

PROSPECTUS



Pursuing Equity:

A Learning and Action Network
to Close Equity Gaps in Health Care

October 2020 – March 2022



Institute *for*
Healthcare
Improvement



Contents

Introduction	3
Our Strategy	4
Our Approach	5
Who Should Participate	8
Fees and How to Join	9
References	9

Introduction

We cannot have health care quality without equity. Inequities are systematic, avoidable, and unjust, and prevent us from achieving the missions of our institutions and from having a thriving health care workforce and community. The Institute for Healthcare Improvement (IHI) has more than 25 years of experience utilizing improvement science to improve health and health care, and we are committed to leveraging our unique skills and network of experts to improve equity in partnership with health care organizations and communities.

By applying improvement methods and tools, and learning together in a collaborative network, we can achieve more equitable care as imagined nearly two decades ago in the National Academy of Medicine's dimensions of health care quality.¹ In 2017, IHI launched the Pursuing Equity initiative² and partnered with eight pioneer US health care systems to accelerate the role of health care in improving health equity. As the foundation for their work, participants in the initiative used IHI's five-component framework to improve health equity articulated in the 2016 IHI White Paper, *Achieving Health Equity: A Guide for Health Care Organizations*.³

During the two-year initiative, the eight teams made strides to institutionalize a culture of health equity, including making health equity a strategic priority, conversations and actions to address structural racism, gaining buy-in to advance equity, and testing numerous changes to improve equity in both their health systems and their communities. IHI highlighted key lessons and results from the two-year Pursuing Equity initiative in several guidance documents and case studies from each participating team.⁴ Our aim is now to build on those lessons and expand the network with other like-minded health systems that are ready to do the tough and rewarding work personally, in our teams, in our health systems, and in our communities to close equity gaps in health care.

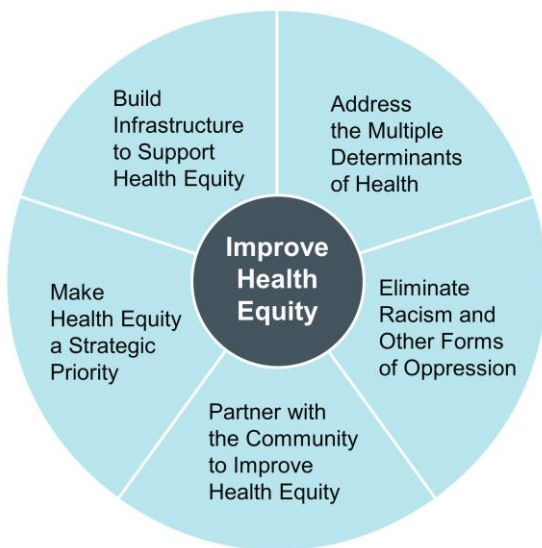
IHI's vision is that everyone has the best care and health possible. Achieving this vision requires a focus on equity. The 18-month Pursuing Equity Learning and Action Network (Oct 2020 - March 2022) will underscore the urgency of eliminating inequities, provide improvement methods and tools for testing and learning our way to solutions, create a network for sharing learning across organizations, and disseminate our results, challenges, and most effective improvements. At the end of the initiative, participating teams will have built knowledge and skills across the five-component framework (e.g., in measurement to advance equity, in making equity a strategic priority), and will be actively working to apply improvement methods to narrow clinical inequities. IHI has a long track record of convening organizations in innovative collaboratives to pursue bold aims to challenging problems such as reducing readmissions and advancing the Triple Aim.⁵

We hope you'll join us in this newest collaborative network to improve health equity. Details regarding expectations for participating organizations and IHI support are provided below.

Our Strategy

IHI Framework for Health Care Organizations to Improve Health Equity

Achieving equitable care processes and outcomes requires an approach focused on action and learning. It is essential to address institutional structures, areas where health care systems have direct influence, and areas where the health care system can support equity in the community. Informed by the first two years of Pursuing Equity, our current theory of change for improving equity includes five components, as described below.³ IHI will continue to update and refine this theory based on the continued learning in the Pursuing Equity Learning and Action Network.



- Make Health Equity a Strategic Priority**
Organizational leaders commit to improving health equity by including equity in the organization’s strategy and goals. Equity is viewed as mission critical – that is, the mission, vision, and business cannot thrive without a focus on equity.
- Build Infrastructure to Support Health Equity**
Operationalizing a health equity strategy requires dedicated resources, including human resources and data resources, as well as an organizational infrastructure.
- Address the Multiple Determinants of Health**
Health care organizations must develop strategies to address the multiple determinants of health, including health care services, organizational policies, the organization’s physical environment, the community’s socioeconomic status, and healthy behaviors.

- Eliminate Racism and Other Forms of Oppression**
Health care organizations must look at their systems, practices, and policies to assess where inequities are produced and where equity can be proactively created.
- Partner with the Community to Improve Health Equity**
To support communities to reach their full health potential, health care organizations must work in partnership with community members and with community-based organizations that are highly engaged with community members.

Continuous Learning

The Pursuing Equity Learning and Action Network builds on the experience and key learning from the initial two-year Pursuing Equity initiative (2017–2019), including the following:

- To create an equity-promoting environment, health systems work at both the macro level by developing supportive policies and infrastructure, and at the micro level by advancing equity improvement projects where ideas can be tested on a small scale, results tracked, and successes scaled.
- Senior leaders and equity champions should regularly communicate about the importance of equity and promote conversations about institutional racism and structural inequities.

- Health care has played a role in perpetuating structural disadvantages and there is an opportunity for health systems to help dismantle racism and other forms of oppression. Courage is required to lead this work.
- Stratified and actionable data is needed to measure and make inequities visible. Do not let imperfect data be a barrier to taking action.
- Improving health equity cannot happen solely within the confines of the health system. Health care's role must be defined to include addressing the social determinants of health to proactively create opportunities for wellbeing for individuals and the community.
- Strong relationships support learning and growth and can bring joy to work. Focus on building personal relationships within a team.
- Quality improvement methods guide us through a process to define a problem, set an aim, test, track, and learn what it takes to bring about equity improvements through small tests of change.
- Improving health equity is long-term work and results will not happen overnight. Celebrate small wins along the way.
- Each health system may start with a different component of the framework, given their context, or may be prepared to advance multiple components at once. These components are not meant to be undertaken in a specific order. For example, some organizations find partnering with the community gives a sense of urgency and authenticity to make equity a strategic priority and are able to build from there. Other organizations find demonstrating early wins by narrowing equity gaps in clinical care areas that are already a priority in the system helps build the will to create a more formal infrastructure and priority. All will need an understanding of racism, power, and oppression to operate from a shared foundation and understanding of the problem.

Our Approach

The Pursuing Equity Learning and Action Network is designed to foster systemic action by health systems to get measurable results and achieve improvements in equity. The IHI team will mobilize experts in improvement science and health equity to work in close partnership with the participating organizations. Learning activities will be delivered virtually and in person. IHI will:

- Build a network that learns together, in which all participating organizations are committed to testing changes, sharing what does and does not work, tracking progress and sharing data, adapting ideas, joining workgroups to learn from each other on specific topics, and building relationships;
- Engage leading subject matter experts in equity, as well as those who have tested and demonstrated promising results, to deliver case-based discussions on applying systems improvement methods to equity;
- Provide improvement coaching to support ongoing application of tools and methods for improvement;
- Deploy an information infrastructure to support data-driven testing and learning from all participating sites;
- Build community and trust among participating organizations;

- Maintain a communication system among participants to support rapid learning, connections, and relationship building with like-minded organizations;
- Design and implement a messaging and dissemination plan to publicly highlight the learning and successes of the participating organizations;
- Employ evaluation techniques to continue to improve the delivery of IHI's support and advance theories of change; and
- Leverage improvement methods and tools to guide our work as well as IHI's Psychology of Change Framework⁶ and the Community of Solutions Model.⁷

The structure and activities of the 18-month, intensive Pursuing Equity Learning and Action Network are described below.

In-Person Workshops

Pursuing Equity Network participants will meet in person four times over the 18-months. The first and last workshops in October 2020 and March 2022 will be hosted at the IHI office in Boston, MA; IHI will seek participating organizations willing to host the remaining two workshops at their locations (TBD). Workshops focus on building relationships, advancing our learning together, reviewing data and lessons, and applying improvement methods and building improvement capability. Participating teams will share the details of their work and receive feedback and ideas from faculty and peers.

Intensive Action Periods

The months between workshops, called Action Periods, are designed to be intensive periods of learning and action. Teams work with faculty and improvement experts to design and implement tests of change, accelerate learning, and address challenges. Participating organizations will join All-Team Calls to facilitate shared learning across the network, and select team members will join calls for clinical workgroups on specific care processes, equity measurement, and addressing racism.

All-Team Calls

Participating organizations will join bi-monthly calls to share across the network and to learn from case studies of successful approaches to improve equity. The call agendas will be adapted to meet the needs of participating organizations. Topics may include building will in the organization to advance equity, engaging the board, and lessons learned in advancing equity in the workforce. The calls are highly participatory with active Q&A sessions, breakouts, and online chat features.

Clinical Workgroup Calls

During the months between in-person workshops, workgroups focused on improving equity in specific clinical areas will convene virtually via calls. Teams will report on the changes they are testing, challenges encountered and key learning, and data tracked over time. Clinical workgroups will be determined by the participating organizations' area of focus for their equity improvement work. From our experience in the initial Pursuing Equity initiative, we predict there will be an interest in workgroups focused on improving cancer care and diabetes care, for example. The clinical workgroups' topics and structures will be adapted over time to meet the evolving needs of participating organizations.

Measurement Calls

The IHI team will convene the measurement leads from each team via bi-monthly calls. An IHI Improvement Advisor will facilitate discussions with measurement leads to address common data and measurement challenges and share progress. Topics may include data dashboards, data stratification, and data presentation.

Addressing Racism Calls

Participating teams will meet bi-monthly for focused work on addressing racism. Teams will have facilitated space to share strategies, challenges, and encourage and push each other. Participating organizations will be expected to report on the actions their teams are testing in their efforts to eliminate racism and other forms of oppression.

Leadership Calls

Senior leaders from each participating organization will be asked to join quarterly calls to discuss leadership behaviors that advance equity, and progress and challenges in championing this important work. These calls will also serve as a venue to keep senior leaders up-to-date on network activities and organizations’ progress.

Timeline for Pursuing Equity Activities

Pursuing Equity Activity	2020			2021												2022		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In-Person Workshops	•					•						•					•	
All Team Calls	•		•		•		•		•		•		•		•		•	•
Clinical Workgroup Calls			•	•	•		•	•	•	•	•		•	•	•	•		•
Addressing Racism Workgroup Calls		•		•				•		•				•		•		•
Measurement Calls		•		•				•		•				•		•		•
Leadership Calls		•			•				•			•				•		•
IHI National Forum Special Events								•										

Who Should Participate

We are seeking partnership with health care organizations that have quality improvement (QI) knowledge and capability as evidenced by measurable results from previous QI initiatives, a commitment to equity at both the strategic and operational levels, existing partnerships with community organizations, and understand racism and inequities as a systems issue with work required at the personal, team, and institutional levels. In addition, organizations will need to have accessible and usable race, ethnicity, and preferred language (REAL) data to measure equity gaps.

Health care organizations need to select a team comprising senior level leadership accountable for advancing equity and quality, a project manager, quality improvement leads, a data analyst, community/patient representatives, frontline providers, and staff from equity, community health, and/or population health departments. Teams may also want to include representatives from human resources and information technology. Additionally, teams may find it useful to engage senior-level leadership on the core team and/or as part of a steering committee.

Expectations of Participating Teams

The following are requested from organizations interested in joining the Pursuing Equity Learning and Action Network:

- A written letter of support from the CEO committing to supporting advancement of equity across the five components of the IHI framework;
- One senior leader and one alternate senior leader identified to participate in a quarterly leadership call and to provide a written reply of their reflections on the team's quarterly report;
- Identification of a multidisciplinary team to participate in the network and work across the five components of the framework, including at least one community partner and one representative from the health system's quality department;
- Team participation in all network meetings over the 18-month period, including regular virtual calls and team travel to participate in the in-person workshops (workshop travel is covered by the participating organization);
- Identification of high-priority clinical areas where inequities exist, which will be the focus of the organization's equity improvement work (i.e., the network's focus on equity is intended to strengthen critical existing work rather than create a new, siloed equity improvement project);
- Quarterly reports that include data submission on changes tested, learning, process data, and outcomes data to be shared with the network and with your designated senior leader;
- Participation in approximately three calls with program improvement staff to provide your feedback on how IHI can improve your experience and learning in the network;
- Willingness to share learning, challenges, and data transparently and publicly; and
- A required commitment from all participating organizations to advancing their understanding of and action to remediate racial inequities at multiple levels, from structural to individually-mediated.

Fees and How to Join

The fees for one health care organization to have one team participate in the 18-month network are described below. IHI recognizes that the resources available to organizations dedicated to improving equity may vary. Given the scope and ambition of this network, and that IHI does not want cost to be an impediment to participation by committed sites, some financial support may be available to fund your organization’s participation.

- **Standard Rate:** \$30,000 per participating team
- **Discounted Rate:** \$20,000 per participating team
IHI provides partial scholarships for federally qualified health centers, safety-net organizations, and other select stakeholders who require financial support. The IHI team welcomes a conversation to discuss your eligibility.
- **Donor Rate:** \$35,000 per participating team
We invite your organization to be a donor to create an opportunity for lower-resourced health systems to join the network. \$5,000 of all donor-level enrollments will go directly toward scholarships for other health care organizations to enroll.

We are grateful for the work you do to advance health equity and look forward to working with you to make this vital Pursuing Equity Learning and Action Network a reality.

Contact

If your organization is interested in joining the Pursuing Equity Learning and Action Network, please email pursuingequity@ihi.org.

References

1 Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academies Press; 2001.

2 Pursuing Equity Initiative. Institute for Healthcare Improvement. <http://www.ihi.org/Engage/Initiatives/Pursuing-Equity/Pages/default.aspx>

3 Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, MA: Institute for Healthcare Improvement; 2016. <http://www.ihi.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx>

4 *Improving Health Equity: Guidance for Healthcare Organizations*. Boston: Institute for Healthcare Improvement; 2019. <http://www.ihi.org/resources/Pages/Publications/Improving-Health-Equity-Guidance-for-Health-Care-Organizations.aspx>

5 The term “Triple Aim” refers to the simultaneous pursuit of improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care. [Berwick DM, Nolan TW, Whittington J. The Triple Aim: Care, health, and cost. *Health Affairs*. 2008 May/June;27(3):759-769.]

⁶ Hilton K, Anderson A. *IHI Psychology of Change Framework to Advance and Sustain Improvement*. Boston: Institute for Healthcare Improvement; 2018.

<http://www.ihl.org/resources/Pages/IHIWhitePapers/IHI-Psychology-of-Change-Framework.aspx>

⁷ Stout S. *Overview of SCALE and a Community of Solutions*. SCALE 1.0 Synthesis Reports. Cambridge, MA: Institute for Healthcare Improvement, 2017.