Fostering a Culture of Inclusion Critical to Success in Healthcare

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At the end of this session, participants will:

- Understand Northwell Health’s commitment to embedding the tenets of diversity, inclusion and health equity in all that we do for our team members, patients and communities we serve.
- Understand the impact unconscious bias can have on healthcare decisions impacting patient health outcomes.
- Learn strategies to mitigate unconscious bias.
- Learn what it means to be an inclusive leader.
- Understand how Northwell Health is cultivating a culture of inclusive leadership.
Diversity & Health Equity Journey at Northwell

- Service Area Demographics
- Strategic Plan
- Impact of Chronic Conditions
- Total Health
- Integration of Cultural Competency and Patient as Partner
- Equity of Care
Northwell Health Service Area* Demographics - Diversity Defined...

Northwell Service Area By Race-Ethnicity
N = 8,297,559

- White 4,038,103 (49%)
- Hispanic 1,909,750 (23%)
- Asian 1,074,536 (13%)
- Black 1,043,006 (12%)
- Other 232,164 (3%)

Top 5 Asian Countries of Origin & Percent of Asian Population

- China 419,118 (39%)
- India 276,632 (26%)
- Korea 110,429 (10%)
- Philippines 87,319 (8%)
- Japan 25,408 (2%)

Top 5 Hispanic Countries of Origin & Percent of Hispanic Population

- Puerto Rico 412,162 (22%)
- Dominican 376,562 (20%)
- Mexico 230,426 (12%)
- Ecuador 195,494 (10%)
- El Salvador 156,638 (8%)

Primary Language Spoken at Home (N = 7,721,065)

- English 4,795,935 (62%)
- Spanish/Spanish Creole 1,426,665 (19%)
- Chinese 321,361 (4%)
- All Other 1,177,104 (25%)

Sources: US Census, [http://factfinder.census.gov](http://factfinder.census.gov) – American Community Survey 2014 5YR Table B16001 (primary languages spoken) and Tables ACS_15_1YR_BO3002; ACS_15_1YR_CO2015 and ACS_15_1YR_BO2001; *Please note: Northwell Health Service Area includes – Queens, Nassau, Suffolk, Staten Island, Manhattan and Westchester.
Diversity, Inclusion and Health Equity: A model for improving the delivery of health care to communities served by Northwell Health

The Journey traveled:

2010
Established a formalized approach to Diversity, Inclusion & Health Literacy in Health Care Delivery

2017...
*Expanded to include Health Equity

*80% of health outcomes are governed by cultural and social encounters
2010: Northwell Health’s Formalized Diversity & Inclusion Strategy

To promote, sustain & advance an environment that supports principles of equity, diversity, inclusion, health literacy and community

- **Community**
  - Changing demographics
  - Importance of linking cultural competency to patient safety and improved health outcomes

- **Senior Leadership Commitment**
  - Improving our service, quality, patient satisfaction and outcomes

- **National ‘Push’**
  - Meeting legislative, regulatory and accreditation mandates
An Expanded Approach to Health Care Delivery to deal with the epidemic of chronic diseases:
National call to action for a focus on Health Equity and Patient Centered care
Center for Equity of Care: Our Mission

To advance the delivery of culturally and linguistically appropriate health care in partnership with our communities with the goal of achieving health equity

We align with our health care teams and the communities we serve to:

• Address racial, ethnic, sex and gender disparities
• Be a trusted partner by fostering a culture of inclusion
• Empower all people to be partners in their healthcare management
• Implement an expanded model of healthcare delivery through health literacy, education and cultural and linguistic competency
**Center for Equity of Care**

**Mission:** To optimize the health and wellness of all communities through the delivery of culturally appropriate health care with the goal of eliminating health disparities.

<table>
<thead>
<tr>
<th>Leadership Commitment</th>
<th>Education &amp; Development</th>
<th>Community Partnership</th>
<th>Workforce</th>
<th>Supplier Diversity</th>
<th>Katz Institute for Women’s Health</th>
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Northwell Health: Our goal is to be a national health care leader, committed to excellence, compassion and improving the health of our community.

**Strategic Partners:** CLI, Patient Experience, Clinical Service Lines, Health Solutions, Community Relations, HR, Schools of Medicine and Nursing, Procurement, Quality, Feinstein Institute for Medical Research, OCIO, Institute for Nursing, Graduate Medical Education, Community Investment, Ambulatory and In Patient Sites.
1. **Safe** – avoiding injuries to patients from care that is intended to help them.

2. **Effective** – providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit.

3. **Patient-centered** – providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.

4. **Timely** – reducing waits and sometimes harmful delays for both those who receive and those who give care.

5. **Efficient** – avoiding waste, in particular waste of equipment, supplies, ideas, and energy.

6. **Equitable** – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographical location, & socioeconomic status.

~80 % of a population’s well being: Quality of life factors, social determinants of health

Actions in health care account collectively for ~20 % of society’s well being and health outcomes
To improve CV health outcomes, we must see the whole picture
Social determinants of health are critical components of the health of populations

Socioeconomic factors
- Community safety
- Education/Health Literacy
- Cultural beliefs about health
- Family/social support
- Income
- Poverty
- Employment

Physical environment
- Environmental quality
- Housing/homelessness
- Transportation

Health behaviors
- Alcohol use
- Diet & exercise
- Tobacco use

Health care
- Access to care
- Quality of care

Source: Analysis and adaptation from the University of Wisconsin Population Health Institute’s County Health Rankings model ©2010
http://wwwcountyhealthrankingsorg/about-project/background
Demonstrated Race-Based Health Care Disparities

RECEIPT OF EVIDENCE-BASED CARE

Early Non-Small Cell Lung Cancer
64% of black patients received curative surgery, compared to 76.7% of white patients (n=10,984)

Diabetes Management
52% of black men were given a low density lipoprotein cholesterol test, compared to 66% of white men (n=14,527)

End-Stage Renal Disease
35.3% of black men were placed on a waiting list for renal transplantation, compared to 60.6% of white men (n=654)

TIMELINESS OF CARE

ED Wait Times
14.5% increase in emergency department wait times experienced by Hispanic patients compared to white patients, 1997-2004

Time to Surgery
64% increase in likelihood to undergo a delay to DCIS1 surgery (>50 days) for black women compared to white women

Source: AHRQ - 2014 National Healthcare Quality and Disparities Report
The Patient as Partner in Improving Outcomes in Cardiovascular Disease

80% of a population’s well being and health outcomes: quality of life factors, social determinants of health

Quality healthcare achieved through a partnership between informed and respected patients and their families, and a coordinated healthcare team

Source: http://www.nationalhealthcouncil.org/initiatives/putting_patients.htm
### Improved Outcomes in Ischemic Heart Disease: Removal of Barriers to Adherence in Medication and Treatment Strategies

#### Patient Related
- Low health literacy
- Language other than English
- Alternative health beliefs
- Cultural beliefs
- Frequent dosing
- Side effects
- Lack of choices
- Pride
- *Lack of involvement in the treatment decision-making process*
- Cost of medication

#### Medical Team Related:
- Prescription of complex drug regimens
- Communication barriers
- Ineffective communication of information about adverse effects
- Provision of care by multiple physicians
- *Unconscious bias*

#### Health Care Systems Related:
- Office visit time limitations
- Limited access to care
- Lack of health information technology
- Institutional racism

Source: Brown MT Mayo clinic 2011
Center for Equity of Care
Theme: 2019-2020

Reigniting Humanism in Healthcare through Dignity, Respect and Inclusion
Healthcare Decisions: Impact of Unconscious Bias

• Trusted 10 Exercise
• Defining Unconscious Bias
• Impact on Healthcare Decisions
• Mitigating Strategies
Trusted Ten Worksheet
John Fetterman
• Mayor of Braddock, PA (a suburb of Pittsburgh) – the tattoo on his arm is the zip code!
• Has a Master’s degree in Public Policy from Harvard
• Served in the Americorps
• Received international media attention for the economic revitalization programming he started in his community
Which biases are ours?
The Unconscious is Malleable
6 Ways to Mitigate Your Biases

Recognize and accept that you have bias
6 Ways to Mitigate Your Biases

Develop the capacity to use a flashlight on yourself
6 Ways to Mitigate Your Biases

Practice “Constructive Uncertainty”
Freedom is the pause between stimulus and response.

- Rollo May
Take a P.A.U.S.E.
A quick way to check your reaction.

- Pay attention to what’s actually happening, beneath the judgments and assessments
- Acknowledge your own reactions, interpretations and judgments
- Understand the other possible reactions, interpretations and judgments that may be possible
- Search for the most empowering, productive way to deal with the situation
- Execute your action plan
6 Ways to Mitigate Your Biases

Explore awkwardness, and discomfort
6 Ways to Mitigate Your Biases

Engage with people you consider “others” and expose yourself to positive role models in that group.
6 Ways to Mitigate Your Biases

Get feedback
6 Ways to Mitigate Your Biases

1. Recognize and accept that you have bias
2. Develop the capacity to use a flashlight on yourself
3. Practice “Constructive Uncertainty”
4. Explore awkwardness, and discomfort
5. Engage with people you consider “others” and expose yourself to positive role models in that group
6. Get feedback
Understanding People: Important for fostering Inclusion

- Why it Matters
- Inclusive Leadership Framework
- Inclusive Leadership @ Northwell
- The Mission of the BERG’s
A New Definition: Inclusive Leadership

*Our workforce is demanding leaders who inspire confidence and recognize the individual’s unique value to build a powerful sense of belonging*

Inclusive Leadership

**inclusive leadership**

*noun*

leading from the center, not the top; characterized by the ability to adapt personal behaviors, systems, processes and practices, to ensure that all feel respected, valued for individual uniqueness, connected, confident to speak up, and inspired.

Becoming an inclusive leader who harnesses the benefits of diversity takes deliberate effort and a strong understanding of yourself and your people.
BECOMING AN INCLUSIVE LEADER

Figure 1. The six signature traits of an inclusive leader

Cognizance
Because bias is a leader’s Achilles’ heel

Curiosity
Because different ideas and experiences enable growth

Courage
Because talking about imperfections involves personal risk-taking

Cultural intelligence
Because not everyone sees the world through the same cultural frame

Commitment
Because staying the course is hard

Collaboration
Because a diverse-thinking team is greater than the sum of its parts

Graphic: Deloitte University Press | DUPress.com
The six signature traits of an inclusive leader

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## Elements of commitment

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<th>Element</th>
<th>What inclusive leaders think about</th>
<th>What inclusive leaders do</th>
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| Personal values    | • Alignment of personal values to inclusion                                                          | • Treat all team members with fairness and respect  
• Understand the uniqueness of each team member  
• Take action to ensure each team member feels connected to the group/organization  
• Proactively adapt their work practices to meet the needs of others |
| Business case belief | • Commercial value of diversity and inclusion with respect to talent, innovation, customers, and new market growth | • Treat diversity and inclusion as a business priority  
• Take personal responsibility for diversity and inclusion outcomes  
• Clearly and authentically articulate the value of diversity and inclusion  
• Allocate resources toward improving diversity and inclusion within the workplace |
**Mission:** To optimize the health and wellness of all communities through the delivery of culturally appropriate health care with the goal of eliminating health disparities.

**Strategic Partners:**
- CLI
- Patient Experience
- Clinical Service Lines
- Health Solutions
- Community Relations
- HR
- Schools of Medicine and Nursing
- Procurement
- Quality
- Feinstein Institute for Medical Research
- OCIO
- Institute for Nursing
- Graduate Medical Education
- Community Investment
- Ambulatory and In Patient Sites

**Northwell Health:** Our goal is to be a national healthcare leader, committed to excellence, compassion and improving the health of our community.
To get workplace diversity and inclusion right, you need to build a culture where everyone feels valued and heard.

Establish a Formal strategy to foster Inclusion
Education
Establish an Inclusion Council
Celebrate Employee Differences
Listen to Employees
Communicate Goals and Measure Progress
Northwell’s BERGs were formed in 2013 to build, develop & retain a diverse and qualified pipeline of talent at all levels, and to establish trusted partnerships with the communities we serve.

We currently have: 2628 BERG Members

**Expressions**
- 399 Members

**Bridges**
- 1024 Members

**Women in Healthcare**
- 302 Members

**Donate Life**
- 136 Members

**GreenBERG**
- 297 Members

**Valor**
- 385 Members

**N-Able**
- 85 Members
THANK YOU!