

## **Healthcare Equity Advisory Committee**

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### **Overview**

In the United States, significant racial disparities exist for health outcomes and life expectancy. Many of these disparities can be linked to the political and social structures and values that exist in our country that have long-rooted histories of racism. These structures and values result in disparities around health-promoting resources such as food, income, housing, environmental quality, and more. Our healthcare delivery system is often less acknowledged as one of the resources that is also subject to racism and systems of inequality. Both anecdotally and empirically, racism at the point of healthcare delivery is as pervasive as it is in the rest of our society. The Kentuckiana Health Collaborative (KHC) is convening a Healthcare Equity Advisory Committee to research, plan, and act against racism in healthcare delivery.

### **Leadership**

The Healthcare Equity Advisory Committee will be facilitated by the KHC. The KHC's role will be in convening and documenting the committee's discussions and recommendations. Two representatives from the committee will be elected to serve as co-chairs of the Committee. The co-chairs of the Committee will be responsible for acting as committee liaisons and representatives to both the KHC and external engagements. Implementation of the group's recommendations is not within the scope of the KHC's or Co-Chairs' convening of the committee as it currently stands.

### **Partnerships**

Kentucky Nurses Association, Have A Heart Clinic

### **Membership**

The Healthcare Equity Advisory Committee will be comprised on representatives from various healthcare stakeholder groups including consumers, providers, purchasers, health plans, and government. Representatives will be selected on an application basis to be reviewed by the KHC. The KHC welcomes applicants representing a diversity of thought and experience, co-occurring expertise in healthcare delivery and systemic inequities, and personal passion for the group's collective goals.

### **Organization**

The Healthcare Equity Advisory Committee will meet as a sole entity three times. The meetings are outlined as follows:

- Health Advisory Committee Meeting #1: Research (1.5 hours)
- Health Advisory Committee Meeting #2: Planning (1.5 hours)
- Health Advisory Committee Meeting #3: Action (1.5 hours)

Meeting dates and times will be determined by membership availability. As circumstances dictate, additional meetings for smaller workgroups or individuals may be created.

Complementary to the committee meetings, members may also attend a series of educational public forums focused on conditions where racial disparities and discriminatory treatment are prevalent. A schedule for these forums will be forthcoming.

### **Focus Areas**

Disparities in healthcare and health outcomes are created at many points during the healthcare delivery process. This committee will focus how racism permeates the quality and experience of care that people receive, and likewise can be changed to create equity.

- **Quality of Care** - Using a variety of standardized care indicators, healthcare stakeholders can evaluate the quality of care patients are receiving compared to the evidenced-based medicine. Often, quality of care indicators do not account for difference in care delivery based on race or ethnicity. Failing to capture and report this data misses disparities in healthcare quality and outcomes and corrective actions to achieve healthcare equity for marginalized communities.
- **Experience of Care** – Quality of care extends beyond standardized care measures. It includes one's experience of the care that they receive. Racism, discrimination, and bias are all prevalent in each step of the healthcare delivery system, from scheduling appointments to patient-provider interactions. Addressing racism in the healthcare delivery system involves ensuring that every patient is receiving culturally representative, respectful, and competent care.

Although the committee will focus on these mechanisms, related issues of social determinants of health, community supports, and policy influence will all be influential. Residents of Louisville, Kentucky will be the primary population of interest for this committee, thus healthcare stakeholders of Louisville, KY will be the primary subjects for evaluating these focus areas and opportunities for change.

### **Goals**

- Identify top healthcare disparities by race and ethnicity in Greater Louisville.
- Gain consensus on the prioritization of disparities
- Provide recommendations for interventions to drive improvements in equity of care