

Addressing health inequities starts by looking within ^[1]

Hope ^[2]

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Nothing is more important than an accurate diagnosis. In this regard, systemic health inequities are like physical ailments – and getting to the root of the problem is the first step toward healing.

During the COVID-19 pandemic, inequities have taken a dramatic and disproportionate toll on low-income communities in the US. While regional and local organizations support underserved communities that have limited access to healthcare, they cannot tackle institutional racism on their own. Pandemic-driven economic pressures are creating an even more urgent need to develop solutions that work.

The Novartis US Foundation aims to foster strategic partnerships and innovative programs to drive greater health equity. Our purpose is to build trust between patients and healthcare providers, expand healthcare access by removing barriers, and address social determinants of health in local communities. To enable healthcare systems to better meet patient needs, the foundation has partnered with the Institute for Healthcare Improvement (IHI), an independent not-for-profit organization working to advance and sustain better outcomes in health and health systems across the world.

With support from the Novartis US Foundation, IHI's Pursuing Equity Learning and Action Network has brought together 22 organizations to implement an equity framework focused on:

1. Making health equity a strategic priority
2. Developing structures and processes to support health equity work
3. Deploying specific strategies to address the multiple determinants of health on which healthcare organizations can have a direct impact
4. Decreasing institutional racism within the organization
5. Developing partnerships with community organizations to improve health and equity

Begin at the beginning: understanding your equity history

The first step in the process is examining the structural racism underlying today's inequities. As part of this effort, participating organizations developed powerful "equity history narratives" to explore the factors that foster racism and impede improvement in both their communities and organizations.

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Members identified embedded practices that perpetuate the problem. For example, Cook County Health, a public health system in Illinois, runs 15 healthcare centers and two hospitals in an underserved community. According to Whitney Key Towey, a Cook County grant writer, “IHI’s assessment tool uncovered surprising insights, revealing physicians using language that has racist origins or that is not patient-centered. This has helped us to start conversations about how we can make changes to holistically capture the patient experience in a better light.”

Understanding history provides a clearer perspective on issues facing organizations both large and small as they pursue solutions. Consider the Mountain Area Health Education Center (MAHEC), which focuses on developing a sustainable healthcare workforce across North Carolina. The organization has been working with community partners to document a history of redlining policies, showing how urban renewal efforts that destroyed thriving Black-owned businesses and neighborhoods caused significant and lasting damage to the community. “By naming the wrongs in our history, we’re able to understand why certain things are the way they are now,” says Maggie Adams, MAHEC program director. “We know, for a number of different reasons, that the Black community typically doesn’t trust our healthcare system. Our equity history prepares us to better understand why, and use that information to create policies to reverse the effects of what we did in the past.”

Even very small organizations can have similar challenges, notes Mike Romagnoli, executive director of the Community Health Care Clinic (CHCC) in McLean County, Illinois, which has a staff of just 12. Founded in 1993 as an all-volunteer clinic serving low-income and uninsured people in one area, CHCC has grown to keep pace with expanding community needs – and recognizes that its leadership must evolve as well. “The great people on our board of directors are diverse in employment, education and experience,” Romagnoli says. “But they all look the same, come from similar backgrounds, and do not reflect the diversity of the community we serve. CHCC’s equity history helped the board see the work that still needs to be done to understand how to better communicate with our patients.”

What’s next?

Structural racism can exist in any organization, but the most transformative groups seek to learn from their history and develop plans to institutionalize equity. In the words of one Chinese proverb, “A journey of a thousand miles begins with a single step.” IHI’s Pursuing Equity Learning and Action Network is helping organizations take the first step in their equity journey. Through the remainder of the 18-month program, which runs through March 2022, participants will continue to identify high-priority clinical inequities and develop concrete plans to address them. The Novartis US Foundation is proud to support these efforts to strengthen communities and eliminate barriers to care.

Main image: courtesy Shutterstock, Steven Chiang



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