



How can health care systems and the communities they serve use this reformative time as a period of social innovation? That is the lens through which AHA and our Institute for Diversity and Health Equity (IFDHE) have undertaken a series of meetings with stakeholders in the diversity, equity and inclusion space.

Our most recent Health Equity Innovation Summit took place March 6 in AHA's Region 7, which includes members from Texas, Arkansas, Oklahoma and Louisiana.

This one-day event was designed to bring together C-suite hospital leaders, community members and patient advocates to explore regional challenges and co-develop potential solutions to accelerate actions to advance health equity. The session was interactive and inclusive of diverse perspectives.

Fireside Chat



A fireside chat, moderated by Leon Caldwell, IFDHE's senior director, health equity strategies and innovation, addressed the innovative ways technology can break down barriers to health care access, and how health systems might achieve trust in communities through inquiry and shared exploration of a needs assessment.

Fireside speakers included Roberta Schwartz, executive vice president and chief innovation officer of Houston Methodist Hospital; Terry Scoggin, chief executive officer at Titus Regional Medical Center; and Bettina M. Beech, chief population health officer and clinical professor at the University of Houston.

Here's what was discussed:

- Vulnerability is necessary to have equity discussions — especially interpersonal, one on one conversations to understand what matters to each individual.
- Technology and virtual care are innovative methods to bring health care into communities, but many rural and historically underserved communities lack access to broadband service. This is an area that still needs improvement.
- Communities are not a monolith and to achieve health equity, it's important to understand individual, lived experiences — rather than using collective approaches to determine solutions.



Attendees were guided through an interactive session to accelerate health equity, using each of the six levers as a framework.

Top Takeaway from Each Lever:



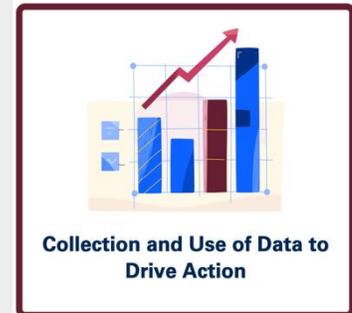
Level 1

Culturally appropriate patient care needs to be embedded as a strategic priority across all levels and at each stage of the patient's healthcare journey.



Level 2

Hospitals should develop multidisciplinary internal review committees to identify policies that are inequitable and engage local and state government officials to advocate for systemic policy change that eliminate health disparities.



Level 3

Community input and representation is crucial to accurately capture data and identify gaps in health.



Level 4

Hospital c-suite and governance boards can be diversified through a variety of strategies such as: enforcing term limits for board members; unconscious bias training; and detailed succession planning and training workshops.



Level 5

Establishing community partnerships requires intentional listening, meeting the community where they are, building trust and working to create policies to make community engagement sustainable.



Level 6

To achieve systemic and shared accountability, hospitals and health systems have to find what DEI metrics are within their control, and then tie these metrics to system wide goals and incentive plans.