

# Building a Culture of Empathy to Advance Diversity & Equity

Governance Institute Leadership Conference

20 September 2021  
San Diego, CA

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



The Governance Institute®

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HEALTH

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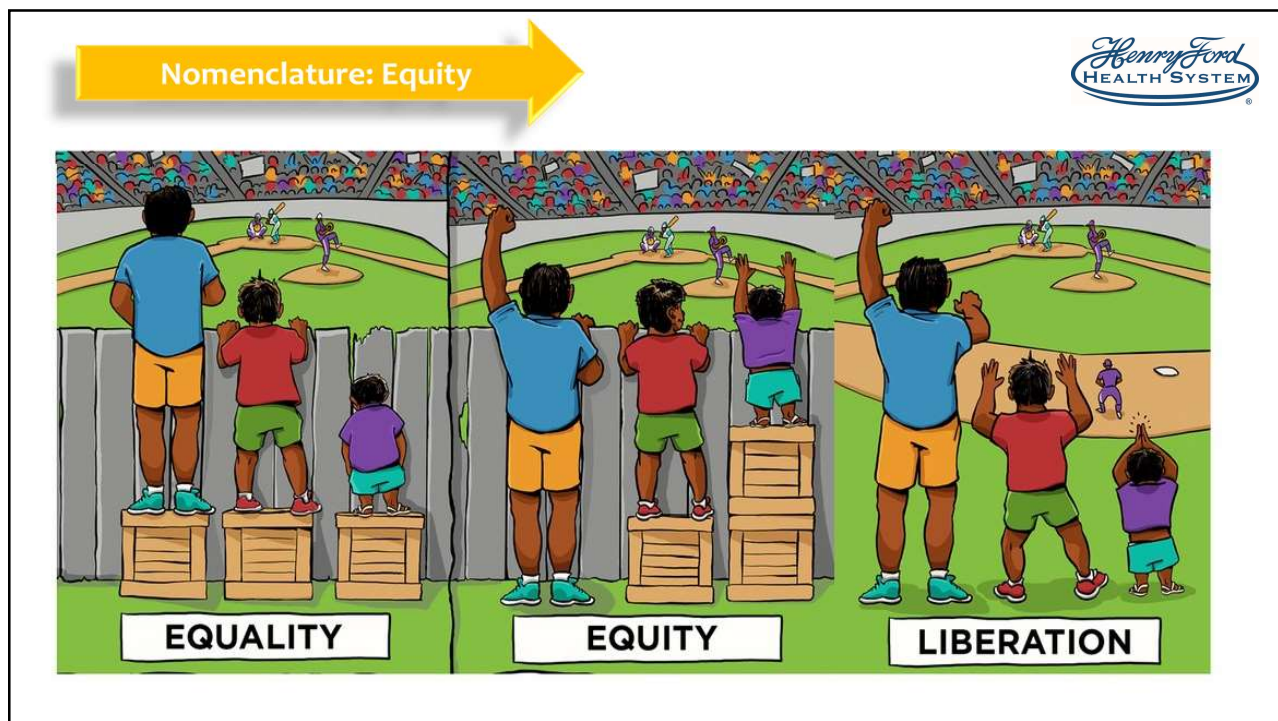
## Henry Ford Health System

- \$6.5B 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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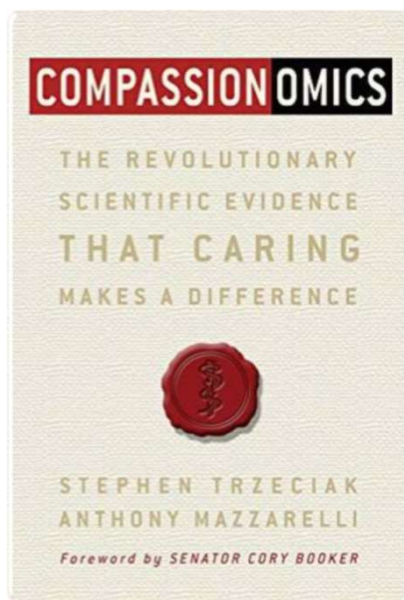


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Institute on Multicultural Health (IOMH)

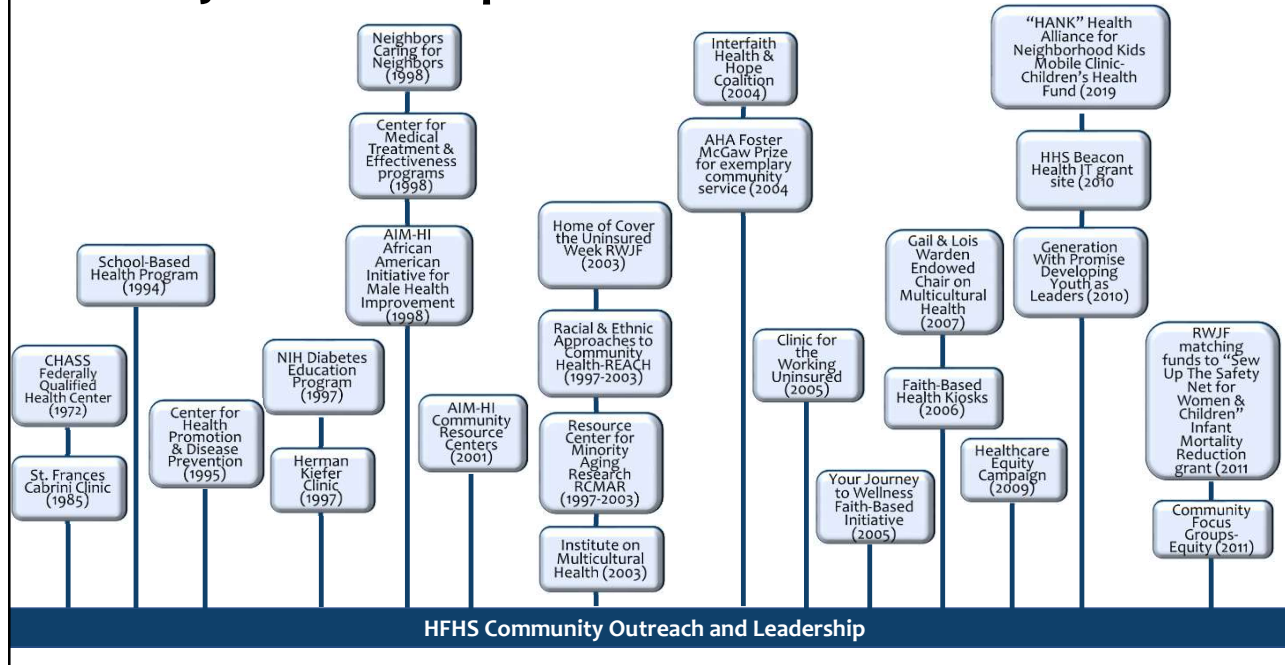
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**EMPATHY**  
**VS.**  
**Compassion**

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# Journey – Moral Imperative



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**Editorials and Commentary**

**Marriage Counseling for Medicine and Public Health  
Strengthening the Bond Between These Two Health Sectors**

Ronald M. Davis, MD

Efforts to establish close relations between medicine and public health date back to the 4th century B.C., when Hippocrates urged physicians to recognize the environmental, social, and behavioral determinants of disease: the air "peculiar to each particular region"; the "properties of the waters" that the inhabitants drink and use; and "the mode of life of the inhabitants, whether they are heavy drinkers, taking lunch, and inactive, or athletic, industrious, eating much and drinking little."<sup>1,2</sup>

Rudolf Virchow (1821-1902), although considered the founder of cellular pathology, understood that the causes of premature death and disease were typically found outside the laboratory:

Should medicine ever fulfill its great ends, it must enter into the larger political and social life of our time; it must indicate the barriers which obstruct the normal completion of the life-cycle and remove them. Should this ever come to pass, Medicine, whatever it may then be, will become the common good of all.<sup>3</sup>

The professionalization of the fields of medicine and public health in the late 19th century and early 20th century, spurred by the emergence of bacteriology, provided many opportunities for collaboration across these two spheres.<sup>2</sup> Reflecting this strengthened partnership, the American Medical Association (AMA) amended its constitution in 1920 to indicate that "the objects of the Association are to promote the science and art of medicine and the betterment of public health."<sup>4</sup> That concise mission statement, with its weighty emphasis on public health, has remained unchanged to the present.

Regrettably, the bond between medicine and public health weakened later in the 20th century, especially during the post-World War II era. Lasker and the Committee on Medicine and Public Health<sup>5</sup> attributed this estrangement to several factors:

1. The diverse and dispersed health system in the United States has not provided a strong structural foundation to support cross-sectoral interactions.
2. The delivery of personal health services by public health agencies was seen by many physicians as an intrusion into the medical domain and interference with the doctor-patient relationship.
3. Rapid advances in scientific knowledge, and the development of new medical technologies and public health programs, "made each health sector feel considerably more independent, dramatically reducing their perceived need to work together."
4. The proliferation of medical specialties and the fragmentation of public health created logistical impediments to collaboration.
5. Cultural differences and growing disparities in funding between the two health sectors diminished the level of trust, respect, and communication between them.

Eventually, medicine and public health "functioned as separate, and virtually independent, parts of the larger health system."<sup>6</sup>

**The Medicine and Public Health Initiative**

To bridge this gap, the AMA and the American Public Health Association (APHA) collaborated in creating the Medicine and Public Health Initiative (MPHI) in 1994. In an article in this issue of the *American Journal of Preventive Medicine*, Beisch et al.<sup>7</sup> review the history of the MPHI and its activities in three bellwether states (California, Florida, and Texas) and abroad. They point out that the initiative generated impressive accomplishments in its early years, stimulated by grants provided for collaborative projects in 19 states. Nevertheless, they conclude, a "cultural and institutional divide" between medicine and public health persists in many localities, and the momentum of the MPHI has been difficult to sustain.

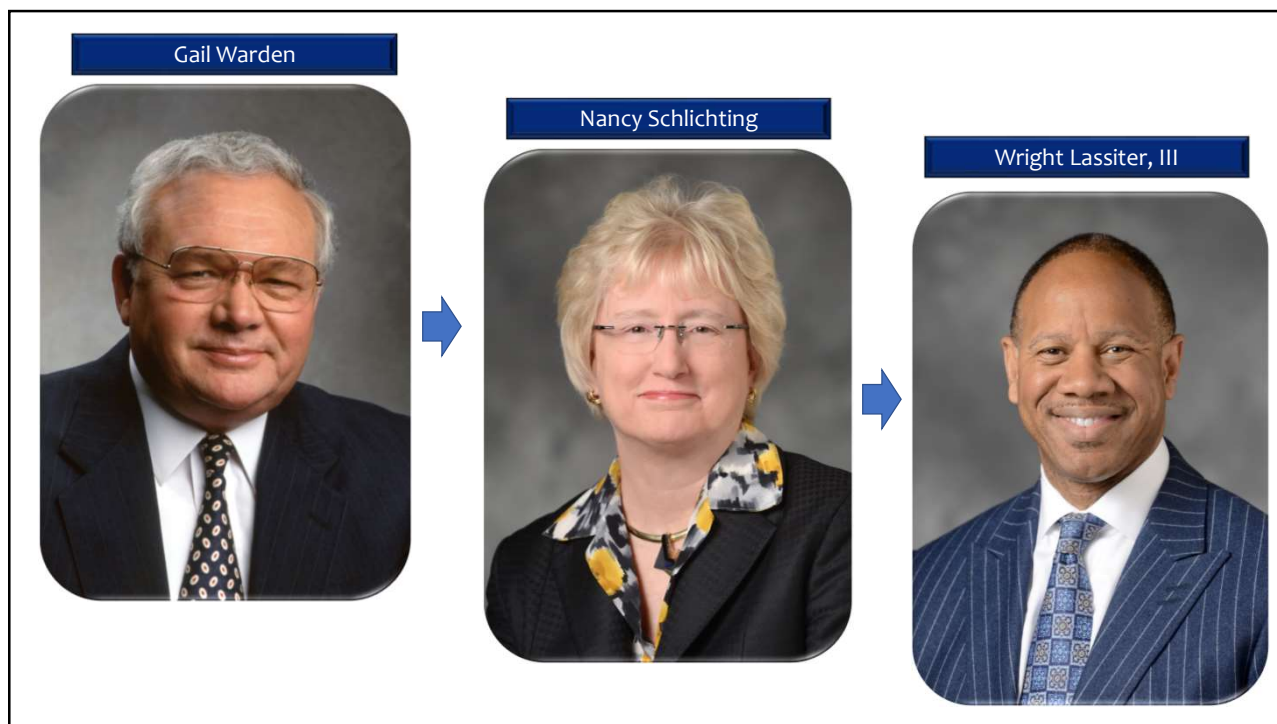
Beisch et al.<sup>7</sup> point out that bioterrorism and disaster preparedness, the growing burden of chronic diseases, health disparities, patient safety, and healthcare access for the uninsured are urgent matters requiring effective collaboration between medicine and public health. In some of these areas, the complementary

From the Center for Health Promotion and Disease Prevention, Henry Ford Health System, Detroit, Michigan. The author is a member of the Board of Trustees of the American Medical Association. Address correspondence and reprint requests to Ronald M. Davis, MD, Center for Health Promotion and Disease Prevention, Henry

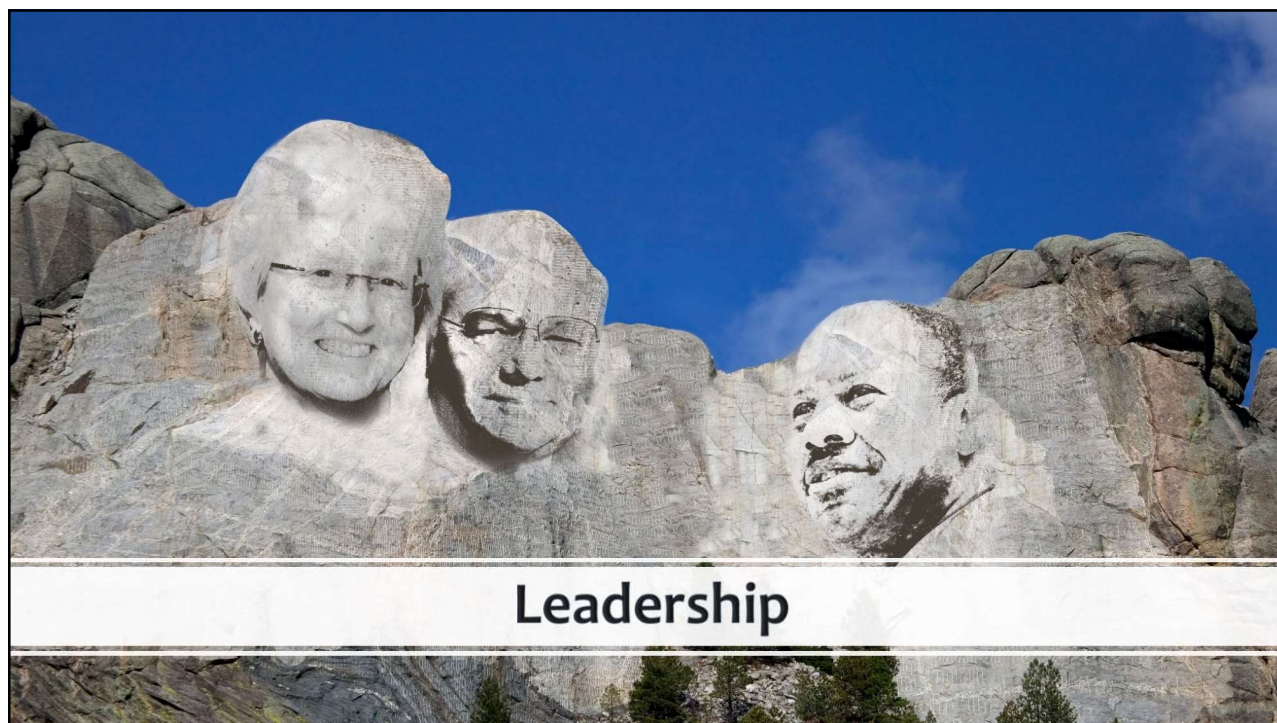
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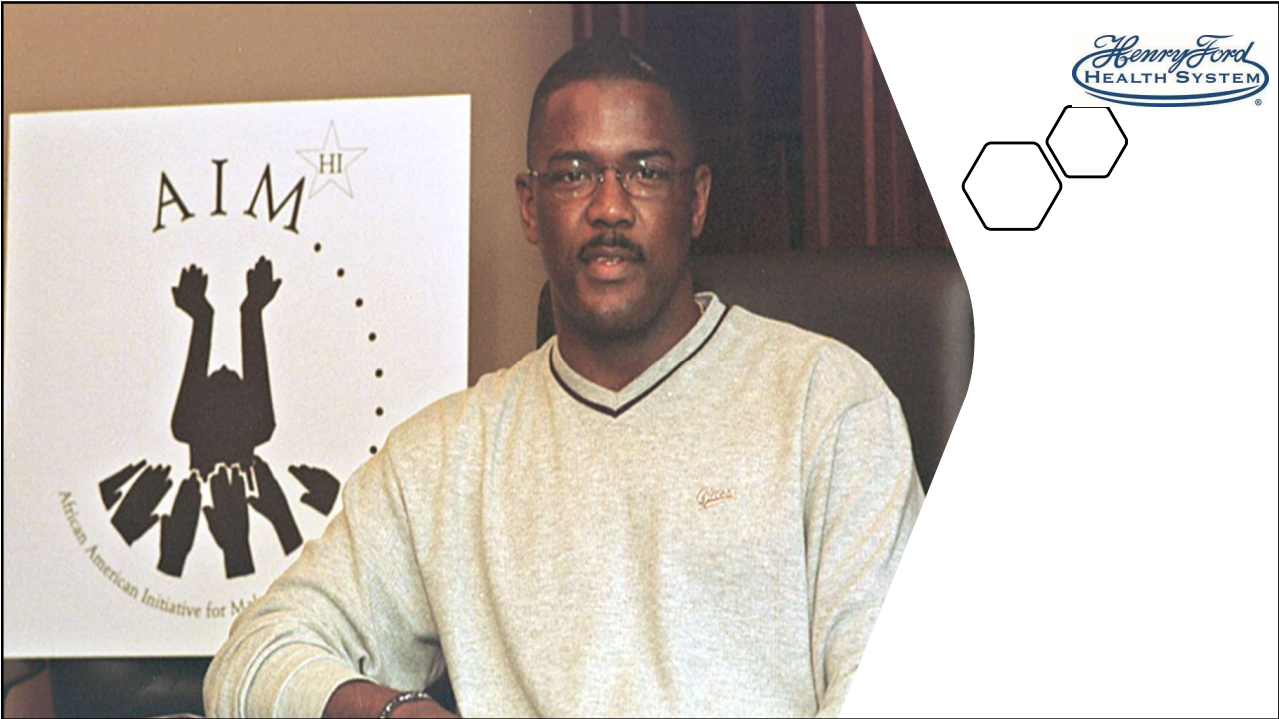
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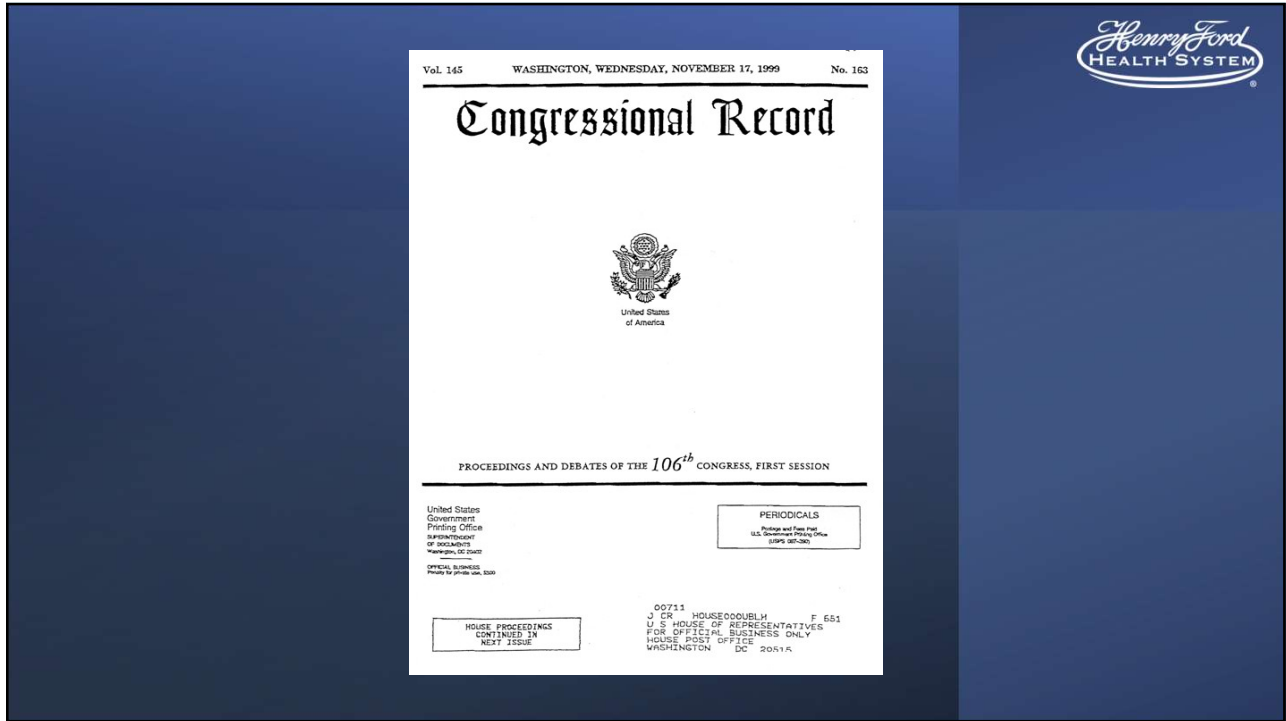


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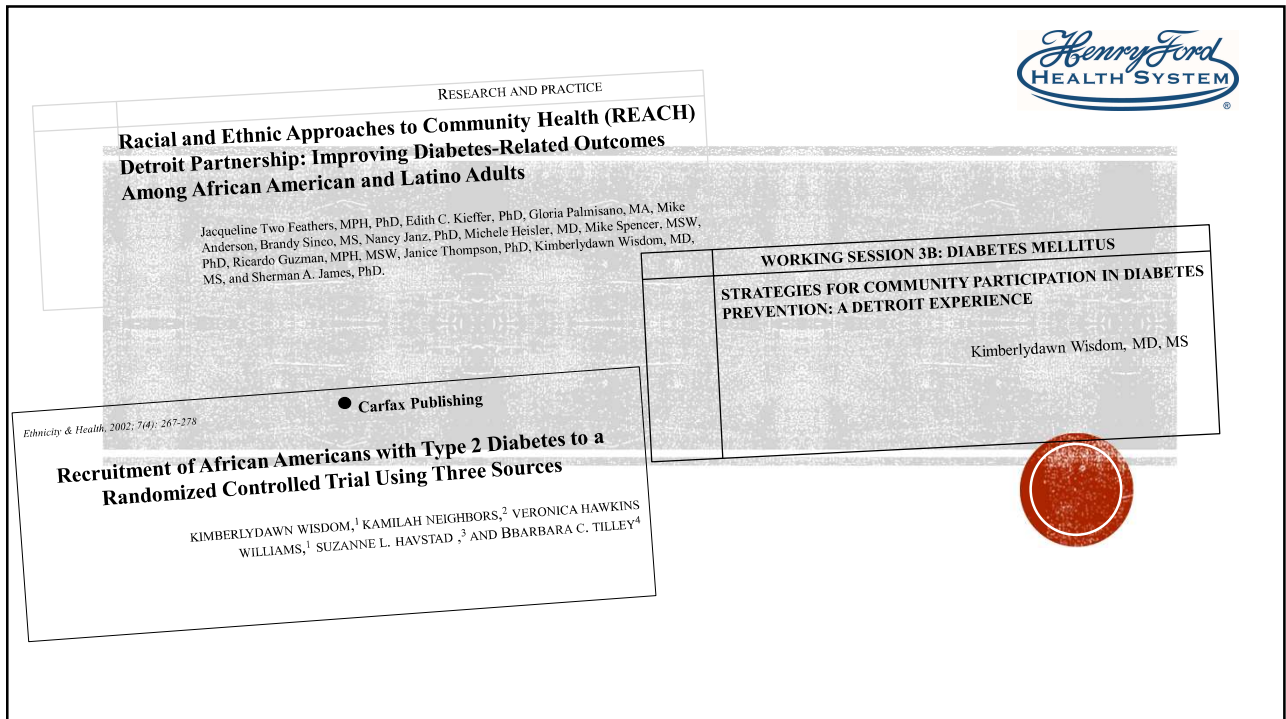


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## Racial and Ethnic Approaches to Community Health (REACH)



### PROMOTORES: Community Health Workers



- REACH (Racial and Ethnic Approaches to Community Health) Grant - 2000
- CDC-funded for 5 years - \$5 million dollars
- Hired 10 of them – Family Health Advocates
- CHASS was fiduciary
- Henry Ford Health System – co-investigator

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### Mentors


- Gail L. Warden  
CEO Emeritis, Henry Ford Health System
- Dr. Risa J. Lavizzo-Mourey  
Robert Wood Johnson Foundation  
Population Health and Health Equity  
Professor University of Pennsylvania

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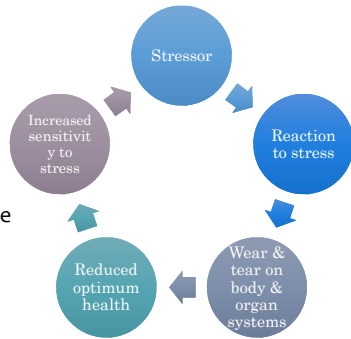
# Cultural / Social / Historic Imperative Allostatic Load


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## Weathering & Allostatic Load



- Weathering hypothesis details the biological effects of racism-health of African-American women may begin to deteriorate in early adulthood as a physical consequence of cumulative socioeconomic disadvantage (Geronimus et al., 1992)
- Effects of weathering: a rise in health risks at younger ages for conditions that impact pregnancy and the likelihood of experiencing complications, such as hypertension, type 2 diabetes, and high blood pressure.
- **Allostatic Load:** cumulative wear and tear on the body’s systems owing to repeated adaptation to stressors.
- Individuals facing severe trauma and racism and living in underserved communities experience a high allostatic load. Over time, their bodies becomes cortisol resistant and leading to attacking other cells/tissues that aren’t a threat—the “**cytokine storms**” which have come to characterize some of the most severe COVID-19 cases .
- Black women's average telomere length is shorter than white women's and this difference is associated with exposure to social, economic, or environmental stressors. (Geronimus et al., 2010)





Persistent stress overtaxes the body's regulatory mechanisms

Stress hormone, cortisol, turn fat into sugar. Unused sugars are often then re-stored as fat in the midsection

Unused fat can damage heart, kidney & other organs.

High blood pressure and heart rate can lead to hypertension and enlarged heart.

Chronic stress can shrink the hippocampus and affect memory.

Higher levels of depression and anxiety

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



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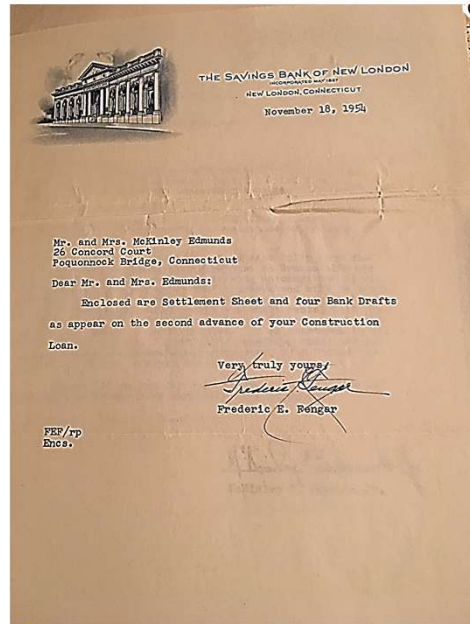




**At The Tuxedo Project**

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## Bank Letter



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## Mystic, Connecticut Home



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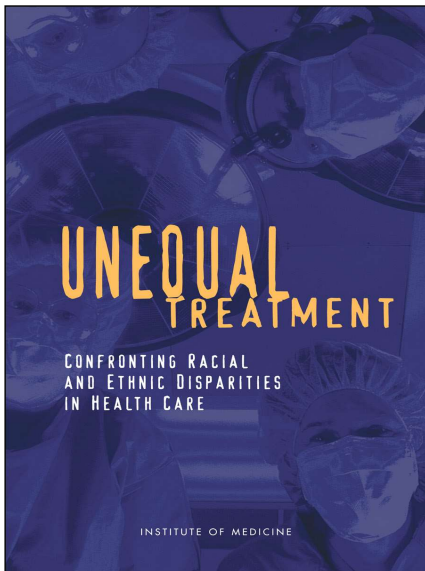
**Social Club  
– circa 1954**



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**Quality  
Imperative**

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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.

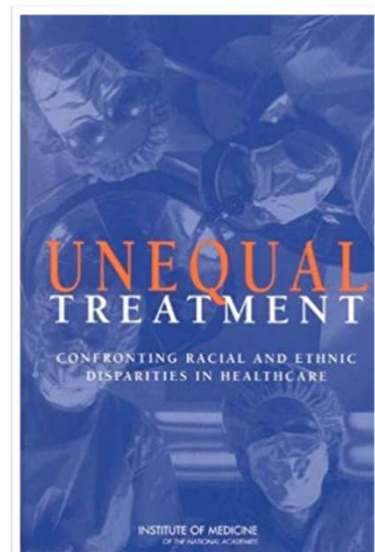


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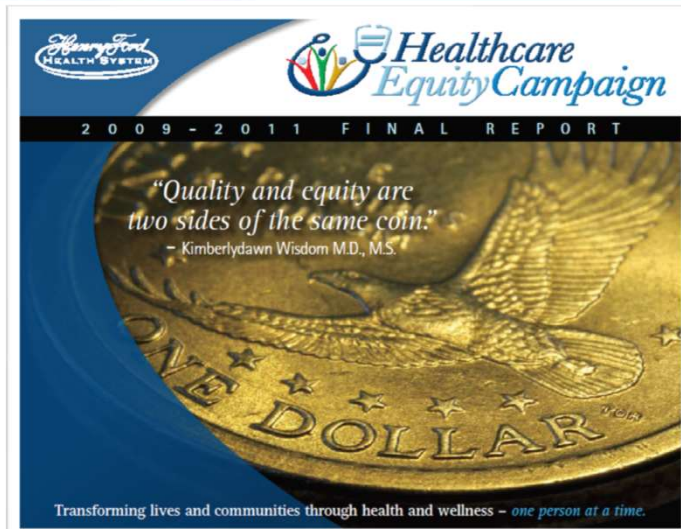
## Racial Bias in Medicine



- 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)



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

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


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## 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

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# 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](http://www.facebook.com) and search for the HFHS Healthcare Equity group.



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





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## 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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<p><b>Healthcare Equity Scholars Program</b></p> <ul style="list-style-type: none"> <li>• AAMC Learning Health System Award</li> <li>• Yearlong program meets every month for half day CME</li> <li>• Equity improvement projects completed by each scholar</li> <li>• More than 40 scholars graduated since 2014</li> </ul> 	<p><b>CEO ACTION FOR DIVERSITY &amp; INCLUSION™ Pledge</b></p>	 <h1>Creating a Culture of Equity</h1>
<p><b>Henry Ford Storytelling Project – 8 Mile Wall</b></p> 		
 <p><b>Equity of Care</b> #123forEquity Campaign Take the Pledge Report your Goals</p>	<p><b>Healthcare Equity Book Club</b></p>  <p>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.</p>	

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## 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))

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## A Standout Collaboration

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

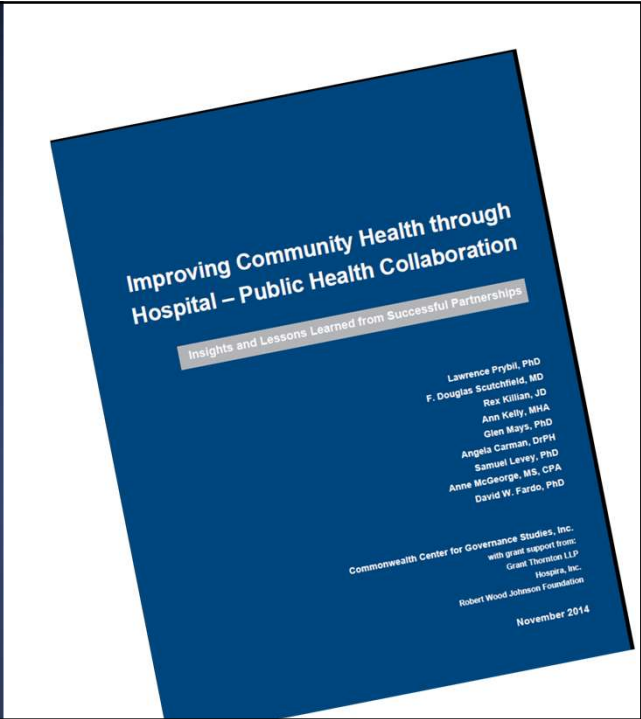
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**PARTNERSHIPS**  
 i.e., Faith-based Network, UW 211, Food Banks and Farmer’s Markets, PPE suppliers, policymakers, senior centers, schools, health department, businesses, etc.



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**Detroit Regional Infant Mortality Reduction Task Force featured in national study of exemplary partnerships.**



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Other: Partnerships

**PARTNERSHIPS**

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



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PROGRAMS

+



Women-Inspired  
Neighborhood (WIN)  
Network: Detroit

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# BRAND EVOLUTION



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## 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



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**Women-Inspired Neighborhood Network: Detroit**

**WIN NETWORK**

**THE INSPIRATION**  
Improve infant mortality rates for African-American families in Detroit

We empower mothers and their support partners (significant others, grandparents, sisters and friends) to help babies thrive beyond first birthdays. Using innovative strategies, Community Health Workers (CHWs) guide new and expecting mothers through a safety net of social, emotional and clinical supports.

**INSPIRE HEALTHY BIRTHS**  
Improve equity in birth outcomes

We are the nation's first program to pilot an enhanced model of group prenatal care where Community Health Workers (CHWs) and Certified Nurse-Midwives are co-facilitators. In groups clustered by gestational age, participants learn the CenteringPregnancy® curriculum with an added focus on social determinants of health. CHWs conduct home visits through babies' first birthdays, and continuously guide women to resources.

**INSPIRE CONNECTIONS**  
Link women to resources using high touch & high tech strategies

We support pregnant and non-pregnant women in their communities and online. CHWs guide expecting moms, promote health via social media, host events and facilitate educational sessions where groups of non-pregnant women learn about pre- and interconception health, healthy living, social needs and more.

**INSPIRE LEARNING**  
Promote equity & cultural competency in health care

As part of the Detroit Regional Infant Mortality Reduction Task Force, we are a learning collaborative. With formal healthcare equity training at our foundation, data and participant stories are discussed regularly at quarterly meetings and during other outlets. CHWs inspire understanding between patients and providers by helping women improve their health literacy and consumption.

**NOTABLE ACCOMPLISHMENTS**

WIN Network's first cohort of pregnant women (2012-2015) served 564 African-American women between the ages of 18-34, having zero preventable infant deaths and better-than-average rates of pre-term and low birthweight deliveries.

Our Fabulous, Young & Inspired (FYI) cohort of over 1,000 non-pregnant women showed improvements in knowledge around infant mortality, health literacy, healthy living, and family planning.

From 2012-2015, over 500 providers and health professionals successfully completed the CME-approved "Sew Up the Safety Net for Women & Children" Healthcare Equity Training.

As of December 31, 2017, 117 eligible pregnant women have enrolled in enhanced group prenatal care at Henry Ford Medical Center-New Center One and 11 groups have finished. The 90 babies delivered so far had an average birthweight of 7.06lbs, average gestational age of 39.3 weeks and a 90% breastfeeding initiation rate. 70 fathers have attended group prenatal care with their partners.

Over 1400 individuals contributed to our community mobile mural, "Expecting". It is permanently displayed at 3 community sites and was a finalist in the Visualizing Health Equity Art Show by the National Academy of Medicine.

WINnetworkdetroit.org has been visited over 38,000 times since its July 2013 launch. In May 2016 it relaunched with a new look and feel.

The Detroit Regional Infant Mortality Reduction Task Force and the WIN Network Detroit program has been honored with numerous awards, including the March of Dimes' John Dingell Heroes for Babies Award, America's Essential Hospital's "Cage Award for Remarkable Programs, Jackson HealthCare's Hospital Charitable Services Award, and a variety of journal, newspaper and television features.

WIN Network has grown since its inception in 2011 with over \$3.7 million in grant funding to date.

**Check out our website and connect with us on social media!**

[WINnetworkDetroit.org](http://WINnetworkDetroit.org)    (313) 874-4581    [WINnetworkDetroit.org](http://WINnetworkDetroit.org)  
[WIN Network Detroit](https://www.facebook.com/WINNetworkDetroit)    [WINNetworkDetroit](https://www.facebook.com/WINNetworkDetroit)    [@WINNDetroit](https://www.facebook.com/WINNetworkDetroit)

**INSPIRED**



**Sew Up the Safety Net to WIN Network!**

**HISTORY**

Detroit's infant mortality rate has been among the highest in the nation for years. In 2008, the CEOs of Detroit Medical Center, Henry Ford Health System, Oakwood Healthcare System (now Bosumant-Deanborn), and St. John Providence Health System commissioned the Detroit Regional Infant Mortality Reduction Task Force to develop an action plan to help more babies celebrate their first birthdays. The Task Force continues to advise what started as **Sew Up the Safety Net for Women & Children**, later rebranded as **Women-Inspired Neighborhood (WIN) Network: Detroit**.

**THE PATH TO WINNING**

Our original program title, *Sew Up the Safety Net for Women & Children*, hinted at our strategy to deploy Community Health Workers as neighborhood navigators who link families to existing resources. Participant focus groups and surveys highlighted concerns about the title not resonating well with our target audience. Working with a communications firm, our program leadership staff, and select community representatives, we developed a new brand identity, and **Women-Inspired Neighborhood (WIN) Network: Detroit** was born. Looking up with pride and carrying the Detroit skyline in her belly, the logo evades the hope and strength that women we serve identified as important. While the program continues to link pregnant women, non-pregnant women and support partners to resources, the new title helps shed light on the program's true purpose of inspiring the community to win at motherhood, fatherhood and family!

**A WINNING Message that Lasts!**

Community Health Worker, Felicia Lane, has been with the program since inception. The first woman Felicia ever helped was Destanee Taylor (pictured in black). Back then Felicia was a Community Neighborhood Navigator for Sew Up the Safety Net. While Felicia home visited Destanee, Leola (pictured with baby), the younger sister, listened closely. As a young teenager Leola eagerly learned about reproductive health from Felicia. Years later when Leola became pregnant she called Felicia and the newly rebranded WIN Network for support. Now, Felicia is Leola's CHW. Felicia helped Leola receive prenatal care and is even linking her with resources to go back to school. Felicia's work with the two sisters had a lasting impact. Destanee learned about pregnancy spacing from Sew Up the Safety Net and decided to use birth control after having her son. Working with Felicia helped both Destanee and Leola to plan and transform their lives. From Sew Up the Safety Net to the Women-Inspired Neighborhood Network, Community Health Workers like Felicia have been helping Detroit women and babies thrive.



**In the Picture:** Dr. Wisdom (in pink) stands next to Destanee Taylor, past Sew Up the Safety Net participant, Felicia (in purple shirt) cradles Destanee's child. Felicia followed the same boy through his first birthday to ensure his survival. In bed, Leola Stafford, holds her WIN Network assisted baby, born full term at 7lbs, 12oz.

Funding sources: WK Kellogg Foundation, The Jewish Fund, Michigan Health Endowment Fund, Henry Ford Health System, and the Gail & Lois Warden Endowment on Multicultural Health. Kimberlee Ann Warden, MD, MS, Senior Vice President of Community Health & Equity, Henry Ford Health System, Detroit Regional Infant Mortality Reduction Task Force Chairperson Jane Clement, MPH, MPH Director of Community Health Programs and Strategies, Henry Ford Health System, WIN Network, Detroit Lead Program Administrator. Office Phone: 313-874-4270; Email: jclment1@hfhs.org

Updated January 2018



**Outcomes Data**

- 42 Groups running beginning April 2016
- First Group Completed on 9/26/16
- Women enrolled
- 448 actively enrolled
- 221 fathers attended at least one session
- 311 Babies born as of 07/30/2021
- Average Birth Weight: 6.79 lbs (as of 07/30/2021)
- Average GA: 38.5 weeks (as of 07/30/2021)
- LBW babies: 15 (4.8%) (smallest baby 1.8 lbs at 26 weeks)
- Pre-Term babies: 20 (6.4%)
- Vaginal Births: 232 (74.5%)
- 299 (96%) of mothers-initiated breastfeeding upon birth of baby





## 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

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PEOPLE



## CHW HUB GOAL

Henry Ford Health System's Community Health Worker (CHW) Hub serves as the anchoring unit for the integration and deployment of CHWs throughout the System for the purpose of promoting a culture of wellness through enhanced care coordination that simultaneously addresses clinical factors and **social determinants of health**, ensuring CHWs are a valued part of the healthcare workforce, and taking a population-based approach to extend care beyond hospital walls.

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# WIN Network Kicker Card



**Find the hope & support you need with WIN Network.**

**One-on-one support through pregnancy, birth, and beyond.**

With WIN Network: Detroit, you get prenatal care, connections to resources, and one-on-one support throughout your pregnancy and until your baby's first birthday.

**Your WIN Network support team:**

**Community Health Worker**

- Provides referrals to resources
- Helps you plan and set goals
- 1-on-1 support until your baby turns one

**Certified Nurse Midwife**

- Provides quality prenatal care
- Answers medical questions
- Ensures your baby is growing and healthy

**Group prenatal care from WIN Network: Detroit**

<p><b>DETROIT</b> Henry Ford Medical Center New Center One 3031 W. Grand Blvd</p>	<p><b>DEARBORN</b> Henry Ford Medical Center Ford Road 5500 Auto Club Drive</p>
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Call us today. We have a group waiting for you. 313-916-8999

WIN Network Detroit
 @WINNDetroit
 @WINNDetroit
 WINnetworkdetroit.org

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**WIN Network: Detroit**  
Our 2019 Year In Review

**WIN Network: Detroit & Henry Ford Health System was awarded the 2019 American Hospital Association's Dick Davidson NOVA Award.**

**WIN Network: Detroit**  
Our 2019 Year In Review

Group prenatal care expanded to Henry Ford Medical Center - Ford Road in Dearborn, Michigan, and we welcomed 2 new Certified Nurse Midwives to our team! Welcome Jessica and Danielle!

**Since 2016 in WIN Network: Detroit's group prenatal care**

- 219** babies born
- 95%** of babies born at healthy weight
- 93%** of babies born full-term

**WIN Network: Detroit**  
Our 2019 Year In Review

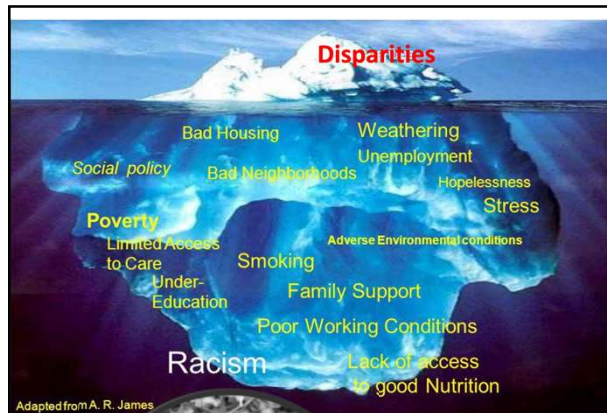
**winndetroit #FlashbackFriday** to a 2017 group prenatal care reunion! We're lucky that so many of our team members have been with us from the beginning. Community Health Workers Linda and Felicia, Certified Nurse Midwife Elikem, and WIN Network's founder Dr. Kimberlydawn Wisdom have helped our program grow throughout the years, since our beginning in 2012 and since the start

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# WIN NETWORK: CLEVELAND



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Adapted from A. R. James



“Best day of their lives should not be their last day of their lives...”  
-Gabrielle Nelson, City planner, Ted Talks Philadelphia



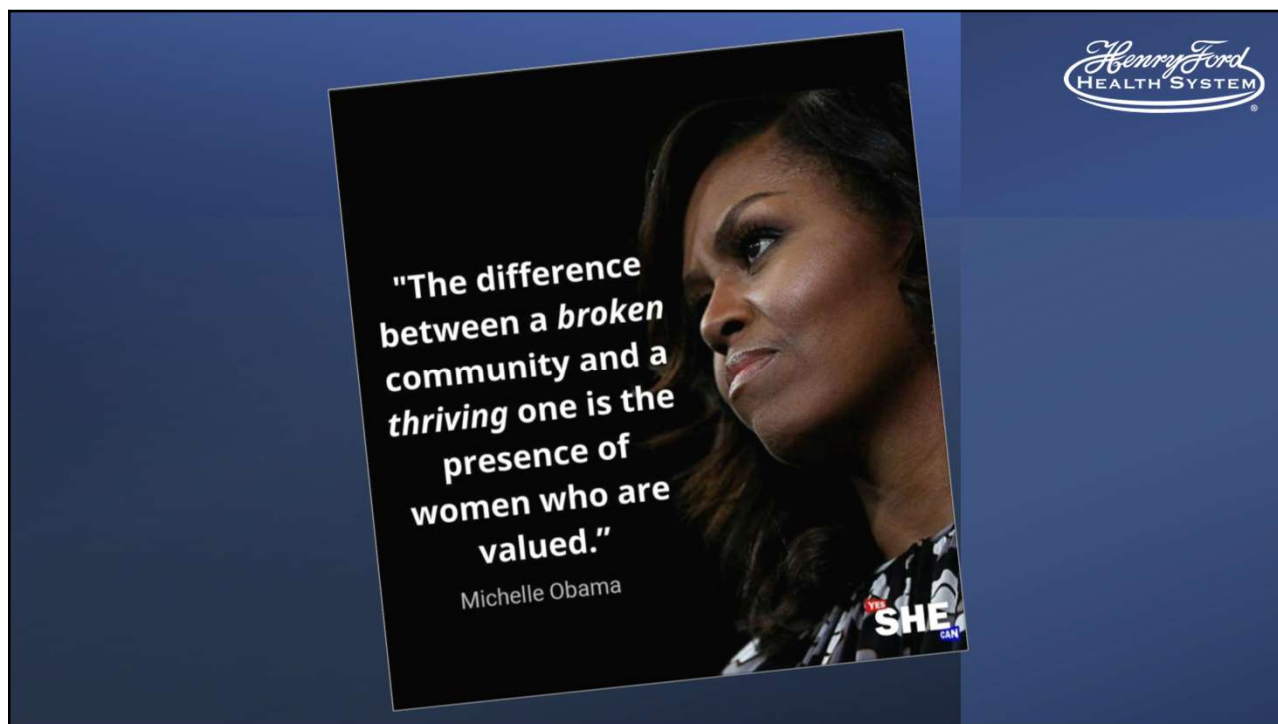
African-American pregnant women report more stressors and greater emotional distress than pregnant women from other racial/ethnic groups



Let me be clear: EVERY mother, regardless of race, or background deserves to have a healthy pregnancy and childbirth  
SERENA WILLIAMS

Chronic stress & Weathering lead to health disparities and poor birth outcomes


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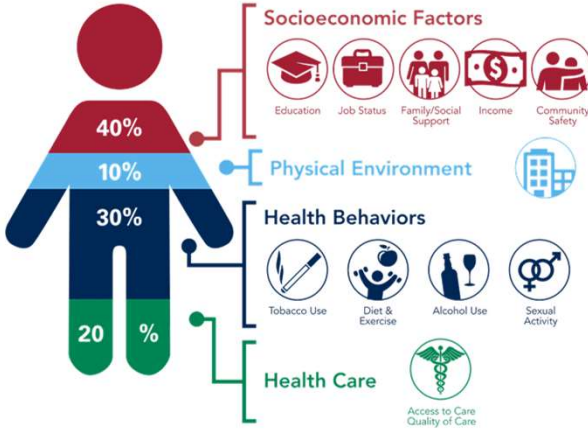
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**PRACTICE:** 

**What are Social Determinant of Health (SDOH)?**



**Socioeconomic Factors** (40%)

- Education
- Job Status
- Family/Social Support
- Income
- Community Safety

**Physical Environment** (10%)

- Neighborhood & Physical Environment:
  - Housing
  - Transportation
  - Safety
  - Parks
  - Playgrounds
  - Walkability
- Food:
  - Hunger
  - Access to Healthy Options

**Health Behaviors** (30%)

- Tobacco Use
- Diet & Exercise
- Alcohol Use
- Sexual Activity

**Health Care** (20%)

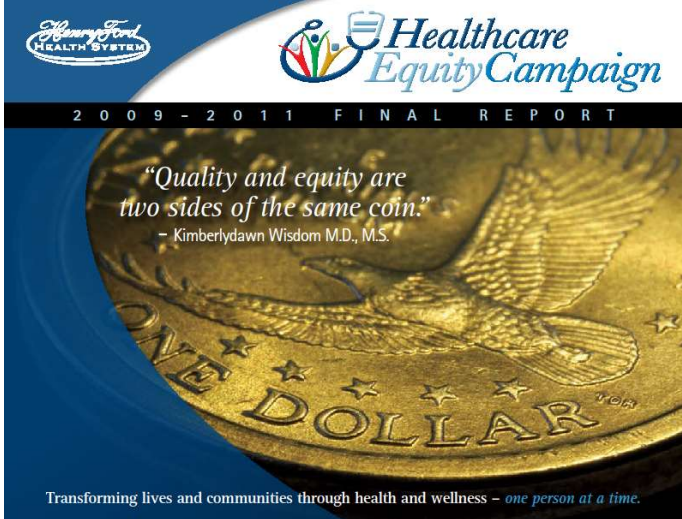
- Health Care Systems:
  - Health Coverage
  - Provider Availability
  - Provider Linguistic & Cultural Competency
  - Quality of Care
- Economic Stability:
  - Employment
  - Income
  - Expenses
  - Debt
  - Medical Bills
  - Support
- Education:
  - Literacy
  - Language
  - Higher Education
  - Vocational Training
  - Early Childhood Education
- Community & Social Context:
  - Social Integration
  - Community Engagement
  - Support Systems
  - Discrimination
- Access to Care Quality of Care

<https://www.promedica.org/socialdeterminants/pages/default.aspx>

*Henry Ford HEALTH SYSTEM*

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**Social Determinants and Equity are Two Sides of Same Coin”?**



*Henry Ford HEALTH SYSTEM*

*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.

ONE DOLLAR

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

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# Recuperative Housing Center Pilot



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## Food Insecurity

- 15% of residents (MI)
- 1 in 6 (MI)
- 12.7% (U.S.)

## Fresh RX Network

- 1,000 patients
- Biometrics and Lifestyle Changes

Removing Barriers: Food Insecurity

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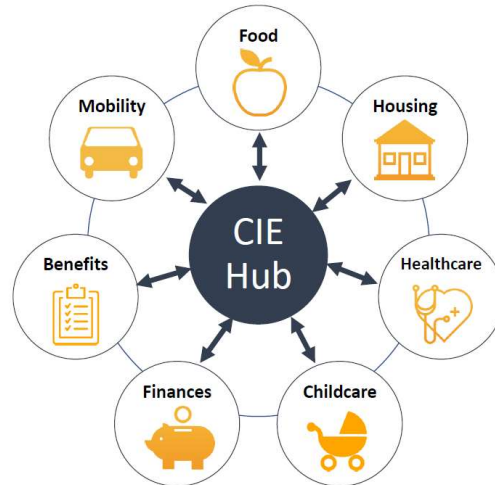
# What is a CIE?



Health Information Exchanges –  
Up and Running



Community Information Exchange –  
Starting to Form



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# What is a CIE?



## A CIE:

- Enables person-centered, collaborative care through a network of partners
- Leverages technology and a shared language to assess needs, facilitate referrals and care coordination, and document outcomes
- Harnesses data for proactive community planning



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## Why do we need a Community Information Exchange (CIE)?



### Community:

We are reactive but we want to be proactive. We need data to understand community trends and analyze gaps and barriers to needs being met.



### Agencies:

We struggle to collaborate, serve clients more holistically across organizations, and document outcomes effectively.



### Individuals and Families:

We hate navigating a disjointed system, repeating our needs to multiple service providers.

*It's time to do better with and for our community.*

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## 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

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## Community Health Workers: Demonstrating Return on Investment



- Higher Quality at Lower Cost: Community Health Worker Interventions in the Health Care Innovation Awards
  - The Centers for Medicare & Medicaid Services Health Care Innovation Awards (HCIA) focused on six diverse programs that employ CHWs for a broad age range of patients with various health issues such as cancer, asthma, and complex conditions.
  - Programs were associated with improved quality and reductions in health care utilization and spending up to \$20,000 per patient over the three-year period.
  - Reimbursement policies that do not account for the services of non-clinical staff such as CHWs impede the sustainability and spread of these interventions, despite mounting evidence of CHWs' effectiveness.

Journal of Health Disparities Research and Practice, 2018

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## Community Health Workers: Demonstrating Return on Investment



- Reducing 30-day readmission rates in a high-risk population using a lay-health worker model in Appalachia Kentucky
  - This exploratory study aimed to address the effectiveness of a lay-health worker (LHW) model in addressing social needs and readmissions of high-risk patients admitted in a rural community hospital.
  - The LHW intervention involved assessment and development of a personalized social needs plan for enrolled patients (e.g., transportation and community resource identification), with post-discharge follow-up calls.
  - Once adjusting for education, transportation cost and anxiety symptoms, there was a 77% decrease in odds of 30-day readmission among those exposed to the LHW program.

Health Education Research, 2018

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## POLICIES



# 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.

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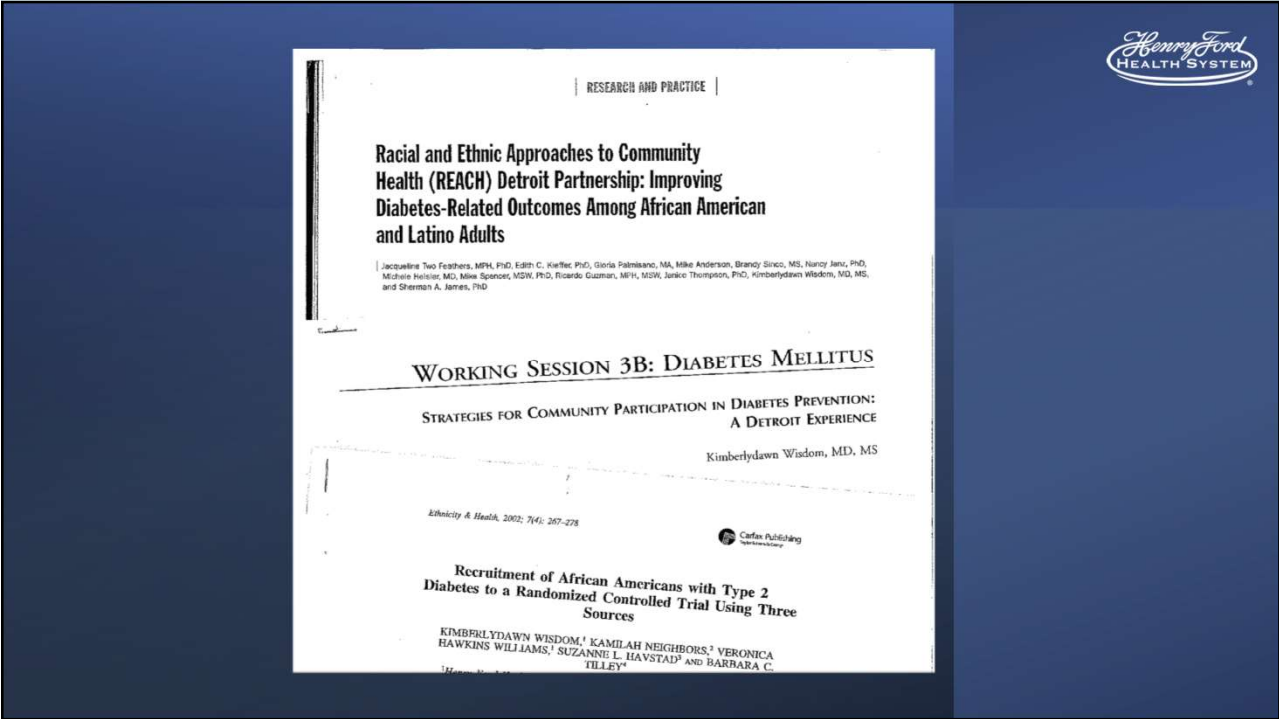
## Faith-based RCT Effort 1996

## Community-based approach empowers patients



Kimberlydawn Wisdom, M.D., greets graduates of the first diabetes education class at Messiah Missionary Baptist Church in Detroit. From the left are Geraldine Johnson, Dr. Wisdom, Mattie Williams, and Thelma Finner, director of health ministries at the c




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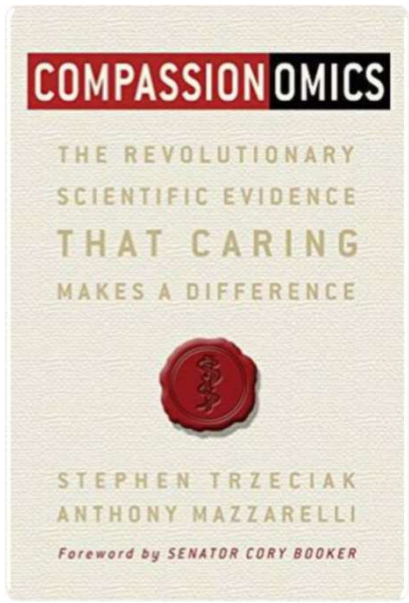
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# Addressing Unconscious Bias

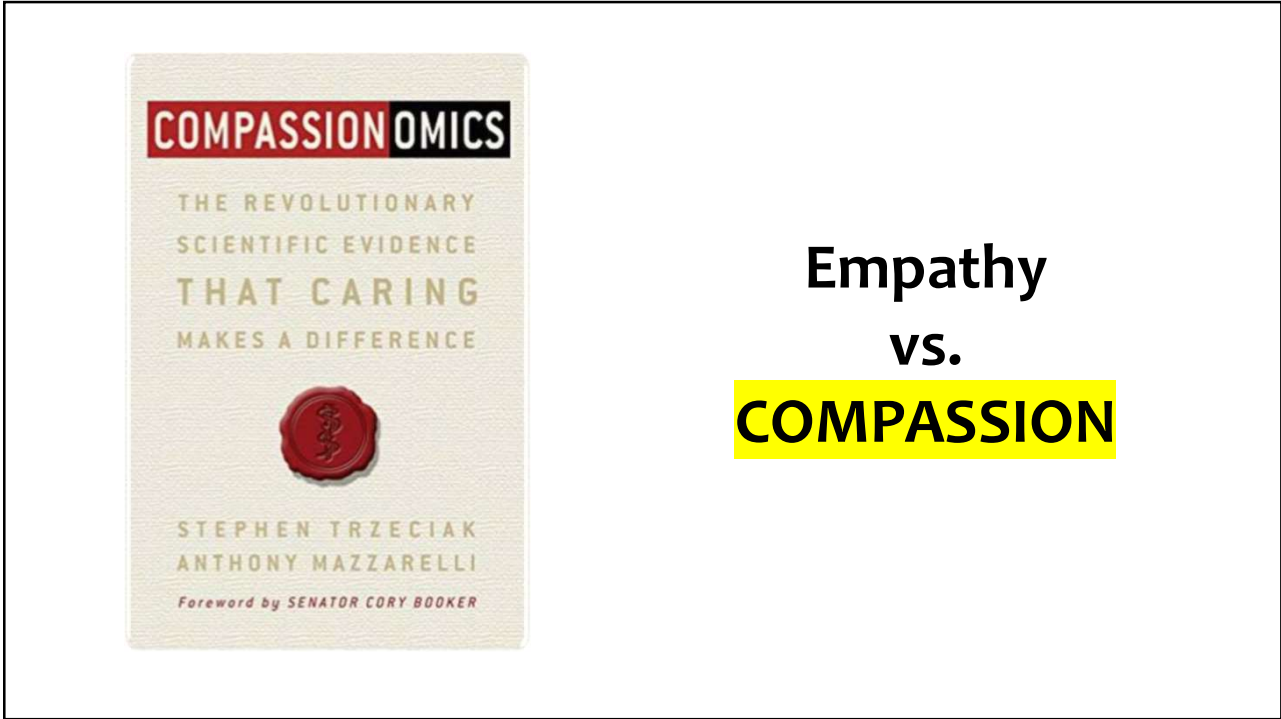
70

<b>Our DEIJ Mission: Equity for All</b>	
 <p><b>Anti-Racism &amp; Social Justice Advocacy</b> We commit to rejecting and eliminating all forms of bias, racism, and violence within our organization and communities.</p>	 <p><b>Diverse Workforce &amp; Inclusive Culture</b> 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.</p>
 <p><b>Community Empowerment</b> We commit to fostering effective partnerships and collective action that creates and sustains health in historically marginalized communities.</p>	 <p><b>Healthcare Equity</b> We commit to achieving equity in clinical outcomes and experience to empower patients to achieve optimal health and well-being.</p>
 ALL FOR YOU	71

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	<div style="background-color: yellow; padding: 5px; display: inline-block;"><b>EMPATHY</b></div> <b>VS.</b> <b>Compassion</b>
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