ELIMINATING DISPARITIES IN CARE

Case Study: Adventist HealthCare's Center on Health Disparities

Organization: Adventist HealthCare

Program: Center on Health Disparities

Location: Rockville, MD

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Summary: The Center on Health Disparities was created in 2007 to reduce and eliminate disparities in health status and health care access, treatment, quality and outcomes throughout the communities served by Adventist HealthCare. Through training and education, research, and health services, the Center is working to ensure that all physicians and staff provide culturally competent and compassionate care to patients.

The Center focuses on innovative, practical strategies that will assist in reducing and eliminating health disparities among the most vulnerable populations. These include:

- Community outreach through health and wellness messages that resonate with target populations most affected by disease and illness.
- Continuing education and training for physicians, nurses, and other health care providers that build cultural awareness and develop skills to address cultural differences objectively and help providers interact and communicate directly with patients.
- Enhancing linguistic skills of staff and community partners to provide high quality interpreting services.
- Conducting evidence-based research and analysis, developing initiatives, and partnering with academia and community organizations to improve the health of the community.

NOTE: Some programs are in the initial stages for data collection and reporting, while others are small in scope and have not yet established benchmarks. Where there is data available, it is provided in the questions and answers below.

Q&A:

1. How did the organization's leadership know there were disparities in care, i.e., clinical data outcomes, HCAHPS survey, some other mechanism?

According to national and local population data, our communities and demographics are rapidly changing. Along with this rapid shift are increasing differences in health status, disease morbidity and mortality, and access to health care. Both trends are challenging for health care organizations seeking to provide high-quality care. In response to this problem, Adventist leadership created the Center on Health Disparities to address and eliminate disparities in health care.

Adventist assembled an advisory board of representatives from health care, academia, local government, and community-based organizations. Using findings from the Institute of Medicine report, "Crossing the Quality Chasm", and focusing on providing patient-centered, equitable care, this board helped Adventist assess community needs and prioritize programs and interventions to meet these needs. The Advisory Board continues to guide the Center's activities.

2. How did the hospital identify disparities?

Local data helped make the case for initiatives to address disparities in the community. One of the Center's first projects was an inaugural progress report—Partnering Toward a Healthier Future—that highlighted health disparities and outcomes in three Maryland counties: Montgomery, Prince George's, and Frederick. In addition to national and state public data, relevant local and regional data was examined and compiled for the report. The progress report also details the region's demographic profile and identifies local evidence of disparities as well as recommendations and opportunities to improve health equity.

The progress report has been shared widely and many community organizations refer to it regularly. It will be updated periodically to more clearly demonstrate what the Center, Adventist HealthCare, and other community organizations are doing to address disparities. Each report update helps Adventist demonstrate to staff and the larger community the urgent need to address disparities in health care at their own institutions.

3. How do they/did they measure disparities?

Original research is being planned to monitor and measure disparities. It is unclear which methods will be used, how interventions will be planned and implemented, and how outcomes will be assessed.

4. How is the organization addressing disparities?

Through the Center, Adventist is working primarily in three areas.

For patients: Because Adventist HealthCare wants to ensure that patients receive linguistically appropriate services, substantial effort has gone into training bilingual staff in proper medical interpreting skills. Just speaking a language does not mean one is prepared to do medical interpretation.

At the Qualified Bilingual Staff Training Program, participants learn communication techniques that can be used during cross-cultural encounters such as managing, or pacing, the conversation to keep their own preconceptions in check.

Adventist has made this program available to ALL community providers, not just their own staff, in order to improve health outcomes for the entire community, not just the Adventist patient population.

For medical staff: Ensuring culturally competent care practices among Adventist's physician and nursing staff is a top priority. Much effort goes into defining health disparities and explaining what Adventist, as an organization, is doing to address them. Personal meetings with the Center's leadership and small groups of medical staff allow for candid, helpful conversations about improving cultural competency. Medical staff has observed issues related to health care disparities, but sharing national AHRQ and IOM statistics as well as local data from the progress report paints a clear picture for many of them, putting it in the context of interactions with patients. Meetings last no longer than an hour in order to accommodate the busy schedule of most hospital staff.

For the community: An important piece in addressing and eliminating disparities is pursuing coordinated research, and various efforts are already underway. In its progress report, the Center stressed the need for the systematic collection of racial and ethnic data, as well as language preference to gather information that could be shared publicly. This information will allow providers to better address the needs of the underserved populations, such as immigrants, by better understanding their health status, beliefs, and practices of these populations. While the progress report was an important first step, the Center hopes to facilitate additional research that will prove helpful to regional and local health improvement goals.

5. What challenges or obstacles were overcome?

Everyone is not immediately receptive. Using examples of real situations where disparities cause unfavorable outcomes helped bring those people to the table. The importance of addressing health care disparities can best be told through stories. Early involvement with Adventist's leadership team helped everyone believe in the importance of this program's success.

6. What was the cost of the program and how was it funded (grant, etc.)?

Adventist is early into this program. As they move into the research phase, grant funding will play a role, as will additional resources. There is a strong desire to ensure research positions are funded in order to provide reliable measurement and data.

7. Is this program aligned with the hospitals quality improvement efforts?

Adventist does include the quality improvement aspect. Much of that is tied into future research – ensuring that its quality team is involved in assessing current practice, creating interventions, assessing outcomes and adapting practice accordingly.

8. What other stakeholders (i.e., community groups) were involved?

Adventist works closely with many community partners including government officials, academic researchers, grassroots organizers and others—some of whom serve on the Center's Advisory Board—working to improve access to care. One example is Adventist's collaboration with Montgomery County to provide maternity services to women in need.

Because the Center's progress report identified a strong need for primary and specialty outpatient care outside of the hospital setting, Adventist approached community groups to facilitate access to prenatal care. Now, women in Montgomery County can receive prenatal care at one of several community run clinics staffed by Adventist medical staff and deliver at an Adventist facility as well.

9. What advice would you give other organizations wanting to improve care in similar ways?

Addressing disparities can start small. First, hospitals and staff should be aware of their own cultural beliefs and preconceptions, so they can keep them in check. Being aware of racial and ethnic diversity in the patient population as well as in the surrounding community is the first step toward meeting the unique needs of individual patients. Next, hospitals should look at the 14 Culturally and Linguistically Appropriate Service (CLAS) standards (www.omhrc.gov) and ask how they can be implemented at their institutions. Finally, they should ask tough questions about what processes and practices need to be changed at their organization: *How do you guarantee that untrained staff are not interpreting for patients and providers? And if they are, have you offered any kind of training to ensure that they are qualified to properly interpret in a medical situation?* Cultural and linguistic access services, such as ensuring that bilingual staff are qualified to interpret in medical situations, is necessary for providing high-quality, patient-centered care.