

# ACCORDS Health Equity Seminar Series



9/16/2019	Reducing Disparities and Advancing Equity: Where the Research Has Been and Where It Needs to Go	Romana Hasnain-Wynia, PhD, MS
10/1/2019	Leveling the Playing Field: Achieving Equity and Eliminating Racial/Ethnic Disparities in Children's Health and Healthcare	Glenn Flores, MD, FAA
11/4/2019	Population and Resources: Patient Level Equity	Panel moderated by Larry Green, MD
1/21/2020	Stereotypes in the Patient Provider Encounter	Stacie Daugherty, MD MSPH
2/XX/2020	D&I & Health Equity - intervention mapping (mini-workshop along with talk)	National Distinguished Lecturer

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Request a Planning or Support Consultation with the Education Program

# **Reducing Disparities and Advancing Equity**

**Where the research has been and where it  
needs to go**

**Romana Hasnain-Wynia, PhD  
Chief Research Officer, Denver Health  
September 16, 2019**



# Objectives

- Briefly anchor us in **definitions** and **concepts of difference**
- Discuss measurement challenges
- Where we've been and where we're going
  - From description...
  - To detection: Using tools of the quality movement
  - Understanding and addressing the implications of complex interventions
  - Funding for dissemination and implementation science

# What Are Health and Health Care Disparities

**Health and health care disparities refer to differences in health and health care between population groups.**

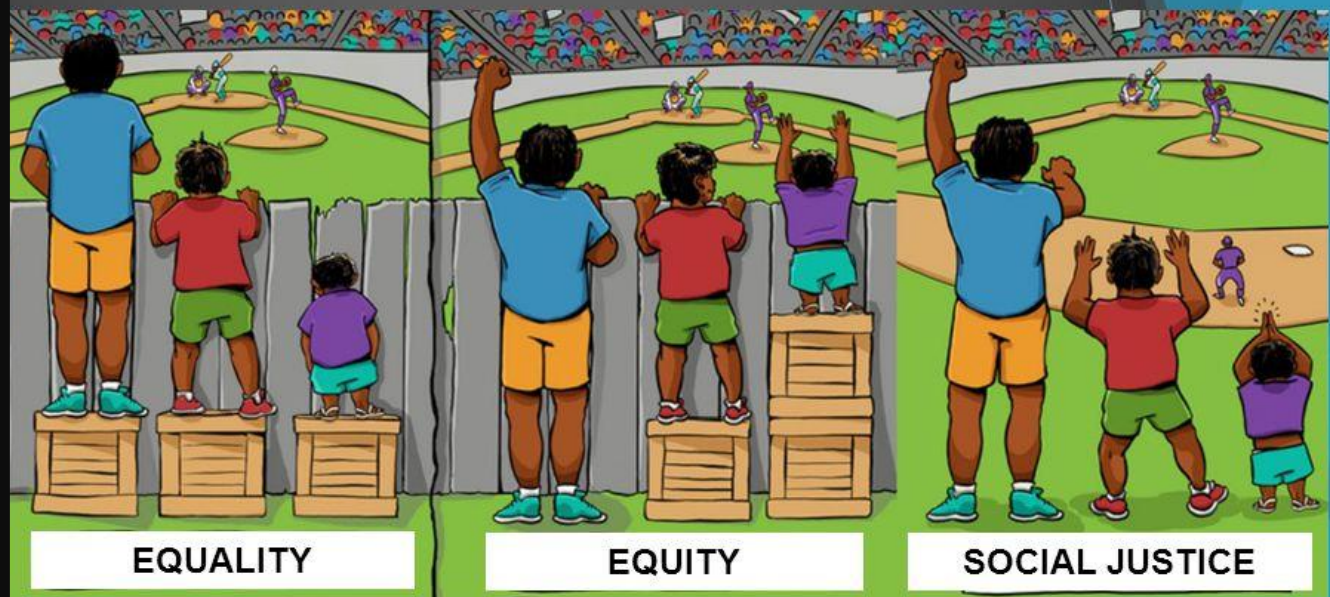
Disparities occur across many dimensions, including race/ethnicity, socioeconomic status, age, location, gender, disability status, and sexual orientation.

- **Health disparity:** refers to a higher burden of illness, injury, disability, or mortality experienced by one group relative to another.
- **Health care disparity:** refers to differences between groups in health insurance coverage, access to and use of care, and quality of care

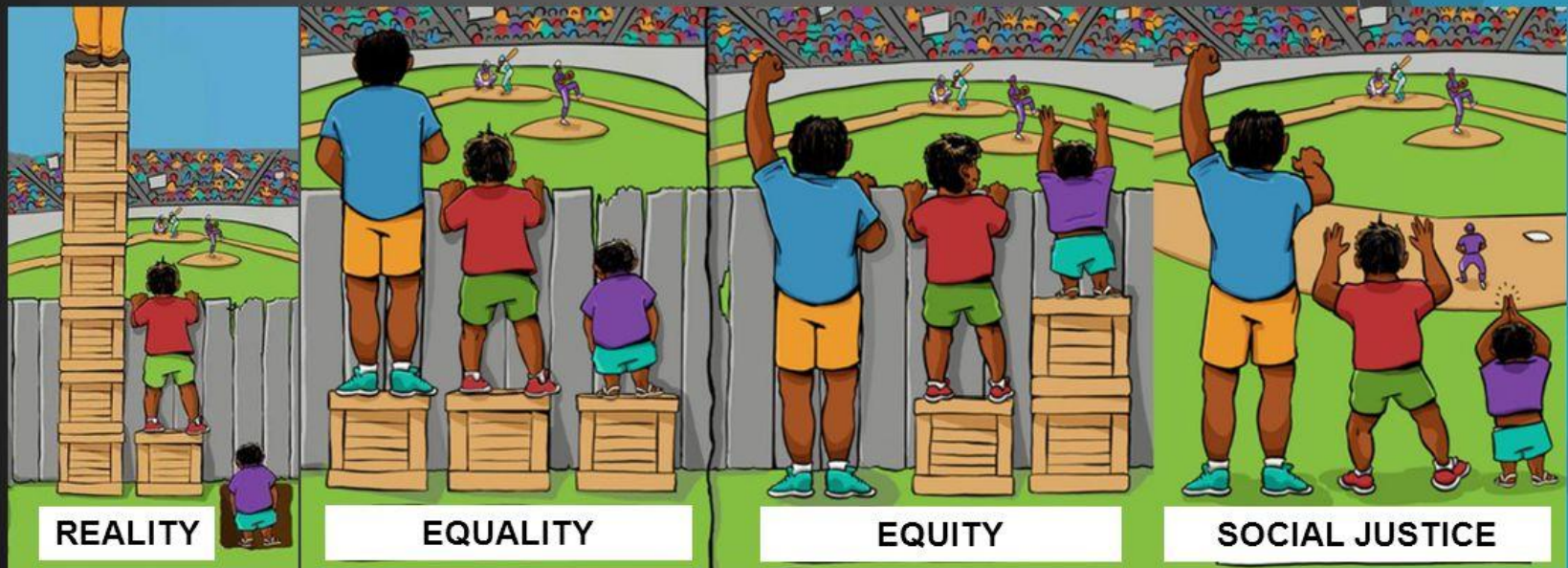
# Four Concepts of Difference

- Disparity
- Inequity
- Inequality

# Equality vs. Equity vs. Social Justice



# Equality vs. Equity vs. Social Justice



# Challenges of measuring equity

- **DATA !** (Race, ethnicity, disability, social risks etc...)
- ***Substantive equity* (lack of disparities in health services or outcomes across groups) and *Procedural equity* (fair processes and the fairness of care delivery)**
  - Factors outside the health care system have an impact on equity (e.g., socioeconomic, demographic, genetic, environmental)
  - Factors within the health care system (e.g., workforce, financing, structural arrangements)
  - How these sets of factors interact/blend

## References:

Aday (2004) Papanicolas and Smith (2013)

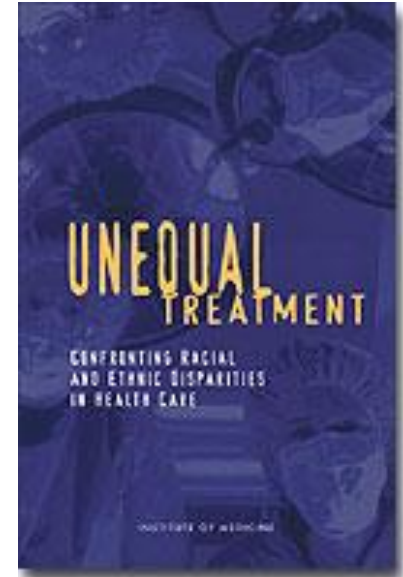
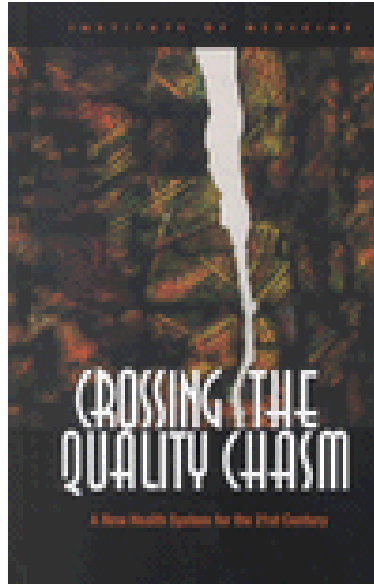


**Research: Where we've been**

# Quality and Disparities

## High quality care:

- Safe
- Timely
- Effective
- Efficient
- Patient-Centered
- Equitable



- Disparities are markers of poor quality
- Institute of Medicine (IOM) defined equity as one of six key dimensions of quality

# **Using a Quality of Care Framework To Address Disparities in Care**

Health care disparities should be brought into mainstream quality assurance and continuous quality improvement discussions

- **Kevin Fiscella, et al. “Inequality in Quality: Addressing Socioeconomic, Racial, and Ethnic Disparities in Health Care. *JAMA*. 2000**

# Intersection of Quality and Disparities

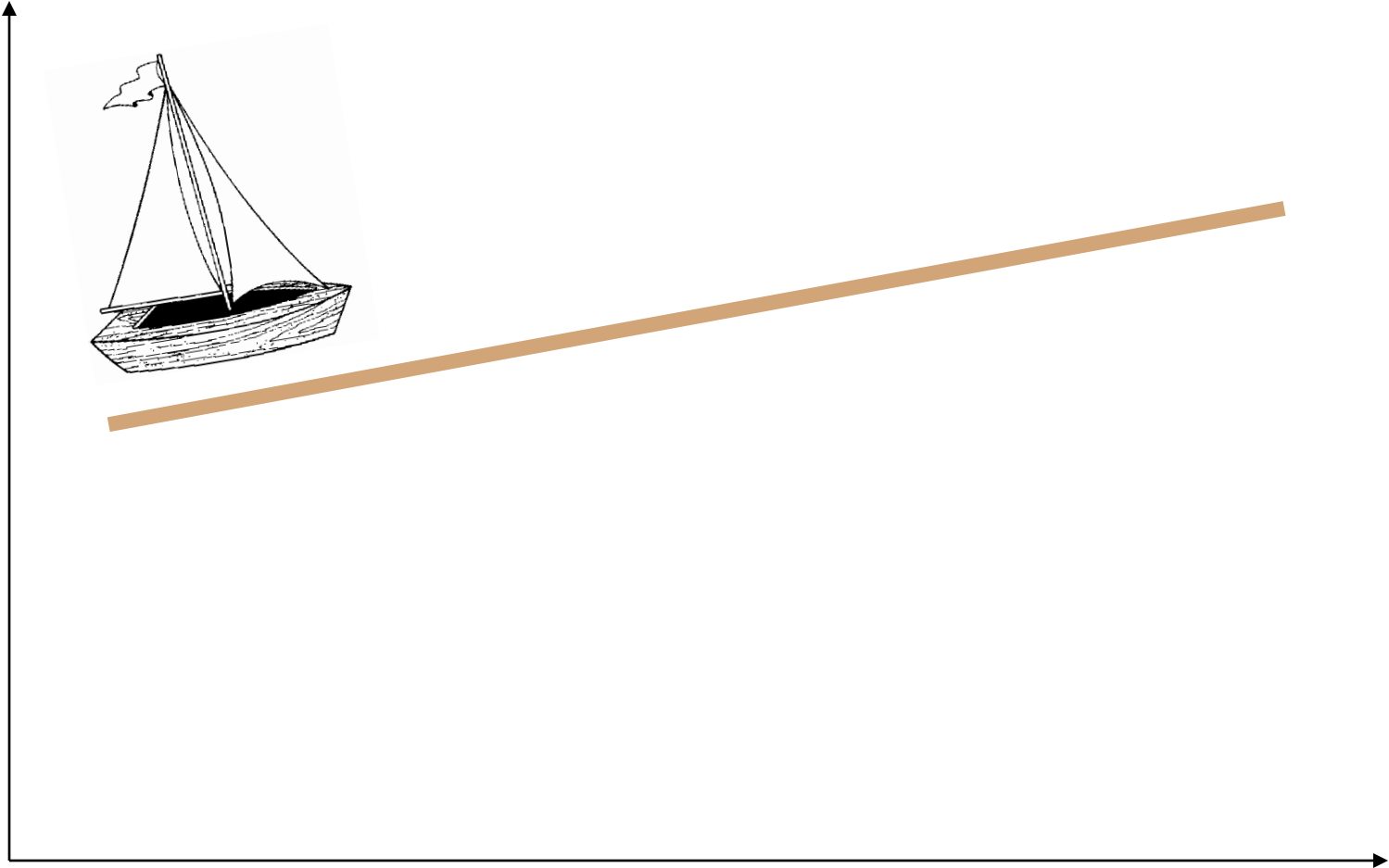
Disparities in care are problems of “inequality in quality”

–Integrating disparities reduction with quality improvement is a coherent and efficient approach to redesigning the U.S. health care system

- **In theory**, when quality improves across the board, minority communities that suffer from poorer quality care at the outset have the most to gain
- **However**, interventions designed to improve quality do not always reduce disparities

# Desired effect of programs

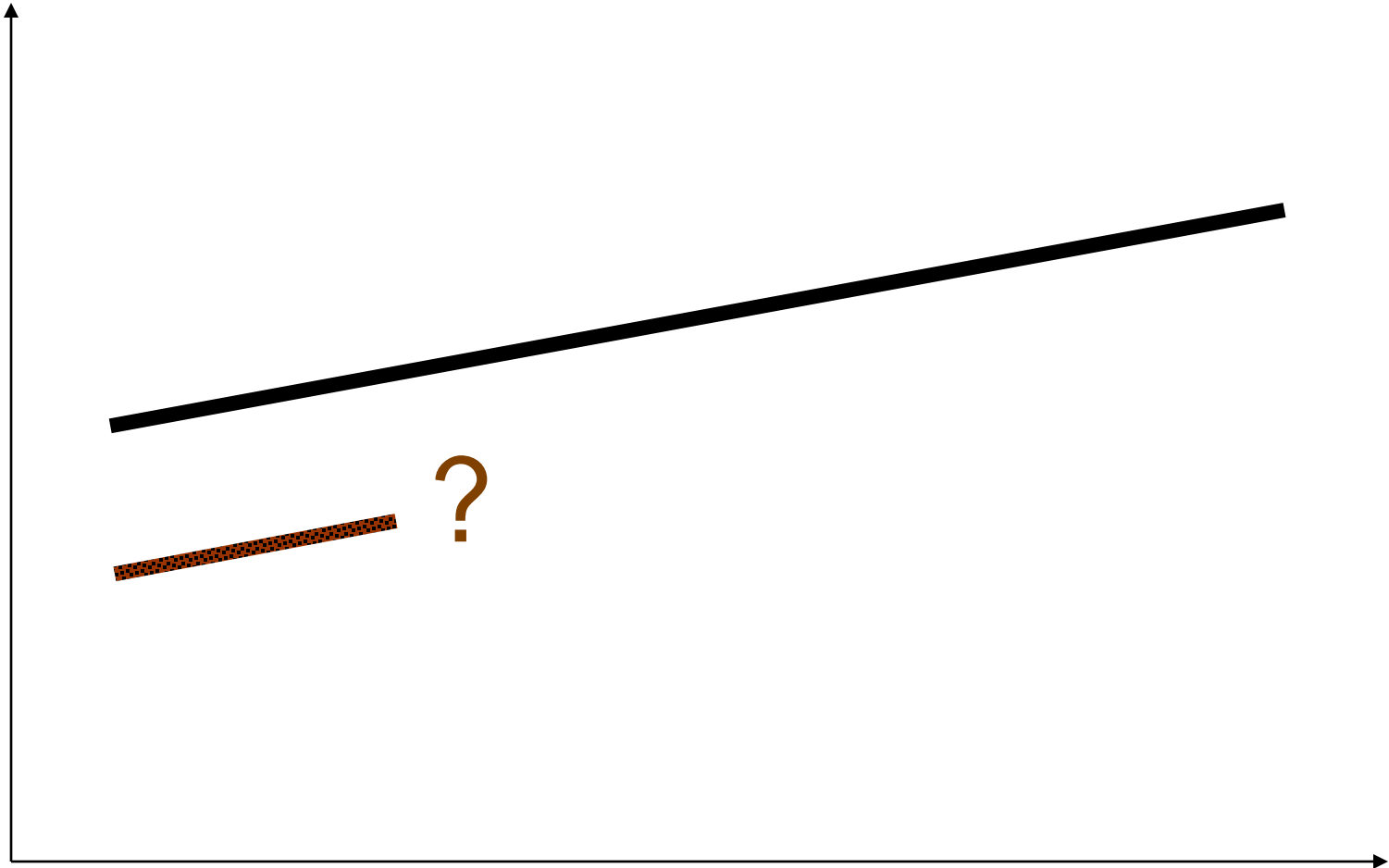
Quality



Time

# Unknown effect on disparities

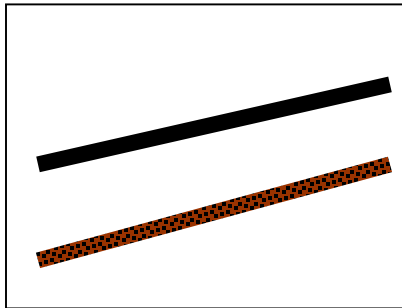
Quality



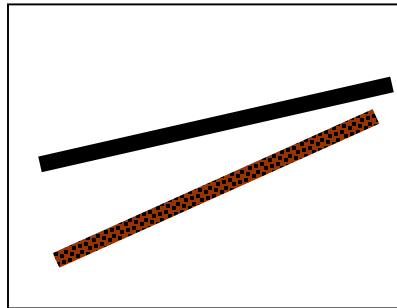
Time

# Quality improvement literature

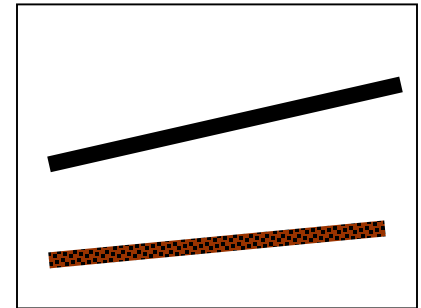
## NEUTRAL



## NARROWING



## WIDENING



### One-size-fits-all

- ESRD patients
- ~40% ↑ in adequate hemodialysis dosing
- White-black disparity persisted

*Seghal, JAMA 2003*

### Culturally sensitive

- Depression
- ~20% ↑ in depression care
- White-minority disparity eliminated

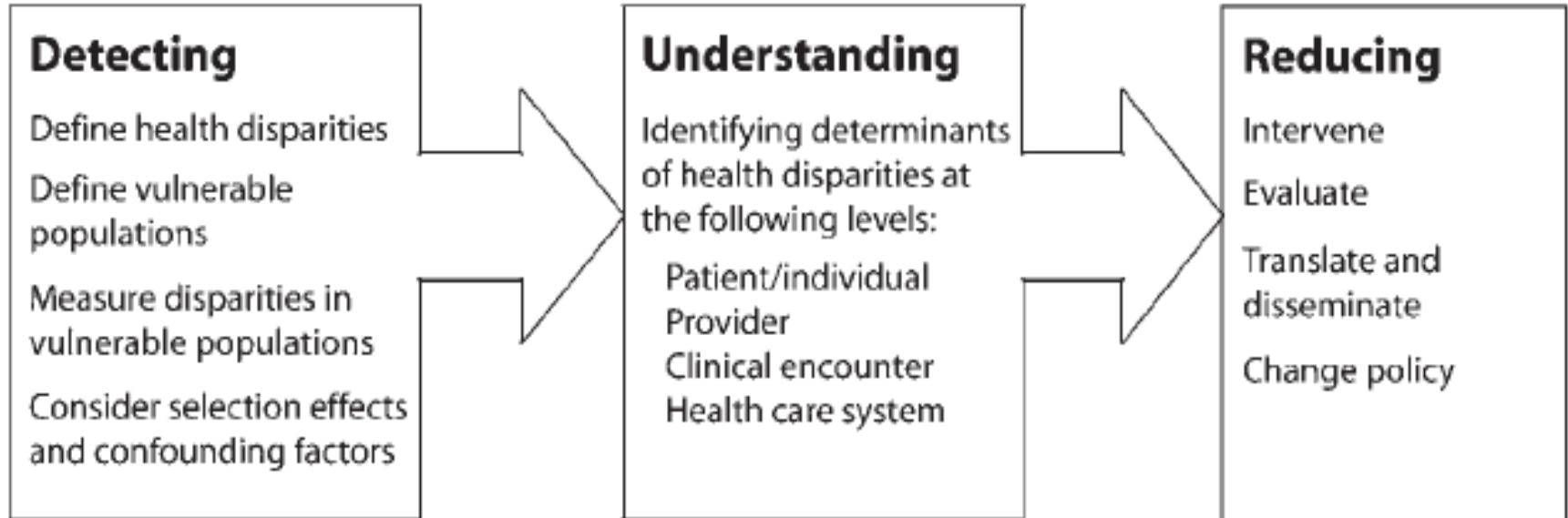
*Arean, Medical Care 2005*

### One-size does not fit all

- Induces cherry-picking
- Widens resource gaps / “rich get richer”

*Werner, Circulation 2005*

# Advancing Health Disparities Research Within the Health Care System: A Conceptual Framework





# Research: Where we need to go



# **Moving Beyond Describing to Understanding the Drivers and What Works**

Is it who you are?

Is it where you go?

Is it both?

Is it even more complicated than that?



**YES!**

# Drivers of Disparities

- Patient-Level
  - Patient preferences, including treatment refusal, clinical presentation of symptoms
  - Communication barriers
- Provider-Level
  - Beliefs/stereotypes about behavior or health of patients
  - Bias/Prejudice
  - Communication barriers
- Structural (and resource)
  - differences in where different groups receive care
- Family, Community, Neighborhood, genetics, environment, history and so much more

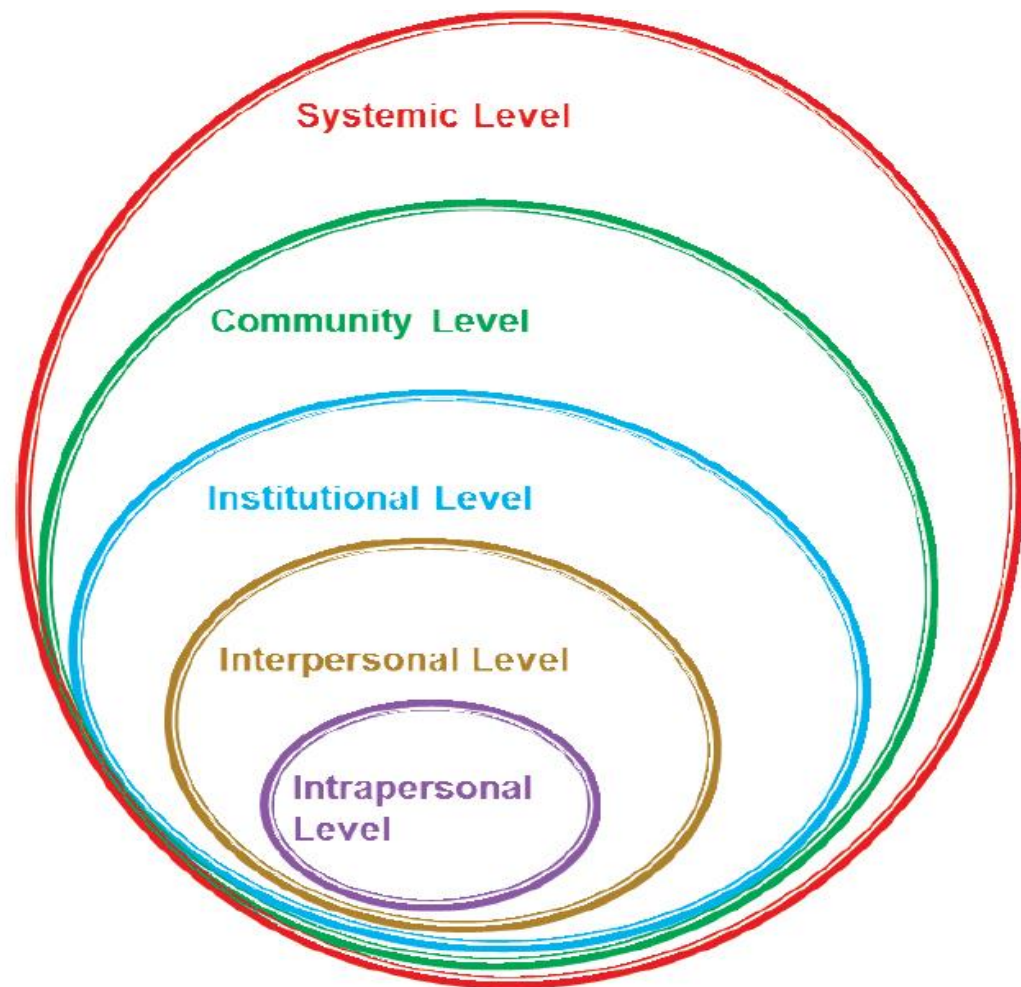
Figure 1

# Social Determinants of Health

<b>Economic Stability</b>	<b>Neighborhood and Physical Environment</b>	<b>Education</b>	<b>Food</b>	<b>Community and Social Context</b>	<b>Health Care System</b>
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

## Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



#### Systemic Level

- Immigration policies
- Incarceration policies
- Predatory banking

#### Community Level

- Differential resource allocation
- Racially or class segregated schools

#### Institutional Level

- Hiring and promotion practices
- Under- or over-valuation of contributions

#### Interpersonal Level

- Overt discrimination
- Implicit bias

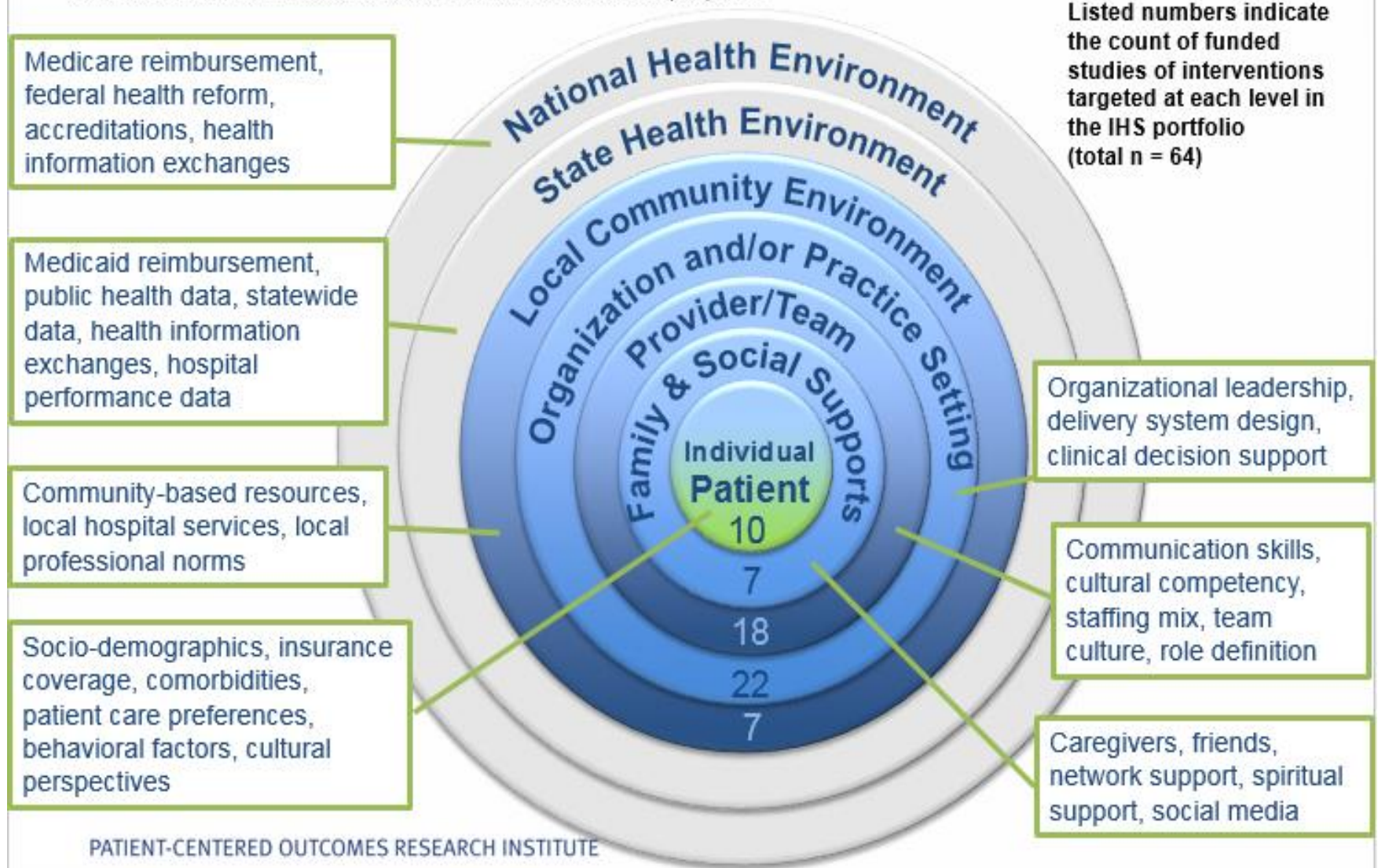
#### Intrapersonal Level

- Internalized racism
- Stereotype threat
- Embodying inequities

**Social ecological model**  
**Source: McLeroy, et al., 1988**

# Multilevel

Figure adapted from: Taplin, SH; Clauser, S., et al. (2012). Introduction: Understanding and Influencing Multilevel Factors across the Cancer Care Continuum. *Journal of the National Cancer Institute*, 44, 2-10.



# PCORI: Addressing Disparities Program



## PCORI's Vision, Mission, Strategic Plan



### Program's Mission Statement

To **reduce disparities** in healthcare outcomes  
and **advance equity** in health and healthcare

### Program's Guiding Principle

To support comparative effectiveness research  
that will identify best options for reducing and  
**eliminating disparities**



# Addressing Disparities: Program Goals

## Identify Research Questions

- **Identify** high-priority **research questions** relevant to reducing and eliminating disparities in healthcare outcomes

## Fund Research

- **Fund comparative effectiveness research** with the highest potential to reduce and eliminate healthcare disparities

## Disseminate Promising Practices

- **Disseminate** and facilitate the adoption of **promising/best practices** to reduce and eliminate healthcare disparities



# Equity Research

- Study design
- Powering the study
- Disparities definition is a hindrance in study design and uses resources that are not well spent
- Target the population

# Real World Comparative Effectiveness Research

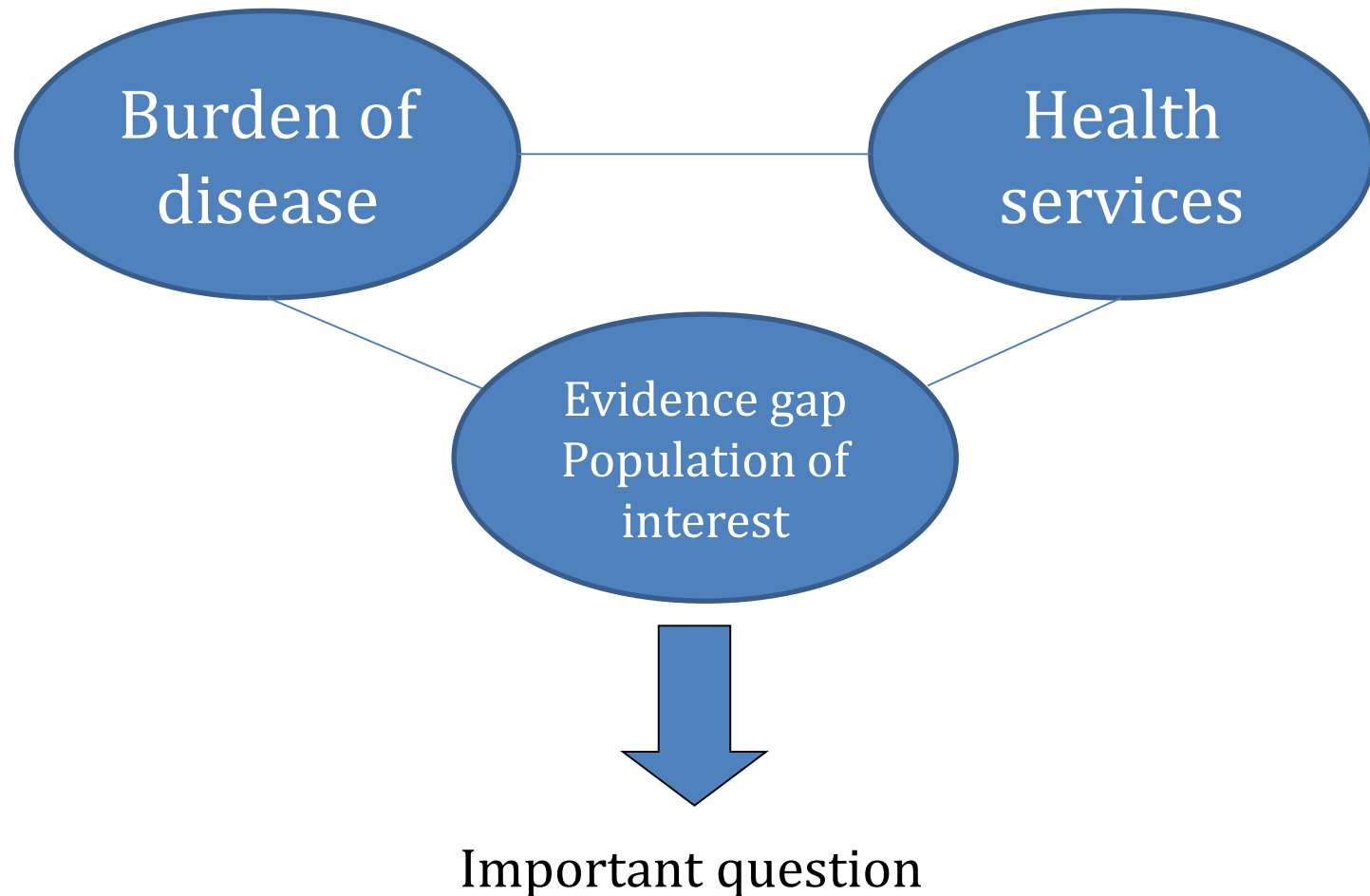
- Trials that seek to compare the effectiveness of two or more interventions in real-world settings.
- Closely integrated with clinical practice, incorporate outcomes that are relevant to patients and other stakeholders
- Include a broad range of clinical settings and **few exclusion criteria, so participants reflect patients receiving care outside of the trial.**
- Seek clinically applicable evidence about relative advantages and disadvantages of interventions to inform real-world decisions made by clinicians, patients, caretakers, and others.

Ref: Danielle Whicher, et al (2015) Gatekeepers for Pragmatic Clinical Trials, [Clin Trials. 2015 Oct; 12\(5\): 442-448.](#)



Measuring  
What Matters

# Prioritizing Research: There may be an evidence base but not for specific groups



# Multi-Level Interventions to Address Asthma Disparities

## From PCORI funding announcement:

.....only interested in supporting and extending highly innovative studies that push beyond traditional concepts to move the scientific field forward and that show great promise for accelerating opportunities for improving asthma outcomes and reducing disparities.



- **Interventions:** Are diverse, tailored, and test multi-component interventions at the community, home, and health system levels with proven efficacy
- **Outcomes:** Asthma control, asthma-related QOL, missed days of work or school, medication adherence, lung function, exacerbations

# Asthma Trial to Reduce Disparities

**Patient Empowered Strategy to Reduce Asthma Morbidity in Highly Impacted Populations: RCT to examine the benefit of using an ICS inhaler and a reliever inhaler at the same time**

- Compare use of ICS inhaler and reliever inhaler at the same time when asthma symptoms occur compared to usual guideline-based care.
- 1200 African-American and Latino/Hispanic adults age 18-75  
Principal Investigator: Elliot Israel, MD  
Harvard Medical School/ Brigham and Women's Hosp
- \$14 million



# Hypertension Trials to Reduce Disparities

Of particular concern are disparities in the prevalence, diagnosis, and treatment of hypertension for high-risk groups, including racial and ethnic minorities and low-income and rural populations.

“...its disproportional impact on particular populations, makes it a perfect...”

- **Announcement:** Testing Multi-Level Interventions to Improve Blood Pressure Control in Minority Racial/Ethnic, Low Socioeconomic Status, and/or Rural Populations in collaboration with the National Institute for Health (NIH).
- **Partnership:** The Hypertension Disparities Reduction Program Partnership (HDRPP) is a research partnership with NHLBI, NINDS, and PCORI with funds provided by PCORI to NIH.
  - HDRPP funded two comparative effectiveness trials for \$23.5 million (2015).



# Hypertension Trials

Project Title	Org.	Target Population(s)	No. of Study Pts. (No. of Sites)	Primary Outcome
<b>Collaboration to Improve Blood Pressure in the US Black Belt – Addressing the Triple Threat</b>	University of Alabama	Rural populations; African Americans; low socio-economic individuals	2,000 (80 practices)	Blood pressure control
<b>Comparative Effectiveness of Health System vs. Multi-level Interventions to Reduce Hypertension Disparities</b>	Johns Hopkins University	African Americans and Hispanics/Latinos; low socio-economic individuals	1,890 (30 primary care clinics including FQHCs)	Percent of patients with blood pressure under control

# Multicomponent Interventions: A Cautionary Tale

## Counseling African Americans to Control Hypertension (CAATCH): Cluster Randomized Clinical Trial Main Effects

Gbenga Ogedegbe, M.D.<sup>1</sup>, Jonathan N. Tobin, Ph.D.<sup>2,3,4</sup>, Senaida Fernandez, Ph.D.<sup>1</sup>,  
Andrea Cassells, M.P.H.<sup>2</sup>, Marleny Diaz-Gloster, M.P.H.<sup>2</sup>, Chamanara Khalida, M.D., M.P.H.  
<sup>2</sup>, Thomas Pickering, M.D., D.Phil.<sup>5</sup>, and Joseph E. Schwartz, Ph.D.<sup>5,6</sup>

**1059 patients  
(mean age 56 years;  
28% men, 59% obese  
and 36% with diabetes)  
were enrolled.**

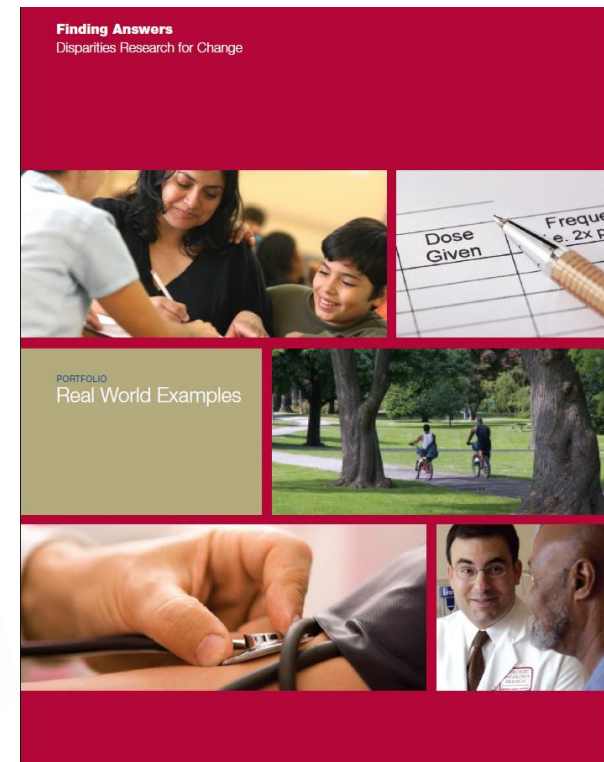
### Editorial

The Counseling African Americans to Control  
Hypertension Study and Ways to Enhance the  
Next Wave of Behavioral Interventions



# Finding Answers: Disparities Research for Change (2005-2014)

- Funded rigorous interventions of 33 clinical interventions
- Real world examples available at [https://www.solvingdisparities.org/sites/default/files/FA\\_2015GranteePortfolio\\_FIN.pdf](https://www.solvingdisparities.org/sites/default/files/FA_2015GranteePortfolio_FIN.pdf)



# Translating Research into Practice: Ask These Questions During Proposal Development

Criteria used for determining the likelihood of future research findings being implemented into practice :

## Adaptability.

- The extent to which the intervention can be modified to suit local needs.

## Trialability.

- Whether the intervention can be tested and measured.

## Complexity.

- The difficulty of implementation.

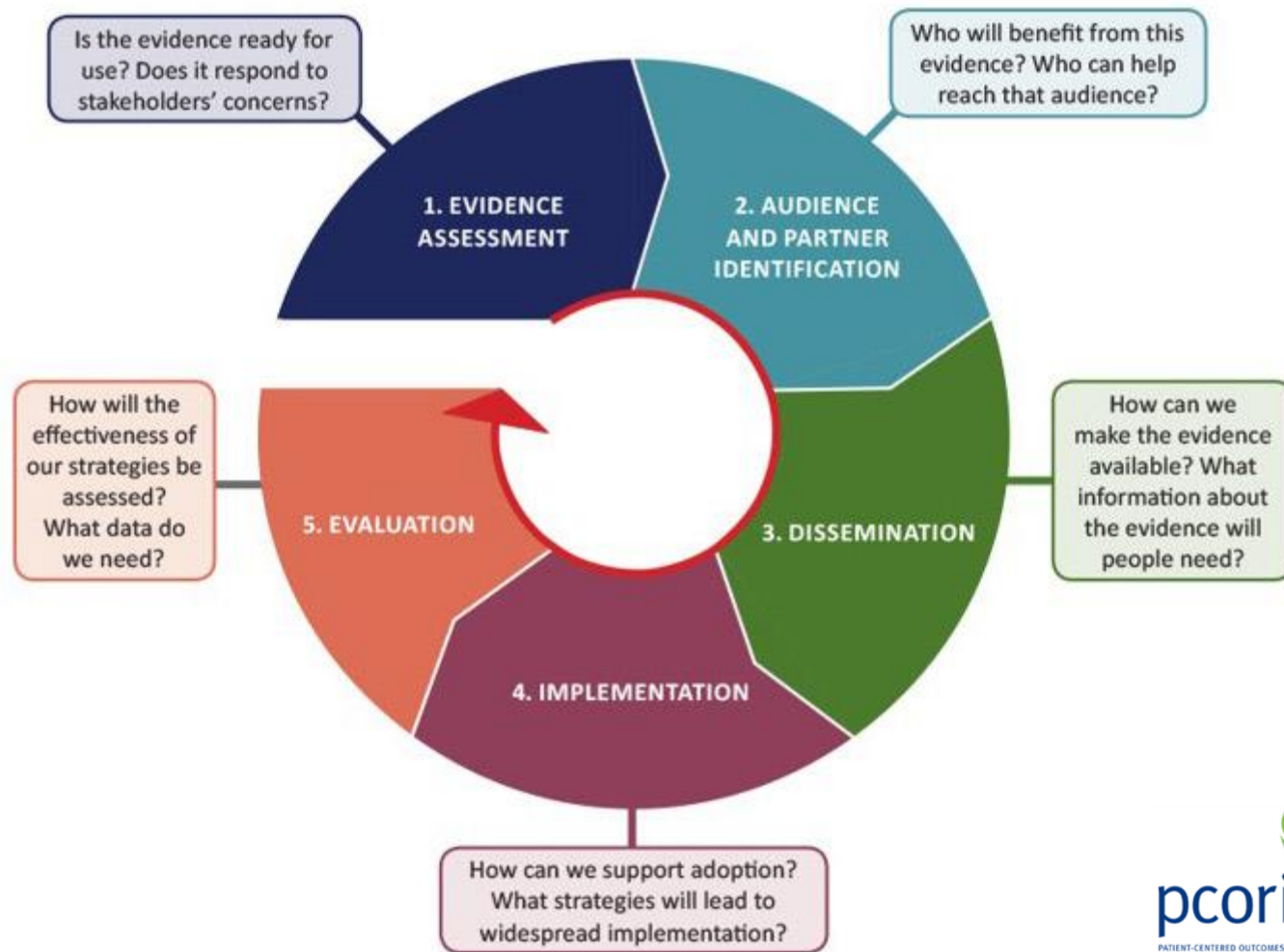
## External policies.

- Incentives, mandates, and insurance-related issues that may affect translation.

## Readiness for implementation.

- Commitment and involvement of staff, level of resources, and accessibility of information.

# Dissemination and Implementation Framework



# Thank you!



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