

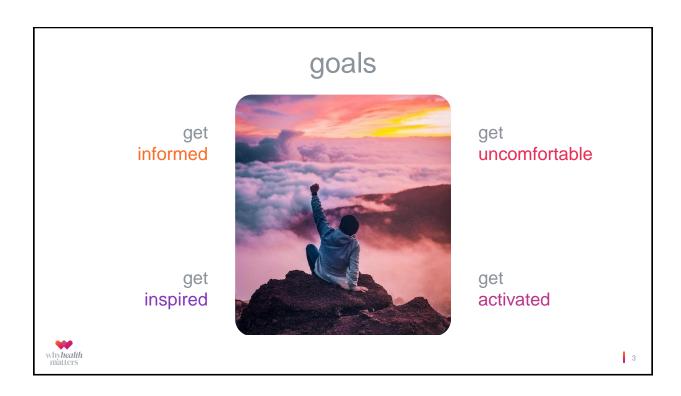


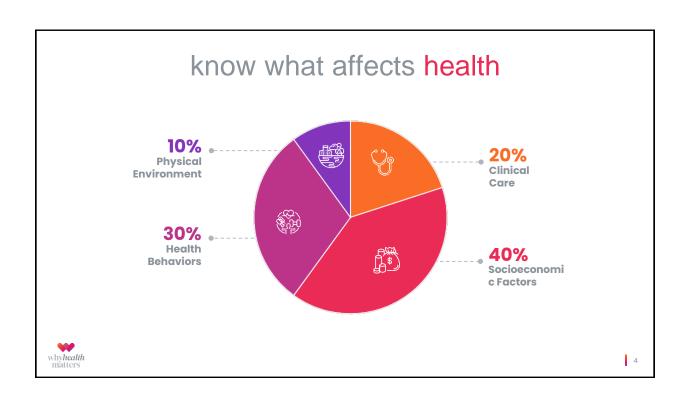
You do not have to be me in order for us to fight alongside each other. I do not have to be you to recognize that our wars are the same. What we must do is commit ourselves to some future that can include each other and to work toward that future with the particular strengths of our individual identities. And in order for us to do this, we must allow each other our differences at the same time we recognize our sameness."

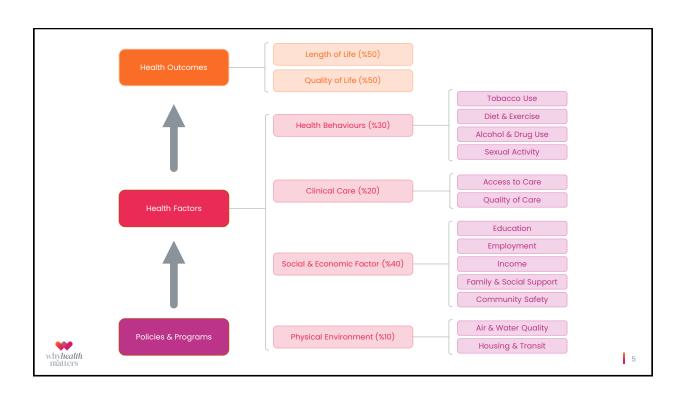
-Audre Lorde

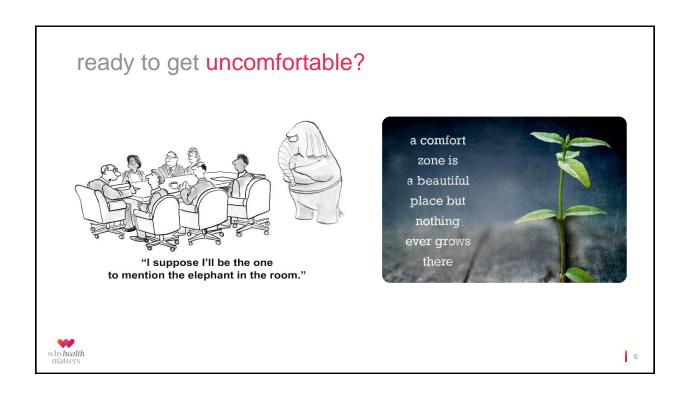










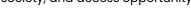


Grounding Definitions

Health Disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health. (CDC)

Health Equity is the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically. (WHO)

Health Justice is an organizational and operational framework for the achievement and delivery of health equity and social justice. It requires that everyone have the same chance to achieve optimal health, fully participate in society, and access opportunity.





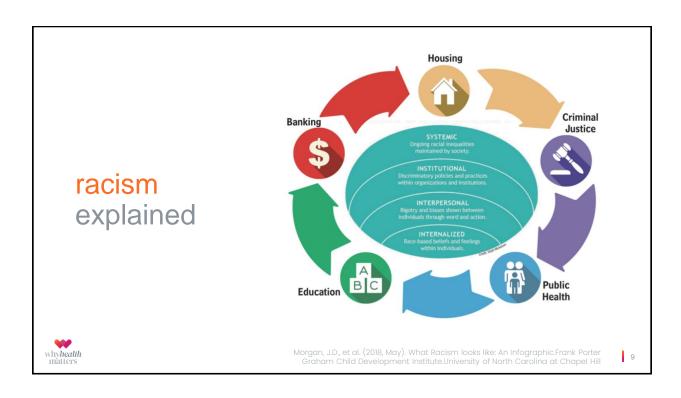


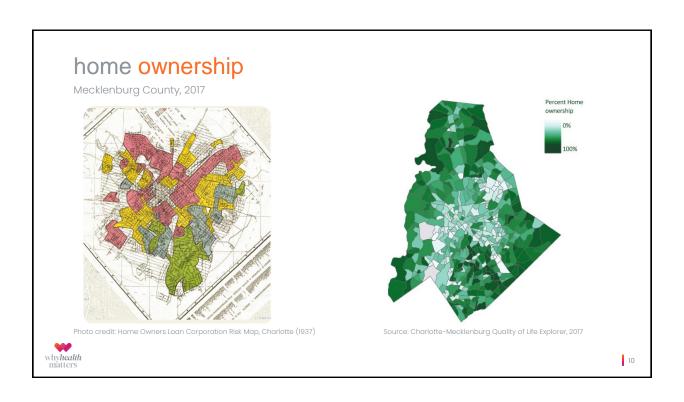
why*health* matters

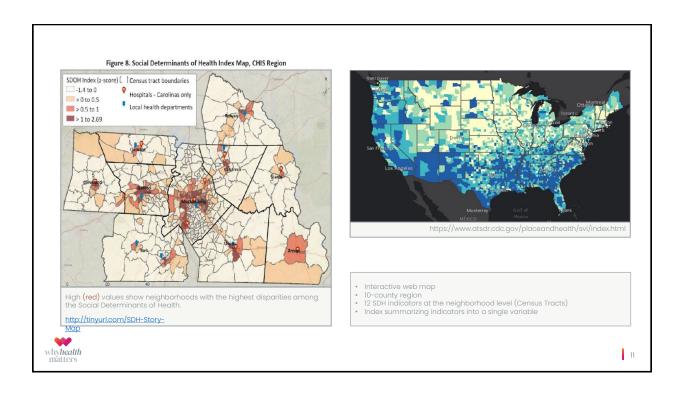
The "Ism's" in Medicine

The "Isw's" in Medicine

The "Isw's" in Medici







Another moment for discomfort: Operational Hesitancy

Medicine's Privileged Gatekeepers: Producing Harmful Ignorance About Racism And Health

PROMOTING RACE EQUITY IN BEHAVIORAL HEALTH AND JUSTICE OUTCOMES: GATEKEEPER BIAS AS A BARRIER

https://www.healthaffairs.org/do/10.1377/forefront.20210415.305480/full/



https://www.prainc.com/race-equity-p2/





financial imperative

Joint Center Health Policy Institute

Found between 2003 & 2006 combined costs of health **inequalities** and **premature death** in US were **\$1.24 trillion**

Urban Institute

Projects **\$337 billion** to be spent 2009–2018 on health care related disparities

FIGURE 3

A glimpse of how health disparities can increase health care spending

Disease area	Health disparity	Annual cost of disease (in USS billions)	% of spending associated with disparity	Unnecessary spending associated with the disparity (in US\$ billions)
Diabetes	Black adults are 60% more likely than white adults to be diagnosed with diabetes and are two to three times more likely to have complications	\$327	4.8%	\$15.6
Asthma	The asthma rate for those living under the FPL is 11% compared to ~7% for those that are >2x the FPL	\$56	4.3%	\$2.4

Sources: Deloitte analysis of data from the US Department of Health and Human Services, Centers for Disease Control and Prevention, and American Diabetes Association.

Deloitte Insights | deloitte.com/insights



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time to get inspired







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zipcode statistics

- Average age of death is 7 years younger than those who live in other surrounding zip codes
- Since grew up here, a poverty stricken area, her ability to move out of poverty as an adult is less than 10%









- Raised by her mother in a single parent household
- Always wanted to be a doctor



zipcode statistics

- Only 17% of 3rd graders are proficient in Math and Reading at End of Grade testing
- 63% of residents have HS diploma vs. 86% in county



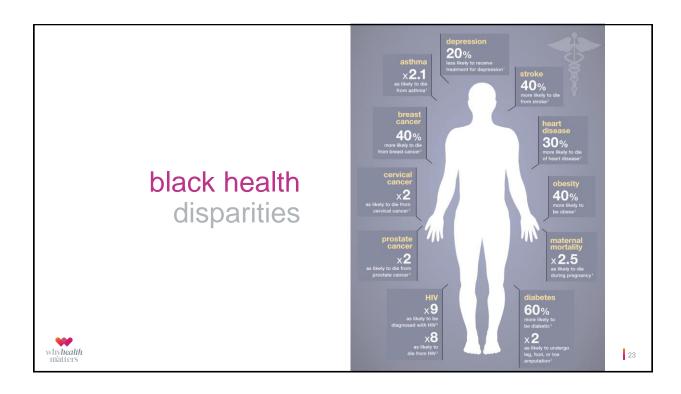


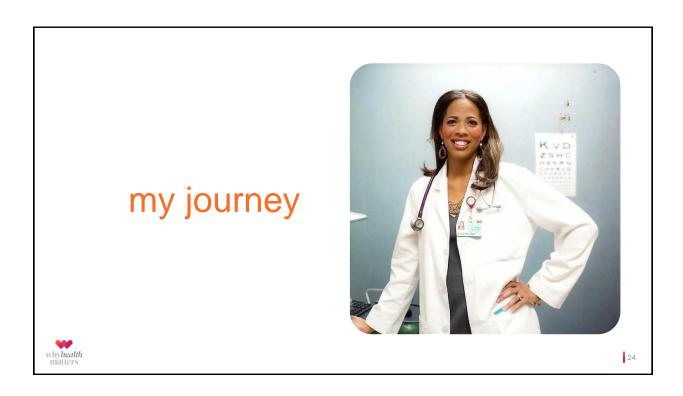
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3x more prevalent

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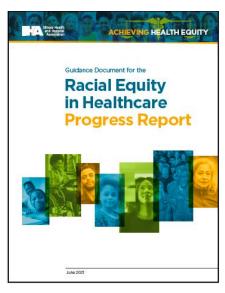


What are Organizations Doing?

· Creating strategy for and investing in Health Equity







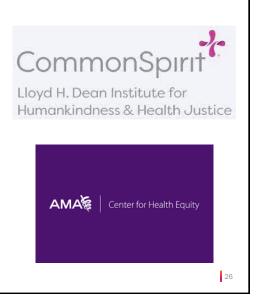
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What are Organizations Doing?

 Establishing Health Equity Institutes







What are Organizations Doing?

 Creating Senior Leadership Roles Dedicated to Health Equity









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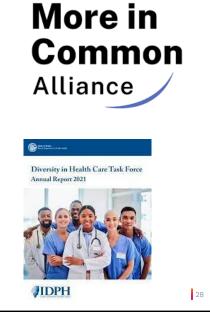
What are Organizations Doing?

 Partnering to Address Healthcare Workforce Diversity





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What are Organizations Doing?

 Understanding staff and patients from a human perspective



How NorthShore Uses AI, NLP to Tackle SDOH in the Emergency Department

NorthShore — Edward-Elmhurst Health is using natural language processing in the emergency department to minimize care disparities and improve health equity.

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Core Social Need Domains

Screening for social needs is intended **to identify the impact** of structural and social determinants on the health of individuals and families and **to identify opportunities** to provide additional support for patients.

Food Insecurity

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- Housing Instability
- Transportation Barriers
- Personal Safety Concerns
- Financial Challenges
- Social Isolation
- Gaps in Health Literacy



Fairfield Memorial Hospital recently named one of country's top hospitals for Provider Communication

Leveraging Technology

FRAMEWORK FOR EQUITY-CENTERED DIGITAL HEALTH SOLUTION DEVELOPMENT Working model for inclusive product development



CENTER IN THE COMMUNITY

Work from within the community for which you're designing

Define the communities that your solution will be serving, form genuine relationships with community partners, and start by seeking to understand their goals



CO-DESIGN THE SOLUTION

Gather a diverse team from and/or with connections to the community to design the solution

Hire diverse and inclusive teams, collect a broad array of user feedback, and include community members as co-developers to mitigate gaps in lived experience

MAKE IT ACCESSIBLE

Ensure that solutions are discoverable, accessible, and usable

Create solutions that can be adapted to meet a patient's language, literacy, and usability needs; leverage communication channels that maximize accessibility

DEVELOP THE RIGHT TECH Build technology that does not include or perpetuate bias

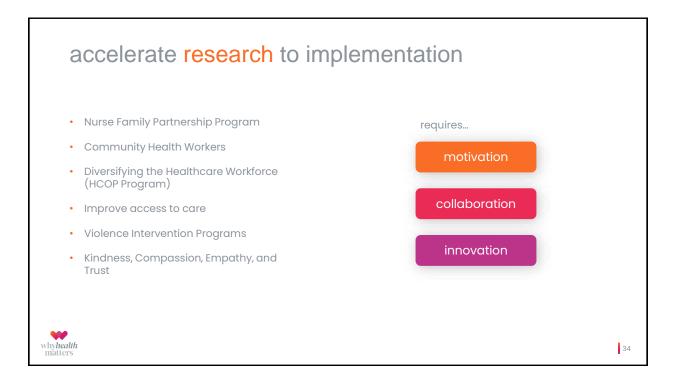
Develop solutions, datasets, and algorithms that mitigate unintentional bias; monitor relevant race, ethnicity, and language data to inform inclusive product functionality

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get activated







call to action I identify how I may unknowingly benefit from Racism. I promote & advocate for policies & leaders that are Anti-Racist. I recognize racism is a present & current problem. I seek out questions that I sit with my discomfort. I deny racism is a problem. I avoid hard questions. I understand my own privilege in ignoring racism. I speak out when I see In a racist society, it is not Fear Zone Learning Zone **Growth Zone Becoming** enough to be non-racist, Anti-Racist I educate myself about we must be anti-racist. how Racism harms our profession. comfortable race & structural racism. I talk to others who I am vulnerable about my look & think like me. -Angela Davis own biases & knowledge gaps. I don't let mistakes deter me from being better. I listen to others who think & look differently than me. I yield positions of power to I surround myself with others who think & look differently than me.

get activated: build connection

- · Stop being "colorblind."
- Educate yourself.
- Do not contribute to micro-aggressions and call out others when they do.
- Listen to other people's experiences without questioning their validity.
- Expand your social circle to include those who don't look like you.
- Commit to improving social determinants of health.
- · Take ownership: Be an ally and use your voice.





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https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

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www.SurgeryRedesign.com

