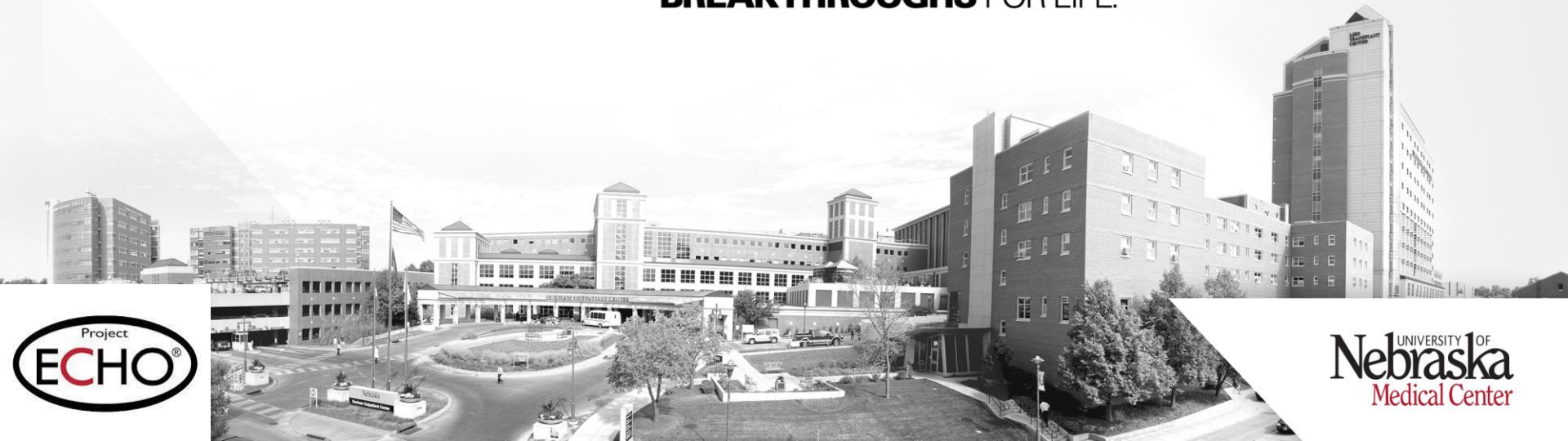
UNMC[SM]

BREAKTHROUGHS FOR LIFE.®



Project ECHO®

University of Nebraska Medical Center

UNMC ID ECHO Project to Reduce COVID-19 Health Disparities Through Quality Improvement

Welcome to Session 18

Project Funded by Nebraska DHHS through a CDC grant

Housekeeping Reminders

- Discussion makes sessions work best!
- Please stay muted unless you are speaking
- We love to see your face!
- Sessions will be recorded and available upon request
- Attendance is taken by filling the survey in the chat

- Reminder: Project ECHO collects registration, participation, questions and answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. This data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to create new initiatives.

Subject Matter Experts

Infectious Diseases Team

- M. Salman Ashraf, MBBS
- Erica Stohs, MD, MPH
- Anum Abbas, MD
- Kelly Cawcutt, MD, MS

Quality Improvement Team

- Jeff Wetherhold, QI Consultant
- Gale Etherton, MD
- Mahliqha Qasimyar, MD

Health Equity & Cultural Sensitivity Team

- Nada Fadul, MD
- Mahelet Kebede, HE & CS Consultant
- Shirley Delair, MD
- Jasmine Marcelin, MD
- Andrea Jones, MD
- Precious Davis, Case Manager
- Samantha Jones, Program Manager

CE Disclosures

Project ECHO®

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UNMC ID Health Equity and Quality Improvement ECHO Project

Topics: HE: Communication Health Equity; Emotional Intelligence; IPC: Antibiotic Stewardship

Free Live ECHO Project
July 20, 2022
CID 53869

University of Nebraska Medical Center

TARGET AUDIENCE

This accredited continuing education activity is intended for physicians, APPs, nurses, social workers, case managers, and anyone else interested in learning about health equity in underserved populations.

ACTIVITY DESCRIPTION

Achieving health equity, addressing COVID-19 disparities, and improving the health of all Nebraskans using a quality improvement approach are the goals for our newly launched educational initiative. This COVID-19-focused health equity and quality improvement educational series will use the ECHO model for training healthcare workers.
The course is being offered through the University of Nebraska Medical Center (UNMC) infectious diseases (ID) ECHO program and is funded by the Nebraska Department of Health and Human Services (DHHS) via a CDC grant.

EDUCATIONAL OBJECTIVES

At the conclusion of this live activity, the participants should be better able to:

- Define emotional intelligence.
- Name one health equity guiding principle for inclusive communication.
- Explain antimicrobial stewardship in the context of COVID-19 pandemic.
- Discuss strategies for improving antimicrobial stewardship during and after a pandemic.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

In order to receive continuing education credit/credits, you must:

1. Participate in the live activity via ZOOM. Your attendance will be tracked by the course facilitator.
2. Complete the overall evaluation
    a. Instructions on how to access the overall evaluation will be provided on a quarterly basis.
    b. Continuing education credits will be issued for activities you attended.

For questions regarding evaluation and attendance, please contact Nuha Mirghani, MD, MBA, HCM at nmirghani@unmc.edu

ACCREDITED CONTINUING EDUCATION

In support of improving patient care, University of Nebraska Medical Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

PHYSICIANS/PHYSICIAN ASSISTANTS

The University of Nebraska Medical Center designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NURSES/NURSE PRACTITIONERS

The University of Nebraska Medical Center designates this activity for 1.5 ANCC contact hour(s). Nurses should only claim credit for the actual time spent participating in the activity.

ACCREDITED CONTINUING EDUCATION

As a Jointly Accredited Organization, University of Nebraska Medical Center is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Nebraska Medical Center maintains responsibility for this course. Social workers completing this live activity receive 1.5 interactive continuing education credits.
Social work level of content: Advanced.

This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for 1.5 CE contact hour(s).

Activity code: I00051436 Approval Number: 220002282

To claim these CEs, log into your CCMC Dashboard at www.ccmcertification.org.

DISCLOSURE INFORMATION

As a jointly accredited provider, the University of Nebraska Medical Center (UNMC) ensures accuracy, balance, objectivity, independence, and scientific rigor in its educational activities and is committed to protecting learners from promotion, marketing, and commercial bias. Faculty (authors, presenters, speakers) are encouraged to provide a balanced view of therapeutic options by utilizing either generic names or other options available when utilizing trade names to ensure impartiality.

All faculty, planners, and others in a position to control continuing education content participating in a UNMC accredited activity are required to disclose all financial relationships with ineligible companies. As defined by the Standards for Integrity and Independence in Accredited Continuing Education, ineligible companies are organizations whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The accredited provider is responsible for mitigating relevant financial relationships in accredited continuing education. Disclosure of these commitments and/or relationships is included in these activity materials so that participants may formulate their own judgments in interpreting its content and evaluating its recommendations.
This activity may include presentations in which faculty may discuss off-label and/or investigational use of pharmaceuticals or instruments not yet FDA-approved. Participants should note that the use of products outside currently FDA-approved labeling should be considered experimental and are advised to consult current prescribing information for FDA-approved indications.

All materials are included with the permission of the faculty. The opinions expressed are those of the faculty and are not to be construed as those of UNMC.

Disclosures

The accredited provider has mitigated and is disclosing identified relevant financial relationships for the following faculty, planners, and others in control of content prior to assuming their roles:

FACULTY
The below faculty have nothing to disclose:

Nada Fadul, MD*
Andrea Jones, MD
Andrew Watkins, PharmD, BCIDP

**Indicates on the planning committee*

Disclosures

PLANNING COMMITEE

M. Salman Ashraf, MBBS
Merck & Co, Inc: Industry funded research/investigator

Erica Stohs, MD, MPH
ReViral Ltd.: Industry funded research/investigator

The below planning committee members have nothing to disclose:

Valeta Creason-Wahl, HMCC
Precious Davis, MSN, BSN, RN
Samantha Jones, CSW
Mahelet Kebede, MPH
Nuha Mirghani, MD, MBA, HCM
Renee Paulin, MSN, RN, CWOCN
Jeff Wetherhold, M. Ed
Bailey Wrenn, MA

www.unmc.edu/cce

POLL

QI Projects

Benefits

1. **Coaching:** Organizations will receive 1:1 coaching on quality improvement and health equity to develop and implement approved QI projects.
2. **Reimbursement:** Organizations are eligible to apply for up to $2,000 in expense reimbursement related to an approved QI project.

Coaching is Available For:

1. Implementing an approved QI project
2. Designing a project based on a topic of interest
3. Choosing a relevant topic from multiple ideas or from within an existing project
4. Brainstorming ideas for a project

Project Information

1. What problem are you trying to address?
2. What leads you to believe this is a problem?
3. What change can you make?
4. What can you measure to know if you are successful?
5. How does this impact COVID-19 management?
6. How does this impact health equity or cultural sensitivity?
7. Are you open to sharing your project with another team?

Poll Results

Antimicrobial Stewardship

Andrew B. Watkins, PharmD, BCIDP
Pharmacy Coordinator, Nebraska ASAP
Anwatkins@nebraskamed.com

ASAP
Nebraska Antimicrobial Stewardship Assessment and Promotion Program

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

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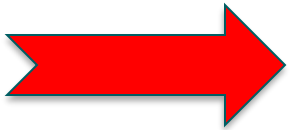
Objectives

- Describe the need for and importance of antimicrobial stewardship
- Define and characterize antimicrobial stewardship in the context of the COVID-19 pandemic.
- Discuss strategies for improving antimicrobial stewardship during and after pandemic.
- Highlight regulatory updates in antimicrobial stewardship

What is Antimicrobial Stewardship?

Antimicrobial Stewardship refers to processes designed to optimize the use of antimicrobials

- Includes interventions to guide clinicians in:
  - Determining **when** antibiotics are needed
  - **What** agent(s) to use
  - **How to** dose, what route and what duration
- Focus is on **patient and public health** with goals:
  - Cure or prevent infection
  - Minimize toxicity
  - Minimize resistance

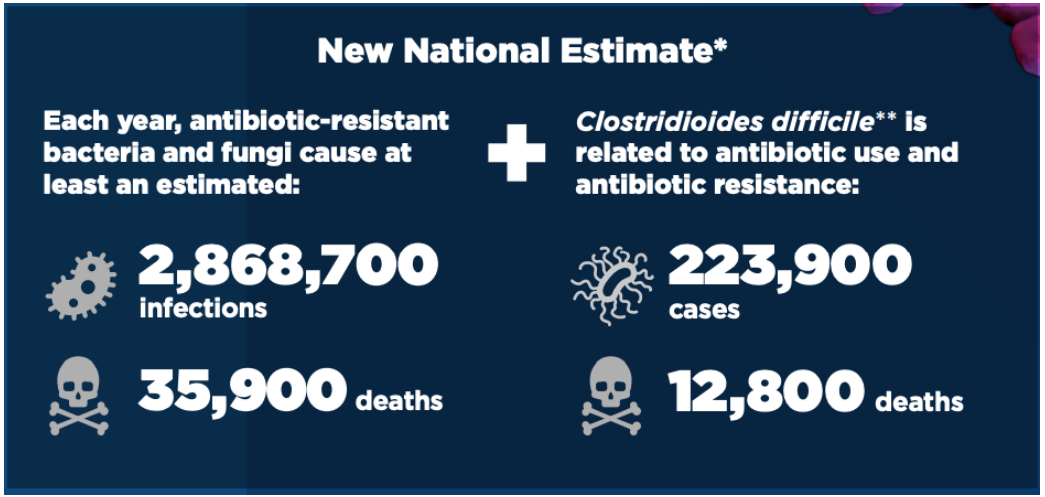


Improve patient outcomes
Reduce treatment costs

- Stewardship activities have:
  - Improved patient outcomes and decreased antibiotic resistance, *C. difficile* infections, and costs

Dellit TH. *Clin Infect Dis*. 2007;44:159-77.
SHEA/IDSA/PIDS. *Infect Control Hosp Epidemiol*. 2012;33:322-7.

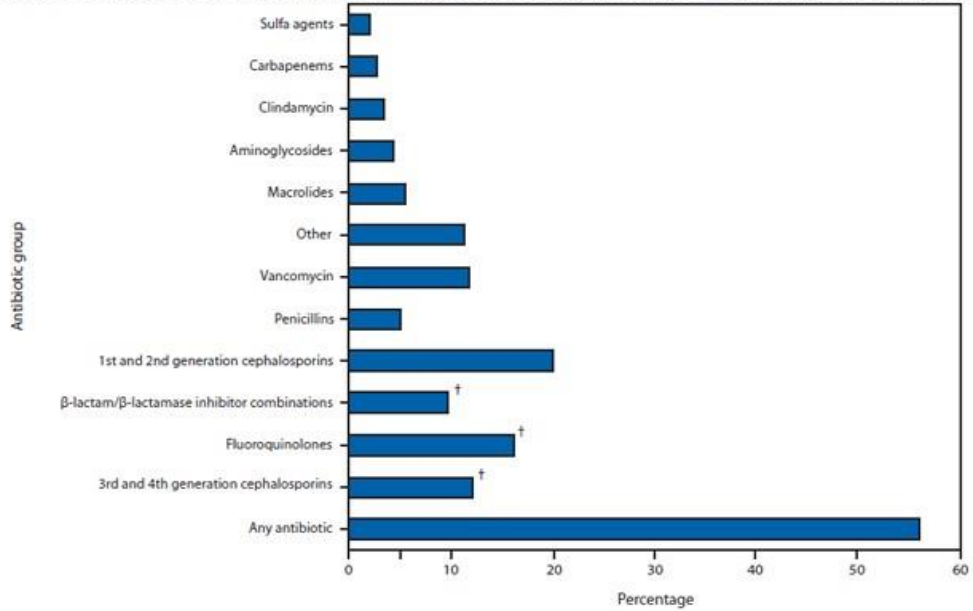
Why It Matters: Antibiotic Resistance



https://www.cdc.gov/drugresistance/pdf/threats-report/2019-ar-threats-report-508.pdf

Antibiotic Use in Hospitals

FIGURE 1. Percentage of hospital discharges with at least one antibiotic day, by antibiotic group — 323 hospitals, United States, 2010*



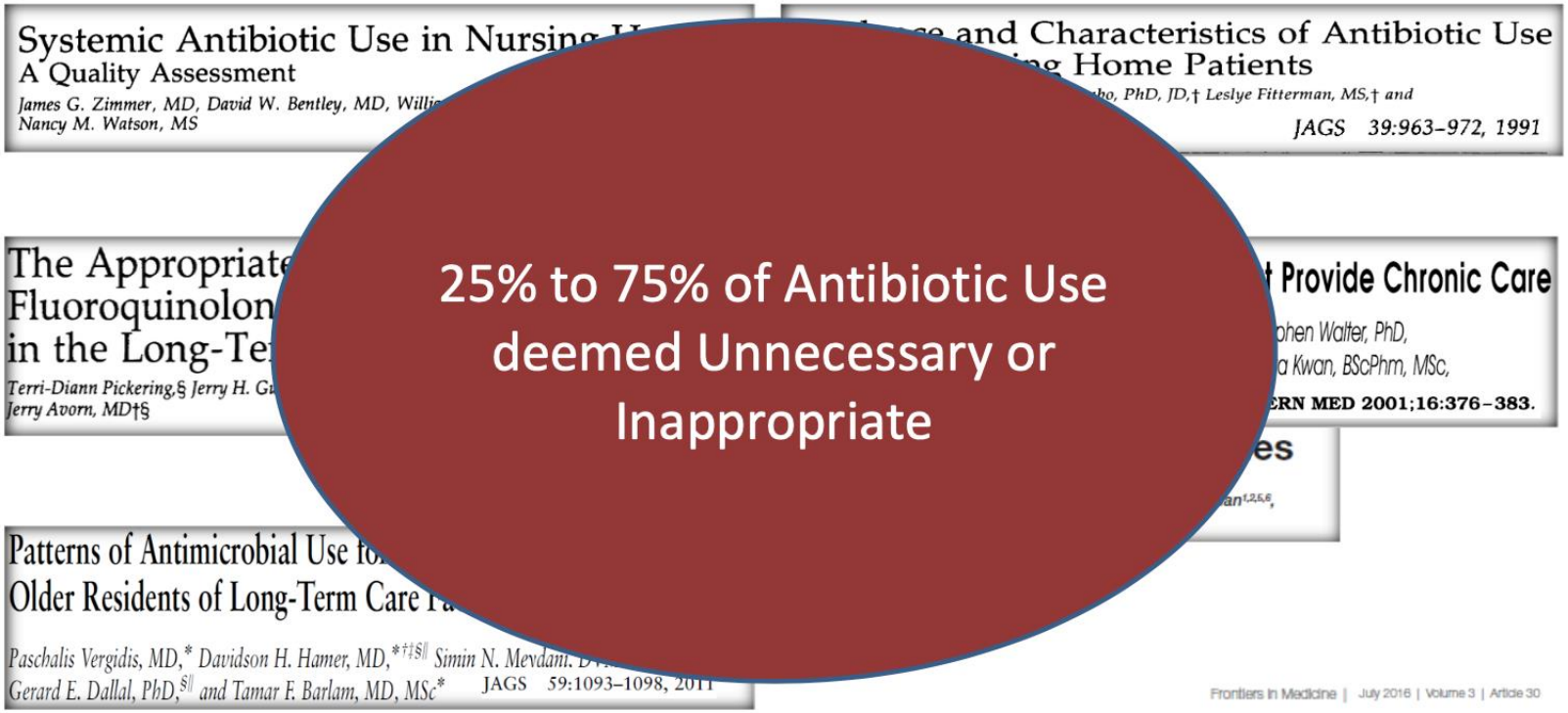
Opportunities were identified to improve 37.2% of the prescriptions

* Data provided by Truven Health MarketScan Hospital Drug Database.

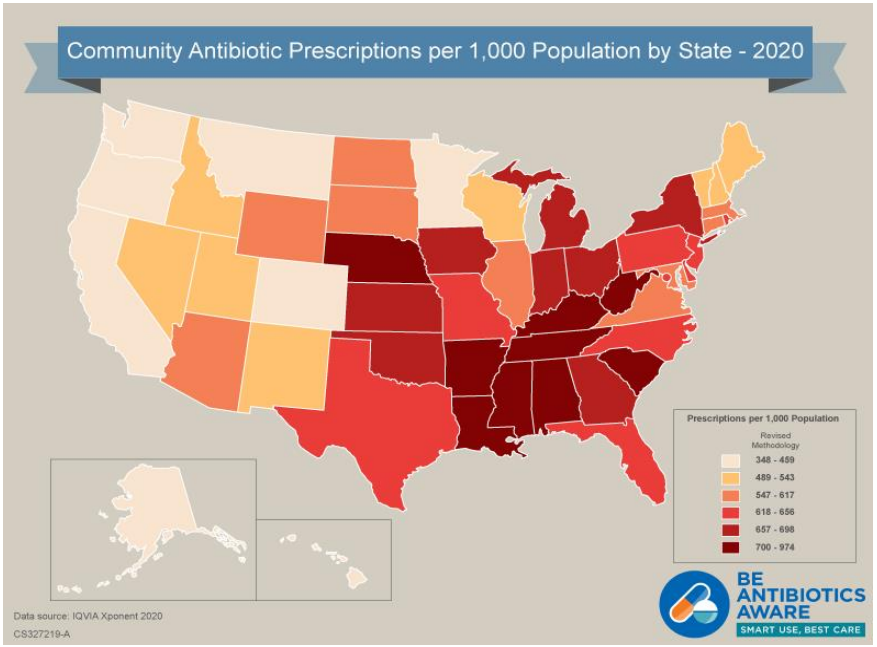
† Antibiotics from these three groups, which are considered to place patients at high risk for developing *Clostridium difficile* infection, were administered to 29.8% of the patients.

Alternate Text: The figure above shows the percentage of hospital discharges with at least 1 antibiotic day, by antibiotic group, in 323 hospitals in the United States during 2010. In 2010, based on data obtained from all 323 hospitals, 55.7% of patients received an antibiotic during their hospitalization, and 29.8% received at least 1 dose of broad-spectrum antibiotics.

Fridkin S et al. MMWR Morb Mortal Wkly Rep. 2014;63(9):194-200.


Systemic Antibiotic Use in Nursing
A Quality Assessment
James G. Zimmer, MD, David W. Bentley, MD,
Nancy M. Watson, MS
and Characteristics of Antibiotic Use
Home Patients
JAGS 39:963–972, 1991
The Appropriate
Fluoroquinolon
in the Long-Te
Terri-Diann Pickering,§ Jerry H.
Jerry Avorn, MD†§
Provide Chronic Care
ERN MED 2001;16:376–383.
Patterns of Antimicrobial Use
Older Residents of Long-Term Care
Paschalis Vergidis, MD,* Davidson H. Hamer, MD,*
Gerard E. Dallal, PhD, and Tamar F. Barlam, MD, MSc*
JAGS 59:1093–1098, 2011
25% to 75% of Antibiotic Use deemed Unnecessary or Inappropriate
Frontiers in Medicine | July 2016 | Volume 3 | Article 30

Outpatient Antibiotic Use



~80-90% of human antibiotic use occurs in the outpatient setting.

National survey of OP antibiotic use

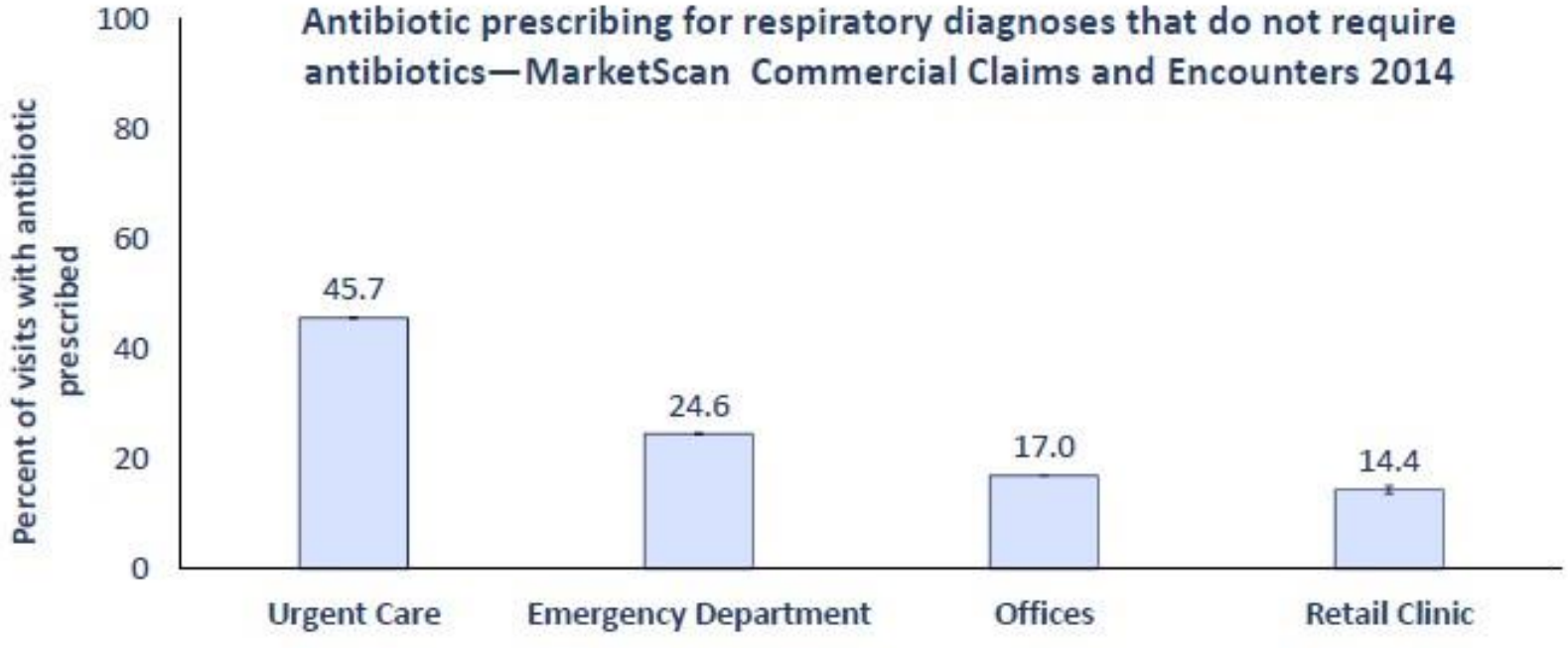
- 12.6% visits resulted in antibiotic prescription
- **Respiratory conditions 43.7% of all scripts**

Local outpatient prescribing practices contribute to local resistance patterns.

At least 28% of antibiotics prescribed in the outpatient setting are unnecessary:
~57 million unneeded prescriptions/year

Flemming-Durata K. *JAMA*. 2016;315:1864-73.
https://www.cdc.gov/antibiotic-use/data/outpatient-prescribing/index.html

Inappropriate Prescribing for Suspected Respiratory Tract Infections



Palms et al. ID week **2017**

Respiratory Tract Infections

	Signs and symptoms	Antibiotics
Upper Respiratory Tract Infection (URTI)	Runny nose Sore throat Cervical lymphadenopathy Dry cough	✗
Influenza like illness	Fever with increased cough, headache, myalgia, sore throat	✗
Bronchitis without COPD	New or worsening cough Sputum production	✗
Pneumonia (bacterial)	New or worsening cough, sputum production, shortness of breath, pleuritic chest pain, HR > 125/min RR> 24/min, fever, O2 saturation <94% and **+ CXR**	☑
COVID-19	May overlap with the above + New loss of taste/smell, nausea, vomiting, diarrhea	✗

Adapted from Dumyati G. University of Rochester Medical Center. Available from: https://www.rochesterpatientsafety.com/Images_Content/Site1/Files/Pages/Nursing%20Homes/Managing%20Common%20Infections%20in%20Older%20Adults.pdf

ASP Challenges During COVID-19 Pandemic

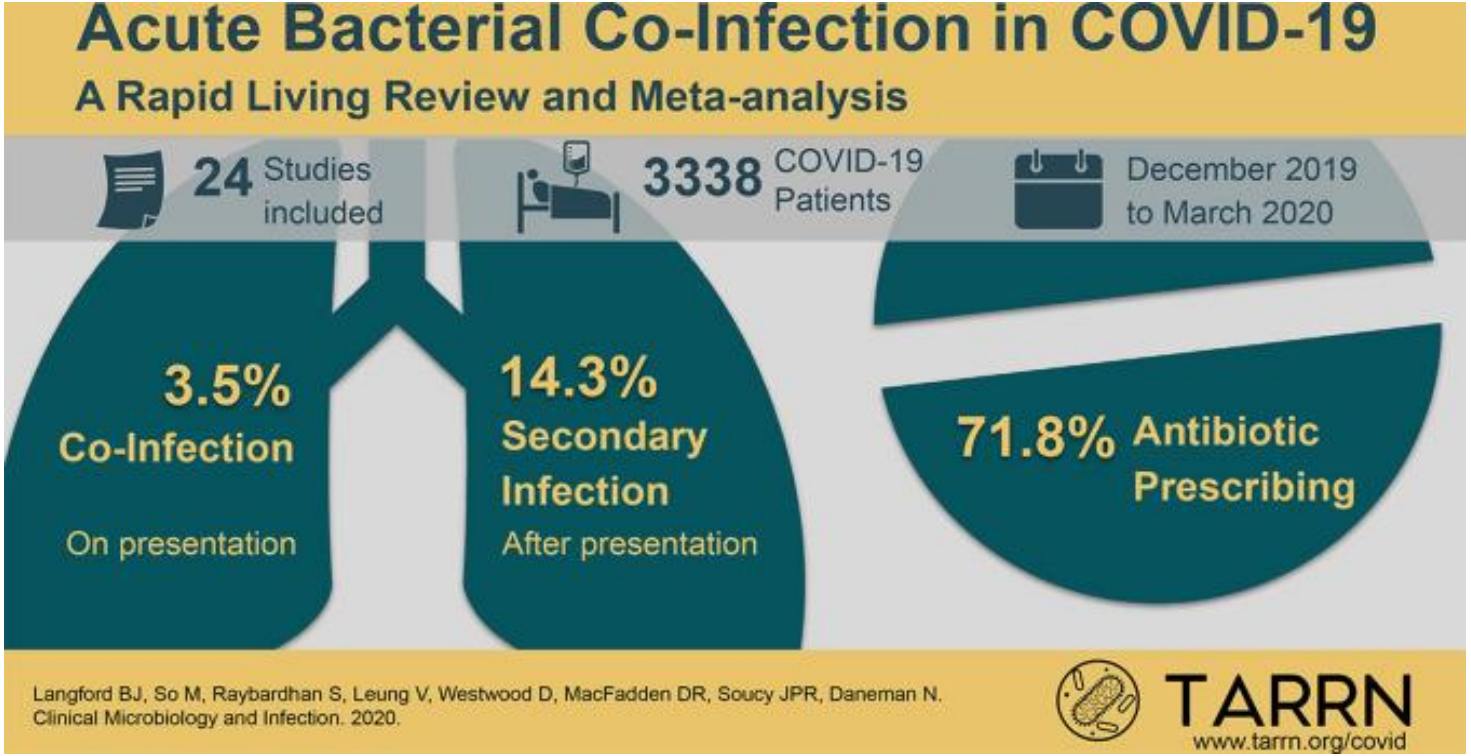
- Diagnostic uncertainty
  - Fewer in-person clinic visits, fewer diagnostic procedures (i.e., bronchoscopies, sputum samples)
  - More empiric therapy (especially azithromycin inpatient/outpatient, ceftriaxone inpatient) without data to de-escalate/shorten courses

- Lack of data on COVID-19
  - Rates of bacterial co-infection – Are antibiotics needed?
  - Impact on biomarkers (i.e., procalcitonin) – Can we stop antibiotics early?

- Staffing limitations
  - Increased workload on already stretched staff
  - Efforts shifted from antimicrobial stewardship to COVID-related duties

Heil E. Antibiotic Stewardship Crisis During COVID-19.
https://www.cdc.gov/drugresistance/covid19.html

Antibiotic Use in COVID-19



74% of antibiotics prescribed were third-generation cephalosporins or fluoroquinolones

Opportunities for ASP Moving Forward

- Prevent unnecessary antibiotic prescriptions for COVID-19
    - If bacterial co-infection suspected with worsening illness, limit durations and assess for de-escalation opportunities
    - Also prevent use of unproven agents such as hydroxychloroquine or ivermectin
- Ensure adequate access to proven COVID-19 therapeutics for all eligible patients
- **Re-shift staffing responsibilities to focus on antimicrobial stewardship**
- Educate patients (and healthcare personnel) on appropriate antibiotic use and antimicrobial stewardship

Outpatient COVID-19 Therapeutics

FIRST-LINE

- Paxlovid (oral)
- Remdesivir (IV)

ALTERNATE

- Molnupiravir (oral)
- Bebtelovimab (IV)

	Nirmatrevlir/ritonavir (Paxlovid) PO	Remdesivir IV	Molnupiravir PO	Bebtelovimab IV
Efficacy in Unvaccinated Populations	**RRR: 88%** Absolute risk: 6.3→0.8% **NNT: 18**	**RRR: 87%** Absolute risk: 6.3→0.8% **NNT: 18**	**RRR: 30%** Absolute risk: 9.7%→6.5% **NNT: 31**	No data for hospitalization/ mortality yet
Age and Timing of Onset	Age ≥12 years and ≥40kg AND within 5 days of symptom onset	Age ≥12 years and ≥40kg AND within 7 days of symptom onset	Age ≥18 years AND within 5 days of symptom onset	Age ≥12 years and ≥40kg AND within 7 days of symptom onset
Clinical Considerations	*Medication interactions Renal and hepatic limitations	Need for IV infusion on multiple days Potential $$	Pregnancy, breastfeeding, contraception	Need for IV infusion No outcomes data yet

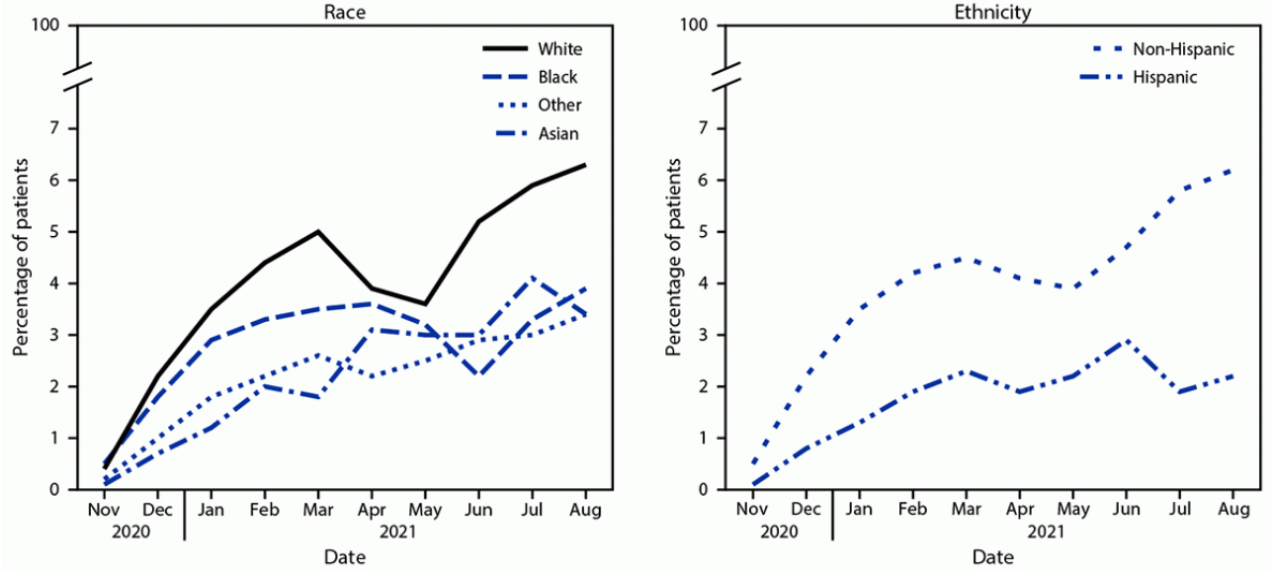
Racial and Ethnic Disparities in Receipt of Medications for Treatment of COVID-19 — United States, March 2020–August 2021

Weekly / January 21, 2022 / 71(3);96–102

On January 14, 2022, this report was posted online as an MMWR *Early Release.*

Jennifer L. Wiltz, MD[1,*]; Amy K. Feehan, PhD[2,*]; NoelleAngelique M. Molinari, PhD[1]; Chandresh N. Ladva, PhD[1]; Benedict I. Truman, MD[1]; Jeffrey Hall, PhD[1]; Jason P. Block, MD[3]; Sonja A. Rasmussen, MD[5]; Joshua L. Denson, MD[7]; William E. Trick, MD[6]; Mark G. Weiner, MD[8]; Emily Koumans, MD[1]; Adi Gundlapalli, MD, PhD[1]; Thomas W. Carton, PhD[4]; Tegan K. Boehmer, PhD[1] (View author affiliations)

FIGURE. Monthly* percentage of COVID-19 patients (n = 805,276) receiving monoclonal antibody treatment,† by race§ and ethnicity¶ — 41 health care systems in the National Patient-Centered Clinical Research Network — United States, November 2020–August 2021



Black: 22.4% less often
Asian: 48.3% less often
Other: 46.5% less often

Hispanic: 57.7% less often than non-Hispanic

Increasing Equitable Access to COVID-19 Therapeutics - Resources

- HHS ASPR
  - https://www.phe.gov/emergency/events/COVID19/therapeutics/Pages/promising-practices-equitable-access.aspx
- Kaiser Family Foundation
  - https://www.kff.org/coronavirus-covid-19/issue-brief/how-equitable-is-access-to-covid-19-treatments/
- General Educational Resources
  - https://www.hhs.gov/coronavirus/covid-19-treatments-therapeutics/index.html
  - https://www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.html
- Therapeutics Locator
  - https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/

Project ECHO

Other Considerations – Regulatory Requirements

- Antimicrobial stewardship programs are now **required by CMS** as part of their Conditions of Participation
  - Applies to hospitals, critical access hospitals, and long-term care facilities
  - No official requirement for outpatient facilities yet, but incentives exist for stewardship through MIPS

- **The Joint Commission also requires antimicrobial stewardship programs** as part of Standard MM.09.01.01
  - Applies to hospitals, critical access hospitals, long-term care facilities, and outpatient clinics (if accredited by TJC)

- No “one size fits all” approach, but both acknowledge CDC Core Elements as ideal national guidance

Project ECHO

https://www.cdc.gov/antibiotic-use/healthcare/pdfs/hospital-core-elements-H.pdf
https://www.cdc.gov/antibiotic-use/core-elements/pdfs/core-elements-antibiotic-stewardship-H.pdf
https://www.cdc.gov/antibiotic-use/community/pdfs/16_268900-A_CoreElementsOutpatient_508.pdf

CDC Core Elements

Hospitals/CAHs

Hospital Leadership Commitment
Dedicate necessary human, financial, and information technology resources.

Accountability
Appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes.

Pharmacy Expertise (previously "Drug Expertise"):
Appoint a pharmacist, ideally as the co-leader of the stewardship program, to help lead implementation efforts to improve antibiotic use.

Action
Implement interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use.

Tracking
Monitor antibiotic prescribing, impact of interventions, and other important outcomes, like *C. difficile* infections and resistance patterns.

Reporting
Regularly report information on antibiotic use and resistance to prescribers, pharmacists, nurses, and hospital leadership.

Education
Educate prescribers, pharmacists, nurses, and patients about adverse reactions from antibiotics, antibiotic resistance, and optimal prescribing.

Long-Term Care Facilities

Leadership commitment
Demonstrate support and commitment to safe and appropriate antibiotic use in your facility

Accountability
Identify physician, nursing and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility

Drug expertise
Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility

Action
Implement **at least one** policy or practice to improve antibiotic use

Tracking
Monitor **at least one process** measure of antibiotic use and **at least one outcome** from antibiotic use in your facility

Reporting
Provide regular feedback on antibiotic use and resistance to prescribing clinicians, nursing staff and other relevant staff

Education
Provide resources to clinicians, nursing staff, residents and families about antibiotic resistance and opportunities for improving antibiotic use

Outpatient Facilities

Commitment
Demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety.

Action for policy and practice
Implement at least one policy or practice to improve antibiotic prescribing, assess whether it is working, and modify as needed.

Tracking and reporting
Monitor antibiotic prescribing practices and offer regular feedback to clinicians, or have clinicians assess their own antibiotic prescribing practices themselves.

Education and expertise
Provide educational resources to clinicians and patients on antibiotic prescribing, and ensure access to needed expertise on optimizing antibiotic prescribing.

Recent Regulatory Updates

- 6/20/22: TJC updates MM.09.01.01 with 12 new and revised elements of performance for stewardship in hospitals and CAHs – **Effective 1/1/23**
  - https://www.jointcommission.org/standards/prepublication-standards/new-and-revised-requirements-addressing-antibiotic-stewardship-for-hospital/

- 7/6/22: CMS updates their interpretive criteria for ASP and IC surveys in hospitals and CAHs – **Effective now**
  - Conditions of Participation have not changed, but CMS now describes what they are looking for in more detail
  - https://www.cms.gov/files/document/qso-22-20-hospitals.pdf

Nebraska Antimicrobial Stewardship Assessment & Promotion Program (ASAP)

- Supported through Nebraska Department of Health and Human Services (DHHS) through a CDC grant
- Team consists of ID pharmacists, physicians, infection preventionists, database analysts, and administrative assistants
- The goal of ASAP is to **promote the effective use of antimicrobials and improve patient outcomes** throughout the state of Nebraska by **collaborating** with local clinicians, pharmacists, infection preventionists and other health care workers to **establish effective antimicrobial stewardship programs**.
- Activities:
  - Assist with Core Element implementation, provide 1:1 guidance and answer questions, provide educational resources and webinars
  - https://asap.nebraskamed.com/

- Content targeted at providers, pharmacists, nurses, medical directors, quality program leaders, infection preventionists, and other staff interested in stewardship

- Presentations about antimicrobial stewardship strategies and implementation, the role of IP surveillance on stewardship, management of infections in the nursing home, management of patients with antibiotic allergies, and bacterial resistance mechanisms, among others

- Dedicated breakout session in the afternoon for acute care/outpatient and long-term care providers/staff

2022 Nebraska Antimicrobial Stewardship Summit

- August 12, 2022 **in-person** at Embassy Suites in Downtown Omaha
- Physician, nurse, pharmacist, and medical laboratory scientist CE credits will be available
- Registration fee: $99 (includes parking, food, and CE credits)
- Register now at the following link:
  - https://www.unmc.edu/cce/catalog/clinicmed/neb-asap-summit/index.html

Summary

- Antimicrobial stewardship is a vital function in all healthcare settings, improving patient outcomes and preventing the threat of increased antimicrobial resistance.
- The COVID-19 pandemic has presented numerous challenges to antimicrobial stewardship, chiefly redirecting staffing resources elsewhere.
- Addressing health disparities and educating patients, providers, and staff are key to ensuring equitable therapeutic access and improving antimicrobial prescribing.
- Facilities should familiarize themselves with new regulatory requirements as well as CDC Core Elements to optimize ASP.
- Nebraska ASAP is available for guidance and one-on-one support for any ASP questions.

Health Equity: Communicating Health Equity; Emotional Intelligence

Presenter: Nada Fadul, MD and Andrea Jones MD

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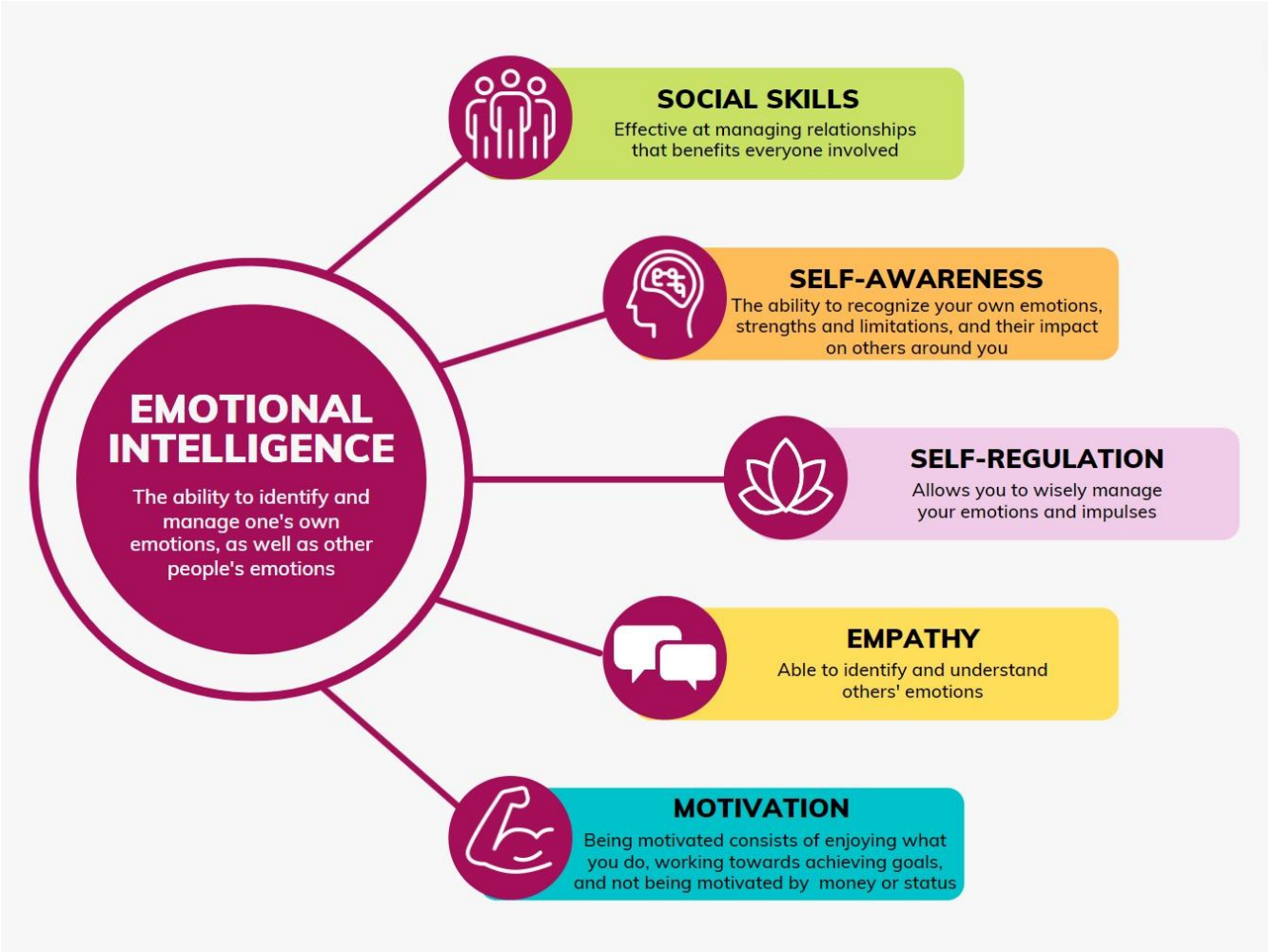
Objectives

- Name one health equity guiding principle for inclusive communication.
- Define emotional intelligence.

Word Cloud Activity

Name ONE characteristic of someone who is emotionally intelligent.

Mentimeter


EMOTIONAL INTELLIGENCE
The ability to identify and manage one's own emotions, as well as other people's emotions
SOCIAL SKILLS
Effective at managing relationships that benefits everyone involved
SELF-AWARENESS
The ability to recognize your own emotions, strengths and limitations, and their impact on others around you
SELF-REGULATION
Allows you to wisely manage your emotions and impulses
EMPATHY
Able to identify and understand others' emotions
MOTIVATION
Being motivated consists of enjoying what you do, working towards achieving goals, and not being motivated by money or status

Why Do Words Matter?

Language in communication products should reflect and speak to the needs of people.

Use a health equity lens when framing information about health disparities.

> "Long-standing systemic social and health inequities have put some population groups at increased risk of getting sick."

NOT

~~"African Americans have higher rates of diabetes."~~

Use person-first language and preferred terms for select population groups and avoid unintentional blaming.

Words Matter

A guide to disability language etiquette

*Based on suggestions from various groups of people living with disabilities. We recognize there are personal preferences, and our list continues to evolve.

to be like me

PLEASE DON'T SAY	INSTEAD, PLEASE SAY
"That Down syndrome kid" (disability-first language)	"A person/individual with Down syndrome" (person-first language)
Wheelchair-bound, confined to a wheelchair	Wheelchair user, person who uses a wheelchair
Handicapped parking	Accessible parking
Handicapped, crippled	Disability, Special needs *(sometimes acceptable for younger kids)*
Retarded, mentally challenged	Intellectual disability, IDD - Intellectual & Developmental Delays
Able-bodied, normal	People without disabilities
High/low functioning	Needs maximum support, moderate support, minimal support (describe level of support needed)
Hearing impaired	Deaf, hard of hearing
Learning problem	Learning difference
Non-verbal, mute	Communicates non-verbally, non-verbal communicator
Suffering from/afflicted with [name of disability]	Living with/has [name of disability]

If you don't know, it is OK to politely ask, "How would you like me to refer to your disability?"

thankyou!

Why Do Words Matter?

Language in communication products should reflect and speak to the needs of people.

- Develop more inclusive health communications products.
  - Use a Readability Checker
  - Conduct a focus group with the respective community

- Exploring other resources and references related to health equity communications
  - Check out this session's key takeaways document

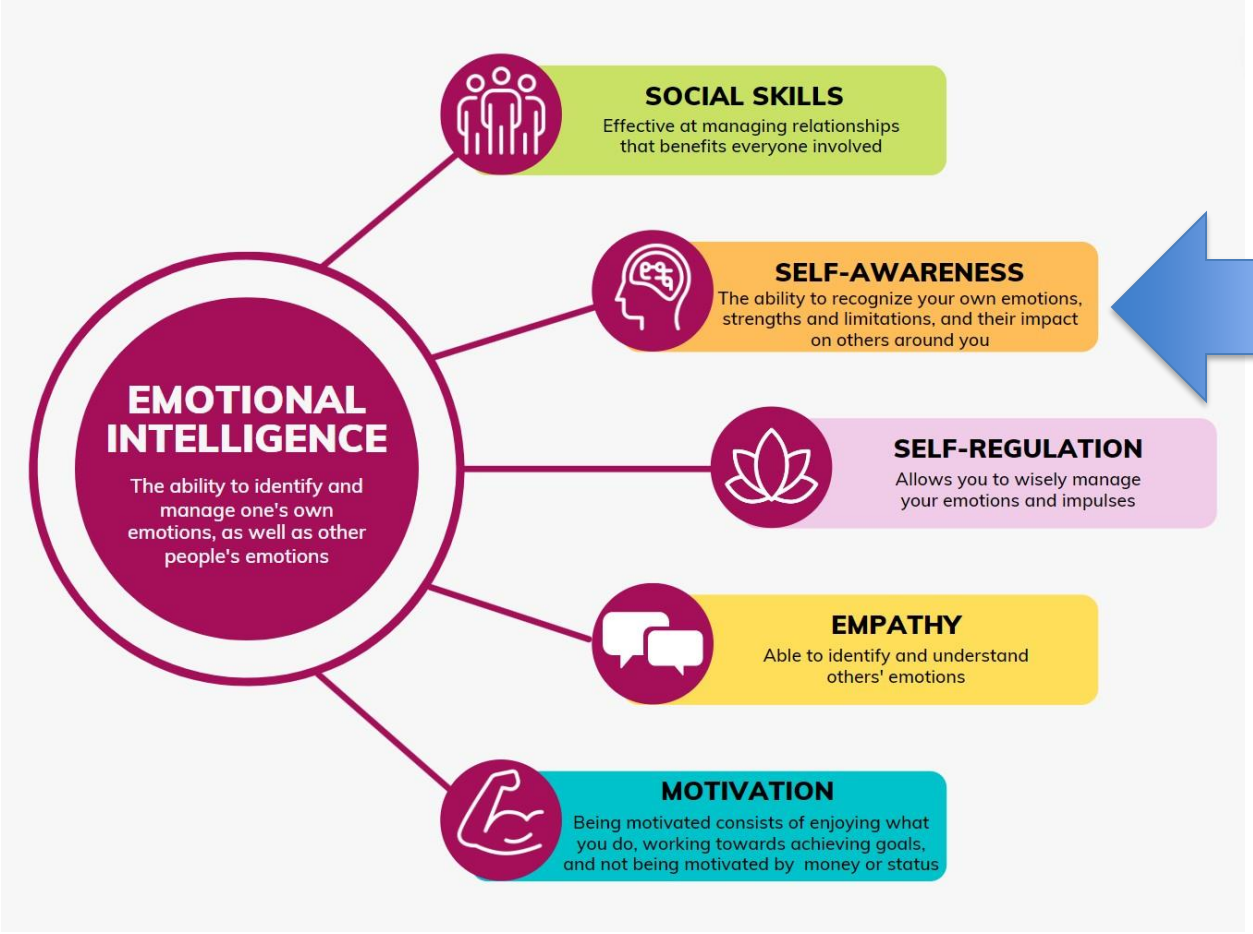
Communicating Equity Guiding Principles

Concept

Systemic social and health inequities put certain populations at risk

Operationalization

- Avoid perpetuating health inequities in communication.
- Avoid implying that a person or community is responsible for increased risk of adverse outcomes.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The ability to identify and manage one's own emotions, as well as other people's emotions
SOCIAL SKILLS
Effective at managing relationships that benefits everyone involved
SELF-AWARENESS
The ability to recognize your own emotions, strengths and limitations, and their impact on others around you
SELF-REGULATION
Allows you to wisely manage your emotions and impulses
EMPATHY
Able to identify and understand others' emotions
MOTIVATION
Being motivated consists of enjoying what you do, working towards achieving goals, and not being motivated by money or status

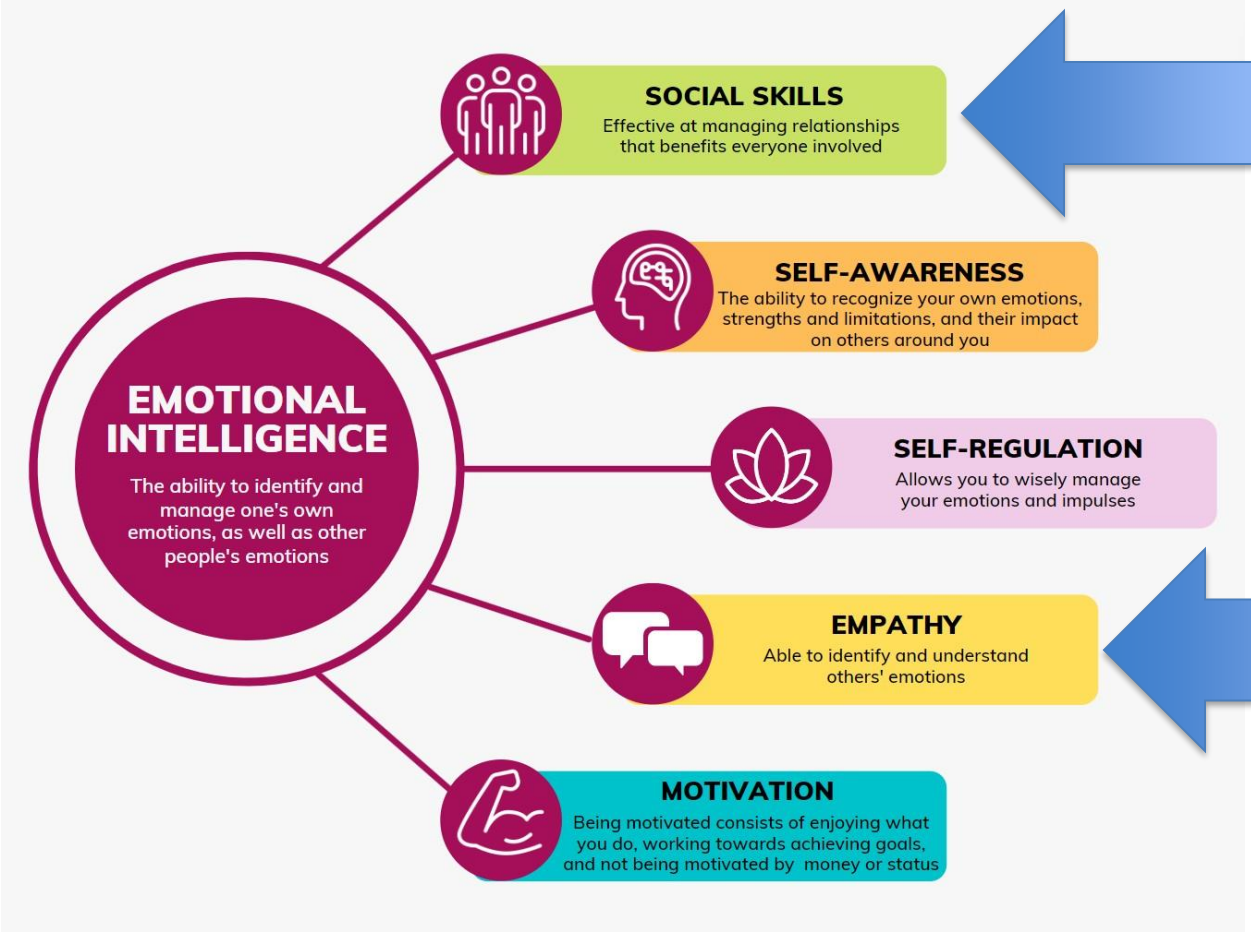
Communicating Equity Guiding Principles

Concept

Community Engagement should be foundational.

Operationalization

- Remember that community engagement is a continuous process.
- Start with mindfulness and listening.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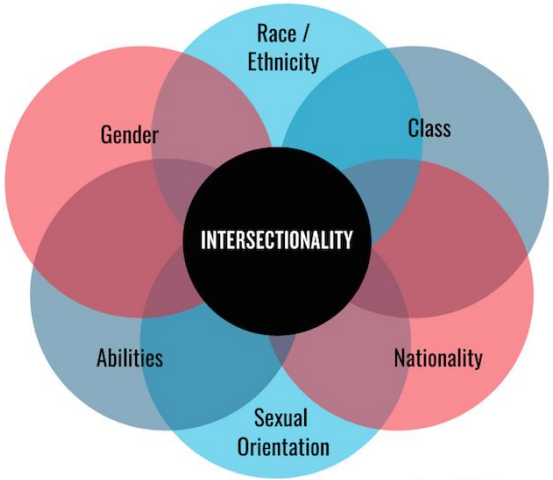
Communicating Equity Guiding Principles

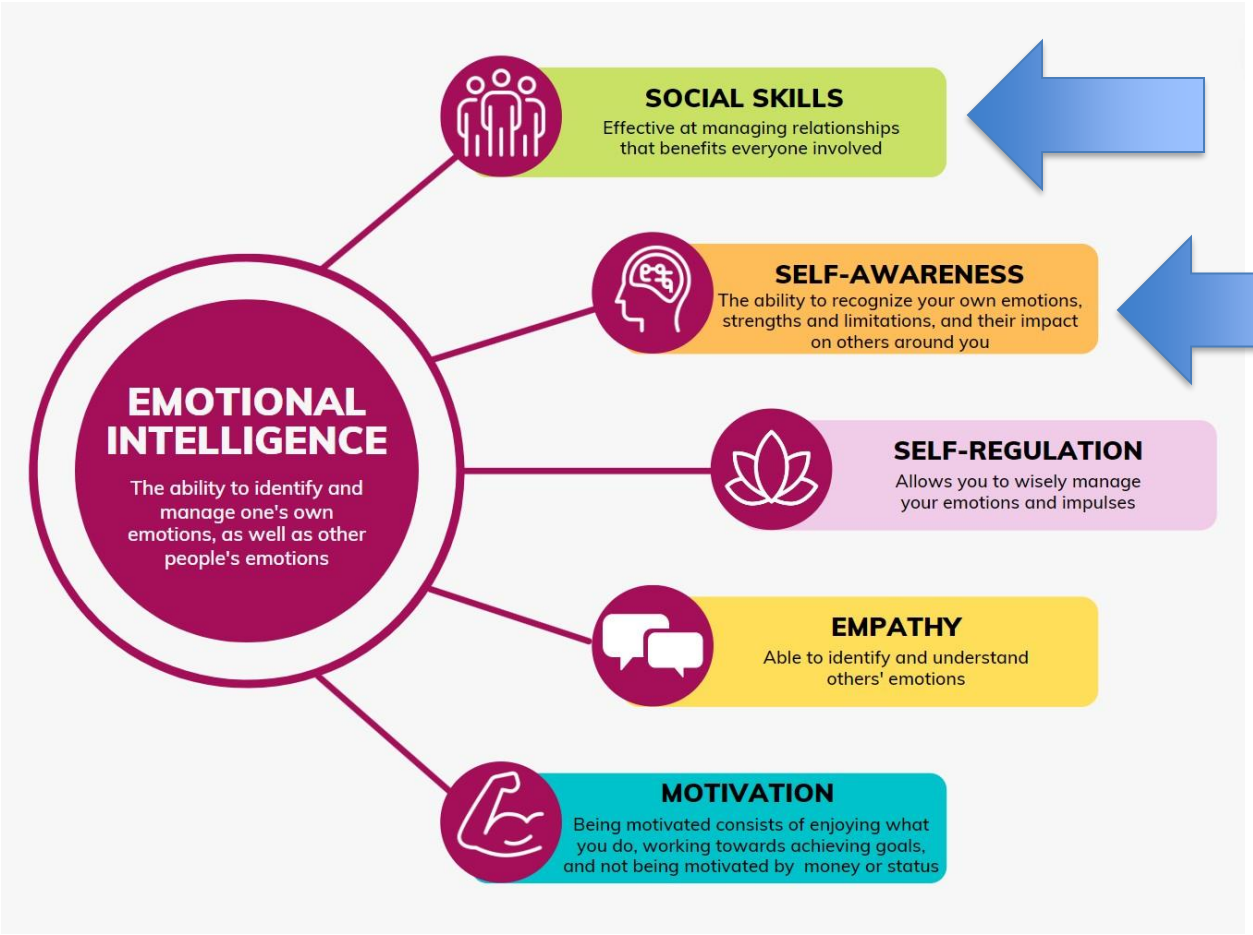
Concept

Intersectionality



Operationalization

- People belong to more than one "group."
- Understand that there is diversity within communities.
  - Communities can vary in history, culture, norms, attitudes, behaviors, lived experience, and many other factors.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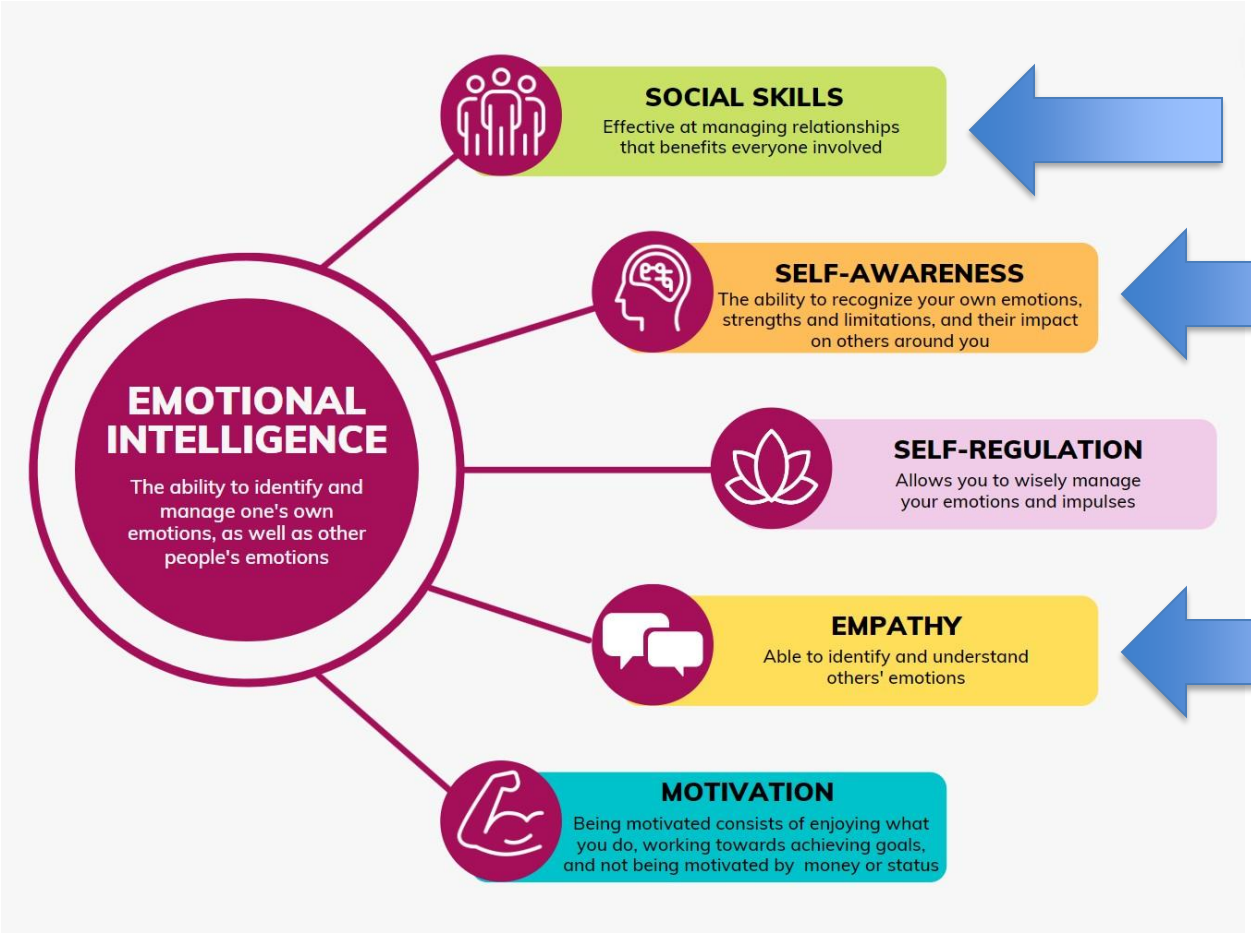
Communicating Equity Guiding Principles

Concept

Recognize and reflect the diversity of the community

Operationalization

- Use language that is accessible and meaningful.
- Highlight community strengths and solutions.
- Recognize that some community members may not be able to follow public health recommendations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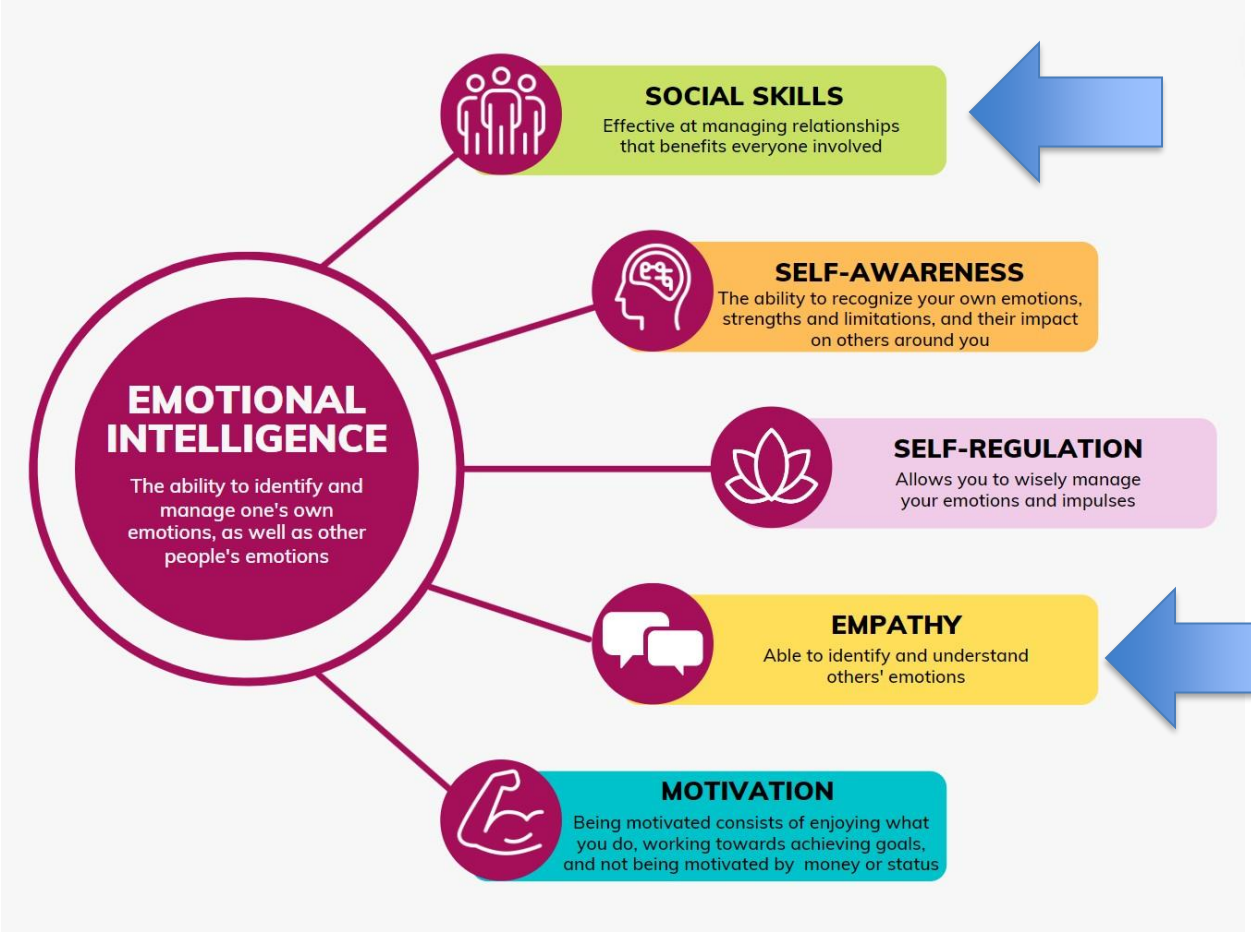
Communicating Equity Guiding Principles

Concept

Literacy

Operationalization

- Recognize both the ability to read and to understand the content.
- Using active verbs, plain language (4th grade reading level), and accessible channels and formats.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Empathy Example

Reflection

People remember how you make them feel, that's what impacts them.

Share an example of a time that your provider made you feel seen and heard.

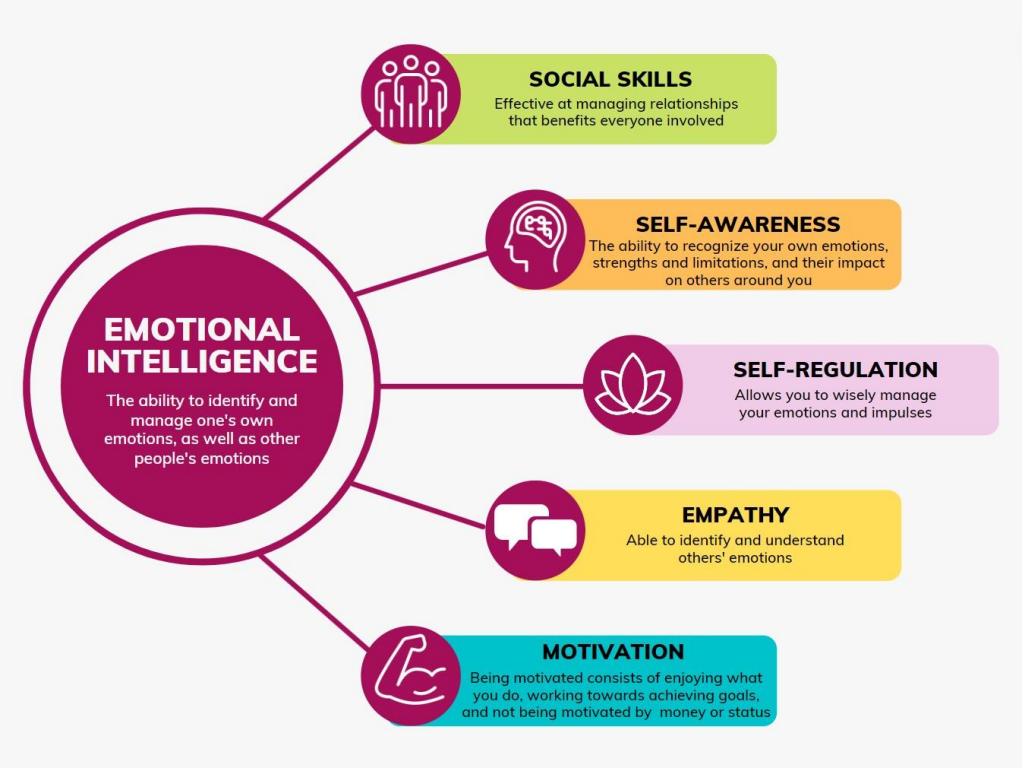
Discussion

Discussion

A patient approaches you with this request: "Hey my doctor refused to give me Paxlovid. Can you help me?"

How would you respond to them?

Emotional Intelligence



- https://www.cdc.gov/healthcommunication/HealthEquityGuidingPrinciples.pdf
- https://www.empathyproject.com/films
- https://venngage.com/templates/mind-maps/dark-emotional-intelligence-mind-map-62a9563e-6b9b-4c5c-9ff3-eac57073c288

Current State of COVID-19 in Nebraska

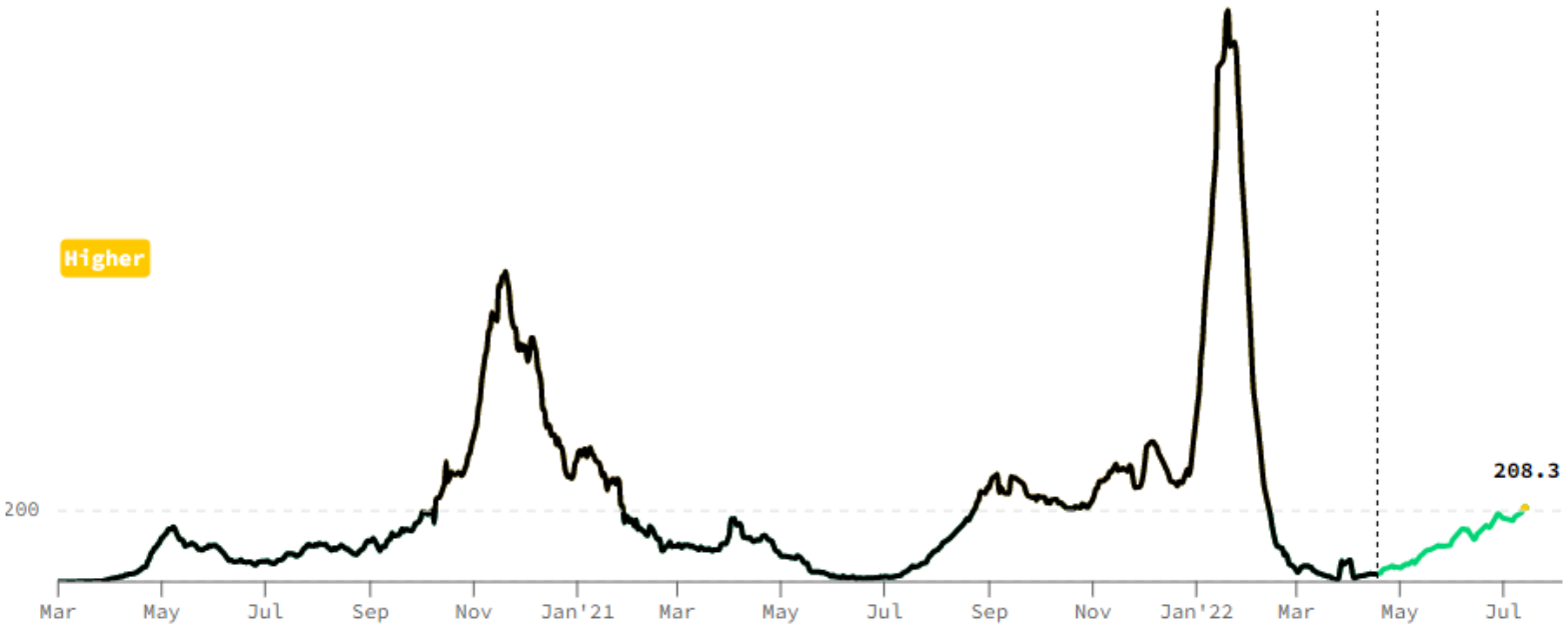
Project ECHO®

UNMC

Nebraska COVID-19 Statistics

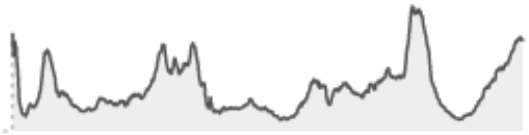
Community risk level metrics

WEEKLY NEW REPORTED CASES	WEEKLY COVID ADMISSIONS	PATIENTS W/ COVID
208.3 PER 100K	9.5 PER 100K	4.4% OF ALL BEDS



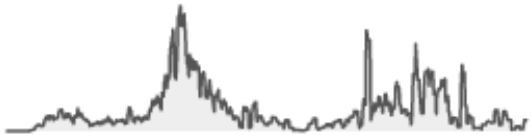
Nebraska COVID-19 Statistics

Test positivity rate



Hospitalized

Deaths



	DAILY AVG. ON JUL. 18	14-DAY CHANGE	TOTAL REPORTED
Cases	576	+16%	508,139
Test positivity	27%	—	—
Hospitalized	193	+13%	—
In I.C.U.s	19	−11%	—
Deaths	3	+125%	4,363

About this data

https://www.nytimes.com/interactive/2021/us/nebraska-covid-cases.html

Nebraska COVID-19 Statistics

Week	Weekly Cases*	Weekly Admits*	Number of Hospitalizations	Hospitalizations with COVID	Vaccinated[1] 1+	Fully Vaccinated[2,3]
4/20/22	22.2	2.5	54	1%	70%	68.3%
5/4/22	41.8	2.1	50	1%	70%	68.5%
5/18/22	71.1	2.9	92	2%	70%	N/A
6/1/22	102	5.3	282	2.3%	70.5%	N/A
6/15/22	148	6.3	139	3.1%	70.6%	64%
7/1/22	184	8.2	170	3.8%	70.8%	64%
7/19/22	208	9.5	193	4.4%	71.1%	64.2%

*Per 100,000. [1]Percent of entire state population vaccinated. [2]Source prior to June 2022 was NE DHHS, % based on age 5y+. June/July. [3]Source for June 2022 -present: COVID Act Now & NYTimes based on entire state population.

https://covidactnow.org/us/nebraska-ne/?s=24951410
https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html

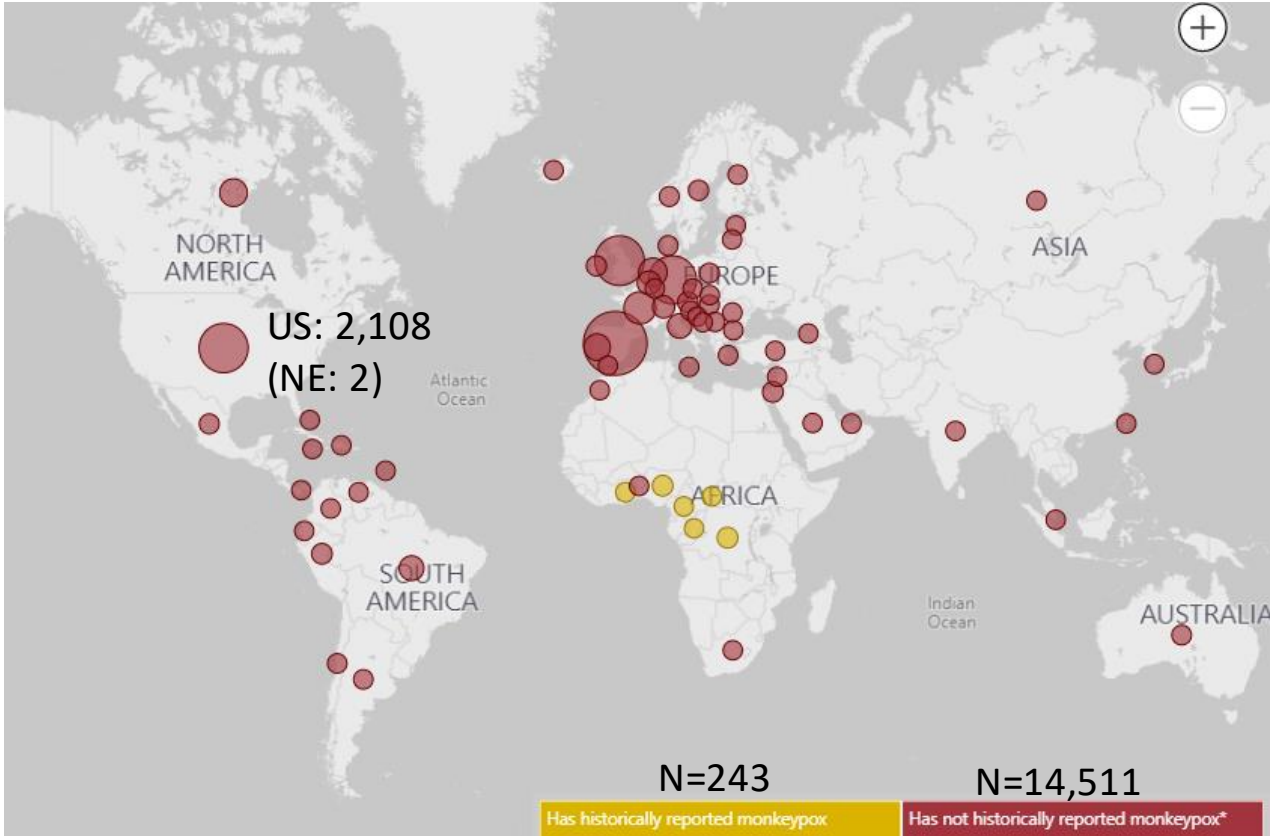
Monkeypox Introduction

- Usually a rare disease
- Related to smallpox (variola), not chicken pox (varicella)
- Discovered in 1958 in monkeys used for research.
- First human case in 1970
- Usually cases occurred in western African countries or in international travelers with contact with imported animals.

Outbreak 2022

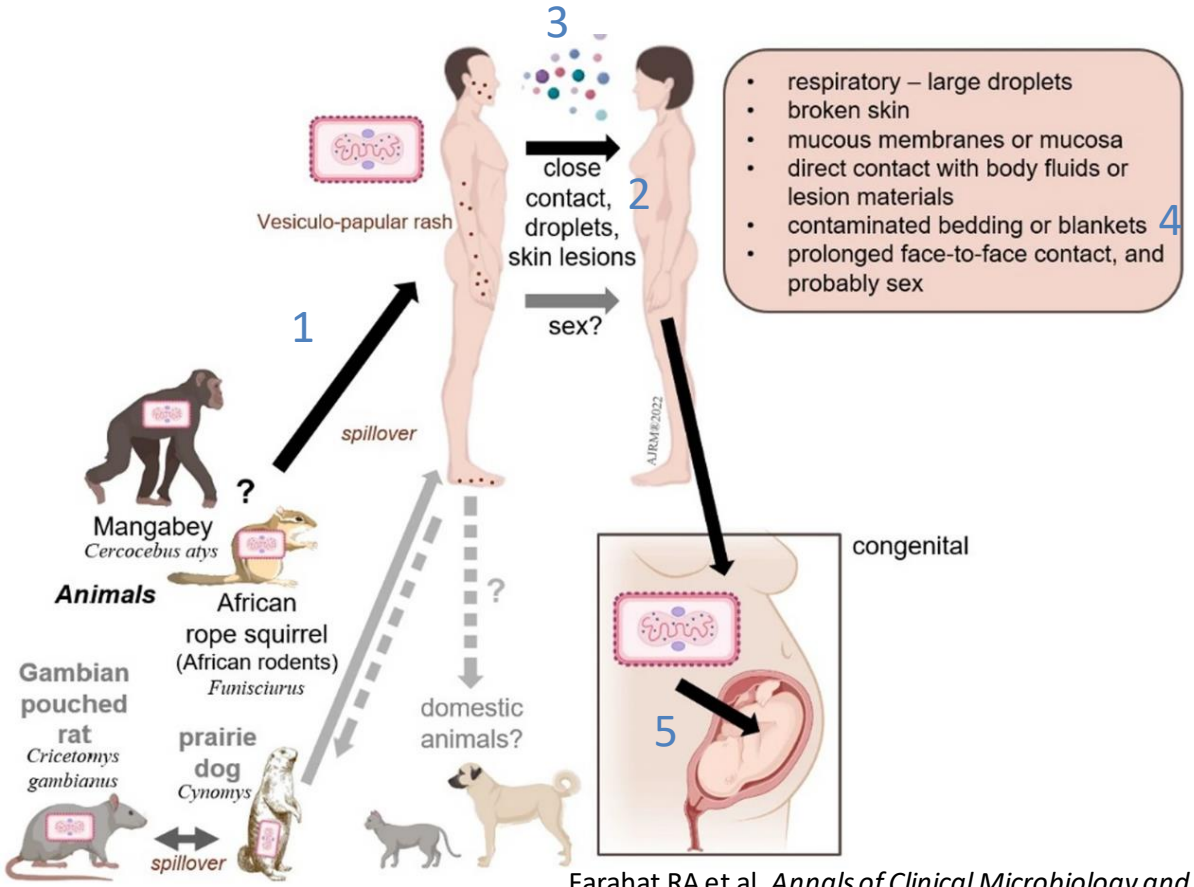
- Cases reported in individuals with and without international travel
- In the US, reported in all but 6 states

Monkey Pox Introduction



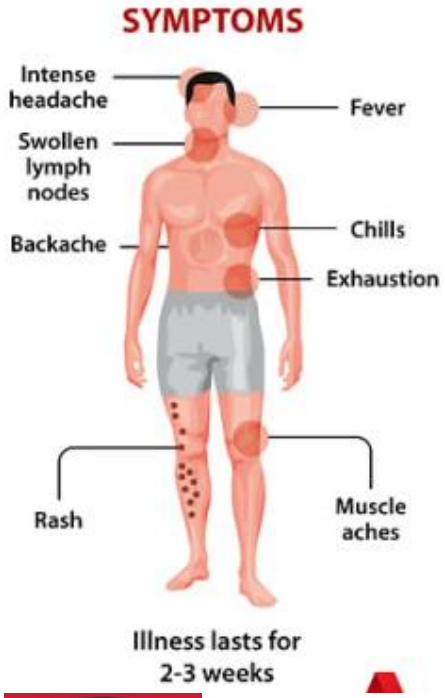
https://www.cdc.gov/poxvirus/monkeypox/response/2022/world-map.html

Transmission



Farahat RA et al. *Annals of Clinical Microbiology and Antimicrobials,* June 15, 2022.

Monkeypox Symptoms



Monkeypox Rash: macules → papules → vesicles → pustules → scabs

Monkeypox

If you suspect a case:

- Consider your differential. (Many alternative diagnoses)
- Isolate the patient: gown, gloves, eye protection, N95
- Contact the NE Health Department: 402-471-2937
    - Case definition
    - Specimen collection instructions

Treatment: self-limited.

- For patients at high risk of severe disease, limited antiviral (TPOXX) may be available via CDC / Strategic National Stockpile

https://www.cdc.gov/poxvirus/monkeypox/treatment.html

Monkeypox Prevention

- Avoid close, skin-to-skin contact with person with suspected monkeypox rash or infected fomites (bedding, towels, clothing)
- Hand hygiene
- If sick with monkeypox, isolate at home
- Vaccination limited but available through public health depts:
    - People with +monkeypox contact or exposures as identified by public health officials
    - Lab workers who perform testing for orthopoxviruses, handle animals with orthopoxviruses, and some designated healthcare or public health care workers

https://www.cdc.gov/poxvirus/monkeypox/prevention.html

POLL

Wrap-Up

1. You will receive today's presentation, in addition to a one-page key-takeaways document and next session's agenda through email.

2. Next session will be on **August 3rd** on:

- ***Cultural Sensitivity:***
- ***Enhancing Sensitivity to Cultural Similarities and Differences***
- ***Fostering a Culturally Responsive Health care Setting***

Poll Results

Thank You!