



## **AGENDA**

### **Equity, Diversity and Inclusion Committee**

### **Meeting Date**

July 11, 2022

### **Time**

11:00 A.M.

### **Location**

Virtual

CALL TO ORDER

Feniosky Peña-Mora

ADOPTION OF MINUTES

Feniosky Peña-Mora

MAY 9, 2022

DIVERSITY & INCLUSION UPDATE

Ivelesse Mendez-Justiniano

EQUITY & ACCESS COUNCIL UPDATE

Natalia Cineas  
Nichola Davis  
Shewon Erie  
Rebecca Linn-Walton

EQUAL EMPLOYMENT OPPORTUNITY (EEO) REPORT

Yvette Villanueva  
Blanche Greenfield

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

**Equity, Diversity and Inclusion Committee Virtual Meeting – May 9, 2022**

**As Reported by:** Feniosky Peña-Mora

**Committee Members Present:** Feniosky Peña-Mora, José Pagán, Mitchell Katz, Sally Hernandez-Piñero, Freda Wang, Patricia Marthone, and Michelle Morse – joined at 11:15

**CALL TO ORDER**

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 11:00 a.m.

Mr. Peña-Mora noted for the record that Dr. Michelle Morse is representing Dr. Ashwin Vasan in a voting capacity.

Mr. Peña-Mora moved for a motion to adopt the minutes of the January 10, 2022 meeting.

Upon motion made and duly second the minutes of the January 10, 2022 meeting was unanimously approved.

**DIVERSITY AND INCLUSION UPDATE**

Ivelesse Mendez-Justiniano, the System's Chief Learning Officer and Interim Chief Diversity & Inclusion Officer provided an overview to the Committee of the System's latest diversity and inclusion achievements and activities. Ms. Mendez-Justiniano indicated that key highlights in the Language Access space includes, the completion of the first Medical Interpreting Skills Training (MIST) by 88 staff, the selection of four new training vendors, the fulfillment of 250,000 interpretation requests which resulted in 3.6 million interpretation minutes, and the translation of 687 documents. Top language requests for interpreter services included Spanish, Bengali, and Mandarin and top languages for documents translated included Spanish, Bengali, and Simplified Chinese.

Board member Sally Hernandez-Piñero asked a question regarding those who completed MIST, whether their jobs require them to have medical interpreter skills or if they are choosing to gain a new skillset. Ms. Mendez-Justiniano clarified that these individuals would be volunteer interpreters for the System in addition to their regular duties.

Dr. Michelle Morse followed up with a question regarding interpreter requests – if the data includes telehealth, or if telehealth interpreter requests could be broken out. Ms. Mendez-Justiniano indicated that the numbers shown represent a systemwide total which is inclusive of telehealth and that a more detailed report can be shared afterwards, covering the number of telehealth interpretation requests and the top languages requested.

Ms. Mendez-Justiniano went on to update the Committee on an Apprentice Painter program. The program is focused on recruiting diverse participants and female painters as apprentices, which will help H+H develop a pipeline of candidates with the necessary skills. Ms. Mendez-Justiniano continued on to discuss key Systemwide communications sent out regarding the observation of various celebrations including Immigrant Heritage Week, Jewish-American Heritage Month, Ramadan, and Black History Month.

The next area Ms. Mendez-Justiniano covered was training; there were 55,169 diversity and inclusion training completions systemwide. She then shared that there has been a focus on socialization of Diversity and Inclusion at the facilities for all levels of staff to increase awareness of D&I services and offerings as well as identifying opportunities for future work. Ms. Mendez-Justiniano also highlighted a diverse pipeline initiative as well as a new mentoring program. Ms. Mendez-Justiniano indicated that she serves as a Co-Chair on the NYC Board of Directors Career and Technical Education Council, and during the past quarter, the Council held panel sessions for students and teachers at underserved schools for careers in healthcare at H+H. In terms of the mentoring program, the Committee was informed that Phase 1 of the program had launched in May 2021 and was focused on certifying mentors. 67 mentors completed the training, of which 80% were female and 20% were male. For Phase 2, there is a pilot program currently running which focuses on females aspiring to be leaders within the Finance department.

Board member Freda Wang inquired whether or not mentees have been assigned to the 67 mentors who have completed training and what the gender breakout of the group is. Ms. Mendez-Justiniano noted that mentees are in the process of being recruited and the System is also in the process of purchasing mentoring software in order to match individuals to competencies or leadership roles they're looking to aspire to. Board Chair Jose Pagan followed up with a question as to whether or not there is a pipeline for those being mentored. Ms. Mendez-Justiniano explained that they work closely with Talent Acquisition and System Leads to identify potential roles. Additionally, the mentoring program focuses on encouraging staff to take charge of their own careers and find roles available internally.

**Mr. Peña-Mora indicated that he would like to see a comparison of the systemwide demographics, to the demographics of those completing trainings or participating in the mentorship program to see if there is any under or over-representation. He also expressed interest in seeing how departments compare when looking at training completions. Ms. Mendez-Justiniano mentioned that she will follow up with the information.**

Ms. Mendez-Justiniano was also pleased to report that The Human Rights Campaign Foundation designated 18 Health + Hospitals patient care locations across all five boroughs as LGBTQ+ Healthcare Equality Leaders, which is their top honor. This special designation, part of

the Healthcare Equality Index, means that the System's facilities are ranked as leaders in providing expert, culturally competent care to our LGBTQ+ communities based on four criteria: nondiscrimination and staff training, patient services and support, employee benefits and policies, and patient and community engagement. Additionally, the System now has established seven Pride Health Centers across Manhattan, Brooklyn, and the Bronx. There are plans to open one next in Queens. Ms. Mendez-Justiniano also confirmed that the System has adopted Juneteenth as a holiday which will be observed on 6/20/2022 this year. This concluded Ms. Mendez-Justiniano's updates on achievements and activities within Diversity and Inclusion.

#### **M/WBE VENDOR DIVERSITY PROGRAM UPDATE**

Keith Tallbe, Senior Counsel in Supply Chain, presented an update on the System's vendor diversity program. Mr. Tallbe indicated that in March 2021 the vendor diversity policy was issued, and since then the System has been focused on solidifying the procurement processes. 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. He explained that the Vendor Diversity team and the Supply Chain team work closely together to ensure a unified approach to procurement across the System. They review opportunities within the procurement pipeline, assessing vendor diversity as a key element. Mr. Tallbe outlined the entire process for the Committee, covering the procurement development phase, proposal phase, award phase, contracting, onboarding of vendors and their subcontractors, compliance with goals, and finally payment.

Ms. Hernandez-Piñero asked if there is an evaluation phase for MWBE vendors where the System provides feedback to them on the current contract they are working on as well as potential future contracts. Mr. Tallbe explained that a new vendor management program is being worked on across Supply Chain and IT which would allow feedback. However, at the moment, as there is no formal system for feedback, Supply Chain has a process to flag those items that require close ups and key strategic contracts all have quarterly business reviews.

Ms. Hernandez-Piñero followed up with a question regarding how the System monitors capacity. Mr. Tallbe clarified that when the team does an availability and capacity analysis, they look into vendors' annual revenue as well as their largest contract awarded to ensure the System's contract with the vendor is reasonable. If the contract with the System is greater than the vendor's annual revenue or their largest contract, follow up discussions take place to address the issue.

Mr. Tallbe continued and briefly reviewed historical utilization and some of the efforts implemented to help drive that utilization. He shared the System's M/WBE spend breakdown in FY 2020 and FY 2021. The FY 2021 utilization rate jumped to 28% (from 15% the year prior) and the number of total diverse vendors increased from 209 to 284.

Mr. Tallbe proceeded to highlight major accomplishments over the course of the past year which include:

- Exceeded last year's total MWBE amount in Q3
- Converted 29 non-NYC MWBEs to get certified by NYC
- Doing business with 33 new diverse vendors
- On target to achieve 30% utilization on T2 testing vendor pool
- Worked with OFD and CBRE to place goals on a large strategic contract, with an overall utilization plan of 37%, representing \$37M MWBE award.
- \$205 million in spend with a NYC WBE for CoViD-19 test kits.
- Partnered with EITS to include MWBE quantitative scoring on all goods purchasing resulting in a large majority MWBEs winning those awards.
- A few major Closed Pool Solicitations (totaling \$22,000,000+)

Mr. Tallbe went on to share that as the program development progresses, they are spending more of their efforts on communication and outreach. The System has joined several councils, including Premier, the largest GPO supplier diversity council. The team is also attending key meetings which includes the Mayor's Office of MWBE on a bi-weekly basis and quarterly NYC MWBE Director meetings, among others.

Mr. Tallbe then highlighted upcoming strategic opportunities, some of which include: print and promotion, maintenance, repair, and operations, the standardization of Dell desktops to temp staff efforts, and moving to an MWBE first model for temp staffing.

Dr. Mitchell Katz commended the purchasing team's work as the data truly shows alignment with the goals of increasing diversity and inclusion. Mr. Peña-Mora, Ms. Hernandez-Piñero, and Ms. Wang also echoed Dr. Katz's sentiment and stated how impressive the work is and how remarkable the progress has been over the course of a year.

## EMPLOYEE FEEDBACK SURVEY RESULTS

Jeremy Segall, Chief Wellness Officer, presented Employee Feedback Survey results to the Committee. He provided an overview of the System survey administration. The survey was issued to all employees (full time, part time, affiliates, contract workers) and Advanced Practice Providers (APPs, which include MDs, DOs, PAs, NPs and non-MD advanced degrees). The survey included quantitative (measured on a 5-point Likert scale) and qualitative questions (open ended). It was distributed electronically during 9/13/21 - 11/3/21. The survey saw a 37% response rate from Employees and a 17% response rate from APPs, which is in line with the 10-30% response rate for healthcare systems across the nation. The survey had a specific module on diversity and LGBTQIA+ which will be reviewed today.

Mr. Segall noted that the key results focusing on Diversity and LGBTQIA+ were as follows:

- Diversity was the highest scoring category compared to all other survey domains for both employee and provider audiences
- Overall favorability at 74% (3.91 score) for Employees and 84% favorable (4.19 score) for Providers
- All measured items within the category were greater than 60% favorable with a score of at least 3.56
- Both Employees and Providers showed highest favorability (above 80%) within statements regarding:
  - LGBTQ staff receiving same benefits as everyone else
  - The organization not tolerating bias against LGBTQ staff
  - The organization protects LGBTQ staff from discriminatory practices
- Overall, when comparing H+H scores with the American Central Hospital Safety Net Database, we are seeing our providers rank higher. In terms of employees, H+H is only slightly off from the National Safety Net aggregate (off by .08 points).

Mr. Pagan and Dr. Katz both acknowledged the great work that has been done. Ms. Hernandez-Piñero inquired about the demographic representation of the survey (pointing out the high percentage of nurses and management participation). Mr. Segall confirmed that the survey participation was very much representative of the workforce demographics. Ms. Hernandez-Piñero went on to comment that any survey that has a 37% response rate is incredible. **Lastly, Mr. Peña-Mora asked to see a breakdown of the survey results for respondents who identify as LGBTQIA+, to see if there is a difference compared to the sentiment of the majority. Mr. Segall indicates there is no major difference between those two domains, however, he will follow up with the data detail.**

## **EQUITY AND ACCESS COUNCIL UPDATE**

Dr. Nichola Davis, Chief of Population Health and Co-Chair of the Equity and Access Council ("Council") introduced the Council's leads for the Monitoring and Evaluation group, Dr. Komal Bajaj and Ms. Stephanie Majak, as the presenters for their update. Ms. Majak explained that their main role in supporting Equity and Access Council is the development of MMKs (Measures, Metrics, KPIs) and continued focus improvement for data solutions. Dr. Bajaj described how data informs Equity and Access Council decisions with a 3-step process which includes capturing data, analyzing the data, and improving the data (in terms of the data collection process or using the data to make other improvements).

Ms. Majak then proceeded to share their approach with the Committee. The group defines Equity and Access Measures, Metrics, KPIs (MMKs) as subject matter experts convene to propose MMKs and List of Values (LOVs) definitions for standardization. The MMKs and LOVs are then presented for review and ratification to the Data and Analytics Governance Committee. After ratification the MMKs and LOVs are leveraged to communicate uniformly across the System, to capture better quality data within our technology systems, and develop reports and dashboards. Next the focus shifts to capturing and cleaning Equity and Access MMKs as per the targets below:

- Target 1 - Targeting 75% of patients in Epic with completed race, ethnicity, and preferred language documentation
- Target 2 - Less than 10% of patients in Epic with "Something else" or "Choose to not disclose" for their race, ethnicity and preferred language
- Target 3 - Less than 10% of patients in Epic with incorrect race, ethnicity or preferred language during random sample validation

Dr. Bajaj then explained the need to equip staff who are doing improvement work with the ability to apply an equity lens to their improvement work. She highlighted that the Quality Academy is a 6-month program to train frontline staff on improvement; a robust session was held on applying an equity lens. Dr. Bajaj proceeded to share that those who attend QAPI meetings have seen that the reporting template now includes a separate section for the equity lens. She stated that when looking at outcomes, we want to make sure that different groups are experiencing those outcomes equally and by applying an equity lens thinking about what might be a structural barrier of care, we can see whether different populations experience the gains that we are seeing in aggregate. Dr. Bajaj then discussed

performance improvement projects that were submitted to the Board; of the 49 completed projects, about 20% of the projects discovered a disparity. So next step would be to close those gaps.

Mr. Peña-Mora asked if there was any old business or new business, and hearing none, the meeting concluded and was adjourned at 12:30 p.m.

FPM: tzk



# **Equity, Diversity and Inclusion Committee**

July 11, 2022

## **Diversity & Inclusion Office Updates**

Ivelesse Mendez-Justiniano

Chief Learning Officer / Interim Chief Diversity & Inclusion Officer



# System Level Achievements

- Language Access
  - January 1 – May 31, 2022
  - 745,410 interpreter request calls fulfilled (10.3 million minutes); Top languages: Spanish, Bengali, Mandarin
- May 2022 – Total Trained: 4,728
  - E-learning- 4,481
  - Virtual Workshops- 247
  - Participant Ethnicity Breakdown: Black/African American 28%, Asian 17%, White 17%, Unknown 24%
  - Gender Breakdown: Female 62%, Male 35%, Unknown 3%, Non-Binary 0%
  - Top Five (5) Titles who have completed 1 or more Diversity & Inclusions training modules: Staff Nurse, Patient Care Associate/ Technician, Clerical Associate, Nurse Aide/ Service Aide, and Physician
- Held LGBTQ recognition ceremonies at facilities with highest training completion rates
- NYC H+H LGBTQ Health Care Services Website launched



# System Level Achievements

- NYC H+H Pride Health Center Brochure- created and distributed (available in top 13 languages)

## NYC Health + Hospitals Pride Health Centers

A safe and welcoming health care environment for LGBTQ+ individuals

### WE ARE AN ALLY

NYC Health + Hospitals is committed to **empowering lesbian, gay, bisexual, transgender and queer+ (LGBTQ+) New Yorkers to live the healthiest life possible.** Our health system provides responsive, compassionate and respectful care in a welcoming environment. We have a patient-centered approach towards ensuring meaningful access, regardless of language spoken or immigration status. Interpretation services are available.

As an ally, we support civil rights and LGBTQ+ health equality. Our facilities have open visitation rights for all LGBTQ+ patients and families—and we have zero tolerance for discrimination based on sexual orientation, gender identity or expression.

### HEALTH CARE TAILORED TO YOU

We understand that as a member of the LGBTQ+ communities, you have special health care needs and concerns. Our Pride Health Centers serve as important spaces for LGBTQ+ New Yorkers to receive affirming health care. **Providers in these centers have received extensive training** to understand how to provide culturally responsive care. Our clinicians are here to address your health needs and answer all your questions in a safe and welcoming environment.

### OUR SERVICES

- Primary care, which includes immunizations, hormone therapy and surgical referrals
- Behavioral health services and referrals
- Pre-exposure prophylaxis (PrEP)
- Post-exposure prophylaxis (PEP)
- HIV testing and treatment
- Sexually transmitted infection (STI) testing and treatment
- Insurance navigation and enrollment
- Puberty blockers at Jacobi and Judson
- Affirming OB/GYN care at Bellevue, Gouverneur, Jacobi, Judson, Lincoln and Metropolitan
- Voice coaching at Lincoln

We also have the following **gender-affirming surgeries** at Lincoln and Metropolitan:

- Top surgery
- Hysterectomy
- Oophorectomy
- Hairline lowering
- Frontal bone reshaping/frontal sinus reset
- Mandibular jaw (genioplasty and angle resection)
- Tracheal shave
- Rhinoplasty
- Cheekbone augmentation
- Septoplasty

For a complete list of offerings and to find more information about each surgery as well as other services, like financial and insurance counseling, [click here](#).

### Locations:

#### Brooklyn

##### WOODHULL

Patient age: Adults (18+)  
760 Broadway, Room 2B-151 (Main Floor)  
Brooklyn, NY 11206  
Phone: 718-963-8068

#### Bronx

##### JACOBI

Patient age: All ages  
1400 Pelham Parkway South, Building 8  
1st Floor, Suite 1D, Bronx, NY 10461  
Phone: 718-918-7787

##### LINCOLN

Patient age: Adults (18+)  
234 East 149th Street, 8th Floor, Suite 8A  
Bronx, NY 10451  
Phone: 718-579-5264

#### Manhattan

##### BELLEVUE

Patient age: Adults (18+)  
462 First Avenue, New York, NY 10016  
Phone: 212-562-8416

##### GOVERNOUR

Patient age: Adults (18+)  
227 Madison Street, 2nd Floor  
New York, NY 10002  
Phone: 212-441-5469  
Email: [gouvlgbtq@nychhc.org](mailto:gouvlgbtq@nychhc.org)

##### JUDSON

Patient age: Teens and young adults (up to 29)  
34 Spring Street, New York, NY 10012  
Phone: 212-925-5000, option 2

##### METROPOLITAN

Patient age: All ages  
1901 First Avenue, 7th Floor South  
New York, NY 10029  
Phone: 212-423-7292  
Email: [metlgbt@nychhc.org](mailto:metlgbt@nychhc.org)

# System Level Achievements

- Promotion of HEI "Leader in LGBTQ Health Care" for 18 eligible sites
- Created Guidance on Medicaid Legal Sex Document, written in plain language and translated into top 13 languages
- Hosted "Asian Americans and Health Equity" event in commemoration of Asian Pacific American Heritage Month
- Hosted "Combatting Antisemitism" event in commemoration of Jewish American Heritage Month

# System Level Achievements

## Emergency Preparedness

- Collaborated with Mayor's Office of Immigrant Affairs (MOIA) in the provision of language access information in Slavic languages at H+H
- Connected NYCare with MOIA to secure access to funding for language access services initiative for Ukrainian refugees

## Events

- National Immigration Heritage Event/Mayor's Office of Immigrant Affairs (MOIA) – Sunset Park
- Puerto Rican Day Parade participation- June 6<sup>th</sup>
- Juneteenth local events
- Multicultural Events
- Pride Events:
  - Staten Island Pride Fest- May 21<sup>st</sup>
  - Queens Pride Parade- June 5<sup>th</sup>
  - Bronx Pride- June 18<sup>th</sup>
  - Brooklyn Pride Festival- June 11<sup>th</sup>
  - Brooklyn Pride March- June 11<sup>th</sup>
  - Manhattan Pride Festival- June 26<sup>th</sup>
  - Manhattan Youth Pride- June 25<sup>th</sup>

# System Level Achievements

## Retirement Services

- The NYC Health + Hospitals TDA Program has dedicated representatives assigned to each facility who are fluent in several key languages – Russian, Korean, Spanish, Tagalog/Filipino, etc.
- First Spanish Virtual Webinar – Focusing on the TDA Program Features and Resources.
- Quarterly Webinar Sessions regarding Women and Investing – Key factors facing women in preparing for retirement, how longevity and workforce issues uniquely affect women, and valuable insights for a stronger financial-future.
- Language Line Established – A service offered through the TDA Program Call Center that provides assistance to participants in multiple languages.
- Participated in National Forum for Black Public Administrators (NFBPA) – Regarding the impact of COVID, financial wellness and retirement planning.
- NYCERS provides translation and sign language interpreter services to pension members.

# Communications

- Commemoration of Asian Pacific American Heritage Month
- Commemoration of Jewish American Heritage Month
- Commemoration of International Day Against Homophobia, Transphobia and Biphobia
- Dr. Katz's communication re: zero tolerance for acts of hate and violence in response to Buffalo Incident
- Pride Celebrations
- Commemoration of Juneteenth
- Reaffirmation of NYC H+H's commitment to safe and legal abortion



# Events



*Participation in Puerto Rican Day Parade*

## *Juneteenth*





# Multicultural Event

Lincoln Hospital – May 20, 2022







# Next Steps

## **Talent Management**

- Onsite Radiology Tech Recruitment Fair – New York City Tech, C.U.N.Y – June 30<sup>th</sup>

## **Long Term Equality Index**

- Preparation for 2023 recognition

(Recognition takes place every 2 years; Last recognized in 2021)

## **Socialization Strategy (ongoing)**

- Outreach (patient and staff)
- Participation in Town Halls
- Leadership Meetings

## **Pride Event**

- Black Pride at the Beach- August 20th

## **Retirement Services**

- Estate planning overview for LGBTQ – Specific tips for dealing with the lingering inequities that can complicate estate planning for LGBTQ + People

## **Pride Health Centers**

- Establish Pride Health Centers in Staten Island and Queens

## 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

Shewon Erie, RN

Equity of Care Workgroup, Co-Chair

Rebecca Linn-Walton, M.D.

Equity of Care Workgroup, Co-Chair

# Equity and Access Council Governance Structure

## Council Members

**Natalia Cineas**, RN, NEA-BC (Co-Chair)

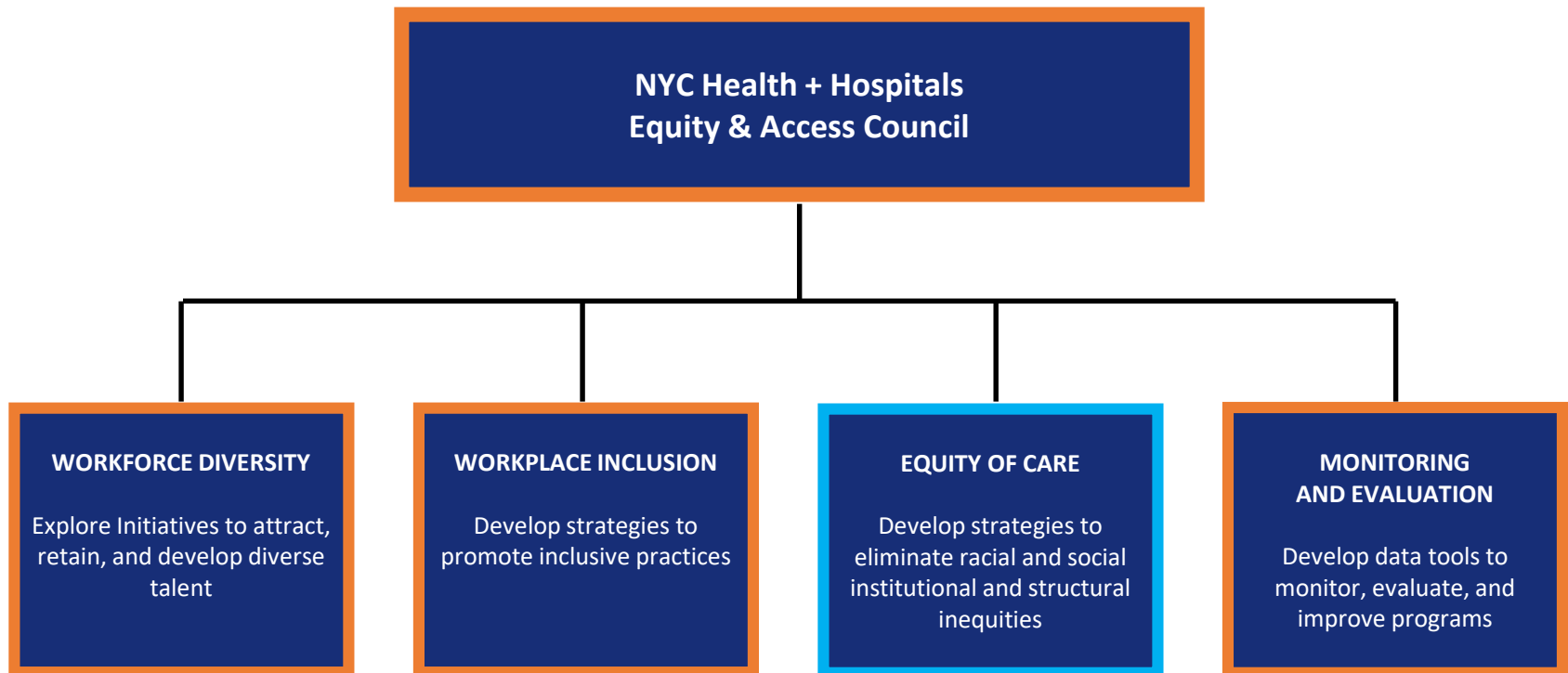
**Nichola Davis**, MD (Co-Chair)

**Machelle Allen**, MD Senior VP Medical & Prof Affairs

**Mario Smith**, Dir Marketing/Communication

**Yvette Villanueva**, Senior VP of HR

**Ivelesse Mendez Justiniano**, Chief Learning Officer,  
HR Workforce Development





## Equity of Care Project Leaders

### ■ Project Leaders

- Dr. John Wagner, Dr. Ayrenne Adams, Dr. Nichola Davis – ***Medical Eracism***
- Dr. Marisa Nadas & Dr. Rebecca Linn-Walton – ***Equity and Access – Pregnancy/Abortion Care and Behavioral Health Support***
- Dr. Michael Shen & Dr. Amanda Johnson – ***Equity and Access for Persons With Disabilities (PWD)***
- Dr. Kenneth Rivlin – ***Equity and Access- Sickle Cell Disease (SCD) Management***



## Overview of Initiatives for Medical Eracism

### **Project Leaders:**

Dr. John Wagner, Dr. Ayrenne Adams, Dr. Nichola Davis

### **Project Summary:**

To eliminate race-based algorithms within the Electronic Medical Record that can adversely impact health outcomes and create inequities in treatment plans.

### **Project Progress and/or Goals:**

- H+H staff continue to participate in NYC CERCA (Coalition to End Racism in Clinical Algorithms)
- Change in algorithms already implemented (Vaginal Birth After C-section and Kidney Function)
- Analysis ongoing to understand impact of change in kidney function algorithm
  - *Examining referrals to nephrology in cohort of patient seen pre eGFR formula change and post change.*



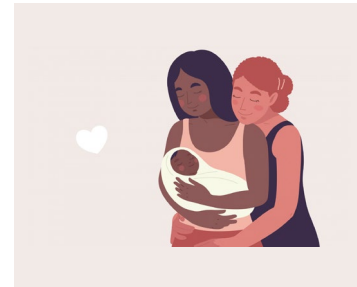
# Overview of Initiatives for Access to Pregnancy/Abortion Care

## Project Leaders:

Dr. Nadas & Dr. Linn-Walton

## Project Summary:

- To increase access to pregnancy care, including abortion, across the system, and ensure that behavioral health patients are appropriately supported, and that all patients receiving pregnancy care have access to behavioral health support



## Project Progress and/or Goals:

- Monthly meetings held.
- Dr. Nadas presented to Substance Use Disorder (SUD) Directors' Council on making referrals and accessing care.
- Planning meeting with simulation Center.



## Next Steps:

- Meet with Simulation Center to plan training in sexual health, reproduction, and pregnancy and abortion care in the system.



## Overview of Initiatives for Persons With Disabilities (PWDs) and Access

### **Project Leaders:**

Dr. Michael Shen & Dr. Amanda Johnson

### **Project Summary:**

- A review of the data for PWDs indicate that this population receives screening tests at a lower rate than the general population.
  - Contributing factors include limited access to transportation and lower rate of tests being ordered by physician.

### **Project Progress and/or Goals:**

- EMR Identification
- Removing barriers to care and increasing accessibility
- Incorporating “disability competency education and training”.

### **Next Steps:**

- Continue working with Dr. Ted Long to identify appropriate facility-based site to pilot the project.
- Apply for grant funding.



# Overview of Initiatives for the Management of Sickle Cell Disease

## **Project Leaders:**

Dr. Kenneth Rivlin – Sickle Cell Disease Management (SCD)

## **Project Background:**

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)

## **Project Summary:**

- Provide education on improving the management of Sickle Cell Disease and enhancing care outcomes, especially for pediatric patients.

## **Project Progress and/or Goals:**

- Presented three abstracts at the Pediatric Academic Societies meeting in April.
- Presented to the Foundation for Sickle Cell Disease Research Annual meeting in June.
- Developed an SCD registry and documentation toolkit/navigator within our EMR to monitor the effectiveness of quality improvement studies. The toolkit includes the following:
  - smart set for labs, immunizations, referrals, follow-up, and patient instructions
  - patient educational materials, community health worker referral and documentation
- Continuing work with the National Academy of Science, Engineering, and Medicine (NASEM) to reduce disparities impacting patients of color.



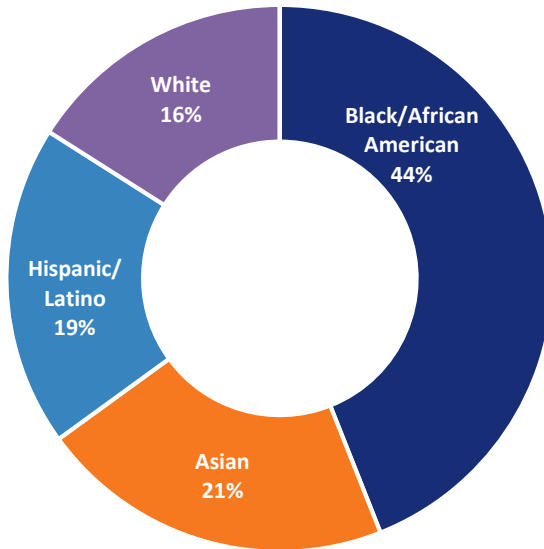
# Equal Employment Opportunity (EEO) Report

Yvette Villanueva  
Senior Vice President, Human Resources

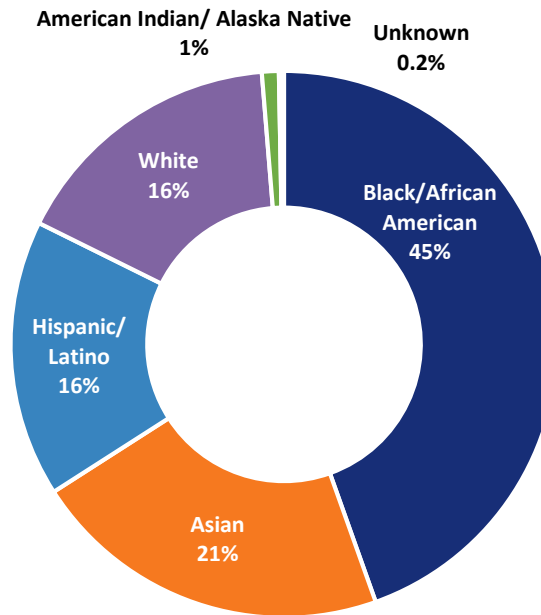
Blanche Greenfield  
Deputy Counsel, Legal Affairs / EEO

# Employee Demographics – Ethnicity/Race

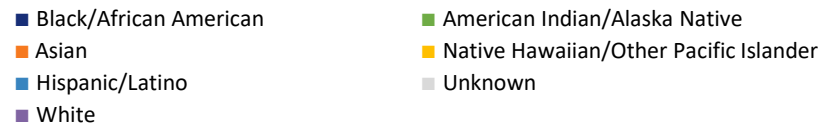
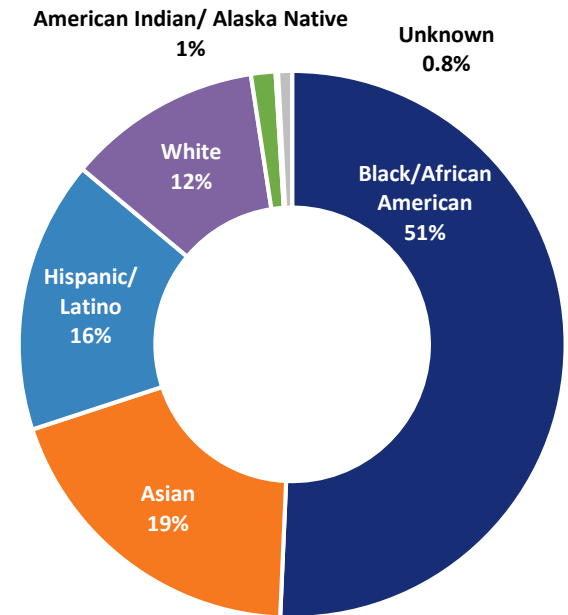
2020 All Employees



2021 New Hire Employees

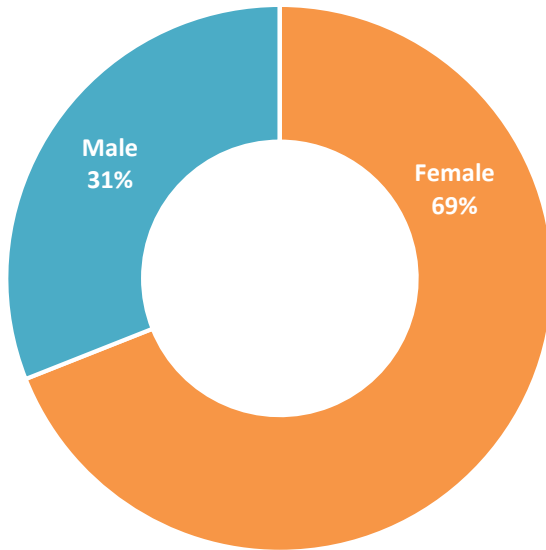


2022 YTD New Hire Employees

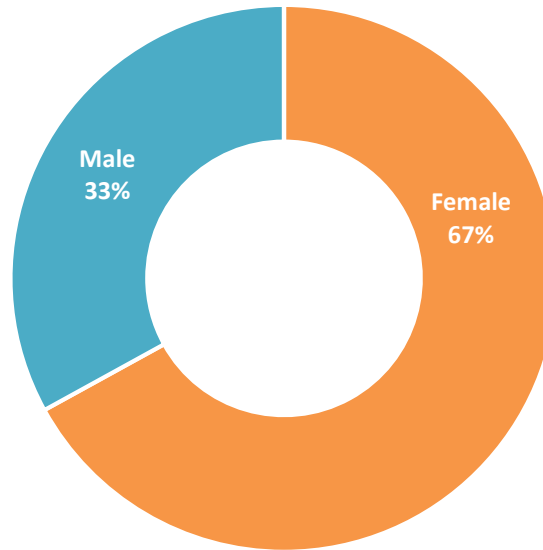


# Employee Demographics – Gender

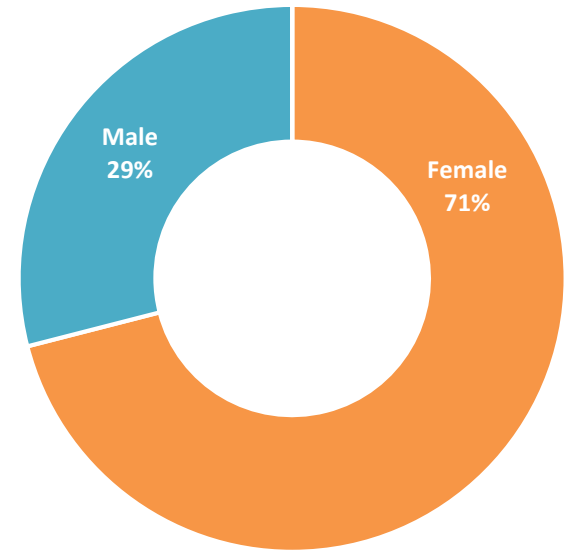
2020 All Employees



2021 New Hire Employees



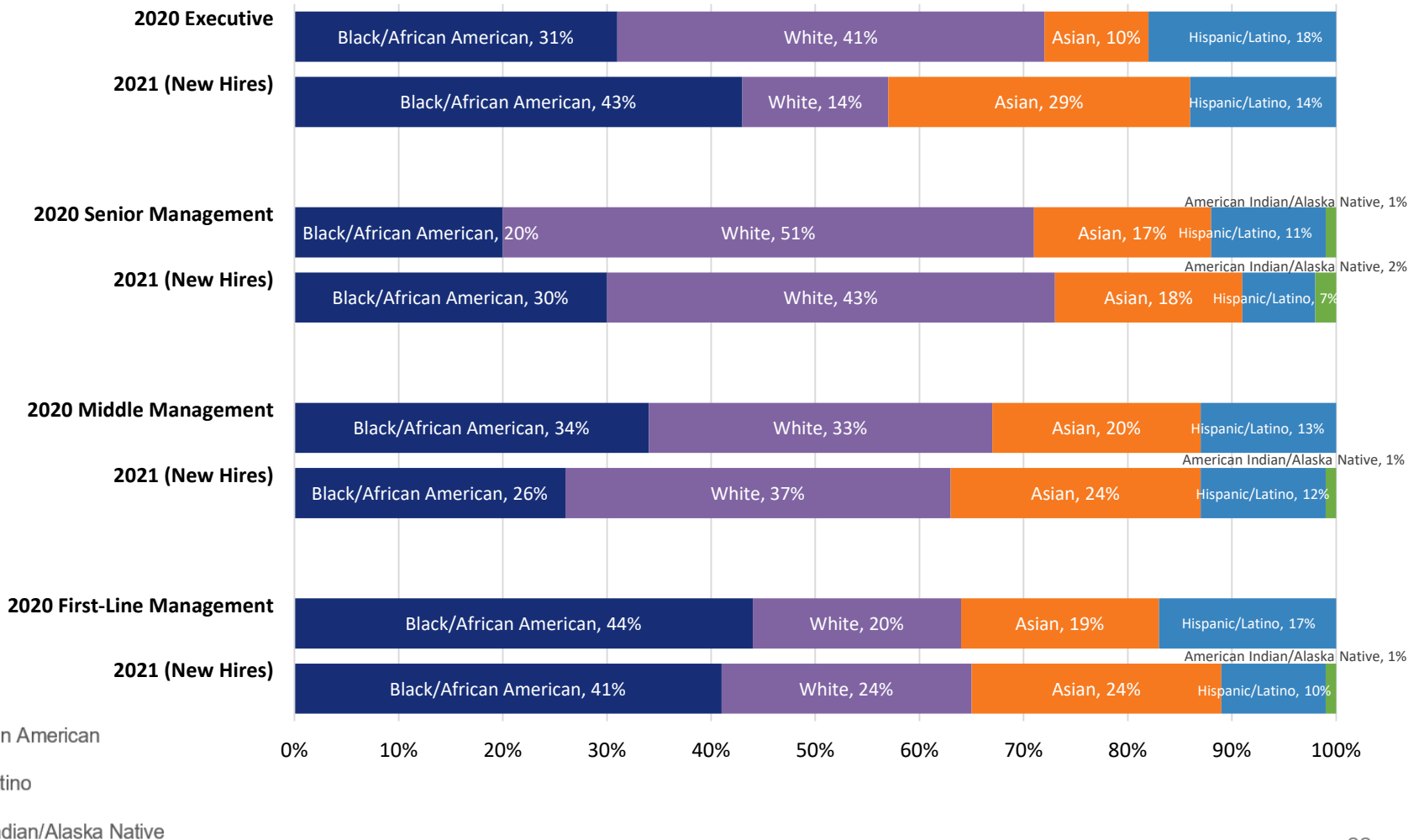
2022 YTD New Hire Employees



■ Female      ■ Non-Binary  
■ Male      ■ Unknown

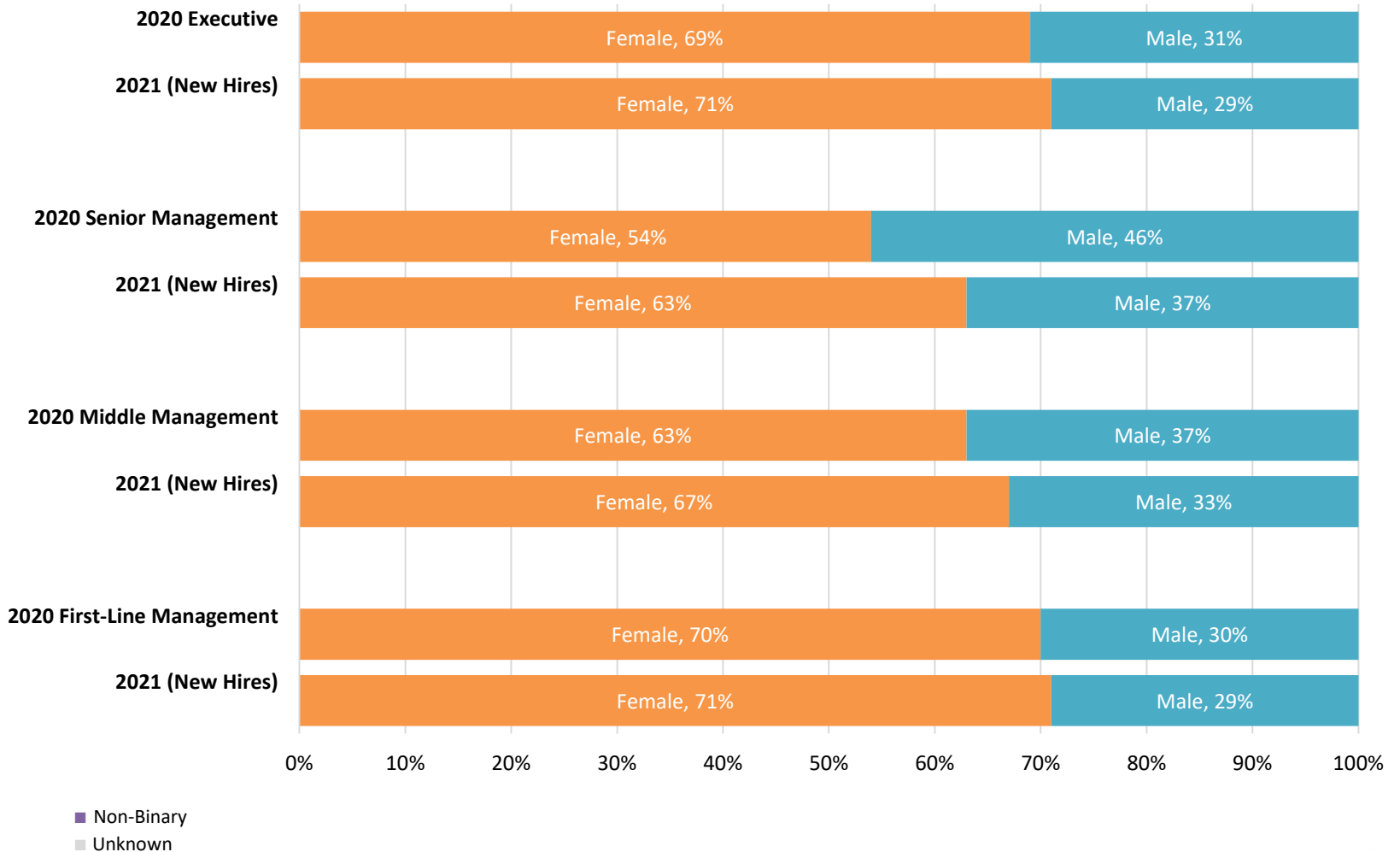
# Employee Leadership – Race / Ethnicity

## 2020 All Leadership vs. 2021 New Hire Leadership (Employees)



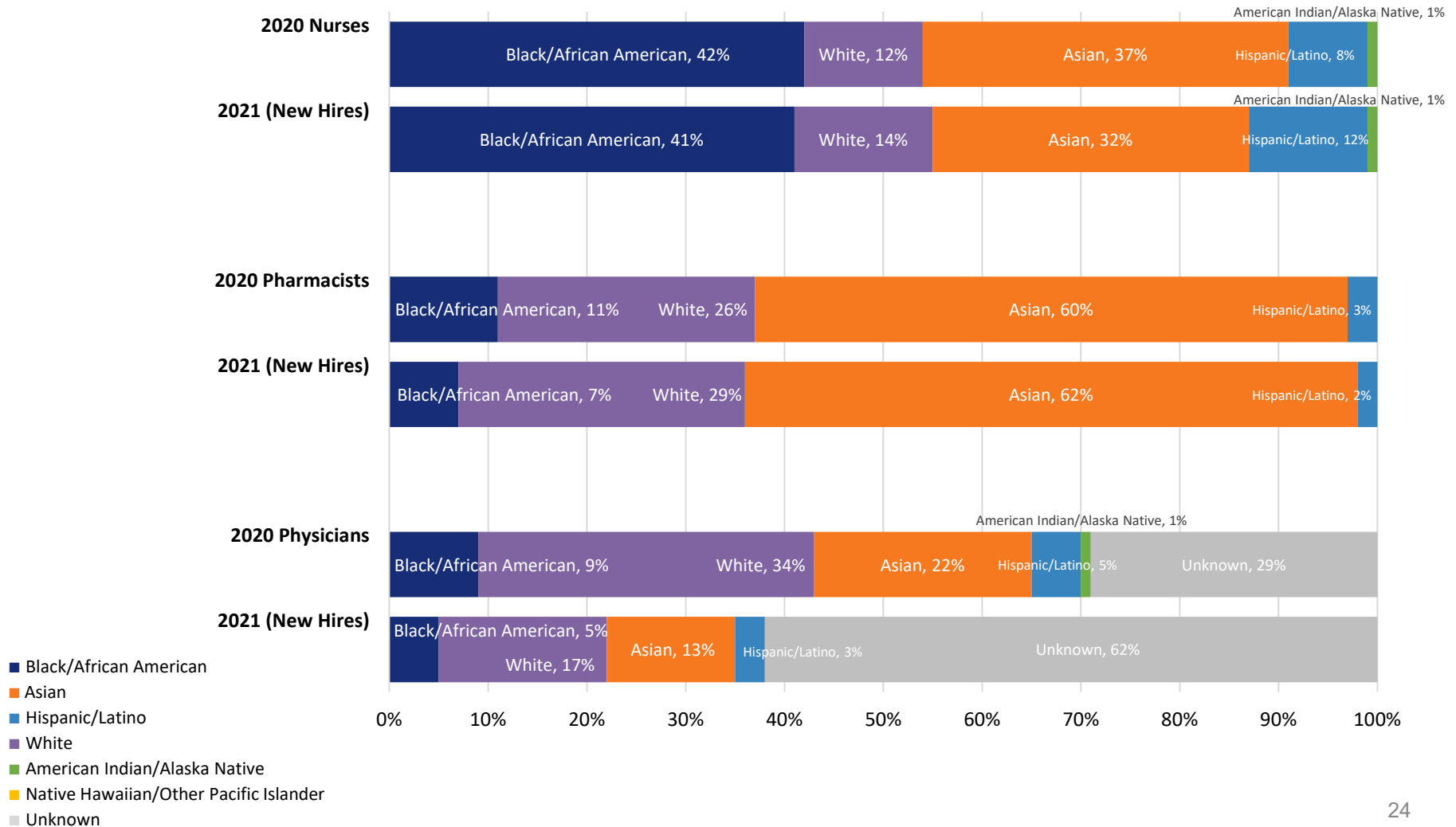
# Employee Leadership – Gender

2020 All Leadership vs. 2021 New Hire Leadership (Employees)



# Nurses, Pharmacists, & Physicians – Race / Ethnicity

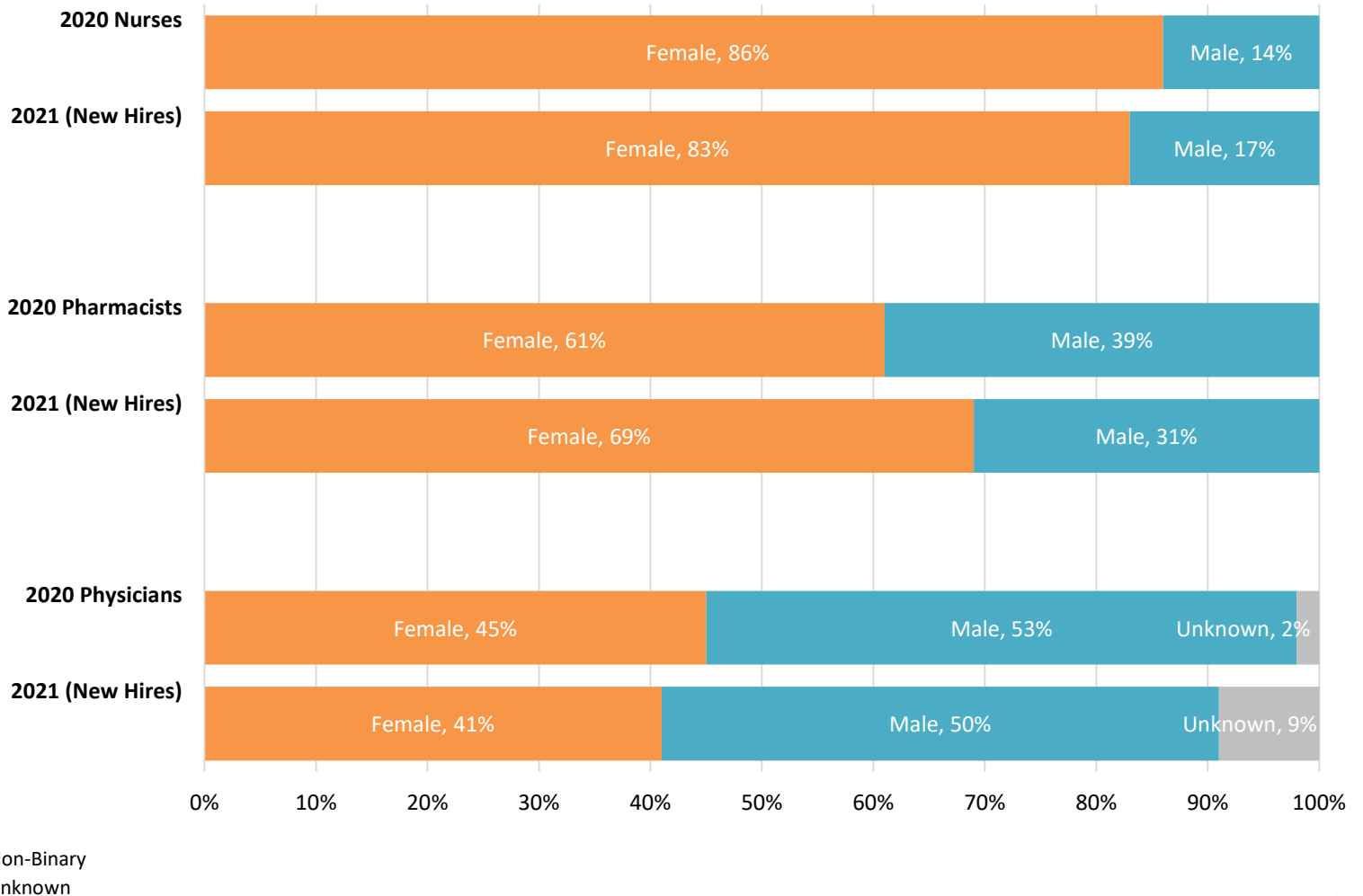
2020 All Nurses, Pharmacists, & Physicians vs. 2021 New Hire Nurses, Pharmacists, & Physicians





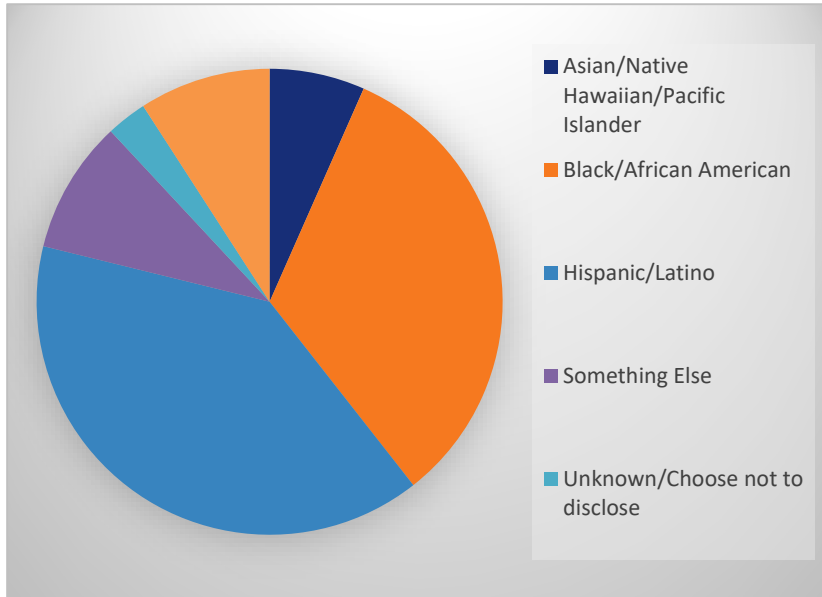
# Nurses, Pharmacists, & Physicians – Gender

2020 All Nurses, Pharmacists, & Physicians vs. 2021 New Hire Nurses, Pharmacists, & Physicians



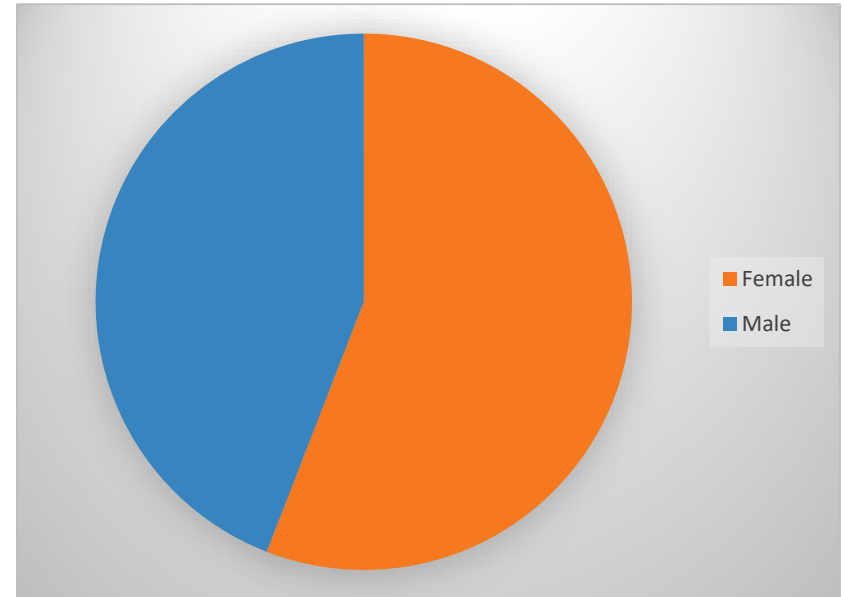
# Patient Demographics

**Patient Ethnicity**



Ethnicity	Percentage %
Asian/Native Hawaiian/Pacific Islander	6.6%
Black/African American	32.7%
Hispanic/Latino	39.3%
Something Else	9.2%
Unknown/Choose not to disclose	2.8%
White	9.1%

**Patient Gender**



Gender*	Percentage %
Female	55.9%
Male	44.1%

*\*Due to variation in data entry systems, non-binary gender is not currently captured.*

# Mission of the Office of EEO

It is the mission of the Office of EEO to uphold and reaffirm the System's commitment to equal employment opportunity and to support a culture of respect and inclusion in the workplace. Pursuant to its mission, the Office of EEO is responsible for, among other things, reviewing and responding to informal and formal complaints of discrimination, harassment, and retaliation, reviewing requests for reasonable accommodations, and providing specialized EEO trainings.

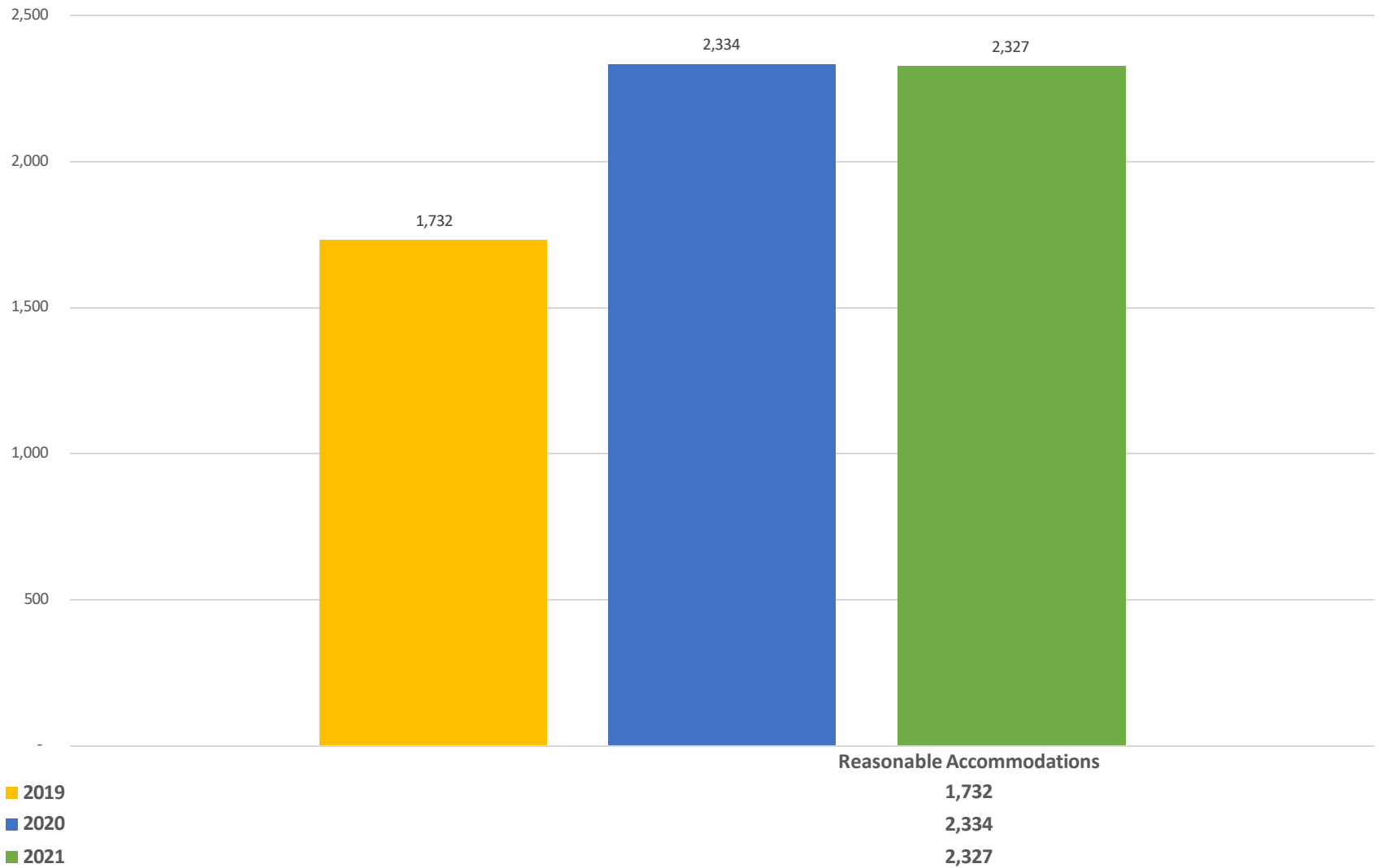
The responsibilities of the Office of EEO include, but are not limited to:

- Maintaining the System's compliance with all federal, state, and local anti-discrimination laws to ensure equal opportunity within the terms, conditions and privileges of employment;
- Providing an internal avenue of redress through the investigation and resolution of complaints of unlawful employment discrimination and harassment;
- Reviewing and responding to requests for reasonable accommodation, which includes, requests for accommodation due to a disability; pregnancy, childbirth, breast feeding or related medical conditions; and/or status as a victim of domestic violence, sex offenses, or stalking;
- Delivering EEO trainings for the System;
- Responding to complaints of discrimination and/or retaliation filed with external civil rights enforcement agencies.

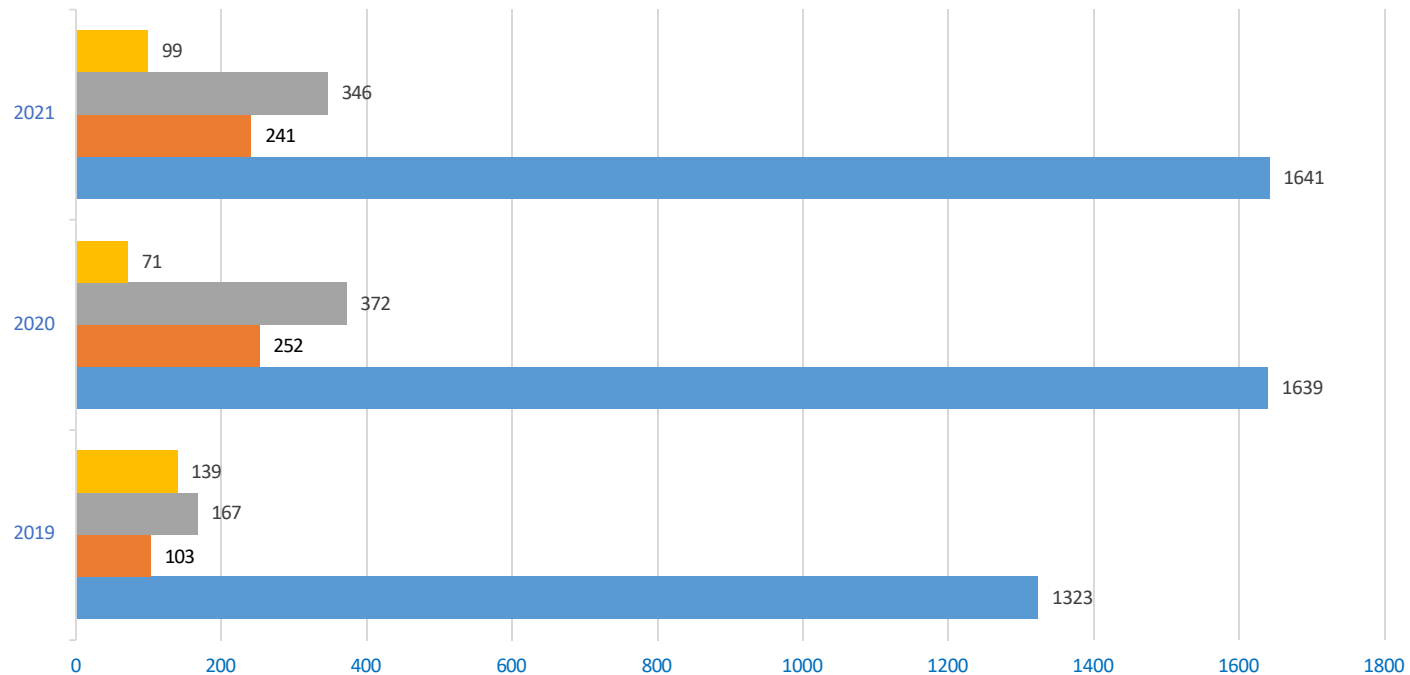
# EEO Metrics - Definitions

- **Reasonable Accommodations (RAs):** Modifications to a job and/or actions taken which allow employees and/or applicants for employment to perform the essential functions of their job and/or to enjoy equal benefits and privileges of employment. The Office of EEO is responsible for reviewing all requests for a reasonable accommodation due to disability; status as a victim of domestic violence, sex offenses, or stalking; and/or pregnancy, childbirth or related medical conditions.
- **Internal Complaints:** Complaints filed by System employees or applicants for employment with the System's Office of EEO alleging a violation of the System's EEO Policy. These complaints are reviewed by the EEO personnel assigned to the complainant's facility and where applicable an investigation is conducted and a letter is issued to the complainant regarding any determination.
- **External Complaints:** Formal complaints alleging unlawful discrimination and/or retaliation filed with an external Civil Rights Agency, such as the Equal Employment Opportunity Commission (EEOC), the New York State Division of Human Rights and/or the New York City Commission on Human Rights.

# Reasonable Accommodation 2019- 2021

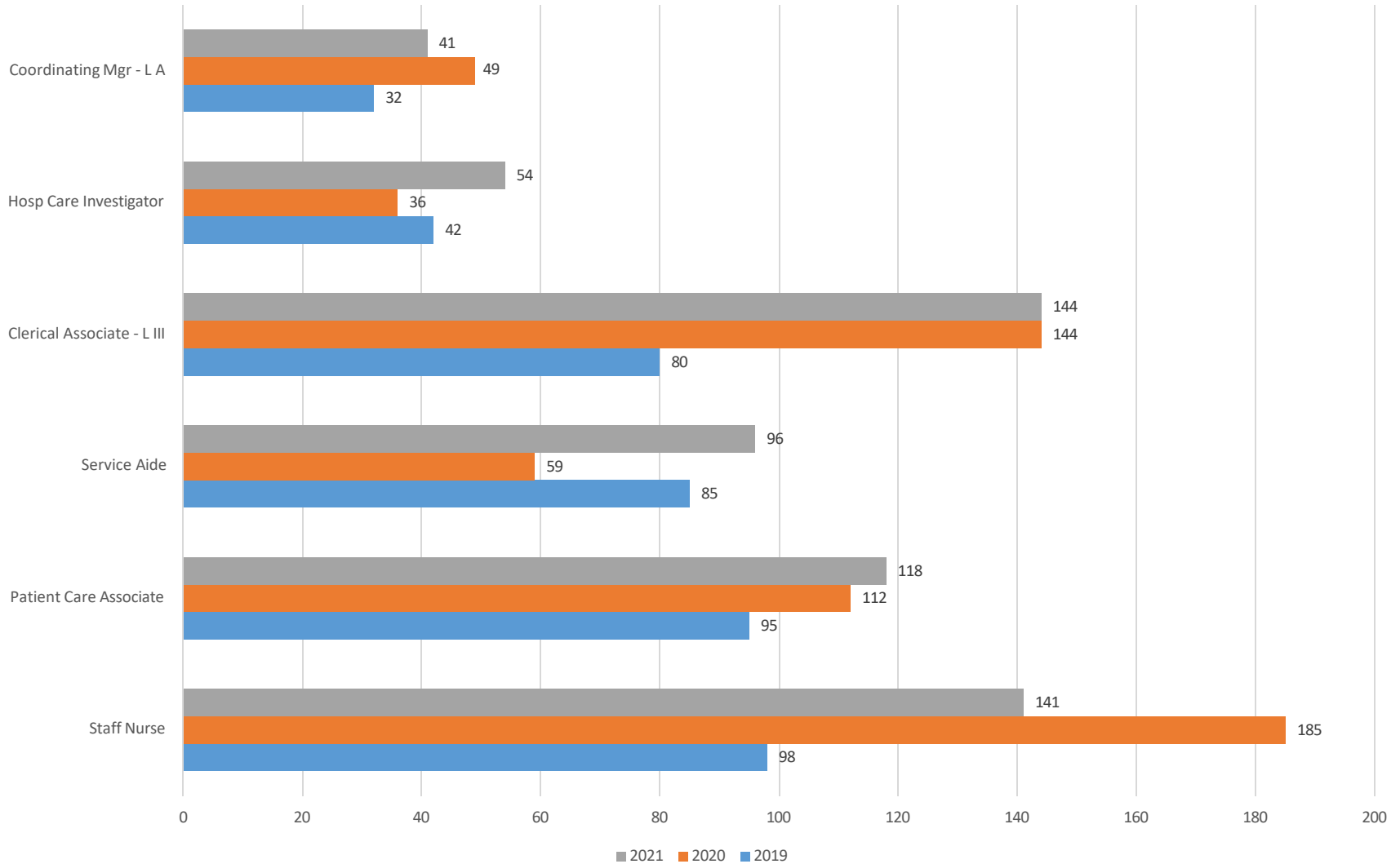


# Reasonable Accommodation Breakdown for 2019-2021

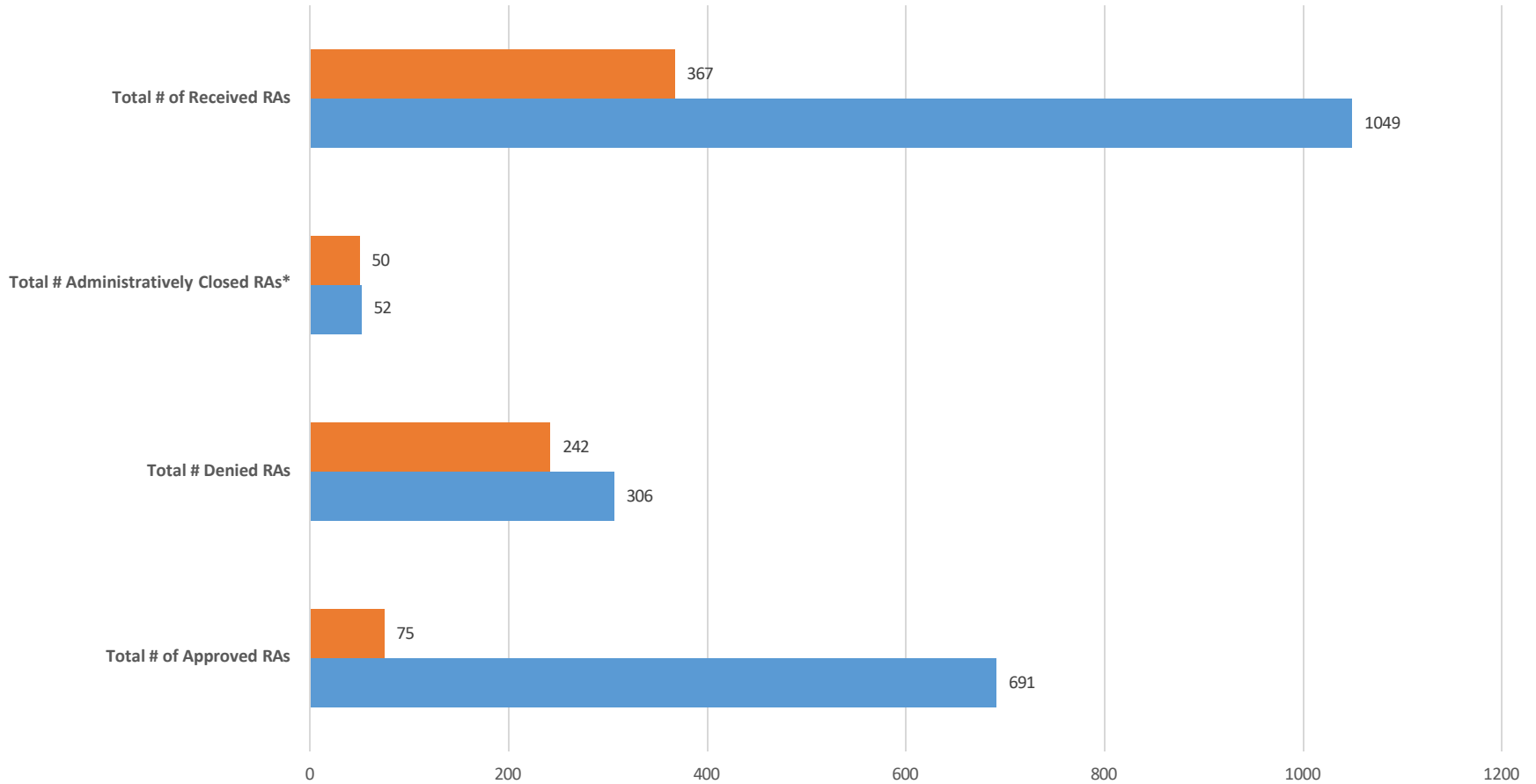


	2019	2020	2021
Total # Pending RAs	139	71	99
Total # Administratively Closed RAs*	167	372	346
Total # Denied RAs	103	252	241
Total # of Approved RAs	1323	1639	1641

# Reasonable Accommodations most requested by Title 2019-2021



# Reasonable Accommodations - COVID-19 Vaccination Mandate (Religious and Medical)

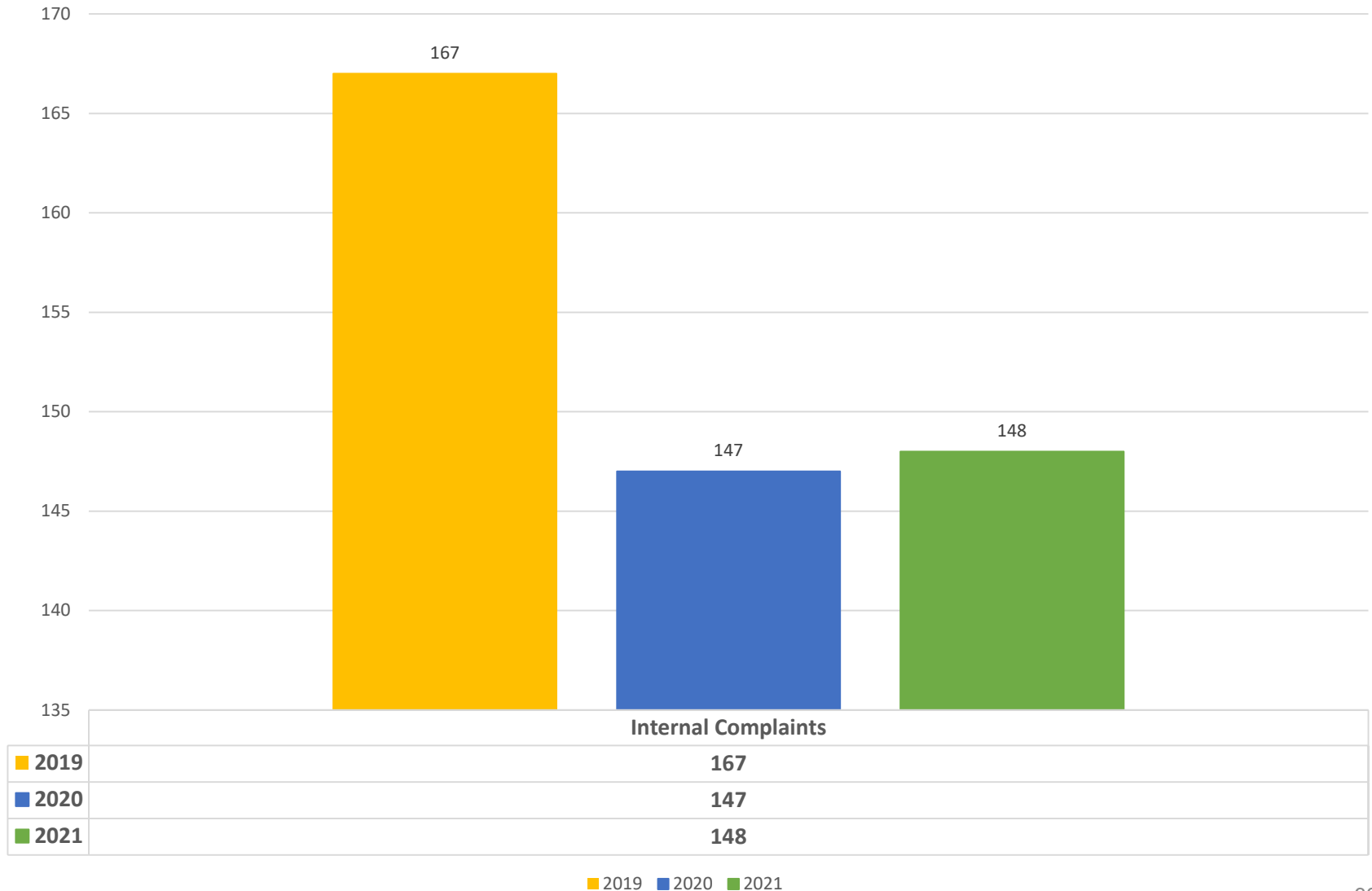


	Total # of Approved RAs	Total # Denied RAs	Total # Administratively Closed RAs*	Total # of Received RAs
Medical	75	242	50	367
Religious	691	306	52	1049

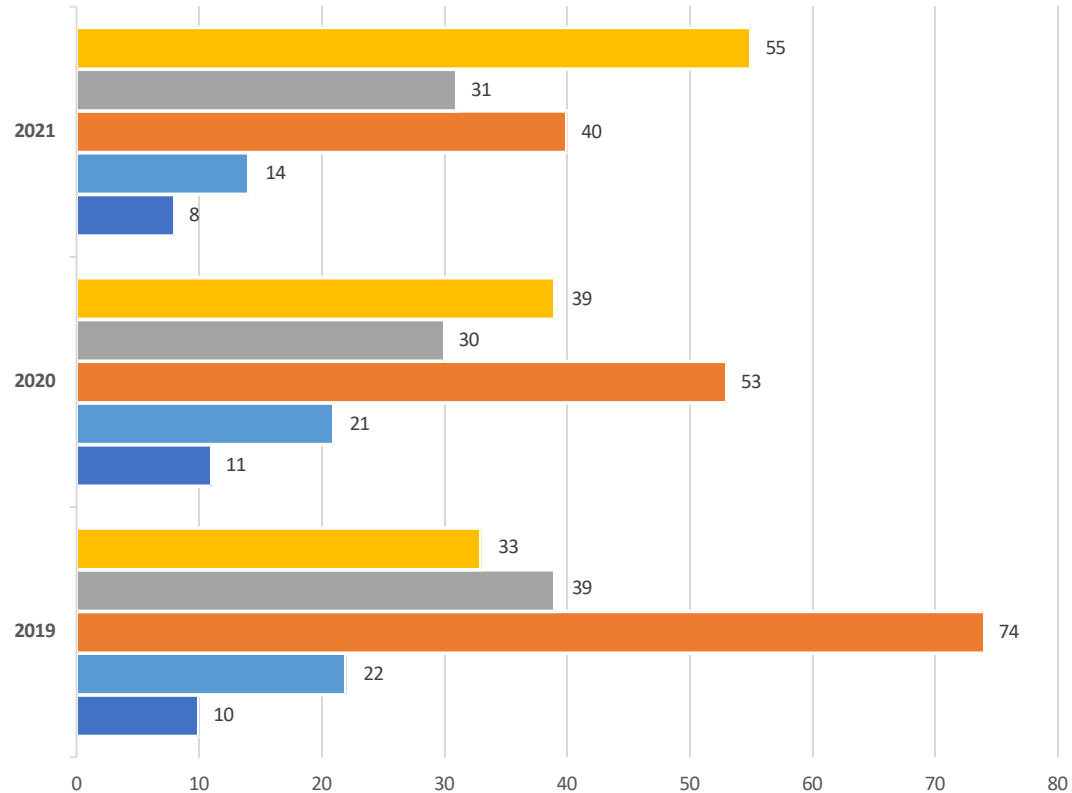
Medical Religious



# Internal EEO Complaints by Year 2019-2021



# Breakdown of Internal EEO Complaints 2019-2021



	2019	2020	2021
■ Total # Pending/Open	33	39	55
■ Total # Administratively Closed/Withdrawn*	39	30	31
■ Total # Closed with No Reasonable Cause Determination	74	53	40
■ Total # Closed with Reasonable Cause Determination	22	21	14
■ Total closed inconsistent with the spirit of the EEO policy	10	11	8

# 2019-2021 Complaints Internal by Basis (primary basis)

60

**Note:** There may be multiple bases for a single complaint. Data does not reflect total number of complaints.

50

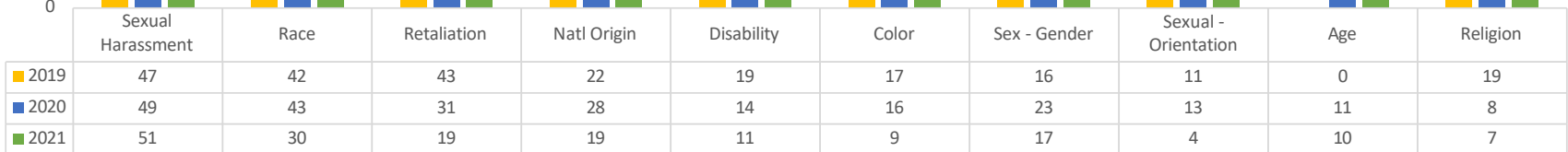
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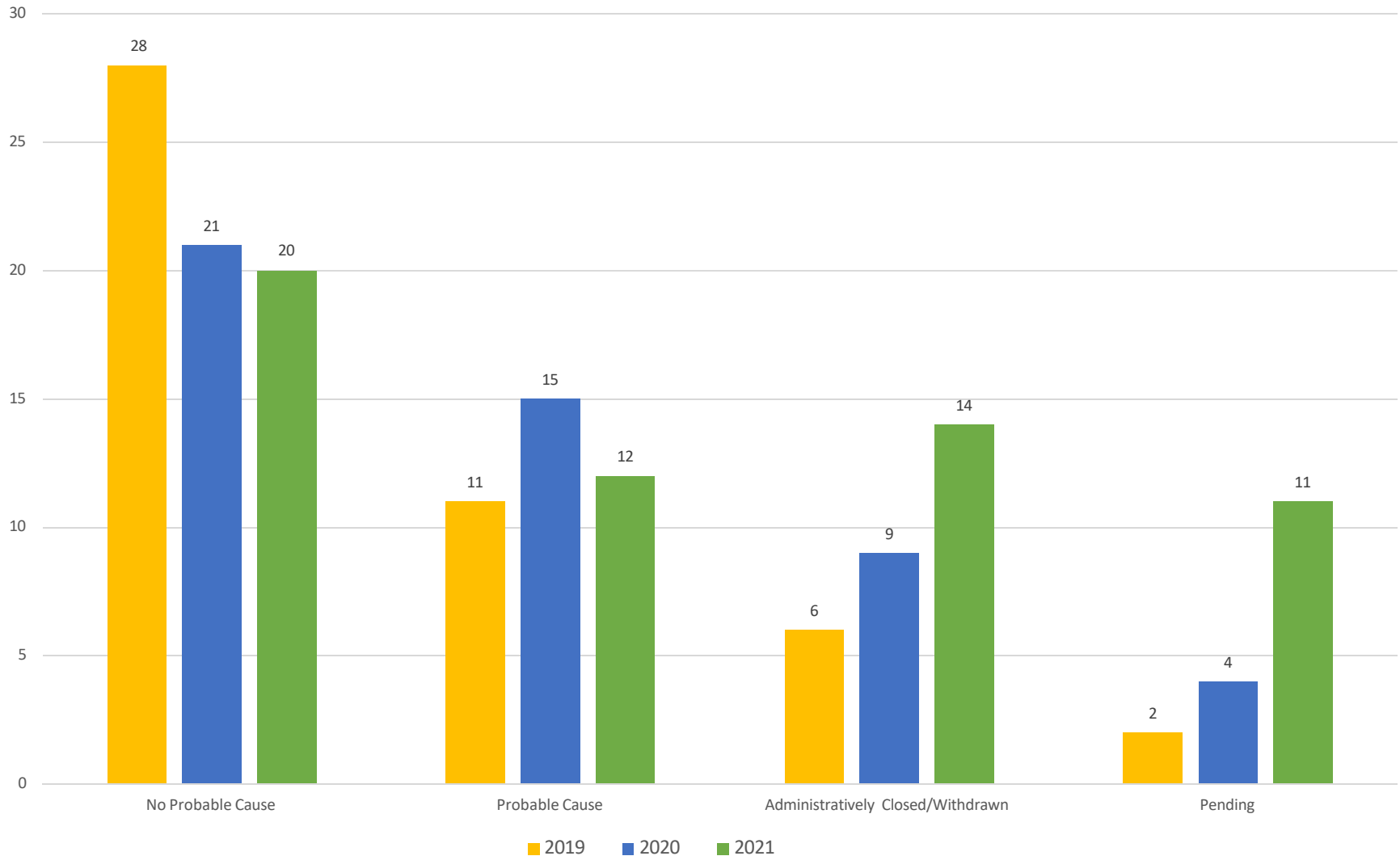
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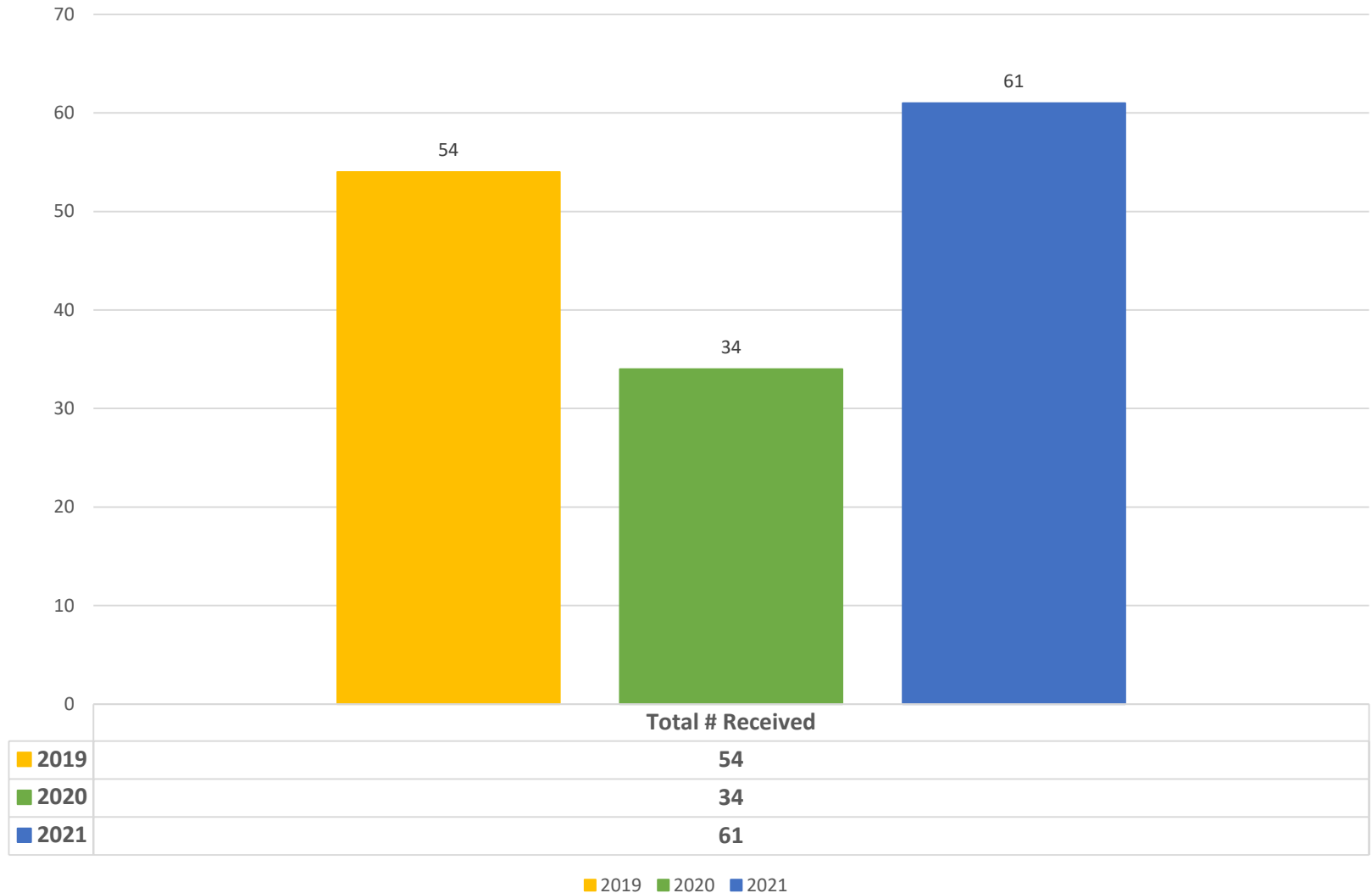
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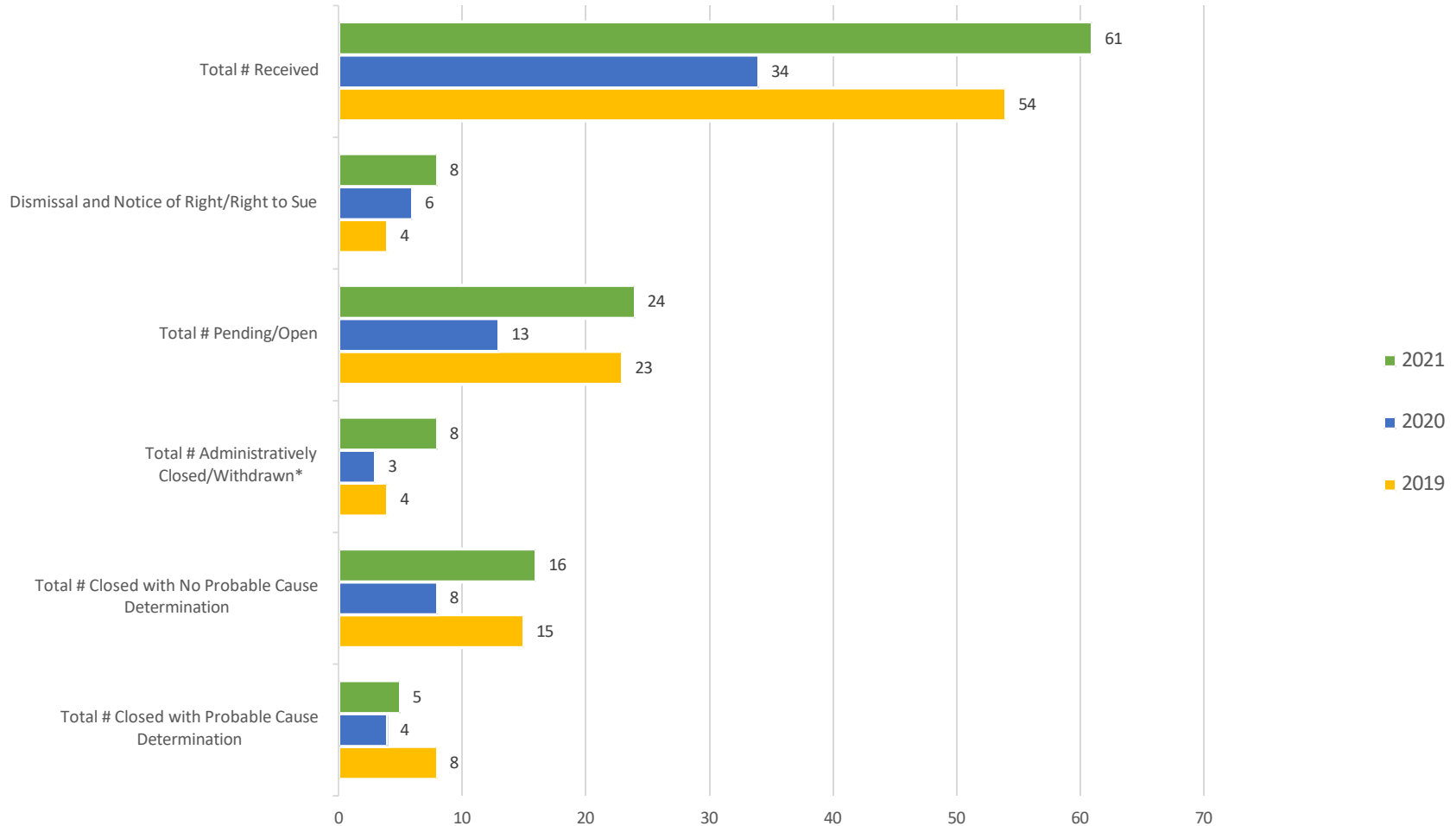
# Sexual Harassment Internal Complaints 2019-2021



# External EEO Complaints by Year 2019-2021



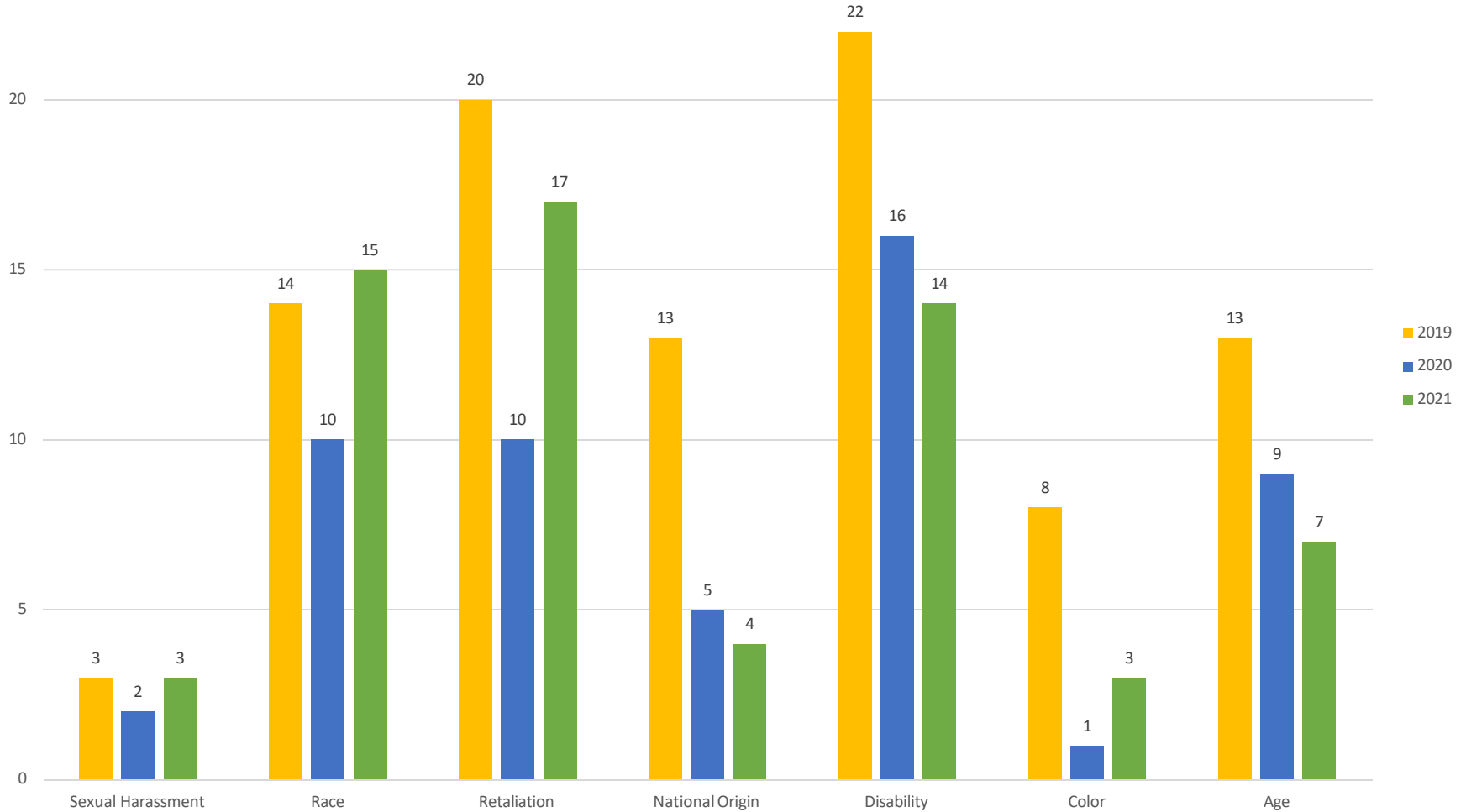
# Breakdown of External EEO Complaints 2019-2021



# 2019-2021 Complaints External by Basis (primary basis)

25

**Note:** There may be multiple bases for a single complaint. Data does not reflect total number of complaints.



# Sexual Harassment Prevention Training

