Achieving Equitable Health Outcomes in Nebraska

**An ECHO Project Funded by
Nebraska DHHS through a CDC grant**

Session 12 – May 15, 2024

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
Subhadra Mandadi, MD
Jonathan Ryder, MD

Quality Improvement Team

Jeff Wetherhold, QI Consultant
Gale Etherton, MD
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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

Sustaining Progress: How to Continue Advancing Health Equity through a QI Lens

Free Live ECHO Project
May 15, 2024
CID: 59007

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. Characterize how summary resources from this project can be used to support health equity work in your organization.
2. Summarize best practices in sustaining improvement from short-term tests of change.
3. Discuss next steps in participant health equity improvement projects.

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: I00059362   Approval Number: 240001432
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:

The below faculty have nothing to disclose:

The below faculty have nothing to disclose:
Shirley Delair, MD, MPH
Gale Etherton, MD, FACP
Mahelet Kebede, MPH*
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
- Precious Davis, EdD, MSN, BSN, RN
- Nada Fadul, MD
- Samantha Jones, CSW
- Heidi Keeler, PhD, MSN/MBA, RN
- Renee Paulin, MSN, RN, CWOCN
- Brenda Ram, CMP, CHCP
- Jonathon Ryder, MD

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Sustaining Progress: How to Continue Advancing Health Equity through a QI Lens

Faculty: Dr. Shirley Delair, Dr. Gale Etherton, Dr. Mahliqha Qasimyar, Dan Cramer, Mahelet Kebede, Jeff Wetherhold

Objectives

1. Characterize how summary resources from this project can be used to support health equity work in your organization.

2. Summarize best practices in sustaining improvement from short-term tests of change.

3. Discuss next steps in participant health equity improvement projects.

In the pursuit of health justice academic medicine must embrace community engagement as a vital cornerstone of its mission.

Medical students must acquire a profound understanding of the multifaceted dimensions of health inequities in the communities they will serve.

The UNMC Community Collaborative Academy was established to integrate community partners as teachers of future physicians.

Incorporating community partnerships into the medical curriculum will increase understanding of social determinants of health & systemic challenges to accessing care.

The UNMC Community Collaborative Academy

Engaging Community Leaders to Teach Future Health Professionals
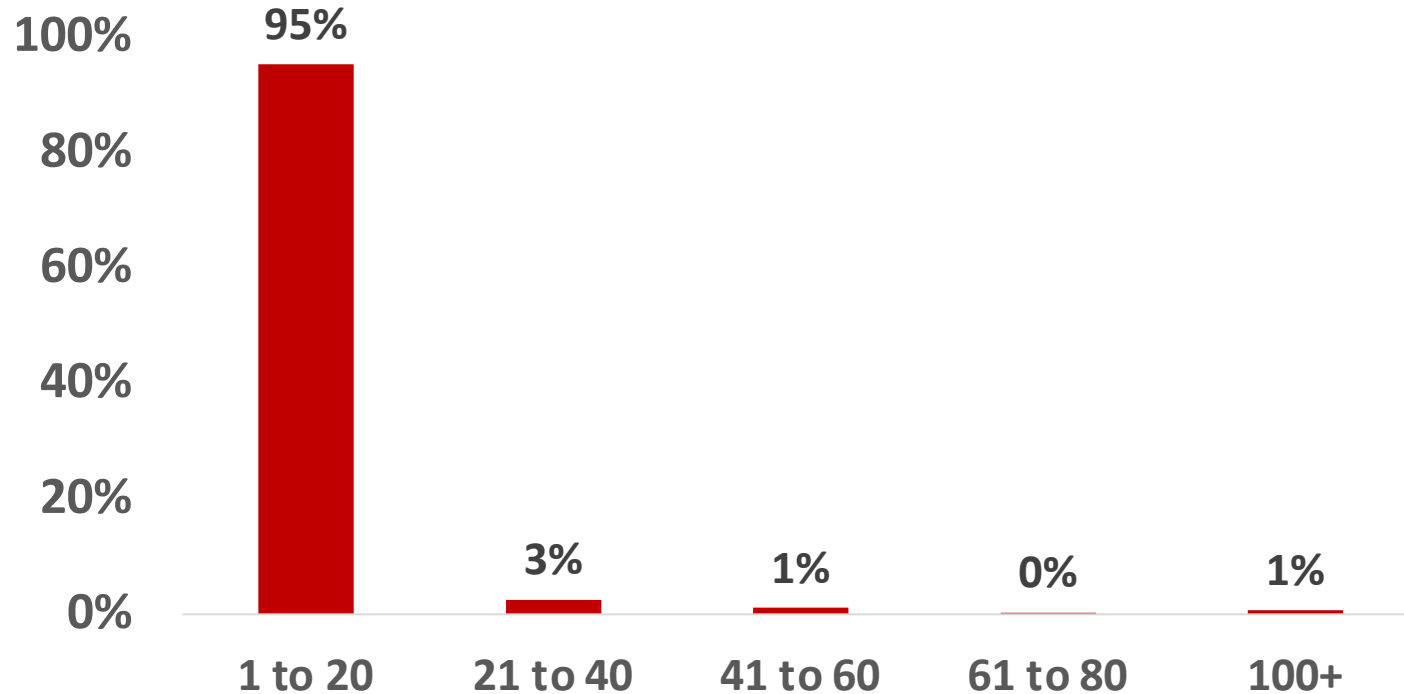
UNMC COM Students & Service Learning

In 2022-23, 68% of students completed a service-learning activity.

	N	%	M1	M2	M3	M4
Yes	330	65.1%	77	97	99	57
No	177	34.9%	50	30	38	59

UNMC COM Students & Service Learning

Percent students by # of Activity Hours

	1 to 20	21 to 40	41 to 60	61 to 80	100+
	95%	3%	1%	0%	1%

UNMC COM Students & Service Learning
Percent students by # of Activity Hours
(Range: 1-20 hours)
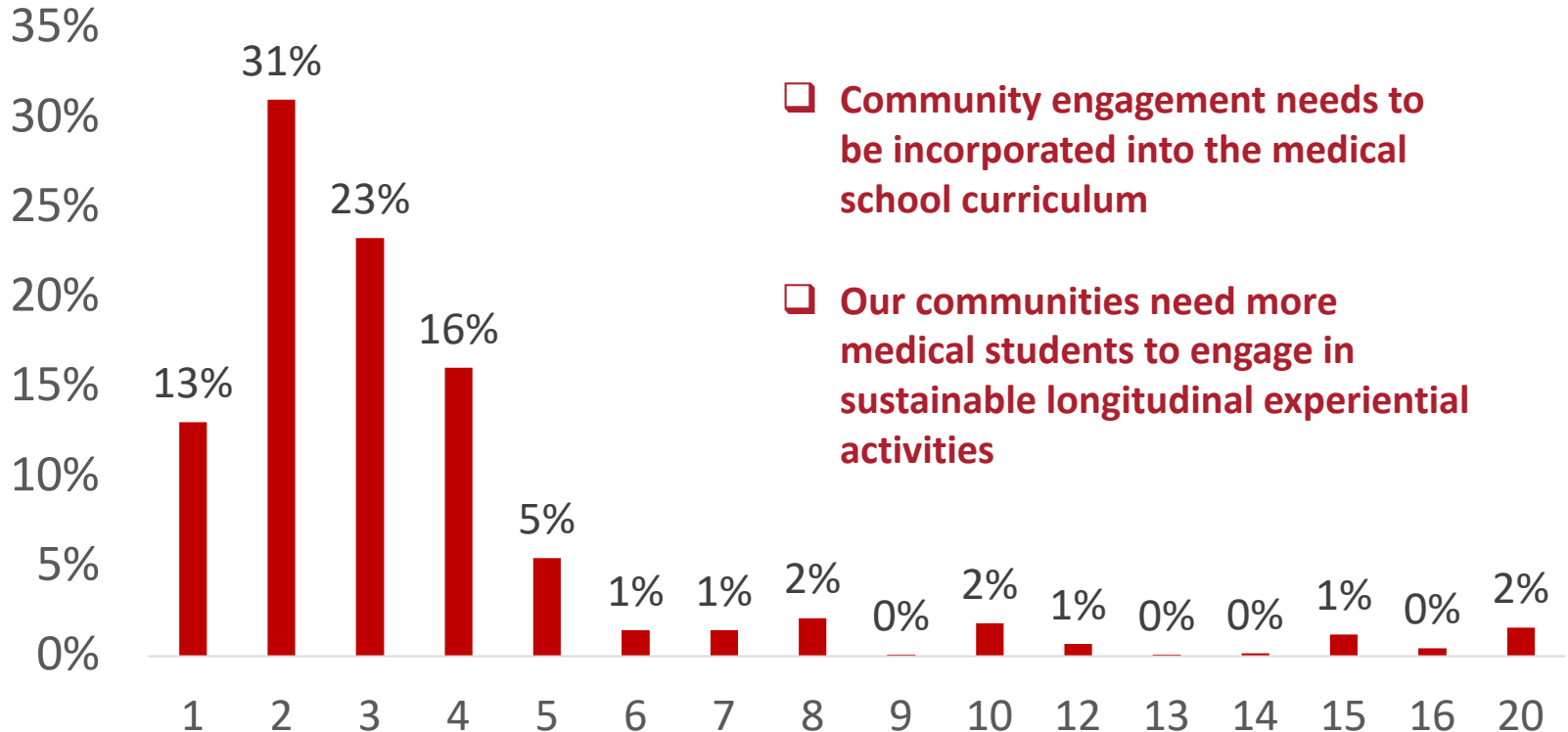
❑ **Community engagement needs to be incorporated into the medical school curriculum**

❑ **Our communities need more medical students to engage in sustainable longitudinal experiential activities**

Chart data — Percent of students by number of activity hours:

Hours	Percent
1	13%
2	31%
3	23%
4	16%
5	5%
6	1%
7	1%
8	2%
9	0%
10	2%
12	1%
13	0%
14	0%
15	1%
16	0%
20	2%

Levels of Community Engagement

Increasing Level of Community Involvement, Impact, Trust, and Communication Flow

Outreach	Consult	Involve	Collaborate	Shared Leadership
Some Community Involvement	More Community Involvement	Better Community Involvement	Community Involvement	Strong Bidirectional Relationship
Communication flows from one to the other, to inform	Communication flows to the community and then back, answer seeking	Communication flows both ways, participatory form of communication	Communication flow is bidirectional	Final decision making is at community level.
Provides community with information.	Gets information or feedback from the community.	Involves more participation with community on issues.	Forms partnerships with community on each aspect of project from development to solution.	Entities have formed strong partnership structures.
Entities coexist.	Entities share information.	Entities cooperate with each other.	Entities form bidirectional communication channels.	Outcomes: Broader health outcomes affecting broader community. Strong bidirectional trust built.
Outcomes: Optimally, establishes communication channels and channels for outreach.	Outcomes: Develops connections.	Outcomes: Visibility of partnership established with increased cooperation.	Outcomes: Partnership building, trust building.	

Reference: Modified by the authors from the International Association for Public Participation.

Figure 1.1. Community Engagement Continuum

Sustainable Partnerships

DIMENSIONS TO SUSTAINABILITY:

1. Relationships and commitments among the partners involved

2. Knowledge, capacity, and values generated from partnerships

3. Funding, staff, programs, policy change, and partnership

Israel BA, Krieger J, Vlahov D, et al. Challenges and facilitating factors in sustaining community-based participatory research partnerships: lessons learned from the Detroit, New York City and Seattle Urban Research Centers. *J Urban Health*. 2006;83(6):1022-1040. doi:10.1007/s11524-006-9110-1

Sustainable Partnerships

❑ The position of director of the UNMC collaborative academy was created with Dr. Precious Davis as its inaugural leader.

❑ *UNMC Community Collaborative Academy* has **15 community members** whose programs address community needs across the lifespan and in broad areas such as food insecurity, prisoner reentry, educational programming, afterschool care for underserved youth, transitional housing, mental health care, health care for Indigenous populations & more…

❑ In addition to planning and teaching during CED, partners benefit from health education sessions provided during planning meetings around topics such as colon cancer screening, maternal health, and novel therapies for sickle cell disease.

Community Collaborative Academy

Academy members, faculty, staff & partners develop the Community Engagement Day (CED) curriculum & activities.

Since 2021 on Fall CED, 14 community partners' host 2 groups of 10 students to accommodate a class of 132 M1s.

Cases & live testimony are used to help students identify barriers to care & available resources.

Post CED, community partners, faculty, staff & students debrief & provide feedback

Ongoing collaborative development of CED curriculum & delivery of health seminars series for community partners

Beginning Spring 2024. CED will be twice yearly for M1s for broader exposure to community partners.

Community Engagement Curriculum

❑ Intro to Health Equity

❑ Unconscious Bias & Racism in Medicine

❑ Caring for Populations

❑ Introduction to the UNMC Community Collaborative Academy with a special presentation from a community partner: *No More Empty Pots*

❑ Introduction to Community Engagement

❑ Fall 2023 CED with site visits and debriefing

❑ Spring 2024 CED Debrief with site visits and debriefing

Community Engagement Day Objectives

❑ Describe the history, the mission of the community organization, their funding mechanism, and the background of the community leader leading the visit.

❑ Identify the range of clients that make up the community(ies) that the organization serves.

❑ Recognize the social determinants of health that the organization addresses.

❑ Discuss structural challenges the community organization faces in meeting its mission.

❑ Present opportunities of experiential activities with community partners

Community Collaborative Academy Partners

Student Feedback on Fall 2023 CED
Response rate 87% (n=132)

Gained knowledge on structural challenges causing inequities

Gained knowledge on the role of social & community factors for health equity

Community visits are an effective teaching and learning modality

CED activities were relevant to my education as a future physician

0%   20%   40%   60%   80%   100%

■ Strongly Agree ■ Agree ■ Neutral ■ Disagree ■ Strongly Disagree
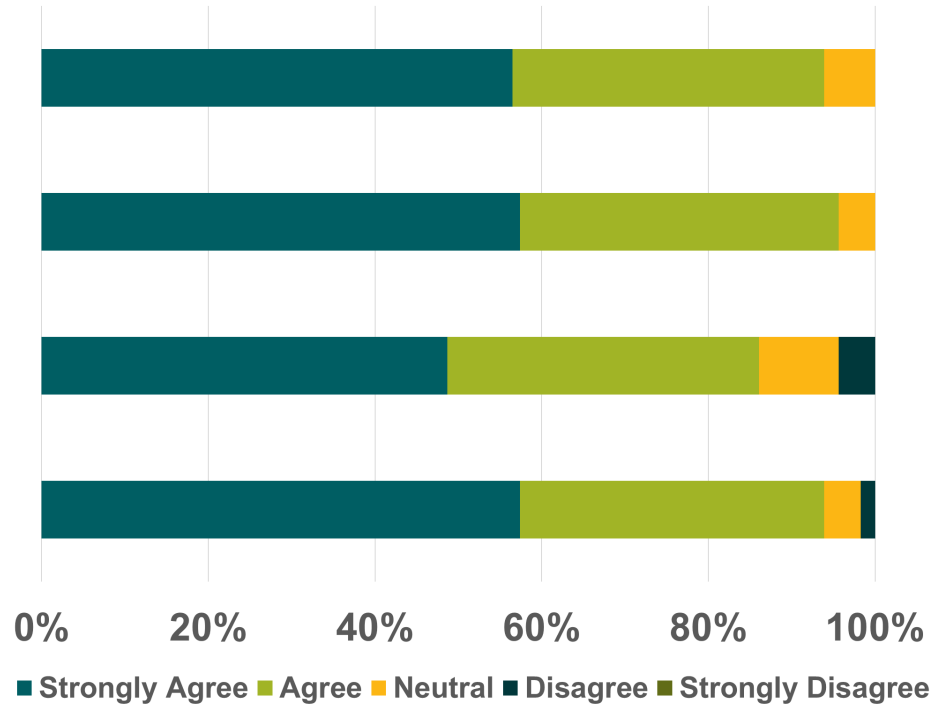
Experiential Activities to Support Community Partners' Mission

Nebraska Medicine

COMMUNITY HEALTH IMPROVEMENT PLAN

2022 - 2025

NebraskaMed.com

The following 15 items were identified as significant health needs in the four-county area referred to as the Omaha Metro area:

Access to Healthcare Services	Potentially Disabling Conditions
Cancer	Prenatal Health & Infant Mortality
Diabetes	Respiratory Diseases
Heart Disease & Stroke	Sexual Health
Injury & Violence	Social Determinants of Health
Mental Health	Substance Abuse
Nutrition, Physical Activity & Weight	Tobacco Use
Oral Health	

| Identified Need	2022 – 2025 Goals	Implementation Activities	Anticipated Impact	Partners
Mental Health **85.1% of Key Informants perceive Mental Health as a major problem affecting the community in the Omaha Metro Area** **17.0% of Metro Area adults describe their overall mental health is "fair" or "poor"** **A total of 6.1% of Metro Area adults report a time in the past year when they needed mental health services but were not able to get them**	Increase the number of health practitioners available to see patients at Nebraska Medicine Increase the number of culturally competent and trauma-informed providers within Nebraska Medicine Increase the capacity to treat patients with co-occurring mental health and substance use problems Decrease the stigma associated with mental illness through communication, education and community awareness	Continue to expand on growing services provided within Nebraska Medicine by increasing providers available within treatment areas, with a focus on identifying diverse providers to match the Omaha metro area population. Participate in community collaborative projects addressing social determinants of health, mental health issues and treatment costs by leveraging multisector partnerships in the community. Partner with community organizations to provide information, education, and research on mental health and suicide prevention. Expand on services such as the Behavioral Health Connection program connecting adults with psychological or substance use disorders to area resources. Analysis of current workflows, referral process and communication patterns across primary care sectors providing prevention, early assessment and immediate response.	1) Decrease the % reporting Mental Health as a major problem in the Omaha Metro Area Comparison: 2018 CHNA – Key Informants, 79.1% 2015 CHNA – Key Informants, 77.5% 2) Decrease the % of Metro Area adults describing their overall mental health as "fair" or poor." (2018 CHNA: 8.3%) 3) Decrease the % of Metro Area adults reporting difficulty obtaining mental health services (2018 CHNA: 2.7%)	Boystown National Hotline Charles Drew Health Center Community Alliance Douglas County Health Department ENCAP Faith Community Fred LeRoy Health & Wellness Center Heartland Family Service National Alliance on Mental Illness - Nebraska North Omaha Community Care Council One World Health Center Sarpy/Cass County Health Department South Omaha Community Care Council University of Nebraska Medical Center

Next Steps:

Ongoing Support for Community Partners' Mission and Increase Medical Student Involvement in all 4 years

QI Roadmap

1. Define a problem statement

2. Map the process

3. Generate a fishbone diagram

4. Identify root cause(s)

5. Apply potential solutions to the hierarchy of actions and impact/effort matrix

6. Define a SMART aim statement

PDSA Cycles
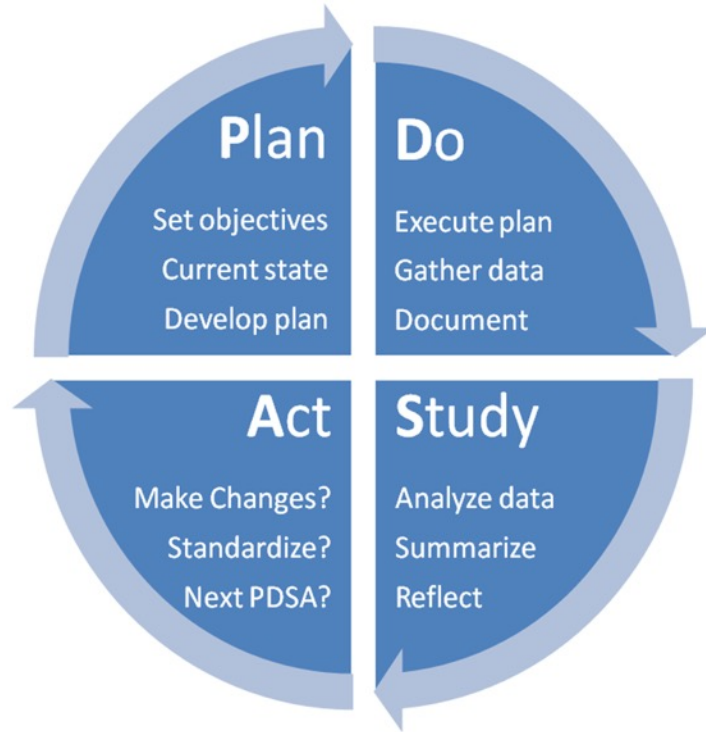
Reflection

Janis Johnson, South Heartland District Health Department

How did you make impacted communities a meaningful part of project scoping?

Reflection

Nichole Regan and Dan Cramer, UNMC Specialty Care Center

How did you use data to help you reframe the

problem you needed to address?
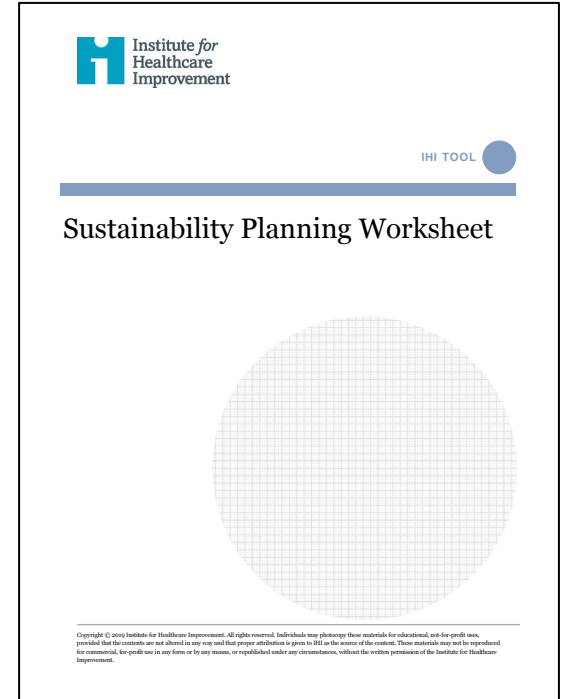
Reflection

Julie Overcash, Complete Children's Health

How did your intervention change as it spread and scaled across clinics?

Plan to Sustain

1. Measurement over time

2. Ownership

3. Communication and training

4. Hardwiring the change

5. Monitoring and assessing workload

Institute for Healthcare Improvement

IHI TOOL

Sustainability Planning Worksheet

Source: IHI Sustainability Planning Worksheet

Health Care Facility and Health Department Health Equity Accreditation Resource

- Intended to support health care facilities and health departments to meet Joint Commission and Public Health Accreditation Board health equity accreditation requirements
- Resource available now
- Website available June 2024

Discussion

Looking Forward

What are the next steps for your health equity work?

Discussion

Looking Forward

What worries you most?

What barriers are you anticipating?

Discussion

Looking Forward

What can you do now that

you couldn't do before this program?

Wrap-up

Thank you to our team!

Infectious Diseases Team

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Subhadra Mandadi, MD
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Precious Davis, EdD
Samantha Jones
Dan Cramer, NP
Jasmine Marcelin, MD
Andrea Jones, MD

Thank you for being part of a community of more than **500 participants** from across Nebraska who have worked to advance health equity!

Our Follow-up

You will receive:

- Today's presentation
- Final project deliverables
- A one-pager with key-takeaways
- Relevant supporting resources

Thank you!