

A wide-angle photograph of the Detroit skyline at sunset. The city is reflected in the calm water of the Detroit River in the foreground. The sky is a gradient of orange, yellow, and blue. The buildings of the city are silhouetted against the bright sky.

# It Took a C-suite: Journey to Advance & Accelerate DEIJ

---

## National Academies of Sciences

The California Endowment  
San Francisco  
5 October 2023

Dr. Kimberlydawn Wisdom MD MS FACEP  
Senior Vice President, Community Health Equity and Wellness  
Chief Wellness & Diversity Officer

**HENRY  
FORD  
HEALTH**<sup>SM</sup>

# Disclosures

- Institute for Healthcare Improvement (IHI)
- Merck for Mothers– Safer Childbirth Cities Initiative
- Merck - through IHI's Better Maternal Outcomes
- Pfizer
- Hillman Foundation
- Michigan Health Endowment Fund
- Detroit Medical Center Foundation
- Hope Starts Here (Kellogg & Kresge Foundations)
- United States Department of Agriculture (USDA)
- National Institutes of Health (Co-I for STEPS project)
- BET Foundation
- NFL Foundation
- Sheldon Foundation
- General Motors Foundation
- Michigan State University – sub-awardee for 3 MCH project
- George Jackson (HFH Board Member)
- Michigan State Medical Society
- Elevance Foundation – Black Birthing Initiative
- Few more recent grants

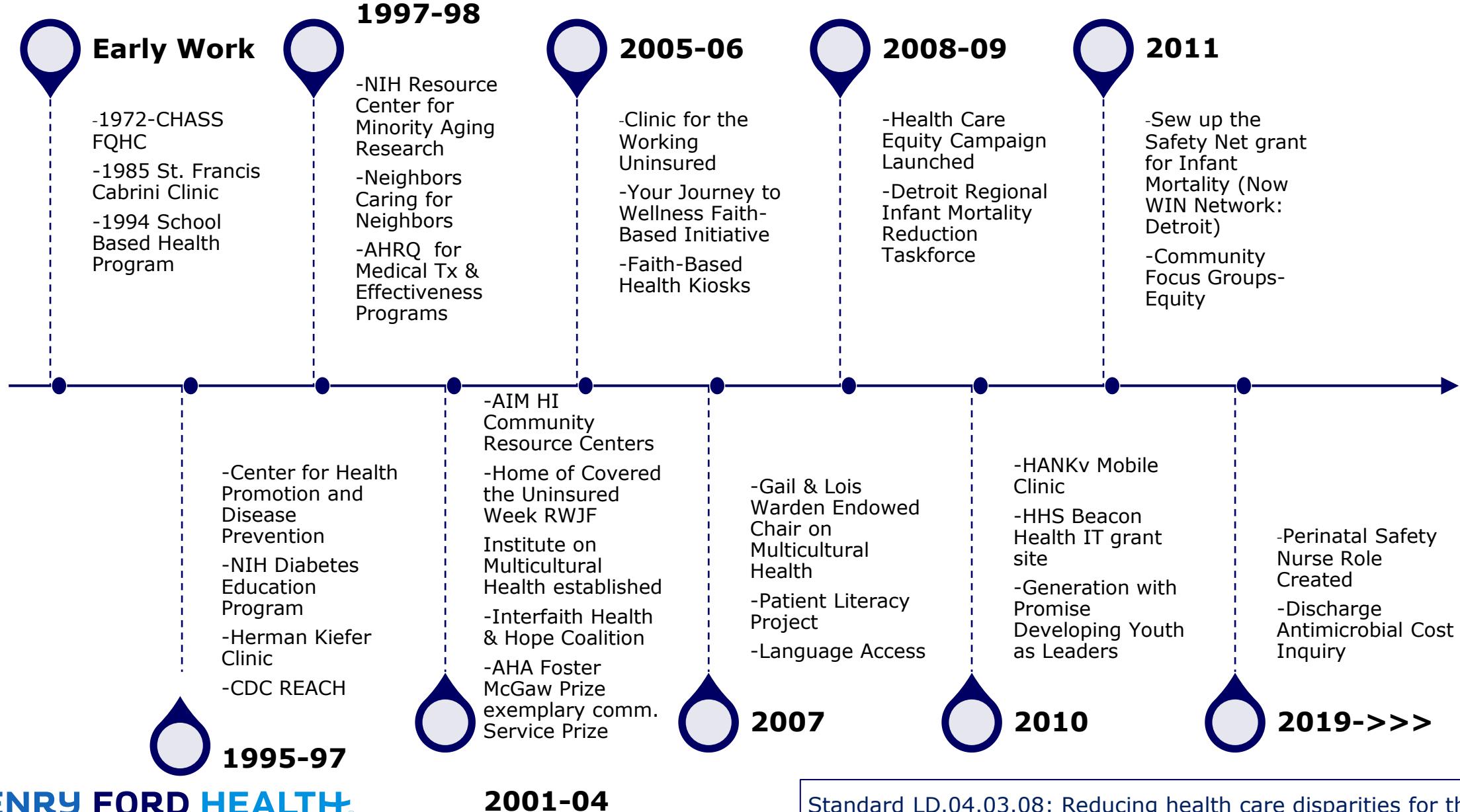
**HENRY FORD HEALTH**<sup>®</sup>



# HENRY FORD HEALTH<sup>SM</sup>

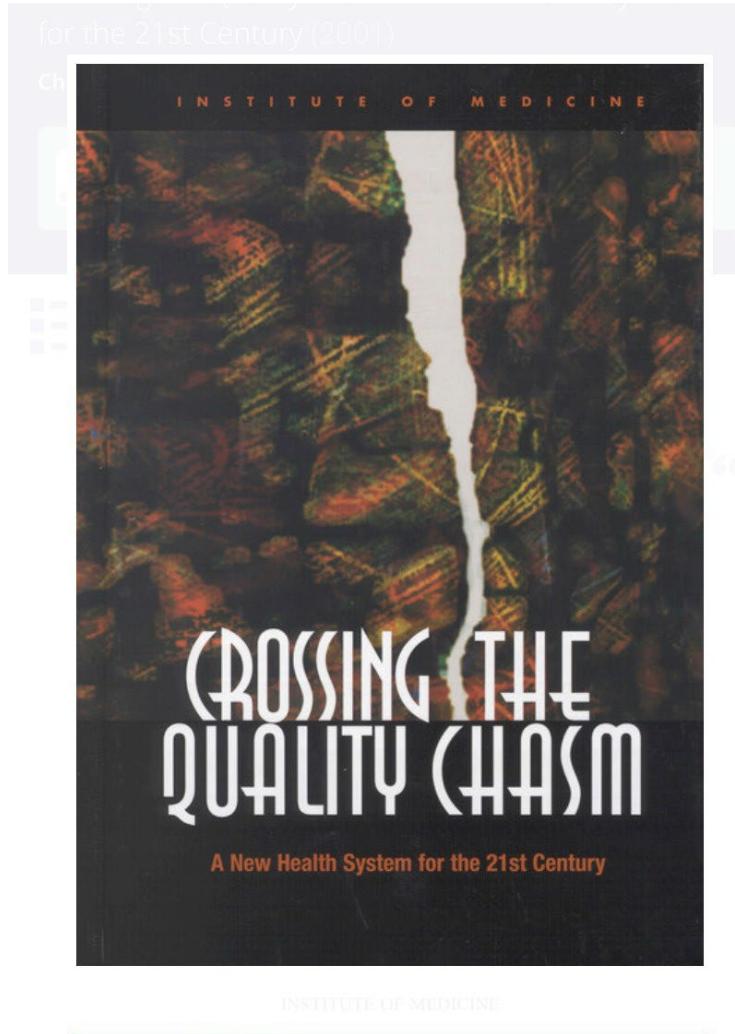
- \$7.5B integrated regional health system in SE Michigan
- 6 geographically distributed hospitals
- Expansive ambulatory network with 32 medical centers
- Henry Ford Medical Group with 1200 physicians
- 1800 private physicians
- Large insurance plan
- Strong academic core
- Diversified non-hospital and retail service lines

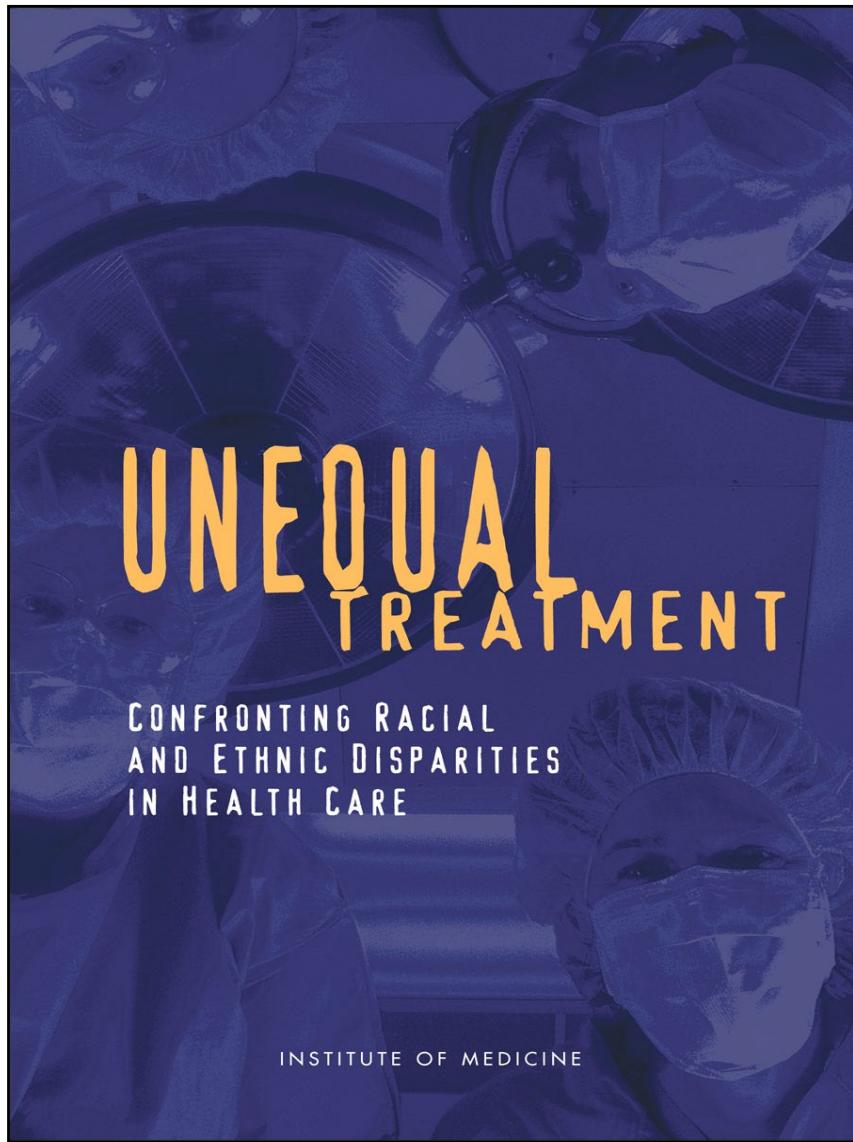
# A 50 Year Journey Towards Equity



Standard LD.04.03.08: Reducing health care disparities for the [organization's] [patients] is a quality and safety priority.

# Equity: The Forgotten “E” of the Institute of Medicine Quality Aims





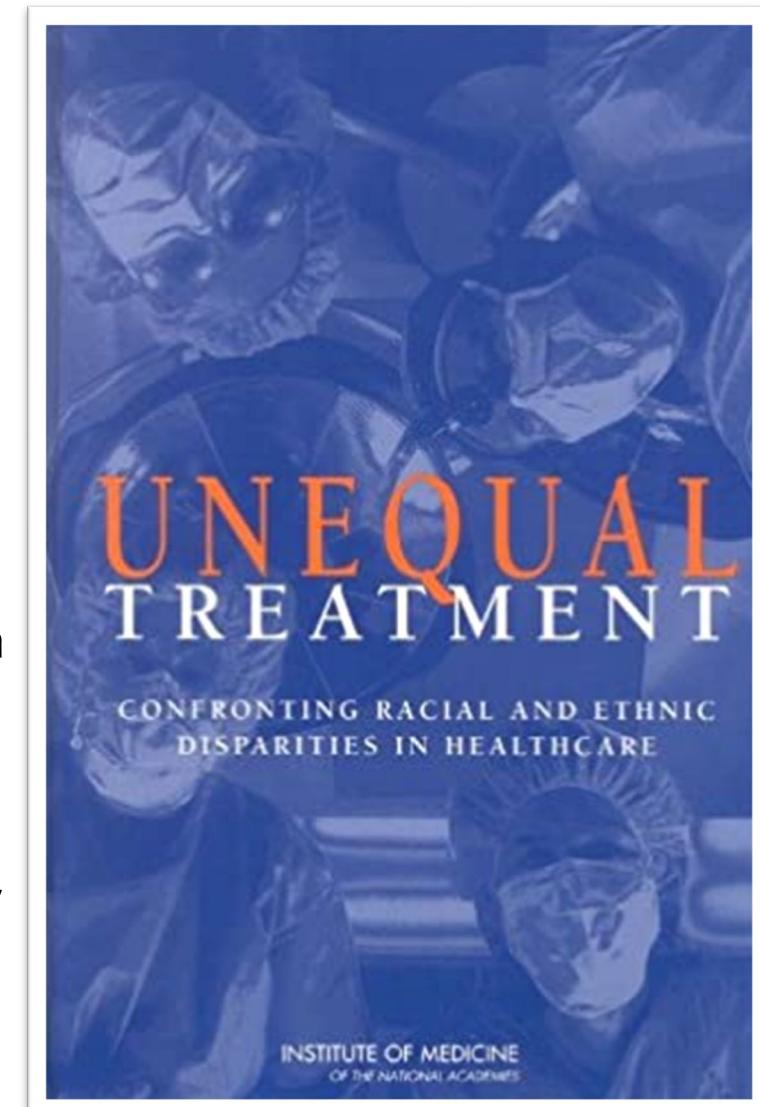
Reported significant variation in the rates of medical procedures by **race**, even when insurance status, income, age, and severity of conditions are comparable. This research indicates that U.S. racial and ethnic minorities are less likely to receive even routine medical procedures and experience a lower quality of health services.



# Racial Bias in Medicine



- Most health care providers appear to have **implicit bias** in terms of positive attitudes toward Whites and negative attitudes toward people of color → contributes to health disparities.
- From the simplest diagnostic and treatment interventions to the most high-tech ones, minorities receive **fewer procedures** and **poorer quality** medical care than whites.
- More implicit bias are associated with more clinician verbal dominance, less patient positive affect, poor patient centered dialogue , low perception of respect from clinician, less trust and confidence in clinician , less likely to recommend clinician to others.
- Studies find that most Americans have rapid and unconscious emotional and neural reactions to blacks- 100 milliseconds is how quickly an individual's race is noticed and whether or not that person is trustworthy (300 - 400 milliseconds: time for human eye to blink )





**Public  
Health**



## Editorials and Commentary

# Marriage Counseling for Medicine and Public Health Strengthening the Bond Between These Two Health Sectors

Ronald M. Davis, MD

Efforts to establish close relations between medicine and public health date back to the 4th century B.C., when Hippocrates urged physicians to recognize the environmental, social, and behavioral determinants of disease: the airs "peculiar to each particular region"; the "properties of the waters" that the inhabitants drink and use; and "the mode of life of the inhabitants, whether they are heavy drinkers, taking lunch, and inactive, or athletic, industrious, eating much and drinking little."<sup>1,2</sup>

Rudolf Virchow (1821–1902), although considered the founder of cellular pathology, understood that the causes of premature death and disease were typically found outside the laboratory:

Should medicine ever fulfill its great ends, it must enter into the larger political and social life of our time; it must indicate the barriers which obstruct the normal completion of the life-cycle and remove them. Should this ever come to pass, Medicine, whatever it may then be, will become the common good of all.<sup>3</sup>

The professionalization of the fields of medicine and public health in the late 19th century and early 20th century, spurred by the emergence of bacteriology, provided many opportunities for collaboration across these two spheres.<sup>2</sup> Reflecting this strengthened partnership, the American Medical Association (AMA) amended its constitution in 1920 to indicate that "the objects of the Association are to promote the science and art of medicine and the betterment of public health." That concise mission statement, with its weighty emphasis on public health, has remained unchanged to the present.

Regrettably, the bond between medicine and public health weakened later in the 20th century, especially during the post-World War II era. Lasker and the Committee on Medicine and Public Health<sup>2</sup> attributed this estrangement to several factors:

1. The diverse and dispersed health system in the United States has not provided a strong structural foundation to support cross-sectoral interactions.
2. The delivery of personal health services by public health agencies was seen by many physicians as an intrusion into the medical domain and interference with the doctor-patient relationship.
3. Rapid advances in scientific knowledge, and the development of new medical technologies and public health programs, "made each health sector feel considerably more independent, dramatically reducing their perceived need to work together."
4. The proliferation of medical specialties and the fragmentation of public health created logistical impediments to collaboration.
5. Cultural differences and growing disparities in funding between the two health sectors diminished the level of trust, respect, and communication between them.

Eventually, medicine and public health "functioned as separate, and virtually independent, parts of the larger health system."<sup>2</sup>

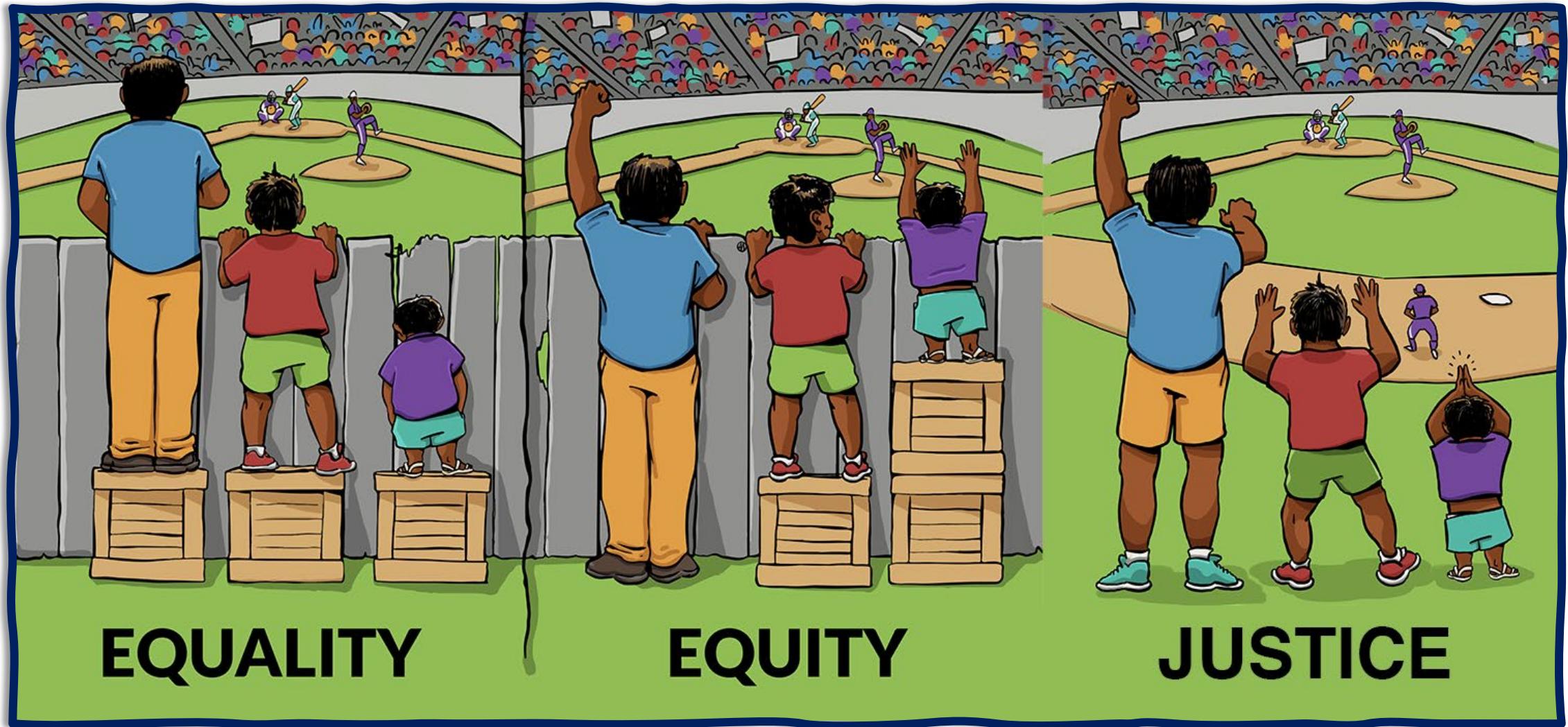
## The Medicine and Public Health Initiative

To bridge this gulf, the AMA and the American Public Health Association (APHA) collaborated in creating the Medicine and Public Health Initiative (MPHI) in 1994. In an article in this issue of the *American Journal of Preventive Medicine*, Beitsch et al.<sup>4</sup> review the history of the MPHI and its activities in three bellwether states (California, Florida, and Texas) and abroad. They point out that the initiative generated impressive accomplishments in its early years, stimulated by grants provided for collaborative projects in 19 states. Nevertheless, they conclude, a "cultural and institutional divide" between medicine and public health persists in many localities, and the momentum of the MPHI has been difficult to sustain.

Beitsch et al.<sup>4</sup> point out that bioterrorism and disaster preparedness, the growing burden of chronic diseases, health disparities, patient safety, and healthcare access for the uninsured are urgent matters requiring effective collaboration between medicine and public health. In some of these areas, the complementary contributions of medicine and public health are obvi-

From the Center for Health Promotion and Disease Prevention, Henry Ford Health System, Detroit, Michigan. The author is a member of the Board of Trustees of the American Medical Association.

Address correspondence and reprint requests to: Ronald M. Davis, MD, Center for Health Promotion and Disease Prevention, Henry Ford Health System, 2000 Beaubien Street, Detroit, MI 48201-3000.





From: Betancourt, J: Improving Quality and Achieving Equity: A guide for hospital leaders 2008

Find the report at: <http://www.henryford.com/healthcareequitycampaign>

# The Foundation: REaL Data

1. Are you of Hispanic or Latino origin?
2. Are you of Arab or Chaldean origin?
3. Which of the following best describes your race?
4. Please provide one or two nationalities or ethnic groups that best describe your ancestry
5. How would you rate your ability to speak English?
6. What language do you feel most comfortable using when discussing your health care?



# Healthcare Equity Scholars

## GRADUATION 2015



## Healthcare Equity Scholars Program

- AAMC Learning Health System Award
- Yearlong program meets every month for half day CME
- Equity improvement projects completed by each scholar
- More than 40 scholars graduated since 2014



Henry Ford  
Health System

## Henry Ford Storytelling Project – 8 Mile Wall



## Equity of Care

### #123forEquity Campaign

Take the Pledge

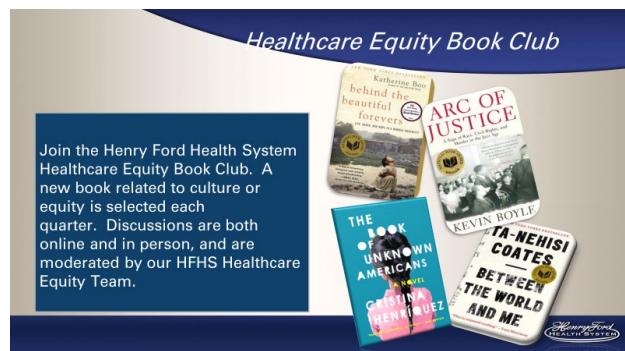
Report your Goals

## CEO ACTION FOR DIVERSITY & INCLUSION™ Pledge



# Creating a Culture of Equity to Advance Equity

HENRY  
FORD  
HEALTH



# Leadership – Policy Level through Youth

HENRY  
FORD  
HEALTH<sup>SM</sup>



# Abraham and Travis



# Abraham recently elected MI House of Representatives

**The State News**

Alumnus Abraham Aiyash aims for transparency in State Senate run

A photograph of Abraham Aiyash, a Michigan Senate candidate, speaking at a podium. He is wearing a blue suit jacket over an orange shirt and is gesturing with his hands as he speaks into a microphone. The background shows the Michigan State Capitol building.

Michigan Senate candidate Abraham Aiyash speaks at the Students Demand Action Rally on March 14, 2018 at the Michigan State Capitol. (Annie Barker | State News)

# BRAND EVOLUTION

HENRY  
FORD  
HEALTH<sup>SM</sup>



# Hardwiring the Safety Net

## COHORT ONE:

WIN Network: Detroit, 2012-15

- 326 babies born, av. birthweight 6.79 lbs.
- 0 preventable infant deaths in cohort

## COHORT TWO:

HFMG and WIN Network Group Prenatal Care, 2016-present



# WIN NETWORK: CLEVELAND

HENRY  
FORD  
HEALTH<sup>SM</sup>



# A Standout Collaboration & Partnership

Competing health systems  
come together as:  
*-leaders*  
*-funders*  
*-strategists*  
*-communicators*  
*-implementers* ...  
with public health,  
community & academic  
partners



Michael Duggan (DMC), Brian Connolly (Oakwood), Patrick McGuire (St. John Providence), Nancy Schlichting (HFHS),  
April 2011



**Detroit Regional  
Infant Mortality  
Reduction Task Force  
featured in national  
study of exemplary  
partnerships.**

## **Improving Community Health through Hospital – Public Health Collaboration**

**Insights and Lessons Learned from Successful Partnerships**

Lawrence Prybil, PhD  
F. Douglas Scutchfield, MD  
Rex Killian, JD  
Ann Kelly, MHA  
Glen Mays, PhD  
Angela Carman, DrPH  
Samuel Levey, PhD  
Anne McGeorge, MS, CPA  
David W. Fardo, PhD

Commonwealth Center for Governance Studies, Inc.  
with grant support from:  
Grant Thornton LLP  
Hospira, Inc.  
Robert Wood Johnson Foundation

November 2014



# HFHS' 200+ Partners

- Other Area Health Systems:
  - Detroit Medical Center
  - Beaumont Healthcare
  - Ascension St. John Health System
- Greater Detroit Area Health Council
- Michigan Association of Health Plans
- Michigan Department of Community Health
- University of Michigan School of Public Health
- Wayne County Health Department
- Institute for Population Health
- Detroit Health Department
- Detroit Pistons
- Detroit Lions
- Black Family Development
- Black Mother's Breast Feeding Association
- Brightmoor Alliance
- Chadsey-Condon Community Organization
- Detroit Wayne County Health Authority
- Interfaith Health & Hope Coalition
- Matrix Human Services
- Michigan Roundtable for Diversity & Inclusion
- MichUHCAN
- Osborn Neighborhood Alliance
- Tomorrow's Child
- United Way 2-1-1
- Voices of Detroit Initiative (VODI)
- Wayne County Child Healthcare Access Program
- Wayne County Medical Society of Southeast Michigan
- Wayne State University
- Detroit Environmental Leadership Agenda
- MHA Green Healthcare Committee
- MOTION Coalition
- Detroit Food and Fitness Collaborative
- Detroit Community Markets Network
- Fresh Prescription Partnership
- Cooking Matters
- Gleaners Community Food Bank
- Forgotten Harvest
- Community Development Corporations
- March of Dimes
- American Heart Association
- American Cancer Society
- National Kidney Foundation
- Michigan Community Health Worker Alliance

Gail Warden



Nancy Schlichting



Wright Lassiter, III



Robert Riney





**Leadership - DEIJ COIN**

# Our DEIJ Mission - Equity for All

## Pillars of 5-year System Strategic Plan



### **Anti-Racism & Social Justice Advocacy**

*We commit to rejecting and eliminating all forms of bias, racism, and violence within our organization and communities.*



### **Healthcare Equity**

*We commit to achieving equity in clinical outcomes and experience to empower patients to achieve optimal health and well-being.*



### **Diverse Workforce & Inclusive Culture**

*We commit to serving as a trusted leader in healthcare with a broadly diverse workforce who feel valued, respected and a shared sense of belonging to the HFHS community.*



### **Community Empowerment**

*We commit to fostering effective partnerships and collective action that creates and sustains health in historically marginalized communities.*

# Thank you!



**Kimberlydawn Wisdom MD, MS**

Sr. Vice President of Community Health &  
Equity and Chief Wellness & Diversity Officer  
Henry Ford Health System

Twitter: **@DoctorWisdomMD**

**HENRY  
FORD  
HEALTH**

26

Photographer: Tim Burke, Michigan Department of Transportation  
[www.mackinachbridge.org](http://www.mackinachbridge.org)