EXECUTIVE SUMMARY
The Inclusion SCORECARD™ for Population Health

Population Health 2.0

Health care leaders are increasingly focused on identifying the unique individual factors and environmental conditions that influence the health of individuals to provide better care. Recent findings indicate *only 10%* of a person's well-being is influenced by the clinical care they receive. *Over 40%* of a person's health is influenced by the social determinants of health—income, housing, education, food insecurity and others. These findings have inspired a wide range of public health and healthcare initiatives addressing health disparities and advancing health equity.

The advent of payment reform has made these bold ideals even more urgent due in large part to an ever-demanding need to reduce healthcare costs. Population health strategies are increasingly focused on identifying high risk, rising risk populations and looking for more efficient ways to treat these populations in hospitals, clinics and specialty care sites. Central to these initiatives is an emphasis on operational efficiencies to improve financial accountability.

Population Health strategies cannot succeed without understanding the diverse needs of the patients being served or the unique conditions in which they live and work.

Often missing from these strategies is a greater appreciation for high risk patients who are often the *most diverse* and suffer the most from *negative upstream social determinants of health.* These populations require more unique, coordinated and comprehensive approaches that are inspiring Population Health 2.0.

The Inclusion SCORECARD for Population Health™ is a customized on-line assessment of efforts to reduce health disparities by addressing issues of diversity, inclusion, social determinants of health, and coordinated community engagement.

Using the Scorecard to Develop a Coordinated Population Health Strategy

The Inclusion Scorecard for Population Health™ (**ISPH™**) allows health systems to review their existing approach to address health disparities and then to design a custom strategy to improve existing efforts or adopt known best practices. The **ISPH™** contains over 70 best practices that can be used to conduct the initial assessment. The targeted objective is to build and leverage the benefits of an inclusive culture that minimizes the impact of broad organizational and socioeconomic conditions recognized as the root of health disparities[iii].

ISPH™ best practices are divided into the following focus areas:

1. **Monitoring and responding to key inclusion metrics** to track overall operations, professional development and patient outcomes linked to health disparities.
2. **Building a culture of inclusion** by clearly stating values, principles and protocols to support high staff engagement at all levels and promote quality coordinated health service delivery to serve unique patient populations and advance health equity.
3. **Rewarding and reinforcing inclusive leadership and management practices** at all levels of a facility that are linked to quality patient outcomes, high staff engagement, diverse patient satisfaction and reducing health disparities within the communities served by the facility.
4. **Creating an effective strategy for inclusive community engagement** in prevention, targeting social determinants of health, health promotion and health education.

The four **ISPH™** quadrants emphasize unique approaches to coordinated care, multicultural health, talent development, patient engagement, and culturally effective community engagement. While many of these activities may be conducted in isolation, the **ISPH™** often inspires greater coordinated and systematic approaches to address high or rising risk patients with cost effective population health strategies.

Examples of Recommended Metrics and Activities Assessed within Each Quadrant

The following are examples of over 70 best practices listed across all of the four quadrants of the **ISPH™**:

Quadrant 1: Tracking the Metrics of Inclusion for Healthcare

- Track patient health outcomes by demographic group
- Track health inequities among communities served
- Track employee demographics to determine diversity at all levels
- Map the Social Determinants of Health among communities served

Quadrant 2: Creating the Culture of Inclusion for Health Equity

- Use a Diversity and Inclusion Council with employee participation at all levels
- Target health education and outreach programs tailored to vulnerable populations
- Provide professional development and learning opportunities on Inclusive Leadership
- Use Patient Navigator Programs to serve the unique needs of diverse patients

Quadrant 3: Managing the Link between Inclusion and Quality Outcomes

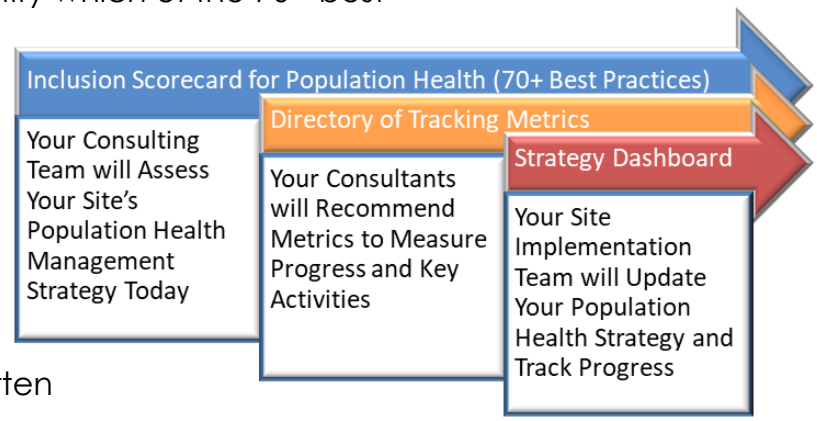
- Conduct Performance Evaluation-360 Evaluations for executives address inclusive leadership skills
- Reward and acknowledge effective Inclusive Leaders
- Monitor Senior leader attendance at community events in performance reviews
- Use Inclusion performance standards for manager performance reviews

Quadrant 4: Inclusive Community Engagement in Prevention and Health Education

- Hospital Community Benefits Report is presented to community in open forums for discussion
- Community advisory council on health equity exists and reports to a subcommittee of the Board
- Coordinated engagement with community clinics and/or FQHCs serving vulnerable populations
- Target outreach and health partnerships with community groups (nonprofits and faith-based organizations) serving key populations exists

Using the Scorecard to Build Your Health Equity Strategy

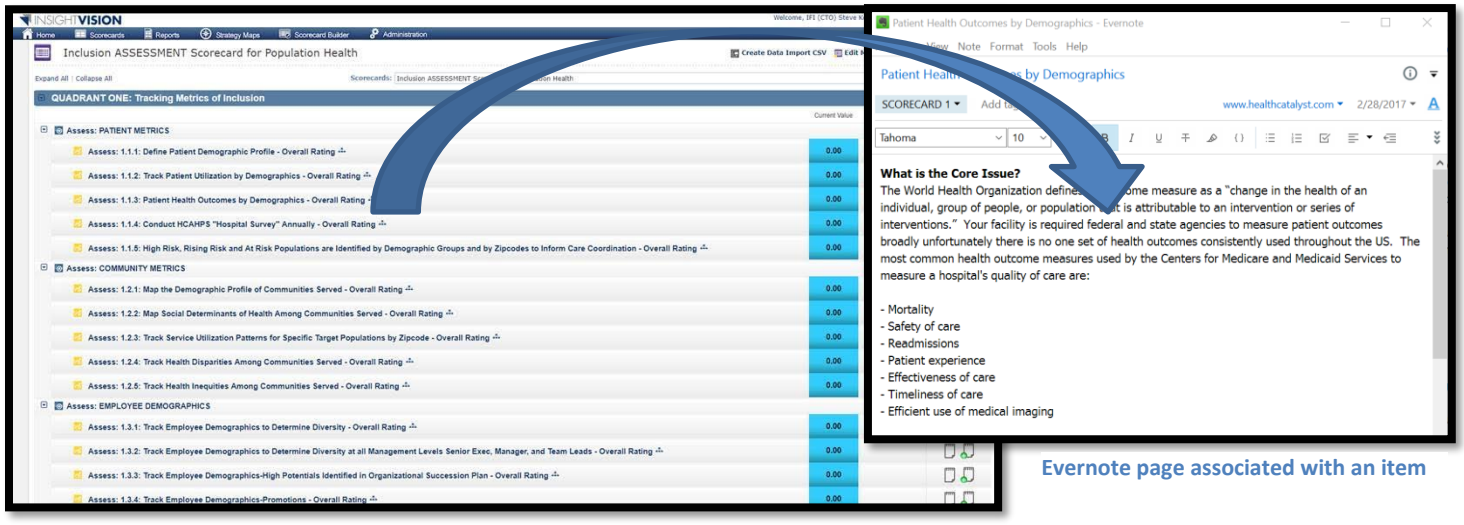
No two healthcare systems are alike. The use of the **ISPH™** must be tailored to the unique operational factors for communities served by a given facility or set of sites in a system. Thus, the first step in using the **ISPH™** is to identify which of the 70+ best practices are relevant to a site. Once identified, consultants conduct interviews with key leaders or staff, coordinate focus groups and/or review materials to provide ratings on the select activities assessed. The results are documented in an online, secure platform called **InsightVision™**—a leading software platform for strategy dashboards. A written



summary report is also produced and presented to senior leaders for review.

Once the **ISPH™** assessment is completed, our team facilitates the development of each site's customized strategy to address health disparities by identifying specific activities to be addressed over the next 18 – 24 months. The **InsightVision** platform for each health system allows leaders to continue to review all 70 best practice activities and access a resource library about each practice. A directory of metrics is available to measure progress on the site's strategy. Both the actions and the impact of the activities are easily monitored and adjusted.

Each of the 70+ best practices identified in the ISPH™ is linked to an Evernote® notebook continuously updated with resources and background information.



Scorecard Activities Organized by Quadrant

Evernote page associated with an item

One of the most powerful elements of the online platform is creating awareness of known best practices to address health inequities and to bring different leaders in a health system to coordinate activities spanning across different departments. The ISPH™ can also inspire greater engagement among external organizations—clinics, nonprofits, or faith-based organizations—serving key patient populations.

For more information about how to bring this unique platform to your facility, please contact Dr. Maria Hernandez, President and COO of Impact4Health at 510.340.9312 (direct) or email maria@impact4health.com.

[i] Baily, Z. et al America: Equity and Equality in Health: Structural Racism and Health Inequities in the USA. The Lancet. 2017 389: 1453-63

[ii] Taylor, L. et al Defining The Health Care System's Role In Addressing Social Determinants And Population Health. Health Affairs Blog Nov 17, 2016 available here: http://healthaffairs.org/blog/2016/11/17/defining-the-health-care-systems-role-in-addressing-social-determinants-and-population-health/