Abstract: 2023 ELAM Institutional Action Plan Project

Project Title: Building on the Legacy of the Dartmouth Atlas of Health Care to Advance Health Equity
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Primary Mission Area: Service

Background: The mission of The Dartmouth Institute for Health Policy and Clinical Practice (TDI) is to improve public health, reduce disparities, and create high-performing health systems through local, national, and global partnerships, meaningful community engagement, high-quality education, impactful research, and action on diversity, equity, and inclusion. The Dartmouth Atlas of Health Care (the Atlas), first published in 1996, is TDI's signature research, community engagement, and policy advocacy tool.

Objective: As the new Director of TDI, I was given a mandate by the Geisel School of Medicine Dean and Dartmouth Health System CEO to build upon the legacy of the Atlas to advance health equity. The objective of this phase of the project was to build a shared, department-wide foundation of knowledge about data equity. In addition, we aimed to develop a set of recommendations on how to incorporate an equity lens into the Atlas to align its technical, visual, data, and narrative elements with its current and emerging scientific, community, and equity goals.

Approach: After a year of self-study and consultation with national experts, we established a Dartmouth working group and adopted the "We All Count Data Equity Framework" to guide the working group. This is a set of tools to identify the choices made along the evidence-generation project that prioritize specific values and lived experiences. These tools help identify which choices move your research closer to alignment with your diversity, equity, inclusion, and belonging (DEIB) commitments or farther away. The working group comprises seventeen persons from nine disciplines and is taking a four-step approach to its work:

1. Map the critical choice points involved in the creation of the Atlas.
2. Identify strategic priorities from the map of choices.
3. Develop recommendations that align choices with the scientific and equity goals of the project.
4. Design conversations about equity and the Atlas with broader sets of impacted communities.

Outcomes: We convened six community-wide education sessions to explain the data equity framework in parallel with working group meetings. The working group developed an operational definition of health and healthcare equity to guide the decision-making process. The group is in the process of finalizing a set of equity-oriented questions that the Atlas could answer to provide practical, relevant, and meaningful evidence to the priority audience.

Discussion: The working group's recommendations are still under construction. They will likely include prioritizing an audience of policymakers and researchers, using emerging methodologies to add disaggregation of the current Atlas metrics by a set of social determinants of health, exploring the impact of reconceiving how race is used in the models, and adding new equity-focused metrics, including estimates of who is missing in the data, and the potential impact of equity-oriented policies, to the current set of Atlas metrics.

Conclusion: By reconceiving how race is used in our models, we are redefining what counts as success in these metrics. This is simultaneously a technical effort and a change management effort that requires bridging our historical focus on health care efficiency to our new focus on health equity. The next phase of our work will involve engagement with wider stakeholders from across impacted communities and governments.