Culture & Inclusiveness Action Collaborative

Webinar
July 7, 2020 | 1:00 – 4:00 PM EST

Share your thoughts!

@theNAMedicine
Welcome & Introduction

Michael McGinnis
National Academy of Medicine
Culture & Inclusiveness Action Collaborative Chairs

Mary Naylor
University of Pennsylvania
School of Nursing

Bill Novelli
Georgetown University
Coalition to Transform Advanced Care

Sandra Hernández
California Health Care Foundation
Patient and Family Engaged Care: An Essential Element of Health Equity

Melissa Simon, MD, MPH, Northwestern Feinberg School of Medicine; Cynthia Baur, PhD, University of Maryland School of Public Health; Sara Guastello, Panetree International; Kalpana Ramiah, DrPH, MSc, America’s Essential Hospitals; Janice Yuroe, Hessannah Consulting; Kimberly Dawn Wisdom, MD, MS, Henry Ford Health System; Michelle Johnston-Fleece, MPH, Patient-Centered Outcomes Research Institute; Anna Cupito, MPH, National Academy of Medicine; and Ayodola Anise, MHS, National Academy of Medicine

July 13, 2020

AUTHOR’S NOTE
This paper was written prior to the emergence of the COVID-19 pandemic, which has caused widespread stresses to health care systems and social conditions that affect health. The authors feel that the key messages of this paper, notably the need for detailed data collection on health disparities and implementation of policies designed to ameliorate those inequities, in conjunction with continued partnership with patients and their families, are especially relevant as methods and mechanisms of the provision of health care and protection of health change.

ABSTRACT | In this paper, we emphasize and explore health equity as an integral component of a culture of patient and family engaged care (PFEC) rather than an isolated or peripheral outcome. To examine the role of PFEC in addressing health inequities, we build on the 2017 NAM Perspectives discussion paper “Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care.” Informed by both scientific evidence and the lived experience of patients, their care partners, practitioners, and health system leaders, the paper by Frampton et al. introduced a novel Guiding Framework that delineates critical elements that work together to co-create a culture of PFEC, while also depicting a logical sequencing for implementation that facilitates progressive change and improvement toward the Quadruple Aim outcomes of better culture, better care, better health, and lower costs. In this paper, the authors highlight the need to integrate addressing health and health care disparities and improving health equity as core components of the framework to ensure the culture and policy changes necessary to meaningfully engage patients, health system staff, families, and communities.

Introduction
Health equity is emerging as an important topic for health care organizations, hospitals, clinics, providers, and their practices, due in part to policy changes at the federal and state levels, as well as new incentives to address the health of all populations. Despite efforts to reduce health disparities, health care disparities persist, manifesting in poor health care system performance and suboptimal health outcomes (20,45,106). Moreover, these inequities are not specific to individuals but affect groups of people, making it necessary to shift toward a population health approach that aims to reduce and eliminate health and health care inequities. Inequities in health and health care affect vulnerable populations across a spectrum of characteristics such as race; ethnicity; socioeconomic status; insurance status; incarceration status; geographic location; age; education; language; or limited English proficiency (LEP); citizenship status; literacy, numeracy, or digital skills; religious beliefs; health status; disabilities; and/or sexual orientation or gender identity (SOGI). While this is not designed to be an exhaustive list of all characteristics
## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 – 1:15 PM</td>
<td><strong>Welcome</strong>&lt;br&gt;Michael McGinnis, National Academy of Medicine&lt;br&gt;Mary D. Naylor, University of Pennsylvania&lt;br&gt;Bill Novelli, Georgetown University&lt;br&gt;Sandra Hernández, California Health Care Foundation</td>
</tr>
<tr>
<td>1:15 – 2:00 PM</td>
<td><strong>Patient &amp; Family Engagement During COVID-19</strong>&lt;br&gt;Beverley Johnson, Institute for Patient and Family-Centered Care&lt;br&gt;Knitasha Washington, ATW Health Solutions</td>
</tr>
<tr>
<td>2:00 – 3:15 PM</td>
<td><strong>System &amp; Policy-level Strategies to Address Health &amp; Healthcare Equity</strong>&lt;br&gt;Tekisha Everette, Health Equity Solutions&lt;br&gt;Consuelo H. Wilkins, Vanderbilt University Medical Center&lt;br&gt;Cara James, Grantmakers in Health</td>
</tr>
</tbody>
</table>
Agenda

Q&A 3:15 – 3:45 PM
Panelists to answer questions submitted by participants via Q&A box

Reflections, Next Steps & Closing Remarks 3:45 – 4:00 PM
Sandra Hernández, California Health Care Foundation
Michael McGinnis, National Academy of Medicine

Adjourn 4:00 PM
Zoom Instructions

Panelists

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Attendees - Q & A

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  • Question
Knitasha Washington
ATW Health Solutions
Equity and Engagement: The Crossroads of Healthcare Transformation

NAM Leadership Consortium
Culture and Inclusiveness Action Collaborative
July 7, 2020
Anthony T. Washington Sr.
12/16/1949 – 08/13/2009
COVID-19's Devastating Impact On African Americans

African American share of state/city populations and COVID-19 deaths (as of Apr 06, 2020)

<table>
<thead>
<tr>
<th>State</th>
<th>Share of state/city's population</th>
<th>Share of COVID-19 deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisiana</td>
<td>32%</td>
<td>79%</td>
</tr>
<tr>
<td>Illinois</td>
<td>15%</td>
<td>42%</td>
</tr>
<tr>
<td>Michigan</td>
<td>14%</td>
<td>41%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>Chicago</td>
<td>30%</td>
<td>69%</td>
</tr>
</tbody>
</table>

Sources: 2010 Census, respective state/city health departments

I gotta be honest the worst looting I've ever seen take place happened a few weeks ago when corporations collected over 500 billion dollars in stimulus money while everyone else was left with a $1200 dollar check and having to decide if they pay for food or rent...

Davey D
twitter.com
Safety, Quality and Equity

Of the IOM’s 6 Aims of Improvement

• Safe
• Effective
• Patient-centered
• Timely
• Efficient
• **Equitable** (has been the least of these to focus on)

Health Equity – a PFE Imperative

Person and Family Engagement (PFE) - “persons, families, their representatives, and health professionals (clinicians, staff, and leaders), working in active partnership at various levels—direct / point of care, organizational design, policy, and procedure; organizational governance; and community / policy making—across the health care system and in collaboration with communities to improve health, health care, and health equity.”

Retrieved from
Health Equity – a PFE Imperative

**Structural inequality** is defined as a condition where one category of people are attributed an unequal status in relation to other categories of people. This relationship is perpetuated and reinforced by a confluence of unequal relations in roles, functions, decisions, rights, and opportunities.

They are inequalities deeply woven into the very fabric of a society. They can be observed across institutions such as legal, educational, business, government and health care systems. Inequalities occur because of an imbalance in the distribution of political and economic power. **While one group has historically set the rules and writes the law of the land, access of others to wealth and resources have been limited.**

A Powerful Model

Stimulus  Response
Choice: The Most Powerful Model
Our Choices Matter Immensely

We Can Achieve Our Aims (Resilience, Better Care, Joy in Practice, Equitable Outcomes and More) by Choosing to Make Them Happen
Contact Information:

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kwashington@atwhealth.com
Beverley Johnson
Institute for Patient and Family-Centered Care
Partnering with Patients and Families in Planning Responses to the COVID-19 Pandemic

Bev Johnson, IPFCC President and CEO
Culture and Inclusiveness Action Collaborative
National Academy of Medicine
July 7, 2020
March 2020

www.ipfcc.org/bestpractices/covid-19/index.html

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

PFCC.Connect

Bi-weekly Informal Conversation on COVID-19
https://pfcc.connect.ipfcc.org/home
FAQs about COVID-19 and Patient- and Family-Centered Practice

Responding to questions from the field:

◆ Engaging Patient and Family Advisors in Response to COVID-19

◆ Communicating with Patients and Families About Changes to Family Presence Policies

◆ Maintaining Connections Between Patients and Their Loved Ones

◆ Supporting Patients, Families, Clinicians, Staff, Learners, and Leaders During COVID-19
Survey for Tracking the Impact of COVID-19 on Patient- and Family-Centered Practice

Collecting information about changes to family presence policies/practices during pandemic’s first wave and how hospitals engaged patient and family advisors in planning and implementing changes.

- Over 500 respondents from 29 countries as of June 25th
- Survey closes July 31st

www.ipfcc.org/bestpractices/covid-19/survey-tracking.html
The Parent Navigator Program supports families caring for children with special needs. Parent Navigators help families become “zoom enabled” and prepare for telehealth visits. In addition they help families see the benefits of telehealth for their family. They also are connecting families to virtual resources and peer support in English, Spanish, and Amharic.

The hospital-wide PFAC’s Executive Committee has been meeting often on COVID-19 planning and recovery. It has reviewed language for the website, signage, and scripts for staff to use when talking to parents about changes in policy. Patient and Family Advisors continue to be engaged during the pandemic.
Serving a large diverse immigrant community, CHA is committed to creating its telehealth program in partnership with patient and family partners.

A primary care physician leads the new Digital Engagement Committee and has appointed two patient partners as members of the committee. These patient partners have shared:

- “I had been hesitant about telemedicine initially, before the pandemic, but now I view telemedicine as a lifesaver.”
- “I was relieved to learn that during the COVID-19 Pandemic patients can receive care and be safe at the same time.”

Patient Partners participated in the Telemedicine Town Hall.
A Patient Advisor’s Idea and Action

- In 2017 Ann Jackson, a cancer survivor and patient advisor at UChicago Medicine identified food equity as an issue for patients receiving cancer treatment.

- Partnering with Cancer Center leadership, she organized a food pantry at the clinic and helped stock it.

- More recently, in response to the COVID-19 Pandemic, she organized community support to assure food dignity for 20 families experiencing chronic conditions and provide them with a variety of nutritious food.

- The next step in her plan is to create the Center for Food Equity as a non-profit community organization.
Leadership Sees Value in Partnerships During the Pandemic

- **Seattle Children’s**
  
  Emergency Operations Center lead attended the first virtual PFAC meeting and found it so valuable that she and a colleague have attended every month since.

- **MUSC Children’s Health**
  
  The Administrator and Chief Medical Officer asked for and now facilitate virtual bi-weekly, unstructured Office Hours with patient and family advisors.

Interviews funded by: [Lucile Packard Foundation for Children's Health]
Research program with cadre of over 100 trained African American patient leaders with serious mental illness – have had to go to online and phone meetings.

- Researched resources available to help them stay connected.
- Scheduled monthly calls based on minutes available.
- Anticipated needs and ensured timely payment for participation (e.g. gift cards, checks).
- Used plain language to share what we are trying to accomplish and asked, “Will that work for you?”
- Provided choices and options for participation – provide coaching on how to use virtual methods.
Strategies to Support Vulnerable Populations

- Recognize there may be other challenges/stresses besides the COVID-19 in patient lives
  - Immigration status and policies
  - Significant economic hardship – food, housing
  - Cultural and language barriers
  - Substance Use Disorder and other chronic conditions
- Seek guidance from their trusted helpers to identify most pressing needs
- Collaborate with social service, faith communities, cultural groups, advocates, peer support networks to address needs
New Partnerships with Supportive Structures Needed in Long-Term Care Communities

Residents, patients, and families have important perspectives and experience to share to improve safety and quality. Leadership commitment is essential.

Carroll County releases COVID-19 data for long-term care facilities, including first staffer death

Residents of nursing homes, assisted living facilities now account for 64% of Colorado's coronavirus deaths

Data shows 323 residents of residential health care facilities now have died of COVID-19
Greater Diversity Among Patient and Family Partners and Leaders Needed

*Diverse Voices Matter: Improving Diversity in Patient and Family Advisory Councils* developed for IPFCC by a doctoral nursing student.

Early findings for virtual meetings of PFACs and other collaborative meetings are revealing that attendance and engagement have increased and discussions are more robust. With careful planning, there is great potential to increase the diversity of patient and family partners.
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Attendees - Q & A

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Tekisha Everette
Health Equity Solutions
System and Policy-Level Strategies to Address Health and Health Care Equity

Tekisha Dwan Everette, PhD
July 7, 2020
Health Equity Solutions

**Vision:**
For every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

**Mission:**
To promote policies, programs, and practices that result in equitable health care access, delivery, and health outcomes for all people in Connecticut.
Advancing Equity: It’s a lot more than SDoH

- The health system, by design, fosters inequity

- Current focus is on social determinants --> I AGREE with this, BUT
  - The point is not that health equity = social determinants, RATHER
  - We can leverage the health care system to advance health equity by addressing SDoH

- To fully achieve health equity, we need to:
  - Examine the ways in which the system fosters inequity
  - Recognize racism
  - Use data to understand & address the gaps (particularly along the lines of demographic groups who face grave disparities)
State-level policy priorities for equity

1) Institutionalize inclusion: Equity monitor
2) Confront racism & embed accountability
3) Collect granular race/ethnicity data
4) Foster access to medical care & clinical trials
5) Support bridges to medical care

NAM primary goals for health equity

- lead knowledge base
- engage & strengthen community capacity
- sustain culture transformation
- translate science to action/impact

(National Academy of Medicine Annual Report 2019)
Institutionalizing Inclusion = Embedding an Equity Lens: A group or person focused on equity in all policies
Confront Racism: local resolution or state legislation, providing support and advocating to city/county governments.
Collect granular race, ethnicity, and language data

• Public reporting of testing data continues to lag
• Critical for future vaccination rates
• Increasing comfortability discussing race = improved data quality

lead knowledge base

engage & strengthen community capacity

Johns Hopkins University: https://coronavirus.jhu.edu/data/racial-data-transparency
Foster Access

Diversifying clinical trials

Table 1: Estimated Impact to Health Insurance Coverage due to COVID-19 Economic Downturn

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Unemployment Rate</th>
<th>Medicaid</th>
<th>Marketplace(1)</th>
<th>Employer-Sponsored</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-COVID</td>
<td>3%</td>
<td>71</td>
<td>13</td>
<td>163</td>
<td>29</td>
</tr>
<tr>
<td>Low</td>
<td>10%</td>
<td>82</td>
<td>12-13</td>
<td>151</td>
<td>30-31</td>
</tr>
<tr>
<td>Medium</td>
<td>17.5%</td>
<td>88</td>
<td>13-14</td>
<td>140</td>
<td>34-35</td>
</tr>
<tr>
<td>High</td>
<td>25%</td>
<td>94</td>
<td>13-15</td>
<td>128</td>
<td>39-40</td>
</tr>
</tbody>
</table>

Health Management Associates (April, 2020)
Support bridges to medical care

- leveraging community health workers and community-based orgs
- Creative collaborations

translate science to action/impact

Create a cadre of community health workers to fight Covid-19 in the U.S.

By ERIC D. PERAKSLIS / MARCH 31, 2020

Community health workers in the U.S. could take on many Covid-19-related tasks, including preparing personal protective equipment, as these volunteers from Project C.U.R.E. are doing in Chicago.

SCOTT OLSON/GETTY IMAGES

NAM primary goals for health equity

- lead knowledge base
- engage & strengthen community capacity
- sustain culture transformation
- translate science to action/impact

State-level policy priorities for equity

1) Institutionalize inclusion: Equity monitor
2) Confront racism & embed accountability
3) Collect granular race/ethnicity data
4) Foster access to coverage & services
5) Address barriers to health
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Consuelo H. Wilkins
Vanderbilt University Medical Center
A System-Level Approach to Addressing Health Equity

Consuelo H. Wilkins, MD, MSCI
Professor of Medicine
Vice President for Health Equity,
Vanderbilt University Medical Center

National Academy of Medicine Leadership Consortium
Culture and Inclusiveness Action Collaborative
July 7, 2020
Fosters and catalyzes initiatives and programs that address and prevent health inequities:

- Community Health Needs Assessment
- Clinical Outcomes
- Health Equity Research
- Education/Training in Health Equity
- Institutional Health Equity Metrics
Personae: 21st Century Health Equity Leaders

Examples of careers:
- Trauma surgeon in urban area
- Community health center leader
- Obstetrician in rural area
- Health equity researcher

Core characteristics:
- Understands importance of social and structural context
- Collaborates outside healthcare
- Has humility to learn from community
- Advocates for policy change
- Effectively builds/sustains trust

Certificate in Health Equity: Will prepare students to be health equity leaders who transcend disciplines, understand social and structural context, and collaborate effectively across sectors.
COVID-19 Health Equity Workstream — Leader: Wilkins

**Effective Risk Communication**
- Effectively communicate risks and prevention strategies to:
  - Patients/families from different backgrounds with varying experiences with health and differing levels of trust/distrust
  - VUMC employees, including roles outside of patient care such as dietary, maintenance, and environmental services

**Equitable Testing and Surveillance**
- Provide/facilitate timely testing to all with symptoms including those with increased risk due to age, chronic conditions, and social disadvantages
- Report aggregate test results by key demographics including age, gender, and race/ethnicity, and preferred language

**Equitable Healthcare (ED and Hospital)**
- Provide high quality care that does not vary due to race/ethnicity, gender, SES
- Effectively communicate post-discharge plans and facilitate transitions of care
- Report aggregate outcomes by demographics including age, gender, race/ethnicity, language

**Broad Implementation of Telehealth**
- Effectively use telehealth to care for patients from different backgrounds with varying experiences with health and differing levels of trust/distrust
- Increase adoption of telehealth among those who are socially disadvantaged including racial/ethnic minorities and people living in rural communities

Groups at increased risk for health inequities include: racial/ethnic minorities, sexual and gender minorities, underserved rural communities, and other socially or economically disadvantaged groups such as those with limited income, limited English Proficiency, and people experiencing homelessness.

Goal: Engage and enroll racial and ethnic minorities and other socially disadvantaged groups in COVID-19 clinical research
### VUMC SARS-CoV-2 Tests by Race, Ethnicity and Language

<table>
<thead>
<tr>
<th>Population</th>
<th>SARS-CoV-2</th>
<th>+ SARS-CoV-2</th>
<th>Within-group +</th>
</tr>
</thead>
<tbody>
<tr>
<td>% total population Nashville MSA - 1,932,000</td>
<td>n (% of 45,954)</td>
<td>n (% of 3,171)</td>
<td>% positive tests within racial/ethnic or linguistic group</td>
</tr>
<tr>
<td>PRIMARY LANGUAGE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>89.2%</td>
<td>43,462 (94.6%)</td>
<td>2,550 (80.4%)</td>
</tr>
<tr>
<td>All Languages other than English (48)</td>
<td>10.8%</td>
<td>2,310 (5%)</td>
<td>607 (19.1%)</td>
</tr>
<tr>
<td>Spanish</td>
<td>5.3%</td>
<td>1,206 (2.6%)</td>
<td>327 (10.7%)</td>
</tr>
<tr>
<td>Arabic</td>
<td>&lt; 1%</td>
<td>618 (1.3%)</td>
<td>165 (7.6%)</td>
</tr>
<tr>
<td>Nepali</td>
<td>&lt; 1%</td>
<td>148 (&lt; 1%)</td>
<td>63 (2.9%)</td>
</tr>
<tr>
<td>Unknown language</td>
<td>n/a</td>
<td>182 (&lt; 1%)</td>
<td>14 (&lt; 1%)</td>
</tr>
</tbody>
</table>

Antioch (37013) 315*/1,692 = 18.6%
Compared to Davidson County:
• 33.4% Primary language other than English
• Twice as many Foreign Born Persons
• Median home value $52,000 less
• Household size 17% higher
• Higher % of population employed
• Per capita income $9,000 lower

Through 6.2.2020
Welcome to the Office of Health Equity

The Office of Health Equity (OHE) serves as an institutional home for coordinating and catalyzing health equity initiatives across VUMC and in the community.
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Cara V. James, PhD
Grantmakers in Health
Enough is Enough: It is Time to Get Serious about Eliminating Racial Disparities

1. Make health equity a priority
2. Strengthen the role of leadership
3. Engage vulnerable communities through humble inquiry
4. Support data infrastructure and analysis
5. Tackle the tough issues
6. Make health equity part of standard operating procedures
7. Create program and policy sustainability
8. Develop a robust pipeline

https://www.gih.org/from-the-president/enough-is-enough-it-is-time-to-get-serious-about-eliminating-racial-disparities/
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Share your thoughts!

@theNAMedicine
Closing Remarks

Thank you for joining!

For more information about the National Academy of Medicine’s initiatives, please visit us at: nam.edu