HOW TO ADVANCE EQUITY WITH DIVERSE GOVERNANCE

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More than six years ago, the Catholic Health Association joined the American Hospital Association (AHA) to promote four strategies that hospitals and health systems could take to commit to health equity. Increasing diversity in governance was among the strategies highlighted. Practically speaking, this means increased diversity on boards of directors, considering characteristics from race, to gender, to socioeconomics to geography and more, so that leadership is broadly representative of those served and reflects a variety of lived experiences. Each hears and bears witness to different community viewpoints that can enrich the discernment in setting the organization's strategic direction and commitments.

The shared vision of equity by the AHA and CHA included a focus on governance because diverse voices bring unique perspectives and experiences. When decision-making bodies also involve inclusive practices, such as generous listening to community narratives, the result is more fully informed strategies. Together, diversity and inclusion create a pathway to advancing equity — a lived experience where all persons have a fair and just opportunity for human flourishing, which includes being as healthy as possible.

Leaders of organizations heard outrage from their members in light of the injustices that unfolded in the spring and summer of 2020. Voices from many community sectors called for accountability and action. There were quick and timely responses in denouncing the injustices.[1] The deplorable disparities starkly unmasked by the coronavirus pandemic, coupled with the outcries for social and racial justice, underscore the need for and the benefits of diversity and inclusion among governing bodies.

A health equity strategy that includes commitments to diversity and inclusion within governing bodies serves as one way to reconcile relationships with people of historically marginalized groups. Medical history contains far too many accounts of physicians, scientists and health care institutions using such people against their will or knowledge. The silencing of wronged individuals and abuse by the health care system exist far beyond the federally backed Tuskegee syphilis study where Black men were manipulated for scientific and professional gain,[2] or the story of Henrietta Lacks' cell lines taken without her consent.[3] The stories of those injustices live on not only in the annals of history, but also among communities of color today. Repairing and reconciling history's wounds entails practices of inclusion where diverse communities have historically been absent from board rooms, advisory committees and other decision-making formats.

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Racial and ethnic diversity has long been lack-

ing within governing bodies as reflected in biennial surveys conducted by the AHA's Institute for Diversity and Health Equity.[4] Diversity among women and men on governing bodies has skewed toward men.[5] In addition to race/ethnicity and gender, other factors of diversity merit consideration and local context. When I lived in rural Kansas, diversity included racial and ethnic differences, in addition to representation from different sectors such as manufacturing, professional services and farming. Health care systems can also focus diversity and inclusion efforts among local boards, such as advisory boards and councils that frequently serve as pipelines to larger fiduciary boards.

Such efforts are important because those involved in governance are not just filling chairs around the table, but rather they reflect meaningful relationships with the community. Individuals whose lives and families depend upon different economic sectors and who hail from different zip codes bring unique viewpoints of the local community, community health and experiences of flourishing and interdependence. These diverse perspectives can engender the community's trust when the board acts and hold management accountable to the voices from the community.

Trust and accountability are essential for expanding health equity. Populations that have been historically underrepresented, whether people of color, women, or persons with disabilities, for example, have experienced much suffering because of lack and lapses in accountability. Diverse representation on governing bodies brings forward the stories from these communities. Individuals who represent diverse communities bring insight into effective strategies for building trust and pursing equity. Charged with oversight of the management team, the board can inquire about and require key performance indicators on equity strategies that involve both the people served in the clinical setting and the people in the workforce supporting the care.

With these or similar reports in the hands of the board, those member champions of equity strategies assume the role of advocate and ambassador. They represent the community voice to the local hospital or health system, and conversely, they take messages from the health care organization back to the community. Board members can fulfill a key equity strategy, namely the accurate reporting of information to the community. The stories involving equitable tactics undertaken by a hospital to address disparities are then returned to the community through trusted individuals. These processes can help heal wounds of mistrust and build a community where people have access to the same information and can work together in areas of common interest and benefit.

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Presence Health in Chicago, now part of AMITA Health, adopted this model. When forming community leadership boards for each of its twelve local hospitals, the system reported the composition of the boards according to gender and ethnic/racial characteristics.[6] The health system ensured that community leaders closest to the voices of diverse populations were included on these boards.

CHA's new initiative, We Are Called: Confronting Racism by Achieving Health Equity, is a prophetic call to action.[7] Leadership and governance diversity has been and always will be a foundational component for strengthening health equity, and its importance is ever more evident amid the COVID-19 pandemic when people of color are disproportionately impacted by disease and have less vaccine access and usage. Pursuing a foundational strategy to advance health equity

via board diversity will serve hospitals and health systems well into the future. It is one step toward building trust and furthering the designs of new systemic structures that will bring about health care that is more just and more virtuous. When we bring together different people, each made in the image and likeness of God with hearts and minds centered on extending Divine healing to all of creation and all people, grace and reconciliation will abound. Diverse and unique as we are, together we are called to love tenderly and act justly with our God.

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NOTES

1. CHA, "A Call for Racial Justice and Reconciliation," May 29, 2020, https://www.chausa.org/newsroom/news-releases/2020/05/29/a-call-for-racial-justice-and-reconciliation; AHA "Statement on George Floyd's Death and Unrest in America, June 1, 2020, https://www.aha.org/press-releases/2020-06-01-statement-george-floyds-death-and-unrest-in-america.
2. Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Harlem Moon Broadway Books), 2006.
3. Rebecca Skloot, *The Immortal Life of Henrietta Lacks* (New York: Crown Publishing Group), 2011. For more information on ethnic and racial disparities, see The 2003 Institute of Medicine Report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care," including a paper by Jennie R. Joe, "The Rationing of Healthcare and Health Disparity for the American Indians/Alaska Natives," p. 528, https://www.nap.edu/catalog/12875/unequal-treatment-confronting-racial-and-ethnic-disparities-in-health-care.
4. See IFHDE, Study of U.S. Hospital Surveys, https://ifdhe.aha.org/benchmarking-study-us-hospitals-surveys.
5. Morgan Haefner, "'We've Made No Progress': Healthcare Boards 87% White, Leverage Network Study Finds," Becker's Hospital Review, February 23, 2021, https://www.beckershospitalreview.com/hospital-management-administration/we-ve-made-no-progress-healthcare-boards-87-white-leverage-network-study-finds.html.
6. Dougal Hewitt and Pamela Mitchell-Boyd, "Engaged Local Governance Can Transform Communities," *Health Progress* 99, no. 5, Sept-Oct. 2018, 50–54.
7. For more on CHA's initiative We Are Called: Confronting Racism by Achieving Health Equity, https://www.chausa.org/cha-we-are-called/.

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