



Information & Technology: *What's Equity Have to Do with IT*

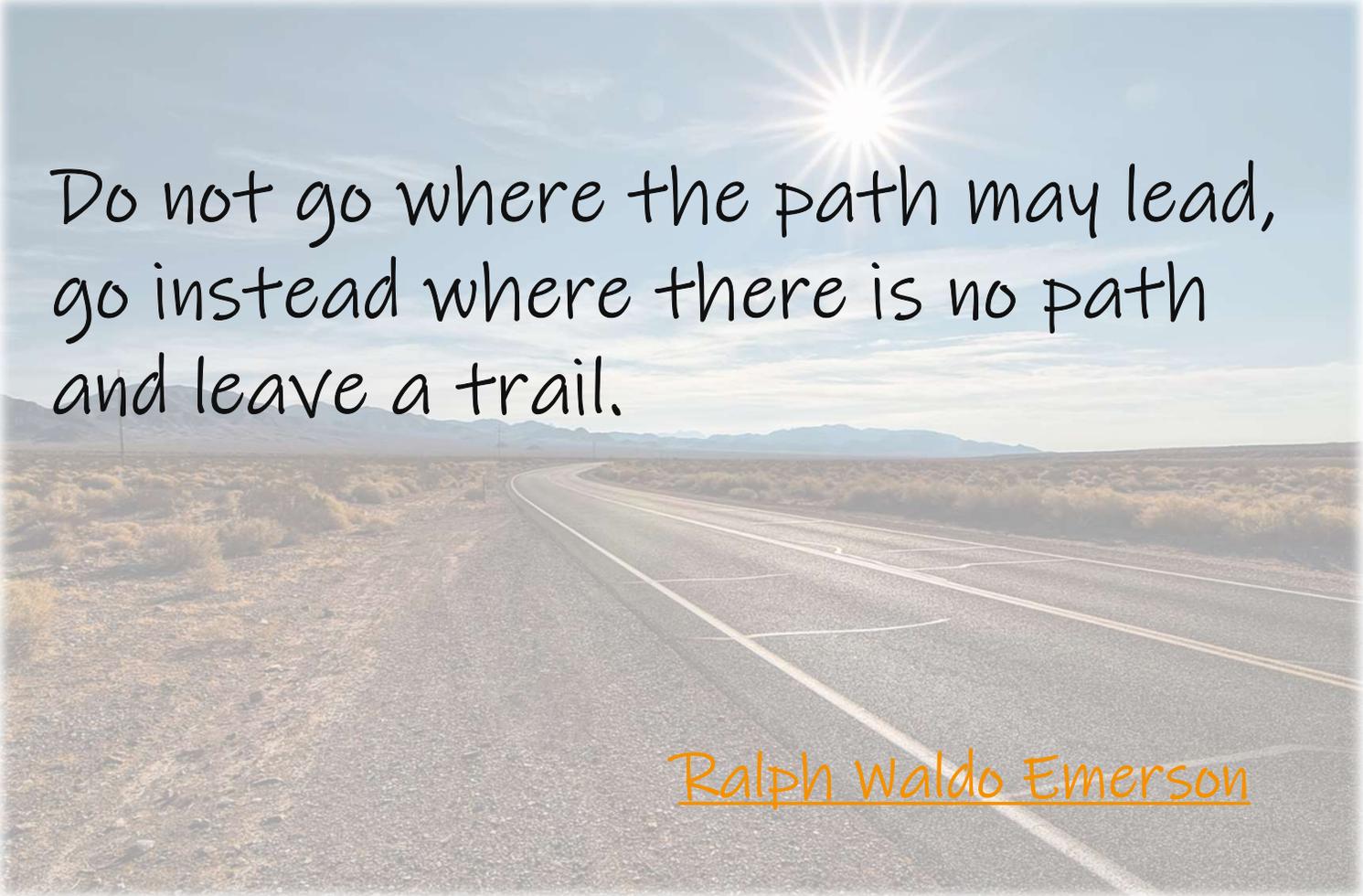
HIMSS Michigan Chapter

“Fix the Damn Roads!”

**How Innovation, Interoperability & Emerging Initiatives
are Paving Michigan's Road to Health Equity and Access**

October 3, 2019

**Kimberlydawn Wisdom, MD, MS
Sr. Vice President, Community Health & Equity
Chief Wellness & Diversity Officer**



Do not go where the path may lead,
go instead where there is no path
and leave a trail.

Ralph Waldo Emerson

Invited to sit at the table...





**Agenda –
Our stops
along the
way...**

HFHS Background

Definitions

Historical
Perspective

Building the case

Our Efforts: practices, programs,
policies, partnerships

Leadership

Call To Action

DEFINITIONS

Health Disparities

Differences in health outcome or status

Healthcare Disparities

Differences in the preventive, diagnostic, or treatment services offered to people with similar health conditions

Healthcare Equity

Providing care that does not vary in quality by personal characteristics such as ethnicity, race, gender, geographic locations, socioeconomic status, other identity

Equality



Equity



Employee Resource Groups



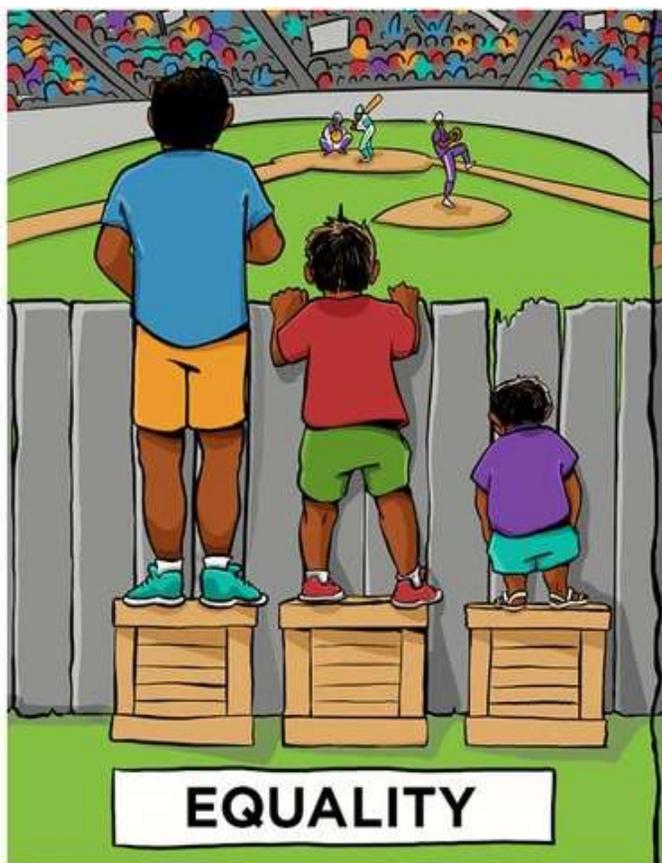
- emPOWER (African American)
- Amigos (Hispanic)
- PRIDE (LGBTQ)
- WIN (Women)
- Henry Ford for Veterans

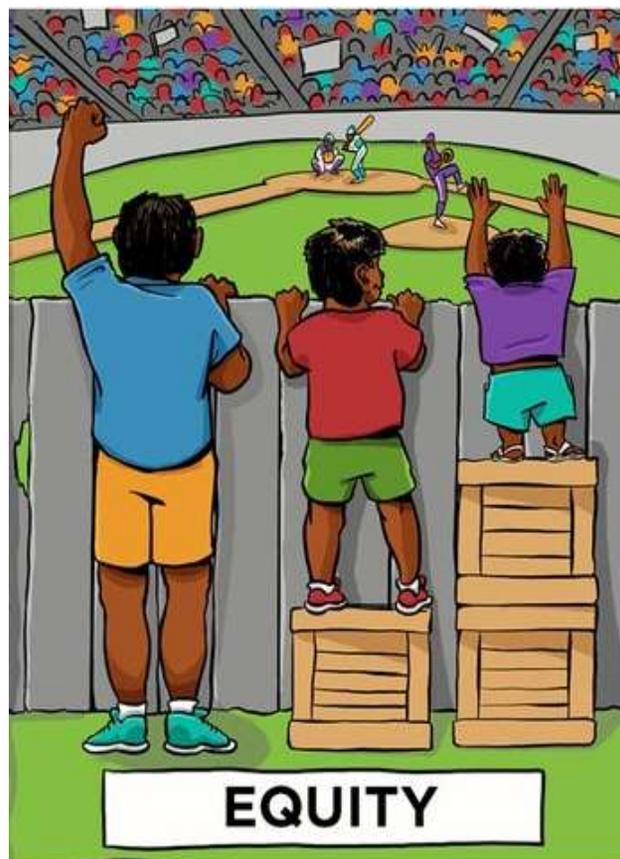
- eMERGe (Middle Eastern)
- genERGY
- iCare4U
- OPAL
- ABLE

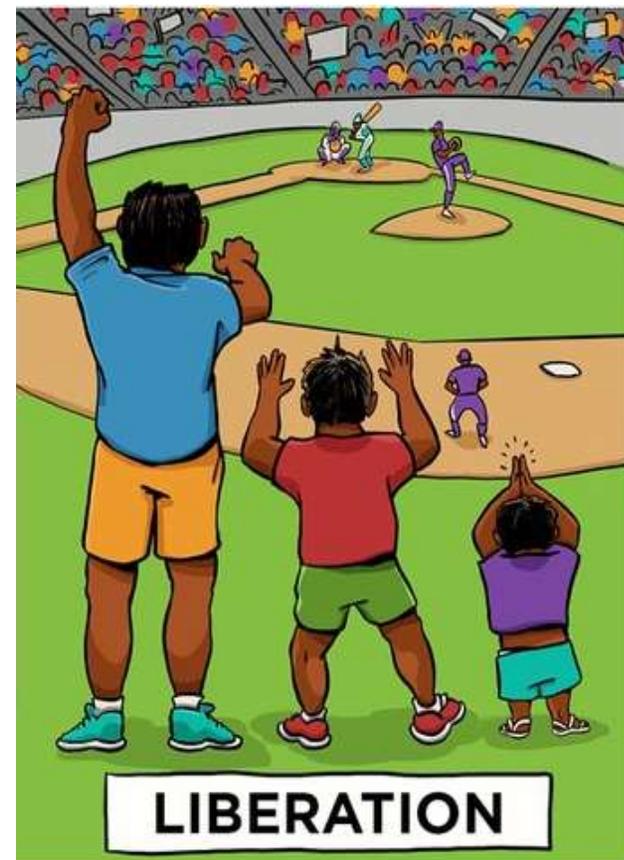


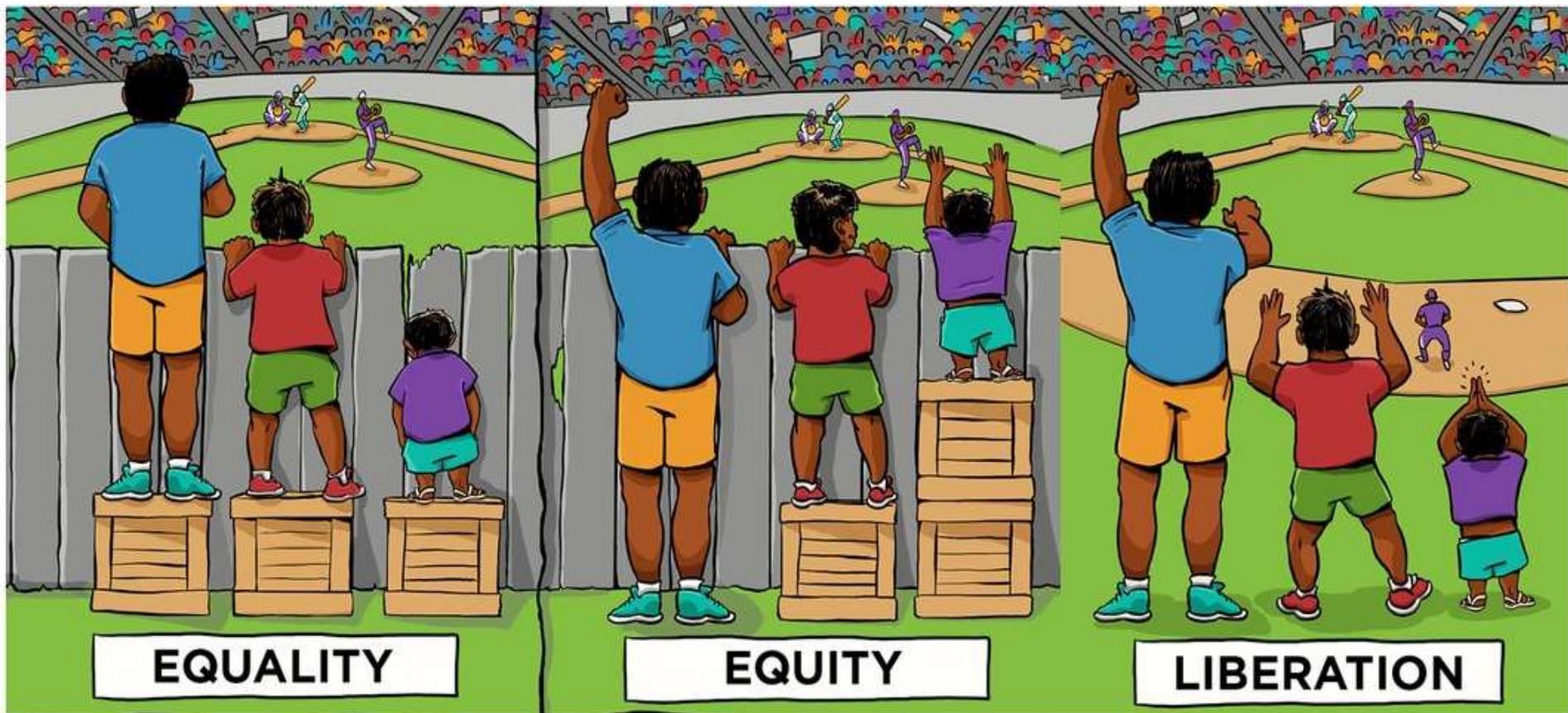
Amigos de HFHS











W. Edwards
Deming

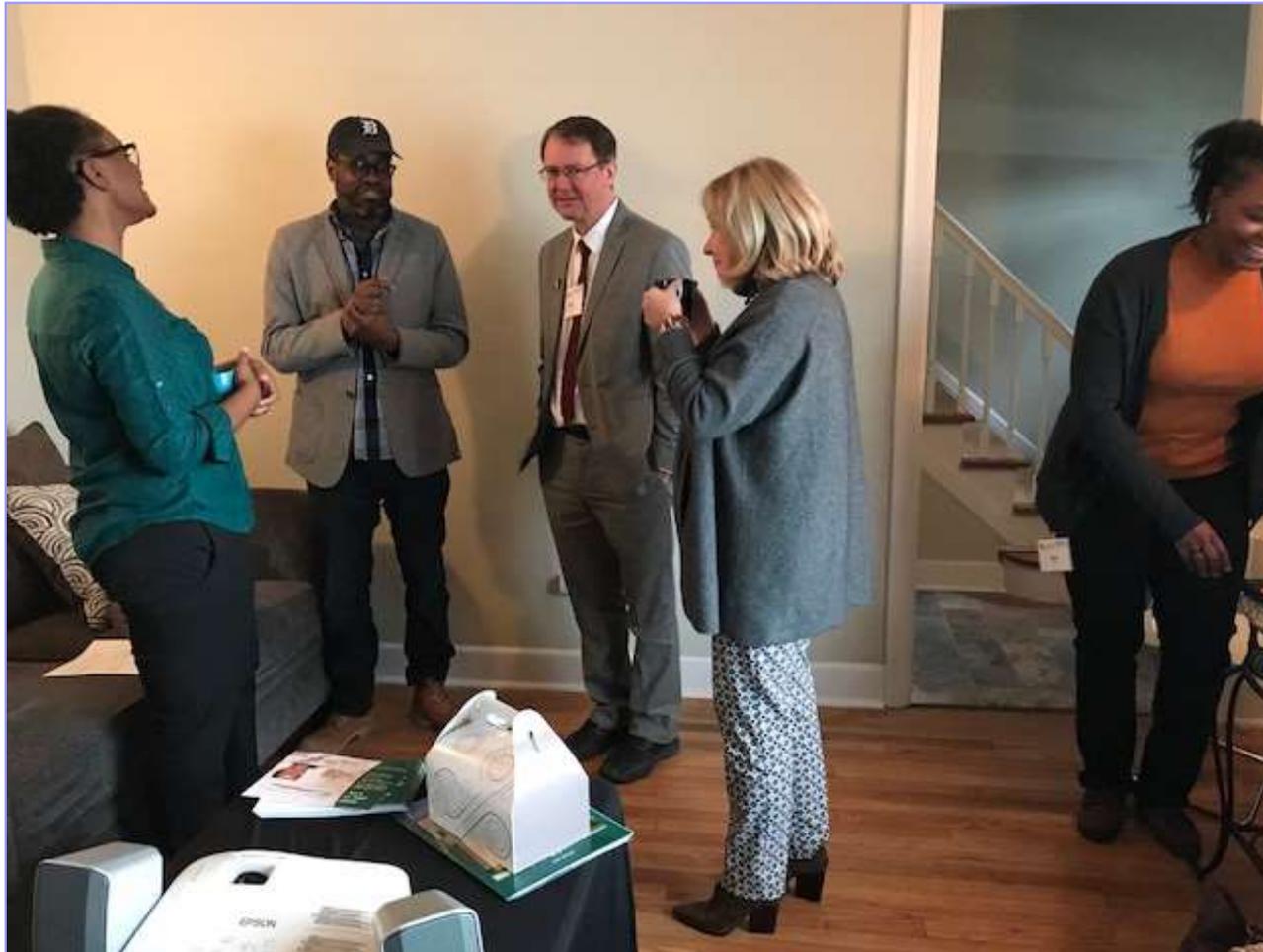
**EVERY SYSTEM IS
PERFECTLY
DESIGNED TO GET
THE RESULTS IT
GETS.**

Henry Ford Storytelling Project – 8 Mile Wall



Cultural Memoir-Writing at The Tuxedo Project – Stephen Henderson’s Childhood Home (in association with Marygrove College) – March 9, 2018





At The Tuxedo Project



Participant “Aha!” Moments...

“Non-judging conversation, in and of itself, is the start of healing.”

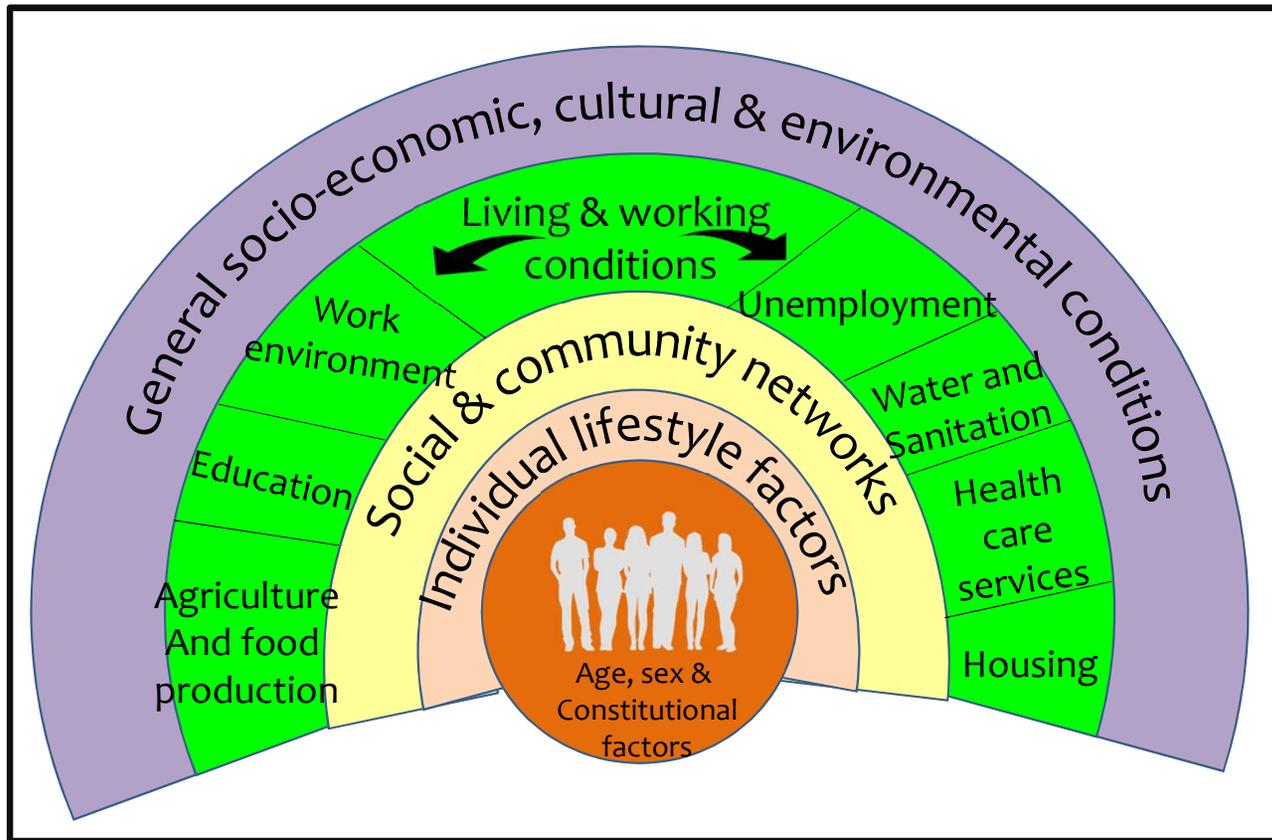
“That we all have a story to tell.”

“Tearing down walls, within and without.”

“The level of trust among the group is critical. Would I do this with any group? No. Would I do this with another group that approached the issues in the same manner?

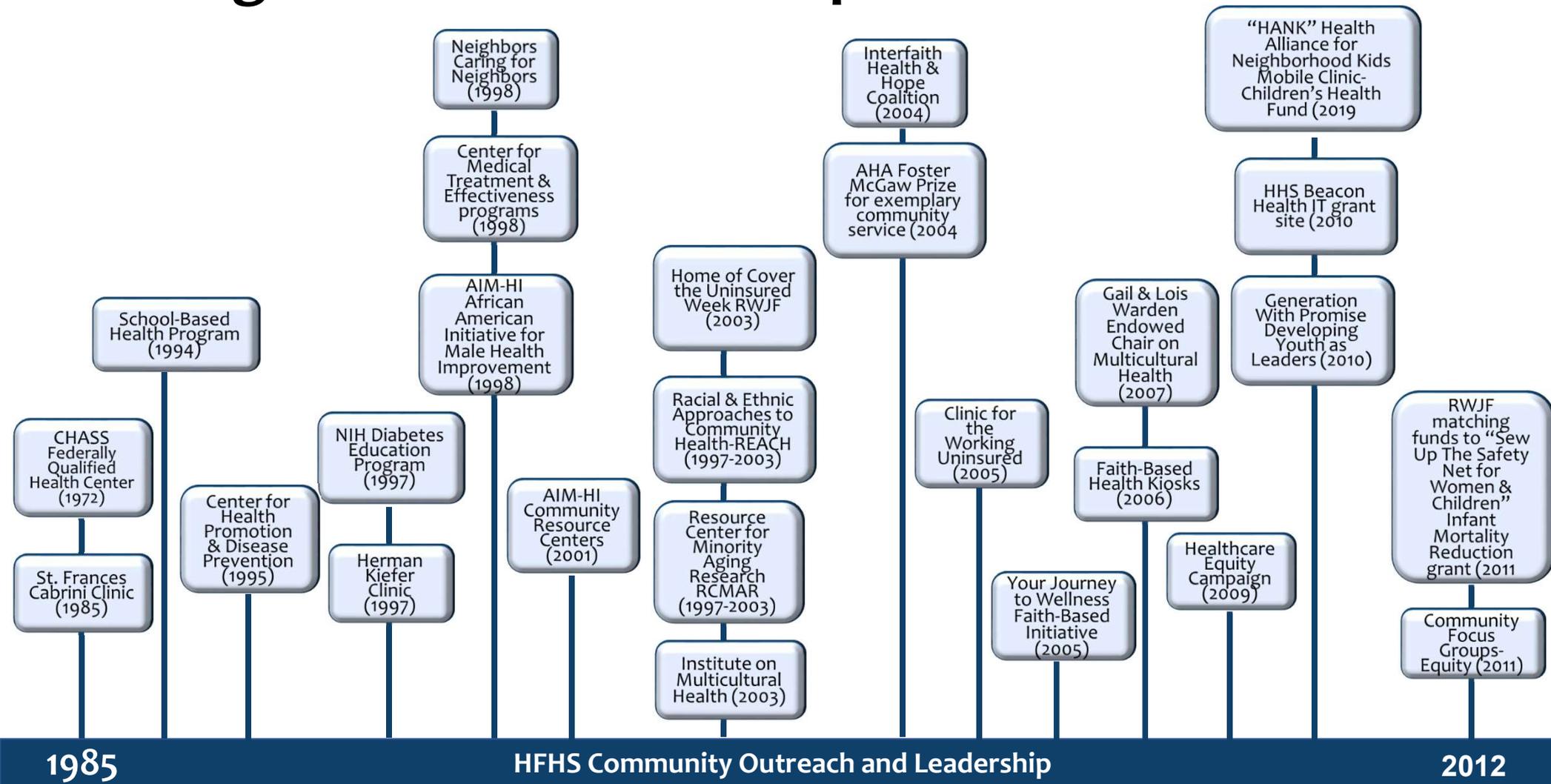
Absolutely!¹⁷

Social Determinants of Health are Not a *random* phenomena

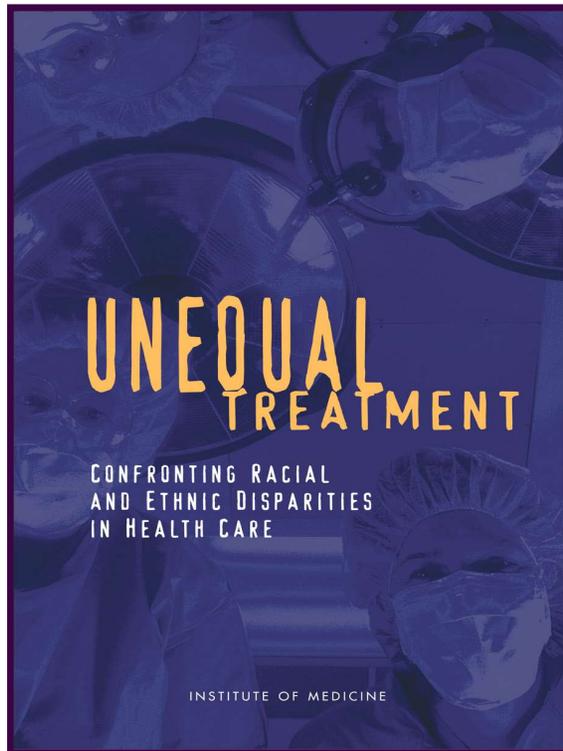


Inequities Exist by Design → Unplan

Building the Case – Moral Imperative

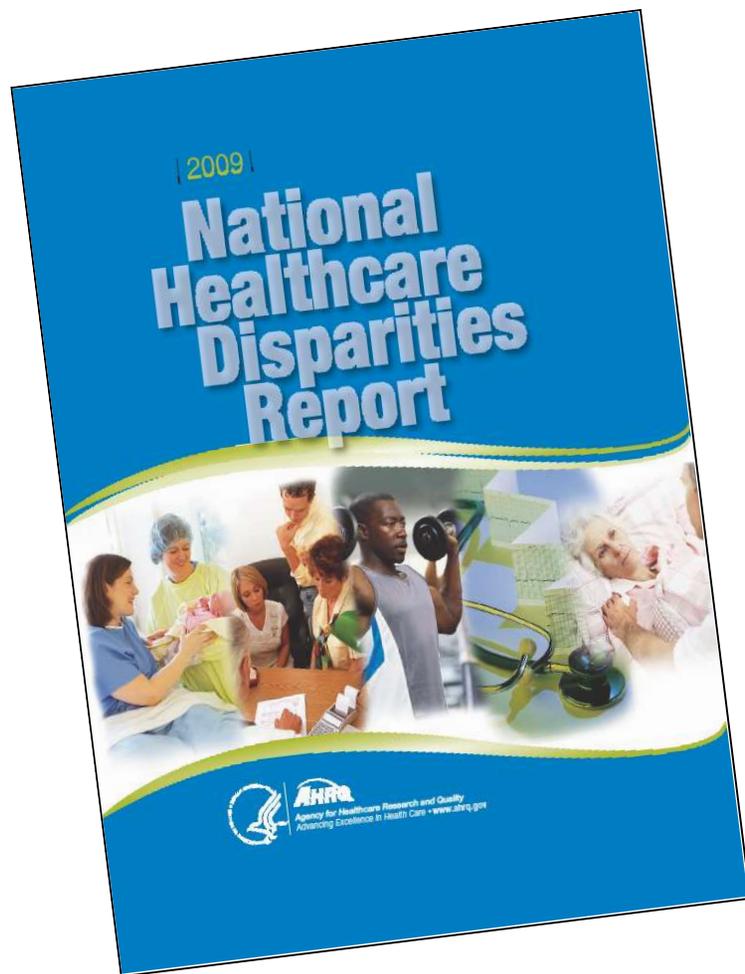


Evidence



2002

Reported significant variation in the rates of medical procedures by **race**, even when insurance status, income, age, and severity of conditions are comparable. This research indicates that U.S. racial and ethnic minorities are less likely to receive even routine medical procedures and experience a lower quality of health services.



African American Initiative for Male Health Improvement (AIM-HI)



AIM-HI

Vol. 145

WASHINGTON, WEDNESDAY, NOVEMBER 17, 1999

No. 163

Congressional Record



United States
of America

PROCEEDINGS AND DEBATES OF THE 106th CONGRESS, FIRST SESSION

United States
Government
Printing Office
SUPERINTENDENT
OF DOCUMENTS
Washington, DC 20540
OFFICIAL BUSINESS
Penalty for private use, \$300

PERIODICALS

Postage and Fees Paid
U.S. Government Printing Office
(USPS 087-260)

HOUSE PROCEEDINGS
CONTINUED IN
NEXT ISSUE

00711
J CR HOUSE000UBLH F 551
U S HOUSE OF REPRESENTATIVES
FOR OFFICIAL BUSINESS ONLY
HOUSE POST OFFICE
WASHINGTON DC 20515

AIM-HI

RESEARCH AND PRACTICE

Racial and Ethnic Approaches to Community Health (REACH) Detroit Partnership: Improving Diabetes-Related Outcomes Among African American and Latino Adults

Jacqueline Two Feathers, MPH, PhD, Edith C. Kieffer, PhD, Gloria Palmisano, MA, Mike Anderson, Brandy Sinco, MS, Nancy Janz, PhD, Michele Heisler, MD, Mike Spencer, MSW, PhD, Ricardo Guzman, MPH, MSW, Janico Thompson, PhD, Kimberlydawn Wisdom, MD, MS, and Sherman A. James, PhD

WORKING SESSION 3B: DIABETES MELLITUS

STRATEGIES FOR COMMUNITY PARTICIPATION IN DIABETES PREVENTION: A DETROIT EXPERIENCE

Kimberlydawn Wisdom, MD, MS

Ethnicity & Health, 2002; 7(4): 267-278

Carfax Publishing
Taylor & Francis Group

Recruitment of African Americans with Type 2 Diabetes to a Randomized Controlled Trial Using Three Sources

KIMBERLYDAWN WISDOM,¹ KAMILAH NEIGHBORS,² VERONICA
HAWKINS WILLIAMS,¹ SUZANNE L. HAVSTAD³ AND BARBARA C.
TILLEY⁴

¹Harvard School of Public Health

**The Michigan
Surgeon General's
Prescription for a
Healthier Michigan**

May 4, 2004

**Building Blocks
for Improvement**

Common vision and
values

Greater personal
responsibility

Health promotion
campaigns

Integration among
health systems



**Strategic Priority
Areas**

Promoting healthy
lifestyles

Protecting families

Protecting communities

Reducing health
disparities



Quality Imperative: IOM Quality Aims - STEEEP

- Safe:
 - Harm
 - Infections
 - Complications
- Timely:
 - ED Arrival to Departure
 - Discharge Follow-Up Apt
- Efficient:
 - Readmission
 - Cost/Value

- Effective
 - Ideal Care
 - Flu Vaccination (inpatient)
 - Care Reliability
- *Equitable*
- ????
- Patient-Centered
 - HCAHPS
 - My Chart Activation

Business Imperative

Physical & Fiscal Health Linked



TIM BRINTON, Special to the Fire Press

Equity Lens



Community Health Needs Assessment - 2016



In partnership with Corp. Planning, Compliance, and 4 Hospital Business Units:



COMMUNITY HEALTH NEEDS
ASSESSMENT - 2016
IMPLEMENTATION STRATEGY
2017-2019

- 2016 Community Health Needs Assessment board-approved and posted on henryford.com
- 4 Hospital Business Units Implementation Plans completed and posted on henryford.com

Community Benefit Reporting:



“Your Work Counts”



YWCA:



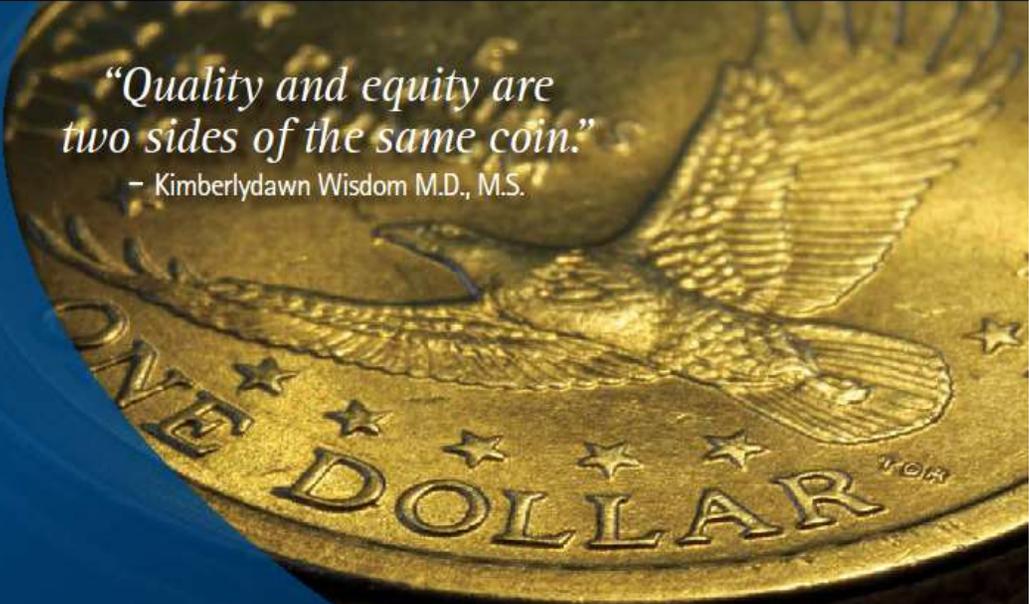
“Your Work Counts Again”





Healthcare
Equity Campaign

2 0 0 9 - 2 0 1 1 F I N A L R E P O R T



*“Quality and equity are
two sides of the same coin.”*
– Kimberlydawn Wisdom M.D., M.S.

Transforming lives and communities through health and wellness – *one person at a time.*

Healthcare Equity





Healthcare Equity Campaign

Nancy Schlichting, Honorary Chair
Kimberlydawn Wisdom, M.D. and William A. Conway, M.D., Co-Chairs

What is Healthcare Equity?

Healthcare equity is defined as providing care that does not vary in quality by personal characteristics such as ethnicity, gender, geographic location, and socioeconomic status.

Henry Ford has launched a three-year campaign to address potential sources for inequality in healthcare.

Campaign Goals

The goal is to increase knowledge, awareness, and opportunities to ensure healthcare equity is understood and practiced by Henry Ford providers and other staff, the research community and the community at large; and to link healthcare equity as a key, measurable aspect of clinical quality.

The first phase will focus on raising awareness, the second on implementing tools to improve cross-cultural communication and competency, and the third on integrating these principles throughout the System to make them sustainable and ensure accountability.

Eliminating healthcare disparities is about working together to find solutions that provide better care for everyone – not assigning blame.

Upcoming Events

CME/CEU Workshop:
Unnatural Causes: Stating the Problem and Finding Solutions

One Ford Place
8:30 a.m. – 4:30 p.m.

May 5, 2010
August 11, 2010
November 3, 2010



**Quality and equity
are two sides of the
same coin.**

Join our Facebook Page

The Henry Ford Health System Healthcare Equity group on Facebook is for employees only. Join at www.facebook.com and search for the HFHS Healthcare Equity group.



3 Phases

1 Raise awareness about health and healthcare disparities as we move toward healthcare equity

2 Implement tools to improve cross-cultural communication and collaboration; plan for review of quality metrics by race/ethnicity

3 Integrate into System processes to ensure sustainability and accountability; develop process for continuous monitoring of quality metrics by race/ethnicity and for intervention

Improving Patient Experiences of Care

In process: collection of data.



 Henry Ford Health System
Patient Demographic Form

Patient name _____
MRN _____
Date _____

These next questions are about your race, ethnicity, and primary language. Hospitals are being required to ask these questions to meet certain regulatory standards. We are committed to ensuring all patients receive the best possible care. Completion of this form is voluntary.

1. Are you of Hispanic or Latino origin?
 Yes No Decline Do not know

2. Are you of Arab or Chaldean origin?
 Yes No Decline Do not know

3. Which of the following best describes your race? If necessary, you may select up to two.
 Asian
 Black
 American Indian/Alaska Native
 Native Hawaiian/Pacific Islander
 White
 Decline
 Do not know Other _____

4. Please provide one or two nationalities or ethnic groups that best describe your ancestry. (For example, Italian, Jamaican, African American, Haitian, Korean, Lebanese, etc.) Groups noted below are among the most frequently selected according to our current data. This list will be updated periodically. If your nationality/ethnicity is not listed, please mark "Other" and write in your preference.

<input type="checkbox"/> African American	<input type="checkbox"/> Greek	<input type="checkbox"/> Palestinian
<input type="checkbox"/> Albanian	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Polish
<input type="checkbox"/> Armenian	<input type="checkbox"/> Indian (East Asian)	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Belgian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Romanian
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Iranian	<input type="checkbox"/> Russian
<input type="checkbox"/> Chaldean	<input type="checkbox"/> Irish	<input type="checkbox"/> Scottish
<input type="checkbox"/> Chinese	<input type="checkbox"/> Italian	<input type="checkbox"/> Spanish (Spain)
<input type="checkbox"/> Chippewa/Ojibwe	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Swedish
<input type="checkbox"/> Cuban	<input type="checkbox"/> Japanese	<input type="checkbox"/> Syrian
<input type="checkbox"/> Czech/Slovakian	<input type="checkbox"/> Jewish	<input type="checkbox"/> Yemeni
<input type="checkbox"/> Dutch	<input type="checkbox"/> Jordanian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Egyptian	<input type="checkbox"/> Korean	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> English	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Filipino	<input type="checkbox"/> Macedonian	<input type="checkbox"/> Do not know
<input type="checkbox"/> Finnish	<input type="checkbox"/> Maltese	
<input type="checkbox"/> French	<input type="checkbox"/> Mexican	
<input type="checkbox"/> German	<input type="checkbox"/> Nigerian	

5. How would you rate your ability to speak English?
 Very well Well Not well Not at all Decline Do not know

6. What language do you feel most comfortable using when discussing your health care?
 Sign Language (American) Cantonese Russian Decline
 Albanian English Spanish Do not know
 Arabic Hindi Vietnamese

IT is the



COMMUNITY

Emerging Programs/
Partnerships

Equity

Access

Wellness

INFRASTRUCTURE

**Healthcare Equity Campaign, Phase 1:
300 Equity Ambassadors Trained**

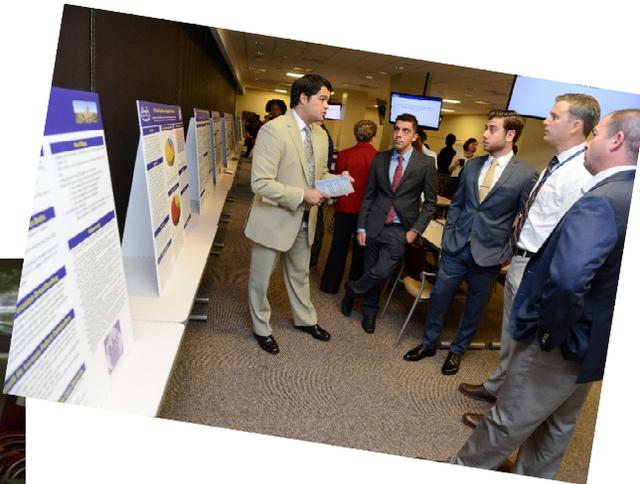
Quality-Equity Intersection:

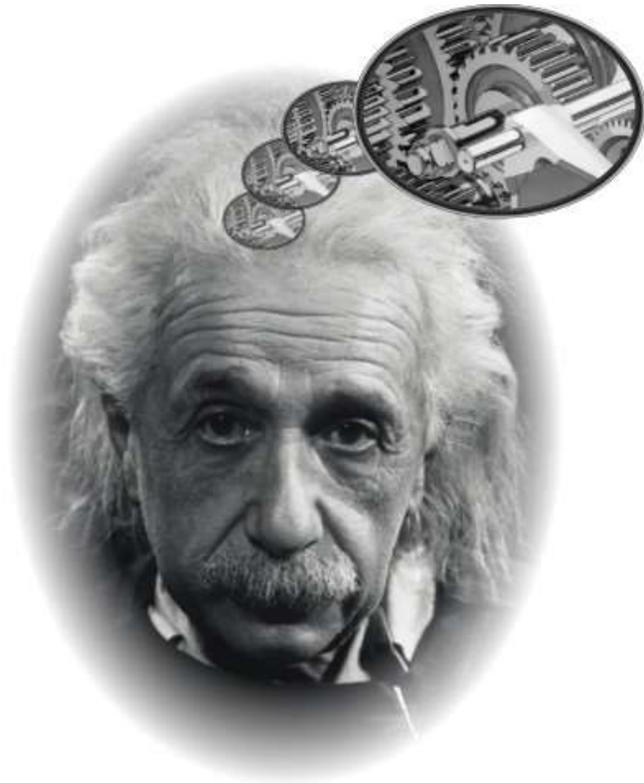


Healthcare Equity Scholars Program



Healthcare Equity Scholars Program





**We can't solve problems
by using the same kind of
thinking we used when we
created them.**

- Albert Einstein

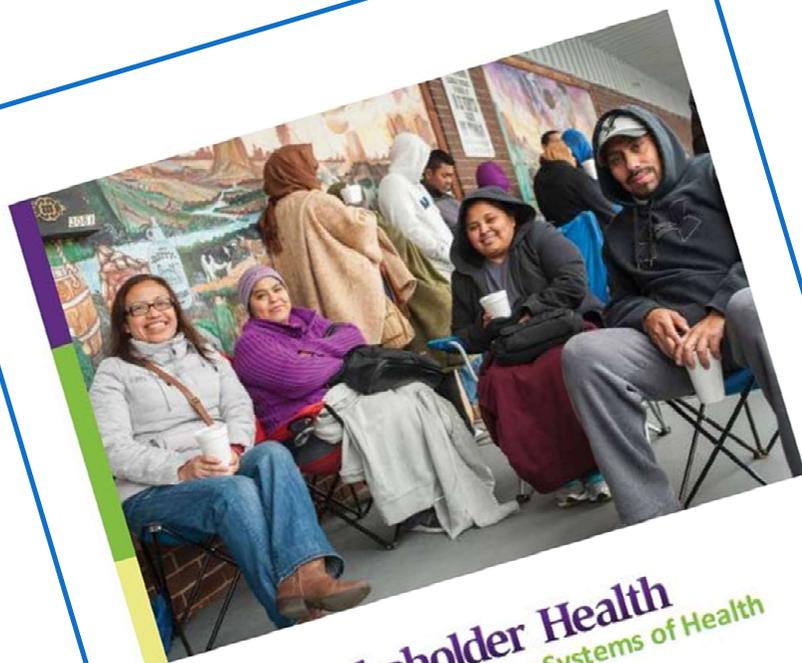
Innovative Provider Type

Community Health Workers



- Recruitment and enrollment
- Mentoring pregnant women during home visits
- Connect women with resources and support
- Group sessions to promote social networks
- Educate and Support:
 - Pre- and inter-conception health
 - Prenatal health
 - Goal setting
 - Skill-building

Community Health Worker Chapter



Stakeholder Health
Insights from New Systems of Health

Editors: Teresa F. Cutts and James R. Cochrane

Developed with Support from the Robert Wood Johnson Foundation

“Navigating for Health”
chapter of new book,
*Stakeholder Health: Insights
from New Systems of Health*
(Nancy Combs,
Kimberlydawn Wisdom, MD,
Dominica Rehbein, Nada
Dickinson)

Improving Health of Populations



- Community Health Workers:
 - Addressing state policy in partnership with the Michigan Community Health Workers Alliance (MiCHWA)

Mission: *To promote and sustain the integration of CHWs into Michigan's health and human service systems through coordinated changes in policy and workforce development.*

