



Health Equity:
The Case, the Call
and the Commitment

**Of all the forms
of inequality,
injustice in health care
is the most shocking
and inhumane.**

MARTIN LUTHER KING, JR.

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from the CEO
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A Message on Diversity from the CEO

ANMED HEALTH is one of the first health systems in South Carolina to dedicate full-time resources to effective diversity management. Since then, our system has evolved far beyond fostering acceptance and respect for individual differences to proactively seeking to identify and address health inequities in our area. The social determinants of health – those conditions in which individuals are born, grow, live, work and age – have been proven time and again to bear an overarching impact on health. Added to the moral and ethical concerns related to these disparities is the growing financial cost. It's estimated that in the U.S., the combined cost of health disparities and subsequent deaths due to inadequate or inequitable care is \$1.24 trillion. For AnMed Health and the industry as a whole, addressing these health disparities is a critical and central issue.



Bill Manson, CEO
AnMed Health

Since 2014, AnMed Health has worked to improve health care services for the uninsured through South Carolina's Healthy Outcomes Plan (HOP). AnMed Health's local HOP initiative is called the Anderson Access to Care Coalition and is made up of a number of community partners collectively working to minimize the number of emergency room visits made for routine, non-life-threatening medical care. Nurses, social workers and other health professionals work with uninsured patients to manage chronic conditions like hypertension, diabetes and COPD by ensuring access to primary care and case management. Last year, thanks to a \$450,000 grant from the Duke Endowment, the program was expanded to include an even wider cross-section of the uninsured population in Anderson County, and to date has served more than 1,000 uninsured residents in need of care.

As we worked to build and develop initiatives like these, which enhanced our health care delivery infrastructure, communication and dialogue were key. Effective cross-cultural communication built strong communities regardless of the industry. To that end, AnMed Health joined other leaders across our community for an inspiring event presented by our own Office of Diversity in collaboration with the Clemson University Office of Inclusion and Equity. The Racial Equity Institute (REI) presented a historical, cultural and institutional analysis of how racism has impacted health in our community. By enhancing the understanding of the root causes of disparity in our community, it is my hope that we furthered our collective work to establish strategies to improve health equity.

A handwritten signature in black ink that reads "Bill Manson". The signature is written in a cursive, slightly slanted style.

OUR MISSION

To passionately blend the art of caring with the science of medicine to optimize the health of our patients, staff and community.

OUR VISION

To be recognized and celebrated as the gold standard for healthcare quality and community health improvement.

OUR STANDARDS OF BEHAVIOR

- **Accountable** – Integrity, Safety, Quality, Financial, Regulatory
- **Nurturing** – Caring, Compassion, Passionate, Respect, **Diversity**
- **Motivated** – Anticipating Needs, Communication
- **Engaged** – Collaboration, Teamwork
- **Dedicated** – Community, Commitment

Health Equity: The attainment of the highest level of health for all people.



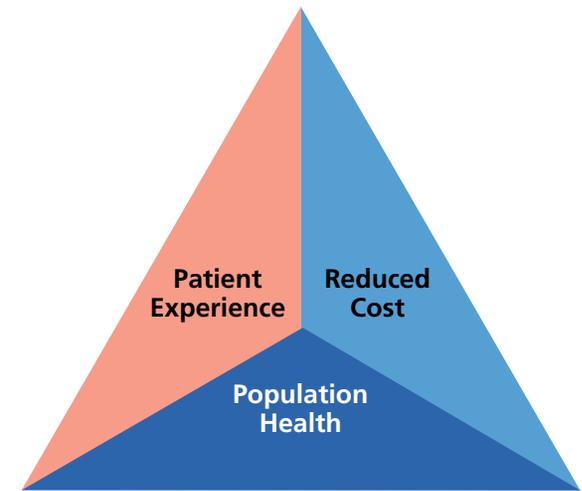
The Case

Identifying and addressing health disparities is a central and critical issue.

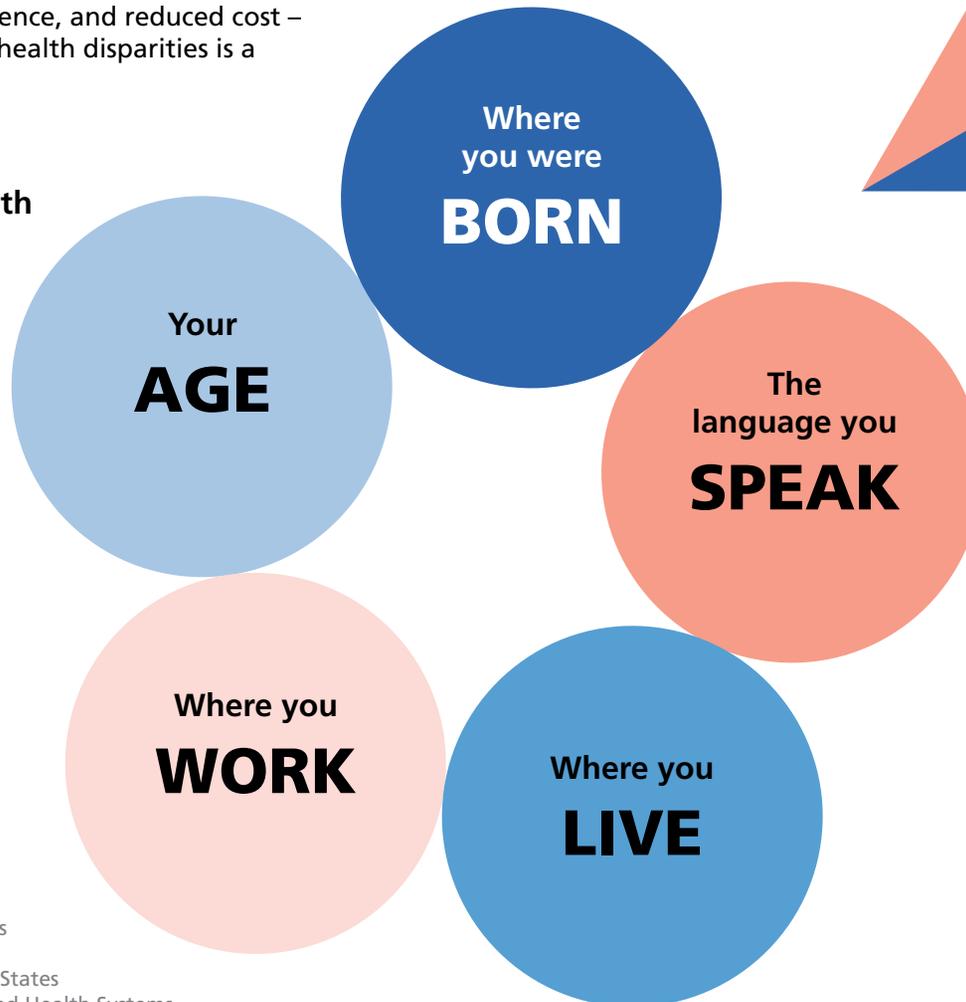
The social determinants of health – those conditions in which individuals are born, grow, live, work and age – have been proven time and again to bear an overarching impact on a person's ability to attain their highest level of health. These disparities, born out of historical and ongoing discrimination and social injustice, are incongruous with our country's founding principles and test our collective sense of morality and community.

However, added to these continued moral and ethical concerns is the growing financial cost. It's estimated that in the U.S. the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern, but also a public health concern. As the health care industry seeks to improve performance and enhance value through the three principles of the Triple Aim – population health, patient experience, and reduced cost – identifying and addressing these health disparities is a central and critical issue.

The IHI Triple Aim



Social Determinants of Health



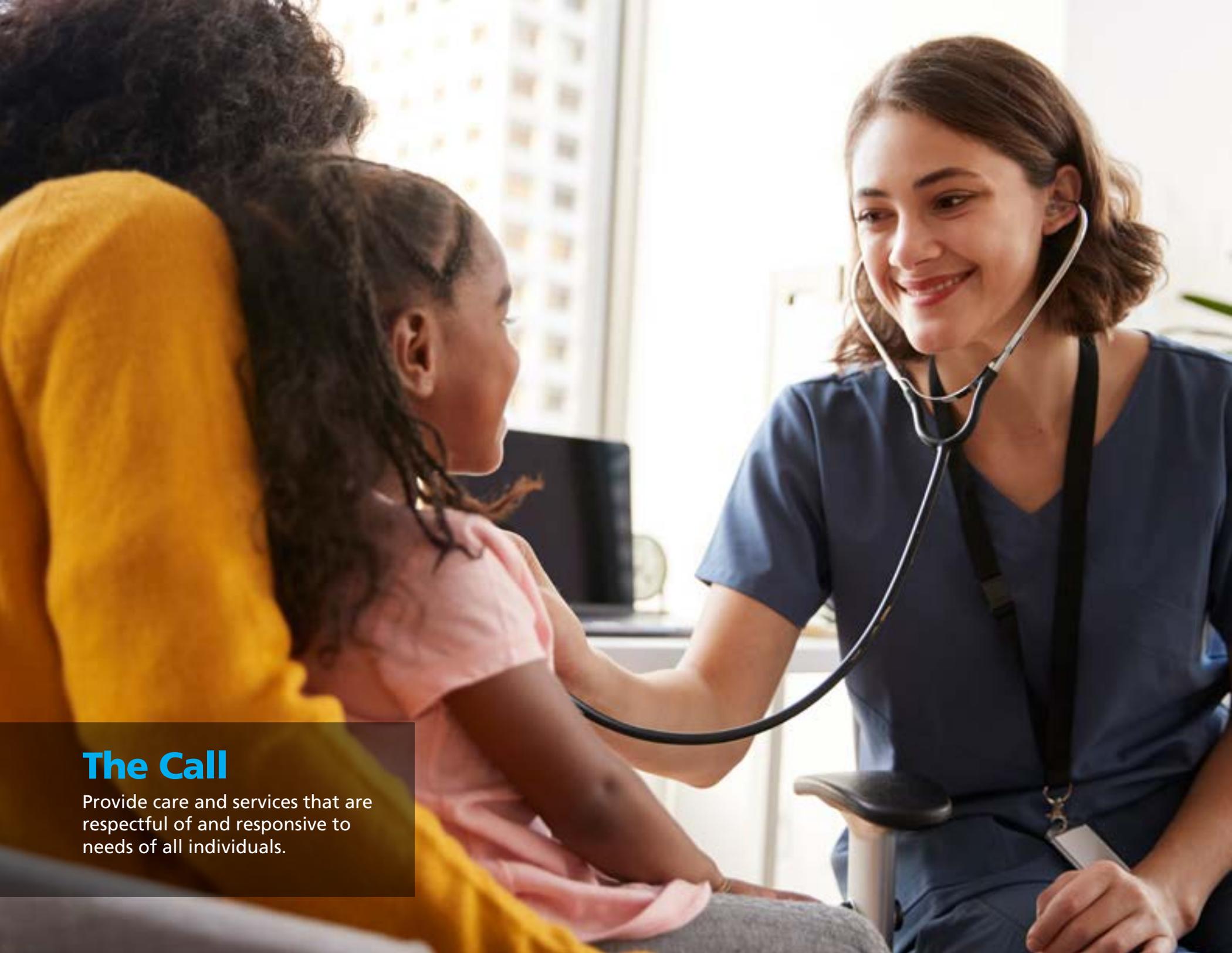
“Addressing disparities is no longer just about morality, ethics and social justice: it is essential for performance excellence and improved community health.”

\$1.24 Trillion

Estimated cost of health disparities in the U.S.

LaVeist, Gaskin & Richard, 2009

Association of American Medical Colleges
 American College of Healthcare Executives
 American Hospital Association
 Catholic Health Association of the United States
 National Association of Public Hospitals and Health Systems



The Call

Provide care and services that are respectful of and responsive to needs of all individuals.

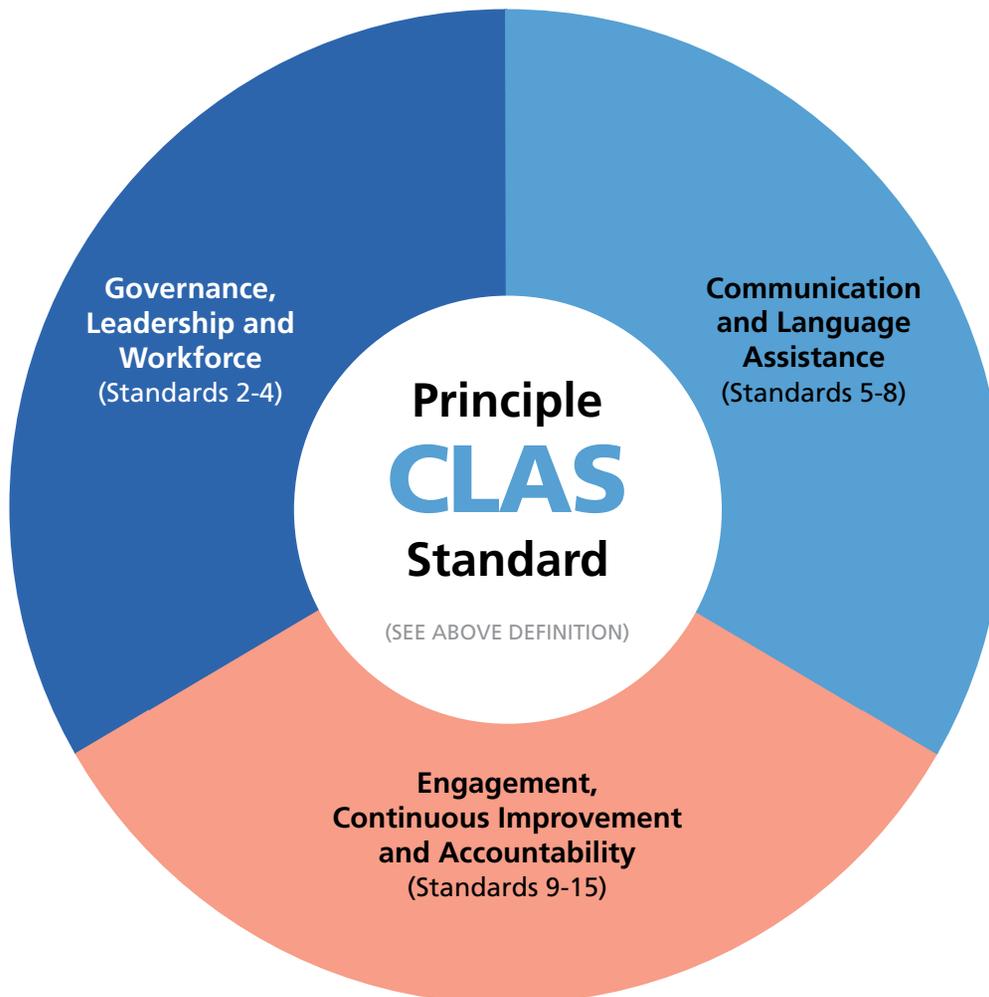
One of the first steps in addressing health disparities for many organizations, including AnMed Health, is to ensure the availability of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the needs of all individuals. Standards for providing this care were outlined by the U.S. Department of Health and Human Services (DHHS) in 2000, and The Joint Commission holds health systems accountable for upholding them.

In 2016, DHHS took a step further by adopting 1557, a non-discrimination provision that combines and harmonizes well-established federal civil rights laws prohibiting discrimination on the basis of race, color, national origin, language, sex, sexual orientation, or gender expression.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) IN HEALTH AND HEALTH CARE

Principle CLAS Standard:

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.



AnMed Health is addressing the Principle CLAS Standard in the following ways:

- < Governance, Leadership and Workforce
 - Cultural competence training.
 - Health equity assessment.
 - Employee resource network.
- < Communication and Language Assistance
 - Interpretation service protocol.
 - Interpretation services and document translation.
- < Engagement, Continuous Improvement and Accountability
 - Race, Ethnicity and Language (REaL) data collection.
 - Equity report.

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

AnMed Health, along with other hospital systems, are working hard to ensure that every person in every community receives high-quality, equitable and safe care. Their collective goal is to eliminate health and health care disparities that continue to exist for far too many racially, ethnically and culturally diverse individuals.

To accelerate progress on these efforts, the AHA in 2015 launched its #123forEquity pledge campaign. It builds on the efforts of the National Call to Action to Eliminate Health Care Disparities – a joint effort of the AHA, American College of Healthcare Executives, Association of American Medical Colleges, Catholic Health Association of the United States and America's Essential Hospitals – and asks hospital and health system leaders to begin taking action to accelerate progress on the following areas:

- Increasing the collection and use of race, ethnicity, language preference and other socio-demographic data
- Increasing cultural competency training
- Increasing diversity in leadership and governance
- Improve and strengthen community partnerships

Hospitals and health systems also can take the pledge and commit to working on efforts within their organization or in the community related to health equity and diversity and inclusion even if the efforts do not fit clearly under one of the pledge goals listed above.

National Call to Action to Eliminate Health Care Disparities

In 2011, the nation's hospitals and health systems were challenged to reduce disparities using three core elements:

- Increasing the collection and use of race, ethnicity and language preference data.
- Increasing cultural competency training.
- Increasing diversity in leadership.

In response to the Call, AnMed Health along with other hospitals of the AHA, stands united with more than 1,000 hospitals and health systems across the nation that have taken The #123 for Equity Pledge to:

1. Achieve the three core elements.
2. Implement strategies reflected in our strategic plan.
3. Tell our story and share our learnings.

AnMed Health stood united with more than 1,000 hospitals and health systems that have taken The #123 for Equity pledge.

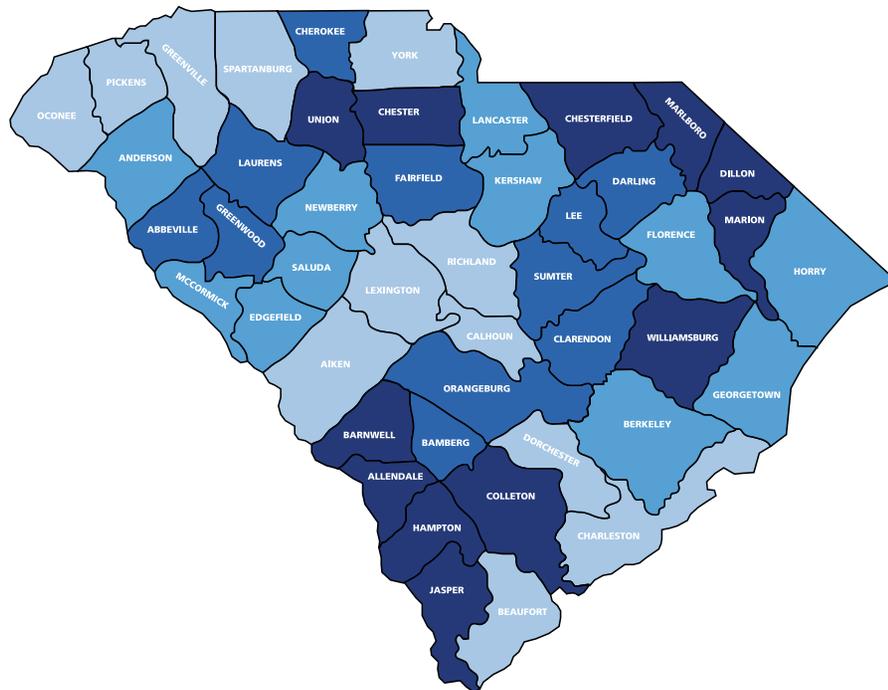
AnMed Health was among the first health care systems in the country to do so.

The South Carolina Call to Action for Health Equity

The Alliance for a Healthier South Carolina is an unprecedented multi-disciplinary volunteer collaboration of more than 60 diverse organizations across the state working together on coordinating action to achieve healthier bodies, minds and communities for ALL—while reducing the future cost of care.

The SC Department of Health and Environmental Control works in partnership with the Alliance for a Healthier SC to develop a comprehensive portrait of the health and health outcomes of South Carolinians and create a multi-year roadmap for continuing to improve the health of all in the state.

AnMed Health is a founding partner of the Alliance and continues to support its initiatives.



Alliance for a Healthier South Carolina's four-prong approach

Through education, data, collaboration and policy/advocacy, the Alliance helps communities achieve the Triple Aim in health care: lower costs, improve population health and improve patient experiences.

1. **EDUCATION/AWARENESS.** Provide an array of learning opportunities in order to educate and raise awareness on various topics.
2. **DATA.** Use quality data to make fully informed decisions about health improvement efforts.
3. **CROSS SECTOR COLLABORATION.** Bring together public and private sector leaders to review data and design statewide solutions.
4. **POLICY & ADVOCACY.** Guide policy and advocacy opportunities by leveraging our collective voice to achieve the goals of the Alliance.

Alliances Initiatives

LIVE HEALTHY SC. Provide support and resources to implement strategies and monitor the progress of Live Healthy South Carolina.

HEALTH EQUITY. Identify, communicate, and develop strategies to achieve health equity and reduce disparities.

COMMUNITY HEALTH IMPROVEMENT. Provide technical assistance for community health improvement efforts through mobilizing resources, providing educational opportunities and fostering partnership development.





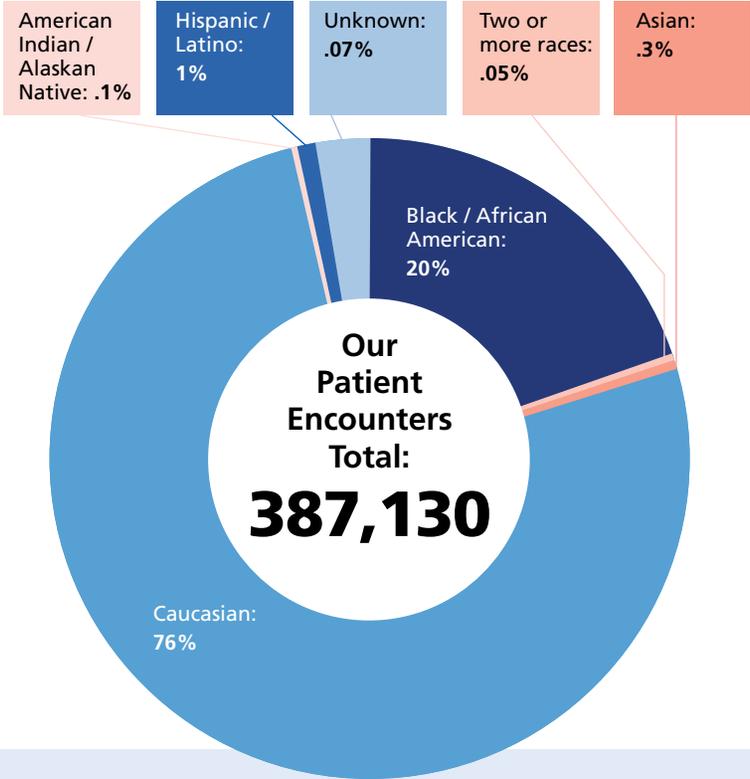
The Commitment

AnMed Health is responding to the three challenges of the #123 Pledge.

Our Commitment to the #123 Pledge

#1. Achieve the three core elements

A. Collection and use of race, ethnicity and language data (2018)



Language Services

A qualified medical interpreter is a bilingual individual tested, trained, qualified and authorized to provide communication between AnMed Health providers and limited- or non-English-speaking patients and family. Medical interpretation support is available during all hours.



B. Cultural Competency Training

At AnMed Health, all employees receive diversity and cultural competency training through modules in new employee and annual computer-based training, a requirement of all employees. Additional training for leaders is provided through our **Diversity Leadership Academy (ADL)** and through a module in our **“L.E.A.D.” Program (leadership development program)**.

- 117** Diversity Leadership Academy Graduates
- 326** L.E.A.D. Program Graduates
- 413** New Employee Orientation Training

Medical Interpretation Encounters:

14,000

Translated vital document patient education materials:

102

C. Diversity in Leadership and Governance

In 2015, AnMed Health was named a finalist for the American Hospital Association’s (AHA) Equity of Care Award for its efforts to reduce health care disparities and promote diversity within the organization’s leadership and staff.



AnMed Health has demonstrated diversity leadership through participation in relevant groups at the national and state level.

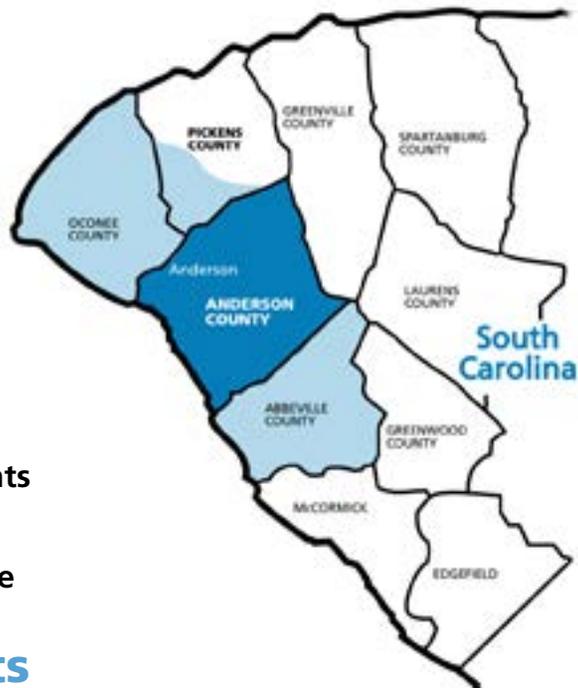


Languages served: **20**

Including face-to-face interpretation in American Sign Language, Spanish, Russian, Vietnamese, Chinese and Gujarati.

#2. Implementation Strategies

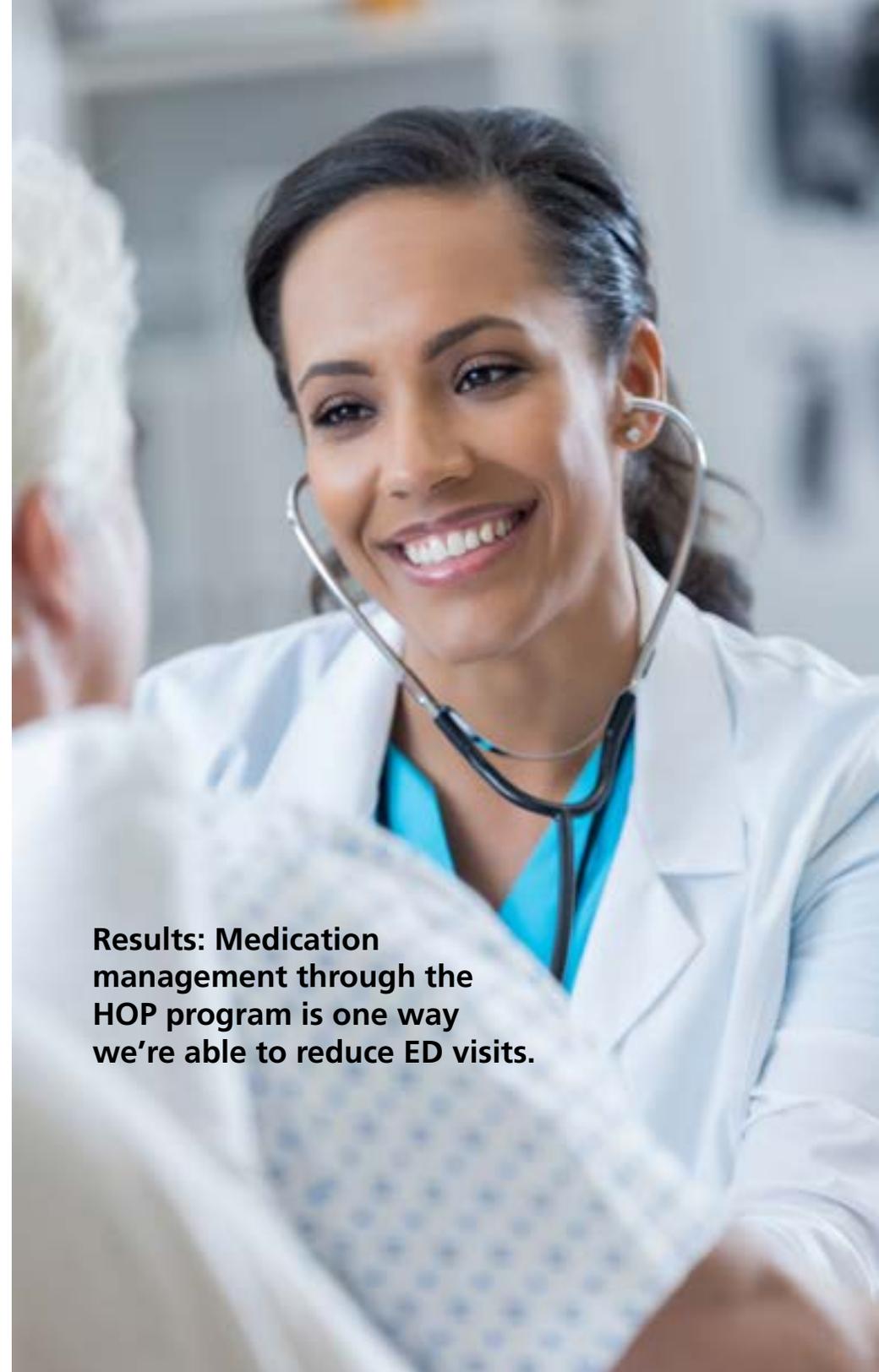
AnMed Health has pledged to decrease African-American readmission rates via the **SC Healthy Outcomes Plan (HOP)** and report annual progress to the AnMed Health Board of Directors. Presented by the State as an alternative to Medicaid expansion, HOP is an initiative of the SC Department of Health and Human Services authorized via a state budget proviso that focuses on the uninsured with specific chronic disease conditions that are also high utilizers of local emergency departments (ED). AnMed Health's program, the Anderson Access to Care Coalition, currently serves 435 participants, with 87% of active enrollees having no ED visits in the first 12 months of participation.



**Anderson
Access To Care
Coalition**

435 Participants

87% of Active
Enrollees having
No ED Visits
in the 1st 12 Months



**Results: Medication
management through the
HOP program is one way
we're able to reduce ED visits.**

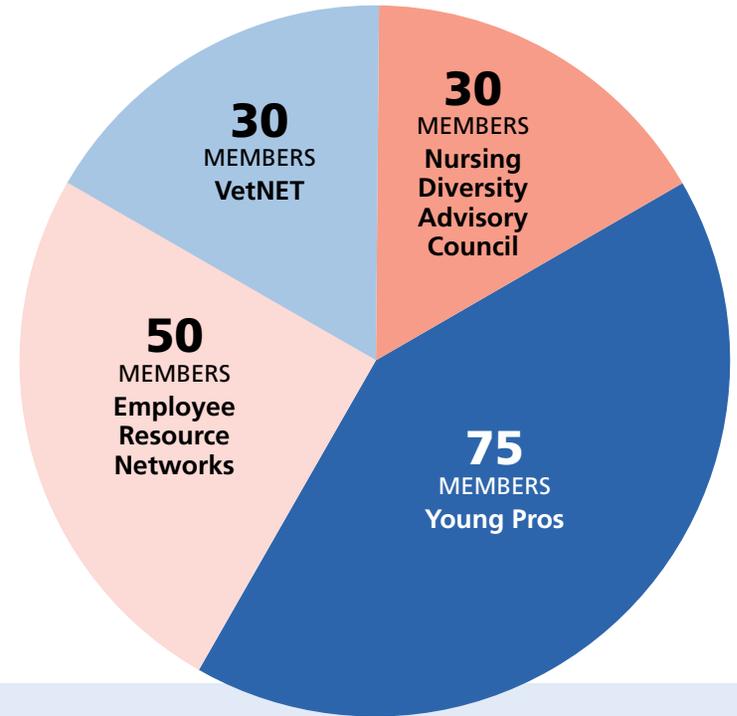
#3. Tell Our Story

Employee Resource Networks help us tell our story by providing networking opportunities, career development, increased employee satisfaction, and increased personal development for specific employee groups. ERGs help to ensure a work environment that does not discriminate based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

Nursing Diversity Advisory Council: Collaborative between the Diversity and Language Service Department and the Nursing Practice Council that supports an inclusive nursing environment.

VetNET: Employees and family members connected by the unique characteristics of military service.

Young Pros: A team dedicated to the recruitment retention and professional development of team members aged 18-40.



Extraordinary Women in Healthcare:

Awarded female leaders in categories of clinical excellence, health leadership and healthcare community service. There have been 97 recipients of this award since 2006. Below are the 2018 and 2019 winners.

Gladys Grantland Extraordinary Woman in Clinical Excellence Award



Kelli Potter
2019
Wound Care Nurse



Aimee Sharp
2018
ICU Nurse Manager

Mildred Jones Extraordinary Woman in Health Leadership Award



Julie Pruitt
2019
Director of Physician Network Services



Tammy Gillespie
2018
Director of Training and Organizational Development

Virginia Gilmer Extraordinary Woman in Healthcare Community Service Award



Susanna Merriman
2019
Staff Nurse at AnMed Health Pediatric Associates



Donna Anderson
2018
Chief Nursing Officer at AnMed Health Cannon



Executive Team

The AnMed Health executive team is creating health system and community partnerships focused on promoting health equity and reducing health disparities.

The journey continues

We are changing the pathway to health equity for generations to come.

1. Engage internal and external leaders in opportunities to explore the causes of health inequities.
2. Enhance the personal experience of employees to expand diversity learning and development.
3. Establish the Anderson University Scholars Program, which is a partnership between AnMed Health, Tri-County Technical College and Anderson University that celebrates AnMed Health's commitment to the Bachelor of Science in Nursing education of bedside staff nurses through tuition assistance/support. Students who complete their Associates in Nursing from Tri-County Technical College and are accepted into the program will have their tuition costs paid for by AnMed Health while they work toward their Bachelors in Nursing degree at Anderson University.
4. Expand the use of video conferencing technology to improve cross-cultural care.
5. Partner with local educators and rehabilitation officials to offer a unique transition to work program for students with disabilities. The Project SEARCH High School Transition Program is a unique, business led, one year school-to-work program that takes place entirely at the workplace. Total workplace immersion facilitates a seamless combination of classroom instruction, career exploration, and hands-on training through worksite rotations.
6. Convene an annual AnMed Health Equity Summit involving a coalition of stakeholder teammates and community leaders who met to identify the causes and impact of health inequities. Each year, they present their work to align efforts to review geo-analytic, race-stratified outcomes data and racial inequities as the foundation of AnMed Health's blueprint to reduce health care costs and achieve health equity for all members of the communities we serve.



LEADERSHIP

**AnMed Health
Diversity and
Language Services**



Juana Slade
Chief Diversity Officer
and Director
AnMed Health

Since 2016, AnMed Health has employed **12** Project SEARCH interns.



www.anmedhealth.org/equity
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