

2023-2024 PROGRESS REPORT

# RISE TO HEALTH COALITION

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# RISE TO HEALTH COALITION

## PROGRESS REPORT - MAY 2024

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# RISE to HEALTH COALITION

# OUR VISION



We envision a transformed health care ecosystem where all people have the power, circumstances, and resources to achieve optimal health. While the initial round of the coalition is over two years, we know this is a lifetime of work.

**To realize our vision, we must:**

## BUILD

Build capacity, expand knowledge, and mobilize with concrete skills and tools to advance equity and racial justice in the health care ecosystem and in our communities.

## CHANGE

Influence and fundamentally change policy, payment systems, education, standards, and practices.

## TRANSFORM

Sustainably change mindsets and narratives within health care around equity and racial justice.

As an organization born out of the Civil Rights movement, NACHC is grateful to partner with Rise to Health to advance equity through the support of Community Health Centers, the nation's largest primary care network, serving 31.5 million patients nationwide. Our collaboration allows us to share strategies, resources, and concerns with other leading national health care associations and align around a common purpose—to ensure health equity and racial justice across the health care delivery system and in communities.

**Benjamin Money, Jr., MPH**  
Senior VP, Population Health  
National Association of Community  
Health Centers (NACHC)

Each commitment to address equitable health care starts a ripple effect of change.

**11,043**

**Individuals joined the AMA National Health Equity Grand Rounds events**

**837**

**Participating Health Care Organizations**

**14,200**

**Attended Coalition Events**

**23,710**

**Connected to Online Resources**

**4 Million**

**Publications & Media Reach**



# RISE TO HEALTH COALITION



The theory behind the Rise to Health Coalition is that no individual or single organization can advance equity and justice alone. Three years into our equity commitments, many organizations are now at an inflection point. This is neither the first nor the last time we will face such a moment. But, as we have in the past, we must now commit ourselves anew to taking action with colleagues and communities to build a future where health and care are better, fairer, and more equitable.



**Kedar Mate, MD**  
President & CEO  
Institute for Healthcare Improvement



# RISE TO HEALTH COALITION

## Beginnings

In 2020, a team at the Institute for Healthcare Improvement (IHI) began thinking about what it could look like to launch a national initiative focused on equity. In December of that year, Genentech, a member of the Roche Group, awarded IHI a grant to begin planning for the initiative. On January 1, 2021, the official planning and design phase began for what would become Rise to Health: A National Coalition for Equity in Health Care.

A team at the Institute for Healthcare Improvement (IHI) was formed to begin developing the vision, aim, and structure for the coalition, building on design principles and lessons learned from previous campaigns including the 100,000 Lives Campaign, 100 Million Healthier Lives, and the Age-Friendly Health Systems movement. The team knew that launching a national coalition could not and should not be done by one organization alone, so early on partners were identified and invited to join the effort to galvanize their networks, influence the field, and meaningfully contribute to work ahead together.

During the initial planning phase, a steering committee and workgroups were formed to identify the key audiences (to become the “Pillars”), inform content and key actions to support actors across the health care ecosystem in their equity work, and also to develop a measurement strategy to track results.

On December 6, 2022, IHI President and CEO Kedar Mate, MD, joined by Aletha Maybank, MD, MPH of the American Medical Association (AMA), and Glenn Harris of Race Forward announced the formation of the Rise to Health Coalition during the IHI Forum. A subsequent, broad-scale launch was done on May 30, 2023.



*Here, a brief Q&A with Camille Burnett, Vice President, Health Equity, US Equity Portfolio, at the Institute for Healthcare Improvement, on creating the coalition.*

### **Why was the Rise to Health Coalition formed?**

The Rise to Health Coalition was created to gather key partners in the pursuit of a national healthcare ecosystem where all people have the power, the circumstances, and the resources that they need to have optimal health. For some time, we noticed that individuals and organizations were engaged in this work—but often in silos. We're all trying to do this work and we're all doing it in disparate ways. But there are lots of lessons we can learn from each other!

Instead of groups working separately and in some cases duplicating efforts—in what I call a patchwork approach, we must try to coordinate together across the ecosystem to maximize results. As a coalition, we can learn from each other, align our work, and mobilize for even greater collective impact.

### **Who has partnered to join the coalition?**

We have many founding partners and strategic advisors supporting the leadership of this effort. We also have three essential racial justice partners—



Race Forward, Policy Link, and the Groundwater Institute—because we believe you cannot do equity work without racial justice and there is no quality without equity. Those are the principles by which we've started to build and shape this coalition.

We are grateful for the support of our core partners and many others including a host of individual advisor organizations. We are a team that brings together individuals and organizations committed to equity and justice within the health ecosystem to build, lead, and advance shared solutions and collective actions to transform and strengthen health care. This is because we believe in a common North Star—that together we can create a health care system that cares for us all.

#### **Where does the coalition begin this work?**

We have attracted collaborators from across the health care ecosystem—individual practitioners, health care organizations, payers, pharmaceutical, biotech, research, and professional societies—all joining us as “pillars” on a staged journey built on the IHI 2016 white paper, *Achieving Health Equity*, available for download (link below, right), and expanded with input from partners to highlight the importance of first making a commitment to act.

The Journey begins with commitment. First, coalition members in each pillar get grounded in their local context and history of structural racism. Then they look for opportunities for improvements informed by their stratified data and how to make equity a strategic priority. The next steps of that journey encourage taking the initiative with others toward ultimately fostering thriving communities.

The Rise to Health Coalition is dynamic and exciting. It has taken us to where we are now—implementation—a monumental endeavor! Together we are making a difference through the collective actions and commitment of all of you. We look forward to continuing this journey to advance and achieve health equity.

#### **How are we going to achieve our vision?**

We're going to build capacity.

We're going to expand our knowledge.

We're going to mobilize key sectors of the healthcare organization.

We're going to influence policy and standards, and we're going to shift mindsets.

#### **Camille Burnett, Ph.D**

Vice President, Health Equity, US,  
Institute for Healthcare Improvement

#### DOWNLOAD WHITE PAPER:

#### [Achieving Health Equity: A Guide for Health Care Organizations](#)

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*

## Our Strategy: Narrative Change

Narratives are powerful. They represent the stories and messages guiding us toward our values, and action on just about everything—from specific issues and challenges to proposed causes and solutions. Narrative transformation involves intervening to modify the type, prevalence, and scope of narratives in public discourse, replacing harmful dominant narratives with ones aligned with our shared vision and values.

The Rise to Health Coalition established a workgroup led by Race Forward, AMA, and IHI to develop a framework that captures key values and core narratives, initiating the development of related storytelling themes through an iterative approach.

Narrative change hinges on interventions (altering the hero, villain, plot, and conclusion) in our popular imagination to present new possibilities to our audience and influence their mindsets and behaviors.

“Narratives are everywhere. We see them on television. They come up in the stories that we share with others... Narrative change is how we tell different stories... To share new values for fairness, collective care, racial equity, and justice. How do we make those narratives pervasive? We do that through storytelling. Narrative change comes about by recruiting folks who actually want to share these stories of a new type of world.”

**Jane Mantey, Ph.D.**

Director of Narrative and Cultural Strategies  
Race Forward

### Our Deep Narratives Include:

**Interdependence:** We believe that cooperation and collective action are needed to transform inequitable systems.

**Belonging:** We believe that improving health for individuals and communities that experience health inequities benefits everyone.

**Strength:** We honor community knowledge and practices while acknowledging the structural inequities that lead to disparate health outcomes.

**Abundance:** We believe there are enough resources to achieve optimal health for everyone.

**Dignity:** There is inherent worth and value of all people.



## The Five Audiences: The Pillars

Over the last year, the RTHC core partners developed the groundwork and resources to activate five key health care audiences through engagement and collective action.

The goal, said Shannon Welch, MPH, Senior Director at IHI and the Narrative Lead for Rise to Health Coalition, is to “build capacity, expand knowledge, and mobilize health care ecosystems with concrete skills and tools to advance equity and racial justice.”

By targeting 1) Individual Practitioners, 2) Healthcare Organizations, 3) Healthcare Payers, 4) Pharmaceutical, Research, and Biotechnology Organizations, and 5) Professional Society audiences, RTHC will

not only influence policy, education, standards, and practices, but also change mindsets and narratives within health care around equity and racial justice.

The inaugural steps in this movement are reflected in RTHC’s “Collective and Coordinated Change” staged journey for coalition members. The work begins with acknowledging each member’s commitment to acting for equity before embarking on educational opportunities to deepen their understanding of healthcare equity and ultimately enacting strategic initiatives for change within their organizations.

While the staged journey is consistent across all pillars, the activities along the way are adjusted to meet the needs of each audience.

## A Staged Journey for Collective and Coordinated Action

Our foundational set of actions and associated activities are grouped into 6 categories or “steps” for collective focus and impact.

These inaugural steps are designed to move us through a deepening journey of shared learning and activities that will build momentum and impact over time.



## Where are we today?

Each pillar has begun its journey toward collective and coordinated change, developing a format and series of goals that align best with their participants. No two beginnings are the same, and each pillar has its own story to tell.

Each pillar chose one word to encompass the nature of beginning this work ...

### Individual Practitioners

#### *Grounding*

Through monthly Peer Affinity Groups, the Individual Practitioners Pillar supports a variety of healthcare practitioners—nurses, physicians, social workers, medical assistants, community health workers, and therapists, among others—with the resources and tools necessary to develop anti-racist practices that promote equitable health care within their workplaces.

#### **Pillar Goals**

- Explore structural racism in healthcare
- Build a foundation in equity principles
- Interpret data through an equity lens
- Reflect on your personal equity journey
- Apply equity concepts to your work
- Connect with peers for support and collaboration

#### **Format**

Participant groups meet for six monthly one-hour group calls that include discussions, expert guest speakers, and peer group breakout sessions.

**Grounding**  
**Collaboration**  
**Consensus**  
**Assembly**  
**Embark**





*The Individual Practitioner Peer Affinity Groups attracted experienced practitioners who often felt overwhelmed or alone in their work. The groups provide an opportunity to re-energize and connect with like-minded individuals who help inspire and enact change. These personas represent anonymous participants who shared their stories.*



**“I’ve embodied and committed my life to advancing equity before this space was centered on a much larger platform.”**

**Race:** Black/African American

**Clinical Role:** Registered Nurse

**Organizational Context:** 600+-bed regional academic health center serving under-resourced/marginalized populations in urban and rural settings. I’ve served as a nurse for almost 30 years in community, clinical, and health insurer settings.

**What are you hoping to learn or gain from participating in the IP Peer Affinity Group?**

I am serving as the Director of a grant-funded role created to address health equity and social justice issues in my state. I hope to gain actionable knowledge, engage with a brave network of practitioners, and develop tools to apply to my work and share with my team.



**“I want to work myself out of a job!”**

**Race:** White/Caucasian

**Clinical Role:** Patient and Family Advisor

**Organizational Context:** Independent worker serving a rural community.

**What are you hoping to learn or gain from participating in the IP Peer Affinity Group?**

70%+ of our community is on Medicare/Medicaid, and as with most communities like mine, we are older, sicker, and poorer than average. Our nearest chain grocery store is 15 miles away... [and] our hospital is in dire straits...

I want my community, and every other person, to have ridiculously unbridled access to all the healthcare they require, including medical care, mental health services, food, and shelter. Unemploy me!



**“This is a long, often lonely, journey. Any folks working together to address healthcare disparities, particularly in today’s social and political climate, are best served by partnering and collaborating.”**

**Race:** Hispanic/Latino

**Clinical Role:** DEI Director, part of clinical leadership team

**Organizational Context:** A national medical group with over 15,000 clinicians practicing in hospitals across the country and serving over 20 million patients per year.

**What are you hoping to learn or gain from participating in the IP Peer Affinity Group?**

Health equity as a discipline is rapidly emerging, but many clinicians and those who support clinicians feel ill-equipped to understand their role in addressing disparities at a systemic and individual patient level. I am hoping to strengthen my network of folks doing like-minded work, learn or help identify innovative practices, and better understand how our collective efforts can truly move the needle in bridging the health equity gap.



**“Health equity goes far beyond race... other dimensions of identity and -isms or -phobias (ageism, classism, ableism, fatphobia, transphobia, xenophobia, anti-semitism, homophobia, etc.) are frequently left out of the conversation.”**

**Race:** American Indian/Alaska Native; White

**Clinical Role:** Pharmacist & Educator focused on Infectious Diseases; Disability studies.

**Organizational Context:** University setting, serving low socioeconomic status, diverse races/ethnicities, and who receive minimal primary or preventative care.

**What are you hoping to learn or gain from participating in the IP Peer Affinity Group?**

As someone who is teaching pharmacy and medical students and medical faculty members, I want to ensure that I am representing the challenges, best practices, and linguistic aspects of health equity to those with whom I interact.



Health is a major determinant of life outcomes. Yet, we know that inequities across healthcare—from access and cost to quality of care—disproportionately impact people of color, particularly Black and Indigenous populations. We also know that the healthcare sector has played a role in the creation of racial inequities and currently maintains a system in which racial inequities prevail.

To eradicate these inequities, it will take all of us—healthcare providers, insurers, pharmaceutical and biotech companies, and racial justice and patient advocates—working in deep partnership with those most impacted to adopt community-centered, racially equitable healthcare policies, practices, pricing, and standards that will benefit all people, across nationality, gender, gender identity, and ability. We, at Race Forward, are pleased to work on the important initiatives of the Rise To Health Coalition to do just that.



**Glenn Harris**  
*President*  
*Race Forward*



When we share our personal experiences and learn about the embedded inequities in health systems, the seeds of change are sown. Training sessions become a space to cultivate relationships and develop team support for advancing health equity initiatives.



## Healthcare Organizations Collaboration

For Healthcare Organizations, RTHC has established a **Learning Network** where participants at different stages of equity improvement are given the targeted support they need to actively address systematic change.

### Pillar Goals

- Build community and trust among participating organizations
- Maintain a communication system among participants to support rapid learning, trusted connections, and relationship-building with like-minded organizations
- Engage with leading subject matter experts in equity, racial justice, and improvement science during monthly calls
- Leverage improvement methods and tools to publicly highlight the learning and successes of each organization’s progress

To date, **20 organizations and over 70 active participants** have joined the Healthcare Organization Learning Network. Each organization is represented by three to five individuals who represent their company diversely across race, ethnicity, gender, sexual orientation, and multidisciplinary roles/units. A letter of support from executive leadership was required to join the network to ensure a top-down commitment to each organization’s equity journey.

### Format

The Learning Network meets for ten months via virtual sessions that include talks with subject matter experts, group coaching, and peer-sharing opportunities called “Bright Spots.” In between sessions, teams work on completing assessments, sharing key learnings, and applying what they learned within their organization.

## Learning Network Timeline



The Rise to Health Coalition exemplifies the principle that health equity is a team sport, underscoring the need for collective efforts across industries and silos to transform the health ecosystem. This collaboration is not just a requirement but a cornerstone for the well-being of individuals, the vitality of our communities, and the very essence of our humanity.

**Dr. Bryan O. Buckley**

Director, Health Equity Initiatives  
National Committee for Quality Assurance (NCQA)

The Healthcare Organization Pillar aims to mobilize and equip 250 health care organizations to build an anti-racist and inclusive healthcare system, where all patients and staff (particularly those who identify as BIPOC) feel respected and empowered toward their optimal health by December 2024.

**Examples From the Field**

While participating in the Pursuing Equity Learning Network that launched in early 2023, organizations selected a clinical area of focus, participated in a Groundwater Institute training, and had the option to join group coaching calls. Participating organizations are being equipped to bring new tools, skills, and a deep understanding of equity and racial justice back to their organizations. They also set goals and identify areas to test change inside their own organizations.

One HCO is working to improve the screening rate for kidney health in their adult diabetic population by 5% for all patients and decrease inequity in screening rates by 25% by June 2024.

Another HCO is working to ensure 100% of patients are screened for language access needs and are offered services to provide linguistically appropriate services to all patients by June 30, 2024.

We at the Groundwater Institute are honored to be part of the Rise to Health Coalition. In our work with leaders across industries, we have seen the power of collective, coordinated action that addresses the root causes of inequity.

When we hear from participants in Rise to Health that our program is “transformational” and “energizing,” and is motivating them to take specific and bolder actions in Rise to Health, we know we’re on a path to build a healthcare system that is better for all of us.

**Bay Love & Ellen Hunter**  
Groundwater Institute Partners

## Payers — *Consensus*

For health plan executives, managers, and staff of all levels, RTHC established monthly roundtable sessions with guest speakers, group coaching, and a complimentary Groundwater Institute training. Roundtables will continue through August 2024.



To date, the pillar has engaged **100+** individuals from over **30** health plan/payer organizations involved in the program nationwide.

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### Feedback From Participants

“The Roundtable discussions will be helpful for us to engage on a national level!”

“We could use support with accountability, influence, and commitment of senior leadership in payer spaces. They “talk” but don’t “walk” the commitment in health equity.”

“Excited for this venue as we are working towards our equity-first approach for our members. While we have baseline approaches in place, we are striving to move the needle for more impact. Appreciate being included.”



## **Pharmaceutical, Research, and Biotechnology Organizations *Assembly***

For organizations working in the pharmaceutical, research, and biotechnology sectors, this pillar offers monthly one-hour discussions called “Fireside Chats,” plus optional coaching and racial justice trainings.

The goal is to equip participants with the tools to assemble the right teams and engage in meaningful conversations with leaders about health equity and racial justice work.

### **Participants and Format**

Leadership and staff from Pharmaceutical, Research, and Biotechnology organizations assemble into two cohorts to achieve long-term solutions. This work is funded by Bristol Myers Squibb and Genentech.

The first cohort runs from January to August 2024, and members work on their equity assessment through December 2024. The second cohort runs from February to November 2024, and members work on their equity assessment through the end of the year.

The first cohort is at capacity with **55 participants representing 31 organizations**, including Icon, Pfizer, BMS, Vanderbilt University Medical Center, Novocure, Healthmap Solutions, Arcutis Biotherapeutics, Cystic Fibrosis Foundation, University of Texas Institute for Health Promotion and Research, RTI, St. Jude, and more.



The PRB pillar held an in-person, 1.5-day immersive workshop experience with Groundwater Institute, training 25 participants in IHI's Boston, MA, office in early February.

## Professional Societies

### *Embark*

The Professional Societies pillar is finalizing the program to begin in Summer 2024. Organizations representing diverse healthcare professionals are coming together in coordinated learning and action. DEI leaders are advising on strategy, direction, content, and activities to prepare for the launch of the Equitable Professional Societies Network (EPSN).

EPSN's vision is to mobilize organizations that represent diverse health care professionals; coordinate learning; and encourage action for collective impact so that all people have the power, circumstances, and resources to achieve optimal health. Through coordinated Learning Networks and Action Workstreams, the EPSN will equip participating organizations with the knowledge, skills, resources, and tools needed to operationalize equitable structural changes and will provide support for applying learning into coordinated actions. Action Workstreams will address

subjects such as reconsidering race in clinical algorithms and workforce diversification.

EPSN core partners are currently convening a diverse group of stakeholders to engage in collaborative discussion, problem-solving, and decision-making on the strategy, direction, content, and activities of the Equitable Professional Societies Network. This Leadership Roundtable includes 28 leaders who will:

- Inform and help equip professional societies to operationalize equitable structural changes within and beyond their organizations
- Engage in critical discussions with peers to influence the role and direction of professional societies in addressing inequity
- Support the development of the Learning Network and Action Workstreams
- Support and champion recruitment of organizations to the EPSN



Professional societies play a critical role in advancing a more equitable health care ecosystem—making health outcomes better for all.

This collaborative initiative, which is convened by the American Medical Association and the Council of Medical Specialty Societies and in partnership with HealthBegins and Race Forward, represents a deep commitment to advancing health equity and improving patient care.

Through the coordinated learning and action of the Equitable Professional Societies Network, healthcare professional societies and their members and staff can work together to transform the health care ecosystem into one where all people have power, circumstances, and resources to achieve optimal health.

**Dr. Helen Burstin**  
CEO, Council of Medical Specialty Societies



## Poems from the Heart —

Listen Deeply, and  
Healing Happens



*During the 2023 IHI Forum, RTHC sponsored an attentive poet to capture the sentiments of attendees grappling with the challenges of advancing equitable healthcare and racial justice. These poetic insights into the inner thoughts of healthcare heroes revealed the profound impacts of persisting injustices.*

### enough

-----  
they've ignored him  
belittled him, dismissed him  
and now when his yells  
reverberate up and  
down these halls,

they call him non-  
compliant and dangerous

I know  
because the same thing  
has happened here  
to me, to mine even though I  
work in this place  
and I am at my limit  
if this were a spouse or  
ex-partner, this toxic  
treatment would be called  
abuse—and rightfully so  
it's no less abusive just  
because it's a hospital  
(just because it's my  
hospital)

I have  
taken this for 15 years  
too long, so long I'm  
programmed to  
call it normal  
but now I am at my limit  
they've clothed me in  
gray scrubs made  
of their offensiveness  
and yet, to them, I'm naked  
this place is  
gray and soul-less  
and yet, to them, it's fine  
I deserve  
more joy, more support  
more respect than  
this place is willing to give  
and this is enough—  
I am at my limit

-Yvette Perry, Listener Poet

### Truth Is

-----  
Truth is  
I don't have a story  
about my parents  
struggling as immigrants  
but I've heard  
enough to know  
we must do better  
Truth is  
equity's  
the only soil  
where quality can grow  
its nutrients  
universally  
necessary  
Truth is  
education's  
the only tool  
to level  
the growing field  
till us up enough  
to change  
Truth is  
inside, we're the same  
wanting to learn  
move forward  
make a difference  
especially  
when someone listens

-Jenny Hegland, Listener Poet

### Letter from a Colleague

-----  
It destroys me  
seeing us  
struggle, in a sad  
dark place, no escape  
helping others  
hurting ourselves  
hearing you ask --  
can someone else say it?  
the punch to your gut  
is a punch to mine  
I hope you know  
you're never alone  
I sing for us  
pray for us  
every time  
we're laid bare  
I'm here to  
shed tears together  
dig deep in the trenches  
for hope  
support  
we all need.

-Jenny Hegland, Listener Poet



# Measuring Our Groundwater Institute Trainings

The Groundwater Institute (GWI) is a diverse collective of racial equity advocates, grassroots organizers, strategy consultants, and institutional leaders committed to shining a light on the root cause of the inequities in our society and driving large-scale transformation to build a more equitable future. They equip leaders with the analysis, skills, and community to transform themselves, their organizations, and systems.

RTHC has offered two types of Groundwater Institute Learning Offerings: three 4-hr Groundwater Experiences, and a 1.5-day Immersive Experience. **A total of 109 people participated in four sessions.**

Participants are asked what most accurately reflects their current thinking using a pre- and post-survey tool to evaluate shifts in levels of agreement or disagreement with a set of belief statements:

1. Racial inequity exists across different systems (e.g., healthcare, education, criminal justice).
2. Socio-economic differences do not explain racial inequity.
3. Individuals within these systems can unknowingly contribute to racial inequity.
4. Disparate outcomes today are connected to historical events designed to maintain power structures.
5. Reducing racial inequity requires changes to systems and structures.
6. Understanding discrimination against Black people is important to understanding discrimination against any other group.



**This has been transformational to me. My understanding of racial inequities has been greatly expanded as a result of Groundwater framing. Really well done. I would love to work more with this organization and this work. I have NEVER felt this way after a racial justice training.**



*- Participant feedback*

## Preliminary Data Results:

### 7% Increase

On a 1-5 scale, RTHC participants moved from 4.55 to 4.90 across all belief statements.

### 16% Increase

Across all belief statements, RTHC participants moved from 82% confident in their ability to support beliefs with data to 98% confident.

### 89 Net Promoter Score

Likelihood of a participant recommending the experience to a friend or colleague. (Outstanding score when comparing with B2B and B2C averages in recent years.)

## Adopting an Equity Assessment Tool

### The Racial Equity in Healthcare Progress Report

Rush University, in partnership with University of Chicago Medicine, the Civic Consulting Alliance, the Illinois Health and Hospital Association (IHA), and DO Tank, has developed a racial health equity scorecard for healthcare institutions. Currently in its nationwide pilot, the *Racial Equity in Healthcare Progress Report* is a long-term accountability tool that documents progress toward achieving racial health equity across healthcare organizations.

Healthcare organizations are asked to complete an assessment as part of their work with the RTHC. The *Racial Equity in Healthcare Progress Report* was selected as the official assessment tool because of its wide accessibility. Organizations using tools like the *American Hospital Association Health Equity Roadmap* were able to continue with those similar methods of assessment.



**It's been incredible to see the depth and breadth of organizations who've engaged with this tool and learn that it's helpful to them at different points of their journey.**

**Adam Kohlrus Ms, CPHQ, CPPS,**  
Partner & Chief Health Strategist,  
DoTANK  
A developer of *The Racial Equity in  
Healthcare Progress Report*

Designed to encourage collective improvement rather than competition, this progress report captures an organization's baseline self-assessment in four areas:

- **People:** Evaluate the board members, leadership teams, and employees at the organization.
- **Patients:** Look at who the organization serves. Does it have a firm handle on the clinical inequities across patient populations?
- **Organization:** Address the internal strategies, policies, and practices important to advancing health equity in the organization.
- **Community:** Answer questions about the community stakeholders the organization is working “with” in their pursuit for health equity — not just working “for.”

Through robust analytic features, this information rolls into an annual progress report that highlights the organizations' accomplishments and helps identify areas for growth, year after year.

First launched in Illinois in 2020, the tool is both CMS-aligned and freely available across the United States, thanks to support from the Commonwealth Fund.

## **In the News**

### **Fierce Healthcare**

[IHI Forum: The 'extractive' healthcare system and clinicians' need to reclaim lost purpose](#)

### **Express Healthcare Management**

[Finding Meaning and Purpose in Challenging Times](#)

### **Patient Safety & Quality Healthcare (PSQH)**

[IHI Forum Kicks Off With Focus on AI, Decarbonization, and Equity](#)

### **Healthcare Dive**

[How payers can advance health equity as part of coordinated action](#)

### **Patient Engagement HIT**

[Over Half of Health Experts Lack Confidence in Health Equity Work](#)

### **Becker's Hospital Review**

[How to set health equity leaders up for success](#)

### **Fierce Biotech**

[IHI and Genentech on the Need for an Industry-Wide Approach](#)

### **Becker's Hospital Review**

[How Health Systems Can Recommit to Addressing Health Equity in the U.S.](#)

### **Non-Profit Quarterly**

[Evolving Leadership for Deep Equity](#)

### **American Journal of Managed Care**

[IHI Announces National Coalition Aiming For Systemic Change in Health Equity](#)

### **Modern Healthcare**

[IHI, AMA Launch National Coalition Targeting Health Equity](#)

### **Rama on Healthcare**

[New coalition to focus on equity in health care](#)

### **Becker's Hospital Review**

[IHI starts National Coalition for Equity in Healthcare with AMA, Race Forward](#)



# RISE TO HEALTH COALITION

## Our Partners

We've assembled dedicated partners to advance equity and justice in the health care ecosystem and acknowledge the following organizations for their generous contributions:



## Funders

We gratefully acknowledge the following organizations for their generous funding support of the Coalition:



## Strategic Advisors

We gratefully acknowledge the following individuals for their valuable strategic input, guidance, and advice to the Coalition.

**A.C. Fowlkes, PhD**

CEO, Folkes Consulting

**Abigail Echo-Hawk, MA**

Executive Vice President/Director  
Seattle Indian Health Board / Urban  
Indian Health Institute

**Adrianna Nava, PhD, MPA, MSN, RN**

President  
National Association of Hispanic Nurses

**Alexander Hardy**

Chief Executive Officer  
Genentech

**Barbara Bierer**

Faculty Director and Professor  
Multi-Regional Clinical Trials Center of  
Brigham and Women's Hospital and  
Harvard (MRCT Center)

**Beverly Malone, PhD, RN, FAAN**

President & Chief Executive Officer  
(CEO)  
National League for Nursing

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## Looking Forward

We are extremely proud of the work we have accomplished together and anticipate successfully concluding the current implementation phase. We will continue our collective work to advance equity and justice in health care across the five identified pillars, measuring impact while gathering stories of the work for wider dissemination. By the close of the 2nd quarter of 2025, we will share our final report for this grant funding cycle documenting our impact, results, and insights to guide our future endeavors as we persist in this lifelong equity journey and hand over the baton to the next generation.

Join the Rise to Health Coalition and spread the word!

