



UNMCSM

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UNIVERSITY OF
Nebraska
Medical Center

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

Welcome to Session 37



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
- All the session presentation are available on our [website](#)
- 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
 - Kelly Cawcutt, MD, MS
- Jonathan Ryder, MD

Quality Improvement Team

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

Health Equity & Cultural Sensitivity Team

- Nada Fadul, MD
- Mahelet Kebede, MPH, HE & CS Consultant
 - Shirley Delair, MD
 - Jasmine Marcelin, MD
 - Andrea Jones, MD
 - Precious Davis, EdD
- Samantha Jones, Program Manager
 - Dan Cramer, NP



CE Disclosures



UNMC ID Health Equity and Quality Improvement ECHO Project

Topics:

HE & Cultural Sensitivity Wrap-Up: Case Studies

Free Live ECHO Project

May 3, 2023

CID 57619

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:

- Describe key health equity considerations in a case example.
- Describe key cultural sensitivity considerations in a case example.
- Discuss how health equity and cultural sensitivity content from this ECHO has been applied to organizational improvements.

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)*TM. 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. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 1.5 general 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: I00054943 Approval Number: 230001393

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



DISCLOSURE DECLARATION

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:

- Mahelet Kebede, MPH*
- Jeff Wetherhold, M. Ed*

*faculty and planning committee member



Disclosures

PLANNING COMMITTEE

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, EdD, MSN, BSN, RN
- Nada Fadul, MD
- Samantha Jones, CSW
- Heidi Keeler, PhD, MSN/MBA, RN
- Nuha Mirghani, MD, MBA, HCM
- Renee Paulin, MSN, RN, CWOCN
- Jonathon Ryder, MD
- Bailey Wrenn, MA





www.unmc.edu/cce

POLL



Continuation Phase

June 2023 - May 2024

- Focus on applying QI tools to reduce health inequities in alignment with new Joint Commission requirements
- Optional orientation session on Wednesday June 7 at 12:00pm CT
- Monthly 60-minute sessions every 3rd Wednesday at 12:00 pm CT starting June 21
- Opportunity for additional/continued QI coaching and funding
- Open to continuing and new participants in NE



Continuation Phase

Sessions 1-3

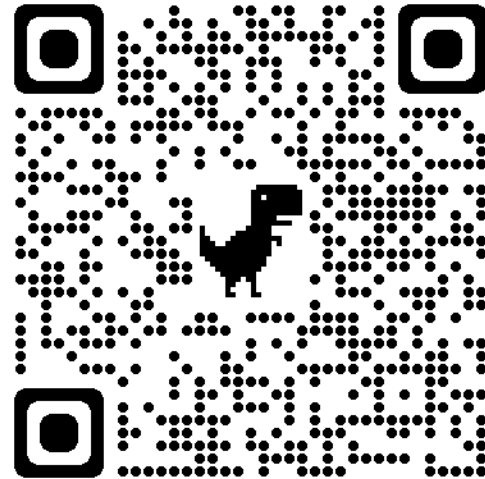
- **Session 1 (June 21):** Implementing Quality Improvement to Meet the Joint Commission's Requirements for Health Equity
- **Session 2 (July 19):** Getting Leadership Buy-in for Health Equity Improvements
- **Session 3 (August 16):** Scoping QI Projects for Health Equity



Participant Interviews

- 30-45 minutes each
- Focused on how you hope to apply what you are learning to your work
- Helps us improve program content

Schedule an interview:



Poll Results



Phase 1 Final Evaluation Survey



<https://redcap.nebraskamed.com/surveys/?s=CKPRPWTLKMMWFAA8>



Health Equity & Cultural Sensitivity Wrap-Up:

Case Studies

Presenters: Mahelet Kebede, MPH; Jeff Wetherhold



Objectives

1. Describe key health equity considerations in a case example.
2. Describe key cultural sensitivity considerations in a case example.
3. Discuss how health equity and cultural sensitivity content from this ECHO has been applied to organizational improvements.



Case #1: Community Partners and Qualitative Data

Facilitator: Jeff Wetherhold

Contributing Participants: Janis Johnson and Michele Bever

South Heartland District Health Department



Problem Statement

South Heartland District Health Department (SHDHD) was unable to determine the effectiveness and timeliness of COVID information and resources provided to the Hispanic population during the pandemic response.



Initial Aim

SHDHD will interview 7 community partners who are heavily engaged with the local Hispanic community in winter 2022/23 to get feedback on the Department's COVID communications to date.



Prompt: Community Partners

Many projects in this ECHO have involved outreach to a small set of community partners who represent a specific population. Reflect on a population that you would like to improve your outreach to.

This population could be defined by:

- Race or ethnicity
- Preferred language
- Gender identity
- Ability
- Age
- Geographic location
- Economic status



Discussion: Community Partners

Consider the individuals from this community that you are already working with.

How do you work with them?



Discussion: Community Partners

Consider how you might expand this group.

*How could you identify additional individuals
who might be able to help you?*



Results: SHDHD Interviews

- **Prompt to Interviewees:** Thinking back to March 2020, when COVID first arrived in our communities, we want to know more about whether, how, and where you, or the populations you serve, received information about COVID.
- Eight interviews were completed
- Interview notes were reviewed for themes in March 2023



Prepare for Discussion

As you hear the results of SHDHD's interviews, consider:

*What do these data tell you about
what kinds of changes might be helpful?*



Results: SHDHD Interviews

1. What do you think worked well?

- Teamwork and collaboration within the community (5)
- Communications with patients (4)

2. What was most challenging?

- Insufficient translation/interpretation services (3)
- Limited availability of testing and vaccination (3)



Results: SHDHD Interviews

3. In your experience, where do Hispanic/Latino community members usually access information on health emergency situations and diseases like COVID-19?

- Social media (4)
- Trusted individuals in the community (3)
- Health care organizations or professionals (3)



Results: SHDHD Interviews

4. Based on your experience, where do you think Hispanic/Latino community members would prefer to access information on diseases like COVID-19?

- Health care organizations or professionals (3)
- Childcare and educational organizations (2)
- Trusted individuals in the community (2)
- Mass media (television, news, radio, print) (2)
- Social media (1)



Results: SHDHD Interviews

5. In your experience, what keeps Hispanic/Latino community members from connecting with or using SHDHD as a primary source of health information?

- Mistrust of government agencies (4)
- Linguistically and culturally appropriate communications (3)



Results: SHDHD Interviews

6. What would you recommend SHDHD do differently regarding where or how we share information and resources about health emergency situations diseases like COVID-19?

- Improve translation services (4)
- Engage with trusted community partners (3)



Discussion: SHDHD Interviews

Reflect on the results of the interviews that were shared:

*What do these data tell you about
what kinds of changes might be helpful?*



Now what?

- **Current Aim:** SHDHD will analyze these interviews and share themes with their Minority Health Advisory Council at their May 2023 meeting
- **Meeting Plan:** Use interview results to drive facilitated discussion and fishbone diagramming



POLL



Poll: Advisory Groups

Does your facility work with a formal group (council, committee, etc.) focused on engaging underrepresented or underserved populations?



Poll Results



Discussion: Advisory Groups

For those who do engage with a group:

- *How do you engage with them (sharing and learning)?*
- *What recommendations would you share with teams who are starting a group?*



Recommendations

Qualitative Data in QI Projects

1. Qualitative data can be used to identify and scope a QI project on health equity.
2. Actively engage an equity-focused advisory council if possible.
3. Bringing qualitative data to this conversation can better inform the council's decision making.



Case #2: Intersectionality

Facilitator: Mahelet Kebede, MPH



Case Scenario

Teen vaccination rates are very low in the community where your healthcare facility is located. At your facility, you've been tasked with increasing the vaccination rates and you've noted that within certain social identity groups, rates are even lower.



Intersectionality Data

One school-based study found that while Black and Latinx transgender youth had similar rates of depression and suicidality compared to white transgender youth, they had higher rates of depression and suicidality, and higher rates of race-based harassment compared to Black and Latinx cisgender youth.



Breakout Room Questions

- What are the components of teen identity you want to think about?
- How can these teen identities compound one another to create additional hardships?

WHEEL OF POWER/PRIVILEGE



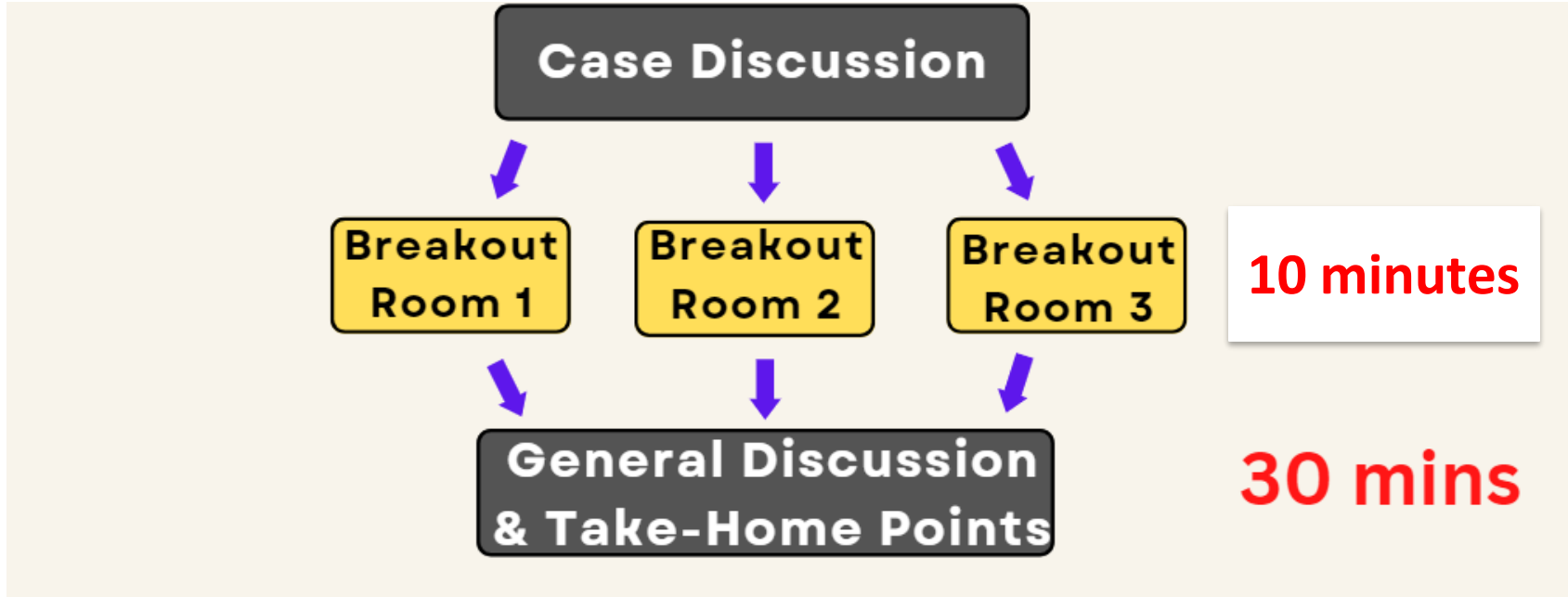
Adapted from ccrweb.ca

@sylviaduckworth
miro



Miro Board





Ground Rules

1. Be present & turn on your videos
2. Make Space, Take Space
3. ELMO: Enough Let's Move On
4. Take the lessons, leave the details
5. Assume positive intent
6. Be open to learning
7. Building, not selling
8. Yes/and, both/and



Teen vaccination rates are very low in the community your healthcare facility is located. At your facility, you've been tasked with increasing the vaccination rates and you've noted that within certain socioeconomic groups, rates are even lower.

	Breakout Room 1	Breakout Room 2
<p>What are the components of teen identity you want to think about?</p>	<ul style="list-style-type: none"> • Personal empowerment (values diverging from guardians') • Assumed/assigned group identity/common interests • Preferred group identity/common interests • Urban/rural/suburban • Exposure to diverse perspectives and identities • Access to resources/information 	<ul style="list-style-type: none"> • Geographic location (rural vs urban) • Family/community beliefs/identity • Skin color • Age (able to drive? age of adulthood?) • Language (variation with parent) • Degree of education
<p>How can these teen identities compound one another to create additional hardships?</p>	<ul style="list-style-type: none"> • The pull to fit in/be popular, fear of not fitting in • Making an informed decision requires resources/access • Parental/guardian views impact access • Geography can impact access to resources and exposure to perspectives 	<ul style="list-style-type: none"> • Parent's identity impacting the child and how they interact with the healthcare system • The physical stature of the child puts them in a disadvantage size and age wise • Communication and Honesty when answering questions



Discussion: Taking Action

1. Do you understand what data you need? If not, revisit your problem statement.
2. Are there existing data that you can use? Consider leveraging your Community Health Needs Assessment.
3. Will data collection take a significant amount of time? If so, consider what you can accomplish in parallel with data collection.
4. Is it feasible to collect the data you need?
 1. If not, can qualitative data serve as a proxy for quantitative data? Or can you ID strategies that work in similar organizations and populations?
 2. If unsure, consider feasibility testing for data collection
5. Are you struggling to ID next steps from the data you have? Consider how conversations and qualitative data might help.



Recommendations

Applying Lessons from Intersectionality into Services

- Consider how an individual or community's intersecting social identities may be compounding to create additional barriers and hardships.
- Incorporate the following items into your services to ensure you've addressed the multifaceted identity of your patients/community members
 - Handicap accessibility – think beyond wheelchair ramps.
 - Make ASL interpretation available.
 - Provide childcare or kid-friendly entertainment for those who have small children.
 - Provide food/refreshments



Joint Commission Standards

1. The [organization] designates an individual(s) to lead activities to reduce health care disparities for the [organization's] [patients].
2. The [organization] assesses the [patient's] health-related social needs and provides information about community resources and support services.
3. The [organization] identifies health care disparities in its [patient] population by stratifying quality and safety data using the sociodemographic characteristics of the [organization's] [patients].



Joint Commission Standards (cont.)

4. The [organization] develops a written action plan that describes how it will address at least one of the health care disparities identified in its [patient] population.
5. The [organization] acts when it does not achieve or sustain the goal(s) in its action plan to reduce health care disparities.
6. At least annually, the [organization] informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to reduce identified health care disparities.



Current State of COVID-19 in Nebraska

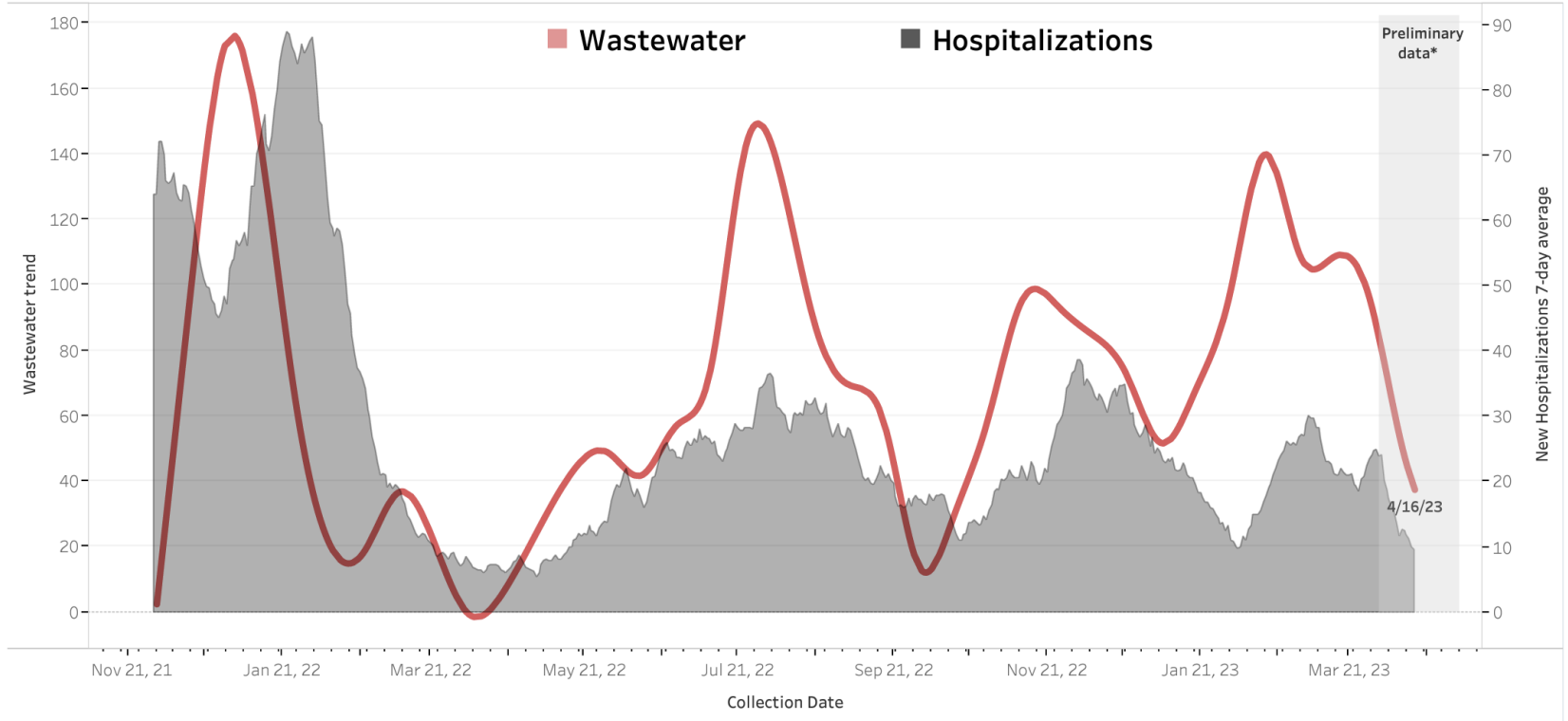


Nebraska COVID-19 Statistics

Nebraska SARS-CoV-2 Wastewater Surveillance Report

Nebraska Statewide SARS-CoV-2 Wastewater Levels and COVID-19 Hospitalizations

Updated 4/24/2023



Nebraska COVID-19 Statistics

Week	Weekly Cases*	Weekly Admits*	COVID-19 Hospitalizations	% COVID Hospitalizations
4/5/23	75.0	8.5	193	4.0
4/19/23	38.0	4.3	N/A	3.2
5/3/23	21.8	2.4	N/A	2.0

<https://covidactnow.org/us/nebraska-ne/?s=46443393>



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 **May 17th** on:
 - Didactic: Infection Prevention & Control: ***Implications of this ECHO for Infection Prevention & Control***
 - Case Discussion: ***Managing Staff Resistance to Change***



Poll Results



Phase 1 Final Evaluation Survey



<https://redcap.nebraskamed.com/surveys/?s=CKPRPWTLKMMWFAA8>



Thanks

