Health Equity: Prioritization, Perception, and Progress

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The Institute for Healthcare Improvement (IHI) aims to achieve health equity — equity of access, treatments, and outcomes — by working in collaboration with organizations, communities, and individuals to accelerate the elimination of inequities. To make progress toward this aim, IHI conducted an industry poll in July 2021 to:

- Better understand current attitudes and perceptions surrounding health equity work in the United States; and
- Identify roadblocks and challenges that exist for health care delivery organizations working to advance health equity.

Methodology

IHI's July 2021 industry poll was conducted online with health care professionals in the United States. Participants were informed that the poll required 5 to 10 minutes of their time and all responses will be anonymous, analyzed in aggregate, and used in a report published by IHI.

In total, 505 US-based health care professionals responded and 380 individuals fully completed the poll. For each question, all available data was included in the analysis conducted by health equity subject matter experts and leaders at IHI.

Method

- Online poll distributed by IHI using Survey Monkey
- 12 multiple-choice questions
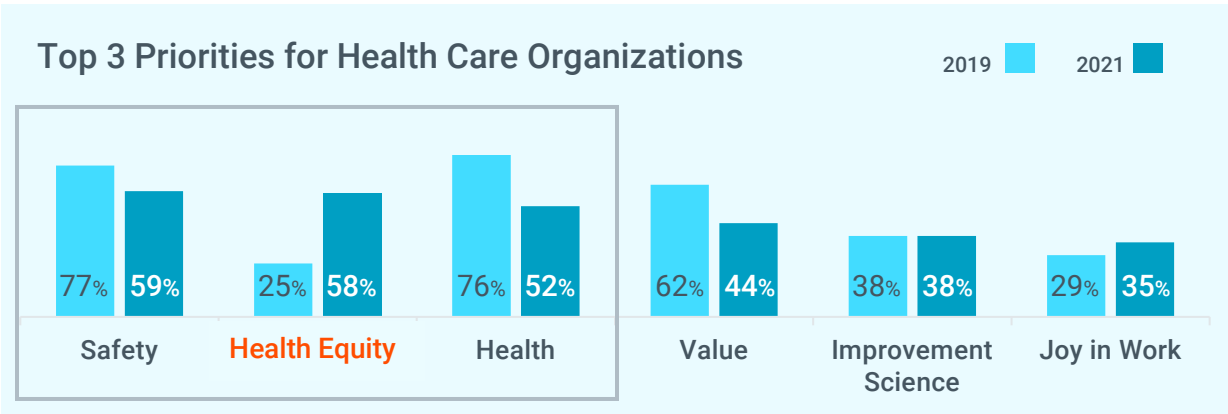- 2 questions using a five-point Likert scale

Audience

- Health care professionals from IHI's existing database (sample not stratified by demographic information, including race, ethnicity, gender, or location)
- Distribution list prioritized individuals at the Director level and above at health care delivery organizations based in the United States
- Respondents were located in 47 of 50 states and the District of Columbia
- Respondents reflected an array of positions, including C-suite leaders and Chiefs of Clinical Departments, Vice Presidents and Senior Vice Presidents, Managers and Senior Managers, Quality and Safety Officers, Physicians, Nurses, and Nurse Practitioners
- Respondents represented key care settings, including community hospitals, academic medical centers, office practices, skilled nursing facilities and nursing homes, integrated health systems, community health organizations, and government agencies

Key Findings and Takeaways

Health equity is a top priority for most health care delivery organizations.

This year, 58% of US-based health care professionals polled by IHI identified health equity as one of their organization's top three priorities. Respondents were presented with six priority areas and asked to select their organization's top three. Health equity ranked second, only one percentage point lower than safety. When IHI asked health care professionals the same question in 2019, only 25% selected health equity as a top priority.

Top 3 Priorities for Health Care Organizations   2019 ▮ 2021 ▮

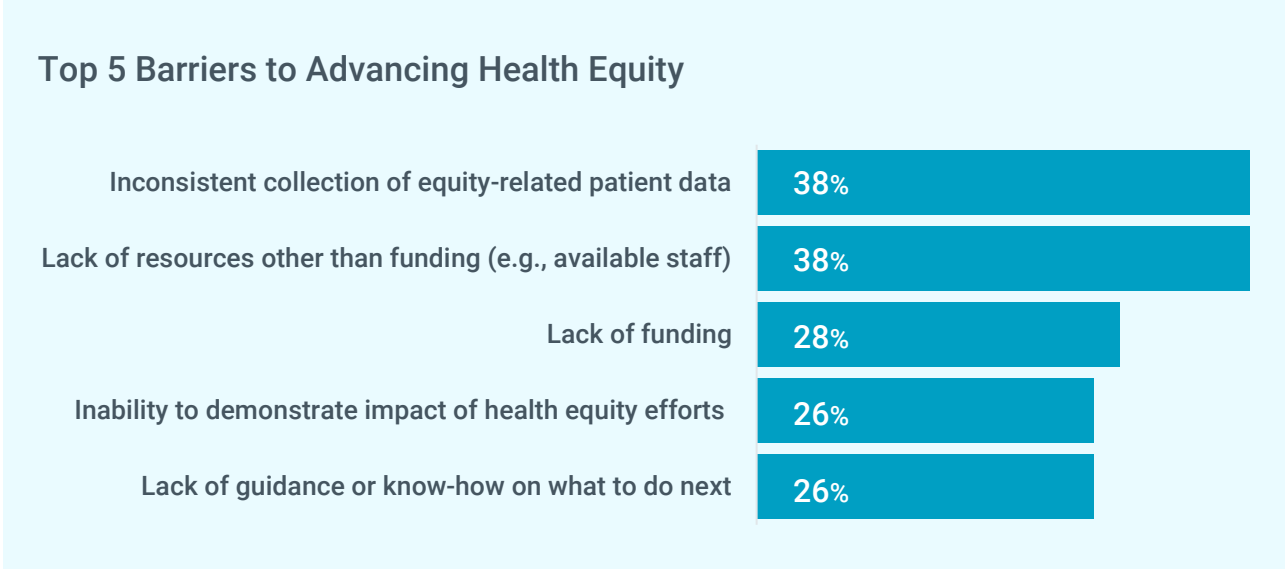|	Safety	Health Equity	Health	Value	Improvement Science	Joy in Work
2019	77%	25%	76%	62%	38%	29%
2021	59%	58%	52%	44%	38%	35%

Why is health equity not a top three priority for some organizations?

Respondents who did not select health equity as a top three priority clarified why:

- **22%** My organization does not experience deep or persistent disparities related to characteristics such as race/ethnicity, language, sexual orientation, or geographic location.

- **19%** Focusing on other priorities will have a greater positive impact on patients.

- **18%** My organization does not currently have the right leaders in place to drive the work of health equity.

- **18%** I don't know.

- **17%** My organization has developed a health equity strategy that it is delivering on and has now moved on to other priorities.

- **12%** It is not necessary based on my organization's context (e.g., location, patient populations).

- **6%** My organization does not have the funding to commit to health equity work.

- **20%** Other — top themes to emerge include:
    - Health equity is a focus, but not a top three priority.
    - Health equity is being addressed through population health work.
    - Health equity is not a standalone strategy; it is embedded in everything we do.
    - My organization has more pressing priorities right now (e.g., COVID-19 and infection control, improving scorecard results).

Health care delivery organizations report myriad barriers to advancing health equity.

The IHI poll presented 10 barriers, asking respondents to select which, if any, are standing in the way of advancing health equity in their organizations. No single barrier received a majority of responses, indicating a wide breadth of challenges facing health care organizations on their journey to eliminating inequities.

Top 5 Barriers to Advancing Health Equity

Barrier	
Inconsistent collection of equity-related patient data	38%
Lack of resources other than funding (e.g., available staff)	38%
Lack of funding	28%
Inability to demonstrate impact of health equity efforts	26%
Lack of guidance or know-how on what to do next	26%

Additional barriers include:

17%	Political divisiveness surrounding the topic
13%	Resistance from leadership and staff
11%	Lack of in-depth knowledge of health equity efforts
8%	Trouble finding and engaging with community partners

Analysis of the **two top-cited barriers** based on the respondent's role at their organization led to the following findings:
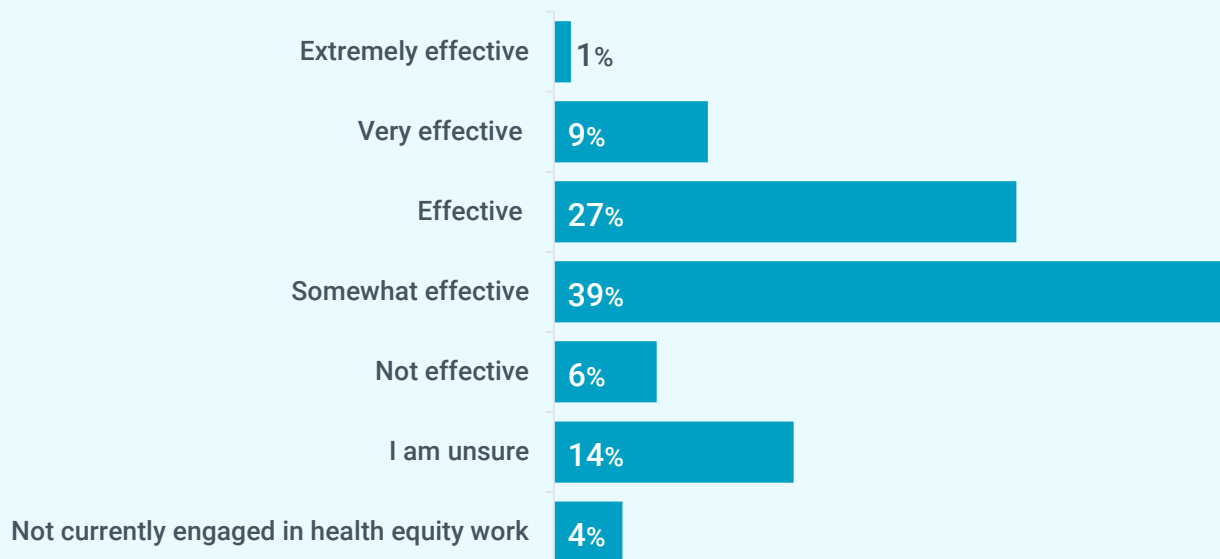
- **Inconsistent collection of equity-related patient data** was the top-selected barrier among C-suite leaders (e.g., CEO, CQO, COO, CMO, CNO, Chief of a Clinical Area or Department)

- **Lack of resources other than funding (e.g., available staff)** was the most selected barrier for all other positions combined (e.g., EVP/SVP/VP, Director/Department Head, Manager/Senior Manager, Physician, Nurse)

Organizations are pursuing numerous activities to advance health equity, and most believe their efforts are at least somewhat effective.

Top responses for efforts organizations are undertaking to advance health equity include:

58% Incorporating health equity into the organization's strategic plan

56% Developing partnerships with community organizations

55% Capturing equity-related patient data, including race, ethnicity, ancestry, language, sexual orientation, and gender identity

55% Addressing equity in the hiring and promotion process

Effectiveness of Organizations' Efforts in Eliminating Inequities

Response	Percentage
Extremely effective	1%
Very effective	9%
Effective	27%
Somewhat effective	39%
Not effective	6%
I am unsure	14%
Not currently engaged in health equity work	4%

To help accelerate progress, one in five respondents want their organization to start tracking equity outcome measures.
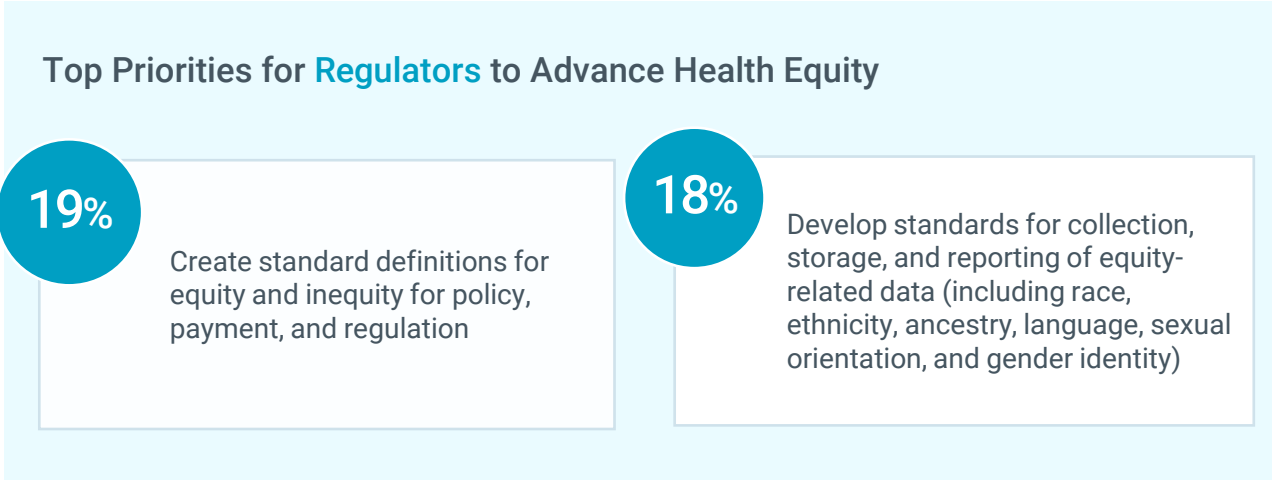
Integration of health equity into outcome measures — for example, capturing and stratifying data by race, ethnicity, ancestry, language, sexual orientation, and gender identity — was selected by 23% of respondents, and nearly 30% of C-suite leaders, as the most important thing that their organization needs to do to advance health equity.

Top 5 Responses: The Most Important Thing My Organization Needs to Do to Advance Health Equity

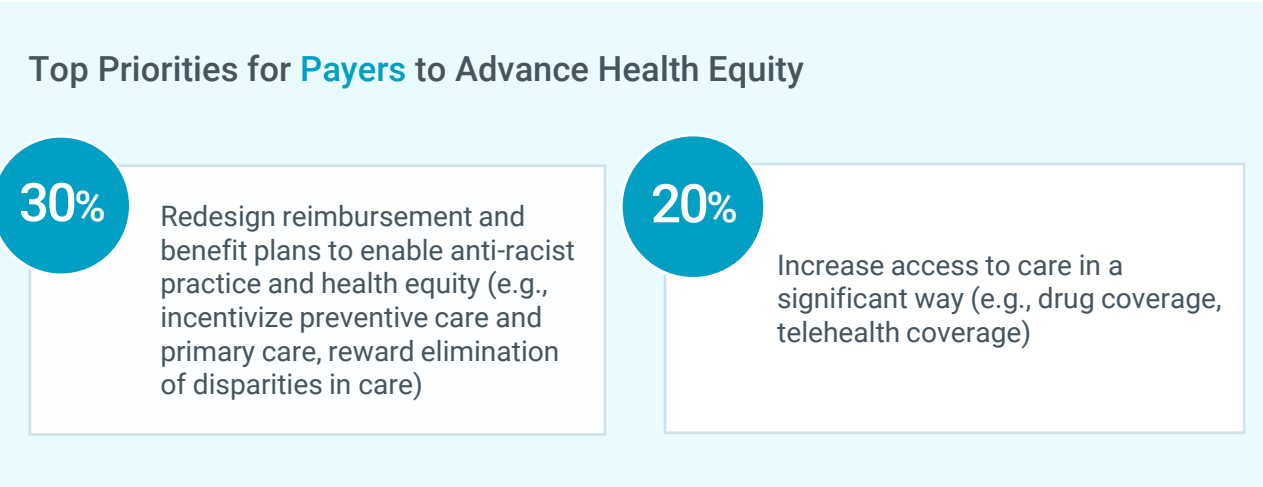|	
Integrate health equity into outcome measures (e.g., capture and stratify data by race, ethnicity, ancestry, language, sexual orientation, gender identity)	23%
Incorporate health equity into the organization's strategic plan	15%
Build will within our workforce to address health equity	10%
Create accountability for leadership	9%
Improve clinical care to eliminate inequities in health outcomes for people of color	9%

More than one in three respondents want regulators to develop definitions or standards that support equity work.

Respondents were asked to identify the most important thing that regulators need to do to advance health equity.

Top Priorities for Regulators to Advance Health Equity

19% Create standard definitions for equity and inequity for policy, payment, and regulation

18% Develop standards for collection, storage, and reporting of equity-related data (including race, ethnicity, ancestry, language, sexual orientation, and gender identity)

# For payers, top priorities are clear: Redesign reimbursement and increase access to care.

Respondents were asked to identify the most important thing that payers need to do to advance health equity.

Top Priorities for Payers to Advance Health Equity

30% Redesign reimbursement and benefit plans to enable anti-racist practice and health equity (e.g., incentivize preventive care and primary care, reward elimination of disparities in care)

20% Increase access to care in a significant way (e.g., drug coverage, telehealth coverage)

A vast majority of respondents agree: There can be no progress on health care quality and population health without health equity.

Despite myriad challenges to overcome, poll respondents are highly aligned in their agreement that progress on health equity drives improvement in health care quality and population health.

Responses to Statement: "There can be no progress on health care quality without progress on health equity."

46% Completely agree

36% Somewhat agree
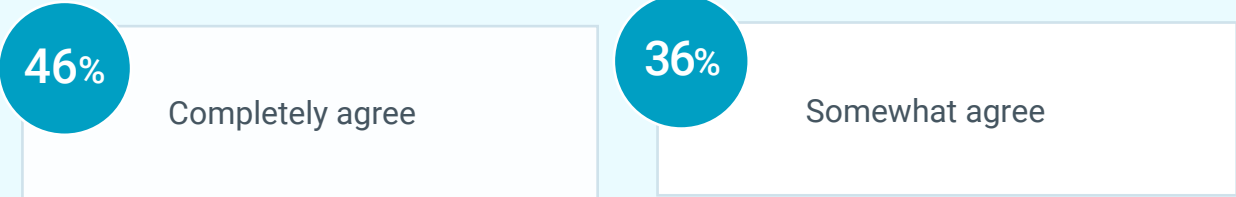
Responses to Statement: "There can be no progress on population health without progress on health equity."

60% Completely agree

30% Somewhat agree
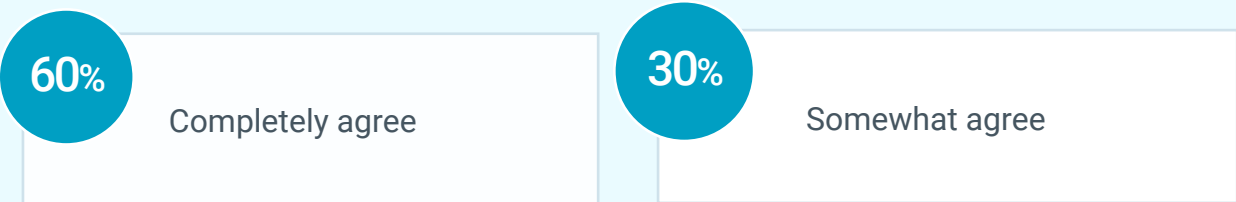
IHI Resources

These materials and additional health equity resources can be found on ihi.org.

Achieving Health Equity: A Guide for Health Care Organizations

This white paper presents a framework for health care organizations to improve health equity in the communities they serve, guidance for measuring health equity, a case study of one organization that has strategically integrated health equity throughout its system, and a self-assessment tool for organizations to gauge their current focus on and efforts to improve health equity.

Building Skills for Anti-Racism Work

In this IHI Open School online course, build skills to counter structural racism and improve health equity. The course examines the ways racism and anti-racism operate in our organizations and systems, with a focus on addressing inequities in health and health care. Register and browse the course catalog to learn more.

Improving Health Equity: Guidance for Health Care Organizations

The eight health system teams that participated in the Pursuing Equity initiative share strategies, examples of specific improvements tested, lessons learned, challenges and mitigation strategies, and tools and resources for improving health equity.