

Disparities Work in a Safety Net Hospital: Lessons Learned

1 You don't know what you don't know. Project plan changed after DLP training.

Educate staff about cultural differences and empower staff to personally develop strategies to address health disparities that improve outcomes for all served.

New goal after DLP Training

Evaluate and reorganize current equity of care work in a meaningful way to launch a supporting communications and education campaign.

Retooling progress:



Created new work plan with larger focus on redoing some work.



Met with various leaders to gain project champions.



Re-engaged and re-energized equity of care council with new plans.



Created data subcommittee to work on creating new dashboard.



Committed to AHA's Equity Pledge to keep the project on track.

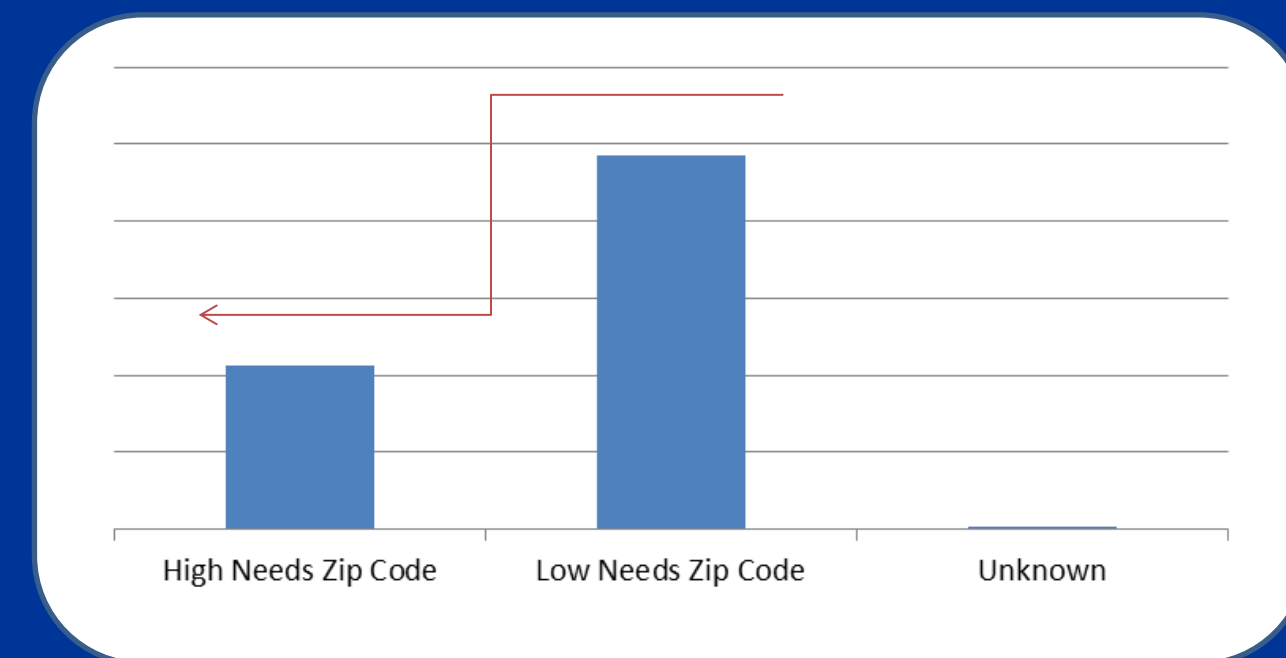
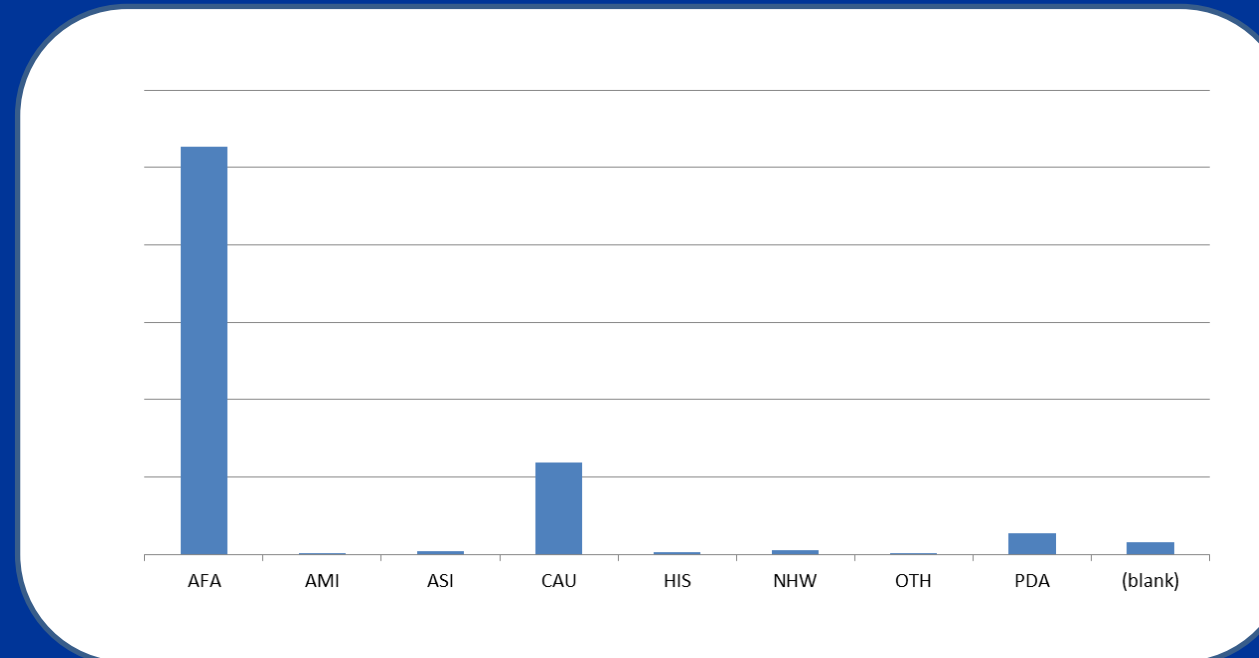
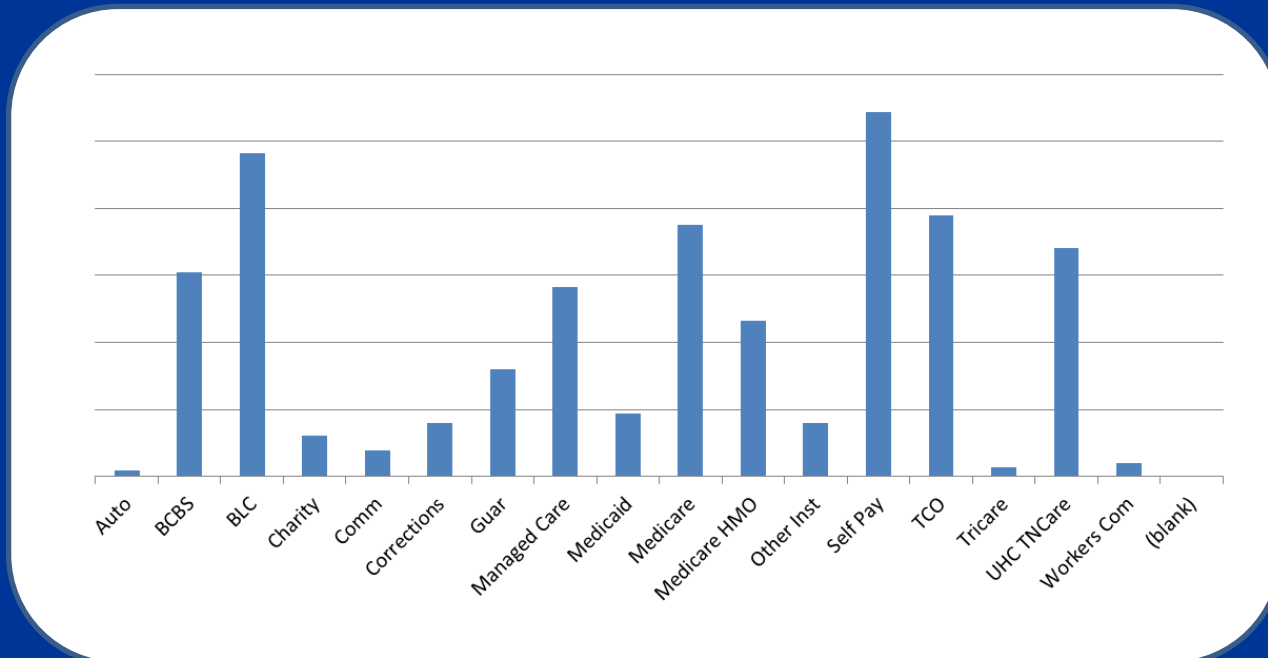


Identified a clinical measure to add to the dashboard: Congestive Heart Failure

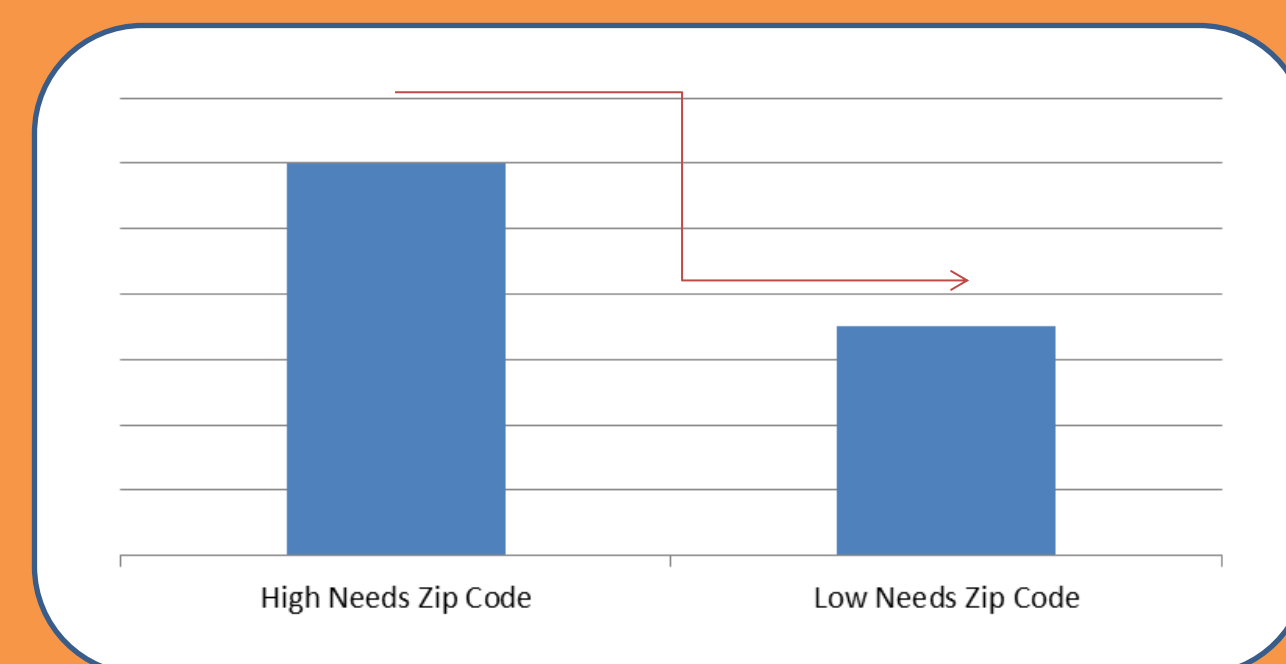
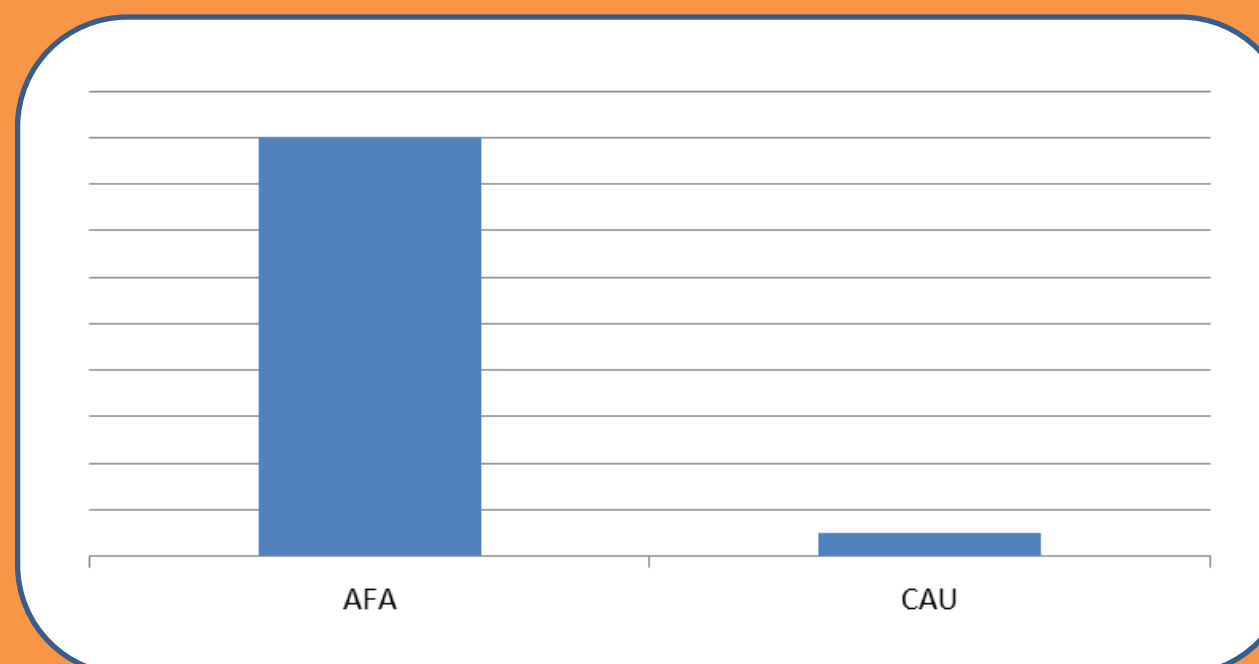
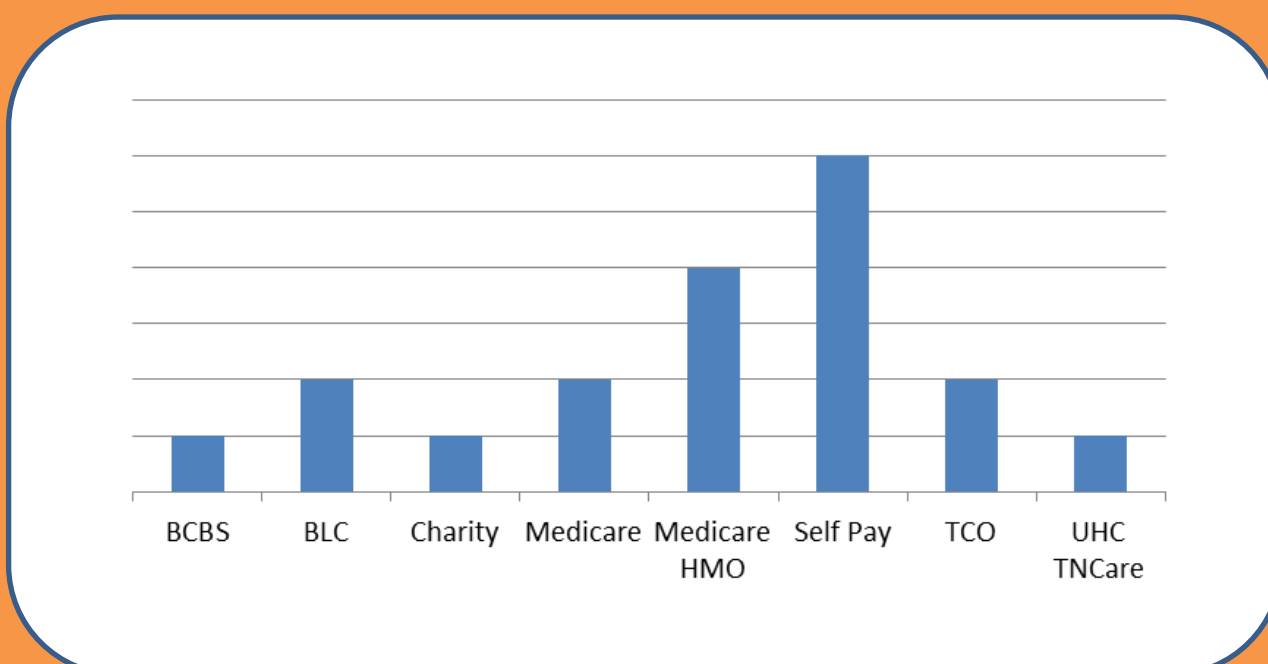
2 Even when you have robust race data, it still isn't always the best measure.

The power of zip codes: Congestive Heart Failure data three ways

Overall patient population



Congestive Heart Failure Population



By Payer

By Race

By Zip Code

3 DLP is the beginning, not the end. Continued commitment is necessary to keep it a priority.

Share new dashboard with council and identify top disparity areas to communicate.

Use dashboard as talking point to raise awareness of disparities with senior leaders.

Create communication pieces to introduce disparity initiative to greater employee population.

Leverage communication pieces as a call to action for interested front line employees to join us in creating the disparities education module for our health system.