
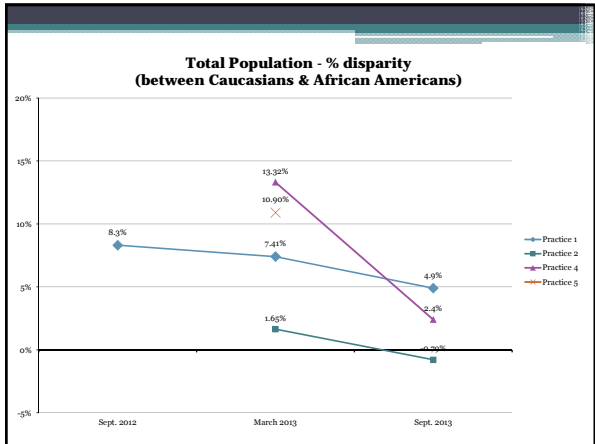
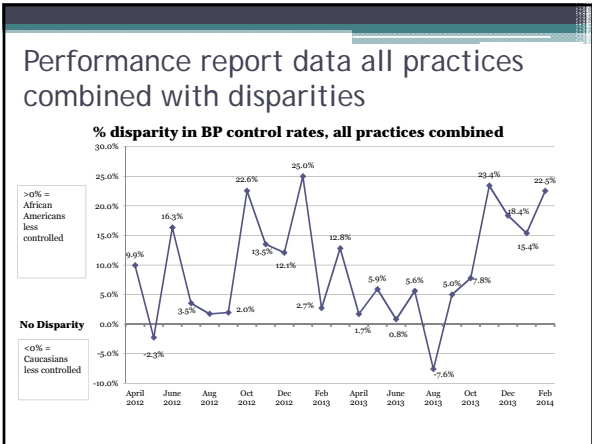
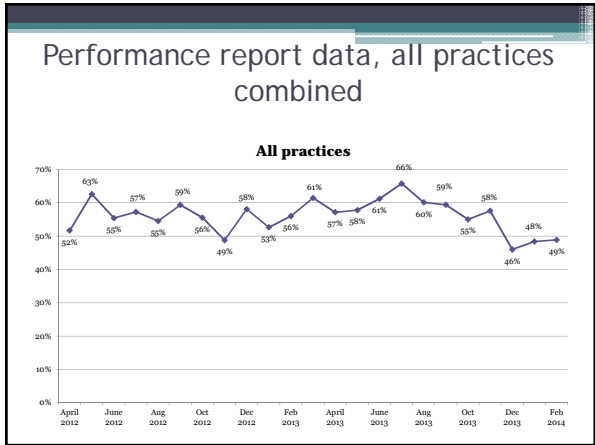
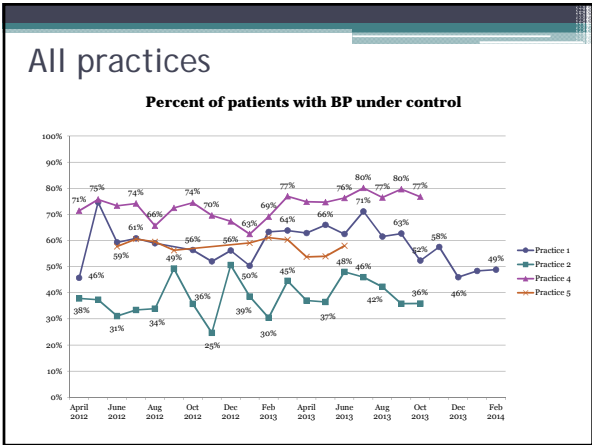
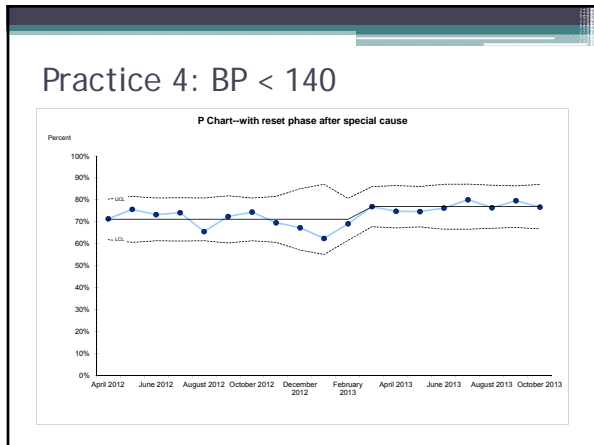
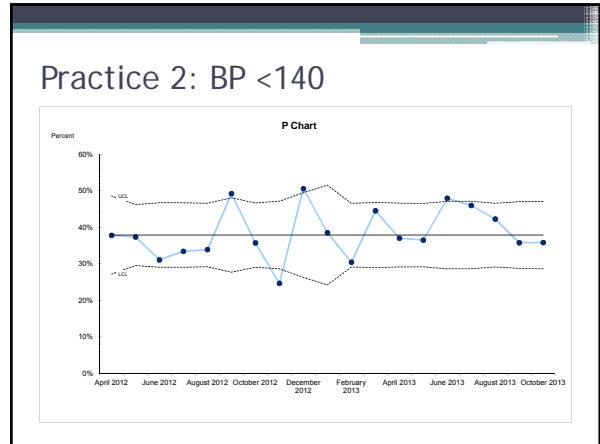
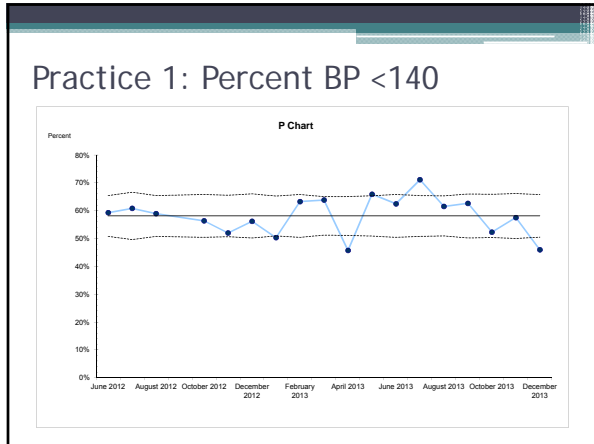


Heart Healthy Lenoir: Hypertension Study



Your Data





Health Disparities Jeopardy



Health Disparities: A Threat to High Quality Care

Strategies For Reducing Disparities While Enhancing Quality

Crystal Wiley Cené, MD, MPH

www.solvingdisparities.org

Finding Answers
Disparities Research for Change


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Roadmap to Reduce Disparities

Learn what works—and what doesn't—to reduce racial and ethnic disparities. A guide to achieving equity while improving quality of care.

- 1 Linking Quality and Equity
- 2 Creating a Culture of Equity
- 3 Diagnosing the Disparity
- 4 Designing the Activity
- 5 Securing Buy-In
- 6 Implementing Change

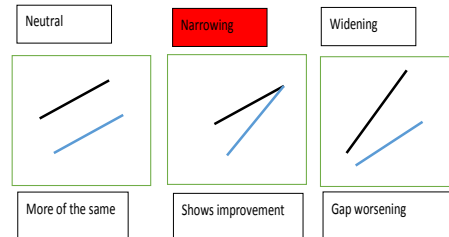


The Equity Quality Link

- Equity is more than access
- Equity should be a cross-cutting component of quality improvement
- Quality improvement that only focuses on the overall population and fails to address racial and ethnic differences can result in unequal quality

Does a “Rising Tide Lift All Boats”?

- Not necessarily when it comes to reducing disparities



Culture of Equity

- Essential to the success of quality improvement to achieve equity
- Involves identifying the problem and taking responsibility for addressing it
- May enhance your chances of success and help secure more tangible resources (e.g., money, staff)

Strategies for Identifying the Problem

- Share your race, ethnicity and language data with all staff and community advisory board (if applicable)
- Helpful techniques for talking about racial and ethnic disparities
 - Talk about more comfortable issues first- e.g. language and literacy
 - Recognize and validate challenges staff face when dealing with these issues
 - Avoid blaming individuals
 - Provide opportunities for anonymous input
 - Ensure that patients views are represented (e.g. through advisory board)

Taking responsibility

- Explicitly prioritize equity in organization mission and goals
- Anticipate the effect of quality improvement on disparities
- Identify and publicly recognize equity champions

“An equity champion is a person with a strong personality who takes pride in his or her work. S/he seeks ways to demonstrate talent beyond his or her prescribed duties. In our experience, the equity champion is self-identified, but it is important that supervisors also approve of their role”

Taking Responsibility cont.

- Strive for a diverse workforce
- Formalize your commitment to equity
- Empower staff
- Develop relationships with community-based groups and organizations and consider establishing a community advisory board

Diagnosing the Disparity


- Apply an equity lens by asking questions that relate to the needs of your population
- Conduct a root cause analysis (for more info, see RWJF website)

→

- How comfortable is patient in discussing personal health issues with provider?
- Can the provider speak Spanish?
- Do members of immediate care team understand the patient's day-to-day life outside the clinic?
- Does your clinic have evening or weekend hours?
- Is the community safe for outdoor recreation?
- What are the policies around reimbursement for certain health services?

Designing the Activity

- FAIR (Finding Answers Intervention Research) toolkit
 - <http://www.solvingdisparities.org/tools/roadmap/fair-toolkit>
- Levels, Strategies and Modes



Levels, Strategies and Modes

Level-who is the target	Strategies- what will you do	Mode- how you will deliver the activity
Patient	Deliver education and training	In-person
Provider	Engage the community	Telecommunication
Microsystem (immediate care team)	Restructuring the care team	Internet
Organization	Provide psychological support	Information technology
Community	Provide reminders and feedback	Print
Policy	Enhance language and literacy services	Multimedia

Example from FAIR Database

Project; Location	Problem; Disparities Goal	Strategy	Evaluation Plan
Peer-based Storytelling; Birmingham, AL (Inner City Safety-Net Clinic)	Social and cultural norms can challenge BP control and some populations may value health information more or take health behavior cues from friends and family; Improve BP and self-management	Patients receive a series of 3 DVDs- each has 2 sections ("storytelling" and "learn more")	RCT targeting African American patients with high blood pressure; Differences in blood pressure at baseline, 3 and 6 months

Cultural Competency Training for Health Professionals: Does it Work?

Published in *Journal of General Internal Medicine* as:
Med Care 2005 April; 43(4): 356-373.

Cultural Competency: A Systematic Review of Health Care Provider Educational Interventions

Mary Catherine Beach, MD, MPH^{1,2,3}, Eboni G. Price, MD⁴, Tiffany L. Gary, PhD⁵, Karen A. Robinson, MSc¹, Aysegül Gozu, MD⁶, Ana Palacios, MD, MPH¹, Carole Smarsh, MD¹, Mollie W. Jenckes, MHS, RN⁷, Carolyn Feuerstein, BA¹, Eric B. Bass, MD, MPH^{1,4}, Neil R. Powe, MD, MPH, MBA^{1,2,8}, and Lisa A. Cooper, MD, MPH^{1,2}



Does Cultural Competency Training of Health Professionals Improve Patient Outcomes? A Systematic Review and Proposed Algorithm for Future Research

DeStève A. Lie, MD, MSED¹, Elizabeth Lee-Rey, MD, MPH², Art Gomez, MD³, Sylvia Beneknyel, MS⁴, and Clarence H. Braddock II, MD, MPH⁸

The Bottom Line...

- DOES improve provider knowledge
- It DOES improve provider attitudes
- It DOES improve provider skills
- It DOES result in better patient satisfaction

What's Missing...

- Limited research showing positive relationship between cultural competency training and improved patient outcomes
- Lack of high quality research
- But, there's ongoing research and evaluation

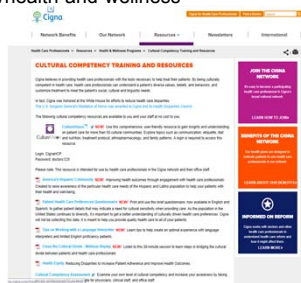
What matters most (in terms of effectiveness)?

- NOT Duration- both shorter- (≤ 8 hours) and longer- (>1 week) duration interventions are effective
- NOT Approach- experiential learning (e.g. clinical experiences, cultural immersion, interviewing members of another culture) is just as effective not using experiential learning
- NOT how cultural is taught- interventions teaching general cultural concepts, those teaching about specific cultures, and those which do both are ALL associated with positive outcomes

Resource on Cultural Competency Training

<http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/health-and-wellness-programs/health-equity>

- Patient health Care preferences Questionnaire
- Cultural Competency Assessments
- Webinars (FREE!!)
- Links to other organizations' resources



Quality Improvement Interventions to Address Health Disparities: do they work?

Limited evidence to suggest that QI specifically reduces disparities (i.e. narrows the gap), but some promising strategies exist...

Promising Strategies

- Supporting home blood pressure monitoring
- Tailored behavioral intervention delivered by phone by nurses
- Targeted patient education, including language and literacy concordance
- Collaborative care models (for Depression)
 - Multiple clinical providers, including mental health coordinator, primary care provider, nurses, psychiatrists
 - More effective in less educated individuals and women

Your Turn....

Where are you/your practice currently?
Where do you want your practice to be in 1 year?
To achieve your 1 year goal, what concrete step(s) will you take in the next...

- 1 week
- 1 month
- 3 months
- 6 months

*Hint- review slides 16-18 for suggestions on where you may start

Example: Crystal's Action Plan

My role: Physician-Researcher; practice in UNC Internal Medicine ACC clinic

Currently: Have a commitment to health equity and reducing disparities, but we lack a formalized system for patient/family input

1 year goal: Fully functioning patient/family advisory council that is an integral and valued part of our clinic's health care team

Concrete step(s):

1 week- have 1st meeting of our advisory council and get their input on how to maintain/enhance communication as we transition to a new EMR

1 month- Elect a chair for IMPAC and solidify bylaws

3 months- Solicit council's input on a research proposal to determine the best ways to engage family members in medical visits for adults with chronic illnesses

6 months- Get advisory council's feedback on a quality improvement project

Hint- review slides 6-8 for suggestions on where you may start

Thanks for your attention!

Questions/Comments?

Crystal_cene@med.unc.edu