

Health Equity Impact Assessment For Stony Brook University Hospital's Emergency Department

Prepared by:

The Stony Brook University Program in Public Health

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Prepared for:

Stony Brook University Hospital

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SECTION A

Title of project:

Creation of a Low-Acuity Unit within Stony Brook University Hospital's Emergency Department

Name of Applicant

Stony Brook University Hospital

Name of Independent Entity, including lead contact and full names of individuals conducting the HEIA

Program in Public Health, Stony Brook University

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Namita Akolkar MD, MPH (Adjunct Faculty with the Department of Family Population and Preventive Medicine and the Program in Public Health)

Description of the Qualifications of Independent Entity

Héctor Alcalá is an assistant professor of Behavioral and Community Health at University of Maryland College Park. He has a decade of experience researching health inequities, including how they are driven by discrimination and Systems of oppression. He holds a PhD in Public Health from UCLA.

Namita Akolkar is a public health physician who has worked in health equity, largely for communities of color and sexual and gender minority communities over the last 9 years of her medical career in residency and practice. She is a graduate of Howard University College of Medicine, an HBCU, where she continued her training in general surgery. She then completed training in Public Health and Preventive Medicine at Stony Brook University. She has worked to increase access to healthcare access for underserved communities throughout her career.

Date the Health Equity Impact Assessment started

09/8/2023

Date the Health Equity Impact Assessment concluded

12/11/2023

Executive summary of project

Stony Brook University Hospital is facing issues with overcrowding and limited capacity in its Emergency Department (ED). To address this, they propose the establishment of a low-acuity unit for treating patients with minor injuries or conditions that do not require a bed or gurney. The proposed architectural plan for level four of the hospital includes the construction of seven new low-acuity treatment/exam cubicles and the necessary support areas. The total cost of the project is \$516,588, which includes construction, equipment, and processing fees.

Executive summary of HEIA findings

To address overcrowding and limited capacity within the Emergency Department, the hospital administration has proposed the creation of a low-acuity unit, to treat patients with minor injuries or conditions that do not necessitate a bed or gurney. The implementation of such stations has shown to considerably reduce door-to-provider times, subsequently enhancing the overall throughput of the Emergency Department. *The hospital is dedicated to offering comprehensive healthcare services to all*

community members, including the medically underserved and those facing financial or insurance-related challenges.

To maximize the community input from a variety of community members, community leaders and organizations, we created a questionnaire to elicit feedback on the health equity impacts of the project. The questionnaire asked respondents to give their opinions on whether a low-acuity unit would benefit members of medically underserved groups. Most questionnaire respondents are community members and residents of Suffolk County as well as community leaders, public health experts and hospital and university staff that work in health equity. Results indicate that most respondents believed that the unit would benefit members of most medically underserved groups, with one exception being people living in rural areas. Additionally, 40% of respondents believed that a low-acuity unit would not benefit individuals living with an infectious disease or condition. In essence, while results suggest a broad range of perceived benefits from the low-acuity unit, not all groups are expected to benefit equally. Given the distance of rural populations from the proposed low-acuity unit, individuals in rural areas are unlikely to benefit, but this is a structural issue outside of the scope of this project. While many perceive it as a positive step to improve healthcare accessibility and reduce wait times, especially for individuals with serious medical issues, there are concerns. There is worry that this approach may not effectively address primary healthcare needs in the community and might encourage inappropriate use of the emergency department. Additionally, there is a concern that if care in this unit is not physician-led, which could result in a two-tier healthcare system where underserved individuals receive care from less qualified non-physician providers. Nonetheless, there is a consensus that better treatment, shorter wait times, and increased efficiency could lead to improved health outcomes and faster access to care, particularly for those without a primary care provider or for low-acuity issues. Staff training in cultural sensitivity is emphasized as a crucial aspect of the initiative's success. Overall, the project will likely alleviate the burden on the emergency department, reduce wait times, and enhance patient experiences. The unit will benefit the community at large, irrespective of demographics, and improve overall patient care, making it a valuable addition. However, one potential issue raised is that communities with difficulty accessing healthcare, low-income individuals, as well as the uninsured or underinsured, may utilize the unit more. This poses a double-edged sword because emergency room care is not a substitute or solution for the lack of high-quality preventive and primary care.

SECTION B: ASSESSMENT

STEP 1 – SCOPING

1. Demographics of service area

The service area for Stony Brook University Hospital is all of Suffolk County, NY. Table 1a, Table 1b, Table 2a and Table 2b show the demographic and economic characteristics of people in the county.

Table 1a: Stony Brook University Hospital Catchment Area Demographics, 2022

Suffolk County, New York

Label	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE (Census Table DP05)				
Total population	1,525,465	*****	1,525,465	(X)
Male	757,801	±110	49.70%	±0.1
Female	767,664	±110	50.30%	±0.1
Sex ratio (males per 100 females)	98.7	±0.1	(X)	(X)
Under 5 years	77,930	±194	5.10%	±0.1
5 to 9 years	80,782	±4,501	5.30%	±0.3
10 to 14 years	92,126	±4,516	6.00%	±0.3
15 to 19 years	97,585	±592	6.40%	±0.1
20 to 24 years	101,627	±406	6.70%	±0.1
25 to 34 years	186,389	±210	12.20%	±0.1
35 to 44 years	182,068	±320	11.90%	±0.1
45 to 54 years	201,222	±324	13.20%	±0.1
55 to 59 years	119,407	±4,318	7.80%	±0.3
60 to 64 years	108,828	±4,305	7.10%	±0.3
65 to 74 years	156,748	±260	10.30%	±0.1
75 to 84 years	89,023	±2,603	5.80%	±0.2
85 years and over	31,730	±2,623	2.10%	±0.2
Median age (years)	41.9	±0.3	(X)	(X)

Data come from the 2022 American Community Survey

Table 1b: Stony Brook University Hospital Catchment Area Demographics, 2022

Suffolk County, New York

Label	Estimate	Margin of Error	Percent	Percent Margin of Error
RACE (Census Table DP05)				
Total population	1,525,465	*****	1,525,465	(X)
One race	1,352,163	±15,747	88.60%	±1.0
Two or more races	173,302	±15,747	11.40%	±1.0
One race	1,352,163	±15,747	88.60%	±1.0
White	1,008,219	±9,630	66.10%	±0.6
Black or African American	117,473	±10,221	7.70%	±0.7
American Indian and Alaska Native	10,706	±4,782	0.70%	±0.3
Asian	67,503	±2,666	4.40%	±0.2
Native Hawaiian and Other Pacific Islander	732	±700	0.00%	±0.1
Some other race	147,530	±13,410	9.70%	±0.9
Two or more races	173,302	±15,747	11.40%	±1.0
HISPANIC OR LATINO AND RACE (Census Table DP05)				
Total population	1,525,465	*****	1,525,465	(X)
Hispanic or Latino (of any race)	326,910	*****	21.40%	*****
Not Hispanic or Latino	1,198,555	*****	78.60%	*****
HEALTH INSURANCE COVERAGE (Census Table DP03)				
Civilian noninstitutionalized population	328,309,810	±17,044	328,309,810	(X)
With health insurance coverage	301,941,990	±177,306	92.00%	±0.1
With private health insurance	220,660,289	±455,761	67.20%	±0.1
With public coverage	122,005,469	±269,916	37.20%	±0.1
No health insurance coverage	26,367,820	±178,724	8.00%	±0.1
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION (Census Table DP02)				
Total Civilian Noninstitutionalized Population	1,516,369	±429	1,516,369	(X)
With a disability	170,460	±9,002	11.20%	±0.6

Data come from the 2022 American Community Survey

Table 2a: Stony Brook University Hospital Catchment Area Economic Characteristics, 2022

GEO_ID	NAME	DP03_0119PE	DP03_0119PM	DP03_0062E	DP03_0062M	DP03_0074PE	DP03_0074PM
		% Families and people whose income in the past 12 months is below the poverty level (All families)	Margin of Error for families and people whose income in the past 12 months is below the poverty level (All families)	Median household income (dollars) (In 2022 Inflation-adjusted dollars)	Margin of Error for Median household income (dollars) (In 2022 Inflation-adjusted dollars)	% of households with Food Stamp/SNAP benefits in the past 12 months	Margin of error of households with Food Stamp/SNAP benefits in the past 12 months
Geography	ZCTA Name Service area is all of Suffolk County						
Suffolk, NY	County	3.8%	±0.6	119,838	±2,690	7.5%	±0.6

Table 2b: Stony Brook University Hospital Catchment Area Economic Characteristics, 2022

GEO_ID	NAME	DP03_0005PE	DP03_0005PM	DP02_0067PE	DP02_0067PM	DP04_0058PE	DP04_0058PM
		% Unemployed in civilian labor force, age 16 years and over	Margin of Error for Unemployed in civilian labor force, age 16 years and over	% High school graduate or higher, age 25 and over	Margin of error for High school graduate or higher, age 25 and over	% of occupied housing units with no vehicles available	Margin of error for occupied housing units with no vehicles available
Geography	ZCTA Name Service area is all of Suffolk County						
Suffolk, NY	County	2.5%	±0.3	25.1%	±0.9	4.8%	±0.4

2. Medically underserved groups in the service area

All of the below Medically underserved groups currently reside within Suffolk County:

- Low-income people
- Racial and ethnic minorities
- Immigrants
- Women
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- People with disabilities
- Older adults
- Persons living with a prevalent infectious disease or condition
- Persons living in rural areas
- People who are eligible for or receive public health benefits
- People who do not have third-party health coverage or have inadequate third-party health coverage
- Other people who are unable to obtain health care

3. Sources of information for identification of medically underserved groups

The Suffolk County department of health community needs assessment was used to determine which groups fall within the catchment area of the Stony Brook Emergency Department and the potential

patients it can serve. Community members, community leaders, public health experts and Stony Brook Employees who work in Health Equity and Diversity spaces were contacted to complete a questionnaire through Qualtrics and provide additional insights into the potential impact of this project on medically underserved groups. Data for the demographics of Suffolk County come from the 2022 American Community Survey.

4. Unique health needs or quality of life of medically underserved groups

We identified the following unique health needs for medically underserved groups in the catchment area. Importantly, not all of these needs are within the scope of the proposed ED low acuity unit to address, but they provide some background of the health needs of medically underserved groups in Suffolk County.

- Low-income people often face challenges accessing affordable healthcare and managing chronic conditions due to financial constraints.
- Racial and ethnic minorities encounter disparities in healthcare quality, including diagnosis and treatment, leading to adverse health outcomes.
- Immigrants may experience barriers to healthcare access, including language and cultural differences, which can affect their health and well-being. Further, undocumented immigrants may be unable to access care to legal status and concerns with being reported to immigration enforcement if they seek health care.
- Women have specific healthcare needs, such as maternal and reproductive health, and may face gender-related disparities in medical research and access.
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people may encounter discrimination and stigmatization in healthcare settings, affecting their mental and physical well-being.
- People with disabilities may require specialized care and accommodations to address their unique health challenges and maintain their independence.
- Older adults often contend with age-related health concerns, including chronic diseases and a greater need for preventative and specialized care.
- Persons living with a prevalent infectious disease or condition require targeted care and interventions to manage and treat their specific health issues.
- Persons living in rural areas may face limited access to healthcare services, resulting in delayed or inadequate medical attention.
- People who are eligible for or receive public health benefits often rely on these programs for essential healthcare services and may experience disparities in the care they receive.
- People who do not have third-party health coverage or have inadequate coverage may postpone necessary medical treatment due to financial constraints, impacting their overall health and well-being.

5. Current and expected utilization by medically underserved groups

Based on information provided by Stony Brook University Hospital (Table 3), we anticipate that patient mix in terms of payer and race/ethnicity will remain the same. Thus, the bulk of ED volume will be comprised of both insured and white patients.

Table 3: ED Emergency Department Treat and Release Volume for Calendar Year 2022

	N	%
ER Payor type		
Medicaid	35,082	39.57%
Blue Cross/Blue Shield	18,324	20.67%
Medicare	13,643	15.39%
Private Health Insurance	13,222	14.91%
No Payment	5,639	6.36%
Miscellaneous/Other	2,435	2.75%
Other Government	319	0.36%
Race		
	N	%
American Indian or Alaska Native	190	0.17%
Asian	3,596	4.06%
Black or African American	9,484	10.70%
Native Hawaiian or Other Pacific Islander	36	0.04%
White	53,678	60.5%
Other	21,680	24.45%
Race		
	N	%
Hispanic or Latino	21,383	24.12%
Not Hispanic or Latino	61,308	69.15%
Unknown/Blank	5,973	6.74%

6. Availability of similar services or care

Stony Brook University Hospital's Emergency Department is the sole Level 1 Trauma Center in Suffolk County, serving both adults and children. In 2022, it handled over 100,000 visits, with patient numbers steadily increasing. The department offers 24/7 access to in-house board-certified emergency medicine, critical care, and trauma specialists. It comprises a critical care unit for high-acuity cases, an acute care unit for varying patient needs, a clinical decision unit for extended observation, and a Pediatric Emergency Department for patients under 18. Notably, Stony Brook had the highest number of emergency room visits, treat-and-release cases, and ED admissions in Suffolk County (Table 4). In the second quarter of 2023, they treated 25,840 patients, with 6,794 admissions, 19,046 treat-and-release cases, and 182 patients leaving without being seen, highlighting the importance of improving patient wait times. Given the number of patients seen in Stony Brook Hospital's Emergency Department, changes to the provision of care the potential to impact a large number of patients in Suffolk County. If changes to Stony Brook's ED are positive for patients, this may allow for increased patient volume to be routed to Stony Brook instead of other emergency departments in the county.

Table 4: Comparison of Stony Brook Hospital to Similar Services

		Emergency Department Visits			Treat & Release from ED			Admissions from ED		
County	Hospital	2023 YTD (June)	2022	2021	2023 YTD (June)	2022	2021	2023 YTD (June)	2022	2021
Suffolk County	Good Samaritan	43,304	91,111	83,803	32,161	68,966	63,769	11,143	22,145	20,034
	Huntington	27,404	56,036	52,299	19,848	41,424	38,140	7,473	14,391	13,982
	Long Island Community Hospital	23,009	47,789	47,600	17,343	36,824	35,573	4,089	7,894	7,961
	Mather Hospital	18,585	38,799	36,810	13,786	28,733	27,202	3,585	7,814	7,581
	Peconic Bay	18,883	37,662	33,948	14,151	28,409	26,134	4,130	8,048	7,814
	South Shore University	40,219	79,509	86,335	31,531	62,238	68,543	6,789	13,659	13,708
	St. Catherine	11,437	24,960	23,970	6,576	15,316	14,711	4,861	9,644	9,259
	St. Charles	9,023	20,185	20,139	6,416	14,630	14,297	2,607	5,555	5,842
	Stony Brook	54,746	108,890	103,550	35,355	72,541	65,572	12,947	26,260	26,093
	Stony Brook Eastern Long Island	3,016	6,730	6,956	2,127	5,004	4,906	889	1,726	2,050
	Stony Brook Southampton	10,216	23,873	22,660	7,964	18,931	18,480	1,487	3,335	3,080
Total		259,842	535,544	518,070	187,258	393,016	377,327	60,000	120,471	117,404

Source: Nassau Suffolk Hospital Council LOS Report

7. Historical and projected market shares

In the most recently available data, reflecting changes from 2021 to 2022, ED visits have dropped for most hospitals in Suffolk County, likely reflective of the decreased demand for ED services as COVID related hospitalizations have declined. As seen in Table 5, Stony Brook experienced one of the smallest declines in ED visits, relative to other hospitals in Suffolk County. Prior to this, in 2021, all hospitals in Suffolk County had experienced an increase in ED visits, likely due to COVID. We expect a continued decrease in the coming year (2023), with Stony Brook experiencing a slight drop in hospital admissions. However, the changes proposed in the low-acuity unit within Stony Brook University Hospital's Emergency Department could help mitigate drops by improving patient throughput, which may make Stony Brook a more attractive option for patients in need of low-acuity ED care.

Table 5: 2021-2022 Change in Market Shares

County	Hospital	Emergency Department Visits				Treat & Release from ED				Admissions from ED			ED Admissions to Total Admissions Ratio		
		2022	2021	+/-	% Change	2022	2021	+/-	% Change	2022	2021	+/-	2022	2021	+/-
SUFFOLK COUNTY	Good Samaritan	8,644	10,169	-1,525	-15.00%	6,650	8,084	-1,434	-17.74%	1,994	2,085	-91	85.47%	98.40%	-12.93%
	Huntington	5,036	5,281	-245	-4.64%	3,627	4,018	-391	-9.73%	1,396	1,244	152	75.34%	74.71%	0.62%
	Long Island Community Hospital	4,175	4,917	-742	-15.09%	3,213	3,931	-718	-18.27%	650	718	-68	96.30%	99.45%	-3.15%
	Mather Hospital	3,401	3,600	-199	-5.53%	2,451	2,754	-303	-11.00%	757	711	46	80.28%	76.04%	4.23%
	Peconic Bay	3,309	3,259	50	1.53%	2,443	2,607	-164	-6.29%	744	652	92	81.05%	80.20%	0.85%
	South Shore University	7,288	9,040	-1,752	-19.38%	5,810	7,562	-1,752	-23.17%	1,204	1,223	-19	61.27%	61.80%	-0.53%
	St. Catherine	2,083	2,793	-710	-25.42%	1,197	1,986	-789	-39.73%	886	807	79	92.39%	99.38%	-7.00%
	St. Charles	1,676	2,332	-656	-28.13%	1,211	1,864	-653	-35.03%	465	468	-3	54.51%	54.80%	-0.29%
	Stony Brook	9,900	10,242	-342	-3.34%	6,756	7,097	-341	-4.80%	2,286	2,252	34	76.63%	76.29%	0.35%
	Stony Brook Eastern Long Island	521	525	-4	-0.76%	392	376	16	4.26%	129	149	-20	79.63%	85.14%	-5.51%
	Stony Brook Southampton	1,828	1,642	186	11.33%	1,419	1,398	21	1.50%	296	122	174	64.91%	30.12%	34.79%
	Sub-total	47,861	53,800	-5,939	-11.04%	35,169	41,677	-6,508	-15.62%	10,807	10,431	376	76.65%	77.66%	-1.02%
	Total	92,138	107,003	-14,865	-13.89%	66,985	82,830	-15,845	-19.13%	22,430	21,675	755	74.43%	73.41%	1.02%

Source: Nassau Suffolk Hospital Council LOS Report

Table 6: 2020-2021 Change in Market Shares

County	Hospital	Emergency Department Visits				Treat & Release from ED				Admissions from ED			ED Admissions to Total Admissions Ratio		
		2021	2020	+/-	% Change	2021	2020	+/-	% Change	2021	2020	+/-	2021	2020	+/-
SUFFOLK COUNTY	Good Samaritan	10,169	5,648	4,521	80.05%	8,084	4,129	3,955	95.79%	2,085	1,519	566	98.40%	75.38%	23.01%
	Huntington	5,281	3,721	1,560	41.92%	4,018	2,479	1,539	62.08%	1,202	1,200	2	72.19%	74.81%	-2.62%
	Long Island Community Hospital	4,917	3,755	1,162	30.95%	3,931	2,790	1,141	40.90%	718	676	42	99.45%	94.55%	4.90%
	Mather Hospital	3,600	2,611	989	37.88%	2,754	1,863	891	47.83%	711	606	105	76.04%	71.29%	4.75%
	Peconic Bay	3,259	2,350	909	38.68%	2,607	1,784	823	46.13%	652	566	86	80.20%	74.08%	6.11%
	South Shore University	9,040	6,029	3,011	49.94%	7,562	4,537	3,025	66.67%	1,223	1,177	46	61.80%	62.18%	-0.38%
	St. Catherine	2,793	1,791	1,002	55.95%	1,986	996	990	99.40%	807	795	12	99.38%	78.79%	20.59%
	St. Charles	2,332	1,376	956	69.48%	1,864	966	898	92.96%	468	410	58	54.80%	44.57%	10.24%
	Stony Brook	10,242	7,447	2,795	37.53%	7,097	4,334	2,763	63.75%	2,252	2,230	22	76.29%	76.06%	0.23%
	Stony Brook Eastern Long Island	525	394	131	33.25%	376	291	85	29.21%	149	103	46	85.14%	78.63%	6.52%
	Stony Brook Southampton	1,642	1,251	391	31.25%	1,398	1,061	337	31.76%	122	95	27	30.12%	26.76%	3.36%
	Sub-total	53,800	36,373	17,427	47.91%	41,677	25,230	16,447	65.19%	10,389	9,377	1,012	77.35%	71.10%	6.25%
	Total	107,003	71,166	35,837	50.36%	82,830	49,139	33,691	68.56%	21,560	19,407	2,153	73.02%	69.17%	3.85%

Source: Nassau Suffolk Hospital Council LOS Report

8. Performance of obligations

A review of KPMG LLP’s most recent Exit Dashboard Report, (attached) as of November 22, 2023, states there is no DSH payment excess. The applicant has performed consistently in meeting its obligations stated under Public Health Law § 2807-k. Further, the Applicant has indicated they do not expect any difficulties in meeting future obligations stated under Public Health Law § 2807-k.

9. Project's impact on staffing

While ED utilization is not expected to increase due to the implementation of this project, the project will allow for patients to be moved from the waiting room into the clinical space for care, which increases the number of active patients at any one time. The patients that are pulled from the waiting room need to be assigned to caregivers. As such, the new unit's proposal resulted in a slight increase in staff. Lastly, there will be a physician assigned to this unit.

10. Civil rights access complaints

No. Per applicant senior counsel no civil rights access complaints have been made.

11. Similar projects/work in the last five years

The project list provided from Stony Brook includes projects that are similar /or implemented to enhance emergency medical care and treatment through facility and equipment upgrades

1. University Hospital initiated a renovation project at a cost of \$119,725 to establish a triage room within the pediatric emergency department, a venture completed on 8/19/2019. In 2018, Project CON Number 182320 successfully incorporated this triage room, significantly enhancing patient throughput and overall efficiency. This increased access to emergent care for minors by separating the triage from the adult triage space resulting in more efficient care for those seeking care in both departments.
2. During the ongoing COVID-19 pandemic, Stony Brook Medicine sought to enhance safety for both patients and staff. Their proposal involved the installation of permanent negative air pressurization systems in fourteen existing emergency department exam/treatment rooms. Three of these rooms were equipped with non-filtered, common exhaust negative pressurization, while the remaining eleven relied on temporary, non-filtered exhaust fans mounted on the roof for achieving negative pressurization. As part of this project, all fourteen rooms were connected to a new rooftop exhaust fan system with HEPA filtration, ensuring better air quality and safety. Individual control valves for each room, managed through the existing Building Management System (BMS), regulated airflows, and pressure monitors were incorporated into each room. This initiative represented an investment of \$1,350,175.04 in support of these critical enhancements. This had little impact on health equity as it was a facility upgrade to the existing rooms in the hospital not increasing access to care.
3. The department sought to upgrade equipment in 2022 and 2023. In 2023 it invested \$1,819,446.05 to replace an end-of-life CT Scanner (Toshiba) in the Emergency Department with a new state of the art Siemens Xcite CT Scanner. In 2022 it replaced 2 x ray machines within the Emergency Department at a cost of \$697,279.17. This had little effect on health equity as these were 1:1 replacements of existing equipment.

STEP 2 – POTENTIAL IMPACTS

1. Intended impacts on health care access, health equity, and health disparities

The primary aim of this project is to optimize space utilization in emergency departments to effectively manage increasing patient volumes while ensuring operational efficiency. Extensive evidence underscores the benefits of incorporating low-acuity patient treatment stations. These stations are designed to accommodate individuals who do not need a gurney or bed for their care. The implementation of low-acuity treatment stations has been shown to substantially reduce door-to-provider times, enhancing the overall throughput of the Emergency Department (ED). This is particularly beneficial

because patients with minor injuries or conditions which do not require a gurney or bed, can receive care in a more efficient space. The project aims to cater to a wide range of patients, including those with low injury severity scores as well as those who do not have other options for non-emergent care. Additionally, individuals with less urgent medical needs, such as those seeking prescription renewals or requiring care for minor lacerations or sprained ligaments, are within the scope of this initiative. While the project does not change the types of patients who seek care in the ED it does aim to increase healthcare access by saving time in the more rapid treatment of both low acuity patients, by having them seen in this new treatment area, as well as ensuring that those with higher acuity are seen in the appropriate emergency setting from their care in a timely fashion. The emergency department plays a crucial role as the front door to the hospital, providing emergency medical care and facilitating inpatient admissions. The hospital is committed to offering comprehensive healthcare services to all members of the community, including the medically underserved and those facing financial or insurance-related challenges.

2. Unintended impacts

Responses from community members to the proposal of creating a low-acuity unit in the emergency department varied. Many see it as a positive step in improving healthcare accessibility and reducing wait times, particularly for individuals with serious medical issues. There is a belief that patients prefer well-known hospital systems over urgent care facilities, which may not accept all insurance or serve the uninsured. However, some express concerns that this approach may not effectively address primary healthcare needs in the community and could potentially encourage inappropriate use of the emergency department. Others worry that it may negatively impact health equity or lead to less culturally sensitive care due to rushed service. In addition, there is concern among community members, that if care in this unit is not physician led, by having a physician on the unit, this could result in a two-tiered health care system where those who are underserved in medicine receive care from less qualified, non-physician providers without physician oversight. However, it is important to note that the low acuity unit will be physician-led, thus mitigating this concern. Nonetheless, the consensus is that better treatment, shorter wait times, and increased efficiency could lead to improved health outcomes and faster access to care, particularly for those without a primary care provider or for low-acuity issues. Staff training is also emphasized as a crucial aspect of the initiative's success. Given the demographic of the current population of that currently receives care in our ED older adults will likely not see any difference in the care that they will receive as they are already directed to the Green unit in the ED for their low acuity problems, which can limit concerns around access issues for low mobility patients who are older. The people who are uninsured and underinsured who despite not being a significant proportion of the Stony Brook ED population, may rely on ED services as a substitute for primary care. As such, the quality of these services will be particularly important for this population.

3. Indigent care

The impact on indigent care will be minimal though there are chances for higher utilization as there may be a reduced number of people who attempt to seek care but leave due to wait times. Factors contributing to their higher utilization of emergency room services include limited access to primary care, restricted healthcare choices, concerns about the cost of non-emergency care, and obstacles to preventive care. The low acuity unit represents a short-term and viable solution to an issue demanding substantial policy changes at the local and federal levels.

4. Access by transportation

There is no change to accessing the ED by transportation. The Emergency room is accessible by private vehicle. Bus Route 51 stops directly in front of the emergency room. Patients can also access the emergency room with Suffolk County Accessible Transportation (SCAT) Services. The Long Island Railroad Port Jefferson line from Pennsylvania Station in Manhattan to Stony Brook. The train station is at the border of the campus and bus service to the central campus is provided. Some trains require changing at Jamaica Station and some at Huntington Station. Access to the Emergency Department will

not change as a result of this project, as it is a change in location of services currently provided in the main ED that will remain within the larger department just deliver care in a new area.

5. Architectural barriers for people with mobility impairments

There are no noted architectural barriers, but delivering care on chairs for people with significant mobility impairment requiring the use of a wheelchair could propose a problem as typically these patients are more easily examined either on their wheelchair or on a gurney as transfer to the loungers is generally difficult. This could pose a barrier if the bays are too small to accommodate a wheelchair bound individual with their family in a way that does not compromise care delivery due to space. There is also a need to ensure that the ED triage and Waiting area remain accessible during construction, as limited space may become an issue for those with mobility issues and the construction created added safety concerns for all patients and visitors. Ensuring adequate space and flow that is accessible and clearly marking and cordoning off any construction zones will be vital for safety.

6. Impact on delivery of maternal and comprehensive reproductive health care services.

The project is unlikely to influence delivery of maternal and reproductive health services. The area will deliver care in chairs which are not adequate for pelvic exams and procedures, and thus people seeking reproductive or obstetric care will not be triaged to this region of the Emergency Department. As with other individuals who are unlikely to be triaged to this area there may be some marginal benefit from low acuity patients being separated from the higher acuity patients, including those accessing obstetric care.

7. List of local health department(s)

Suffolk County Department of Health Services

8. Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?

The Suffolk County health commissioner Dr. Gregson Pigott as well as the head of the county office of Minority Health Adesuwa Watson were contacted to complete our questionnaire and offered the opportunity to provide additional feedback.

Due to time and scheduling constraints, they were only able to fill out the questionnaire and did not provide an additional narrative statement or support for the HEIA.

9. Meaningful engagement of stakeholders

See attached Meaningful engagement table in Appendix.

10. Most affected community members

The most effected community members will include those who have difficulty accessing healthcare, low-income individuals as well as those who are uninsured or underinsured. There is also a significant amount of intersectionality between these groups as many individuals belong to more than one or all of them. Low-income individuals, the uninsured, and the underinsured often use emergency room services more frequently due to several factors. They may lack access to primary care, have limited healthcare options, fear high costs associated with non-emergency care, and face barriers to preventive care. Complex health needs, transportation limitations, and the convenience of 24/7 care in emergency rooms also play a role. Additionally, concerns about discrimination in healthcare settings and misunderstandings about the healthcare system can lead individuals to inappropriately seek care in the emergency room.

Addressing healthcare disparities and improving access to primary care are essential steps to reduce unnecessary emergency room utilization and enhance healthcare delivery. The low acuity unit is a temporary and feasible solution to a problem of lack of primary care that requires significant policy change at the local and federal level.

11. Results of engaging community members

Most respondents to the questionnaire are community members and residents of Suffolk County. An overview of the results of responses showed that community members and stakeholders saw several potential benefits to the establishment of a low-acuity unit. First, a low-acuity unit offers an opportunity to educate the population and provides a quick and quality healthcare option for people, reducing congestion and long waits for the ED. Second, a low-acuity unit addresses the needs of low-income, uninsured, and minority groups who may delay seeking medical care, resulting in more efficient triage and improved health outcomes. Third, it can alleviate the burden on the emergency department, reduce wait times, and enhance patient experiences. Fourth, the unit can benefit the community at large, irrespective of demographics, and improve overall patient care, making it a valuable addition. One potential issue pointed out is that communities who have difficulty accessing healthcare, low-income individuals as well as those who are uninsured or underinsured will utilize the unit more. This presents a double-edged sword because emergency room care is not a substitute or a solution for the lack of high-quality preventive and primary care.

Our questionnaire asked respondents to give their opinion on whether a low-acuity unit would benefit members of medically underserved groups. A total of 20 people provided responses to our questionnaire. Results are summarized in Table 7. Here we see that most respondents believed that the low-acuity unit would benefit members of most medically underserved groups, with one exception: people living in rural areas. Additionally, 40% of respondents believed that a low-acuity unit would not specifically benefit individuals living with an infectious disease or condition. Thus, while results suggest that wide ranging benefits are perceived from the low-acuity unit, not all groups are expected to benefit equally. Given the distance of rural population from the proposed low-acuity unit, rural individuals are unlikely to benefit.

Table 7: Summary Results for "I believe that the low-acuity unit will be a benefit for the following populations"

	Yes		No	
	N	%	N	%
Low-income individuals	17	85.00	3	15.00
Person who is eligible for or receiving public health benefits	15	75.00	5	25.00
The uninsured or underinsured	16	80.00	4	20.00
Those with difficulty accessing health care	15	75.00	5	25.00
Racial and ethnic minorities	15	75.00	5	25.00
Immigrants	15	75.00	5	25.00
Women	16	80.00	4	20.00
LGBTQ+ individuals	15	75.00	5	25.00
Person with disabilities	15	75.00	5	25.00
Older adults	15	75.00	5	25.00
Person living with an infectious disease or condition	12	60.00	8	40.00
Person living in a rural area	7	46.67	8	53.33

12. Relevant community members that did not participate

The questionnaire was completed by a large variety of stakeholders with many intersectional identities with at least one response from a member that identifying with each of the following groups and/or worked with an organization that served these groups: 1) Low-income; 2) Racial and ethnic minority; 3) immigrant; 4) female; 5) LGBTQ+; 6) person with disabilities; 7) Older adult; 8) Person living with a prevalent infectious disease or condition; 9) person living in a rural area; 10) person who is eligible for or receiving public benefits; 11) uninsured; 12) difficulty accessing health care.

STEP 3 – MITIGATION

1. Effective communication of services or care (language access)

This unit will have access to the same language services currently available in the ED. The Applicant's Language Assistance Services is committed to delivering effective access to proficient medical interpreters. The objective is to enhance access to healthcare, the quality of care, and the health results of our culturally and linguistically diverse patient population. Available language assistance services at Stony Brook University Hospital, including telephonic interpretation, four dedicated full-time Spanish Medical Interpreters, Video Remote Interpretation (VRI), and contracted American Sign Language Interpreters, all provided at no cost.

1. Suggested project changes to better meet medically underserved group needs

Suggested actions for the improving the health equity in the creation of a low-acuity unit in the emergency department include:

1. For future projects, collaboration with community health providers to develop a comprehensive plan for under-resourced populations primarily getting patients increased access to ambulatory, primary care and the resources to fund that care including Medicaid enrollment where applicable.
2. Appropriate marketing to the target underserved communities to ensure awareness and accessibility.
3. Ensure the changes to the footprint as described remain accessible to those with motor or sensory impairments.
4. The inclusion of a patient navigator on staff to assist low-acuity patients with their healthcare and socioeconomic needs, if these services are not already available.
5. Ensure appropriate staffing, including dedicated staffing of the unit to address the frustration related to ED wait times and communication, and to ensure equitable care in the triage versus non triage ED settings.
6. Ensure those conducting triage receive education on mitigating potential biases in patient triage, especially concerning race, gender, and language.
7. Specific training for staff regarding transgender, gender non-binary, and intersex individuals is recommended. As well as specific training on culturally sensitive care.

These suggestions highlight the importance of a comprehensive and inclusive approach to address the needs of diverse patient populations and ensure equitable access to care.

2. Engaging community members on project changes

The community that has participated in the questionnaire and provided feedback on the original project should be reached out to with any changes. These organizations and community members should be reengaged to evaluate any significant changes to the project. Further, public comment or community advisory board input can ensure that the project is able to gain input from medically underserved groups.

3. Addressing systemic barriers to equitable access

This project as it stands is a change to the system and organization of the current ED to create improved flow of patients. At this stage the Applicant is not envisioning significant changes to its overall service line in the ED. This means that there is not a lot in the project that will directly address systemic barriers to access. The few unintended benefits for groups that have difficulty in accessing healthcare would be more rapid evaluation and treatment of those who do not have primary care physicians. Ultimately, though this project would not address the root causes of lack of primary care services available to low income, uninsured and under-insured individuals, and was not designed to.

STEP 4 – MONITORING

The intent of this section is to incorporate the Independent Entity’s recommendations on how the Applicant can monitor the health equity impacts of a project even after the project is completed. Under the Health Equity Impact Assessment requirement, the Independent Entity is not required to remain contracted with the Applicant for services related to monitoring, but rather to offer perspective on ways the Applicant can establish monitoring “best practices” on their own.

1. Existing mechanisms and measures to monitor impacts

Stony Brook Hospital has a health equity feedback form, a patient and family advisory group, a chief diversity officer as well as an engaged and active LGBTQ+ committee. Stony Brook should aim to solicit frequent feedback after the creation of the unit, making the health equity feedback form known and available to patients receiving care in the new unit with frequent evaluation of trends being noted.

2. Potential mechanisms and measures Applicant can put in place to monitor impacts

These evidence-based measures and mechanisms can collectively contribute to monitoring and addressing the findings of health equity assessments and working toward equitable healthcare systems.

- **Continued Health Equity Assessments:** Implement a comprehensive health equity assessment to identify disparities in healthcare access, quality, and outcomes within the organization or community.
- **Data Collection and Analysis:** Establish a robust data collection and analysis system that regularly monitors health disparities, tracks demographic information, and evaluates outcomes across different population groups.
- **Cultural Sensitivity Training:** Provide cultural sensitivity training for healthcare providers and staff to ensure respectful, inclusive, and equitable care for diverse patient populations.
- **Health Literacy Programs:** Develop health literacy programs and materials that are accessible to individuals with varying levels of health literacy to improve understanding and decision-making.
- **Language Services:** Ensure the availability of language services, interpreters, and translated materials to overcome language barriers and enhance communication with non-English-speaking and deaf patients.
- **Social Determinants of Health Screening:** Integrate screenings for social determinants of health (e.g., housing, income, education) to identify and address underlying factors contributing to health disparities.

- **Community Partnerships:** Collaborate with local community organizations and leaders to address broader social determinants and engage in joint efforts to improve health equity.
- **Patient Navigation:** Implement patient navigation programs to guide individuals through the healthcare system, assisting with appointments, referrals, and follow-up care.
- **Implicit Bias Training:** Offer implicit bias training to healthcare providers to address unconscious biases that may affect patient care and decision-making.
- **Policy and Procedure Reviews:** Regularly review organizational policies and procedures to identify and rectify any that may perpetuate health disparities.
- **Equity Metrics in Performance Evaluation:** Include equity-related metrics in the performance evaluation of healthcare providers and staff, incentivizing improvements in health equity.
- **Culturally Tailored Interventions:** Develop and implement culturally tailored interventions and programs to address specific health issues within marginalized communities.
- **Targeted Outreach Campaigns:** Launch outreach campaigns to engage underserved populations and raise awareness of available healthcare services.
- **Accountability Measures:** Establish clear accountability measures to ensure that healthcare providers and organizations are actively working to reduce health disparities.
- **Continuous Quality Improvement:** Apply continuous quality improvement methodologies to monitor progress and make necessary adjustments based on identified disparities and outcomes.
- **Health Policy Advocacy:** Engage in health policy advocacy at local, state, and national levels to support legislation that promotes health equity and eliminates healthcare disparities.
- **Inclusivity in Research:** Encourage and support research that examines health disparities and investigates interventions that can improve equity.
- **Patient and Community Feedback:** Solicit feedback from patients and the community to understand their experiences and concerns, using this information to drive improvements.
- **Access to Affordable Care:** Advocate for policies that increase access to affordable healthcare, including insurance coverage and preventive services.
- **Transparency and Reporting:** Maintain transparency in reporting health equity initiatives and outcomes to hold organizations accountable for their efforts in reducing disparities.

STEP 5 – DISSEMINATION

The Applicant is required to publicly post the CON application and the HEIA on its website within one week of acknowledgement by the Department. The Department will also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

SECTION C: ACKNOWLEDGEMENT AND MITIGATION PLAN

The purpose of Section C is to provide attestation that the Applicant received and reviewed the Health Equity Impact Assessment from the Independent Entity. Additionally, the Applicant must provide a narrative for how it has, or will, mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment. This narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made by either the Commissioner of Health or the Public Health and Health Planning Council, as applicable.

Appendix

Meaningful Engagement Table

Name/Organization - if organization, please include contact(s)	Date(s) of outreach	What required stakeholder group did they represent?	Is this person/group a resident of the project's service area?	Method of engagement (i.e. phone calls, community forums, surveys, etc.)	Is this group supportive of this project?	Did this group provide a statement?	If a statement was provided (250 word max), please include below:
Vanessa Lockel	10/10/23	community leaders	yes	survey and email		yes	1) Creating any form of health care accessibility should always be seen as a positive impact. How can we ensure that the low-acuity unit is accessible and inclusive to all community members, including those with diverse backgrounds, languages, and abilities? Making sure the staff is representative of the community they service. 3) Great opportunity to disseminate information to educate this population. 4) no
Giselle Gerardi	10/12/23	organizations representing employees of the Applicant	yes	survey and email	yes	yes	1)I am just worried that this is not addressing the issue of primary healthcare in the community and will encourage inappropriate use of the ED (even in a separate area). It's a bandaid for a hemorrhage; 2) Access to interpreters (although it's part of all healthcare facilities not often used), social work and mental health staff, and a plan to follow up. 3) It will help with congestion and can hopefully create more jobs that will allow for better staffing 4) More needs to be done in concert with community health providers to develop a plan that truly helps under resourced populations."

Meaningful Engagement Table (Continued)

Name/Organization - if organization, please include contact(s)	Date(s) of outreach	What required stakeholder group did they represent?	Is this person/group a resident of the project's service area?	Method of engagement (i.e. phone calls, community forums, surveys, etc.)	Is this group supportive of this project?	Did this group provide a statement?	If a statement was provided (250 word max), please include below:
Rev. Evelyn Digsby	10/13/23	community leaders	yes	survey and email	yes	yes	1) Availability of care for people 2) Provide staffing who look and understand diversities Efficient and quality care. 3) Quality care and quick health care 4) No
Giuseppina Caravella	10/13/23	organizations representing employees of the Applicant	yes	survey and email	yes	yes	1) It will help people with serious issues wait less time; 2) Multi lingual staff and signage, affirming safe space sinage, clean welcoming space; 3) People have somewhere to go in an emergency even if it's not that serious. Often time there is a long wait to see community providers. 4) It needs to be marketed appropriately to the target community
Planned Parenthood: Lareicha Hunter	10/13/23	community leaders	yes	survey and email	yes	yes	1) I believe patients feel more comfortable going to a well know hospital system as opposed to an urgent care facility. Also, many urgent care facilities do not accept all insurance and/or turn away the uninsured 2) I believe it is very important to include individual and groups from all the aforementioned demographics during all aspects of planning and the process to ensure all perspectives are heard and taking into consideration. 3) Many low-income, uninsured or minority groups do not visit primary doctors for various reasons. By the time they make it to a hospital, their illness has progressed and treatment is more difficult. A low acuity unit may be a solution to fill this gap and meet the community where they are 4) I think it is also important to include a patient navigator on staff. Many low acuity patients have many socioeconomic needs unmet and could benefit in having this additional support to assist in navigating their healthcare as well as other needs.

Meaningful Engagement Table (Continued)

Name/Organization - if organization, please include contact(s)	Date(s) of outreach	What required stakeholder group did they represent?	Is this person/group a resident of the project's service area?	Method of engagement (i.e. phone calls, community forums, surveys, etc.)	Is this group supportive of this project?	Did this group provide a statement?	If a statement was provided (250 word max), please include below:
Long Island Veteran's Home Fred S Sganga	10/16/23	community leaders	yes	survey and email	no	yes	1) My sense is that a low-acuity unit would help anyone with a low acuity medical situation. Illness & Injury come in all shapes and sizes. If we hire the right caregivers, we don't have to worry about issues related to all the categories above 2) Have policies and procedures that guide the behaviors of all those assigned to this new unit 3)It will allow for more efficient triage of patients who choose SBUH for their urgent and emergency care 4) Continued success with this process
SBU Center for Public Health Education: Deb Brown	10/18/23	organizations representing employees of the Applicant	yes	survey and email	yes	yes	1) My concern is that this will negatively affect health equity How can we ensure that the low-acuity unit is accessible and inclusive to all community members, including those with diverse backgrounds, languages, and abilities? 2) not sure, I understand the need to fix the ED but I am concerned it will negatively effect underserved pops 3) help alleviate the burden in the ED 4) No
SBU Center for Public Health Education: Stephen Sebor	10/19/23	organizations representing employees of the Applicant	yes	survey and email	yes	yes	1) better treatment, smaller wait times, increased efficiency 2) marketing and signage that promotes this 3) better treatment, improved health outcomes 4) increased staffing; most frustrating aspect of accessing an ED is the lack of updates and communication about when one will be seen

Meaningful Engagement Table (Continued)

Name/Organization - if organization, please include contact(s)	Date(s) of outreach	What required stakeholder group did they represent?	Is this person/group a resident of the project's service area?	Method of engagement (i.e. phone calls, community forums, surveys, etc.)	Is this group supportive of this project?	Did this group provide a statement?	If a statement was provided (250 word max), please include below:
Participant 9	10/23/23	community leaders	yes	survey and email	yes	yes	1) Increase available bed space/capacity for service 2) Representation in your staffing body of the communities you're serving, not having gendered bathrooms/units, asking all patients SOGI questions including pronouns, having translation services, ensuring ADAP compliance in construction and accessibility, having a ASL abilities onsite as needed 3) Stony Brook generating more income, faster times getting in 4) No
Participant 10	10/23/23	community leaders	yes	survey and email	yes	yes	1) faster one on one care/attention 2) diverse staff 3) one on one attention - less crowded 4) No
Makeetah Cochy	10/23/23	residents of the project's service area	no	survey and email	yes	yes	1) better health outcomes overall 2) hire people who represent from these communities 3) none at the moment 4) No
April Castillo	10/23/23	public health experts	yes	survey and email	yes	yes	1) This is very dependent on who gets triaged to this area, whether the providers in this area use the translator services and social work, or are less culturally sensitive because they're rushing 2) Ensure that the individual stations are able to be private enough to conveniently use the translator services, including sign language, and that those with triage responsibilities are trained in implicit bias 3) Shorter wait and fewer low-acuity patients increasing wait times for other general complaints 4) Concern that some people may or may not be sent there as their problem may be considered low acuity when it isn't due to their race/gender/language etc, and now this segregation will mean they're seen by a midlevel or someone less trained because they're sent somewhere different

Meaningful Engagement Table (Continued)

Name/Organization - if organization, please include contact(s)	Date(s) of outreach	What required stakeholder group did they represent?	Is this person/group a resident of the project's service area?	Method of engagement (i.e. phone calls, community forums, surveys, etc.)	Is this group supportive of this project?	Did this group provide a statement?	If a statement was provided (250 word max), please include below:
Jennie L. Williams	10/24/23	organizations representing employees of the Applicant	yes	survey and email	yes	yes	1) This seems to maximize triaging and is not targeted toward increasing access for any specific group. However, it is true that extra space may work to limit beds in the hallway and excessive long waits 2) We need to actively promote in neighborhoods where these individual resides 3) I see it as a benefit for the community as a large. This is regardless of race and ethnicity, SES, gender, etc. Nothing i have read shows targeting of these individuals 4) No
Hudson River HealthCare: Maria Mezzatesta	10/24/23	community leaders	no	survey and email	yes	yes	1) hopefully people will access care once the wait time is reduced 2) have muliti-lingual staff and signage 3) none at this time 4) None at this time
Suffolk County Department of Health: Gregson Pigott	10/25/23	public health experts	yes	survey and email	yes	yes	1)May help those without primary care to have easier access to health care providers for low acuity issues 2) Signage promoting interpreter services; hiring a diverse workforce in all titles 3) Ability to better triage patients by acuity level and allow for a fast track through the ED 4) Great Idea
Family and Children's Association: Jeffrey L. Reynolds	10/25/23	community leaders	yes	survey and email	yes	yes	1) Would be positive, but STAFF TRAINING is even more important 2) STAFF TRAINING 3) Maybe reduce the long wait ED wait times that have have tarnished the hospital's reputation 4) No

Meaningful Engagement Table (Continued)

Name/Organization - if organization, please include contact(s)	Date(s) of outreach	What required stakeholder group did they represent?	Is this person/group a resident of the project's service area?	Method of engagement (i.e. phone calls, community forums, surveys, etc.)	Is this group supportive of this project?	Did this group provide a statement?	If a statement was provided (250 word max), please include below:
Suffolk County Department of Health: Adesuwa Watson	10/25/23	public health experts	yes	survey and email	yes	yes	1) Having a separate unit to handle additional low-acuity patients would help address health issue quickly, and provide an opportunity to council patients on getting a POC so they are not using the ED on a regular basis 2) Promotion in the local community through health fairs, health events and discussions and informing community leaders of its accessibility 3) This would help to ensuring low and high risk patients are seen in an appropriate time frame, it would also improve patient experience and confidence in he care received. Could also help with patient adherence to medical advise 4) In building this new unit, what is the impact on the surrounding communities? Will this cause an increase in the cost of care to those in the community, especially those with low SES
Participant 18	10/26/23	residents of the project's service area	yes	survey and email	yes	no	

Meaningful Engagement Table (Continued)

Name/Organization - if organization, please include contact(s)	Date(s) of outreach	What required stakeholder group did they represent?	Is this person/group a resident of the project's service area?	Method of engagement (i.e. phone calls, community forums, surveys, etc.)	Is this group supportive of this project?	Did this group provide a statement?	If a statement was provided (250 word max), please include below:
Juli Grey-Owens	10/26/23	community leaders	yes	survey and email	yes	yes	1) Hopefully more people served in a faster way 2) Be sure to train your staff by utilizing community members to help them 3) faster care 4) Provide specific training to your staff regarding transgender, gender non-binary and intersex individuals. As Executive Director of Gender Equality New York, we provide training to Northwell Health and Memorial Sloan Kettering
Stony Brook Hospital LGBTQ committee Chair: Adam Gonzalez	10/27/23	organizations representing employees of the Applicant	yes	survey and email	yes	yes	1) May allow pts to be seen more quickly and support triage process 2) Utilization of infographics and pictures; pictures of individuals from diverse backgrounds and abilities; availability of interpreter services; picture of LGBTQ+ pride flag 3) More permit more time for pt attention, education, and assessment of psychosocial needs 4) No

Notes: Statements are responses to the following questions: 1) In your opinion, what potential impact could the establishment of the low-acuity unit have on health equity within our community; 2) How can we ensure that the low-acuity unit is accessible and inclusive to all community members, including those with diverse backgrounds, languages, and abilities? 3) What if any benefits to you see in having access to the low-acuity unit?; 4) Do you have any additional comments or suggestions regarding the proposed low-acuity unit project at Stony Brook University Hospital and its potential impact on health equity?

New York State Department of Health

Health Equity Impact Assessment Conflict-of-Interest

This Conflict-of-Interest form must be completed in full, signed by the Independent Entity, and submitted with the Health Equity Impact Assessment.

Section 1 – Definitions

Independent Entity means individual or organization with demonstrated expertise and experience in the study of health equity, anti-racism, and community and stakeholder engagement, and with preferred expertise and experience in the study of health care access or delivery of health care services, able to produce an objective written assessment using a standard format of whether, and if so how, the facility's proposed project will impact access to and delivery of health care services, particularly for members of medically underserved groups.

Conflict of Interest shall mean having a financial interest in the approval of an application or assisting in drafting any part of the application on behalf of the facility, other than the health equity assessment.

Section 2 – Independent Entity

What does it mean for the Independent Entity to have a conflict of interest? For the purpose of the Health Equity Impact Assessment, if one or a combination of the following apply to the Independent Entity, the Independent Entity **HAS** a conflict of interest and must **NOT** perform the Health Equity Impact Assessment:

- The Independent Entity helped compile or write any part of the Certificate of Need (CON) application being submitted for this specific project, other than the Health Equity Impact Assessment (for example, individual(s) hired to compile the Certificate of Need application for the facility's project cannot be the same individual(s) conducting the Health Equity Impact Assessment);
- The Independent Entity has a financial interest in the outcome of this specific project's Certificate of Need application (i.e. individual is a member of the facility's Board of Directors or advisory board); or
- The Independent Entity has accepted or will accept a financial gift or incentive from the Applicant above fair market value for the cost of performing the Health Equity Impact Assessment.

Section 3 – General Information

A. About the Independent Entity

1. Name of Independent Entity: Hector E Alcala
2. Is the Independent Entity a division/unit/branch/associate of an organization (Y/N)?

If yes, indicate the name of the organization:
Stony Brook University Program in Public Health

3. Is the Independent Entity able to produce an objective written Health Equity Impact Assessment on the facility's proposed project (Y/N)?

Yes


4. Briefly describe the Independent Entity's previous experience working with the Applicant. Has the Independent Entity performed any work for the Applicant in the last 5 years?

I, the independent entity, have worked with several departments within Stony Brook Medicine over the past 5 years. This includes working as a statistician for the department of Pediatrics within Stony Brook Medicine, working with the Faculty Diversity Embassadors and assisting with various health communication efforts during the height of COVID-19.

Section 4 – Attestation

I, Hector Alcala (individual name), having personal knowledge and the authority to execute this Conflict of Interest form on behalf of SBU PPH (INDEPENDENT ENTITY), do hereby attest that the Health Equity Impact Assessment for project HEIA For Stony Brook University Hospital's Emergency Department (PROJECT NAME) provided for Stony Brook University Hospital (APPLICANT) has been conducted in an independent manner and without a conflict of interest as defined in Title 10 NYCRR § 400.26.

I further attest that the information provided by the INDEPENDENT ENTITY in the Health Equity Impact Assessment is true and accurate to the best of my knowledge, and fulfills the intent of the Health Equity Impact Assessment requirement.

Signature of Independent Entity: 

Date: 12 / 13 / 2023

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department.

This section is to be completed by the Applicant, not the Independent Entity.

Acknowledgement:

I, Carol Gomes, attest that I have reviewed the Health Equity Impact Assessment for the Low Acuity Unit within Stony Brook University Hospital's Emergency Department, that has been prepared by the Independent Entity.

Name and Title: Carol Gomes, MS, FACHE, CPHQ - CEO and COO


SIGNATURE

01/26/2024

DATE

Acknowledgement and Mitigation Plan: Stony Brook University Hospital (SBUH) has reviewed the Health Equity Impact Assessment, suggested project changes and mitigation recommendations, and acknowledged the various healthcare disparities that exist within Suffolk County and beyond, including those affecting people in rural areas, individuals with infectious diseases, concerns about potential inappropriate use of the emergency department that could foster a two-tiered healthcare experience.

- The primary objective of this project is to enhance efficiency and throughput within the Emergency Department through the creation and activation of a Low Acuity Unit that focuses on offering timely treatment to low acuity patients.
- Efficient space use in SBUH's emergency department is paramount in caring for increasing patient volumes and sustaining operational success. Stony Brook University Hospital's Emergency Department is Suffolk County's only Level 1 Trauma Center for both adults and children. The Suffolk County community recognizes the depth of experience SBUH's ED team possesses, driving up the demand for SBUH's ED services, and putting stress on its ED operations. SBUH's emergency room sees over 100,000 visits each year. This is more ED visits than any other hospital on Long Island. Despite the proliferation of regional urgent care centers, SBUH's ED volume continues to grow.
- As a public hospital, SBUH is dedicated to serving all patients. We believe that this initiative will not have a negative impact on health equity, but rather improve the overall patient experience by allowing low acuity patients to be cohorted and seen in a more timely manner.

Stony Brook Medicine's Commitment to Health Equity: Stony Brook Medicine has always been committed to fostering a culture of health equity and inclusivity for patients, their families,

caregivers, and staff members. To eliminate health inequities and bridge the gaps in healthcare disparities, Stony Brook Medicine has implemented a multitude of programs and services. Listed below are some of our ongoing health equity initiatives:

- **LINCATS:** Through the LINCATS¹ program at Stony Brook Medicine, the hospital aims to reduce healthcare equity issues by addressing social determinants of health and focusing on the specific health needs of different communities. This is achieved through collaborations with community members and organizations, with the goals of increasing trust in science and research, reducing bias, and disseminating health information effectively.
- **Black Men in White Coats:** The Renaissance School of Medicine established the region's first chapter of Black Men in White Coats which seeks to raise the number of Black men in the field of medicine by exposure, inspiration and mentoring the young Black men in our underserved communities.
- **AccessGyn:** University Associates in Obstetrics & Gynecology recognizes the importance of access to routine gynecologic care for all patients and is committed to providing preventive care services such as cervical cancer screenings, STI testing, contraceptive counseling, and mammograms to the community, regardless of insurance status. The AccessGYN program is dedicated to offering free gynecologic care to uninsured patients.
- **Cancer Center Transportation Grant:** At Stony Brook Cancer Center, we partner with patients before, during and after their care by providing support programs. Reliable transportation to treatment is a barrier that many patients face during their cancer journey. By offering a platform of transportation services to our patients in treatment, we can remove these barriers and impact their outcomes. Funding to expand non-emergency medical transportation services will help provide better access for our patients receiving care.
- **Community Outreach and Engagement at Stony Brook Cancer Center:** The Office for Community Outreach and Engagement is the bridge between our local community and Stony Brook Cancer Center. The primary goal of the Office is to reduce the cancer burden and disparities in our local community of Suffolk and Nassau counties. To accomplish this goal, Stony Brook cancer research and administrative programming is guided by the unique needs and attributes of the community. This community perspective is developed by engaging our community partners and stakeholders as well as gathering information from available surveys and other local measures.
- **Doctors Back to School Day:** In collaboration with the Renaissance School of Medicine and faculty from the Department of Family, Population & Preventive Medicine, the

¹ The Long Island Network for Clinical and Translational Science (LINCATS) at Stony Brook University is a Clinical and Translational Science Institute (CTSI) funded by the National Center for Advancing Translational Sciences (NCATS) as part of the National Institutes of Health (NIH). LINCATS aims to address health disparities and promote health equity for Long Islanders and national populations by partnering with Long Island communities through our Community Ambassadors and Community Advisory Board.

Community Relations Office supports the annual Doctors Back to School Day each spring. The program seeks to help students from underrepresented communities realize that medicine is an attainable profession.

- **Healthy Libraries Program (HeLP):** The Stony Brook Medicine Healthy Libraries Program (SBMHeLP) is a partnership between the Public Libraries of Suffolk County, a unique group of healthcare professionals and graduate student interns from the fields of social work, public health, nursing, nutrition, and library science, working together to provide access to both in-person and virtual healthcare related resources for public library patrons throughout Suffolk County. This partnership looks to enhance the health and well-being of Suffolk County residents through library programming, collection development and dissemination of information on current health topics impacting our communities. The program is supported in part by the American Heart Association of Long Island.
- **Hispanic Heart Team:** The Stony Brook Heart Institute includes a transcultural Hispanic Heart Team dedicated to serving Spanish-speaking patients. Risk factors for cardiovascular disease (CVD) are more prevalent among Hispanics/Latinos in the United States and on Long Island than in the general population. These risk factors are associated with the development of coronary artery disease (cholesterol plaques built up inside the arteries in the heart causing blockages) leading to heart attacks, heart failure, stroke mortality and disability. Most of these risk factors can be modified with medications, diet and lifestyle changes leading to a decreased incidence of CVD. Early diagnosis and treatment with state-of-the-art techniques and technology are available at the Stony Brook Heart Institute. We have Spanish-speaking providers and access staff.
- **Leadership Development Academy (LDA):** Stony Brook Medicine is committed to fostering a diverse, equitable, and inclusive workplace at all levels of the organization that values and respects the unique perspectives, backgrounds, and identities of all individuals. The Leadership Development Academy (LDA) is designed to provide a diverse group of staff and faculty who are interested in pursuing leadership positions a unique opportunity to participate in a nine-month-long educational experience that focuses on best practices in leadership.
- **LGBTQ* Care at Stony Brook Medicine:** Stony Brook Medicine established an LGBTQ* Committee to address the needs of the community, including patients, faculty, staff and trainees. Our committee is multidisciplinary and includes medical and behavioral health providers and trainees, nurses, students, education specialists, and representatives from human resources, information technology and hospital administration. The mission of the committee is to review, address and affirm the specific and unique needs of LGBTQ* individuals, as well as promote respectful and culturally sensitive care to the LGBTQ* community.

- **Mobile Mammography Van:** Our Mobile Mammography Van team is on a mission to make sure every woman on Long Island, age 40 and older, who needs a mammogram has easy and convenient access. And no prescription is needed.
- **New York State Birth Equity Improvement Project:** As part of the New York State Birth Equity Improvement Project, Stony Brook collects and utilizes perinatal data by demographics, including race, ethnicity, gender identity and language. All policies are reviewed to identify potential bias or inconsistencies to promote respectful and standardized care with shared decision-making with Black birthing people. More than 90 percent of nursing staff receive education about implicit bias, as well as all medical staff, including Anesthesia. Implicit bias training was implemented for the Admitting Department, and a specific survey was implemented to measure patient experience through a health equity lens.
- **Office of Diversity, Inclusion and Intercultural Initiatives:** At Stony Brook University, we define the rich diversity of our students, faculty, clinicians and staff to be both a defining characteristic and an essential source of strength for our campus community. As the nation evolves, the terms diversity, equity, and inclusion (DEI) have progressed to represent persons from a growing array of backgrounds, cultures, identities and experiences to name a few. DEI is dynamic, not static; therefore, we are committed to progressively reflecting the values, changes and understanding that a diverse learning environment benefits everyone.
- **School of Dental Medicine Mobile Dental Clinic:** The Mobile Oral Health Services Clinic partners with organizations providing critical services to vulnerable populations, including homeless shelters, human service agencies, elementary schools, HeadStart Programs, Women, Infants, and Children Programs, Give Kids A Smile® events, and health fairs. Bringing care and oral health education directly to those in need helps to transcend obstacles facing many underserved patients.
- **Stony Brook CARES / SEFA:** The Stony Brook Cares / SEFA (NY State Employees Federated Appeal) Campaign helps local, national, and international organizations in their mission to deliver vital services in our communities. SEFA-affiliated agencies provide critical aid for the hungry, the homeless, the sick and the elderly, programs for youth and protection for our environment.
- **Stony Brook Heights Rooftop Micro-Farm:** The Division of Nutrition created the farm through the Healthy Heart Program grant from the New State Department of Health. Located on the fourth-floor roof of the Health Sciences Tower, the original 800-square-foot farm yielded about 400 pounds of tomatoes, basil, broccoli, peppers, cabbage, and herbs. Expanding to 2,200 square feet in 2012, the farm yielded 1,300 pounds of produce, more than triple the 2011 yield.
- **Stony Brook HOME:** SB HOME is a medical-student-run, physician-supervised free clinical affiliated with the Renaissance School of Medicine at Stony Brook University. The program provides high-quality and comprehensive primary care to uninsured adults on

Long Island at no cost. SB HOME is dedicated to improving the health and well-being of the underserved community in Suffolk County by increasing access to free, dependable, and comprehensive health services empowering individuals and families through education and social services training future clinicians in culturally competent and compassionate care.

- **Stony Brook OBGYN Pride Clinic:** The Stony Brook Ob/Gyn Pride Clinic welcomes all individuals regardless of their gender identity, expression, or sexual orientation.
- **Stony Brook Medicine Food Farmacy:** The Food Farmacy, a food pantry, helps Stony Brook Medicine patients with cancer and/or diabetes who are impacted by food insecurity.
- **Stony Brook Medicine's Health Occupations Partnership for Excellence (HOPE)**
Program: One of the innovative programs to transform health equity is the Stony Brook HOPE (Health Occupations Partnerships for Excellence) Program. The HOPE Program offers insight and mentorship to students interested in pursuing careers in healthcare. The program seeks to decrease healthcare disparities by increasing the number of healthcare providers from underserved and underrepresented communities. To date, the program has launched the college careers of nearly 200 young people from Long Island. Students in the HOPE program spend two years after school on the Stony Brook campus and discover everything from the college application process to the inner workings of an operating room. Since its inception in 2005, HOPE has helped open new avenues for hundreds of promising high school students from underserved and racially and ethnically diverse communities. Under the mentorship of Stony Brook faculty, the two-year program fosters the academic development of 11th- and 12th-grade students and prepares them for future careers in the health industry.
- **The Edie Windsor Healthcare Center:** Providing comprehensive LGBTQ* Healthcare to all members of the community and Rose Walton Care Services for the care and prevention of HIV/AIDS.
- **The Undergraduate Clinical Experience Program (UCEP):** The Undergraduate Clinical Experience Program (UCEP) is run by SB HOME (Stony Brook Health Outreach and Medical Education), a student-run free clinic affiliated with Renaissance School of Medicine at Stony Brook. The program is designed to provide clinical exposure to Stony Brook undergraduates, give them the opportunity to work with patients from diverse socioeconomic backgrounds, and educate them on fundamental clinical skills. Students will attend several workshops pertaining to different medical specialties and the medical school application process.

Stony Brook Medicine recognizes the significance of health equity and is committed to enhancing our services to meet the diverse needs of our patients and community. To achieve this, we have established a Health Equity Steering Committee and four subcommittees that focus on key priorities, including data-driven care delivery, training and the culture of learning,

diversity and inclusion in leadership and governance, and community partnerships. We are also working towards obtaining Health Care Equity certification from The Joint Commission.

As a safety-net hospital, we provide comprehensive and equal healthcare services to all members of the community, regardless of financial or insurance-related challenges. To ensure accessibility and affordability, we offer sliding-scale fees, charity care programs, and assistance with enrolling in government-sponsored healthcare plans. Additionally, we prioritize language and cultural competence by providing free language assistance services, such as telephonic interpretation, Spanish medical interpreters, video remote interpretation, and American Sign Language interpreters.

We adhere to non-discrimination laws and provide aids and services for people with disabilities and those whose primary language is not English. We actively engage in community outreach, health fairs, and collaborations with community organizations to raise awareness about healthcare services and disease management.

To ensure personalized ongoing care and referrals to specialty services, we provide care coordination and case management services, particularly for patients with chronic conditions. We fully comply with federal civil rights laws that prohibit discrimination based on race, color, national origin, age, disability, or sex, including sexual orientation, gender identity or expression, as well as physical or intellectual disabilities.

Finally, we value the partnership with patients, families, and caregivers throughout the entire healthcare experience. This is supported by our Patient and Family Advisory Council (PFAC), which brings together a diverse group of individuals reflecting the perspectives of those we serve.

Please see Additional Information and Annual Training Modules on Health Care Equity attached:

- Attachment 1: Stony Brook Medicine Health Equity Roadmap
- Attachment 2: Health Equity Resources at Stony Brook Medicine
- Attachment 3: HEI Foundation 3: Anti-Racism (Annual Staff Training)
- Attachment 4: HEI Foundation 2: Social Determinants of Health (Annual Staff Training)
- Attachment 5: Implicit Bias-Microaggressions-Intersectionality (Annual Staff Training)



Health Equity at Stony Brook Medicine

(/HealthcareEquity)

Health Equity at Stony Brook Medicine (/HealthEquity)

/ Stony Brook Medicine Health Equity Roadmap Alignment and Committee Structure

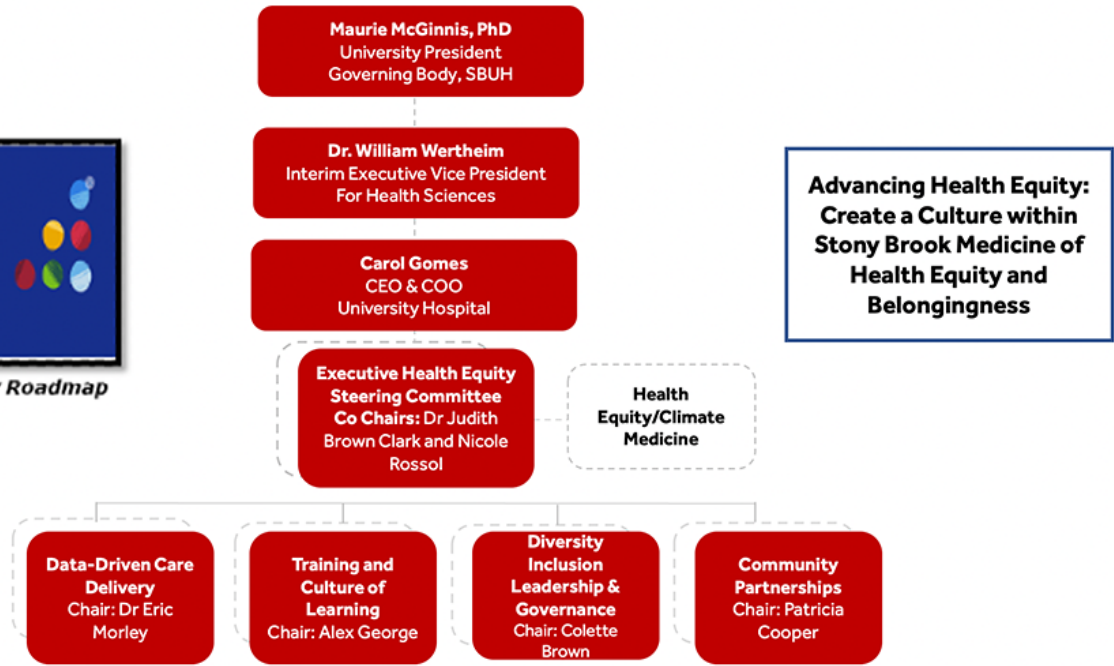
Stony Brook Medicine Health Equity Roadmap Alignment and Committee Structure

Stony Brook Medicine is committed to supporting an equitable and inclusive climate and culture. Judith Brown Clarke, PhD, Vice President for Equity and Inclusion and Chief Diversity Officer for Stony Brook University and Health System, implemented an organizational plan for Equity, Inclusion and Diversity (<https://www.stonybrook.edu/commcms/cdo/plan/plan.php>) that arises out of an effort to enhance the community and in consideration of the persistent issues of inequality in our society. The plan elements come out of many discussions and written exchanges with students, faculty and staff. It encompasses a broad definition of diversity with a focus on race, ethnicity, age, gender, religion, ability, veteran status, socioeconomic level and sexual orientation. Dr. Clarke has provided education and training during Diversity Plan Town Hall Meetings, Departmental meetings and conferences. She has also established an Advisory Committee and DEI (Diversity, Equity and Inclusion) Ambassadors.

Stony Brook Medicine established a Health Equity Steering Committee, which is co-chaired by Dr. Clarke and Nicole Rossol, Chief Patient Experience Officer for Stony Brook University Hospital. The structure of the committee follows the American Hospital Association's Health Equity roadmap (<https://equity.aha.org/>). Using the roadmap as our guide, we created four subcommittees: Data Driven Care Delivery, Training and the Culture of Learning, Diversity and Inclusion in Leadership and Governance, and Community Partnerships to advance our work in health equity.



AHA Health Equity Roadmap



**Advancing Health Equity:
Create a Culture within
Stony Brook Medicine of
Health Equity and
Belongingness**



Health Equity at Stony Brook Medicine

(/HealthcareEquity)

Health Equity at Stony Brook Medicine (/HealthEquity) / Health Equity Resources

Health Equity Resources

Stony Brook Medicine Resources

Communication Assistive Devices

(/sites/default/files/Assistive%20Devices%20Menu%20.pdf) **Communication aids available from Patient Advocacy to assist staff in communicating with patients with varying communication needs.**

Complaint Procedure for Allegations of Discrimination (<https://www.stonybrook.edu/commcms/oea-equity/compliant-procedure.php>)

Complaint Procedure Booklet for Allegations of Discrimination

(https://www.stonybrook.edu/commcms/oea/_documents/Complaint%20Procedure.032521.pdf)

Equal Opportunity/Affirmative Action Policy

(https://www.stonybrook.edu/policy/_pdf/equal_opportunity_affirmative_action_policy.pdf)

Graduate Medical Education Diversity and Inclusion

(https://renaissance.stonybrookmedicine.edu/gme/diversity_inclusion)

Office of Faculty, Staff and Student Diversity for the Health Sciences

(<https://renaissance.stonybrookmedicine.edu/hscdiversity>) (<https://maketheroadny.org/services-info/>)

Office of Multicultural Affairs (<https://www.stonybrook.edu/commcms/studentaffairs/oma/>) **Programs, services, learning experiences, and opportunities for all members of the Stony Brook University**

campus.**Point to Communication Boards Facilitates communication with patients by using symbols and simple text to help users communicate symptoms, requests, and pain levels**

Alphabet (English) (<https://inside.stonybrookmedicine.edu/sites/default/files/CommunicationBoard-Alphabet-English.pdf>)

Alphabet (Spanish) (<https://inside.stonybrookmedicine.edu/sites/default/files/CommunicationBoard-Alphabet-Spanish.pdf>)

Pictures (English) (<https://inside.stonybrookmedicine.edu/sites/default/files/CommunicationBoard-Pictures-English.pdf>)

Pictures (Spanish) (<https://inside.stonybrookmedicine.edu/sites/default/files/CommunicationBoard-Pictures-Spanish.pdf>)

ReportIt (<https://www.stonybrook.edu/commcms/oea-equity/reporting>) Report allegations of discrimination, sexual misconduct (including sex and/or gender-based discrimination), and barriers to accessibility directly to the Office of Equity and Access (OEA)**Patient Experience on *ThePulse* (<https://inside.stonybrookmedicine.edu/strategic-focus/patient-experience>) (intranet)****Stony Brook Medicine 2021 LGBTQ+ Survey Summary**

(<https://www.stonybrookmedicine.edu/LGBTQ/2021-Survey-Summary>)

Stony Brook University Plan for Equity, Inclusion and Diversity

(<https://www.stonybrook.edu/commcms/cdo/plan/plan.php>)

Stony Brook University Office of Equity and Access (OEA) (<https://www.stonybrook.edu/commcms/oea/>)**Stony Brook University & Hospital Community Relations Office**

(<https://www.stonybrookmedicine.edu/patientcare/community/communityrelations>)

Stony Brook OBGYN DEI Website (<https://womenshealth.stonybrookmedicine.edu/DEI>)**UNITI Cultural Center (<https://www.stonybrook.edu/commcms/studentaffairs/oma/uniti/index.php>) Our multicultural center promoting diversity and inclusion within the Stony Brook community.**

Community Resources

Community Resources (<https://www.stonybrookmedicine.edu/patientcare/community/emergency-resources>)

(<https://www.stonybrookmedicine.edu/patientcare/community/emergency-resources>) **Emergency Services**

Community Resources

Industry Resources

American Hospital Association (<https://equity.aha.org/>) **Health Equity Roadmap and Toolkit to help hospitals and health care systems become more equitable and inclusive organizations**

AMA Ed Hub: Health Inequities (<https://edhub.ama-assn.org/collections/46328/health-inequities>)

AMA's Prioritizing Equity Video Series (CMEs) (<https://www.ama-assn.org/delivering-care/health-equity/prioritizing-equity-video-series>)

Centers for Medicare and Medicaid (CMS) (<https://www.cms.gov/>)

- **Measures for Fiscal Year 2023**
- **CMS New Hospital Designation on Maternity Care**

CDC's Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health (<https://stacks.cdc.gov/view/cdc/11130>)

Greater New York Hospital Association (<https://healthequitygrandrounds.org/>) **Race and Ethnicity Data Collection**

National Health Equity: Creating Accountability Through Data (<https://healthequitygrandrounds.org/>)

NIH's Communities in Action: Pathways to Health Equity
(<https://www.ncbi.nlm.nih.gov/books/NBK425853/>)

The Joint Commission (<https://www.jointcommission.org/>)

- **New requirements for Hospital Accreditation Program (effective January 1, 2023)**
- **New Advanced Certification (applications accepted July 2023)**

Press Ganey Diversity, Equity Inclusion Collaborative (<https://www.pressganey.com/>) **Survey data for patients and workforce**

Robert Wood Johnson Foundation's Achieving Health Equity (<http://www.rwjf.org/en/building-a-culture-of-health/focus-areas/Features/achieving-health-equity.html>)

NYSBEIP Collaborative (New York State Birth Equity Improvement Project and Survey)

Vizient (<https://www.vizientinc.com/>)

Attachment 3

Health Equity Foundation 3: Anti-Racism

1. Anti-Racism

1.1 Health Equity Foundation 3: Anti-Racism




Health Equity Foundation 3: Anti-Racism

Talent Development and Learning Center [Continue](#) Stony Brook Medicine

Notes:

Hello and welcome to Health Equity, Part 3 of this Training series. In this training, we will focus on Anti-Racism, taking action and rejecting racism and how to practice allyship.

1.2 Lightbox_2



Anti-Racism

Objectives:

- Identify the difference between “**not racist**” and “**anti-Racism**”.
- Define **Allyship** and specific **allyship actions** you can take based on your **personal privilege and power** you have in the workplace.
- Demonstrate **Allyship** by focusing on: Individual, interpersonal, structural.

Talent Development and Learning Center 

Notes:

During this program, participants will:

-
- Identify the difference between “not racist” and “anti-Racism”.
- Define “Allyship” and specific allyship actions you can take based on personal privilege and power you have in the workplace.
- Demonstrate Allyship by focusing on: Individual, interpersonal and structural actions.

1.3 Base layer definitions



Notes:

When one says they are “not racist”, it is much different from saying they are “Anti-Racist”.

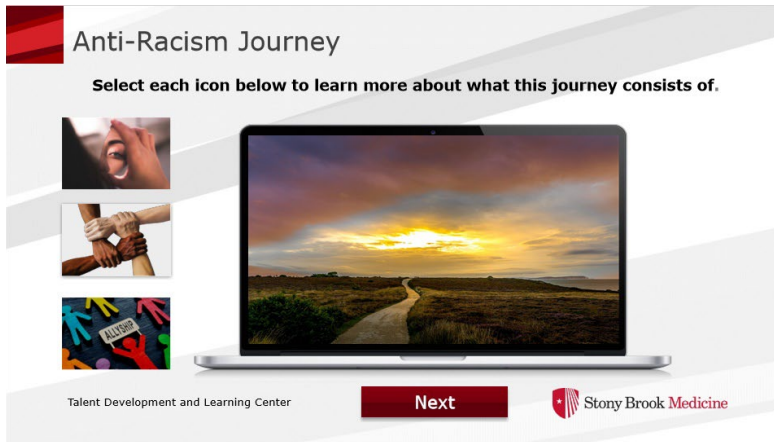
Being “not racist” is a *passive act* while being “Anti-racist” is *active*.

Racism is generally defined as prejudice or discrimination against others, based on their membership in a particular racial or ethnic group. The term not-racist refers to a person's belief that they do not practice racism.

On the other hand, a person who is taking action to change policies, behaviors and beliefs that perpetuate society's inequalities and how they affect others, practices anti-racism.

During this session, we will be exploring the *active* approach of “anti-racism”, specifically

1.4 Media Interaction



Notes:

Base Layer:

Anti-Racism is a journey and requires personal action.

Let's take a look at some of the actions you can take against anti-racism. There's no right way to begin, all that matters is that you start somewhere.

(Layer 2: Understand Yourself)

Understand Yourself - Becoming aware of your own unconscious and implicit biases is an important step of our journey.

Let's explore how to do this. Select each icon to learn more about what this journey consists of. After you have viewed all 3 of the icons, select "Next" to continue.

1. **Self-Reflection** - Honest and meaningful self-reflection helps us to understand and make adjustments to our own actions towards others. Really think about your own potential for racial bias- Ask yourself - How does my racial identity affect how I view others? Do I have a diverse group of friends? Do I limit my close friends to those who are like me?

2. **Complete an objective Implicit Bias Test** – The Harvard Implicit Bias Test can be accessed by clicking the link in “resources”

(<https://implicit.harvard.edu/implicit/takeatest.html>)

3. **Broaden your exposure to different experiences, cultures, traditions.** There are many ways to do this. You can: Visit a local museum, read books that explain history, accomplishments, tribulations of different societies and how they evolved into the culture they are today, discover how other cultures express themselves in music, film and literature, do research, try new cuisine, and have discussions with people from other cultures.

4. **Practice compassion.** We need to fully accept our own biases with compassion so that we can move through this journey without judgment. This self-reflection may be difficult and painful, but we need to be kind to ourselves.

Take a moment to pause and reflect:

- Think about times when a close friend felt really bad about themselves. How did you respond to your friend? What did you say/do?
-
- Consider your current state, what thoughts are you having about your reaction? What feelings are you experiencing as a result of those thoughts? Is there a difference between what you would say to your friend versus what you would say to yourself? Consider saying to yourself, the exact same thing you say to your friend in distress.
-

Take this moment to think about your responses to these questions. When you are ready to move on, select “continue”.

-

(Layer 3)

Taking action to confront and reject racism and discrimination is a critical role for all of us, especially if you are in a leadership position. Respecting individuals is part of our iCARE Core Values here at SBM. Anti-racism can’t just be something we think about, it requires action, in practical ways. Remember, this is an on-going journey, not just one thought or act.

Here are just some of the actions you can take towards becoming Anti-Racist.

1. **Recognize and understand your own “privilege”.** “Privilege” refers to certain social advantages, benefits or degrees of prestige and respect that an individual has by virtue of belonging to certain social identity groups. These “privileged” social identities could be **race, gender, ability, sexuality, education, class**, amongst others. **Use your privilege** to challenge and disrupt **stereotypes and negative assumptions** about others. We will discuss this further, later in this training.

2. **Educate yourself.** Learn about the racial inequalities and disparities that include **politics, health care, criminal justice, education, income, employment, home ownership**. Being anti-racist means learning about and identifying inequities and disparities that give white people, or any racial group, advantages over others.

3. **Challenge the “colorblind” ideology.** Colorblindness is a popular diversity model that, on the surface, reflects pro-diversity intentions, but in practice suppresses diversity and elevates sameness. For example, the terms “I don’t see color” and “We’re all one race, the human race” - presume equity among all. Pretending that these differences are not there doesn’t eliminate discrimination; it erases the plausibility of race as a cause for mistreatment. This can send a message of **cultural insensitivity** and is a type of “microaggression”. A “microaggression” is a subtle form of discrimination. It is a comment or action that subtly, and often unconsciously or unintentionally, expresses a prejudiced attitude toward a member of a marginalized group (such as a racial minority). Take a moment to review the examples of microaggressions and what they may imply.

4. **Examine your own biases and consider where they may have originated.** Examining our own biases can help us work to ensure equality for all.

5. **Practice Allyship.** In the next section of this training we will explore this further.

Layer 3 (Allyship)


Practice Allyship. Allyship is not a single action, rather it is ongoing action itself, with a focus on other people, not on yourself. In order to be an effective Ally, it’s important to take some of the actions described in this training.

We will explore this topic further in the next part of this training.

Understanding Yourself (Slide Layer)

Anti-Racism Journey

Select each icon below to learn more about what this journey consists of.



Pause and Reflect:

Understanding Yourself in Test


1. Think about times when a close friend felt really bad about something. How did you respond? How did you feel? How I
2. Consider your own experiences with feelings of you having about the situation? What feelings are you
3. Is there a difference between what you would say to a friend versus what you would say to yourself?

Talent Development and Learning Center [Next](#) Stony Brook Medicine

Item 02 (Slide Layer)

Anti-Racism Journey

Select each icon below to learn more about what this journey consists of.



Microaggression	Implication/Message
"You're a credit to your race."	Reinforcing an assumption that white people are more intelligent
"There's equal opportunities for everyone if you work hard enough."	Denial of systemic inequalities that dominate society. Assumption that laziness or incompetence is the reason for lack of opportunity rather than racial or ethnic discrimination.

Talent Development and Learning Center [Next](#) Stony Brook Medicine

Item 03 (Slide Layer)

Anti-Racism Journey

Select each icon below to learn more about what this journey consists of.



Allyship is not a single action, rather it is ongoing action itself, with a focus on other people, not on yourself.


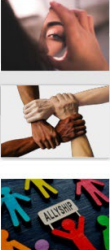
Practice Allyship


Talent Development and Learning Center [Next](#) 

Untitled Layer 5 (Slide Layer)

Anti-Racism Journey

Select each icon below to learn more about what this journey consists of.



Talent Development and Learning Center [Next](#) 

2. Allyship

2.1 Untitled Slide



Notes:


Let's take a look at a video that describes "Allyship"

(VIDEO – What is Allyship? <https://youtu.be/EJW3wjy9gSI>)

Pause and Reflect:

- Have you seen any examples of impactful allyship in your workplace or life?

2.2 Lightbox_2



Anti-Racism

Allyship
An active and consistent effort to use your privilege and power to support and advocate for people with less privilege.

Allyship Involves:
Understanding inequities and taking concrete steps to help level the playing field.

Talent Development and Learning Center 

Notes:

While we explore “allyship” further, remember that:

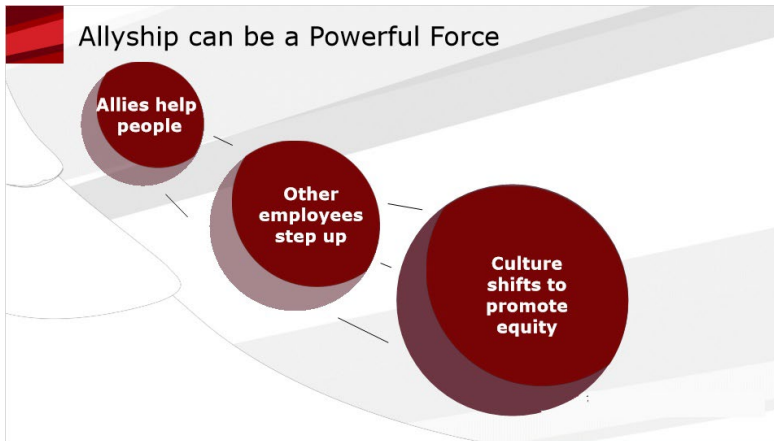
It is an active and consistent effort to use your privilege and power to support and advocate for people with less privilege.

Allyship Involves:

Understanding inequities and taking concrete steps to help level the playing field.

-

2.3 Allyship can be a Powerful Force



Notes:

Most of us probably understand that acting as an ally is important in making people with traditionally marginalized identities feel included and supported.

- But it's not just about our individual actions: Research shows allies don't just influence one person at a time. They inspire others to act as change agents, creating a culture of acceptance and support.
- Simply put, allyship is a powerful force.

2.4 List Layout

The screenshot shows a slide titled "Allyship: Pause and Reflect". On the left, there are three numbered questions in a list layout:

- 01 What does allyship look like to you? What is it not?
- 02 What do you think would make you a stronger ally? What's preventing that?
- 03 What are your nervous or uncomfortable about regarding allyship?

At the bottom left, it says "Talent Development and Learning Center". At the bottom center, there is a red "Continue" button. On the right side of the slide, there is a photograph of a woman with long dark hair, wearing a purple shirt, resting her chin on her hand in a thoughtful pose.

Notes:

Take a moment to pause and reflect on the following questions:

-

- What does allyship look like to you? What is it not?
- What do you think would make you a stronger ally? What's preventing that?
- What are you nervous or uncomfortable about regarding allyship?

2.5 Untitled Slide

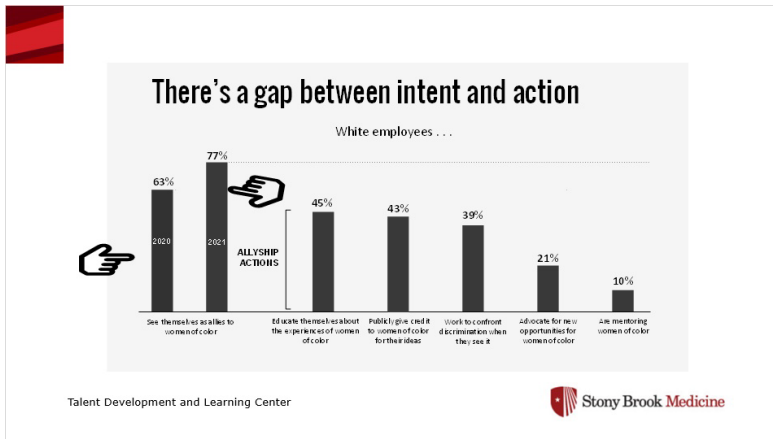


Notes:

The problem is that too few employees with traditionally marginalized identities are getting the allyship they deserve

- For example, only 16 percent of Latinas report that Latinas have strong allies in their organization, and Black women are even less optimistic about the level of allyship Black women receive

2.6 Untitled Slide



Notes:

Part of the reason for this is, that there is a gap between our good intentions and the actions we take

- While a majority of employees think of themselves as allies, relatively few white employees are performing basic allyship actions, such as advocating for racial equity or mentoring women of color.
- Over the past year, with renewed commitments to allyship, even more white employees see themselves as allies. But, our 2021 data shows that white employees still aren't taking these basic allyship actions

2.7 How to Be an Ally at Work

How to Be an Ally at Work

Traditionally Marginalized Identities:

- LGBTQ+community
- People with disabilities
- People of color
- Women

This is not intended to be exhaustive list.

Talent Development and Learning Center

Stony Brook Medicine

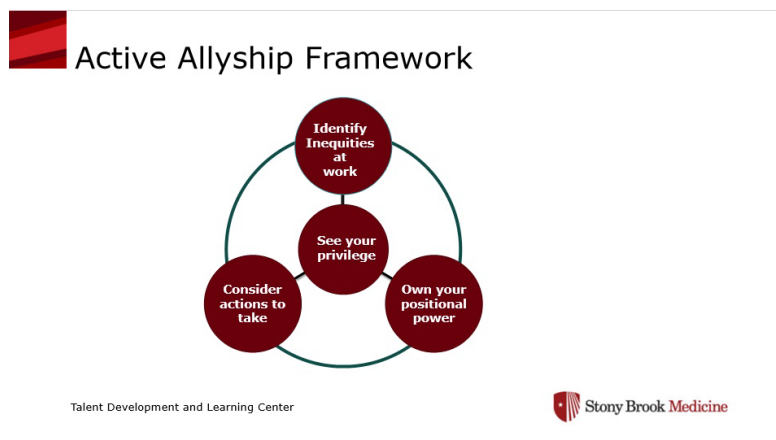
Notes:

This program takes a broad look at how to be an ally at work to people with a wide range of traditionally marginalized identities – and we recognize that looks different for everyone, because no two people are the same

- There may be identities or experiences that aren't covered in this programming – it is not intended to be exhaustive. It's meant to be a starting point for your allyship journey so you can learn how best to support your colleagues with traditionally marginalized identities

3. Identify Inequities at Work, See your privilege, own positional power

3.1 Active Allyship Framework



Notes:

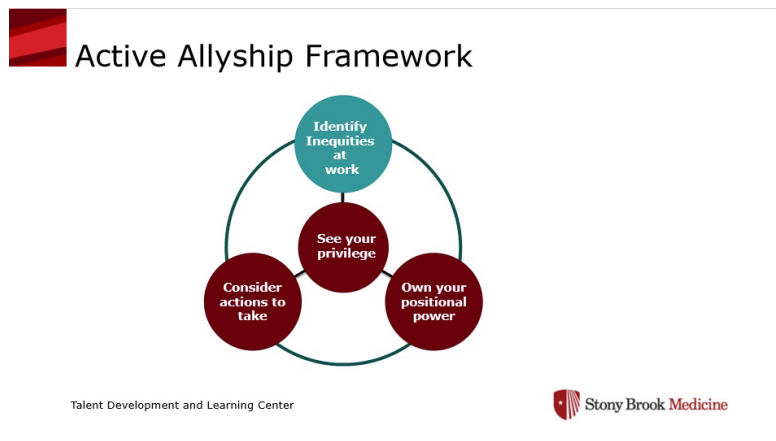
Let's explore the different elements of Active Allyship

- There are many ways to practice allyship depending on what privileges you have to leverage, what the problems or inequities are, what power or opportunities you have, and what action you want to take.
- The Active Allyship Framework is meant to help you connect the dots between these pieces - to think about how to best use your privilege and power to address inequities (or in other words, how to practice allyship)

- The framework is not linear - you don't have to use it in any particular order - and you don't need to formally run through it before acting as an ally. But it can be a helpful tool for planning or reflection along your allyship journey.

-

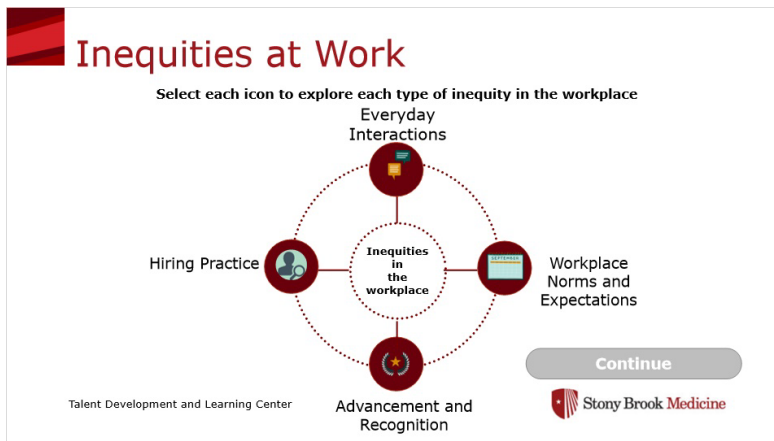
3.2 Active Allyship Framework



Notes:

Let's explore Inequities in the workplace.

3.3 Inequities at Work



Notes:

There are basically 4 common areas where we could experience inequities in the workplace:

- In our Everyday Interactions
- In Workplace Norms and expectations
- Advancement and recognition and
- In Hiring Practices a
-

Select each icon to explore each type of inequity in the workplace

Everyday Interactions (Layer 1)

This includes, the day-to-day conversations, meeting dynamics, or even “water cooler” conversations where people with traditionally marginalized identities might have to contend with intentional or unintentional forms of disrespect, like microaggressions.

Workplace norms and expectations (Layer 2)

This includes everything from the way we set up our physical workspaces, to the hours we expect our colleagues to be available, to the software and tools we use.

Advancement and Recognition (Layer 3)

This includes recognition for ideas or contributions, or opportunities for advancement like high-profile projects or promotions.

Hiring Practices (Layer 4)

This includes experiences with applying for or interviewing for jobs.

Pause and Reflect:

Have you noticed any inequities in the workplace within these categories?

How did it make you feel?

Were there any actions you were able to take to overcome the situations?

We will explore workplace scenarios that you may encounter within each of these categories and determine how best to take action.

Hiring Practices (Slide Layer)

The slide layer is titled "Inequities at Work" and features a central diagram with "Inequities in the workplace" at the center. Three categories are highlighted: "Hiring Practice", "Workplace Norms and Expectations", and "Advancement and Recognition". A detailed view of "Hiring Practices" is shown on the right, stating: "Hiring Practices workplace This includes experiences with applying for or interviewing for jobs." A "CLOSE" button is visible at the bottom of the detailed view. The footer includes "Talent Development and Learning Center" and "Stone Brook Middle School".

3.4 Pause and Reflect

The "Pause and Reflect" slide contains three reflection questions, each with a right-pointing arrow icon:

- Have you noticed any inequities in the workplace within these categories? (Everyday interactions, workplace norms, advancement & recognition, hiring practices)
- How did it make you feel?
- Were there any actions you were able to take to overcome the situations?

A "Continue" button is located at the bottom right of the slide. The footer includes "Talent Development and Learning Center".

Notes:

Pause and Reflect:

Have you noticed any inequities in the workplace within these categories?

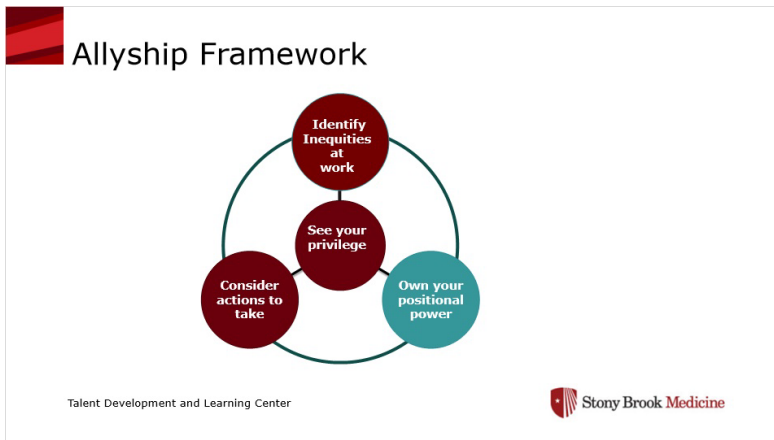
How did it make you feel?

Were there any actions you were able to take to overcome the situations?

We will explore workplace scenarios that you may encounter within each of these categories and determine how best to take action.

Select “Continue” when you are ready to move on to the next slide.

3.5 Allyship Framework



Notes:

Let's look at another component of the Allyship framework – Discovering the power we have in the workplace.

3.6 Untitled Slide



Notes:

To start, what do we mean by power?

For the purposes of this workshop, we'll be defining power as your ability to make an impact at work. When we leverage that power to help others, we can begin showing up as effective allies at work.

The Power you have is based on your role and level in the organization.

And it's important to remember **we all have forms of power**. Often, we underestimate our power and the impact it can have, especially when we're earlier in our careers or not as senior level. But participation across levels of an organization can make a big difference.

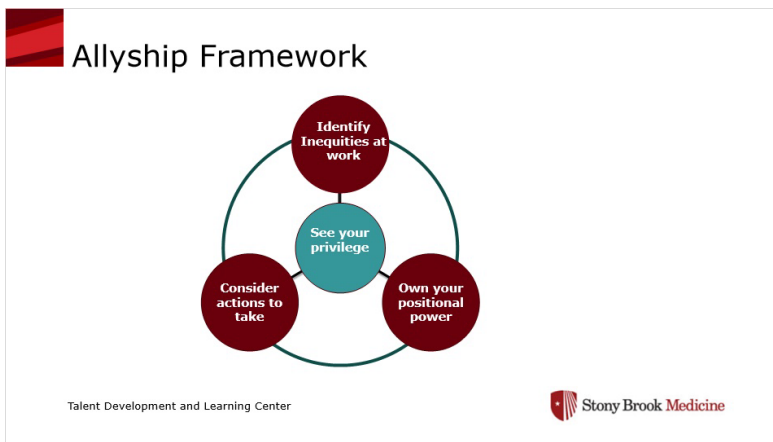
-

For example,

- Maybe you aren't a hiring manager, but you do participate in the interview process.
- Maybe you don't run a large team, but you do run weekly meetings with a lot of attendees or participate in meetings.

Participation at all levels of an organization can make a big difference. In fact, research shows that when employees **at all levels** are invested in organizational change and act as change agents, the new behaviors are more likely to become shared values and part of the organizational culture.

3.7 Allyship Framework

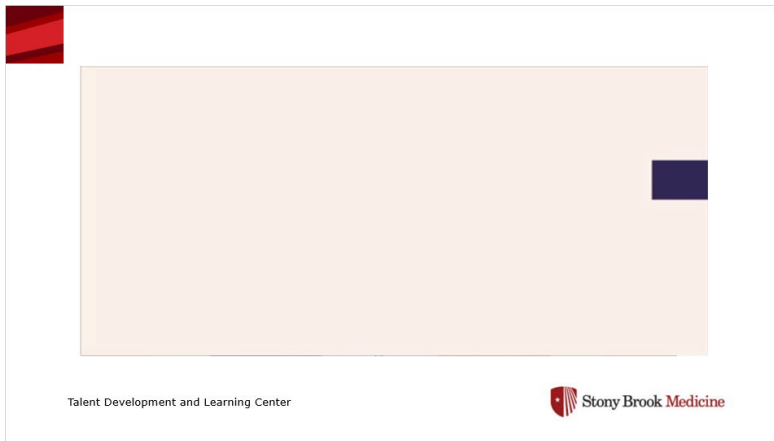


Notes:

Earlier we talked about one of the action items in your journey - **Recognizing and understanding your own “privilege”**. **This is at the core of practicing Allyship. It’s critical to know what privileges, or advantages, you can use to level the playing field and make workplaces more equitable** Now, we’re going to move into the next component of the Allyship framework: Personal privilege.

-

3.8 Untitled Slide



Notes:

Video: Privilege

<https://youtu.be/g5gZ3PHYU3U>

Let's take a look at a short video defining privilege and why it's central to practicing allyship.

3.9 Privilege Exploration (select each statement that applies to you)

(Multiple Response, 10 points, 1 attempt permitted)

Privilege Exploration (select each statement that applies to you)

- I'm usually not the only person of my race in a room.
- I've rarely been disrespected or denied an opportunity because of my skin color.
- I can expect there will be a public bathroom available that aligns with my gender .
- I can assume that people won't think I'm incompetent or helpless because of the way that I look.
- I see my experience reflected in movies and television shows.
- I don't fear for my safety when interacting with the police.
- I'm not used to regularly being followed or questioned in a store.
- I'm not usually mocked for my accent I have never been asked, "Where are you really from?"

Continue

Correct	Choice
	I'm usually not the only person of my race in a room.
	I've rarely been disrespected or denied an opportunity because of my skin color.
	I can expect there will be a public bathroom available that aligns with my gender .
	I can assume that people won't think I'm incompetent or helpless because of the way that I look.
	I see my experience reflected in movies and television shows.
	I don't fear for my safety when interacting with the police.
	I'm not used to regularly being followed or questioned in a store.
	I'm not usually mocked for my accent I have never been asked, "Where are you really from?"
	I'm not asked to explain or define my sexual orientation or gender.

Notes:

- Understanding our privilege is central to allyship. It's important to see examples of how some of our identities may give us advantages, while others may give us disadvantages.
-
- Here are some examples of how different identities experience privilege – by no means is this an exhaustive list and it is not intended to be an assessment of how much privilege you have.
-
- We all have something to learn. Most of us have areas where we have privilege that we haven't seen or considered before. Taking some time to recognize those is an important step to practicing allyship.
-
- As you complete this exploration, keep in mind what stands out to

you about your own privilege and an area of privilege that you often take for granted.

-
- Power can be influenced by a number of factors - including but not limited to our position at work, our privileges, and our relationships.
-
- Take a moment to select each statement that applies to you.

Select "continue" to go to the next set of questions.

3.10 Privilege Exploration (select each statement that applies to you)

(Multiple Response, 10 points, 1 attempt permitted)

Privilege Exploration (select each statement that applies to you)

- I don't feel pressured to spend significant time or money on my appearance
- I don't think twice about mentioning the gender of my partner or spouse regardless of whom I'm talking to
- My religion's holidays are commonly marked on work or school calendars
- I don't often worry whether a new environment is physically safe or accessible
- I'm not typically disrespected or denied opportunities because of my religion
- My parents helped pay for my education I don't worry about covering a large unexpected expense, like a car repair or medical bill
- My parents or guardians were homeowners

NEXT

Correct	Choice
	People refer to me by the right pronoun
	I don't regularly avoid certain places because I'm worried about my safety or about being sexually harassed
	I expect chairs or public seating to be comfortable for my body
	I don't feel pressured to spend significant time or money on my appearance

I don't think twice about mentioning the gender of my partner or spouse regardless of whom I'm talking to
My religion's holidays are commonly marked on work or school calendars
I don't often worry whether a new environment is physically safe or accessible
I'm not typically disrespected or denied opportunities because of my religion
My parents helped pay for my education I don't worry about covering a large unexpected expense, like a car repair or medical bill
My parents or guardians were homeowners

Notes:

Please continue your exploration. Select "Next" when you are done.

3.11 Pause and Reflect

The screenshot shows a slide titled "Pause and Reflect" with a red and white geometric design on the left. It contains three reflection questions, each preceded by a right-pointing arrow icon:

- What stood out to you about your own privilege?
- What's one area where you hold privilege that you take for granted? What in your life might be different without that privilege?
- What is challenging to you when thinking about your own privilege?

At the bottom left, it says "Talent Development and Learning Center". At the bottom right, there is a dark red button labeled "Continue". The right side of the slide features a background image of water ripples.

Notes:

Take a moment to Pause and Reflect:

What stood out to you about your own privilege?

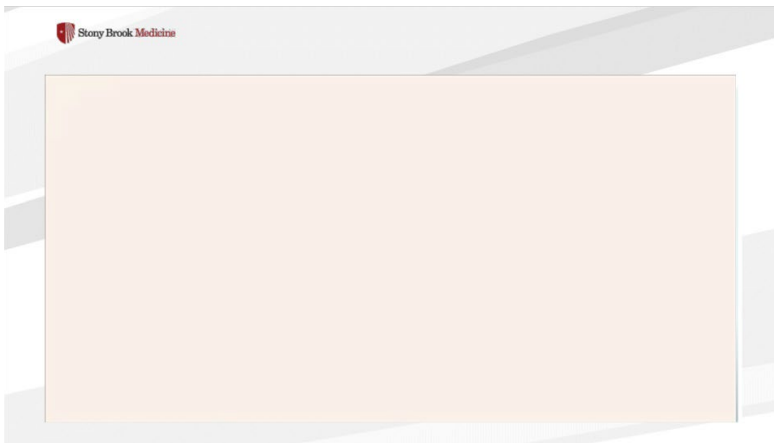
What's one area where you hold privilege that you take for granted? What in your life might be different without that privilege?

What is challenging to you when thinking about your own privilege?

Select "Continue" when you are ready to move to the next slide.

4. Take Action

4.1 Untitled Slide



Notes:

In the last section of this training, we will explore specific strategies and actions we can take to practice allyship effectively.

Let's begin by taking a look at a short video. While you're watching this video, think about what type of allyship actions you're drawn to most.

4.2 Types of Allyship Actions

Types of Allyship Actions

- Individual**
Our actions to educate ourselves, model inclusive behavior, or change our mindset.
- Structural**
Our actions pushing for change in norms, policies or systems.
- Interpersonal**
Our actions to support, surface issues or push for changes through our day-to-day interactions with others.

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Notes:

As the video explained:

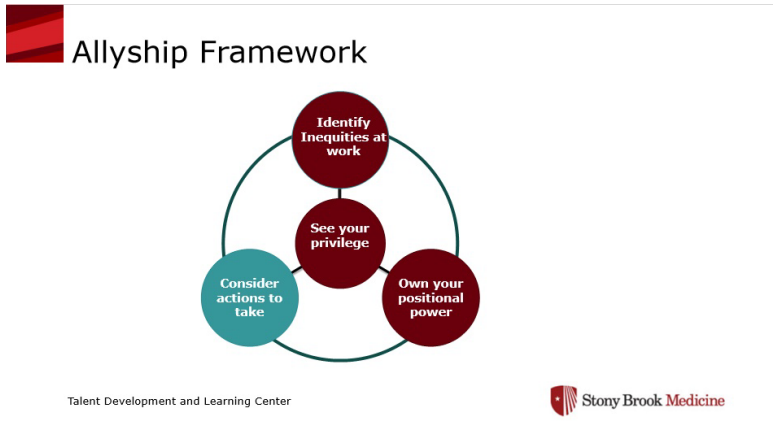
The types of Allyship actions we can take can be individual, structural, or interpersonal.

- **Individual allyship refers to our** actions to educate ourselves, model inclusive behavior, or change our mindset
-
- **Structural allyship refers to our** actions pushing for change in norms, policies, or systems.
-
- **Interpersonal allyship refers to our** actions to support, surface issues or push for changes through our day-to-day interactions with others

While these can all be challenging, interpersonal actions could be one of

the most challenging ways of demonstrating allyship because you are interacting with others.

4.3 Allyship Framework




Notes:

The last component of the Active Allyship Framework is to consider actions to take.

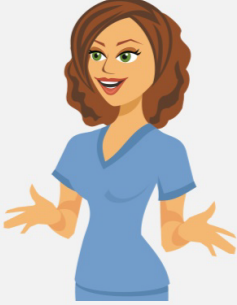
Speaking up can take many forms: Initiating a dialogue after a microaggression occurs, standing up for a person being mistreated, and issuing an anti-ism statement at work. If you choose to speak up and take action, let's review some of the guidelines and techniques to consider.

4.4 List Layout



Speak Up!

Here are some guidelines to keep in mind...



- 01 Don't accuse someone of being biased.
- 02 Don't assume the person knows they're being offensive.
- 03 Don't speak up in front of a patient.
- 04 Don't react on your emotional response, possibly anger, hurt. Instead, think about what you want to say and then say it.

ICARE Core Values
Talent Development and Learning Center

Notes:

Here are some guidelines to keep in mind, when speaking up.

-
- **Don't accuse someone of being biased** – you will likely create a very defensive reaction.
-
- **Don't assume the person knows they're being offensive.**
Don't speak up in front of a patient. Have the discussion in a private location.
Don't react on your emotional response, possibly anger. It's a natural response when someone does or says something that violates your identity or someone else's. However, act in an appropriate, professional and respectful manner. Remember our ICARE Core Values.

4.5 LIST LAYOUT

Speak Up!

- 1 Explain your concern
- 2 Ask a question
- 3 Share information
- 4 Change the situation
- 5 Call it out

Stony Brook Medicine Administrative Policy and Procedures

Violations: Reporting of Harassment, Intimidation, or Retaliation

Leadership

Scope: SBH Stony Brook Hospital, Stony Brook University Hospital, and its campuses (collectively, the SBH)

Responsible Parties: Office of Compliance and Ethics

Policy: Stony Brook University and its campuses (collectively, the SBH)

Stony Brook University and its campuses (collectively, the SBH) is committed to a culture that promotes prevention, detection and resolution of conduct that does not conform to federal and state laws, rules and regulations, the

Will I be penalized?

Was that bias?

- ✓ Inform your supervisor
- ✓ Inform someone in your reporting chain

Talent Development and Learning Center

Stony Brook Medicine

Notes:

There is no denying that speaking up can be uncomfortable.

According to Joan Williams, founding director of the Center for WorkLife Law at UC Hastings College of the Law, deciding how to respond is risky because it involves “two of the most corrosive elements of bias in the workplace”: the uncertainty of whether what you heard is bias, and the fear that you might be penalized for how you handle it. <https://hbr.org/2017/02/how-to-respond-to-an-offensive-comment-at-work>

If you are the recipient of or witness to something you would consider a microaggression or implicit bias, but not overt discrimination, it is ideal to “speak up”.

If you feel uncomfortable speaking up in this type of situation, you should do one of the following:

Inform your supervisor or anyone in your reporting chain, of the situation and how it made you feel. Discuss whether you would like your supervisor to address this issue with the employee whose behavior made you feel uncomfortable.

You may refer to Policy #LD0071 Reporting of Compliance Violations or Suspected Violations and Non-Intimidation/Non-Retaliation in the Policy Manager for guidance.

If you do decide to speak up, think about how to use your **privilege** and **power** in responding to situations.

Here are some techniques for speaking up:

- 1 Explain your reaction to the comment. You might say something like, "I know it wasn't your intent, but that made me uncomfortable."
- 2 Ask a question. For example, "What did you mean by that comment?" or "What information are you basing that on?"
- 3 Share information. You might say something like, "I read an interesting study that found that when working moms leave the office, we assume they're taking care of their kids. But when working dads leave the office, we don't even notice."
- 4 Change the subject. The difficulty with this approach is that you have to rely on the person you are communicating with to pick up on this cue.
- 5 Call it out. Such as a statement like, "That comment is offensive to women".

4.6 Allyship Scenarios



Notes:

Let's take a look some scenarios. For each scenario, determine what the most appropriate response would be based on the content covered in this training.

4.7 One-Person Scenario

A presentation slide titled "Scenario 1". It features a red and white geometric design in the top left corner. Below the title is a photograph of a woman in a white lab coat. To the right of the photo is a text box with a question. Below the question are three multiple-choice options, each with a circled letter (A, B, C).

Scenario 1

You are in a staff meeting where a colleague, a woman of color, is constantly interrupted. If you choose to "speak up", what might you say?

- A "Stop interrupting other people!"
- B "I think Maria is trying to say something, and I'd love to hear what they have to say."
- C "Maria, just tell me what you need to say after the meeting."

Notes:

You are in a staff meeting where a colleague, a woman of color, is constantly interrupted. If you choose to “speak up”, what might you say?

- A. “Stop interrupting other people!”
- B. “I think Maria is trying to say something, and I’d love to hear what they have to say.”
- C. “Maria, just tell me what you want to say after the meeting.”

Rude option:

This option may be perceived as rude by others in the meetings and may embarrass Maria. Try again!

Unimportant option:

This is not good option as this may make Maria feel like what she has to say is unimportant.


Correct Answer:

Good choice! By using this technique, you are deflecting the conversation and involving Maria. The technique used here is “call it out”. Women, and especially women of color, are interrupted far more often than men. When a person’s ideas aren’t heard, it can make it harder for them to be perceived as key contributors, which can harm their career progression.

If you are running the meeting: Set the norm that interruptions aren’t welcome or reduce interruptions by asking for contributions in a

Unimportant option (Slide Layer)

Scenario 1




This is not a good option as this may make Maria feel like what she has to say is unimportant. Try again!

- A "Stop interrupting other people!"
- B "I think Maria is trying to say something, and I'd love to hear what they have to say."
- C "Maria, just tell me what you need to say after the meeting."


4.8 Two-Person Scenario

Scenario #2

You are a nurse. Another nurse makes the following statement to you.



Nurse #1 (Your coworker): "He's in this condition because he is fat and doesn't take care of himself."



Nurse #2 (You): (Thinking to yourself) Hmm, that's not totally accurate. I think I need to speak up...

1 Option 01 "Yup, I agree. I don't understand why they just don't go on a diet."	2 Option 02 "Stop being so critical of people."	3 Option 03 "You may be coming from a place of concern for his health and well being, but it is not our place to judge his health habits. Also, weight is impacted by so many variables besides diet and exercise alone."
--	---	---

Notes:

Scenario 2

You are a nurse. Another nurse makes the following statement to you, "He's in this condition because he is fat and doesn't take care of himself?"

You are thinking to yourself, Hmm, that's not totally accurate. I think I need to speak up.

Option 1

“Yup, I agree. I don’t understand why they just don't go on a diet.”

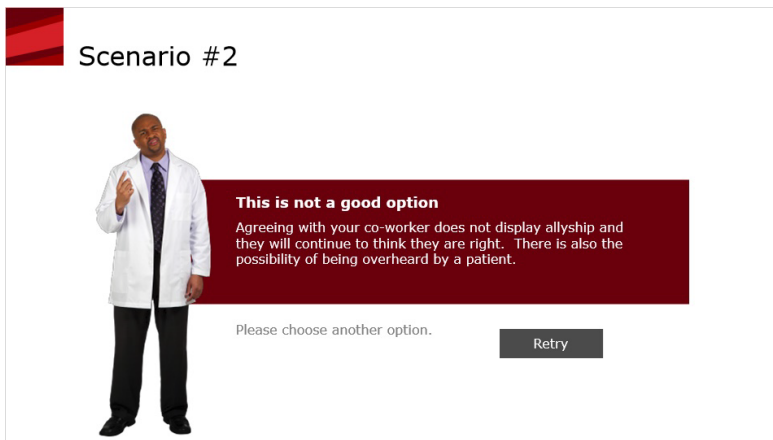
Option 2

“Stop being so critical of people.”

Option 3

‘You may be coming from a place of concern for his health and well being, but it is not our place to judge his health habits. Also, weight is impacted by so many variables besides diet and exercise alone.’

Option 01 (Slide Layer)




Scenario #2


This is not a good option

Agreeing with your co-worker does not display allyship and they will continue to think they are right. There is also the possibility of being overheard by a patient.

Please choose another option.

Option 02 (Slide Layer)


 Scenario #2




This is not a good option
This could create conflict with your coworker. Remember, don't react on your emotional response. Think about a better way to speak up and then say it.

Please choose another option.

Option 04 (Slide Layer)


 Scenario #2



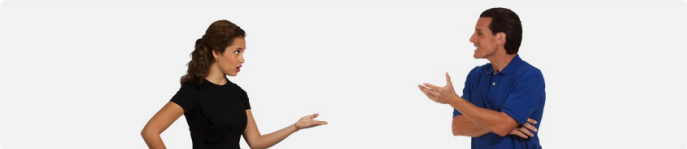
That is correct!
Whenever possible educate people regarding the situation. This is an example of explaining your reaction to a comment and sharing information.

Select "Continue" to go to the next scenario

4.9 Two-Person Scenario

 Scenario #3

You are serving on an interview panel and your colleague makes a derogatory comment about a candidate, "He will fit right in, men are less emotional than women." If you choose to "speak up", what would be the best response?



1 "That comment makes me uncomfortable since it is based on personal opinions which perpetuate bias. Each individual is different and there are both men and women who might be more apt to respond emotionally than others, regardless of gender. We need to challenge ourselves to dispel these type of bias and evaluate candidates based on their skills, abilities and commitment to our iCare core values."

2 "Why would you say something so stupid?"

3 "Are you calling me emotional?"

Notes:

Scenario 3

You are serving on an interview panel and your colleague makes a derogatory comment about a candidate, "He will fit right in, men are less emotional than women." If you choose to "speak up", what would be the best response?

Option 1

"That comment makes me uncomfortable since it is based on personal opinions which perpetuate bias. Each individual is different and there are both men and women who might be more apt to respond emotionally than others, regardless of gender. We need to challenge ourselves to dispel this type of bias and evaluate candidates based on their skills, abilities and commitment to our iCare core values."

Option 2

"Why would you say something so stupid?"

Option 3


"Are you calling me, emotional?"

Congrats! Your answer is correct. That is an example of explaining your reaction to a comment and sharing information. You are also calling it out. This is a positive technique as it is raising awareness of stereotypes. Select "continue" to go on to the last scenario.

This is not a good option. This could create conflict with your colleague. Please review the question and try again.

This is not a good option. This is a very defensive reaction and could create conflict with your colleague. Please review the question and try again.


Feedback 01 (Slide Layer)



Scenario #3

You are serving on an interview panel and your colleague makes a derogatory comment about a candidate, "He will fit right in, men are less emotional than women." If you choose to "speak up", what would be the best response?

Congrats! Your answer is correct. That is an example of explaining your reaction to a comment and sharing information. You are also calling it out. This is a positive technique as it is raising awareness of stereotypes. Select "continue" to go on to the last scenario.




Continue

1 "That comment makes me uncomfortable since it is based on personal opinions which perpetuate bias. Each individual is different and there are both men and women who might be more apt to respond emotionally than others, regardless of gender. We need to challenge ourselves to dispel these type of bias and evaluate candidates based on their skills, abilities and commitment to our iCare core values."

2 "Why would you say something so stupid?"

3 "Are you calling me emotional?"


Feedback 02 (Slide Layer)



Scenario #3

You are serving on an interview panel and your colleague makes a derogatory comment about a candidate, "He will fit right in, men are less emotional than women." If you choose to "speak up", what would be the best response?

This is not a good option. This could create conflict with your colleague. Please review the question and try again.




Retry

1 "That comment makes me uncomfortable since it is based on personal opinions which perpetuate bias. Each individual is different and there are both men and women who might be more apt to respond emotionally than others, regardless of gender. We need to challenge ourselves to dispel these type of bias and evaluate candidates based on their skills, abilities and commitment to our iCare core values."

2 "Why would you say something so stupid?"

3 "Are you calling me emotional?"


Feedback 03 (Slide Layer)



Scenario #3

You are serving on an interview panel and your colleague makes a derogatory comment about a candidate, "He will fit right in, men are less emotional than women." If you choose to "speak up", what would be the best response?

This is not a good option. This is a very defensive reaction and could create conflict with your colleague. Please review the question and try again.



Retry

1 "That comment makes me uncomfortable since it is based on personal opinions which perpetuate bias. Each individual is different and there are both men and women who might be more apt to respond emotionally than others, regardless of gender. We need to challenge ourselves to dispel these type of bias and evaluate candidates based on their skills, abilities and commitment to our iCare core values."

2 "Why would you say something so stupid?"

3 "Are you calling me emotional?"

4.10 Scenario #4

Scenario #4

You overhear a colleague speaking to another colleague. They say, "Why can't these people just speak English? We seem to hire so many people that are not American."

1 "I overheard your comment about speaking English and hiring non-Americans. I hope you can think about this a little differently. Very few of us can trace our ancestry back to America. Think about how your own ancestors may have been treated when they first came here. Maybe they had others who resented them being here or belittled them for their accents. It is clearly not the kind thing to do. How can you and I help those who are new here and who may not be fluent in English?"

2 "You people need to get your facts straight!"

3 "Stop talking about other people!"



Notes:

Scenario 4: **You overhear a colleague speaking to another colleague. They say, "Why can't these people just speak English? We seem to hire so many people that are not American."**

If you choose to speak up, what might be the best response?

Option 1: "I overheard your comment about speaking English and hiring non-Americans. I hope you can think about this a little differently. Very few of us can trace our ancestry back to America. Think about how your own ancestors may have been treated when they first came here. Maybe they had others who resented them being here or belittled them for their accents. It is clearly not the kind thing to do. How can you and I help those who are new here and who may not be fluent in English?"

Option 2: "You people need to get your facts straight!"

Option 3: "Stop talking about other people! Get your facts straight!"

This is not a good option. This is a blaming statement and may cause a very defensive reaction from your colleague. Please try again.


Consequence A (Slide Layer)

Scenario #4

You overhear a colleague speaking to another colleague. They say, "Why can't these people just speak English? We seem to hire so many people that are not American."

1 "I overheard your comment about speaking English and hiring non-Americans. I hope you can think about this a little differently. Very few of us can trace our ancestry back to America. Think about how your own ancestors may have been treated when they first came here. Maybe they had others who resented them being here or belittled them for their accents. It is clearly not the kind thing to do. How can you and I help those who are new here and who may not be fluent in English?"

2 "You people need to get your facts straight!"



This is the best option!
This is an example of explaining your reaction and sharing information. This response is intended to help others think about what they are saying before they say it.

Close


Consequence B (Slide Layer)

Scenario #4

You overhear a colleague speaking to another colleague. They say, "Why can't these people just speak English? We seem to hire so many people that are not American."

1 "I overheard your comment about speaking English and hiring non-Americans. I hope you can think about this a little differently. Very few of us can trace our ancestry back to America. Think about how your own ancestors may have been treated when they first came here. Maybe they had others who resented them being here or belittled them for their accents. It is clearly not the kind thing to do. How can you and I help those who are new here and who may not be fluent in English?"

2 "You people need to get your facts straight!"



This is not a good option.
This is a blaming statement and may cause a very defensive reaction from your colleague. Please try again.

Close


Consequence C (Slide Layer)

Scenario #4

You overhear a colleague speaking to another colleague. They say, "Why can't these people just speak English? We seem to hire so many people that are not American."

1 "I overheard your comment about speaking English and hiring non-Americans. I hope you can think about this a little differently. Very few of us can trace our ancestry back to America. Think about how your own ancestors may have been treated when they first came here. Maybe they had others who resented them being here or belittled them for their accents. It is clearly not the kind thing to do. How can you and I help those who are new here and who may not be fluent in English?"

2 "You people need to get your facts straight!"







This is not a good option.
This response may create a defensive reaction from your colleague and create a conflict. Please try again.


Close

5. Summary

5.1 GRID LAYOUT

Key Points:

	Definition of Anti-Racism and Allyship		Active Allyship Framework
	Anti-Racism is a journey!		How to "Speak up"

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Notes:

Throughout this course, we've explored:

- **The definition of Ant-Racism and Allyship.**
-
- **How Anti-Racism is a journey! We need to understand ourselves, talk about racism, take action and practice allyship.**
-
- **The Active Allyship Framework. This framework is meant to help you connect the dots between these pieces - to think about how to best use your privilege and power to address inequities (or in other words, how to practice allyship)**

and

- How to speak up if you are comfortable, in various situations.

Thank you for participating in this program!

5.2 Summary



Thank you for participating in this program!



Talent Development and Learning Center

EXIT COURSE
Story Brook Medicine

Notes:

Thank you for participating in this program!

Foundation 2: Social Determinants of Health (updated 4/7/23)

Intro




Notes:


Health Equity

Foundation 2: Social Determinants of Health

Enter Your Name



Enter your name here

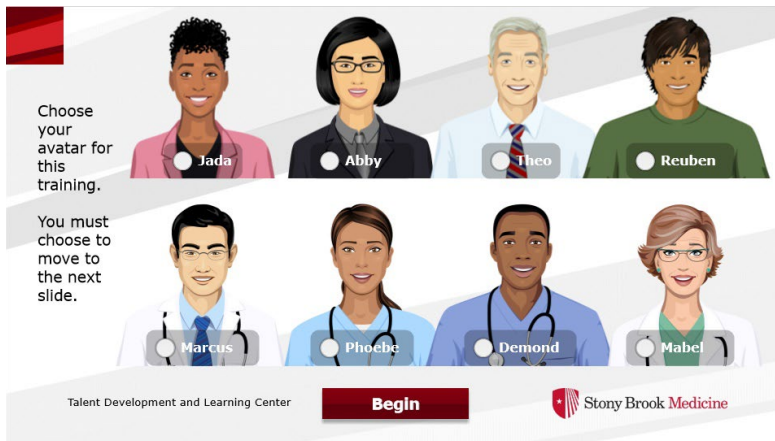
Talent Development and Learning Center [Next](#)  Stony Brook Medicine

Notes:

Enter your preferred name here.

Foundation 2: Social Determinants of Health (updated 4/7/23)

Pick Your Avatar



Notes:

Choose your avatar for this training. You must choose to move to the next slide. When you have made your selection, choose "Begin."

Welcome!



Notes:

Welcome (learner_name)!

We want to share some of the meaningful work happening in healthcare and specifically here at Stony Brook University Hospital to make healthcare more equitable.

Foundation 2: Social Determinants of Health (updated 4/7/23)

Equitable Health Care



Notes:

Equity in health care is achieved when every person has the opportunity to attain their full potential of health, and no one is disadvantaged from attaining this potential due to race/ethnicity, age, disability, gender identity, sexual orientation, nationality, socioeconomic status, or geographical background.

Health Equity | Equity in Health Care - Health Affairs:

<https://www.healthaffairs.org/topic/1244#:~:text=Equity%20in%20health%20care%20is,socioeconomic%20status%2C%20or%20geographical%20background.>

Our Commitment



Notes:

At Stony Brook Medicine, we are committed to creating a culture of health equity and belongingness for all - a healthcare environment in which everyone who walks through our doors feels safe, respected, valued and heard. As part of our mission to provide world-class, compassionate care, we want to ensure that everyone associated with Stony Brook Medicine - patients, visitors, faculty, staff and those within the community - feels a sense of belonging in our hospital and while engaging with us in the community.

Foundation 2: Social Determinants of Health (updated 4/7/23)

Health Equity =



Health Equity =

offer services to help patients who have encountered barriers to care

build on our strong foundation

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Notes:

Health equity is not new to Stony Brook.

For decades, we've developed programs and offered services to help patients who have encountered barriers to receiving care. Some of these programs bring needed services out to the communities we serve, like our Mobile Mammography van, free prostate cancer screenings at various locations across Suffolk county, and the School of Dental Medicine mobile dental clinic.

During COVID, we expanded our telehealth services, created a vaccination program for our staff, patients and the community, and developed fact sheets and information in both English and Spanish about community resources as well as tips for staying healthy during the pandemic.

We have been named a national leader in LGBTQ+ healthcare equality by the Human Rights Campaign Foundation. And recently, the Renaissance School of Medicine established the region's first chapter of Black Men in White Coats™ which seeks to raise the number of Black men in the field of medicine by exposure, inspiration and mentoring the young Black men in our underserved communities.

Foundation 2: Social Determinants of Health (updated 4/7/23)

TJC

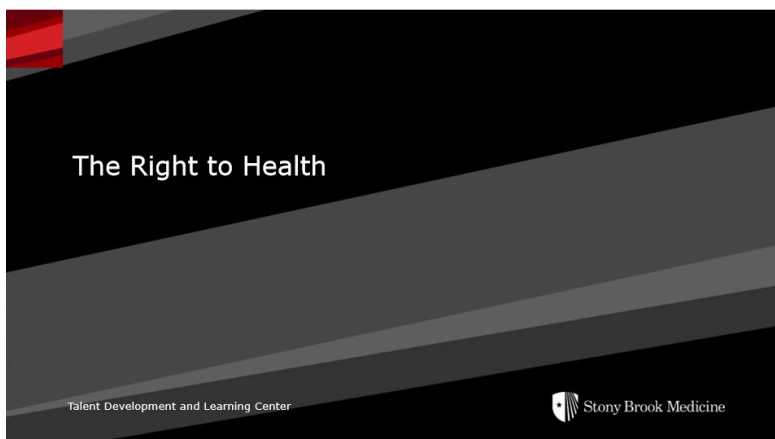


Notes:

The Joint Commission and the Centers for Medicare & Medicaid Services now require that hospitals take steps to address healthcare inequalities in their patient population. As you can see, we are already well ahead of the curve.

We will build on our strong foundation to strengthen, amplify and sustain Stony Brook Medicine's efforts to improve health outcomes by closing any gaps in healthcare disparities that have been rooted in historical injustices, biases and discrimination. We plan to seek advanced certification in Health Care Equity from The Joint Commission in the near future.

The Right to Health



Foundation 2: Social Determinants of Health (updated 4/7/23)

Universal Declaration of Human Rights



Notes:

Article 25 (Universal Declaration of Human Rights, 1948):

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

<https://www.un.org/en/about-us/universal-declaration-of-human-rights#:~:text=Everyone%20has%20the%20right%20to%20a%20standard%20of%20living%20adequate,age%20or%20other%20lack%20of>

Foundation 2: Social Determinants of Health (updated 4/7/23)

Constitution of the World Health Organization



"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition".

Constitution of the World Health Organization

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Notes:

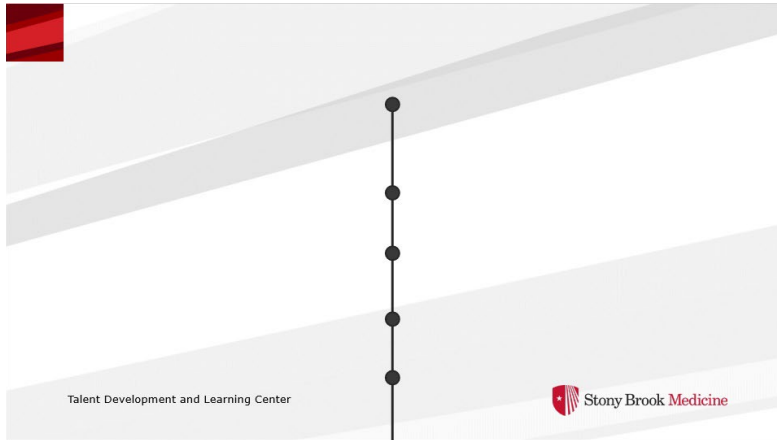
The right to health was preserved and protected in the Constitution of the World Health Organization (1948) as well:

"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition".

Constitution of the World Health Organization, <https://www.who.int/news-room/commentaries/detail/health-is-a-fundamental-human-right>

Foundation 2: Social Determinants of Health (updated 4/7/23)

The Civil Rights Movement



Notes:

We also saw the fight for health as a human right during the civil rights movement in the early 1960s.

A diverse group of medical providers traveled throughout the south to provide medical aid to injured civil rights activists at a time when the hospitals refused to take them in and doctors refused to treat them

The providers received funding from the federal govts War on Poverty initiatives to establish the first two community health centers to deal with problems at grassroots community level and discovered that these activists, black and white, were living in impoverished communities that kept them sick: malnutrition, lack of adequate sanitation or access to clean water, living conditions that encouraged mosquitos, rats, had high maternal/fetal death rates, etc.

Community health centers were a means to address population health problems and implement social change.

<https://blog.nachc.org/health-centers-are-rooted-in-the-civil-rights-movement/>

<https://hcpsocal.org/the-community-health-center-movement/>

While working in the community health centers, Dr. Jack Geiger had a realization: "It occurred to me that...who got sick, and who didn't, and what happened to them, and their interactions were not just biological phenomena; they were social, economic, political, and racial phenomena"

https://www.ted.com/talks/thomas_ward_the_social_determinants_of_health

Foundation 2: Social Determinants of Health (updated 4/7/23)

Keep People from Getting Sick



Notes:

We need to focus not just on treating people once they are sick and then helping them get better, we have to focus on preventing the conditions that increase the likelihood of illness. These are the social determinants of health. We start by asking what are the conditions that make people sick and what can we do to eliminate or minimize these conditions?

Is healthcare available in our communities? Do care givers speak community members' preferred language? Do people have access to nutritious foods? Do they have adequate sanitation? Access to clean water? Do they have transportation to healthcare facilities or to grocery stores with fresh food options?

Dr. Geiger was determined to address malnutrition in his health centers so he wrote PRESCRIPTIONS FOR FOOD out of his pharmacy budget : "the medicine for malnutrition is food".

https://www.ted.com/talks/thomas_ward_the_social_determinants_of_health

Social Determinants of Health



Foundation 2: Social Determinants of Health (updated 4/7/23)

What Are Social Determinants of Health?



Social Determinants of Health

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Notes:

Social determinants of health (SDOH) are the conditions in which people are born, grow, work, live, and age, and the systems that shape these conditions, like economic policies and systems, social norms and social policies, racism, climate change, and political systems. They are the nonmedical factors that impact people's health and well-being.

Centers for Disease Control and Prevention (CDC) has adopted this SDOH definition from the World Health Organization.
<https://www.cdc.gov/about/sdoh/index.html>

Examples of SDOH include:

- Safe housing, access to transportation, and neighborhood characteristics
- Racism, discrimination, and violence
- Education, job opportunities, income, economic opportunity
- Healthcare access and quality, difficulty paying for prescriptions or medical bills
- Access to nutritious foods and physical activity opportunities
- A high level of substance abuse
- Clean air and drinking water
- Language and literacy skills
- Social support networks

Foundation 2: Social Determinants of Health (updated 4/7/23)

Effects of SDOH



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Notes:

Social determinants of health contribute to differences in the quality of health and healthcare that people experience. In fact, "SDOH have been shown to have a greater influence on health than either genetic factors or access to healthcare services."

<https://www.cdc.gov/about/sdoh/addressing-sdoh.html>

These social determinants also have a more significant collective impact on health and health outcomes than health behavior, health care, and the physical environment.

<https://www.aafp.org/about/policies/all/poverty-health.html#:~:text=Poverty%20and%20low%2Dincome%20status%20are%20associated%20with%20various%20adverse,14%20leading%20causes%20of%20death.>

Foundation 2: Social Determinants of Health (updated 4/7/23)

Research



Notes:

For example, “research shows that individuals with higher incomes consistently experience better health outcomes than individuals with low incomes and those living in poverty. Poverty affects health by limiting access to proper nutrition and healthy foods; shelter; safe neighborhoods to learn, live, and work; clean air and water; utilities; and other elements that define an individual’s standard of living. Individuals who live in low-income or high-poverty neighborhoods are likely to experience poor health due to a combination of these factors.”

<https://www.aafp.org/about/policies/all/poverty-health.html#:~:text=Poverty%20and%20low%2Dincome%20status%20are%20associated%20with%20various%20adverse,14%20leading%20causes%20of%20death.>

For example, people who live in urban or rural areas may not have access to grocery stores with fresh fruits, vegetables, meats are less likely to have good nutrition. These areas are referred to as “food deserts” . A gas station or convenience store may be the only accessible location to purchase food. Limited access to nutrient rich foods raises the risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

<https://www.cdc.gov/about/sdoh/index.html>

Addressing the ways in which social determinants of health (SDOH) increase or decrease the risk of poor health outcomes is critical to improving the nation’s health and wellbeing and reducing health costs.

Foundation 2: Social Determinants of Health (updated 4/7/23)

SDOH is a Public Health Issue



Notes:

SDOH is a public health problem. Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

<https://health.gov/healthypeople/priority-areas/social-determinants-health>

Initiatives to effectively address social determinants of health must replace discrimination in policies and practices relating to healthcare with non-discrimination and equality measures and use objective health data to identify the most vulnerable groups and diverse needs.

<https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

Improving and Promoting SDOH



Foundation 2: Social Determinants of Health (updated 4/7/23)

Improving and Promoting Social Determinants of Health at a System Level



Notes:

Improving and Promoting Social Determinants of Health at a System Level | The Joint Commission
LD.04.03.08: Reducing health care disparities for the organization's patients is a quality and safety priority.

- Organization assesses the patient's health-related social needs and provide information about community resources and support services
- Organizations determine which health-related social needs to include in the patient assessment.
- Health-related social needs may be identified for a representative sample of the hospital's patients or for all the hospital's patients.
- At least annually, the organization informs staff about its progress to reduce identified health care disparities.
 - Our Health Equity Executive Steering Committee is currently designing a communication plan and a website (including a scorecard and a resource library)

Foundation 2: Social Determinants of Health (updated 4/7/23)

What Our Patients Need



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Notes:

Looking at our own patient data as well as data for Suffolk County, we learned the top three social determinants of health affecting Suffolk County residents are inadequate access to healthcare services, a high level of substance abuse, and poor nutrition due to inadequate food access.

We are initially focusing our efforts to address food insecurity and connecting patients to community resources for assistance and support. It's something that we know directly affects our patients and their families. Patient data, community outreach activities and our patient's feedback show that this is one of the greatest health care disparities in our community.

Foundation 2: Social Determinants of Health (updated 4/7/23)

Food Insecurity



Notes:

A household suffers from food insecurity when it cannot, at times, access adequate food for everyone in the home due to a lack of resources. (USDA) This could be not having enough to eat or having the wrong things to eat because they may be less expensive and more available.

Unhealthy food choices tend to be cheaper. A comprehensive review of 27 studies in 10 countries found that unhealthy food is about \$1.50 cheaper per day than healthy food. If you're feeding a large family, it may cost less to simply buy from the dollar menu or purchase cheap premade frozen dinners.

<https://plutusfoundation.org/2020/healthy-eating-budget/>

In 2021, "10.2 percent of households were food insecure at least some time during the year."

<https://www.ers.usda.gov/data-products/ag-and-food-statistics-charting-the-essentials/food-security-and-nutrition-assistance/#:~:text=In%202021%2C%2012.5%20percent%20of,were%20affected%20by%20food%20insecurity>

Approximately one in ten New York households experienced food insecurity at some point between 2019-21, according to a report from State Comptroller Thomas P. DiNapoli.

<https://www.osc.state.ny.us/press/releases/2023/03/dinapoli-one-ten-new-york-households-suffer-food-insecurity#:~:text=DiNapoli%3A%20One%20in%20Ten%20New%20York%20Households%20Suffer%20From%20Food%20Insecurity,-DiNapoli%20Calls%20for&text=Approximately%20one%20in%20ten%2C%20or,from%20State%20Comptroller%20Thomas%20P.>

Foundation 2: Social Determinants of Health (updated 4/7/23)

Addressing Food Insecurity



Notes:

Research shows that:

Efforts to improve food access through healthy food environments, public benefit programs, health care systems, health insurers, and evidence-based nutrition standards can lower health care costs and improve health outcomes

<https://aspe.hhs.gov/sites/default/files/documents/e2b650cd64cf84aae8ff0fae7474af82/SDOH-Evidence-Review.pdf>

Efforts to increase access to food via food pharmacies (pharmacies, health care clinics, or hospitals that store and dispense healthy food), food prescription programs (prescriptions from doctors for healthy foods that can be used to subsidize the purchase of these items through community partners), and home-delivered meals, which are often funded through health care systems or health insurance, have been associated with lowering health care costs and health care utilization.

<https://www.aspe.hhs.gov/sites/default/files/documents/e2b650cd64cf84aae8ff0fae7474af82/SDOH-Evidence-Review.pdf>

Foundation 2: Social Determinants of Health (updated 4/7/23)

Food Farmacy

STONY BROOK UNIVERSITY HOSPITAL THERAPEUTIC FOOD FARMACY

Stony Brook Medicine is working to help
those who struggle with the social determinants
of health, such as food insecurity and access to
healthy food. The Food Farmacy is a new space
where patients can get nutritious, affordable food
and support.

Stony Brook Cancer Center Food Pantry
Scan the QR code to see our
Amazon Gift Registry

Donatable Food: *Non-Perishable*

- Canned soups, stews, and chili
- Canned fruits and vegetables
- Canned tuna, salmon, and chicken
- Canned beans, lentils, and chickpeas
- Canned tomatoes and tomato sauce
- Canned corn, peas, and carrots
- Canned fruit, such as applesauce and peaches
- Canned milk, such as evaporated and condensed milk

Soft opening 3/22/2023

- Soft Opening (Patients with Diabetes and Cancer who meet criteria)
- Hospital/Department wide food drives
- Joint Commission Diabetes Survey Feedback

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Medicine

Notes:

Food Farmacy

The food pantry made a soft opening. It is in the cancer center, by security desk [Show on map – will contact mar/comm]

For patients with diabetes and cancer

Will also cater to people with dietary restrictions e.g., low sodium diet

<https://inside.stonybrookmedicine.edu/FoodDrive>

https://inside.stonybrookmedicine.edu/food_drive

Will add any relevant info after I get to speak with the Food Farmacy team

Foundation 2: Social Determinants of Health (updated 4/7/23)

Providing Education, Resources and Referrals



Notes:

Care Management/Social Work screens patients, requests a nutritionist consult as needed; provides education, resources and referrals to patients at discharge.

Non-perishable food care packages provided for at risk patients

Patients who meet food insecurity criteria in Cancer Center, 12S, 16N and 16S and have diabetes or GYN cancer. Patients will receive support to participate in pantry services. SBUH Rooftop Garden will also supply fresh produce.

Community food banks (<https://inside.stonybrookmedicine.edu/emergency-med/wellnessresources>):

Greater Sayville Food Pantry: 631-244-8375

Island Harvest: 516-294-8528

Lighthouse Mission: 631-758-7584

Long Island Cares: 631-582-FOOD

Smithtown Emergency Food Pantry: 631-265-7676

****Will add any relevant info after I get to speak with the CM/SW team****

Foundation 2: Social Determinants of Health (updated 4/7/23)

SB HOME Clinic



Notes:

Stony Brook HOME Clinic

- In 2008, the Stony Brook HOME (Health Outreach and Medical Education) Student-Run Free Clinic was developed. It is a medical model that integrates medicine, social work, continuity care, and research. It serves a large uninsured, predominantly Spanish-speaking population in Central Islip, New York, providing students with a genuine medical experience.
- Patients who come to the hospital and who are underinsured/uninsured can be referred to the Stony Brook Home clinic for medical care
- <https://renaissance.stonybrookmedicine.edu/stonybrookhome>

****Will add any relevant info after I get to speak with the SB Home team****

Supporting Our Patients



Foundation 2: Social Determinants of Health (updated 4/7/23)

Creating a Safe Space



Notes:

In addition to helping our patients with programs and resources, addressing social determinants of health also requires us to be aware of our own biases.

This awareness helps us care for our patients with empathy and without judgement. It creates a safe space for them to open up about their needs and to receive our help without feeling the shame that is often associated with the stigma of being food insecure.

How to Think About Health



Notes:

As you have discussions about health and healthcare with each other, patients, our family and friends, think about health beyond just health insurance, flu shots and your yearly visit to the doctor. Consider the social determinants of health we discussed today and how they may be impacting your health.

Addressing social determinants of health is important for improving health and reducing longstanding disparities in health and health care.

Foundation 2: Social Determinants of Health (updated 4/7/23)

Dr. King Quote



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Notes:

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane" Dr. King

Thank you.



Thank you.

Talent Development and Learning Center



Foundations of Healthcare Equity and Inclusion_1

Slide Notes: Capsule 1- Fairness

Topic / Description	Timing	Slides
<p>Introduction</p> <p>Welcome to Foundations of Healthcare Equity and Inclusion.</p> <p>The goal of this course is to identify the beliefs that build the foundation of a fair community where everyone feels welcome. We will also explore skills that turn these beliefs into action.</p> <p>The first capsule will consider our commitment to fairness and how unconscious bias may be an obstacle to living up to this promise.</p>	<p>Begin: 00:00:00 End: 00:00:20</p>	<p>Slides TBD</p>
<p>Circle of Trust</p> <p>To get started, think about the people you trust most. Use the spaces here to list their names or initials. You are the only one who will see this. Try to list six to ten people, with no more than half of those people being members of your family.</p> <p>Select continue when you are ready to move on.</p> <p>Next, we'll list different traits. If you have that trait in common with the person on the list, select the check box under their name. For example, if we say eye color, and you and the person you listed both have brown eyes, select the check box under their name. If you have brown eyes and the person has blue eyes, leave the box under their name unchecked.</p> <p>Ready to start?</p> <p>Check people who are like you in-</p> <ul style="list-style-type: none"> - Gender. - The first language you learned to speak. - Age. It doesn't need to be the exact age, but a similar age. - Ethnicity. Your families may be from similar parts of the world, you follow similar traditions, you 	<p>Begin: 00:00:20 End: 00:03:20</p>	<p>Slides TBD</p>

<p>see yourself as part of the same culture as this person.</p> <ul style="list-style-type: none">– Marital Status. Are you both single? Married? Divorced?– Your work. Do you both care for patients? Work in an office? Supervise other people at work? Do you both have a skilled trade?– How much money do you have for things you want? For things like vacations, and hobbies? Instead of just what you need for necessities like food, shelter, and medicine. <p>Look back at your answers...</p> <p>How many of the people that you trust share traits in common with you?</p> <p>Do you think it's likely that you trust those people because they have experiences that are like yours?</p> <p>Many people struggle to come up with people outside their family that they trust. Could the trust we build with family come from our shared struggles and experiences? Our shared values and views?</p>		
---	--	--

<p>Affinity Bias</p> <p>The tendency we have to connect with others who share similar interests, experiences and backgrounds is called Affinity Bias.¹</p> <p>Affinity bias may lead us to quickly assume trustworthiness in someone who seems to have traits in common with our family and others that we trust. It can also lead us to be less trustful of someone who seems different, without us realizing that it's happening.</p>		
<p>Implicit Bias</p> <p>Affinity bias can be one form of Implicit Bias. A bias is a way of seeing one group as preferred over another group. Implicit bias doesn't happen on purpose, it happens without even thinking about it. What makes implicit bias difficult is that it shapes our views, decisions, and behaviors without us knowing it.²</p> <p>In the Time magazine article, "What implicit bias is, and how to overcome it," An interviewer and author Jennifer Eberhardt discussed implicit racial bias and how it comes about-</p> <ul style="list-style-type: none"> • "How is unconscious racial bias not just racism?" • "When people think about racism they're thinking about bigots. But you don't have to have a moral failing to act on an implicit bias." • "The brain doesn't like chaos, so it works to categorize things. How is that a precursor of bias?" • "The brain needs to sort -everything—the food we eat, the furniture we use, whatever. We also sort people. That sorting can lead to bias; once we have categories, we have beliefs and feelings about what's in those categories."³ 	<p>Begin: 00:03:20</p> <p>End: 00:06:28</p>	<p>Slides TBD</p>

<p>Implicit bias can develop around any difference, and it may impact how we respond to the people we interact with on any day.</p>		
<p><i>Branching scenario</i></p> <p>How might you respond if you thought a co-worker's response to a patient might be affected by their unconscious or implicit bias?</p> <p>Say you were sitting down to have lunch with a friend at work and they started to talk about one of their patients-</p> <p>(First round of the scenario)</p> <p><i>So, I see this every day, right? Today this woman...she has kids in grade school and middle school...she's diabetic, overweight, has high cholesterol, high blood pressure. Her co-workers called an ambulance because she came back from lunch and couldn't catch her breath. One guess where she went for lunch- McDonald's! Like no one has ever told this woman that it's bad for her. And I know what you are going to say...'they have salads at McDonald's.' I asked her what she got- a hamburger and fries off the value menu. It's ridiculous! Taking risks like that when you have kids at home depending on you.</i></p> <p><u>How would you respond? (First round)</u></p> <ul style="list-style-type: none"> A. <i>You said she has kids in different schools, right? I bet she is running around so much she doesn't have time to feed herself. We've all been there."</i> B. <i>You can't help someone who won't help themselves.</i> C. <i>You never really know what's going on with someone else. Did you ask her if it's hard to have fresh food in the house? [Correct response; goes to second round.]</i> <p><u>Feedback (First round):</u></p> <ul style="list-style-type: none"> A. This is a sympathetic response, but it could end the conversation right there. You might 	<p>Begin: 00:06:28</p> <p>End: 00:14:02</p>	<p>Slides TBD</p>

<p>say something that could help your friend and her patient. Try again.</p> <p>B. Agreeing with your co-worker may feel right and move the conversation on to something else, but it won't help her patient or help your friend see things differently. Try again.</p> <p>(Second round of the scenario)</p> <p><i>To be honest, I didn't even think about it.</i></p> <p><u>How would you respond? (Second round)</u></p> <p>A. Well, you should have. She came to you for help.</p> <p>B. When you get back from break look into the (assessment). Maybe you can get her some help.</p> <p>C. Right.</p> <p>Feedback (Second round)</p> <p>A. That's a bit harsh. You would like to avoid your friend becoming defensive and making this conversation about the criticism. Try again.</p> <p>B. Awesome. You helped your friend consider a different perspective and she will be able to help connect her patient to resources that will help her whole family.</p> <p>C. It is tempting to let it drop but your friend might be able to get her patient some help. Try again.</p>		
<p>Recap and Lead-in to Capsule 2</p> <p>During this learning activity, we considered our commitment to fairness and how unconscious bias may be an obstacle to living up to this promise. In the next capsule in this course, we will look at ways to practice empathy at work. Specifically, we will look at how treating people with empathy can help give some relief to people who are harmed by microaggressions in our workplace.</p>	<p>Begin: 00:14:02</p> <p>End: 00:14:30:00</p>	<p>Slides TBD</p>
<p><i>Running time</i></p>	<p>14:30 min</p>	

Slide Notes: Capsule 2- Empathy

Topic / Description	Timing	Slides
<p>Introduction</p> <p>Welcome back! In this second of three capsules we will look at ways to practice empathy at work. Specifically, we will look at how treating people with empathy can help give some relief to people who are harmed by microaggressions in our workplace.</p> <p>Microaggressions are every day, subtle behaviors that let someone know that the person they are interacting with has a bias against them. The person who is acting on that bias is often unaware of the hurt the microaggression causes, but the person on the receiving end is painfully aware.</p>	<p>Begin: 00:00:00</p> <p>End: 00:00:40</p>	<p>Slides TBD</p>
<p>How Microaggressions are like Mosquito Bites⁴ Video</p> <p>For people who still don't think that microaggressions are a problem...</p> <p>[Two people sitting at a bus stop] <i>"Oh! You're so well-spoken"</i></p> <p>just imagine instead of being a stupid comment a microaggression is a mosquito bite.</p> <p>[Speaker turns into a mosquito] <i>"It's a compliment"</i></p> <p>Mosquito bites and their itch are one of nature's most annoying features...</p> <p>...but if you're only bitten every once in a while...</p> <p>[Mosquito asks a person] <i>"No, where are you really from"</i></p> <p><i>"Cleveland."</i></p> <p>Sure, it's annoying but it's not that big a deal. The problem is that some people get bitten by mosquitoes a lot more than other people; I mean a lot more. Whether it's on a date...</p> <p>[Mosquito speaks to date] <i>"Your English is sooo good"!</i></p> <p>[Date replies] <i>"Excuse me?"</i></p> <p>...going grocery shopping...</p>	<p>Begin: 00:0:40</p> <p>End: 00:02:30</p>	<p>Slides TBD</p>

[Mosquito in produce aisle, speaks to person in a wheelchair] *"You know everything happens for a reason"*

"I'm just buying apples"

...commuting to work...

[Mosquito in car speaks to passenger] *"So, when are you gonna have a baby?"*

...watching TV...

[Mosquito on TV in front of a stadium] *"We have to keep the Redskins name; it's part of our culture and history"*

...or just walking down the street with your partner...

[Mosquito steps up between to people holding hands] *"I couldn't even tell you were gay"*

...mosquitoes seem to pop up everywhere.

[Mosquitos swarm] *"Do you know John? "Can you give me shopping advice?" "I love Cher too!"*

And getting bit by mosquitoes every (muted) day...

[Mosquitos bite black woman] *"Can I touch your hair?"*

...multiple times a day...

[Mosquitos still pestering black woman] *"It's so pretty" "Can I please, please?"*

...is (muted) annoying and makes you wanna go ballistic on those mosquitoes...

[Woman covered in bites, uses a flame-thrower to ward of mosquitos]

...which seems like a huge overreaction to people who only get bit every once in a while.

[Two men look on] *"It's just a mosquito bite; who cares?"*

"Just another angry black woman"

Of course, beyond just being annoying some mosquitoes carry truly threatening diseases that can mess up your life for years...

[Mosquito is a college career counselor] *"Astrophysics? Hmm maybe you should try a less challenging major."*

[Young man] *"Ow, my dreams"*

...and other mosquitoes carry strains that can even kill you

<p>[Mosquito talking to police holding a gun in front of a chalk outline.] <i>"It looked like he was up to trouble. Okay? I felt threatened."</i></p> <p>So, next time you think someone's overreacting just remember some people experience mosquito bites all the time.</p> <p>[Mosquito steps up to a group of people being pestered by smaller mosquitos] <i>"You're all so exotic!"</i></p> <p>And by mosquito bites we mean microaggressions</p> <p>[People being pestered swat the mosquito with fly swatters.]</p>		
<p><i>Empathy Definition</i></p> <p>When someone is harmed by microaggressions we may avoid hurting them further by treating them with empathy. Use the phrases in the bank on this page to build a definition of empathy⁵</p> <ul style="list-style-type: none"> - <i>the</i> - <i>act of</i> - <i>correctly acknowledging the</i> - <i>emotional state</i> - <i>of another</i> - <i>without experiencing that</i> - <i>state oneself</i> <p>Yes!</p> <p>We may not always get it right, or right on the first try, but the effort will be worth it. Avoiding the temptation to assume we know what the other person is experiencing and feeling helps. Just listening to the other person, rather than offering solutions based on our own experience, helps the other person and helps us learn.</p> <p>Empathy can seem like an effort, and it's hard to put the time in when we feel drained ourselves. One way we can get practice in empathy, and care for ourselves at the same time, is to practice self-compassion.</p>	<p>Begin: 00:02:30</p> <p>End: 00:04:00</p>	<p>Slides TBD</p>

<p><i>Self-compassion</i></p> <p>This is an opportunity to practice self-compassion.</p> <p>Start by considering a situation that is, or was, frustrating to you. Write something about the situation in this box; you are the only one who will see this.</p> <p>What does this frustration tell you about what is important to you? [Another box is provided to enter this information.]</p> <p>What could you do in this situation that would best serve you, your values, and your goals? [Another box is provided to enter this information.]</p> <p>Rather than judging ourselves for feeling the emotion, we can consider what the emotion is telling us about what is important to us and gain ideas for future action.</p> <p>We have more capacity to be empathetic toward others when we have practice being kind to ourselves.</p>	<p>Begin: 00:04:00</p> <p>End: 00:05:00</p>	<p>Slides TBD</p>
<p><i>Praise Empathy in Others</i></p> <p>Another way we can learn to be more empathetic is to see empathy in others and praise it. Think of your teammates. One of these people has treated you, your co-worker, or a patient with empathy. Take a moment to describe what they did and recognize them by nominating them as a Stony Brook Star. Nominating a Stony Brook Star.⁶</p>	<p>Begin: 00:05:00</p> <p>End: 00:06:00</p>	<p>Slides TBD</p>
<p><i>Recap and Lead-in to Capsule 3</i></p> <p>During this capsule, we looked at how treating people with empathy can help give relief when people are harmed by microaggressions in our workplace. In the next capsule in this course, we will consider intersectionality and how one size does not fit all at work and when caring for our patients.</p>	<p>Begin: 00:06:00</p> <p>End: 00:06:16</p>	<p>Slides TBD</p>
<p><i>Running time</i></p>	<p>10 min</p>	

Slide Notes: Capsule 3- Intentional Intersectionality⁷

Topic / Description	Timing	Slides
<p><i>Recognize what intersectionality is.</i></p> <p>How would you describe yourself?</p> <p>Pick one of the descriptions on this page. [The learner is presented with an array of attributes]</p> <p>Is it hard to pick just one? What if we take the guards off? Pick as many as you like. [The learner can pick as many of the attributes as they choose.].</p> <p>Each of us has many different facets to who we are. We are many things and many combinations of things. For example, you may be a hospital employee, a nurse, a man, and you would correctly identify yourself as being in each of these groups. You will experience work as part of each of these groups, but also as a man who is a nurse at Stony Brook. While the differences may be big or small, your experience and perspective will be different than if you were a nurse working at Southampton Hospital, or a woman working as a nurse at Stony Brook, or a man working in a different role. Even within this group, all the ways you described yourself earlier intersect to make you unique.</p>	<p>Begin: 00:00:00</p> <p>End: 00:01:00</p>	<p>Slides TBD</p>
<p><i>Introduction</i></p> <p>Our different experiences and perspectives can be a strength for our work team and how we care for our patients.</p> <p>In this capsule we will look at actions each of us can take to strengthen our community by recognizing and valuing all our unique experiences, perspectives, and needs.</p>	<p>Begin: 00:01:00</p> <p>End: 00:01:20</p>	<p>Slides TBD</p>
<p><i>Support psychological safety at work.</i></p> <p>The most significant element of a team’s strength is what’s known as psychological safety: a culture of trust where people feel safe speaking up, taking</p>	<p>Begin: 00:01:20</p> <p>End: 00:03:50</p>	<p>Slides TBD</p>

<p>risks, and know that they won't be ridiculed for making mistakes or dissenting.</p> <p>Think of a person at work you may not completely trust. Choose three behaviors from this list that this person could start doing to help you trust them. [The learner selects three options to create a list of their top three.]</p> <p>Wouldn't it be great if everyone did these things? Of course, the best way to encourage that is to model the behaviors you would like to see. So, look at the list and decide how you will practice these behaviors when you work with the person you don't completely trust.</p>		
<p><i>Bring Your Whole Self to Work⁸</i></p> <p>When we work in psychological safety we can bring our whole self to work and our workgroups will be stronger for it.</p> <p>How can we do this?</p> <ul style="list-style-type: none"> – See experiences as opportunities for growth and learning. – Be self-aware and manage our emotions. – Appreciate the inherent value of others. <p>Think back to a time when you struggled when working with someone but were successful in the end. It could've been a co-worker, your supervisor or a patient. Use this space to write something about it (only you will see this).</p> <p>Our emotions can help us keep going to find a solution or can tie us in knots.</p> <p>Did your emotions help you, or make the situation more of a struggle?</p> <p>How did this situation help you to be more aware of your emotions?</p> <p>How did this experience help you see the value in the other person?</p> <ul style="list-style-type: none"> – Be authentic. 	<p>Begin: 00:03:50 End: 00:06:40</p>	<p>Slides TBD</p>

<p>This is about being your whole, true, self. Keep in mind this Authenticity Formula-</p> <p>(Honesty – Self-Righteousness + Vulnerability = Authenticity)</p> <p>Being honest with yourself and everyone else. Subtracting any hypocrisy and not expecting others to live up to a higher standard than you keep for yourself. Being open to learning something new about yourself.</p>		
<p><i>Raise up the voices of others.</i></p> <p><i>When you have the opportunity, raise up the voices of others around you. Respect their stories.</i></p> <p>(Scenario)</p> <p>[A young patient speaks to the learner.] <i>This question asks me about my ethnicity and says ‘choose one’ but none of the choices describes me.</i></p> <p><u>How would you respond?</u></p> <ul style="list-style-type: none"> A. Just check whichever one is closest or ‘Other.’ B. Oh, you could just leave it blank. C. Thank you for letting me know. If you can, write your information in that section and I will make a request to change the form, so people have space to identify themselves. <p><u>Feedback</u></p> <ul style="list-style-type: none"> A. It’s hard for a person to feel like they belong when they are consistently asked to identify themselves as ‘other.’ This patient is also giving us feedback that can help us be better. A broad category like ‘other’ may not give us much useful information when we review our data. Try another option. B. This patient is helping us. A broad category like ‘other’ doesn’t describe them and may not give us much useful information when we review our data. Try another option. C. Great! By taking a few moments to listen you can help the patient feel welcome. When you raise up the patient’s voice, you 	<p>Begin: 06:40:00</p> <p>End: 00:10:10</p>	<p>Slides TBD</p>

<p>recognize that this patient is helping us. A broad category like 'other' isn't accurate for them and may not give us much useful information when we review our data. Nice work!</p>		
<p>Collaborate</p> <p>Collaborate with others who have different backgrounds than you or have different jobs. Think of ways to interact with people from different shifts or units. Collaboration fosters innovation and exposes you to different viewpoints.</p> <p>One way you could begin collaborating is to share your thoughts on how we can improve our services on the "Give Feedback" portal of the Pulse.</p>	<p>Begin: 00:10:10 End: 00:10:30</p>	<p>Slides TBD</p>
<p>Reinterpret your stress through self-compassion.</p> <p>If you find yourself feeling anxious or frustrated because another person has made assumptions about you based on an attribute of your identity, consider the self-compassion exercise we covered in the last capsule-</p> <ul style="list-style-type: none"> - What does this frustration tell me about what is important to me? - What could I do in this situation that would best serve me, my values and my goals? <p>Rather than judging yourself for feeling the emotion ('I shouldn't let this bother me'), consider what the emotion is telling you about your goals and values and gain ideas about future action.</p>	<p>Begin: 00:10:30 End: 00:11:00</p>	<p>Slides TBD</p>
<p>Value Affirmations.</p> <p>Think about what makes you unique and how this brings value to our hospital, our patients, and colleagues. Spend a minute jotting down your thoughts here. No one will see this but you. [Learners record their thoughts in the space provided.]</p>	<p>Begin: 00:11:00 End: 00:11:30</p>	<p>Slides TBD</p>
<p>Recap and Lead-in to Module 2: Social Determinants of Health</p>	<p>Begin: 00:11:30 End: 00:12:00</p>	<p>Slides TBD</p>

<p>During this capsule, we considered intersectionality and valuing the strength we and those around us bring to our Stony Brook community.</p> <p>In the section of Foundations of Healthcare Equity and Inclusion, we will consider how social determinants of health impact our patients' well-being.</p>		
Running time	12 min	

¹ Thakrar, M. (2018, November 19). Council post: Unconscious bias and three ways to overcome it. Forbes. Retrieved March 31, 2023, from <https://www.forbes.com/sites/forbescoachescouncil/2018/11/19/unconscious-bias-and-three-ways-to-overcome-it/?sh=f6d94092677c>

² U.S. Department of Health and Human Services. (2022, June 3). Implicit bias. National Institutes of Health. Retrieved February 8, 2023, from <https://diversity.nih.gov/sociocultural-factors/implicit-bias>

³ Luscombe, B. (2019, March 27). What implicit bias is, and how to overcome it. Time. Retrieved February 8, 2023, from <https://time.com/5558181/jennifer-eberhardt-overcoming-implicit-bias/>

⁴ Fusion Comedy. (2016, October 5). *How microaggressions are like Mosquito bites • same difference*. YouTube. Retrieved February 28, 2023, from <https://www.youtube.com/watch?v=hDd3bzA7450>

⁵ Markakis K, Frankel R, Beckman H, Suchman A. Teaching empathy: it can be done. Working paper presented at the Annual Meeting of the Society of General Internal Medicine, San Francisco, Calif, April 29–May 1, 1999. As referenced in Halpern, J. (2003, August). *What is clinical empathy?* Journal of general internal medicine. Retrieved March 7, 2023, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1494899/#b3>

⁶ Ha, T.-H. (2021, March 16). 5 exercises to help you build more empathy. ideas.ted.com. Retrieved March 7, 2023, from <https://ideas.ted.com/5-exercises-to-help-you-build-more-empathy/>

⁷ Flowers, H. (2019, July 18). Intersectionality Part Three: Intentional intersectionality. National Institutes of Health. Retrieved March 9, 2023, from <https://www.edi.nih.gov/blog/communities/intersectionality-part-three-intentional-intersectionality>

⁸ Robbins, M (2018, September 19). How to bring your whole self to work. Greater Good. Retrieved March 9, 2023, from https://greatergood.berkeley.edu/article/item/how_to_bring_your_whole_self_to_work