



# Journey from Equity to Destination Justice: Why Ending Health Disparities in Healthcare Must Start at the Top

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**The Governance Institute**

13 September 2022

Dr. Kimberlydawn Wisdom MD MS  
Senior Vice President, Community Health Equity and Wellness  
Chief Wellness & Diversity Officer

**HENRY  
FORD  
HEALTH** SM

# Disclosures

- Institute for Healthcare Improvement
- Merck - through IHI's Better Maternal Outcomes
- Pfizer
- Jackson College
- Hillman Foundation
- Michigan Health Endowment Fund
- Detroit Medical Center Foundation
- Hope Starts Here (Kellogg & Kresge)
- United States Department of Agriculture
- National Institutes of Health (Co-I)
- BET Foundation
- NFL Foundation
- Sheldon Foundation
- General Motors Foundation



**Diversity of  
people,  
perspectives**



**Inclusion:**  
power, voice,  
organizational  
culture



**Equity=Results**  
from policy,  
practice, position



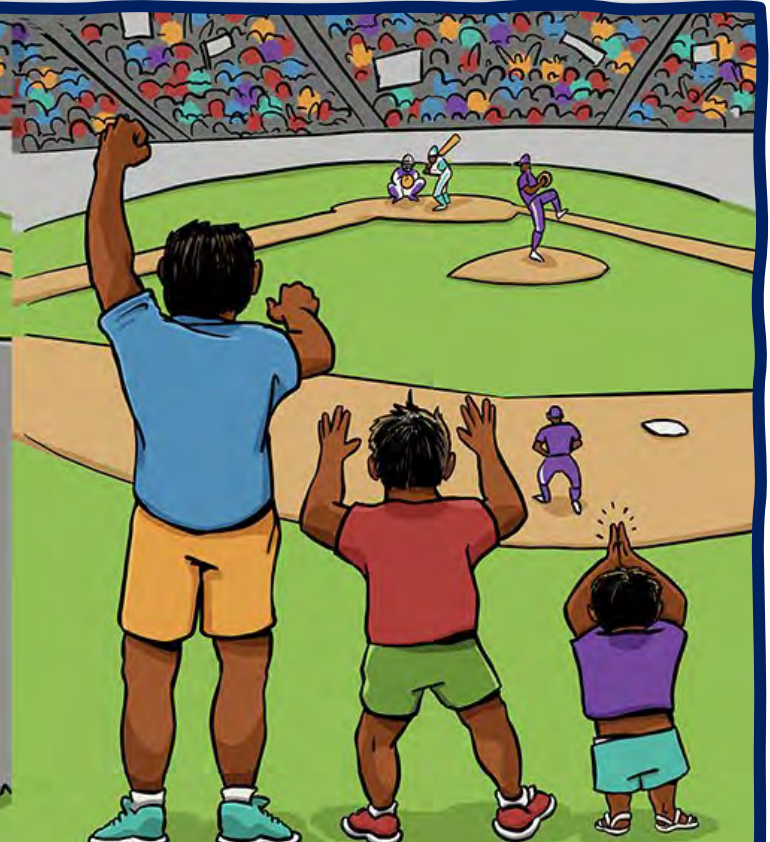




**EQUALITY**



**EQUITY**



**JUSTICE**



# HENRY FORD HEALTH<sup>SM</sup>

- \$7.5B integrated regional health system in SE Michigan
- 6 geographically distributed hospitals
- Expansive ambulatory network with 32 medical centers
- Henry Ford Medical Group with 1200 physicians
- 1800 private physicians
- Large insurance plan
- Strong academic core
- Diversified non-hospital and retail service lines



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**DiversityInc**  
**2020**  
**TOP**  
COMPANIES  
**FOR**  
**HOSPITALS &  
HEALTH SYSTEMS**



**Equity of Care**  
**AWARD**



# 2020-2022 Diversity & Equity Awards



- Diversity Inc. Award 2022(>10 years)
- Healthcare Equality Index (HEI) Award (2019, 2020, 2021, 2022)
  - Human Rights Campaign (HRC) Award
- Forbes Award
- Great Lakes Women Business Council 2020 Excellence in Supplier Diversity, Emerging
- 2021 and 2020 Carolyn Boone Lewis Equity of Care Award, Honoree

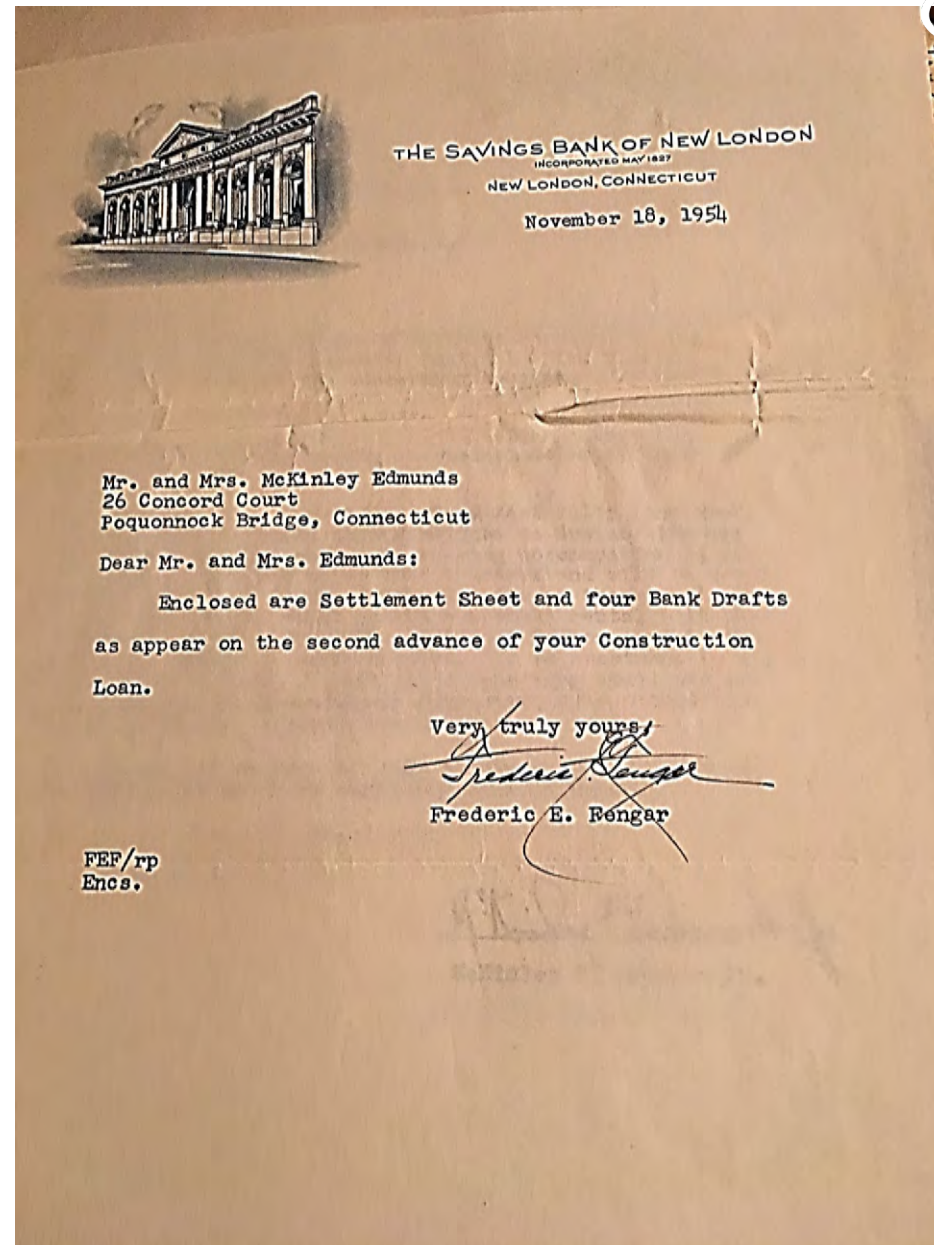
# Influence Leadership at the Top – Age 14







# Bank Letter





# Mystic, Connecticut Home

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*Henry Ford*  
HEALTH SYSTEM

**YOU BUILT OUR HOME AND  
OUR LIVES ON A SOLID  
FOUNDATION OF LOVE.**

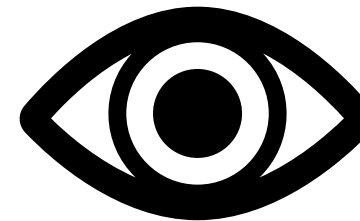




# Leadership books - Some core elements..HENRY FORD HEALTH



# Leadership **Anatomy**: Disparities Elimination



# Leadership – Governor Granholm Policy : Firsts



July 6, 2005

Not pictured: Barbara Flis

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Gail Warden



Nancy Schlichting



Wright Lassiter, III







# Leadership



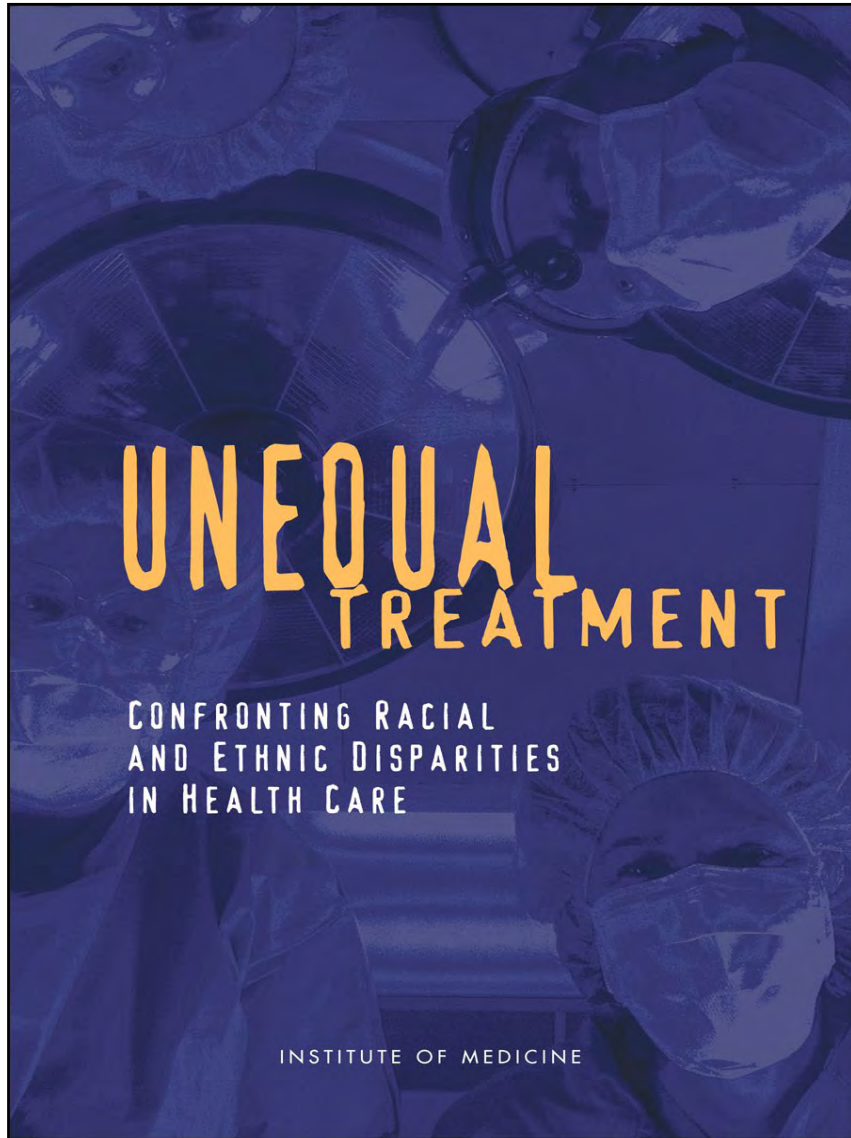


**Leadership**



# Gail Warden CEO: Conceptualize FIRST



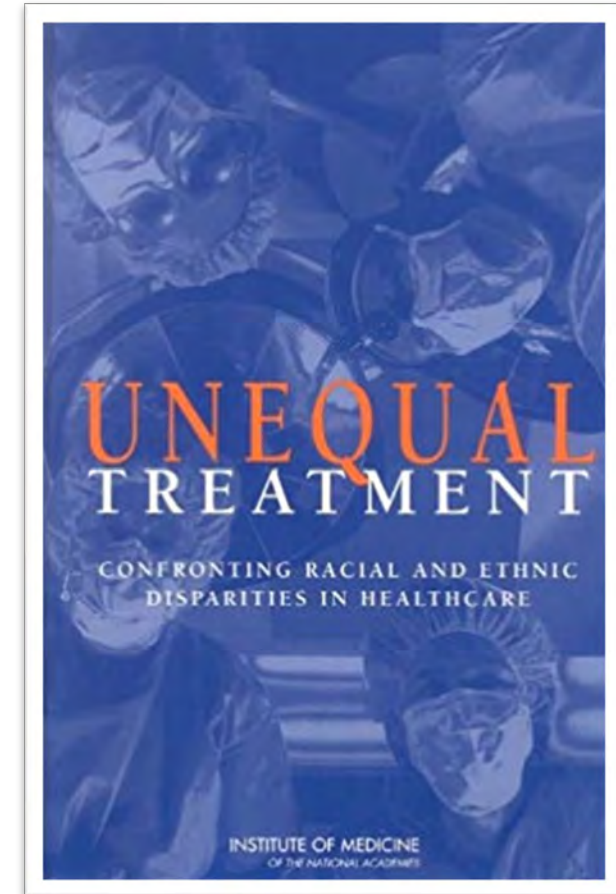


Reported significant variation in the rates of medical procedures by **race**, even when insurance status, income, age, and severity of conditions are comparable. This research indicates that U.S. racial and ethnic minorities are less likely to receive even routine medical procedures and experience a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



# Racial Bias in Medicine

- Most health care providers appear to have **implicit bias** in terms of positive attitudes toward Whites and negative attitudes toward people of color —————> contributes to health disparities.
- From the simplest diagnostic and treatment interventions to the most high-tech ones, minorities receive **fewer procedures** and **poorer quality** medical care than whites.
- More implicit bias are associated with more clinician verbal dominance, less patient positive affect, poor patient centered dialogue , **low perception of respect from clinician, less trust and confidence in clinician** , less likely to recommend clinician to others.
- Studies find that most Americans have rapid and unconscious emotional and neural reactions to blacks- 100 milliseconds is how quickly an individual's race is noticed and whether or not that person is trustworthy (300 - 400 *milliseconds: time for human eye to blink* )





# Nancy Schlichting – Operationalize FIRST



...pledges \$100M | Fiat Chrysler Automobiles born 3A

# The Detroit News

Thursday, January 30, 2014 Metro Final

## SURVIVING THROUGH AGE 18

# DETROIT IS DEADLIEST CITY FOR CHILDREN

**Big city health risks for kids**  
In 2010, the most recent year for which data were available, Detroit:

- Tied with Cleveland for the highest infant mortality rate in the nation: 13.5 per 1,000 live births
- Had more births to unmarried women than any major city in the U.S.: 87 percent
- Tied with Cleveland for most preterm births among major U.S. cities: 10 percent
- Had more births to women under 20 than any of the nation's largest cities: 17 percent
- Had the most teens 16-19 not in school or working: 31 percent
- Had the most kids who live in a home where no parent has full-time, year-round employment: 62 percent
- Had the most kids living in a home where no adult works



**Prematurity, violence are top killers**

**Rate highest for big cities**

BY KAREN BOURFARE  
The Detroit News

Children are dying in Detroit at a greater rate than in any U.S. city its size or larger, a Detroit News study shows.

Mostly they die of conditions resulting from prematurity — the top killer of Detroit kids — and violence, which ranks second.

"This is a public health emergency in the city of Detroit," said Dr. Herman Gray, executive vice president of pediatric health services for the Detroit Medical Center and former president of DMC Children's Hospital of

# Wright Lassiter III: Institutionalize FIRST

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# Wright Lassiter III - Institutionalize





# Leadership **Physiology**: Disparities Elimination



# Governor Granholm – Health Disparities re: Policy

## Governor Granholm Signs Four New Lead Laws



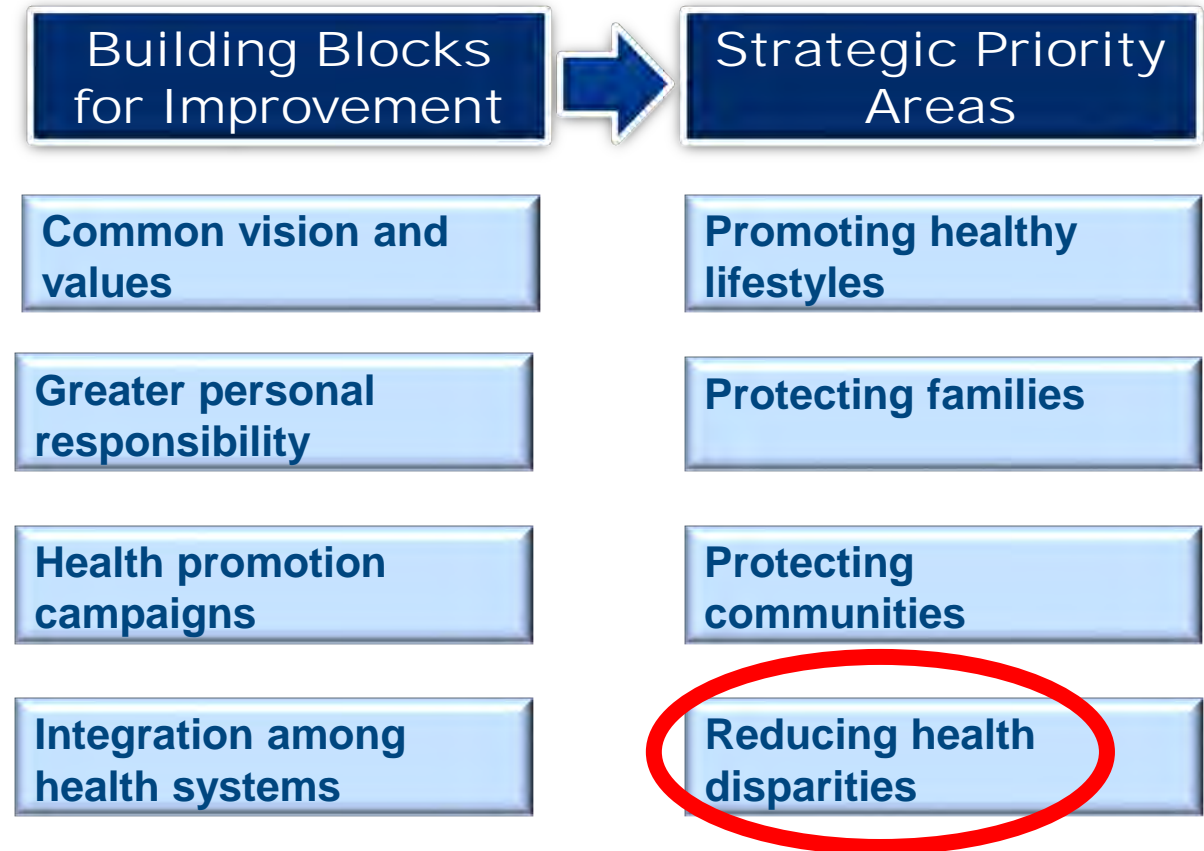
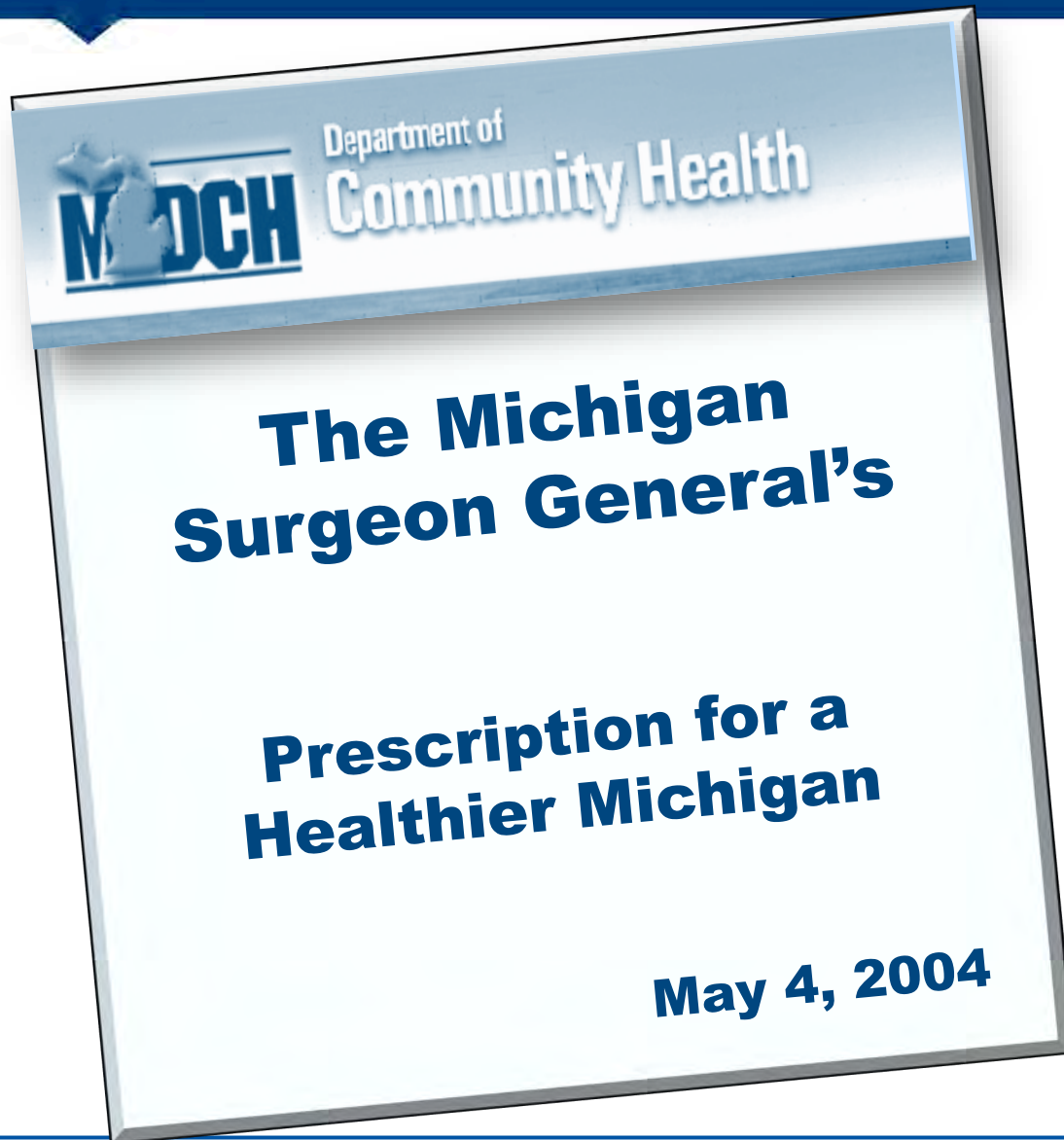
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# 16<sup>th</sup> US Surgeon General - Dr. Satcher Mentorship and Support

United States Surgeons General Forum 2004







# Huffington Post Blogs on the Flint Water Crisis and Call for New Leadership State Surgeon General Issue Brief

EDITION  
US

THE HUFFINGTON POST  
INFORM • INSPIRE • ENTERTAIN • EMPOWER

NEWS POLITICS ENTERTAINMENT WELLNESS WHAT'S WORKING VOICES VIDEO ALL SECTIONS




**Kimberlydawn Wisdom, MD, MS**  
Senior VP, Community Health & Equity and Chief Wellness and Diversity Officer, Henry Ford Health System. Board of Public Health Institute.

Kimberlydawn Wisdom, MD, MS is the Senior Vice President of Community Health & Equity and Chief Wellness and Diversity Officer at Henry Ford Health System. She is a board-certified Emergency Medicine physician, the Chair of the Gail and Lois Warden Endowment on Multicultural Health, and Michigan's and the nation's First State-level Surgeon General. In 2012 she was appointed by President Obama to serve on the Advisory Group on Prevention, Health Promotion and Integrative and Public Health. Since 1987 she has been on the faculty of University of Michigan (UM) Medical School's Department of Medical Education and adjunct professor in the UM School of Public Health. Dr. Wisdom focuses on health disparities/health care equity, infant mortality/maternal and child health, chronic disease, unintended pregnancy, physical inactivity, unhealthy eating habits, and tobacco use. She has worked collaboratively with school districts, faith-based organizations and the business community.


Dr. Wisdom provides strong leadership in community benefit/population health, and improving the health of those disproportionately affected by poor health outcomes. She founded the award-winning African American Initiative for Male Health Improvement (AIM-HI) and most recently, the Women Inspired Neighborhood (WIN) Network which aims to improve access to healthcare and reduce infant mortality in neighborhoods in Detroit. Since 2008, she has chaired the Detroit Infant Mortality Reduction Task Force. In 2007, she founded a youth leadership development effort – Generation With Promise (GWP) – designed to equip youth to drive policy, environmental and behavioral change in their school and community. GWP youth were featured on the cover of Modern Healthcare in June 2014. Dr. Wisdom is the recipient of numerous awards, has authored several peer-reviewed publications and book chapters and appeared on national television, including ABC's Nightline, and has presented to audiences across the country and

A PUBLICATION OF THE NATIONAL ACADEMY FOR STATE HEALTH POLICY

January 2016



**Advancing Healthcare Transformation Through a State Surgeon General Model: Opportunities and Challenges**  
*Felicia Heider and Kimberlydawn Wisdom M.D., M.S.*



**Introduction**

Implementation of the Affordable Care Act (ACA) has opened the door to new opportunities for health policymakers to address the nation's growing chronic disease epidemic through integrated solutions that begin to bridge the health care, public health, and social services sectors. To take advantage of these opportunities, state policymakers have incorporated a greater focus on advancing "population health," meaning the health outcomes of groups of individuals and the determinants and policies impacting their health,<sup>1</sup> in delivery system reform initiatives. A leadership position located within or aligned with the state public health agency that is charged with directing cross-sector population health improvement efforts may be beneficial to states in this new era. Among possible models for such leadership is a concept for a State Surgeon General (SSG), a position with responsibilities largely mirroring those of the U.S. Surgeon General, to provide executive-level physician leadership and contribute to the development and implementation of effective population health policies. The experiences of four states that implemented a SSG prior to passage of the ACA highlight new opportunities and challenges for the model at this juncture in time.

This brief reflects the themes and considerations that emerged from a September 2015 meeting convened by the National Academy for State Health Policy (NASHP) with support from the Gail and Lois Warden Endowed Chair on Multicultural Health at Henry Ford Health System. A variety of public- and private-sector thought leaders attended the meeting, including former and current health officials from

September Leadership Conference | September 13, 2022

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# COVID 19 illuminated Health Disparities





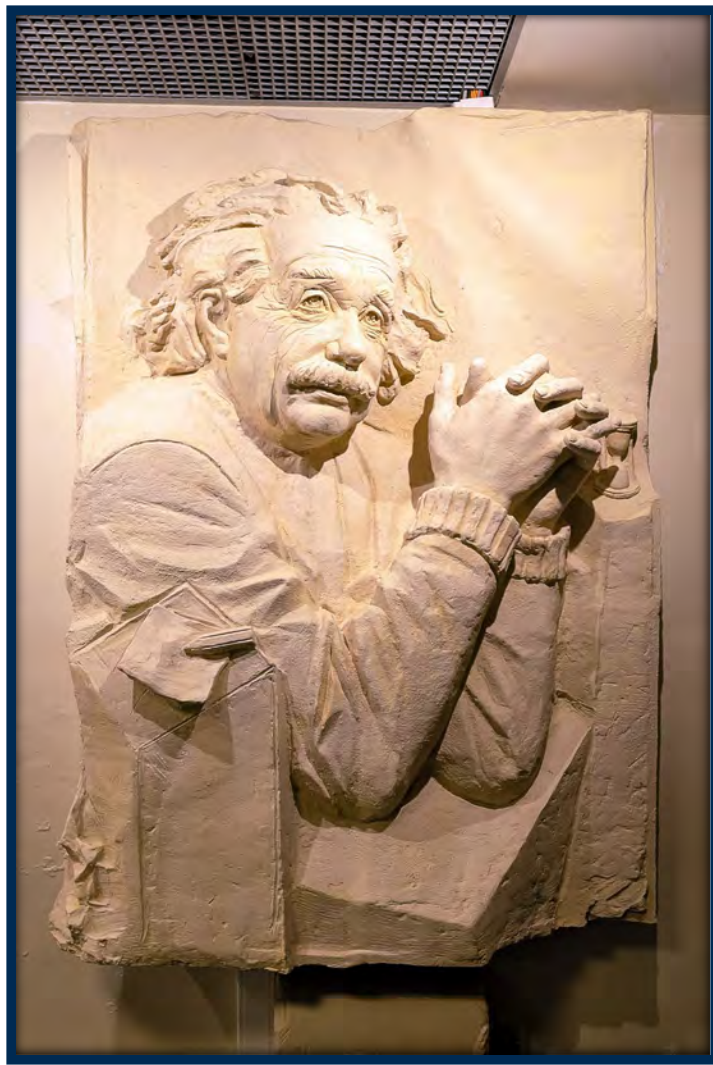


EMERGENCY

Emergency Room

Public Health



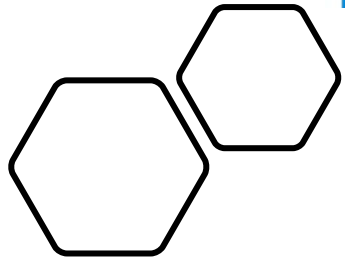
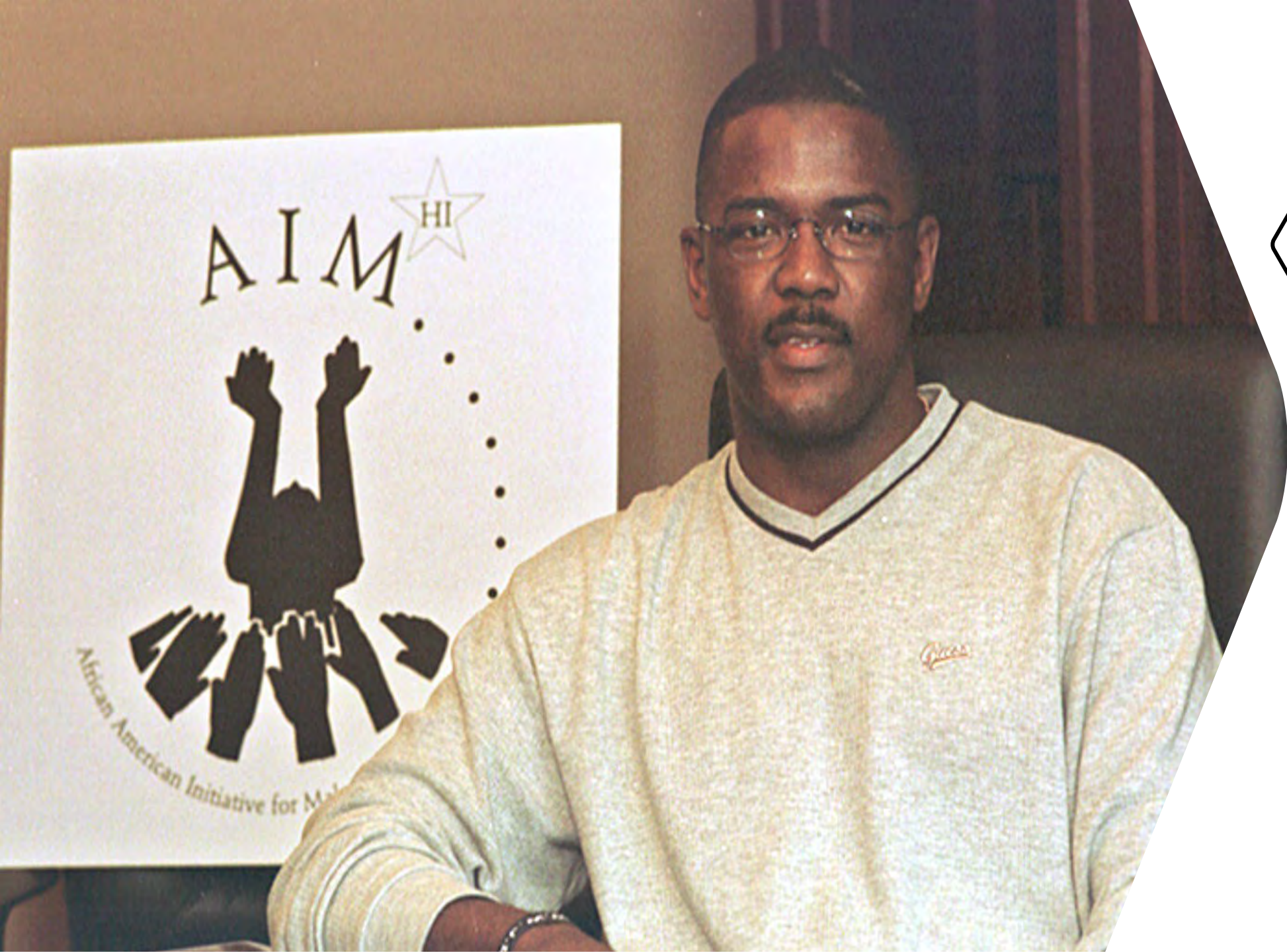


**We can't solve problems  
by using the same kind  
of thinking we used  
when we created them.  
~Albert Einstein**



# Warden – African American Male Health















# Leadership - Conceptualize



# Congressional Record



United States  
of America

PROCEEDINGS AND DEBATES OF THE 106<sup>th</sup> CONGRESS, FIRST SESSION

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Government  
Printing Office  
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OF DOCUMENTS  
Washington, DC 20402

OFFICIAL BUSINESS  
Penalty for private use, \$200

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# Leadership – Transformative



# Outcome - Legacy





# Schlichting - Operationalize





From: Betancourt, J: Improving Quality and Achieving Equity: A guide for hospital leaders 2008

Find the report at: <http://www.henryford.com/healthcareequitycampaign>



# The Foundation: REaL Data

1. Are you of Hispanic or Latino origin?
2. Are you of Arab or Chaldean origin?
3. Which of the following best describes your race?
4. Please provide one or two nationalities or ethnic groups that best describe your ancestry
5. How would you rate your ability to speak English?
6. What language do you feel most comfortable using when discussing your health care?





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# Healthcare Equity Scholars

## GRADUATION 2015





# BRAND EVOLUTION



# Hardwiring the Safety Net

## COHORT ONE:

WIN Network: Detroit, 2012-15

- 326 babies born, av. birthweight 6.79 lbs.
- 0 preventable infant deaths in cohort

## COHORT TWO:

HFMG and WIN Network Group Prenatal Care, 2016-present





# Group Prenatal Care Birth Outcomes: Cohort 2

- 42 Groups completed since April 2016
- 448 actively enrolled
- 231 fathers attended at least one session
- 321 Babies born as of 04/01/2022



# Measures

**Table 2: Comparing WIN Network African American participants to African American Controls**

Variable	Measures	WIN AA (N=157)	Controls AA (N=2885)	Unadjusted p- value	Adj p-value <sup>1</sup>
GA, weeks	Mean $\pm$ SD	39.0 $\pm$ 1.9	38.1 $\pm$ 3.2	0.002	0.045
	Median (IQR)	39.3 (38.1, 40.4)	39 (37.4, 39.9)		
Birth weight, grams	Mean $\pm$ SD	3137.2 $\pm$ 533.5	2980.6 $\pm$ 698.3	0.016	0.009
	Median (IQR)	3192 (2840, 3462)	3080 (2710, 3390)		

<sup>1</sup>p-value from least squares regression adjusted for age at delivery and % midwife prenatal visits (<50% vs  $\geq$ 50%)

**Data range: 2016 - 2019**



## Recent Positive Outcomes

- In early 2020, a study was conducted at HFHS to determine whether participation in The WIN Network was associated with improved pregnancy outcomes.
- In a recent comparison of African American WIN Network participants (N=157) to an African American control population who received prenatal care at HFHS and delivered at Henry Ford Hospital (N=2885), the **WIN Network participants experienced longer gestational age** (mean 39 vs 38.1 weeks,  $p=0.002$ ) and **higher birth weights** (mean 3137 vs 2981 grams,  $p=0.016$ ).

# Results

- **WIN Network Outcomes:** In comparison to the African American control population (N=2885), African American WIN Network participants (N=157) experienced longer gestational age (mean 39 vs 38.1 weeks,  $p=0.002$ ) and higher birth weights (mean 3137 vs 2981 grams,  $p=0.016$ ).
- WIN Network participants had a significantly higher number of total prenatal visits (median 11 vs 9,  $p<0.001$ ) compared to the controls.
- After adjusting for age and proportion of prenatal care visits that were with a midwife ( $<50\%$  vs  $\geq 50\%$ ), there was not a statistically significant difference between the WIN Network African American participants and African American controls for the following variables: mode of delivery, preterm birth, low birth weight, at least one ED visit during pregnancy (related or unrelated to pregnancy), and NICU admissions.
- **Social Determinants of Health:** The report from Health Leads<sup>®</sup> REACH showed the CHWs addressed **295 SDoH needs** from 9/1/2017 to 4/28/2020. The top 3 needs were Childcare - related (N=60), Housing (N=15), and Behavioral Health (N=14).
- **Cost Savings:** Given cost estimates of a low birth weight and preterm delivery provided by a national study conducted in 2011 by the Agency for Healthcare Quality<sup>1</sup> and adjusting for the percentage of WIN Network participants, WIN Network is positioned to reduce hospital costs by **\$165,744.24 annually** at current volumes.
- **Economic Impact:** The break-even analysis indicated that 186 women must complete GPC per year. An additional 1.5 CHW FTEs and increased efficiencies would enable the program to increase its capacity and meet the goal of 200 GPC patients served annually.



## Patient Story: April and Ava (see video on website)



# One of the WIN Network Reunions

Vision: Investing in lives from cradle to career







# Generation With Promise - Operationalize





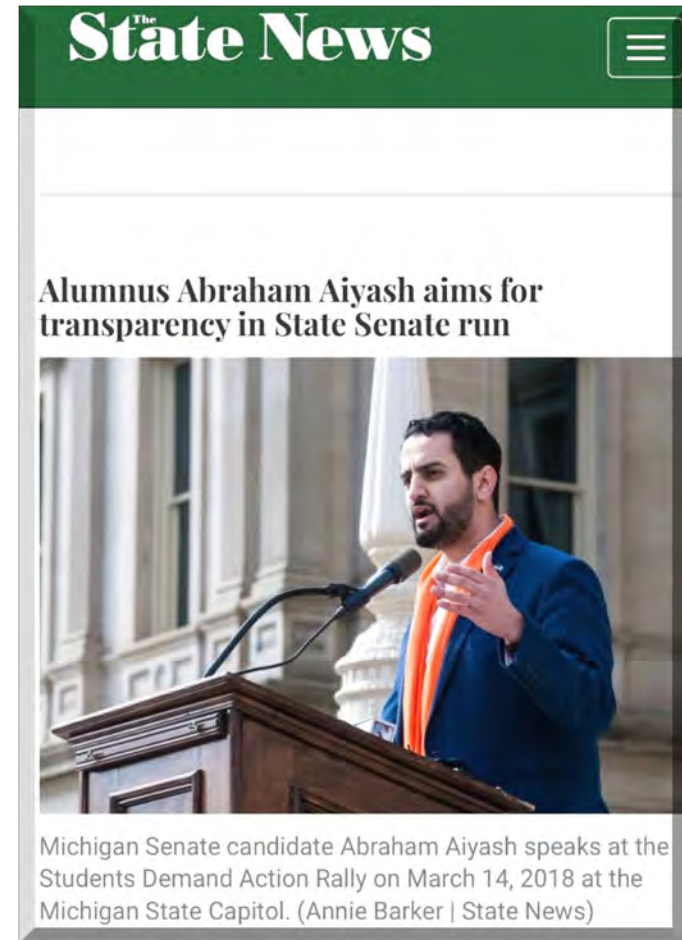
# Youth Leadership Development



# Abraham and Travis



# Abraham recently elected MI House of Representatives





# PARTNERSHIPS

i.e., Faith-based Network, UW 211, Food Banks and Farmer's Markets, PPE suppliers, policymakers, senior centers, schools, health department, businesses, etc.



# A Standout Collaboration Among Competitors

Competing health systems  
come together as:

- leaders
- funders
- strategists
- communicators
- implementers ...

with public health,  
community & academic  
partners



Michael Duggan (DMC), Brian Connolly (Oakwood), Patrick McGuire (St. John Providence), Nancy Schlichting (HFHS),  
April 2011



# The Kid Who Jumped First



**HENRY FORD HEALTH®**

# Leadership - Institutionalize





# Institute for Healthcare Improvement Pursuing Equity Initiative Key Pillars\*

1. **Make health equity a strategic priority**
2. Develop structures and processes to support health equity work
3. Deploy specific strategies to address the multiple determinants of health on which the health care organization can have direct impact
4. **Decrease institutional racism within the organization**
5. Develop partnerships with community organizations



\*Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. Achieving Health Equity: A Guide for Health Care Organizations. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at [ihi.org](http://ihi.org))



## Spatial Racism in Detroit – Prof. Peter Hammer Windshield Tour, March 9, 2018

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### Healthcare Equity Scholars Program

- AAMC Learning Health System Award
- Yearlong program meets every month for half day CME
- Equity improvement projects completed by each scholar
- More than 40 scholars graduated since 2014



# CEO **ACTION** FOR DIVERSITY & INCLUSION™ Pledge

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### Henry Ford Storytelling Project – 8 Mile Wall



### Healthcare Equity Book Club

Join the Henry Ford Health System Healthcare Equity Book Club. A new book related to culture or equity is selected each quarter. Discussions are both online and in person, and are moderated by our HFHS Healthcare Equity Team.



# Creating a Culture of Equity



## Equity of Care

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**#123forEquity Campaign**

Take the Pledge

Report your Goals



## Equity of Care

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**#123forEquity Campaign**

Take the Pledge

Report your Goals



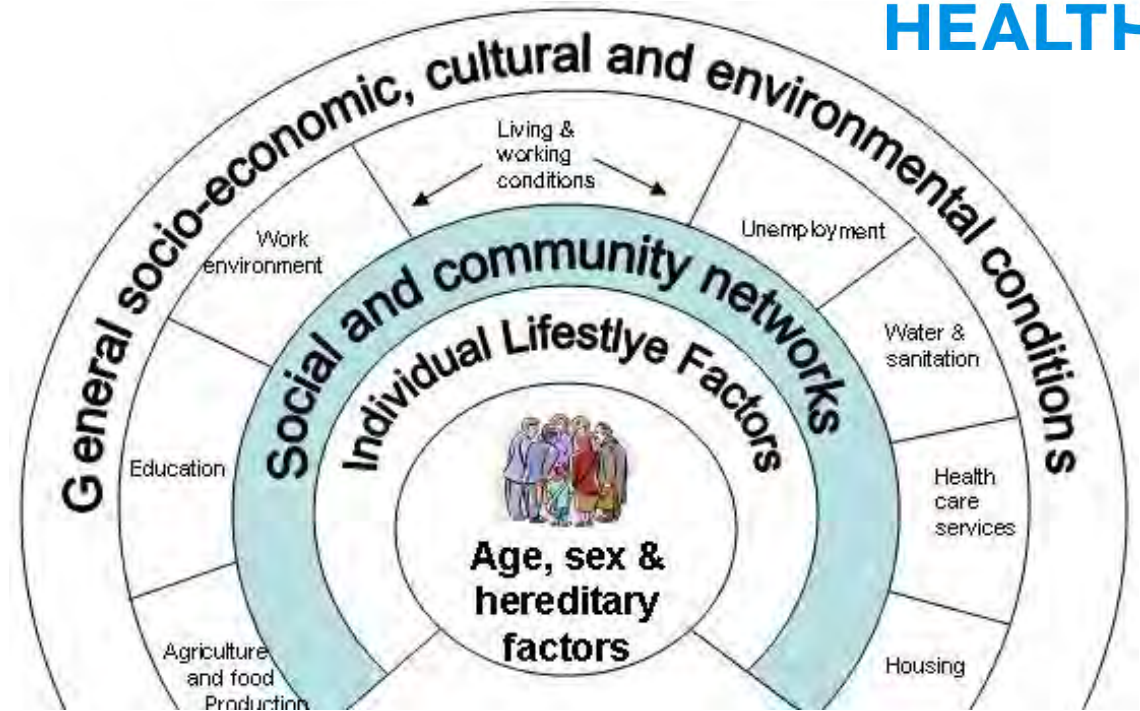
embrace differences in our organizations, educate people & foster more inclusive cultures within our work places. #CEOAction @CEOAction



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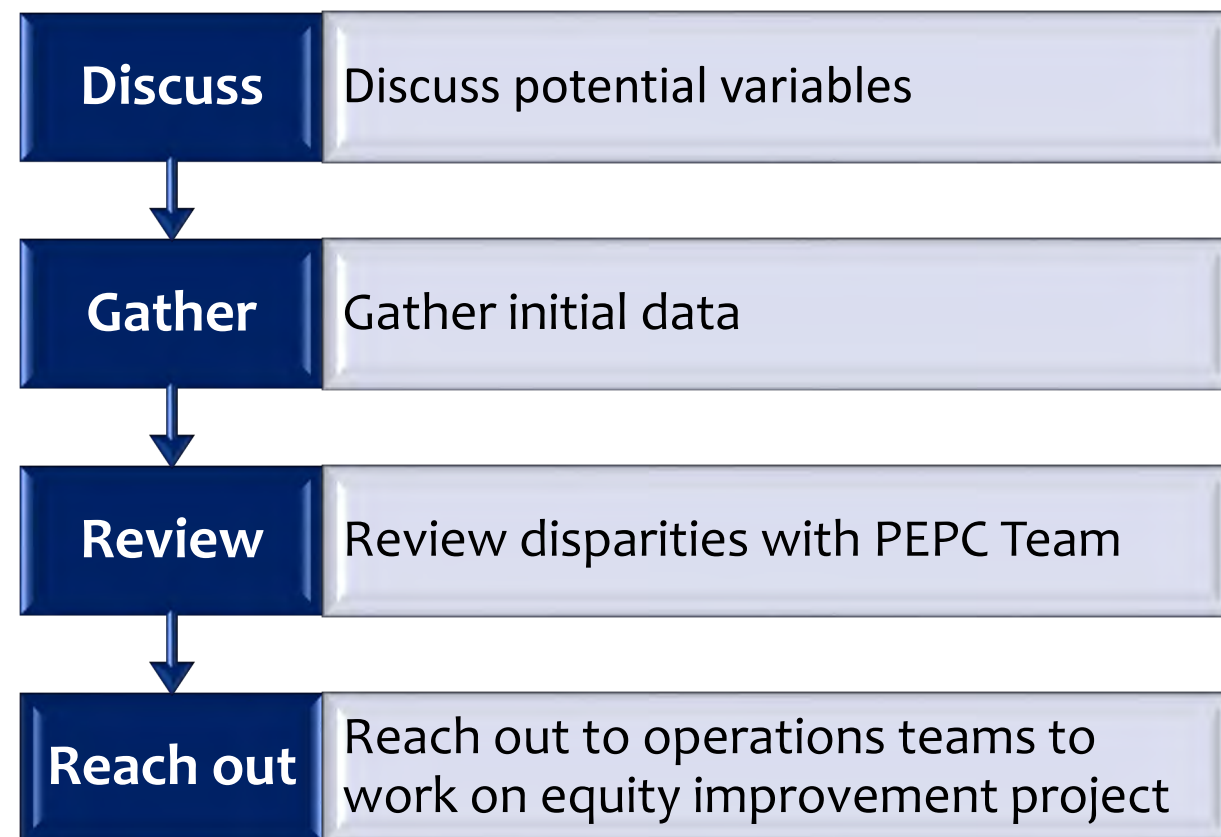


# Addressing Unconscious Bias

## Purpose Statement

Provide strategic direction and guidance for interventions aimed at improving equity in patient care and patient experience throughout the health system. The PEPC Steering Committee will facilitate the strategic integration of health care equity across the organization and the dissemination of best practices nationally.

## Process

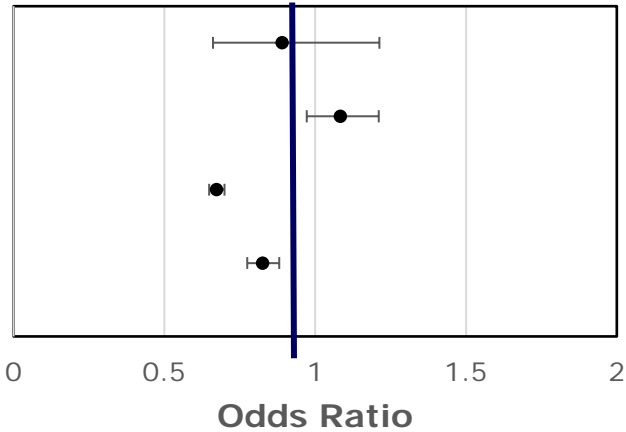




# Blood Pressure < 140/90 Odds Ratio Analysis

DEIJ Strategy Deployment Sponsors*: Dr. Kimberlydawn Wisdom & Michelle Johnson-Tidjani				
Strategic Pillar	Anti-Racism & Social Justice Advocacy	Diverse Workforce & Inclusive Culture	Community Empowerment	Healthcare Equity
Executive Council	Heather Geisler	Nina Ramsev	Robin Damschroder	Dr. Adnan Munkarah

	American Indian/Alaska Native, N = 198 <sup>†</sup>	Asian/Pacific Islander, N = 1,740 <sup>†</sup>
	466 (27%)	
		1,274 (73%)



# Summary of Equity Gaps\*

Race			
Ambulatory Goal			
A1C <= 8.0 (Diabetes)	↑	↓	↓
BP < 140/90 (Hypertension)		↓	↓
Breast Cancer Screening	↓	↑	↓
Cervical Cancer Screening	↑	↑	↓
Colon Cancer Screening	↓	↓	↓

↑ = Race has higher performance for the ambulatory goal/metric than Whites  
 ↓ = Race has lower performance for the ambulatory goal/metric than Whites  
 blank = No significant difference between the selected race and Whites for the ambulatory goal/metric

\*White is the reference race for identifying the equity gaps in the above table.



# Our DEIJ Mission: Equity for All



## **Anti-Racism & Social Justice Advocacy**

*We commit to rejecting and eliminating all forms of bias, racism, and violence within our organization and communities.*



## **Diverse Workforce & Inclusive Culture**

*We commit to serving as a trusted leader in healthcare with a broadly diverse workforce who feel valued, respected and a shared sense of belonging to the HFHS community.*



## **Community Empowerment**

*We commit to fostering effective partnerships and collective action that creates and sustains health in historically marginalized communities.*



## **Healthcare Equity**

*We commit to achieving equity in clinical outcomes and experience to empower patients to achieve optimal health and well-being.*

# Ending Disparities Starts at the Top

- **Firsts**
- **Structure**
- **Pledge**
- **Strategy**
- **Data/dashboards**
- **Programs/policies**
- **Training**
- **Partnerships**
- **Legacy**









**Thank you!**

**Kimberlydawn Wisdom MD, MS**  
Sr. Vice President of Community Health &  
Equity and Chief Wellness & Diversity Officer  
Henry Ford Health System

**Twitter: @DoctorWisdomMD**

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Photographer: Tim Burke, Michigan Department of Transportation

[www.mackinacbridge.org](http://www.mackinacbridge.org)