

Beyond Statements to Action: The Role of Public Hospitals in Advancing Health Equity

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The mission of most public (essential) hospitals is about meeting the needs of the community, especially those who are poorest in our society. All receive at least a portion of their revenue from public funding to meet the needs of those who are unable to pay for healthcare. Public hospitals realized long ago that they could not address the needs of communities without investing heavily in wraparound supports to meet patients' behavioral health, social, and cultural needs. Across the nation, public hospitals like Cambridge Health Alliance, Southcentral Foundation, New York Health and Hospitals, and MetroHealth are showing other hospitals how to make addressing social needs, social determinants, and health equity a part of their usual work and role.

The COVID-19 crisis—like any good societal stress test—has brought into stark relief underlying inequities. Maps of social vulnerability, race, and COVID deaths are nearly identical across the nation (see **Exhibit 1** on the following page). This is due to underlying conditions in communities of color such as access to healthy food, access to meaningful work and wealth, humane housing and clean water, exposure to environmental pollution, access to COVID testing and treatment, and differences in premature chronic disease. People

Key Board Takeaways

It is more important than ever for public hospitals to address social needs, social determinants, and root causes of inequities as an essential part of their role in society. Below are some steps public hospital boards can take to accomplish this:

- Reframe a larger equity strategy to include equity, diversity, inclusion, population health, and social determinants.
- Make it a priority to address the mental, physical, social, and spiritual well-being of patients.
- Support low-income earners in your workforce by offering a living wage, health benefits, and paid time off.
- Be part of multi-sector partnerships to better understand and make a positive impact on things like social determinants, public health, and housing in your community.
- Support civic engagement to support long-term community well-being.
- Recognize health equity and racial justice in all policies.
- Support and invest in communities that have suffered from exclusionary policies.
- Be a leader and inspire other organizations and businesses to make the same investments in the community.

disproportionately affected are Black, indigenous, Latinx or other immigrants. In this context, it is more important than ever that our essential hospitals address social needs, social determinants, and root causes of inequities (such as racism) as an essential part of their role in society.

To do this, public hospitals can begin by seeing the well-being of people, the well-being of places, and the systems of society that perpetuate in(equity) as connected and approach them accordingly (see **Exhibit 2** on page 3). In this article, we will

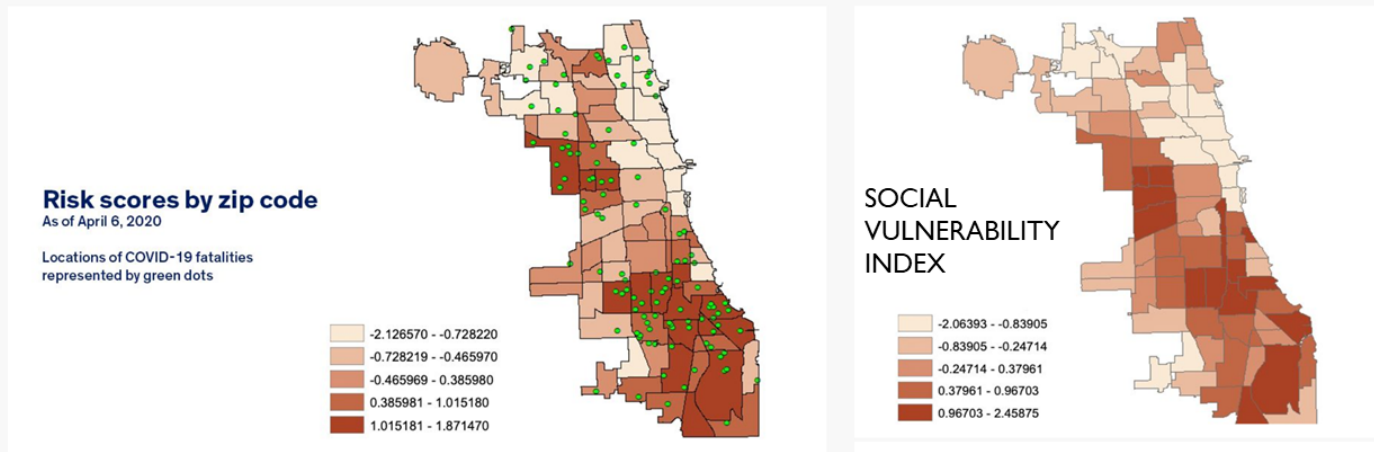
describe ways public hospital boards can do this important work as part of each of these areas.

Recognize that race, place, health, and wealth are connected and treat them accordingly. There are three ways to do this:

- **Connect and prioritize.** Too many hospitals are disconnecting their equity, diversity, and inclusion strategy from their population health and social determinant strategy. Instead, we recommend that public hospital boards connect the dots and see both

EXHIBIT I: SOCIAL VULNERABILITY AND RACE IN CHICAGO

Risk Factors



Note: One of the reasons for such racial disparities is due to the fact that African American communities were disproportionately affected by multiple chronic diseases before the COVID-19 pandemic. This risk factor score represents the 77 Chicago community areas. It includes the rates of heart-related death, stroke deaths, asthma, hypertension, diabetes, obesity, and smoking. Data utilized from the Chicago Health Atlas.

as part of a larger, connected, equity strategy. This larger equity strategy needs to be prioritized as a board-level strategic priority, with measurable outcomes and a committee of the board attending to this strategy. Pathways to Population Health¹ is an example of a framework that can help to connect these strategies.

- **Ask, address, and stratify.** Assure your hospital is asking about and addressing your patients' mental, physical, social, and spiritual well-being and applying a race-based lens to their work. Consider adding questions from the Well Being In the Nation² measures to screen for their financial security, housing quality and affordability, sense of safety, food security, and perception of everyday discrimination in the community. A recent published Milbank

article³ describes these as our first national measures for social determinants. Make sure all data on outcomes and processes being reported to the board are stratified by race/ethnicity and place.

- **Support the low-income earners in your workforce.** Pay special attention to how the bottom quarter of income-earners in your workforce are doing in terms of their mental, physical, social (including financial), and spiritual well-being. If you are like most public hospitals, you hire from the communities you are serving—and these communities have been the hardest hit in the context of the pandemic. Two-thirds of Americans earning \$90,000 or less have lost hours, income, or a job as a result

of the pandemic. This part of your workforce is more likely to have a family member who has had COVID-19 or had a family member lose their income. These employees are at increased risk for poor mental health, physical health, and social well-being outcomes and are unlikely to be able to have the reserve wealth to be able to easily weather an emergency expense as low as \$400. Assuring a living wage, health benefits, paid family and sick leave, and rainy-day funds to support emergency expenses can help to reduce turnover and improve health and well-being.

Partner with communities to address the underlying vital conditions (or social determinants) of places.

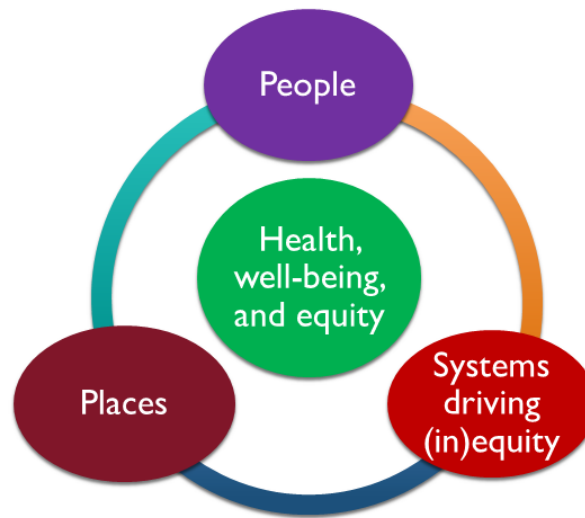
- **Become part of a broader community solution.** Public hospitals don't need to lead the solutions, they need to be part of the team supporting the solutions. Sustainably addressing social determinants requires multi-sector partnership

1 See www.weintheworld.org/frameworks.

2 See www.winmeasures.org/statistics/winmeasures.

3 Somava Saha et al., "Well-Being in the Nation: A Living Library of Measures to Drive Multi-Sector Population Health Improvement and Address Social Determinants," *The Milbank Quarterly*, September 2020.

EXHIBIT 2: INTERCONNECTION BETWEEN HEALTH, WELL-BEING, AND EQUITY OF PEOPLE, PLACES, AND THE SYSTEMS OF SOCIETY



with public health, housing, food banks, businesses, etc. Most communities have active coalitions working to address challenging issues and need healthcare to be a supportive partner. Public hospitals lending their advocacy power to efforts led by public health, housing, and other sectors, funding community residents and staff to be part of the process, and adding assets, resources, and savings generated from multisector partnership back into the community are all ways that public hospitals can be part of a broader team creating solutions.

- **Understand and address social determinants in the community.** While public hospitals technically do not have IRS obligations to conduct formal needs assessments, they do have an obligation to meet the needs of their community. Most communities have multiple needs assessments in place, conducted by public health, community development, or others. We recommend partnering with organizations across sectors and

community residents to develop a shared understanding and shared plan for your community to address social determinants. In doing so, we encourage you to focus on places which have poor outcomes. Data for these can easily be found by looking at the well-being of places through WIN Measures,⁴ County Health Rankings and Roadmaps,⁵ and *U.S. News & World Report's* Healthiest Communities Rankings,⁶ or build one yourself using the CHNA tool in Community Commons. The most important part of the process is to review this data with community residents and partners and develop an action plan together. If a community transformation plan is already in place, simply ask how you can help—and then follow through.

- **Invest in civic capacity.** Multiple studies and case reports

4 See www.winmeasures.org/statistics/winmeasures.

5 See www.countyhealthrankings.org.

6 [Healthiest Communities Rankings 2020](#), *U.S. News & World Report*.

now demonstrate that civic engagement is critical to both emergency preparedness and long-term community well-being. Public hospitals have the opportunity to build civic capacity by supporting (including paying) community residents to engage in the work, funding backbone support functions for coalitions in their community, and supporting leadership development for community leaders. Cambridge Health Alliance's support to community partnerships in Cambridge, Somerville, and Everett for example, have helped these coalitions achieve award winning and sustained transformations in their community with improved childhood obesity, tobacco, and substance abuse outcomes. Above all, this support has led to a process of sustained transformation in communities.

Use your power and advocacy levers to address underlying root causes of societal inequities. This begins by acknowledging the legacies of structural racism as well as

interpersonal racism that continue to perpetuate harm and working to dismantle policies that perpetuate inequity while building pathways for racial justice. Public hospitals can:

- **Adopt a health equity and racial justice in all policies approach.** For both existing and new organizational policies and place-based policies, board members and systems can use their power to ask for a health equity analysis to any plan that is put forward. Assure that this analysis applies a racial justice lens.
- **Greenline what was redlined.** Make strategic investments in communities that have suffered from historic disinvestment through long-term engagement and investment. Anchor strategies like “buy local, live local, hire local,” and use of investment portfolio dollars to invest in women and minority-led businesses are now being

adopted by communities across the country to address root causes. This means strategically investing in economic development in communities which have suffered from exclusionary policies such as redlining, and to develop the tax base communities need to create the vital conditions they need to thrive like good schools, walking routes, and community safety. Unlike a grant, this approach uses funds that a public hospital (or other business) was going to spend anyway to strategically and sustainably disrupt underlying legacies of structural racism.

- **Bring others along.** Invite other organizations and businesses to go on this journey with you. Public hospitals are often the leading employers in communities. By convening others to go on this journey,

hospitals like MetroHeath in Cleveland are demonstrating how they are not only providing great primary care and addressing social needs, but in partnership with Case Western Reserve and University Hospital Cleveland, interrupting the cycle of intergenerational poverty.

This is a legacy moment in our nation’s history, one that will define us for decades to come. How we choose to show up, who we choose to partner with, and most importantly, what we choose to do, will define us in the eyes of generations to come. Public hospitals have the opportunity to lean into this moment as stewards of the public’s health and as builders of a just civic society. This is not an easy task, but it is possible, and in the context of this moment, essential.

The Governance Institute thanks Somava Saha, M.D., M.S., Founder and Executive Lead, Well-being and Equity (WE) in the World, and Executive Lead, Well Being in the Nation (WIN) Network, for contributing this article. She can be reached at somava.saha@weintheworld.org.

