SHIFTING THE PARADIGM TOWARD SOCIAL ACCOUNTABILITY

Sonali Sangeeta Balajee, MS
Jennifer Edgoose, MD, MPH
Joedrecka Brown Speights, MD
Bonzo Reddick, MD, MP

Portland, Oregon — April 22-25, 2017

STARFIELD SUMMIT

OBJECTIVES

- To exemplify the limitations of metrics today
- To offer a framework of equity and empowerment
- To start a process of finding metrics that move us toward social accountability

METRICS THAT MATTER

Intentionally defining, tracking, and responding to data

CASE

SAMPLE METRICS WE USE TODAY IN PRIMARY CARE

HEDIS® & Performance Measurement

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.

Portland, Oregon — April 22-25, 2017

Asthma specific disease management measures include:

- Appropriate medication use
- Influenza vaccination
- Pneumococcal vaccination
- Assessment of tobacco use
- Assistance with tobacco cessation

Additionally, HEDIS 2015 includes 4 asthma specific measures falling under 2 domains of care (Effectiveness of Care and Utilization and Relative Resource Use)

- Use of Appropriate Medications for People With Asthma
- Medication Management for People With Asthma
- Asthma Medication Ratio
- Relative Resource Use for People

BUT WE KNOW THIS WON'T GET US TO HEALTH EQUITY GIVEN…

WHAT WE DON'T TRACK

Beck AF, Huang B, Chundur R, Kahn RS. Housing code violation density associated with emergency department and hospital use by children with asthma.
Health Affairs November 2014;33(11) 1993-2002.

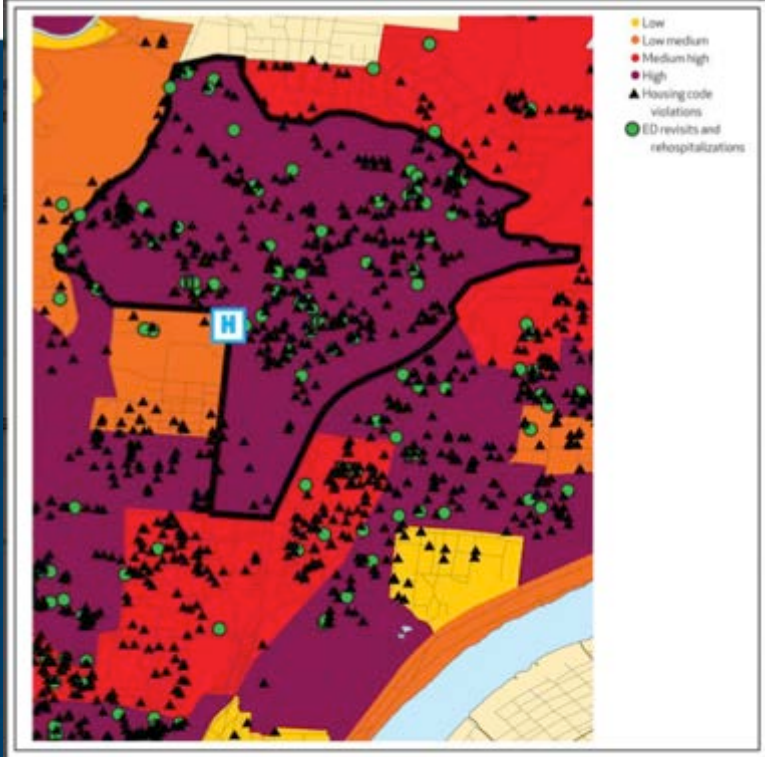


EXHIBIT 3
Cincinnati's Avondale Neighborhood With Asthma-Related Housing Code Violations, 2008–12, And Asthma-Related Emergency Department (ED) Revisits And Rehospitalizations Within Twelve Months Of the First (Index) Hospitalization For Children Hospitalized, 2009–12

SOURCE Authors' analysis of data from the Cincinnati Children's Hospital Medical Center and the Cincinnati Area Geographic Information System. **NOTES** All of the Avondale neighborhood (the area within the thick black line) has a high level of violations—that is, more than 23.8 violations per 1,000 units. Volume levels are defined in the notes to .

Housing Code Violation Density Associated With Emergency Department And Hospital Use By Children With Asthma
Health Aff (Millwood). ;33(11):1993-2002.

TOWARD SOCIAL ACCOUNTABILITY

ARE WE SOCIALLY ACCOUNTABLE?

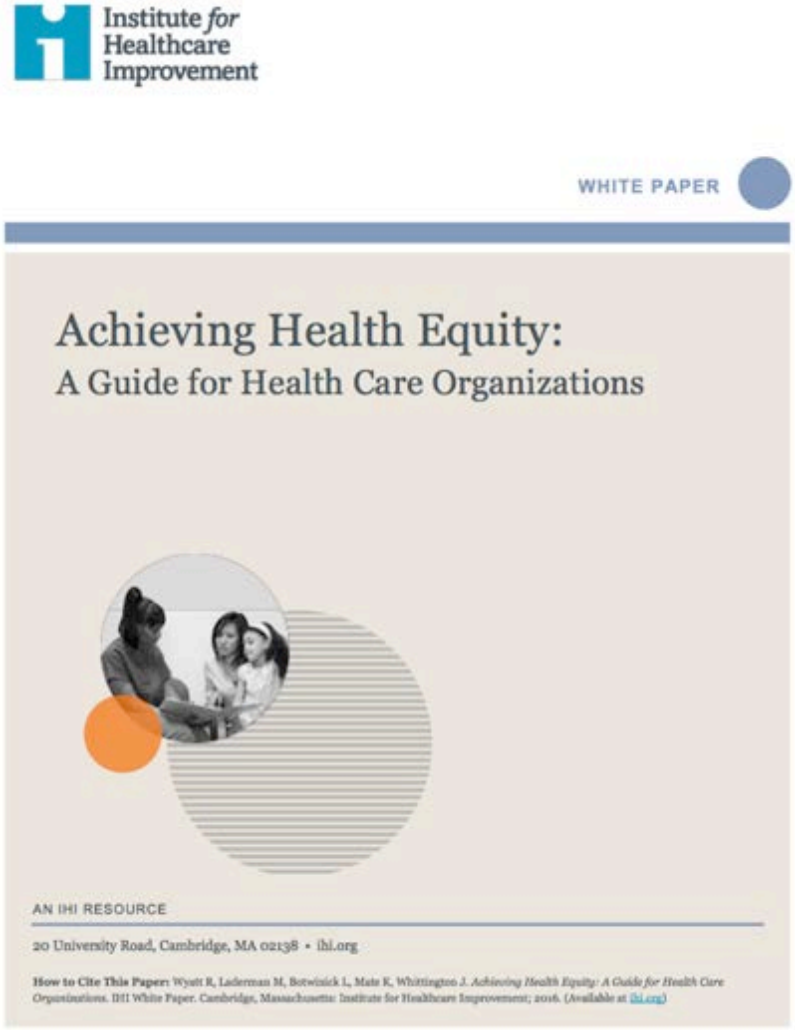
Healthcare institutions are generally **socially responsible** (being aware of their duty to respond to society's needs) and some can be seen being **socially responsive** (implementing interventions to address these needs). But few are wholly **SOCIALLY ACCOUNTABILITY**.

Table 1 The social obligation scale.

	Responsibility →	Responsiveness →	Accountability
Social needs identified	Implicitly	Explicitly	Anticipatively
Institutional objectives	Defined by faculty	Inspired from data	Defined with society
Educational programs	Community-oriented	Community-based	Contextualized
Quality of graduates	«Good» practitioners	Meeting criteria of professionalism	Health system change agents
Focus of evaluation	Process	Outcome	Impact
Assessors	Internal	External	Health partners

Boelen C. Why should social accountability be a benchmark for excellence in medical education? *Educ Med*.2016;17(3):101-105.

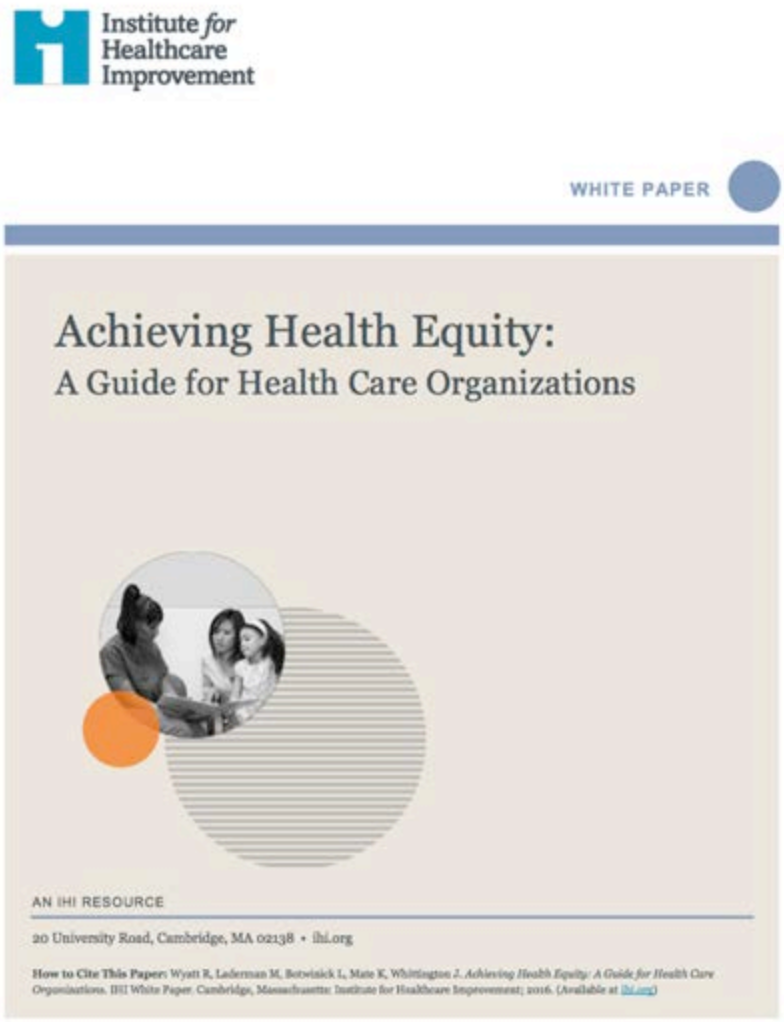
Interdependency of those impacting the health sector is key!



There are five key components of the framework:

- Make health equity a strategic priority;
- Develop structure and processes to support health equity work;
- Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact, such as health care services, socioeconomic status, physical environment, and healthy behaviors;
- Decrease institutional racism within the organization; and
- Develop partnerships with community organizations to improve health and equity.

Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations.* IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)



There are five key components of the framework:

- **Make health equity a strategic priority;**
- **Develop structure and processes to support health equity work;**
- Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact, such as health care services, socioeconomic status, physical environment, and healthy behaviors;
- Decrease institutional racism within the organization; and
- Develop partnerships with community organizations to improve health and equity.

Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)

1. Linking Quality and Equity
2. Creating a Culture of Equity
3. Diagnosing the Disparity
4. Designing the Activity
5. Securing Buy-in
6. Implementing Change

1. Linking Quality and Equity
2. Creating a Culture of Equity
3. Diagnosing the Disparity
4. Designing the Activity
5. Securing Buy-in
6. Implementing Change

HOW TO BEGIN THE PROCESS OF DEVELOPING SOCIALLY ACCOUNTABLE MEASURES?

https://multco.us/file/31827/download

Portland, Oregon – April 22-25, 2017

GUIDING ASSUMPTIONS: EQUITY AND ACCOUNTABILITY

- Health equity and healing call for arrangements at all levels that promote love, self-assertion, and wellbeing.
- Inequities are avoidable, unjust, and in place due to intricate colonizing mechanisms guided by beliefs.
- Transformative health equity calls for addressing both social and spiritual suffering.
- Decolonization and healing call for *active hope:*
  - Deconstructing and eliminating harm
  - Promoting life-sustaining and healing actions
  - Shift in consciousness

Sources: powell, john. Racing To Justice, Macy, Joanna. Active Hope

Sonali Sangeeta Balajee, Consultant and Senior Fellow, Haas Institute

EQUITY AND EMPOWERMENT FRAMES: BRINGING THE UNCONSCIOUS TO THE CONSCIOUS

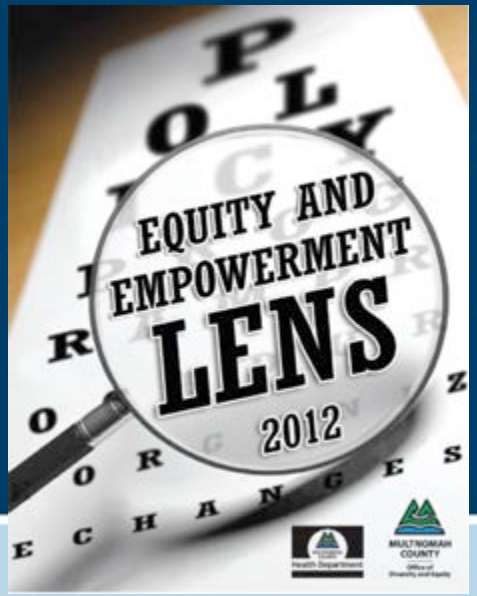
- Background: Public health, law, environmental reviews
- In Pacific NW and nationally, Multnomah County as a leader (public health, Chair's Office)
- Seeks and integrates research-based and collaboratively driven solutions for both the symptoms and the root causes of inequities
- Several different versions, used in local governmental jurisdictions nationally

PAST, PRESENT, FUTURE: STORIES FROM THE FIELD

'EQUITY IMPACT REVIEW TOOLS' 2008

- Benefits?
- Burdens?
- Structures?
- Policies?
- Better engagement?

GREATER EXPANSION TOWARDS TRANSFORMATION 2012-14



HEALING, TRAUMA, DECOLONIZING, BELONGING 2015- on

Integration of Decolonizing, Spirituality, and Health

W.K. KELLOGG FOUNDATION

haas institute FOR A FAIR AND INCLUSIVE SOCIETY

The California Endowment

LOCAL AND REGIONAL GOVERNMENT ALLIANCE ON RACE & EQUITY

WHAT IS AN EQUITY AND EMPOWERMENT LENS OR FRAME?

- A quality improvement analysis & set of processes (internal & external)
- Asks mindful, reflective questions based on root causes, social justice, equity
- A way to think, be, & relate differently around our work, getting at eliminating inequities and bringing unconscious to conscious
- Based on paradigms that are:
  - Community-supported
  - Equity-based
  - Sustainable
  - Informed by the Relational Worldview
  - Brain & mind research
  - Trauma-informed approaches
  - Structural and relational solutions

Foundational Assumption, Tied to Metrics: Social Determinants of Health

Balajee, Sonali S., et al., (2012). Equity and Empowerment Lens (Racial Justice Focus). Portland, OR: Multnomah County

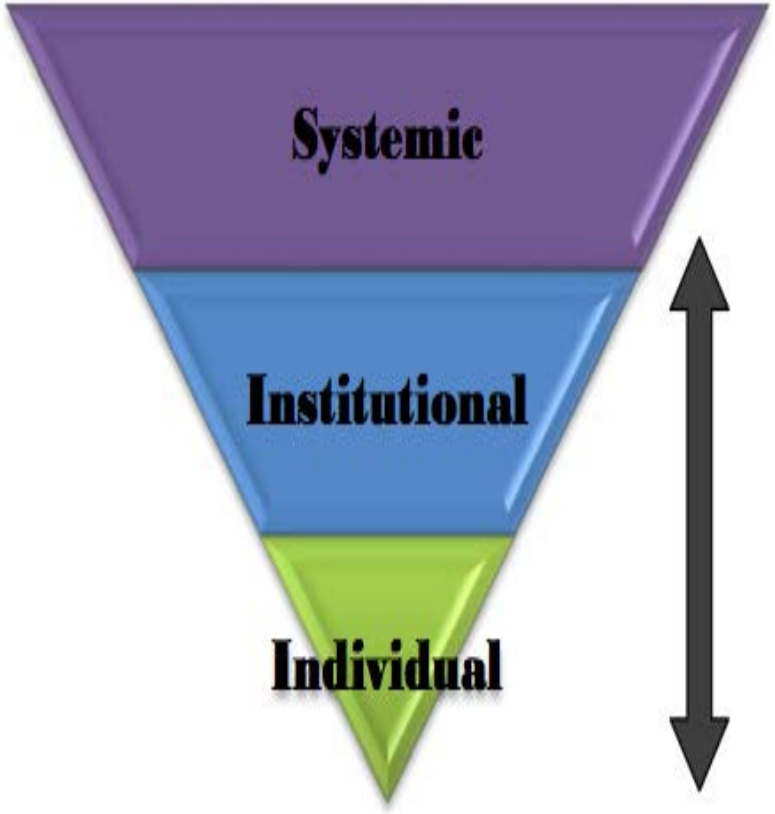
Portland, Oregon — April 22-25, 2017

SOCIAL DETERMINANTS FRAMEWORK

The following graphic illustrates another way to visualize the continuum of upstream, midstream, and downstream actions needed to eliminate the root causes of inequities, with a few sample strategies provided.

Foundational Assumption, Tied to Metrics: Addressing Racism, Sexism, and Social Injustices At All Levels

Source: City of Seattle, Race and Social Justice Initiative



FOUNDATIONAL ASSUMPTION, TIED TO METRICS: REPRESENTATION OF THE RELATIONAL WORLDVIEW

VALUES:

- Balance
- Inclusion
- Systems
- Empowerment
- Relationship
- Sustainability

CONNECTS:

- Land
- Resources
- People
- Spirit
- Purpose
- Shared power

Institutional Level: Changing Structures and Processes

SIX OUTCOME AREAS

- Shift in Social Norms
- Strengthened Organizational Capacity
- Strengthened Alliances
- Strengthened Base of Support
- Improved Policies
- Greater shift in social impact

TRANSFORMATIVE METRICS TOWARDS EQUITY AND ACCOUNTABILITY

- Highlight both outcomes and outputs
- Uplifts both transformative and transactional strategies and measures
- Integrates trauma and healing: deepened sense of hope, increased sense of purpose and ability to make meaning
- Requires a parallel process: both institutional and individual changes and outcomes
- Community involved in shaping metrics; multiple voices and paradigms at the table
- Evaluators grounded in health equity and social justice

LIMITATIONS AND LEARNINGS

- Complexity around context nationally / locally; hard to read the moment, and hard to be in the moment
- Not a cure all nor an easy fix
- Risk of paralysis, feeling overwhelmed
- Balancing accessibility with integrity to self and principles
- Challenges of prioritizing necessary time, will, structures to learn deeply, enact, and sustain
- Unrealistic expectations of speed, pace, depth and support required for change
- My and our own limitations and conditions: bias, patterns of behavior, being complicit in a variety of ways and constantly undoing

PANEL DISCUSSION

BREAK OUT GROUPS

- CLINICAL PRACTICES
- HEALTH PROFESSIONAL SCHOOLS
- RESIDENCY PROGRAMS
- PRIMARY CARE PROFESSIONAL ORGANIZATIONS
- ADVOCACY