



COMMUNITY HEALTH CENTER, INC Health Equity Plan for Calendar Years 2023-2026

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, powerlessness, and their consequences, including lack of access to good jobs with fair pay, safe environments, and quality education, housing, and health care. - *Robert Wood Johnson*

Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”-CDC

CHCI strives for a data driven and results oriented approach to achieving health equity for patients, specifically for those minorities and underserved populations with known disparities in health outcomes. These populations include racial, ethnic, gender, sexual minorities, and those living with disabilities.

With health outcomes in mind, attention to chronic conditions (Hypertension, Diabetes, Depression, Anxiety, Maternal and Infant Mortality, and Dental Caries) with disparate outcomes are prioritized.

To fully achieve the above commitments and build engagement and trust with patients and communities, CHCI will integrate qualitative patient feedback from currently held community and patient groups. These groups are hosted by the Regional Vice Presidents for PCMH+ , the Center for Key Populations, the Improve Maternal Outcomes Now (IMON) Community Advisory group, and meet quarterly and monthly respectively.

The Health Equity Plan (HEP) workgroup convened to develop a framework to define and implement the priorities for the progress in decreasing overall health disparities, by leveraging data to identify specific health disparities and aligning with the work of CHCI's Performance Improvement Committee. CHCI commits to this progress and steps identified by timeline in this Health Equity Plan.

These priorities include:

1. Overall Awareness of Health Care Equity and Implementation of Competency Trainings.
2. Meaningful Data Documentation, Collection, and Analysis.
3. Identification of Health Disparities and a Plan for Improved Health Outcomes for CHCI Patients.
4. Implementation of research in health equity to drive improvement in patient health outcomes.



Meeting Cadence: The Health Equity Plan workgroup commits to quarterly meetings to review the progress of the Health Equity Plan.

Health Equity Priority Executive Summary			
Health Equity Priorities	MEASUREABLE INDICATORS	ACCOUNTABILITY Position: Department or Committee: Reports to:	TIME LINE Review with team by
Awareness to Health Care Equity and Competency Training	Continued Organization Wide Trainings including Clinical, Operations, Administrative and Leadership teams	Justice Equity Diversity Inclusion (JEDI) Office	CY2023-2026
Meaningful Data Documentation, Collection, and Analysis	Continue to work on at least 3 data reports, including race and ethnicity, language, SOGI, gender, socioeconomic and veteran status	Business Intelligence and Clinical Leaders	CY2023-2026
Identification of Health Disparities and begin Initial Plan for Improved Health Outcomes for CHCI Patients	Continue to work on conditions in each discipline to examine the disparate outcomes and develop a performance improvement strategy to improve	Performance Improvement Committee and Population Health Clinical Chiefs and Leaders	CY2023-2026
Implementation of research in Health Equity to Drive Improvement in Patient Health Outcomes	Identify at least 3 priority topics for internal research that will support improving health outcomes among current patients amongst each discipline.	Weitzman Institute Leaders Clinical Chiefs and Leaders	CY2023-2026

The role of the HEP “Champions” is to lead the efforts within their designated priority. The role of “Partner” is to collaborate and support the efforts within their designated priority.