Building a Culture of Empathy to Advance Diversity and Equity

By Kimberlydawn Wisdom, M.D., Henry Ford Health System

The nation's hospitals and health systems are facing an uncomfortable truth laid bare by the coronavirus pandemic—one that has been whispering under the surface for decades and is now shouting at us: that the healthcare we provide to Americans is not equitable, and that Americans who are not white have poorer health outcomes than white Americans, even after adjusting for socioeconomic, education, and other factors. Today, healthcare leaders know they must meaningfully address diversity, equity, and inclusion (DE&I), and then take it further to reaching the level of social justice. The forgotten "E" from the IOM's acronym, STEEEP, must now take center stage in all our work, and especially our work related to quality and patient experience. A term coined in 2008 is that "Quality and equity are two sides of the same coin."[1]

But in comparison with our decades-long efforts to improve quality, working to achieve equity in healthcare is relatively new. COVID and the many incidents of police violence against Black Americans in 2020–2021 have galvanized people in healthcare. It is a rocky and unsettling journey but one that must be taken. Henry Ford Health System (HFHS) has been tackling equity for decades and we have learned a lot in the process. The journey doesn't have to be so long or unsettling if healthcare leaders borrow from the playbooks of those who have already walked in these uncomfortable shoes.

Like with many change initiatives, building it into the culture is the key and it must be driven from the treetops to the grassroots. At HFHS, we have used a strong focus on accountability to get things done. We wanted to take a critical look at what we were doing, and ask ourselves, is this truly best practice in this space? The many national awards we have applied for or received over the years have not been about the recognition, but rather the discipline of determining where we are, and then to sharpen what we do every day, as it is forever evolving.[2]

This special section describes some key actions and initiatives we have undertaken at Henry Ford to build a culture of empathy to advance DE&I and take us to a place where we can achieve social justice. It includes key questions board members can ask their management teams about how to look at equity and social justice from the top down, implement accountability to make an impact, and to move from a culture of empathy to putting that empathy into action. Afterall, compassion, which is one of our core values, is empathy in action.[3]

Key Board Takeaways

Questions for Board Members to Ask Management

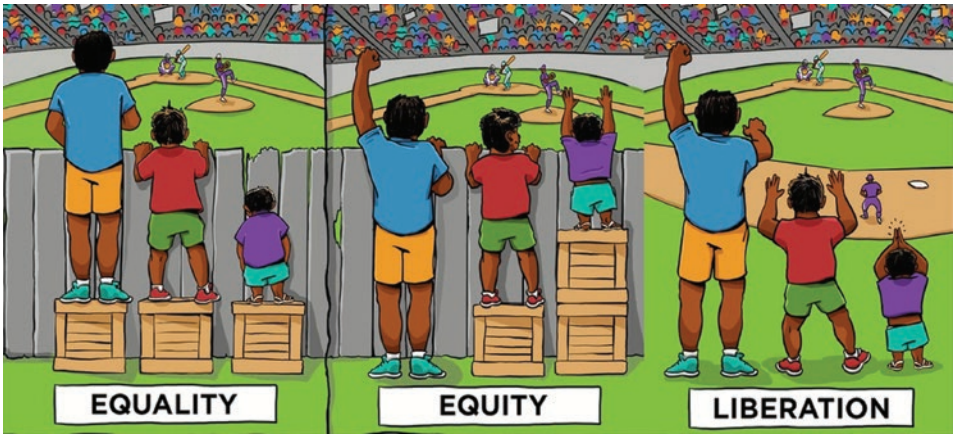
1. What is our moral imperative to address equity? How can we make that tangible for everyone at our organization?
2. Do we know what the equity barriers are for our patients and communities? How are we gathering that information?
3. How do we conceptualize, operationalize, and institutionalize a culture of empathy to achieve equity?
4. What are the implications of this on our mission, vision, and strategy?
5. Do we link equity as a key, measurable aspect of clinical quality?
6. Are we stratifying our quality metrics by race and ethnicity? If not, how do we know the best approach to close the gaps?
7. How are we implementing accountability to ensure that we are meeting our goals and making progress toward moving the needle?

What Is Equity?

When we bring up the topic of equity in our training sessions, many ask, "Shouldn't we just treat everyone equally, and aren't we already doing that?" But equity and equality are not synonymous terms. Treating everyone equally, when each might be at a different starting place, does not result in equal or equitable outcomes. Equity is ensuring people have the best opportunity for a favorable outcome, accounting for where they are starting from. Ultimately, we want to move from equity to justice, which is where barriers are removed and liberation and justice are achieved (see **Exhibit 1**).

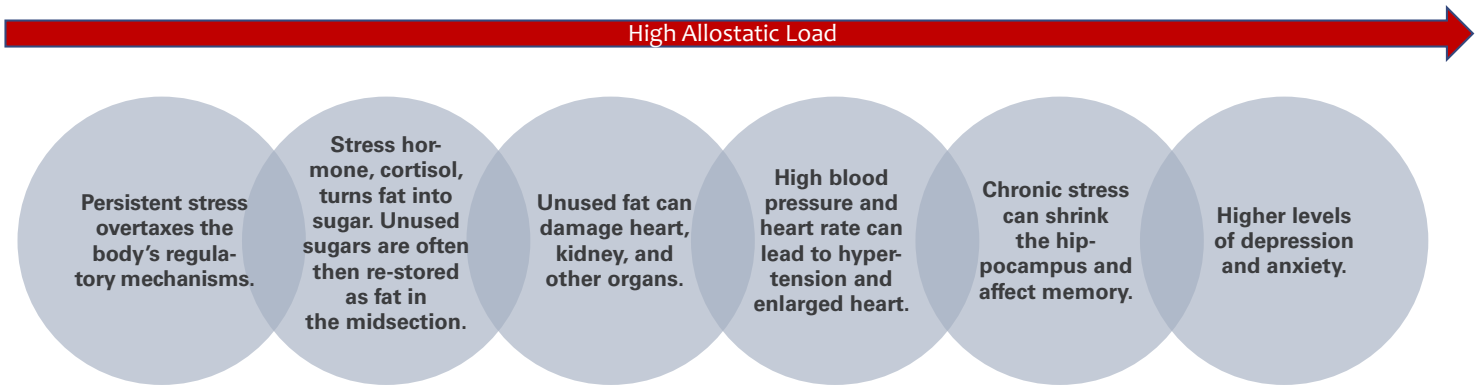
In our equity evolution at Henry Ford, we went from "treat everyone the same" to "treat people the way you want to be treated." Today, that has evolved to "treat people the way *they* want to be treated." In order to do this, we must understand their cultural differences and personal preferences. This is where developing human understanding plays a critical role—treating each patient as an individual and not another data point. Does a Native American need a medicine bag

Exhibit 1. Equality vs. Equity



1 Joseph Betancourt, et al., *Improving Quality and Achieving Equity: A Guide for Hospital Leaders,* Massachusetts General Hospital, 2008.
2 Henry Ford Health System has been the recipient of countless awards, recognitions, and grants related to its health equity and quality work, including the Baldrige Award. More information can be found at www.henryford.com/about/quality.
3 Stephen Trzeciak and Anthony Mazzarelli, *Compassionomics: The Revolutionary Scientific Evidence that Caring Makes a Difference,* Studer Group: Pensacola, FL, 2019.

Exhibit 2. Weathering and Allostatic Load



on their stomach or their foot during surgery? We need to be cognizant of those important preferences and strive to accommodate those requests, where possible, to facilitate their healing journey.

Equity is the outcomes and results of our diversity and inclusion efforts. Empathy is the feeling we are aiming for through this cultural transformation. Once we all share that feeling, then we can drive towards compassion, which is empathy in action.[4]

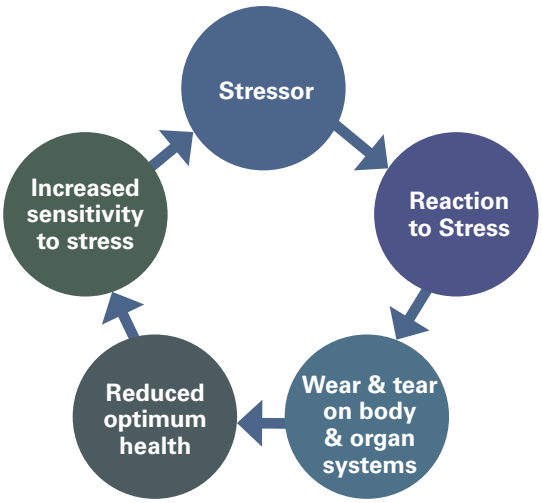
> "Equity is the outcomes and results of our diversity and inclusion efforts."
>
> —*Dr. Kimberlydawn Wisdom*

The Moral Imperative

The Henry Ford equity journey began in the 1980s with the establishment of free FQHCs and school-based clinics serving diverse populations through NIH and CDC grants. Gail Warden, current President Emeritus, was President and CEO at Henry Ford at the time. He had been trained in public health and provided me the opportunity to be the founder and director of the Institute on Multicultural Health in 2002. The Institute's mission is to align with HFHS strategic priorities and goals as we:

- Conduct and facilitate research, quality improvement, and demonstration projects focusing on health and healthcare disparities and disseminate outcomes locally, regionally, and nationally.
- Develop community-based initiatives that engage, convene, and empower diverse stakeholders to work towards collaborative and sustainable solutions for equity in health/healthcare.
- Provide training and consultation to enhance the individual and organizational cultural competence of the healthcare system including employees, researchers, providers, and leaders; and to build organizational capacity for integration of interventions that will achieve healthcare equity.

The moral imperative is the first "why" that drives our equity efforts—it is simply the right thing to do. The intersection of medicine and public health is where the true transformation can occur. We have seen this in the past, and most recently we saw these two sides come together in real ways during the pandemic. Hospitals and health systems now must determine how to continue and enhance this partnership to achieve equity, building the scaffolding to enable this collaboration to happen naturally, systemically, and permanently.



Three Henry Ford chief executives cover about a third of our organization's history, and all three have played integral roles in our equity journey, in part by focusing on our moral imperative. Gail Warden (CEO from 1988–2003) helped conceptualize what we do, Nancy Schlichting (2003–2014) helped operationalize it, and Wright Lassiter, our current President and CEO, is helping to institutionalize evidence-based efforts so the programs and culture will remain intact, be sustained as well as spread and scale.

Cultural and Social Imperative

Henry Ford leaders were moved to action out of personally witnessing the profound physical effects of inequity in the communities we serve, of which, unfortunately, most Americans are unaware. Weathering is the term for the culmination of cumulative trauma or stress from a lifetime of micro-aggression and discrimination. Cortisol levels increase; it leads to hypertension and other chronic conditions. It goes deep into your biology and telomeres (the compound structure at the end of a chromosome) are shortened. When people are discriminated against and not valued, it has a biological impact. Understanding micro-aggression and related elements are key when building a culture of empathy. This became the root of our cultural and social imperative to find solutions (see **Exhibit 2**).

4 *Ibid.*

Quality Imperative

A few years after the IOM published *Crossing the Quality Chasm,* they released *Unequal Treatment,*[5] which reported significant variation in the rates of medical procedures by race, even when insurance status, income, age, and severity of conditions are comparable. The research indicated that U.S. racial and ethnic minorities are less likely to receive even routine medical procedures and experience a lower quality of health services.

In order to gain traction on my broader efforts to lift equity to the top of our list of priorities, I realized that we needed to link quality with equity—it is one of the six IOM aims in its definition of quality. I reached out to our Chief Quality Officer at the time, Dr. Bill Conway, to collaborate. We started the Healthcare Equity Campaign in 2008 in response to a growing national emphasis on healthcare disparities and in recognition of the need to link this focus to our emphasis on quality in a sustainable manner.

One year prior, several leaders had convened to review diabetes quality data by race and ethnicity and uncovered the need to improve the process for collection of these data due to known inaccuracies. An initial focus of this effort was to form a taskforce to recommend ways to more accurately collect race and ethnicity data directly from patients in a manner consistent with national standards. We could then more clearly identify, understand, and respond to disparities that might be occurring in the care provided at HFHS as we could then use the data to stratify quality indicators. Another focus was to build awareness of the need to collect race, ethnicity, and preferred language (REaL) data and to stratify quality data by these factors. However, no avenues existed to share information with employees about the existence of disparities and how to address them; and if employees were not aware of the problem in the first place, how would they become motivated and engaged to address them? The Healthcare Equity Campaign was thus created to provide such opportunities.

The Campaign's goals were to increase knowledge, awareness, and opportunities to ensure healthcare equity is understood and practiced by HFHS 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.

This overarching goal was achieved through three phases over three years (2009–2011):[6]

- Phase I: Raise awareness among employees about social determinants of health, and health and healthcare disparities.
- Phase II: Implement tools to improve cross-cultural communication and collaboration; plan for review of quality metrics by race, ethnicity, and primary language.
- Phase III: Integrate changes into system processes, policies, and procedures to ensure sustainability and accountability; develop a process for continuous monitoring of quality metrics by race, ethnicity, and primary language and for intervention.

Equity Initiatives

HFHS has created and/or participated in many different equity initiatives across its decades-long journey. Some of the most notable are summarized below. (More information can be found on these and other initiatives at www.henryford.com.)

Community Health Workers (also known as "Promotores") have been a central model, playing a part in and enabling most of the equity initiatives at HFHS, including those described below. These workers are individuals who have a high school diploma or equivalent and are already natural helpers in the community. They become trained as frontline public health workers who focus on social determinants of health, wellness promotion, and enhancing care coordination, taking a population health approach to extend care beyond hospital walls. With the help of a CDC grant and many others over the last 20 years we now have a CHW Hub that employs 22 Community Health Workers. The Michigan Community Health Worker Alliance (which HFHS helped establish and is an inaugural member) trains them, and the Hub acts as an anchoring unit for integration and deployment of CHWs across the entire system. CHWs have played a central role in all our equity initiatives. CMS analyzed

Start a WIN Network in Your Community

Infant mortality had been a concern in Detroit for years, and we were struggling to move the needle (150–200 infants were dying in Detroit every year before their first birthday, a rate far higher than many developing countries). But this was a regional problem. We couldn't do it to the extent it needed to be done on our own. We brought together the four CEOs of competing healthcare organizations in Detroit (Detroit Medical Center, Oakwood Health, St. John Providence, and HFHS) to serve as leaders, strategists, funders (with Kellogg, Kresge, and the Robert Wood Johnson Foundation initially), communicators, and implementers, along with public health, community, and academic partners, to address infant mortality. What became apparent almost immediately was the absolute commitment of each of these leaders to get the job done.

So, the Women-Inspired-Neighborhood (WIN) Network Detroit[7] was built in 2011 to decrease infant mortality. We started "hardwiring the safety net" by implementing a group visit model for prenatal care. Since the outset, we have delivered over 650 babies from vulnerable women with high likelihood of poor birth outcomes, and they are now delivering full term and over 95 percent are initiating breastfeeding. The WIN Network also contributed to the drop in infant mortality in Detroit reported in April 2021. The CHW Hub has been core to this model, mentoring pregnant women during home visits and connecting them with resources and support, and engaging fathers to participate in education. Social networks have helped with communication and raising awareness. The program is designed to be spread and scaled across the country—its next iteration became WIN Network: Cleveland and we hope many more are to come.

5 Institute of Medicine, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,* National Academies Press, 2003.
6 Healthcare Equity Campaign, *2009–2011 Final Report*, Henry Ford Health System.
7 Learn more details about this program at www.winnetworkdetroit.org.

the ROI of CHW programs and has found that they are associated with improved quality and reductions in healthcare utilization and spending up to $20,000 per patient over a three-year period.

The Racial and Ethnic Approaches to Community Health (REACH) program, made possible with $5 million in funding over five years by CDC to our affiliated FQHC, leveraged CHWs to recruit African Americans with Type 2 Diabetes for screening and trials, along with participation in diabetes prevention. This was part of a larger community screening program called the African American Initiative for Male Health Improvement (AIMHI) that received state and federal funding to screen for diabetes, hypertension, and heart disease as well as glaucoma testing. For every test that was conducted, if the patient required treatment as a result of the screening, the system provided the treatment regardless of the individual's ability to pay—driven by our moral imperative. Other initiatives were born out of this imperative as well.

WIN Network is an initiative that empowers women in neighborhoods to help identify people and families who are in need of help.[8] It is a scalable program involving expansive community partnerships and has been replicated successfully in other cities. This is one example of how Henry Ford has accelerated the sharing of information and learning opportunities for others, to help shorten their equity journey. WIN Network Detroit began with a focus on reducing infant mortality and in a relatively short period of time, we saw an incredible difference in the numbers (see sidebar for more information).

More recently, the organization implemented a "Ban the Box" influence campaign, first by removing the checkbox on our own job applications asking whether a person has been convicted of a felony. Instead, applicants are asked if they are willing to submit to a background check. The change allows every job applicant to have the chance to be considered. Once we banned the box at Henry Ford, we expanded our efforts out into the community with other employers, showing them our success and influencing them to do the same.

Shaping a New Strategy

In September 2021 we completed a five-year DEI and social justice (DEIJ) plan, focusing on the mission of Equity for All. We presented the plan to the board, and all senior-level executives were involved in creating the plan, which concretely outlines our commitments to four pillars: anti-racism and social justice advocacy, diverse workforce and inclusive culture, community empowerment, and healthcare equity (see **Exhibit 3**).

The role of leadership is critical—often it comes down to the firm decisions of leaders to make things happen. For example, when we wanted to begin collecting self-reported race and ethnicity information from patients up front, many well-intended people felt it would be too uncomfortable and burdensome because we were already collecting financial information at the point of service. Nancy Schlichting, then-CEO, said, "No, we have to start it now." She made the decision despite middle managers feeling that it would be too disruptive. She knew it wasn't either or—it had to be both.

Partnerships are the other critical piece of the empathy-in-action puzzle. You absolutely cannot take this journey alone. We had been part of many national collaboratives, from the IHI Pursuing Equity Initiative to the CEO Action for Diversity & Inclusion Pledge to the AHA #123forEquity Campaign.

Local partners that have been essential to our efforts include:

- Food banks and farmers' markets
- Faith-based organizations
- Schools
- PPE suppliers
- Senior centers
- Local businesses/employers
- Public health department
- Policymakers

In Closing: The Business Imperative

Looking forward, U.S. hospitals and health systems now have a business imperative for DEIJ, via social determinants of health. If the quality/equity coin could have a third side, this is it. Meeting social needs will be key for value-based contracts. Healthcare today is still largely reactive, and we need to become proactive, but we lack data to understand community trends and analyze gaps and barriers. We need to get better at collaboration to serve patients more holistically across organizations and document outcomes effectively.

For our next push at Henry Ford, we are building community information exchange by creating a network of partners to leverage technology, facilitate referrals and care coordination, and then gather the data to document outcomes and harness it for proactive community planning. Community Health Workers are again at the core of this effort. We are pushing the envelope. Not everyone is comfortable, but we know it's the right thing to do. Empathy started our journey, but empathy in action—compassion—is where we are going.

The Governance Institute thanks Kimberlydawn Wisdom, Senior Vice President, Community Health, Equity & Wellness and Chief Wellness & Diversity Officer, Henry Ford Health System, for contributing this article. She can be reached at kwisdom1@hfhs.org.

Exhibit 3. Our DEIJ Mission: Equity for All

8 See www.winnetworkdetroit.org.