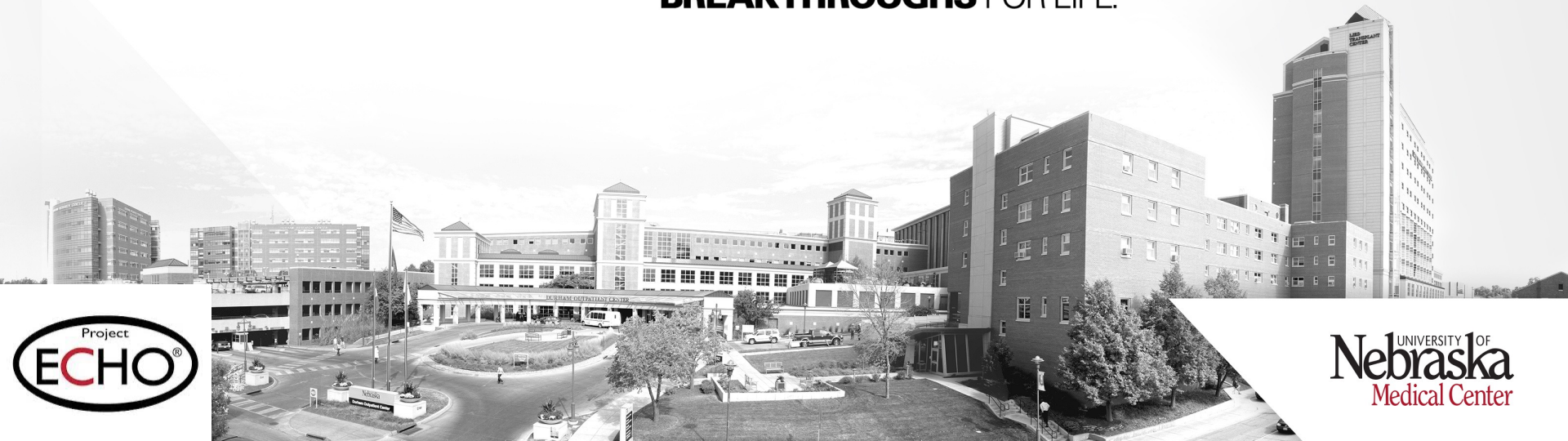
UNMC[SM]

BREAKTHROUGHS FOR LIFE.®



Project ECHO®

University of Nebraska Medical Center

Achieving Equitable Health Outcomes in Nebraska

An ECHO Project Funded by
Nebraska DHHS through a CDC grant

Session 4 – September 20, 2023

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.

https://www.unmc.edu/intmed/divisions/id/echo/health-equity/index.html

Subject Matter Experts

Infectious Diseases Team

M. Salman Ashraf, MBBS
Erica Stohs, MD, MPH
Subhadra Mandadi, MD
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
Precious Davis, EdD
Samantha Jones, Program Manager
Dan Cramer, NP

UNMC ID Health Equity and Quality Improvement ECHO Project

Using Data to Understand Inequity

Free Live ECHO Project
September 20, 2023
CID 58925

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:

1. Describe the role that data play in understanding health disparities and the impact of changes on health equity.
2. Explain how this knowledge has been applied to improve our understanding of health disparities related to long COVID-19/post-COVID conditions.
3. Apply this knowledge to clarify the impact of health disparities in the context of a case example.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

In order to receive continuing education credit, you must:

1. Attend the live activity via Zoom,
2. Your attendance will be verified by the organizers.
3. Within 1-2 business days, you will receive an email from UNMC with a link to claim credit
   - Complete the online evaluation.
   - Save and print your certificate.

You have 20 days to claim credit for this activity. You will need to complete the evaluation and attest the time you spent participating in the activity. Your certificate will be saved in your UNMC MyCCE account under Certificates & Transcripts.

Questions regarding continuing education, please contact Valeta Creason-Wahl at vcreason@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 1.0 *AMA PRA Category 1 Credit*™. 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 1.0 ANCC contact hour. 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 1.0 general continuing education credit. **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 1.0 CE contact hour.
Activity code: I00056267 Approval Number: 230002717
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
Michelle Floris-Moore, MD, MS
Advisory Board: ViiV Healthcare

The below faculty have nothing to disclose:

- Nada Fadul, MD*

*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:

- Daniel Cramer, MSN, RN, APRN-C, FNP*
- Valeta Creason-Wahl, HMCC
- Precious Davis, EdD, MSN, BSN, RN
- Samantha Jones, CSW
- Mahelet Kebede, MPH
- Heidi Keeler, PhD, MSN/MBA, RN
- Renee Paulin, MSN, RN, CWOCN
- Brenda Ram, CMP, CHCP
- Jonathan Ryder, MD
- Jeff Wetherhold, M. Ed

UNMC | CENTER FOR CONTINUING EDUCATION

www.unmc.edu/cce

Using Data to Understand Inequity in Long COVID

Michelle Floris-Moore, MD, MS, FIDSA
Associate Professor of Medicine
University of North Carolina School of Medicine

Nada Fadul, MD
Professor of Medicine,
University of Nebraska College of Medicine

Objectives

1. Describe the role that data play in understanding health disparities and the impact of changes on health equity.

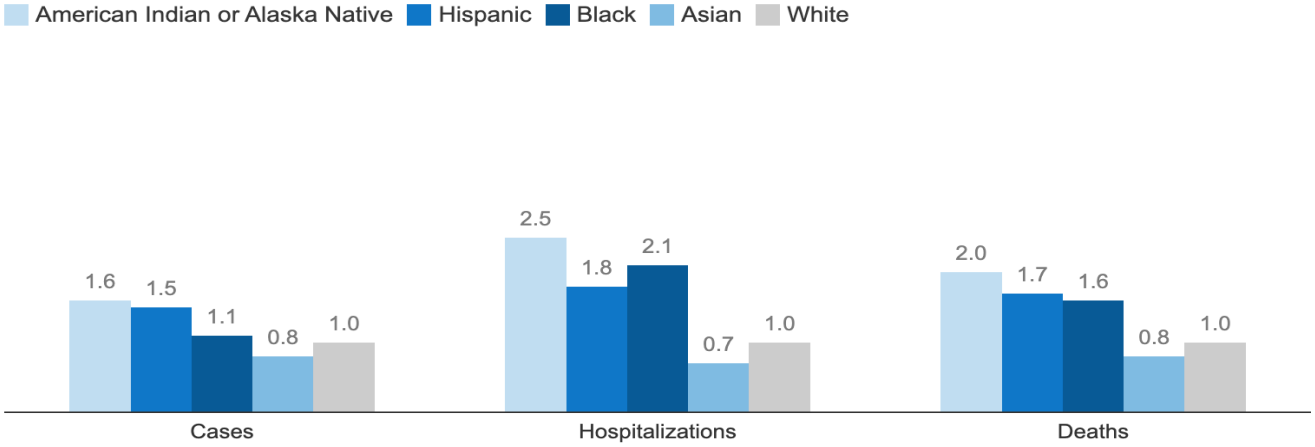
2. Explain how this knowledge has been applied to improve our understanding of health disparities related to long COVID-19/post-COVID conditions.

3. Apply this knowledge to clarify the impact of health disparities in the context of a case example.

Disparities in Acute COVID-19

Figure 2

Cumulative Age-Adjusted Risk of COVID-19 Infection, Hospitalization, and Death, Compared to White People in the United States



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic; data for Native Hawaiian or Other Pacific Islander (NHOPI) people are not reported.

SOURCE: CDC, Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity, https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html. Data as of December 28, 2022, accessed February 28, 2023. • PNG

KFF

COVID-19 Cases, Deaths, and Vaccinations by Race/Ethnicity as of Winter 2022. Latoya Hill, Samantha Artiga, Nambi Ndugga. Published: Mar 07, 2023; Accessed Sep 06, 2023

Occupational Risk and Severity of COVID

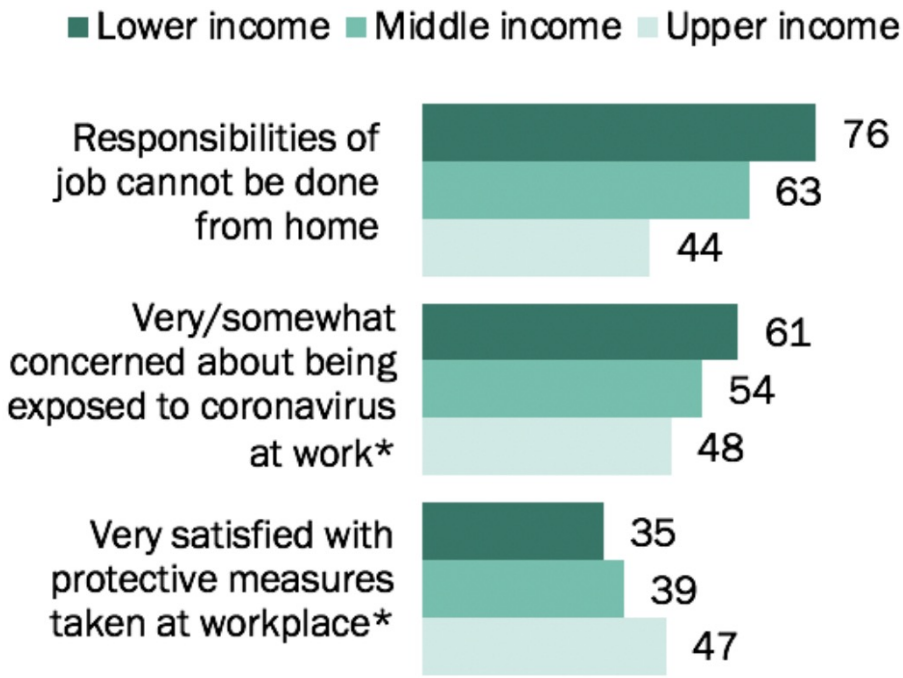
Demographics of people employed in occupations with increased risk for SARS-CoV-2 infection overlap with those at high risk for severe COVID. **In a study using pooled National Health Interview Survey data on HCW who have direct patient contact:** [1]

38.6% were at high risk of severe COVID due to known risk factors (age≥65, BMI ≥40, comorbidities). Of those:		
28.3% had ≥2 high-risk comorbidities	74.9% were women	17.8% were African American and 9.9% were Latino

Among HHAs, Medical Assistants, and workers in support roles who were at high risk of severe COVID:			
25.8% were African American and 15.6% Latino	36.9% had family income <200% of the federal poverty line	17.5% could not afford Rx meds in the past 12 months	26.6% worried that food would run out in the past 30 days.

1. Gibson DM, Greene J. J Gen Intern Med 2020; 35(9):2804-06. DOI: 10.1007/s11606-020-05992-y

Lower income workers less likely to have option of teleworking, more likely to be concerned about COVID exposure



*Based on those who are not working at home all of the time and who have at least some in-person interaction with others at their job.

Source: Survey of U.S. adults conducted Oct. 13-19, 2020.
"How the Coronavirus Outbreak Has – and Hasn't – Changed the Way Americans Work"

PEW RESEARCH CENTER

Long COVID

Post-COVID Conditions (PCC)

Post-acute Sequelae of SARS CoV-2 Infection (PASC)

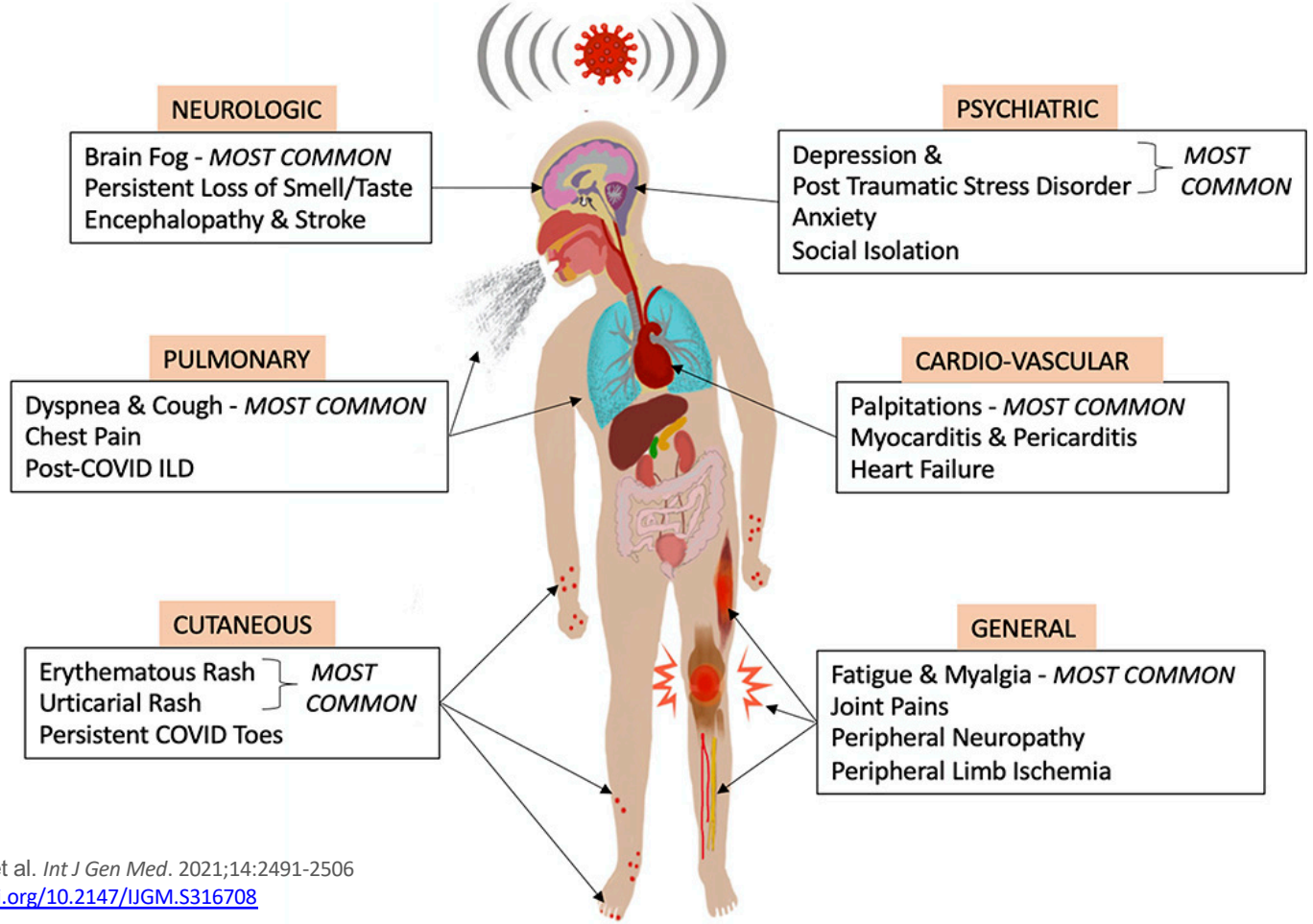
CDC:

Physical and mental health symptoms that persist or develop ≥4 weeks after initial SARS-CoV-2 infection. Includes new or recurring symptoms.

World Health Organization (WHO):

The continuation or development of new symptoms 3 months after the initial SARS-CoV-2 infection, with these symptoms lasting for at least 2 months with no other explanation.

Long-COVID-19 : Common Manifestations



Garg M, et al. *Int J Gen Med*. 2021;14:2491-2506
https://doi.org/10.2147/IJGM.S316708

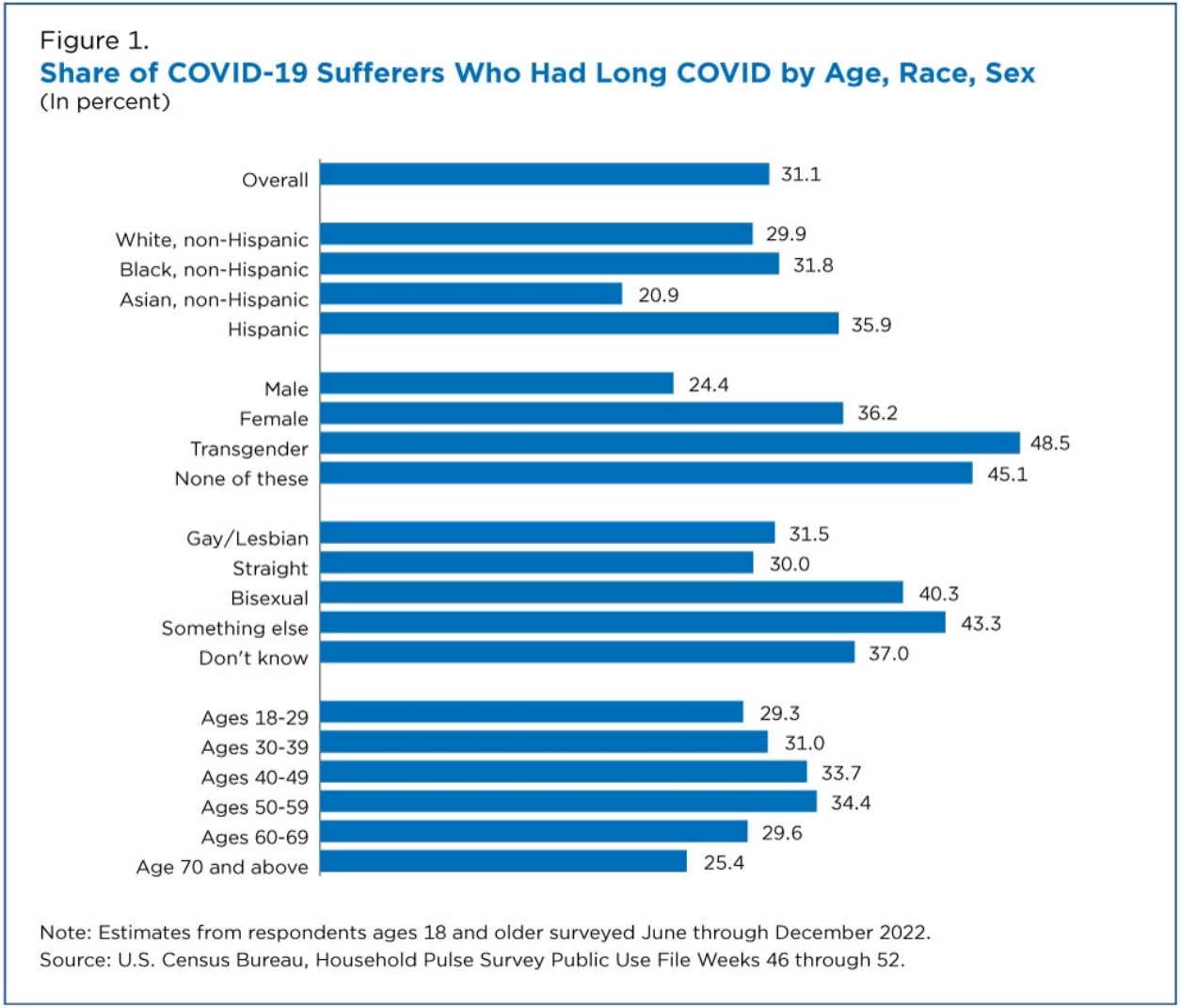
Risk Factors for Long COVID

- Female sex
- Underlying co-morbid conditions
- Not having received a COVID-19 vaccine
- Having had severe COVID

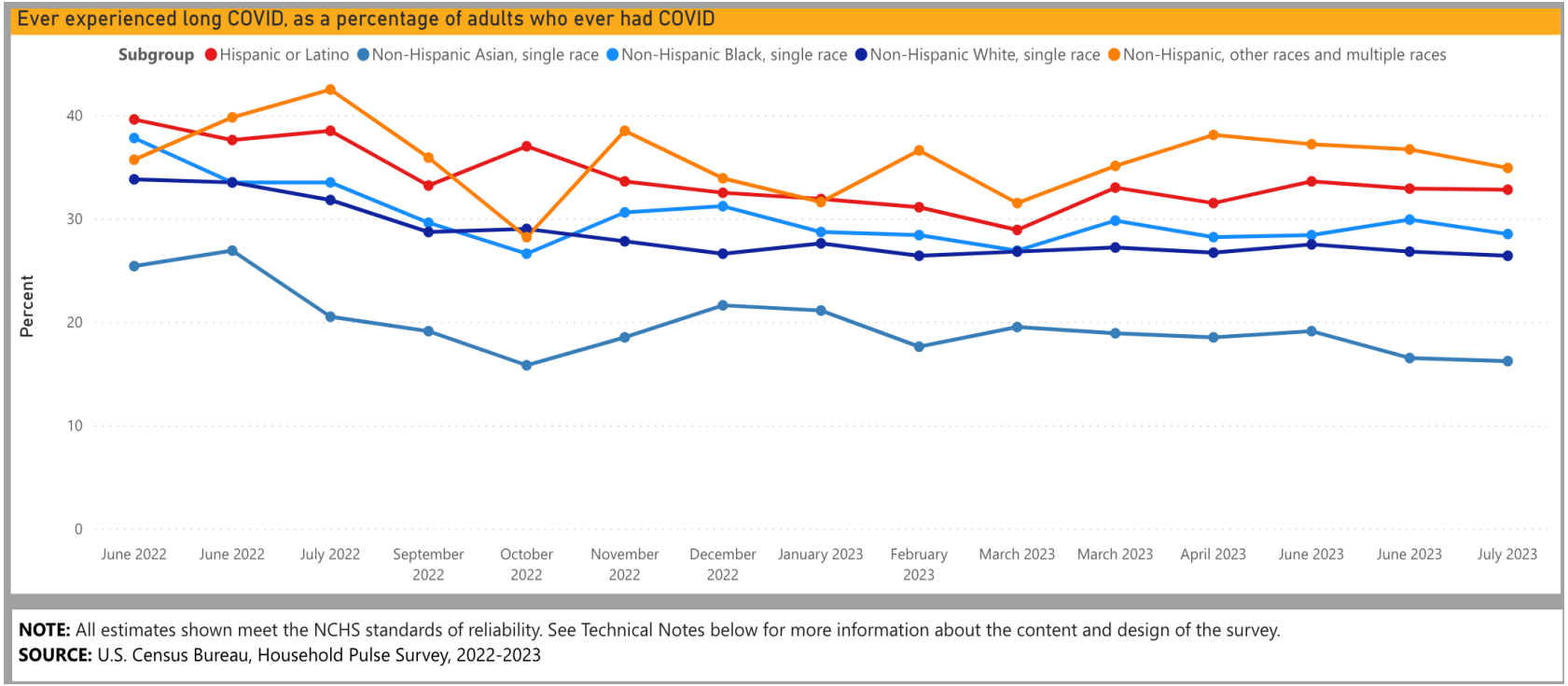
Those populations more likely to have had COVID and survived COVID are more likely to develop long COVID, but unmeasured bias is still a concern in identification of clear risk factors

Disparities in rates of Long COVID

United States Census Bureau (Brian Glassman, May 01, 2023). https://www.census.gov/library/stories/2023/05/long-COVID-19-symptoms-reported.html Accessed 06 Sept 2023



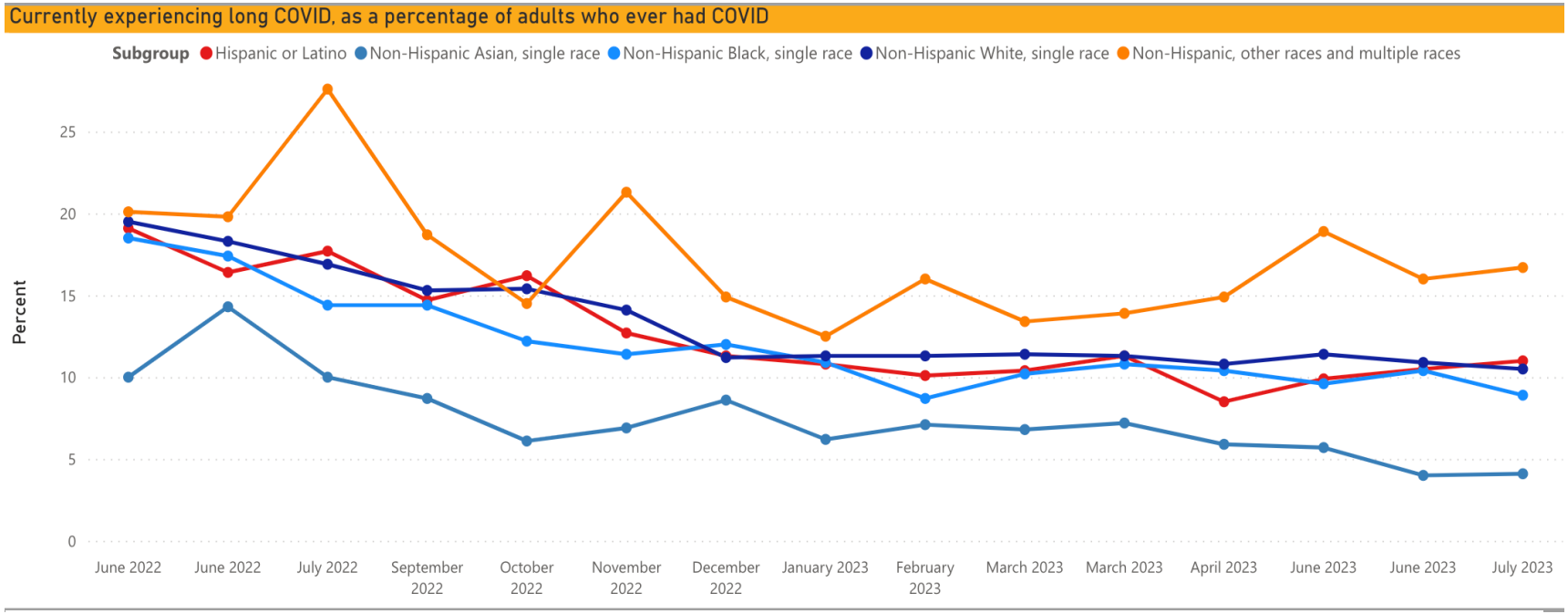
U.S. National Data: "Ever Experienced Long COVID"



NOTE: All estimates shown meet the NCHS standards of reliability. See Technical Notes below for more information about the content and design of the survey.
SOURCE: U.S. Census Bureau, Household Pulse Survey, 2022-2023

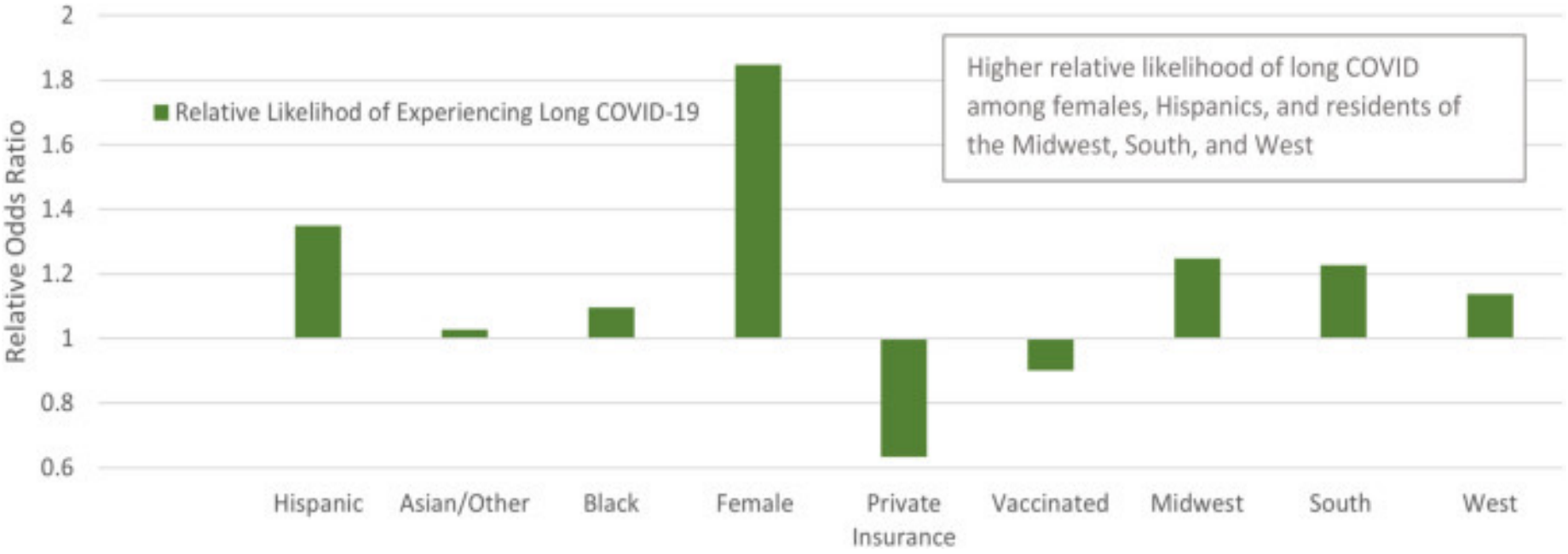
National Center for Health Statistics. U.S. Census Bureau, Household Pulse Survey, 2022–2023. Long COVID. Generated interactively: from https://www.cdc.gov/nchs/COVID19/pulse/long-COVID.htm (Accessed 06, September 2023

U.S. National Data: "Currently Experienced Long COVID"



National Center for Health Statistics. U.S. Census Bureau, Household Pulse Survey, 2022–2023. Long COVID. Generated interactively: from https://www.cdc.gov/nchs/COVID19/pulse/long-COVID.htm (Accessed 06, September 2023

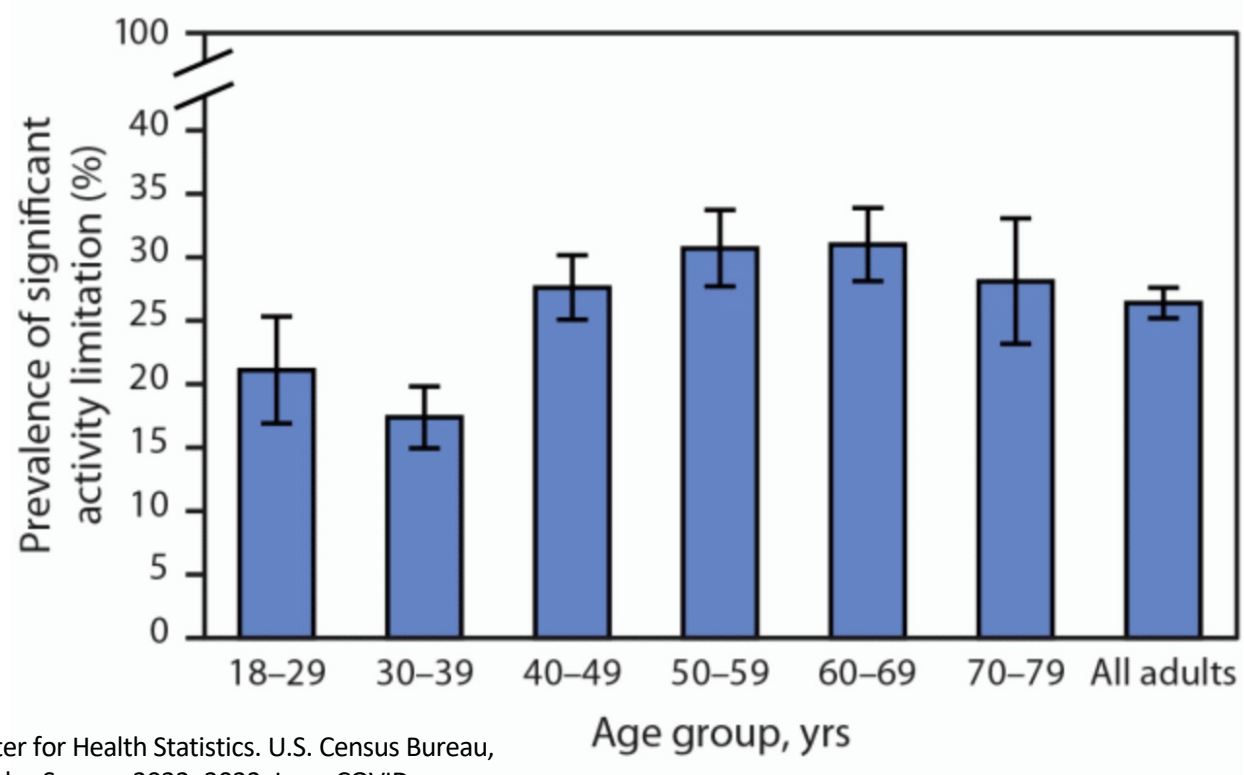
Differences in Relative Likelihood of Long COVID by Subgroup



Census Bureau's Household Pulse Survey data, June – October 2022. Multivariate analysis adjusting for age, race, ethnicity, sex, and vaccination status.

Jacobs MM et al. J Natl Med Assoc 2023;115(2): 233–243

Activity Limitation among Adults with Long COVID in the U.S. (June 7-19, 2023)



National Center for Health Statistics. U.S. Census Bureau, Household Pulse Survey, 2022–2023. Long COVID

Long COVID and SDOH

Structural Determinants

Socioeconomic and political contexts
- Geographic regions (Zip code)
- Political affiliation
- Health insurance type
- Culture and societal value

Socioeconomic position
- Age
- Gender
- Education
- Type of occupational
- Incomes
- Race/ethnicity

Intermediary Determinants

Material circumstances:
- Housing instability
- Food insecurity
- Transportation problems
- Utility help needs
- Interpersonal safety

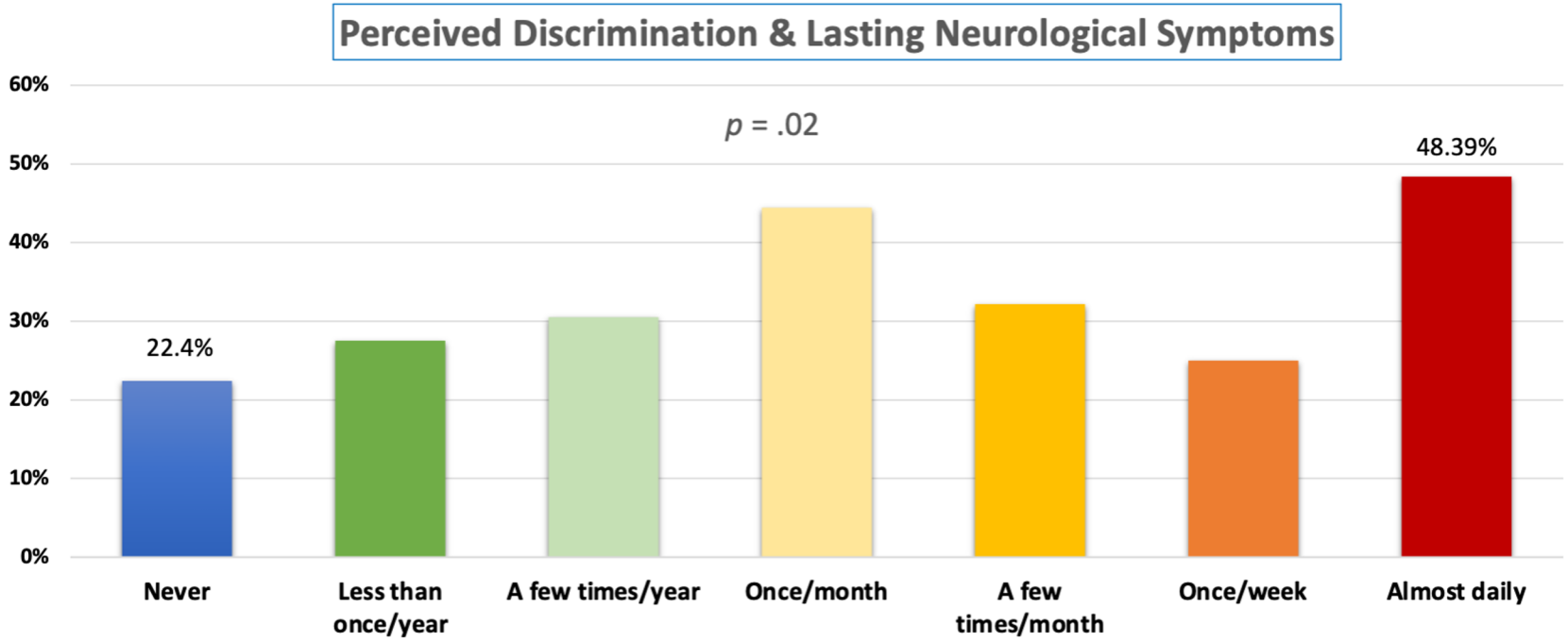
Behaviors and Biological Factors
- Genetics
- Co-morbidities
- Smoking and substance use
- Vaccination status
- Physical activity and nutrition status

Psychosocial factors:
- Distress
- Resilience
- Family and community support

Health Outcomes
- Time to resolution of symptom
- Health care utilization
- Quality of Life

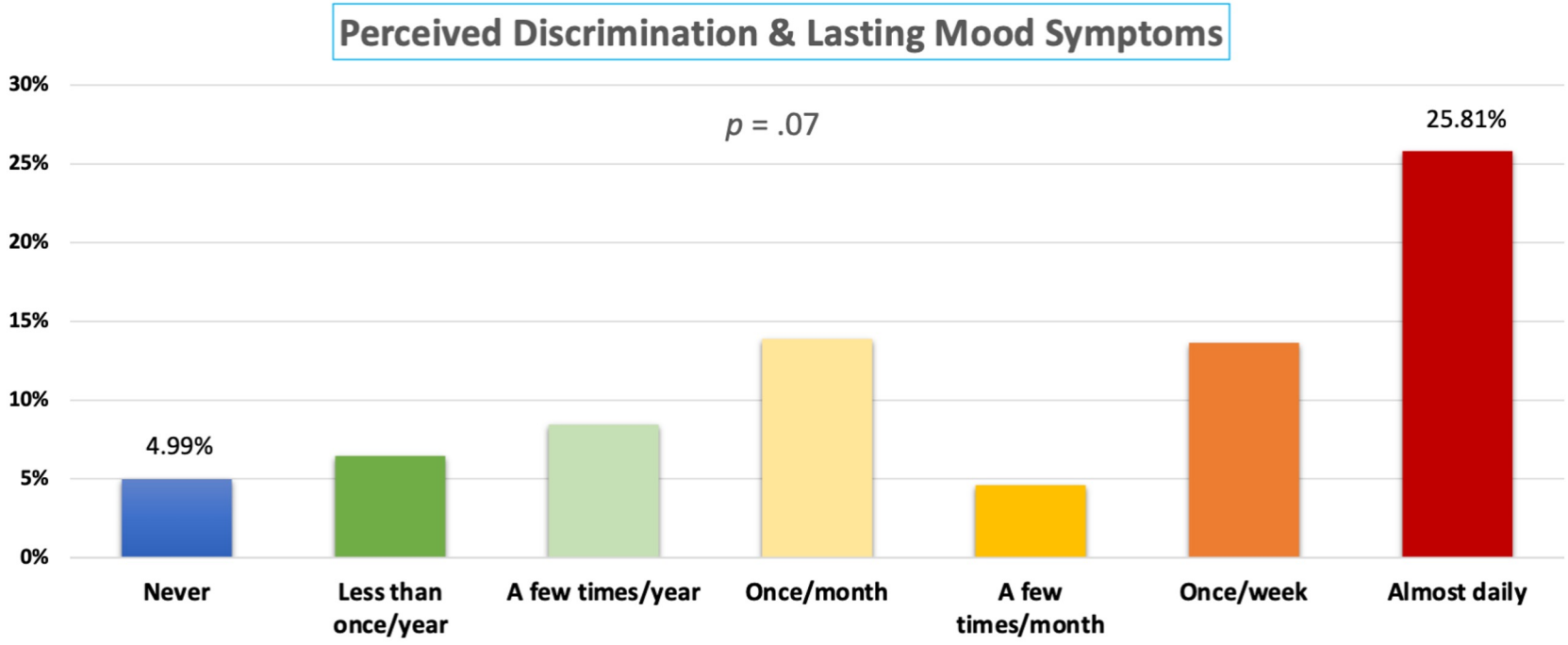
Lukkahatai, N et al.
Front Public Health 2023;11:1098443.

SDOH and Long COVID Symptoms



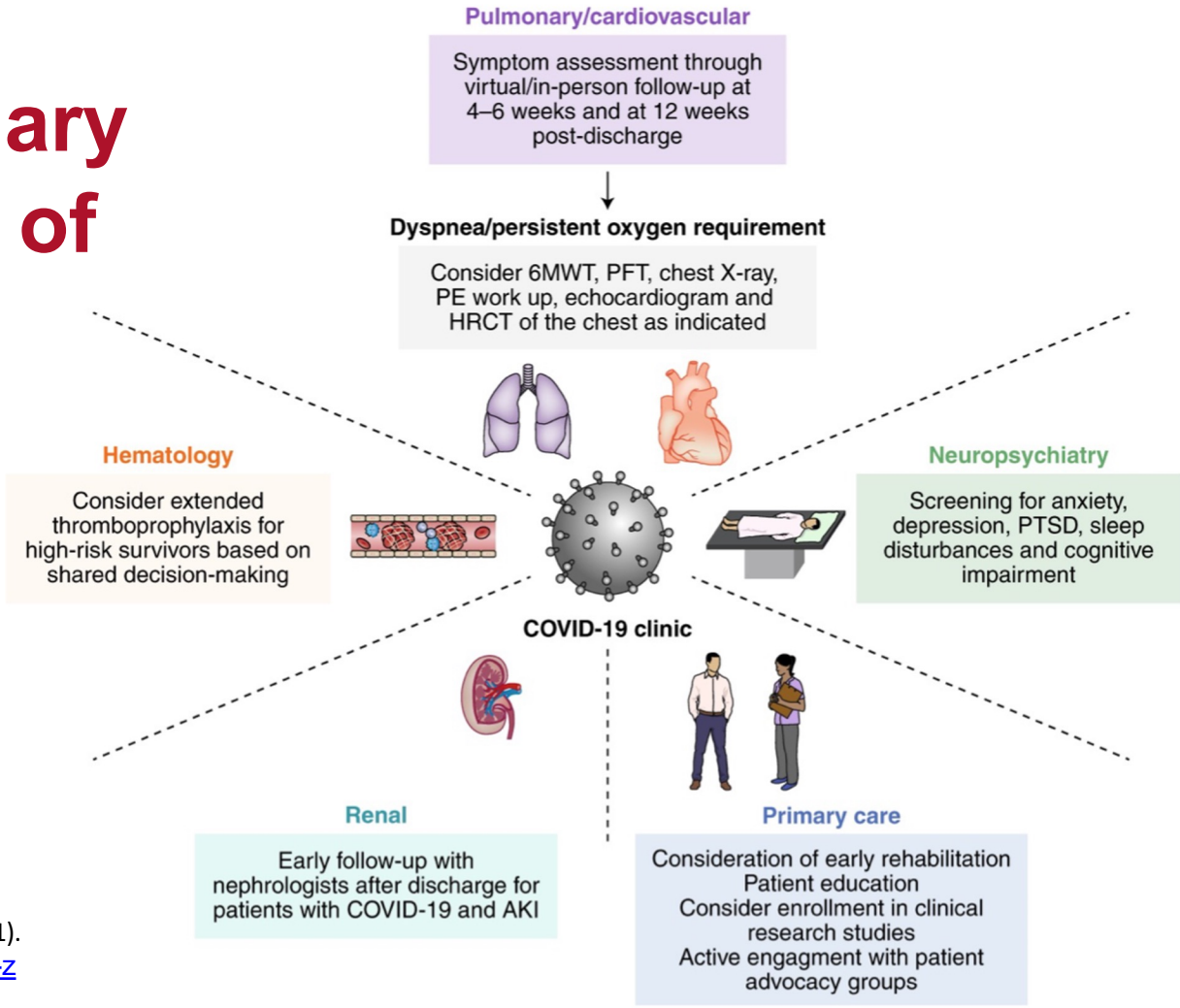
Thomason ME, et al. Translational Psychiatry (2022)12:284 DOI: https://doi.org/10.1038/s41398-022-02047-0

SDOH and Long COVID Symptoms



Thomason ME, et al. Translational Psychiatry (2022)12:284 DOI: https://doi.org/10.1038/s41398-022-02047-0

Interdisciplinary Management of Long COVID

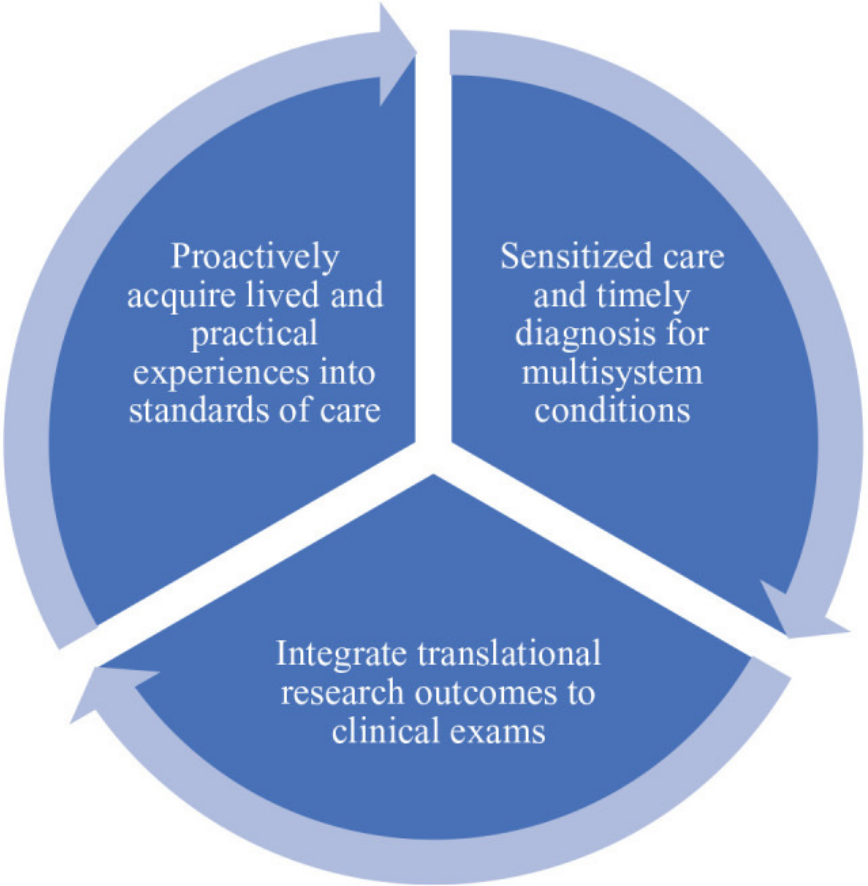


Nalbandian A, et al. Nat Med 27:601-615 (2021).
https://doi.org/10.1038/s41591-021-01283-z

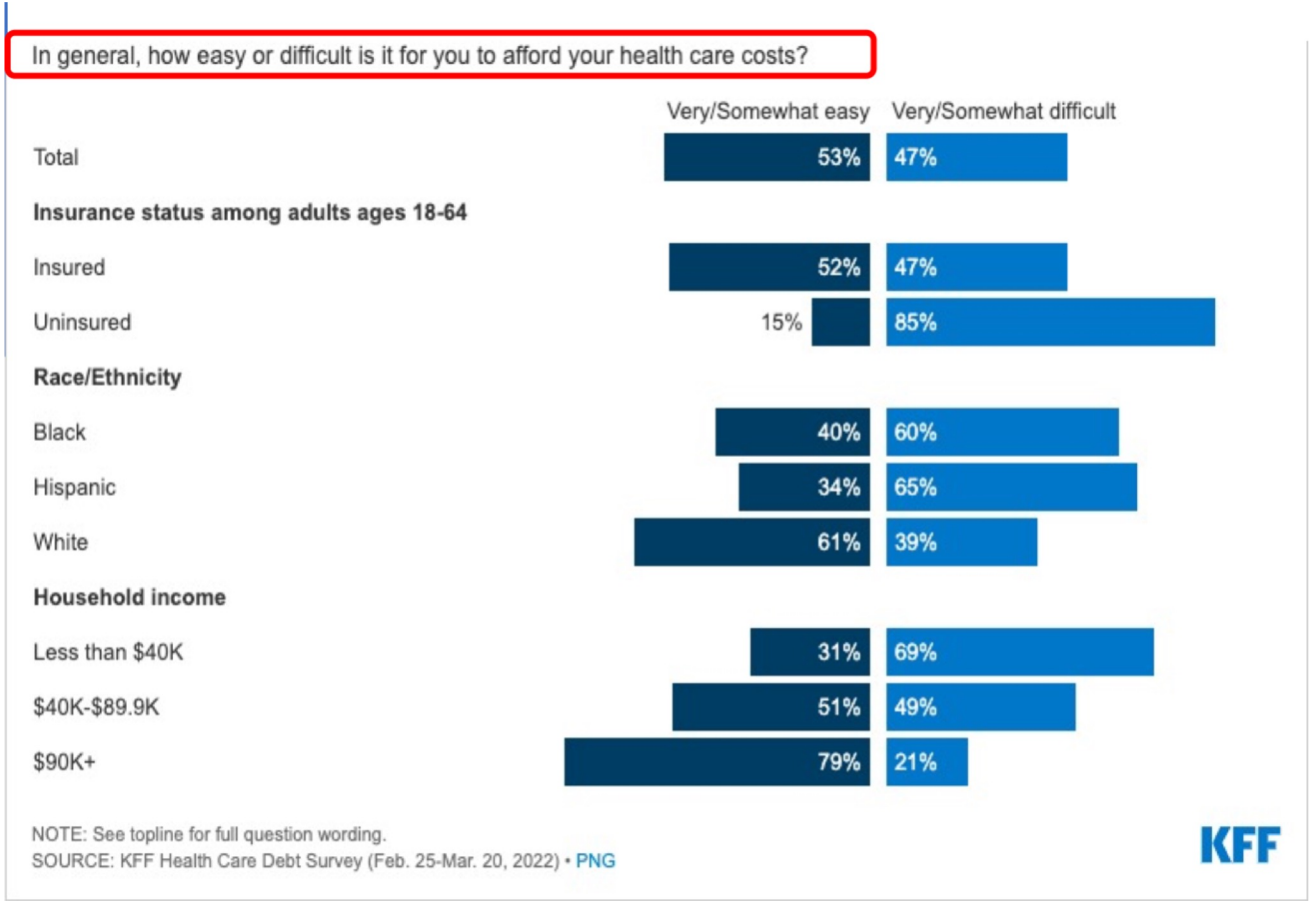
Pursuing Equity in Long COVID-19 Care

Some barriers that need to be addressed to improve access to Long COVID care:

- Insurance coverage
- Transportation
- Financial barriers
- Health literacy

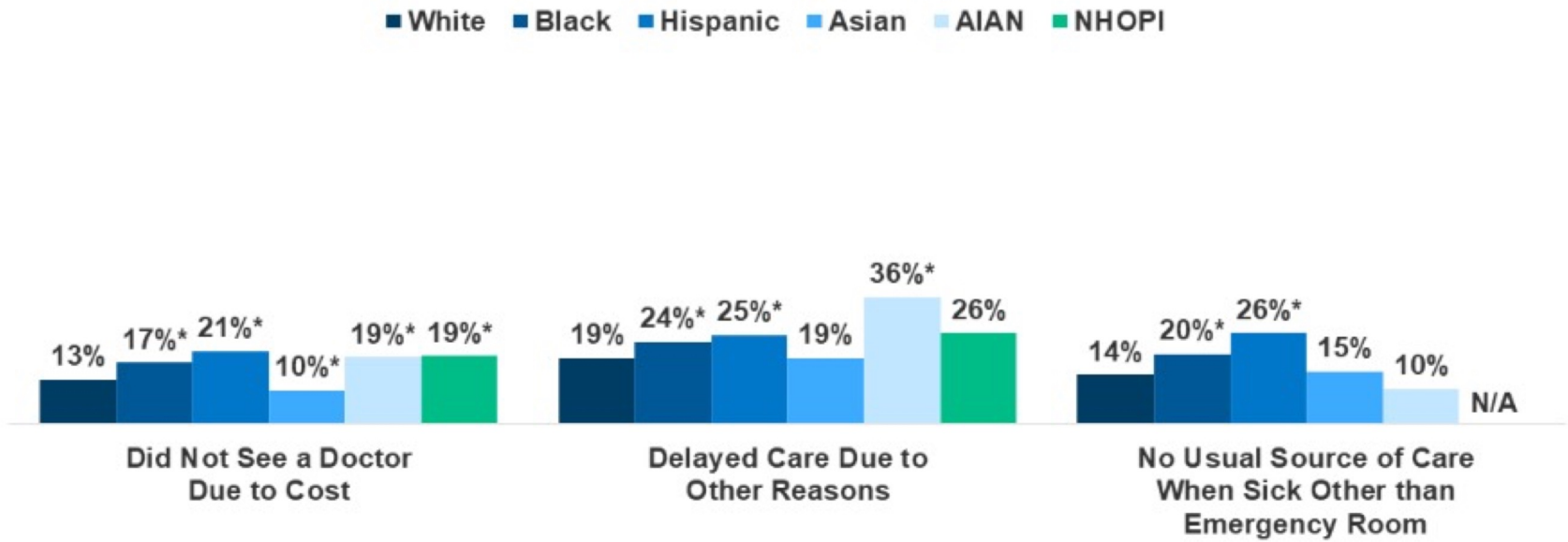


Challenges Accessing Health Care due to Cost



Americans' Challenges with Health Care Costs, (KFF, Jul 14, 2022) https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs/ Accessed 10/10/22.

Share of Nonelderly Adults Reporting Selected Barriers to Accessing Health Care by Race/Ethnicity, 2018



* Indicates statistically significant difference from the White population at the p<0.05 level.

NOTE: AIAN refers to American Indians and Alaska Natives. NHOPI refers to Native Hawaiians and Other Pacific Islanders. N/A: data cannot be separately identified. Persons of Hispanic origin may be of any race, but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Includes nonelderly adults 18-64 years of age.

SOURCE: KFF analysis of 2018 Behavioral Risk Factor Surveillance System and National Health Interview Survey data.

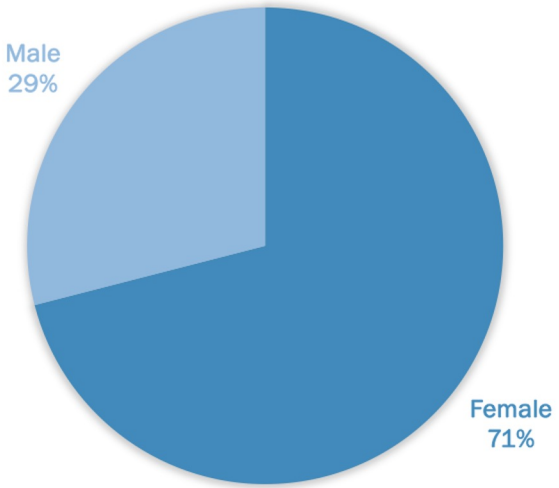
KFF
HENRY J KAISER FAMILY FOUNDATION

Communities of Color at Higher Risk for Health and Economic Challenges due to COVID-19 , (KFF, Apr 7, 2022) https://www.kff.org/coronavirus-covid-19/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/ Accessed 10/10/22.

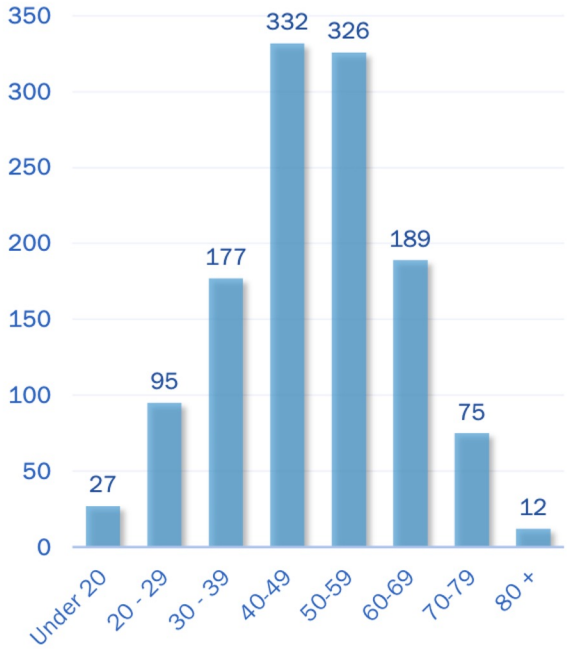
UNC COVID Recovery Clinic

UNC SCHOOL OF MEDICINE

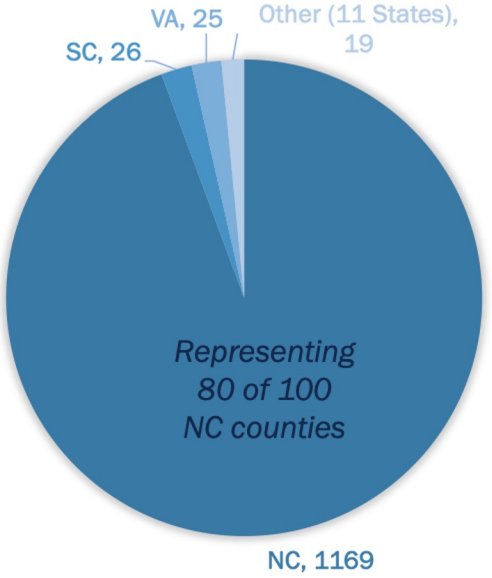
GENDER



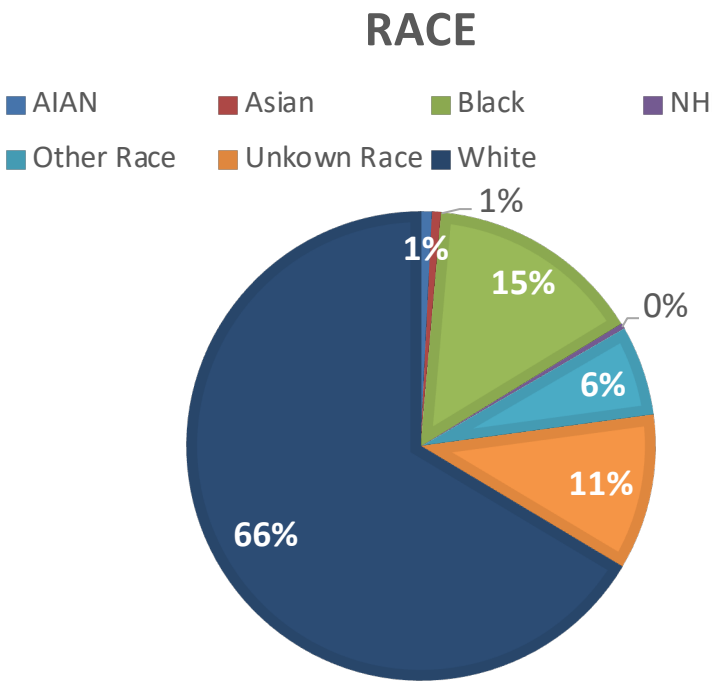
AGE (13 – 85)

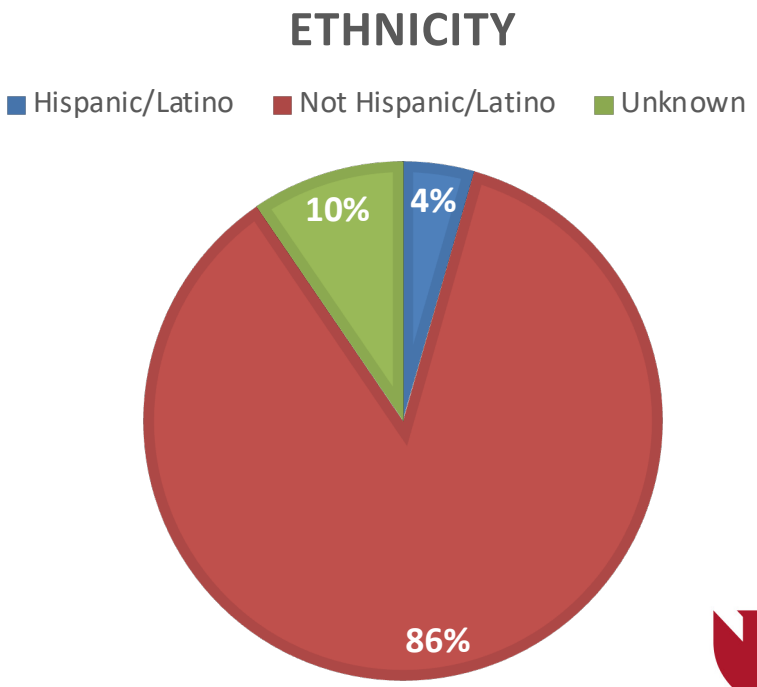


STATE OF RESIDENCE

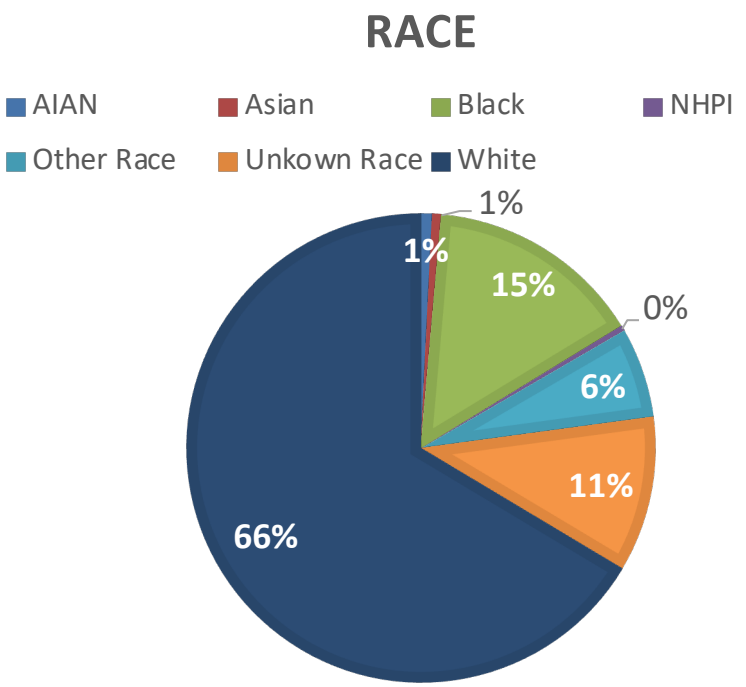


COVID Recovery Clinic: Race/Ethnicity



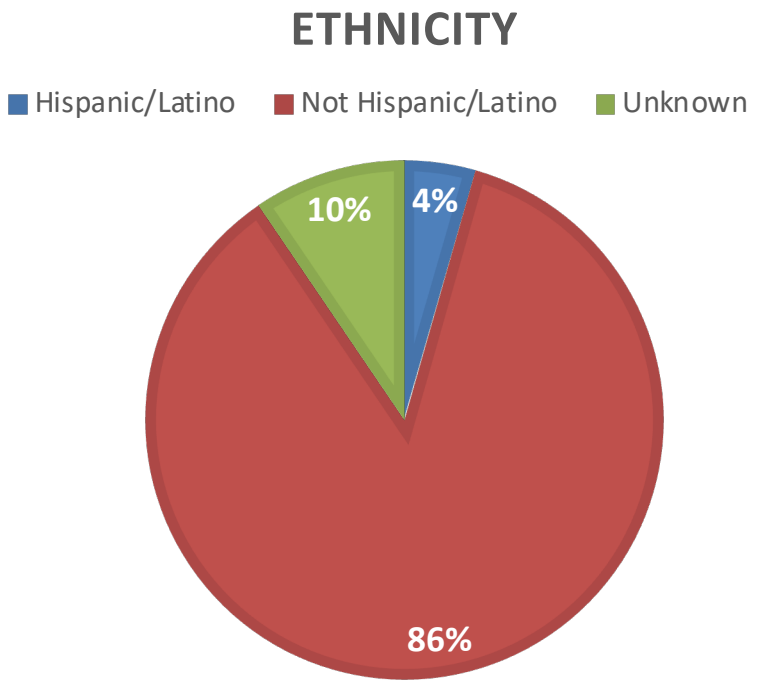


Race in Clinic Compared to COVID Cases in NC



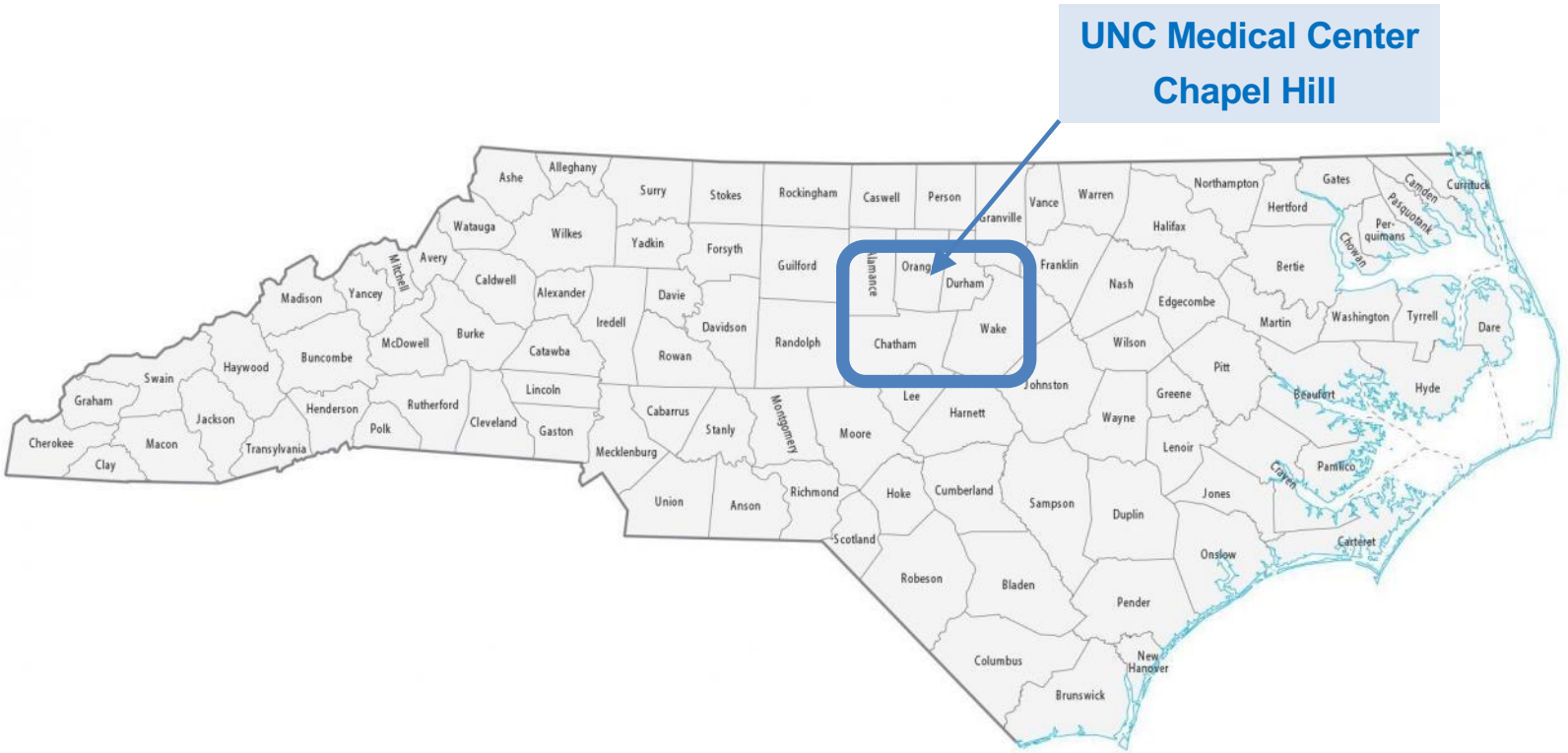
Race	% of COVID Cases in NC
AIAN	1%
Asian/Pacific Islander	3%
Black	25%
White	59%
Additional Races	12%

Ethnicity in Clinic Compared to COVID Cases in NC

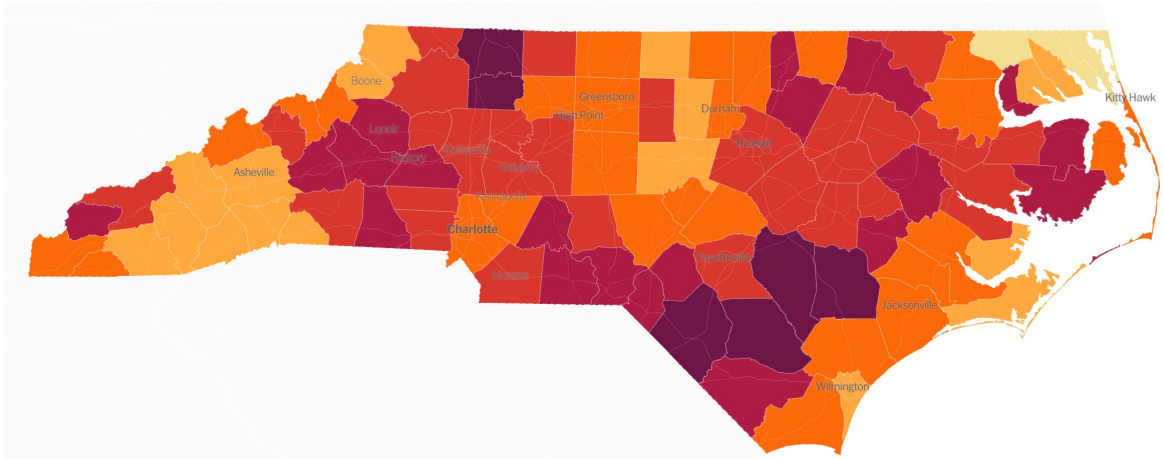


Ethnicity	% of COVID Cases in NC
Hispanic/Latino	9%
Not Hispanic/Latino	91%

North Carolina County Map



COVID-19 Prevalence in North Carolina



Poll Question

Poll Question

How useful have you found the one-pagers for our Project ECHO sessions to be?

- Not at all
- Slightly
- Moderately
- Extremely

Case Discussion

Project ECHO®

UNMC

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

Discussion

1. You are a provider in a Long COVID clinic in an urban setting. You notice a pattern that patients who list a language other than English as their preferred language are overrepresented among no-shows in your clinic.

What might your next steps be?

Discussion

2. You have heard from two providers in your clinic that transportation access is a commonly reported barrier to accessing care for Long COVID in your area.

What data might you collect to learn more?

NC Community Engaged Alliance (CEAL)

At a Glance

- Funded by NIH, the CEAL Alliance works to understand factors that contribute to health inequities in the nation especially the disproportionate burden of COVID-19 and Long COVID in underserved communities.
- Targeted communities: Black/African, Hispanic/Latinx, and American Indian/Native American communities
- **Goals:**
  1. Disseminate trustworthy and science-based COVID-19 information and resources.
  2. Train Community Leaders on evolving issues related to COVID-19 and sequelae; educate communities
  3. Rapidly Assess, Innovate, and Evaluate Efforts to Prevent and Reduce COVID-19 Burden
- Efforts are driven by a Community Response Team, Coalition, and an Equity in Access Task Force.

Slide courtesy of Dr. Anissa Vines, UNC Gillings School of Public Health, NC-CEAL PI.

Equity in Access Task Force

- The Task Force is focused on thinking critically about the local needs, existing resources, and how to best leverage CHWs to connect the community to local clinics and pharmacies.

- **Task force in action**
  - Conducting focus groups with providers on clinician and patient experiences with the COVID-19 pandemic and Long COVID.
  - Identifying ways to provide education and training opportunities for providers around emerging topics related to COVID-19.
  - Developing a treatment equity project.

Slide courtesy of Dr. Anissa Vines, UNC Gillings School of Public Health, NC-CEAL PI.

Wrap-up

Project ECHO®

UNMC

What can you do this month?

- Identify a data source that you can use to strengthen your health equity project, or
- Identify an area where you know that you need additional data sources.

Our Follow-up

You will receive:

- Today's presentation
- A one-pager with key-takeaways
- Relevant supporting resources
- Next session's agenda and information
- Links to priority session recordings from Phase 1

Session 5: October 18

Conducting an Equity-focused Needs Assessment

1. Explain how a needs assessment informs the scope of a Quality Improvement project
2. Apply definitions of reliable practice to health equity improvements
3. Describe how system-level factors contribute to unreliability and inequity in case examples

Thank you!

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