

Making Health Equity Work: A Practical Guide for Clinics

These recommendations are based on 14 interviews with medical assistants from five clinics in the metro Denver region. They shared what has worked and what could be better when it comes to health equity in clinics. Clinic leaders can use and adapt these ideas with input from their teams.

1. Make Health Equity a Clear Priority

Communicate the “Why” often.

- Talk clearly and often about why health equity matters.
- Explain how trainings, activities and quality improvement projects will improve patient outcomes.
- Let staff know if a training will lead to a new project or is just for learning.
- Communicate your message through a variety of channels and explained in different ways



This could look like:

Starting conversations about staff members’ observations of unfair treatment or social needs in their daily work with patients. Connecting these real experiences to equity goals.

Think about equity as a lens. Demonstrate that health equity is a lens through which to view any issue, project, or priority. Show that equity should be part of everything the clinic does—not a separate issue.



This could look like:

Talking with leaders of clinic projects (like diabetes or hypertension) to find and fix equity issues in those areas. Teaching staff about barriers to health like lack of food or transportation. Sharing both patient stories and data from research that illustrate how solving these issues helps patients and improves clinical outcomes. For any condition the clinic is focusing on, sharing data showing disparities in outcomes. Include health equity in clinic manuals, training guides, or other enduring documents.

Build in time for equity. Dedicate time during regular meetings for equity topics and how they apply to the team's work. Leaders should communicate frequently that health equity is a priority. (Be sure to follow up with action!) Include work on equity projects in staff's paid job responsibilities.



This could look like:

Creating standing agenda items for recurring meetings to discuss equity topics. Celebrating staff who help with equity work. Sharing quality data with inequities and provide progress updates on closing gaps. Ensuring that staff working on equity initiatives are able to do it during paid time, rather than during lunch or other breaks.

Empower staff to do equity work. Invite staff to lead equity work and give them time, training, and other supports necessary for success. Help staff learn how to identify and address inequities that may arise in any part of their work.



This could look like:

Designating health equity champions to lead equity initiatives or plan trainings. Holding regular trainings on health inequities and their root causes for all clinic personnel. Asking staff about inequities they witness in clinic and listen to their ideas to fix them.

2. Prepare for Tough Conversations

Give staff time to prepare and reflect around equity trainings.

Talking about racism and inequality can be emotional. Advance notice of these topics allows staff to prepare so they are ready to engage. Provide time to mentally transition back to work responsibilities afterwards. Encourage continued discussion after trainings have concluded.



This could look like:

Announcing equity trainings ahead of time. Leaving a break between training and resuming work. Letting staff know leaders are available to talk. Making space for staff to reflect and share thoughts with each other after the session.

Ask for feedback. Give staff different ways to share their thoughts – anonymously, individually, or in groups. Use their input to shape future efforts. Invite staff to participate in planning future equity content.



This could look like:

Using Mentimeter, survey monkey, or other platforms to gather anonymous feedback. Using leadership office hours, huddles, or other staff meetings to hear staff members' reactions to health equity trainings or initiatives. Inviting staff members to the clinic committee responsible for overseeing equity work.

Prepare yourself to face challenges. Not everyone will agree or feel comfortable with these topics. Use shared values to find common ground. There are many available resources that can help you be ready to speak about race, equity, and other potentially sensitive topics. Incorporate their recommendations into training materials and other communications about health equity topics. Periodically review these materials to develop your skills. Remember, these conversations can be hard and it is ok if they don't go perfectly.



This could look like:

Reviewing the CDC's "[Communicating About Health Equity Concepts](#)," STFM's "[Toolkit for Teaching About Racism in the Context of Persistent Health and Healthcare Disparities](#)". Keep practicing!

3. Make sure staff feel supported .

Provide training and tools to equip staff for health equity initiatives. Use existing resources and implementation guides for health equity projects. There are many guides available to plan implementation, avoid pitfalls, and prepare team members for their new responsibilities, particularly for social needs screening.



This could look like:

Involving staff in planning health equity initiatives so they can identify what is needed for success. Maintaining channels for feedback so staff can voice their needs. Looking for toolkits and articles with guidance for the planned initiative. Resources: [PRAPARE Implementation and Action Toolkit](#), [SIREN Evidence & Research Library](#), [AAFP EveryONE Project](#).

Build team connections. Strong teams handle stress better. Attend to social support in the work environment, especially when launching equity trainings or initiatives. Consider peer support groups, employee mentoring, or regular meetings between staff and leadership.



This could look like:

Planning regular dedicated team building time. Developing a “buddy” or “mentoring” system among staff. Creating opportunities for brief and informal team building during daily team huddles, for instance a question of the day: “Do you have any siblings?”

Inform staff of confidential resources to meet their own needs.

Staff may have the same social needs as patients. Make a list of support services available to employees through the organization or insurance benefits. Include resources for food, transportation, utility support, etc. that are also provided for patients. Share it widely.



This could look like:

Creating a resource directory, publicize it, and make it readily and anonymously accessible to staff. Including resources for mental and behavioral health concerns. Asking for input on how to make it more useful and accessible.