APPLYING A HEALTH EQUITY LENS TO QUALITY IMPROVEMENT

Eric Wei, MD, MBA

Nichola Davis, MD, MS

Disclosures

- No relevant financial or nonfinancial relationships to disclose.

Session Objectives

After attending this session, fellows will be able to:

- Apply an equity lens to quality improvement work
- Utilize a framework to discuss bias or structural inequities that contribute to adverse events
- Identify three key action items to apply within an institution to promote health equity goals

What is Health Equity?

What is Health Equity?

"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care".

Robert Wood Johnson Foundation

Definitions

Equality

The assumption is that **everyone benefits from the same supports.** This is equal treatment.

Equity

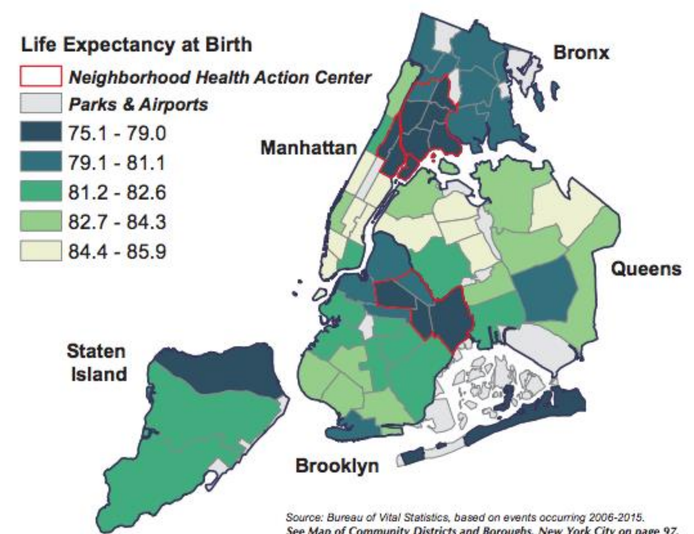
Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

Justice

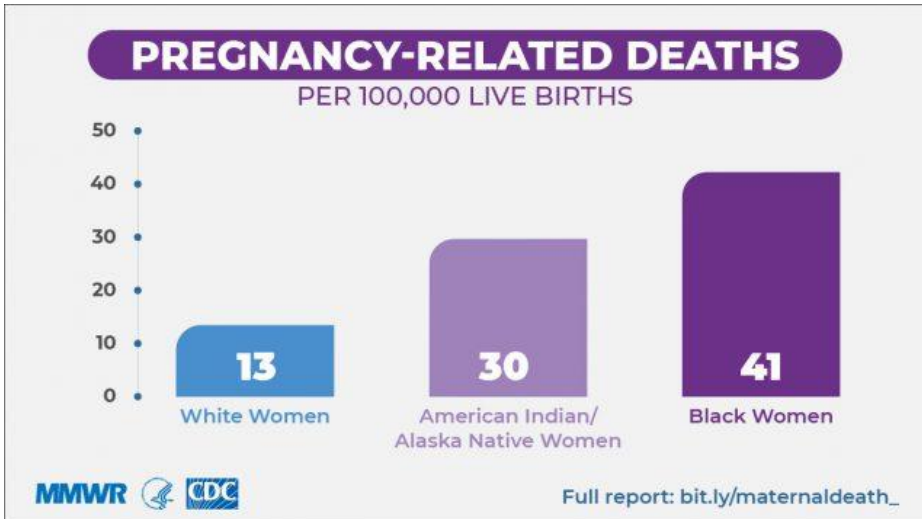
All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed.** The systemic barrier has been removed.

The Cliff Analogy

Why Health Equity?



- In 2015, New York City's life expectancy at birth was highest in Murray Hill (85.9), the Upper East Side (85.9), Battery Park/Tribeca (85.8), Greenwich Village/SOHO (85.8), and Elmhurst/Corona (85.6).
- In 2015, life expectancy at birth was lowest in Brownsville (75.1), Morrisania (76.2), Central Harlem (76.2), The Rockaways (76.5), and Bedford Stuyvesant (76.8).

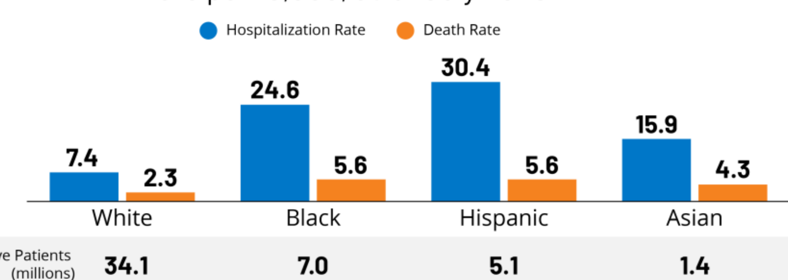


Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. MMWR Morb Mortal Wkly Rep 2019;68:762–765. DOI: http://dx.doi.org/10.15585/mmwr.mm6835a3external icon

Why Health Equity?

COVID-19 Hospitalization and Death Rates among Active Epic Patients by Race/Ethnicity

Rate per 10,000, as of July 2020



NOTE: Rates for Black, Hispanic, and Asian patients are statistically significantly different from White patients at the $p<0.05$ level.
Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic.
Data for other racial groups not shown due to insufficient data.
SOURCE: Epic and KFF analysis of Epic Health Record System COVID-19 related data as of July 2020.

Why Quality & Safety?

Institute of Medicine 6 Dimensions of Healthcare Quality (STEEP)

- □ Safe
- □ Timely
- □ Effective
- □ Efficient
- □ Equitable
- □ Patient Centered

*IHI Framework for Effective Board Governance of Health System Quality white paper

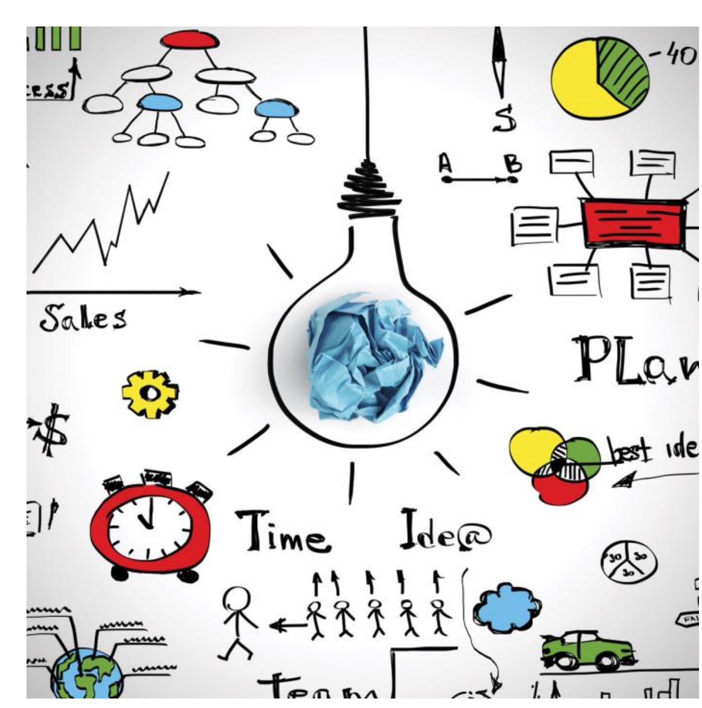
Why Quality & Safety?

- Safe
- Effective
- Patient-Centered
- Timely
- Efficient
- Equitable

Board and Leadership Buy-In

Board chair, Dr. Jose Pagan, and board members putting emphasis on Social and Racial Equity:

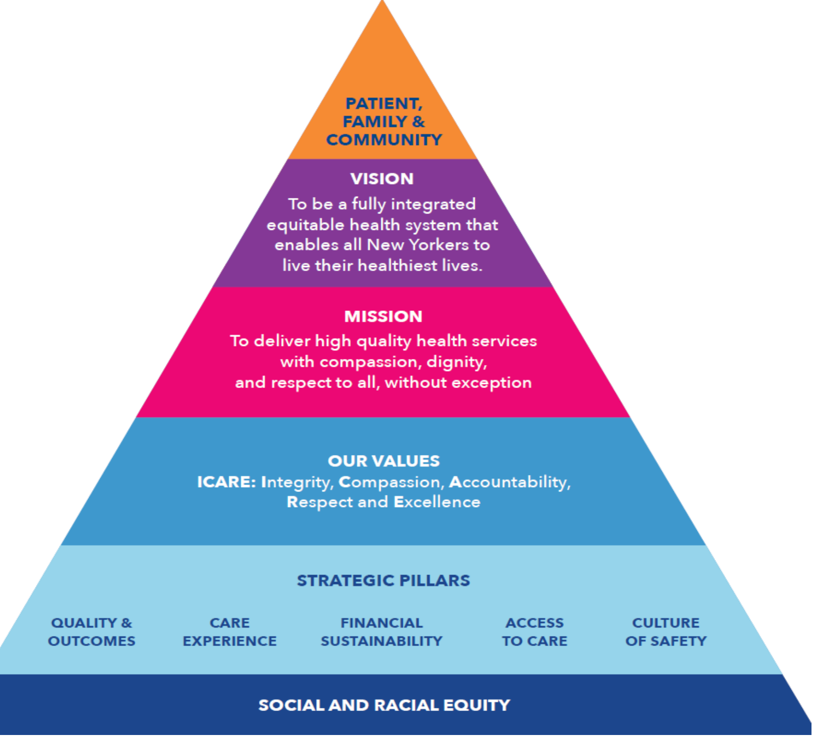
- Strategic Pyramid – explicitly calling out equity
- System Dashboard – equity metrics section
- MWBE for procurement – 30% goal
- Board Equity, Diversity & Inclusion (EDI) Committee
- Formation of the Equity & Access Council



Alignment with Mission & Vision

NYC Health + Hospitals Strategic Pyramid

- Added ***equitable*** to the Vision Statement
- Added ***Social and Racial Equity*** as the Foundation
- Included Social and Racial Equity metrics in System Dashboard

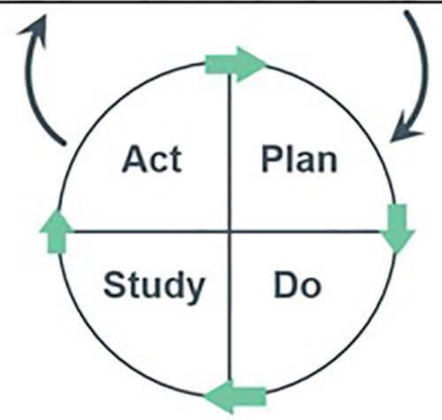


Engraining Equity into Quality & Safety

- Started with allowing staff to speak their truth, share, support, and heal through series of Helping Healers Heal (H3) debriefs
- Book club starting with How to Be An Antiracist by Ibram X. Kendi
- Hired a Director of Equity, Quality, and Safety
- Challenged everyone in Quality & Safety to engrain equity into everything we do

Where Do You Start?

- What small change can you test tomorrow?
- Existing patient safety and risk management structure for adverse event reporting, investigation, RCA, corrective actions, report to Governing Body
- Lessons learned with Helping Healers Heal (H3) implementation



Setting an Expectation

Added standing prompt to all QAPI board case discussions:

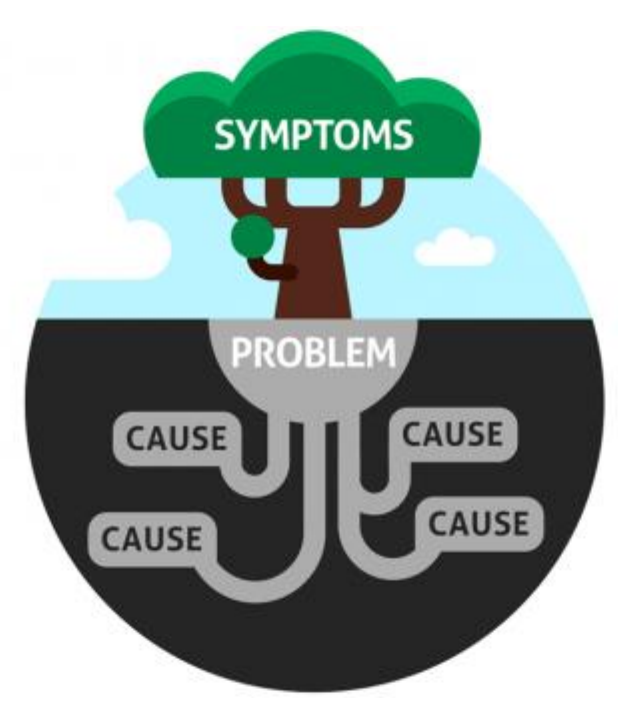
Discuss any bias or structural inequities that contributed to this case.

How Do You Define Bias?

Bias Training – Speaking the Same Language

Must take a proactive approach to continuously investigate, catalogue and monitor for bias as a contributing factor at:

- the interpersonal level (i.e. explicit bias)
- the human behavioral level (i.e. implicit bias)
- the institutional level (i.e. policies and practices)
- the structural level (i.e. social and political determinants of health)



Leverage Incident Reporting System

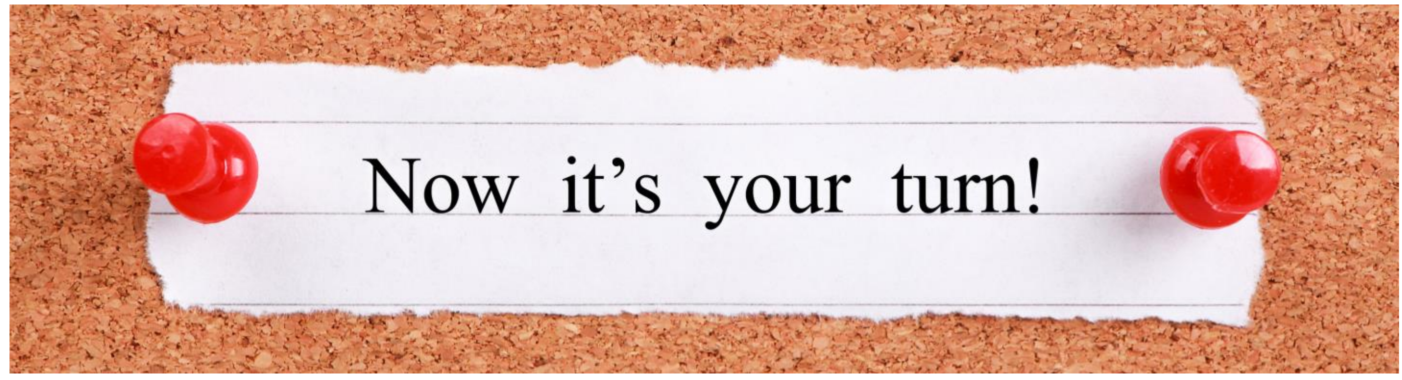
Allow frontline staff to identify need for investigation of potential bias and structural inequities that contribute to adverse events, near misses/good catches, patient safety risks.

Care Experience

- Leverage same equity prompt in investigations and discussions on patient complaints and grievances
- Unearth and address bias and structural inequities leading to poor care experience

Exercise 1

- Discuss bias and structural inequities that contributed to example RCA case (groups of 6)
- Each group report out



Quality Assurance

- Ability to apply equity filters to all existing and new dashboards and reports with quality metrics
- Opportunity to review QAPI and other key dashboards and reports to ensure there are equity metrics

Data and Analytics

- High fidelity self-reported REAL SOGI data
- REAL data now required (hard stop) in MyChart for the patients to complete in “Prepare for your Visit”
- E&A Council collaborating with Epic, EITS, informatics to expand ethnicities from 20 to 200 categories
- New performance improvement projects with AIM statements to improve REAL SOGI data collection at facility level

Population Health Dashboards

Diabetes Measures by Sociodemographics

A1c Control: 66.3%

Time period: **Year ending November 2021** Facility: **All** Department: **All** General PCP: **All**

Click to send feedback

1. Select a measure

- ◯ Composite
- ◉ A1c
- ◯ BP
- ◯ Mod/High Statin
- ◯ Aspirin/IVD

Grey color indicates unreliable da..

2. Select filters

Most Recent Facility
All

Most Recent Department
All

General PCP

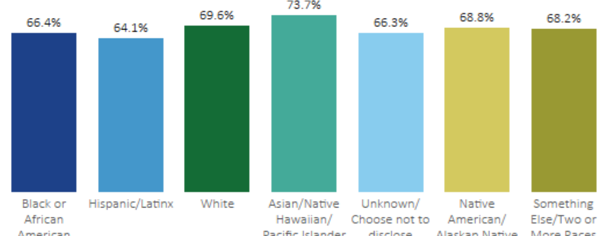
Explore measures by Race/Ethnicity, Language, Payer, Age or Sex

Use buttons at right to choose how to stratify the measure on the bar chart and trendline:

Choose Stratification

- ◉ Race/Ethnicity
- ◯ Language
- ◯ Payer
- ◯ Age
- ◯ Sex

A1c Control Rate by *Race/Ethnicity*



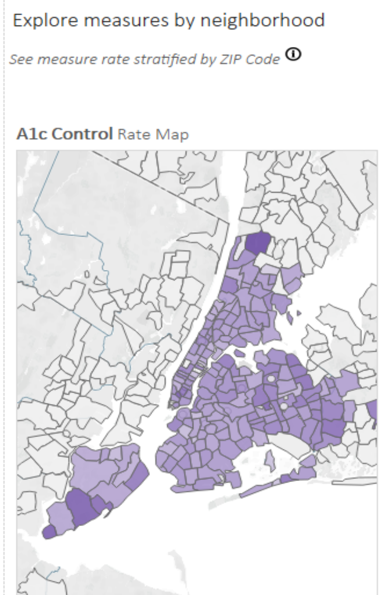
- Black or African American
- Hispanic/Latinx
- White
- Asian/Native Hawaiian/Pacific Isl..
- Unknown/Choose not to disclose
- Native American/Alaskan Native
- Something Else/Two or More Rac..

Trend in **A1c Control** Rate by *Race/Ethnicity*, Rolling 12-month period

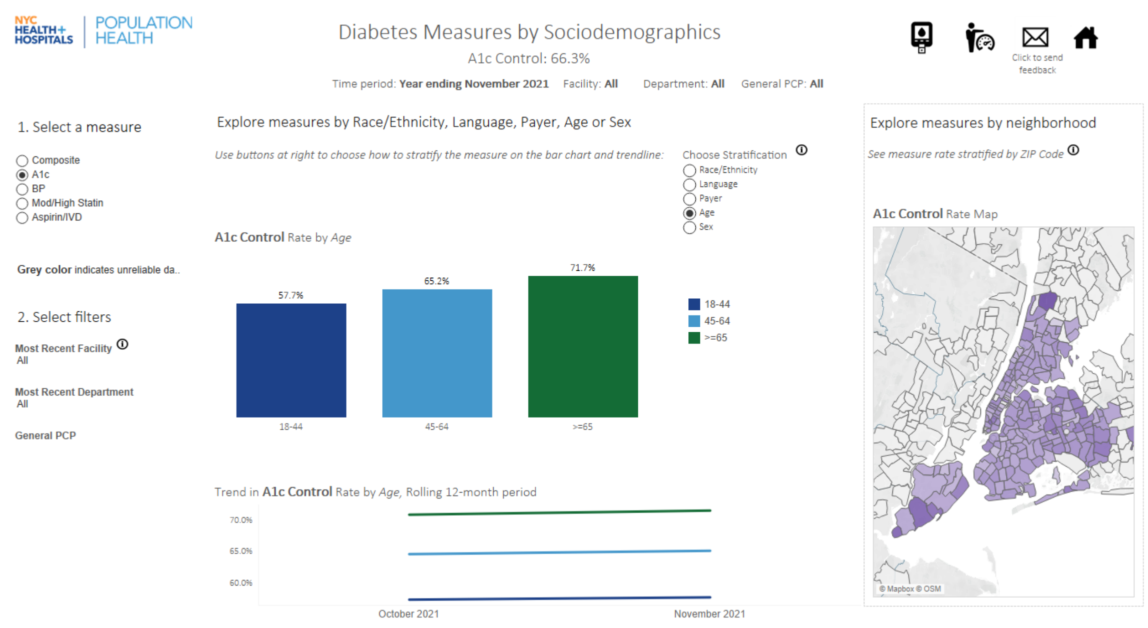
Explore measures by neighborhood

See measure rate stratified by ZIP Code

A1c Control Rate Map



Population Health Dashboards



Population Health Dashboards

NYC HEALTH+ HOSPITALS | POPULATION HEALTH

Measure Explorer

Click to send feedback | FAQ

Depression Screening (PHQ): 83.7%

Time period: **Year ending December 2021** Facility: **All** Facility Type: **All** Ped/Adol Practice: **All** Department: **All** General PCP: **All**

Start Here:

1. Select a measure

PHQ Screening

New measures available

Grey color indicates unreliable data (n<30)

2. Select filters

Most Recent Facility
All

Facility Type
All

Ped/Adol Practices
All

Most Recent Department
All

General PCP

PHQ Screening across NYC H+H

(Year ending December 2021)

83.7%

Note: This is an adult measure and does not look at screening completed in Pediatric and Adolescent Medicine departments.

PHQ Screening by Facility

View chart by Facility, Department or Provider: Facility

66.2%, 98.6%, 93.0%, 91.5%, 87.8%, 80.9%, 67.3%, 91.2%, 79.3%, 81.2%, 87.8%, 79.9%, 88.6%, 83.3%, 87.0%, 89.0%, 89.3%, 94.7%, 92.4%, 90.8%, 94.9%, 89.5%

PHQ Screening by Language

View chart by Race/Ethnicity, Age, Sex, Language or Payer: Language

NYC H+H

English	Spanish	Other Languages	Russian	Mandarin Chinese	Bengali	French
82.8%	85.4%	83.0%	90.5%	62.7%	86.1%	85.3%

Click to show/hide measure by Language as text table

PHQ Screening Map

View data by ZIP Code

© Mapbox © OSM

PHQ Screening Trend among Patients Seen in the Month

Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
79.8%	83.4%	86.4%	88.4%	88.9%	89.9%	90.5%	91.0%	90.1%

Engraining Equity in Performance Improvement

HEALTH+ HOSPITALS | QUALITY & SAFETY

[Include Department Here] Performance Improvement (PI) – 2021-2022

Purpose: This tool should be used by senior leadership, including the CEO, CMO, CQO, and CNO, to plan a comprehensive strategy for department-level performance improvement (PI). Please include information about each anticipated PI iniative, aligning with the NYC Health + Hospitals 5 strategic pillars.

STRATEGIC PILLARS

	Quality & Outcomes	Financial Sustainability	Care Experience	Culture of Safety	Access to Care
PI Initiative Name:					
PI Initiative Aim (baseline data included in aim):					
Primary Metric Description:					
Primary Metric Numerator:					
Primary Metric Denominator:					
Equity Lens of PI Initiative:					
PI Initiative Lead(s)					

Types of Equity Lens

SYSTEMIC EQUITY: HEALTH & CARE FOR THE WHOLE BEING

Race and Ethnicity
racism, bias, discrimination, expectations, cultural practices

Personal Health Choices
tobacco/alcohol/drug use, belief systems, sexual health, diet preferences

Early Childhood Experiences
family structure, disability, neglect, abuse, family support, bullying, neuro-cognitive development

Community
support systems, exposure to violence/trauma, policing, justice equity, religious institutions, community programs

Education
literacy, language, early childhood education, vocational training, high education, educator quality and retention

Mental Health
access, family/community support, policing, housing,

Economic Stability
employment , income, debt, support, assets

Gender and Sexual Orientation
discrimination, bias, history, staff education, domestic violence, access, coverage

Neighborhood and Physical Environment
housing, transportation, walkability, zipcode, geography, infrastructure, parks, playground, population size, natural disasters

Healthcare System Composition
health coverage, physician/provider/ pharmacy availability, access, quality of care, culturally appropriate care

Biology and Genetics
age, inherited conditions, predisposition, life expectancy

Nutrition
food insecurity, access, education, food deserts, diet education, culture

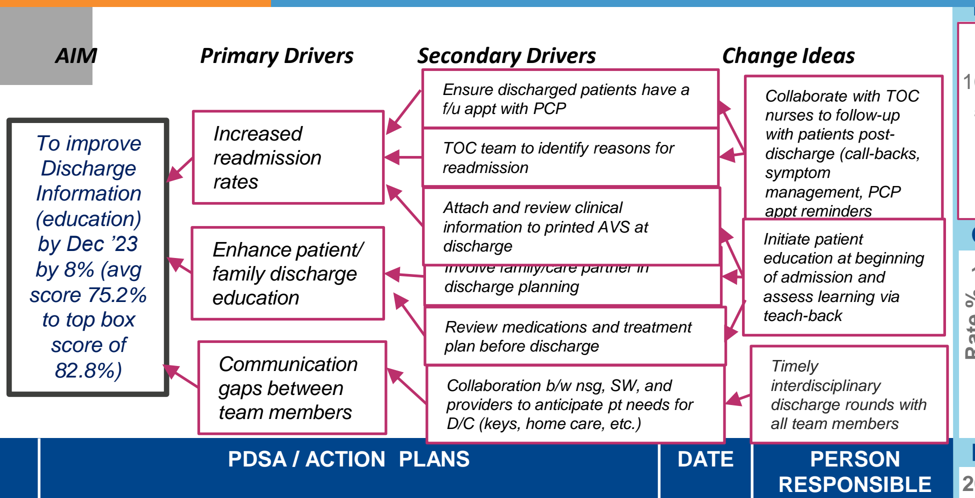
@DocNellCam
@KomalBajajMD
10/2021

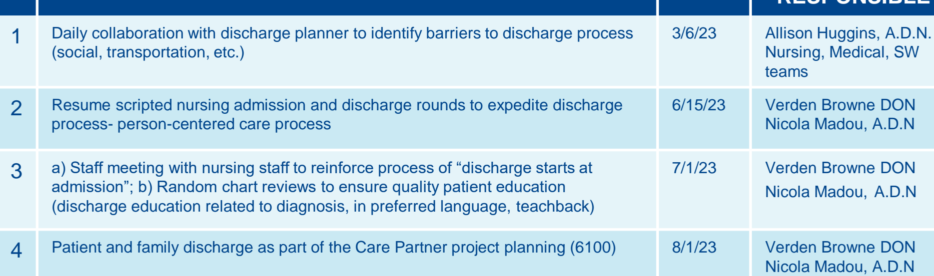
Project Title: *Improving the Discharge Process in Med/Surg*
Project Leader: *Verden Browne, DON*
Project Sponsors: *Dr. Angela Edwards, CNO; Dr. Jonna Mercado, Chief of Medicine*
Team Members: *J. Uguru, N. Peters, A. Huggins, M. Guzman, R. Brown, S. Cox, K. Simon, M. Cain, R. Villareal, N. Madou, C. Klass*

NYC HEALTH + HOSPITALS | Woodhull

AIM STATEMENT

To improve the discharge process in Med/Surg by December 2023 by improving Discharge Information rates (education) by 8% from average score of 75.2% to top box score of 82.8%

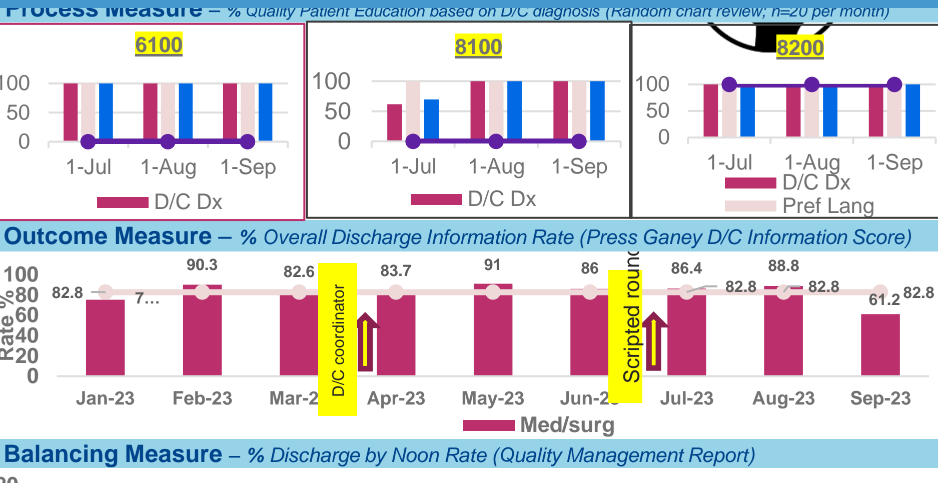


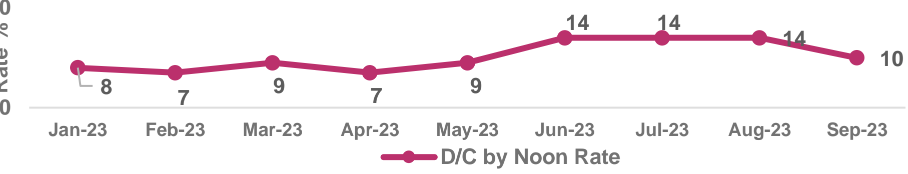


	PDSA / ACTION PLANS	DATE	PERSON RESPONSIBLE
1	Daily collaboration with discharge planner to identify barriers to discharge process (social, transportation, etc.)	3/6/23	Allison Huggins, A.D.N. Nursing, Medical, SW teams
2	Resume scripted nursing admission and discharge rounds to expedite discharge process- person-centered care process	6/15/23	Verden Browne DON Nicola Madou, A.D.N
3	a) Staff meeting with nursing staff to reinforce process of "discharge starts at admission"; b) Random chart reviews to ensure quality patient education (discharge education related to diagnosis, in preferred language, teachback)	7/1/23	Verden Browne DON Nicola Madou, A.D.N
4	Patient and family discharge as part of the Care Partner project planning (6100)	8/1/23	Verden Browne DON Nicola Madou, A.D.N

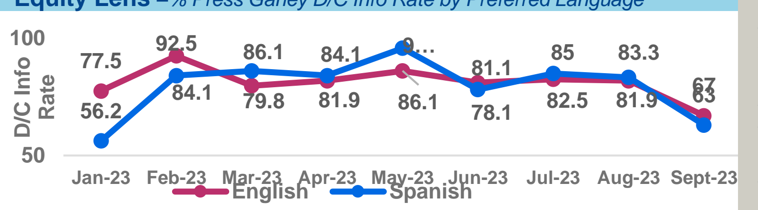
Long-Term Sustainability Plan

1. *Continue with random chart audits of quality patient education.*
2. *Share results of audits with nursing team.*
3. *Continue collaboration with interdisciplinary team for discharge process.*





Equity Lens – % Press Ganey D/C Info Rate by Preferred Language



-Selected because of challenges related to discharge instructions and planning
-English n= 138, Avg = 75%; Spanish n=119, Avg = 72.3%; Other n=3, Avg= 100%
-Plan: Focus on preferred language for D/C teaching

Project Title: *Early Mobility: Reducing Average Length of Stay (ALOS) and Sustaining or Improving BMAT Scores for Patients on Tower 6 West*
Project Leaders: *Marie S. Saint Victor, HN; Wendy Zhao, RN; Anthony Ling, PT; Anna Barkov, PT*
Executive Sponsors: *Manjinder Kaur, CNO; Theresa Madaline, CQO; Wilfredo Yap, Deputy CNO*
Team Members: *S.A. Holder, C. Jean Charles, M. Regisire, N. Strother, T. Isac, M. Gosine, J. Hosten, M. Khizanishvili, I. Levit, A. Merest, C. Ong, R. Pierre, S. Viciere, D. Friedman, G. Gulyamova, M. Ogaldez, S. Rameau, V. Sviridenko, L. Bores, K. Parginos, D. Calandro, G. Patikoglou, J. Childs*

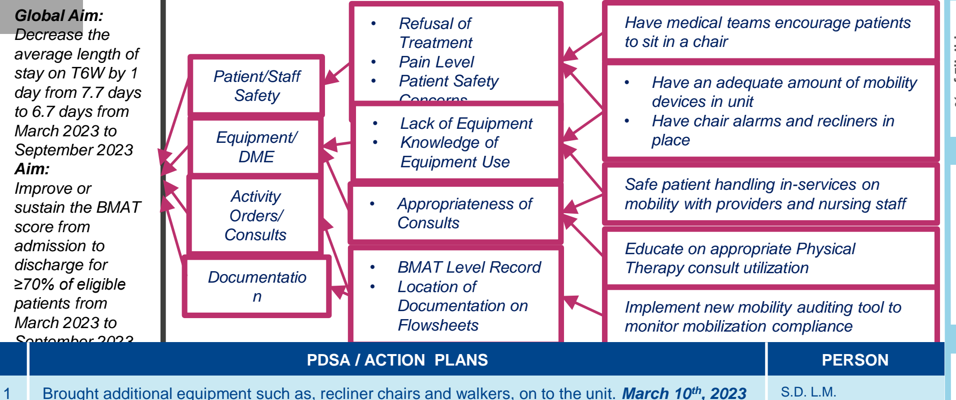
NYC HEALTH+ HOSPITALS | South Brooklyn Health

GLOBAL AIM STATEMENT

Decrease the average length of stay on T6W by 1 day from 7.7 days to 6.7 days from March 2023 to September 2023

AIM STATEMENT

Improve or sustain the BMAT score from admission to discharge for ≥70% of the eligible patients on T6W from March 2023 to September 2023



	PDSA / ACTION PLANS	PERSON
1	Brought additional equipment such as, recliner chairs and walkers, on to the unit. ***March 10th, 2023***	S.D. L.M.
2	Creation and implementation of protocol ***March 12th, 2023***	M.S.V., W.Z., A.L.
3	Creation and implementation of interdisciplinary and role algorithms ***March 12th, 2023***	M.S.V., W.Z., A.L.
4	Creation of badge backer images ***March 12th, 2023***	M.S.V., W.Z.
5	Initiation of Tower 6 West early mobility project and checklist ***March 13th, 2023***	M.S.V., W.Z., A.L., A.B.
6	Initiation of pre-education assessment survey ***March 13th, 2023***	M.S.V., W.Z., A.L., A.B.
7	Initiation of safe patient handling and assistive device in-services ***March 20th, 2023***	M.S.V., W.Z., A.L., A.B.
8	Implementation of latest Tower 6 West Mobility Checklist Ver. 5 ***April 9th, 2023***	M.S.V., W.Z., A.L.

Long-Term Sustainability Plan

- *Continue checklists and protocol implementation on precautions and contraindications to be followed to maintain patient/staff safety when performing mobility tasks.*
- *Standardize documentation relevant to recording all mobility occurring during a work shift. Consult system councils on BMAT standardization.*
- *Develop and implement annual in-services/competency checks for nursing staff to ensure safe patient handling. Provide periodic surveys to staff to assess the need for educational requirements. Provide training to new staff during onboarding process.*
- *Reinforce education to Residents/Attending Doctors on appropriate consults for Physical Therapy and importance of mobility in an acute hospital setting.*
- *Ongoing data analysis and GEMBA walks to assess the current situation on the unit and the need to adjust interventions.*

Process Measure Chart: *% of Eligible Patients on T6W Out of Bed Weekly*

13-Mar	20-Mar	27-Mar	3-Apr	10-Apr	17-Apr	24-Apr	1-May	8-May	15-May	22-May	29-May
32%	35%	71%	96%	89%	100%	98%	98%	95%	100%	95%	86%

% Eligible OOB

Global Outcome Measure Chart: *Avg. Length of Stay (ALOS) for Patients Discharged on T6W*

Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
7.43	8.36	11.2	12.72	6.64	7.51	8.82	7.38	6.78	8.72	6.53

ALOS; Median: 7.51; PDSA markers at Mar-23 and Apr-23

Outcome Measure Chart: *% of Eligible Patients with BMAT Stable or Improved from Admission to T6W to Discharge*

93% 83% 91% 100% 71% 100% 83% 93% 87% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%

PDSA 1; PDSA 2,3,4,5,6,7; PDSA 8

% Admissions with Stable or Improved BMAT; Median: 91%

Balancing Measure: *Readmission Within 30 Days for Patients Discharged from T6W*

18% 11% 10% 8% 6% 12% 11% 8% 14%

% Readmitted; Month of Index Discharge

Balancing Measure: *Number of HAPI on T6W by Quarter; Number of Falls on T6W by Month*

Patients w/HAPIs; # of HAPI

of Falls

Equity Lens: *% Eligible with BMAT Stable or Improved on Discharge by BMI*

100.0% 94.1% 93.3% 91.4%

% Eligible with BMAT Stable or Improved on Discharge

Project Title: *Improving the Discharge Process in Med/Surg*
Project Leader: *Verden Browne, DON*
Project Sponsors: *Dr. Angela Edwards, CNO; Dr. Jonna Mercado, Chief of Medicine*
Team Members: *J. Uguru, N. Peters, A. Huggins, M. Guzman, R. Brown, S. Cox, K. Simon, M. Cain, R. Villareal, N. Madou, C. Klass*

Woodhull

AIM STATEMENT *To improve the discharge process in Med/Surg by December 2023 by improving Discharge Information rates (education) by 8% from average score of 75.2% to top box score of 82.8%*

AIM	Primary Drivers	Secondary Drivers	Change Ideas
To improve Discharge Information (education) by Dec '23 by 8% (avg score 75.2% to top box score of 82.8%)	*Increased readmission rates*	*Ensure discharged patients have a f/u appt with PCP*	*Collaborate with TOC nurses to follow-up with patients post-discharge (call-backs, symptom management, PCP appt reminders*
		TOC team to identify reasons for readmission	
		Attach and review clinical information to printed AVS at discharge	
	Enhance patient/ family discharge education	*Involve family/care partner in discharge planning*	*Initiate patient education at beginning of admission and assess learning via teach-back*
		Review medications and treatment plan before discharge	
	Communication gaps between team members	*Collaboration b/w nsg, SW, and providers to anticipate pt needs for D/C (keys, home care, etc.)*	*Timely interdisciplinary discharge rounds with all team members*

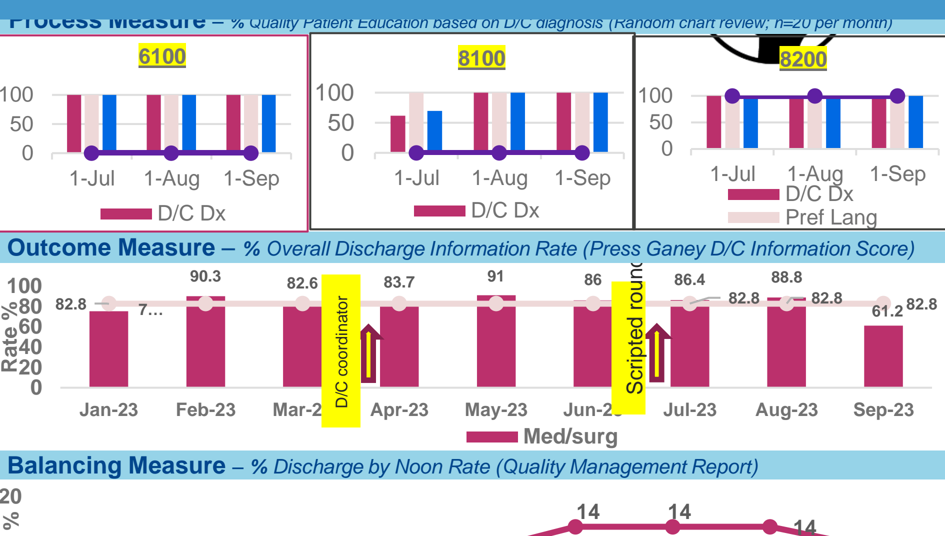
	PDSA / ACTION PLANS	DATE	PERSON RESPONSIBLE
1	Daily collaboration with discharge planner to identify barriers to discharge process (social, transportation, etc.)	3/6/23	Allison Huggins, A.D.N. Nursing, Medical, SW teams
2	Resume scripted nursing admission and discharge rounds to expedite discharge process- person-centered care process	6/15/23	Verden Browne DON Nicola Madou, A.D.N
3	a) Staff meeting with nursing staff to reinforce process of "discharge starts at admission"; b) Random chart reviews to ensure quality patient education (discharge education related to diagnosis, in preferred language, teachback)	7/1/23	Verden Browne DON Nicola Madou, A.D.N
4	Patient and family discharge as part of the Care Partner project planning (6100)	8/1/23	Verden Browne DON Nicola Madou, A.D.N

Long-Term Sustainability Plan

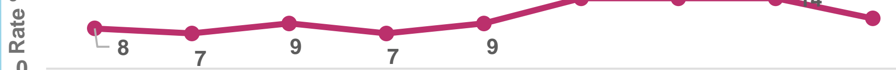
1. *Continue with random chart audits of quality patient education.*
2. *Share results of audits with nursing team.*
3. *Continue collaboration with interdisciplinary team for discharge process.*

Process Measure – *% Quality Patient Education based on D/C diagnosis (Random chart review; n=20 per month)*

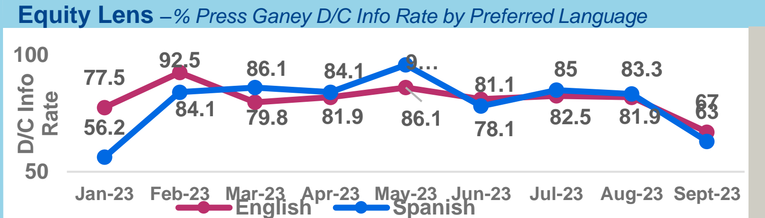
Outcome Measure – *% Overall Discharge Information Rate (Press Ganey D/C Information Score)*



Balancing Measure – *% Discharge by Noon Rate (Quality Management Report)*



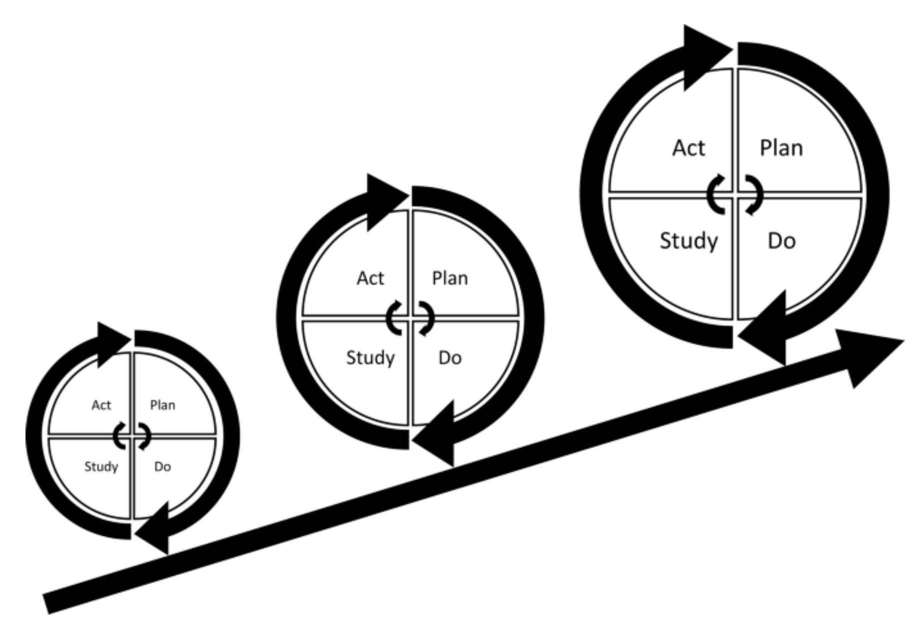
Equity Lens –*% Press Ganey D/C Info Rate by Preferred Language*



-Selected because of challenges related to discharge instructions and planning
-English n= 138, Avg = 75%; Spanish n=119, Avg = 72.3%; Other n=3, Avg= 100%
-Plan: Focus on preferred language for D/C teaching

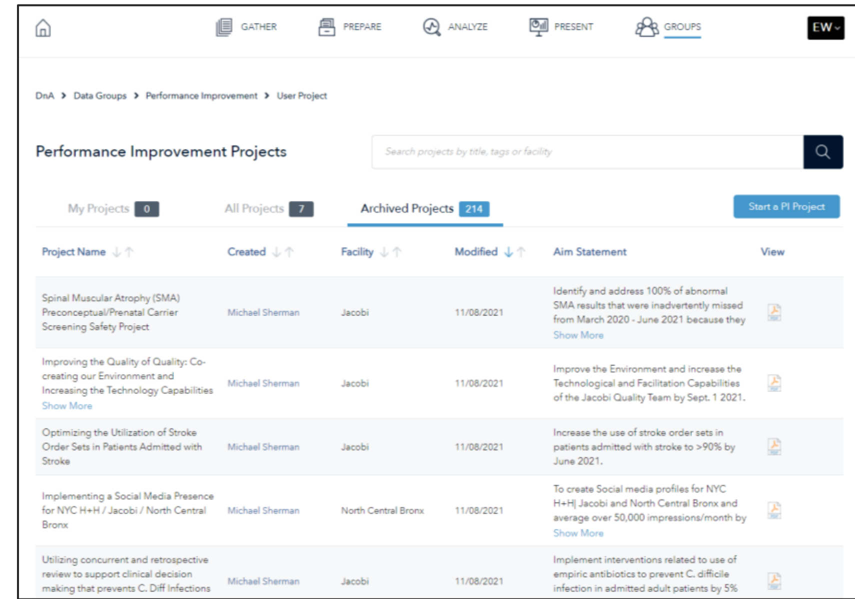
Climb the PDSA Hill

- Equity lens applied to process and outcome measures
- Design PDSA cycles addressing disparities as they are identified
- New PI projects where AIM directed at closing health disparities



System-wide Learning

- PI projects with equity lens presented at:
  - Departmental QAPI
  - Facility QAPI
  - System Board QAPI
- All balanced-scorecard PI projects included in quarterly QAPI reports to Governing Body
- Uploaded into System PI Searchable Database



Project Name	Created	Facility	Modified	Aim Statement	View
Spinal Muscular Atrophy (SMA) Preconceptual/Prenatal Carrier Screening Safety Project	Michael Sherman	Jacobi	11/08/2021	Identify and address 100% of abnormal SMA results that were inadvertently missed from March 2020 - June 2021 because they Show More	
Improving the Quality of Quality: Co-creating our Environment and Increasing the Technology Capabilities Show More	Michael Sherman	Jacobi	11/08/2021	Improve the Environment and increase the Technological and Facilitation Capabilities of the Jacobi Quality Team by Sept. 1 2021.	
Optimizing the Utilization of Stroke Order Sets in Patients Admitted with Stroke	Michael Sherman	Jacobi	11/08/2021	Increase the use of stroke order sets in patients admitted with stroke to >90% by June 2021.	
Implementing a Social Media Presence for NYC H+H / Jacobi / North Central Bronx	Michael Sherman	North Central Bronx	11/08/2021	To create Social media profiles for NYC H+H| Jacobi and North Central Bronx and average over 50,000 impressions/month by Show More	
Utilizing concurrent and retrospective review to support clinical decision making that prevents C. Diff Infections	Michael Sherman	Jacobi	11/08/2021	Implement interventions related to use of empiric antibiotics to prevent C. difficile infection in admitted adult patients by 5%	

Exercise 2

- Brainstorming potential equity lens to apply to supplied PI project prompts (small group exercise)
- Each group report out

Addressing Equity as a System: Medical Eracism

NYC HEALTH+ HOSPITALS

Live Your Healthiest Life.

Thursday, February 11, 2021

Abolishing Race Based Medicine for Kidney Function, VBAC and More

NYC Health + Hospitals Office of Quality & Safety, in partnership with the Equity & Access Council, has embarked on an effort to abolish race based medicine from our medical practices across our health system.

NYC Health + Hospitals is proud to be leading the nation in removing race based practices in the delivery of care. We stand resolute in treating our patients as individuals and targeting our treatments and guidance based on their specific biology and unique social and life experiences, not simply their race or ethnicity.

Removing eGFR

NYC HEALTH+ HOSPITALS

Medical Eracism – Ending Race Based eGFR

August 2020

Context

- When calculating a patient's kidney function (GFR), we often use a set of calculations based on various factors to estimate their glomerular filtration rate or eGFR
- Traditionally, these risk factors include serum creatinine, age, sex and **race (Black vs. non-Black)**
- The equation reports out two values. For Black patients it increases the estimated GFR by 16-21% to account for their "increased muscle mass", though no robust scientific evidence exists to support this claim
- **The unintended consequence is to assert and propagate a biological cause for Black bodies being different from all non-Black bodies, a popular eugenicist view**

Contributing Factors

- African Americans have a **3x** and Hispanics **1.5x higher risk** of developing kidney failure than White Americans[1]
- By having higher eGFRs, Black patients might have delayed referral to specialty services, dialysis and transplantation

Key Takeaways

- The inclusion of race is fraught with bias and has lasting deleterious implications for our Black patients. **For a multitude of social and scientific reasons, the Nephrology workgroup feels strongly that the inclusion of subjective race (a social construct) as an objective (biologic) proxy for creatinine generation / clearance in the biomedical environment does not meet the scientific rigor required at NYC Health + Hospitals for our diagnostic screening tools.**

Plans for Corrective Action

- Lab Services - Standardize all eGFR calculations to use CKD-EPI eGFR(Cr) where results will be reported without race adjustment based on serum creatinine, age, sex, and is normalized to 1.73m2 body surface area
- Epic – Work to ensure raced based eGFR is no longer reported out as 2 different values to our clinicians and patients
- **Approved by Nephrology Workgroup, IM Council, ICU & OB/GYN leadership, Quality & Safety, Medical & Professional Affairs, Equity & Access Council, Clinical Lab Council, CMO Council**

1. https://www.kidney.org/news/establishing-task-force-to-reassess-inclusion-race-diagnosing-kidney-diseases
2. https://tinyurl.com/3ke5bspc

VBAC Counseling

NYC HEALTH+ HOSPITALS

Medical Eracism – Stop Race-Based VBAC Counseling

November 2020

Context:

- Clinicians may use a risk tool – known as **V**aginal **B**irth **A**fter **C**esarean-section (**VBAC**) calculators – to estimate the risk and likely success of a trial of labor for a vaginal delivery after an earlier C-section in a prior pregnancy.
- Formulated in 2007, the VBAC calculation includes risk factors, such as age, BMI, and clinical history of delivery. These algorithms also consider whether the patient is of **Black race** or **Hispanic ethnicity**. For **Black women** it decreases the estimated success rate of vaginal deliveries by **67%** and for **Hispanic women** by **68%**.
- The functional consequence is to insinuate a biological cause for Black & Hispanic women's bodies being fundamentally different from a "normal" body. This reinforces the false idea that race itself is a biologically significant risk factor for illness and minimizes the real effects of racism and health inequity on minoritized people.

Contributing Factors:

- Black women remain **3x – 4x** more likely to die from pregnancy-related causes than White women in America.[1]
- While both the clinician and patient decide together whether a TOLAC or elective CS should be performed, the decision to pursue either may be influenced by medical bias.

Key Takeaways:

- **The Women's Health Council feels strongly that the inclusion of race as an objective proxy for a patient's VBAC complication risk calculation does not meet the scientific rigor required at NYC Health + Hospitals for our diagnostic screening tools.**
- **The Women's Health Council applauds NYC Health + Hospitals clinicians for forgoing the use of the race-based VBAC calculators in their VBAC counseling.** Additionally, the American College of Obstetricians & Gynecologists also stresses that individual complications must be assessed on a case-by-case basis.

Plans for Further Action:

- We must continue to eliminate health inequities from within Women's Health in the United States. A key first step is identifying how implicit biases affect the way we view, interact with and counsel our patients. De-implementation of race-based clinical calculators in favor of more equitable approaches that address both women's social determinants of health (e.g. insurance type, zip code, low income, racism) and their biological clinical measures (e.g. prior labor course, age, BMI).
- This is evidenced in NYC H+H's Cesarean-section rates below the NY state average **(19%, vs. 22.9%)** and successful VBAC rates greater than the NY state average **(19%, vs. 13.3%)**. NYC Health + Hospitals remains committed to using the most empirically-relevant information to inform our diagnostic screening tools.

1. https://doi.org/10.1016/j.whi.2019.04.007

CERCA

NYC Coalition to End Racism in Clinical Algorithms

Michelle Morse, MD, MPH

Office of the Chief Medical Officer & Deputy Commissioner
Center for Health Equity & Community Wellness

Call to Action

- □Apply the bias and equity prompt to the next adverse event in your area/hospital/system
- □Apply the prompt to the next patient complaint/grievance
- □Incorporate an equity lens into your CQFP capstone QI project
- □Are you able to apply equity filter to quality metrics in your area/hospital/system?
- □Do you have reliable REAL SOGI data for your patients?

Acknowledgements

- Dr. Lou Hart
- Dr. Linelle Campbell
- Dr. Komal Bajaj – CQFP alumni
- Dr. Harry Cho – CQFP alumni
- Dr. Natalia Cineas
- Yvette Villanueva
- Matilde Roman
- Dr. Michelle Morse

thank you
danke
謝謝
ngiyabonga
شكراً جزيلاً
teşekkür ederim
gracias
рахмат
Баярлалаа
спасибо
mersi
barka
welalin
tack
dank je
faafetai lava
vinaka
blagodaram
misaotra
matondo
paldies
grazzi
mahalo
tapadh leat
kiitos
dankie
спасибі
хвала
asante
manana
obrigada
tenki
nanni
nandri
dhanyavad
bedankt
bayarlalaa
gràcie
hvala
maururu
köszönöm
dankon
aciu
akun
enkosi
djiere dieuf
tau
mochchakkeram
murakoze
дякую
mamnun
dziękuję
chnorakaloutioun
gratias ago
gràcies
sulpáy
go raibh maith agat
chokrane
sobodi
dėkuji
sagolun
sukriya
kop khun krap
taiku
obrigado
mèsi
ありがとう
arigatô
takk
dakujem
trugarez
didi madloba
najis tuke
terima kasih
tanemirt
grazie
rahmet
shukriya
merce
мерси
kam sah hamnida
rahmat
diolch
dhanyavadagalu
ευχαριστώ
তোমাকে ধন্যবাদ
감사합니다
xiexie
merci
spas
kia ora

Resources

- Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health*. 2000;90(8):1212-1215.
- Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)
- Salas RN. Environmental Racism and Climate Change - Missed Diagnoses. N Engl J Med. 2021 Sep 9;385(11):967-969.

Resources

- Bailey ZD, Feldman JM, Bassett MT. How Structural Racism Works - Racist Policies as a Root Cause of U.S. Racial Health Inequities. N Engl J Med. 2021 Feb 25;384(8):768-773.
- Ghandi T. Achieving Zero Inequity: Lessons Learned from Patient Safety. NEJM Catalyst. 2021 May 27.
- Dzau VJ, Mate K, O'Kane M. Equity and Quality-Improving Health Care Delivery Requires Both. JAMA. 2022 Feb 8;327(6):519-520.
- Nundy S, Cooper LA, Mate KS. The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity. JAMA. 2022 Feb 8;327(6):521-522.