



# Health Equity: **MORE CAN AND MUST BE DONE**

## **JUNE 15, 2020 STATEMENT**

**T**he senseless and tragic killing of George Floyd in Minneapolis has sparked outrage, grief and frustration among people from all backgrounds, and exposed once again the systemic racism, injustice, and inequality that unfortunately still exist within the fabric of our society.

Simultaneously, the disproportionate impact of the COVID-19 pandemic on people and communities of color has highlighted the fact that dramatic health disparities continue to exist in Illinois. The combination of these two events has heightened everyone's awareness to these issues and has set the stage for the possibility of true change.





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**N**o one has all the answers to eliminate systemic racism, injustice, inequality, violence, and health and socio-economic disparities. But the Illinois Health and Hospital Association (IHA) and its more than 200 hospital and nearly 40 health system members across the state recognize that more can and must be done. We are even more strongly committed to working with our communities, our government partners and all stakeholders to advance and achieve tangible and lasting change to address these societal ills.

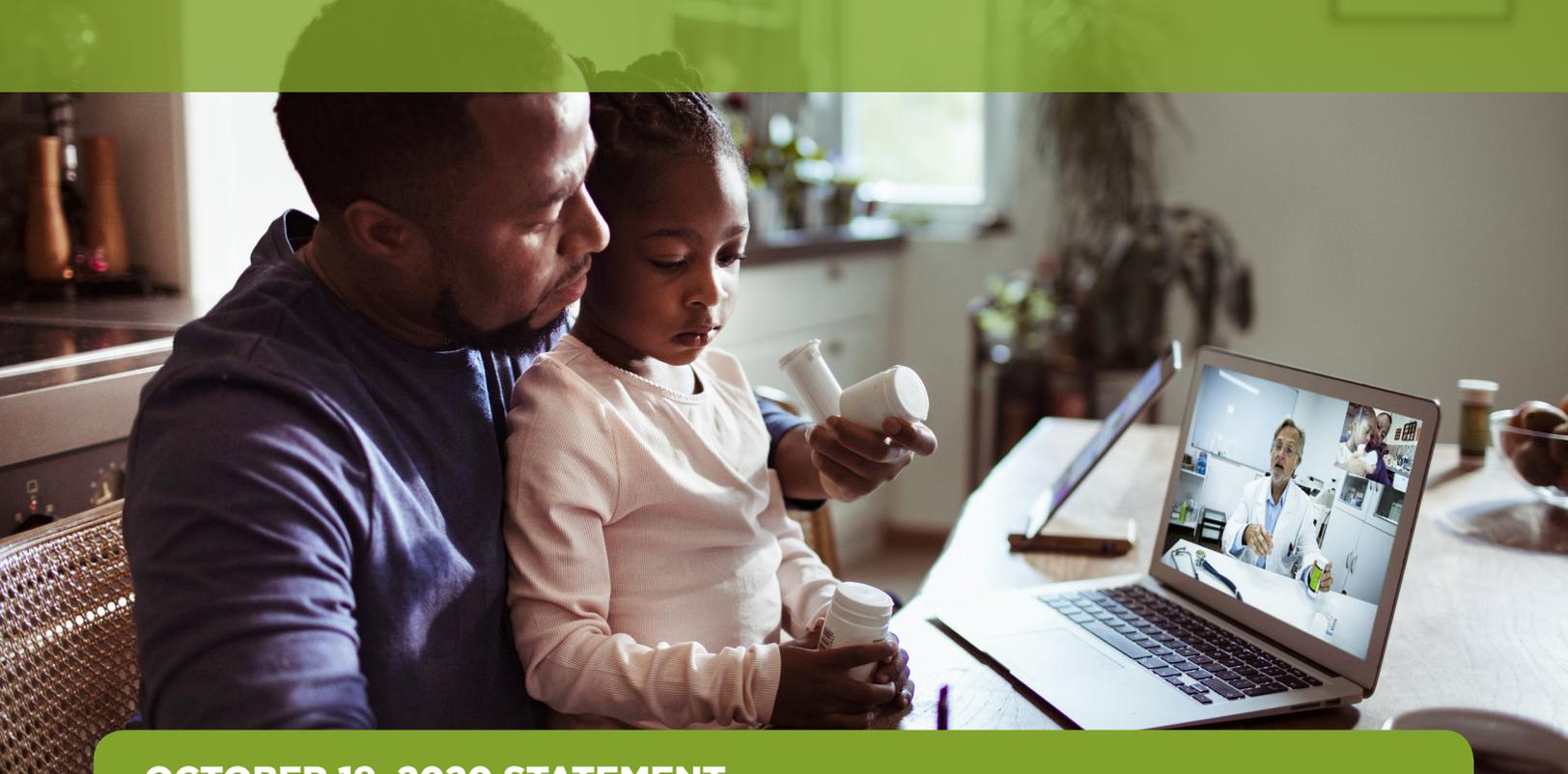
If we are to achieve IHA's vision for Illinois healthcare—**that all individuals and communities have access to high-quality healthcare at the right time, in the right setting, in order to support each person's quest for optimum health**—then redoubling our efforts to address health disparities is imperative.

**IHA and the hospital community have been engaged in this important work for years.** Illinois hospitals have undertaken numerous activities, both individually and collectively, to address health disparities and the social determinants of health. For example, several IHA member hospitals in Chicago are engaged and committed participants in the **Chicago Hospital Engagement, Action and Leadership (HEAL) Initiative**—a bold, three-year plan to improve health and reduce violence through neighborhood engagement by identifying ways to address social determinants of health impacting

vulnerable communities. Similarly, in 2018, the IHA Board of Trustees created a Supplier Diversity Task Force charged with identifying and overcoming barriers for minority contractors and suppliers to improve access to work on hospital capital construction projects. Many hospitals throughout the state are actively engaged in **other initiatives** to address factors that influence good health, including community programs and affordable housing.

To further enhance our voice and our efforts on these important issues, the IHA Board is establishing a permanent standing committee on health disparities. This committee will develop and implement strategies to address health disparities and the underlying socioeconomic factors that continue to adversely affect vulnerable communities and populations across Illinois—especially black and brown communities.

As a hospital community committed to healing and providing care to all of our patients, it is especially incumbent upon us to work together for real change to achieve racial justice, equality and inclusion, and to end health disparities that have been so starkly exposed by the COVID-19 pandemic and the George Floyd injustice. **We believe we are in the midst of a long overdue, historic and profound turning point, and we stand ready to work with our communities, government partners and other stakeholders to address these critical societal challenges.**



## OCTOBER 19, 2020 STATEMENT

**W**e must acknowledge that structural racism is a public health crisis, as much as COVID-19, and is a very real attack on humanity that needs to be addressed by all of us. It demands our commitment of time, resources and education, as IHA and hospitals and health systems throughout Illinois are already doing today.

**Achieving healthcare equity is a challenge for any organization—barriers clearly** exist in the form of constrained budgets, insufficient staffing, technology gaps and the absence of critical patient data related to addressing disparities. But these issues can be addressed in a strategic manner guided by leadership and governance that are committed to serving their communities and being accountable to their stakeholders, as IHA is currently doing.

As we know, patients with chronic illnesses spend greater than 90% of their time in their home and communities. Thus it is absolutely imperative for us to address their needs outside of the four walls of healthcare provider institutions.

As the IHA Committee on Health Disparities has begun its deliberations, key themes that have emerged for improving health equity, include:

- **Improve access** to primary and specialty care, as well as behavioral health services, to help overcome chronic conditions;
- Continue to **leverage telehealth** and other technology solutions to improve access to care;



- **Evaluate institutional policies** and processes with an equity lens to identify opportunities for growth;
- **Enhance and use data** to identify and address disparities and measure progress;
- **Cultivate a culture** that values diversity, equity and inclusion throughout the organization;
- **Enhance collaboration** with community based organizations to address the social determinants of health; and

- **Advocate for funding** to improve access to healthcare and social services.

We look forward to creating an environment that is inclusive for everyone we serve—the reason we are all in healthcare. We need your input. We invite your collaboration. **We welcome your feedback as we work to establish a plan to share with the leadership of Illinois hospitals.**

## Members of the Committee on Health Disparities

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OCTOBER 19,  
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Statement from the Co-chairs of IHA's Committee on Health Disparities George Miller, President and CEO, Loretto Hospital, Chicago, and José R. Sánchez, President and CEO, Norwegian-American Hospital, Chicago.