How do organizations gather and use data to promote health equity and community power?

- A Macro Perspective
Identify disparate outcomes

Health outcomes and traditional risk factors

Identify the distribution of social, economic, and environmental determinants of health

Disaggregate data by race, income, gender, disability, place, etc.

Include Communities

Partner with and learn from affected communities

Partner with other agencies and advocates

Expose the systems and structures that create racially inequitable outcomes by constantly asking:

- Who is marginalized here?
- Why?
- What are the structures that are creating the outcome?
- How can we intervene to change the structures and the outcomes?
- Who do we need to engage in the process?
- What policy, program, process or system changes can we inspire?
- How can we make sure that strategies do not disenfranchise?
Identify whom the proposed strategy affects most, positively and negatively.

- What has been the history of this issue in the community?
- Have the people affected by this issue been involved in developing the solutions?
- What do the people affected by this project think the important issues are?
- Does this project fit with their priorities?
Which Populations are Missing from our Data?

- Age-related groups (e.g. children, youth, seniors, etc.),
- Disability
- Ethnic-racial communities
- Immigrant groups and status
- Homeless (including marginally or under-housed, etc.),
- Linguistic communities (e.g., uncomfortable using English, literacy)
- Low income (e.g., unemployed, underemployed, etc.)
- Religious/faith communities
- Rural/remote or inner-urban populations (e.g., geographic or social isolation, under-serviced areas, etc.)
- Sex/gender
- Sexual orientation
- Others?
Determinants of Health

Identify determinants and inequities (that your project or policy affects) to be considered alongside the populations you identify.
Potential Impacts, Mitigation & Monitoring

Potential Impacts
- ✓ Unintended Positive Impacts.
- ✓ Unintended Negative Impacts.

Mitigation
- ✓ Identify ways to reduce potential negative impacts and amplify the positive impacts

Monitoring
- ✓ Identify ways to measure success for each mitigation strategy identified.
Measures

Identify measures you would use to evaluate the impact of this project or policy on:

✓ health equity,
✓ quality of life, and
✓ other community priorities.
Collect, Review, Update and Report

✓ How frequently do you collect data to address equity?
✓ How frequently can you review, update and report data on equity with your engaged communities?
Recommendation #3

Over-document the barriers to equal opportunity—especially racial bias.

Be specific about the mechanisms that deny equal opportunity; gather comprehensive and reliable data and prepare a stable of examples to make a convincing and compelling argument.

Document how people of color and other groups frequently face stiff and unequal barriers to opportunity.

Contact

Abby Charles
Senior Program Manager
Institute for Public Health Innovation

202-400-3555

acharles@institutephi.org
ASSESSING AND ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH USING PRAPARE

Michelle Proser, PhD, MPP
Director of Research
National Association of Community Health Centers

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Protocol for Responding to & Assessing Patients’ Assets, Risks & Experiences:

A national standardized patient risk assessment protocol designed to engage patients in assessing & addressing social determinants of health (SDH).

PRAPARE = SDH screening tool + implementation/action process

Health Centers and other providers need tools to:
• Stratify patients by social risk to create interventions/partnerships, improve health, and control costs
• Document patient complexity and demonstrate value
Using Data to Accelerate Payment Reform and Transformation

**Community Context**
- Root causes of poor health and higher costs

**Understand Patients**
- Understand and document root causes that make patients more complex

**Transform Care**
- New or improved interventions/community linkages
- Better care management
- Empowered patients

**Impact**
- Lower costs
- Improve outcomes
- Establish ROI
- Impact root causes of poor health

**Delivery System Redesign**
- Value-driven, integrated care delivery and payment

Publication pending. Do not quote or distribute without permission from NACHC.
WHAT MAKES PRAPARE UNIQUE?

• **STANDARDIZED and WIDELY USED**
  – Measures Linked with standardized codes
  – Dominant SDH risk screening tool used by health centers

• **EVIDENCE-BASED and STAKEHOLDER-DRIVEN**
  – Developed and tested by health centers

• **FREE EHR Templates**

• **FREE PRAPARE Implementation and Action Toolkit**
  – Accompanying resources, BPs, & lessons learned to guide users on PRAPARE implementation

• **WORKFLOW AGNOSTIC**
  – Can fit within existing workflows and be combined with other tools/data

• **PATIENT-CENTERED and ACTIONABLE**
  – Meant to facilitate conversations and build relationships with patients
  – Standardize the need rather than the question
  – Actionable at patient and population level

Publication pending. Do not quote or distribute without permission from NACHC.
WHY IS STANDARDIZED DATA IMPORTANT?

- Clinical care
- Panel management/quality improvement
  - Risk stratification
- Community health improvement
- Payment/risk adjustment
- Research

See The Gravity Project at https://sirenetwork.ucsf.edu/TheGravityProject
<table>
<thead>
<tr>
<th>Core</th>
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<tbody>
<tr>
<td><strong>UDS SDH Domains</strong></td>
<td><strong>Non-UDS SDH Domains (MU-3)</strong></td>
</tr>
<tr>
<td>1. Race</td>
<td>10. Education</td>
</tr>
<tr>
<td>2. Ethnicity</td>
<td>11. Employment</td>
</tr>
<tr>
<td>6. Income</td>
<td>15. Transportation</td>
</tr>
<tr>
<td>7. Insurance</td>
<td></td>
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<tr>
<td>8. Neighborhood</td>
<td></td>
</tr>
<tr>
<td>9. Housing Status and Stability</td>
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<table>
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<tr>
<th>Optional</th>
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</thead>
<tbody>
<tr>
<td>1. Incarceration History</td>
<td>3. Domestic Violence</td>
</tr>
<tr>
<td>2. Safety</td>
<td>4. Refugee Status</td>
</tr>
<tr>
<td>Health Center</td>
<td>Who</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>CHC #1</td>
<td>Non-clinical staff (enrollment assistance, community health workers)</td>
</tr>
<tr>
<td>CHCs #2</td>
<td>Nursing staff and/or MAs</td>
</tr>
<tr>
<td>CHC #3</td>
<td>Non-clinical staff (patient navigators, patient advocates)</td>
</tr>
<tr>
<td>CHC #4</td>
<td>Care Coordinators</td>
</tr>
<tr>
<td>CHC #5</td>
<td>Any staff (from Front Desk Staff to Providers)</td>
</tr>
</tbody>
</table>

Publication pending. Do not quote or distribute without permission from NACHC.

It’s ok to start small!
USER EXPERIENCES

- Easy to administer
- Possible to implement using various workflows and staffing models
- Builds patient-provider relationship
- Identifies new needs
- Leads to positive changes at the patient, health center, and community/population levels
- Facilitates collaboration with community partners
- Importance of targeted messaging and staff support
- Demonstrates patients are complex
HIGH RISK VS GENERAL POPULATIONS: PERCENT OF PATIENTS WITH NUMBER OF SOCIAL DETERMINANT RISKS

Publication pending. Do not quote or distribute without permission from NACHC.
HOW PREPARE DATA ARE BEING USED: EXAMPLES

- **Patient-level improvements:**
  - Matching Rx and Tx plans to patient circumstances
  - In-house and community assistance programs

- **Organizational and Community level actions**
  - Expand enabling services
  - Mobile outreach
  - Prioritize and develop community partnerships
  - Referral resource guides and referral networks
  - Risk segmentation and stratification

- **System level**
  - Payer and delivery system partner engagement
  - Alternative payment methodologies

Publication pending. Do not quote or distribute without permission from NACHC.
RESOURCES AVAILABLE TO SUPPORT IMPLEMENTATION

www.nachc.org/prapare

- PRAPARE Implementation and Action Toolkit
- Data documentation (*standards crosswalk and risk tally tool*)
- EHR Templates and supportive technical resources
- Readiness Assessments
- Tested Models, Best Practices, Lessons Learned, Health Center-developed materials
- Recorded webinars and videos
- FAQs
- Translated tools
  - Spanish, Mandarin, Vietnamese, Portuguese, others
- **PRAPARE project team is ready to assist you!**
FREE EHR Templates Available:
- NextGen
- eClinical Works
- GE Centricity
- Epic
- Cerner
- Greenway Intergy
- Meditab

In development:
- Greenway Success EHS
- Allscripts
- Athena
- Meditech

Current 7 + New EHRs = 85-95% of all health centers

70% of all health centers
1,000+ downloaded a PRAPARE EHR template, but reach is higher

Not just health centers
  ▪ Hospitals, health systems, ACOs, payers, population health vendors

State-based spread activities

Happy to work with new vendors and partners!
  ▪ Please reach out to NACHC before you get started
FOR MORE INFORMATION

- www.nachc.org/prapare
- Sign up for PRAPARE listserv and newsletter: prapare@nachc.org

NACHC contacts

Michelle Proser, Director of Research
mproser@nachc.org

Shel Lessington, NACHC PRAPARE Project Specialist
slessington@nachc.org
Within and Beyond the Walls: A Framework for Operationalizing Equitable Systems of Care

Christopher J. King, PhD, MHSc, FACHE

Associate Professor & Director, Health Systems Administration Residential and Executive Program

@prvniskey
Methodology

• Quantitative = WHAT?

• Qualitative = WHY
Operationalizing Equitable Systems of Care

- Advocate for systemic change
- Care for the whole patient
- Mitigate risks of bias
- Modify the environment of care
- Ensure workforce diversity
- Collect and analyze data

Apply a socio-ecologic, historical lens
Why is this topic so important?
The Past: Social Conditions and Cultural Norms
The Past: Social Conditions and Cultural Norms

- Redlining
- Systemic racism, sexism, ageism, homophobia, xenophobia
- Mental health stigma
The Past:
Medicine and Social Conditions

- System engineered with a belief/perception that people of color were genetically inferior
- Medical experimentation
- Flexnor Report (1910)
Finding our way
"His fame and fortune were a result of unethical experimentation with powerless Black women. Dr Sims, 'the father of gynaecology', was the first doctor to perfect a successful technique for the cure of vesico-vaginal fistula, yet despite his accolades, in his quest for fame and recognition, he manipulated the social institution of slavery to perform human experimentations, which by any standard is unacceptable.

Journal of Medical Ethics
Anarcha, Betsy and Lucy

- Suffered from vaginal fistulas
- Exposed to painful surgical experimentation; no anesthesia
- Anarcha – 13 procedures
J Marion Sims: controversial statue taken down but debate still rages

New York City has removed the likeness of the 19th-century doctor and ‘father of gynecology’ who experimented on black women from Central Park.

△ A statue of J Marion Sims before it is driven away after being taken down from its pedestal at Central Park. Photograph: Spencer Platt/Getty Images
Operationalizing Equitable Systems of Care

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Apply a socio-ecologic, historical lens
Collect and Analyze Data
Race has been pathologized

Even today, race is perceived as a biological risk factor. It is an implicit aspect of medical education and data driven decision making.
Is is time to focus *less* on race and *more* on social factors that drive patients’ health?
### Social Indicators Recommended for the EHR

#### Individual Factors

**Sociodemographic**
- Sexual orientation
- Race/ethnicity
- Country of origin/U.S. born or non-U.S. born
- Education
- Employment
- Financial resource strain:
  - Food and housing insecurity

**Psychological**
- Health literacy
- Stress
- Negative mood and affect:
  - Depression and anxiety
- Psychological assets:
  - Conscientiousness, patient engagement/activation, optimism, and self efficacy

**Behavioral**
- Dietary patterns
- Physical activity
- Nicotine use and exposure
- Alcohol use

#### Individual-Level Social Relationships and Living Conditions

- Social connections and social isolation
- Exposure to violence

#### Neighborhoods/Communities

- Geocodable domains:
  - Socioeconomic and race/ethnic characteristics

---

Source: [Institute of Medicine](https://www.institutemedicine.org)

---

**Collect and Analyze Data**
Lesson Learned

RECOMMENDATION

Publicly explicit messages around the importance of disclosing demographic information is recommended.

People want to know why.
Ensure Workforce Diversity
Modify the Environment of Care
"I don't connect with anything in my doctor's office.

From the magazines, to the pamphlets, to the team that cares for me .... no one looks like me. "

Solomon
At top hospitals, department chiefs still overwhelmingly white, male

Brigham and Women’s Hospital removed 31 portraits (above) of former department chairs from the walls of the hospital’s amphitheater.
• Ensure the environment reflects the cultural richness of the community?
  - Educational materials
  - Magazines
  - Music
  - Paintings? Murals?
• Hire locally
• Engage the community in achieving a “connected” aesthetic appeal
Mitigate risks of bias
Obesity and diabetes run in my family.

In the beginning, I felt like my providers thought I was lazy and didn't care about my health.
Implicit and explicit weight bias in a national sample of 4,732 medical students: The medical student CHANGES study

Sean M. Phelan, John F. Dovidio, Rebecca M. Puhl, Diana J. Burgess, David B. Nelson, Mark W. Yeazel, Rachel Hardeman, Sylvia Perry, Michelle van Ryn


Funding agencies: Dr. Phelan is supported by the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health under award K01DK095924. Other support for this research was provided by the National Heart, Lung, and Blood Institute under award R01HL085631.

Disclosure: Drs. Phelan, Dovidio, Puhl, Burgess, Nelson, Yeazel, Perry, and van Ryn and Ms. Hardeman do not report any conflicts of interest.

Author contributions: SP, MV, RP, and JD planned and carried out analyses for this manuscript. All authors were involved in interpreting findings, writing the paper, and had final approval.

Abstract

Objective

To examine the magnitude of explicit and implicit weight biases compared to biases against other groups and identify student factors predicting bias in a large national sample of medical students.
Implicit Bias - Defined

• How we interpret or respond to stimuli in an unconscious manner

• Implicit biases are not accessible through introspection
Activation Triggers

• Stress
• Time constraints
• Multi-tasking
• Need for Closure
The Effect of Race and Sex on Physicians’ Recommendations for Cardiac Catheterizations

Implicit Bias
Attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.
Perceptions Around Biological Differences

The study, published in the Proceedings of the National Academy of Sciences, could help illuminate one of the most vexing problems in pain treatment today: That whites are more likely than blacks to be prescribed strong pain medications for equivalent ailments.

<table>
<thead>
<tr>
<th>Item</th>
<th>General</th>
<th>1st year</th>
<th>2nd year</th>
<th>3rd year</th>
<th>Residents</th>
</tr>
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<tbody>
<tr>
<td>Blacks age more slowly than white</td>
<td>23</td>
<td>21</td>
<td>28</td>
<td>12</td>
<td>14</td>
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<tr>
<td>Blacks’ nerve endings are less sensitive than whites’</td>
<td>20</td>
<td>8</td>
<td>14</td>
<td>0</td>
<td>4</td>
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<tr>
<td>Black people’s blood coagulates more quickly than whites</td>
<td>39</td>
<td>29</td>
<td>17</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Whites have larger brains than blacks</td>
<td>12</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Whites have a better sense of hearing than blacks</td>
<td>10</td>
<td>3</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Blacks’ skin is thicker than whites</td>
<td>58</td>
<td>40</td>
<td>42</td>
<td>22</td>
<td>25</td>
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<tr>
<td>Blacks have a more sensitive sense of smell than whites</td>
<td>20</td>
<td>10</td>
<td>18</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Whites have a more efficient respiratory system than blacks</td>
<td>16</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Black couples are significantly more fertile than white couples</td>
<td>17</td>
<td>10</td>
<td>15</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Blacks are better at detecting movement than whites</td>
<td>18</td>
<td>14</td>
<td>15</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Blacks have stronger immune systems than whites</td>
<td>14</td>
<td>21</td>
<td>15</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Percentage of white participants endorsing beliefs about biological differences between blacks and whites. (Courtesy of PNAS/Hoffman et al)
Mitigate risks of bias

Empathy and Mindfulness

Empathy: The First Step To Improving Health Outcomes

Aubrey Hill
FEBRUARY 25, 2014

Health care providers across the country are diagnosing, prescribing, and bandaging, but for many patients, that may not be enough to improve health.

Health care providers have a unique opportunity to improve patient health outcomes by practicing empathy for their patients and complex life circumstances. Empathy is defined as, “the ability to understand and share the feelings of another,” and studies have shown that empathy is an important skill for health care providers and is significantly associated with improved clinical outcomes.
Mitigate risks of bias
Mitigate risks of bias

The learning journey is an experiential model for learning about systems that center on people and places.

Margaret O’Byon

Shanika James, Olympic Gardens Apts., NJ
Care for the whole Patient
• Analyze high utilization trends by neighborhood, census tract or zip code

• Identify community asset: partner or engage

• Advocate for structural change
Integrating social needs in clinical settings

Check out Aunt Bertha
How Prescribing Food is Changing Patient Health

By Joel Sensenig, Matthew Miller April 7, 2016

Sometimes better health doesn’t come in the form of a pill or new exercise regimen. Sometimes it comes simply from the food put into the body.

ProMedica has introduced two food pharmacies, where patients in need can pick up healthy food — as well as learn how to make better nutrition choices on their own.
BRINGING TOGETHER MEDICAL AND LAW STUDENTS TO HELP DISADVANTAGED RESIDENTS IN DC

Medical students having a discussion between seeing patients at the HOYA Clinic. The Georgetown University Health Justice Alliance is developing the next generation of leaders in medicine and law to work together to improve the health and well-being of people living in poverty.
Advocate for Systemic Change
The Opportunity Atlas

Which neighborhoods in America offer children the best chance to rise out of poverty?

The Opportunity Atlas answers this question using anonymous data following 20 million Americans from childhood to their mid-20s.

Now you can trace the roots of today’s affluence and poverty back to the neighborhoods where people grew up.

See where and for whom opportunity has been missing, and develop local solutions to help more children rise out of poverty.

BEGIN EXPLORING
Framework
Operationalizing Equitable Systems of Care

Advocate for systemic change

Care for the whole patient

Mitigate risks of bias

Modify the environment of care

Ensure workforce diversity

Collect and analyze data

Apply a socio-ecological, historical lens
Within and Beyond the Walls: A Framework for Operationalizing Equitable Systems of Care

Christopher J. King, PhD, MHSc, FACHE
January 30, 2019

Associate Professor &
Director, Health Systems Administration Residential and Executive Program

@prvniskey
Voices From the Field

LISTEN

• “Please do not refer to me as a “cancer patient.” I happen to be a person living with cancer.”
• “If my doctor would have listened, she would have learned that my mother is more influential on my decisions than my husband.”
• “No one understood my unique needs as a transgendered man.”
• “The nurse made assumptions and put me in a box.”
• “There was no attempt to embrace my culture or belief system.”
• “The front desk assumed I was non-Hispanic black. I am Hispanic.”
• “It seemed like I was perceived as less intelligent because English is not my primary language.”
• “The music, the magazines in the waiting area, the pictures on the wall, etc. did not reflect my identity. Not excited about coming back but the location is more convenient.”
Five Dimension of Access

- **Availability** (relationship between volume/supply and demand)
  - “There is only one provider per 2,000”

- **Accessibility** (relationship between location of supply and location of client)
  - “The closest provider is 1,000 miles away”

- **Affordability** (relationship between price and client’s ability to pay)
  - “I cannot afford the copay”

- **Acceptability** (relationship between the client’s personal preferences/expectations and provider’s actual delivery)
  - “The provider is not sensitive to my needs”

- **Accommodation** (relationship between organization of services and client needs)
  - “The provider is not available during evening hours”

Penchansky & Thomas, 1981
Reflections

• Aah’ ha moments?

• How does inequity show up in our work?

• What metrics should we capture and monitor routinely?

• One example of how we can do better?
The ongoing existence of institutionalized racism and discriminatory practices in various systems (education, criminal justice, housing, employment) serve as root causes of poor health in Blacks Lives. Furthermore, these unjust social structures and their complex interplay result in inefficient utilization of health services and reactive or futile interactions with medical providers. Collectively, these factors contribute to racial disparities in health and treatment represents a significant portion of the nation’s health care expenditures. In order for health care systems to optimize population health goals, racism must be recognized as a determinant of health. As anchor institutions in their respective communities, we offer hospitals and health systems a conceptual framework to address the issue within internal and external constructs.
Health Equity

When every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

-Centers for Disease Control and Prevention