



How can hospitals and health systems use “constructive disruption” to eliminate health disparities and achieve equity? That was the question AHA members used as a framework as they worked alongside stakeholders in the diversity, equity and inclusion space at IFDHE’s Region 2 Health Equity Innovation Summit on May 3 in Wynnewood, Pa.

Region 2 includes members from Pennsylvania, New Jersey and New York. This one-day event brought 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.

Around 60 members were in attendance for this convening and were representative of various hospitals and health systems including Penn Medicine, Main Line Health, Independence Blue Cross, Jefferson Health and more.



A fireside chat, moderated by Leon Caldwell, IFDHE’s senior director, health equity strategies and innovation, included discussion on how hospitals can share power with its patients and community members, and why it matters to include more voices than just those at the senior leadership level.

Speakers included Pierre Vigilance, M.D., senior partner and global account lead at Korn Ferry; Chris Pernell, regent-at-large at the American College of Preventative Medicine; Nicole Harris-Hollingsworth, vice president, social determinants at Hackensack Meridian Health; and Tyra Bryant-Stephens, M.D., pediatrician at Children’s Hospital of Philadelphia.

Here’s what was discussed:

- Hospitals and health systems must have leadership and governing bodies that mirror the communities they serve, with an emphasis on cultivating a sense of belonging and inclusion.
- To move the needle in health equity, it’s essential to break down the paradigm and ask questions that challenge institutional systems.
- To share power requires innovation and collaboration **with** the community, not **on behalf** of the community.



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

Hospitals should build strong community partnerships with community leaders to bridge the gap between the patient and health care provider.



Level 2

Hiring, training and sustaining a workforce that is representative of the community is key to creating equitable and inclusive organizational policies.



Level 3

Advancing health equity requires the use of sharing data on a universal level, while strengthening community partnerships to drive action and create sustainable change.



Level 4

Hospitals and health systems must have leaders that mirror the communities they serve, with an emphasis on cultivating a sense of belonging and inclusion.



Level 5

Creating a culture of equitable interventions require inclusive discussions that met people where they are — physically, culturally, linguistically and experientially.



Level 6

To achieve systemic and shared accountability, hospitals should imbed empathy into their core mission, values and practices.