CULTURE INCLUSION & EQUITY ACTION COLLABORATIVE

January 13, 2021 Meeting Highlights

MEETING FOCUS: Share organizational efforts to assess and track internal equity, including examples from institutions that have begun to implement policies and practices to support equity. Explore dashboard indicators to track national progress in achieving full and equitable health engagement by individuals and communities.

Progress Towards Achieving An Inclusive Culture of Equitable Engagement in Health

- Culture Inclusion & Equity co-chair Mary Naylor shared a recently completed NAM project, a paper on Patient and Family Engaged Care as an Essential Element of Health Equity, as well as projects in development, including a COVID-19 Sectoral Assessment on Patients, Families, and Communities; a paper on the need for equity in health-relevant technology, and a Special Publication on Assessing Measures of Meaningful Community Engagement. These efforts advance the overall goal of the collaborative: a culture of engagement and equity with the needs of patients and families at their core.

Exploring Strategies and Opportunities for Internal Organizational Equity

- Ella Washington shared key lessons from her work with Fortune100 companies as a Diversity, Equity & Inclusion (DE&I) consultant, and her academic research. She indicated that the key to meaningful organizational commitment to DE&I is sustainable integration, and outlined stages of change she has observed: organizations move from being aware of the need for DE&I, to eventually ensuring that efforts are sustained over time through organizational changes. She suggested that organizations integrate the goals of DE&I in their governance structure, tying executive compensation to achieving DE&I goals across all aspects of an organization's culture and mission. She cautioned that when beginning efforts to improve equity, or DE&I more generally, every organization will have a different starting point.
- JaNay Queen Nazaire shared experiences that her organization has had as they work to improve internal racial equity. Over several years staff encouraged leadership to take concrete actions to address knowledge gaps on understanding structural racism. She provided examples of progress made to develop surveys and gather data from staff on training needs to improve competency on racial equity, and collective awareness of racial equity within Living Cities and in their work.
- Ronald Copeland said that using stratified disaggregated data helped Kaiser Permanente understand where gaps existed and elucidate different strategies to close gaps in health outcomes of patients. They were able to use the data effectively to hold leadership accountable by building it into performance goals. They applied the same approach to their internal efforts and are in the process of conducting employee surveys, asking about staff experiences with inclusion, levels of trust, etc. When analyzing the survey data, the organization stratifies the findings by demographic groups to identify areas where disparate responses are observed. The organization is also conducting a mapping exercise, tracking the lifecycle of an employee in the organization, from recruitment to retention to promotion, and examining system-level processes to determine where discretionary decision-making is disrupted by bias or racial discrimination.
- Yeng Yang shared an update on HealthPartners' newly formed Health Equity and Anti-Racism Cabinet, which aims to provide leadership, direction, and oversight to the organization and alignment of equity goals into a larger strategic plan. The Cabinet also aims to shift culture by including physician leadership in key roles to ensure that efforts toward equity do not only include health system administrators or diversity team members. HealthPartners tracks measures associated with workforce diversity, including those in leadership roles and completion of bias training for all employees. They are in the process of integrating an equity lens into all aspects of the organization, including quality improvement processes, onboarding of new employees, and recruitment and retention practices.
- Panelists were asked to suggest the first steps an organization beginning to address internal equity should take and noted the following:

- Most organizations conduct an internal audit. Another important next step would be to ensure that all leaders are aligned on the goals and strategic vision for the organization on equity or diversity. (Ella Washington)
- Living Cities conducted trainings focused on data, trends and patterns, as well as on personal introspection on undoing racism. The combination allowed for a holistic experience and understanding of the history and the legacy of the root cause of the problem—racism. (JaNay Queen Nazaire)
- Change starts with senior leaders setting the tone, by making firm public commitments that discrimination and inequity are not aligned with the organization's mission or values, and creating an internal movement to drive change, supported by strategies and tactics. (Ronald Copeland)
- Conduct listening sessions with staff where those in positions of power hear the lived experiences of people in their organizations. Anti-racist work is fundamentally a personal journey, with everyone starting at different points on the continuum. (Yeng Yang)

- Ronald Copeland was asked about how his organization is expanding the current internal/external frames to include restorative justice. He cited community engagement as the key, recognizing that current and future patients and workforce come from the surrounding communities. Their model considers the elements that create barriers for people to achieve optimal health (e.g., social needs, the impact of criminal justice systems, and economic challenges). Kaiser Permanente is thinking about how to use their position as a large non-profit organization, embedded in the community it serves, to invest in that community and advocate for policies that support addressing barriers to health.
- Panelists were asked what they thought was necessary at a policy level to speed the movement of health care organizations adopting DE&I policies.
  - There is a need for a paradigm shift. Policy and organizational structures are rooted in the people involved: what they believe in, why they believe it, and how those beliefs turn into behaviors and influence policy. Taking action will require investing in people's personal growth and applying resources such as money, community, and connectedness, creating space for risk and practicing competencies and skills daily. This calls for re-imagining a society, including the health care system, that will be to the benefit of us all. (JaNay Queen-Nazaire)
  - Expanding the notion of health to include integrating traditional medicine and public health concepts like a healthier social environment would help, along with expanding the competency, effectiveness and obligation of a health care system. (Ronald Copeland)
- When asked for suggestions on how to break down the internal barriers to enable changes to increase equity, Ronald Copeland shared an experience he had in the Cleveland area. Kaiser Permanente and other local health systems agreed to share institutional-level data on equitable practices like cultural competency to elevate community health systems and track population outcomes. Kaiser Permanente and the local health systems were able to have "friendly competition" and share best practices.
- The panelists offered the following final reflections:
  - Participants were encouraged to sit with the concepts discussed during the webinar and consider the different types of change needed: system change, organizational process change, and changes in the way people engage with notions of anti-racist practice or racial equity. Then, select a challenge, and start: build relationships, take on risk, and be in community, recognizing the deeply entrenched systems of power that have existed for 400 years will take many years to change. (JaNay Queen Nazaire)
  - Participants were urged to make an honest assessment of where their organization is and select a few tasks to accomplish, particularly if leadership support is lacking. Achieving early successes will help to convince all decision-makers and leaders within an organization to commit to a change process. It is also important to engage in the difficult conversations; if everyone is comfortable, no one is making progress. (Yeng Yang)
  - This is a journey of continuous learning that cannot be done independently. Start with small steps, recognizing how your organization is changing. (Ronald Copeland)
  - Participants were reminded that change takes time. They were encouraged to stay the course and celebrate the wins, the connections they make, and the learning that happens within their organizations. (Ella Washington)

Dashboard Indicators to Monitor National Progress Toward a Culture of Inclusion and Equity in the Health System

- This session focused on potential dashboard indicators of progress towards a culture of health equity and patient and community engagement at a national level. The four potential indicators identified by invited experts in state and national survey measurement, quality measurement, policy, and patient and community engagement included the following:
    1. Percent of people reporting overall satisfaction with their well-being
    2. Percent of adults self-reporting excellent or very good general health
    3. People who were unable to get or delayed in getting needed medical care in the last 12 months
    4. Percent of people reporting food insecurity
- Nicole Franks offered an initial reaction to the potential indicators, and noted the similarities between indicators number one and two. She identified that indicator number one covers a more holistic view of health, which is crucial to leverage and track over time. She questioned how a patient's readiness to be healthy or take action on their well-being would affect responses to these questions. She supported the use of indicator number three; however, she questioned the best method for measuring it, noting that in her work in the emergency department, a lack of access to care can present in different ways. She emphasized the complexity of indicator number four, as there are components of food insecurity related to access, availability, food quality, and appropriateness, which need to be considered. She also noted the importance of thinking critically about whether the indicators provide the needed information and are sufficiently broad.
- Apryl Brown highlighted the importance of tracking food insecurity to achieve equity, especially as the COVID-19 pandemic has made food insecurity issues more widespread due to widespread loss of income. Disaggregating food insecurity data by race will also show the racial inequities in food security.
- The reactors were asked if additional indicators should be considered. Nicole Franks highlighted the need to track empowerment, which aligns with trust, lived experiences, and historic under-investment and disempowerment that are the result of structural racism. Apryl Brown noted the importance of partnering with leaders from other sectors, such as housing or transportation, to improve population health.
- A participant asked the panelists how the Action Collaborative could advance the measurement of power distribution through national monitoring. Both panelists spoke about examining the different dynamics within organizations and partnerships and addressing the power structures within organizations.

Discussion & Next Steps

Kisha Davis offered reflections on the themes addressed during the webinar and key action steps to consider:

- Effective integration of DE&I initiatives requires sustained, widespread investment. A ground-up movement, guided and influenced by stakeholders is key to success, especially when paired with intentionally diverse leadership that extends *past* an organization's DE&I office. To accomplish this, organizations could develop leadership, through ongoing training. It is also important to place diverse leaders in the institution, ensuring a workforce that can define, communicate, and support DE&I initiatives.
- To address *external* health care disparities in an effective, genuine manner, *internal* disparities and systemic racism must first be intentionally addressed. This needs to occur through anti-racist processes and cultural transformation.
- The dashboard indicators identified seem useful, but their potential must translate to action. This extends to all research: outcomes should be tailored towards the needs of the communities under study, and more emphasis should be placed on engaging communities to identify needed improvements.
- Key action items for consideration include 1) having DE&I initiatives integrated in overall returns on investment and centering DE&I initiatives in the organizational vision; 2) ensuring that providers caring for vulnerable populations are included in the DE&I process; 3) modifying power dynamics to give *all* individuals the capacity to elevate DE&I discussions; and 4) tailoring CEIAC activities and convenings toward action.

Question and Answer:

In the remaining time, panelists from all webinar sessions responded to following questions:

- *How do we bring along white allies in this journey?*
  - Engage with white allies and be willing to have uncomfortable conversations (Kisha Davis).
  - Show courage and speak up; start conversations that allow others to engage in discourse (Yeng Yang).
  - Recognize the emotional labor done by people of color, and encourage white people to be vulnerable (JaNay Queen Nazaire).
- *How do we create, establish and implement this work in the state and county-level public health arena (i.e., how do we advance public health and private partnership and collaboratives)?*
  - Patience and strong, continuously evolving partnerships are key (Apryl Brown).
  - Identify community partners who can engage in long-term partnerships (Yeng Yang).
- *How will the culture of inclusion include individuals with disabilities?*
  - Addressing the deepest rooted issues (e.g., such as racism) will benefit everyone. (JaNay Queen Nazaire)
  - Reviewing data/indicators to see if there are changes in outcomes for vulnerable populations. (Nicole Franks)
  - Recognize the importance of data, disaggregation, and awareness—you cannot manage what you cannot measure and you cannot measure what you cannot see. (Ronald Copeland)
- *Have you created a dashboard for measuring health care organizations or practitioner progress on DE&I?*
  - This is a goal for many organizations maturing in this journey. Some ideas could be to measure patient/unit employee engagement or changed attitudes following bias training. (Yeng Yang)
  - Do not be satisfied with another organization's model or approach; customization is key. Analytic/administrative/operational support is critical for seamless and sustainable change. (Ronald Copeland)

Thank you to collaborative co-chairs, speakers, and invited reactors:

Mary Naylor (UPenn), Bill Novelli (C-TAC; Georgetown), Sandra Hernández (California Health Care Foundation) Ella Washington (Georgetown University), JaNay Queen Nazaire (Living Cities), Ronald Copeland (Kaiser Foundation Health Plans and Hospitals), Yeng Yang (HealthPartners), Nicole Franks (Emory University Hospital), Apryl Brown (Michigan Public Health Association), Kisha Davis (Aledade)