Applying A Framework to Advance Health Equity

Welcome!

- All lines are muted, so please ask your questions in Q&A
- For technical issues, chat to the 'Technical Support' Panelist
- Please actively participate in polling questions that will pop up on the lower righthand side of your screen

We will get started shortly!

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Stacy Hull, LPC, MAC

AIM LEAD, BEHAVIORAL HEALTH

Stacy Hull is a licensed professional counselor and holds a certification as a Master Addiction Counselor. Stacy has worked in outpatient and residential settings providing mental health and substance use treatment to adults and children. These experiences help Stacy to excel at Alliant.

Additionally, Stacy has more than 25 years of clinical experience in service delivery and administrative leadership in the public behavioral health sector. She has also worked in hospitals, with physicians and inpatient psychiatric facilities to improve behavioral health outcomes in healthcare settings.

Stacy spends her time at Alliant focusing on behavioral health improvement.

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."
– Maya Angelou

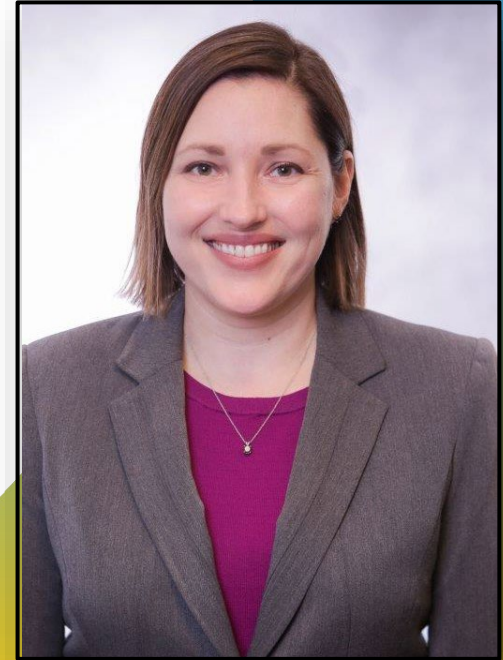**Contact: Stacy.Hull@AlliantQuality.org**

Megan Douglas, JD

ASSISTANT PROFESSOR, DEPARTMENT OF COMMUNITY HEALTH AND PREVENTIVE MEDICINE
DIRECTOR OF RESEARCH AND POLICY, NATIONAL CENTER FOR PRIMARY CARE

Megan Douglas is an assistant professor in the Department of Community Health and Preventive Medicine and the director of research and policy in the National Center for Primary Care at Morehouse School of Medicine. She is a licensed attorney, and her research focuses on studying how laws and other policies are being used to improve population health and advance health equity. She also teaches students, residents, communities and practicing health professionals about advocacy and how to engage in the policymaking process. She has a strong interest in advancing evidence-based policy and uses qualitative and quantitative scientific methods to study the effects of laws on health outcomes. Professor Douglas has expertise in digital health, health equity, Medicaid, behavioral health and developmental disabilities. Her research has been published in leading journals, including the American Journal of Public Health, Psychiatric Services, Ethnicity & Disease and the Journal of Health Care for the Poor and Underserved.

Contact: mdouglas@msm.edu

Objectives

- Learn Today:
  – Identify an approach for integrating health equity.

- Use Tomorrow:
  – Adopt the Brooks PETAL Health Equity Framework (Prioritize health equity, Engage the community, Target health disparities, Act on the data and Learn and improve).

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Integrating Health Equity into Health Care Settings & Systems
The PETAL Approach

Megan Douglas, JD
Assistant Professor, Department of Community Health and Preventive Medicine
Research & Policy Director, National Center for Primary Care
Morehouse School of Medicine

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"We are leading the creation and advancement of health equity"

NBC News: Shortage of Black Male Doctors Having Public Health Impact

The number of Black male medical students peaked more than 40 years ago and has been declining ever since. NBC Nightly News reporter Ron Allen takes a look at how having more doctors who look like them affects Black male patients and what Morehouse School of Medicine is doing to address this issue.

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"Strengthening the primary care system through education, research and training to improve health outcomes while advancing health equity"

Divisions
- Health Policy
- Research
- Health IT
- Substance Use Disorder Prevention & Treatment

Projects/Programs
- HI-BRIDGE Solutions
- Southeast Addiction Technology Transfer Center
- Southeast Regional Clinicians Network
- HBCU Global Health Consortium
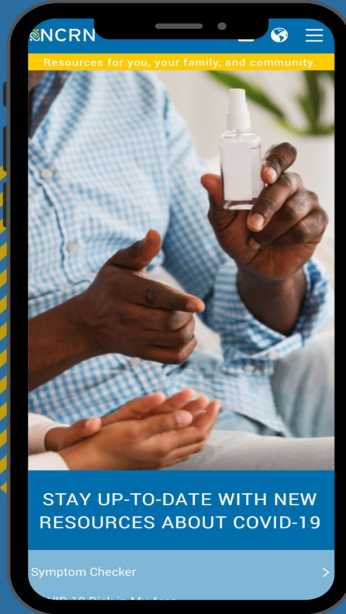
15% OF ALL AMERICANS LIVE IN RURAL AREAS

Rural Americans are at **greater risk of death** from 5 leading causes than urban Americans

- Heart Disease
- Cancer
- Unintentional Injury
- Chronic Lower Respiratory Disease
- Stroke

PROTECT YOURSELF
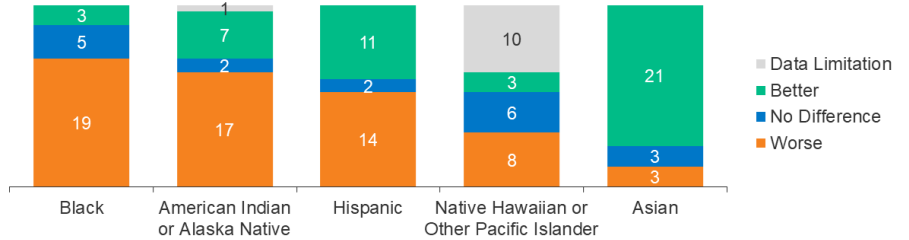Be physically active | Eat right | Don't smoke
Wear your seat belt | See your doctor regularly

CDC

Figure 2

People of Color Fare Worse than their White Counterparts Across Many Measures of Health Status

Number of health status measures for which group fared better, the same, or worse compared to White counterparts:

Note: Measures are for 2018 or the most recent year for which data are available. "Better" or "Worse" indicates a statistically significant difference from Whites at the p<0.05 level. No difference indicates no statistically significant difference. "Data limitation" indicates data are no separate data for a racial/ethnic group, insufficient data for a reliable estimate, or comparisons not possible due to overlapping samples. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.

KFF

https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

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A TALE OF TWO PANDEMICS
HISTORICAL INSIGHTS ON PERSISTENT RACIAL DISPARITIES
BY JOSH NEUFELD

https://journalistsresource.org/race-and-gender/pandemics-comic-racial-health-disparities/

https://www.usnews.com/news/national-news/articles/2020-08-28/thousands-march-on-washington-to-demand-racial-justice-equality

https://www.nytimes.com/2020/07/21/opinion/protests-race-congress.html

The Johns Hopkins News-Letter

African Americans make up 33 percent of those hospitalized due to COVID-19, even though they represent only 13 percent of the United States population.

DEANNA RAHMAN
CONTROVERSIES IN SCIENCE

https://www.jhunewsletter.com/article/2020/04/racial-disparities-persist-even-during-a-pandemic

www.msm.edu/ncpc

https://www.freepik.com/premium-photo/cubes-light-blue-wooden-wall-them-magnifying-glass-with-word-equity_12773368.htm

Poll: Has your organization taken action to advance health equity?

❑Yes

❑No

Learning Health Systems

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COMMENTARY

Developing a framework for integrating health equity into the learning health system

Danielle Brooks ✉, Megan Douglas, Neelum Aggarwal, Shyam Prabhakaran,

Kisha Holden, Dominic Mack

View issue TOC
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Abstract

While there have been gains in the overall quality of health care, racial and ethnic disparities in health outcomes continue to persist in the United States. The Learning Health System (LHS) has the potential to significantly improve health care quality using patient-centered design, data analytics, and continuous improvement. To ensure that health disparities are also being addressed, targeted approaches must be used. This document sets forth a practical framework to incorporate health equity into a developing LHS. Using a case study approach, the framework is applied to 2 projects focused on the reduction of health disparities to highlight its application.

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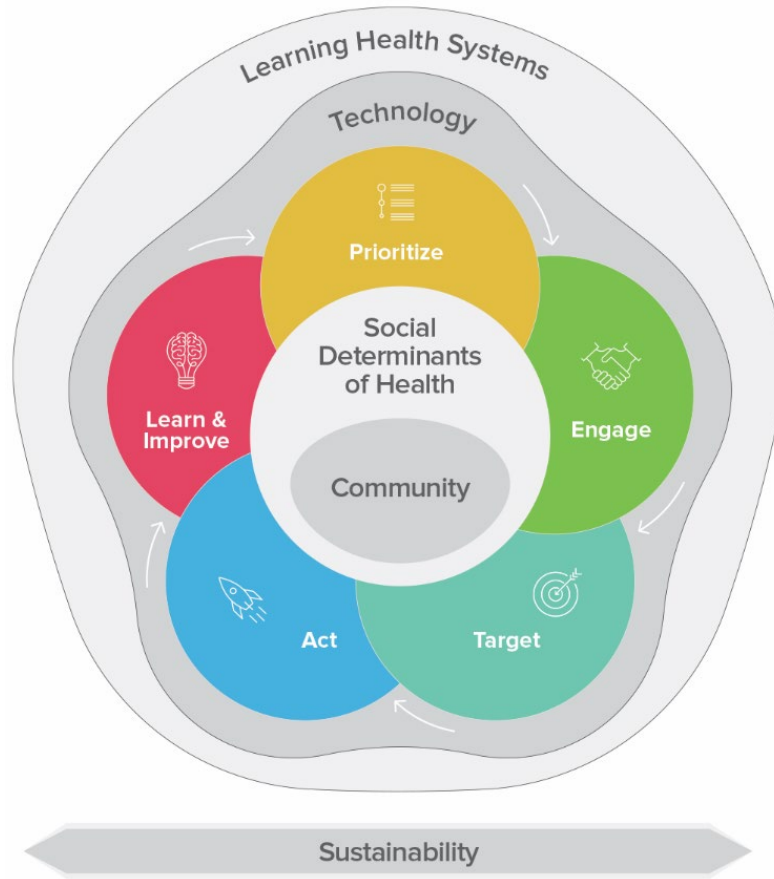
Prioritize Health Equity

- Embedding health equity in the organizational strategic plan, policies, procedures, budgets and activities.

- Moving from siloed activities/departments and/or special projects to commitments and integration.

- Requires leadership and resources (financial and human).

Prioritize

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Prioritize

Examples of Prioritizing Health Equity

Poll: Does/has your organization done any of these activities to prioritize health equity (select all that apply)?

❑ Devoted resources (financial and/or human)
❑ Training
❑ Developed a health equity agenda/plan
❑ Included health equity as a strategic priority
❑ Added leadership positions
❑ Sought or secured funding to support health equity efforts
❑ Other?

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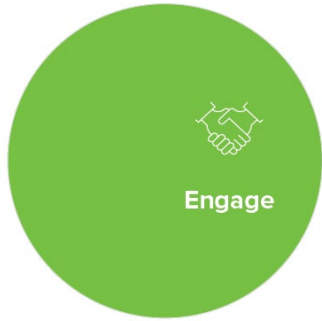
Engage the Community

- Creating a trusted organization providing community-driven and responsive services

- Authority, autonomy, and representativeness

- Business strategy, return on investment

- Challenges:
  - Relationships take time
  - Resources needed to develop culturally and linguistically appropriate materials and services

Examples of Community Engagement Activities

Engage

Poll: Does/has your organization done any of these activities to engage the community?

- ❑ Include community members in governance capacities (e.g., board membership)
- ❑ Community advisory council (or similar entity)
- ❑ Formalized partnerships with community organizations
- ❑ Hired community health workers
- ❑ Developed culturally and linguistically appropriate materials/programs
- ❑ Other?

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Target Health Disparities

There are many mechanisms for doing this. A multi-pronged approach is best.

- Clinical data/analytics – stratification by race/ethnicity, social factors
- Provider/clinician feedback
- Community input
- Community needs assessments

Condition-specific, population-specific, geographic/community

Multidisciplinary team – clinical, community health workers, IT, administrative staff (office, billing, quality improvement)
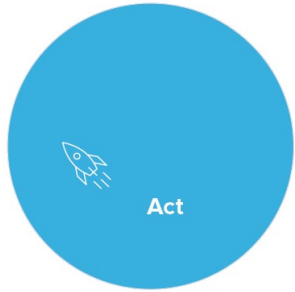
Target

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Examples of Targeting Health Disparities

Target

Poll: Does/has your organization done any of these activities to target health disparities?

- ☐ Uses data to identify health inequities
- ☐ Patient/community surveys
- ☐ Community needs assessments
- ☐ Training
- ☐ Provides culturally and linguistically appropriate materials and services
- ☐ Other?

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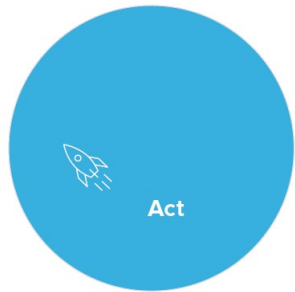
Act on the Data

- Inequities are identified → now what?
  - If no inequities were identified, why not? True equity or need to look deeper?

- Communication/visualization across multidisciplinary team.

- Develop interventions to address findings.
  - Quality improvement projects
  - Data improvement (collection, aggregation, stratification)
  - Community partnerships – link to social services

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Examples of Acting on the Data

- Targeted interventions to address disparities in certain communities or patient populations.
- Engage community members and/or organizations.
- Link patients to community services.
- Evaluate effectiveness of efforts to reduce health disparities.
- Other?

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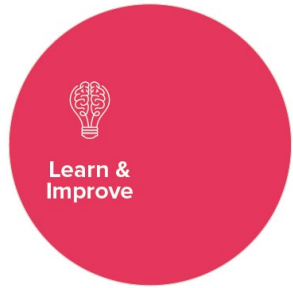
Learn & Improve

- Identify and <u>CELEBRATE</u> successes

- Build on momentum and relationships

- Always think about sustainability – grant funding is short-term, but equity requires long-term commitment and resources.

Examples of Continuous Improvement

- Disseminate data, evaluation and findings to stakeholders, including board, employees, partner organizations and community members.
- Promote/advertise successes to the community.
- Seek continuous/ongoing feedback on efforts to advance health equity.
- Adopt continuous quality improvement mechanism for health equity efforts.

- Change/adapt policies, processes, and programs to reflect and scale successes and solve challenges.

Learn & Improve

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Key Takeaways

> "In order to eliminate disparities in health, we need leaders who care enough, know enough, will do enough, and are persistent enough."
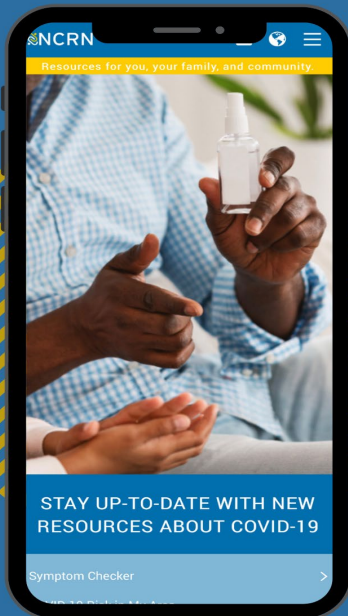> - Dr. David Satcher, 16th Surgeon General

➢ Leadership matters

➢ Equity requires changing old habits

➢ Unified vision, goals, messaging

➢ Empowerment

➢ Teamwork

➢ Disparities do not occur overnight and will not be solved overnight (i.e., it's a marathon and a relay race)

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Questions?

Contact: mdouglas@msm.edu

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Resources

- National COVID-19 Resiliency Network (NCRN) www.msm.edu/ncrn
  - Find essential COVID-19 resources in 13 languages
  - Subscribe to NCRN newsletter
  - Join the Regional Community Coalition

- NCRN mobile app. iOS version and Android version

- NCRN Multilingual Call Center 1-877-904-5097. Operators are available between 9 a.m. -9 p.m. Monday-Friday

Objectives Check In!

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- Use Tomorrow:
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How will this change what you do? Please tell us in the poll…

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Closing Survey

Help Us Help You!

- Please turn your attention to the survey that has popped up in your lower right-hand side of your screen.

- Completion of this survey will help us steer our topics to better cater to your needs.

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