AOM BLOG

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Our Academy of Management 2023 session on '***Strategies and Frameworks for Incorporating Community Perspectives in Health Equity***'[1] draws on empirical research and insights from a new report[2]. The session took place in Boston's Back Bay – a neighborhood that enjoys a life expectancy some 23-years *longer* than the zip code[3] of Roxbury located just two miles away! This staggering example of health inequity is largely an outcome not of medical factors but of non-medical ones. These relate to a set of forces and systems that shape the conditions our everyday life – so-called **social determinants of health** (SDH)– that influence our health and health outcomes. Where we are born, live, learn, work, play, and worship can all affect our health – from economic stability, access to and quality of education and health care, the built environment around us as well as our social and community context.

Health inequalities are unfair and avoidable differences in health status – and we can, and indeed must, make a difference.

COVID-19 revealed stark differences in infection rates and disease outcomes largely due to SDH like overcrowding and access to care. Similarly, the climate crisis as well as exacerbating underlying health conditions is having a differential impact on already overburdened and under resourced communities. For example, 'redlining'[4] – the historic discriminatory zoning of neighborhoods – is being felt today as these areas have fewer trees and more impervious surfaces and so are much hotter than wealthier greener districts. Again, just outside Boston Back Bay, Chelsea MA is 8-degrees hotter in poorer neighborhoods. And, when it comes to air pollution, Black and Hispanic people are exposed to 60% more air pollution than they generate – Whites 20% less[5].

The new research report[1] confirms some of what we already know – but it goes further into highlighting critical information from a range of community voices. Their voices reveal new dimensions central to addressing health equity – and closing the health gaps. New facets of SDH such as trust, and compassion, as well access to digital resources, training needs, and the role of business are all highlighted. The study uniquely shows how business can amplify its efforts to tackle health equity by tailoring their actions to expressed community needs.

Trust is key to building a fairer society and, when it comes to health, a profound determinant of health. Health behaviors and outcomes are profoundly influenced by trust. Previous research shows us that 7 out of 10 people with high trust in their healthcare provider always take their medications – but where trust is low this drops down to just 1 in 10[6]. We can correlate trust with positive health outcomes like higher quality of life, greater satisfaction with treatment and fewer symptoms – genuine positive physiological and psychological health outcomes. The new research shows however that **trust is broken** with nearly 80% of all respondents reporting having lost trust in their healthcare provider or a medical facility because of how they were treated.

Trust is built between healthcare practitioners and their patients or clients – and this depends on the **emotional intelligence** of the practitioner in being able to be self-aware, display empathy, and built rapport[7]. Skills such as **active or mindful listening**, being fully present, not reactive, but responsive to the person's individual health story, lived experience, and needs – able to notice, observe, and participate fully in the human encounter. The report included an interesting quote from a medic on how doctors are trained to differentiate themselves from, and I quote "mere humans". And, yet emotional intelligence, compassion, and active listening are all positively correlated with better health outcomes when it comes to patient or client and healthcare provider encounters.

The new research in the report[1] reveals the dependency of people on the internet and social media as sources of health information, such that the **digital divide** needs to be closed to narrow the health gap. As such, access to technology is part of the SDH. The report also points to the importance of being able to see oneself in the provider – that patients and clients want to see practitioners who resemble themselves and can relate to their backgrounds. This calls for continued efforts to increase diversity in STEM[8] and medical/health education.

The research findings show that the healthcare sector needs to amplify its efforts to tackle health equity by tailoring its actions to explicit community needs. The report reveals compelling insights from the global community on what needs to be done. Health inequities are avoidable and targeted interventions can move us towards health equity.

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[1] https://connect.aom.org/hcm/discussion/invitation-to-panel-symposium-strategies-and-frameworks-for-incorporating-community-perspectives-in-health-equity-15
[2] The-Atlantic-OPRG-Report.pdf (theatlantic.com)
[3] https://health.gov/healthypeople/priority-areas/social-determinants-health
[4] https://www.nytimes.com/interactive/2020/08/24/climate/racism-redlining-cities-global-warming.html?searchResultPosition=1
[5] https://www.pnas.org/doi/10.1073/pnas.1818859116
[6] https://www.healthaffairs.org/doi/full/10.1377/hlthaff.23.4.124
[7] https://hbr.org/2017/02/emotional-intelligence-has-12-elements-which-do-you-need-to-work-on
[8] STEM an acronym for Science, Technology, Engineering, Mathematics