Organizational Strategies for Building Cultures of Equity: Accountability, Culture and Transparency
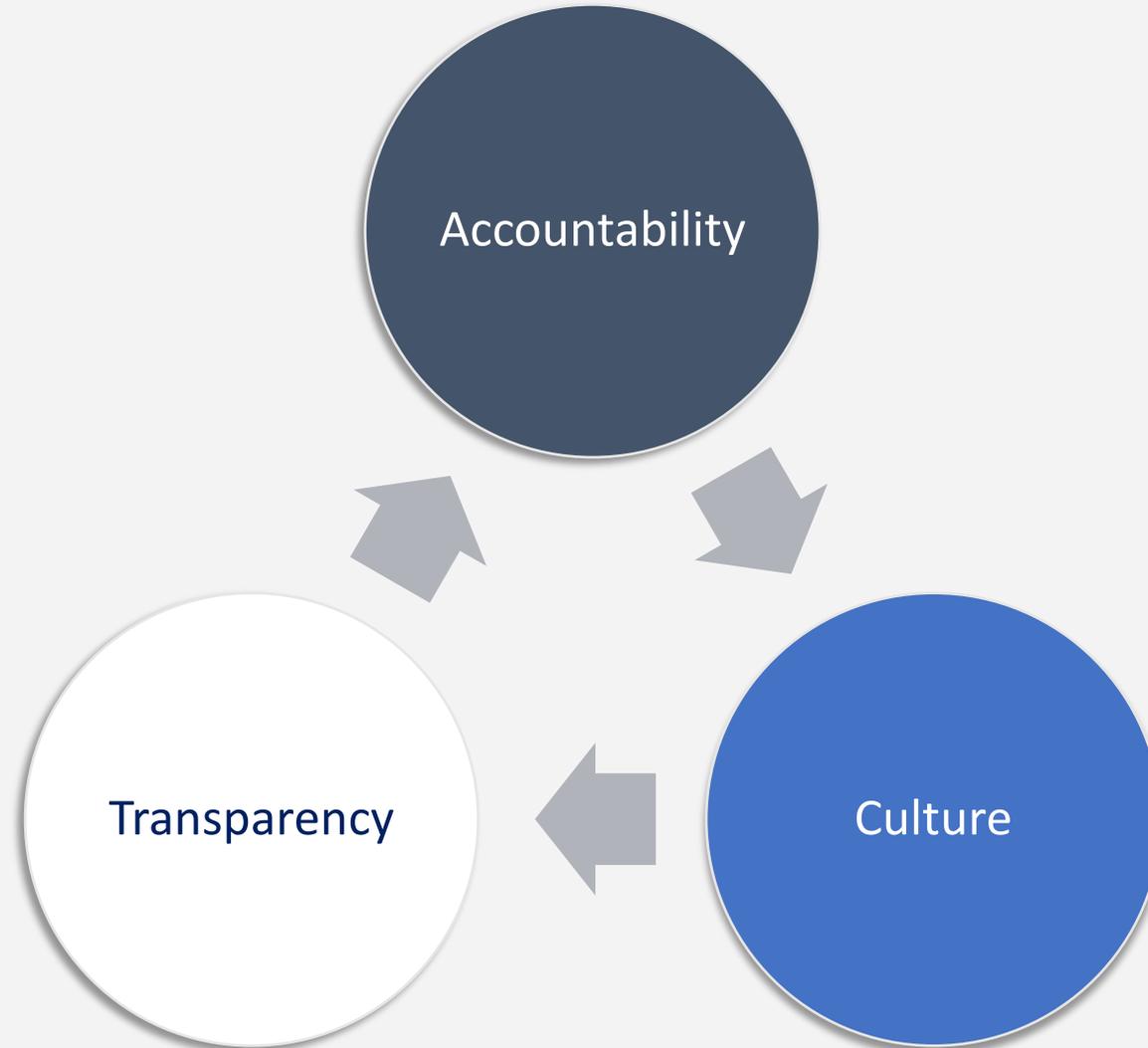
Brandi Newman, MSN, RN, NEA-BC, FACHE
Strategic Operations Lead
Community and Social Impact
Advocate Health

05/16/2023

The Framework

Health Equity

Who is accountable?

Who is responsible?

Governance and Accountability Model for the Center

Advocate Health Board of Directors

DEI Committee of Advocate Health Board

Health Equity Executive Council
(Led by Center for Health Equity)

Subcommittee

Subcommittee

Subcommittee

Community

Advocate Health Board of Directors:
- Approves vision and sets the budget for the Health Equity Center
- Hold the Center accountable to outcomes

DEI Committee of Advocate Health Board:
- Serves as a standing committee of the Advocate Health Board of Directors
- Provides oversight for the overall strategy and ensures the Center is functioning and advancing health equity as intended

Health Equity Executive Council:
- Includes but not limited to: IT, Clinical, Medical group, Managed Care, Quality, Population Health, External Affairs, Academics/Research, Government Relations, Finance, Strategy, and Marketing and Communications
- The council will form subcommittees around core operations and focus areas to help inform and drive bodies of work of the center

Community:

The Center will…
- Communicate with and receive feedback from the community
- Engage with the standing community-facing boards, councils and committees of the organization
- Leverage national thought leaders from an advisory capacity.

Social Impact Strategy Blueprint

Atrium Health

Our Four Health Equity Pillars

Access	Quality & Outcomes	Acute Social Needs	Social Determinants of Health

OUR PATHWAYS FOR IMPACT

Access	Quality & Outcomes	Acute Social Needs	Social Determinants of Health
Community Clinics **Virtual Care** **Mobile/ Home Health** **AH Teammate Onsite Care**	**System Goal Alignment** **Reduce Mortality** **Disparities Elimination**	**Social Care Connections** **Community Partners** **Community Programs**	**Employment** **Affordable Housing** **Food Security**

OUR ASSETS AND LEVERS ▶
- Power
- Platform
- Resources

Address Systemic Racism

OUR BOLD GOAL

By 2030, Atrium Health will **reduce the life expectancy gap** in our most underserved communities

Why Us, Why Now?

Atrium Health Has Significant Social, Political & Economic Levers of Impact

POWER
Weight we can leverage

Largest Employer

Health Care Services

Education

Anchor of Community

PLATFORM
Organizational tools we have to influence in support of our priorities

Policy & Advocacy

Partnerships

Foundation/Grants

Research

Volunteerism

RESOURCES
Organizational resources we have at our disposal to build outreach and impact

Sponsorships

Investments

Supplier Contracts

Data & Analytics

Teammate Giving

Massachusetts General Hospital
Founding Member, Mass General Brigham

Applying an Equity Framework to Patient Safety Events and Root Cause Analysis

Aswita Tan-McGrory, MBA, MSPH

Director, the Disparities Solutions Center

Director, Equity in Care Implementation

Administrative Director of Research, Dept of Medicine

Follow us on Twitter: @atanmcgrory @MGHdisparities

Like us on Facebook: www.facebook.com/disparitiessolutionscenter

HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Outline

New bias/discrimination pilot in patient safety event reporting system (RL solutions)

Current trends in the reports

Resources we can provide: Patient code of conduct policy, ending racism training and upstander training

Mass General Brigham

Outline

Accountability -New bias/discrimination pilot in patient safety event reporting system (RL solutions)

Culture –Current trends in the reports

Transparency – Annual Report on Equity in Healthcare Quality

Mass General Brigham

Safety Reporting System   ?

Safety Reporting MGH now includes the RACISM/DISCRIMINATION ICON.

This icon is intended for staff to submit concerns involving **racism/discrimination that impacts patient care**. Additionally, staff can note concerns related to racism/discrimination within any icon by responding to the question – "Is there a concern for racism or discrimination in this case?" with an opportunity to provide details if selected yes.

In addition to reporting racism/discrimination **towards** patients, please view the Patient Code of Conduct for further guidance on responding to and reporting discrimination from patients, family, visitors, or research participants toward others.

Please contact the Center for Quality & Safety at mghsafetyreporting@partners.org for any questions.

Thank you for your commitment to staff and patient safety!

MGH Safety Reporting Team
MGH Center for Quality and Safety

Close

Please use the search above to narrow down your event results by using keywords to describe the event that you're looking for. SCROLL DOWN TO SEE ALL ICONS

If you would like to practice entering a safety report, you can do so by clicking here. Please note safety events submitted in the training site are not triaged/followed up.

Kind Words

Peer Support

Racism/Discrimination

Head Strike (Employee only)

Employee General Incident
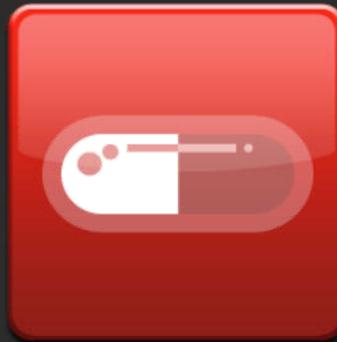
Adverse Drug Reaction(Patients Only)

Airway Management

Blood / Blood Product

General Event Information

Event Classification	* PROFESSIONAL CONDUCT
Classification of Person	*
Injury Incurred	
Did eCare/EPIC cause or contribute to this event?	
Is there a concern for racism or discrimination in this case?	

Employee files safety report with racism/discrimination tag

Quality triages to file owner department

Department investigates, consult in-house equity expert if available

Consult Equity Medical Director and Director of Equity in Care Implementation as needed

Provide resources to department, follow up with employee who filed report

Employee files safety report with racism/discrimination tag

Quality triages to file owner department

Department investigates, consult in-house equity expert if available

Consult Equity Med Director and Director of Equity in Care Implementation as needed

Provide resources to department, follow up with employee who filed report

Employee or supervisor reaches out through informal channels
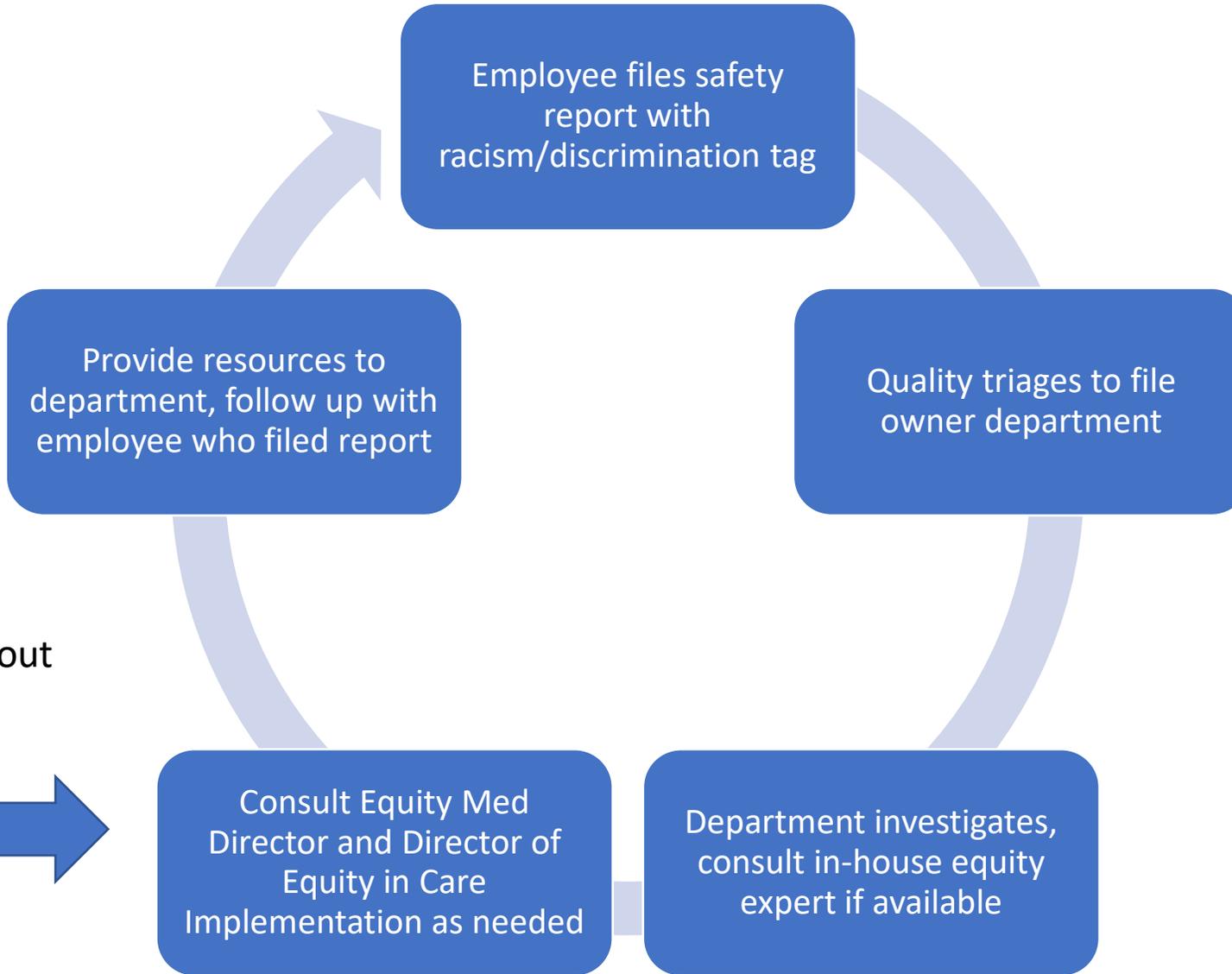
How We Have Identified Disparities in the Past – Passive Use of Data

```
┌─────────────────────┐
│   Collect race,     │
│ ethnicity, language │
│       data          │
└─────────────────────┘
          │
          ▼
┌─────────────────────┐
│  Stratify quality   │
│  metrics by REaL    │
└─────────────────────┘
          │
          ▼
┌─────────────────────┐
│  Annual Report on   │
│ Equity in Healthcare│
│  Quality (AREHQ)    │
└─────────────────────┘
          │
          ▼
┌─────────────────────┐
│      Quality        │
│    Improvement      │
│      Project        │
└─────────────────────┘
```

Annual Report on Equity in Health Care Quality
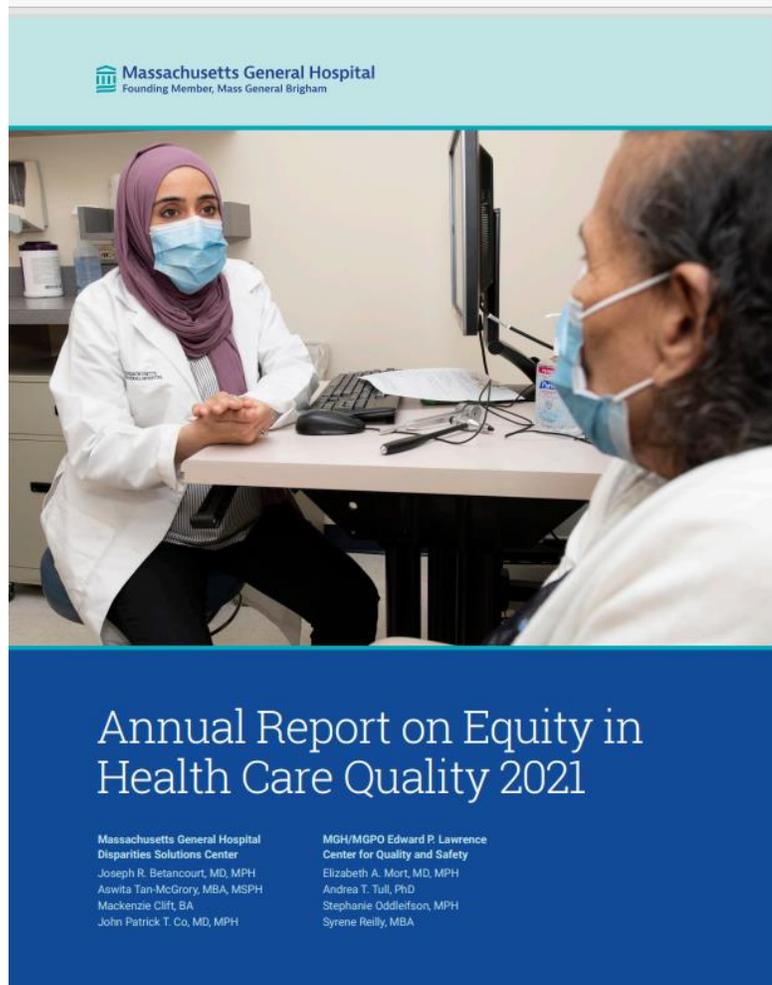
- Demographic Profile of MGH patients

- Improving Patient Experience: Focus on Asian Patient Experience

- Serving Patients with Limited English Proficiency

- Obstetrics/Gynecology: Improvement in C-section Rates for Black Women

- Primary Care: Addressing Disparities in Preventive Health Screenings, Chronic Disease Management

Patient Safety Reporting Allows for More Active View on What is Happening Right Now in the Hospital

Safety Report is filed with tag of bias/discrimination

↓

Reviewed by Safety team and Equity Medical Director and Director of Equity in Care Implementation

↓

If needed debrief with team

↓

Opportunity for follow-up through training/educ, policy implementation and smaller debriefs/consultation

Mass General Brigham

What Are We Seeing in the Reports?

Mass General Brigham

There is bias/discrimination by a patient to staff

Patient

Bias

Discrimination

Staff

Resources

Patient code of conduct

Bystander training

Ending racism training

There is bias/discrimination of staff to staff

Staff

Bias

Discrimination

Staff

Resources

Ending Racism training

Bystander training

Concerned Management System (HR)

Mass General Brigham

There is bias/discrimination of staff to patient

Staff

→ Bias

Discrimination

Patient

→ Resources

Ending Racism training

Bystander training

Concerned Management System (HR)

Case debrief if needed

Other Staff or Residents who witness the event
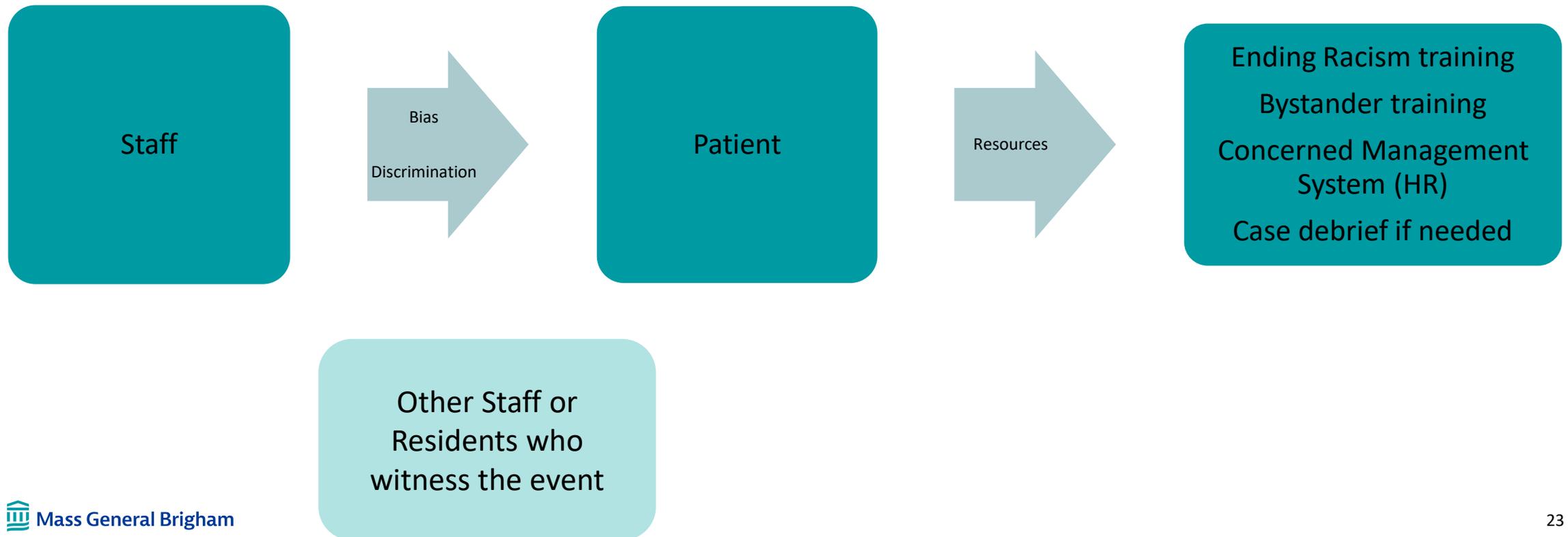
Since the launch, most common themes:

Majority of the reports are on in-patient floors although there are some in the ambulatory space. Reports can be a mix of the previous three scenarios.

- Bias in pain management for patient who are POC (including dispensing medication in pharmacies)
- Bias in care for patients with limited English proficiency (LEP)
- Bias in pain management for patients with SUDs
- Bias/delay in providing treatment for POC
- Impact of these events on POC residents and the relationship with nursing staff
- Reluctance to report for fear of retaliation by floor staff
- We are monitoring for recurring trends

Disclaimer

- **Case studies are intended to be used for educational purposes. These are adaptations of actual, real-life events.**
- **The patients and staff described in the case have been de-identified and anonymized.**

Inside a case:

Brief Summary:

An elder Cambodian speaking oncology patient was in the hospital for less than 48 hours. Their family members also needed assistance of an interpreter to communicate. The patient is decompensating and it was unclear if it was reversable or irreversible.

Resident concern :

Delay in rapid response due to bias for patients with LEP. Interventions that are frequently used to buy time until family can arrive, such as pressors, were contested for this patient for unclear reasons. Comments were made by nursing staff that further raised this concern.

Inside a case:

Outcome of review:

- *1:1 debrief with residents and the Director of Equity in Clinical Care Implementation*
- *Case review with multidisciplinary team including involvement with Director of Equity in Clinical Care Implementation*
- *Determination that there needs to be rapid response criteria that the entire floor/department/unit can agree on– with some leeway for varying clinical procedures*
- *Confirming that there are rapid response reminders throughout the floor*
- *Roll out of MGB wide Ending Racism Training and Upstander Training. Suggested resource is to hold debriefs with teams after the training with Director of Equity in Clinical Care Implementation as a resource.*

Patient Safety & Patients with Limited English Proficiency

Adverse events affect patients with limited English Proficiency (LEP) more frequently and severely than English speaking patients
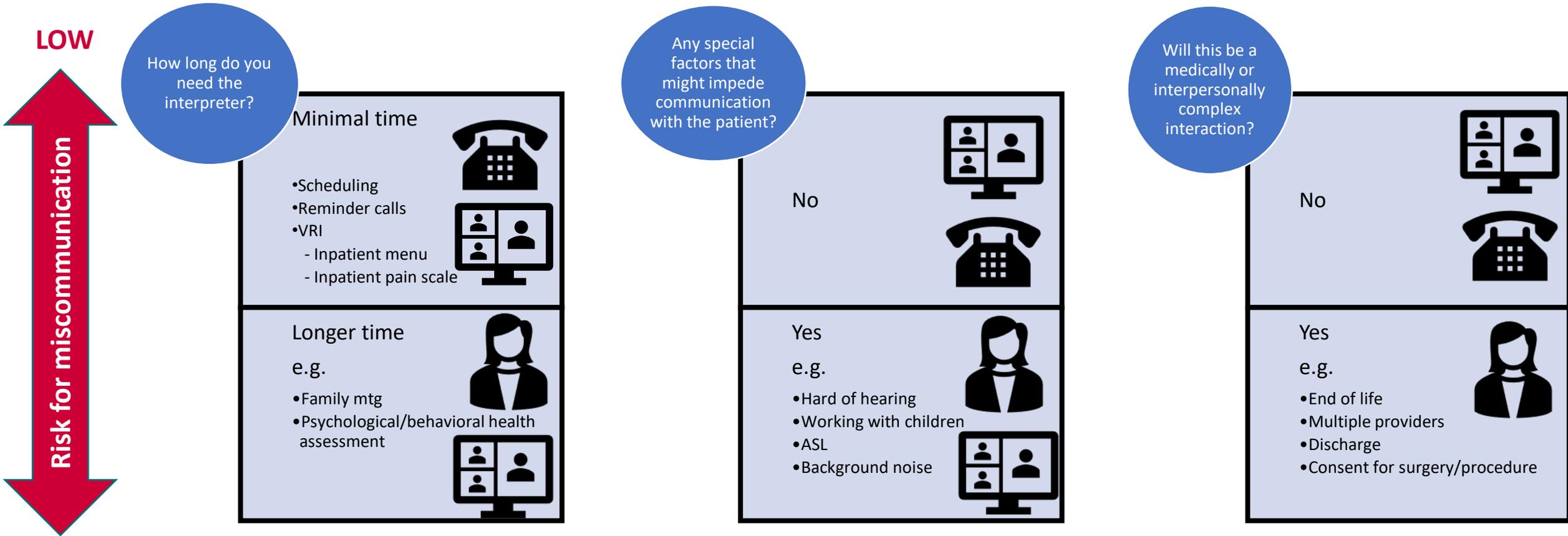
Patients with LEP are more likely to experience medical errors due to communication problems

Patients with LEP are more likely to suffer physical harm when errors occur (49.1% vs. 29.5%)*

*Divi C, Koss RG, Schmaltz SP, Loeb JM. Language proficiency and adverse events in US hospitals: a pilot study. Int J Qual Health Care. Apr 2007;19(2):60-67.

Suggested Guidelines for Interpreter Modality

*This is contingent on resources available which may vary by MGB site

LOW

Risk for miscommunication

HIGH

How long do you need the interpreter?

Minimal time

- Scheduling
- Reminder calls
- VRI
  - Inpatient menu
  - Inpatient pain scale

Longer time
e.g.

- Family mtg
- Psychological/behavioral health assessment

Any special factors that might impede communication with the patient?

No

Yes
e.g.

- Hard of hearing
- Working with children
- ASL
- Background noise

Will this be a medically or interpersonally complex interaction?

No
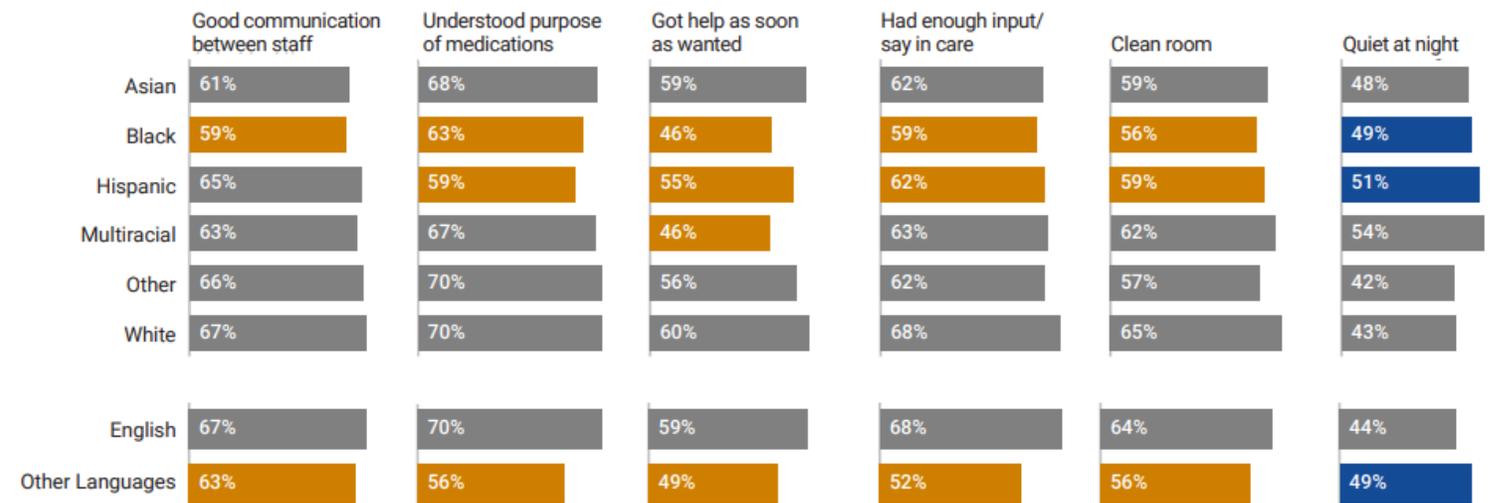
Yes
e.g.

- End of life
- Multiple providers
- Discharge
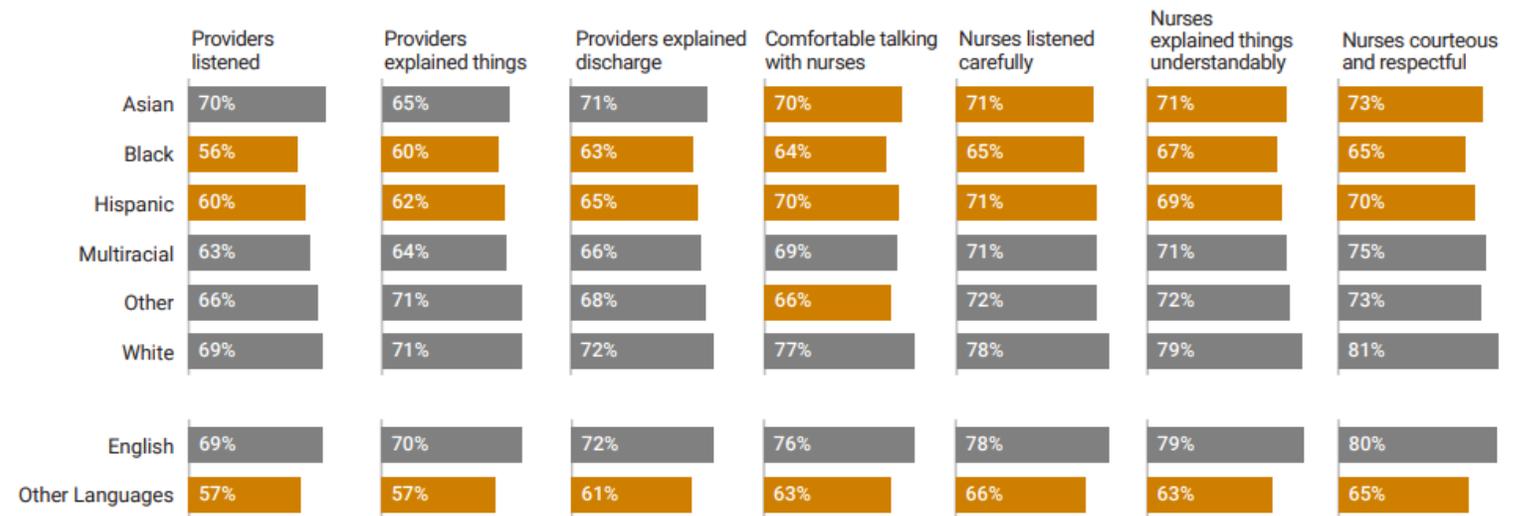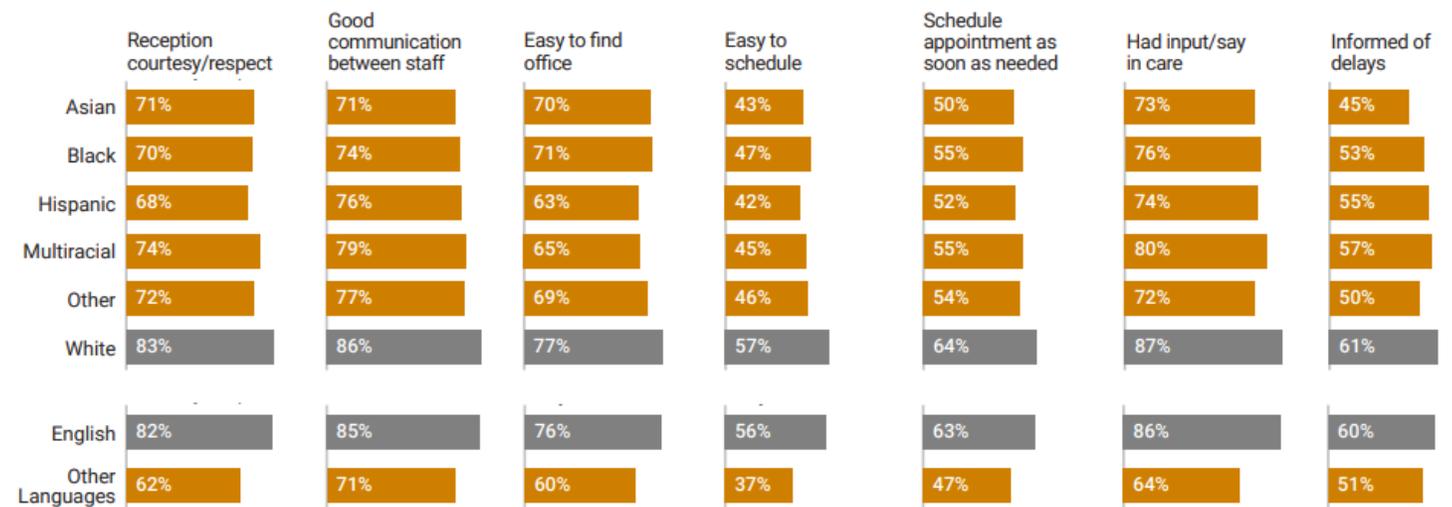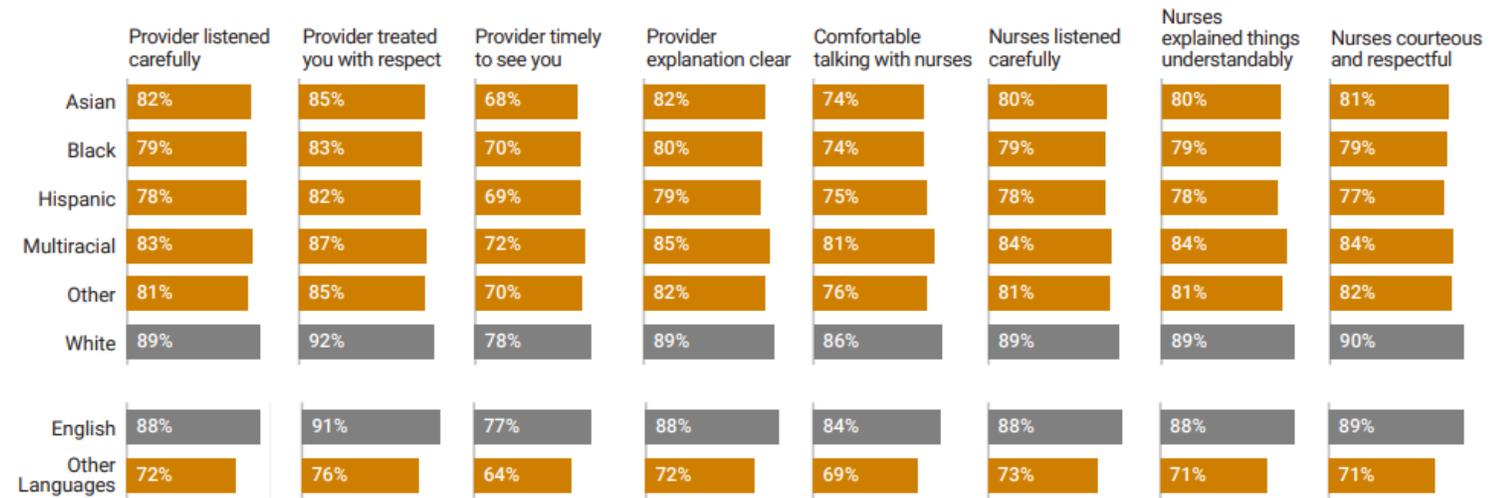- Consent for surgery/procedure

Key:
☎ Over-the-Phone Interpreting (OPI)
🖥 Video Remote Interpreting (VRI)
👤 In Person with on-site staff interpreter

Multiple risk factors increase benefit of an in-person interpreter

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Patient Experience Rates, MGH Inpatient Survey by Race/Ethnicity and Language, 2021

	Providers listened	Providers explained things	Providers explained discharge	Comfortable talking with nurses	Nurses listened carefully	Nurses explained things understandably	Nurses courteous and respectful
Asian	70%	65%	71%	70%	71%	71%	73%
Black	56%	60%	63%	64%	65%	67%	65%
Hispanic	60%	62%	65%	70%	71%	69%	70%
Multiracial	63%	64%	66%	69%	71%	71%	75%
Other	66%	71%	68%	66%	72%	72%	73%
White	69%	71%	72%	77%	78%	79%	81%
English	69%	70%	72%	76%	78%	79%	80%
Other Languages	57%	57%	61%	63%	66%	63%	65%

	Good communication between staff	Understood purpose of medications	Got help as soon as wanted	Had enough input/ say in care	Clean room	Quiet at night
Asian	61%	68%	59%	62%	59%	48%
Black	59%	63%	46%	59%	56%	49%
Hispanic	65%	59%	55%	62%	59%	51%
Multiracial	63%	67%	46%	63%	62%	54%
Other	66%	70%	56%	62%	57%	42%
White	67%	70%	60%	68%	65%	43%
English	67%	70%	59%	68%	64%	44%
Other Languages	63%	56%	49%	52%	56%	49%

Legend:
- Significantly higher than comparison population
- No different from comparison population
- Significantly lower than comparison population

Mass General Brigham

Patient Experience Rates, MGH Ambulatory Practice Survey by Race/Ethnicity and Language, 2021

	Provider listened carefully	Provider treated you with respect	Provider timely to see you	Provider explanation clear	Comfortable talking with nurses	Nurses listened carefully	Nurses explained things understandably	Nurses courteous and respectful
Asian	82%	85%	68%	82%	74%	80%	80%	81%
Black	79%	83%	70%	80%	74%	79%	79%	79%
Hispanic	78%	82%	69%	79%	75%	78%	78%	77%
Multiracial	83%	87%	72%	85%	81%	84%	84%	84%
Other	81%	85%	70%	82%	76%	81%	81%	82%
White	89%	92%	78%	89%	86%	89%	89%	90%
English	88%	91%	77%	88%	84%	88%	88%	89%
Other Languages	72%	76%	64%	72%	69%	73%	71%	71%

	Reception courtesy/respect	Good communication between staff	Easy to find office	Easy to schedule	Schedule appointment as soon as needed	Had input/say in care	Informed of delays
Asian	71%	71%	70%	43%	50%	73%	45%
Black	70%	74%	71%	47%	55%	76%	53%
Hispanic	68%	76%	63%	42%	52%	74%	55%
Multiracial	74%	79%	65%	45%	55%	80%	57%
Other	72%	77%	69%	46%	54%	72%	50%
White	83%	86%	77%	57%	64%	87%	61%
English	82%	85%	76%	56%	63%	86%	60%
Other Languages	62%	71%	60%	37%	47%	64%	51%

Legend:
- No different from comparison population (gray)
- Significantly lower than comparison population (orange)

Medscape Lifestyle Report 2016: Physician Bias

Which Patient Characteristics Trigger Bias?

■ Men ■ Women

Patient Characteristic	Men	Women
Emotional problems	62%	62%
Weight	56%	48%
Intelligence	45%	42%
Language differences	32%	32%
Insurance coverage	26%	19%
Age	19%	18%
Income level	17%	8%
Race	16%	14%
Level of attractiveness	14%	13%
Gender	8%	7%

Source: Medscape Lifestyle Report 2016: Bias and Burnout. https://www.medscape.com/slideshow/lifestyle-2016-overview-6007335#6

What Resources Can we Provide

Patient / Family / Visitor Code of Conduct – Brief Summary

1. **Purpose**
   - Define appropriate patient, family, visitor, & research participant conduct.
   - Provide a model for workforce members to respond to behavior that violates policy.

2. **Procedure**
   - Response to disrespectful, discriminatory, hostile, or harassing behaviors from patients, etc.
   - Response to discriminatory requests for specific type of clinician/workforce member based on their personal traits (race, etc.)
   - Response when patient or research participant does not adhere to expectations set by staff and continues to violate the *Code*
   - Response when family member or visitor does not adhere to expectations set by staff and continues to violate the *Code*
   - SAFER Model for responding to incidents

Rationale for Creating the Patient* Code of Conduct

From **Mayo Clinic's 5-Step Policy for Responding to Bias Incidents,** Rahma M. Warsame, MD & Sharonne N. Hayes, MD

1. **Patient bias towards non-clinical and clinical staff is common.**

2. Silence or a "patient-first" approach may have detrimental effects on staff morale & well-being.

3. **Patients are protected from staff mistreatment by multiple policies, but staff rarely are**.

4. Lack of policy guidance leaves staff unsure of how to respond to incidents.

5. **Lack of organizational response erodes trust that reporting incidents will lead to positive change.**

6. Lack of organizational response to incidents creates legal vulnerabilities.

*Here, "patient" is shorthand for patients, family, visitors, research participants

Warsame, R.M. & Hayes, S.N. (2019). Mayo Clinic's 5-step policy for responding to bias incidents. *AMA Journal of Ethics*. 21(6):E521-529. https://www.doi.org/10.1001/amajethics.2019.521

What is communicated to the public

Mass General Brigham is committed to providing high quality healthcare and building healthy and thriving communities.
Everyone should expect a safe, caring, and inclusive environment in all our spaces.
Our Patient Code of Conduct helps us to meet this goal. Words or actions that are disrespectful, racist, discriminatory, hostile, or harassing are not welcome.

Examples of these include:
1. Offensive comments about others' race, accent, religion, gender, sexual orientation, or other personal traits
2. Refusal to see a clinician or other staff member based on these personal traits
3. Physical or verbal threats and assaults
4. Sexual or vulgar words or actions
5. Disrupting another patient's care or experience

If we believe you have violated the Code with unwelcome words or actions, you will be given the chance to explain your point of view. We will always carefully consider your response before we make any decisions about future care at Mass General Brigham. Some violations of this Code may lead to patients being asked to make other plans for their care and future non-emergency care at Mass General Brigham may require review, though we expect this to be rare.
If you *witness or are the target of* any of these behaviors, please report it to a member of your care team.
Many healthcare systems across the country have similar codes of conduct.

Patient Code of Conduct | Mass General Brigham

Upstander Training

Ending Racism Training

Mass General Brigham

In Summary Consider….

- Community mistrust
- Language barriers and immigration issues
- Bias (who we screen for what, who we deem "non-compliant", the idea that patient is only single diagnosis, are we doing SDoH screening, initiating care or rapid response)
- Having policies or check lists in place will help remove some of the subjectivity which is an opportunity for bias (e.g. initiating rapid response)
- Policies only work if there is a deliberate plan for implementation on floors, in practices, across divisions/departments (e.g. patient code of conduct)
- Answers to why someone reported bias/discrimination will not be in the medical chart
- Everything we see in the reports has evidence in the research literature
- While intent matters, also consider optics
- Importance of diverse team with lived experience

Thank You

Aswita Tan-McGrory, MBA, MSPH

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Director, Equity in Care Implementation
Administrative Director of Research, Dept. of Medicine
Massachusetts General Hospital
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Follow us on Twitter: @atanmcgrory @MGHdisparities

Like us on Facebook: ww.facebook.com/disparitiessolutionscenter

THE DISPARITIES SOLUTIONS CENTER
One Goal – High Quality Care for All

A Roadmap for DEI & Equity Transformation in a Pediatric Health System

Rachel Thornton, MD, PhD
Vice President, Chief Health Equity Officer
Equity Roadmap Clinical Owner

NEMOURS
CHILDREN'S HEALTH

- Introductions

- Organizational Assessment & Lessons Learned
  - Strategic Insights & Partnerships
  - Evidence-Based Framework

- Equity Roadmap 2023
  - Diverse, Inclusive Work Environment
  - Equitable Healthcare Delivery System

- Open Discussion and Q&A

NEMOURS
CHILDREN'S HEALTH

Equity Roadmap | Leadership Team

Rachel Thornton, MD, PhD
Vice President, Chief
Health Equity Officer

Theresa Proctor
Sr. Director, Diversity,
Equity & Inclusion

Lavisha Pelaez
Sr. Manager,
Health Equity

NEMOURS
CHILDREN'S HEALTH

Organizational Assessment & Lessons Learned

Associate Surveys, Focus Groups & Interviews

353 completed surveys

73 narrative responses provided

104 emails provided to engage in future work

27 individual associate interviews

10 focus groups

DRIVE | Organizational Assessment

NEMOURS CHILDREN'S HEALTH
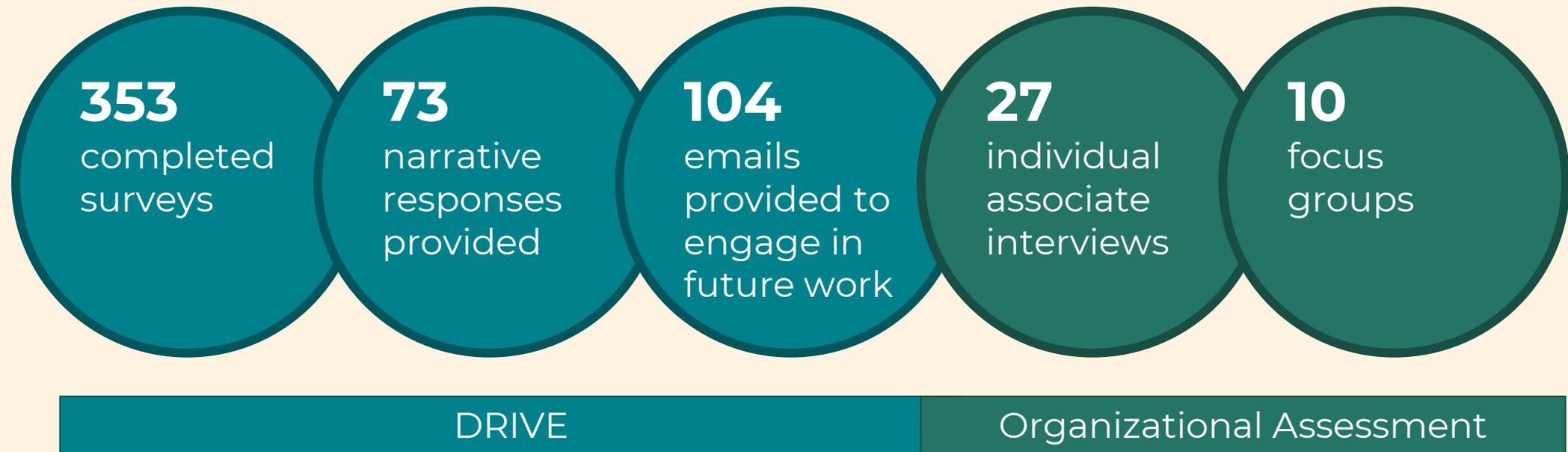
- Focusing on associate Diversity, Equity and Inclusion (DEI) is critical. **We cannot get to health equity** for our patients and families **without workforce equity**.

- Long-term success in our organization's associate DEI and Health Equity efforts requires a **system-wide**, **cohesive** approach that **engages all associates** as partners in achieving results.

- **Accurate**, **accessible data** on our patients and associates is critical to progress and transformation. This will be a focus of our associate DEI and Health Equity efforts moving forward.

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CHILDREN'S HEALTH

STRATEGIC ALIGNMENT FRAMEWORK

FOR ADVANCING EQUITABLE DIVERSITY & INCLUSION AT WORK

Roberts, 2021

Catalyze change by raising consciousness

Mobilize change by clarifying our intentions and personal commitments

Sustain change through personal, organizational & societal transformation

The Alignment Quest
Enterprise™

Equity Roadmap 2023 Implementation

Equity Roadmap | Key Objectives

Associate Diversity, Equity & Inclusion

Cultivate diverse leaders and create career pathways for diverse associates.

Equity in Care Delivery

Identify and address disparities using a systematic approach to compare access, quality, and outcomes across populations and clinical areas.

Accountability

Align Nemours' DEI vision with accountability & performance measures.

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Equity Roadmap Implementation 2023

Data Transparency

Long-Term Vision

Equip Leaders with Tools

Workforce equity is foundational to advance & achieve health equity.

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Associate Diversity, Equity & Inclusion in the Workforce

- Develop Associate DEI dashboard that promotes transparency across the organization.

- Improve experience and engagement of diverse associates.

- Improve onboarding and retention of diverse associates.

- Advance organizational culture through education, policies, processes & resources.

Workforce equity is foundational to advance and achieve health equity.

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Focus for Stratified Data
- Describe current state of our workforce
- Define organizational challenges & opportunities

Goalsetting & Transparency
- Improve workforce diversity
- Refine practices & processes
- Support leadership accountability
- Improve associate and patient health equity
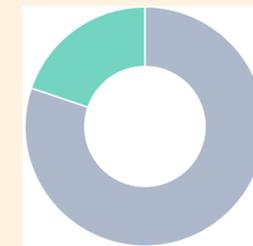- Mobilize and sustain inclusive, equitable culture at work

Race & Ethnicity
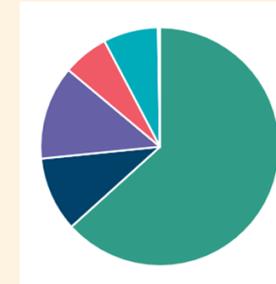
- *Black or African American*
- *Asian*
- *Hispanic or Latino*
- *American Indian or Alaskan Native*
- *Native Hawaiian or other Pacific Islander*
- *White*
- *Two or More Races*
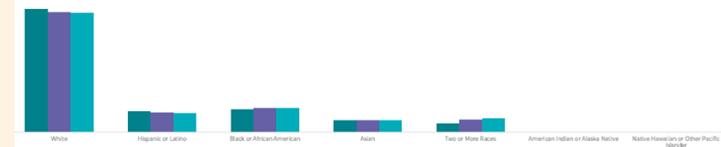
Gender

Including Non-Binary

Inclusion, Diversity, Equity & Alignment

DESIaN

African Heritage Resource Group

Pride

Women@Work

Adelante

Health Care Alliance of Asian and Pacific Islanders

NEMOURS CHILDREN'S HEALTH

Equity in Care Delivery

- Transparency of baseline performance across strata.

- Realignment of stratified quality, safety & patient experience metrics.

- Implement data informed action plans, including improvement measurements.

- Reduce health care disparities.

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CHILDREN'S HEALTH

Revised Race & Hispanic Ethnicity Categories:

- ❑ Hispanic or Latino
- ❑ White alone, non-Hispanic
- ❑ Black or African American alone, non-Hispanic
- ❑ American Indian and Alaska Native alone, non-Hispanic
- ❑ Asian alone, non-Hispanic
- ❑ Native Hawaiian and Other Pacific Islander alone, non-Hispanic
- ❑ Some Other Race alone, non-Hispanic
- ❑ Two or More Races, non-Hispanic
- ❑ Missing/Not Reported

NEXT FRONTIER

Nemours 2021 – 2026 STRATEGIC PLAN

Our Strategy in Action:
Get Ready for New REaL Data Reporting Standards

In 2021, we committed as an organization to a bold vision: to create the healthiest generations of children.

In 2023, we're holding ourselves accountable by asking the question: are we doing everything we can to identify and eliminate healthcare disparities that impact our patients and communities?

Revised Language Categories:

- ❑ English
- ❑ Spanish
- ❑ Haitian Creole
- ❑ Arabic
- ❑ Portuguese
- ❑ Other Spoken Language
- ❑ Non-Spoken Language
- ❑ Missing/Not Reported

NEMOURS CHILDREN'S HEALTH

Regulatory Requirements

Joint Commission National Patient Safety Goal.16.01.01 Improving health care equity for the hospital's patients is a quality and safety priority.

Digital Sign – Coming Soon!

Culture of Safety

Nemours 2023 Culture of Safety Survey

Have you been involved in an actual patient or employee harm event or near miss event?
- Yes
- No

If the answer is yes, do you believe that language, race or ethnicity or other diversity characteristics played a role in the event?
- Yes
- No

DISCUSSION

Q&A

APPENDIX

EXTERNAL ADVISORY COUNCIL

Roles of the Advisory Council

- Advise the Nemours Children's Health Vice President, Chief Health Equity Officer regarding development and implementation of NCH Equity Roadmap through participation in EAC quarterly meetings and other communication with a focus on:
  - Industry best practices
  - Practical lessons learned
  - Navigating context
  - Organizational change management

- **Overarching Goal:** Engage subject matter experts leading and supporting successful Diversity, Equity and Inclusion and Health Equity strategies within the healthcare industry to:

  - Improve effectiveness of NCH Equity Roadmap strategy implementation, leveraging EAC experience in navigating organizational and contextual political realities

  - Inform NCH approach to Executive Readiness assessment to support progress of actionable DEI and Health Equity priorities aligned with values

STAKEHOLDER OUTREACH & ENGAGEMENT

- Quarterly Town Hall
- IDEA Steering Committee
- IDEA Clinical Steering Committee
- MarComm Partnership

NEMOURS CHILDREN'S HEALTH

Dr. Laura Morgan Roberts (CEO and Founder)
- Professor, Darden School of Business
- Leading DEI thought-leader
- Experienced practitioner & Consultant
- Expert strengths-based development
  - ✓ Strengths
  - ✓ Values
  - ✓ Differences

Dr. Brook Dennard Rosser
- DEI Strategist
- Experienced Management consultant
- Expert intersectionality at work
- Other DEI focus areas:
  - ✓ Change management
  - ✓ Organizational behavior
  - ✓ Leadership development

NEMOURS CHILDREN'S HEALTH

ACCELERATING HEALTH EQUITY CONFERENCE

TOGETHER ON THE QUEST FOR HEALTHY ECOSYSTEMS

MAY 16-18, 2023 | MINNEAPOLIS

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IFDHE — AHA Institute for Diversity and Health Equity

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