

ASSOCIATION OF ACADEMIC HEALTH CENTERS

LEADERSHIP PERSPECTIVES

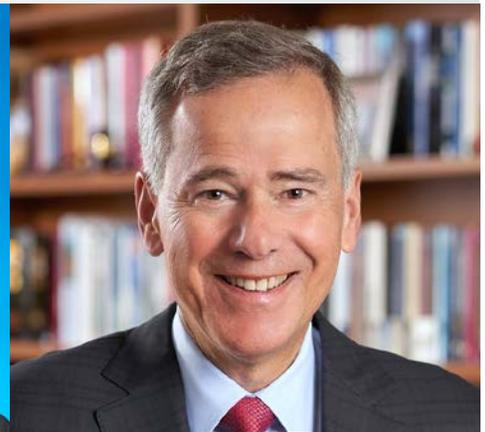
Collaboration Drives Innovation:
Advancing Health Equity



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PERSPECTIVE



BY Steven L. Kanter, MD // AAHC President & CEO

Academic health centers transformed rapidly to meet the challenges of the COVID-19 pandemic.

They ramped up telehealth, worked at the forefront of vaccine development, studied new treatments for COVID-19, implemented new approaches to education, communicated extensively with the public, and did it all while taking care of the sickest patients. As we near the 18-month mark, it is a critical time to reflect on challenges and lessons learned and, perhaps even more importantly, to consider how these challenges and lessons can and must inform the continuing evolution of the academic health center.

Prominent among these issues is the need for substantive, meaningful, and urgent progress in health equity. This issue of *Leadership Perspectives* explores this theme as three academic health center leaders share their experiences and insights on community outreach efforts, collaborations with community organizations, partnerships with business and government, and more, in a concerted effort to pursue innovative and creative approaches to advance health equity.

Robert N. Golden, MD, dean, School of Medicine and Public Health and vice chancellor for medical affairs at the University of Wisconsin-Madison, describes how his institution responded to the pandemic and the health disparities within their community. In addition to rapidly forming ad hoc partnerships, an online interactive map was developed to provide “data on socioeconomic

factors at the neighborhood level,” which “allowed us to target the most at-risk areas of COVID-19 impact and focus resources and outreach where it was most needed.”

Valerie Montgomery Rice, MD, president of Morehouse School of Medicine, describes her institution’s approach of utilizing townhalls and broadly cast media relations efforts, “along with engaging with peers in the academic and faith communities.” This collaborative community outreach, where they “listened to legitimate concerns and answered every question imaginable,” highlighted their commitment to “leading the charge on health equity.”

Harold L. Paz, MD, MS, executive vice president and chancellor for health affairs at The Ohio State University and chief executive officer of the Ohio State Wexner Medical Center, clearly notes that “[W]e cannot address the problems of the 21st century effectively without innovation, and we cannot have a healthy society without greater equity.” Describing the many efforts by his institution to respond to the pandemic and health disparities, he echoes the viewpoints noted above that “effective outreach in underserved communities requires listening to those community members—an essential first step in collaboration.”

These three commentaries feature important and innovative approaches to health equity at academic health centers, while highlighting the important role that these institutions play in advancing diversity, equity, access, and inclusion.



Robert N. Golden, MD

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Lessons Learned from a Brutal Teacher

COVID-19 is proving to be an intense, brutal teacher. As we look forward to the day it recedes, we must simultaneously pledge to remember the lessons learned from its devastation.

The progress in gaining control over this pandemic is largely related to the remarkably rapid development of safe and effective vaccines, including the mRNA vaccines, which represent a relatively new technology. We must remember the incredible life-saving return on our longstanding investments in biomedical research, including the public/private collaborations which accelerated the creation of new COVID-19 vaccines.

In stark contrast to the rapid and effective development of vaccines, the vaccination roll-outs were inefficient, inconsistent, and poorly organized. This reflects in part the chronic gross underfunding of public health services in the United States. The lack of a coordinated federal and state vaccination protocol delayed the availability of vaccine administration to countless people and populations in a way that added to the deadly impact of the pandemic.

Perhaps the ugliest lesson learned relates to health disparities and health inequities. For many decades, it has been clear that unacceptable health disparities exist in our country, with communities of color—as well as rural populations—bearing a disproportionate burden across a wide range of illnesses and conditions. COVID-19 is shining a glaring spotlight on this, highlighting the moral imperative to address and eliminate health inequities in the U.S. One of our faculty leaders, Dr. Amy Kind, led the development of an online, [interactive map](#) of more than 70 million ZIP+4 ZIP codes that provides data on socioeconomic factors at the neighborhood level. This allowed us

to target the most at-risk areas of COVID-19 impact and focus resources and outreach where it was most needed. This approach will continue to be critical to addressing health disparities. The global village also requires our collective attention and commitment. It is devastating to watch so many people in India die as a result of inequitable global distribution of the most fundamental health-related resources.

At the very start of the epidemic in our community, an immediate ad hoc partnership was created among our school and academic health system, two locally located major biotechnology companies, and our state public health laboratory. Working literally around the clock, we came together, sharing facilities, equipment, staff, and access to vital components of the supply chain to create local COVID-19 testing capacity in a way that could never have been achieved so quickly through solo efforts. We believe this partnership will spawn ongoing alliances into the future.

“ COVID-19 is shining a glaring spotlight on this, highlighting the moral imperative to address and eliminate health inequities in the U.S. ”

The most salient lesson learned from the pandemic is the importance of three imperatives: communication, communication, and communication. Tight communication and coordination that couples medicine and public health is essential, and our school strives to achieve this across our missions of research, education, and service. We must learn how to counter communications that propagate misinformation and false “facts” via social media and hinder effective public health education and intervention. And, communication and collaboration across the realms of academic health systems, private industry, and government is incredibly beneficial for each component, and more importantly, to the people and populations whom we serve.



**Valerie Montgomery
Rice, MD**

PRESIDENT
Morehouse School
of Medicine

Answering the Call

There are times when I think that our mission is straightforward and simple. Educate and train more Black doctors, and we will save more Black lives. And then, I again come to realize all the obstacles in our way—even more so during this pandemic.

At Morehouse School of Medicine, we determined early on that our students must be ready for immediate deployment into the field following graduation in May 2020. So, we transitioned back to in-person learning for those aspects of medical training that do not lend themselves to a virtual environment. This required our institution to develop a disciplined COVID-19 testing and contact tracing program, which is still in place today.

As the way we educate and train evolved along with the pandemic and the necessary response, our research centers also became engaged. Morehouse School of Medicine conducted clinical trials for two leading global vaccine manufacturers across a wide range of test subjects and age groups, primarily among those groups typically hardest to reach when distributing and administering vaccines and those who are not well represented in clinical trials and research.

Townhalls and media relations efforts, along with engaging with peers in the academic and faith communities, have connected us with dozens of thousands of individuals. We listened to their legitimate concerns and answered nearly every question imaginable regarding why *these vaccines* should be trusted, whether the process and/or the science has been rushed, and raising comparisons to noted and horrific prior instances of medical experimentation on people of color.

Understanding the justified distrust by underserved and minority communities, we implemented a hands-on, personal approach. On January 5, 2021, we gathered a willing group of civil rights and faith community luminaries who were willing to roll up their sleeves and lead by example to receive the vaccine. The following Saturday, we began a community vaccination program, which continues to this day and is now aided by a mobile health clinic unit serving both metro Atlanta and rural and underserved areas throughout the state.

We are improving vaccine access in many of Georgia's rural and more impoverished communities. Vaccines are being administered by our 2020 graduates as well as our recent graduates from the class of 2021. Our graduates were inspired to fight this ongoing battle by Georgia's first African American United States Senator, The Honorable Reverend Raphael Warnock, who gave this year's commencement address and received his COVID-19 vaccine a few months earlier at Morehouse Healthcare.

As infection rates, hospitalizations, and fatalities are declining in the United States, Morehouse School of Medicine will continue efforts, through a broadly cast public awareness campaign, to urge everyone eligible to roll up their sleeves and take their shot. We will also continue to listen to and educate those still on the fence. Morehouse School of Medicine remains committed to leading the charge on health equity, seeing us through this pandemic, and leading us to a healthier nation.

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Of all the wisdom brought home during this challenging past year, two truths stand out: We cannot address the problems of the 21st century effectively without innovation, and we cannot have a healthy society without greater equity. At The Ohio State University Wexner Medical Center, our work to foster innovation and equity is informed by a third indispensable value: collaboration.

As the first person to lead the seven Ohio State health science colleges as well as the Ohio State Wexner Medical Center academic health enterprise, including seven hospitals, more than 20 research institutes, multiple ambulatory sites, an accountable care organization, and a health plan, my job is grounded in collaboration.

Working with all of the major central Ohio hospital systems during the height of COVID-19 infections enabled us to create a coordinated patient referral system, ensuring that no one hospital had all the sickest patients. Leveraging our strong partnership with Battelle, one of the world's foremost research and development companies, we developed a rapid, highly sensitive COVID-19 test that allowed us to go from processing 40 tests per day to about 4,000.

The past year also has driven home the fact that effective outreach in underserved communities requires listening to those community members—an essential first step in collaboration.

When vaccination numbers in underserved and communities of color weren't what we wanted to see at our centralized vaccination site on campus, we opened a second site at our Ohio State East Hospital,

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which is located in one such neighborhood and also represents the core of our continued investment in improving health equity in these neighborhoods. We reserved appointments there for people from select ZIP codes to ensure access and sent students from the health science colleges into community centers, barbershops, churches, and other neighborhood gathering places to fill those appointments.

Our commitment to collaboration and equity are on display daily in our work supporting Partners Achieving Community Transformation (PACT), a group that has been leading redevelopment of the Columbus' Near East Side around our Ohio State East Hospital for more than a decade. We've invested more than \$10 million in programs such as Moms2B, an initiative to fight high infant mortality in vulnerable communities.

We are approaching the first anniversary of the launch of our Anti-Racism Action Plan, developed to respond to the anti-racism movement that is transforming our communities. We aim to “unlearn bias” in the next generation of health professionals and to integrate anti-racism principles into all that we do, beginning by declaring racism a social determinant of health. We did this because of the mounting evidence-based research detailing the very real and very negative consequences that racism has on a person's overall health and well-being.

I believe that our core value of collaboration is what will enable the Ohio State Wexner Medical Center to lead the drive toward equity and innovation—and a better future for everyone.