



AGENDA

Equity, Diversity and Inclusion Committee

Meeting Date

January 10, 2022

Time

10:00 A.M.

Location

Virtual

CALL TO ORDER

Feniosky Peña-Mora

ADOPTION OF MINUTES

Feniosky Peña-Mora

NOVEMBER 8, 2021

DIVERSITY & INCLUSION UPDATE

Matilde Roman

EQUITY & ACCESS COUNCIL UPDATE

Natalia Cineas

Nichola Davis

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

Equity, Diversity and Inclusion Committee Virtual Meeting – November 8, 2021

As Reported by: Feniosky Peña-Mora

Committee Members Present: Feniosky Peña-Mora, José Pagán, Mitchell Katz – left at 10:30, Machelles Allen represented Dr. Katz in a voting capacity from 10:31, Sally Hernandez-Piñero, Freda Wang joined at 9:50, and Michelle Morse, representative for Dave Chokshi in a voting capacity – joined at 10:14

CALL TO ORDER

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 09:31 a.m.

Mr. Peña-Mora moved for a motion to adopt the minutes of the September 20, 2021 meeting. Upon motion made and duly second the minutes of the September 20, 2021 meeting was unanimously approved.

QUALITY & SAFETY REPORT OUT

Hillary Jalon, Acting System's Chief Quality Officer and Jeremy Segall, System's Chief Wellness Officer, presented findings from an assessment conducted on internal equity-related complaints and grievances across the System. Ms. Jalon stated that over the summer a survey was released with the purpose of analyzing the complaint and grievance process and identify trends in the data collected. Ms. Jalon shared that the survey had 11 questions and received 24 responses that included the 11 acute care sites, post-acute care facilities, and some Gotham sites. The survey explored the current grievance committee processes, the committee members' composition and frequency of meetings, how information was captured and categorized, and inquired about how the sites envisioned the future state of complaints and grievances reporting.

Ms. Jalon then turned it over to Jeremy Segall who shared that each committee includes the director of complaints, a patient relations representative, nursing leadership, Chief Experience Officer, Chief Quality Officer and Chief Medical Officers, and committee meeting cadence vary from bi-weekly to quarterly meetings.

Key findings are that the current process is decentralized and the information collected about complaints and grievances vary by site. Many sites collect complaints and grievances pertaining to

communication, care delivery process and property, and only two sites view complaints and grievances through an equity lens.

Mr. Segall provided an overview of various forums in which complaints and grievances are discussed and shared that 83% are collecting information using a homegrown database, 13% using paper logs or manager reports, and 4% use the VOICE portal, an incident reporting system that launched several months ago.

The survey documented 54 equity-related complaints and grievances received internally from July 2020 to July 2021 of which 46% were generated in ambulatory care. The complaints and grievances are multifactorial that contained vague references that could not be verified related to interpretation services, disability and sizeism.

Mr. Segall shared some proposed recommendations for improvement that include steps for a systemic and standardized approach for complaints and grievances, creating system definitions that fall into equitable care related complaints and grievances, standardizing some main domains in tracking and reporting data, and optimizing VOICE reporting system for collecting information, and potentially centralize complaints and grievances through a governance structure.

Feniosky Peña-Mora asked if there were steps that could be taken to obtain more consistent data and compare the data across sites. Mr. Segall replied that sites are working toward their Planetree Certification and are looking at standardizing complaints and grievances as part of the process to obtain the patient-centered certification.

Sally Hernandez-Piñero shared the focus should be a deeper dive on quality of care issues and wanted to learn how granular the System can go to capture this data to improve patient care. Ms. Jallon replied that many of the data categories the System currently captures is in quality and performance improvement, and that they were exploring how to gather more details in various categories.

Mr. Peña-Mora asked a clarifying question about the equity-related complaints and grievances cited related to discussion surrounding body parts of the opposite gender. Mr. Segall clarified that this domain had nothing to do with gender identity or sexual orientation, and stated that only one complaint was reported and investigated about general discomfort in discussing body parts with a person of the opposite gender. Mr. Peña-Mora mentioned the importance of creating new categories that breakdown the data more deeply. Mr. Segall stated that the intent is to create prioritization categories as well as

definitions to guide facilities in documenting complaints and grievances and using the data for improvement opportunities.

Mr. Peña-Mora then inquired how will the data be used to enhance quality of care. Mr. Segall replied that the goal is to identify appropriate solutions to close gaps through education and training.

DIVERSITY AND INCLUSION UPDATE

Matilde Roman, System's Chief Diversity and Inclusion Officer provided an update on current work and activities. Ms. Roman shared that the Office of Diversity and Inclusion will be releasing its progress report outlining their 5-year review of system-level activities to support the integration and alignment of diversity and inclusion best practices. Ms. Roman announced the expansion of a Pride Health Center and services in the Bronx. NYC Health + Hospitals/Jacobi held a ribbon cutting ceremony to announce the opening of their Pride Health Center, and NYC Health + Hospitals/Lincoln became a gender affirming integrated services health practice. Ms. Roman also shared that in celebration of Hispanic Heritage Month, the System hosted a panel discussion on October 13 with leading experts to discuss New York City's Hispanic/Latinx population and opportunities to improve health equity for the estimated 30% of the City's population that identify as either Hispanic or Latinx.

Ms. Roman shared current projects underway that include the conversion of key essential documents into Braille, large print and audio to support people who are blind or have low-vision. Committee members also heard about the upcoming release of the Transgender Health Care Resource Guide that offers patients information about services and points of referral. Ms. Roman stated that the Office was developing the System's 2022 Diversity and Inclusion calendar that will incorporate commonly used definitions, terms and concepts to increase awareness and promote shared meaning across the System, and announced the upcoming engagement and recognition events for Veteran's Day and Transgender Day of Remembrance, where there will be a panel discussion related to Equity for Transgender and Gender Non-Conforming (TGNC) people.

Lastly, Ms. Roman provided training updates that included reporting that 8 proposals were submitted in response to the Diversity and Inclusion Training Request for Proposals aimed at identifying qualified vendors to support diversity and inclusion learning solutions, 130 bilingual staff were actively enrolled into the

voluntary interpreter skills development training. Ms. Roman mentioned that in quarter 1 of FY-2022, 599 clinicians successfully completed the LGBTQ Health Equity Certificate Program, and plans to enroll all affiliate providers into the 7-hour curriculum. Ms. Roman also shared that 26,000 employees were enrolled into the Unconscious Bias and Diversity and Inclusion eLearning trainings, and over 8,000 trainings were completed in quarter 1 of FY 2022.

José Pagán inquired about the collection of data related to training. Ms. Roman replied that pre- and post-evaluations are administered to measure effectiveness and update content as needed.

Freda Wang asked if the Diversity and Inclusion Progress Report will be made available to the Board. Ms. Roman responded that the Progress Report would be distributed to all senior level officials and Board members.

Ms. Hernandez-Piñero inquired how trainings are adapted or innovated, such as role playing, to ensure for greater effectiveness. Ms. Roman replied that the Diversity and Inclusion Training Request for Proposals is aimed at seeking vendors to expand learning solutions for system wide use.

Mr. Peña-Mora asked for clarification on the LGBTQ Equity Certificate program information. Ms. Roman stated that the first bullet reflected the number of training completions for quarter 1 and the second bullet is related to the number of new providers enrolled into the program. Ms. Roman mentioned that the affiliate providers are being enrolled on a rolling basis.

Follow-up Items: (1) Distribute Diversity and Inclusion Progress Report to Board members; (2) include the percentage of providers enrolled in the LGBTQ certificate program, to gain a better of understanding of the system-wide engagement.

EQUITY AND ACCESS COUNCIL UPDATE

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.

Dr. Davis shared the development of the MOSAIC Program, which stands for Medical Opportunities for Students and Inclusive Clinicians, a pathway program for residents and medical students by offering elective programs and visiting rotations. Dr. Davis also mentioned partnerships with Morehouse School of Medicine and University of Puerto Rico School of Medicine, and that the System is exploring a partnership with mentoring in medicine. Dr. Davis also mentioned a survey in development to learn what might encourage resident physicians to stay with NYC Health + Hospitals.

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 held a meeting on October 14 with over 80 employees interested in helping or leading an inclusion group. Ms. Cineas described the different inclusion groups being considered, and the next steps will be to regroup to identify continued interest, establish metrics and deliverables.

Dr. Davis reported out on the Equity of Care Workgroup, co-led by Rebecca Lynn Walton, Senior Assistant Vice President for Behavioral Health and Shewon Erie, Associate Executive Director Home Health. The Equity Workgroup is working on quality improvement in the areas of sickle cell, health literacy, IT literacy, and behavioral health. Dr. Davis shared the partnership with the NYC Department of Health and Mental Hygiene on the Coalition to End Racism and the continued work to eliminate race-based clinical algorithms. Dr. Davis then reported on the work to integrate race, ethnicity and language in clinical dashboards in order to stratify the data to identify opportunities for intervention and prevention, and shared examples of the integration from the depression screening dashboard. Dr. Davis also mentioned that the Flu vaccine and COVID-19 vaccine dashboards also include race, ethnicity and language values.

Dr. Davis then shared the Monitoring and Evaluation work group, which is co-led by Dr. Komal Bajaj, Chief Quality Officer at Jacobi and Stephanie Majak, from the data analytics team at central office, are working to establish patients race, ethnicity and language baseline data to find opportunities to strengthen the collection of demographic data. The work group is also charged with supporting the three other workgroups monitor and evaluate the work they are doing.

A question was asked about how the data is being used. Dr. Davis offered the depression screening as an example, which is standard work at primary care clinics, and how stratifying the data this way can show opportunities for intervention and process improvement. Dr. Davis was asked to elaborate on the application of the data. Dr. Davis responded that the purpose is to improve care delivery for different sets of patients and cited as an example the work within the Equity of Care group to create better care models for sickle cell patients across the system. The data will help prevent worsening of gaps through intervention strategies and provider education.

Ms. Hernandez-Piñero stated the data presented today looks different from the data reviewed at the quality meetings and asked for an explanation. Ms. Jalon replied that the data presented at the Quality meeting are across the board, and the data presented today is stratified using demographic value sets. Ms. Jalon also mentioned that there is a lag in the data reviewed in the quality meetings. Ms. Hernandez-Piñero commented that she would like to see documents the System uses that are considered for plain language and health literacy.

Dr. Michelle Morse, asked about the quality of the race and ethnicity data currently being captured given it is a huge area of priority. Dr. Davis shared that the quality of the data collection has improved, but continues to be a work in progress. Dr. Morse also asked if there were fewer race, ethnicity and gender complaints and grievances than expected and how this information is being shared. Ms. Jalon replied that the equity related complaints and grievances were less than what was expected. They only received a total of 54 complaints and grievances during a one-year calendar period, and explained that it could be attributed to the fact the process is currently decentralized, and there are no standard definitions. Ms. Jalon also expressed that this is the first time the System is taking the step to use an equity lens in this process and there is an opportunity for continuous improvement.

Mr. Peña-Mora commented that the data may be a good opportunity to find best practices that other sites can learn from and replicate.

Follow-up item: Share with the Board essential documents used at NYC Health + Hospitals for health literacy in different languages.

M/WBE REPORT OUT

Keith Tallbe, Senior Counsel, reported out on the supplier diversity program for the System. He began with an overview of the program, which began in 1998, and the regulatory framework. In 2015, the scope of the program expanded to reflect a broader view of supplier diversity and addressing a key piece of the program which is to remedy historical disparities in government contracting. Mr. Tallbe shared that the System has in place a 30% utilization goal. He described the tools used in the program which include quantitative scoring for all solicitations, use of closed pool solicitations, the Contract Review Committee conducting supplier diversity review of spend over \$1 million, and ensuring discretionary purchases have standard processes and controls in place.

Mr. Tallbe shared that over the past several years there has been an increase in the System's current Minority and Women Owned Businesses Enterprise (M/WBE) spend which is now at \$419 million or 28% utilization of the System's 30% goal. He noted that this money is not awarded dollars but actual spend, and attributed this milestone to the increase in eligible spend doubling from 800 million to 1.5 billion. Mr. Tallbe mentioned that the number of diverse vendors also increased over the year and offered data that related to the certification breakdowns by race, ethnicity and race. Mr. Tallbe highlighted the disparity within disparities that shows blacks and Hispanics remained underrepresented within the program, which is what they will be looking to address in 2022.

Mr. Tallbe highlighted major accomplishments that include the significant contracting awards that include temp staffing services, office furniture purchases, and ethernet cabling. Mr. Tallbe also shared that the vendor diversity policy was adopted in March 2021, described the formalized procurement processes in place, as well as the use of data for tracking and reporting for compliance purposes. Mr. Tallbe added that most staff have been trained and educated on the new processes and will continue trainings through the end of the year. He also mentioned the launch of a new website to communicate with diverse vendors opportunities to contract with the System, and that they are actively seeking a consultant to support data analytics.

Ms. Hernandez-Piñero inquired further about the internal procurement processes for contracts under \$1 million dollars directed toward

women- and minority-owned businesses. Mr. Tallbe replied that the City's typical focus is on minority owned businesses and that the System also has a lens on it, and in term of process, there are factors like vendor and pricing due diligence that are considered, and the System works to support vendors to understand the scope of work and fair pricing. Ms. Hernandez-Piñero had a follow up question related to the breakdown between women and minority vendors for the smaller procurement opportunities. Mr. Tallbe stated he did not have that information at hand, but could provide that information.

A follow up question was asked by Dr. Morse related to how the 30% goal is set at the State and City level, and if there is any work to include non-profits and other community organizations. Mr. Tallbe shared that the State and City run surveys and data analysis against current contracts and available diverse suppliers to derive at the goal. He also mentioned that non-profits are structured differently, which poses restrictions on their ability to become certified, but that the System looks for sub-contracting opportunities that allow for non-profit participation. Mr. Peña-Mora commented that there are conversations happening to improve non-profit participation in contracting opportunities, and mentioned the Department of Cultural Affairs recommendation to consider the diversity of non-profit Board and staff.

Follow up items: (1) Share the vendor diversity policy with the Board; (2) Provide breakdown of women versus minority vendors for solicitations under \$1 million dollars.

Mr. Peña-Mora asked if there was old business or new business, and heard none. The meeting concluded and was adjourned at 11:05p.m.

FPM: mlr

Equity, Diversity and Inclusion Committee

January 10, 2022

Diversity and Inclusion Update

Matilde Roman, Esq.
Chief Diversity and Inclusion Officer

Top System-Level Achievements for 2021

- Restructured the health system's strategic priorities to include social and racial equity as the foundation of its mission and values
- Created system-level metrics to make equity, diversity and inclusion goals more measurable and accountable.
 - Workforce diversity: # of new physician hires from underrepresented groups
 - Equity of Care: Integration of race, ethnicity and language in chronic disease dashboards
 - Supplier Diversity: % of M/WBE contracting spend



System-Level Achievements ...

- Launched the Medical Racism initiative to eliminate processes that use race as a factor in clinical assessments, which can lead to biases in diagnosis and treatment.
 - eGFR- Diagnostic test for kidney disease
 - VBAC- Vaginal Birth After C-Section
- Co-founder of the new citywide Coalition to End Racism in Clinical Algorithms in collaboration with the DOHMH, to end bias in medicine and advance racial justice in health care for all New Yorkers.
- Expanded support to more Minority and Women Owned Business Enterprises by 28%, nearing the goal of dedicating 30% of contract spending.

System-Level Achievements . . .

- Opened the sixth Pride Health Center —providing specialized, gender-affirming integrated services to New Yorkers
- Continue to meet high standards of care for LGBTQ patients, earning the national recognition of “Leader in LGBTQ Healthcare Equality” by the Human Rights Campaign for the sixth consecutive year.
- Recognized in the first national edition of the *Long-Term Care Equality Index* for promoting equitable and inclusive care for older LGBTQ adults in residential long-term care communities.

PRIDE HEALTH CENTERS

- **Metropolitan** established the first Pride Center and offers gender-affirming surgery
- **Bellevue**
- **Woodhull**
- **Gouverneur**
- **Judson/Gotham Health**
- **Jacobi**
- **Lincoln:** Gender-Affirming Integrated Services Practice (as of 2021)



2021 Department Accomplishments

- Fulfilled 1.3 million interpretation requests in over 200 languages and dialects.
- Expanded workforce training around diversity and inclusion by:
 - Issuing the first system Request for Proposals to solicit new training vendors (8 proposal submissions)
 - Enrolled over 6,000 affiliate providers in the 7-hour LGBTQ Health Equity Certificate Program
 - Launch of the Medical Interpreter Skills Training for bilingual staff
- Training completions:
 - 58,000 trainings completed with nearly 80% of staff completing at least one training related to diversity and inclusion.
 - 26,941 completions for Cycle 4 Sexual Harassment Prevention

Equity, Diversity and Inclusion Committee

January 10, 2022

Equity & Access Council Update

Nichola Davis, M.D.

Vice President, Chief of Population Officer

Natalia Cineas, DNP, RN, NEA-BC

Sr. Vice President, Chief Nurse Executive

Equity of Care Workgroup Updates

- 5/5 chronic disease dashboards now with race, ethnicity, and language included so data can be stratified
 - Dashboards: depression in adolescents and adults, hypertension, diabetes, smoking.
 - Visit facilities to educate leaders and clinical staff on how to access and use the tool.
- Medical Eracism
 - Change in algorithms already implemented (Vaginal Birth After C-section and Kidney Function)
 - Monitoring outcome of Implementation- Evaluating potential impact of change in Kidney Function on clinical decisions
 - Future algorithms- researching eliminating race in Pulmonary Function Test assessments

Equity of Care Workgroup Updates

- Sickle Cell Centers of Excellence: Explore how to expand services to provide optimal level of care to sickle cell patients.
- Why Sickle Cell?
 - H+H is one of the largest providers of care to individuals with SCD in NYC; providing care to about 1/3 of adults with Medicaid and 25% of children with Medicaid. SCD largely affects minorities (90% African descent, 10% Hispanic and small number of individuals of Indian, Middle Eastern, and Mediterranean descent)
 - Patients are often stigmatized
 - Increased mortality particularly during time of transition from pediatric to adult care.
 - Lack of access to comprehensive care for adults : Currently 2 comprehensive centers (Kings and Queens) aiming to expand to 4
- Next steps: proposal reviewed, business plan under development.

Diabetes Measures by Sociodemographics

A1c Control: 66.3%

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



Click to send
feedback

1. Select a measure

- ☐ Composite
- ☒ A1c
- ☐ BP
- ☐ Mod/High Statin
- ☐ Aspirin/IVD

2. Select filters

Most Recent Facility ⓘ
All

Most Recent Department
All

General PCP

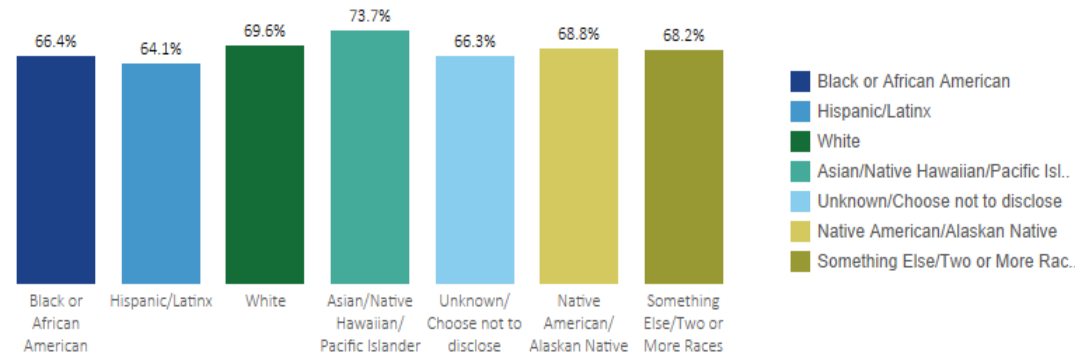
Explore measures by Race/Ethnicity, Language, Payer, Age or Sex

Use buttons at right to choose how to stratify the measure on the bar chart and trendline:

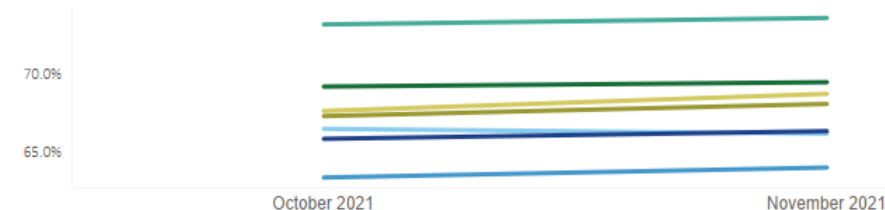
Choose Stratification ⓘ

- ☒ Race/Ethnicity
- ☐ Language
- ☐ Payer
- ☐ Age
- ☐ Sex

A1c Control Rate by Race/Ethnicity



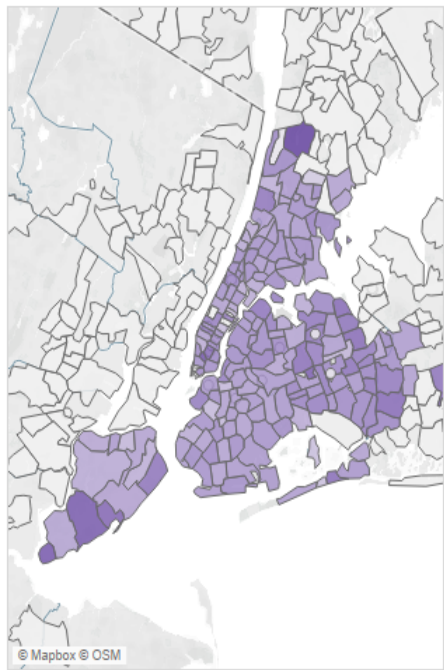
Trend in A1c Control Rate by Race/Ethnicity, Rolling 12-month period



Explore measures by neighborhood

See measure rate stratified by ZIP Code ⓘ

A1c Control Rate Map



Diabetes Measures by Sociodemographics

A1c Control: 66.3%

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- ☐ Aspirin/IVD

Grey color indicates unreliable data

2. Select filters

Most Recent Facility ^①
All

Most Recent Department
All

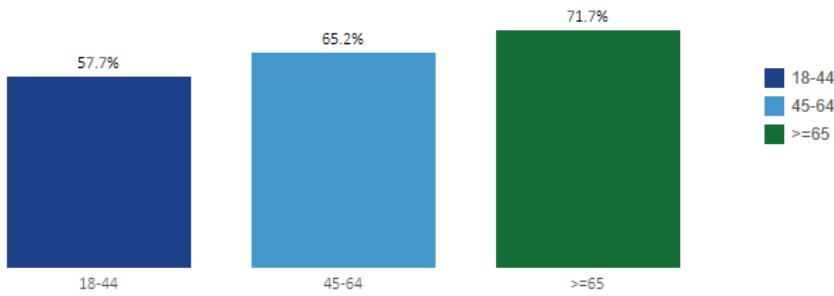
General PCP

Explore measures by Race/Ethnicity, Language, Payer, Age or Sex

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- Choose Stratification ^①
- ☐ Race/Ethnicity
 - ☐ Language
 - ☐ Payer
 - ☒ Age
 - ☐ Sex

A1c Control Rate by Age



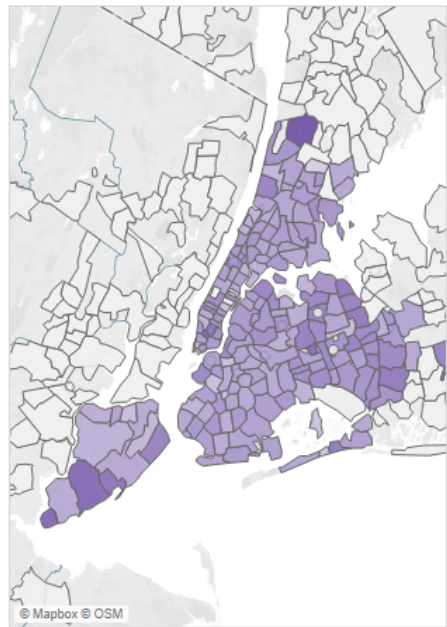
Trend in A1c Control Rate by Age, Rolling 12-month period



Explore measures by neighborhood

See measure rate stratified by ZIP Code ^①

A1c Control Rate Map



Diabetes Measures by Sociodemographics

A1c Control: 66.3%

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



1. Select a measure

- ☐ Composite
- ☒ A1c
- ☐ BP
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Grey color indicates unreliable data

2. Select filters

Most Recent Facility [ⓘ]
All

Most Recent Department
All

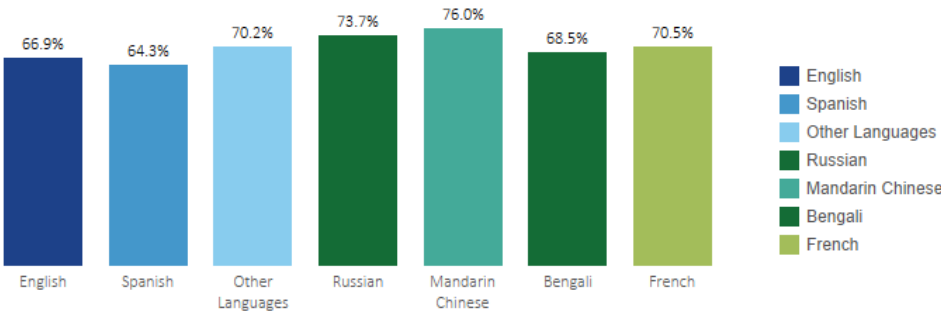
General PCP

Explore measures by Race/Ethnicity, Language, Payer, Age or Sex

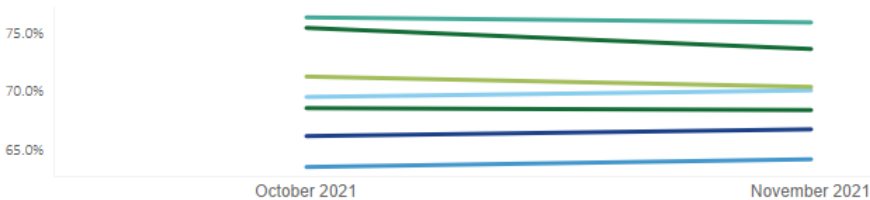
Use buttons at right to choose how to stratify the measure on the bar chart and trendline:

- Choose Stratification [ⓘ]
- ☐ Race/Ethnicity
 - ☒ Language
 - ☐ Payer
 - ☐ Age
 - ☐ Sex

A1c Control Rate by Language



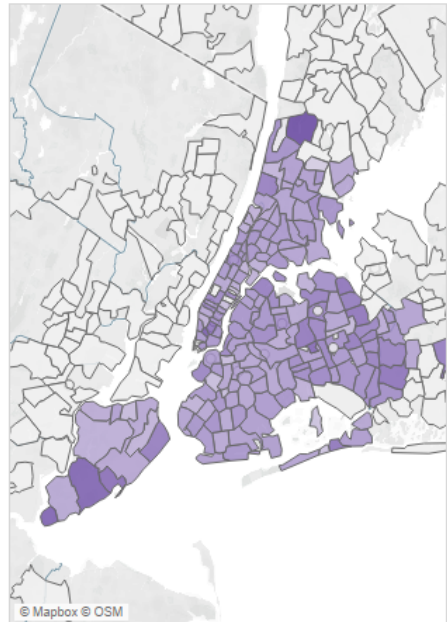
Trend in A1c Control Rate by Language, Rolling 12-month period



Explore measures by neighborhood

See measure rate stratified by ZIP Code [ⓘ]

A1c Control Rate Map



Hypertension by Sociodemographics

HomeClinic BP Control: 73.0%

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



Select filters ⓘ

Most Recent Facility
All

Most Recent Department
All

General PCP

Grey color indicates unreliable ...

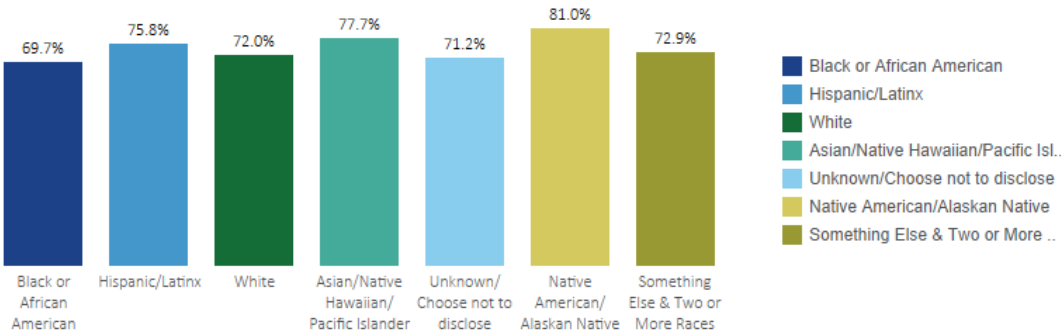
Explore measures by Race/Ethnicity, Language, Payer, Age or Sex

Use buttons at right to choose how to stratify the measure on the bar chart and trendline:

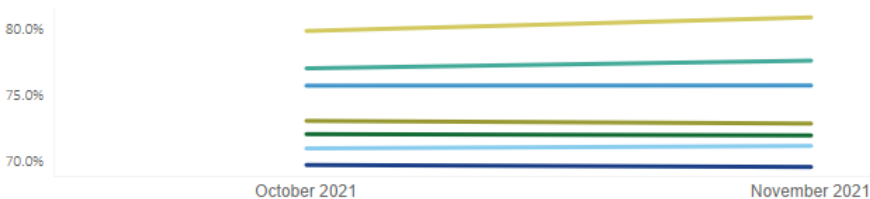
Choose Stratification ⓘ

- ☒ Race/Ethnicity
- ☐ Language
- ☐ Payer
- ☐ Age
- ☐ Sex

HomeClinic BP Control Rate by Race/Ethnicity



Trend in HomeClinic BP Control Rate by Race/Ethnicity, Rolling 12-month period



Explore measures by neighborhood

See measure rate stratified by ZIP Code ⓘ

HomeClinic BP Control Rate Map

