

HEALTH EQUITY
and **ANTI-RACISM** report
HEAR 2021

Changing the narrative:
*Partnering for justice in health
and health care*



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER AND
HEALTH SCIENCE COLLEGES

The events of 2020 magnified the existing health disparities and racial inequality in America in a way that cannot be ignored.

Through the lens of COVID-19, we saw Black and indigenous people of color die at alarmingly higher rates than those from other racial and ethnic groups. The same populations were more likely to live in unsafe and overcrowded housing, work in essential infrastructure jobs in which they were unable to safely distance from others, and lack access to potentially lifesaving services and treatments.

Such inequities are not new. They have been documented for centuries.

But we believe that we can be part of the solution. For decades, Ohio State has been committed to serving populations made vulnerable in our community and beyond, improving access to care and helping individuals reach their optimal health not just through clinical care, but also by addressing the social determinants that we know have enormous impact on health outcomes.

The initiatives you’re about to read about in this report are part of our efforts to correct systems of inequity and heal the damage caused by injustice. The Ohio State experts and pioneers behind these programs are creating significant, lasting change in central Ohio and beyond. And this is just the beginning.

As our inaugural health equity and anti-racism report, this publication will show **just a fraction** of what our teams have achieved through partnering with our community this year, introduce some of the programs that have long been part of Ohio State’s legacy of caring for its neighbors, and highlight areas in which we hope to improve and have a sustainable impact. More stories about Ohio State’s efforts in these areas will continue to be added to our websites, including on our anti-racism initiatives page at go.osu.edu/arap.

Across The Ohio State University Wexner Medical Center and health science colleges, we are dedicated to overcoming barriers to healthy communities.

It is not just what we do. It is who we are.



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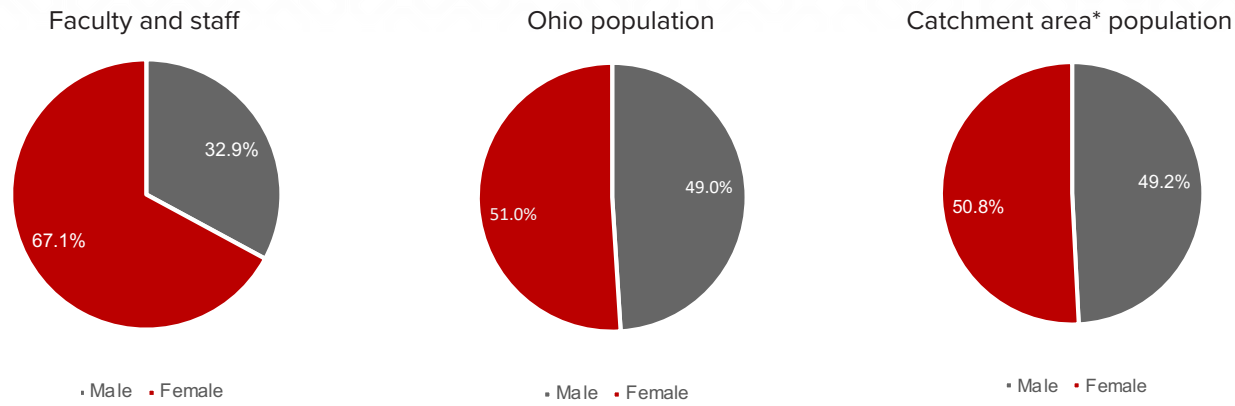
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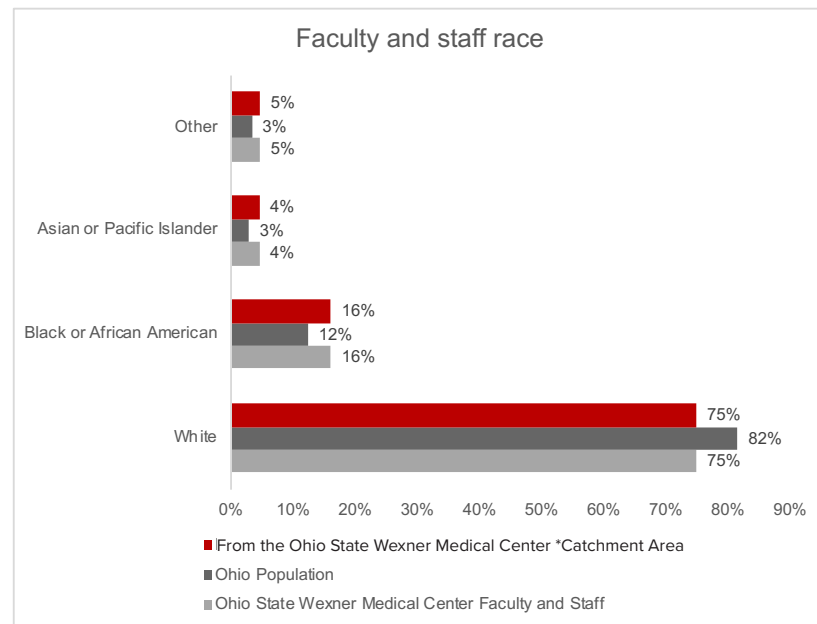


Who we are

Ohio State Wexner Medical Center faculty and staff gender vs. area population

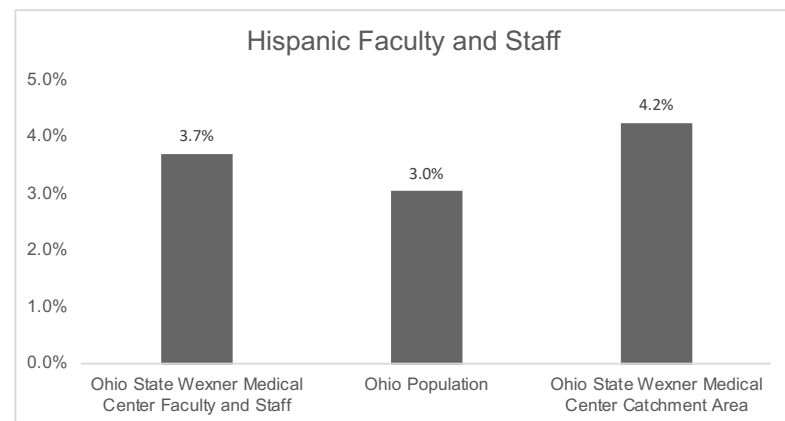


Faculty and staff by race vs. area population



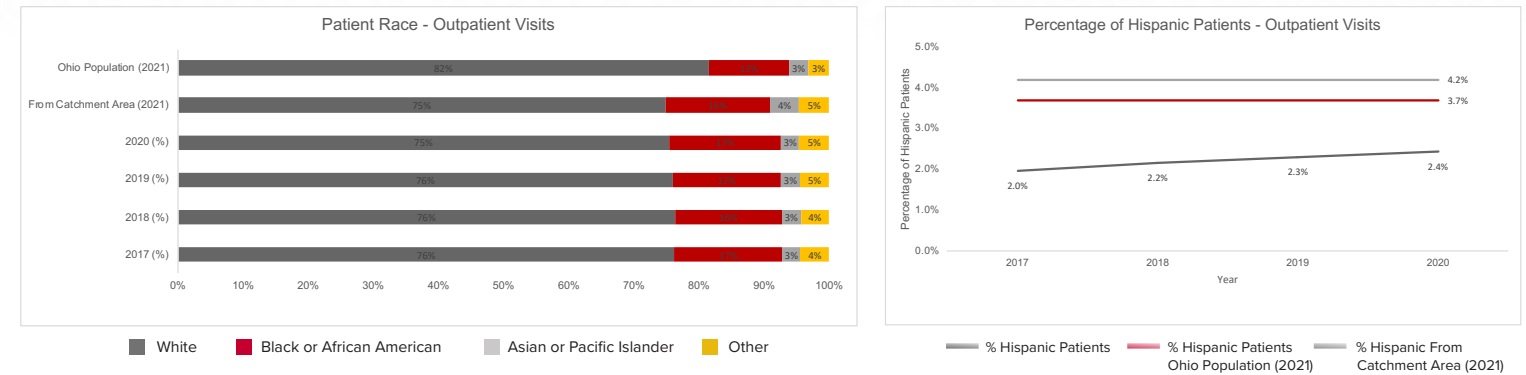
**"Catchment area" refers to Franklin County and its contiguous counties

Faculty and staff by ethnicity vs. area population

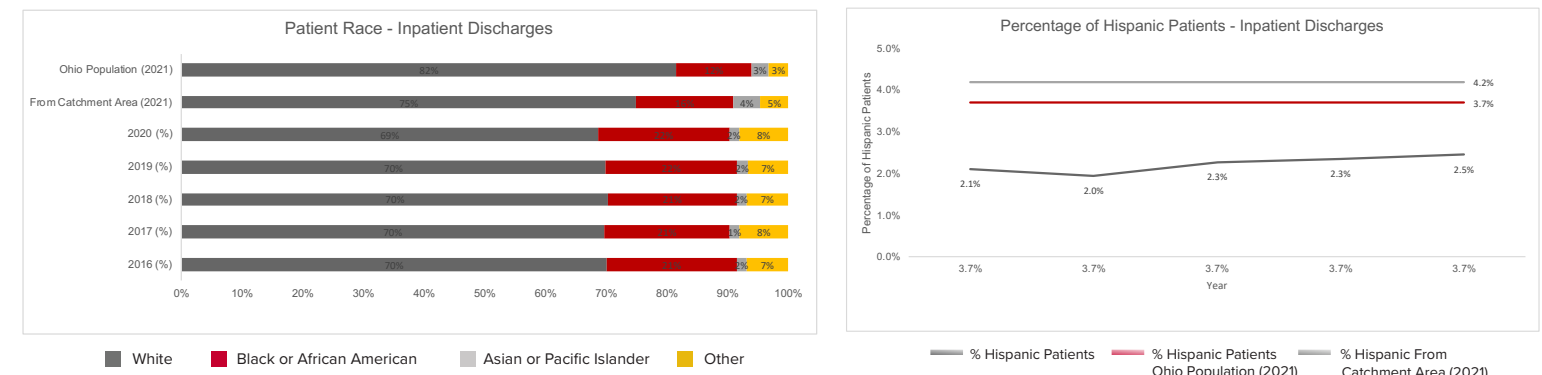


Who we serve

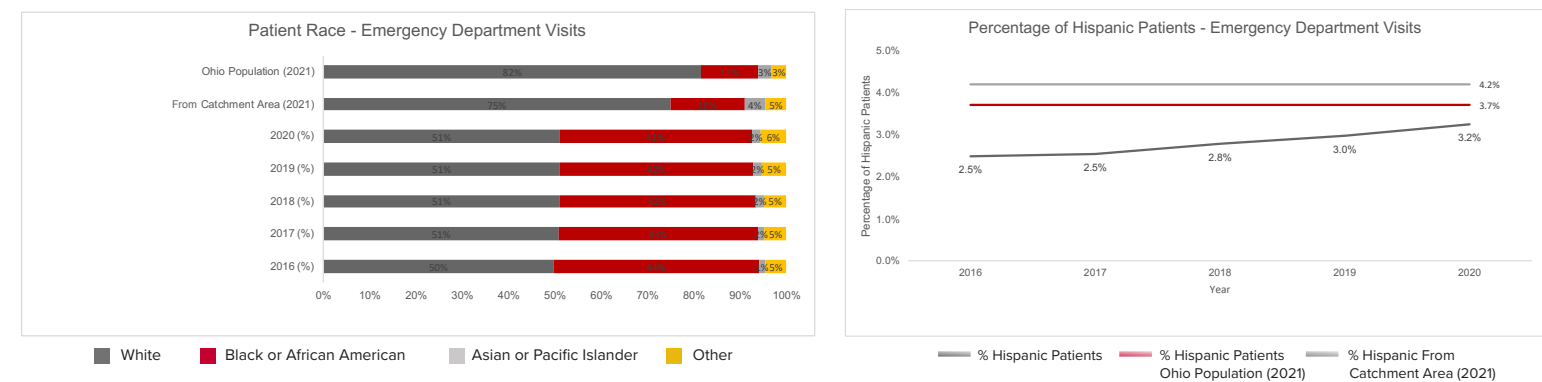
Outpatient visits by race and ethnicity



Inpatient visits by race and ethnicity



Emergency Department visits by race and ethnicity



Racism is a social determinant of health

The term “social determinants of health” refers to the environmental conditions in which people are born, live, learn, work, play, worship and age that affect health.

Racism is a preeminent social determinant of health. It’s a driving force behind inequities in housing, income, education and other social determinants that lead to poor health outcomes among Black and brown communities, especially. It manifests in policies, practices, resource allocation, education and training, and patient care.

Academic health centers have the power and influence to help change this.

Therefore, we must do all that we can to eliminate the structural racism that impacts the health and well-being not only of our students, faculty and workforce here at the Ohio State Wexner Medical Center, but also of the communities we serve.

Ohio State’s excellence in education, research, clinical care and community engagement stands at the center of our mission, vision and values at The Ohio State University Wexner Medical Center, at The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, and in Ohio State’s health science colleges.

That’s why we’ve taken the stance that structural racism itself is a social determinant of health.



What are social determinants of health?

The conditions in the places where people live, learn and grow can impact as much as 80% of a person’s health outcomes. We call these factors the social determinants of health. They create the health inequities we see among different populations — those unjust differences in health outcomes for conditions such as obesity, heart disease, diabetes and cancer.

These gaps in health outcomes grow even wider when social determinants of health are combined with differences in access to high-quality medical care.

Social determinants of health include factors such as:

- Access to healthy foods
- Transportation availability
- Access to health care
- Housing stability
- Income level
- Education quality

These factors are often determined by the distribution of money, influence and resources.



Reducing infant mortality in central Ohio and beyond

“Today, Black babies bear the burden of generations of stress and unequal treatment.”

— Patricia Gabbe, MD, founder of Moms2B

Research has long shown that U.S. infant mortality rates (the number of deaths under age 1 for every 1,000 live births) are significantly higher for many racial and ethnic minorities compared to white infants.

According to the most recent data from the Centers for Disease Control and Prevention (CDC), the national rate for Black infant deaths is 11.4 per 1,000 live births, more than twice the rate of white infants, which is 4.9. In Ohio, 2018 Ohio Department of Health data shows that Black infants die at a rate of 13.9 per 1,000 live births — nearly three times the rate of white infants, at 5.4.

The disparity is mirrored among fetal mortality rates in Ohio: Black women are more than twice as likely as white women to experience fetal death (intrauterine death of a fetus at any point of a pregnancy).

Ohio State is tackling this problem from multiple angles, using research, treatment programs and community outreach to create a better future for all pregnancies and babies, but especially to reduce those disparities.

“We’ve changed the public health measure of racism. We have lowered infant death rates. To paraphrase Frederick Douglass, I see that we can grow healthy children, and we must grow healthy children; this is the only way to heal the broken man and to heal our public health crisis.”

— Moms2B founder Patricia Gabbe, MD

Moms2B: A bridge to support, resources and education

It began in a church basement in 2010, with two pregnant moms looking for guidance, and two women who dreamed of a way to keep babies alive in Columbus neighborhoods where so many were dying before their first birthdays.

Moms2B has since helped more than 3,000 parents, about half of whom learned of the weekly program through previous participants.

Moms2B founder Patricia Gabbe, MD, and co-director Twinkle Schottke created the one-of-a-kind Ohio State program to reduce infant mortality rates, eliminate disparities in maternal and infant health and address the social determinants of health that affect pregnancy and babyhood.

In Ohio, Moms2B’s success has made it the blueprint for reaching those goals.

The program celebrated its 10th anniversary in part by publishing new research that shows quantitatively how Moms2B leads to a reduction in adverse pregnancy outcomes in communities disproportionately affected by public health issues.

It’s a key strategy to undoing the devastating generational effects of structural racism, says Dr. Gabbe, a pediatrician, clinical researcher and professor at The Ohio State University.

“We’ve changed the public health measure of racism,” she says. “We have lowered infant death rates. To paraphrase Frederick Douglass, I see that we can grow healthy children, and we must grow healthy children; this is the only way to heal the broken man and to heal our public health crisis.”

In church halls, at Ohio State East Hospital and at Mount Carmel’s Center for Healthy Living, parents in eight high-risk neighborhoods see a multidisciplinary team of health professionals each week. The health care workers follow mothers from pregnancy through their babies’ first year. Moms2B provides them with access to portable play yards, healthy meals and other necessities, as well as consistent education about prenatal care, safe sleep, nutrition, smoking cessation, breastfeeding and reproductive health.

Postpartum moms receive a home visit from a Mount Carmel Welcome Home nurse and are connected with patient-centered care teams and parenting groups.



Partners who attend weekly sessions are led in Dads2B groups, which provide extra resources and guidance to support healthy pregnancies and children.

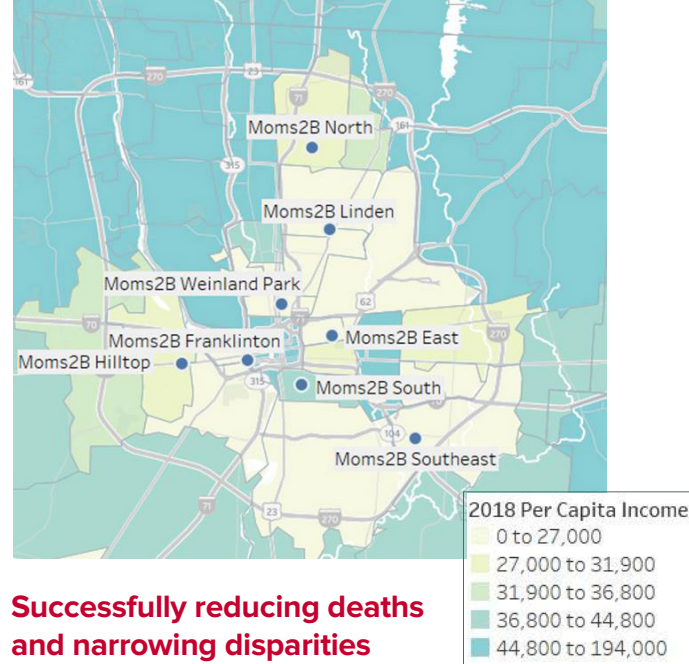
“We have to pour good into our moms — who may not have heard this when they were growing up — so that they will be able to pour good into their babies,” says Schottke, an Ohio State infant mental health specialist. “That’s how we make a difference.”

Initially funded by a \$48,000 Ohio State University grant, Moms2B began in Weinland Park. At the time, the Columbus neighborhood had a median family income of \$12,000, its unemployment rate was high and it was a hotbed of violent crime and gang-related activity.

Its infant mortality rate was also three times Ohio’s already high average.

Between 2012 and 2014, the program expanded to three other high-risk neighborhoods, and, between 2016 and 2019, Moms2B grew into eight vulnerable, low-income neighborhoods in central Ohio, thanks in part to funding from the CelebrateOne initiative through the City of Columbus and Franklin County.

The Moms2B team grew, too, and today includes former Moms2B parents who’ve become certified community health workers and a child care assistant.



Successfully reducing deaths and narrowing disparities

Schottke believes the high rates of infant mortality show where these programs that remove health care barriers haven’t yet reached at-risk parents.

“Often, when I see that a baby has died, I just have to think, ‘Oh, no. We didn’t get to that one.’”

Weinland Park, the first Moms2B neighborhood, saw a five-fold reduction in overall infant mortality rates in the program’s first four years. By 2017, as the very first Moms2B babies were turning 6 and 7, kindergarten readiness at Weinland Park Elementary topped average readiness scores throughout the Columbus City Schools district.

A study led by Ohio State researchers Courtney Lynch, PhD, and Erinn Hade, PhD, compared birth outcomes for babies born to women who attended Moms2B sessions and for babies born to women in matching circumstances but who never attended a Moms2B session. The groups of moms shared 17 matching variables, including ZIP code, education level, marital status, parents’ age and many health factors.

Drs. Lynch and Hade’s work, published in the January 2021 *Maternal and Child Health Journal*, showed that, between 2011 and 2017, Moms2B babies were 55% less likely to die in their first year of life, and Moms2B moms had fewer babies who were premature or low birthweight.

In 2016, as Moms2B was opening its eighth site, the overall infant mortality rate in Franklin County began its steady decline from nearly 8.5 (in 2016) to 6.9 (in 2019). It was a marker of success that Ohio’s similarly urban Cuyahoga and Hamilton counties weren’t seeing. Ohio’s overall infant mortality rate also held relatively steady during this time.

That’s why Moms2B’s successful model is about to be replicated in other areas of Ohio — first in Dayton.

“Moms2B Dayton began in fall 2020 (virtually, because of COVID-19),” Schottke says. “By late February 2021, we had 28 women from Dayton joining Zoom sessions and individual meetings with our multidisciplinary team.”

Schottke also developed a Moms2B and Dads2B six-week instructional course for health professionals in Dayton.

A decade of Moms2B results shows what many parents and babies from low-income neighborhoods know firsthand: that when social determinants of health are improved, babies are better able to thrive.

Additional Ohio State initiatives for healthier pregnancies and infants

STEPP Clinic: A lifeline for those with addiction — and their babies

For expectant parents, substance abuse disorders can further complicate pregnancies that may already be at risk based on other social determinants. To have pregnancies that produce healthy, full-term babies, these patients need specialized care to overcome addiction.

Through an innovative clinic called Substance Abuse Treatment, Education and Prevention Program (STEPP), Ohio State maternal-fetal medicine specialists are increasing the odds for those babies to live beyond their first birthday.

The clinic’s expert team includes a dedicated nurse, a social worker and a team of physicians led by Kara Rood, MD. They hold more than a decade of experience leading weekly sessions that provide personalized, high-risk obstetric care, treatment and counseling.

STEPP’s first graduate from its one-year postpartum program is a mother who began with the clinic at 39 weeks pregnant, while actively using illicit substances and having recently been incarcerated. She delivered two days later, continued with STEPP’s postpartum group and now has custody of her child. She’s since completed peer support training and is enrolled at Columbus State Community College, working toward becoming a substance abuse counselor and expunging her felony.

“The support these individuals get from our team during the immediate postpartum period is when they truly bond to STEPP,” Dr. Rood says. “It’s in that moment and phase of their journey that they really understand how invested we are in them. We feel this has contributed to the success of our postpartum group, with over 80% of those who attended during pregnancy continuing to stay with us for the postpartum group.”

Provider trainings for more equitable women’s health care

Ohio State is filling training gaps for Ohio health care providers with two projects designed by experts in maternal-fetal medicine and emergency medicine working with the Ohio State College of Medicine’s Clinical Skills Education and Assessment Center. Both projects are free for providers and funded through the Ohio Department of Health.

“We have to pour good into our moms — who may not have heard this when they were growing up — so that they will be able to pour good into their babies. That’s how we make a difference.”

— Twinkle Schottke, Ohio State infant mental health specialist



“An issue in morbidity and mortality research is that we’re often seeking to help underserved patient populations without letting them have a voice. In this project, we’re really putting them at the center and letting them help direct the future of care.”

– Monique McKiever, MD, Ohio State infant maternal-fetal medicine fellow

Virtual Telehealth Delivery Training for Women’s Health Providers seeks to help providers give better care to patients who can’t easily access early prenatal and specialty care. Three modules, which began sessions in September 2020, take women’s health providers through simulations to learn efficient workflow management, co-management, virtual patient assessment and other fundamentals of telehealth. Two other simulation modules are provider-to-provider communication trainings — one for specialists using video-consult services to work with non-specialists and referring physicians; the second designed for the reverse, teaching referring physicians to use telehealth for patient care and engaging specialists. The scenarios use standardized patients, or actors, which include a patient with limited English proficiency working through an interpreter, and a patient who’s in the country illegally.

“Before COVID-19, 92% of obstetric providers in Ohio hadn’t used telehealth, but now, at least 77% of them use it regularly,” says Cynthia Shellhaas, MD, MPH, a maternal-fetal medicine specialist who helped design both training programs. “This training helps them lead those encounters effectively.”

A second ODH-funded program, Obstetric Emergency Simulation Training for Emergency Medicine Providers, is designed for emergency medicine (EM) physicians, physician assistants, nurse practitioners, nurses and EMT/EMS. The program, which began its first trainings in August 2020, puts participants through virtual simulations to improve recognition, treatment and management of obstetric emergencies including hypertensive emergencies, postpartum hemorrhage and cardiomyopathy.

One session involves the simulations themselves, but two other trainings offer EM physicians and nurse educators the tools to facilitate their own low-cost obstetric emergency simulations and teach others at their home hospitals.

“Emergency departments see a lot of pregnant and postpartum patients,” Dr. Shellhaas says. “While 98% of Ohio hospitals have reported conducting simulation drills for obstetric emergencies, 100% of those drills involved labor and delivery or postpartum staff — but only 30% involved emergency department staff.

Listening and learning from patients

A program led by Ohio State maternal-fetal medicine specialists aims to analyze the health care experiences of minority women — particularly African American women — and turn the information into guidance to help health care providers give more patient-centered, culturally sensitive care.

Led by Kamilah Dixon-Shambley, MD, an Ohio State obstetrician-gynecologist and medical director of Moms2B, the “Disparities in Maternal Health” program, funded through an Ohio Department of Health grant, began surveying women in mid-March 2021.

Participating patients are surveyed early in pregnancy through the postpartum phase, examining their history and exposure with perceived medical biases in prenatal, labor/delivery and postpartum care.

Monique McKiever, MD, an Ohio State maternal-fetal medicine fellow and co-investigator on the project, says the goal is to understand links between patients’ experiences with bias, medical mistrust and other health care barriers, and how these experiences affect prenatal care.

“We want to understand what barriers to medical care they experience, and whether they feel listened to,”

Dr. McKiever says. “An issue in morbidity and mortality research is that we’re often seeking to help underserved patient populations without letting them have a voice. In this project, we’re really putting them at the center and letting them help direct the future of care.”



Katie McCurdy, a chef and wellness educator at the Ohio State Wexner Medical Center, helps lead culinary education initiatives through the James Mobile Education Kitchen.

Ohio State invests in ending food insecurity

Adequate nutrition begins with healthful foods. But for more than 37 million Americans, limited access to food — healthful, nutrient-rich food or not — is the first of many barriers to good health.

Food insecurity, or the lack of regular access to the food one needs to sustain themselves, is a significant issue in the United States.

According to the U.S. Department of Agriculture’s Economic Research Service, more than 11% of U.S. households were food-insecure at some time during 2018, the most recent measurement year.

This means that the families in those households weren’t certain of having or of their ability to acquire enough food to meet their needs — whether because they didn’t have enough money or couldn’t physically reach a place that provided food, or because they lacked other resources.

But the science is clear: Access to food has shown evidence of improved health outcomes, prevention of disease progression and lower overall costs of medical care.

“We know that food is health, and access to healthful food definitely improves health outcomes,” says Aaron Clark, DO, a Family Medicine physician at the Ohio State Wexner Medical Center.

The Ohio State University health science colleges and the Ohio State Wexner Medical Center have long been committed to addressing this serious epidemic. Newer initiatives aim to solve resource gaps at home in Franklin County, where 69 million meals are missed each year, and throughout the country, where Ohio State’s innovative models could be replicated.

“We know that, to make a worthwhile investment in a community, we have to engage with the community as partners and respond to the needs of the community. That’s what will serve the health of a community long-term.”

– Autumn Glover, president of PACT
Senior director, community and civic engagement,
The Ohio State University Wexner Medical Center

Prescriptions for fresh food

In September 2019, the Ohio State Wexner Medical Center Department of Family and Community Medicine partnered with the nation’s seventh largest food bank, the Mid-Ohio Food Collective, to better connect Ohio State patients in need with extra support through fresh produce and other nutrient-rich foods.

What resulted was the Mid-Ohio Farmacy, a partnership that allows Ohio State staff and providers to screen and refer patients to receive a fresh-food “prescription” card, with a unique Rx ID, that permits them weekly access to fresh produce at any of the Mid-Ohio Food Collective’s 12 participating pantries in central Ohio.

Ohio State Wexner Medical Center health care providers in six areas are able to prescribe the Mid-Ohio Farmacy card:

- **Primary Care Thomas Rardin**
- **Primary Care – Family Medicine** at Outpatient Care East
- **Total Health and Wellness** at Ohio State East Hospital
- **Maternal-Fetal Medicine**, primarily at McCampbell Outpatient Care
- **Diabetes-specific endocrinology clinics** (such as endocrinology care at Outpatient Care Stoneridge Dublin, Outpatient Care East and Primary Care – General Internal Medicine and Pediatrics Outpatient Care Hilliard)
- **Primary Care – General Internal Medicine** at Outpatient Care East and Morehouse Outpatient Care, both becoming available by mid-summer 2021

To identify recipients, providers screen patients with two statements:

- *“Within the past 12 months, we worried whether our food would run out before we got money to buy more.”*
- *“Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more.”*

A response of “sometimes true” or “often true” to either statement is considered evidence for risk of food insecurity.

High-risk patients targeted for screening have been defined as patients having difficulty managing chronic health conditions, including diabetes (hemoglobin A1C >9%), gestational diabetes, hypertension (>140/90) and obesity (BMI >30).

As of May 5, 2021, at least 715 patients have benefited from the program, leading to more than 1,500 food pantry visits. Dr. Clark, a champion of the Farmacy program, says this rate of enrollee participation is much higher than what is seen nationally in similar programs.

“Our patients have shown tremendous support for the program — they feel taken care of,” Dr. Clark says. “We providers feel good about it, too, being able to address a patient’s nonmedical, health-related social need. When their own physician asks them about food insecurity, it’s meaningful to the patient and it helps them engage in their care.”

One patient described the Farmacy as a “lifesaver.”

“Especially if you’ve got kids to feed,” they said.

Dr. Clark notes that not only does the increased food pantry access improve health outcomes through nutrition, but patients also don’t have to spend as much of their limited budgets on food.

“I’ve had a patient tell me that she’s now able to afford her insulin because she doesn’t have to spend as much on food,” he says.

Another patient explained that, when they were younger, they couldn’t comprehend someone being unable to afford their medicine because they needed to eat, or skipping meals to afford medication.

“But, as I’ve actually seen it and been part of it, I understand,” they said. “It’s a real big concern of mine.”

Diverting food surplus and educating

Other longstanding partnerships between Ohio State and Mid-Ohio Food Collective support the food bank’s reserves, as well. For example, the Ohio State Wexner Medical Center donates about 40,000 pounds of food each year to the food bank’s Second Servings

program. Packaged meals that are prepared in hospital kitchens and don’t ever make it to patients or cafeteria patrons head to Second Servings’ soup kitchens and emergency shelters. Uncooked produce, bread and other foods also are donated to the food bank.

Medical center chefs and clinicians can show pantry recipients how to cook that food through the James Mobile Education Kitchen, a food truck-style vehicle with hands-on nutrition education. “We’re able to show people how to turn that donated food into something healthy that they actually want to eat,” says Jim Warner, program director of Food Service Administration in Nutrition Services at the Wexner Medical Center.

The team travels to underserved areas to distribute food samples and hold cooking and nutrition demonstrations. Among those destinations, for example, is the Reeb Avenue Community Center on Columbus’ South Side, where the Mobile Education Kitchen team has provided snacks and nutrition-based games along with community members’ Mid-Ohio Food Collective lunches.

Custom-designed neighborhood food access

On the Near East Side, where the Ohio State Wexner Medical Center serves the community through Partners Achieving Community Transformation (PACT), a unique Healthy Community Center is set to open in fall 2022, partially designed by neighborhood residents themselves.

Taking over the previous site of the Columbus Metropolitan Library’s Martin Luther King Jr. branch, this multipurpose facility provides no clinical services, but it fills a major gap in the community, says Autumn Glover.

“We knew that the Near East Side is an area rich in food pantries,” she says. “So we need to do more than get food to people.”

“Helping people learn how to use the food to prepare healthy meals for their families to promote health is just as important,” notes Joshua Joseph, MD, MPH, who will serve as medical director for the center.

An Ohio State endocrinologist whose clinical research focuses on risk factors for obesity and type 2 diabetes in diverse populations, Dr. Joseph explains that the community facility further demonstrates Ohio State’s commitment to its neighbors’ well-being.

“We know that, to make a worthwhile investment in a community, we have to engage with the community as partners and respond to the needs of the community. That’s what will serve the health of a community long-term.”

PACT and medical center leaders had ideas for the new facility, but, Glover says, the community asked PACT to consider a market, as well.

The Ohio State University Healthy Community Center will feature...

- **a teaching kitchen** with demonstrations for families and individuals of all ages
- **a meeting center and café space** where a local entrepreneur can operate
- **soundproofed multipurpose classrooms and meeting rooms** that can be sectioned off as needed
- **a subsidized fresh food market**, featuring food provided by Mid-Ohio Collective and potentially staffed by Ohio State students and volunteers

“It’s a beautiful opportunity for community building,” Glover says. “Everybody needs food — it’s a great equalizer and connector of people to one another, and to their health and well-being. This project is so contextualized to the people in the neighborhood we’re trying to serve — we’ve been thinking about this project as nutritional access, but also solving social isolation.

“That community engagement was really pivotal in making sure we weren’t just building something as Ohio State and assuming it would be useful.”





Keeping vulnerable patients out of the hospital

Across The Ohio State University Wexner Medical Center, there's a wide variety of work underway to reduce health disparities through preventive outreach, as well as efforts to gain a better overall picture of how Ohio State's programs work individually and collaboratively to combat inequities rooted in racism.

“As a system, we see the link between health equity and disparities as fundamental to our efforts to improve our overall quality. There are so many small and isolated efforts taking place — right now, we’re gaining a greater understanding of that programming.”

– Iahn Gonsenhauser, MD, MBA, chief quality and patient safety officer for the Ohio State Wexner Medical Center

“We’re really deeply diving into understanding the impact racism has on disparities and inequities within our system,” says Iahn Gonsenhauser, MD, MBA, chief quality and patient safety officer for the Ohio State Wexner Medical Center. “As a system, we see the link between health equity and disparities as fundamental to our efforts to improve our overall quality. There are so many small and isolated efforts taking place — right now, we’re gaining a greater understanding of that programming.”

Here are just a few highlights of work that’s improving health outcomes for patients and community members who lack access to care or other critical social needs.

Improving flu vaccinations in non-white populations

Beginning in 2020, a team of Ohio State Wexner Medical Center leaders undertook a project to boost Ohio State’s influenza vaccination rates for non-white patients, trying to close the gap between their 41.4% and the 53.6% rate of white patients. The hope was that success in this corner could produce data and tactics that would improve COVID-19 vaccinations in non-white populations as well.

“We did some really innovative things that the system never had done before,” says Aaron Clark, DO, the

medical director for the Ohio State Health ACO, an accountable care organization that provides Medicare fee-for-service beneficiaries with access to high-quality care. “We intentionally looked for disparities and built ways to improve what we were doing, and we made sure we had the right people at the table.”

That meant carefully building an interdisciplinary committee — including representatives from Nursing, Pharmacy and Operations, among others — tasked with developing and implementing strategies to better reach non-white patients. The committee developed a targeted internal and external communications plan, secured additional flu vaccines and ensured that onsite community clinics, clinical spaces and emergency departments were able to offer the shots to anyone who needed them. They also updated inpatient workflows so nurses would be prompted to offer vaccinations during visits.

Each week they monitored their progress through a tracking tool. In the end, they fell slightly short of their goal, but they’d made a difference: Flu vaccinations in non-white populations had increased to 42.2%. One major success showed up in the Emergency Department at East Hospital, which administered two flu shots in 2020 — and skyrocketed to 250 (175 to non-white patients) in the first few months of 2021. Dr. Clark says plans are still in the works for further developing the program next year.

Solving the needs of frequent emergency department visitors

To find better solutions for the nearly 500 patients who end up in Ohio State emergency departments more than 10 times a year, the Ohio State Wexner Medical Center created a multi-visit patient (MVP) team comprising two nurses, a social worker and a community health worker.

The team's sole focus is helping these frequent visitors with the unmet social needs that so often lead them to the emergency department: a lack of housing, food, transportation or primary care, or concerns such as substance abuse or mental health issues.

This program is critical to advancing health equity given the overrepresentation of Black and African American patients in our emergency department (see page 5).

Equipping vulnerable communities during COVID-19

In May 2020, Ohio State partnered with several local agencies on a community care kit distribution initiative aimed at serving the most vulnerable communities. This targeted approach involved several key steps: identifying the most vulnerable

communities, pinpointing distribution locations within those communities, procuring supplies, notifying the communities and distributing kits using volunteers and interpreter services when needed.

"Early in the pandemic, evidence found face masks to be an effective method to prevent the spread of COVID-19," says Joshua Joseph, MD, an endocrinologist at the Ohio State Wexner Medical Center and assistant professor in The Ohio State University College of Medicine. "This knowledge, combined with the novel approach of academic, community and government partnership, allowed us to mobilize to raise awareness of the importance of wearing face masks and provide valuable resources in at-risk communities."

Over five days at five locations, the collaboration handed out 46,000 face masks, 10,000 soaps, 18,000 hand sanitizers and 12,000 dental hygiene items. There were 4,726 recipients of the community care kits and about 2,800 others who received kits through additional donations to our community partners. Among those who participated, 58% of recipients indicated they didn't have access to a face mask prior to the distribution event.

"Although we recognize that one project will not singularly improve public health, it can sow the seeds for other projects."

– Joshua Joseph, MD



Dr. Joseph was the lead author in a subsequent article about the event published in the journal *Population Health Management*. That article, detailing the community kit effort, summed up the aim of so many of these projects: "Although we recognize that one project will not singularly improve public health, it can sow the seeds for other projects."

Partners in this initiative included The National African American Male Wellness Agency, Partners Achieving Community Transformation (PACT), Columbus Public Health, Ohio Department of Health Office of Health Equity, Franklin County Public Health, Columbus Police Department, Columbus City Schools and many more.

Boosting COVID-19 vaccinations in minority populations

In addition to the COVID-19 vaccine clinic at the Jerome Schottenstein Center, the medical center established Vaccination Station East at East Hospital and partnered

with community, civic and faith-based organizations to assist those living in high-risk communities and racial/ethnic minorities, including immigrants and refugees.

This Community Vaccine Partner (CVP) program was spearheaded by Tasleem Padamsee, PhD, assistant professor in the College of Public Health, in partnership with a team of leaders across the Ohio State Wexner Medical Center and The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute.

The CVP program used patient navigators, interpreters and community outreach and engagement specialists to assist community members with securing appointments and addressing barriers to successful vaccination. These sweeping outreach efforts were highlighted in local and national news media.

When a person doesn't seek necessary health care and critical routine screenings, sometimes the reasons are frustratingly simple: they have nowhere to go or no way to get there.

Ohio State care that meets people where they are



“We always think about distance, but it may not be that far of a distance — it just may be logistically they can't get there. They can't take time off work, or have no car, or aren't on a bus line. We assume everyone's focused on their health, but they've got 100 other things going on.”

— Chasity Washington, MPH

“Access is a huge barrier to people,” says Chasity Washington, MPH, director of the Center for Cancer Health Equity at The Ohio State University Comprehensive Cancer Center — Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC — James). “We always think about distance, but it may not be that far of a distance — it just may be logistically they can't get there. They can't take time off work, or have no car, or aren't on a bus line. We assume everyone's focused on their health, but they've got 100 other things going on.”

Research suggests that up to half of all patients report transportation as a barrier to obtaining health care, Washington says. Furthermore, some patients have nowhere to go: In Ohio, six rural counties have no hospital, and several have few or no mammography facilities.

The Center for Cancer Health Equity is among the Ohio State efforts trying to close that access gap by taking care directly to patients — whether they live in underserved Columbus neighborhoods or in surrounding rural cities and counties with limited health care facilities.

Among these initiatives are mobile units, outreach programs and innovative, expanded methods of health care. Just a few examples:

- **The Community Care Coach** is a state-of-the-art medical office on wheels, staffed by doctors, midwives and medical assistants who provide primary care, obstetrics and gynecology care, health screenings, immunizations and lab services. It features two exam rooms, a waiting room and a lab.
- **Telehealth**, which saw a rapid and widespread expansion after the COVID-19 pandemic hit, has since helped Ohio State better serve patients from their homes around the state.

- **Dental H.O.M.E.**, the College of Dentistry's Health Outreach Mobile Experience coach, is a pediatric mobile dental clinic that travels to Columbus City Schools providing dental care — the top unmet health care need of children and adults in Ohio's underserved communities.
- **The OSUCCC — James Mobile Education Kitchen** travels to community festivals, public health events and health-related fairs to educate the public about healthy, cancer-preventive foods and how to prepare these foods in easy, tasty ways.
- **The James Mobile Mammography Unit**, which has been screening patients for breast cancer since 1988, travels to businesses, county health clinics, festivals and other venues — anywhere within a two-hour radius of Columbus. Ohio State's mobile cancer screening initiatives have expanded and now include a second mammography unit and a mobile lung cancer screening effort.

While geography is a key part of closing the access gap, most of Ohio State's efforts go beyond just meeting people where they live.

Understanding how culture plays into someone's health care is also key, as is speaking their language. The Center for Cancer Health Equity seeks employees from the communities it serves; its 17 outreach and engagement staff include three employees who focus on rural and Appalachian efforts, three who focus on African American outreach, six who work with Hispanic and new American communities, one who focuses on LGBTQ+ initiatives and four patient navigators. The staff also include bilingual employees who speak Spanish, Somali, Mandarin and Nepali.

“Our outreach staff is familiar with the communities, and those patients trust them,” Washington says. “Some people don't want to come to a big institution, so just being able to take that service there in a trusted area is so important. If we can make screenings quick, convenient and comfortable, we get people who come year and after year.”



“We’re in the position to help coordinate care for patients inside and outside of the hospital, research new and innovative prevention and treatment methods and educate the next generation of health care providers to help reverse the opioid epidemic’s impacts.”

— Julie Teater, MD

That’s why The Ohio State University Wexner Medical Center has committed resources to fighting opioid use disorder at every angle, launching multidisciplinary research on the crisis and swiftly adapting services for an evolving foe.

“Academic health centers are at the forefront of clinical care, education and research,” says Julie Teater, MD, medical director for Addiction Medicine at the Ohio State Wexner Medical Center. “When something is as devastating as the opioid epidemic, it requires academic health centers like ours to take a lead in the community with the full force of our resources.”

Naloxone training and distribution

Among the most immediate and accessible services Ohio State provides in this effort is free naloxone and training for using it. The nasal-spray drug can temporarily reverse the effects of an opioid overdose, blocking opioids’ effects on the brain and restoring breathing.

When given in time, naloxone can save a life.

Since 2015, Ohio State Emergency Departments have distributed naloxone to those at risk of overdose and their family and friends. Beginning in 2018, the Ohio State College of Public Health collaborated with the Wexner Medical Center, Equitas Health and other university groups to hold free training sessions that distributed naloxone kits to the public.

In July 2019, Ohio’s Project DAWN (Deaths Avoided With Naloxone) granted funds to the Ohio State Wexner Medical Center, giving Ohio State the ability to significantly widen its naloxone distribution.

Today, free naloxone kits are available at each of Ohio State’s seven hospitals, including through Talbot Hall Addiction Medicine. Kits are also available to anyone — no prescription necessary — through community outreach events and at Ohio State Wexner Medical Center outpatient pharmacies at Doan Hall, East

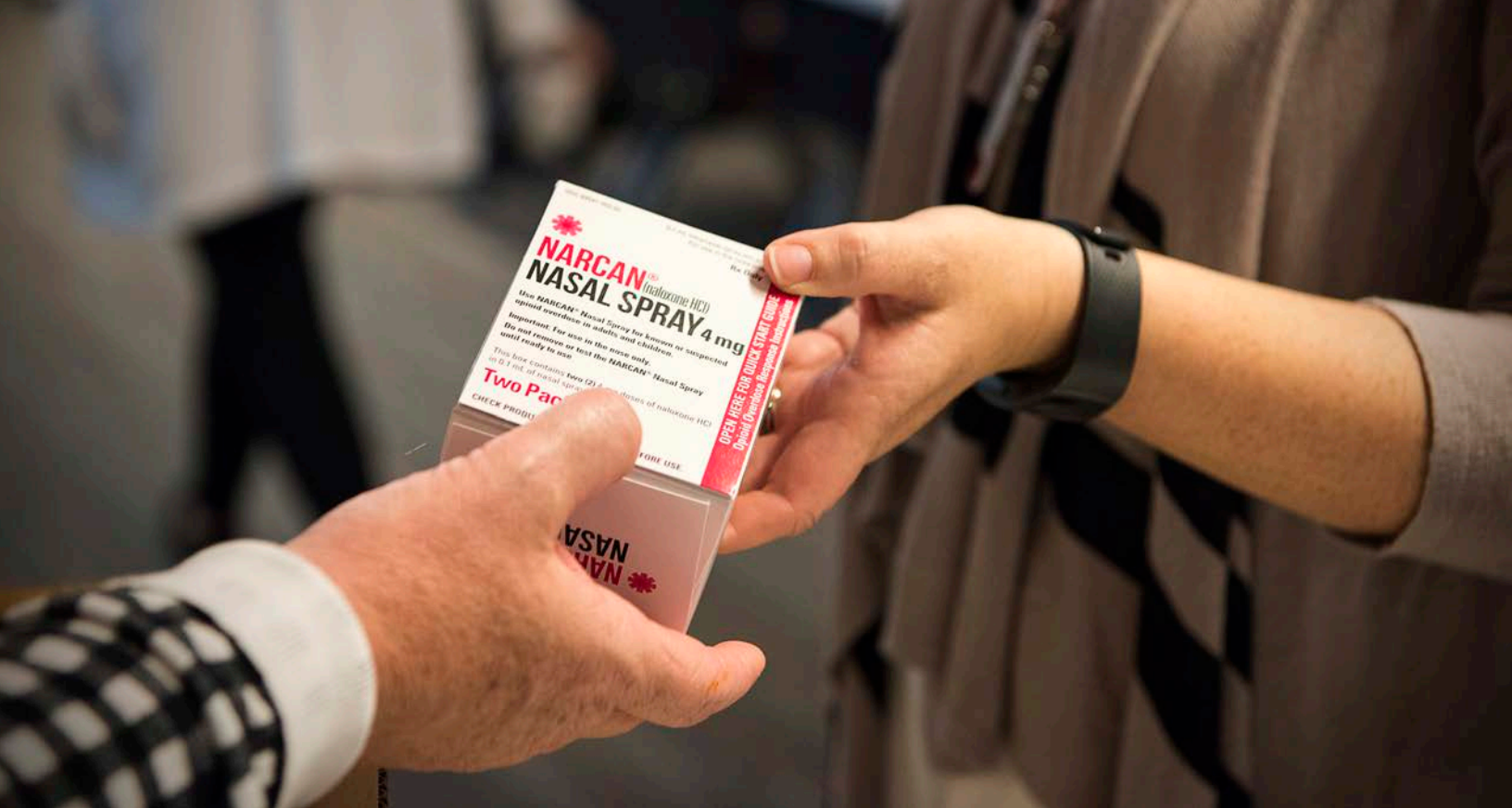
continued on page 24

Drug-involved overdose deaths in the United States have risen steadily in the last two decades, according to the Centers for Disease Control and Prevention. Many of these overdoses can be attributed to opioids.

Tackling addiction as opioid epidemic rages on

The opioid epidemic has hit Ohio particularly hard, and the COVID-19 pandemic has made it even more difficult to make treatment and recovery services accessible to those who need them. According to a report from Ohio Attorney General Dave Yost’s Scientific Committee on Opioid Prevention and Education (SCOPE), more Ohioans died of an opioid overdose during a three-month period in 2020 than at any time since the opioid addiction epidemic began.





Hospital and the OSUCCC – James, and the university’s Wilce Student Health Services Pharmacy. Pharmacy staff can give instructions for using it.

Addiction services coordination

A systemwide project to better coordinate initiation of medication for opioid use disorder (OUD) has just finished its first year. Funded by the Ohio Department of Medicaid via the Care Innovation and Community Improvement Program (CICIP), \$2 million per year aids Ohio State in opening new entry points for addiction treatment and hiring more dedicated care coordinators and peer support.

“Essentially, we’re tying together all services that treat opioid use disorder, making them more accessible to everyone who needs them,” Dr. Teater says. “We want to give high-quality, evidence-based OUD care no matter where someone enters our health care system — not just if they show up at Talbot Addiction Medicine for specific addiction services, but also if they arrive at a primary care office with an infection that was a consequence of their addiction.”

CICIP also has funded the opening of a new Primary Care Addiction Medicine (PCAM) clinic within Ohio State Outpatient Care East. PCAM treats patients with known substance use disorders or who have a concern of developing a substance use disorder. A multidisciplinary team works with patients until they’re stabilized and have

a clear treatment plan. At that point, the clinic transitions patients back to their regular primary care provider or assists them with finding a primary care provider who’s comfortable providing substance use disorder treatment.

Dr. Teater says the project could continue for two more years, with year two focusing on expanding data-gathering for how well interventions are working, and investigating new ways to help these patients, such as providing them with HIV preventive medication.

Reducing opioids for surgery

An enhanced recovery after surgery (ERAS) protocol that began at Ohio State in 2016 has helped patients manage post-surgical pain without relying on narcotics. Beginning with microvascular breast reconstruction surgeries, ERAS swaps opioids for non-narcotic pain medicine before surgery and avoids long-acting narcotics in the operating room. After surgery, patients take acetaminophen or ibuprofen, with the option of a low-dose opioid for pain spikes.

Buoyed by high patient satisfaction rates, the practice has steadily expanded to other inpatient surgery areas, such as colorectal, bariatric and abdominal wall reconstruction.

In 2020, the Division of General and Gastrointestinal Surgery shifted focus to outpatient surgeries,

“Our efforts could lead to even more research-backed protocols that minimize or eliminate excess opioid use, directly affecting the success of our nationwide efforts to reduce opioid addiction.”

— Benjamin Poulouse, MD, MPH,

embarking on a three-year study to observe participating patients who undergo select outpatient procedures in general and gastrointestinal surgery, surgical oncology, trauma and vascular surgery. Researchers aim to determine whether a new postoperative pain management idea — one that doesn’t send patients home with opioid prescriptions — could adequately help patients control their pain, reducing risk of opioid abuse.

“We found that, in patients undergoing hernia surgery who are discharged the day of the procedure, more than half of opioid prescriptions aren’t used,” says Benjamin Poulouse, MD, MPH, director of General and Gastrointestinal Surgery and co-director of the Center for Abdominal Core Health. “That leaves tremendous potential for opioid addiction, whether within a patient’s household or the community.”

Dr. Poulouse co-leads the Toward Opioid-Free Ambulatory Surgery (TOFAS) study with Michael Guertin, MD, medical director of Ambulatory Surgery Services.

“Our efforts could lead to even more research-backed protocols that minimize or eliminate excess opioid use, directly affecting the success of our nationwide efforts to reduce opioid addiction,” Dr. Poulouse says.

Palliative Harm Reduction Clinic

This clinic, in operation since September 2020, is the first of its kind in the nation. It combines principles of addiction management, harm reduction and palliative medicine to provide symptom management to patients with both severe cancer pain and substance use disorders. This population needs specialized care, and many have previously been disqualified from cancer pain management services because of their substance use. It currently operates one day a week under palliative specialist Sachin Kale, MD, who says there are active plans to expand the clinic given the high need for its services.

Residential treatment program expansion

Ohio State’s Talbot Hall will be expanding to offer a residential treatment program within the next year. Where Talbot Hall Addiction Medicine currently offers short, inpatient stays for just three to five days followed by outpatient care programs, this new program offers a stay of up to 30 days in a residential-level care model with medication, behavioral therapy and social support. This allows Talbot Hall to give patients the full spectrum of care in an evidence-based environment that also allows patients to continue their medication for opioid use disorder.

STEPP Clinic expansion

The Substance Abuse, Treatment, Education and Prevention Program (STEPP) Clinic for pregnant and postpartum women with substance use disorders recently expanded its program to be able to care for patients up to one year postpartum. To read more about STEPP and other infant mortality efforts at Ohio State, see pages 8-12 of this report.

Addiction Medicine collaborates with Infectious Diseases

The divisions of Infectious Diseases and Addiction Medicine have begun enhancing their collaboration with more coordinated care, as infections are a common, severe co-occurring disease for many patients with addiction. The STEPP Clinic and Talbot Hall, for example, now offer hepatitis C care and are exploring the use of HIV preventive medication (PrEP/PEP).

Mindfulness pain management

A home visiting program for patients with sickle cell disease has expanded to include a three-year, community-based participatory research project that will test how well a mobile app can train these adult patients to use mindfulness-based pain management effectively.



Partners Achieving Community Transformation (PACT) revitalizes neighborhood with safe, affordable housing

The Near East Side of Columbus is one of 26 communities nationwide that are Purpose Built Communities, a network of nonprofit organizations focused on breaking the cycle of intergenerational poverty by helping local leaders create greater racial equity, economic mobility and improved health outcomes for their neighbors.

PACT and other network members are implementing high-quality, mixed-income housing; effective cradle-to-college education pipelines; and comprehensive community wellness resources.

Launched in 2010, PACT is working in partnership with the City of Columbus, Columbus Metropolitan Housing Authority and Near East Side stakeholders to bring renewed vitality to the 800 acres of the Near East Side, home to about 8,000 residents.

Some of PACT's most visible contributions to the Near East Side are the physical neighborhood itself — in newly improved homes and in formerly empty houses now bursting with family life.

Renewing Poindexter Village

Poindexter Village opened in 1940 as one of America's first public housing projects, built specifically to house African Americans in its 400 units. By 2013, all but two of the remaining Poindexter Village buildings were demolished, leaving just two for development as a museum.

Through PACT's work, the site now holds mixed-income, modern apartments, including low-income housing for seniors, at Poindexter Place. A \$30 million grant from the U.S. Department of Housing and Urban Development helped fund bright townhomes, garden

“Creating a healthy and financially and environmentally vibrant neighborhood is a goal shared by PACT and community stakeholders.”

— Autumn Glover, president of PACT
Senior director, community and civic engagement,
The Ohio State University Wexner Medical Center

apartments and mixed-use buildings in the recently completed 335-unit development. It includes the Champion Intergenerational Center, with programming for young children up to seniors, developed through partnerships among Columbus Early Learning Centers, National Church Residences, PACT and Ohio State's colleges of Medicine, Nursing and Social Work.

Exterior home repair grant program

Launched in 2014, PACT's initiative to help homeowners repair their homes has benefited 31 homes on the Near East Side.

“Creating a healthy and financially and environmentally vibrant neighborhood is a goal shared by PACT and community stakeholders,” says Autumn Glover. “This home exterior grant is designed to improve the exterior of homes and create vibrant corridors in the PACT geography.”

The exterior home improvements are free and may include structural or cosmetic repairs. PACT works with an advisory committee of local residents to choose homes each year to award repairs, inviting homeowners selected to inform the scope of work they'd like to see on their houses.

PACT then hires expert contractors — prioritizing opportunities for Black and other minority vendors — to complete the repairs, providing oversight of the repairs to ensure they're completed properly.

The grants are made possible by contributions from the Ohio State Wexner Medical Center that PACT leverages to fundraise from other donors, including Fifth Third Bank, Ohio Capital Corporation for Housing, the Affordable Housing Trust for Columbus and Franklin County and the Columbus Metropolitan Housing Authority.

“Grantees are able to enjoy the growth of the neighborhood and continue to share in the pride of the Near East Side,” Glover says.

Ohio State University employee homeownership incentive

To increase homeownership in the University District, The Ohio State University developed a down payment assistance program in 1998 for its faculty and staff to help them purchase homes within those neighborhoods. In 2017, the program was expanded to include the historic Near East Side.

The Ohio State Wexner Medical Center committed \$500,000 to support the down payment assistance program, an \$8,000 forgivable loan to be used toward the purchase of a home in a designated incentive area. To be eligible, Ohio State University employees need only be an employee with an appointment of 50% or greater FTE, and the home must be the applicant's primary residence.

In its first four years, the Near East Side program has given 36 employees financial incentives for their investment in the neighborhood as homeowners. That's \$288,000 employees have received to, in turn, invest more than \$8.6 million in the community through home purchases.



Creating public-private housing opportunities

Since 2015, PACT has acquired about 50 vacant and blighted properties to help advance its goals to restore the community with sustainable, high-quality development. In partnership with the city landbank, county landbank and land trust, PACT has created opportunities for new housing and has plans for future commercial development to assist in attracting retail for vibrant corridors in the area.

Addressing the digital divide

PACT helped to launch the Franklin County Digital Equity Coalition during the COVID-19 pandemic. PACT was awarded \$200,000 from the Columbus and Franklin County Resilience Initiative to distribute 500 new computer devices to residents in 43203. Additionally, the organization is a pilot for new internet technology targeting more affordable broadband access. “Our approach on the Near East Side can serve as a case study for other neighborhoods to increase availability of household fixed internet,” Glover says. “I’m looking forward to when we’re able to be successful in getting people online in ways that are meaningful to them. We know our communities will be better for it.”

Award-winning work

Recently, PACT was selected as Ohio State’s nominee for the 2021 Magrath and Kellogg Community Engagement Scholarship Awards, which recognize universities that have enhanced their learning, discovery and engagement missions by becoming more integrated with their communities. PACT earned this nomination through a competitive selection process earlier this year. PACT was also selected as one of 22 nominees nationwide to compete for the inaugural Fifth Third Neighborhood Investment Program. A winner will be selected in August 2021.

This \$100 million investment opportunity will be made available to five selected communities leveraging cross-sector partnerships to help revitalize and support the economic mobility of Black residents in neighborhoods that have experienced disinvestment, wealth extraction and income disparities due to racism.

“These opportunities represent an exponentially brighter future for the Near East Side, and more avenues for PACT to build a healthy community here,” Glover says.



In spring 2020, the nation became more aware that it was dealing with not one, but two pandemics: COVID-19 and racism.

With the unjust killings of George Floyd, Ahmaud Arbery, Breonna Taylor and far too many others who lost their lives as a result of racism, the country was mired in a health crisis and a racial crisis.

“While the need was not new, we recognized that we were in a moment that very clearly illustrated the need for purposeful and collective action and that it was incumbent upon us as an organization committed to equity to invest the additional resources needed to create an anti-racist environment,” says Hal Paz, MD, executive vice president and chancellor for Health Affairs for The Ohio State University and CEO of The Ohio State University Wexner Medical Center.

It became vital for the medical center and university to acknowledge racism as its own social determinant of health, construct a plan of anti-racism action to build a foundation for structural and systemic change, and advance equity in health and well-being.

The Ohio State Wexner Medical Center’s Health Equity Steering Committee and The Ohio State University Diversity Council, in collaboration with Ohio State’s seven health science colleges, built the following action plan, with some of its projects and achievements included throughout this report.

Released in June 2020, the Ohio State Anti-Racism Action Plan presents a new framework for education and engagement, funding, policies and practices — a blueprint for academia to respond to racism.

“I am so very proud of the work we have done to establish the foundation for this plan, and it is so inspiring to witness the passion and commitment with which our faculty, staff and students are approaching this work,” Dr. Paz says. “As a leading academic health center that cares for people of all backgrounds, we not only have a responsibility, but the diverse expertise and influence to directly address the real issues of racism, develop meaningful and sustainable solutions, and begin to correct racial injustices so that we can transform the health of our communities.”

For the full action plan with more details, visit go.osu.edu/arap.



ACTION

Ohio State Wexner Medical Center Anti-Racism Action Plan

Improving health equity through anti-racism.

ELEVATE – EQUIP – EMPOWER – ENGAGE

As an organization, we must **elevate** our commitment to creating a diverse and inclusive organization at all levels. We must look introspectively at our organization and acknowledge gaps, and commit to developing action plans that address representation and permit a safe, open, supportive environment for all faculty, staff and patients. Our faculty, staff, students and patients will know that change does not happen without all of us.

As an academic health center, we must **equip** our medical students and other learners with the necessary tools as part of their curriculum to recognize and address the health inequities that greatly impact vulnerable communities. Our curriculum must address race and racism and its devastating impact on health care. Recognizing that we can't start and stop with our students and residents, we must also equip faculty and staff with similar training and tools. We must provide the training necessary to ensure that all clinicians, during all points of treatment, provide equitable care to all patients.

As a community health system, it is imperative that we **empower** our clinicians to address racism, poverty and other social determinants of health in all patients. To do so means that clinicians must first recognize their own biases and how these biases impact their treatment of patients.

As a health care leader, we must **engage** our faculty, staff, students, patients and communities with opportunities to learn about and participate in anti-racism efforts.

Ohio State Wexner Medical Center Anti-Racism Action Plan

ACTION GROUPS

To carry out the medical center's ambitious goals for anti-racism, nine dedicated action groups of multidisciplinary faculty and staff — both clinical and non-clinical — meet regularly to ensure that these goals are achieved.

FACULTY AND STAFF TRAINING AND DEVELOPMENT

Goal: Implement a robust anti-racism training and development program in which faculty and staff participate and demonstrate cultural awareness.

DATA ANALYTICS AND EVALUATION

Goal: Establish a system-wide scorecard that measures the progress of the Ohio State Wexner Medical Center toward establishing an anti-racist culture.

POLICY AND ADVOCACY

Goal: Influence the implementation of legislative policies that improve the health of the patients and communities we serve.

COMMUNICATIONS

Goal: Implement a robust communications strategy to internal and external audiences detailing efforts to combat racism and implicit bias, and demonstrate Ohio State Wexner Medical Center thought leadership on these topics.

POPULATION HEALTH AND COMMUNITY ENGAGEMENT

Goal: Execute successful, community-engaged programs focused around the identified needs that improve the health and well-being of our greater community.

RESOURCES AND EXTERNAL PARTNERSHIPS

Goal: Establish strategic partnerships that enable the diversification of donors and suppliers, and garner resources to support key anti-racism initiatives across the enterprise.

EDUCATION AND TRAINING

Goal: Review anti-racism and anti-bias throughout Ohio State's health sciences curriculum and learning environment, incorporate necessary changes and promote pathway programs to increase diversity in our education programs.

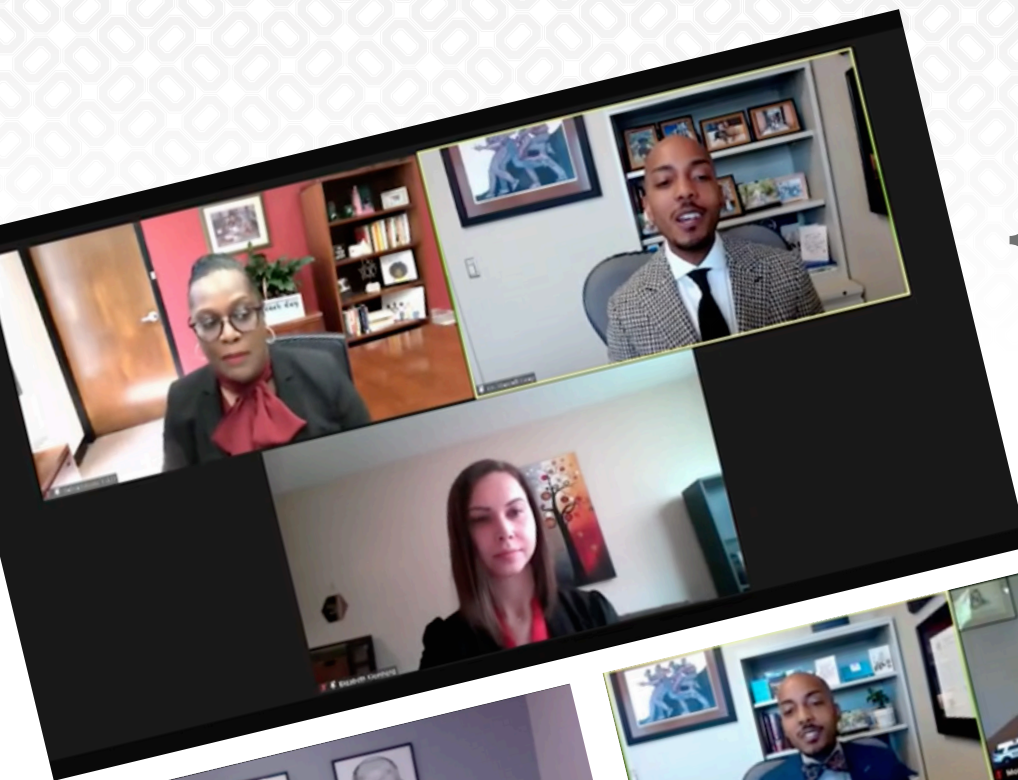
EMPLOYEE ENGAGEMENT AND ADVANCEMENT

Goal: Improve overall performance in the successful recruitment, retention and development of faculty and staff from underrepresented minority groups.

PATIENT EXPERIENCES AND CLINICAL SERVICES

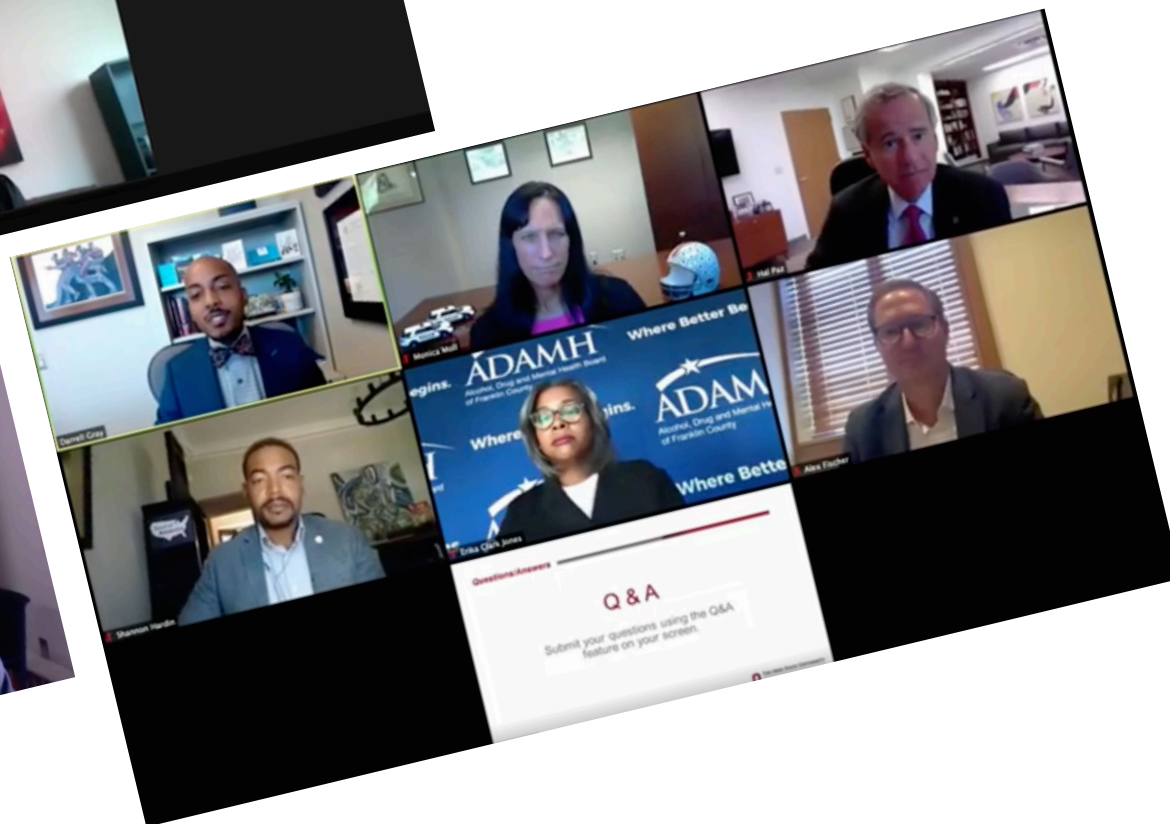
Goal: Implement policy and provide resources for patients, faculty and staff to ensure a culture that's free from racism and implicit bias in the delivery and experience of patient care.





“We are on a journey to be anti-racist at our core.”

– Darrell Gray II, MD, MPH



Let’s ROAAR: Roundtables on Actions Against Racism get community talking

Darrell Gray II’s introduction to the first Roundtable on Actions Against Racism (ROAAR) on Oct. 8, 2020, left no question about its purpose: “We are on a journey,” he said, “to be anti-racist at our core.”

“Today’s the first of what will be a series of action-oriented conversations featuring community, business, government, health care, policy and education leaders,” Gray, MD, MPH, chair of The Ohio State University Wexner Medical Center’s Health Equity Steering Committee, told an online audience. “Our aim? To elevate the cause, engage our diverse communities and empower all listeners to address racism and understand that everyone has an opportunity for and role in change.”

And so began the series of live, Zoom-based discussions, kicking off with a panel of community leaders that included Columbus City Council President Shannon Hardin and Alex Fischer, CEO and president of the Columbus Partnership, a nonprofit organization of CEOs from Columbus’ leading businesses and institutions.

The topic of the first discussion was safe space and safe communities. Panelist Harold Paz, MD, executive vice president and chancellor for Health Affairs at The Ohio State University and chief executive officer of the Ohio State Wexner Medical Center, pointed out the community’s shared responsibility to work toward change and support for those who have been marginalized.

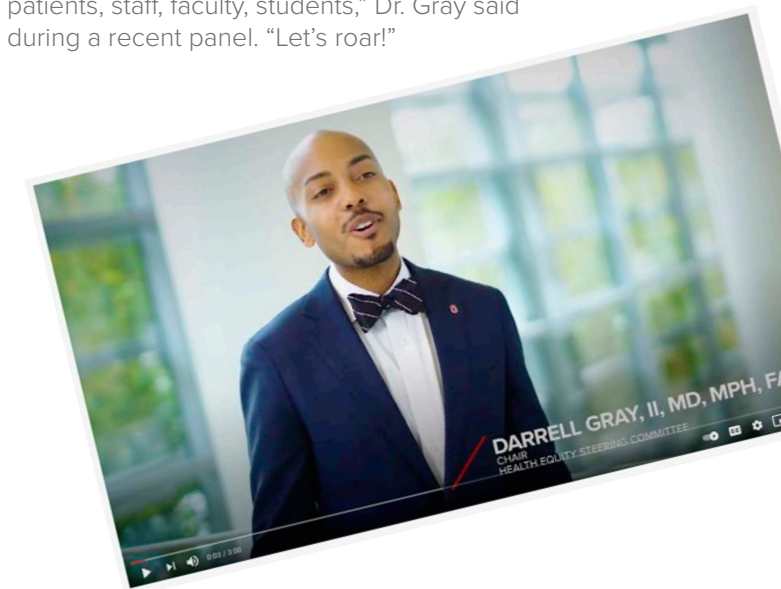
“Systemic racism and its impact on Black and brown lives has reached a boiling point in our country without a doubt, and right here in Columbus,” Dr. Paz said. “And I must say, we have to take a stand against racism. We have to stand up for reform and create safe spaces in communities. This is not a burden for people of color to bear alone. The problem is systemic, and it is up to all of us to be accountable for change.”

The roundtables, which are open to the public, are part of the institutional initiatives born of the medical

center’s Anti-Racism Action Plan. Panelists are Ohio State health care experts and community leaders tapped from various sectors, each invited to share their expert opinion on an issue and provide one action item that will create and foster safe and healthy communities.

The inaugural discussion on Oct. 8 was followed by a Jan. 29 installment on COVID-19 vaccination hesitancy in minority communities and an April 22 discussion on racism in learning environments, which featured a panel of education experts including Columbus City Schools Superintendent and CEO Talisa Dixon, EdD, and Ohio State College of Education and Human Ecology Dean Donald Pope-Davis, PhD. More roundtables are in the works, as the medical center continues its efforts to get the community talking, listening — and doing.

“We’ve heard you, community. We’ve heard you, patients, staff, faculty, students,” Dr. Gray said during a recent panel. “Let’s roar!”



“Systemic racism and its impact on Black and brown lives has reached a boiling point in our country without a doubt, and right here in Columbus. This is not a burden for people of color to bear alone. The problem is systemic, and it is up to all of us to be accountable for change.”

– Harold Paz, MD, executive vice president and chancellor for Health Affairs at The Ohio State University and chief executive officer of the Ohio State Wexner Medical Center

Ohio State College of Medicine commits to weeding out medical racism at its roots

In 2020, faculty and leadership heard loud and clear — not just from nationwide protests, but from their own students — that racism was far from eradicated at the College of Medicine.

The Ohio State University College of Medicine is the seventh most diverse medical school in the nation — the highest ranking among the top 40 research schools — according to *U.S. News & World Report*. And, outside of historically Black colleges and universities, its percentage of Black students is among the highest in the nation at 13%, matching the Black population in the United States.

The college has made tremendous progress attracting a high-achieving student body that's diverse, and its holistic practices in admissions become ever more important as 2021 saw a 14% increase in College of Medicine applicants.

But in 2020, Ohio State College of Medicine faculty and leadership heard loud and clear — not just from the protests throughout the United States, but also from our own students — that racial bias was far from eradicated in their worlds.

“We’re now in a place where our sleeves are rolled up and we’re committed to this, and the university has committed the resources necessary to carry out our goals. We’re excited to see progress in these areas and we’re feeling unified forward action.”

— Jennifer McCallister, MD

In response, the college formed an Equity and Anti-Racism Task Force, led by Jennifer McCallister, MD, associate dean for Medical Education, and Demicha Rankin, MD, associate dean for Admissions.

Drs. McCallister and Rankin say that the goal now isn't just to get underrepresented students into the medical workforce, but also to give those students the support and resources they need to feel welcome, be successful in their careers and provide unbiased, high-quality health care.

Detailed initiatives

The college's Equity and Anti-Racism Task Force, a multidisciplinary group of 10 faculty and seven students, first created guiding principles and action items that are now being implemented by newly formed workgroups. Their current aim: To carry out the goals of this new framework, aimed at quickly and broadly addressing the unique needs of medical students from backgrounds underrepresented in medicine, while supporting cultural competency for all.

The broad principles of the task force's plan:

- **Teach** students, faculty and staff to intentionally and actively dismantle racism in medicine.
- **Empower** all students to be successful by building an infrastructure that is supportive of a diverse student body and marginalized individuals.
- **Cultivate** a strong sense of advocacy and a genuine sense of belonging within the College of Medicine for all students and particularly for students from marginalized communities.
- **Collaborate** within the College of Medicine to elevate our commitment to fostering health equity, diversity and inclusion.

“We’re now in a place where our sleeves are rolled up and we’re committed to this, and the university has committed the resources necessary to carry out our goals,” Dr. McCallister says. “We’re excited to see progress in these areas and we’re feeling unified forward action.”



Revising existing curriculum

The task force has developed and adopted new guidelines and tools to help College of Medicine faculty revisit and revise their curriculum through a modern, equitable and anti-racist lens.

“We’re humans. We all have experiences that influence our decisions, and we’re not trying to get rid of that — everyone’s experiences influence who they are,” Dr. Rankin says. “But we all have a responsibility to check our biases, especially in our professional and decision-making capacities.”

To facilitate that work, the group has completed a comprehensive mapping of all curriculum to consider each course thoroughly, examining how well it communicates unbiased, up-to-date information and combats systemic racism and health inequity. The task force has adopted the “Upstate Bias Checklist: A Checklist for Assessing Bias in Health Professions Education Content” developed by bioethics expert Amy Caruso Brown, MD.

The college’s curriculum working group also will soon be partnering with expert educator faculty, Dr. McCallister says, to help them use that systematic checklist tool and provide additional faculty development, oversight and review.

“Faculty have risen to the challenge and are personally investing in making positive change, incorporating their own revisions and using the checklist in classroom and in small-group discussions to make thoughtful revisions,” Dr. McCallister says. “They’re saying, ‘I need to step outside my comfort zone and be willing to hear someone else’s experiences and engage in behaviors that will make this a better place.’”

Adopting new curriculum

All-new curriculum addresses these issues, too — as early as students’ first year in medical school.

“Racism, Health, and Healthcare Delivery” is a new, one-week experience for first- and second-year medical students, and the four-week elective “Advanced Medical Ethics: The African American Experience” gives fourth-year medical students a deeper look at how to care for their Black patients.

A unique module also became available for first-year medical students in March 2021. Led by current students, “Race-Based Medical Misinformation: History’s Impact on Today’s Medical Practices” focuses on what the students identified as a major contributing factor to racist medical practices: falsehoods within medical education.

“Ohio State is not just jumping on the bandwagon to invest in diversity and anti-racist policies. This is not new to us. And if the college continues to use these guiding principles, then — by design — we’ll always be improving.”

— Demicha Rankin, MD

“After going through our first year of medical school, we experienced firsthand how our lectures lacked in-depth discussions about racial health disparities,” says Hafza Inshaar, one of three MD candidates in the class of 2023 who developed the new module.

“The omission highlighted the importance of revising our curriculum so that all trainees are provided with the education to become knowledgeable and compassionate physicians.”

Inshaar, Abbie Zewdu and Deborah Fadoju developed the new lecture as second-year medical students during the summer of 2020, designing a teaching module that includes a recorded lecture discussing origins of various medical myths, and small group activities to engage students in thought exercises. A pre- and post-lecture survey evaluates students’ knowledge and attitudes about racism and racist beliefs within the medical field as well as the impacts of those beliefs.

Several Ohio State College of Medicine faculty members, including Philicia Duncan, MD, and Valencia Walker, MD, helped the students refine the module.

Enhanced support

For many years, students in the Ohio State College of Medicine were randomly assigned faculty coaches to help advise their professional development and career portfolios. Beginning in the 2020-2021 school year, students with Black/African American and Latinx/Hispanic backgrounds can also be assigned faculty mentors from similar backgrounds, says the program’s coordinator, Joanne Lynn, MD, associate dean of Student Life at the college.

“We matched interested Black and Latinx incoming first-year medical students with a faculty mentor in same-gender, same-race/ethnicity pairs,” Dr. Lynn says. “The volunteer faculty mentors were given mentoring guidelines, with one goal that they should meet with their students (virtually or in person) at least once a month.”

Many of the students benefiting from the pilot program explained that sharing this background with their mentor allowed them to be more vulnerable and connect on a level that ensured even greater support. “As a minority student first coming into medical school, it can be difficult to express concerns or fears, as you don’t want to come across as overly sensitive

or not a team player,” says Janine Bennett, an MD candidate in the class of 2024. “Having a mentor you connect with sort of serves as a safe space that you can be free and open.”

Amanda Martinez, another class of 2024 MD candidate, noted that, as a Latina student from out of state, a mentor from a similar background helped her transition to Midwestern life.

“My mentor has helped me navigate my first winter experience, transitioning to out-of-state life and living away from my family, and has provided outlets within Ohio where I can connect with other members of the Hispanic community,” she says. “This has helped me become comfortable in my new environment while also allowing me to retain a significant portion of my identity and sense of self.”

A foundation for continual improvement

“Cultural change is always slow,” Dr. Rankin says. “But I believe we’re really seeing and feeling a difference. With a collective mindset of willingness to do things differently and better, these discussions will continue, and progress will continue. Penetration of true change takes time.”

Dr. McCallister points out that if the Equity and Anti-Racism Task Force has done its job laying foundational principles for anti-racism, its work will never truly be done.

“If we’re approaching this the right way, we’ll always be aware enough to identify something else that needs improvement,” she says.

It’s not just the foundational principles of the past year that allow for this continual change. As an early land-grant institution, The Ohio State University was entrusted in its founding to pursue academic excellence while serving and remaining accessible to the most vulnerable. Ohio State has long been dedicated to championing potential in the underrepresented and underserved.

“Ohio State is not just jumping on the bandwagon to invest in diversity and anti-racist policies,” Dr. Rankin says. “This is not new to us. And if the college continues to use these guiding principles, then — by design — we’ll always be improving.”



Expanding and deepening faculty and staff bias-reduction training

Influencing change and reducing health and health care disparities across the country starts with individual understanding and behavior. That's why The Ohio State University Wexner Medical Center has developed robust, diverse and thoughtful training that gives staff and faculty support as well as tools to tackle their own biases.

As part of required annual training, faculty and staff can choose from nearly 20 training topics, including transgender health, disabilities etiquette, breaking the cycle of poverty and a hugely popular implicit bias training developed in collaboration with Ohio State's Kirwan Institute for the Study of Race and Ethnicity. "These training sessions align with our efforts to improve people's lives in Ohio and across the globe," says Leon McDougale, MD, MPH, the Ohio State Wexner Medical Center's chief diversity officer. "They're crucial to improving our ability to provide excellent care across diverse patient populations. They also foster a culture of inclusion, which improves our ability to retain talent and enables faculty and staff to thrive."

Providing a variety of rich resources

The variety and diversity of training opportunities is intentional, developed with current events and diverse patient populations in mind, as well as feedback from engagement surveys and employee resource groups — voluntary, employee-led groups with focuses on meeting the needs of LGBTQ+ employees, veterans, young professionals, Black faculty and staff and more. In 2020, two cultural competency training curriculum tracks were formed: one devoted to cultural awareness, equity and inclusion, and the other dedicated to anti-racism awareness, sparked by the outrage over Black and brown lives lost as a result of institutional racism.

"We really do take a pulse, and we're very mindful of offering as many options as we can to build on our inclusive excellence approach," says Milly Valverde, associate director of Destination Global Health Care at the Ohio State Wexner Medical Center and co-chair of the medical center's Diversity Council. "I think people are very curious and want to learn about topics within anti-racism and social justice, so we wanted to provide as many rich resources as possible. It was really born from a lot of feedback from staff of: 'What else can I be doing? How else can I learn? How can we engage others?'"

Among the new training offerings in 2020 was the 21-Day Diversity, Equity and Inclusion Challenge, which the Ohio State Wexner Medical Center modeled after a plan developed by educator Eddie Moore Jr., PhD, director of The Privilege Institute.

The idea behind the challenge is to complete one action each day for 21 days to further an individual's, group's or department's understanding of power, privilege, supremacy, systemic racism, oppression and equity. Suggestions include readings, podcasts and videos, as well as actions to interrupt racist behavior. The challenge is followed by monthly facilitated group sessions called "Conversations that Matter," in which participants share their experiences and are encouraged to openly and honestly reflect on their emotions and perspectives.

"What we want at the medical center is for people to come into work and understand what it means to be equal," says Wanda Dillard, director of Community Development at the Ohio State Wexner Medical Center, who led the initiative to bring the 21-Day Diversity, Equity and Inclusion challenge to Ohio State. "You can have baggage, but before you walk through this door, you leave your baggage at the door. Employees on this equality and inclusiveness journey learn how they can do better."

New and revamped opportunities

Change is not something you can improvise or do impulsively, Valverde and Dillard say — you have to approach it with a well-aligned plan. And so these trainings are about more than checking off a required annual training box. The Diversity Council's vision is to create a learning community of health educators from all seven Ohio State health science colleges who work together on curriculum development and delivery toward culture change and belonging.

Dillard, who's one of the founding members of the medical center's Diversity Council and has been part

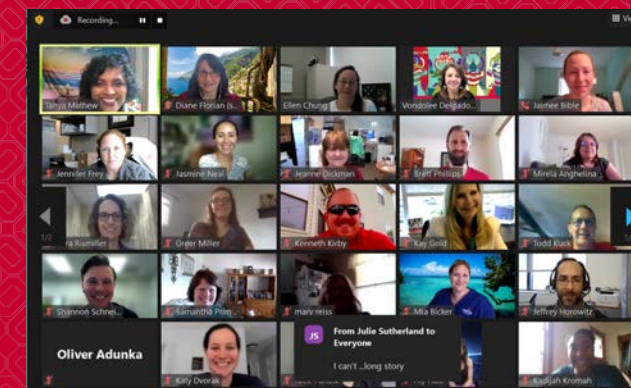
of new employee orientation for decades, remembers when diversity training across the country was new and trendy but lacked true depth and understanding. The medical center's offerings intend to go far beyond that — and now include the new Certificate of Inclusive Excellence Program, in which employees can complete training to earn different levels of certification: Partner, Champion or Ambassador. At each level, the employee signs a formal pledge signaling their commitment to fostering inclusive excellence.

Implicit bias training is also expanding. In January 2021, Tanya Mathew, MS, BDS, co-chair of the Diversity Council's Cultural Competency Committee, and Diane Florian, communications and project manager for The Women's Place, launched Implicit Bias Mitigation (IBM) workshops for the Wexner Medical Center and the health science colleges. These fully virtual workshops with updated curriculum continue the legacy of the implicit bias workshops previously conducted by Ohio State's former vice dean for Faculty Affairs, Quinn Capers IV, MD.

"We all struggle with implicit biases," Mathew says. "An important first step to mitigating them is to identify our preferred groups to practice intentional inclusion of the other. This is a key learning objective of the Implicit Bias Mitigation workshops."

Since the first workshop on Jan. 29, 2021, Mathew and Florian have trained a dedicated group of presenters, facilitating 10 interactive workshops for 264 employees as of May 31, 2021. The pair provide a debriefing session after workshops, each of which is attended by at least one facilitator-in-training, and update the curriculum frequently in the spirit of continuous improvement.

"Actively listening and learning, understanding state and federal laws, increasing empathy and mitigating implicit biases are all critical steps for each one of us to take toward building a safe, equitable and anti-racist culture where Black and brown employees feel seen, heard, valued and respected," Mathew says. "If we are serious about promoting a sense of belonging and trust to ensure that those who felt invisible, misunderstood and marginalized previously can thrive instead of survive, then we will need organizational transformation at all levels and in all processes." Under the leadership of Department of Ophthalmology and Visual Science Chair Sayoko Moroi-Fetters, MD, PhD, a special IBM program customized for search committees was created and launched in April 2021. Mathew's and Florian's efforts to expand the IBM program by adding certified IBM trainers are paying off, with 11 new faculty and staff members who've requested access to a new Train-the-Trainer program. Mathew also created the "Don't Discriminate...it's the Law!" training, which was offered in December 2020 to



FY21 faculty and staff training options at the Ohio State Wexner Medical Center

Anti-racism awareness

- Understanding and Interrupting Implicit Bias
- Implicit Bias Webcast
- Conversations that Matter: Race, Racism, Antiracism
- Active Bystander Training
- The Difference Between Being "Not Racist" and "Anti-Racist"
- Matinees that Matter
- How Racism Makes Us Sick
- Credentials Don't Shield Health Care Providers From Bias
- Breaking the Cycle: Poverty Simulation

Cultural awareness, equity and inclusion

- Fostering Inclusive Excellence for LGBTQ+ Patients
- Understanding Our Muslim Patient Population
- Spiritual Care-Focused Grand Rounds
- Disabilities Etiquette
- Transgender Health
- Gender and Language Pronouns
- Caring for Hispanic/Latino Patients
- Basic Communication Needs of the Deaf Patient
- Introduction to Cultural Sensitivity

the larger Ohio State community. The presentation was given by attorneys from Eastman & Smith and jointly presented by the medical center's Diversity Council and The Ohio State University Office of Institutional Equity.

"We're not going to change in 90 days, so let's take this a step at a time — but let's do it together," Valverde says. "You've got to meet people where they are in their journeys. Building on the spaces of intersectionality, self of belonging and the benefits of exposure to these is where you are really going to start to change behaviors. Let's build on our solid foundation of work and continue on this journey together."



Ohio State's efforts to empower future health professionals begin early, through recruiting and admitting a diverse student body and preparing those students for success. And each year, the colleges strengthen and advance their initiatives to equip students with the proper training, support, mentorship and education to properly address social determinants of health.

From early preparation to critical exposure to underserved patient populations, here are just a few of the ways Ohio State is helping its learners realize their potential to make a true difference in health care. This is not an exhaustive list, but it hints at the sweeping efforts across the university's health science colleges.

Learning to address inequities together

Interprofessional education, also called team learning, has been recognized by the World Health Organization as a key strategy in addressing health inequities. That's one reason Ohio State is preparing its health sciences students to work together to identify and address the challenges faced by patients and communities, especially those who are most vulnerable and underserved.

This year, more than 1,300 Ohio State learners participated in two important new initiatives:

Anti-Racism in Action: A Personal and Collective Responsibility: This two-month interprofessional learning event across the health science colleges and the College of Social Work pulled together learners in interprofessional teams to identify opportunities for improvement and develop anti-racism initiatives across the campus community.

The Chancellor's Interprofessional Community Scholars Program: Initiated in the spring of 2021, this program links community health mentors — seniors on the Near East Side of Columbus — with interprofessional teams comprising Family and Community Medicine residents and students from across the health science colleges. Together, they work on ways to improve digital health literacy, address gaps in care and provide access to needed services for underrepresented and underserved community members.

Empowering future providers with opportunity and experience

*As communities across the nation struggle with disparities in health care access and health outcomes, The Ohio State University's seven health science colleges (Medicine, Nursing, Optometry, Vet Med, Pharmacy, Public Health and Dentistry) have sharpened their focus on a group that's critical to significant and lasting change: **tomorrow's health care providers.***



Interprofessional education, also called team learning, has been recognized by the World Health Organization as a key strategy in addressing health inequities.

A MEDPATH to medical school

Many dream of going to medical school but find their hopes dashed by financial and educational obstacles. The College of Medicine's MEDPATH program was created in 1991 to bridge these gaps and increase enrollment of underrepresented minority students while also assisting economically disadvantaged students.

MEDPATH (Medical Careers Pathway Post Baccalaureate Program) is a yearlong program designed to enrich the academic knowledge base for students prior to their entrance into medical school. It admits up to 15 students annually. Since the program's inception, nearly 250 students have gone on to attain a medical degree.

Early exposure for future nurses

Ohio State's College of Nursing is actively working to build a culturally competent nursing workforce that mirrors our patient populations.

One way it's doing this is through the Summer Institute for Future Nurses, which brings together students from a variety of backgrounds to engage with real-world nurses, current students and nursing faculty and staff. Participants in the free, two-day program are high

school students who've demonstrated a commitment to diversity, interest in nursing and interest in pursuing their education at Ohio State.

Although COVID-19 forced the event to go online, the June 2020 Summer Institute welcomed the most geographically diverse group in the event's history. Ten states were represented, and 13% of participants were soon-to-be first-generation college students, with 42% from underrepresented racial groups.

Equipping tomorrow's dentists

Similar to MEDPATH, the DentPath Program at Ohio State is a one-year post-baccalaureate program that helps students become more competitive and successful in dental school.

The program is designed to equip students with the skills and tools to be successful dental students and future practitioners, providing students with additional exposure to dentistry, an introduction to the College of Dentistry and a cohort of fellow students that support one another through the DentPath year and beyond. Students who successfully complete the DentPath program are automatically accepted to the DDS program at Ohio State.

"It's teaching us how to provide better, more culturally sensitive care for patients in all sorts of circumstances. Frankly, it's what we must strive to do as physicians."

— Sheryl Pfeil, MD

In addition, through its Commitment to Access Resources and Education (CARE) program, the College of Dentistry recruits students from Ohio's underserved communities and federally designated Dental Professional Shortage Areas who are most likely to help improve access to dental care by establishing practices in those areas after graduation. This strategic approach is aimed at creating long-term solutions to help address the problem of access to dental care for Ohioans.

Keeping an eye on future optometrists

The College of Optometry's Increasing Diversity of Optometric Careers (I-DOC) is a program aimed at attracting underrepresented undergraduate college students to careers in optometry. Since 2008, this three-day summer program has introduced participants to coursework and hands-on experiences in eye care and vision.

The I-DOC program has shown significant success, with many of the former I-DOC participants accepted to, attending or graduating from a college of optometry. Thanks to underwriting by Vision Service Plan, there is no registration fee for the program, and all meals, housing and activities are included.

Empowering undergraduates who ASPIRE to help their communities

The Ohio State College of Medicine's ASPIRE program is a spring and summer medical research program devoted to providing research experience to undergraduates from underrepresented and disadvantaged groups.

The idea behind ASPIRE is that research experience and training for students from communities affected by health and health care disparities are critical to improving workforce diversity and unlocking collaborative solutions to these complex problems. ASPIRE's goals include expanding the talent pool of medical doctors and other health professionals, clinician-scientists and basic science researchers seeking solutions to complex problems that cause health and health care inequities.



Medicaid equity simulations

Trainees and practicing clinicians alike are learning how to provide better care for their most vulnerable patients through virtual reality-based simulations created in partnership with the Ohio Department of Medicaid and the Ohio Colleges of Medicine Government Resource Center.

The goal of the training programs isn't just to expand knowledge, but to increase understanding and empathy among care providers, says Sheryl Pfeil, MD, medical director of the Ohio State College of Medicine's Clinical Skills Education and Assessment Center.

Included in the Ohio State-developed Medicaid Equity Simulations funded by an Ohio Medicaid Technical Assistance and Policy Program grant are Simulated Patient with Limited English Proficiency, Virtual and Augmented Reality Implicit Association Training (VARIAT) and Access to Dental Care for Immigrant Families/MPATHI.

"It's teaching us how to provide better, more culturally sensitive care for patients in all sorts of circumstances," Dr. Pfeil says. "Frankly, it's what we must strive to do as physicians."



Mortality index and COVID-19 outcomes

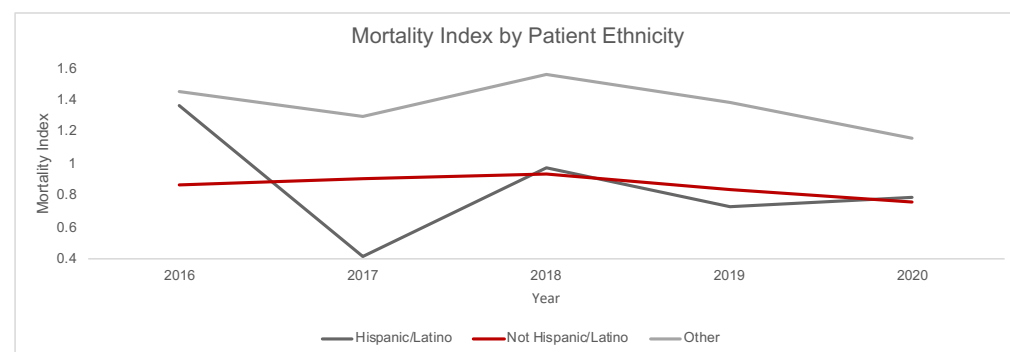
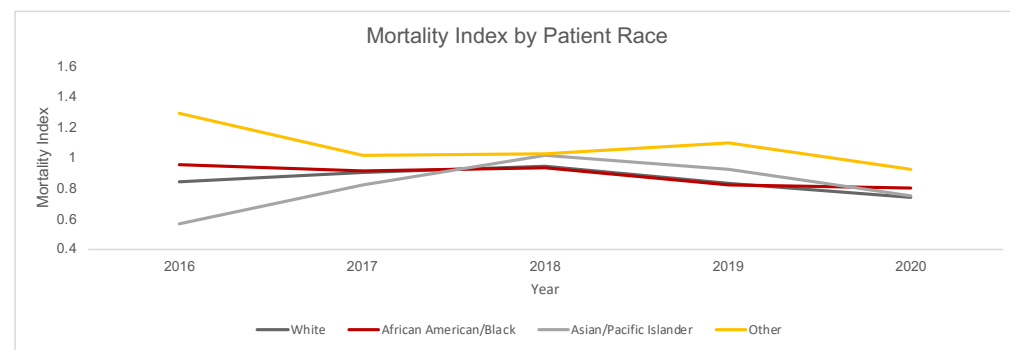
COVID-19 outcomes by patient race, gender and ethnicity

Consistent with our efforts in the community to prevent the spread of COVID-19 through mask distribution in underserved communities and equitable vaccination across central Ohio — coupled with our work to eliminate bias in practices, policies and procedures in our health care system and health sciences colleges — we did not see large racial and ethnic disparities in inpatient COVID-19 deaths across racial and ethnic groups.

Gender	% of Tests Performed	% Percent Tests Positive	% Positive Tests with Inpatient Death
Female	54.4%	8.3%	2.1%
Male	45.6%	9.2%	4.2%
Race			
White	72.7%	8.1%	3.5%
African American/Black	18.5%	9.9%	2.7%
Asian/Pacific Islander	2.7%	10.9%	1.6%
Other	6.1%	12.1%	1.9%
Ethnicity			
Hispanic or Latino	3.2%	16.8%	0.9%
Not Hispanic or Latino	94.8%	8.5%	3.2%
Other	2.1%	8.1%	5.4%

Overall Ohio State mortality index by patient race and ethnicity

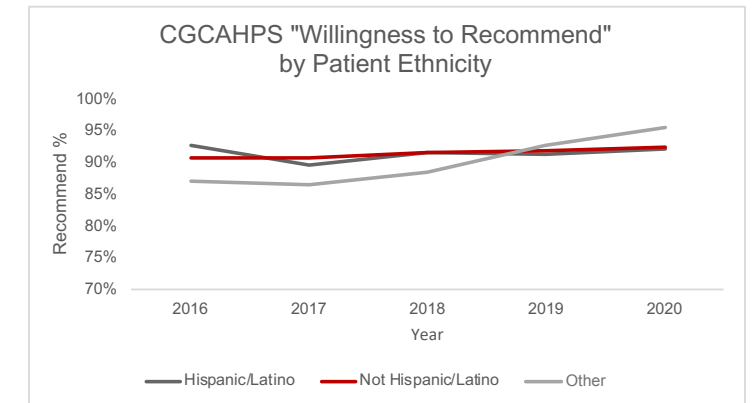
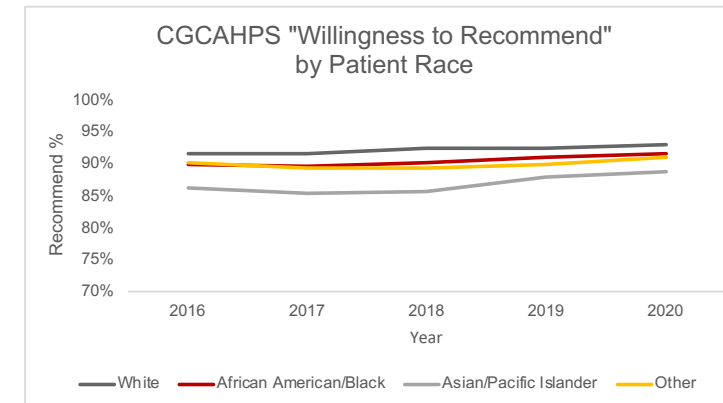
The mortality index is a ratio that compares the number of actual deaths in a hospital to the expected number of deaths. A lower number is better; when the ratio is equal to 1, the hospital's mortality is equal to what's expected.



Patient experience surveys

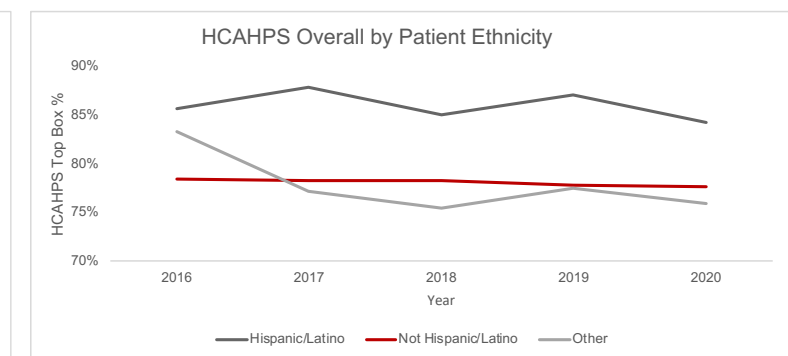
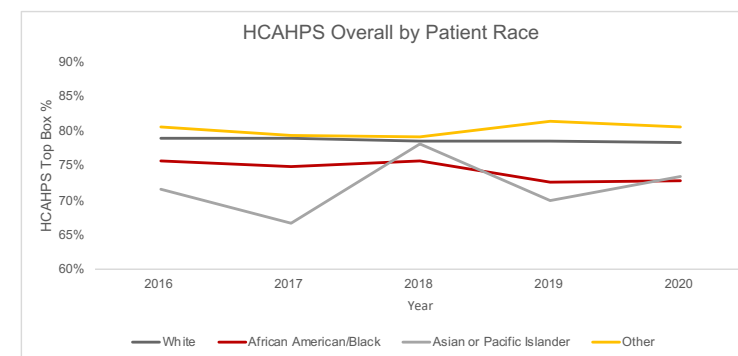
CGCAHPS "Willingness to Recommend" by patient race and ethnicity

The Clinician and Group Consumer Assessment of Healthcare Providers and System (CGCAHPS) survey reports patients' perspectives of experiences in primary and specialty care. These graphs reflect results from the survey question, "Would you recommend this provider's office to your family and friends?"



HCAHPS "Overall Rating" by patient race and ethnicity

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a national, standardized, publicly reported survey of patients' perspectives of hospital care. The HCAHPS survey asks discharged patients 29 questions about their recent hospital stay. This is the percentage of patients in each category who gave the Ohio State Wexner Medical Center their top rating.



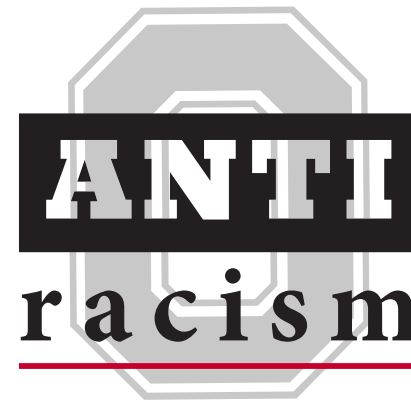
Our anti-racism mission and diversity, equity and inclusion goals at The Ohio State University Wexner Medical Center and The Ohio State University's health science colleges are carried out by thousands of individuals at every level, including these leaders in dedicated committees and clinical departments.

Health Equity Steering Committee members

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 Canise Bean, DMD, MPH, College of Dentistry
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J. Nwando Olayiwola, MD, MPH

Adjunct professor and former chair of the Department of Family and Community Medicine

We recognize that there were many who have made this work and inaugural report possible. Yet, we particularly want to thank J. Nwando Olayiwola, MD, MPH, adjunct professor and former chair of the Department of Family and Community Medicine whose vision and activism have left an indelible mark on our health equity and anti-racism journey. She was one of the architects of the Anti-Racism Action Plan (ARAP) and served as co-chair of the ARAP Oversight Committee.

Vice chairs of Diversity, Equity and Inclusion

Clinical Department

Anesthesiology
 Biological Chemistry & Pharmacology
 Biomedical Education & Anatomy
 Biomedical Informatics
 Emergency Medicine
 Family Medicine
 Health and Rehabilitation Sciences
 Internal Medicine
 Microbial Infection & Immunity
 Neuroscience
 Obstetrics & Gynecology
 Ophthalmology & Visual Science
 Orthopaedics
 Otolaryngology, Head & Neck Surgery
 Pathology
 Pediatrics
 Plastic Surgery
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 Dana McTigue, PhD
 Kamilah Dixon-Shambley, MD
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 Nima Baradaran, MD





**2021 HEALTH EQUITY
AND ANTI-RACISM REPORT**



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER AND
HEALTH SCIENCE COLLEGES