

# Community and Population Health

An Interview with Debbie Salas-Lopez, MD, MPH, Senior Vice President, Community and Population Health, Northwell Health

**EDITORS' NOTE** *Debbie Salas-Lopez joined Northwell Health in 2019 as senior vice president for transformation, responsible for system value-based initiatives that improve health and care delivery. She assumed her leadership role after serving as the chief transformation officer at Lehigh Valley Health Network where she led strategy and oversaw a unique and broad portfolio including community-based and population health initiatives, telehealth, connected care, and innovation, strategic partnerships, and operational redesigning of the clinical delivery system. Salas-Lopez earned her MD from Rutgers School of Medicine.*



Debbie Salas-Lopez

## Will you provide an overview of your role and key areas of focus?

I oversee the organization's community health strategy across all of our markets. The Department includes the Departments of Community Health, Community Relations, and the Center for Equity of Care as well as some key initiatives like the Human Trafficking Program, The Center for Tobacco Control, and our Food as Health Program. COVID-19 prompted the organization to bring together all of these departments so that we could build on the solid foundation of previous work and be even more efficient and effective in the future.

## Will you discuss Northwell Health's community and public health strategy and how deeply engrained this effort is as part of Northwell Health's culture?

Northwell has had a long-standing commitment to our communities, particularly poor and underserved communities. Our community benefit totaled over \$1.4 billion dollars in 2019 inclusive of programs that directly serve our most vulnerable community members. Our community and public health strategy has become even more important given the disproportionate number of members that were affected by COVID-19 from underserved communities. We know that these communities suffered disproportionately from chronic illnesses and unmet social needs even prior to the pandemic, but the pandemic exacerbated these issues. This is why our resurgence preparedness plans include having strong community partnerships that we can work with to provide testing, education, and access to care going forward. Today, we have done COVID-19 testing in over 100 faith-based and community-based

locations and have tested over 70,000 people. We have confirmed that the hardest hit communities were communities of color where we have high population density, high numbers of essential workers, high use of mass transit and high unmet social needs, among other high-risk factors.

## What do you see as the key issues for Northwell Health to address in the community?

We are approaching our communities with a "seek first to understand" philosophy. We have a lot of data and information and our approach is to share it with our communities and our leaders so that we can gain a better understanding of whether these are the issues they are most concerned about and they feel we must prioritize. We have been conducting "listening tours" with community and faith-based leaders and community members over the last few months. Thus far, we have learned that the top priorities across most communities are mental health and wellness, food security, youth programs, employment, housing and safe communities, among others. We are also finding that certain geographies and communities have specific local needs and issues they are facing. We want to take the local perspective into account as we co-create community strategies for the future.

## How critical is it for Northwell Health to build strategic community partnerships and will you highlight some of these partnerships?

We are learning that gaining the trust of our communities is of utmost importance, particularly during these difficult times. The pandemic of the COVID-19 virus is not the only pandemic we are working on. We are also working with our communities on the pandemic of social injustice and racism in our country. Both are difficult issues to tackle and we cannot do it alone. We must work together in partnership with community and faith-based leaders who have the trust of their communities so that together we can measurably improve the health of those we serve, and we can advocate for social justice and equity in our society. We have begun to work closely with 11 communities in our region that were hardest hit by COVID-19 and are predominantly communities of color. We are also working closely with our faith-based community leaders, particularly around food insecurity, youth programs, and mental health and

wellness. Importantly, we are working hard to establish trusting relationships that are enduring and meaningful. This is work that will be incredibly important for us as we look for ongoing COVID-19 education, vaccine deployment, prevention programs, among other health and wellness programs the community needs from us.

## Will you provide an overview of the Center for Equity of Care and how you define its mission?

The Center for Equity of Care is Northwell Health's platform for Diversity, Inclusion and Health Equity. Northwell's Center for Equity of Care was established to guide and accelerate the health system's efforts to address and eliminate health disparities, and deliver culturally sensitive care in partnership with its diverse communities. The strategy is grounded in the belief that empowered people and elimination of health disparities are fundamental to improving the health of the communities served by Northwell.

The Center aligns healthcare teams with local communities to effectively address racial, ethnic, sex and gender disparities. The Center empowers all people to be partners in their health and wellness through health literacy, education and fostering cultural and linguistic competency. The Center's education focus is on the tenets of diversity, equity and inclusion and is critical to patient-centered care and improved health outcomes. The Center serves the internal Northwell community and external partners by educating the workforce on issues such as racism and social injustice, providing legal counseling referrals to community members through a medical-legal partnership, and educating the entire healthcare team including future physicians and nurses.

## Did you always know you had an interest in healthcare and that this was the industry where you wanted to spend your career?

I was born and raised in the Bronx, one of five children of a minister. My father was my hero. He taught me to care about people, and my love for science taught me how to care for people. That combination was the driving force for me to always want to do something in healthcare, something with purpose. It's a long story – one that I wrote a book about called *The Girl from the Bronx*, a true story of struggle, resiliency and courage – but I finally went to medical school. I developed a great passion for working with underserved, poor communities of color and, as a result, I took that passion and drive to try to make a difference throughout my career. ●