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The American Hospital Association’s vision is a society of healthy communities where all individuals reach their highest potential for health.

Confronting and eradicating structural racism are fundamental to achieving our vision. The cumulative effects of racism and discriminatory practices lead to generational trauma, higher rates of illness, overall poorer health and lower life expectancy for people of color. These conditions combined with other societal factors that influence health make it clear that racism is a serious public health threat.

As pillars of communities across America, hospitals and health systems are re-examining and taking actions to address: our institutional policies through an equity lens, our relationships with the people we serve, and our past role in perpetuating conditions that foster inequities.

Our goal is an equitable and just health care system that is not racist, promotes improved outcomes for all, and honors the dignity of every patient. To that end, we commit and hold ourselves accountable to increasing access to care, enhancing the diversity of our workforce, providing care with cultural humility, and empowering patients and families to achieve optimal health.

Through collective action and collaboration with other health care stakeholders, we are well-positioned to advance our vision. Attached are a series of initiatives that we are currently undertaking in this regard.

## **MAJOR AHA INITIATIVES**

### Field Leadership

- Led efforts with the Administration and other stakeholders to ensure COVID-19 vaccinations are provided to communities disproportionately impacted by the disease.
- In partnership with the Robert Wood Johnson Foundation, provide promising practices, education and tools to promote equity in care practices, including the development of an “Equity Roadmap,” which builds on the “#123forEquity Pledge.”
- Developed and launched the “Better Health for Mothers and Babies” initiative to reduce maternal morbidity, which disproportionately impacts Black and Native American women and their families. Through this effort, AHA is collaborating with a number of partners, including March of Dimes, the Alliance for Innovation on Maternal Health (AIM) and the Institute for Healthcare Improvement, to share resources and information that will help hospitals and health systems improve outcomes for mothers and babies.

- Support efforts to increase diversity on hospital and health system governing boards through the “Trustee Match Program” in partnership with the National Urban League and UnidosUS.

### Public Policy Advocacy

- Protect, preserve and expand the Affordable Care Act to reduce the number of Americans who lack health care coverage. In addition, helped lead efforts to expand “COBRA” coverage during the pandemic for those who lost health coverage as a result of economic conditions, and supported efforts to provide additional incentives for states to expand Medicaid coverage.
- Ensure that hospitals and health systems serving historically marginalized communities have adequate resources through protecting the Medicare and Medicaid disproportionate share adjustments; preventing reductions in funding and eligibility for the “340B program”; increasing the federal contribution, or “FMAP,” to support Medicaid during the pandemic; and ensuring special allocations from the COVID-19 Provider Relief Fund.
- Support for the Mothers and Offspring Mortality and Morbidity Awareness (MOMMA’s) Act to improve access to care and advance quality of care by extending Medicaid coverage to 12 months after delivery, helping hospitals and clinicians implement clinically proven maternal health best practices, and provide support to health professional schools and training programs to educate health care providers about implicit bias and ways to render care with cultural humility.
- Promote the inclusion of adjustments for sociodemographic factors in quality measurement programs, where appropriate, to ensure fair comparisons relative to provider performance.
- Supported efforts to repeal federal rules that would have narrowed the scope of non-discrimination provisions or created obstacles in efforts by federal agencies to support diversity and inclusion training.