AGENDA

Equity, Diversity and Inclusion Committee

Meeting Date
November 8, 2021

Time
9:30 A.M.

Location
Virtual

CALL TO ORDER	Feniosky Peña-Mora
ADOPTION OF MINUTES SEPTEMBER 20, 2021	Feniosky Peña-Mora
QUALITY & SAFETY REPORT OUT	Hillary Jalon Jeremy Segall
DIVERSITY & INCLUSION UPDATE	Matilde Roman
EQUITY & ACCESS COUNCIL UPDATE	Natalia Cineas Nichola Davis
M/WBE REPORT OUT	Danielle Dibari Keith Tallbe
OLD BUSINESS	
NEW BUSINESS	
ADJOURNMENT	

Equity, Diversity and Inclusion Committee Virtual Meeting – September 20, 2021
As Reported by: Feniosky Peña-Mora
Committee Members Present: Feniosky Peña-Mora, José Pagán, Machelle Allen, serving as proxy for Mitchell Katz, Sally Hernandez-Piñero, and Shadi Chamany, representive for DOHMH Commissioner Dave Chokshi

CALL TO ORDER

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 11:11 a.m.

DIVERSITY AND INCLUSION UPDATE

Matilde Roman, System's Chief Diversity and Inclusion Officer provided an update on current work and activities. Ms. Roman shared the action taken to prepare NYC Health + Hospitals for persons who arrive to New York City as a result of the Afghanistan crisis and come to our sites seeking care. Action items included gathering information about the federal government's response and its impact to both the City and the System. Coordinating with our language service providers to assess their current capabilities and action required to ensure language coverage and continuity of interpretation and translation services. The Office also met with the NYC Mayor's Office and NYC Office of Emergency Management to understand their preparedness readiness and response. There was also a check-in with local resettlement agencies to get a sense of the number of individuals they expect to receive for resettlement, and learned the numbers were small and those they were receiving were being resettled in Long Island. We also reached out to the Bellevue Survivors of Torture Program who is monitoring the situation and will share any new developments. Ms. Roman paused for questions or comments.

Feniosky Peña-Mora, Committee Chair and Board member asked whether there was a reason for settling individuals in Long Island. Ms. Roman replied that the information received from the Mayor's Office was that 14 individuals were resettled in Long Island, but did not have any information related to the reason behind that decision. Mr. Peña-Mora inquired about the language services available. Ms. Roman responded by stating that as part of preparing the System, the Office of Diversity and Inclusion reached out to our vendors to ensure adequate coverage of the two top languages for Afghan nationals, Dari and Pashto, and they are adequately prepared to provide language services.

Ms. Roman shared that over the past few months, she conducted site visits across the System to provide facility site leaders an update on the diversity and inclusion activities and get feedback to guide and inform the work moving forward. The key findings from these conversations was the need to align the current diversity and inclusion activities with the process to obtain Planetree Certification so as not to duplicate efforts. Facility leaders mentioned the need for more diversity and inclusion training, and support to expand language service capabilities to make it easier to access services. Leaders also requested additional support for diverse hiring and hiring for difficult to recruit positions, and more system-level professional development initiatives.

Ms. Roman provided training updates that included the release of the first system-level Diversity and Inclusion Training Request for Proposals to identify qualified vendors that can provide diversity and inclusion learning solutions, the launch of a voluntary interpreter skills development training for bilingual staff. This training is being currently offered in Spanish, and expect to expand language offerings in the future, and mentioned the collaboration with PAGNY to enroll providers in the LGBTQ Health Equity Certificate Program. Ms. Roman also shared that there are plans to enroll Mt. Sinai providers at Queens and Elmhurst into the Certificate Program, and shared that in July and August 2021 over 6,800 employee completed trainings on various diversity and inclusion topics. Lastly, Ms. Roman shared that key essential documents were translated into the top 13 languages and are available in the Essential Documents Directory found on all desktop computers across the System, on the Diversity SharePoint site and in the Forms tab on the Health + Hospitals Insider page.

Sally Hernandez-Piñero, NYC Health + Hospitals' Board member inquired if the System currently had active vendors providing diversity and inclusion training. Ms. Roman replied that the Office of Diversity and Inclusion currently has contracts with multiple vendors. Ms. Roman added that the RFP is an opportunity to explore and expand learning solutions to meet the growing demand for education and training related to diversity and inclusion.

Ms. Hernandez-Piñero then asked whether the essential documents took into account reading level to ensure individuals with low-literacy also had access. Ms. Roman stated that the Office of Diversity and Inclusion has a system in place that allows all key documents undergoing updates to undergo a plain language and health literacy review, and whenever possible make documents easy-to-read. This

happens prior to the translation process. Ms. Roman also added that the Office of Diversity and Inclusion is currently working to create large print, audio and Braille versions of key forms in some of the top languages to give access to individuals who are blind and low-vision.

Dr. Machelle Allen, System's Chief Medical Officer, directed a question to Dr. Nichola Davis, Chief of Population Health, inquiring if one of the outside training vendors currently being used was the Perception Institute. Nichola Davis replied that the Perception Institute was used in the past, but now that the Office of Diversity and Inclusion released the Request for Proposals, the Perception Institute will submit a proposal under this solicitation.

Mr. Peña-Mora asked whether MyChart was available in multiple languages. Ms. Roman replied that MyChart is currently available in Spanish and in a limited number of other languages. However, IT is working to expand languages, but did not know the timeline.

Dr. Shadi Chamany, NYC Department of Health and Mental Hygiene's (DOHMH) Director of Science inquired about the measure used to report out the frequency of use of MyChart considering that language can be an issue. Ms. Chamany's also asked for additional information about the types of forms available in multiple languages. Ms. Roman replied that she would share the Essential Documents Directory that contains that information. Kim Mendez, Chief Information Officer joined the meeting at 11:36 am related to the IT questions posed by Dr. Chamany, and Ms. Mendez replied that she would ask the IT team to get the information and report back findings.

Follow-up Items: IT provide information about the expansion of languages in MyChart with timeline, and share the reporting measure for usage in MyChart; Office of Diversity to share the Essential Documents Directory.

EQUITY AND ACCESS COUNCIL REPORT OUT

Dr. Nichola Davis, Chief of Population Health and Co-Chair of the Equity and Access Council ("Council") began the report out of the Council's activities within the four work groups - Workforce Diversity, Inclusion, Equity of Care, and Data and Monitoring. She mentioned that each work group is co-led to allow leadership representation from central office and facilities across the System.

Dr. Davis shared that she serves as co-lead for the Workforce Diversity work group, along with Dr. Elizabeth Natal, who is the Associate Medical Director at Sydenham. Dr. Davis stated that the work group has 19 members that represent 7 facilities. Dr. Davis mentioned activities that include creating pathway programs for residents and medical students by developing elective programs at some facilities, and shared the conversations currently taking place with Morehouse School of Medicine and University of Puerto Rico School of Medicine to bring in more physicians from underrepresented groups. Dr. Davis also mentioned the survey being developed that will be disseminated to resident physicians to learn about what might encourage them to stay with NYC Health + Hospitals.

Mr. Peña-Mora requested more details about how the decision to partner with these particular medical institution came to be. Dr. Davis replied that the partnerships were made through internal connections. Mr. Peña-Mora stated he liked the idea and suggested to start this as a pilot and then explore expanding the program to different minority serving institutions and premier programs or medical schools. He also suggested engaging with foundations and private philanthropy that may be willing to support bringing doctors to underserved communities. Mr. Peña-Mora also expressed interest in getting more in-depth information about the work.

Follow-up Item: Deliver a formal presentation about the Workforce Diversity projects and action plan.

Natalia Cineas, Chief Nurse Executive and Co-Chair of the Equity and Access Council ("Council") shared that she serves as the lead for the Inclusion Workgroup and will be selecting a co-lead in the next few months. Currently there are 6 members and 4 facilities represented. After assessing the number of members, she recognized it wasn't enough so a survey was disseminated to engage with those who may be interested in joining the inclusion work group and received 200 responses from interested employees. Ms. Cineas described the

different inclusion groups being considered, and once a decision is made will work to create the charters and objectives for each inclusion group. Ms. Cineas also shared that a vendor will be used with expertise in establishing affinity groups. She mentioned that Dr. Davis has already formed the African American Female Physicians Group, and that there are a myriad of CEOs and frontline staff interested in driving the work.

Ms. Hernandez-Piñero inquired whether there would be funding for each of the groups to conduct certain activities. Ms. Cineas replied that once the groups are formed and there is alignment on the objectives of the group and the work for the system, we can identify the feasibility of funding activities identified. Ms. Cineas mentioned that she will work with Yvette Villanueva, Senior Vice President of Human Resources with regard to funding needs.

Dr. Davis reported out on the Equity of Care Workgroup, and shared that the co-leads were Rebecca Lynn Walton, Senior Assistant Vice President for Behavioral Health and Shewon Erie, Associate Executive Director Home Health. Dr. Davis shared that the group has 14 members, representing 9 facilities, and the three areas of focus being considered are on sickle cell, health and IT literacy, and behavioral health. Dr. Davis then shared that the Monitoring and Evaluation work group is co-led by Dr. Komal Bajaj, Chief Quality Officer at Jacobi and Stephanie Majak, Director of Tech Education Programs in the data analytics team at central office. The workgroup has commenced with 8 members representing 6 facilities. The group is currently working to make the data fields more accessible for use and build training on data collection.

Mr. Peña-Mora mentioned the need to establish work plans and goals for each of the sub-groups. Dr. Davis replied that the monitoring and evaluation workgroup is charged with helping the other 3 workgroups monitor and evaluate the work they are doing, and will begin presenting that information. Dr. Davis emphasized that the goal was to establish the work groups and get the members, but they are not there yet with respect to the work plans and goals.

Mr. Peña-Mora recognized that there was insufficient time to have a report out from the Office of Quality and Safety, and asked Hillary Jalon, the Deputy Chief Quality Officer, if she would like to postpone her presentation until the next meeting to ensure she was given adequate time given the importance of the information. Ms. Jalon agreed.

Follow up items: The Office of Quality and Safety report out will be the first agenda item at the next EDI meeting, where they will provide information related to the process for handling patient discrimination and sexual harassment complaints and any available data.

Mr. Peña-Mora asked if there was old business or new business, and heard none. Mr. Peña-Mora then moved for a motion to adopt the minutes of the June 7, 2021 meeting. Upon motion made and duly second the minutes of the June 7, 2021 meeting was unanimously approved.

The meeting concluded and was adjourned at 12:05p.m.

FPM: mlr

Equity, Diversity and Inclusion Committee

November 8, 2021

Office of Quality & Safety
Report Out

Hillary Jalon
Deputy Chief Quality Officer

Jeremy Segall, MA, RDT, LCAT
Chief Wellness Officer

NYC HEALTH+ HOSPITALS | QUALITY & SAFETY

TODAY'S AGENDA

Survey Approach & Findings

Complaints & Grievances Data & Summary, Equity-related

Learning Lessons

System Improvements & Next Steps

NYC HEALTH+ HOSPITALS | QUALITY & SAFETY

SETTING THE STAGE

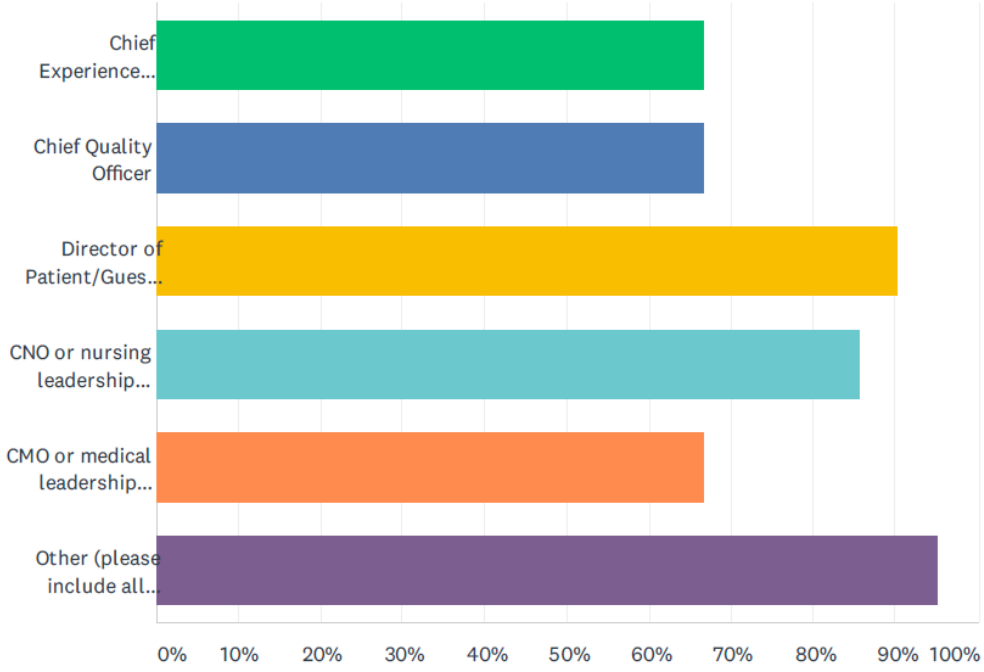
- **Follow-up from summer meeting: After the EEO data presentation, there was an inquiry about patient/family complaints and grievances processes across NYC Health + Hospitals, specific related to equitable care**
  - Current state of overall complaints and grievances data: Decentralized, facility based-processes
- **The purpose of this presentation is to share a system-wide assessment and review conducted of the current state of complaints and grievances processes and data capture, specifically about equitable care**
  - Supports that current processes are decentralized (described in the following slides)
  - Discuss potential ways to modify capture of patient complaints and grievances, similar to how we manage them when made by employees

NYC HEALTH+ HOSPITALS | QUALITY & SAFETY

SURVEY APPROACH

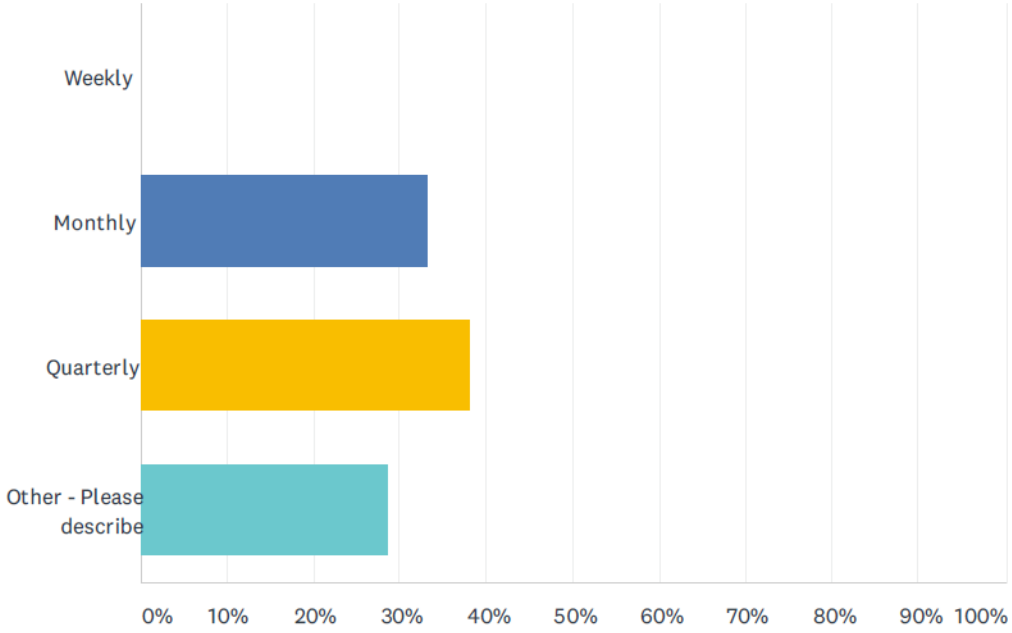
- **Current state assessment**
  - 11 total questions
- **Assessed current practices for collecting and analyzing all complaints and grievances, specifically related to equitable care**
  - 24 responses from across the system
- **<u>Survey explored:</u>**
  - Grievance committee processes
    - Cadence of meetings
    - Complements of participants
  - Categorization of complaints/grievances
  - Utilization and review of data
  - Future state optimization and/or standardization

Complaints and Grievances Committee Structure: Who Participates in it?



- **Other includes a variety of personnel, including but not limited to:**
  - DONs for various services
  - Risk Management
  - Patient Representatives
  - HR
  - Hospital Police
  - Admitting Representatives
  - IT personnel
  - Regulatory personnel
  - Various Chiefs of Service
  - Director of Social Work/Social Services
  - Patient Safety Officers
  - Behavioral Health
  - Food & Nutrition
  - Executive leaders

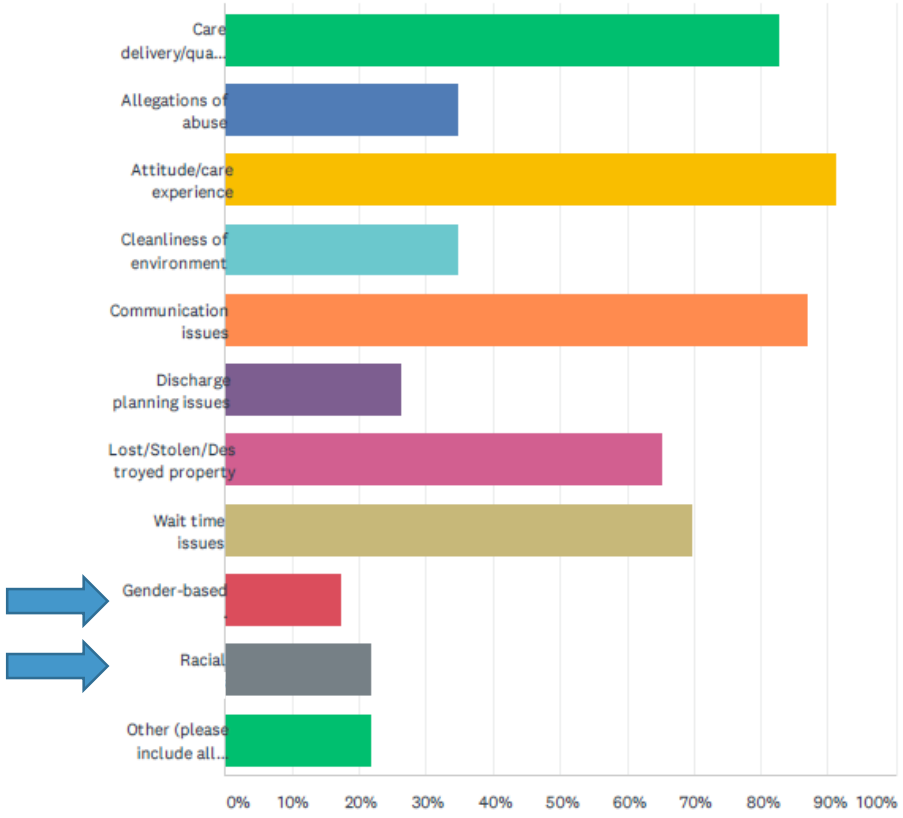
Complaints and Grievances Committee: Meeting Cadence



- **Other includes:**
  - Bi-weekly
- **2 respondents didn't answer this question**

SURVEY FINDINGS

Complaints and Grievances Data: Major Categories Collected



Other categories collected by the sites include but are not limited to:

- Patient Requesting Letter from Doctor
- Visitation Restrictions
- Discharge Issues
- Cancelled Procedures
- Appointment Issues
- Issues with TV Channels
- Issues with Grievance Response
- Medication Contra-band
- Issue with Program Requirements
- Wrong Drop Off
- Disorderly Conduct

Enhanced processes

- Two sites reported they have begun to view complaints & grievances through an equity lens, but that this is a new process for them

SURVEY FINDINGS

Complaints and Grievances Data: Methods for Sharing Data

ANSWER CHOICES	RESPONSES
Share aggregate data in various leadership forums	78.26%
Share aggregate data in departmental forums	69.57%
Share aggregate data during the QAPI Committee to the Board reports	86.96%
Other (please describe)	30.43%

Other responses include the following:

- A limited number of respondents share the data at Care Experience Committee meetings
- Performance Improvement meetings
- Departmental Huddles to discuss trends and action plans

NYC HEALTH+ HOSPITALS | QUALITY & SAFETY

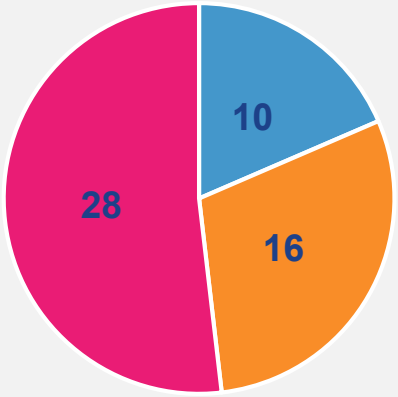
SURVEY FINDINGS

- **Ways sites are collecting complaints and grievances data*:**
  - Majority (83%) collect data via homegrown databases
  - 4% additionally collect their data through Press Ganey comments
  - 13% collect data through paper logs/manager reports
  - Sites beginning to migrate to VOICE; hybrid approach

NYC HEALTH+ HOSPITALS | QUALITY & SAFETY

COMPLAINTS & GRIEVANCES DATA[1,2]

COMPLAINTS & GRIEVANCES = 54
July 2020 to July 2021



Type of Complaint or Grievance: Gender-based: Race-related: Other Equity-related:

[1]This is data captured from facilities for equity-related patient/family complaints and grievances they receive internally. Patients can also file equity-related complaints through the NYC Commission on Human Rights and the NYS Division of Human Rights, and these complaints are handled separately by the Office of Legal Affairs.
[2]This data includes only equity-related complaints and grievances, which represents a proportion of each facility's total number of all complaints and grievances.

NYC HEALTH+ HOSPITALS | QUALITY & SAFETY

COMPLAINTS & GRIEVANCES DATA[1,2]

SITE	TYPES OF COMPLAINT/GRIEVANCE JULY 2020 TO JULY 2021			
	Gender-based	Race-related	Other Equity-related	FACILITY TOTAL (*Gender-based+ Racial-related + Other*)
Bellevue	1	6	1	8
Coney Island	0	1	3	4
Elmhurst	0	2	2	4
Harlem	2	1	6	9
Jacobi	1	2	3	6
Kings County	3	0	0	3
Lincoln	0	0	1	1
Metropolitan	0	0	0	0
NCB	1	0	3	4
Queens	0	3	8	11
Woodhull	2	1	1	4
Carter SNF & LTACH	0	0	0	0
Coler	0	0	0	0
Gouverneur SNF	0	0	0	0
McKinney	0	0	0	0
Cumberland	0	0	0	0
SYSTEM TOTAL *(from sites above)*	10	16	28	54

[1]This is data captured from facilities for patient/family equity-related complaints and grievances they receive internally. Patients can also file equity-related complaints through the NYC Commission on Human Rights and the NYS Division of Human Rights, and these complaints are handled separately by the Office of Legal Affairs.
[2]This data includes only equity-related complaints and grievances, which represents a proportion of each facility's total number of all complaints and grievances.

NYC HEALTH+ HOSPITALS | QUALITY & SAFETY

NYC HEALTH+ HOSPITALS | OFFICE OF QUALITY & SAFETY

LEARNING LESSONS

- **General examples and themes of equity-related complaints and grievances:**
  - Gender pronoun use
  - Assumptions surrounding socioeconomic status, immigration status, or insurance coverage
  - Discussion surrounding body parts of the opposite gender
  - Presumed bias surrounding care
  - Stereotypes surrounding ethnic origin
  - Epithets
  - General disrespect

- **Complaints and grievances that fell into the "Other" category were often multifactorial and had vague equity-related references that could not be concretely verified after investigation**
  - Varying use of interpreter services
  - Sizeism
  - Dis/ability status

NYC HEALTH+ HOSPITALS | QUALITY & SAFETY

PROPOSED IMPROVEMENTS & NEXT STEPS

- **Proposed standardization surrounding complaints & grievances categories to potentially be added to electronic incident reporting system (VOICE):**
  - *Examples being vetted:*
    - Clinical
      - Quality (i.e. - examination, patient journey, quality of care, treatment)
      - Safety (i.e. - safety issues, skills, and conduct)
    - Management
      - Institutional issues (i.e. - bureaucracy, environment, finance and billing, service issues, staffing, and resources)
      - Timing and access (i.e. - access and admission, delays, discharge, referrals)
    - Relationship
      - Communication & collaboration (i.e. - communication, patient-staff dialogue)
      - Humaneness/caring (i.e. - respect, dignity, and caring; staff attitudes)
    - Equity
      - Patient rights (i.e. - confidentiality, consent)
- **The first of several PDSA cycles to support general VOICE improvements are underway**
- **System definitions**
- **Potential for centralized complaints and grievances governance structure**

NYC HEALTH+ HOSPITALS

Equity, Diversity and Inclusion Committee

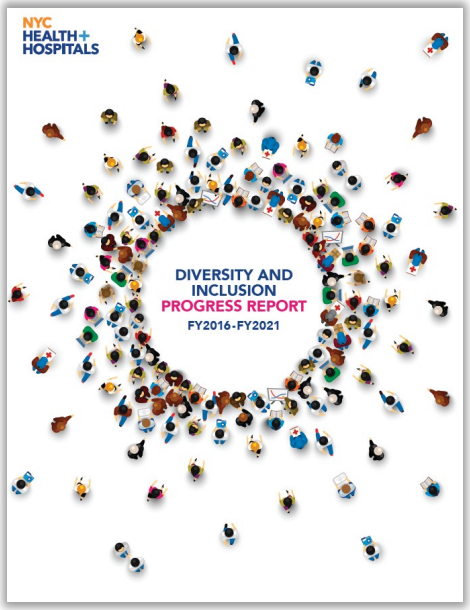
November 8, 2021

Diversity and Inclusion Update

Matilde Roman, Esq.
Chief Diversity and Inclusion Officer

Diversity & Inclusion Milestones

- Diversity and Inclusion Progress Report
- Expansion of Pride Health Centers in the Bronx
- Latinx Panel Discussion – Hispanic Heritage Month



Current Projects

- Transgender Health Care Resource Guide
- Essential documents in Braille, large print and audio files
- 2022 Diversity & Inclusion Calendar
- November engagement events:
  - Veteran H+H employee recognition- Veteran's Day
  - TGNC Equity panel discussion - Transgender Day of Remembrance

Training Updates

- D&I Training RFP update
- Interpreter skills training update
- LGBTQ Health Equity Certificate Program:
  - 599 providers completed the certificate program (Q1-FY22)
  - 2,800 Icahn School of Medicine at Mt. Sinai providers enrolled
- 26,000 employees enrolled into *Unconscious Bias* and *Diversity and Inclusion* eLearning trainings
- 8,057 training completions (Q1-FY22)

NYC HEALTH+ HOSPITALS

Equity, Diversity and Inclusion Committee

November 8, 2021

Equity & Access Council Report Out

Nichola Davis, M.D.
Vice President, Chief of Population Officer

Natalia Cineas, DNP, RN, NEA-BC
Sr. Vice President, Chief Nurse Executive

Workforce Diversity

Co-Leads:

- Dr. Nichola Davis, *Vice President and Chief Population Health Officer*
- Dr. Elizabeth Natal, *Associate Medical Director, Sydenham*

- Working with MOSAIC program
  - Resident survey (currently sent to HR and Legal)

- Development of Physician Retention Survey Draft

Workplace Inclusion

Co-Leads:

- Natalia Cineas, *Chief Nursing Executive*
- *TBD*

- Meeting was held with all interested participants on 10 Inclusion groups (Women Mentorship, Diversity and Inclusion (Heritage and History), LGBTQ+, Generational, Anti-racism Advocates and Allies, Veterans/Disabilities, African American, African-American Female Physicians, Asian American, Hispanic)

- Received input on each group and any areas of focus

- Next Steps: regroup and identify interest in each subgroup

Equity of Care

Co-Leads:

- Rebecca Linn-Walton, Senior Assistant *Vice President Behavioral Health*
- Shewon Erie, Associate Executive *Director Home Health*

- Focus areas (Sickle Cell, Health Literacy, IT Literacy, Behavioral Health)
  - Research / Strategy
    - Resources in our system
    - Challenges and barriers
    - Identification of disparity
  - Outreach / Stakeholder Engagement
  - Identification and implementation of intervention
- Medical Eracism- signed on with DOHMH as partners in Coalition to End Racism in Clinical Algorithms
  - Have initiated conversations with pulmonary colleagues re PFT testing
- Clinical Dashboards with Race/Ethnicity- 2/5 dashboards now can be stratified by race/ethnicity/language
- Next Steps: develop timeline and SMART goals

NYC HEALTH+ HOSPITALS

NYC HEALTH+ HOSPITALS | POPULATION HEALTH

Measure Explorer

Click to send feedback

FAQ

Depression Screening (PHQ): 80.8%

Time period: **Year ending September 2021** Facility: **All** Facility Type: **All** Department: **All** General PCP: **All**

Start Here:

1. Select a measure

- ○ COVID-19 Vaccination
- ○ COVID-19 Vax: DM/HTN
- ◉ PHQ Screening
- ○ PHQ Screening Yield
- ○ Flu Vaccination

Grey color indicates unreliable data (n<30)

2. Select filters

Most Recent Facility
All

Facility Type
All

Most Recent Department
All

General PCP

PHQ Screening across NYC H+H

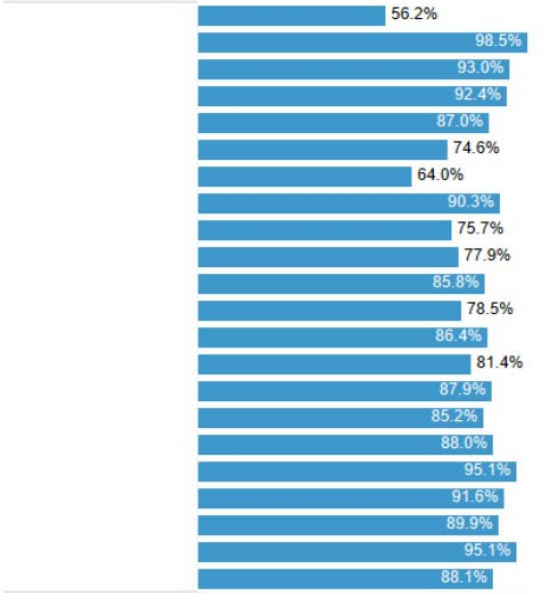
(Year ending September 2021)

80.8%

Note: This is an adult measure and does not look at screening completed in Pediatric and Adolescent Medicine departments.

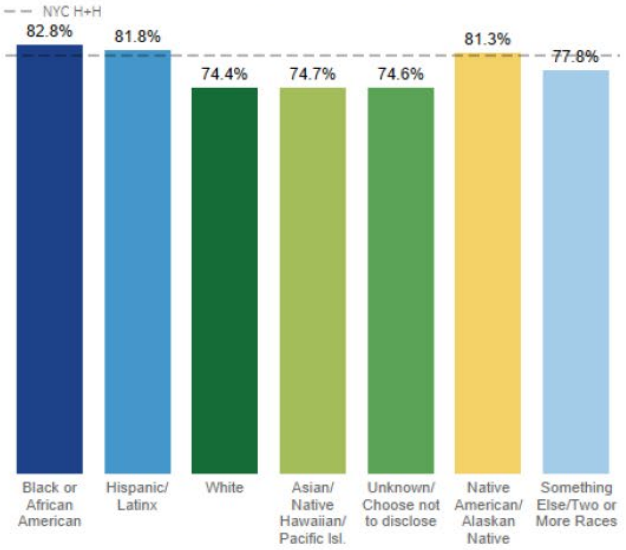
PHQ Screening by Facility

View chart by Facility, Department or Provider: Facility



PHQ Screening by Race/Ethnicity

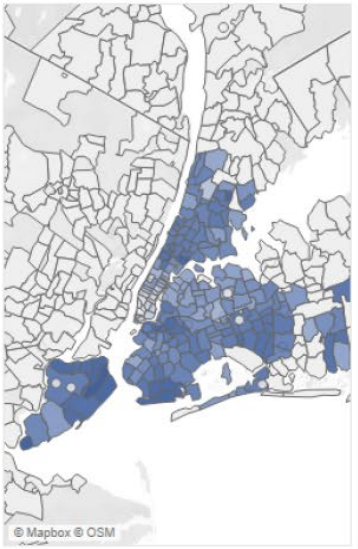
View chart by Race/Ethnicity, Age, Sex, Language or Payer: Race/Ethnicity



Click to show/hide measure by Race/Ethnicity as text table

PHQ Screening Map

View data by ZIP Code



PHQ Screening Trend among Patients Seen in Last Month

NYC HEALTH+ HOSPITALS

NYC HEALTH+ HOSPITALS | POPULATION HEALTH

Measure Explorer

Click to send feedback

FAQ

Depression Screening (PHQ): 80.8%

Time period: **Year ending September 2021** Facility: **All** Facility Type: **All** Department: **All** General PCP: **All**

Start Here:

1. Select a measure

- ○ COVID-19 Vaccination
- ○ COVID-19 Vax: DM/HTN
- ◉ PHQ Screening
- ○ PHQ Screening Yield
- ○ Flu Vaccination

Grey color indicates unreliable data (n<30)

2. Select filters

Most Recent Facility
All

Facility Type
All

Most Recent Department
All

General PCP

PHQ Screening across NYC H+H

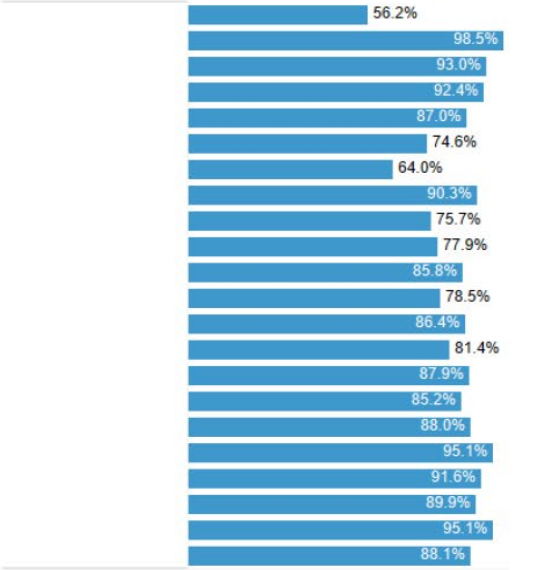
(Year ending September 2021)

80.8%

Note: This is an adult measure and does not look at screening completed in Pediatric and Adolescent Medicine departments.

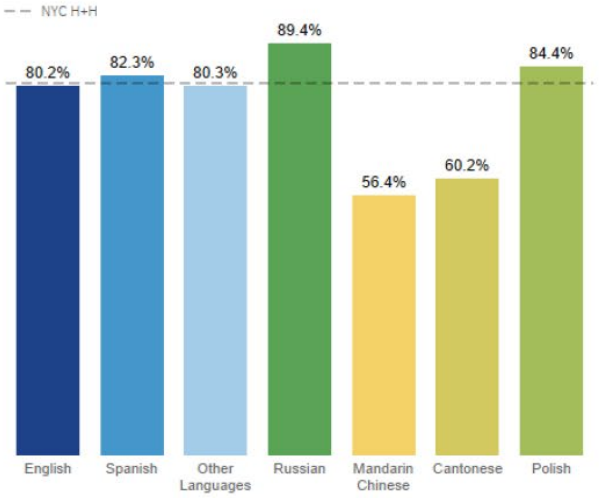
PHQ Screening by Facility

View chart by Facility, Department or Provider: Facility



PHQ Screening by Language

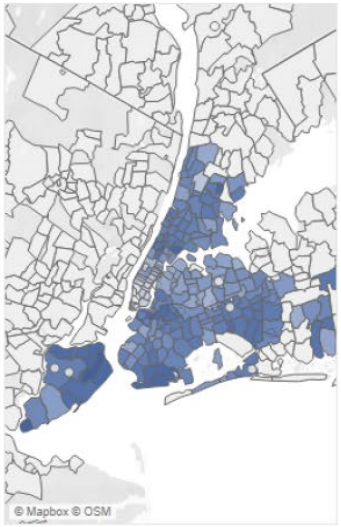
View chart by Race/Ethnicity, Age, Sex, Language or Payer: Language



Click to show/hide measure by Language as text table

PHQ Screening Map

View data by ZIP Code



PHQ Screening Trend among Patients Seen in Last Month

Monitoring & Evaluation

Co-Leads:

- Dr. Komal Bajaj, Chief Quality Officer, Jacobi
- Stephanie Majak, Director of Tech Education Programs

- Meeting held with workgroup members
- Working with the data analytics team to review REAL/SOGI baseline data
- Workgroup to identify project activities to increase awareness and strengthen the collection of demographic data

Equity, Diversity and Inclusion Committee

November 8, 2021

M/WBE Report Out

Danielle DiBari
Senior Vice President of Business Operations

Keith Tallbe
Senior Counsel

NYC HEALTH+ HOSPITALS

New York State and New York City both have legislation to provide minority and women owned business enterprises (M/WBEs) with government contracts to remedy historical disparity of such contracting. Based on the disparity study a goal is set for M/WBE contracting by either contracting directly with the government, or as a subcontractor to non-M/WBE vendors.

NYS and NYC periodically conduct studies to determine the degree of disparity between majority and male owned businesses as compared to minority and women owned businesses. Based on the conclusion of these studies, goals for M/WBE participation are set to help remedy such disparity. NYS and NYC both currently have 30% overall goals. Each agency then sets agency level goals based on their purchasing against the M/WBE availability and capacity for such purchases.

Purposes of the M/WBE program include:

- Ensuring diverse, local businesses get a proportional share of government contracts
- Reducing unfair practices among vendors that lead to disparity in sub-contracting opportunities
- Promoting equal employment among vendor staff

NYC HEALTH+ HOSPITALS

NYC Health + Hospitals has had an M/WBE program since 1998. The program followed New York State's law and only accounted for NYS certified M/WBE's.

Beginning in 2015, the program expanded its scope to reflect a broader view of supplier diversity in line with modern corporate social responsibility as well as other municipal government best practices that track and report on a broad variety of certifications, not just minority or women owed businesses.

The program now tracks and reports on the following certification types:

- New York City (M/WBE)
- New York State (M/WBE)
- Federal government (WOSB, 8(a), HUB Zone, SDVOSB...)
- Other government certifications (MTA, PANYNJ)
- Private certifications - National Minority Supplier Development Council (NMSDC), Women's Business Enterprise National Council (WBENC)

NYC HEALTH+ HOSPITALS

In 2017, Supply Chain and the Vendor Diversity Program revised the system's procurement policy, OP 100-05, to add new tools to help increase M/WBE utilization. These tools remain best in class:

- M/WBE as a quantitative scoring factor in the evaluation of solicitations
- M/WBE only solicitations
- Discretionary M/WBE purchases if the cost is less than $1 million

Standard processes and controls are in place to ensure that every procurement has consideration of M/WBE:

- Since 2018
  - all contracts are reviewed for M/WBE compliance
  - all RFPs have 30% M/WBE goals
- Since 2019 all RFPs have M/WBE quantitative scoring
- Since 2021
  - all RFPs have review for M/WBE goal setting and strategy
  - all service contracts greater than $1 million are reviewed by the Contract Review Committee for M/WBE compliance

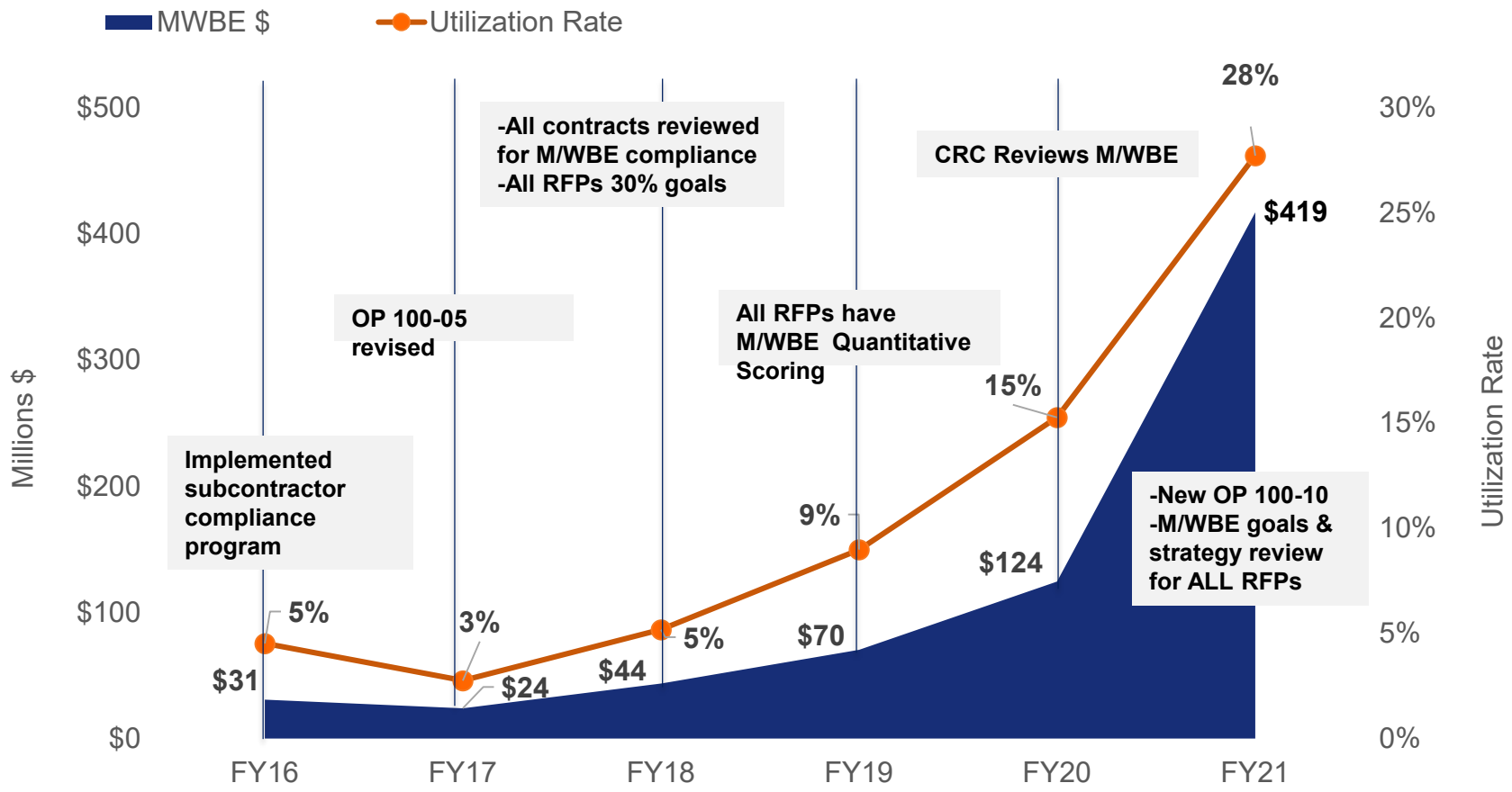
NYC HEALTH+ HOSPITALS

NYC Health + Hospitals' historical utilization (FY13 to FY17) averaged 4%.

Vendor Diversity program utilization:

- **FY 2018: 5%**
- **FY 2019: 9%**
- **FY 2020: 15%**
- **FY 2021: 28% ($419 million)**

NYC HEALTH+ HOSPITALS



NYC HEALTH+ HOSPITALS

NYC Health + Hospitals M/WBE Spend Breakdown

	FY 2020	FY 2021	% Change (Y/Y)
Total Eligible Spend*	$813,789,805	$1,504,625,546.22	**85%**
Total Contracted Spend**	$110,349,387	$289,601,283	**162%**
Total Subcontracted Spend***	$13,944,103	$126,849,304	**810%**
Total M/WBE Spend	$124,293,490	$419,450,587	**235%**
Utilization Rate	15%	28%	**87%**
Total Diverse Vendors	209	284	**36%**

*Total Eligible Spend - All spend minus exempt spend or waived spend (e.g., utilities, leases, pharmaceuticals)
**Total Contracted Spend - All spend paid directly to diversity vendors
***Total Subcontracted Spend - All spend paid by contractors to diversity subcontractors

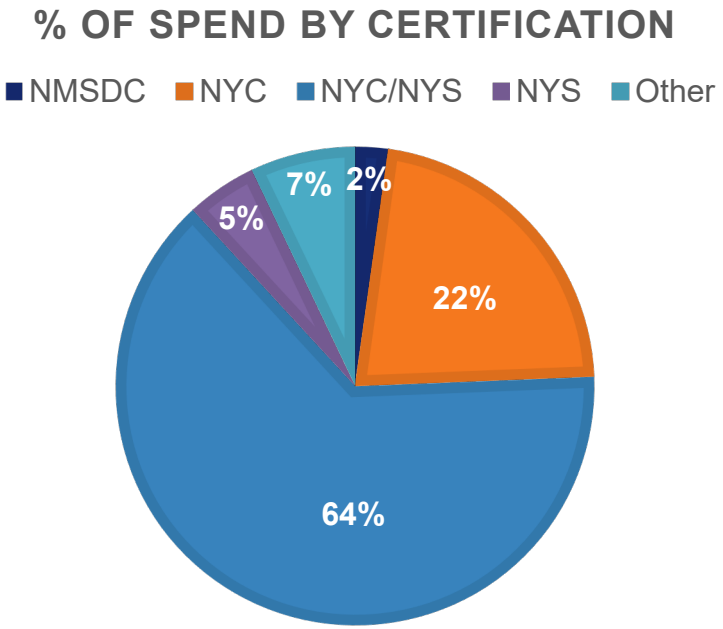
NYC HEALTH+ HOSPITALS

	FY 2020	FY 2021	% Change (Y/Y)
New Contracts*	29	60	**107%**
Total New Contracted Value**	$1,104,740,583	$1,116,265,968	**1%**
Total Diverse Subcontractors***	60	129	**115%**

*New Contracts – Number of unique prime contracts entered into compliance system with goals attached
**Total New Contracted Value – Dollar value of unique prime contracts entered into compliance system with goals attached
***Total Diverse Subcontractors – Number of Tier 2 Vendors registered in compliance system and receiving payments

NYC HEALTH + HOSPITALS

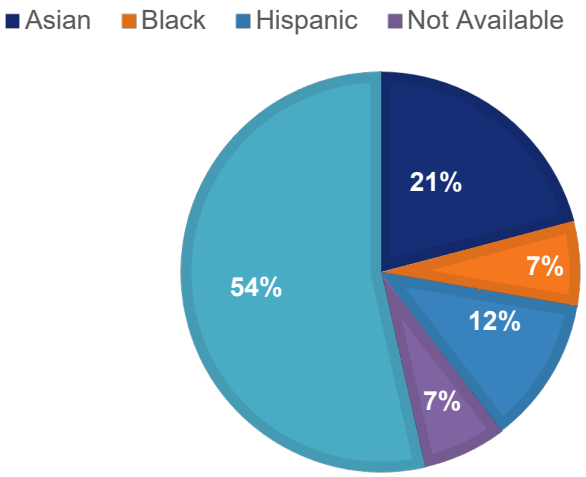
NYC Health + Hospitals tracks spend for all diversity certifications. In FY 2021, 64% of such spend was with NYC/NYS dual certified vendors, 22% with NYC certified vendors, 5% with NYS certified vendors, and 9% with other certifying bodies such as WBENC*, NMSDC*, SDVOSB*, the Port Authority of NY/NJ, etc.



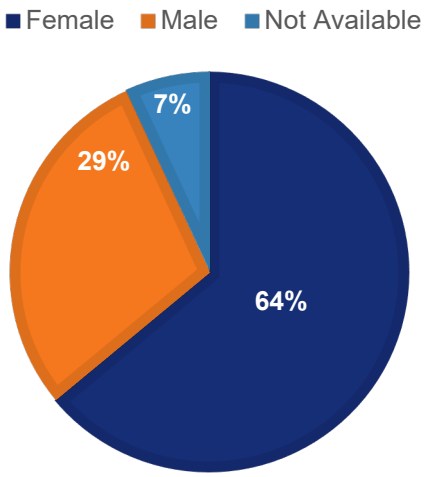
Businesses (SDVOSB), HUBZone).

NYC HEALTH+ HOSPITALS

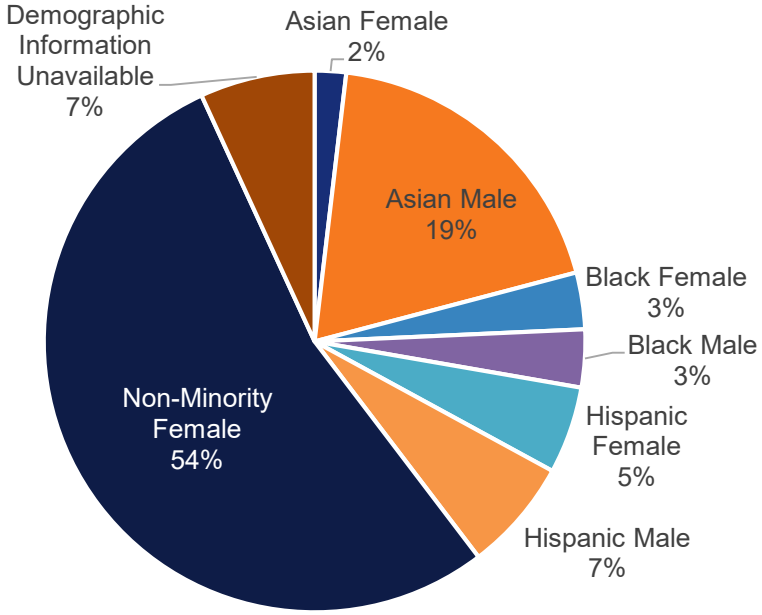
% OF SPEND BY ETHNICITY



% OF SPEND BY GENDER



% OF SPEND BY ETHNICITY AND GENDER



NYC HEALTH+ HOSPITALS

Major contract awards of $1.1 billion include $489 million in M/WBE contracts/subcontracts:

- $700 million total contract value for temporary staffing services with 30% goals representing an award of $210 million
- $155 million in spend with a NYC WBE for personal protective equipment purchases in response to COVID-19 since the pandemic began
- $76 million in total contract value for pharmacy inventory management system with 62% goals representing an award of $47 million
- $121 million in total contract value for system-wide environmental services management with 30% goals representing an award of $36 million
- $50 million in total contract value for system-wide linen and laundry services with 31% goals representing an award of $16 million
- $12 million awarded to a dual-certified (Hispanic), office furniture vendor new to the health system through a closed pool solicitation (M/WBEs only)
    - Limited routine office furniture purchases to a pre-qualified list of M/WBEs
- $25 million award to 5 M/WBEs through a closed pool solicitation for advertising on behalf of the Test and Trace program
- Partnering closely with EITS to transition from a transactional approach for all system ethernet cabling to a contracted approach with one vendor with 30% M/WBE goals and two vendors that are M/WBEs

NYC HEALTH+ HOSPITALS

In March 2021 the system adopted a vendor diversity policy consistent with the program's practices. A written policy provides the program with a stronger legal foundation since the neither the State's nor the City's M/WBE laws apply to NYC Health + Hospitals.

The system's Vendor Diversity Policy recognizes NYS and NYC disparity studies, requires an overall M/WBE goal be established for the system, and provides for contract goal setting on all procurements. The policy then models other municipal programs to fit within the legal framework of a governmental M/WBE program to be "narrowly tailored":

- Goal setting at system level and on individual procurements relative to the capacity and availability of M/WBEs
- Compliance and enforcement tools for contracts with subcontracting goals
- Waiver process for vendors unable to meet subcontracting goals
- Workforce diversity analysis
- Reporting into the EDI committee

Onboard and train staff	Two staff onboarded. One position being recruited.
Adopt and issue Vendor Diversity Policy	✓ Complete
Develop formalized procurement processes	✓ Complete
These processes include goal setting, new RFP language, pre-proposal conference, matchmaking, award negotiations, new standard contract language, new standard CRC slides, CRC M/WBE form, new utilization plan, new waiver form	
Develop formalized data processes	✓ Complete
These processes include new Supply Chain contract approval workflow, new data elements, new contract information database, new purchase order process, new PeopleSoft processes for contract spend reports, as well as standardized report processes to pull spend and award data	
Implement formalized procurement and data processes	Target: CY 21
Train and educate staff on new processes	Target: CY 21
Develop new website to communicate with M/WBEs	Target: CY 21
Engage consultant to review and assist in development of system, department and contract level goals	In progress: Target: Q2 22
Implement PeopleSoft processes to track M/WBE spend	Target: CY 23

Program objectives include 30% system-wide utilization, increasing the number of diverse vendors doing business with us, and reducing the disparity within the disparity.