



October 11, 2021

This memo encourages hospitals to submit the Racial Equity in Healthcare Progress Report (if they have not already done so) and reports on IHA's recent Statement on Advancing Health Equity and a recent paper from the National Academy of Medicine which finds that equity must be at the center of healthcare quality improvement.

If you have not yet done so, we encourage you to join the over 120 hospitals that have submitted the Progress Report to IHA. The IHA Data team is in the process of preparing data analytic reports that will be provided to each organization. Hospital specific data will not be shared outside of your organization, without your permission.

The Progress Report serves as a long-term accountability tool to document progress towards achieving racial health equity. This baseline self-assessment is an opportunity to measure progress, understand provider and community assets in racial equity work, and outline areas of improvement for individual providers and the larger provider ecosystem. Please see [IHA's Health Equity Update #7 – Racial Equity in Healthcare Progress Report – Submission Deadline Sept. 17](#) for additional information.

Racism is a serious public health crisis, affecting all facets of wellness—from chronic diseases to mental health. IHA's statement on "[Advancing Health Equity](#)," released during the 2021 IHA Leadership Summit on September 23, 2021, outlines IHA's concrete commitment to progressively dismantle barriers to care and improve outcomes for all. It also reinforces the commitment of the Illinois hospital community to address long-standing health disparities and work to achieve health equity.

The statement provides an overview of IHA's advocacy efforts to deliver equity-focused public policies:

- Healthcare transformation collaboratives to reduce disparities;
- Telehealth coverage expansion to increase access to care;
- The Health Care and Human Service Reform Act, which addresses inequalities in care delivery;
- The Improving Health Care for Pregnant and Postpartum Individuals Act, which enhances maternal care for high-risk women; and
- Hospital financial assistance and community benefits.

"As community anchors, Illinois hospitals and health systems are taking action to examine and revise our institutional policies through an equity lens, strengthen our partnerships with local community-based organizations, and build a culture that values and respects all individuals," the statement says.

Hospitals are encouraged to use the IHA statement on Advancing Health Equity in their communications with their Board members, employees, volunteers, community based organizations, local community and faith leaders and local public officials, as you engage with your stakeholders to develop and implement strategies and interventions to advance health equity in your community.

A new National Academy of Medicine Perspectives [discussion paper](#), co-authored by Agency for Healthcare Research and Quality Acting Director David Meyers, M.D. and other healthcare quality leaders, outlines an agenda that puts equity at the center of discussions on healthcare quality improvement. The publication identifies equity, particularly racial equity, as the most urgent concern for the field and notes “change is needed everywhere—from the bedside, to the boardroom, to how payers pay for care.”

The authors, which include both federal and private sector leaders, describe longstanding barriers to advancing equity, including the impact of racism and discrimination, inadequate attention to social determinants of health and lack of data. They also outline strategies for enhancing equity, including strengthening patient and community engagement, increasing the trustworthiness of care delivery systems, incentivizing equity within organizations and improving data and measurement. The introduction to the paper states, in part:

“For care to be considered high quality, it must be equitable. Inequitable care is low-quality care and must be treated as such.

“This paper focuses on two axioms. First, what gets measured gets improved. Second, communities’ perspectives, preferences, and goals must be directly integrated into quality improvement efforts—in other words, ‘nothing about me without me.’ Community perspectives are reflected in the words and actions of community leaders and organizations.”

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