



# The Board's Role in Health Equity Initiatives



Healthcare Trustees  
of New York State

2020 Trustee Virtual Education Series:  
Leading Healthcare Through Crisis and  
Social Change, November 17, 2020

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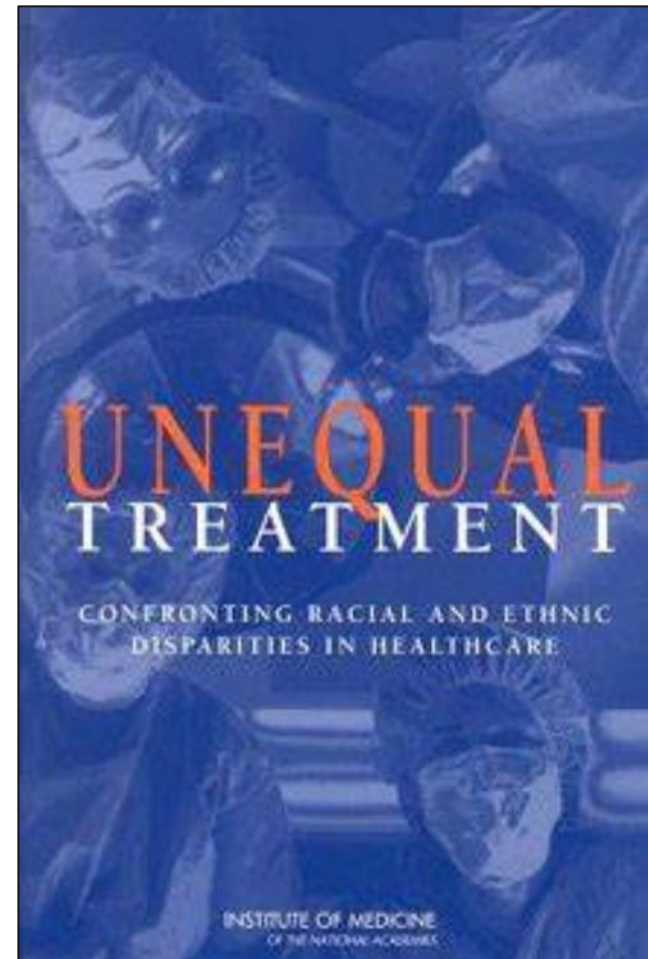
# Learning Points

- Health Equity and the COVID-19 Crisis
- Leadership Actions for Board Consideration
  - Establish strategic intent
  - Reflect, understand and learn
  - Ensure meaningful, measurable goals
  - Lead through collaboration
- Resources for Governing Success

# In 2003, Groundbreaking Report



Institute of Medicine



# Then COVID-19 Came Along



# Covid-19 and Health Inequities



## IMPACTS

### Emerging Inequities in COVID-19

Increased rates of hospitalization and death in **Black, Hispanic and Native American communities**

Higher prevalence of COVID-19 disease among those of **low socioeconomic status**

Higher risk of infection in **prisons, group homes and residential treatment facilities**

Notable increase in xenophobia and bias towards **Asian Americans**

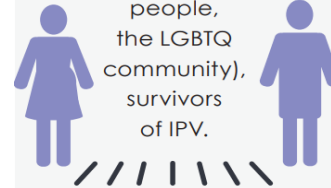
Source: Society for Maternal-Fetal Medicine

# Threats to Health Equity



## COVID-Specific Threats to Health Equity

Living and working circumstances make social distancing challenging for some (e.g. undocumented people, the LGBTQ community), survivors of IPV.



Inequitable access to COVID-19 testing.



Undocumented immigrants and uninsured people have limited access to public safety nets.

## Challenges Accessing Telehealth

To accommodate social distancing, many health care services are being offered via computer or telephone. Yet, some people may have difficulty accessing services this way (e.g. people with disabilities or people without broadband internet access).

## Stress, time constraints, fatigue and fear

increase the risk of biased behavior among health care providers and among the general public.

Source: Society for Maternal-Fetal Medicine



# Health Equity: Definition



## 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.

**For health care provider organizations** (e.g. hospitals, medical clinics, home health agencies) health equity means "providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status", according to the Institute for Medicine.

**Health equity can be viewed both as a process** (the process of reducing disparities in health and its determinates) and as an **outcome** (the ultimate goal: the elimination of social disparities in health and its determinants.) **Progress toward health equity is assessed by measuring how these disparities change over time.**

Source: Robert Wood Johnson Foundation. Author(s): Braveman P, Arkin E, Orleans T, Proctor D, and Plough A, May 2017

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[www.governwell.net](http://www.governwell.net)

Everyone has a fair opportunity to be as healthy as possible.

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Source: Robert Wood Johnson Foundation. Author(s): Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. May 2017



# Health Equity: Definition



VOLUME 2 | ISSUE 5 • JULY 2020

NATIONAL ORGANIZATION OF STATE OFFICES OF RURAL HEALTH

## Defining Rural Population Health and Health Equity

### Overview

As the terms “population health” and “health equity” become integrated into the rural health vocabulary, it is important to establish a unified understanding of what these terms mean. This issue brief aims to define population health and health equity, with particular attention to the nuances for rural clinical partners. It can be used to educate rural health and clinical care partners on their approaches to population health and health equity and engage rural health stakeholders in meaningful discussions that improve the health and well-being of rural residents.

*This brief has been developed by the National Organization of State Offices of Rural Health (NOSORH) with support from the Federal Office of Rural Health Policy (FORHP)\*.*

### Defining Population Health and Health Equity

**Population Health** — at a broad level, population health is **defined as** the health outcomes of a group of individuals, including the distribution of such outcomes in the group. The phrase “group of individuals” could apply to a geographic location or other groups stratified by their demographic characteristics, such as gender, race or ethnicity. Functional definitions of population health are applied to identified groups of interest, which may be a service catchment area for an organization or a targeted subpopulation of need.

For rural hospitals, population health often focuses on [Internal Revenue Service](#) (IRS) community-benefit requirements, outcomes-based quality improvement efforts, and reimbursable services (access to primary care, availability of maternal health services, care

#### Common Elements

- recognizes a group of individuals sharing one or more attributes
- incorporates regular analysis of data to identify trends and needs.

partners to simultaneously address social and environmental factors impacting health outcomes of the population.

**Health Equity** — A distinct difference exists between equality and equity — where equality provides everyone with the same opportunity and equity levels the playing field to provide everyone with the same opportunity. Though a commonly used term, the definition of health [lacks consensus](#).

coordination, etc.). These valuable efforts should be undertaken concurrently with local public health and other community

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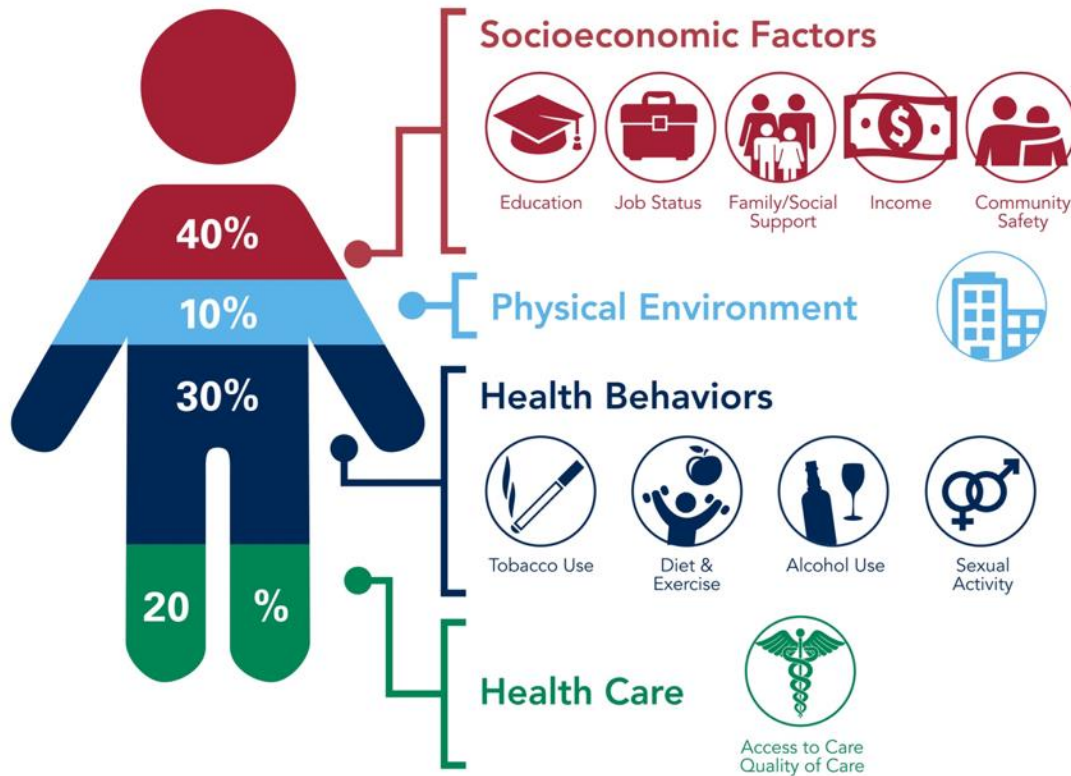
# Health Equity



Source: Robert Wood Johnson Foundation, 2017.

# Social Determinants of Health

Social determinants of health have tremendous affect on an individual's health regardless of age, race, or ethnicity.



## SDOH Impact

- ➔ **20 percent** of a person's health and well-being is related to **access to care and quality of services**
- ➔ The **physical environment, social determinants and behavioral factors** drive **80 percent** of health outcomes

Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014 Graphic designed by ProMedica.

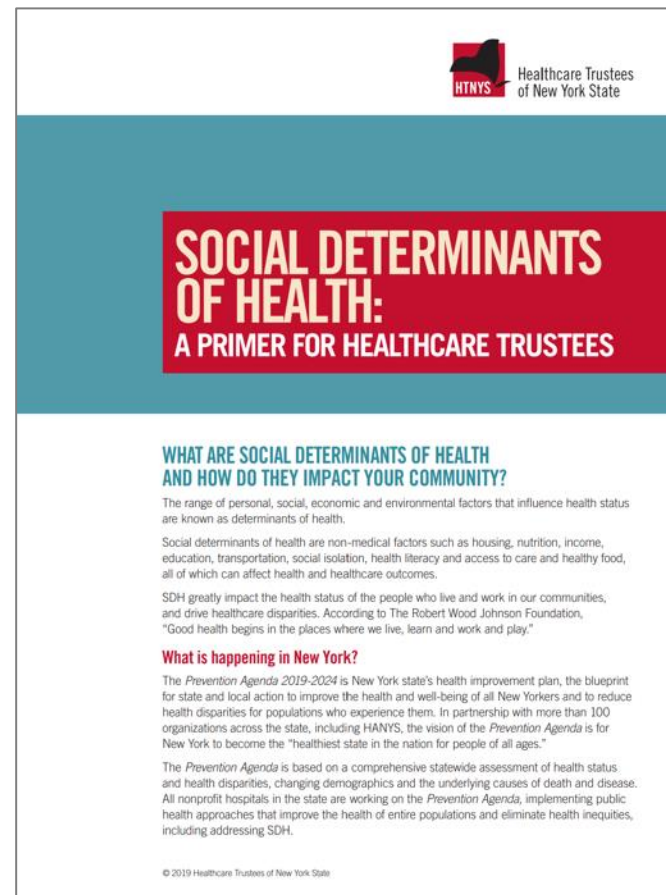
©2018 American Hospital Association

# Understanding Social Determinants



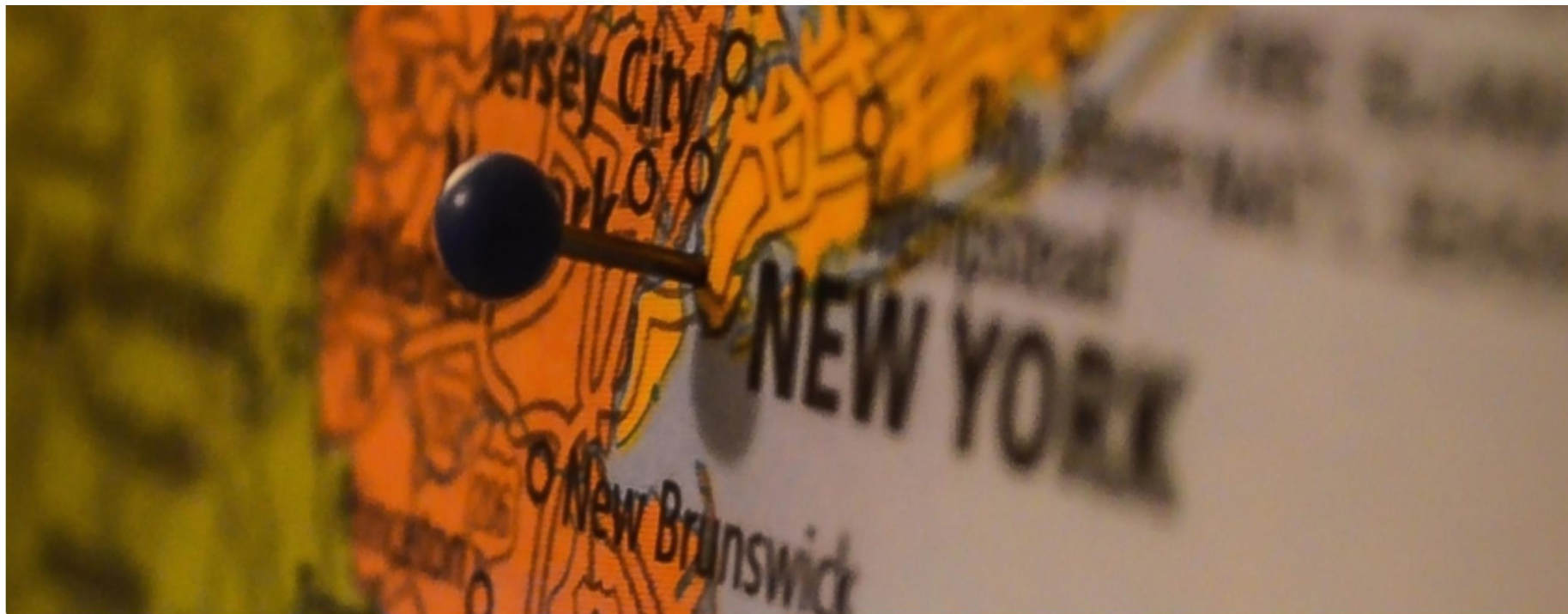
“It is **important for trustees to understand** how the social determinants of health impact the health of their communities. Building partnerships today to address social determinants of health can create the potential to work together in new ways over time to not only improve the health of our communities but to also address health inequity issues in our society.”

**Victor Ayala**  
Board Member  
One Brooklyn Health Chair  
HTNYS Diversity and Inclusion Committee



[Healthcare Trustees of New York State](#)

# Understanding Social Determinants



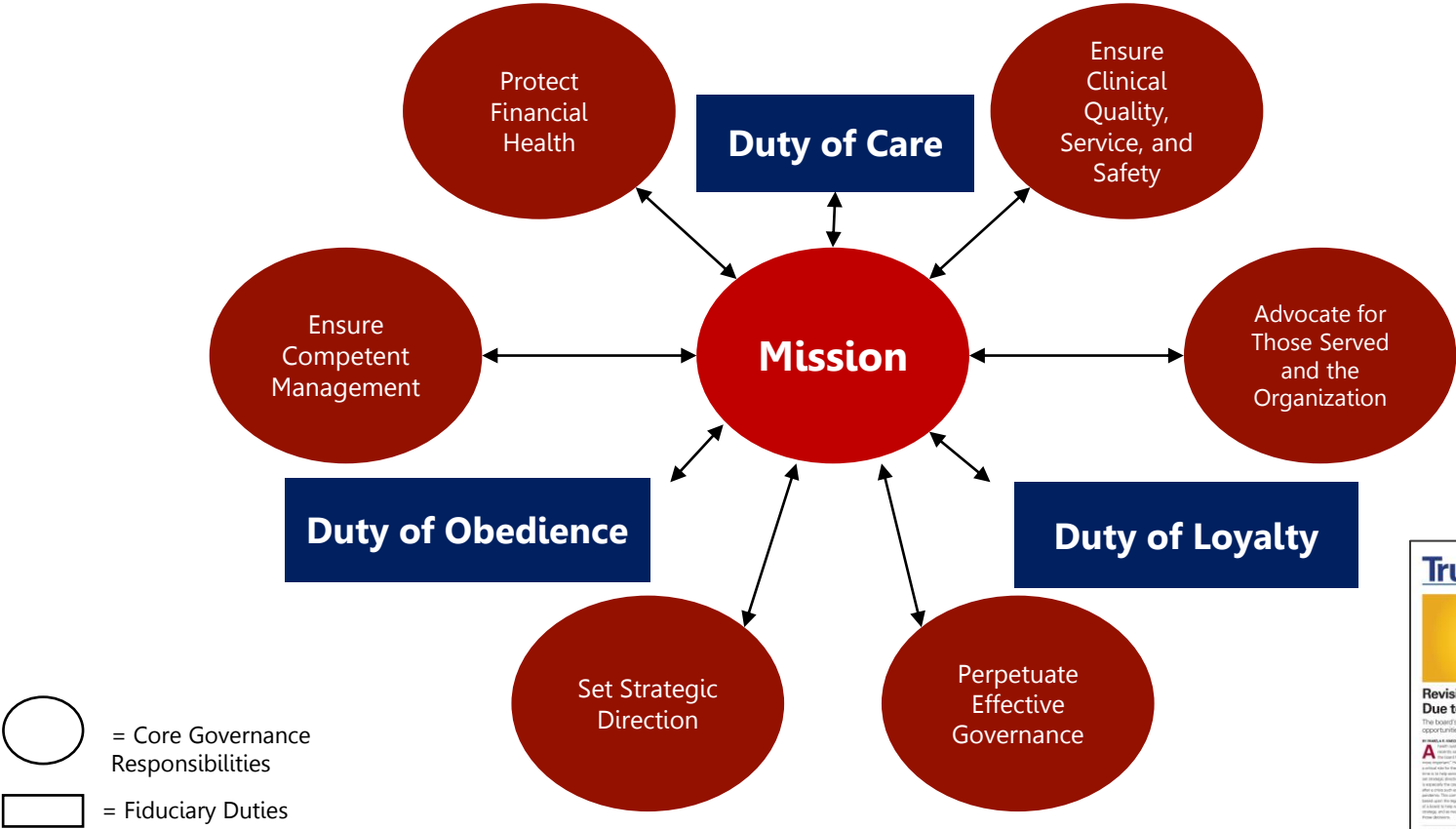
**The Roadmap Ahead: New York's Value-Based Payments Reward Communities and Providers for Addressing the Social Determinants of Health**

[Source: National Academy for State Health Policy](#)

# Uniquely Positioned to Lead

## Board's Legal Duties & Core Responsibilities

*HTNYS: Board Leadership in Times of Disruption and Crisis, September 29, 2020*



Source: AHA Trustee Services

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

The delivery of health services has been challenged through the recent experience of COVID-19 and the need to address the health of the community. As the Board and other leaders are working to address the challenges of advancing health equity, the following content may be helpful in understanding the role of the Board in advancing health equity.

Health and health systems have always been a central focus of the community. As the Board and other leaders are working to address the challenges of advancing health equity, the following content may be helpful in understanding the role of the Board in advancing health equity.

**Understanding Health Equity**

There is no single, universal definition of health equity. However, the American Medical Association (AMA) defines health equity as the state of being free from all avoidable and health system health disparities. Health equity is the state of being free from all avoidable and health system health disparities. Health equity is the state of being free from all avoidable and health system health disparities.

# The Board's Role in Health Equity

## Four Leadership Actions

### 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.

### 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.



### 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.

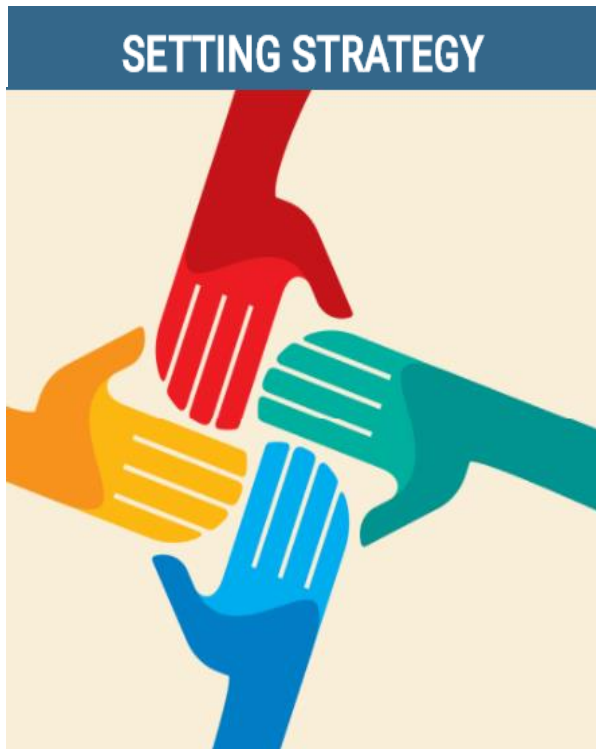
### Ensure Meaningful, Measurable Goals

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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# Establish Strategic Intent



Mission, values and strategic priorities should reflect a strong commitment to health equity and addressing disparities.

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Use existing strategic initiatives as “touchstones” for moving forward.

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Keep a sharp focus on vision and outcomes, not tactics and process.



# #123forEquity Campaign to Eliminate Health Care Disparities



## NATIONAL EFFORTS

Hospitals and health systems take action to accelerate progress.

### ➤ Prioritizing action:

**In 2011, The National Call to Action to Eliminate Health Care Disparities was launched.** This was a joint effort to begin taking action to accelerate progress on the following areas:

- Increase collection and use of race, ethnicity and language preference data
- Increase cultural competency training
- Increase diversity in governance and leadership
- **Improve and strengthen community partnerships**



© 2017 American Hospital Association



- A commitment to diversity starts at the top
- Fully integrated the role of equity and diversity and inclusion into its formal business strategy
- Minorities comprise 43% of Kaiser Permanente's board and a quarter of its C-suite



- 65% of Kaiser's total workforce were racial, ethnic and cultural minorities, nearly 75% were women
- Workforce reflective of its patient base helps the health system design care plans effectively
- Promotes a stronger doctor-patient relationship and makes miscommunication less likely



# Reflect, Understand and Learn



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Learn from best practices and other organizations pursuing health equity.

## STRATEGIES for LEADERSHIP



A Diversity, Equity and Cultural Competency Assessment Tool for Leaders



*Does your hospital reflect the community it serves?*



## A Diversity, Equity and Cultural Competency Assessment Tool for Leaders has four parts:

- Assessment Checklist: A starting point in evaluating the equity, diversity, inclusion and cultural competency of their organization and identifying what activities and practices are in place or need to be implemented.
- Action Steps: A suggested “to do” list for how to use this tool to raise awareness within your organization.
- Case Studies: Examples of hospitals and health systems that are implementing leading practices. Includes description of their activities, as well as information for the key contact within each organization so you can learn more.
- Bibliography: Resources to help organizations learn more about diversity and cultural competency.

# Culture of Equity Resource



BUILDING A CULTURE OF HEALTH

ABOUT A CULTURE OF HEALTH TAKING ACTION WHAT WE'RE LEARNING RESOURCES

CULTURE OF HEALTH / TAKING ACTION

## Taking Action

Building a Culture of Health means working together to develop scalable solutions and take targeted action in our communities.

Inspired by the [ten underlying principles for a Culture of Health](#), the Action Framework identifies priorities, organized under distinct Action Areas, for driving measurable, sustainable progress and improving the health and well-being of all people.

ACTION AREA

### 1 Making Health a Shared Value

How can individuals, families, and communities work to achieve and maintain health?

<b>Mindsets and Expectations</b> Prioritizing and promoting health and well-being.	<b>Civic Engagement</b> Participating in activities that advance the public good.	<b>Sense of Community</b> Strong social connections help communities thrive.
HOW WE MEASURE THIS	HOW WE MEASURE THIS	HOW WE MEASURE THIS

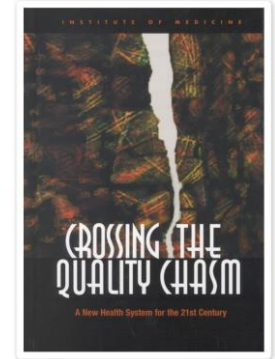
ACTION AREA

### 2 Fostering Cross-Sector Collaboration

How can we encourage cooperation across all sectors?



# Ensuring Meaningful, Measurable Results



Quality = Equity.

Unless specifically measured, disparities in health care may go unnoticed.

Equity should be a key part of quality improvement efforts and community outreach programs.

# #123Equity Pledge Honoree: Northwell Health



## IMPROVING THE ACCURACY OF REAL DATA

Northwell Health's Center for Diversity, Inclusion and Health Equity | Manhattan, New York

**MEMBERS IN ACTION CASE STUDY**

### Overview

Treating patients throughout New York City's five boroughs, Long Island and Westchester, Northwell Health is the 14th largest health care system in the U.S., with 23 hospitals and more than 600 ambulatory practices. More than one-third of the system's 11 million patients speak a language other than English as their preferred language. "Given the diversity of our patient population, Northwell's mission has always been focused on eliminating health care disparities and delivering culturally responsive care," says Michael P. Wright, EdD, vice president, diversity and health equity at Northwell. However, in 2010, the system formalized its commitment with the implementation of a multiyear strategic plan. As part of that plan, Northwell created the Office of Diversity, Inclusion, and Health Literacy, which was later renamed the Center for Diversity, Inclusion, and Health Equity.

One of the first steps the Center took was to execute the American Medical Association's Communication Climate Assessment Tool (IC-CAT), which provided



Given that one-third of the system's 11 million patients speak a language other than English as their preferred language, Northwell's patient-as-a-partner model focuses on how providers interact with patients to provide equitable and culturally competent care.

a baseline for several system hospitals' readiness to ensure effective communication, cultural competence and patient-centered care. "As we received feedback from our employees through the assessment, we recognized that there was a huge opportunity to link the tenets of diversity and the collection of race, ethnicity and language (REAL) data to our organization's health outcomes," says Jennifer H. Mieres, M.D., senior vice president and chief diversity and inclusion officer, Northwell. "Having accurate data stratified by race, ethnicity, and language preference would help us understand disparities and identify which groups were most at risk."

To that end, the Center created a curriculum to educate all employees about REAL data. According to Elizabeth McCulloch, assistant vice president of Diversity and Health Equity at Northwell, the approach was two-pronged. First, the Center created a mandatory e-learning module for all registrars and front-line staff to educate them on the importance of accurate patient data collection and provide them with the tools needed to correctly and efficiently collect and use this data. "We found that our staff would often make inferences when collecting REAL data, rather than asking patients for

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Page 1 | www.diversityconnection.org



We achieve great things when we're *Truly Together* and Truly Ourselves.



Diversity and inclusion gives strength to the very fabric of our organization. That's why we recognize, respect and honor each of our unique backgrounds, abilities and perspectives. Watch how.

[Video](#)

# STRATEGIES TO EQUITABLE CARE

## Health Equity, Defined

When **every person** has the opportunity to attain their **full health potential**.

When **no one** is **disadvantaged** from achieving this potential because of social position or other socially determined circumstances.



## Why Racism is Important in COVID-19

### Racism

**Social Determinants of Health**  
Including access to healthcare, food, housing, and education

**Co-Morbid Conditions**

**COVID-19** Incidence & Outcomes

# Provide Equitable Care

- Recognize racism is at the root of inequities
- Screen for social determinants of health
- Ask about:
  - ability to safely social distance
  - availability of cleaning supplies
  - access to internet/data for virtual visits
  - Screen more frequently for IPV and safety
- Identify key community resources:
  - Food banks or pantries
  - Housing assistance
  - Infection mitigation supplies (e.g. masks, sanitizer)
  - Intimate partner violence services
- Provide information in the language that your patient speaks, reads, or understands.
- Increase capacity for care for vulnerable populations (i.e. increase provider, nursing, social service resources)

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### Remain Vigilant in Collecting Clinical, Quality & Safety Metrics

Data should be stratified by age, race, ethnicity, gender/gender identity, payor, employment status, and preferred language.



Collect COVID-specific outcomes such as testing access and hospitalization rates.

For more information, visit [SMFM.org/COVID19](https://www.sfm.org/COVID19)





# Lead through Collaboration

## GOVERNANCE EXCELLENCE



Determine multiple avenues through which to achieve the mission and objectives of the hospital and its partners.

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Develop and nurture relationships with hospital and community partners who are committed to common objectives.

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Broaden the range of skills, experience and knowledge required to be most prepared for future complexity and uncertainty.



# Lead through Collaboration



## 2020 Trustee Virtual Education Series: Leading Healthcare through Crisis and Social Change

September – November

Webinar 3

Enhancing the Health of Our Communities

Thursday, Oct. 29, Noon – 1 p.m.

**Finding Answers**  
Disparities Research for Change



**PORTFOLIO**  
Real World Examples



# IT IS UNDENIABLE: RACISM IS A PUBLIC HEALTH CRISIS.



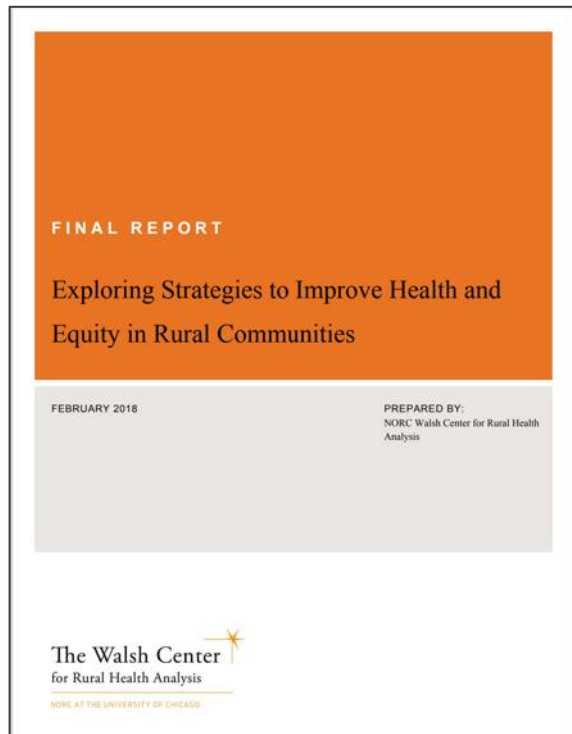
## Learnings on Governance from Partnerships that Improve Community Health

Lessons Learned from  
Foster G. McGaw Prize Recipients

Advances in Health Care Governance Series

Blue Ribbon  
Panel Report

# Rural Health Equity Collaboration



NATIONAL  
RURAL HEALTH  
RESOURCE CENTER

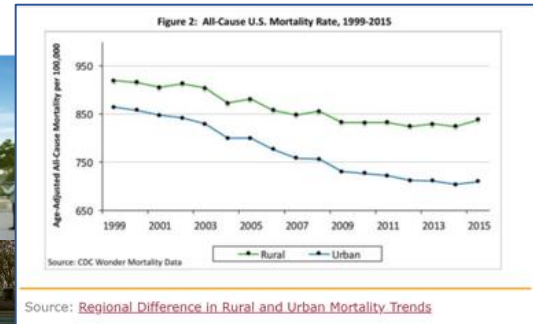
*Collaborating and innovating to improve the health of rural communities.*



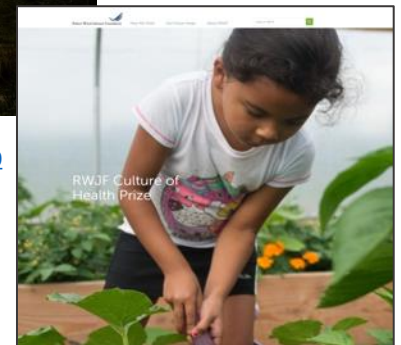
[Learn more about The Center >](#)



Source: Alabama Center for Rural Enterprise and Environmental Justice/[The New York Times 11/15/2020](#)



Source: [Regional Difference in Rural and Urban Mortality Trends](#)



Robert Wood Johnson Foundation.  
[Building a Culture of Health](#)

# Three Important Truths to Understand About Governing During Crisis

Leaders don't need to know everything there is to know in order to make intelligent decisions and wise choices.

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What boards and senior leaders will know tomorrow is going to be very different than what they now today.

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Leaders will never know everything they'd like to know to be completely confident in every decision they make.



# Asking the Right Questions



How does our board promote and advance health equity?

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How can health equity be incorporated into our strategic plan?

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Has a team from our hospital or health system met with community leaders to seek their advice on how to work together to address health inequities?

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What organizations can we collaborate with to improve health equity?

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What do we need to rethink about our health equity strategies in light of COVID-19?



## Board Diversity, Inclusion & Cultural Competency

### A Resource Library

[Overview](#)[Articles](#)[Webinars & Videos](#)[Publications & Presentations](#)[Toolkits](#)[Board Exercises](#)[Suggested Readings](#)

### Overview

The resources within this library are provided to educate trustees on the value of promoting diversity, inclusion, and cultural competency on your boards and across your hospitals and health systems.

This library features topical articles, videos, webinars, and toolkits to help trustees generate board discussion and advance efforts to improve board diversity and organizational awareness. In addition, case studies show trustees how diversity goals can and have been achieved.

Improved board and organizational diversity, inclusion, and cultural competency are key to New York's hospitals and health systems' work to address the social and economic factors that shape the health of their communities, reduce health disparities, and achieve the best possible health for everyone.

HTNYS supports diversity and inclusion and is thankful for the leadership and work of its [Diversity and Inclusion Committee](#).

*Have feedback on our library, or know of additional resources we should consider? We'd love to hear from you! Please send all questions and comments to [Kristen Phillips](#) .*

# Health Equity Governance Essentials

COMPLIMENTARY:  
ADVANCING HEALTH EQUITY



[htnysgovernWell.net](http://htnysgovernWell.net)

Governance Essentials Complimentary Microportal

**governWell**  
Better governance. Better healthcare.



## Advancing Health Equity

### ▼ BoardBRIEFs and Leadership Resources

BoardBRIEF: The Board's Role in Advancing Healthier More Equitable Communities

BoardBRIEF: Leading the Way on Population Health

HTNYS Webinar: The Board's Role in Health Equity Initiatives [PowerPoint]

Health Equity: Key Concepts and Terms

RWJ: Reducing Disparities Best Practices Table

## Featured Resources

Keeping your board on the leading edge with the nation's best insights



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



**HTNYS: Board Diversity, Inclusion and Cultural Competency**



**AHA/IFDHE: #123forEquity Pledge and Health Equity Toolkit**



**NORC: Exploring Strategies to Improve Health and Equity in Rural Communities**



**AHE: Linking Quality and Equity**



**APHA: Advancing Health Equity**

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Healthcare Trustees of New York State (HTNYS) has collaborated with governWell™ to offer a unique set of governance resources to assist hospitals and health systems as they lead healthcare services in their communities.

LEARN MORE



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Cynthia Washington  
VP & Sr. Diversity Health Care Strategist  
Diversity Equity Excellence Partnership  
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