

Enhancing and Strengthening Race Equality in Your Organization: The Role of Leadership

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Leadership is Needed to Build a Patient-Centered Culture for the Delivery of Care

One that Values,
Encourages, and Ensures
Compassionate and
Respectful and High-quality
Care for all Patients



Building a Patient-Centered Culture

- In the early 1960s in the US, accessible health services for low- and modest-income people were difficult to find
- Where services existed, long travel and wait times and episodic and inefficient care were common-place
- And, in many instances, disrespect was also present
- Based on his observation that “the poor get sicker and the sick get poorer,” Dr. Jack Geiger, along with Dr. Gibson, helped to launch a revolution in health care delivery
- They opened the first community health center in the US: in Columbia Point, Boston, MA, in 1965
- They believed that poverty-causing conditions must be addressed before the health of a community can be improved and sustained



Dr. Jack Geiger



Dr. Count Gibson

The Second Community Health Center

- A year later, 1966, a 2nd center was opened in Mound Bayou, Mississippi, with Dr. Geiger and Dr. Hatch. It focused on comprehensive, community-based care
- Dr. Geiger wrote prescriptions for malnourished children in Mississippi
- They were filled by local grocery stores and paid for out of the pharmacy budget of the health center
- The Governor of Mississippi complained to the Federal Gov't in DC
- Investigators traveled to Mississippi to investigate



Dr H. Jack Geiger and Dr. John Hatch during construction of the Delta Health Center, 1968

(Photo by Daniel Bernstein)

Dr. H. Jack Geiger's Impact

- Today, there are between 1,400 and 1,500 federally funded community health centers (CHCs) in the US, providing primary
- care to 32 to 34 million patients annually
- They operate a network of over 16,000 to 17,000 service delivery sites nationwide, covering all states and territories
- They serve 1 in 11 Americans, functioning as a primary safety net for low-income and underserved populations
- They offer comprehensive care (primary care, dental, mental health, pharmacy, and transportation), often regardless of a patient's ability to pay.
- They enhance access, advance health equity, reduce healthcare costs and having a positive impact in their communities



Leadership is Needed that is concerned and Committed to act to Eliminate Racial Inequities in the Quality of Care

- For many years, Dr. Geiger was one of a few voices talking about Racial Inequities in the Quality and Intensity of care
- He took advantage of an opportunity to put the issue on the national agenda



The Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization

- 720 physicians viewed recorded interviews
- Reviewed data about a hypothetical patient
- The physicians then made recommendations about that patient's care



Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization

- Women (OR=0.60) and Blacks (OR=0.60) were less likely to be referred for cardiac catheterization than men and Whites, respectively
- Black women were significantly less likely to be referred for catheterization than White men (OR=0.4)



Dr. H. Jack Geiger's Advocacy



- Jack shared the findings of the study with the Congressional Black Caucus
 - They got Congress to vote, to request that the Institute of Medicine (now, National Academy of Medicine) to conduct a study to identify if what happened at a medical conference with fake patients, actually occurs when Blacks and others enter health care contexts in the US
 - Jack was commissioned by the Committee to review the scientific evidence on the extent to which racial/ethnic inequities in the quality and intensity of care existed in the US
 - When Jack presented a review of the science to the committee, one could hear a pin drop – the science was overwhelming!
-

Racial/Ethnic Bias in Medical Care Contributes to these Disparities

UNEQUAL TREATMENT

CONFRONTING RACIAL AND ETHNIC
DISPARITIES IN HEALTH CARE

INSTITUTE OF MEDICINE

Across virtually every therapeutic intervention, minorities receive fewer procedures and poorer quality medical care than whites

Institute of Medicine (National Academy of Medicine), 2003

A Recent Study

Fewer Prescriptions for Cancer Patients

- Study of 318, 549 Medicare Patients
- Older Black and Hispanic patients with advanced cancer are less likely than white patients to get opioid medications for pain in the last weeks of life
- When Black and Hispanic patients received opioids, they tended to receive lower doses
- Black patients were also more likely to undergo urine drug screening
- Black men experienced the greatest inequality for both opioid access and urine drug testing



Leadership is Needed to Train Staff in
Compassionate Communication and Create
Innovation in Health Care Delivery

Completely transforming how care is
delivered

Center for Health & Wellness, Wichita, KS

- A state-of-the-art primary health care facility
- Illustrates how barriers to health care for African Americans can be reduced
- Started in 1998 and directed by nurse practitioner, Arneatha Martin
- Almost 8,000 sq. ft. & 6 exam rooms, the center sees about 15,000 patients annually
- Less than 30% of patients have health insurance
- Uses sliding fee scale for uninsured & provides uncompensated care to the very poor



Addressing Access to Health Care for the Underserved

- Clients of the Center know that their insurance & economic status are unrelated to quality and quantity of care they will receive
 - Dramatically communicated to every client in that questions about insurance coverage or payment for care are not raised until the end of the health care visit, when individuals have already received all their needed medical care
 - Clients can pay for services by volunteering at the clinic; \$10 deducted from bill for every hour volunteered at the center
 - Clients can deduct from \$10 from bill for each hour spent in health education classes
 - Points earned by expectant mothers for prenatal appointments can be used to shop in the center's Stork's Nest – a room full of baby supplies
-

Leadership is Needed to Build a Patient-Centered Culture that Addresses the non-Medical Needs of Patients



Adding Lawyers to the Clinical Team

Dr. Barry Zuckerman

Professor and Chair Emeritus of the Department of Pediatrics, Boston University School of Medicine
Chair of Pediatrics Boston Medical Center

Founder of the Medical-Legal Partnership

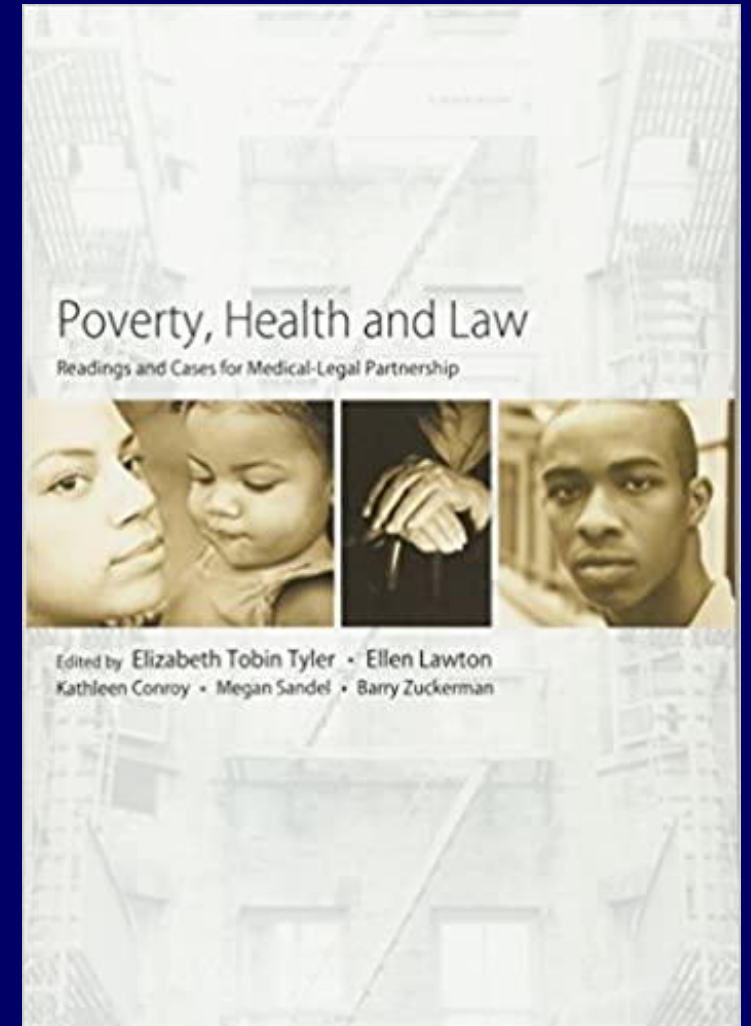
Medical Legal Partnership

- Enables MDs to refer to unique specialists: on-site attorneys
- Most low-income persons face legal issues that affect their quality of life and their management of disease
- Adding lawyers to medical team can screen and assist families for these social problems that affect care
- Stressors addressed: unhealthy housing, immigration, income, food, education access, disability, family law
- Child with asthma, in moldy apartment, will not get well, regardless of meds, if conditions not improved



Medical Legal Partnership

- Legal professionals - legal aides, law school students and private sector attorneys - are integrated into the care team
- In 38 states and 235 care settings, they intervene with landlords, social service agencies to address health-harming conditions
- Research shows that patients who receive **Medical Legal Partnership** services have fewer emergency room visits, shortened hospital stays, decreased stress, and better coping mechanisms.



Medical Legal Partnership: Impact

Studies also reveal:

- Reductions in inappropriate healthcare use
- Improvements in asthma control
- Improvements in general well-being
- Favorable financial returns related to MLP costs



Leadership is needed to Support
Continuous Staff Training and
Development

In the Waiting room of the
Pediatrics Department of BMC,
another program, StreetCred, was
born



Dr. Barry



Dr. Lucy Marcil,
Pediatrician,
Co-founder of StreetCred
Boston Medical Center

Financial Assistance and Literacy in the Waiting Room

- StreetCred is, a medical financial partnership (MFP) program at the Boston Medical Center (BMC) that promotes economic stability and reduces financial strain in families of pediatric patients
- While parents are in the waiting room, it screens them for financial challenges that they face
- It addresses questions & concerns by offering:
 - ✓ Financial counseling
 - ✓ FREE tax preparation
 - ✓ Public benefit enrollment
 - ✓ Alongside BP checks, medical exams, and medication needs



StreetCred: Financial Planning & Empowerment

- One program offers 8 financial literacy sessions that teach strategies like budgeting, saving, and planning for financial emergencies
- Taxes are done at 3 clinical sites, 2 local churches, and a daylong Saturday event at the hospital that has drawn as many as 200 participants.
- Each year, some 20% of Americans who are eligible for EITC (earned income tax credit), fail to file for it.
- Since the program started in 2016, it has helped over 6,000 families get more than \$14 million in tax refunds



Importance of Addressing Financial Well-Being

“For many of the parents I see in my practice, finances are the biggest issue in their lives...I can tell parents to feed their children broccoli and read them a bedtime story, but if they can’t afford food or rent, they have little bandwidth to do either.”

- Providers who seek to address the root causes of the social determinants, need to attend to patients’ financial situation
- In 2023, there were about 20 StreetCred programs in pediatric practices across the US, and interest is growing



Pediatrician, Dr. Lucy Marcil
Co-founder of StreetCred
Boston Medical Center

Leadership is needed to Enhance Economic Opportunity in economically-challenged Communities

Addressing the underlying Drivers of Health in the Community



Dr. Richard Hart
President, Loma Linda University
Health

Loma Linda U Health: Addressing Community Needs

- San Bernardino, CA, - one of the most disadvantaged cities in U.S.
- Nearby Loma Linda University Medical Center intervenes
- It builds a \$68 Million, 157,000 sq. ft. Outpatient clinic and education space
- It has 124 exam and procedure rooms, 24 dental operatories
- It is the largest specialty-based & teaching health center (THC) FQHC in the nation



Loma Linda U Health: Addressing Unemployment

- It also addresses unemployment
- There are high rates of poverty, joblessness and low-wage jobs
- Only ~20% of high school graduates get any additional education
- So the top floor is a “Gateway College”, to lower unemployment & provide job skills for high school graduates
- The Gateway College offers certificate Programs: Certified Nurse’s Assistant, Pharmacy Tech, Surgical Tech, Community Health Worker



Leadership Needs to Emphasize Solutions and Interventions

- Often called “the Father of Social Epidemiology”
- He was known for his big-picture view of the drivers of health and for his emphasis on seeking to identify actual solutions.
- He is remembered for saying of the UC Berkeley School of Public Health, “We can’t just be a school of public health research, we have to equally be a school of effective interventions.”
- He has many famous students!



Prof. S. Leonard Syme
Professor of Public Health
University of California,
Berkeley (1932-2025)

Innovation in Health Care Delivery

A Study about Managing High Blood Pressure

Service Delivery and Social Context

• 244 low-income hypertensive patients, 85% black, randomly assigned to:

- Routine Care: regular hypertensive care from MD
- Health Education: Routine care, plus weekly clinic meetings for 12 weeks run by health professional.
- Outreach Intervention: Routine care, plus home visits by lay health workers*. Provide info on BP, discussed family difficulties, finances, job opportunities, and, as appropriate, provided support, advice, referral, and direct assistance.

*Recruited locally, 1 month training to address social & medical needs of hypertensive patients



Unsplash.com

Service Delivery and Social Context: Results

After 7 months, patients in the outreach group:

1. Knew twice as much about BP as those in other two groups.
Outreach group patients with more knowledge were more successful in BP control.
2. Were more compliant with taking their BP medication than patients in the health education intervention group. Moreover, good compliers in the outreach group were twice as successful at controlling their BP as good compliers in the health education group.
3. Were more likely to have their BP controlled than patients in the other two groups.

Leadership is Needed to Work on Adopting an Anchor Strategy to Improve Community Health

- Dr. Ansell has a long history of addressing racial inequities in health
- In 2011, he writes *County: Life, Death, and Politics in Chicago's Public Hospital* to highlight disparities in health care
- In 2006, he writes paper on breast cancer mortality gap in Chicago
- A founder of Metro Chicago Breast Cancer Taskforce to eliminate breast cancer inequities in Chicago area
- In 2017, publishes book: *The Death Gap: How Inequality Kills*
- Currently, VP, System Integration/Community Health, Rush University Medical Center



Dr. David Ansell

What is an Anchor Strategy?

- Health Care institutions are often the largest property owners and employers in their communities
- Anchor institutions commit their resources (financial, human, and intellectual) to build community health and wealth by addressing social challenges in the community
- The evidence suggests that investing in the local community can have a bigger impact on improving health than the delivery of medical care



Rush University Medical Center Equity Framework

Example of a Comprehensive and Innovative Anchor Strategy for Reducing Socioeconomic Status and Racial Inequities in Health by an Academic Medical Center

Rush University Medical Center,
Chicago, IL

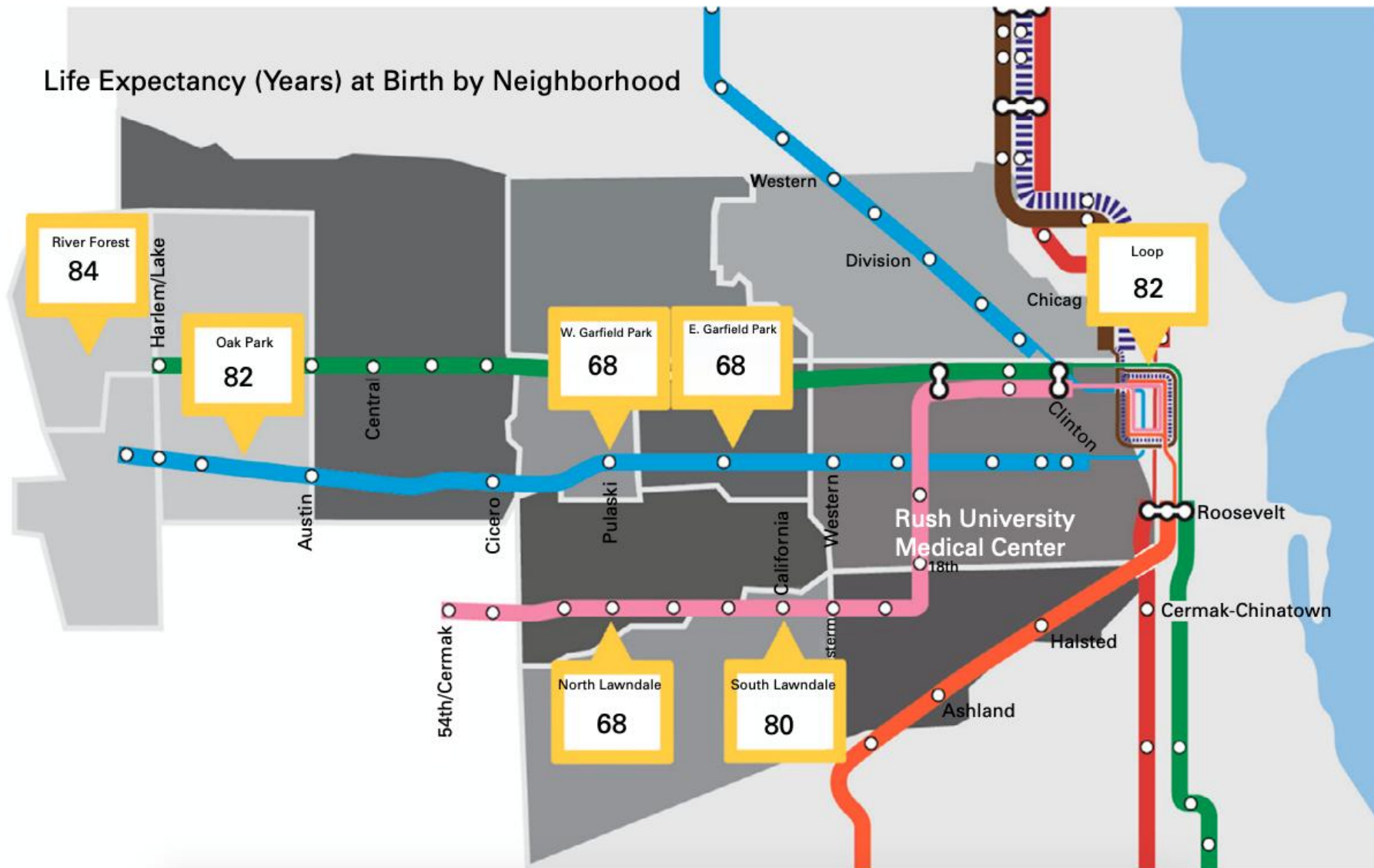


Keys to Rush University Med Center Equity Framework

- Rush leaders become aware of 14-16 year gaps in life expectancy (LE) between neighborhoods in service area
- Low LE neighborhoods: racially segregated, high poverty, unsafe streets, poor housing, low educational outcomes
- Change mission from exclusive focus on health care delivery to improving health of community
- Recruited the 5 other health systems to join
- Created listening sessions to hear from community, and committed to shared decision-making with community
- Rush directs its business enterprise to promote community wealth-building and economic vitality



Life Expectancy along Chicago Transit Authority Tracts



Median Income

Chicago Loop
\$107,000

E. Garfield Park
\$22,818

Goal: Cut Life Expectancy Gap by 50% (in Primary Service Area) by 2030



The Role of Anchors in Community Revitalization

- Purchaser: Direct institutional purchasing to local businesses
- Employer: Offering employment opportunities to local residents
- Workforce developer: Addressing workforce needs of the targeted community (cluster)
- Cluster anchor: Stimulating growth of related businesses
- Community infrastructure builder: Providing resources and expertise to build local community capacity
- Core product/service: Tailoring core services to meet needs of the community
- Real estate developer: Use real estate development to anchor economic growth

5 Pillars of Rush Equity Framework

1. Name and eliminate racism
2. Adopt an anchor mission
3. Create wealth-building opportunities for employees
4. Eliminate health care inequities
5. Address the social and structural determinants of health



Anchor Mission Initiatives Goal

- Goal: To
 - ✓ hire,
 - ✓ purchase,
 - ✓ invest, and
 - ✓ volunteer, locally
- Focus all business units on promoting economic activity in anchor neighborhoods



Rush Anchor Mission Initiative: Local Economic Impact

Invest locally
and develop
talent



- Employment Preference Initiative
- Using local labor for capital projects
- Career ladder development
- Apprenticeship Initiatives
- Local purchasing program
- Impact investing in local community
- Financial education locally
- Incentivize employee volunteering
- Leveraging employee expertise (e.g., teaching skills class) in local communities

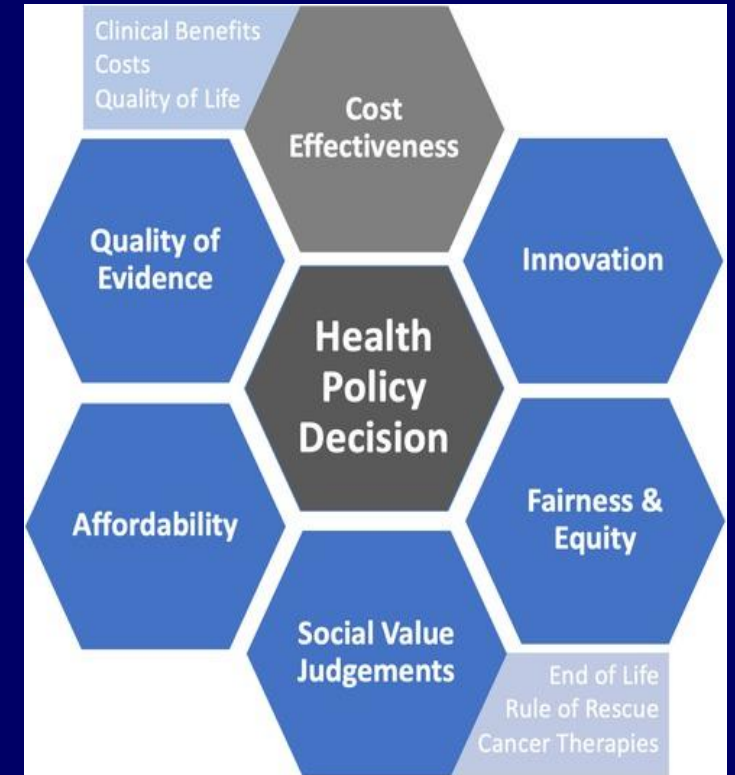
Impact So Far

- Since 2018, Rush, the other systems, and the AMA have invested \$10.8 million to finance businesses, nonprofits, and affordable housing;
- Raised \$3 million to establish four health care career pathways
- Launched interventions targeting hypertension and maternal and infant outcomes in West Side hospitals, clinics, and community-based organizations
- Hired more than 2,000 West Side employees
- Raised \$1.9 million to support local businesses.
- Offers business-development support to 150 local (West Side) businesses & 60 community organizations



Leadership is Needed to Develop Crisis and Change Management Skills to face Emergencies, Policy Changes, and Public Health Crises

Changes in Policies that Support
Vulnerable Adults and their Children
can Quickly Worsen Health and
Widen Inequities



A Walk Down Memory Lane!

1981 Cuts in Health & Social Services

- 500,000 persons lost eligibility for Aid to Families with Dependent Children (AFDC)
- 1 million persons dropped from Food-stamps
- 600,000 net loss of Medicaid beneficiaries between 1981 and 1983
- Medicaid covered 52% of the poor in 1985 compared with 65% in 1976
- In some states, less than 20% of poor were covered
- Some cities had a 21% decrease in Medicaid eligibility



Source: Wikipedia

Children Hardest Hit

- Children were 40% of all poor Americans, and Medicaid covered only a third of them



Source: National Institute of Health

- For the poor not covered by Medicaid, community health centers are the source of obstetric and pediatric care
- 1982 funding cuts closed over 250 health centers, and over a million people lost their one source of care
- 1 million children lost reduced price school meals
- The WIC program had enough funding to serve a third of those eligible

Health Impact: Pregnant Women

- There was a nationwide increase in the number and percentage of women who did not receive any prenatal care at all or none before the third trimester
- Women who received the least care were the ones without insurance, and especially those who lost coverage
- Obstetric visits at neighborhood health centers declined by 14% after 1981 cuts, even with a 4% increase in births
- There was a 143% increase in the incidence rate of anemia in pregnant women
- A woman without adequate prenatal care, twice as likely to have a baby who needs intensive care

Source: National Institute of Health



Health Impact: America's Babies

- Women with no prenatal care are 3 times as likely to have a LBW baby
- Increase in the incidence of LBW
- Decline in infant mortality slowed since 1982 (from av. annual rate of 4.6% from 1965 to 1982, to 2.7% from 1982 to 1983, to 2% from 1983 to 1984)
- Increase in infant mortality in poor areas, 20 states, 1981-82
- 1982-84, neonatal mortality continues decline, but mortality in the next 11 months of life increasing for the first time
- High-tech care saving neonates, but inadequate nutrition, healthcare and other support for families



Source: CDC

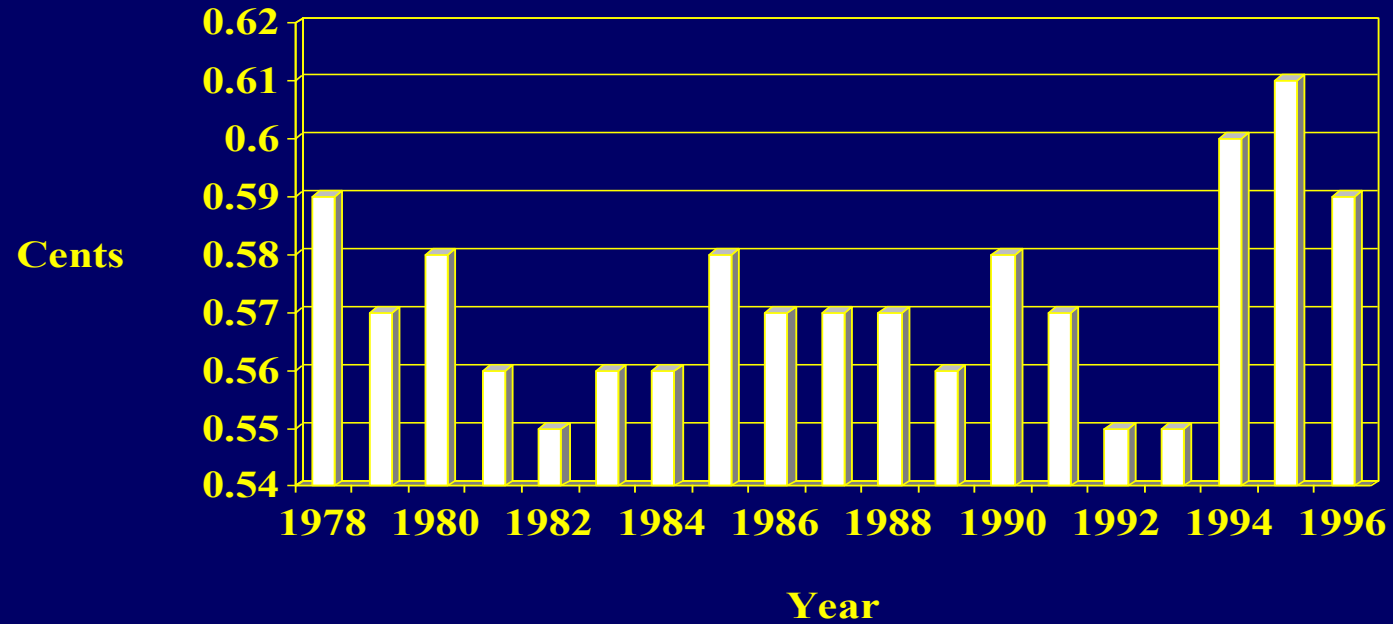
Health Impact: America's Children

Source: CDC

- Preventable childhood diseases rise in poor populations
- From 1981-83, 21% increase in pediatric admissions to Chicago's Cook County Hospital ER for failure to thrive or diarrhea and dehydration
- 14 % of inner-city children in Boston were below the 5th percentile in growth (3 times expected rate)
- 20% of low-income children in Minneapolis have anemia
- From 1982 to 1983, a 59% increase in children with elevated blood lead levels and a 52% increase in lead poisoning
- In 1984 the incidence of measles increased for the first time since the introduction of the vaccine in 1963



Median Family Income of Blacks per \$1 of Whites



Source: Economic Report of the President, 1998

Social & Economic Policies Can Improve Health

... and Reduce Racial/Ethnic Gaps in Health

Health Effects of Civil Rights Policy I

- Civil Rights policies narrowed black-white economic gap
- Gains greater for women than men
- Black women had larger gains in life expectancy during 1965 - 74 than other groups (3 times as large as those in the decade before)
- Between 1968 and 1978, black males and females, aged 35-74, had larger absolute and relative declines in mortality than whites



Health Effects of Civil Rights Policy II

- Black women born 1967 - 69 had lower risk factor rates as adults and were less likely to have infants with low-birth weight and low APGAR scores than those born 1961- 63
- Desegregation of Southern hospitals enabled 5,000 to 7,000 additional Black babies to survive infancy between 1965 to 1975



Keys to Long-term Success

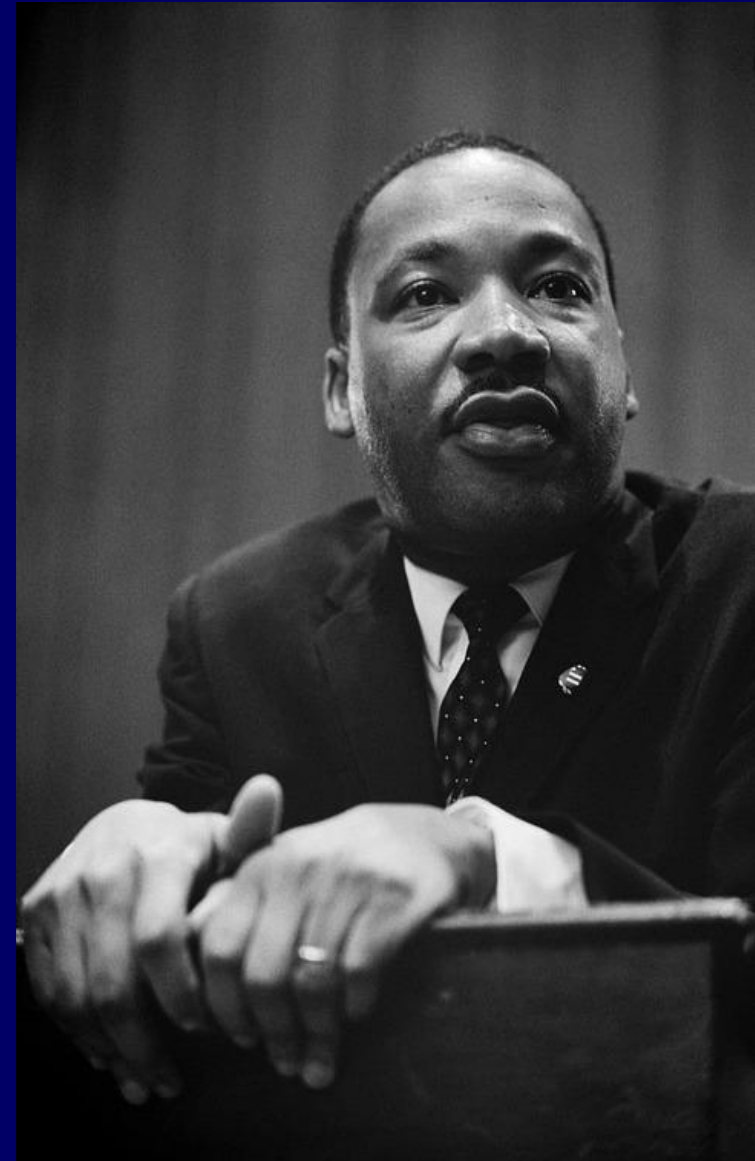
Leadership: Sustaining Action

- Identify and nurture a core of champions in the public, private and voluntary sectors
- Develop and maintain a steady drumbeat of policy-relevant data with regards to how changes in care, and in factors outside of health care can improve population health and reduce shortfalls in health
- There should be explicit communication strategies targeted at policy-makers and the engaged public
- Emphasis should be given to highlighting interventions that are working now.



“It may well be that we will have to repent in this generation. Not merely for the vitriolic words and the violent actions of the bad *people*, but for the *appalling silence* and indifference of the *good people*...

Martin Luther King



-
- We cannot be silent!
 - We cannot be indifferent!
 - Now is the time for us to go to work
 - We need redoubled efforts to work together to build a healthier America for all





A Call to Action

“Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and those ripples build a current which can sweep down the mightiest walls of oppression and resistance.”

- Robert F. Kennedy