



AGENDA

Equity, Diversity and Inclusion Committee

Meeting Date

May 7, 2024

Time

4:00 P.M.

Location

50 Water Street, Room 1701

CALL TO ORDER

Patricia Marthone

ADOPTION OF MINUTES

Patricia Marthone

MARCH 5, 2024

DIVERSITY & INCLUSION UPDATE

Ivelesse Mendez-Justiniano

EQUITY & ACCESS COUNCIL UPDATE

Natalia Cineas
Nichola Davis
Komal Bajaj

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

Equity, Diversity and Inclusion Committee Meeting - March 5, 2024

As Reported by: Patricia Marthone

Committee Members Present: Patricia Marthone, José Pagán, Machel­le Allen, Jackie Rowe-Adams, Karen St. Hilaire, Mitchell Katz - joined at 4:24 pm

CALL TO ORDER

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 3:00 p.m.

Dr. Patricia Marthone noted for the record that Dr. Machel­le Allen is representing Dr. Mitchell Katz and Karen St. Hilaire is representing Molly Wasow Park - both in a voting capacity.

Dr. Marthone moved for a motion to adopt the minutes of the April 3, 2023 meeting.

Upon motion made and duly second the minutes of the April 3, 2023 meeting was unanimously approved.

DIVERSITY AND INCLUSION UPDATE

Ivelesse Mendez-Justiniano, Vice President, Chief Diversity, Equity, & Inclusion Officer, provided an overview of the System's latest diversity and inclusion achievements and activities.

Ms. Mendez-Justiniano first highlighted the Office of Diversity, Equity, and Inclusion's organizational structure and touched upon the various stakeholders, councils, and scope of services offered.

Ms. Mendez-Justiniano reported out on training completions, highlighting that over 48K trainings were completed in 2023. A more detailed breakdown revealed the top five trainings included: Identifying and Managing Unconscious Bias, Culturally Responsive Services at NYC Health + Hospitals LGBTQ Awareness, Achieving Health Equity for LGBTQ+ People, Diversity and Inclusion in a Healthcare Setting, and Let's Talk Disability.

The next update she shared was in the Language Access category, which included the following:

- Translation of 2,023 documents in English into 30+ languages.
- Over 2 million interactions with interpreters provided across the System in 2023, which resulted in over 29 million minutes of interpretation.
- Top five languages interpreted include: Spanish, French, Haitian Creole, Bangla, and Russian.

- Launch of the latest Medical Interpreter Skills Training Program (MIST) which led to 72 staff members across 15 sites program to become qualified medical interpreters across four languages.
- Held four Language Access Council forums in 2023.

Ms. Mendez-Justiniano continued on to highlight a new focus on Veterans Services. With the intent of becoming a military friendly organization, the goals are to create a Veteran Advisory Council to inform Veteran community needs, provide educational opportunities to veterans, increase use of Veteran benefits for employees/families, include Veteran-focused recruitment in the Talent Acquisition Strategy, and launch Veteran Pop Up sites throughout the System (Metropolitan Hospital Pilot).

Ms. Mendez-Justiniano shared that another new focus is the Disability Awareness space. A new training, "Let's Talk Disability" was launched in 2023. The training sessions provided an understanding of what actually constitutes a disability and the appropriate terminology and behaviors for being inclusive of colleagues and patients with disabilities.

Ms. Mendez-Justiniano provided an overview of key System events focused on cultural and heritage outreach.

Ms. Mendez-Justiniano summarized workforce development updates. From a leadership development perspective, programs the System offered included America's Essential Hospitals Fellows, Bloomberg Fellows Program, and Hany's Healthcare Middle Manager Training. Considering the future workforce, there was an internship and career ladder program which partnered with various colleges and high schools.

She then went on to share that the Loan Repayment Program offered by the Office of Mental Health for eligible licensed mental health professionals included a separate Diversity, Equity and Inclusion set aside fund.

Ms. Mendez-Justiniano then highlighted the various educational and career development opportunities provided by the Food & Nutrition Fund for staff working in the Food & Nutrition Department who are members of various unions.

Lastly, Ms. Mendez-Justiniano discussed updates in the Gender Equity space, which included the following:

- Participation in the Healthcare Equality Index biennial survey and LGBTQ+ Mental Health Training project.
- Awards received.
- Training: Certificate of LGBTQ Health Equity, which Boosts providers' knowledge and skills in delivering equitable, compassionate, and affirming care.

In response to questions from the Board, Ms. Mendez-Justiniano explained that employees who choose to participate in the Medical Interpreter Skills Training (MIST) program volunteer their efforts and provide their interpreter services during regular business hours, while ensuring that regular workflows are not interrupted.

She also clarified that there are several ways to recruit for the variety of trainings offered which include the DEI website, the monthly Learning Academy calendar, the monthly Diversity newsletter, and by socializing with leadership and with staff at townhalls.

EQUITY AND ACCESS COUNCIL UPDATE

Natalia Cineas, Chief Nurse Executive, and Co-Chair of the Equity and Access Council ("Council") initiated the presentation by providing an overview of the four workgroups under the Equity and Access Council. She indicated that the Equity of Care workgroup would be providing an update today and introduced Dr. Leo Eisenstein, who is the Equity of Care Chair.

Dr. Eisenstein's first update was in regards to Ending Racism in Clinical Algorithms. The goal of the project is to eliminate race-based algorithms in the electronic medical record that may adversely impact health outcomes and create inequities in treatment plans. In terms of progress, NYC Health + Hospitals participated in DOHMH's Coalition to End Racism in Clinical Algorithms (CERCA) which resulted in:

- Implemented changes in two algorithms (Vaginal Birth After C-section and eGFR)
- Pursuing opportunities for CKD awareness-raising with the National Kidney Foundation
- Completed analysis to understand impact of change in kidney function algorithm

Dr. Eisenstein continued on to provide an overview of the clinical algorithms. The data showed that more Black patients were identified as having chronic kidney disease (CKD), which raises concern for previously under-diagnosed CKD, and that increased nephrology referrals was not associated with more timely nephrology evaluations. Among nephrology referrals for Black patients, only about 1/3 are completed within 90 days (includes no-shows). Next steps involve focus on access to transplant. Findings from the United Network of Organ Sharing revealed that the inclusion of a "modifier for patients

identified as Black has led to a systemic underestimation of kidney disease severity for many Black patients. Specifically, in organ transplantation, it may have negatively affected the timing of transplant listing, or the date at which candidates qualify to begin waiting time for a transplant.” Since NYC Health + Hospitals is not a transplant center, the organization is limited in how it can impact transplant access. However, in partnership with NY Academy of Medicine, NYC Health + Hospitals developed an evaluation plan to understand impact of eGFR change and the status quo of transplant access for their patients. Additionally, NYC Health + Hospitals is separately addressing bias in electronic medical record algorithms. The goal is to investigate bias in five EMR algorithms (unplanned readmission, inpatient falls, asthma hospital admission or ED visit, outpatient no-show, and deterioration index), and then identify strategies to mitigate bias.

Dr. Eisenstein provided a high-level overview of the access to pregnancy/abortion project which intends to increase access to pregnancy care, including abortion, across the System. The Virtual ExpressCare platform started offering virtual on-demand abortion care in 2023.

He then also provided an update regarding the access to care for persons with disabilities (PWD) project. Independence Care Systems secured a grant to further the partnership with NYC Health + Hospitals. As a result, “disability liaisons” have been successfully embedded in Woodhull primary care to observe clinic workflow and offer recommendations.

Lastly, Dr. Eisenstein presented an update on the management of sickle cell disease (SCD). Goals of the project include:

- Optimize quality of care for adult patients with SCD
- Leverage system-wide data to inform and standardize best-practices across H+H
- Create non-ED pathways for pain management

These goals can be achieved by leveraging an existing successful model with the System, at Queens Hospital. Queens had hired a dedicated NP to streamline SCD care. As a result, from 2013 to 2018, there was a reduction in hospitalizations, 30-day readmissions, and length of stay for patients with SCD. He concluded his presentation by sharing a preview of some of the internal analysis to situate the Queen's model within the larger system. Facilities with devoted sickle cell centers appear to do a better job at keeping patients out of the hospital, which is a System priority, but also reflects a better patient experience.

Dr. Eisenstein's presentation was followed by questions from the Board which he addressed. Dr. Eisenstein noted that when patients with SCD arrive at a facility without an adult SCD center, staff end up having to provide the patients with an external referral. He also indicated that education regarding SCD patients will be a byproduct of having a care plan for each SCD patient that appears in their chart, regardless of which facility the patient visits. He also clarified that similar to NYC Health + Hospitals, there are other systems that also removed the race variable from the eGFR algorithm.

VENDOR DIVERSITY PROGRAM UPDATE

Keith Tallbe, Chief Procurement Counsel, presented an update on the System's vendor diversity program (MWBE). Mr. Tallbe initiated the presentation by providing a background about the H+H MWBE program which dates back to 1998. He indicates that him and his team works to ensure that the System spends a fair share of money with diverse and women-owned businesses. In 2015, the program expanded its scope and aligned more with the city's program and also started to track and report on a broad variety of certifications, not just minority or women owned businesses. In 2017, new tools were added to help increase MWBE utilization, such as MWBE as a quantitative scoring factor in the evaluation of solicitations and MWBE only solicitations.

Mr. Tallbe indicated that standard processes and controls are in place to ensure that every procurement has consideration of MWBE. Since 2018, all contracts are reviewed for MWBE compliance and all RFPs have MWBE goals. Since 2019, all RFPs have MWBE quantitative scoring. Since 2021, all RFPs have review for MWBE goal setting and strategy and all service contracts over \$1 million are reviewed by the Contract Review Committee for MWBE compliance.

Additionally, NYC Health + Hospitals' historical vendor diversity program utilization increased from 5% in 2018 to 35% in 2023 (\$734 million). This is followed by a breakdown of MWBE spend from FY'21 - FY'23. In short, the utilization rate increases from 28% to 32% to 35%, and the number of total vendors increases from 284 to 363 to 413 during this time period.

Mr. Tallbe provided the breakdown of certifications in FY'23. In FY 2023, 37% of spend was with NYC/NYS dual certified vendors, 53% with NYC certified vendors, 6% with NYS certified vendors, and 4% with other certifying bodies.

The FY'23 ethnic/gender breakdown of spend proves to be diverse. Asians seem to be over represented at NYC Health + Hospitals, due

largely to the amount of EITS spend the System has and the number of Asian diverse businesses in the certification directory in this field. However, the System is doing very well with black, Hispanic and Asian owned businesses, as well as women owned businesses.

Facilities and EITS are Supply Chain's biggest internal business partners. In FY'23, OFD spent \$116 million with diverse vendors, achieving an estimated 35% overall utilization rate. In FY23, EITS spent \$205 million with diverse vendors, achieving an estimated 65% overall utilization rate.

Mr. Tallbe highlighted major accomplishments.

Mr. Tallbe went on to share that communication and outreach is an important part of the program as it allows the System to target specific communities and specific areas of need within the organization and work on capacity development. The System has:

- Launched Vendor Diversity Website which informs MWBEs how to do business with us, allows vendors to directly communicate with Vendor Diversity team, provides best practices to MWBEs, and informs public and non-diverse vendors about our program and its success
- Engaged with more than 200 MWBEs at diversity expos and events, including the NYC annual procurement fair
- Joined NMSDC and WBENC, the two largest, private diverse certifying bodies, which will allow us to reach more MWBEs, attend events, and share best practices
- Joined Premier's supplier diversity council.

Lastly, Mr. Tallbe summarized the program objectives which include maintaining 30% system-wide utilization, increasing the number of diverse vendors doing business with us, reducing the disparity within the disparity, and developing our capacity building program.

The Board inquired about what may prevent a business from applying to an RFP. Mr. Tallbe indicated that there could be several factors, including that it is a very formal process with specific rules regarding format of the proposal or that they don't maintain the right form of communications, or that they're unaware of where to look and how to use various City systems such as PASSPort or Checkbook NYC. Mr. Tallbe and team educate businesses on all the processes and provide tips at their outreach events.

EQUAL EMPLOYMENT OPPORTUNITY (EEO) REPORT

On behalf of Blanche Greenfield, Chief Employment Counsel, and Nicole Phillips, Director of EEO, Stephanie Siaw, Associate Counsel (Legal Affairs) presented an EEO report out.

Ms. Siaw explained that the System's Office of EEO is responsible for maintaining and implementing the System's EEO policy which covers reasonable accommodations and internal complaints alleging discrimination. She provided an overview of Reasonable Accommodations requested over the course of calendar years 2020-2022, which saw a spike in 2022, with a large number of requests for telecommuting (working remotely). Majority of the 2022 reasonable accommodations (RAs) were requested by Nurses (325), Patient Care Associates (237), and Clericals (222). Requests are often driven by the nature of the job and how physical it is, since often the RAs are tied to medical conditions limiting staff in their ability to fully do their duties.

Ms. Siaw continued on to highlight that the number of internal complaints from CY 2020-2022 saw a slight increase in 2022, which could be a result of employees being back on site fully at the facilities (and less staff working remotely), and therefore leading to increased interactions. In 2022, a large portion of the internal complaints were related to sexual harassment, race, and retaliation.

Employees also have the option of filing external complaints with any of the external civil rights agencies, such as the NYC Commission on Human Rights, the NYS Division of Human Rights, or the Equal Employment Opportunity Commission (EEOC). The data revealed that the number of external complaints from 2020-2022 also saw an increase, with majority of them being associated with retaliation, disability, religion, and race.

Ms. Siaw provided an update on the status of internal complaints that are related to sexual harassment. The data reveals that most of the complaints have no probable cause. Looking at System-wide sexual harassment training data, training completions increased significantly in 2022 and 2023, with almost full compliance. The increase in employee education which brings about awareness, may have led to the increase in the number of both internal and external complaints relating to sexual harassment.

Dr. Marthone asked if there was any old business or new business, and hearing none, the meeting concluded and was adjourned at 4:44 p.m.

EQUITY, DIVERSITY AND INCLUSION COMMITTEE MEETING

May 7, 2024

Diversity, Equity & Inclusion Office Updates

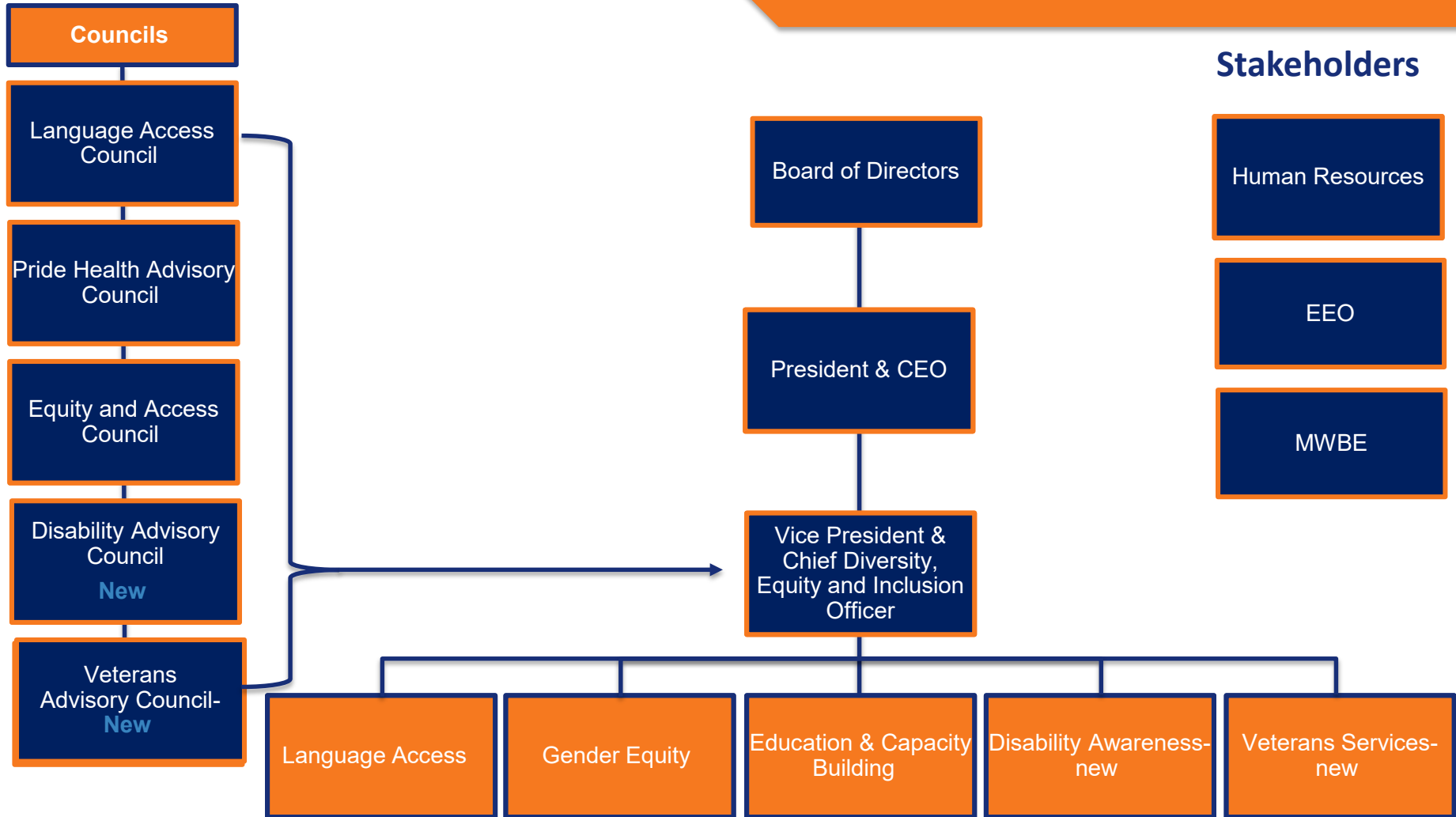
Ivelesse Mendez-Justiniano

Vice President & Chief Diversity, Equity & Inclusion Officer

Pronouns: she, her, hers



ODEI ORGANIZATIONAL CHART



Total number of employees: 43,550 (point in time)

Top 5 Training Breakdown (1/1/24 – Current)

Training	Modality	Total Completions
Identifying and Managing Unconscious Bias	E-learning	10,174
Religion as a Social Determinant of Health	Workshop	268
Women History Month: Women Mentors in Workplace	Workshop	205
Black History Month: Keeping It Alive	Workshop	176
Building Psychological Safety	Workshop	87
TOTAL		10,910

* These are not unique employees as some may have engaged in more than one training.

RFP for Interpretation Services Update

- New interpretation contracts were approved by the CRC April 16th
- They will be presented for approval to the M&PA Board in June
- New contracts will cover the following services:
 - Over-the-Phone and Video-Remote Interpretation (OPI & VRI)
 - On-Site Interpretation (OSI) for Spoken Languages
 - On-Site Interpretation (OSI) for Sign Languages
 - Language Proficiency and Interpreter Skills Assessment

VETERAN SUPPORT - NEW

Veteran Pop Ups with Department of Veterans' Services:

- Launched at Metropolitan on March 8th
- Woodhull on May 3rd
- Goal to visit each acute site once in 2024
- Services offered:
 - Start VA Claim
 - Update military records
 - Copy of military records
 - Appeal VA decision
 - Learn about services available & more

JOIN US FOR A DEPARTMENT OF VETERANS' SERVICES POP-UP EVENT AT WOODHULL!

DATE:
May 3, 2024

TIME:
9AM - 2PM

LOCATION:
760 Broadway Ave,
Brooklyn, NY 11206
Conference Room

Click or scan to make an appointment

WALK-INS WELCOME

SERVICES OFFERED

- ✓ Start a VA claim
- ✓ Update military records
- ✓ Obtain a copy of military records and much more

NYC
Department of
Veterans' Services

Live Your Healthiest Life. **NYC**
HEALTH+
HOSPITALS

GENDER EQUITY

18 NYC Health + Hospitals facilities have earned the “LGBTQ+ Healthcare Equality Leader” Designation in Human Rights Campaign Foundation’s Healthcare Equality Index:

- Designation awarded in the 16th iteration of HRC’s Healthcare Equality Index (HEI), released on 5/1.
- A record 1,065 healthcare facilities actively participated in the HEI 2024 survey and scoring process. Of those participants, 384 received the top score of 100, earning the “LGBTQ+ Healthcare Equality Leader” designation.
- Report available via www.hrc.org/hej



GENDER EQUITY

LGBTQ+ Mental Health Training:

- Training developed in collaboration with the Institute for Human Identity.
- An advanced clinical training program for the System's mental health professionals aimed at building their clinical knowledge and skills to provide affirming therapy to LGBTQ+ patients.
- 22 members of staff completed this 18-hour, 3-month training in its pilot year and were recognized in a certificate ceremony on March 15.
- Training promoted in multiple media outlets.

NYC Health + Hospitals partners with IHI to deliver advanced clinical training in LGBTQ+-affirming psychotherapy

The three-month, comprehensive program strengthens NYC Health + Hospitals mental health providers' skills in culturally-responsive behavioral healthcare for LGBTQ+ patients



EVENTS & PRESENTATIONS

- For Women’s History Month, ODEI hosted a webinar, “Women Mentors in the Workplace” featuring female leaders on March 20, 2024.
- March 25, 2024 staff at NYC Health + Hospitals/Gotham Health, Gouverneur celebrated Holi by enjoying colored powders, festive dances, and quality time together.
- NYC H+H staff spoke at Becker’s Healthcare 14th Annual Conference from April 8-11, 2024 in Chicago, IL

- Ivelesse Mendez-Justiniano



- Chief Diversity, Equity, and Inclusion Officer, Vice President, NYC H+H
- Spoke at Empowering the Workforce: Advancing Meaningful Diversity, Equity and Inclusion session

- Svetlana Lipyanskaya



- Chief Executive Officer, NYC H+H/South Brooklyn Health
- Spoke at Health Equity Spotlight: How to Move the Needle and Execute on Great Ideas session

- April 11, 2024 NYC Health + Hospitals HERRC leadership, Sheikh Musa Drammeh, Pastor Gilford Monrose & community advocate Abou Sy Diakhate celebrated Eid by serving a feast to guests at the Randalls Island humanitarian center.



- Participation in Good Jobs Challenge Grant
- No-cost training for staff in four Information Technology tracks:
 - Desktop Support
 - Cloud Operations
 - Cybersecurity
 - Data Analytics
- Entry level staff, i.e. Clerical Associates, interested in pursuing jobs in Information Technology
- Next Steps:
 - Market program
 - Set up employee information sessions
 - Launch application process for staff
 - Estimated launch of the training is June 2024

EQUITY, DIVERSITY AND INCLUSION COMMITTEE MEETING

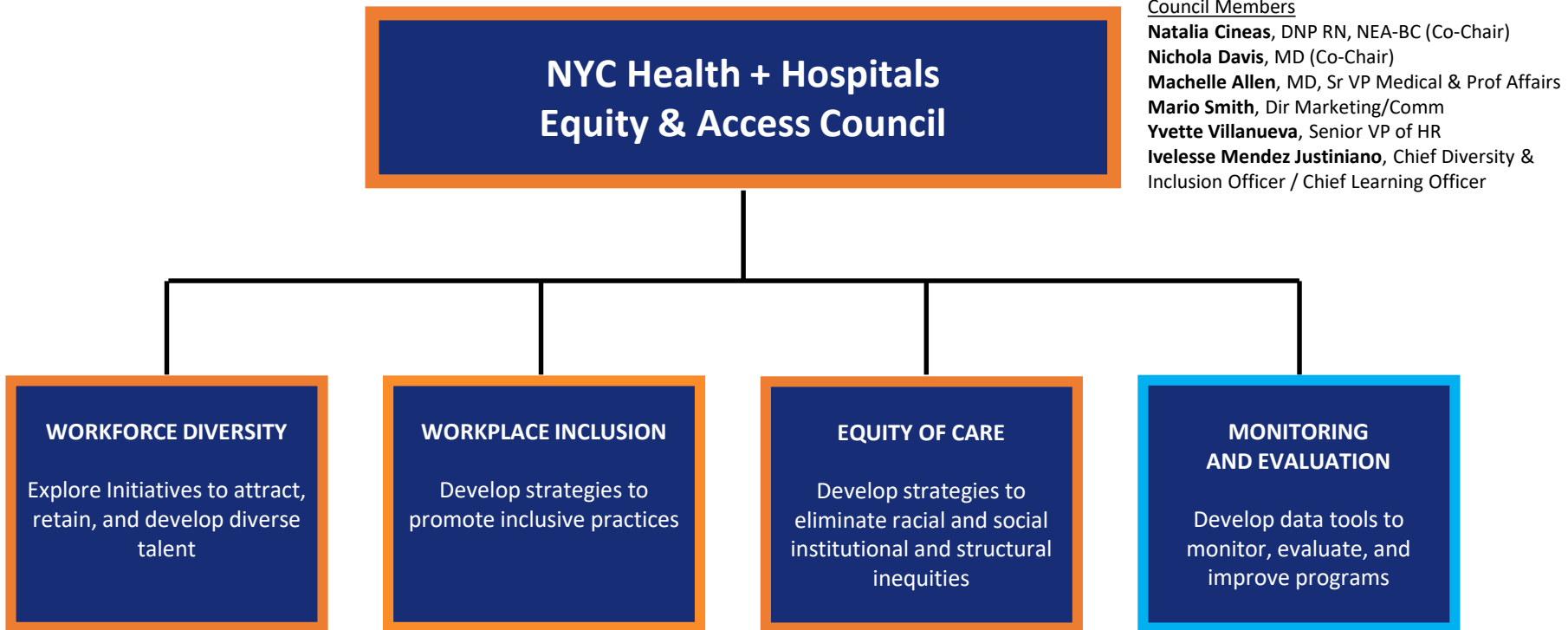
May 7, 2024

Equity & Access Council Update

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

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

Equity and Access Council Governance Structure



Monitoring and Evaluation Workgroup



Presented by: Natalia Cineas, DNP, RN, NEA-BC, FAAN
Senior Vice President, Chief Nursing Executive, Co-Chair Equity & Access Council

Monitoring and Evaluation Workgroup Lead

Dr. Komal Bajaj, Chief Quality Officer, Jacobi/NCB

Workgroup Members

- ❖ Angelie Oberoi, Sr. Director DnA Enterprise Analytics
- ❖ Kevin Rapier, Product Manager - Clinical and Quality Core DnA
- ❖ Areeba Tariq, Senior MHSC Data Analyst, Data Core, Office of Ambulatory Care and Population Health

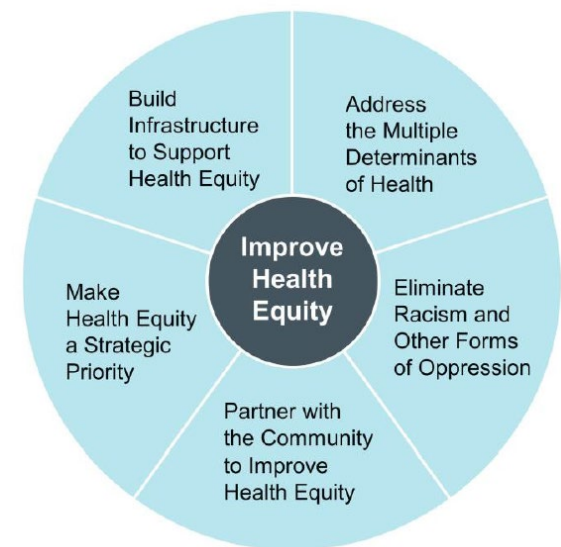
IHI Framework for Health Care Organizations to Improve Health Equity

■ Strategies for Building Health Equity Infrastructure

- Create the data infrastructure to improve health equity
- Build organizational capacity to support efforts to improve health equity

Strategy 1: Create the Data Infrastructure to Improve Health Equity

1. Provide staff training and support in obtaining accurate REaL data
2. Articulate the reason for stratifying REaL data
3. Characterize missing REaL data
4. Assess the accuracy of your REaL data



Five component equity framework from *Achieving Health Equity: A Guide for Health Care Organizations*, developed by the Institute for Healthcare Improvement (IHI)

Source: Improving Health Equity: Guidance for Health Care Organizations, <https://www.ihl.org/resources/publications/improving-health-equity-guidance-health-care-organizations>

Dimensions of Valid REaL Data

- **Accuracy:** Self-identified, correctly recorded, consistent categorization
- **Completeness:** REaL data captured across all services. Percentage unknown, other, or declined tracked and evaluated.
- **Timeliness:** Data are updated regularly
- **Consistency:** Data are internally consistent and reflect the patient population served

Source: *A Framework for Stratifying Race, Ethnicity, and Language Data*. Chicago: Health Research & Educational Trust; October 2014, page 7.
<https://www.aha.org/ahahret-guides/2014-10-28-framework-stratifying-race-ethnicity-and-language-data>

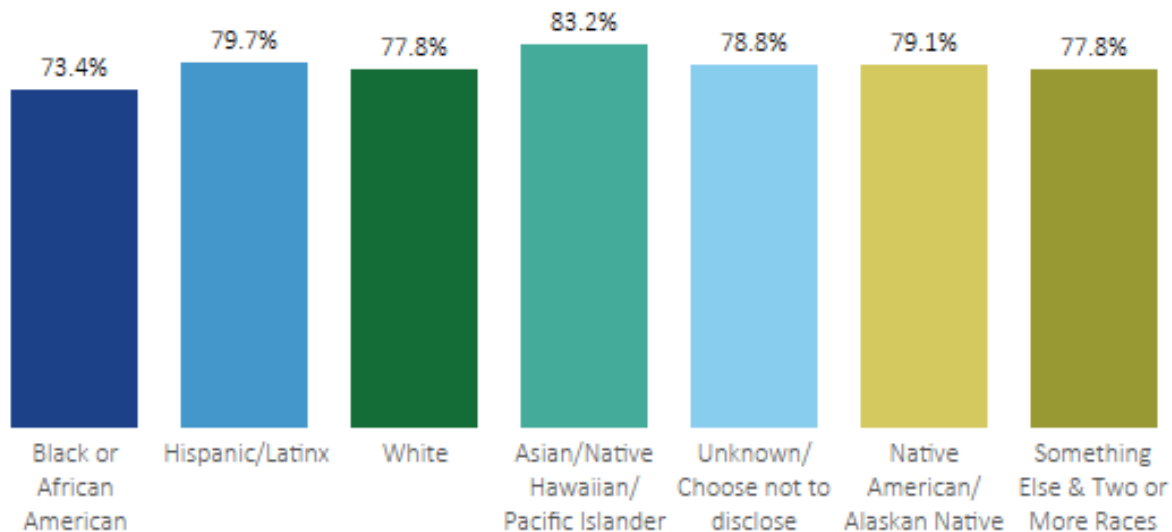
The Road So Far: Improving Race, Ethnicity, and Language (REaL) Data

- 2021: Updated data collection fields improve consistency
 - Race aligned to OMB categories & made multi-select
 - Standardized ethnic group to binary Hispanic/Latinx or Non-Hispanic/Latinx
 - “Hard stop” added for race and ethnic group
 - Ethnic background expanded from 20 to 200 categories
- 2021: Ratified enterprise definition for race and ethnicity
- 2021-2022: OPH and DnA began utilizing standardized groupings
- 2022-2024: Improved data collection methods (Kiosk & My Chart)
- 2024: Plan to incorporate new Middle Eastern OMB grouping as of March 28th
- Goal: stratify quality measures by complete and accurate REaL data across H+H

REaL Reporting

- Now that we've improved REaL data collection, we can view and track key health care metrics from an equity lens
- Next step: assess accuracy and completeness of these groups

Blood Pressure Control Rates by Race/Ethnicity Among Adults with Hypertension

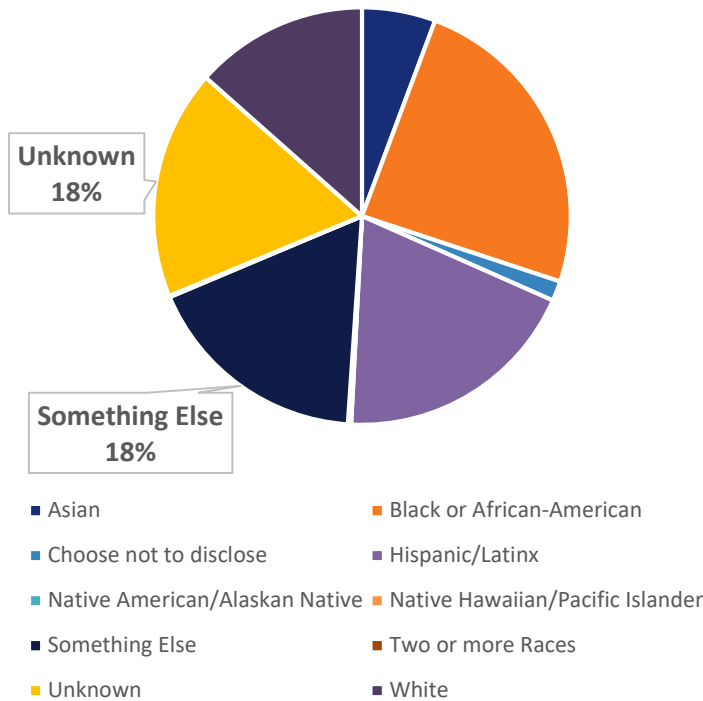


Assessing Completeness (Q2-Q3 2024)

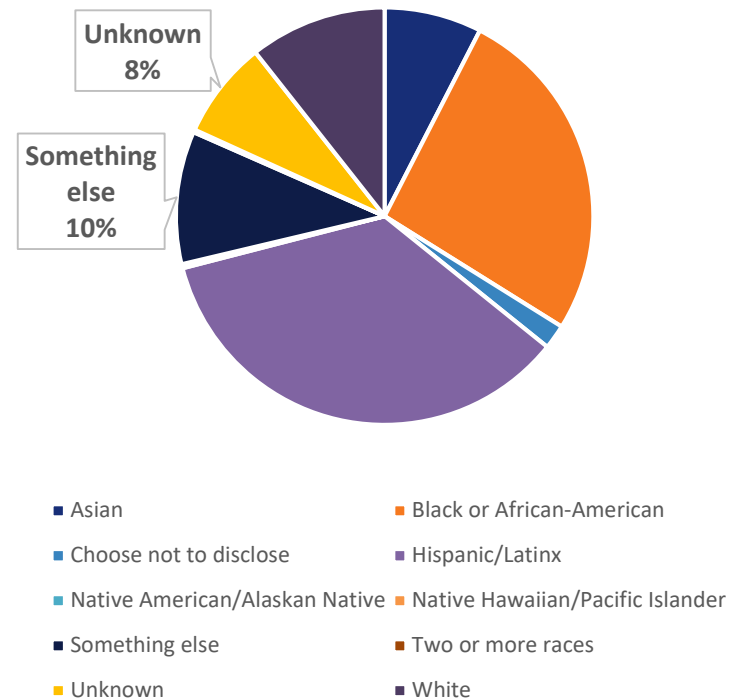
1. Assess rate of missing race and ethnicity among H+H patients, 2020-2024
 - a) Explore how completion rates have changed since new REaL fields implemented in 2021
 - b) Stratify rates by population, facility, and service type
 - c) Identify “hot spots” of missing data to drive quality improvement

Assessing Completeness (2022 - 2024)

Race/Ethnicity Standardized Groupings
June 2022



Race/Ethnicity Standardized Groupings
April 2024



Assessing Consistency (Q3-Q4 2024)

1. Map ethnicities/countries listed in the ethnic background field to H+H racial/ethnic categories
2. Assess agreement between patient's race/ethnicity and ethnic background
 - Disagreement may indicate data collection issues
 - Categorizations and thresholds for concordance pulled from literature and underlying population distributions

The screenshot shows a patient data form with several fields. A red box highlights two fields: 'Patient race' and 'Ethnic Background'. The 'Patient race' field is set to '1 Asian', and the 'Ethnic Background' field is set to '1 Chinese'. Blue arrows point to these two fields from the left and right sides of the image. Other fields include 'Needs interpreter?' (No), 'Written language:' (English), 'Form confidence:' (Very Good), 'Preferred language:' (English), and 'English fluency:' (Very Good).

Needs interpreter?	No	Preferred language:	English
Written language:	English	English fluency:	Very Good
Form confidence:	Very Good	Preferred language:	English
Hispanic/Latinx?	Not Hispanic / Latinx		
Patient race:	1 Asian	Ethnic Background:	1 Chinese

Assessing Accuracy (Q3 – Q4 2024)

- **Survey patients to collect self-reported race/ethnicity data**
 - Follow IHI guidelines¹ for validation sampling to compare self-reported data by patient or proxy to REaL data in Epic
 - Develop research-informed survey materials, interview patients, and conduct data analysis

1. Improving Health Equity: Guidance for Health Care Organizations,
<https://www.ihl.org/resources/publications/improving-health-equity-guidance-health-care-organizations>

Additional Initiatives

Extend the process of creating standardized groups to additional demographic elements.

- Race/Ethnic Group
- Age
- Preferred Language
- Sex at Birth
- Gender Identification
- Sexual Orientation

Next Steps

Socialize and obtain approvals to implement additional standardized groups.

Thank you!

