



“People support what they help to create. If people are part of the creation in the beginning and are at the table, they are more likely to stick through the process and see it through to the end.”

This quote by Frank Robinson, vice president, public health, of Baystate Health, was intended to remind hospitals of the importance of including community and patient voices into conversations about delivering equitable care. On Sept. 19, AHA members gathered to discuss ways to make transformative changes in health care during IFDHE’s Region 1 Health Equity Innovation Summit in Wallingford, Conn.

Region 1 includes members from Connecticut, Massachusetts, New Hampshire, Vermont, Rhode Island and Maine. 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 attendees were guided through an innovative design-thinking session.

Around 50 members were in attendance for this convening and were representative of various hospitals and health systems including Connecticut Hospital Association, Hartford Health Care, Lifespan, Waterbury Hospital and more.



A fireside chat moderated by Leon D. Caldwell, IFDHE’s senior director, health equity strategies and innovation, included discussion about the distinction between innovation and invention, and how to apply ideas that already exist in a new way. Speakers included Robinson; Montez Carter, president and CEO of Trinity Health of New England; and Ena Williams, senior vice president and chief nursing officer of Yale New Haven Hospital.

Here’s what was discussed:

- Hospitals don’t need to wait for perfection to start moving towards a solution — don’t get crippled in perfection to take the first step.
- It’s critical to have the right collective of voices in the room that offer a diverse range of perspectives and solutions.
- For successful co-creation and collaboration, it’s important to listen carefully without preconceived ideas in order to get to the real core issue at hand.



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

Each organization should have infrastructure that supports culturally appropriate patient care as its core values – this starts with collaborating with the patient community and ensuring their voices are heard throughout the entire process.



Level 2

To ensure, equitable and inclusive policies, organizations can focus on narrowing the wage gap that causes inequities and disparities among its staff and include career pathways to strengthen underrepresented groups.



Level 3

Building community partnerships, standardizing data collection standards, and focusing on training are critical elements needed to eliminate the fragmentation of data collection in patient care data.



Level 4

Leadership should reflect the patient population and communities that are served; recruiting diverse leaders can lead to trust and accountability at the governing level.



Level 5

Efforts to strengthen community collaboration includes leveraging existing community partnerships that have been proven effective and streamlining tools for communities to better interact with the health care system.



Level 6

Hospitals and health systems need to include the voices and concerns of the communities and populations they serve for there to be true systemic and shared accountability.