

Finding Answers Disparities Research for Change

Interventions to Reduce Racial and Ethnic Disparities in Health Care



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Roadmap

- About Finding Answers
- Conceptual model
- 6 key components for reducing disparities
- Systematic review of interventions
- What we've learned
- Next Call for Proposals

Finding Answers



- A national program supported by the Robert Wood Johnson Foundation with direction and technical assistance provided by the University of Chicago.

Goals of Finding Answers

- Grant funds to evaluate practical solutions to reduce racial and ethnic health care disparities.
- Conduct systematic reviews of racial and ethnic health care disparities interventions.
- Disseminate results to encourage health care systems to address racial and ethnic gaps in care.

Dissemination & Translation



Now that we've revealed racial disparities in health care, we can work to eliminate them.

Those who research racial disparities in health care understand how big the problem is. Please join us in working to find real solutions.

Visit www.SolvingDisparities.org for information on racial disparities in health care and how you can receive funding to help improve health care for all.


Robert Wood Johnson Foundation

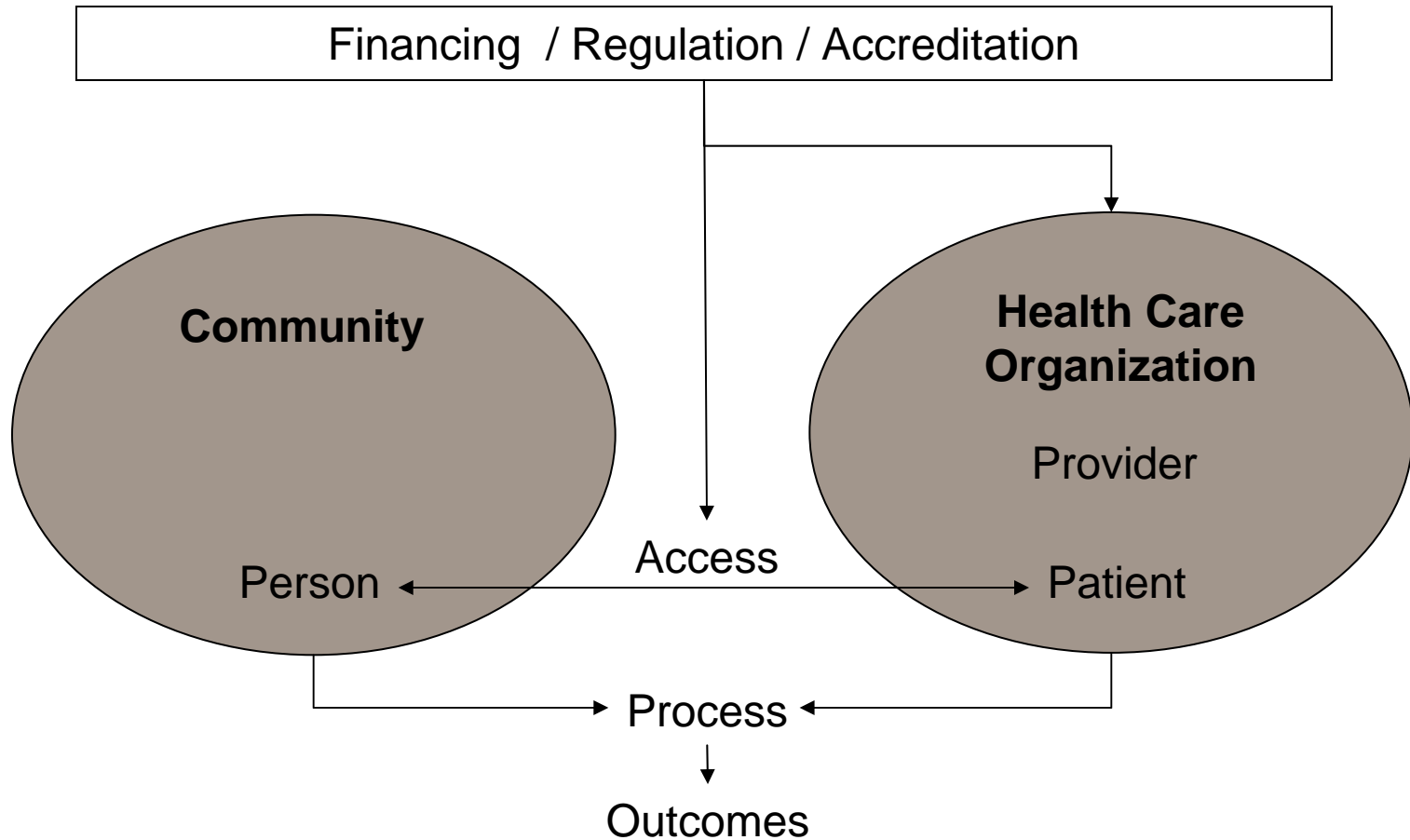
Finding Answers:
Disparities Research for Change
A National Program of the Robert Wood Johnson Foundation of the University of Chicago

- Provide valuable information about what works—and what doesn't
- Create resources and toolkits that organizations can use to implement promising interventions

Technical Assistance

- Will work with the AF4Q NPO to determine how best to interface with you and your communities
- Menu of interventions to reduce racial and ethnic disparities
- Intervention strategies to inform QI efforts to reduce disparities
- Liaison to intervention “experts”

Conceptual Model



Integral Components of Systems Approach to Reducing Disparities

- Examine your performance data stratified by insurance status, race/ethnicity, language, and socioeconomic status.
- Get training for your staff to work effectively with diverse populations.

Chin MH. Ann Intern Med 2008; 149:206-208.

Systems Approach 2

- Make reduction of inequities in care for vulnerable populations an integral component of quality improvement efforts.
- Provide models of care and infrastructural support to enable organizations to improve the quality of care for vulnerable patients.

Systems Approach 3

- Align incentives to reward providers and health care organizations for providing high quality care to vulnerable populations.
- Allocate more resources for the uninsured with chronic diseases.

Systematic Reviews



- Reviewed 200+ articles
 - Cardiovascular disease
 - Diabetes
 - Depression
 - Breast cancer
 - Cultural leverage
 - Pay-for-performance incentives
- FAIR Database

Systematic Review Lessons

- Multifactorial interventions that address multiple leverage points along a patient's pathway of care
- Culturally tailored QI > generic QI
- Nurse-led interventions with multidisciplinary teams and close tracking and monitoring of patients.

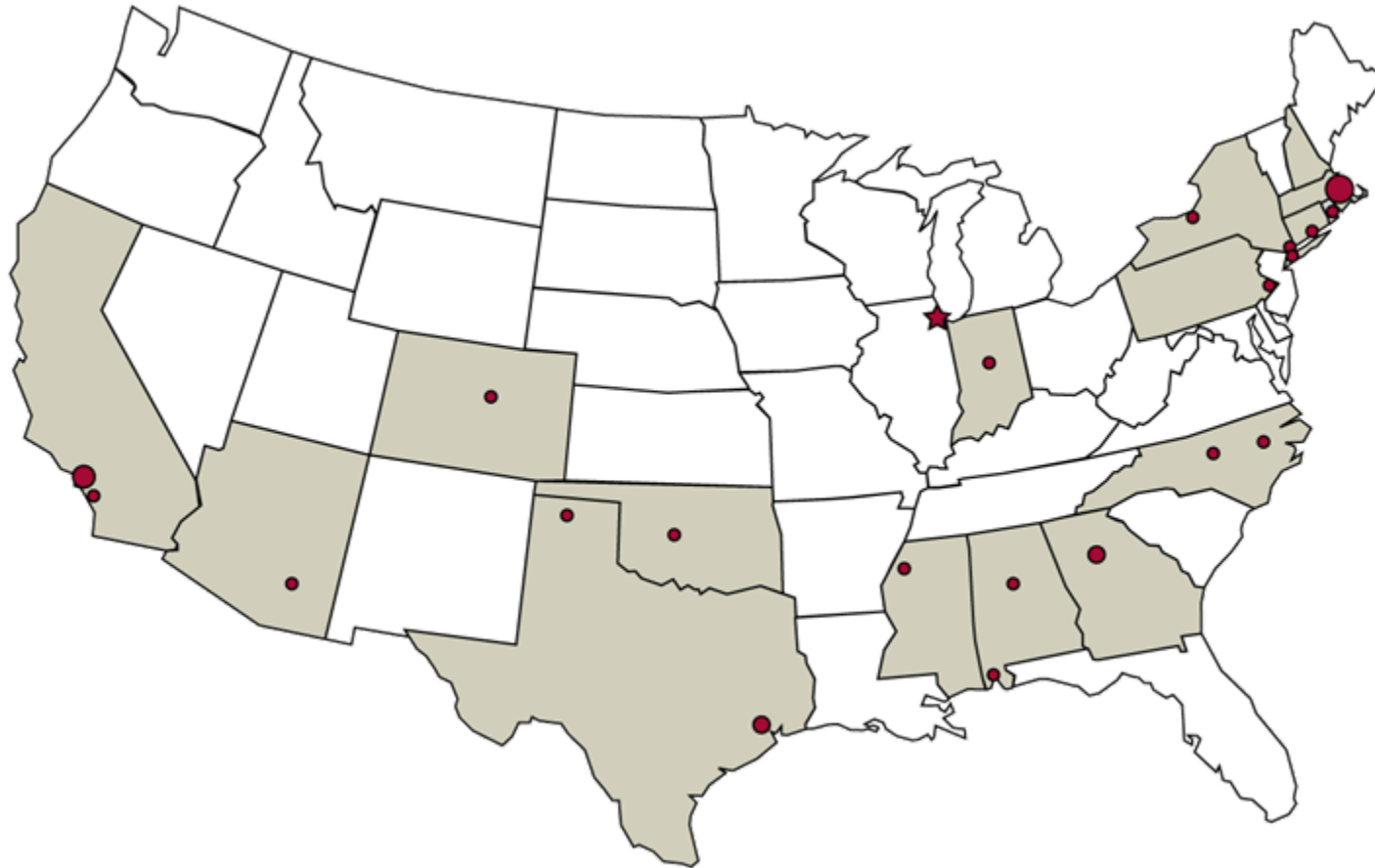
Chin MH, et al. Med Care Res Rev 2007; 64:7S-28S.

Review of Pediatric Literature

- Asthma care
- Immunizations
- Recommendations
 - Measure and improve structural aspects of care experience that impact outcomes.
 - Incorporate families into interventions.
 - Integrate non-health care partners into QI interventions.

Chin MH, et al. Pediatrics 2009;124 (Suppl 3):S224-S236.

28 Interventions



By Disease Focus

- 9 Depression
- 7 Diabetes
- 7 Cardiovascular Disease
- 5 Diabetes & Cardiovascular Disease



By Racial/Ethnic Group

- 11 African American
- 10 African American & Hispanic/Latino
- 3 Hispanic/Latino
- 1 American Indian
- 1 Multiple Groups



By Health Care Setting

- 11 Community Clinics
- 9 University Affiliated Clinics
- 3 Health Plans
- 3 Multiple Settings
- 2 Hospitals



Evaluating Multiple Strategies

- Quality Improvement
 - System Redesign
 - Providers
 - Patients
- Performance Incentives
- Community Health Workers
- Telephone/Internet Technology
- Community Engagement

What We've Learned

- Provider awareness and cultural competency training is helpful, but not sufficient.
- Cultural tailoring isn't easy, but it can make or break an intervention.
- Implementation success depends on a variety of contextual factors (organizational readiness, leadership and staff buy-in).
- Right blend of interventions for specific sites still to be determined

Provider Awareness & Training

- Harvard Vanguard Medical Associates
 - Panel-level disparities report cards, health navigation and cultural competency training to PCPs
- Additional efforts required
 - Include Social Workers/Health Coaches
 - Improve Self-Management Support
 - Involve Nutritionists/Pharmacists

Cultural Tailoring

- Cooper Green Mercy Hospital
 - Created an educational DVD using stories from peers in the community to overcome patients' cultural resistance to traditional, biomedical health messages.
- Neighborhood Health Plan of Rhode Island
 - 12 week telephone-based depression care management program.

Successful Implementation

- Westside Health Services
 - Concurrent peer review
 - Start-up and ongoing costs are fairly low, mostly reimbursable
 - Makes use of existing clinic infrastructure

Contextual Factors

- Massachusetts League of Community Health Centers
 - Trained CHWs to help patients achieve better glycemic control.
 - Intervention successfully implemented in 6 of 7 sites.
 - Differences in implementation and clinical outcomes seen across sites.

Next CFP

- Announcement on December 17th
- Brief Proposals due February 4th
- Interventions to improve the quality of health care for minority patients with cardiovascular disease, depression or diabetes
- Encourage proposals from the AF4Q communities