Health Disparities Intervention Playbook

This playbook is created with the intention of supporting primary care provider organizations to carry out meaningful interventions to reduce health disparities in our communities. We recommend finding and collaborating with other organizations within your community who are working to reduce health disparities, throughout this process. Providing supportive systems to address health disparities is an evolving effort of Partnership HealthPlan of California. If you have questions about any of the action steps outlined in this document, or would like support in carrying them out, please contact the Performance Improvement team at PIT@partnershiphp.org. For feedback on this playbook, please contact our Health Equity team at HealthEquity@partnershiphp.org.

Play 1: Identify Health Disparities

- ☐ Review Disparity Sensitive Measures (e.g. controlling blood pressure, well-child care, prenatal and postpartum care, etc.). Here is the full list of measures: Healthcare Disparities and Cultural Competency Consensus Standards: Disparities-Sensitive Measure Assessment
- ☐ Choose at least five measures to disaggregate and stratify by at least ***one*** of following factors, if possible:
    - Race, ethnicity and language (REaL) data
    - Sexual orientation and gender identity (SOGI)
    - Geography
    - Socioeconomic status (SES)
    - Disability status
    - Housing status
    - Sites of care
    - Age group
    - Veteran status

- ☐ Compare each group to any of the following comparator groups:
    - External benchmark scores of minimum performance level (MPL) of managed health care plan
    - Politically, economically, and socially advantaged population in your service area
    - The best performing group in that measure
    - Historical data from within the organization

- ☐ Conduct comparison of differences using one of the following methods:
    - Check for a statistically significant difference
    - Compare if groups are at least two standard deviations from each other
    - Compare numeric absolute difference of values
        - >20% is considered significant for process metrics (e.g. screening rates)
        - >10% is considered significant for clinical biomarkers (e.g. blood pressure)
        - >5% is considered significant for clinical outcomes (e.g. morbidity)

Play 2: Prioritize Disparities for Action

- ☐ Identify severity or impact of disparity
  - Is the disparity in a disease that is a strong driver of morbidity/mortality
  - Is the disparity in a disease that has a higher risk of using future health resources
  - Is the size of the disparity over 20% when compared to the comparator group
- ☐ Review number of people impacted by the disparity is large as defined within the context of your organization.
- ☐ Measure determined to be in direct "control sphere" of your improvement team or organization.

Play 3: Identify Root Causes or Drivers of Key Disparities

- ☐ Engage key stakeholders and partners to review inequities and to assist in patient interviews.
- ☐ Directly interview patients and community residents representing the groups experiencing identified disparities and ones that are not. Use the same questions with both groups. Tailor the questions to the specific disparity you are investigating.
  - Refer to page 80 of the PDF to Identify Questions for Key Informants
- ☐ Explore assigning "mystery shoppers"
- ☐ Engage with clinic staff, examining cases of adverse outcomes and seeking to learn from mistakes made. Employ facilitators of different races or backgrounds to make conversation more open and accessible
- ☐ Facilitate a conversation with organizational leaders about whether institutional policies or practices are contributing to the health disparity.
- ☐ Collaborate with community-based organizations, local health departments, and local leaders to gather consensus feedback from communities experiencing disparities
  - Refer to page 82 of the PDF to identify questions for Advocacy Organizations, Provider Organizations, and Practicing Clinicians
- ☐ Review and identify any local or state political, economical, social, and technological barriers that may be contributing to the health disparities

Play 4: Co-Design Improvement Efforts to Address Disparities to save time and resources

- ☐ Conduct literature search in PubMed, Cochrane Library, or the Trip Database to identify evidence-based interventions using key terms such as "health promotion"
- ☐ Conduct a search for evidence based or promising practices to reduce the identified disparity.
  - An example of a resource available for identifying disparities can be found here: "Strategies to Address Racial and Ethnic Disparities in Health and Healthcare: An Evidence Map".
    - Refer to page 48 of the PDF to identify validated comprehensive System Level Change Interventions to address health disparities
    - Refer to page 42 of the PDF to identify validated patient navigation interventions to address health disparities

- ☐ Engage and compensate patients, with lived experience of the disparity, for designing the solution and evaluating whether the solution resulted in a reduced disparity.
    - Have patients complete this Patient Experience Questionnaire to help identify what part of the process should be improved.

Play 5: Define reasonable short-term and long-term metrics

- ☐ Conduct baseline assessment of current status of health disparities and create reasonable timeline to address each one.
- ☐ Identify process and outcome measures to track.
    - Relate the outcome metric to the disparity that you are attempting to reduce.
    - Choose process measures that relate to the activity or process redesign that you have chosen.
- ☐ Be intentional to match your metrics to the difference that you are trying to achieve.
- ☐ Ensure your goals are specific, measurable, attainable, ambitious, and relevant and time-bound (SMART). Some examples are below. *They are for demonstration purpose only; goals should be relevant to the disparities you've identified and the baseline you're starting from.*
    - Reduce the percent of babies born with a low birth weight to African American mothers by 15% at the end of the calendar year.
    - Increase the percent of pregnant Hispanic patients who get prenatal care during their first trimester by 25% within the next 12 calendar months.
    - Improve the rate of Caucasian children between the ages of 3 and 17 years, living in two zip codes who get an annual well-care visit by 10% by the end of the calendar year.
- ☐ Involve a cross-functional team, ideally including a patient with lived experience when defining your metrics.
- ☐ Assign responsibility for collecting data for the evaluation to one staff member and decide on a reporting period.
- ☐ Use the Plan Do Study Act (PDSA) Model for iterative learning and improvement.

Play 6: Implement and Evaluate the Impact of Interventions

- ☐ Review the metrics and carry out your evaluation plan identified in Play 4.
- ☐ Interview the members impacted by the disparity to see if they have experienced a change.
- ☐ Decide if the intervention, system or process change needs to be adopted, adapted, or abandoned.
- ☐ Conduct a celebration event at the conclusion to recognize the success of the project
    - Use a variety of media, pictures, posters, videos, PowerPoint, etc. to show the impact of the activity.

Play 7: Integrate with other equity-focused improvement efforts in your community

- ☐ Identify and convene discussions with equity-focused improvement teams and community partners.
- ☐ Check with your local health department, nonprofit hospitals, and community-based organizations to find partners in this discussion or to find out if there are already discussions happening.
- ☐ Identify alignment between each team / organization's goals and where collaboration will have a positive multiplier effect.
- ☐ Complete an assessment of sustainability using the following tools:
  - Tool #1: Sustainability
  - Tool #2: Organization Infrastructure

Additional Resources

Please consider the following resources for more ideas about how to address health disparities:

California Healthcare Foundation
https://www.chcf.org/publication/toolkit-racial-equity-primary-care-improvement/

Community Commons
https://www.communitycommons.org/collections/Engaging-Lived-Experience-Toolkit

Advancing Health Equity
advanchinghealthequity.org