

2023 PROGRESS REPORT

Dalio Center for
Health Justice at
NewYork-Presbyterian



About the

DALIO CENTER

The Dalio Center for Health Justice at NewYork-Presbyterian, launched in October 2020, aims to understand and address the root causes of health inequities with the goal of improving the health of our patients, our team members, and the communities we serve. Through the Dalio Center, we invest in research, education, and programing, and advocate for policy change to drive measurable improvements in health outcomes for all. Because 80% of health outcomes are driven by social, behavioral, and environmental causes, our work is not limited to addressing health care access and quality. We also support community initiatives and collaboratives that aim to address those social drivers of health.

In order to understand the health outcomes that disproportionately affect our communities and enhance capacity building, the Dalio Center works with teams across our three institutions: NewYork-Presbyterian and our two academic partners, Columbia University Vagelos College of Physicians and Surgeons and Weill Cornell Medicine. In partnership with the Community Mission and Health Justice Committee of NewYork-Presbyterian's Board of Trustees, local community organizations, and government agencies, we are making progress in eliminating the health inequities that undermine our communities.

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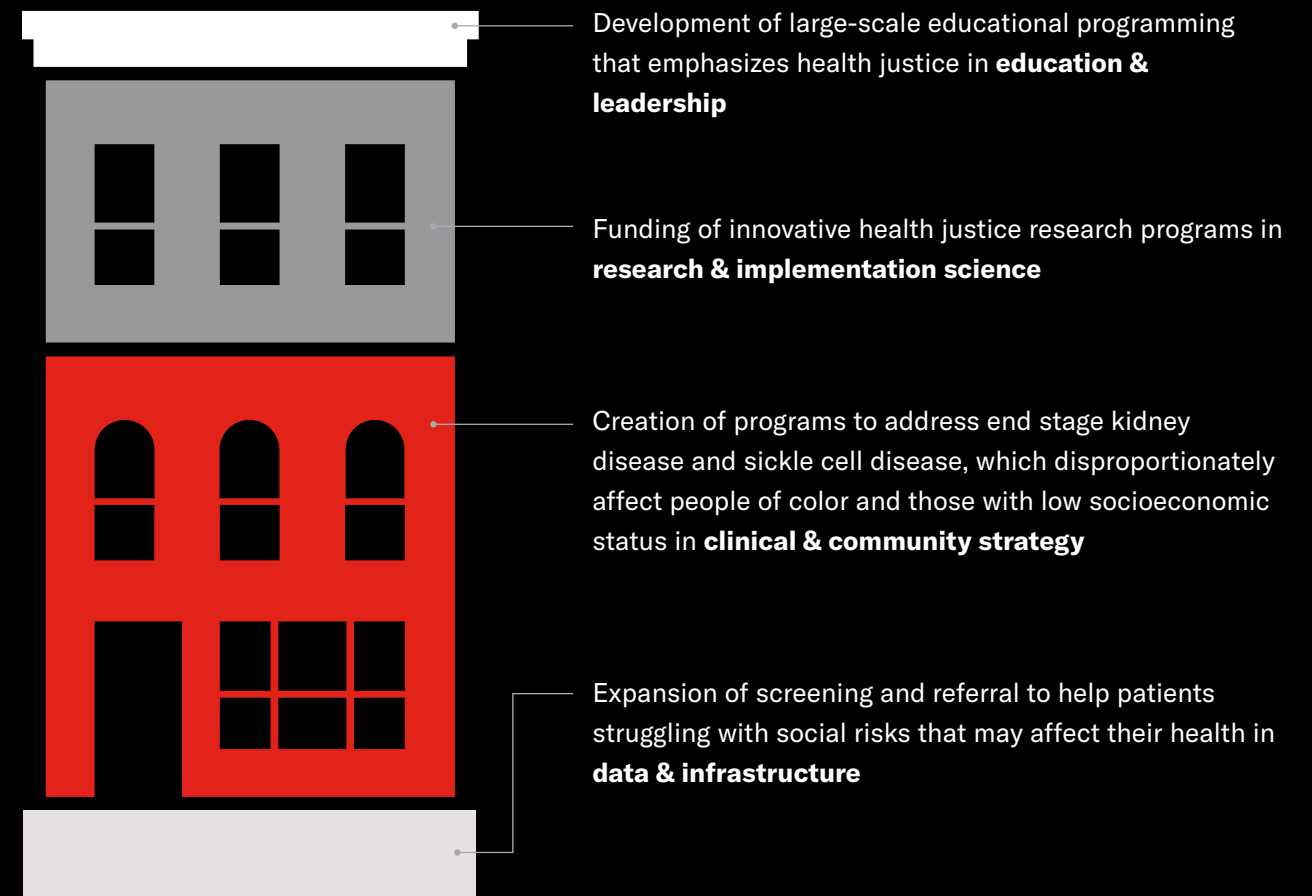
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About the

2023 PROGRESS REPORT

The Dalio Center has organized its work into four strategic areas, illustrated in the depicted brownstone: Data & Infrastructure, Clinical & Community Strategy, Research & Implementation Science, and Education & Leadership.

This report provides a summary of key project accomplishments in 2023 for each strategic area, such as:



GOVERNANCE & STAFF

The Dalio Center for Health Justice is overseen by the Community Mission and Health Justice Committee of NewYork-Presbyterian’s Board of Trustees and works closely with NewYork-Presbyterian’s academic partners: Columbia University Vagelos College of Physicians and Surgeons and Weill Cornell Medicine.

The Dalio Center for Health Justice has an External Advisory Board, which is an interdisciplinary group of experts with deep knowledge of the socioeconomic, behavioral, and environmental factors that are the root causes of health inequities. The External Advisory Board members provide diverse perspectives and experiences from their years of work on equity issues and

bring critical insight to the work of the Center. The Dalio Center team works closely with key hospital leaders across the system, such as the Division of Community and Population Health, Government & Community Affairs, Department of Quality & Patient Safety, clinical service lines, Information Technology, Talent Acquisition and Development, and Data Analytics.



Julia Iyasere, MD, MBA
Senior Vice President, Health Justice and Equity at NewYork-Presbyterian; Executive Director, Dalio Center for Health Justice



Emme Deland, MBA
Senior Vice President & Chief Strategy Officer; Senior Advisor, the Dalio Center for Health Justice



Amelia Shapiro, MBA
Vice President, Dalio Center for Health Justice



Whitney C. Harris, MSN, RN, ACCNS-P, CPNP-PC
Manager of Clinical and Community Strategy



Molly Lawson, MAS, RN
Sickle Cell Program Manager, Dalio Center for Health Justice



Jacqueline Tran, MSPH
Project Manager, Dalio Center for Health Justice



Alana Eiland, MPH
Project Manager, Dalio Center for Health Justice



Alia Koch, DDS, MD
Director, NYP LEAD Academy



Lauren De La Cruz, MBA
Program Manager, LEAD Academy



Latoya Benjamin, PhD, MS
Coordinator, Dalio Center for Health Justice



Julie Ewing, MA
Manager, NewYork-Presbyterian Analytics



Koma Ogaye, MPH
Project Leader, NewYork-Presbyterian Analytics



Christian Schettini, MD, MPH
Senior Business Intelligence Developer, NewYork-Presbyterian Analytics



LaTisha Habersham
Business Intelligence Developer of Analytics, NewYork-Presbyterian Analytics



Brandon Christophe, MHA
Senior Data Analyst, NewYork-Presbyterian Analytics



Corhaya Cethoute
Sickle Cell Transition Coordinator



Serena Brown
Sickle Cell Transition Coordinator

2023 BY THE NUMBERS

Data & Infrastructure

230k

social screens

50+

inpatient quality & patient experience measures disaggregated

3

piloted programs to improve social referral

\$160k

awarded for Service Line projects

Research & Implementation Science

\$1M+

health justice grants

\$3M+

in additional funding obtained by original grantees

Clinical & Community Strategy

Launched kidney disease program at Columbia

187 5

patients enrolled in PEAK

patients transplanted in PEAK

Expanded Crown Hair Program

3,000

products donated

Expanded Sickle Cell Program

1,191

sickle cell patients in the registry

Health Equity Training Programs

15k+

NYP team members trained

134

hospital unit presentations

92

speaking engagements

Annual Conference

300+

conference attendees

Education & Leadership

DATA & INFRASTRUCTURE

Developing a health equity database to support identification of disparities, target new initiatives, and measure impact



ADDRESSING SOCIAL DETERMINANTS OF HEALTH

In 2021, the Dalio Center launched “We Ask Because We Care,” a system-wide, coordinated campaign to improve the collection of demographic information from our patients. In our first year, we focused on race, ethnicity, and language data. Then, in 2022, we expanded the program to include sexual orientation and gender identity and social determinants of health (SDoH).

Addressing SDoH—including housing insecurity, food insecurity, transportation challenges—is an essential part of NewYork-Presbyterian’s strategy to achieve greater equity within our communities. The 2023 SDoH workplan built on our work in 2022 and included several workstreams and investments, including, but not limited to:

- » standardizing inpatient SDoH screenings,
- » expanding ongoing screenings in emergency departments and outpatient practices,
- » building SDoH resources and educational materials for the system,
- » enhancing our electronic medical record (EMR) system to improve workflows,
- » developing our network of community-based organization (CBO) partners
- » launching CBO network pilots, and
- » continuing to fund staff resources to assist with screening and referrals.

In 2023, we improved access to community resources for NewYork-Presbyterian team members, making CBO information directly accessible in the EMR. We collaborated with several large, multi-service CBOs to create a referral strategy and launched several CBO network pilots to better serve patients’ needs.

91%

of adult inpatients had all three SDoH domains completed by September 2023

Ongoing Emergency Department SDoH Screenings and Launching Inpatient SDoH Screenings

In 2022, in collaboration with the Center for Community Health Navigation, we successfully launched screening in **seven emergency departments and several outpatient clinics**, screening more than 3,000 patients per month in our emergency departments and over 5,000 per month in outpatient settings. In 2023, we expanded and continued to enhance the EMR to improve screening and referral workflows.

Recognizing the importance of SDoH screening to patient care, the Dalio Center collaborated with NewYork-Presbyterian's Social Work and Case Management teams to support a system-wide implementation of standardized inpatient screening during 2023 involving all NewYork-Presbyterian campuses. To support this work, SDoH screening was established as one of the ten Quality and Patient Safety goals for 2023. The implementation began in January 2023 and continued through October, with ongoing data tracking still taking place. Key accomplishments include:

- » Revised assessment questions for Social Work and Case Management teams in the three domains of food, housing, and transportation, standardizing the questions throughout the system
- » Integrated food, housing, and transportation domains into Social Work and Case Management workflows
- » Added a utilities domain (e.g., electricity, heat, and hot water) to SDoH screening
- » Established a dashboard to track progress and compliance with the new standardized domains
- » Developed staff training tools to support SDoH screening, including screening scripts, motivational interviewing tips, and modules on health justice and health literacy

An interdisciplinary group of hospital leaders and process owners monitored dashboards for improvement of inpatient screening. In January 2023, **67% of adult patients discharged had all three domains completed**. By September 2023, **91% of adult inpatients had all three domains completed, showing an overall improvement of 36%**. In addition, the newly added domain about utilities is now being tracked for completion.



Launched

3

large social referral pilots in 2023

Building SDoH Resources and Trainings for NewYork-Presbyterian Teams

To support continuing education of all our team members at NewYork-Presbyterian in SDoH, an internal website with a video library discussing each social determinant, current research in SDoH, instructions on how to screen patients in various care areas, and an SDoH playbook on screening and referral was created.

Examples of resources developed include:

- » A one-page tip sheet on Motivational Interviewing techniques, providing team members with recommendations on how to have sensitive conversations with patients
- » A script introducing SDoH screening and explaining why NewYork-Presbyterian team members ask these questions
- » A two-page resource sheet, highlighting local resources that provide support with food, housing, transportation, or utilities needs
- » Training on how to document social needs and find community resources within the EMR

Community-Based Organization Network

As NewYork-Presbyterian expands SDoH screening across inpatient, emergency, and outpatient settings, there is increasing need for community resources to help address the breadth and depth of the social needs identified. NewYork-Presbyterian has a long history of partnering with CBOs to support population health programs, especially through NewYork-Presbyterian's Division of Community and Population Health. Building on those relationships, the Dalio Center **launched three large social referral pilots in 2023** focused on Queens, Brooklyn, and Lower Manhattan, to complement the existing referral relationships already established in Upper Manhattan. NewYork-Presbyterian partnered with three large, multi-service CBOs to co-create an efficient and effective workflow for social needs referrals. Because CBOs have the trust of the community and the knowledge and expertise to address complex social needs of our patients, it was critical to have CBO partnership in the design of the program.

To support the project, the Dalio Center developed financial support models with the CBOs to help build capacity and to support system interoperability. Because the technical solution that works best for one CBO does not always work for another, we are testing multiple solutions during the pilot. Lastly, NewYork-Presbyterian and our CBO partners co-developed an evaluation framework, with standardized definitions and metrics for assessment. To better understanding the impact that social screening and referral has on our patients and communities, the Dalio Center has contracted with Rand Corporation to continue an in-depth analysis of our screening program in 2024.

MEASURING EQUITY

A key pillar of our work to address health inequity includes equity measurement and monitoring. This measurement strategy begins with identifying quality, access, and patient experience measures that reflect our organizational priorities and disaggregating them by key demographic and/or descriptive variables (i.e., race, ethnicity, language, sexual orientation, gender identity, payor, and social determinant of health survey data). Our goal is to review and monitor these measures to make sure that everyone gets the highest quality of care, taking action when goals are not met.

We acknowledge that race is a social construct and not a valid way to understand human difference. But, because race continues to differentially shape the lives, opportunities, and health of many, NewYork-Presbyterian and our school partners, Columbia and Weill Cornell, continue to collect and analyze race and ethnicity data.

To facilitate health equity measurement across the NewYork-Presbyterian system, the Dalio Center developed several primers on health equity measurement in 2022, covering topics like:

- » Principles for health equity measurement
- » Recommendations for selecting measures
- » Standardized ways to disaggregate measures
- » Key considerations for analyzing results
- » Terminology best practices
- » Resources to learn more about health equity measurement
- » Examples of disaggregation dashboards and in-depth disparities analyses

Additionally, in 2022, the Dalio Center partnered with NewYork-Presbyterian's Quality & Patient Safety and Data Analytics teams to establish a process for disaggregating quality measures, interpreting results, and using the disaggregated measures to inform subsequent work—starting with two hospital-acquired infection measures (catheter-associated urinary tract infections and central line-associated blood stream infections).

In 2023, the Dalio Center continued to advance this work, using the principles established in 2022 and lessons learned from the disaggregation of hospital-acquired infection measures last year.

50+

quality, access, and experience measures disaggregated for equity

10+

system-wide dashboards

Key Accomplishments in 2023

Health Equity Analysis of NewYork-Presbyterian's Core Inpatient Quality Measures

Together with NewYork-Presbyterian's Quality & Patient Safety team, the Dalio Center undertook an extensive analysis of NewYork-Presbyterian's core inpatient quality measures, including measures of all-cause mortality, all-cause readmissions, and discharge to home, among others. These core inpatient quality measures are now disaggregated by race, ethnicity, and language in a centralized dashboard and updated quarterly. The disaggregated results were shared with the entire senior leadership team and results will be delivered to champions to inform future work.

Health Equity Analysis of NewYork-Presbyterian's Patient Experience Scores

In collaboration with NewYork-Presbyterian's Patient Services team, the Dalio Center undertook a broad analysis of NewYork-Presbyterian's inpatient patient experience scores, as reported in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. Results were shared with the senior leadership team, the board of trustees, and included in [NewYork-Presbyterian's 2023 Health Equity report](#). The results informed our patient experience projects in 2023.

Development of a Service Line Dashboard to Understand Access and Service Utilization

The Dalio Center created a real-time dashboard summarizing inpatient volume across all sites, with service line-level details—e.g., Cardiac, Neurosciences, Digestive, etc. The dashboard includes disaggregation by race and ethnicity, language, and gender identity. This dashboard allows Service Line directors to better understand the demographic make-up of their patient populations, as well as documentation rates by service.

Development of an Emergency Department Length of Stay Dashboard

Dr. Katherine Nash (Assistant Professor of Pediatrics at Columbia University Irving Medical Center) and her colleagues were awarded a grant to explore new technology and practices that have the potential to reduce health care inequity as part of the Columbia University Learning Health System (LHS) initiative pilot awardees. As part of this grant, the Dalio Center's analytics team created equity dashboards that dynamically track real-time quality metrics disaggregated by sociodemographic characteristics to identify inequities and have the potential to inform and ultimately enhance rapid-cycle quality improvement initiatives focused on reducing health care inequities.

Continued Maintenance and Development of the Ambulatory Care Equity Dashboard

The Ambulatory Care Equity Dashboard includes several key ambulatory measures disaggregated by payor, race/ethnicity, and preferred language. In 2023, we added additional measures to the dashboard and we continue to expand its contents to support equity-focused projects in our ambulatory care practices. Additionally, the disaggregated metrics in the Ambulatory Care Equity Dashboard are used for practice performance targets, as part of the NewYork-Presbyterian Ambulatory Care Network's Equitable Care and Health Outcomes project.

Continued Participation on NewYork-Presbyterian's Predictive Models Working Group to Identify and Address Algorithmic Bias

Health care providers increasingly use predictive models and algorithms to guide treatment decisions; however, these tools can bring unintended bias, which can lead to inequitable outcomes. The Dalio Center is a key stakeholder in NewYork-Presbyterian's Predictive Models Working Group, which reviews and evaluates new algorithms proposed for clinical or operational use.



HEALTH EQUITY REPORT

The Dalio Center led the drafting, collation, and publication of the 2023 NewYork-Presbyterian Health Equity Report, which assessed the demographic profile of inpatient discharges, emergency department visits, and outpatient visits at NewYork-Presbyterian, as well as highlighted health equity work in pediatrics. We also added a new section focusing on patient experience that evaluates the patient experience survey data by patient preferred language.

The demographic section of the report contains measures of patient access, comparing the demographics of our patients to the demographics of the residents who live in our service areas across New York City and Westchester. It also includes an additional section on the language demographic profile of our patients. Main findings include:

- » The racial and ethnic distribution of our **inpatient discharges** roughly matches racial and ethnic distribution of the population in our five-county primary service area.
- » We see a higher percentage of Latino patients discharged from the **emergency department** (ED) (42%) compared to the percent of Latino people living in our five-county service area (29%). We also see a lower percentage of Asian American Pacific Islander (AAPI) ED discharges (7%) compared to the percent of AAPI people living in our service area (13%).
- » We find that a majority of our **outpatients** are Latino or white, similar to the distribution of that population living in our five-county service area.
- » The percentage of Latino pediatric **patients under 21 (excluding newborns) with inpatient discharges** at NewYork-Presbyterian is 39%, higher than the population represented in our five-county service area (29%).
- » The percentage of Black **newborns at NewYork-Presbyterian with inpatient discharges** (11%) is lower than the population represented in our five-county service area (22%).
- » A majority of our patients' **primary language is English, followed by Spanish** throughout all inpatient discharges, emergency department visits, and outpatient visits.

The patient experience section of this report contains an analysis of our Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey data, as well as the Dalio Center's plans to address identified gaps.

Last, the pediatric programs section discusses pediatric health equity initiatives at NewYork-Presbyterian, including sickle cell disease programs and lactation support programs.

[View NewYork-Presbyterian's 2023 Health Equity Report](#)



The Division of Community and Population Health collaboration with the The Dalio Center for Health Justice has been integral to standardizing and scaling important interventions for our patients and community. The Dalio Center for Health Justice has supported important facets of data collection and disaggregation so that we can evaluate the impact of the interventions we have put in place. We have been able to get better data through the “We Ask Because We Care” campaign so that we can collect demographic information accurately. As a result, we can disaggregate data (for example by race, by ethnicity, by language, by payer) to study our impact and to support the continuous improvements that we need to make in the programming that we provide.



Davina Prabhu, MHA
Vice President, Operations, Ambulatory Care Network, Division of Community and Population Health at NewYork-Presbyterian



CLINICAL & COMMUNITY STRATEGY

Developing and expanding several institutional projects designed to identify and address disparities



Over

1.1k

sickle cell patients
cared for annually

131

patients followed
by transition
coordinators

COMPREHENSIVE SICKLE CELL DISEASE PROGRAM

Sickle cell disease is a genetic blood disorder that affects approximately 100,000 Americans (~10,000 New York State residents), predominantly Black and Latino Americans. Although there have been significant milestones achieved in the last 5 years, research continues to be underfunded in comparison to similar genetic disorders, and mortality has not significantly improved in the last 40 years. The Dalio Center has chosen to focus on this chronic disease to improve patient experience and access to care, provide resources to patients, families, and providers, and create innovative programs to allow for highest quality of care for this patient population.

NewYork-Presbyterian is a leader in sickle cell disease care, delivering care to **over 1,100 patients annually** and providing innovative therapies like stem cell transplantation and gene therapy. Our new system-wide program expands on this innovative, compassionate, patient-centered care by focusing on three main areas: clinical care optimization, transition from pediatric to adult care, and education and resources. In 2024, we aim to publish a sickle cell program report and launch a national awareness campaign.

Key Accomplishments in 2023

Clinical Care Optimization

- » Adapted ambulatory workflows to increase healthcare maintenance among sickle cell disease patients
- » Modified longitudinal care plans to increase use and applicability to patients by adding newly developed pathways
- » Initiated a virtual reality pilot program for adult inpatient sickle cell patients



Pediatric to Adult Transition

- » Developed a transition report in the electronic medical record to track patients along the transition pathway
- » Revised and improved transition coordinator workflow and expanded capacity
- » Leveraged transition coordinators to assist with patient education content around transition

Education and Resources

- » Created and published a sickle cell workbook in English and Spanish as an educational tool for patients with sickle cell disease starting at a young age
- » Hosted symposia for healthcare providers and patient-centered events to raise awareness and education
- » Created a data dashboard tracking key sickle cell patient population metrics
- » Invested in development of a pain management-specific implicit bias training module

Key Data Highlights

- » 131 patients followed by transition coordinators
- » 86% 12-month transcranial doppler screening (an ultrasound test) compliance in 2023 across NewYork-Presbyterian; 72% higher than the national average of 50%¹
- » 9% increase in 12-month transcranial doppler screening from 2022 to 2023

¹ Many children with sickle cell anemia not receiving lifesaving screening and treatment. Centers for Disease Control and Prevention. September 20, 2022. Accessed December 7, 2023. <https://www.cdc.gov/media/releases/2022/s0920-vs-sickle-cell-anemia.html>.

EARLY CHILDHOOD AND FAMILY HUB

NewYork-Presbyterian is developing plans for an innovative Early Childhood and Family Hub in Washington Heights. This comprehensive community center will leverage community, city, and state resources to foster early childhood development, setting children onto lifelong trajectories of health and well-being. NewYork-Presbyterian has a longstanding relationship with the Washington Heights community, and is dedicated to addressing the social needs faced by many families in the area such as poverty, overcrowding, food insecurity, and a general lack of accessible resources for families with young children.

In 2022, the Dalio Center awarded a grant to NewYork-Presbyterian's Division of Community and Population Health to support the Northern Manhattan Early Childhood Collaborative (NMECC). This multisector collaborative works to ensure that all families with young children in Northern Manhattan can embark upon lifelong trajectories of well-being—physical, social emotional, and educational. With the grant funding, the NMECC surveyed the early childhood community of Northern Manhattan to determine population health and resource needs and identified Early Intervention as the top priority area.

As a next step to this important work, the Dalio Center, the Division of Community and Population Health, Columbia University Irving Medical Center's Department of Pediatrics, Northern Manhattan Early Childhood Collaborative, and other local partners, are developing a community-informed plan for an Early Childhood and Family Hub which will integrate elements of family support, education, age-appropriate play, and access to a diverse range of social benefits and resources. In creating the Early Childhood and Family Hub, we hope to meet the unique needs of families in the Northern Manhattan community.

Together, we are committed to funding, developing, and operating this vital resource that will positively impact the lives of children and their families in the community.



187

patients enrolled in the PEAK program

5

patients transplanted in the PEAK program

PREVENTION AND EDUCATION IN ADVANCED KIDNEY DISEASE

Disparities in kidney disease are well documented: End Stage Kidney Disease (ESKD) disproportionately affects those with low socioeconomic status, Black race, Hispanic ethnicity, and housing insecurity. The Dalio Center has grant funded the Rogosin Institute to expand the Prevention and Education in Advanced Kidney Disease (PEAK), expanding the program from NewYork-Presbyterian/Weill Cornell to the NewYork-Presbyterian/Columbia and Allen Hospital. The program includes support for a collaborative, bilingual team of physicians, nurse educators, social workers, dietitians, and peer mentors, as well as analytic support to track the impact of our program.

One of the program's fundamental principles is that family and caregivers are an essential part of the care team. By actively engaging patients and their family/caregivers, the program facilitates pre-emptive kidney transplants (i.e., by facilitating discussion with potential donors) and provides viable support systems for patients choosing home modalities. The program has been remarkably successful, surpassing national and local averages in multiple categories: pre-emptive transplant rates, home dialysis rates, peripheral vascular access placement, and the start of dialysis without an in-patient admission.

In 2024, PEAK plans to facilitate a chronic kidney disease (CKD) wellness day and invite wellness ambassadors, patients, and PEAK program graduates. PEAK aims to provide continuous education in the detection and diagnosis of kidney disease and improve awareness of different modalities.

Key Accomplishments in 2023

- » 187 patients enrolled in the PEAK program and five transplanted
- » 33% of patients started on home dialysis; 2.5x better than the national average of 13%
- » 38% of patients initiated with the preferred dialysis access type (AVG/AVF); 2.2x better than the national average of 17%

3k

products donated by Carol's Daughter

CROWN HAIR CARE PROGRAM

From October 2021 to December 2021, we completed a successful pilot of offering hair care kits for patients with curly, coily, and tightly textured hair, at NewYork-Presbyterian/Weill Cornell Medical Center in pediatrics. The program was then expanded to NewYork-Presbyterian Brooklyn Methodist Hospital in the winter of 2022. The Dalio Center has since built a relationship with Carol's Daughter, a Black-led, woman-led hair care product company under the parent company L'Oreal. Through this relationship, we offer our maternal and pediatric patients hair kits that include Carol's Daughter shampoo, conditioner, and leave in-conditioner, and other accessories. NewYork-Presbyterian participated in community events hosted by Carol's Daughter and Carol's Daughter has donated close to **3,000 products** to our patients and community members. In 2023, a manuscript about the program was published in [the New England Journal of Medicine Catalyst](#) and the program was featured on [21Ninety](#).



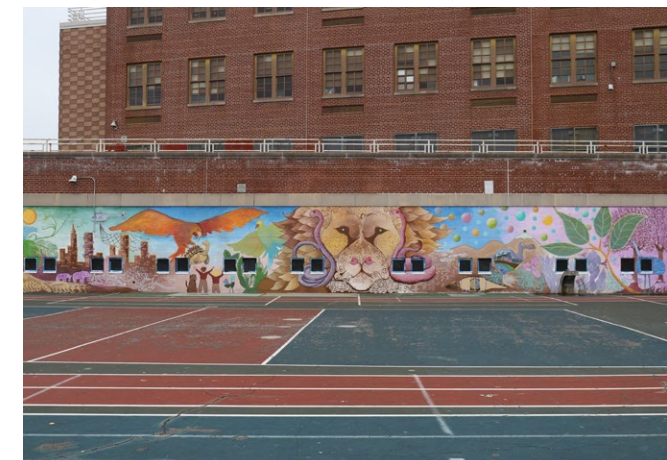
Supporting

2

community schoolyard projects

TRUST FOR PUBLIC LAND

In 2023, the Dalio Center supported the Trust for Public Land's New York City Community Schoolyards Program. Since its inception, this program has **transformed 227 asphalt schoolyards** into bustling, green spaces with gardens, play structures, athletic facilities, outdoor classrooms, and more. The Dalio Center is **supporting two community schoolyard projects** that Trust for Public Land has designed with the community. These schoolyards are located in Jackson Heights, Queens and Bedford-Stuyvesant, Brooklyn—two priority neighborhoods identified by NewYork-Presbyterian's [Community Health Needs Assessment](#).



IMPROVING PATIENT EXPERIENCE

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is a national, standardized, publicly reported survey of patients' perspectives of hospital care. NewYork-Presbyterian disaggregates the HCAHPS survey responses by race, ethnicity, and language with the goal of identifying areas of improvement in patient experience, particularly among historically marginalized communities. Findings from 2023 HCAHPS data disaggregated by patient preferred language showed disparities among our Chinese-speaking patients.

From the observed lower HCAHPS scores among Chinese-speaking patients and based on feedback from our patients, NewYork-Presbyterian is taking the following steps to improve the patient experience for our Chinese-speaking patients and understand ways to enhance the patient experience for better health outcomes:

- » Conducting focus groups of Chinese-speaking patients in collaboration with a local CBO to understand the needs of our community members and identify opportunities for improving patient experience for Chinese-speaking patients
- » Surveying team members and leadership through focus groups and interviews to assess current state of rounding, food and nutrition options, translators, and diversity of staff, as well as surveying clinical team members to gather suggestions for ways to improve patient experience for Chinese-speaking patients
- » Amplifying staff trainings on cultural competency
- » Educating team members on services used for interpretation and reiterating available resources
- » Disaggregating Chinese-Traditional HCAHPS data by dialect and see if any differences arise that can be attributed to cultural or technical differences
- » Evaluating opportunities to improve the distribution of Chinese HCAHPS surveys
- » Creating an updated health literacy staff training for NewYork-Presbyterian

The NewYork-Presbyterian Patient Experience team and the Dalio Center will continue to monitor, consider patient feedback, and take steps to improve our patient experience. By taking these steps to improve patient experience, we hope to achieve better health outcomes for the communities we serve.

OTHER COMMUNITY INITIATIVES

The Dalio Center frequently collaborates with NewYork-Presbyterian's Division of Community and Population Health (DCPH) on new projects focused on improving quality and access to care. The goal of these programs is not only to connect residents of our communities with high quality health care, but also to encourage them to become advocates for their own health and their family members' health. Together, these initiatives help meet NewYork-Presbyterian's commitment to improving health outcomes and increasing access for community members in a manner that underscores collaboration and community involvement.

Major Initiatives in 2023

Sexual Health Mobile Medical Unit (MMU)

Despite prevention efforts, racial and ethnic disparities in prevention, diagnosis, and treatment of HIV, viral hepatitis, and sexually transmitted diseases continue to exist. Launched in fall 2023, the NewYork-Presbyterian MMU supports targeted outreach to specific communities as part of NewYork-Presbyterian's HIV and Hepatitis-C elimination strategy and brings Prep-Pep health education materials, health kits (e.g. condoms, hygiene supplies, etc.), and most importantly, an entry point to health and social services to the communities we serve.

Center for Hope and Resilience for Recently Incarcerated Patients

To improve health outcomes in individuals released from incarceration, the Center for Hope and Resilience provides comprehensive health care services, including internal medicine/primary care, mental health services, social work, substance use treatment, Obstetrics & Gynecology healthcare, and connection to other care. The center also employs a 'Credible Messenger' model to conduct outreach and provide patient navigation.

Equitable Care and Health Outcomes in the Ambulatory Care Network (ECHO)

The Dalio Center partners with the DCPH to support work in the Ambulatory Care Network to align practices and metrics across payors and settings, with a focus on equity. To support this work, the Dalio Center maintains an Ambulatory Care Equity Dashboard, which includes several key ambulatory measures disaggregated by payor, race/ethnicity, and preferred language.

Referral Navigators

In 2022, the Dalio Center partnered with the DCPH's Center for Community Health Navigation to expand SDoH screening in the emergency department setting. In 2023, the Dalio Center continued to fund a team of navigators with specialized training in social referrals and navigation.



The Early Childhood and Family Hub will center families and meet them where they are—for health education, early childhood play, nutrition support and community. Nido de Esperanza is so excited to be a part of it.



Holly Fogle
Executive Director of Nido de Esperanza



The Dalio Center’s invaluable support for the PEAK program has been pivotal, significantly enhancing access to vital education on chronic kidney disease, home dialysis, and transplant education for underrepresented patients, profoundly impacting their lives.



Sean Kalloo, MD, MBA, FASDIN
Medical Director of PEAK Program;
Associate Professor of Medicine (in Radiology),
Columbia University Irving Medical Center

RESEARCH & IMPLEMENTATION

Supporting clinical and health services research aligned with our mission and vision



HEALTH JUSTICE RESEARCH GRANTS

In August 2021, the Dalio Center for Health Justice launched an annual Health Justice Research Grant program, in partnership with Weill Cornell Medicine and Columbia Vagelos College of Physicians and Surgeons. This grant program funds innovative research that directly advances efforts to reduce health inequities and disparities.

2022 Health Justice Research Grants

Six health equity grants were selected in the inaugural cohort of grantees. Their project and progress are featured here.

Precision Population Health Interventions to Reduce Disparities in Kidney Disease Care

Chronic kidney disease (CKD) and kidney failure disproportionately affects Black, Hispanic, Asian, American Indian, and Alaska Native individuals, as well as those with low socioeconomic status. Early CKD detection and initiation of evidence-based therapies is crucial to prevent progression to kidney failure requiring dialysis. Since receiving the 2021 Health Justice Research Grant and the last update in 2022, a team of nephrologists, informaticists, and epidemiologists has created an electronic health record-based cohort of patients with CKD seen in the NewYork-Presbyterian/Weill Cornell Medical Center system. Among over 25,000 patients with CKD Stage 3, the team found significant racial and ethnic disparities in blood pressure and diabetes control. Similarly, there were substantial socioeconomic disparities in blood pressure and diabetes control by census tract-level Social Deprivation Index. Use of CKD testing and evidence-based therapies to delay progression of CKD was suboptimal and not concordant with guidelines.

These findings have informed a primary care-focused intervention of a clinical decision support (CDS) tool within the electronic health record. The team is partnering with the Weill Cornell Shared Services Research Team to develop the CKD CDS and is testing its acceptability, effectiveness, and equity in improving evidence-based prescribing.



Sri Lekha Tummalapalli, MD, MBA, MAS
WCMC



Will Simmons, MPH
WCMC



Sumit Mohan, MD, MPH
CUIMC



Jeffrey Silberzweig, MD
WCMC



Jonathan T. Lin, MD
WCMC



Deirdre Sawinski, MD
WCMC



Lauren K. Groner, DO
WCMC



Erica Phillips, MD
WCMC



Rulla Tamimi, ScD
WCMC



Bradley Pua, MD
WCMC



Stephen Peterson, MD
WCMC



Rishikesh Dalal, MD
Community Healthcare Network



Nathalie Moise, MD
CUIMC

IBREATHE Investigating Behavior change interventions REgarding lung screening in the Ambulatory setting To improve lung HEalth: A Mixed Methodology Study

Lung cancer is the leading cause of cancer-related death in the U.S., although screening for lung cancer with a low-dose CT scan can save lives by catching lung cancer early. Unfortunately, participation in lung cancer screening (LCS) is much lower than for other screening exams, such as breast and colon cancer screening, and there are significant racial inequities regarding LCS rates, as well as diagnosis, staging, treatment, and outcomes. Screening recommendation and referral by primary care providers are important determinants of screening uptake among patients. IBREATHE is focused on implementing strategies to mitigate barriers to LCS at the provider-level, and to some extent patient- and organization-levels, and facilitate increased screening rates among eligible high-risk adults, with the long-term goal of improving early detection and outcome disparities.

Since the last update in 2022, the team conducted qualitative group interviews with primary care providers (PCPs) from around the country to understand PCPs' most prominent barriers to implementing guideline concordant lung cancer screening in their daily practice, particularly regarding minoritized patients. A thematic framework encompassing PCPs' top barriers to LCS was generated through qualitative coding and analysis using Grounded Theory. The team then applied the Behavior Change Wheel to identify behavioral targets with regard to LCS and factors that influence uptake of LCS, then specified policy categories, intervention functions, behavior change techniques, and implementation strategies that would be affordable, practical, effective, acceptable, safe, and equitable. Strategies were assessed for appropriateness, acceptability, relevance, and feasibility through one-on-one qualitative interviews with healthcare worker key informants and patient stakeholders. The intervention framework generated from qualitative data analysis informed the final multicomponent implementation strategy for the pilot. Results of the pilot will be available in late 2024.

Addressing Disparities in Treatment of Bacterial Infections in People Who Inject Drugs

The team is focused on collecting data that will provide a local understanding of disparities in treatment for people who inject drugs. The overall goal is to enable developing intervention at NewYork-Presbyterian that will improve care for people who inject drugs hospitalized with serious infections. As of December 2023, the team has completed qualitative interviews with 22 healthcare providers at NewYork-Presbyterian/Columbia University Irving Medical Center, NewYork-Presbyterian/Weill Cornell Medical Center, NewYork-Presbyterian Allen Hospital, NewYork-Presbyterian Lower Manhattan Hospital, and NewYork-Presbyterian Brooklyn Methodist Hospital. Interviews began in January 2023 and have continued through October 2023. The team analyzed these interviews through coding and thematic analysis. An abstract using data from these interviews has been accepted for presentation at the 2024 American Society of Addiction Medicine conference.

Using data from qualitative interviews, the team designed two surveys related to Serious Injected-Related Infections. One survey was conducted among internal medicine residents at NewYork-Presbyterian. Participants were asked about their comfort level caring for discharging patients who inject drugs and have serious infections. Results of this survey have been presented at Infectious Diseases Society of America's IDWeek and will be reported to internal medicine program directors. In November 2023, the team launched a second survey targeting attending physicians and non-physician clinicians. As of December 2023, the team has collected 86 responses across multiple departments at NewYork-Presbyterian/Columbia University Irving Medical Center, NewYork-Presbyterian/Weill Cornell Medical Center, NewYork-Presbyterian Allen Hospital, and NewYork-Presbyterian Lower Manhattan Hospital.



Shashi Kapadia, MD
WCMC



Alexis Vien, MD
WCMC



Matt Scherer, MD
CUIMC



Randolph Marshall, MD
CUIMC



Olajide Williams, MD, MS
CUIMC



Amelia Boehme, PhD
CUIMC



Patricia Peretz, MPH
NYP



Yvonne Stennett
Community League of the Heights

Reducing Health Disparities through Homecare SDoH Mitigation by Community Health Workers in an Underserved Minority Acute Stroke Population

This pilot randomized clinical trial aims to address known disparities in stroke outcomes for minoritized, underserved populations. Community health workers (CHWs) represent a resource that has the potential to revolutionize mitigation of social determinants of health (SDoH). The study uses CHWs with hospital privileges and ties to a local community-based organization (CBO) to help mitigate SDoH needs arising from systemic racism and discrimination (SRD), including transportation, housing insecurity, food insecurity, poor health literacy, and challenges in health system navigation.

To date, the team has screened 54 African American and Hispanic acute stroke patients on NewYork-Presbyterian/Columbia University Irving Medical Center’s acute stroke service. Of the 22 enrolled, 12 were randomized to the intervention arm and 10 were randomized to usual care. To date, the team has completed twelve 3-month and ten 6-month follow-up visits. The team expects to complete enrollment over the next few months. Most subjects have been eager to join the study and have completed their scheduled follow-up visits to obtain outcomes assessments. For those in the intervention arm, most report being extremely pleased with CHW interactions. CHWs have helped with health care access, housing, and employment through the resources of Community League of the Heights (CLOTH), affiliated CBO. One early participant with food insecurity reported receiving fresh vegetables and other goods from the CLOTH-associated community food bank to make a Thanksgiving dinner possible for her family.

The team has also received a large National Institutes of Health (NIH) grant that will provide five years of funding for an extended, phase 3 clinical trial with similar aims to the current project and in addition engage in capacity-building for CLOTH. The NIH asked the team to become advisors to a new National Institute of Neurological Disorders and Stroke initiative, the Community-Engaged Health Equity Research in Neuroscience Initiative.

The Patient Activated Learning System (PALS) to Improve Cardiovascular Disease Disparities

Effective patient education, engagement, and empowerment are essential prerequisites that allow patients to participate in shared-decision making regarding their medical care, which in turn increases the likelihood that they will adhere to long-term medications for chronic diseases and experience better health outcomes. However, effective education and empowerment often does not occur due to time and resource constraints, sub-optimal communication practices, or inadequate cultural competency on the part of clinicians, and limited health literacy on the part of patients, among other factors. This problem affects all patient populations, but is particularly prevalent and detrimental in the care of marginalized patients and patients with lower income. These groups in turn have worse control of cardiovascular risk factors (such as hypertension) and higher prevalence of poor outcomes such as heart attack and stroke. Clinicians may utilize a variety of tools, such as pre-written patient instructions included with EMR software, pamphlets, websites, or other resources to try to supplement their communication with patients, but many of these tools are sub-optimal due to the excessive health literacy demands of the material among other issues, and there has been little research into the effectiveness of such tools, or the best ways to incorporate them into patient care.

Recognizing this, the research team has previously utilized patient input to develop a novel online education and empowerment tool—the Patient Activated Learning System (PALS)—and is now seeking to engage patients and clinicians to understand how best to integrate this tool into the primary care setting, specifically for patients with hypertension. Since the last update in 2022, the research team has conducted focus groups of patients and primary care clinicians at two different primary care sites at NewYork-Presbyterian, in order to understand their needs and preferences. The findings from these focus groups are being used to develop an intervention utilizing the PALS, with the goal of increasing patient knowledge, engagement, and empowerment. The team is currently piloting one version of this intervention at the Weill Cornell clinical site, with plans to begin pilot-testing at a second site in Brooklyn during the new year. They are evaluating the intervention’s acceptability to patients with hypertension and their primary care providers. The team is also collecting data on medication adherence and blood pressure control.



Laura Gingras, MD
WCMC



Elizabeth Baquero, EdD
WCMC



Celine Sabbagh, BA
WCMC



Meena Seetharaman, BA
WCMC



Sanjai Sinha, MD
WCMC



Keith Roach, MD
WCMC



Fred Pelzman, MD
WCMC



Nathaniel Kratz, MD
CUIMC



Parag Mehta, MD
WCMC



Alfred Leong, MD
WCMC



Mangala Rajan, MBA
WCMC



Monika Safford, MD
WCMC



Jennifer Mootz, PhD
CUIMC



Alwyn Cohall, MD
CUIMC



Renee Cohall, LCSW-R
CUIMC



Milton Wainberg, MD
CUIMC



Myrna Weissman, PhD
CUIMC



Jane Chang, MD
WCMC



Cori Green, MD
WCMC

Adapting and Piloting a Digitized Interpersonal Counseling Intervention to Reduce Common Mental Disorders in Diverse Adolescents and Young Adults

Young people are disproportionately impacted by mental health disorders and have the worst access to outpatient mental health care. Existing mental health disorder disparities among racial/ethnic minorities have been exacerbated through COVID-19 and presented great challenges for care. The use of technology to provide remote mental health services represents a shift in care delivery that could reduce the unmet mental health need among racial/ethnic minority young people. The purpose of this project is to adapt an evidence-based intervention called Interpersonal Counseling to meet the needs of racial/ethnic minority adolescents/young adults to include monitored, self-guided modules coached through an app to increase mental health care delivery. The study sites are primary care programs at NewYork-Presbyterian/Columbia University Irving Medical Center and NewYork-Presbyterian/Weill Cornell Medical Center which provide primary care and sexual/reproductive health services for young people 13-25, where over 95% of whom identify as racial/ethnic minorities.

Since the last update in 2022, the team has held a series of youth community advisory board meetings to develop and workshop a concept for an application that includes self-guided modules for substance use. Based on these meetings, the team adapted the concept to include addressing substance use, given common co-occurrence with these problems. The team worked with an app developer to create a concept for the application. The team has received additional pilot funding (\$20k) from Columbia University Emerging Technologies program to explore use of artificial intelligence to deliver care for common mental disorders. The team is also working on a systematic review of studies examining effectiveness of digitized mental health interventions for adolescents and young adults. The team's next steps are to conduct focus group discussions and key informant interviews to solicit feedback about the app concept and continue developing screens to enhance the app concept.





Kalliope Tsirilakis, MD
WCMC



Perdita Permaul, MD,
FAAAAI, FAAP
WCMC



Maria D'Urso, MSN, MBA,
RN, FACHE
NYP Queens



Rachel Schwartz, RN,
MSW, MPH
Public Health Solutions



Zenna Solomon, MD
WCMC

2023 Health Justice Research Grants

Four health equity grants were selected for the second round of funding. Their projects are featured here.

The Homebased Asthma Nurse Directed Youth Home Environment and Learning Program (HANDY HELP)

Asthma affects 12-15% of children in United States cities, accounts for over 14 million missed school days per year, and costs billions of dollars in healthcare utilization, disproportionately affecting low income, Black, and Hispanic populations. Research shows that home healthcare visits and self-management education can reduce environmental asthma triggers and improve patient outcomes.

The Homebased Asthma Nurse Directed Youth Home Environment and Learning Program (HANDY HELP) partners a Public Health Solutions Home Asthma Specialist with a NewYork-Presbyterian Asthma Nurse Practitioner to create a homebased asthma team. These providers will provide SDoH screening, environmental interventions, asthma self-management education, and clinical asthma management to patients in their homes. Dr. Tsirilakis' team will evaluate the impact of this program by monitoring symptom control, healthcare utilization, quality of life, and school absenteeism. The intervention targets culturally and racially diverse populations throughout New York City who are vulnerable to poorly controlled asthma, with a focus on high disease burden and low resource neighborhoods served by NewYork-Presbyterian Queens and NewYork-Presbyterian/Weill Cornell.

This unique program allows providers to create tailored interventions to decrease environmental asthma triggers in the patient's home and provide individualized asthma self-management education to patients and their families.

Improving Maternal Health Equity Utilizing Retinal Imaging and Deep Learning

In the US, racial and ethnic minority women face much higher rates of pregnancy-related complications and pregnancy-related deaths. Preeclampsia complicates up to 4-7% of pregnancies and is a leading cause of maternal morbidity and mortality. In addition, women with adverse pregnancy outcomes, in particular preeclampsia, have a significantly higher risk of cardiovascular disorders later in life. Progress towards improving maternal health equity has been limited by the lack of available rigorously collected data from prospective longitudinal cohorts, and lack of interdisciplinary teams committed to such research. The vasculature of the eye is a far more accessible target for non-invasive imaging than the placenta. Recent advancements in ocular imaging now provide high-resolution, widefield imaging of the retina. In a collaborative effort between Departments of Ophthalmology, Obstetrics and Gynecology, and Biomedical Engineering, the team will utilize deep learning to identify the retinal vascular alterations occurring prior to the onset of preeclampsia to develop and validate predictive algorithms.

Developing a Clinical Risk Prediction Tool to Reduce Disparities in Heat-related Morbidity

Since the 1980s, extreme heat events (EHEs) have drastically increased, resulting in over 11,000 excess heat-related deaths in the United States. Of particular concern are those most vulnerable to heat, including older adults, infants and toddlers, patients with multiple comorbidities, patients with low socioeconomic status (SES) and/or minoritized race/ethnicity, and outdoor workers. Thus, the purpose of the team's project is to build a stakeholder-informed, Heat-Related Risk Prediction Tool (HRRPT) to model EHE-related morbidity risk across the NewYork-Presbyterian system, ultimately to reduce the adverse health impacts of EHEs in vulnerable populations.

In preparation for beginning the 2023 Health Justice Research Grant, the team has been working with the Architecture for Research Computing in Health (ARCH) team at Weill Cornell Medicine to merge electronic health record data with heat data and SES variables across the NewYork-Presbyterian system. This was done to help their team identify who is presenting with EHE-related illnesses so they can quantify disparities in emergency room presentation and hospitalization within the NewYork-Presbyterian patient community.



Srilaxmi Bearely, MD, MHS
CUIMC



Ronald Wapner, MD
CUIMC



Andrew Laine, DSc
CUIMC



Arnab K Ghosh, MD, MSc, MA
WCMC



Cecilia Sorensen, MD
CUIMC



Fei Wang, PhD
WCMC



Donald Edmondson, PhD, MPH
CUIMC



Anaïs Rameau, MDCM, MPhil,
MS, FACS
WCMC



Jerel Ezell, PhD MPH
University of California, Berkeley
School of Public Health



Dustin Duncan, ScD
CUIMC



Asa Radix, MD PhD
CUIMC



Mary Pitti, MS
Ithaca College



Keith Chadwick, MD, MS
Stony Brook Medicine



Rachel Coleman, MS-CCC/SLP
WCMC



Katerina Andreadis
New York University

Novel Delivery of Gender Affirming Voice and Communication Modification Training Via a Mobile Application

Transgender and gender diverse individuals often perceive their voice as a component of their identity. Congruence between voice and experienced gender has been correlated with greater quality of life, and conversely, incongruence may lead to dysphoria. Voice and communication modification training (VCMT) is the current standard of care for voice modification. Unfortunately, VCMT is not readily accessible, especially for racial/ethnic minorities, those facing socio-economic challenges, and/or those located in rural communities. Dr. Rameau’s transdisciplinary team has been developing an open-access VCMT app, Attuned, using evidence-based standard of care practices in speech language pathology with the participation and feedback of transgender and gender diverse individuals. With the support of the Dalio Center’s Health Justice Research Grant, they are improving the app user interface and prospectively assessing the outcomes of Attuned versus those of traditional VCMT in collaboration with the Callen-Lorde Community Health Center, the global leader in LGBTQ care.



Awarded

12

proposals for a total of \$159,000

SERVICE LINE HEALTH EQUITY AWARDS

In 2023, the Dalio Center announced the inaugural Service Line Health Equity Awards to fund innovative solutions that address health disparities within NewYork-Presbyterian's service lines. For this first year of funding, the Dalio Center awarded 12 proposals for a total of \$159,000. The awarded projects will be completed over the calendar year 2024 and include:

- » **Community Outreach and Education on Cancer Screening** Provide health education on cancer screening at community events in Lower Manhattan with possible expansion to Queens and Brooklyn
- » **Culturally Competent Nutritional Care and Health Equity Nutrition Fellowship** Create a health equity nutritional fellowship that allows a nutritional fellow to create culturally appropriate meal plans and recipes
- » **Expanding Colorectal Cancer Screening Services by Increasing the Use of Fecal-Based Tests** Increase colorectal screening in the ambulatory care network using fecal-based tests with patient education, an EMR campaign, and improved web content
- » **Genetic tEsting To redUce disParities (GETUP)** Improve genetic testing for high-risk transient ischemic attack patients to assure correct anti-platelet therapy
- » **Kidney Transplant Spanish Language Initiative** Develop culturally sensitive patient education materials and host community engagement events to engage the Hispanic community in renal transplantation efforts
- » **Maternal Health Equity Symposium** Host a Maternal Health Equity Symposium in 2024 with panel of guest speakers and community members
- » **Promoting Health Equity through Culturally Sensitive Care and Effective Communication** Use didactic and role-playing simulation to improve cultural sensitivity and communication for pediatric healthcare workers
- » **Proposal to Address Health Disparities for Patients with Gastric Cancer** Host events and create multilanguage patient education to increase gastric cancer awareness in Queens
- » **Respect for Women of Faith Health Equity Signage** Create education and signage for inpatient units for privacy for women of faith
- » **School-based Mental Health Initiative** Implement a train-the-trainer program to expand universal social-emotional learning curriculum in school-based mental health programs

- » **The PREP Initiative: Colonoscopy Prep Improvement in Racial and Ethnic Disparities** Improve colonoscopy prep quality by standardizing patient education in multiple languages
- » **Ventricular Assist Device (VAD) Driveline Dressing Care Video Translation Project** Translate patient/caregiver educational video into multiple languages to improve VAD dressing care





At NewYork-Presbyterian, we are fortunate to partner with two world-class institutions, Columbia University and Weill Cornell. This partnership and our shared commitment to health justice enriches and advances the work of the Dalio Center immeasurably. This is exemplified in the depth and breadth of research our grant recipients have led over the past two years. As the Center's main areas of focus have been in program innovation and implementation, the Health Justice Research Grants Program allows us to play a role in advancing solutions generating health disparities research across our institution.



Julia Iyasere, MD, MBA
Senior Vice President, Health Justice and Equity
at NewYork-Presbyterian; Executive Director,
Dalio Center for Health Justice



EDUCATION & LEADERSHIP

Developing our future leaders with programming that emphasizes the role structural inequities play in our health



The Dalio Center has participated in over

40

community discussions, hospital presentations, and external events

HEALTH EQUITY CONFERENCE, EVENTS & WEBSITE

The Dalio Center has created a wide variety of content to help educate hospital teams and our community about health disparities and the role structural inequities play in our health.

In 2023, we continued to expand our [public-facing website](#), launching new videos on the social determinants of health, the second annual Health Equity Report, and new publications.

In addition to these digital resources, Dr. Iyasere and other team members have participated in over 40 **community discussions, hospital presentations, and external events** about the Dalio Center for Health Justice, Health Equity, and Diversity in Medicine, including, but not limited to:

- » Guest on the Reset Talk Show on Caribbean Power Jam Radio
- » Presenter at the Centers for Medicare & Medicaid Services Inaugural Conference on Health Equity: Framing the Future of Equitable Healthcare
- » Presenter for the American College of Obstetricians and Gynecologists
- » Presenter at the Louisiana Perinatal Quality Collaborative
- » Panelist at the Healthcare Information and Management Systems Society (HIMSS)'s "Sharing Social Determinants of Health Data to Improve Health and Healthcare Outcomes"
- » Panelist on "Achieve Equity in Healthcare" at the Queens Public Library
- » Panelist on "How Academic Medicine Can Address Health Justice" at the Association of American Medical Colleges Annual Conference
- » Panelist at the UJA Federation Healthcare Equity and Tech Event
- » Guest lectures at Columbia Business School and Columbia Mailman School of Public Health

The Dalio Center has **hosted several internal and external events**, focused on health disparities and community building, including:

- » Sickle Cell Disease Patient Celebration with speakers, vendors, and resources for patients
- » Sickle Cell Disease Awareness Symposium featuring stories from sickle cell disease patients and educational sessions from sickle cell disease providers
- » NewYork-Presbyterian Dalio Center for Health Justice Conference "Focusing on Early Childhood to Achieve Equity: The First 1,000 Days" at the Brooklyn Museum with keynote speakers Dr. Nadine Burke-Harris and Dr. James Heckman

6

publications in 2023

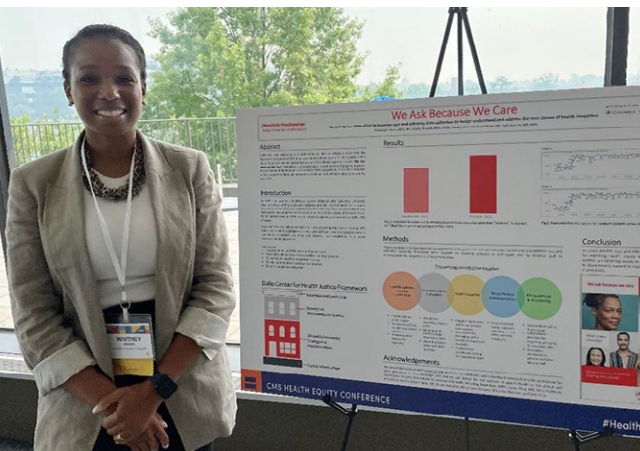
5

awards and honors received in 2023

AWARDS, HONORS & PUBLICATIONS

The Dalio Center team members had numerous publications in 2023 including:

- » Peretz P, Shapiro A, Santos L, Ogaye K, Deland E, Steel P, Meyer D, Iyasere J. Social Determinants of Health Screening and Management: Lessons at a Large, Urban Academic Health System. *The Joint Commission Journal on Quality and Patient Safety*. 2023;49(6-7):328-332. DOI:10.1016/j.jcjq.2023.04.002
- » Harris W, Alleyne F, Kahsai M, Hemway R-J, Raso R, Shapiro A, Iyasere J. Black Hair Care Matters: NewYork-Presbyterian’s Crown Hair Care Program. *New England Journal of Medicine Catalyst*. Published online May 25, 2023. DOI:10.1056/CAT.23.0031
- » Cryts A. NewYork-Presbyterian Works to Improve Patient Health by Addressing Social Needs. *Journal of AHIMA*. September 5, 2023. Accessed December 4, 2023. <https://journal.ahima.org/page/newyork-presbyterian-works-to-improve-patient-health-by-addressing-social-needs>.
- » Cron J, Shapiro AA, Carasimu L, Iyasere J, Schisler JM, Nagy S, Angus S, Burgansky A, Dayal AK, Hemmerdinger TB, Howard D, Oxford-Horrey C, Phillibert DC, Sheen JJ, Goffman D. Understanding Clinician Knowledge About Race Adjustment in the Vaginal Birth After Cesarean Calculator. *Health Equity*. 2023;7:1, 1–6, DOI:10.1089/heq.2023.0049.
- » Finkel MA, Barrios D, Partida I, Kelman E, Hulse E, Rosenthal A, Reiss J, Schwartz R, Meyer D, Woo Baidal JA, the HERALD collaborative. Participant and Stakeholder Perceptions of the Food FARMacy Emergency Food Assistance Program for the Coronavirus Disease 2019 Pandemic: A Qualitative Study. *Journal of the Academy of Nutrition and Dietetics*. Published online November 4, 2023. DOI:10.1016/j.jand.2023.10.021
- » Woods M, Appel G, Daulbayeva A, Harris C, Picard R, Iyasere J, Avery J. Integrating technology into Undergraduate Medical Education: Can affective computing help teach empathy? *Academic Psychiatry*. Published online November 13, 2023. DOI:10.1007/s40596-023-01900-8



Awards and honors received by the Dalio Center for Health Justice in 2023 include:

- » Centers for Medicare & Medicaid Services (CMS) Inaugural Conference on Health Equity Featured Poster Presentation: [We Ask Because We Care](#)
- » American Public Health Association 2023 Public Health Film Festival Featured Short Films: [One Decision for Us](#) and [What to Know About Sickle Cell Disease](#)
- » Finalist for a PR Daily’s Nonprofit Communications Award: [Dalio Center’s Social Determinants of Health Videos](#)
- » Crain’s 2023 Notable Health Care Leaders: Julia Iyasere, MD, MBA
- » 2023 Empire Whole Health Hero: Julia Iyasere, MD, MBA



Spotlight on the NewYork-Presbyterian Dalio Center for Health Justice Conference

FOCUSING ON EARLY CHILDHOOD TO ACHIEVE EQUITY: THE FIRST 1,000 DAYS

On October 24th, 2023, the Dalio Center for Health Justice held its second annual conference, “Focusing on Early Childhood to Achieve Equity: The First 1,000 Days,” at the Brooklyn Museum. The purpose was to highlight the way in which investments in early childhood development can improve social, economic, and health outcomes. Research shows that the first 1,000 days of life is a critical window for a child’s development that can

shape the trajectory of their lives. As such, the first 1,000 days serve as an important opportunity for intervention, support, and investment. **Over 300 people attended in-person.** During the conference, speakers and panelists offered their unique expertise on health equity in early childhood, and discussed a broad range of topics, including early intervention, federal and state policy, economics, advocacy, and community programming.

Welcome and Introductions

Brian Donley, MD

Executive Vice President and Chief Operating Officer NewYork-Presbyterian

Julia Iyasere, MD, MBA

Senior Vice President, Health Justice and Equity
Executive Director, NewYork-Presbyterian Dalio Center for Health Justice

Geoffrey Canada

External Advisory Board Member, NewYork-Presbyterian Dalio Center for Health Justice
President, Harlem Children’s Zone
Founder, William Julius Wilson Institute

The First 1,000 Days of Life: Our Children’s Future

Nadine Burke Harris, MD, MPH

Former California Surgeon General
Founder and Chief Executive Officer, Center for Youth Wellness
California Pacific Medical Center Bayview Child Health Center
Pediatrician

Promoting Skills to Promote Equality and Social Mobility

James J. Heckman, PhD

Nobel Prize Laureate
The Henry Schultz Distinguished Service Professor in Economics
Professor, Harris School of Public Policy, University of Chicago
Director, Center Economics of Human Development
Co-Director, Human Capital and Economic Opportunity Global Working Group

Poster Sessions

Presented by: Andreane Lavallée, PhD, Diane Lee, PsyD, Hadley Brighton, MD, Kalliope Tsirilakis, MD, Marisa N. Spann PhD, MPH, Megan Toal, MD, Melissa E. Glassman, MD, Amanda Esteves, MD, Nancy Lee, MD, Sheera Minkowitz, MD, Sylvan Ryder, DNP, CPNP

PANEL

Taking Action: Improving Outcomes

Moderator

Laura Ensler, MsEd

Early Care and Education Consultant; Founder, FirstStepNYC

Panelists

Soukaina Adolphe, MD

Pediatrician
Co-Director, Grow Clinic
Boston Medical Center

Kassa Belay, MS

Vice President, Community Impact
Fresh Lifelines for Youth

Holly Fogle

Co-Founder, Nido de Esperanza
Co-Founder, Bridge Project

Charlotte Min-Harris

President and Chief Executive Officer
National Service Office for Nurse-Family Partnership & Child First

Catherine Monk, PhD

Chief, Division of Women’s Mental Health, Department of Obstetrics & Gynecology
Inaugural Diana Vagelos Professor of Women’s Mental Health, Department of Obstetrics & Gynecology
Founding Director, The Center for the Transition to Parenthood, Department of Obstetrics & Gynecology
Professor, Medical Psychology, Department of Psychiatry NewYork-Presbyterian/Columbia University Irving Medical Center

Federal and State Policies: A Patchwork of Coverage

Cynthia Osborne, PhD

Founder and Executive Director, Prenatal-to-3 Policy Impact Center
Professor of Early Childhood Education and Policy
Peabody College at Vanderbilt University

Next Steps: Finding Community, Forging Identity, and Fighting for Change

Dana L. Suskind, MD

Founding Director, Pediatric Hearing Loss and Cochlear Implant Program
Founder and Co-Director, TMW Center for Early Learning + Public Health
University of Chicago Medicine
Professor of Surgery and Pediatrics, University of Chicago Medical Center

Closing Remarks

Julia Iyasere, MD, MBA

Senior Vice President, Health Justice and Equity
Executive Director, NewYork-Presbyterian Dalio Center for Health Justice

More than

15k

NewYork-Presbyterian team members have completed health equity training

Dalio Center team members led education sessions at over

130

units

SPOTLIGHT ON HEALTH EQUITY EDUCATION

Throughout 2023, the Dalio Center for Health Justice undertook a variety of initiatives to educate staff at NewYork-Presbyterian on topics in health equity. In July, the Dalio Center released a health equity training covering core concepts around health disparities, health equity, and health justice. The training reviews key terminology in health equity, discusses underlying causes of health inequities, and gives an overview of available resources at NewYork-Presbyterian. **Over 15,000 NewYork-Presbyterian team members have completed the training** and core concepts from this module have been incorporated into NewYork-Presbyterian’s mandatory annual hospital training.

In collaboration with several teams across NewYork-Presbyterian, the Dalio Center also compiled a series of **13 one-page educational** resources on health equity-related topics. These resources provide a concise yet comprehensive overview of health equity and health justice topics to refresh team members’ knowledge and advance our ability to provide the highest quality care to our patients. These resources have been distributed across all NewYork-Presbyterian campuses and are available electronically on the internal Dalio Center Infonet site. To reinforce the topics covered in the one-page resources, Dalio Center team members led education sessions at **more than 130 hospital units** and participated in **over 90 speaking engagements**.

Next year, we will continue to create education opportunities for team members at NewYork-Presbyterian, who are eager to deepen their knowledge of health equity and health justice.



SPOTLIGHT ON HEALTH LITERACY EDUCATION

At NewYork-Presbyterian, our goal is to give all patients an equal opportunity to achieve their optimal health. Health literacy is a patient’s ability to receive and understand information to make good health decisions. Patients who understand their health information report better health outcomes and more satisfaction with their hospital experience. In 2023, we refreshed our resources and materials on health literacy. To further educate our team members, we launched a new health literacy learning module focusing on the importance of health literacy and techniques that staff can use to help patients with health literacy challenges. Through our internal Patient Education Infonet site, in collaboration with team members from Patient Education, Nursing, and Information Technology, we posted resources on health literacy, including a Health Literacy Tip Sheet, Health Literacy Checklist, and electronic medical record tipsheets on how to document patient education and interpreter services. We will continue to update and refresh our educational resources on health literacy for our NewYork-Presbyterian team members.



COMMUNICATING THROUGH NEWYORK-PRESBYTERIAN

To help inform our key stakeholders, including leaders, licensed practitioners, and staff, about our progress to reduce identified health care disparities, the Dalio Center for Health Justice provides updates on health equity related work through several communication channels:

- » The **Annual Progress Report** is posted to both NewYork-Presbyterian's external website and the Infonet
- » Updates are included in monthly "**MD Topline**", a physician-facing NewYork-Presbyterian newsletter
- » Quarterly **newsletters** are sent to all NewYork-Presbyterian Vice Presidents for distribution to their staff, and copies of the newsletter are available on the NewYork-Presbyterian Infonet
- » The Dalio Center presents at **Patient Centered Academies** across campuses each quarter
- » The Dalio Center maintains an **email account** where staff can pose questions or suggest projects

Additionally, health equity updates are provided quarterly to the NewYork-Presbyterian Board of Trustees' Community Mission & Health Justice Committee, ad-hoc to the NewYork-Presbyterian Board of Trustees' Committee on Quality and Patient Safety, and monthly to the Dalio Center's executive steering committee.



Funded

3

projects for the
2023 Health Justice
in Action Awards

HEALTH JUSTICE IN ACTION AWARDEES

At NewYork-Presbyterian, we recognize that our trainees—residents and fellows—are uniquely positioned to advance health justice work. With more than 150 accredited programs and more than 1,800 trainees, we are one of the largest centers of graduate medical education in the country and greatly impact health care. We are deeply committed to training the most talented and diverse residents and fellows to be the next generation of leaders in medicine and health equity.

The Health Justice in Action (HJA) Fund supports trainee initiatives in health equity and social justice. HJA awards are granted to trainees pursuing equity-oriented projects across NewYork-Presbyterian, including projects in quality and patient safety, hospital and clinical operations, community relationship building, community health, medical education, or technology and innovation. In 2023, we funded the following projects:

Program for Individualized Mentorship Education Solutions (PRIMES) Lite

Aaron Zelikovich; Neurology (NYP-WC)
Alexandra Giantini Larsen; Neurosurgery (NYP-WC)

Columbia Radiology Youth Mentoring Program

Eleanor Kim; Interventional Radiology (NYP-CU)
Tina Roa; Interventional Radiology (NYP-CU)
Sean Matuszak; Interventional Radiology (NYP-CU)

NewYork-Presbyterian Resident-Medical Student Mentorship Program

Nickolas Dreher; Internal Medicine (NYP-CU)
Matias E. Pollevick; Internal Medicine (NYP-CU)

BOOK CLUB

In 2022, we launched our Dalio Center Book Club with the aim to engage our Dalio Team members & NewYork-Presbyterian colleagues in health justice and anti-racism discourse. We continued this program in 2023. Each quarter we have one book focused on a specific topic and feature a review of it in our newsletter, in addition to an annual event centered around one of our book topics. Our 2023 Books are:

- » Quarter 1: *The Deepest Well* by Nadine Burke-Harris
- » Quarter 2: *Beautiful Country* by Qian Julie Wang
- » Quarter 3: *The Stonewall Reader* by The New York Public Library
- » Quarter 4: *The Other Wes Moore: One Name, Two Fates* by Wes Moore



At NewYork-Presbyterian, we proudly uphold health justice as a core value. Ensuring that every team member comprehends the importance of health justice is crucial, enabling them to advocate for our patients and provide equitable care. While delivering comprehensive health justice training to over 50,000 employees posed inherent challenges, the invaluable support of the Dalio Center helped NewYork-Presbyterian lead several enterprise-wide education initiatives.



Brian Donley, MD
Executive Vice President and Chief Operating Officer at NewYork-Presbyterian

THANK YOU

To learn more visit us at
nyp.org/daliocenter

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