

Health Equity Together

Summer 2023

News, perspective and progress on our RWJBarnabas Health journey to achieving health equity for our patients, colleagues and the communities we serve.

Our Journey Towards Health Equity

Health equity is the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to achieve their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language or other factors that affect access to care and health outcomes.

The Differences Between Equity, Equality and Justice

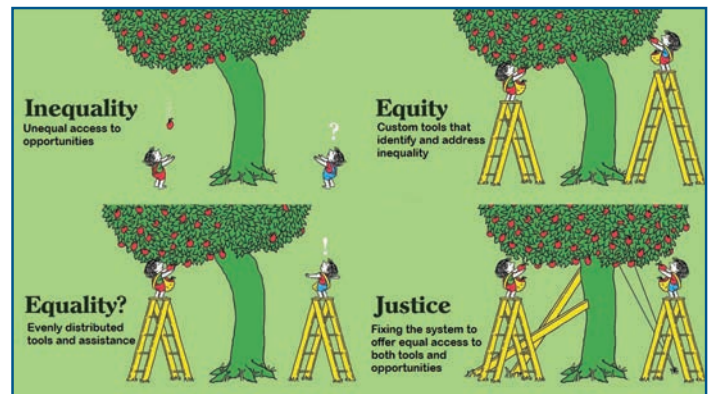
Social structures differently impact people from different groups such as (but not limited to) people of different races, ethnicities, socioeconomic status and disabilities. Though the terms *equity* and *equality* sound similar—and are often used interchangeably—the differences between them matter a lot.

Inequality occurs when resources are offered to only certain groups.

Equity occurs when differences among individuals and communities are considered to create customized tools that ensure that everyone has the same access to needed resources.

In contrast, **equality** divides resources into the same amount for everyone, but does not acknowledge the differences between and needs of the people who use those resources.

Justice fixes the social structures in place so they are equitable for everyone.



Social Determinants of Health: The Factors that Impact Health

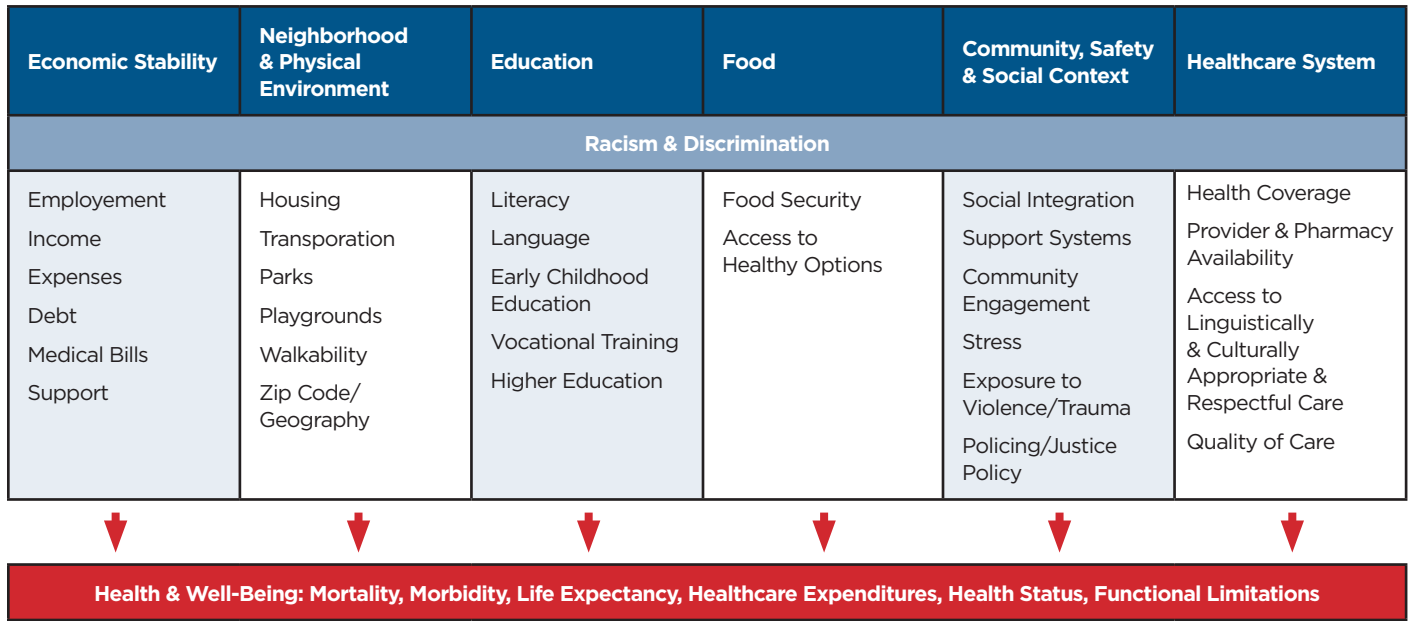
According to the Centers for Disease Control and Prevention (CDC), Social Determinants of Health, sometimes called *SDOH*, are “the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems.”¹

Identifying the social determinants of health impacting the health outcomes of our communities and the diverse groups within them is important to achieving health equity and in improving the nation’s overall health and economic prosperity.

Social and Economic Inequity and Health Disparities

When individuals or groups of individuals do not have equitable access to social determinants of health that promote the best health outcomes, health disparities occur. The National Conference of State Legislatures defines health disparities as “inequities in the quality of health, healthcare and health outcomes experienced by groups based on social, racial, ethnic, economic and environmental characteristics.”² Figure 1 below illustrates how social, economic and health-related inequities can impact the overall health and well-being of an individual or community.

Figure 1. Social and Economic Inequities Drive Health Disparities³



The RWJBarnabas Health Vision to Create Healthier Communities

Our RWJBarnabas Health vision is to create and sustain healthy communities, together. To achieve this vision for our organization and the communities we serve, our RWJBarnabas Health mission includes a clinical component and a social component that address both the health and social requirements of health equity. These components work together to help RWJBarnabas Health serve more underserved areas than any other health system in New Jersey. Read on to learn about some of the Health Equity work being done across the system. Together, we will continue our work to bring equitable care to all New Jerseyans.





RWJBarnabas Health Addresses Maternal Health Equity

RWJBarnabas Health is committed to the health and well-being of all women throughout pregnancy, delivery and the postpartum period. Across the U.S. and in the state of New Jersey, maternal morbidity and mortality continue to rise, but for Black and Hispanic women, the statistics are alarming.

Delivering approximately a quarter of all hospital births in the state of New Jersey annually, RWJBarnabas Health is uniquely positioned to effect transformative change. At the root of addressing inequities in care is a focus across the system on addressing the social determinants of health, and providing resources, such as transportation, to reduce barriers to care that impact Black and Hispanic women disproportionately.

Black women are more likely to die from a pregnancy-related complication than their white peers, which is unacceptable. Across RWJBarnabas Health, we are committed to bringing about change, fostering a community of support for Black and Hispanic mothers, and amplifying the call for birth equity.

The RWJBarnabas Health OB Collaborative, which is an interdisciplinary leadership team committed to ending preventable maternal morbidity and mortality, and promoting equity in maternity care, continues to support various initiatives and programs across the system that address access to quality and equitable care, social determinants of health, and empowering women through shared decision-making.

A few examples of these programs and initiatives are below:

- Implementation of the Alliance for Innovation on Maternal Health patient safety bundles. Patient Safety Bundles are a structured way of improving the processes of care and patient outcomes. They are clinical condition-specific and follow an evidence-based structure, that when performed consistently have been proven to improve patient outcomes. A bundle includes actionable steps and a reliable way of monitoring data. Focus on the obstetric hemorrhage safety bundle has resulted in a reduction of severe maternal morbidity across the system.
- Participation in TeamBirth NJ, an evidence-based, national model for better provider and patient communication (shared decision making), which is designed to enhance birthing experiences and improve outcomes. This care model was launched at Cooperman Barnabas Medical Center and Monmouth Medical Center in Fall 2022 and preliminary data is encouraging. In Fall 2023, TeamBirth will be launched at Robert Wood Johnson University Hospital and Jersey City Medical Center.
- Centering Pregnancy, an evidence-based model of prenatal care that brings 8-10 birthing people of different ages, races and socio-economic backgrounds—all due to give birth around the same time—together for their care. Numerous published studies show that birthing people participating in Centering Pregnancy have healthier babies and that Centering nearly eliminates racial disparities in preterm birth. The Centering Pregnancy model started in Spring 2023 at Newark Beth Israel Medical Center and Cooperman Barnabas Medical Center, and will launch in Fall 2023 at Robert Wood Johnson University Hospital.
- Family planning clinics, which provide high-quality and comprehensive family planning and preventative health services at low or no cost. All adults can receive care at our two locations: Monmouth Medical Center and Robert Wood Johnson University Hospital. Another clinic will soon open at Clara Maass Medical Center.
- Implicit Bias education and training for all RWJBarnabas Health employees, including clinical teams.

Screening for Social Determinants of Health

The conditions in which we are born, live, learn, work, play, worship and age—known as social determinants of health or SDOH—profoundly impact the health of every person and can enhance or limit our ability to live a healthy life. Inequities in social determinants of health contribute to chronic disease disparities in the United States among people from marginalized racial, ethnic and social groups, limiting their opportunities to achieve their highest level of health.

Addressing differences in social determinants of health and health disparities starts with ensuring that everyone has access to the resources they need to live their healthiest lives. At RWJBarnabas Health, we use a screening tool developed by the American Academy of Family Physicians called the Social Needs Screening Tool⁴, which asks patients questions about their housing, food security, transportation access, utilities, child care, employment, education, finances and personal safety. By using this tool, providers can identify community-based resources to help their patients to overcome health risks and improve health outcomes.

The domains covered in the American Academy of Family Physicians' Social Needs Screening Tool meet the regulatory requirement for the Quality Improvement Program—NJ (QIP-NJ), the Centers for Medicare & Medicaid Services, and accreditation requirements for The Joint Commission.

4 Steps of SDOH Screening and Referral for Inpatients

STEP 1

Complete SDOH screening upon admission

The patient is screened in EPIC for social determinants of health as part of the admissions intake process.

STEP 2

Refer positive screened patients

Patients who would benefit from support with their social determinants of health are referred to a Care Manager/Social Worker to follow up via EPIC.

STEP 3

Evaluate referred patients

Evaluation and referrals are made through EPIC CRD by the Care Manager/Social Worker.

STEP 4

Provide referral information to patients

Social Worker/Case Manager discusses the support available for and provides referral information to the patient.

Key Takeaways

- Social determinants of health can significantly impact patient outcomes, so identifying each patient's SDOH needs and addressing them is key, especially as more payers (insurance companies, Medicare and Medicaid) move to value-based payment systems, in which healthcare providers are reimbursed based on the cost, quality and equity of care they provide.
- Several screening tools are available to help identify social needs and facilitate conversations with patients.
- ICD-10 "Z" codes (Z55-Z65) can be used to document social determinants of health and give providers accurate data on the needs of their patient population.

Advancing Equitable Cancer Care in New Jersey

In the third quarter of 2022, RWJBarnabas Health, in partnership with Rutgers Cancer Institute of New Jersey, the state's leading cancer center and only National Cancer Institute-designated Comprehensive Cancer Center, became a grantee supported through the Alliance for Equity in Cancer Care (the Alliance), an initiative funded by the Merck Foundation (the Foundation) and designed to make cancer care more equitable in the United States by helping patients living in underserved communities to receive timely access to high-quality, culturally responsive care.

RWJBarnabas Health and Rutgers Cancer Institute of New Jersey have been awarded a **\$2 million grant over five years.**

The RWJBarnabas Health and Rutgers Cancer Institute of New Jersey program will improve cancer health equity by addressing underlying social determinants of health (SDOH), reduce barriers to care, lessen disparities and ensure access to the most comprehensive treatments close to home.

Nearly 40%

of Americans will be diagnosed with cancer in their lifetime.

Members of marginalized communities, those living in rural areas, low-income individuals and the uninsured are disproportionately affected by cancer, yet often have limited access to cancer screenings, care and treatment. In New Jersey, unequal health outcomes are often linked to race, ethnicity, geography, social and economic status, and other factors. While a cancer diagnosis alone can be overwhelming for individuals in vulnerable communities, when paired with SDOH challenges such as not having housing, transportation, access to medication, a healthy environment and/or healthy food, a positive outcome becomes less likely.

Collaborating Nationally to Improve Patient Care Locally

Nine Alliance program grantees from across the United States, including RWJBarnabas Health and Rutgers Cancer Institute of New Jersey, are working together to support the delivery of equitable cancer care within their local communities and beyond.

Through the Alliance, RWJBarnabas Health and Rutgers Cancer Institute of New Jersey will streamline cancer care coordination by integrating with primary care and other subspecialty care; improve patient-centered communication and engagement of care; improve assessments, including those addressing SDOH; and hasten referrals to supportive services.

Patients will see an improvement in the timeliness of care, better coordination between providers; ongoing support, increased use of telehealth for convenience and more visibility for care in their communities via community advisory board engagement and increased community outreach and education.

The severity of the need to take action on advancing equity in cancer care cannot be overstated and will not be overlooked. We must move with urgency and work together to provide all people living with cancer access to high-quality care and treatment. The creation of the Alliance is an important step toward ensuring social determinants of health no longer factor into an individual's ability to receive vital healthcare.



Paul Alexander MD, MPH

Executive Vice President
and Chief Health Equity
and Transformation Officer,
RWJBarnabas Health

Dr. Alexander has been recognized in Becker's Hospital Review as one of 75 Black Healthcare Leaders to Know and highlighted in ROI-NJ Influencers: People of Color 2022.

Working in the public health sector, Dr. Alexander saw firsthand how the variations in access to care and trust in the healthcare system impacted health outcomes. He firmly believes, "The struggles facing the health of marginalized communities necessitates a focus on the social determinates impacting health outcomes."

Leader Q&A with Dr. Paul Alexander

Questions

What are some of the most pressing healthcare access and health equity challenges facing people from marginalized communities? What strategies do you believe are most effective in addressing these challenges?

Answers

Limited access to affordable healthcare and insurance. People from marginalized communities may not be able to access affordable healthcare. This can include a lack of health insurance coverage. Some strategies to address these obstacles may include expanding Medicaid coverage, implementing policies to reduce the cost of healthcare and increasing the availability of community health clinics.

Socioeconomic factors. Financial resources, education and housing significantly impact health. Increasing access to affordable housing, education and social welfare programs can help to create a more equitable socioeconomic outlook for people from marginalized communities.

Racism and discrimination. Racism and discrimination can negatively impact health by limiting access to health and social resources. Further, this ongoing experience can lead to weathering, or chronic stress, that wears down body systems and leads to health problems.⁶ To address this, we should create policies and programs that promote equity and work to eliminate implicit (or unconscious bias) in the healthcare system.

Limited cultural competency among healthcare providers. A lack of cultural competency—an understanding of someone's experiences, background and culture⁵—can lead to inadequate care and poor health outcomes for people from marginalized communities. Recruiting and training healthcare professionals from diverse backgrounds and providing ongoing cultural competence training can help to address this challenge.

Limited representation in research. Limited representation in research of people from marginalized populations can lead to a lack of understanding of their specific health needs, limiting the development of effective interventions. Increasing the participation in research of people from underrepresented groups and ensuring that research is inclusive and culturally appropriate can help to overcome this obstacle.

For additional information about RWJBarnabas Health’s Health Equity practice, contact Andrew Thomas, Vice President, Health Equity, Social Impact and Community Investment.

andrew.thomas@rwjbh.org | 609-529-8130

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