



# Racial Equity in Healthcare Progress Report Playbook: From Data to Action





# Table of Contents

---

Introduction	2
Structure of the Progress Report	3
The Playbook	5
The Human-Centered Design Approach	6
REFLECT	7
FOCUS	8
PLAN	9
COMMIT	10
Final Thoughts	11





## Introduction

This playbook is meant to guide your organization to action after completion of the Racial Equity in Healthcare Progress Report. The tools and resources within this playbook will enable your team to:

1. **Reflect** upon your data from the progress report
2. **Focus** on tangible best practices your organization can operationalize
3. **Outline** a plan to execute those best practices within your organization
4. **Commit** to action through an "equity charter"

Your organization should first complete the Racial Equity in Healthcare Progress Report, which can be found at IHA's [Health Disparities Resource Hub](#). Once complete, you can collect your data analytics from the IHA team and will be ready to implement the steps in this playbook.

Use this playbook as the tool to guide your organization to strategic action. The human-centered design canvases embedded in this playbook enable your organization to analyze your data, resources and strategic priorities in the equity space. After your organization has worked through the steps in this playbook, you will be prepared to put forth an Equity Charter which outlines the steps your organization will take on its equity journey.



## The Racial Equity in Healthcare Progress Report

Equity is at the heart of IHA's vision for healthcare: "That all individuals and communities have access to high-quality healthcare at the right time, in the right setting, in order to support each person's quest for optimum health." The COVID-19 pandemic shined a spotlight on a grim reality that has been present for decades: people of color and communities of color suffer from unequal access to healthcare and disparate health outcomes.

And in the midst of that pandemic, the tragic killing of George Floyd sparked outrage, grief and frustration among people from all backgrounds, and exposed once again the systemic racism, injustice, and inequality that still exist within our society. In response, the IHA Board of Trustees directed IHA to prioritize and intensify its efforts to assist member institutions to address racial health disparities.

**The Racial Equity in Healthcare (Progress Report)** is a critical part of that effort. Recognizing that progress and improvement require measurement and accountability, hospitals, health systems and other providers need a tool to assess their performance in addressing racial disparities in their provision of health care.

**Progress Report** is a long-term accountability tool to document progress toward achieving racial health equity. It is meant to promote collective improvement, not to drive competition. It provides for a baseline self-assessment and then an opportunity to measure progress, assess their implementation of key strategies, understand provider and community assets in racial equity work, and identify areas of improvement.

***Working together, Illinois hospitals and health systems have the opportunity to dismantle systemic racism in a way that no individual organization can. The Progress Report aims to highlight the important progress that organizations have already made as well as the work ahead. Therefore, we urge every Illinois hospital and health system to complete the Progress Report.***



# Structure of the Progress Report

The Progress Report focuses on four areas within an institution: its people, its patients, its organization, and its community.

The following illustrates the four areas and broad categories within each:

<p><b>Our People</b></p> <p>Learning &amp; Development Board &amp; Leadership All Employees</p>	<p><b>Our Patients</b></p> <p>Health Outcomes Access to Care &amp; Resources Demographics &amp; Profile Patient Experience</p>
<p><b>Our Organization</b></p> <p>Strategy/Roadmap Policies/Practices Analytics Operations</p>	<p><b>Our Community</b></p> <p>Wealth Community Engagement &amp; Empowerment Philanthropy</p>

## Our People

This section focuses on

- Board and leadership team demographics
- Employee engagement in anti-racist, implicit bias, and racial health disparity trainings
- Pay equity

Internal demographic data is particularly important to report and evaluate in order to compare to community and patient backgrounds. Homogeneity of race, sex, and socioeconomic status have been all too present in our healthcare systems, limiting an organization’s development and contributing to health disparities. Furthermore, it is projected that the United States population will grow by 12% in the next ten years, particularly from minority and immigrant populations. This growth emphasizes the need for diversity and inclusion strategies to create a culturally competent workforce to serve the needs of patients in catchment areas and/or high economic hardship communities.

A diverse board and staff promotes inclusion, better provider-patient communication and higher accessibility to all individuals compared to a homogenous workforce that further exacerbates current health disparities; it has also been found that higher employee perceptions of diversity and inclusion are positively correlated with employee engagement.

It is important to note that leadership should not engage in “checkbox diversity” consisting of a surface-level increase in diversity with virtually no other changes in organizational practice or engagement. Actively listening and incorporating diverse opinions as well as constant reflection on internal biases and engagement in anti-racist programs/trainings need to be present at all levels for real progress within the organization. Specific resources to engage in these practices can be found in the Resource section of this document.



## Our Patients

This section focuses on the patient experience and the organization's dedication to evaluating patient safety and health outcomes to unveil underlying disparities and implement care improvement projects. The Our Patients section explores our patient population deeply, asking if we have a strong handle on who we are serving and what clinical inequities exist across those populations within our community. The questions in the Our Patients section focus on ways to use patient data to drive care improvement projects, the importance of focusing on inequitable outcomes through demographic breakdowns of patient population, what charity care policies, language and literacy access processes we have in place and to what extent we are assessing and analyzing patient experience by demographic groups.

## Our Organization

This section focuses on plans and tools that organizations use to evaluate their efforts towards racial health equity and anti-racism. Engaging with different tools and trainings focused on these topics help organizations better understand and engage with their patient/customer population who experience barriers to health access and care. Self-reported data relating to race, ethnicity, language (REaL), sexual orientation, gender identity (SOGI), and social determinants of health (SDoH) are vital in identifying and reporting inequities in care<sup>19</sup>. With this data, providers can better serve their patient populations and implement needed services or programs. Due to the sensitivity of these topics, proper staff training and data protections must be put in place. Specific readings and tools can be found in the Resource section.

## Our Community

This section focuses on ways healthcare organizations can engage with community partners to reduce health disparities. Community involvement within the healthcare sphere widens organizational possibilities for care improvement; collaboration and engagement with community members are “cornerstones of efforts to improve public health” involving diverse stakeholders, health professionals and service users. This deliberate healthcare strategy allows officials to better understand their community needs and focus on healthcare planning and implementation that address their specific community population. People remain at the forefront of healthcare efforts and improvements, leading to long-lasting relationships and resilient health systems.



# The Playbook

This playbook will move your organization to action. It contains the human-centered design scaffolding you need to translate your data from the Progress Report into tangible next steps. The playbook outlines a 7-step process which will enable your organization to reflect upon your data, focus on tangible best practices, outline a plan to execute those best practices, and commit to action through an equity charter.



# Human-Centered Design Approach

This playbook capitalizes on the strengths of utilizing human-centered design tools to drive improvement. IHA has worked with Do Tank to develop a suite of Improvement Canvases specifically tailored to drive improvement in the equity space. Utilizing these canvases to design and execute your organization's equity journey will ensure that:

1. Your organization is engaging all important stakeholders in the process, giving them a voice
2. You are applying strategic rigor as you analyze your data, pick a focus area, and operationalize your plan

[Click here to watch the Intro explainer video](#)

## Mural and Canvases

**If your organization completed the Progress Report, you will have access to a digital Mural.** This canvas, pictured on the right, will be the quality improvement tool your organization uses to move from data to action.

**If you do not have access to the Mural board** we have included for download in this playbook the human-centered design canvases embedded in the Mural canvas. This will allow you to print these documents off and use them for in-person planning or to have a tangible workspace.



# REFLECT

The aim of this section is to take your data analytics from the Progress Report and plot the dots. This will enable you to get a holistic picture of the data and a sense of where your organization stands within each foundational component of the Progress Report.

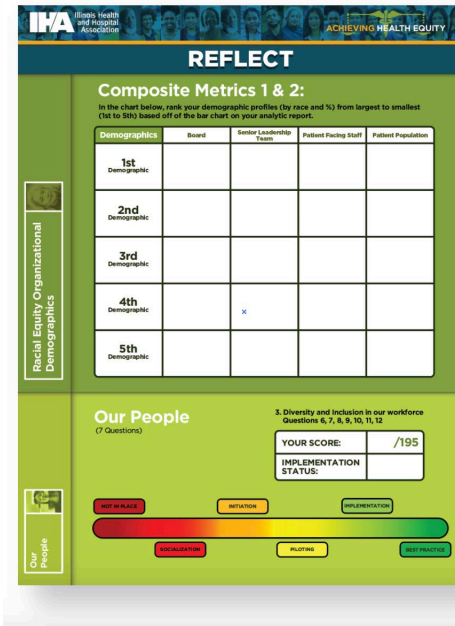
1. Plot the dots
2. Analyze your data
3. IHA Data analytic guide

[Click here to watch the explainer video](#)

## Composite Metrics:

The first step in the process of translating your data to action will be to take your analytic report and reflect upon it. Take a step back and analyze your data across the foundational components of the Progress Report. This will enable you to see which areas you are strong in and which areas your organization may have more opportunity in. After you have had a chance to analyze and reflect upon your data you will be well positioned to pick a focus area that you can plan for and commit to.

[Download the printable/fillable PDF](#)



## Composite Metrics 1:

In the chart below, rank your demographic profiles (by race and %) from largest to smallest (1st to 5th) based off of the bar chart on your analytic report.

Demographics	Board	Senior Leadership Team	Patient Facing Staff	Patient Population
1st Demographic				
2nd Demographic				
3rd Demographic				
4th Demographic				
5th Demographic				

[Download the printable/fillable PDF](#)





# FOCUS

The aim of this section is to analyze each of the 5 work streams embedded in the Progress Report in order to identify focus areas that your organization would like to act on.

**1. Under each section you will find hyperlinks to resources on best practices. Use these resources to see how these best practices are being deployed in the field**

**2. Once you have identified a focus area for each work stream, work through the Organizational Assessment to determine your readiness to tackle that particular focus area. (canvas, written instruction, and video)**

**Click here to watch the explainer video**

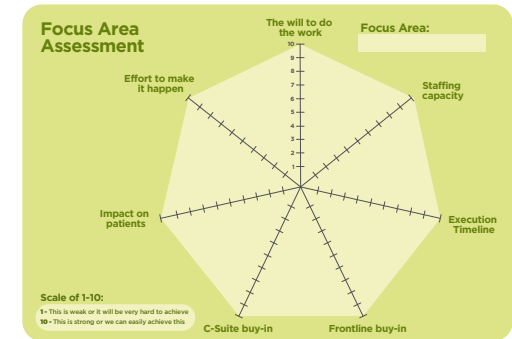
## Focus Area Assessment:

Once you have reflected on your data and pinned down a focus area, it is time to assess that focus area before jumping into planning mode. This is a critical process which often is glossed over before projects launch. The purpose of the Focus Area Assessment is to vet the focus area your team has identified for feasibility, impact and buy-in.

After running your focus area through this assessment, you may find that you should switch gears and identify another focus area to game plan out for the time being due to a lack of resources, will or impact on patients. This tool is meant to assist your team in thinking through the organizational supports and barriers you may encounter prior to moving a team to action on a specific focus area.

**Click here for online resources:**

- [Our People Resources](#)
- [Our Organization Resources](#)
- [Our Patients Resources](#)
- [Our Community Resources](#)



**Download the printable/fillable PDF**



# PLAN

The aim of this section is to work through each of the 3 human-centered design canvases for the focus areas you chose. These canvases will enable you to build the roadmap to action, outlining how you will operationalize the work.

**1. Work through each of the 3 human-centered design canvases in order to assess how your organization can move to action on the focus areas you chose**

**2. Equity Improvement Canvas**  
This canvas is the most comprehensive of all the improvement canvases within the suite of implementation materials, and is also the most critical.

[Click here to watch the canvas explainer video](#)

**3. Matrix Diagram**  
Refer to your Equity Improvement Canvas, take those change ideas you identified, and plug them into the left side of the Matrix Diagram. Once plugged in, the diagram then challenges your team to ask a series of questions for each idea

[Click here to watch the canvas explainer video](#)

**4. Equity Gameplan**  
The Equity Gameplan Canvas will assist your team in taking the knowledge you have gathered so far and operationalizing it into concrete actionable steps over a period of time

[Click here to watch the canvas explainer video](#)

## Equity Improvement Canvas:

This canvas is the most comprehensive of all of the improvement canvases within the suite of implementation materials and is also the most critical.

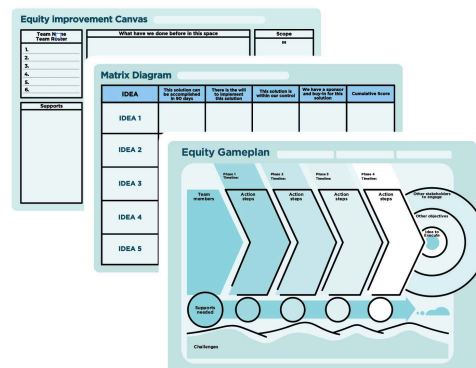
This is where you are mapping out the specifics around what your team is trying to accomplish, how you will measure your progress, and what tangible action steps you will take to achieve your aim. Have a look at the video to get a sense of how you can use this canvas to map out your improvement journey.

## Matrix Diagram Canvas:

Now that you have identified your focus area, assessed it, and mapped out your improvement journey, it's time to choose what idea you are going to execute first. Don't overthink this Matrix Diagram. Its main purpose is to simply reach consensus on what idea you want to execute out of the gate. We all know it is going to take more than one idea and one set of action items to move the ball on the equity front, but this Matrix Diagram will give your team a chance to prioritize the ideas that need to be executed first.

## Equity Gameplan Canvas:

The Equity Gameplan Canvas will assist your team in taking the knowledge you have gathered so far and translating it into concrete actionable steps over a period of time. This canvas will assist your team with building your implementation plans by articulating their action steps, supports needed, challenges, and timeline. To spur thinking and support in the implementation planning process, this canvas will have participants. Ultimately, this canvas will help create a step-by-step plan to achieving a project in a timely and feasible manner.



[Download the printable/fillable PDFs](#)

# COMMIT

The aim of this section is to analyze each of the 5 work streams embedded in the Progress Report in order to identify focus areas that your organization would like to move to action on.

**1. Now that you have worked through the process you are ready to commit to action**

**2. We encourage you to execute an equity charter for each component of the Progress Report (Organizational Demographics, Our People, Our Organization, Our Patients, Our Community)**

[Click here to watch the explainer video](#)

[Download the printable/fillable PDF](#)

**Equity Charter Guidance Document**

Illinois hospitals are redoubling efforts to eliminate health disparities guided by the four pillars of racial equity in healthcare: Our People, Our Organization, Our Patients and Our Community. Focus areas are provided under:

- Our People
- Our Organization
- Our Patients
- Our Community

**Charter Terminology**

This document defines the terms used in the Equity Charter Guidance Document.

- Focus Area:** Direction of change.
- Aim Statement:** Health equity vision statement.
- Outcome Measures:** Specific focus areas.
- Process Measures:** Specific focus areas.
- Change Ideas:** Actions you will take to achieve the aim statement.
- Supports:** Assesses change ideas, resources, and barriers.
- Barriers:** Obstacles before you can achieve the aim statement.
- In-Scope:** Work within the charter.
- Out of Scope:** Work outside the charter.
- Executive Sponsor:** Person with decision-making authority.
- Team Members:** People tracking progress on outcome measures.
- Ad-hoc Stakeholders:** People who change ideas, resources, and barriers.

**Equity Charter (2022)**

This project charter clarifies expectations among the team and establishes the project's aim, measures, goals, change ideas, scope, stakeholders and the process that will be used to monitor and report progress.

Pillar \_\_\_\_\_ Focus Area \_\_\_\_\_

**What are we trying to accomplish?**

**Aim Statement:**

**How are we going to measure this?**

Outcome Measures	Current	Target

Process Measures	Current	Target

**What changes will we make?**

**Change Ideas**

Supports	Barriers

**Scope**

In-Scope	Out of Scope

**Process for Monitoring and Reporting Progress**

**Tracking tool(s):** How are you going to track and measure progress?

**Reporting:** How will progress be reported and reviewed with stakeholders?

**Team**

**Executive Sponsors**

**Team Members**

**Ad-Hoc Stakeholders**



## Thank you! & Final Thoughts

Thank you for your dedication to the work of pursuing racial equity and your commitment to the process embodied in this document. The IHA is proud to partner with organizations that understand the importance of this effort and are willing to measure their progress over the long term. We are eager to hear how you use the tools, learn from the plans you craft, and see the advancements you make in the communities you serve. Please reach out with any feedback, comments, or questions for our team. **We look forward to being engaged partners on the journey.**

For more information visit [Team-iha.org](https://www.team-iha.org)

