## Megan Sanders, Esq

From:

Miranda Ganzer

Sent:

Monday, August 10, 2020 9:34 AM

To:

Megan Sanders, Esq.

Subject:

FW: Social Justice, Health Equity, and the Moral Determinants of Health

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From: Lori Dwyer <ldwyer@pchc.com>
Sent: Wednesday, June 17, 2020 8:57 AM
To: All Employees <AllEmployees@pchc.com>

Subject: Social Justice, Health Equity, and the Moral Determinants of Health

## **PCHC Colleagues:**

Over three weeks have passed since the murder of George Floyd on Memorial Day at the hands of Minneapolis Police. My heart is heavy, and I have struggled to find the words to talk about what has happened in our community and across the country since then. It is especially hard to talk about this because I cannot know what it is like to be a person of color in this country.

I do know, however, that we are being called to act—to stand with the thousands of protestors of all races and creeds across the country to demand meaningful change by speaking out against racism and finding our path to action.

<u>Fortunately for us, PCHC's mission lights the way</u>. It requires us to provide healthcare to everyone, no matter their circumstance, color, or other status. It affirms the fundamental dignity of every human being, and demands that we stand on the side of justice and equality, compassion and mercy—and against individual and systematic racism. It means we fight oppression in all its forms, and we stand with the Black Lives Matter movement.

This is not a partisan statement. This is not a statement against individual police officers. This does not mean we condone every tactic used by every protestor across the country. This does not mean we believe race relations are easily distilled into good vs. bad narratives, or that the lived reality of people of color in this country can be captured in blanket statements or assumptions of homogeneity. This means we are committed to doing the hard work of dismantling systemic and institutional racism, listening to the stories of black Americans, and standing with our black co-workers. This is about white Americans listening and learning, examining our own biases, and using our privilege to help dismantle the very system that privileges us. This is about imagining together a society that reflects the promise of our nation's founding document – that all people are created equal.

Black Americans have lived under the unbearable weight of racism for centuries—beginning with slavery, to segregation, white terrorism, redline banking, mass incarceration, the recent rise of white terrorist organizations, and disparities in their experience of policing. In the most recent 60 years in this country, laws forbidding interracial marriage were still on the books; legal segregation existed in the South, with social and economic segregation just about everywhere else that continues to this day. In our political, social and economic systems, white skin continues to confer a privilege that black Americans do not enjoy.

Much of white America, myself included, historically has remained quiet in the face of this inequality. In the past several weeks, however, thousands of Mainers have marched along with millions across our nation and the world in a call for action. PCHC adds its voice to this chorus because we are part of a 60-year movement focused on social justice in healthcare. Situated in communities that lack access to the foundations of healthy living—clean water, sanitation, freedom from environmental pollution, and access to basic healthcare—health centers exist to improve access, reduce disparities, and advance the cause of justice in healthcare. But after six decades of the health center movement, we have not erased the known and obvious disparities in health outcomes for racial minorities, and we have not erased the racism embedded in our own organizations. We know that zip code is the greatest single predictor of health outcomes, and that residential segregation persists. <a href="https://www.ama-assn.org/delivering-care/patient-support-advocacy/how-racism-segregation-drive-health-disparities">https://www.ama-assn.org/delivering-care/patient-support-advocacy/how-racism-segregation-drive-health-disparities</a>.

This is just as true in Maine as elsewhere, and it has been strikingly exposed during Covid-19 as the virus disproportionately impacts people of color. We know that people die years earlier than they should because of their race—whether unjustly at the hands of police or perpetrators of hate crimes, because of the toxic stress of racism, or because implicit biases lead to disparities in healthcare. It's time to take a vocal and moral stand, and actively work to erase these injustices, to address the "moral determinants of health," as Don Berwick calls it, as well as the "social determinants of health." <a href="https://www.healthleadersmedia.com/innovation/berwick-outlines-sweeping-7-step-campaign-quality-movement">https://www.healthleadersmedia.com/innovation/berwick-outlines-sweeping-7-step-campaign-quality-movement</a>.

Recognizing this foundational problem in our society and wanting to be part of the change, PCHC commits to the following:

**Dialogue and conversation** –We will make time to engage in conversations among our workforce about race, racism, implicit bias, and privilege. This will start at the board and senior leadership level, and continue across the organization thereafter. We will learn together about the system and our part in it, how we can work to change it, and how we can be compassionate with one another in that process. These conversations will be facilitated by experts. They will not be easy but are the necessary predicate to justice.

**Equity and Diversity Audits** —We will audit PCHC policies and structures and change them as appropriate to ensure they do not perpetuate inequities or otherwise disproportionately impact people of color or other minority groups. In that process, we will seek input and guidance from people of color in our workforce. We will proactively seek to increase diversity in our workforce, looking at hiring policies and practices, workplace culture, and promotional opportunities.

**Equality in healthcare** - We will view all that we do in quality improvement through the lens of equity, using every opportunity to promote equality by reducing disparities in health or social outcomes. Quality measures will be reviewed by race and other demographic categories, we will share these measures, and we will devote resources to eliminating these disparities.

**Humility and Kindness** – We will be kind to one another and listen with open hearts, even when it's hard and we feel challenged or threatened in our views.

**Accountability** – We will be transparent about our progress and admit when we have failed to make progress. We will hold each other accountable to sustaining this work over the long term.

Our goal is to create a more just workplace culture at PCHC and in the communities we serve, and to do our part to advance equality. This will not be one training, or an annual net learning module, but a continuing conversation, and a project in shared learning and understanding that leads us to meaningful change.

In *Just Mercy*, author Bryan Stevenson observes, "We are all implicated when we allow other people to be mistreated. An absence of compassion can corrupt the decency of a community, a state, a nation. Fear and anger can

make us vindictive and abusive, unjust and unfair, until we all suffer from the absence of mercy and we condemn ourselves as much as we victimize others."

I know that all of us who work for PCHC care deeply about the plight of all human beings; that we possess mercy and grace, that we wish to dismantle racism and work toward a more just and peaceful community, and that we want to be part of a culture that lifts all people up. We can learn how to do this together, by listening to people with lived experience of racism, learning about privilege and talking honestly about our doubts and questions. I look forward to doing this work with you, though I know it won't be easy.

Lori



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(She, her, hers)
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