



“True equity cannot happen until disparities are corrected.”

This message, quoted by Loretta Christensen, M.D., chief medical officer at Indian Health Service, served as a stark reminder that there is still work to be done in advancing health equity. On July 15, AHA members gathered to discuss ways to make transformative changes in health care, during IFDHE’s Region 9 Health Equity Innovation Summit in Seattle, WA.

Region 9 includes members from Washington, Oregon, California, Nevada, Alaska and Hawaii. This one-day event brought together C-suite hospital leaders, community members and patient advocates to explore regional challenges and co-develop potential solutions to accelerate actions to advance health equity. The session was interactive and inclusive of diverse perspectives.

Around 30 members were in attendance for this convening and were representative of various hospitals and health systems including Providence Health, Kaiser Permanente, Renown Health and more.



A fireside chat moderated by Leon Caldwell, IFDHE’s senior director, health equity strategies and innovation, included discussion on the true meaning of innovation and how it’s essential to advancing health equity.

Speakers included Christensen; Theresa Demeter, digital health equity expert; and Paula L. Houston, M.D., chief equity officer at UW Medicine and associate vice president for medical affairs at the University of Washington.

### **Here’s what was discussed:**

- Innovation shouldn’t be viewed as a complex idea; rather, it should be simple, attainable and create meaningful change.
- It’s imperative to get the community involved in health equity — get their lived experiences and keep them engaged every step of the way.
- To eliminate disparities, hospitals need to challenge the status quo and think outside the box.



Attendees were guided through an interactive session to accelerate health equity, using each of the six levers as a framework.

### Top Takeaway from Each Lever:



#### Level 1

Culturally appropriate patient care requires buy-in from leadership and must be approached with humility and compassion in order to transform the organization's culture.



#### Level 2

Hospitals should create a pipeline program to increase the diversity of representation in the workforce and provide updates to its organizational policies that could impact workplace culture, inclusion and belonging.



#### Level 3

Effectively measuring health equity requires a balanced approach: setting common standards with input from various entities to guide policies and practices, while acknowledging diverse populations' unique starting points and challenges.



#### Level 4

Hospitals and health systems should identify and recruit diverse candidates that represent the workforce, and re-design leadership structures that can meet the diverse needs of the communities they serve.



#### Level 5

Building sustainable community partnerships starts with engaging the voices of community members and organizations in an equitable manner.



#### Level 6

To achieve systemic and shared accountability, hospitals should imbed empathy into their core mission, values and practice.