

### RUSH UNIVERSITY SYSTEM FOR HEALTH

HEALTH EQUITY STRATEGIC PLANNING

Phase 3 Presentation

April 25, 2023 (Revised April 28, 2023)

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### OBJECTIVES

- To present the RUSH Health Equity
   Strategic Plan and logic model
- To gather feedback
- To provide and discuss guidance for socialization of the plan





### **AGENDA**

- Welcome
- Project Overview
- Theory of Change and Logic Model
- Strategic Plan
- Discussion
- Next Steps

## PROJECT OVERVIEW



### UNDERSTANDING OF NEED

RUSH SEEKS TO SET A TRANSFORMATIVE AND UNIFIED COURSE FOR ITS HEALTH EQUITY WORK

RUSH seeks to improve the health of the individuals and diverse communities it serves through the integration of outstanding patient care, education, research, and community partnerships.

The results of this project will **set the course for RUSH's health equity work** over the next five years while furthering its transformation into an anti-racist institution.

RUSH seeks a health equity strategic plan that:

- Engages its diverse stakeholders across its local community, government partners, the private sector, and academic community
- Unifies and measures systemwide contributions to health equity
- Is aspirational, but grounded in the realities of health care delivery
- Is grounded in **antiracist** principles

Evan James Consulting has been engaged to conduct a strategic planning process that enables RUSH to unify and advance its health equity efforts.



### SCOPE OF WORK

#### EVAN JAMES CONDUCTED THIS SCOPE OF WORK IN THREE PHASES.

#### **SCOPE**

### 1. Gather input from diverse RUSH stakeholders

2. Conduct analysis and outline potential strategies

3. Develop a strategic plan and logic model

#### **OBJECTIVES**

Evan James will establish a steering committee, review existing documents from RUSH, and organize and facilitate working groups with key stakeholders to gather internal and external perspectives.

Evan James will refine RUSH'S theory of change for its health equity work based on findings from the first phase. Evan James will then conduct an environmental scan with the steering committee and will develop a map of proposed partners. Evan James will also develop a SWOT analysis of RUSH's health equity work.

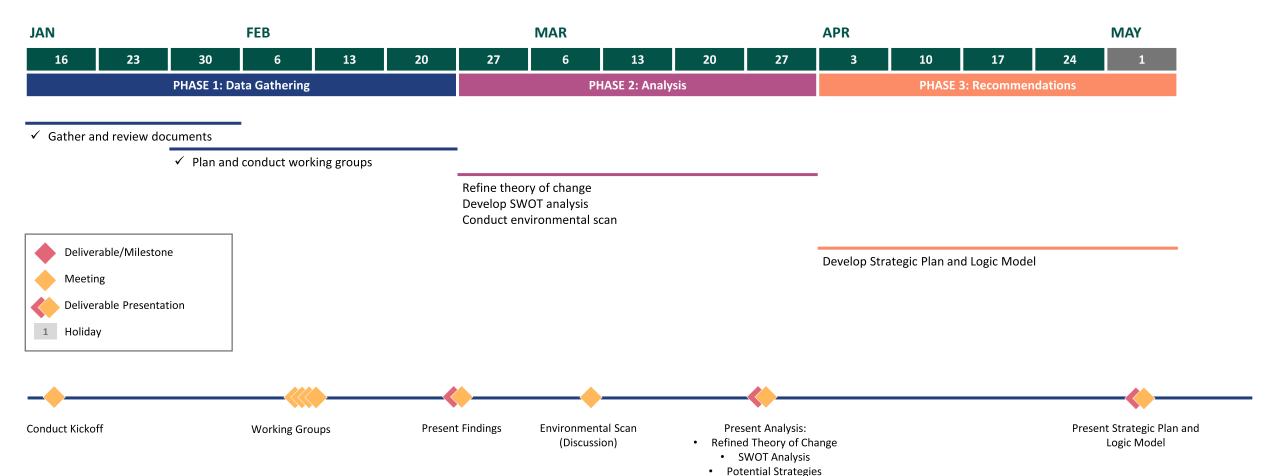
Evan James will develop RUSH's strategic plan which will include a refined theory of change, logic model, and strategies that will allow RUSH to enact its vision in the coming five years.



### PROJECT TIMELINE

#### EVAN JAMES CONDUCTED THE PROJECT OVER THE COURSE OF 4 MONTHS

2023





### KEY DELIVERABLES

#### EVAN JAMES HAS PROVIDED THE FOLLOW DELIVERABLES FOR THIS SCOPE OF WORK

|   | DELIVERABLE                         | DESCRIPTION   | FORMAT     |
|---|-------------------------------------|---|------------|
| 1 | Discovery Findings                  | Suggested adjustments to RUSH Theory of Change to align more closely with vision and stakeholder priorities     | PowerPoint |
|   | Refined Theory of Change            | Statement describing RUSH's approach to affecting change for its community                                      | PowerPoint |
| 2 | SWOT Analysis                       | An analysis of RUSH's strengths, weaknesses, opportunities, and threats in relation to its health equity vision | PowerPoint |
|   | Environment Scan                    | A summary of the internal and external environment relevant to RUSH's ability to implement its vision           | PowerPoint |
|   | Preliminary Strategic Opportunities | Preliminary strategy opportunities that will enable RUSH to enact its vision                                    | PowerPoint |
|   | Strategic Plan                      | Roadmap that spans key components of RUSH's health equity strategy with action steps and milestones             | PowerPoint |
| 3 | Logic Model                         | Depiction of relationships and key metrics  | PowerPoint |

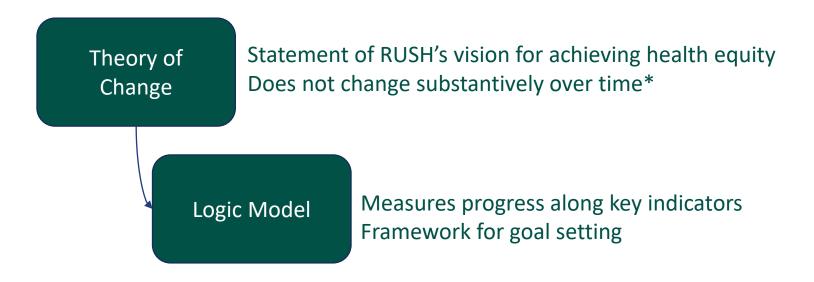




## LOGIC MODEL

### **EXPLANATION OF DOCUMENTS**

THE STRATEGIC PLAN IS DESIGNED TO ADVANCE THE THEORY OF CHANGE



Strategic Plan 2023 – 2028 Strategic Plan 2028 – 2033 Strategic Plan 2033 - 2038 Refresh strategy periodically to maintain progress toward equity and improvement in key indicators

Provided

Future



### THEORY OF CHANGE

RUSH UNIVERSITY SYSTEM FOR HEALTH: ADVANCING HEALTH EQUITY

| STRATEGIES   | SHORT TERM OUTCOMES   | INTERMEDIATE  | LONG TERM  | RUSH'S TRUE<br>NORTH   |
|--|---|---|--|--|
| Approaches to aligning and advancing RUSH's health equity agenda | Change within RUSH  | Systemic and RUSH-level impacts   | Population-level change  | Desired end state  |
| PATIENT CARE   | Expand access to quality care, including primary, pediatric, senior, women's, maternal and mental health and substance use services  Ensure language access and culturally responsive care in communities that we serve regardless of language background or ability  | INTERNAL:  RUSH sustains a people first culture  RUSH graduates excel in core skills to advance   | Systematically eliminate inequities in patient health care outcomes  RUSH service communities are safe and economically stable, without medical debt | Improved community well- being and increased life expectancy, especially among legacy residents, in all geographic areas served by RUSH  Contributing to global change in health care as an anti-racist and multicultural institution advancing equity |
| EDUCATION & WORKFORCE DEVELOPMENT                                | Partner with community, develop health care career pathways for community, and hire local to ensure that the <b>diversity</b> of RUSH people reflects the populations we serve  Invest in and create a learning environment for RUSH people and the next generation of <b>health care providers</b> , <b>educators and leaders</b> in antiracism and equity competencies  Integrate <b>health equity into curricula</b> of Rush University programs | health equity  RUSH is a magnet for and develops diverse and exceptional talent from its communities and beyond  RUSH people have high well-being, across all job groups  RUSH learns and shares in authentic community |  |  |
| COMMUNITY<br>ENGAGEMENT  | Increase investments in the communities we serve by <b>investing and spending local</b> Build and strengthen diverse <b>partnerships</b> , staff volunteer opportunities, and bidirectional feedback loops Create bi-directional pathways to facilitate <b>learning with the community</b>  | partnerships and community-engaged research  The system is aligned and collaborates to advance equity  RUSH innovates in payment reform (also external)  EXTERNAL:  |  |  |
| RESEARCH   | RUSH centers social determinants of health and health equity in <b>community-partnered research</b> Broadly <b>disseminate key findings</b> that advance health equity and establish RUSH as a leader in the field  | Patients, consumers, and community <b>trust</b> RUSH  Strong, inclusive, and bi-directional <b>community</b> partnerships drive equity work and investments  RUSH influences efforts to protect communities             |  |  |
| POLICY AND<br>ADVOCACY   | Establish RUSH as a convener, partner and advocate to pursue policies that impact social determinants of health (e.g. housing and environment), health care payment reform, etc.  | from environmental harm including pollution and toxins  |  |  |



### LOGIC MODEL

#### THE MODEL WILL SERVE AS A FRAMEWORK FOR MEASURING PROGRESS

- The logic model is an Excel document that includes suggested data points for outputs, outcomes, and impact
- Baseline and goal metrics should be determined as part of the roll-out of this plan to build buy-in

| <b>O</b> RUS   | <b>A A</b>                            |   |   |
|--|---------------------------------------|---|---|
| Health Equity Lo   | ogic Model                            |   |   |
| Inputs   | Petal                                 | Activities  | Outputs   |
| Resources that are essential to the activities described herein. Not exhaustive. | Relevant dimension<br>of RBIHE's work | Key activities that fall within each petal and contribute to the desired outputs and outcomes.                                    | Measurable results of activities that can be tracked over time. While outputs are intended to map to the activities, some activities may contribute to multiple outputs, and in some cases multiple activities contribute to a single output. |
| RUSH System of<br>Health:  | Patient Care                          | Identify need for services not currently offered across all locations and create/hire new provider types to fill gaps in services | # & type of new providers, services offered in all RUSH locations served  |
| Organization   | Patient Care                          | Integrate trauma informed resiliency oriented (TIRO) & culturally responsive care   | # of RUSH people and departments trained in TIRO approaches # of TIRO approaches integrated across the RUSH system (and where in the system)"   |
| People   | Patient Care                          | Embed & monitor quality assurance processes across system   | # of unique patients connected to pediatric, senior, women's maternal and behavioral health services  |
| Patients   | Patient Care                          | Identify and embed referral workflows to  | # of unique patients connected to services (RUSH, communi<br>and partner services) disaggregated by age, demographic,   |



## STRATEGIC PLAN



**Rush University System for Health** 

# Health Equity Strategic Plan 2023-2028

Presented April 25, 2023 **Prepared by**Evan James Consulting

- 1 Overview
- 2 Strategy Details
- 3 Timeline



**Strategic Plan** 

## Overview



### Introduction

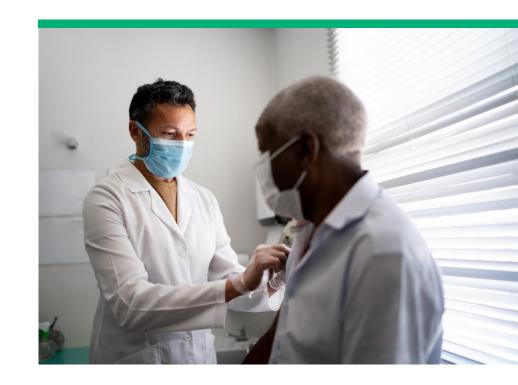
### **Purpose and Rationale**

RUSH seeks to improve the health of the individuals and diverse communities it serves through the integration of outstanding patient care, education, research, and community partnerships. In spring 2023, RUSH embarked on a strategic planning process to develop a plan for its next five years of health equity efforts.

#### Goals

RUSH's goals for this planning process were to:

- Engage its diverse stakeholders across its local community, government partners, the private sector, and academic community
- Unify and measure systemwide contributions to health equity
- Be aspirational, but responsive to the realities of health care delivery
- Be grounded in antiracist principles



### **Participation**

### **Stakeholder Engagement**

The planning process was directed by the leadership of RUSH BMO Institute for Health Equity and the Office of Community Health Equity and Engagement, with ongoing guidance from a Steering Committee that included representation from RUSH Medical Center, RUSH Copley, Rush University, West Side United, New Mount Pilgrim Missionary Baptist Church, and RUSH's Employee Resource Group. Consulting partners Evan James Consulting facilitated the process and created deliverables.

### **Participating Groups**

A diverse set of 71 stakeholders from a broad range of specialties participated a series of in-person and virtual engagements from the following entities:

- Rush Health
- Rush University Medical Center
- Rush Copley Medical Center
- Rush Medical Group
- Rush Oak Park Hospital
- Rush University
- Alive Faith Network

- Cara Collective
- The Center to Transform Health & Housing
- Esperanza Health FQHC\*
- Malcolm X Community College
- New Mount Pilgrim Missionary Baptist Church
- West Side United



Participants in one of four stakeholder working groups in February 2023 contributing to an analysis of RUSH's current and desired state for health equity.

### **Process**

### **Data Gathering**

Evan James Consulting conducted four working groups, each grounded in different social determinants of health (SDOH). Participants contributed their vision of RUSH's impact on SDOH in the coming years, and identified strengths, weaknesses, opportunities, and threats to that vision. Evan James also reviewed organizational documents on prior strategic work by the Racial Justice Action Committee, CHNA/CHIP,\* Office of DEI, Anchor Mission team, and others.

### **Analysis**

The findings from data gathering were analyzed and further refined through an environmental scan listening session with leaders from RUSH's administration, medical and social practice, and the University. Evan James also convened a theory of change refinement session with the stakeholders from the Data Gathering phase.

#### Recommendations

The strategic plan that follows is a result of the preceding work, and intended to provide a framework for all members of the RUSH community to align and take effective action to advance health equity.



Opportunities surfaced during a stakeholder working group in February 2023.

### **Building on Strengths**

### **History**

RUSH came to this process after many years of dedicated effort in the realm of health equity. In the discovery phase, stakeholders shared and celebrated the long history of advocacy and planning for health equity, community programs, and justice-oriented partnerships.

RUSH is a complex web of dedicated internal and external stakeholders, who are **committed to reducing or eliminating the life expectancy gap** through quality care, community partnerships, and comprehensive educational opportunities. Prior to this process, it had adopted equity as part of its core strategic initiatives, had developed a health equity impact framework, convened a Racial Justice Action Committee, adopted an anchor mission, and developed a range of collective impact and programmatic initiatives too numerous to fully represent here.



Student interns in Rush Education and Career Hub's MedSTEM Pathways program, Rush's Pre-K-to-Career healthcare workforce development pipeline program.

### **How to Read This Plan**

### **Amplifying current work**

The theory of change and strategic plan presented below builds on prior strategic work, and attempts to reflect the breadth of RUSH's commitments to health equity within a cohesive and usable framework. It is **not** an exhaustive list of current efforts, which are numerous, but rather a "home" for those efforts to live in as the system continues to advance health equity and serve as a field leader.

### A framework for alignment and progress

Leaders at all levels of RUSH are currently engaged in incredible work that advances RUSH's health equity theory of change. The strategies below are time-bound, system-wide projects and goals that are intended to enhance RUSH's ability *as a system* to increasingly support these disparate efforts and bring them into alignment over time. Additionally, this plan is woven through with the values of *expanding care for all* and *continuous learning*.



### Rationale and Philosophy of Strategies

#### **Rationale**

### The process surfaced the following additional areas of focus:

- A desire for system-wide awareness of efforts, reduced silos and coordinated health equity efforts
- A desire for the commitment by leaders to health equity to be translated into day-to-day work throughout the system
- A desire for feedback loops and partnership between community, hospitals & clinics, and the university to grow and influence innovation in practice, research, policy, and education
- A desire to see the diversity experienced in the community and frontline positions be reflected in leadership

### **Antiracism Principles**

### The steering committee grounded its planning in the following principles:

- Incorporate explicit and shared language of anti-racism internally and externally across RUSH
- Apply an intersectional lens to advance equity
- Build meaningful partnerships and share power with partners, community and patients
- Deepen investments in community
- Foster truth, reconciliation, racial healing and transformation
- Generate leadership buy-in and commitment with dedicated resources, support and funding
- Analyze the data for racial inequities
- Divest from racist practice, policy, and systems



### **RUSH Health Equity Theory of Change**

The strategic plan advances this theory of change, which is a representation of RUSH's health equity approach and vision

| DOMAINS                             | SHORT TERM OUTCOMES   | INTERMEDIATE   | LONG<br>TERM   | TRUE NORTI  |
|-------------------------------------|---|--|--|---|
| Approaches to advance health equity | Change within RUSH  | Systemic and RUSH-level impacts  | Population-level change                                    | Desired end state   |
| PATIENT CARE                        | Expand access to quality care, including primary, pediatric, senior, women's, maternal and mental health and substance use services  Ensure language access and culturally responsive care in communities that we serve   | RUSH sustains a <b>people first</b> culture RUSH <b>graduates excel in core skills</b> to advance health equity  |  | Improved community well-being   |
| EDUCATION & WORKFORCE DEVELOPMENT   | Partner with community, develop health care career pathways for community, and hire local to ensure that the <b>diversity</b> of RUSH people reflects the populations we serve Invest in and create a learning environment for RUSH people and the next generation of <b>health care providers</b> , <b>educators and leaders</b> in antiracism and equity competencies Integrate <b>health equity into curricula</b> of Rush University programs | RUSH is a magnet for and develops diverse and exceptional talent from its communities and beyond RUSH people have high well-being, across all job groups RUSH learns and shares in authentic | Systematically eliminate inequities in patient health care | and increased life expectancy, especially among legacy residents, in all      |
| COMMUNITY<br>ENGAGEMENT             | Increase investments in the communities we serve by <b>investing and spending local</b> Build and strengthen diverse <b>partnerships</b> , staff volunteer opportunities, and bidirectional feedback loops  Create bi-directional pathways to facilitate <b>learning with the community</b>   | community partnerships and community-engaged research  The system is aligned and collaborates to advance equity  RUSH innovates in payment reform (also external)                            | RUSH service communities are safe and economically         | geographic<br>areas served<br>by RUSH<br>Contributing to                      |
| RESEARCH                            | RUSH centers social determinants of health and health equity in <b>community-partnered research</b> Broadly <b>disseminate key findings</b> that advance health equity and establish RUSH as a leader in the field  | Patients, consumers, and community trust RUSH Strong, inclusive, and bi-directional community partnerships drive equity  | stable, without in health as an an racist an               | global change<br>in health care<br>as an anti-<br>racist and<br>multicultural |
| POLICY AND<br>ADVOCACY              | Establish RUSH as <b>a convener</b> , <b>partner and advocate</b> to pursue health care payment reform and policies that impact social determinants of health (e.g. housing and environment), positive health outcomes, and life expectancy   | work and investments  RUSH influences efforts to protect communities from environmental harm including pollution and toxins  |  | institution<br>advancing<br>equity  |

Grounding lenses and principles: trauma-informed care, intersectionality, and antiracism principles

Health Equity Strategic Plan 2023-2028



### **Health Equity Strategic Plan 2023-2028**

RUSH identified 6 strategies for focus in the next five years



**1. Transform culture and climate** to embed antiracist principles and advance health equity



**3. Focus data** collection and analysis to reduce inequities and expand care



 Leverage pipelines and grow career advancement to increase diversity and community representation at all levels





**2. Align the system**'s attention and efforts to advance health equity



4. Innovate fiscally to advance transformative payment models & community investment





**6.** Advance the field of health equity through research, partnership, and ongoing learning





### Health Equity Strategic Plan 2023-2028

RUSH identified 6 strategies for focus in the next five years This plan advances RUSH's core strategic initiatives





PEOPLE

1. Transform culture and climate to embed antiracist principles and advance health equity



QUALITY & VALUE

**3. Focus data** collection and analysis to reduce inequities and expand care







PEOPLE

**GROWTH &** 

**REACH** 

**PEOPLE** 

5. Leverage pipelines and grow career advancement to increase diversity and community representation at all levels





GROWTH & REACH

2. Integrate the system's actions to advance health equity across RUSH, the communities, people, learners and patients



**4. Innovate models of care** to advance transformative payment models & community investment



**GROWTH &** 

**REACH** 

**FINANCIAL** 

6. Advance the field of health equity through research, partnership, and ongoing learning



**EQUITY** 

All strategies are aligned with RUSH's Equity strategic initiative.



### A system united for health equity - draft

| Hospitals & Clinics   | University  | Community  |  |  |  |
|---|---|--|--|--|--|
| 1. Transform culture and climate to embed antiracist principles and advance health equity             |   |  |  |  |  |
| Show leadership, learn, and remove systemic barriers to internal equity                               | Show leadership, teach, learn, and remove systemic barriers to internal equity                        | Provide feedback and hold RUSH accountable to sharing power and authentic partnership    |  |  |  |
| 2. Align the system's attention and effort  | rts to advance health equity  |  |  |  |  |
| Align departmental strategies and goals to health equity theory of change, ongoing strategy alignment | Align departmental strategies and goals to health equity theory of change, ongoing strategy alignment | Provide feedback on strategies and goals, provide community-level data, accountability   |  |  |  |
| 3. Focus data collection and analysis to  | reduce inequities and expand care   |  |  |  |  |
| Centralize patient data and implement improvements  | Support analysis of data and build understanding of tactics to reduce inequities                      | Participate via data sharing and collective impact efforts, community-partnered research |  |  |  |
| 4. Innovate fiscally to advance transfor  | mative payment models & community investme  | nt   |  |  |  |
| Internal financial analysis, convene strategic partners   | Research promising approaches and publish influential scientific work and whitepapers                 | Collaborate on policy agenda   |  |  |  |
| 5. Leverage pipelines and grow career a   | dvancement to increase diversity and commu  | unity representation at all levels   |  |  |  |
| Workforce pipelines, anchor mission, recruitment, employee experience and wealth building             | Admissions policies, community researcher pathways, recruitment                                       | Participate in workforce programming, partner in recruitment to increase good jobs       |  |  |  |
| 6. Advance the field of health equity through research, partnership, and ongoing learning.            |   |  |  |  |  |
| Make data and promising practices accessible to University scholars and students                      | Analyze data to advance research, practice and policy, develop courses in health equity               | Partner in research efforts and dissemination  |  |  |  |



**Strategic Plan** 

## **Strategy Details**



### **Transform Culture**

Embed tenets of health equity and antiracism throughout RUSH common language, daily practice, and learning.







### 1. Transform culture and climate ♥

#### **Overview**

Transform RUSH culture and climate to embed trauma-informed care, antiracist principles and advance health equity. Embed tenets of health equity and antiracism throughout RUSH common language, daily practice, and learning.

#### Milestones & Indicators

- Increased familiarity and confidence with health equity and DEI topics
- Increased employee, faculty, and student satisfaction
- Improved employee, faculty, and student perception of culture and values alignment

### **Key Actions**

Conduct training and coaching to increase the competency of executives, VPs, and faculty to discuss and teach trauma-informed approaches, health equity and DEI topics and incorporate into their annual goals and workplans

## Conduct system-wide assessment and provide trainings and other initiatives (e.g., racial affinity groups) to boost understanding of inclusivity, cultural competency, structural racism, and ways to apply antiracism and intersectionality in daily practice

Conduct annual audit of system policies (HR, fiscal, investment, etc.) to assess systemic barriers to equity, and work with involved staff to develop new policies and processes

#### **Timing**

- 6-12 mos.
- Ongoing support and accountability
- 3 mos. to assess
- 6 mos. to design training
- 12 mos. to implement

### Resources

- Leadership time
- Human Resources
- Office of DFI
- Human Resources
- Office of DEI
- Rush University faculty
- DEI training consultant
- Online training platform
- 3 mos. to develop audit practice
- 2 mos. to conduct audit annually
- Office of DEI
- Human Resources
- Finance



### Align the System

Ensure that all RUSH communities and divisions are united in their vision and efforts for health equity.







### 2. Align the System



#### **Overview**

Integrate the attention and efforts of the RUSH system to advance health equity. Ensure that all RUSH communities and divisions are united in their vision and efforts for health equity.

### **Key Actions**

Conduct a comprehensive education and awareness campaign to promote the strategic plan with employees, faculty, partners, and the public, emphasizing the critical importance of synergy between practice, research, policy, education, and community partnership

#### Conduct strategic check-ins grounded in the RUSH Health Equity Scorecard (see Strategy 3) that include those responsible for strategies for RUSH overall, DEIJ, anchor mission, and health equity and include reports and data from Offices and community partners across the system

Conduct an annual "State of Health Equity" convening reporting on bright spots and accomplishments in all five petals, emerging trends in health equity and SDOH data and acknowledging work from across the system and partners

#### Timing

- 6 mos.
- Coordination of planning efforts and curation of resources to disseminate
- 2 mos. to design & schedule
- Bimonthly check-in meetings

#### Milestones & Indicators

- Widespread familiarity with strategic plan is evident
- Milestones identified from strategic plan and Community Health Needs Assessment/Improvement Plan are reached
- Increased strategic alignment
- Attendance and participation in State of Health Equity event

#### Resources

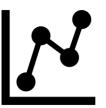
- Marketing and communication resources created by marketing staff
- Time for check-in meetings
- Implementation committee
- A tool or template for progress updates

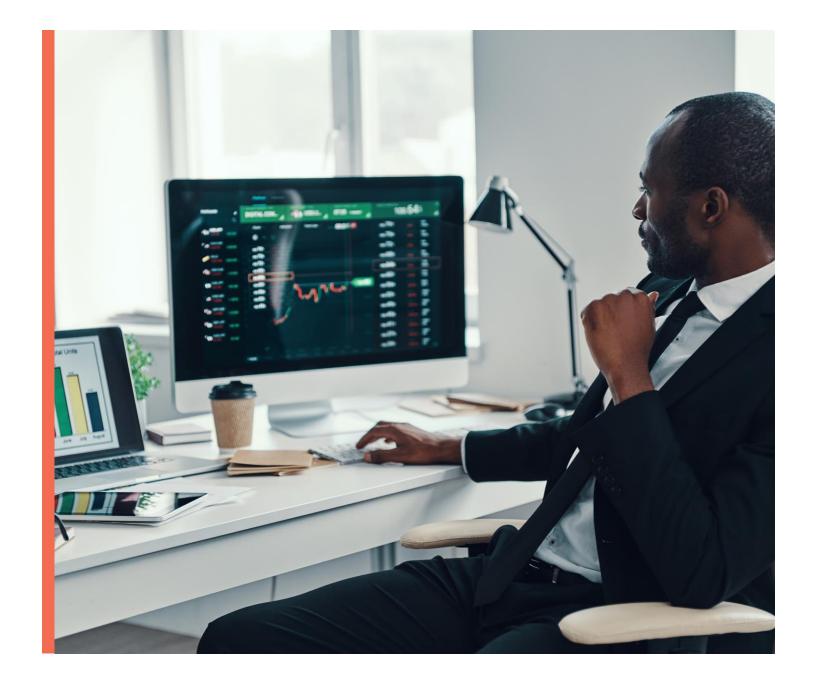
- Annual
- 4-6 mos. for planning and preparation
- A planning committee
- RUSH leadership
- Data analytics capacity
- Annual report process



### **Focus Data**

Optimize RUSH's use of data to better advance equity and provide high quality care to its patients and the community.







### 3. Focus data

#### **Overview**

Focus data collection and analysis to reduce inequities and expand care. Optimize RUSH's use of data to better advance equity and provide high quality care to its patients and the community.

### **Key Actions**

Centralize collection and analysis of logic model data points and sources, leveraging AI and data analytics and mapping patient experience to outcomes;\* support each department to develop intra- and cross-departmental goals and strategies for contributing to KPIs

**Improve REAL and SOGI data collection** for enhanced analysis and interventions and integrate targeted resources (e.g. shared equity scorecard) to improve outcomes

Fortify collaboration loops between Rush University, medical centers, and community, engaging faculty and students in the analysis of health equity data, developing targeted recommendations for medical teams, surfacing promising practices across the system, and incorporating community voice

#### **Timing**

- 6 mos.
- Ongoing improvement
- 6 mos.
- Annual refresh
- 2-3 yrs.
- Ongoing effort bolstered by actions in strategy 6

#### **Milestones & Indicators**

- All logic model data points are mapped to sources and regularly refreshed
- Health equity scorecard created
- Community Health Needs
   Assessment/Improvement Plan milestones are met
- Contributions to research by practitioners increased
- Contributions to practice by researchers increased

#### Resources

- CIO and IT team
- Health Equity Systems Director
- Al and human analysis resources/data infrastructure
- Quality Improvement team
- Planning and Design time
- Collaboration time with collective impact partners
- University/medical leadership
- Platforms or templates
- Health Equity course alignment
- Community Advisory Group



### **Innovate fiscally**

Innovate to advance community investment and transformative payment models to expand access to care and improve outcomes for communities in which RUSH serves.







### 4. Innovate fiscally

#### **Overview**

Innovate to advance transformative payment models and community investment to expand access to care and improve outcomes for communities in which RUSH serves.

| <b>Key Actions</b>  |                    |               |       |
|---------------------|--------------------|---------------|-------|
| Conduct internal ar | alysis to identify | opportunities | to ba |

Conduct internal analysis to identify opportunities to balance margin and mission and continue commitment to serving financially vulnerable patients

- Convene and collaborate with strategic partners, such as state public health officials, ACO REACH programs, and federally qualified health centers, to advance equitable payment models and increase access to care
- Leverage assets such as property, investments or university courses –and make catalytic place-based investments (e.g. Sankofa Wellness Village) to improve vulnerable patient outcomes, increase community economic strength, and contribute to population-level SDOH impacts
- **Ensure financial mechanisms** support RUSH's ongoing commitment to health equity (e.g. funds flow, revenue sources)

### **Timing**

- 2 mos.
- Annual refresh
- Ongoing effort

- Ongoing effort
- Ongoing effort

#### Milestones & Indicators

- Policy agenda alignment with payment reform partners
- · Expanded equitable payment models
- Increased funds invested in community
- Improved access to care
- Improved health outcomes for unhoused & other vulnerable groups

#### Resources

- Financial analysis
- Chief Financial Officer (CFO)
- Rush Health, Strategic Planning, Access teams
- CFO/Finance & Gov't Affairs
- Follow-up work and analysis
- Center for Medicare & Medicaid Innovation
- IL Dept. of Public Health
- Anchor Mission team
- Finance team
- West Side United
- Rush University
- Finance team
- Philanthropy team



### **Increase diversity**

Leverage workforce and recruitment pipelines, career advancement, and inclusivity to attract and retain a diverse and exceptional talent pool that is reflective of the community RUSH and invests in the local talent pipeline.







### 5. Increase diversity

#### **Overview**

Leverage workforce and recruitment pipelines, career advancement, and inclusivity to attract, retain, and advance a diverse and exceptional talent pool that is reflective of the RUSH community and invests in the local talent pipeline.

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**Monitor demographic data** to determine BIPOC and marginalized group representation and satisfaction at all levels and report on trends

- Implement training and career advancement opportunities throughout the RUSH system, with a focus on increasing the skill set of incumbent workers, developing young & diverse leadership, and supporting wealth building
- **Expand community workforce pipeline activities** to increase the number of local residents entering the RUSH hiring and student pool and ensure adequate support for new local and BIPOC hires and students
- **Implement targeted marketing strategies** to recruit graduates from HBCU and Hispanic-serving institutions (HSIs) to join the staff, faculty, and student body

### **Timing**

- 3 mos.
- Annual refresh
- 1 yr.
- Initial expansion
- Ongoing updates
- 2 yrs.
- Initial expansion
- Ongoing improvement
- 1 yrs.
- Initial expansion
- Ongoing improvement

#### Milestones & Indicators

- Increased employees from diverse groups and service areas hired & promoted at all levels
- Employees in leadership positions proportionally represent underrepresented groups
- Improvements in culture alignment
- Improved patient experience and health outcomes

#### Resources

- Human Resources
- DEI staff
- Analytic resources
- Human Resources
- Anchor Mission
- Community Colleges
- Rush Education and Career Hub (REACH)
- Workforce training agencies
- RUSH University
- Budget allocation for new hires
- Employee resource groups
- Budget allocation for professional development



### Advance the field

Nurture RUSH's thriving research community, expand access to knowledge, and embed collaborative learning throughout the system to advance the field of health equity.







### 6. Advance the field

#### **Overview**

Advance the field of health equity through research, partnership, and ongoing learning. Build and nurture RUSH's thriving research community, expand access to knowledge, and embed collaborative learning throughout the system.

| Key Actions  | Timing  | Resources  |
|--|---|--|
| <b>Expand structures and processes</b> for University findings to be made accessible to medical center staff and community partners, and for medical center staff and partner perspectives and experiences to contribute to new research                               | <ul><li>2 yrs.</li><li>Ongoing improvement</li></ul>    | <ul><li>Leadership time</li><li>Human Resources</li><li>Office of DEI</li><li>ITM, CTSA, CBRN*</li></ul>   |
| Recruit a diverse cohort of new staff and faculty focused on health equity and community partnered research  | • 4 yrs.  | <ul><li>Philanthropy team</li><li>Rush University</li></ul>  |
| <b>Develop courses and a degree pathway in health equity</b> , incorporating data analysis, community-partnered research, and other RUSH promising practices, prioritizing accessibility by local residents (e.g., open-source courses/resources, student recruitment) | <ul><li> 3 yrs.</li><li> Periodic improvement</li></ul> | <ul> <li>Human Resources</li> <li>Office of DEI</li> <li>Rush University faculty</li> <li>DEI training consultant</li> <li>Online training platform</li> </ul> |
| Host (or participate in) biennial health equity translational research conference in partnership with leading health equity institutions & networks  | <ul><li>4 yrs.</li><li>Biennial</li></ul>               | <ul><li>Event planning and production budget</li><li>Staff time for planning</li></ul>   |



**Milestones & Indicators** 

system

and courses

published)

 Improved awareness of RUSH's health equity research across the

Increased engagement with Rush

University health equity publications

· Growth in national and global field of

health equity (e.g., participants in research conference, total articles

**Strategic Plan** 

## Timeline



#### **Acknowledgements**

## This health equity strategic plan would not have been possible without participation from the following entities:

| Rush | University | Medical | Center |
|------|------------|---------|--------|

Community Health Equity and Engagement

**Human Resources** 

**Rush Health** 

Finance

**Government Affairs** 

Philanthropy

Rush University Medical Group

Social Work & Community Health Services

The Center to Transform Health & Housing

#### **Rush Copley Medical Center**

#### **Rush Oak Park Hospital**

#### **Rush University**

College of Nursing

Rush College of Health Sciences

Rush Community Service Initiatives Program

Rush Graduate College

Rush Medical College

**Rush BMO Institute for Health Equity** 

#### **Community Partners**

Alive Faith Network

Cara Collective

Center for Community Health Equity

Esperanza Health Center

Malcolm X Community College

New Mount Pilgrim Missionary Baptist Church

West Side United



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#### **Project Leads:**

Rukiya Curvey Johnson

Anisa Jivani

Dr. John Rich

#### **Steering Committee:**

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Perpetual Assem

Robyn Golden

Dr. Larry Goodman

Pastor Marshall Hatch, Sr.

Ayesha Jaco

Alexander Pope

Sophia Worobec





### DISCUSSION

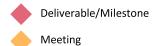


## NEXT STEPS

### **NEXT STEPS**



Steering Committee





### **NEXT STEPS**

**ALMOST THERE!** 

### **RUSH**

Review in detail and provide consolidated feedback

### **EVAN JAMES**

- Incorporate feedback
- Develop one-pager for widespread circulation

### THANK YOU!

For questions about this deck, please contact harry@evanjamesconsulting.com



Solving Problems That Matter.

