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UNIVERSITY OF
Nebraska
Medical Center

Achieving Equitable Health Outcomes in Nebraska

An ECHO Project Funded by
Nebraska DHHS through a CDC grant

Session 7 – December 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.



Subject Matter Experts

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Quality Improvement Team

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UNMC ID Health Equity and Quality Improvement ECHO Project

Patient and Community Engagement in Health Equity

Free Live ECHO Project
December 20, 2023
CID: 59002

UNIVERSITY OF
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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:

- Summarize strategies for engaging patients in health equity priorities
- Incorporate patient feedback to create more equitable changes
- Examine how to apply Quality Improvement (QI) tools to the evaluation of change ideas

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: I00057405 Approval Number: 230003853

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



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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.

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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:

The below faculty have nothing to disclose:

Michele Bever, PhD, MPH

Precious Davis, EdD, MSN, BSN, RN*

Shirley Delair, MD, MPH

Gale Etherton, MD, FACP

Janis Johnson, BSN, RN

Mahliqha Qasimyar, MD

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:

- Daniel Cramer, MSN, RN, APRN-C, FNP
- Valeta Creason-Wahl, HMCC
- Nada Fadul, MD
- Samantha Jones, CSW
- Mahelet Kebede, MPH
- Heidi Keeler, PhD, MSN/MBA, RN
- Renee Paulin, MSN, RN, CWOCN
- Brenda Ram, CMP, CHCP
- Jonathan Ryder, MD





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Follow-up from last session

- Identify an example of change resistance in your organization that is not likely to be addressed by didactic training.
- Make a plan for how you can engage this resistance differently using content from today's session.

Patient and Community Engagement in Health Equity

Presenters: Shirley F. Delair, MD, MPH; and Precious Davis, EdD, MSN, RN



Objectives

1. Summarize strategies for engaging patients in health equity priorities
2. Incorporate patient feedback to create more equitable changes
3. Examine how to apply Quality Improvement (QI) tools to the evaluation of change ideas



Definitions

- **Patient engagement** is both process and behavior and is shaped by the relationship between the patient and provider and the environment in which healthcare delivery takes place.
- **Community engagement** is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people.

<https://www.sciencedirect.com/science/article/abs/pii/S0738399116304098?via%3Dihub>

https://www.atsdr.cdc.gov/communityengagement/pce_what.html



Patient vs. Community Engagement

Patient

- Health care facilities
- Activities at the individual-level
- Typically when there's an acute issue or following treatment/care
- ex: satisfaction surveys

Community

- Health care facilities *and* health departments
- Activities at the community-level
- Typically a preventative focus
- ex: community advisory board

patient



Community Engagement Continuum

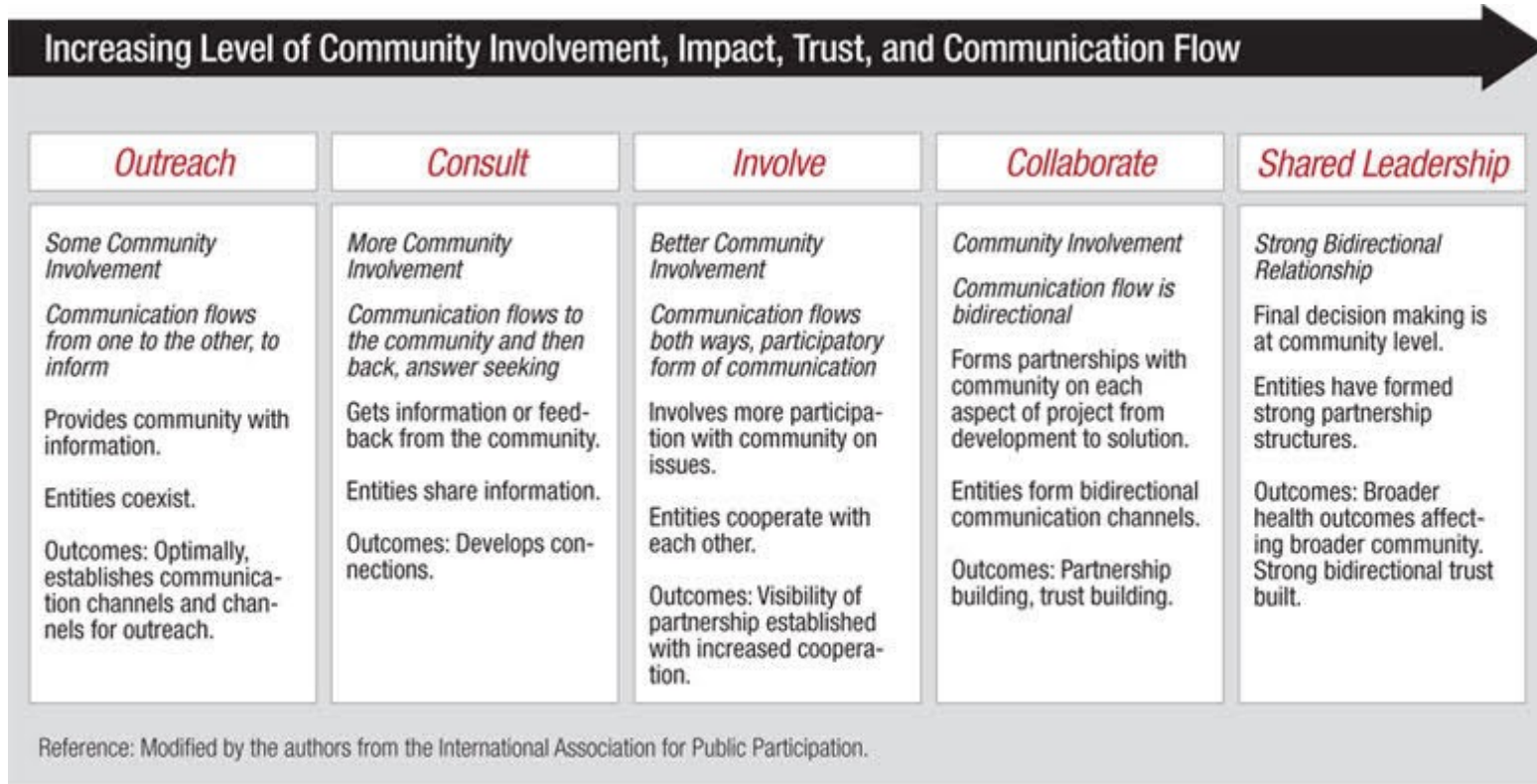


Figure 1.1. Community Engagement Continuum



Participant Presentation

Guest Presenters: Dr. Michele Bever, PhD, MPH; and Janis Johnson, BSN, RN



Quality Improvement Project

Goal: Assess Spanish-speaking population's access to information, resources and needs during the COVID-19 pandemic response to determine areas/plans to improve going forward.

- Interviews with 8 partners that worked with this population during the COVID pandemic (October 2022)
- Summary of themes from those 8 interviews.
- Same interview survey for the Minority Health Advisory Committee for input as well (May 2023).
- Summary from both partners and the group will be shared at the Minority Health Advisory Committee meeting.



Partner Interviews

Thinking back to March 2020, when COVID first arrived in our communities, and the many months since that time, we want to know more about whether, how, and where you (or the populations you serve) received information about COVID.

- Strengths of outreach
- Challenges with outreach
- Sources of information for health emergency situations
- Preferred sources of information for health emergency situations
- Barriers to connecting to SHDHD
- Areas for improvement
- Likelihood of recommending SHDHD as a trusted source (0-10)



Process

Minority Assessment Outreach Planning, October 2021:

Goal: Give as many people as possible the opportunity to tell us what they think about the health issues that matter most to them and what keeps them from getting the care they need.

Why? We want our community to do a better job serving ALL of our residents!

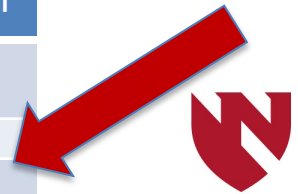


Process

Assessment Methods:

- “Listening Sessions” - One session in each county, 12-17 people at each session
- Survey Tool in English/Spanish, takes about 6-8 minutes to complete
 - Electronic (online) or paper
 - On your own or in-person for language/literacy assistance with paper or on-line version

Goal	Adams	Clay	Nuckolls	Webster	SHDHD Total
Total Hispanic Population*	3,659	523	118	148	4,448
10%	366	52	12	15	445
5%	183	26	6	7	222



Process

Assessment Outreach Planning Timeline:



We asked... **What do we need to do to meet our goal?**



Process

Assessment Outreach Planning:

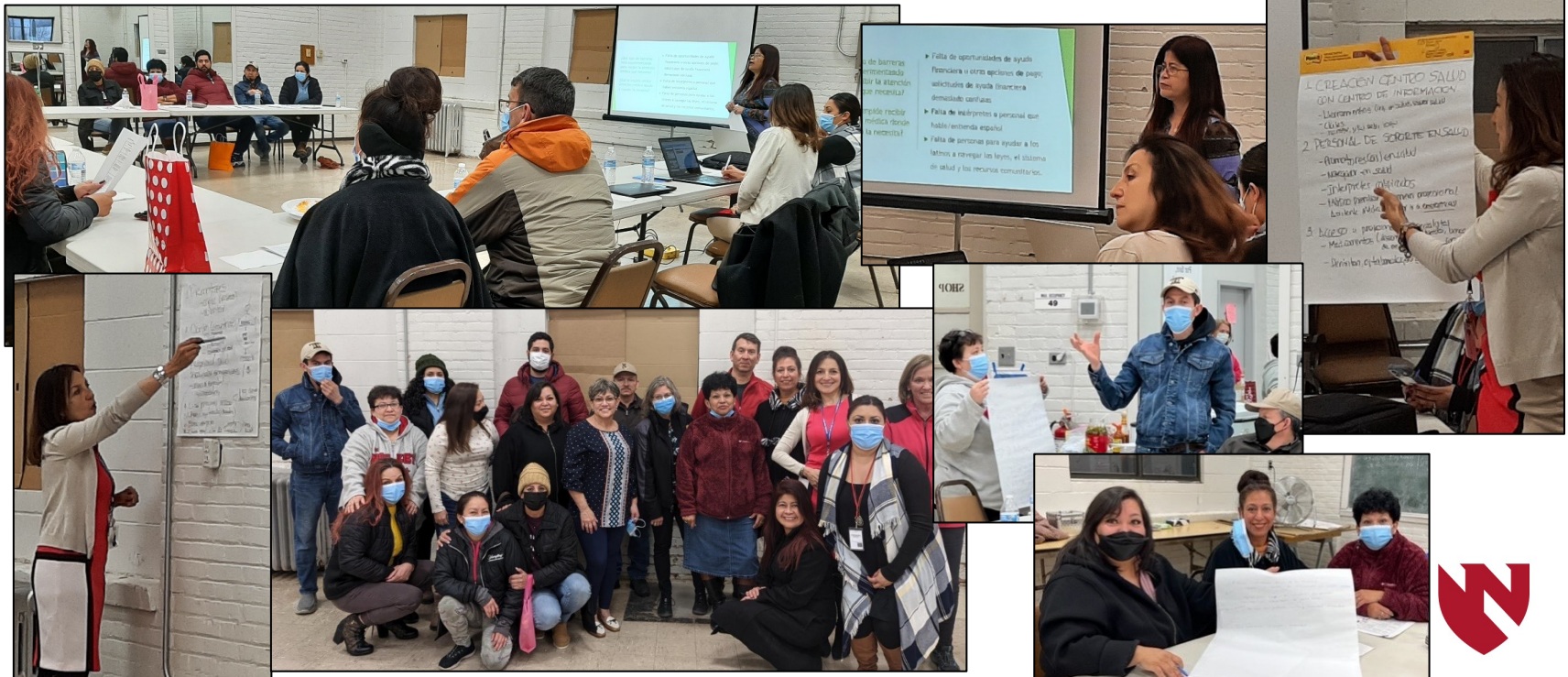
We asked...

1. What are the best ways to encourage people to take the assessment survey?
2. Which methods (on-line, tablet, paper, individual assistance) would work best in which locations?
3. Who are the best people to serve as promoters of the survey in each county?
4. What might people need to know (what information can we give people) that will help them be interested in completing the survey?
 - a. What do you think of the flyer – is it useful? How can it be improved?
5. How do we invite people to the listening sessions? (How do we decide who to invite?)
6. What days of the week/times of day/locations would be best for a listening session in each county?
7. Would you like to participate in the next step? Would you like to be contacted?



Process

Minority Health Data Review and Priority-Setting Meeting, February 25, 2022



Process

Minority Health Planning, June 29, 2022



Process

Minority Health Access to Care Advisory Committee – 1st Meeting, September 2022

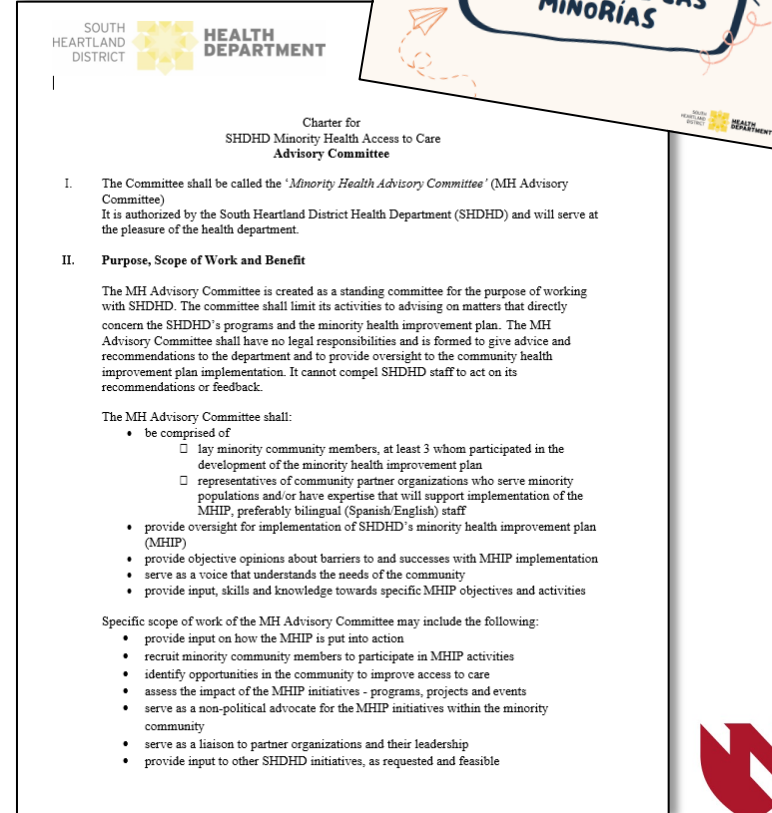


Process

Charter for the SHDHD Minority Health Advisory Committee:

- Purpose, Scope of Work and Benefit
- Limitations
- Membership
- Organizational Structure
- Procedural Rules

Member Agreement / Commitment Form



Impact

Bi-monthly educational sessions, planned by MHAC and involving community organizations



Minority Health Garden Night educational event in April, 2023

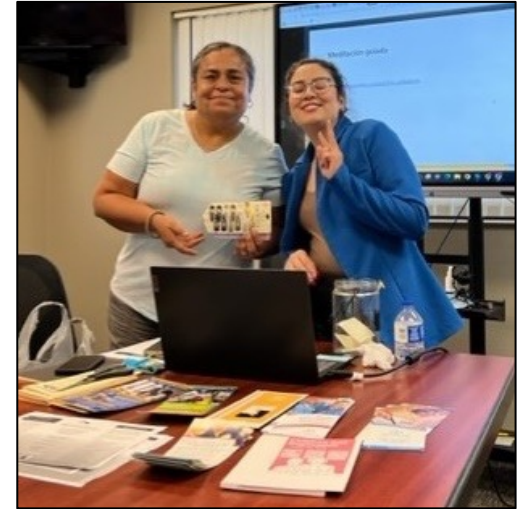
Partner/Presenter: Hastings Middle School 7th Grade Science Teacher



Impact

Benefits we've seen from working with our MHAC:

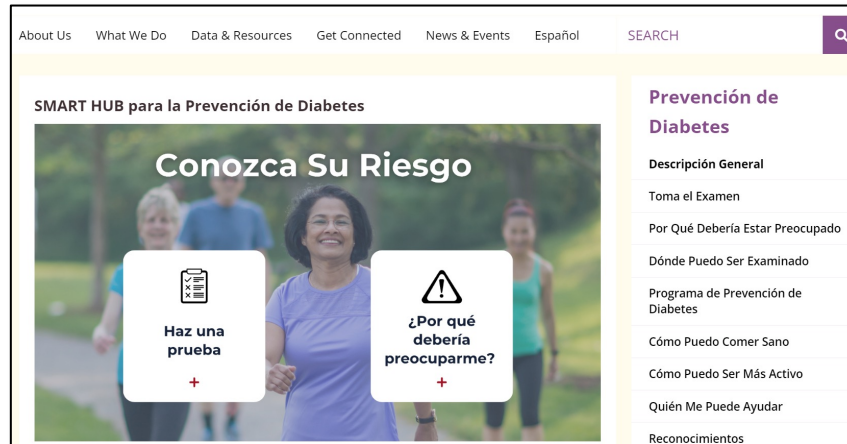
- **Connection to Minority Community:** Our outreach was perceived as a best first step for connecting the community!
- **Community Engagement:** Organized planning and regular outreach/education events
- **Enhanced Community Partner Collaborations** for minority outreach (enhanced ability to meet needs)
- **Trust-Building:** Community identifies SHDHD as a trusted source of information



Impact

Benefits we've seen from working with our MHAC:

- **Improved Communications / Improved Readiness** for community emergencies
- **Experience:** Building on what we've learned to create outreach to other minority populations
- **Spanish “Information Hub”** on our website: resources, social media and videos in Spanish



Quality Improvement

Working with the MH Advisory Committee has changed the scope of our improvement work:

- Enabled SH to consider a **broader view of “communication partnerships”**
- Expanded **focus on *Inclusion of Community*** in processes
- Facilitated **community input** on various survey tools, survey results, next steps, etc.



Continuum

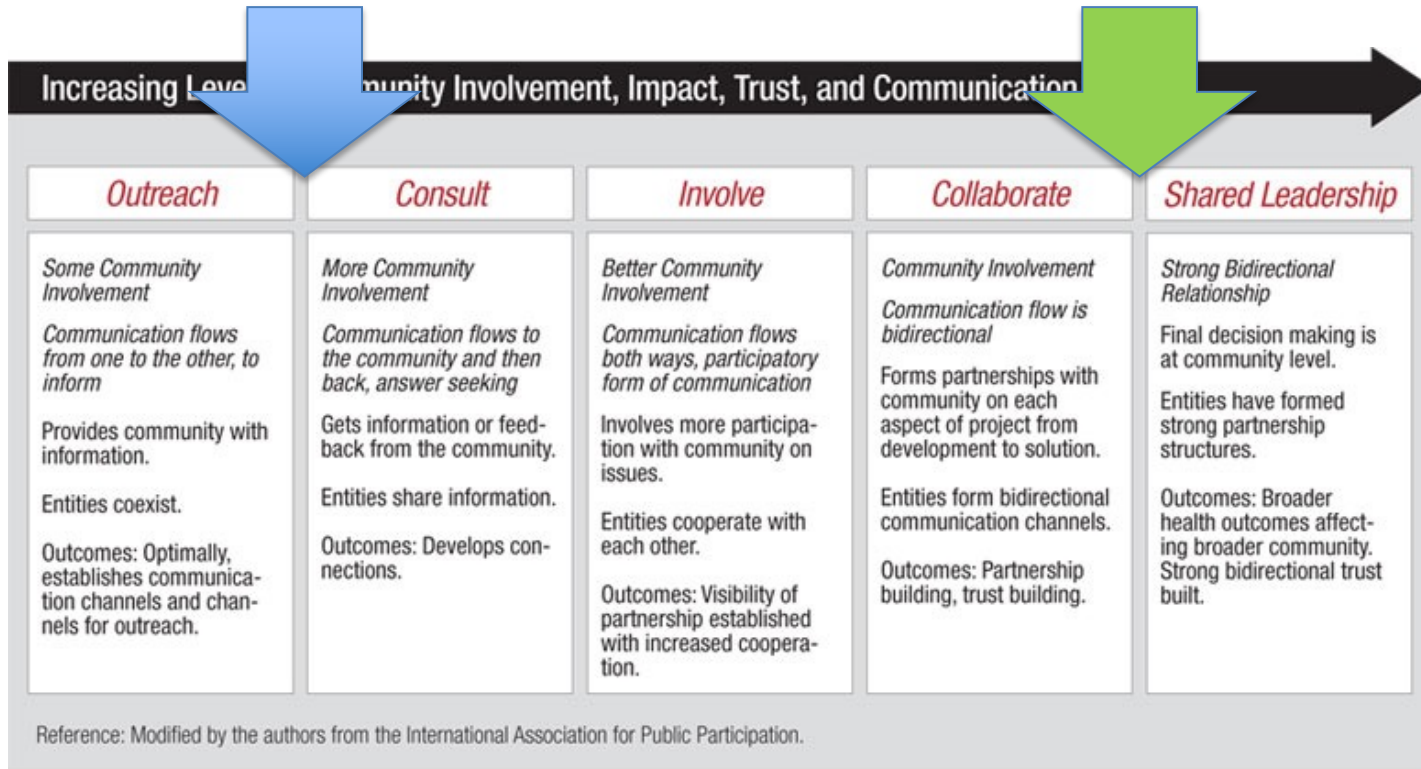


Figure 1.1. Community Engagement Continuum



Case Discussion

Presenters: Gale Etherton, MD, FACP; Mahliqha Qasimyar, MD; and Jeff Wetherhold, M.Ed.



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. What methods does your organization use to improve outreach to underserved communities?



Discussion

2. What tools or tactics have been (or might be) helpful in this outreach?

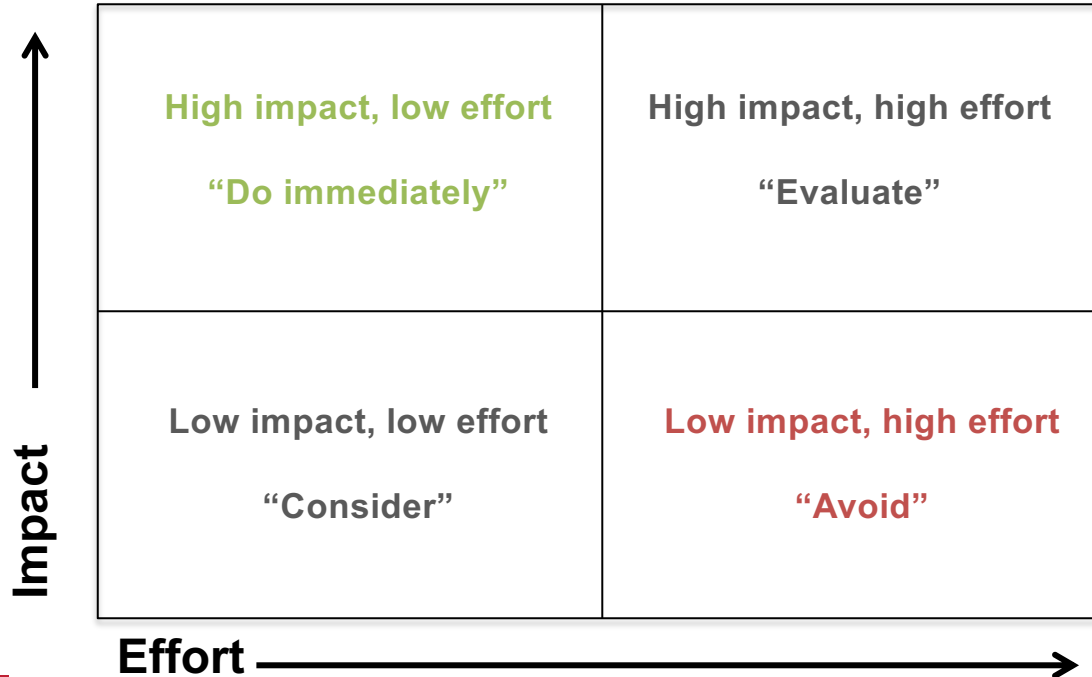


Hierarchy of Actions

Stronger Actions	<ul style="list-style-type: none">• Architectural/physical plant changes• New devices with usability testing before purchasing• Engineering control or interlock (forcing functions)• Simplify the process & remove unnecessary steps• Standardize equipment or process• Tangible involvement & action by leadership in support of patient safety
Intermediate Actions	<ul style="list-style-type: none">• Redundancy• Increase in staffing/decrease in workload• Software enhancements/modifications• Eliminate/reduce distractions• Checklist/cognitive aid• Eliminate look and sound-alikes• Readback/repeat back• Enhanced documentation/communication
Weaker Actions	<ul style="list-style-type: none">• Double checks• Warnings & labels• New procedure/policy/memorandum• (Re)training• Additional study/analysis



Impact Effort Matrix



Framework for Addressing Change Resistance

Change Resistance Framework

1. Value
2. Capability
3. Support

A person needs to be aware of the **value** of change, **capable** of implementation, and feel **supported** in operationalizing it in order to be ready to make a change.

Source: [Phase 2, Session 6](#) (November 2023)



Systems Communication Plan

	Audience 1	Audience 2	Audience 3
Who do you need to communicate with?			
How will you reach them?			
What will they be most worried about?			
What do you need them to understand?			
What do you need them to do next?			
How can they communicate back with you?			



Wrap-up



What can you do this month?

- Where is your organization on the continuum?
- What made you choose that stage?

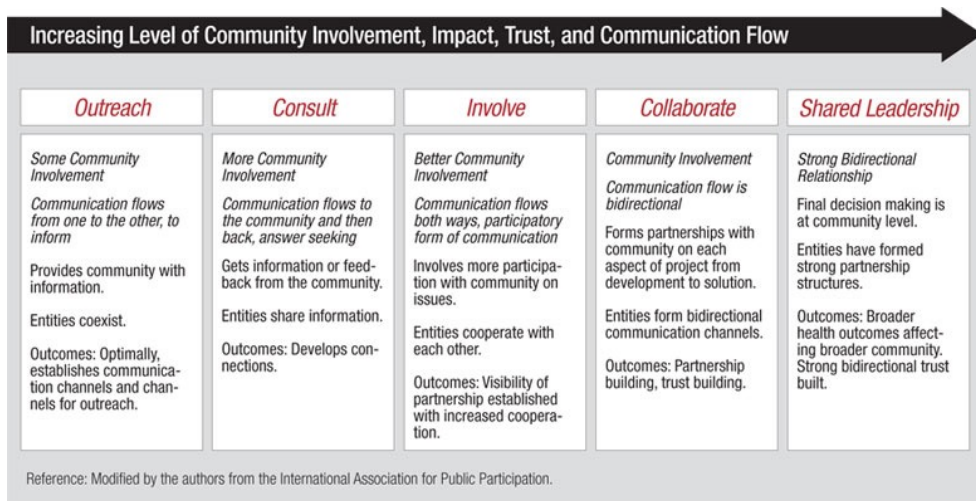


Figure 1.1. Community Engagement Continuum

Our Follow-up

You will receive:

- Today's presentation
- A one-pager with key-takeaways
- Relevant supporting resources
- Next session's agenda and information



Session 8: January 17

Planning for Success: Measurement

1. Describe why measurement is an important part of scoping a Quality Improvement project.
2. Discuss how process, outcome, and balancing measures provide insight into health disparities
3. Apply process, outcome, and balancing measures in the context of health equity case discussion



Thank you!

