



2022 Tyson Award Ceremony Transcript Text

[AD:] = audio descriptor text, explains on screen action for accessibility

0:00

[AD: contemplative/serious piano music starts]

[AD: Tyson award program logo appears in the left upper hand of the screen with the text below it reading: the Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity. There is a right-facing arrow in the middle of the screen, and on the left side of the screen is a photograph of a clinician wearing a mask with a patient chart in her hand and a young female patient in a reclining position.]

0:07

[AD: The screen changes to show a photograph of Bernard J. Tyson on the left side of the screen and

of an African American mother, kissing a newborn baby that she is holding in
t side of the screen, text reads babies born to black women in the United States
ble the rate of babies born to white women.]

corner of the screen a header reads "life expectancy." Underneath it is
ng: the average life expectancy among African Americans in the United States is
n that of white people. American Indians and Alaska natives born today have a
s 5 1/2 years lower than all US races. Below that is a right facing arrow, and on
f the screen is an elderly African American man with a facemask partially

e screen is a photo of an individual obscured in the background, holding up a
elow it an image of cancer cells is viewed from a microscope.]

.58 (B 2 d)0 T6pdfTd0.9 (TJf e

underneath it reads: LGBTQ+ individuals are more likely to experience mental health issues,
violence, HIV, and other STDs, poverty, substance, abuse, and food insecurity than non-LGBTQ+
individuals. Below that text is a right facing arrow.]

0:56

[AD: In the upper left hand of the screen is a header/title that reads: Covid – 19. Below that is paragraph text that reads: black and Hispanic individuals are less likely to receive the outpatient. COVID-19 treatment Paxlovid then white and non-Hispanic individuals. To the right of that text is a photo displaying a microscopic image of a COVID-19 cell.]

1:07

[AD: Another screen appears, and the word healthcare access is shown as the title/header in the left hand of the screen. It is an image of a white male clinician with a stethoscope around his neck, holding a tablet in front of an African American woman. To the left of that image is a right facing arrow and to the left of that image is paragraph text that reads: people with lower incomes are often uninsured, and minority groups account for over half of the uninsured population.]

1:17

[AD: Another screen appears that shows an image on the left of the screen that includes an African American male wearing a facemask over his nose and mouth with eyeglasses over the mask. To the right center of the screen is a title/header that reads: colorectal screenings. Below that is paragraph text that reads: African Americans are approximately 20% more likely to get colorectal cancer, but are less likely to be screened and about 40% more likely to die from it than most other groups. Below that paragraph text is a right facing arrow.]

1:27

[AD: After another transition, the screen depicts a photo montage of Bernard J Tyson. The upper left is Dr Tyson with a group of construction workers in hard hats. To the right Tyson smiling and presenting to a group of people. Below that a second photo of Dr. Tyson speaking in front of a group and on the right side of the photo montage is a photo of Bernard as a child. Below are the words reading: Bernard Tyson strived for better," and in the right lower hand corner of the screen is a right facing arrow.]

1:30

[Susan Funk, Elgon, 1702 Me. and 1152 York) 1, 2298 (05010790a 4116 07326 Mi 32 To 52(2) 2.500) 1.91(20) -2.21

This year, the award recognizes two healthcare organizations that achieved a measurable sustained

health care and broader business communities. Anybody who knew him or heard him talk knew how passionate he was about the work we do at Kaiser Permanente on behalf of our 12.6 million members. Bernard was particularly passionate about addressing inequities in the US healthcare system.

He worked tirelessly to ensure that all Americans have access to high quality, affordable health care, regardless of their zip code or background. In addition to the work to address inequities that we are continuing at Kaiser Permanente, this award provides a platform to celebrate other health care providers who are demonstrating that they are ready to join us in our efforts.

The rigorous application and selection process ensures that the Tyson awardees are affecting change in ways that are measurable and sustainable over time.

I'd like to turn to my colleague, Dr. Copeland, and maybe you could say a few additional words.

8:11

[Ronald Copeland] Thank you very much, Dr. Bindman.

It's our honor at Kaiser Permanente to carry forward Bernard's vision by tackling some of our most pressing societal challenges, including healthcare equity. And for all of us, it is our shared duty to work together to put an end to health inequities that are preventable, unfair, and unjust. We believe

10:36

[Mark Smith] Thank you, David. So, a diverse panel of national healthcare equity experts was assembled to review the submitted applications and select the award recipients. I want to first take a moment to thank them for their expertise and their time and their support for this program. It was a tough job selecting one applicant, one recipient from a pool of so many excellent applicants. The panel reviewed all the assigned applications.

18:09

And then we had a membership card, which includes the name of the patient, the name of their primary care provider, which would facilitate assigning them.

And then also, I think really importantly for our members, because so many are low income and there is tremendous fear of medical debt, we provided fees that they would expect to pay based on their federal poverty level on the back of the card. So, there are no surprises. They know exactly what to expect when they come and visit us and visit any of our clinics. Next slide.

18:46

With respect to eligibility, you know, the program is really designed for New Yorkers, those who live in New York City within the boundaries, and then also, as I mentioned already, those who are ineligible for health insurance, largely due to immigration status or are unable to pay or afford the insurance that they're eligible for by Affordable Care Act standards. Next slide.

19:11

And this is where we really partnered with the community in the process of how to enroll. We have the, as I mentioned, the 24-hour customer service line. And as a part of that process, you know, we engage folks in their language. We have over 200 languages available through telephonic interpretation. We also have multilingual staff at our call center.

19:32

People could also come to one of our facilities. We are the largest public healthcare system in New York City. And so, we have 11 hospitals across the city or 57 local community clinics as well.

And then lastly, and really exciting piece is the partnership with the community, next line, where it creates other doors where they can access the program. On the right side, you'll see here in the column that we partnered with community-based organizations that were trusted in immigrant communities of diverse ethnic backgrounds across the city.

22 community

These are the varied organizations that we currently work with, including the government agencies, and this is really, again, I'll emphasize, a crucial part of the program because of the fear, I think, that

have, if you're not part of a financial assistance program. And then similarly among patients with hypertension, we've seen a 40% of them have seen an improvement in their blood pressure since joining the program.

34:56

There was a significant disparity gap in the beginning of this project. And the rate in black women was increasing year over year. And so, this was actually data that I presented at a department meeting, which we have on Friday mornings at 730 in the morning. And I wasn't sure what conversation would develop from this presentation, but I went into it just planning to present the data as it was. And then my chairman, Dr. Belfort, followed up with a question of, "so Christina, why do you think this is happening?"

35:28

And that really gave me the feeling that he had opened the door for me to really go into an open and honest discussion. He knew why this was happening. And I think, again, because of his support and his understanding and belief of how important this work was, it's important to have that open dialogue about it as well.

So, we talked about things of lack of standardization of care 0.5 (h1(h)1 (h1(h)e)2.9 (po)1.9 (h1(h)e)2.6 (h)2 (co)2.-1 (0.5 (z

38:12

We were actually even, because of the work we were doing, Texas Children's gifted us with an implicit bias training course for 50 of our healthcare workers. And we opened this to our quality and safety committee and then anyone else who was able to fill those spots.

And we actually had a four-hour live training on implicit bias that also really helped us kind of think through these case reviews in a little bit different manner.

And after doing some reviews and recognizing the importance of social work involvement, we actually invited our social work colleagues onto the committee as well, and so they participate in our committee as we identify these social drivers to make sure we are doing the right things to implement solutions to them.

38:54

So as a result of this, we went back and looked at our data and kind of did a before and after comparison using that time point to demarcate our before group from our after group as the month in which we started presenting our data stratified by race and ethnicity because we continue to present this data monthly, and we actually found that the morbidity in our black patients was decreasing even before we had fully implemented all other elements of the bundle, and we felt it was maybe just a result of recognition and awareness.

39:25

And so, when we looked at this before and after comparison, we found that before our interventions, our morbidity rate in our black patients was almost 46 percent, and that actually decreased almost 32% after these interventions, and that reduction was statistically significant.

We also looked at all of our races and ethnicities and found that that black-white gap that existed that was statistically significant before our interventions had been completely eliminated by the end of our study time period, which ended in 2020, and we saw where we had been seeing our black patients' morbidity steadily increasing. It took a sharp dive and started to decrease.

And on the next slide, the final slide, it just shows that we continue to look at these metrics. We continue to present them to the department.

40:11

And even here as where we are in 2022, we have maintained that reduction in morbidity in our Black

40:58 [AD: On screen is shown a list of 2022 Tyson Award Applications considered as the top Finalists by the award panel. A table appears on screen with text reading:
Henry Ford Health

System Increased Access to COVID-19 Vaccinations and Monoclonal Antibody Therapy to a Vulnerable Population in a Border City; The Medical Clinics of the 501st Combat Support Wing: 422 Medical Squadron, RAF Croughton & 423 Medical Squadron, RAF Alconbury, United States Military Unit Stationed in: Brackley, Northamptonshire, UK & Huntingdon, Cambridgeshire, UK, Reducing Disparities in Developmental Outcomes for Military Connected Children in the Context of COVID-19; The MetroHealth System, Cleveland, Ohio, Partnering to improve childhood lead screening in high-risk urban communities: a community-based systems initiative, The Queen's Medical Center Queen's Care Coalition, Honolulu, Hawaii, Reducing hospital utilization by focusing on social determinants of health; Therapeutic Play Foundation, Pasadena, California, Mommy Matters program is a one-year wraparound, multidisciplinary outpatient maternal, infant and family support initiative. We provide mental and physical health care for pregnant Black women and their families; WellSpan Health, York, Pennsylvania, Reducing Disparities and Increasing Breast Cancer Screening Rates.]

We also have these lists available on the Joint Commission's webpage, www.jointcommission.org/slash-Tyson-Award, we will also put the link in the chat.

41:31

With all this said, disparities continue to persist, and we want to do more to encourage healthcare organizations to reduce these disparities and improve healthcare equity.

To that end, the Joint Commission Journal on Quality and Patient Safety has issued a call for papers on addressing healthcare disparities and we have invited the finalists to submit to the journal for an issue in 2023.

41:54

Also, we want to encourage organizations in the audience to be on the lookout early next year for information about the 2023 Tyson Award application from Joint Commission publications and on the Joint Commission website.

Congratulations one more time to the New York Health and Hospitals and Texas Children's Pavilion for Women. Thank you all to all our presenters and to our audience for your interest and participation. Have a great day.