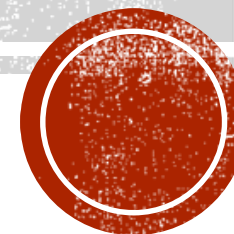


ADDRESSING HEALTH DISPARITIES

PCTM Shared Learning Webinar

April 25, 2024



TODAY'S AGENDA

- Announcement-Laurel Avila
- Introductions
- Addressing Health Disparities-Laurel Avila
- A Conversation with Yesenia Cruz-Providence Health Equity Fellow
- Question and Answer
- Evaluation



INTRODUCTIONS

Please take a moment to introduce yourself:

- Say “hello” in a language other than English
- Name
- Organization

Type your name and organization in the chat so we can give you credit for attending today.



PCTM CRITERIA PERTAINING TO HEALTH EQUITY

- **Accountability 8 - Culturally Attuned Care**

- 8.2.A Practice quality improvement strategies related to patient engagement include consideration for demographics.

- 8.3.A Practice has a documented strategy to support having provider team compositions that reflect patient panel composition as informed by race and ethnicity data.

- 8.3 B Practices train staff on culturally appropriate care.

- 8.3.C Practices partner with local culturally attuned community-based organization to better understand and participate in addressing the community's health-related needs

- **Accountability 9 - Health Literacy**

- 9.1.A When using practice-developed materials, practice utilizes patient-facing forms and information that are written at the appropriate level and are available in languages that reflect the patient population.

- **Accountability 10 – Data Informed Performance Management**

- 10.3 F Practice can stratify analysis by different demographics and appropriate patient characteristics to support efforts to improve health equity



WHY DO THIS WORK?

- State Requirements
- Advancement of Quality Improvement Efforts
- Because It Matters!
 -



HOW TO DO THIS WORK?

- Prepare Your Organization to Address Health Disparities
 - Establish a Commitment
 - Leadership Leads the Charge
 - Perform Self-Assessment
 - Health Equity Guide from the CDC
 - NCQA Health Equity Accreditation



CDC-BUILDING ORGANIZATIONAL CAPACITY TO ADVANCE HEALTH EQUITY

- Where are we now?
- How can we institutionalize our organizational commitment to advance health equity?
- How can funding decisions advance our health equity efforts?
- How can we build a skilled and diverse workforce committed to health equity?
- How can we integrate health equity into our products and service offerings?
- How can our partnerships and community outreach efforts help to advance health equity?
- What are our next steps?

cdc.gov/healthequityguide



NCQA HEALTH EQUITY ACCREDITATION PROCESS

- Schedule a consultative call with a program expert at least 12 months before your desired survey start date
- Purchase the Standards and Survey Tool
- Perform a Gap Analysis comparing the standards to your organization's current process
- Submit the Pre-Application Form
- Submit the Online Application
 - <https://www.ncqa.org/programs/health-equity-accreditation/process/>



HOW TO DO THIS WORK?

- Collect Patient Data on Race, Ethnicity, and Language (REaL) Sexual Orientation, Gender Identity (SOGI)
 - OMB Categories
 - Washington State Requirement for Hospitals
 - Staff Training for Collecting Patient Data
 - Importance of self-reported data
 - Patients get to decide
 - Need to build trust





OMB STANDARDS REVISION 3/28/24

- Will use one combined question for race and ethnicity instead of two
- Added Middle Eastern or North African as a new minimum category
- The Minimum race and/or ethnicity categories are:
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Middle Eastern or North African
 - Native Hawaiian or Pacific Islander
 - White
- <https://www.whitehouse.gov/omb/briefing-room/2024/03/28/omb-publishes-revisions-to-statistical-policy-directive-no-15-standards-for-maintaining-collecting-and-presenting-federal-data-on-race-and-ethnicity/>



HOSPITAL REPORTING OF PATIENT DEMOGRAPHIC DATA-WA STATE

- Washington State Legislature passed new hospital data reporting requirements in 2021.
 - RCW 43.70.052
 - WAC 246-455-025
- Washington State Hospital Association Resource
 - Patient Education
 - Definitions of Demographic Terms
 - Staff Training
 - Patient Feedback
 - Frequently Asked Questions

<https://www.wsha.org/our-members/resources-for-hospitals/hospital-reporting-of-patient-demographic-data/>



STAFF TRAINING RESOURCES

WA State Department of Health:

Collecting New Patient Data

<https://doh.wa.gov/sites/default/files/2023-01/422-237-1272CollectingNewPatientData-English.pdf?uid=64c045cc91acc>

American Medical Association:

Collecting Patient Data: Improving Health Equity in Your Practice-Training Modules

https://edhub.ama-assn.org/ama-cvd-prevention-education/interactive/17579528?resultClick=1&bypassSolrId=M_17579528



HOW TO DO THIS WORK?

- Community Integration
 - Share what you are doing across the community
 - Partner with community based organizations






A CONVERSATION WITH YESENIA “YESI” CRUZ, MA-C

Lead Clinical Care Coordinator
Providence Health Equity Fellow





**PLEASE TELL US ABOUT THE
PROVIDENCE HEALTH EQUITY
FELLOWSHIP YOU ARE DOING**

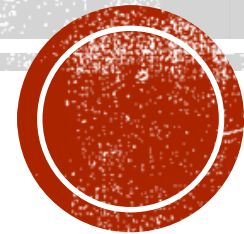




**SHARE WITH US ABOUT THE WORK YOU
ARE CURRENTLY DOING TO ADDRESS
HEALTH DISPARITIES**



SOME OF OUR CLINICS ARE SMALL AND IN RURAL AREAS. THEY DO NOT HAVE ACCESS TO THE DATA THAT YOU DO AT PROVIDENCE. DO YOU HAVE ANY SUGGESTIONS FOR THEM?



TRAFFIC SAFETY- BENTON COUNTY

- 2017-2021 traffic fatality rate that is in line with the state average.
 - 7.03 fatalities per 100,000 population
 - Traffic fatality rate for Hispanic population 2x the state rate (12.67 per 100,000)
 - 42% of fatalities from crashes involving a motor vehicle were Hispanic
- Drivers involved in fatal crashes, 2017-2021:
 - 105 total drivers
 - 21% (n=22) had a prior crash in the past five years
 - 36% (n=39) were impaired
- Alcohol/drug + Drivers involved in fatal crashes:
 - 38 total alcohol/drug + drivers in fatal crashes
 - 32% (n=12) were speeding
 - 29% (n=11) were unrestrained
 - 40% (n=15) were + poly-drug (with alcohol)
- # of alcohol or drug-positive drivers have increased 3x since 2019



TRAFFIC SAFETY- FRANKLIN COUNTY

- Fatalities, 2017-2021:
 - 39 total fatalities
 - Fatality numbers have fluctuated since 2017, with an almost 2x increase in fatalities from 2020 to 2021.
 - 38% (n=15) were unrestrained.
 - 28% (n=11) involved a speeding driver
 - 41% (n=16) were Hispanic
- The 2017-2021 traffic fatality rate is close to the state average.
 - 7.12 fatalities per 100,000 population.
 - Ages 65+ represent the most disproportionate traffic fatality rate demographic (14.05/100,000 population, or 2x state rate)
- Drivers involved in fatal crashes, 2017-2021:
 - 68 total drivers
 - 29% (n=20) were alcohol and or drug +
 - Of the 29% impaired drivers involved in fatal crashes:
 - 50% (n=10) were unrestrained
 - 40% (n=8) were speeding
 - # of impaired drivers involved in fatal crashes tripled from 2020 to 2021.

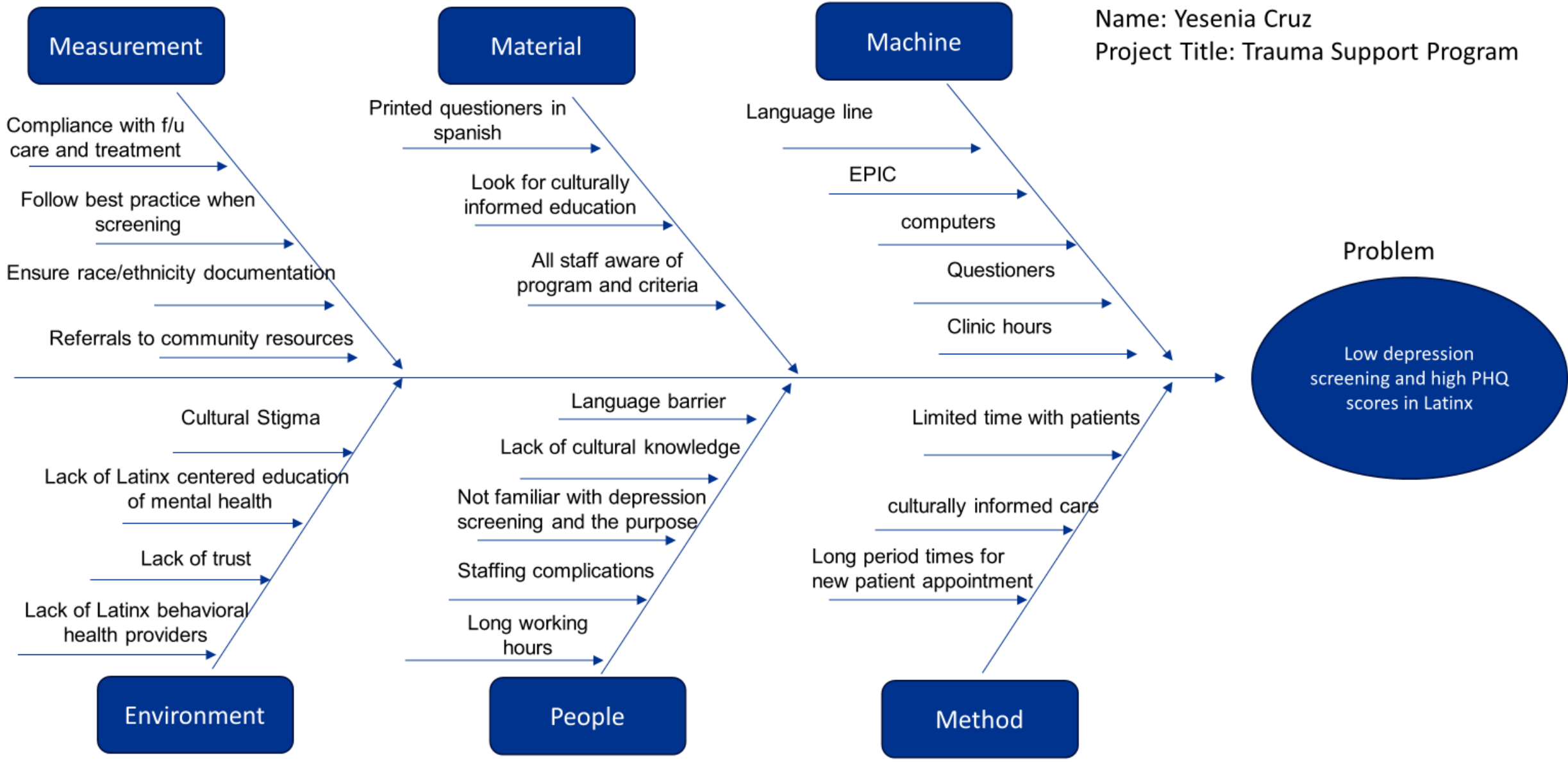


What are some of the tools you have used to assist you in your work?





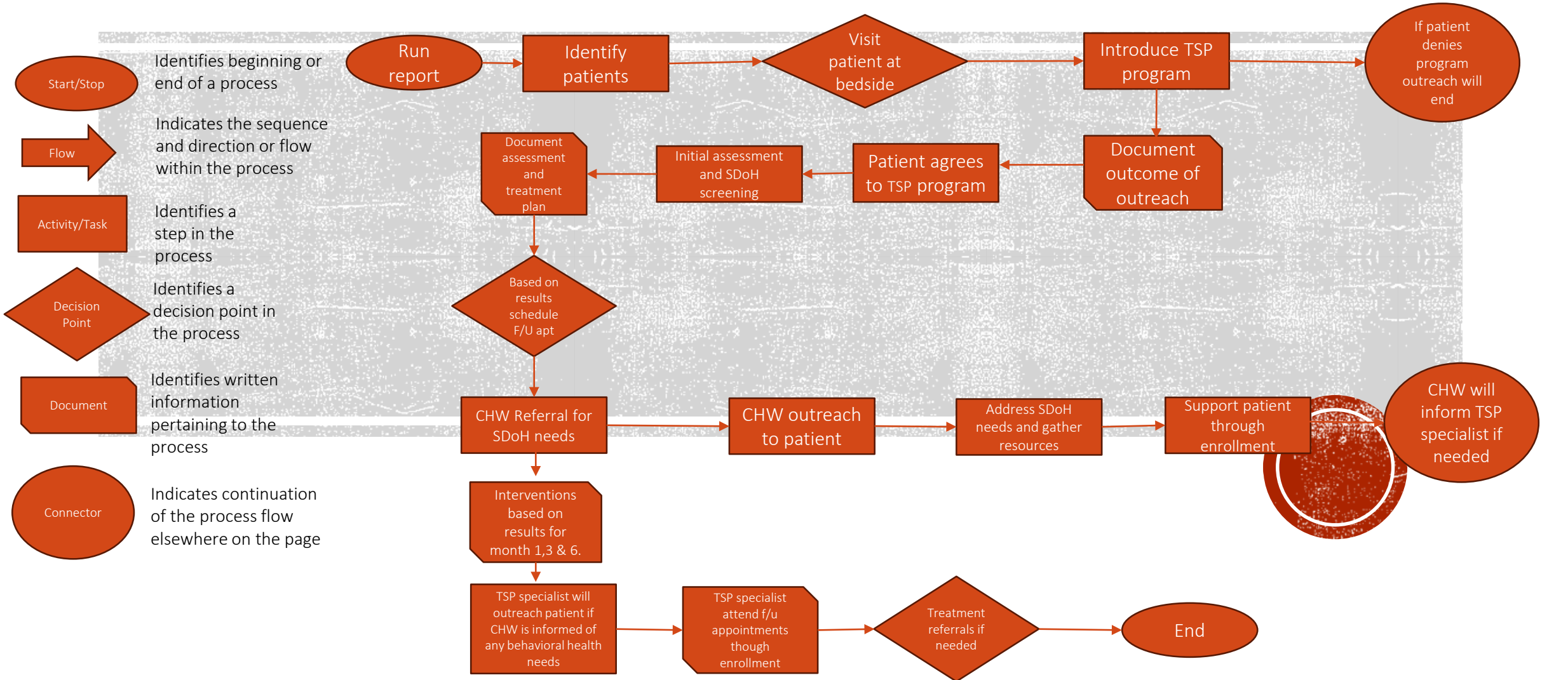
Name: Yesenia Cruz
 Project Title: Trauma Support Program



Process Map

Project Title: Trauma Support Program
 Project Description: Mental Health

Fellow Name: Yesenia Cruz
 Division and Location: Central/Kadlec



PLAN FOR 1ST PDSA

SMART Aim Statement: By December 31st, 2023, the Trauma Support Program aims to achieve measurable improvement in depression screening rates by reducing the 38% variance/inequity between the Hispanic/Latinx population and the White (non-Hispanic) population AND increasing the Hispanic/Latinx baseline performance by 5%.

PDSA Cycle #: 1

Date: 11/28/2023

Describe your first (or next) test of change:

Scripting when outreaching to patient about TSP.

Person(s) Responsible:

Trauma Support Specialist (LCWS)

List the individual tasks needed to set up and conduct this test of change:

1. Using main points of the goal of the program and how it benefits patient
2. Keeping health equity lens when approaching patients
3. Approaching patient concerns before mental health assessments

Person(s) Responsible:

1. Trauma Support Specialist

What are your predictions for what will happen when this test is carried out?

By emphasized care management pieces and support with their concerns rather than just mental health will increase the number of enrollment. As trust is being build mental health and the assessments the patient will be more willing to participate.

Outcome/Process measure(s) to determine if test is successful:

Will see increase of enrollment and help patients see the benefit of addressing mental health.

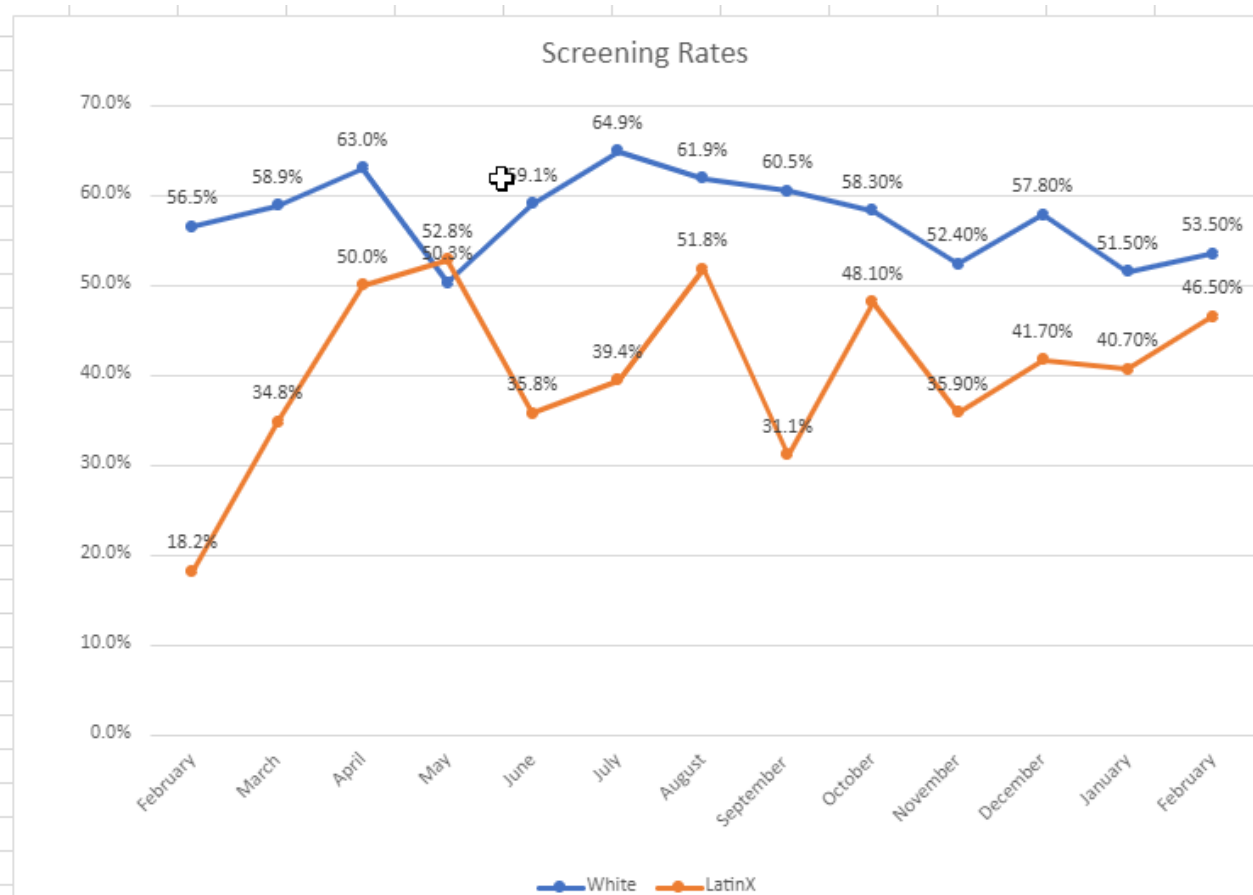


PROJECT DATA

- Disparity Data and/or Project Data (i.e., current performance vs. baseline or other analytics as customized to project)

	White	LatinX	Change
February	56.5%	18.2%	38.3%
March	58.9%	34.8%	24.1%
April	63.0%	50.0%	13.0%
May	50.3%	52.8%	-2.5%
June	59.1%	35.8%	23.3%
July	64.9%	39.4%	25.5%
August	61.9%	51.8%	10.1%
September	60.5%	31.1%	29.4%
October	58.30%	48.10%	10.2%
November	52.40%	35.90%	16.5%
December	57.80%	41.70%	16.1%
January	51.50%	40.70%	10.8%
February	53.50%	46.50%	7.0%

Starting Variance	38.3%
Ending Variance	7.00%
Total Change	31.30%
Net Change (total Chan	34.30%
Change in LatinX	28.3%
Change in White	-3.0%





What are some key takeaways you would like to share with the group?



CAN YOU SHARE YOUR
THOUGHTS REGARDING THE
WORK OF ADDRESSING
HEALTH DISPARITIES?



**IF YOU JOINED US LATE, BE SURE TO TYPE YOUR NAME
AND ORGANIZATION IN THE CHAT SO THAT YOUR
ATTENDANCE WILL BE DOCUMENTED.**

**PLEASE COMPLETE THE EVALUATION BY CLICKING ON
THE LINK BELOW.**

**[HTTPS://US13.LIST-
MANAGE.COM/SURVEY?U=0D9C5F2F0743D8A323BB264F9
&ID=E1DB2D045A&ATTRIBUTION=FALSE](https://us13.list-manage.com/survey?u=0d9c5f2f0743d8a323bb264f9&id=e1db2d045a&attribution=false)**

