What is ACCORDS?

ACCORDS conducts pragmatic research in real-world settings to improve health care and outcomes, by providing:

- A multi-disciplinary, collaborative research environment to catalyze innovative and impactful research
- Strong methodological cores and programs, led by national experts
- Consultations & team-building for grant proposals
- Mentorship, training & support for junior faculty
- Extensive educational offerings, both locally and nationally
## ACCORDS Upcoming Events

<table>
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<tr>
<th>Date</th>
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<tr>
<td>October 3-4, 2022</td>
<td><strong>Introduction to Qualitative Research Workshop</strong></td>
<td>Facilitated by: Brooke Dorsey Holliman, PhD, MA; Juliana Barnard, MA; Caroline Tietbohl, PhD; and others</td>
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<td>8:00-5:00 PM MT</td>
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<td>October 19, 2022</td>
<td><strong>ACCORDS/CCTSI Community Engagement Forum</strong></td>
<td>Understanding and Appreciating the Capacities of the Community</td>
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<td>October 24, 2022</td>
<td><strong>Methods and Challenges in Conducting Health Equity Research</strong></td>
<td>Co-Creation: A Community Engagement Lens for Health Equity Research</td>
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<td>12:00-1:00 PM MT</td>
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<td>Presented by: Mónica Pérez Jolles, PhD, MA (CU Anschutz)</td>
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<td>June 5-7, 2023</td>
<td><strong>COPRH Con 2023</strong></td>
<td>Save the date! More info coming soon!</td>
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Health Equity Research: What it is and Why it is so Hard to do Well

Presented by:

Romana Hasnain-Wynia, PhD
Chief Research Officer, Office of Research
Denver Health
Health Equity Research: What it is and why it is so hard to do well?

Romana Hasnain-Wynia, PhD
Chief Research Officer
Denver Health
September 19, 2022
Objectives

• What is health equity
• How best to assess evidence gaps in health equity research
• Challenges of conducting health equity research
• How to advance health equity
Health Equity

Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment. (CDC)

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. (Robert Wood Johnson Foundation)
What is Health Equity Research

• Shift the language and emphasis away from health disparities solely (i.e., a focus on problem identification) to a focus on health equity, the highest level of health possible (i.e., a focus on solutions).

• Overwhelming evidence that health disparities are real, but there is limited research that supports the development of effective and sustainable strategies to reduce or eliminate these disparities.

• A shift in language also means shifting the research agenda toward population-level solutions. The shift to health equity involves developing and implementing interventions at the neighborhood, local, community, state, and national levels.
EQUITY: How are we doing?

“The U.S. ranks a clear last on measures of equity. Americans with below-average incomes were much more likely than their counterparts in other countries to report not visiting a physician when sick; not getting a recommended test, treatment, or follow-up care; or not filling a prescription or skipping doses when needed because of costs.”
Health Care System Performance Scores: Equity

Higher performing

AUS - GER - SWIZ - UK - NETH - SWE - FRA - NOR - NZ

Lower performing

CAN - US

Note: To normalize performance scores across countries, each score is the calculated standard deviation from a 10-country average that excludes the US. See How We Conducted This Study for more detail.

Data: Commonwealth Fund analysis.
Health Disparities are Driven by Social and Economic Inequities

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<tr>
<th>Economic Stability</th>
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<th>Education</th>
<th>Food</th>
<th>Community, Safety, &amp; Social Context</th>
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<td>Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations</td>
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Social health is equally important as physical and mental health
Where Should Our Focus Be?

- Cultural Competence
- Implicit Bias Training
- Structural Racism
- System-level approaches
- Equity measurement
  - Alternative Payment Models
  - Integration into Delivery Models

Clyde Yancy, MD, JAMA, 2020 “Budgets, as authenticated and established by leadership, represent a moral contract with the communities that institutions serve.”
Systemic and Structural Racism in Health Care
Systemic and Structural Racism: Where you go matters

- Between 1994-1995, MOST US hospitals did not admit ANY Black Medicare beneficiaries

- Black AMI patients were admitted to only 1000 of the 4690 acute care hospitals nationwide

- 80% of all primary care visits by black patients were made to 22% of physicians
Analysis Raises Questions On Whether Pay-For-Performance In Medicaid Can Efficiently Reduce Racial And Ethnic Disparities

ABSTRACT In 2006 Massachusetts took the novel approach of using pay-for-performance—a payment mechanism typically used to improve the quality of care—to specifically target racial and ethnic disparities in hospital care for Medicaid patients. We describe the challenges of implementing such an ambitious effort in a short time frame, with limited resources. The early years of the program have yielded little evidence of racial or ethnic disparity in hospital care in Massachusetts, and raise questions about whether pay-for-performance as it is now practiced is a suitable tool for addressing disparities in hospital care.
Separate And Unequal: Racial Segregation And Disparities In Quality Across U.S. Nursing Homes

Residential segregation in U.S. cities disproportionately places blacks in poorer performing nursing homes.

by David Barton Smith, Zhanlian Feng, Mary L. Fennel, Jacqueline S. Zinn, and Vincent Mor

Do Hospitals Provide Lower-Quality Care To Minorities Than To Whites?

When minority patients receive hospital care, they receive the same standard of care that white patients receive.

by Darrell J. Gaskin, Christiene S. Spencer, Patrick Richard, Gerard F. Anderson, Neil R. Poeo, and Thomas A. LaVolst

Primary Care Physicians Who Treat Blacks and Whites

Peter B. Bach, M.D., M.A.P.P., Hoangmai H. Pham, M.D., M.P.H., Deborah Schrag, M.D., M.P.H., Ramsey C. Tate, B.S., and J. Lee Hargraves, Ph.D.

Original Investigation

Disparities in Health Care Are Driven by Where Minority Patients Seek Care

Examination of the Hospital Quality Alliance Measures

Romana Hasnain-Wynia, Ph.D; David W. Baker, M.D, MPH; David Nerenberg, Ph.D; Joe Fringlass, Ph.D; Anne C. Beal, MD, MPH; Mary Beth Landrum, Ph.D; Raj Behal, MD, MPH; Joel S. Weissman, Ph.D

Do Primary Care Physicians Treating Minority Patients Report Problems Delivering High-Quality Care?

Practice resources appear to be a determining factor in whether or not physicians treating predominantly minority patients deliver care of adequate quality.

by James D. Reschovsky and Aan S. O'Malley
Where you go matters

Care for poor patients is concentrated among a few providers

Challenge: Within any given hospital or health system, it’s rare to be able to document disparities at a statistically significant level
HEALTH EQUITY
Every person has a fair and just opportunity to achieve optimal health.

Social Determinants of Health
- Social Environment
- Education
- Income and Wealth
- Housing
- Access to Healthy Food
- Supportive Infrastructure
- Resident Voice
- Inclusivity
- Partnerships
- Communication effectively to inform and educate

Coalitions
Create community change through collective action

Societal Values, Beliefs, Norms, Policies, and Practices
- Racism and Injustice
- Employment
- Physical Environment
- Health Systems and Services
- Public Safety

Access to Healthy Food
Housing
Income and Wealth
Education
Social Environment
Supportive Infrastructure
Resident Voice
Inclusivity
Partnerships
Communication effectively to inform and educate
Coalitions
Create community change through collective action

Identify and address health disparities
Advancing Equity Requires Input at Multiple Levels

Law/Regulation/Financing/Payment/Markets

Community Resources

System/ Institution/Organization

Group/Teams

Clinician/ Patient
Assessing Evidence Gaps in Equity Research

The evidence landscape: looking for the big picture

Where can I get a quick snapshot of available evidence?

Where are the gaps in evidence?
Why Do Gaps in Evidence Exist for Underserved Groups?

• Insufficient information
  ▪ how many studies have been conducted? How large are the studies?
  ▪ Who did the studies include?

• Biased information
  ▪ Are existing studies of high quality?
  ▪ Do they measure effectiveness for specific groups? What works?

• Inconsistence findings
How to Identify Evidence Gaps

• The need for a new study must be rigorously justified. What does the study contribute? What is not known? Did a policy/practice get ahead of the evidence?

• Identify gaps in the evidence? Is there representation?

• Find and evaluate the content of a relevant systematic review, evidence synthesis, or a narrative review

• Tradeoffs between breadth, feasibility, and generalizability
  A systematic review may not be appropriate if few high quality studies exist.
The higher you come in the evidence-base hierarchy, the better the inferential powers of your study, supposedly
Types of Evidence Syntheses

- Classic systematic review
- Meta-analysis

- Rapid reviews
- Landscape reviews
- Technical briefs and topic briefs

- Scoping Reviews
- Evidence mapping

- Resource intensive, rigorous and take time
- Cater to more urgent deadlines, not as rigorous
- Set out to map the literature
Types of Evidence Reports

- **Topic Brief (2-3 months)**
  - Brief literature search

- **Technical Brief (7-9 months)**
  - Systematic literature search
  - Stakeholder input

- **Rapid Review (4-8 months)**
  - Similar to systematic review, but methods may differ
  - Balance of quality/rigor with timeliness

- **Systematic Review (12-18 months)**
  - Systematic literature search
  - Stakeholder input
  - Assess evidence strength and study quality

General Understanding of Evidence

Detailed Understanding of Evidence
Examples of EPC Evidence Reports

Mobile Applications for Self-Management of Diabetes

Medication-Assisted Treatment Models of Care for Opioid Use Disorder in Primary Care Settings

Noninvasive Nonpharmacological Treatment for Chronic Pain: A Systematic Review

Early Diagnosis, Prevention, and Treatment of Clostridium difficile: Update
Advancing Equity
Equity Focused Studies

• Clearly describe patient populations (and subpopulations)

• Clearly describe intervention group and any enhancements

• Pay attention to heterogeneity of treatment effects (rural vs urban, race/ethnicity, gender differences, types of illness, etc..) and ensure study is powered to measure effects on subgroups
  – An equity focused study that is not powered to the target population is not an equity study. Equity should not be an add-on.
What is the Health Equity Research Impact?

Directing Research Toward Health Equity: a Health Equity Research Impact Assessment
Enrico G. Castillo, MD MSHPM and Christina Harris, MD. Journal of General Internal Medicine, 2021
Multilevel Interventions To Address Health Disparities Show Promise In Improving Population Health
A FRAMEWORK FOR THE DISSEMINATION AND IMPLEMENTATION OF PATIENT-CENTERED OUTCOMES RESEARCH

EVIDENCE AND CONTEXT ASSESSMENT
- Assess the credibility and strength of the evidence
- Engage trusted sources of information
- Develop strategies based on logic models
- Enhance the accessibility and understandability of the evidence

AUDIENCE IDENTIFICATION
- Identify audiences and partners with potential to adopt evidence or influence adoption
- Uncover audience needs
- Identify audience values, motivation, and expectations
- Determine the incentives necessary for change

REACHING THE AUDIENCE (DISSEMINATION)
- Define desired goals for adoption
- Make the case for the adoption and use of evidence
- Target messages to audiences and identify relevant engagement vehicles
- Communicate the core vs. adaptable elements
- Mobilize local partners
- Engage key decision makers

PUTTING EVIDENCE INTO PRACTICE (IMPLEMENTATION)
- Address context
- Activate individuals with influence
- Engage end users
- Allow for piloting
- Use multipronged strategies
- Ensure support for change
- Commit to change
- Consider sustainability

EVALUATION
- Employ mixed method and use multiple sources of data
- Measure fidelity to core components of evidence
- Engage stakeholders throughout the evaluation

CHALLENGES IN DISSEMINATION AND IMPLEMENTATION
- Balancing fidelity and adaptation; Taking effective strategies to scale; Reaching underserved groups

NECESSARY CONDITIONS FOR DISSEMINATION AND IMPLEMENTATION
- Relative advantage of the evidence
- Resources
- Capacity
- Stakeholder buy-in and engagement

BROAD SOCIAL, POLITICAL, AND ECONOMIC ENVIRONMENT
LOCAL ENVIRONMENT
ITERATIVE PROCESS OF DISSEMINATION AND IMPLEMENTATION, INCLUDING SCALE UP OF SUCCESSFUL INTERVENTIONS
Equity Research and Current and Future Data Challenges
Data:

- Medicaid can play a significant role in advancing equity.
- Prioritizing comprehensive and high-quality data on race/ethnicity and language is a high priority.
- Failure to invest in data may reinforce structural racism and inequities across the health care system.
Data Poverty and the Digital Divide, AI, and Machine Learning

• Increasing awareness within data and digital health communities, and beyond

• There is an opportunity for the health data research and digital health communities to be advocates for data-deprived individuals, groups, and populations, so as to ensure that they are not left behind

• Ultimately, researchers, funders, regulators, policy makers, and politicians need to make it a requirement for creators of digital health solutions to provide assurance that these technologies will be able to perform across different populations and settings.

R.E.A.L Initiative (launched May 2021)

**Awareness and Promotion**
- Defining WHY we ask
- Importance of Self-Report
- Educational Flyers

**Tools & Training**
- Trans-created Scripting with Patients
- Documentation
- Training all Staff, Ongoing

**Data Capture**
- Adaptations to Epic EHR
- Expansion in MyChart Patient Portal

**Evaluation**
- Ongoing QI efforts
- Completeness
- Understanding patient population and needs (e.g. interpreter services)
Post-launch:
  • Race: decreased unknown/missing (7.9% -> 0.5%) and “other” responses
  • 284 Different Ethnic Backgrounds
  • 117 Different Primary Languages
  • 183 Different Countries of Birth
“Evidence may be the cornerstone of a high-performing health system.

The irony is this: For those who wish to see evidence-based medicine implemented, more and better medical evidence might not be the answer. Rather, we need better evidence about how to implement what we already know.”

Romana Hasnain-Wynia
Health Affairs, 2018