

Creating a Culture of Equity

Even the most well-intentioned effort to reduce disparities is less likely to succeed if it's not part of a broader culture of equity. When staff recognize that disparities exist within the populations that their organization serves and view inequality as an injustice that must be redressed, that organization has a strong culture of equity. This applies to health care delivery or provider organizations, health plans, and state and federal agencies responsible for the health of their residents.

While fostering a culture of equity can be challenging, it can have significant benefits for an organization. When an organization values a culture of equity, the staff shares definitions of health equity and equitable care and they place high value on its delivery, which can yield concrete benefits.

Similar to a culture of quality (which lays the foundation for quality improvement), a culture of equity will be essential to the success of quality improvement that seeks to reduce disparities.

What is a Culture of Equity?

What is Health Equity?

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and in determinants that adversely affect excluded or marginalized groups.”

This definition is provided by the Robert Wood Johnson Foundation. See [“What is Health Equity? And What Differences Does a Definition Make?”](#) RWFJ published this report to promote greater consensus about the meaning of health equity and to identify crucial elements to guide effective action.

A culture of equity is made up of two parts:

1. **You identify the problem, and**
2. **You take responsibility for addressing it.**

In other words, [disparities are openly recognized](#), everyone within the organization is [motivated to reduce them](#), and [everyone knows their role in the process](#).

It's not enough for people to know that disparities are a problem in general; they need to recognize that disparities exist among their own patients, community members, or residents.

It's important to get everyone on the same page. Ideally, people throughout an organization, from leadership to front-line staff, share a common definition of health equity, equitable care and place high value on its delivery.

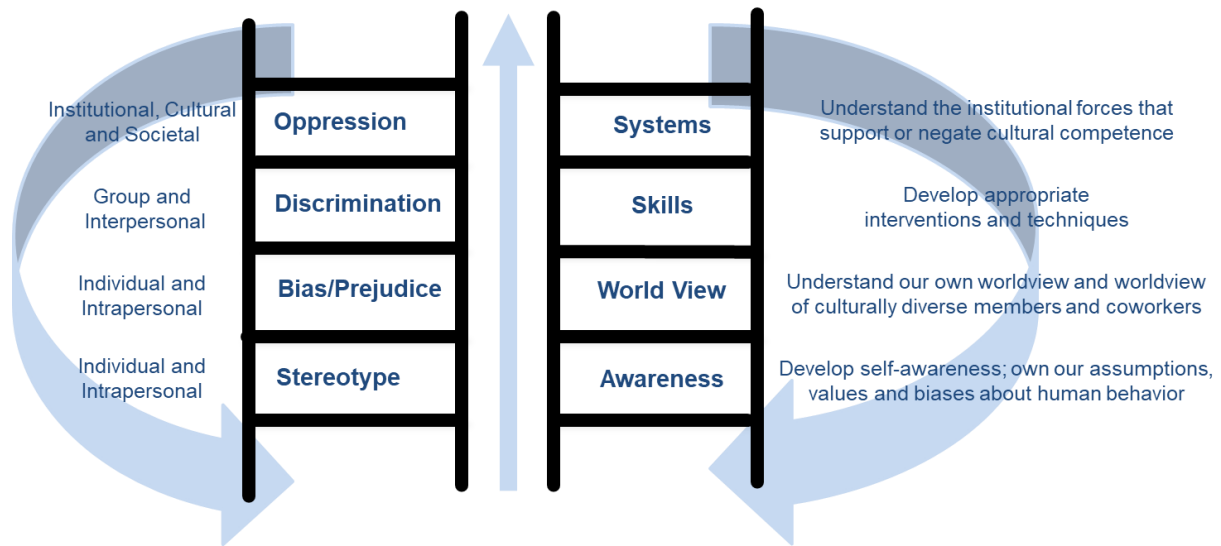
For example, [Aligning Forces for Quality](#), a regional multi-stakeholder quality improvement collaborative, implemented the *Expecting Success* program to reduce racial and ethnic disparities in cardiac care in hospitals around the country. One of the program's participating hospital CEOs showed his support for the program by publicly endorsing it to staff throughout the organization, including management, providers, housekeeping and valet. In addressing them, he emphasized that they all play an integral role in providing high-quality, equitable care, and made sure they understood they had specific roles and responsibilities for reducing disparities.

Sometimes even people who are motivated to address disparities may feel discouraged. Vulnerable patients face significant challenges in their homes and communities and it can feel like the problem is out of our hands. Later on in this report, we'll talk about ways to help staff feel empowered to make a difference.

Why is a Culture of Equity Important?

Many assume that developing a culture of equity is only necessary for providers of health care (e.g., clinics, hospitals, long-term care facilities) because of the belief that stereotypes, biases, prejudices, discrimination, and oppression that negatively impact health and health care only occur within health care organizations between care teams and patients. In fact, [stereotypes, biases, prejudice, discrimination, and oppression play out in all levels of the health care system, including federal and state agencies and health plans/payers](#).

For example, policy makers and payers can create quality improvement programs, alternative payment models, and contractual requirements that inadvertently create new disparities or exacerbate existing disparities. The high-level mechanics of how this happens is illustrated by a concept called the ladders of oppression and cultural competence:¹



Thankfully, as illustrated by the right ladder, there are opportunities for organizations at every level of the health system to take action to advance health equity. One of the first steps they can take is to begin developing a culture of equity.

Here are some organizations and resources designed to facilitate the work of creating a culture of equity:

1. [The National Conference for Community and Justice of Greater Dayton](#)
2. [National LGBT Health Education Center](#)
3. [Institute for Healthcare Improvement](#)
4. [National Conference for Community and Justice of Metro St. Louis \(NCCJ St. Louis\)](#)
5. [Perception Institute](#)
6. [PolicyLink](#)
7. [Association of State and Territorial Health Officials](#)

¹ UChicago Medicine, Department of Diversity, Inclusion and Equity; Barnes-Jewish Hospital, Center for Diversity and Cultural Competence and the National Conference for Community and Justice of Metropolitan St. Louis.

When equity is an integral element of organizational values, its activities and programs are more likely to be successful. A culture of equity is key to both jump-starting your activities and to maintaining them. Your program may be more likely to get the funding and staffing it needs if the organization has prioritized disparities reduction.

We realize that this may seem like an abstract ideal. But a strong culture of equity will not only build the foundation for ongoing success: it can help to secure tangible resources, like money and time.

Culture change can be challenging because it is gradual and difficult to gauge, but there are concrete actions you can take to make it happen. Next, we'll explore strategies to establish a culture of equity.

How do you establish a culture of equity?

A culture of equity involves:

1. Identifying the problem and
2. Taking responsibility for addressing it.

Identify the Problem

How can you concretely help your organization identify the disparities issues it faces?

Share Data and Discuss Openly

Share your demographically stratified quality data (e.g., race, ethnicity, language, health literacy, socioeconomic status, sexual orientation, gender identity, sex, age) with all of your leadership (e.g., boards of directors), staff, and patient and community advocacy groups and organizations.

Facilitate an open discussion about the documented disparities and people's reactions to the data.

Facilitating an open discussion about disparities can be challenging because of the sensitive nature of the issues involved. Some helpful techniques are to:

1. Start by talking about more comfortable issues. Language and literacy are often good starting points.
2. Recognize and validate the challenges staff face when dealing with these issues.
3. Avoid blaming individuals, however encourage people to reflect on their own biases and seek out additional opportunities to learn more and confront those biases.

For example, remember to note that everyone has biases that have been shared and reinforced culturally (e.g., media, social groups, family) for our entire lives. The important thing learning to recognize them in ourselves and take responsibility for working to reduce and eliminate them.

4. Provide opportunities for anonymous input, for those who may not be comfortable speaking up in a group.
5. Be sure patients', care-givers, and community members' points of view are represented, either through an advisory panel or some other mechanism with a genuine and sincere desire to learn and incorporate their perspectives into the culture of the organization.

It's important to respond to people's reactions in a productive manner. In fact, you should leverage that discussion to build momentum for your equity program.

Identify Priorities

Once you've gathered feedback, you'll want to identify priority areas for disparities reduction. Tools such as a [root cause analysis](#) and a [priority matrix](#) are helpful to identify disparities and priorities.

Take Responsibility

What are some strategies to help your organization take responsibility for its documented disparities? Here are some examples from organizations that we have partnered with.

Making Equity a Priority

Harvard Vanguard Medical Associates' Board of Trustees added equity as a core component of their QI strategy, which was an indication that the organization was ready to implement equity programming.

Similarly, Baylor College of Medicine opened an Office of Health Equity and created a new position: Chief Equity Officer, which sent a message throughout the organization that equity is a priority and a part of organizational culture.

Explicitly prioritize equity in organization mission and goals.

Members of the organization should agree upon a definition of equitable care and goals for disparities reduction; these should be explicitly stated in organizational mission statements and charters. For example, equity can be codified as part of an official QI strategy, or an organization can establish an Office of Health Equity.

See our resources list for more information on crafting mission and value statements:

1. [DIY Committee Guide: Vision, Mission, and Values](#)
2. [Build Initiative: Developing Vision & Mission Statements](#)
3. [Free Management Library: Strategic Planning](#)

Anticipate the Effect of Quality Improvement on Disparities

Quality improvement efforts aimed at a general or non-specific population may fail to improve—or even worsen disparities. As you plan your quality improvement work, ask yourself—and prompt your practices to consider—how it might affect patients/members differently.

Gain Leadership Buy-in

Gain general leadership buy-in to disparities reduction. You'll find more information about getting buy-in to a specific idea or project in [Road Map Step 5, Securing Buy-in](#). But to start, you need general buy-in to making equity a part of the organizational culture. You will need to make sure that buy-in is secured across the organization's leadership—not just from one enthusiastic member of management.

We've created a product called "[The Case for Equity](#)" that explains various rationales for investing in disparities interventions. This document can be helpful tool in convincing leadership to support the program, and foster leaders' buy-in.

Identify and publicly recognize equity champions

Identifying Your Equity Champion

The following quote is from staff at the Fund for Public Health New York:

"An equity champion is a person with a strong personality who takes pride in his or her work. S/he often works at the level of nurse or care coordinator and is seeking ways to demonstrate talent beyond his or her prescribed duties. In our experience, the equity champion is self-identified, but it is important that supervisors also approve of their role."

These champions will have a natural talent for team-building, leadership, and advocacy. Our Finding Answers grantees have repeatedly told us that equity champions are key.

Be sure to look for equity champions at all levels of staff. As the Fund for Public Health New York noted in the quote, this can often be a nurse or care coordinator. A champion can sometimes be recognized as that person who spends a few extra minutes with a patient or goes out of their way to accommodate the patient's family.

Empower Staff

Sometimes even those who are motivated to address disparities may feel discouraged, because vulnerable patients face significant challenges outside the clinic. So how can we help providers and staff feel empowered to help these patients?

Teach everyone at your organization, regardless of their role, how to recognize bias and structural or organizational oppression and discrimination that can negatively impact your health equity goals. Then, teach them the skills for how to positively and proactively address it.

Give examples of success in similar clinics. When implementing equity-focused quality improvement, you can serve as an example for each other and to future sites undertaking this work. But Advancing Health Equity can also get you started with stories of grantee success — hearing their experience can be motivating for staff just getting started.

Take a field trip to a nearby clinic that's done well already. Hearing and reading stories of success is one thing—but seeing how another clinic operates drives home the message that this is possible.

Invite staff and providers to join your Equity Team. And if they can't fully participate, keep them informed.

Share your plan for equity with the whole staff. They'll feel inspired if they are purposefully included from the beginning and have an ongoing role to play.

Resources on how to positively and proactively address bias and discrimination:

1. [Implicit Bias in Healthcare Professionals: Systematic Review](#)
2. [Institute for Healthcare Improvement: Implicit Bias](#)
3. [Joint Commission: Implicit Bias in Health Care](#)
4. [National CLAS Standards](#)
5. [Achieving Health Equity: A Guide for Health Care Organizations](#)
6. [Cultural Competence Self-Assessments](#)

Strive for a Diverse Workforce

Strive to recruit and maintain a diverse workforce that reflects the population you serve. This demonstrates to your patients that you're committed to the issue and may also lead to improved patient-provider communication.

Establish a Diverse Community/Consumer Advisory Board

Establish and maintain an active community/consumer advisory board that is representative of your member/ patient population. Read these documents for tips on [consumer advisory boards](#) and [community advisory boards](#).

Develop relationships with community-based groups and organizations

Develop and maintain strong, working relationships with community-based groups and organizations who serve priority populations.

Formalize your commitment to equity

A culture of equity is an essential component of a successful equity program, a generalized understanding of the importance of reducing disparities. Make sure all staff understand the role they play in reducing disparities in your organization. Make equity a part of job descriptions. Also, track the organizations efforts, and document its successes – that information can be useful in soliciting private donations or when applying for grant funding.

Remember that how you work with and treat each other in your organization is just as important as the other activities described above. If staff are experiencing oppression, discrimination, bias in the workplace, or consistently feel unsupported or overwhelmed, then they will be much less likely to succeed in being able to spot and identify ways to address disparities in the health and healthcare of their patients.

Here is information and resources to help organizations create a healthy and adaptive culture:

1. [Perceptions of Factors Associated with Inclusive Work and Learning Environments in Health Care Organizations](#)
2. [Jean Baker Miller Training Institute](#)
3. [National Conference for Community and Justice of Metro St. Louis \(NCCJ St. Louis\)](#)

AHE has developed a *Creating a Culture of Equity Work Plan* to help guide organizations as they work to create and advance their cultures of equity (below). You can add rows to the sheet for additional equity strategies and for strategies that require multiple steps for successful implementation.



STRATEGY	ACTIVITIES <i>What steps will you take to accomplish the strategy?</i>	PEOPLE TO ENGAGE <i>List the “ask” for each person.</i>	PEOPLE RESPONSIBLE <i>Engage at least one person for each activity.</i>	SUSTAINABILITY <i>How will you maintain this strategy over time?</i>	TIMELINE <i>List specific deadlines for each activity.</i>
Utilize quality data metrics stratified by key demographic variables					
Work with teams to define your terms (e.g. ‘equitable care’)					
Implement CLAS (culturally and linguistically appropriate services) standards					
Incorporate equity into mission, vision, and values statements					
Obtain leadership buy-in and commitment to creating a culture of equity					
Empower staff to address equity					
Designate leaders responsible for disparities reduction					
Tie leadership compensation to equity and disparity reduction goals					
Analyze and share human resource metrics (e.g., position and pay grade) stratified by key					

demographic variables (e.g. race, ethnicity, sex)					
Link quality and equity (all QI)/ do not silo equity					
Identify and recognize equity champions					
Develop a diverse staff that represents the populations served					
Ensure that all staff have a living wage					
Create or engage community advisory boards that reflect the populations served, including family/care givers					
Build strong working ties with community groups and organizations serving the impacted populations					