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Working beyond its four walls: conducting health screenings via mobile clinics targeted to the homeless and underserved adolescents

**Lankenau Medical Center of Main Line Health**
Conducted studies on the social determinants of health
CHRISTUS Health—Building a Culture That Prioritizes Diversity and Inclusion

BACKGROUND
Founded in 1999, CHRISTUS Health is a multistate, faith-based, not-for-profit health system with locations in Texas, Louisiana and New Mexico, as well as in Mexico and Chile. CHRISTUS is comprised of 350 hospitals, clinics and long-term acute-care facilities. In efforts to systematically emphasize the importance of diversity and inclusion, the Office of Diversity and Inclusion was established to focus on diversity in leadership, training and education, recruitment and retention, equity of care, community partnership and the supply chain.

INTERVENTIONS
In 2011, demonstrating organizationwide commitment to diverse leadership and equity of care, CHRISTUS Health’s chief executive officer, who is also the chief diversity officer, identified “a culture of diversity and inclusion” as one of the organization’s top three key strategic objectives. The board-approved strategic plan also includes strategic objectives for asset growth and clinical integration. The executive leadership team reports on these three key areas every year. Furthermore, the CEO uses a scorecard to assess the performance of the organization’s top 200 senior leaders in advancing these strategic objectives. Key components of the scorecard are the overall incentives that are tied to strategic objectives and effectively prioritize diversity and inclusion.

To further drive this strategic objective throughout the organization, CHRISTUS is reaching out to managers to promote diversity and inclusion through their direct reports. To achieve this, the Office of Diversity and Inclusion provides ongoing cultural competency training that focuses on unconscious bias, generational differences and talent development.

» The Unconscious Bias workshop examines how unconscious bias develops and influences staff and efforts to promote diversity and culture change. The workshop combines psychological approaches such as stereotype threat, unintentional blindness and selective attention, along with other diversity approaches.

» Fierce Generations is training to create a culture where employees of all ages are comfortable teaching and learning from each other by focusing on similarities, respecting differences and identifying and leveraging strengths.

» The Development Ladder is an interactive simulation workshop for employees that involves friendly competition and exposure to opportunities, barriers, rewards and consequences typically experienced in career advancement.

Working toward improving the collection and reliability of race, ethnicity, language, gender and geography data, CHRISTUS implemented MIDAS in 2014 as its clinical data system. MIDAS collects and analyzes race, ethnicity and language (REAL) data in order to generate reports, thereby advancing organizational efforts to better understand the patient population. To strengthen the reliability and consistency of REAL data collection throughout the organization, CHRISTUS trains all patient registration staff in this process.
RESULTS

Diversity and inclusion are an established value proposition for the organization. As of fiscal year 2014, diversity in leadership has increased from 13 percent to 23 percent, and diversity on the system-level corporate board has increased to 25 percent. All departments are accountable for advancing this strategic objective. For example, when considering candidates for a new position, the human resources department is responsible for finding diverse candidate pools, which will increase diverse representation within CHRISTUS. Furthermore, equity of care initiatives are overseen by the chief medical officer, and supplier diversity is managed by the supply chain department.

LESSONS LEARNED

» Increasing diversity and inclusion cannot be accomplished by one department or silo. It must be embedded in a systemwide manner so that all leaders are held accountable for driving and sustaining it.

» A reliable infrastructure must be in place to successfully collect and analyze race, ethnicity and language data.

CONTACT

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CHRISTUS Health
Established in 1991, Lucile Packard Children’s Hospital Stanford is a not-for-profit, 311-bed hospital located in Palo Alto, California. As part of the Stanford University system and Stanford Children’s Health, the hospital is dedicated solely to pediatrics and obstetrics and has six centers that provide comprehensive services. In addition to providing health care services for pregnant mothers and children, Lucile Packard Children’s Hospital Stanford actively collaborates with local nonprofit organizations and community leaders to improve community health outcomes.

In its mission to integrate itself with the community to improve health, Lucile Packard has pursued several strategies. First, the hospital conducted a community health needs assessment that included Palo Alto and East Palo Alto, low-income areas with a diverse population. Although the hospital is located only a few miles away from East Palo Alto, patients needed two to three hours to get there by bus—an issue identified in the community health needs assessment. In response to the low accessibility of primary care in the area, Lucile Packard leaders served on a task force convened by the federal government. The task force worked to obtain a grant to designate and start a federally qualified health center in East Palo Alto. Committing itself as a long-term partner of the FQHC, Lucile Packard has provided annual grants, low-interest loans, donations and pediatricians to the FQHC. In addition, pediatricians at the FQHC have made it easier to refer children seeking specialty care to the hospital, thereby strengthening the continuum of care. To increase accessibility between the FQHC and other provider sites, the county of San Mateo—another FQHC partner—leased a bus shuttle that provided transportation between Lucile Packard, the FQHC, another clinic site and the Stanford Health System as the FQHC was being developed.

To help meet the needs of the medically underserved adolescent populations that are homeless or at risk of becoming homeless, Lucile Packard established the Adolescent Teens Clinic nearly two decades ago. This mobile clinic works with shelters, FQHCs in San Francisco and local school districts to identify and track homeless and at-risk youth. The clinic operates across three counties, at no cost to patients. 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 required to be nonjudgmental and “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 fiscal year 2014, Ravenswood Family Health Center, the FQHC in East Palo Alto, served 3,000 pediatric patients with more than 9,100 visits and served 2,500 pediatric dental patients with 5,400 dental visits.

In fiscal year 2014, the Adolescent Teens Clinic served 347 individual patients, ages nine and older. To these patients, the clinic provided 1,014 medical services; 1,288 individual and group dietician visits; and 679 individual and group social worker visits. The majority of youth served are Hispanic (74 percent) and/or female (77 percent).
Although more than 50 percent of patients in fiscal year 2014 were first-time visitors of the mobile clinic, approximately 30 percent of patients have maintained a relationship with the clinic for more than one year and have multiple visits per year. The services most frequently used by long-term patients are family planning and transgender services.

The mobile clinic uses several metrics to assess quality patient outcomes. Metrics include:

» 70 percent of eligible patients receive all three immunizations in the Hepatitis B series.
» 50 percent of sexually active patients increase condom or birth control use by at least one level on a 1-to-5 Likert scale.
» 90 of patients meet one-on-one with social workers to use the Pediatric Symptom Checklist—Youth Report (standardized mental health screening). Patients who screen positive receive counseling, are referred for psychiatric services as needed and are monitored.

Lessons Learned

» It is imperative for hospital partners to treat community partners as equals and be good listeners in working toward the common goal.
» When challenges occur in a health facility with limited resources, staff connections can make a big difference and help find alternative ways of providing care to vulnerable patients.
» It is important to meet patients where they are and address the complex social determinants of their health.

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Main Line Health — Addressing Determinants of Health Beyond Hospital Walls

Background

Main Line Health is a 1,348 bed, not-for-profit health system serving parts of Philadelphia and its western suburbs. Lankenau Medical Center, a member of Main Line Health, is a 331-bed teaching hospital and research institute located in Wynnewood, Pennsylvania. Main Line Health’s strategic plan includes the goals of providing culturally competent and patient-centered care and eliminating ethnic and racial disparities.

Interventions

To cultivate a culture of diversity, inclusion and respect, Main Line Health has implemented multiple strategies, including an increased focus on talent recruitment and access to care.

» Enhancing diversity of the board. Over the past decade, Main Line Health has emphasized creating a more diverse board. All board recruitment begins with marrying an extensive list of leadership and business competencies with the critical need to ensure representation from the region’s diverse community. The board has experienced relatively strong gender diversity and increased the number of members from underrepresented minority groups, but it still seeks to grow its racial and ethnic minority representation.

» Bringing diversity to leadership. The president and CEO of Main Line Health, as well as the board, recognized the importance of having a diverse team to foster an informed and culturally sensitive management team. Not only does the organization believe this diversification represents its core values, but several board members emphasized its importance as a strategic and business imperative. In addition, to provide development opportunities for the next generation of minority leaders, Main Line Health provides paid internships exclusively for summer interns recruited through the Summer Enrichment Program of the American Hospital Association’s Institute for Diversity in Health Management.

» Addressing social determinants of access to comprehensive health care. Led by the chief academic officer, interdisciplinary teams at Main Line Health conducted evidence-based assessments to identify disparities in patient treatment according to insurance status, gender, and racial and ethnic backgrounds. To date, 22 studies have been conducted. For example, a gastroenterology team assessed whether patients 50 years and older were referred for a surveillance colonoscopy as recommended. Although disparities in treatment were not found, disparities in outcomes, due largely to socioeconomic circumstances, were identified. For example, a patient did not follow up for a colonoscopy referral due to lack of transportation. To address these findings, the Health Care Disparities Colloquium was established in 2012, providing an opportunity for the community to collaborate on solving these complex problems and tracking improvements over time. To proactively address socioeconomic barriers to health care, Main Line Health has partnered with the Philadelphia College of Osteopathic Medicine to create the Medical Student Advocate program. Second-year PCOM students work with patients to address social barriers to positive health outcomes. These patients are at high-risk for readmission, delayed care and frequent ED utilization. The program aims to develop future medical professionals who are more cognizant of the key social determinants of health.
Addressing patient needs beyond hospital walls. Lankenau Medical Center, situated at the intersection of two counties that rank first and last in the state’s county health rankings, partners with community organizations to address health disparities. At Lankenau Medical Associates, patients who have a body mass index of at least 30 percent and/or are diabetic received prescriptions for Philadelphia Food Bucks, to use in local farmers markets. Philly Food Bucks are provided by a partnership between the Philadelphia Department of Public Health and the Food Trust. Lankenau Medical Center collaborates with Greener Partners to maintain a half-acre garden on campus. In addition, the medical center’s Health Education Center draws more than 10,000 children annually and works to empower the next generation to make healthy choices. The Health Career Academy Main Line Health provides education outreach to local high school students who are at high risk for dropping out. The goal is to keep students in school by nurturing their interest in achievable health care professions. Ideally, this program will create a pipeline of promising new talent from the neighborhoods the health system serves.

RESULTS

Although measures are not currently in place at Main Line Health to assess the impact of diversifying its board and leadership, the employees of Main Line Health have taken notice of these changes. The first class of the Medical Student Advocate program created a Wikipedia page that has nearly 500 socioeconomic and health care resources for patients. Thus far, the program has helped more than 300 patients and addressed more than 500 social needs (i.e., transportation, food, employment, utilities, etc). MSA is currently looking to partner with Spectrum Health, a federally qualified health center in West Philadelphia.

Health Career Academy has recruited four Philadelphia medical schools to oversee the program at five high schools. Over the past few years, HCA has received funding from Aetna and expanded its program to serve all high school grades. HCA also will be expanding nationally, starting with implementation in Atlanta in partnership with Morehouse and Emory Schools of Medicine. Future plans involve implementation in Houston.

Main Line Health has begun to track the impact of the Medical Student Advocate program and the Philly Food Bucks program through its electronic medical record system.

LESSONS LEARNED

» While the primary focus for Main Line Health is to create a diverse and inclusive environment, the real impact occurs at the program level and may take several years to yield measurable results.

» Even at the most senior level of leadership in health care, mistakes will be made during the sensitive discussion of diversity. Therefore, it is imperative that the workplace environment encourages transparent discussions and empowers staff to hold each other accountable.

» Leaders set the tone for promoting diversity and cultural competence within the organization by modeling respectful behavior and recruiting a diverse team.

» It is critical to invest in the development and management of diverse talent, increasing the likelihood of retaining diverse employees.