

Health Equity

An Interview with Carol R. Horowitz, MD, MPH,
Professor of Population Health Science and Policy, and Professor of Medicine,
and Director, Institute for Health Equity Research, Icahn School of Medicine at Mount Sinai

EDITORS' NOTE Carol Horowitz is Professor of Population Health Science and Policy, Professor of Medicine, Dean for Gender Equity, Co-founder and Director of Mount Sinai's Institute for Health Equity Research and a practicing general internist. Her research focuses on improving health of racially, ethnically and socioeconomically diverse individuals with or at risk for chronic diseases. At the core of this work are substantive and equitable community partnerships to ensure that scientific questions posed, problems uncovered and solutions generated resonate with those disproportionately and unjustly impacted by illness, and lead to sustainable, scalable policy, system and environmental changes. She is a leader and innovator in diversity and engagement in genomics research, helping lead the charge to translate genomic discoveries into healthcare and ensure that populations traditionally underrepresented in genomic discoveries and clinical trials are first, not last, to benefit from advances in genomics. She has published over 150 manuscripts and book chapters, lectures internationally, and her awards and honors include the U.S. Department of Health and Human Services Excellence Award for Contributions to Diabetes, the Center for Disease Control and Prevention's National Leadership Award for the Public's Health, the Rubin NYC Prize for Medicine and Health, the Jacobi Medallion, Crain's Notable in Health, and being Madrina (Godmother) of NYC's Three Kings Parade. Dr. Horowitz graduated from Cornell Medical School, received her primary care training at Einstein/Jacobi, and was a research fellow and received an MPH as a Robert Wood Johnson Scholar at the University of Washington.



Carol R. Horowitz

INSTITUTION BRIEF Mount Sinai Health System (mountsinai.org) encompasses the Icahn School of Medicine at Mount Sinai and eight hospitals, as well as a large and expanding ambulatory care network. The eight hospitals – Mount Sinai Beth Israel, Mount Sinai Brooklyn, The Mount Sinai Hospital, Mount Sinai Queens, Mount Sinai St. Luke's, Mount Sinai South Nassau, Mount Sinai West, and New York Eye and Ear Infirmary of Mount Sinai – have a vast geographic footprint throughout the New York metropolitan region.

What was the vision for Mount Sinai Health System launching the Institute for Health Equity Research (IHER) and how do you define IHER's mission?

While built on decades of health equity research by IHER directors and members, the vision for an institute ignited at the height of the COVID-19 pandemic, which put a spotlight on the long-standing, unacceptable existing inequities that lead to health disparities affecting at-risk communities in New York City. IHER develops research initiatives to understand and build sustainable, scalable initiatives and policies that eliminate them.

IHER's mission is to bring together health equity researchers from many disciplines across the Icahn School of Medicine to examine the systemic causes and magnitude of health and healthcare disparities affecting nonwhite, low-income, immigrant, uninsured, LGBTQ+, and other vulnerable populations across all ages, abilities, and genders in order to devise, test, and implement innovative solutions to eliminate

disparities in health while fostering long-term collaborations with community organizations and policymakers.

Will you highlight the services that will be offered by IHER?

IHER offers services across the four guiding pillars of:

1. Improving health outcomes for disadvantaged populations and eliminating inequities in healthcare quality and access.
2. Engaging community-research partnerships to improve the physical and mental health of diverse communities.
3. Assessing how combined biological, social, financial, and healthcare factors contribute to disparities, and testing and developing programs to address these.
4. Transforming our research workforce to reflect the diversity of our society and training researchers to conduct their work through an equity lens.

In regard to our efforts to engage community-research partnerships, we have held several virtual events for underserved populations in our New York City communities to address COVID-19 concerns and vaccine acceptance. We brought together 75 community and academic partners for our "You, Me & COVID-19: Brainstorming Research Ideas Together" summit, to identify areas of interest and concern to their communities. This effort led to successful town hall conversations in which experts and advocates provided community members with valuable information on COVID, the vaccine, and introduced our website where people can share questions, ideas and be linked to resources. We also offer trainings and consultations to community-based organizations, research and clinical, interested in stakeholder-engaged disparities research.

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Why is health equity research so important to Mount Sinai Health System?

The health of our patients and the communities we serve is critically important to us: it is the reason we exist. Our health system services one of the most socioeconomically, demographically, and culturally varied populations in the world and we believe that the disproportionate impact of inequitable policies and practices that lead to excesses in illness, suffering and death in our communities is unjust and needs to be remedied. We also believe that it is only through building strong partnerships with individuals disproportionately and unjustly impacted by health disparities and systems that have led to and perpetuated them, that we can truly eliminate disparities.

Health equity is the idea that everyone should have all of the resources needed to be healthy, including nutritious food, stable housing, safe places to play and exercise, good education, fair-paying jobs, clean air and water, quality healthcare, and freedom from exploitation and racism. Progress towards health equity requires that the myriad causes of health and healthcare disparities be understood and addressed.

What are the key issues that IHER will address and will you provide an overview of some of the studies IHER is currently doing?

IHER’s research agenda will always aim to reflect the needs of NYC communities; therefore, an area of intense focus is addressing the COVID-19 pandemic within communities impacted most. One of our first projects is “Speak Up on COVID-19” – an 11-language survey developed in partnership with over 100 New York City community organizations. “Speak Up”

explores the impact of COVID in New York City and results are used to educate policy makers, community-based organizations and healthcare providers; advocate for needed programs; and support New Yorkers with resources that sustain physical and mental health, such as food and housing.

IHER studies currently underway on COVID-19 and other areas include:

- The interaction of race, ethnicity, disability, underlying illnesses, and social determinants including poverty, pollution, and household crowding on hospitalization, death and long-term symptoms from COVID-19;
- The impact of gender-affirming hormone treatment on the clinical course of COVID-19 in transgender and gender nonbinary patients;
- Health outcomes for those living with HIV and COVID-19;
- Reasons for low vaccine acceptance in some communities;
- Impact of COVID on childbirth;
- Whether patient care via remote telehealth had equal access and quality and how we can deliver telehealth equitably and narrow the digital divide.

IHER has assembled a high-level task force. How valuable will the expertise and experience of the task force members be to IHER’s efforts?

Research institutes can be insular, focused on projects and grants. To impact policies and systems and make transformational change, IHER must have external partners and advisors. Our high-level task force includes leaders of advocacy organizations, business, industry, academia, government and entertainment. This

talented, diverse, powerful group are committed to enhancing equity in their own sectors, to IHER’s mission and vision, helping IHER build a strong, innovative, durable infrastructure and operation, and helping us effectively guide, publicize, and inform IHER’s current and future research initiatives.

How critical are metrics to track the impact and results of IHER’s work?

We are a research institute, and therefore very focused on metrics to identify the existence, scope and magnitude of problems, develop and monitor initiatives to address them, and rigorously impact and improve the quality of initiatives with more limited success. In this way, we have confidence our initiatives are working and cost effective, and thus worthy of resources to sustain and scale them.

What excited you about leading IHER and how will you focus your efforts in the role?

The establishment of IHER came at a critical time in New York City and nationally; folks are acknowledging the reality of systemic racism and how it infiltrates policies and practices that disproportionately affect underserved and marginalized populations. As a white professional, it would be arrogant and foolish for me to conduct this work without diverse partners and substantive resources. Our society is becoming increasingly aware that systems are designed to get the results we now have – people living shorter and less healthy lives not by choice, but due to inequities in these systems. IHER is uniquely and powerfully poised to understand the root causes of inequities, train a new generation of scholars and people of action, and use data to drive change that is long overdue. ●

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