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ARTICLE

Getting Grounded: Building a Foundation for Health Equity and Racial Justice Work in Health Care Teams

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To effectively, collaboratively, and authentically dismantle racism in health care, equity improvement teams need a strong foundation. The authors propose three components that guide a "getting grounded" strategy to enable teams to center dialogue and learning around consistent language, frameworks, assumptions, values, and norms to support their pursuit of more equitable relationships, processes, and outcomes. The getting grounded efforts are designed to: (1) build a "container" for your team — a safe and healing space — where team members can explore and collaborate on solutions; (2) help understand and share the history of inequities and racism in your local context; and (3) assess the current state of health equity in your system. The aim of these efforts is for health care teams to counter white supremacy culture, to center historically oppressed voices, and to address their own institutional histories in a process of truth, reconciliation, improvement, and healing.

The inequities on display in the Covid-19 pandemic; the murder of George Floyd and the police killings of Breonna Taylor and others; the Capitol insurrection — these and other national events have increased awareness among leaders of historically and predominantly white health care organizations of the ubiquity of racism and other root causes of health inequities. Our current context has forced a reckoning and demanded action. The existence of racism in health care and other root causes of inequity underlying the social and structural drivers of health have been well established.[1–4] Inequities in access, treatment, and outcomes, as well as in policies and practices

of health care institutions, contribute to poorer health outcomes among communities of color. As more organizations take steps to name racism as a driver of health,[5–8] health care organizations are making their own commitments by dedicating resources and infrastructure to advance equity,[9–15] recognizing that health care has a critical role to play in dismantling structural racism. Newly formed teams in health care organizations charged with articulating a health equity strategy and taking meaningful action to address racism are now asking: How do we get started?

When harm is perpetrated on a massive scale and has caused centuries of suffering,[16] the moral imperative to eliminate that harm dictates immediate action. Addressing racism and white supremacy is urgent. We have learned, after more than 5 years of working in depth with 30 health care organizations[17] to improve equity and reduce disparities, that there is a specific set of activities we must undertake as we move quickly to action to eliminate health equity gaps. This foundational step includes addressing white supremacy culture — "the all-encompassing centrality and assumed superiority of people defined and perceived as white, and the practices based upon that assumption" and the deeper premise that supports "the definition of whites as the norm or standard for human, and people of color as an inherent deviation from that norm."[18] Without attending to their own institutional histories and roles in perpetuating racism and discrimination, white supremacy characteristics and norms of organizations will continue to manifest and will endure despite the current rush to solve centuries-old and deeply entrenched structural problems.

To counter this, we propose that a health equity team undertakes a "getting grounded" strategy, which is designed as an intentional effort to build a strong and shared foundation for health equity work. With a shared starting point, a team is able to center dialogue and learning around consistent language, frameworks, assumptions, values, and norms to support their pursuit of equity. This would be valuable for newly formed teams or for teams whose members have already started working together. The team's scope of work might include: building will across the organization to advance health equity, building knowledge about health equity, producing dashboards to report on equity metrics, or planning and implementing a specific portfolio of initiatives to reduce inequities in particular areas of patient experience, processes, or outcomes. The team helps coordinate communications and efforts that may be going on across the system. Consider these three activities as part of a getting grounded phase: (1) build a "container" for your team: a supportive and healing environment for exploration and collaboration; (2) understand and share the history of inequities and racism in your local context; and (3) assess the current state of health equity in your system.

Getting grounded is critical to mitigate the unintended consequences for historically marginalized groups that arise from white supremacy culture and its tendency to rush to solutions.[19] For example, for more than 30 years at the Institute for Healthcare Improvement (IHI), we believed that quality improvement would "lift all boats." Over the past 10 years, we have learned that pursuing equity is a continuous improvement journey. Part of that evolution came when we recognized that we had not undertaken any getting grounded activities. Namely, we did not intentionally build a container or environment in which to explicitly name and grapple with structural inequity and look at the history and practices of our institution, nor did

we systematically assess our own organization on critical health equity components. The unintended consequence of omitting this grounding is to risk maintaining or worsening inequities within the organization and in our work with health and health care systems.

After we published a 2016 white paper on achieving health equity,[20] we launched the Pursuing Equity Learning and Action Network and, from 2017 to 2019, worked with eight health systems on the role of health care in addressing equity. Today, we are underway with the second round of Pursuing Equity, which resumed in 2020 with 22 health care organizations. We are inviting improvements and additions to the three getting grounded components, which represent a practice that will evolve over time. It is not a checklist to be completed, but rather a continual process of transparent self-examination to be regularly revisited to proactively center racial justice, assess for unintended consequences and harms, and reinforce as part of a new culture. Transparency throughout the process, ensuring that truths are addressed clearly and explicitly, is critical to building trust with those involved.

> *"We propose that a health equity team undertake a getting grounded strategy, which is designed as an intentional effort to build a strong and shared foundation for health equity work."*

In surveying these teams about their experience, 12 of the 14 teams that responded (86%) agreed or strongly agreed that a getting grounded strategy helped prepare them for equity work. One individual shared that "level setting on racism, the impact and prevalence of racism in health care, and on white supremacy culture in our organization was the grounding we needed to do this work together as a team." At Brigham and Women's Hospital, the health equity team used these methods to support equity-informed high-reliability analyses to identify the root causes of inequities in patient harm events and to systematically address them as an integral part of quality and safety work. For example, quality and safety leaders, risk and safety managers, patient family representatives, and others gained practice in these methods in order to facilitate psychologically safe conversations with staff and patients "and to get comfortable shifting from an identity-blind state that promotes denial to an identity-conscious state that builds awareness."[21] Getting grounded enables deeper conversations about the root causes of inequities. Below, we describe the three elements of the getting grounded strategy, using examples from organizations doing this work.

1. Build a "Container" for Your Team

Working to undo racism can be deeply meaningful, joyful, challenging, and complex work. You will need a space that can hold and support you and your team in this journey. We use the visual metaphor of a container — a vessel formed with strong walls of norms and shared effort that holds space for curiosity, discovery, understanding, trust, respect, and healing. Such a container ensures that the practice of working to address racism is also healing for those who are doing the work.

Team members will need to establish new norms centered in equity and build trusting relationships to effectively address questions, align around strategic direction, and work through conflict and resistance that inevitably will emerge in this work. The practices outlined below support proactive team building.

- ***Recruit a diverse, multistakeholder group*** with various perspectives, experiences, roles, and levels of power to contribute to the design, implementation, and evaluation of your health equity efforts. Research demonstrates that such diversity strengthens teams and contributes to improved and accurate decision-making and better outcomes.[22] Information is also processed more carefully and more innovatively by such groups.[22]

- ***Develop working agreements and norms*** to establish how the team will work together. Moving equity and racial justice work forward requires a willingness to engage in productive conflict as a team and to question long-standing norms. Therefore, it is important to create space for vulnerability, growth, and honest dialogue. This is particularly important when people with different levels of power work together because it can help prevent and address harm. Working agreements should not be something set in the formation of a team and then never returned to. Instead, consider opening every meeting with an exploration of the agreements. You are establishing a new practice, aimed at changing culture, and this benefits from ongoing reinforcement.

Example: Consider one of the working agreements used by the health equity team at Southern Jamaica Plain Health System (a community health center in Boston licensed by Brigham and Women's Hospital): "Say what you feel and feel what you say." This agreement matters because it highlights the risks in this work of silencing one's feelings. Racism made its way into —and endures within — policies and procedures because of this silence. Making the implicit explicit helps remedy this dynamic. Asking people to say aloud what is coming up for them helps teams grow together so they can address challenges and conflict through open and authentic dialogue.

- ***Agree upon a set of shared definitions*** of health equity, health inequities, racism, and other terms so the team has a shared language and can communicate effectively within the team and with the rest of the organization.

- ***Build individual knowledge*** by identifying a set of resources —documentaries, books, and articles — team members can review and reference. Ideally, all team members would receive training in structural racism and engage in ongoing racial justice affinity groups for continuous personal learning and reflection in community with others. In these spaces, these "containers," team members may share both how they experience racism and how they perpetuate it. This builds a base level of knowledge from which all can operate and work together to establish goals.

- ***Build relationships with one another*** to increase trust and create an environment for open and honest conversation. Get to know each other as individuals. What brings each of the team members into this work? Consider sharing origin stories through one-on-one conversations about one's values or family and how one has been racialized and otherwise

categorized, or sharing poems team members write.[23] We lean on trust when the work gets hard, and in order to have trust, we have to know each other.

- ***Share identities.*** Share backgrounds, ethnicities, race, geographic/community origin, traditions, and more, to help avoid making assumptions about one another. Reflect on how your identity shapes how you show up in the work and with one another, and continually check in with one another as new team members join and as identities change over time. Try creating an invitational space in your next team meeting for each person to share their preferred name, pronouns, and racial and ethnic identity.

- ***Review, reflect on, and interrupt white supremacy culture*** and how it operates in your space. Understand the characteristics of white supremacy culture that are present in organizations, as well as antidotes for each.[24,25] Having a conversation with your team about where each characteristic shows up and how to make antidotes actionable is a good first step. You can also conduct an exercise where each person on your team reflects on three words that describe the organization's actual culture — rather than the aspirational articulation — and how that supports, hinders, or will change your approach to creating buy-in for equity work. To make this an ongoing practice, the team can complete a white supremacy culture audit following meetings to normalize discussion on this topic and to actively identify ways in which it is at play. In addition, determine the work white people need to do to see their own skin in the game so they are not working on behalf of others, in charity, but are instead working toward their own liberation.

2. Understand and Share the History of Inequities and Racism in Your Context

What is the story of inequities and racism at your health care organization? We know we are not here — in this current state of inequitable care and outcomes — by chance. Our systems are built on a foundation of structural racism and, as a result, our policies, procedures, and practices have been designed to perpetuate racial inequities.[2]

Understanding the history of racism in your country, city, industry, and institution establishes a shared understanding of root causes. In addition, this history helps contextualize the trustworthiness of a health care organization and explain the varying levels of trust between the organization and the community. It is from a shared foundation of understanding this context and history that health care practitioners and organizations can begin to improve health equity. We have to acknowledge the truth of how we arrived at this reality in order to move forward together with trust and determination to dismantle racist systems.

> *"It is not a checklist to be completed, but rather a continual process of transparent self-examination to be regularly revisited to proactively center racial justice, assess for unintended consequences and harms, and reinforce as part of a new culture."*

Start by researching the history of racism, inequity, and injustice in your community and in your health care organization and summarize it briefly in one to two pages or a short slide deck, video, or poem. Make a list of stakeholders and share the summary as a prompt for a conversation. Brainstorm ways to openly acknowledge the history of your institution and the role it played in perpetuating inequities, and perhaps earlier efforts (successful or not) to mitigate such inequities. Build this history into trainings for all providers and staff. In addition, regularly revisit the history as you engage new people, start new initiatives, or make decisions.

To develop this shared history, consider the following questions:

- How do you understand racism's impact on the differential access to goods, services, opportunity, and resources of society by race over time through the lens of your community?
- In what ways have systems in your community, including your health care organization, advantaged white populations and disadvantaged Black, Indigenous, and other communities of color?
- What is the history of redlining in your community? What are the effects of that redlining today?[26]
- In what ways has your health care organization perpetuated racism? In what ways has your health care organization fought against inequity?
- In what ways is racism working in tandem with capitalism, patriarchy, and other forms of oppression to impact all people and our climate?
- Finally, consider this: if we redesigned the system to produce better outcomes for those most marginalized, it would improve outcomes for everyone.[27,28] Wealthy white populations in the United States have poorer health outcomes compared with other high-income countries.[29] Therefore, if we would all benefit from a more just system, how has racism worked to keep white people from dismantling it?

The Pursuing Equity teams we have worked with shared various insights and specific examples from the history exercise that included:

- Policies of redlining and urban renewal leading to the destruction of African-American communities and lasting residential segregation, disinvestment, and lack of access to opportunities for well-being;
- Major impediments to Black people pursuing careers in medicine;
- Lack of access to health care for migrant farmworkers;

- Health care's historical complicity in systems of oppression, leading to present-day inequities in access and deadly outcomes for people of color;
- Health care institutions' role in violence against Black and Indigenous communities; for example, the discovery of a 1931 incident when the hospital administration allowed a white mob to storm the hospital and drag out a Black patient to lynch him;
- The institutionalization of inequitable practices including segregation in how and where new health care facilities are designed and built; and
- Health care's involvement in the racist eugenics movement, which continues today with the use of "race correction."[30]

In 2016, Cone Health, based in Greensboro, North Carolina, reflected on their organization's equity history and specifically their involvement in the 1962 case Simkins v. Moses H. Cone Memorial Hospital.[6,31] In the case against Cone, George Simkins Jr., DDS,[32] and other plaintiffs advocated against racial segregation of hospitals and ultimately won with a U.S. Appeals Court ruling in 1963. Upon reflection, the organization publicly apologized for their discriminatory role and has since been working to make up for their past and its long-lasting impacts on the community. Righting these historical wrongs will require new polices, practices, norms, and narratives, as well as continuous effort to dismantle white supremacy and the white power structure.[33,34]

At Southern Jamaica Plain Health Center in Boston, staff and community attend a Racism and Health training program and review history as a part of that training. The facilitators (one white and one person of color) show heat maps of all the chronic illness across Boston neighborhoods, as well as maps of green space, substandard housing, and other environmental health risks. They then show a 1938 Residential Security Map of Boston and note the way redlined communities map to communities today with poorer health outcomes, demonstrating the profound and long-lasting impact of redlining on the health of Black, Indigenous, and other communities of color.

> *"Racism and other systems of oppression are always operating and there are no neutral policies; there is always an impact that maintains the inequitable status quo, worsens it, or ameliorates it."*

By understanding history, teams can begin to understand how the current crisis of inequitable health and health care is the direct result of explicit policies and practices, and they can chart a new path forward together.[17]

3. Assess the Current State of Health Equity in Your System

Assessing the current state of health equity in your system will support the equity improvement team in outlining the strengths and weaknesses and mapping a direction forward specific to their context. Racism and other systems of oppression are always operating, and there are no neutral policies; there is always an impact that maintains the inequitable status quo, worsens it, or ameliorates it. We need to review opportunities for improvement with that lens. It is after progress in the two previously outlined efforts —of building the container and reviewing the history of inequities and racism — that assessing the current state will be most fruitful. The IHI framework for improving health equity offers five components for a health equity assessment: [17]

1. Make health equity a strategic priority.
2. Build infrastructure to support health equity.
3. Address the multiple determinants of health.
4. Eliminate racism and other forms of oppression.
5. Partner with the community.

For each of these components, we offer a set of elements to assess your organization's activity and progress toward these goals. Table 1 depicts an example for making health equity a strategic priority.

An ideal assessment process will incorporate each team member's perspective and include a discussion of convergence and divergence in individual scores. The value is in coming together to discuss various perspectives and identifying areas to focus on for improvement. In addition to the IHI assessment tool mentioned above, there are many others, including RaceForward's Racial Equity Impact Analysis.[35] Some health systems also hire external organizations to assess their current state and use the findings to inform their strategic plan. Combining the assessment with knowledge of where there is will for change can help a team begin to shape a strategy and identify key areas of focus.

Looking Ahead

No new imagining of a better and more just future can be generated out of a power-neutral analysis of the problem; our current systems maintain the inequitable status quo, and we have to work mindfully to undo it. To improve health equity and address racism, a health care organization team should first establish a solid foundation of relationships, shared language, an understanding of history, and a clear picture of their current state. This getting grounded foundation will support teams in practicing vulnerability and transparency together through direct, open, and honest communication; understanding community and organizational history

Table 1. Institute for Healthcare Improvement Framework Component: Make Health Equity a Strategic Priority

Element	Level of progress					
Health equity is articulated explicitly as a priority in key strategy documents (e.g., organizational strategic plan, fiscal plan, annual plan), and there is a key case for how equity relates to the organization's mission, vision, and values.	1	2	3	4	5	Do not know
The organization has a plan for operationalizing the health equity strategy, tracking progress over time, and reviewing health equity data at the board, leadership, and team levels.	1	2	3	4	5	Do not know
The organization builds staff awareness, will, and skills to improve health equity.	1	2	3	4	5	Do not know
Senior leaders and the board regularly communicate the importance of health equity as a strategic priority to staff and empower staff at all levels to act on the vision.	1	2	3	4	5	Do not know
Executive compensation is tied to improving health equity processes and outcomes.	1	2	3	4	5	Do not know
Equity is a consideration in hiring decisions, and improving health equity is part of senior leader job descriptions and responsibilities.	1	2	3	4	5	Do not know
Health equity is articulated as an explicit priority across business units.	1	2	3	4	5	Do not know
Comments (note examples, achievements, challenges, questions, next steps, key supporting documents, etc.)						

Assessment scale:

1 = No work in this element.

5 = The organization consistently executes on this element.

Source: Institute for Healthcare Improvement

and challenges; and critically reflecting on the current state through a shared racial justice analysis. A structural and historically informed understanding of the creation and current state of health care is part of the process for engaging in authentic racial justice and equity work. Our work moving forward is to take time to get grounded; this will enable more effective and sustainable efforts. We should not start these efforts by looking at data and planning a quality improvement project. That comes afterward. When we are clear on root causes and ways of working together to address them, we will be better equipped to champion the truly necessary work.

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