

Increasing diversity in health care leadership and eliminating care disparities are critical to ensuring high-quality care for all. The renamed Institute for Diversity and Health Equity has created a new model for the American Hospital Association's (AHA) continued work on these issues and is engaging broader participation.

The Institute grows out of the former Institute for Diversity in Health Management. The new model will better align with the AHA's strategic priorities and its Path Forward, which focuses on access, value, partners, well-being and coordination. Now all AHA member hospitals and health systems also will have membership in the Institute, with access to its educational opportunities, tools and resources.

The Institute's Priority Areas

The Institute will continue focusing on three priority areas as it leads and supports the field's efforts to accelerate diversity, inclusion and health equity.

- **Expertise:** The Institute's leaders and board members, as well as practitioners from its advisory council and the field, will offer expertise and strategies to support individuals and organizations in providing high-quality, equitable care.
- **Education:** The Institute will strengthen its national repository of tools, resources, case examples, technical assistance and programs that support diversity and equity in health care. For example, the Institute's online resource center offers "[A Diversity, Equity and Cultural Competency Assessment Tool for Leaders](#)" to help health care organizations assess their progress to create high-quality, inclusive and equitable care environments.
- **Agent of change:** The Institute will foster dialogue and collaboration and strengthen relationships with stakeholders and community partners to advance diversity, inclusion and health equity.

The Role of Trustees

Here are four things your board can do to prioritize diversity and health equity.

- **In efforts toward higher reliability, include a lens that illustrates inequities in care.** Consider using a diversity and health equity dashboard to measure equitable care outcomes. Care disparities can be addressed if data on race, ethnicity and primary language are used. Dashboard data can guide outreach, workforce development and community health strategies.
- **Identify a novel, multipronged strategy for leadership diversity.** As part of its alliance with the National Urban League (NUL), the AHA is providing support and education to NUL affiliate CEOs and NUL leaders interested in serving on hospital and health system boards, creating a replicable model for other communities.
- **Educate staff on topics such as unconscious bias and the social determinants of health.** Increasing cultural competency training, including training on unconscious bias, will ensure all patients receive optimal care. Screening for and addressing patients' nonmedical needs – the social determinants of health – like food insecurity and housing instability, can improve overall health and decrease health utilization and costs.
- **Use data from community health needs assessments (CHNA) and build partnerships.** CHNA data will help identify priority health issues. Meaningful clinical-community linkages are necessary to address health upstream and identify gaps in care. The AHA's Health Research & Educational Trust and the Robert Wood Johnson Foundation released "[A Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health](#)" with detailed case studies. A "culture of health" is a society where all individuals have an equal opportunity to live the healthiest lives they can, whatever their ethnic, geographic, racial, socio-economic or physical circumstance.

The Institute's vision is to empower health organizations to provide equitable care for all persons. Visit www.diversityconnection.org to learn more.

Questions for Boards

1. What steps is our organization currently taking to advance diversity, inclusion and health equity in our workforce and in the communities we serve?
2. How does our board incorporate these issues into our board recruitment and selection, education and performance evaluation processes?

3. How does our board address diversity, inclusion and health equity in its work—for example, through board and committee meeting agenda development and discussion, strategic planning and oversight of executive leader selection and organization-wide staff development?
4. How does our board track our organization’s progress in addressing these issues, for example through review of performance dashboards or metrics?
5. What does our CHNA data tell us about gaps in care for populations we serve, and what partnerships should our hospital or health system sustain or develop to address them?

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