

Dec. 17, 2021

This memo reports on recent developments related to health equity, including:

- IHA's 2022 Health Equity Action Day will be May 13, 2022.
- The Commonwealth Fund has awarded a two-year grant to support the Racial Equity in Healthcare Progress Report.
- The IHA Board of Trustees' discussion on racism and health inequity.
- The AMA's recent publication on "Advancing Health Equity: A Guide to Language, Narratives and Concepts."

Save the Date: IHA's 2022 Health Equity Action Day – May 13, 2022

We are happy to announce that the 2022 Health Equity Action Day is scheduled for the morning of May 13, 2022. Please mark your calendars and watch for more details in the near future.

Last year's inaugural Health Equity Action Day, a multi-dimensional approach to affect real change, was an inspiring and informational event. With over 1,500 attendees, this was a tremendously important and well-received event. It demonstrated the commitment IHA and the Illinois hospital community has made to alleviating health and racial inequities and journey towards a more equitable future for our patients and communities.

#### Racial Equity in Healthcare Progress Report

In 2021, IHA's Committee on Health Disparities (COHD) and Health Equity Leaders' Workgroup (HELW) spearheaded the delivery of our inaugural Health Equity Action Day and the launch of our Racial Equity in Healthcare Progress Report.

During Health Equity Action Day, on June 18, 2021, we launched statewide the Racial Equity in Healthcare Progress Report, a key tool to give organizations a sense of where they have opportunity for growth in advancing health equity. Since June, more than 120 Illinois hospitals have completed the Progress Report and this fall, we launched a learning collaborative aimed at translating organizations' Progress Report results into action. More than 20 hospitals participated in this learning opportunity and created racial equity charters, or action plans, outlining the steps their organization will take in 2022 to move forward. Additional learning collaboratives are planned for 2022.

To help support this important work, we are pleased to announce that RUSH Medical Center, University of Chicago Medicine and IHA successfully secured a two-year grant from the Commonwealth Fund. This funding will provide the resources necessary to continue to refine and scale the Progress Report. IHA looks forward to continuing to work closely with our member hospitals, the COHD and the HELW to advance health equity across the state.

If you have not yet done so, we encourage you to join the over 120 hospitals that have submitted the Progress Report to IHA. Please see [IHA's Health Equity Update #7 – Racial Equity in Healthcare Progress Report](#) for additional information.

#### IHA Board Retreat Session: "How To Be An Antiracist: Taking Individual and Collective Actions to Advance Health Equity"

At its November 12 Retreat, the IHA Board of Trustees engaged in a robust and meaningful three hour discussion, facilitated by Jelena Todić, Ph.D., M.S.W., entitled "How To Be an Antiracist: Taking Individual and Collective Actions for Health Equity".

Key takeaways from the Board retreat discussion included:

- We have assumptions and images of people based on who we have known and media images that are often extreme stereotypes.
- We all need to understand the history of racism and how racism operates and how it hurts all people, not just people of

color due to lost contributors to society.

- We don't talk about racism as a predictor of health because no one wants to be viewed as a racist. But, we need to talk about racism because it is a predictor of health, while race is not a predictor of health.
- We need to consider how to most effectively engage employees in the conversation on how structural racism causes health inequity.
- Organizations need resources and a comprehensive Diversity, Equity and Inclusion strategy. We have to build change agents throughout the organization.
- Organizations should start where they are and take credit for work they are already doing to advance equity, which often has been part of their quality improvement efforts or community services.
- Collecting racial, ethnicity and language (REAL) data from patients is challenging, but hospitals should not let that distract them from pursuing other strategies to improve equity.
- This is a marathon. Commit for the long haul. Get used to being uncomfortable.

"Advancing Health Equity: A Guide to Language, Narratives and Concepts"

The American Medical Association (AMA) recently published its equity guidebook focusing on language, titled "Advancing Health Equity: A Guide to Language, Narratives and Concepts." This guide, developed by the AMA, in partnership with the Association of American Medical Colleges (AAMC) Center for Health Justice, is billed as one of the most comprehensive health equity communication guides to support physicians' conversations with patients. Specifically, it provides guidance and promotes a deeper understanding of equity-focused, first-person language and why it matters.

The guide focuses on three main areas: health equity language, why narratives matter and a glossary of key terms. Examples of how to change language from the report include:

- Avoid dehumanizing language. Instead of saying things like "obese people" or "the homeless," center the person in your language and remember that people are not their conditions. Instead, say "person with obesity" or "person experiencing homelessness."
- Avoid using language with aggressive connotations like "tackle," "target" or "combat" when discussing groups or people. Instead replace it with more collaborative language like "engage," "prioritize" or "consider."
- Replace "black" with "Black," per the Associated Press adjustment. In the same vein, use the word "white," not "Caucasian," given the racial historical context of the word's creation.
- Swap "disparity" for "inequity" and "minority" for "historically marginalized people."

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