Front Bumper Text

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Duane Front Bumper.wav
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Maria: Welcome to Centering Health Equity, I'm Maria Hernandez, your co-host and CEO of Impact4Health.

Duane: And I'm Duane Reynolds co-host and CEO of the Just Health Collective.

Maria: In this episode we hear Vivian Anugwom is the Health Equity Manager at Allina Health and Elizabeth Barfield, Education Specialist Health Equity at Novant Health. Both Vivian and Elizabeth are on the front lines of the effort to advance health equity inside major health systems. They design and conduct training, as well as, visit with community members as part of their daily responsibilities--implementing the solutions to address health inequities.

Duane: Vivian and Elizabeth give us a glimpse of the "in the trenches" work of taking health equity initiatives from concept to implementation. Their dedication and focus on culturally nuanced care models, community engagement, and training in unconscious bias and anti racism set a foundation for success.

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Elizabeth Forte: ***[00:26:29]*** **patients want to feel valued and affirmed and welcomed, and if we can't create that we're health care, we're supposed to have the empathy and compassion. If we don't get this right, yeah. No one else stands a chance. This is supposed to be the thing that we do well. So just reminding our folks that, hey, this is a part of how we make sure we do really create that culture of inclusiveness and realizing that the conversations that we're having, the conversations we're not having, all of that is being perceived by our patients, but also our fellow team members** ***[00:27:02][32.9]***

Maria Hernandez [00:00:01] [00:00:01]All right, we're live do you both see a button at the bottom of your screen that says recording it should be? And there's a countdown. Oh, terrific. It's working. All right. So do you want me to start? [20.5s]

Speaker 2 [00:00:25] [00:00:25]I can even do that. [2.6s]

Maria Hernandez [00:00:30] All right, well, welcome, Vivian and Elizabeth, to the show. We're so honored that you have joined us. I'd like to start off with both of you sharing just a

little bit about what you're doing these days at your respective sites. And so let me start with that, Elizabeth. If you could just share what keeps you going during the day. What are you focused on? Tell us.

Elizabeth Forte [00:00:54] So I am the health equity educator at Newport Health, and I'm as many know, we're undergoing a huge undertaking, a new merger. And so that's exciting, just trying to get all of our policies and procedures together, getting that new alignment, but still making sure that we're focusing on our coastal market of what our patients are needing, being in the community with our different vaccine events, but also internally looking at all the education that people still need. Although we are kind of in a weird place in the pandemic, we're always finding ways to be more inclusive and also provide equitable equitable care. So those are some of the main things that are keeping us busy right now.

Maria Hernandez [00:01:31] Fantastic, thanks, Elizabeth. How about you Vivian?.

Vivian Anugwom [00:01:36] So I'm the health equity manager at Allied Health and I report up through our chief diversity officer and really our team is charged with sort of supporting our system and our leaders and really just doing this work that we called the and I write and I am mostly focused on the health equity end of things. And that really looks like building capacity within our for our leaders capacity and capabilities, within our leaders to be able to identify disparities and address the disparities. So that looks like technical training. That looks like even just doing some demos to kind of say look at the tools that you have. These are the ways you can pull this data to start to uncover the opportunities and then partnering really closely with our service line leaders to really understand what are what are those culturally cultural competency type trainings that you need to better understand your patients. So it's really working with the leaders across the system, working with frontline staff, listening to their needs, listening to the needs of the community and responding appropriately.

Duane Reynolds [00:02:57] Well, Vivian and Elizabeth, I am excited to have you both on the podcast with us, really because of the work that you're doing in the trenches, which is where a lot of this rubber meets the road. So I really do appreciate you both being willing to come on to the show. And Elizabeth, I think you have a very interesting perspective, given that you were with an organization that was already focusing on health equity, New Hanover Regional Medical Center. And you you all were making some pretty good strides, but now you've actually been acquired by a larger organization, Novant Health System, that is probably one of the leading organizations in the space. So I'm really interested to just hear a little bit about how that integration is going. Are you finding out new things that they've been doing that you are now going to bring to New Hanover Regional Medical Center or vice versa? Tell us a little bit about that.

Elizabeth Forte [00:04:03] Yeah, it's been a really great process, just meeting so many other people who are also passionate about this work, because, as you know, we had a smaller team, but seeing how many people they have invested in DIE and that the space has been very inspiring and just seeing the ways that different departments are structured and seeing how the conversations are embedded in every single thing that's done in the organization, it's not a stand alone department, but making sure that policies and procedures and even compliance risk clinical everyone is involved in the conversation and making sure that these efforts are being advanced. And I'm looking forward to learning a lot from all of our different counterparts, getting to know people, developing new relationships, because for me, relationships are key to all of this that we do. We can teach

people and educate people and try to change people. But without that relationship, we're never going to see the impact that we want. And so that's the most exciting part for me, just trying to be a sponge and realizing that there's things that we were doing before that can be tweaked or things that we can offer them that can also be distributed throughout the organization. So definitely seeing it as a great opportunity that we're on right now.

Duane Reynolds [00:05:16] That's great. I really appreciate the fact that [cough sound] you're sensing a very palpable difference in terms of how not only your department functions as health equity, but how all departments really incorporate the lens of health, equity, diversity, equity and inclusion as they go about their daily business. And that is really what I think ultimately will change cultures and really help us be successful in driving improved outcomes experience. [00:05:47]So my question for the two of you is how many hospitals excuse me? [7.6s] There are many hospitals that are developing training for staff and clinicians to support the current focus on health equity. And so what are some of the topics that you see that are resonating with staff the most? And what's been the response, particularly around some of these new topics like anti-racism? [00:06:19]We'll have Vivien go first. [1.0s]

Vivian Anugwom [00:06:22] [00:06:22]So her actually can I pause my daughter now you can hear me. I'm just going to move to another side. [8.4s]

Maria Hernandez [00:06:33] [00:06:33]We'll wait for you. [0.5s]

Elizabeth Forte [00:06:34] [00:06:34]I can take it. Well, Vivian is transitioning. [2.0s] So at least in our organization, something that I've seen as a necessary conversation around bias, we try to roll out a lot of different education related sexual orientation, gender, gender identity, getting people to understand racial and ethnic differences, even down to the different languages that people speak. But realizing that one needs to back up our efforts and just address that kind of foundational conversation of you have bias. You're seeing people through a certain lens based on your experiences, your journey, your own story. And sometimes that is the foundational thing that's impeding excellent care. And that's what's keeping us from providing the most remarkable experience, just us not even having that awareness. And so we definitely had some interesting conversations of how many biases people the same. I would never treat a patient differently and getting people to understand that bias is just a human condition and that without our individual awareness and being personally accountable and looking ourselves in the mirror and being honest with ourselves, we're never going to be able to get to those remarkable results that we're looking for. And so that has been a impetus that we are looking at within our own organization. And I'm seeing some strides, people really doing some reflection process and some challenging thoughts and beliefs and values that they've carried for years and didn't even realize were there in the emails that we've received have been just unexpected of the things that people the depths that people have gone to within themselves and their psyche. And it just makes me excited for we're going in the future and just the increased awareness we're going to have about how we're actually showing up each day.

Duane Reynolds [00:08:13] [00:08:13]Mm hmm. [0.1s] Yeah, I think that is another really important point. This work is so much about introspection and beginning to understand that how we view the world from one perspective is not the perspective of every person. Right. And so beginning to understand that different people have different experiences and that impacts their ability to achieve optimal health, I think is an eye opener to a lot of folks. But it's it's great to hear that people within your environment are really taking this seriously and starting to look inward and be reflective to then bring that back to how they show up for

their jobs every day. So, Vivian, same question around the training that you're seeing and how people are responding.

Vivian Anugwom [00:09:10] So we also ruled out unconscious bias training [00:09:15]within our system or [1.0s] across our system. And it's actually interesting, prior to the pandemic, we also we did that on a smaller scale and sort of used some of the disparities that we saw within our hospice program, enrollment in hospice as sort of like a way to sort of intro this idea of bias right. On a small scale. And I remember folks kind of sitting through those sessions and some of them were you could tell they just came because they needed to they needed to get credit for some sort of AmeriCredit education. Right? But by the end of the session, you'd hear folks think, oh, my gosh, I didn't know I needed this right. I didn't understand why you don't think I'm racist. It's just that we need to understand how our personal experiences, our past experiences, how things we were, how what we're taught by our parents. Kind of influences how we approach folks and who you are are actually caring for a patient, some of those biases come in. In fact, they come into the room before you do. Right, because and it's not because of something that someone said per say and maybe something that you read in the chart, something someone else said based on their own biases. But but I think this training has done a really good job of getting folks to recognize what bias is understanding. Like you said, it's a human condition. But then understanding how to mitigate it. So you go through some of these cultural competency type trainings, you understand try to understand the Somali culture, Nigerian culture, whatever culture. But one thing that I think bias does is it does a good job of kind of saying, yes, it's good to know about other cultures, but you also need to make sure that you treat each individual as each person is patient, as an individual, and use what you've learned as sort of. Tools that you have a toolbox to even just be aware that people have different people come with their own experiences, but still let that person in front of you tell their own story. So I think I'm starting to see that shift and I think that's pretty, pretty powerful.

Duane Reynolds [00:11:37] So it's interesting you said something about people responding, basically, that they're not racist if they're right. I think both can be true. But I bring that up because you are sitting at ground zero. So your hospital is literally down the road from where the murder of George Floyd happened. And so I suspect that there is a heightened level of sensitivity around racism. Can you tell us a little bit about how that impacted your specific culture?

Vivian Anugwom [00:12:17] Um I think there is a heightened sense of responsibility, right. We have to do something. We have to do things differently. I mean, I will say that as a system, we've done quite a bit to sort of invest in our communities, invest in the community around um um where George Floyd was murdered. But there's more that we can be doing. And so I think it was definitely a definitely hit close to home for for all of us. But it did give us a sense of responsibility. And honestly, um we can't we can't do nothing. And I think because I think the close proximity to where it happened also makes it a little a little more daunting in terms of just how much responsibility we have. We have we have to continue to show up differently, continue to respond to the needs of our community and continue to reflect the communities we serve. And so I do think that it has also forced us to work together with other businesses, with other organizations differently as well, and start to break down those silos because health care is just one component of people's lives. Right. People come to us when they're most vulnerable, but there are a lot of other factors that are playing a key role in their health and their well-being. And if we truly want people to be well, we have to we have to work across silos, across industries. And so I think this

unfortunately, the murder of George Floyd sort of sort of was a catalyst to to force us to to do what we should have been doing before.

Duane Reynolds [00:14:13] Yeah, yeah. Absolutely.

Maria Hernandez [00:14:15] Yeah. And I have been teaching some of those courses as well. And one of the things they've recently had an opportunity to hear is how many of the new generation of physicians are coming to us from schools where they are already talking about unconscious bias in medical school, which I was really happy to see when I asked how many of the residents in the program had already done some work on this. And at the same time, this raises a really interesting dynamic. Once those students start working in our health system, they're expecting more. And one of the things we're expecting is not just to be committed to anti-racism, committed to health equity, but they're wanting to see more of these culturally competent, culturally effective care models, more communities that are being served. And I wonder if you're seeing any trends around that or if you're actually creating those, because I give this example, if you want Latinos to be successful at preventing diabetes, you're not going to be very effective. If you talk to us about having vegetables and salads for meals every day, instead, you do what some of these very thoughtful programs have done, which is, OK, let's talk about how to make those enchiladas and the burritos with a healthy mix of food rather than maybe the traditional way. And that's that's a really tiny example of the cultural effective thought that goes into those programs. But I think that's the next generation of work that we need to be ready for. I want to say a little bit more about what you're seeing to create those kinds of models. And Elisabeth, we'll start with you.

Elizabeth Forte [00:16:07] And kind of related to what you were saying, we had a resident art organization that realized that especially some of our migrant worker populations, the the meals that were being set forth for them, it wasn't moving the needle, they were still eating the things that they were used to and not ascribing to the more Westernized food, food choices, and so this resident came forth and created the the meal, the plate and put the different tortillas and beans and rice and the things that people were more used to and understood what they were and how they interact with their health and gave that as a model to people to, one, help with the language barrier, but also to just have that picture of things that they were already familiar with and meet the patient where they were. And kind of to your point, just making sure that we're not creating systems that are comfortable for us or things that we're good with, things that are comfortable and easy for us, but really being equitable and asking that patient what makes the most sense to you? How can I best engage you in your health care rather than giving a product that's the same across the board and maybe helping the overall population? But what about some of those more segmented populations? And another trend that I've seen that's really kind of set the stage and really set industries and businesses apart is the dollars attached? Because previously a lot of times this work was expected to be done voluntarily or with very small budgets, very small teams and seeing the need for dollars to be attached to make sure that we're investing in these people who are doing the work, but also the initiatives that need to be carried out. Because as we all know, it is not an overnight win there. It's tedious. It's it's it's long term that sometimes we don't see the progress for maybe years. But making sure that we're not losing hope and not losing our stamina just because of our score card hasn't changed in the last last quarter, realizing it takes a lot more of an investment than maybe what some people are comfortable with or used to.

Duane Reynolds [00:18:03] Well, I recently learned a new phrase called Human Understanding and human understanding is sort of the evolution of the patient experience

movement that is focused on understanding the patient as an individual, which you both have have recognized. And I think it goes along with precision medicine and being able to treat the patient in a very prescriptive way based off of their needs, their genes, their social determinants of health, et cetera. So it feels as though we're moving towards more nuanced [00:18:44]and nuanced [3.6s] and prescriptive ways of treating and interacting with patients, which I think is very exciting. I also think it's going to be a little bit daunting and so that technology can likely help us in this area to know more about the patients and give that information in a way at the point of care that allows those clinicians to really interact in a meaningful way. So I'm excited to think about what is on the horizon in terms of this more nuanced and prescriptive care. One thing that I would like to know from the both of you is in your organizations, are you seeing the operational units or the service lines starting to develop more culturally competent care models? And what I mean by that is as they think about building out things like service lines or centers of excellence or institutes, are they taking an equity lens that they are looking at the decision making and thinking about the types of patients and the cultural nuances and needs of those patients, perhaps language services, et cetera, so that they're building a better mousetrap that is more effective for driving equitable care. And do you have any specific examples in your organizations of that?

Vivian Anugwom [00:20:18] [00:20:18]Yeah, I can I can start um [1.1s] So I'd say our leaders across our organization, I've seen just heightened awareness or just the willingness or just interest really to do more of that, to embed that equity lines into the work they're doing. And so, for example, I've created some training around even just how to understand the patient population from a race, ethnicity, language perspective, hopefully from a sexual orientation and gender identity perspective. And so giving them that tool at least to start to understand who they're serving and who they are not serving. And I'm like, just start with that and look at how well your patients are doing to buy that that filter as well, to understand where people are at. Because I think that is that is sort of the first step to even just to start to look at the work differently. Um..Luckily, from more of like a system level, we've embedded some of this work into our quality outcomes as well. So, for example, we're looking at readmissions for our Native American patient population. And we chose that population because they were experiencing the most significant disparities. There were questions about why that population, because the end is so small. And my pushback is we should not be we should we should acknowledge that they are experiencing those disparities even when that is so small and we need to do something about it or at least try. Right. And and so we have we started to do some of that work to really just understand. What's going on, and we know it's bigger than even what's happening with the health care system, but we've done some work to really just uncover what are internal processes that are broken and not working right, that are not helping people move along. The care continuum. Well, and then an added layer. And I think most importantly, we need to bring in the community voice as well and to understand the patient voice and understand and what else how do we make that that that transition through our system more seamless? What are things we need to move out of the system right. To to be able to ensure that we are caring for folks appropriately, culturally, and I like to call it culturally responsive care, because I think it starts to sort of shift some of the mindset of culture as a barrier culture as a problem thing to fix, but more of an asset. So how do we ask questions differently? How do we build that trust? How do we understand that human experience um to to be able to care for a patient? Better culture is an asset. Right. And I think that's the part of how we shift the care model. How do we make people where they're at? How do we understand them to be able to better care for them and support them and pull in other resources that may do things better than we do it? And so people again will ask, why readmissions? Why this community? A, they're experiencing the worst disparities

within our quality outcomes. And B, I mean, if this is new work for us, let's let's start somewhere.

Duane Reynolds [00:24:02] So and if you're focusing on those that have the least common denominator, you actually are going to be making improvements in the overall process and system that helps to lift the boats of everyone. So you may have a specific group that is experiencing disparity, but that disparity, focusing on that and fixing it will actually make change and improve care for everyone.

Vivian Anugwom [00:24:32] Absolutely.

Duane Reynolds [00:24:34] So Elizabeth from your perspective, any clinical models that are becoming more culturally responsive?

Elizabeth Forte [00:24:42] So kind of what Vivian was saying around the initiatives that we're working on and we have several pilots going that are looking at hypertension, but also breastfeeding mammography, our C-section rates, all those different pieces and making sure that we're stratifying those those data by race, by ethnicity, by language. But what we're realizing is that if we don't have clean data, we're never going to be able to correctly identify the disparities. And so some of those pilots have taken the additional work of making sure that we're accurately collecting real data in a in a way that is really hearing from the patient and allowing the patient to self disclose and getting the most accurate information as possible. Also working to decrease our number of unknowns in the system because we realize that no one is unknown. Another great benefit of our partnership with No one is the fact that they have so many new race options, but also ethnicities that we just didn't have in our system before throwing patients a greater depth of self disclosure so that people can really feel seen and included in the conversation. Whereas before maybe they were in a larger bucket or really drilling down to that ethnic level, to that racial level, so that we know which specific populations, even within maybe an Asian culture, Hispanic group that need additional support and really being able to educate our team members on the fact that, hey, I know this might be uncomfortable. I know historically it was taboo to ask a person these questions, but these are integral parts of a person's care to be able to understand. And kind of also, like Vivian was saying from that building on that sexual orientation and gender identity, which is again, another concept even here within the south where people like, I don't want to touch that, I've got nothing to do with me. They live their life. They do their business. But realizing that patients want to feel valued and affirmed and welcomed, and if we can't create that we're health care, we're supposed to have the empathy and compassion. If we don't get this right, yeah. No one else stands a chance. This is supposed to be the thing that we do well. So just reminding our folks that, hey, this is a part of how we make sure we do really create that culture of inclusiveness and realizing that the conversations that we're having, the conversations we're not having, all of that is being perceived by our patients, but also our fellow team members. So wanting to make sure that we're doing our due diligence to collect data appropriately whenever our patients are coming in.

Duane Reynolds [00:27:09] Excellent.

Maria Hernandez [00:27:12] [00:27:12]So my screen is frozen on my end to see all of you or you can hear [5.5s]

Elizabeth Forte [00:27:20] [00:27:20]I can still see you [1.0s]

Maria Hernandez [00:27:21] [00:27:21]all right. I think we're still OK. And I'm just going to keep going. So [4.8s] I think what you just framed up is really important from the side of what the health system is doing internally to do more culturally affective. I love culturally responsive care. um What about the education of the patients? I have seen a couple of systems that have tried to really make the patients aware of these new directions. And so, for example, one campaign was around. We ask because we care. And that was all about asking around SOGI data of sexual orientation, gender identity. We asked because we care was also, of course, to get anyone who was being asked about their ethnic background or even their experience with the community where they lived. We were looking at some of those social determinants of health. Are your systems at all also starting to think about the education outward to the patient population?

Vivian Anugwom [00:28:29] I would say for us, we recognize that as a need, um but I think we need to start internally first just to to help our our employees be able to help be ambassadors for that message and make sure we are all on the same page. But I think that's absolutely right, because I think it's it's how do you equip your employees to be able to answer that question of why are you asking me all that? Right. And to help people understand that similar to the census we ask, we want to know about you so that we can care for you better. So I think that's absolutely important. I think that's the next step. But I think we first need to sort of get our employees sort of on the same page to be able to carry that message.

Elizabeth Forte [00:29:24] That's also something that we've been trying to figure out, the scripting around, whether it be I'm reaching out to patients in their portal, I'm sending letters to their home, just letting them know that they might be hearing some new questions, new prompts, seeing new signage around the organization so that they're prepared in the same way that when we started asking patients, oh, have you traveled in the last 30 days and people got a little defensive, didn't want to answer the questions, wanted to know why we were in their business and kind of treating it to that that same extent that, hey, I saying that this question might feel invasive and this is why we're doing it and making sure that I'm saying we give our team members that prescriptive kind of scripting to let them know, make them also feel comfortable and empowered when responding to patients questions about new new things that they're going to be hearing.

Duane Reynolds [00:30:10] Excellent. So our last question for you is about how you both are personally addressing the challenges of this work in your lives. So we know many listening to this are also on the front lines of this work. And we wonder if you can share how you're navigating those challenges.

Elizabeth Forte [00:30:35] They definitely are increasing as me and myra, we're talking about the beginning of the call that Dinny is really having its moment over the last year, had so many coffee cup conversations where people just want to sit and pick my brain to different panels and community forums and just trying to be as effective a representative as I can be. Sometimes it does get tiring of speaking with people, but I would say on the whole, so many people have just been inquisitive and humbly approaching the conversation and also being open to correction and and that kind of compassionate correction of, hey, you know, I noticed this. Let's let's work on this in a different way. And I think that that's the piece that gives me the most hope right now. I'm a Wilmington native and have seen a lot of shifts within our community over the last year, a lot of conversations that are happening, new task force, new committees, and just trying to be as involved in the conversation as possible. And my friends and family will also tell you that I will quickly speak up if I hear something that doesn't quite sit right with me and realizing that it really it

comes down again to that relationship and us being able to speak truth to power in the circles that we're in. A lot of times we hear certain veiled words or comments or suggestions or assumptions being made about communities and trying to be that advocate in my personal life for people, even if I'm not a part of that community, say, hey, there's actually a better way to say that or here that this is the actual terminology to use or consider this just trying to, again, just give people information and education at work, but also in my personal life.

Duane Reynolds [00:32:15] Excellent. Thank you for sharing that perspective and Vivian.

Vivian Anugwom [00:32:19] Yeah, I think for me, I just keep thinking about the word gratitude because this work does get challenging. I started in my current role March 20 20. So just as the pandemic started to go and then there was a lot of wow. So so to be honest, I started in my role, sort of. I was preparing kind of with that mindset of, OK, I'm going to find this one willing partner right across the system that can help me sort of some little projects along somewhat. Right. Like just kind of trying to figure out where I could make an impact and who who my allies were. But things switched quickly. And I'm sort of trying to figure out now, OK, how do we channel all this energy and maintain the momentum for for good? I don't think the momentum is slowing down anytime soon, which is great. And so I keep thinking of the word gratitude because there are days where it's just it's it's a lot. It's really the black woman, right. Being exposed to people that are on different parts of the journey. It's hard not to take it personally, but at the same time, you think gratitude, OK, I'm I'm in this space. I'm in this position. I can help. And so that's sort of where I'm at now and hope to stay because I think there's a lot of good work to be done at the time to improve conditions for for my people, for our people. And I'm in it for the long run.

Duane Reynolds [00:34:15] Well, I certainly appreciate that both both your accounts that the work is difficult and challenging, but it's also probably some of the most meaningful work that at least in my career, I've resonated with and feel so deeply connected to. And I can tell both of you have that same passion. So we are so excited that you have joined us today. [00:34:41]Clearly, you are in the trenches doing the hard work and would love to have people be able to reach out to you. So one of the things we do will put your picture up on our Web page around Centering Health Equity and put your contact information, because I think part of what we can do to help each other is to stay networked and to sort of lean on each other in those times when we need support. [29.8s]

Maria Hernandez [00:35:12] Absolutely. Absolutely. Duane and Vivian and Elizabeth, I just know that we're all probably working those 16 hour days every day. And I know that it's very rewarding when you see progress. It's very rewarding when you see people who really appreciate the effort and the hard work that you're doing. So we want to say thank you, of course, for being with us, but thank you for the hard work that you're doing. And we want you to take care of yourselves, too. So be well,

Vivian: Thank you

Elizabeth: Thank you for the opportunity

Duane Reynolds [00:35:47] Absolutely. [00:35:55]It looks like it's about.

BACK END BUMPER

FILES: Maria End Bumper1.wav Maria End Bumper 2. wav

This took me two takes!Please see which one is cleaner!

Thank you for listening to Centering Health Equity, a podcast dedicated to conversations on reducing bias in healthcare and advancing health equity. You've been listening to our conversation with Vivian Anugwom, Health Equity Manager at Allina Health and Elizabeth Barfield, Education Specialist in Health Equity at Novant Health. For more information about their work, please visit our website at Centering Health Equity dot com. You'll find show notes and more information about our guests. If you'd like to be on our show or would like to recommend someone for us to interview, please share this with us on our website or send us your recommendation on Twitter at center health EQ Until next time, be well.