

Principles into Practice

Roles

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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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 accommodate 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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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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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.



**Raising
the Bar**

Healthcare's Transforming Role