Project Impact Statement: Health related boards in South Carolina work effectively, as partners, WITH the communities affected by health disparities to improve health equity.

Socio-Economic, Political and Cultural Context
- Organizations are starting to become more proactive about effective work with diverse communities.
- Most of the efforts are being developed in isolation.
- The ACA is encouraging health organizations to shift focus towards population health, and that could potentially be better achieved by partnering with diverse communities.
- Due to the history of discrimination in the state, the diversity topic is sensitive for most people.
- Due to the history of discrimination in the state, there distrust from some groups of the population.
- Equity efforts may be perceived as preferential treatment, therefore leaning towards equalitarian efforts that impede equity.

Rationale
Grasstips and grassroots may not share the same challenges, and may not meet in common places, therefore hindering opportunities for effective connection, feedback, and collaboration.

To date we have not found evidence that community participation in boards may change health disparities. However, what is being done to date has not changed them either.

The disparities and equity in healthcare are gaining momentum, and we should take advantage of that.

People have good intentions, and they want to eliminate disparities; this would be only an additional tool that may be effective in that journey.

Stakeholders
- SCHCC
- USC HSPM (M. Khan)
- SCORH (Graham, Tiffany)
- Black Caucus (Rep Mitchell, Rep. Gilda)
- DHEC Network for disparities (S. Slaughter, C. Templeton, S. Hicks, M. James, L. Woodard, M. Torres, S. Glover)
- Duke Endowment (M. Piepenbring)
- Brookland Baptist Church
- GHS (HR. person in SCBCH)
- The Riley Institute
- SC Chamber of Commerce (J. Reynolds)
- SCHEC CEO’s (BB, RT, MB, DD, JM)
- DHHS (HK, Deidra?)
- SCMA (Dr. Snyder)

Pathway to Change/ Key Activities
1. Find case studies (own and through Dr. Khan)
2. Do key informant interviews (Start with Carmela Coyle, Elise Perrault)
3. Define the ask, elevator speech, and agenda.
4. Convene the CEO group (Renée, R. Foster to participate)
5. Develop agenda based on CEO group input
6. Recruit student to follow-up with the plan

Leadership Learning Priorities
1. Finding people doing similar things
2. Influencing people to take a stand on equity (this is people who don’t believe there are such large inequities, or that think they don’t have a role to fight them)
3. Messaging equity
4. Engage in a relationship with people that don’t share the same values.

Outcomes and Indicators
Project year (By December 2014):
Outcome A.
3 hospitals/organizations agree to participate in a pilot study about engaging people of influence in communities most affected by disparities in the board of directors of the organization.

Outcome B.
Baseline assessment of at least 3 health organizations in regards to board functions, job descriptions, current efforts on disparities, community engagement and diversity, pipeline investment.

A business case with success factors and lessons learned about disparity related stakeholder engagement.

Long term: (By Dec 2015):

1. Finding people doing similar things
2. Influencing people to take a stand on equity (this is people who don’t believe there are such large inequities, or that think they don’t have a role to fight them)
3. Messaging equity
4. Engage in a relationship with people that don’t share the same values.