EXECUTIVE SUMMARY

STATUS OF HEALTH EQUITY REPORT
We are pleased to share this Executive Summary of The Root Cause Coalition’s *Status of Health Equity Report*. This report represents an extensive examination of the underlying socioeconomic factors that have such a significant influence on health and well-being, and how to address them through proactive intervention and collaboration.

To have a sustainable impact on long-term health outcomes, we must consider factors such as transgenerational poverty, racism, bias, economic instability, safe and accessible housing, food insecurity, inclusion, social isolation, dependable transportation, and – perhaps most important – training and education that provides a pathway for all individuals to attain their best self.

The Root Cause Coalition is committed to providing a framework in which leaders from myriad sectors develop and share solutions that address the social determinants of health. This Executive Summary, a precursor to the full report with extensive and extraordinary input from our Coalition’s members, highlights Strategic Imperatives developed through literally dozens of interviews with members of the Coalition in the research phase of this report. These Strategic Imperatives also reflect the key strategic goals of the Coalition since its founding and, additionally, a succinct Call to Action on what and how we must continue to push forward in achieving health equity is found at the end of this Executive Summary.

The full *Status of Health Equity Report*, which will be released in January, 2020 examines both the progress — and the gaps — in addressing the health disparities and socioeconomic factors influencing individual and community health and well-being. The report includes the Actionable Strategies that can be implemented by organizations and communities across the country, and also provides examples of the extraordinary work being undertaken nationally, regionally and locally by the Coalition’s members in an effort to address the root causes that affect health and well-being. And, ultimately, it is a call to action for the work that must continue – in greater alignment and collaboration — so that, as a nation, health equity can be achieved in our time.

Sincerely,

[Signature]

BARBARA J. PETEE
Executive Director
Based on the definition by the Robert Wood Johnson Foundation, health equity means that everyone has a fair and just opportunity to be as healthy as possible. Achieving this means removing socioeconomic barriers to ensure safe housing, food security, financial stability, and a quality education.

The Actionable Strategies outlined in this report came from two distinct but connected components. First, a survey of primary care providers (physicians, nurse practitioners and physician assistants) was conducted to gain perspective of these key stakeholders related to their role in addressing health equity and societal factors that influence health and well-being. The research also points to barriers — real and perceived — to achieving health equity and will be reviewed in the full report.

Second, nearly 30 members from The Root Cause Coalition were interviewed to attain a national perspective on how communities and organizations are addressing health disparities through the social determinants of health, what challenges they face and what the critical next steps are in improving health outcomes and creating greater health equity for all populations. The interviews included a broad range of representatives from hospitals and health care systems, payors, funders and community-based organizations.

The good news is that there is an increasing commitment by individuals, organizations and communities to work collectively — to do the hard work necessary that will help reverse and end systemic root causes of health inequities. There are examples of this work happening on all levels: locally, statewide, regionally, and – in growing cases – nationally. But, for all the awareness and effort, there is great work to be done in embracing and addressing the issues, so as to achieve appropriate and sustainable solutions.

Along this line, there were three key implications from the provider survey:

• Primary care providers including physicians, nurse practitioners and physician assistants agree that there is a need to address health disparities, but they feel it will require increased access to resources and more effective integration of clinical and community resources for the primary care provider to feel their involvement will be productive. For example, access to clinical pathways in the electronic health record was an important motivator.
• There needs to be an increased effort in educating/training providers about health equity and the role health care providers play in addressing these issues – and how to effectively integrate that role into their current practice. This is particularly true of primary care physicians and physician assistants.
• Primary care physicians, nurse practitioners and physician assistants are more divided on who/which organizations should take ownership of health equity in their community. They are more likely to think it is the responsibility of institutions/organizations traditionally responsible for health disparities (e.g., public health departments, government, social services), and less likely to think it is the responsibility of health care professionals (e.g., health care providers, hospitals, health systems).

From interviews with members of The Root Cause Coalition, as well as the information and data from the provider survey, the full report will focus on three major actionable strategies that will help achieve health equity. Below is a summary of these strategies along with related processes being implemented by members of The Root Cause Coalition to help achieve them. As the Coalition is recognized as the collective voice in how we can achieve health equity, we present these strategies as guideposts to all who have a passion, commitment and understanding of this critical work.
ACTIONABLE STRATEGIES
TO ACHIEVE HEALTHY EQUITY

ACTIONABLE STRATEGY #1

*Scale innovative solutions to drive a new and sustainable model of care that improves health outcomes as it ensures health equity through:*

- Connecting clinical and community non-clinical services through technology to address health outcomes related to societal factors influencing health and well-being.
- Embedding social determinants of health into organizational processes to ensure reimbursement for non-clinical services.
- Scaling innovative programs from local to national environments.
- Evolving and expanding the role and impact of funding organizations.
- Continuing to evolve metrics and measurements to more effectively track and evaluate outcomes addressing health equity and social determinants of health across sectors.

Among the critical challenges identified in the provider survey conducted by The Root Cause Coalition (including primary care physicians, nurse practitioners and physician assistants) is the need to create an infrastructure that allows the clinical/healthcare sector and community to connect, and to ensure that this connection results in payment for non-clinical services rendered by providers and community-based organizations.

The sentiments expressed by care providers were echoed and validated by the member organizations interviewed for the *Status of Health Equity Report*, including hospitals and health systems, payors, funders, technology innovators and community-based organizations. Many of these same members are in the process of evolving to meet these challenges. Technology companies are actively creating innovative platforms to allow non-clinical services to be paid through medical claims, and are receiving funding to scale these efforts. Health insurance companies are in the process of embedding non-clinical services into strategic plans, care integration and benefits programs.

During the interviews with members of the Coalition, it was clear that health providers and payors cannot truly address health inequities and social determinants of health unless there is a shift in the payment model. While a shift is important because it allows payors to focus on social determinants, members also indicate that downstream payment models must change around organizational belief systems.

Funders are also evolving to be more effective in addressing the social determinants of health and health inequities. Many of the organizations who fund research and community-based organizations related to health inequity and social determinants of health are looking to have fewer grants with greater overall measurable impact. Alignment in community work, and collaboration, is key.

Similar to funders, operators of foodbanks who were interviewed are evolving as they address the social determinants of health. This sector is looking to have even greater impact in their communities by transitioning from focusing on one aspect of addressing the social determinants of health - food distribution and food access - to addressing broader issues related to health equity, with access to food and proper nutrition as the entry point.

Another key implication from the care provider survey was a need for an increased effort in educating and training providers about health equity and the role health care providers play in addressing these issues – and how to effectively integrate that role into their current practice. Members of the Coalition interviewed for this report echoed this need repeatedly.

All organizations interviewed are conducting various forms of measurements and metrics. But many of the organizations are evolving as they strive to measure health outcomes longitudinally. Being able to successfully measure health outcomes is critical to having meaningful relationships among cross-sector partnerships, and in demonstrating value and receiving payment for services rendered.
ACTIONABLE STRATEGY #2

Align Communities and advance authentic collaboration to address the root causes of health inequities, through:

• Implementing place-based and community revitalization strategies that address geographical health inequities.
• Helping ensure financial stability through workforce development.
• Expanding beyond traditional (or current) food access and food distribution strategies to address broader issues related to social determinants of health and equity.
• Support community-based organizations.

Research has indicated that where you live can have a greater impact on your health and well-being than your DNA. Members of The Root Cause Coalition are implementing place-based strategies that address these geographic-based inequities.

As members of the Coalition meet within their respective communities, financial stability is often identified as a significant issue. And Coalition members are responding with a variety of workforce development programs.

Community-based organizations (CBOs) want to care for the most vulnerable, and want to see that impact and achievement toward health and well-being. But many of these organizations are severely stressed. A national study found that nearly half of CBOs participating in the report had a negative operating margin over three years; 30 percent have reserves covering less than one month of expenses; and one in eight human services CBOs are technically insolvent, which emphasizes the need to find new and sustainable funding models to support these non-medical services.

Currently, many community-based organizations are funded largely by grants. But as research on social determinants and health equity expands, the next step is for CBOs to partner with payors to develop payment models that support and recognize the value that CBOs bring to addressing social determinants of health. Members of The Root Cause Coalition are working to meet this challenge locally and regionally and are beginning to scale nationally.
ACTIONABLE STRATEGY #3

Ensure that those impacted by inequities are engaged and empowered to lead solutions.

- Hire more individuals from impacted communities into health care and into leadership positions in health care
- Partner with communities and CBOs that are led by people from the community

One of the most significant challenges in addressing social determinants of health and health equity is to create cultural competency internally and in the community. Achieving greater cultural competency is critical to building meaningful relationships at all levels in a community to achieve impact.

Members of The Root Cause Coalition are passionate about this, and many are implementing organizational policy assessment through an equity lens, working to be more inclusive in employment and procurement with increased opportunities for minority-owned, women-owned and veteran-owned businesses across their communities and states. Still another initiative focuses on standardizing the collection of patient race, ethnicity and language (REAL) data, which is essential for identifying and addressing disparities in quality of care. Based on gap analysis of the REAL data, recommendations to reduce disparities have been made.

Members interviewed recognized that sometimes organizations are so eager to fix problems that they don’t listen, and try to fix things they don’t understand. But the process is very nuanced. Virtually all of the individuals interviewed discussed the critical importance of listening and meeting the community in its space. A top-down approach will only serve to create trust barriers. Hearing the individual’s voice early in the process is essential to the success of the project.

It is important to understand how people self-identify and build that into the community narrative. Individual community members are great experts, but all too often are the missing element in discussions about social determinants and health inequities.

To achieve change in a community, it is critical to build context and change the narrative. That means spending time in the community space and listening. The language in any given community can be culturally loaded. The need to spend time to listen and support community engagement is very much a process, and organizations must be prepared to invest the time to do this.

Our nation is at a crossroads with an opportunity to choose a path that provides a dignified, accessible and compassionate way forward for all. We invite you to join us in pursuing these strategies so that, in our time, health equity can be achieved.
A CALL TO ACTION

The Actionable Strategies outlined begin to create a compelling narrative for the need to disrupt and – simultaneously deconstruct and reconstruct our health care delivery model, focusing increasingly on addressing health disparities created through socioeconomic factors that influence health and well-being. However, for all the tremendous efforts underway, there is still significant work to be done. We must change and expand the definition of our nation’s health care model to consistently include non-medical services and support for the social determinants of health and health disparities among health systems, payors, providers, policy makers, community leaders, and the general public.

Critical next steps to realizing The Root Cause Coalition’s Mission to reverse and end the systemic root causes of health inequities for individuals and communities through cross-sector relationships include the following:

BY 2025

1. In payment reform, include methods and processes to ensure payment to care providers and non-clinical community-based organizations for demonstrated value related to addressing health inequity as a result of the social determinants of health. As part of this, develop a reimbursement model from Medicare and Medicaid for services provided by providers and community-based organizations that demonstrate value related to reducing costs, enhancing health outcomes and improving efficiencies while addressing the social determinants of health and health inequities.

2. Create a standardized integrated health benefit technology platform that connects patients, payors, providers and community organizations in order to consolidate fragmented programs and services into an integrated network.

3. Increase by 50 percent the number of commercial health plans and health systems nationally that embed social determinants of health and health inequities goals into their strategic plans and programs and services.

4. In all medical and clinical education programs nationwide, create a more robust system of educating/training providers about health equity and the role health care providers play in addressing these issues – and how to effectively integrate that role into their current practice. In addition, ensure that cultural competency training is included in the curriculum.

5. Define a national target for healthcare expenditures (i.e., 15% of the GDP).

6. Develop a comprehensive plan to address our nation’s deficits in infant mortality, mental health services and substance use disorders.

7. For health care organizations and corporations nationally, encourage the need to change ongoing education among board members, leaders and employees related to racial equity and cultural competency issues within the work place.

8. Establish clearer, standardized metrics in measuring health outcomes related to racial disparities and the social determinants of health.
WHO WE ARE
Established in 2015, The Root Cause Coalition is a non-profit, member-driven organization comprised of more than 75 leading health systems, hospital associations, foundations, businesses, national and community nonprofits, health insurers, academic institutions and policy centers. The Coalition works to achieve health equity through cross-sector collaboration in advocacy, education and research. In support of this mission, the Coalition seeks to uphold its four core values: Focusing on Community Change, Advancing Authentic Collaboration, Scaling Innovative Solutions, and Engaging and Learning from Communities.

OUR MISSION
Reverse and end the systemic root causes of health inequities for individuals and communities through cross-sector partnerships.

OUR VISION
The Root Cause Coalition will be the national resource on how to facilitate pathways for cross-sector community systems change that improves health outcomes for individuals and communities.
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