The Robert Wood Johnson Foundation’s Aligning Forces for Quality (AF4Q) initiative aimed to improve the health and healthcare of communities across the United States, reduce racial and ethnic health disparities, and identify models for national healthcare reform. As part of the initiative’s efforts to advance healthcare equity, multi-stakeholder partnerships (hereafter referred to as alliances) of healthcare providers (hospitals and primary care practices), purchasers (health plans and large employers), and consumers (patients and community members) from 16 communities across the U.S. were tasked with measuring and addressing local healthcare disparities.

Under AF4Q, the 16 participating alliances were expected to 1) advance the collection of data on patients’ race, ethnicity, and primary language spoken (REL) by hospital and primary care practices in their community, 2) stratify clinical quality and other healthcare system performance measures by REL or socioeconomic status (SES) data in order to identify local priorities for reducing disparities, and 3) implement programs or other interventions to eliminate observed disparities.

The objectives of our study were to 1) summarize the major approaches and activities undertaken by the AF4Q alliances as they worked to advance healthcare equity, 2) identify the factors that were linked with success in tracking local healthcare disparities and implementing programs to reduce local disparities, and 3) identify lessons learned from the alliances’ experiences as they strove to simultaneously advance healthcare quality and equity that may inform the work of other communities, healthcare leaders, and policymakers.

Our data sources included 6 rounds of interviews with alliance directors and staff conducted between 2010 and 2015 and tri-annual progress reports submitted by alliances to RWJF from 2008 to 2015.

Research Findings
The alliances struggled to advance REL data collection by hospitals and primary care practices in their community and had great difficulty creating community-level healthcare disparity reports.

- Most (10 of the 16) alliances were not able to achieve high rates of standardized REL data collection (defined as the collection of REL data for ≥50% of patients) in local hospitals or primary care practices.
- Just under half (7) of the alliances succeeded in producing a report examining healthcare disparities in their service area at least once, but only 4 alliances produced these reports on a repeated basis.

The alliances that were most successful in implementing programs that aimed to reduce disparities tended to focus on partnering with traditional healthcare institutions serving large numbers of minority or poor patients (e.g. safety net hospitals, federally qualified health centers), public health departments, or state Medicaid agencies. Several alliances also developed effective partnerships with institutions that are not traditionally considered to be part of the healthcare system including churches and schools. While all alliances implemented at least one small scale initiative targeting healthcare disparities, very few alliances succeeded in implementing disparity-focused initiatives that reached at least 25% of hospitals or primary care practices in their community.
Factors that seemed to facilitate the alliances’ success in measuring or implementing programs to address healthcare disparities included having strong infrastructure for quality reporting based on electronic health record based rather than health insurer claims-based data, developing strong relationships with healthcare, public health, or community institutions that serve large numbers of minority, poor, or uninsured individuals, and having champions committed to advancing health equity within the alliance’s leadership. Establishing a robust system for tracking local disparities was not consistently associated with the implementation of robust interventions to address disparities: Some of the alliances that developed impressive disparities tracking systems did very little in regards to implementing programs to address disparities and several alliances that failed to develop effective disparity tracking systems still implemented high reach or high intensity programs to address local health disparities.

Conclusions and Policy Implications
The experience of the AF4Q alliances demonstrated that building local healthcare disparities tracking systems based on clinical or claims based data from local hospitals and primary care practices was very time and resource intensive. The data from these local healthcare disparities tracking systems, when available, did not consistently motivate or advance the implementation of disparities targeted initiatives any more effectively than existing data from local public health departments or national data on healthcare disparities. Until REL data is more seamlessly integrated into existing healthcare quality measurement systems and until electronic health record system standardization and interoperability are improved, resources may be better directed towards the implementation of interventions to address disparities rather than on building local disparity measurement systems.

Even when hospitals, health centers, or multi-stakeholder partnerships are aware of institution-level or community-level disparities, implementing programs to address those disparities does not automatically flow from that awareness. A commitment to reducing disparities, champions within the leadership committed to addressing disparities, and external support regarding how to address those disparities can help to move from awareness to action. Healthcare leaders and policymakers cannot presume that generalized quality improvement initiatives will include efforts to advance healthcare equity unless equity is an explicit goal and unless reducing disparities is an explicit goal.

Aligning Forces for Quality (AF4Q) was a nearly 10-year initiative of the Robert Wood Johnson Foundation to improve health care, reduce disparities, and create national models for health reform. The initiative provided funding and technical assistance to 16 multi-stakeholder alliances across the U.S. to implement a variety of health care interventions, including efforts to improve quality in health care delivery at the community level.

This research summary was produced as part of the AF4Q Evaluation, also funded by the Robert Wood Johnson Foundation, to measure the impact of the AF4Q initiative and describe key lessons learned.

For more information about the AF4Q initiative visit forces4quality.org

For more information about the AF4Q Evaluation visit www.hhdev.psu.edu/CHCPR/alignforce