NAM Leadership Consortium

Collaboration for a Value & Science-Driven Learning Health System

Culture & Inclusiveness Action Collaborative

Webinar

July 7, 2020 | 1:00 – 4:00 PM EST

Share your thoughts!

@theNAMedicine

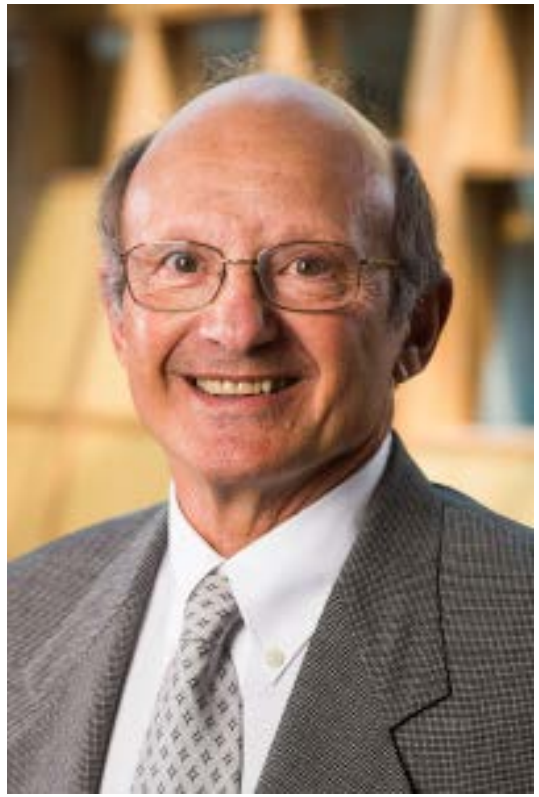
NATIONAL ACADEMY OF MEDICINE

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

DISCUSSION PAPER

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,** Planetree International; **Kalpana Ramiah, DrPH, MSc,** America's Essential Hospitals; **Janice Tufte,** Hassanah Consulting; **Kimberlydawn 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 thus far, health and health care disparities persist, manifesting in poor health care system performance and subpar health outcomes [20,46,106]. 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; religion/beliefs; health status; disability; and/or sexual orientation or gender identity (SOGI). While this is not designed to be an exhaustive list of all characteristics

Agenda

Welcome	1:00 – 1:15 PM

Michael McGinnis, National Academy of Medicine
Mary D. Naylor, University of Pennsylvania
Bill Novelli, Georgetown University
Sandra Hernández, California Health Care Foundation

Patient & Family Engagement During COVID-19	1:15 – 2:00 PM

Beverley Johnson, Institute for Patient and Family-Centered Care
Knitasha Washington, ATW Health Solutions

System & Policy-level Strategies to Address Health & Healthcare Equity	2:00 – 3:15 PM

Tekisha Everette, Health Equity Solutions
Consuelo H. Wilkins, Vanderbilt University Medical Center
Cara James, Grantmakers in Health

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

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Attendees - Q & A

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  - Your name and organization
  - To whom
  - 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

#PhilandoCastile = No Conviction
#TerenceCrutcher = No Conviction
#SandraBland = No Conviction
#EricGarner = No Conviction
#MikeBrown = No Conviction
#RekiaBoyd = No Conviction
#SeanBell = No Conviction
#TamirRice = No Conviction
#FreddieGray = No Conviction
#DanroyHenry = No Conviction
#OscarGrantIII = No Conviction
#KendrecMcDade = No Conviction
#AiyanaJones = No Conviction
#RamarleyGraham = No Conviction
#AmadouDiallo = No Conviction
#TrayvonMartin = No Conviction
#JohnCrawfordIII = No Conviction
#JonathanFerrell = No Conviction
#TimothyStansburyJr = No Conviction

Donald J. Trump
@realDonaldTrump

This Tweet violated the Twitter R
Twitter has determined that it may be in the public's interest for the Tweet to remain accessible. Learn more

....These THUGS are dishonoring the memory of George Floyd, and I won't let that happen. Just spoke to Governor Tim Walz and told him that the Military is with him all the way. Any difficulty and we will assume control but, when the looting starts, the shooting starts. Thank you!

for iPhone

CAUSE OF DEATH (See instructions and examples)

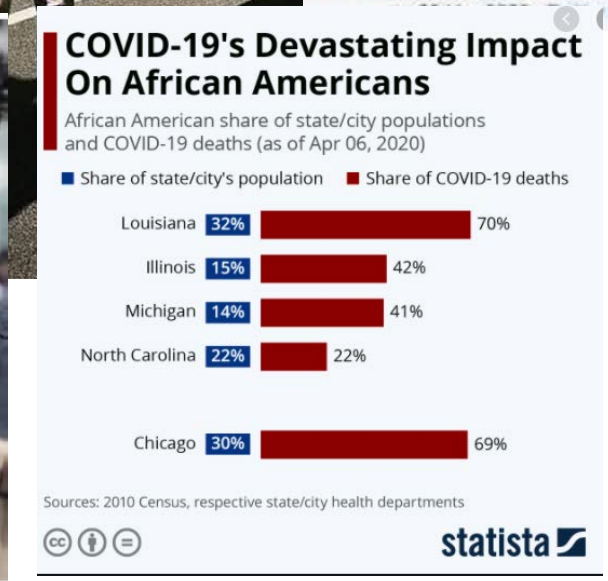
05/24/20

Hypoxic Brain Injury

Positional Asphyxiation

Being Black in America

9 min



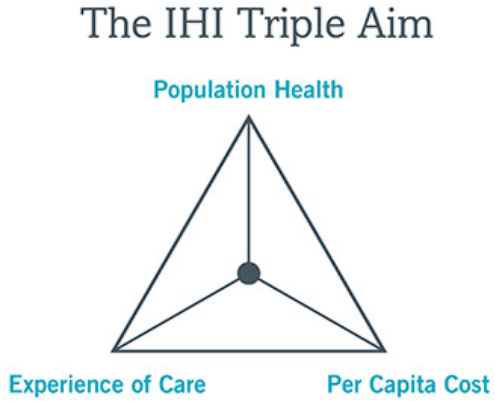
I gotta be honest the worst looting I've ever seen take place happened a few weeks ago when corporations collected over 500 billion dollars in stimulus money while everyone else was left with a $1200 dollar check and having to decide if they pay for food or rent..

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)



Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001)

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

Centers for Medicare & Medicaid Services (CMS). CMS Partnership for Patients PfP Strategic Vision Roadmap for Person and Family Engagement (PFE) as of January 8, 2016.

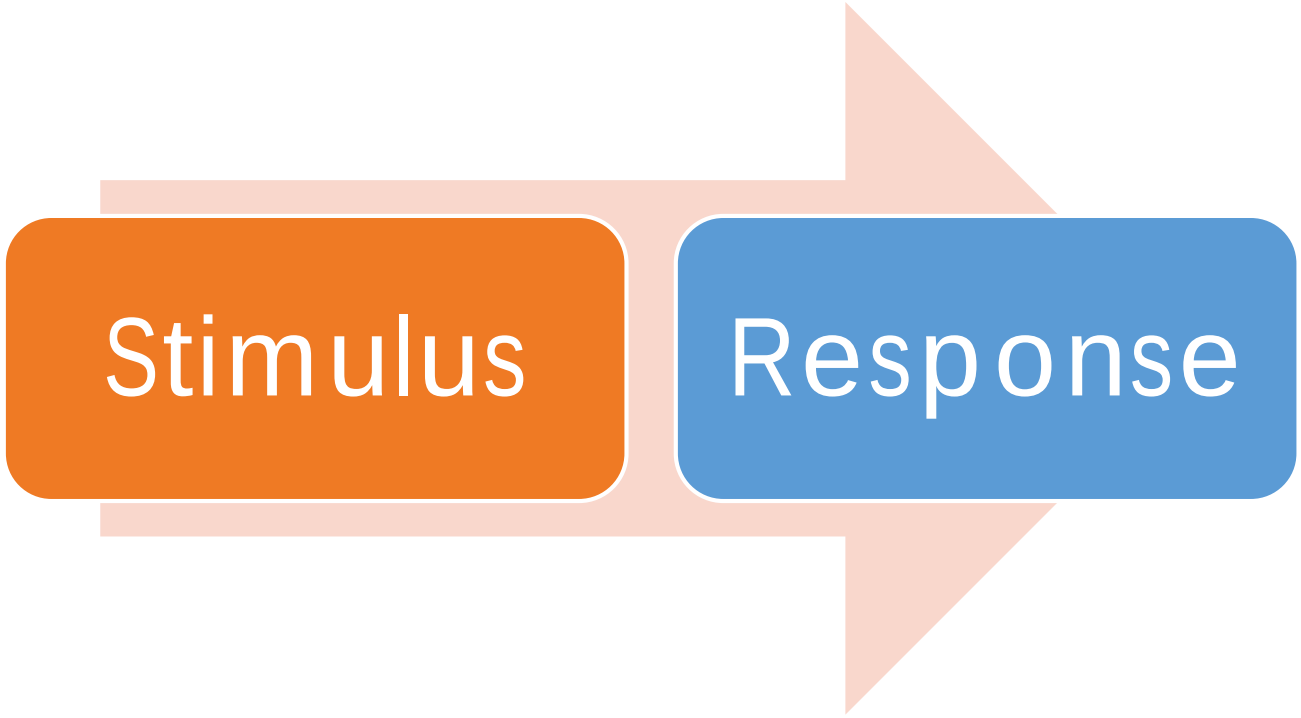
Health Equity – a PFE Imperative

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.

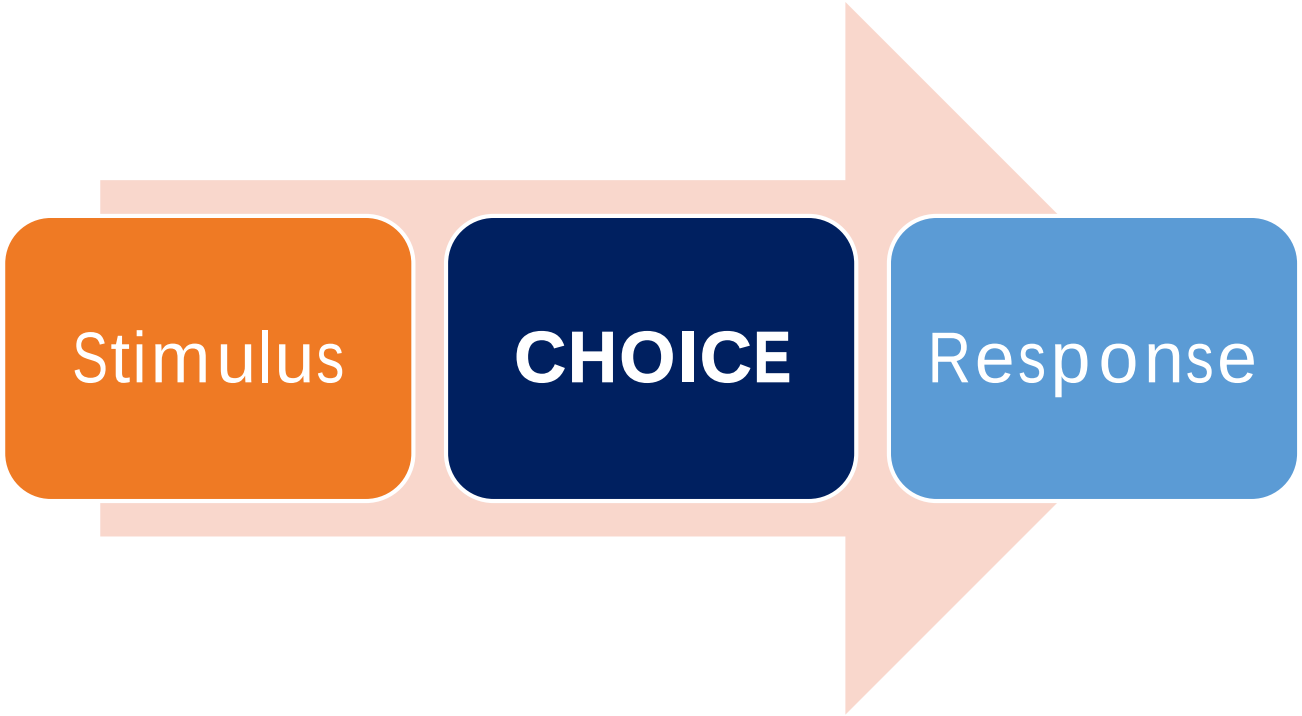
They are inequalities deeply woven into the very fabric of a society. They can be observed across institutions such as legal, educational, business, government and health care systems. Inequalities occur because of an imbalance in the distribution of political and economic power. **While one group has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

Gee, G. C., & Ford, C. L. (2011). STRUCTURAL RACISM AND HEALTH INEQUITIES: Old Issues, New Directions. *Du Bois review : social science research on race*, *8*(1), 115–132. https://doi.org/10.1017/S1742058X11000130

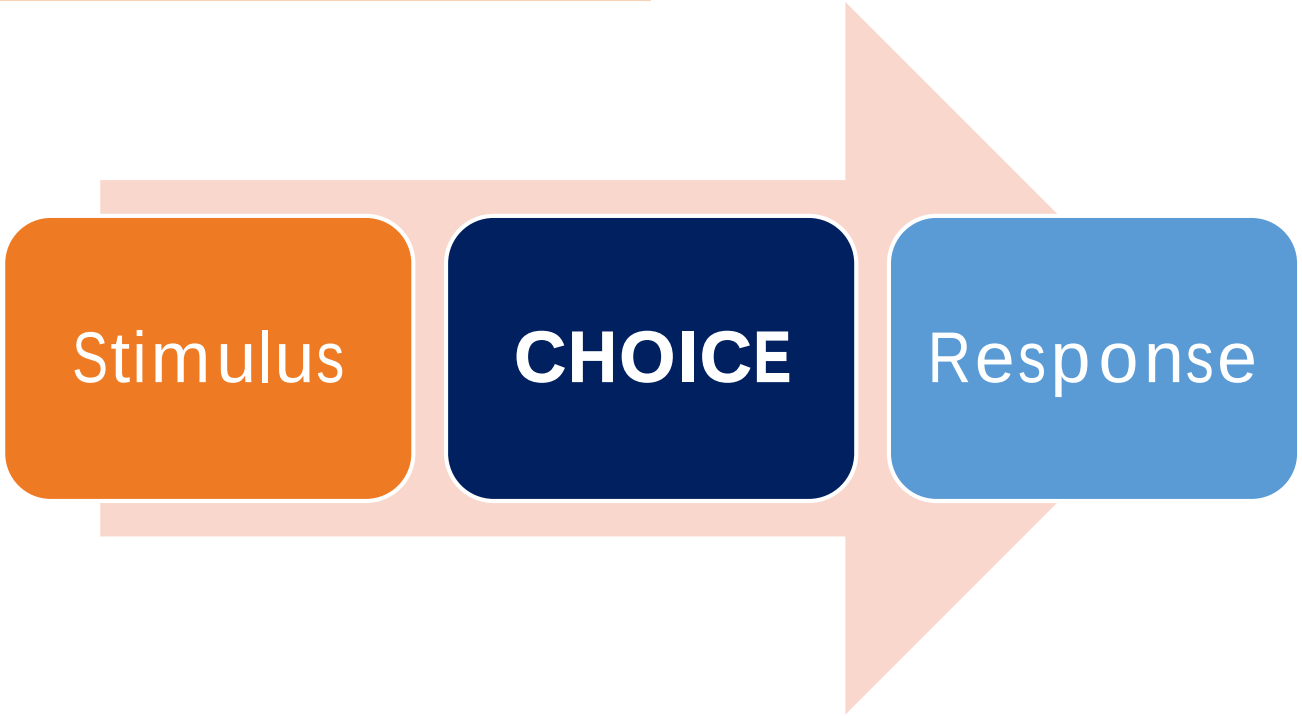
A Powerful Model



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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ATW HEALTH SOLUTIONS
Raising Healthcare's Standard

Beverley Johnson
Institute for Patient and Family-Centered Care

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

www.ipfcc.org

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

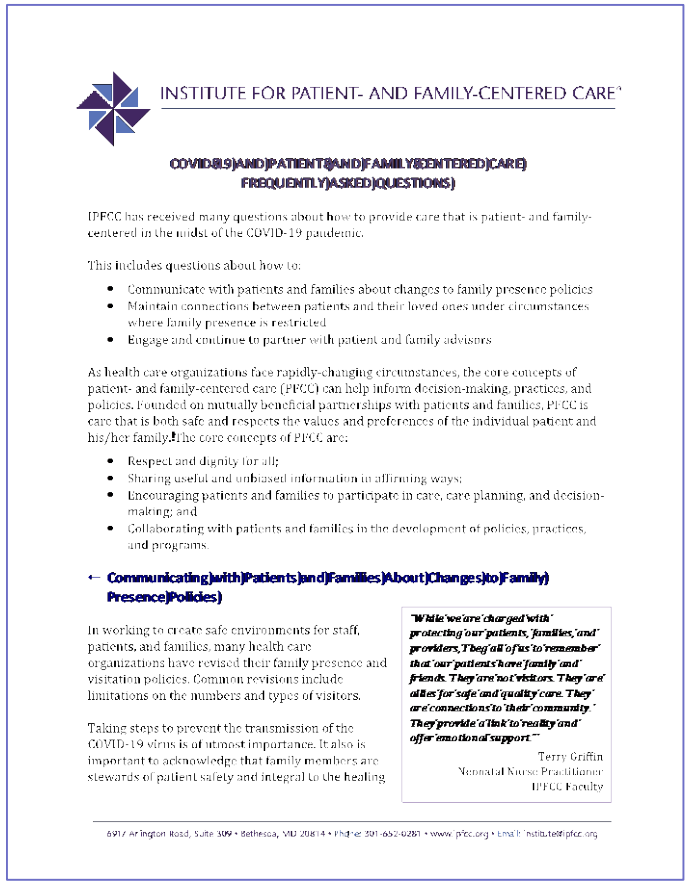
INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

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



INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

COVID-19 AND PATIENT- AND FAMILY-CENTERED CARE FREQUENTLY ASKED QUESTIONS

IPFCC has received many questions about how to provide care that is patient- and family-centered in the midst of the COVID-19 pandemic.

This includes questions about how to:

- Communicate with patients and families about changes to family presence policies
- Maintain connections between patients and their loved ones under circumstances where family presence is restricted
- Engage and continue to partner with patient and family advisors

As health care organizations face rapidly-changing circumstances, the core concepts of patient- and family-centered care (PFCC) can help inform decision-making, practices, and policies. Founded on mutually beneficial partnerships with patients and families, PFCC is care that is both safe and respects the values and preferences of the individual patient and his/her family. The core concepts of PFCC are:

- Respect and dignity for all;
- Sharing useful and unbiased information in affirming ways;
- Encouraging patients and families to participate in care, care planning, and decision-making; and
- Collaborating with patients and families in the development of policies, practices, and programs.

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

In working to create safe environments for staff, patients, and families, many health care organizations have revised their family presence and visitation policies. Common revisions include limitations on the numbers and types of visitors.

Taking steps to prevent the transmission of the COVID-19 virus is of utmost importance. It also is important to acknowledge that family members are stewards of patient safety and integral to the healing

"While we are charged with protecting our patients, families, and providers, They all of us to remember that our patients have family and friends. They are not visitors. They are allies for safe and quality care. They are connections to their community. They provide a link to reality and offer emotional support."

Terry Griffin
Neonatal Nurse Practitioner
IPFCC Faculty

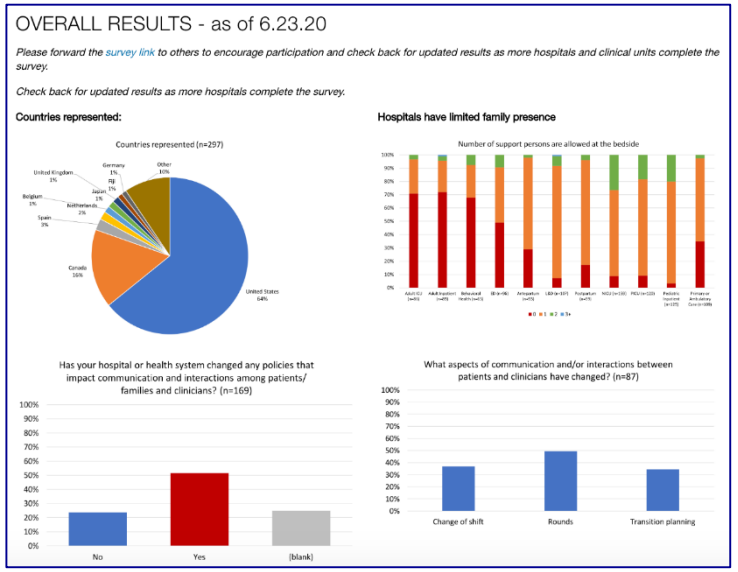
6917 Arlington Road, Suite 309 • Bethesda, MD 20814 • Phone: 301-652-0287 • www.ipfcc.org • Email: institute@ipfcc.org

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

www.ipfcc.org/bestpractices//covid-19/IPFCC_PFCC_and_COVID.pdf

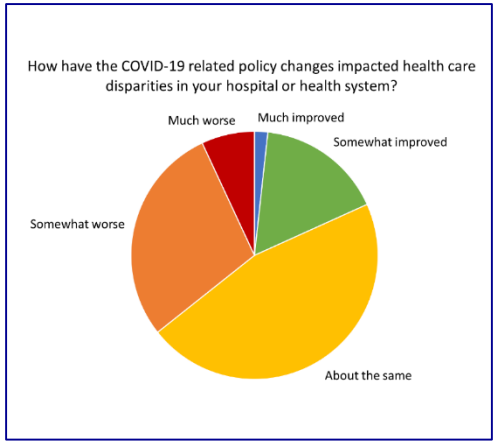
Survey for Tracking the Impact of COVID-19 on Patient- and Family-Centered Practice



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



SCHOOL OF NURSING
UNIVERSITY of WASHINGTON

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

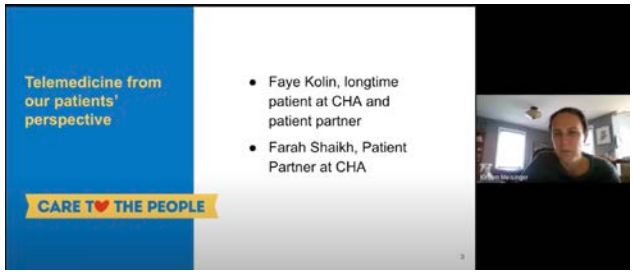
UCSF Department of Family Health Care Nursing
School of Nursing

Children's National

- 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.

- 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.

CHA Cambridge Health Alliance



- 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

Chicago Health Disparities Center

Sonya Ballentine, Patient Research Leader

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.

CORONAVIRUS

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

NEWS › HEALTH

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

A new public health crisis: caring for older adults living in nursing homes, assisted living and senior care

By Tetyana Shippee, Beth Virnig and Lynn A. Blewett | 04/29/2020

Email Facebook Twitter Print

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.

Zoom Instructions

Panelists

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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

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

HEALTH EQUITY SOLUTIONS

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

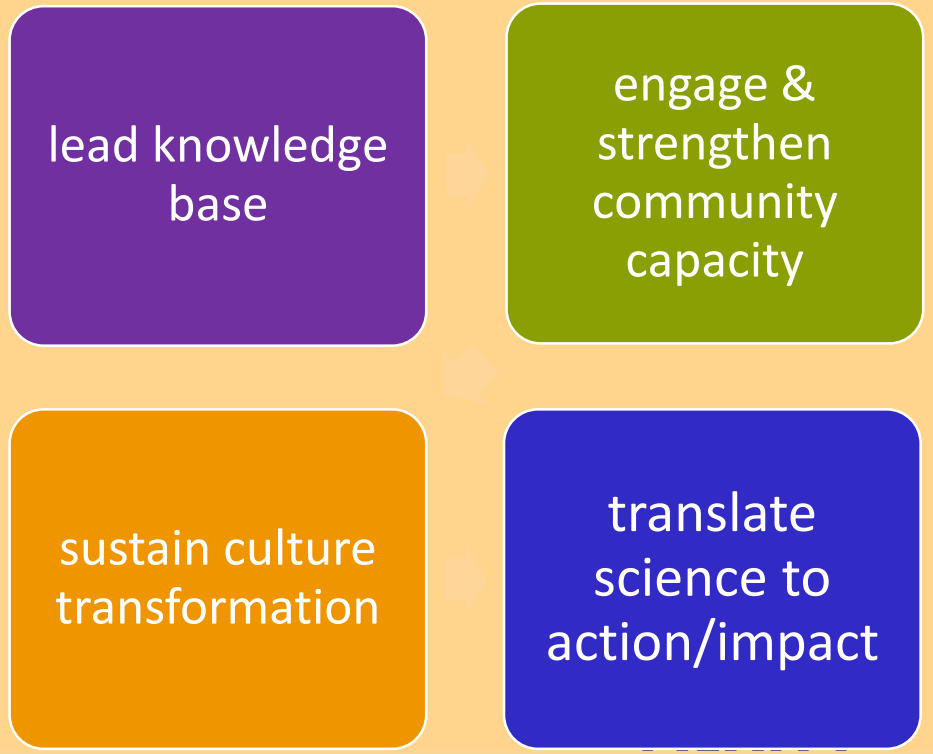
- To fully achieve health equity, we need to:
  - Examine the ways in which the system fosters inequity
  - Recognize racism
  - Use data to understand & address the gaps (particularly along the lines of demographic groups who face grave disparities)

https://michirlearning.org/about-chirs/in-your-community/genesee

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



(National Academy of Medicine Annual Report 2019)

Institutionalizing Inclusion = Embedding an Equity Lens:

A group or person focused on equity in all policies

engage & strengthen community capacity

sustain culture transformation

HEALTH EQUITY SOLUTIONS

Confront Racism: local resolution or state legislation,

providing support and advocating to city/county governments

lead knowledge base

engage & strengthen community capacity

sustain culture transformation

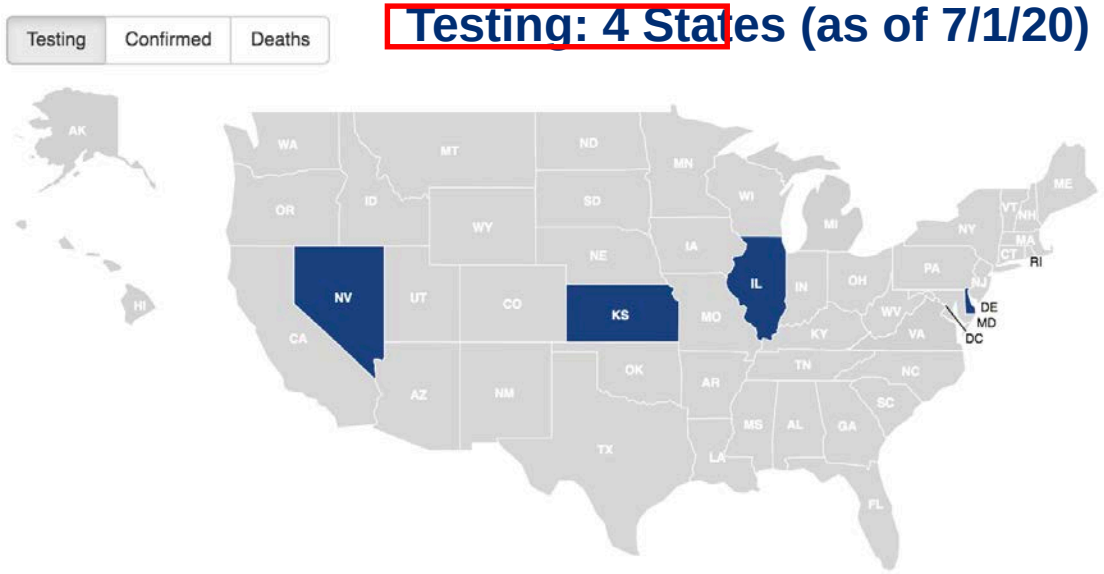
Collect granular race, ethnicity, and language data

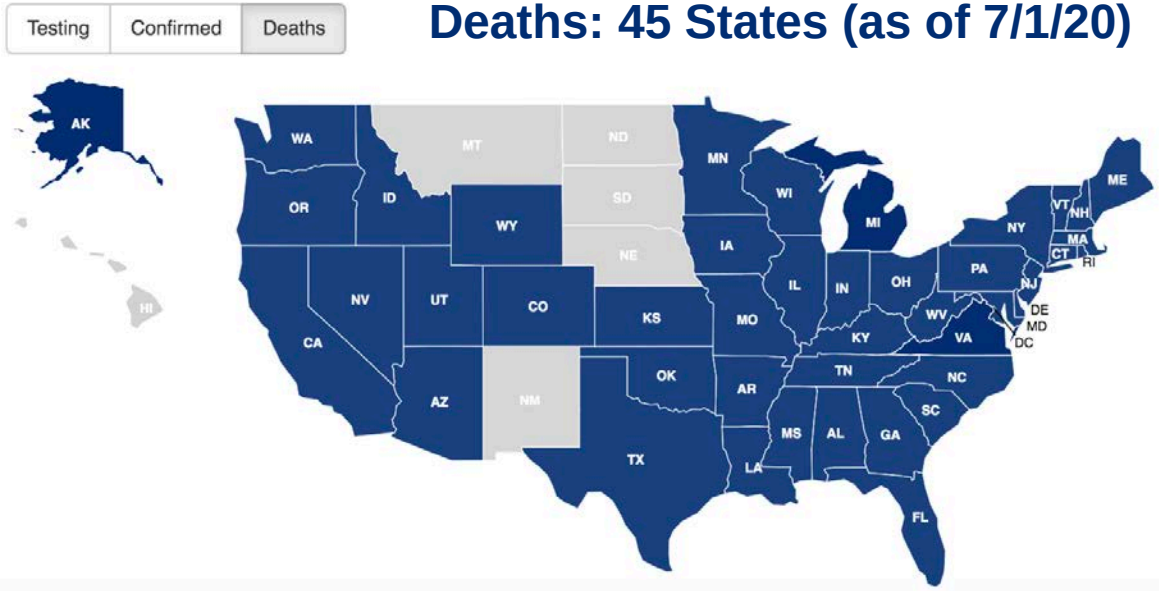
- Public reporting of testing data continues to lag
- Critical for future vaccination rates
- Increasing comfortability discussing race = improved data quality

lead knowledge base

engage & strengthen community capacity

Which States Release COVID-19 Data by Race?





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

Foster Access

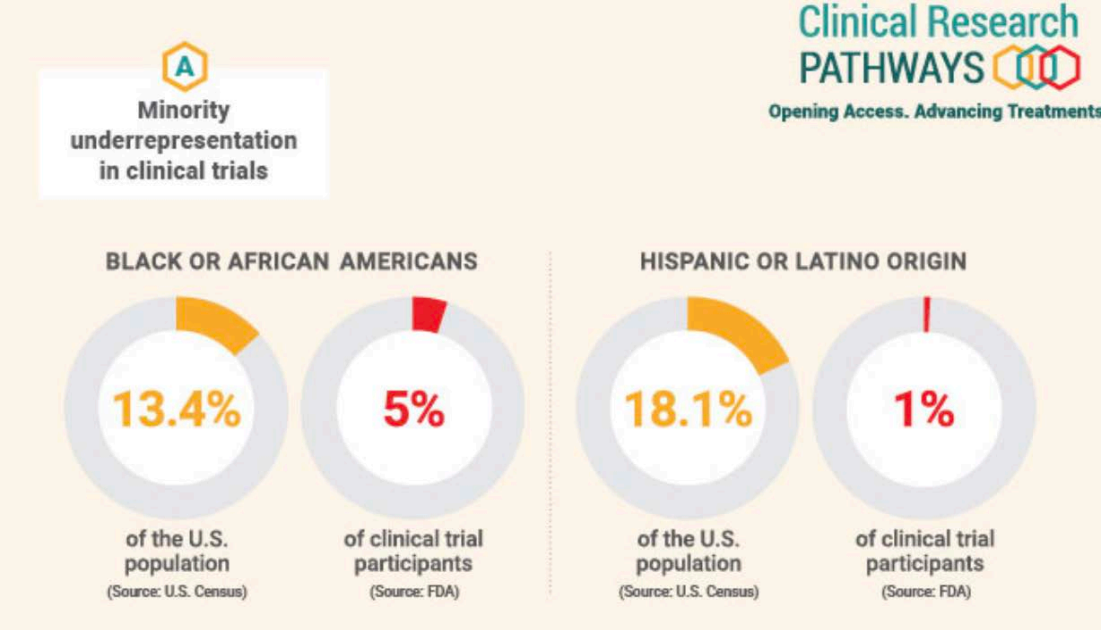
Increase access to medical services

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

Scenario	Unemployment Rate	US Population (in millions)			
		Medicaid	Marketplace[1]	Employer-Sponsored	Uninsured
Pre-COVID	3%	71	13	163	29
Low	10%	82	12-13	151	30-31
Medium	17.5%	88	13-14	140	34-35
High	25%	94	13-15	128	39-40

Health Management Associates (April, 2020)

Diversifying clinical trials



translate science to action/impact

Support bridges to medical care

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

translate science to action/impact

FIRST OPINION

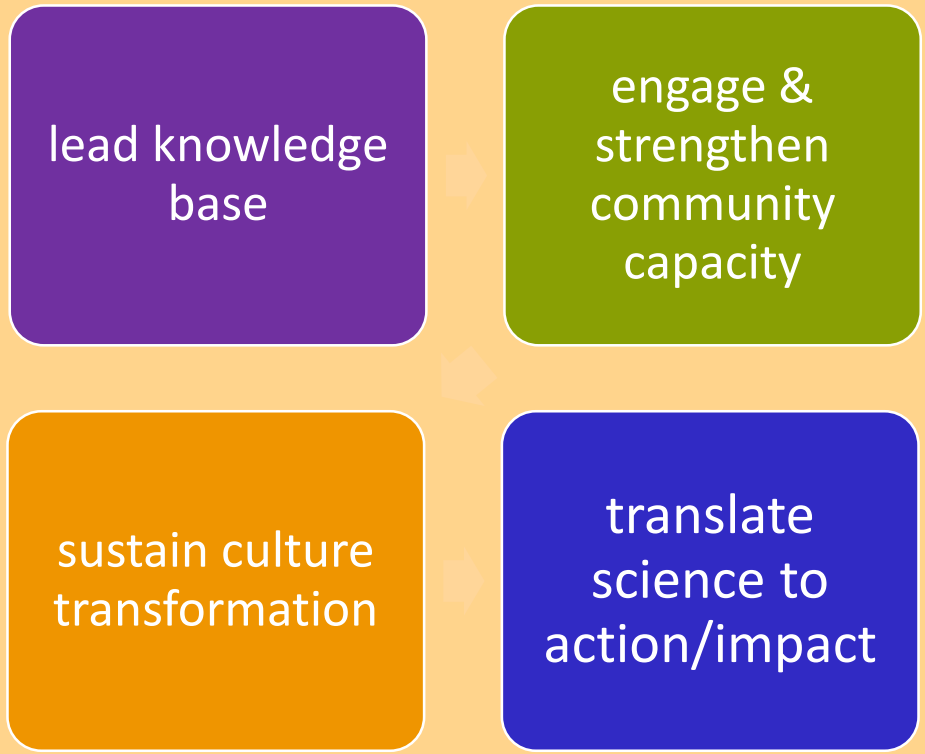
Create a cadre of community health workers to fight Covid-19 in the U.S.

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

https://www.statnews.com/2020/03/31/community-health-workers-fight-covid-19-united-states/

NAM primary goals for health equity



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


HEALTH
EQUITY
SOLUTIONS

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Consuelo H. Wilkins
Vanderbilt University Medical Center

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

@DrCHWilkins
#HealthEquityLeaders
#MissionDrivenMetrics

VANDERBILT UNIVERSITY
MEDICAL CENTER

Office of Health Equity

Fosters and catalyzes initiatives and programs that address and prevent health inequities

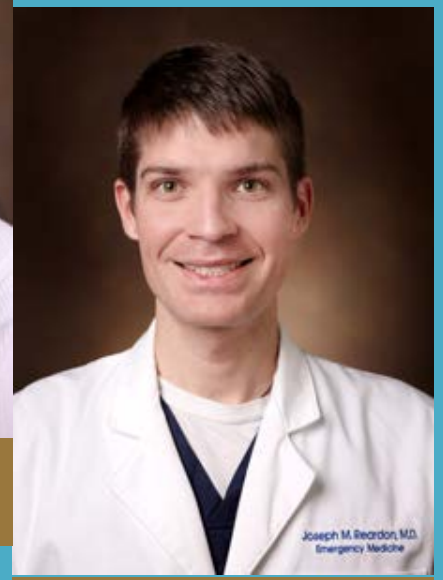
- **Community Health Needs Assessment**
- **Clinical Outcomes**
- **Health Equity Research**
- **Education/Training in Health Equity**
- **Institutional Health Equity Metrics**

@DrCHWilkins
#HealthEquityLeaders
#MissionDrivenMetrics

Personae: 21st Century Health Equity Leaders

Adam Huggins, MD
Ob/Gyn; LGBT Health

Tuya Pal, MD
Breast Cancer/Genetics



Joseph Reardon, MD
Global Emergency Med

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.

@DrCHWilkins
#HealthEquityLeaders

COVID-19 Health Equity Workstream – Leader: Wilkins

Goals/Objectives

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 w limited income, limited English Proficiency, and people experiencing homelessness.

VANDERBILT UNIVERSITY MEDICAL CENTER

Created 4.1.2020; last updated 4.9.2020 @DrCHWilkins

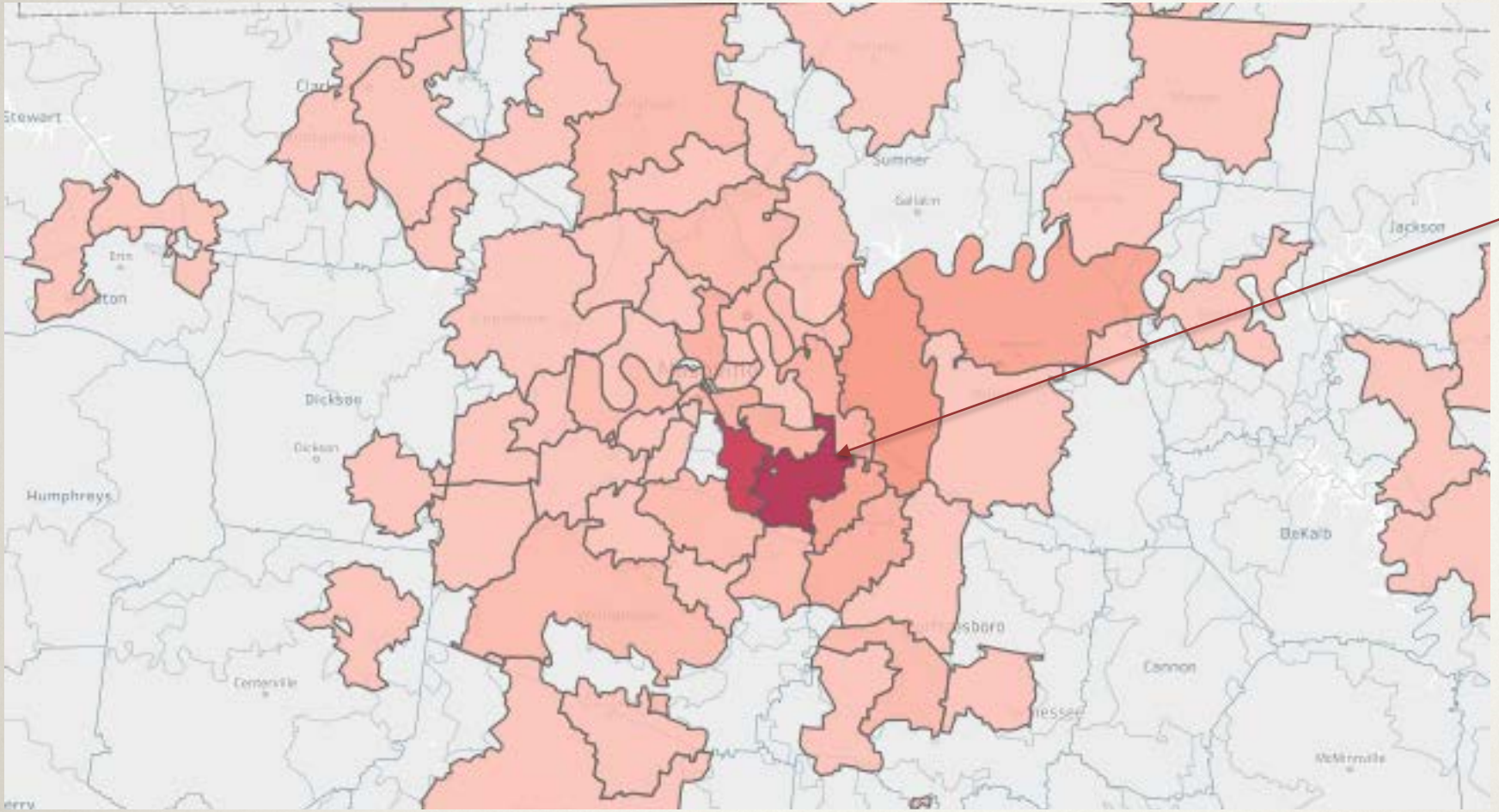
Goal: Engage and enroll racial and ethnic minorities and other socially disadvantaged groups in COVID-19 clinical research

COVID-19 Clinical Research

VUMC SARS-CoV-2 Tests by Race, Ethnicity and Language

	Population	SARS-CoV-2	+ SARS-CoV-2	Within-group +
	% total population Nashville MSA - 1,932,000	n (% of 45,954)	n (% of 3,171)	% positive tests within racial/ethnic or linguistic group
PRIMARY LANGUAGE				
English	89.2%	43,462 (94.6%)	2,550 (80.4%)	5.9%
All Languages other than English (48)	10.8%	2,310 (5%)	607 (19.1%)	26.3%
Spanish	5.3%	1,206 (2.6%)	327 (10.7%)	27.1%
Arabic	< 1%	618 (1.3%)	165 (7.6%)	26.7%
Nepali	< 1%	148 (< 1%)	63 (2.9%)	42.6%
Unknown language	n/a	182 (< 1%)	14 (< 1%)	7.7%

Data includes all patients tested for SARS-CoV-2 at Vanderbilt University Medical Center from March 9, 2020 – June 6, 2020.
Total tested 45,954; total positive tests 3,171. *Population demographics for Nashville metropolitan area includes Davidson, Williamson, and Rutherford Counties.
Data from American Community Survey 2018. https://censusreporter.org/profiles/31000US34980-nashville-davidson-murfreesboro-franklin-tn-metro-area/

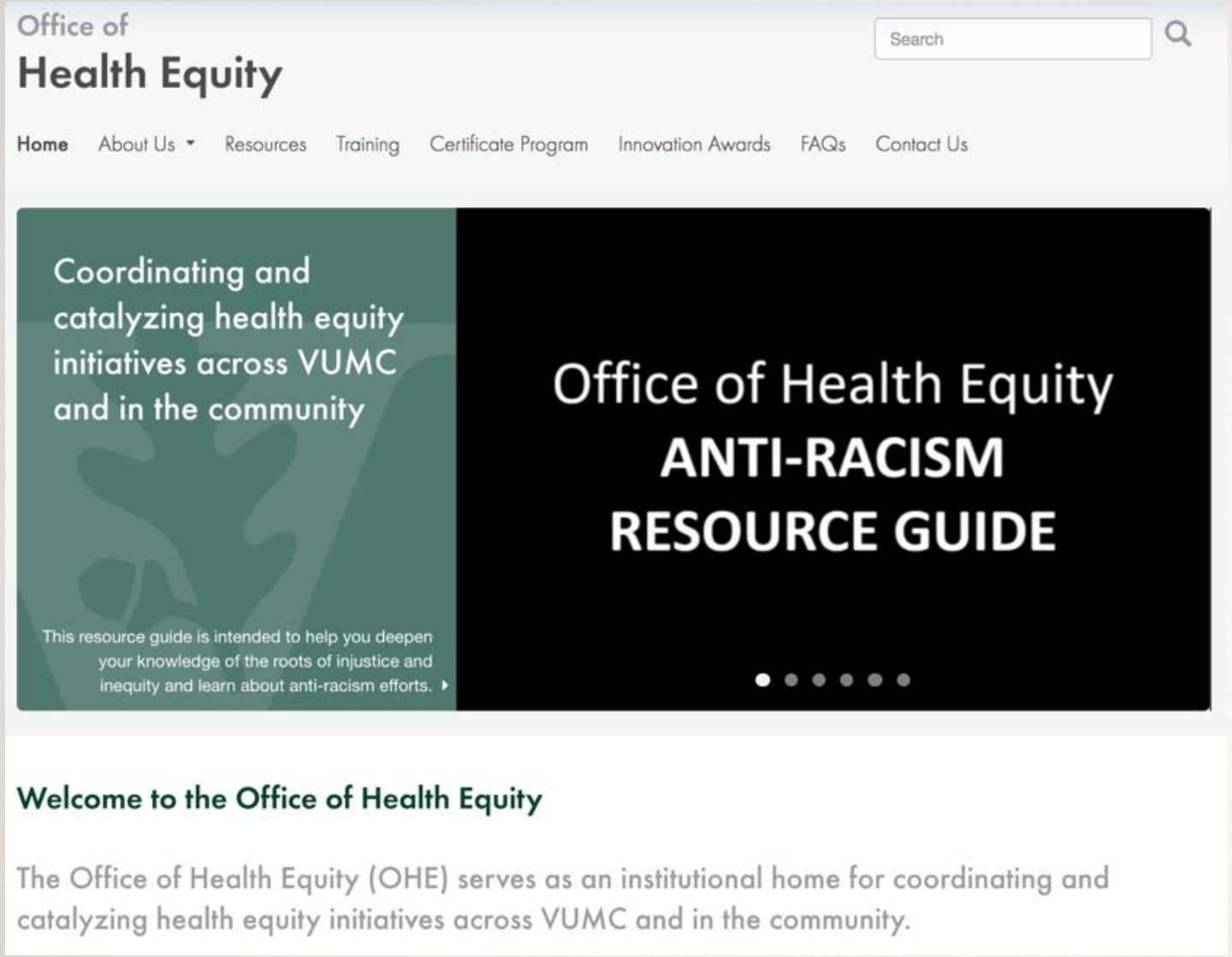


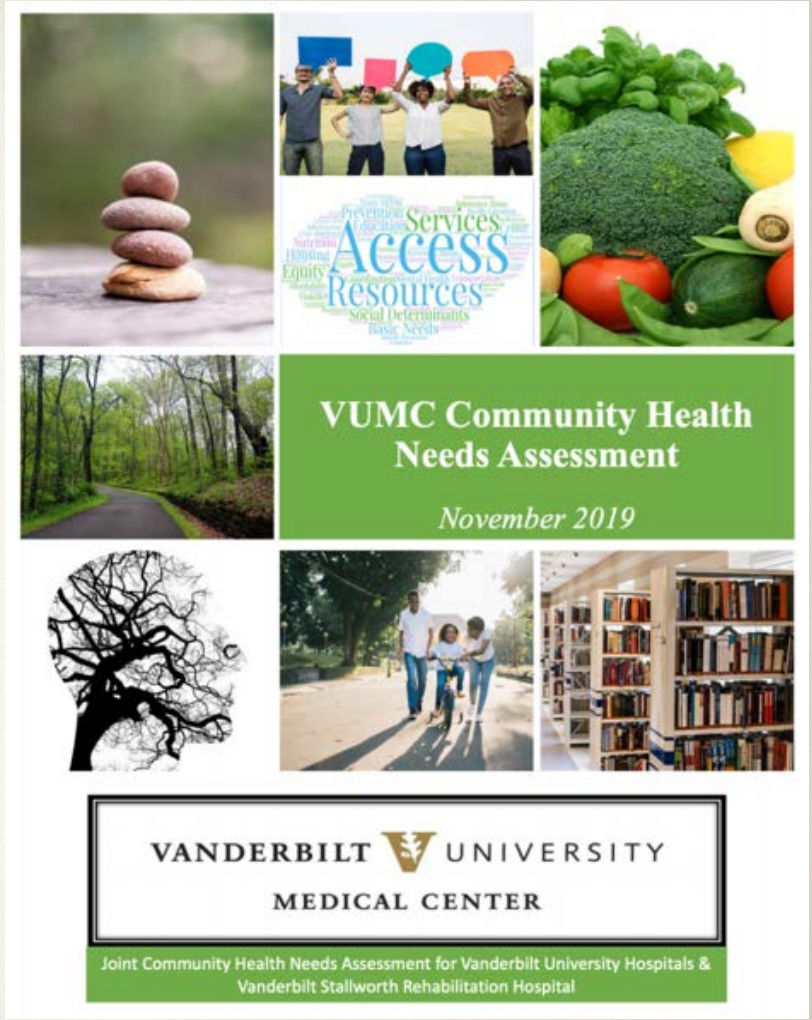
Antioch (37013) 315⁺/1,692 = 18.6%

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





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https://www.vumc.org/healthequity/

Zoom Instructions

Panelists

- Always keep your line muted unless you are called on to speak
- If possible, turn on video while speaking to the group. To enable video click the ‘start video’ option at the bottom left of your screen

Attendees - Q & A

- Please type in questions into the Q&A located at the bottom of the screen on your zoom interface
- Question format:
  - Your name and organization
  - To whom
  - Question

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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NAM Leadership Consortium

Collaboration for a Value & Science-Driven Learning Health System

Culture & Inclusiveness Action Collaborative

Webinar

July 7, 2020 | 1:00 – 4:00 PM EST

Share your thoughts!

@theNAMedicine

NATIONAL ACADEMY OF MEDICINE

Closing Remarks

Thank you for joining!

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