

NEWS

Memorial helps develop online tool to gauge health care equity efforts by hospital systems

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An online survey [Memorial Health System](#) and other major medical providers helped develop is expected to assist hospitals, clinics and community-based organizations throughout Illinois in reducing race- and income-based health disparities.

“My hope is that it will put friendly pressure on organizations to advance their own equity work,” said Becky Gabany, Memorial’s director of community engagement. “I hope it inspires change and drives people to participate.”

Springfield-based Memorial, a nonprofit that operates Memorial Medical Center in Springfield and hospitals in Decatur, Jacksonville, Taylorville and Lincoln, served as one of several pilot sites to test and refine the Racial Equity in Healthcare Progress Report.

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The report is a survey spearheaded by the Illinois Health and Hospital Association that guides health care organizations through 31 questions. The questions are designed to measure the degree to which they track and try to reduce racial and ethnic disparities in patient health outcomes.

The questions also generate information on how accurately health-related employers represent the diversity of their communities on their board of directors, in top leadership and among rank-and-file employees.

The questions even delve into whether health care organizations are supporting minority owned and environmentally friendly suppliers and vendors and whether they try to address racial bias among medical providers.

“Together, providers in Illinois have the opportunity to dismantle systemic racism in a way that no individual provider could,” Adam Kohlrus, IHA’s assistant vice president of quality, safety and health policy, said during a recent presentation on the progress report.

“We are positioning this tool as a gold-standard racial equity assessment across health care settings in Illinois, and eventually the nation,” he said.

The idea for the progress report grew out of a racial equity rapid-response team that Chicago Mayor Lori Lightfoot created in April 2020 to address the COVID-19 pandemic in Chicago, and the pandemic’s disproportionate impact on Black and Latino neighborhoods, Kohlrus told The State Journal-Register.

The team, which included the IHA and leaders from major hospital systems in the Chicago area, declared racism a public health crisis.

Throughout the summer and fall of 2020, the team came up with an early version of the assessment tool that was piloted by Memorial and other providers, Kohlrus said.

The survey and a related, in-depth analysis produced by the IHA for each participating organization are free and voluntary. The assessment tool was launched June 18, the day before Juneteenth and during IHA’s inaugural Health Equity Action Day.

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Information gathered by the survey about specific hospitals are shared only with those organizations. The initiative is designed to promote self-improvement and not competition, Kohlrus said.

The assessment allows participants to track their progress and also get help in designing ways to promote equity, inclusion and diversity. The survey is “very cutting edge” and could become a national model for quality improvement, Kohlrus said.

The assessment focuses on organizations’ employees, patients, organizational structure and communities.

In parts of the state without much racial diversity, such as rural areas and small towns, Kohlrus said, the survey could help point out ways of improving services for low-income people.

Poor white people, like Black and Latino people, experience higher rates of chronic disease, shorter life expectancy and more problems accessing care.

A major emphasis in the survey are the “social determinants of health.” These are factors such as poverty, education and exposure to crime that can have a major impact on long-term health and quality of life, Gabany said.

The IHA approached Memorial to be a pilot site because of its ongoing efforts to reduce institutional racism, she said.

Gabany said Memorial formed a division on equity, diversity and inclusion in October. The new division, she said, was created in response to the murder in 2020 of George Floyd at the hands of Minnesota police and other high-profile deaths of Black people and related social unrest, as well as COVID-19-related disparities in health outcomes.

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Memorial published a pledge to work toward greater equity that said “high-quality health care should be accessible to everyone,” and this goal “cannot be achieved without addressing deeply rooted systemic racism in our culture, in our communities and in the field of health care itself.”

Gabany, who is currently in charge of the division, said, “We are in a stage of educating and raising awareness internally.”

Memorial and many hospital systems throughout the state participate in community needs assessments through local health departments to come up with public health issues that need more attention.

The progress report, on the other hand, will help health care providers “dig down deeper,” Kohlrus said, and challenge them to improve while providing access to a variety of groups throughout the state ready to help them work toward solutions.

“What they have been looking for is a tangible road map,” he said.

Gabany said the survey “is not a tool that is necessarily going to upend disparities across the country by itself. We have to have an intersectional approach with a lot of co-collaborators. That’s one of the things I love about this. It’s bringing all of these health care organizations together.”

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