



HEALTH EQUITY IN ACTION

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Polling Question 1: What is your current role?



1. In-house counsel
2. Outside counsel
3. Consultant
4. Other

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Polling Question 2: What does “health equity” mean to you?



1. Equal access for all
2. Fair distribution of resources
3. Customization based on individual needs
4. I'm not sure

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Health equity: *the situation in which everyone has a fair and just opportunity to be as healthy as possible.*

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High quality care **includes** equity

*Source: Institute of Medicine, Health Care Quality
Chasm, 2001*



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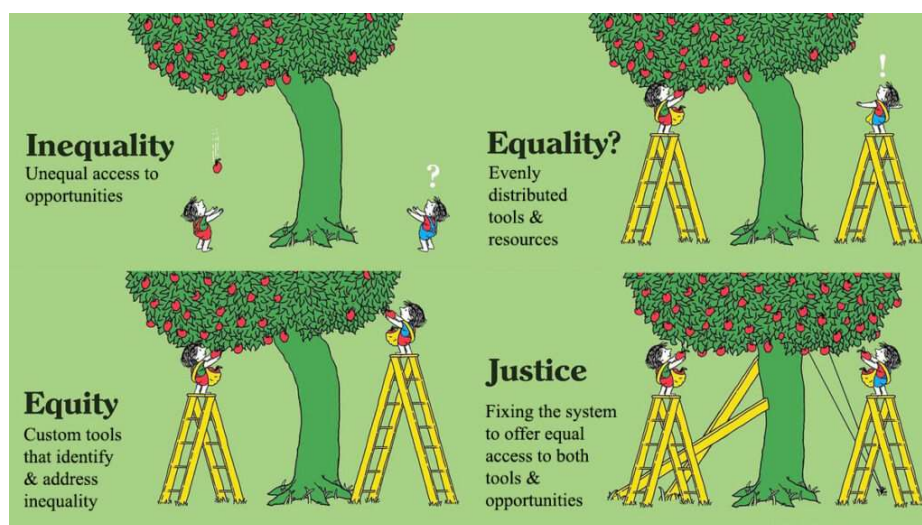
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Health equity is **not** equality



Source: Robert Wood Johnson Foundation

Health equity is **not** equality



Source: Tony Ruth

Health equity is **more than** race and ethnicity



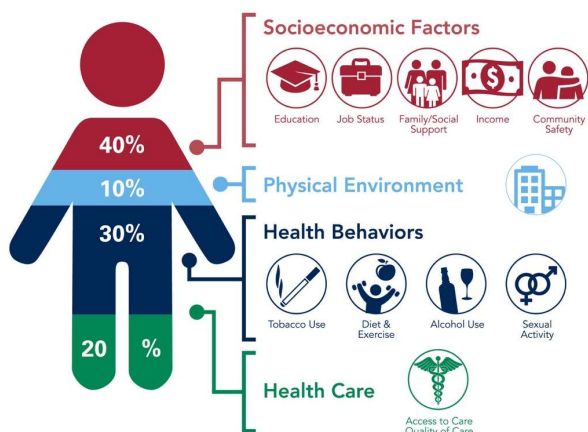
Gender
Age
Geography
Sexual orientation
Jobs with fair pay
Education
Food
Housing
Healthcare
Discrimination
Sexism
Racism

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Health equity is **more than** health care



20% of health is
related to access to
care and quality of
health care services

80% percent is
determined by
societal factors

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Polling Question 3: What do you perceive to be the biggest barrier to achieving health equity?



1. Financial constraints
2. Geographic location
3. Systemic bias/discrimination
4. Lack of education/information
5. Other

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Actions to improve health equity



Data collection and use, to identify disparities in care and track progress in eliminating such disparities that contribute to disparities in health outcomes

Cultural competency education, to tailor health care delivery to meet patients' social, cultural and linguistic needs

Diversity and inclusion within leadership and governance, to have deeper insight into local needs and issues that result in better decision-making for communities being served

Community partnerships, to address the societal factors that influence the health of communities outside the walls of hospitals

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Societal factors that influence health

Social needs

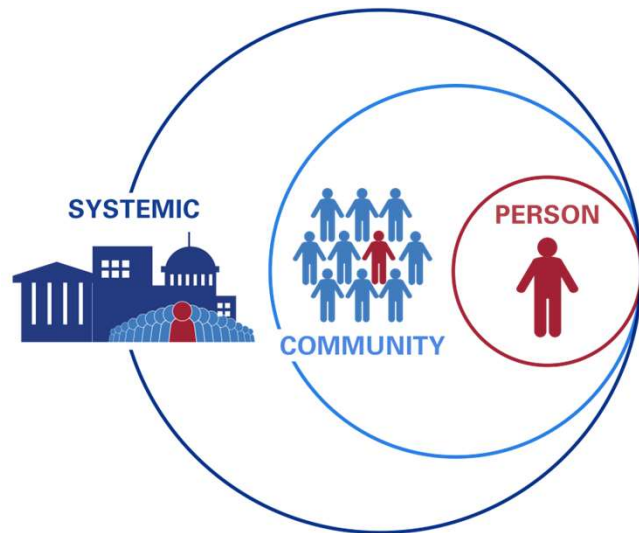
Individuals' non-medical, social or economic circumstances that hinder their ability to stay healthy and/or recover from illness.

Social determinants of health

Underlying social and economic conditions that influence people's ability to be healthy.

Systemic causes

The fundamental causes of the social inequities that lead to poor health.



Source: American Hospital Association:

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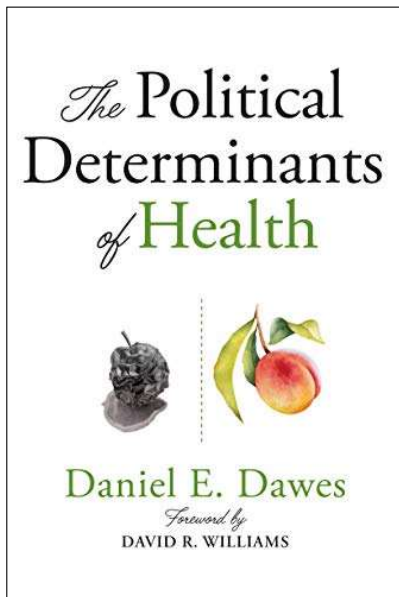


Political determinants of health: *they are the determinants of the determinants*

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The **political determinants of health** involve the systematic process of structuring relationships, distributing resources, and administering power, operating simultaneously in ways that mutually reinforce or influence one another to shape opportunities that either advance health equity or exacerbate health inequities.



What is your role in addressing health equity?

Polling Question 4: How do you react to the statement, “I influence health equity through my work?”



1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree

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Historical Legal Context Practice of Medicine

Virginia General Assembly 1662

Virginia Acts 1723

Smallpox inoculation 1720s

Buck v. Bell 1927

“Mississippi appendectomy” 1920s

Law 116 enacted in Puerto Rico 1937

Family Planning Services and
Population Research Act of 1970

Preventative Health Amendments of
1984

Germ Theory

Medical Professionalism

“Negro Medicine”

Blue Shield in Pacific Northwest

De facto hierarchy in
employment/healthcare providers

Blue Cross in Dallas for
schoolteachers

Medical sterilization 1920s – 1970s

Public Health Service Act
Amendment 1988

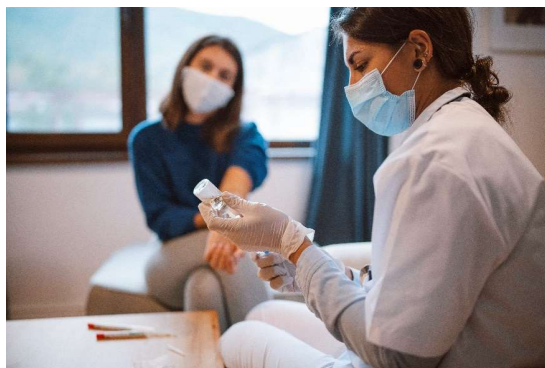
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Health Equity: Counseling Health Centers

- Play a crucial role in improving access to healthcare for underserved populations
 - 440+ health centers in Pennsylvania; 1 in 13 Pennsylvanians are patients
 - Include federally qualified health centers, rural health centers, and free health clinics
- Serve as a vital safety net, providing care to those who may not otherwise be able to access quality healthcare
- Community-based, patient-directed, and eligible for enhanced reimbursement (depending on type)



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Health Equity and EMRs: Facilitating Access to Coordinated Care

Epic



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Health Equity and AI: Risks of Bias and Discrimination



If trained on data that doesn't adequately represent diverse populations, can lead to algorithms that perform poorly for underrepresented groups. This may result in misdiagnoses and inappropriate treatment recommendations.



Bias in AI can lead to the misallocation of healthcare resources. For example, algorithms that use cost as a proxy for health needs may inaccurately conclude that Black patients are healthier than they are, resulting in less funding and prioritization for their care.



When AI systems produce biased outcomes, they can erode trust among patients, particularly those from marginalized communities. This loss of trust can have long-term implications for public health and patient engagement.

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Health Equity and AI: Risks of Bias and Discrimination



Questions for Consideration*:

- Is data within the AI tool representative of diverse populations?
- Does the AI tool contain safeguards against algorithmic discrimination?
- How can developers assess potential algorithmic discrimination?
- Is there a process for auditing and monitoring the AI tool to ensure continuous “learning” to support care for diverse populations?

*Account for status of Section 1557 and April 2024 HHS OCR Final Rule

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Health Systems Are Failing to Meet Their DEI Goals



- 78% of health systems have a systemwide health equity strategy; only 3% have health equity expertise on their boards
- Large health systems remain largely governed by older white men
 - 67% White male; 6% White female
 - 17% Black/African American male; 6% Black/African American female
 - 6% Hispanic/Latino male
 - 66% of Board members are 60+ years old
 - Board chairperson = 11% female
- Many boards have outdated procedures (e.g., no term limits) and legacy practices that recruit new members from the same pools of talent

Data from Governance & Executive Leadership Trends Across Leading Health Systems, 2021-2022 (<https://www.wittkiewer.com/webfoo/wp-content/uploads/Governance-Trends-Report-2021-2022.pdf>).

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Equity Belongs Everywhere



- Services
- Communications & Marketing
- Policies & Procedures
- Training
- Town Halls
- Employee Resource Groups

<p>Erie believes everyone has the right to high-quality healthcare.</p> <p>Erie Family Health Centers welcomes all people, regardless of their gender identity, immigration status or the status of their family members.</p> <p>Erie's waiting rooms are safe spaces for Erie's patients, family members, and people accompanying patients only.</p> <p>We protect our patients' privacy. Erie does not ask for our patients' immigration status.</p> <p>We will not share personal health information with law enforcement without their consent or a valid court order.</p>	<p>Erie cree que todos tienen derecho a una atención médica de alta calidad.</p> <p>Los Centros de Salud Erie da la bienvenida a todas las personas, independientemente de su identidad de género, estado migratorio o el estado de su familia.</p> <p>Las salas de espera de Erie son espacios seguros para los pacientes, familiares y personas que acompañan a los pacientes de Erie únicamente.</p> <p>Protegemos la privacidad de nuestros pacientes. Erie no pregunta el estado migratorio de nuestros pacientes.</p> <p>No compartiremos información de salud personal con las autoridades policiales sin su consentimiento o una orden judicial válida.</p>	<p>تؤمن Erie بأن لكل شخص الحق في الحصول على رعاية صحية عالية الجودة.</p> <p>ترحب مراكز Erie Family Health Centers بجميع الأشخاص، بغض النظر عن هويتهم الجنسية، أو حالة الهجرة أو حالة أفراد أسرهم.</p> <p>غرف انتظار Erie هي مساحات آمنة لمرضى Erie، وأفراد أسرهم، والأشخاص المرافقين للمرضى فقط.</p> <p>نحن نحمي خصوصية مرضانا وضع الهجرة لمرضانا Erie لا نطلب</p> <p>أن نشارك المعلومات الصحية الشخصية مع جهات إنفاذ القانون من دون موافقتهم أو أمر محكمة ساري.</p>
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Equity in Action



- The Loft is designed to engage teens in their mental health journey; to encourage teen voices to empower and advocate for their own services and family support.
- A collaboration between Pillars Community Health and NAMI Metro Suburban and housed in Brookfield, IL, the program has an interprofessional team including Recovery Support Specialists (young adults living well in their own mental health recovery), Family Support Specialists, and Mental Health Professionals.

MAY 2025

Earn double Loft Bucks this month for attending Group Chat or Walk and Talk!



SUN	MON	TUE	WED	THU	FRI	SAT
				1 Stress Less with Meditation 5-6 PM Parent Support Group 7-8 PM	2 Art Studio 4-5 PM	3 Musical Charades 12-1 PM
4 Sunday Scaries 1-2 PM Yoga 2-3 PM	5 Spring Planting 4-5 PM Self Esteem Iceberg 5-6 PM	6 Group Chat 5-6 PM	7 Prism 5-6 PM	8 Open Study 4-5 PM	9 Spring Party 5-6:30 PM	10 Art Studio 12-1 PM
11 Sunday Scaries 1-2 PM Yoga 2-3 PM	12 Sixth Grade Open House 4-6 PM	13 Walk and Talk 5-6 PM	14 Teen Bandits Book Club 4-5 PM Let's Not be Silent 5:30-7 PM	15 Senior Sendoff 5-6 PM Parent Support Group (Virtual) 6-7 PM	16 Art Studio 4-5 PM	17 Art Studio 12-1 PM
18 Sunday Scaries 1-2 PM Sixth Grade Open House 4-6 PM	19 Anxiety Journaling 5-6 PM	20 Group Chat 5-6 PM	21 Prism 5-6 PM	22 Open Study 4-5 PM Senior Sendoff 5-6 PM	23 Rainbow Scratch Art 5-6 PM	24 Money Magic: The Budgeting Game 12-1 PM



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Equity in Action



- The Chill Project by Allegheny Health Network (AHN) & Chill Mobile
- A collaboration among AHN, Pittsburgh city and suburban school districts, and Pirates Charities (with respect to Chill Mobile) focusing on mindfulness-based experiences for students, teachers, and parents to assist with stress management within the school setting.



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Medical Legal Partnerships

- Studies show that when medical-legal partnerships are used to address social needs:
 - People with chronic illnesses are healthier and admitted to the hospital less frequently
 - People more commonly take their medications as prescribed
 - People report less stress and experience improvements in mental health
 - People are more stably housed, and their utilities are less likely to be shut off
 - People have access to greater financial resources
 - Clinical services are more frequently reimbursed by public and private payers



Source: HHS: Office of Community Services

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Legal Tools for Equity Implementation

Maternal Health Bundles

Developed by clinicians, existing 5 Rs

1. Readiness – Every Care Setting
2. Recognition & Prevention – Every Patient
3. Response – Every Event
4. Reporting and Systems Learning – Every Unit
5. Respectful, Equitable, and Supportive Care – Every Unit/Provider/Team Member

*Add 6th R “Record the Rationale” for deviations from the Maternal Health Bundle

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Legal Tools for Equity Implementation

Open, Public, Electronic and Necessary (OPEN) Government Data Act

“Federal Government data is a valuable national resource. Managing Federal Government data to make it open, available, discoverable, and usable to the general public, businesses, journalists, academics, and advocates promotes efficiency and effectiveness in government, creates economic opportunities, promotes *scientific discovery*, and most importantly, strengthens our democracy” (emphasis added).
Open, Public, Electronic, and Necessary Government Data Act, S. 760 § 2(a)(1), 115th Cong. (March 29, 2017).

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Polling Question 5: Has your response changed? Now, how do you react to the statement, “I influence health equity through my work?”



1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree

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What is your role in addressing health equity?