

# Office of Research and Health Equity

## Mission, Vision, Strategy & Program



**Michelle Y. Williams, PhD, RN, FAAN**

**Associate Chief Nursing Officer (ACNO)**

Office of Research and Health Equity  
Stanford Health Care

**Clinical Assistant Professor**

**Section Chief, Nursing Research Section**

Division of Primary Care and Population Health

Department of Medicine

School of Medicine, Stanford University

December 12, 2023

# Agenda

1

## Office of Research

- Overview
- Mission & Vision
- Strategy
- Nursing Research Section
- Impact
  - Enhancing Clinical Care and Leadership:  
The Service Line Model of Support
  - Research & Collaboration
  - Education

2

## Health Equity



# Office of Research Overview



Education and  
Consultation



Grants and  
Fellowships



Health Equity



Clinical Trial  
Facilitation



[Research@StanfordHealthCare.org](mailto:Research@StanfordHealthCare.org)

# ORPCS Leadership Team

## Management Team



**Michelle Y. Williams, PhD, RN, FAAN**  
Associate Chief Nursing Officer  
Research & Health Equity



**Michelle D. Hampton, PhD, RN**  
Director, Academic Nursing and  
Patient Care Research



**Alice Yan, PhD**  
Director, Health Equity



**Lynette V. Apen, DNP, RN**  
Director, Research Ops/Strategy

## ORPCS Operations Team



**Esther Kolison, MSN, RN**  
Manager  
Quality, Analytics & Reporting



**Keith Salvado, BSN, RN**  
Research Program Manager  
Clinical Trials Research Practice



**Rich Elles, BA, PMP**  
Project Manager



**Cecelia Crawford, DNP, RN, FAAN**  
Research Program Manager  
Research, Theory Development &  
Dissemination

# Mission & Vision



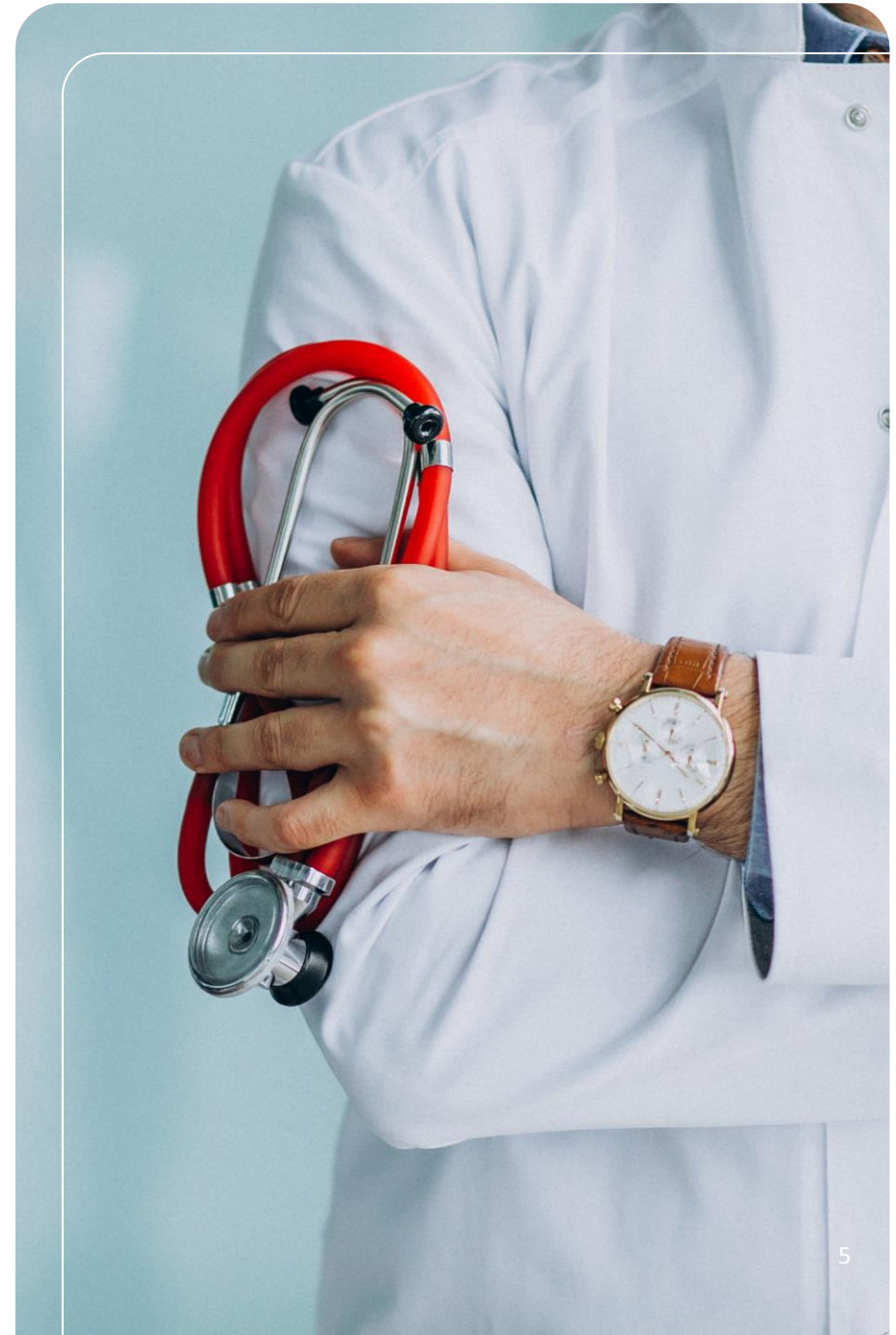
## Mission

To advance health equity, nursing practice, patient care, and research across Stanford Medicine and society-at-large through leading, developing, sponsoring, and sustaining research partnerships with our PCPH Division and the larger Stanford School of Medicine, community-based organizations, nursing academia, and care delivery institutions.



## Vision

Highest level of research evidence shaping the quality of accessible and equitable health care at the lowest cost for Stanford Medicine and beyond



# Strategy



Build **research capacity and capabilities** at front lines



Provide **operational research support** to service line leadership



Grow **academic research collaborations** with the School of Medicine



Increase academic standing through **dissemination**



Meet the education expectations for an **academic appointment with the School of Medicine**

# NURSING RESEARCH SECTION AT PRIMARY CARE AND POPULATION HEALTH, SCHOOL OF MEDICINE



Officially Announced January 13, 2023



Facilitates PhD-prepared nurses to have academic representation and visibility, which will promote interdisciplinary collaboration to advance clinical and translational research.

# Division of Primary Care, Population Health

•We believe that by building alliances between our academic institution, nursing, and interprofessional researchers, and the community—we will inspire advances in health equity and research.  
Sincerely,

**Michelle Y. Williams, PhD, RN, FAAN**  
Section Chief, Nursing Research Section  
Clinical Assistant Professor  
Division of Primary Care and Population Health  
Department of Medicine  
Stanford University School of Medicine

# Nursing Research Section – CONT'D Stanford School of Medicine

The screenshot shows the website for the Nursing Research Section. At the top, the Stanford Medicine logo is on the left, and the text 'Primary Care and Population Health Department of Medicine' is on the right. Social media icons for Instagram and Twitter are in the top right corner. A navigation bar below the logo contains links for 'About Us', 'People', 'Education', 'Research' (highlighted in red), 'Patient Care', 'Programs and Centers', 'Community Partnership', and 'Join Our Team'. The main content area features a heading 'Welcome from the Section Chief, Nursing Research' above a portrait of Michelle Y. Williams. To the right of the portrait is a paragraph of text about the mission and a second paragraph about interprofessional collaborations. On the far right, there is a vertical sidebar with several red buttons: 'Learn About What We do', 'Who We Are', 'Faculty', 'Fellows', 'Grants', and 'Office of Research Patient Care Services (ORPCS) Lab'. Each button has an icon and a right-pointing arrow.



# NURSING RESEARCH SECTION – CONT'D



Total faculty in Nursing Research Section: 12

- Section Chief: Dr. Michelle Y. Williams
- Nursing faculty: 10
- Non-nursing faculty: 2
- 7 faculty have been appointment in the Office of Research Patient Care Services (ORPCS), Stanford Health Care



# NURSING RESEARCH SECTION – CONT'D

## Postdoctoral Nurse Scientist Fellow



- Collaboration with Stanford Nurse Alumnae, ORPCS, and Clinical Excellence Research Center (CERC) at the School of Medicine



- Two Nurse Fellows serving as Nurse Scientists at ORPCS

# Impact



Clinical Care:  
Service Line Model of Support



Research & Collaboration



Education

# MEET THE NURSE RESEARCH TEAM

## TO DISCOVER

Ever think, 'there has got to be a better way to do this?' There probably is; let's discover another way.



**Michelle DeCoux Hampton**

PhD, MS, RN-Director  
Pioneer, Creator  
Serving: Executive and  
Administrative Leadership



**Kyung Mi Kim**

PhD, RN, CNOR  
Equalizer, Creator  
Serving: All service  
lines, as needed



**Zaina Alzawad**

PhD, M. Ed., MANP, RN  
Teacher, Provider  
Serving Critical  
Care/Emergency Dept



**Michele Diaz Nelson**

PhD, MS, RN  
Influencer, Creator  
Serving: All service  
lines, as needed



**Aubrey Florum-Smith**

PhD, RN, AFA:MA  
Pioneer, Stimulator  
Serving: Inpatient/AAU/  
Technology/STV



**Chrystal Lewis**

PhD, RN  
Creator, Stimulator  
Serving: Ambulatory



**Cassandra Munro**

PhD, RN, CNOR, FAAN  
Creator, Teacher  
Serving: Interventional  
Platform



**Anna Oh**

PhD, MPH, RN  
Creator, Stimulator  
Serving: Heme/ONC/BMT/  
Health Equity

# Enhancing Clinical Care and Leadership: The Service Line Model of Support

Designed by Dr. Michelle Y. Williams, 2020



## Segments the clinical areas of Patient Care Service Lines into 5 distinct areas + Executive Leadership

- Critical Care and Emergency Department
- Interventional Platform (Perioperative Care)
- Acuity Adaptable Units and Tri-Valley
- Oncology, Hematology, and Bone Marrow Transplant
- Ambulatory Services
- Executive Leadership Line, 2022



# Enhancing Clinical Care and Leadership: The Service Line Model of Support – CONT'D

## Responsibilities and Expertise



Development, implementation, evaluation, and improvement of new clinical workflows and models of care across various settings.

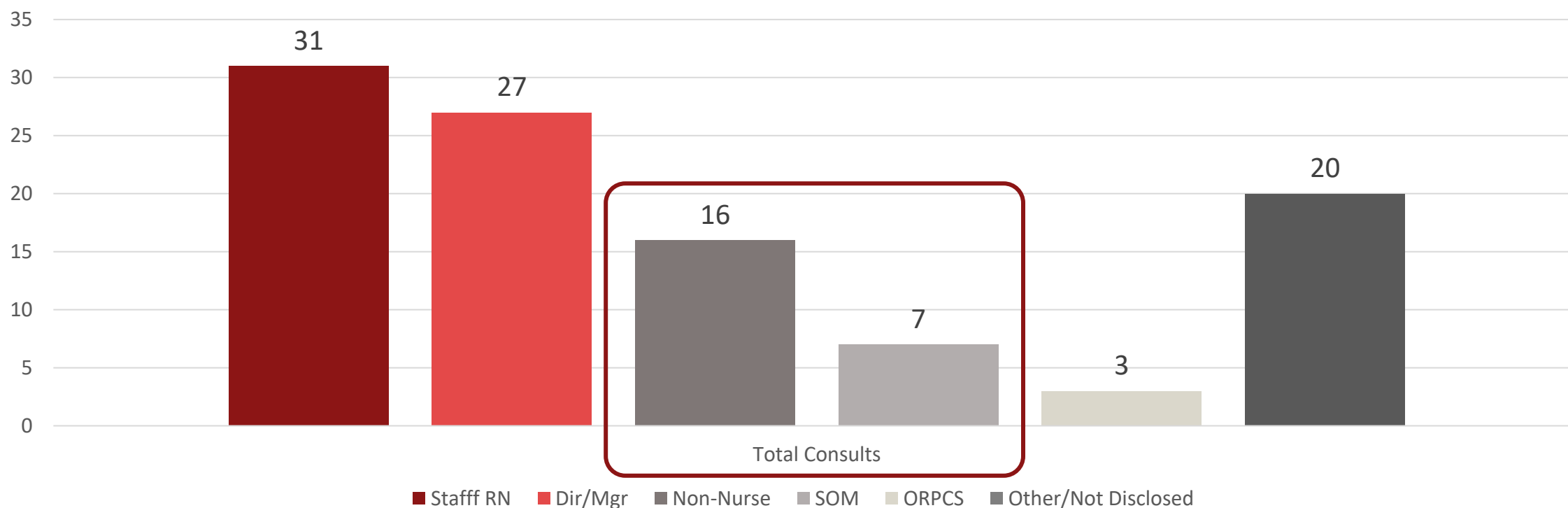


Participation as an expert or reviewer in local, regional, or national clinical care, quality improvement, and innovation projects, including professional organizations.

# FY 23 Milestones: The Service Line Model of Support



**105 consultations**, with **22%** of consultations being for SOM and non-nursing collaboration



# Research & Collaboration



**Forging Synergistic Partnerships:** Engaging in mutually beneficial projects and studies with SOM faculty, frontline staff and leadership at SHC



**Resource Mobilization:** Pursuing and providing internal and external grant funding



# FY 23 MILESTONES: RESEARCH & COLLABORATION

Health Affairs Scholar, 2023, 1(2), 1–11  
<https://doi.org/10.1093/haschl/gxad026>  
 Advance access publication: July 13, 2023  
 Research Article



## Racial disparities in inpatient palliative care consultation among frail older patients undergoing high-risk elective surgical procedures in the United States: a cross-sectional study of the national inpatient sample

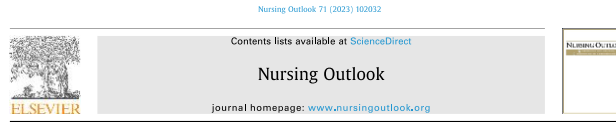
Kyung Mi Kim<sup>1,2,3,\*</sup>, Ulrike Muench<sup>3,4</sup>, John E. Maki<sup>5</sup>, Maria Yefimova<sup>6,7</sup>, Anna Oh<sup>8</sup>, Jeffrey K. Jopling<sup>2,8</sup>, Francesca Rinaldo<sup>2</sup>, Nirav R. Shah<sup>2</sup>, Karleen Frances Giannitrapani<sup>9,10,11</sup>, Michelle Y. Williams<sup>1,11</sup>, Karl A. Lorenz<sup>9,10,11</sup>

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  - <sup>5</sup>Saint Francis Memorial Hospital, San Francisco, CA 94109, United States
  - <sup>6</sup>Center for Nursing Excellence and Innovation, UCSF Health, San Francisco, CA 94143, United States
  - <sup>7</sup>Department of Physiological Nursing, School of Nursing, University of California, San Francisco, San Francisco, CA 94143, United States
  - <sup>8</sup>Department of Surgery, School of Medicine, Johns Hopkins University, Baltimore, MD 21287, United States
  - <sup>9</sup>Center for Innovation to Implementation (C2i), Veterans Affairs Palo Alto Health Care System, US Department of Veterans Affairs, Palo Alto, CA 94304, United States
  - <sup>10</sup>Quality Improvement Resource Center for Palliative Care, Stanford University, Stanford, CA 94305, United States
  - <sup>11</sup>Primary Care and Population Health, School of Medicine, Stanford University, Stanford, CA 94305, United States
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### Abstract

Surgical interventions are common among seriously ill older patients, with nearly one-third of older Americans facing surgery in their last year of life. Despite the potential benefits of palliative care among older surgical patients undergoing high-risk surgical procedures, palliative care in this population is underutilized and little is known about potential disparities by race/ethnicity and how frailty may affect such disparities. The aim of this study was to examine disparities in palliative care consultations by race/ethnicity and assess whether patients' frailty moderated this association. Drawing on a retrospective cross-sectional study of inpatient surgical episodes using the National Inpatient Sample of the Healthcare Cost and Utilization Project from 2005 to 2019, we found that frail Black patients received palliative care consultations least often, with the largest between-group adjusted difference represented by Black-Asian/Pacific Islander frail patients of 1.6 percentage points, controlling for sociodemographic, comorbidities, hospital characteristics, procedure type, and year. No racial/ethnic difference in the receipt of palliative care consultations was observed among nonfrail patients. These findings suggest that, in order to improve racial/ethnic disparities in frail older patients undergoing high-risk surgical procedures, palliative care consultations should be included as the standard of care in clinical care guidelines.

**Key words:** palliative care consultation; racial/ethnic disparities; high-risk surgery; frail older patients.



### Health equity: A concept analysis

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- <sup>b</sup>Division of Primary Care and Population Health and Nursing Research Section, Department of Medicine, Stanford University School of Medicine, Palo Alto, CA
- <sup>c</sup>Department of Nursing, Sonoma State University, Rohnert Park, CA
- <sup>d</sup>School of Nursing, University of North Carolina at Chapel Hill, Chapel Hill, NC
- <sup>e</sup>Duke University School of Nursing, Durham, NC
- <sup>f</sup>Department of Nursing, California State University, East Bay, Hayward, CA
- <sup>g</sup>Executive Administration, Stanford Health Care, Palo Alto, CA

### ARTICLE INFO

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Keywords:  
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 Concept analysis  
 Health care organization  
 Health care system  
 Paper  
 Policymaker

### ABSTRACT

**Background:** Although health equity is critically important for healthcare delivery, there are inconsistencies in its definitions or lack of definitions.  
**Purpose:** Develop a comprehensive understanding of health equity to guide nursing practice and healthcare policy.  
**Method:** Walker and Avast's concept analysis method was used to establish defining attributes, antecedents, consequences, and empirical referents of health equity.  
**Findings:** Health equity-defining attributes are grounded in ethical principles, the absence of unfair and avoidable differences, and fair and just opportunities to attain a person's full health potential. Health equity antecedents are categorized into environmental, financial or economic; law, politics, and policy; societal and structural; research; and digital and technology.  
**Discussion:** Health equity's antecedents are useful to distinguish health disparities from health outcomes resulting from individual preferences. To achieve health equity, organizations need to focus on addressing the antecedents.

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### Background

In 2021, health spending in the United States (U.S.) grew 2.7% to \$4.3 trillion, \$12,914 per person, and comprised 18.2% of the nation's gross domestic product (Centers for Medicare & Medicaid Services (CMS), 2022). Despite outpacing all other developed nations in healthcare, the U.S. lags behind in nearly all measures of health status, indicating that higher healthcare expenditure does not guarantee better health outcomes or equity (Papadopoulos et al., 2018). Medical care contributes to only 10 to 20% of variations in health outcomes, while the broader socioeconomic context (i.e., social determinants of health) (SDoH) accounts for half of these variations (De Lew & Sommers, 2022; Woolf, 2017). Therefore, to enhance the health of the U.S. population, a focus on

health equity and the broader SDoH is essential (Hood et al., 2016). Health equity encompasses pursuing the "best health possible" for all, including freedom from harm, exploitation, hazards, and suffering (Allen et al., 2011). U.S. stakeholders, including policymakers, health system leaders, insurers, and researchers, have intensified their focus on addressing health disparities and advancing health equity. This focus is further solidified by the Joint Commission's (JTC) (2022) requirements, which positions health equity as a cornerstone of healthcare improvement and a quality and safety priority (Perlin & Lee, 2022; JTC, 2022). While the JTC primarily views health care disparities as a quality of care issue, it is crucial to recognize the role of social justice in addressing these disparities. Addressing health disparities is not just about improving health care; it is a commitment to a more just society, as these disparities exacerbate social disadvantage and vulnerability (Braveman et al., 2011; Velasco & Reed, 2023).

Despite the growing emphasis on health equity, the definition of "health equity" remains ambiguous across many healthcare

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## Original Investigation | Surgery Patient Characteristics Associated With Occurrence of Preoperative Goals-of-Care Conversations

Kyung Mi Kim, PhD, RN; Karleen F. Giannitrapani, PhD; Ariadna Garcia, MS; Derek Boothroyd, PhD; Adela Wu, MD; Raymond Van Cleave, PhD; Matthew D. McCaa, MS; Maria Yefimova, PhD; RN; Rebecca A. Adalson, MD; MPH; Arden M. Morris, MD; MPH; Scott T. Shreve, DO; Karl A. Lorenz, MD, MSH

### Abstract

**IMPORTANCE** Communication about patients' goals and planned and potential treatment is central to advance care planning. Undertaking or confirming advance care plans is also essential to preoperative preparation, particularly among patients who are frail or will undergo high-risk surgery.

**OBJECTIVE** To evaluate the association between patient risk of hospitalization or death and goals-of-care conversations documented with a completed Life-Sustaining Treatment (LST) Decisions Initiative note among veterans undergoing surgery.

**DESIGN, SETTING, AND PARTICIPANTS** This retrospective cross-sectional study included 190 040 veterans who underwent operations between January 1, 2017, and February 28, 2020. Statistical analysis took place from November 1, 2021, to November 17, 2022.

**EXPOSURE** Patient risk of hospitalization or death, evaluated with a Care Assessment Need (CAN) score (range, 0-99, with a higher score representing a greater risk of hospitalization or death), dichotomized as less than 80 or 80 or more.

**MAIN OUTCOMES AND MEASURES** Preoperative LST note completion (30 days before or on the day of surgery) or no LST note completion within the 30-day preoperative period prior to or on the day of the index operation.

**RESULTS** Of 190 040 veterans (90.8% men; mean [SD] age, 65.2 [11.9] years), 3.8% completed an LST note before surgery and 96.2% did not complete an LST note. In the groups with and without LST note completion before surgery, most were aged between 65 and 84 years (62.1% vs 56.7%), male (94.3% vs 90.7%), and White (82.2% vs 78.3%). Compared with patients who completed an LST note before surgery, patients who did not complete an LST note before surgery tended to be female (9.3% vs 5.7%), Black (19.2% vs 15.7%), married (50.2% vs 46.5%), and in better health (Charlson Comorbidity Index score of 0, 25.9% vs 15.2%); to have a lower risk of hospitalization or death (CAN score <80, 98.3% vs 96.9%); or to undergo neurosurgical (9.8% vs 6.2%) or urologic surgical procedures (5.9% vs 2.0%). Over the 3-year interval, unadjusted rates of LST note completion before surgery increased from 0.1% to 9.6%. Covariate-adjusted estimates of LST note completion indicated that veterans at a relatively elevated risk of hospitalization or death (CAN score ≥80) had higher odds of completing an LST note before surgery (odds ratio [OR], 1.29; 95% CI, 1.09-1.53) compared with those with CAN scores less than 80. High-risk surgery was not associated with increased LST note completion before surgery (OR, 0.93; 95% CI, 0.86-1.01). Veterans who underwent cardiovascular surgery had the highest likelihood of LST note completion before surgery (OR, 1.35; 95% CI, 1.24-1.47).

(continued)

### Key Points

**Question** What is the association between patient risk of hospitalization or death, measured with a Care Assessment Need (CAN) score, and occurrence of goals-of-care conversations documented with a completed Life-Sustaining Treatment (LST) Decisions Initiative note among veterans who underwent surgery in the Veterans Health Administration?

**Findings** In this cross-sectional study, covariate-adjusted estimates of LST note completion indicated that veterans at high risk of hospitalization or death (CAN score ≥80) had a significantly higher likelihood of LST note completion before surgery.

**Meaning** This study suggests that a minority of veterans completed documentation of goals-of-care conversations preoperatively, despite a marginal increase in documentation of goals-of-care conversations associated with a higher risk of hospitalization or death among veterans who underwent operations.

### Supplemental content

Author affiliations and article information are listed at the end of this article.

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JAMA Network Open. 2023;6(2):e2255407. doi:10.1001/jamanetworkopen.2022.55407

February 9, 2023 1/3

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# FY 23 MILESTONES: RESEARCH GRANTS

## The Stanford Nurse Alumnae Legacy Grant

- 8 Legacy Grant submissions and **6** awards were received for Cycle I 2023.
- **11** Legacy Grant submissions were made for Cycle II 2023, and the awards will be announced in December.

## Health Equity Research Grant

- Health Equity Grant: **9** awardees across SHC
- Diversity, Equity, and Inclusion Grant: **12** awardees across SHC



# EDUCATION



The Introduction to Quantitative Research I (PAS 257), School of Medicine



Advising and mentoring junior nurse scientists



Providing leadership, direction, & strategic planning for directing developing research capacity with SHC and other organizational collaborators

# FY 23 MILESTONES: EDUCATION



PAS 257 Instruction Quality:  
Aligns with the Department of  
Medicine's average score (4.40 vs. 4.39)



4 nurse scientists appointed as Clinical  
Assistant Professors.



# HEALTH EQUITY



PhD prepared research scientists



Business, Project, Public Health & Administrative Specialists



Executive leaders

# MEET THE HEALTH EQUITY RESEARCH TEAM

## TO DISCOVER

Ever think, 'there has got to be a better way to do this?' There probably is; let's discover another way.



**Michelle Y. Williams**

PhD, RN, FAAN  
Associate Chief Nursing  
Officer; Section Chief,  
Nursing Research Section



**Alice Yan**

PhD, MD  
Director, Health  
Equity Research



**Sherveen Riazati**

PhD, MS  
Research Scientist



**Richard Oyekan**

PhD, MPH  
Research Scientist



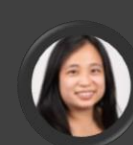
**Ola Abdelhadi**

PhD, MD, MPH  
Research Scientist



**Elidia Tafoya**

MPH  
Manager, Implementation  
Science, Culture and Equity



**Carol Yoon**

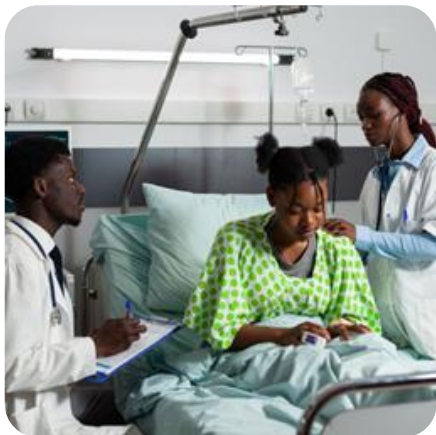
MSSW  
Project Manager



**Du Nguyen**

BS  
Clinical Research Associate

# FY23 MILESTONES: HEALTH EQUITY GOALS FOR QUALITY AND SAFETY DOMAINS



## 01 | Annual Health Equity Report:

Identify disparities in quality and safety outcomes based on patients' demographic variables.



## 02 | Equitable Access to Research/Clinical Trials:

Perform baseline assessment of inclusion practices related to underserved populations/patients enrolled in clinical trials.

# INAUGURAL 2023 STANFORD HEALTHCARE HEALTH DISPARITIES REPORT





# DIVERSITY AND HEALTH EQUITY IN CLINICAL TRIALS

## Findings on SHC Inpatient Clinical Trials Recruitment Practice

IRB Protocols (67 Clinical Trial and 65 Clinical Studies) N=132	% Yes (Mentioned)
Non-English Language Usage/Materials	45%
Use of Interpreter	42%
Deliberate Plans to Recruit Diverse Participants*	3%
Social Determinants of Health	2%
"Disparity"	2%
"Culture"***	1%
"Gender Identity"	0%

\*If the study included language indicating that the study was open to all participants, this was counted as a no. If the study specifically mentioned deliberate plans to recruit a diverse pool of participants, this was coded as a yes.

\*\*\*Culture was defined as shared attitudes, values, goals, and practices

# EQUITY MGT CHARTER PROJECTS & INITIATIVES

MGT Name	Equity Management Guidance Team (MGT)					
Projects / Initiatives	Health Equity Initiatives (6)		Equity Research Courses / Publications (10)		Equity Seed Funding/Research Projects (20)	
<ul style="list-style-type: none"> <li>• Reports</li> <li>• Regulatory</li> <li>• Collaborations</li> <li>• Research</li> <li>• Manuscripts</li> <li>• CME Webinars</li> <li>• CME Courses</li> <li>• Sponsor: Seed Funding</li> </ul>					2022	2023
	<ol style="list-style-type: none"> <li>1. <b>Overcapacity Planning</b> – Equity &amp; <b>Hallway Bed Utilization</b>: A joint initiative by the Research Operation and Strategy (ROS) team and Dr. Neera Ahuja.</li> <li>2. <b>Health Disparities Report</b> – Quality and Safety Domains: A project by the HE team in collaboration with Quality, Safety &amp; Clinical Effectiveness.</li> <li>3. <b>Diversity and Equity in Clinical Research Report</b> – A collaboration between the HE Research team and the SHC In-patient Clinical Trials Research team.</li> <li>4. <b>Regulatory Alignment</b>: Projects focusing on new standards from <b>The Joint Commission</b> (TJC) health disparities reduction and the <b>Centers for Medicare and Medicaid Services</b> (CMS) to address Social Determinants of Health. SHC wide collaboration.</li> <li>5. <b>Length of Stay Management Collaboration</b> – An initial collaboration with Length of Stay MGT on <b>LOS escalation tracking</b>, in partnership with Dr. Lisa Shieh and Dr. Neera Ahuja.</li> <li>6. <b>Pharmacoequity Oncology</b> – A collaboration between the Health Equity (HE) team, Pharmacy, and Cancer Institute.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Health Equity Concept Analysis: Journal Article: Nursing Outlook: AAN</b> – An SHC ORPCS Systematic Review of the Literature with key internal and external Health Equity and Theoretical Model experts. Manuscript pending acceptance.</li> <li>2. <b>Myths in Medicine Can Lead to Health Disparities: Journal Article: JAMA – Race, Ethnicity, and Clinical Algorithms in Chronic Kidney Disease Clinical Diagnosis and Decision Making – A Systematic Review</b>. An SHC ORPCS manuscript with key internal Health Equity experts (Glen Chertow, MD and Raffick Bowen, PhD).</li> <li>3. <b>History of Racism in Medicine: CME Webinar &amp; Elective Course (Stanford School of Medicine) –GME/CME/Certificate Program (SoM)</b> – An ORPCS CME Course developed in 2021 for SoM Bioinformatics MD Residents/Panel Discussion; accepted in 2022 by SoM GME for global CME Webinar; in 2023 requested by SoM GME for perpetual CME Course; and on 7/10/2023 SoM GME / CME added it as an Elective Course in Canvas as an optional module in the Stanford Advanced Practice Provider Leadership Certificate Program (APPLC). <a href="https://stanford.cloud-cme.com/course/courseoverview?P=0&amp;EID=45956">https://stanford.cloud-cme.com/course/courseoverview?P=0&amp;EID=45956</a></li> <li>4. <b>Mental Health Symptoms are comparable in patients hospitalized with acute illness and patients hospitalized with injury: Journal Article: PLOS ONE</b> – Mental health problems following traumatic injuries are well-documented, ours is the first study to examine mental health in patients admitted after emergency care for acute illness. We also observed ethnic/racial disparities. Black patients with traumatic injury had higher PTSD symptoms and a higher rate of assault injuries compared to other patients.</li> <li>5. <b>Racial Disparities in Palliative Care Consultation among Frail Older Patients Undergoing High-Risk Surgical Procedures: Journal Article: Health Affairs Scholar</b> – SHC ORPCS, SoM, UCSF Collaboration.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Determinants of health</b> associated with patient's unmet needs post-hospital discharge.</li> <li>2. <b>Health Equity and Disparity outcomes in Nurse Sensitive Indicator Data</b> from a Single Academic Hospital.</li> <li>3. <b>Improving Blood Pressure Control</b> in Post-Discharge Stroke Patients with Access to a Home Blood Pressure Monitoring.</li> <li>4. <b>The COVID Journey: Understanding and Improving Equity in Healthcare for Persons with Disabilities.</b></li> <li>5. <b>Gender Recognition and Affirmative Care</b> through Education (GRACE).</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Equity Award.</b></li> <li>2. <b>Post-Doc Fellowship Program</b>; Health Equity Research Focus – Jointly SHC ORPCS + SoM CERC.</li> <li>3. <b>Downtown Streets Team</b> – Homelessness Project.</li> <li>4. <b>Built Environment – Health &amp; Wellness Mentorship Program</b> with ACNO Sheriffs Department.</li> <li>5. <b>Hip-Hop Health &amp; Wellness Fair.</b></li> <li>6. <b>Youth Wellness Community Project.</b></li> <li>7. <b>Two (2) Global Health Equity Research SoM</b> – CMO and ACNO HE co-funding: <ul style="list-style-type: none"> <li>(2022) A Randomized Controlled Trial Evaluating an Intervention to Reduce SARS CoV 2 Spread in Low-Income Households in Northern California.</li> <li>(2023) Health currency: the impact of cash transfers for a housing-insecure population.</li> </ul> </li> </ol>		

# NOTHING ABOUT US WITHOUT US: INCLUSION IN THE PARADIGM SHIFT



Prepare and Increase Diversity in the Nursing workforce



Prepare Nurses to Address Social Determinants of Health



Commitment to Make Health Equity a Priority



Advance Research Science and Clinical Practice



Building Infrastructure to Advancing Health Equity

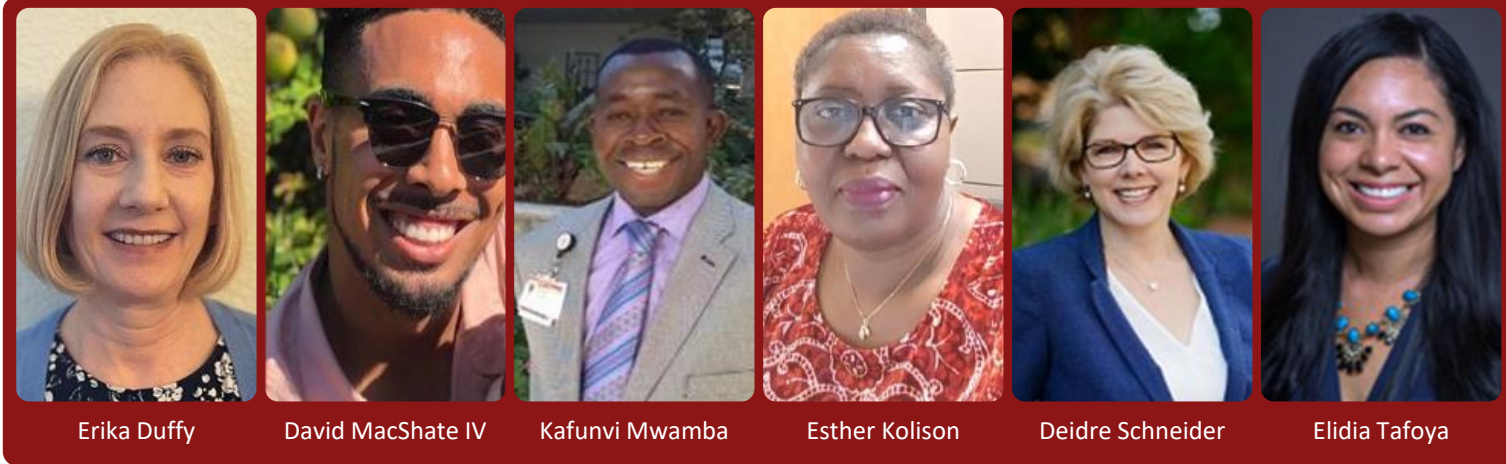


Advocate for Health Equity

# DEI BOLD MOVE: BEAM TEAM MENTORING PROGRAM

## (Bold Move #1)

### Mentorship Program Bold Move Team



Erika Duffy    David MacShate IV    Kafunvi Mwamba    Esther Kolison    Deidre Schneider    Elidia Tafoya



Mentees select up to 3 choices for mentors – June 17 – 21 (2023)



Mentee and Mentor Selection Pairing and Notification – August 1, 2023



3 Educational Sessions led by Talent and Development:

- Kick-off launch – August 15, 2023
- Mid Check-In – November 15, 2023
- Closing Celebration- February 15, 2024



Program evaluation and analysis

**Stanford**  
MEDICINE

BEAM TEAM & Allies  
Employee Resource Group

## INAUGURAL BEAM TEAM MENTORING PROGRAM

As a strategic initiative at Stanford Health Care (SHC) to advance Diversity, Equity, and Inclusion programs for employee resource groups, we are excited to share the inaugural, Black Employee for Advancement and Mentorship Through Empowerment, Affiliation, and Membership (BEAM Team) Mentoring Program. This effort is a collaboration between representatives from the BEAM Team, Diversity, Equity, & Inclusion, and the Office of Research, Patient Care Services.

**WHO SHOULD APPLY**

**Mentors:** SHC Employees from all departments, levels

**Mentees:** SHC BEAM Team employees from all levels seeking professional and interpersonal growth

**APPLICATIONS ARE OPEN!**  
Applications accepted now until **July 15, 2023.**

**BENEFITS**

- support you in your professional growth
- empower you through opportunities for professional visibility
- increase your network

**PROGRAM OVERVIEW**

- 1 to 1 Mentorship Program
- Virtual or In-Person Monthly Meet-ups
- Check-ins at Kick-Off, Mid-point, and Closing Celebration
- Duration: August 2023 – February 2024

Learn more on the BEAM Team Website by reviewing the handbook.

**Questions?**  
Email us at [mentorship@stanfordhealthcare.org](mailto:mentorship@stanfordhealthcare.org)

Login to register to BEAM Team Mentoring Program:  
<https://stanfordmentoring.com/>  
Or, scan the code to get started:

Scan and watch the video:

# DEI BOLD MOVE: EQUITY AWARD

(Bold Move #2)

## Mentorship Program Bold Move Team

### Project Co-Leads



Anna Dapelo-Garcia



Chris Acidera



Ritchie Abracosa



Sherri Miller

### Workgroup Members



Christie Davis



Jewel Stewart



Kafunyi Mwamba



Latanya Dean



Muse Amsalu



Renee Box



Susie Birdie Brown



Tracy Landrito

Confidential



# Equity Award (Bold Move) CONT'D

## SHC Health Equity Strategic Framework

Equity Award criteria, leverage components of the

- Vision & Mission
- Strategic Pillars
  - Strategy & Culture
  - Community

### Stanford Health Care Health Equity Strategic Framework



# DEI BOLD MOVE: NEW EMPLOYEE ORIENTATION (NEO)

(Bold Move #3)

## The NEO Collaborative Team

Program Lead



Megan McCall

Work Group Co-Leads



Kevin Silvestre



Shaquille Tillman

NEO Team Members



Rosanna Ingram



Dr. Tiffany Brown



Labrina Guyton



**Objective:**

Foster inclusion and belonging for Black employees at SCH from Day 1 through the BEAM Team ERG.

We're creating a welcome experience with:



**A Welcome Bag:**

A special touch to make new hires feel part of our community.



**ERG Promotion:**

We're tracking clicks and signups to measure engagement.



**30-Day Follow-Up:**

Ensuring that the sense of belonging continues beyond the first day.



Prototyping the artifacts at the Design Sprint

# NURSE LEADERS' ROLE: ADVOCATE FOR RESEARCH SCIENCE

## Study Adds to Research Indicating Bias in Pulse Oximetry Readings

By Dr. Amy Hajari Case  
July 11, 2022



Pulse oximeter readings are an estimate of the oxygen saturation in a patient's blood and are a helpful tool in monitoring oxygen saturation in individuals who experience shortness of breath. The COVID-19 pandemic has brought new attention to the accuracy of pulse oximeters.



Prospective Clinical Study to Evaluate the Accuracy of Pulse Oximeters in Children with Darker Skin Pigmentation.

**Dr. Michelle Y. Williams, PhD, RN. Role: Co-PI**  
**Dr. Chris Almond. Role: MD, PI**  
Et. Al

<https://www.pulmonaryfibrosis.org/patients-caregivers/education-resources/pff-insights-blog/post/pff-insights/2022/07/12/study-adds-to-research-indicating-bias-in-pulse-oximetry-readings>



# Nurse Leaders' Role: Education and Training on Health Equity

## Launch History of Racism in Medicine CME Course

**History of Racism in Medicine**

Overview Faculty Begin

Add to Calendar

**Date & Location**  
Tuesday, June 20, 2023, 12:00 AM - Friday, June 19, 2026, 11:59 PM, On Demand

**Overview**  
The course is designed to equip learners with the knowledge and skills needed to critically examine the use of race in medical practice and advocate for more equitable and just healthcare systems. By the end of the course, learners will understand how race has been used to classify populations, diagnose illnesses, and determine treatment options. In addition, learners will understand the root causes of health disparities. Finally, learners will identify examples of individuals who have significantly contributed to reducing health disparities.

**Registration**  
**Release Date:** June 20, 2023  
**Expiration Date:** June 19, 2026  
**Estimated Time to Complete:** 0.5 hours  
**Registration Fee:** FREE



Launched on  
June 20, 2023



Now an optional  
module in the  
Stanford Advanced  
Practice Provider  
Leadership Certificate  
Program (APPLC)

URL [History of Racism in Medicine - Stanford Center for Continuing Medical Education - Continuing Education \(CE\) - History of Racism in Medicine \(cloud-cme.com\)](https://cloud-cme.com/History-of-Racism-in-Medicine)



## **Michelle Y. Williams, PhD, RN, FAAN**

**Clinical Assistant Professor**

**Section Chief, Nursing Research Section**

Division of Primary Care and Population Health, Department of Medicine  
Stanford University, School of Medicine

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