

**NYC**  
**HEALTH+**  
**HOSPITALS**

# PLAN TO ENHANCE EQUITABLE CARE

Prepared by

The Office of Culturally and Linguistically Appropriate Services, Division of Safety and Human Development





*“NYC Health + Hospitals is unique because we look like our patients and our patients look like us. This is true from Mott Haven to the Lower East Side, and from Elmhurst to Coney Island.”*

— Ram Raju, MD, NYC Health + Hospitals President and CEO



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# A MESSAGE FROM RAM RAJU, MD AND CAROLINE M. JACOBS



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President and CEO*



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NYC Health + Hospitals treats one of the most diverse patient populations in the country, if not the world. Our patients are from all corners of the globe, and as an organization we have been and will continue to be fully committed to providing each and every person who comes through our doors with high-quality, safe and equitable care.

At NYC Health + Hospitals, we believe that health care is a basic human right. Our rich history of caring for diverse patients has helped make our staff especially sensitive to issues of health equity. The staff reflects the many communities we serve, giving us a high level of competency in meeting patients' specific cultural and linguistic needs (we offer translation and interpretation services in more than 180 languages and dialects). While these qualities are necessary, they are not sufficient for us to provide truly equitable care.

One of the most important elements of NYC Health + Hospitals' 2020 Vision, our organization's strategic direction for the next five years, is to provide each individual patient with a positive experience. To help achieve that goal, we are committed to raising the bar on equitable care.

As the health care delivery system rapidly changes, we as leaders at NYC Health + Hospitals felt that it was time to revisit the goals of health care equity in light of those changes, and to examine where we are as an organization, and where we want to be, so that we can create and implement programs, policies and procedures that enable us to improve.

As we strive for equity, we must continue to focus on our patients and ensure we provide what each one of them wants and needs to optimize their care. Most importantly, that level of individualized care means learning from and responding to patients' personal stories and experiences to inform and guide care and treatment decisions.

Health care is a fundamental right, a civil right, a constitutional right, and a human right. And yet cultural issues continue to have a profound impact on providers' ability to offer truly equitable care. The old beliefs that diseases and cures are the same for all patients are no longer accurate or useful. Today's doctors, nurses, and all other clinical and administrative staff must understand, take into account and incorporate cultural differences and social determinants of health, and cannot assume these characteristics will be the same for all patients.

NYC Health + Hospitals has much strength in addressing equity and disparities, but we are committed to doing better. We thank those of you who participated in helping us prepare the plan and strategies that make up this roadmap, and that will lead us to improving equity of care for all of our patients.

# EXECUTIVE SUMMARY

*“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”*

— Dr. Martin Luther King, Jr.

NYC Health + Hospitals has a long history of caring for the most vulnerable and underserved New Yorkers. As the public safety net system for New York City, NYC Health + Hospitals fulfills its mission, each and every day, to provide comprehensive health services of the highest quality to New York City residents, regardless of insurance, immigration status or ability to pay.

NYC Health + Hospitals has historically provided culturally responsive, patient-centered care to a vastly diverse patient population, but we recognize the need to stay ahead of the curve in responding to the unique culture, language and health literacy needs of diverse consumers. Providing equitable care goes beyond language services. It is the willingness and ability of a system to value the importance of culture in the delivery of services, and to take into account economic and social determinants of health, individual preferences, and other factors to improve the health of our patients and further build healthy communities.

Demographic changes and the advent of the Affordable Care Act have heightened the need to further examine issues related to equity. NYC Health + Hospitals’ Corporate Office of Culturally and Linguistically Appropriate Services (CLAS) is leading efforts to facilitate organizational change and support NYC Health + Hospitals’ evolution as a culturally competent, equitable health care system in our rapidly changing health care environment. This comprehensive approach to integrate principles of health equity into all aspects of NYC Health + Hospitals’ organizational structure and functions began in the winter of 2014 with the convening of an expert Steering Committee. The Committee’s efforts culminated on May 28, 2015 with a strategic planning session (“Health Equity

Symposium”). Leaders from across the system and key stakeholders participated in one of six concurrent working group sessions to identify goals and strategies found in the framework and action plans of this document.

Concurrently, President and CEO Dr. Ram Raju introduced his ‘2020 Vision’ – a series of interconnected goals to help secure NYC Health + Hospitals’ long-term success. There are four 2020 Vision priorities: Improve the Patient Experience, Expand Access to Care, Increase NYC Health + Hospitals’ Market Share, and Stabilize NYC Health + Hospitals’ Financial Health.

In all of these efforts, patient experience is paramount, with an over-arching goal to make care more inclusive for all. According to Healthy People 2020, health equity – the attainment of the highest level of health for all people - requires striving for the highest possible standard of health for all and giving special attention to the needs of those at greatest risk of poor health outcomes. Pursuing health equity at NYC Health + Hospitals is not a supplementary initiative; rather, the goal of health equity is integral to the success and achievement of NYC Health + Hospitals’ strategic priorities. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. Achievement will be measured by meeting the goals identified in this plan that support NYC Health + Hospitals in promoting diversity, equal access and inclusion for all that seek care.

Based on the Symposium findings and recommendations from each of the six working groups – five specific domains, closely aligned with 2020 Vision goals, have been prioritized to improve the delivery of equitable care. Additional details can be found on page 12 of this document, and specific action plans for each domain can be found in Appendix C.

## FIVE PRIORITIES

The five priority domains to enhance equitable care at NYC Health + Hospitals include:

### I. ORGANIZATIONAL ASSESSMENT

This domain focuses on obtaining defined benchmarks to measure progress on our health equity agenda. Activities under this domain include conducting assessments to define baseline measures in key quality improvement areas and identifying gaps that can lead to developing further initiatives to advance the health equity agenda at NYC Health + Hospitals.

### II. GOVERNANCE OF RACE, ETHNICITY AND LANGUAGE (REAL) DATA

This domain focuses on improving the collection, reliability and application of REAL patient level data to achieve health equity goals. Activities include conducting a needs assessment and mapping data sources across the system; a comprehensive educational initiative that trains staff, patients and communities on the relevance of collecting demographic data; and the application of data to measure disparities and inform new initiatives to strengthen the delivery of equitable care.

### III. BUILD ORGANIZATIONAL CAPACITY

This domain focuses on strengthening the capacity of our workforce through training and education to equip them with the tools they need to safely deliver high quality, culturally responsive patient-centered care. Some activities include increasing training opportunities and enhancing strategies for hiring and recruitment to align more closely with NYC Health + Hospitals' strategic priorities to meet our diverse patient's needs.

### IV. STAFF AND COMMUNITY COMMUNICATION AND ENGAGEMENT

This domain focuses on strengthening communication and engagement strategies to better reach, inform and engage our staff, patients and communities in understanding and advancing health equity. Some of the activities include establishing an action plan to ensure health information materials, products and services are accessible and understandable to patients and communities we serve, and strategies to inform and educate staff and patients on our health equity principles and goals.

### V. STANDARDIZATION OF POLICIES AND PRACTICES

This domain focuses on standardizing policies and practices in key areas with a focus on promoting health equity goals. Activities in this domain include the standardization of procedures, operations, protocols and guidelines that govern the delivery of equitable care, and ensuring staff are appropriately educated and trained.

The five domains were developed from recommendations agreed upon by participants in the six working groups. Ensuring collaborations across divisions and facilities within the system will be critical to the success of the work within each domain and our ability to provide equitable care for all. Together, we can build a more culturally responsive, patient centered organization that supports our patients and their communities and enable them to achieve and sustain their true health potential.

# INTRODUCTION

NYC Health + Hospitals has a long history of caring for the most vulnerable and underserved New Yorkers. As the largest integrated municipal health care system in the country – and the public safety net system for New York City – NYC Health + Hospitals serves more than 1.2 million patients each year from a wide variety of cultural and ethnic backgrounds. NYC Health + Hospitals is committed to excellence in health care, and our providers and networks work together to fulfill our mission to provide comprehensive health services of the highest quality to New York City residents, regardless of insurance, immigration status or ability to pay.

## NYC HEALTH + HOSPITALS' GUIDING PRINCIPLES



*NYC Health + Hospitals has identified six Guiding Principles that reinforce essential features of our daily work to help us achieve our mission of caring for all.*

The Guiding Principles also incorporate and expand upon the Institute for Healthcare Improvement's

Triple Aim, which is to improve care at the individual patient level (including quality and patient satisfaction), improve the health of populations, and reduce the cost of care.

## NYC HEALTH + HOSPITALS' 2020 VISION

Recent changes to the health care landscape along with demographic shifts in New York City require additional efforts to sustain our mission and ensure our viability as a system. While the Affordable Care Act expands access to care for millions of Americans, the law also poses great challenges to public hospitals. Traditional sources of financial support for public systems such as ours are eroding. Furthermore, with more healthcare options available to New Yorkers and greater competition, NYC Health + Hospitals must remain competitive to retain its position as the provider of choice. Patient satisfaction with our services will ultimately determine whether we hold on to our current patients and attract new ones.

To meet these new challenges, NYC Health + Hospitals President and CEO Dr. Ram Raju has introduced his '2020 Vision' – a series of interconnected goals that NYC Health + Hospitals will accomplish by 2020 to ensure our long-term success and remain true to our mission of caring for all New Yorkers.

In order to develop the collaborations necessary to achieve our strategic goals, our staff will need support to hone their skills, and they will require strong leadership from management centrally and at the facility level. Therefore, a key tenet of the 2020 Vision is a focus on continuous workforce development.

Coupled with an aggressive commitment to the patient experience, accomplishing the following goals will ensure NYC Health + Hospitals' survival and ability to remain true to its mission of caring for all New Yorkers. By 2020:

- NYC Health + Hospitals will increase its reach from the 1.4 million patients we annually serve today to 2 million. That means one out of every

four New Yorkers will receive care at NYC Health + Hospitals

- NYC Health + Hospitals' inpatient satisfaction scores will increase to 80%, and its outpatient satisfaction scores will exceed 93%
- MetroPlus, NYC Health + Hospitals' health plan, will double its membership to insure one million New Yorkers, 80% of whom will be connected to a primary care doctor at NYC Health + Hospitals



## HEALTH EQUITY AT NYC HEALTH + HOSPITALS

There are many New Yorkers who are low-income, uninsured, and struggling with an array of socioeconomic determinants of health such as poor housing, food insecurity, limited transportation, low education and literacy levels, and legal status – in addition to stigma and discrimination. As a result, they may face significant health disparities, or avoidable health differences that are closely linked with economic, social or environmental disadvantage.

According to the Institute of Medicine's 2002 report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, health disparities are "differences in the quality of health care that are not due to access related factors or clinical needs, preferences, and the appropriateness of intervention."<sup>1</sup> Health disparities adversely affect groups of people who have systematically experienced greater social

or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identification, geographic location; or other characteristics historically linked to discrimination or exclusion.<sup>2</sup> These disparities, in turn, result in avoidable illness, disability, suffering and premature death.

To reduce health and health care disparities and offer the highest level of quality care to our patients, NYC Health + Hospitals must advance health equity by promoting diversity, equal access and inclusion.

Health equity means that everyone should have a fair opportunity to attain their full health potential, and that no one should be disadvantaged from achieving this potential if it can be avoided. In its report "Crossing the Quality Chasm: A New Health System for the 21st Century," the Institute of Medicine identifies equitable care – the principle that care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status – as one of the six core aims for improvement in the health care system.<sup>3</sup> Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health outcomes.

As we embark on this transformative journey, NYC Health + Hospitals must apply an equity lens to embed these principles into our organizational structure to ensure we stay true to our mission and commitment to serving New York City's diverse population.

# CHANGING DEMOGRAPHICS: NEW YORK CITY AND NYC HEALTH + HOSPITALS PATIENTS

An important thread present in NYC Health + Hospitals' s mission, Guiding Principles and Dr. Raju's 2020 Vision is to put our patients first, providing quality care with dignity and compassion regardless of race, ethnicity, gender, national origin, religion, sexual identity and orientation, or ability to pay. Understanding and responding to our patient's diverse demographics remains a fundamental framework that will inform our transformation process.

NYC Health + Hospitals facilities provide care to one out of every six New Yorkers. Our patients come from across the globe, with almost half of them born in a country other than the USA.

Today, Asian and Hispanic population groups in New York City are experiencing the highest growth rates. Our patient's top ten countries of origin mirror New York City trends.

Additional characteristics of NYC Health + Hospitals' patient population reflect New York City's growing and changing diversity. Forty nine percent

of New Yorkers speak a language other than English at home, and of these, 23%, or 1.8 million residents, are limited English Proficient (LEP).<sup>4</sup> At NYC Health + Hospitals, approximately one out of every three patients is LEP, and prefers health care services in a language other than English. To bridge these gaps, NYC Health + Hospitals offers translation services in



Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP."

## TOP 10 SOURCES OF FOREIGN-BORN RESIDENTS, NYC

1. Dominican Republic
2. China
3. Mexico
4. Jamaica
5. Guyana
6. Ecuador
7. Haiti
8. Trinidad and Tobago
9. Bangladesh
10. India

## TOP 10 SOURCES OF FOREIGN-BORN PATIENTS, NYC NYC HEALTH + HOSPITALS

1. Dominican Republic
2. Mexico
3. Jamaica
4. Ecuador
5. Guyana
6. Bangladesh
7. Haiti
8. China
9. Trinidad and Tobago
10. Colombia

## TOP 10 REQUESTED PATIENT LANGUAGES ACROSS NYC HEALTH + HOSPITALS, FY 2015

1. Spanish
2. Bengali
3. Mandarin
4. Haitian Creole
5. French
6. Russian
7. Arabic
8. Polish
9. Cantonese
10. Albanian

Source: NYC Department of City Planning (2013), NYC Health + Hospitals' Siemens Data Warehouse (Calendar Year 2014), and NYC Health + Hospitals' CLAS Office.

more than 180 languages and dialects, and in fiscal year 2015 provided more than 11 million minutes of interpretation services – a 20% increase from the previous year.<sup>5</sup> The top languages requested by patients reflect the vast diversity of our patient population.

Challenges in understanding and navigating the health care system for patients at NYC Health + Hospitals go beyond language proficiency. For example, only 34.6% of New Yorkers are college graduates, and an estimated 36% percent of New York City adults have literacy proficiency at the lowest levels.<sup>6,7</sup> Many of these New Yorkers are NYC Health + Hospitals patients, and low health literacy may inhibit their ability to understand critical information, resulting in poor adherence to doctor's recommendations leading to negative health outcomes.



Although the Affordable Care Act is already reducing the number of patients in New York City who are uninsured, 14.1% of the population remains without insurance.<sup>8</sup>

The highest percentage of uninsured New Yorkers are in Brooklyn (13.7%), Queens (17.6%) and the Bronx (15.3%). Many of these individuals may continue to be ineligible due to their immigration status, and thus will rely on NYC Health + Hospitals' public safety net system to access services and meet their health care needs.

Nationally, New York City is also home to the largest lesbian, gay, bisexual and transgender (LGBT) community.<sup>9</sup>

## PROJECTIONS

The population of New York City is expected to increase 9.5% by 2040.



Joseph Salvo, PhD, City Department of Planning, provides a demographic overview of NYC for symposium attendees.

More than one million residents are currently over the age of 65, and projections estimate that this age group will increase by 40% between 2010 and 2040, presenting new challenges for New York City's health care system. Furthermore, approximately 500,000 New Yorkers are identified as having a disability that requires health care accommodations.<sup>></sup> These patients require comprehensive health care and integrated health care services that are sensitive and responsive to their unique needs.

While today's health care environment continues to evolve, our committed workforce remains a valuable organizational asset. NYC Health + Hospitals' current workforce demographics mirror New York City's. Our staff come from varied backgrounds and racial and ethnic groups, speak languages other than English, and often live in neighborhoods where they work among the patients they serve.

Going forward, shifting demographics among our patient population will have a significant impact on the kind of care patients need, and their ability to access that care. We must remain aware and responsive to these shifts and the new challenges they present. The evolving diversity of our patients will continue to serve as an over-arching framework as we work to fulfill our mission, ensure we follow our Guiding Principles, and meet our transformative 2020 Vision goals.

# BACKGROUND AND OVERVIEW OF THE 2015 NYC HEALTH + HOSPITALS HEALTH EQUITY SYMPOSIUM

In order to strategically embed health equity goals and principles into NYC Health + Hospitals' current organizational priorities, the Corporate Office of Culturally and Linguistically Appropriate Services (CLAS) first conducted an internal assessment of policies, practices and trainings currently available at NYC Health + Hospitals facilities. In addition, the CLAS Office researched current best practices in the provision of equitable care at large hospitals and health care systems from across the country to further inform and support planning.

Hospitals' community needs assessment findings – identified six critical areas for planning and quality improvement efforts. The America's Essential Hospitals Principles on Equity Care can be found in Appendix D.

## 1. PATIENT EXPERIENCE AND ENGAGEMENT

Exploring key issues that drive the patient experience, identifying shared challenges, and developing innovative solutions to help transform the patient experience and satisfaction with care.

## 2. WORKFORCE STRATEGY FOR CAPACITY BUILDING AND LONG-TERM PLANNING

Examining strategic approaches to public health workforce development and capacity building that support health equity goals and helps us attract, recruit, and retain a prepared, diverse and sustainable workforce.

## 3. HEALTH LITERACY

Exploring questions and themes pertaining to the integration of health literacy within NYC Health + Hospitals, and developing a framework that can be applied and adapted across the system to develop and promote health literacy initiatives and education programs for diverse contexts and populations.

## 4. GOVERNANCE OF RACE, ETHNICITY AND LANGUAGE (REAL) DATA

Identifying solutions to enhance the frequency, accuracy and reliability of REAL data collection, and strategies to improve the integration and sharing of REAL data to better track health outcomes and develop interventions to bridge gaps.

## 5. INTERNAL AND EXTERNAL COMMUNICATIONS

Exploring communication strategies to promote health equity through key



Caroline M. Jacobs, MS.Ed., MPH, Senior Vice President, Safety and Human Development, delivers opening remarks.

## BACKGROUND AND PLANNING

Beginning in the winter of 2014, the CLAS Office convened a Health Equity Symposium Steering Committee, comprised of content experts across the System (see Appendix A for a list of members). Chaired by Caroline M. Jacobs and Matilde Roman, this Committee met several times to identify and discuss areas of focus that could help to improve the delivery of equitable, patient-centered and culturally responsive care. The Steering Committee – informed by guiding principles set forth by America's Essential Hospitals and NYC Health +

messaging and education across the organization to inform and educate NYC Health + Hospitals employees, external partners and the public at large.

## 6. GOVERNANCE AND LEADERSHIP

Examining the role leadership plays in promoting equitable care and developing short- and long-term deliverables to ensure sustained organizational commitment to access and health equity.



Ram Raju, MD, NYC Health + Hospitals President and CEO, delivers keynote address.

The Steering Committee helped plan the inaugural NYC Health + Hospitals Health Equity Symposium, held on May 28, 2015 at Baruch College. The purpose of the Symposium was to convene senior leaders, designees and key stakeholders for a full-day strategic planning session around the six critical areas that support organizational change to enhance equitable care.

Leadership at NYC Health + Hospitals' Central Office, hospital and facility executive directors, their senior-level staff designees and key external stakeholders participated in the full-day Symposium.

Each participant was assigned to one of the six working group sessions and tasked to help NYC Health + Hospitals identify innovative approaches to improving access and the timely delivery of quality, equitable and culturally competent care.

Leading up to the Symposium, the CLAS Office distributed a survey to participants with the goal of defining health equity within the context of the NYC Health + Hospitals' mission, vision and strategic priorities, and garnering consensus on fundamental concepts used on the day of the Symposium. Survey results and supplementary materials and readings were shared with attendees (results in Appendix D,2).

## SYMPOSIUM OVERVIEW

More than 95 executives, senior leaders and stakeholders actively participated in the full-day event (attendees listed in Appendix A). Caroline M. Jacobs offered opening remarks, and Dr. Ram Raju, NYC Health + Hospitals CEO and President delivered the keynote address. Dr. Joseph Salvo, Director of the Population Division at the New York City Department of City Planning gave an overview of New York City demographics, trends and projections.

After the morning's keynote address and plenary session, participants joined their working group session, facilitated by subject matter experts to begin the strategic planning process (see Appendices A-B for a list of facilitators and working group session descriptions). Each session was designed to guide participants through a facilitated conversation to identify measurable goals and outcomes, and assist participants in developing approaches and solutions.

At the conclusion of the sessions, each working group had clearly articulated goals, supported by solutions or action steps ranked by priority, to inform the development of NYC Health + Hospitals' strategy to enhance equitable care by 2020.



Symposium Attendees



Patient Experience Working Group



Symposium attendees



Workforce Strategy Working Group



Data Governance Working Group



Health Literacy Working Group



Communications Working Group



Governance Working Group

# SUMMARY OF FINDINGS AND RECOMMENDATIONS

The following five priority domains and corresponding activities were identified based on the review and consolidation of recommendations from the working groups. Together, they define NYC Health + Hospitals' approach toward improving equitable care. They also align with Dr. Raju's 2020 Vision and the organization's Guiding Principles.

The five domains are:

- I. ORGANIZATIONAL ASSESSMENT
- II. RACE, ETHNICITY AND LANGUAGE (REAL) DATA GOVERNANCE
- III. BUILD ORGANIZATIONAL CAPACITY
- IV. STAFF AND COMMUNITY COMMUNICATION AND ENGAGEMENT
- V. STANDARDIZATION OF POLICIES AND PRACTICES

The five domains represent common themes in the strategies articulated in each of the six working groups. Collaboration across facilities, divisions and departments will be critical in advancing the work to achieve the goals and objectives within each domain.

(See Appendix C for consolidated recommendations.)

## I. ORGANIZATIONAL ASSESSMENT

A comprehensive organizational assessment will help NYC Health + Hospitals measure how well we are doing as a culturally competent, equitable health care organization, and gain insight on where gaps exist and opportunities for growth. Assessment results will help define benchmarks on NYC Health + Hospitals' current performance in meeting health equity goals, and aid in developing benchmarking tools to measure progress in the next three to five years. This assessment will also validate the findings and recommendations from the Symposium, and further inform subsequent initiatives to bridge gaps and advance the health equity agenda for the organization.

The following is a list of activities for this domain:

- 1. Conduct research**  
Research existing, evidence-based tools to determine an appropriate method and approach for NYC Health + Hospitals to conduct an organizational assessment and measure progress towards health equity goals.
- 2. Perform organizational assessment**  
Conduct the assessment to obtain baseline measures on key quality improvement areas (i.e., patient experience, workforce development, policy and practice, health literacy, communications, etc.). The assessment process could include feedback from patients, staff and key community stakeholders and result in the issuance of final report and action plan.
- 3. Conduct quality improvement initiatives**



Assessment findings will validate and inform the future development and implementation of additional quality improvement initiatives. These can be evaluated against established baselines to measure progress in advancing health equity goals.

#### 4. Re-assess benchmarks, goals and progress

Explore the need for an organization re-assessment in 2020 to continue to identify opportunities for growth in advancing NYC Health + Hospitals' health equity agenda moving forward.



## II. RACE, ETHNICITY AND LANGUAGE (REAL) DATA GOVERNANCE

Improvement in the collection and use of data includes increasing the reliability, accuracy and use of patient demographic information to deliver culturally responsive services customized to meet patients' individual needs. Demographic information includes key value sets such as race, ethnicity, language and country of origin, in addition to other data sets that can provide a more complete and accurate picture of the patients NYC Health + Hospitals serves. The data can be applied to detect and measure disparities in health and health care outcomes among our patients that can be addressed with the development of intervention strategies to bridge gaps.



There is a range of patient demographic data collected across the system; however the data needs to be uniformly collected and assessed to ensure greater reliability. Measuring health care quality and outcomes using improved data sets will inform policy and administrative decisions that enhance patient experience, quality, safety and access.

The following is a list of activities for this domain:

### 1. Mapping/Needs assessment

Map NYC Health + Hospitals data sources and current workflow practices for data collection and quality improvement; and identify and prioritize gaps, value sets for new data collection purposes (sexual orientation, veteran status, visual impairment, etc.) and areas in need of improvement (e.g., missing data and inaccuracies in data submitted).

### 2. Develop training and education programs

Develop and launch a comprehensive educational initiative focused on training key staff, and educating patients and communities about the relevance and importance of collecting specific patient demographic value sets and appropriately documenting interpretation services rendered.

### 3. Build monitoring and auditing tools and process

Develop monitoring and evaluation processes to produce quality, real-time reports and audit tools for staff to manage the collection,

accuracy and reliability of our demographic data.

#### 4. **Improve data application**

Develop process for analyzing and disseminating patient data stratified by various measures to identify disparities in real-time. Develop dashboards and/or reports to inform policy and decision makers or other relevant staff to influence programs and protocols that strengthen the delivery of equitable care.

### III. BUILD ORGANIZATIONAL CAPACITY

NYC Health + Hospitals' greatest asset is in the vast cultural and linguistic diversity of its workforce. Our staff brings their uniquely diverse perspectives, backgrounds and understanding in delivering care.



NYC Health + Hospitals' ability to improve equity and eliminate disparities ultimately rests on the ability to build staff capacity and use talent, training, and information to provide the highest quality care to our patients in a culturally sensitive manner. A patient-centered, skilled workforce with knowledge on social determinants of health is essential for providing individualized care that meets the unique needs of diverse patients.

The following is a list of activities for this domain:

#### 5. **Embed health equity values, mission and vision into NYC Health + Hospitals' organizational function and structure**

Establish uniform definitions and guidance on the values, mission and principles of cultural competence and health equity goals. Engage staff to learn, adopt, and employ the values, mission and vision of health equity.

#### 6. **Strengthen training opportunities**

Increase training opportunities to enhance the body of knowledge around health equity and population health, with the goal of improving how we deliver services. Develop a continuous learning and engagement strategy, inclusive of facility-specific training and education programs. Develop new opportunities or embed content into existing continuing education courses, credits and additional certification opportunities.

#### 7. **Enhance recruitment, hiring and performance**

Enhance standards and procedures to ensure NYC Health + Hospitals screens and hires staff that have the right skills, abilities and attitudes to serve patients from diverse cultural, linguistic and religious backgrounds, and that support the 'Patient's First' Guiding Principle and other NYC Health + Hospitals strategic priorities

### IV. STAFF AND COMMUNITY COMMUNICATION AND ENGAGEMENT

Building effective engagement and communication strategies tailored to meet the cultural and linguistic needs of patients and communities will promote transparency and establish deeper levels of trust, creating greater in-roads in achieving health equity

goals. Strengthened links to the community, through members of community advisory boards (CABS), DSRIP partners, individual patients and additional new avenues, will help us assess gaps and develop initiatives to improve population health, health care quality and work towards health equity.

NYC Health + Hospitals can improve communication with patients and their communities to better understand perceptions of care, and use this feedback to inform the development of targeted messaging and tools to improve access, improve the patient experience and increase NYC Health + Hospitals' market share. NYC Health + Hospitals can also develop a comprehensive plan to improve health literacy for our patients and in our policies, practices and materials to foster improved patient-provider communication, understanding and engagement to ultimately improve health outcomes.

The following is a list of activities for this domain:

**8. Develop an 'equity focused' communication strategy**

Develop and launch a broad communications campaign designed to inform and educate NYC Health + Hospitals staff and the public at large about health equity principles and goals. This can include facility-specific events and marketing strategies highlighting NYC Health + Hospitals' work towards improving equity

and reducing disparities in care, in addition to targeted educational campaigns for segments of our staff or patient populations.

**9. Develop strategies, practices and initiatives to support health literacy:**

Develop programs, initiatives and practices to build the set of skills patients need to understand health information and engage in self-care activities. Change organizational and professional practices to improve health literacy and ensure health information, products and services are accessible and understandable to patients and the communities we serve.

**10. Build community relations capacity**

Increase our community relations capacity by increasing the number and type of staff taking on community relations roles at NYC Health + Hospitals to build trust and help NYC Health + Hospitals identify concerns and perceptions of care; increase staff involvement in their facility's community through the development of regular, ongoing Corporate and facility-specific external engagement opportunities; build community and patient advisory teams at each facility with the purpose of fostering patient and community relations.





## V. STANDARDIZATION OF POLICIES AND PRACTICES

Standardization of policies and practices that prioritize reducing health disparities and advancing health equity goals will further support NYC Health + Hospitals' health equity agenda. Strengthening policies, guidelines and protocols in key areas that influence the delivery of equitable care (e.g., workforce, communications, data collection, patient education, translation coordination, interactions with patients) will support uniformity in practices and can help reduce variances in the delivery of care.

The following is a list of activities for this domain:

### 11. Standardize policies and practices

Identify initial areas of focus and develop or strengthen current standards, operating principles and guidelines that govern the delivery of equitable care and support NYC Health + Hospitals' health equity agenda. Develop a process for review and revision among key stakeholders.

### 12. Enhance education and training

Develop workshops, training, resources and other learning opportunities to inform and educate staff on new or updated standardized policies, procedures, protocols or guidelines to ensure coordinated responses and strategy

to identify and reduce disparities and deliver equitable care; develop a strategy to hold staff accountable and ensure compliance in adhering to new or updated standards.

## CONCLUSION

The five domains and subsequent strategies serve as an initial roadmap for NYC Health + Hospitals to initiate the process for organizational change and move toward greater health equity over the next 3-5 years. This document outlines, in broad strokes, the activities and deliverables under each domain that may require further refinement to achieve the stated goals. The strategies build upon one another and require broad collaboration and partnership across NYC Health + Hospitals facilities, divisions, departments, and our external community stakeholders. When implemented, the activities will strengthen the bridge between NYC Health + Hospitals patients, their communities and our organization and staff.

# NEXT STEPS

As the health care system responds to demographic shifts and changes brought forth by the Affordable Care Act, as a progressive thought leader NYC Health + Hospitals is taking a forward thinking approach to recognizing and addressing the unique culture, language and health literacy needs of our patients to improve individual health and build healthy communities.

NYC Health + Hospitals' inaugural Health Equity Symposium marked an important step in our work toward enhancing culturally competent and equitable health care for all New Yorkers.

The three to five year strategic plan outlines the recommendations from participants at the working group discussions.

To make inroads we must hold ourselves accountable for the advancement of these efforts, and partner with our workforce, patients and communities to deliver the highest standard of high-quality care that is culturally competent and patient-centered.

NYC Health + Hospitals' success in implementing these strategies will require ongoing leadership commitment, training, assessment and monitoring of progress. Our patients must remain the focal point of our continued efforts. In the coming months, we will convene teams across the system to begin developing and implementing these initiatives, and report on progress made along the way. Together, we take the first step in NYC Health + Hospitals' transformative journey toward improving the delivery of equitable care.



# APPENDICES

## APPENDIX A: HEALTH EQUITY SYMPOSIUM STEERING COMMITTEE MEMBERS, FACILITATORS AND PARTICIPANTS

### HEALTH EQUITY SYMPOSIUM STEERING COMMITTEE

**Patricia Banks**, Assistant Director,  
Coney Island Hospital

**Raven Carter, MBA, FACHE**, Director, Patient and  
Family Experience, Central Office

**Kenneth Feldman, Ph.D, Ed.D, FACHE**,  
Associate Executive Director,  
Gouverneur Health

**Caroline M. Jacobs, Ms.ED., MPH,\***  
Corporate Safety Officer and Senior Vice President,  
Safety and Human Development, Central Office

**Ana Marengo**, Senior Vice President, Corporate  
Communications and Marketing, Central Office

**Ivelesse Mendez-Justiniano, MBA, MS**, Senior  
Director, Workforce Development, Central Office

**Camellia Mortezaazadeh, MPH**, Associate Director,  
Corporate CLAS Office, Central Office

**Christina Powell, MPA**, Director, The Fund for NYC  
Health + Hospitals, Central Office

**Matilde Roman, Esq.,\*** Senior Director, Corporate  
CLAS Office, Central Office

**Vivian Sun, RD, MS**, Associate Executive Director,  
South Manhattan Health Network

**Yvette Villanueva, MA**, Senior Associate Executive  
Director, Generations Plus Northern Manhattan  
Health Network

**Carol White, MPH**, Associate Executive Director,  
Queens Health Network

**Mark Winiarski, PhD**, Assistant Director, Corporate  
Planning Services, Central Office

### SYMPOSIUM FACILITATORS

**Emily Briglia, MPH**, Health Literacy Manager,  
Community Healthcare Network

**LaRay Brown**, Senior Vice President,  
Corporate Planning, Community Health and  
Intergovernmental Relations, Central Office

**Paul Contino**, Chief Technology Officer, Enterprise  
Information Technology Services, Central Office

**Nancy Doyle**, Senior Assistant Vice President,  
Workforce Development and Human Resources,  
Central Office

**Cleon Edwards**, Associate Executive Director,  
Queens Hospital Center

**Caroline M. Jacobs, Ms.ED., MPH,\***  
Corporate Safety Officer and Senior Vice President,  
Safety and Human Development, Central Office

**Lauren Johnston, RN, MPA, NEA-BC, FACHE**,  
Corporate Chief Executive Nurse and Senior  
Assistant Vice President, Patient Centered Care,  
Central Office

**JoAnn Liburd, RHIA**, Assistant Vice President,  
Accreditation and Regulatory Services,  
Central Office

**Ivelesse Mendez-Justiniano, MBA, MS**, Senior  
Director, Workforce Development,  
Central Office

**Lynn Schulman, Esq.**, Senior Associate Executive  
Director, Woodhull Medical and Mental Health  
Center

**Maurice Wright, MD**, Medical Director, Harlem  
Hospital Center

\*Chair of Health Equity Symposium

## SYMPOSIUM PARTICIPANTS

(Participant titles as of May 2015)

Sudha Acharya, MA, MS, Executive Director, Southeast Asian Coalition for Social Services

Yader Aguilar, Assistant Director, Office of Special Projects, Central Office

Steven Alexander, MBA, Executive Director, Bellevue Hospital Center

Michelle Antonio-Pickering, MBA, Senior Executive Secretary, Safety and Human Development, Central Office

Patricia Banks, Assistant Director, Coney Island Hospital

Ernest J. Baptiste, MS, MPA, Executive Director, Kings County Hospital Center

James Barber, Associate Executive Director, Sea View Hospital Rehabilitation Center and Home

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Ebone Carrington, MPA, Deputy Executive Director and Chief Operating Officer, Harlem Hospital Center

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Jacqueline Chiofalo, Research Associate, Elmhurst Hospital Center

Ann Cohen, Writer

Melanie Colon, Assistant Director, Bellevue Hospital Center

Paul Contino, Chief Technology Officer, Enterprise Information Technology Services, Central Office

Cristina Contreras, Associate Executive Director, North Central Bronx Hospital

Kaweenia Coote, Personnel Representative, Workforce Development, Central Office

Elsa Cosme, Chief Financial Officer, Gouverneur Health

Lebby Delgado, RHIA, Associate Executive Director, Lincoln Medical and Mental Health Center & Harlem Hospital

Nancy Doyle, Senior Assistant Vice President, Workforce Development and Human Resources, Central Office

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Karen Dudek, RN, MBA, Chief Nursing Officer, Gotham Health FQHC

Cleon Edwards, Associate Executive Director, Queens Hospital Center

Meghan Farrell, Assistant Director, Internal Communications, Central Office

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Christopher M. Fugazy, Chief Operating Officer, Jacobi Medical Center

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JoAnn Liburd, RHIA, Assistant Vice President, Accreditation and Regulatory Services, Central Office

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Ana Marengo, Senior Vice President, Corporate Communications and Marketing, Central Office

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Antonio Martin, MS, Executive Vice President and Chief Operating Officer, Central Office  
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Sheldon McLeod, Chief Operating Officer, Kings County Hospital Center  
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Walid Michelen, MD, Chief Executive Officer/Chief Medical Officer, Gotham Health  
Marilyn Miller, Assistant Director of Nursing Care Management, Queens Hospital Center  
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John Morley, MD, Network Chief Medical Officer, North Bronx Healthcare Network  
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Irene Quinones, Senior Associate Director, Metropolitan Hospital Center  
Anthony Rajkumar, MS, Executive Director, Metropolitan Hospital Center  
Ram Raju, MD MD, MBA, FACS, FACHE, President and CEO, Central Office  
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Maria M. Rivera, Deputy Director, Metroplus Health Plan  
Matilde Roman, Esq.\* Senior Director, Corporate CLAS Office, Central Office  
Joseph Salvo, PhD, Director of Population Division, New York City Department of City Planning  
Lynn Schulman, Esq. Senior Associate Executive Director, Woodhull Medical and Mental Health Center  
Hyung Kune Shim, Program Manager, Workforce Development, Central Office  
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John Spellos, Audio and Visual Services, Central Office

Shellie Spruill, Administrative Assistant, Accreditation and Regulation, Central Office  
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Michael G. Thomas, PharmD, M.S. Pharmacy Director, Lincoln Medical and Mental Health Center  
Yvette Villanueva, MA, Senior Associate Executive Director, Generations Plus Northern Manhattan Health Network  
Arthur Wagner, Senior Vice President South Brooklyn and Staten Island Health Network and Executive Director, Coney Island Hospital  
Ashley Wagner, Office of Special Projects, The Fund for NYC Health + Hospitals  
Bill Walsh, Senior Vice President, North Bronx Healthcare Network and Executive Director, Jacobi Medical Center  
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Roslyn Weinstein, Senior Assistant Vice President, Operations/President's Office  
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Ross Wilson, MD, FRACP, FCIM, Senior Vice President of Quality and Corporate Chief Medical Officer, Central Office  
Mark Winiarski, PhD, Assistant Director, Corporate Planning Services, Central Office  
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John Zhang, PhD, Director of Health Analytics, Lincoln Medical and Mental Health Center  
Marlene Zurack, MS, Senior Vice President/Chief Financial Officer, Finance and Managed Care, Central Office  
Glenn Zuraw, CHI™, Associate Director, Elmhurst Hospital Center

## APPENDIX B: HEALTH EQUITY SYMPOSIUM WORKING GROUP SESSION DESCRIPTIONS AND AGENDA

### PATIENT EXPERIENCE AND ENGAGEMENT

This session will explore key issues that drive patient experience, identify shared challenges, and explore innovative solutions to help transform patient experience and satisfaction with care.

**Challenge statement:** In the 2020 Vision, Dr. Raju made improving patient experience and satisfaction a strategic priority. This requires NYC Health + Hospitals to address every aspect of a patient's encounter, which includes a patient's educational, emotional and spiritual needs, and will require a commitment from every employee to focus on his/her role toward achieving that strategic goal.

The group's discussion should focus on measurable strategies, solutions and action steps that can improve service delivery and patient-centered care to meet or exceed all consumers' needs and expectations.

### WORKFORCE STRATEGY FOR CAPACITY BUILDING AND LONG-TERM PLANNING

This session will examine strategic approaches to public health workforce development and capacity building that supports health equity goals and attracts, recruits, and retains a prepared, diverse and sustainable workforce.

**Challenge statement:** NYC Health + Hospitals' workforce is racially, ethnically and linguistically diverse, and reflective of the patients it serves. In order to facilitate organizational change to advance health equity and the equitable delivery of care, NYC Health + Hospitals must explore strategies to leverage existing resources (e.g. staff skills and competencies), and innovative solutions to actively strengthen staff and organizational capacity to address issues of health care access and disparities. Investing in NYC Health + Hospitals' workforce will be necessary to help transform the organization and meet its strategic priorities.

The discussion should focus on measurable strategies and action steps to advance individual competencies and organizational capacity to promote health equity, and explore how health equity goals can be integrated into professional development and capacity building initiatives and programs to ensure NYC Health + Hospitals' workforce is well-equipped to provide quality service to a diverse patient population.

### HEALTH LITERACY

This session will explore questions and themes pertaining to the integration of health literacy within NYC Health + Hospitals, and the development of a framework that can be applied and adapted across the system to promote

health literacy initiatives and education programs for diverse contexts and populations.

**Challenge statement:** Health literacy refers to a broad set of skills that help patients understand health information, implement basic self-care activities, and navigate health care systems. Challenges exist for patients with low literacy skills, recent arrivals to the U.S., and who lack English proficiency when accessing and navigating the health care system. Patients are less likely to comply with treatment if they do not understand it or have conflicting health beliefs, are more likely to be dissatisfied with their care, and more likely to use the Emergency Department for primary care.

Guided by the Community Needs Assessment findings, NYC Health + Hospitals needs a plan to improve and reinforce health literacy to ensure that all patients and their families have the capacity to access and understand the information they need to engage in health improvement strategies or reap their health benefits. Thus, the focus for discussion is to outline a roadmap to develop a comprehensive, integrated health literacy program that will be implemented across the system.

### GOVERNANCE OF RACE, ETHNICITY AND LANGUAGE (REAL) DATA

This session will identify solutions to enhance the frequency, accuracy and reliability of REAL data collection, and strategies to improve the integration and sharing of REAL data to better track health outcomes and develop interventions to bridge gaps.

**Challenge statement:** Eliminating health care disparities is essential to improving quality of care for all patients. One important tool is the complete and accurate collection and use of patient race, ethnicity and language (REAL) data that can be used to identify gaps.

When evaluated at the individual health care site level, there remains a large proportion of patient demographic information that is either blank or incorrect. Greater accuracy in the collection of REAL data will improve its reliability and enhance how NYC Health + Hospitals identifies health disparities that exist. Improvement in the completeness and accuracy of REAL data will permit greater opportunities to trend, identify gaps and target intervention strategies to address disparities and improve patient health outcomes.

The focus of the group's conversation is to explore the quality of the REAL data (i.e. how the data is housed and collected), discuss the known gaps in the collection and consolidation process that needs to be addressed, and identify strategies and action steps to establish more reliable REAL baselines to monitor trends over time.

## COMMUNICATIONS (INTERNAL AND EXTERNAL)

This session will explore communication strategies to promote health equity through key messaging and education across the organization to inform and educate NYC Health + Hospitals employees, external partners and the public at large.

**Challenge statement:** Access to health information (both written and oral) that can be easily understood is important to a patient's perception of the quality of health care he or she receives. Written materials and the quality of interactions with health care professionals enhances effective communication and improves health outcomes for patients and health care teams. The connection that patients feel with their clinicians can ultimately improve their health through participation in their care, adherence to treatment, and patient self-management.

Clear messaging to employees is equally important to ensure the workforce understands the mission, goals, values and procedures of the organization. Clear strategies can improve the consistency and uniformity of key messaging points and facilitate what should be communicated, when it should be communicated and how it should be communicated.

The focus of the group's discussion is to develop a long-term focus, clear goals and method for the development and implementation of a comprehensive communication strategy geared to supporting effective communication for patients, NYC Health + Hospitals employees and other relevant external stakeholders.

## GOVERNANCE AND LEADERSHIP

This session will examine the role leadership plays in promoting equitable care and developing short- and long-term deliverables to ensure sustained organizational commitment to access and health equity.

**Challenge statement:** Achieving health care equity is both a challenge and an opportunity. Barriers exist in the form of constrained budgets, insufficient staffing, technology gaps and the absence of patient data needed to address disparities. As policy and decision-makers, leaders play a critical role in setting the organization's value and putting into context the importance of health equity in the delivery of care to diverse communities. Strong governance is required to lead NYC Health + Hospitals in its transformation over the next five (5) years and to set clear guidance and expectations to employees to ensure NYC Health + Hospitals fulfills its obligation to provide quality, meaningful access to New York City's diverse population.

The focus of this dialogue is to allow health care executives to organize and prioritize goals, strategies and outcomes to address health care equity within established strategic planning processes.

## SYMPOSIUM SCHEDULE

### Registration and Continental Breakfast

#### Welcoming Remarks

Caroline M. Jacobs, MS.Ed., MPH, Senior Vice President  
NYC Health + Hospitals

#### Keynote Address

Ram Raju, MD, President and CEO  
NYC Health + Hospitals

#### City's Demographic Outlook 2015 and Beyond

Joseph Salvo, PhD  
Director of the Population Division  
New York City Department of City Planning

#### Introduction to Working Sessions

#### Break

#### Working Sessions

#### Lunch

#### Session Debrief

#### Closing Remarks and Next Steps

## APPENDIX C: CONSOLIDATED RECOMMENDATIONS

I. Organizational Assessment				Related 2020 Vision Priorities	
<p><b>Goal:</b> Obtain defined benchmarks on how well HHC is meeting health equity goals and principles, and develop a benchmarking tool that will enable HHC to assess progress and gaps in its strategic plan, and aid in informing subsequent initiatives to bridge gaps and advance the health equity agenda for the Corporation.</p> <p><b>Strategy:</b> Conduct an organizational assessment to assess where HHC stands as a culturally competent healthcare organization and obtain baselines to measure progress in achieving health equity goals and principles over time. The assessment results will serve as a benchmarking tool that will enable HHC to measure progress in advancing defined health equity goals.</p> <p><b>Rationale:</b> In order to measure how well we are doing and progressing as a culturally competent, equitable healthcare organization, we need to conduct an organizational assessment to identify gaps and areas for improvement and growth. An organizational assessment will provide us with benchmarks on how we are doing and how to measure our progress, and will further validate the Symposium's findings and recommendations.</p>				<p>Improve the patient experience, increase market share, improve access</p>	
				Symposium Working Groups	
				Governance and Leadership	Patient Experience and Engagement
				Governance of REAL Data	Workforce Strategy
				Health Literacy	
				Communications	
Activity	Objectives	Deliverable	Responsibility	Timeline	
1	<b>Research and Development:</b> (1) Research approaches and current tools used to determine appropriate baselines that can be used to measure progress; (2) Research various vendor services and costs associated with conducting an organizational assessment; (3) Decide on approach and areas HHC would focus on to measure quality improvements related to advancing the health equity agenda.	(1) Develop proposal with recommended approach and proposed vendor(s) to perform an organizational assessment; (2) Methods and data sources used to calculate measures need to be replicable to ensure a follow-up assessment can be conducted within 3-5 years.	Proposal Concept	Corporate CLAS Office	By FY 2016 - Q2
2	<b>Perform organizational assessment:</b> Using an evidence-based, evaluative tool obtain baseline measurements in key quality improvement areas of focus (i.e., patient experience, workforce development, policy and practice, health literacy, communications, etc.); Assessment process should include feedback from patients, staff and key community stakeholders.	(1) Identify current capacity, strengths and opportunities for growth in the delivery of culturally competent and equitable care; (2) Develop benchmarks on key measures to establish a baseline; (3) Ensure data collected and benchmark measures are aligned to HHC's strategic initiatives (e.g. 20/20 Vision, Access) and nationally endorsed/recognized initiatives).	Final Assessment Report/ Action Plan	Central Office (TBD)	FY 2016 - Q3 through FY 2017 - Q1
3	<b>Quality Improvement Initiatives:</b> The findings and recommendations will inform the development and implementation of additional quality improvement initiatives and strategies that can be evaluated against established baselines.	Development and implementation of supplemental strategies and initiatives focused on advancing health equity goals in areas identified.	Quality Improvement Programs and Initiatives (TBD)	Central Office (TBD) Other Departments (TBD)	FY 2017 - Q2 through FY 2019 - Q4
4	<b>Re-assessment.</b> Conduct subsequent organizational assessment in 4-5 years using similar tool and approach to measure progress and improvement.	Use similar methods and data sources used to calculate measures to be performed organizational assessment.	Follow up report with progress made and opportunities for growth to continue health equity agenda beyond 2020	Central Office (TBD) Other Departments (TBD)	FY 2020

II. REAL Data Governance				Related 2020 Vision Priorities	
<p><b>Goal:</b> Improve the collection, reliability and application of key value sets (e.g., race, ethnicity, country of origin, language, sexual orientation, disability, etc.) relevant to achieving health equity goals; stratify data to enhance understanding of the patients HHC serves and identify health and healthcare disparities that may be addressed through targeted intervention strategies; develop processes for further analyses and application that informs policy and decision makers and improves the patient experience, outcomes, quality, safety and access.</p> <p><b>Strategy:</b> Develop a multi-pronged approach to improve the collection and accuracy of key data sets relevant to measuring disparities in health and health care outcomes; monitor progress and validate data; develop methods to use and analyze data to inform decisions and new intervention strategies at HHC.</p> <p><b>Rationale:</b> There is range of demographic data collected across the Corporation; however, variances exist in the collection, reliability and use of these data to assess changes in our patient populations and to detect and measure disparities in health and healthcare outcomes. Detecting and measuring disparities is vital to the development of data-driven strategies and initiatives to bridge gaps.</p>				<p>Improve the patient experience, increase market share, improve access, increase financial viability</p>	
				Symposium Working Groups	
				Governance and Leadership	Workforce Strategy
				Governance of REAL Data	Patient Experience and Engagement
				Communications	
Activity	Objectives	Deliverable	Responsibility	Timeline	
1	<b>Mapping/Needs Assessment:</b> (1) Map data sources and current workflow practices for data collection that includes identifying key areas/departments responsible for inputting data; (2) Identify and prioritize value sets for data collection purposes (e.g., sexual orientation, veteran status, visual impairment, etc.); (3) Identify gaps and areas in need of improvement (e.g., missing data and inaccuracies in data submitted)	Develop a comprehensive data dictionary that includes final mapping of all data elements related to demographic information and measures that inform patient experience and care	(1) Baseline data summary compiled and vetted; (2) Baseline measure of completed REAL data fields (20/20 indicator); (3) Measure of concordance between language requested and interpretation services rendered	CLAS Office Finance/Revenue Management EITS/EPIC Teams Medical and Professional Affairs	FY 2016 Q4
2	<b>Training and Education:</b> Develop and launch a comprehensive educational initiative focused on training key staff, and educating patients and communities about the relevance and importance of collecting demographic information. Staff training may include the development of guidelines to define protocol for requesting and collecting key patient demographic value sets and appropriately documenting interpretation services rendered.	Improve the reliability and accuracy of demographic data being or to be collected	(1) Develop toolkit /FAQs and other supplemental materials to improve the collection and accuracy of data; Develop staff training curriculum (2) Create patient education materials; (3) Develop guidelines for staff that work on Soarian /Epic	CLAS Office Finance/Revenue Management EITS /EPIC Teams Medical and Professional Affairs	Begin FY 2016-Q2 through FY 2020
3	<b>Monitoring and Auditing:</b> Develop monitoring and evaluation systems that produce quality data in a consistent manner.	Develop a mechanism to measure success and improve the management of data collection and accuracy.	Implement and launch data quality audit tool	CLAS Office Finance/Revenue Management EITS/EPIC Teams Medical and Professional Affairs	Begin FY 2016
4	<b>Data Application:</b> Develop process for analyzing and disseminating patient data stratified by various key measures to identify inequities in care; information will inform key policy and decision makers or other relevant staff to influence programs and protocols that strengthen the delivery of equitable care.	Provide real-time feedback to key stakeholders; detect healthcare disparities	Develop dashboard and reports	CLAS Office Finance/Revenue Management EITS/EPIC Teams Medical and Professional Affairs	Begin FY 2017

III. Build Organizational Capacity			Related 2020 Vision Priorities					
<p><b>Goal:</b> Build HHC's organizational capacity to meet the unique health and health care needs of New York City's diverse population, and provide the highest quality care in a culturally, linguistically and equitable manner.</p> <p><b>Strategy:</b> Develop and implement a workforce strategy that builds a culturally competent and diverse workforce, and offers education and resources to enhance knowledge and skills in order to best serve patients from diverse cultural, linguistic and religious backgrounds, social groups, or other special populations.</p>			<p>Improve the patient experience, increase market share, improve access</p>					
<p><b>Rationale:</b> Various training and education programs exist across facilities; however, unified, consistent messaging and Corporate-wide learning opportunities will enhance the knowledge and skills of our workforce to deliver equitable, patient-centered, culturally-responsive care.</p>			<p>Symposium Working Groups</p> <table border="1"> <tr> <td>Workforce Strategy</td> <td>Governance and Leadership</td> </tr> <tr> <td>Patient Experience and Engagement</td> <td>Communications</td> </tr> </table>		Workforce Strategy	Governance and Leadership	Patient Experience and Engagement	Communications
Workforce Strategy	Governance and Leadership							
Patient Experience and Engagement	Communications							
Activity	Objectives	Deliverables	Responsibility	Timeline				
1	<b>Embed health equity values, mission and vision into HHC's organizational function and structure:</b> Establish concrete definitions and congruent language that commits to the values, mission and vision of cultural competence and health equity goals to be disseminated corporate wide.	Engage staff to learn and adopt the values, mission and vision of health equity and cultural competence through clearly established and uniform health equity messaging and guidelines.	(1) Establish uniform definitions and guidance on the values, mission and principles of cultural competence and health equity goals (e.g., code of conduct); (2) Develop framework for incorporating uniform language into existing initiatives and programs	President's Office CLAS Office Human Resources (central and at facilities) Workforce Development Corporate Communications Facility and Network Leadership	FY 2016			
2	<b>Strengthen Training Opportunities:</b> Increase training opportunities to enhance the body of knowledge around health equity and population health, with the goal of improving how we deliver services.	(1) Develop strategy for continuous learning/engagement and comprehensive skills development; (2) Increase the body of knowledge around health equity and population health with the goal of improving the delivery of equitable care.	(1) Develop facility-specific training and education programs to develop skills or knowledge; (2) Develop new opportunities or embed content into existing continuing education courses/credits and other certification opportunities.	CLAS Office Workforce Development	FY 2017			
3	<b>Enhance recruitment, hiring and performance:</b> Develop targeted standards and procedures to ensure HHC hires staff that have the right skills and abilities to serve patients from diverse cultural linguistic and religious backgrounds and support the 'Patient's First' guiding principle and other HHC strategic priorities (i.e., improve access, increase market share, etc.)	Better screen for attitudes and behavior that align with HHC's priorities, including health equity and cultural competency goals and principles.	(1) Develop target competencies for recruiting and evaluation; (2) develop code of conduct that can be integrated into new employee orientation (NEO) and other onboarding processes	CLAS Office Workforce Development Human Resources (central and at facilities)	FY2017			

IV. Staff and Community Communication and Engagement			Related 2020 Vision Priorities							
<p><b>Goal:</b> Communicate and engage with our staff, patients and communities to increase awareness and improve population health outcomes, health care quality and achieve health equity.</p> <p><b>Strategy:</b> Develop communication and engagement strategies to reach, inform and empower staff, patients and community members to advance HHC's health equity agenda.</p>			<p>Improve the patient experience, increase market share, improve access</p>							
<p><b>Rationale:</b> HHC needs to develop a strategic campaign to effectively message and communicate its commitment to health equity for internal staff and external patient and community audiences. We can improve engagement with patients and their communities to better understand perceptions of care and develop targeted messaging and tools to improve access, improve patient experience and increase HHC's market share. HHC can further develop a comprehensive plan to increase access to health information, products and services that are better understood by our patients.</p>			<p>Symposium Working Groups</p> <table border="1"> <tr> <td>Communications</td> <td>Health Literacy</td> </tr> <tr> <td>Governance and Leadership</td> <td>Patient Experience and Engagement</td> </tr> <tr> <td></td> <td>Workforce Strategy</td> </tr> </table>		Communications	Health Literacy	Governance and Leadership	Patient Experience and Engagement		Workforce Strategy
Communications	Health Literacy									
Governance and Leadership	Patient Experience and Engagement									
	Workforce Strategy									
Activity	Objectives	Deliverables	Responsibility	Timeline						
1	<b>Comprehensive Communication Strategy:</b> Develop and launch a broad communications campaign designed to inform and educate HHC staff and the public at large about health equity principles and goals	(1) Promote awareness of HHC's efforts to advance health equity goals; (2) Improve population health outcomes and healthcare quality	(1) Develop facility-specific public events, marketing strategies to highlight HHC work to advance health equity; (2) develop targeted educational campaigns (internal and external-facing)	President's Office CLAS Office Corporate Communications and Facility External Affairs Internal Communications Corporate Planning/IGA Cultural Competency Working Group Medical and Professional Affairs	FY 2017					
2	<b>Develop strategies, practices and initiatives to support health literacy:</b> Establish an action plan to ensure health information, products and services are accessible and understandable to patients and the communities HHC serves	(1) Develop programs, initiatives and practices to build the set of skills patients need to understand health information and implement basic self-care activities; (2) change organizational and professional practices to improve health literacy	(1) Create uniform reader-friendly materials that incorporate plain language principles, and are available in the top HHC written languages; (2) develop and launch health literacy tools (e.g. teach-back) to foster more effective communication	TBD	Beginning FY 2016					
3	<b>Build community relations capacity:</b> Increase the number and type of staff taking on community relations roles at HHC	(1) Foster community relations with patients and staff to build trust and help HHC identify concerns and perceptions of care; (2) Increase staff involvement in their facility's community	(1) Define role and scope of participation for staff taking on community relations roles (e.g. HHC Ambassador Program); (2) develop plans for regular, ongoing corporate and facility-specific external engagement opportunities; (3) build community and patient advisory teams at each facility with the purpose of fostering patient and community relations	CLAS Office Corporate Communications and Facility External Affairs Corporate Planning/IGA Cultural Competency Working Group Medical and Professional Affairs	Beginning in 2017 - ongoing					

V. Standardization of Policy and Practices			Related 2020 Vision Priorities								
<p><b>Goal:</b> Standardize policies and practices that prioritize reducing health disparities and strengthen health equity goals.</p> <p><b>Strategy:</b> Standardize policies and practices in key areas with a focus on promoting health equity goals, and develop a strategy to inform and educate staff and other key stakeholders to affect desired change.</p>			<p>Improve the patient experience, increase market share, improve access</p>								
<p><b>Rationale:</b> HHC needs standardized procedures and practices in key areas that influence the delivery of equitable care (e.g., workforce, communications, data collection, patient education, translations, interactions with patients) in order to establish cohesive policies that can be used as benchmarks to measure and reduce variances across the Corporation.</p>			<p>Symposium Working Groups</p> <table border="1"> <tr> <td>Communications</td> <td>Health Literacy</td> <td>Governance of REAL Data</td> </tr> <tr> <td>Governance and Leadership</td> <td>Patient Experience and Engagement</td> <td>Workforce Strategy</td> </tr> </table>			Communications	Health Literacy	Governance of REAL Data	Governance and Leadership	Patient Experience and Engagement	Workforce Strategy
Communications	Health Literacy	Governance of REAL Data									
Governance and Leadership	Patient Experience and Engagement	Workforce Strategy									
Activity	Objectives	Deliverables	Responsibility	Timeline							
<p>1</p> <p><b>Standardize Policies and Practices:</b> Develop and strengthen standards, operating principles and guidelines that govern the delivery of equitable care and support HHC's health equity agenda.</p>	<p>Establish criteria, standards and guidelines and set standard protocols that govern the delivery of equitable care.</p>	<p>(1) Identify areas in which standard policy and operating procedures need to be developed or strengthened; (2) create process for review and revision</p>	<p>Central Office (TBD) Other Departments (TBD)</p>	<p>FY 2016</p>							
<p>2</p> <p><b>Education and Training:</b> Develop workshops, training and other learning opportunities to inform and educate staff on developed or revised standard policies and protocols.</p>	<p>Develop educational programs, resources and tools that promote increased knowledge and awareness and support closer collaborations among staff departments and operations to achieve a more coordinated response towards delivering equitable care.</p>	<p>(1) Develop facility-specific training and education programs to develop staff knowledge and skills on new criteria, guidelines, standards or policies.</p>	<p>Central Office (TBD) Other Departments (TBD)</p>	<p>FY 2017 - ongoing</p>							

## APPENDIX D: BACKGROUND ON HEALTH EQUITY AT NYC HEALTH + HOSPITALS

### 1. HEALTH EQUITY AT THE NYC HEALTH + HOSPITALS

To reduce health and health care disparities and offer the highest level of quality care to our patients, NYC Health + Hospitals must advance health equity by promoting diversity, equal access and inclusion.

Health equity means that everyone should have a fair opportunity to attain their full health potential, and that no one should be disadvantaged from achieving this potential if it can be avoided. In its report “Crossing the Quality Chasm: A New Health System for the 21st Century,” the Institute of Medicine identifies equitable care – the principle that care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status – as one of the six core aims for improvement in the health care system.<sup>11</sup>

Further expanding on this definition, the United States Department of Health and Human Services defines health equity as the attainment of the highest level of health for all people, and achieving it requires valuing everyone equally with focused and ongoing efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and health care disparities.<sup>12</sup>

Several national efforts have informed the development of principles and key goals related to health equity for hospital and health care systems. In 2011, the American College of Health Executives, American Hospital Association, Association of American Medical Colleges, Catholic Health Association of the United States, and America’s Essential Hospitals joined efforts in a National Call to Action to Eliminate Health Care Disparities, with a strategic focus on three core areas with the most potential to effectively impact the field:

1. Increasing the collection and use of race, ethnicity and language preference data
2. Increasing cultural competency training
3. Increasing diversity in governance and leadership<sup>13</sup>

These organizations, including NYC Health + Hospitals and its facilities, joined together in stating that addressing disparities is no longer just about morality, ethics and social justice; rather, it is essential for performance excellence and improved community health.

Following these efforts, in 2014 the network of America’s Essential Hospitals (AEH), whose members shoulder a disproportionate share of the nations’ uncompensated care, including care for the most vulnerable and underserved populations, developed a series of principles on health care equity intended as a guide for member hospitals and health care systems.

The Office of Minority Health’s 2013 enhanced “National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care” (CLAS Standards) also provide a guiding framework for the advancement of

health equity, quality improvement, and the elimination of health care disparities (Appendix D,1). The Institute of Medicine’s “Unequal Treatment” report observed that systemic interventions to improve health care for diverse populations must include organizational accommodations that promote equity in care delivery, policies that reduce administrative and linguistic barriers to care, and practices that enhance patients’ knowledge of and roles as active participants in the care process.<sup>14</sup>

By tailoring services to an individual’s culture and language preferences, in a manner that is respectful of and responsive to health beliefs, practices and needs of diverse patients, health care organizations and providers can help close disparities in outcomes.<sup>15</sup>

The CLAS Standards serve as a comprehensive set of guidelines and a blueprint for responding to health care disparities, changing and diverse demographics and legal and accreditation requirements among health care organizations.<sup>16</sup>

The Principles on Equity of Care, National Call to Action to Eliminate Health Care Disparities, and CLAS Standards, among other initiatives, provide overarching frameworks for understanding and improving health equity at NYC Health + Hospitals. Given the growing and evolving diversity of our patients, NYC Health + Hospitals is uniquely positioned at the forefront of issues related to improving health equity and access and addressing health care disparities.

## APPENDIX D: BACKGROUND ON HEALTH EQUITY AT NYC HEALTH + HOSPITALS

### 2. PARTICIPANT SURVEY



#### What is Health Equity? How HHC Defines Health Equity Matters 2015 Health Equity Survey

##### Overview

Prior to the May 28<sup>th</sup> Health Equity Symposium, the Office of Culturally and Linguistically Appropriate Services conducted an open-ended survey among all Symposium attendees to garner feedback and put into context HHC's health equity goals.

##### Introduction to Health Equity Survey

The definition of *health equity* implies that “everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided”.<sup>1</sup> HHS defines *health equity* as the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”<sup>2</sup>

##### Key Themes from Survey Responses

- Incorporate health equity priorities, values and goals into existing structures and new initiatives
- Foster collaborative work across HHC; break down internal silos and barriers that ultimately affect the patient experience and outcomes
- Increased and continual training and workforce development, particularly addressing cultural diversity, competency and addressing racism and unconscious bias
- Increased engagement with community stakeholders and the development of tailored interventions and pilot projects
- Valuing diversity among our staff and patients; leadership needs to play a critical role in modeling commitments to health equity priorities and ensuring they are prioritized among staff
- Increased funding for new initiatives that are culturally competent and patient centered
- Need for granular data on our patient demographics, particularly special and vulnerable populations we serve
- Cultural competency requires an organization, leadership and staff to understand how culture affects health and wellness and strive to continually promote care delivery that is better understood across cultures
- Need for a holistic approach towards tackling social determinants of health; develop linkages and partnerships with other agencies and community supports as they pertain to housing, legal aid, employment, etc.

<sup>1</sup> Whitehead M. The concepts and principle of equity and health. *Int J Health Serv* 1992;22:429-45.

<sup>2</sup> U.S. Department of Health and Human Services, Office of Minority Health. National Partnership for Action to End Health Disparities. The National Plan for Action Draft as of February 17, 2010. Chapter 1: Introduction. Available at <http://www.minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=2&lvlid=34>.



## What is Health Equity? How HHC Defines Health Equity Matters Select Survey Responses

### Q1: What changes would you make to the health equity definition above to better frame, put into context, and align HHC's organizational priorities?

- Clearly state HHC's commitment to eliminating preventable differences in health outcomes that occur as a result of discrimination based on race, ethnicity, gender, sexual orientation, religion, language, immigration status
- Provide real patient-provider examples to illustrate what this would mean at HHC
- Incorporate concepts of affordability and accessibility; remove the notion of "if it can be avoided"
- Stress concepts of teamwork and working together to achieve optimal patient outcomes and services
- Health equity is not just attaining good health, but also maintaining good health
- We need to explore and address social determinants that cause avoidable inequalities in our diverse communities, and learn how to empower marginalized persons

### Q2: How would you define cultural competency in health care delivery? What does it mean for HHC to be a culturally competent healthcare system?

- Cultural competency in health care delivery is a system's ability to identify and eliminate provider behavior that contributes to health disparities, including exploring the implicit biases of our staff
- HHC should do more to celebrate our diversity and rich backgrounds of both our staff and patients, and make our patients feel they are customers at first-rate facilities.
- Additional training on awareness, biases we hold, and moving away from the notion that we treat everyone (whom some providers think are just poor and sick) the same.
- Strengthening our workforce to ensure they are aware of and educated on health care disparities and barriers to access, and well trained to address language diversity and practices influencing patient care and healing.

### Q3: What does HHC do well to reduce health disparities and move toward greater equity in health? What else can HHC do, and what are chief obstacles to doing more?

- We must understand that health equity falls under a larger social justice umbrella; we should work with organizations (housing, criminal justice) to develop coordinated efforts.
- We don't turn anyone away, provide language services and have staff that represent the patients we see, but need to do more to invest in our workforce to retain them and enable them to take pride in where they work and truly ensure the best possible patient experience; and we need flexibility to go above and beyond.
- Provide additional and improved health education materials with simplified language and practical examples.
- Our chief obstacles are a lack of accountability and a lack of budgetary commitment to reducing disparities.
- We should be working more with our key stakeholders in the community to develop appropriate educational interventions that take into account patients' cultural differences these are currently rare at our facilities.



## What is Health Equity? How HHC Defines Health Equity Matters Select Survey Responses

### **Q4: What are the opportunities for HHC to impact health equity and health disparities within the context of the organization’s mission, vision and values?**

- Opportunities to align our mission, vision, values and goals with our health equity mission; and opportunities to demonstrate to staff and leaders what it actually means to be culturally competence
- We can ensure that leaders and leadership teams of the respective HHC facilities also reflect their communities and make health equity messaging a priority; we can advocate for additional funding to educate, train and retain health workers that attract and keep our patients
- We can task each facility to create meaningful pilot projects that respond to the populations and cultures of the patients in their catchment areas and share best practices and results
- Encourage greater HHC service utilization among patients in our catchment areas, we can expand our ability to receive feedback from patients
- Restructure our organization to foster more collaborative work in the care of our patients, rather than work in silos, which prevents our patients navigated the health system
- To ensure we “keep learning “about our patients and the demographics of the populations we serve, we can do more to have better, more specific data that reflect each patient’s demographics and provide broad analyses on special and vulnerable populations

### **Q5: What would you change to close socio-economic, racial, cultural competency and/or health literacy gaps at HHC?**

- Additional, ongoing training, particularly to executive staff, and ensuring cultural competency and LGBT training is mandatory
- Reduce appointment wait times for our patients and ensure more timely services; increase primary care coverage, in particular to behavioral health patients; provide follow-up calls to patients
- Require leadership to foster creativity and accountability at facilities, ensure they hold health equity a priority
- Increase outlets for patient feedback, e.g. directly after an encounter with a provider
- Establish policies and provide trainings for staff that seeks to identify and eliminate provider behavior that contributes to health disparities
- Develop revenue producing service lines that increase social programs/services for patients
- Involve the CLAS office in the design of more culturally and language appropriate marketing and health education materials to ensure health literacy standards are followed across the board, and increase patient comprehension
- Be more competitive with privatized systems, and learn from their best practices
- Utilize family members and peers for support; improve the continuity of care of patients
- Become a leading organization in formal education for all levels of staff, inculcate HHC’s vision into the next generation of providers

## APPENDIX D: BACKGROUND ON HEALTH EQUITY AT NYC HEALTH + HOSPITALS

### 3. AEH PRINCIPLES ON EQUITY OF CARE



#### Principles on Equity of Care

America's Essential Hospitals  
December 2014

Members of America's Essential Hospitals provide high-quality care for all, including the most vulnerable. These essential hospitals not only shoulder a disproportionate share of the nation's uncompensated care, they are also at the forefront of cutting-edge medical research and innovation that continues to improve the quality of care received by all patients. And through their work with underserved populations, essential hospitals have uniquely focused on the needs and challenges of vulnerable patient populations, most of whom are of diverse racial or ethnic origins, are low-income, and struggle with social issues such as food, transportation, or housing insecurity. This commitment to promote equity of care and eliminate disparities for the underserved places these hospitals in a unique position within the health care delivery system. As policymakers discuss improvements to innovative pay-for-performance programs, we urge them to consider the following principles:

1. As a country, we must remain committed to eliminating disparities in health and health care. And health care providers should strive to achieve equity of care for all patients, regardless of the patients' socioeconomic and socio-demographic characteristics.
2. The broader community, including governmental entities, health care providers, social service and community organizations, academic institutions, employer groups, and all individuals, must be involved in developing and implementing solutions to effectively eliminate disparities.
3. Health care providers should work proactively with their communities to better understand and address the health care and social needs of those who live and work in the community. Efforts to promote equity of care and eliminate disparities must recognize the community's distinctive needs.
4. Patient engagement must be a core component of a health care provider's efforts to address disparities and ensure equity of care. Such engagement should include directly involving patients and their families in decisions about their own care and should be in line with patients' expectations for the health care encounter and how it relates to their overall health goals.

[essentialhospitals.org](http://essentialhospitals.org)

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5. Communities must be served by a health care workforce that possesses competencies to address the needs of diverse populations. In addition, the cultural backgrounds of the health care workforce must parallel those who live and work in the community. The health care workforce pipeline also must include future professionals who reflect the population in the communities these professionals will serve.
6. Innovative and novel approaches, as well as evidence-based best practices for addressing disparities, should be embraced, practiced, supported, and shared. At the broader community level, investments should be made in conducting and translating research into successful practices, replicating such practices, and disseminating findings.
7. All health care professionals must have ongoing cultural competency training to better serve patients in their communities.
8. There is a need for accurate data on patients' socioeconomic and socio-demographic characteristics, including, but not limited to, self-reported race, ethnicity, and preferred language. All health care professionals and others working in the delivery system must be trained on collecting accurate socioeconomic and socio-demographic data and educating patients on why such data are being collected.
9. To successfully eliminate disparities, all health care professionals need an accurate, reliable and real-time business intelligence infrastructure to analyze the socio-economic data collected from their patients and translate into practice the learnings from that analysis.
10. Incentives across the health care delivery and payment system need to be aligned to promote equity of care and eliminate disparities.
11. In designing new payment systems, special recognition and financial support should be given to providers who disproportionately deliver care to disadvantaged populations with health and healthcare disparities.

## The National CLAS Standards

The National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care are intended to advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

### Principal Standard

- 1** Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.
- 8** Provide easy-to-understand print and multi-media materials and signage in the languages commonly used by the populations in the service area.

### Governance, Leadership and Workforce

- 2** Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
- 3** Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
- 4** Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

### Communication and Language Assistance

- 5** Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- 6** Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- 7** Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

### Engagement, Continuous Improvement and Accountability

- 9** Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization's planning and operations.
- 10** Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.
- 11** Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
- 12** Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
- 13** Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
- 14** Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
- 15** Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.



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