The Board's Role in Advancing Healthier, More Equitable Communities

The sobering fact of health inequity has been spotlighted through the recent experience of COVID-19 infections and racial injustice in the United States. As a result, boards and senior leaders are deepening their commitment to advancing health equity. Moving forward has significant implications that are important for trustees to understand.

Hospital and health systems have always played a unique role in our society and in the health of their communities. Improving the health of the community is the driving mission for most, if not all, hospitals and health systems. Health equity is closely aligned with that mission. Boards of trustees, along with senior management, share the responsibility for setting overall organizational strategy. Significant disparities in health outcomes across our society have led boards and leaders to focus on health equity as a strategic priority.

Understanding Health Equity

Twenty years ago, the Institute of Medicine urged a call to action to improve the American health care system. Its influential report, *Crossing the Quality Chasm: A New Health System for the 21st Century,* addressed six key dimensions in which our overall health care system functions at far lower levels than it should. Its aims for improvement stressed that quality health care should be safe, effective, patient-centered, timely, efficient, and equitable.[1]

Although considerable progress has been made in most of these quality dimensions over the past two decades, the sixth dimension – *equitable (or equity)* – has lagged behind the others. Equity is defined as everyone having a fair and just opportunity to be as healthy as possible[1]. This requires removing obstacles to health such as poverty, discrimination, and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.[2] Health equity remains a complex and persistent societal challenge.

Every community experiences health inequities—the uneven distribution of social and economic resources that impact an individual's health.[3] The unavoidable cost related to a lack of health equity includes the medical costs related to preventable chronic disease and the overutilization of health care resources. More importantly, health inequities have a devastating effect on the ability of all people in our communities to live their healthiest and best lives.[4]

What Contributes to Health Inequity?

In the U.S. each year, millions of people face food insecurity, homelessness, or an inability to access medical care, sometimes simply due to lack of transportation. For the

elderly on fixed incomes, the high price of prescriptions, vision care, or oral care may make it difficult for them to access needed services. Families may lack health insurance or the ability to navigate the health system due to language barriers. Some of our fellow community members live in what are termed "food deserts," lacking in available fresh fruits and vegetables, resulting in an over-reliance on fast food. Social isolation or housing in areas where violence has become a regular occurrence also impacts overall health.

How Much of a Problem are Disparities?

The sobering fact of health inequity has been spotlighted through the experience of COVID-19 infections in the United States. Three months into the pandemic, data from the U.S. Centers for Disease Prevention and Control revealed that Black and Latino people were disproportionately affected, often having three times the rates of infection as their white neighbors. This disparity was demonstrated in a widespread manner that spans the country, throughout hundreds of counties in urban, suburban and rural areas, and across all age groups.[4]

Experts cite many possible reasons for disparities, including what are often referred to as **social determinants of health**, defined by the World Health Organization (WHO) as the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.[5] Examples of social determinants that may have impacted coronavirus infection rates include multi-generational or crowded housing,

Health Equity: Key Concepts and Terms

Health means physical and mental health status and well-being, distinguished from health care.

Opportunities to be healthy depend on the living and working conditions and other resources that enable people to be as healthy as possible. A group's opportunities to be healthy are measured by assessing the determinants of health—such as income or wealth, education, neighborhood characteristics, social inclusion, and medical care—that they experience. Individual responsibility is important, but too many people lack access to the conditions and resources that are needed to be healthier and to have healthy choices.

A fair and just opportunity to be healthy means that everyone has the opportunity to be as healthy as possible. Being as healthy as possible refers to the highest level of health that reasonably could be within an individual's reach if society makes adequate efforts to provide opportunities.

Achieving health equity requires actions to increase opportunities to be as healthy as possible. That requires improving access to the conditions and resources that strongly influence health — good jobs with fair pay, high-quality education, safe housing, good physical and social environments, and high-quality health care — for those who lack access and have worse health.

Health equity and health disparities are closely related to each other. **Health equity is the ethical and human rights principle or value that motivates us to eliminate health disparities**. Disparities in health and in the key determinants of health are how we measure progress toward health equity.

Progress toward health equity is assessed by measuring how these disparities change over time.

Source: The Robert Wood Johnson Foundation
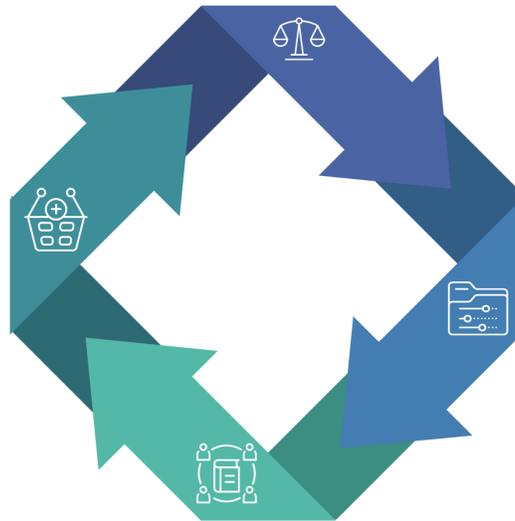
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Four Leadership Actions for Hospitals and Health Systems

Establish Strategic Intent

Mission, values and strategic priorities should reflect a strong commitment to health equity and addressing disparities. Use existing strategic initiatives as "touchstones" for moving forward.

Reflect, Understand and Learn

Look both internally and externally to better understand inequities. Establish a culture of equity in which all staff and providers are motivated to address disparities. Learn from best practices and other organizations pursuing health equity.

Lead through Collaboration

Collaboration is essential to effectively addressing health equity. Move beyond the "four walls of the hospital" for greater impact. Engage trustees as ambassadors for building relationships with public health and community-based organizations.

Ensure Meaningful, Measurable Goals

Unless specifically measured, disparities in health care may go unnoticed. Equity should be a key part of quality improvement efforts and community outreach programs.

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food insecurity, lack of health insurance, essential jobs that cannot be done remotely, and use of public transportation.

Some research demonstrates that up to 80% of health outcomes are driven by these social determinants. The American Hospital Association (AHA) adapted the World Health Organization definition in its framework to understand these important factors, which include housing, food, education transportation, violence, social support, employment and health behaviors.[6]

The Board's Leadership Role in Advancing Health Equity

Hospitals and health systems alone cannot address all the social determinants of health. However, they can have a substantial impact. The specific approaches will vary greatly depending on the organization and the needs of the communities served.

How does the board promote and advance health equity? Boards, senior executives and clinical leaders set the mission, values and strategic priorities for the organization, playing a critical role in ensuring that health equity is in some way addressed, with defined improvement actions and metrics to measure progress.

An excellent place to start is with a community health needs assessment that many hospitals conduct every three years. This assessment is a federal requirement for all tax-exempt hospitals and requires the hospital to: define its community; identify and engage stakeholders; collect and analyze data; prioritize community health issues; document and communicate results; and plan and implement strategies to address these needs, and evaluate progress.[7]

Many hospitals use other tools, such as the *County Health Rankings and Roadmap,* to assist them in developing their triennial Assessment.[8] Information on a wide spectrum of variables, such as racial, ethnic, education, and language demographics of the community, along with

data on factors such as average life expectancy, chronic disease rates, violence, substance abuse, obesity, food insecurity, tobacco use, poverty levels, and unemployment will help the hospital identify the most urgent unmet health needs in the community. Feedback from trusted community stakeholders will also contribute to a deeper understanding of community needs.

The assessment will also identify potential partnership opportunities for the hospital in the community, such as with Federally Qualified Health Centers, county or city health departments, food pantries, homeless shelters, faith communities, and social service organizations.

Another example of a specific strategy that many hospitals have undertaken is the *#123forEquityPledge* — an initiative of the American Hospital Association and the Institute for Diversity and Health Equity. The pledge asks hospital and health system leaders to work to ensure that every person in every community receives high-quality, equitable and safe care. Hospital and health systems that take the pledge can also report their specific actions, challenges, and results to share and learn from and with other organizations.[9]

A third approach to consider using is the Institute for Healthcare Improvement white paper, *Achieving Health Equity: A Guide for Health Care Organizations.*[11] The framework provides five key components for health care organizations to improve health equity in the communities they serve:

- Make health equity a strategic priority.

- Develop structure and processes to support health equity at work.

- Deploy specific strategies to address the determinants of health on which the health care organization can have a direct impact.

- Decrease institutional racism within the organization.

- Develop partnerships with community organizations to improve health and equity.

Meaningful, Measurable Goals

Although it will be up to senior management and clinical leaders to ensure that the strategic improvement activities are implemented in practice, the board is responsible for seeing that the plans are being followed. Metrics should be established in advance to evaluate progress toward goals. This performance data should be reported to the board or its designated committees (*e.g.* Quality, Strategic Planning, or Community Outreach) at defined intervals, such as quarterly. Data that the board will want to monitor will, of course, depend on the specific improvement initiatives that are underway, and with enough specificity to identify trends and gaps.

Even the most well-intentioned effort to reduce disparities is less likely to succeed if it's not part of a broader culture of equity. When staff recognize that disparities exist within the organization and view inequality as an injustice that must be redressed, that organization has a strong culture of equity.[12]

While fostering a culture of equity can be challenging, it can have significant benefits. When an organization values a culture of equity, the staff share a definition of equitable care and places a high value on its delivery, which can yield concrete benefits.[12]

Health Equity: Questions for Board Consideration

- Is health equity a strategic priority for our hospital/health system?

- How does our board promote and advance health equity?

- Does our hospital/health system have strategies in place to partner with organizations that represent and serve diverse groups in our community?

- How is the diversity of the communities we serve reflected in our board's composition and the senior management team?

- Has a team from our hospital/health system met with community leaders to seek their advice on how to work together to address the health inequities in the communities we serve?

- Does our hospital/health system emphasize the importance of accurate, consistent and systematic collection of data on patients?

- Does our hospital/health system monitor our patient population to properly care for and serve gender, racial, ethnic, language, religious and socio-economic differences and needs?

Prioritizing Collaboration

Individual health care organizations cannot independently do everything that is needed to fulfill their mission commitment to the community and health equity. Thinking and operating independently fails to leverage and maximize the opportunities that come with joint efforts and shared resources. These realities are prompting hospitals and health systems to develop partnerships with a wide range of other agencies, including public health, social service organizations and other hospitals in their communities.

Developing and governing successful community partnerships requires high levels of trust and engagement among community agencies and organizations, coupled with the ability to envision a future where health and health care looks different and is better than it is today.

There is no single model of partnership or governance that will meet each community's unique needs. As boards evaluate and prioritize the community's needs and the depth of the organization's resources, trustees must how the power and potential of leveraging community partnerships can help to fulfill the organization's mission and commitment to achieving health equity.

Funding Health Equity Initiatives

A major responsibility of the hospital board is to ensure that strategic activities are adequately funded, including those addressing health equity. This will require the board and senior management to carefully consider and prioritize what is feasible to accomplish, weighing community needs with financial capabilities. The hospital may need to seek external grant funding or philanthropy in order to fund health equity initiatives, something that board members may be called upon to support.

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Resources used for research and context purposes have been sourced as accurately as possible at the time of publication. If you believe something has been cited incorrectly, please contact governWell™ at contact@governwell.net.

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