

Annual Diversity and Health Equity Report 2020-2021



ANMED HEALTH

Health Equity: Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Robert Wood Johnson Foundation, 2017

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A Message on Diversity, Equity and Inclusion from the CEO

“The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.”

This quote from Martin Luther King Jr. was written while incarcerated in the Birmingham Jail in 1963, and still remains true today. Over the past couple years the COVID-19 pandemic has challenged us both individually and collectively. While bringing us new challenges, it has also forced us to reassess how we deliver on our purpose for everyone in our entire community. These times have not been without controversy. Social distancing, masking, and vaccination have often placed us in uncomfortable positions. These challenges have eroded social trust with even the belief in our overall healthcare system being questioned.

Throughout these times, the AnMed Health team has acted as “true neighbors”. When faced with overwhelming need, our team has innovated to help our community. Setting up one of the first “Mega Sites” in the state, AnMed Health provided vaccinations to thousands of patients and community members –giving out our 10,000th vaccine on January 30, 2021 and rounding out the year with over 60,000 doses of the vaccine. While this important service was accessible by many in our community, we did not stop there. We partnered with DHEC to provide vaccination at multiple community sites across our service area. I am so proud of our team, the innovative spirit they displayed, and the dogged determination to serve all our neighbors.

Throughout the pandemic and in the face of great fear, our team has been here to care for all our patients. While armed with all precautions to optimize their safety, our team has stepped forward to care for all of those who have been impacted by the COVID-19 pandemic. Many times we have been overwhelmed with need, but we have never turned away from a neighbor who needs us. I could not be more proud.

At AnMed Health, we truly believe we are better together. We are honored with the privilege of caring for our neighbors, striving to optimize the health of our community. We recognize the added strength that comes from our diversity. We are committed to fulfilling our purpose, whether it be in “times of comfort” or in “times of challenge”. Our goal is to be exceptional in our interactions with our patients and each other.



William Kenley, CEO
AnMed Health



William Kenley

OUR MISSION

To passionately blend the art of caring with the science of medicine to optimize the health of our patients, staff and community.

OUR VISION

To be recognized and celebrated as the gold standard for healthcare quality and community health improvement.

OUR STANDARDS OF BEHAVIOR

- **Accountable** – Integrity, Safety, Quality, Financial, Regulatory
- **Nurturing** – Caring, Compassion, Passionate, Respect, **Diversity**
- **Motivated** – Anticipating Needs, Communication
- **Engaged** – Collaboration, Teamwork
- **Dedicated** – Community, Commitment

The Case

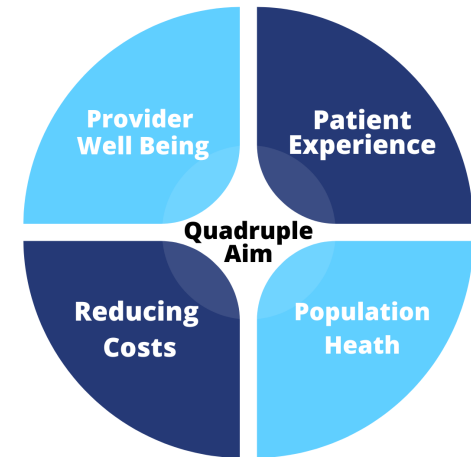
Identifying and addressing health disparities is a central and critical issue.



The IHI Quadruple AIM

The social determinants of health – those conditions in which individuals are born, grow, live, work and age – have been proven time and again to bear an overarching impact on a person’s ability to attain their highest level of health. These disparities, born out of historical and ongoing discrimination and social injustice test our collective sense of morality and community.

At the height of the pandemic in 2020 it was reported in areas across and reported by the US Surgeon General that African American and Hispanic/Latinx communities were hit especially hard by COVID-19. South Carolina was no different. While the African American population makes up just 27% of our state, at the time 41% of confirmed cases and 56% of South Carolina’s deaths from COVID -19 were African American. This statistic speaks specifically to the health status that often persists in marginalized racial and ethnic minority communities and serves as a stark reminder of the health inequities that we must work together to address.



However, added to these continued moral and ethical concerns is the growing financial cost. It’s estimated that in the U.S. the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care was \$156 billion in 2020 and is projected to be \$353 billion in 2050*. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern, but also a public health concern. As the healthcare industry seeks to improve performance and enhance value through the four principles of the Quadruple Aim – population health, patient experience, reduced cost and provider well being– identifying and addressing these health disparities is a central and critical issue.

*Wyatt R. Laderma M. Botwinick L, et al. Archiving Health Equality: A Guide for Health Care Organizations. IHI white paper. Cambridge, MA, Institute for Healthcare Improvement

“When identifying problems and coming up with solutions, having a hunch or suspecting what is happening is important. However, objectively measuring accurate data not only will allow you to correctly identify the problems, but also measure the solutions you discover and the progress you make. Data cuts through hunches like a hot knife through butter.”

*Michael Seemuller, MD, FAAFP
Chief Quality Officer, Chair - Quality and Safety Committee,
Physician Network Medical Director - AnMed Health Wren Family Medicine*



The Call

Provide care and services that are respectful of and responsive to needs of all individuals.

CLAS (Culturally and Linguistically Appropriate Services in Healthcare) Standard

One of the first steps in addressing health disparities for many organizations, including AnMed Health, is to ensure the availability of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the needs of all individuals. Standards for providing this care were outlined by the U.S. Department of Health and Human Services (DHHS) in 2000, and The Joint Commission holds health systems accountable for upholding them.

While COVID-19 will continue to be a trove of lessons learned for healthcare providers and countless other industries, it cannot overlook what the data is indicating about how the virus disproportionately impacts the most vulnerable South Carolinians and how it exposes racial and socio-economic health disparities that have long impacted South Carolina.

In 2016, DHHS took a step further by adopting 1557, a non-discrimination provision that combines and harmonizes well-established federal civil rights laws prohibiting discrimination on the basis of race, color, national origin, language, sex, sexual orientation, or gender expression.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) IN HEALTH AND HEALTH CARE

Principle CLAS Standard:

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.



AnMed Health is addressing the Principle CLAS Standard in the following ways:

Governance, Leadership and Workforce

- Cultural competence training.
- Health equity assessment.
- Employee resource network.

Communication and Language Assistance

- Interpretation service protocol.
- Interpretation services and document translation.

Engagement, Continuous Improvement and Accountability

- Race, Ethnicity and Language (REaL) data collection.
- Equity report.

AHA + National Call to Action

America's hospitals and health systems, are working hard to ensure that every person in every community receives high-quality, equitable and safe care. Their collective goal is to eliminate health and health care disparities that continue to exist for far too many racially, ethnically and culturally diverse individuals.

To accelerate progress on these efforts, the AHA in 2015 launched its **#123forEquity pledge campaign**. It builds on the efforts of the National Call to Action to Eliminate Health Care Disparities – a joint effort of the AHA, American College of Healthcare Executives, Association of American Medical Colleges, Catholic Health Association of the United States and America's Essential Hospitals – and asks hospital and health system leaders to begin taking action to accelerate progress on the following areas:

- **Increasing the collection and use of race, ethnicity, language preference and other socio-demographic data**
- **Increasing cultural competency training**
- **Increasing diversity in leadership and governance**
- **Improve and strengthen community partnerships**

Hospitals and health systems also can take the pledge and commit to working on efforts within their organization or in the community related to health equity and diversity and inclusion even if the efforts do not fit clearly under one of the pledge goals listed above.

In response to the Call, AnMed Health along with other hospitals of the AHA, stands united with more than 1,000 hospitals and health systems across the nation that have taken The #123 for Equity Pledge to:

- 1. Achieve the three core elements.**
- 2. Implement strategies reflected in our strategic plan.**
- 3. Tell our story and share our learnings.**



AnMed Health stood united with other hospitals and health care systems and was among the first in the country to do so.

AnMed Health Diversity Leaders Network



AnMed Health is committed to the resources and connections to drive health equity and team member engagement.

The South Carolina Call to Action

Alliance for a Healthier SC four-prong approach

Through education, data, collaboration and policy/advocacy, the Alliance helps communities achieve the Triple Aim in health care: lower costs, improve population health and improve patient experiences.

1. EDUCATION/AWARENESS. Provide an array of learning opportunities in order to educate and raise awareness on various topics.
2. DATA. Use quality data to make fully informed decisions about health improvement efforts.
3. CROSS SECTOR COLLABORATION. Bring together public and private sector leaders to review data and design statewide solutions.
4. POLICY & ADVOCACY. Guide policy and advocacy opportunities by leveraging our collective voice to achieve the goals of the Alliance.

Alliances Initiatives

LIVE HEALTHY SC. Provide support and resources to implement strategies and monitor the progress of Live Healthy South Carolina.

HEALTH EQUITY. Identify, communicate, and develop strategies to achieve health equity and reduce disparities.

COMMUNITY HEALTH IMPROVEMENT. Provide technical assistance for community health improvement efforts through mobilizing resources, providing educational opportunities and fostering partnership development.

“The Alliance for a Healthier South Carolina is based on a “collective impact” model that recognizes that not a single organization has the ability to solve a major social problem by itself. The Alliance for a Healthier South Carolina is committed to advancing health equity and is ready to partner with state leaders on a plan to make it happen. ”

Juana Slade, Alliance Chair 2019-2021

The South Carolina Call to Action for Health Equity

The Alliance for a Healthier South Carolina is an unprecedented multi-disciplinary volunteer collaboration of more than 60 diverse organizations across the state working together on coordinating action to achieve healthier bodies, minds and communities for ALL—while reducing the future cost of care.

The SC Department of Health and Environmental Control works in partnership with the Alliance for a Healthier SC to develop a comprehensive portrait of the health and health outcomes of South Carolinians and create a multi-year roadmap for continuing to improve the health of all in the state.

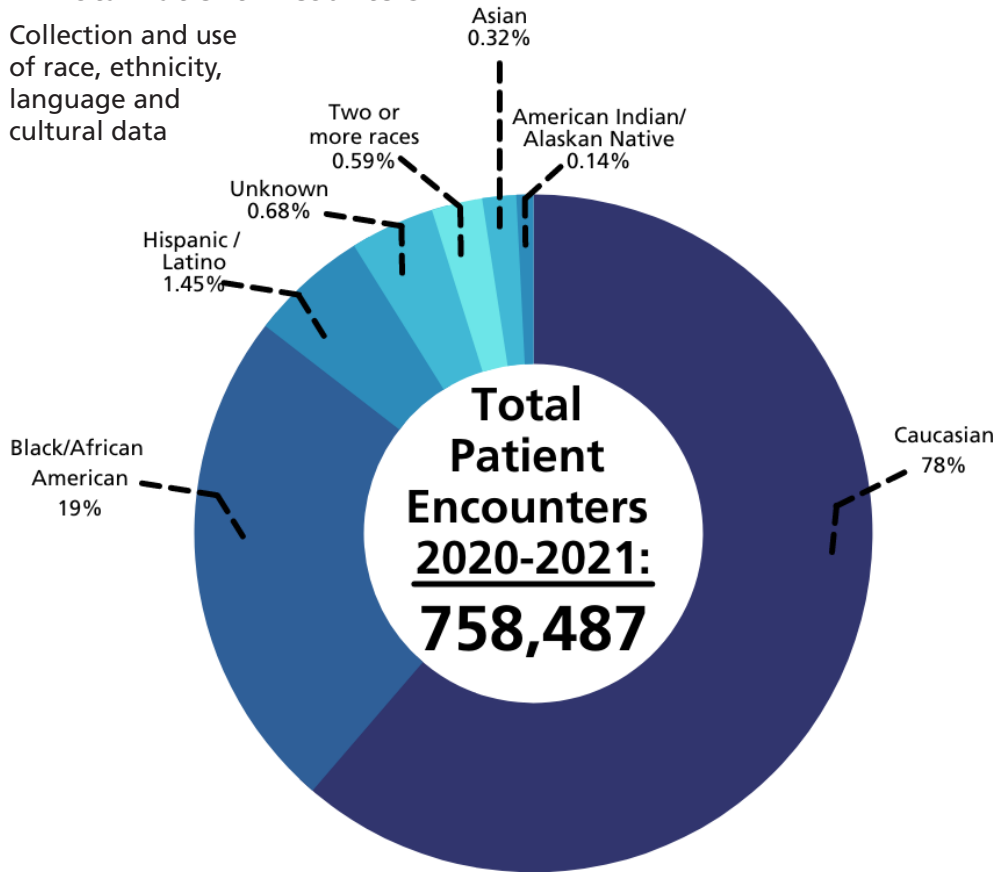
AnMed Health is a founding partner of the Alliance and continues to support it's initiatives.



Achieving the four key elements

A. Total Patient Encounters

Collection and use of race, ethnicity, language and cultural data



Language Services

A qualified medical interpreter is a bilingual individual tested, trained, qualified and authorized to provide communication between AnMed Health providers and limited- or non-English-speaking patients and family. Medical interpretation support is available during all hours.

Medical Interpretation Encounters: 23,000 in 2021 and 14,000 in 2020

Translated vital document patient education materials: 102

Languages Served : 200 languages available both in person and virtually

B. Cultural Competency Training

At AnMed Health, all employees receive diversity and cultural competency training through modules in new employee and annual computer-based training, a requirement of all employees. Additional training for leaders is provided through our **Diversity Leadership Academy (ADL)** and through a module in our **“L.E.A.D.” Program (leadership development program)**.

[New Employee Orientation Training- 413](#)

C. Diversity in Leadership and Governance

Previously, AnMed Health was named a finalist for the American Hospital Association’s (AHA) Equity of Care Award for its efforts to reduce health care disparities and promote diversity within the organization’s leadership and staff.

AnMed Health has demonstrated diversity leadership through participation in relevant groups at the national and state level.

D. Community Partners

- **Healthy Outcomes Program-** AnMed Health provides strategic resources and partnerships with area agencies such as the Anderson Free Clinic, Anderson Interfaith Ministries, AnMed Home Care, etc. which supports at-risk populations and those who do not have equal access to health care services. As of 2021, 345 participants were enrolled in HOP.

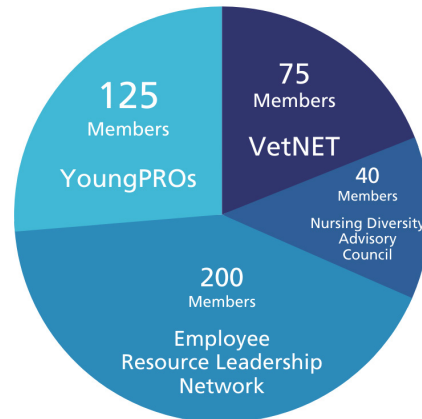
- **Safety Net Council-** Government and state agencies, as well as local not for profits such as AnMed Health, that meet monthly to share information and programs to distribute with clients and collectively identify gaps in available community resources.

- **Access Health Anderson-** A Duke Endowment funded effort to provide uninsured community members access and a coordinated approach to care working in tandem with our community partners such as Foothills Community Health Care (FQHC) and the Anderson Free Clinic.

Team Member Engagement

Employee Resource Leadership Networks help us tell our story by providing networking opportunities, career development, increased employee satisfaction, and increased personal development for specific employee groups. ERGs help to ensure a work environment that does not discriminate based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

Nursing Diversity Advisory Council (NDAC): A collaborative effort of 40 clinicians between Diversity and Language Services and the Nursing Practice Council supporting the cultural



competence of nursing and language services. The increased participation documents the effectiveness of our language service strategy.

VetNET: Employees and family members connected by the

unique characteristics of military service. This 75 member group was designed to capitalize upon the unique talents and skills of military service and life.

YoungPROs: This 125 member group was designed to recruit, retain and engage early-careerists. Notably this group participated in the virtual 2021 Upstate Diversity Symposium and in turn hosted a similar session for AnMed Health team members.

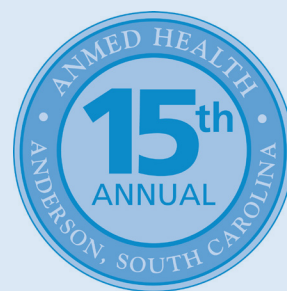
Spiritual Care: The Department of Spiritual Care promotes a holistic approach to care. At AnMed Health we practice an interdisciplinary team approach to caring for patients. Our chaplains function as members

of many interdisciplinary teams – offering assistance with spiritual assessments, family support, end of life counseling, ethical dilemmas, religious rituals and bereavement support.

Code Lavender is supported by AnMed Health Spiritual Care and offers teammates support in stressful or crisis situations that can contribute to compassion fatigue and burnout due to the COVID-19 pandemic. Just as we call a “code blue” when someone’s heart has stopped and the individual needs CPR, we call a “Code Lavender” when a teammate’s heart and mind have been impacted by a personal or professional crisis and the teammate needs a compassionate response.

Extraordinary Women in Healthcare

Awarded female leaders in categories of clinical excellence, health leadership and healthcare community service. There have been 97 recipients of this award since 2006. Due to the COVID-19 pandemic, the 2019 recipients of the Extraordinary Women in Healthcare hosted a virtual conversation with Dr. Gayle Restar about women in healthcare with nearly 100 attendees.



Gayle Restar
COO Tideland Health - Georgetown



Kelli Potter
AnMed Health Wound Care Nurse



Julie Pruitt
AnMed Health Director of Physician Network Services



Dr. Nata Young
AnMed Family Health Medicine

Our Response to COVID-19

Forging a pathway to health equity for generations to come.

1. Engaged internal and external leaders in opportunities to explore the causes of health inequities.
2. Enhanced the personal experience of employees to expand diversity learning and development.
3. Established the Anderson University Scholars Program, a partnership between AnMed Health, Tri-County Technical College and Anderson University that celebrates AnMed Health's commitment to the Bachelor of Science in Nursing education of bedside staff nurses through tuition assistance/support. Students who complete their Associates in Nursing from Tri-County Technical College and are accepted into the program will have their tuition costs paid for by AnMed Health while they work toward their Bachelors in Nursing degree at Anderson University.
4. Expanded the use of video conferencing technology to improve cross-cultural care and ensure meaningful access to qualified interpreters.
5. Partnered with local educators and rehabilitation officials to offer a unique transition to work program for students with disabilities. The Project SEARCH High School Transition Program is a unique, business led, one year school-to-work program that takes place entirely at the workplace. Total workplace immersion facilitates a seamless combination of classroom instruction, career exploration, and hands-on training through worksite rotations. AnMed Health was the only Project Search site that did not take a hiatus during the COVID-19 pandemic.

Since 2016, AnMed Health has employed 14 Project SEARCH interns.

6. In response to COVID-19, convened an annual AnMed Health Equity Summit involving a coalition of stakeholder teammates and community leaders who met to identify the causes and impact of health inequities. Each year, they review their work to align efforts to analyze information based on zip code race and health status. This is just one factor of AnMed Health's blueprint to reduce health care costs and achieve health equity for all members of the communities we serve.
7. Established the I.D.E.A. (Inclusion, Diversity, Engagement and Awareness) Book Club: An intellectual forum to explore societal influences and diverse concepts regarding racial inequities, social injustice and health disparities. The Club's readings include "True Justice" by Bryan Stevenson; "Letter from a Birmingham Jail" by Dr. Martin Luther King, Jr.; and "High Conflict", by Amanda Ripley
8. In response to the social unrest in 2020, AnMed Health launched an internal series called Care Talks to discuss implicit and unconscious bias within the workplace. AnMed Health was the only hospital in South Carolina to receive the "Voluntary Protection Program" federal designation issued by the Occupational Safety and Health Administration to ensure safe and healthful working conditions by setting and enforcing standards and by providing training, outreach, education and assistance
9. AnMed Health was a founding partner of The Anderson Area Remembrance and Reconciliation Initiative (AAR&RI) which was established to honor the five victims of racial terror lynching in Anderson County. AAR&RI's objectives are to raise awareness and inspire action through dialogue, community education, and public memorials. This initiative helps to increase awareness and leads to action to enact policies that will eliminate disparities and move toward the goal of a "Beloved Community."



"Across the nation, black, brown and indigenous people were disproportional impacted by COVID-19. These undisputed results serve as stark reminders of the health inequities we must work together to address."

*Juana Slade
Chief Diversity Officer
and Director, AnMed
Health Chair of Diversity,
Equity and Inclusion
Council of South Carolina
Hospital Association – the
first of its kind for SCHA.*

Executive Team

The AnMed Health executive team is creating system wide and community partnerships focused on promoting health equity and reducing health disparities, based on information affirmed by the COVID 19 pandemic.



Not pictured:
Christine Pearson
Chief Financial
Officer



(From L-R (Back Row) Chad Lott, General Counsel; Michael Cunningham, VP of Community Health Partnerships and Interim CEO of AnMed Health Cannon; Brett Justice, VP of Strategic Planning, Marketing and Business Development and Chief Strategy Officer; Tina Jury, EVP and Chief Operations Officer; Dr. Brad Mock, Chief Physician Executive (Front Row) Lynn Gregory, VP of AnMed Health Medical Group; David Glymph, VP of Clinical and Support Services; Shaunda Trotter, VP of Patient Care Services and Chief Nursing Officer; William Kenley, Chief Executive Officer; Kaye Brewer, Chief Human Resources Officer

Looking ahead to the future

AnMed Health's goals for 2022 and beyond:

- 1 Enhance capabilities to manage populations and leverage local and super-clinically integrated networks
- 2 Optimize the physician network and grow in key geographic markets
- 3 Fully engaged teams providing exceptional service with the utmost quality and safety
- 4 Strengthen differentiated services (regionally & nationally ranked)
- 5 Appropriately distribute services and adjust business models to improve affordability to patients



“If we are to have a significant and lasting impact on the health of our communities, we must address the needs of the community outside our walls.”

William Kenley, AnMed Health CEO



AnMed Health
Diversity and Language Services
800 N. Fant Street
Anderson, SC 29621
AnMedHealth.org/equity