

Toolkit for Assessing Health Equity Among Children with Medical Complexities (CMC)

Module 1 | Establishing Readiness to Assess CMC Health Equity

2024

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3.5 million. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Module 1 | Establishing Readiness to Assess CMC Health Equity

For many children with medical complexities (CMC) and their families, accessing high-quality care specialized to meet their needs can be challenging. On top of navigating a complicated, disjointed healthcare system, many families face additional barriers that compound the complexity of their situation and contribute to inequities.

Health equity is the fair and just opportunity for all people to attain their highest level of health and well-being regardless of race, ethnicity, legal status, socioeconomic status, age, disability, gender, age, or sexuality.¹ As the fifth aim in the “Quintuple Aim,” health equity is seen as a key element necessary to achieving a health system characterized by improved care, outcomes, and costs.² Moreover, it is argued that health system transformation should be driven by a health equity-first approach.

Advancing equitable care and outcomes for CMC requires care delivery sites to adopt a more holistic perspective where care looks beyond a child’s medical diagnosis and considers the family’s social, economic, and environmental factors that influence health and well-being. To determine how to ameliorate the barriers families of CMC face to accessing quality care, care delivery sites can gather information about the intersection between patients’ health and other social needs. Conducting a health equity assessment (HEA) generates information a clinic needs to inform decisions on how to improve or tailor care delivery to account for the complex and evolving needs of CMC and their families.

Establishing readiness is a critical step if you want your HEA to yield useful information that can guide your clinic’s quality improvement efforts to advance equity and drive meaningful change. Readiness involves ensuring that your clinic not only has the necessary commitment, resources, and infrastructure to undertake a HEA but also is positioned to maximize the impact of the assessment by using findings to guide the implementation of targeted interventions for improvement. Failing to establish necessary readiness may result in a HEA that lacks the appropriate focus or depth required to uncover barriers and inequities affecting CMC care.

This first section (**Module 1**) of the *Toolkit for Assessing Health Equity Among CMC* includes guidance, resources, and considerations for establishing your care delivery site’s readiness to implement a HEA. The following sections discuss how gaining buy-in, aligning policies and practices, establishing organizational capacity, and building skillsets can set your clinic up to successfully design and launch a HEA.

Module 1 on Establishing Readiness will provide guidance and resources to answer questions such as:

- How can buy-in for a HEA be secured among various interest holders?
- What policies or practices can be leveraged to support an HEA?
- What infrastructure and resources are needed to conduct a HEA?
- What knowledge and tools should staff be equipped with to support assessment efforts?

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Gaining Buy-in

Prior to launching efforts to design your clinic’s HEA, you must first ensure that there is buy-in to conduct a HEA from a variety of key interest holders. Obtaining buy-in is the process of gaining support from interest holders within an organization to adopt an innovation, practice, or process.³

Before launching any efforts, your key interest holders should understand the necessity, value, and impact of assessing CMC health equity. Soliciting initial buy-in is critical for implementation success⁴, so at this stage you should be identifying who your key interest holders are and motivate them to support the undertaking of HEA efforts. The following sections provide guidance for conveying the rationale of these assessments and securing buy-in.

Key Audiences

Conducting a HEA requires multi-level buy-in across many interest holders. Establishing readiness for these efforts requires engaging leadership, front-line staff, and families to obtain their support.

<p>Families</p>	<p>Most importantly, the families of the CMC you care for should be interested and invested in HEA efforts. Their support is paramount because the data you will collect pertains directly to their lived experiences. In some instances, family advisors may have already raised issues to care team members about obstacles families have experienced when accessing or receiving care. Because of this, it is imperative that representative selection of families should be involved in the development of your assessment to ensure it accurately reflects the needs and desires of those you serve. Module 2 of this Toolkit provides more detail on family partnership approaches and strategies for effective engagement.</p>
<p>Frontline Staff</p>	<p>Initial support from frontline staff—including but not limited to physicians, nurses, care coordinators, and case managers—is important because of the active role they will play in the implementation of your health equity assessment. Due to their proximity to CMC and their families, front-line workers are well-positioned to build trust and rapport that can support the uptake of health equity assessments among the CMC population. Additionally, these individuals can provide valuable feedback to guide the seamless integration of health equity work into established workflows. Without their buy-in, assessment efforts could be viewed as an unnecessary burden which could ultimately influence administration compliance and effectiveness.</p>

Clinic Leaders & Decision-Makers	<p>Securing buy-in from leadership (e.g., care delivery or administrative directors) can support the launch of health equity assessment efforts. These decision-makers are charged with making sure decisions and activities align with the overall mission and goals of the organization. These leaders can provide support and cultivate further buy-in across staff by demonstrating that equity assessments are an organizational priority that time and effort should be invested toward.</p>
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Articulating Value

A powerful way to secure buy-in is to articulate the value proposition ⁵ (e.g., statements that convey how the target audience you are addressing will benefit from the desired action) for undertaking health equity assessment work. Building organization-wide buy-in requires acknowledging the diversity of players or partners in the ecosystem – and the reality of their different needs, priorities, or vantage points on health equity assessments. Considering the distinct needs, wants, and interests of each target audience can guide you in crafting value propositions that resonate and subsequently build buy-in and motivate action.

The level of leadership buy-in you need to secure may depend on the structure of your clinic and any policies or procedures that outline who may need to be informed of new projects. If you are operating in a context where leadership decides whether a HEA can be implemented, securing buy-in from senior leaders (e.g., administrative or clinic directors) can be important since they are charged with making sure decisions and activities align with the overall mission and goals of the organization. In these settings, leaders determine whether equity assessment is an organizational priority worth investing in, and they influence decisions about how assessments of health equity might be designed and administered.

Tables 1 and 2 provide a starting point for developing messaging that resonates with leadership and front-line staff respectively. These tables provide examples of value propositions with rationale descriptions that are tailored to the unique wants and needs of each audience.

Table 1. Posing the Value and Importance of Assessing CMC Health Equity to Leadership

Value Proposition	Description
<p>Assessing individual-level health equity can allow your organization to identify and address barriers to care and services CMC may experience that can lead to improved outcomes and lower costs.</p>	<p>CMC are twice as likely to have one or more unmet health care needs than children without medical complexity. ⁶ In addition to extensive needs for health services, the CMC population must also navigate a highly fragmented health system. This alone poses a barrier to receiving high-quality, patient- and family-centered care, and it is further compounded by external social determinants of health that have a well-documented impact on</p>

	<p>access to care and care outcomes.⁶ By committing to understanding the experiences and barriers CMC face in receiving necessary care and services, your organization can inform quality improvement efforts to improve the delivery of impactful, patient-centered care.</p> <p>Understanding barriers helps your organization understand not only how to deliver the right care at the right time but also how it can be tailored to the needs of the family. This, in turn, serves to improve care outcomes⁷, which can lower costs. Improved care outcomes, such as reductions in unnecessary hospital readmissions or emergency department visits, can provide cost savings. ⁷ Beyond care outcomes, HEAs can inform improvements to care delivery that can enhance other patient outcomes, such as patient experience and satisfaction.</p>
<p>A collection of health equity data for your clinic can bolster advocacy efforts aimed at influencing policy change to improve access to care, funding, and support for CMC.</p>	<p>While CMC comprise less than 3% of all US children and 6% of the pediatric Medicaid population, they account for 40% of Medicaid pediatric expenditures.⁸ Despite being high users of health care, CMC do not have adequate access to patient-centered care focused on their complex needs, an issue exacerbated by the lack of sustainable funding for care models that support CMC. Assessing individual-level health equity can provide valuable information to your organization that can aid efforts to identify sustainable funding for the care you provide to CMC. Moreover, having equity data on the social needs of CMC can bolster efforts to advocate for support and services to fulfill the needs experienced by families of CMC that impact their access to care.</p>
<p>Assessing individual-level health equity can provide valuable information that can aid care coordination efforts among members of the CMC care team</p>	<p>Care coordination is essential for addressing the fragmented care that many CMC experience.⁹ Proper care coordination is a family-centered, team-based activity that aims to address the needs of CMC and strengthen the caregiving capabilities of families.¹⁰ HEAs can identify barriers to care that then inform tiering of services based on assessments of need, articulated in the shared plan of care leads to appropriate “right sizing” of care coordination (CC) service provision. This risk stratification drives care coordination in the most appropriate setting and is imperative for CMC.</p>

<p>Assessing individual-level health equity can provide valuable information that can improve your clinic's ability to efficiently fulfill patient needs.</p>	<p>Assessments of health equity can surface social factors that are serving as barriers to care or services that can inform care coordination efforts tailored to a family's needs. Understanding these barriers can help your clinic identify opportunities to reduce obstacles to care. This approach to patient- and family-centered care can not only drive improvement of outcomes¹¹, but also improvement of overall rates of patient experience and satisfaction within your clinic. For example, if a care team is aware of inadequate transportation access, care coordination can involve connecting families to available social services resources or adapting care (e.g., telehealth, in-home visits, scheduling subsequent appointments with specialists). Committing to health equity-related work not only equips your staff with the knowledge to improve CMC care coordination but also helps you better understand what types of organizational partnerships will be most beneficial to serve and fulfill the unmet needs of patients and families.</p>
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Table 2. Posing the Value and Importance of Assessing CMC Health Equity to Front-Line Staff

Value Proposition	Description
<p>Assessing individual-level health equity enables you to create holistic, personalized care plans and can help you provide high-quality, patient-centered care.</p>	<p>A key component of care coordination is a shared plan of care, which is a collaborative, dynamic document that outlines the goals and needs of the CMC, their family, and their clinical team.¹² Creating an effective care plan requires a holistic approach that is inclusive and responsive to each individual's unique circumstances. Health equity assessments can provide you with insights about psychosocial, environmental, or cultural factors that may be compounding the complexity of a child's health. Ultimately, this information can help you ensure you are providing your CMC with the right care and connecting them to the right services so they can achieve optimal health and wellness.</p>
<p>Collecting health equity information is a feasible effort that can be implemented with minimal burden.</p>	<p>Since there is no standard health equity assessment for the pediatric population, let alone the CMC population, there is significant flexibility in what the process will entail. This Toolkit outlines methods that vary in level of resource intensity, so all settings can identify a strategy that best fits their context. Health equity-related work does not aim to disturb your established care and service delivery workflows; rather, to the extent these</p>

	<p>efforts can be designed and integrated to work with and into your current workflows and organizational capacity, it will provide valuable information that will help you provide the best care/service you can.</p>
<p>Assessing individual-level health equity provides an additional opportunity to engage and build trust with the families you serve.</p>	<p>Facilitating the collection of health equity information presents an opportunity for meaningful discussions with families about issues that resonate with them. These assessments foster space for families to share their story—their experiences, their challenges, their needs.</p> <p>By having these dialogues, you can demonstrate that you value family's input and can establish a foundation of trust. HEAs help you identify the issues that are most pressing to families, which in turn helps you provide care that will be most meaningful and impactful to them, further building trust. This will also create an opportunity to establish a feedback loop between you and the families you collect information from, enabling them to share why their experiences and input is valuable to your clinic, and how the very personal and potentially sensitive information they have shared will be used. Communicating clearly and openly with families will build trust and your relationship with one another. Ultimately, developing these relationships with families is a rewarding process that can also improve your delivery of family-centered care.</p>
<p>Assessments of individual health equity may alleviate common frustrations by surfacing root causes of frequent, preventable issues.</p>	<p>Front-line workers often face challenges (e.g., missed appointments, treatment nonadherence, unnecessary hospitalizations) that can be frustrating over time due to their preventable nature. Having to respond to preventable health emergencies can be taxing over time and make an individual feel as though the care or services they provide are not efficient or impactful, which could contribute to dissatisfaction or burnout. However, assessments of health equity can provide useful context that may explain the root causes of these preventable issues. For example, the inability to pay for or pick up medication may be contributing to a CMC's nonadherence to a treatment plan. Understanding this context can help you engage in secondary prevention, reduce redundant efforts, and generate a greater sense of control and fulfillment in your work.</p>

Families are a vital interest group who should be engaged to understand the purpose and value of a HEA. Taking the time to engage in meaningful conversations with families about their lived experiences, elevating their voices and needs, and explaining why this information is important for HEA can build trust and open communication. More detailed information, including family-oriented value proposition statements similar to the tables above, are available in **Module 2**.

Aligning Policies and Practices

After obtaining initial buy-in from key interest holders, as you continue to plan and develop your HEA, you should consider how existing policies, practices, and structures within your clinic could be leveraged to support and guide the successful development and implementation of your HEA.

Each clinic has established policies, practices, and processes that guide various clinic and business operations. Rather than viewing these organizational structures as potential obstacles to beginning your HEA efforts, consider them as an opportunity to develop a HEA that is effective and also sustainable within the clinic's operational framework. Identifying these existing policies during initial planning and development stages builds a strong foundation that positions your clinic to implement your HEA in a manageable way that builds on existing structures. The extent to which you can align a new initiative to embedded organizational structures and strategies supports long-term implementation success and your clinic's ability to get the most out of your HEA.¹³

Consider whether your organization has policies, practices, or processes pertaining to the following:

Mission, Vision, Values, and Commitments

Everything implemented within a clinic should tie back to its core mission and values. Beyond providing the right care at the right time, many care delivery sites have directives to provide high-quality, equitable, patient-centered care. Beyond its mission, vision, and values, a clinic may even have strategic or operational commitments with which you could align your HEA efforts to.

Considerations:

- What components featured in your clinic's mission, vision, and values can be tied to your HEA?

Governance to Approve New Activities

Governance establishes accountability and oversight, informs decision-making, and considers the relationships that exist among management, staff, and other important interest holders.¹⁴ In health care, governance structures establish standards, including best

practices and procedures, to ensure that patients receive safe and quality care.¹⁵ Examples of these structures include executive leadership teams, clinical governance committees, advisory boards, etc. Understanding what structures and processes your clinic utilizes to approve new activities will help staff as they begin to plan and implement the HEA.

Considerations:

- What clinical governance structures exist within your clinic?
- What is the process for approving new initiatives, such as a HEA?

Family Engagement

As experts in their own lived experience, children, as developmentally appropriate, and their families are uniquely qualified to partner with health care systems to guide the improvement of systems of care for CMC.¹⁶ Engaging families and communities ensures that a HEA and its tools are relevant (e.g., cultural relevance) and build trust and shared understanding.¹⁷ Since families and communities should be key collaborators in the design and implementation of your HEA, it is helpful to understand what policies and practices your clinic observes for engaging these groups. **Module 2** on Partnership Approach discusses family engagement tactics in more detail.

Considerations:

- What policies exist, if any, that encourage or mandate involving families in care planning?
- How does your clinic collect feedback from families to inform policies and practices?
- Is there an established family advisory board? Are there family representatives on interdisciplinary teams?
- How might established relationships with family representatives or mechanisms for feedback be leveraged to inform the development of your HEA?

Data Sharing, Use, and Privacy

Your clinic is likely to collect sensitive patient information while deploying a HEA. Prior to designing your assessment and implementation plan, you will want to understand what policies or practices your clinic has regarding data sharing, use, and privacy. Policies and practices surrounding data may prevent data misuse, data abuse, and unregulated and/or unauthorized dissemination of your HEA data.¹⁸ There are special considerations regarding privacy, security, confidentiality, and privilege since you may use HEA data to inform quality improvement activities.¹⁹ For more involved HEAs that include linkages to other entities, you may also need an understanding of policies governing data sharing agreements or memorandums of understanding (MOUs).

Considerations:

- What staff members will have authorization to access and use patient HEA data?

- What data disclosures, if any, will need to be made to patients and families who participate in the assessment?
- Do current systems have the capability to store confidential and privileged information?

Community Resource Linkage and Partnership

Community resources and partnerships provide crucial support to health care providers to deliver holistic and continuous care.²⁰ Leveraging partnerships may promote resource sharing, improve care delivery, and support infrastructure and capacity to deliver services.²¹ Understanding how your clinic approaches community partnerships can help inform the scope of your HEA and what social needs you may be able to help families address by referring them to community resources.

Considerations:

- Are there policies guiding the establishment and maintenance of community organization partnerships?
- Is there a process in place for referring families to partner organizations to address non-medical needs?
- What existing formal or informal community resources and partners is your clinic already connected to?

Quality Improvement

Quality Improvement (QI) aims to improve care and health outcomes for patients.²² Equity is an important component of quality care, so many QI initiatives focus on improving inequitable access to care and mitigating disparate health outcomes.²³ Since the aim of your HEA is to yield useful information to inform subsequent QI activities, it is vital to understand your clinic's policies and practices relating to QI and understand how you can align your HEA efforts with current QI goals or initiatives.

Considerations:

- Are there policies specifying how QI projects should be initiated?
- What are your clinic's ongoing quality improvement initiatives? Is there potential to align your HEA to one of these existing goals?
- Does your clinic have existing incentives that drive QI to reduce disparities?

Establishing Organizational Capacity

Prior to embarking on HEA and QI work, your clinic should ensure that you have the appropriate organizational capacity to conduct this work. The following sections provide guidance on ensuring your practice is prepared for implementation and has the necessary infrastructure, resources, and human capital to conduct a successful HEA.

Implementation Team Roles

An implementation team oversees the development and launch of new activities within a clinic. These individuals are responsible for establishing the infrastructure and support for a new innovation, moving an innovation through the various stages of implementation, engaging interest holders, monitoring progress, and identifying solutions to barriers along the way.²⁴

For the launch of a new HEA to be effectively managed, it is vital that there is a designated team with clearly defined roles and responsibilities relative to overseeing HEA efforts and subsequent QI activities.²⁵ The composition of an implementation team should include a diverse range of perspectives and expertise.²⁴ Examples of responsibilities of different team members can be found in **Table 3**.

Table 3. Examples of Implementation Team Responsibilities

Title	Roles and Responsibilities
Project Lead/Manager	<ul style="list-style-type: none"> • Oversees implementation process. • Coordinates practice staff activities and responsibilities. • Manages workplans and resources. • Reports progress to leadership. • Serves as the point of contact for the initiative.
Internal Champion	<ul style="list-style-type: none"> • Advocates for the initiative within the practice. • Ensures cross-level buy-in. • Facilitates smooth implementation by addressing resistance or challenges. • Serves as liaison between staff and leadership. • Supports Project Lead in mobilizing resources.
Clinical Champion	<ul style="list-style-type: none"> • Provides clinical expertise to inform the development a HEA that captures the appropriate information to improve patient care. • Contributes to the development or adaptation of any workflows relevant to the HEA to ensure feasibility and efficiency. • Promotes HEA efforts to other clinical staff.
Family Champion	<ul style="list-style-type: none"> • Guides development of HEA assessment and implementation process with family perspective lens.
Quality and Data Specialist	<ul style="list-style-type: none"> • Supports the monitoring of HEA efforts and analysis of findings to inform subsequent QI activities.

Data Infrastructure

The purpose of your HEA is to collect valuable information about potential barriers patients experience while trying to access high quality care and how these barriers are contributing to inequities. Before designing your HEA and determining what domains of equity you may want to

more closely examine within your patient population, you should understand what information your clinic already has access to. **Table 4** lists examples of types of data you should consider if you already have access to.

Table 4. Data Your Clinic May Already Be Collecting

Types of Data	Considerations
Patient Demographics	<p>Demographic data is foundational for understanding the patient population you serve and identifying potential inequities. Consider the following:</p> <ul style="list-style-type: none"> • Does your clinic routinely collect race, ethnicity, and language (REaL) data? • What other demographic data does your clinic collect (e.g., geographic location, socioeconomic status, gender identity, immigration status)? • What is the completeness of demographic data? Are there standardized categories to ensure consistency and useability? • Does your clinic currently have the capability to stratify outcome measures by demographics to reveal potential disparities?
Social History & Health-Related Social Needs	<p>Increasingly, care delivery sites are more likely to have documented information about a patient’s social history. Understanding what information you may already have about potential health-related social needs within your patient population can be incredibly valuable for determining what you want your HEA to focus on.</p> <p>Consider data you might already have pertaining to social factors and needs (e.g., occupation, education, living situation, exposure to environmental hazards, significant life events, etc.) that you might already have access to.</p>
Care Utilization	<p>Utilization data provides insights into how patients use care and interact with the healthcare system. There can be patterns in utilization data that reveal potential inequities in access to care. Consider the following:</p> <ul style="list-style-type: none"> • Does your clinic record information about repeatedly rescheduling appointments or no-shows?

	<ul style="list-style-type: none"> • Does your clinic have data about utilization across care settings (e.g., emergency department visits, hospital readmissions, telehealth appointments, etc.)?
Patient Experience	<p>Patient experience data reflects how CMC and their families perceive the care they receive. This data can provide insights on the needs, priorities, and preferences as well as their perception of involvement in care. Consider the following?</p> <ul style="list-style-type: none"> • Does your clinic have any patient experience or satisfaction surveys that you can access findings? • Are patient complaints and grievances logged systemically? • Are there regular focus groups, standing committees, or other avenues where patient representatives share insights on their experiences?

In addition to identifying available existing data, you should consider the current capabilities of your data infrastructure system. For example, before designing a HEA reliant on embedding social needs screening into the patient record, it is important to understand whether you have the technical resources and capabilities to manipulate your electronic health record. Consider how your clinic approaches adding fields to collect data or run reports and who is responsible for these tasks.²⁶

More information on data infrastructure & optimizing data already being collected during clinical encounters with CMC:

- [Improving Health Equity: Build Infrastructure to Support Health Equity](#) (Institute for Healthcare Improvement)

Resource Allocation

A crucial aspect of establishing readiness to implement a HEA is evaluating your clinic’s ability to allocate the necessary resources required to carry out this work. This includes but is not limited to assessing the level of labor needed for your HEA and QI work (typically measured in FTE or the number of hours a full-time employee works) as well as additional direct costs you may incur for this work such as compensation for patients and families and project collaborators, data system expenses, program implementation, and other operational expenses.

While external funding can be helpful, many care delivery sites/ practices can get started on their HEA and QI work using existing resources already at their disposal. Moreover, while the HEA and QI work may require some additional staff time, it does not necessarily require hiring additional personnel, especially when considering how your clinic/ practice might utilize the

FTE. Your clinic can begin your HEA process by leveraging and utilizing existing FTEs and resources to begin incremental implementation of your assessment. Recognizing that care delivery sites may be in different stages of readiness, with different resources, beginning with small steps based on your clinic's current capacity, available resources, and readiness may make starting your HEA feel more manageable.

Consider the following questions as you think about how you can start to develop and implement your HEA, and how you might allocate key resources to support your HEA efforts.

Financial Resources

- What internal funds are available to support the planning, implementation, and evaluation of your HEA?
- Is there a need to pursue external funding opportunities (e.g., grants) to support these efforts?

Human Resources

- Are there staff members passionate about health equity and/or have experience with QI that have additional time that can be dedicated to HEA work?
- How many FTEs can be dedicated to HEA efforts without disrupting existing responsibilities?
- Does your clinic have the appropriate expertise and skillset to launch a HEA, or is there a need to hire additional personnel?
- Are there available funds to support any necessary training or skill-building sessions for staff who will be engaging in HEA efforts?

Interest Holder Engagement

- How will you compensate family and community partners who are engaged in the process of designing the HEA?
- Will the HEA require any incentives to encourage family participation in the assessment?
- Do you have the capability (e.g. physical meeting space, virtual meeting technology, etc.) to engage key collaborators?

More information on **resource allocation and assessing costs**:

- [Tips for Calculating Your Project's Cost Savings](#) (Illinois Hospital Association)
- [What is resource allocation? Learn how to allocate resources](#) (Asana)

Building Individual Skillsets

Ensuring that staff are equipped with the necessary knowledge and skills is critical for a successful health equity assessment, particularly when the goal is to produce actionable findings that can inform quality improvement efforts. The following sections provide guidance for assessing your current knowledge base and identifying skillsets that you may want to consider building among staff to ensure they are well-prepared and equipped to capture relevant health equity data.

Assessing Knowledge Gaps

As an initial step toward establishing the individual skillsets necessary for your implementation efforts, you will need to determine which skills are needed to design and launch a HEA that can inform QI activities. Understanding the assets available within your team can be useful as you build your implementation team and begin to develop your HEA.

Assessing knowledge gaps early in the process prior to designing your health equity assessment has several benefits:

- **Identifies Training Needs:** Understanding the various expertise among your staff not only helps you identify who may already be well-equipped to support HEA efforts but also helps you identify individuals who may be well-positioned to undergo training to fulfill knowledge gaps.
- **Increases Engagement and Support:** If there is a vast lack of awareness of the value a HEA can offer to a clinic, you may struggle with getting buy-in from staff. For example, if staff are not familiar with the impact social needs can have on medical outcomes, they may feel the HEA is extraneous work that has no effect on care delivery. Identifying these gaps early on can allow you to educate individuals so they can understand how the various components of a HEA help to drive meaningful change.
- **Reduces Implementation Barriers:** If team members are unaware of best practices or lack certain skills, there can be delays or missteps during the implementation of your HEA. Detecting knowledge gaps early on can help you overcome these potential obstacles.

More information on how to **assess knowledge gaps**:

- [Bridging gaps in healthcare worker knowledge with skill assessments](#) (Medical Group Management Association)
- [Assessing Training Needs: Conducting Needs Analysis](#) (Centers for Disease Control and Prevention)
- [The Assessment of Quality Improvement Knowledge and Skills \(AQIKS\)](#) (MedEdPORTAL)

Train Staff

Each staff member is a vital component of the HEA process, yet their roles in the HEA will vary. Your clinic will want to ensure that staff are receiving the appropriate training relative to their role in the HEA process.

- **All staff** would benefit from training in social determinants of health (SDoH), cultural humility, bias, and intersectionality. This will help level-set key components of health equity for all staff members.
- **Administrative and leadership staff** (e.g., clinic managers) may want to seek additional training in systems thinking and continuous quality improvement (CQI), to promote idea generation of how the HEA will integrate into current systems and CQI efforts.
- **Implementation staff/QI lead(s)** such as physicians and nurses, and case managers/care coordinators may want to seek additional training in trauma-informed care, systems thinking, continuous quality improvement, and data collection.

This is meant to serve as guidance on what trainings may be appropriate for certain roles and is not designed to be prescriptive. Your clinic staff will want to work together to identify which specific trainings and resources are appropriate for each team member. **Table 5** lists some of the many trainings and resources that exist to help your clinic staff feel comfortable and equipped with the tools and knowledge they need to assist with the implementation of a HEA.

Table 5. Resources for Training Topics

Topic	Description	Recommended Staff
Bias	<ul style="list-style-type: none"> • Implicit Bias Toolkit (Pennsylvania Department of Health, Office of Health Equity) • Mitigating Implicit Bias in Health Care (The Ohio State University) • The EveryONE Project Implicit Bias Resources (American Academy of Family Physicians) 	All staff
Cultural Humility	<ul style="list-style-type: none"> • Cultural Humility and the Transformation of Scripts of Inequality (Region IV Public Health Training Center) • The Guide to Providing Effective Communication and Language Assistance Services (Think Cultural Health, HHS) 	All staff

	<ul style="list-style-type: none"> • Resources Cultural Humility (Culturally Connected) 	
Intersectionality	<ul style="list-style-type: none"> • Intersectionality Resource Guide and Toolkit (UN Women and United Nations Partnership on the Rights of Persons with Disabilities) • Intersectionality in Healthcare (News Medical Life Sciences) • Health Equity and Social Justice (HESJ) 101 Training: Part II Intersectionality (NACCHO) • Intersectionality: Amplifying Impacts on Health Equity (Mathematica) 	All staff
Social Determinants of Health	<ul style="list-style-type: none"> • Social Determinants of Health Equity: Concepts and Evidence (OpenWHO) • Foundational Trainings (The Social Determinants of Health Academy) • Social Determinants of Health Virtual Expedition Modules (American Hospital Association) 	All staff
Continuous Quality Improvement	<ul style="list-style-type: none"> • IHI Open School Quality Improvement Courses (Institute for Healthcare Improvement) • Implementing and Sustaining Continuous Quality Improvement (CQI) in an Organization (MCH Navigator) 	Administrative and leadership staff; implementation staff/QI leads
Systems Thinking	<ul style="list-style-type: none"> • Systems Thinking in Public Health (John Hopkins University) • What you need to be a systems thinker in health care (American Medical Association) • An Introduction to Systems Thinking (National MCH Workforce Development Center) 	Administrative and leadership staff; implementation staff/QI leads
Data Collection	<ul style="list-style-type: none"> • Training and Webinars: Data and Health Equity (Share NW: A Collaboration between Northwest Center for Public Health Practice and state and local level public health agencies) • Collecting REAL Data and Data Collection Training for Health Equity (Quality Improvement Organizations) • Hospital Equity Data Collection Toolkit (California Department of Health Care Access and Information) 	Implementation staff/QI leads

Trauma-Informed Care	<ul style="list-style-type: none">• <u>Complex trauma through a trauma- informed lens: Supporting the wellbeing of infants and young children</u> (National Workforce Centre for Child Mental Health)• <u>Key ingredients for successful trauma-informed care implementation</u> (Center for Health Care Strategies)• <u>Practical Guide for Implementing a Trauma-Informed Approach</u> (Substance Abuse and Mental Health Services Administration)	Implementation staff/QI leads
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