Demystifying Equity & Data

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NATIONAL HEALTH CARE for the HOMELESS COUNCIL

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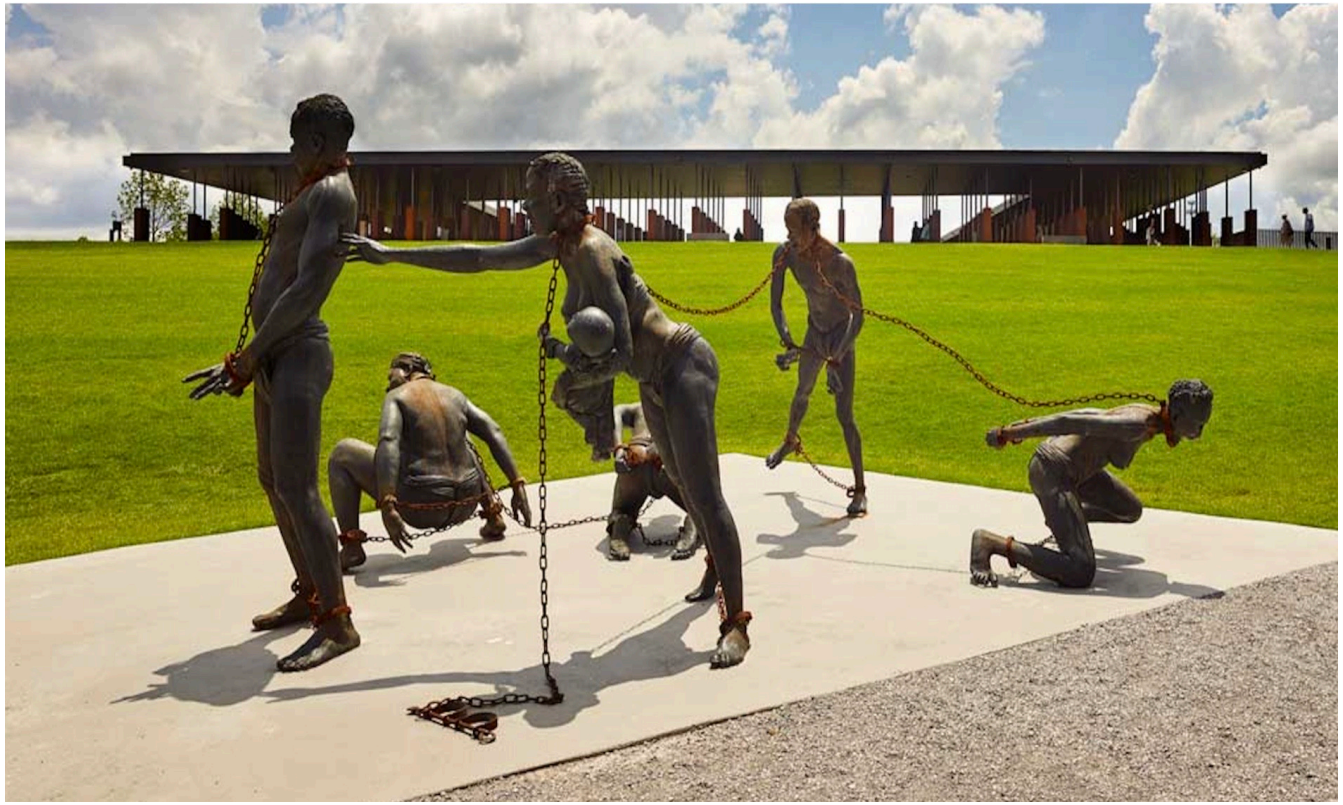
Land and Labor Acknowledgement



Go to native-land.ca to find out who are the original stewards of the lands you occupy

What Do We Want Our Equity Impact To Be?

- Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation). Health is a fundamental human right. Health equity is achieved when everyone can attain their full potential for health and well-being. (World Health Organization)

- Health care is a fundamental human right. Achieving the highest level of health, wellness & well-being for all people is our goal and north star. Health equity means that everyone has a fair and just opportunity to be as healthy as possible at every stage of the human life cycle. This requires removing obstacles to health such as racism, discrimination, poverty, incarceration, and elder abuse and abandonment while promoting easy and local access to safe housing, clean drinking water, good jobs, quality educational systems, fresh foods, and the natural environment. (PCA Race & Equity Subcommittee)

Meet Doris

Doris is a single 57-year-old Puerto Rican cis-gendered woman who is the mother of two & grandmother of 4 & helps her daughter financially with the kids. She is also the eldest daughter of her 80-year-old mother who lives alone in the mid-west home where she was raised.

She has fibromyalgia, Degenerative joint disease of the neck & spine plus moderate arthritis in her right hip & bilateral knees that frequently flairs up if she works more than 10-hour days, especially in the winter due to the cold. She generally tries to listen to her body & use integrative health practices to support her well-being.

Doris struggles with her baseline pain which prevents her from resting well at night. She has found that if she takes high dose hemp-based CBD with a single tablet of Norco it helps to minimize her pain, so she doesn't ache so much at night & is able to rest better, however her primary care provider refuses to prescribe it for her. Her untreated chronic pain problem has resulted in her falling to sleep while at work due to not being able get a good night's sleep & now she might lose her job.

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Meet Troy

Troy is a 64 yr old Alaskan Native cis-gendered male who lives in permanent supportive housing. His room has a half bathroom but no kitchen. He is dependent on eating whatever is served in the community room.

- History: experience of chronic homelessness for 13 years, substance use disorder & continues to intermittently use crack
- Currently on disability & insured through state funded Medicaid program
- Diagnosis: right-sided heart failure requiring medication management & limits his physical endurance

Current concern: While trying to get out of the community shower he slipped & broke his hip which required emergency surgery, upon discharge from the hospital to home because no skilled nursing facility would take him due to his substance use disorder, he was only prescribed Tylenol for pain.

The Why for Equity & Data

Medical Mistrust

Intersectionality

Balance = Equity Approach

Harms in the Name of QI, Research, Public Interest

Medical System: *"We would like to get some information"*

Patient: *"Why do I need to tell you this information?"*

Data is Power

- Experimentation in the name of public interest:
  - Cowpox, Smallpox, Radiation, Tuskegee, HeLa & AZT

Weaponization of Data's Power is in its Use & Impact, NOT it's Intent

- Skew perceptions
- Provide justification for acts of harm
- Provides justification to withhold treatment

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Data Equity and Collection Considerations

Data Equity


Who are we asking information from?
Why do we need the information?
Who is asking for the information?
What are we using the information for?

Data Equity: Considerations

Equity must be addressed throughout the data life cycle

Data is not objective

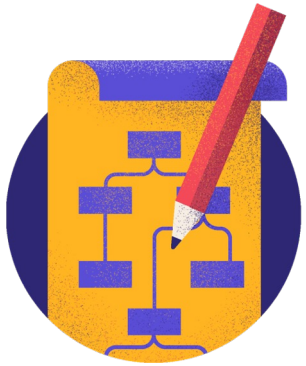
Data can create and perpetuate power dynamics

Source: https://www.jliconsultinghawaii.com/blog/2020/7/10/data-equity-what-is-it-and-why-does-it-matter
Resource: https://www.urban.org/sites/default/files/publication/102346/principles-for-advancing-equitable-data-practice.pdf

Data Equity Framework: We All Count

Funding

Motivation



Project Design

Data Collection

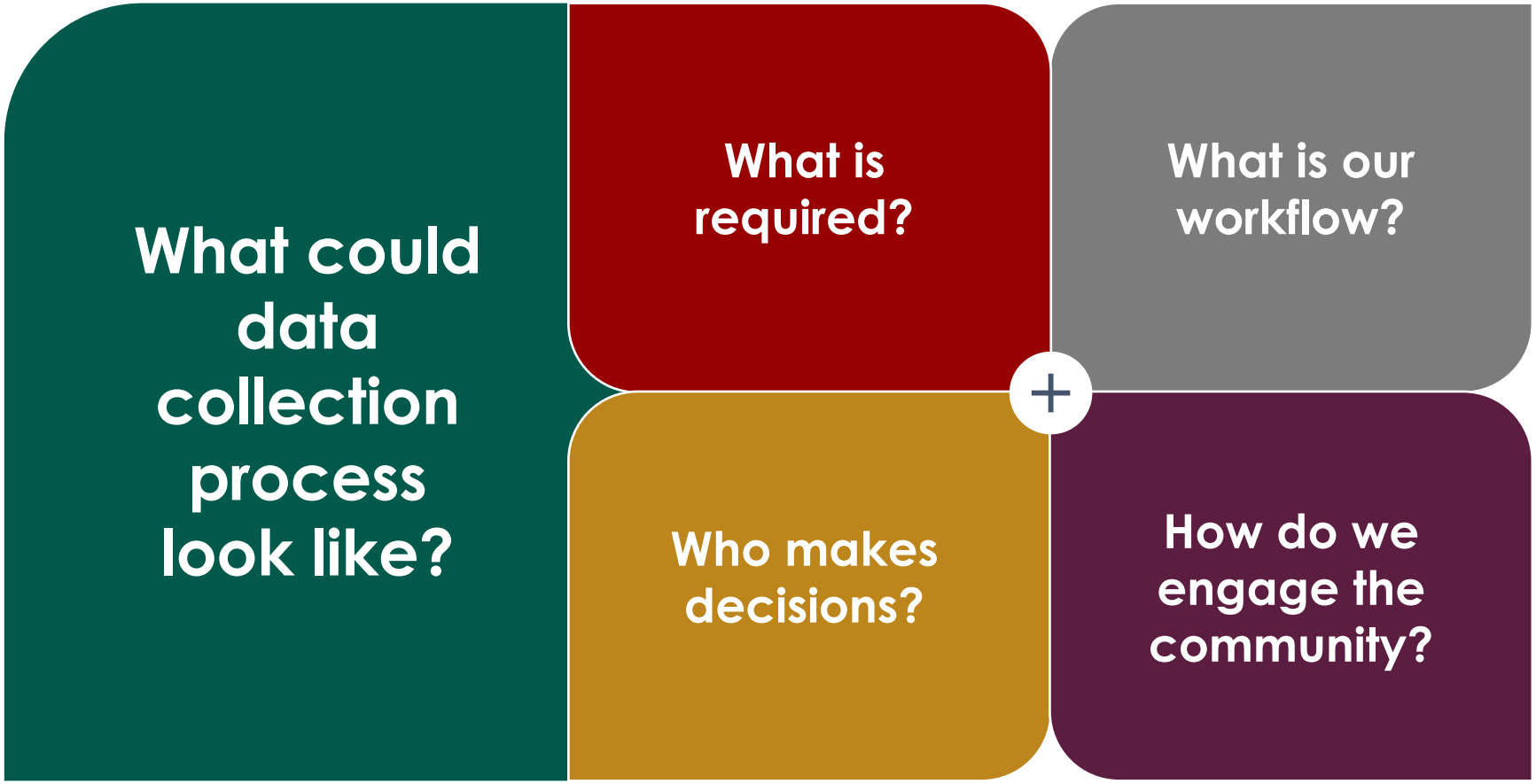
Analysis

Interpretation

Distribution

Source: https://weallcount.com/the-data-process/

Change at the Organization Level



Working at the Interpersonal Level

Racially Trauma-Informed

Use trauma-informed approaches that are rooted in anti-racism when identifying what needs to be assessed and how you interact with individuals.

Create Trustworthiness

Build rapport by demonstrating that you are trustworthy. Explain why information is needed and work with the individual to ensure their safety and preferences come first.

Assess & Address Bias

Ensure staff are trained to identify and confront their own biases. Consider inter-assessor reliability to identify and eliminate bias in the process.

Resource: https://nhchc.org/webinars/trust-or-trustworthiness-which-comes-first/

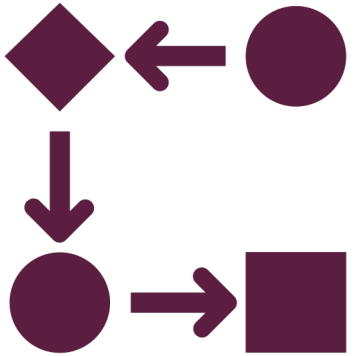
Collecting Accurate Data (1/3)

Staff need to be able to communicate:

Collecting Accurate Data (2/3)

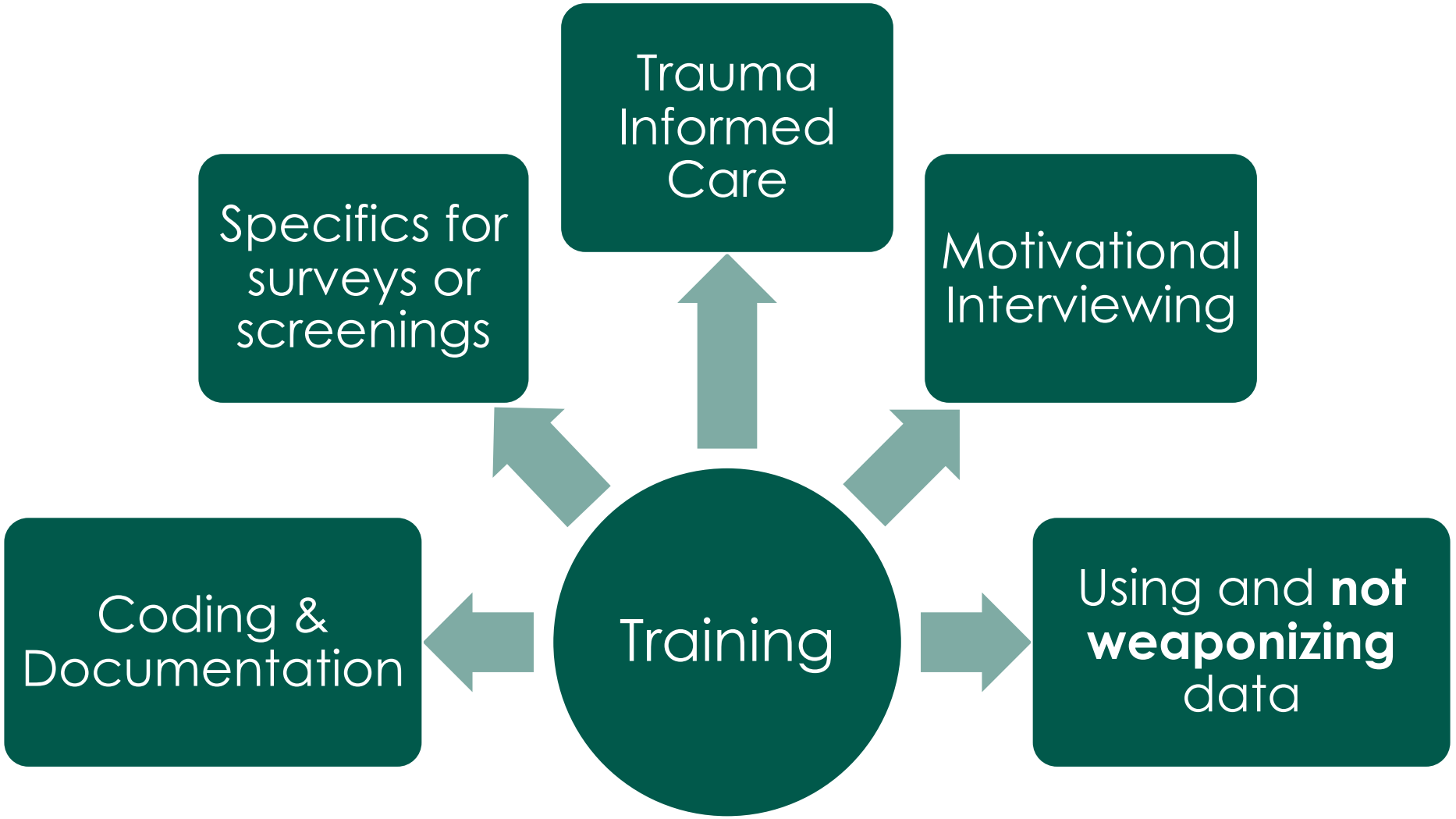
Staff Training

Piloting and Practicing



Standardize data & workflows

Collecting Accurate Data (3/3)



Data Collection Considerations

Improving Data Collection

You are reviewing the three-year trends for your health center's quality measures. You identify a disparity in the rate of patients with Hypertension controlled:

- 56% overall; 52% Black patients; 59% white patients

Your health center wants to understand what may be contributing to this disparity and if there are subpopulations you need to reach out to (considering shelters, PSH sites, encampments, etc.).

You start by disaggregating by housing status before looking at the specific sites. In this process you notice that you do not have this information for 11% of your patients.

- How does this gap impact patient care?
- How does it impact population health interventions?
- What steps could you take to improve data collection and documentation of shelter type for people experiencing homelessness?

Quality Improvement and Health Equity

Naomi Windham, DNP, APRN, FNP-C *with contributions from*
Anika Kaleewoun, MPP, PMP, CPHQ

Hennepin County Health Care for the Homeless

- FQHC in Minneapolis, MN
- 6 clinical sites, medical respite, outreach
- ~ 60 staff
- ~ 5,000 unique patients annually
- Services offered: Medical services, Mental health services. Substance use disorder and harm reduction services, respite, and Care coordination and referrals to community resources

The History of Quality Improvement

- Quality Improvement (QI) in health care is centuries old. QI supports the development of systems and processes to promote, implement, and monitor quality of care.
  - Equity as central to QI: the idea that *equity* in health care must be foundational to *quality* in health care.

  - **Elements of successful QI:**
    - Provider leadership
    - Infrastructure support
    - Organizational culture prioritization

    - Resource: Brief history of quality movement in US healthcare - PMC (nih.gov)

What does it all mean?

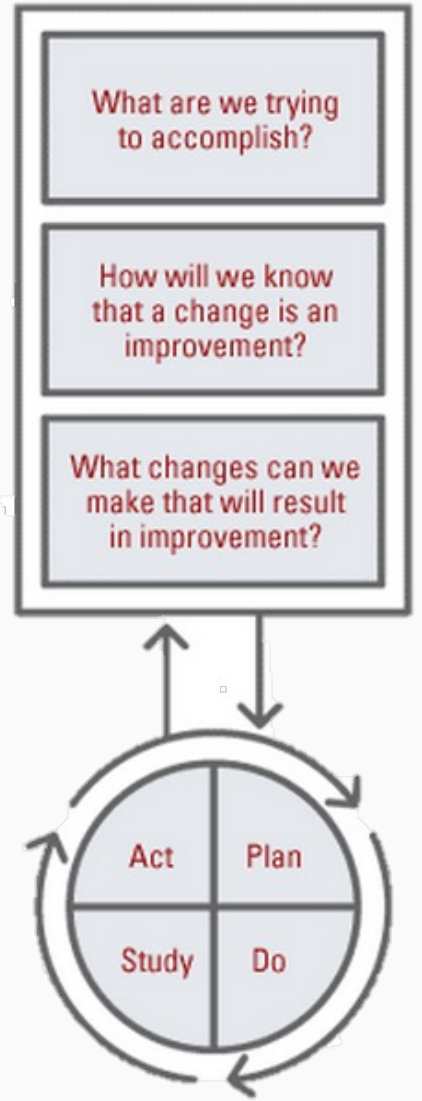
- **Quality improvement (QI)**: use of a deliberate & defined improvement process, focused on responding to community needs & improving population health
- **Continuous improvement (CI) AKA continuous quality improvement (CQI):** ongoing, incremental changes resulting in improvements that your stakeholders value
- **Innovation:** implementing something new to make a positive impact

Why do we do it?

- To make things better
- To improve outcomes for our patients
- To reduce disparities
- To listen to and engage our employees
- To increase patient satisfaction
- To learn
- To get rid of thing that aren't working
- To make our work easier

How to innovate & improve

- Use a structured approach to your improvement effort such as the model for improvement, plan-do-study-act (PDSA), Lean, scientific method, trial & error, 6 Sigma, etc.
- Basic flow of an improvement/innovation effort:
  - Identify a problem or something that needs improving
  - Set a goal
  - Brainstorm ideas on how to fix problem/make an improvement
  - Choose an idea to test out and test it
  - Check data to see if the idea fixed problem or made improvements
  - Decide whether to integrate this new idea into the way you work



Your turn to share

1. What does improvement & innovation mean to you?
2. Why should we improve and innovate?

Using data to for Quality Improvement- Prepare

- Evaluate your data
  - what data do you have and what do you need?
- Evaluate your resources
- Build a QI foundation
- Familiarize yourself with your organizations QI policies
- Review your strategic plan
- Consider a program evaluation
- Time
- Write up who will do what by when

Using Data for Quality Improvement- JEDI

- Intentionally evaluate your patient population
- Consider who is at the table
  - Giving feedback
  - Involvement in the QI process
  - Involvement in the data work
  - Care provision

Your turn: small group breakout

- **Problem:** 25% of children overall seen at Healthcare for the Homeless are behind on their immunization schedule, this is your baseline. After disaggregation by race and ethnicity you find out that 35% Black/African American children and youth seen at HCH are behind on their immunization schedule.
- **SMARTIE goal:** Reduce the percentage of HCH Black/African American children and youth behind on their immunization rate to 25%.
- **Brainstorm and choose an idea to** improve this immunization rate?
- **Make a simple plan to try out at one HCH location for one week:**
  - Who should do what by when?
  - What resources will be needed?
  - What data will be collected and how will it be collected?

Report back to large group

- What part of that process did you enjoy the most?
- What did you find most challenging?
- What questions or concerns do you have about doing an improvement project?

Using Data for Quality Improvement- Implementation

- Keep your patient population central
  - *100% of Black and Native American patients diagnosed with HIV through HCH will receive anti-retroviral therapy at the time of reviewing confirmatory results.*
- One intervention at a time
  - *Who benefits? Who is burdened?*
  - *Is this advancing JEDI?*
- If an intervention begins to have unintended consequences, change it
  - *Patient feedback surveys at Endeavors clinic*

Using Data for Quality Improvement- Evaluation

- Did the test of your idea go according to plan?
- Did something unexpected happen?
- Did your effort improve anything?
- Did anything get worse?
- Were you able to collect the data you needed?
- What other data would you need if you tried this again?
- Are you ready to implement?

Resistance to Change

- Resistance to change is common and should be expected
  - *Even the most obvious and easiest changes often have resistance*
- Promote the need for change

  Use data, patient experience, staff insights, policies and procedures, current events, literature
- Encouraging front-line staff involvement (and providing time) enhances buy-in and acceptance of change
- Encourage feedback! Be clear, transparent and honest about it's utilization

Using Data for Quality Improvement-Implementation (JEDI)

- JEDI is ***essential*** to Quality Improvement in programs providing care for patients experiencing homelessness
  - How does this project align with a justice focused program?
  - How do our goal advance equity for patients and staff?
  - Who are our patients? Does this project reflect them or someone/thing else?
  - Are we hearing from all voices? Who is being centered?

Questions?

References

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