ADVANCING HEALTHCARE EXCELLENCE AND INCLUSION

HANYS Always There for Healthcare

Leading with Equity

Pamela Y. Abner, MPA, CPXP

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Agenda

- Introductions
  - HANYS AHEI team
  - AHEI faculty
- Our partners
- Session 1:
  - Leading with equity
- Upcoming sessions

HANYS AHEI team

Kathleen Rauch, RN, MSHQS, BSN, CPHQ

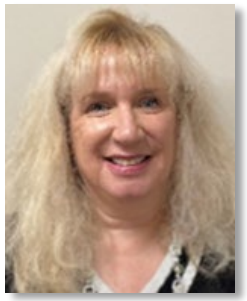
Vice President, Quality Advocacy, Research and Innovation and Post-acute and Continuing Care

Christina Miller-Foster, MPA

Senior Director, Quality Advocacy, Research and Innovation

Morgan Black, MPA

Director,
AHEI



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Mohawk Valley

Rachael Brust, MBA

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Project Manager,
Downstate

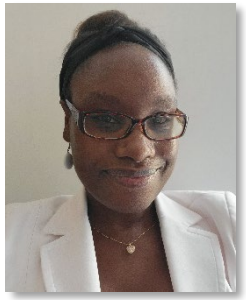
HANYS faculty

Julia E. Iyasere, MD, MBA

Executive Director, Dalio Center for Health Justice; Senior Vice President, Health Justice and Equity, New York-Presbyterian; and Assistant Professor of Medicine, Columbia University Irving Medical Center

Pamela Y. Abner, MPA, CPXP

Vice President and Chief Diversity Operations Officer, Mount Sinai Health System



Shana Dacon-Pereira, MPH, MBA

Assistant Vice President, Corporate Health System Affairs Mount Sinai Office for Diversity and Inclusion

Theresa Green, PhD, MBA

Director, Community Health Policy and Education, URMC Center for Community Health

Barbara Warren, PsyD, CPXP

Senior Director, LGBT Programs and Policies, Mount Sinai Office for Diversity and Inclusion

Our funder and partner

Mother Cabrini HEALTH FOUNDATION

OUR FUNDER

Funding from the Mother Cabrini Health Foundation allows HANYS to expand its capacity to provide education, direct support, tools and data to our members in a strategic way. With this learning collaborative, we strive to effect lasting change in health equity at the local level by engaging providers and community stakeholders to address health disparities.

DataGen® Insights for Healthcare®

OUR PARTNER

Through a partnership with Socially Determined, provider of Social Risk Intelligence™ solutions, DataGen will develop custom analytics for participants to help them understand how and where communities are affected by social risk so they can develop tailored intervention strategies.

Presenter

Pamela Y. Abner, MPA, CPXP

Vice President and Chief Diversity Operations Officer,

Mount Sinai Health System

Bio

DEI Best Practices- Leading with Equity

Pamela Y. Abner, MPA, CPXP

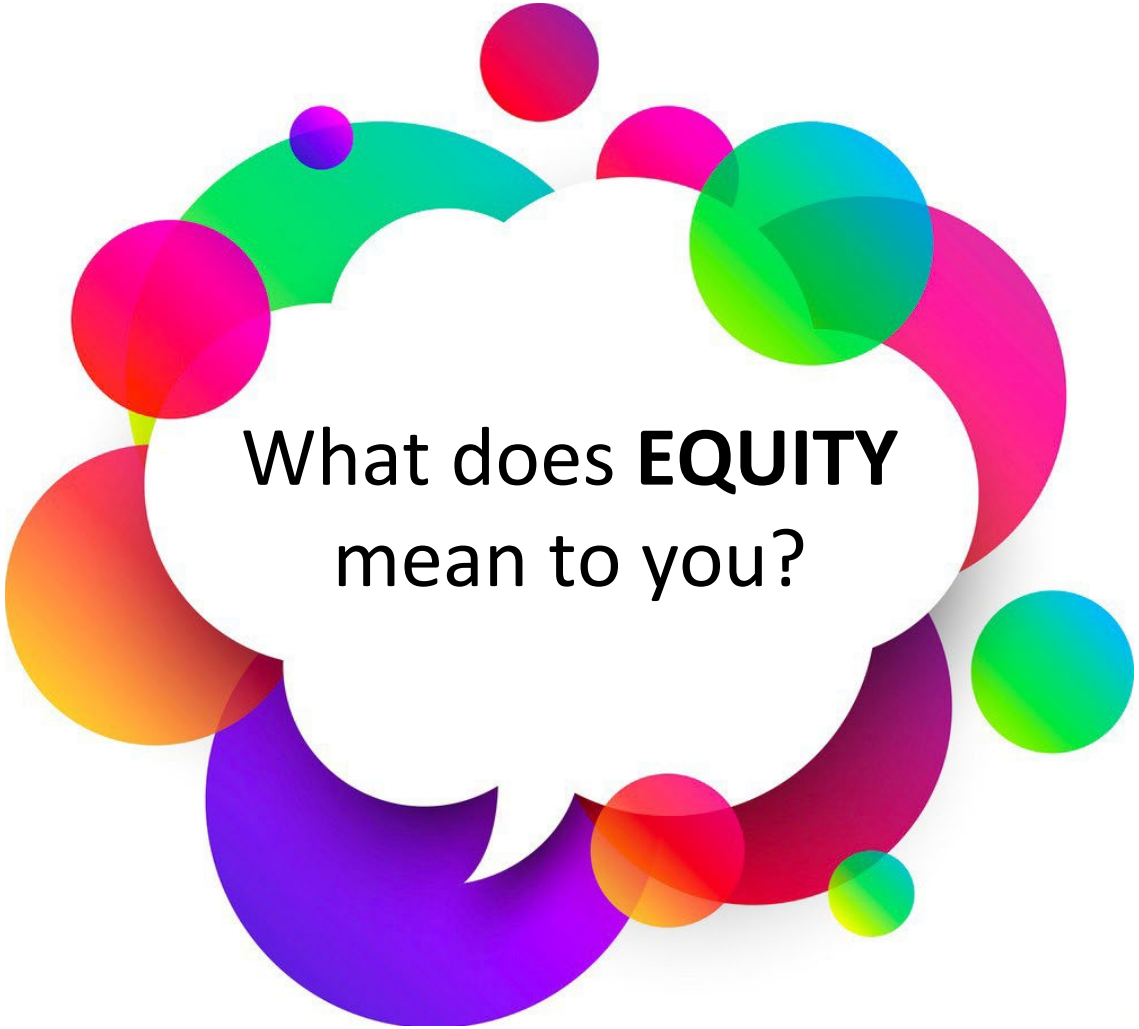
May 24, 2023

Welcome

Key Learning Objectives

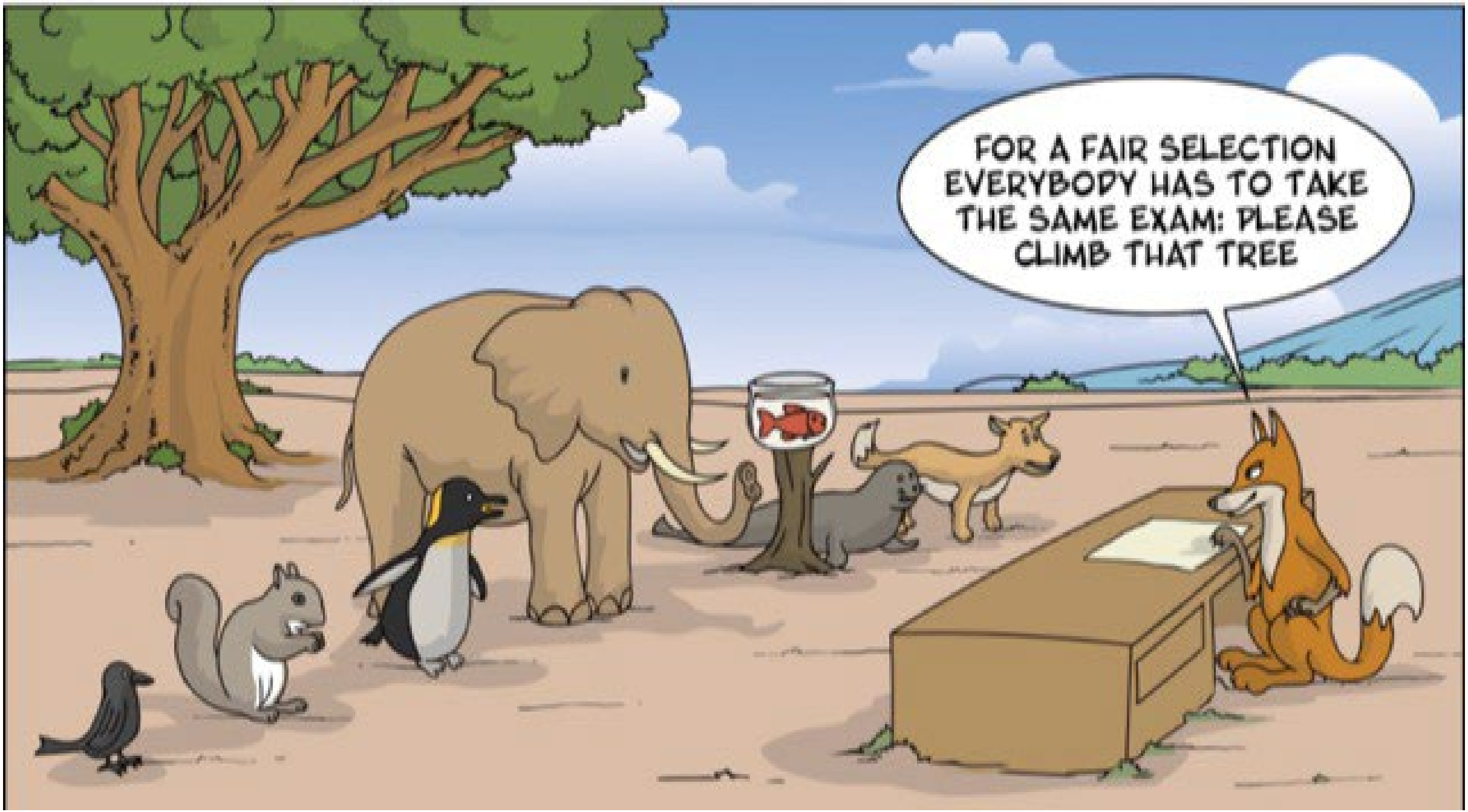
- **Gain an understanding** of key concepts and definitions—health/racial equity and disparities
- **Identify** how inequities manifest in institutions and structures
- **Become aware** of one's individual identities in relation to leveraging organizational power
- **Learn** how an antiracism practice is critical to achieving equity
- **Consider** new thinking to identify interventions to dismantle inequities

Equity?



Equity Defined

Freedom from bias or favoritism; a state of fairness where no one is disadvantaged due to socially-determined circumstances.



Health Equity Defined

Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."

Health inequities are systematic, socially produced, and unfair. They can be reflected in circumstances related to social determinants of health (SDOH), such as differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

Source: https://www.cdc.gov/chronicdisease/healthequity/index.htm

Contributors to Health Inequity

- Deep **power imbalances**—within systems and organizations
- Embedded **systems of oppression and racism**—advantaging certain groups and disadvantaging others
- **Lack of access**—social determinants of health

Consider Your Identity Lens

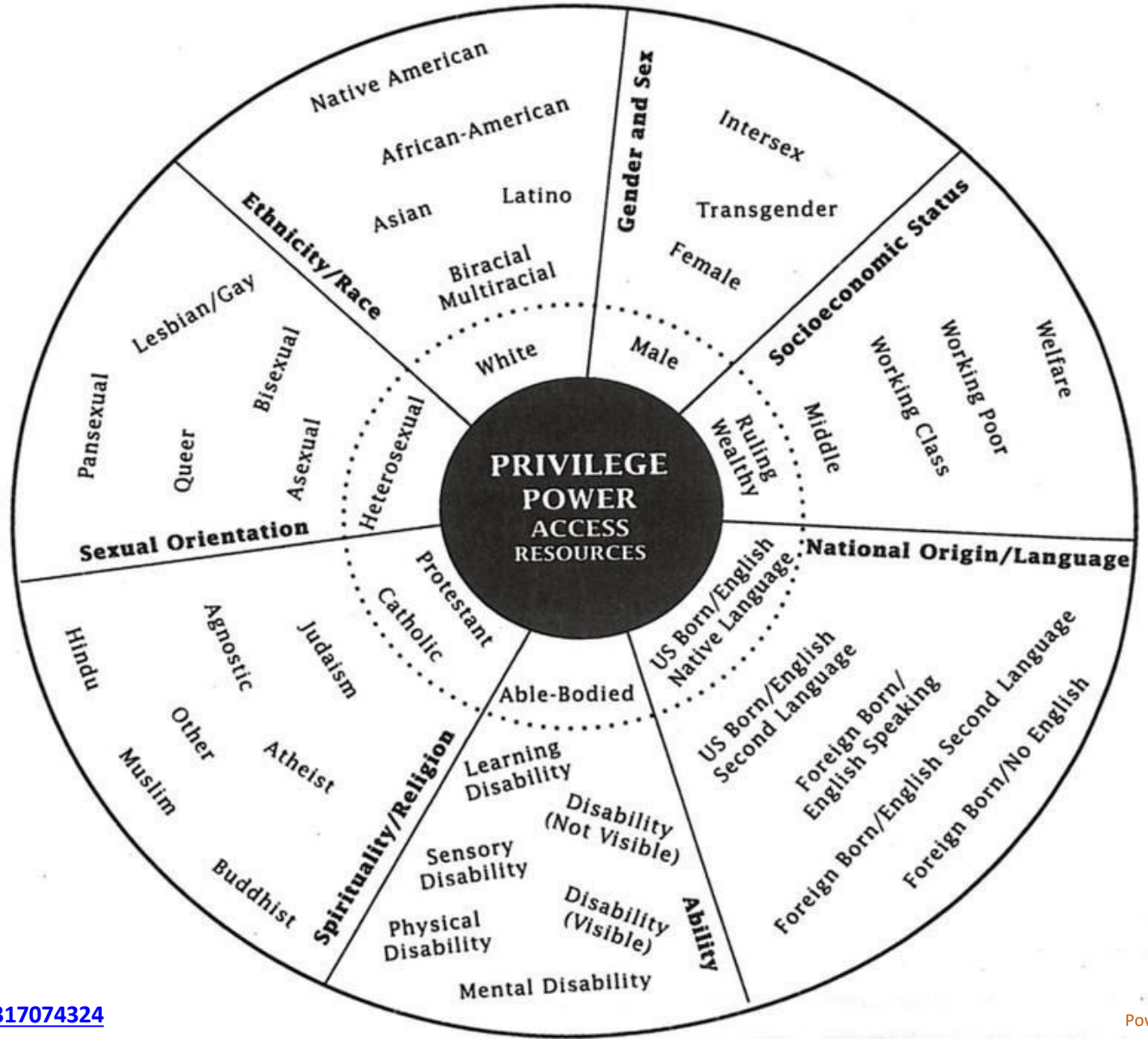
Leverage power to

Influence systems

Create Change

Web of Oppression

Privilege and oppression is a shifting dynamic; based on one's social context



Source: https://www.researchgate.net/figure/The-Web-of-Oppression_fig1_317074324

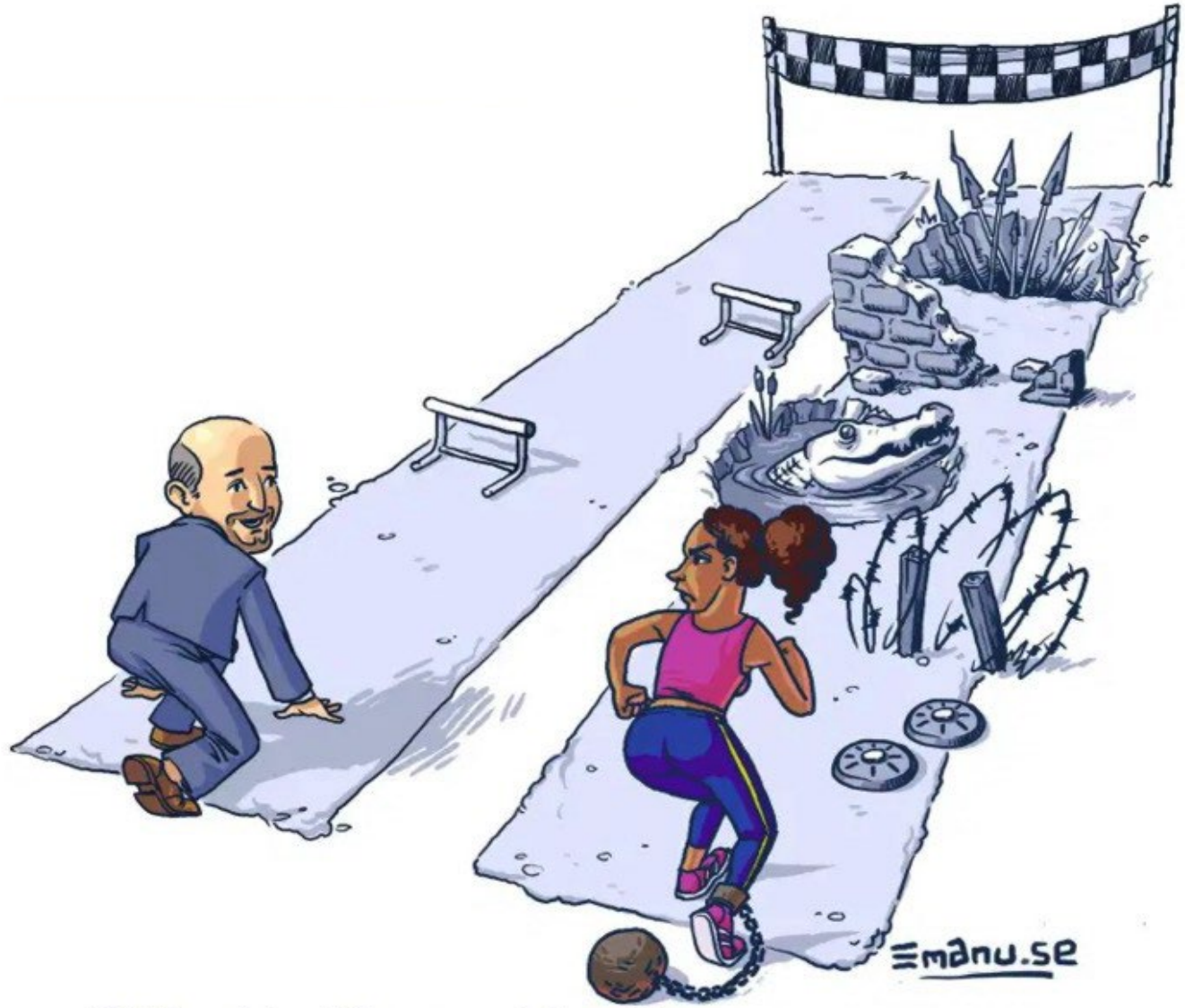
Our Identities and Power

- How do groups to which you belong influence your experiences and views?
- Which aspects of your identity are you most aware of? Which are you least aware of?
- How does your relationship to power impact how you engage with others?

Your Identities

Consider how your own identities impact your societal power and privilege.

- Have you been supported or marginalized by the system?
- How do your identities affect who you are and how you view the world?



"What's the matter?
It's the same distance!"

Health Equity Inextricably Linked to Racial Equity

*People of color rely heavily on Medicaid because of **existing social and economic inequality**. For example, Black and Latinx Americans are more likely to be living in poverty, to work in occupations where employers do not offer health care, and to face a variety of health problems.*

*Medicaid acts a **safety net**, catching those who would otherwise experience these compounding disadvantages without health insurance and be made even more economically precarious as a result.*

Source: **https://**www.commonwealthfund.org/publications/issue-briefs/2022/jan/racial-equity-framework-assessing-health-policy

Racial Equity Defined

Racial equity is a process of eliminating racial disparities and improving outcomes for everyone. It is the intentional and continual practice of changing policies, practices, systems, and structures by prioritizing measurable change in the lives of people of color.

Racial inequity is the opposite of the above charge – racial inequities can be present on three levels: individual, institutional, and systemically. Furthermore, racial inequities can be demonstrated via one's personal bias, policies and/or procedures that have worked to benefit people with power and privilege, and the role existing systems play in upholding such practices.

Source: https://www.raceforward.org/about/what-is-racial-equity-key-concepts

Disparities Defined

Disparities signify a difference or dissimilarity, whether it be within data, health outcomes, etc.

Health disparities are a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.

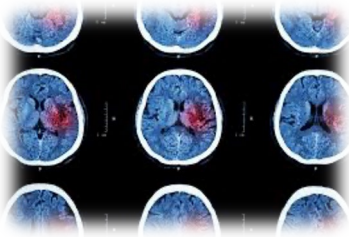
Racial Disparities represent imbalances and differences between the treatment of racial groups, including economic status, income, housing options, societal treatment, safety, and a myriad of other aspects of life and society.

Sources: https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities ;
https://library.law.howard.edu/socialjustice/disparity

Significant racial health disparities exist in…

Diabetes

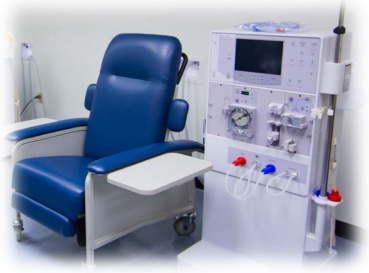
Cancer



Stroke

Addiction

Hypertension

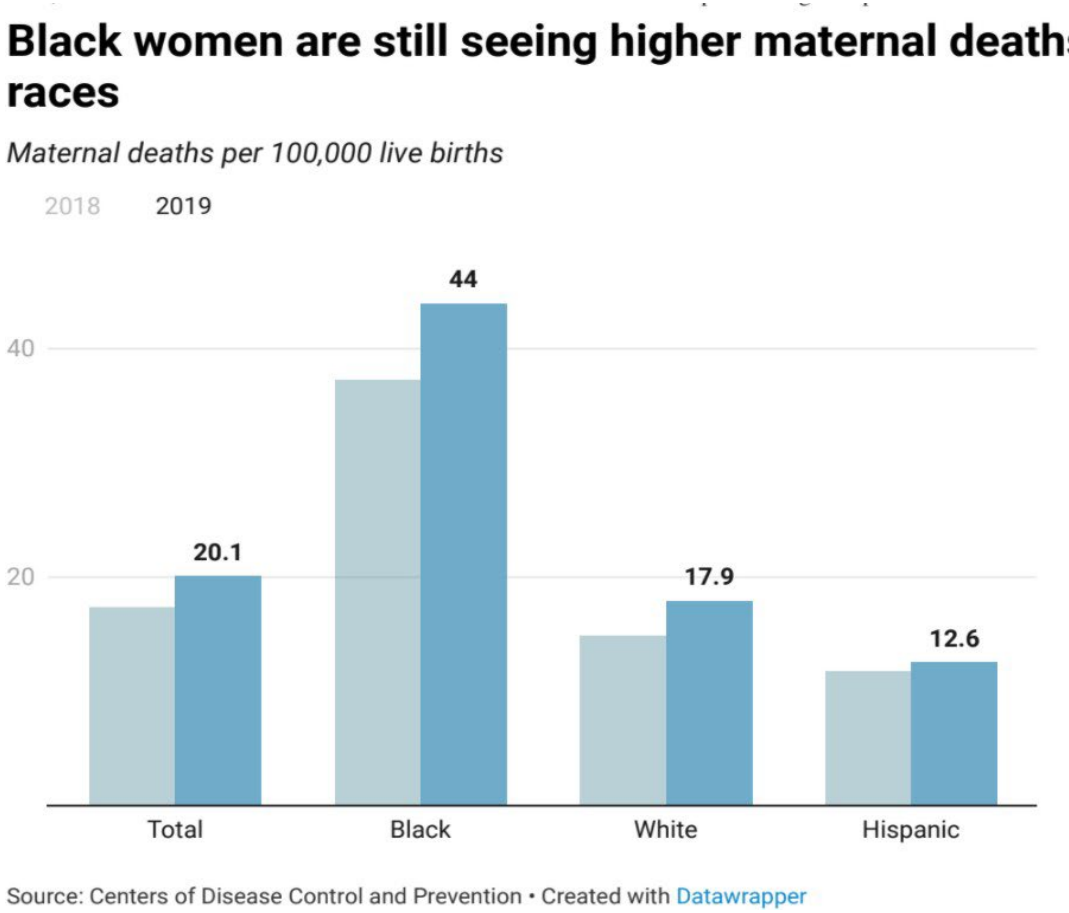


Kidney Disease

Mental Illness

Maternal Mortality

Maternal Mortality Disparities



In 2019, the maternal mortality rate increased amongst all races, however, there was a disproportionate number of deaths amongst Black women.

Black women were 2.5x more likely to die from childbirth than white women, and 3.5x more likely than Hispanic women

Reference: "Local players see hope in improving maternal morbidity rates for Black women", Shuan Sim, Crain's New York Business

Negative Patient Descriptors

Patient care may be impacted by everyday stigmatizing language such as “frequent flyer” or “sicklier.” The most commonly used descriptors included “refused,” “non-adherent,” non-compliant,” and “agitated”

A study indicated that when medical providers were shown chart notes with stigmatizing language, they were more likely to have a negative perception of the patient’s pain.

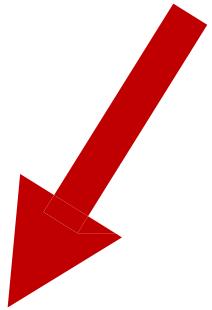
Findings: Compared to white patients, **Black patients had a 2.54 greater likelihood** of having at least one negative descriptor in their medical record history. Patients with Medicaid had higher odds of negative descriptors compared to patients with private insurance.

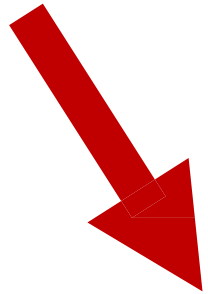
Why it matters: The study is further evidence of bias in the U.S. health care system, which can ultimately result in worse care and disparately poor outcomes.

https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2021.01423?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosvitals&stream=top

Disparities Not Just About Race…

Identify modifiable targets for interventions





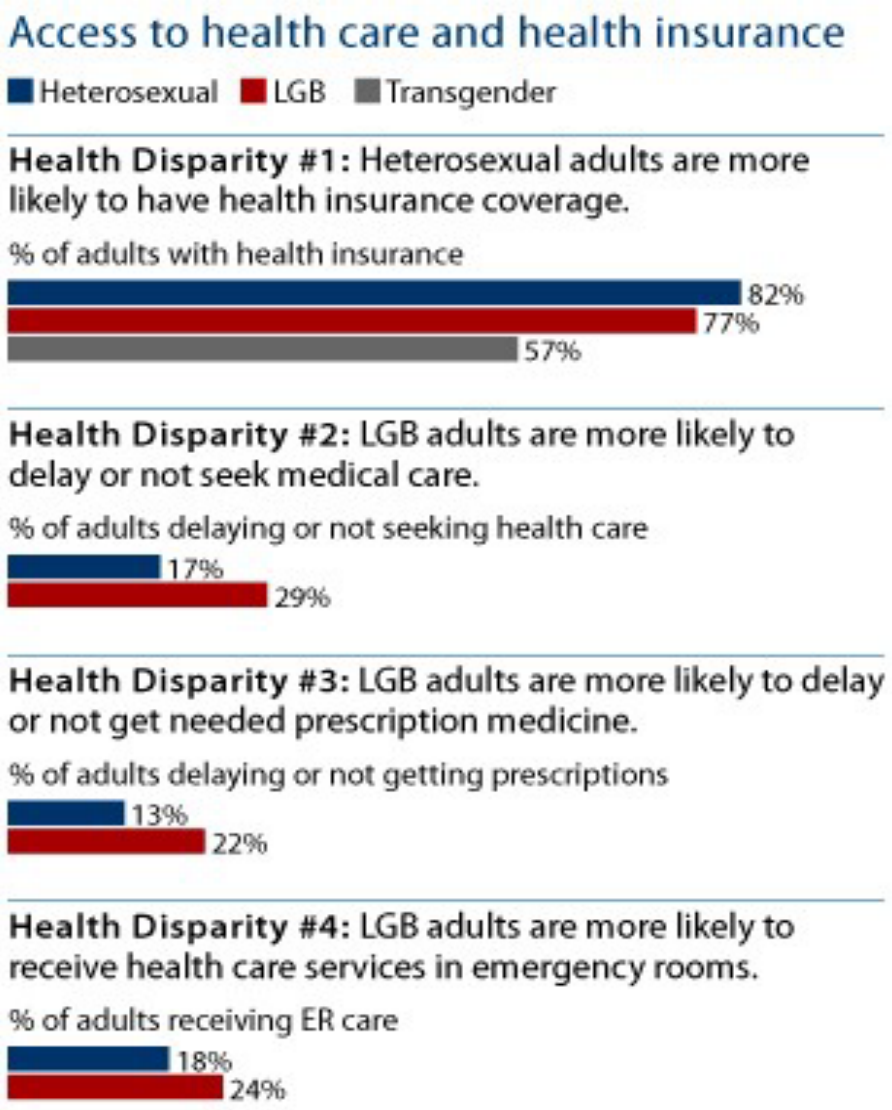
SDOH

Utilization and other processes

Social Determinants of Health

Source: https://www.cdc.gov/publichealthgateway/sdoh/index.html

Health Disparities in the LGBT Population



Members of the LGBT population experience worse health outcomes than their heterosexual counterparts.

Factors contributing to disparities:

- low rates of health insurance coverage
- high rates of stress due to systematic harassment and discrimination
- lack of cultural competency in the health care system

Reference: https://www.americanprogress.org/article/how-to-close-the-lgbt-health-disparities-gap/

Health Care Access and Utilization by Transgender Populations

Table 3. Weighted Health Care Discrimination Variables

Variable	TF	TM	NB	Total	χ^2, p
Have you had any experience with health care discrimination?				Total	**<0.01**
Yes	31%	29.3%	18.6%	29.3%	
No	53.8%	53.2%	56.4%	54.2%	
Not asked	11.7%	10.1%	19.8%	13.0%	
Missing	3.5%	2.2%	5.2%	3.5%	
Total	100.0%	100.0%	100.0%	100.0%	
	$n=13,675$	$n=5699$	$n=5007$	$n=24,381$	
In the past year, was there a time when you could not see a doctor due to cost?				Total	**<0.01**
Yes	25.0%	34.8%	37.6%	29.9%	
No	74.0%	64.8%	61.2%	69.2%	
Missing	1.0%	0.4%	1.2%	0.9%	
Total	100.0%	100.0%	100.0%	100.0%	
	$n=13,675$	$n=5699$	$n=5007$	$n=24,381$	
In the past year, was there a time when you could not see a doctor due to possible mistreatment?				Total	**<0.01**
Yes	20.4%	27.6%	18.3%	21.6%	
No	79.5%	72.3%	81.4%	78.2%	
Missing	0.1%	0.1%	0.3%	0.2%	
Total	100.0%	100.0%	100.0%	100.0%	
	$n=13,674$	$n=5699$	$n=5006$	$n=24,379$	

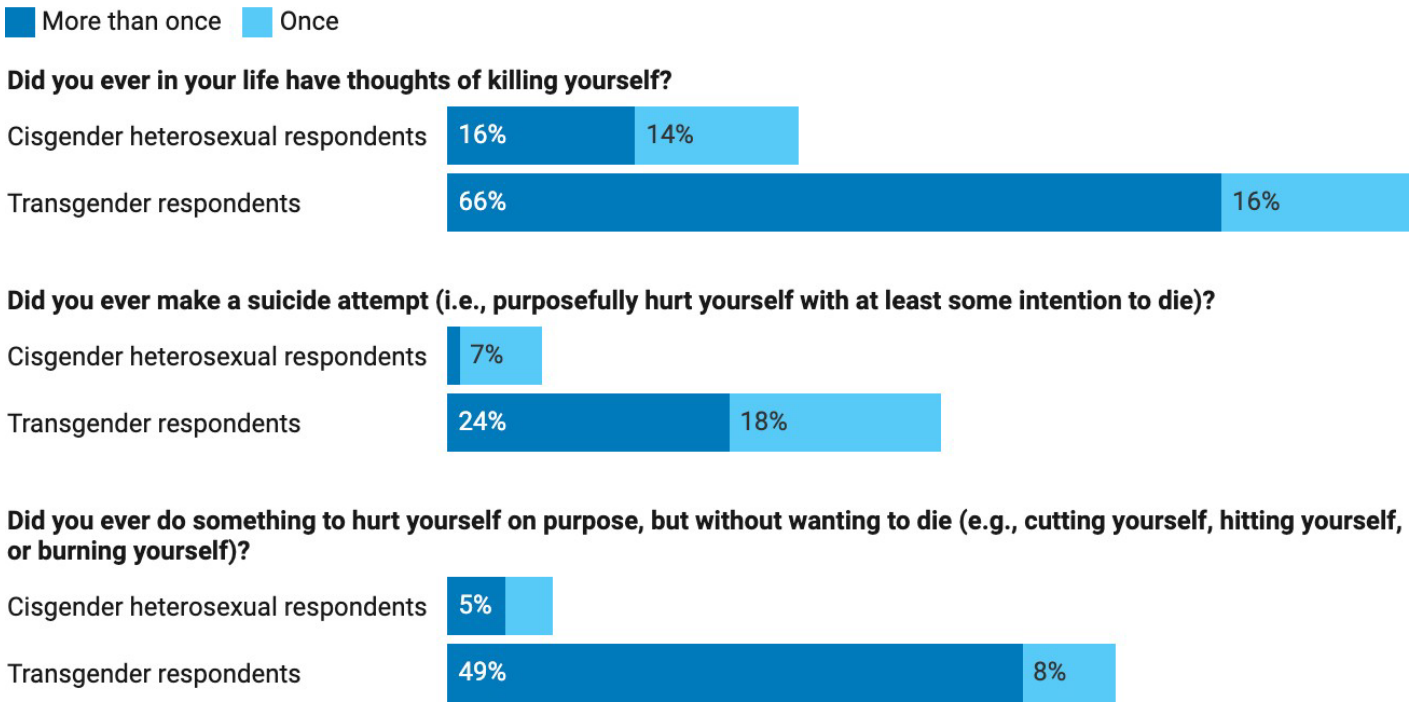
Boldface indicates statistical significance.

Source: https://www.liebertpub.com/doi/10.1089/trgh.2020.0017

Health Disparities in Transgender Populations

Transgender adults are 4 times as likely as cisgender heterosexual adults to report making at least 1 suicide attempt in their life

Shares of transgender and cisgender heterosexual adults who reported suicidal ideation, suicide attempts, and self-harm during their lifetime, 2016–2018



42 percent of transgender individuals reported attempting suicide to cope with transgender-related discrimination.

Data reveal disparities in suicidal behavior between trans and cisgender heterosexual individuals in terms of contemplating, attempting, and/or engaging in non-suicidal self-injury.

Reference: **https://**www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/

Health Disparities among People with Disabilities

Adults with disabilities are 2.5x more likely to report skipping or delaying health care because of cost.

Women with mobility limitations are less likely to be current in mammograms and Pap tests.

Population Differences Between People With and Without Disabilities on Health Indicators of Health Care Access, Health Behaviors, Health Status, and Social Determinants of Health: United States

Health Indicator	People With Disabilities (%)	People Without Disabilities (%)	Data Source
Health care access			
In past year, needed to see doctor but did not because of cost[a]	27.0	12.1	BRFSS 2010
Women current with mammogram[a]	70.7	76.6	BRFSS 2010
Women current with Pap test[a]	78.3	82.3	BRFSS 2010
Health behaviors			
Adults who engage in no leisure-time physical activity[a]	54.2	32.2	NHIS 2008
Children and adolescents considered obese (aged 2–17 y)[b]	21.1	15.2	NHANES 1999–2010
Adults who are obese[a,b]	44.6	34.2	NHANES 2009–2010
Adults who smoke (100 cigarettes in lifetime and currently smoke)[a]	28.8	18.0	NHIS 2010
Annual no. of new cases of diagnosed diabetes (per 1000 persons)[a]	19.1	6.8	NHIS 2008–2010
Adults with cardiovascular disease			NHIS 2009–2011
18–44 y	12.4	3.4	
45–64 y	27.7	9.7	
Victim of violent crime (per 1000 persons)[a]	32.4	21.3	NCVS 2007

Reference: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4355692/

Ways to Make Health Equity a Core Strategy

Make health equity a leader-driven priority.

Develop structures and processes that support equity.

Take specific actions that address the social determinants of health

Confront institutional racism within the organization

Partner with community organizations

Source: https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0556

Behaviors to Create & Promote Equity

DEVELOP	• Use new methods of thinking • Cultural awareness and know one's own biases
INTERROGATE	• Examine current practices and policies • Consider other perspectives to identify blind spots • Track patterns across differences
ENGAGE	• Encourage and lead brave conversations about racism • Lead with equity in mind, always
PRACTICE	• Understanding from another person's perspective and self-understanding • Displaying humility • Collaborating and sharing perspectives • Acting with integrity and courage

Source: Developed by Pamela Abner, MPA, CPXP

Dominant Narratives to Justify Poverty

"People are (economically) where they deserve to be." In other words, people possess wealth because they work hard, take risks, have greater creativity and intelligence – they have greater virtues such as grit, etc. And the shadow corollary to that story: **people are poor because of individual deficiencies.**

~Chuck Collins

https://inequality.org/great-divide/disrupting-narratives-inequality-poverty/

Narratives that Contribute to Inequity

What are some conscious and unconscious beliefs, assumptions, and deeply held thoughts that may hold oppressive structures in place?

Do we expect certain groups to have poorer outcomes?

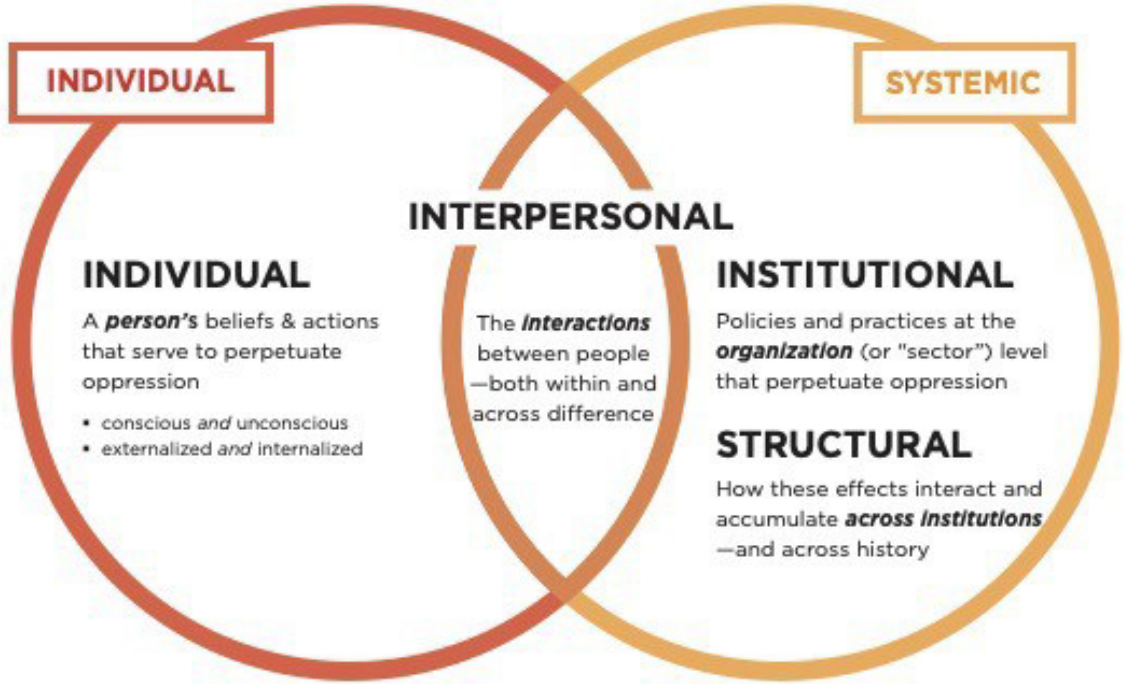
Do we “blame the victim”?

What influences you?

Consider dominant narratives that may influence your decision-making.

- What assumptions have you made about someone's background that may have been harmful or excluded them from opportunities?
- How do you respond when you hear someone make a disparaging comment about a person or a group of people based on their background?

THE LENS OF SYSTEMIC OPPRESSION



Some phenomena playing out at each level

INDIVIDUAL

- Identity and difference
- Individual advantage and disadvantage
- Explicit bias
- Implicit bias
- Stereotype threat
- Internalized oppression

INTERPERSONAL

- Reproductive discourse ("Discourse 1")
- Microaggressions
- Racist interactions
- Transferred oppression

INSTITUTIONAL

- Biased policies and practices (e.g. in hiring, teaching, discipline, parent-family engagement)
- Disproportional (e.g. racialized) outcomes and experiences

STRUCTURAL

- Systems of advantage and disadvantage
- Opportunity structures
- Societal history of oppressive practices and policies

The Lens of Systemic Oppression Assumes that:

- All negative forms of prejudice and/or bias are learned and therefore can be unlearned.
- Systemic oppression exists at the level of institutions (**harmful policies and practices**) and across structures (education, health, transportation, economy, etc.) that are interconnected and reinforcing over time.
- Systemic oppression is systematic and has historical antecedents; it is **the intentional disadvantaging** of groups of people based on their identity while advantaging members of the dominant group (gender, race, class, sexual orientation, language, etc.).
- Systemic oppression and its effects can be undone through **recognition of inequitable patterns and intentional action** to interrupt inequity and create more democratic processes and systems supported by multi-ethnic, multi-cultural, multi-lingual alliances and partnerships.

Reference: https://www.nationalequityproject.org/frameworks/lens-of-systemic-oppression

Leading with Equity in Mind

Examine your level of comfort to:

- Talk about bias and racism as part of the org culture
- Instill anti-racist behaviors
- Use data to identify disparities and offer solutions
- Include the perspective of others in decision-making
- Educate yourself—cultural awareness, bias, LGBTQ, people with disabilities, anti-racism
- Connect with communities

Apply New Thinking

How would you apply an equity lens to organizational practices?

Who is missing? **Who is favored?** **Who may be harmed?**

- Consider groups being left out.
- Center those groups who are marginalized.
- Remove barriers.
- Think about whose voices are not being heard
- Look for polices and practices that may favor some and cause harm to others.

Race, Racism…

"Race is the child of racism, not the father.

~ Ta-Nehisi Coates

Source: ***Between the World and Me*** **by Ta-Nehisi Coates**

Achieve Equity through Antiracist Lens

Using an antiracist lens will allow us to identify **racial inequities** and disparities. This requires a conscious decision to make frequent, consistent, **equitable choices.**

These choices require ongoing self-awareness and self-reflection as we move through life. In the absence of making antiracist choices, we (un)consciously uphold institutional and societal **inequities**.

Source: https://nmaahc.si.edu/learn/talking-about-race/topics/being-antiracist

Becoming Antiracist to Achieve Equity

Anti-Racism

The act of opposing racism and white supremacy in all its forms – even the racism that exists within you and the forms you perpetuate with your behaviors.

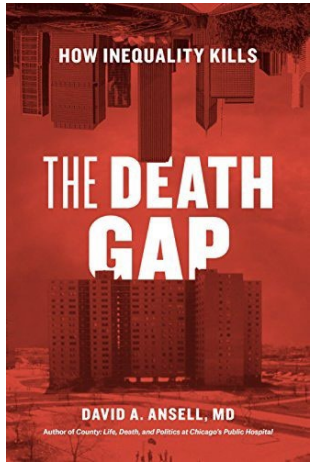
L. Glenise Pike, Where Change Started

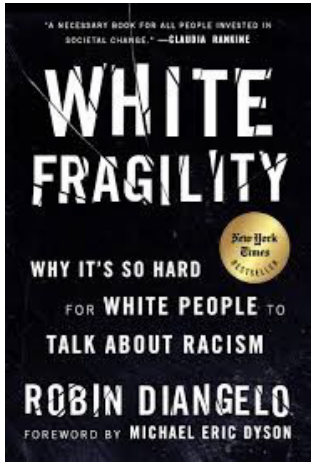
Anti-Racist

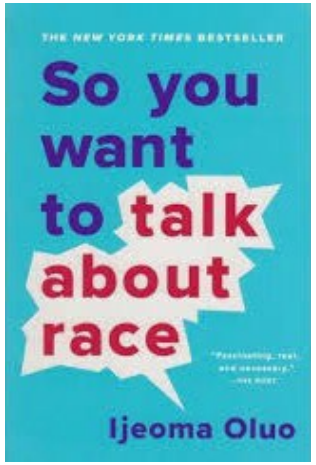
One who is supporting an antiracist policy through their actions or expressing an anti-racist idea.

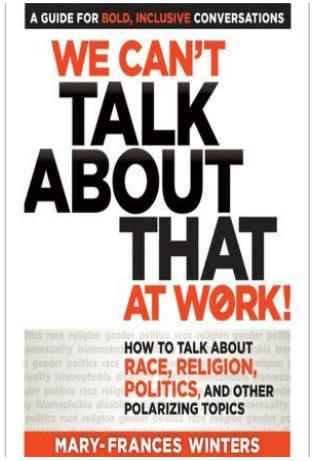
Ibram X. Kendi, How to be an Antiracist

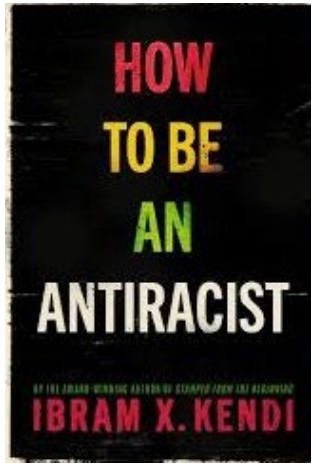
Recommended Readings

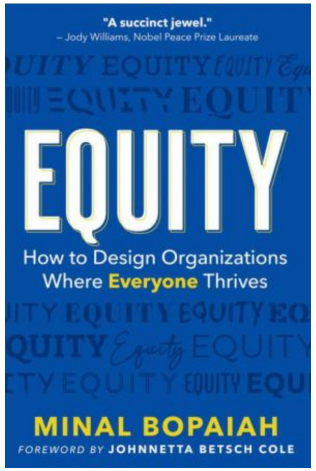












Self-Reflections

What is one thing that you will commit to doing as a change agent to establish health equity?

Thank You!

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Upcoming sessions

Wednesday, May 31 | Noon - 1 p.m.

Practical tools to advance DEI

After learning the fundamentals of DEI, leaders must turn commitment into action. This session will discuss how to understand your current state and how to set goals for improvement. Our speakers will share best practices for recruiting, training and promoting staff, updating policies and procedures, adopting a culture of DEI and fostering accountability. Attendees will learn how to plan for sustainability in DEI work, through increasing diversity of executive and board leadership, and establishing internal training programs and mentorship opportunities.

Sessions will be held on the following dates from noon to 1 p.m.:

- Wednesday, June 7
- Wednesday, June 14

Register for the series here.

Breakout sessions

Join the conversation! If you are interested in learning from other hospitals about their experiences with health equity and DEI work, then consider registering for our DEI series breakout sessions. Come ready to discuss what is working or not working at your organization, share resources, ask questions, or just gain more insight into what other hospitals are doing. These sessions will be moderated by Dr. Theresa Green.

Session details

June 5, noon – 1 p.m. | Health Equity/DEI Implementation

June 12, noon – 1 p.m. | Patient Education and Experience

Register for the sessions here.

ADVANCING HEALTHCARE
EXCELLENCE AND INCLUSION

Questions?

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