



Embedding Equity in Clinical Care

Enhancing language and clinical care access, patient experience and engagement, and clinical outcomes to improve health for historically resilient communities

Malcolm John, MD MPH
Sarah Lahidji, MHA



AGENDA

Key Definitions

Health Care Disparities Research

Translation to Health Care Systems

Translation to Quality and Safety Systems

Q&A

Grounding Intention

Land Acknowledgement

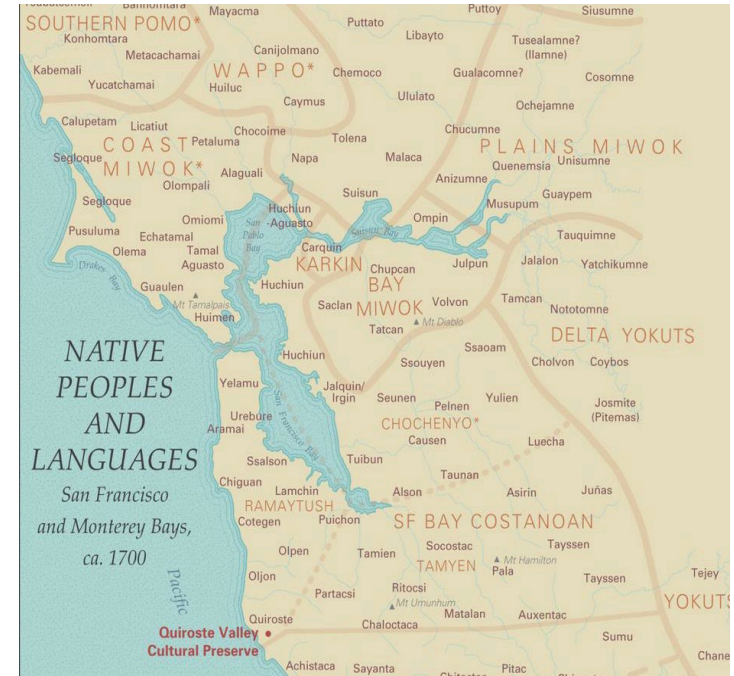
We would like to acknowledge the Ramaytush Ohlone people, who are the traditional custodians of this land. We pay our respects to the Ramaytush Ohlone elders, past, present, and future who call this place, the land that UCSF sits upon, their home. We are proud to continue their tradition of coming together and growing as a community. We thank the Ramaytush Ohlone community for their stewardship and support, and we look forward to strengthening our ties as we continue our relationship of mutual respect and understanding.



Art: Darby Raymond-Overstreet, Diné

Why do we recognize the land?

- To recognize the land is to express gratitude and respect for those upon whose territory we live and work. It acknowledges not only the land but more importantly the original peoples.
- It reminds us of the history of how we came to reside on the land and of the ongoing process of settler-colonialism that shapes our relationship with the land even today.
- This in turn helps to create public awareness and inspire future action in support of Indigenous communities.



Outline

Learning Objectives

- Understand key definitions related to health care equity
- Appreciate the impact of health care disparities research
- Describe the translation of health care equity efforts to a health care system and providers
- Describe the translation of health care equity efforts to quality and safety systems and practitioners
- Provide resources to learn more
- Q&A

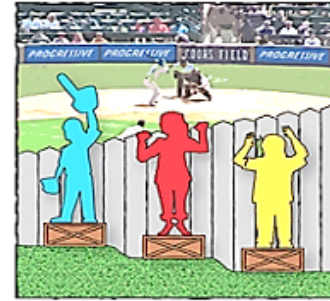
Key Definitions

Key Definitions

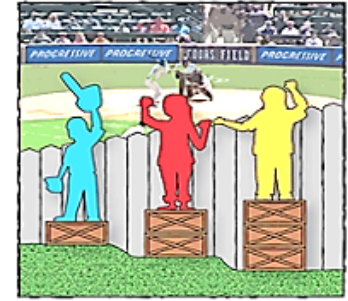
- Health Equity
- Health Care Equity
- Social Determinants of Health
- Health Inequities
- Health Disparities
- Health Care Disparities
- Stereotype
- Microaggressions
- Bias
- Racism
- Systems of Oppression
- Cultural Competence in Health Care

Health Equity

Everyone has a fair and just (equitable) chance to reach their best health.



EQUALITY



EQUITY

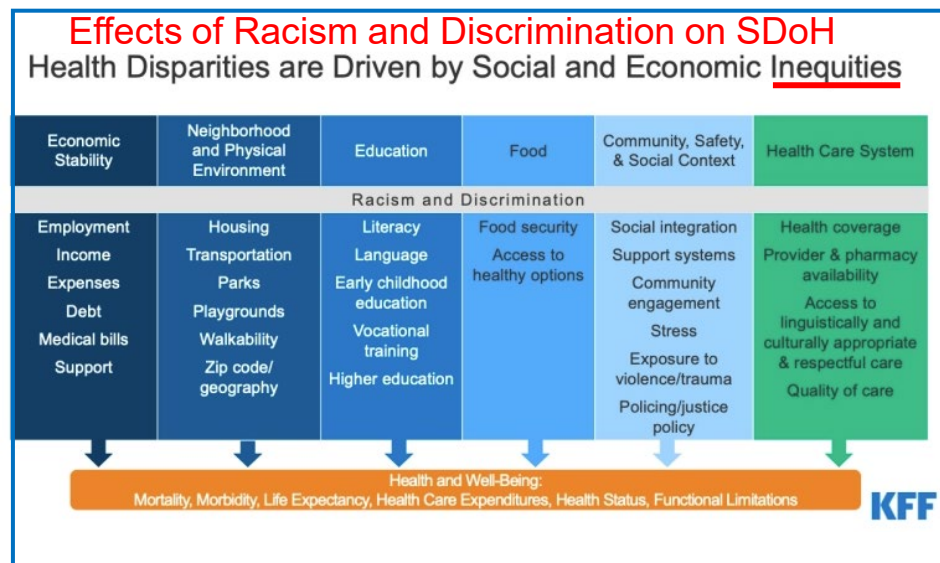
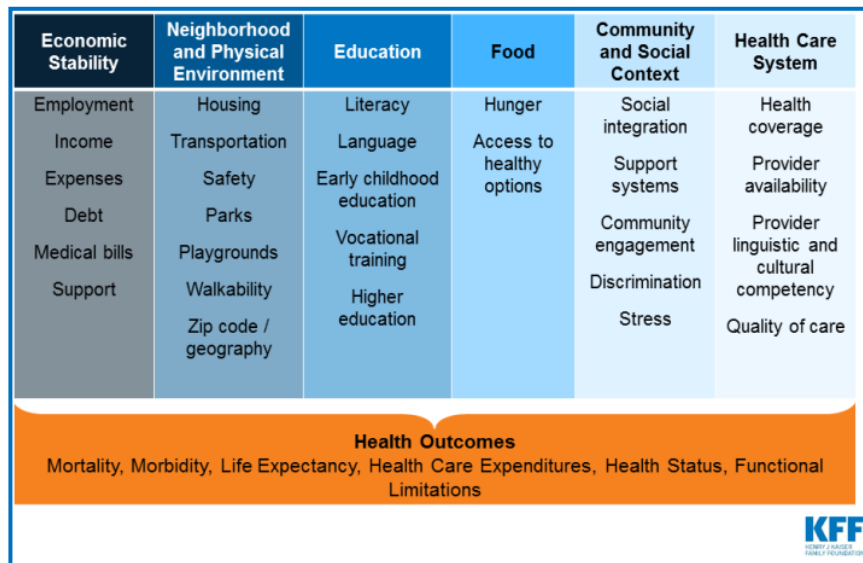
Health Care Equity

Equitable access, experience, and outcomes for every patient

Health Care Equity + Equity in Social Determinants of Health → Health Equity

Social Determinants of Health

conditions in which people are born, grow, live, work and age



Health Inequities

Differences in health status or the distribution of health resources between different populations, arising from their social determinants of health.

Health Disparities

Potentially avoidable differences in health status between populations closely linked to social advantage/disadvantage

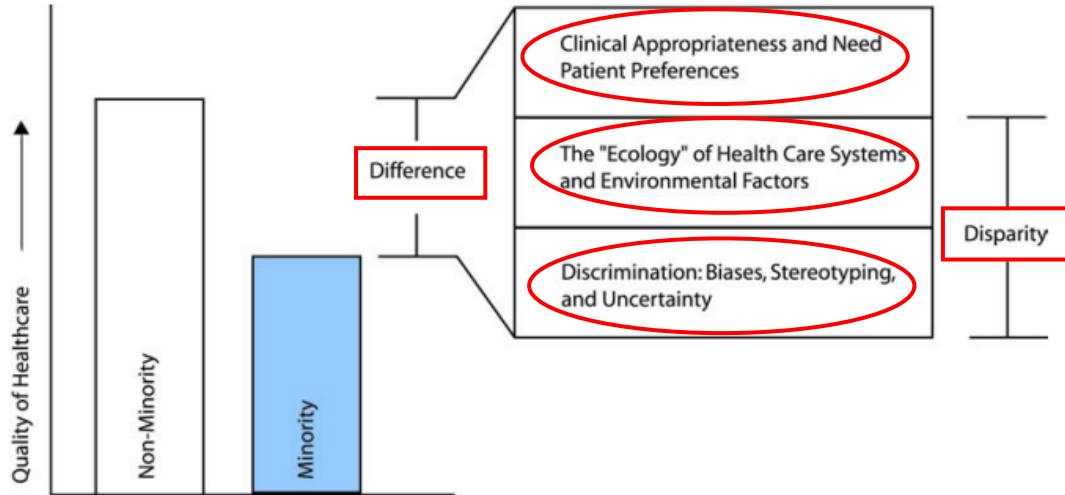
**Reductions in health disparities are a measure of progress toward achieving health equity.*

Health Care Disparities

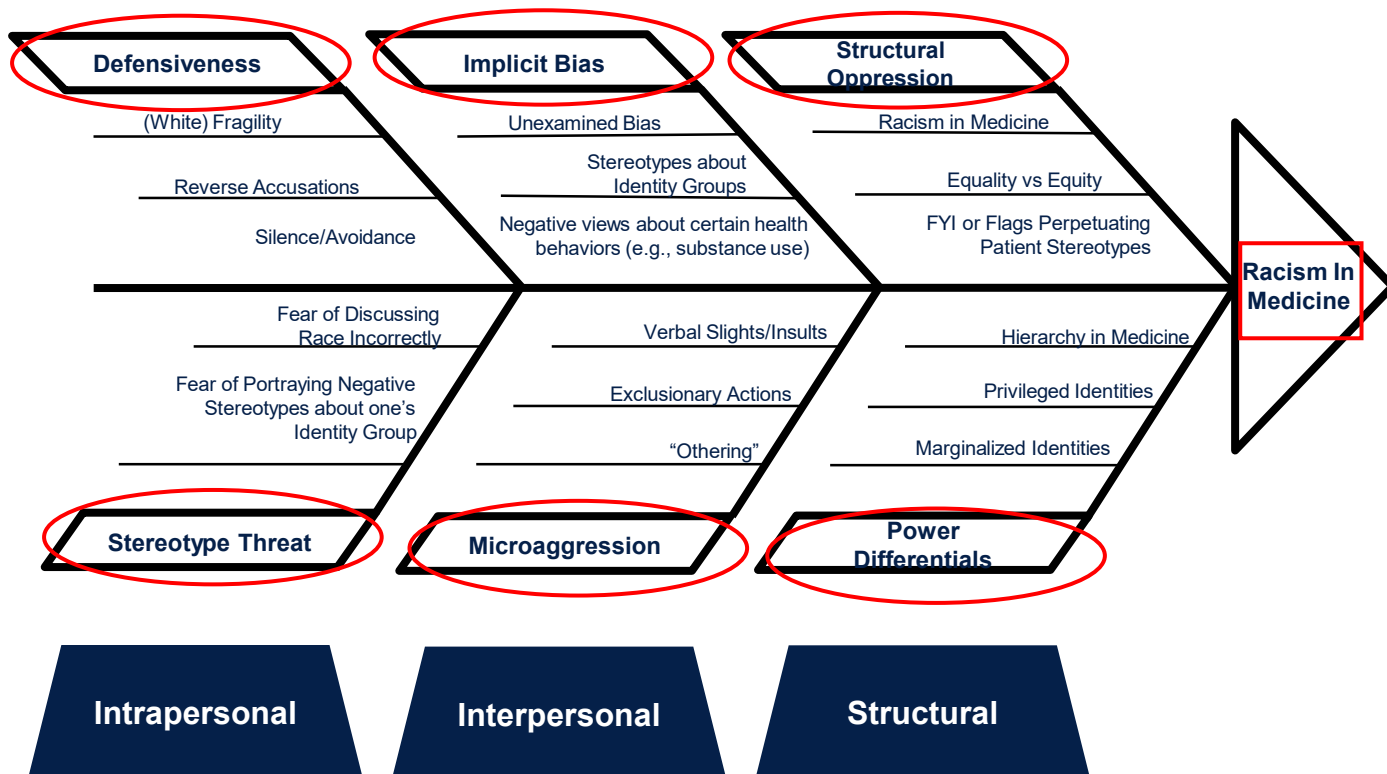
Potentially avoidable differences in health care between populations closely linked to social advantage/disadvantage

Health Care Equity + Equity in Social Determinants of Health → Health Equity

Health Difference vs. Disparity



Differences, Disparities, and Discrimination: Populations with Equal Access to Healthcare.
SOURCE: Gomes and McGuire, 2001



Developed by Dr. Jesse Ristau, Dr. LaMisha Hill, and Dr. Sarah Schaeffer

Key Definitions

Stereotype & Microaggressions

- **Stereotype:** an over-generalized belief about a particular category of people. It is an expectation that people might have about every person of a particular group.
- **Microaggressions:** everyday derogations, slights, and invalidations that are often delivered to people of minority or marginalized backgrounds.

Key Definitions

Bias

- **Bias:** a prejudice in favor of or against one thing, person, or group compared with another usually in a way that's considered to be unfair.
- Biases may be held by an individual, group, or institution and can have negative or positive consequences.
- There are 2 types of biases:
 - Conscious bias (also known as explicit bias) and
 - Unconscious bias (also known as implicit bias)

Key Definitions

Implicit/Unconscious Bias

- **Implicit bias:** social stereotypes about certain groups of people that individuals form outside their own conscious awareness.
- Everyone holds unconscious beliefs about various social and identity groups, and these biases stem from one's tendency to organize social worlds by categorizing.

Key Definitions

Racism

Racism is a system—consisting of structures, policies, practices, and norms—that assigns value and determines opportunity based on the way people look or the color of their skin. This results in conditions that unfairly advantage some and disadvantage others throughout society.

Racism—both interpersonal and structural—negatively affects the mental and physical health of millions of people, preventing them from attaining their highest level of health, and consequently, affecting the health of our nation.⁹



Key Definitions

Systems of Oppression

Racism is a system of:

1. structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"),
2. that unfairly disadvantages some individuals and communities,
3. unfairly advantages other individuals and communities, and
4. saps the strength of the whole society through the waste of human resources."

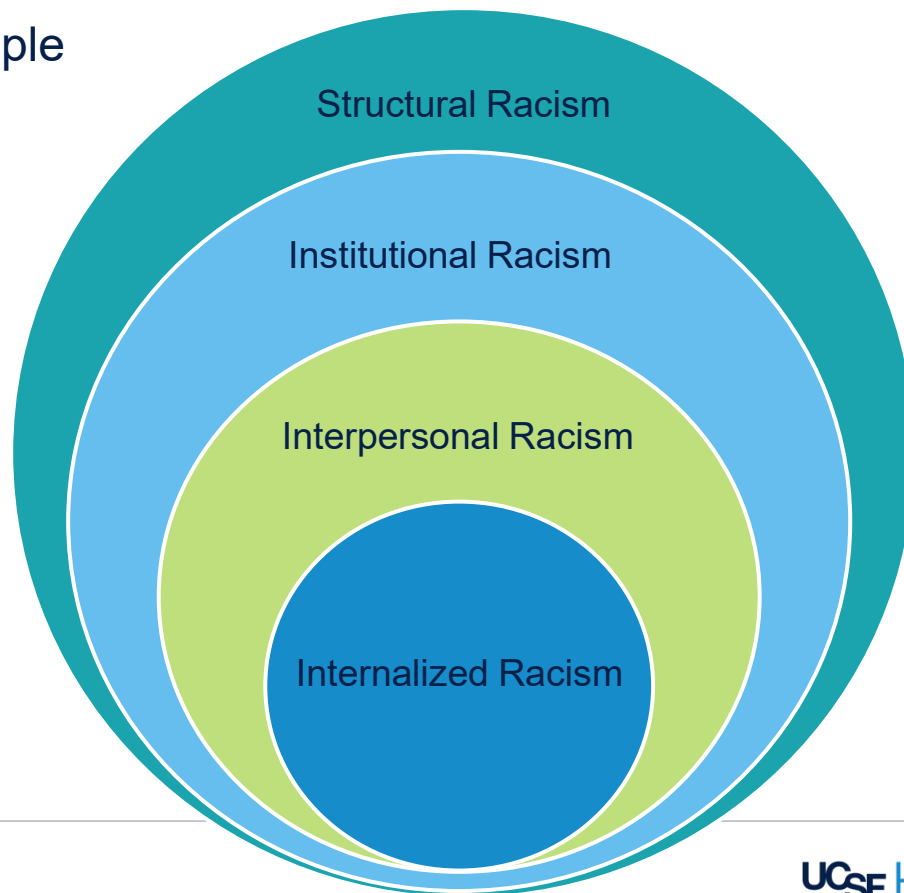
*Camara Phyllis Jones, MD, MPH, PhD
APHA Past-President and UCSF Presidential Scholar*

This framework can be applied to other systems of oppression, like ableism or sexism.

Key Definitions

Systems of Oppression: An Example

- **Structural:**
 - No paid sick leave
 - Public transportation
- **Institutional:**
 - Late arrival policy
- **Interpersonal:**
 - Front desk implicit bias
- **Internalized:**
 - Bias against oneself



Key Definitions

Cultural Competence in Health Care

- **Cultural Competence in Health Care:** The ability for healthcare professionals and systems to demonstrate cultural competence toward patients with diverse values, beliefs, and feelings. Provides set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

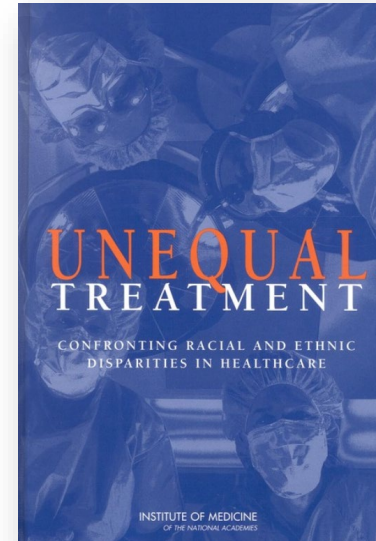


Understanding the impact of health care disparities research

Timeline

Release of Key Reports

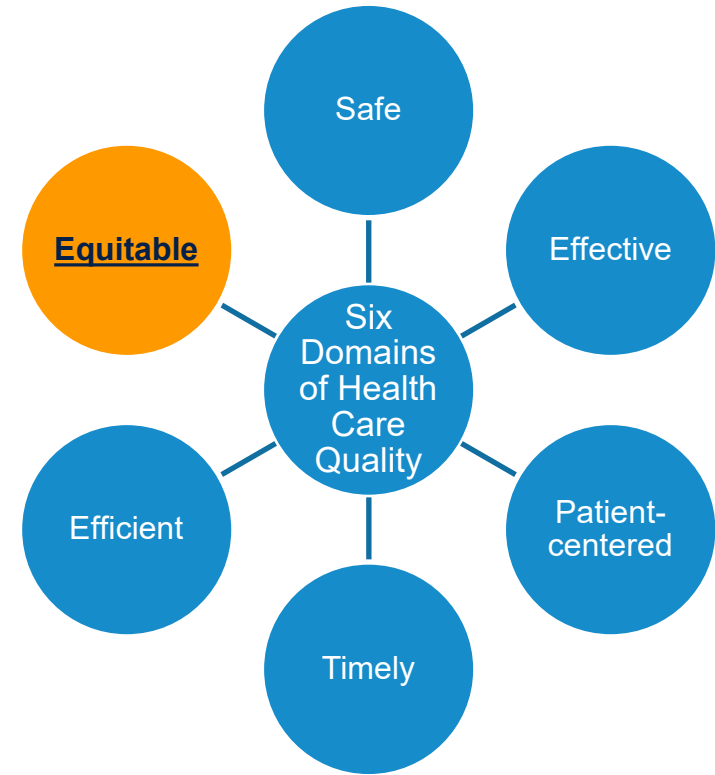
- In 1998, Surgeon General David Satcher releases a series of reports showing dramatic racial/ethnic disparities¹
- In 2002, the Institute of Medicine released the *Unequal Treatment* report²
 - Shows historically resilient racial/ethnic groups are **less likely to receive preventative medical treatment and often receive a lower-quality of care**
 - Displayed that even when standardizing for income, neighborhood, comorbid illnesses, and insurance that the health outcomes amongst Black identifying people were worse than white identifying people



Timeline

Institute of Medicine Prioritizes Equity

- Institute of Medicine adds equity as a sixth priority to a list of aims for the U.S. health care system³
 - **Equitable**: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.



Timeline

Progress

- In 2010, Institute of Medicine releases a follow-up report, *How Far Have We Come in Reducing Health Disparities?*²
 - Demonstrates little progress
 - Institute for Healthcare Improvement coins the term “**the forgotten aim**”

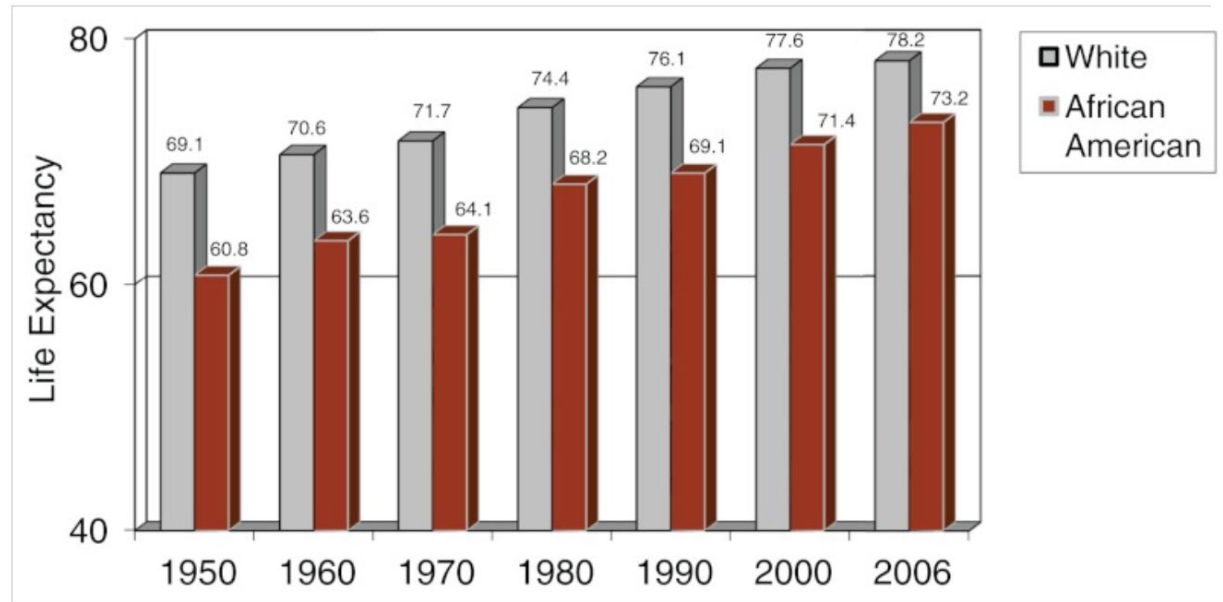
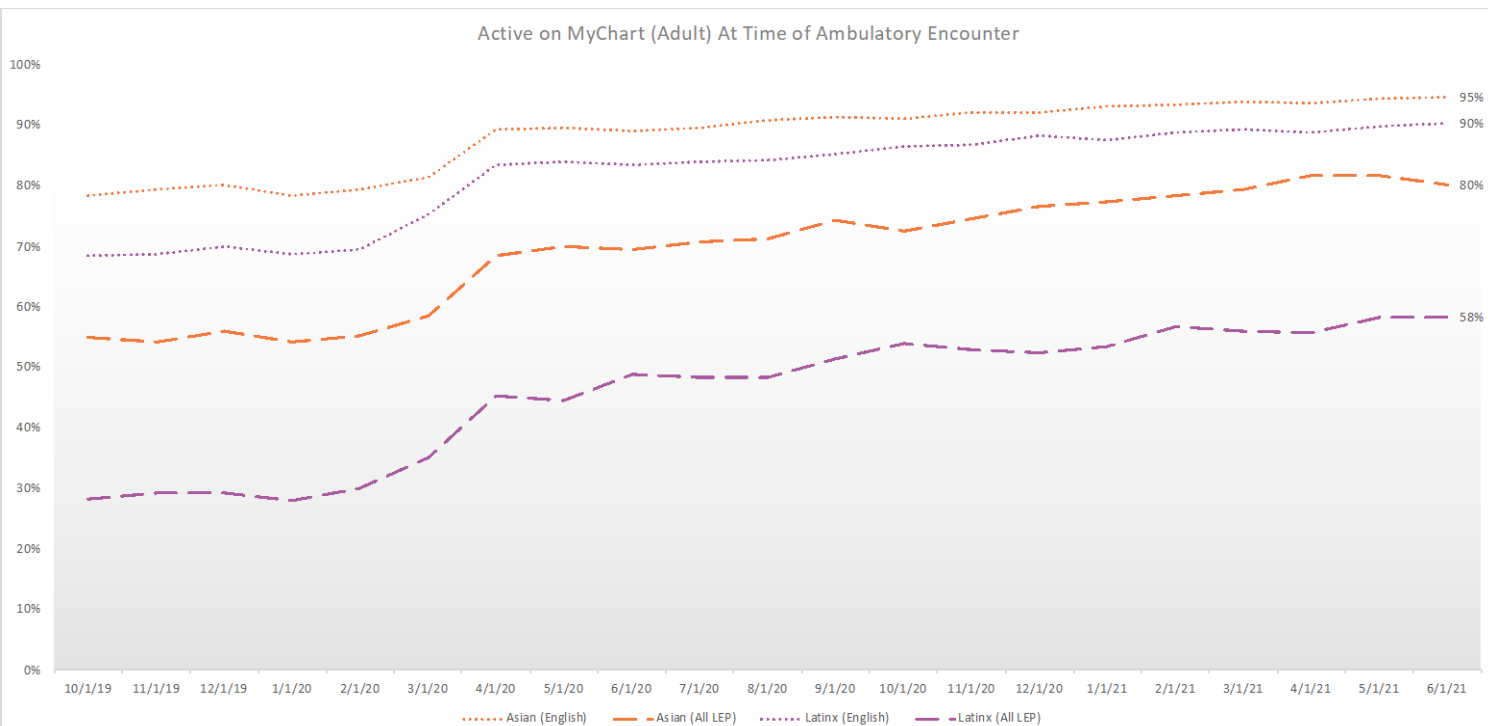


FIGURE 2-5 Life expectancy rates for African Americans and whites, 1950 to 2006

SOURCE: [Arias et al. \(2010\)](#).

Reference 4

An Intersectional Lens



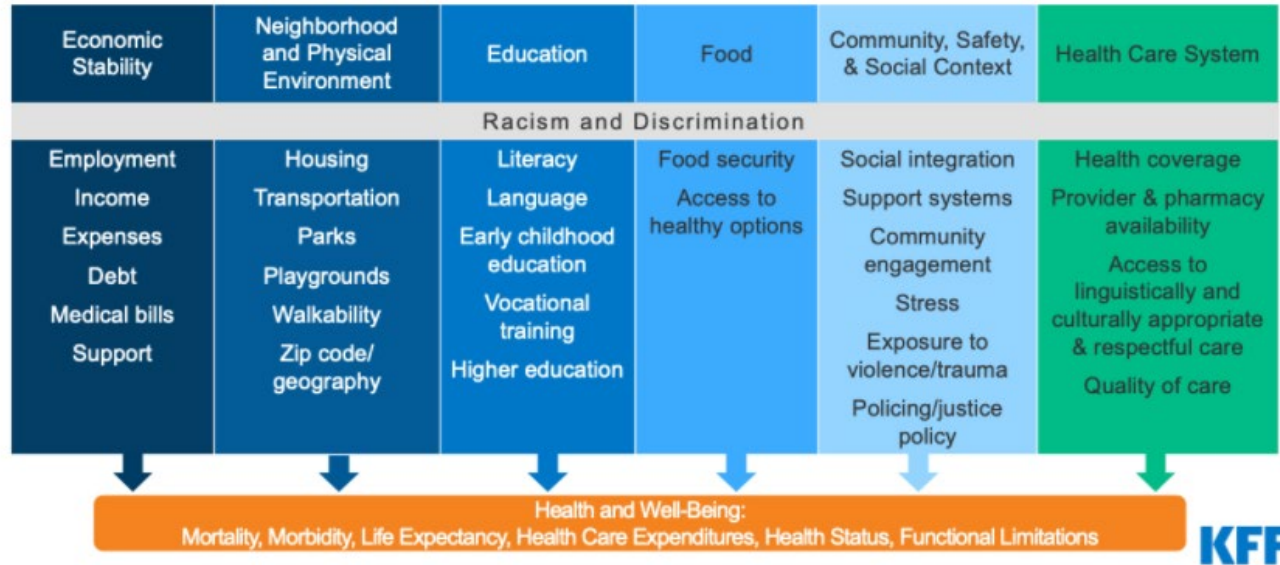
Note: Preliminary data and Source: Aris Oates, MD, Nicole Ling, MD, and Julie O'Brien, MD

Intersectional identities result in **multiple forms of inequality operating together** and exacerbating one another **resulting in worse disparities.**⁵

Drivers of Health Care Disparities

Figure 1

Health Disparities are Driven by Social and Economic Inequities



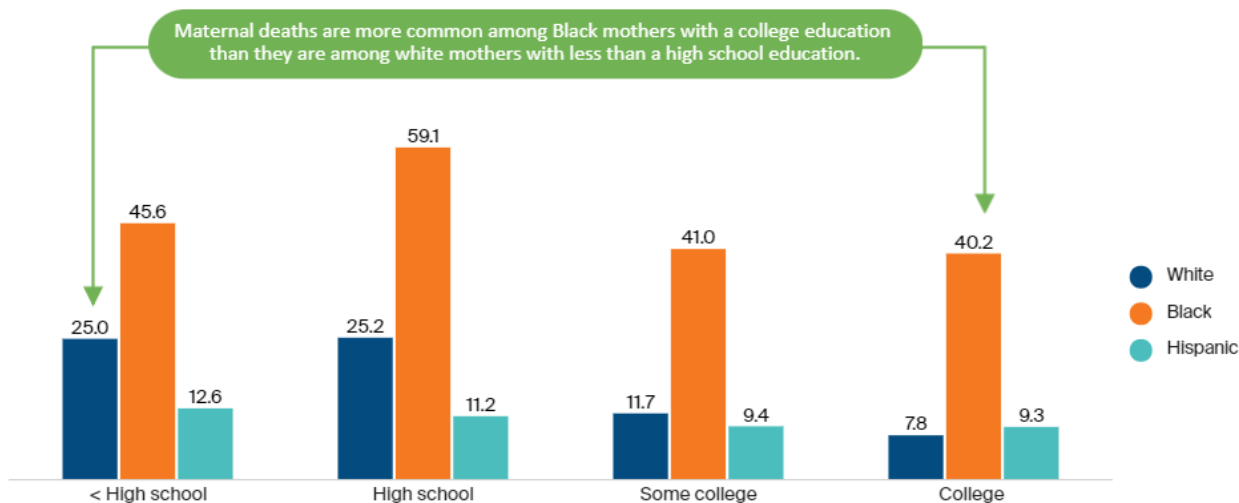
Medical care is estimated to account for about **10-20% of modifiable contributors** to health outcomes for a population.⁷

Figure 1: Health Disparities are Driven by Social and Economic Inequities

Standardization for Socioeconomic Status

Even higher education does not protect Black mothers from pregnancy-related death.

Pregnancy-related mortality ratios per 100,000 births in the U.S., 2007–2016



[Download data](#)

Data: Emily E. Petersen et al., "Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016," *Morbidity and Mortality Weekly Report* 68, no. 35 (Sept. 6, 2019): 762–65.

Education exacerbates rather than mitigates

Black–white differences in maternal deaths.

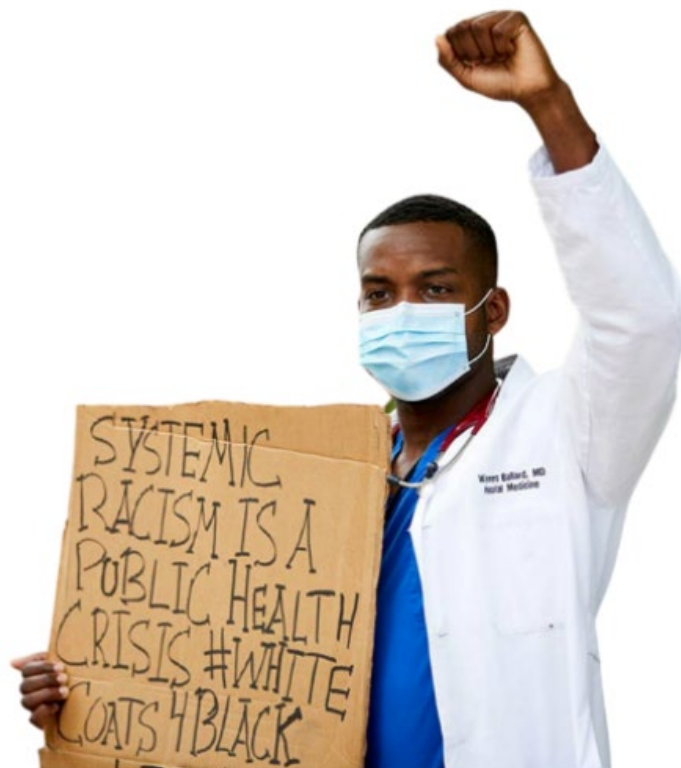
Five times as many Black mothers with a college education die as white mothers with a college education.⁸

Translating health care equity to a health care system, providers, and staff

Roadmap to Health Equity

Advancing Health Equity, RWJ 2005

- **Step 1: Linking Quality and Equity**
- **Step 2: Creating a Culture of Equity**
- **Step 3: Diagnosing the Disparity**
- **Step 4: Designing the Activity**
- **Step 5: Securing Buy-In**
- **Step 6: Implementing Change**



Roadmap to Health Equity

Advancing Health Equity, RWJ 2005

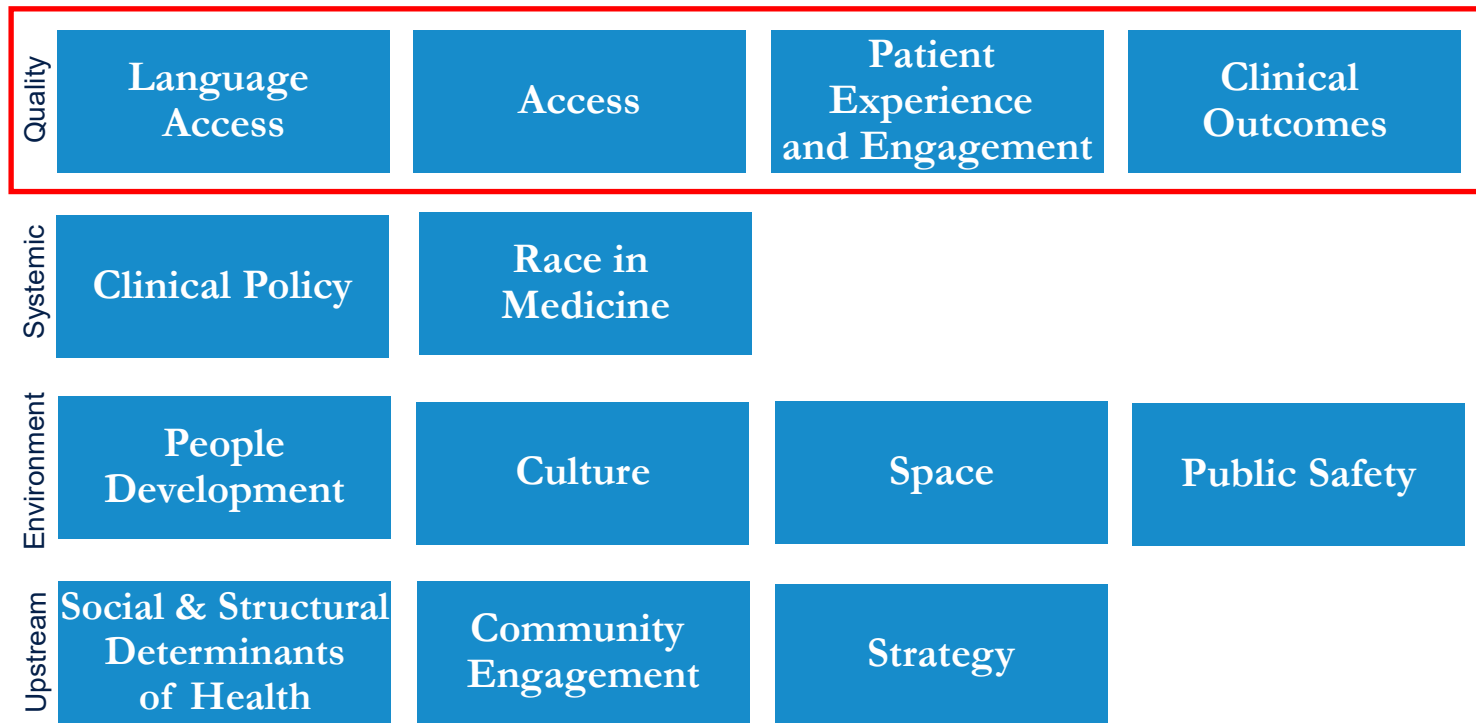
- **Step 1: Linking Quality and Equity**
- **Step 2: Creating a Culture of Equity**
 - Developing Mission, Vision and Values Statements
 - Community Advisory Boards
 - Assessing Organizational Culture
- **Step 3: Diagnosing the Disparity**
 - Involving Patients, Families, and Communities in Care
 - Conducting Focus Groups
 - Discussing Sensitive Topics
 - Getting Patient Feedback

Roadmap to Health Equity

Advancing Health Equity, RWJ 2005

- **Step 4: Designing the Activity**
 - Intervention Design and Implementation
- **Step 5: Securing Buy-In**
 - Building Partnerships with Stakeholders
- **Step 6: Implementing Change**
 - Program Evaluation

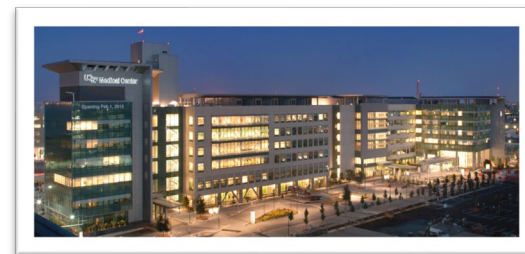
Levers to Advance Healthcare Equity



The Health Equity Council at UCSF

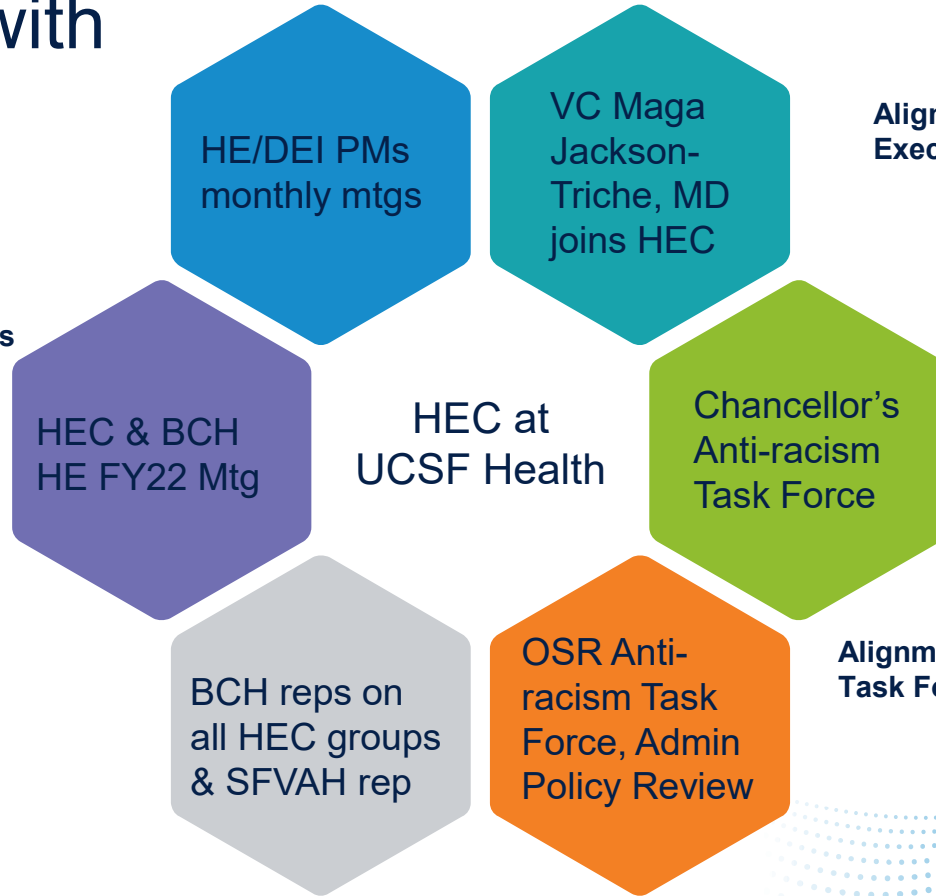
Health Equity as strategic & operational priority

- Activated by SOM Differences Matter Clinical Health Equity Action Group
- Established by UCSF Health Executive Leadership Committee, 2018
- **Purpose:** *Lead. Inspire. Advocate. Influence. Communicate.*
- **Scope:** Culture & Awareness, Data & Analytics, Disparity Improvement, Strategy/Vision 2025
- **Membership:** 20 diverse UCSF leaders
 - health system operational & functional area leads,
 - health disparities experts & Dean's Diversity Leaders
 - BCH, ZSFGH, and SFVA representation
- HEC housed within Department of Quality & Safety
 - Medical staff committee reporting structure: QIEC and then EMB



HEC Aligns with Key HE/DEI Leads

Alignment with HE/DEI leads at other campuses



Alignment with UCSF Health Executive Advisor for DEI

Alignment with key HE/DEI Task Force & other groups

HEC Highlights

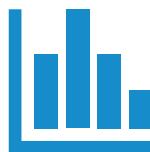
- Shared vision with key leadership
- Completed Needs Assessment
- Improvement Leadership Retreats & Poster Symposia 2018, 2019
- 2019 Health Equity Report
- Influenced DEI training of UCSF Health faculty and staff



Culture & Awareness

- FY21 Health Equity Inventory
- Advocated for HE as crosscutting theme in Vision 2025
- Collaborated on integrating HE into UCSF Health incentive goals

- **Data Equity Taskforce**
- UCSF-derived race/ethnicity data schema for routine equity analyses
- Advocate for new SO/GI schema



Data & Analytics

- Partnered with Health Informatics to build COVID Equity dashboard
- HE data standards used in:
 - ❖ Health Equity Report,
 - ❖ Experience Dash,
 - ❖ COVID Equity Dashboard, &
 - ❖ Several Enterprise TN metrics

- FY19 added HE metrics to Enterprise and BCH True North scorecard
- FY21 expanded consultation to LPPI and Cancer Center



Disparity Improvement

- FY20 activated one system-wide disparity reduction effort (HTN)
- FY21 activated five efforts (COVID, Flu, HTN, ACP, & Remote Visits)
- **Social Determinants of Health Taskforce (time-bound)**
- **Disparity Improvement Taskforce**

HEC Inventory FY21

Health Equity Council at UCSF 2020-2021 Inventory DASHBOARD



Welcome to the Health Equity Council FY21 Inventory Tracker for UCSF Health!

Purpose: To help create clarity on the range and state of major initiatives across UCSF that impact health equity at UCSF Health.

The Goal: To help enable the organization to collectively maintain critical alignment of the diverse health equity efforts across the enterprise. Such alignment will help synergize/amplify health equity efforts to more effectively and efficiently advance clinical health equity at UCSF Health.

Thank you for your interest and support of this work.

Overview

120

Total
Submissions

65

Projects
Started in
2020

79

Significant
Collaborations

Resources

HEC Inventory Report FY21_03.30.21.pdf

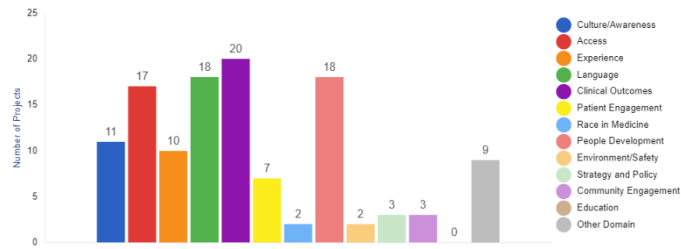
Top 10 Strategies for LEP Patient Access UCSF Health.pdf

SF COMMUNITY HEALTH NEEDS ASSESSMENT 2019

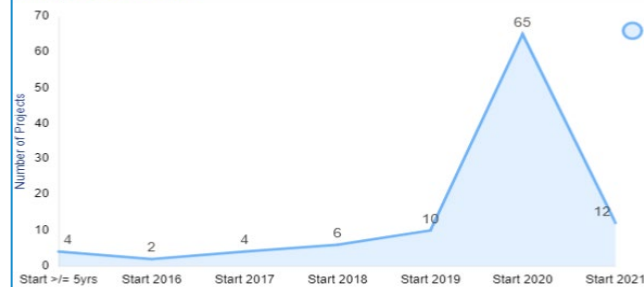
Building a Systems Approach to Community Health & HE

Domains, Key Categories, & Entities

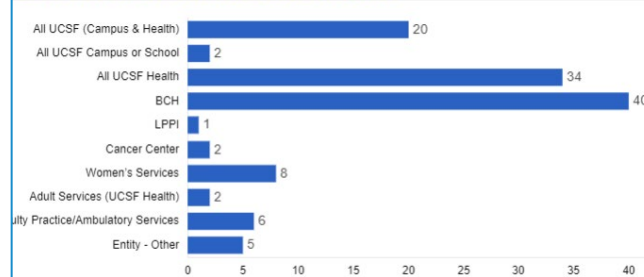
Distribution of HE Domains of Inventory Projects



Project Start Dates



Distribution of UCSF Entities Covered by Projects



HEC Inventory Session Feedback

Best Practices and Themes Identified & Next Steps

Best Practices & Themes

- Walk the Talk
- Centering Patient and Family Voices
- Strategy Integration
- Spread and Sustainability

Spotlight:

Language Access, Patient Engagement & People Development

HEC Next Step Questions

- How influence work to align w/ broader health equity trends/needs?
- Can we draw any conclusions or follow up to learn about effectiveness?

What Can Healthcare Individuals Do?



Advancing DEI & Health Equity

What We Can Do Now as Healthcare Individuals

- **DEI training(s) and personal work**
 - Foundational – supports colleagues, patients, and ability to sustain this work
 - Essential to benefitting from full breadth of talent, expertise, & perspectives
- **Address Implicit Bias**
 - Make the unconscious conscious – learn our biases, Harvard IAT
 - Challenge Automaticity – slow down, count/audit
 - Challenge Stereotypes – individuation, stereotype replacement, language use
- **Engage your teams; look at your key data & metrics by HE variables**
 - DoQS partnering – contact Sarah Lahidji
- **Use language interpreter services and other important tools**
- **Take the Health Equity Pledge – Educate, Advocate, Act!**

Advancing DEI & Health Equity

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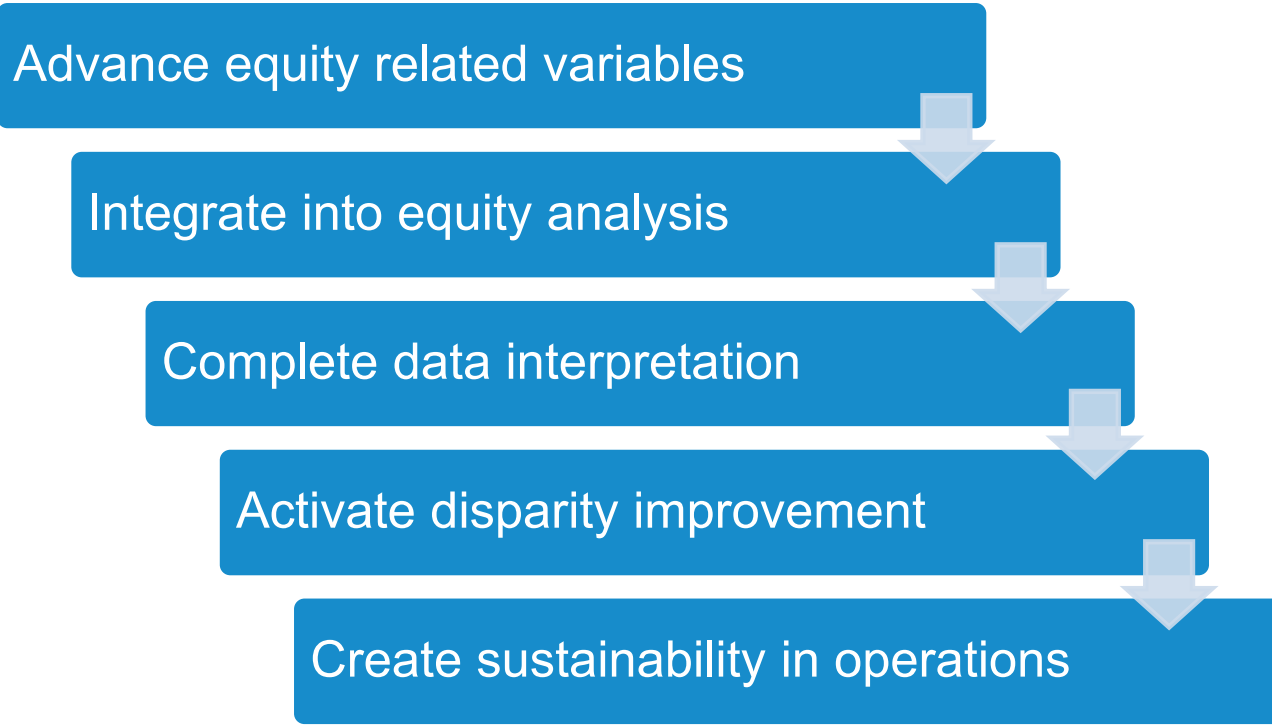
Connecting Anti-Racism & Health Equity

- **Health Equity** = promoting health care equity and decreasing health-related inequities for less advantaged populations related to social or demographic factors
 - race, ethnicity, socioeconomic status, health insurance status, level of literacy, English proficiency, sexual orientation, gender & gender identity, geography, disability, age, etc.
- With respect to race, = promoting racial (health care) equity and decreasing racial (health) inequities and that is an anti-racist act.




Translating health care equity to quality and safety systems and practitioners

Health Care Equity in Quality and Safety



Advancing Equity Related Variables Information Collection

- Care teams may ask you about your demographic or social determinant of health equity related variables
 - *Demographic Examples:* Race, ethnicity, sexual orientation, gender identity, ability status, etc.
 - *Social Determinants of Health Examples:* Food insecurity, housing insecurity, financial strain, etc.
- **Informs culturally competent care and informs equity analysis** to understand differences across our subpopulations
- Supporting your privacy



We Ask Because We Care

Please complete this questionnaire. We use this information to review the treatment patients receive and to ensure that everyone gets the highest quality of care. Your individual responses are private and will not be shared outside the health care system.

1. Do you consider yourself **Hispanic/Latino**? ☐ Yes ☐ No ☐ Decline to answer ☐ Unknown

2. How would you describe your **Race**? By race, we mean the major world group or groups from which your ancestors came. Please check as many categories as you need to describe yourself.

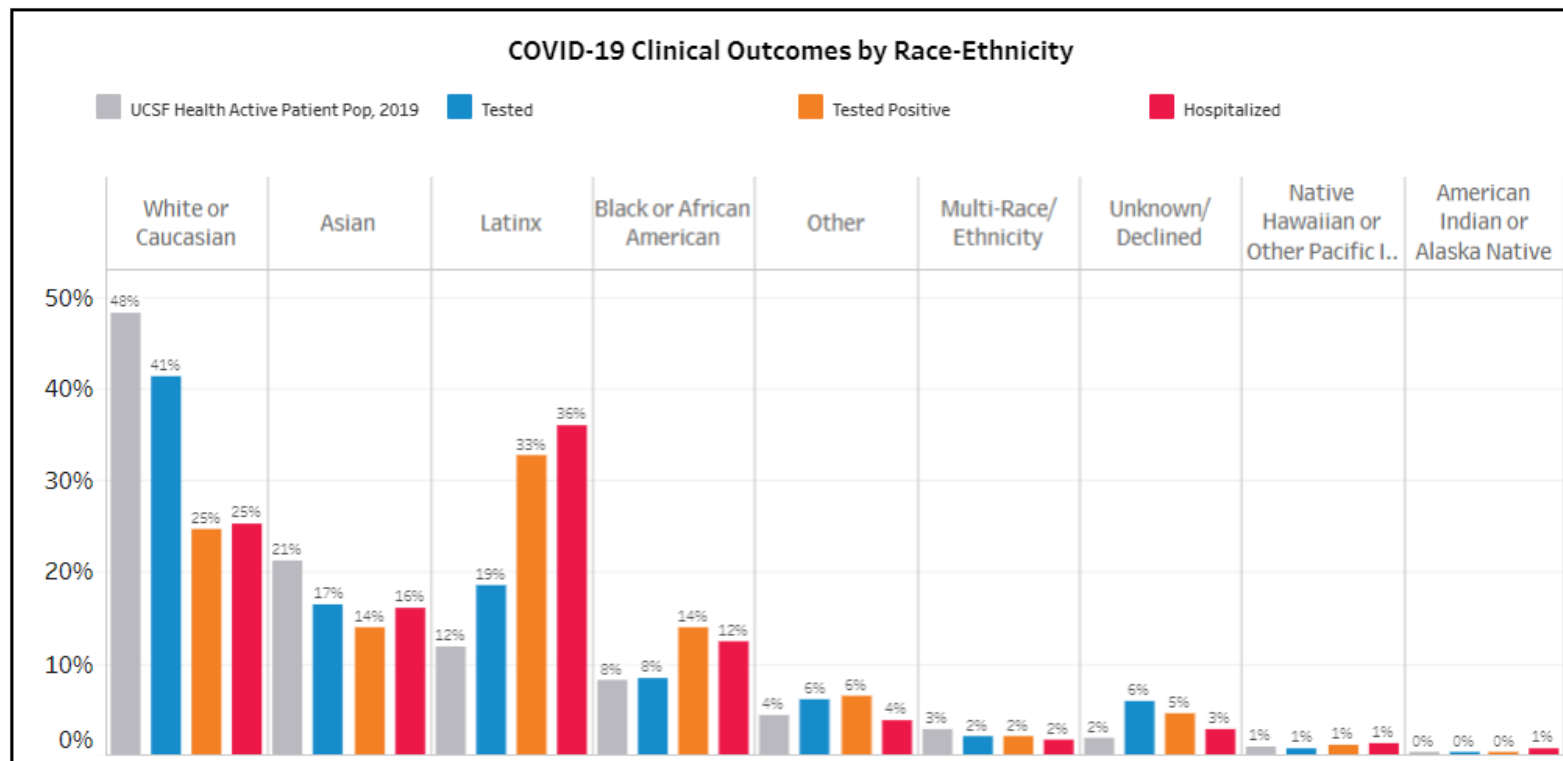
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Decline to Answer
<input type="checkbox"/> African American/Black	<input type="checkbox"/> White	<input type="checkbox"/> Unknown
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> Other

3. How would you describe your **Ethnicity**? By ethnicity, we mean the group or groups with whom you share your cultural identity or customs. Please check as many categories as you need to describe yourself.

<input type="checkbox"/> African	<input type="checkbox"/> Japanese
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Korean
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Laotian
<input type="checkbox"/> American Indian	<input type="checkbox"/> Mexican
<input type="checkbox"/> Arab/North African	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Mongolian
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Caribbean (Caribbean)	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Caribbean/West Indian	<input type="checkbox"/> Russian
<input type="checkbox"/> Central American	<input type="checkbox"/> Samoan/American Samoan
<input type="checkbox"/> Chinese	<input type="checkbox"/> South American
<input type="checkbox"/> European/European Descent	<input type="checkbox"/> Thai
<input type="checkbox"/> Filipino	<input type="checkbox"/> Tibetan
<input type="checkbox"/> Guamanian	<input type="checkbox"/> Tongan
<input type="checkbox"/> Hmong	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Indigenous - Maya	
<input type="checkbox"/> Decline to Answer	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other	

Integrating into Equity Analysis

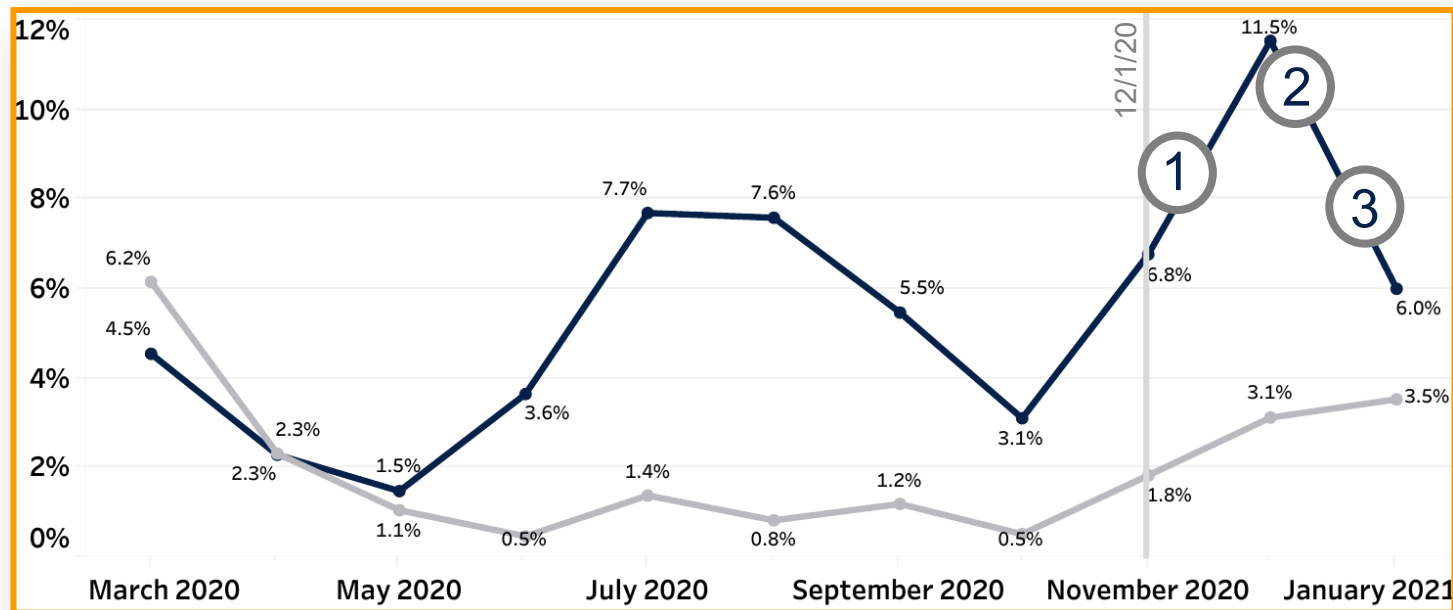
COVID



Release of **publicly** displayed equity analysis to promote transparency and open-discussion of health care disparities.

Activating Disparity Improvement

COVID

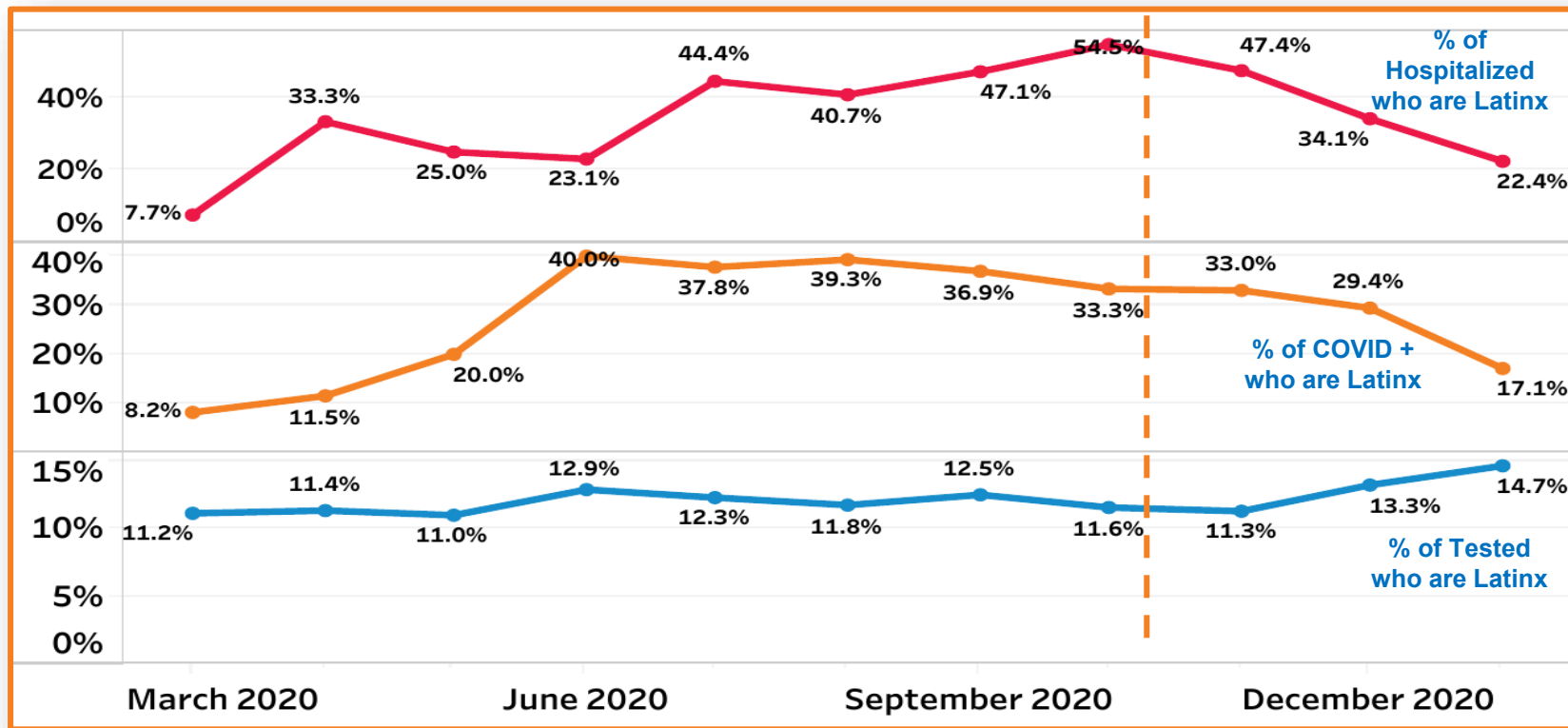


White or Caucasian
Latinx

1. Postcard mailed
2. Added link to Coronavirus patient web pages in Spanish
3. Cipher Health calls launched

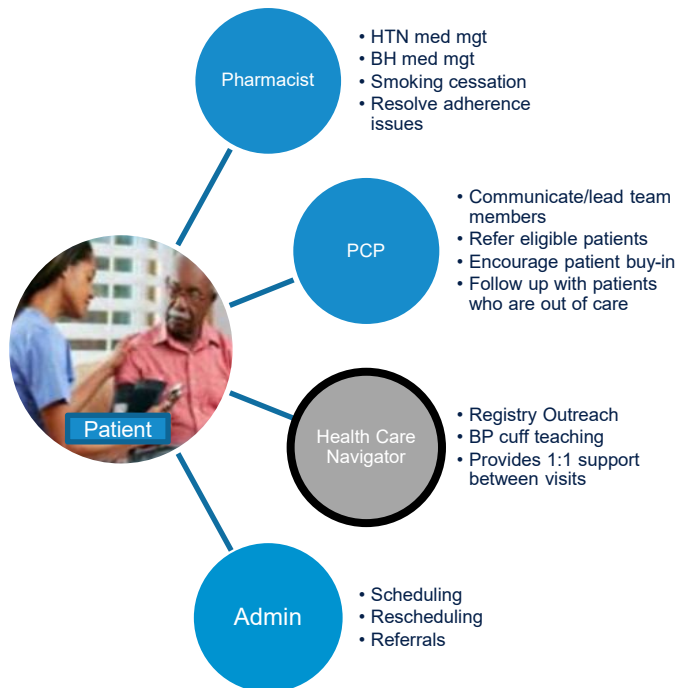
Activating Disparity Improvement


COVID




Activating Disparity Improvement

Hypertension





Rosalyn Cruz,
HCN



Monique Morrell,
HCN

UCSF Health

Office of Population Health
Health Care Navigator Team, HTN

Program Pillars:

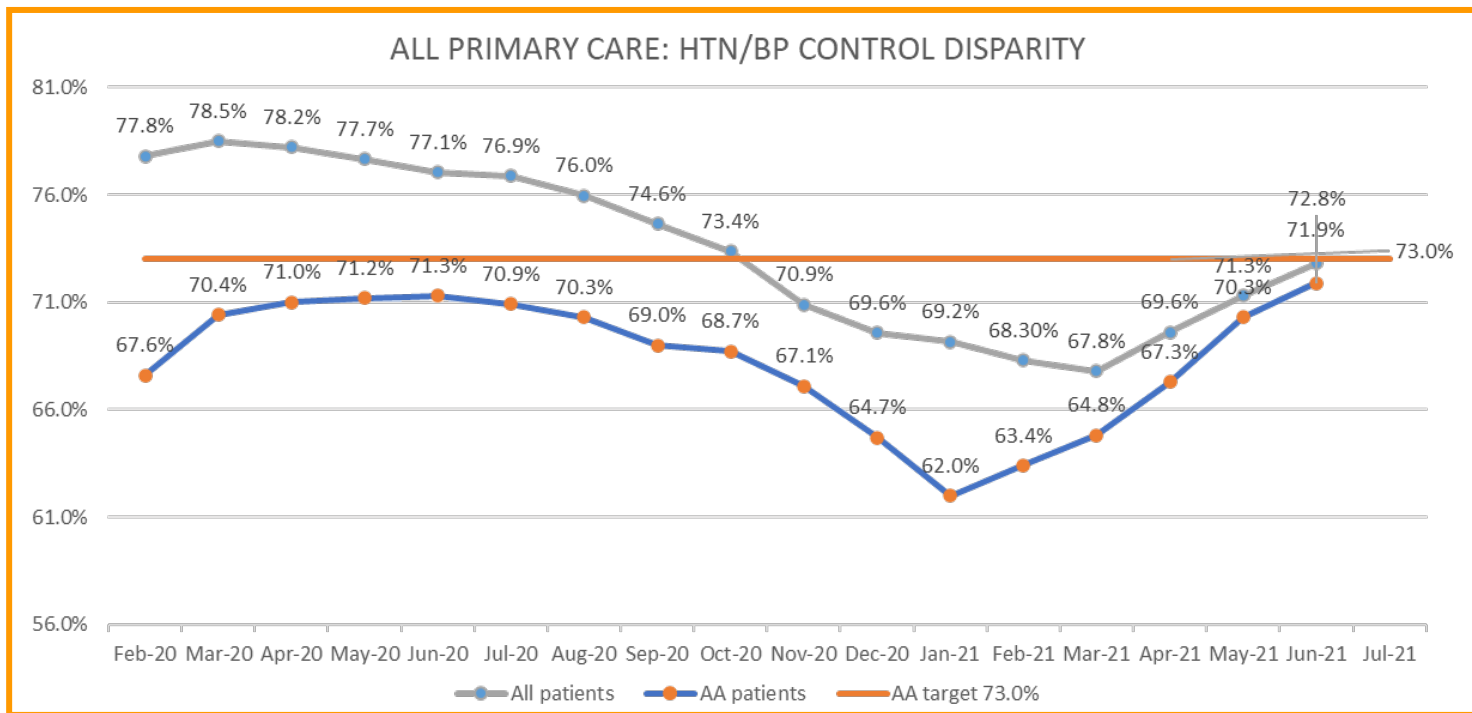
- Reinforcement of care plan & SMART goals (established w/ provider)
- Motivational interviewing, health coaching, & care coordination
- Distribution of resources: BP cuffs, educational materials, nutrition and exercise recommendations, tailored community resources: affordable fitness and food

Patient feedback
Husband and wife enrolled in HTN program:

*"Hello, Mrs. Cruz,
Thank you for the wealth of information. Norma and I are impressed with the expediency in which you got the materials to us. **This program will assist us immensely.** Thank you for the blood pressure log sheet as well. We look forward to our next meeting."* - Mr. and Mrs. Smith

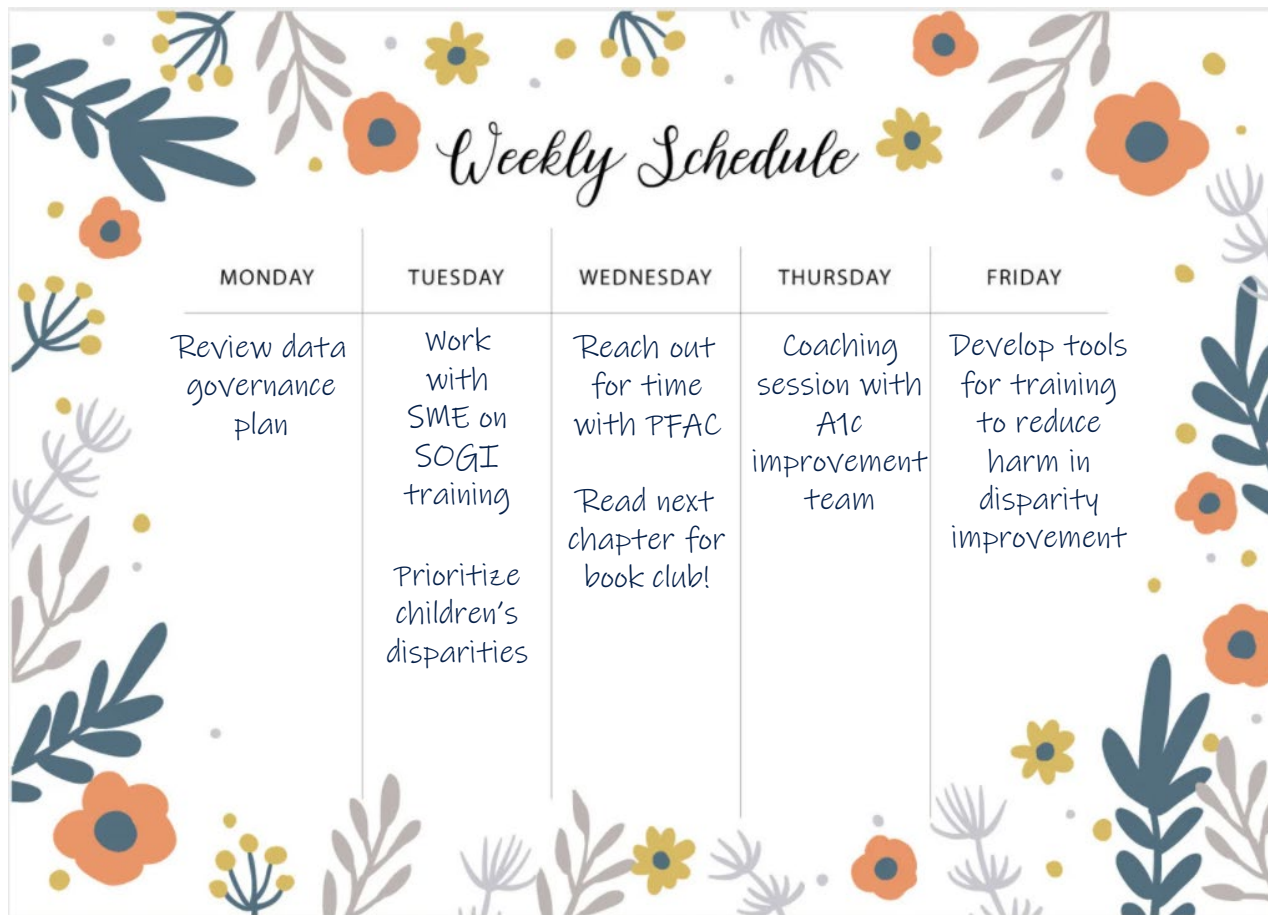
Completing Data Interpretation

Hypertension



Despite the pandemic, **improvement still achieved through targeted interventions** with healthcare navigators, pharmacists, outreach, and in-reach.

The Day to Day



A weekly schedule calendar titled "Weekly Schedule" in a cursive font. The calendar is framed by a decorative border of stylized flowers and leaves in orange, yellow, and grey. The days of the week are listed in the header, and the tasks for each day are listed in the corresponding columns.

Weekly Schedule				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Review data governance plan	Work with SME on SOGI training Prioritize children's disparities	Reach out for time with PFAC Read next chapter for book club!	Coaching session with AIC improvement team	Develop tools for training to reduce harm in disparity improvement

Additional Information to Learn More

- Unlocking Us with Brené Brown, Brené with Ibram X. Kendi on How to Be An Antiracist
- TED, Dr. Camara Jones, Allegories on Race and Racism
- New York Times, 1619, Episode 4: How the Bad Blood Started
- California Newsreel and PBS, Unnatural Causes...is inequality making us sick?
- TED, Chimamanda Ngozi Adichie, The Danger of a Single Story
- NPR, Morning Edition, In the Hospital: A Bad Translation Can Destroy a Life
- NPR, All Things Considered, Health Care Systems Fails Many Transgender Americans
- TED, Hilary Brown, Forgotten: Reproductive Health in Women with Disabilities



Honoring our histories...

Thank You

Question and Answer

Appendix

Health Equity Council at UCSF FY21

Members

Adler, Joshua (Executive Sponsor)

Bekmezian, Arpi

Bibbins-Domingo, Kirsten

Burke, Kay

Chiu, Jeffrey

Duranteau, Nancy A

Fernandez, Alicia

Fong, Kenneth T

Grumbach, Kevin (Co-Chair, Leadership Team)

Intinarelli, Gina

John, Malcolm (Co-Chair, Leadership Team)

Johnson, Meshell

Koschmann, Mathew

Lahidji, Sarah (Program Manager, Leadership Team)

Liu, Wylie

Pappas, Susan K

Sliwka, Diane (Co-Chair, Leadership Team)

Smith, Susan

Weiss, George

Wolden, Matthew (Leadership Team)

WHY IS INDIGENOUS LAND ACKNOWLEDGMENT IMPORTANT?

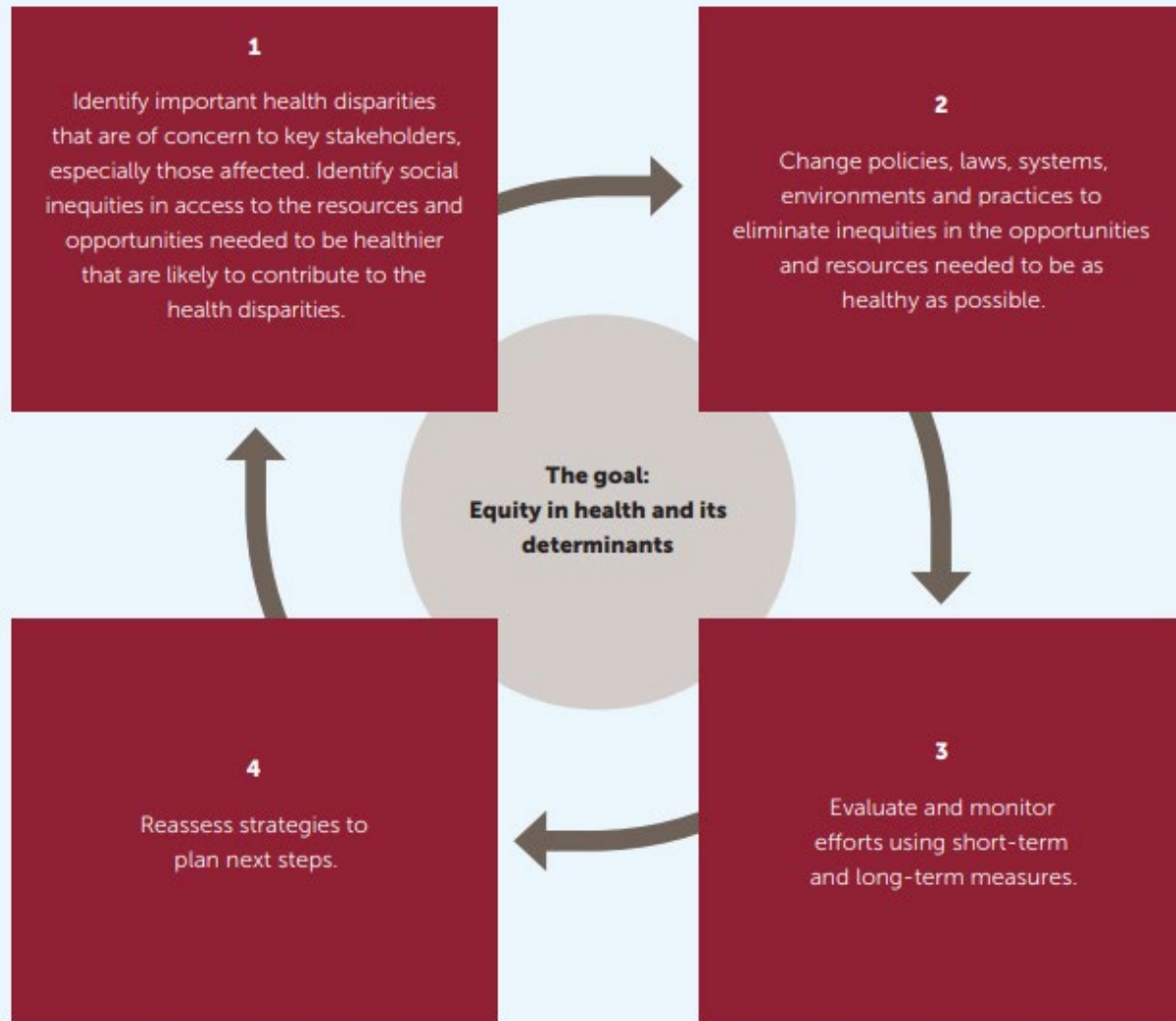
“It is important to understand the longstanding history that has brought you to reside on the land, and to seek to understand your place within that history. Land acknowledgements do not exist in a past tense, or historical context: colonialism is a current ongoing process, and we need to build our mindfulness of our present participation.” [Northwestern University](#)

“When we talk about land, land is part of who we are. It’s a mixture of our blood, our past, our current, and our future. We carry our ancestors in us, and they’re around us. As you all do.” Mary Lyons (Leech Lake Band of Ojibwe)

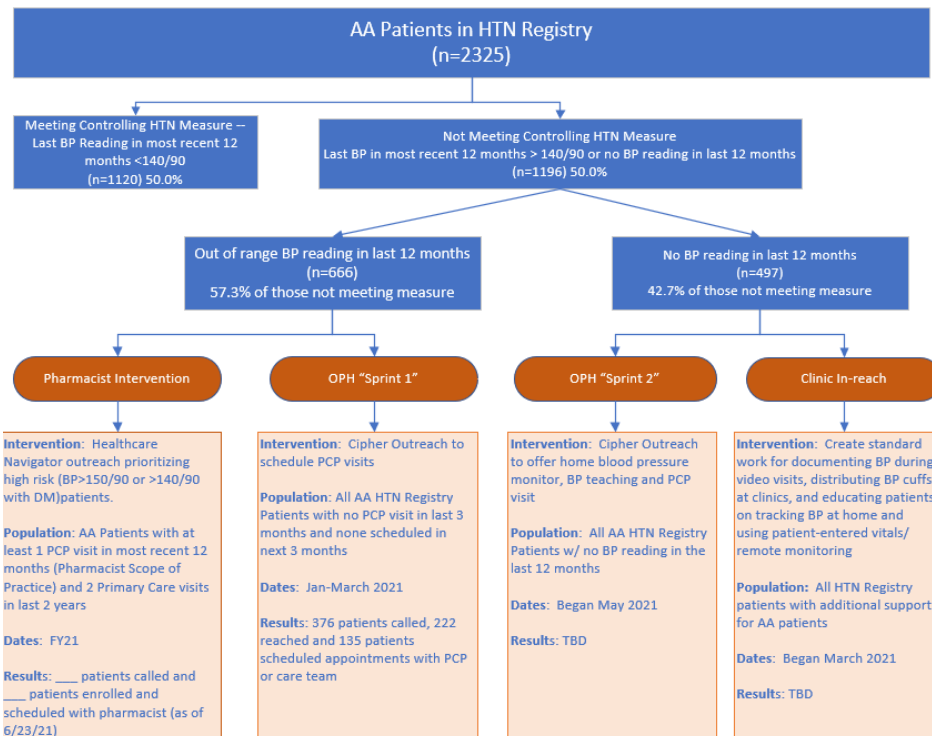


Key Steps to Advancing Health Equity

Robert Wood Johnson
Foundation | May 2017

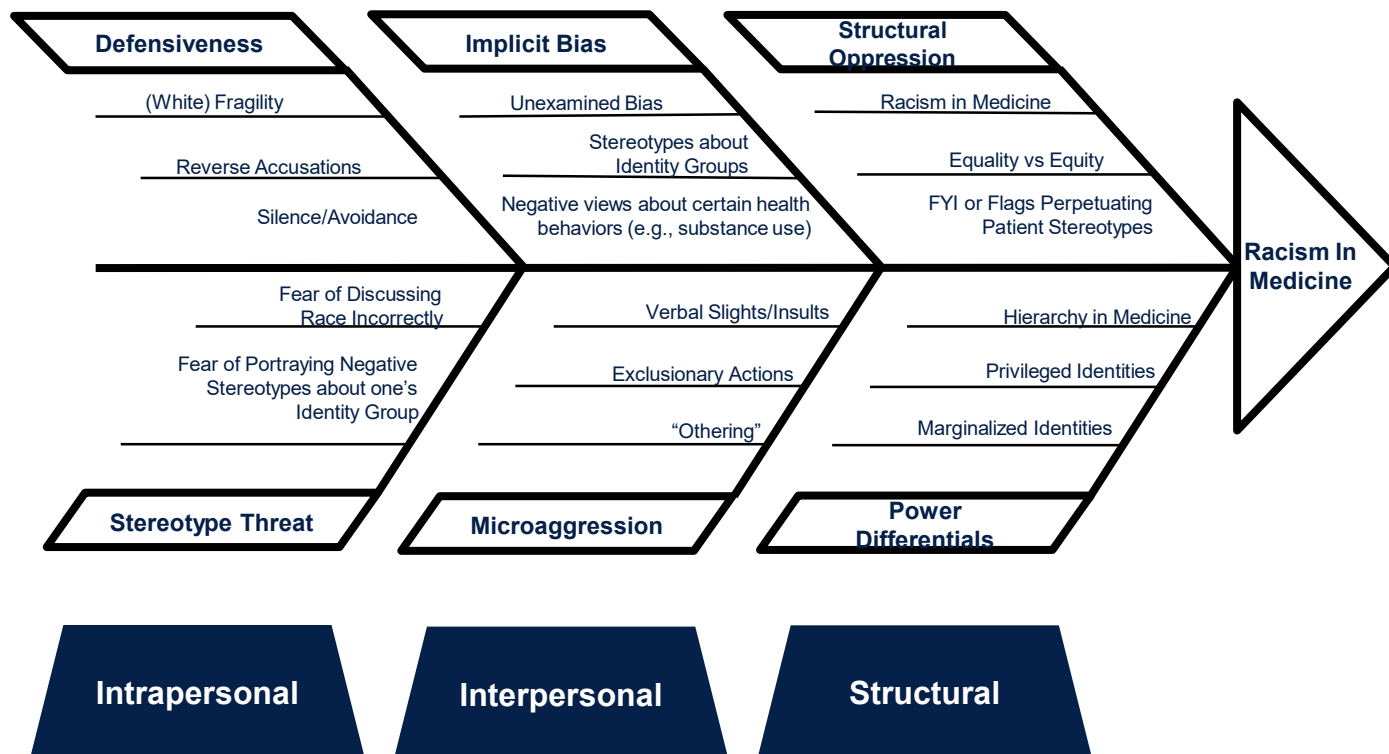


Hypertension Interventions - Detailed



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