The Disparities Leadership Program

Empowering Leaders. Getting to Solutions
Diabetes-Related Death Rate, 2012
Deaths per 100,000 population

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE</td>
<td>22.8</td>
</tr>
<tr>
<td>BLACK</td>
<td>50.1</td>
</tr>
<tr>
<td>HISP/LTN</td>
<td>33.6</td>
</tr>
<tr>
<td>AI/AN</td>
<td>50.3</td>
</tr>
<tr>
<td>ASIAN/PI</td>
<td>18.4</td>
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Disparities in Health Care 2002

Racial/Ethnic disparities found across a wide range of health care settings, disease areas, and clinical services, even when various confounders (SES, insurance) controlled for.

Many sources contribute to disparities—no one suspect, no one solution
IOM’s Unequal Treatment
www.nap.edu
Recommendations

- Increase awareness of existence of disparities

- Address systems of care
  - Support race/ethnicity data collection, quality improvement, evidence-based guidelines, multidisciplinary teams, community outreach
  - Improve workforce diversity
  - Facilitate interpretation services

- Provider education
  - Health Disparities, Cultural Competence, Clinical Decisionmaking

- Patient education (navigation, activation)

- Research
  - Promising strategies, Barriers to eliminating disparities
Our Vision:
Disparities Leadership Program Goals

- Develop cadre of leaders in health care equipped with
  - Knowledge of disparities, root causes, research-to-date
  - Cutting-edge QI strat’s for identifying/addressing disparities
  - Leadership skills to implement and transform organizations

- Assist individuals and organizations to:
  - Create a strategic plan to address disparities, or
  - Advance or improve an ongoing project, and
  - Be prepared to meet new standards and regulations from the JC, NCQA, and health care reform
Disparities Leadership Program Objectives

At the conclusion, participants will be able to:

- Identify ways to secure buy-in from leadership
- List techniques for race/ethnicity data collection and performance measurement and monitoring
- Describe interventions to reduce disparities
- Become familiar with strategies to message the issue of disparities internally and externally
- Develop concrete steps to address disparities within their organizations
Year-Long Timeline

- Dec: Letter of Intent
- Feb: Application Deadline (Team, Project, CEO Sign-Off)
- May: Opening Meeting
- June: Collaborative Group Conference Call #1
- August: Individual Team Call #1
- October: Web Seminar #1, Collaborative Group Conference Call #2
- December: IHI Session
- January: Individual Team Call #2
- February: Collaborative Meeting
- March: Web Seminar #2
- April: Final Collaborative Call, Individual Call and Final Reports Due
Opening and Collaborative Meetings

Opening Meeting

- Special Sessions
  - Intro to Disparities
  - Collecting Race/Ethnicity Data
  - Communications
  - Using your Data
  - Leading Change

- Panels
  - Disps on L’ship Agenda; Measures and Reporting; Interventions; Sys Resp; Alumni Panel

- Collaborative Groups
  - Each team assigned to collaborative group and present/provide feedback to each other

Collaborative Meeting

- Team Presentations
- Leading Change and Sustainability
Our Experience: Disparities Leadership Program Alumni

- Only program of its kind in the nation
- With our current class, the Disparities Leadership Program will have trained:
  - 211 participants
  - 98 organizations
    - 47 hospitals
    - 21 health plans
    - 20 community health centers
    - 1 hospital trade organization
    - 1 federal government agency
    - 1 city government agency
    - 7 professional organizations
DLP participants hail from 29 states, the Commonwealth of Puerto Rico, and Switzerland.