OXIRIS BARBOT, MD, has been a role model and a trailblazer for girls and women most of her life, going back to when she was the starting pitcher for an all-boys baseball team in the 1970s. In 2018 she broke another barrier when she was named the first Latina to lead New York City’s Health Department. And on September 12, she made history again, becoming the first woman to be named president and CEO of United Hospital Fund in its 143-year history.

“I am honored to have the opportunity to lead an organization with such an important history and record of accomplishment,” said Dr. Barbot. “UHF’s mission to build an effective and equitable health care system for every New Yorker is something I’m passionate about.”

Dr. Barbot succeeds Anthony Shih, MD, who stepped down as president of UHF on August 1 after providing inspirational and thoughtful leadership since 2017. Under Dr. Shih, UHF expanded its programs to address social factors driving health disparities and strengthen community partnerships; introduced an innovative diversity, equity, and inclusion initiative involving every member of the board and staff; and launched the Tribute to Excellence in Health Care, saluting quality improvement champions.

UHF conducted a national search, managed by the executive search firm Spencer Stuart, to find a successor to Dr. Shih. Dr. Barbot has devoted most of her career to public health and has long advocated for racial justice, health equity, and children’s well-being—all core issues for UHF. Immediately prior to joining UHF, she was senior fellow for Public Health and Social Justice at The JPB Foundation and adjunct assistant professor at the Columbia University Mailman School of Public Health, as well as a member of UHF’s board since 2021.

A NEW YORK NATIVE WITH DEEP ROOTS

Dr. Barbot was born at Bellevue Hospital in Manhattan and proudly refers to herself as a “Nuyorican,” reflecting her deep Puerto Rican roots. She spent her early years in the Bronx, but after her father died when she was a child, she and her mother moved to northern New Jersey. She received a bachelor of arts degree from Yale University in 1987

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UHF’s Newest Board Member Brings Financial and Diversity Leadership

United Hospital Fund’s newest Board member, Amal Alibair, heads the U.S. Institutional Client Solutions business for Goldman Sachs Private Wealth Management, adding invaluable financial and diversity leadership.

Ms. Alibair was elected to UHF’s board of directors at the June 2022 annual meeting. At her firm, she oversees Private Wealth Management’s efforts to deliver investment advice and services to nonprofit organizations and other institutional clients. She is a member of the firm’s Consumer and Wealth Management Inclusion and Diversity Council and serves on the Steering Committee of the firmwide Black Network.

“Amal Alibair brings a breadth of knowledge and experience in both financial investments and diversity, equity, and inclusion that will be extremely valuable both in creating a more inclusive organization and furthering our programs and efforts to create a healthier New York for all,” said UHF board chair John C. Simons. “She will be a tremendous addition to our board.”

Ms. Alibair is a member of the board of the New York Urban League and was recently named a Notable Black Leader of 2022 by Crain’s NY Business.

She holds a Master of Business Administration from Stanford University Graduate School of Business and a Bachelor of Science from the University of Virginia.

Bridging Quality and Equity Task Force Holds Its First Meeting

New York health care leaders convened by United Hospital Fund are one step closer to bridging the gap between equity and quality in health care.

A new task force launched by UHF held its inaugural meeting on July 19, bringing together 24 experts committed to reducing troubling disparities that persist in health access, care, and outcomes.

The task force will spend the next 18 months developing a framework for embedding these equity goals in efforts to improve health care quality strategies. At the first meeting, task force members began brainstorming how to advance equity in three areas: addressing the social factors affecting health, providing equitable access to care, and providing high-quality care in an equitable way.

“Participants shared revealing takeaways at the end of the meeting, such as being re-energized and invigorated with hope that together we can create a path to health equity,” said UHF senior medical officer Anne-Marie J. Audet, MD, who is leading the effort.

Despite the attention inequities in health and health care have received during the COVID-19 pandemic, so far interventions have not meaningfully diminished differences in the care that health care providers deliver to Black, Latine, Asian, and American Indian patients compared to white patients.

The Bridging Quality and Equity task force—managed by UHF’s Quality Institute and supported by the Donald A. Pels Charitable Trust—will eventually produce a prioritized set of recommendations to support the quality and equity agenda in New York as well as a series of case vignettes of promising strategies and interventions.
A Turning Point in the Pandemic and at UHF

As I take the reins of this 143-year-old nonprofit organization dedicated to building an effective and equitable health care system for every New Yorker, I do so at an inflection point in our nation’s history. A point where elected officials are declaring the biggest public health event in the last 100 years over, either explicitly (President Biden on 60 Minutes) or implicitly (Mayor Adams announcing the sunset of the employer COVID-19 vaccination mandate).

There are no set parameters for pronouncing an end to a pandemic, but our collective experience directs us to the moment when a critical mass of everyday folks exceeds their capacity for sustained vigilance and reverts to the ordinary activities of life without feeling unmoored. In short, it has meant becoming acclimated to living with a new pathogen because of tests, vaccines, and therapeutics that can mitigate deadly outcomes, and because many fewer people are dying daily.

A LESSON FROM 1918

Such was the case with the 1918 influenza pandemic. However, deeper inquiry reveals that this pandemic’s health and socioeconomic impacts extended far beyond the two or three years typically quoted as its duration. A 2006 paper in the Journal of Political Economy by Douglas Almond, from Columbia University and the National Bureau of Economic Research, elegantly quantifies generational ripple effects of the pandemic that affected all aspects of society.

He analyzed data from the 1960–80 decennial U.S. Census and found that “cohorts in utero during the pandemic displayed (future) reduced educational attainment, increased rates of physical disability, lower income and socioeconomic status ... compared with other birth cohorts (born immediately before or after the pandemic).” While all were affected, the poor, women, and Black people were hit disproportionately hard by the generational echoes of the pandemic.

His thesis reminds us that those without privilege don’t have the luxury of declaring a pandemic over without fear of generational repercussions. We have yet to fully understand the long-term physical and socioeconomic consequences of prolonged COVID-19, or the generational emotional trauma transmitted because of the disease.

Our safety net is not resourced to ensure a soft landing for those relying on emergency measures enacted during the pandemic or fully avert long-term destabilizing events once those protections end. Lastly, there is no road map for making sure that those disproportionately affected don’t slip even further behind in critical measures of health, such as premature mortality, infant mortality, and maternal morbidity and mortality.

MAINTAINING URGENCY IN TACKLING INEQUITIES

As I look at the horizon for what comes next for UHF, I reflect on what remains as the pandemic fades. Most significantly, it’s the challenge of maintaining urgency in addressing health inequities compounded by generations of structural racism. We cannot allow ourselves to fall victim to pandemic fatigue and the complacency that comes with it. Rather, we should make the most of an invaluable opportunity to not repeat history by being intentional in our equity work.

My career as a primary care pediatrician and a public health practitioner has taught me that health and health care aren’t just about hospitals and clinics; they’re about the fragile continuum of care between social services organizations, primary care, hospitals, and communities themselves in collaboration with public health. This constellation of entities working cohesively holds the most promise for sustainable, effective, and equitable health.

This next chapter will be marked by a more intense focus on addressing structural drivers of inequities in health by leveraging relationships with UHF’s trusted partners to improve the ecosystem of health for all New Yorkers. The ultimate aims are to ensure all of us feel we are living our fullest lives and to minimize those dying before their time.

UHF will double down on our legacy of educating, influencing, and transforming the health ecosystem in New York City, New York State, and beyond. We will continue to generate unbiased analyses that foster data-driven decision-making and well-informed health equity advocacy by our partners. Our legacy will be policy and practice that spurs actions to make our health care system more equitable and just.
Oxiris Barbot
(Continued from page 1)

and earned her medical degree in 1991 from the University of Medicine and Dentistry of New Jersey, at a time when fewer than 5 percent of U.S. physicians had a Latine background.

She did her pediatric residency at George Washington University’s Children’s National Medical Center and then started her career as a community pediatrician at a clinic in one of the poorer neighborhoods in Washington, D.C. There she quickly realized the ways in which federal and local policies can affect the lives of the underserved. “It gave me such a kick when new patients arrived with no insurance, no money and, often, no English, and came through our system well cared for, listened to, educated, and pleased.”

A MOMENTOUS CAREER IN PUBLIC SERVICE

Dr. Barbot came back to her hometown in 2003 to serve as medical director of the Office of School Health at the New York City Department of Health and Mental Hygiene and the New York City Department of Education, where she oversaw the development of the sprawling New York City school system’s first electronic health records.

Then, in 2010, she was recruited to become commissioner of the Baltimore City Health Department. There she was the principal architect of Healthy Baltimore 2015, a road map to attaining better health outcomes. The Baltimore health agenda incorporated racial equity and addressed social determinants of health, such as lack of access to healthy food, oversaturation of liquor outlets in communities of color, and the placement of parks and playgrounds. She also oversaw a citywide program to improve the health of infants and babies that became a model for the nation.

Four years later, Dr. Barbot returned to New York once again to serve as the first deputy commissioner of the New York City Department of Health and Mental Hygiene. She led the agency’s first public health deployment outside of New York—to Puerto Rico, to provide support in the aftermath of Hurricane Maria.

ADDRESSING INEQUITY AND COVID-19

In 2018 she was named head of the New York City Department of Health and Mental Hygiene, where she was the driving force behind the city’s launch of a home visiting program for first-time families. Beginning in 2020, she oversaw the city’s successful response to the first wave of the coronavirus pandemic. By taking science-informed actions that also addressed racial inequities, she helped save thousands of lives and made New York City’s COVID-19 response a model for operationalizing health equity.

“Dr. Barbot’s experience leading two of the most important public health departments in the country, her knowledge of philanthropy, and her deep commitment to racial justice and health equity, children’s well-being, and community health make her a superb choice to lead United Hospital Fund into the future,” said John C. Simons, chair of United Hospital Fund’s Board of Directors and chair of the executive search committee. “Most importantly, she understands firsthand the health care needs of New Yorkers and the issues facing New York and our health care system. We consider ourselves extraordinarily fortunate to have such a seasoned and passionate individual stepping into this leadership role.”

For Dr. Barbot, her new job gives her the opportunity to continue her career-long focus on creating opportunities for a healthy life for all. “I look forward to continuing UHF’s important work during a time when addressing the needs at the intersection of health care, public health, and community has never been more urgent.”

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—John C. Simons, UHF Board Chair
Medicaid Conference Highlights Need for Investing in Equity and Collaboration

Making the state’s Medicaid Program more collaborative and equitable for the more than 7.5 million residents who rely on it was the theme of United Hospital Fund’s annual Medicaid Conference, which convened in person this year for the first time since 2019. The conference delved into upcoming expansions in program coverage, the value of community partnerships in meeting social needs, and the importance of Medicaid access for those leaving incarceration.

Held at the New York Academy of Medicine in Manhattan on July 21, the hybrid in-person and virtual event drew an audience of more than 600 people. Attendance was free of charge, thanks to generous support from The Commonwealth Fund, New York Academy of Medicine, UniteUs, Amida Care, and Manatt Health.

This year’s keynote speaker, New York State Medicaid Director Amir Bassiri, walked through eligibility expansions set to start in 2023 and plans to improve health equity in the program. The equity improvements will include capturing better data, screening for social needs, and collaborating with community-based organizations to help address those needs. “Everything we’ve done demonstrates our long-term commitment to health equity and continued coverage expansion,” Mr. Bassiri said.

The role of community groups in addressing social determinants of health was further highlighted at two of the conference’s panels, including a morning session on the importance of regional health planning and an afternoon discussion on how to leverage community networks.

A second afternoon panel, “Connecting to Medicaid Prior to Release from the Criminal Legal System,” discussed Medicaid access for people transitioning out of incarceration. According to the panelists, the state’s proposed 1115 waiver is an opportunity to show that investing in health care for these individuals can reduce recidivism.

Quality Leaders Forum: Rethinking “Safety” in Health Care

The COVID-19 pandemic has spurred a need to prioritize and rethink safety in health care, according to speakers at a recent UHF Quality Leaders Forum (QLF) meeting.

“We need to broaden the definition of harm to include emotional, sociological, and financial harm,” Tejal Gandhi, MD, MPH, CPPS, the chief safety and transformation officer at Press Ganey, told attendees at this year’s second QLF meeting, held virtually in June.

Dr. Gandhi and Peter Silver, MD, senior vice president, chief quality officer, and associate chief medical officer at Northwell Health, discussed new data about patients and health care staff experiences regarding psychological safety and explained how safety priorities are evolving as a result of the pandemic.

Dr. Gandhi’s presentation, Emerging from COVID: Re-Energizing our Approaches to Achieving Zero Harm, focused on new and inclusive ways of thinking about safety. Dr. Silver underscored that optimal care must include deliberate attention to the health of the community being served.

QLF is a group of emerging and established quality leaders committed to improving the delivery of high-quality care in the greater New York area. Members are invited to four meetings that UHF hosts each year to network and discuss current issues in health care quality with nationally recognized quality leaders, and to share best practices.

There are about 70 members in this year’s Quality Leaders Forum, including graduates of the UHF/GNYHA Clinical Quality Fellowship Program and honorees from the UHF Tribute to Excellence in Health Care.

UHF is grateful to Elaine and David Gould, whose generosity supports the Quality Leaders Forum.
UHF’s Gala Honors Exceptional Health Care Leaders

United Hospital Fund’s annual fall Gala, one of New York’s signature health care events, was held on October 3 to support our work to build an effective and equitable health care system for every New Yorker. Held in person for the first time since the beginning of the COVID-19 pandemic, the event honored three exceptional New York-area leaders and paid tribute to Anthony Shih, MD, who served as UHF president from 2017 to August 2022.

**Robert S. Galvin, MD, MBA**, chief medical officer and senior managing director at Blackstone, received the Health Care Leadership Award for his pioneering work leading the business community’s efforts in quality measurement, public reporting, and reforming how doctors and hospitals are paid for care.

Dr. Galvin has worked tirelessly for more than three decades to make health care more responsive to patients’ needs, first in private practice and then serving as chief medical officer of General Electric, co-founding the groundbreaking Leapfrog Group, and working at Blackstone to improve quality and contain costs for private equity portfolio companies. His vision of value-based purchasing in health care has helped consumers choose providers more wisely and helped doctors and hospitals use data to improve quality.

**Olajide Williams, MD**, was awarded the Distinguished Community Service Award, which was underwritten by TIAA for the 17th consecutive year. Dr. Williams was recognized for his leadership as founder and chairman of Hip Hop Public Health and for his work improving health literacy through the transformative power of music, art, and science.

A nonprofit that raises public awareness about health, deepens health literacy, and inspires health behavior change, Hip Hop Public Health has created resources used by hundreds of cities around the world. Dr. Williams also serves as a professor and the chief of staff in Columbia University Vagelos College of Physicians and Surgeons’ Neurology Department.

**Jennifer Mieres, MD**, Northwell Health’s first chief diversity and inclusion officer, received a special tribute for her role as a leader in women’s health; in diversity, equity, and inclusion in health care; and in advancing heart care in the U.S. and around the world. Dr. Mieres is an internationally recognized expert on fighting gender disparities in the treatment of heart disease and was named Physician of the Year by the American Heart Association earlier this year.

Finally, the gala honored Dr. Shih with a farewell tribute, celebrating his leadership and steadfast pursuit of better health and health care. Dr. Shih was succeeded by Oxiris Barbot, MD, who became the first woman to lead UHF since its founding in 1879 when she took over as President and CEO in September.

The 2022 Gala, chaired by UHF Chair John C. Simons, raised $1.3 million.
Early Childhood Literacy Is a Public Health Issue

Educational inequities—which can affect school outcomes, economic stability, and more—start long before a child steps inside a classroom. Luckily, so can the time to intervene.

A webinar hosted in September by United Hospital Fund’s Pediatrics for an Equitable Developmental Start (PEDS) Learning Network emphasized the unique position pediatricians hold in helping families develop children’s literacy skills, a practice The American Academy of Pediatrics recommends beginning as soon as possible after birth.

“The building blocks of language and literacy are formed in the first three years of a child’s life,” UHF senior program manager Susan Olivera, who oversees the PEDS Network, told 60 attendees at the “Beyond Books: Early Childhood Literacy Is Public Health” webinar. Attendees heard from leaders of Children of Bellevue’s Reach Out and Read program how creating “literacy-rich environments” in health care facilities can spur healthy reading habits at home. Policy expert Donna Cohen Ross highlighted how early childhood literacy is an often-overlooked social determinant of health.

UHF’s Clinical-Community Partnerships team is spearheading a program, supported by the Mother Cabrini Health Foundation, to support integrating literacy in primary care. The program includes partnering with four pediatric primary care practices serving neighborhoods with high rates of families experiencing homelessness, medically underserved immigrant families, and low or inadequate literacy rates.

Nursing Homes Report Progress on Medication Management

United Hospital Fund’s initiative to help nursing homes reduce the number of medications prescribed to long-term residents, launched earlier this year, is beginning to yield results. At the Polypharmacy Learning Collaborative’s third meeting on September 21, data from five of the six participating nursing homes showed that the average number of medications prescribed per patient dropped over two months from 10.8 to 9—a small but notable difference in such a short time.

Polypharmacy—the overprescribing of potentially inappropriate medications—can pose serious risks to the frail elderly. Guest speaker Chad Worz, PharmD, Chief Executive of the American Society of Consultant Pharmacists, emphasized that even small changes in prescribing can make a huge difference nationally.

U.S. nursing homes currently serve about 3.9 million patients (including long-stay, short-stay, and post-acute care), but that number is expected to double as the population ages. “Just because you didn’t eliminate an unnecessary medication doesn’t mean it wasn’t a success,” Mr. Worz said. “If you reduce the dose, that’s still a victory.”

The nursing homes representatives presenting at the September meeting all said one of their biggest challenges was convincing family members and physicians that medication changes were warranted. Guest speaker Jennifer Pruskowski, PharmD, Director of Geriatric Pharmacy Research and Education at University of Pittsburgh School of Medicine, told participants that “we need to get colleagues and families to embrace deprescribing as well. We have to change our overall culture.”

The Mother Cabrini Health Foundation has awarded UHF a $500,000 grant to address the problem of polypharmacy. The initiative is also supported by the TD Charitable Foundation.
Federal Legislation Extends Important Benefit for New Yorkers in the Nick of Time is a commentary by UHF’s Peter Newell, explaining how the federal Inflation Reduction Act provides an important health coverage benefit for New Yorkers at a critical time.

Changing with the Times is a commentary by former UHF president Anthony Shih, MD, reflecting on the successes, challenges, and lessons learned during his tenure as the organization’s leader.

Closing Gaps in Literacy, Equity, and Access is a commentary by UHF’s Denise Arzola, LCSW, discussing a new UHF project tackling literacy in young children and explaining how pediatricians can be effective partners with families in developing literacy skills and lifelong learning in children.