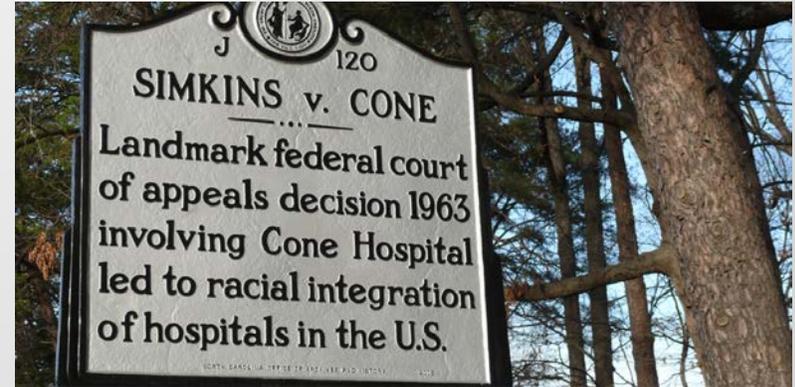
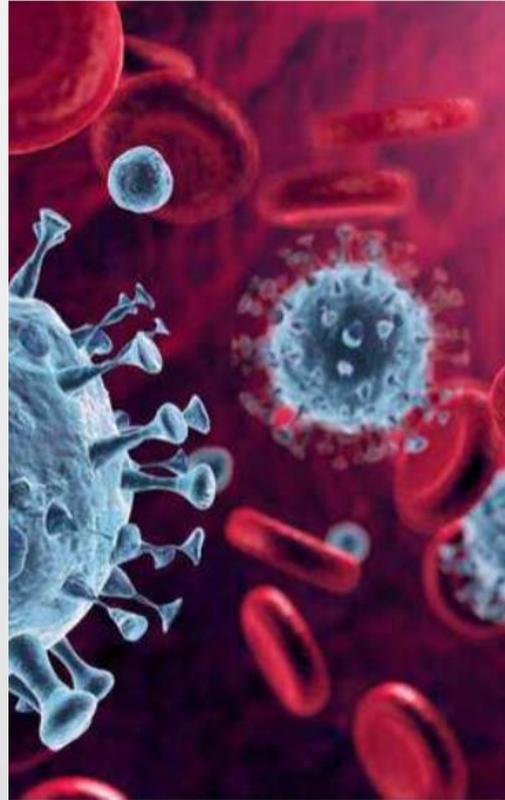




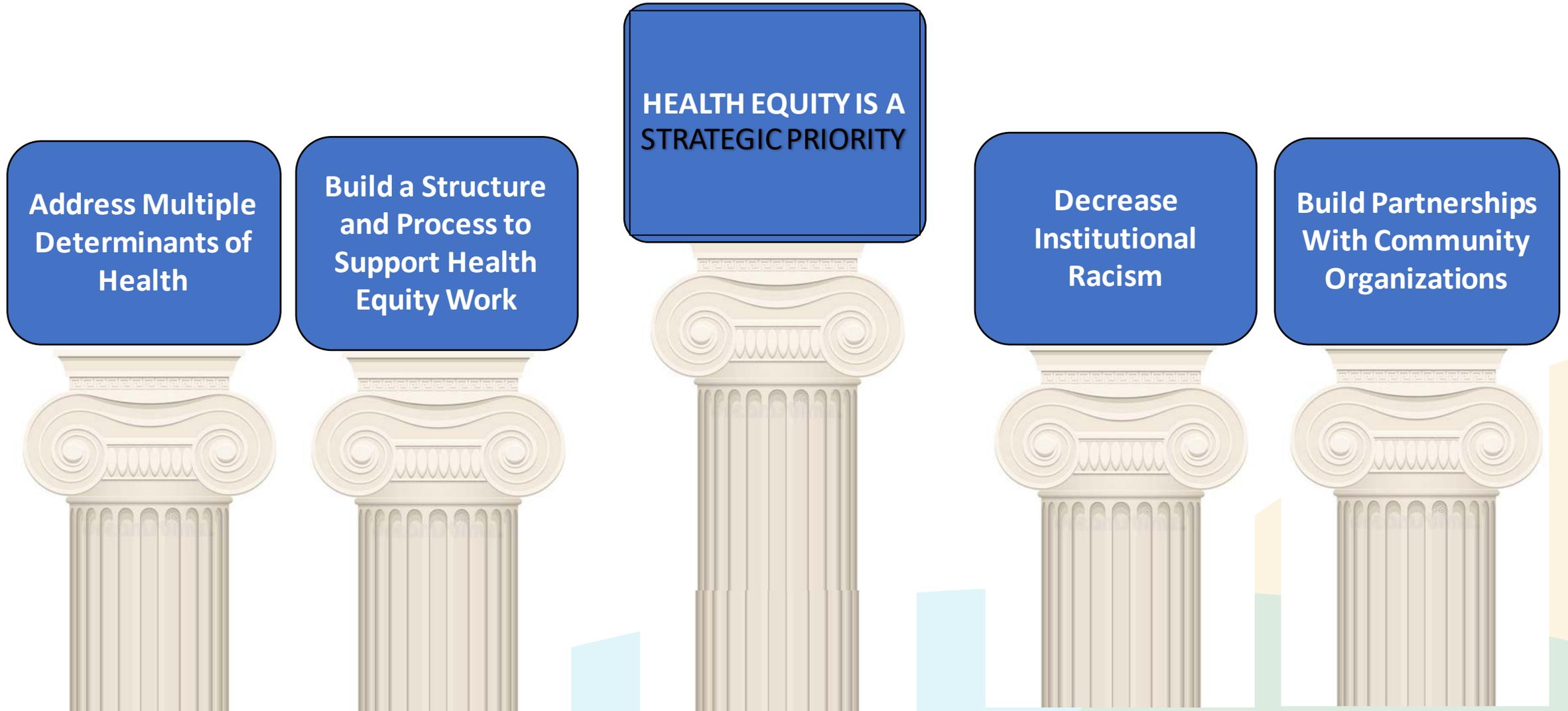
Cone Health: Approaches to Health Equity



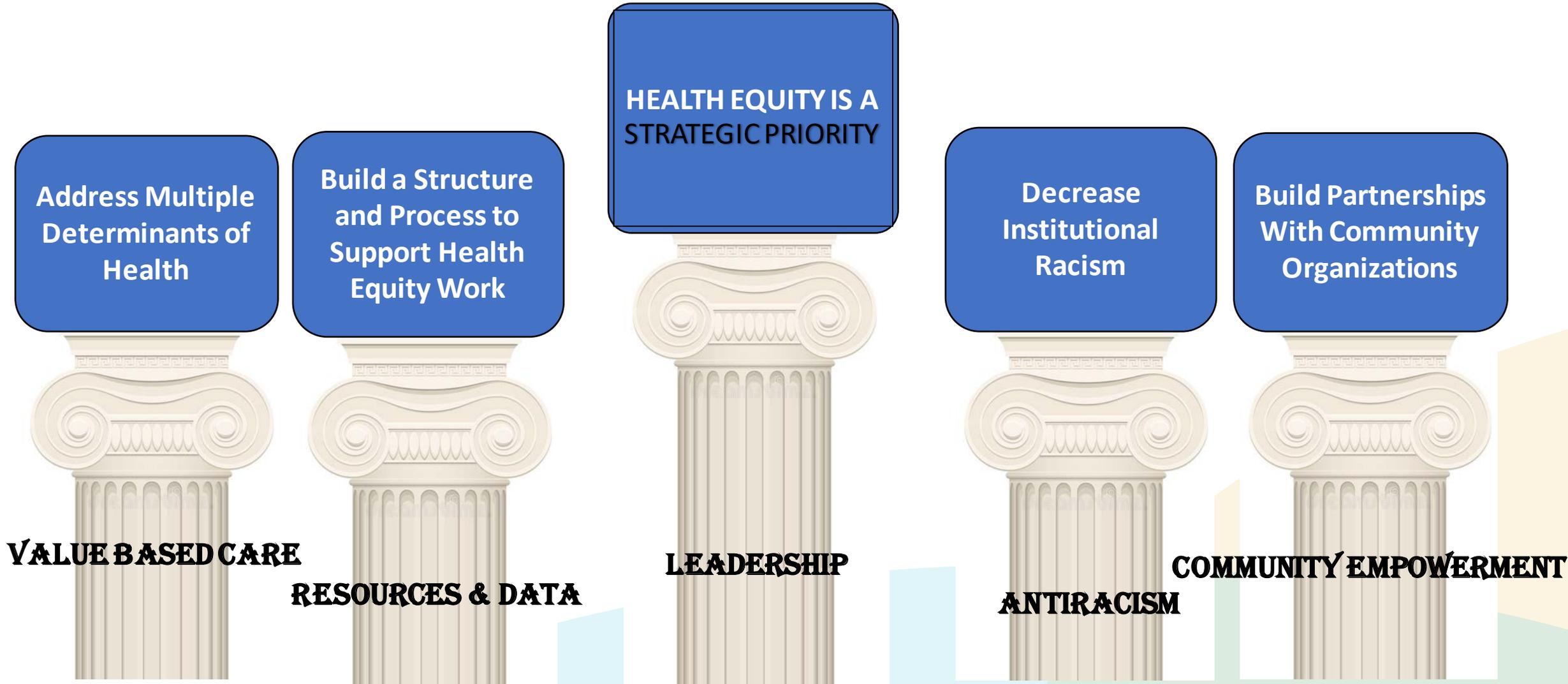
Alvin Caldwell Powell, MD
Chief Health Equity Officer
Chief Medical Officer, Annie Penn Hospital

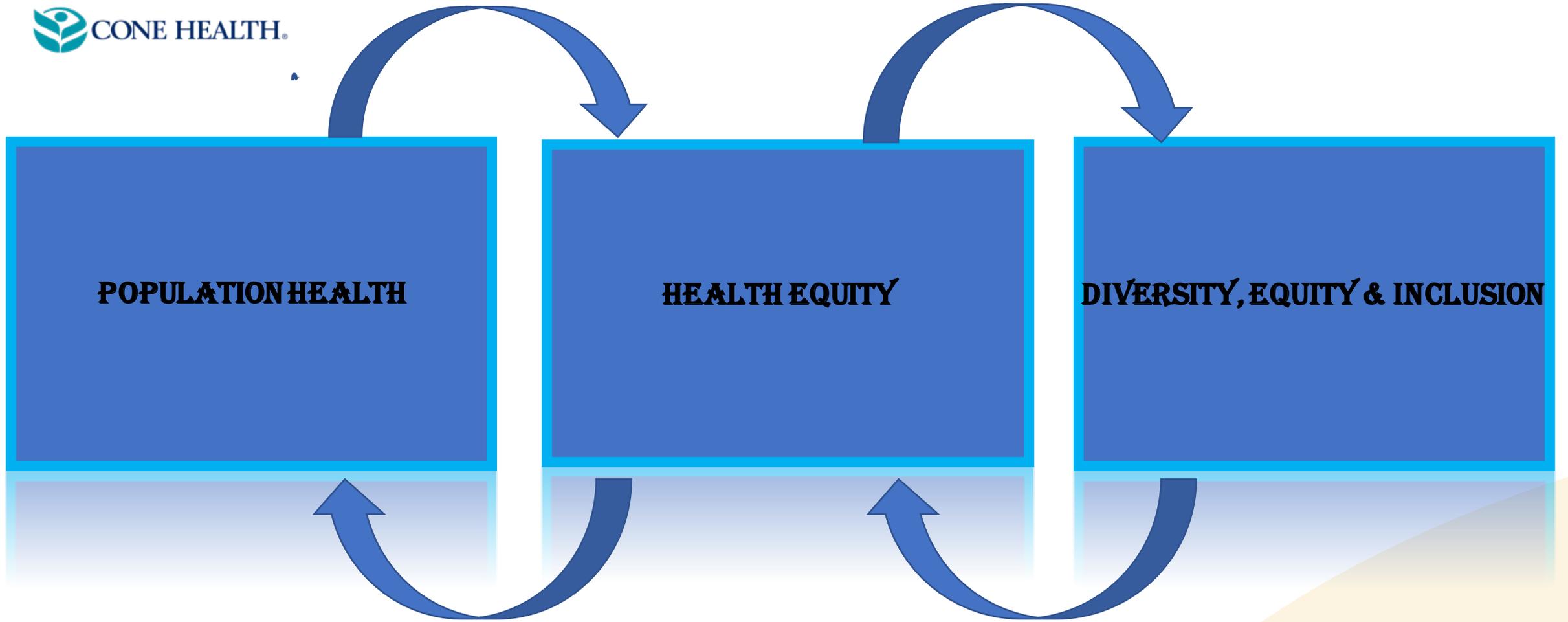


Five Pillars of Health Equity



Five Pillars of Health Equity

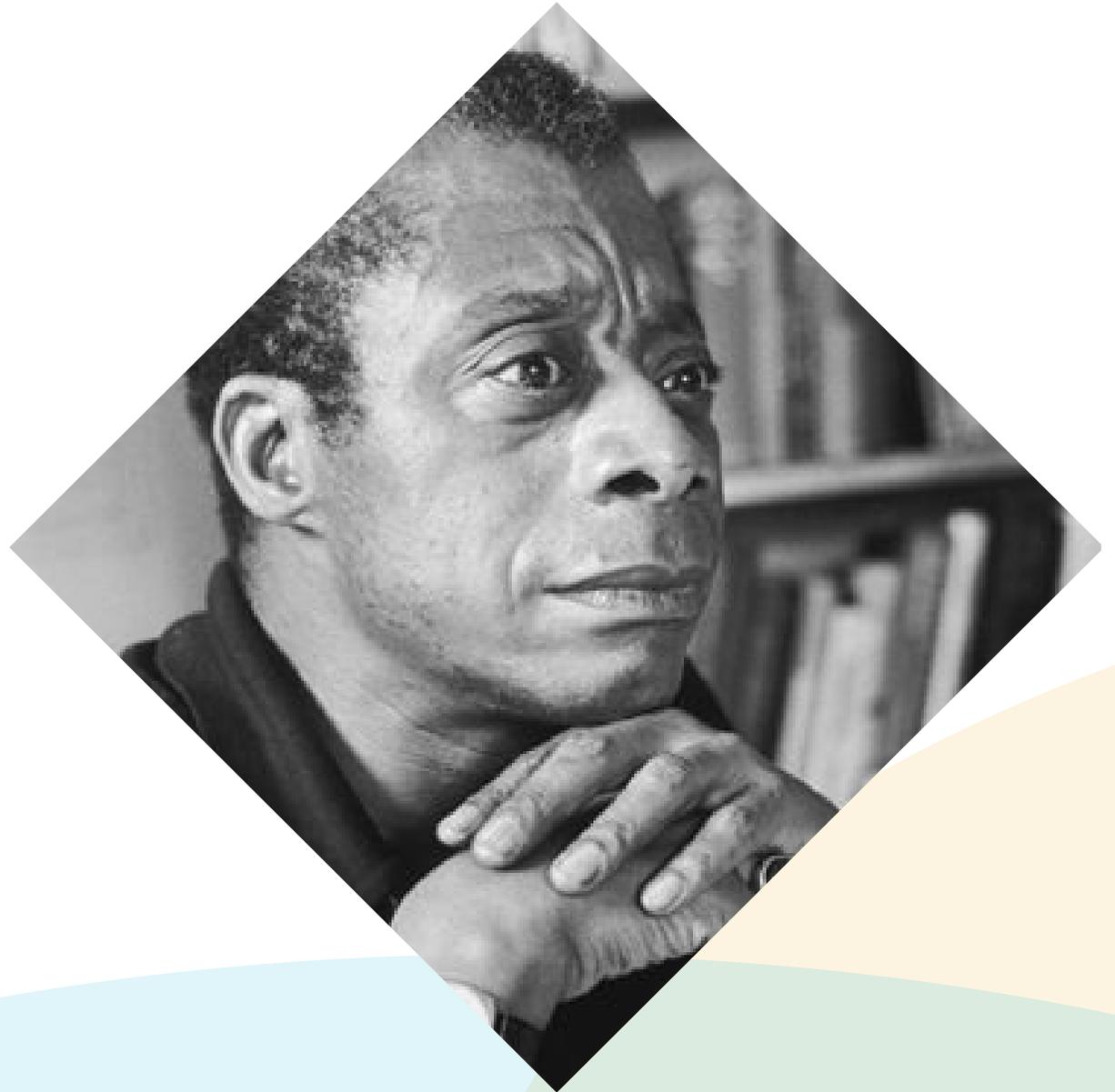




- **History---Systemic or institutional Racism**
- **Importance of Leadership: Administrative & Clinical**
- **A Failure & Incremental Success**
- **Data and stories**

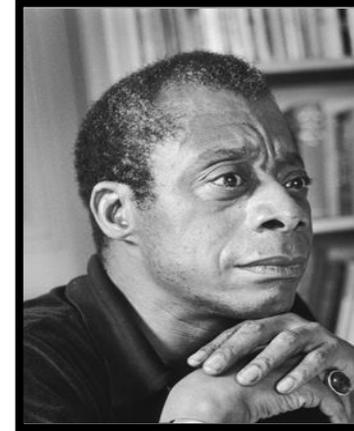
**“History is not the past. It is the present.
We carry it with us. We are history”**

....James Baldwin 1965



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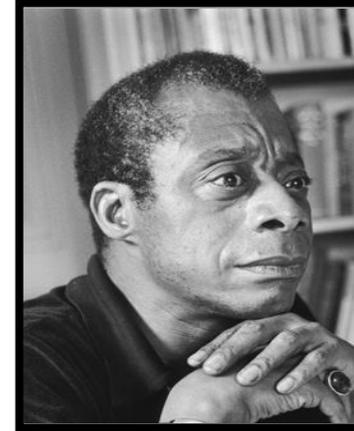


1492 the beginning of European Colonization of
Indigenous people

Indigenous Historical Trauma

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Indigenous Historical Trauma

1619 the beginning of American slavery.

“1619 Project” The NY Times Magazine

“ “abnormally high rents for the poorest accommodations, and race-prejudice accentuates this difficulty, out of which many evils grow.”

The Philadelphia Negro: A Social Study



Country	United States
Language	English
Publisher	University of Pennsylvania Press
Publication date	1899



Distribution of African American inhabitants of the 7th Ward, from *The Philadelphia Negro*

Social Determinants of Health

“ “abnormally high rents for the poorest accommodations, and race-prejudice accentuates this difficulty, out of which many evils grow.”

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Distribution of African American inhabitants of the 7th Ward, from *The Philadelphia Negro*



The era of Jim Crow: legal segregation and discrimination (1870s to 1964)





Medical Committee for Civil Rights at the March on Washington, 1963

Of all forms of inequality, injustice in healthcare is the most shocking and inhumane.
---Martin L. King, Jr, PhD







2016



DO YOU KNOW YOUR HISTORY?

DO YOU KNOW YOUR INSTITUTION'S HISTORY?

- Was there segregation or discrimination?
- Are their physicians alive who were denied hospital privileges?
- Were patients refused treatment at your hospital?
- Do people in the community remember the past?
- Is the health system complicit in medical desert creation?
- Is there lack of trust regarding your hospital among communities of Color?

1945 MENDEZ V. WESTMINSTER SCHOOL DISTRICT (CALIFORNIA)

LOS ANGELES TIMES - FEBRUARY 19, 1946

RULING GIVES MEXICAN CHILDREN EQUAL RIGHTS

Segregation of Mexican school-children from others in four Santa Ana school districts yesterday was held by U.S. Judge Paul J. McCormick to be a violation of their guarantees of equal rights under the 14th Amendment of the Constitution.

The opinion was written in connection with a suit filed by five parents of Mexican children asking for relief and an injunction forbidding the school district trustees from placing the Mexican children in separate schools.

The school districts involved were Westminster, Orange Grove, Santa Ana City Schools and El Modena. The suit also named the superintendents and trustees of the districts.

Judge McCormick overruled a defense contention that segregation being an educational matter, it fell under the jurisdic-

tion of the State. He held that inasmuch as violations of the 14th Amendment were indicated, the Federal court had a right to intervene.

"The evidence clearly shows," the opinion states, "that Spanish-speaking children are retarded in learning English by lack of exposure to its use because of segregation . . ."

"It is also established by the record that the methods of segregation prevalent in the defendant school districts foster antagonisms in the children and suggest inferiority among them where none exists."

Judge McCormick at the same time ordered Attorney David C. Marcus, who represented the parents in the action, to file a petition for an injunction against the defendants within 10 days, indicating that the restraining order would be approved upon the findings of his opinion.

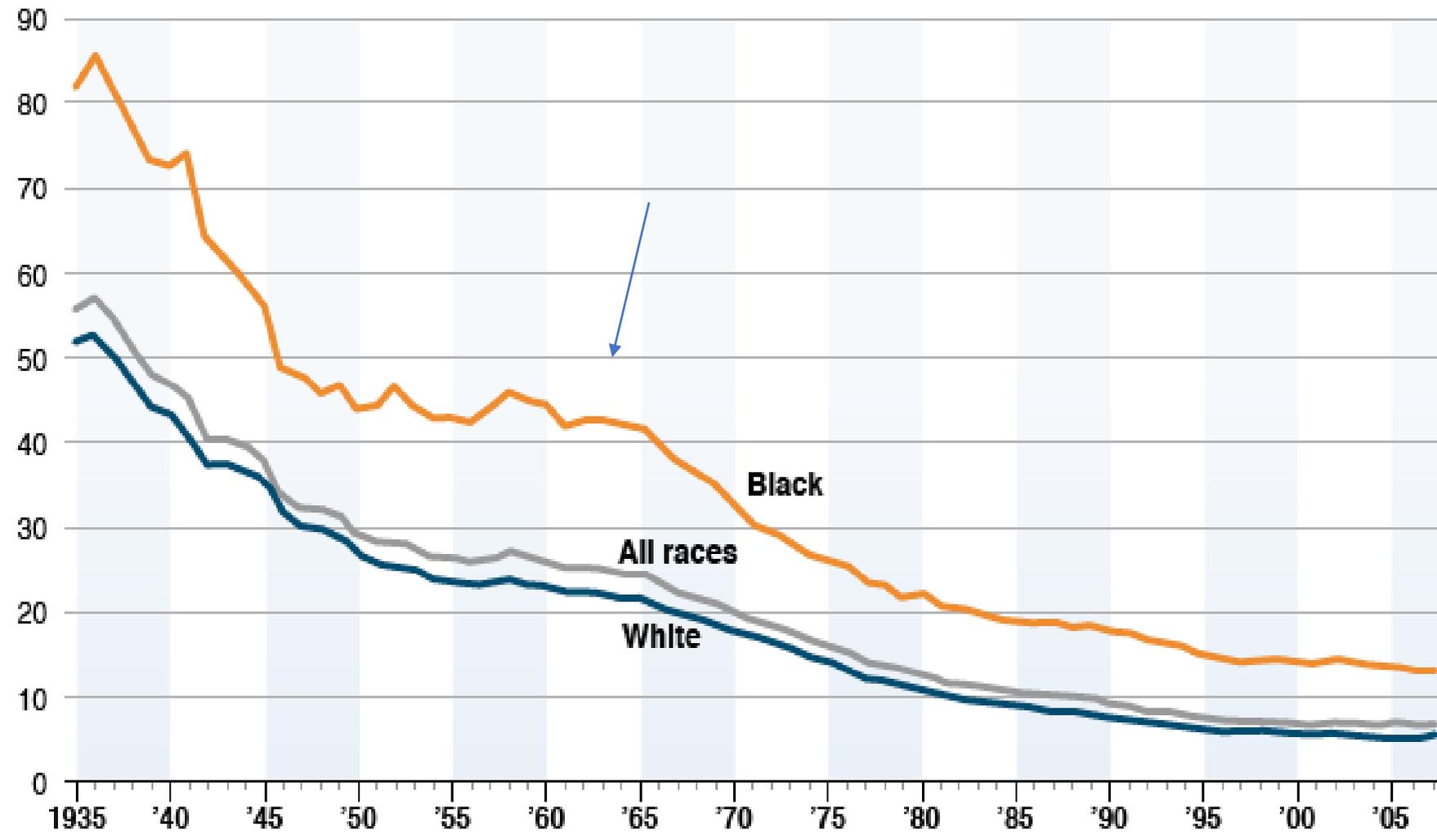
Age-Adjusted Death Rates due to COVID-19 per 100K October 30, 2020

		Mortality Rate
Los Angeles County Total		64
Race/Ethnicity	Asian	48
	Black/African American	70
	Hispanic/Latino	101
	White	36
Area Poverty	<10% area poverty	33
	10% to <20% area poverty	66
	20% to <30% area poverty	88
	30% to 100% area poverty	130

Infant Mortality Rate by Race

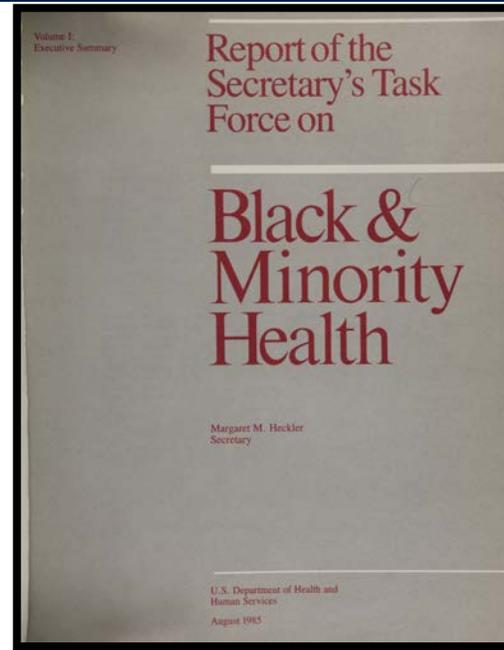


INFANT DEATHS PER 1,000 LIVE BIRTHS

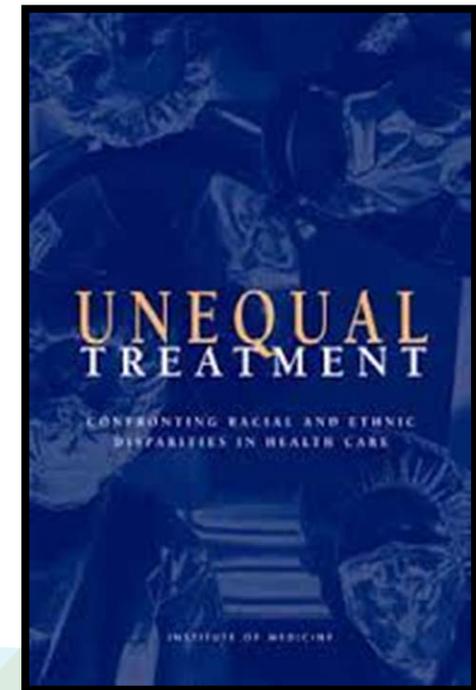


Source: Infant Mortality in the United States, 1935-2007: Over Seven Decades of Progress and Disparities

**1985: Heckler Report
59,000 Black American lives
lost due to disparities**



**2002: IOM's report on racial and ethnic
disparities revealed Unequal Treatment due to
bias**



**Implement &
Sustain Change**

Step 8
Incorporate Change Into The Culture

Step 7
Never Let Up

Step 6
Generate Short-Term Wins

Step 5
Empower Broad Based Action

Step 4
Communicate The Vision for Buy-In

Step 3
Develop A Change Vision

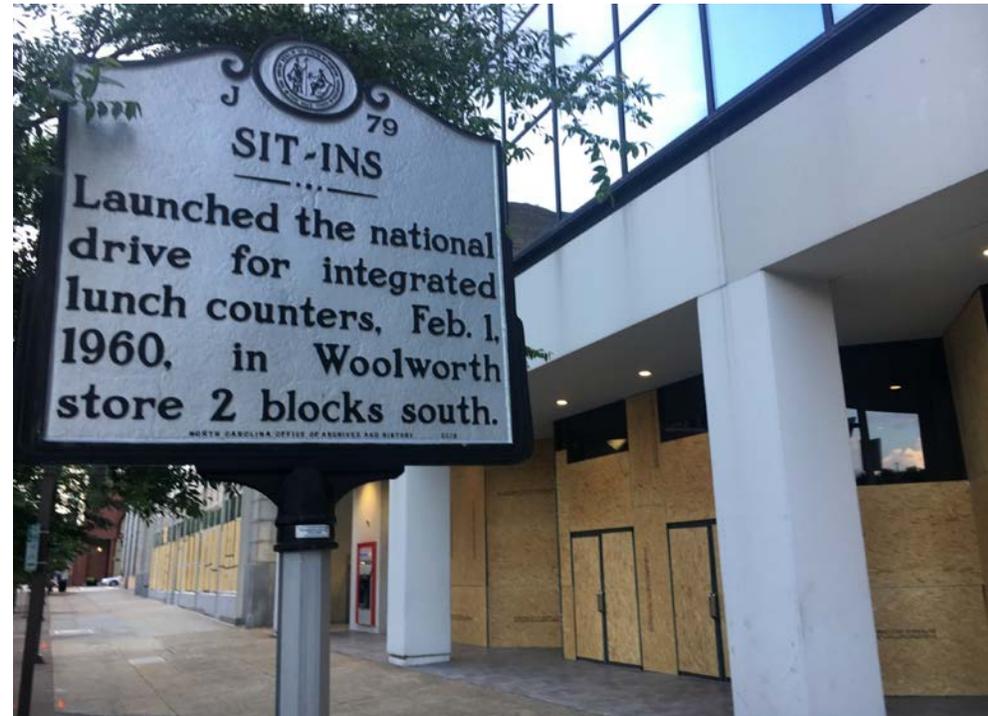
Step 2
Create The Guiding Coalition

Step 1
Establish A Sense Of Urgency

**Engage & Enable
The Whole
Organization**

**Create a
Climate For
Change**

Create a
Climate For
Change



Step 3
Develop A Change Vision

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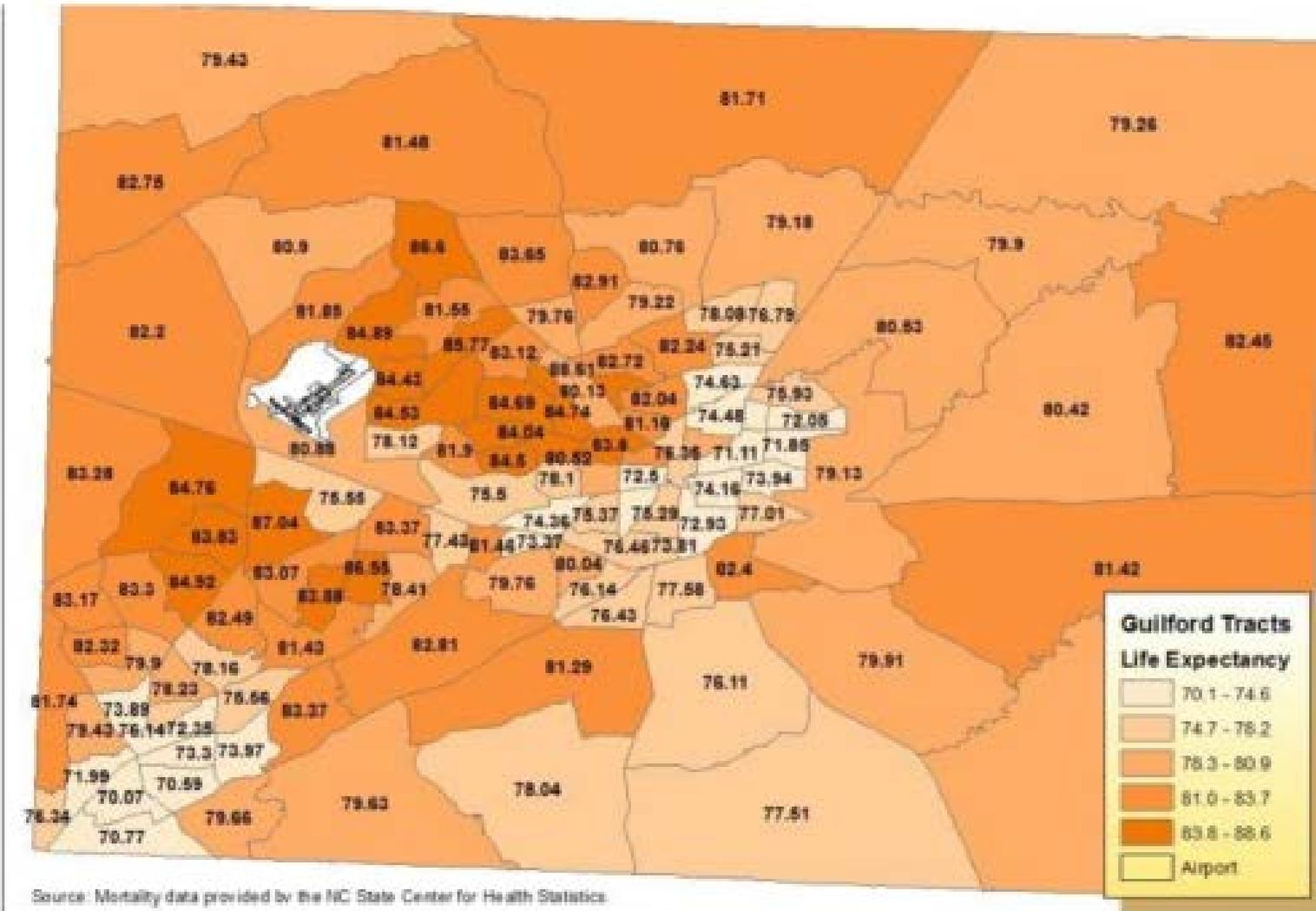
Step 1
Establish A Sense Of Urgency

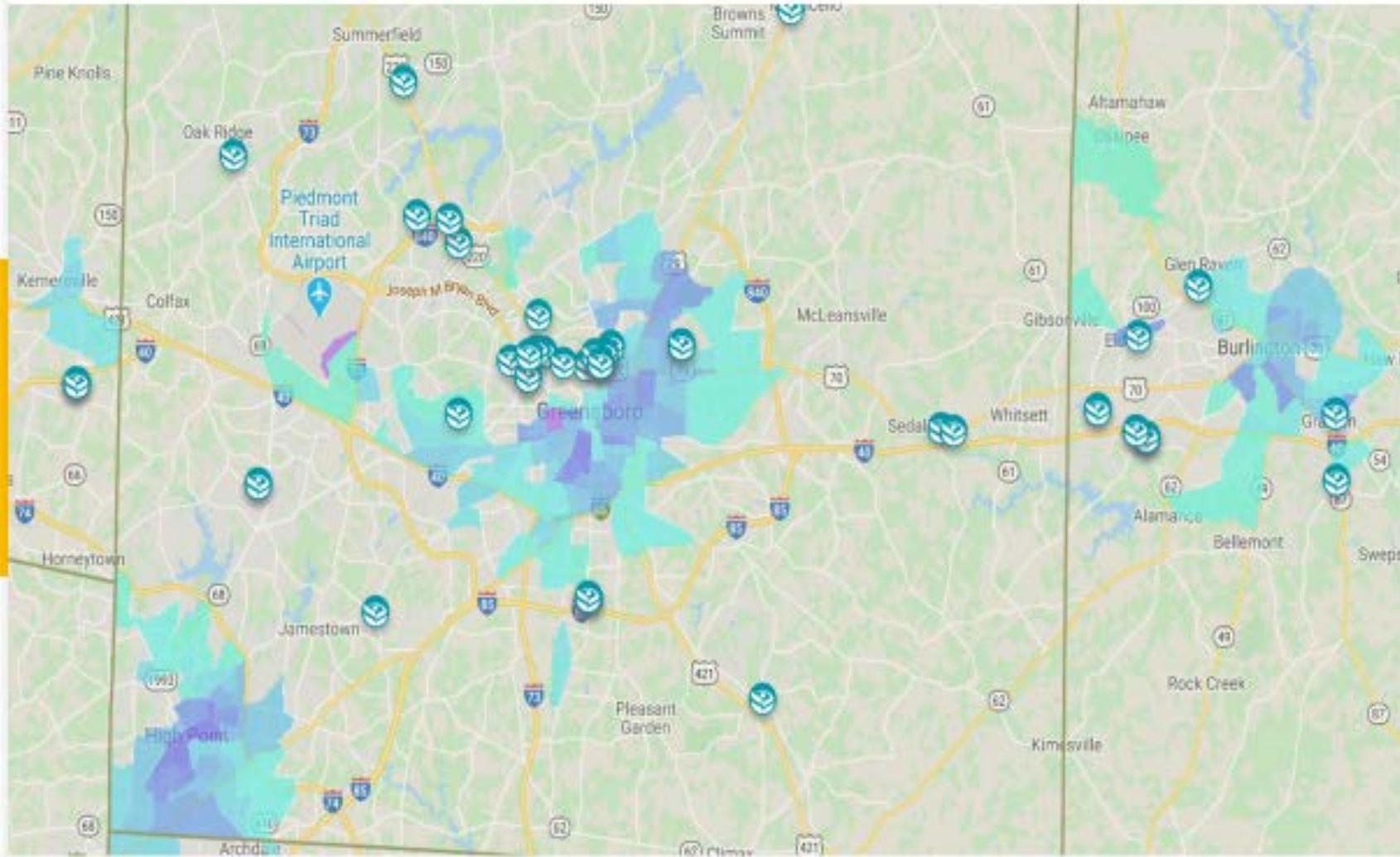
- **Examine your institution's data; or health department, DHHS, census or block data**
- **Use physician champions to partner to help engage administration**
- **Ask community members about their history**
- **Report life expectancies based upon zip codes and/or income**
- **Compare infant mortality rates based upon race and ethnicity**
- **Make an urgent, emotional and factual case---a data driven moral imperative**
- **Use the business model argument (value based)**
- **Use data and tell a story**
- **AHA #123 Equity Pledge Campaign**

Life Expectancy Variability: 70.1 years to 88.6 years

ACTION IS NEEDED

18 ½ year
difference in
life expectancy
in Guilford Co.





Physician Cultural Competence Requirement by M.E.C. Proposal

**Engage & Enable
The Whole
Organization**

Step 6

Generate Short-Term Wins

Step 5

Empower Broad Based Action

Step 4

Communicate The Vision for Buy-In

Physician Cultural Competence Requirement by M.E.C.

2017 Failure to pass in committee
“We don’t need...”

Engage & Enable
The Whole
Organization

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Racial and Ethnic Disparities

Cone Health Medical Group 2018 data

- **African-American patients**
 - 10.6% less likely to complete colorectal cancer screenings
 - 54.8% more likely to have uncontrolled hypertension
- **Hispanic/Latino patients**
 - 44.6% less likely to complete colorectal cancer screenings
- **Asian patients**
 - 95% less likely to complete colorectal cancer screenings
- **African-American mothers: 4x as likely to be readmitted as White mothers for hypertension**

Physician Cultural Competence Requirement by M.E.C.

2017 Failure to pass

"We don't need..."

2019 Success (Unanimous)

Educated audience with our history

Shared our own disparity data

Made a rational and emotional case

Spoke to the urgency

Spoke to the right people

Shared the I.O.M. report/bias

**Engage & Enable
The Whole
Organization**

Step 6
Generate Short-Term Wins

Step 5
Empower Broad Based Action

Step 4
Communicate The Vision for Buy-In

Our Commitments

We promise...

we are right here with you.

Brand Promise

Because we exist...

to connect health care and well-being.

Purpose

So that...

a tradition of health and well-being is woven into the fabric of our communities.

Vision

Our Strategic Priorities

PEOPLE

Our people will contribute their full talents, as we grow professionally, receive competitive compensation, and have our voices heard.



CULTURE

We will be the BEST health care workplace, living our values and commitments in all that we do.



PATIENT VALUE

With community partners, we will improve health and well-being by creating value at the intersection of cost, quality, and experience.



ACCESS & GROWTH

We will achieve a new standard for patient and customer defined access, as we grow in delivering traditional and nontraditional services that meet the needs and demands of consumers.



Our Values

Caring for Our Patients

We provide exceptional quality, compassionate care and service in a safe, respectful environment.

Caring for Each Other

We appreciate each other through honest communication and respect. We inspire ongoing learning, pride, passion and fun.

Caring for Our Communities

We engage our communities with integrity and transparency. We embrace our responsibility to promote health and well-being.

Our Commitments



Our Strategic Priorities



Our Values



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Equity and Health Equity

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Leadership Initiatives

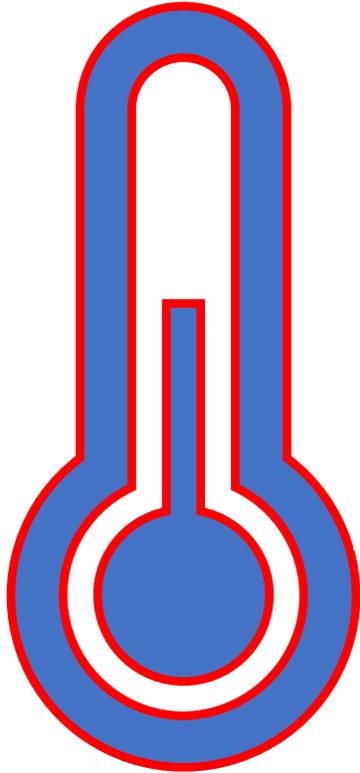
- **CEO, Leadership & Culture driving the DEI & Health Equity initiatives**
- **True North Metrics: Diverse Hires**
- **2019:**
 - Chief Diversity Equity and Inclusion Officer**
 - Chief Health Equity Officer**
- **2020:**
 - Approved System wide DEI and Health Equity Strategic plans (Strategic Priority)**
 - Business plan in development to eliminate medical deserts in service areas (SDOH)**
 - Working with local HBCU to develop a Physician Assistant program (Community Empowerment)**
 - Health Equity Train the Trainer Program in development (Antiracism)**

A few Cross-Cultural Educational programs and Actions at Cone Health

2020 Successes

- **Racial Equity Training implementation**
- **Book Club**
- **Schwartz Rounds**
- **Unconscious Bias and cultural competence CBL**
- **Listening tours by DEI and feedback**
- **Press release by CEO re: Racial Injustice**
- **Routine expansion of racial disparity data mining**
- **Physician Health Equity Council to be part of a formal Medical Staff Committee**

What we measure?



*Race
Ethnicity
and
Language
(REaL)*

- Understand the community served
- Grant applications/potential donors
- Match workforce to community served
- Target quality initiatives
- Contractual compliance obligations
- Interpreter services

True North Metric Scorecard

2020-09

2020-08

2020-07

2020-06

20



* **FY Retention:** Percent of all staff staying at Cone Health
* **MD Engagement:** Physician and APP Engagement Percentage



* **Diversity:** % of New Leaders Hired who are Racially Diverse
* **Emp Engagement:** SMD Survey Composite



* **ED Utilization:** ED utilization by Cone Employees Per 1000
* **Margin:** Consolidated Enterprise Margin



* **Quality HAI+Falls:** HAI + Falls with Injury (of significance)
* **Quality Mortality:** Inpatient Mortality
* **Quality AWPC:** Ambulatory Wellness & Preventative Composite
* **Service HCAHPS:** Rate the Hospital
* **Service ED:** Overall Mean Score
* **Service CGCAHPS:** Rate the Provider
* **Cost:** Operational Effectiveness (In Millions)



Equity-of-Care Disparities
Social-Determinants
Language Health-Equity Ethnicity
Diversity Race
Systemic Racism