**Advancing Health Equity Through Quality Improvement Data**

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# Objectives

- Understand how to develop an infrastructure to support health equity

- Learn how to build your equity scorecard

- Be introduced to strategies to improve equity from data collection to intervention

# An Introduction to Health Equity

Equitable care means providing care that *does not vary in quality* because of personal characteristics such as gender, race, socioeconomic status and geographic location.

Slonim, A.D., and M.M. Pollack. 2005. "Integrating the Institute of Medicine's Six Quality Aims into Pediatric Critical Care: Relevance and Applications." *Pediatric Critical Care Medicine* 6(3):264–9. doi:10.1097/01.PCC.0000160592.87113.C6

# Inequity – Inequality – Disparity

- <u>Inequity</u> refers to unfair, avoidable differences arising from poor governance, corruption or cultural exclusion

- <u>Inequality</u> refers to the uneven distribution of health or health resources as a result of genetic or other factors or the lack of resources

- <u>Disparity</u> simply means a difference…not specifically the result of unfairness or injustice

https://www.medicalnewstoday.com/

# Who Are Your Patients? What Do They Need?

Most health disparities stem from systemic racism, bias and the unequal distribution of power and resources that results in unmet social, economic and environmental needs.
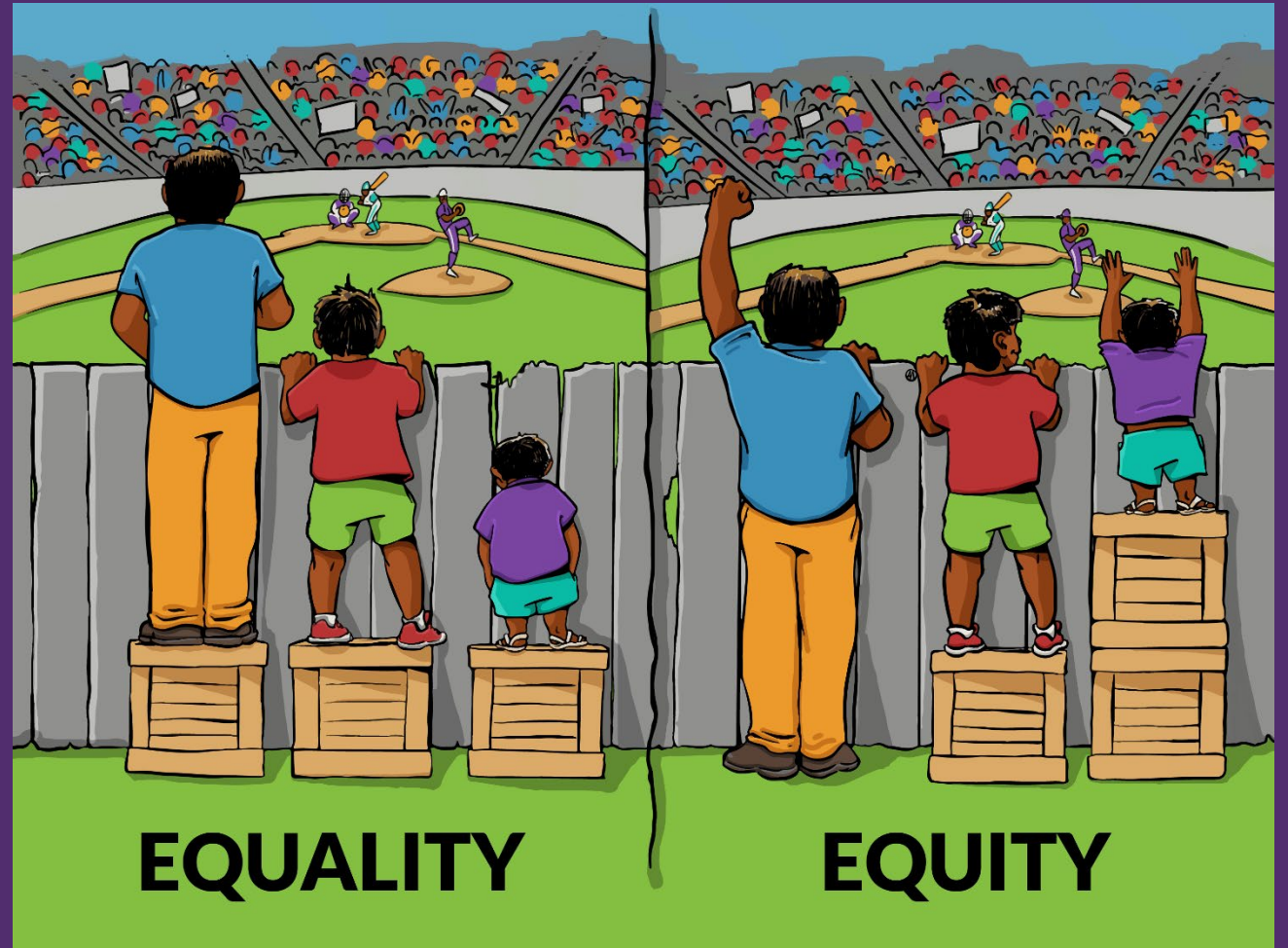


EQUALITY   EQUITY

# Identifying Equality, Equity and Disparity

All patients have access to nutritionist

Cooking classes are offered to this Hispanic/Latino pre-diabetic population

All uncontrolled diabetic patients receive outreach from pharmacist

Uninsured female patients have a lower compliance with cervical cancer screenings

# Key Terms/Definitions for Today

## SDOH – Social Determinants of Health

- "economic and social conditions that influence the health of people and communities" - (CDC)

## SOGI – Sexual Orientation and Gender Identity

- An inclusive acronym that applies to <u>everyone.</u> The terms are <u>not</u> interchangeable.
- Sexual orientation – an inherent or emotional, romantic or sexual attraction to other people.
- Gender Identity - concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves.
- Gender identity can be the same or different from their sex assigned at birth.

# Key Terms/Definitions for Today

## Cisgender –

- a person whose gender identity corresponds with the sex the person had or was identified as having at birth

## Transgender –

- a person whose gender identity differs from the sex the person had or was identified as having at birth
- Trans woman – a woman who was assigned male at birth (MTF)
- Trans man – a man who was assigned female at birth (FTM)

## HIV – Human Immunodeficiency Virus

- Being HIV-positive means an individual has signs of the human immunodeficiency virus (HIV) in their body. This is discovered through an HIV test. Approximately 1.2 million people are living with HIV in the United States today (as of November 2021).
- Being HIV positive is NOT the same as having AIDS.

# Key Terms/Definitions for Today

## Race –

- The mixture of physical, behavioral and cultural attributes. A categorization of humans based on shared physical or social qualities into categories generally viewed as distinct within a given. (ie: physical characteristics such as skin color or hair texture)

## Ethnicity –

- A broader term than race. The term is used to categorize groups of people according to their cultural expression and identification - people who identify with each other on the basis of shared attributes that distinguish them from other groups (ie: language and shared culture)

## Cultural Competence –

- a set of values, behaviors, attitudes, and practices within a system or organization, which –
  - fosters an open attitude, self-awareness, awareness of others, cultural knowledge, and skills
  - encourages the acknowledgement and acceptance of differences in appearance, behavior and culture

# **Understanding Health Inequity**

Health inequity refers to <u>avoidable differences in health</u> between different groups of people as a result of unfair systems that negatively affect people's living conditions, access to healthcare, and overall health status.

Health inequity impacts individuals and groups from disadvantaged or historically oppressed populations most severely, but – the negative impact is widespread.

Inequity occurs at a local, national, and global level.

# The Role of Data in Health Equity

- Collecting and utilizing data such as SDOH, SOGI, HIV status, Race & Ethnicity allows us to more efficiently and effectively understand patient needs, plan patient care, and apply resources that meet the specific needs of our patients - as individuals and as populations.

- This data allows us to decrease disparities (differences) in care, increase health equity, and improve access to culturally competent care.

- Data allows us to connect high-risk populations with interventions that can help them overcome barriers to health by identifying the needs of each patient & each population.

# Building an Infrastructure to Support Health Equity

Appropriate and Relevant Staffing: Does your staff represent the population you serve and do they posses the competency to relate to the population we serve?

Collecting and ID Determinants of Health: Are you collecting data reliably and are you using that data to identify your opportunities for QI

Training: Communication, competence, trauma informed care, DEI, community awareness

Community Partnerships: Are partnerships effective and what partnerships do we need to be more effective?

Define Strategic Impact: What is the organization's strategic goal to impact equity?
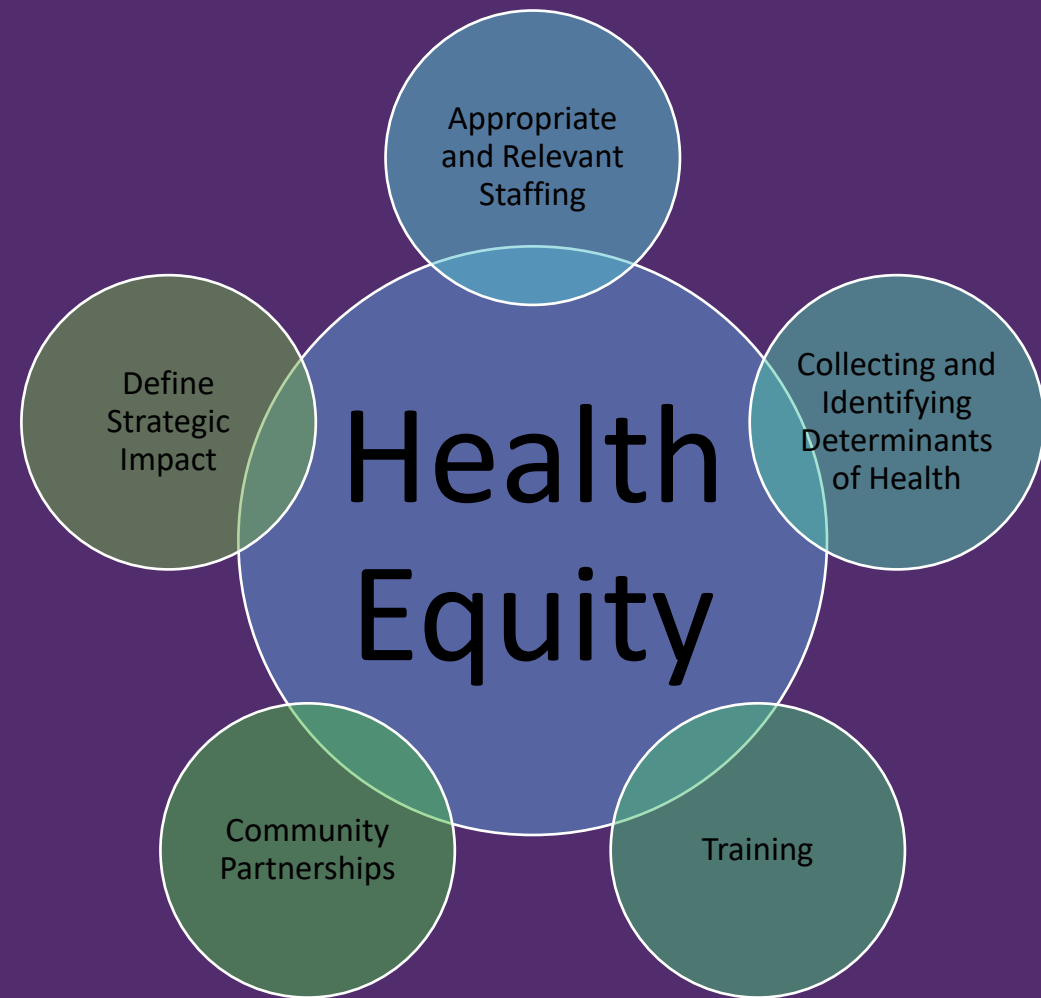
What is your
Organizational
Capacity to
Address
Health Equity

**QUESTIONS FOR REFLECTION:** Organizational Capacity

1. Where are we now?

☐ How do our current organizational policies and practices facilitate or inhibit us from advancing health equity?

☐ What is our organization's stated commitment to health equity? Is this commitment documented and widely understood?

2. How can we institutionalize our organizational commitment to advance health equity?

☐ What process (e.g., organizational assessment) can we implement to review current policies and practices in relation to our health equity commitment?

☐ How can our current infrastructure be enhanced to create accountability and provide guidance on our health equity commitment?

☐ What expectations and opportunities exist for staff to make health equity a part of their daily work?

3. How can funding decisions advance our health equity efforts?

☐ How do the funds we typically seek align with identified health equity needs in the community?

☐ When distributing funds, what funding guidelines or requirements need to be in place to ensure recipients address health equity?

4. How can we build a skilled and diverse workforce committed to health equity?

☐ How do our recruitment efforts support or hinder us in building a diverse staff and management team committed to health equity?

☐ How can we add or enhance our training activities to ensure staff and management share a common understanding of the complexities of health inequities and have the skills to advance health equity in their work?

☐ How can we better align staff performance to health equity practice?

☐ How can we build accountability for advancing health equity into the performance plans of staff and management?

5. How can we integrate health equity into our products and service offerings?

☐ What are the cultural and linguistic preferences of our community members? How can we revise our services and resources to accommodate those preferences?

☐ What structural and operational modifications are needed for our services to be more accessible and of better quality?

☐ How are we tracking and evaluating our efforts to determine if populations experiencing health inequities are benefiting from the services or resources we provide?

6. How can our partnerships and community outreach efforts help to advance health equity?

☐ What existing partnerships do we have with organizations serving populations experiencing health inequities?

☐ What new partnerships should we consider exploring to fulfill our commitment to health equity?

☐ How is our organization perceived in the community?

☐ How can we build better connections to and collaborations with populations experiencing health inequities?

7. What are our next steps?

☐ What can we do differently to improve or enhance our organization's capacity to advance health equity?

☐ What is our plan of action to implement those changes?

# Addressing Equity in Your QI Plan

- Health Equity Plans:
  - Address inequities in the ability of people to access care
  - Require granular evaluation to find gaps in individual health needs
  - Require allocating resources differently to achieve outcomes

Addressing Health Equity in your QI Plan

TAHP & FAHP Health Plan Survey

Most impactful

*health equity initiatives*

**35%** collaborative partnerships with local healthcare providers and community organizations.

**28%** targeted outreach and education programs for vulnerable populations.

**23%** data analysis and reporting to identify disparities and inform interventions.

# Operationalizing your Health Equity Strategy

- **Who**: Who is responsible for:
  - Collection of data
  - Data capture
  - Retrieval of data
  - Reporting of data
  - Utilization of Data
  - Monitoring of data
  - Influenced by the data
- **What:** What is the data:
  - Used for
  - Needed for
  - Telling us
  - Expected to show
  - Data is needed
- **Where**: Where:
  - Does the data come from
  - Does the data get used
  - Is the data influenced

- **When**: When is the data:
  - Collected
  - Utilized
  - Changed or influenced
  - Relevant
- **Why:** Why does the data:
  - Serve a purpose
  - Look like it does
  - Is the data shared

# Create your Data Strategy with Data Governance

1. Leadership Sponsorship: What is your organizational goal for equity?

2. Defined Goals: ID min of 2: 1 clinical disparity, 1 access to care disparity, 1 pt. exp disparity and 1 resource use disparity

3., 4., 5. Data Governance: Are you getting accurate, useable data in a convenient and consistent manner?

6. Change Management: What does that data tell you we need to do and how are you doing it?

7. Defining Value: Reducing disparities

1. Leadership Sponsorship
2. Defined Goals
3. Data Housing
4. Information Management and Governance
5. Data Centralization
6. Change Management
7. Defining Value

# Health Equity Scorecard

# Evaluation of Health Equity

Prevalence of SDOH factors

Rate of collection

Rate of intervention

Completion of intervention

Satisfaction of intervention

Effectiveness of intervention

Long term absence of contributing SDOH factor

Improvement in clinical outcomes, access to care, patient experience and resource use through reduction in disparities in case

# Demonstration of Scorecard

# Open Discussion/Q&A