



On a Mission to Advance Health Equity

Sutter Health has pledged to advance health equity for patients through research and patient-focused care.

Through our groundbreaking Health Equity Index (HEI) and our Advancing Health Equity report, Sutter Health is taking major steps to build on the benefits of our integrated, coordinated network of care and further health equity within our system and across the country.

We believe that as a provider network we must do all we can to advance health equity, and we are committed to collaborating with healthcare partners throughout the state and nation in these efforts so that, together, we can improve healthcare outcomes for all.

What is Health Equity? Health Equity = Optimal Health Outcomes Regardless of Background



Researchers consistently find gaps or inequities in healthcare outcomes based on factors including:



ZIP CODE



GENDER



SEXUAL ORIENTATION



RACE & ETHNICITY



INCOME

Lack of equity is a major deficiency in the U.S. health system, leading to negative health outcomes and excess costs.

Health Equity Must be Addressed in California and Nationwide

For racial and ethnic minorities in the U.S., health disparities can include higher rates of chronic disease and premature death compared to the rates of Whites:

30%

African Americans are more likely to die prematurely from heart disease



National Academies of Sciences, Engineering and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice



Young adult Hispanic patients have higher than expected rates of emergency department visits for diabetes

Diabetes: Health Equity Index Scores by race, ethnicity, sex and age during calendar year 2017 across all hospital emergency departments in the Sutter Health network.

Asian patients have the

highest rates of sepsis mortality

Observed Severe Sepsis Mortality by Race and Ethnicity: Sutter Health hospital encounters 2017–2018. Target is 90th percentile for the 800 hospitals across the United States that use the Midas tool for quality reporting.

The Failure to Address These Inequities Comes at a Cost:

Between 2003 and 2006, an estimated **30.6%** of direct medical care expenditures for African Americans, Asian Americans and Hispanics were **excess costs due to health inequalities.**



Joint Center for Political and Economic Studies

Sutter Health is Well Positioned to Pioneer the Effort to Advance Health Equity

A Recognized Leader in Quality

We proactively implement programs across our integrated network that continuously improve the quality and value of healthcare for our patients. As a result, Sutter hospitals consistently rank in the top 10 percent of hospitals across the U.S. for overall healthcare quality. In 2018:



- Four of Sutter's hospitals ranked among the **top 50 campuses in California.**
- **Six** hospitals received recognition as "high performers" by **US News & World Report.**

Serving A Diverse Patient Population

Sutter provides care to a diverse patient population, serving 22 Northern California counties that represent a diverse mix of rural, urban and suburban communities.

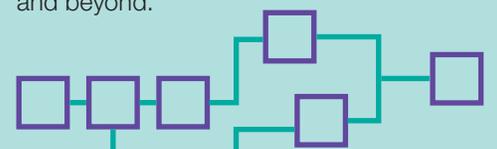
56 percent of Sutter patients and almost half of Sutter staff identify as non-White, with the majority of non-English speaking patients identifying as Spanish speakers.

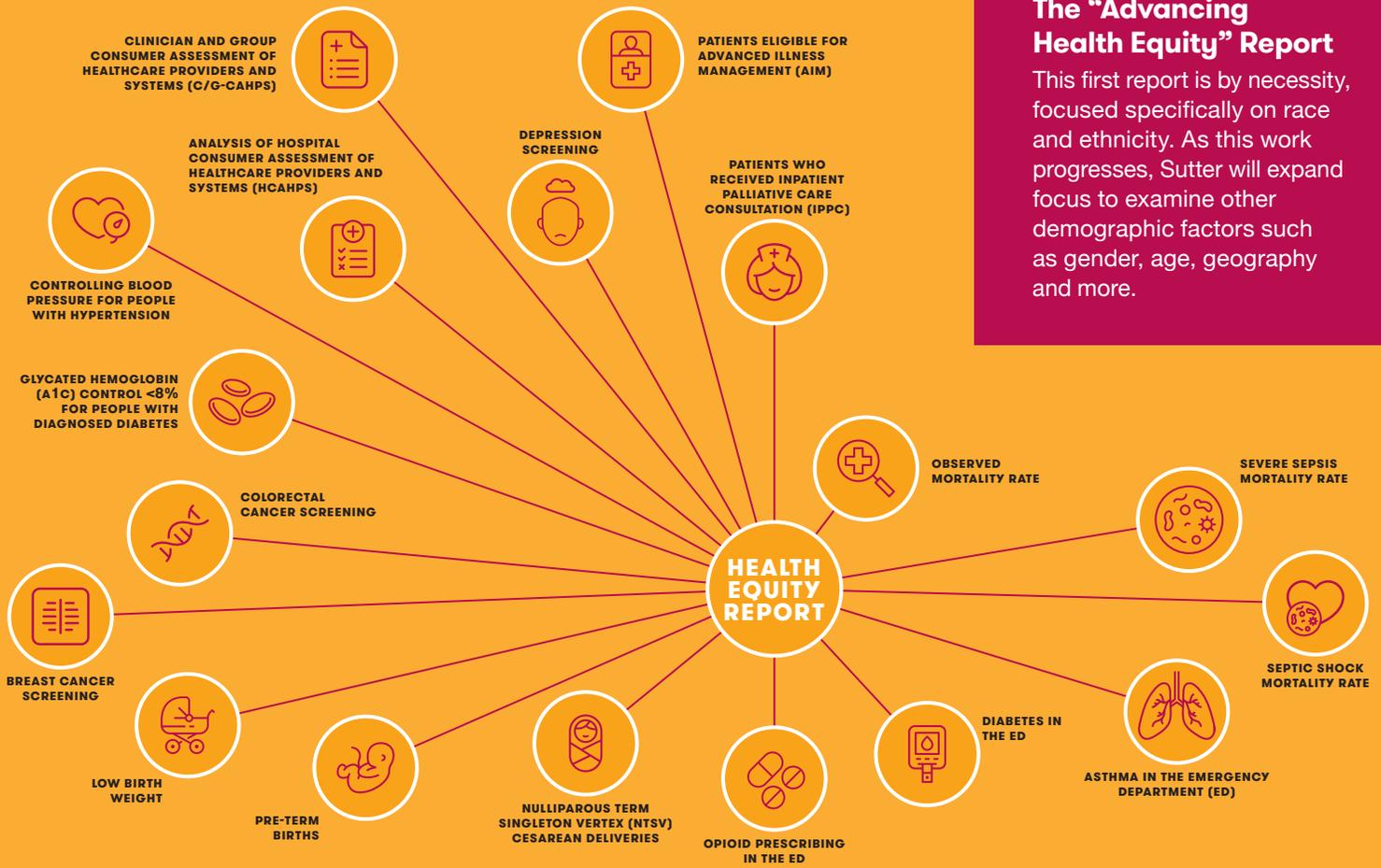


An Integrated Network

Sutter Health's integrated network includes facilities, medical specialties, patient groups and communities across diverse geographies, clinical settings and data environments.

As an integrated health system, Sutter Health has a unique opportunity to identify and address disparities and design interventions that can be applied in care settings across the Sutter network and beyond.



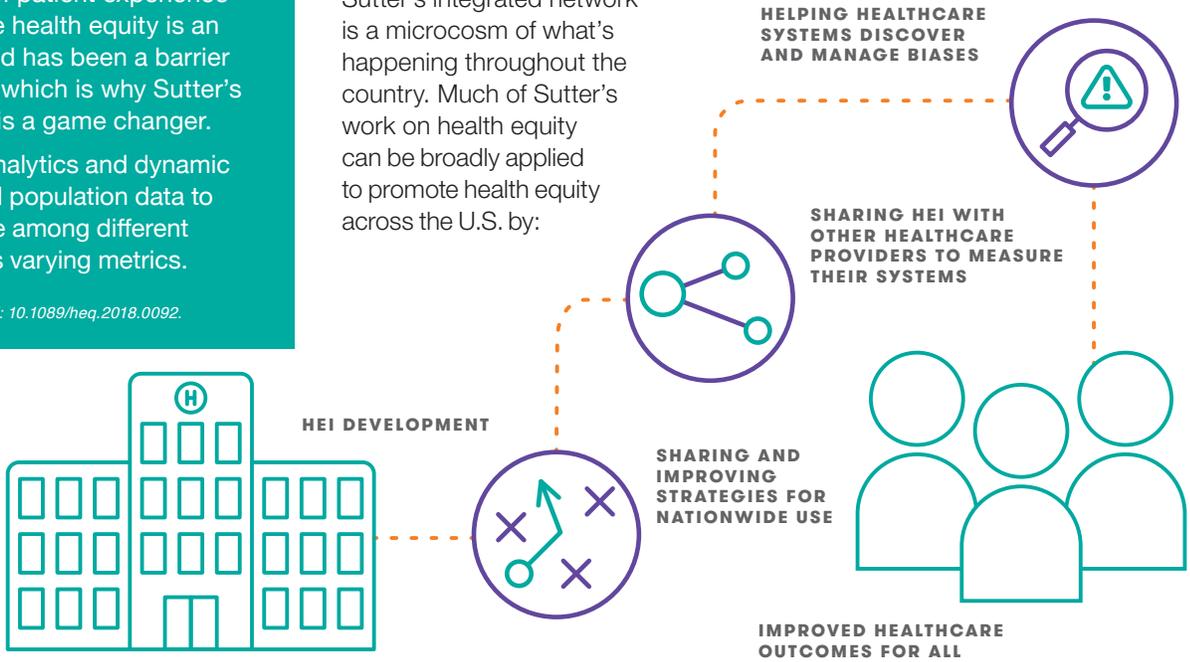


The “Advancing Health Equity” Report
 This first report is by necessity, focused specifically on race and ethnicity. As this work progresses, Sutter will expand focus to examine other demographic factors such as gender, age, geography and more.

Developing the Groundbreaking Health Equity Index
 Culling all the data necessary to conduct a robust and meaningful analysis of patient experience and outcomes to measure health equity is an enormous undertaking and has been a barrier to progress on this issue, which is why Sutter’s Health Equity Index (HEI) is a game changer. The HEI uses innovative analytics and dynamic applications of clinical and population data to measure outcomes of care among different patient populations across varying metrics.

Health Equity, 2019 Apr 3;3(1):92-98. doi: 10.1089/heq.2018.0092.

We Want Everyone to Benefit From Our Work
 Sutter’s integrated network is a microcosm of what’s happening throughout the country. Much of Sutter’s work on health equity can be broadly applied to promote health equity across the U.S. by:



Robust Data and Knowledge Make Meaningful Improvements Possible

In order to improve patient experience, we must first fully understand it. The data gleaned through our report offers a compelling and invaluable picture of our patients' health outcomes and identifies core areas for improvement. Our findings mirror the struggles of the nation, offering information that can be studied and shared.

Findings: Achievements



25%
BETTER
PERFORMANCE

Sutter performs better than the top 25 percent nationally for severe sepsis mortality.*



<23.9%
CESAREAN BIRTH
RATE GOAL

All racial and ethnic groups perform better than the Healthy People 2020 cesarean birth rate goal of less than 23.9 percent.**

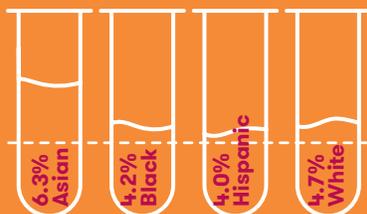


6.7%
LOW BIRTH
WEIGHT

The percentage of low birth weight babies delivered at Sutter was 6.7 percent, beating the Healthy People 2020 goal of 7.8 percent.***

Findings: Making Improvements

These findings will fuel targeted investments in issue-specific care and community-oriented and culturally sensitive programs aimed at providing all patients optimal healthcare outcomes. The following are a few key examples of findings and the way Sutter will leverage the information to advance health equity.



4.7%
OVERALL SEVERE
SEPSIS MORTALITY,
HIGHER THAN
TARGET OF 3.6%

With higher than target rates of severe sepsis mortality, Sutter will investigate what more can be done, overall, as well as for the Asian patient population in particular.†



Sutter observed higher than expected rates of emergency department visits for asthma among African American patients and will create community-based programs to support asthma control and avoid unnecessary emergency visits.+

*Hospital encounters 2017-2018. Target is 90th percentile for the 800 hospitals across the United States that use the Midas tool for quality reporting.

***2017 Births with Low Birth Weight (LBW) in Sutter facilities compared to statewide numbers from the California Maternal Data Center by race and ethnicity. Target is Healthy People 2020 target—revised in 2017.

+Sutter Health hospital encounters 2017. No. of encounters presenting to the ED or admitted as an inpatient with asthma.

**Cesarean deliveries among Nulliparous Term Singleton Vertex (NTSV) births in Sutter facilities compared to statewide numbers from the California Maternal Data Center by race and ethnicity. Target is Healthy People 2020 target—revised in 2017.

†Observed Severe Sepsis Mortality by Race and Ethnicity: Sutter Health hospital encounters 2017-2018. Target is 90th percentile for the 800 hospitals across the United States that use the Midas tool for quality reporting.

This is Just the First Step in a Long-Term Effort and Commitment

Sutter shares the HEI with other providers to help them identify and close health equity gaps and learn from their experience.

Sutter hopes to promote best practices and collaboration to accelerate awareness and change throughout the healthcare industry, bringing providers closer to achieving health equity among their patient populations.

