



MARCH 2022

Customer Connections

Exploring Equity

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Recording Roadmap

Key sections of the Connections Session are listed below with the associated time within the video recording found here: <https://player.vimeo.com/video/694575518>

→ Welcome and Housekeeping13:14

→ Equity Foundations9:14

→ NRC Health Data Insights and Discussion13:40

→ Equity Goals31:31

→ Equity Resources42:01

→ Summary of Action Items52:28

Equity Foundations

- For this conversation **Health Equity** is defined as:
the state in which everyone has a fair and just opportunity to attain their highest level of health

- Other Definitions shared
 - Health Equity- is when everyone has the opportunity to be as healthy as possible.
 - Health Equity- To ensure patients and members have a fair playing ground to start from.

- Equity vs Equality – Has your organization done any education around the difference between the two?
 - Amy from UCSF Health shared that their organization is educating on the difference between equality vs equity. This education is started at new employee orientation when they discuss the culture at UCSF Health. The topic is brought up regularly as well especially in committee work.

- ☆ Action Item- If your organization does not have a very clear understanding of Health Equity a great starting point is to understand what health equity means. Asking the question, Do our employees, associates, caregivers know what this means?

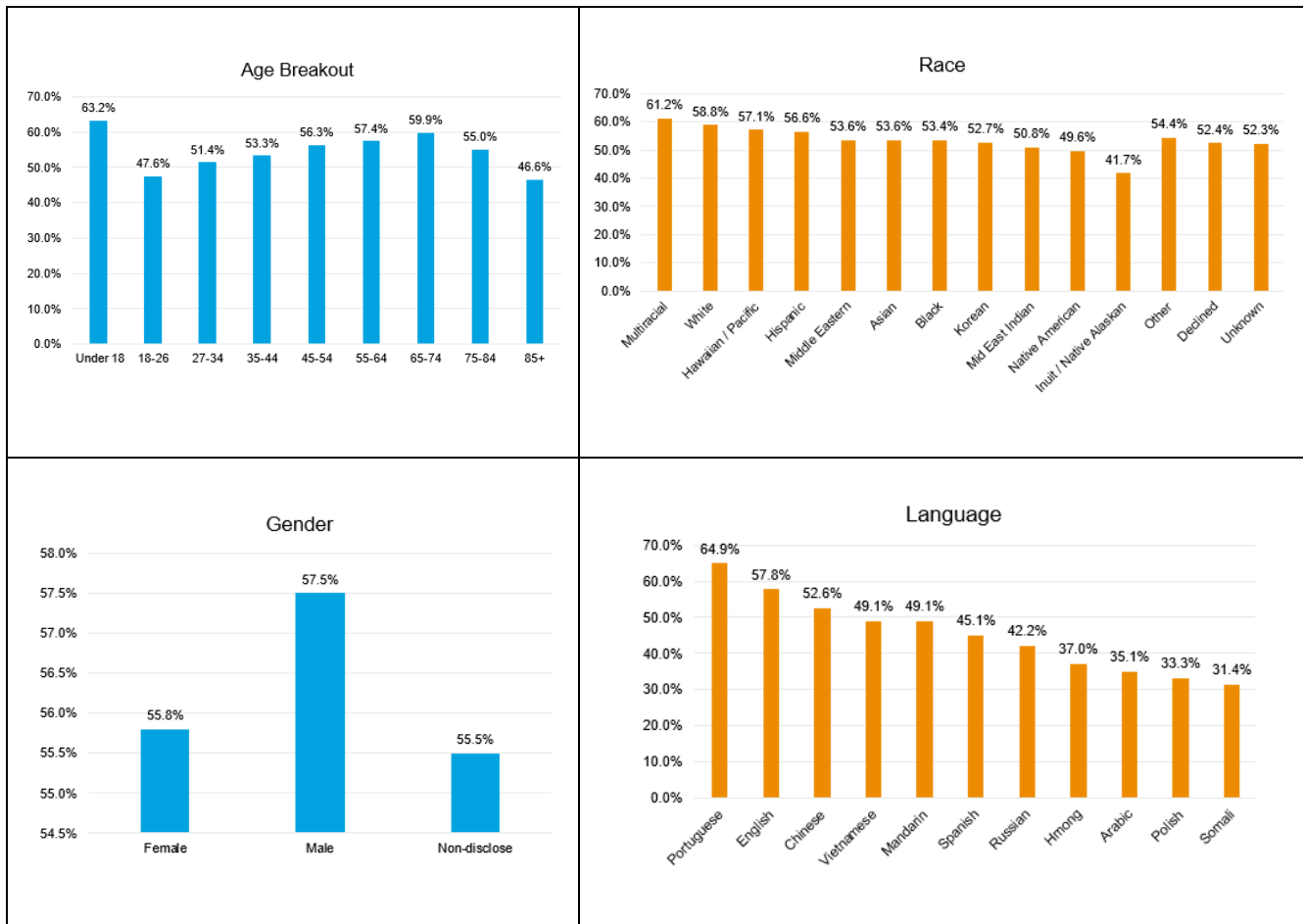
NRC Health Data Insights

The insights we are reviewing today are available to Real-time users in the Scores by Demographics report within the Analyst Corner. You can view these insights specific to your organization. As we move through the data today, please remember that the data does not have all of the answers. It allows us to know who we need to talk to and what we need to talk about.

- ☆ Action Item- Explore the Scores by Demographics report within Analyst Corner. If you have questions about how to do that, please reach out to your NRC Health service team.

Did the care providers explain things in a way you could understand?

*Note the data in the tables below is from the NRC Health database for calendar year 2021 specific to emergency services.



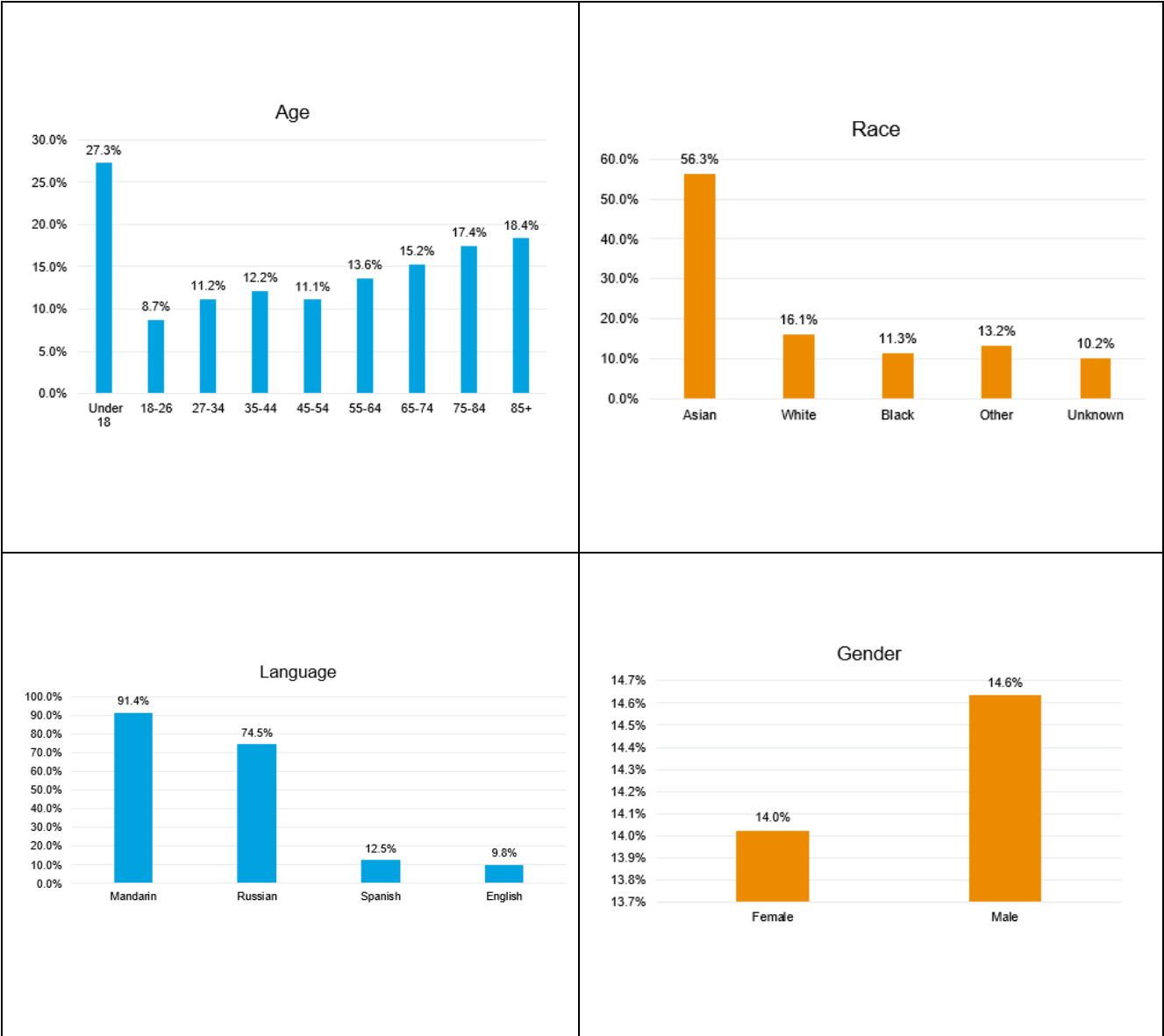
* The “age breakout” table displayed in the video recording was incorrectly placed. The correct data is displayed above.

REACTIONS TO THE DATA

- Bonnie with Atrium asked, was the gender difference because men were more assertive n speaking up with questions? She also wonders how it would look if there were research on gender of the provider and the patient.
- Maria asked; Would it be possible that the “Unknown” percentage under gender is based on the fact that patients did not identify with female/male?
- Amy added, What about looking at patient response and gender of the provider as well as the gender of the patient?
- ☆ Action Item- These are the exact questions this data starts to surface. The next step would be to investigate by asking these questions and layering on provider demographic data if available.

Did you have any questions about your medications?

*Note the data in the tables below is from the NRC Health database for calendar year 2021.



Data Discussion

WHAT ARE SOME PATHS THAT YOU HAVE TAKEN TO EXPLORE YOUR DATA?

- Katie with Riverside Regional Medical Center stated that about a year ago they started looking at their age ranges within their ED. Asking “are we meeting the appropriate needs?” They started to realize that they had an opportunity with their younger patients. They utilized different signage, focused rounds by their leaders on their younger patients. The data helped to provide the evidence to gain buy in from the providers during education and implementing the improvement process.
- Mariah shared that they have looked and noticed a gender disparity with males, for example not responding as favorably to understand what symptoms to look for when they go home but are struggling with the “now what?”.
 - Katie shared that the data gave them a starting point but then they actually spoke with individuals that fit within that demographic to gain additional feedback. They gained insights that younger males were having a difficult time because their loved ones who were with them were not being included.
 - Nate with Einstein Healthcare Network shared that they have looked as well at gender disparity and found that marital status played a part as well (older single/divorced males) scoring us lower. Identified as being without support as possible cause.
 - ☆ Action Item: Consider layering additional data sets such as social determinants data to provide further depth.

HAS ANYONE UTILIZED COMMUNITY INSIGHTS TO GAIN ADDITIONAL INSIGHTS?

- Jeff at UC Davis Health shared that they have just started the process. It depends on where your answer is coming from and what mechanism is used to gather it. Standard surveys are often a great place to find the indication of the challenge, but they rarely tell the story. Using community panels, more traditional voice of customer approaches or in-depth interviews that can be used to gain the rationale beyond just data. Data is available but if the answer isn't there it is important to find deeper better questions.

Equity Goals

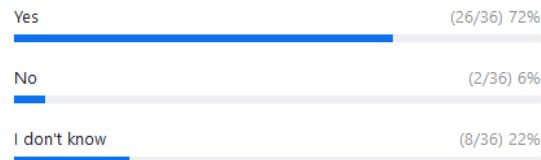
POLL QUESTION:

Goals

Poll | 1 question | 36 of 43 (83%) participated

1. We have goals at some level around health equity (Single Choice) *

36/36 (100%) answered



☆ Action items:

- “I don’t know” – If you selected this go back to your organization and start asking questions to see if there are health equity goals.
- “no”- If you selected this go back to your organization and start asking the question “why not?”

AT WHAT LEVEL ARE YOUR ORGANIZATIONS HEALTH EQUITY GOALS?

- Bonnie with Atrium shared that her organization has goals at the organizational, service line, and department level. They have been on the equity journey for several years. They have an education program that is 6-8 weeks, and you spend three quarters of a day in class and there are people there to specifically help you understand diversity and equity issues. It covers a lot of different things including information about the history in Charlotte. They gained certification through the American Hospital Association that they were an equitable facility. They have DE&I department, conference based on diversity and inclusion that is available to the whole organization. They have been asked to implement goals at various department levels. The IT department which Bonnie is part of is quite large, so they have a big committee and then several sub committees that deal with DE&I issues. Some examples of the output from these are their book club, newsletter, crucial conversations webinars. In the webinar people come and speak about their perspectives based on DEI issues. They are doing it in different ways throughout their organization. It is a really important metric from the top down. Everybody knows about it. It is important. The goal is to pull in the data into their systems and have had a few barriers and difficulty to get it down to the provider level. She feels that they do have a lot of room to grow and expand to do some more intricate research.
- Amy Hyams, UCSF shared that specifically within the children’s hospital they are trying to develop and flesh out this idea of having our DE&I data highlighted on their true north boards throughout the pediatric system in a consistent way. Work will be needed to educate their operational leaders and their true north patient experience champions. They believe it is

valuable to have that data available and visible. This can help us identify what is this data telling us, and what are our action items around this? This is currently in process and is an “equity hope” currently.

- Anya from UCSD Health shared that they have launched two new leadership recruitments to foster a culture of anti-racism throughout our organization: an Assistant Vice Chancellor for the professional schools, and a Chief Administrative Officer for UC San Diego Health, who will lead our EDI efforts. They have also established an Anti-Racism Taskforce to advance EDI goals and chart a course forward for real, long-term change. And they have mandated anti-racist training for leadership. Some of these training sessions have already begun. Others, including those for career development and personal growth, are under consideration or being planned.

Equity Resources

- [Institute for Healthcare Improvement](#)- Health Equity
- [Beryl Institute](#)
- [Robert Wood Johnson Foundation](#)- Achieving Health Equity
- [Center for Disease Control](#)- Health Equity Resources
- State Departments

WHAT ARE SOME OF YOUR “GO TO RESOURCES?”

- Jonathan Hutter with Northern Light Health in Maine shared that they have a podcast. Their CEO invites guests from their system and communities to talk about issues related to social and medical justice. DEI council members help to identify the topics and have robust discussion. The podcast has been running for 2 years after the murder of George Floyd. Their organization decided that they needed a space to have these discussions.
 - northernlighthealth.org/podcast -> Tim Talk Podcast Series
- Mariah shared that thought he Michigan Hospital Association they have partnered with the Superior Health Quality Alliance HQIC and they have been incredibly useful.
- Maria Vargas shared that through their DEI committee has working groups. One of the working groups is the education sub-committee. They identify different ways to celebrate and educate certain tings such as the Hispanic Heritage, Black history, Women’s history and more. These occur each year and they continue to celebrate and educate to ensure their staff have the opportunity to continue to learn. The repetition of education is so important! Their DEI officer rounds throughout the hospital. She believes the more we talk about this the more aware they are going to be and they will continue to grow.

Summary of Action Items

- Continue doing the work you are doing with looking through your data to find where you need to go ask more questions.
- Think about the different way you can get more insights- rounding, focus groups, community insights, councils.
- Better understanding what are your goals, where are we going? who knows them? who understands them?
- Looking at your resources and sharing them!