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

DIGITAL  EVIDENCE  ECONOMICS  SOCIOCULTURAL
Leadership Consortium Operating Model

- Digital Domain
- Evidence Domain
- Economics Domain
- Sociocultural Domain
Leadership Consortium Operating Model

Digital Health Action Collaborative
Evidence Mobilization Action Collaborative
Value Incentives & Systems Action Collaborative
Culture Inclusion & Equity Action Collaborative

Digital Domain
Evidence Domain
Economics Domain
Sociocultural Domain
Leadership Consortium Operating Model

Anchor Principles
To guide projects and networks

Digital Health Action Collaborative
Evidence Mobilization Action Collaborative
Value Incentives & Systems Action Collaborative
Culture Inclusion & Equity Action Collaborative

Digital Domain
Evidence Domain
Economics Domain
Sociocultural Domain
Leadership Consortium Operating Model

Anchor Principles
To guide projects and networks

- Foster a Virtual Health Data Trust
- Generate Real World Evidence
- Align Resources for Health
- Promote Equitable Health Engagement

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Culture Inclusion & Equity Action Collaborative

Digital Domain
Evidence Domain
Economics Domain
Sociocultural Domain
Leadership Consortium Operating Model

Anchor Principles
*To guide projects and networks*

- Digital Health Leadership Network: Foster a Virtual Health Data Trust
- Evidence Mobilization Leadership Network: Generate Real World Evidence
- Health Economics Leadership Network: Align Resources for Health
- Health Inclusiveness Leadership Network: Promote Equitable Health Engagement

Digital Health Action Collaborative
- Digital Domain
- Evidence Domain
- Economics Domain
- Sociocultural Domain

Evidence Mobilization Action Collaborative
- Value Incentives & Systems Action Collaborative
- Culture Inclusion & Equity Action Collaborative

Value Incentives & Systems Action Collaborative
- Culture Inclusion & Equity Action Collaborative

Digital Health Leadership Network
- Digital Health Leadership Network
- Evidence Mobilization Leadership Network
- Health Economics Leadership Network
- Health Inclusiveness Leadership Network
Leadership Consortium Operating Model

Dashboard Indicators
To assess progress

Digital Health Leadership Network
Evidence Mobilization Leadership Network
Health Economics Leadership Network
Health Inclusiveness Leadership Network

Anchor Principles
To guide projects and networks

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Digital Domain
Evidence Domain
Economics Domain
Sociocultural Domain

Foster a Virtual Health Data Trust
Generate Real World Evidence
Align Resources for Health
Promote Equitable Health Engagement
### 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

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nine (9) NAM Sector Papers</td>
<td>• Experiences and priority actions for sector-wide transformation (February-March 2021)</td>
</tr>
<tr>
<td>NAM Special Publication</td>
<td>• Concluding chapter on opportunities for system-wide transformation &amp; compilation of the nine sector assessments (Spring 2021)</td>
</tr>
<tr>
<td>Collaborative Action Plans</td>
<td>• Sector action plans &amp; responsibilities for organizational alignment (Spring 2021)</td>
</tr>
</tbody>
</table>
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
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
• 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

@theNAMedicine
Action Collaborative Progress Towards Achieving An Inclusive Culture of Equitable Engagement in Health
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, Panetree International; Kalpana Ramiah, DrPH, MSc, America’s Essential Hospitals; Janice Tufte, Hessnah Consulting; Kimberly Dawn Wisdom, MD, 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 (PFEHC), rather than an isolated or peripheral outcome. To examine the role of PFEHC 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 PFEHC, 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 address health and health care disparities persist, manifesting in poor health care system performance and subpar 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; disability; and/or sexual orientation or gender identity (SDO). 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 re-thought, 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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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

- Stage 1: Aware
- Stage 2: Compliant
- Stage 3: Strategic
- Stage 4: Integrated
- Stage 5: Sustainable
- Stage 6: Evolution
Organizational Journey

Stage 1: Aware
What's the point of DEI?

Stage 2: Compliant
How does DEI fit into our goals?

Stage 3: Strategic

Stage 4: Integrated
DEI is part of everything we do

Stage 5: Sustainable
DEI efforts remain strong over time through organizational changes

Stage 6: Evolution

We do DEI because we have to

How does DEI fit into our goals?

DEI is part of everything we do
Organizational Spheres of Influence
Goal: How Does a Diverse and Inclusive Culture Help Us Achieve Our Greater Purpose?

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
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?
Racial Equity and Inclusion Competency Survey
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

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional racism</td>
<td>72.09%</td>
<td>95.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Individual racism</td>
<td>88.10%</td>
<td>97.50%</td>
<td>100.00%</td>
<td>96.88%</td>
</tr>
<tr>
<td>Structural racism</td>
<td>97.57%</td>
<td>97.50%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>
Staff has tools to address institutional, individual and structural racism

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional</td>
<td>58.07%</td>
<td>68.42%</td>
<td>68.57%</td>
<td>78.13%</td>
</tr>
<tr>
<td>Individual</td>
<td>43.24%</td>
<td>74.36%</td>
<td>82.86%</td>
<td>80.64%</td>
</tr>
<tr>
<td>Structural</td>
<td>40.00%</td>
<td>66.67%</td>
<td>82.86%</td>
<td>75.01%</td>
</tr>
</tbody>
</table>

Legend:
- Blue: Institutional racism
- Red: Individual racism
- Green: Structural racism
Q41: I feel like there are still some risks in bringing up race/racial equity.

Q42: I feel like I have risked my reputation and my position in order to talk about race at Living Cities.
“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.”
Internal Scan: 2020 Racial Equity and Inclusion Competency Survey Results →
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
About Us

Members

12.4M

Employees 217,126
Physicians 23,271
Nurses 63,306

Hospitals

39

Medical offices

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 for 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
Social Health: Key Components

Physical

Mental

Health

Social

Social Health Playbook

Thrive Local community networks

Food insecurity

Homelessness & housing insecure

Financial strain

Social isolation
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**

- Food Assistance: 269
- Housing & Shelter: 130
- Utilities: 61
- Individual & Family Support: 35
- Income Support: 16
- Benefits Navigation: 11
- Transportation: 10
- Employment: 9
- Physical Health: 5
- Social Enrichment: 2
- Mental/Behavioral Health: 2
- Legal: 2
- Clothing & Household: 1
- Money Management: 1
- Substance Use: 1

**Number of Social Referrals Made by Market**

- Northwest:
  - 2020 Feb: 5
  - 2020 Mar: 4
  - 2020 Apr: 26
  - 2020 May: 42
  - 2020 Jun: 82
  - 2020 Jul: 93
  - 2020 Aug: 76
  - 2020 Sep: 102

- Mid-Atlantic States:
  - 2020 Feb: 5
  - 2020 Mar: 4
  - 2020 Apr: 26
  - 2020 May: 42
  - 2020 Jun: 82
  - 2020 Jul: 91
  - 2020 Aug: 58
  - 2020 Sep: 49

- Northern California:
  - 2020 Feb: 9
  - 2020 Mar: 9
  - 2020 Apr: 2
  - 2020 May: 3
  - 2020 Jun: 2
  - 2020 Jul: 1
  - 2020 Aug: 1
  - 2020 Sep: 1

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.
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.
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

© 2020 Kaiser Foundation Health Plan, Inc.
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

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

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

it’s time to talk™ FORUMS ON RACE
eliminating racism empowering women ywca
Equity, Inclusion & Anti-Racism

Health Equity and Eliminating Disparities
Advance health equity in our care and coverage

Diversity & Inclusion
Healthy & high performing team of diverse leaders and team members

Community Partnerships and Advocacy
Engage in community partnerships and advocacy to advance health, equity, education and economic development

St. Paul Anchor Strategy
Lead health and economic development strategies to measurably impact community wellbeing

Equity, Inclusion & Anti-Racism Cabinet
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

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

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**Attendees - Q & A**
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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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  • Question
Closing Remarks

Thank you for joining!

For more information about the National Academy of Medicine’s initiatives, please visit us at: www.nam.edu
Culture Inclusion & Equity Action Collaborative

For more information about the Culture Inclusion & Equity Action Collaborative or to share opportunities to address and advance this work, please contact:

Ayodola Anise
National Academy of Medicine
aanise@nas.edu