

Trustee Insights

HEALTH EQUITY



Source: Robert Wood Johnson Foundation, 2017.

Addressing Health Equity in the Hospital Board Room

Awareness of issues, community is key to improvement

BY PRIYA BATHIJA

A version of this article will appear in an upcoming edition of the Texas Healthcare Trustees newsletter.

The COVID-19 pandemic has placed a spotlight on health inequities across the country. Job losses associated with the sharp reduction in economic activity have increased food insecurity for families and endangered individuals' ability to pay their rent or mortgage. For those individuals living in overcrowded

homes or homeless shelters, social distancing or self-quarantine is nearly impossible, leaving them at risk of exposure and more likely to become ill from COVID-19.

COVID-19 also is disproportionately affecting Black, Indigenous and people of color (BIPOC) communities. Systemic racism has led to inadequate investments in education, safe and affordable housing, and food access, which is exacerbating the spread of the virus. In many cases, these communities face increased risk of exposure because their work and living situations do not allow for social distancing. In addition, they may have higher rates of certain chronic conditions that intensify symptoms of COVID-19.

COVID-19 has made it clear that addressing health equity is necessary to improve health and save lives. Trustees have an important role to play in improving health equity in their communities.

Understand What Health Equity Is

The best place to start is understanding what health equity is, and what it is not. Health equity has been defined as the attainment of the highest level of health for all people.¹ It also has been described as a situation in which everyone has a fair and just opportunity to be as healthy as possible.²

Health equity is not the same as health equality, where everyone gets the same opportunities for health. Health equity requires a concerted effort to increase opportunities for everyone to be healthier, including those for whom obstacles are the greatest.³ This means that efforts must encompass individuals facing poverty, discrimination or its consequences, and those who lack access to good jobs with fair pay, quality education, food, housing and health care.

Health equity also is not the same as health disparities. Health disparities reflect differences in health status between populations — for example, a higher burden of illness or mortality experienced by one group relative to another.⁴

Health disparities adversely affect groups of people who have systematically experienced greater obstacles to good health based on their race, ethnicity, religion, socioeconomic status, gender, age, mental health, disability, sexual orientation or gender identity, or other characteristics historically linked to discrimination or exclusion.⁵ As a result, we can make progress toward health equity by identifying and addressing health disparities.

Know Your Patients and Community

To improve health equity, trustees must learn about the patients and community served by their hospital or health system. In many cases, hospital leaders present a large amount of data at board meetings that discuss the patient population or community as a whole, including patient safety and quality metrics or data from the hospital's community health needs assessment.

To really understand health inequities, however, trustees must request and review data that highlight health differences between population groups, not just data on the patient population or community as a whole. This includes data that is stratified by race, ethnicity and language preference (REaL); sexual orientation and gender identity (SOGI); and other socioeconomic data. Understanding patients and the community at this level allows trustees to identify which health care disparities exist — and then target interventions to address those disparities.

Health Equity in Action

Hospitals employ a number of approaches to improve health equity. These include developing strategic plans to reduce disparities; standardizing collection of race, ethnicity, language preference, sexual orientation, gender identity and other socioeconomic data; stratifying quality measures by race and ethnicity; improving diversity in leadership and governance; and collaborating with community organizations to address disparities. In addition, hospitals have implemented interventions to address disparities when they are found. Here are examples of how hospitals are addressing disparities during the COVID-19 pandemic.

- The **University of Arkansas for Medical Sciences** developed and implemented a screening tool to determine whether patients who test positive for COVID-19 are able to self-quarantine. Individuals who cannot self-quarantine due to homelessness or other reasons are referred to an appropriate and safe housing facility.
- **Henry Ford Health System** is addressing the social determinants of health in its community through a partnership with the United Way of Southeastern Michigan and the BET COVID-19 Relief Fund. At Your Door: Food & More (AYD, pronounced "aid") is a rapid-response community outreach program to address African-American health disparities exacerbated by COVID-19. AYD is providing contact-free deliveries of food boxes, personal protective equipment, diapers, culturally informed education, and equipment for virtual support, allowing vulnerable populations to reduce their risk of exposure.
- Hospitals also are joining efforts to address the systemic causes leading to health inequities, including addressing racism in their communities. In Chicago, **36 hospitals and health care providers** released a statement outlining their shared commitment to addressing racism as a public health crisis. These organizations are investing in their communities, developing hiring programs for Black, Indigenous and people of color and reexamining their policies through an equity lens.

Include Health Equity in Every Conversation

It is important to have conversations about health equity in the boardroom. It also may be helpful to have a board committee dedicated to health equity, where meaningful dialogue around solutions for the future can take place. However, to really make progress on health equity, it will be necessary to ask questions about health equity at every table and in every conversation.

In a recent [conversation](#) hosted by the AHA, Maria Hernandez,

president and chief operating officer of Impact4Health, and Karma Bass, senior principal at Via Healthcare Consulting, shared that this dialogue should include talking about health equity in discussions about quality outcomes and strategic direction and ensuring the board and executive leadership team are diverse and represent the community served by the hospital.

Advancing Health Equity Will Take Time and Collaboration

Addressing health equity will take

time. It's not something that can be accomplished in one meeting or by implementing one program. The steps laid out here are a starting point for trustees and can be followed by cultural competency training and an examination of efforts to increase diversity in leadership and governance, among other work.

This work also cannot be done by trustees and hospitals alone. It will require collaboration from

other stakeholders, including educational institutions and organizations, transportation agencies, housing organizations, planning councils, public health departments, faith-based organizations, community organizations and other organizations and businesses. Trustees can influence discussions in their own fields. And as prominent and well-connected representatives of the community, they can play a signif-

icant leadership role in fostering the collaborations necessary to improve health equity.

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To access more trustee resources related to health equity, visit trustees.aha.org. For the latest COVID-19 hospital resources, visit www.aha.org.

Additional Resources

- **Tackling Health Equity: A Two-Part Podcast for Trustees** (<https://trustees.aha.org/tackling-health-equity-how-boards-can-do-it>)
- **Collecting REaL Data to Conquer COVID-19** (<https://www.aha.org/advancing-health-podcast/2020-07-08-collecting-real-data-conquer-covid-19>)
- **Addressing Health Care Disparities through Race, Ethnicity and Language (REaL) Data** (<https://ifdhe.aha.org/addressing-health-care-disparities-through-race-ethnicity-and-language-real-data>)
- **The Board's Role in Advancing Healthier, More Equitable Communities** (<https://trustees.aha.org/boards-role-advancing-healthier-more-equitable-communities>)
- **Screening for Social Needs: Guiding Care Teams to Engage Patients** (<https://www.aha.org/toolkitsmethodology/2019-06-05-screening-social-needs-guiding-care-teams-engage-patients>)
- **Evaluation of the National CLAS Standards** (https://minorityhealth.hhs.gov/assets/PDF/Evaluation_of_the_Natn_CLAS_Standards_Toolkit_PR3599_final.508Compliant.pdf)
- **A Framework for Stratifying Race, Ethnicity and Language Data** (<https://www.aha.org/system/files/2018-01/framework-race-ethnicity-language-data-2014.pdf>)

TRUSTEE TAKEAWAYS

Boards can ask the following questions to enhance their discussions about health equity:

- What are the demographics our hospital serves?
- What health disparities exist in our patient population and community?
- What steps can our organization take to address these disparities?
- What organizations can we collaborate with to improve health equity?
- How can health equity be incorporated into our strategic plan?
- How will we assess progress on health equity?

Endnotes

1. Healthy People. (2020). *Disparities*. <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>
2. Robert Wood Johnson Foundation. (2017, May). *What is health equity?* https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf437393
3. Ibid.
4. Kaiser Family Foundation. (2020, March). *Disparities in health and health care: Five key questions and answers*. <https://www.kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers>
5. Ibid.