



January 2025

Approaches to Designing Equity-Centered Quality Improvement Projects

Implementation Spotlight

Executive Summary

This implementation spotlight describes effective approaches to designing equity-centered quality improvement projects to address disparities and advance equitable health care. The approaches presented are reinforced by practical examples from the [Equity and Quality at Independent Practices in Los Angeles County \(EQuIP-LA\) Initiative](#). This spotlight builds upon the California Quality Collaborative's (CQC) continued efforts to prioritize health equity across its programming and activities.²

The EQuIP-LA Initiative (2023-2025) is supporting 31 independent primary care practices throughout Los Angeles County reduce disparities related to chronic conditions and preventative care. Conditions of focus include diabetes, hypertension and colorectal cancer. Practices provide care to over 50,000 Medi-Cal enrollees who predominately self-identify as Hispanic or Latino, American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander.

Practice quality improvement (QI) is facilitated by a network of community-based coaches working within one of four participating provider organizations, [Allied Pacific IPA](#), [Angeles IPA](#), [L.A. Care Direct Network](#) and [Omnicare Medical Group](#). Coaches receive ongoing training and tailored guidance from CQC's team of improvement advisors on the application of an [equity-centered QI framework](#).

Key Terminology:

Health Disparities—Differences in health status rates between population groups.

Health Inequities—Disparities that are due to differences in access to social, economic, environmental, or health care resources.¹

Community-Based Coaches—Quality improvement professionals with a deep understanding of a community's needs and resources.



Approaches to Design Equity-Centered QI

Equity-centered QI explicitly prioritizes eliminating health disparities experienced by marginalized and underserved communities by applying several key approaches to the project's design and implementation.³ Approaches include Patient & Community Engagement, Equity-Focused Aims, Data-Driven Decision Making and Tailored Change Interventions. Each of these approaches is described in further detail below and supported by examples from the EQUiP-LA Initiative.

1. Patient & Community Engagement

Incorporating the perspectives of patients, families and community members is critical to the design of equity-centered QI projects. By involving those directly engaged in care, organizations can ensure that their QI strategies are relevant and effectively address the needs of the community.⁴

When selecting an engagement approach, organizations should balance the type of feedback desired, i.e., whether input is to be collected on an ongoing or limited basis, with internal resources and capacity available to support such efforts. A spectrum of engagement options exist that progressively embed higher levels of structure (capacity/resources) and depth of patient interaction.⁵ Examples include feedback boxes in waiting areas, individual telephone outreach, patient surveys, focus groups, listening sessions, or deeper engagement opportunities via long-term partnerships, such as a standing patient and family advisory council.⁶

Patient Listening Session:

To inform the design of EQUiP-LA's technical assistance, CQC and [PFCCpartners](#) hosted a small group of patients and community members during a 60-minute listening session. An outreach campaign disseminated information about the session and potential participants were asked to complete an online interest form. Information was distributed via email through several established communication channels, including L.A. Care's Regional Community Advisory Council and LA County's Department of Health Services Patient Family Partnership Hub. All materials were available in both English and Spanish.

The session was attended by a diverse group of participants who shared their experiences accessing and utilizing primary care services. To foster engagement and dialogue, the listening session featured live translation between English and Spanish. The insights gathered set the foundation for building an equity-centered curriculum for the initiative and identified the need for an emphasis on social drivers of health, culturally competent care and enhancing patient-team partnership.

2. Equity-Focused Aims

Creating a shared vision or goal is crucial for guiding equity-centered QI. Prior efforts have shown that improvement activities that expressly define an intent to address a disparity are more successful than broadly defined improvement goals.⁷ Further, goals are best developed by a multidisciplinary team, including representatives from across the care team, quality improvement professionals, such as community-based coaches, and community members.

SMARTIE Aims:

EQUIP-LA practices engaged a multidisciplinary team to define Specific, Measurable, Ambitious, Relevant, Inclusive and Equitable (SMARTIE) aims and establish clear, actionable goals for their equity-centered QI projects.⁸ Most are likely familiar with SMART goals, the first five elements noted above, however, by adding Inclusive and Equitable components we ensure aims incorporate community perspective (Inclusive) and specifically address a known disparity (Equitable).

The following SMARTIE aim statement was developed by the practice of Dr. Ragaa Iskarous, an EQUIP-LA participant, with the support of a community-based coach from Omnicare Medical Group.

“We, the practice of Ragaa Iskarous MD, will improve colorectal cancer screening rates by 20 percent (from baseline) for Medi-Cal enrollees of color in the communities of Maywood, South Gate, Cudahy, Bell, Bell Gardens, Downey, Norwalk, Bellflower and surrounding areas by March 2025 by linking them to appropriate screening services (e.g., at-home testing, etc.)”.

Note: The aim statement has been modified to remove identifiable information and references to performance data.



3. Data-Driven Decision Making

Understanding existing disparities and monitoring the impact of change interventions requires a granular analysis of stratified performance data by leveraging a variety of patient demographic information. Stratification, using demographic variables such as race, ethnicity, primary language, sexual orientation or gender identify, allows organizations to effectively identify, assess, prioritize and act upon disparities. By leveraging stratified data, organizations can monitor the ongoing impact of their interventions and ascertain whether disparities are being narrowed, maintained or exacerbated. Furthermore, stratification enables organizations to identify any unintended consequences resulting from their efforts.

At the beginning of any equity-centered QI project, organizations should take an inventory of available patient demographic information and identify an appropriate approach to stratification. When evaluating the availability of demographic variables, organizations should consider several factors:⁹

- **Data Completeness**—What proportion of patients have a discrete demographic value versus information that is incomplete, missing or unknown?
- **Collection Approach**—What approach was taken to collect or source the data? Self-reported data is generally considered to be the gold-standard, but demographic variables can also be imputed or sourced from other entities, e.g., health plan enrollment information.
- **Timeliness**—What period does the data represent and on what frequency is the data refreshed?

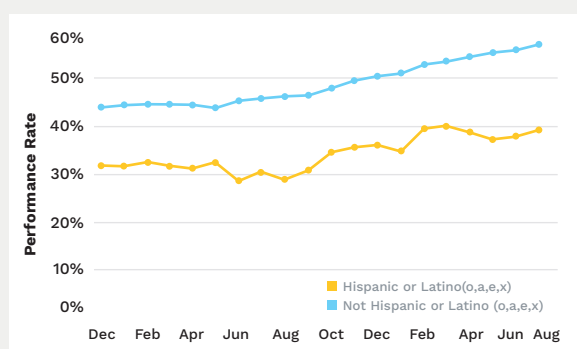
During the project’s design phase, an organization may identify a need to improve and/or increase the collection of patient demographic information as part of their overarching project.

Visualizing Disparities in Care:

CQC actively collects performance data from participants stratified by race and ethnicity. Performance data results have shed light on existing disparities across Los Angeles’ diverse communities. These results have led to focused efforts to address disparities and design QI interventions that positively impact health outcomes for Medi-Cal members.

To support coaching activities, CQC designed dynamic performance dashboards providing comprehensive insights into performance across EQuIP-LA’s measures of focus. Data presentation allowed for self-exploration and presented stratified results at both the provider and practice level to promote a deeper understanding of care being provided across communities. This tool was made available to community-based coaches with the purpose of informing their coaching strategies and optimizing practice change efforts. Dashboards included run-charts to visually monitor data over time, to detect trends or shifts in performance and to distinguish the impact of interventions.

An example of a run-chart visualizing performance stratified by patient ethnicity.



The chart depicts ongoing disparities in care experienced by individuals identifying as Hispanic or Latino (orange line) compared to other members of the community. While overall improvements are seen across all groups, the performance gap between ethnicities (orange and blue lines) remains.

4. Tailored Change Interventions

Effective change interventions must be tailored to the unique context of the community served. A variety of techniques can be utilized to identify potential change interventions, such as process-flow mapping, driver diagrams and root cause analysis. Tools such as fishbone diagrams can be used to visually map out potential root causes, thus helping teams to understand complex issues impacting health outcomes and patients' experiences of care.¹⁰ Furthermore, by engaging community members in this analysis, organizations can ensure that interventions are grounded in addressing patients' needs.

Addressing Patients Language Needs:

Montes Medical Group, a practice supported by Allied Pacific IPA, provides care across four locations in Inglewood, Whittier, Norwalk and East Los Angeles. The practice serves several thousand Medi-Cal members, with more than half of patients identifying as Hispanic or Latino and speaking a primary language other than English. Through their participation in EQulP-LA, Montes designed a language specific patient outreach campaign to support members who were due a colorectal cancer screening. Patients identified through a chart review received tailored outreach in their preferred language. Montes had previously begun the collection of patient demographic variables, including language preferences, during new patient registration and established processes to review this information on a regular cadence.

Patient outreach was initiated via a text message campaign that requested individuals contact the practice to collect an at-home screening kit. Text messages were followed by a phone call from a member of the care team approximately one week later. During these calls, care team members were able to share the importance of regular screening and address any questions or concerns. To support the completion of at-home screenings, patients were also provided educational and instructional materials in their primary language.

CQC has developed a range of materials to support organizations successfully develop outreach programming addressing colorectal cancer screening.¹¹ Materials are available on the [CQC website](#).

Conclusion

Equity-centered QI demands a multifaceted approach that engages communities, develops equity-focused aims, leverages data and drives meaningful, patient-centered change. By integrating these approaches, providers, payers and care partners can address disparities, improve health outcomes and ensure all communities receive high-quality and patient-centered care.

Getting Started with Equity-Centered QI at Your Organization:

CQC can help your organization with the design and implementation of equity-centered QI programs. We offer a variety of consulting and coaching services, in addition to learning and training opportunities, that can be tailored to meet your organization's distinct needs.

CQC's [Improvement Coaching Workshop](#) provides training to care teams, quality improvement specialists and other health care professionals to build skills to effectively design and implement equity-centered QI. The Workshop is hosted both in-person and virtually throughout the year, please reach out to the CQC team for [more information](#).

As an approved vendor in the Department of Health Care Services' Providing Access and Transforming Health (PATH) Technical Assistance (TA) Marketplace, we leverage our expertise in practice transformation to support organizations in implementing Enhanced Care Management and Community Supports under the California Advancing and Innovating Medi-Cal program. [Apply to access these services through the PATH TA website](#).

To learn more about CQC's services, visit <https://www.calquality.org/>.



Endnotes

- 1 Manchanda R, Do R, and Miles N. [*A Toolkit to Advance Racial Health Equity in Primary Care Improvement*](#). California Improvement Network, California Health Care Foundation, Healthforce Center at UCSF, April 2022.
- 2 Bau I., Au M. [*Building an Equitable Health Care System. A Health Equity Roadmap and Recommendations for Collective Impact in California*](#). California Quality Collaborative, November 2024.
- 3 [*CMS Framework for Health Equity 2022-2032*](#). Centers for Medicare & Medicaid Services, 2022.
- 4 [*A Roadmap for Effective Community Engagement in Healthcare*](#). Inspire, July 2024.
- 5 Adapted from PFCCpartner's 'Lanes of Engagement'.
- 6 [*Working with Patient and Families as Advisors. Implementation Handbook*](#). Agency for Health Care Research and Quality, 2008.
- 7 Partin MR, Burgess DJ. [*Reducing health disparities or improving minority health? The end determines the means*](#). J Gen Intern Med, 2012.
- 8 [*SMARTIE Goals Worksheet*](#). The Management Center, May 2021.
- 9 Peterson L., Robertson P., [*Improving the Collection and Use of Race, Ethnicity and Language Data. A Key to Understanding and Addressing Health Disparities*](#). California Quality Collaborative, October 2022.
- 10 [*How to Use the Fishbone Tool for Root Cause Analysis*](#). Quality Assurance & Performance Improvement, Centers for Medicare & Medicaid Services, 2013.
- 11 [*Addressing Disparities in Colorectal Cancer*](#). California Quality Collaborative, March 2024.



Authors

Peter Robertson

Senior Director,
Practice Transformation

Kerry Donohue

Senior Manager,
Equity & Transformation

Erika Lind

Manager, Events & Learning

With support from

Melissa Preciado

Associate Director,
Equity & Transformation

Anna Elgart

Communications Manager

calquality.org/initiative/equity-quality-improvement-los-angeles/

About the California Quality Collaborative (CQC)

California Quality Collaborative (CQC), a program of the Purchaser Business Group on Health, is a health care improvement program dedicated to helping care teams gain the expertise, infrastructure and tools they need to advance care quality, be patient-centered, improve efficiency and thrive in today's rapidly changing environment. CQC is committed to advancing the quality and efficiency of the health care delivery system across all payers, and its multiple initiatives bring together providers, health plans, the state and purchasers to align goals and take action to improve the value of health care for Californians.





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