

ADDRESSING HEALTH DISPARITIES IN ONCOLOGY




AGENDA/OBJECTIVES

Health Equity at Allina Health

- Diversity, Equity and Inclusion at Allina Health
- Common Health Equity Terms
- What is Health Equity?
- Identifying Health Disparities
- Cancer Health Equity


Highlight: Focusing on Breast Cancer Screening in Somali Community



Diversity, Equity and Inclusion at Allina Health


- At Allina Health, diversity, equity and inclusion (DEI) are fundamental to achieving our mission as a health care provider. We know that systemic racism, poverty and discrimination negatively impact the overall health and wellness of our communities. It is our responsibility to take action.
- By respecting and understanding cultural differences, we enhance our ability to provide culturally sensitive care. Increasing cultural competence starts with understanding our own biases and shifting our approach when we interact with others who may be different from ourselves.
- Our focus is to build our foundation, develop shared accountability, and tell our story using common language and shared experiences.

[Diversity, Equity and Inclusion at Allina Health](#)




Allina Health’s Commitment to Health Equity

- As a health care provider, Allina Health commits to:
 - Improve access to and experience with care.
 - Make investments that create innovative solutions that make enduring improvements in access, quality and health outcomes.
 - Continue to build care models that support our patients in addressing their health-related social needs and provide connections to community resources.
 - **Eliminate health disparities and unnecessary variations in quality of care.**




Common Health Equity Terms

- **Diversity:** Embracing and investing in our differences to create a better us.
- **Inclusion:** Cultivating a safe environment where everyone can always bring their whole self, contribute, and thrive.
- **Equity:** Providing access to opportunities that support our communities’ ability to reach its full potential. Creating solutions, informed by an understanding of unique needs, that eliminate barriers to success and fill in opportunity gaps.
- **Health Equity:** “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?



Equality

Equity



WHERE CAN WE SEE DISPARITIES?

Health outcomes: change in the health of an individual, group of people, or population that is attributable to an intervention or series of interventions (e.g., mortality, safety of care, readmissions, etc.)

Quality outcomes: the quality of care an individual, group of people or population receive. When looking at specific health quality outcomes, we can see disparities in quality of care among patients by Race, Ethnicity and Language (REaL) as well as Sexual Orientation and Gender Identity (SOGI) (e.g., colorectal cancer rates, maternal mortality rates, COVID-19 infection rates, etc.)

Healthcare access: who we are serving or not serving (e.g., insurance status, structural racism, affordability of care, experience, etc.)

Healthcare disparities occur in the context of broader inequity.



HEALTH EQUITY STRATEGY OVERVIEW



Addressing Health Disparities: Keys to success

- Tie to health equity to key strategic system initiatives
- Identify & prioritize disparities
- Create an infrastructure for support and implementation



Key opportunities

- Train leaders to use the REaL filter to identify disparities in access to care & quality outcomes
 - Develop tools to help leaders address disparities
 - Normalize working with diverse patients and communities to co-create solutions
 - Increase visibility of disparities and the work being done to address them
- System Health Equity Goals**
In 2020 - 1 health equity goal
2021 - 2 health equity goals
Going into 2022 - 4 health equity goals!!!



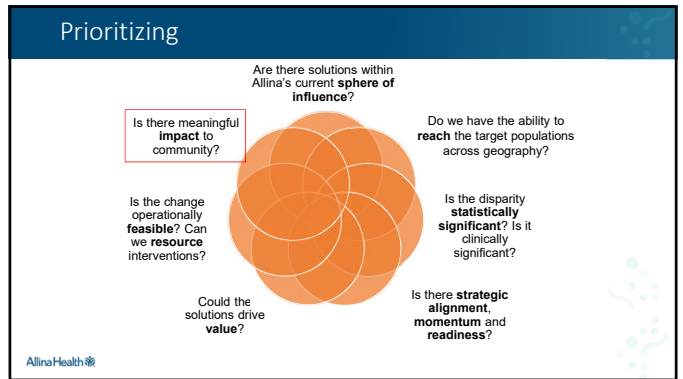
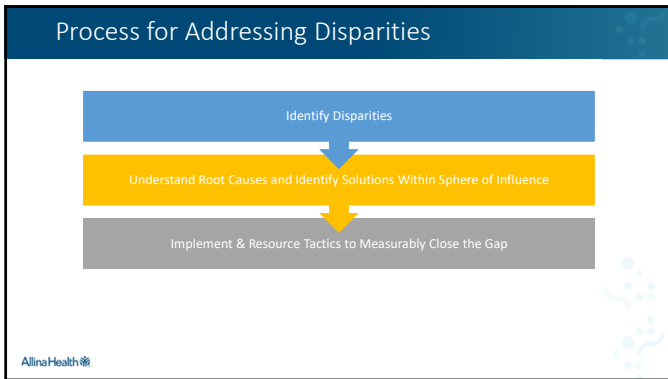
ALLINA HEALTH – HEALTH EQUITY STRATEGY



Using Data to Identify Inequities

- Standard practice to include REAL filter on all dashboards
- REaL filter uncovers the unique experiences of historically underserved populations & opportunities to reduce health inequities
- Other factors that influence health:
 - patient values and beliefs about healthcare
 - specific healthcare interventions
 - housing stability
 - financial resource strain
 - culture
 - gender identity
 - food insecurity
 - social connectedness
 - and other social determinants of health.





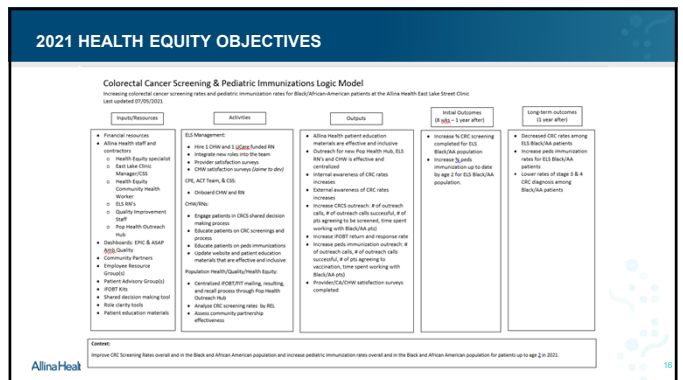
2021 HEALTH EQUITY OBJECTIVES

Focus: Addressing Disparities

Objective	Tactics
Increase colorectal cancer screening rates for Black/African-American patients	<ul style="list-style-type: none"> Hire community health worker & RN's Develop inclusive shared decision making tool Centralized iFOBT/FIT mailing and CRCS outreach
Data	
Colorectal Cancer Screening – Overall	<ul style="list-style-type: none"> Baseline 74.3 2021 Year End Goal: 76.0 Alina Overall 75.3
Colorectal Cancer Screening – Black or African American	<ul style="list-style-type: none"> Baseline 62.4 2021 Year End Goal: 65.0 Black/African-American patients 64.2

Data provided by Alina Health's System Comprehensive Scorecard and reviewed in Monthly Operating Review (MOR) Framework

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PROJECT OVERVIEW

Focus: Addressing Disparities

Objective	Tactics
Reduce PPR for Native American patients	<ul style="list-style-type: none"> Partner with internal & external stakeholders to co-create solutions Focus on five-day follow up process for Alina and non-Alina patients
Data	
PPR A/E Ratio – Native American	<ul style="list-style-type: none"> Baseline 1.05 Native American pts vs 0.91 "Overall" 2021 Year End Goal 0.87 Alina Overall 0.84

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2021 HEALTH EQUITY OBJECTIVES

Focus: Addressing Disparities


Objective	Tactics
Execute COVID-19 vaccine equity strategy	<ul style="list-style-type: none"> Host BIPOC employee listening sessions Host community vaccine clinics Partner with community orgs

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2021 HEALTH EQUITY OBJECTIVES

Focus: Capacity & Capability Building

Objective	Tactics
Develop Mother Baby Birth Compass	<ul style="list-style-type: none"> 2021 EPIC tool development & pilot phase
Develop health equity education & tools	<ul style="list-style-type: none"> Culturally Responsive Care series Using data dashboards to identify disparities
Integrate health related social needs screening post CMS grant period	<ul style="list-style-type: none"> Develop tools to support screening integration

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PARTNERING TO BUILD CAPACITY

OPEN PATH RESOURCES

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Partnering with Somali Community

- Open Path Resources is a Minnesota based non-profit that serves East African immigrant families and faith centers by building their capacity to have greater influence upon public policies that affect their current and future interests
- Co-founded and led by Dr. Michael VanKeulen and Imam Sharif A. Mohamed
- Supported chaplaincy program at Allina Health by providing community determined candidates for future CPE cohorts – helping to create a pipeline of highly qualified Muslim chaplains for region.

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Partnering with Somali Community

- Culturally Responsive Care: Perspectives from Muslim Faith & Culture Training Series**
 - Sept. 15, 2021: Introduction to Muslim Faith and Culture in Minnesota (Recorded LMS ID: 0000617904)
 - Oct. 20, 2021: Patient interactions (ID: 0000610024)
 - Nov. 17, 2021: Preventative care (ID: 0000610026)
 - Dec. 15, 2021: End of life conversations (ID: 0000610028)
 - Jan. 19, 2022: Mental health, chemical dependency and addiction (ID: 0000610030)
 - Feb. 16, 2022: Gender and sexuality (ID: 0000610032)
- Community Conversations

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CANCER CARE AT ALLINA HEALTH


CANCER INSTITUTE

FOCUSING ON BREAST CANCER SCREENINGS
IN THE SOMALI COMMUNITY

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Background

- Minnesota is home to the largest Somali population outside of Somalia and Kenya. According to the U.S. Census Bureau, there are 33,404 Somalis estimated to live in Minnesota.
- Women who immigrated to the United States within the past ten years are less likely to be screened by mammogram than any other population group, including the uninsured
- 61% of age eligible Black Somali women had been ever been screened for breast cancer
- The ELS Clinic served a total of 1,109 self-identified Somali-speaking patients in 2020. Of the Somali population 53% is female. There is a sizable population very near to Abbott that does not receive care here at the Piper Breast Center.
- We have an opportunity to increase visibility to our services and build trust with the local South Minneapolis community in order to better serve neighbors to our clinic and increase screening rates in the community.

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Project Goals

- Develop trust among the Somali Community
- Establish partnerships with community centers
- Establish strong relationships with East Lake Street (ELS) Clinic and AXIS Medical Clinic to encourage referrals to Piper Breast Center
- Identify appropriate venues for community outreach to educate Somali women and men
- Create patient facing content that address barriers to mammography
- Develop culturally responsive modes of communication
- Increase the number of Somali patients served at Piper Breast Center




Navigating Barriers

- Language barriers
- Radiation concerns
- Transportation
- Partner influence
- Breast care is a sensitive topic – private
- Lack of patient education
- Mammogram myths (painful, etc...)
- Cultural beliefs about prevention and self care
- System barriers




Progress to Date

- All existing patient education materials have been translated into Somali
- Created new patient education stick card for “quick info”
- Reached out to several area community centers to establish partnership in breast health screening
 - Brian Coyle Community Center
 - African Community Center
 - Isaroon Community Center




Progress to Date (Continued)

- Developed clinic partnership with East Lake Street and AXIS Medical Clinic
 - Meetings to discuss barriers of mammograms and how we can help
- Developed partnership with SAGE Program
- Developed partnership with Breast Cancer Champions Team
 - Met to discuss barriers and ways to overcome them
- Attended the Brian Coyle Community Health Fair
- Making Strides Event



What’s Next?

- 2 SAGE Program Event Planned for 2021
 - Focus on Somali Community in South Minneapolis/Phillips Neighborhood
 - October 28th – Piper Breast Center, Abbott Northwestern Hospital 8:00 am - 4:00 pm
 - December 2nd – Piper Breast Center, Abbott Northwestern Hospital 8:00 am - 4:00 pm
- Brian Coyle Community Center Health Fair - 2022
- Distribute Patient Education to community centers and East Lake Street and AXIS Clinics
- Continue to develop community partnerships
- Possible video to help physicians with patient education during health care visits
- Develop process to track screenings
- Stand up Health Equity Committee



Free Mammogram Screening Events



October 28th, 2021 Promo PBC11

8:00 am — 4:00 pm

Piper Breast Center
 Piper Building
 913 E 26th Street, Suite 402
 Minneapolis, MN 55404

****Free valet parking or bus passes****



To schedule appointment call **SAGE**
1-888-643-2584





Our Team

- Fatima Mohamed – Community Outreach Consultant/Somali Culture
- Jodi Hammerstad – Breast Imaging Supervisor & Mammographer
- Jamie Bachaus – Health Equity Project Guidance/U Care Grant
- Vivian Anugwom – Manager Health Equity & Inclusion Oversight
- Caitlin Campbell – AHCI Oversight



QUESTIONS?

