



UNIVERSITY OF  
**Nebraska**  
Medical Center

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

## Welcome to Session 32



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, 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: Community and Stakeholder Engagement**

**Free Live ECHO Project**

**February 15, 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:

- Explain at least one strategy to engage community members.
- Define criteria for identifying and prioritizing stakeholders.
- Describe community-oriented medicine.

## 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](mailto: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)*<sup>™</sup>. 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: I00053831      Approval Number: 230000278

To claim these CEs, log into your CCMC Dashboard at [www.ccmcertification.org](http://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:

- Armando De Alba, MD, MPH
- Shirley Delair, MD, MPH



# 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, MSN, BSN, RN
- Nada Fadul, MD
- Samantha Jones, CSW
- Mahelet Kebede, MPH
- Heidi Keeler, PhD, MSN/MBA, RN
- Nuha Mirghani, MD, MBA, HCM
- Renee Paulin, MSN, RN, CWOCN
- Jeff Wetherhold, M. Ed
- Jonathon Ryder, MD
- Bailey Wrenn, MA





[www.unmc.edu/cce](http://www.unmc.edu/cce)

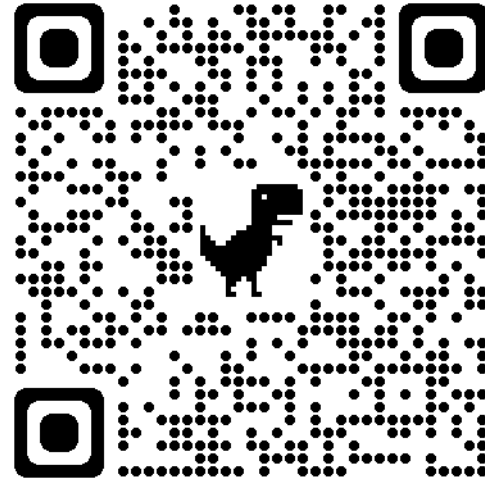
# POLL



# 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



# Health Equity: Community & Stakeholder Engagement

## Applying a Community-Oriented Primary Care (COPC) Approach

**Shirley Delair, MD, MPH**  
Health Equity & Cultural Sensitivity  
Expert  
Division Chief, Pediatrics Infectious  
Diseases  
Associate Professor, Department of  
Pediatrics  
Associate Dean for Diversity, Equity  
& Inclusion

**Armando De Alba, MD, MPH**  
Assistant Professor of Family Medicine  
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College of Medicine  
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**University of Nebraska  
Medical Center**

# Objectives

1. Explain at least one strategy to engage community.
2. Define criteria for identifying and prioritizing stakeholders.
3. Describe community-oriented medicine.



# Discussion

## Poll Question

What type of organization do you represent?

| Type of Organization         | Participant Responses |
|------------------------------|-----------------------|
| Inpatient Care               | 29%                   |
| Outpatient Care              | 29%                   |
| Community-Based Organization | 29%                   |
| School-Based Organization    | 0%                    |
| Other                        | 43%                   |



# Discussion

## Word Cloud Activity

What is one word you would use to describe community?

rural inclusive

people

together

belonging

oneness



# What is “Community”?



# What is “Community”?

## Definition

- According to Dr. Amitai Etzioni, communities have two characteristics\*:
  - 1) Affect-laden relationships among group of individuals that reinforce one another
  - 2) A commitment to shared values, norms, and meanings, as well as shared history and identity
- Dr. Phil Brown defines community primarily in relation to environment and social justice\*\*
- People with common interests living in a particular area (Merriam-Webster)



\*Etzioni, A. (2010). Communitarianism. In *International Encyclopedia of Civil Society* (pp. 521-524). Springer US.

\*\*<https://www.brown.edu/research/research-ethics/who-communitywhat-community>



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# What about...?



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# Community

## Implications

- The definition of community may determine whether they have access to care
- Providers need to understand for which they are responsible for the delivery of care, for examining its quality, and to whom the development of evaluation of prevention, promotion, treatment and rehabilitative activities are directed.



# Community Health

- Frequently, community health is equated with care in the community or community-based care, but community health goes beyond the location of health care.
- It is determined by the interaction of personal and family characteristics, the social, cultural, and physical environments, as well as health services and the influence of societal, political, and globalization factors.
- **COMMUNITY HEALTHCARE** integrates prevention and health promotion activities in conjunction with medical care.



# Community Oriented Primary Care (COPC)

- Defined by S.L. Kark (1983) as “a way of providing primary care, which is focused on care of the individual who is **well or sick**, or **at risk for illness or disease**, while **also focusing on promoting the health of the community as a whole** or any of its subgroups.”
- “The **practice** of primary care with **population responsibility**, oriented to the health improvement of a defined community with the **progressive participation of the community** and in **coordination with all services** involved with the health of the community **or its determinants**”

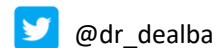


# COPC: Origin & Development

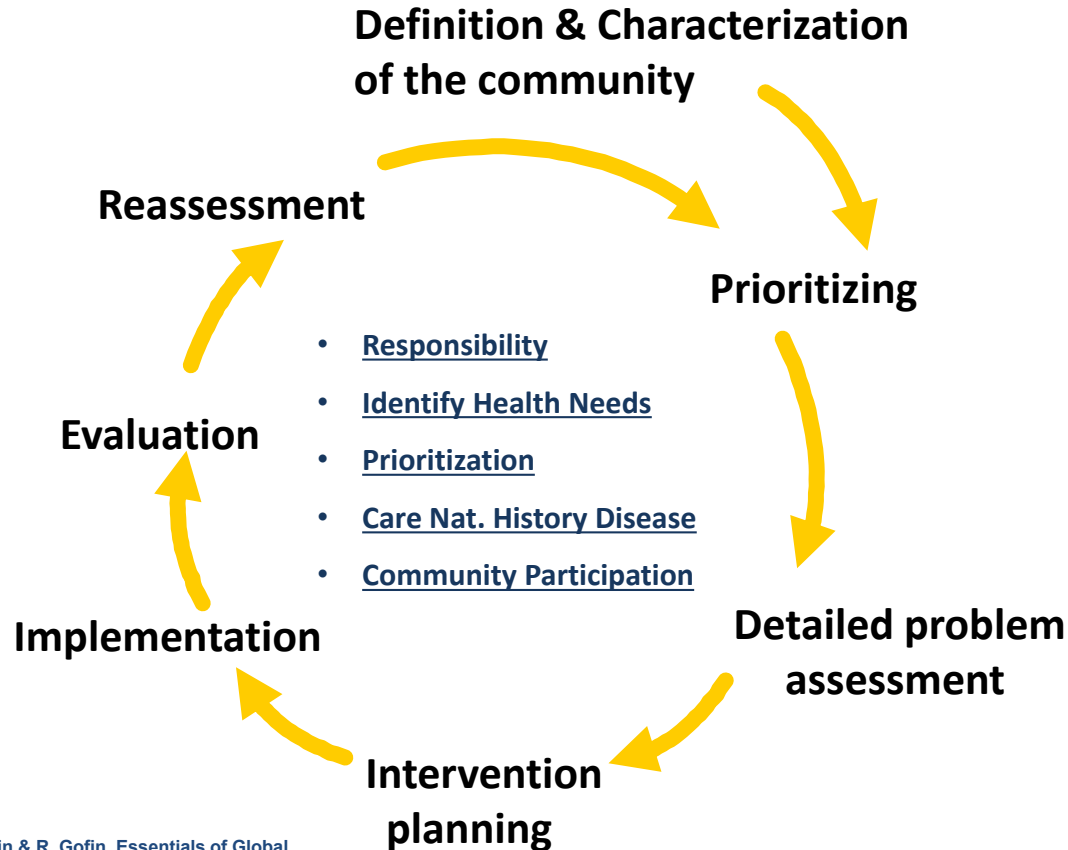
**ORIGIN:** by SL Kark & E Kark while providing primary health care in the rural areas of South Africa (1940's)

**DEVELOPMENT:** at the Hadassah Community Health Center of School of Public Health & Community Medicine – Jerusalem

**CURRENT STATUS:** COPC is one of the approaches suggested worldwide for the provision of an integrated care model of **Clinical Medicine and Public Health**



# The COPC Process / Cycle



# CULTURALLY TAILORED INTERVENTIONS AGAINST COVID-19



# Demographics

## Nebraska

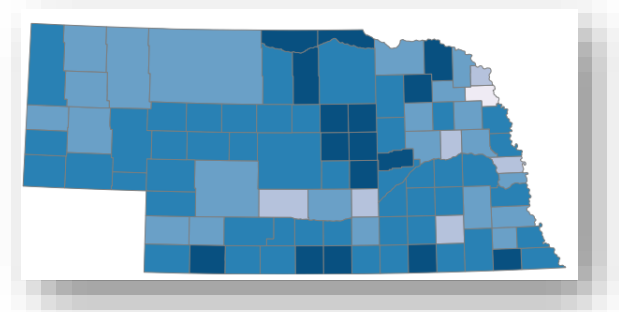
Population: near 2 million

Race and ethnicity:

- White alone 78.4%;
- Black alone 4.9%;
- Hispanic 12%;
- Asian alone 2.7%;
- American Indian and Alaska Native alone 1.2%;
- Native Hawaiian and Other Pacific Islander alone 0.1%;
- Some Other Race alone 5.4%;
- Two or More Races 7.3%.

Diversity Index (61.1%, up from 54.9%).

Under-18 (down 1.4%) and adult population (up 10.1%).



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# Walking down memory lane...

## SARS COV-2 in the US

| Rate ratios compared to White, Non-Hispanic Persons | American Indian or Alaska Native, Non-Hispanic persons | Asian, Non-Hispanic persons | Black or African American, Non-Hispanic persons | Hispanic or Latino persons |
|-----------------------------------------------------|--------------------------------------------------------|-----------------------------|-------------------------------------------------|----------------------------|
| Cases <sup>1</sup>                                  | 2.8x higher                                            | 1.1x higher                 | 2.6x higher                                     | 2.8x higher                |
| Hospitalization <sup>2</sup>                        | 5.3x higher                                            | 1.3x higher                 | 4.7x higher                                     | 4.6x higher                |
| Death <sup>3</sup>                                  | 1.4x higher                                            | No Increase                 | 2.1x higher                                     | 1.1x higher                |

[cdc.gov/coronavirus](https://cdc.gov/coronavirus)





# Walking down memory lane...

## SARS COV-2 in the Nebraska



Almost 60% of Nebraskans with confirmed cases identify as Hispanic, though they make up about only 11% of the state's population. Latinos also account for more than a quarter of the state's deaths from coronavirus.



# CULTURALLY TAILORED Vaccine Clinics



# Día de los Muertos Vaccine Clinic

Aim: Hispanic/Latin families

CLÍNICA DE VACUNACIÓN MÓVIL EN CONTRA DEL COVID

**DÍA DE LOS MUERTOS**  
Plaza de la Raza, Sur de Omaha N & 24th St  
Octubre 23, 2021 · 11 am - 2 pm  
No necesita cita!


COVID-19 VACCINATIONS  
COVID-19-Vacunación  
www.douglascountyhealth.com


Bienvenidas personas mayores de 12 años de edad  
Adolescentes de 12 a 18 años deben tener padre-madre o guardián legal (adulto) presente  
Se estará administrando la vacuna Pfizer

Estaremos regalando:  
• Bolsitas de Dulces para niños  
• Tarjetas de Regalo con un valor de \$50  
(Hasta agotar existencias, una por familia. Cortesía de OneWorld)

Douglas County Health Department  
La Casa del Pueblo  
OneWorld



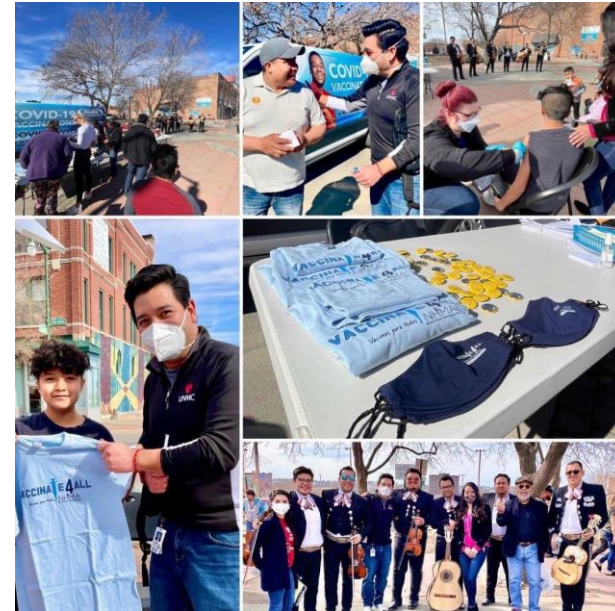
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# Mariachi Vaccine Clinic

Aim: Hispanic/Latin families



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# Clínica de Vacunación Futbolera

Aim: Hispanic/Latin children & males



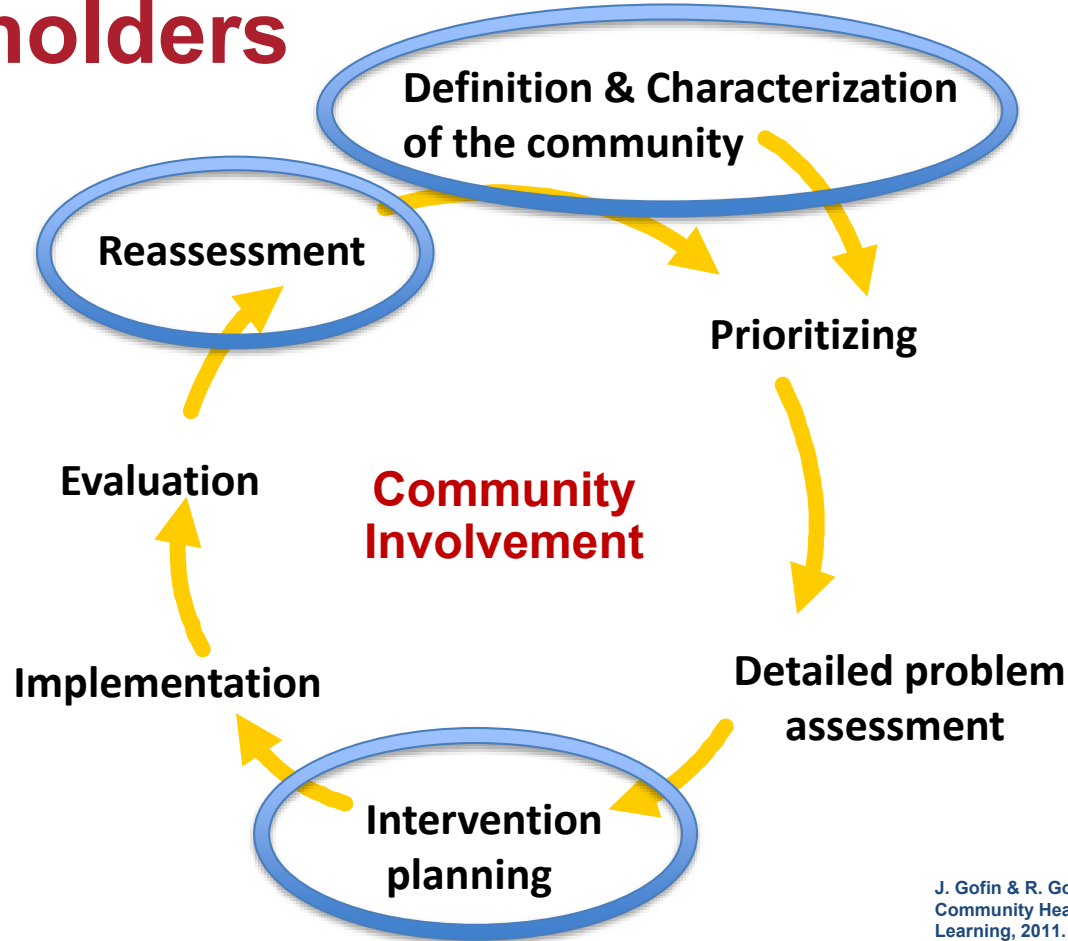
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# Engaging Key Stakeholders



# Community Engagement

## Best Practices

- Be always inclusive.
- Be always transparent of resources, challenges and opportunities.
- Presence of community organizers: community gatekeeper.
- Recognize that each entity has its own mission, goals, and objectives.
- Identify a common set of goals and objectives.
- Active listening, openness, and mutual respect.
- Delegate responsibilities and collective decisions.
- Establish interdependency instead of dependency on any of the partners involved.



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# Recommendations

## Beyond the project

- Foster trust and show commitment and spend time in the community on an ongoing basis, and at the request of partners.
- Develop and share results (reports, ppt presentations, meetings).
- Provide assistance (academic/technical) that may not be directly related to the initial project.
- Meet with other collaborators that a stakeholder wants you to meet. Go out of your comfort zone
- Be always prepared to face criticism (positive and negative); at the end of the day all can be translated into learning lessons.
- Never forget that we are part of a community. Stand up or speak up when you need it. It is not ok to be silent.



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# A few months later...

Local Health Department (end of 2022):

“Hispanics have the highest percentage of vaccinations among all the demographics in Omaha: Hispanics are 62% which is just a couple of points above the White population”



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# iMuchas Gracias!



# Case Discussion



# Today's Topic

## Engaging with Community Partners



# Case Discussion

While analyzing COVID-19 vaccine uptake at your health care facility, you note the disproportionately low uptake in Hispanic/Latinx patients statewide.

You decide that you want to implement an intervention, specifically an event, to address this disparity.



# Breakout Groups

**Instructions:** Learners will break into 3 groups. Each breakout will focus on one key audience and leverage the stakeholder engagement framework to answer 5 related questions.



[Miro Board](#)



While analyzing COVID-19 vaccine uptake at your health care facility, you note the disproportionately low uptake in Hispanic/Latinx patients statewide.

You decide that you want to implement an intervention to address this disparity.

|                                                           | Audience 1                                                                                                                                                                                                                                                                                                                                                  | Audience 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Audience 3                                                                                                                                                                                   |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who do you need to communicate with?                      | Outreach Leadership                                                                                                                                                                                                                                                                                                                                         | Community Leadership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Staff / Colleagues/ Community Organizers                                                                                                                                                     |
| What communications method(s) will you use to reach them? | <ul style="list-style-type: none"> <li>With your own two feet!</li> <li>Email</li> <li>Through other staff</li> <li>Phone call</li> <li>Text message</li> <li>.</li> </ul>                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>Engaging with our unofficial local leaders.</li> <li>Who are we going to serve? and how are we going to serve them?</li> <li>Local health department, so reaching out to community leaders like the Vietnamese leaders who only speak that language.</li> <li>Facebook</li> <li>Farmers' Market</li> <li>Who are the community leaders and who are the gate-keepers?</li> <li>Sharing images and updates of what you have accomplished in your community, and providing food in the clinic</li> </ul> | <ul style="list-style-type: none"> <li>email and then follow-up via phone call</li> <li>tapping into Employee Resource Groups</li> <li>Guest speaking at a community organization</li> </ul> |
| What will they be most worried about?                     | <ul style="list-style-type: none"> <li>Cost</li> <li>Resources/supplies</li> <li>Travel and assoc. expenses</li> <li>Venue</li> <li>ROI - business and community</li> <li>How will this be promoted?</li> <li>What's your platform?</li> <li>Time commitment</li> <li>Staffing needed</li> <li>Is this issue a priority?</li> <li>Outcome/impact</li> </ul> | <ul style="list-style-type: none"> <li>Afraid to reach out and become involved in the COVID-19 awareness campaigns (church leaders)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>infection prevention (e.g., masking)</li> <li>ensuring them it aligns with their priorities</li> <li>failure (not reaching a goal)</li> </ul>         |
| What do you need them to understand?                      | <ul style="list-style-type: none"> <li>Why?</li> <li>Benefit</li> <li>What's in it for them?</li> <li>Altruistic value / contribution to community / pop health mgmt</li> </ul>                                                                                                                                                                             | <ul style="list-style-type: none"> <li>Education</li> <li>Transparency</li> <li>Church Leaders understood the need, their level of fear decreased, and they eventually became the driving force for this work.</li> <li>Once the church leaders became involved, the community became involved as well</li> <li>Events such as the soccer game are not to be exclusive to certain entities, e.g. TV stations. This is a transparent and inclusive community event</li> </ul>                                                                 | <ul style="list-style-type: none"> <li>it's in the best interest of the community</li> <li>it will remove barriers</li> <li>it's scientifically sound</li> </ul>                             |
| What do you need them to do next?                         | <ul style="list-style-type: none"> <li>Commitment - to the event, funding, proposal, etc.</li> <li>Their input</li> <li>Their network and outreach - create buy-in</li> <li>Their concerns</li> </ul>                                                                                                                                                       | <ul style="list-style-type: none"> <li>Always build reports and share these reports and updates with the community and with stakeholders so they can report back to their organizations on how their money was spent</li> </ul>                                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>promote the event</li> <li>help to develop a plan for promotion and follow it up</li> <li>commitment to the intervention</li> </ul>                   |
| How can they communicate back with you?                   | <ul style="list-style-type: none"> <li>Ask them!</li> </ul>                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>all correspondence - be open</li> <li>setup regular check-ins</li> </ul>                                                                              |



**Miro Board**

**Case Discussion**

**Breakout  
Room 1**

**Breakout  
Room 2**

**Breakout  
Room 3**

**15 mins**

**General Discussion  
& Take-Home Points**

**30 mins**



# 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



# Current State of COVID-19 in Nebraska



# Nebraska COVID-19 Statistics

WEEKLY NEW REPORTED CASES

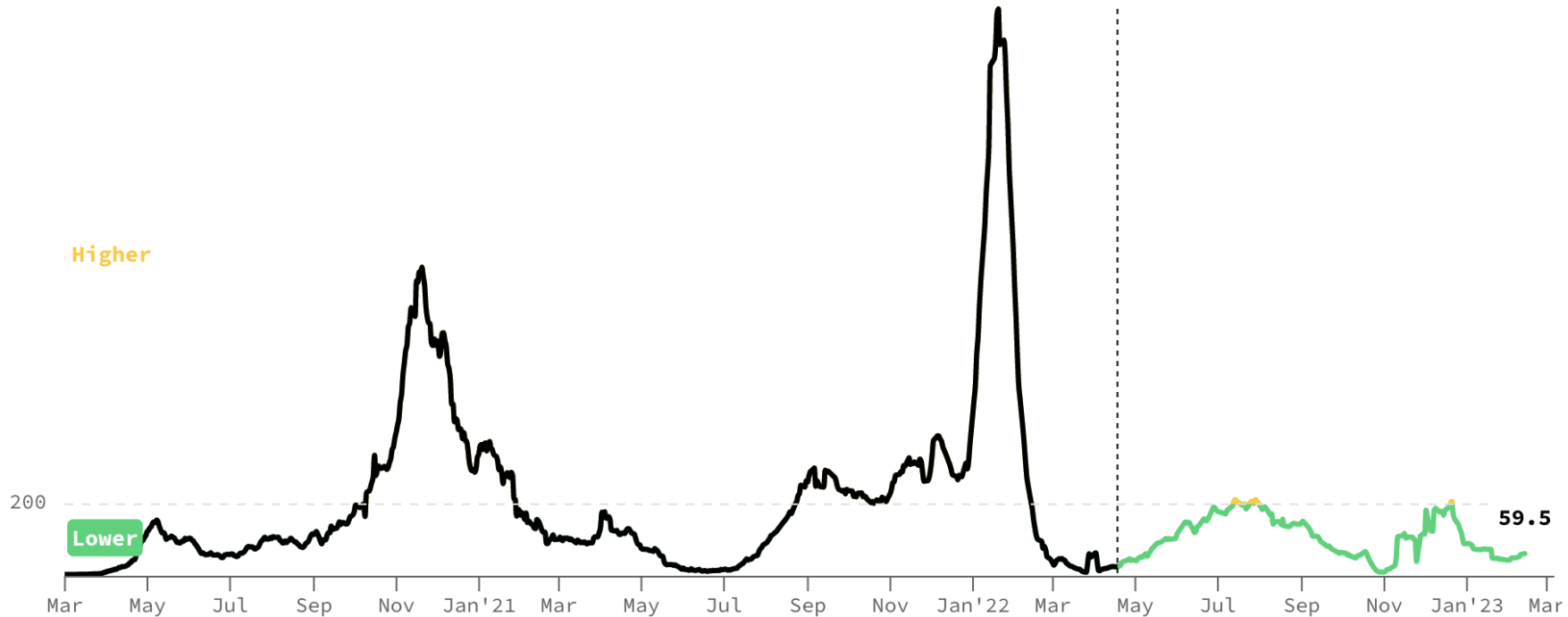
● **59.5** PER 100K

WEEKLY COVID ADMISSIONS

● **6.3** PER 100K

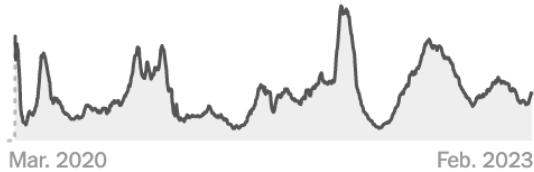
PATIENTS W/ COVID

● **3.0%** OF ALL BEDS

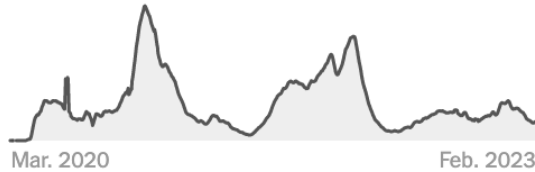


# Nebraska COVID-19 Statistics

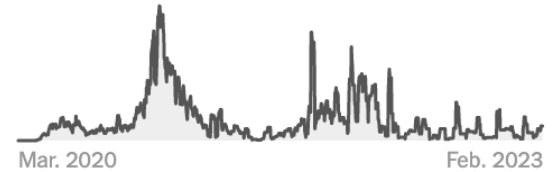
**Test positivity rate**



**Hospitalized**



**Deaths**



DAILY AVG. ON FEB. 13

PER 100,000

14-DAY CHANGE

|                 | DAILY AVG. ON FEB. 13 | PER 100,000 | 14-DAY CHANGE |
|-----------------|-----------------------|-------------|---------------|
| Cases           | 164                   | 9           | +43%          |
| Test positivity | 13%                   | —           | +21%          |
| Hospitalized    | 142                   | 7           | -7%           |
| In I.C.U.s      | 9                     | <1          | -37%          |
| Deaths          | 3                     | <1          | +235%         |

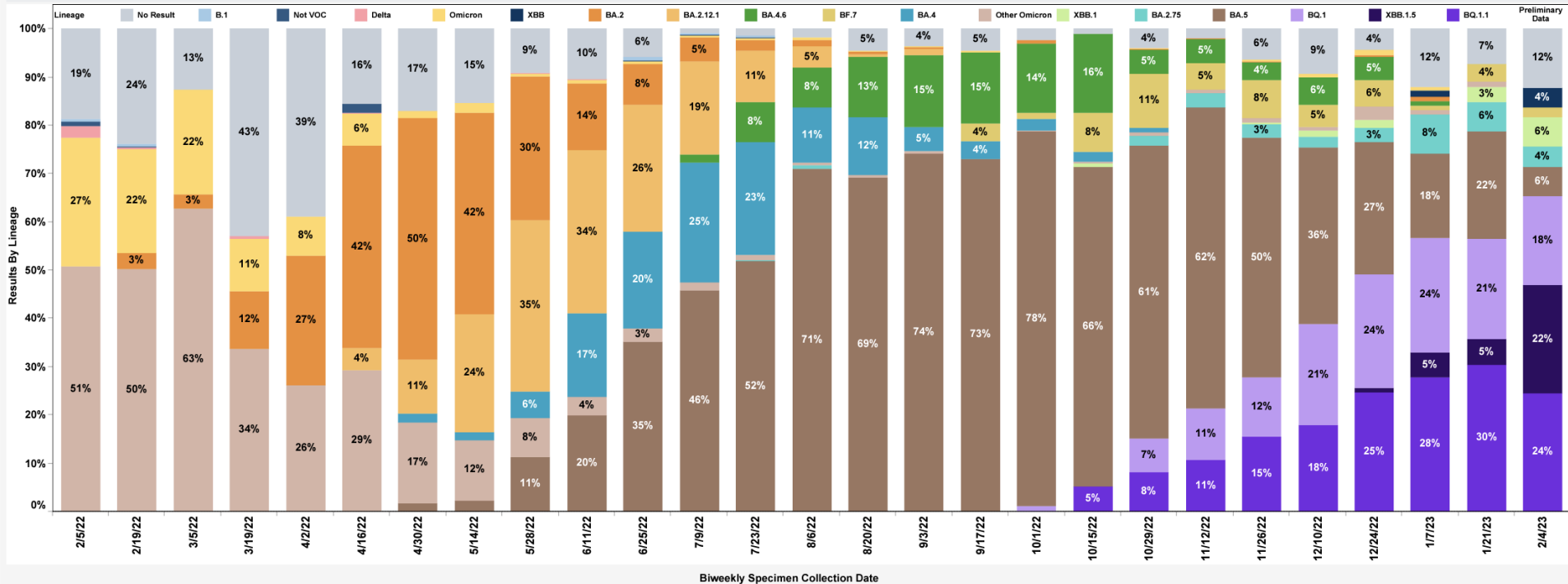
# Nebraska COVID-19 Statistics

| Week     | Weekly Cases* | Weekly Admits* | COVID-19 Hospitalizations | % COVID Hospitalizations |
|----------|---------------|----------------|---------------------------|--------------------------|
| 10/5/22  | 63.3          | 6.3            | 175                       | 3.4%                     |
| 10/19/22 | 54.3          | 4.4            | 160                       | 3.1%                     |
| 11/2/22  | 61.6          | 6.0            | 177                       | 3.9%                     |
| 11/16/22 | 100.3         | 8.2            | 203                       | 4.9%                     |
| 12/7/22  | 126.2         | 15             | 290                       | 6.4%                     |
| 12/21/22 | 182.5         | 11             | 300                       | 6.2%                     |
| 1/4/23   | 88.3          | 9.4            | 228                       | 5.2%                     |
| 1/18/23  | 72.7          | 9.0            | 212                       | 4.6%                     |
| 2/1/23   | 41.5          | 5.0            | 151                       | 3.3%                     |
| 2/15/23  | 59.5          | 6.3            | 142                       | 3.0%                     |
|          |               |                |                           |                          |

# Nebraska COVID-19 Statistics

## Nebraska SARS-CoV-2 Genomic Surveillance Report

Proportion of Sequencing Results by Lineage Among Residents in Nebraska (N=21,263) | By Specimen Collection Date, Since January-2022



# 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 **March 1st** on:

- Didactic: Quality Improvement: ***Sustaining Changes***
- Discussion Topic: ***Privilege & Power***





# Poll Results



# Thanks

