# Health Equity Discussion Primer

*Prepared for NCACH's Governing Board retreat, January 22, 2021*

**Background:**

Achieving and addressing health equity has been a critical component of the Medicaid Transformation, since its formal beginning in 2017. While the Health Care Authority has asked all ACHs to address health equity in their semi-annual reports, they have not mandated a specific approach or metrics to indicate success, which has left the design and implementation of health equity activities to the ACHs to self-determine. NCACH has been exploring and evaluating strategies to address health inequities since 2017, including working with consultants to better understand how to work towards a more equitable region. Throughout this period, NCACH has grown to understand that addressing health equity cannot be a standalone initiative – rather it must be embedded as a lens and value throughout all of our work and strategies to achieve better health.

Some of NCACH's key equity-focused milestones include:

- Hosting a series of focus groups in 2018 to focus on transportation and housing as key social determinants of health (SDOH) needs for the region, including exploring the barriers to accessing either resource. These focus groups led to the development of the Capacity Development and Grant Management position, and deepened relationships with housing and transportation service providers.
- Working with john powell [SIC] and his team, the Seed Collaborative, to explore topics like *Othering and Belonging* and *Targeted Universalism* at the 2019 Annual Summit (hosted at Big Bend Community College).
- Adopting a new mission statement and value proposition statements in 2020 that highlighted health equity as a central focus and key tenant of NCACH's future activities.
- Partnering with the Colville Confederated Tribes to understand their health system improvement goals, and allocating a sizable investment to advance those goals as prioritized by the Colville Confederated Tribes Health & Human Services Department.
- *Honorable mention*: While not directly tied to NCACH's Medicaid Transformation work, some of the work that staff did to help coordinate Spanish-language COVID messaging efforts with regional and cross-sectoral partners helped increase frequency and availability of critical safety messaging for the Spanish-speaking community, many of whom were disproportionately impacted by COVID-19 in our region.

At a June 2020 board retreat, NCACH's Governing Board decided that health equity must be at the forefront and foundation of all of NCACH's future activities as it looks beyond the Medicaid Transformation. In response to this, NCACH staff developed recommendations to help advance the

organization towards this vision, including developing a shared definition of health equity. The following information was shared with the Executive Committee in December 2020, who were supportive of the language and recommendations, as well as developing some recommendations of their own, highlighted below:

- **Proposed definition of health equity**

Health equity means that everyone has a fair and just opportunity to reach their full health potential

- **Proposed supporting statement**

We, as a community, achieve health equity when we work together to remove obstacles to health — such as poverty and discrimination — and their consequences including lack of access to healthcare, transportation, affordable housing, quality education, good jobs with fair pay, and safe environments.

- **How will this be used in our current and future work?**

A definition for health equity and a proposed framework is designed to help NCACH shape our current strategic planning and future work. There may be opportunities, however, to use our current influence and put some of this into practice in current MTP work. This is encouraged when it can be incorporated into current expectations without derailing the planned work of our partners or catching them off guard.

This approach also allows us to begin where we honestly are while acknowledging that it may not be where we (or our community) would like us to be. We should always be willing to back up what we say with our actions; checking the boxes and pretending to be something we are not would be detrimental.

- **Recommendations for baking health equity into our organization, developed by staff and the NCACH Governing Board Executive Committee:**
  - Develop a health equity lens for decision-making process at all levels of the organization.  This includes Board decisions, workgroup recommendations, and organization-level decisions.  For example, a set of prompts could be included in our decision-making processes (e.g. Board Decision Form.) *Example questions include:*
    - How and when have the people who will be impacted by this decision been included in the decision-making process?
    - Have we considered the impacts of this work on all members of our community both:

- *Individually*-- how have we considered our own experiences shape the decision we are about to make, and can we acknowledge that those things may be influencing our decisions?
- *Organizationally*--how will our decisions (often informed by our biases above) impact communities?
    - How does this decision help to shift the power away from those who typically have the most?
- Identify or develop a health equity framework that helps us put health equity principles into practice. Having a shared framework helps us act consistently and systematically across all aspects of NCACH's work and shapes the WHAT and HOW (e.g. how and what we choose to prioritize, how and what we communicate, what capacity we choose to build, who and how we fund, how we approach community engagement, how we gather and share data, etc.)
    - For example, North Sound ACH is using the Targeted Universalism framework as a Strategy for Transformative Change https://youtu.be/YhQc1yH6344.
- Include prominent language on our website on health equity, including our definition and any frameworks that are shaping our work and holding us accountable. Consider including language that acknowledges that our understanding of health equity, how it shapes us as an organization, and how we do our work will evolve and grow. We are open to learning and willing to be pushed/stretched by our community.
- Staff should identify small, concrete action items that can be taken to create an organizational culture of health equity. These include but are not limited to: developing an internal Diversity Equity and Inclusion (DE&I) policy; developing additional language that will be shared with our stakeholders (e.g. the 'we're learning' disclaimer that accurately describes where our organization is in its learning journey and understanding of health equity);
- Promote a Board-level commitment to use existing data resources (e.g. the CHNA) and ongoing assessment of impacts that have been made to address inequities and gaps; which will help inform future efforts and strategies.
- Conduct 1-on-1 interviews with NCACH Board Members to better understand:
    - What work their organization is already taking on to address health equity
    - Their vision of health equity for NCACH, and their recommendations to create and embed a culture of health equity within the organization
- Schedule further equity training / learnings for Board to help increase their knowledge and help them feel more prepared to make informed decisions
    - Bring examples of local disparities and gaps using local data

**Questions for Board consideration, please come prepared to discuss:**

1. How aligned or misaligned is your understanding of health equity based on the proposed definition and supporting statement? *(Please respond to this question in the pre-meeting survey* → *https://www.surveymonkey.com/r/S5QQ7ZW)*

2. Does your organization have a specific equity definition and/or commitment to equity? If so, what is your organization doing / has done to address health equity? *Please bring specific examples if you have any.*

3. Do you see opportunities for NCACH to support ongoing health equity initiatives or groups in the region? If so, what kind of role could the ACH play?

4. Review the recommendations listed above, do you agree with them? Are there additional or alternative recommendations you suggest?

5. One of the key takeaways from staff learning and discussions with the Executive Committee is that in order to be effective and able to produce results for affected communities, health equity must be more than a standalone initiative – it must be treated like a value, and must be embedded into an organization's culture. What suggestions or recommendations do you have for the organization to help 'bake' equity into our organization's culture?

6. What topics or trainings would you find helpful to learn more about as we dig into health equity as an organization?