

Collaboration for a Value & Science-Driven Health System

Culture Inclusion & Equity Action Collaborative

Webinar

January 13, 2021 | 1:00 – 4:00 PM EST

Share your thoughts!



@theNAMedicine

Welcome & Introduction



Michael McGinnis
National Academy of Medicine

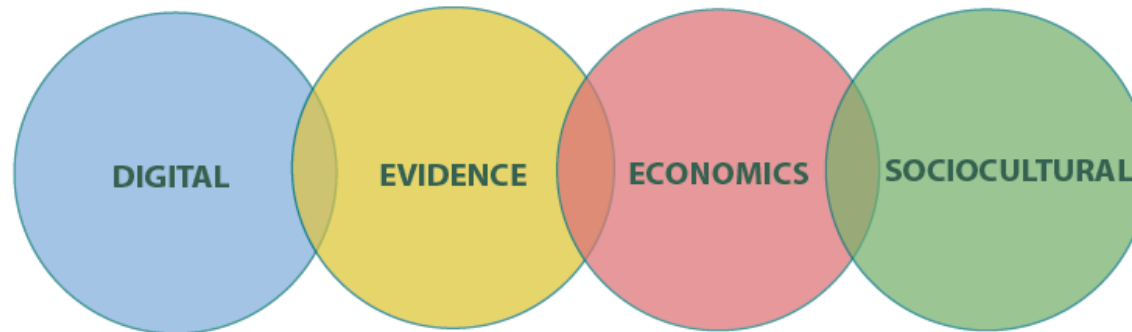
NAM Leadership Consortium

**Aligning forces for health system effectiveness,
efficiency, equity, and continuous learning**

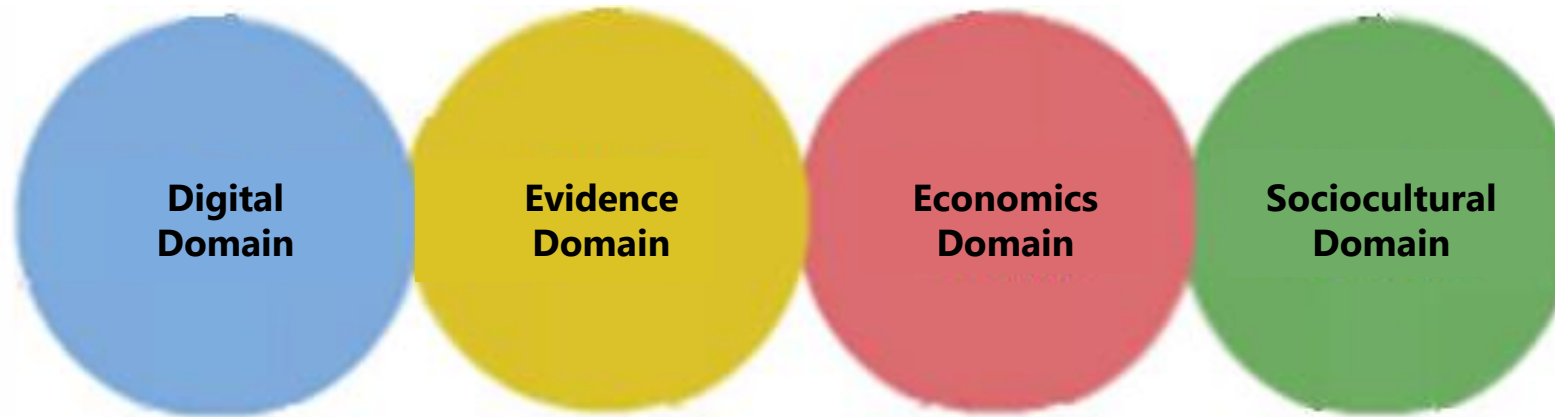
*A **learning health system** is one in which science, informatics, incentives, and culture are aligned for continuous improvement, innovation, and equity—with best practices and discovery seamlessly embedded in the delivery process, individuals and families active participants in all elements, and new knowledge generated as an integral by-product of the delivery experience.*

NAM Leadership Consortium Charter 2006

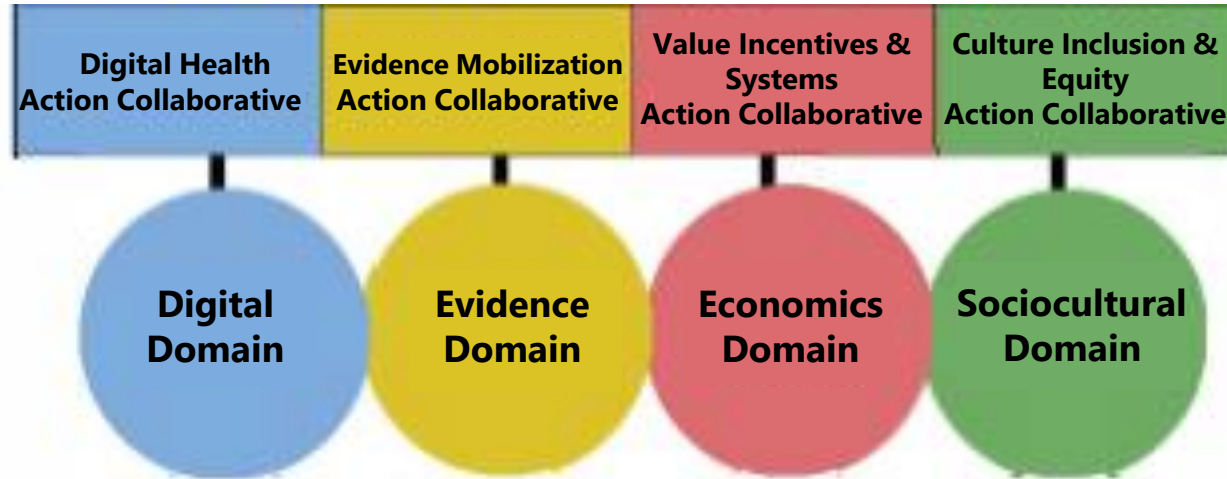
Strategic Action Domains



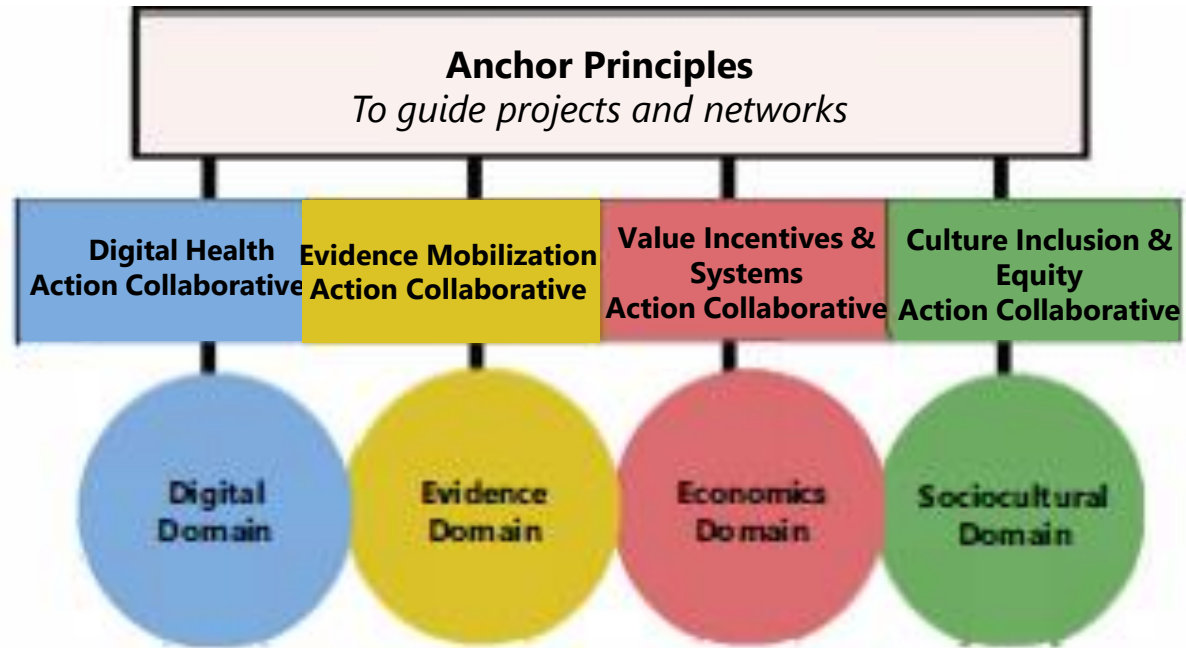
Leadership Consortium Operating Model



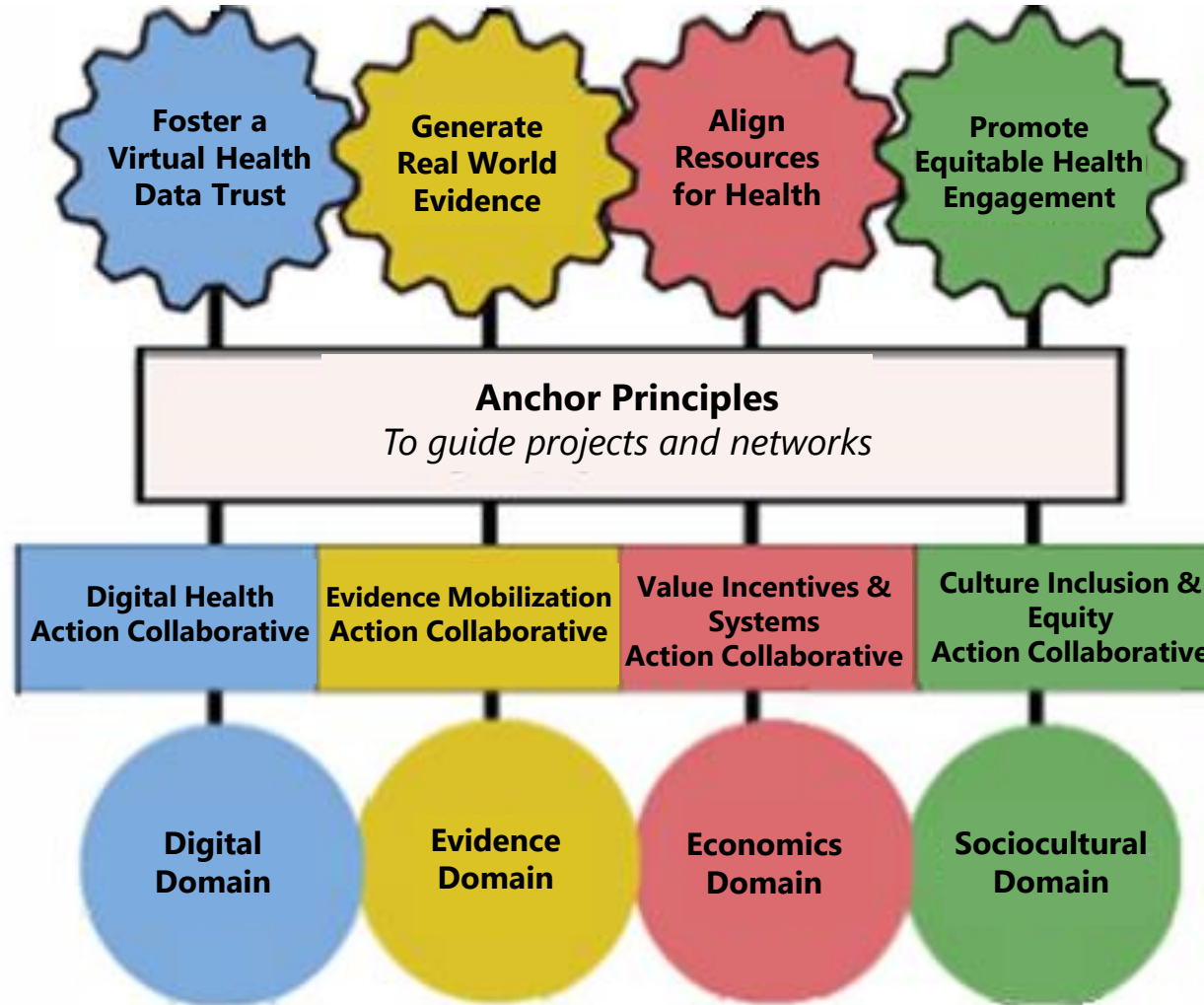
Leadership Consortium Operating Model



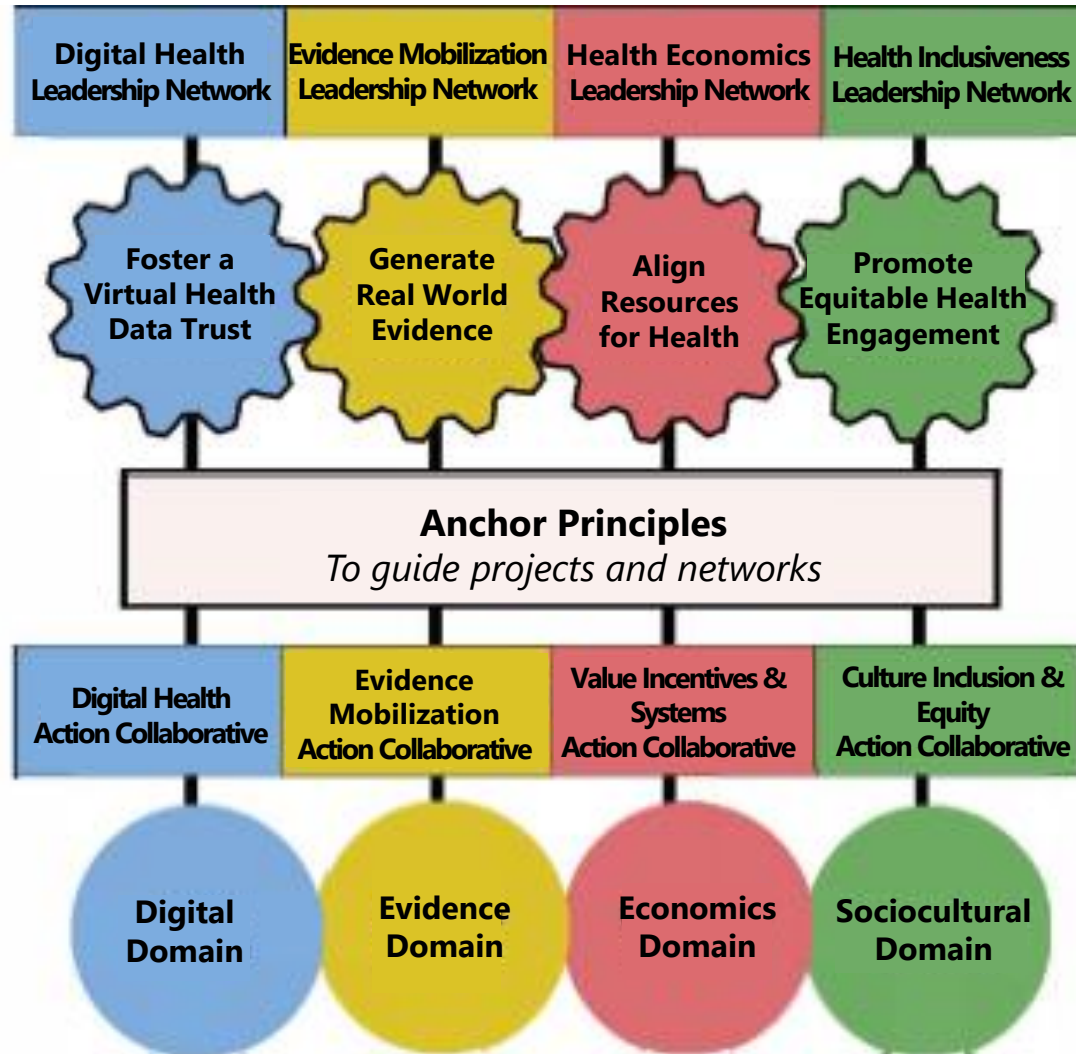
Leadership Consortium Operating Model



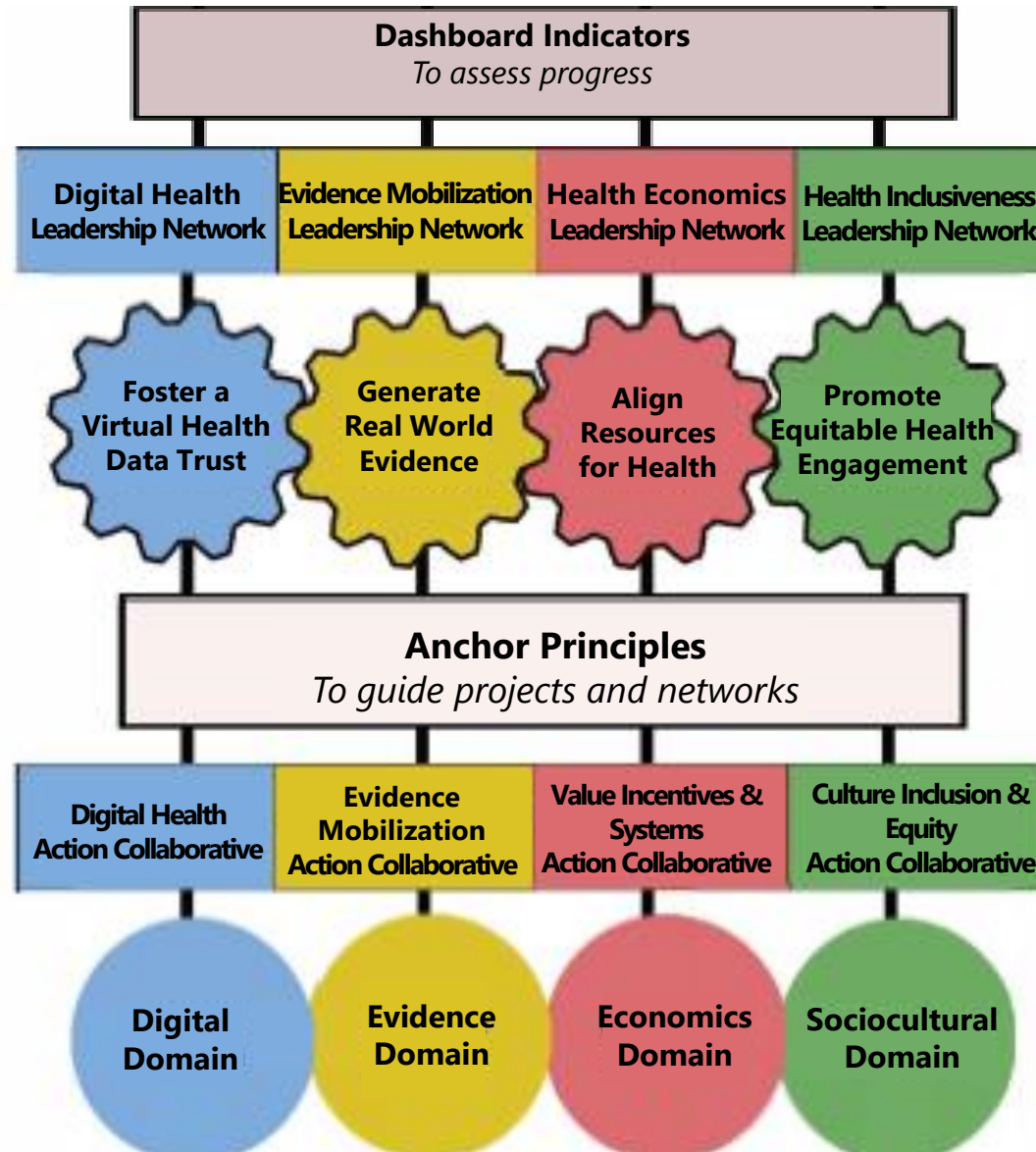
Leadership Consortium Operating Model



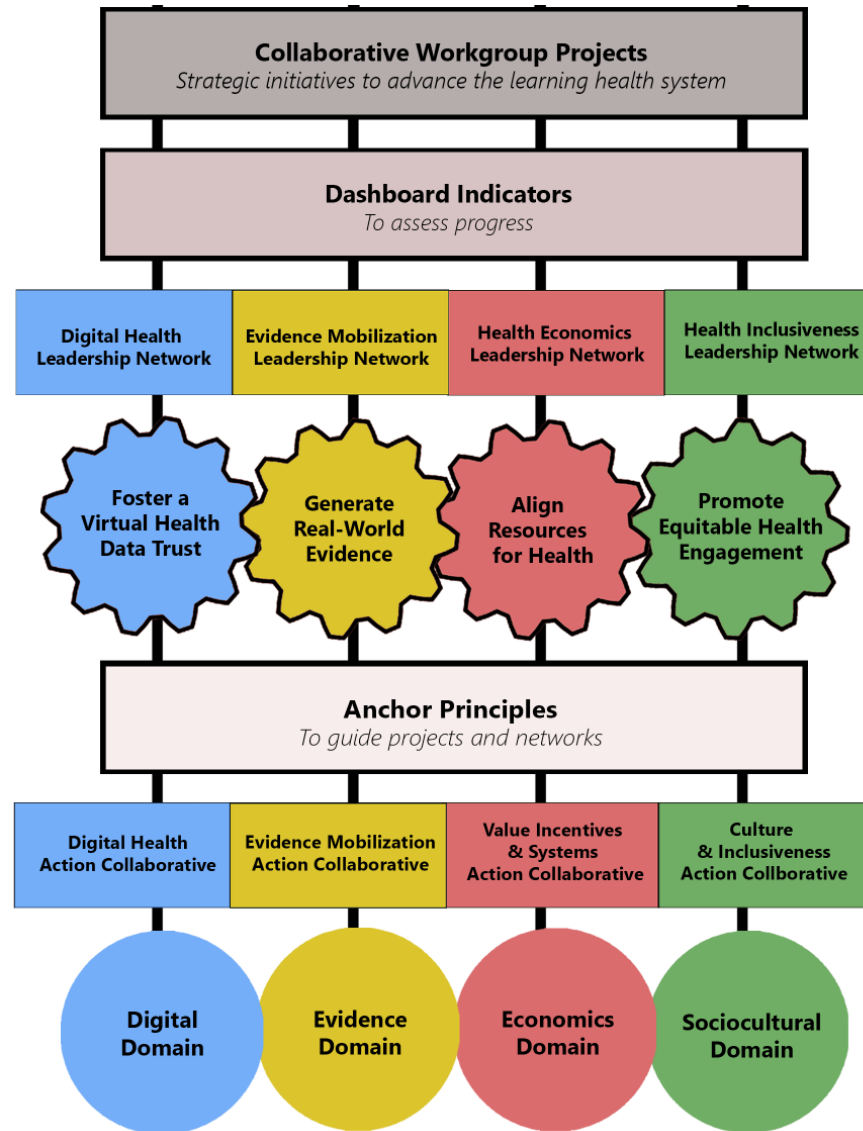
Leadership Consortium Operating Model



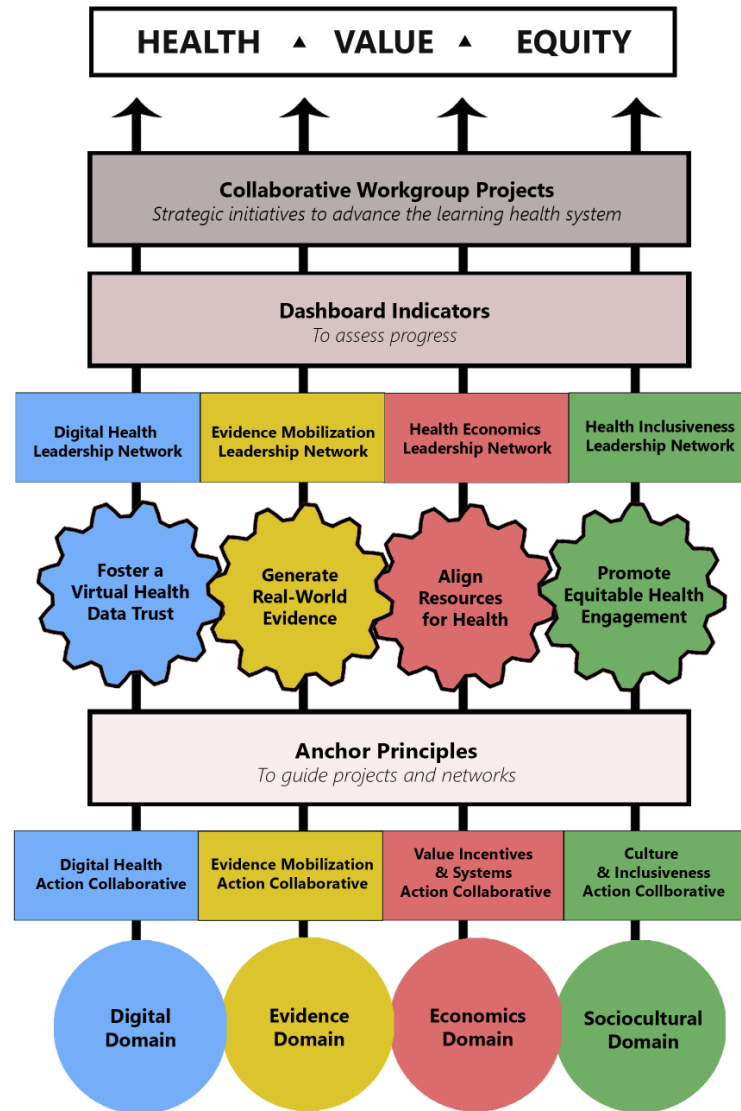
Leadership Consortium Operating Model



Leadership Consortium Operating Model



Leadership Consortium Operating Model



COVID-19 Sector Assessments Activity

GOAL: Undertake a sector-by-sector review of the COVID-19 experiences of the following sectors:

Patients,
families, and
communities

Clinicians and
professional
societies

Care delivery
organizations

Digital health

State and local
public health

Health payers

Health product
manufacturers
and innovators

Health and
biomedical
research

Quality, safety,
and standards
organizations

COVID-19 Sector Assessments Approach

Deliverable	Content
Nine (9) NAM Sector Papers	<ul style="list-style-type: none">• Experiences and priority actions for sector-wide transformation (February-March 2021)
NAM Special Publication	<ul style="list-style-type: none">• Concluding chapter on opportunities for system-wide transformation & compilation of the nine sector assessments (Spring 2021)
Collaborative Action Plans	<ul style="list-style-type: none">• Sector action plans & responsibilities for organizational alignment (Spring 2021)

Culture Inclusion & Equity 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

Agenda

Welcome

1:00 – 1:15 PM

Michael McGinnis, National Academy of Medicine

Bill Novelli, Georgetown University

Progress Towards Achieving An Inclusive Culture of Equitable Engagement in Health

1:15 – 1:30 PM

Mary Naylor, University of Pennsylvania

Exploring Strategies and Opportunities for Internal Organizational Equity

1:30 – 2:45 PM

Ella Washington, Georgetown University

JaNay Queen Nazaire, Living Cities

Ronald Copeland, Kaiser Foundation Health Plan and Hospitals

Yeng Yang, HealthPartners

Agenda

Dashboard Indicators to Monitor National Progress

2:45 – 3:15 PM

Bill Novelli, Georgetown University

Nicole Franks, Emory University & School of Medicine

Apryl Brown, Michigan Public Health Association

Discussion & Next Steps

3:15 – 3:55 PM

Sandra Hernández, California Health Care Foundation

Kisha Davis, Aledade

Panelists to answer questions submitted by participants via Q&A box

Adjourn

4:00 PM

Michael McGinnis, National Academy of Medicine

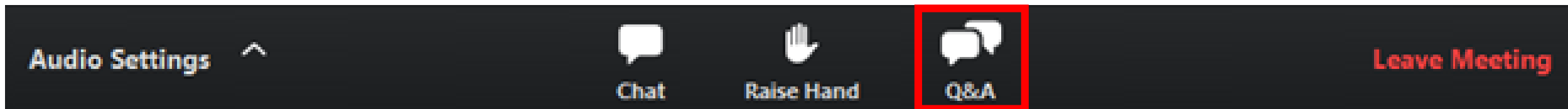
Zoom Instructions

Panelists

- Always keep your line muted unless you are called on to speak
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Attendees - Q & A

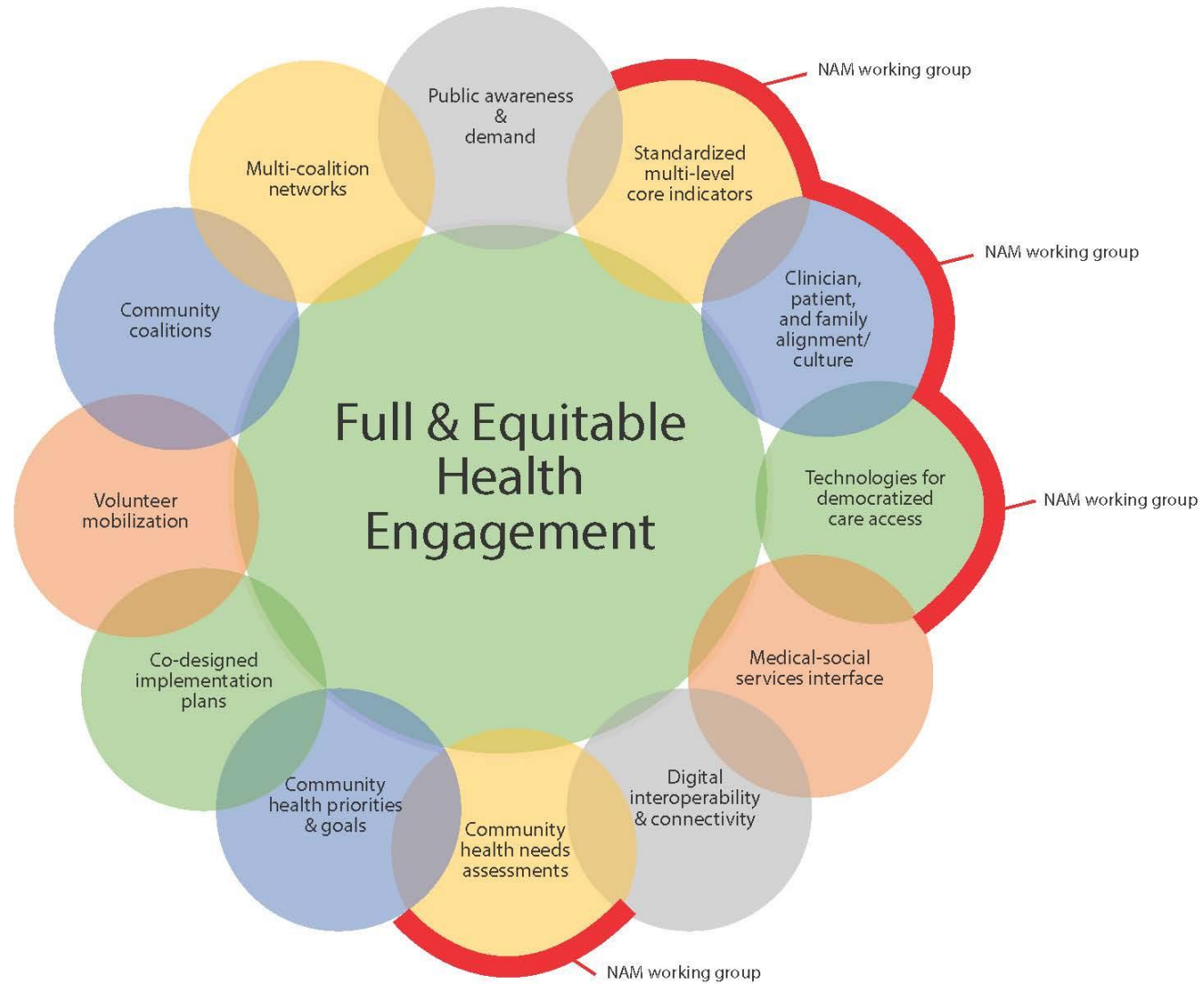
- Please type in questions into the Q&A located at the bottom of the screen on your zoom interface
- Question format:
 - Your name and organization
 - To whom
 - Question



Action Collaborative Progress Towards Achieving An Inclusive Culture of Equitable Engagement in Health

Culture Inclusion & Equity Action Collaborative

CIEAC's priority is to advance a culture of health equity and engagement that places the needs of people and communities at its core.



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; **Kalpna 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

COVID-19 Sector Assessment Priorities: Patients, Families and Communities

- Effective **engagement** of patients, families & communities in responding to this and other emergent events
- **Transformation** of home and community-based services and long-term care to better suit the needs and desires of patients and their families
- **Reduction** of long-standing, unconscionable disparities
- Meaningful **inclusion** of patients, families, and communities in decision-making across all sectors
- Increased **access** to care and conditions that support health

Technologies to Enhance Patient Family and Community Engagement

- A Leadership Opportunity and Paradigm Shift in Health Technology: Progress Requires Equity
 - Health technology can improve lives, but needs to be entirely rethought, centering equity and the needs of patients, families, and communities
- This project aims to:
 - Identify the key challenge facing those developing and using health-related technology
 - Identify ways that all stakeholders can collaborate to solve those challenges

Measures of Community Engagement

- Achieving a culture of health requires representative and meaningful access to, and participation in the design, development, implementation, monitoring, and evaluation of health and health care programs and policies.
- This collaborative project aims to:
 - Review existing measures of individual and community group engagement with public and private health and health care program and policy at the health system, local, and state levels
 - Identify an indicator or set of indicators that can be used to measure meaningful community engagement in a wide range of settings.

Action Collaborative Publications

- Available for download at <https://nam.edu/publications/>



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Publications

Perspectives: The NAM's Weekly Health Periodical

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Special Publications

Special publications are monograph- or book-length reviews on issues of importance to the NAM mission. They describe the key elements of an issue, summarize and assess the nature of the evidence base, and present priority strategies or actions. Recommendations or opinions are those of the authors/editors, not of the NAM, the National Academies, or authors' organizations.

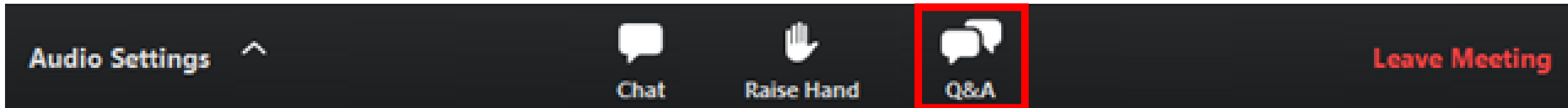
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 - **Question**



Exploring Strategies and Opportunities for Internal Organizational Equity

Ella Washington
Georgetown University



NAM Culture Inclusion & Equity Action Collaborative Meeting Webinar

Ella F. Washington, PhD

Towards a Workplace Utopia™

Diversity

Equal representation of demographic backgrounds, experience, and perspectives

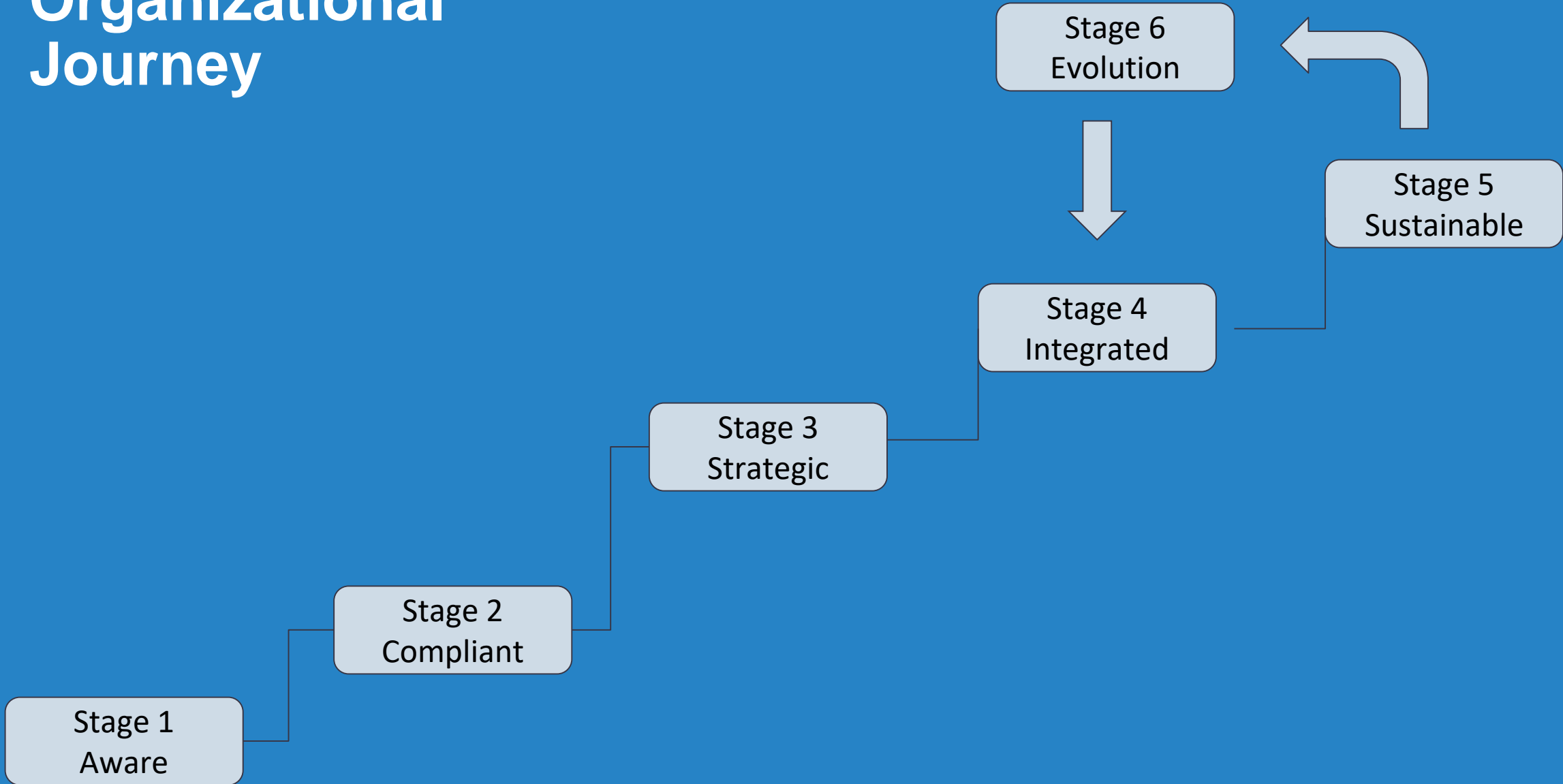
Equity

Fairness across the board of organizational resources and outcomes based on contributions

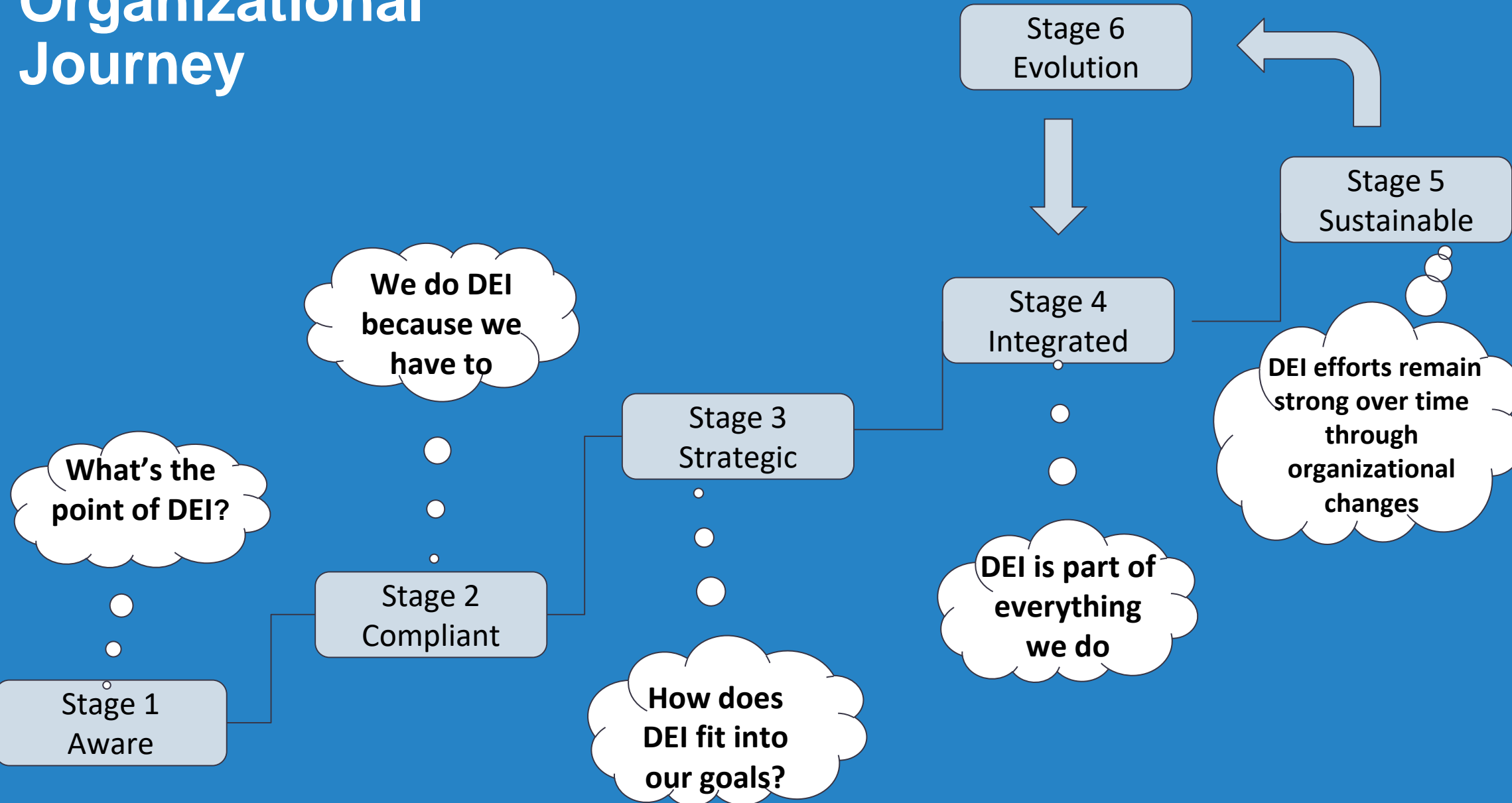
Inclusion

All employees are valued for their uniqueness while also feeling a deep sense of belonging

Organizational Journey



Organizational Journey



Organizational Spheres of Influence



Goal: How Does a Diverse and Inclusive Culture Help Us Achieve Our Greater Purpose?



ELLAVATE
SOLUTIONS

Team Members	Patients
Board of Directors	Vendors
Strategic Partnerships	Community Presence

Questions we will work to answer:

- What are the CEO's objectives for D&I over the next one, three, and five years?
- What strategic programs and tactical interventions are in place to support diversity? How are they used?
- What happens when the organization doesn't hit its D&I goals?
- How is leadership held accountable? Ex: compensation tied to D&I goals?

Connecting Individual Goals Organizational DEI Strategy

What is your goal?

Changes Needed

Skills

How does it support the larger strategy?

Vision Alignment

Metrics & Accountability

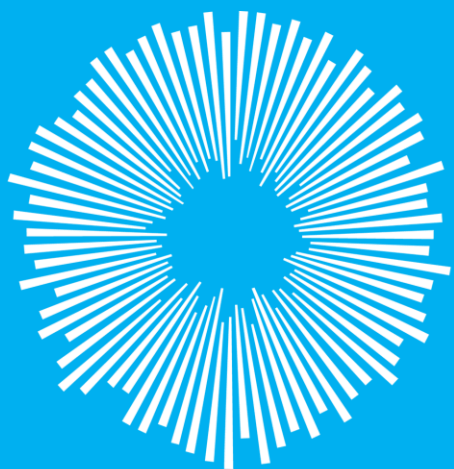
How does it specifically impact your business goals?

Potential Roadblocks

Trade Offs

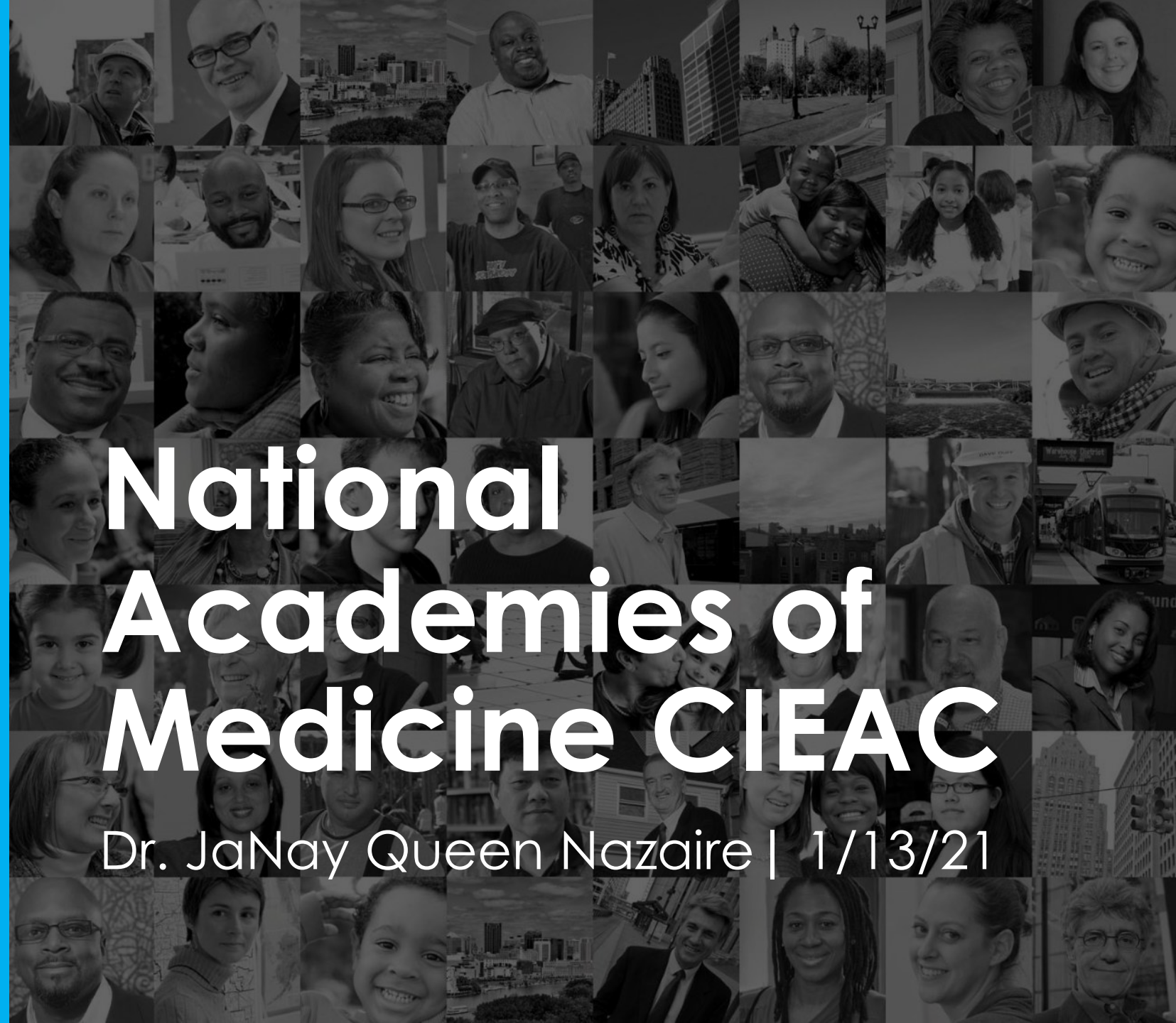
JaNay Queen Nazaire
Living Cities





LIVING CITIES

INNOVATE ▶ INVEST ▶ LEAD



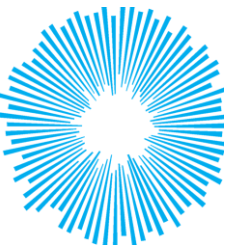
National Academies of Medicine CLEAC

Dr. JaNay Queen Nazaire | 1/13/21

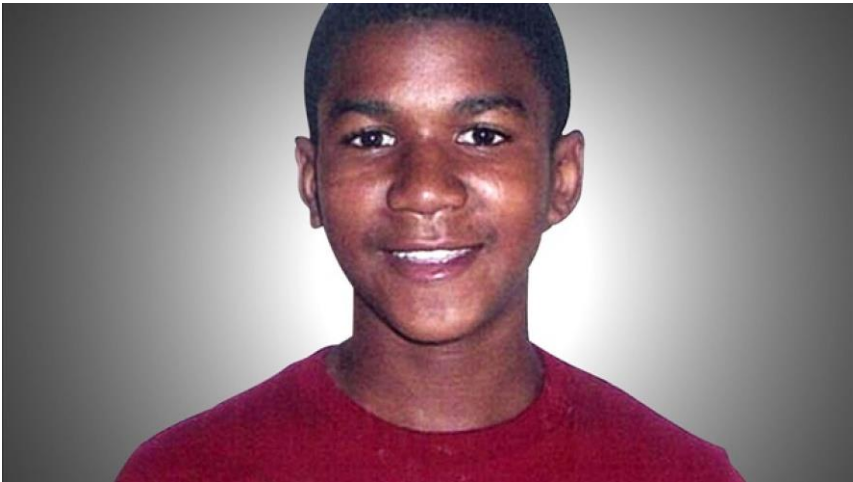


WE EXIST

**TO ENSURE THAT ALL
PEOPLE ARE
ECONOMICALLY
SECURE, BUILDING
WEALTH AND LIVING
ABUNDANT, DIGNIFIED
AND CONNECTED
LIVES**



How did we get to where we are?



How did we get to where we are?





CHALLENGES

Community delivers that
ACE path

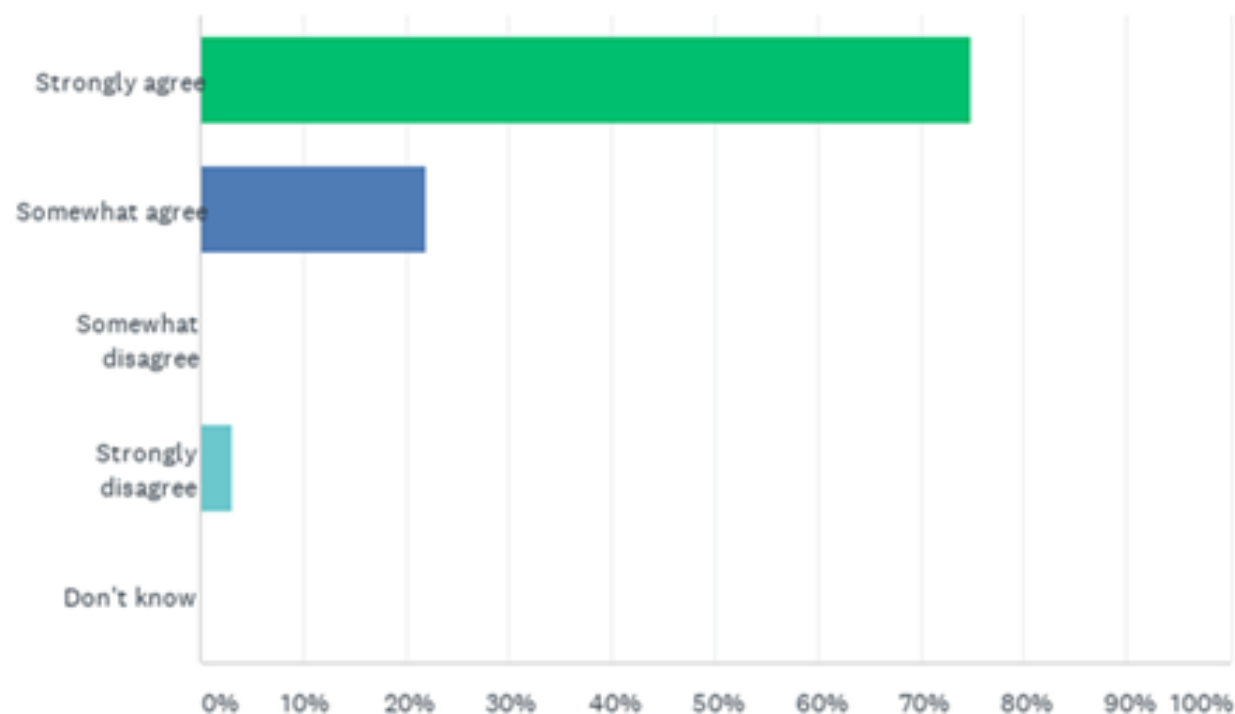
Building
Business for
community
support to
provide

Racial Equity and Inclusion Competency Survey

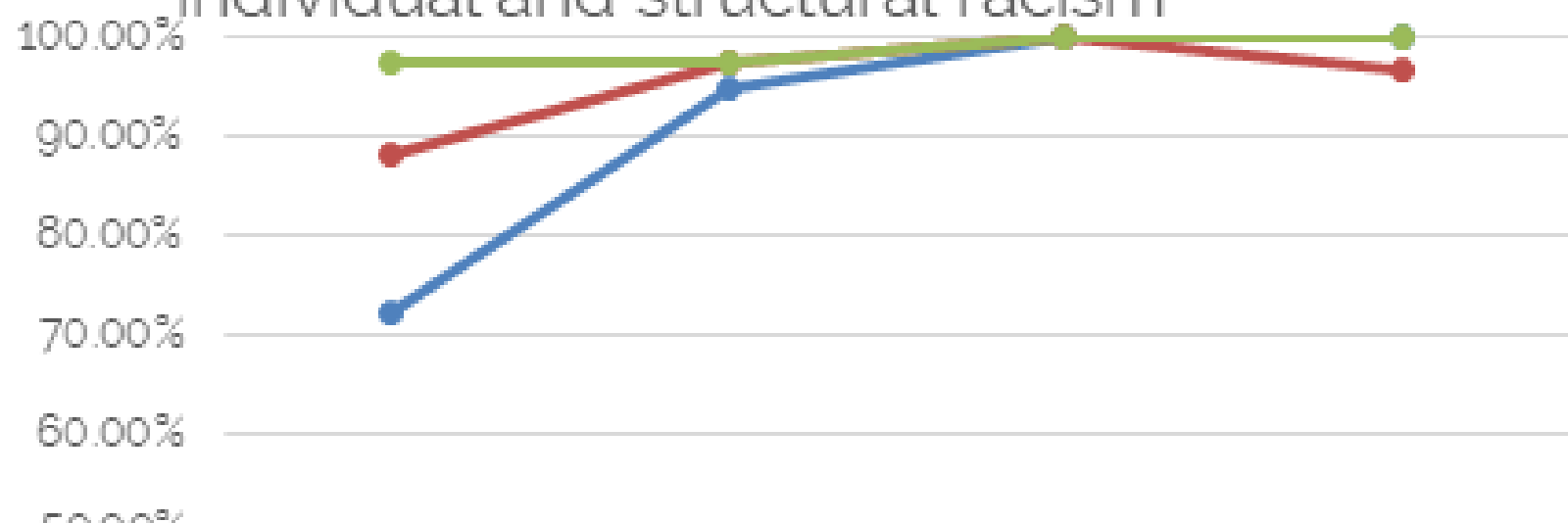
Tony Leverett
Senior Project Manager

Q33: My team / project is taking concrete actions to increase equity in our team processes and infrastructure such as in contracting and procurement. (i.e We have prioritized minority-owned businesses, etc.), hiring, communications, underwriting, etc.

Answered: 32 Skipped: 3



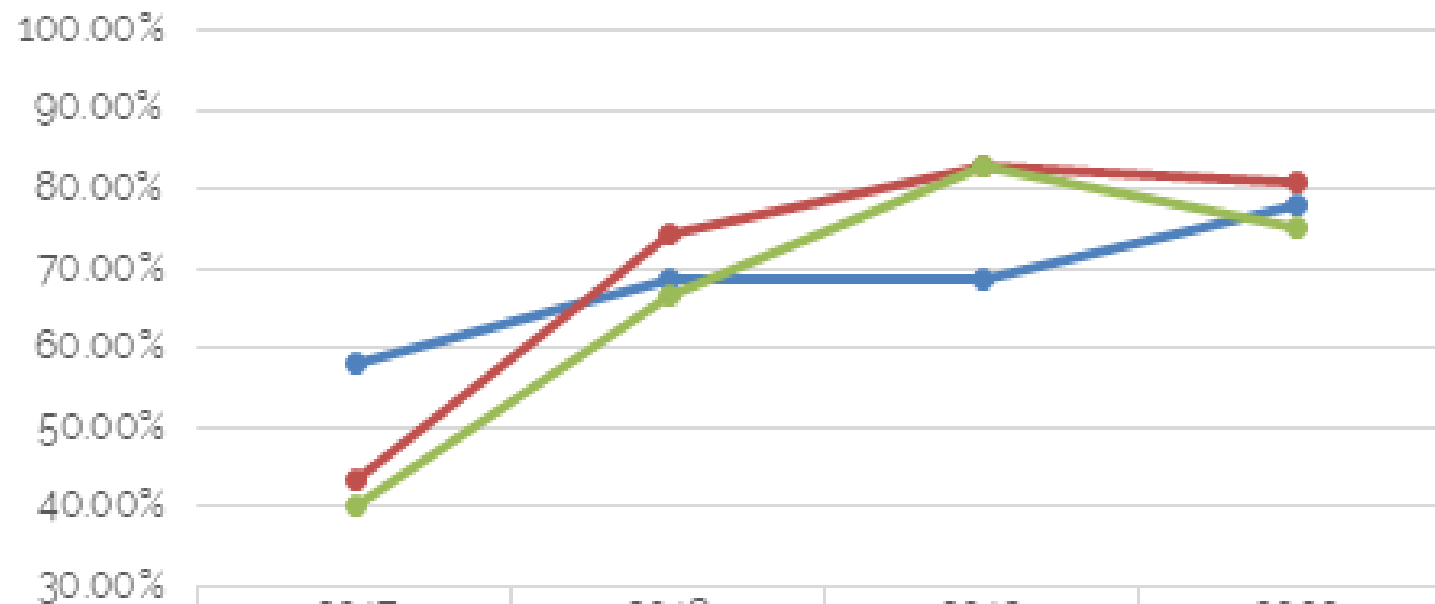
Staff can identify instances of institutional, individual and structural racism



	2017	2018	2019	2020
Institutional racism	72.09%	95.00%	100.00%	100.00%
Individual racism	88.10%	97.50%	100.00%	96.88%
Structural racism	97.57%	97.50%	100.00%	100.00%

● Institutional racism
 ● Individual racism
 ● Structural racism

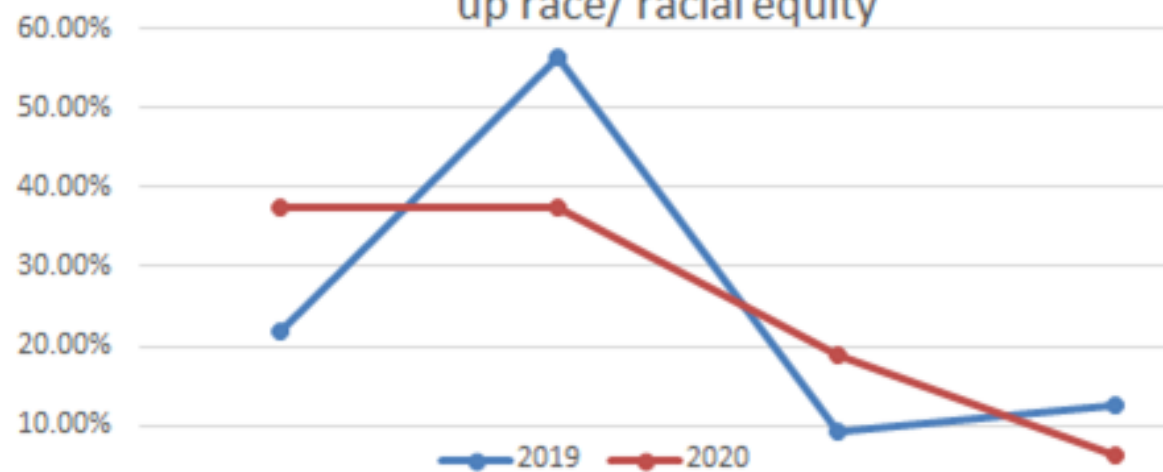
Staff has tools to address institutional, individual and structural racism



	2017	2018	2019	2020
Institutional racism	58.07%	68.42%	68.57%	78.13%
Individual racism	43.24%	74.36%	82.86%	80.64%
Structural racism	40.00%	66.67%	82.86%	75.01%

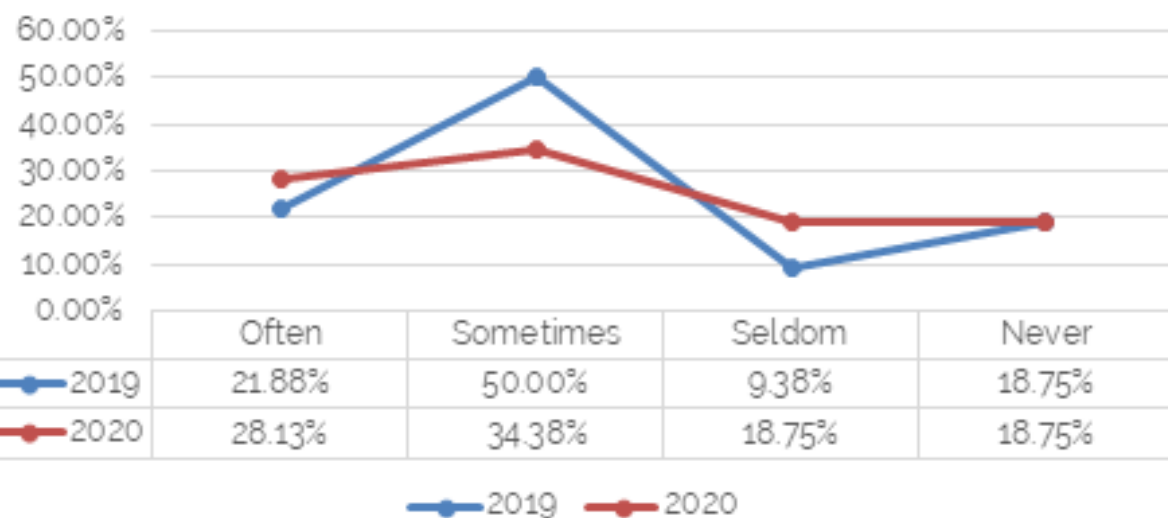
—●— Institutional racism —●— Individual racism —●— Structural racism

Q41: I feel like there are still some risks in bringing up race/ racial equity



	Often	Sometimes	Seldom	Never
2019	21.88%	56.25%	9.38%	12.50%
2020	37.50%	37.50%	18.75%	6.25%

Q42: I feel like I have risked my reputation and my position in order to talk about race at Living Cities.



	Often	Sometimes	Seldom	Never
2019	21.88%	50.00%	9.38%	18.75%
2020	28.13%	34.38%	18.75%	18.75%

“In some cases, when I offer ideas, observations, the burden of proof feels heavy. I’m asked for definitions and proof that is readily available in the world.”

**

“It depends on who I’ve talked to about race at Living Cities. True and candid conversations among peers don’t make a difference.”

**

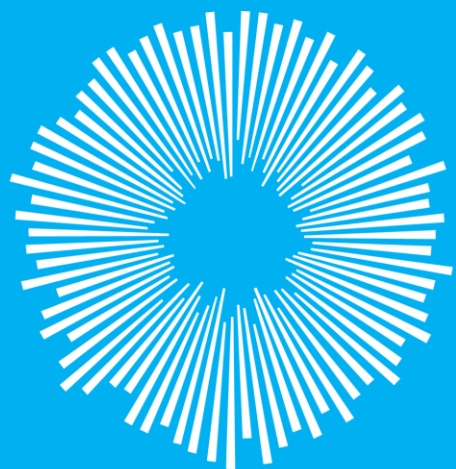
“After raising the same issues of institutional inequities for many years, I am getting to the point where I don’t think much, if anything will change.”

FEATURED



RESOURCE on Oct 28, 2020

Internal Scan: 2020 Racial Equity and Inclusion Competency Survey Results →



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Ronald Copeland
Kaiser Foundation
Health Plan and Hospitals



National Academy of Medicine Leadership Consortium: Culture Inclusion & Equity Action Collaborative

Ronald Copeland, MD, FACS

SVP, National Equity, Inclusion, and Diversity Strategy and Policy

Chief Equity, Inclusion, and Diversity Officer

Kaiser Foundation Health Plan and Hospitals



Equity + Inclusion

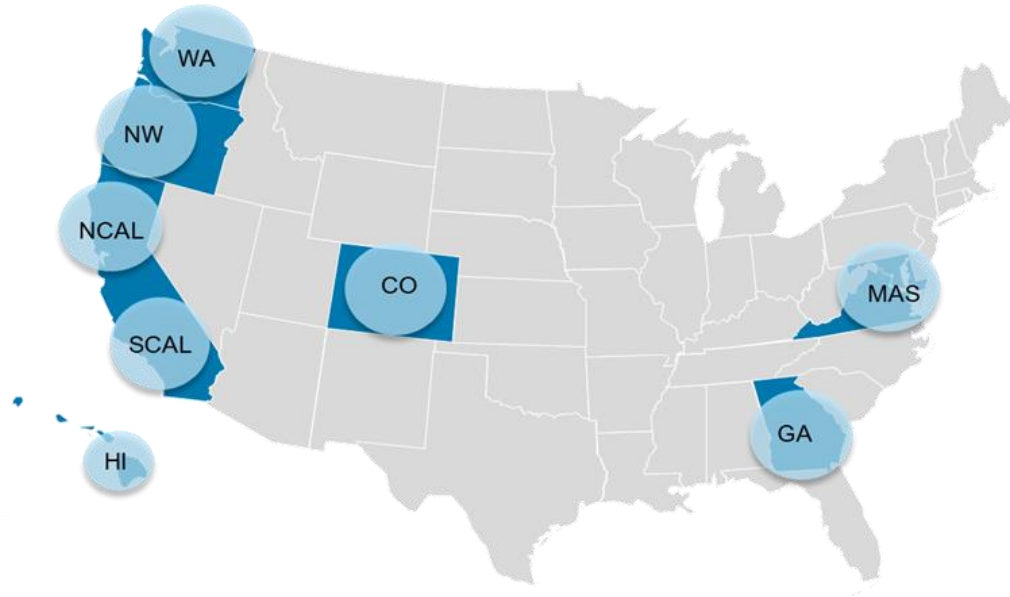
for ALL

About Us



Members

12.4M



Hospitals

39



Employees

217,126



Physicians

23,271



Nurses

63,306



Medical offices¹

719

Our EID Strategic Framework

Vision: Equity and Inclusion for ALL.

Mission: To integrate practices and understanding of equity, inclusion, and diversity into the fabric of our organization and communities, in order to create positive change and enable superior performance.

Workplace

We believe our employees and physicians, regardless of physical, mental, or socioeconomic attributes, have the right to a fair and equitable career experience in an inclusive, safe, and respectful work environment.

Care Delivery

We believe every member and patient, regardless of physical, mental, or socioeconomic attributes, has the right to equitable health outcomes and a personalized care experience.

Community

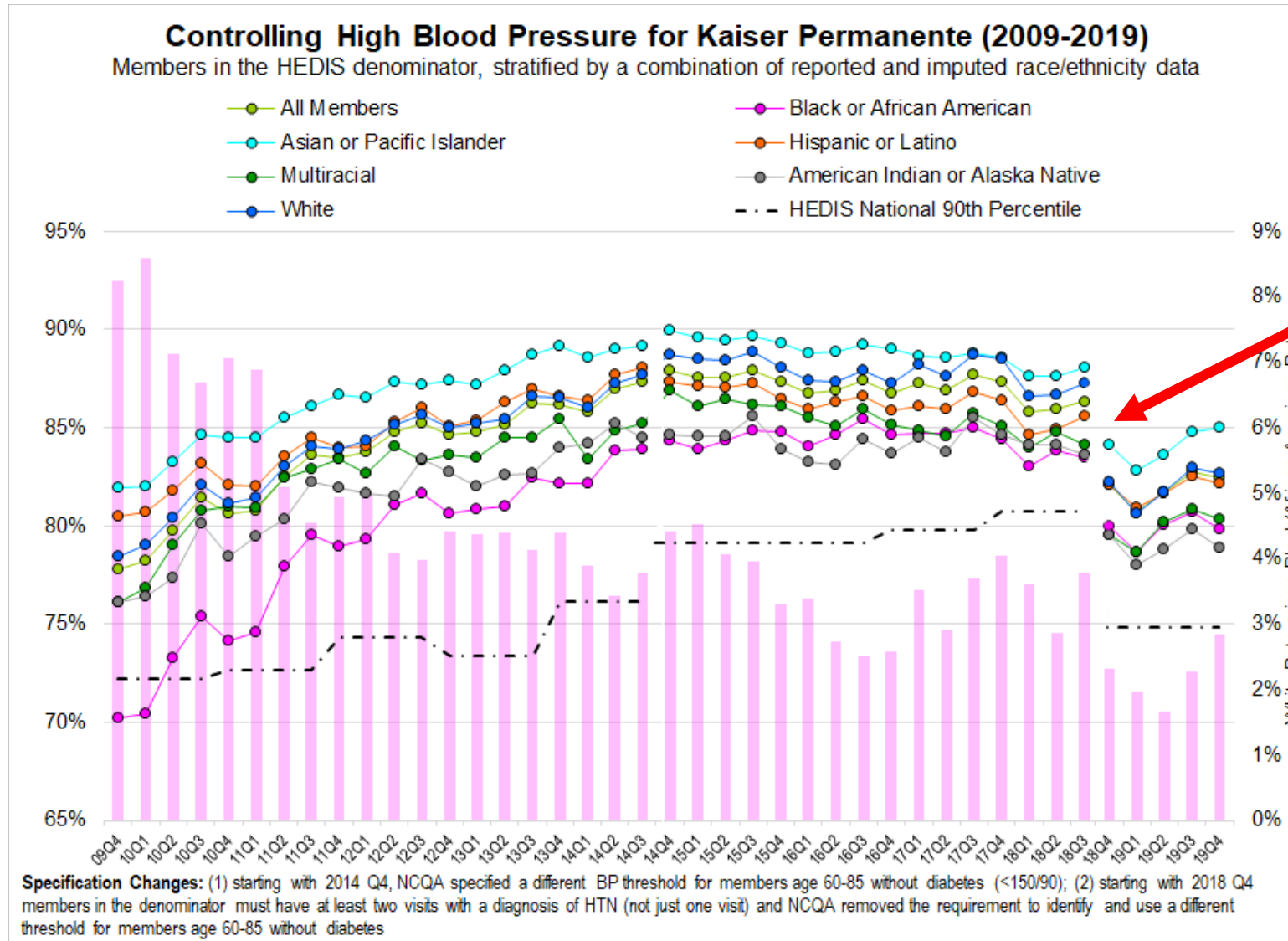
We believe the total health of a community stems primarily from economic and environmental conditions. Our commitment to equity for all will help improve the communities we serve.

Compliance and Regulation

Ensure that Kaiser Permanente's strategic EID vision and operational excellence meets and/or exceeds regulatory and compliance requirements.



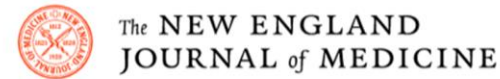
Improving African American hypertension control



2018 - National Committee for Quality Assurance (NCQA) specification change.

Key lessons learned in eliminating disparities

- ✓ Holding **leadership accountable** stratified metrics and performance goals (**Member Demographic Data Collection**)
- ✓ **Integrating** quality improvement, population care, and equity, diversity and inclusion
- ✓ Leveraging **technology** solutions (EHR, decision support tools)
- ✓ Sharing **evidence-based** protocols and practices to close disparity gaps
- ✓ Implementing **culturally and linguistically appropriate** care throughout the system
- ✓ **Collaborating** with community-based and safety-net groups
- ✓ Incorporating **voice of the patient**
- ✓ Just **culture**



SPECIAL ARTICLE

Racial and Ethnic Disparities among Enrollees in Medicare Advantage Plans

John Z. Ayanian, M.D., M.P.P., Bruce E. Landon, M.D., M.B.A., Joseph P. Newhouse, Ph.D., and Alan M. Zaslavsky, Ph.D.

ABSTRACT

BACKGROUND

Differences in the control of blood pressure, cholesterol, and glucose among the various racial and ethnic groups of Medicare enrollees may contribute to persistent disparities in health outcomes.

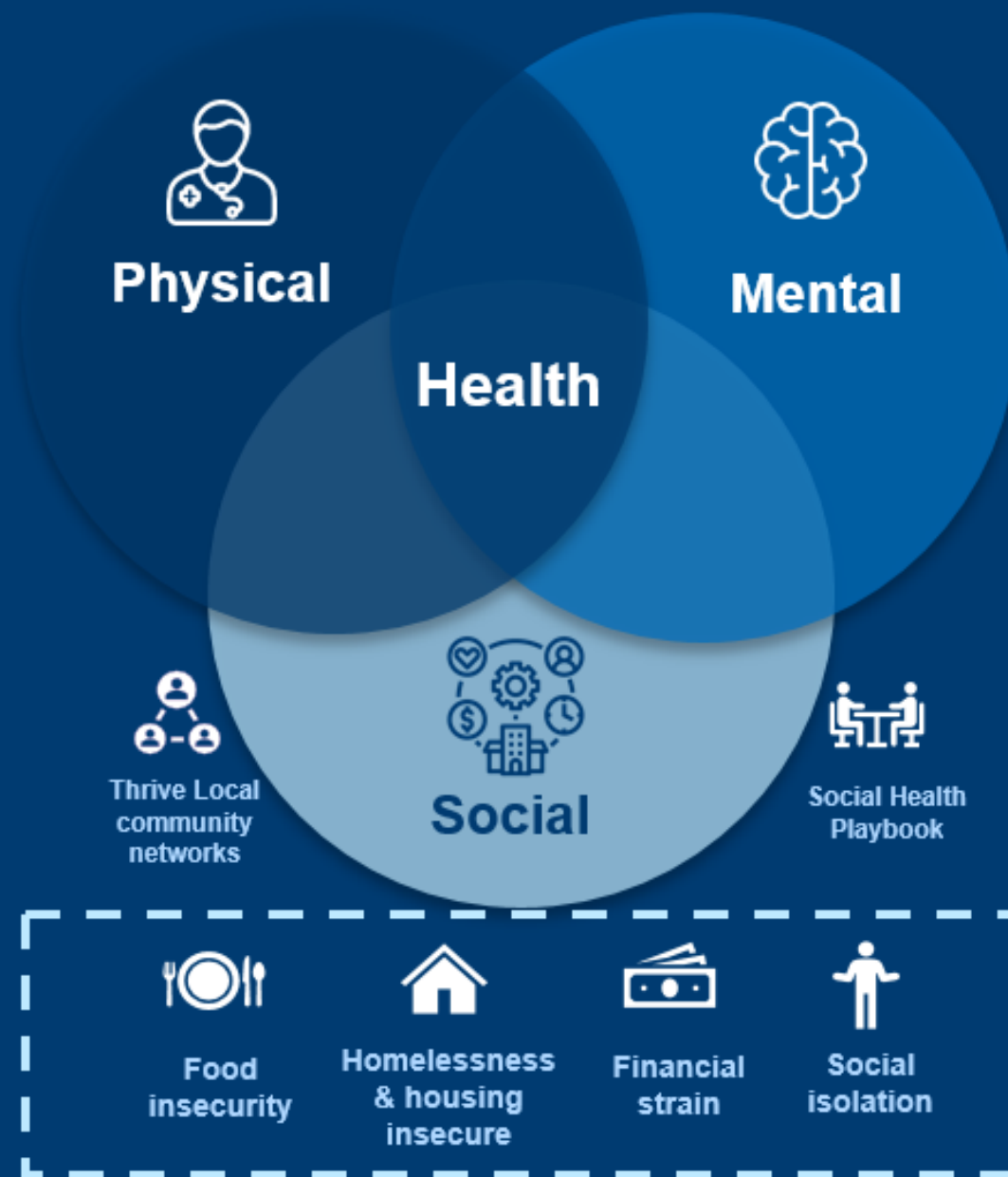
METHODS

Among elderly enrollees in Medicare Advantage health plans in 2011 who had hypertension (94,171 persons), cardiovascular disease (112,039), or diabetes (105,848), we compared the respective age-and-sex-adjusted proportions with blood pressure lower than 140/90 mm Hg, low-density lipoprotein cholesterol levels below 100 mg per deciliter (2.6 mmol per liter), and a glycated hemoglobin value of 9.0% or lower, according to race or ethnic group. Comparisons were made nationally and within regions and health plans, and changes since 2006 were assessed.

“...Disparities in control of blood pressure, cholesterol, and glucose...for blacks in Medicare ...were eliminated [by Kaiser Permanente] in 2011.”

New England Journal of Medicine; 371:24, NEJM.ORG; "Racial and Ethnic Disparities Among Enrollees in Medicare Advantage Plans," John Z. Ayanian MD, et al; December 11, 2014

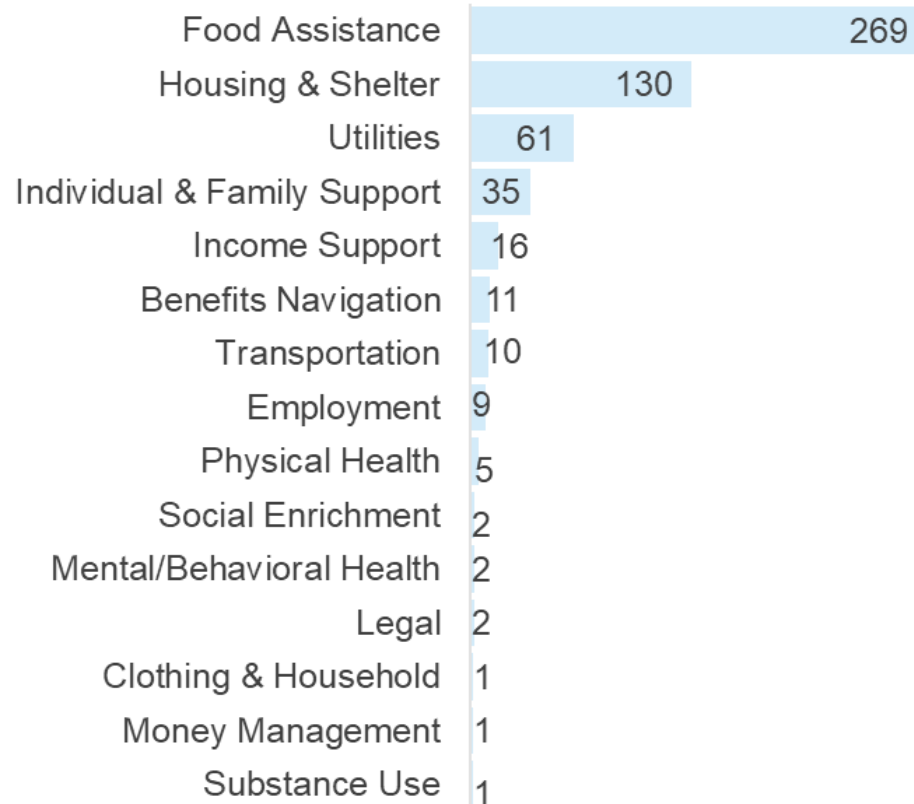
Social Health: Key Components



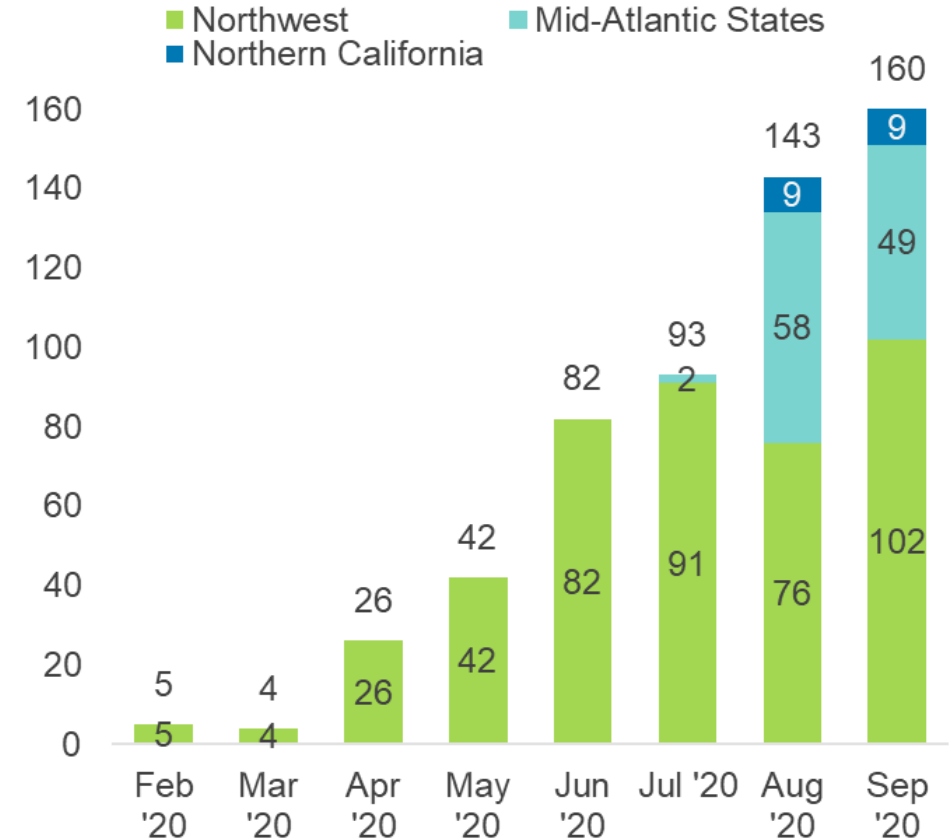
Thrive Local Program Overview

As of September 2020, KP staff were using Thrive Local community networks to send electronic social referrals in NW, NCAL, MAS markets; SCAL market by year end 2020; WA, GA CO joining in 2021.

Number of Electronic Social Referrals Made by Service Type



Number of Social Referrals Made by Market



Data as of September 2020

Organizational Commitment to Equity

KP will build an inclusive, psychologically safe workplace, where everyone has an equal opportunity to reach their full potential and feel a sense of belonging.

Focusing our energy on mitigating bias in our behaviors and systems will have significant impact and scale.

Issues important to our employees and Physicians

Authentic self
and lived
experience

Manager ability
to create
inclusive, fair
environment

Feeling they
matter and are
valued

Fair treatment
free of bias and
oppression

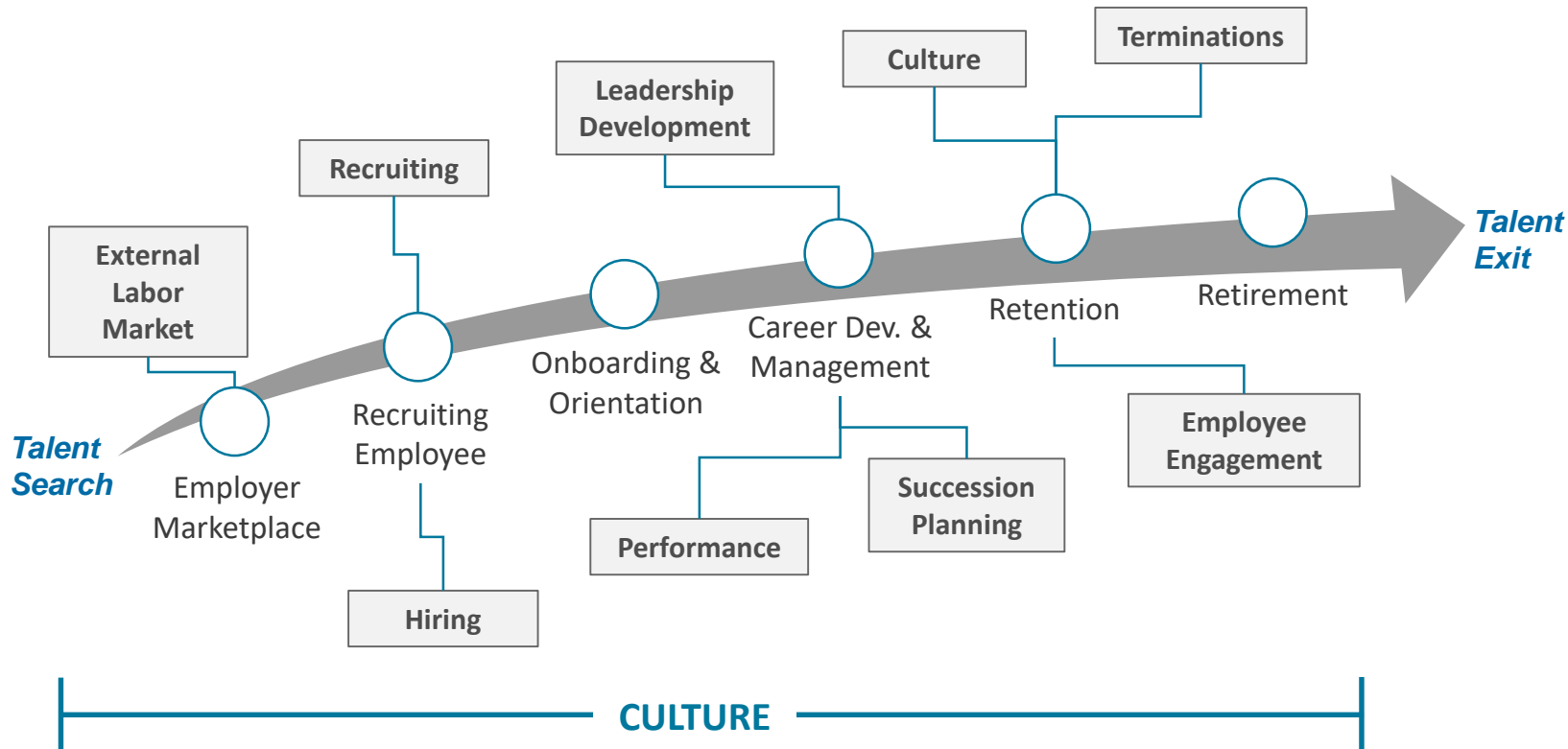
Diverse
representation
in leadership
positions

Ability to speak
up without fear
of retribution

People can't deliver to others what they don't experience themselves.

Belong@KP

Driving towards Workforce Equity



Insights have led to industry researched effective practices, such as:

- ✓ Utilizing inclusive hiring practices and **diverse interview panels**
- ✓ **Inclusive selection practices** for leadership develop programs
- ✓ **Bias and Inclusion learning** and engagement for leaders
- ✓ **Bias mitigation** practices in our **performance management** process

Workforce Equity - Employee Pulse Surveys (sample data)

Understanding employee culture and climate are imperative to achieving equity. Analyzing employee pulse scores and the difference *between* demographics sheds light on how different populations feel. Three specific areas we monitor are inclusion, speaking up, engagement.

Sort ▾	All	American Indian/Ala... Native	Black/Afri... American	z_Not Specified	White	Two or More	Hispanic/...	Native Hawaiian/... Pacific Islander	Asian
Index	75	72	73	72	74	75	76	76	77
Index	75	72	74	73	76	76	74	75	76
Index	73	70	70	71	74	73	71	71	74
Index	73	70	71	69	73	73	71	72	74

Urgency of Now: Equity and COVID-19 Response



LEAD

Lead unapologetically



DATA

Demand transparency and disaggregation of health data



MITIGATE

Identify and mitigate drivers of harm



RESOURCES

“Marshal” resources proportionate to need

Yeng Yang
HealthPartners





Approach to Organizational Equity, Inclusion & Anti-Racism

National Academy of Medicine

January 2021

Yeng Yang, MD, MBA



Health Plan

- 1.8 million health and dental members

Care Group

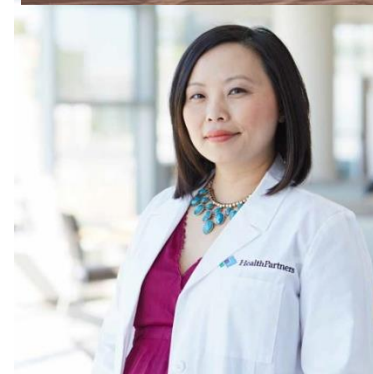
- 1.2 million patients
- 1,800 physicians
 - Park Nicollet
 - HealthPartners Medical Group
 - Stillwater Medical Group
 - Hutchinson
 - Olivia Health
- 55+ medical and surgical specialties
- 50+ primary care 22 urgent care locations
- 70 dentists
- TRIA Orthopedic Center
- Physicians Neck & Back Center
- virtuwell.com

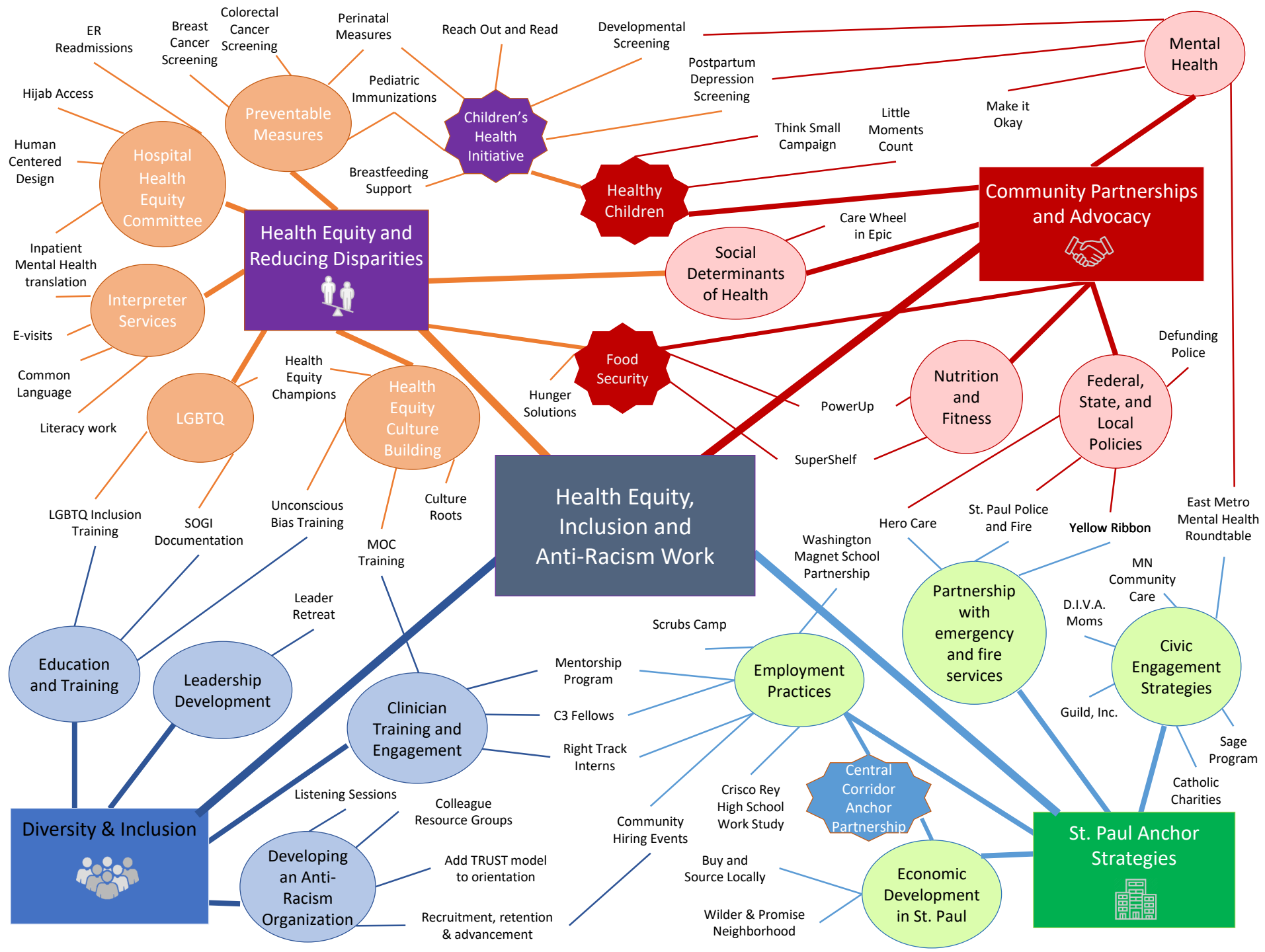
Eight Hospitals

- Regions: 454-bed level 1 trauma and tertiary center
- Methodist: 426-bed acute care hospital
- Lakeview: 97-bed acute care hospital
- Hutchinson Health: 66 bed acute care hospital
- Amery, Hudson, and Westfields: Western WI hospitals
- St. Francis: 86-bed community hospital (partial owner)
- Olivia: 16-bed critical access hospital

HealthPartners Institute

- 400+ research studies each year; 550+ medical residents and fellows





Conversations About Race & Racism



MINNESOTA BUSINESS PARTNERSHIP

HealthPartners supports police reform legislation

HealthPartners to support changes to end systemic racism and police brutality, and increase accountability and transparency within police departments.

Listening Sessions:
Following the murder of George Floyd, leaders hosted listening sessions where over 2,400 employees participated.



it's time to talk™
FORUMS ON RACE

**eliminating racism
empowering women**

ywca

Equity, Inclusion & Anti-Racism



Health Equity as Strategic Priority

2021 Annual Plan – Advance Health Equity

- Address unconscious bias; cultivate a culture of inclusion
- Take meaningful steps to eliminate systemic racism in the organization and the community
- Advance Health equity in our care and coverage; emphasis on children's health.
- Build community partnerships and advocacy for health, education, economic development and police reform.



Health Care Equity Measures

- Infant & Maternal Health-*Prenatal*(Gap: 13.97%) & *Postpartum*(1.17%)
- Breast Cancer Screening: Q1 2006: 12.9% → Q2 2020: 10.2%
- Colon Cancer Screening: Q1 2006: 26.2% → Q2 2020: 14.8%
- Childhood Immunization
- Diabetes
- Asthma
- Community health and well-being metrics (*Little Moments Counts, Power-Up, Make-It-OK, and community leadership*)



Baseline Workforce Diversity

Group	# of Racially Diverse Colleagues	# Of White Colleagues	% Of Racially Diverse Colleagues	% of White Colleagues
Leaders (Supervisors & Above)	216	1,735	11.10%	88.90%
Directors & Above	49	445	9.90%	90.10%
Supervisor & Managers	167	1,290	11.50%	88.50%
Professionals	1,829	10,424	14.90%	85.10%
All Others	3,378	8,041	29.60%	70.40%
All Colleagues	5,423	20,200	21.20%	78.80%

Organizational Equity & Anti-Racism Measures

1. Increase **diversity** of HealthPartners leadership and teams to reflect the community we care for and serve:
 - 100% increase leadership FTE by 2025
 - =/>10% increase in team member FTE by 2025
2. Increase **cultural humility** of leaders and teams and cultivate culture of inclusion
 - 100% of 26,000 employees will complete bias training and continue on journey: beginning to advance collectively and individually in 2021.
 - Increase leadership skill acquisition through bias curriculum journey-100% leaders will complete equity and bias training.
 - Integrate equity lens into all aspects of organization-QI *design process, Quality & Safety Recruitment & Retention and onboarding.*
 - Clinician-specific bias recognition & mitigation curriculum-100% will experience it by 2025:
 - Metrics: *patient & clinician experience, clinical quality outcome and clinician attitudinal change*



Lessons Learned

- Process improvement alone is not enough to close healthcare disparity gaps.
- Bias recognition & mitigation training for leaders alone is not enough
- An safe, inclusive and anti-racist CULTURE is essential
- Having an infrastructure to support the people and the work:
 - Have a structure to respond to complaints of bias/racism that fosters learning and understanding
- This is hard work and you will meet oppositions

There needs to be top leadership support and long term commitment to take the journey

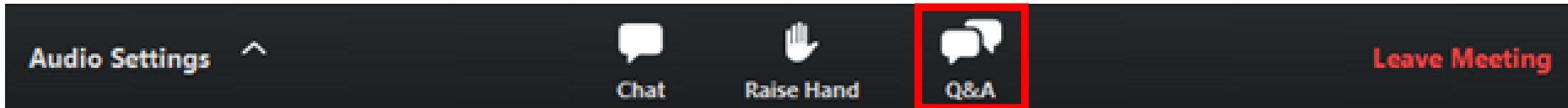
Zoom Instructions

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



Dashboard Indicators for Engagement, Inclusion, and Equity

Anchor Principles for Stewards of Engagement & Sociocultural Inclusiveness

In a learning health system, organizations and individuals responsible for engagement and sociocultural inclusiveness work to ensure that their activities are:

- **Personal:** *People are engaged on their expressed needs and goals for health and well-being.*
- **Safe:** *Vigilance against harm increases in activities for those with sociocultural risks.*
- **Effective:** *Clinical, home, and community services are evidence-based and individually adapted.*
- **Equitable:** *People have parity in linkage to required services, including those for unique needs.*
- **Efficient:** *Facilitated linkages create smooth interfaces among needed medical and social services.*
- **Accessible:** *Financial and logistical support ensures site-independent access to needed services.*
- **Measurable:** *Engagement that matters most is recorded, monitored, and evaluated.*
- **Transparent:** *Strategies for engagement and inclusion are transparently developed and implemented.*
- **Adaptive:** *Engagement and inclusiveness strategies evolve with new evidence and circumstances.*
- **Secure:** *Privacy, parity, and reliability are core emphases in services for those with sociocultural risks.*

Goal of Dashboard Indicators

To track national progress made towards advancing a culture of health equity and engagement that places the needs of people and communities at its core, the Action Collaborative will identify three indicators and share periodic updates.

Criteria for Dashboard Indicators

- These three offer the best indication of the
 - Status of the field, overall
 - Status of the field, with respect to the most influential factor
 - Status of the field, with respect to the most actionable factor
 - Status of the field, with respect to ease of communication
- Use nationally available data

Draft Dashboard Indicators: Targets for Discussion

1. Percent of people reporting overall satisfaction with their well-being
2. Percent of adults self-reporting excellent or very good health
3. Percent of 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

Reactions to Potential Dashboard Indicators

- Nicole Franks, Emory University Hospital & School of Medicine
- Apryl Brown, Michigan Public Health Association & Wayne State Community College

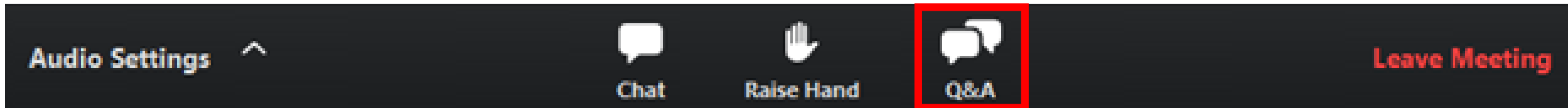
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Discussion & Next Steps

Kisha Davis

Aledade



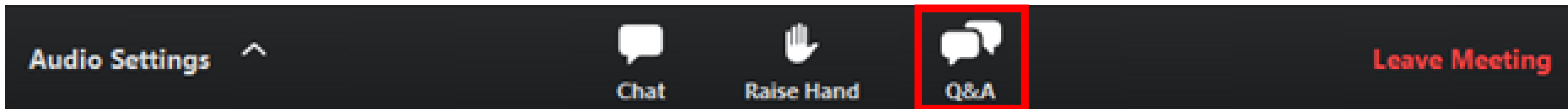
Final Discussion

Panelists

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Closing Remarks

Thank you for joining!

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



Collaboration for a Value & Science-Driven Health System

Culture Inclusion & Equity Action Collaborative

For more information about the
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