation, focus groups and key informant interviews (including with healthcare, social services, and public health organizations, people with lived experience of inequities, and consumer and community advocates), and joint ideation and workshopping between the *Raising the Bar* council members and project partners. The generation process was grounded in co-creation, recognition of preceding pioneers, and seeking actionability while aspiring for transformational change.

Literature Review

The environmental scan involved reviewing principles, values, care models, and care delivery approaches that define healthcare's role in addressing patients' social, emotional, and physical health and health equity. The purpose of the environmental scan was to identify existing models which could be adopted or built on and to identify gaps in defining roles and responsibilities of the healthcare sector (including how healthcare works with other sectors). Sixty-seven documents were identified and evaluated to support our work.

This framework results from a co-creative process.

- Informed by previous work and pioneering thought leaders and organizations
- Driven by diverse, multidisciplinary teams and advisory bodies
- Grounded in listening, learning, and deference for expertise both professional and lived experience

Phase Two: Refinement

Our draft Principles, Roles, and Actions benefited from an expansive content testing and stakeholder feedback process to evaluate resonance and adoptability. Through dozens of roundtables, focus groups, and semi-structured outreach interviews, this process engaged over 100 healthcare leaders, practitioners, health equity experts, individuals, and families.

Stakeholders helped bring the *Raising the Bar* framework to life, pointing to dozens of places where the Principles are already in practice, many of which are embedded as examples in this report. They also provided important and constructive feedback on how the Principles, Roles, and Actions could be strengthened. Overwhelmingly, stakeholders reinforced *Raising the Bar's* early direction and provided additional insights. They emphasized the pathway from affirming dignity and respect to building trust, and from maintaining trust to forming meaningful partnerships with individuals and communities. They emphasized issues of cost and access and that healthcare entities must wield their own economic power on behalf of those they need to serve.

Together, the grant partners and advisory council members evaluated this input and finalized a set of *Raising the Bar* Principles, Roles, and Actions.

Phase Three: Carrying the Work Forward

As the Principles, Roles, and Actions were finalized, the project team again engaged key stakeholders to gain early commitments from champions and adopters, rally allies and form linkages with relevant initiatives, and prime decision-makers for uptake. The *Raising the Bar* website makes note of organizations that are helping to carry the work forward, adapt it for their own unique context, or demonstrate the consonance of *Raising the Bar* with their own initiatives.

Adapting to Context

The *Raising the Bar* project was launched in 2020, just weeks before onset of COVID-19 and months before the public outcry and global protest movements in response to the murder of George Floyd, Breonna Taylor, Ahmaud Arbery, and many other Black men and women. The *Raising the Bar* project leaned into its own principles of listening and learning, and our initial two-year project term and interim deadlines were extended over half a year—and even paused at points—in acknowledgement of the stress and emotional toll of working on an equity project in the midst of a national reckoning over racial justice and working on a healthcare transformation project in the midst of a public health crisis.

Acknowledgments

In addition to the contributing project partners and advisors, *Raising the Bar* has benefited from the generous engagement of the many individuals who participated in focus groups, roundtables, and conversations that helped shape and refine our work. The commitment of the organizations that shared their stories, and helped craft the Bright Spots, Vignettes, and Resources was deeply appreciated and added inspiration and depth to this work.

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Foundational Principles

Raising the Bar outlines a vision for a transforming healthcare system. A healthcare system where all individuals are served well with the care and attention that meets their needs in a respectful and equitable manner. A healthcare system where service delivery is of the utmost quality and continually improves. Healthcare organizations that acknowledge all of their roles: as caregivers, as employers, as trusted members of a community, and as catalysts for change that advocate for and invest in the individuals and communities.

The project generated five principles for the healthcare sector that put the priorities of individuals, families, and communities at the center. These five foundational principles provide a broad framework to support healthcare stakeholders in their transformation.

The Principles illustrate the necessary ambitions and objectives for healthcare to comprehensively and holistically raise the bar, regardless of where they are currently on their journeys. The Principles are neither intended to be mutually exclusive nor expressed in any priority order. All are important and overlapping. In the next chapter, [Framework in Practice: Bright Spots](#), there are stories of innovative healthcare organizations that are already working to raise the bar and living up to these foundational principles.

MISSION

**Commit Above All
to a Mission of
Improving Health
and Well-being**

COMMUNITY

**Serve the
Community
as an Engaged,
Responsive,
and Proactive
Partner**

TRUST

**Earn and
Sustain
Trusting
Relationships**

EQUITY

**Systematically
Pursue Health Equity,
Racial Justice, and
the Elimination of
All Forms of
Discrimination**

POWER

**Share and
Effectively Use
Resources,
Influence,
and Power**

MISSION PRINCIPLE

Commit Above All to a Mission of Improving Health and Well-being

Healthcare shows a commitment to raise the bar by fully adopting and implementing the mission of improving the health and well-being of individuals, families, and communities, and putting this mission above all else.

Why is this principle important?

Improving the health and well-being of individuals, families, and communities is at the heart of healthcare. This mission is what drives many individual practitioners to pursue careers in healthcare and motivates the work of many healthcare organizations and institutions. Nevertheless, this mission is often obscured by the complexity of those organizations and institutions, and by payment systems and business models that are not aligned with the mission.

How does this principle raise the bar for equity and excellence?

Reaching well-beyond a narrow goal of “doing no harm” in delivering care to patients, this principle acknowledges healthcare has a broader imperative to provide effective, integrated care across a spectrum of physical health, mental and behavioral health, and social needs including working with partners across the health ecosystem (e.g., public health and social and human services providers) to treat the harms that result from underlying inequities and health risks to individuals and communities. The bar is raised for equity and excellence when healthcare organizations, institutions, and practitioners put improving health and well-being at the center of everything they do—in providing medical care, and in addressing social determinants of health—while adopting and advocating reform of payment systems and policies to accelerate the achievement of this mission.



The mission that drives us is improving the health of all people and communities—preventing illness, promoting well-being, and caring for the sick, no matter who you are.”

Marshall Chin, MD, MPH, Richard Parrillo Family Professor of Healthcare Ethics, University of Chicago, and Member, *Raising the Bar* Stewardship Council

[View Bright Spots](#)[View Resources](#)

EQUITY PRINCIPLE

Systematically Pursue Health Equity, Racial Justice, and the Elimination of All Forms of Discrimination

Healthcare shows a commitment to raise the bar by providing everyone with a fair and just opportunity to be as healthy as possible, regardless of their race, ethnicity, preferred language, gender, sexual identity, age, disability status, religion, employment, income, migrant status, and other factors.

Why is this principle important?

Achieving health equity requires concerted, proactive efforts to confront persistent inequities based on race, ethnicity, preferred language, gender, sexual identity, age, disability status, religion, employment, income, migrant status, and other factors that unjustly affect health, well-being, and life experience. This includes understanding how different forms of discrimination intersect and combine to prevent healthcare from achieving equity. It is essential that healthcare acknowledge and address historic and current structural factors, systemic racism, and other forms of discrimination and inequity—in society generally, within communities locally, and also within the healthcare system itself. Achieving equity entails providing access to high quality care, improving administrative and employment practices, and fostering respectful interactions with the broader community.

How does this principle raise the bar for equity and excellence?

This principle calls on healthcare organizations and institutions to promote health equity in their practices and across all their roles, actively seeking to improve health outcomes for those facing the greatest challenges. This work begins by treating individuals with dignity and respect, and by learning their values, needs, and priorities. It requires a proactive and comprehensive commitment to be antiracist, to pursue the elimination of all forms of discrimination, and to implement organizational policies and practices that support these commitments.



Health equity requires healthcare to support structural action—to understand how structural forces like poverty, racism, and nativism exact harm on specific groups of people through policies and systems; to acknowledge how healthcare systems have ignored or perpetuate these harms and inequities; and to replace harmful systems—inside our walls and in our communities—with new ones that can counteract structural violence, eliminate inequities, and advance the right to health for all.”

Rishi Manchanda MD MPH, CEO, HealthBegins, and Member, *Raising the Bar* Stewardship Council

[View Bright Spots](#)

[View Resources](#)

COMMUNITY PRINCIPLE

Serve the Community as an Engaged, Responsive, and Proactive Partner

Healthcare shows a commitment to raise the bar by recognizing its responsibility and potential as a collaborative, accountable partner with communities.

Why is this principle important?

Healthcare organizations and institutions are critical members of the communities and health ecosystems in which they are located, with roles and responsibilities beyond delivery of services to individuals. They share responsibility for the health and well-being of communities, requiring authentic and ongoing engagement from individuals, families, and organizations from the places in which they operate.

How does this principle raise the bar for equity and excellence?

Healthcare organizations and institutions treat the health consequences of deep social and economic inequities faced by communities. They are in a unique and powerful position to build on the strengths and resources of communities, including a wide range of partners who bring assets, expertise, and a commitment to improving their own communities' health. This principle recognizes that healthcare organizations and institutions are stronger and more effective when they embrace authentic partnerships that contribute to the health and well-being of the places in which they operate, including partnerships between public health institutions, social services, and other agencies and organizations that serve those communities.



To be a supportive partner and a strong leader in our community, it is imperative that we meet people where they are, listen to them, and be responsive to their needs."

Marc Harrison, MD, President and CEO, Intermountain Healthcare and Member,
Raising the Bar Stewardship Council

[View Bright Spots](#)

[View Resources](#)

POWER PRINCIPLE

Share and Effectively Use Resources, Influence, and Power

Healthcare shows a commitment to raise the bar by using resources, influence, and power in service to the community, sharing them with individuals and community organizations to the benefit of those communities' health and well-being.

Why is this principle important?

Healthcare has significant power and influence that comes from its large share of the U.S. economy, and many healthcare organizations and institutions are the largest economic force or employer in their communities (often referred to as "anchor institutions"). Achieving equity and improving the health and well-being of communities relies on healthcare's ability to use its power in service to the community, and to respect, celebrate, invest in, and engage the expertise, life experience, and talent of local individuals, community organizations, and advocates by sharing their power.

How does this principle raise the bar for equity and excellence?

Healthcare organizations and institutions can drive critical changes within their own sector, but they can also exert considerable influence on broader social and economic policy if they use and share their power in service to the places in which their workforce and individuals they care for live, work, and play.

There are existing power imbalances, which are evident at the community-level in the relationships between healthcare, community organizations, and advocates, at the institutional-level in the relationships between the organization and its workforce, and at the individual-level in the relationships between individuals and their care practitioners. These power imbalances lead to a lack of understanding about and inaction on the needs and priorities of communities, and the provision of ineffective care or care which is misaligned with the needs and priorities of individuals and their families. This principle recognizes that healthcare organizations, institutions, and practitioners have their greatest impact when they use their influence effectively and overcome power imbalances to co-create mutually reinforcing partnerships with individuals, families, and communities.



I believe that healthcare can level the power imbalances that exist between communities and the institution by sharing power, influence, and resources with them. Healthcare must authentically engage with individuals that live within communities, partner with community-based organizations that work alongside residents, and understand agenda-setting should be co-created with the community and not simply for them."

Josie Williams, Executive Director, Greensboro Housing Coalition, Inc., and Member, *Raising the Bar* Stewardship Council

[View Bright Spots](#)[View Resources](#)

TRUST PRINCIPLE

Earn and Sustain Trusting Relationships

Healthcare shows a commitment to raise the bar by cultivating meaningful relationships in which the trust of individuals, families, and communities is earned, and by trusting in the ability and expertise of those individuals, families, and communities.

Why is this principle important?

Healthcare institutions and providers need to earn and sustain the trust of individuals receiving care, and those individuals' partners and/or caregivers. They also need trusting relationships with individuals and community organizations representing the places where these institutions operate, and the communities of interest with which individuals identify. This starts with acknowledging persistent trust deficits, understanding the drivers of mistrust, and co-creating pathways for trust building. COVID-19 has highlighted the disparate and unequal effects of distrust of healthcare leaders, particularly in communities historically and currently underserved. Building and sustaining trust requires listening to and respecting the experience, expertise, and capabilities of the individuals, families, and communities to whom they provide care. It also requires trusting in the expertise and talents of those with whom healthcare seeks to work within the community.

How does this principle raise the bar for equity and excellence?

This principle recognizes that the development of trust between healthcare and individuals, families, and organizations in the community is necessary to facilitate productive, effective partnerships essential to improved health, and can only happen over time. Trust is a critical factor in the relationship between individuals and healthcare practitioners, as trust allows an understanding of needs and priorities that can be translated into the co-creation of responsive care plans and improved health outcomes. In the places where institutions operate, trust is essential to effective working relationships across the broad, interconnected ecosystem that impacts health, and can lead to improvements in adverse social determinants of health and other factors that lead to improved health and well-being.



There are a lot of reasons why people don't trust healthcare. Health center providers are trusted heroes in the community and people value their knowledge and wisdom. It's critical for larger healthcare systems to learn from community health centers in acknowledging root causes and working to build the foundation of trust."

Luz (Lucy) Moreno, Community Engagement Program Manager, Innercare, and Member, *Raising the Bar* Council to Improve Healthcare for Individuals, Families, and Communities

[View Bright Spots](#)[View Resources](#)

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Framework in Practice: **Bright Spots**

Raising the Bar: Healthcare's Transforming Role aspires to a higher standard, and the five foundational principles are intended to guide transformation of healthcare organizations focused on equity and excellence. The healthcare field includes bright spots where innovative organizations are transforming the payment and delivery of care and strengthening engagement with and service to communities. This chapter highlights eight different healthcare organizations from all over the country that are already working to raise the bar, demonstrating the impact organizations who carry this work forward can have.

The bright spots highlight the work of organizations implementing the *Raising the Bar's* five foundational principles: Mission, Equity, Community, Power, and Trust.

Massachusetts

Cambridge
Health Alliance



South Carolina

CareSouth Carolina



Ohio

Cincinnati Children's
Hospital Medical Center



Utah

Intermountain
Healthcare



Ohio

MetroHealth



Minnesota

Native American
Community Clinic



Alaska

Southcentral
Foundation



Maryland

Aledade



Cambridge Health Alliance

"Partnering with our communities, we will provide high quality, equitable, and affordable care for the whole person. Our patients will be able to get the care they need, how and where they want it."

Cambridge Health Alliance 2027 Strategic Plan

Like much of the rest of the nation, the city of Cambridge has a complex history where cultural differences and power imbalances have played out since the days British colonists stepped onto Tribal lands. Many of those imbalances continue today.

Black neighborhoods and immigrant communities live juxtaposed to elite universities on the shared Charles River. While these universities thrive with extraordinary [\\$50 billion](#) investments, predominantly Black neighborhoods like Riverside and Cambridgeport, and immigrant neighborhoods, such as Eastern Cambridge, still feel the weight of historical divestment practices like redlining that exacerbated poverty in ways that are still felt today.

Cambridge Health Alliance (CHA) is a regional integrated delivery system and "anchor institution" working to counter these lingering inequities and support diverse communities in the Boston area. CHA is charting a new path towards "commonwealth" health and well-being for over 140,000 patients.

Organization Type

Integrated Delivery System

Organization Size

4,600 Employees

Population Served

150,000 Patients

43% of patients at CHA speak a primary language other than English

Urban Setting

Massachusetts



MISSION

CHA's mission to improve the health and well-being of its communities is deep and sustained. The organization takes a holistic approach to meeting patient needs, offering holistic services to address health-related needs at every life stage. This ranges from connecting patients to wraparound services, providing transportation for older adults, to offering gardening as healing, and services to foster the well-being of violence survivors. At the same time, CHA provides one of the largest primary care and behavioral health service lines in the Commonwealth.

When the state enacted healthcare reform a little over a decade ago, CHA embarked on a radical journey to transform its payment model from fee-for-service to global payment to better meet the needs of its community and maintain its holistic approach to care. Within five years, CHA had gone from less than five percent to 60 percent of its payments coming from global payments and shared savings, expanding its primary care team to include mental health partners, social needs care coordinators, pharmacists, and other positions essential to provide holistic care.

A Commonwealth Fund evaluation found that CHA's changes led to improved population health and quality outcomes, increased employee satisfaction, and generated savings that the system could invest back into programs and services.



We have a culture of doing the right thing, focusing on the mission, and embracing honor. Even when it is hard. We acknowledge we're not perfect, but we can adapt and empathize."

Kirsten Meisinger, MD, Co-Director of Reproductive Health, Co-Director of Provider Engagement and Medical Director of the Union Square Family Health Center

EQUITY

CHA makes it a priority to be welcoming and inclusive of people of all different races, cultures, and ethnic backgrounds. When patients walk into CHA's facilities, they are greeted by signs in many different languages directing them where to go. Patient facing materials are available in multiple languages and CHA cares for patients representing hundreds of ethnic groups. Staff speak more than 30 languages, and video interpretation units can bring language interpreters into CHA exam rooms with a few keystrokes. CHA facilities—including the hospital, ambulatory care centers, and school-based health centers—are conveniently and strategically located across seven cities, removing transportation barriers for many patients. This is essential to addressing systemic barriers of care in such a diverse region; one-third of the city's age 5 and older population speak languages other than English. The wide range of spoken languages includes Portuguese, Spanish, Haitian Kreyol, Nepali, Hindi, Korean, Mandarin, and Arabic. Forty three percent of patients at CHA speak a primary language other than English.

CHA's healthcare system fosters a culture of inclusion, based on a foundation of trust. Language and culturally-integrated services, such as the Brazilian Portuguese-speaking Victims of Violence team and the Haitian Mental Health team that supports Haitians experiencing trauma from climate change displacement, are embedded into the design of care. Care teams are trained in cultural humility.

CHA uses its policy and advocacy levers to make certain all patients have access to comprehensive care. For example, CHA advocated for the state to fund services for undocumented immigrants, using its research expertise to document why this type of proactive care better serves the health and finances of the Commonwealth. It has also advocated for policies inclusive of low-income seniors, [LGBTQ+ individuals](#), reproductive rights and services, and disability rights.

CHA leadership is candid about the organization's racial equity journey: "We are not there yet." CHA is committed to increasing the percentage of providers and leaders that mirror the people it serves. The organization's approach to antiracism includes a systematic and data driven effort to examine any internal inequities, including pay differences and considering lived experience and background of employees, and developing a health integration team tasked with changing systems that are perpetuating health inequities.

COMMUNITY

CHA takes its role as an engaged, responsive community partner seriously. Each year staff go to their partner communities to conduct listening sessions, and survey residents and community organizations about their self-identified priorities for health and well-being.

At the same time, CHA solidifies its connections to the community by training 50 community health workers each year. The volunteers are chosen from the most underserved areas in CHA's service area and for their deep connections to those communities. They undergo a robust peer support training program that prepares them

for a spectrum of positions ranging from lay volunteer health advisors to peer counselors in the Emergency Room. These positions are paid anything from a stipend for those volunteering a few hours a year to a full living wage for those who invest substantial time in supporting the community. Community peers help identify inequities and define needed changes.

CHA has worked alongside community partners in each of its communities for decades to facilitate community change, earning national recognition for such initiatives as Shape Up Somerville, the childhood obesity initiative that First Lady Michelle Obama modeled her own efforts on; and a [Culture of Health Prize](#) in Cambridge and Everett. These programs have yielded substantial improvements in rates of life-altering conditions from youth overdose to obesity to hospitalization.

In addition to the communities it serves, CHA is contracted to operate the Cambridge Public Health Department and works with public and community health functions in Somerville, Malden, Everett, and Revere. The CEO of CHA also serves as the Commissioner of Public Health for the City of Cambridge. The organization makes substantial investments in community health and well-being, including supporting regional community coalitions and supporting or fundraising to address needs identified by the community.

CareSouth Carolina

"Until people believe you and have trust in you, you can't accomplish much."

Ann Lewis, CEO, CareSouth Carolina

For the past 40 years, CareSouth Carolina has been working to transform community-centered care, starting with the premise that a medical home built on healing, caring relationships is critical to improving health and well-being for all.

CareSouth provides that home to approximately 39,000 patients spread throughout rural South Carolina. To increase access, this Federally Qualified Health Center (FQHC), offers a range of health and social services, regardless of patients' ability to pay. It operates 14 primary clinics across five counties in the sprawling coastal plains of the state, helping patients overcome geographic barriers. And for those patients that can't get there, CareSouth goes to them via school programs and mobile clinics.

Organization Type

Federally Qualified Health Center (FQHC)

Organization Size

260 Employees

Population Served

Rural

40,518 Patients

56% of patients Black/African American

67% of patients at or Below 200% of Federal Poverty Guideline

30% Uninsured, 25% Medicaid,
17% Medicare, 4% Dually Eligible
(Medicare & Medicaid)

South Carolina



MISSION

In an area where more than half of the patients are Black and many experience severe poverty that has extended across generations, CareSouth is committed to improving health and well-being for all and building healthier communities. As part of the Institute for Healthcare Innovation Leadership Alliance Equity Workgroup, CareSouth works alongside 16 hospitals, health systems, FQHCs, and payers to address institutional racism within their organizations and eliminate inequities in care outcomes.

CareSouth's approach to providing effective whole-person care focuses on achieving equity and excellence. It includes:

- Providing integrated, comprehensive services including community outreach, counseling, dental services, HIV/AIDS care, and more;
- Developing healing, caring relationships with patients, families, and caregivers;
- Data collection and analysis;
- Setting goals; and
- Striving to improve outcomes at both the patient and community levels.

EQUITY

For CareSouth, developing a welcoming, inclusive, and equitable health center requires intention and structural change from within; this includes identifying racism and inequity within the organization and making concerted internal efforts to change for the better. CareSouth created an inclusion council to foster accountability in the health center's approach to tackling institutional racism and encourage the development of tangible goals for improvement. The health center implemented a minimum living wage throughout the organization, making parity adjustments for those already at or above the minimum—an over \$3 million commitment that the health center rolled out in 2021. Within the next five years, CareSouth aims to have mid- and upper-level management composition match the community by race and ethnicity. To do so, CareSouth has committed to supporting internal growth, analyzing turnover data by race and ethnicity, and identifying and investing in staff to become the organization's next generation of leaders.

CareSouth has long been committed to disparities reduction. CareSouth uses data from the Robert Wood Johnson Foundation's annual County Health Rankings to drive its strategic goals. Typically, CareSouth's outcomes rankings for the five counties it serves are among the lowest in the state. CareSouth uses this data, as well as health disparities data, to prioritize partnerships that may work upstream to improve the counties' health.

The health center has measured health disparities in its patient outcomes since 2000. CareSouth is committed to achieving zero disparity in health outcomes across race and ethnicity. The center uses current data to set specific goals for each of the counties it serves and works with its partners to develop intentional programs to address patient and community needs. As part of this effort, CareSouth collects social determinants of health data using PRAPARE, a national standardized protocol that assesses patient assets, risks and experience. This enables the health center to identify and address such health-related issues as food insecurity, housing needs, transportation barriers, and access. It paints a more complete picture of the patient population, community social needs, and how to enhance holistic care efforts.

COMMUNITY AND POWER

All of CareSouth's board members are health center patients, who are actively engaged in the community. They are uniquely positioned to foster relationships with other community stakeholders to improve such things as infrastructure, which can have a lasting impact on access to healthcare, employment, and more. For example, lack of transportation is a persistent issue in this rural area. Two board members helped CareSouth bring together the regional transportation authority and other community organizations to generate funding to expand the transportation system.

TRUST

All of this, however, would be impossible to accomplish without trust. As Ann Lewis, CEO, noted, "Until people believe you and have trust in you, you can't accomplish much. One thing in our favor from our tenure is that they know us, and they know how we behave."

Building trust requires a large investment of time, energy, and consistency. For over 40 years, CareSouth has fostered strong, trusting relationships with patients and communities. That work never ends. For example, CareSouth purchased mobile vans to conduct COVID-19 education, testing, and vaccination outreach. Using the vans to provide pandemic-related services enabled the health center to connect with churches and smaller, rural communities and begin to develop trust and confidence needed to serve all communities effectively. CareSouth recognizes that until that trust is fully established, the health center will be limited as to what it can reasonably provide in these communities. In the meantime, CareSouth will continue to show up.

Cincinnati Children's Hospital Medical Center

"We asked ourselves, 'Why keep perfecting the hospital if the key issues driving health equity are outside of it?' Families and community leaders focused our attention on equity, racism, and child well-being—they served as catalysts for more explicit antiracism work. Now we were talking about upstream drivers—social determinants of health, how we do what we do, and how we show up in the community. These intentional discussions led to explicit integration of equity and antiracism into measurement, our family and community-focused approach, and improving future child outcomes."

Uma Kotagal, Senior Fellow, Cincinnati Children's Hospital Medical Center

Cincinnati Children's Hospital Medical Center is one of the [premier](#) children's hospitals in the country. Yet children growing up around it experience some of the poorest health and life outcomes in the country. Recognizing this, Cincinnati Children's (CC) charted a new strategic plan in 2015, placing children and community well-being at its center. In a city where more than [40 percent](#) of children experience poverty, CC set a goal of supporting all 66,000 of the city's children to be healthier, and make Cincinnati the healthiest place to grow up. Its efforts are working: asthma hospitalization rates for children on Medicaid, bed days in hospitals, and infant mortality decreased, and literacy, immunization, and community engagement rates all increased since CC began its efforts.

Organization Type

Pediatric Hospital and Medical Center

Organization Size

> 16,000 employees
(July 2020–June 2021)

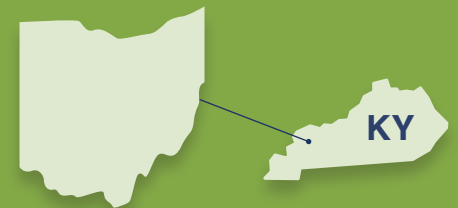
~ 1.5 million Patient Encounters
(July 2020–June 2021)

Population Served

540,000 children (primary catchment area - does not include national/international)

Youth and Families in the
Greater Cincinnati, Ohio and tri-state
Midwest Region

Ohio



MISSION AND EQUITY

CC's vision drives its mission forward: "to be the leader in improving child health." The organization's commitment to childhood well-being guides the organization's strategy and is a key measure of its performance. Recognizing that thriving societies benefit children, CC focuses on improving well-being long before any child reaches the exam room—by going into the communities it serves. Key initiatives have focused on upstream drivers of health—including improving child school readiness and parental supports, and systematically addressing social needs.

It has placed particular focus on the Avondale neighborhood. Approximately [90 percent](#) of Avondale residents are Black and more than 40 percent are living at or below the poverty level.

More than 77 percent rent housing. The site of two Black power protests in the Civil Rights era, Avondale experienced white flight and became the epicenter of decades-long punishment upon Cincinnati's Black neighborhoods as poor Black residents were further blocked from accessing regions receiving economic subsidies. CC chose to focus on Avondale because, as a neighborhood, it had one of the greatest rates of children being hospitalized.

COMMUNITY

To understand the community's challenges, CC always goes directly to the people who live there. For example, CC spent several months talking with community contributors, listening, and building trust when the organization sought to develop its new strategic plan in 2015. Parents from the communities with the poorest child health outcomes talked about what their hopes were for their children and the barriers that dimmed them. CC realized that if it were to truly seek a community where all children could thrive, it needed to broaden its vision: "We embraced the idea that to improve health we needed to move well beyond healthcare." — *Rob Kahn, Cincinnati Children's Hospital Medical Center pediatrician*

It launched the [All Children Thrive \(ACT\)](#) collaborative in partnership with over 100 community groups and residents in 2015. As part of its work, ACT created a community-based Capability University to assess what worked and what didn't. CC utilized its renowned expertise in improvement science and capability development to help ACT train community residents and nonprofit leaders to use quality improvement methods to improve processes and outcomes. Additionally, CC provided administrative support and accompaniment to the community teams. ACT set out to track and improve four primary outcomes—infant mortality rate, third grade reading level, a Thrive at Five measure, and inpatient bed days.

CC partnered with the Cincinnati Public Schools (CPS) to improve the third grade reading level by 10 percent every year. Over three years, the percent of third grade students reading proficiently increased from about [40 percent](#) to more than 70 percent. [Results](#) also indicate that equity gaps closed in schools where principals used quality improvement methods to improve student outcomes.

Health measures also improved. The [inpatient bed-day rate](#) for the two target neighborhoods in Avondale and Price Hill, where 90 percent of the children were on Medicaid, decreased by 18 percent from baseline (July 2012-June 2015) to the improvement phase (July 2015-June 2018). Hospitalizations decreased by 20 percent. From early childhood education advancement to co-creating prenatal care community needs assessments with the communities they serve, CC is demonstrating what it means to partner with a broad set of contributors in a community, center the voices and leadership of community residents experiencing inequities, and build capability for meaningful change.

TRUST

CC's efforts to improve child health and well-being have been successful because it has trusted relationships with the community. The organization's leadership—including the CEO and majority of board members—come from the communities CC's serves. These leaders had pre-established connections and trusted relationships with the community. But CC didn't stop there. The organization invested in establishing trustworthy and place-based relationships across the organization. It did this by reaching out to meet directly with the community to listen and learn. Clinicians, for example, have broken bread with mothers in underserved zip codes monthly for over five years to identify prenatal care needs and supports. This community-clinician meal-sharing has created the opportunity for continuous learning and support and helped to develop CC's clinicians' relationships with mothers served in the zip-code-based clinics. CC's investment in building this trust has made community collaboration far easier, and more effective.

Cincinnati Children's Hospital Medical Center can tell you exactly what "it takes a village to raise a child" means.



We shifted to focus on building trust and generosity and supporting families. We found that relationships outside of the exam room became more important than medical care itself, and that relationship-building shifted foundationally rather than conditionally. We meet our community where they are in their space as a sign of respect and less time wasted."

Uma Kotagal, Senior Fellow, Cincinnati Children's Hospital Medical Center

Intermountain Healthcare

"We strive to be obsessed with our mission of helping people live the healthiest lives possible. It's the lifeblood of our organization. Our mission is a source of motivation and meaning behind our work to care for our patients while taking steps to bring more equity to healthcare and improve community health."

Mikelle Moore, Senior Vice President and Chief Community Health Officer, Intermountain Healthcare

Intermountain Healthcare's approach to health and well-being is as expansive as the three mountainous Western states it serves. This integrated delivery network places as much importance on addressing patient needs for housing, learning, and sustainability as on treating the medical conditions that brought them there in the first place. Given that social factors determine roughly 60 percent of a person's overall health, Intermountain believes that addressing them is critical to improving people's lives.

Based in Utah with locations in seven states and additional operations across the western United States, Intermountain Healthcare is a nonprofit system of 33 hospitals, 385 clinics, medical groups with some 3,800 employed physicians and advanced practice providers, a health plans division called SelectHealth with more than one million members, and other health services. Helping people live the healthiest lives possible, Intermountain is committed to improving community health and is widely recognized as a leader in transforming healthcare by using evidence-based best practices to consistently deliver high-quality outcomes at sustainable costs.

Recently, Sam, a man experiencing homelessness and mental health issues spent a month in one of Intermountain Healthcare's hospitals for treatment of cellulitis, a serious skin infection. As his discharge approached, his doctor was concerned that preventing re-infection would be difficult or unlikely given the man's circumstance.

Usually, that would be outside the physician's reach. But the doctor, a member of Intermountain's Medical Group, has a care guide on his team who deals with issues like homelessness. The guide reached out to a program that offers to house people with mental health issues and lined up a place for Sam to live.

"If he'd just been discharged and left on his own, especially during the pandemic, he'd be right back in with COVID or another infection or something else," said the physician. "Lining up housing was much better for him. It dramatically improved his quality of life."

Organization Type

Integrated Health System

Organization Size

33 hospitals, 385 clinics,
1 million members of health plan

3,800 physicians and
advanced practice clinicians

59,000 caregivers

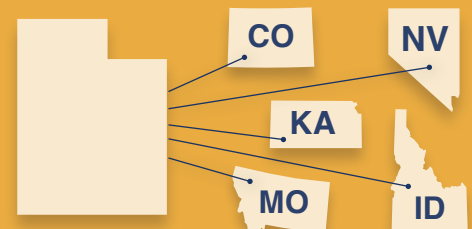
The largest private employer in Utah

Population Served

Headquartered in Utah, serving patients throughout Colorado, Idaho, Kansas, Montana, Nevada, and Utah's communities.

Among its 2021 patient encounters, Intermountain conducted 618,700 visits with patients in low-income clinics it owns or supports, supported more than 40,000 births, cared for patients more than 788,000 times in its emergency rooms, and provided charity care valued at \$330 million.

Utah



MISSION

Intermountain's mission—*helping people live the healthiest lives possible*—focuses not just on healthcare but also on health. Several core components help Intermountain fulfill its mission of committing above all to improving the health and well-being of all individuals, families, and communities. Intermountain:

- Seeks to keep people healthy by prioritizing wellness and preventive care, which helps people avoid problems that impair their quality of life.
- Uses evidence-based medicine to consistently deliver the best possible clinical outcomes without the variation and waste that drive up costs.
- Uses advanced health information technology, which gives the organization data that show what works, what doesn't, and how to continually improve.
- Integrates numerous care components—including hospitals, physicians, health insurance, and community engagement—to support patients throughout their lives, not just when they're ill or injured.

EQUITY

Intermountain understands that someone's zip code has a more significant impact on their health and life expectancy than their genetic code—and it knows some zip codes have less social equity than others. It works to provide health services and outcomes that do not vary regardless of someone's race, disability, gender, sexual identity, age, income, or other personal factors. Intermountain has also:

- Expanded its hiring and governance practices to make its team better represent its community at all levels of the system.
- Provided training to help its team recognize and root out systemic racism since 2009.
- Reviewed and revised more than 200 of its internal healthcare policies with an equity lens.
- Connected with individuals in their preferred environments and communication channels. For example, Intermountain expanded community education around the "BE FAST" acronym, which helps people recognize the signs of stroke, to "RAPIDO," which improves stroke response times among the Spanish-speaking community.
- Funded educational opportunities for community members and employees who traditionally lack them, including college scholarships for minority students who are interested in healthcare careers and \$5,250 in tuition each year for employees who are seeking college degrees, high school diplomas, or English language training.

COMMUNITY

Intermountain connects with people in ways that match their needs and lifestyles—and, in the process, improving access to care for underrepresented community members. Intermountain:

- Established a network of community-based organizations that provide free mental health visits to underrepresented communities. \$850,000 in funding resulted in more than 10,900 free visits to uninsured community members in 2020.

- Offers a 24/7 online service that provides urgent care treatment from anywhere at any time. Charges are nominal (and sometimes free).
- Pioneers the use of telemedicine, which helps its patients—including thousands of people in the vast western states it serves—stay close to home for the care they need.

POWER

Intermountain is a member of the Healthcare Anchor Network, which includes over 65 U.S. health systems that are improving the economic and racial disparities that affect people's health—the *structural* determinants of health. Anchor members use their resources to fight generational trauma and poverty and higher rates of illness and death in communities of color. Intermountain has:

- Designated or contributed \$74.9 million to more than 70 local community partners, not-for-profit agencies, and state and local governments to expand mental healthcare in the Intermountain West since 2020.
- Invested \$53 million to address housing instability and financial wellness of low-and-moderate income communities since 2020.
- Contributed to the construction or preservation of 1,058 affordable housing units and improved the financial wellness of 274 individuals to date.
- Served as founding member of the Alliance for the Determinants of Health, which involves collaboration between public and private partners to coordinate health and social needs.
- Founded Civica Rx, a nonprofit generic drug manufacturer, to provide low-cost medications to hospital patients across the nation.
- Provided medically necessary services regardless of its patients' ability to pay. In 2020, Intermountain provided more than \$169 million in financial aid to 223,327 patients. That is the equivalent of more than \$460,000 worth of free care every day to 611 patients.

TRUST

Notwithstanding all of its institutional accomplishments, the trusting relationships that make Intermountain who it is aren't organizational. They're personal.

Before Sam, the cellulitis patient, was hospitalized, he came in to see his doctor for medication refills and mentioned his feet were hurting him. As the clinic team treated his wounds, they found he didn't have socks. "The natural solution was clear," said Sam's doctor. "I had socks. He didn't. He needed socks. I asked him if he'd feel uncomfortable if I just gave him my socks. He was very grateful."

MetroHealth

"Our goal was to create an infrastructure that builds equity in a sustainable way—for patients, employees, and community—for as long as the organization lives."

Alan Nevel, Senior Vice President, Chief Equity Officer,
MetroHealth

Not unique to Cleveland, [redlining](#), [racial covenants](#), and other practices that disenfranchise minorities and the poor continue to affect many aspects of the city's health and well-being including blood lead levels, safe housing, and internet access. MetroHealth is one of a number of health systems and anchor partners in Cleveland working to advance health equity and undo this history of structural racism.

The MetroHealth System is a healthcare safety net provider serving the Greater Cleveland area with over 1.4 million visits per year. Approximately 75 percent of MetroHealth's patient population is on Medicaid, Medicare or self-pay. MetroHealth has 7,800 employees and is a critical anchor institution for the health and well-being of the communities it serves and is placed in.

Organization Type

Healthcare Delivery System, Safety Net

Organization Size

**4 hospitals, 4 emergency departments
and more than 20 health centers and
40 additional sites throughout
Cuyahoga County**
7,800 Employees

Population Served

Urban and suburban
300,000 patients;
~ 75% are covered by Medicaid,
Medicare, or are uninsured

Ohio



MISSION AND EQUITY

With whole health and well-being in mind, the MetroHealth System welcomes everyone. It serves individuals regardless of ability to pay and works to help those facing transportation, nutrition, education, housing, legal and other barriers. Its mission leads individuals on a pathway of health and well-being "through service, teaching, discovery, and teamwork." As part of its response to community needs, MetroHealth has outlined five key focus areas of health:

- Eliminate structural racism;
- Build cross-sector community relationships and trust;
- Address community conditions, such as poverty and housing;
- Enhance mental health services and reduce substance abuse; and,
- Reduce chronic illness and its effects.

Beyond medical care, the system commits to a mission of preventive care, and strives to cultivate the growth of the next generation's health equity leaders.

EQUITY

MetroHealth has committed to advancing equity and racial justice internally and externally. After the murder of George Floyd, the system engaged both patients and employees in a series of conversations. Patient focus groups and satisfaction surveys revealed differences in how Black and Brown people rated their care, and the system engaged in shifting toward a culture of equity and healing from the inside out.

MetroHealth's senior leaders, including the board of trustees, engaged in an immersive experience designed to eradicate systemic racism and create a stronger sense of inclusion and belonging for patients, staff, and the community. They established a range of learning experiences anchored around shared humanity—from the [“Healing Begins with Listening”](#) video series to monthly systemwide equity, inclusion, and diversity forums to creating psychologically safe environments for employees to engage in candid, respectful dialogue rather than discourse. In addition to education, MetroHealth has shifted policies and set strategic goals for racial equity and inclusion.

This commitment to equity and racial justice is deep and intersectional. MetroHealth was the first in the region to implement a pride clinic to align and support the needs of LGBTQ+ communities. Its Institute for H.O.P.E.™ works with UniteUs and addresses social needs by screening patients, linking them to services, and following up to make sure they receive those services. MetroHealth ensures language is not a barrier to healthcare by delivering, for example, bilingual speech language pathology (SLP) services in tandem with autism assessments for the Latinx community. Interviews with leaders across the system demonstrate that the commitment to equity is real and permeates every aspect of the work.

COMMUNITY, POWER, AND TRUST

MetroHealth harnesses strategic, cross-sector [community partnerships](#) with local food banks, the local legal aid society, and other organizations to develop a shared plan for community health improvement. This community-driven planning process has led MetroHealth to:

- Promote digital inclusion with free or low-cost neighborhood WiFi, laptops, internet, and literacy support;
- [Provide free food](#), especially tailored to people with food-related ailments;
- Help build new, affordable housing units; and,
- Refer underserved groups such as children and their families, older adults, immigrant communities, and returning community members to on-site legal aid.

Ensuring *all* of its community members are on track for health and well-being, MetroHealth has a correctional medicine arm at the county jail. Along with destigmatizing the return of community members from incarceration, support includes increased mental health resources and care for substance use disorder to aid in the transition and to prevent reincarceration.

In addition, MetroHealth has developed deep partnerships with public schools in zip codes experiencing inequities through the development of a [School Health Program](#). With 1,126 clinic visits serving students across 20 schools in 2020-2021, students in the community have improved academic and healthcare outcomes. A formal evaluation showed that participation in the MetroHealth School Health Program was associated with decreased absenteeism and improved academic achievement. MetroHealth also partners with Cuyahoga Community College and other organizations to better connect patients, employees, and residents to programs such as housing; education; and workforce, digital, and community literacy training to build cradle-to-career pathways.

MetroHealth also created a partnership with the Cleveland Metropolitan School District to develop the Lincoln-West School of Science & Health, believed to be the first school within a hospital. This high school serves 87 percent students of color from nine countries, speaking seven languages. Juniors and seniors attend classes at the hospital full-time, while freshmen and sophomores attend monthly programs taught by MetroHealth staff. By senior year, students carry out internships to work at the hospital. They are paired with a mentor beginning their junior year and that partnership can continue through college. Whether in healthcare, culinary arts, or environmental science, so far, graduating seniors in the program have a 100 percent college or post-secondary education acceptance rate. Cleveland is a Say Yes to Education district, which guarantees high school graduates a full-tuition scholarship to select schools. The outcomes are impressive and show what interrupting the cycle of poverty looks like.

MetroHealth embodies what is possible when a healthcare organization uses all of its levers to raise the bar.

Native American Community Clinic

"What does a healthy community look like? Does a healthy community look like the absence of disease, or does it look like a vibrant community with a place for ceremony, social gathering, where we feel safe, a place to rejoice, eat good food, laugh, sing, cry together? ... [We must] ask ourselves 'what is health?' It's the presence of all these other things that give us life, meaning, help us to thrive. So, how do we create a [health system] that's focused on that?"

Dr. Antony Stately, CEO, Native American Community Clinic

When the Native American Community Clinic (NACC) opened its doors in 2003, it aimed to address the health disparities that so many Native Americans face. Those running the clinic knew success depended on their ability to support cultural healing and spiritual care as well as medical care. Located in the Twin Cities of Minnesota, this FQHC serves one of the larger urban Native American populations in the country. It sits in a state that is home to 11 different sovereign Tribes.

NACC provides care to approximately 4,500 patients annually, 60 percent of them American Indian/Alaska Native. The communities it serves face significant unemployment, poverty, and unsheltered homelessness, as well as clinical risk factors, including asthma, diabetes, hypertension, cancer, smoking, and obesity. The clinic offers a full range of healthcare services that include medical, behavioral health, dental, and substance abuse programs, regardless of ability to pay.

Organization Type

Federally Qualified Health Center (FQHC)

Organization Size

65 employees
6 medical providers
3 behavioral health providers
3 dental providers
7 tribal health & Medication-Assisted
Therapy team members
3 spiritual care providers
3 patient advocates

Population Served

Urban
3,654 patients
62% American Indian and
Alaska Native Patients (AI/AN)
19% Uninsured, 62% Medicaid,
6% Medicare, 3% Dually Eligible
(Medicare & Medicaid)
90% Patients at or Below 200% of
Federal Poverty Guideline

Minnesota



MISSION

NACC's overarching mission is to improve the health and well-being of Native American families. NACC works to build resilience as it tackles the root causes of health disparities, such as access to food, housing, and health insurance. It works with peer-recovery coaches and community health workers to connect patients with services such as resource navigation, care coordination, outreach, and community-based activities. At the same time, NACC strives to honor health and tradition by providing spiritual care and access to traditional healing.

NACC's philosophy? Amplifying patients' joy and the things that are good in their lives makes people more resilient.

TRUST AND COMMUNITY

NACC prioritizes cultivating trust with its patients and their families and providing responsive, culturally congruent care. NACC established an Elders in Residence program focused on supporting spiritual well-being and supporting Native American identity. NACC works with a community partner, Minnesota Indian Women's Resource Center (MIWRC), to bring cultural healing and support services into the clinic. As part of the launch of the program, the Elders did a spiritual reset of the clinic space, which proved incredibly meaningful to the community, further developing trust between the health center and those served.

Spiritual health integration has produced an overwhelmingly positive response from the community and has had a positive effect on clinical outcomes. The integration of spiritual health and substance use disorder (SUD) treatment has led to a significant reduction in ER visits for SUD patients. These patients report that they stay in treatment for SUD because it provides access to spiritual health services, particularly during the stress and isolation of COVID-19.

NACC has found that when there is a crisis in the community, a healthcare organization cannot wait for the timing to be "right," rather, it has an obligation to respond because the community needs them and their services.

EQUITY AND POWER

Creating a culture that values equity internally allows NACC to provide equitable care and hold themselves accountable to the community. While NACC has historically hired care team members from within the community, NACC's current CEO, Dr. Antony Stately, is the first Native to hold the position. Under his leadership, NACC is becoming more intentional in creating representation at all levels within the organization, and NACC is deliberate in its recruitment outreach to Native communities, working against the barriers to upward mobility in place due to structural racism.

Understanding the connection between health and employment, NACC's leadership uses its hiring power and purchasing power to lift up the community and provide avenues for upward mobility for individuals and the health center's community partners. The center's position as a health home in the community helps ensure quality and accountability to their mission. Staff, providers, and leadership consider their patients "relatives," asking themselves how they would approach a loved one seeking their help and then proceeding accordingly. By taking a "partner in healing" approach, the center has been able to foster a culture of holistic, culturally sensitive care.

The center's community advocacy extends outside its own walls. NACC recognizes its power as an institution to speak up about racism and to affect change in the community. During 2018 and 2019, the "Wall of Forgotten Natives" was the largest encampment of unsheltered people in the state's history. Facing unprecedented need in the community, NACC mobilized medical response outside the clinic and called on local and state officials to take action. The CEO called the mayor of Minneapolis, governor, and county officials, urging them to respond. These efforts were effective: the mayor held a press conference calling attention to this crisis. Showing up for the community in the face of crisis both in service and advocacy solidified the health center as a trustworthy, welcoming, community-minded organization.

NACC's advocacy continues. With the success of its spiritual health integration in SUD treatment programming, the health center is working to gain Medicaid reimbursement for Native healing services. NACC leadership is also involved in Minneapolis Police Reform efforts, helping others better understand SUD and the importance of behavioral health and trauma-informed services. NACC's CEO is also an involved member of Minneapolis health and wellness committees to transform the larger structures contributing to the health and well-being of the twin cities.

Southcentral Foundation

"It's not about giving options and asking what you think. It's about everyone who has a stake getting to design the system. This matters to the Native leaders in our system—who are First Nations people for whom this is their life."

April Kyle, President and CEO, Southcentral Foundation

At Southcentral Foundation (SCF), the patients and people running the health system are one and the same. Alaska Native people are in charge of designing and delivering healthcare. Alaska Native people created SCF to provide physical, mental, emotional, and spiritual care to Alaska Native communities spread across the [south central area of Alaska](#), stretching from the Aleutian Chain and Pribilof Islands in the west to the Canadian border in the east. The nonprofit grew out of a concerted effort to better meet the needs of those communities.

In 1982, 229 federally recognized Tribes collaborated in an unprecedented move to wrest control of their health system from the federal government. SCF is one of seven healthcare systems that emerged. Over the course of two decades, SCF has transformed its system into a care delivery model owned and managed by Alaska Native people to ensure that they have the best health and well-being possible.

SCF has over 2,000 employees serving approximately 65,000 Alaska Native and American Indian people living in Anchorage, the Matanuska-Susitna Borough, and more than 50 rural villages. SCF provides a range of services, including primary care and telehealth, through the regional Anchorage Native Primary Care Center, the Alaska Native Medical Center, and a network of village councils and community health workers, including medical, behavioral health, and dental assistants. By the late 1990s, SCF took over co-management of the Alaska Native Medical Center along with the Alaska Native Tribal Health Consortium, providing tertiary care to the entire Native population in the state—approximately 108,000 people.

SCF is the only healthcare system in the nation to win two national Malcolm Baldrige Quality Awards—the highest possible award any business can earn—with significant (75 percent) improvement in health outcomes. SCF's story demonstrates what is possible when people experiencing inequities engage in self-governance and unprecedented collaboration to change laws, policies, and systems.

Organization Type

Healthcare Delivery System

Organization Size

2,000 Employees

Population Served

Approximately 65,000 Alaska Native/
American Indian people

Urban/suburban Anchorage area
and 55 rural villages

Alaska



MISSION

Southcentral Foundation envisions a Native Community that enjoys physical, mental, emotional, and spiritual wellness. Working together with the community as “customer-owners” rather than “patients,” SCF created a Nuka System of Care to achieve wellness. Nuka, which is Alaska Native for strong, giant structures and living things, is a whole-person system of care built on relationships and the understanding that one’s health and well-being is rooted in one’s past. Decisions made today can affect the health and well-being of generations to come, as well as the health and stewardship of the land, and the spiritual connectedness and well-being of ancestors and descendants.

Establishing a [Nuka System of Care](#) meant building the infrastructure around holistic models of Indigenous health and well-being. SCF replaced buildings that looked cold and formidable with ones that drew directly from indigenous conceptions that conferred dignity and connection. Recognizing that many customer-owners come into the healthcare system impacted by trauma, SCF formed integrated care teams centered around relationships. Primary care incorporated traditional healing values and practices, trauma-informed care, and mental healthcare, and SCF employed community-based health workers and employed telehealth to establish a network of trust and generate unprecedented levels of access and quality care.

The results speak for themselves. Early on, the changes led to a 44 percent decrease in ER visits, a 31 percent decrease in inpatient discharges and high customer-owner satisfaction rates. SCF also exceeded 75th percentile on several The Healthcare Effectiveness Data Information Set (HEDIS) health measures, including cervical cancer screening and diabetes poor control.

EQUITY

Alaska Native people have borne some of the worst health outcomes in the nation. SCF works in concert with the Alaska Native Tribal Council and state and local policymakers to eliminate inequities and assure that Alaska Native people have the best health and well-being possible. This includes negotiating with the federal government to adequately fund services that community partners have prioritized.

For example, 75 percent of Alaska Native people have experience high levels of trauma, ranging from child abuse or neglect to sexual abuse. This kind of toxic stress can result in a 40-fold higher rate of health and life inequities over the course of a person’s life—and cycle through subsequent generations. SCF created and supports community-driven responses, including cradle-to-childhood well-being pathways.

This well-being pathway evolved into [The New Generations Project](#), a five-year federal grant program that ensures and promotes physical, mental, emotional, and spiritual well-being, school readiness, and generational healing for children starting from birth to age eight. As part of the program, SCF offers on-site health-related services such as housing, employment, legal aid, and Native culture-based education. A Traditional Healing Clinic bridges Alaska Native healing practices with modern ones.

In another effort aimed at interrupting the cycle of generational trauma and violence, SCF and tribal leaders invited indigenous men to reclaim their identity and act as Family Wellness Warriors. As Warriors, trusted traditional community healers collaborate with families to provide educational, socioemotional, physical, mental, and spiritual well-being tools and resources. While designed to restore relational healing to support Alaska Native people, all community members are welcome. They created community-based healing events, called Beauty for Ashes, for people to share their stories with one another.

COMMUNITY, POWER, AND TRUST

The culture and voice of Alaska Native people reverberate throughout everything SCF does. SCF's strategy development and decision-making is driven by the voice of customer-owners and community. The organization is deliberate in building community partnerships that model healing and trusted relationships.

SCF leadership meets with individual village councils to determine the services each sovereign Tribe wants to provide to its community. This network of deep relationships was activated to quickly determine Tribal approach to COVID-19 and proved effective and durable: Alaska rapidly achieved over 80 percent vaccination rates in a number of villages.

Alaska Native people and Southcentral Foundation together demonstrate what equity and racial justice can accomplish when practiced with dedication over a generation.

Aledade

"If you are truly responsible for the health of the community, that may not require you to be building housing, but you could be in the legislature advocating for it."

Sean Cavanaugh, Chief Commercial Officer and Chief Policy Officer at Aledade

Founded in 2014, Aledade is a physician enablement company helping independent practices, health centers, and clinics deliver better care to their patients and thrive in value-based care. Its model includes data analytics, guided workflows, regulatory expertise, payer relationships, and integrated care solutions with the goal of empowering physicians to succeed financially by keeping people healthy. Aledade serves more than 1,000 practices in 37 states, and shares in the risk and reward across more than 140 value-based contracts representing more than 1.7 million patient lives under management

Organization Type

Physician Enablement Company

Organization Size

More than 1,000 primary care practices and health centers serving 1.7 million patients in value-based contracts

Staff of over 800 experts in health policy, technology, and practice transformation

Population Served

Urban, suburban, rural settings across 37 states

Maryland



MISSION

Aledade is in the business of advancing value-based primary care to improve the health and well-being of all patients. Aledade supports independent physician practices, health centers and clinics with the tools they need to improve care and expand access to more patients. For Aledade, the best way to improve care quality and outcomes is to shift from a fee-for-service model, where payment is tied to services provided, to a value-based one where the emphasis is on preventive care and physicians are reimbursed according to patient outcomes.

The company supports physicians by delivering the technical assistance, data analytics, educational support, funding, in-person support, and technology necessary for them to successfully adapt their practices to delivering value-based care where the focus is on efficiency and high-quality care rather than the volume of services delivered.

EQUITY

Aledade believes that health equity is central to value-based care and critical to ensuring the health and well-being of all individuals, particularly those historically or presently underserved. The company includes equity as one of its key business metrics and has incorporated equity into its objective and key result (OKR) measures. Aledade quantifies equity impacts by tracking disparities in chronic condition management, such as rates of

uncontrolled hypertension. Using this information, it establishes goals for improvement and discrete actions to achieve results. Aledade has hired a vice president of health equity and has equipped this individual with the resources and staffing needed to make a lasting impact.

Aledade also acknowledges it has the ability and responsibility to promote equity—not merely for equity's sake, but because all patients—especially the most vulnerable—deserve to have access to physicians that are part of a high functioning accountable care organization (ACO). The organization engages and partners with physician practices that are run by and those that serve predominantly minority and/or vulnerable communities. Aledade assists these practices with payment arrangements that encourage and support preventive care and a focus on improving quality. It also assists practices in leveraging clinical data to identify disparities in care and close care gaps.

COMMUNITY AND POWER

Aledade leverages its power as a convener. It actively reaches out to healthcare payers to identify collaboration opportunities to address key social risk factors in the communities they serve. This includes aligning funding opportunities to address needs such as transportation for patients, office equipment to minority and CHC practices, patient outreach for hard-to-reach patient populations, and empowering community health workers to advance health education around social determinants of health (SDOH) needs.

As Sean Cavanaugh, Chief Commercial Officer and Chief Policy Officer at Aledade sees it, advocating for what a community needs goes beyond medical services “If you are truly responsible for the health of the community, that may not require you to be building housing, but you could be in the legislature advocating for it.”

Executive Summary

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Advocate Role

Bright Spots

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Principles into Practice:

Provider Role

Raising the Bar's five principles provide the foundation for transformational action by healthcare payers, providers, and other organizations. *Raising the Bar* describes four essential roles played by healthcare, providing a framework for how the principles can be put into practice.

This section focuses on healthcare's role as a PROVIDER, including the essential role payers and other organizations play in facilitating the provision of healthcare, and outlines concrete actions, each with a commitment that healthcare can make to advance equity and excellence, and a set of tactical strategies.

Following the Roles and Actions, there are a set of vignettes which highlight examples of organizations already advancing efforts in line with those actions outlined in the PROVIDER role. There is also a set of resources for healthcare stakeholders looking for a place to begin or to amplify ongoing work in this role area. An aggregated set of the *Raising the Bar* [Resources](#) is available.

PROVIDER ROLE

Provide Whole-Person Care to Achieve Health Equity

Achieving equity and excellence is grounded in the ability of individuals to access and receive the full range of affordable care they need, and experience being treated with dignity and respect.

Healthcare's Actions

Action 1 **Actively promote and facilitate access to care for all in ways that accomodate diverse life circumstances and needs.**

Healthcare's commitment

Ensure that all individuals and families can access the care they need in ways that work best for their lives. Address structural barriers preventing access to healthcare, including financial and physical constraints, and commit to understanding and respecting the preferences, priorities, and constraints of individuals in accessing care.

Why this action is included

Access to care is inextricably linked to equity—if everyone is to have a fair and just opportunity to be as healthy as possible, access to high quality and safe healthcare is essential. However, access is not limited to coverage for healthcare services. It includes ensuring that healthcare services are available and affordable to everyone independent of who they are, where they live, or their insurance status.

Putting this action into practice

- Ensure access by eliminating or mitigating financial constraints and providing affordable care regardless of insurance status or ability to pay. This includes accepting Medicaid and other forms of publicly funded payment, minimizing the role that copays and medical debt play in preventing access to care, and providing coverage and ensuring affordability for essential healthcare services so that needed care is not delayed.
- Facilitate access by understanding the preferences and constraints of individuals, families, and caregivers, and accommodating them, including adjusting hours of operation, easing scheduling, and increasing availability of appointments, and enabling transportation assistance to and from appointments.
- Make accommodations to ensure that all healthcare settings are accessible to people with disabilities.
- Cover and provide care through diverse modes to accommodate diverse life circumstances and needs. For example, cover and provide telehealth options and develop or use innovative care models and payment approaches to ensure rural populations have access to healthcare.
- Ensure access to essential healthcare services to all with unique healthcare needs. For example, LGBTQ+ individuals, individuals with disabilities, people of color, and others may have unique healthcare needs. Coverage, capacity, and diverse providers are key in enabling access to specialized and culturally congruent clinical services and treatments.

Action 2 Establish and sustain a trusting environment where everyone feels they are welcomed and treated with dignity and respect.

Healthcare's Commitment

Treat everyone with dignity and actively work to make all feel respected and heard. Strive to achieve equity in the delivery and outcomes of care, to be antiracist and anti-discriminatory, and to take active steps to remove all systemic barriers to healthcare, optimal health, and well-being. Implement training and protocols that ensure culturally and linguistically congruent care is available for the multiple communities served.

Why this action is included

The elimination of disparities in health outcomes, including disparities based on race, ethnicity, preferred language, gender, sexual identity, age, disability status, religion, employment, income, migrant status, and other factors, is key to an equitable and effective healthcare system. This work begins with addressing the underlying barriers to health and well-being—such as racism and its impact on care delivery, ensuring all have meaningful access to effective and equitable health services, and ensuring that care is delivered in respectful ways.

Meaningful efforts to ensure that all feel welcomed in healthcare settings are essential. Healthcare payers, providers, and other stakeholders should use intentional approaches to welcome those who face the greatest challenges accessing care, those with public insurance, and those with specialized healthcare needs, including individuals with disabilities and LGBTQ+ individuals.

Putting this action into practice

- Make information and services available in preferred languages. For example, have materials translated into multiple languages which align to the needs of patients and caregivers, and have timely, high-quality interpreter services available.
- Use multi-specialty care teams that can meet the range of interrelated physical, emotional, and social health needs.

- Create an environment that is physically, aesthetically, and culturally welcoming that shows respect for individuals and their families when they are receiving care.
- Provide coverage for and access to the comprehensive range of clinical, mental, behavioral, dental, and social services that are essential to delivering effective care.
- Ensure care and case management teams and other service providers are diverse and representative of the community served and are equipped to provide appropriate, respectful, and culturally congruent care that builds upon individual's support networks.
- Foster relationships that facilitate the sharing of relevant information between service providers and individuals and their families. This includes communicating and collecting information in ways that are appropriate and reflective of the cultural and demographic background and priorities of individuals and their caregivers and maintaining privacy and securing consent when sharing data.
- Appropriately use disaggregated data on race, ethnicity, and other demographic factors to identify and address disparities, and ensure that care provided and outcomes achieved are equitable and improve the health of communities.

Action 3 **Provide holistic, effective, high-quality care responsive to plans co-created with individuals, families, and caregivers.**

Healthcare's Commitment

Co-create care plans with patients, beneficiaries, and members, encompassing their overall care and reflecting their physical, social, emotional, mental, behavioral, and oral health, as well as spiritual needs and priorities, across the trajectory of their life. These care plans will be portable and integrate the full range of practitioners—home- and community-based health workers, social workers, licensed behavioral health professionals, and other non-traditional healthcare personnel—and organizations, including social services and public health agencies, which are important to delivering effective and comprehensive care. Deliver care that meets the needs of individuals and their families and caregivers, engaging in effective, respectful, multidirectional communication.

Why this action is included

Effective and holistic care recognizes, understands, and acts on behalf of a person's full range of complex health and health-related needs and priorities. It requires a greater emphasis on promoting wellness, offering primary care and comprehensive preventive services, mental health, and addressing social needs, social risk factors, and adverse social determinants of health. Co-creation is a critical element, acknowledging the importance of learning directly from those served.

Holistic care is important for all, but critical for individuals and communities more likely to experience negative social and structural factors, including systemic racism, sexism, and classism, which result in inadequate access to care, poorer quality and fragmented care, worse experience and dissatisfaction with care, and worse outcomes.

Putting this action into practice

- Enable individuals and their caregivers to make meaningful choices about their care by creating systems for shared decision-making about the effective care they receive, including the kind of care, the setting, and who provides it.
- Utilize care teams with diverse professional types and care providers, drawing from communities in which individuals receiving care live (e.g., community health workers), to develop holistic care plans and deliver effective and culturally congruent care. Care plans and service delivery should integrate physical, mental, and social health services to meet a full range of health needs.

- Develop strong partnerships with the entities and individuals across an individual's care delivery network and social support system to implement holistic care plans.
- Create systems and processes that facilitate coordination and communication between the wide range of practitioners with whom an individual may interact, and enable them to work as a team.
- Collect, use, and share data, as necessary and respecting privacy and patient preferences, on health and social needs to provide responsive and appropriate care to individuals and families as well as improve the health of communities.
- Ground care delivery, coverage, and payment offerings in the best available evidence, while understanding limitations.
- Develop and implement interventions to meet interrelated health and social needs as well as health needs at the community level, evaluate their impact, and share learnings to expand the evidence base on effectiveness and equity.

Provider Role: Vignettes

Open Arms Perinatal Services

Nurturing strong foundations for families is at the core of the services and supports Open Arms Perinatal Services (Open Arms) has been providing to birthing people and parents in the Puget Sound, Washington region since 1997.

Open Arms serves over 400 low-income birthing people and families annually, beginning with pregnancy, through birth, and into early parenting. The community-based nonprofit offers four programs that provide culturally and linguistically responsive support.

The Birth Doula Services program involves several home visits during pregnancy, support during childbirth, and several early postpartum home visits, for referrals to any needed social services. The longer, more intensive Community-Based Outreach Doula program is an evidence-informed home visiting model that provides monthly visits starting in the second trimester, continuous support at the time of birth, and home visits and referrals up to two years after birth. Family Support Services include tailored resource referrals to mental health support, group prenatal care, childbirth education, and baby supplies. Lactation Peer Counselors provide individualized lactation support up to a child's first birthday.

Open Arms has taken a number of action steps to realize a whole-person care approach to health equity. Recognizing that people have diverse life circumstances and needs, Open Arms fosters access in ways that meet people where they are. This includes offering:

- A broad menu of services at no cost to clients that are enhanced through a broad referral network.
- Services that are culturally and linguistically responsive through staff and doulas that reflect the diversity of clients.

To ensure that all feel welcome and are treated with dignity and respect, Open Arms:

- Provides a community-centered approach that is not hospital-based or directed.
- Culturally and linguistically matches clients with doulas and lactation counselors whenever possible.
- Successfully serves “hard-to-reach” populations, including immigrants, refugees, and houseless or housing insecure birthing people.
- Works with each family to co-create a plan for holistic, effective, high-quality care.

Open Arms providers help clients navigate healthcare and early learning systems by helping to create birth plans, prepare clients for medical visits, and helping them advocate for their needs during pregnancy, birthing, and postpartum. For those participating in the longer Community-Based Outreach Doula program, Open Arms uses the evidence-based curriculum, Promoting First Relationships, to monitor the baby's developmental milestones and will intervene as concerns are identified.

The outcomes are evidence that a community-based holistic approach works. As of 2021, 95 percent of Open Arms participants had full-term pregnancies and healthy birth weight babies compared with 91 and 93 percent in King County. The success rate with chest- or breastfeeding to six months was double that of the rest of King County's population at 82 percent compared with 39 percent.

For additional information about Open Arms Perinatal Services, please visit the [Open Arms](#) website and see an [overview of programs](#), approach, and an independent evaluation of the program outcomes.

Kaiser Permanente

Kaiser Permanente is an integrated managed care organization headquartered in Oakland, California, serving about 12.5 million members in eight states across the United States. Kaiser Permanente strives to provide whole-person care to achieve health equity.

Establishing and sustaining a trusting environment where everyone feels welcome and treated with dignity and respect is critical to achieving health equity. Kaiser Permanente actively seeks patient input on what would make them feel welcome from the moment they walk in the door to how to better meet member needs.

As with many other health systems across the country, Kaiser Permanente is working to collect data from members to make programs and policies more effective. In pursuit of transparency and trust, Kaiser Permanente is clear with members about how and why it is collecting the information. Members also have an opportunity to opt out of any data collection.

Kaiser Permanente provides services to millions of people with diverse backgrounds and circumstances across eight different states. Recognizing that a one-size-fits-all approach would not work to meet the needs and preferences of all its members, Kaiser Permanente created multiple channels to gather information including by phone, virtually, or in-person. This allows the member to choose a method that is most comfortable to them. Kaiser Permanente also works to address social risk factors as part of its commitment to providing holistic, effective, high-quality care.

Recognizing that so much of healthcare comes from services outside of the health system, Kaiser Permanente partnered with UniteUs, a coordinated care network. UniteUs provides infrastructure that connects health systems to social services in the community and allows both parties to track outcomes. With this program, Kaiser Permanente can effectively address social risk factors that impact the overall health of a member.

Compass Community Health Center

Compass Community Health is a small health center serving underserved communities in rural Ohio. It is also a trusted, reliable community partner that people turn to for help with anything that affects their overall health. That is why one Compass patient walked barefoot for 20 miles to the health center to escape a domestic violence situation. She knew that the nurse who had worked with her before to address other needs would be there to help her again.

Compass has integrated a [wide range of services](#) in an effort to provide whole-person care. Those services include family health, women's health, behavioral health for adults and children. Compass also provides care coordination including transportation, pediatric occupational and speech therapy, outreach and enrollment services, and an on-site pharmacy.

The health center has worked to create a welcoming, trustworthy environment in which the community has confidence that their needs will be heard, respected, and met with compassion rather than judgment. Compass staff demonstrate genuine interest in patient wellness and are committed, above all, to improving the community's health. To build trust and show up as a reliable, understanding resource, the center offers trauma-informed social risk screening and prompt referrals.

Compass is adept at providing comprehensive behavioral health services and incorporating social risk screening into behavioral healthcare plans. This is critical given that a significant portion of the local population experience homelessness and are managing substance use disorders. To respond to these needs, Compass acquired a



[Our health center] is big on making sure we're welcoming...when you walk into the health center, there are calm colors and pictures. The front desk staff is welcoming, the nurses are engaging with patients. In a rural community especially, people like to see familiar faces. Word of mouth around here is huge."

Clinic & Compliance Manager, Compass Community Health Care Center, 2021

mobile unit and staffed it with community health workers to better connect with community members experiencing homelessness, screen them for additional social needs, and connect them to both behavioral health and social services. Having diverse care teams communicate and collaborate regularly has generated greater care coordination and increased referrals.

Compass has pioneered ways to scale social determinants of health screening to pediatric populations as well. Compass [developed a family-centered workflow](#) for screening pediatric and adolescent patients for social needs, while also identifying sensitive ways to ask pediatric and adolescent patients questions related to safety privately. To meet needs identified via screening, Compass fostered new and expanded community partnerships to provide services for all age groups, created additional in-house services, and worked closely with local businesses to provide material goods and food to families requiring additional assistance.

Community Medical Clinic of Kershaw County

At Community Medical Clinic of Kershaw County (CMCKC) in South Carolina, county residents are the driving force behind its success. CMCKC placed “community” in its name to underscore its mission to empower Kershaw County residents to take charge of their own health and well-being. CMCKC makes this possible by providing a diverse set of quality healthcare services including preventive healthcare to their communities, regardless of insurance status or ability to pay.

Prior to the COVID-19 public health emergency, CMCKC focused its efforts on partnering with other healthcare facilities and schools to meet the health needs of individuals in their communities. While CMCKC’s initiatives have shifted in response to changing dynamics and needs in the community, the following examples demonstrate how healthcare organizations can ensure community members have access to effective, responsive, and holistic healthcare.

A majority of CMCKC’s patients have more than three chronic conditions and are often from underserved and underinsured communities. As a sign of respect, the organization meets these patients where they are and follows up with them to ensure that patients most likely to be underserved get high quality healthcare. CMCKC collaborated with KershawHealth, an area hospital, to develop patient-centered approaches to coordinating care post-hospital discharge; the resulting Transitional Care Program prioritized patients’ “health after healthcare.” For example, nurses from CMCKC traveled to KershawHealth to identify patients who had minimal insurance coverage and provided a personal coach to build trust and help coordinate their medical care after hospital discharge. By taking healthcare outside their own facility to where community members needed them, CMCKC took steps to overcome constraints that individuals face in accessing care and ensured that care was available for all in line with individuals’ and their families’ preferences, priorities, and needs.

CMCKC designs its services based on community input. Community partners, including youth, co-design plans and opportunities for health and well-being advancement in the community. As a result, CMCKC’s free, school-based clinics offered holistic health services that have transformed the social, behavioral, mental, and physical health factors in students’ and families’ lives. This program significantly decreased chronic absenteeism, bolstered positive health outcomes, increased graduation rates, and reduced parental leave from work. By recognizing that measures like high school graduation rate are powerful long-term predictors of health outcomes, and that school absence rates predict graduation rates from K-12, they embraced their role as part of the “school absence reduction team,” designing services so that students have to miss as little school as possible.

Community Health Plan of Washington

Community Health Plan of Washington (CHPW) is a non-profit health plan operating in the state of Washington with an explicit mission of delivering whole-person care. The plan serves 280,000+ individuals enrolled in its plans across all counties in Washington state. CHPW was created in 1992 by Washington's community and migrant health centers to provide health insurance to people who were not being served by traditional insurance companies. The health plan works with a network of 21 community health centers that operate over 190 clinics, as well as over 100 hospitals, 3,100 primary care providers, and 23,000 medical and behavioral health specialists.

CHPW has long recognized the importance of advancing health equity due in large part to its origin as a community health center founded health plan. It also recognized that the changes required to achieve this goal aren't easily accomplished within current payment systems or practice patterns, and that additional focus and investment are needed. To this end it launched an equity learning collaborative grant program in 2021 in coordination with the Community Health Network of Washington. The grant program offers community health centers up to \$50,000 annually to fund the design and implementation of improvement projects focused on addressing disparities. It also offers them a forum for shared learning as they work individually and collectively to advance their equity initiatives.

In the first year of the program (2021), community health centers focused on developing foundational elements key to advancing equity work. These foundational elements included: 1) embedding root cause analysis into program design, 2) collecting, disaggregating, and interpreting data, as well as applying an equity lens to data analysis, 3) partnering with patients for program planning, implementation, and evaluation and 4) training clinical and administrative staff in equity, diversity, and inclusion.

In 2022, community health centers participating in the program have the option to continue refining the work they started in 2021 or launch new projects focused on one of the following four priority areas:

- **Member Experience/Organizational Equity:** With the goal of Improving diverse members' satisfaction with access to care. This could include internal-facing equity work (i.e., staff training, patient engagement) to drive improvements in member experience.
- **Pregnancy Care:** With the goal of reducing disparities in access and outcomes for pregnant and/or postpartum individuals.
- **Depression and Behavioral Health Management:** With the goal of reducing disparities in diagnosis and treatment of depression or other behavioral health conditions.
- **Chronic Condition Management:** With the goal of reduce disparities in diagnosis and treatment of chronic health conditions.

CHPW recognizes that this is a systemic investment intended to advance and embed equity within the community health centers they partner with. As such, the grant program is explicit in stating that patient-focused projects do not need to focus on CHPW members and should be designed to have the greatest impact on disparities within the organization's full patient population.

Provider Role: Resources

Becoming a Culturally Competent Healthcare Organization

American Hospital Association/Health Research Educational Trust (2013)

- This guide explores the concept of cultural competency and builds the case for the enhancement of cultural competency in healthcare. It offers seven recommendations for improving cultural competence in healthcare organizations. Also included are self-assessment checklists for hospital leaders and a list of relevant cultural competency resources.

Better Care Playbook: Mental Health and Substance Use

Better Care Playbook (n.d.)

- The Better Care Playbook page on Mental Health & Substance Use is a compendium of resources focused on care models that integrate behavioral health into a whole-person approach, as well as policy initiatives to advance these models.

Better Communication, Better Care A Provider Toolkit for Serving Diverse Populations

LA Care Health Plan (2019)

- This toolkit provides recommendations and resources to help providers and care teams offer culturally and linguistically competent care.

Blueprint for Health Plans: Integration of CBOs to Provide Social Services and Supports

The SCAN Foundation (2019)

- This resource provides guidance for integrating community-based organizations in healthcare with a focus on meeting the needs of older adults and dual eligible individuals with complex medical and social needs.

The Building Blocks of High Performing Primary Care

University of California San Francisco Center for Excellence in Primary Care (2012)

- This resource outlines the Building Blocks identified by UCSF through site visits to high-performing primary care practices and clinics in 2010-2011 and provides tools to discuss the Building Blocks within a medical practice.

The Care We Need: Driving Better Health Outcomes for People and Communities

National Quality Forum (2020)

- This report looks back on twenty years since the Crossing the Quality Chasm report and makes recommendations representing the shared priorities of payers, healthcare systems, clinicians, purchasers, patients, consumers, policy, community leaders, and more to improve care quality.

Center of Excellence for Integrated Health Solutions

National Council for Mental Wellbeing (n.d.)

- This resource provides evidence-based [resources](#), tools, and support for organizations working to integrate primary and behavioral care. The Center has a team of experts in organizational readiness, integrated care models, workforce and clinical practice, health and wellness, and financing and sustainability that partner with organizations to create customized approaches to advance integrated care and health outcomes. This program is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Coverage and Financing of SDOH Strategies in Medicaid Managed Care

State Health and Value Strategies (2019)

- This resource outlines options for states to finance social needs interventions through Medicaid managed care.

Creating a Culture of Equity

Institute for Medicaid Innovation, Center for Health Care Strategies (n.d.)

- This document outlines how a culture of equity is defined for healthcare organizations and systems and provides resources designed to facilitate the work of creating a culture of equity.

Cultural Competence and Patient Safety

Agency for Healthcare Research and Quality (AHRQ) Patient Safety Network (2019)

- This perspective piece explains the links between cultural competence and patient safety and provides guidance for how to improve cultural competence.

The Cycle to Respectful Care: A Qualitative Approach to the Creation of an Actionable Framework to Address Maternal Outcome Disparities

National Birth Equity Collaborative (2021)

- This resource utilizes focus groups and interviews from communities in the U.S. identified as having higher density of Black births to create a framework for training on anti-racist maternity care.

Ensuring Access in Vulnerable Communities - Taskforce Report and Resources

American Hospital Association (n.d.)

- This report and accompanying resources from the American Hospital Association provide 9 strategies for healthcare organizations to pursue to preserve access in vulnerable communities.

Financial Barriers to Healthcare Access

American Medical Association Code of Medical Ethics (n.d.)

- This resource outlines physicians' obligations to address financial barriers to healthcare access. It encourages physicians, health facilities, health insurers, professional medical societies, and public policymakers to work together to ensure sufficient access to appropriate healthcare for all people.

Getting grounded: Building a Foundation for Health Equity and Racial Justice Work in Healthcare Teams

New England Journal of Medicine Catalyst, Innovations in Care Delivery (2022)

- This article provides concrete recommendations for how to prepare healthcare teams to begin addressing health inequities in their relationships, processes, and outcomes based on a learning and action network that the Institute for Healthcare Improvement (IHI) facilitated from 2017-2019.

Guide to Implementing Social Risk Screening and Referral-Making

Kaiser Permanente Center for Health Research, OCHIN (2022)

- This resource provides practical guidance to help practices implement social risk screening and referrals. The guide uses a 5-step roadmap for implementing or improving social risk screening and related activities within a clinic or practice and provides tools, materials, and resources to support each step.

Healing the Nation: Advancing Mental Health and Addiction Policy

Wellbeing Trust (2019)

- This resource is a framework for federal policymakers with actionable solutions for comprehensive, inclusive mental health and addiction policies. This guide provides actionable solutions for healthcare systems, judicial systems, educational systems, workplace & unemployment systems, and in the community.

Hospitals Index

Lown Institute (2021)

- The Lown Institute Hospitals Index is a ranking system that defines standards for hospital social responsibility by examining performance across health outcomes, value, and equity. The Lown Institute provides a number of listings for hospitals that meet different equity measures such as racial inclusivity, community benefit, cost efficiency, and social responsibility.

Implementation Guide: Patient Centered Interactions

Safety Net Medical Home Initiative: Qualis Health, The Commonwealth Fund, GroupHealth (2013)

- This resource provides guidance on addressing measurement of patient satisfaction and experience and describes other mechanisms to gain and use patient and family feedback. The guide provides a format for the structure and flow of patient visits to optimize positive patient health outcomes, lower costs, and enhance experience.

Implementing High-Quality Primary Care: Rebuilding the Foundation of Healthcare

National Academies of Sciences, Engineering, and Medicine (2021)

- This implementation plan includes five objectives to make high-quality primary care available for everyone in the U.S. The implementation strategy includes an implementation framework, an accountability framework, and a public policy framework.

Integrating Social Care into the Delivery of Healthcare: Moving Upstream to Improve the Nation's Health

National Academy of Medicine (2018)

- This resource uses an 18-month study to develop five healthcare activities to better integrate social care into healthcare. These activities are awareness, adjustment, assistance, alignment, and advocacy. The report details specific tools for change within each activity.

National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare: A Blueprint for Advancing and Sustaining CLAS Policy and Practice

U.S. Department of Health and Human Services Office of Minority Health (2013)

- The Blueprint offers practical information for healthcare organizations to implement the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Opportunities in Medicaid and CHIP to Address Social Determinants of Health

Centers for Medicare and Medicaid Services (CMS) (2021)

- This letter from CMS to states explains how federal Medicaid and CHIP funds can be used to address social determinants of health and offers CMS support to states with designing programs, benefits, and services that can more effectively improve population health, reduce disability, and lower overall healthcare costs in the Medicaid and CHIP programs.

Patient Centered Medical Home Assessment

Safety Net Medical Home Initiative: Qualis Health, The Commonwealth Fund, GroupHealth (2014)

- This resource is designed to help healthcare organization sites understand their current level of "medical homeness" and identify opportunities for improvement. This assessment can also help sites track progress toward practice transformation when it is completed at regular intervals.

Patient-Centered Medical Home Recognition program

National Committee for Quality Assurance (n.d.)

- This webpage provides resources on why organizations should implement the Patient-Centered Medical Home (PCMH) model and how to get recognized by NCQA as a PCMH.

Person Centered Engagement at the Organizational Level

Center for Consumer Engagement in Health Innovation, Community Catalyst, Health Care Transformation Task Force (n.d.)

- This resource is a guide for leaders and staff at healthcare organizations to aid in developing meaningful person-centered engagement structures at the organizational level. It is informed by a review of literature on consumer engagement and case studies from healthcare organizations that have made commitments to engaging patients and families at the organizational level.

The SHARE Approach

Agency for Healthcare Research Quality (2014)

- The SHARE Approach is a five-step process for shared decision-making that includes exploring and comparing the benefits, harms, and risks of each option through meaningful dialogue about what matters most to the patient. AHRQ provides resources for SHARE Approach workshops and tools for implementation.

Using Data to Reduce Disparities and Improve Quality

Center for Health Care Strategies (2021)

- This brief recommends strategies that healthcare organizations can use to effectively organize and interpret stratified quality data to improve health equity for their patients.

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Principles into Practice:

Employer Role

Raising the Bar's five principles provide the foundation for transformational action by healthcare payers, providers, and other organizations. *Raising the Bar* describes four essential roles played by healthcare, providing a framework for how the principles can be put into practice.

This section focuses on healthcare's role as an EMPLOYER, including the essential role payers and other organizations play in facilitating the provision of healthcare, and outlines concrete actions, each with a commitment that healthcare can make to advance equity and excellence, and a set of tactical strategies.

Following the Roles and Actions, there are a set of vignettes which highlight examples of organizations already advancing efforts in line with those actions outlined in the EMPLOYER role. There is also a set of resources for healthcare stakeholders looking for a place to begin or to amplify ongoing work in this role area. An aggregated set of the *Raising the Bar* [Resources](#) is available.

EMPLOYER ROLE

Employ and Support a Diverse Health Workforce

The delivery of care and health outcomes are improved when the workforce and leadership reflect the diversity of the communities served. As employers, healthcare organizations should model practices that allow their workers to thrive.

Healthcare's Actions

Action 4 Invest in and grow leaders who advance and embed equity, quality, and value across the organization.

Healthcare's Commitment

Develop healthcare leaders who work to offer high-quality care while dismantling existing structures of inequity within the healthcare system. Leaders ensure their own organization's strategies, policies, and practices focus on allowing all individuals, families, and communities a fair and just opportunity to be as healthy as possible.

Why this action is included

Progress towards health equity requires leaders with expertise, skills, and a personal commitment to advancing equity at all levels of their organizations, including the equitable delivery of care, organizational policies and programs, community engagement, advocacy, and investment.

Putting this action into practice

- Establish a culture and practice whereby organizational leaders participate in ongoing training to strengthen their understanding of the ways in which health is impacted by and healthcare perpetuates inequities.
- Enhance the ability of organizational leaders to identify and seize opportunities for transformation. This includes but is not limited to implicit bias training, quality improvement training, and how payment strategies can be used to advance equity.
- Challenge leaders to commit to being agents of change and to develop strategic plans to create equity within the organization, improve equity and excellence of healthcare covered or provided, and improve health equity for individuals, their families, and communities.
- Identify opportunities for employees at all levels of the organization to embody their leadership potential. Create inclusive and equitable pathways for growth and development that can help to bring people who are deeply committed to equity into the highest levels of leadership.
- Equip all healthcare workers with a range of tools, resources, and opportunities to continually develop their skills and expertise in addressing equity and quality, particularly as it impacts the delivery of care and patients' experience with healthcare.

Action 5 **Employ and cultivate a representative workforce at all levels.**

Healthcare's Commitment

Employ care teams and a workforce—including leadership, health professionals, institutional support staff, and personnel at all levels—who reflect the diversity of the places and populations served. Foster opportunities for training in equity, diversity, inclusion, and antiracism, and develop workforce pathways from, or that include, diverse communities.

Why this action is included

A diverse, representative workforce is better able to meet the needs of the many individuals who need services from healthcare organizations and institutions. Positive and more equitable health outcomes are more likely to be realized by communities served by diverse and representative clinical and non-clinical healthcare workers.

The current workforce has less racial, ethnic, and gender diversity at the executive-level, while entry-level or less skilled positions overwhelmingly contribute to diversity metrics. Employers should seek to ensure that diversity is consistent across the career lattice in addition to fostering diverse organizational leaders and executives.

Putting this action into practice

- Develop and deploy comprehensive strategies to improve recruitment, hiring, growth, retention, and promotion of workers traditionally underrepresented in the workforce (including people of color, women, and workers with disabilities).
- Ensure that increasing and sustaining a diverse workforce is a key organizational priority and that processes, including inclusive mentorship programs, foster equity and reduce potential bias.
- Invest in local education systems, including middle and high schools, thereby directly investing in pathways for the future workforce and providing mentorship and other resources to develop a talent pool for healthcare.

- Partner with Historically Black Colleges and Universities (HBCUs), the Hispanic Association of Colleges & Universities (HACU), the Asian Pacific Islander American Association of Colleges and Universities (APIACU), the American Indian Higher Education Consortium (AIHEC), and community colleges and community-based organizations to advance recruitment, retention, and promotion of a diverse workforce.
- Appropriately train the workforce so that they can provide culturally and linguistically appropriate, respectful, and equitable care. This includes but is not limited to racial equity training, or training on providing trauma-informed or culturally congruent care.
- Evaluate and update medical and health profession curricula to focus on the role of health professionals in advancing the *Raising the Bar* Principles and Actions.

Action 6 **Create and sustain workplaces and jobs where employees can be healthy, thrive, and help guide effective and equitable care while feeling safe.**

Healthcare's Commitment

Provide employees with fair pay, a living wage, and a supportive and comprehensive benefits package. Create and support career development and pathways to ensure diversity at all levels. Ensure the voices of employees are respected and integral to the management of the institution.

Why this action is included

Healthcare organizations cannot fully realize their potential in building equity and addressing adverse social determinants of health if they leave their workforce behind. Healthcare organizations of all types need to look internally and ensure the health and well-being of employees and use their standing in the community to serve as a model employer.

Further, this has tangible benefits to the institution and its services—employees that are healthy and economically secure are best positioned to deliver effective care and contribute to the health and well-being of those they serve. They are more likely to remain in their roles enabling healthcare organizations and institutions to retain talent, promote continuity of operations, and reduce burnout and worker exploitation. Institutions also benefit from bringing the firsthand experience of their workforce into decision-making processes.

Putting this action into practice

- Provide fair pay to all employees at all levels of the organization by ending wage discrimination by race, gender, or other factors.
- Offer a living wage with a comprehensive benefits package, which at a minimum should include paid sick and comprehensive family leave, support for childcare and elder care, accommodations for pregnancy and breastfeeding, and mental health and wellness services.
- Protect healthcare employees from infection and emergencies through security, training, access to vaccines and personal protective equipment, and communications in languages appropriate to the employees. Create a safe working environment that is free of violence and harassment.
- Create professional advancement opportunities and resources to help staff (particularly those traditionally underrepresented) expand their expertise and credentials or evolve their roles and networks within the organization.

- Engage employees at all levels of the organization to ensure that these insights are central to decision-making. This can positively impact care delivery as the healthcare workforce has firsthand knowledge and brings valuable insights and perspectives on the policies and practices that affect individuals, families, and communities.

Action 7 **Leverage procurement to ensure the diversity and well-being of contract workers.**

Healthcare's Commitment

Use contracting and purchasing power to ensure that all those working in healthcare organizations and institutions have the same security and opportunity as those who are direct employees and that contracted organizations prioritize diversity and equity.

Why this action is included

The healthcare workforce includes many people who are not direct employees of the institution itself. Increasingly, contractual arrangements are used for services that range from facilities and support services to physician groups or carve-out medical or mental health services. These workers are equally important to the diversity of the overall workforce and are essential to the functioning of healthcare institutions. Healthcare organizations have the same responsibility to these workers as to their own employees and the same opportunity to serve as a model employer for other businesses.

Putting this action into practice

- Encourage transparency in the bidding process by requiring contractors and vendors to disclose compensation and demographic data of their workforce by role in proposals.
- Include provisions requiring nondiscrimination and fair treatment of employees in contracting requirements to ensure that contracted workers are treated fairly and justly.
- Ask contractors to provide information about workforce diversity, and about pay and benefits offered to employees by role, and ensure these align with the organization's own policies and offerings.

Employer Role: Vignettes

Partnership Health Center

Set on the traditional homelands of the Séliš, Qíispé, and Ktunaxa-Ksanka nations, in an area that is still home to many indigenous people, Partnership Health Center (PHC) is a Federally Qualified Health Center (FQHC) serving more than 15,000 patients from Missoula and surrounding rural counties in Montana.

PHC is a lifeline in an area where economic challenges and provider shortage areas make it difficult for many to access healthcare. Many area residents can't afford health insurance, or work for small companies that do not offer it. Twenty-two percent of Missoula's residents have no health insurance and seven percent experience homelessness.

PHC was formed 30 years ago to fill the void of affordable primary care. The aim has always been to provide care to promote optimal health and well-being for all through comprehensive, patient-focused, accessible, and equitable care.

PHC's approach to health equity and justice starts with its staff. PHC created "5 Domains & Goals" as an explicit commitment to diversity, retention, engagement, and development of its workforce. One of the five goals, "Joy at Work," seeks to achieve high levels of engagement through recruiting, developing, connecting, and compensating talented staff to provide safe and culturally affirming care to its patients. PHC uses Baldrige Gap surveys, a type of organizational performance self-assessment, to gauge staff engagement annually.

To support staff, PHC builds strong teams where all members can thrive. This includes maximizing the inclusion of staff at the table, providing a living wage for all, and investing in Diversity, Equity, and Inclusion (DEI) and anti-racism training and growth strategies. It also means staff enrichment and self-care opportunities. Recent efforts include making childcare and a childcare navigator available to staff, establishing a medical assistant ladder program to grow internal skill sets, and setting aside time at the start of both large and small meetings, so that staff have space to discuss equity, racism, and gratitude regularly.

PHC's commitment to health justice goes beyond its physical walls. PHC encourages staff at all levels to engage in both the self-work and institutional work necessary to identify and address racism in their health center and community at large. To facilitate this, PHC created a DEI & Antiracism Committee, which includes staff from PHC with representation across departments, and the Family Medicine Residency of Western Montana, as well as members of the health center's consumer board and representatives from the county.

This committee is working to drive culture change, with antiracist policies and practices throughout all domains of work, including hiring and human resources policies and practices, staff training, community partnerships, provision of healthcare services, and PHC's policy and advocacy work. Its work is changing the dynamics of the organization and has led to the invitation of experts on antiracism, privilege, and power in healthcare to present at strategic planning meetings to help inform PHC's work moving forward.

Rush University Medical Center

Rush University Medical Center (Rush) is the flagship hospital for the Rush University System for Health, a leading academic health system located in the West Side of Chicago. The local community is racially diverse and predominantly working class. A long history of systemic racism led to policies and practices that resulted in a lack of investment in the surrounding community and its residents.

Historically, West Side community residents have had limited access to local educational opportunities and jobs that pay a living wage. High rates of poverty have greatly impacted health. Rush's 2016 Community Health Needs Assessment identified that the average life expectancy of West Side residents was 16 years shorter than residents of the wealthier downtown Loop District, just five miles away.

As the largest nongovernmental employer in the area, leaders at Rush felt a responsibility to leverage the institution's economic power to improve the overall health of their surrounding communities. Rush implemented an Anchor Mission strategy, which includes four initiatives (hire local, buy local, invest local, and Rush local) that aim to improve the economic well-being of West Side communities. Understanding local barriers to employment and the importance of community involvement, Rush has worked with multiple community-based workforce organizations to recruit, train, and retain local employees, growing a diverse health workforce. Since the formal implementation of its Anchor Mission strategy in 2017, Rush has hired 1,200 employees from the West Side.

Rush also invests in developing and mentoring future healthcare leaders from the surrounding community. Since the introduction of its Anchor Mission work, Rush created West Side Anchor Committee, a six-institution collaborative (spearheaded alongside Lurie Children's Hospital, AMITA Health, Cook County Health, UI Health, and Sinai) that seeks to improve economic well-being on the West Side of Chicago by leveraging the resources of large local employers. Collectively, the six healthcare organizations hire nearly 6,000 new employees and purchase close to \$3 billion towards goods and services every year. West Side United has instituted a myriad of education, training, and funding initiatives that help increase local residents' access to jobs, contracts, and economic growth opportunities—and in turn, increase its own access to community talent.

To learn more, visit [West Side United](#) and see [Rush's Anchor Mission Playbook](#).

Employer Role: Resources

[A CEO Blueprint for Racial Equity - Inside the Organization, Within the Community, and Broader Society](#)

FSG, PolicyLink, JUST Capital (2020)

- This blueprint provides corporate leaders actions to support racial equity by redesigning their “business-as-usual” practices and policies. The actions are organized in three key domains: 1) inside the company, 2) within the communities where the companies are headquartered and conduct business, and 3) at the broader societal level.

[A Design Thinking, Systems Approach to Well-Being Within Education and Practice: Proceedings of a Workshop](#)

National Academies of Sciences, Engineering, and Medicine (2018)

- This resource details the proceedings of a workshop to explore systems-level causes and downstream effects of job-related stress affecting all health professions working in learning environments, both in clinical and classroom settings. The workshop identified examples that demonstrate how different professions cope with the stresses of educating health professionals under current health and educational structures, and how adjustments in policies and incentives might move organizations to adopt a more welcoming environment for testing and implementing individual stress-reduction and resilience-building strategies.

[Advancing Workforce Equity](#)

National Equity Atlas (2021)

- The Advancing Workforce Equity project is a multi-year collaboration between the National Equity Atlas, the National Fund for Workforce Solutions, and Burning Glass Technologies, which includes two national reports and ten local reports with disaggregated data on racial inequities in the workforce.

[Amplifying Black Voices: What Healthcare Organizations Can do to Advance Diversity, Equity, and Inclusion in the Workforce](#)

Deloitte (2021)

- This resource summarizes Deloitte's recent research showing that improving DEI in the workforce can support quality of care and financial performance goals. The research found that addressing racism and other biases can give organizations a competitive advantage, helping them attract the best talent and elevate their brand and reputation.

[Creating a More Human Workplace Where Employees and Business Thrive](#)

Society for Human Resources Management Foundation (2016)

- This resource discusses how employers can achieve valuable outcomes by focusing on creating a more human, caring workplace that promotes people's strengths, capabilities, and functioning, leading to elevated levels of engagement, productivity, satisfaction, and retention.

[Creating a Safe Space: Psychological Safety of Healthcare Workers](#)

Healthcare Excellence Canada (2020)

- This resource is intended to assist healthcare organizations in supporting healthcare workers by creating peer-to-peer support programs (PSPs) or other models of support to improve the emotional well-being of healthcare workers and allow them to provide the best and safest care to their patients.

Diversity and Inclusiveness in Healthcare Leadership: Three Key Steps

New England Journal of Medicine Catalyst Innovations in Care Delivery (2021)

- This resource offers three recommendations for healthcare leaders and their boards to improve diversity in their workforce and hospital leadership.

Employer Toolkit: Work Design for Health

The Work and Well-Being Initiative (n.d.)

- This toolkit is designed to help employers create workplace conditions which foster the health and well-being of all workers in an inclusive manner. It is composed of a number of modules that explore the Work Design for Health approach to worker well-being.

Health Equity, Diversity & Inclusion Measures for Hospitals and Health System Dashboards

American Hospital Association (2020)

- This document serves as a tool for hospitals and healthcare systems to develop health equity, diversity, and inclusion dashboards to measure opportunities and improvements as they address inequities and reduce disparities in their communities.

Inclusive Local Hiring: Building the Pipeline to a Healthy Community

Healthcare Anchor Network (2019)

- This toolkit offers a guide for how healthcare systems can leverage hiring practices to advance inclusive, local job creation and career development for communities experiencing the greatest health and wealth disparities.

Investing in Workplace Breastfeeding Programs and Policies

National Business Group on Health, Center for Prevention and Health Services (2008, adapted)

- This toolkit includes specific information on setting up a lactation room, storing milk, and cleaning the room, and explains how to promote support for breastfeeding workers from co-workers and supervisors. In addition, it shares case studies examining program components and program impact across different companies, and provides tools for employers including a sample policy and sample timeline, and even program evaluation surveys.

Lessons from the Workplace: Caregiving During COVID-19

National Alliance for Caregiving (2021)

- This resource shares experiences from working caregivers and recommends solutions, like job flexibilities, that help caregivers manage and employers retain talent. It includes a comprehensive list of additional resources for further learning.

Making it Work: Tool Kit

Work Well NC (n.d.)

- This guide outlines employers' legal obligations and includes a checklist for employers to use when an employee requests lactation accommodations as well as tips for providing lactation accommodations in non-office environments, including retail stores and construction sites.

The National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard)

Mental Health Commission of Canada (2013, reaffirmed 2018)

- The National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard) – the first of its kind in the world, is a set of voluntary guidelines, tools and resources intended to guide organizations in promoting mental health and preventing psychological harm at work.

Paid Leave: Workplace Policy

Paid Leave for the United States (n.d.)

- The resource offers an FAQ on paid leave, a toolkit and template proposal to achieve a quality paid family leave policy, cost benefit analysis resources, and paid family and medical leave trends.

Pursuing Paid Family and Medical Leave

Better Life Lab, New America (2020)

- The resource includes a collection of reports, articles, and resources on paid family and medical leave as well as a story series and a collection of recent events, hearings, and writings that call for action on paid family and medical leave.

Race-Explicit Strategies for Workforce Equity in Healthcare and Information Technology (IT)

Race Forward (2017)

- The report identifies major internal and external barriers to greater adoption of race-explicit strategies for equity in the workforce development field, including racial bias and discrimination, limited tracking of racial disparities and outcomes, and a lack of services to support low-income workers of color.

Ready for Equity in Workforce Development: Racial Equity Readiness Assessment Tool

Race Forward (2018)

- This resource is designed as a guide for workforce development organizations and practitioners to evaluate their programs, operations, and culture in order to identify strength areas and growth opportunities. Practitioners can use this toolkit to familiarize themselves with various practices and policies that support institutional racial equity, evaluate their current efforts, and plan action steps.

Strategies to Support CHW Sustainability

Health Leads (2019)

- This resource utilizes perspectives from three organizations that have taken a creative approach to their community-facing workforce to gain a deeper understanding of the barriers to sustaining community health worker (CHW) roles in clinical settings and identify strategies to mitigate those challenges.

Strengthening accountability for discrimination: Confronting fundamental power imbalances in the employment relationship

Economic Policy Institute (2021)

- This resource outlines solutions to confront power and information asymmetries in the workplace that create more powerful incentives for employers to adopt practices designed to prevent discrimination, audit systems for bias, and proactively correct problems. Additionally, it details how government enforcement agencies can vindicate workers' rights by strengthening relationships with stakeholders to help identify patterns of violations and barriers to compliance.

What Can I Do to Promote a Culture of Pay Equity

California Pay Equity Task Force, California Commission on the Status of Women and Girls (2018)

- This guide walks through actions employers can take to promote pay equity, including improving the hiring process and compensation structures, training managers, implementing compensation reviews, and offering paid leave.

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Principles into Practice:

Partner Role

Raising the Bar's five principles provide the foundation for transformational action by healthcare payers, providers, and other organizations. *Raising the Bar* describes four essential roles played by healthcare, providing a framework for how the principles can be put into practice.

This section focuses on healthcare's role as a PARTNER, including the essential role payers and other organizations play in facilitating the provision of healthcare, and outlines concrete actions, each with a commitment that healthcare can make to advance equity and excellence, and a set of tactical strategies.

Following the Roles and Actions, there are a set of vignettes which highlight examples of organizations already advancing efforts in line with those actions outlined in the PARTNER role. There is also a set of resources for healthcare stakeholders looking for a place to begin or to amplify ongoing work in this role area. An aggregated set of the *Raising the Bar* [Resources](#) is available.

PARTNER ROLE

Engage with Individuals and Organizations in the Community, Prioritizing Those Most Affected by Inequities

Communities thrive—and healthcare delivery is more effective—when healthcare meaningfully involves communities; respects and centers their expertise, needs, and priorities in governance and decision-making; and works in partnership with individuals and organizations in the community on activities and initiatives that reflect that engagement and their role as a partner.

Healthcare's Actions

Action 8 **Meaningfully involve individuals from the community in governance and decision-making.**

Healthcare's Commitment

Provide for robust representation and continued involvement of individuals from the areas in which organizations work—particularly those with the greatest health challenges. Create meaningful decision-making roles for individuals from the community, emphasizing involvement with those with lived experience of inequity, to collaborate on the strategy for and priorities of the healthcare organization or institution. Invest in structures that facilitate success and mitigate barriers that inhibit full participation—for example, by providing fair compensation.

Why this action is included

Individuals from the community bring deep understanding of the needs, priorities, and aspirations of those with the greatest barriers to optimal health and well-being, and expertise on solutions to challenges faced by the community. Diverse voices in governance and management ensure that the organization's goals, priorities, and initiatives will reflect the needs and priorities of the diverse communities it serves. Healthcare organizations of all sizes and types should seek the valuable input of individuals from the community.

Putting this action into practice

- Meaningfully involve community members, reflecting the diversity of the community, in governance and at all levels of decision-making regarding strategies, policies, and practices. Community input can help shape an organizational culture that can meet the community's needs and priorities. Such opportunities can be reflected through a variety of means, ranging from engagement in committees and leadership of specific initiatives to membership on boards of directors or other governing bodies. Providing advice or participating in advisory bodies by itself does not constitute meaningful involvement.
- Provide support for community members' effective engagement, including compensation for time and expertise and the removal of language, transportation, and other barriers to their full participation.

Action 9 **Build trusting relationships with individuals and organizations in the community.**

Healthcare's Commitment

Earn and sustain trust with community-based organizations, agencies, and individuals by actively fostering long-term, collaborative partnerships that benefit the places and individuals served.

Why this action is included

Healthcare is one sector within the broader, interconnected ecosystem that impacts health in any neighborhood or broader community. To raise the bar for equity and excellence, organizations must build authentic and enduring partnerships with individuals and organizations located in the community, based on dignity and respect for each other's perspectives. These partnerships require investment of time, attention, and resources in partnership with the community for the benefit of that community.

Putting this action into practice

- Integrate respect for community expertise into organizational culture and make long-term investments in relationships with community organizations and residents.
- Develop an understanding of how to effectively partner with communities and build the internal capacity to facilitate those partnerships. This includes identifying what connections and expertise exist already and employing staff whose primary function is to connect and build partnerships with community partners.
- Create systems and processes that ensure accountability for steps needed to provide for a community engagement strategy and community-focused initiatives.
- Collaborate regularly with local leaders to understand their work, explore opportunities for collective impact, and determine the most appropriate role for healthcare.
- Meet with residents to understand how the community defines its own needs, assets, and priorities, and co-design initiatives to address health priorities.

- Create opportunities for community leaders to present to leadership within the healthcare organization or institution. This allows healthcare leaders to learn from the community directly and communicates respect for the communities' knowledge and skill.
- Acknowledge the lack of equity in both society and the healthcare system, healthcare's role in perpetuating inequities, and the importance of proactive steps to eliminate racism and all discrimination in healthcare.

Action 10 **Respect and build on the expertise and power of individuals and organizations in the community.**

Healthcare's Commitment

Work with individuals and representatives of organizations from neighborhoods and communities where healthcare institutions are located to understand their priorities, strengths and assets, health and well-being needs, and priorities. Work collaboratively to identify opportunities and support activities in the community that reflect those self-identified needs and priorities in order to help build the power and capacity of community organizations to meet them.

Why this action is included

Communities are rich in experience, skills, and history; this expertise needs to be acknowledged, celebrated, and invested in.

In particular, individuals in the community who have experienced the greatest barriers and inequities are experts in their own needs and priorities. Alongside leaders and organizations who represent and/or provide services to the community, engaged stakeholders can identify the unique impact of structural and systemic inequities specific to the area. Healthcare providers, payers, and other organizations who want to raise the bar for equity and excellence should listen to these voices first and invest in their leadership.

Putting this action into practice

- Elevate the role of individuals and advocates, facilitating a move from low engagement or consultation to partnership and community leadership as a means of effective engagement.
- Open doors for and support development of community leaders and seek opportunities where community leaders and organizations can gain greater visibility and access to others who influence decision-making.
- Create opportunities for community partners to lead and receive recognition.
- Establish a balance of decision-making power in partnerships and ensure that community partners have real decision-making roles including on the use of funding.
- Work in solidarity with community members to address their self-identified needs, interests, and priorities.
- Rethink the traditional community health assessment approach and engage with public health partners, other institutions, and community stakeholders to more rigorously obtain input and identify opportunities for collective action.
- Understand the existing initiatives in the community and contribute to those efforts instead of creating new initiatives. Share financial resources and fairly compensate community residents and organizations.
- Pursue collaborative partnerships with public health agencies, building on their experience in community-wide health initiatives, surveillance, and policy.
- Invest in further development of community organizations or provide resources to build them where they do not exist.
- Share knowledge and support the capacity of community organizations and individuals to succeed independent of the direct benefit to healthcare.

Partner Role: Vignettes

HOPE Clinic

Strong community partnerships provide the strength to improve the well-being of a multi-cultural community. HOPE Clinic, a large Federally Qualified Health Center (FQHC) in the Greater Houston area, has centered community partnerships in its work since 2002 when it started out as a volunteer-run organization.

[HOPE Clinic](#) embraces its ability to meet the varied needs of the diverse communities it serves, where residents speak 30 languages and over 60 dialects. The Clinic forges strong community relationships to provide comprehensive, linguistically, and culturally appropriate care and services for all across their lifetime.

Through collaboration with community-based organizations, HOPE Clinic understands the health needs of its diverse patient base and provides [numerous programs](#) based on what they see and hear from their partners.

As HOPE CEO, Andrea Caracostis sees it, “Health centers tend to want to do everything for everybody, especially when it comes to social determinants of health and patients’ social needs. In my opinion, what’s more important is to build a community that is really strong. To build that, you need to help your partners become strong. We are only as strong as our weakest link.”

HOPE Clinic begins by finding others in the community that share an idea or vision for change that is informed by provider observations and community-identified priorities. Particularly when building programs that will have long-term, community-wide impact, HOPE Clinic seeks partnerships that will address upstream contributors to health issues and expand capacity to provide culturally appropriate services.

When HOPE Clinic set out to empower and teach communities to make healthy food and lifestyle choices, it saw an opportunity to improve the economic well-being of small businesses at the same time. HOPE Clinic brought local organizations together to create [A Bite of HOPE](#). The partnered effort focused on transforming the food landscape in the Houston area. During COVID-19, a central focus was to encourage healthy eating while also helping small businesses survive. HOPE Clinic and their partners connected restaurant owners to clinical providers to help them understand the roles they each play in the community, and how they could combine to improve health. A Bite of Hope provided small businesses with business and culinary training and encouraged them to update their menus with healthier versions of local favorites and comfort foods. The program also provided virtual cooking classes for families and seniors, often in tandem with their Food Rx program, teaching community members how to make healthier choices in a culturally cognizant way.

HOPE Clinic partners with capacity-building in mind, emphasizing bidirectional engagement. Andrea Caracostis shares that community partnerships are like best friends. They are there for each other when needed. Given limited resources in the community, HOPE Clinic has always encouraged agencies and organizations to work cohesively and support each other rather than compete for funding.

For HOPE Clinic, the key to fostering symbiotic relationships with other organizations and agencies in the community is acknowledging these organizations as stakeholders—engaging them in strategic planning and community needs assessments to intentionally work together. Moreover, willingness to listen and explore new ideas, find common ground, and connect organizations has promoted positive community relationships.

Cleveland Clinic

Cleveland Clinic is a nonprofit academic medical center that serves beneficiaries in Ohio, Nevada, Florida, London, and Canada. To better meet the needs of its varied patient communities, especially those most affected by inequities, Cleveland Clinic partners with community residents and organizations.

At the beginning of COVID, the faith community in Cleveland struggled with whether it could hold socially distanced services safely. Seeing their patients wrestle with this, Cleveland Clinic partnered with leaders in the faith community to create a forum where clinical experts, counselors, therapists, and community members could come together to discuss the latest information on the virus, and strategies for safely socially distancing without emotionally distancing. The small program grew quickly and helped congregations across 12 states develop strategies to meet their congregations' needs during the pandemic. By respecting the needs, expertise, and power of individuals in the community—and recognizing their desire to hold safe services during a pandemic—Cleveland Clinic was able to effectively serve as a trustworthy resource.

When biomedical researchers at the Cleveland Clinic sought to increase participation of people of color in their research, they knew they would have to overcome the community's long held distrust of medical institutions. That distrust is a major reason why communities of color historically have not been well-represented in medical research, and partially why health inequity persists. Recognizing this but wanting to increase participation of communities of color, Cleveland Clinic sought guidance from local faith leaders on how to build trust. That partnership enabled them to better understand the concerns and needs of the community. It also provided a way to communicate why they were asking people to participate in biomedical research, and the importance of more diverse participants. The partnership generated trust in the community and increased the diversity of the research pool.

Nationwide Children's Hospital

Nationwide Children's Hospital is an acute care teaching pediatric hospital that sees over 1.5 million patients each year. While the hospital serves families from across the nation and the globe, many of their patients come from their surrounding neighborhood in the South Side of Columbus, Ohio.

Though culturally rich and racially diverse, the South Side has faced a long history of disenfranchisement. The Great Recession exacerbated pre-existing socioeconomic issues, including blight and poor housing conditions. Recognizing the toll that poor housing was taking on the health of its community members, Nationwide Children's Hospital partnered with Community Development for All People (CD4AP), a local faith-based community development organization that had been providing safe and affordable housing for South Side residents for several years. Together, they created the Healthy Neighborhoods, Healthy Families Realty Collaborative, which is owned by CD4AP and housed within Nationwide Children's Hospital. During the first few years of their joint venture, they rehabilitated and repaired homes within a 38-block area to the immediate south and east of the Hospital's main campus. The number of vacant properties has since declined by over 90 percent and their partnership has continued to grow.

Over the course of their 14-year relationship, the two organizations have shared common goals, forged trust and mutual respect for one another, and combined their complementary strengths for greater impact. CD4A is a community-centered organization with deep ties to the neighborhood and critical local expertise. Nationwide Children's Hospital is a well-resourced, nationally recognized partner with economic resources—including infrastructure, political capital, and capacity—to help secure affordable housing tax credits necessary to the success of their initiatives. Together, they've renovated and built several dozen homes, provided an additional several dozen homeowners with grants for exterior home improvements, and have become landlords at scale to ensure that safe and high-quality homes can continue to be rented at below market rate (and therefore remain affordable for people with low income). Their ultimate goal is to create a sustainable, mixed-income community.

Early findings suggest that the Healthy Neighborhoods, Healthy Families community development initiatives may be associated with a modest decline in high-cost healthcare utilization among children. While the formal evaluation is still underway, their work to date—including an expansion into a second neighborhood—demonstrates what is possible when hospitals build trusting relationships and invest in their neighborhoods.

Learn more about this [initiative](#) and its [impact](#).

Partner Role: Resources

Advancing Resilience & Community Health

Nonprofit Finance Fund (2021)

- The Advancing Resilience & Community Health (ARCH) project was designed to help burgeoning relationships between healthcare institutions (payers and hospital systems) and community-based organizations (CBOs) get off the ground successfully and at a scale that could make a difference.

Aligning Systems for Health

Robert Wood Johnson Foundation (n.d.)

- Aligning Systems for Health focuses on identifying, testing, and sharing what works to align healthcare, public health, and social services to better address the goals and needs of the people and communities they serve. It includes a resource library with case studies, webinar postings, and other publications.

Building Effective Health System-Community Partnerships: Lessons from the Field

Center for Health Care Strategies (2021)

- This brief shares considerations for healthcare organizations and government entities seeking to build effective partnerships with the individuals and communities they serve to better address their health and social needs.

Community Health Assessment Toolkit

AHA Community Health Improvement (2017)

- This toolkit offers a nine-step pathway for conducting a community health assessment and developing implementation strategies.

Convening a Consumer Advisory Board: Key Considerations and Best Practices Infographic

Center for Health Care Strategies (2019)

- This piece and accompanying infographic from the Center for Health Care Strategies provides guidance to healthcare systems about how to create successful consumer advisory boards. Consumer advisory boards ensure that healthcare systems can better understand priority health issues and improve care delivery to the individuals and communities they serve.

Engaging People with Lived Experience Toolkit

Community Commons (2019)

- This toolkit was developed to help conveners effectively engage people with lived experience of a core issue and/or inequity to create lasting community transformation.

Engaging People with Lived/Living Experience

Tamarack Institute (2019)

- This practical guide to engaging people with lived/living experience was written to support the social justice and human rights imperative that people with lived/living experience of poverty must be included as equal partners in the development, implementation, and evaluation of solutions that affect their lives.

Ensuring Access in Vulnerable Communities: Community Conversations Toolkit

American Hospital Association (2017)

- This toolkit is designed to help organizations begin to engage in discussions related to the healthcare services offered in their communities. It provides ways to broadly engage communities through community conversation events, social media, and use of the community health assessment. The toolkit outlines strategies to focus engagement on specific stakeholders such as patients, boards, and clinicians.

Guide: Engaging Patients and Communities in the Community Health Needs Assessment Process

American Hospital Association, Health Research & Educational Trust (n.d.)

- This guide provides a framework for hospitals to launch their community health improvement efforts and engaging patients and community members throughout the process makes the community health needs assessment more powerful for hospitals and the communities they serve.

Inclusion: The Starting Point for Effective Teams

Patient-Centered Outcomes Research Institute (2021)

- This resource outlines strategies for effective stakeholder engagement, especially regarding trust and inclusivity.

Lessons Learned from Partnerships Between Networks of Community-Based Organizations and Healthcare Organizations

Nonprofit Finance Fund (2021)

- This brief highlights themes and lessons learned through the ARCH initiative, designed to help networks of nonprofit community-based organizations develop new contracts, payment models, and partnership approaches with healthcare payers to achieve better health outcomes across the United States.

One-Stop Shop for Healthcare & Community Partnerships

HealthBegins and Nonprofit Finance Fund (2019)

- This resource provides tools for healthcare and social service partners to demonstrate financial and social returns for healthcare and social service partnerships.

Oregon's Rapid Engagement Pilot: Engaging People with Lived Experience in System Change Co-Design

The Delta Center (2021)

- This library of resources details the Rapid Engagement Pilot in Oregon and includes a summary of consumer input for the pilot and a brief lesson learned from engaging people with lived experience in co-design of the pilot. Rapid Engagement is a system transformation project with the goal of making it easier, faster, and more user-friendly for people to get started with receiving outpatient behavioral health services and uses a trauma-informed and person-centered approach to behavioral health access.

Person Centered Engagement at the Organizational Level

Center for Consumer Engagement in Health Innovation, Community Catalyst, Health Care Transformation Task Force (2020)

- This resource is a guide for leaders and staff at healthcare organizations to aid in developing meaningful person-centered engagement structures at the organizational level. It is informed by a review of literature on consumer engagement and case studies from healthcare organizations that have made commitments to engaging patients and families at the organizational level.

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Principles into Practice:

Advocate Role

Raising the Bar's five principles provide the foundation for transformational action by healthcare payers, providers, and other organizations. *Raising the Bar* describes four essential roles played by healthcare, providing a framework for how the principles can be put into practice.

This section focuses on healthcare's role as a **ADVOCATE**, including the essential role payers and other organizations play in facilitating the provision of healthcare, and outlines concrete actions, each with a commitment that healthcare can make to advance equity and excellence, and a set of tactical strategies.

Following the Roles and Actions, there are a set of vignettes which highlight examples of organizations already advancing efforts in line with those actions outlined in the **ADVOCATE** role. There is also a set of resources for healthcare stakeholders looking for a place to begin or to amplify ongoing work in this role area. An aggregated set of the *Raising the Bar* [Resources](#) is available.

ADVOCATE ROLE

Advocate for and Invest in Health Equity

Healthcare's economic resources and influence can be harnessed as positive forces for payment reform, community well-being and resilience, and equity.

Healthcare's Actions

Action 11 **Actively push for and adopt payment reforms, especially reforms that align investments with the mission of improving health and well-being.**

Healthcare's Commitment

Create, promote, adopt, and participate in healthcare payment and accountability systems that align with and support adoption of the *Raising the Bar* Principles and Actions. Embed equity into these systems to ensure that payment transformation reduces (rather than inadvertently increases) inequities.

Why this action is included

The healthcare sector includes organizations in multiple roles, including purchasers of health coverage for employees or other beneficiaries; administrators of benefits plans; providers participating in payment systems; and others. In all these capacities, healthcare organizations and institutions can be advocates for and active participants in payment transformation that improves health.

Payment systems should prioritize the allocation of overall healthcare spending according to greatest need, seeking to mitigate disparities in capacity that result in lower access or quality for disadvantaged communities. Achieving healthcare's primary mission of improving health and well-being also means focusing resources on individual and community interventions that achieve the greatest health impact and promote quality and efficiency in the delivery of services.

Putting this action into practice

- Develop, support, and participate in payment systems that align incentives, measures, and accountability systems toward the advancement of health, well-being, equity, and service to the community.
- Work toward practices and payment systems that emphasize efficiency and high-value care so that resources can be available for the full range of *Raising the Bar* Actions.
- Advocate for public payment system reforms to advance transformation in line with the *Raising the Bar* Principles.
- Even while broad public policy debates evolve on payment reform, take immediate and constructive steps in the private sector.
- Healthcare payers should accelerate innovation in their own payment models (as private payers or plans).
- Healthcare providers should actively seek and participate in models and systems that advance their mission of improving the health of individuals and communities and advancing health equity, and that can be monitored and evaluated for their impact on health equity.
- Stakeholders should seek payment reforms that allow them to align their practices with what patients have identified as priorities, including access to and time with their providers and a respectful care environment.

Action 12 Use healthcare's voice to shape public understanding about the importance of health equity and dismantling racism and all forms of discrimination

Healthcare's Commitment

Use healthcare stakeholders' status, credibility, and relationships to increase public understanding about the root causes of health inequity, including racism and all forms of discrimination, poverty, and other adverse social determinants of health. Take concrete steps to influence the narrative and culture to promote efforts to address those root causes.

Why this action is included

Healthcare payers, providers, and organizations have a critical role to play in identifying the root causes and impacts of health inequities and in educating the public and policymakers about them. Further, these same stakeholders can use their powerful voices to build awareness of the full range of steps that are critical to health equity—in the delivery of health services, as well as addressing social determinants of health through creating sustainable, equitable conditions in the community.

Putting this action into practice

- Acknowledge historic and current patterns of racism in healthcare and society, and their impact, which is essential to achieving equity.
- Promote values of equity, inclusion, and antiracism through both internal and external communications.

- Demonstrate that real change is possible by uplifting up examples of successful work to address inequities and their root causes.
- Support community organizations and public health entities by highlighting their importance, partnering with them, and building their visibility.
- Use reputation and credibility to help shape public opinion, to “change hearts,” and to advance health equity.

Action 13 **Use power and influence to advocate for health equity in the development and implementation of public policies.**

Healthcare's Commitment

Promote health equity by advocating for public policies that build equity, dismantle structural racism, and address adverse social determinants of health. Adopt a “health equity in all policies” approach and stand with leaders of the places served to support and advocate a robust public health infrastructure, improved social services, affordable housing, equitable economic development and anti-poverty initiatives, educational equity, and other community priorities.

Why this action is included

As powerful organizations in their communities, healthcare stakeholders are critical partners in advancing health and well-being. Healthcare institutions are in a unique position to recognize the limits of medical care in fully achieving equity and the importance of working with others to advance policies at the community level. Many healthcare organizations have considerable experience in addressing public policy, and therefore are an essential part of coalitions to address social determinants of health.

Putting this action into practice

- Establish mechanisms for engaging the community in defining advocacy priorities and strategies to ensure that advocacy is responsive to the needs and priorities of those who live, work, and play in the areas where healthcare providers, payers, and organizations operate.
- Use government relations capacity, access to legislators and their influencers, and other mechanisms to advocate for the adoption of policies focused on improving the health and well-being of those who have been historically disadvantaged, as well as paying continued attention to the effective implementation of those policies.
- Provide important insight into the health consequences of housing, transportation, and environmental justice public policy and motivating action in areas beyond the immediate control of the healthcare sector.
- Advocate for sustainable funding for the public health sector and public health infrastructure to protect communities against health threats and improve community health and resilience. Partner with public health to advance health and well-being.
- Engage with individuals and organizations in the community and lend support and capabilities to grassroots organizing and advocacy for the advancement of equitable public policies.
- Advocate and invest in the broader technology and data infrastructure needed to enable cross-sector, holistic approaches to advancing health equity.

Action 14 Use investment and procurement power to contribute to the health and resilience of communities.

Healthcare's Commitment

Promote health equity through procurement methods and by investing in the economic and social development of the community, accelerate the creation of wealth in communities that experience the effects of historic and/or ongoing marginalization.

Why this action is included

Endowment investments and community-benefit spending are crucial factors in a "health equity in all investments" strategy, ensuring that priority is placed on meeting the fundamental needs identified by the community, rather than the needs of the institution.

Putting this action into practice

- Invest in the economic development of the community by prioritizing local purchasing, and by taking other steps to create wealth in communities that have experienced the effects of historic or ongoing marginalization and disinvestment.
- Invest in addressing adverse social determinants of health by providing direct funding for initiatives and partnerships that increase affordable housing supply, access to quality foods, reliable and affordable transportation, neighborhood physical and environmental safety, and more.
- Disinvest in financial relationships or ventures that perpetuate discrimination to demonstrate a commitment to equity.

Advocate Role: Vignettes

White Bird Clinic

White Bird Clinic is a Federally Qualified Health Center in Lane County, Oregon that has provided community-based health and crisis services since 1969. It started as a grassroots collective of concerned citizens responding to youth and young adults experiencing homelessness, as well as community needs for medical, legal, mental health and substance-use disorder services. After 50 years, White Bird Clinic still runs as a collective, partnering with local organizations and volunteers to serve this mid-size urban community at the southern end of the Willamette Valley.

White Bird Clinic runs a long-standing harm reduction, crisis response service called [CAHOOTS](#) that provides de-escalation services in non-criminal and non-violent calls. White Bird estimates that CAHOOTS responds to approximately 20 percent of all 911 calls in the area and has meaningfully reduced justice involvement when clinical care was more appropriate.



Every health center has a chance to be a local expert on what's not working. We are in a position of privilege as providers. We take that to amplify community voices. We feel the obligation to serve and improve outcomes. It can be easy to just focus on billable encounters, focusing inward, but we have a priority to look outward."

Director of Consulting, regional community health center in Oregon, 2021

Its early partnership with local law enforcement and strong relationships with community members, fire departments, and city officials underlies much of the program's success. CAHOOTS provides stabilization for those with urgent behavioral health needs, minor medical issues, crisis counseling, conflict resolution and mediation, grief support, housing support, resource connections and referrals, and transportation to services. White Bird has also worked with high schools to embed crisis workers in education settings.

The city's community police initiative eventually funded CAHOOTS, subsequently reducing police presence in the community. CAHOOTS' tenure and reputation as a caring and reliable resource for all, regardless of socioeconomic status, has enabled White Bird to build trust with and serve the community effectively.

White Bird uses extensive data collection to analyze the success of the program, particularly on community impact. For example, White Bird measures total call volume, impact on the criminal and legal system, and cost savings from preventive ER services. White Bird's recent success gathering 15,000 signatures in support of re-allocating policing funds to CAHOOTS, demonstrates overwhelming community support. These concrete impact measures, in addition to anecdotes, about community impact help support the continuation of the CAHOOTS program, and broader advocacy efforts for replicating and [reimbursing crisis intervention](#) services throughout the country.

CommonSpirit

CommonSpirit Health is a national Catholic healthcare system headquartered in Englewood, Colorado with 140 hospitals stretched across 21 states. Formed in 2019 through the merging of Catholic Health Initiatives and Dignity Health, CommonSpirit is now one of the largest nonprofit health systems in the country.

While CommonSpirit Health already employs and supports a diverse workforce, the organization is also investing in and growing leaders who advance and embed equity, quality, and value across the organization.

Just five percent of [practicing physicians](#) in the United States are Black. Recognizing the impact of a lack of diversity in the healthcare workforce, CommonSpirit partnered with Morehouse School of Medicine, one of only four Historically Black Medical Schools in the United States, to develop and train more Black physicians. The partnership dedicated \$100 million over ten years to establish five new regional medical school campuses and graduate medical education programs in at least ten markets connected to CommonSpirit Health. The medical school curriculum at these campuses explicitly includes education about the history and impacts of racism in the United States.

CommonSpirit acknowledges that healthcare equity will not improve without acknowledging the past. Collaborating with Morehouse, the organization is administering an antiracism curriculum that is intended to invest in and grow leaders to advance and embed equity within medical organizations.

Boston Medical Center

Boston Medical Center (BMC) is a 514-bed academic teaching hospital located in Boston. As the largest safety-net hospital in New England, BMC strives to provide quality, accessible care to its diverse patient population—many of whom live in areas of high socioeconomic deprivation throughout the Boston Metropolitan Area.

Many of BMC's patients face ongoing, localized socioeconomic stressors, with housing insecurity chief among them. One quarter of BMC's admitted patients experience homelessness, and initial data suggests that one third of their pediatric patients experience housing insecurity.

BMC has long recognized the role of housing in health. For decades, they have sent wellness teams of community health workers and nurses to conduct onsite health services for unhoused residents in shelters, as well as provide case management services to help elders overcome barriers to permanent housing. In 2018, BMC decided to do more, committing \$6.5 million over five years towards supporting community-based housing development and housing services. Projects include a \$1 million stabilization fund to provide grants to community-based organizations to help families avoid eviction in and around Boston as well as a \$1 million donation to community partners to create a housing stabilization program for individuals with complex medical needs.

BMC's original \$6.5 million dollar commitment led to the creation of the Innovative Stable Housing Initiative (ISHI), a \$3 million fund created in collaboration with Boston Children's and Brigham and Women's Hospital. It contains three funding streams. The flex fund supports organizations that provide immediate access to resources that help individuals and families maintain or attain stable housing. The upstream fund aims to invest in organizing and coalition building efforts that are geared towards advancing policy and systems change to promote stable, affordable housing. Finally, the resident-led fund engages housing insecure residents to inform the provision of grant funds in a more democratic and community-centered way.

Throughout the creation of ISHI, community members and organizations played a central role in helping to identify, evaluate, and fund approaches that increase housing stability—including funding community organizations that advocate for changes to city and state policy. They hope to help transform healthcare's approach to housing by tackling, rather than navigating, the broken systems that give rise to issues in the first place.

To learn more and find resources, see the [BMC Housing Security](#) site, and visit [Innovative Stable Housing Initiative](#).

Portland, Oregon Healthcare Organization Affordable Housing Work

In 2016, a group of six Oregon-based healthcare institutions—Adventist Health, CareOregon, Kaiser Permanente Northwest, Legacy Health, Oregon Health & Science University, and Providence Health & Services—joined forces with three local foundations—the Collins Foundation, Meyer Memorial Trust, and the Oregon Community Foundation—to support Central City Concern, a local community-based housing provider, to address the rising rates and increased visibility of homelessness in the tri-county Portland Area.

Recognizing that wellness is not achievable without safe and stable housing, these organizations made it their mission to increase the housing availability for community members with very low-income and complex health challenges, including mental health and substance use disorders. These conversations led to a historic commitment of \$22.6 million towards constructing 379 new units of supportive housing across the region—the largest private housing investment to date in the United States.

To further advance this work, these organizations, along with the Cambia Foundation, partnered with Health Share of Oregon, the regional Medicaid Coordinated Care Organization, to establish the Regional Supportive Housing Impact Fund (RSHIF). RSHIF is a flexible funding pool that aims to enhance and supplement existing supportive housing efforts within the Tri-County Portland Area with a stated focus on:

- Incorporating racial equity into its infrastructure, activities, and outcomes,
- Building out regional efforts, including ensuring the availability of housing and supportive services for the zero to 30 percent Area Median Income (AMI) population,
- Continuing to provide services to individuals who are experiencing, homelessness and have complex health challenges,
- Engaging local leaders in the collaboration, and
- Ensuring RSHIF's financial sustainability over time.

Against the backdrop of the COVID-19 pandemic, RSHIF's first concrete project, the Metro 300 program, achieved considerable success. Catalyzed by a \$5.1 million investment from Kaiser Permanente in January 2020, this program helped more than 350 older adults with disabling conditions access safe, stable housing. This program was launched just prior to the voters' approval of a new Supportive Housing Services program, which will generate about \$250 million per year for the next decade for the region's most marginalized community members.

Beyond surpassing its initial goal of housing 300 older adults, the Metro 300 program offers an early opportunity to leverage those ongoing funds so that every client served through the Metro 300 program who needs permanent housing and long-term rent assistance will now be able to receive that support.

Through the use of the RSHIF collaborative's strategic framework, the healthcare institutions' investment, Health Share's infrastructure, and the region's voters, one community is showing the immediate impacts made possible when health and housing efforts are joined together.

Advocate Role: Resources

[A Framework for Advancing Health Equity and Value: Policy Options for Reducing Health Inequities by Transforming Healthcare Delivery and Payment Systems](#)

Families USA (2018)

- This report serves as a resource that health equity and healthcare system transformation leaders can use to assist in policy development and prioritization that best serves their communities and constituencies. The report outlines six policy option domains for health equity-focused system transformation.

[A National Goal to Advance Health Equity Through Value-Based Payment](#)

Joshua M. Liao, MD, MSc; Risa J. Lavizzo-Mourey, MD, MBA; Amol S. Navathe, MD, PhD (2021)

- This viewpoint describes three steps policymakers should take to engage the clinical community and translate lessons from the early value-based payment movement into “pay for equity.”

[Addressing Racial Health Disparities and Promoting Health Equity](#)

Blue Cross Blue Shield Association (BCBS) (n.d.)

- This resource is a BCBS Association white paper outlining strategies for payers to address equity issues using data, targeted condition specific interventions, investing in behavioral health and preventative care, improving access to insurance coverage, addressing social determinants of health, and increasing provider diversity.

[Advancing Health Equity: Leading Care, Payment, and Systems Transformation, Leveraging Value-Based Payment Approaches to Promote Health Equity: Key Strategies for Healthcare Payers](#)

Center for Health Care Strategies (2018)

- This report identifies six connected strategies to guide payers, including Medicaid agencies and managed care organizations, in developing equity focused value-based payment approaches to mitigate health disparities at the state and local level.

[Advancing Health Equity through APMs](#)

Healthcare Payment Learning & Action Network, Health Equity Advisory Team (2021)

- This resource provides stakeholders with actionable guidance on how they can leverage Alternative Payment Models (APMs) to advance health equity in ways that are both aligned and tailored to meet their communities' needs to ensure that health equity and person-centeredness are prioritized throughout the design, implementation, and evaluation processes.

[Bringing Light & Heat: A Health Equity Guide for Healthcare Transformation and Accountability](#)

HealthBegins, Health Leads, JSI, SIREN, Human Impact Partners (2021)

- Bringing Light & Heat provides a framework for healthcare institutions to pursue health and racial equity, with a proposed process and approach to organizing action and ongoing improvement. The guide also includes ideas about the kinds of strategic goals and sample practices institutions might adopt at the patient, organizational, community, and societal levels to operationalize health and racial equity.

[Build Health Places Network Playbooks](#)

Build Healthy Places Network (n.d.)

- This resource provides practical advice to help healthcare organizations and community development organizations partner with each other.

Center for Community Investment Resources

Center for Community Investment (2022)

- This library of resources provides helpful tools and guides for community investment. Some of these include Investing in Community Health: A Toolkit for Hospitals, Improving Community Health by Strengthening Community Investment: Roles for Hospitals and Health Institutions, and Investing Upstream for Community Health Equity: Getting Started.

Financing that Rewards Better Health and Well-Being: A Workshop Series

National Academy of Medicine (2021)

- This brief summarizes the discussions that occurred throughout the workshop series “Financing That Rewards Better Health and Well-Being,” a program focused on accelerating movement away from fee-for-service and toward integrated payment approaches.

Health Equity Should Be a Key Value in Value-Based Payment and Delivery Reform

Health Affairs (2020)

- This resource provides three strategies for payers and providers to integrate health equity into performance measurement, reimbursement, and care delivery.

Health in All Policies

Centers for Disease Control and Prevention Office of the Associate Director for Policy (2015)

- This resource supports the inclusion of health considerations when making decisions about things like transportation, education and other areas that impact communities. The Health in All Policies Resource Center houses practical tools and resources to achieve better health for individuals, families, and communities.

Health Systems Should Look Within to Address Social Determinants

Modern Healthcare (2018)

- This commentary offers a perspective on how healthcare systems could improve the health of their own employees and contractors by providing them with the same support offered to at-risk patients to improve social determinants of health.

Healthy Communities Policy Framework

Healthcare Anchor Network (2020)

- This resource provides a framework for a policy agenda to create equitable, engaged, connected and economically strong communities.

Inclusive Local Sourcing: People and Place

Healthcare Anchor Network (2019)

- This toolkit offers a guide for how healthcare systems can leverage their supply chains to support diverse and locally owned vendors and help incubate new community enterprises to fill supply chain gaps.

Integrator Role and Functions in Population Health Improvement Initiatives

Nemours (2012)

- This resource describes the role of an integrator—an entity that serves a convening role and works intentionally and systematically across various sectors to achieve improvements in health and well-being—and outlines the goals of an integrator or system of integrators. The paper proposes 11 integrative roles and functions that a range of partners within population health networks must play to ensure that their efforts have the best opportunity for achieving their population-level health goals.

Place Based Investing: Creating Sustainable Returns and Strong Communities

Healthcare Anchor Network (2019)

- This toolkit outlines place-based investing strategies that allow healthcare systems to earn a financial return on their investments while producing a positive social, economic, or environmental impact within their geographical service areas.

Preliminary Findings on the Role of Healthcare in Multi-Sector Networks for Population Health: Notes from the Field

Nemours (2020)

- This issue brief is an update to the 2012 Nemours paper “Integrator Role and Functions in Population Health Improvement Initiatives.” This brief updates the understanding of integrative roles and functions based on a scan and interviews completed in 2019, and identifies barriers to, and accelerators for, healthcare to carry out these roles in a sustained fashion. The brief also includes recommendations for the field and for the provision of technical assistance to healthcare partners that are seeking to strengthen their integrator role over the longer-term.

Promoting Health and Cost Control in States (PHACCS)

Trust for America's Health (2019)

- This resource outlines 13 evidence-based, state-level policies that can be adopted and implemented to promote health and control cost growth.

The Road Ahead: A Model for Advancing High Performance in Primary Care and Behavioral Health Under Value-Based Payment

The Delta Center (2019)

- This resource details the Model for Advancing High Performance (MAHP) 2.0, a unified set of evidence-based actions and infrastructure necessary for community health centers and community behavioral health organizations to both provide high-quality, comprehensive care and succeed in value-based payment arrangements.

Value Based Payment Planning Guide

The Delta Center (2016)

- This planning guide provides a framework to shape the process of organizational transformation needed to prepare for value-based payments (VBPs). The tool is designed to help identify manageable objectives and tasks that will build towards the long-term goal of preparedness for value-based payments.

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Glossary

The *Raising the Bar* project was informed by many perspectives, and often different uses of terminology. To facilitate the co-creation process, and to clarify the use of terms for readers, the project uses the following definitions. For many terms, definitions were adopted from others, and have a reference below. For others, the project adapted or clarified definitions for use in this report and a specific source is not cited. For reference, this is how *Raising the Bar* uses the following words:

- **Antiracist:** A characteristic, mindset, and/or approach resulting from a conscious decision to make frequent, consistent, equitable choices daily that dismantle individual, interpersonal, institutional, and structural forms of racism.¹
- **Birth Equity:** The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.²
- **Co-Creation:** The collaborative development of a new framework made up of diverse, multidisciplinary perspectives grounded in listening, learning, and deference for expertise of both professional experience and lived experience, and meaningfully engaged in a joint process.
- **Community:** Community can refer to both:
 - Geographic place (e.g., neighborhood, local environment, geopolitical subdivision), where collective action to affect conditions and policies can be taken.
 - A group of people with a common characteristic (e.g., demographic background, shared interest, shared struggle), where respect and attention are particularly relevant in the design and delivery of care systems.

Both references are important to *Raising the Bar*, and an effort is made to use additional descriptive terms like “place” or “neighborhood” when focusing exclusively on community when a geographic definition is particularly relevant.

- **Culturally- and Linguistically-Congruent Care:** A set of behaviors, attitudes, and policies that come together in a care setting that enables effective work in cross-cultural situations.
- **Equity:** The just and fair inclusion into a society in which all can participate, prosper, and reach full potential.³
- **Fair Pay:** A state of reimbursement that addresses pay gaps and provides equal compensation for employees who have similar job duties and important characteristics such as experience, tenure, location, and job performance (often referred to as pay equity).

1 Adapted from Kendi, Ibram X. How to be an antiracist. One world, 2019.

2 Green, Carmen L., Susan L. Perez, Ashlee Walker, Tracey Estriple, S. Michelle Ogunwole, Tamika C. Auguste, and Joia A. Crear-Perry. “The cycle to respectful care: A qualitative approach to the creation of an actionable framework to address maternal outcome disparities.” *International journal of environmental research and public health* 18, no. 9 (2021): 4933.

3 Policy Link. The Equity Manifesto. 2018. Available at: https://www.policylink.org/sites/default/files/pl_sum15_manifesto_FINAL_2018.pdf

Health: A state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. *Raising the Bar* focuses on equity and on optimizing the health of individuals, families, and communities, all of which make them healthier.⁴

- **Health Equity:** A process and outcome where everyone has a fair and just opportunity to be as healthy as possible.⁵ Equity is not the same as equality. Those with the greatest needs and least resources require more or different effort and resources to equalize opportunities.
- **Healthcare organizations:** *Raising the Bar* takes a broad view of healthcare, including organizations and individuals that pay for, insure, purchase, organize, or deliver health services of all kinds. We recognize that “healthcare” exists in a broader ecosystem responsible for generating and maintaining health. This ecosystem includes those directly engaged in public health and social services, as well as many stakeholders in the community that influence economic and social well-being.
- **Lived Experience:** Personal knowledge and expertise about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people. In *Raising the Bar*, we use this term in relation to people with lived experience with health inequities.
- **Racism:** Prejudice, discrimination, or antagonism directed against a person or people on the basis of their membership in a particular racial or ethnic group, typically one that is marginalized. Racism involves one group having the power to carry out systematic discrimination through the institutional policies and practices of the society and by shaping the cultural beliefs and values that support those racist policies and practices.⁶ Racism occurs at multiple levels, including internalized, interpersonal, institutional, structural, and systemic. Racism in all its forms is harmful to health and well-being. More broadly, **discrimination** includes all forms of unjust or prejudicial treatment directed against a person or people based on their membership in a particular group, especially on grounds of race, ethnicity, preferred language, gender identity, sexual orientation, age, disability status, employment and income, and other factors.
- **Social Determinants of Health:** The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. This includes economic policies and systems, development agendas, social norms, social policies, and political systems.⁷ Everyone has social determinants of health, and their impact can be positive as well as negative. **Vital conditions** seek to capture this theme as well, defined as the properties of places and institutions that we all need all the time to reach our full potential, like food, humane housing, access to meaningful work, sufficient income, and a sense of belonging.⁸ Moreover, **root causes** encompass the same concept, defined as the underlying reasons that create the differences seen in health outcomes.
- **Social Needs:** An individual’s immediate non-medical needs (e.g., food and housing needs).
- **Social Risk Factors:** The specific adverse social conditions (e.g., food insecurity and housing instability) that are associated with poor health and outcomes. A person may have numerous risk factors but have fewer immediate social needs.
- **Structural Barriers:** Obstacles that collectively affect a group disproportionately and perpetuate disparities in processes and outcomes.
- **Systems/Systemic Change:** Change that involves adjustment/shifts to the policies, practices, power dynamics, and social norms that underlie a social or societal issue. It often requires a shift in mindset to shift beyond an individual-level lens and acknowledges and embraces complexity and interconnectedness. It is characterized as an intentional process designed to alter the status quo by shifting the function or structure of an identified system with purposeful interventions.
- **Well-being:** The sustained experience of health, happiness, and prosperity.

4 World Health Organization. Health and wellbeing. Available at: <https://www.who.int/data/gho/data/major-themes/health-and-well-being>

5 Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.

6 Dismantling Racism Works (dRworks). What is Racism? Racism Defined. Available at: <https://www.dismantlingracism.org/racism-defined.html>

7 World Health Organization. Social Determinants of Health. Available at: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

8 Well Being in the Nation Network. Vital Conditions Primers. 2018. Available at: <https://winnetwork.org/vital-conditions>

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Resources

Inspirational and Aligned Efforts

The following set of materials are included because they are pioneering and foundational frameworks and guides that informed the *Raising the Bar* Principles or strongly align with the *Raising the Bar* Values and Principles.

[Achieving Health Equity: A Guide for Health Care Organizations](#)

Institute for Healthcare Improvement (2016)

- This IHI White Paper provides a framework for healthcare organizations to improve health equity in the communities they serve. It also provides guidance for measuring health equity, a case study, and a self-assessment tool for organizations to gauge their current efforts to improve health equity.

[Aligning Systems for Health](#)

Robert Wood Johnson Foundation (n.d.)

- Aligning Systems for Health focuses on identifying, testing, and sharing what works to align healthcare, public health, and social services to better address the goals and needs of the people and communities they serve. It includes a resource library with case studies, webinar postings, and other publications.

[Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health](#)

National Academy of Medicine Organizing Committee for Assessing Meaningful Community Engagement in Health & Health Care Programs & Policies (2022)

- This resource offers a conceptual model that illustrates the dynamic relationship between community engagement and improved health and healthcare outcomes. It can be used to assess meaningful community engagement.

[A Roadmap to Reduce Racial and Ethnic Disparities in Health Care](#)

Robert Wood Johnson Foundation (2014)

- This resource provides a six-step framework to help organizations integrate disparities reduction into all healthcare quality improvement efforts. The roadmap is designed to allow an organization to develop programs to address disparities based on available resources and expand as needed.

[Better Care Playbook](#)

Arnold Ventures, The Commonwealth Fund, The John A. Hartford Foundation, The Milbank Memorial Fund, Peterson Center on Healthcare, The Robert Wood Johnson Foundation, The SCAN Foundation (n.d.)

- The Better Care Playbook is a resource on evidence-based practices to improve care for people with complex health and social needs. The Playbook provides a compendium of resources by topic.

Bringing Light & Heat: A Health Equity Guide for Healthcare Transformation and Accountability

HealthBegins, Health Leads, JSI, SIREN, Human Impact Partners (2021)

- Bringing Light & Heat provides a framework for healthcare institutions to pursue health and racial equity, with a proposed process and approach to organizing action and ongoing improvement. The guide also includes ideas about the kinds of strategic goals and sample practices institutions might adopt at the patient, organizational, community, and societal levels to operationalize health and racial equity.

Building an Organizational Response to Health Disparities

Center for Medicare and Medicaid Services (CMS) (2016)

- This guide from CMS offers organizations key strategies to identify, prioritize, and take action on health disparities. The guide links to additional resources and is complemented by companion resources, including a [summary](#) of five pioneering organizations building their organizational response to health disparities, and a [practical guide](#) to implementing the National Culturally and Linguistically Appropriate Services (CLAS) Standards.

Building Narrative Power for Racial Justice and Health Equity

Open Society Foundations (2019)

- This resource offers a summary from a two-day convening of health practitioners, race theorists, academics, activists, community organizers, and cultural and media strategists who met to discuss efforts to advance narratives that promote racial justice and expand our understanding of health, human rights, and the public good.

Countering the Production of Health Inequities through Systems and Sectors

Prevention Institute (2018)

- This resource offers an analysis of the contributing factors of health inequities and presents a three-pronged systems solution to addressing these inequities.

Equity Resources on Advancing Health Equity

Robert Wood Johnson Foundation (2005-Present)

- Advancing Health Equity provides a set of resources for implementing the steps outlined in the Roadmap to Reduce Racial and Ethnic Disparities in Health Care described above. Resources are provided for each step of the roadmap.

Equity of Care: A Toolkit for Eliminating Health Care Disparities

Equity of Care: American Hospital Association, American College of Healthcare Executives, America's Essential Hospitals, Association of American Medical Colleges, and Catholic Health Association of the United States (2015)

- The Equity of Care Toolkit is a user-friendly "how-to" guide to help accelerate the elimination of healthcare disparities. The toolkit includes resources on increasing the collection and use of race, ethnicity, and language preference data, increasing cultural competency training, and increasing diversity at the leadership and governance levels.

Health Equity Accreditation Standards

National Committee for Quality Assurance (2021)

- This resource outlines the standards employed by NCQA as they transition from a Distinction in Multicultural Health Care to a Health Equity Accreditation program for health plans.

Health Equity Roadmap and Health Equity Action Library

American Hospital Association (2022)

- The Health Equity Roadmap is a framework to help hospitals and healthcare systems chart their own paths toward transformation — thus becoming more equitable and inclusive organizations. The Health Equity Action Library (HEAL) is a collection of tools and resources focusing on practical, how-to solutions to help hospitals and healthcare systems of all sizes build more inclusive and equitable communities.

Hospitals Index

Lown Institute (2021)

- The Lown Institute Hospitals Index is a ranking system that defines standards for hospital social responsibility by examining performance across health outcomes, value, and equity. The Lown Institute provides several listings for hospitals that meet different equity measures such as racial inclusivity, community benefit, and cost efficiency, and social responsibility.

Pathways to Population Health – An Invitation to Health Care Change Agents

Institute for Healthcare Improvement, 100 Million Healthier Lives (2020)

- This resource supports healthcare professionals in identifying opportunities for their organizations to make practical, meaningful, and sustainable advancements in improving the health and well-being of the patients and communities they serve. The guide is composed of three sections: Foundational Concepts and Creating a Common Language, Portfolios of Population Health, and Levers for Implementation.

Principles for Building Healthy and Prosperous Communities

Build Healthy Places Network (2020)

- The Build Healthy Places Network created this list of five principles to encourage work across sectors in low-income communities to improve health and wellbeing. These principles were developed through a review of mission statements and principles from organizations representing the community development, health, academic, government, finance, and philanthropic sectors. The principles are meant to frame and guide efforts across sectors working toward achieving an equitable future.

Webinar: Measuring Health Equity: Building a U.S. News Health Equity Index for Hospitals and Health Systems

U.S. News (2022)

- In this webinar, U.S. News editors and analysts describe several measures examining disparities in healthcare services provided to people of different races and ethnicities that were debuted in 2021. They review findings from recent analysis and discuss how equity measures may be incorporated into the Best Hospitals rankings going forward.

Steward's Pathway

ReThink Health (n.d.)

- ReThink Health hypothesizes that active, interdependent stewardship by people and organizations in a region is the most promising path to equitable health and well-being. Stewards are people and organizations who take responsibility for working with others to create the conditions that all people need to thrive, beginning with those who are struggling and suffering. This set of Steward's resources helps organizations become and sustain active roles as Stewards in their region. More information about hospital Stewards can be found here.

#123forEquity Campaign to Eliminate Health Care Disparities

American Hospital Association (2015)

- The AHA #123forEquity pledge provides a way for hospitals and healthcare system leaders to sign on to the National Call to Action to Eliminate Health Care Disparities released by Equity of Care.

Resources by Role

The following are a set of resources organized by *Raising the Bar* role. These are intended to support those looking for a place to start or to amplify ongoing work implementing the actions in each of the different areas.

PROVIDER ROLE

[Becoming a Culturally Competent Health Care Organization](#)

American Hospital Association/Health Research Educational Trust (2013)

- This guide explores the concept of cultural competency and builds the case for the enhancement of cultural competency in healthcare. It offers seven recommendations for improving cultural competence in healthcare organizations. Also included are self-assessment checklists for hospital leaders and a list of relevant cultural competency resources.

[Better Care Playbook: Mental Health and Substance Use](#)

Better Care Playbook (n.d.)

- The Better Care Playbook page on Mental Health & Substance Use is a compendium of resources focused on care models that integrate behavioral health into a whole-person approach, as well as policy initiatives to advance these models.

[Better Communication, Better Care A Provider Toolkit for Serving Diverse Populations](#)

LA Care Health Plan (2019)

- This toolkit provides recommendations and resources to help providers and care teams offer culturally and linguistically competent care.

[Blueprint for Health Plans: Integration of CBOs to Provide Social Services and Supports](#)

The SCAN Foundation (2019)

- This resource provides guidance for integrating community-based organizations in healthcare with a focus on meeting the needs of older adults and dual eligible individuals with complex medical and social needs.

[The Building Blocks of High Performing Primary Care](#)

University of California San Francisco Center for Excellence in Primary Care (2012)

- This resource outlines the Building Blocks identified by UCSF through site visits to high-performing primary care practices and clinics in 2010-2011 and provides tools to discuss the Building Blocks within a medical practice.

[The Care We Need: Driving Better Health Outcomes for People and Communities](#)

National Quality Forum (2020)

- This report looks back on twenty years since the Crossing the Quality Chasm report and makes recommendations representing the shared priorities of payers, healthcare systems, clinicians, purchasers, patients, consumers, policy, community leaders, and more to improve care quality.

Center of Excellence for Integrated Health Solutions

National Council for Mental Wellbeing (n.d.)

- This resource provides evidence-based [resources](#), tools, and support for organizations working to integrate primary and behavioral care. The Center has a team of experts in organizational readiness, integrated care models, workforce and clinical practice, health and wellness, and financing and sustainability that partner with organizations to create customized approaches to advance integrated care and health outcomes. This program is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Coverage and Financing of SDOH Strategies in Medicaid Managed Care

State Health and Value Strategies (2019)

- This resource outlines options for states to finance social needs interventions through Medicaid managed care.

Creating a Culture of Equity

Institute for Medicaid Innovation, Center for Health Care Strategies (n.d.)

- This document outlines how a culture of equity is defined for healthcare organizations and systems and provides resources designed to facilitate the work of creating a culture of equity.

Cultural Competence and Patient Safety

Agency for Healthcare Research and Quality (AHRQ) Patient Safety Network (2019)

- This perspective piece explains the links between cultural competence and patient safety and provides guidance for how to improve cultural competence.

The Cycle to Respectful Care: A Qualitative Approach to the Creation of an Actionable Framework to Address Maternal Outcome Disparities

National Birth Equity Collaborative (2021)

- This resource utilizes focus groups and interviews from communities in the United States identified as having higher density of Black births to create a framework for training on anti-racist maternity care.

Ensuring Access in Vulnerable Communities - Taskforce Report and Resources

American Hospital Association (n.d.)

- This report and accompanying resources from the American Hospital Association provide nine strategies for healthcare organizations to pursue to preserve access in vulnerable communities.

Financial Barriers to Health Care Access

American Medical Association Code of Medical Ethics (n.d.)

- This resource outlines physicians' obligations to address financial barriers to healthcare access. It encourages physicians, health facilities, health insurers, professional medical societies, and public policymakers to work together to ensure sufficient access to appropriate health care for all people.

Getting grounded: Building a Foundation for Health Equity and Racial Justice Work in Health Care Teams

New England Journal of Medicine Catalyst, Innovations in Care Delivery (2022)

- This article provides concrete recommendations for how to prepare healthcare teams to begin addressing health inequities in their relationships, processes, and outcomes based on a learning and action network that the Institute for Healthcare Improvement (IHI) facilitated from 2017-2019.

Guide to Implementation Social Risk Screening and Referral-Making

Kaiser Permanente Center for Health Research, OCHIN (2022)

- This resource provides practical guidance to help practices implement social risk screening and referrals. The guide uses a five-step roadmap for implementing or improving social risk screening and related activities within a clinic or practice and provides tools, materials, and resources to support each step.

Healing the Nation: Advancing Mental Health and Addiction Policy

Wellbeing Trust (2019)

- This resource is a framework for federal policymakers with actionable solutions for comprehensive, inclusive mental health and addiction policies. This guide provides actionable solutions for healthcare systems, judicial systems, educational systems, workplace and unemployment systems, and in the community.

Hospitals Index

Lown Institute (2021)

- The Lown Institute Hospitals Index is a ranking system that defines standards for hospital social responsibility by examining performance across health outcomes, value, and equity. The Lown Institute provides a number of listings for hospitals that meet different equity measures such as racial inclusivity, community benefit, cost efficiency, and social responsibility.

Implementation Guide: Patient Centered Interactions

Safety Net Medical Home Initiative: Qualis Health, The Commonwealth Fund, GroupHealth (2013)

- This resource provides guidance on addressing measurement of patient satisfaction and experience and describes other mechanisms to gain and use patient and family feedback. The guide provides a format for the structure and flow of patient visits to optimize positive patient health outcomes, lower costs, and enhance experience.

Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care

National Academies of Sciences, Engineering, and Medicine (2021)

- This implementation plan includes five objectives to make high-quality primary care available for everyone in the United States. The implementation strategy includes an implementation framework, an accountability framework, and a public policy framework.

Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health

National Academy of Medicine (2018)

- This resource uses an 18-month study to develop five healthcare activities to better integrate social care into healthcare. These activities are awareness, adjustment, assistance, alignment, and advocacy. The report details specific tools for change within each activity.

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice

U.S. Department of Health and Human Services Office of Minority Health (2013)

- The Blueprint offers practical information for health care organizations to implement the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Opportunities in Medicaid and CHIP to Address Social Determinants of Health

Centers for Medicare and Medicaid Services (CMS) (2021)

- This letter from CMS to states explains how federal Medicaid and CHIP funds can be used to address social determinants of health and offers CMS support to states with designing programs, benefits, and services that can more effectively improve population health, reduce disability, and lower overall health care costs in the Medicaid and CHIP programs.

Patient Centered Medical Home Assessment

Safety Net Medical Home Initiative: Qualis Health, The Commonwealth Fund, GroupHealth (2014)

- This resource is designed to help health care organization sites understand their current level of “medical homeness” and identify opportunities for improvement. This assessment can also help sites track progress toward practice transformation when it is completed at regular intervals.

Patient-Centered Medical Home Recognition program

National Committee for Quality Assurance (n.d.)

- This webpage provides resources on why organizations should implement the Patient-Centered Medical Home (PCMH) model and how to get recognized by NCQA as a PCMH.

Person Centered Engagement at the Organizational Level

Center for Consumer Engagement in Health Innovation, Community Catalyst, Health Care Transformation Task Force (n.d.)

- This resource is a guide for leaders and staff at healthcare organizations to aid in developing meaningful person-centered engagement structures at the organizational level. It is informed by a review of literature on consumer engagement and case studies from healthcare organizations that have made commitments to engaging patients and families at the organizational level.

The SHARE Approach

Agency for Healthcare Research Quality (2014)

- The SHARE Approach is a five-step process for shared decision-making that includes exploring and comparing the benefits, harms, and risks of each option through meaningful dialogue about what matters most to the patient. AHRQ provides resources for SHARE Approach workshops and tools for implementation.

Using Data to Reduce Disparities and Improve Quality

Center for Health Care Strategies (2021)

- This brief recommends strategies that healthcare organizations can use to effectively organize and interpret stratified quality data to improve health equity for their patients.

EMPLOYER ROLE

A CEO Blueprint for Racial Equity - Inside the Organization, Within the Community, and Broader Society

FSG, PolicyLink, JUST Capital (2020)

- This blueprint provides corporate leaders actions to support racial equity by redesigning their “business-as-usual” practices and policies. The actions are organized in three key domains: 1) inside the company, 2) within the communities where the companies are headquartered and conduct business, and 3) at the broader societal level.

A Design Thinking, Systems Approach to Well-Being Within Education and Practice: Proceedings of a Workshop

National Academies of Sciences, Engineering, and Medicine (2018)

- This resource details the proceedings of a workshop to explore systems-level causes and downstream effects of job-related stress affecting all health professions working in learning environments, both in clinical and classroom settings. The workshop identified examples that demonstrate how different professions cope with the stresses of educating health professionals under current health and educational structures, and how adjustments in policies and incentives might move organizations to adopt a more welcoming environment for testing and implementing individual stress-reduction and resilience-building strategies.

Advancing Workforce Equity

National Equity Atlas (2021)

- The Advancing Workforce Equity project is a multi-year collaboration between the National Equity Atlas, the National Fund for Workforce Solutions, and Burning Glass Technologies, which includes two national reports and ten local reports with disaggregated data on racial inequities in the workforce.

Amplifying Black Voices: What Health Care Organizations Can Do to Advance Diversity, Equity, and Inclusion in the Workforce

Deloitte (2021)

- This resource summarizes Deloitte’s recent research showing that improving diversity, equity, and inclusion in the workforce can support quality of care and financial performance goals. The research found that addressing racism and other biases can give organizations a competitive advantage, helping them attract the best talent and elevate their brand and reputation.

Creating a More Human Workplace Where Employees and Business Thrive

Society for Human Resources Management Foundation (2016)

- This resource discusses how employers can achieve valuable outcomes by focusing on creating a more human, caring workplace that promotes people’s strengths, capabilities, and functioning, leading to elevated levels of engagement, productivity, satisfaction, and retention.

Creating a Safe Space: Psychological Safety of Healthcare Workers

Healthcare Excellence Canada (2020)

- This resource is intended to assist healthcare organizations in supporting healthcare workers by creating peer-to-peer support programs (PSPs) or other models of support to improve the emotional well-being of healthcare workers and allow them to provide the best and safest care to their patients.

Diversity and Inclusiveness in Health Care Leadership: Three Key Steps

New England Journal of Medicine Catalyst Innovations in Care Delivery (2021)

- This resource offers three recommendations for healthcare leaders and their boards to improve diversity in their workforce and hospital leadership.

Employer Toolkit: Work Design for Health

The Work and Well-Being Initiative (n.d.)

- This toolkit is designed to help employers create workplace conditions which foster the health and well-being of all workers in an inclusive manner. It is composed of a number of modules that explore the Work Design for Health approach to worker well-being.

Health Equity, Diversity & Inclusion Measures for Hospitals and Health System Dashboards

American Hospital Association (2020)

- This document serves as a tool for hospitals and healthcare systems to develop health equity, diversity, and inclusion dashboards to measure opportunities and improvements as they address inequities and reduce disparities in their communities.

Inclusive Local Hiring: Building the Pipeline to a Healthy Community

Healthcare Anchor Network (2019)

- This toolkit offers a guide for how healthcare systems can leverage hiring practices to advance inclusive, local job creation and career development for communities experiencing the greatest health and wealth disparities.

Investing in Workplace Breastfeeding Programs and Policies

National Business Group on Health, Center for Prevention and Health Services (2008, adapted)

- This toolkit includes specific information on setting up a lactation room, storing milk, and cleaning the room, and explains how to promote support for breastfeeding workers from co-workers and supervisors. In addition, it shares case studies examining program components and program impact across different companies, and provides tools for employers including a sample policy and sample timeline, and even program evaluation surveys.

Lessons from the Workplace: Caregiving During COVID-19

National Alliance for Caregiving (2021)

- This resource shares experiences from working caregivers and recommends solutions, like job flexibilities, that help caregivers manage and employers retain talent. It includes a comprehensive list of additional resources for further learning.

Making it Work: Tool Kit

Work Well NC (n.d.)

- This guide outlines employers' legal obligations and includes a checklist for employers to use when an employee requests lactation accommodations as well as tips for providing lactation accommodations in non-office environments, including retail stores and construction sites.

The National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard)

Mental Health Commission of Canada (2013, reaffirmed 2018)

- The National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard) – the first of its kind in the world, is a set of voluntary guidelines, tools and resources intended to guide organizations in promoting mental health and preventing psychological harm at work.

Paid Leave: Workplace Policy

Paid Leave for the United States (n.d.)

- The resource offers an FAQ on paid leave, a toolkit, and template proposal to achieve a quality paid family leave policy, cost benefit analysis resources, and paid family and medical leave trends.

Pursuing Paid Family and Medical Leave

Better Life Lab, New America (2020)

- The resource includes a collection of reports, articles, and resources on paid family and medical leave as well as a story series and a collection of recent events, hearings, and writings that call for action on paid family and medical leave.

Race-Explicit Strategies for Workforce Equity in Healthcare and Information Technology (IT)

Race Forward (2017)

- The report identifies major internal and external barriers to greater adoption of race-explicit strategies for equity in the workforce development field, including racial bias and discrimination, limited tracking of racial disparities and outcomes, and a lack of services to support low-income workers of color.

Ready for Equity in Workforce Development: Racial Equity Readiness Assessment Tool

Race Forward (2018)

- This resource is designed as a guide for workforce development organizations and practitioners to evaluate their programs, operations, and culture in order to identify strength areas and growth opportunities. Practitioners can use this toolkit to familiarize themselves with various practices and policies that support institutional racial equity, evaluate their current efforts, and plan action steps.

Strategies to Support CHW Sustainability

Health Leads (2019)

- This resource utilizes perspectives from three organizations that have taken a creative approach to their community-facing workforce to gain a deeper understanding of the barriers to sustaining community health worker (CHW) roles in clinical settings and identify strategies to mitigate those challenges.

Strengthening Accountability for Discrimination: Confronting Fundamental Power Imbalances in the Employment Relationship

Economic Policy Institute (2021)

- This resource outlines solutions to confront power and information asymmetries in the workplace that create more powerful incentives for employers to adopt practices designed to prevent discrimination, audit systems for bias, and proactively correct problems. Additionally, it details how government enforcement agencies can vindicate workers' rights by strengthening relationships with stakeholders to help identify patterns of violations and barriers to compliance.

What Can I Do to Promote a Culture of Pay Equity

California Pay Equity Task Force, California Commission on the Status of Women and Girls (2018)

- This guide walks through actions employers can take to promote pay equity, including improving the hiring process and compensation structures, training managers, implementing compensation reviews, and offering paid leave.

PARTNER ROLE

Advancing Resilience & Community Health

Nonprofit Finance Fund (2021)

- The Advancing Resilience & Community Health (ARCH) project was designed to help burgeoning relationships between healthcare institutions (payers and hospital systems) and community-based organizations (CBOs) get off the ground successfully and at a scale that could make a difference.

Aligning Systems for Health

Robert Wood Johnson Foundation (n.d.)

- Aligning Systems for Health focuses on identifying, testing, and sharing what works to align healthcare, public health, and social services to better address the goals and needs of the people and communities they serve. It includes a resource library with case studies, webinar postings, and other publications.

Building Effective Health System-Community Partnerships: Lessons from the Field

Center for Health Care Strategies (2021)

- This brief shares considerations for healthcare organizations and government entities seeking to build effective partnerships with the individuals and communities they serve to better address their health and social needs.

Community Health Assessment Toolkit

AHA Community Health Improvement (2017)

- This toolkit offers a nine-step pathway for conducting a community health assessment and developing implementation strategies.

Convening a Consumer Advisory board: Key Considerations and Best Practices Infographic

Center for Health Care Strategies (2019)

- This piece and accompanying infographic from the Center for Health Care Strategies provides guidance to healthcare systems about how to create successful consumer advisory boards. Consumer advisory boards ensure that healthcare systems can better understand priority health issues and improve care delivery to the individuals and communities they serve.

Engaging People with Lived Experience Toolkit

Community Commons (2019)

- This toolkit was developed to help conveners effectively engage people with lived experience of a core issue and/or inequity to create lasting community transformation.

Engaging People with Lived/Living Experience

Tamarack Institute (2019)

- This practical guide to engaging people with lived/living experience was written to support the social justice and human rights imperative that people with lived/living experience of poverty must be included as equal partners in the development, implementation, and evaluation of solutions that affect their lives.

Ensuring Access in Vulnerable Communities: Community Conversations Toolkit

American Hospital Association (2017)

- This toolkit is designed to help organizations begin to engage in discussions related to the healthcare services offered in their communities. It provides ways to broadly engage communities through community conversation events, social media, and use of the community health assessment. The toolkit outlines strategies to focus engagement on specific stakeholders such as patients, boards, and clinicians.

Guide: Engaging Patients and Communities in the Community Health Needs Assessment Process

American Hospital Association/Health Research & Educational Trust (n.d.)

- This guide provides a framework for hospitals to launch their community health improvement efforts and engaging patients and community members throughout the process makes the community health needs assessment more powerful for hospitals and the communities they serve.

Inclusion: The Starting Point for Effective Teams

Patient-Centered Outcomes Research Institute (2021)

- This resource outlines strategies for effective stakeholder engagement, especially regarding trust and inclusivity.

Lessons Learned from Partnerships Between Networks of Community-Based Organizations and Health Care Organizations

Nonprofit Finance Fund (2021)

- This brief highlights themes and lessons learned through the Advancing Resilience and Community Health (ARCH) initiative, designed to help networks of nonprofit community-based organizations develop new contracts, payment models, and partnership approaches with healthcare payers to achieve better health outcomes across the United States.

One-Stop Shop for Healthcare & Community Partnerships

HealthBegins and Nonprofit Finance Fund (2019)

- This resource provides tools for healthcare and social service partners to demonstrate financial and social returns for healthcare and social service partnerships.

Oregon's Rapid Engagement Pilot: Engaging People with Lived Experience in System Change Co-Design

The Delta Center (2021)

- This library of resources details the Rapid Engagement Pilot in Oregon and includes a summary of consumer input for the pilot and a brief lesson learned from engaging people with lived experience in co-design of the pilot. Rapid Engagement is a system transformation project with the goal of making it easier, faster, and more user-friendly for people to get started with receiving outpatient behavioral health services and uses a trauma-informed and person-centered approach to behavioral health access.

Person Centered Engagement at the Organizational Level

Center for Consumer Engagement in Health Innovation, Community Catalyst, Health Care Transformation Task Force (2020)

- This resource is a guide for leaders and staff at healthcare organizations to aid in developing meaningful person-centered engagement structures at the organizational level. It is informed by a review of literature on consumer engagement and case studies from healthcare organizations that have made commitments to engaging patients and families at the organizational level.

ADVOCATE ROLE

A Framework for Advancing Health Equity and Value: Policy Options for Reducing Health Inequities by Transforming Health Care Delivery and Payment Systems

Families USA (2018)

- This report serves as a resource that health equity and healthcare system transformation leaders can use to assist in policy development and prioritization that best serves their communities and constituencies. The report outlines six policy option domains for health equity-focused system transformation.

A National Goal to Advance Health Equity Through Value-Based Payment

Joshua M. Liao, MD, MSc; Risa J. Lavizzo-Mourey, MD, MBA; Amol S. Navathe, MD, PhD (2021)

- This viewpoint describes three steps policymakers should take to engage the clinical community and translate lessons from the early value-based payment movement into “pay for equity.”

Addressing Racial Health Disparities and Promoting Health Equity

Blue Cross Blue Shield Association (BCBS) (n.d.)

- This resource is a BCBS Association white paper outlining strategies for payers to address equity issues using data, targeted condition specific interventions, investing in behavioral health and preventative care, improving access to insurance coverage, addressing social determinants of health, and increasing provider diversity.

Advancing Health Equity: Leading Care, Payment, and Systems Transformation, Leveraging Value-Based Payment Approaches to Promote Health Equity: Key Strategies for Health Care Payers

Center for Health Care Strategies (2018)

- This report identifies six connected strategies to guide payers, including Medicaid agencies and managed care organizations, in developing equity focused value-based payment approaches to mitigate health disparities at the state and local level.

Advancing Health Equity through APMs

Health Care Payment Learning & Action Network, Health Equity Advisory Team (2021)

- This resource provides stakeholders with actionable guidance on how they can leverage Alternative Payment Models (APMs) to advance health equity in ways that are both aligned and tailored to meet their communities' needs to ensure that health equity and person-centeredness are prioritized throughout the design, implementation, and evaluation processes.

Bringing Light & Heat: A Health Equity Guide for Healthcare Transformation and Accountability

HealthBegins, Health Leads, JSI, SIREN, Human Impact Partners (2021)

- Bringing Light & Heat provides a framework for healthcare institutions to pursue health and racial equity, with a proposed process and approach to organizing action and ongoing improvement. The guide also includes ideas about the kinds of strategic goals and sample practices institutions might adopt at the patient, organizational, community, and societal levels to operationalize health and racial equity.

Build Health Places Network Playbooks

Build Healthy Places Network (n.d.)

- This resource provides practical advice to help healthcare organizations and community development organizations partner with each other.

Center for Community Investment Resources

Center for Community Investment (2022)

- This library of resources provides helpful tools and guides for community investment. Some of these include Investing in Community Health: A Toolkit for Hospitals, Improving Community Health by Strengthening Community Investment: Roles for Hospitals and Health Institutions, and Investing Upstream for Community Health Equity: Getting Started.

Financing that Rewards Better Health and Well-Being: A Workshop Series

National Academy of Medicine (2021)

- This brief summarizes the discussions that occurred throughout the workshop series “Financing That Rewards Better Health and Well-Being,” a program focused on accelerating movement away from fee-for-service and toward integrated payment approaches.

Health Equity Should Be a Key Value in Value-Based Payment and Delivery Reform

Health Affairs (2020)

- This resource provides three strategies for payers and providers to integrate health equity into performance measurement, reimbursement, and care delivery.

Health in All Policies

Centers for Disease Control and Prevention Office of the Associate Director for Policy (2015)

- This resource supports the inclusion of health considerations when making decisions about things like transportation, education, and other areas that impact communities. The Health in All Policies Resource Center houses practical tools and resources to achieve better health for individuals, families, and communities.

Health systems should look within to address social determinants

Modern Healthcare (2018)

- This commentary offers a perspective on how healthcare systems could improve the health of their own employees and contractors by providing them with the same support offered to at-risk patients to improve social determinants of health.

Healthy Communities Policy Framework

Healthcare Anchor Network (2020)

- This resource provides a framework for a policy agenda to create equitable, engaged, connected and economically strong communities.

Inclusive Local Sourcing: People and Place

Healthcare Anchor Network (2019)

- This toolkit offers a guide for how healthcare systems can leverage their supply chains to support diverse and locally owned vendors and help incubate new community enterprises to fill supply chain gaps.

Integrator Role and Functions in Population Health Improvement Initiatives

Nemours (2012)

- This resource describes the role of an integrator—an entity that serves a convening role and works intentionally and systematically across various sectors to achieve improvements in health and well-being—and outlines the goals of an integrator or system of integrators. The paper proposes 11 integrative roles and functions that a range of partners within population health networks must play to ensure that their efforts have the best opportunity for achieving their population-level health goals.

Place Based Investing: Creating Sustainable Returns and Strong Communities

Healthcare Anchor Network (2019)

- This toolkit outlines place-based investing strategies that allow healthcare systems to earn a financial return on their investments while producing a positive social, economic, or environmental impact within their geographical service areas.

Preliminary Findings on the Role of Health Care in Multi-Sector Networks for Population Health: Notes from the Field

Nemours (2020)

- This issue brief is an update to the 2012 Nemours paper “Integrator Role and Functions in Population Health Improvement Initiatives.” This brief updates the understanding of integrative roles and functions based on a scan and interviews completed in 2019, and identifies barriers to, and accelerators for, healthcare to carry out these roles in a sustained fashion. The brief also includes recommendations for the field and for the provision of technical assistance to healthcare partners that are seeking to strengthen their integrator role over the longer-term.

Promoting Health and Cost Control in States (PHACCS)

Trust for America's Health (2019)

- This resource outlines 13 evidence-based, state-level policies that can be adopted and implemented to promote health and control cost growth.

The Road Ahead: A Model for Advancing High Performance in Primary Care and Behavioral Health Under Value-Based Payment

The Delta Center (2019)

- This resource details the Model for Advancing High Performance (MAHP) 2.0, a unified set of evidence-based actions and infrastructure necessary for community health centers and community behavioral health organizations to both provide high-quality, comprehensive care and succeed in value-based payment arrangements.

Value Based Payment Planning Guide

The Delta Center (2016)

- This planning guide provides a framework to shape the process of organizational transformation needed to prepare for value-based payments (VBPs). The tool is designed to help identify manageable objectives and tasks that will build towards the long-term goal of preparedness for value-based payments.



**Raising
the Bar**
Healthcare's Transforming Role

2022