

7 excuses

for NOT making health equity a priority in word and action

How leaders can reinforce a commitment to equity at their organization

Leaders increasingly say that health equity is a priority for their organization, but these words don't always translate into meaningful progress on reducing disparities.

We interviewed dozens of health system leaders about the barriers they face in making health equity an organizational priority, on par with clinical quality and financial solvency. Achieving health equity is a bold, complex, long-term goal, but not all barriers are as insurmountable as they seem. **Don't let these often-cited excuses hinder your organization's efforts.**

HEALTH EQUITY IS A PRIORITY FOR MY ORGANIZATION, BUT...

the EXCUSE



...WE **DON'T** HAVE (THAT MANY) DISPARITIES AMONG MY PATIENT POPULATION.

the REALITY

There is ample evidence that indicates disparities in care delivery and outcomes persist, even at the point of care, regardless of your community demographics.

Leverage both quantitative and qualitative data to proactively identify and address disparities your patients are facing.



Read about the [Health Equity Index](#) to learn how it standardizes identification of disparities across various patient populations. 



...WE **DON'T** HAVE SUFFICIENT FINANCIAL RESOURCES TO DEDICATE TO IT.

Beyond the many moral and mission-based arguments for equitable care are the financial benefits to advancing equity, no matter your payment model.

Reducing disparities in your patient population simultaneously improves care quality and efficiency. It also improves the community's priceless trust in your organization.



For an example of how reducing disparities at the point of care improves efficiency, read the [Clinical Executive's Role in Reducing Disparities at the Point of Care](#) and reference the business case section. 



...WE ARE **FOCUSED** ON IMPROVING WORKFORCE DIVERSITY FIRST.

Diversifying your workforce to match community demographics is important. But it will take years (if not decades) to achieve workforce diversity—and it alone won't eliminate disparities.

Improvement in workplace diversity has to be paired with efforts to address social determinants of health, reduce disparities at the point of care, and change community conditions caused by structural inequities.



To access our full suite of resources on equity, diversity, and inclusion, visit [Advancing equity for your workforce, patients, and community](#). 



...WE **FOCUS** ALMOST EXCLUSIVELY ON RACIAL AND ETHNIC DISPARITIES.

A focus on race is important for advancing health equity given the deeply rooted legacies of racism worldwide. But it's not enough.

Concentrating on race alone won't eliminate blind spots across other identity groups because people hold multiple identities. Take an intersectional approach to identify groups most at risk of experiencing disparities.



Use our [Health disparity metrics picklists](#) to select institution- and community-oriented metrics for your organization. 



...SOME OF OUR STAFF ARE **UNCOMFORTABLE** TALKING TO PATIENTS ABOUT THEIR IDENTITY, LIKE RACE, GENDER IDENTITY, OR SEXUAL ORIENTATION.

Patient comfort is key. Make sure patients know why certain information is important for their care. Patients are usually comfortable answering questions if they understand why clinicians need the information.

Staff discomfort typically stems from a fear of saying the wrong thing. To better equip your staff to talk about identity, focus on providing training in culturally sensitive care that they can apply in any situation.



Read [The Case for Cultural Humility](#) to learn more about providing culturally sensitive care for all patients. 



...MY ORGANIZATION'S EFFORTS ARE THE **SOLE RESPONSIBILITY** OF OUR DEDICATED HEALTH EQUITY LEADER.

All staff, regardless of title, must take ownership of health equity initiatives at your organization because each department has a role to play.

Leaders have an outsized responsibility to set an example for their teams and contribute to a culture where all engage in work to advance equity. Remember that advancing equity is everyone's job.



Health equity initiatives need to be embedded in service-line goals to ensure that all staff feel accountable. Use our [Maturity Model for Reducing Health Disparities](#) to evaluate how integrated health equity is within your broader organizational strategy. 



...WE **CAN'T** CONTROL THE NON-CLINICAL FACTORS THAT CONTRIBUTE TO HEALTH DISPARITIES.

While health care organizations can't address all of their patients' social needs overnight, they are well positioned to address some.

You can make an enterprise-wide commitment to provide some in-house services and establish strong partnerships with community organizations to fill gaps. Enhancing equity is a major undertaking, but even small steps are a good start.



See your case study [How ProMedica Scaled Up SDOH Interventions](#) to learn more about addressing patient social needs at your organization. 