Communities in Action

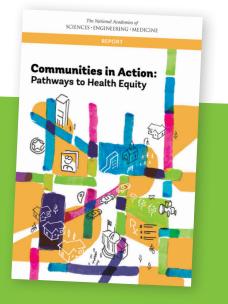
hospitals and health systems

Pathways to Health Equity

Opportunities for Hospitals and Health Systems

Many communities in the United States face significant challenges such as high rates of poverty, high unemployment, and substandard school conditions. This lack of opportunity is particularly evident in the disparities that exist in health status and outcomes between different zip codes or census tracts. Hospitals and health care systems share the responsibility to improve such health inequities in the communities they serve.

Hospitals and health systems are sometimes referred to as **"anchor institutions."** For the past 30 years, discussion has evolved on the role of anchor institutions in the economic, cultural, and social fabric of communities. Anchor institutions are large, usually nonprofit organizations tethered to their communities, like universities, medical centers, or local



government entities. They have significant economic and social impact on their communities, and they also have an economic self-interest in making sure these communities are healthy and safe.

As anchor institutions invested in contributing to a healthy community, **what can hospitals and health systems do to promote health equity?**

About Anchor Institutions

Collectively, anchor institutions have tremendous economic impact on a national scale. Two types of anchor institutions—hospitals and universities—employ 8 percent of the U.S. labor force and account for more than 7 percent of U.S. gross domestic product.

Locally, the economic, intellectual, and human capital places an anchor institution in a unique position to improve and enrich the surrounding community in partnership with other key place-based stakeholders from sectors such as government, business, and faith, as well as communitybased organizations and local residents. Moreover, community viability is a main driver of anchors' long-term success in workforce development, recruitment, and quality of service.

Anchor institutions can play an important role in uplifting community conditions through a series of multilevel strategies and economic investment, including creation of workforce training and living-wage jobs with good benefits, creating and improving affordable housing, increasing local safety and access to parks, and many others.

To avoid contributing to gentrification, these efforts need to be integrated with an equitable approach to economic development that meaningfully uplifts the living conditions of long-term, poor residents.

How Can Hospitals and Health Systems #PromoteHealthEquity?

The causes of growing health disparities in the United States don't begin in a doctor's office: They are heavily influenced by the social, economic, and environmental determinants of health. To truly advance health equity in the community, hospitals must look beyond their walls and focus on improving the *places* where people live and work and where children learn and play.

Hospitals and health systems cannot address these issues alone, but through multi-sector partnerships, they could use their community benefit dollars to pursue long-term strategies for building healthier neighborhoods and advancing initiatives to eradicate some of the root causes of poor health. Hospitals and health systems should also advocate for expanding services that respond to the health-related social needs of the vulnerable and those living in poverty.

To read the report and learn more about health equity, visit nationalacademies.org/promotehealthequity

Practical Steps to Advancing Health Equity: The IHI Framework

According to the Institute for Healthcare Improvement (IHI), it is important for hospitals to make health equity in their community a strategic priority, at every level of the organization. Hospitals and health systems can deploy specific strategies to address the determinants of health on which they have an impact. And they can assess their effects on the community, examining how negative effects may be mitigated.

IHI outlines a number of concrete actions hospitals and health systems can take to begin a journey to improved health equity:



Begin quality improvement work by considering the needs and issues faced by populations experiencing worse health outcomes and the greatest disparities in the social determinants of health.

Tailor quality improvement efforts to meet the needs of marginalized populations across the continuum of social determinants of health.

Include traditionally disenfranchised people in health care transformation efforts and in advisory positions.

Use the required community health needs assessment (CHNA) as an opportunity to pursue health equity issues in a more coordinated approach with other hospitals and diverse stakeholders committed to advancing health equity. (See Box 7-3 for a brief overview of CHNA for charitable hospitals, and report page 406 for examples of CHNAs conducted with a health equity focus.)



Provide cultural competency education within the institution and in the community.

Procure supplies and services from women- and minority-owned businesses and use hiring practices that promote diversity and inclusion; increasing diversity in hospital leadership and governance is especially important.

Increase access to health care and human services which includes, among other things, building health care facilities in underserved communities.

Example of Action

Henry Ford Health System

Henry Ford Health System generates more than \$1.7 billion per year. It is the fifth largest employer in Detroit, which faces major economic challenges and is the most segregated city in the United States.

In collaboration with other anchor institutions, Henry Ford Health System has engaged in community work to promote health equity, including:

- neighborhood revitalization that includes campus expansion, transportation, and façade improvements in local neighborhood acquisition, and the rehabilitation of properties with the state's housing development authority;
- (2) significant local and minority purchasing and a transparent sourcing policy to increase minority business opportunities;
- (3) land acquisition to attract large suppliers to Detroit;
- (4) contract opportunities for local small businesses;
- (5) employer-assisted housing programs;
- (6) a 5-year clinical degree program for high school students;
- (7) nonprofit technology business incubator services; and
- (8) health systems partnerships to reduce infant mortality.

To learn more about the role of anchor institutions in health equity, visit nationalacademies.org/promotehealthequity

Conclusion

Hospitals and health systems are deeply rooted institutions that can be economic engines in the communities they serve, holding significant social capital. They are also trusted health leaders in their communities, well positioned to help lead multi-sector work aimed at eliminating health disparities. By leveraging their economic power, good will, and human resources, hospitals can make significant advancements in the promotion of health equity.

The National Academies of SCIENCES ENGINEERING MEDICINE

Read the report at nationalacademies.org/promotehealthequity

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