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Government overview: Crucial drug discount program at risk

Treating patients with limited or no financial means is enormously expensive. One program that has helped with costs for prescriptions is the federal program known as the 340B Drug Pricing Program.

This program “enables covered entities to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services,” according to the Health Resources & Services Administration. Signed into law in 1992, the program relies on drug manufacturers to provide discounts to safety-net providers. These include high-Medicaid nonprofit hospitals, federally qualified health centers, Ryan White clinics and other federally funded clinics. Over time, the program has enjoyed wide bipartisan support, but recent congressional and administration activity in Washington, D.C., suggests that the program is now at risk.

Hospitals in the 340B program serve nearly twice as many financially vulnerable patients as other providers. They also supply nearly 60 percent of all uncompensated care. Novant Health is dedicated to providing accessible and affordable care for every person who walks through our doors, regardless of their ability to pay, making us one of the most charitable health systems in North Carolina. In order to meet our mission and provide the care needed in the communities we serve, Novant Health provides \$138 million annually in financial assistance. More than 62 percent of our patients are on Medicaid, Medicare or lack health insurance altogether. Fortunately, the 340B program helps us care for the neediest in our community.

As the 340B program faces an uncertain future, so too does our ability to continue to increase access to care for the most vulnerable patients in our communities. Through the 340B program, Novant Health saves \$103 million per year in pharmaceutical expenses. In turn, we use the savings to provide needed programs like our social worker prescription voucher program, pharmacist services in our community outreach programs, mother/baby home check programs, community wellness programs, mobile mammography and diabetes screenings. These programs directly help patients who are underinsured or uninsured, and they also help to lower the cost of care for all by keeping

Government overview: Crucial drug discount program at risk continued

patients well and out of emergency rooms where care is often the most expensive.

As conversations move forward in Congress and the administration, it is those programs — and patients — left most at risk. In 2017, the U.S. Department of Health and Human Services (HHS) slashed Medicare 340B medication reimbursements to hospitals serving those in need by close to 30 percent. In [July 2018](#), that cut was expanded to even more hospital outpatient departments and life-saving drugs. HHS Secretary Alex Azar has warned that more changes are coming that would likely scale back the program and cut reimbursements even more. Committees in both the House and Senate have also shared their interest in program changes. Dozens of bills are now being considered that would place a moratorium on new program enrollments; change eligibility requirements such that more than 50 percent of enrolled hospitals nationwide (33 percent in North Carolina alone would be kicked out of the program); and alter oversight provisions to allow HHS to be able to scale back the program without congressional approval.

HHS has argued that proposed changes are needed to bring down drug costs and rein in out-of-control abuse of the program, but this is intentionally misleading. Hospitals like Novant Health are using the program as it was intended: to provide needed care to uninsured or underinsured patients in a climate where state, federal and commercial insurance dollars are becoming scarcer. The changes proposed by both the administration and some in Congress will cause patients most in need to lose out on necessary care and make big winners of the pharmaceutical industry that has long fought to end the discounts they're required to provide under their 340B agreement.

As hospitals nationwide reach critical limits in the ability to provide free and reduced cost of care, profitable drug companies should continue to do their part to help. Our communities can't afford the risk of losing access to healthcare and life-saving drugs.

Team member feature: One immigrant's journey

Rich Robles, Novant Health director of diversity and inclusion, shares his inspirational story in portions of an essay originally published in Charlotte Magazine.

She was 21 years old, a high school dropout, and 2,000 miles from home. She did not speak the language. Most of her family and friends were back home in Guatemala, but she was in Queens, New York, visiting friends after a breakup with her boyfriend. Now, suddenly, she was in labor with their child. It wasn't until I was 28 days old that we made it back home to Guatemala City.

My mom did not marry my biological dad. When I was about a year old, she met my stepdad, Carlos. He did not officially adopt me, but when my brother was born, Carlos treated my brother and me the same. He was in the military, and I remember going to his work parties, where all the officers dressed in their gala uniforms and we enjoyed banquet food. We enjoyed American candy treats ... and toys, and knew that each birthday or Christmas, we would get something special Carlos became, to me, my dad. We were living the good life.

All that changed when my dad began to drink heavily. I was about 8 years old when my parents became physically violent toward each other. By the time my other three siblings arrived, my mom had to scramble to get money together to buy us food and what we needed for school. My dad was always broke. I did not understand why, because he had a good job as a programmer in the military. My mother was under pressure to find ways to

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Team member feature: One immigrant's journey continued

feed and clothe us, and at times she felt alone. I am sure she suffered from depression and felt abandoned. She, too, became more verbally aggressive and physically violent with us. I still carry some physical reminders from those difficult years.

I often think of those days now, nearly 30 years later, as I look at our warm home in south Charlotte, where I live with my wife and four children and enjoy homemade pizza and movies, as is our Friday night tradition. I think of those days when I think of children in this city who might be in similar situations, or worse. I think about the good nights and the bad nights, and how just a few people can change everything.

I was a straight-A student throughout elementary and middle school. In spite of that, my mom belittled me and called me insulting names. I knew then that I needed to find a way to feel strong and gain my confidence back.

I decided to attend the only military high school in Guatemala. The admissions process was challenging — I had to have high recommendations, excellent grades and physical exams, then I had to pass a difficult application test across all subjects. About 2,000 12-year-olds applied, and I was one of 311 accepted. I was incredibly happy. If I succeeded in this school, I thought, I finally would gain the respect and admiration of my mom, and feel like a strong kid again. Half the students leave this school after the first year because of the strenuous military environment and high academic standards. I did well, though. I enjoyed the discipline and the fact that I knew what to expect if I behaved a certain way. During my senior year, I was promoted three times in five months, all the way to sergeant, something no other student had done. I was in charge of a whole platoon of cadets. I led presidential parades and other military activities. Only 92 of the 311 students who were accepted into the school graduated, and I was one of them.

The day I earned the promotion to sergeant, I couldn't wait to tell my parents. But when I got home, my mom was in a bad mood, and I mouthed off to her. The only thing she had in her hand was a kitchen knife, which she threw at me. I still have scars on my left fingers where I stopped the knife from hitting me.

As I looked at my friends' lives and their families, I knew there was a better way. I needed to get out.

In came my cousins, Betty and Alfonso. They were missionaries training in the United States, and they'd met a couple in Indiana who had been helping them. They shared with the couple my situation at home, and asked if they would be willing to take me in. I had a dream of becoming a pilot in the United States Air Force, and Betty and Alfonso knew that.

I was only 17 years old, so I still needed my mom's consent. After many conversations and lots of convincing, she agreed to let me go. I had nightmares during the last few months that she reversed her decision, or that I had missed my flight. But the day finally came, and I was thrilled.

My parents, siblings and friends could not understand why I was leaving. But to me, it was my ticket to a better life, where I would feel safe and able to dream freely. Still, it was one of the hardest things I've ever done. They were my family. I had so many doubts in my head: Am I crazy? Will I succeed? Will my future actually be better?

Junior and Eileen were the husband and wife who took me into their home.

That first week in the United States, Junior and Eileen took me to the local school where I began to learn English. I'd completed high school in Guatemala already, so I planned to audit classes, spend time talking with other students and try to learn English as quickly as I could. We went to meet with the principal, and after we said hello to each other (I knew how to say that), she said something that I did not understand. Later, Junior and Eileen told me that the principal thought I was not going to make it because of the language barrier.

Team member feature: One immigrant's journey continued

"This woman doesn't know who I am," I thought. Her words fueled me. I was determined to prove her wrong.

After about five months, I learned enough English to pass the tests for admission into the Air Force. The night before I was scheduled to fly to basic training, my friends at church threw me a surprise going-away party. On the way there, my white Chevy Cavalier hit a patch of snow and slid to the other side of the small, country road, and I hit another car head-on. When I came to, I was inside an ambulance, and I remember yelling toward the EMTs to let me out. I had hit the steering wheel and broken every bone in my face, but I could not feel it due to the shock. I looked at the rest of my body and did not see any damage. The EMTs kept telling me to calm down and stay on the stretcher. I felt my dream slip away in that ambulance. The accident required facial reconstruction and a long recovery. The other driver had a broken femur and endured a lengthy recovery, too. I was medically discharged from the Air Force before I even did a pushup.

I had a girlfriend at the time, and her father, Linden, was a school counselor, and he asked me what I thought about going to college. I told him that I did not know anything about college, and I did not have any money. He committed to helping me. He paid regular visits to my house to teach me how to fill out applications, write essays, and manage college financial aid and academic contacts.

In the winter of 1989, I was accepted to Huntington University, a small school with about 1,200 students in rural Indiana. My relationship with Linden and his wife, Beth, continued throughout my college years. They sent letters, encouraging cards, and invited me to join them for their famous chili dinners. They gave me a second chance at life here. During my senior year of college, I met the woman who would become my wife, Jenny.

Meanwhile, back home in Guatemala, my dad stopped drinking and my parents began to develop a healthy relationship again. My family and extended family get together almost every week now. I miss that. I love my mom and dad. I now realize that they did the best they could with what they had at that time. They are truly my family, and thanks to the ease of modern communication, I keep in touch with them every day.

Twenty-nine years after moving to the United States, I am in a happy and adventurous marriage. We live in a great neighborhood, our four daughters are healthy and happy, and our driveway is often filled with colorful chalk drawings. That is it for me. That is how I define success. That is how I feel fulfilled.

I can't help but think sometimes of the boy I was in Guatemala. I got from there to here in large part because of a few adults who took a chance on me and gave me access to opportunities.

Investing in kids and giving them a chance at a better life — these are the things that can change a city. We all dream about what we want to be when we grow up. I did. And a few generous adults made that possible for me.

Cultural ambassadors in healthcare

As the United States continues to become [more diverse](#), health systems are seeking new ways to connect with and meet the needs of their patients.

Since 2000, the Latino population has accounted for [half](#) of the national population growth and a record 37 million Hispanics age 5 and older speak Spanish at home. Health systems are focused on bridging the culture gap to ensure patients are informed about their health regardless of which language they speak.

Novant Health is committed to our vision of providing a remarkable experience for all patients. In fact, diversity

continued

Cultural ambassadors in healthcare continued

and inclusion is one of Novant Health's core values, recognizing that every person is different and shaped by unique life experiences. The health system is currently in the process of transforming how it meets the needs of patients who may not speak English as their primary language through a cultural ambassador program. The program's ambassadors provide medical interpretation services in a welcoming and inclusive environment.

Like other health systems in North Carolina, Novant Health is experiencing an exponential increase in the number of requests for medical interpretation — from around 87,000 encounters in 2015 to an estimated 120,000 encounters in 2017.

The Novant Health Cultural Ambassadors Program seeks to incorporate ambassadors into the care team to ensure that care is individualized and understood by patients whose primary language is not English, such as Spanish-speaking patients. The goal is to improve patient satisfaction and health outcomes for diverse patient populations.

Cultural ambassadors are licensed national medical interpreters and are trained in cultural competence to act as navigators for patients. The idea is for the cultural ambassador to round on patients regularly and serve as an advocate who speaks their language and understands their culture.

The program is being piloted for Spanish-speaking patients in the emergency room at Novant Health Forsyth Medical Center, Novant Health Presbyterian Medical Center and Novant Health Rowan Medical Center, where ambassadors educate patients on care in the ER and also help patients become connected to a local primary care provider for continued follow-up. Cultural ambassadors help to enhance the healthcare team's understanding of patient needs, including social determinants of health, and link patients with community organizations that can address those needs.

The Yale Center for Clinical Investigation — part of Yale School of Medicine in New Haven, Connecticut — also established a [cultural ambassador program](#) in 2011. The medical school was looking for a way to “ensure that clinical trial participation reflects the diversity of New Haven's population.”

The center for clinical investigation partnered with Junta for Progressive Action and the African Methodist Episcopal Zion (AME Zion) Church to broaden the participation of Hispanics and African Americans in clinical trials.

Representatives from these two groups serve as cultural ambassadors and act as advisors on how to raise awareness about clinical research and engage these diverse populations.

Meridian Health in Hackensack, New Jersey, has embedded cultural ambassadors in their nursing teams — primarily focusing on elderly patients from diverse populations.

Meridian Health's [Cultural Ambassador](#) program's purpose is to “increase the ability of the bedside nurse to give healthcare in ways that are acceptable and useful to older persons that is congruent with their cultural background and expectations.”

Though healthcare systems may have different approaches to cultural ambassadors, the goal is the same: to meet patients where they are and consider each individual's culture and preferences when providing care.

Social determinants of health

Social determinants of health, or nonmedical social needs, strongly influence health outcomes. These are defined by the American Academy of Family Physicians as the conditions under which people are born, grow, live, work and age.

It is important to have a full picture of a patient in order to provide appropriate clinical support.

When you think about a person's well-being, [clinical care](#) only accounts for 10 percent of the total pie. The rest of the pie is a person's genes (10 percent), physical environment (10 percent) and health behaviors (30 percent), while the largest piece is related to social and economic factors (40 percent).

This shows that demographics and clinical information alone may not provide the full picture. A patient's health is complex and can include nonclinical factors that influence their health, their utilization of services, the amount of services they need and the additional assistance available to them.

According to the [Kaiser Family Foundation](#), six socioeconomic and psychosocial characteristics can impact health: economic stability, neighborhood and physical environment, education, food, community and social context, and the healthcare system where they access health care.

Understanding the interaction of diversity dimensions, such as age, gender, language, parental status with social determinants of health, is also important. Focusing on the impact of social determinants on a person's life and functioning helps us to create an inclusive environment where everyone thrives and feels a sense of belonging. When people feel like they don't belong, there is an impact to their health and well-being.

Health care organizations are recognizing that a range of social, economic and environmental factors interfere with patients' ability to lead healthy, productive lives. As a result, healthcare organizations are beginning to screen patients for nonclinical barriers. After identifying these needs, trained providers work with identified community partners to directly connect patients to resources.

In Oregon, local food banks partner with clinics and health systems to implement a two-question food security screening questionnaire. Providers are able to help food-insecure patients by connecting them to local food and nutrition resources through multilingual tools that can be integrated into the electronic health record.

At Novant Health, we are piloting an online platform that allows team members and patients who are identified as having social needs to receive referrals to free and reduced cost programs in real time. The platform empowers individuals and those helping them to go online and search any zip code for a list of community resources. It includes details about eligibility, how best to connect with each provider, or learn more about the resources in the community that are available to them.

Another great resource that Novant Health is directing team members and patients to is [AuntBertha.com](#), which is the largest social services locator in the United States.

Everyone deserves the opportunity to make the choices that lead to positive health and well-being. Advances are needed in health care, education, housing, community planning and agriculture. Collaboration among federal, state and local partners have the ability to make these advances happen if they work together.

Q&A with Tanya S. Blackmon



Tanya S. Blackmon is the executive vice president and chief diversity and inclusion officer for Novant Health. In her role, she is responsible for embedding diversity and inclusion across the Novant Health system. This work includes strong partnerships that encompass the needs of our key stakeholders — patients and families, team members, vendors and the community.

What is Novant Health doing to incorporate diversity and inclusion into its mission, vision and values?

Novant Health serves communities that are richly diverse across many dimensions. With this in mind, we study consumer survey data to ensure we're meeting the diverse needs of our patients and addressing any disparities that may exist. For example, we are harnessing the power of technology to provide on-demand language translation in all our facilities. Through our extensive chaplaincy program and partnerships with faith leaders in our communities, we strive to meet the spiritual and emotional needs of patients of a wide range of faith traditions.

We also foster relationships with businesses and vendors through our supplier diversity program, which helps us establish partnerships with women, racial and ethnic minorities, veterans, persons with disabilities and more. We're proud to say that since establishing our program in 2006, we have partnered with more than 400 diverse suppliers, representing a \$500 million investment.

How do the business resource groups play a role in the care Novant Health provides to its patients?

Novant Health began 2018 with 10 business resource groups (BRGs). Each BRG is organized around an aspect of common identity, such as age, race, ethnicity, religion, gender, sexual orientation or veteran status. Collectively, the BRGs support each other and provide team members with candid and open forums for the exchange of ideas, experiences and perspectives. In addition, the BRGs serve a critical business role in helping Novant Health to better understand, connect to and address the needs of patients and team members.

Our diverse patient population is growing, and it's important for us to remember that different patients have different needs. We must understand them in order to care for them.

What are some other ways Novant Health celebrates diversity and supports inclusion?

Recently, Novant Health created a visually compelling traveling exhibit to share stories that highlight team members' diverse experiences, backgrounds and beliefs. Through photos, stories, videos and interactive features, the exhibit shares the many dimensions of diversity represented within Novant Health and speaks to inclusion as team members. Some of the stories we have featured include a CNA who received support from her managers after coming out as a transgender woman; a team member who teaches sign language to his peers; and an interpreter who helped a patient's family members from Colombia get an emergency visa to visit their loved one in hospice.

Another aspect of embedding diversity and inclusion throughout Novant Health is through leadership development and accountability metrics. Through the office of diversity and inclusion, there is a team that is providing consulting support and expertise across the footprint in all areas to embed diversity and inclusion.

This work is about a culture change strategy and it is transforming how our organization lives and supports diversity and inclusion in the workplace — from patient satisfaction to team member engagement to supplier diversity to health equity — Novant Health's patients, communities and workforce will benefit the most and represents a culture shift for Novant Health.

Improving the health of our communities, one person at a time

Moment by moment, Novant Health is building stronger communities by improving the health of our friends and neighbors.

In Winston-Salem, North Carolina, expecting parents attend our childbirth and infant CPR classes for free, ensuring that income isn't a barrier to getting babies off to the best start.

Throughout all of our communities, we send team members out to provide free vaccinations for school children, some of whom might be barred from school without the needed shots.

In Haymarket, Virginia, we offer heart-health education to adults who need it.

In Matthews, North Carolina, we offered free body mass index screenings and in Rowan County, North Carolina, we held classes about healthy eating and exercise.

Women in Prince William, Virginia, received grant-funded mammograms and cancer education. In Culpeper, Virginia, we screened seniors for osteoporosis and diabetes, while in Thomasville, North Carolina, we held senior-specific classes on everything from nutrition to mental health.

These are just a few of our friends and neighbors whose lives have been touched by Novant Health's commitment to improving the health of our communities.

[Click here](#) to view our latest community benefit report and see how Novant Health invested in the health and well-being of our states, cities and neighborhoods in 2017.

[Access Industry insights archives](#)

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Novant Health experts are available for more information on these and other topics.

Please contact [Caryn Klebba](#) to arrange a conversation.

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