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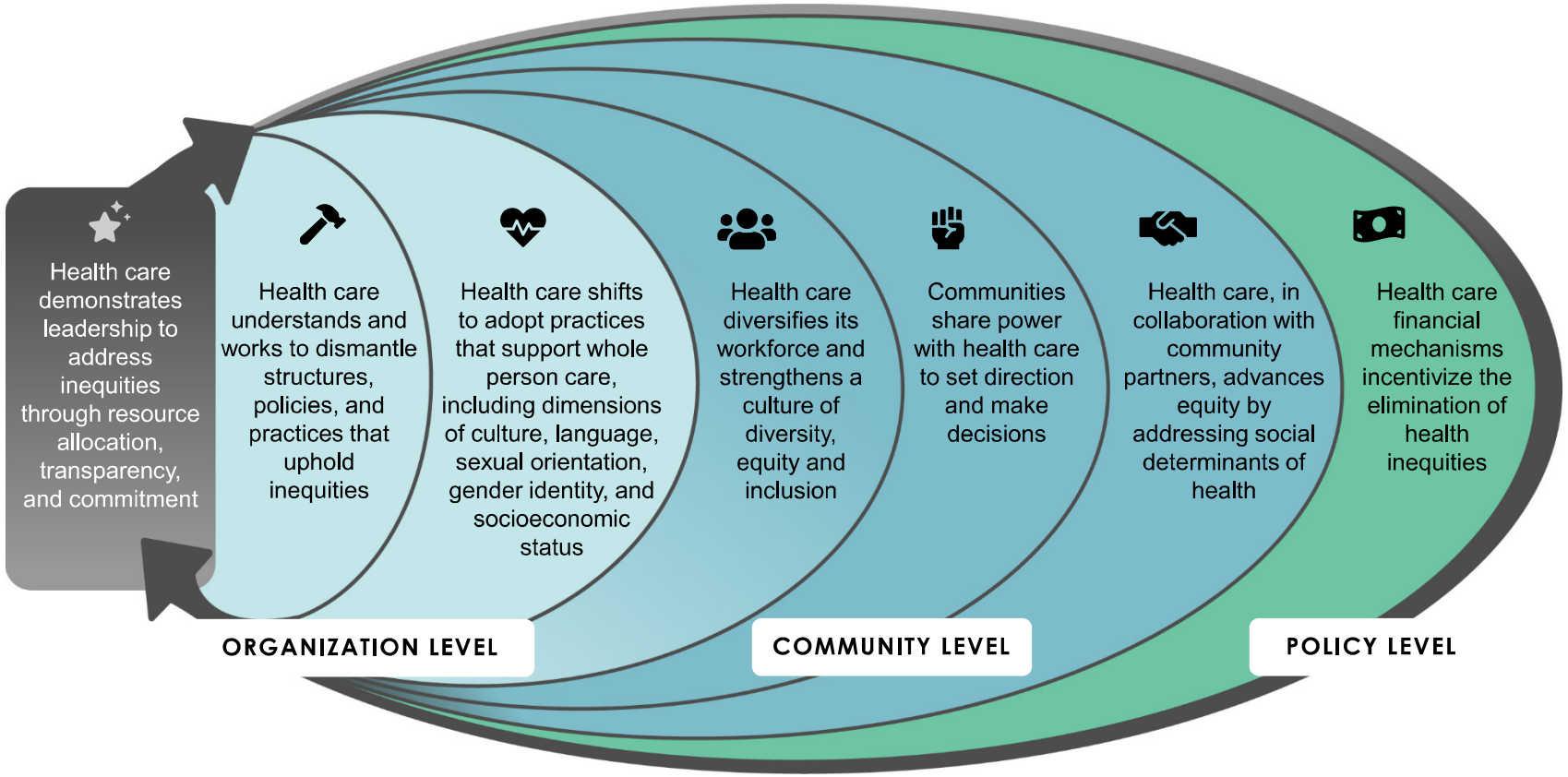
Systems Transformation Framework for Reducing Health Inequities

The *Systems Transformation Framework* was developed in the process of conducting a study exploring opportunities for health care to reduce health inequities through collective action. The framework includes seven key elements that address barriers to broader change and that will build the capacity of health care and their partners. All elements can be advanced simultaneously and should build on efforts already taking place in institutions to advance health equity. By implementing these elements, the health care sector can achieve a vision for having the partnerships in place and infrastructure needed to eliminate inequities through collective action. An expanded description of each element follows.



KEY ELEMENTS OF THE SYSTEM TRANSFORMATION FRAMEWORK

Health care demonstrates leadership to address inequities through resource allocation, transparency, and commitment	By identifying shared goals and metrics and publically reporting progress, health care can show its commitment to the work necessary to create systems that can eliminate health inequities. This includes creating the infrastructure and governance for health equity and investing in the dedicated resources (human and fiscal) to execute the work. Examples of shared goals and common measures include: investment of community benefit dollars and other investments into community-driven efforts; inter-cultural competency and implicit bias training of workforce, leadership, and board; diverse workforce hiring and retention; transparent reporting of health access, service delivery, and outcomes meaningful to the community.
Health care understands and works to dismantle structures, policies, and practices that uphold inequities	Disaggregated data needs to be used throughout health care institutions and at all levels to identify and monitor progress toward addressing inequities in access, service delivery, and outcomes. This may include routinely gathering detailed race and ethnicity data, and analyzing data to reflect the intersectionality of identities (e.g., race and sexual orientation). In addition, resource allocations and payment mechanisms should incentivize interventions that measurably reduce disparity gaps, and improve health care/outcomes for populations experiencing health disparities.
Health care shifts to adopt practices that support whole person care, including dimensions of culture, language, sexual orientation, gender identity, and socioeconomic status	Health care services and payment mechanisms should support whole person care, including dimensions of culture, language, sexual orientation, gender identity, ability, mental health, and socioeconomic status. This includes providing culturally relevant services and resources, and integrating cultural ways of knowing into health care services and practices. Resources need to be allocated for providers to further demonstrate cultural humility and relationship-based care, organizations to offer trauma-informed services, and institutions to help increase the health literacy of patients and community members.
Health care diversifies its workforce and leadership, and strengthens a culture of diversity, equity, and inclusion	In addition to building on existing initiatives to create a more diverse workforce, health care systems and plans can look inward to promote and hire diverse leadership, and to embed equity goals into job descriptions, performance reviews, and opportunities for advancement. Boards should reflect the communities served by the institution and its partners. Systems should also establish internal infrastructure to support health equity work that has representation and accountability across the organization. Jobs in the health care sector should pay a living wage.
Communities share power with health care to set direction and make decisions	Communities most impacted by health inequities need to be actively involved, alongside health care leaders, in making collective decisions for directing resources, and to be involved in shaping programs and identifying solutions. Steering committees or patient councils, representative of the community, can provide structure, but require intentional listening and authentic partnership.
Health care, in collaboration with community partners, advances equity by addressing social determinants of health	Health care should continue to expand efforts to invest in addressing social determinants of health, including navigation, closed-loop referrals, and improving access to care. In addition, health care should look for opportunities to work further upstream to address the root social and economic drivers of health inequities. However, this cannot replace the internal work necessary to dismantle structural racism.
Health care financial mechanisms incentivize the elimination of health inequities	Health care systems can leverage existing payment models that support value-based care, but also need to advocate for additional changes that incentivize wellness. Pooled funding models can be used by health care systems to invest in strategies developed by or in partnership with communities to address social determinants of health and to eliminate inequities in access to services.

This framework was developed in partnership with an advisory group comprised of individuals with demonstrated commitment to advancing health equity in Minnesota. See the full report or Executive Summary for a list of all Pathfinder Group members.

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For more information

This framework is described in the report, *The Role of Health Care in Eliminating Health Inequities in Minnesota.* For more information about this report, contact Melanie Ferris: melanie.ferris@wilder.org | 651-280-2660.