

WHY OUR WORK MATTERS



Executive Summary

Ever since its opening in 1892, the evolution of health care at Grady has been a remarkable story. Today, Grady Health System fulfills medical needs for communities across the Atlanta area with humanity, care, and compassion. It provides care for some of the sickest, medically complex patients, and for that, and for the high quality of its care, the work Grady accomplishes is recognized nationally.

In 2021, with an increase in health disparities and the disproportionate negative health outcomes within some communities, it became evident that Grady's paramount work required a leader, a hospital executive primarily focused on gathering and analyzing data and implementing strategies and solutions, partnering with leaders, employees, and the community. Grady acknowledged the need for modern health care approaches, the community's detrimental health conditions, and public stimuli. This prompted Grady's forward-thinking administration to institute the Grady Health Equity Office as the pivotal initiative to address these pressing issues. It stands to reason why health equity is now a foundational priority for Grady Health System.

To move forward, it was necessary to define health equity and so it was decided to adopt the definition used by the Robert Wood Johnson Foundation:

“Health Equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs and fair pay, quality education and housing, safe environment, and health care.”

Vision Statement

To be a leading academic health system utilizing data to inform community-based interventions that reduce health disparities and decrease the health equity gap of those we are privileged to serve.

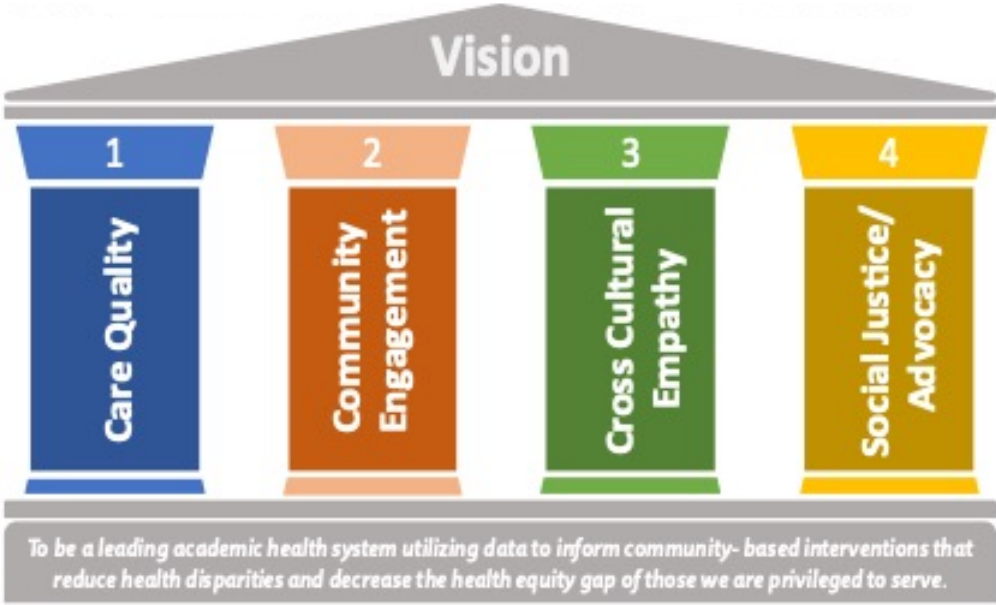
Yolanda Wimberly, MD, MSc, FAAP, FSAHM

Senior Vice President and Inaugural Chief Health Equity Officer

To promote and advance Grady's mission, the Health Equity Office is charged with identifying and studying how people's social characteristics and environments affect health; designing interventions that enable the attainment of the highest level of health for all people; ensuring alignment with Grady's strategic goals. During the first six months of the HEO's formation, Dr. Yolanda Wimberly, Health Equity Officer, commissioned an environmental analysis to investigate and report on the existing experiences and knowledge around health equity from the lens of Grady's employees and community stakeholders. The anticipated result was to understand more clearly the complex issues involved and to clarify a path to alleviating the barriers to health equity and access.

The outcome of that study led to the development of four priorities for the Health Equity Office (HEO): Care Quality, Community Engagement, Cross-Cultural Empathy, and Social Justice and Advocacy.

GRADY HEALTH EQUITY OFFICE STRATEGIC PRIORITIES



Metrics for Success

The HEO identified the following metrics for success:

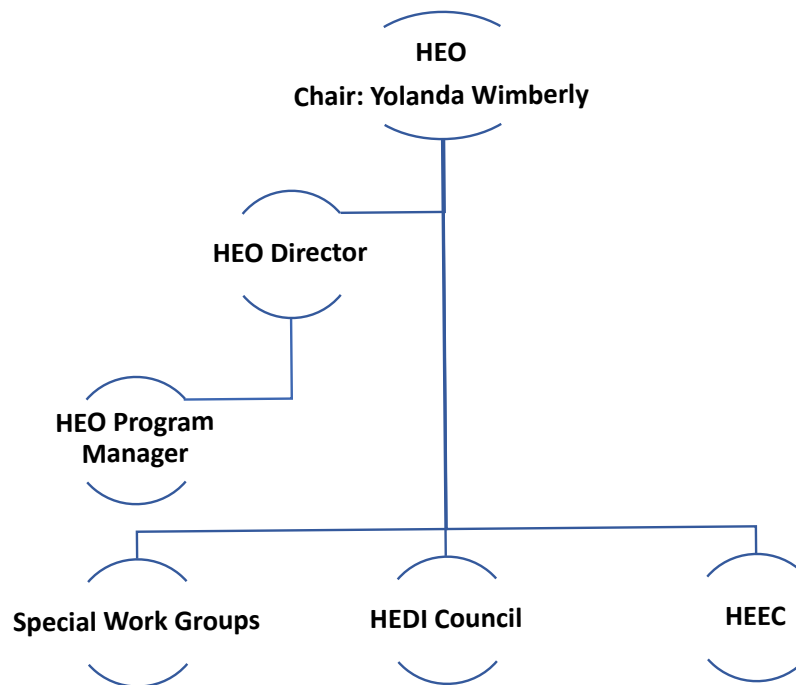
- Data must be made available and used to improve clinical outcomes.
- Collaborations must be increased, and partnerships developed to realize the priorities of the HEO.
- The foundational principles of health equity must be recognized, comprehended, and prioritized.
- The work of culturally competent researchers must align with and contribute to the national body of evidence used to help narrow the health equity gap.

Strategic Plan Implementation

Structure

Through an expanded formal planning process, the HEO identified and acknowledged the challenges of implementing these priorities and the resulting commitment to meeting those challenges: we would succeed by relying on the lean resources available to us and capitalize on the wealth of community connections we have and to foster more. We address these issues in our detailed strategic planning implementation document. In the next 90 days, the HEO will complete building the structure required to implement the HEO Strategic Plan.





Roles and Resources

The following people and groups implement the strategic plan.

Health Equity Office (HEO)

The Senior Vice President and Health Equity Officer leads the charge to address social determinants and to implement innovative solutions. The Health Equity Officer has fiscal responsibility for the HEO.

Health Equity Executive Council (HEEC)

The HEEC creates alignment and agreement regarding our journey to health equity.

Health Equity Office Director

The HEO program director will provide strategic vision and support for the office of health equity. The director will ensure the strategic plan is being enacted and ensure targets and metrics are in place and the office is on track for successfully meeting and beating targets.

Health Equity Program Manager

The HEO program manager will direct the daily management of the office and serve as the point person for community engagement. The program manager will ensure the action planning of the strategic plan is executed and provide administrative support for the department. Other departments within the organization will have the program manager as the primary point of contact for the health equity office.

Grady Health, Equity, Diversity, and Inclusion (HEDI) Advisory Council

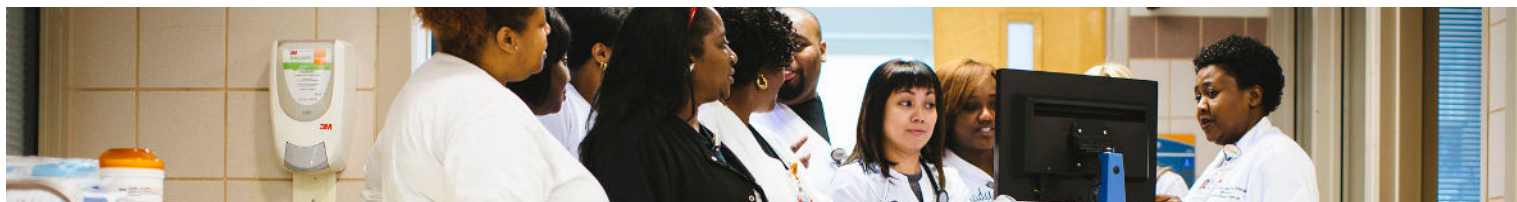
Comprised of Grady senior leaders, including the CEO, and select business leaders, the Grady HEDI Advisory Council supports the governance of the HEO.

Industry Partners

These external groups bring expertise and human resource capacity to fulfill the tactical work of the HEO.

Special Work Groups

These project-specific ad hoc committees provide focused support on a limited basis.



Strategic Pillars

Through a series of listening tours and focus groups, participants identified the following areas of focus as primary and significant for the Grady Health Equity Office:

- Foster organizational cultural competency.
- Increase partnerships and funding to support and expand grassroots programs, and to develop new programs.
- Analyze and benchmark Revenue and Quality Impact.

Further discussion about opportunities led to the development of the Grady Health Equity Office strategic priorities and goals which include these overarching themes:

1. Care Quality
2. Community Engagement
3. Cross-Cultural Empathy
4. Social Justice/Advocacy



	Year 1	Year 2	Year 3	Year 4	Year 5
Strategy 1	Track/analyze SDOH		Ongoing		
Strategy 2	Benchmark performance		Ongoing		
Strategy 3	Assess Health literacy		Ongoing		



	Year 1	Year 2	Year 3	Year 4	Year 5
Strategy 4	Workforce and Pipeline Program Development	Build pipeline for programs (certifications)	Measure targets/ publish annual HEI report	Data analysis/collection (ongoing)	
Strategy 5	Educational Innovation and Community Programming	Increase community engagement in schools and community organizations	Increase community engagement in schools and community organizations	Evaluate the impact of programming as it relates to community involvement	Data analysis



	Year 1	Year 2	Year 3	Year 4	Year 5
Strategy 6	Workforce planning				
Strategy 7	Workforce environment and development				
Strategy 8	Organizational performance				



	Year 1	Year 2	Year 3	Year 4	Year 5
Strategy 9	Financial barriers to health equity				
Strategy 10	Research in Health Equity				

Pillar One: Care Quality

Objective: The Care Quality pillar ensures accountability for improving clinical outcomes for at-risk patient populations.

Strategy #1: Track/Analyze SDOH

Track and analyze SDOH to identify target demographics and inform target patient populations.

- o Race/Ethnicity
- o Gender Constructs
- o Language
- o Map/ZIP Codes/Census Tracts
- o Transportation
- o Access to food

Strategy #2: Benchmark Performance

Benchmark performance against CMS, HEDIS/eCQMs, USPTF, and national data sets AHA-HETI, Vizient.

- o Cancer screening: prostate, breast, colon, lung, and cervical
- o Diabetes awareness
- o Maternal-child health
- o Hypertension

Strategy #3: Assess Health Literacy

Examine evidence-based health literacy practices and interventions

- o Identify tools to perform assessment.
- o Examine patterns of patient education pre- and post-treatment.
- o Convene a multidisciplinary team to address findings and make recommendations for improvement.

Pillar Two: Community Engagement

Objective: The Community Engagement pillar focuses on expanding community outreach programs for education, workforce development and recruitment, and access.

Strategy #4: Workforce and Pipeline Program Development

Develop a workforce pipeline in the Grady by teaching learners the skills needed to become aware health professionals and health equity advocates.

- o K-12 school systems
- o Colleges and universities
- o Allied health schools
- o Vocational education
- o Project search

Strategy #5: Educational Innovation and Community Programming

Strengthen our capacity to educate and innovate through community resources.

Community Partnerships

- o Religious and faith-based organizations
- o Community and civic organizations
- o Businesses

HEDI Advisory Council

Develop the HEDI Advisory Council as a governance structure required to ensure accountability and oversight of policies, procedures, and strategic direction for the HEO.

- o Members would consist of Grady employees and select professionals from the community who convene monthly.
- o The council would engage professionals from national, regional, and local organizations, e.g., AHA, AEH, FDHA, and other affinity groups, for quarterly updates on regulations affecting health care.

Pillar Two: *Community Engagement continued*

Communication

Evaluate the channels and venues currently used to communicate for health education; develop a plan for preferred communication in the future.

- o Channels, such as mass media, internet, print materials, face-to-face
- o Venues, such as home, work, health care sites, schools, religious institutions, and businesses

Community Grant-Making Opportunities

- o Provide grants to community organizations for projects and planning around health equity.
- o Distribute \$1 million in mini grants to the community for HE projects.

Pillar Three: *Cross-Cultural Empathy*

Objective: The Cross-Cultural Empathy pillar ensures alignment of organizational culture with health equity principles.

Strategy #6: Workforce Planning

Partner with Grady Human Resources and community business partners to close gaps and optimize talent to improve diverse representation where minorities have historically been under-represented.

- o Determine additional schools, programs, and career fairs and events to establish key partnerships and relationships to increase minority candidates.
- o Identify external search firms and vendors regarding sourcing of minority candidates as part of active and passive searches.

Strategy #7: Workforce Environment and Development

In conjunction with HR, increase training and education opportunities on diversity, equity, and inclusion at Grady.

- o Expand DEI content within new employee orientation.
- o Offer implicit and unconscious bias training for all employees.
- o Conduct health equity highlights to the Medical Education Committee, comprised of physicians.

Strategy #8: Organizational Performance

Build empathy as a competency, balance empathy with organizational performance.

- o Develop inclusion-based performance objectives.
- o Create context for decision-making and accountability for health equity in each unit throughout the system.

Pillar Four: *Social Justice/Advocacy*

Objective: The Social Justice/Advocacy pillar recognizes racism as a system of structured inequity that is a determining force in the disproportionate distribution of resources that leads to the social determinants of health and equity.

Strategy #9: Financial Barriers to Health Equity

Decrease financial obstacles to ensure better access, affordability, and equity.

- o Broaden economic prosperity through supplier selection of entrepreneurs whose work addresses and represents HEO priorities.
- o Examine methods of distribution of resources and services to achieve equity.

Strategy #10: Research in Health Equity

Reduce and eliminate health disparities by supporting outcomes research aimed at identifying, monitoring, and targeting biologic, environmental, social, and health care system factors that disproportionately and adversely affect underserved minority populations.