

Social Change Agents

**An Interview with Jeff Kraut, Executive Vice President, Strategy and Analytics
and Ram Raju, Senior Vice President and Community Health Investment Officer, Northwell Health**

EDITORS' NOTE Jeffrey Kraut also serves as Associate Dean for Strategy for the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, one of the nation's most-innovative medical schools. He serves as Chair of the Public Health and Health Planning Council (PHHPC), which oversees public health, health planning, regulatory and certificate of need activities in New York State. Kraut is a board member of the New York eHealth Collaborative, the entity responsible for coordinating the development of the NYS Health Information Network and served on the American Hospital Association's Society for Healthcare Strategy and Market Development where he was the 2017 recipient of its Leadership Excellence Award. He is a Fellow of the New York Academy of Medicine and serves on the Standards Council of the Commission on Accreditation on Healthcare Management Education. Kraut is also involved in regional economic development and community building activities as a board member of the Long Island Regional Planning Council and the Brookville Center for Children Services, where he serves as its President. Kraut serves as a health policy advisor to the Long Island Index and ERASE Racism and is a member of the Energeia Partnership which is dedicated to achieving social equity through regional private/public partnerships. Prior to joining Northwell, Kraut served as the Vice President for Policy and Planning at the SUNY Downstate Medical Center, where he was recruited from the healthcare consulting group of KPMG Peat Marwick. He received an M.B.A. in Healthcare Management from Baruch College/Mt. Sinai School of Medicine and is a graduate of Stony Brook University.

Dr. Ram Raju is responsible for evaluating the needs of Northwell's most-vulnerable communities and providing solutions for them by collaborating with community-based organizations. Prior to Northwell, Dr. Raju served as President and CEO of NYC Health + Hospitals from 2014-2016. He also served as CEO for the Cook County Health and Hospitals System in Chicago, the nation's third-largest public health system. Dr. Raju's medical career began at Lutheran Medical Center in Brooklyn and he later served as COO and Medical Director at NYC Health + Hospitals' Coney Island Hospital. In 2006, Dr. Raju became the HHC Chief Medical Officer, Corporate Chief Operating Officer and Executive Vice President. He served as Vice-Chair of the Greater New York Hospital Association and currently sits on the boards of numerous city, state and national healthcare organizations, including the American Hospital Association, the New York Academy of Medicine and



Jeff Kraut



Ram Raju

the Asian Healthcare Leaders Association. Among his numerous awards and accolades, Dr. Raju was selected to Modern Healthcare's "100 Most Influential People in Healthcare," "Top 25 Minority Executives in Healthcare," and "50 Most Influential Physician Executives in Healthcare." In 2013, he was named a Business Leader of Color by Chicago United. Dr. Raju earned a medical diploma and Master of Surgery from Madras Medical College in India. He underwent further training in England, where he was elected as a Fellow of the Royal College of Surgeons. He later received an M.B.A. from the University of Tennessee and CPE from the American College of Physician Executives.

INSTITUTION BRIEF Northwell Health (northwell.edu) delivers world-class clinical care throughout the New York metropolitan area; pioneering research at the Feinstein Institute for Medical Research; and a visionary approach to medical education, highlighted by the Zucker School of Medicine at Hofstra/Northwell and Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies. Northwell Health is the largest integrated healthcare system in New York State with a total workforce of more than 68,000 employees – the state's largest private employer. With 23 hospitals, more than 700 outpatient facilities, and a full complement of home care, rehabilitation and long-term care services, Northwell is one of the nation's largest health systems, with \$12 billion in annual revenue.

Will you provide an overview of your roles within Northwell Health and the key priorities for your areas of responsibility?

Raju: My role is to incorporate the social risk factors into our patients' treatment plans. We know that these nonclinical issues affect health outcomes.

We are developing a system that will be able to analyze social risk factors at the point of care

and make connections to community-based organizations through a program called the Northwell Health Social Vulnerability Index (SVI).

We want to also systematically collect data on social issues directly from our patients. We have a questionnaire that informs the SVI algorithm to analyze the data we collect.

Once we understand the social issues of our patients, it naturally follows that we are interested in understanding the social issues of communities in which our patients live.

We are trying to aggregate some of the publicly available social data to create an important social risk profile for each community we serve, and then determine how we can work with community-based organizations to mitigate some of the social determinants in a strategic way.

Most importantly, we need to be able to measure the interventions we put in place and how much of a difference they make in mitigating the social issues, which translates into better health outcomes for patients.

Kraut: My primary responsibility is to help coordinate and facilitate the development and execution of our strategy across the health system, which addresses two overarching areas.

The first and most important is core to our mission; we exist to improve the health of the communities we serve.

The second issue involves recognizing that what we do comes with a unique social obligation.

After first serving as a social worker, Michael Dowling (Northwell Health's President and CEO) then served in government as Secretary of Health and Social Services to the Governor as well as commissioner of social services.

Because of his leadership, we view the health system as an agent of social change – and not only in health – and with that comes a unique corporate responsibility. We are the largest provider of healthcare within the state of New York – we provide twice as much care as our next closest competitor.

With that size comes a unique obligation. The area that Ram has been talking about deals with the social determinants of care – how Northwell responds to those issues is integral to our social responsibility. We need to focus on social equity because we believe that, without health equity, we can't achieve quality health. We align our approach around national and New York State prevention priorities and strategies that are focused on those social determinants.

Part of my job is to maintain our focus on this and make sure that all the different things we're

doing, and all our planning and investments include conversations that bring the voice and needs of the community into the discussion as we consider the programs, services and initiatives we launch.

Have you been happy with how the community-based organizations have engaged with Northwell Health on these issues?

Raju: We are very pleased with the community-based organizations. The response to both what we are doing and the reputation of our brand have helped us create connections with community-based organizations.

For example, when it comes to our focus on food as health, we have established a food prescription program, which involves giving certain patients fresh food so they can enhance their nutrition. We are working with Island Harvest, Long Island Cares, The Harry Chapin Food Bank, God's Love We Deliver, US Foods and Baldor to deliver food to the patients' doorstep.

This is an example of how the various community-based organizations and some of the big players can come together and create food security for our patients.

Kraut: To elaborate more on examples, we are also participating very actively in a 1115 Medicaid waiver that is redesigning the system by helping to improve access, quality, and cost effectiveness of health services for the poorest and most at-risk residents.

We have also created very strong partnerships to align and integrate community-based mental health needs within our primary care practices. We work to integrate and coordinate services by developing a common, clinical, electronic platform with those organizations. In certain communities, this has been absolutely invaluable in reducing admissions for mental health and decreasing emergency room visits.

Another example would be in our Greenwich Village facility where we have been focusing on the LGBTQ community. A community health center that serves the LGBTQ population has been a wonderful partner with us. They can hand off patients to us in the event of emergencies or for other care, and they have helped our staff to focus on the cultural sensitivity issues that are important in serving those communities.

A number of underserved high schools experience challenging limitations in their educational funding, so we have created the "Medical Scholars Pipeline" program to support promising high school students in communities affected by the social determinants of poverty, low educational attainment, and high unemployment. We are working with these highly motivated students to help them get through high school and create a pipeline to college with the objective of interesting them in the health professions, including medical school. Some students from our pipeline program have been accepted into our medical school as well as others.

We also have an association with the Long Island Coalition Against Bullying, working with those issues and educating our pediatricians about how to best assist kids who are being bullied.

These are just a few examples of the many partnerships we have. We try to connect with community-based organizations that have some degree of scale,

but also have a shared sense of vision and ability to embrace a partnership with an institution like ours. We both see the added value of working together.

With the many different factors that go into healthier communities, what is the starting point in reaching out to communities?

Kraut: It fundamentally starts with trust. In some African American communities, there might not be a very strong infrastructure in healthcare, so we have a program focused on the high incidence of hypertension within this community. Although we offer a large number of community education programs, we realized that we were not well known nor were we necessarily trusted.

We created a program called Bridging Communities of Faith and Health. We work with the local religious organizations in developing relationships on a church-by-church basis. The church leaders work with us to choose the topics that are most important to the health of their congregations. We then tailor programs to address those topics with their parishioners.

We recently completed a six-week program and it generated a tremendous response. This motivated us to create another program to go to other churches in the area and build on that success. We are addressing men's health and other issues that are important in these communities.

These successes have to start with trust. In New York, there are many different definitions of community – it could be by faith, by ethnicity, by language, by culture or by geography. This means Northwell has a phenomenal national laboratory in its service area where we speak more languages than anywhere else in the world. The ethnic diversity and language challenges are second to none, so trust needs to be the foundation of any progress.

While Northwell's primary focus is on healthcare, how important is it to partner in addressing other critical social issues in the community such as housing?

Kraut: When we were looking to restructure healthcare in central Brooklyn, which was served by four hospitals that were losing \$400 million per year, the government was willing to invest \$700 million in capital and give these hospitals a five-year commitment to support their operations so they would come together and restructure healthcare within the community. Overall, there is a nearly \$2.5 billion commitment to these communities to rebuild and transform healthcare.

We not only focused on what the healthcare delivery system would look like and how we needed to expand away from the bricks and mortar of inpatient care, but we proposed a regional alignment of all the entities receiving funding for social programs in the region. Collectively, they worked together toward shared goals, and coordinated their responses to address community health needs.

The governor took these ideas and created his own program called Vital Brooklyn. He is trying to align healthcare and other social spending, and there is one very promising development: the state has issued RFPs to develop housing using some excess hospital property.

They gave incentives to developers proposing to build housing for the frail elderly or behaviorally challenged individuals, many of whom were

homeless. If the developer works with the local healthcare delivery system and gives the first floor over to create primary-care capacity, they will be given a higher priority for funding. If they give that space to the healthcare provider for free, the state will pay to build it out and give the developer a bonus for doing this.

The state is now trying to create incentives that would force the community investment to be aligned with healthcare investment. This is a great model.

Raju: Northwell is on the cutting edge in addressing the social determinants, both as a healthcare issue as well as a corporate social responsibility issue.

Being a healthcare provider alone is not enough; we also take an interest in the communities we serve.

Northwell is one of the leading institutions behind the Democracy Collaborative Healthcare Anchor Network. This group has committed to not only provide healthcare and work on improving community health, but also to working on the economic vibrancy of a community.

This means hiring locally, procuring services locally and investing locally. We are trying to do that while also supporting local businesses.

To foster our efforts to hire locally, we created a community health worker program, so people with a high school diploma are given a grant to go through a Northwell program where they are trained to be community health workers which creates economic opportunities for people who, otherwise, would have few real job opportunities.

Northwell has taken social responsibility much more seriously than most other organizations.

How deeply ingrained is this as part of the Northwell Health culture?

Raju: Michael Dowling is a social worker at heart. He cares about people. He's also bringing his own personal experience to address these issues, which makes all of us want to work towards making it better every day.

While we are here to heal people, we are also here to make sure that people stay healthy and to address social issues. We want to be social change agents, not just healthcare providers. That is what we're trying to do and that differentiates us from other healthcare systems.

Kraut: This is woven into the culture of our organization. Many of our employees take it as a point of pride when they look to these programs. Many are joining business employee resource groups that take on projects outside the walls of the health system based on the particular community affinities they have.

This is a cultural issue for us and people know that, when they join us, we are here to make a difference and we have a different level of obligation - this isn't a job; it's a calling.

This also makes us essential to our communities. When we need support, there is no lack of it from our communities, patients and the political structure. They recognize us as an important community asset that brings enormous value which, in turn, has resulted in a very loyal community and philanthropic base. ●