AGENDA

Equity, Diversity and Inclusion Committee

Meeting Date
June 7, 2021

Time
10:00 A.M.

Location
Board Room (532)

CALL TO ORDER   Feniosky Pena-Mora

ADOPTION OF MINUTES   Feniosky Pena-Mora

    APRIL 12, 2021

EQUITY & ACCESS UPDATE   Natalia Cineas

Nichola Davis

EEO REPORT OUT   Blanche Greenfield

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

Equity, Diversity and Inclusion Committee Virtual Meeting – April 12, 2021
As Reported by: Feniosky Peña-Mora
Committee Members Present: Feniosky Peña-Mora, José Pagán, Mitchell Kata, Freda Wang, and Sally Hernandez-Piñero

CALL TO ORDER

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 11:20 a.m. Upon motion made and duly second the minutes of the January 11, 2021 meeting was unanimously approved.

WORKFORCE DATA FOR FISCAL YEAR 2020

Matilde Roman, Chief Diversity and Inclusion Officer, shared a side-by-side comparison of the global fiscal year 2020 affiliate workforce data and employee workforce data, shared previously in the January 2021 Equity, Diversity and Inclusion meeting.

Ms. Roman shared that eighty percent (%80) of the employee workforce and sixty percent (60%) of the affiliate workforce identified as either Black/African American, Hispanic/Latinx, or Asian.

Freda Wang, NYC Health + Hospitals' Board Member, inquired whether the affiliate workforce data comprised of all physicians. Ms. Roman replied that the data comprised of Physicians, Allied Health Professionals, Chiefs, and Administrators. Dr. Katz, NYC Health + Hospitals' CEO and President, replied that the data strongly represented physicians and made up approximately two-thirds of the 6,500 affiliate workforce.

Ms. Wang asked about any goals or metrics developed related to workforce diversity that can be tied to City or patient demographics, or other healthcare Systems to serve as benchmarks. Ms. Roman replied that there are efforts underway to develop metrics and mentioned efforts being led by Dr. Nichola Davis, Chief of Population Health and Co-Chair of the Equity and Access Council, and Dr. Machelle Allen, Senior Vice President of Medical and Professional Affairs, related to physician diversity. Also mentioned workforce diversity is a focal point for Human Resources, which is being led by our Senior Vice President for Human Resources Yvette Villanueva.

Sally Hernandez-Piñero, NYC Health + Hospitals Board Member, expressed an interest in building out the racial and ethnic breakdown for nurses, where eight percent (8%) identify as Hispanic/Latino, Asian thirty-seven percent(37%), and African American forty-three percent (43%). Ms. Hernandez-Piñero wondered whether it was possible to do a deeper dive to look at what factors contribute to the small percentage of Hispanic/Latino nurses relative to the City's demographics. She acknowledged that there are variables that need to be considered when looking at Latino participation, but wanted to see if this can be an area of focus and investigation.

Natalia Cineas, Senior Vice President, Chief Nurse Executive and Co-Chair of the Equity and Access Council, stated that there is an opportunity to focus on recruitment of Hispanic nurses. Ms. Cineas mentioned that when we look at data across the board, the percentage of Hispanic nurses are lower, but there is opportunity to do more in New York City. Natalia Cineas shared the partnership with the Hispanic Nurses Association and CUNY that has fourteen percent (14%) of Hispanics in their nursing program, as well as creating pipelines for those interested in becoming nurses.

Feniosky Peña-Mora expressed the importance of data as an opportunity to share how well the System is doing with respect to diversity and the value diversity brings to our system and support to our communities, and if possible, explore other outlets where this information can be disseminated.

Follow up: Additional workforce analysis that provides further breakdown based on job categories and/or titles, and share specific initiatives affiliate organizations are doing to increase workforce diversity.

EQUITY AND ACCESS COUNCIL REPORT OUT

The Co-Chairs of the Equity and Access Council ("Council"), Dr. Nichola Davis and Natalia Cineas, reported out to the Committee on the progress made. Natalia Cineas, shared the progress made over the last few months to set up the infrastructure, and went over the Council's purpose and the four areas of focus. Ms. Cineas shared that the projects will be driven by the Equity Work Groups (EWG), made up of 5-7 members, and guided by 2 project leads to drive goals and outcomes in each area. The EWGs will develop work plans, metrics, and timeline for each approved project. She shared the process milestones that

includes recruiting workgroup members that will comprise of different stakeholders throughout the System to drive the projects. She also shared the completion of workgroup profiles, and conducting facility surveys to learn about current facility work and identifying members for the EWGs.

Dr. Nichola Davis, walked the Committee through some of the drivers being considered that include a robust data infrastructure to create disease-specific queries that incorporate social identity categories, improving the collection of race, ethnicity and other demographic values, establishing Inclusion Groups, and evaluating, and where appropriate, replacing race-based algorithms in medical care. Dr. Davis then shared some of the Council's accomplishments and milestones that include a Vaccine Communication Workgroup that is tasked with improving communication to increase vaccination rates, and then turned it over to Dr. Louis Hart, Director of Equity, Quality and Safety and member of the Equity and Access Council, to discuss the work he is leading to remove race-based algorithms from medical care.

Dr. Hart shared the initiative started by the Office of Quality and Safety, in close collaboration with the Council, titled Medical Eracism aimed at ending race based calculations to estimate a person's glomerular filtration rate or eGFR related to kidney function. This work was inspired by a New England Journal of Medicine article titled, Hidden in Plain Sight-Reconsidering the Use of Race Correction in Clinical Algorithms (August 27, 2020) that highlights reconsidering the use of race-based algorithms. The literature outlines 13 commonly used clinical algorithms that use race as an objective measure in biomedical equations that provide different results or calculations on the subjective measure of race, and which results in different care based on those inputs. The initiative standardizes all eGFR calculations where results will be reported without race adjustments (or using a race-blind approach) that will serve as a more accurate and objective measure for all patients being treated for kidney disease. NYC Health + Hospitals is one of a few health care organizations across the country that have removed this particular race-based algorithm.

Freda Wang asked about getting this change into the broader dialogue and practice, and whether we have been able to track the shift in removing the race-based algorithm to understand and determine the effect in treatment, outcomes, and improvement in equity of care?

Dr. Hart replied that the ultimate process or outcome measure of not using race-based eGFR will be the utilization of the new equations that uses a different biomarker for kidney filtration that has been well validated across racial groups as a universal constant. However, it will take time to trend its effect, and cited using the test 118 times in a 6-month look back compared to the 240,000 times the System used eGFR that is a commonly ordered metabolic panel.

José Pagán, NYC Health + Hospitals Board Chair, shared that he was impressed on how this work is changing norms not only at NYC Health + Hospitals but nationally.

The next clinical target involved the counseling obstetricians provide their pregnant patients, who previously had C-sections to determine whether to go through a vaginal birth or C-section for the second delivery. There are 3 major clinical equations identified, of which one is a patient's race or ethnicity as a clinical input that would determine a women's likelihood of having a successful vaginal delivery after C-section, and indicates a decrease in the estimated success for black and Hispanic women. The indicator's unintended consequence is that it insinuates black and Hispanic women's bodies are biologically different from a "normal body" or non-white body, which leads to different levels of care. The Women's Health Council changed the risk tool related to Vaginal Birth After Cesarean-section (VBAC) calculators to eliminate the race-based algorithm, and also eliminated the use of race/ethnicity as a clinical equation in practice.

Dr. Davis then shared other Council milestones and accomplishments that include the "Black Men in White Coats" community screening and panel discussion, and efforts to improve the diversity of the physician workforce. Dr. Davis cited a survey done by Modern Healthcare that shows that forty-six percent (46%) of NYC Health + Hospitals senior management were from ethnic racial minority groups, which was higher than most other hospital systems.

Dr. Davis also mentioned work that has already begun to create Inclusion Workgroups, and shared that the Black Female Physician Group will meet this month, and also shared the work underway to streamline how REaLD/SOGI data is collected and analyzed. Next steps are to convene the EWGs, develop the work plans, and establish success metrics.

Mr. Peña-Mora asked if there was old business or new business. Hearing none, he thanked the EDI Committee, NYC Health + Hospitals staff and board members for their time and adjourned the meeting at 12:08 a.m.

FPM: mlr

Equity, Diversity and Inclusion Committee

June 7, 2021

Equity & Access Council Update

Nichola Davis, M.D.

Vice President, Chief of Population Officer

Natalia Cineas, DNP, RN, NEA-BC

Sr. Vice President, Chief Nurse Executive

Update

- Developing the System Level Metrics

- Equity Workgroups Kickoff meetings being scheduled

  - Develop work plans (with timelines)

  - Establish success metrics for each workgroup

Proposed Equity Metrics- System Level

Focus Area	Metric	Reporting Interval	Notes
Workforce Diversity and Inclusion	Under discussion with HR, Office of Diversity, and the Equity & Access Council	TBD	Limited change quarter to quarter, likely annual changes
Equity of Care	% of System Chronic Disease dashboards with integrated race, ethnicity and language values	Quarterly	- A1C - Depression - Chronic diseases based on Race/Ethnicity - Inclusion of Race/Ethnicity metrics in dashboards
MWBE	Under discussion with SVP Business Ops; SVP Facilities Development	TBD	TBD

Equal Employment Opportunity (EEO) Report Out

Blanche Greenfield, Esq.

Deputy Counsel and

Chief Employment Counsel

Mission of the Office of EEO

It is the mission of the Office of EEO to uphold and reaffirm the System's commitment to equal employment opportunity and to support a culture of respect and inclusion in the workplace. Pursuant to its mission, the Office of EEO is responsible for, among other things, reviewing and responding to informal and formal complaints of discrimination, harassment, and retaliation, reviewing requests for reasonable accommodations, and providing specialized EEO trainings.

The responsibilities of the Office of EEO include, but are not limited to:

- Maintaining the System's compliance with all federal, state, and local anti-discrimination laws to ensure equal opportunity within the terms, conditions and privileges of employment;
- Providing an internal avenue of redress through the investigation and resolution of complaints of unlawful employment discrimination and harassment;
- Reviewing and responding to requests for reasonable accommodation, which includes, requests for accommodation due to a disability; pregnancy, childbirth, breast feeding or related medical conditions; and/or status as a victim of domestic violence, sex offenses, or stalking;
- Delivering EEO trainings for the System;
- Responding to complaints of discrimination and/or retaliation filed with external civil rights enforcement agencies.
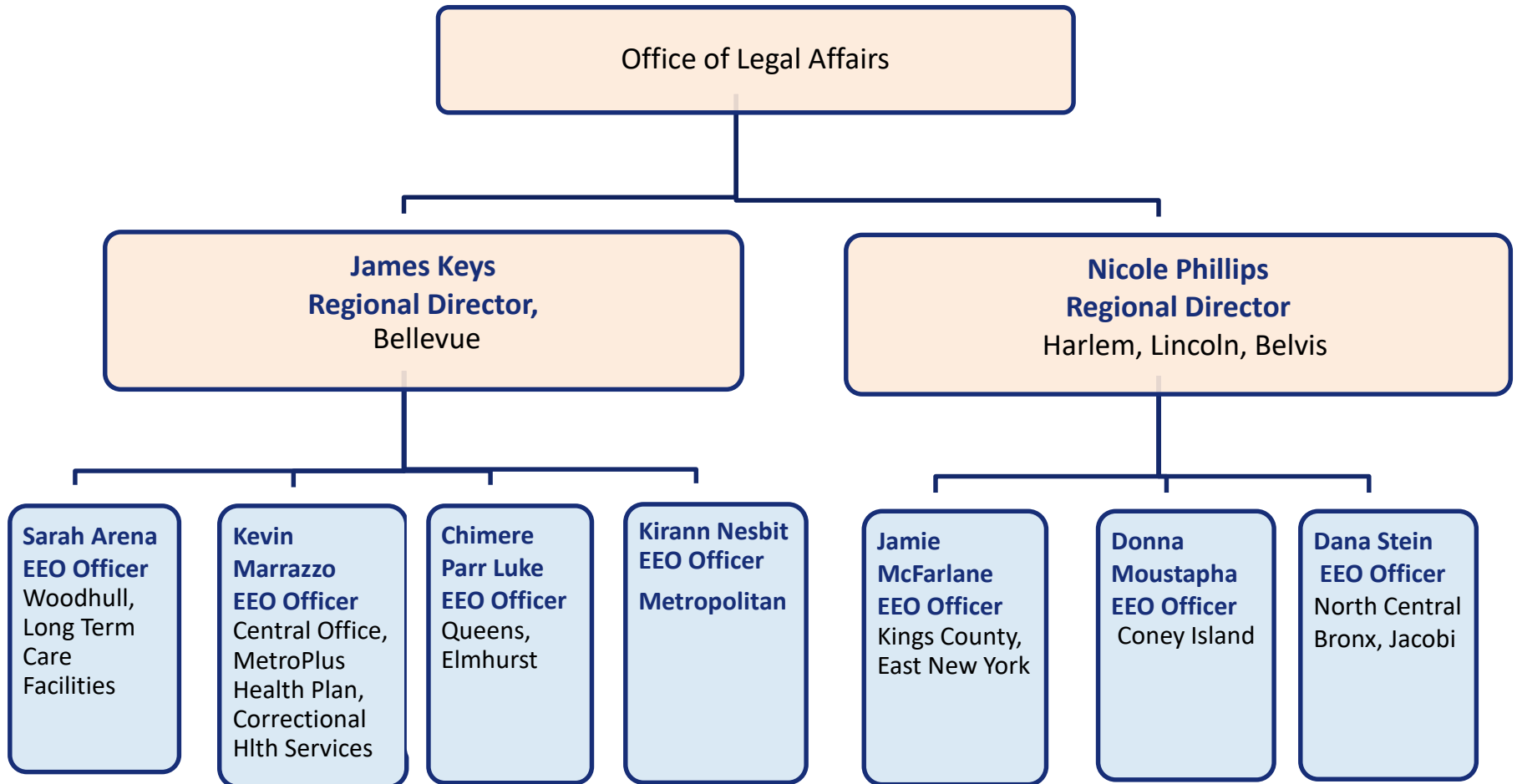
EEO Metrics - Definitions

Reasonable Accommodations (RAs): Modifications to a job and/or actions taken which allow employees and/or applicants for employment to perform the essential functions of their job and/or to enjoy equal benefits and privileges of employment. The Office of EEO is responsible for reviewing all requests for a reasonable accommodation due to disability; status as a victim of domestic violence, sex offenses, or stalking; and/or pregnancy, childbirth or related medical conditions.

Internal Complaints: Complaints filed by System employees or applicants for employment with the System's Office of EEO alleging a violation of the System's EEO Policy. These complaints are reviewed by the EEO personnel assigned to the complainant's facility and where applicable an investigation is conducted and a letter is issued to the complainant regarding any determination.

External Complaints: Formal complaints alleging unlawful discrimination and/or retaliation filed with an external Civil Rights Agency, such as the Equal Employment Opportunity Commission (EEOC), the New York State Division of Human Rights and/or the New York City Commission on Human Rights.

Office of EEO Staffing and Assignments

NYC HEALTH+ HOSPITALS

Office of Legal Affairs

**James Keys
Regional Director,**
Bellevue

**Nicole Phillips
Regional Director**
Harlem, Lincoln, Belvis

**Sarah Arena
EEO Officer**
Woodhull,
Long Term
Care
Facilities

**Kevin
Marrazzo
EEO Officer**
Central Office,
MetroPlus
Health Plan,
Correctional
Hlth Services

**Chimere
Parr Luke
EEO Officer**
Queens,
Elmhurst

**Kirann Nesbit
EEO Officer**

Metropolitan

**Jamie
McFarlane
EEO Officer**
Kings County,
East New York

**Donna
Moustapha
EEO Officer**
Coney Island

**Dana Stein
EEO Officer**
North Central
Bronx, Jacobi

Reasonable Accommodation Requests 2018-2020

	Reasonable Accommodations
■ 2018	1,733
■ 2019	1,732
■ 2020	2,728

■ 2018   ■ 2019   ■ 2020
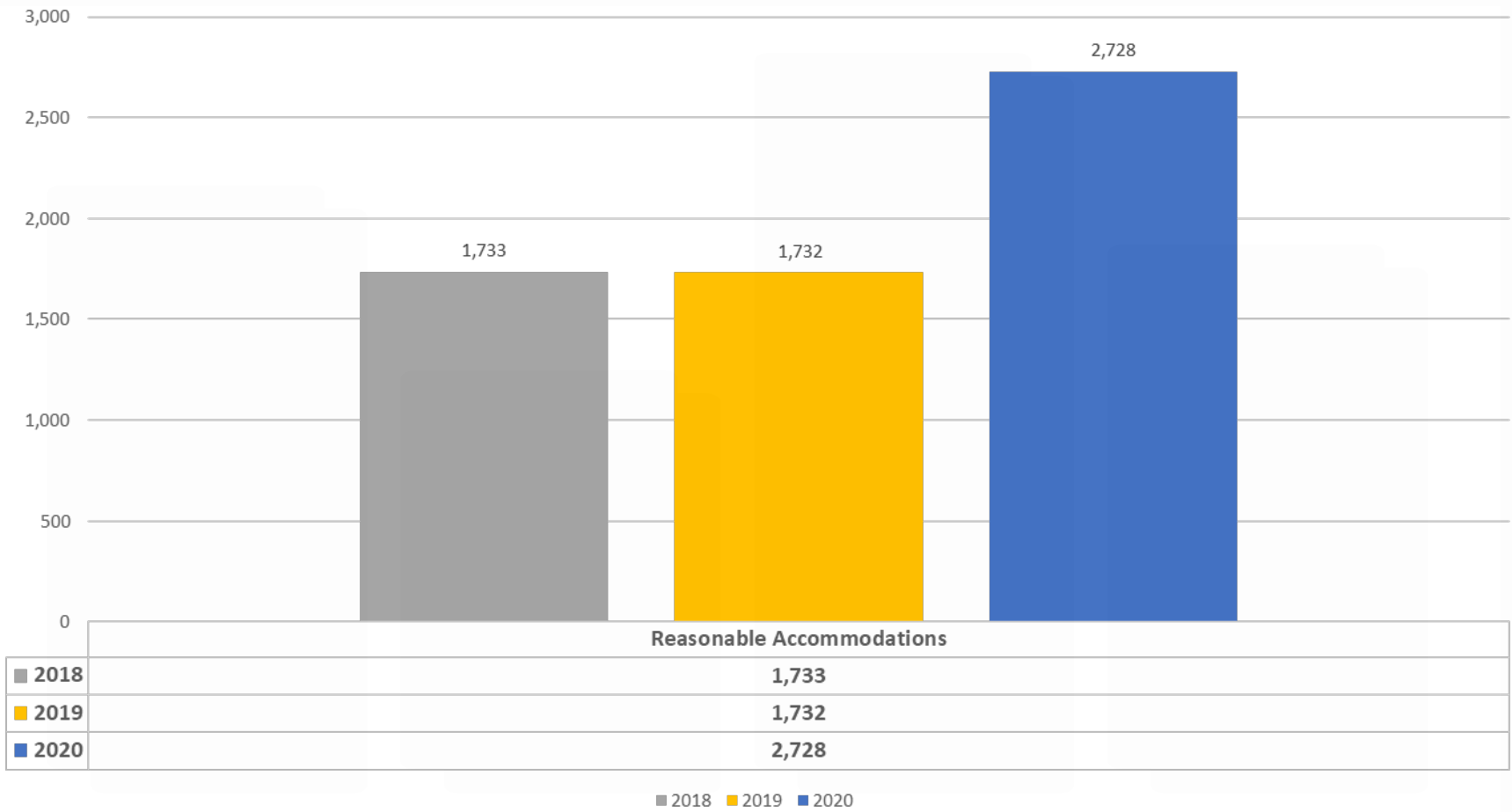
*Note: A reasonable accommodation request may be administratively closed for a number of reasons, including, but not limited to the requester withdrawing the request as it is no longer required, the request is not covered by the EEO Policy (e.g. childcare), the requester seeks leave that is otherwise covered by an HR-approved leave (e.g. FMLA), the requester is separated from the System prior to a determination, etc.

Reasonable Accommodation Breakdown for 2018-2020
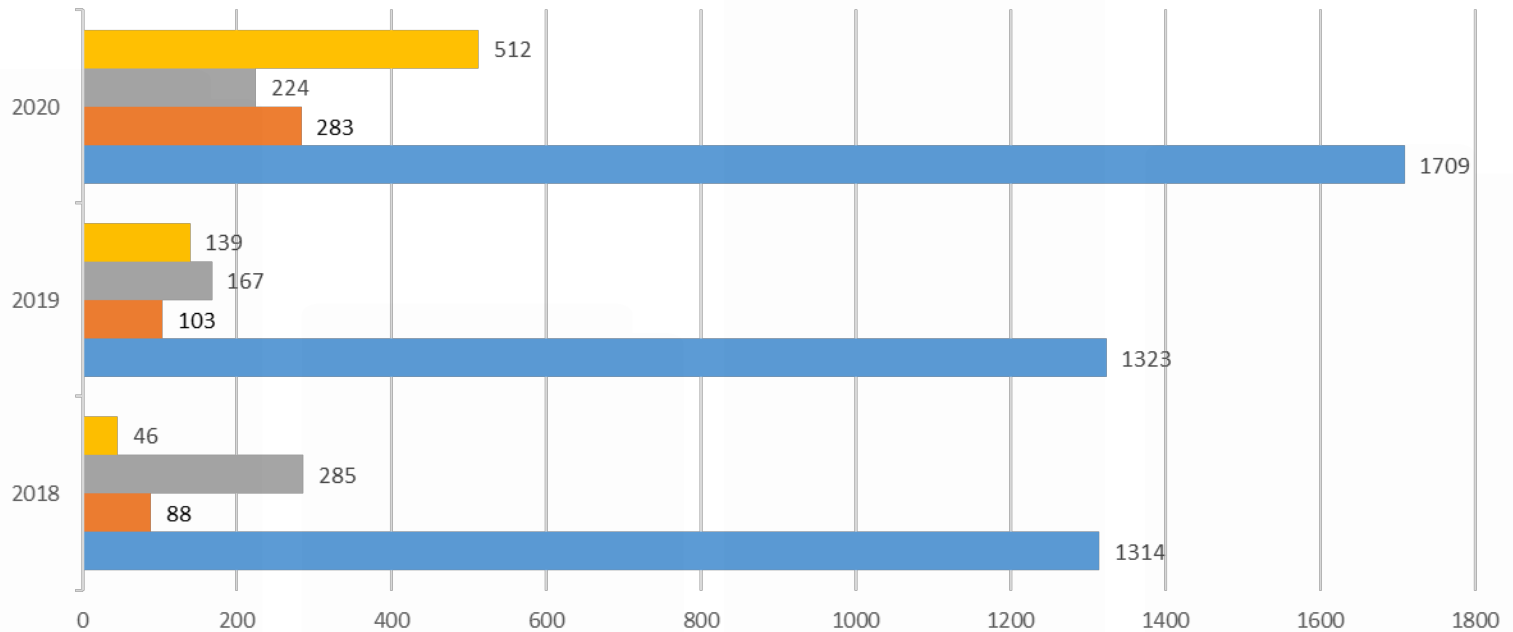
	2018	2019	2020
Total # Pending RAs	46	139	512
Total # Administratively Closed RAs*	285	167	224
Total # Denied RAs	88	103	283
Total # of Approved RAs	1314	1323	1709

Internal Complaints by Year 2018-2020

	Internal Complaints
■ 2018	130
■ 2019	167
■ 2020	145
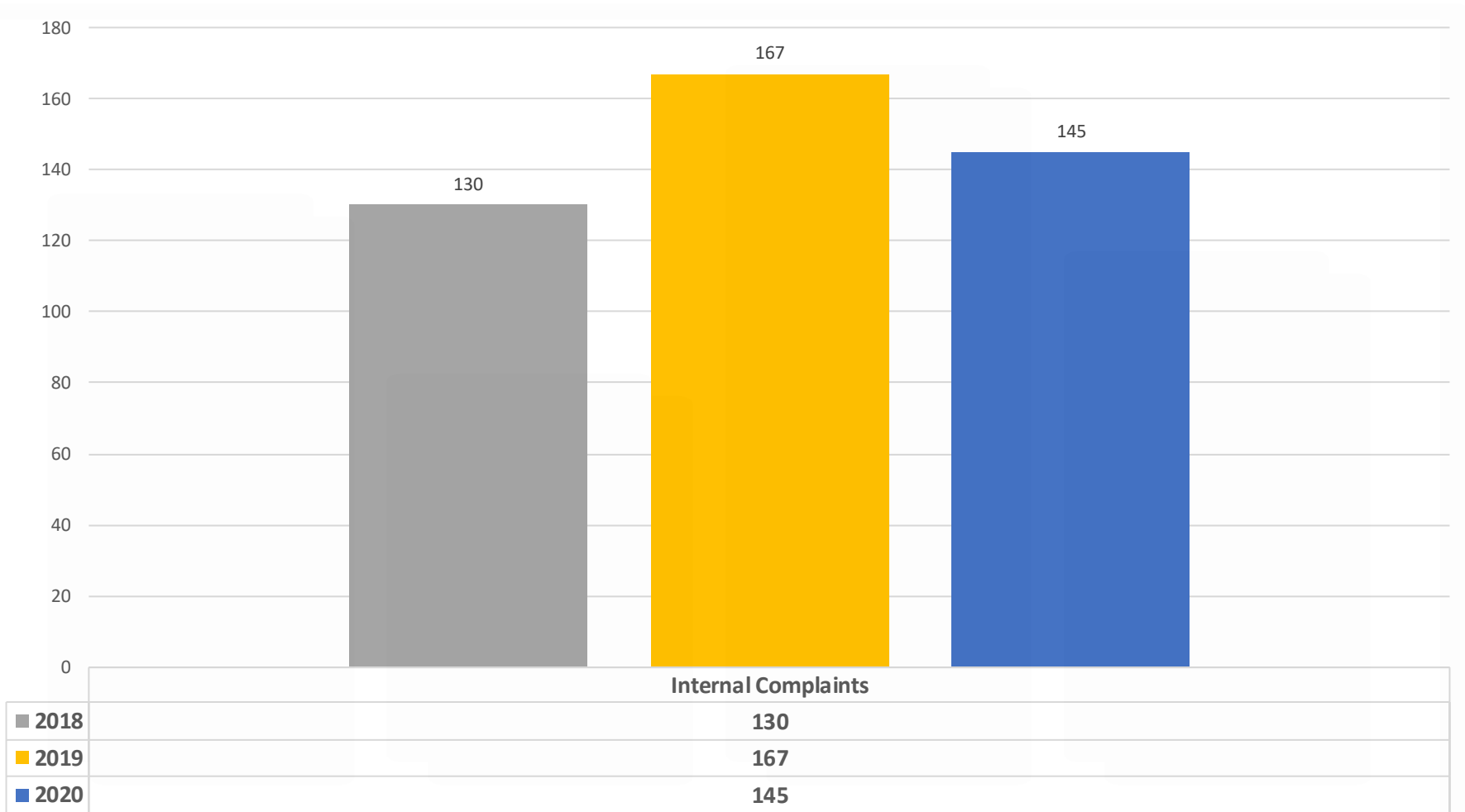
Breakdown of Internal Complaints
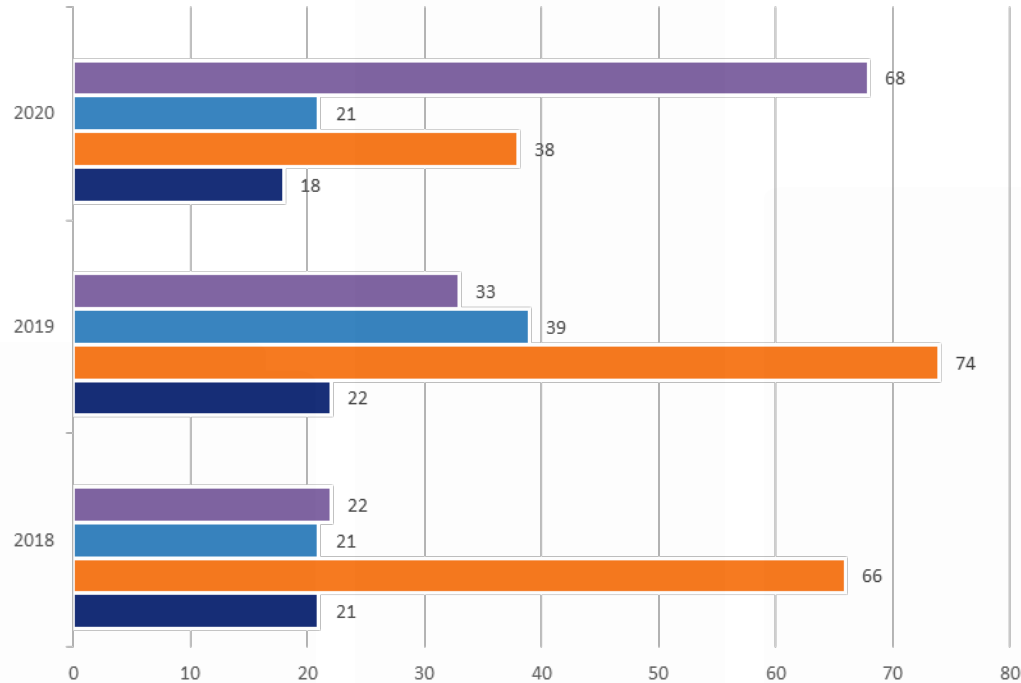
	2018	2019	2020
■ Other	0	0	0
■ Total # Pending/Open	22	33	68
■ Total # Administratively Closed/Withdrawn*	21	39	21
■ Total # Closed with No Reasonable/Probable Cause Determination	66	74	38
■ Total # Closed with Reasonable/Probable Cause Determination	21	22	18

2018-2020 Complaints Internal by Basis

Note: There may be multiple bases for a single complaint. Data does not reflect total number of complaints.

	Sexual Harassment	Race	Retaliation	Natl Origin	Disability	Color	Sex - Gender	Sexual - Orientation	Age	Religion	Pregnancy	Familial Care giver Status	FMLA	Military Status	Alienage Citizenship Status	Gender Identity	Marital Partnership Status	Other	Credit - Salary History	Victim of Domestic Violence
2018	40	31	23	12	13	10	10	10	8	6	2	1	1	1	0	0	0	0	0	0
2019	47	42	43	22	19	17	16	11	0	19	4	4	2	0	1	8	3	11	3	3
2020	47	42	31	27	14	16	21	13	9	8	3	5	3	0	2	4	0	6	2	0
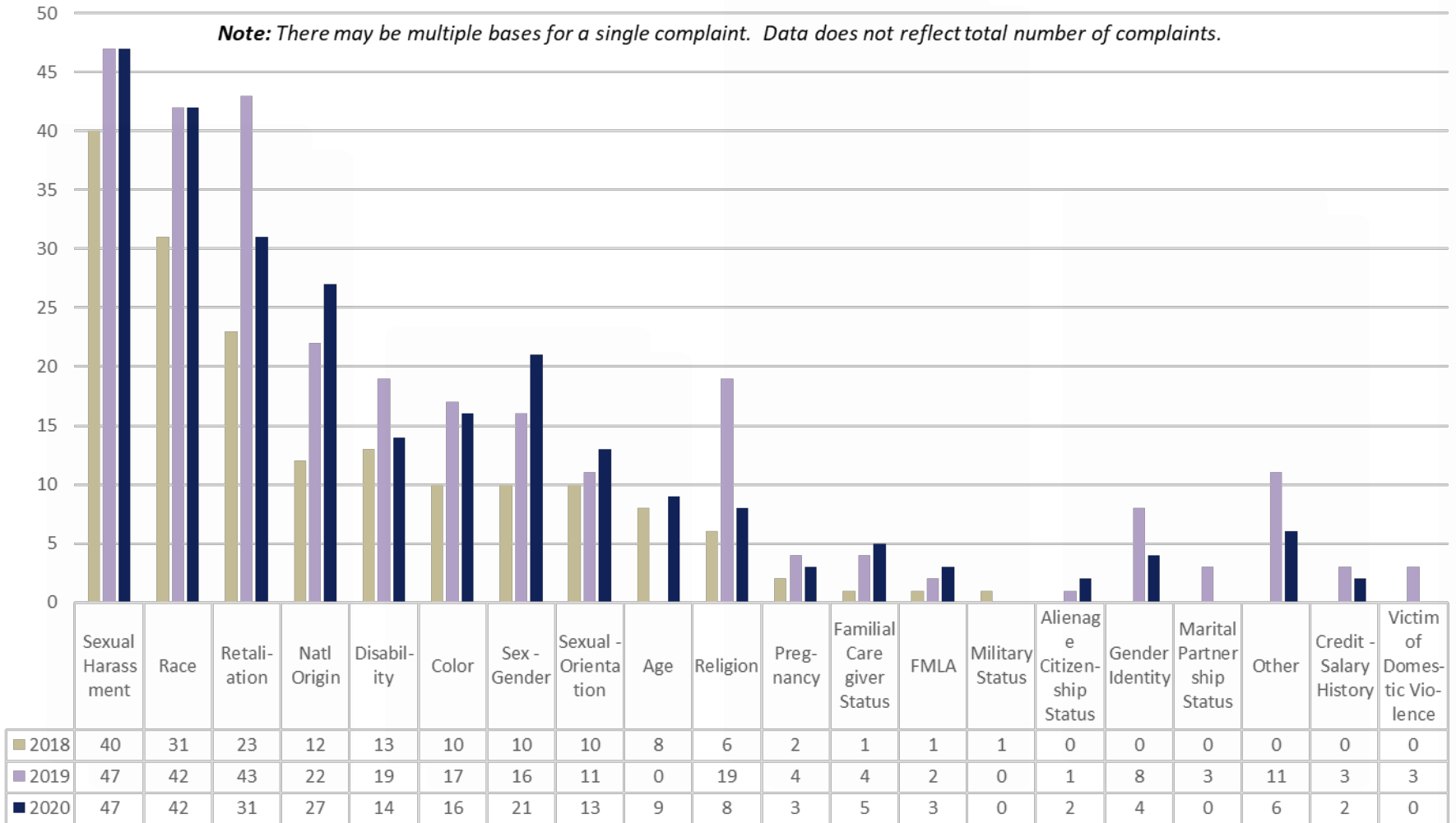
External Complaints by Year 2018-2020
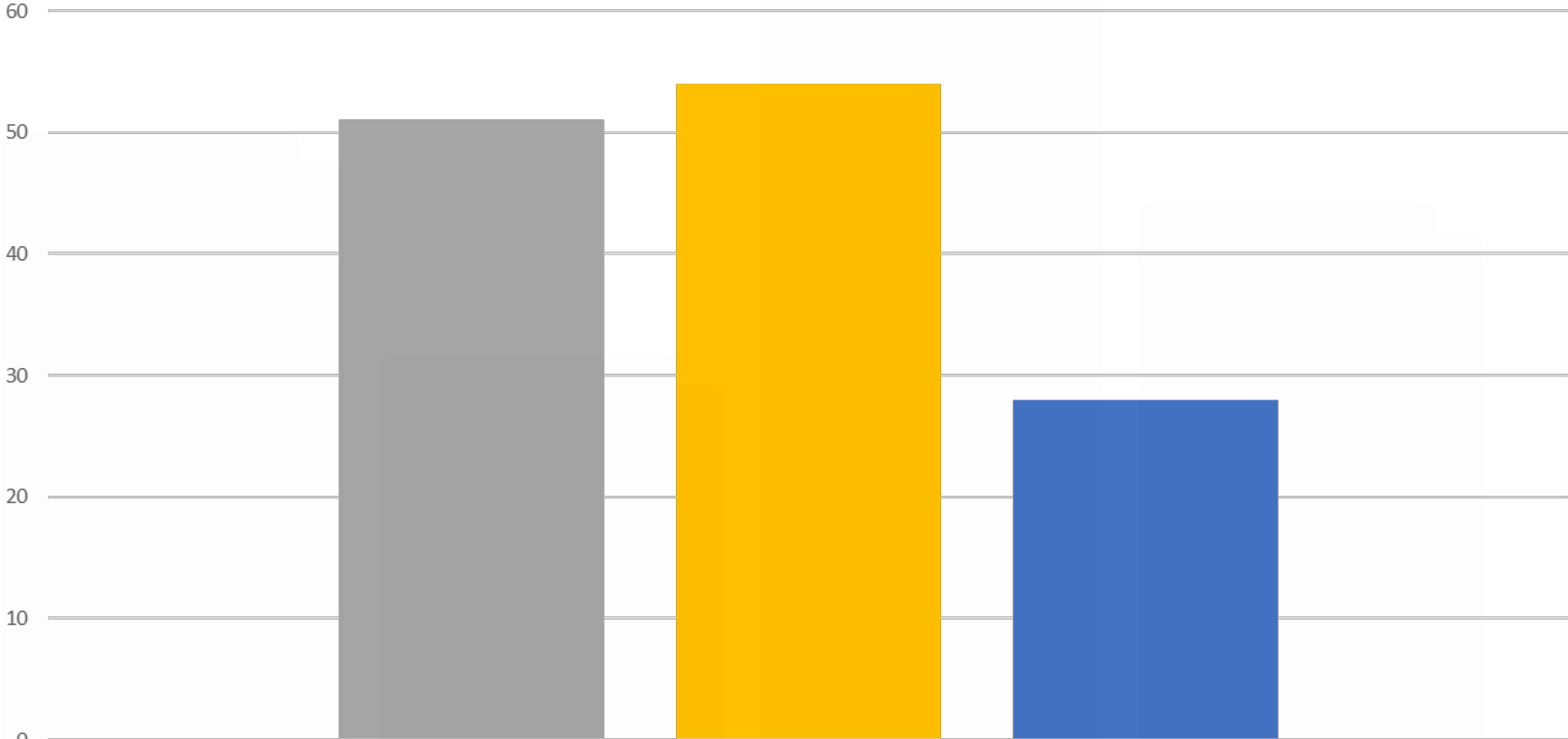
	External Complaints
2018	51
2019	54
2020	28

2018-2020 Complaints External by Basis

Note: There may be multiple bases for a single complaint. Data does not reflect total number of complaints.
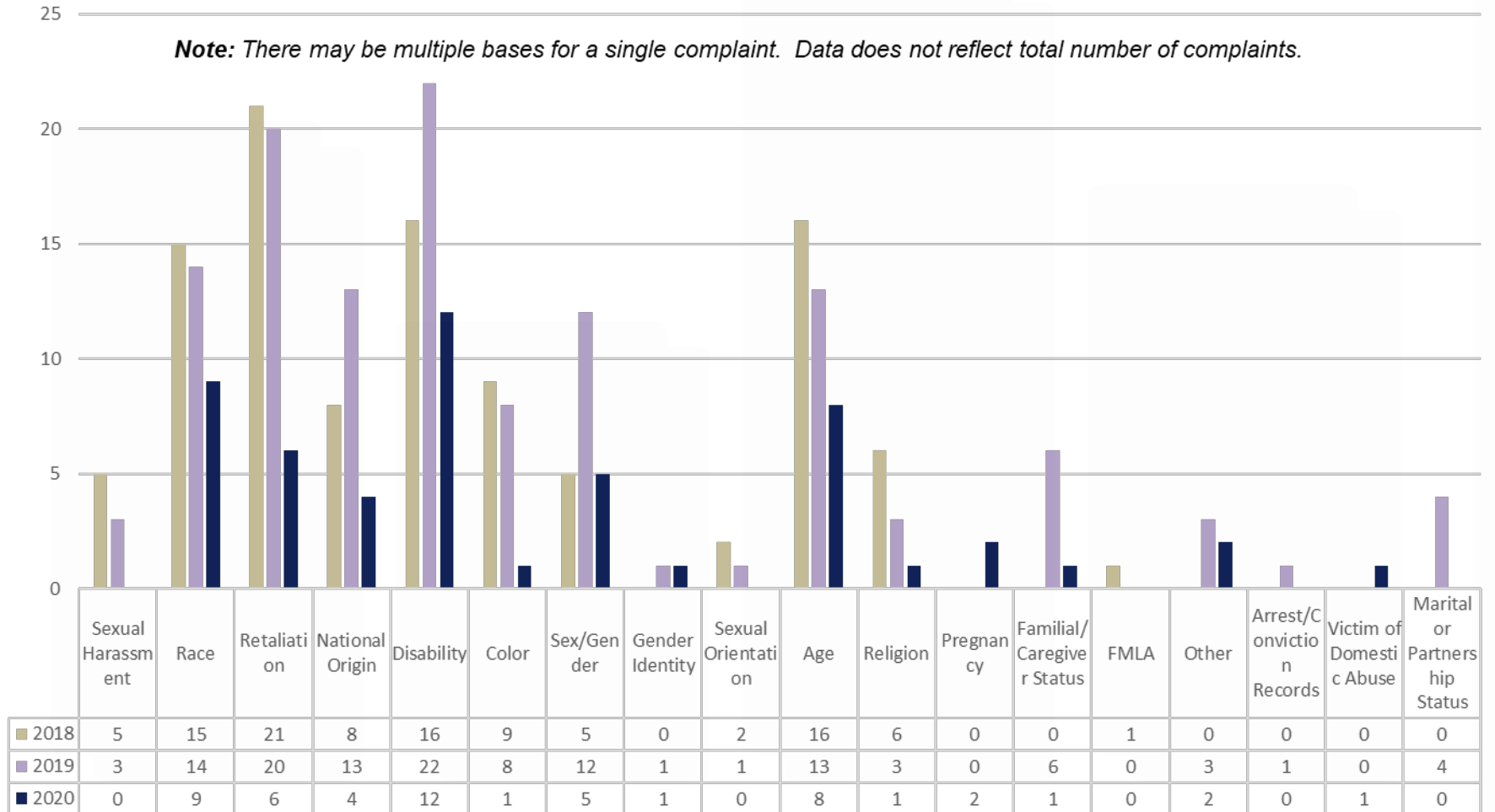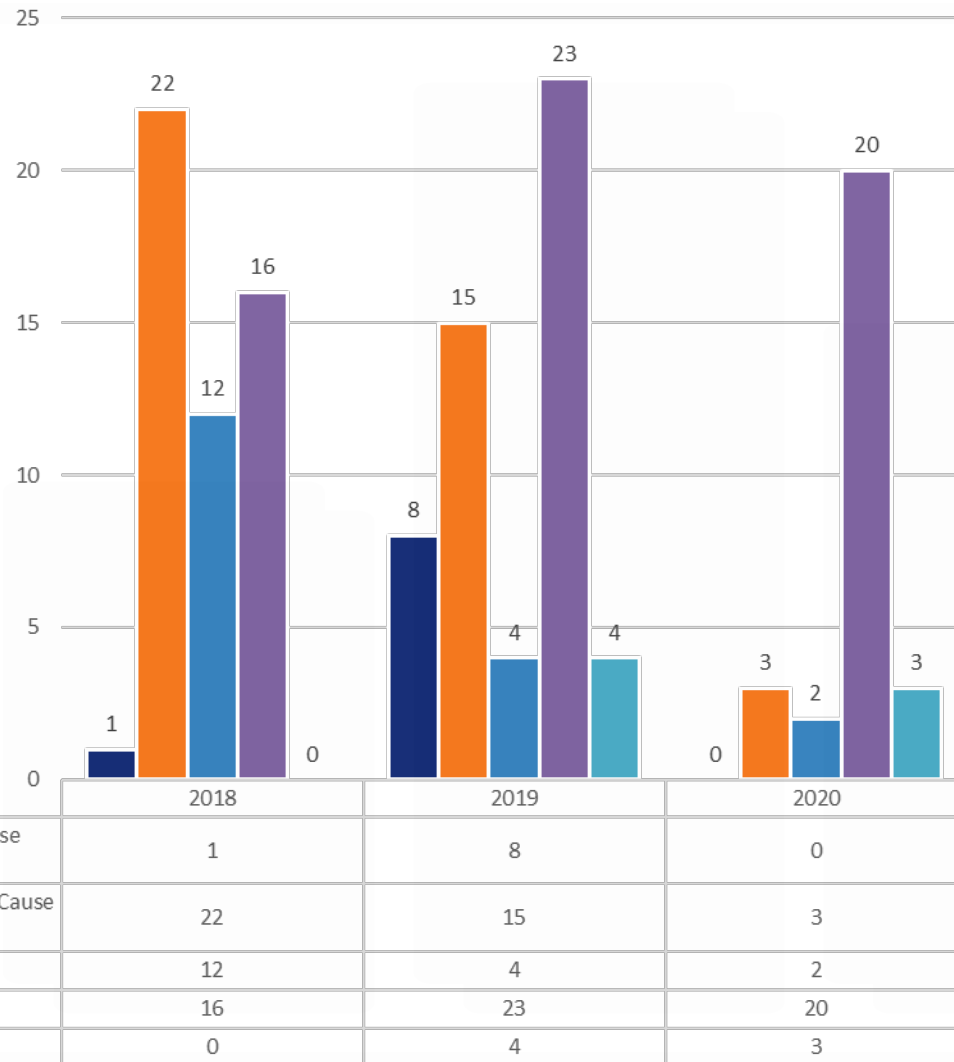

	Sexual Harassment	Race	Retaliation	National Origin	Disability	Color	Sex/Gender	Gender Identity	Sexual Orientation	Age	Religion	Pregnancy	Familial/Caregiver Status	FMLA	Other	Arrest/Conviction Records	Victim of Domestic Abuse	Marital or Partnership Status
2018	5	15	21	8	16	9	5	0	2	16	6	0	0	1	0	0	0	0
2019	3	14	20	13	22	8	12	1	1	13	3	0	6	0	3	1	0	4
2020	0	9	6	4	12	1	5	1	0	8	1	2	1	0	2	0	1	0

Breakdown of External Complaints 2018-2020

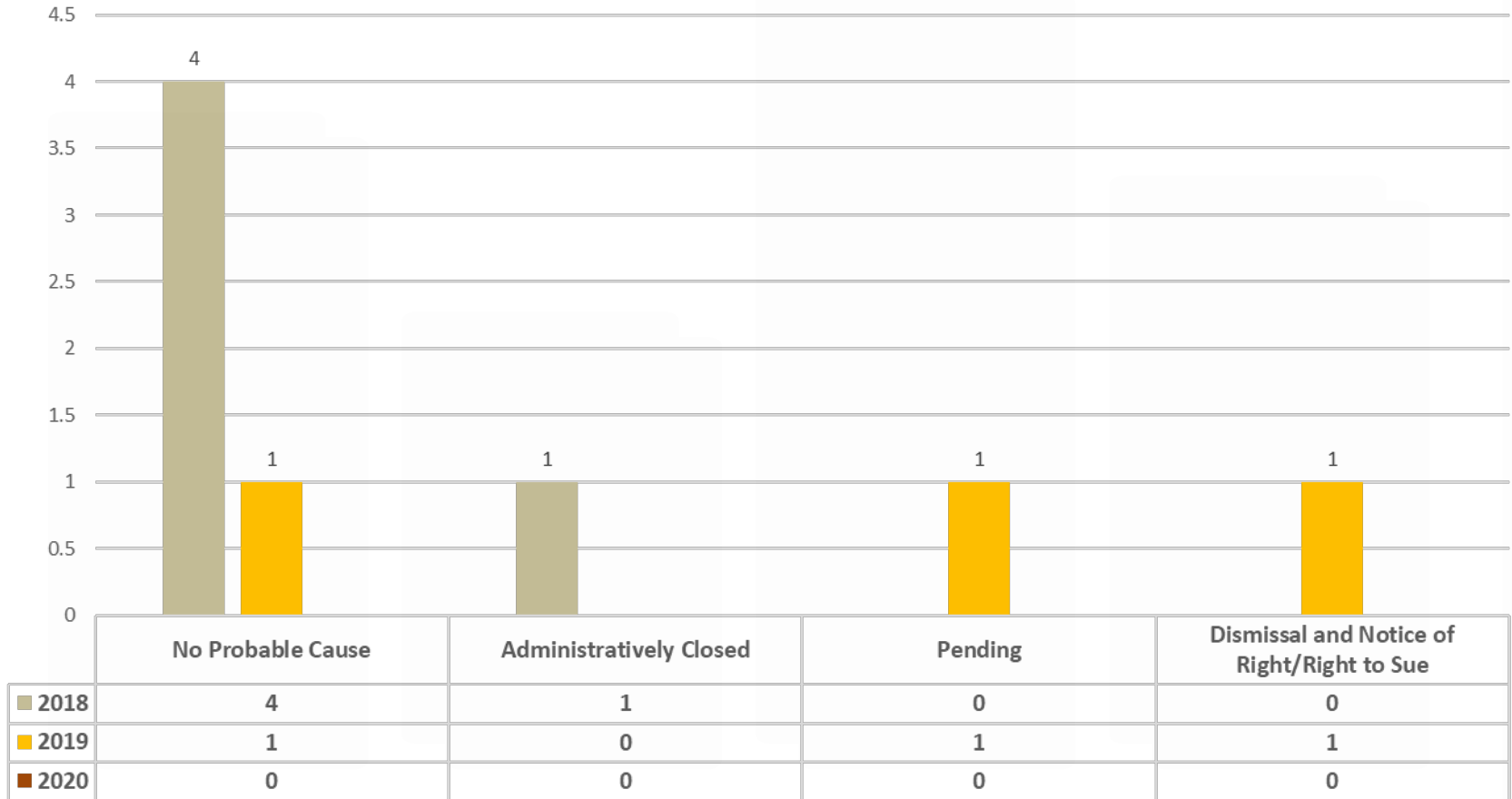|	2018	2019	2020
■ Total # Closed with Reasonable/Probable Cause Determination	1	8	0
■ Total # Closed with No Reasonable/Probable Cause Determination	22	15	3
■ Total # Administratively Closed/Withdrawn*	12	4	2
■ Total # Pending/Open	16	23	20
■ Dismissal and Notice of Right/Right to Sue	0	4	3

Note: There may be multiple bases for a single complaint. Accordingly, the above does not reflect total number of complaints.

Reasonable Accommodation 2016- 2020
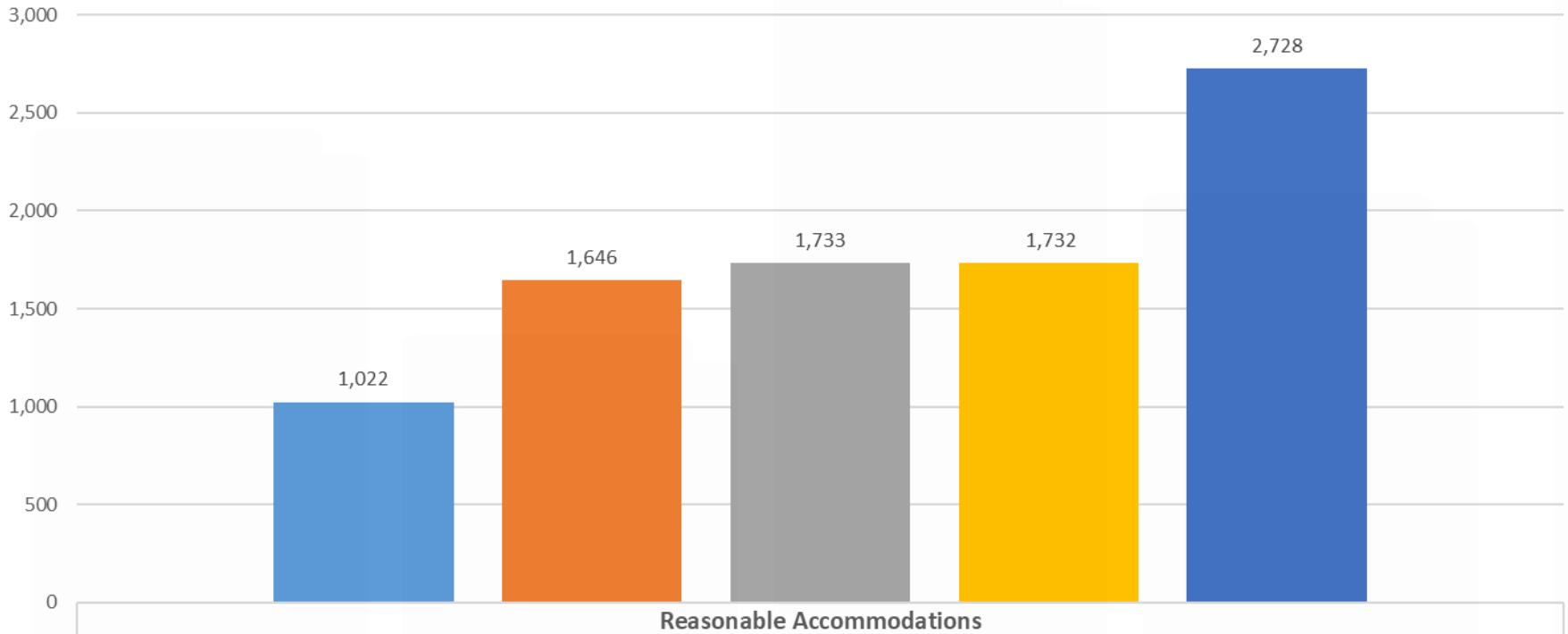
	Reasonable Accommodations
2016	1,022
2017	1,646
2018	1,733
2019	1,732
2020	2,728

Sexual Harassment External Complaints 2018 thru 2020

	No Probable Cause	Administratively Closed	Pending	Dismissal and Notice of Right/Right to Sue
2018	4	1	0	0
2019	1	0	1	1
2020	0	0	0	0

EEO Updates

- In February 2019 the Office of EEO implemented the "EEO Gateway" Data Tracking Database Application, Updates are being made to the EEO Gateway in order to capture additional fields
  - Central repository for EEO matters across the system
  - Tracks all internal and external complaints
  - Tracks all requests for reasonable accommodation
  - Generates reports on EEO Activity by facility
  - EEO Policy was revised in August 2020 to reflect changes in law and to provide EEO officers with an alternative internal avenue for filing an complaint
  - Recruiting to fill two (2) EEO positions