

ATRIUM HEALTH



Health Equity & Social Impact

Dr. Kinneil Coltman, SVP, Chief Community & Social Impact Officer



MISSION:

TO IMPROVE **HEALTH**
ELEVATE **HOPE**
AND ADVANCE **HEALING**
- **FOR ALL**

VISION:

TO BE THE **FIRST AND BEST** CHOICE FOR CARE

Current Size & Scope

72,500+ Teammates | **40** Hospitals

65 Urgent Care Locations | **39** EDs | **44** Cancer Care Locations

6,000+ Providers | **17,800+** Nurses

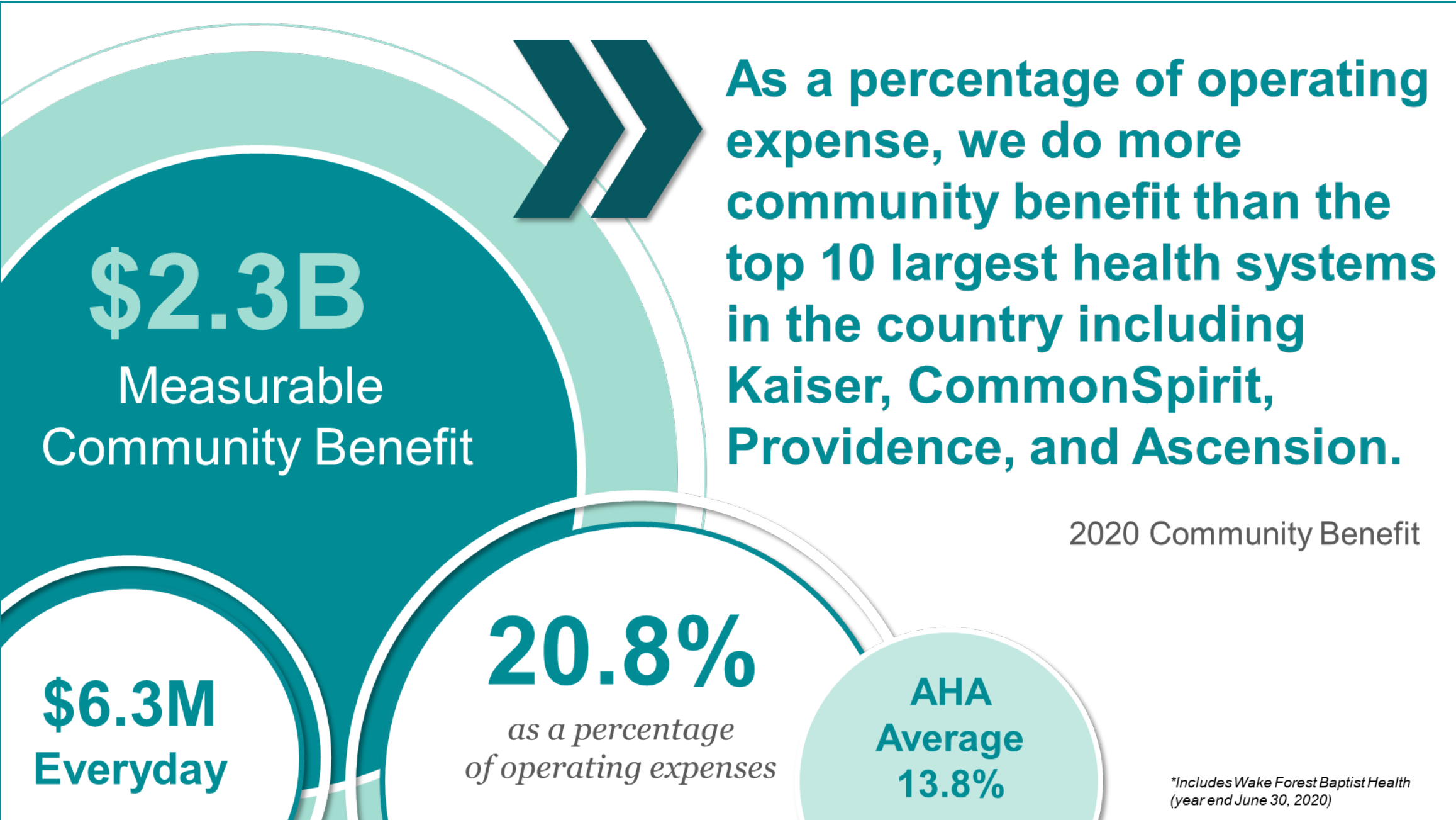
\$12.4 Billion

Net Operating Revenue

\$3.3 Billion

In last 5 years

Invested into renovations, new care locations, equipment upgrades and other capital projects



\$2.3B

Measurable
Community Benefit

As a percentage of operating expense, we do more community benefit than the top 10 largest health systems in the country including Kaiser, CommonSpirit, Providence, and Ascension.

2020 Community Benefit

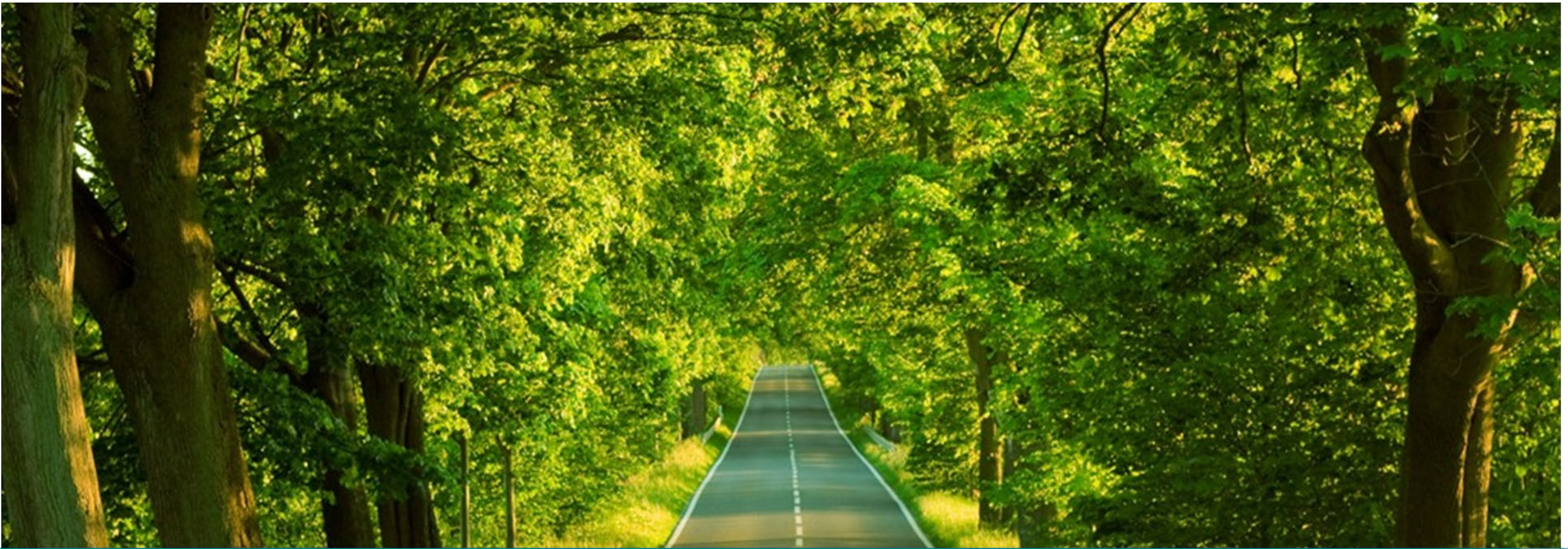
\$6.3M
Everyday

20.8%

*as a percentage
of operating expenses*

AHA
Average
13.8%

*Includes Wake Forest Baptist Health
(year end June 30, 2020)



Our Journey to Health Equity





Calculated Impact

- Allows us to detect with **laser accuracy** whether disparities in race/ethnicity and gender exist in our care patterns.
- Reduced the percentage of our patients with unknown race/ethnicities from over **12% to 2%**.

Race, Ethnicity, Language, Sexual Orientation & Gender Identity

- 20 ethnicity & 40 race options, multi-select ability, eliminated “other”
- 73 language options, single-select only
- Sex assigned at birth & current legal sex can be collected by registration
- Sexual orientation & gender identity collected by clinical staff

Key Activities

- Electronic medical record (EMR) build & redesign
- Education of registrars & related teammates
- External communication strategy
- Internal communication strategy

Collecting better data to identify and address health disparities

POSTER

We Ask Because We Care



What is your race? | **Chủng tộc của bạn?**
 ¿Cuál es su origen étnico? | ¿Cuál es su idioma?
 What is your Language? | **Sắc tộc của bạn?**



Sharing your demographic information helps us ensure that everyone receives the highest quality of care, customized to the individual.

As your healthcare partner, we ask these questions because we care. And, we appreciate your trust and cooperation.



Ask Every Patient: Race, Ethnicity and Language

It's important patients self-report their demographic data so we can meet the needs of our diverse population.

When we know your race, ethnicity and language, we learn more about your culture. This helps us to know you better and to improve the care that we give to all patients. Beginning in January 2019, we will ask for this demographic data from all patients.

Race

Group(s) that you identify most closely with due to shared physical traits.

American Indian or Alaska Native	Asian	Black or African American	Middle Eastern or North African	White or Caucasian
Cape Verde	Asian Indian	African	Arab	English
Cherokee	Burmese	Ethiopian	Egyptian	French
Lumbee	Cambodian	Haitian	Iranian	German
	Chinese	Jamaican	Israeli	Irish
	Hmong	Liberian	Native Hawaiian or Other Pacific Islander	Italian
	Japanese	Nigerian		Polish
	Korean	West Indian		Scottish
	Laotian			
	Nepalese			
	Pakistani			
	Thai			
	Vietnamese			

Patient Declined | Unable to Obtain

Ethnicity

Refers to your background, heritage, culture, ancestry or sometimes the country where your family came from.

Not Hispanic or Latino	Chilean	Dominican	Mexican	Peruvian
Hispanic or Latino	Colombian	Equadorian	Nicaraguan	Puerto Rican
	Costa Rican	Guatemalan	Panamanian	Salvadorian
	Cuban	Honduran	Paraguayan	Venezuelan

Patient Declined | Unable to Obtain


Language

In what language do you prefer to discuss your healthcare?

Albanian	Chinese Cantonese	Hungarian	Moroccan Arabic	Swahili
American Sign Language	Croatian	Igbo	Nepali	Tagalog
Arabic	Dari	Indonesian	Northern Khmer	Tamil
Armenian	English	Italian	Panjabi	Telugu
Bengali	Eritrean	Japanese	Polish	Thai
Bosnian	Ewe	Jarai	Portuguese	Tigrinya
Burmese	Farsi	Karen Languages	Pushto	Turkish
Bulgarian	French	Kiryanwanda	Romanian	Tai
Burmese	German	Korean	Russian	Ukrainian
Cambodian	Greek	Lao	Rwand	Urdu
Chin Palam	Guarjari	Lingala	Serbian	Vietnamese
Chin Haka	Haitian Creole	Malayalam	Serbo-Croatian	Wolof
Chin Tedim	Hindi	Mandarin Chinese	Somali	Yue Chinese
	Hmong	Marshallese	Spanish	Zou
			Sudanese Arabic	


Patient Declined | Unable to Obtain

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PALM CARD

We Ask Because We Care



What is your race? | What is your ethnicity?
 What is your preferred language?




Why do we ask questions about race and ethnicity?

We ask all patients about their race, ethnicity and language to learn more about the individuals we serve. This information gives us a better understanding of each patient, which helps us to improve the care that we give to you and all patients.

We understand that these questions may feel very personal. But your responses will be kept private and will only be used to provide customized care for you. For example, knowing your ethnicity may help us identify health risks that are unique to you.

As your healthcare partner, we ask these questions because we care. And, we appreciate your trust and cooperation.



What information do we ask you to provide?

Race

Your race is the group or groups that you identify most closely with due to shared physical traits.

Ethnicity


Your ethnicity refers to your background, heritage, culture, ancestry or sometimes the country where your family came from.

Language

Knowing your preferred language lets us know to call an interpreter who speaks the same language, when needed.

What if you don't want to share this information?

As your healthcare partner, we hope you will trust us with this information because it can be very beneficial for your health. However, we will respect and honor your decision not to share at this time.



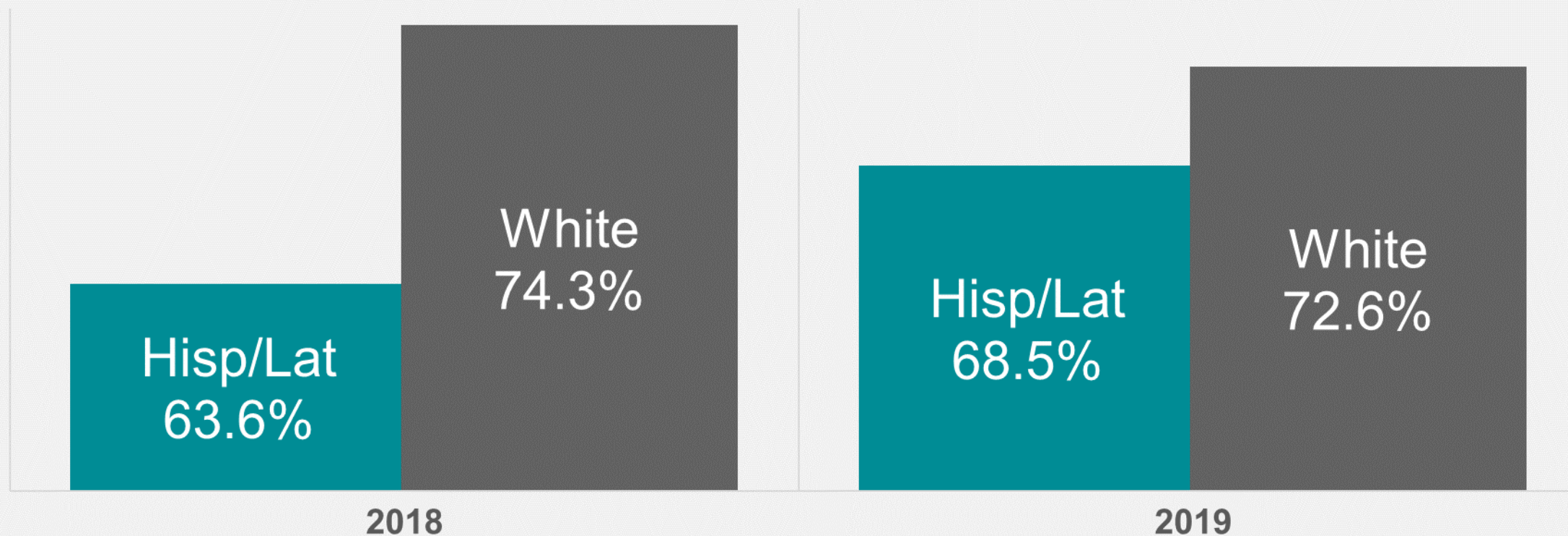
Patient-facing Materials

- 
- **Mortality-LOS-Readmission**
 - **Population Health**
 - **Patient Experience**
 - **Core Measures**
 - **Patient Demographics**
 - **Infant Mortality**

Atrium Health Demographic Data Wall

Analytics platform with ability to identify disparities by race, gender & location

Colorectal Cancer Screenings Among Eligible Male Patients



FOR ALL Health Equity Goal

Disparity identified in the rate of colorectal cancer screenings among eligible male patients of Hispanic or Latino descent, as compared to eligible white male patients.

Recognized as a national leader in health equity



Atrium Health Only
Nonprofit Healthcare
System in Nation to
Win 2020 CMS Health
Equity Award



2021 American Hospital Association
Carolyn Boone Lewis Equity of Care Award Winner



Atrium Health has been preventing disparities throughout the pandemic.



Roving COVID Testing



COVID Equity Taskforce



Million Mask Initiative



Community Immunity For All

The Vaccine Equity Strategy is a Dual-pronged Approach for Teammates and the Community



Operations

- Teammate Walk-In Clinics
- Vaccine2U
- Farm to Arm
- Roving Drive-Up Clinics
- Community Clinics

Grass Roots Engagement Approach

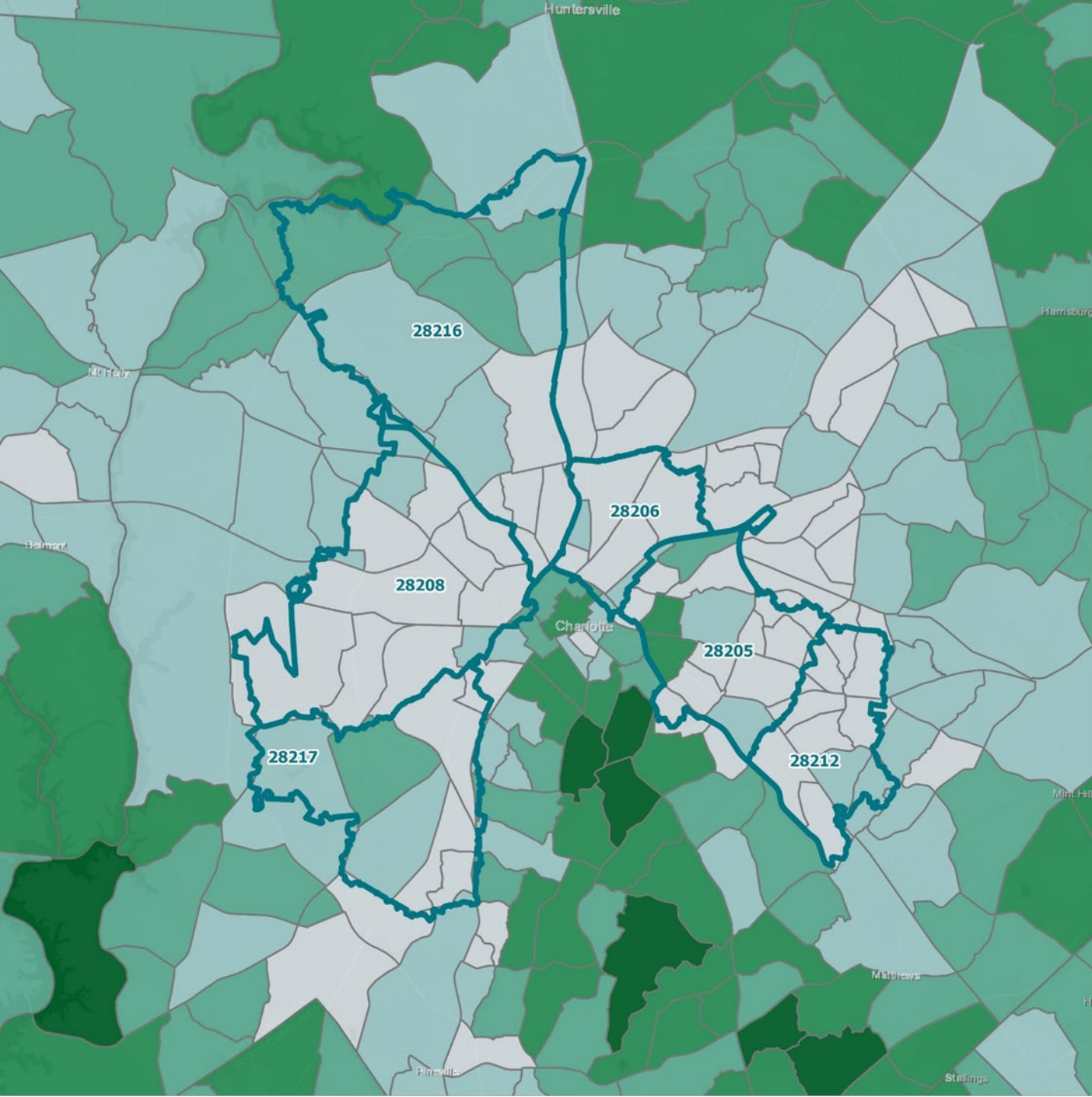
- Faith-based organizations
- Community-based organizations
- Education partners
- Business partners
- Mecklenburg County and Novant Health co-collateral
- Vaccine Ambassadors

Data-Informed Approach

- Vaccine Demographic Dashboard
- GIS MAP
- Social Vulnerability Index
- Research
- Surveys

Communications

- Vaccine Equity Resource Website
- Town Halls
- Culturally-responsive Education
- Non-English language resources
- Radionovelas
- Mass text, email & call campaign with front-loaded emails for community clinic patients



Roving Vaccine Model Outcomes for Mecklenburg County: We Reached Our Most Underserved Communities

74%

of Mecklenburg County residents vaccinated at
roving mobile vaccine sites are people of color*

45%

African American

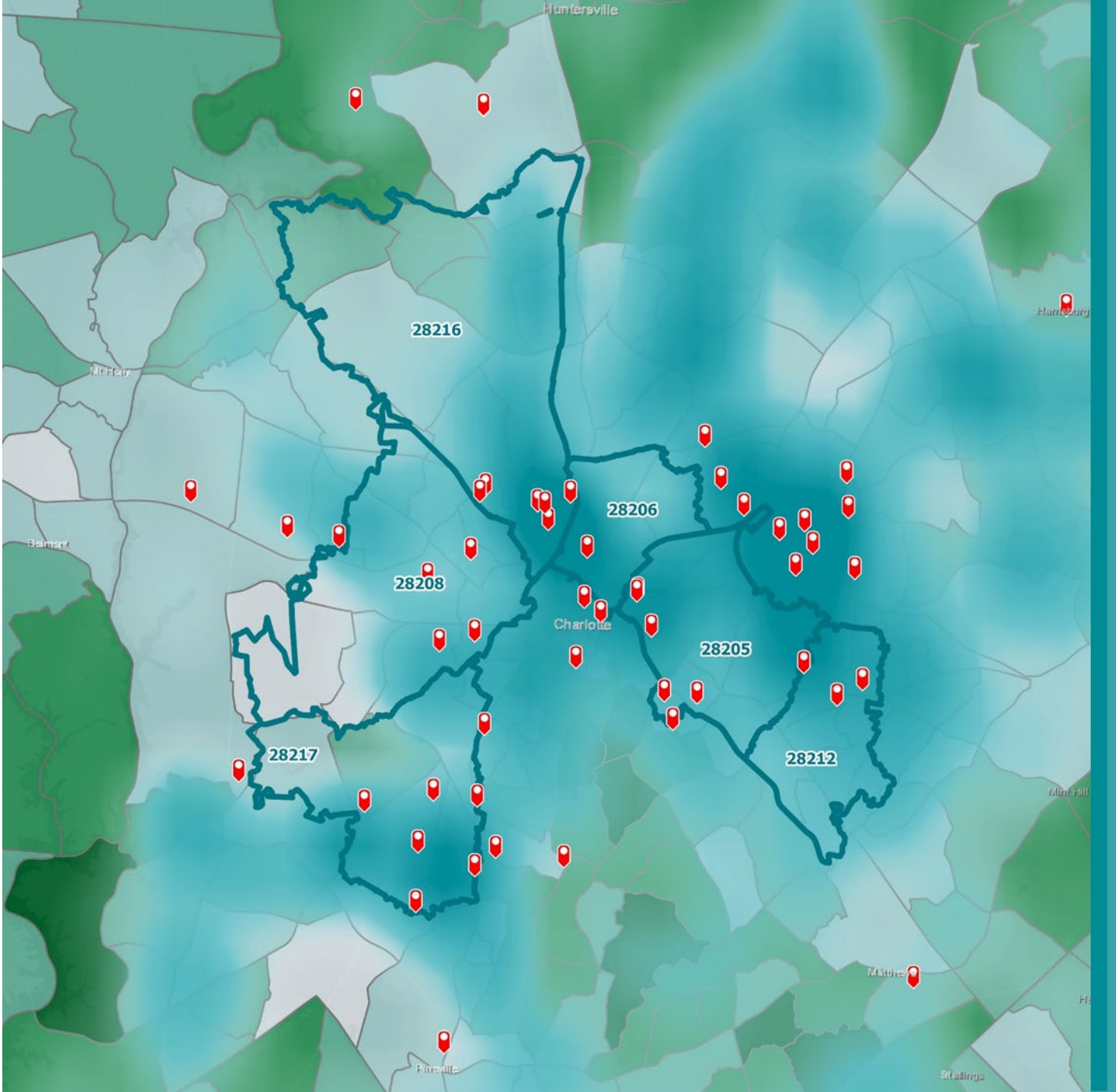
16%

Hispanic/Latino

65%

of community members vaccinated at roving
mobile vaccine sites are Atrium Health patients;
35% are not affiliated with Atrium Health

*Based on first or single dose



Roving Vaccine Model Outcomes for Mecklenburg County:

We Reached Our Most Underserved
Communities

74% of community members vaccinated
at roving mobile sites are people of color

45% African American

16% Hispanic/Latino

65% of community members vaccinated
at roving mobile sites are our patients; 35%
are not affiliated with Atrium Health



A Special Moment in Time

Big Challenges Warrant Bold Solutions

OUR PROBLEM TO SOLVE

2x

Unemployed & Underemployed rate of Black as compared to White

15%

Households in Charlotte MSA and Central GA experience **food insecurities**

40%

Households with an annual income of **less than \$30k** spend over 40% of **their income on rent**

2.5x

Likelihood of dying from diabetes for African Americans & American Indians as compared to Whites

4 PILLARS OF HEALTH EQUITY



OUR ASSETS
AND LEVERS



Power
Platform
Resources



Past
Traditional
Physical Clinics



Future
Redefining care delivery

Physical Clinics



Mobile Clinics



Virtual Care



In-Home Care



We must transform our traditional care access points and meet people where they live, work, play and worship.

Quality and Equity of Care Committee of the CMHA Board of Commissioners

DRAFT - Goals drafted for illustrative purposes only

Health Equity Quality & Outcomes Council

Goal: Close Disparities Gap

Enterprise Goals

Reduce disparities in mortality among African Americans

Region Goals

Central & South Georgia

Greater Charlotte

North Central & Western NC

Service Line & Institution Goals

Women's Services

Reduce maternal mortality among African American women

Sanger Heart & Vascular Institute

Reduce cardiovascular mortality among African Americans

Levine Cancer Institute

Reduce cancer mortality among African Americans

Musculoskeletal Institute

Reduce post-surgical complications among African Americans

Neurosciences Institute

Reduce stroke mortality among African Americans

Surgery

Reduce post-surgical mortality among African Americans

Emergency Services

Reduce recidivism of African American victims of violence

Adult Medical Subspecialties

Reduce mortality for African Americans

Levine Children's

Reduce infant and child mortality among African Americans

Behavioral Health

Reduce suicides among African Americans

Primary Care

Improve diabetes management among African Americans

Continuing Care

Increase rehab utilization among African Americans

Our future structure for Equity in Quality & Outcomes ensures accountability across geographies and specialties



An Enterprise Commitment to Equity in Quality and Outcomes

Our equity in quality & outcomes structure ensures accountability across the Atrium Health footprint

Health Equity Quality & Outcomes Council

Mission: Close healthcare disparities gaps

Goals by Region

**Central & South
Georgia**

Heart Failure Readmission

Heart Failure Mortality

Greater Charlotte

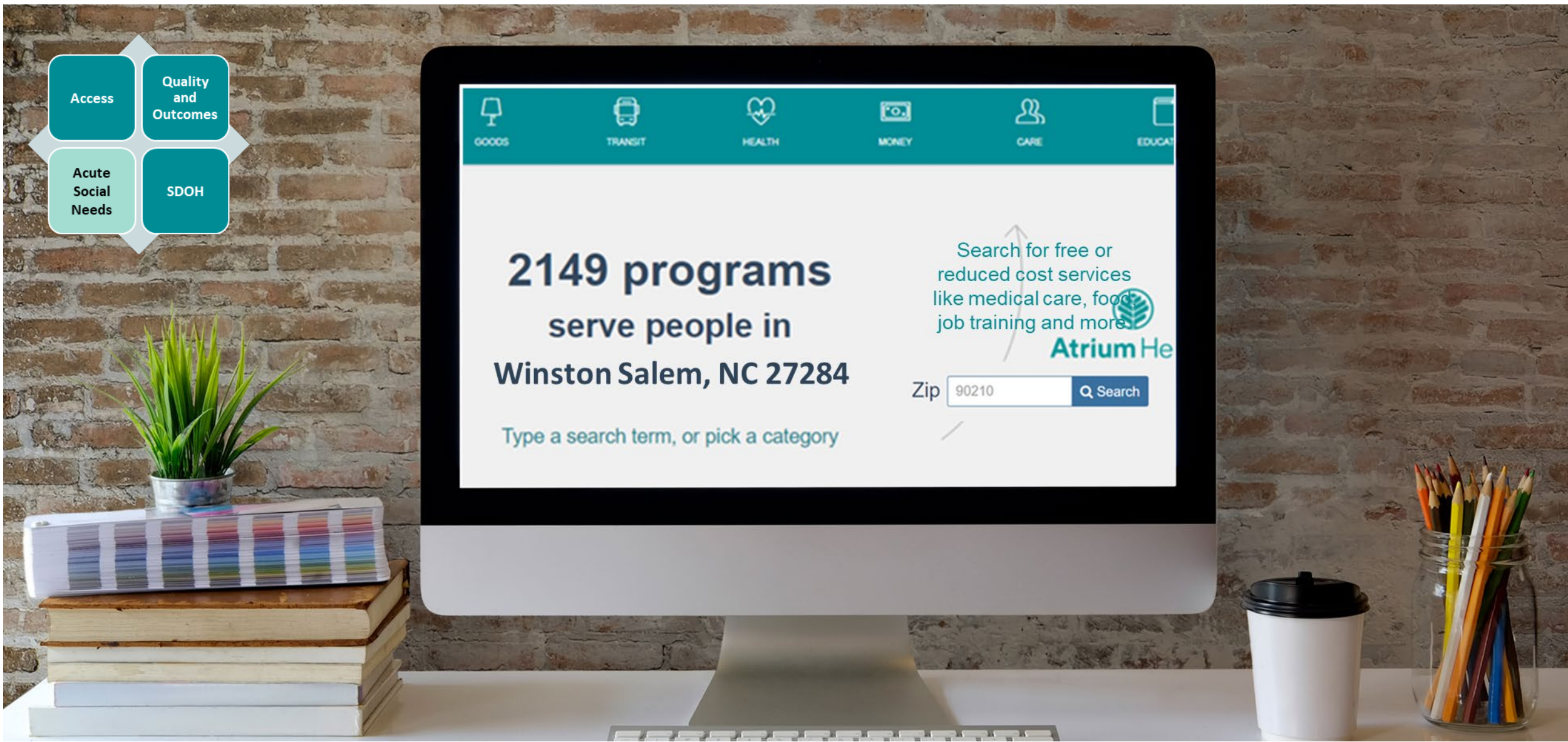
Diabetic A1C Poor Control

Diabetic BP Control

**North Central &
Western NC**

Cancer Screening
& Early Intervention

Safety Events



Hardwiring the system for social care through our Community Resource Hub
A Prescription for Meeting Social Needs...One Patient at a Time

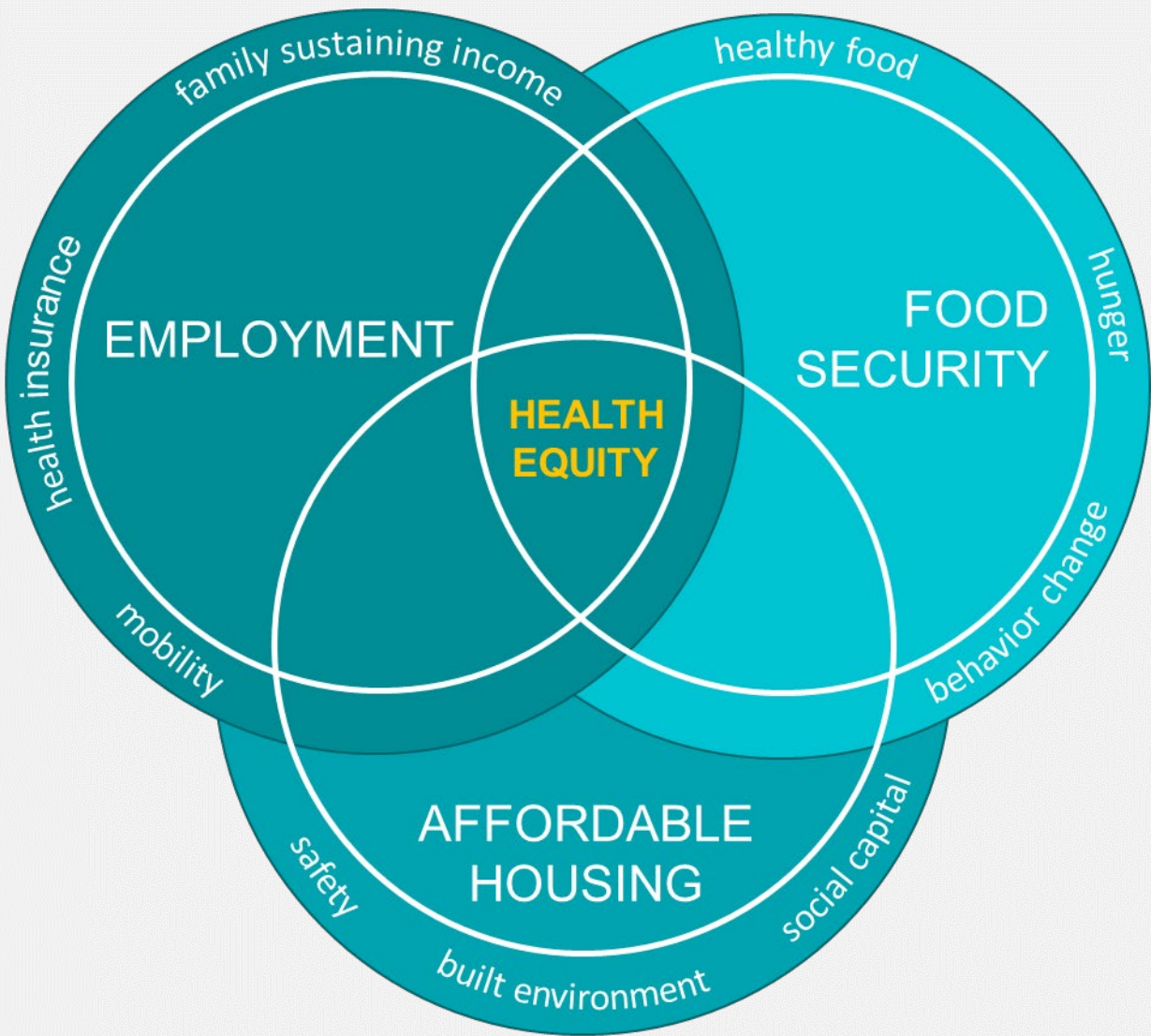
Access

Quality and Outcomes

Acute Social Needs

SDOH

SOCIAL DETERMINANTS OF HEALTH	RANKING		IMPACT AREA
	NC	GA	
Poverty	1	3	Employment
Unemployment	8	6	Employment
Uninsured Individuals	2	4	Employment
Median Household Income	12	-	Employment
Household living in rental housing	5	-	Housing
Households paying >30% of income on rent	3	2	Housing
Households without transportation	9	-	Employment/ Housing
Crowded household (>1-person room)	11	-	Employment/ Housing
Individuals with <HS education	6	5	Education/ Housing
Households with no/limited English	10	7	Social Capital
Single-parent households	7	-	Housing/Social Capital
Low access to food sources	4	1	Food Security



Targeted Focus for Maximum Impact on Physical and Social Health

Source: Atrium Health Mapping Social Determinants of Health. North Carolina Institute for Public Health at the UNC Gilling's School of Global Public Health (2016) & 2018 Community Health Needs Assessment Report- Central Georgia

Areas of Focus for Impact

EMPLOYMENT

- Rise to Success
49 participants hired
Education that Works
97 participants
- Health Career Pathways
15 participants hired
- RN Educational Assistance CNA to RN
39 participants
- Internships program
83 participants
- Road to Hire Fellowship Program
14 participants hired

AFFORDABLE HOUSING

- HillRock Estates
341 Units
- Housing Impact Fund
1,000 Units



FOOD SECURITY

- Kids Eat Free
22,000 Meals Served
- Second Harvest Food Bank
2,000 people served
- Loaves & Fishes Mobile Food Pantry
2,000 people served

**We have already made major impacts in
Employment, Affordable Housing & Food Security**

Source:
North Carolina: Healthy North Carolina 2030: A
Path Toward Health | Georgia: Georgia Health
Equity Initiative's Health Disparities Report

Social Impact Strategy Blueprint



Our Four Health Equity Pillars

Access	Quality & Outcomes	Acute Social Needs	Social Determinants of Health
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OUR PATHWAYS FOR IMPACT

Community Clinics	System Goal Alignment	Social Care Connections	Employment
Virtual Care	Reduce Mortality	Community Partners	Affordable Housing
Mobile/ Home Health	Disparities Elimination	Community Programs	Food Security
AH Teammate Onsite Care			

OUR ASSETS AND LEVERS



Power
Platform
Resources

Address Systemic Racism

OUR BOLD GOAL

By 2030, Atrium Health will **reduce the life expectancy gap** in our most underserved communities

Atrium Health's Social Impact

Bold Goal



To increase life expectancy in our most underserved communities

Why Us, Why Now?

Atrium Health Has Significant Social, Political & Economic Levers of Impact

POWER

Weight we can leverage



Largest Employer



Health Care Services



Education



Anchor of Community

PLATFORM

Organizational tools we have to influence in support of our priorities



Policy & Advocacy



Partnerships



Foundation/Grants



Research



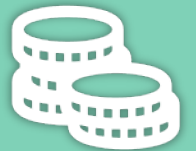
Volunteerism

RESOURCES

Organizational resources we have at our disposal to build outreach and impact



Sponsorships



Investments



Supplier Contracts



Data & Analytics



Teammate Giving

Q & A



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