The State of Diversity & Inclusion in the Healthcare Industry
The Patient-Centered Care report is the third in a three-part series of Diversity Best Practice studies focused on the healthcare industry.

The first study, Industry Overview, provides a big picture look at healthcare today, and offers a snapshot of the major challenges and trends impacting the industry. The second report: Next Generation Health Workforce - Workplace, takes a deeper dive, examining challenges facing the industry, including workforce shortages, population and marketplace changes, emerging talent needs, and advances in technology – all of which are significantly changing the workplace as we know it.

This third study in the health series explores how leading companies across the healthcare industry - including primary care providers, retail health providers, insurers, medical device manufacturers, and big pharma - are leveraging diversity and inclusion to engage communities and patient populations. New patient-centered approaches focused on community engagement and health and prevention have taken center stage and become foundational to improving outcomes and bringing down costs. Collaboration has taken the place of competition as organizations across different industry sectors form new partnerships around the shared goal of engaging patients to take more responsibility for their health, and educating and engaging entire communities to adopt healthier lifestyles.

“It is far more important to know what sort of person has a disease, than to know what sort of disease a person has.”

Hippocrates
INTRODUCTION

Shifting Health Landscape

The health care industry is undergoing a transformation. Changes in population size, age, and ethnicity have directly impacted the type of health resources that are needed, and how services should be delivered. Segregated, volume-driven treatment models have run their course, and new patient-centered, collaborative approaches focused on community engagement and health and prevention have become a business imperative.

The shift in focus is urgently needed. Cultural differences, language barriers, and high rates of unemployment and poverty have created major health disparities for many Americans, in particular, minorities, seniors, and other marginalized groups, and their health status is lower overall. The US spends more on healthcare than any other industrialized country in the world, yet Americans continue to have poorer health outcomes and shorter lifespans. Many of the high costs and inequities associated with existing healthcare delivery systems can be traced back to outdated policies and practices, low health literacy rates, and a stark cultural divide between provider and patient populations.

Providing care that is respectful of and responsive to individual patient preferences, needs, and values will be primary drivers in an increasingly competitive healthcare market. Today’s providers must take meaningful action to differentiate themselves in new ways that call for a diverse and culturally competent workforce, bilingual products and services, better patient-provider relationships, and collaborative community partnerships. Effectively leveraging Diversity and Inclusion (D&I) programs and employee resource groups (ERGs) to engage patient populations and communities in strategies grounded in health and prevention will provide distinct advantage in today’s highly competitive and rapidly changing health landscape.
Population Health and Understanding Today’s Patient Population
Understanding the Diverse Patient Population as Part of Your Strategy

Pressure to lower costs, eliminate inequities, and serve more people – all with a much leaner health workforce – are compelling forces driving industry leaders to pay closer attention to patient populations and the communities in which they operate. To effectively treat the ‘whole’ patient, it is vital to identify and address environmental, cultural and socio-economic conditions, in addition to medical and treatment needs. Where an individual lives, their age, race and ethnicity, language preference, education, economic status, lifestyle choices, and cultural perspectives related to disease all contribute to their overall health status and ability to access services.

A ‘population health’ approach requires understanding the health status of specific patient groups, identifying inequities and gaps in care, and addressing health literacy challenges. By learning more about the social determinants of health, and recognizing how those factors impact a patient’s ability to access care and manage their health, health providers can be more intentional around decisions related to how, when and where services are delivered. The challenge lies in delivering equitable, accessible, evidence-based quality health care in an environment that continues to be impacted by racial, gender and socio-economic disparities.

Collaboration Across Industries and Within Communities to Improve Population Health

To be successful, population health strategies must be implemented across the full spectrum of community settings, and include collaboration with stakeholders both within and outside the care continuum, including public health departments, social service organizations, law enforcement agencies, educational institutions, the business community, insurers and policymakers.

Hospitals and health systems can play a key role as leaders and conveners - across industries and within communities - to identify disparities and tackle social determinants that negatively impact health status and outcomes. Effective partnerships can expand access, provide a more in-depth understanding of the needs and preferences of different patient populations, broaden the scope of activities in which a single provider can engage, and strengthen the capacity to conduct work in high priority health areas.

D&I programs and initiatives can provide the impetus for identifying and developing community-based partnerships. ERGs can leverage the experiences, skills, and backgrounds of employees, connect the organization to the communities served, and serves as an important source for community insights and outreach.

A study by the University of Wisconsin Population Health Institute and Robert Wood Johnson found that only 20 percent of factors influencing a patient’s health status are related to clinical factors’ such as access and quality of health care.

Social determinants of health including socio-economic status, demographic and behavioral attitudes, made up the other 80 percent.
Health Care by the Numbers

Today’s Patient Population

<table>
<thead>
<tr>
<th>Aging population</th>
<th>Diverse population</th>
<th>Population disparities</th>
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<tr>
<td>➤ The number of individuals 80 and older is projected to triple between 2010 and 2050.</td>
<td>➤ The US population is projected to increase by 12 percent, or 38 million, during the period 2015 to 2030.</td>
<td>➤ The number of Americans living in poverty has doubled from 7 million to 14 million since 2000; 22 percent of children in the US live in poverty.</td>
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<td>➤ The population 90 and older will quadruple. According to the Census Bureau, by 2030, one in five Americans will be 65 or older.</td>
<td>➤ Most of the growth will come from minority and immigrant populations.</td>
<td>➤ The median net wealth for whites is 13 times greater than that of Blacks, and ten times greater than that of Hispanics.</td>
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<td>➤ As patients get older they require two to three times as many health services. Seniors age 65 or older account for 35 percent of hospital stays, 38 percent of emergency medical responses; 47 percent of diagnostic treatments and tests, and 37 percent of inpatient procedures.</td>
<td>➤ By 2060, Asian and Hispanic populations will increase by 128 percent and 115 percent respectively; the Black population will double by that time, but the white population will grow by just 16 percent.</td>
<td>➤ Despite insurance coverage gains under the Affordable Care Act, minorities account for 55 percent of uninsured Americans.</td>
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<td>➤ Age can also be a target of discrimination. Patients over a certain age are often excluded from clinical trials and may have less access to treatments such as kidney dialysis or heart bypass operations.</td>
<td>➤ A recent Pew Research Center study found that more than 10 million adults identify as LGBTQ, approximately 1.75 million more than in 2012. Fifty-eight percent of the LGBTQ segment of the US population are of the millennial generation.</td>
<td>➤ Minorities experience more access barriers, report lower utilization rates, and have poorer health outcomes.</td>
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<td>➤ Approximately 1 in 5 Americans have a disability; 60 percent of them are under age 65.</td>
<td>➤ Depending on race and ethnicity, life expectancy rates can vary as much as 30 years between the richest and poorest counties in the US.</td>
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Health Disparities Persist

According to a 2016 report by the Kaiser Family Foundation:

➤ Blacks have higher death rates due to diabetes, heart disease, and cancer compared to Whites
➤ Black Americans are at greater risk for cardiovascular disease and stroke than White Americans.
➤ Black children are less likely than White children to be immunized
➤ Hispanics have a higher diabetes death rate than Whites.
➤ Hispanic and American Indian and Alaska Native children are at least twice as likely as White children to be uninsured
➤ Among all Asian sub-groups, access to cancer screenings is significantly low.
➤ Compared to any other minority groups, Asians most often cite poor doctor–patient relations because of their race and limited English ability.

According to a study by the Fenway Institute:

➤ Members of the LGBT community are more likely than their heterosexual counterparts to experience difficulty accessing health care
➤ Individuals in same-sex relationships are significantly less likely than others to have health insurance, and are more likely to report unmet health needs
➤ These differences result, at least in part, from decreased access to employer-sponsored health insurance benefits for same-sex partners and spouses

Source: Kaiser Family Foundation 2016; American Society on Aging
1. Is community health part of the organization’s mission statement and business strategy?

2. Have you made a budgetary commitment to community health activities?

3. Do you have dedicated staff responsible for advancing community health?

4. Do you have a diverse board that is an accurate reflection of the communities served?

5. How are you leveraging D&I in the overall strategy?

6. Do you partner with other community organizations or health systems to conduct your community health needs assessment?

7. Have you participated in any outreach activities to combat social determinants of health?

8. What actions have you taken to strengthen the coordination and continuum of care when a patient is discharged?

9. Do you engage with diverse partners throughout the community?
   • Other hospitals or health care organizations?
   • Community health/public health departments?
   • Schools/academia?
   • Law enforcement?
   • Social service organizations?
   • Local business?
   • Foundations or national collaboratives?

10. What role does the hospital play in collaborative community health efforts (leader, convener, participant, funder, etc.)? How are ERGs involved in these efforts?

11. Have you engaged in any hot-spotting or data analytics to further hone your community health work?

12. Do you have dedicated resources for data analytics?

13. How do you measure and report your success in improving community health?

14. Has your organization successfully adopted a culture of health and wellness from the hospital to the community?

Source: American Hospital Association
Boston Scientific’s Close the Gap Initiative

Promoting Health Equity

Boston Scientific’s Close the Gap initiative aims to promote health equity and ensure all patients receive optimal cardiac care regardless of age, gender, race, ethnicity or primary language. More than 120 hospitals and hospital systems have participated in the initiative. At the community level, Close the Gap works with hospitals, primary care physicians, patient advocacy groups and minority health organizations to educate patients through health fairs and screening events tailored to the demographic make-up of their communities. At the provider level, Close the Gap teams share data with hospitals to increase awareness of cardiovascular disease prevalence and treatment disparities among women and minorities in their respective communities. The data also helps hospitals identify objectives, action plans and metrics to track progress on closing health care gaps for high-risk patients.

Boston Scientific’s PLATINUM Diversity clinical trial is part of the Close the Gap initiative. The trial exclusively recruited women, Black, Hispanic and Native American patients with coronary artery disease to examine how gender, race and economic status can affect medical outcomes after common cardiovascular interventions, such as stent implantations. Until now, sociodemographic data have not been collected as part of coronary stent trials. The study will help health care providers understand how a variety of factors, including non-clinical factors, affect patient outcomes one year after a stent is implanted. The novel factors collected in this study include income, marital status, education, living/working conditions, access to and use of health care, and language agreement. Study analyses found women and minorities are more likely than white men to experience recurrent cardiovascular events in the year after a stent implantation, and that minority women have nearly four times higher risk of a heart attack than white men one year after stent implantation. Analyses also found that individuals with the lowest annual household incomes are at significantly higher risk of repeat hospitalizations for target vessel revascularization (repeat procedures to unblock the artery) and heart attacks, and at greater risk of death than those with higher incomes. In fact, widowhood and lack of private insurance were found to be independent predictors of adverse outcomes following stent implantation. The adverse outcomes were predominantly due to factors outside of those treated with the study stent.

These findings underscore the need for greater understanding of the clinical, social, behavioral, and economic factors that can adversely impact treatment outcomes.
Humana’s Bold Goal Initiative

Partnering with communities to address population health challenges one community at a time

Humana’s Bold Goal initiative seeks to improve health in the various communities the company serves by 20 percent by 2020 by building community trust, encouraging participation in clinical programs, and fostering behavioral change. Humana’s Bold Gold approach in Tampa Bay is focused on addressing the unmet health needs of the areas dramatically changing population – one that is growing, aging rapidly and becoming more diverse. After months of research and discussion with area community, healthcare, and business leaders, Humana identified four challenges to address through the Tampa initiative: diabetes, behavioral health, obesity and physical inactivity, and hunger and food-insecure households. Early outcomes are impressive: depression screening doubled since the previous year, and the area saw a three percent increase in statin therapy. To engage the community, Humana conducted consumer and community focus groups, which helped pinpoint transportation and socio-economic obstacles to access, and hosted a two-day Clinical Town Hall that brought together thought leaders from 70 organizations in the Tampa Bay area. These efforts led to the formation of a Humana-led Health Advisory Board that is working collaboratively with more than 100 Bay area leaders to make health access easier. In Tampa Bay, children and seniors make up more than half of the hunger population. In partnership with non-profit Feeding Tampa Bay, in one afternoon 126 Humana associates volunteered to collect food and raise money to provide 26,700 meals.

Tampa Bay is just one of several communities targeted through the Bold Gold initiative. In San Antonio, the Bold Gold effort resulted in 23 percent more people getting Health Risk Assessments and a 15 percent increase in statin therapy among members with diabetes. In Louisville, where almost 13 percent of the population is afflicted with asthma (the national average is 8 percent), Humana has partnered with AHR Louisville to use technology, data analytics, and community collaboration to understand environmental triggers of asthma and design effective interventions.

Kaiser Permanente’s Total Health Initiative

A Holistic and Culturally Competent Focused Strategy

Through its Total Health Initiative, Kaiser Permanente screens its members for unmet social and non-medical needs and refers them to resources in their communities. In Southern California, this work has been undertaken in partnership with the non-profit group Health Leads, targeting predicted high utilizers, or the roughly one percent of Kaiser Permanente members who incur 23 percent of the company’s total health care spending (40,000 of the more than 4 million members in southern California). Trained, non-clinical Kaiser Permanente call-center workers cold-call these members to ask about their unmet social needs. Sixty-nine percent of those called answer the phone; 78 percent that answer the call report at least one unmet social need. Of members identified with unmet needs, 74 percent enroll in Kaiser Permanente’s Health Leads program, which connects them with existing resources in the community (e.g., food banks, tenants’ rights associations) or at Kaiser Permanente (e.g., member financial assistance). Members that enroll in the Health Leads program are called every 10 to 14 days, to further assist them in connecting with resources and to assess how well their needs are being met. Kaiser Permanente is currently analyzing the success of referrals to outside agencies to better understand the resource gaps within a defined geography, develop a community-alignment strategy to address those gaps, and ultimately increase the number of successful resource connections for members. The call center has proven to be a scalable, low-cost model for assessing the social needs of patients and helping them navigate available resources. Early indicators show a high prevalence of social need among high-cost, high-need members and suggest likely downstream benefits of addressing patients’ basic resource needs in terms of reduced utilization and improved clinical outcomes.
Lucile Packard Children’s Hospital
Adolescent Teens Clinic

Addressing Age Diversity and Socio-Economic Variables That Impact Health Outcomes

Lucile Packard Children’s Hospital established the Adolescent Teens Clinic to address the needs of medically underserved adolescent populations that are homeless or at risk of becoming homeless. Seventy-seven percent of the population served are female; 74 percent are Hispanic. The mobile clinic operates at no cost to patients, and works with shelters, federally qualified health centers, and local school districts to identify and track homeless and at-risk youth. Physicians provide comprehensive health services, including mental health, family planning, sexually transmitted disease testing and treatment, and substance abuse and social services. All mobile clinic staff, including physicians, nurses, technicians, psychologists, nutritionists and social workers, are trained on inclusive behaviors including “being non-judgmental” and “being teen-friendly.” This is imperative for building trust with adolescent patients, promoting the mobile clinic as a medical home, and maintaining relationships through medical records.

In one year alone, the Clinic provided 1,014 medical services; 1,288 individual and group dietician visits; and 679 individual and group social worker visits. Other metrics include: 70 percent of eligible patients received all three immunizations in the Hepatitis B series; 50 percent of sexually active patients increased condom or birth control, and 90 percent of patients participated in standardized mental health screenings.
Health Literacy
Health Literacy Challenges Impact Health Outcomes

Limited health literacy can affect anyone regardless of race, age, religion or education. A study by the Center for Healthcare Strategies found that nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in care facilities, retail outlets, media and communities. Health literacy is lowest among individuals with lower education and income levels, minorities, the uninsured and publicly insured, and the elderly.

Improving health outcomes and reducing costs depends in large part on the ability of individuals to make healthy choices, manage their health, and make the best use of resources. Unfortunately, as a result of poor health literacy, many individuals lack the information, knowledge and skills needed to effectively manage and protect their health.

Health literacy affects people’s ability to fill out complex forms, understand health plans, locate providers, select services, follow medical advice, share health history, and engage in self-care. Individuals with low health literacy experience higher levels of illness, more medication errors, and often lack knowledge about the body and the nature and causes of disease, and may not understand the relationship between lifestyle choices and health status. In addition, health literacy also includes numeracy skills. For example, calculating cholesterol levels, measuring medications, and understanding nutrition labels all require math skills, and choosing between health coverage plans requires the ability to calculate premiums, deductibles, and copays.

Low Health Literacy Rates in US Population

» According to research by the Department of Education, only 12 percent of English speaking adults in the US have proficient health literacy skills.

» According to a US Department of Health and Human Services study, 65 percent of Spanish-speaking adults in the US experience some limitation understanding and using health communications.

» According to the U.S. Department of Health and Human Services, 33 percent of Asian-American immigrants have health literacy challenges and another 27% have reported communication issues with their providers.

» A landmark study by the CDC estimated that 58 percent of Blacks had basic or below basic health literacy levels.

» According to the American Public Health Association, two thirds of US adults age 60 and over have inadequate or marginal literacy skills, and 81 percent of patients age 60 and older at a public hospital could not read or understand basic materials such as prescription labels.

» A study by the Kaiser Family Foundation found that only 10 percent of patients are capable of being fully engaged in their own healthcare because of their educational level and the healthcare industry’s inability to communicate with them in a way that is meaningful and actionable.
NAAL Health Literacy

With only 12 percent of the US population having adequate health literacy, which is necessary to effectively navigate the complex healthcare system, pharma companies need to simplify communication and develop practices to verify patient comprehension. In spite of advances in digital and video capabilities, the industry still engages with patients primarily through written materials, including labels, disclaimers, dosing guides, and instructions. Most patient materials are written at a college level, however, only 25 percent of US adults have a college education.

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<tr>
<th>Below Basic</th>
<th>Basic</th>
<th>Intermediate</th>
<th>Proficient</th>
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<tbody>
<tr>
<td>14% 12 million</td>
<td>22% 47 million</td>
<td>53% 114 million</td>
<td>12% 26 million</td>
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- Identifying date of an appointment
- Reading a short brochure
- Timing or counting pills
- Reading a food label or recipe
- Measuring and halving amounts
- Using scales or medical devices
- Knowing that 20% coinsurance means $20 out of every $100
- Reading standard brochures
- Completing insurance forms
- Matching rates of obesity with rates of diabetes
- Understanding that 0.89 means less than 1 on lab reports
- Comparing risks and benefits; reading data displays

Impact of Low Health Literacy

- Limited health literacy results in poor health status, lower care utilization rates, and higher mortality and morbidity.
- Individuals with low health literacy enter the health care system when they are sicker. They are more likely to have chronic conditions and are less able to manage them effectively.
- Studies have found that patients with high blood pressure, diabetes, asthma, or HIV/AIDS who have limited health literacy skills have less knowledge of their illness and its management.
- Individuals with limited health literacy skills use more health services designed to treat complications than services designed to prevent complications. They are more likely to skip important preventive measures such as mammograms, Pap smears, and flu shots.
- Limited health literacy is associated with unnecessary emergency room visits and higher rates of hospitalization, longer hospital stays, and increased hospital re-admissions.
- Individuals with low health literacy experience higher medication errors and are less likely to comply with treatment protocols.
- Individuals with low health literacy often experience a sense of shame about their skill level, and may hide reading or vocabulary difficulties to maintain their dignity.

Source: Department of Health and Human Services
Language Differences Amplify Barriers to Poor Health Literacy

More than 300 languages are spoken in the US. According to the Census Bureau, approximately 60 million Americans speak a language other than English at home and about 25 million are limited English proficient. For many individuals with limited English proficiency (LEP), the inability to communicate in English presents a further barrier to accessing and utilizing health information and services. Healthcare professionals have their own culture and language, and many have adopted the language and terminology of their specialty. This can affect how they communicate with their patients. Communication errors can lead to missed diagnoses, increased costs, and poor health outcomes.

CASE STUDY: HEALTH LITERACY

Mayo Clinic Identifies Targeted Needs for Somalis

Mayo Clinic launched an initiative to reduce liver disease among the immigrant African patient populations it serves. The provider found that a disproportionate number of Somali patients were coming to Mayo with hepatitis and hepatitis-induced liver cancer. A retrospective chart review of 3,000 patients found that Somalis were 10 times more likely to have hepatitis B virus (HBV) and three times more likely to have hepatitis C virus (HCV) than non-Somalis, both major risk factors for liver cancer. The review found that Somalis who test positive for HCV often do not seek treatment, and for cultural reasons, tend to decline liver biopsies, which is a standard of care for the disease. Mayo now offers noninvasive alternatives. Mayo collaborated with the University of Minnesota and clinics in Minneapolis to promote hepatitis vaccinations in Somali communities, including offering free hepatitis screening and removing barriers related to transportation, language and education. Of 500 Somalis screened to date, about 15 percent have tested positive for HBV and 8 percent for HCV. The study team follows patients after testing and encourages them to seek either treatment or preventive vaccinations.

Mayo Clinic also participates in a collaborative Somali Health Literacy Project in the region, designed to improve trust between health providers and the Somali community and reduce emergency department and urgent care visits. Through the project, community members are offered free education on a range of health topics on diabetes, heart disease, depression, and other health risks – all with the goal of improving health literacy and influencing healthy lifestyles and preventative practices.
Leveraging ERGs to Improve Preventative Care

Patients without the skills to manage their health care incur costs up to 21 percent higher than patients who are highly engaged. Medical nonadherence was estimated to cause $290 billion in otherwise avoidable costs to the US health care system, according to a report by the New England Healthcare Institute.

The high costs associated with managing chronic diseases and providing long-term care for the elderly have contributed to an industry shift away from traditional disease treatment options toward new collaborative strategies that focus on community education and awareness, patient engagement, and health and wellness. Patients need to understand what makes them sick and have guidelines for staying healthy. Patients that are actively engaged in their health are more likely to ask their doctors questions, follow treatment plans, eat right, exercise, and receive health screenings and immunizations - which leads to lower costs and better outcomes.

Progressive healthcare organizations are increasingly leveraging their D&I efforts and ERGs to engage at risk and underrepresented communities in preventive care practices and provider-sponsored health and wellness activities. Many work within their communities to address health literacy challenges and ensure diverse community members understand basic health information and can make informed health decisions. When care providers engage and build relationships with patient populations and the communities in which they live, costs go down and outcomes improve.

Strategies to Support Health Literacy

- Form partnerships with local libraries, community colleges, and religious organizations to develop interventions to address low health literacy.
- Leverage ERGs to identify health literacy shortfalls in at risk patient populations and to build and strengthen trust, engagement and outreach within those communities.
- Provide free access to qualified interpreters that are trained in health literacy best practices and can explain health-related information accurately, effectively and consistently.
- Develop materials and resources in jargon-free, plain language including providing simple explanations alongside more complex information.
- Ensure materials are available in multiple languages and tailored to the specific cultural characteristics and preferences of different patient populations – get input from community members and ERGs.
- Use multimedia to present health-related information, including photographs, illustrations, animation, video, and interactive learning environments that invite rather than discourage people with literacy or limited language issues.
- Communicate directly through social networks targeted to reach specific patient populations, as well as media channels such as Hispanic radio stations.
- Disseminate culturally relevant information through community-based partners, including schools, churches, local businesses, and community centers.
DIVERSITY & INCLUSION IN THE HEALTHCARE INDUSTRY

NEXT PRACTICE TIP

Community engagement strategy:
Ensuring a holistic approach to population health and wellness

1. Assign a dedicated, senior-level leader to implement a community health strategy
2. Conduct comprehensive, ongoing community health needs assessments
3. Get to know the patient population; understand population-specific health needs and factors that influence health status and outcomes
4. Ensure opportunities for community input in the development of health priorities and initiatives
5. Develop transformational and incremental goals to ensure sustainability
6. Implement strategies that have clear metrics and establish accountability
7. Collaborate with other industry sectors and community partners to broaden scope and impact
8. Leverage the workforce and ERGs in community engagement and outreach
9. Establish a patient-provider partnership
10. Sponsor community-based health and wellness education and activities to engage patients in health management
11. Use social media to educate and engage target populations
Horizon Blue Cross Blue Shield of New Jersey’s Latin American Cultural Organization (LACO)

Horizon Blue Cross/Blue Shield’s Latin American Cultural Organization (LACO) worked with the company’s sales force to launch a toll free help line for Hispanic consumers and patients. The help line is staffed with bilingual representatives from Hola Doctor who are trained to answer questions related to healthcare law and guide them through the process of acquiring health insurance. LACO members translated messages into the most commonly used Spanish dialect and tested the system to ensure it worked as intended. LACO also assisted in ensuring the company’s website was accessible and that content was accurate and informative. As a result of the LACO work, Horizon Blue Cross/Blue Shield has more than doubled the number of Hispanic members in their health plans.

Winona Health’s Community Care Network

Winona Health’s Community Care Network (CCN) was developed in partnership with Winona State University with the goal of improving individual health and quality of life, preventing unnecessary hospitalization and emergency department visits, and containing healthcare costs. The program trains students and other volunteers to become community health coaches to assist community members struggling with chronic health conditions by conducting home visits and becoming non-clinical members of the care team. Students enroll in a two-credit course to become health coaches and must volunteer a minimum of two additional semesters as a coach. Most continue volunteering until they graduate. The program also has trained community members – primarily retired health professionals – to become health coaches. These non-student volunteers undergo eight hours of training before going on home visits.

When patients are referred to the CCN program, they meet with nurses or social workers, who assign a volunteer health coach to visit their homes weekly or bi-weekly. A significant portion of patients referred to the program are over age 65. Coaches support clients in their efforts to improve their health and strengthen their community connections. The first 42 volunteers developed relationships with 103 clients through 6,000 visits and phone calls. In the first three months of the program, emergency department visits and hospitalizations for CCN clients declined by more than 85 percent.

The CCN now has patients that have been in the program for three or more years. For this group of patients, a 29-37 percent reduction in ED visits and 55-73 percent decrease in inpatient stays have been sustained over that three-year period. Over this period, the CCN also saw corresponding 31-41 percent decrease in healthcare charges from Winona Health were also observed in CCN patients.
Cultural Competency
Key to Engagement
Cultural Competency in the Workforce

Cultural competence is the ability of health practitioners to recognize the cultural values, beliefs, traditions, language preferences, and health practices of diverse populations, and to apply that knowledge to produce a positive health outcome.

Patients who receive care from practitioners that share the same cultural background are more engaged in their treatment, which leads to higher patient satisfaction, better health outcomes, and a positive reputation with diverse patient populations.

Becoming culturally competent begins with understanding the local community and patient population, the effect that cultural influences have on care delivery, and the cultural competency skills that are needed by clinicians and staff in the provider workforce. Effective educational programs and training for healthcare industry staff include a cultural assessment, quick reference resource guides, and ongoing measurement and tracking.

Progressive health care leaders are leveraging D&I efforts to bring the diversity of the community into the organization, including at the governance level. Putting prominent, diverse community leaders on the board forges a cultural bond with the community, and sends a message to minority communities and diverse patient populations that there are leaders within the organization that will champion their health concerns, which in turn drives patient loyalty to the organization.

NEXT PRACTICE TIP

Building and Supporting Cultural Competency

According to a HRET study, 80 percent of hospitals educate all clinical staff on cultural competence training topics during orientation, and 79 percent offer continuing education opportunities on cultural competency.

However, only 40 percent of hospitals in the study have guidelines for incorporating cultural and linguistic competencies into operations, and just 55 percent include cultural competency metrics in their strategic plans. Provide cultural competency training for the workforce and regularly assess match to patient population and communities served.

Create quick resource guides for easy reference.

Organize employee cultural competency teams such as bi-lingual interpreters who serve as resources.

Engage ERG members to serve as conduits (e.g. disability, LGBTQ, religious/faith based) that volunteer to assist diverse patients when needed.
Culturally Competent Care for LGBTQ Patient Populations

The LGBTQ community has long struggled with privacy and confidentiality concerns. Many LGBTQ patients are reluctant to reveal their gender identity to providers, in spite of the importance of that information in their care and treatment due to bias and discrimination. Best practice providers create an environment inclusive of all LGBTQ people, and expand cultural competence in the workforce to include education and awareness about the unique health issues within the LGBTQ patient community. Simple changes in forms, signage, and office practices can go far in making LGBTQ individuals feel more welcome. Educational brochures focused on health topics of interest and concern to LGBTQ patients can be made available where other patient information materials are displayed.

CASE STUDIES: CULTURALLY COMPETENT CARE

Children’s Hospital of Pennsylvania (CHOP) survey of the LGBT community

According to a Children’s Hospital of Pennsylvania (CHOP) survey of the LGBT community, 29 percent of LGBT parents and 73 percent of transgender parents believe their child would be treated differently by a healthcare provider if they were open about their child’s identity.

To ensure this was not the case at CHOP, the hospital established non-discriminatory policies to protect rights of LGBT patients, assessed LGBTQ competence in the workforce, and created a training program to address needs or pain points.

- The provider also took steps to ensure forms and documents included options for people who are active in the child’s life, such as marital status and how it should be listed and recorded, and how to identify someone who is transgendered in the medical record.
- CHOP also examined how LGBT populations are included in the organization’s artwork, marketing materials, family examples, and training simulations.
- The hospital provides options for gender-neutral bathrooms, and LGBTQ patients and their families are recruited for CHOP advisory committees and have opportunities to provide ongoing input and feedback on policies and practices.

Robert Wood Johnson University Hospital’s PROUD ERG

Through community surveys conducted by Robert Wood Johnson University Hospital’s PROUD ERG, the health system learned that many members of the LGBT community were traveling outside of the state to receive medical care because of the limited resources available locally, especially when seeking Hormone Affirmation Treatment (HAT) or Gender Confirmation Surgery. To respond to the community need, the company created an LGBTQIA clinic, a first of its kind for the health system that provides LGBT patients physical exams, chronic disease management, and other health related services.
University of Pittsburgh Medical Center’s Cultural Awareness Initiative

The University of Pittsburgh Medical Center (UPMC) Cultural Awareness Initiative is designed to increase the understanding and practice of cultural competency, as well as increase awareness of cultural competency’s effects on health care access, delivery of services, health literacy, and outcomes for individuals, especially the underserved. Activities and resources offered through the initiative include webinars, lunch-and-learns, articles, and case studies; a calendar of cultural competency-oriented events; a template for creating a local cultural competency road show; and links to external websites and resources devoted to reducing barriers to culturally competent healthcare and customer service. A Learning Series fosters the professional and personal development of employees via online, classroom, webinar, lunch-and-learn, and live subject-matter-expert presentations, and through an annual conference. A Hotline enables employees to call one number for support and services to meet the cultural needs of patients in their business units, and ensure a consistent and effective patient experience, including access to interpreter and translation services. Culture Vision is an online web-based tool that discusses the needs of various cultures in the health care setting. Power Chart provides just-in-time access to help employees understand and meet the diverse needs of patients and their families, health plan members, and colleagues. The On-line portal invites patients to proactively share their values, preferences, and needs with their providers. The technology aligns with electronic health records, web portals, and individual needs to promote more consistent sharing of information with the goal of improving treatment plans and expanding clinician’s understanding of the patient. UMPC formally partners with nonprofits, charitable foundations and religious organizations to identify and address population health needs.

CASE STUDIES: CULTURALLY COMPETENT CARE

Lutheran Medical Center at NYU

The ROI of a Comprehensive Cultural Competency Strategy

Serving an extremely diverse community in NY, Lutheran Medical Center and NYU Lutheran estimates its patients and staff members speak about 73 languages and celebrate 30 different ethnic holidays. Fifty-nine percent of NYU Lutherans staff is bilingual. Lutheran Medical Center developed the resources necessary to become culturally competent. A cultural competence department was created with a cultural initiatives coordinator and vice president of cultural competence. Diverse community focus groups and health needs assessments are culturally and linguistically accessible. The medical center also uses community liaisons and cultural advisory committees to reach out to the community. Patient resource guides, healthcare delivery forms and hospital signage are translated into the five primary languages spoken in the community: Spanish, Chinese, Arabic, Russian and English. Hospital staff and medical residents are required to receive cultural competence training. As a direct result of understanding the needs and preferences of its diverse patient population, the health system now has a mosque, Bikur Cholim Yad Yaakov room, Sabbath elevators, and an interfaith chapel – all on-site. Chinese, Halal and Kosher meals are served throughout the system. A Chinese unit was created within its health system, nursing home and short-term rehabilitation centers and a program targeting Latinex asthma treatment with Spanish speaking in-home care managers was developed.

The Lutheran Medical Center system tracks the impact of its cultural competence programs through bed occupancy and the number of patients from the local community. Many patients seen at the hospital are from the local community, and with growth in the ethnic and religious groups in the area, the hospital is consistently occupied to capacity. Patient satisfaction scores indicate high satisfaction with health care delivery.
Putting Data and Analytics to Work
Put Data and Analytics to Work

Reimbursement requirements under the ACA require health providers to collect clinical and financial information in order to identify where disparities exist. This information is critical to developing relevant interventions and assessing population health over time. However, although many health providers collect extensive patient demographic data, using that information to identify inequities and gaps in care, treatment, and health status is lacking. Patient data as it exists today continues to be largely disconnected and under-utilized.

Analyzing and comparing patient data from different sources that combine clinical findings, socio-demographic information, related costs, and service utilization is critical to a population health strategy. The development and utilization of health data collected by a single provider can be strengthened through public and private partnerships with other stakeholders in the care continuum. For example, hospitals can partner with insurers to use payer data to better understand utilization, treatment and outcome patterns. Health providers can also identify existing community data assets and explore opportunities to collaborate with public health departments, universities, and community-based organizations, to augment research, data analysis, and even technology infrastructure.

Data Collected, But Not Used

In 2015 national survey of hospital CEOs, respondents were asked what data they collected and whether they used that data to benchmark readmissions, clinical quality indicators and other areas to identify disparities in treatment and outcome.

The survey found that although the majority of hospitals collected a wide range of patient demographic information, the extent to which they used that data to inform decision-making was very low.
Hot-spotting to Understand Patient Population

Research has found that looking at a patient’s zip code can be a strong indicator of the person’s health, even more so than their genetics. Hot-spotting is a data-driven process that allows providers to strategically focus on a patient population by specific neighborhoods or zip codes and then identify and evaluate associated relationships between geography and health outcomes. The approach can help identify high-utilizer patients, not only to determine their medical needs, but also to better understand the social and environmental factors that contribute to poor health status and lower health outcomes.

The practice of hot-spotting takes big data sets, segments those data sets to identify patterns that, when combined with information about social determinants, can guide interventions and improve the health status of a population outside the hospital. Data for hot-spotting can be sourced from public health data, census data, data collected through a community health needs assessment, and data sourced from community partners.

Using hot-spotting initiatives, health care organizations can be more strategic and focus interventions on neighborhoods with social, economic and environmental barriers that lead to poor health outcomes and health disparities. Identifying and focusing on these specific patients and communities can be an effective strategy to reduce readmissions and decrease unnecessary emergency room utilization, while improving the overall health and wellness of a community.

**CASE STUDY: DATA AND ANALYTICS**

**Alta Bates Summit Medical Center, Eden Medical Center and Sutter Delta Medical Center**

Hot-Spotting to identify healthcare high-risk areas

Three distinct philanthropic organizations from Alta Bates Summit Medical Center, Eden Medical Center, and Sutter Delta Medical Center joined together to form Better Health East Bay to actively fundraise and invest in opportunities to expand access to care and improve clinical outcomes for underserved residents in the East Bay community. The foundation piloted the use of hot-spotting to identify “super-utilizers” – those patients who use emergency departments frequently for primary care needs. In the pilot, researchers are using state-of-the-art technology and geographic information system mapping tools to better understand high-risk locations in a community where health problems are clustered, services are fewest, and people have the hardest time getting care. Through the innovative use of big data, the team is able to capture information in new ways that drive insights about sub-populations of patients and their unique needs, as well as the community-based factors that influence health and how patients seek care. Providers and researchers are able to use this data to tighten focus on interventions with the greatest potential to impact the community. This includes providing patients with access to a sophisticated and well-trained network of case managers for personalized support and follow-up. By investing in innovative ways to solve patient problems faster and more cost effectively, Better Health East Bay will help reduce overreliance on emergency rooms for non-urgent care and control escalating costs, while greatly improving health outcomes in the community. This work also helps improve communication and coordination to support better care management and patient outcomes within and between emergency departments across health systems serving a geographic region.

Source: AmericanHospital Association
Clinical Trials: Still a Long Way to Go
Lack of Diversity in Clinical Trials Contributes to Inequities

According to the FDA, although African-Americans represent 12 percent of the total US population, they comprise just 5 percent of clinical trial participants. Hispanics account for 16 percent of the population but just 1 percent in trials. A new study from the University of California at Davis shows that, despite a Congressional mandate that research financed by the NIH include minorities, non-whites comprise less than 5 percent of participants in NIH-supported studies.

The numbers are even worse in trials targeted at diseases that disproportionately affect minority communities. For example, although Black men are two times as likely as white men to die from prostate cancer, they represent just 4 percent of participants in prostate cancer trials. And while the prevalence of diabetes among Mexican-Americans and Puerto Ricans is more than double that of Caucasians, those groups combined represent just 4 percent of diabetes clinical trial patients. Suicide is one of the top three causes of death among Asian-American women under 45 years of age, yet this cohort comprises just 1 percent of trials for potential treatments for major depressive disorders. The racial and ethnic makeup of clinical trial participants is all too often not reflective of people who will ultimately use the medicine.

Low Diversity in Clinical Trial Participation Contributes to Inequities

A number of factors impact low minority participation in clinical trials. A primary contributor is the lack of diversity among the health profession and professionals conducting the study. The proportion of minority physicians has not kept pace with the growth of minority populations, and studies have consistently found that when there is a lack of diversity among the professionals conducting the trial, minority patients are less likely to be enrolled. And while advances in technology and data analytics have led to more effective use of patient information, many trial sponsors are just beginning to understand the connection between patient ethnicity, socio-economic condition, lifestyle and culture, and treatment outcomes.

When it comes to engaging diverse patient populations to participate in clinical trials, study candidates may not understand the link between clinical trial work and the development of new treatments and cures. Language barriers present further challenges to engagement, and many times trial materials aren’t available in the patient’s native language, or are insensitive to cultural nuance or belief systems. Cultural and religious belief systems may make some groups reluctant to share details of their health in a clinical trial setting. Transportation can also pose barriers, and many potential candidates can’t afford time away from work.

Clinical trials are skewed without a balanced representation of patient pools. Outcomes and development of effective treatments are not comprehensive. With a balanced representation of various races in clinical trials, researchers can better identify and understand how factors affect patient populations differently and can make meaningful adjustments and improvements to treatment options.
CASE STUDY: CLINICAL TRIALS

Lilly Leverages ERGs and Partnerships

The African American Network (AAN) employee resource group at Lilly laid the groundwork for collaboration between Lilly and the National Center for Bioethics in Research and Health Care at Tuskegee University to ensure African Americans benefit equitably from advances in health research and are represented in the company’s clinical trial population. As a direct result of AAN’s work, Lilly entered into a formal partnership with Tuskegee centered around applied research, education, and community engagement. The company further partnered with the Roswell Park Cancer Institute to provide training to oncologists from minority groups, with the goal of increasing the number of diverse physicians – or investigators - who conduct clinical trials. The workshops, titled “Reducing Cancer Disparities through the Training of a Diverse Workforce,” are the first of their kind in the pharmaceutical industry and aspire to develop a broader base of diverse investigators who understand the principles of good clinical trial design and have the tools to conduct trials that are relevant and inclusive to underrepresented populations. Since the company launched its focus on increasing minority participation in clinical trials, Lilly has added more than 400 new clinical trial sites with minority patient representation of more than 25 percent.

Recognizing the important role of global representation in gathering clinical data about Lilly medications from different regions of the world, the company’s Africa, Middle East and Central Asia (AMECA) employee resource group worked to establish connections between emerging business markets in the region and the company’s global clinical operations group. As a result of the ERGs groundwork, Saudi Arabia was elevated as a Tier 1 country for Lilly clinical trials, which will result in an expansion of clinical research in the region through partnerships with local investigators, medical schools, and health care centers. This policy ultimately will accelerate the development of new medicines in general and make effective treatment options more readily available in remote regions of the world like Saudi Arabia.
Sanofi Innovates to Build Local Level Awareness and Engagement

Sanofi US wanted to expand its Corporate Social Responsibility initiative to engage the communities in which it operates and at the same time build awareness of the value of clinical trials and the importance of having minority representation. The company partnered with the Center for Information and Study on Clinical Research Participation (CISCRP) to launch an AWARE for ALL campaign in 2017 in Newark, New Jersey. Newark is in close proximity to Sanofi’s U.S. headquarters and has particularly low rates of minority participation in clinical studies and poor population health status overall. The campaign was organized around three core priorities: 1) implement a pop-up pharmacy; 2) conduct an evening health fair and educational forum focused on the importance of clinical trial participation for health professionals, patients, caregivers, and other interested community members called AWARE for ALL - Newark; and 3) develop an informational website.

Prior to the Newark event, the grand opening of a faux pharmacy was staged on a busy street in downtown Newark, complete with an actress posing as a pharmacist and a camera crew to film the event. The ‘pharmacy’ was intentionally designed with empty shelves and walls. When individuals entered the location they were surprised to find the building empty. The ‘pharmacist’ engaged visitors in discussion about the empty space, with the objective of conveying that without clinical trials there is no medicine with which to stock a pharmacy’s shelves. Visitors were queried whether they or anyone they knew had an illness. Those that said yes were provided an empty medication box to write the illness, which was then placed on an empty shelf. The pharmacy remained ‘open’ for three days and had 120 visitors. All visitors were provided information about the upcoming AWARE for ALL event and encouraged to attend and bring friends and family members, and were also provided information and links to the dedicated website.

The AWARE for ALL event was conducted the last day the ‘pharmacy’ was open; Sanofi US Employee Resource Group members helped staff the event. The event was designed to put a face on the professionals who conduct clinical research locally and educate the public about the clinical trial process and local research activity. The event featured prominent area physicians, health officials and medical experts, provided free health screenings, offered free dinner and refreshments, and furnished information for attendees. Patient speakers provided much-needed insight into their experience with clinical trials and illness. The Newark event was just one of many AWARE for ALL events held throughout the country. On average nearly 300 people attend each live AWARE event with the majority from minority communities. Since its launch, the AWARE program has reached more than 429,000 households.
Changing Healthcare Delivery Models:
Tech Trends, Retail and Outpatient Care
Engaging Patient Populations Through Local-Convenience Care Options

Health care consumers are demanding faster, more convenient - and more affordable - healthcare options, and are looking for a health care experience that mirrors the convenience and transparency of their banking, retail, transportation and other purchasing experiences. In a recent study, consumers indicated they were open to services delivered by non-traditional health providers, particularly if they were less complicated or invasive.

Population changes and technological advances are also contributing to the move away from costly, inpatient care to more localized and affordable outpatient options. As a result, today’s care continuum increasingly includes free standing emergency rooms, retail-based care offerings, telehealth services, and a growing range of health monitoring apps and devices. Retail pharmacies in particular have positioned themselves as the first stop on a patient’s healthcare journey and are expanding services to include clinical care, immunizations, blood tests, specialty drugs, health evaluations, and a growing range of other non-routine health services. Up to 82 percent of people will look for an over-the-counter solution to a potential health problem before going to a doctor, and Gallup surveys consistently rank pharmacists as one of the most trusted professions in healthcare.

Providing end-to-end services at the local level means understanding and engaging populations within the community, and ensuring that products and services are aligned with local needs and preferences.

Source: DOL, BLS

High Tech Medical Devices Changing Business Model

By increasing patient access to providers through convenient digital tools, health plans can engage patients in their health, improve outcomes, contain costs, and reduce unnecessary hospitalizations and visits to the emergency department.

Global competition, consolidation of hospitals and health systems, and pressure to reduce costs and improve outcomes are changing the way medical device companies do business. In addition, increased health demands brought about by an aging population and pressure to contain costs are impacting how and where patients are treated. As a result, healthcare is increasingly delivered in alternative outpatient and home-based settings, leading to a proliferation of high technology medical devices that can be used by patients and unskilled health care workers.

The demand for do-it-yourself health options has driven innovation in the wearables, mobile apps, and digital medical devices that engage patients and empower them to collect, analyze, and understand their own health conditions. The analysis of real-time data collated from today’s digital health devices also support more informed decision making and a better understanding of variations in treatment outcomes. The ability to capture this level of information has the potential to fast track knowledge development and help scientists, researchers, and physicians more accurately understand how patient populations respond to different treatments.

Source: Deloitte; Fortune
Growing Utilization of Telehealth

- Telehealth or telemedicine increases access and convenience for patients, and allows doctors and other healthcare professionals to treat individuals in remote, rural areas of the country, where the physician shortage is most severe.
- Telehealth has the potential to improve engagement between patients and providers, improve health care maintenance, and, in some instances, avoid unnecessary and costly acute care settings, with estimated savings of more than $6 billion annually.
- Many major insurers have added telehealth services to their plan offerings and are working with independent vendors that have an existing infrastructure and an established virtual network of providers.
- Nearly 60 percent of the nation’s large employers provide medical coverage for telehealth, and access to these employer-offered services doubled between 2015 and 2016.

Source: Deloitte; Fortune

Mobile Apps and Tech Create Accessibility and Engagement

According to a 2017 Pew Research Center study, 77 percent of Americans own a smartphone. This means that diverse populations’ access to health information via apps is higher than ever before. According to a report published by NIH, 80 percent of patients use the internet, social media, and blog sites to get health information. These same online forums provide health providers an opportunity to distribute evidence-based, patient-friendly health and treatment information.

Today’s providers tweet, post blogs, showcase videos, and lead interactive social media discussion forums focused on specific disease conditions. Physicians are also making more use of the internet and social media to promote patient health through blogs, videos, and Twitter and Facebook posts designed to increase patient health literacy and patient engagement.

Employee resource groups (ERGs) can provide critical input to ensure message content is relevant, accessible, and engaging to multiple diverse audiences.

NEXT PRACTICE TIP

Best Practices For Inclusive Patient Engagement Through Social Media

- Create inclusive support networks. Social media connects the community and fosters new relationships, whether through Facebook, secure patient communities, or open online forums. By connecting patients with other patients at the same care facility or receiving guidance toward the same health goals, social media can help build a network of people supporting each other toward better health.
- Appoint a social media ambassador (e.g. on Facebook, Twitter) for patients to contact for help – for diverse patient populations, ERGs can help ensure communications resonate with audiences.
- Ensure mobile apps are inclusive. (e.g. ADA compliance, translated content, patient resources categorized by diverse demographics such as LGBTQ, race and ethnicity, religion, age.)
Kaiser Permanente Uses Mobile Apps for Patient care and accessibility

Across Kaiser Permanente, approximately half of all “touches” between patients and providers were virtual in 2016, including appointments performed by phone or video, as well as secure emails between patients and providers. Additionally, Kaiser Permanente members handled over 70 million care-related transactions online or through the company’s mobile applications in 2016, including viewing lab results, ordering prescriptions, and scheduling appointments. Members have increasingly selected video and telephone visits when offered as a clinically appropriate option for seeing their providers, including in primary care, mental and behavioral health, dermatology, and other specialties, and report high levels of satisfaction with these modalities.

Walgreens has long demonstrated a commitment to cultural and workforce diversity, and has taken the lead on directing activities to help serve diverse markets and populations, including customers in medically underserved areas, food deserts and urban areas. The company’s $9.4 billion acquisition of Rite Aid Pharmacys has made it the leader in retail health with 46.5 percent market share. Recent upgrades to its mobile health app expands the company’s telehealth services to 25 states. The company has 8,300 stores, 25,000 pharmacies, and over 1,000 nurse practitioners in its retail clinics. More than half of Walgreens stores are located in ethnically diverse areas, with a large number of especially high-risk populations, which gives the company a unique opportunity to influence health care outcomes on a large scale. For example, the average diabetic patient sees a primary care doctor two to three times a year. The average diabetic patient comes to the Walgreen’s pharmacy counter 20 times a year. Walgreens has started a digitally supported Healthy Choices Program, which rewards consumers for walking, weighing themselves, logging blood pressure and blood glucose levels, committing to smoking cessation, and setting other health goals. In addition, it offers digital health coaching, pharmacy checks, and even virtual doctor visits. Roughly 800,000 people have signed up and about 500,000 of those patients are sharing their personal health data with Walgreens. What the company has learned from the data is that engaged users (who are actively tracking their weight) lost an average of 3.3 pounds more than non-engaged users and 1 out of 6 lost more than 10 lbs. In addition, Walgreens found that its engaged users have overall healthier behaviors and better drug adherence.
Conclusion
Patient, Community-Centered Care Requires Understanding D&I

Succeeding in today’s competitive healthcare economy requires embracing a patient-centered view of care delivery, expanding access to underserved populations, and competing on cost, quality, and convenience. To remain competitive, companies must understand and serve the needs of unique diverse populations and deliver services in local, community based settings that foster both access and utilization.

Many health systems and hospitals are refocusing strategies from disease treatment to managing population health. Under a population health model, interventions target multiple and diverse determinants of health that extend far beyond providing medical care. The approach moves beyond the clinical aspects of disease and treatment to take into account population characteristics (race, ethnicity, LGBTQ, disabilities, religion, age) economic and education status, access to information and care, geography, and diversity in its broadest sense.

With this shift, capitalizing on the relationship between patient, diversity, and health has become central to improving outcomes requiring understanding of the health status of specific patient populations, identifying inequities and gaps in care, and addressing health literacy challenges. To effectively treat the ‘whole’ patient, it is vital to identify and address their unique environmental, cultural and socio-economic conditions, in addition to their medical and treatment needs. By learning more about the social determinants of health, and recognizing how those factors intersect and impact a patient’s ability to access and manage care, health providers can be more intentional around decisions related to how, when and where care is provided and ultimately improve lives and well being along with reducing costs.
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