HQIC Community of Practice Call

Reducing the Health Disparities Gap: A Practical Framework for Promoting Health Equity in Your Hospital

April 14, 2022
Introduction

Welcome!

Who’s in the Room?

Shaterra Smith
Social Science Research Analyst - Division of Quality Improvement Innovation Models Testing
iQuality Improvement and Innovations Group
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services (CMS)
Agenda

• Introduction

• Today’s Topic
  o Reducing the Health Disparities Gap: A Practical Framework for Promoting Health Equity in Your Hospital
    Presentations by Priya Bathija and Julia Resnick, Strategic Initiatives, American Hospital Association
    Leticia Rodriguez and Brandy Jean Wolf, Ward Memorial Hospital

• Open Discussion/Q&A

• Closing Remarks
As You Listen, Ponder...

• What excites you the most about the information provided? What information can you leverage to help expand opportunities in your communities?
• What actions will you take as a result of the call?
• Where can you begin with your facility to continue to ensure safety, and a true patient-centered approach as you engage collaboratively with others?
• Which activities do you have underway that will allow for you to expand and push forward to build on action in the next 30 days? 90 days?
Meet Your Speakers

Priya Bathija  
Vice President, Strategic Initiatives, American Hospital Association  
Vice President, Operations, Institute for Diversity & Health Equity

Julia J. Resnick, MPH  
Director, Strategic Initiatives  
American Hospital Association

Leticia C. Rodriguez  
CEO, Ward Memorial Hospital

Brandy Jean Wolf  
Clinical Informatics, Pharmacy Manager, LVN, LIC-P  
Ward Memorial Hospital
Alliant Speakers

Karen Holtz, Medical Technologist-
American Society for Clinical Pathology (ASCP), MS, CPHQ
Training and Education Lead

Rosa Abraha, MPH
Health Equity Lead
By 2050, “Minorities” will comprise the majority of the U.S. population.\(^1\)

Minority births now comprise the majority according to recent Census data.\(^2\)

Hispanics, Asians and Blacks/African American populations will grow at faster rates than other racial/ethnic groups.\(^1\)
Health Equity is getting rid of inequalities or unfair differences in how people are given health care.

**Equality**

*Equality* means treating everyone the same to achieve the same result. However, this approach only works if everyone is starting from the same status. Not all of our members start from the same status. In fact, they experience *health inequities*, or avoidable differences in health outcomes.

**Equity**

*Equity*, on the other hand, is giving people what they need in order to achieve the same result. It's commonly referred to as "leveling the playing field." Equity is needed before attaining true equality.
National Trends – Financial Implications

• Health disparities have amounted to $93 billion in excess costs annually
• Health outcome contributors:
  
  80% - 90% social determinants
  10% - 20% medical care

• Yet, an estimated 95% of health expenditures are medical costs

1. Healthy People 2030
National Trends – Social Determinants of Health

• 1 in 10 Americans live in poverty with the inability to afford health care, healthy food and housing
• Social determinants of health (SDOH) include:
  • Safe housing, transportation, and neighborhoods
  • Income, education level, job opportunities
  • Access to nutritious foods and physical activity
  • Language and literacy skills

1. Healthy People 2030
Reduce All-Cause Harm

- Harm includes Catheter-associated Urinary Tract Infections (CAUTI), Central Line-associated Bloodstream Infection (CLABSI), C diff infections, pressure injuries, sepsis

- Hispanic is highest followed by Black population

Alliant HQIC: 150 hospitals in 13 states
Source: CMS Medicare Claims, NHSN data
Alliant HQIC Trends – Quality Implications

SAMPLE

Reduce 30 Day Readmissions

- Increase in Native American
- Followed by Hispanic population

Alliant HQIC: 150 hospitals in 13 states
Source: CMS Medicare Claims
National Trends – COVID-19

People of color have had higher rates of infection, hospitalization, and death due to COVID-19.

Risk of infection, hospitalization, and death compared to White people in the U.S., adjusted for age:

- American Indian or Alaska Native
- Black
- Hispanic
- Asian
- White

Cases: 1.6, 1.1, 2.0, 0.7, 1.0
Hospitalizations: 3.5, 2.8, 3.0, 1.0, 1.0
Death: 2.4, 1.9, 2.3, 1.0, 1.0

NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic.

Figure 4: People of color have had higher rates of infection, hospitalization, and death due to COVID-19.
Strategies for Hospitals to Address Health Equity

Priya Bathija, Vice President, Strategic Initiatives

Julia Resnick, Director, Strategic Initiatives

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Health is More Than Health Care

80 percent of our health is determined by societal factors

Socioeconomic Factors: 40%
- Education
- Job Status
- Income
- Community Safety
- Family/Social Support

Physical Environment: 10%
- Environment

Health Behaviors: 30%
- Tobacco Use
- Diet & Exercise
- Alcohol Use
- Sexual Activity

Health Care: 20%
- Access to Quality Care

Source: http://www.countyhealthrankings.org/county-health-rankings-model
Societal Factors that Influence Health

A Framework for Hospitals

**Social Needs**
Individuals' non-medical, social or economic circumstances that hinder their ability to stay healthy and/or recover from illness.

**Social Determinants of Health**
Underlying social and economic conditions that influence people's ability to be healthy.

**Systemic Causes**
The fundamental causes of the social inequities that lead to poor health.

Source: [www.aha.org/societalfactors](http://www.aha.org/societalfactors)
Key Strategies for Health Equity

Collect, stratify and use of REaL, SOGI and SDOH data

Practice cultural humility and understand implicit bias

Foster diverse health care boards and organizational leadership

Engage patients and community stakeholders

Health Equity
Data Collection & Use
Data Guides a Health Equity Strategy

Understand the problem in order to address it:

- Is it a problem of inequitable care or access?
- Does this patient have social needs that they cannot meet that are prohibiting health?
- Community-level factors: e.g., food or housing insecurity?
- Are certain communities/populations at particular risk?

% of hospitals that collect **RACE, LANGUAGE AND ETHNICITY DATA**

- **95%**

% of hospitals that use the data in their **DECISION MAKING**

- **22%**

Patient Demographic and Social Needs Data

- Race, Ethnicity and Language (REaL) data
- Sexual Orientation and Gender Identity (SOGI) data
- Patient Experience data
- Social Needs data including:
  - Food insecurity
  - Housing, neighborhood, built environment
  - Transportation access
  - Education
  - Social isolation
  - Healthy behaviors
  - Safety
- CHNA Data
Making Data Useful with Stratification

1. Assemble a working group that is focused on health inequities
2. Validate the data
3. Identify priority metrics
4. Determine if stratification is possible on the selected metrics
5. Stratify the data

Identify Priority Metrics

### QUALITY METRICS

**Clinical**
- Hospital inpatient quality reporting (IQR) measures
- 30-day readmissions
- Outcomes

**Patient Satisfaction**
- HCAHPS scores

**Cost and Efficiency**
- Medicare Spending per Beneficiary

### PATIENT DATA

**Demographic Data**
- Age
- Gender
- Race
- Ethnicity
- Language preference
- Language proficiency
- Sexual orientation
- Gender identity

**Social Needs Data**
- Food security
- Housing security
- Community safety
Get Buy In by Telling the Story

Tell a story with the data.

- These data represent people – what is the story you’re trying to tell?
- How does that inform your next steps?

Get organizational buy in.

- Who do you need to get buy in from for an intervention?
- How does your equity initiative tie to other strategic goals (e.g., readmissions, value, quality, reducing cost, etc.)?
- How does your organizational culture support this work?
Data Collection and Use

Henry Ford Health System

We Ask Because We Care Campaign

- REaL data is collected for more than 90% of patients
- Data collection includes questions that reflect the population HFHS serves
- Built into electronic health record and data is gathered at multiple touch points
- HFHS stratifies quality and service metrics by REaL data and uses it to inform equity- and quality-related goals
**Strategic Questions**

• What health inequities do you know exist in your health care organization and community? What might you **not** know about?

• What REaL or SOGI metrics are the strongest indicators of inequities?

• What social needs metrics are the strongest indicators of inequities?

• What demographic factors have the greatest impact on readmission rates or health status?

• How do REaL, SOGI and social needs metrics relate to each other?
2 Cultural Humility
Cultural Humility

- Ability to provide care to patients with diverse values, beliefs and behaviors
- Increases understanding of factors that are important to patients, and:
  - Improves health outcomes and quality of care
  - Contributes to elimination of racial and ethnic disparities
  - Increases respect, mutual understanding and participation from the local community

Source: 2019 AHA Institute For Diversity and Health Equity Survey
Benefits of Cultural Humility for Health Care Organizations

**Social Benefits**
- Increases mutual respect and understanding between patient and organization
- Increases trust
- Promotes inclusion of all community members
- Increases community participation and involvement in health issues
- Assists patients and families in their care
- Promotes patient and family responsibilities for health

**Health Benefits**
- Improves patient data collection
- Increases preventive care by patients
- Reduces care disparities in the patient population
- Increases cost savings from a reduction in medical errors, number of treatments and legal costs
- Reduces the number of missed medical visits

**Business Benefits**
- Incorporates different perspectives, ideas and strategies into the decision-making process
- Decreases barriers that slow progress
- Moves toward meeting legal and regulatory guidelines
- Improves efficiency of care services
- Increases the market share of the organization

Cultural Humility

Advocate Lutheran

Cultural Competency Training

» Analysis of local demographics
» Education on the importance of cultural competence and it’s implications included in new-employee education
» Diverse group of staff arrange cultural awareness events
» South Asian Cardiovascular Center aimed at educating, screening, preventing and treating South Asian Americans who are at high risk for cardiac disease
» Patients requesting accommodation for their beliefs or practices are identified more quickly
Diversity & Inclusion
Diversity & Inclusion within Leadership and Governance

- Strong commitment to eliminating health inequities and improving diversity and inclusion
- 2019 survey respondents show increases in diverse board representation and moderate increases in diverse executive leadership compared to previous surveys

Source: 2019 AHA Institute For Diversity and Health Equity Survey
Trustees’ Role in Advancing Health Equity

- **Establish Strategic Intent**
  - Mission, values and strategic priorities should reflect a strong commitment to health equity and addressing disparities. Use existing strategic initiatives as “touchstones” for moving forward.

- **Lead through Collaboration**
  - Collaboration is essential to effectively addressing health equity. Move beyond the “four walls of the hospital” for greater impact. Engage trustees as ambassadors for building relationships with public health and community-based organizations.

- **Reflect, Understand and Learn**
  - Look both internally and externally to better understand inequities. Establish a culture of equity in which all staff and providers are motivated to address disparities. Learn from best practices and other organizations pursuing health equity.

- **Ensure Meaningful, Measurable Goals**
  - Unless specifically measured, disparities in health care may go unnoticed. Equity should be a key part of quality improvement efforts and community outreach programs.

Source: [2021 Diversity and Inclusion in Leadership and Governance](https://www.aha.org).

[Image: American Hospital Association - Advancing Health in America]
Diversity & Inclusion

Cone Health

Creative Steps for Advancing Diversity and Inclusion

» Set diversity and inclusion hiring goals for leadership team
  » 30% of leadership hires to be people of color
  » Leadership team passed the goal at 35% in 2014 and 2015; Expanded the goal each year and reached over 50% in 2018 and 2019

» Strategies included:
  » a diverse selection committee and pool of applicants
  » a formal succession planning initiative
  » pipeline development
  » training on bias for the leadership team
  » connecting the importance of leadership diversity with the community’s health outcomes
Community Partnerships
Collaborating for Health

Governmental Organizations  Public Health Organizations  Faith-based Organizations  Service Organizations  Local Businesses

Housing & Transportation Services  Community Organizations  Educational Organizations

Health Care Organization’s Roles in Community Partnerships

**SPECIALIST**
Focus on a few specific issues

**PROMOTER**
Supports other organizations’ initiatives

**CONVENER**
Brings together hospital and community stakeholders to work toward shared goals

**ANCHOR**
Leads community health initiatives

Source: Health Research & Education Trust, 2014.
Community Partnerships

Sharp Healthcare
Care Transitions Interventions

» Team of nurses, social workers, and financial service advisors provide care transition coaching and community resources for vulnerable patients

» Team includes those from community organizations, including 2-1-1 San Diego

» Reduced readmission to under 10%, health care costs by 30% and length of stay
Health Equity Strategies at AHA

**Health Equity**
- [https://ifdhe.aha.org/](https://ifdhe.aha.org/)
  - Toolkits and resources to improve health equity.

**Diversity + Inclusion**
- [https://ifdhe.aha.org/](https://ifdhe.aha.org/)
  - Certificate in Diversity Management in Health Care (CDM), Enrichment Programs, and the Trustee Match Program

**Trustee Services**
- [https://trustees.aha.org/health-equity-diversity-and-inclusion](https://trustees.aha.org/health-equity-diversity-and-inclusion)
  - Resources and education, including on health equity, diversity and inclusion

**Maternal + Child Health**
- [https://www.aha.org/advocacy/maternal-and-child-health](https://www.aha.org/advocacy/maternal-and-child-health)
  - Resources and best practices to improve care for women and children

**Value + Affordability**
- [https://www.aha.org/value-initiative](https://www.aha.org/value-initiative)
  - Best practices, data and education to promote value and affordability by lowering cost, improving outcomes and enhancing patient experiences

**Societal Factors that Influence Health**
- [https://www.aha.org/societal-factors](https://www.aha.org/societal-factors)
  - Framework to guide hospitals as they address the societal factors that influence health
AHA Health Equity Roadmap

The Health Equity Roadmap

A national initiative to drive improvement in health care outcomes, health equity, diversity and inclusion.

The Health Equity Roadmap is a framework to help hospitals and health care systems chart their own paths toward transformation — thus becoming more equitable and inclusive organizations.

Learn more at www.equity.aha.org

The Six Levers of Transformation

Research and experience show that leading health equity strategies cut across six levers of transformation within health care organizational structures.

- Culturally Appropriate Patient Care
- Equitable and Inclusive Organizational Policies
- Collection and Use of Data to Drive Action
- Diverse Representation in Leadership and Governance
- Community Collaboration for Solutions
- Systemic and Shared Accountability
ACCELERATING HEALTH EQUITY CONFERENCE

Bringing together leaders in community health

MAY 10-12, 2022 | CLEVELAND, OH

www.aha.org/accelerating-health-equity

Questions? Email healthequity@aha.org
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One Hospital’s Covid-19 Health Equity Journey: Lessons Learned from a Rural Community

Leticia Rodriquez, CEO
Brandy Wolf, Clinical Informatics
Ward Memorial in Monahans, Texas

- Located six miles from Monahans Sandhills State Park, a 3,840-acre state park
- 25-bed Critical Access Hospital (CAH)
  - Emergency & Same Day
  - Cardiac Rehab
  - Radiology
  - Pharmacy
  - Physical Therapy
  - Sleep Wellness
  - Swing Bed Program
Covid-19 Challenges

- Increasing skill sets
- Bed shortages
- Equipment demands
- Low provider-to-patient ratio
- Staffing shortages
- Staff burnout
Success Story

Covid-19 Health Equity Journey

Population

• Majority female and Hispanic, with total of 5,182 vaccinated

Purpose

• Created Covid-19 preparedness committee to ensure continued health of community, increase vaccination rates at community vaccine events and educate community on Covid-19 transmission and side effects

Partners

• Ward County and Monahans Chamber of Commerce
In Their Own Words
Covid-19 Equity

HISPANIC

- MALE: 1443
- FEMALE: 1506

NON-HISPANIC

- MALE: 1060
- FEMALE: 1172
Covid-19 Equity Journey

• Increase availability and accessibility of Covid-19 testing and vaccination for populations that are disproportionately affected (e.g., racial and ethnic minority populations)

• Provide telehealth options

• Include materials in Spanish

• Ensure providers show awareness of, and respect for, culture when providing Covid-19 testing and care

• Help build vaccine confidence within minority populations

• Share clear and accurate information to educate about Covid-19

• Raise awareness about the benefits of vaccination and address common questions and concerns
Keys to Success

- Leadership support and vision is vital
- Involve patients, staff and community
- Teamwork
Baseline Assessment of Health Equity
Level of Hospital Implementation by Category

SAMPLE

Legend

Data Collection
Self-Reporting Methodology

Data Collection Training
Workforce Training

Data Validation
Verifies Data Accuracy

Data Stratification
Stratifies Data

Communicate Findings
Reporting Mechanism

Address Gaps in Care
Interventions to Resolve Differences

Infrastructure and Culture
Culture of Health Equity

N = 118 hospitals
Resources

1. Health Equity Resource Package (on Alliant website)
2. Two-hour online course on how to identify and eliminate health disparities in organizations Achieving Health Equity (CMS/Medicare Learning Network)
3. AHA Institute for Diversity and Health Equity [https://ifdhe.aha.org/](https://ifdhe.aha.org/)
5. Rural Health Information Hub – Tools to Assess SDOH in the Rural Health setting. Types of Social Determinants of Health - RHIhub Toolkit [ruralhealthinfo.org](http://ruralhealthinfo.org)
6. Agency for Healthcare Research and Quality – Tools, resources, and information on SDOH Social Determinants of Health (SDOH) | Agency for Healthcare Research and Quality (ahrq.gov)
7. Protocols for Responding to and Assessing Patient’s Assets, Risks, and Experiences [PRAPARE](https://example.com/prapare)
Ideas to Begin Your Team and Plan-Do-Study-Act

• Identify a project leader or champion to manage activities
• Create a team with appropriate members, include community
• Analyze patient Race, Ethnicity and Language (REaL) data
• Locate Community Health Needs Assessment results
• Provide Race, Ethnicity, and Language (REaL) data collection training
• Ask PFAC member to assist with data collection/self questionnaire
• Stratify data by REaL or Social Determinants of Health (SDOH)
• Engage in AHA’s Health Equity Roadmap and #123 for Equity pledge https://equity.aha.org/
## Moving Forward

<table>
<thead>
<tr>
<th>Beginner</th>
<th>Intermediate</th>
<th>Expert</th>
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<tbody>
<tr>
<td>Identify a leader or champion and create a team, include community</td>
<td>Analyze data Collection and Use of Race, Ethnicity and Language (REaL) Data Using Data to Reduce Health Disparities (AHA)</td>
<td>Write health equity goals into critical documents such as mission statements and strategic plans</td>
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<tr>
<td>Complete Health Equity Organizational Assessment (HEOA)</td>
<td>Using SDOH Data to Reduce Breast Cancer (Parkland Health Case Study)</td>
<td>Chief Diversity, Equity and Inclusion Officer WellStar Health System</td>
</tr>
<tr>
<td>Involve Quality Improvement/Accreditation professionals Sentinel Event Alert 64: Addressing health care disparities by improving quality and safety (TJC, 2021)</td>
<td>Provide staff training AHA Disparities Toolkit - Staff Training</td>
<td>Reporting mechanism (e.g., equity dashboard) or Diversity, Inclusion and Equity Report (Novant Health, 2020)</td>
</tr>
<tr>
<td>Locate and review your hospital’s Community Health Needs Assessment (CHNA)</td>
<td>Engage in AHA’s Health Equity Roadmap and #123forEquity pledge <a href="https://equity.aha.org/">https://equity.aha.org/</a></td>
<td>Investigate research grants and funding opportunities Robert Wood Johnson Foundation</td>
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Discussion

• What excites you the most about the information provided? What information can you leverage to help expand opportunities in your communities?

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• Where can you begin with your facility to continue to ensure safety, and a true patient-centered approach as you engage collaboratively with others?

• Which activities do you have underway that will allow for you to expand and push forward to build on action in the next 30 days? 90 days?
Final Thoughts
Join Us for the Next Community of Practice Call!

Join us for the next Community of Practice Call on May 12, 2022 from 1:00 – 2:00 PM ET

We invite you to register at the following link:
https://zoom.us/webinar/register/WN_ASI_I3p_TEyx_VY_YYFFeA

You will receive a confirmation email with login details.
Thank You!

Your opinion is valuable to us. Please take 4 minutes to complete the post event assessment here: post assessment_4.14.22

We will use the information you provide to improve future events.