Henry Ford Health System

Healthcare Equity Campaign

2009 – 2011 FINAL REPORT

"Quality and equity are two sides of the same coin."

– Kimberlydawn Wisdom M.D., M.S.

Transforming lives and communities through health and wellness – *one person at a time.*

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From Our CEO

Greetings,

While I have been most honored to serve and help guide the HFHS Healthcare Equity Campaign since its launch in 2009, not for one moment of the past three years have I thought of my role as "honorary." Indeed, the goal of eliminating racial-ethnic disparities in health care is far too significant for anything less than a full commitment of our best minds and most fervent hearts.

In many respects, we have made great strides as a health system, as a region, and as a nation, yet our work has just begun. Still, we are seeing promising, emerging developments that give me every reason to be grateful and encouraged by what we have accomplished – from ever-expanding awareness, to broadly embraced training and education on equity and cultural competency, to our system-wide process to accurately update our patients' race, ethnicity, and language information. This last initiative, called "We Ask Because We Care," will allow us to more clearly stratify and measure our quality data – literally applying an "equity lens" to the patient care we provide each day so that we can more effectively target where change is needed.

I am therefore pleased to present to you this report on the HFHS Healthcare Equity Campaign, with great thanks to Campaign Co-Chairs Drs. Kimberlydawn Wisdom and William Conway, the Institute on Multicultural Health, the Campaign Steering Committee, Design Team, more than 200 trained, volunteer Equity Ambassadors throughout our system, hundreds of front-desk staff, and an expanding sphere of committed health care and community partners.

And now, we lean forward into the next phase of healthcare equity at HFHS. Read on, and, if you haven't already done so, find your place – as a stakeholder, contributor or both – in this critically important endeavor for our times.

Sincerely,

Nancy M. Schlichting
CEO, Henry Ford Health System
Honorary Chair, HFHS Healthcare Equity Campaign

From Our Campaign Co-Chair

Dear Friends,

More than three years ago, Henry Ford Health System set out on a journey to raise awareness about healthcare disparities, implement culturally competent solutions, and embed the solutions into System processes and programs. These efforts were called the Healthcare Equity Campaign. As you will see in this report, a great deal has been accomplished through this awareness-raising and educational Campaign. While the Campaign comes to a close, our work is not yet done. On the contrary, we are only just beginning!

Nationally, efforts to address healthcare equity are becoming mainstream with increasing attention from organizations such as The Joint Commission, National Quality Forum, and National Consortium for Quality Assurance. The American Hospital Association and others recently announced a new collaboration called the "Equity of Care Initiative." And, the Affordable Care Act of 2009 includes many standards and practices to support healthcare equity.

The increasing diversity of the communities we serve, coupled with the racial, ethnic, and language disparities that continue to persist in health care further illustrate that we have a duty to establish this work as a permanent part of what we do at Henry Ford Health System.

It is our plan to address equity through organizational cultural competence, language access, and health literacy improvements. Our team will serve as a hub for resources, tools, and technical assistance to support groups and departments in work they are already doing, since cultural competence is a cross-cutting and ever-present dynamic in care. We do not aspire to create new work, but rather to link with and further enrich robust Quality, Diversity, Service Excellence, and other initiatives under way at Henry Ford.

Together, we can transform lives and communities through health and wellness, one person at a time – what quality care for diverse patients and families is all about! I invite you to join me in celebrating all that we have accomplished, and to join as well in our present and future efforts to reduce and eliminate disparities in healthcare, one person at a time.

Sincerely,

Kimberlydawn Wisdom, MD, MS
SVP, Community Health and Equity
Chief Wellness Officer

Henry Ford Health System Mission, Vision and Values

Mission

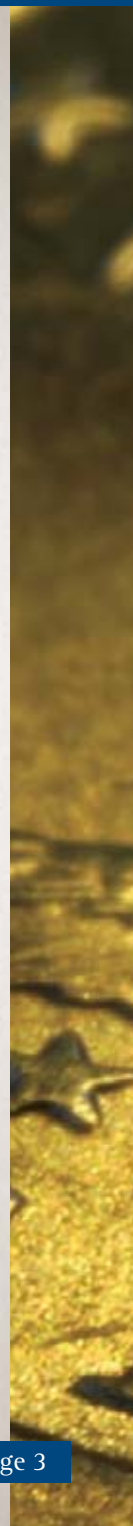
To improve people's lives through excellence in the science and art of health care and healing

Vision

Transforming lives and communities through health and wellness - one person at a time

Values

- Each Patient First
- Respect for People
- High Performance
- Learning and Continuous Improvement
- A Social Conscience



Definitions

Social Determinants of Health – conditions in which people are born, grow up, live, work, play, and age, as well as the systems put in place to deal with illness.[1]
Example: *Poor-quality housing poses a risk of exposure to many conditions that can contribute to poor health, such as indoor allergens that can lead to and exacerbate asthma, injuries, and exposure to lead and other toxic substances.*[2]

Health Disparities – differences in health outcome or status
Example: *Compared to whites, Hispanics and African Americans are more than twice as likely to have diabetes. Among people younger than 20, American Indians aged 10-19 have the highest prevalence of type 2 diabetes.*[3]
Health disparities and inequities are largely caused by social determinants of health and policies (or absences of policies) at local, state, and federal levels, and/or access to health services.

Healthcare Disparities – differences in the preventive, diagnostic, or treatment services offered to people with similar health conditions
Example: *African American, Asian/Pacific Islander, American Indian/Alaska Native, and Hispanic patients with pneumonia are less likely than white patients to receive recommended hospital care.*[4]
Healthcare disparities are caused by a combination of complex factors occurring at the health system level, provider level, and patient level.

Healthcare Equity – providing care that does not vary in quality by personal characteristics such as ethnicity, race, gender, geographic location, socioeconomic status, or other identity.[5]

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[1]CDC: http://www.cdc.gov/socialdeterminants/
[2]RWJF, Commission to Build a Healthier America: http://www.commissiononhealth.org/WhatDrivesHealth.aspx
[3]CDC, Office of Minority Health and Health Disparities: http://www.cdc.gov/omhd/amh/factsheets/diabetes.htm#Examples
[4]AHRQ, National Healthcare Disparities Report, 2009: http://www.ahrq.gov/qual/qrdr09.htm
[5]Institute of Medicine, Crossing the Quality Chasm, 2001: http://www.nap.edu/openbook.php?record_id=10027&page=6

About Henry Ford Health System

Founded in 1915, Henry Ford Health System (HFHS) is a non-profit, vertically integrated, mixed-model managed-care organization, and serves the primary and specialty health care needs of residents in southeastern Michigan, including Detroit and its surrounding metropolitan area. Since its doors opened over nine decades ago, the essence of HFHS's mission has been to provide quality care to all. HFHS is an award winning leader in healthcare innovation. In 2011, HFHS received the Malcolm Baldrige National Quality Award as well as the John M. Eisenberg Patient Safety and Quality Award as selected by the National Quality Forum and The Joint Commission. Additionally, HFHS has been named Diversity Inc.'s #1 hospital system for diversity efforts for two years in a row (2010 and 2011). With 23,000 employees, HFHS is one of the nation's leading comprehensive, integrated health systems. It provides health insurance and health care delivery, including acute, specialty, primary and preventive care services, through 6 hospitals and 29 medical centers throughout southeast Michigan.

Healthcare Equity Campaign

HFHS has a long history of working to address health and healthcare disparities. This is evidenced by the existence of the Institute on Multicultural Health which grew out of a Center for Medical Treatment Effectiveness Programs in Diverse Populations (MEDTEP) and a Resource Center for Minority Aging Research (RCMAR) grant received in the late 1990's. In response to a growing national emphasis on healthcare disparities and in recognition of the need to link this focus to our emphasis on quality in a sustainable manner, the Healthcare Equity Campaign was envisioned in 2008. One year prior, several leaders had convened to review diabetes quality data by race and ethnicity, and uncovered the need to improve the process for collection of these data due to known inaccuracies. An initial focus of this effort was to form a taskforce to recommend ways to more accurately collect race and ethnicity data directly from patients in a manner consistent with national standards. We could then more clearly identify, understand, and respond to disparities that might be occurring in the care provided at HFHS as we could then use the data to stratify quality indicators. Another focus was to build awareness of the need to collect race and ethnicity data and to stratify quality data by these factors. However, no avenues existed to share information with employees about the existence of disparities and how to address them; and if employees were not aware of the problem in the first place, how would they become motivated and engaged to address them? The Healthcare Equity Campaign was thus created to provide such opportunities.

The Campaign goal was to **increase knowledge, awareness, and opportunities to ensure healthcare equity is understood and practiced by Henry Ford Health System providers and other staff, the research community and the community-at-large; and to link healthcare equity as a key, measurable aspect of clinical quality.**

This overarching goal would be achieved through three phases over three years (2009 thru 2011):

- Phase I - raise awareness among employees about social determinants of health, and health and healthcare disparities
- Phase II – Implement tools to improve cross-cultural communication and collaboration; plan for review of quality metrics by race, ethnicity, and primary language
- Phase III – Integrate changes into system processes, policies, and procedures to ensure sustainability and accountability; develop a process for continuous monitoring of quality metrics by race, ethnicity, and primary language and for intervention

Structure

The Healthcare Equity Campaign had strong leadership support from the start. Nancy Schlichting, CEO for Henry Ford Health System, served as the Honorary Chair of the Campaign. The co-chairs were Dr. Kimberlydawn Wisdom, Chief Wellness Officer for HFHS and Senior Vice President of Community Health and Equity, and Dr. William Conway, Chief Quality Officer for HFHS and Chief Medical Office for Henry Ford Hospital (HFH).

The Campaign received leadership support and input from system leaders who made up the ***Steering Committee.*** Members met twice annually and included:

Name	Title	Department
Paul Edwards, MD	Chairman	Eye Care Services
Rita Fields	Vice President	Human Resources
Jennifer Flowers	Manager	System Communications
Ronnie Hall	Chief Nursing Officer / COO	HFHS / Henry Ford Hospital
Rev. Dr. Joseph Jordan	Pastor	Corinthian Missionary Baptist Church
Christine Joseph, PhD	Director	Health Disparities Research Collaborative
Mark Kelley, MD	CEO	Henry Ford Medical Group
Nabil Khoury, MD	Medical Director	Henry Ford West Bloomfield Hospital
Greg Krol, MD	Associate Medical Director	Ambulatory, Northern Region
Debora Murray	Vice President	Organizational Integrity & Privacy
David Nerenz, PhD	Director	Health Policy and Health Services Research
Kathy Oswald	Chief HR Officer	Henry Ford Health System
Bala Pai, MD	Senior Medical Director	HAP
John Polanski	CEO	Community Care Services
John Popovich, MD	President & CEO	Henry Ford Hospital
Nancy Sammons	Director	Office of Clinical Quality and Safety
Eric Scher, MD	Chairman / Vice President	Internal Medicine/ Medical Education
Susan Schooley, MD	Chairman	Family Medicine
Rick Smith, MD	Chairman	Women's Health Services
Paul Szilagyi	Regional Vice President	Primary Care and Medical Centers

The ***Executive Team*** then met quarterly to take into account the Steering Committee's input and to plan the strategic direction for the Campaign. This team included:

Name	Title	Department
Megan Brady	Senior Project Coordinator	Institute on Multicultural Health
Nancy Combs	Director	Community Health, Equity and Wellness
Marla Rowe Gorosh, MD	Educational Consultant	Family Medicine, Henry Ford Medical Group
Denise White Perkins, MD, PhD	Director	Institute on Multicultural Health
Kimberlydawn Wisdom, MD	Senior Vice President	Community Health and Equity

Finally, the ***Design Team***, consisting of employees in different areas across the system, met monthly to plan the activities of the Campaign. This team included:

Name	Title	Department
Megan Brady	Senior Project Coordinator	Institute on Multicultural Health
Vernal Brand, PhD	Director	Quality Management, HAP
Barbara Bressack	Senior Consultant	Organizational HR Development
Nancy Combs	Director	Community Health, Equity and Wellness
Glenn Croxton, DHA	Director	Vendor Compliance & Management
Brandi Elliott	Manager	Building Services
Jennifer Flowers	Manager	System Communications
Norine Howie	Senior Public Relations Officer	System Communications
Sharon Milberger, ScD	Director	Center for Health Promotion and Disease Prevention
Marla Rowe Gorosh, MD	Educational Consultant	Family Medicine, Henry Ford Medical Group
Miles Schermerhorn	Manager	Henry Ford West Bloomfield Hospital
Diane Sypien	Senior Project Consultant	Internal Consulting, HAP
Jeanette Tanafranca	Clinical Quality Facilitator	Office of Clinical Quality and Safety
Mary Voutt-Goos	Director	Office of Clinical Quality and Safety
Monica White	Senior Project Coordinator	Institute on Multicultural Health
Denise White Perkins, MD, PhD	Director	Institute on Multicultural Health
Veronica Williams	Administrative Manager	Community Health, Equity and Wellness

Demographics

In order to best serve the community, we must continuously monitor and respond to the demographics of the people who comprise our community. With the population both across the United States and in southeast Michigan becoming more diverse, attention to demographic shifts is increasingly vital in order to serve the cultural beliefs, values, and languages that patients bring with them to the clinic. Below are comparisons of the diversity in southeast Michigan to the state and the nation as a whole. A snapshot of the patient and workforce diversity at HFHS follows.

Percent of Residents by Race or Ethnicity

Race or Ethnicity	Nat'l	MI	Detroit	Wayne	Oakland	Macomb
African American or Black	12.6	14.2	82.7	40.5	13.6	8.6
American Indian/ Alaska Native	0.9	0.6	0.4	0.4	0.3	0.3
Asian	4.8	2.4	1.1	2.5	5.6	2.1
Native Hawaiian/ Pacific Islander	0.2	-	-	-	-	-
White	72.4	78.9	10.6	52.3	77.3	85.4
More than one race	2.9	2.3	2.2	2.4	2.2	2.1
Hispanic	16.3	4.4	6.8	5.2	3.5	2.3

2010 US Census

Patients

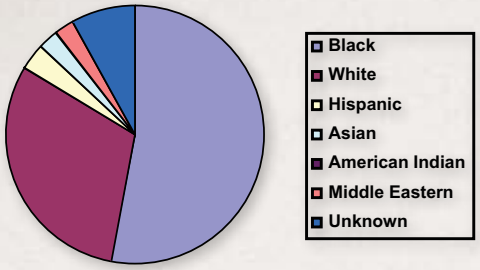
The top 10 languages at HFHS for which we call our telephonic interpreter services are:

1. Spanish
2. Arabic
3. Bengali
4. Mandarin
5. Albanian
6. Russian
7. Vietnamese
8. Yemen Arabic
9. Italian
10. Cantonese

Henry Ford Hospital

Race/Ethnicity of Patients

Inpatient



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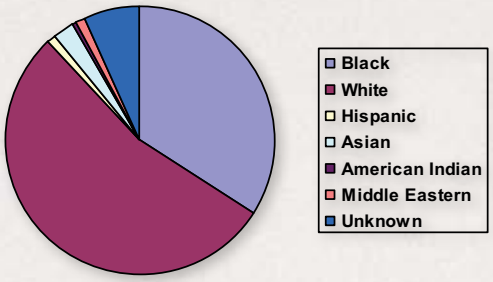
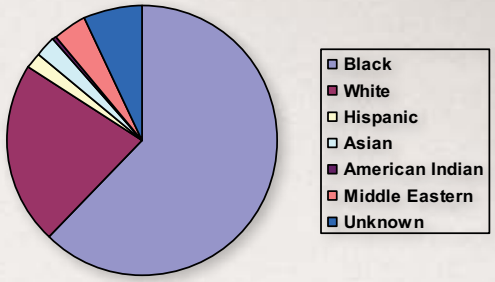
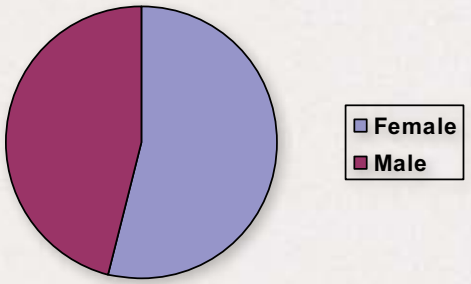


Emergency Room



Gender of Patients

Inpatient



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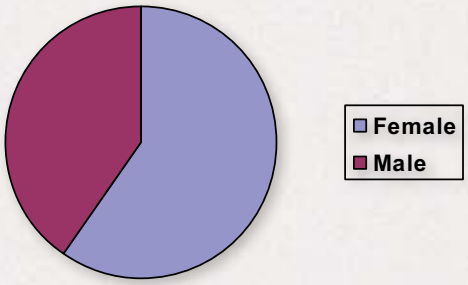
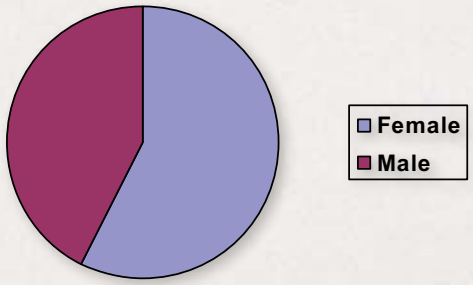


Emergency Room



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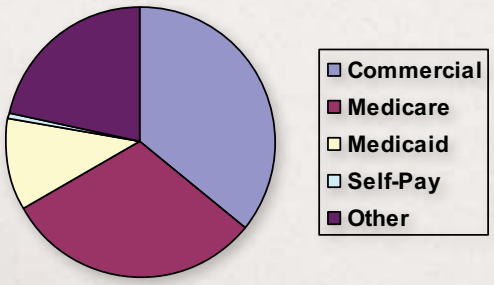
Inpatient



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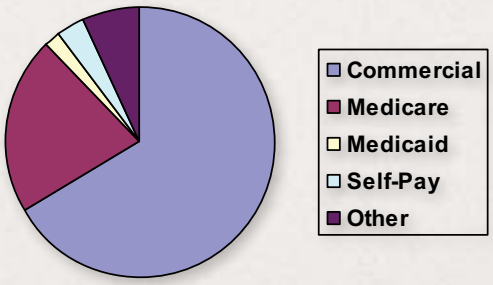
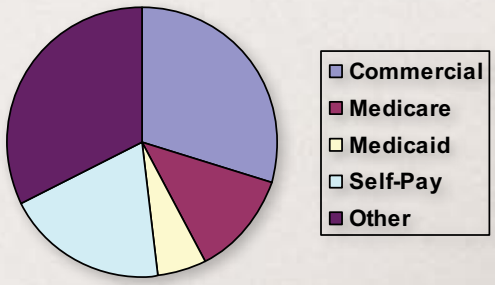


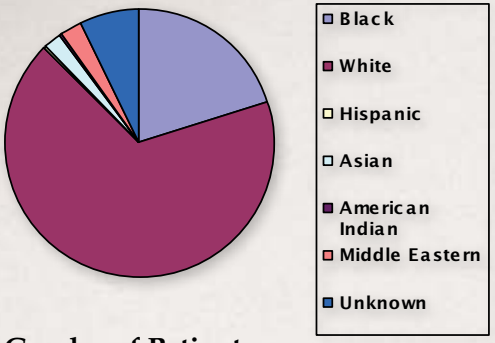
Emergency Room



Henry Ford West Bloomfield Hospital

Race/Ethnicity of Patients

Inpatient



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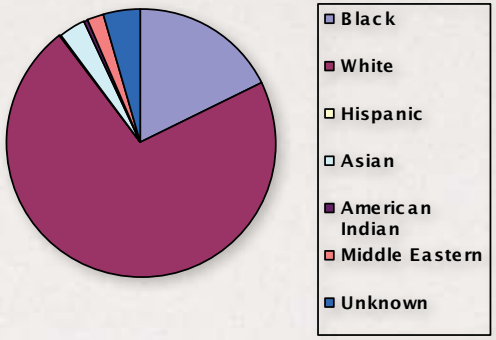

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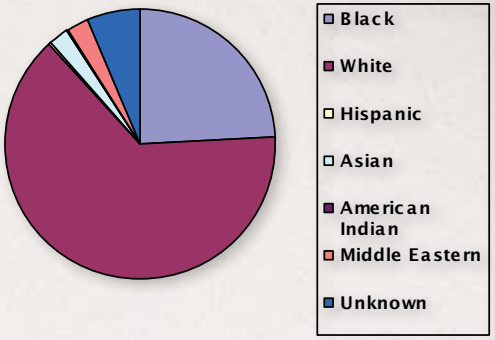
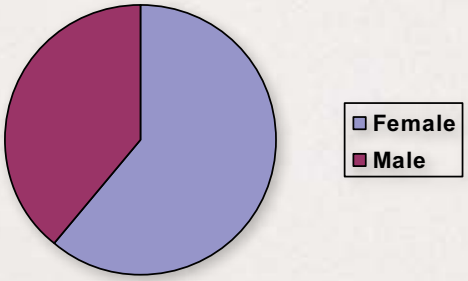


Gender of Patients

Inpatient



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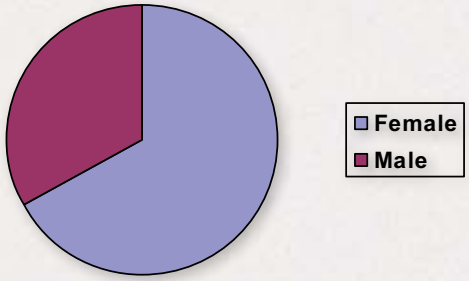

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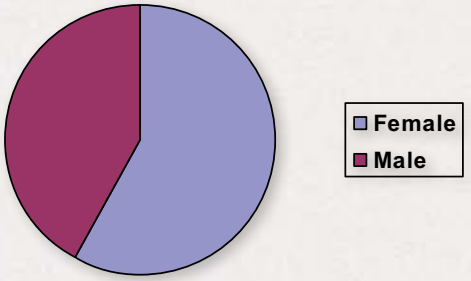

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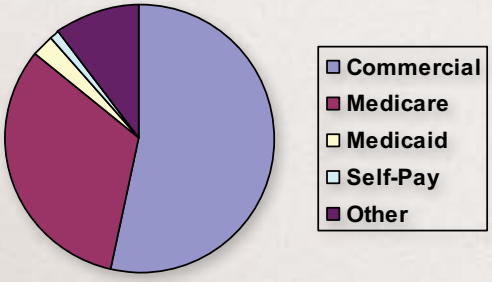
Inpatient



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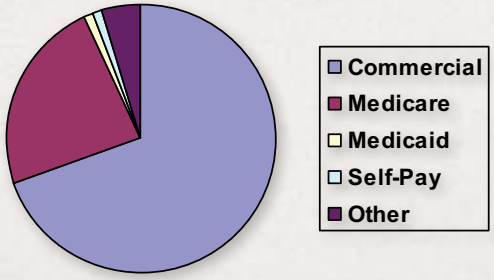
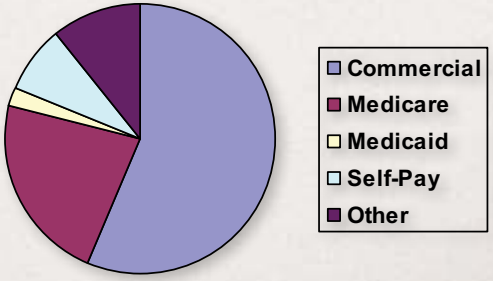


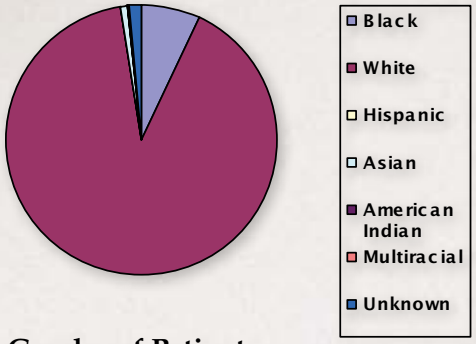
Emergency Room



Henry Ford Macomb Hospital – Clinton Township

Race/Ethnicity of Patients

Inpatient



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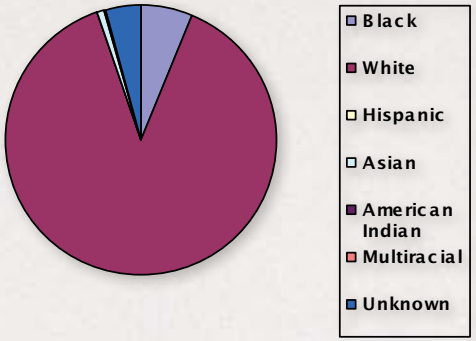

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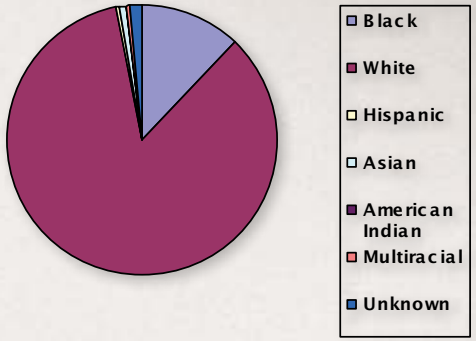
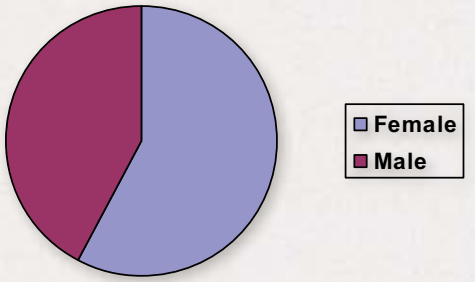


Gender of Patients

Inpatient



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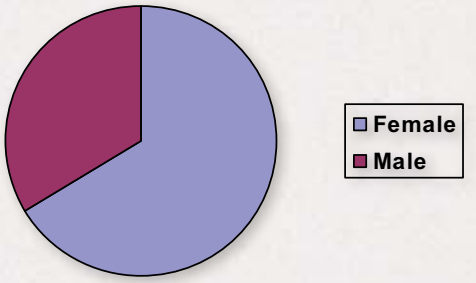
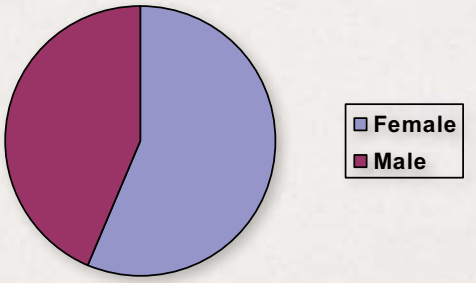


Emergency Room



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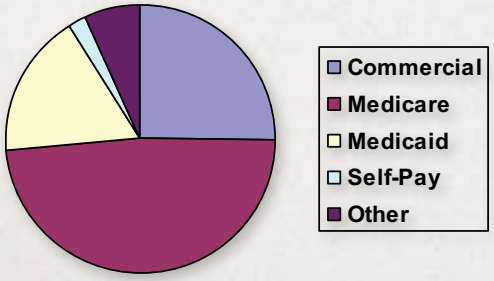

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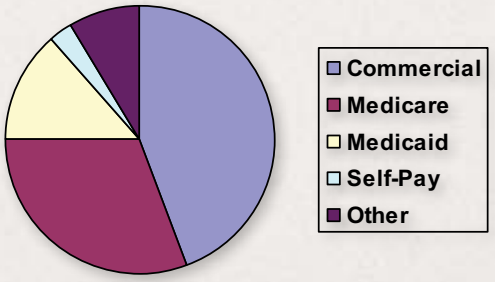

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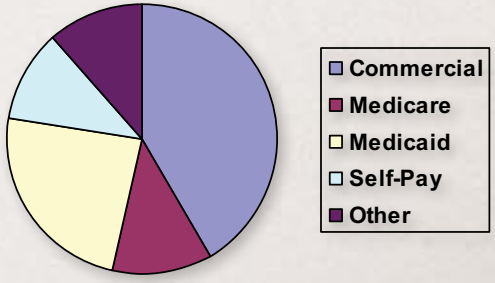
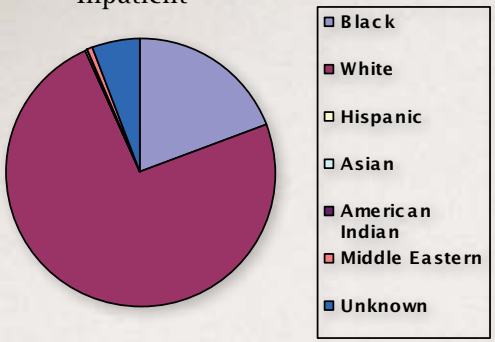


Henry Ford Macomb Hospital - Warren

Race/Ethnicity of Patients

Inpatient



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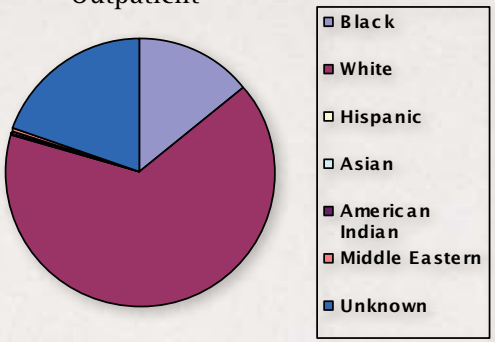

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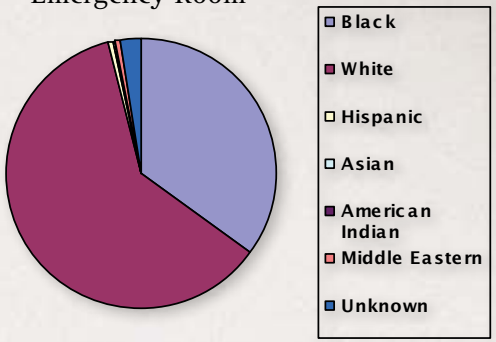
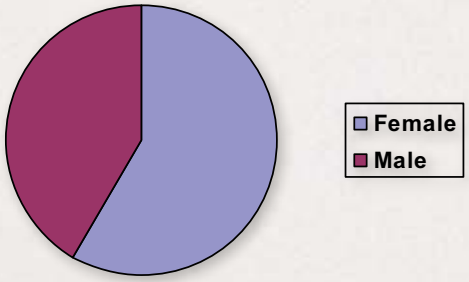
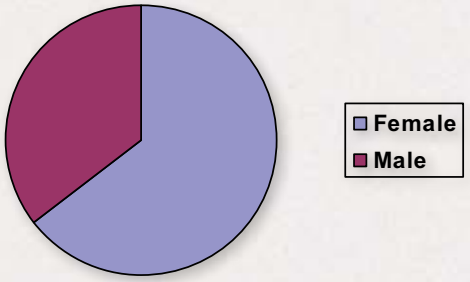


Gender of Patients

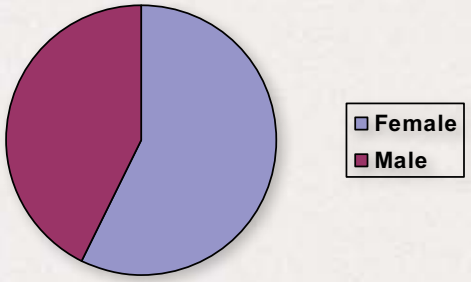
Inpatient



Outpatient



Emergency Room



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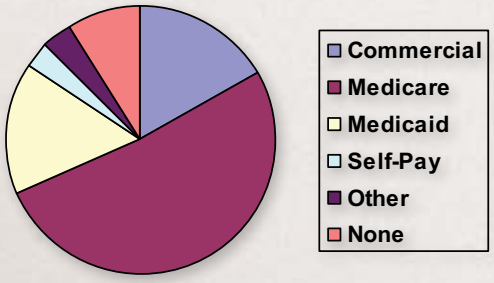
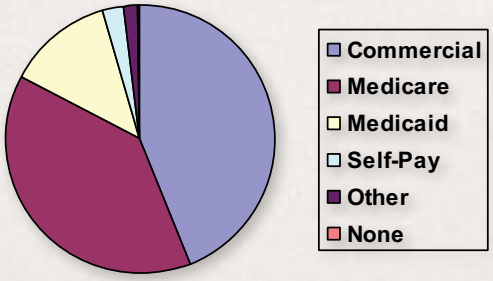
Inpatient



Outpatient



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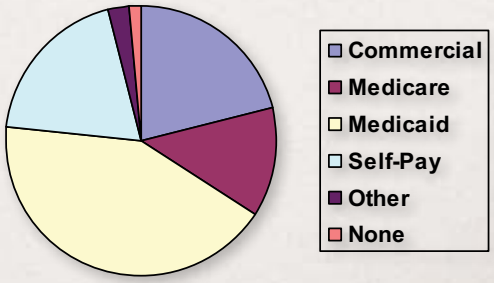
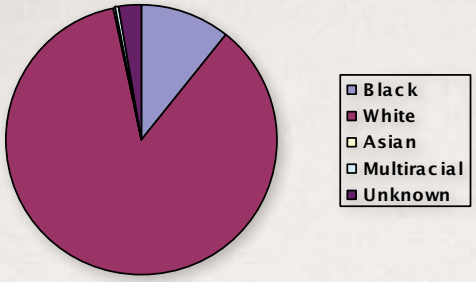


Henry Ford Wyandotte Hospital

Race/Ethnicity of Patients

Inpatient



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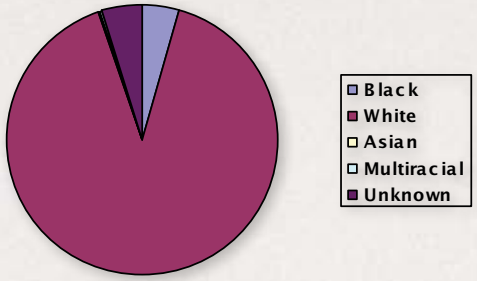

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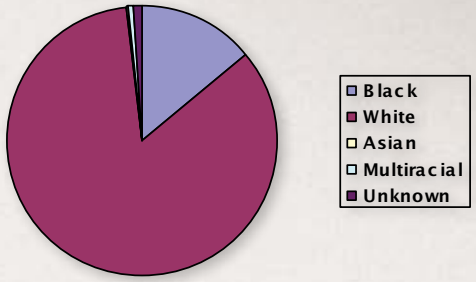
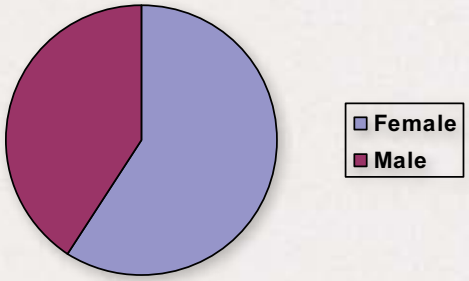


Gender of Patients

Inpatient



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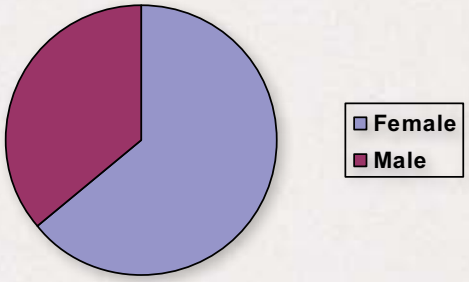

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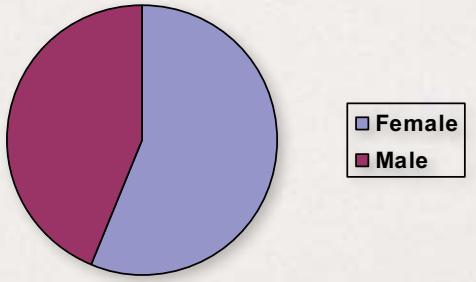
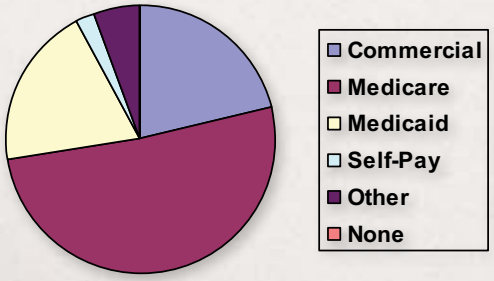


Payor

Inpatient



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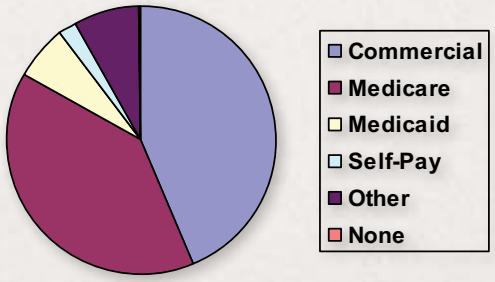

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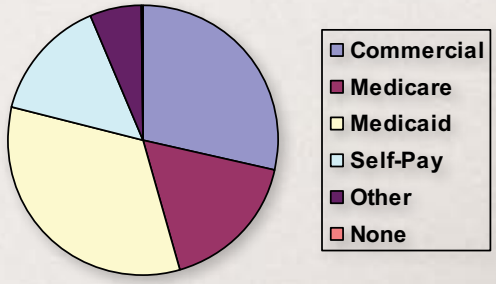
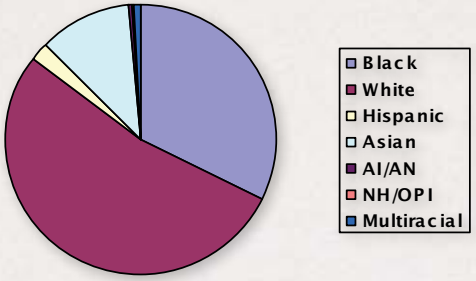


HFHS Workforce

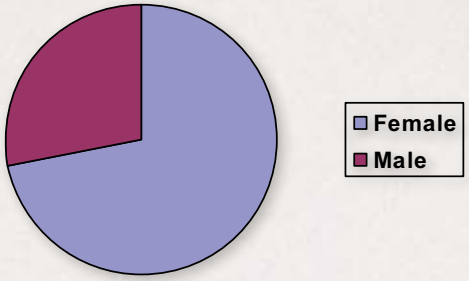
Evidence shows that disparities can decrease when the healthcare workforce reflects the patient population. HFHS strives to improve workforce diversity at all levels across the health system. Below are the current employee demographics by race/ethnicity and by gender.

Henry Ford Hospital

Race/Ethnicity of Employees

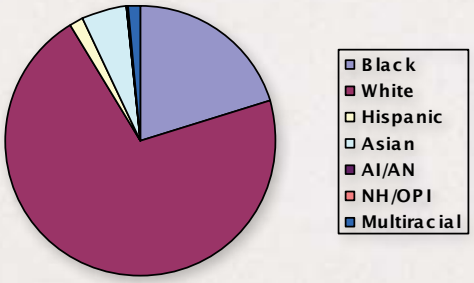


Gender of Employees

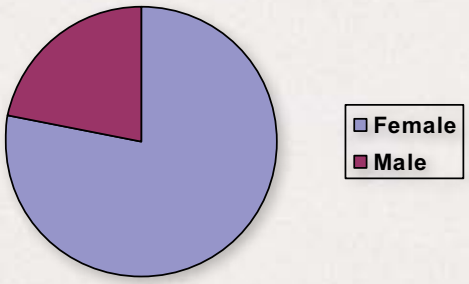


Henry Ford West Bloomfield Hospital

Race/Ethnicity of Employees

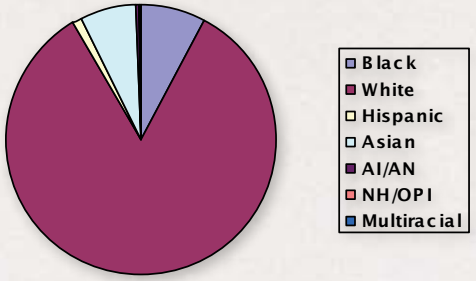


Gender of Employees

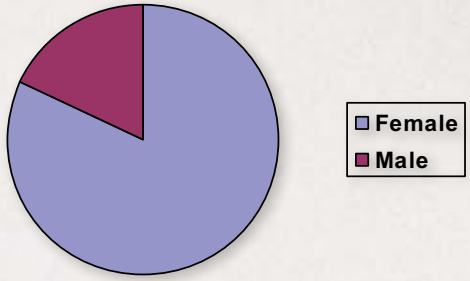


Henry Ford Macomb Hospitals

Race/Ethnicity of Employees

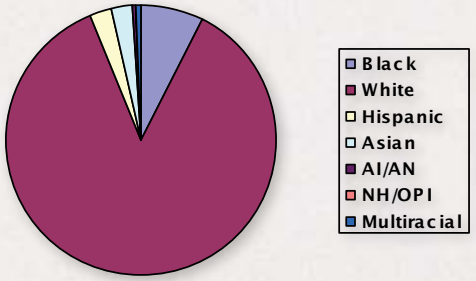


Gender of Employees

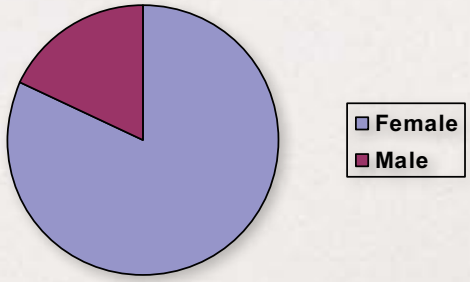


Henry Ford Wyandotte Hospital

Race/Ethnicity of Employees



Gender of Employees



Communications

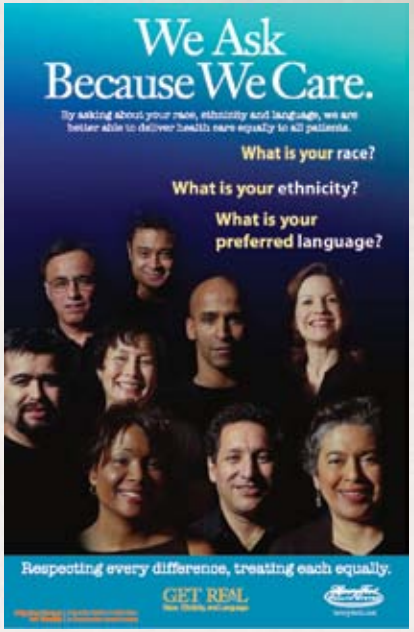
A robust organizational communications and marketing plan was essential for achieving the aims of the first phase of the Campaign to raise awareness about disparities and equity. The Campaign had remarkable support from HFHS System Communications, with two representatives assigned to strategize and develop Campaign promotions. With the guidance of a comprehensive communications plan each year, many newsletter articles, CEO vodcasts, announcements, toolkits, and more were disseminated System-wide. In addition to a Campaign Fact Sheet and tabletop exhibit shared at meetings and events, as well as numerous staff "huddle" messages, the following items were produced by the communications team:

Aug 2009 Manager's Toolkit introducing the Healthcare Equity Campaign
Aug 2009 *Monitor* article on the launch of the Healthcare Equity Campaign
Sep 2009 Vodcast on introduction of the Healthcare Equity Campaign
Nov 2009 Vodcast with Dr. David Satcher
Jan 2010 LEAP memo about new HFHS University course, "Healthcare Equity 101: Social Determinants of Health"
Feb 2010 *Monitor* article on new HFHS University course, "Healthcare Equity 101: Social Determinants of Health"
Mar 2010 Manager's Toolkit on the AREA Survey results
Mar 2010 *Monitor* article on the AREA Survey results
Jun 2010 Manager's Toolkit on Campaign learning opportunities to achieve the "diversity" cascaded goal
Aug 2010 *Monitor* article on how HEC Ambassadors have been engaged and involved in activities to improve equity
Aug 2010 Vodcast on Phase II of the Healthcare Equity Campaign
Nov 2010 Vodcast on System diversity efforts, including HEC
May 2011 *Monitor* article on new Joint Commission Standards for improving patient-provider communication
Sep 2011 Screensaver on Pacific Interpreters and when to access
Oct 2011 LEAP memo about new collection of race, ethnicity, and primary language (r/e/pl) data
Dec 2011 Manager's Toolkit on R/E/Pl data collection
Dec 2011 R/E/Pl data collection patient brochure
Dec 2011 R/E/Pl data collection employee reference guide
Dec 2011 "We Ask Because We Care" Posters
Dec 2011 Vodcast on collection of r/e/pl data from patients

REAL Data Collection

A major goal of the Healthcare Equity Campaign was about the use of race, ethnicity, and primary language data to identify disparities. Specifically, in Phase II we aimed to "plan for review of quality metrics by race, ethnicity, and primary language," and in Phase III to, "develop a process for continuous monitoring of quality metrics by race, ethnicity, and primary language and for intervention." These aims could not be realized, however, without updating our process for collecting race, ethnicity, and primary language data. In fact, this realization by the Race, Ethnicity, and Language Taskforce is what led to the idea of a Campaign in 2008.

The Taskforce's findings revealed that Henry Ford Health System registration staff primarily relied on observation for completing the race and ethnicity section of the patient registration forms. Numerous studies have shown this method of data collection to be inaccurate. Additionally, the race and ethnicity categories had not been updated in decades to follow the US Office of Management and Budget (OMB) categories that appear on the Census. This led to confusing categories and prevented benchmarking to national data sets that use the OMB categories. Therefore, a taskforce began the work of improving the process and categories for data collection.



Effective December 2011, in accordance with new Joint Commission Standards and Institute of Medicine recommendations, patients now self-identify their race, ethnicity, and preferred language for health care at the point of registration. Patients are able to select Hispanic and Middle Eastern ethnicities; racial categories reflective of the OMB categories; granular ethnicities or country of origin; ability to speak English; and preferred language for receiving health care. These efforts were introduced with the help of many communications tools for staff and patients *(see page 19)* as well as a publicly available Robert Wood Johnson Foundation-funded "We Ask Because We Care" campaign. HFHS will now be able to stratify quality metrics by these data thus ensuring that any disparities can be recognized and addressed. If they are found, we can identify them and act accordingly to close any gaps in quality, safety, or service excellence.

Training and Education

Over the course of the Campaign several courses were developed and made available to employees. Each are described below.

"Healthcare Equity 101: Social Determinants of Health" (Phase I)

This interactive, online course was developed by staff at HFHS and included video clips from the episode, "Place Matters," from the documentary, *Unnatural Causes*. *Unnatural Causes* is a groundbreaking PBS documentary that describes the social determinants of health and provides a deeper exploration into the ways social conditions affect health outcomes. In particular, the episode "Place Matters" details how where one lives affects one's health, and its setting in Richmond, California, provided many parallels to our own city of Detroit, Michigan. To make it interactive, the video is paused at various points and reflective questions are posed and more local, relevant data, and statistics are provided. Finally, information on the Healthcare Equity Campaign and how to be involved was included at the close of the course. The online course was designed for employees at all levels and took just 30 minutes to complete. Over the two years this course was offered, 1,278 people took the course.

"Unnatural Causes: Stating the Problem and Finding Solutions" (Phase I)

The purpose of this workshop was to educate and raise awareness among employees about health & healthcare disparities. The documentary, *Unnatural Causes*, interactive exercises, and group dialog were the primary learning approaches for the course. By the end of this course, participants were able to (1) explain what social determinants of health are and how they impact racial/ethnic/linguistic disparities in health and healthcare, (2) identify ways in which factors in the healthcare system, physician-patient relationships, and medical decision making may perpetuate disparities in healthcare, and (3) effectively dialogue with colleagues to raise awareness about the social determinants of health and disparities in health and healthcare. The course was approved to offer CME/CEU credits for physicians, nurses, and social workers. Originally, the course was designed for a

full day of 7.5 hours; however, due to many participants not being able to commit to a full day and to facilitators having barriers to that length of time as well, the course was downsized to 3.5 hours.

In total, 227 employees took the course. Effectively, they are considered "Healthcare Equity Ambassadors" (listed in Acknowledgements). Many took an active role in the Campaign, spreading awareness among their coworkers about these same issues through presentations, discussions, etc. Periodic updates and announcements were shared by email with the ambassadors throughout the Campaign and quarterly conference calls were offered to keep everyone connected and engaged. This served as our primary vehicle for spreading awareness throughout the health system and with roughly 23,000 employees, we reached a ratio of about 1 ambassador per every 100 employees!



"Moving Along the Cultural Competence Continuum" (Phase II)
The purpose of this course was to equip Henry Ford clinicians with tools to more effectively communicate with a diverse patient population in an effort to reduce healthcare disparities. By the end of this course, participants were able to (1) understand the influence of their own culture, health beliefs, and communication styles and biases on interactions with patients and team members, (2) list and describe cultural health influences, national and local demographic changes, racial/ethnic healthcare disparities, and the components of effective patient-clinician communication and how these may influence patients of diverse populations, and (3) effectively communicate across cultures using the LEARN model and identify additional resources for ongoing learning and skill development. This course was also approved for CME/CEU credits for physicians and nurses and was 3.5 hours in length. 67 people took the course.

"Uprooting '-isms'": Creating a Culturally Competent Organization" (Phase II)
This course was for all employees. Participants concentrated on how organizations can address culturally and linguistically competent care for diverse populations, as well as their own role in creating a culturally competent healthcare institution. The Culturally and Linguistically Appropriate Services (CLAS) Standards were explored and then applied to organizational case examples. This course was three hours in length and was one of the last courses developed toward the end of the Campaign; 7 participants have attended so far.

"Closing the Gap: Healthcare Disparities and Culturally Competent Care" (Phase I and II)
This course was developed for all 2nd years residents practicing at HFHS and it included several components. First, participants took the online "Healthcare Equity 101" course (*see page 19*). Then they attended a 30-40 minute lecture and discussion facilitated by faculty. This lecture and discussion focused on effective communication, and residents were presented with the LEARN model for communicating across differing cultural health beliefs, and the "Teach Back" approach for addressing low health literacy levels. Following the lecture, residents immediately put these new communication tools into practice in an Objective Structured Clinical Exam, or OSCE, where they saw two "patients" who were professional actors. They then received feedback from the "patient" as well as from faculty on what was done well and what could be improved. 149 residents took the course.

Across all courses, the majority of participants have given high satisfaction scores. For example, the "*Unnatural Causes*" workshop has earned 90% ratings of "excellent" or "above average" in the categories of: content of lecture; discussion sessions; application of course content to practice; and extent to which objectives for attending the course were met. The courses, "Moving along the Cultural Competence Continuum," "Closing the Gap," and "Uprooting –isms" have all received similarly high ratings.

Additionally numerous presentations were given both to employee groups and to groups in the community. Here is just a sample:

Henry Ford Leader Academies
HFHS Physician Leadership Institute
HFHS Boards of Trustees Meetings
HFHS Regional Care Team Forums
HFHS Town Hall Meetings
HFH Social Workers
HFH Security
HFHS Senior Staff Orientation
HFHS Wellness Ambassador Meeting
HFHS Safety Champion Meeting
Various departmental meetings at HAP
Various staff meetings throughout HFHS
University of Michigan – Dearborn
Baker College
University of Detroit Mercy
Leadership Macomb
Leadership Downriver
SEMCME Faculty Development Series
Midwest Regional Patient Advocacy Leadership Summit
Straight Gate and Corinthian Missionary Baptist Church
Meershabbat Forum
Gilda's Club of Royal Oak

<u>Training Received</u>

Over the course of the Campaign the Senior Project Coordinator took advantage of opportunities to network with others in the field of cultural competence in health care and to receive certification in training in this topic. She attended the following training/conferences:

Oct 2010 Diversity Rx: Quality Health Care for Culturally Diverse Populations Conference, Baltimore, MD
Mar 2011 Cross Cultural Health Care Program, Training of Trainers Institute, Seattle, WA
Sep 2011 Diversity Doctor Conference, New York, NY

Speakers

It became important to bring in outside voices to speak on topics of equity and healthcare disparities in order to benchmark ourselves against others, and to bring in a diverse, fresh set of perspectives and ideas for us to consider. The Healthcare Equity Campaign (HEC) Design Team arranged to bring in some of the speakers, and others were sponsored by other departments and initiatives such as the Annual Quality Expo and the Health Disparities Research Collaborative (HDRC). Below are some examples of speakers who came to HFHS over the three-year Campaign:

Oct 2008 Dr. Camara Phyllis Jones, Research Director of Social Determinants of Health at the CDC, HDRC
Jan 2009 Dr. David Williams, Florence and Laura Professor of Public Health at Harvard SPH, HDRC
Mar 2009 Dr. Nancy Krieger, Professor of Society, Human Development, and Health at Harvard SPH, HDRC
Nov 2009 Dr. David Satcher, Former US Surgeon General, Quality Expo
Feb 2010 Dr. Anne Beal, President of the Aetna Foundation, HDRC
Sep 2010 Ms. Tawara Goode, Director of the National Center for Cultural Competence at Georgetown, HEC
Nov 2010 Dr. Carolyn Clancy, Director of the AHRQ, Quality Expo
Jan 2011 Dr. Toni Yancey, Co-Director UCLA Kaiser Permanente Center for Health Equity, MLK Jr. Day Celebration
Mar 2011 Dr. Mary Catherine Beach, Associate Professor of Medicine at Johns Hopkins Medicine, HEC
Sep 2011 Dr. Joseph Betancourt, Director of the Disparities Solutions Center at Massachusetts General, HEC

Evaluation and Dissemination

As with any initiative, evaluation and dissemination of information were critical components of the Healthcare Equity Campaign. In particular, evaluating pieces of each phase of the Campaign was important for determining positive change.

AREA Survey (Phase I)

For the first, awareness-raising phase of the Campaign, the team identified an evaluation tool called the AREA Survey for measuring changes in awareness of healthcare disparities. The AREA Survey[6], developed by the Commission to End Health Care Disparities, measures three domains: (1) Awareness of health disparities, (2) Reflection/Empowerment to address disparities, and (3) Action taken to reduce disparities. Since the original survey was developed for clinicians only, permission was granted by the author to slightly alter the questions to make them applicable to non-clinical staff as well. Thus, two surveys were disseminated. To establish a baseline for awareness, the first surveys were released across the system in fall 2009. 691 surveys were returned. Outcomes showed that awareness of healthcare disparities was lacking among HFHS employees. Only about 50% of respondents agreed or strongly agreed that, "Across the United States, minority patients generally receive lower quality care than white patients." The rest either were "neutral" or disagreed to some level. Further, non-white employees, clinicians, and employees working in Detroit were significantly more likely to be aware of disparities and engaged to address

them compared to white employees, non-clinicians, and employees working in the suburbs respectively. The initial run of the AREA survey validated the Healthcare Equity Campaign goals and allowed the team to target awareness-raising efforts.

One year later, in fall 2010, the survey was disseminated again. This time, 591 surveys were returned and the results were similar (Table 1). In comparing 2010 scores to 2009 scores, there were no significant differences in awareness. However, among employees familiar with the Campaign (n = 270), 84% reported that their awareness of disparities had increased as a result of the Campaign and 67% reported that they had increased their involvement in activities to decrease disparities as a result of the Campaign (Table 2). This suggested that, with more time and as people become more aware of the Healthcare Equity Campaign itself, awareness would improve as well as action and involvement to address disparities.

Table 1. Percent who strongly agree or agree, 2009 and 2010

	2009 Clinicians	2010 Clinicians	2009 Non-clinicians	2010 Non-clinicians
Across the United States, minority patients generally receive lower quality care than white patients.	61	55	51	53

Table 2. Summary of those familiar with the Campaign (N=270)

Awareness increased as a result of Campaign	Count	%
A great deal	101	37.4%
A little	127	47.0%
Not at all	42	15.6%
Involvement increased as a result of Campaign	**Count**	**%**
A great deal	58	21.7%
A little	121	45.3%
Not at all	88	33.0%

At this writing, a third survey had not yet been disseminated, but at least one more was planned for 2012.

[6]Alexander, G. C., Lin, S., Sayla, M. A., & Wynia, M. K. (2008). Development of a measure of physician engagement in addressing racial and ethnic health care disparities. *Health Services Research*. 43(2):773-84.

Leadership Engagement for Healthcare Equity: A Case Study Analysis (Phase I)

In 2011, Henry Ford Health System employee and Design Team member Glenn Croxton successfully defended his dissertation which focused on leadership engagement for healthcare equity and the Campaign, in particular. His study aimed to examine the process, drivers, and barriers associated with development and implementation of the Healthcare Equity Campaign and to examine leadership perspectives on key concepts of leadership engagement and data measuring awareness of healthcare disparities. Through interviews, Croxton concluded that the most significant driver, as well as barrier, to the Healthcare Equity Campaign was, "Leadership Prioritization." Leaders showed concern over whether or not the Campaign was positioned high enough among other organizational priorities so as to not lose its purpose, focus, and momentum, and further, recommended that senior executive leaders re-state a clear message of the Healthcare Equity Campaign's importance and communicate the message throughout the organization.

COA360 (Phase II)

For the second, cultural competence phase of the Campaign, staff chose the Cultural Competence Organizational Assessment 360 (COA360)[7] to evaluate cultural competence from an organizational viewpoint. This new tool, tested and validated by a team at Johns Hopkins' Center for Health Disparities Solutions, assesses cultural competence at the department or unit level. Since the Maternal Child Health unit at Henry Ford Hospital had requested training for their staff in how to best serve their culturally diverse patient base, Campaign staff worked with them to pilot the COA360 tool with their unit before and after a training and organizational support intervention. All clinical, non-clinical, and administrative staff as well as patients participated in a pre-assessment in October 2011. The post-assessment and overall evaluation will be completed in fall 2012.

Evidence of Integration (Phase III)

For the third and final phase of the Campaign – integrating changes in System processes and policies so that they are sustainable over time – the team used a more qualitative approach to evaluation, tracking examples of cultural competence and commitment to equity embedded into the health system. These changes have included:

2008	An annual "Equity Award" was instituted and is presented to a team at Quality Expo that stratifies outcomes by social categories and/or addresses the unique needs of diverse patient populations
2010	A performance goal was cascaded from Nancy Schlichting to all employees to, "take a health equity awareness or diversity training course through HFHS University beyond the annual mandatory education requirements."
2010	A question was added to the Employee Engagement Survey on whether "In the last three months, my department has in some way addressed the unique needs of a diverse patient population."
2010	A session on social determinants of health and/or equity was included in New Leader Academy, Leadership Academy, Advanced Leader Academy, and Physician Leadership Institute
2010	A presentation on equity was added to Senior Staff Orientations
2011	An annual Healthcare Equity And Leadership (HEAL) Award is presented at the annual Martin Luther King, Jr. Day Celebration to a person making difference to improve equity in the community
2011	An internal intranet site was developed

[7]LaVeist, T., Relosa, R., & Sawaya, N. (2008). The COA360: A tool for assessing the cultural competency of healthcare organizations. *Journal of Healthcare Management*. 53(4):257-67.

2011	Henry Ford Medical Group incorporated language around equity and commitment to address healthcare disparities into their values statement
2011	An Objective Structured Clinical Exam and lecture was developed for all 2nd year residents
2011	A page in the Annual System Quality "Blue Book" Report is dedicated to equity measures
2011	Updates were made to include equity considerations in the review process and feedback categories for contributing factors to quality incidents and events
2011	Collection of race, ethnicity, and primary language data from patients was improved and standardized

Dissemination

Throughout the Campaign, the team sought numerous opportunities to disseminate information on our initiative and findings. Presentations have included the following regional, state, and national meetings and conferences:

- K. Wisdom at the National Medical Association Meeting, Satcher Health Leadership Session, 2009
- K. Wisdom at the Tri-Caucus of Congress Annual Meeting on Health Disparities, 2009
- D. White Perkins & M. Rowe Gorosh , Annual Michigan Family Medicine Research Day, 2010
- D. White Perkins, M. Rowe Gorosh, & N. Combs, Michigan State Medical Society Annual Scientific Meeting, 2010
- M. Brady, American Public Health Association Annual Meeting, 2010
  - Healthcare Equity Campaign: Raising Awareness of healthcare disparities among employees of a large, urban, tertiary health system through a system-wide campaign (Oral)
- M. Brady, American Public Health Association Annual Meeting 2011
  - Improving clinicians' skills to provide culturally competent care: Educational opportunities offered through a system-wide Healthcare Equity Campaign (Oral)
  - Improving health system employees' engagement to address healthcare disparities: Results from a system-wide Healthcare Equity Campaign (Poster)
- N. Schlichting, American Hospital Association, Hospitals in Pursuit of Excellence webinar on Equity of Care, 2011
- M. Rowe Gorosh & D. White Perkins, Southeast Michigan Continuing Medical Education Faculty Development Workshop, 2011
- D. White Perkins & N. Combs, Michigan Minority Health Coalition Annual Meeting, 2011
- M. Rowe Gorosh, American Academy on Communication in Healthcare, Faculty Development Workshop, Winter Course 2012

Community Involvement

In May-June 2011, we partnered with the Michigan Roundtable for Diversity and Inclusion to conduct focus groups in the community. These were done in an effort to better understand how to best provide care and services aligned with the cultural and linguistic needs of the communities we serve. One focus group was conducted with five community-based organizations representing various demographic groups in southeastern Michigan. MOSES organized the African American focus group; ACCESS, the Arab American group; APIA Vote, the Asian American group; CHASS, the Hispanic/Latino group; and American Health and Family Services, the Native American group. Some of the themes revolved around: quality care, cultural competency, trust, spiritual practices, involved decision-making, data gathering, barriers, and suggested actions for improvement.

In 2012, a team will return to the focus group collaborating organizations to share the combined findings, provide feedback, and determine next action items.

Partnership with Quality

As Dr. Wisdom has said on numerous occasions, "quality and equity are two sides of the same coin." This motto has been critical to our conversations throughout the System and why it has been so important to partner with the Office of Clinical Quality and Safety in this work. As noted, the HFHS Chief Quality Officer, Dr. William Conway, was a co-chair of the Campaign. With this high level of support, we were able to accomplish numerous achievements related to Quality, many of which have already been mentioned in this report. Perhaps most important was the addition of an Equity Page in the System's Blue Book Quality Report. This report is shared each year with the Board of Trustees Quality Committee and the inclusion of a page on equity, which will show certain key quality metrics stratified by race, ethnicity, and language, will bring a new and higher level of attention to any existing disparities.

Partnership with Diversity

Members of the Healthcare Equity Campaign Executive Team provided technical assistance to the formation of a Diversity Council, coordinated by the system's Chief Diversity Officer. A team member will become a member of the Council beginning in 2012 to ensure open communication and collaboration between Diversity and Equity efforts. There are plans currently under way to partner with the Office of Diversity and to ensure that the health system's Patient Advisory Councils include a diverse set of members who can speak to the cultural and linguistic needs of the communities they represent.

Partnership with HAP

Health Alliance Plan (HAP) has been a crucial partner in our equity work, conducting similar simultaneous Healthcare Equity Campaign efforts throughout that organization. Their accomplishments include, but are not limited to:

- Involvement in both the Steering Committee and Design Team of the Healthcare Equity Campaign
- Effective September 2011, implemented a revised hardcopy and online enrollment application to capture race, ethnicity, and language from members to coincide with open enrollment
- Revised the Health Risk Assessment and online engagement tools to capture race/ethnicity/primary language (r/e/pl)
- Developed a process for members to update their r/e/pl online
- Revised Member Health Manager (MHM) in order to allow providers the ability to place r/e/pl onto MHM
- Incorporated a presentation on healthcare equity into the HAP new-hire orientation
- In October 2011, partnered with ACCESS on a health event for the community to minimize the impact of health disparities
- Hired a Senior Project Consultant sponsored from within the Internal Consulting team dedicated to healthcare equity initiatives

Regional Partnership

Dr. Wisdom co-chairs of the Greater Detroit Area Health Council Race, Ethnicity and Primary Language (REAL) Committee, and is helping to lead a region-wide effort to improve race, ethnicity, and language data collection in southeast Michigan. The REAL Committee is charged with helping to develop a regional REAL data repository and ensuring healthcare providers and insurers in southeast Michigan are collecting patients' REAL data in a standardized self-reported manner. Further, Dr. Wisdom has helped develop and disseminate a REAL data collection training module and resource materials to local healthcare organizations that support improved data collection, the identification of healthcare disparities and improvements in care for populations with poorer outcomes. Moving forward, the health council's REAL Committee is expanding its efforts to inform the public of the importance of submitting REAL data to providers and educating healthcare leadership on using quality improvement efforts to address identified disparities and to improve overall care in Michigan.

National Partnership

Campaign co-chair Dr. Wisdom served on the Steering Committee of the National Quality Forum's (NQF) Consensus Development Process for developing the report, *A Comprehensive Framework and Preferred Practices for Measuring and reporting Cultural Competency,* in 2009. These outcomes have been endorsed by NQF as national voluntary consensus standards and are "intended to provide healthcare systems with the tools they need to help reduce persistent disparities in healthcare and create higher-quality, and more patient-centered, care." Dr. Wisdom also served on the NQF's Cultural Competency Expert Panel.

In 2010 HFHS joined the Culture-Quality-Collaborative (CQC), organized by the Johns Hopkins' Center for Health Disparities Solutions. Participation has included monthly webinars on topics related to healthcare equity as well as access to two COA360 assessments (*see page 25*) to determine departmental cultural competency, as well as technical assistance to implement the assessments and interpret the outcomes. In April 2011, HFHS presented for the regular webinar series on the topic of Cultural Competency Training for Clinicians. Other founding collaborative members include Catholic Health East (East Coast), Johns Hopkins Hospital and Bayview Medical Center (Maryland), Lakeland Health Care (Michigan), Saint Elizabeth Regional Medical Center (Nebraska), and Sinai Hospital (Maryland).

What's Next?

The Healthcare Equity Campaign allowed us to grow our capacity, create a structure, develop tools, improve leadership awareness, and identify existing gaps to equity at Henry Ford Health System. In doing so, it has given HFHS a laser focus for continuous organizational improvement around equity and cultural competency. Thus, while the Campaign has ended, our work has only just begun.

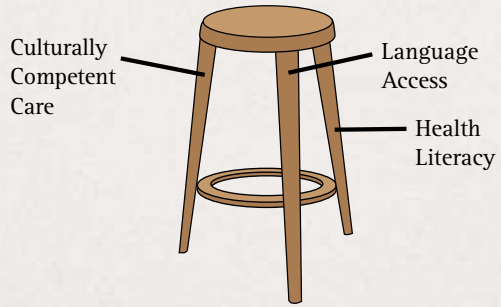
The timing is ideal since the Office of Minority Health will release updated Culturally and Linguistically Appropriate Services (CLAS) Standards for health care organizations in 2012. These new standards were revised with input from national experts in the field and have been vetted with communities across the country, hence we will concentrate our efforts on guiding the health system toward achieving these Standards. Our Center for Healthcare Equity will provide resources, tools, and technical assistance to departments and teams throughout Henry Ford Health System as they relate to the areas of:

- Healthcare Disparities
- Culturally Competent Care
- Health Literacy
- Language Access

We will continue to build partnerships with the diverse communities we serve and collaborate on system-level Patient Advisory Councils to seek continuous input on our efforts to build a culturally and linguistically competent organization.

It may be helpful to picture Healthcare Equity as a three-legged stool made up of these components. Without one of the legs, the stool falls and healthcare equity cannot be fully achieved. The stool is grounded in key data sets and information – the stratified monitoring of health system quality and service excellence data, conducting of needs assessments, and keeping abreast of national best practices, regulations, and trends. As Henry Ford Health System moves toward a place of culturally competent patient-centered care where all who are cared for by our health system achieve equitable outcomes in a manner they prefer, we will be living the System's vision...one person at a time.

Healthcare Equity: A 3-Legged Stool



- Measure & monitor data, and address disparities identified
- Conduct needs assessment and fill gaps identified
- Monitor national trends, best practices, & regulations and respond accordingly

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Disparities Solutions Center at Massachusetts General Hospital
http://www2.massgeneral.org/disparitiessolutions/resources.html
- Improving Quality and Achieving Equity: A Guide for Hospital Leaders
- Creating Equity Reports: A Guide for Hospitals
- Assuring Healthcare Quality: A Healthcare Equity Blueprint

The Joint Commission
http://www.jointcommission.org/Advancing_Effective_Communication/
- Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals
- One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations

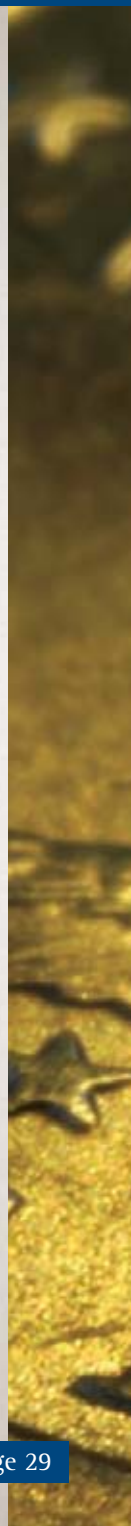
National Center for Cultural Competence at Georgetown University
http://www11.georgetown.edu/research/gucchd/nccc/

Equity of Care Call to Action
http://equityofcare.org/

Office of Minority Health Think Cultural Health Program and CLAS Standards
https://www.thinkculturalhealth.hhs.gov/

Diversity Rx
http://diversityrx.org/

Cross Cultural Health Care Program
http://xculture.org/



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