



# Penn Medicine

## PLEDGE REPORT

**BLUEPRINT**  
HEALTH EQUITY AND INCLUSION

Penn Medicine will provide high quality patient and family-centered care to ALL patients.

**VALUE**  
Reduce Unnecessary Variations in Care by Personal Characteristics

**ENGAGEMENT**  
Provide Patient and Family Centered, Culturally Effective Care

**INCLUSION**  
Ensure a Diverse and Inclusive Clinical Learning Environment

**IMPERATIVE** | **PRIORITY ACTIONS**

**Reduce Unnecessary Variations in Care by Personal Characteristics**

1. Stratify institutional quality metrics by personal characteristics
2. Establish a customizable dashboard for ongoing reporting of equity metrics by department
3. Enhance systems to ensure accuracy and consistency of data collection of race/ethnicity, gender, and sexual orientation
4. Integrate equity into existing quality improvement efforts
5. Establish a multidisciplinary health equity taskforce of key stakeholders to guide strategic solutions

**Provide Patient and Family Centered, Culturally Effective Care**

1. Establish educational curricula for house staff and faculty on cultural humility and implicit bias
2. Require online training for employees that interface with patients on cultural humility and implicit bias
3. Include patient stakeholders on health equity taskforce

**Ensure a Diverse and Inclusive Clinical Learning Environment**

1. Establish training methods designed to improve recruitment, selection, evaluation, and promotions of a diverse body of house staff and faculty
2. Institute leadership training in holistic review and implicit bias for organizational change
3. Integrate inclusion and diversity efforts into wellness initiatives and professionalism standards
4. Collaborate with staff training initiatives that promote culturally effective and equitable care
5. Coordinate with and highlight efforts of the Office of Inclusion and Diversity (OID) and its graduate and undergraduate medical education anchor programs

Penn Medicine

Penn Medicine aims to ensure high quality patient and family centered care for all patients regardless of personal characteristics, culture, or background and support a diverse workforce and inclusive clinical learning environment. To affirm our commitment to these goals, Penn Medicine signed the **American Hospital Association (AHA) #123 for Equity Pledge to Act** in April 2017.

## EXECUTIVE SUMMARY

### **American Hospital Association #123 for Equity Campaign to Eliminate Health Care Disparities**

In 2017, we signed the #123 for Equity Pledge (the Pledge) to reaffirm and build upon our existing commitment to achieving health equity here at Penn Medicine. The Pledge urges hospital and health system leaders to continue to develop and implement strategies to increase the collection and use of race, ethnicity, and language preference and sociodemographic data; advance cultural competency training; and increase diversity in leadership and governance. In addition, a fourth goal has been added to improve and strengthen community capacity. The goals of the Pledge align with our established institutional imperatives for achieving health equity, outlined in our Blueprint for Health Equity and Inclusion. These goals have enhanced our efforts toward eliminating health care and health disparities. The following pages detail our efforts to meet the goals of the #123 for Equity Pledge and realize health equity across Penn Medicine.

#### **GOAL 1: Increase the collection, stratification and use of race, ethnicity, language preference and other sociodemographic data to improve quality and safety**

The Penn Medicine Blueprint for Health Equity and Inclusion (Appendix A) established three imperatives and associated priority action items to guide our system-level efforts toward providing high quality patient- and family-centered care to all patients regardless of personal characteristics. These imperatives and action items dovetail with the goals of the #123 Pledge. The first imperative of the Blueprint, Value, outlines our goal to reduce unnecessary variations in care by personal characteristics. To meet that imperative and the goal of the #123 Pledge, we have undertaken the following actions since April of 2017:

1. Examined existing quality metrics routinely collected for performance incentives. We stratified these metrics by personal characteristics to identify any significant disparities by race/ethnicity or gender. See pg. 5 in this report for further details. The following three metrics were identified along with a strategic plan in place to address them:
  - a. Nursing Communication Scores (HCAHPS)
  - b. ED Wait Times
  - c. Readmission Rates
2. Example of strategic efforts to address our identified disparities:
  - a. We were awarded internal pilot study funds from the Patient Centered Outcomes Research Pilot Program for “Understanding and Improving Health System Disparities in ED Wait Times” via the Center for Therapeutic Effectiveness Research (CTER) to:
    - i. Conduct a root cause analysis of the disparity
    - ii. Rapid test interventions
3. Improved how we collect data on personal characteristics by the following actions:
  - a. Updated categories for race, ethnicity, and language data fields to our Electronic Health Record (EHR) system-wide. See pg. 6 of report for more details.
  - b. We added a country of origin/ancestry data field to EHR system-wide to capture ethnicity more granularly. See pg. 6 for more details.

## GOAL 2: Increase cultural competency training to ensure culturally responsive care

The second imperative of the Blueprint, Engagement, outlines our goals to provide patient- and family-centered, culturally effective care. Penn Medicine approaches the very important mission of engaging our students, employees, faculty, and house staff on topics related to providing culturally responsive care with three governing principles.

- ✓ *Ensure all curricula reflects up-to-date and evidence-based content*
- ✓ *Leverage local and national expertise to present live programming to all Penn employees, faculty, trainees, and students*
- ✓ *Create online training to be adopted system-wide with key stakeholder input*

Our work to fulfill those guiding principles to meet the imperatives of the Blueprint and the #123 Pledge has encompassed the following:

1. The Penn Medicine Office of Inclusion and Diversity (OID), The Office of Graduate Medical Education, and the University of Pennsylvania Health System are jointly supporting the development and deployment of an online learning module for all employees, faculty, and trainees within the health system. See pg. 7 for further details.
  - a. **Objective:** To introduce concepts integral to understanding and ultimately achieving health equity, including providing evidence-based, up-to-date curricula related to providing culturally humble care.
  - b. **Format:** Designed to be a documentary style video that features individuals from the Penn community, this module will include a series of sound bites reflecting critical content from leadership, experts in the field, house staff, and patients.
2. Annual interdisciplinary, cross-school, system-wide conference titled, "Health Equity Week". Health Equity Week is a Penn Medicine annual educational conference aimed to raise awareness and promote learning around health equity and innovative solutions to addressing these issues. The week is composed of lectures from experts within and outside of Penn, interactive workshops, and abstract presentations showcasing research, quality improvement, and/or medical education projects related to health equity from students, staff, trainees, and/or faculty across the health system. See pgs. 9-10 and Appendix B for more details.
3. Staff training on the collection of Health Equity Data: REAL (Race, Ethnicity, Ancestry, and Language) and SO/GI (Sexual Orientation and Gender Identity) Data. See pg. 6 for more details.
4. Implicit Bias Trainings hosted by the Office of Inclusion and Diversity
  - a. A total of eight two-hour workshops were given.
  - b. A total of 237 people registered with 196 attending.
5. Targeted LGBTQ+ specific education and training with over 90 practices, units and groups across Penn Medicine. See pg. 13 for further details.
6. Two Faculty Development Workshops
  - a. **Integrating Quality and Equity Improvement:** We developed a faculty development workshop that provides strategies and tools for embedding equity into existing QI educational efforts and using quality Improvement methods to address equity challenges. (*Aysola and Myers, Integrating Training in Quality Improvement and Health Equity in Graduate Medical Education: Two Curricula for the Price of One, Acad Med. 2018 Jan;93(1):31-34.*) Refer to pg. 8 for details.

- b. **The Role of Bias in Selection and Evaluation of Housestaff:** A case-based interactive workshop targeted towards faculty and program coordinators involved in housestaff recruitment and evaluation. Facilitators guide participants through simulated case-based exercises where groups serve as first the selection committee and then a clinical competency committee. The cases are designed to reveal sources of bias in the process of both selection and evaluation of trainees. Refer to pg. 8 for details.

### **GOAL 3: Advance diversity in leadership and governance to reflect the communities served**

The third imperative of the Blueprint, Inclusion, dovetails with Goal 3 of the #123 Pledge. Key to ensuring diversity in the health care workforce is fostering inclusion. An inclusive environment promotes retention and promotion of diverse minds and voices within the health care system. Moreover, how we interact with each other within the health care workforce impacts how we interact with and serve our patients. To meet our Blueprint imperative and the goal of the #123 Pledge, we have engaged in the following activities:

1. **Diversity Engagement Survey (DES)**  
The Diversity Engagement Survey, launched in February 2015, assessed the climate of both health care sites such as Penn Medicine and Children's Hospital of Philadelphia and educational sites such as the Perelman School of Medicine. (*Aysola et. al., AAMC GDI-GWIMS Conference, 2017*) Refer to pg. 14 for details.
2. **A call for stories of inclusion titled, "Please Tell Us Your Story"**  
To further examine the results of the DES, we analyzed 315 narratives submitted from members of the health care system around their experiences with inclusion and the impact on their productivity and wellness. (*Aysola et. al., Understanding and Pursuing Inclusion within Health Care Organization, Society of General Internal Medicine (SGIM) Annual Conference, 2017*) (*Kearney and Aysola et. al, Discrimination and employee wellbeing: A qualitative analysis of the social, physical, and psychological effects of workplace behavior. Round table discussion presented at the meeting of the American Public Health Association, Atlanta, FL November 2017*) Refer to pg.15 for details.
3. **Development of advocacy campaigns to encourage bystanders of discrimination to Speak Up (Plan for launch during Health Equity Week 2018)**
4. **Diversity in Leadership (Listening Tour)**  
As part of our strategic plan to advance diversity in leadership and governance to reflect the communities served and develop recommendations to guide initiatives to address climate, OID launched a Listening Tour to explore these issues in depth. In Fall 2016, using the Diversity Tool developed by the American Hospital Association, three domains of opportunity were identified: leadership diversity, workforce engagement, and community engagement. See pg. 15 and Appendix C for more information.

### **GOAL 4: Improve and strengthen community partnerships**

To improve and strengthen community partnerships, outlined below are two ongoing Penn Medicine initiatives. With both initiatives, we have increased activity to more acutely focus on our partnerships outside the hospital walls with individuals and organizations in our community. Further, we are reaching out to local organizations in which we have cemented relationships to formally request their perspective in moving our institution toward health equity. See pgs. 15-17 in attached report for detailed information.

1. Penn Medicine is a founding member of the **Collaborative Opportunities to Advance Community Health (COACH)**, a collaborative between health systems, insurers and the community to reduce food insecurity in Pennsylvania.
2. **The Penn Medicine CAREs Grant Program** is an internal initiative that began in 2011 with the dual purpose of employee engagement and community outreach. The program, open to Penn Medicine faculty, staff and students, provides institutional support through a competitive grant process for individuals and programs that focus on addressing community health needs, with health needs being broadly defined to include social determinants of health.

Lastly, we have now taken key steps to integrate our community engagement and health equity efforts by creating a subcommittee on community engagement within our Health Equity Taskforce. The Community Engagement Subcommittee is co-chaired by individuals positioned to bridge existing silos in this area. One central focus moving forward is to integrate our examination of performance metrics with our community needs assessment data in an effort to effectively target communities that may in aggregate experience disparities in health care or health outcomes. We are planning for our next iteration of our Blueprint for Health Equity and Inclusion to reflect this vision.

## The Need

Despite well-intentioned providers and advancements in medicine, health and health care disparities persist today. While disparities are often viewed through the lens of race and ethnicity, they can occur across many dimensions including socioeconomic status, age, geography (neighborhood), gender identity, sexual orientation, disability status, religious affiliation, primary language, and/or mental health status.<sup>1,2</sup>

Why all patients do not receive equal treatment is complicated. As the 2003 Institute of Medicine Report states, *“The sources of these disparities are complex, are rooted in historic and contemporary inequities, and involve many participants at several levels, including health systems, their administrative and bureaucratic processes, utilization managers, health care professionals, and patients.”*<sup>2</sup>

We determined here at Penn Medicine that solutions would involve dedicated resources and a centralized team to foster innovation. Key to achieving equitable care is creating a workforce that is diverse, not only on the frontlines, but also in its leadership and innovators, to ensure diverse minds are helping to generate the care delivery systems and medical knowledge of tomorrow.

## The History

Our **#123 Pledge** continues to build on and formalize work that began when the Associate Dean for Graduate Medical Education (GME) at Penn created the new position of Assistant Dean for Health Equity and Inclusion within the Office of Graduate Medical Education, leading to the development of the first annual **Penn Medicine Health Equity Week** in 2016, development of a **Penn Medicine Blueprint for Health Equity and Inclusion** and formation of a **Health Equity Taskforce**.



### Taskforce Members:

**Pictured (starting left from last row):** Larissa Morgan, Giang Nguyen, Roy Hamilton, Barbara Todd, Mira Mamtani, Aimee Ando, Heather Klusaritz, Laura Lombardo, Maureen Ginnane, Karen Anderson, Patrick Healy, Jia Lapointe, Denise Lamarra, Carmen Guerra, Rosemary Thomas, Marisa Rogers, Jaya Aysola

**Not pictured:** Regina Cunningham, Judd Flesch, Katie Burke, Craig Loundas, Tanya Johnson-Coleman, Paris Butler, Kya Hertz, Meghan Lane-Fall, Jeff Millstein, Margaret Yoho, Lisa Lewis, Puneet Sahota, Beverly Crawford, Roy Wade, Tiffani Johnson, Charmaine Wright, Jeffrey Berns, Meredith Lawler

1. Foundation KF. Disparities in Health and Health Care: Five Key Questions and Answers | The Henry J. Kaiser Family Foundation. 2012;2015.
2. Nelson AR, Smedley BD, Stith AY. Unequal Treatment:: Confronting Racial and Ethnic Disparities in Health Care (full printed version). National Academies Press; 2002.

## Health Equity Taskforce

*" We envision a health system where every diverse voice is heard, where every unique perspective is considered. Promoting an inclusive culture benefits not only those that work, train, and study within our health system, but also those that seek care here. When we value each other it enhances our ability to care for our patients. "* *Jaya Aysola MD, DTMH, MPH,  
Chair, Health Equity Taskforce*

### **Mission:**

The Penn Medicine Health Equity Taskforce aims to ensure high quality patient and family-centered care for all populations, promote workforce diversity, and cultivate safe and inclusive learning and clinical environments through collaboration with internal stakeholders and community partners.

### **Membership:**

Members include a diverse, interdisciplinary team of staff, faculty, house staff, administrators, and health care providers representing the health system and the Schools of Medicine, Nursing, and Social Policy and Practice.

### **Central Activities and Subcommittee Goals:**

To achieve its mission, the Taskforce guided the development of the Blueprint for Health Equity and Inclusion detailed below. The Taskforce will oversee the implementation of the Blueprint's priority action items. The following are the four Taskforce subcommittees, their leadership, and respective goals.

#### **Workforce**

**Co-chairs** - Roy Hamilton, MD, MS and Barbara Todd, DNP, ACNP-BC, FAANP

**Imperative** - To realize and actualize Penn Medicine's core value of diversity in all sectors of the health care workforce.

**Priority Action Items:**

- ▶ Expand on implicit bias and holistic review training for faculty, staff and Diversity Search Advisors
- ▶ Assess factors that threaten the wellness of minority faculty and staff and include some measure of this in the Diversity Engagement Survey

#### **Data and Evaluation**

**Co-chairs** - Jaya Aysola, MD, DTMH, MPH and Aimee Ando, DO

**Imperative** - To ensure equity in value of care provided to all patients irrespective of their personal characteristics.

**Priority Action Items:**

- ▶ Improve data collection of personal characteristics
- ▶ Identify disparities in performance indicators
- ▶ Integrate equity into quality improvement efforts
- ▶ Evaluate taskforce performance

## Community Engagement

**Co-chairs** - Heather Klusaritz, PhD, MSW and Laura Lombardo

**Imperative** - To develop opportunities and a platform for community voice in the health system's effort to achieve health equity.

### Priority Action Items:

- ▶ Identify patient and community stakeholders to join the subcommittees and Taskforce
- ▶ Identify community driven health disparity priorities for Penn Medicine to address

## Education

**Co-chairs** - Marisa Rogers, MD, MPH, FACP and Denise LaMarra, MS, CHSE

**Imperative** - To promote high-quality care for all patient populations by ensuring UPHS trainees, staff and faculty possess the knowledge and skills relevant to care for diverse populations in a patient centered way.

### Priority Action Items:

- ▶ System-Wide Online Education Module
- ▶ Create a resource of existing trainings, articles, and curricula on topics relevant to health equity for use by all staff, faculty, students, trainees and administrators across Penn Medicine

*The work of these committees has been critical to implementing the Blueprint but also meeting the goals of the #123 for Equity Pledge.*



The Blueprint for Health Equity and Inclusion, modeled after the Blueprint for Quality and Patient Safety, details three imperatives and associated priority action items centered on providing high quality patient- and family-centered care to all patients regardless of personal characteristics. Penn Medicine adopted the Blueprint in 2016 during Health Equity Week in an effort to chart our course towards achieving Health Equity. The Blueprint Imperatives below align with the goals of the #123 Pledge.

## The Imperatives

### Value: Reduce Unnecessary Variations in Care by Personal Characteristics

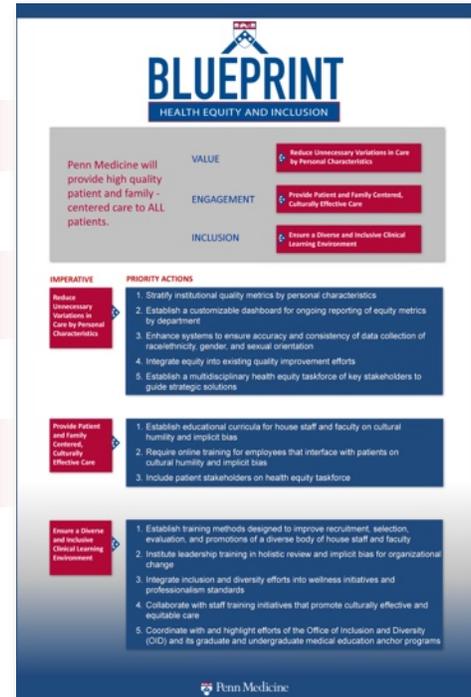
- ▶ Data-Driven Innovation and Research
- ▶ Quality Improvement with an Equity Lens

### Engagement: Provide Patient and Family Centered, Culturally Effective Care

- ▶ Data-Driven Community Engagement
- ▶ Education Across the Continuum from UME to CME

### Inclusion: Ensure a Diverse and Inclusive Clinical Learning and Work Environment

- ▶ Workforce Development
- ▶ Education Across the Continuum from UME to CME



With this pledge, Penn Medicine has crystallized several **immediate goals** that involve creating an infrastructure to ensure successful implementation of the priority action items outlined in the Blueprint for Health Equity and Inclusion and set the stage for our **long-term vision** to become a national leader in promoting data-driven solutions to achieve health equity.

*" Health equity is a really important derivative of our Blueprint for Quality and Safety and we developed a Blueprint for Equity as well as part of the process. Health equity to me is about ensuring all patients are treated in the way that they need to be treated without regard to their personal characteristics, where they're from, the color of their skin, who they love, how they worship, or any differences that some might feel distinguish them from others in our society. Those should not be relevant to us as we treat our patients. We should be inclusive and welcoming and delivering the same high level of care. That's really what Penn Medicine strives for, for all of our patients. "*

Dr. P.J. Brennan, Chief Medical Officer

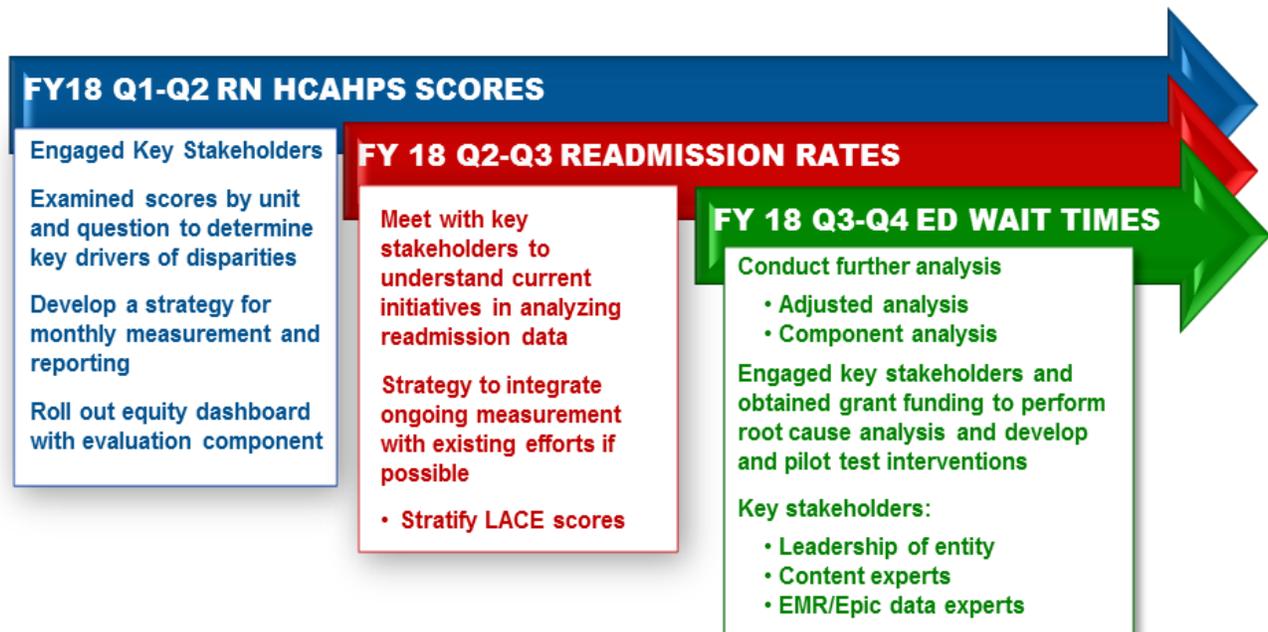
# American Hospital Association #123 for Equity Campaign to Eliminate Health Care Disparities

In 2017, we signed the #123 for Equity Pledge to reaffirm and build upon our existing commitment to achieving health equity here at Penn Medicine. The Pledge urges hospital and health system leaders to continue to develop and implement strategies to increase the collection and use of race/ethnicity, language preference, and other sociodemographic data; advance cultural competency training; and increase diversity in leadership and governance. In addition, a fourth goal has been added to improve and strengthen community capacity. The goals of the Pledge align with our established institutional imperatives for achieving health equity, outlined in our Blueprint for Health Equity and Inclusion. These goals have enhanced our efforts toward eliminating health care and health disparities. The following pages detail our efforts to meet the goals of the #123 for Equity Pledge and realize health equity across Penn Medicine.

## Goal 1: Increase the collection, stratification and use of race, ethnicity, language preference and other sociodemographic data to improve quality and safety

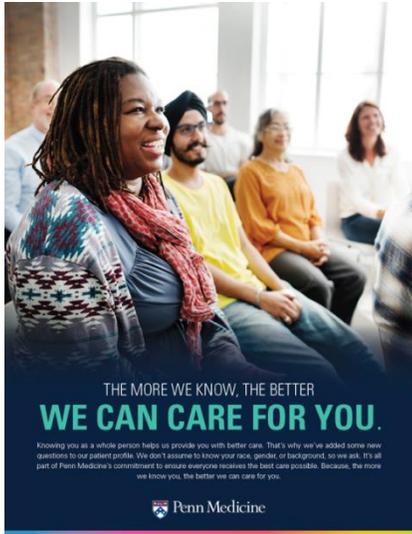
### Stratification of Existing Care Quality Metrics

In alignment with Goal 1 in the #123 for Equity Pledge, we stratified one year of performance data to determine significant disparities. The below schematic details the three metrics we identified with significant disparities and our implementation strategy and activities to address them.



“Data should drive our solutions for achieving health equity. Stratifying our quality of care data and identifying potential disparities provides us with areas to focus our energy and efforts by applying health care disparity concepts in a concrete manner.”

Patricia Garcia Sullivan, PhD, Chief Quality Officer



## Improving Data Collection

*The More We Know, The Better We Can Care for You.*

In 2016, the Penn Medicine Program for LGBT Health partnered with the Associate DIO for Health Equity and Inclusion and the Director for Enterprise Scheduling and Registration for Penn Medicine to convene interdisciplinary working groups around sexual orientation and gender identity (SO/GI) and race, ethnicity, and language (REAL) data collection efforts. This effort was timely as national guidelines currently exist about how and what to collect for both REAL and SO/GI data. Collecting such data is vital to tracking variations in quality of care outcomes in efforts to identify and eliminate health care disparities. With support from the Executive Director of the Clinical Practices of University of Pennsylvania and the Office of the CMO,

we updated as well as introduced new fields to the electronic health records (EHR) to better capture demographic data during the registration and scheduling workflow across Penn Medicine. Collection of sexual orientation, gender identity, and gender pronouns were added to the clinical work flow in both the ambulatory and inpatient settings for Penn Medicine. Of note, the REAL acronym at Penn Medicine has been updated to stand for Race, Ethnicity, Ancestry and Language data to reflect the recommended categories for data collection, specifically: Race/Ethnicity as a combined category, followed by Granular Ethnicity or Ancestry, and assessment of both written and spoken language preference.

These data collection fields went live in the EHR of all Penn Medicine entities in August 2017. Optimization of these data points and their collection is currently underway. Efforts include implementing self-entry of data, monitoring uptake of data, analyzing workflows to fine tune data collection processes and troubleshooting technical issues.

## Data Collection Training and Marketing

**Online Training Module: “Collecting REAL and SO/GI Data in Penn Chart”**

When	Why	What	Who
In July of 2017, prior to the implementation of the data changes in the our electronic record system, we launched this online module	Collecting this data is about more than just technical skills, but training around the "soft skills" related to asking these questions is critical	The module focused on how the collection of this data contributes to Penn Medicine's goal of achieving health equity and providing patient centered care to all patients	This module was assigned to all current staff in roles who would be collecting the data and will be used to train new staff

Collecting these new data points from patients in a culturally appropriate, patient-centered manner requires both patient and staff focused marketing and education. In conjunction with the Penn Medicine Academy, the centralized training and education group within Penn Medicine, materials were created to raise awareness of these new data points and implement online learning focused on why and how to collect Health Equity Data. To ensure effective adoption, we launched a marketing campaign educating patients on the new demographic questions they may be asked.



## Goal 2: Increase cultural competency training to ensure culturally responsive care

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### Penn Medicine's Curricula and Training to Ensure Culturally Responsive Care

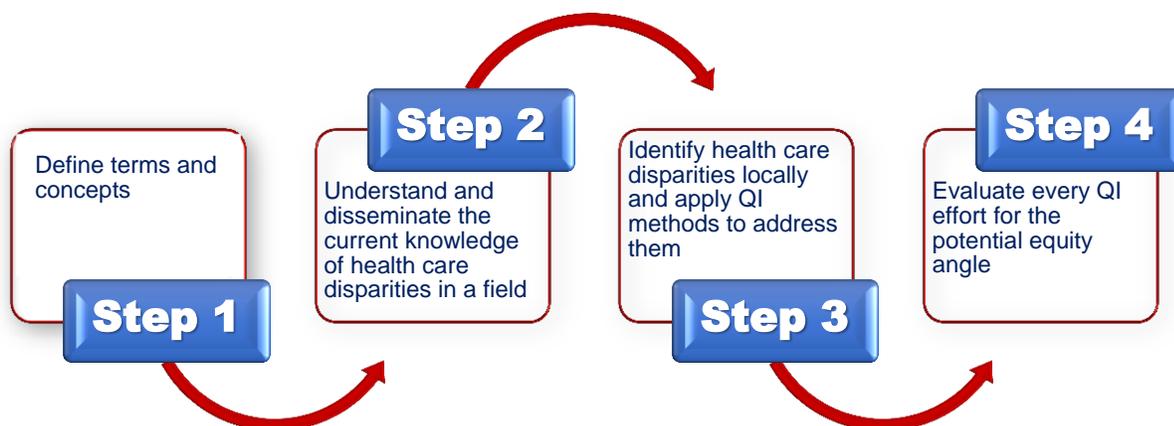
We approached the very important mission of training our students, employees, faculty, and housestaff on the topics related to providing culturally responsive care with three governing principles.

#### Three Governing Principles:

##### **Principle 1:**

##### **Ensure All Curricula Reflects Up-to-Date and Evidence-Based Content**

We have evolved in our thinking and approaches to cultural competency training and our curricula reflect the latest in the field and center on discussing cultural humility and unconscious bias.



“An essential component of health professions training and graduate medical education is learning about health care disparities that exist among the patients served by the trainee’s institution and working, in the clinical learning environment, to identify and address these disparities. By doing so, the experience of patients within our health care system and the health of all of our patients will improve.”

*Jeffrey Berns MD, Associate Dean, Graduate Medical Education*

## Faculty Development Workshops:

### Integrating Training in Quality Improvement and Health Equity in Graduate Medical Education: Two Curricula for the Price of One

*(Aysola and Myers, Academic Medicine, 2018)*

#### Integrating Quality and Equity Improvement

We developed a faculty development workshop that provides strategies and tools for embedding equity into existing QI educational efforts and using QI methods to address equity challenges. A recent call to address health care disparities has come from the Accreditation Council for Graduate Medical Education’s (ACGME’s) Clinical Learning Environment Review (CLER) program. The CLER program aspires that faculty and residents will identify the disparities among the patient populations they serve and engage in quality improvement (QI) activities designed to address them. **We developed a four-step framework (outlined in the article cited in the image above)** for integrating QI and health equity principles in graduate medical education to meet these ACGME expectations.

#### The Role of Bias in Selection and Evaluation of Housestaff

A case-based interactive workshop targeted towards faculty and program coordinators involved in housestaff recruitment and evaluation. Facilitators guide participants through simulated case-based exercises where groups serve as first the selection committee and then a clinical competency committee. The cases are designed to reveal sources of

bias in the process of both selection and evaluation of trainees, as well as how impressions formed of candidates who eventually match in a program during the interview process may influence their performance evaluations.

#### Unconscious Bias Trainings

The Penn Medicine Office of Inclusion and Diversity partnered with Cook Ross Inc., a leading consulting group that uses a strategic framework for developing an organization-wide unconscious bias strategy, to offer Unconscious Bias workshops in Fall 2016, Spring 2017 and Fall 2017. A total of eight two-hour workshops were given. The workshops introduced concepts of unconscious bias and how they impact the workplace and environment, as well as tools for increasing bias awareness. A total of 237 people registered with 196 attending. These sessions targeted residents, faculty and staff of the Perelman School of Medicine and Penn Medicine. Most respondents to the follow up survey felt the workshop would contribute to an enhanced ability to make decisions, recruit diverse talent, and improve interactions with colleagues. Most also felt the training would enhance the climate of the institution.

## Principle 2: Leverage Local and National Expertise to Present Live Programming to all Penn Employees, Faculty, Trainees, and Students

Health Equity Week is a Penn Medicine annual educational event aimed to raise awareness and promote learning around health equity and innovative solutions to address health and health care disparities. The week is composed of lectures, interactive workshops, poster presentations and symposia across the

health system. Health Equity week was established in 2016 by the Penn Office of Graduate Medical Education in collaboration with the Office of Inclusion and Diversity and the Office of the CMO and is a unique opportunity to engage all levels of health system employees in critical discussions.



Monday, April 4  
Penn Deans' Panel

**SMILOU CENTER FOR TRANSLATIONAL RESEARCH, RUBENSTEIN AUDITORIUM**  
12:00 NOON – 1:00 PM **Penn Deans' Panel Discussion: The Strategic Vision for Achieving Health Equity**  
Featuring Deans from the Schools of Medicine, Nursing, Social Policy and Practice, and Dentistry  
**Moderator:** Joan I. Gluch, PhD J. Larry Jameson, MD, PhD  
Eve Higginbotham, SM, MD John L. Jackson Jr., PhD Antonia M. Villarruel, PhD, RN, FAAN  
1:00 PM – 2:00 PM **Lunch Reception**

Tuesday, April 5  
Invited Guest Lecture

**HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, FLYERS/76ERS SURGERY THEATRE**  
12:00 PM – 1:00 PM **Equity and Community Engagement**  
**Loretta Sweet Jemmott, PhD, RN, FAAN**  
Dr. Loretta Sweet Jemmott is the Vice President of Drexel University focusing on Health and Health Equity. She is also a Professor in Drexel's College of Nursing and Health Professions. She is one of the nation's leading researchers in the field of HIV/AIDS prevention, having the most consistent track record of evidenced-based HIV risk-reduction interventions with over \$100 million in federal funding. Aimed at increasing safer sex behaviors, these studies have not only demonstrated remarkable success in reducing HIV/AIDS risk behaviors, but have also reduced the incidence of sexually transmitted diseases.

Wednesday, April 6  
Health Equity Story Slam/  
Helen O. Dickens Lecture

**JORDAN MEDICAL EDUCATION CENTER, JORDAN LAW AUDITORIUM**  
12:00 PM – 1:00 PM **Health Equity Story Slam, Organizer: George Dalember, MD**  
Story Slams are events that celebrate storytelling by providing an opportunity for participants to share brief verbal stories with an audience

**JORDAN MEDICAL EDUCATION CENTER, JORDAN LAW AUDITORIUM**  
1:00 PM – 2:00 PM **Helen O. Dickens Lecture**  
**Diversity and Design: Challenging Dominant Narratives**  
**Melissa Gilliam, MD, MPH**  
Dr. Gilliam is a Professor of Obstetrics & Gynecology, Professor of Pediatrics, and Dean for Diversity & Inclusion in the Biological Sciences Division at the University of Chicago Medicine. She is Chief of the Section of Planning and Contraceptive Research in the Department of Obstetrics and Gynecology, Director of the Fellowship in Family Planning and heads the Center for Interdisciplinary Inquiry and Innovation in Sexual and Reproductive Health (CI3).

Thursday, April 7  
Health Equity Symposium  
Featuring a Keynote Lecture

**SMILOU CENTER FOR TRANSLATIONAL RESEARCH, RUBENSTEIN AUDITORIUM**  
12:00 PM – 1:30 PM **Health Equity Week Keynote and Edward S. Cooper Lecture Achieving Health Equity: Tools for a National Campaign Against Racism**  
**Camara Jones, MD, MPH, PhD**  
Camara Phyllis Jones, MD, MPH, PhD is a Senior Fellow at the Satcher Health Leadership Institute and the Cardiovascular Research Institute, Morehouse School of Medicine, and a Past President of the American Heart Association (2015-2016). Dr. Jones is a family physician and epidemiologist whose work focuses on identifying, measuring, and addressing the impacts of racism on the health and well-being of the nation.

Friday, April 8  
Invited Guest Lecture/  
Workshop

**SMILOU CENTER FOR TRANSLATIONAL RESEARCH, RUBENSTEIN AUDITORIUM AND COMMONS**  
1:45 PM – 2:15 PM **Health Equity Abstract Oral Presentations**  
2:15 PM – 4:00 PM **Health Equity Abstract Poster Presentations**

**SMILOU CENTER FOR TRANSLATIONAL RESEARCH, RUBENSTEIN AUDITORIUM**  
12:00 PM – 1:00 PM **The Positive Impact of Integrated, Gender Affirming Healthcare for Transgender/Gender-non-Binary Patients**  
**Peter Meacher, MD, FAAFP, AAHIVS**  
Dr. Meacher is a Board Certified Family Physician and credentialed as an American Academy of HIV & STD Medicine.

# Health Equity Week



## Principle 3: **Create Online Training to be Adopted System-Wide with Key Stakeholder Input**

### Health Equity Online Learning Module

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*" Health equity is about providing the right care, for the right patient, with the right set of providers at the right time. "*

*Dr. Eve Higginbotham, Vice Dean, Office of Inclusion & Diversity*

In direct response to Goal 3, outlined in the #123 Pledge, The Penn Medicine Office of Inclusion and Diversity (OID), The Office of Graduate Medical Education, and the University of Pennsylvania Health System are jointly supporting the development and deployment of an online learning module for all employees, faculty, and trainees across Penn Medicine.

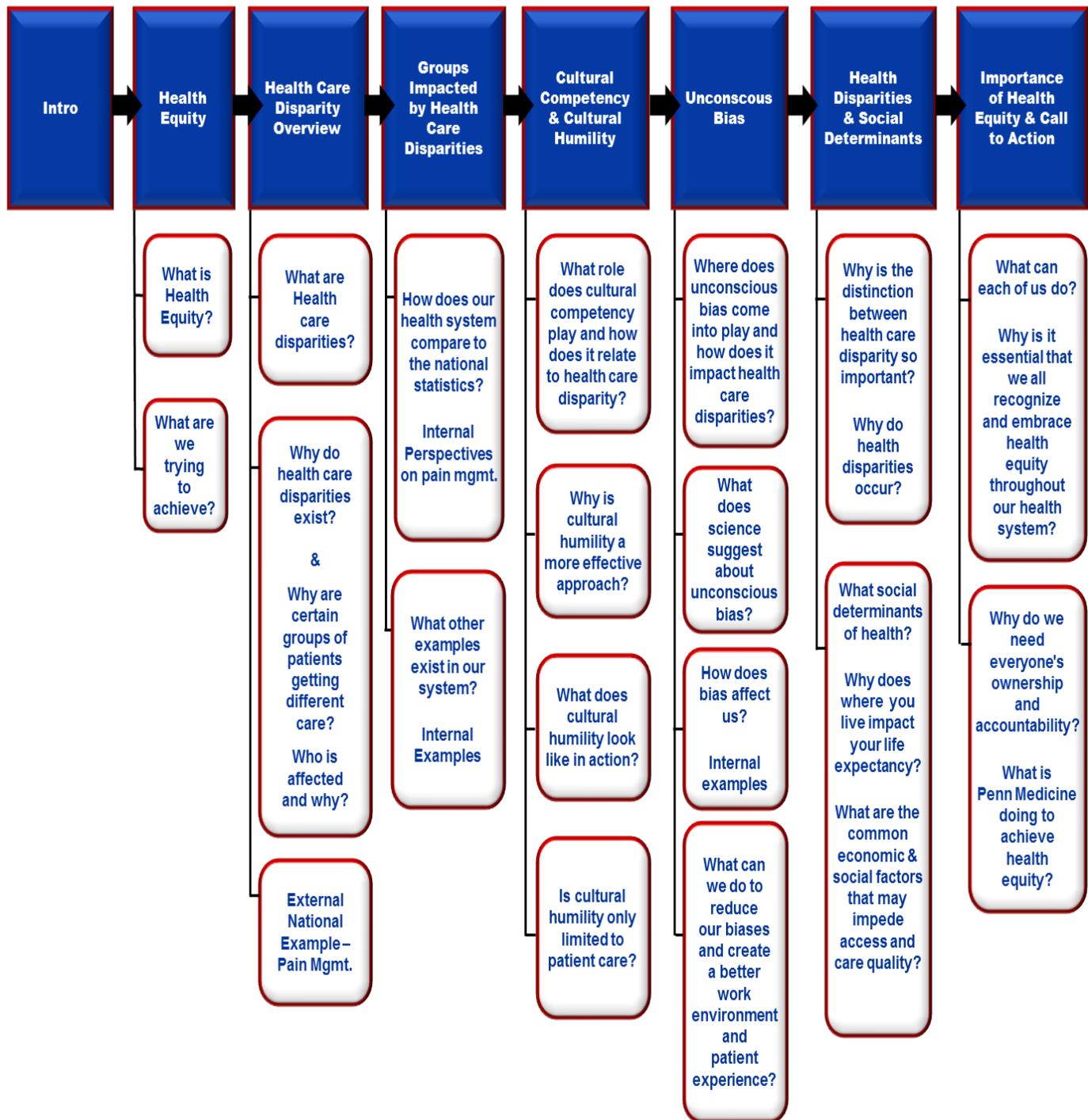
**Objective:** To introduce concepts integral to understanding and achieving health equity, including providing evidence-based, current curricula related to providing culturally humble care.

**Format:** Designed to be a documentary-style video that features individuals from the Penn community, this module will include a series of sound bites reflecting critical content from leadership, experts in the field, house staff, and patients.

#### **Learning Objectives:**

- ▶ Recognize how health care disparities (unequal treatment) differ from health disparities (unequal health outcomes) in the populations that we serve.
- ▶ Identify groups which may be impacted by disparities.
- ▶ Define cultural humility, including how it differs from cultural competency and fosters inclusion.
- ▶ Identify strategies to reduce implicit bias and apply cultural humility to improve our daily interactions with colleagues and the patients we serve.
- ▶ Define social determinants of health and how they relate to health disparities (unequal health outcomes) in the populations we serve.

# Health Equity Online Learning Module Concepts and Framing



## Focus on Special Populations



### Penn Medicine Program for LGBT Health

The Program for LGBT Health is a unique interdisciplinary program, involving the Perelman School of Medicine, School of Nursing, School of Dental Medicine, School of Social Policy and Practice, Center for Public Health Initiatives, and affiliated health systems (UPHS, CHOP, Philadelphia VAMC).

#### 2014 – 2018 Strategic Plan Themes

**INVENTORY** – Identify faculty, students, and staff knowledgeable in the care of LGBT populations, actively engaged in LGBT research and education, and individuals interested in contributing to LGBT patient care, research, and education.

**MEASURE** – Assess LGBT inclusion, climate, and visibility; education activities; access to health services; and quality of patient care.

**COORDINATE** - Use existing infrastructure, services, and resources to promote and improve LGBT climate and visibility, education, research, patient care, and outreach.

**MENTOR** - Mentor and support faculty, students, and staff engaged in LGBT-related activities.

**ENGAGE** - Engage Penn, affiliated health systems, and the Philadelphia community in collaborative activities.

#### Focus Areas

**CLIMATE** – Nurture and support LGBT diversity and inclusion in the workplace, classroom, and healthcare settings.

**EDUCATION** – Enhance education of faculty, students, and staff in LGBT health and health disparities.

**RESEARCH** - Foster research on the optimal ways to improve the care for LGBT patients and their families.

**PATIENT CARE** - Provide improved patient and family-centered care to the LGBT community.

**OUTREACH** - Increase collaboration between Penn, affiliated health systems, and the Philadelphia LGBT community.

# Goal 3: Advance diversity in leadership and governance to reflect the communities served

## Measuring and Achieving Inclusion

Key to ensuring diversity in the health care workforce is fostering inclusion. An inclusive environment promotes retention and promotion of diverse minds and voices within the health care system.

### Measuring Inclusion

The Diversity Engagement Survey, launched in February 2015, assessed the climate of health care sites such as Penn Medicine and Children's Hospital of Philadelphia and educational sites such as the Perelman School of Medicine.

The survey affirmed the positive elements of the culture such as opportunities to advance; however Penn ranked in the bottom third, when compared to others in the United States, in cultural competency. Given this, we analyzed that particular component of the survey in more depth to determine what respondent characteristics were driving those scores. Thereafter, we conducted a qualitative study to better understand contributors of inclusion in our organizations.

#### Survey Analysis

- n=3500 Respondents
- Diversity Engagement Survey (22-Item)
- Analyzed associations between respondent characteristics and the Cultural Competence Factor (4-Item)

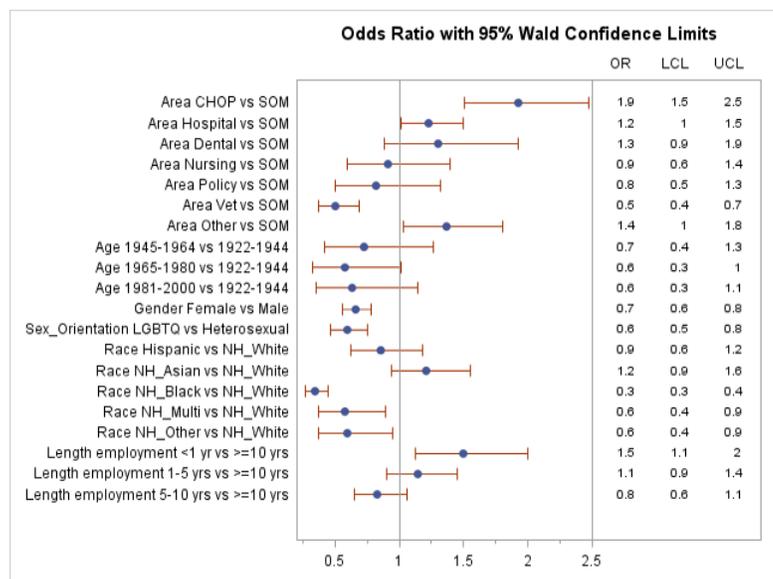
#### Narrative Analysis

- Launched campaign call for narratives, titled, "Please Tell Us Your Story"
- Analyzed (NVivo 11) all completed narratives (n=315)
- 20% triple coded for inter-rater reliability (IRR): mean Kappa score 0.93

### What we found?

#### What Predicts Organizational Cultural Competence?

In the adjacent figure, we depict the adjusted odds ratios of respondents of ranking the cultural competence of their organization above or below average. Respondents that self-identified as females, minorities, and LGBTQ were far less likely to rank the cultural competence of their organization as meeting their needs as compared to males, non-Hispanic whites, and heterosexuals respectively.



(Source: Aysola et. al., AAMC GDI-GWIMS Conference, 2017)

## Please Tell Us Your Story:

We analyzed 315 narratives submitted from members of the health care system, of which 60% self-identified as female, 3.2% as transgender/queer, 12.5% non-Hispanic black, 48% non-Christian, 9.8% reported a language other than English as their primary language, and 4.4% reported having a disability. Our analysis revealed six broad factors that affected inclusion within health care organizations: (1) the presence of discrimination (2) the silent witness (3) the interplay of hierarchy, recognition, and civility, (4) the effectiveness of

organizational leadership and mentors, (5) support for work life balance, and (6) perceptions of exclusion from inclusion efforts. Challenges with inclusion had negative effects on job performance and wellbeing, with reports of stress, anxiety, and feelings of hopelessness. The vast majority of respondents referenced a systemic culture that influenced their interpersonal dynamics and provided specific strategies to improve organizational culture that focused on leadership training and expanding collegial networks.

*Sources: Aysola et. al., Understanding and Pursuing Inclusion within Health Care Organization, Society of General Internal Medicine (SGIM) Annual Conference, 2017.*

*Kearney and Aysola et. al, Discrimination and employee wellbeing: A qualitative analysis of the social, physical, and psychological effects of workplace behavior. Round table discussion presented at the meeting of the American Public Health Association, Atlanta, FL November 2017.)*

## Diversity in Leadership (Listening Tour)

As part of our strategic plan to advance diversity in leadership and governance to reflect the communities served as well as develop recommendations to guide initiatives to address climate, OID launched a Listening Tour to explore these issues in depth. In Fall 2016, using the Diversity Tool developed by the American Hospital Association, three domains of opportunity were identified: leadership diversity, workforce engagement, and community engagement. Based the listening tour with Penn executive leadership the following recommendations were developed:

- ▶ Hold leadership accountable for initiatives that advance inclusion and diversity, assigning the implementation to key stakeholders.
- ▶ Survey the enterprise regarding the inclusiveness of the workplace on a biannual basis.
- ▶ Diversify the Board and executive leadership to better reflect the diversity of the population served by Penn Medicine.
- ▶ Designate a standing committee of the Board to address and monitor progress in inclusion and diversity initiatives and review formally at the full Board level annually.
- ▶ Ensure that processes for conducting searches are based on best practices for ensuring a diverse applicant pool and a fair, objective process.
- ▶ Formally launch an inclusive leadership development program which will drive the development of talent internally.
- ▶ Launch and actively support the Blueprint for Health Equity and review progress at least annually, both at the Board level and the executive management level.
- ▶ Community Engagement is as important as the other areas of focus, particularly considering the enhanced focus on population health in national efforts to reform healthcare. Leadership should consider a strategic approach to enhancing community engagement, which includes Board membership, enhanced communication with community leaders, and acknowledgement of leaders, faculty, and staff for their work in the community.

# Goal 4: Improve and strengthen community partnerships

## Community Engagement

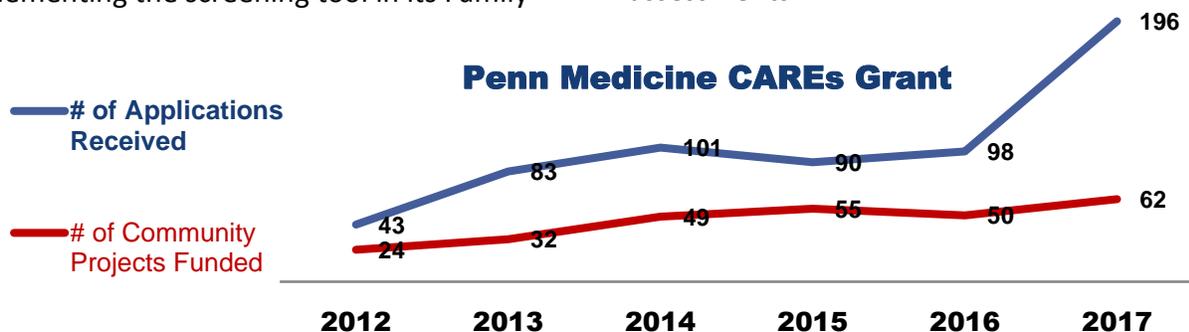
With regards to Goal 4, improve and strengthen community partnerships, outlined below are two ongoing Penn Medicine initiatives. With both initiatives, we have increased activity to more acutely focus on our partnerships outside the hospital walls with individuals and organizations in our community. Further, we are reaching out to local organizations in which we have cemented relationships to formally request their perspective in moving our institution toward health equity.

Penn Medicine is a founding member of the **Collaborative Opportunities to Advance Community Health (COACH)**, which launched in September 2015. Along with the Hospital Association of Pennsylvania (HAP) and the Health Care Improvement Foundation, seven health systems representing 18 hospitals, and 16 public health, community, and insurer partners established this collaborative to reduce food insecurity in Philadelphia and throughout southeastern Pennsylvania. Food insecurity was selected after a thorough review of the participating hospitals' community health needs assessments. In Philadelphia, 26% of the population lives below the poverty line - the highest poverty rate of any large city in the country. The number of Philadelphia residents who are impacted by food insecurity is 21.7%. Nationally, 12.7% of the population is impacted by food insecurity.

COACH was designed to streamline parallel efforts and concentrate resources to be more impactful. COACH participants have been working to implement a food insecurity screening, based on best practices, in their respective hospitals. Penn Medicine is currently in process of implementing the screening tool in its Family

Medicine and Community Health practices. The health system is also working to integrate the screening into its electronic health records (EHR). For those individuals who indicate they are facing food insecurity, a dedicated referral line is being initiated with a local non-profit to connect the patient with the pertinent resources. COACH is a true community partnership –it brings together hospitals across the region and community-based organizations to reduce disparities and address a fundamental social determinant of health.

**The Penn Medicine CAREs Grant Program** is an internal initiative that began in 2011 with the dual purpose of employee engagement and community outreach. The program, open to Penn Medicine faculty, staff and students, provides institutional support through a competitive grant process for individuals and programs that focus on addressing community health needs, with health needs being broadly defined to include social determinants of health. Projects are evaluated based on their collaboration with external, community-based organizations, volunteer history, and whether or not they focus on needs identified in one of Penn Medicine's entities' community health needs assessments.



We received 43 applications in the first fiscal year of the grant, FY2012. Out of those applications, 24 projects received funding. This past fiscal year, FY2017, 196 applications were received with 62 projects receiving funding. To keep up with this growth, for FY 2018, Penn Medicine made a strategic decision to increase funding for the CAREs Grant Program. Funding distributed through the CAREs program goes directly to community health projects and does not include any operational or administrative costs. The below grant-funded projects embody the spirit of the CAREs Program and further demonstrate Penn Medicine's goal to strengthen community partnerships and reduce health disparities:

### Urban Tree Connection (UTC) Community-Based Agriculture Program:

UTC's agriculture program seeks to improve community health in Haddington - a neighborhood in West Philadelphia where 80% of the children live in families eligible for the Supplemental Nutrition Assistance Program (SNAP). Because the neighborhood lacks a high-quality supermarket, UTC produces more than 10,000 pounds of sustainably grown produce and distributes it to 850 low-income families each year. Funding from the CAREs grant was used to improve the farm stands, support community outreach, and provide stipends to community leaders who operate the stands.



### Rebuilding Together Philadelphia:

Responding to the need of her Home Care and Hospice patients, a physical therapist received funding to purchase safety devices for the homes of her most vulnerable patients.

This physical therapist has long-standing relationship with Rebuilding Together Philadelphia (RTP), which uses a network of volunteers to help complete needed home improvements. These include installing stair railings, grab bars, ramps to home entrances, detachable shower heads, and raised toilet seats to improve patient safety in their homes.



**Justine's Food Angels:** Connect By Night, an emergency shelter that operates in partnership with the faith-based community in Delaware County, provides needed meals and a safe space for the homeless to shower, sleep, and do laundry. Every Wednesday, a patient service associate for Family Medicine, teams with her friend "Justine," a caterer, to prepare a hot dinner for up to 70 homeless people in Upper Darby. After dinner, clients are transported to a participating church to be housed overnight and then returned to the center in the morning. Justine's Food Angels also provide clothing donations and toiletries. CAREs grant funding purchased food for the catering portion of this outreach initiative.





Because of Penn Medicine’s history of extensive engagement with the community, specifically on COACH and the CAREs Grant, and on the planning and construction of the now completed (2015) Advanced Care Pavilion at Penn Presbyterian’s campus, and other construction projects, the hospital has a good relationship with the surrounding community and organizations within the service area. We plan to engage the leaders from those organizations with whom the Health System has recently partnered on the construction project and community healthcare programs, including 9 neighborhood organizations, 10 faith-based organizations, 5 shelters/human services agencies, and 9 recreation and community centers, to provide feedback on perceptions, incentives, and improvements on the health system’s practices and processes, moving us toward health equity.

Recreation and Community Centers	Neighborhood Organizations
<ul style="list-style-type: none"> <li>▶ Cobbs Creek</li> <li>▶ Kingsessing Rec Center</li> <li>▶ Mill Creek Community Center</li> <li>▶ Myers Rec Center</li> <li>▶ Riverview Avenue Community Center</li> <li>▶ University Square Apartments</li> <li>▶ Walnut Philadelphia Senior Center</li> <li>▶ West Philadelphia YMCA</li> </ul>	<ul style="list-style-type: none"> <li>▶ Belmont Alliance Civic Association</li> <li>▶ Enterprise Center</li> <li>▶ Mantua Civic Association</li> <li>▶ New Africa Center</li> <li>▶ Parkside Area Community Association</li> <li>▶ Philadelphia Block Captains Association</li> <li>▶ Powelton Village Civic Association</li> <li>▶ Royal Court Women’s Coalition</li> <li>▶ West Powelton/Saunders Park RCO</li> </ul>
Faith-based Organizations	Shelters/Human Services Agencies
<ul style="list-style-type: none"> <li>▶ 59<sup>th</sup> Street Baptist Church</li> <li>▶ Beulah Baptist Church</li> <li>▶ Calvary St. Augustine Episcopal Church</li> <li>▶ Christian Stronghold Church</li> <li>▶ Christian Union Baptist Church</li> <li>▶ Church of Christian Compassion</li> <li>▶ First African Baptist Church</li> <li>▶ First Haitian Church of God</li> <li>▶ Mt. Zion Baptist Church</li> </ul>	<ul style="list-style-type: none"> <li>▶ AchieveAbility</li> <li>▶ Chosen 300 Ministries</li> <li>▶ People's Emergency Center</li> <li>▶ Rudolphy Mercy Douglass Home</li> <li>▶ Wordsworth Community Umbrella Agency</li> </ul>





# BLUEPRINT

## HEALTH EQUITY AND INCLUSION

Penn Medicine will provide high quality patient and family - centered care to ALL patients.

### VALUE

Reduce Unnecessary Variations in Care by Personal Characteristics

### ENGAGEMENT

Provide Patient and Family Centered, Culturally Effective Care

### INCLUSION

Ensure a Diverse and Inclusive Clinical Learning Environment

#### IMPERATIVE

Reduce Unnecessary Variations in Care by Personal Characteristics

#### PRIORITY ACTIONS

1. Stratify institutional quality metrics by personal characteristics
2. Establish a customizable dashboard for ongoing reporting of equity metrics by department
3. Enhance systems to ensure accuracy and consistency of data collection of race/ethnicity, gender, and sexual orientation
4. Integrate equity into existing quality improvement efforts
5. Establish a multidisciplinary health equity taskforce of key stakeholders to guide strategic solutions

Provide Patient and Family Centered, Culturally Effective Care

1. Establish educational curricula for house staff and faculty on cultural humility and implicit bias
2. Require online training for employees that interface with patients on cultural humility and implicit bias
3. Include patient stakeholders on health equity taskforce

Ensure a Diverse and Inclusive Clinical Learning Environment

1. Establish training methods designed to improve recruitment, selection, evaluation, and promotions of a diverse body of house staff and faculty
2. Institute leadership training in holistic review and implicit bias for organizational change
3. Integrate inclusion and diversity efforts into wellness initiatives and professionalism standards
4. Collaborate with staff training initiatives that promote culturally effective and equitable care
5. Coordinate with and highlight efforts of the Office of Inclusion and Diversity (OID) and its graduate and undergraduate medical education anchor programs

# Health Equity Week

APRIL 4 - 8, 2016

## Monday, April 4

Smilow Auditorium  
11:30 AM – 2:30 PM

## Health Equity Grand Rounds and LGBT Session

### GRAND ROUNDS

- 11:30 AM – 12:00 NOON **Introduction to Health Equity Week**  
J. Larry Jameson, MD, PhD, Dean, Perelman School of Medicine  
Antonia M Villarruel, PhD, RN, FAAN, Dean, School of Nursing
- 12:00 PM – 1:00 PM **Grand Rounds: Cultural Competency Training in GME: New Terms and Directions**  
Jaya Aysola, MD, MPH, Associate DIO for Health Equity and Inclusion
- 1:00 PM – 2:30 PM **Providing Culturally Competent Care for LGBT Patients**  
Judd Flesch, MD, Associate Director; Rebecca Hirsch, MD, Associate Director  
and Rosemary Thomas, MPH, Program Coordinator, LGBT Health

## Tuesday, April 5

Smilow / 12<sup>th</sup> Floor  
Conference Room 146 A/B  
8:30 AM – 12:00 NOON

## GME Faculty Symposium

### FACULTY SYMPOSIUM WORKSHOPS

- 8:30 AM – 10:00 AM **SESSION 1 – The Halo Effect: Selection and Evaluation of Housestaff**  
*Facilitators:* Jaya Aysola, MD, MPH and Ilene Rosen, MD, MSCE, Associate DIO for Clinical Competency and Evaluation
- 10:30 AM – 12:00 NOON **SESSION 2 – Two for the Price of One: Achieving Equity with Quality Improvement**  
*Facilitators:* Jaya Aysola, MD, MPH and Jennifer Myers, MD, Associate DIO for Patient Safety and Quality

## Wednesday, April 6

Smilow Auditorium  
11:00 AM – 5:00 PM

## Health Equity Symposium and Poster Session

### 11:00 AM – 12:15 NOON FEATURED KEYNOTE SPEAKER



#### *Health Equity and Addressing Social Determinants of Health*

**Georges C. Benjamin, MD**, Executive Director, American Public Health Association  
Dr. Georges C. Benjamin is well known in the world of public health as a leader, practitioner and administrator. Benjamin has been the executive director of the American Public Health Association, the nation's oldest and largest organization of public health professionals, since December 2002. At APHA, Benjamin also serves as publisher of the nonprofit's monthly publication, *The Nation's Health*, and is the author of more than 100 scientific articles and book chapters.

### 12:15 PM – 1:15 PM HEALTH EQUITY STORY SLAM SESSION

Story Slams are events that celebrate storytelling by providing an opportunity for participants to share brief verbal stories with an audience.  
*Organizer/Presenter:* Charmaine S. Wright, MD, MSHP, Assistant Professor of Medicine and Pediatrics, University of Pennsylvania Health System/Children's Hospital of Philadelphia

### 1:15 PM – 2:00 PM POSTER SESSION

**Health Equity Research, Quality Improvement, and Medical Innovation Projects**

### 2:15 PM – 3:45 PM PLENARY SESSION

#### **The Neuroscience of Implicit Bias and Its Effects Within our Health Care System**

*Co-Presenters:* C. Neill Epperson, MD, Professor of Psychiatry and Obstetrics & Gynecology, Perelman School of Medicine; Founder & Director, Penn Center for Women's Behavioral Wellness  
Tiffani J. Johnson, MD, MSc, Policy Lab, Center for Perinatal and Pediatric Health Disparities Research, Division of Pediatric Emergency Medicine, The Children's Hospital of Philadelphia

### 4:00 PM – 5:00 PM PANEL DISCUSSION

#### **Achieving Health Equity Through Community Engagement**

*Moderator/presenter:* Marisa Rogers, MD, MPH, FACP, Associate Professor of Clinical Medicine, Assistant Program Director for Diversity Initiatives Internal Medicine Residency Program

## Thursday, April 7

Law Auditorium, JMEC  
1:00 PM – 2:00 PM

## Health Equity Symposium

1:00 PM – 2:00 PM *Introduction:* Ralph W. Muller, MA, CEO, University of Pennsylvania Health System

### FEATURED KEYNOTE SPEAKER

#### *Improving Quality and Achieving Equity: Pursuing Value in a Time of Healthcare Transformation*



**Joseph R. Betancourt, MD, MPH**, Associate Professor of Medicine, Harvard Medical School

Dr. Betancourt directs the Disparities Solutions Center at Massachusetts General Hospital (MGH). He is also Director of Multicultural Education at MGH, and an expert in cross-cultural care and communication. Dr. Betancourt has served on several Institute of Medicine (IOM) Committees, including those that produced "Unequal Treatment: Confronting Racial/Ethnic Disparities in Health Care", "Guidance for a National Health Care Disparities Report", and "In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce." and served on the IOM Roundtable on Health Literacy.

**REGISTER**  
All Events Free to Attend

[www.uphs.upenn.edu/gme/HealthEquityWeek.aspx](http://www.uphs.upenn.edu/gme/HealthEquityWeek.aspx)

# Health Equity Week

APRIL 3 - 7, 2017

Monday, April 3  
**Noon Lecture**

HIRST AUDITORIUM, 1 DULLES BLDG, HUP

12:00 NOON – 1:00 PM **The Impact of Implicit Ageism on Care Quality and Patient Outcomes**  
Rebecca Trotta, PhD, RN, Director, Nursing Research and Science

Tuesday, April 4  
**Workshop & Grand Rounds**

CLASSROOM 12-146 AB, SMILOW CENTER FOR TRANSLATIONAL RESEARCH

Sessions:

1. 6:00 AM – 7:15 AM **GME Faculty Development Workshop: Engaging Residents / Fellows in Clinical Site Initiatives to Address Health Care Disparities**
2. 7:30 AM – 8:45 AM
3. 9:00 AM – 10:15 AM Facilitators: **Jaya Aysola, MD, MPH, Jen Myers, MD, Rachel Kelz, MD, MSCE**

RUBENSTEIN AUDITORIUM, SMILOW CENTER FOR TRANSLATIONAL RESEARCH

12:00 NOON – 1:00 PM **Grand Rounds: Understanding and Applying Cultural Competency**  
Jaya Aysola, MD, MPH, Associate DIO for Health Equity and Inclusion

Wednesday, April 5  
**Keynote Lecture**

MEDICAL ALUMNI HALL, 1 MALONEY BLDG, HUP

12:00 NOON – 1:30 PM **Introduction and 123 Equity Pledge**  
Ralph Muller, MA, CEO, UPHS  
PJ Brennan, MD, Chief Medical Officer, UPHS



**Keynote Lecture: Health Equity in Pennsylvania: A Focus on LGBT Health**  
Rachel Levine, MD  
Physician General for the Commonwealth of Pennsylvania

Dr. Rachel Levine is currently Physician General for the Commonwealth of Pennsylvania and Professor of Pediatrics and Psychiatry at the Penn State College of Medicine. Her accomplishments at Penn State Hersey Medical Center include initiating their Division of Adolescent Medicine and their Eating Disorders Program. Dr. Levine is the highest-ranking openly transgender public official in Pennsylvania history and one of only a handful serving in elected or appointed offices nationwide.

Thursday, April 6  
**Health Equity Symposium Featuring a Keynote Lecture**

MEDICAL ALUMNI HALL, 1 MALONEY BLDG, HUP

11:00 AM – 11:45 AM **Health Equity Story Slam Session**

Story Slams are events that celebrate storytelling by providing an opportunity for participants to share brief verbal stories with an audience.

Organizer: **Charmaine S. Wright, MD, MSHP**, Assistant Professor of Medicine and Pediatrics, University of Pennsylvania Health System / Children's Hospital of Philadelphia

RUBENSTEIN AUDITORIUM, SMILOW CENTER FOR TRANSLATIONAL RESEARCH

12:30 PM – 1:30 PM **Keynote Lecture: Institutional Commitment to Diversity, Is it Enough?**  
Joan Reede, MD, MS, MPH, MBA, Dean for Diversity and Community Partnership and Professor of Medicine, Harvard Medical School



Dr. Reede also serves as the director of the Minority Faculty Development Program, and faculty director of Community Outreach Programs at Harvard Medical School, Program Director of the Faculty Diversity Program of the Harvard Catalyst/The Harvard Clinical and Translational Science Center, and Director of the HMS Center of Excellence in Minority Health and Health Disparities. Dr. Reede has created and developed more than 20 programs at Harvard Medical School that aim to address pipeline and leadership issues for minorities and others who are interested in careers in medicine, academic and scientific research, and the healthcare professions.

SMILOW COMMONS, SMILOW CENTER FOR TRANSLATIONAL RESEARCH

1:30 PM – 2:30 PM

**Health Equity Poster Session**

Health Equity Research, Quality Improvement, and Medical Innovation Projects

Friday, April 7  
**Grand Rounds / Invited Guest Lecture**

FLYERS/76ERS SURGERY THEATRE, GROUND WHITE BLDG, HUP

8:00 AM – 9:00 AM **Grand Rounds: Black Man in a White Coat**  
Damon Tweedy, MD, Assistant Professor of Psychiatry  
Duke University Medical Center

MEDICAL ALUMNI HALL, 1 MALONEY BLDG, HUP

12:00 NOON – 1:30 PM **Invited Guest Lecture: Care Beyond Our Walls: Kaiser Permanente's Approach to Improving Community and Population Health**  
Destiny-Simone Ramjohn, PhD, Director of Stakeholder's Relations  
Kaiser Permanente

**REGISTER**  
All Events Free to Attend

[www.uphs.upenn.edu/gme/hewregister.aspx](http://www.uphs.upenn.edu/gme/hewregister.aspx)

# Health Equity Week

APRIL 2 - 6, 2018

**Monday, April 2  
Dean's Panel**

**SMILOW CENTER FOR TRANSLATIONAL RESEARCH, RUBENSTEIN AUDITORIUM**

**12:00 NOON – 1:00 PM Join the Conversation: The Strategic Vision for Achieving Health Equity**  
Featuring Deans from the Schools of Medicine, Nursing, Social Policy and Practice, and Dentistry  
**Moderator:** *Joan I. Gluch, PhD, RDH, PHDHP PJ Brennan, MD*  
**Eve Higginbotham, SM, MD** *John L. Jackson Jr., PhD Lisa Lewis, PhD, RN, FAAN*

**1:00 PM – 2:00 PM Lunch Reception**

**Tuesday, April 3  
Invited Guest  
Lecture**

**HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, FLYERS/76ERS SURGERY THEATRE**

**12:00 PM – 1:00 PM Equity and Community Engagement**  
*Loretta Sweet Jemmott, PhD, RN, FAAN*



Dr. Loretta Sweet Jemmott is the Vice President of Drexel University focusing on Health and Health Equity. She is also a Professor in Drexel's College of Nursing and Health Professions. She is one of the nation's foremost researchers in the field of HIV/AIDS prevention, having the most consistent track record of evidenced-based HIV risk-reduction interventions with over \$100 million in federal funding. Aimed at increasing safer sex behaviors, these studies have not only demonstrated remarkable success in reducing HIV/AIDS risk associated behaviors, but have also reduced the incidence of sexually transmitted diseases.

**Wednesday, April 4  
Health Equity  
Story Slam/  
Helen O.  
Dickens Lecture**

**JORDAN MEDICAL EDUCATION CENTER, JORDAN LAW AUDITORIUM**

**12:00 PM – 1:00 PM Health Equity Story Slam, Organizer: George Dalembert, MD**  
Story Slams are events that celebrate storytelling by providing an opportunity for participants to share brief verbal stories with an audience

**JORDAN MEDICAL EDUCATION CENTER, JORDAN LAW AUDITORIUM**

**1:00 PM – 2:00 PM Helen O. Dickens Lecture**  
**Diversity and Design: Challenging Dominant Narratives**  
*Melissa Gilliam, MD, MPH*



Dr. Gilliam is a Professor of Obstetrics & Gynecology, Professor of Pediatrics, and Dean for Diversity & Inclusion in the Biological Sciences Division at the University of Chicago Medicine. She is Chief of the Section of Family Planning and Contraceptive Research in the Department of Obstetrics and Gynecology, Director of the Fellowship in Family Planning and heads the Center for Interdisciplinary Inquiry and Innovation in Sexual and Reproductive Health (Ci3).

**Thursday, April 5  
Health Equity  
Symposium  
Featuring a  
Keynote  
Lecture**

**SMILOW CENTER FOR TRANSLATIONAL RESEARCH, RUBENSTEIN AUDITORIUM**

**12:00 PM – 1:30 PM Health Equity Week Keynote and Edward S. Cooper Lecture Achieving Health Equity: Tools for a National Campaign Against Racism**  
*Camara Jones, MD, MPH, PhD*



Camara Phyllis Jones, MD, MPH, PhD is a Senior Fellow at the Satcher Health Leadership Institute and the Cardiovascular Research Institute, Morehouse School of Medicine, and a Past President of the American Public Health Association (2015-2016). Dr. Jones is a family physician and epidemiologist whose work focuses on naming, measuring, and addressing the impacts of racism on the health and well-being of the nation.

**SMILOW CENTER FOR TRANSLATIONAL RESEARCH, RUBENSTEIN AUDITORIUM AND COMMONS**

**1:45 PM – 2:15 PM Health Equity Abstract Oral Presentations**  
**2:15 PM – 4:00 PM Health Equity Abstract Poster Presentations**

**Friday, April 6  
Invited Guest  
Lecture/  
Workshop**

**SMILOW CENTER FOR TRANSLATIONAL RESEARCH, RUBENSTEIN AUDITORIUM**

**12:00 PM – 1:00 PM The Positive Impact of Integrated, Gender Affirming Healthcare for Transgender/Gender-non-Binary Patients**  
*Peter Meacher, MD, FAAFP, AAHIVS*



Dr. Meacher is a Board Certified Family Physician and credentialed as an American Academy of HIV Specialist (AAHIVS). He has been the Chief Medical Officer of Callen-Lorde Community Health Center since 2013. He was on the NY/NJ Board of AAHIVM, works with NYSDOH AIDS Institute Clinical Guidelines Program, serves on the AIDS Institute Mental Health Guidelines Committee and chairs the HIV/HCV/STD QI sub-committee of CHCANYS.

**SMILOW CENTER FOR TRANSLATIONAL RESEARCH, SMILOW ROOM 08-146AB**

**1:30 PM – 3:00 PM Skills Building Workshop: A Patient Experience: Integrating Cultural Humility into LGBTQ Care**

For more information and additional events, including Unconscious Bias workshops, please visit our registration page:

[www.uphs.upenn.edu/gme/hewregister.aspx](http://www.uphs.upenn.edu/gme/hewregister.aspx)

# **Recommendations for Advancing Inclusion and Diversity across Penn Medicine**

**Eve J. Higginbotham, SM, MD**  
**Vice Dean for Inclusion and Diversity**

FEBRUARY 1, 2017

## Table of Contents

Executive Summary	2
Introduction	3
Business Case for Inclusion and Diversity	3-4
Additional Points Reinforcing the Value Proposition for Diversity	4
Key Comparisons Penn Medicine to the Broader Community	5-6
Key Comparisons Penn Medicine and Penn Academic Community	6
Listening Tour Process	7
Results	8-10
Exemplar Programs	10-11
Recommendations	11-13
References	14

## Executive Summary

The demographics of the nation have significantly changed in the last 30 years and so have the policies that shape healthcare. Considering the emerging importance of population health, diversity of the workforce is critical to addressing the needs of communities. Thus, an inclusive culture that sustains diversity is an organizational asset.

Acknowledging culture as a fundamental building block, key functional areas which require focus can be outlined as follows: Board/Executive Management, Workforce Diversity, Patient Care/Health Equity, and Community Engagement. Ultimately, the current Office of Inclusion and Diversity strategic plan can be expanded to include initiatives and metrics that relate to these domains and the Advisory Council can be expanded to include greater representation from Penn Medicine, particularly physician, nursing, and staff representation.

This report offers eight recommendations for consideration for enhancing efforts to advance inclusion and diversity:

1. **Hold leadership accountable** for initiatives that advance inclusion and diversity, assigning the implementation to key stakeholders. The Vice Dean for Inclusion and Diversity, the Chief Medical Officer, and the Chief Nursing Officer can be assigned to lead this initiative.
2. **Survey** the enterprise regarding the inclusiveness of the workplace on a biannual basis. **Cultural competency training** will be an important intervention that will enhance inclusiveness not only in the workplace but within the mission critical domains of education, research, and patient care.
3. **Diversify the Board and executive leadership** to better reflect the diversity of the population served by Penn Medicine. A strategic plan to diversify the Board and executive leadership can drive initiatives to proactively recruit external candidates and grow internal candidates, who will be ready for executive leadership positions within two to five years.
4. **Designate standing committees** of the Board and executive management to address and monitor progress in inclusion and diversity initiatives and formally review efforts at the full Board level annually.
5. **Ensure searches are conducted in fashion that is based on best practices for ensuring a diverse applicant pool and a fair, objective processes.**
6. **Formally launch an inclusive leadership development program** which will drive the development of talent internally and sustain efforts to build diversity. Consider not only executive leadership programs but also mid-level programs. These programs may be part of broader workforce diversity strategic plan for Penn Medicine. ELAM and Academic-Practice Partnership for the Underserved in Philadelphia are models that can be sustained internally.
7. Launch and actively support the **Blueprint for Health Equity** and review progress at least annually, both at the Board level and the executive management level.
8. **Community engagement** is as important as the other areas of focus, particularly considering the enhanced focus on population health in national efforts to reform healthcare. Most efforts currently are “grass roots” and do not engage the leadership of the nonprofit and community organizations in Philadelphia and surrounding counties. Leadership may design a strategic approach to enhancing community engagement. The program **Bridging the Gaps** can be an important component of a community engagement strategy.

Although this report does not include a review of high school and college level pipeline programs, the author wishes to acknowledge the commitment of Penn Medicine to these initiatives. These programs are important and should be continued with formal evaluation metrics to assess impact.

## I. Introduction

Launched in 2013, the Office of Inclusion and Diversity (OID) has developed organizational capacity to advance inclusion/diversity efforts across Penn Medicine. Leveraging the work of key stakeholders, increases in diversity have been noted across the pipeline and among the ranks of standing faculty, increasing underrepresented minorities from 5% to 7%. Additional outcomes can be found at [www.med.upenn.edu/inclusion-and-diversity](http://www.med.upenn.edu/inclusion-and-diversity). To sustain these fragile advances, it is important that inclusion and diversity initiatives extend beyond the ranks of medical students, residents, graduate students, postdoctoral fellows, and faculty. Considering that our learners and trainees spend a significant portion of their existence in the clinical enterprise and the interdependence of all three missions, the success of efforts to enhance inclusion and diversity efforts take on added importance.

Opportunities exist to extend this capacity across all of Penn Medicine. Within the domain of patient care, the Blueprint for Health Equity and Inclusion is poised to advance efforts to reduce variation in care and enhance our delivery of patient-centered, culturally competent care. The Diversity Engagement Survey launched in February 2015, assessed the climate of both health care sites such as Penn Medicine and CHOP and educational sites such as the Perelman School of Medicine. The survey affirmed the positive elements of the culture such as opportunities to advance, however Penn ranked in the bottom third, when compared to others in the United States, in cultural competency. Attrition of faculty remains an ongoing concern; the culture or institutional climate has been noted to be a significant driver of that trend.

## II. Business Case for Inclusion and Diversity

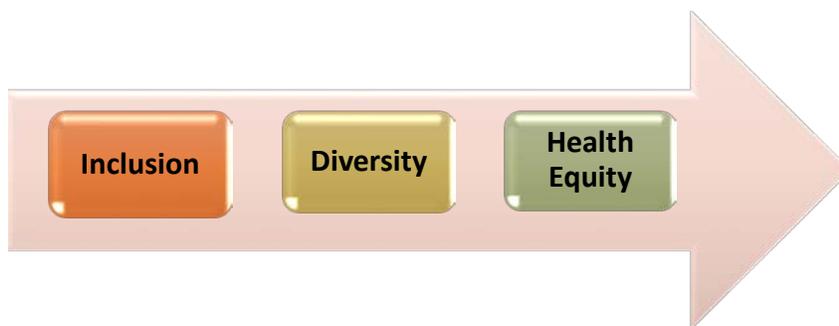
Although the incoming Trump administration pledges to repeal the Affordable Care Act, pundits believe that MACRA legislation will survive the transition to new federal mandates. This observation is critically important considering that MACRA legislation moves healthcare to value-based care rather than volume-based, and population health moves to a more central position in building effective strategies for delivering care.

From a business perspective, discussions about inclusion and diversity become more important than ever before. Despite advances in science and technology, the health and the quality of our system of care in the United States ranks near the bottom of industrialized countries despite our current spending, which is nearly 18% of the Gross Domestic Product. Moreover, demographics of the United States have significantly changed in the last three decades. Currently, minorities comprise approximately 30% of the population and in 2042, it is anticipated “minorities” will be the new majority.<sup>i</sup> The health of the nation is dependent upon our collective ability to optimize the health of communities, delivering highest quality care at the lowest cost. Lack of diversity in leadership of the systems that drive healthcare can result in policies that do not adequately address the needs of diverse populations,<sup>ii</sup> and subsequently result in loss of revenue, directly impacting the bottom line.

Corporate America has long acknowledged the benefits of diverse board governance and executive management, linking diversity to profitability.<sup>iii</sup> In healthcare, additional advantages such as the following have been noted:

- Promotion of health equity has been linked to positive hospital outcomes, such as reduction in readmissions;
- Reduction in linguistic and cultural barriers has been linked to reduction in testing and unnecessary procedures;
- Enhanced cultural competency can be a competitive advantage for private purchaser business.<sup>iv</sup>

**Figure 1** highlights the link between inclusion, diversity, and health equity. This theme will be resurrected later in the document, when specific recommended strategies are discussed.

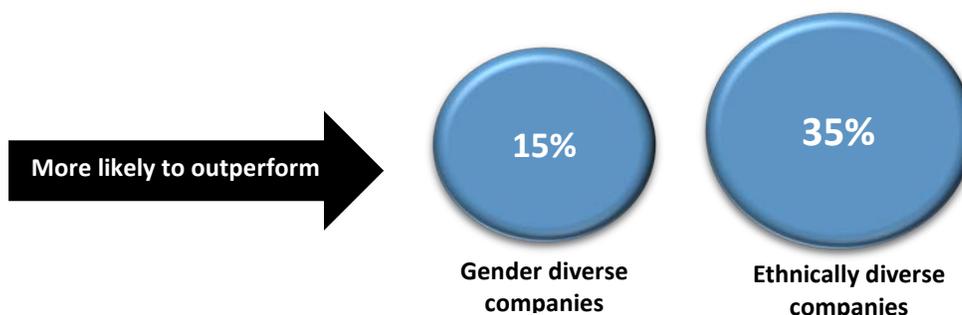


**FIGURE 1.** INCLUSION, DIVERSITY, AND HEALTH EQUITY ARE INEXCORABLY LINKED TO GOALS ESTABLISHED TO ACHIEVE OPTIMAL PATIENT OUTCOMES.

### III. Additional points reinforcing the value proposition for diversity

A. The value of inclusion and diversity initiatives has been established outside healthcare domain. In a recent report, published by the International Monetary Fund, it was reported there were advantages financially for gender diverse companies and ethnically diverse companies. The specific response is noted below:

**What is the likelihood the companies in the top quartile for diversity financially outperform those in the bottom quartile?**



**FIGURE 2.** INTERNATIONALLY, BOTH GENDER DIVERSE AND ETHNICALLY DIVERSE PRIVATE COMPANIES HAVE BEEN NOTED TO OUTPERFORM OTHER COMPANIES FINANCIALLY.

- Firms with a larger share of women in senior positions have significantly higher return on assets.
- Replacing one man with a woman in senior management or on the corporate board is associated with 8-13 basis points higher ROAs.

Source: Working Paper: Gender Diversity in Senior Positions and Firm Performance: Evidence from Europe

#### B. The Value of Ethnic Diversity

- One study concluded that ethnically diverse Boards increased innovation by expanding access to information and networks, and prompting more thorough evaluation\*.
- Corporations with a commitment to diversity have access to a wider pool of talent and a broader mix of leadership skills than corporations that lack such a commitment.

\*Diversity on Corporate Boards: How Much Difference Does Difference Make? – Rhode & Packer, 2015

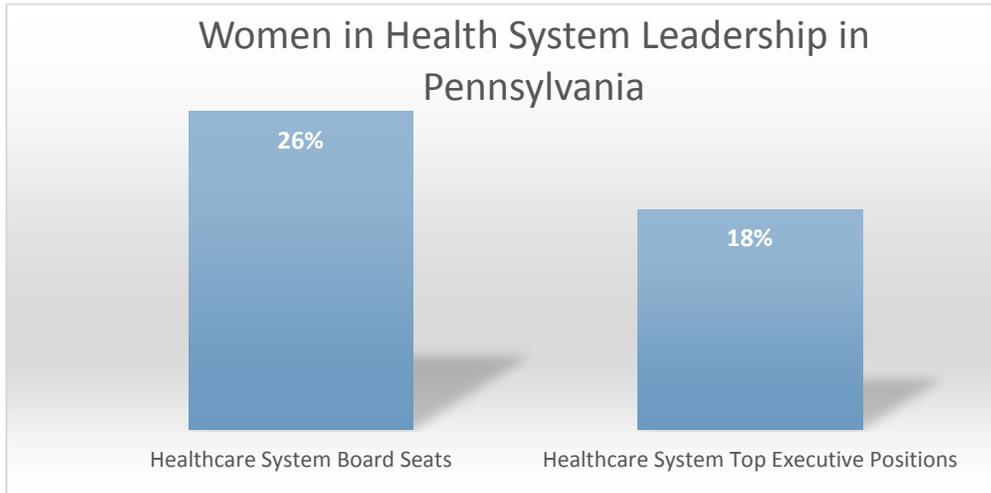
#### C. Importance of Pipeline Programs

Although this report does not focus on pipeline programs supported by Penn Medicine, the author wishes to acknowledge the commitment of Penn Medicine to these programs. Programs exist exposing high school students and young Philadelphians to opportunities in the health care industry. Greater coordination of these initiatives will ensure impact, and evaluation metrics will be important in the long

term. The benefits of pipeline programs at the medical student level have been recently noted in the field of orthopedic surgery<sup>v</sup>.

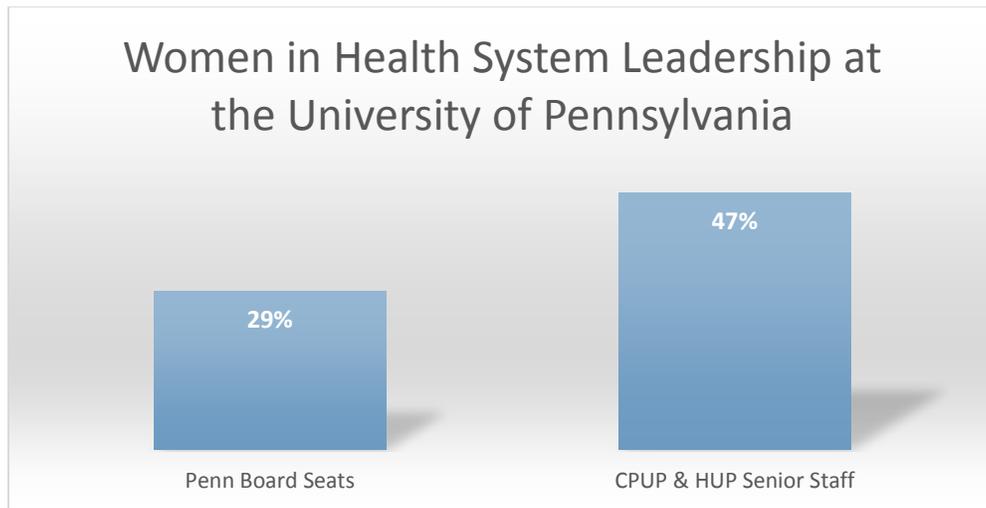
#### IV. Key Comparisons Penn Medicine to the Broader Community and Penn Medicine

Penn Medicine compares favorably with other healthcare systems in Pennsylvania as it relates to gender diversity. In figures 3 and 4 we see that women comprise 26% of Board seats compared to 29% on the Penn Medicine Board and 18% of executive positions versus 47% of Penn Medicine senior staff.



**FIGURE 3.** IN THE STATE OF PENNSYLVANIA, WOMEN MAKE UP 26% OF HEALTHCARE SYSTEM BOARD SEATS ON AVERAGE AND 19% OF HEALTHSYSTEM EXECUTIVE POSITIONS.

SOURCE: WOMEN ON BOARDS REPORT 2014 – PHILADELPHIA AREA CORPORATIONS, UNIVERSITIES AND HEALTH CARE SYSTEMS

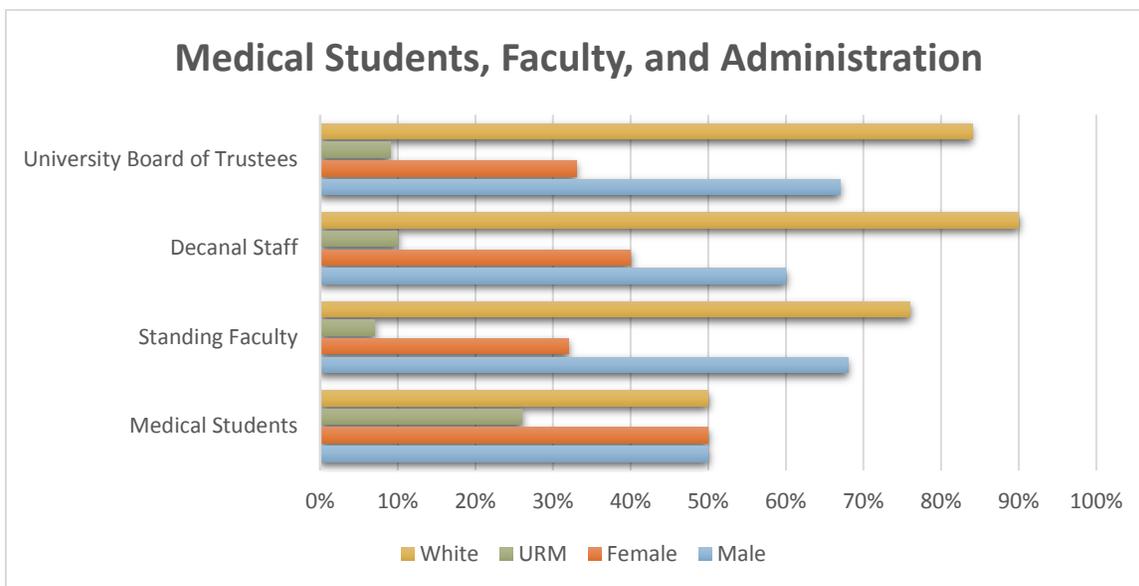


**FIGURE 4.** BASED ON AVAILABLE DATA, WOMEN COMPRISE 29% OF PENN BOARD SEATS AND 47% OF CPUP & HUP SENIOR STAFF. SENIOR STAFF HERE INCLUDES EXECUTIVE AND SENIOR LEVEL OFFICERS AND MANAGERS.

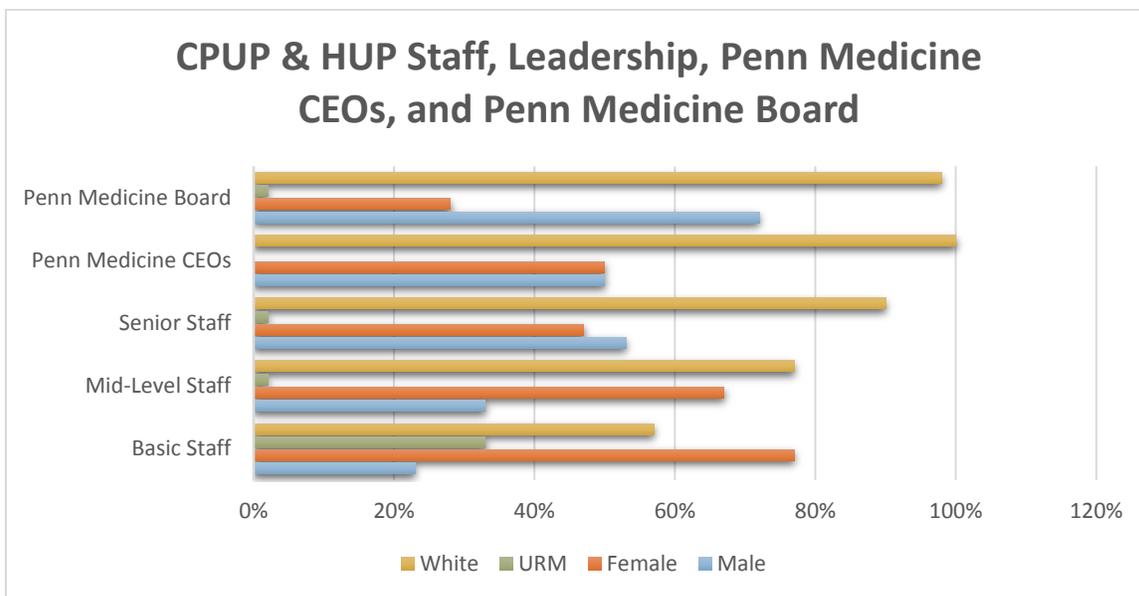
The School of Medicine has been actively engaged in diversifying the medical student and graduate student bodies, and more recently the faculty. While we recognize there are differences in the cultures of the educational domain and the hospital environment, both segments of Penn Medicine belong to the University of Pennsylvania community. We did not have access to entire Penn Medicine workforce demographic data,

and thus, figure 4 represents only the Hospital of University of Pennsylvania and the Clinical Practices of the University of Pennsylvania. Suffice it to say, the hospital community has achieved greater success achieving gender diversity versus ethnic diversity. For both women and underrepresented minorities there is a significant decline in representation as one ascends the hierarchy. Note the data represented in Figure 4 does not separate out executive staff from other senior staff, and thus the decline in the proportion of women in the C-suite compared to other levels is not represented here.

## V. Key Comparisons Penn Medicine (CPUP and HUP) to the Penn Academic Community



**FIGURE 5.** THIS FIGURE PROVIDES AN OVERVIEW OF THE DEMOGRAPHIC BREAKDOWN OF UNIVERSITY RELEVANT CATEGORIES INCLUDING THE BOARD OF TRUSTEES, PSOM DECANAL STAFF, STANDING FACULTY, AND MEDICAL STUDENTS.



**FIGURE 6.** THIS FIGURE PROVIDES AN OVERVIEW OF THE DEMOGRAPHIC BREAKDOWN OF DATA AVAILABLE ABOUT THE PENN MEDICINE BOARD, PENN MEDICINE CEOs, HUP SENIOR STAFF, MID-LEVEL STAFF, AND OTHER STAFF LEVELS.

## VI. Listening Tour Process – Fall 2016

Using the Diversity Tool developed by the American Hospital Association, four domains of opportunity were identified: 1. Leadership Diversity (including the Board and Executive Management); 2. Workforce Diversity; 3. Patient Care Delivery; 4. Community Engagement. Since the Blueprint for Health Equity lays out a plan for addressing inequities in patient care, the focus of the listening tour related to three of the four areas of interest. Every respondent was asked to rank their responses on a Likert scale ranging from 1 to 5. Five was considered the most positive response.

The first meeting occurred in September with Mr. Ralph Muller. Eleven individuals were interviewed. Each meeting was preceded with a document that introduced the meeting and requested answers to four questions as follows:

- 1. How aligned do you believe leadership is currently with regard to inclusion/diversity as a goal for the organization?**

1      2      3      4      5

- 2. How would you rate efforts to diversify the workforce across the system?**

1      2      3      4      5

- 3. Are there individuals within the leadership pipeline who could serve key system functions within your domain?**

a. Ready in 2 years?      1      2      3      4      5  
b. Ready in 5 years?      1      2      3      4      5

- 4. Are we adequately optimizing the communication and partnerships with the communities we serve?**

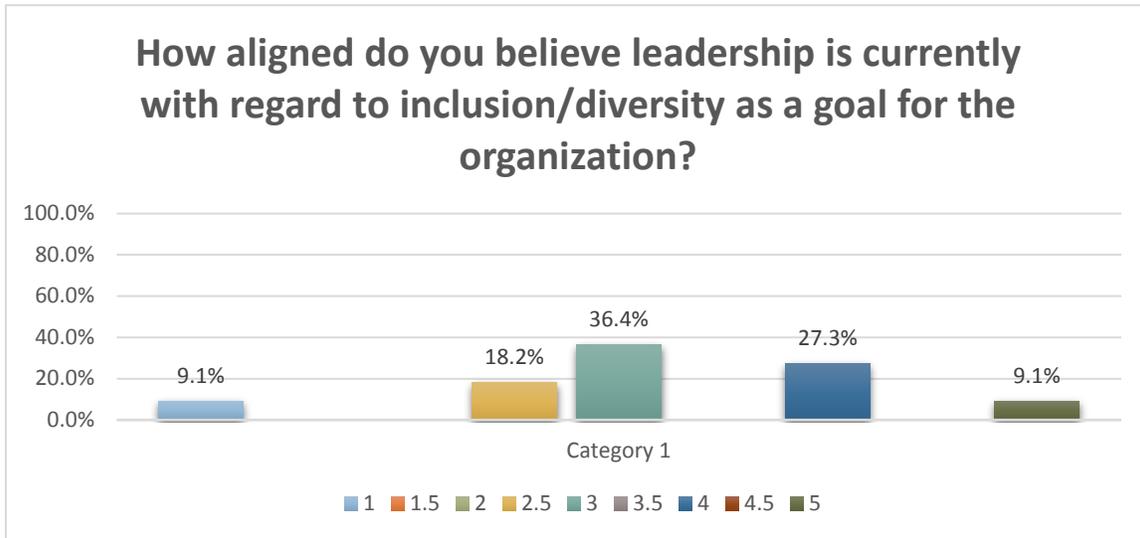
1      2      3      4      5

Each participant was asked to expound on additional ideas related to topic prior to adjourning the meeting.

**VII. Results:**

1. Most participants noted there was only modest alignment across leadership with regard to inclusion and diversity.

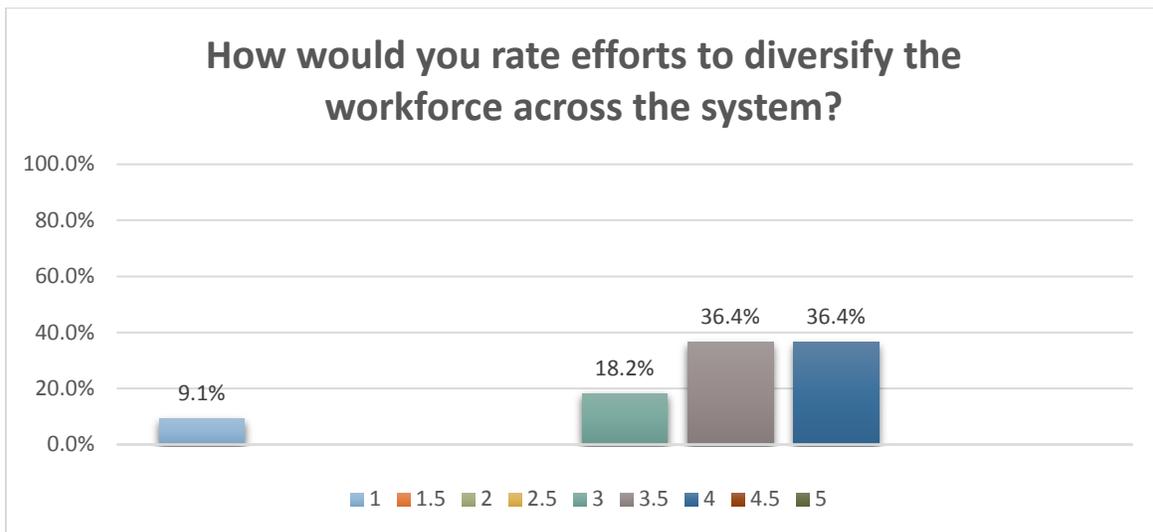
**FIGURE 7. MOST RESPONDENTS BELIEVE**



THERE IS AN OPPORTUNITY TO INCREASE THE ALIGNMENT OF LEADERSHIP GOALS WITH INITIATIVES ADDRESSING INCLUSION AND DIVERSITY ACROSS PENN MEDICINE.

**AVERAGE VALUE 2.8**

2. Respondents were split regarding the efforts to diversify the workforce. Notable comments ranged from requests made to search firms to look for qualified diverse candidates to advances have been organic rather than intentional, since the community is more diverse.



**FIGURE 8. MOST RESPONDENTS BELIEVE THAT EFFORTS TO INCREASE WORKFORCE DIVERSITY CAN BE ENHANCED ACROSS PENN MEDICINE.**

**AVERAGE VALUE: 3.36**

3. The responses to the next two questions are reflective of the dominance of individuals elevated to higher ranks are internal candidates. On the positive side, generally there is an indication there has been concrete thought given to succession planning. On the other hand, these responses do not necessarily predict that a more diverse executive management team members will be chosen in the future, since most of the candidates will likely be internal.

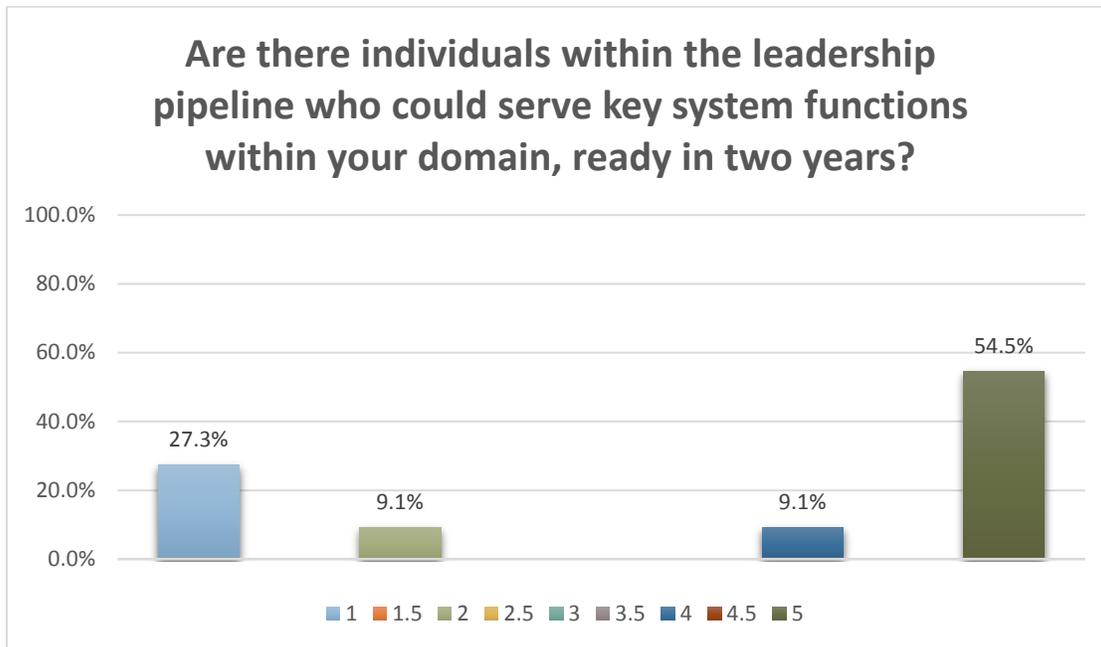


FIGURE 9. HALF OF RESPONDENTS FELT THAT THERE WERE SUCCESSORS READY WITHIN 2 YEARS.

**AVERAGE VALUE 3.54**

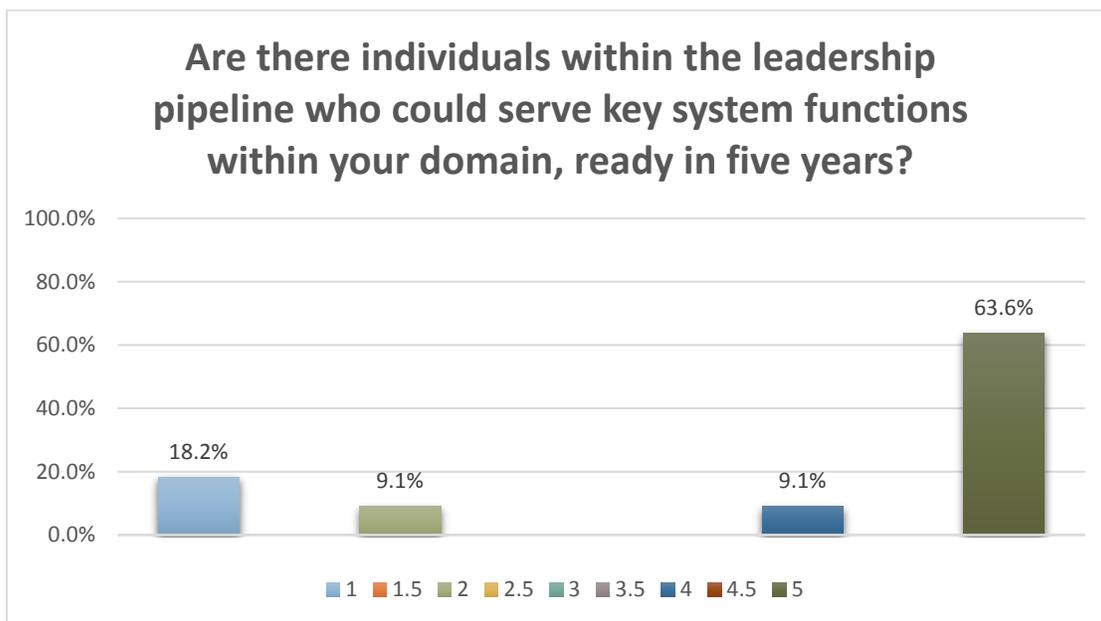


FIGURE 10. THE MAJORITY OF RESPONDENTS NOTED THAT INDIVIDUALS WERE READY WITHIN 5 YEARS.

**AVERAGE VALUE 3.90**

4. Participants noted that Penn Medicine is not optimizing its capacity to engage with the community.

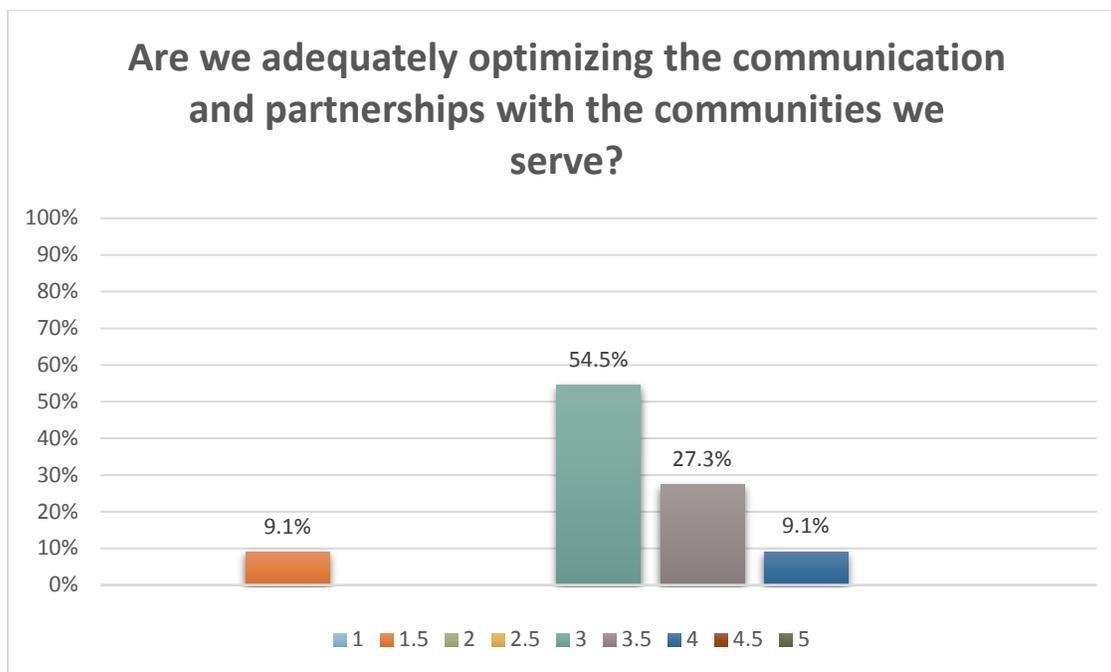


FIGURE 11. THERE IS SIGNIFICANT OPPORTUNITY TO INCREASE COMMUNITY ENGAGEMENT.

AVERAGE VALUE 3.18

## VIII. Exemplar Programs

### A. Diversity Search Advisor Program (University and PSOM)

The Diversity Search Advisor (DSA) Program was initiated in July 2012 as part of the Penn Action Plan for Faculty Diversity and Excellence. This program empowers faculty champions for diversity, establishing a role in search processes across the University. Reminding search committees about evidence-based best practices for implementing an objective process as well as note the importance of recognizing individual biases and the role these biases serve in the candidate selection bias have contributed to the increase in diversity faculty and leaders. The OID has now an active database of over 700 faculty candidates which can be tapped for existing and future searches.

### B. Academic-Practice Partnership for the Underserved in Philadelphia

This HRSA funded program aims to recruit Nurse Practitioner students and preceptors from the University of Pennsylvania School of Nursing from underrepresented minority groups to grow a skilled primary care NP workforce to the needs of underserved populations. Primary outcomes include the following: 1. In-system diversity focus on recruitment and retention; 2. Enhanced social determinants of health and cultural competence focus in curriculum; 3. Expanded clinical training for NP students. Based on lessons learned from this initial launch, this program could be expanded once its initial funding has expired in 2018.

### C. Executive Leadership in Academic Medicine (ELAM)

The Hedwig van Ameringen Executive Leadership in Academic Medicine® (ELAM®) Program for Women is the nation's only in-depth program focused on preparing senior women faculty at schools of medicine, dentistry and public health for institutional leadership positions where they can affect positive change. ELAM's year-long program develops the professional and personal skills required to lead and manage in today's complex healthcare environment, with special attention to the unique challenges facing women in leadership positions. Participants interview key executives and leaders in the institution, lead a

“stretch project” which actively engages them in interfacing with administration throughout the year, and become a part of a network of peers who can support them in current and future leadership roles. Over the last 20 years, the School of Medicine has sent over 16 women to this program

- D. **Bridging the Gaps**, a community engagement program that intersects with educational objectives of Penn Medicine. Bridging the Gaps links the education of students in the health and social service professions with the provision of health-related service in economically insecure communities. Participation in the BTG program requires academic health institutions to identify local, economically insecure communities (that would welcome the additional health-related service students can offer) with whom they hope to collaborate and build service-linked partnerships; provide continuity of contact between the students and faculty at the academic health institution and the identified communities and their organizations and agencies; develop and integrate the necessary didactic and skill-building components to help students better engage with and provide healthcare in economically insecure communities; ensure that supervision is provided by both academic and community preceptors; and regularly evaluate the program by eliciting and incorporating input from participating community and agency personnel, students and faculty

### IX. Recommendations

Based on the feedback from the listening tour, lessons learned from the experience gained in efforts to diversify Penn faculty, and the work of other hospital systems, recommendations for addressing the goals of advancing inclusion, diversity, and health equity will be summarized in this section. Dividing the recommendations into a logical framework not only facilitates the implementation of these recommendations, but links action items to a functional model. Acknowledging culture as a fundamental building block and cross cutting theme, the key functional areas can be outlined as follows: Board/Executive Management, Workforce Diversity, Patient Care/Health Equity, and Community Engagement. These areas link back to the themes of inclusion, diversity, and health equity as follows:

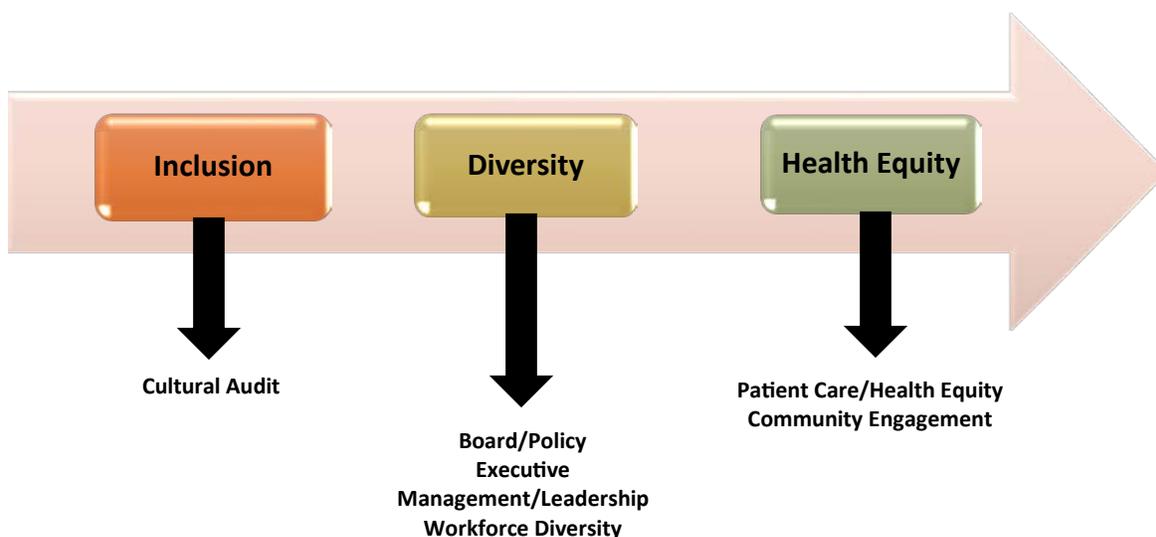


FIGURE 12. THIS FIGURE SUMMARIZES THE STRATEGIES WITHIN EACH DOMAIN. A CULTURAL AUDIT CAN BE USED TO ASSESS INCLUSION; PROGRESS IN BOARD, EXECUTIVE MANAGEMENT, AND WORKFORCE CAN BE MEASURED, HOWEVER USING EXPANDED CATEGORIES BEYOND GENDER AND ETHNICITY. HEALTH EQUITY CAN BE EXPANDED BEYOND THE CURRENT BLUEPRINT FOR HEALTH EQUITY AND INCLUDE COMMUNITY ENGAGEMENT.

1. **Hold leadership accountable** for initiatives that advance inclusion and diversity, assigning the implementation to key stakeholders. The Vice Dean for Inclusion and Diversity, Chief Medical Officer, Recommendations for Advancing Inclusion and Diversity across Penn Medicine 11

and Chief Nursing Officer can be assigned to lead this initiative. The current OID balanced scorecard can be expanded to include initiatives that impact the key domains. In addition, the OID Advisory Council can be expanded to include greater representation from key stakeholders within Penn Medicine, particularly physician, nursing, and members of the staff.

2. **Survey** the enterprise regarding the inclusiveness of the workplace on a biannual basis. The Diversity Engagement Survey was launched across segments of Penn Medicine. Unlike other instruments which focus more on employee engagement rather than the culture, this instrument measures responses across 22 factors that contribute to an inclusive environment (See Figure 13). **Cultural competency training** will be an important intervention that will enhance inclusiveness not only in the workplace but within the mission-critical domains of education, research, and patient care. This recommendation fulfills the cultural audit recommendation noted in the figure 12.:

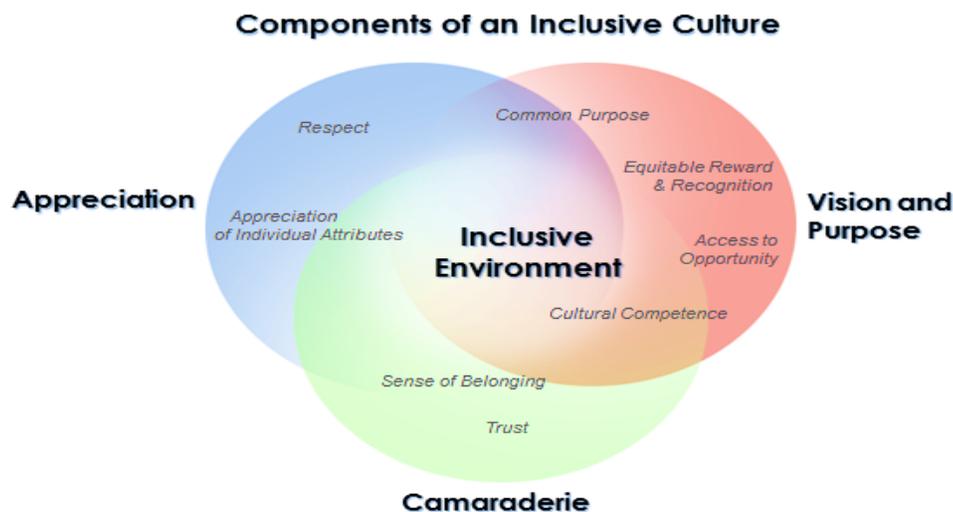


FIGURE 13 THE INCLUSIVE CULTURE CAN BE DESCRIBED AS NOTED IN THIS FIGURE, USING THREE BUCKETS: 1. VISION AND PURPOSE; 2. CAMARADERIE AND 3. APPRECIATION.

3. **Diversify the Board** and executive leadership to better reflect the diversity of the population served by Penn Medicine.

Based on the responses to the listening tour (Question 1), most responses fell in the middle of the range, suggesting that most believe more can be done to infuse inclusion/diversity initiatives into the work of executive leadership. Although the Penn Medicine Board and leadership have made significant progress in gender diversity, more attention is needed to enhance ethnic and diversity related to sexual orientation. A strategic plan to diversify the Board and executive leadership can drive initiatives to proactively recruit external candidates and grow internal candidates, who will be ready for executive leadership positions within 2 to 5 years.

4. **Designate a standing committee** of the Board to address and monitor progress in inclusion and diversity initiatives and review formally at the full Board level annually. The responses to Question 2 indicates that efforts to diversify the workforce can be enhanced. Executive leadership will be held accountable for meeting specific goals related to inclusion/diversity/health equity.
5. **Ensure that processes for conducting searches are based on best practices for ensuring a diverse applicant pool and a fair, objective process.** Consider using elements of current practices in academic

searches in a revised model e.g. implicit bias training, targeted searches for diverse applicants, objective search practices. The Diversity Search Advisor program provides a template for enhancing the objectivity of search processes. (See page 11)

6. **Formally launch an inclusive leadership development program** which will drive the development of talent internally. The key leadership attributes are noted in figure 13 as components of vision and purpose. Most participants in the leadership tour noted that most leaders within Penn Medicine are long term employees of Penn Medicine. Responses to questions 3 and 4 affirm in most domains there are candidates who may be successors available. Thus, there needs to be a proactive effort to ensure that these internal pools are diverse, particularly those that are considering candidates ready within 5 years. Actively engaging coaches and sponsors to ensure the success of these candidates and new hires in leadership roles is important to sustain these efforts. Consider using key elements of the ELAM program as a model (see page 12). The Academic Practice Partnership for the Underserved in Philadelphia is an example of a program that proactively develops internal diverse candidates (see page 11).
7. Launch and actively support the **Blue Print for Health Equity** and review progress at least annually, both at the Board level and the executive management level. Specific demographic data will be important in stratifying quality metrics to either identify disparities or confirm that none exist.
8. **Community Engagement** is as important as the other areas of focus, particularly considering the enhanced focus on population health in national efforts to reform healthcare. Responses to Question 4 indicate that most leadership believe there are opportunities to enhance community engagement. Most efforts currently are “grass roots” and do not engage the leadership of the nonprofit and community organizations in Philadelphia and surrounding counties which are drivers of community programs. Leadership should consider a strategic approach to enhancing community engagement, which includes Board membership, enhanced communication with community leaders, and acknowledgement of leaders, faculty, and staff for their work in the community. The annual community health assessment tool and **Bridging the Gaps** program (See Page 12) will be important in developing the strategy for community engagement for Penn Medicine.

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