

# **Building a More Equitable Future: Philanthropy's Role in Health and Racial Equity**

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# Racial Equity

The systematic fair treatment of all people, resulting in equitable opportunities and outcomes for everyone.  
....it is not just the absence of discrimination, but also the presence of values and systems that ensure fairness and justice.

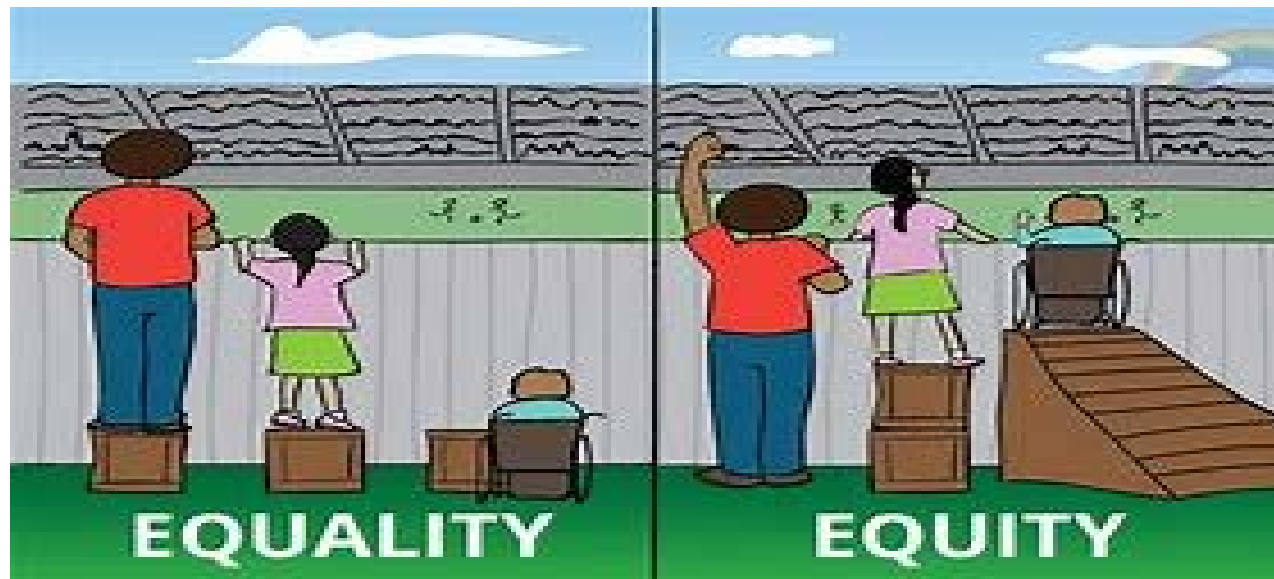


Frentzel, E., Madan, I., Clark, D., Ramiah, K., The Role of Essential Hospitals in Combatting Structural Racism: *An Informational Brief*, Essential Hospitals Institute, September 2020, p. 3.

# Richmond Memorial Health Foundation's Definition of Health Equity

Everyone has a fair and just opportunity to be as healthy and well as possible.

This requires engaging communities and partners to reduce health disparities by removing obstacles to health such as poverty, discrimination and their consequences.



Everyone **benefits from the same supports** and receives equal treatment.

Everyone **gets the supports they need**, thus producing equity.

# Health Disparities

are particular types of health differences that are closely linked with social, economic, and/or environmental disadvantage

Source: Health Equity in Healthy People 2030, U.S. Department of Health and Human Services, <https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030>. Accessed April 29, 2024.

## Health disparities

For every white person affected by this condition

### Stroke



White



African American



American Indian/  
Alaskan Native

### Cervical cancer



White



Hispanic



Vietnamese-American

### Prostate cancer



White



African-American

### Adult-onset diabetes



White



African-American



Hispanic



American Indian/  
Alaskan Native

### Infant mortality



White



African  
American



Puerto Rican



American Indian/  
Alaskan Native

### HIV/AIDS (new infections)



White



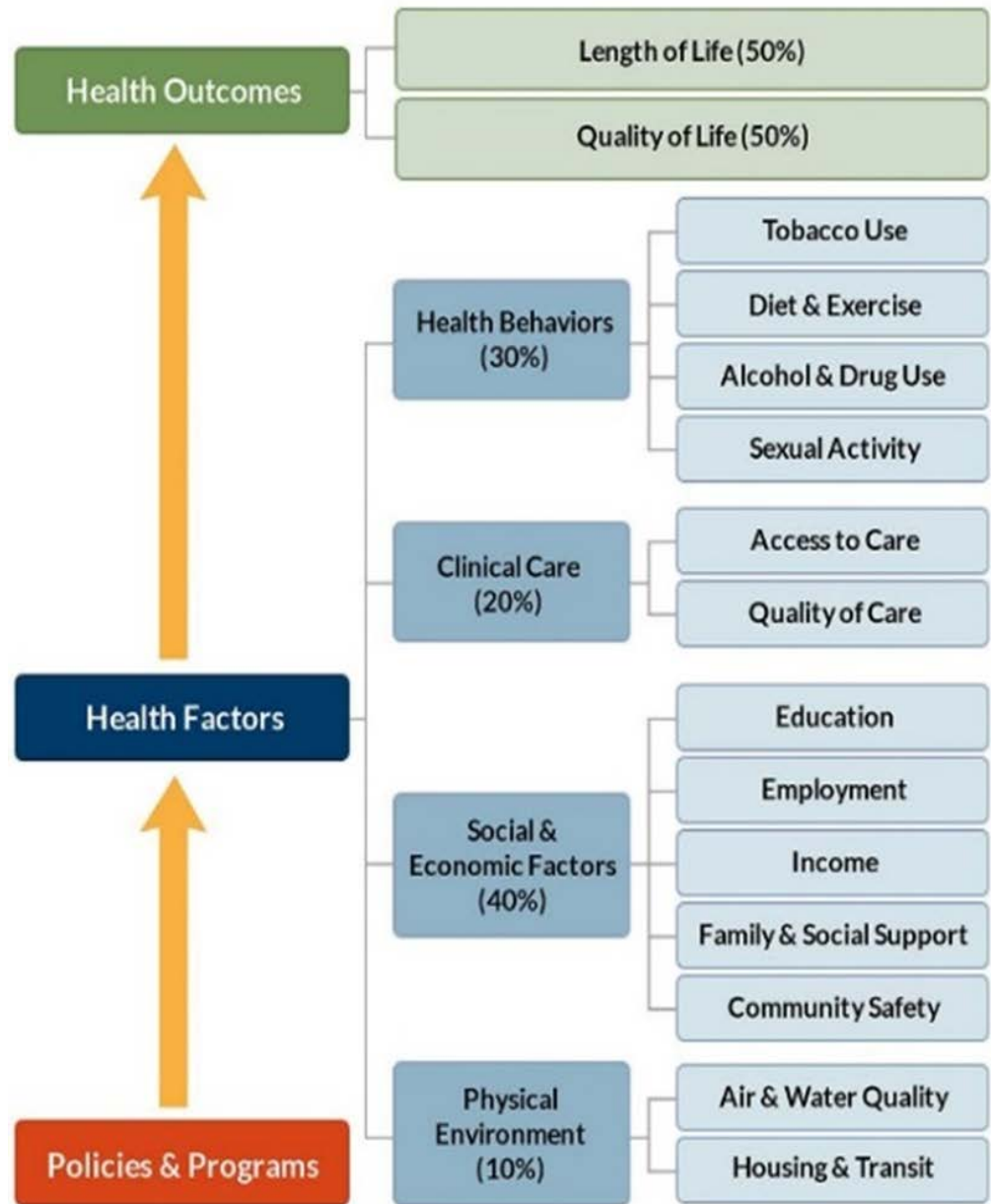
African American



Hispanic

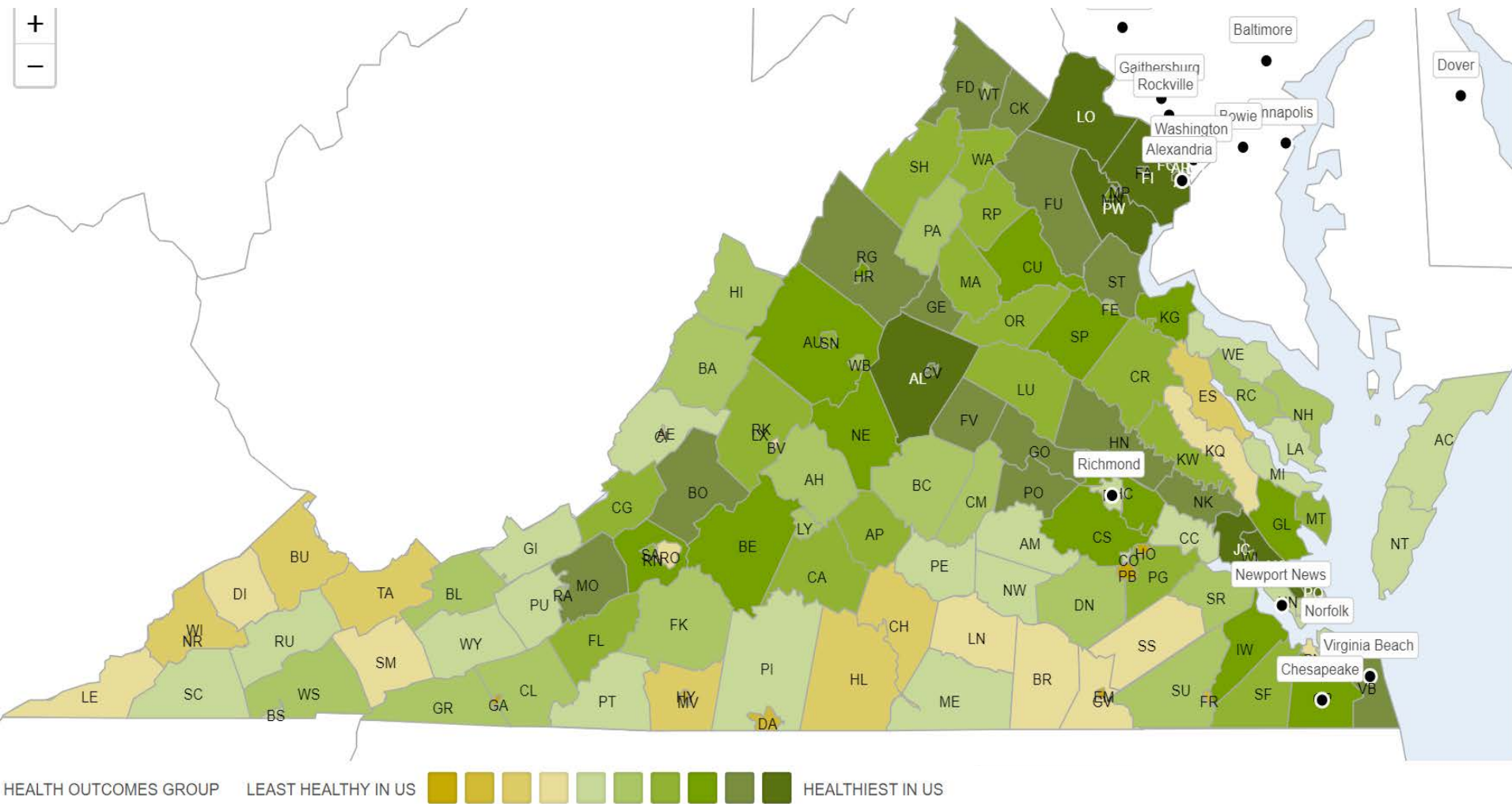
Sources: [http://www.fh.crc.org/about/pubs/center\\_news/2004/may20/sart3.html](http://www.fh.crc.org/about/pubs/center_news/2004/may20/sart3.html) (cervical cancer); <http://www.healthreform.gov/reports/healthdisparities/> (HIV, diabetes, prostate cancer); [http://www.childtrendsdatabank.org/sites/default/files/57\\_fig02.jpg](http://www.childtrendsdatabank.org/sites/default/files/57_fig02.jpg) (low birth weight, 2008)

**County Health Rankings Model**  
demonstrates  
that health  
outcomes are  
largely impacted  
by social  
determinants or  
drivers of health



County Health Rankings model © 2014 UWPHI

# 2024 Health Outcomes – Virginia County Health Rankings Report



# How did we get here?

Societal, cultural, and legal boundaries have been constructed to separate people throughout our country's history





# Health disparities related to race can be attributed to historical systems, policies and laws

States that adopted Jim Crow Laws





# Impact of Legal Segregation on Health Care

- Restricted access to care
- Influenced design of physical facilities
- Instilled mistrust in medical research



Separate waiting room -  
Memorial Hospital, ca 1930



St. Philip Hospital, Richmond Virginia



Henrietta Lacks  
(1920-1951)

# Health conditions for Blacks in the Late 19<sup>th</sup>/Early 20<sup>th</sup> Century

- Average life expectancy was **12 years less** than Whites
- Infant mortality rate was **twice as high** for Blacks
- Blacks were **3X** more likely to die from TB than Whites



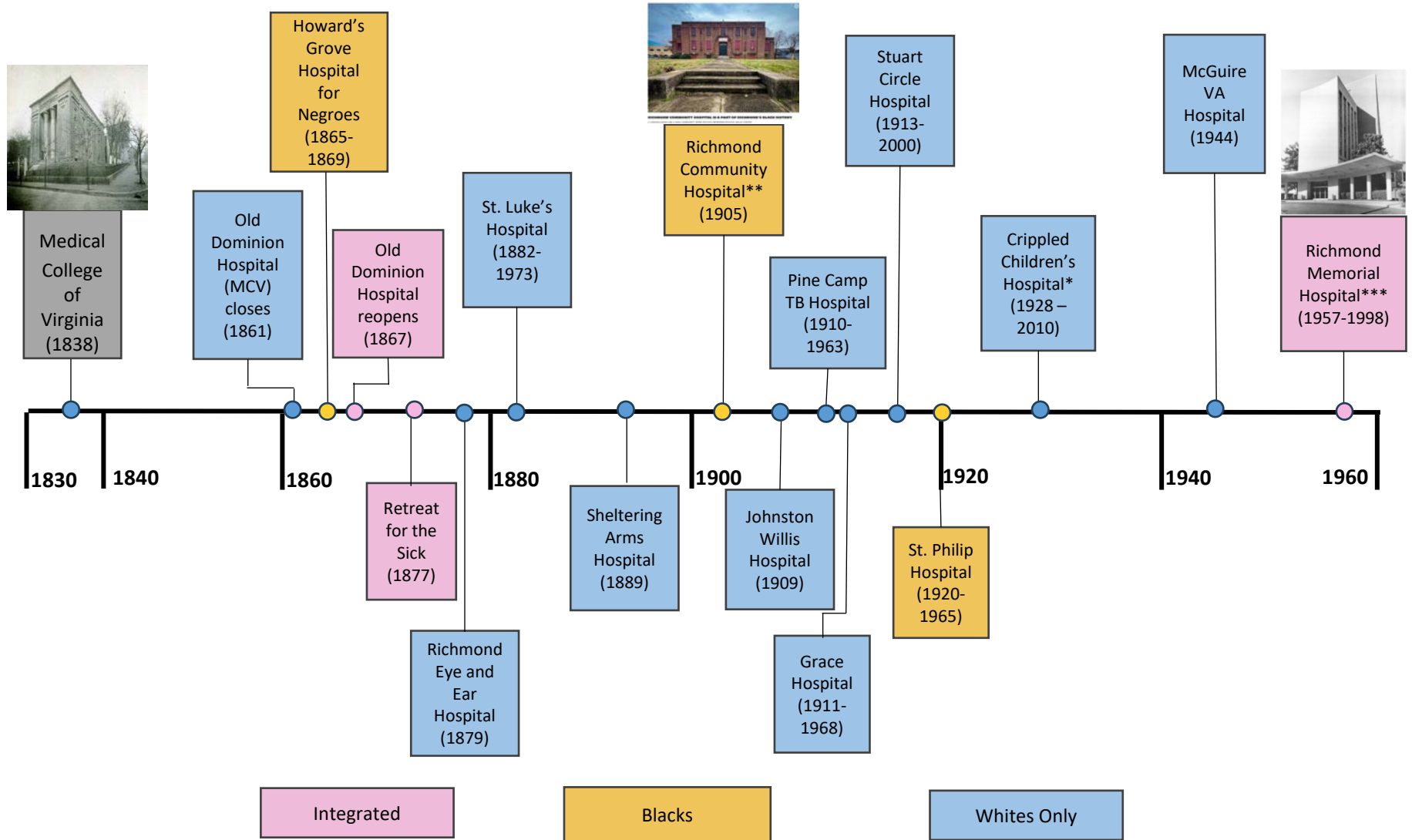
Rice, M. and Jones, W., Public Policy and the Black Hospital: From Slavery to Segregation to Integration, Greenwood Press, 1994, p. 9

Smith, D., Health Care Divided: Race and Healing a Nation, The University of Michigan Press, 1999. p. 12.

Rice, M. and Jones, W., Public Policy and the Black Hospital: From Slavery to Segregation to Integration, Greenwood Press, 1994, p. 79.

# Richmond Hospitals

1838-1960



\*Crippled Children's Hospital merged with VCU Health System to become Children's Hospital of Richmond at VCU

\*\*Richmond Community Hospital moved to the East End in 1980 and was acquired by Bon Secours in 1995

\*\*\*Richmond Memorial Hospital relocated to Hanover County in 1998 and was later renamed Bon Secours Memorial Regional Medical Center

# 1922 MCV Hospitals Ad

## The Dooley Hospital

“Used temporarily for white children under twelve years of age.”

## The Memorial Hospital

“For white patients exclusively.”

## The Saint Philip Hospital

“For negro patients exclusively”



THE DOOLEY HOSPITAL  
Marshall and 13th Streets  
*Used temporarily for white children under twelve years of age.*



THE MEMORIAL HOSPITAL  
Broad and 12th Streets  
*For white patients exclusively.*



THE SAINT PHILIP HOSPITAL  
Marshall and 13th Streets  
*For negro patients exclusively*

## The Medical College of Virginia

HOSPITAL DIVISION  
Richmond, Va.

All Hospitals are admirably located on the brow of Broad Street hill within easy reach of all depots, hotels, and the business section, and in a most quiet part of the city.

Fully equipped Bacteriological, Chemical, Pathological, Pharmaceutical and Roentgen Ray Laboratories, Delivery and Operating Room Suites, affording facilities for the most scientific study and modern treatment of all diseases.

School of Nursing at the Dooley and Memorial Hospitals for training white women between twenty-one and thirty-five years of age for the profession of nursing.

School of Nursing at the Saint Philip Hospital for training negro women between twenty-one and thirty-five years of age for the profession of nursing.

Accommodations in General Wards and Private Rooms to meet the financial condition of all patients.

Patients will be met with Hospital ambulance. Communications should be addressed to:

FREDERIC B. MORLOK,  
Superintendent.



Late 1920's - the Women's Auxiliary of Richmond Community Hospital and Virginia Union University helped minority physicians establish a 25-bed facility next to the university's campus.

Richmond Community Hospital,  
ca 1934



Dr. Sarah Garland Jones





# Title VI of the Civil Rights Act of 1964



## Medicare Act of 1965

**MEDICARE HEALTH INSURANCE**

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY  
**JOHN DOE**

MEDICARE CLAIM NUMBER: **000-00-0000-A** SEX: **MALE**

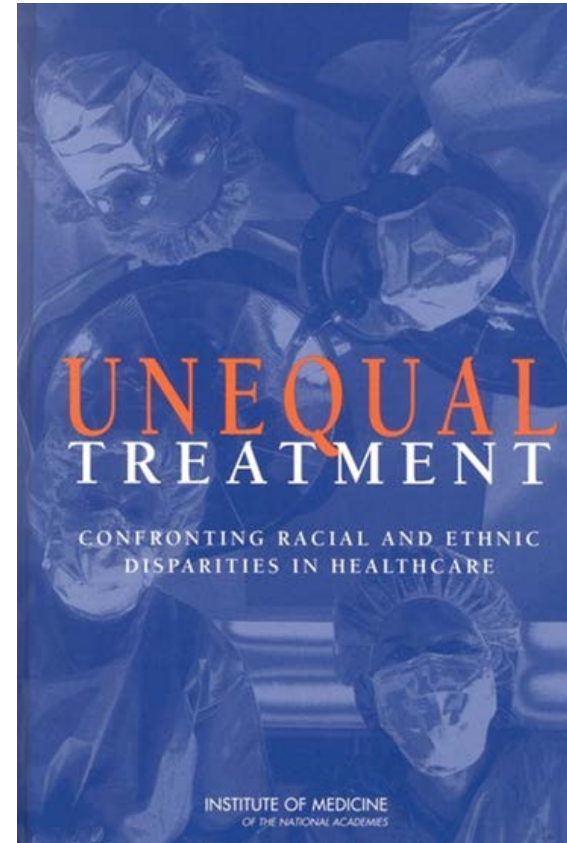
IS ENTITLED TO: **HOSPITAL (PART A)** EFFECTIVE DATE: **01-01-2007**  
**MEDICAL (PART B)** **01-01-2007**

SIGN HERE →

Participation in Medicare and Medicaid required hospitals and nursing homes to end discriminatory practices

# 2002 Institute of Medicine (IOM)\* report: “Unequal Treatment”

Racial and ethnic minorities—even with access to the health care system—receive lower quality care than white patients for many medical conditions.

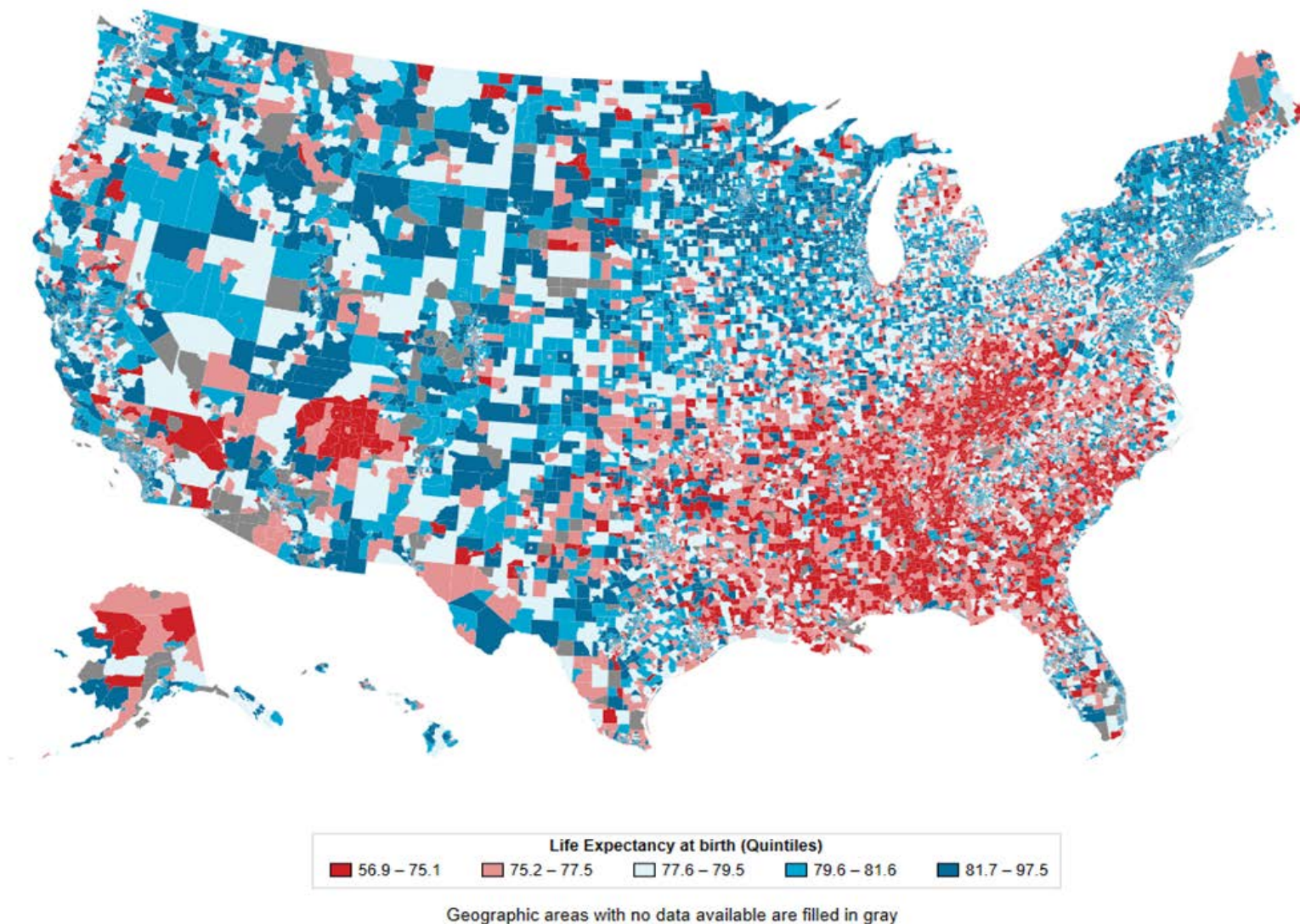


\*Renamed the National Academy of Medicine in 2015

Smedley BD, Stith AY, Nelson AR, eds. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: National Acad Pr; 2002.

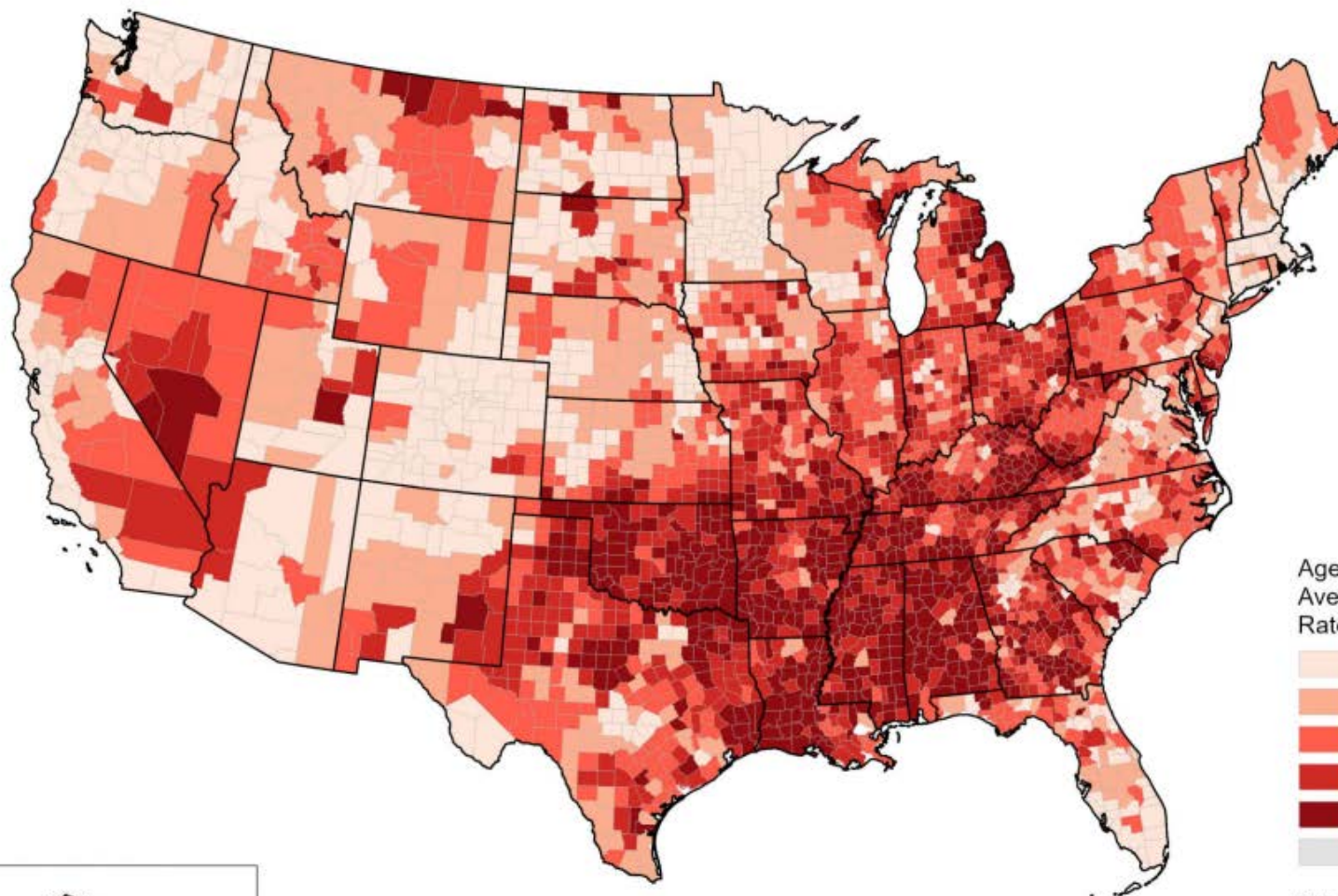
# Where You Live Makes a Difference

Life Expectancy at Birth for U.S. Census Tracts, 2010–2015

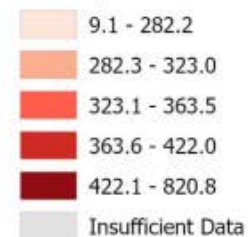




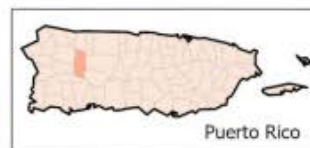
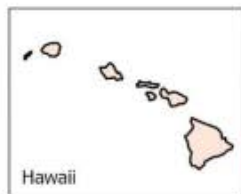
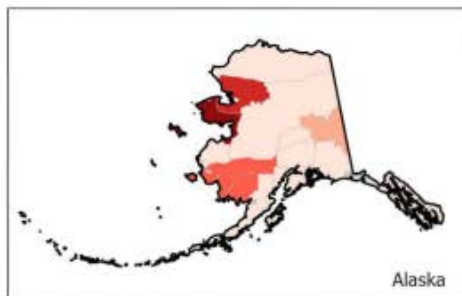
# Heart Disease Death Rates, 2018 - 2020 Adults, Ages 35+, by County



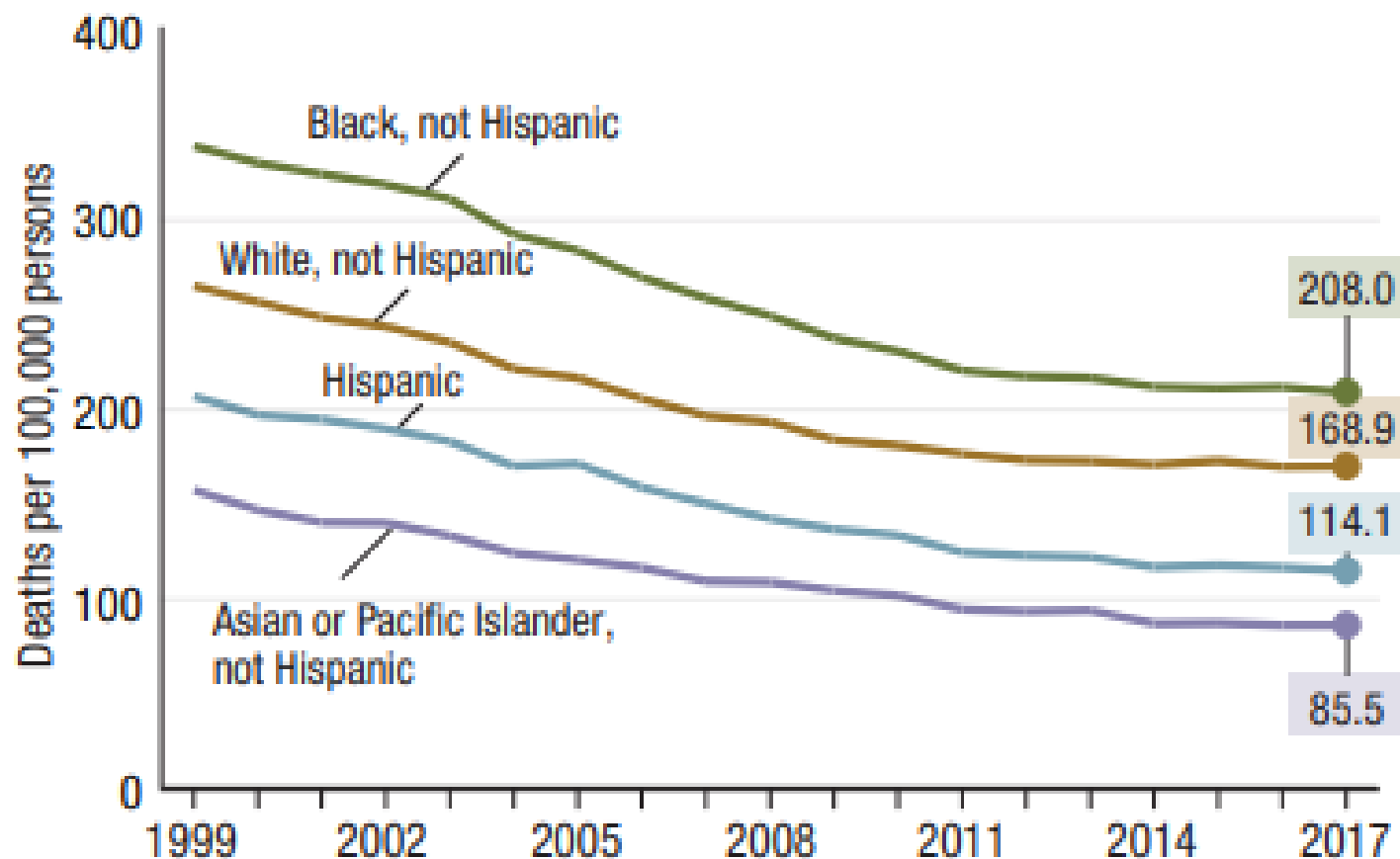
Age-Adjusted  
Average Annual  
Rates per 100,000



Data source and  
methodology found at:  
[www.cdc.gov/dhdsp/maps/  
atlas/statistical-methods](http://www.cdc.gov/dhdsp/maps/atlas/statistical-methods)



## Age-adjusted death rates for heart disease, by race and Hispanic origin: 1999–2017



“Health, United States Spotlight, Racial and Ethnic Disparities in Heart Disease”,  
National Center for Health Statistics, CDC, April 2019;  
[https://www.cdc.gov/nchs/hus/spotlight/HeartDiseaseSpotlight\\_2019\\_0404.pdf](https://www.cdc.gov/nchs/hus/spotlight/HeartDiseaseSpotlight_2019_0404.pdf)



“Babies born just a few miles apart can face vastly different chances of living a long and healthy life.”

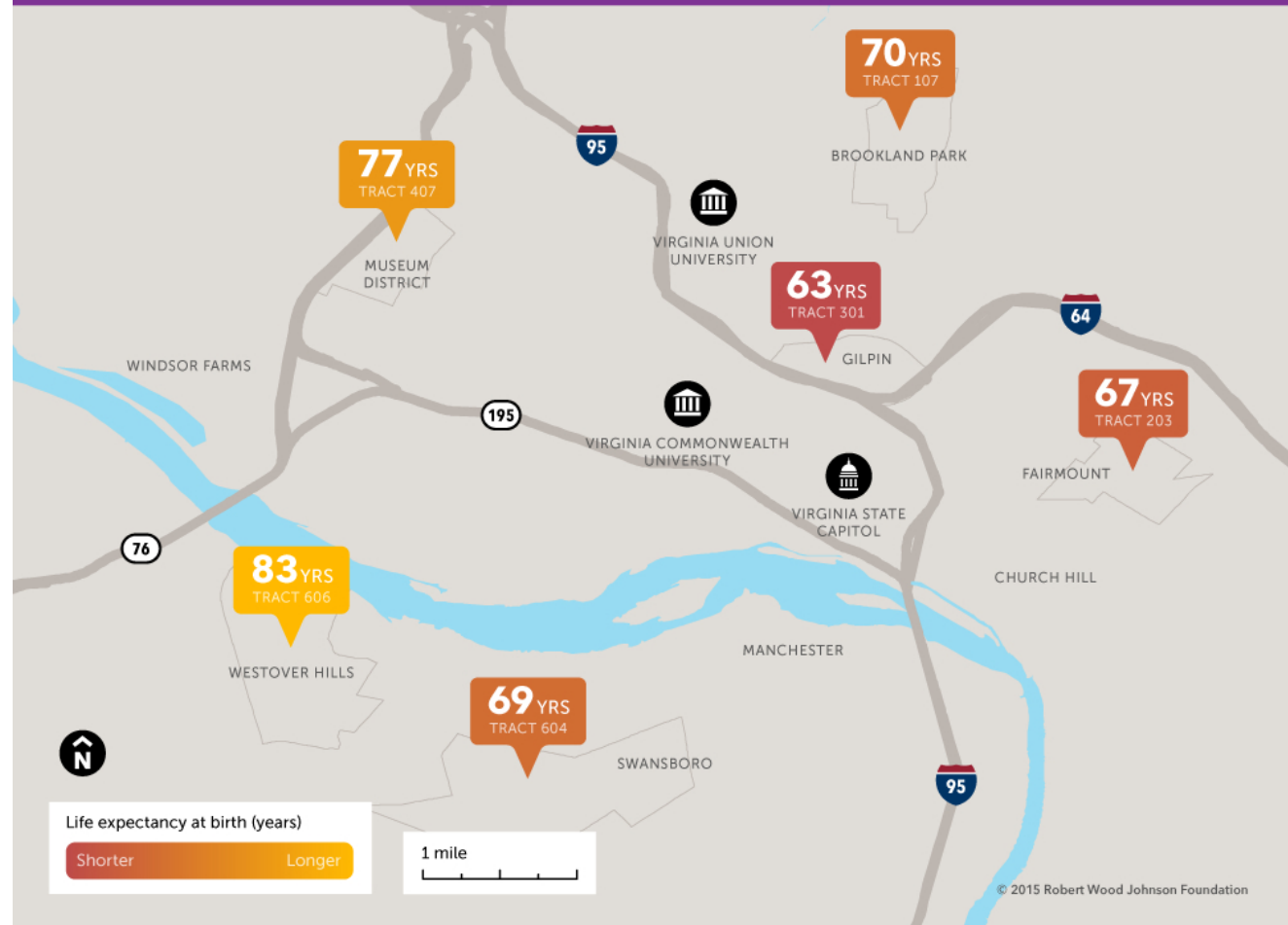
VCU Center for Society and Health

RICHMOND, VIRGINIA

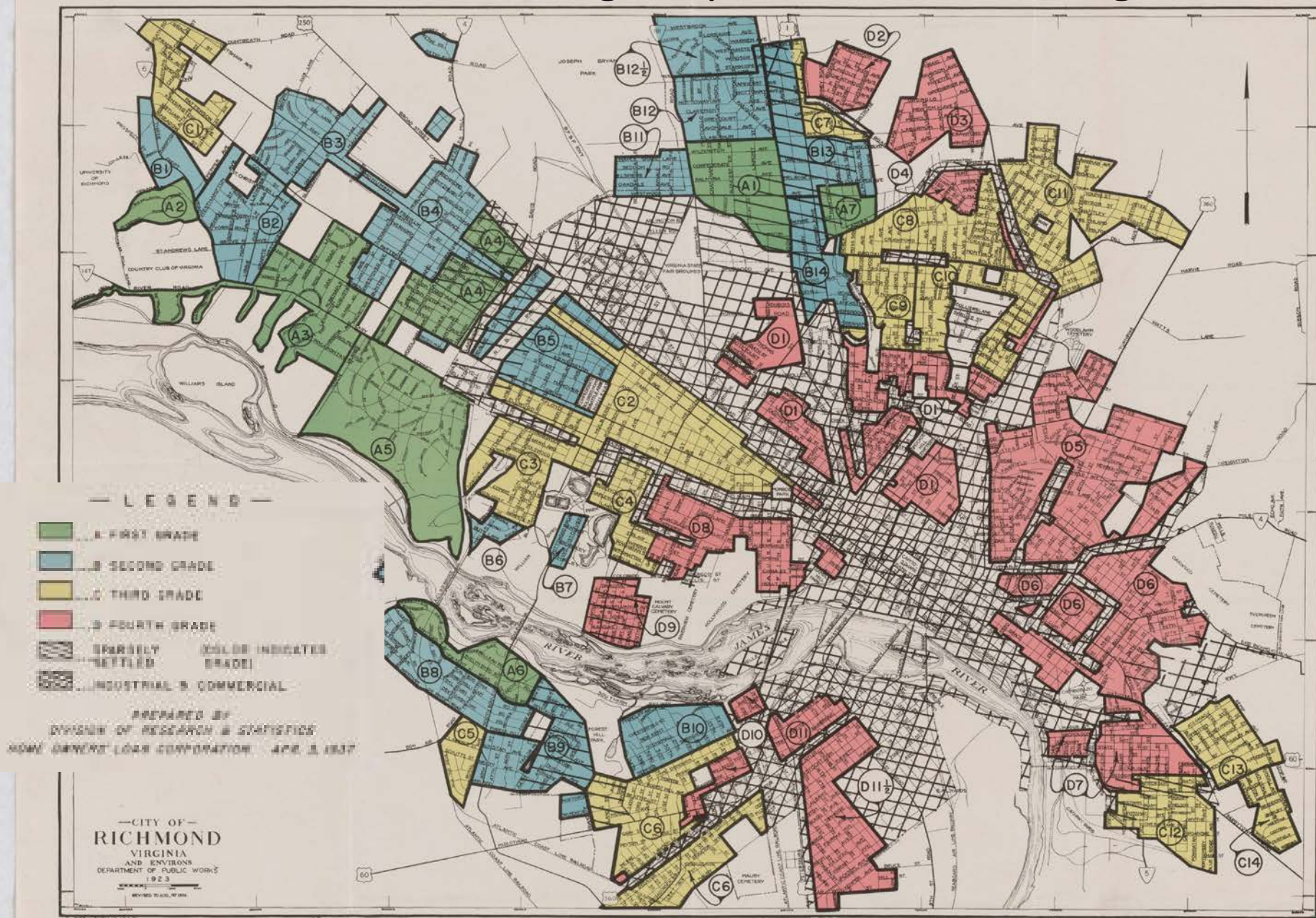
## Short Distances to Large Gaps in Health

Follow the discussion

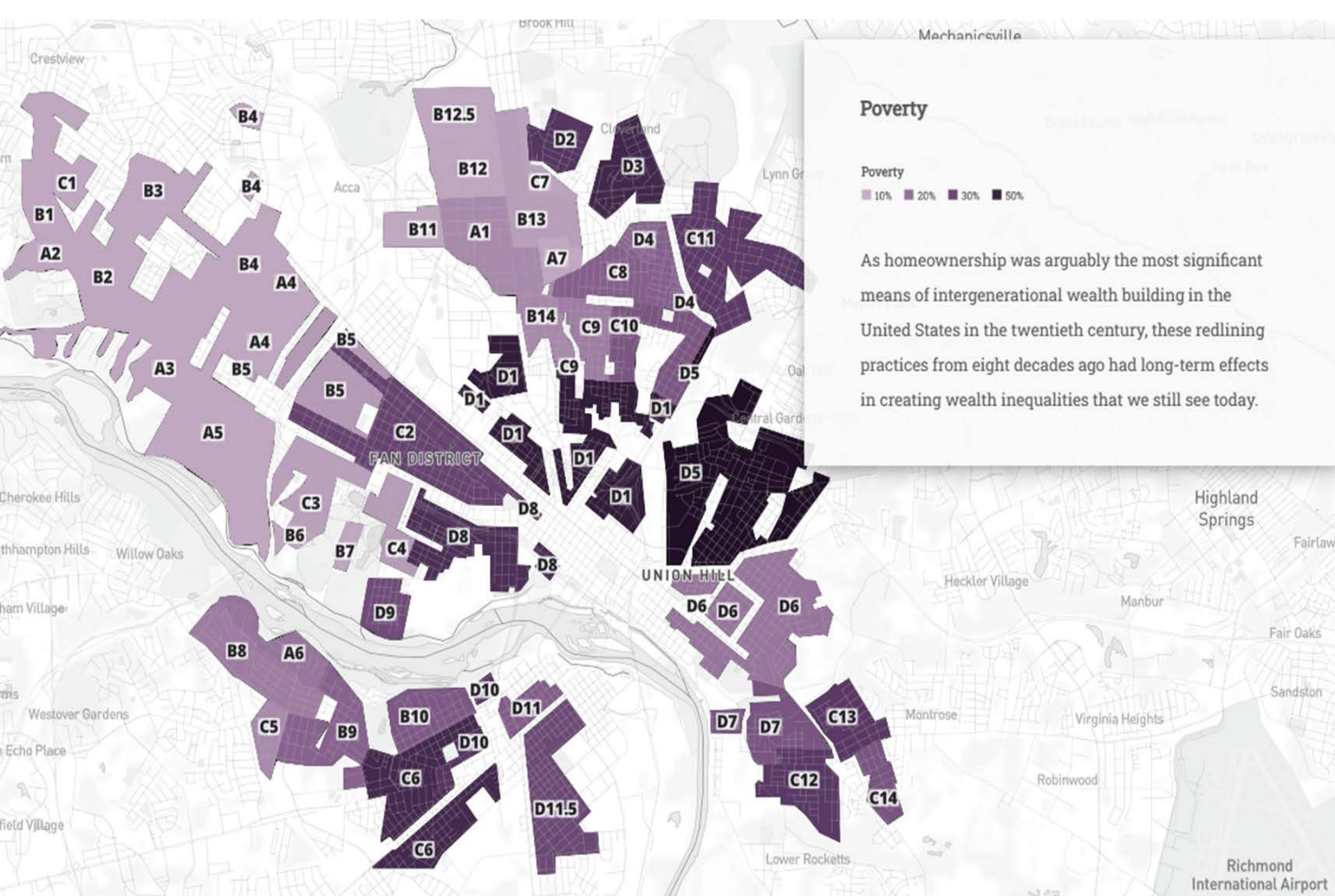
#CloseHealthGaps



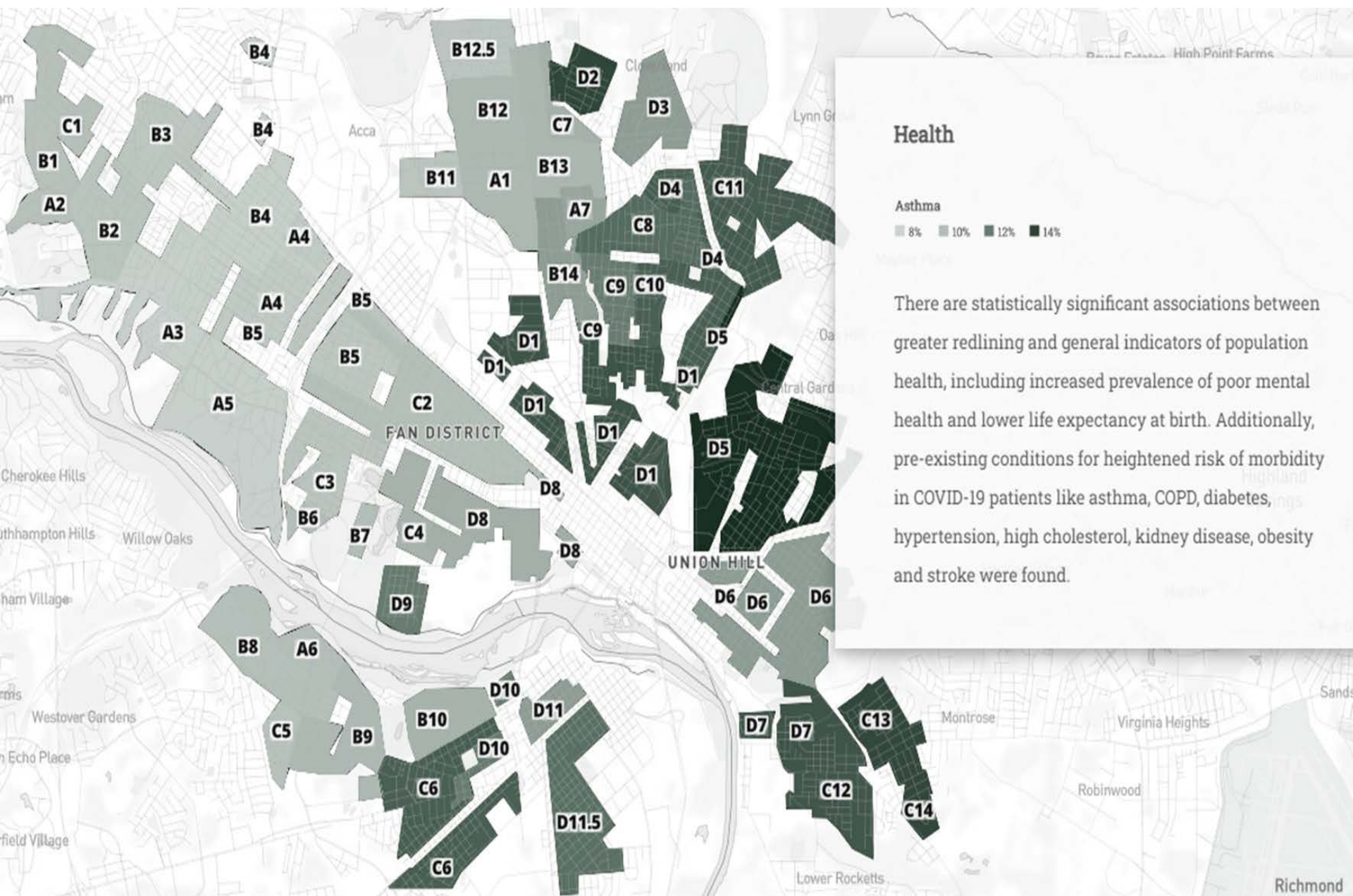
# Redlining Map of Richmond, Virginia







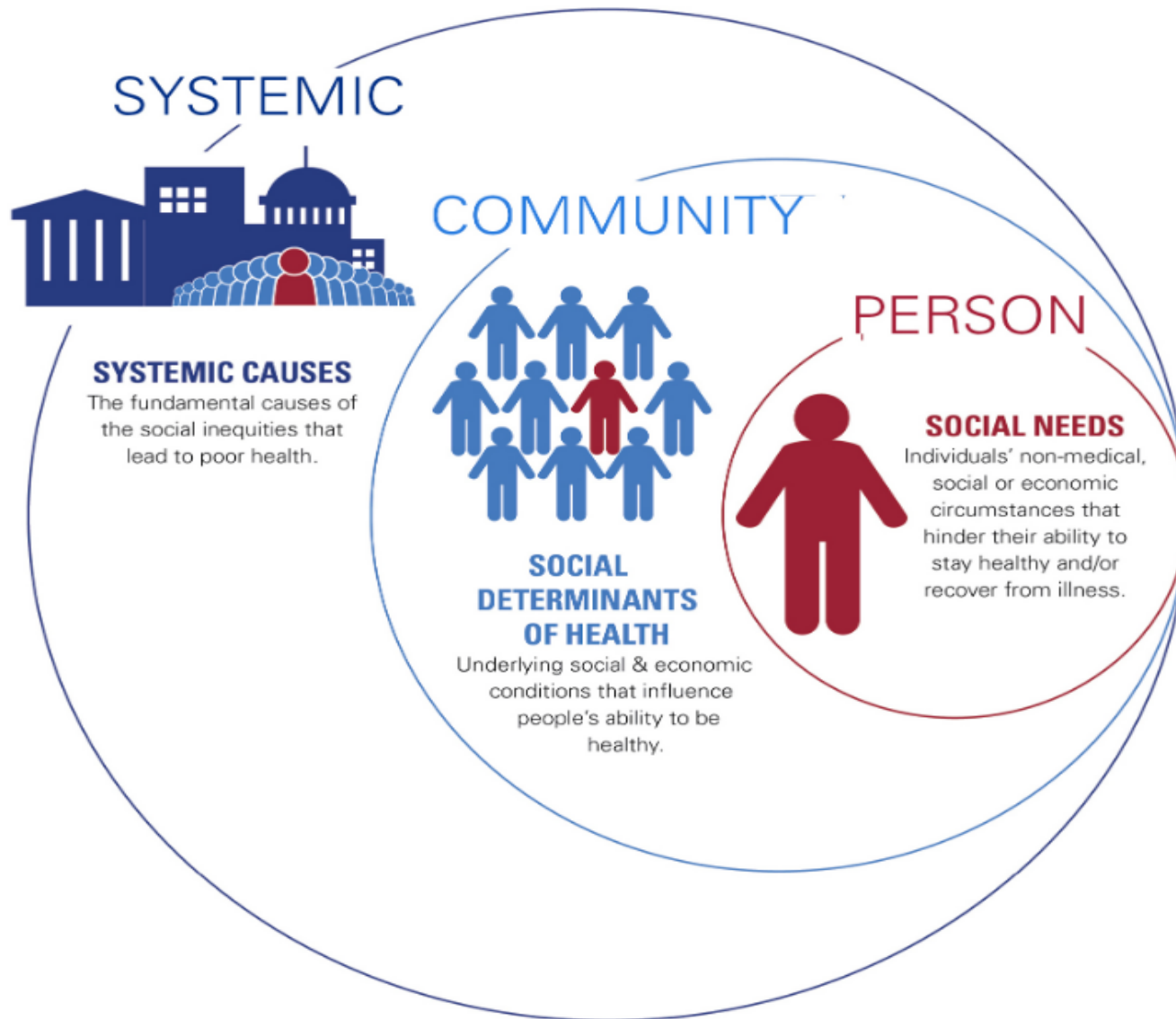
Redlining Richmond-Digital Scholarship Lab, <https://dsl.Richmond.edu/redliningrichmond/>. Accessed April 28, 2024.



Redlining Richmond-Digital Scholarship Lab, <https://dsl.Richmond.edu/redliningrichmond/>. Accessed April 28, 2024.



# Societal Factors That Influence Health: A Framework for Hospitals





# Virginia's *Equity-at-a-Glance* Dashboard provides data regarding opportunities in localities

## Richmond City Compared to Virginia

Percent of Population Living in Poverty

**23.2%**

▲ Above Virginia rate of 10.6%

Percent of Adult Population with a High School Diploma

**86.6%**

▼ Below Virginia rate of 89.7%

Percent of Population with Low Access to Food

**21.5%**

▲ Above Virginia rate of 18.1%

Percent of Labor Force that is Unemployed

**7.1%**

▲ Above Virginia rate of 5.1%

Percent of Households with Broadband Access

**75.4%**

▼ Below Virginia rate of 83.9%

Percent of Households with Severe Cost Burden

**21.4%**

▲ Above Virginia rate of 12.5%

# VCU Health is building strategic partnerships to address needs of patients and communities

## Medical Legal Partnership



## Housing Instability



## VCU Health Hub at 25<sup>th</sup>



## Workforce Development Models

**VCU Pathways to Health Care Workforce**

VCU Pathways to Health Care Workforce (PHCW) provides workforce training to young adult residents to enter careers in the health care industry. Participants receive in-and out-of-the-classroom experiences focused on job readiness, career exploration, team building and shadowing opportunities with health care professionals. Our goal is for participants to transition into full-time employees as a health care professional, and utilize employee benefits, including tuition assistance to pursue postsecondary education.

(Please be advised: acceptance into the program does not guarantee employment)

**Process**

- Information Session: Learn About the Program.
- Screening: Discussion About Your Career Goals
- Welcome Session: Friends & Family Invited to Learn About the Program.
- Orientation: Hear from Managers and Meet Current Pathways Participants.
- Workshops: Participants are required to attend all workshops.

**Benefits**

- Assistance in application process & preference in hiring
- Tour the hospital, shadow current employees, and meet hiring managers
- Earn a livable wage w/ excellent benefits
- Receive ongoing career and educational support
- Financial literacy training

**Potential Jobs**

- ☐ Administrative Assistant
- ☐ Dietary Aide
- ☐ Patient Access Representative
- ☐ Patient Transporter
- ☐ Sterile Processing Assistant
- ☐ Supply Chain Technician
- ☐ Valet

## Transportation



# Regulatory Agencies Introduced New Standards and Requirements to Address Health Equity

The Joint Commission

Our Websites: Search this site: Login

## Make Health Equity a Leader-Driven Priority

Dedicating resources to assess and address health care disparities demonstrates the organization's commitment to improving the care provided to all patients.

**Standard LD.04.03.08**  
The organization prioritizes the reduction of health care disparities in its patient population.

**EP 1**  
The organization appoints monitoring activities to its population.

## Health Care Equity is a Quality and Safety Priority

- Health care equity is a quality of care problem.
- Needs a similar approach to other patient safety priorities:
  - Understand the root causes
  - Address with targeted interventions



**The Joint Commission transitioned their Health Care Equity Leadership Standard to a new National Patient Safety Goal in July 2023**



**CMS\* 2023 IPPS\*\* Rule:**  
**“Hospital has a strategic plan for advancing health equity.”**

<https://www.federalregister.gov/public-inspection/2022-16472/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the->  
Published August 10, 2022.

## CMS Physician Payment Rule Advances Health Equity

Jul 13, 2023 | Medicare Parts A & B

# Final Thoughts

- Recognize the **impact of historic programs and policies** on current issues
- Understand the **intersection between Racial and Health Equity**
- Addressing health disparities requires **attention to social and economic issues**
- Social determinants of health often **present barriers to achieving optimal health** (health equity)
- **Developing community partnerships** is a key factor in addressing health disparities and improving health outcomes in communities





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