



CARDI•OH

Ohio Cardiovascular and Diabetes Health Collaborative



In partnership with:



Cardi-OH ECHO Tackling Type 2 Diabetes

Thursday, October 15, 2020

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 - Kathleen Dungan, MD, MPH receives consulting fees from Eli Lilly and Tolerion, institutional research fees from Eli Lilly, Novo Nordisk, and Sanofi Aventis, and presentation honoraria from Nova Biomedical, Integritas, and Uptodate.
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 - Jackson T. Wright, Jr., MD, PhD reports research support from the NIH and Ohio Department of Medicaid and consulting with NIH, AHA, and ACC.
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Health Disparities and Diabetes, a Primer



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Learning Objectives

- List and describe which subpopulations are at especially high risk for type 2 diabetes.
- Describe the role of culture, health beliefs, and socioeconomic factors upon the role of type 2 diabetes in minority populations.
- Describe a culturally sensitive approach to communication about diabetes management in minority populations.

Disparities Span
the Continuum
of Diabetes

1. Promoting Health and Reducing Disparities in Populations

Diabetes Care 2017;40(Suppl. 1):S6–S10 | DOI: 10.2337/dc17-S004

TAILORING TREATMENT TO REDUCE DISPARITIES

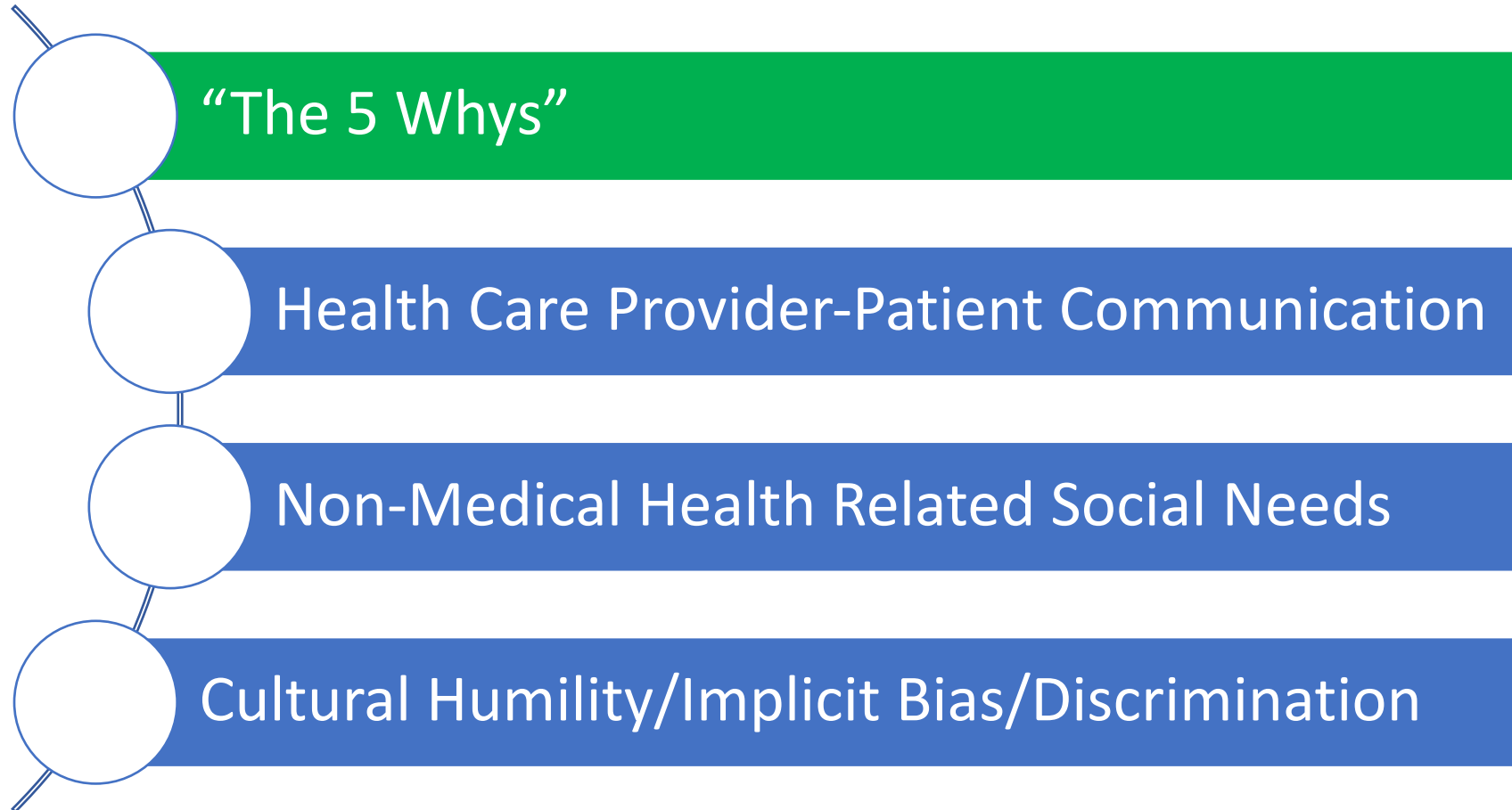
Recommendations

- Providers should assess social context, including potential food insecurity, housing stability, and financial barriers, and apply that information to treatment decisions. **A**
- Patients should be referred to local community resources when available. **B**
- Patients should be provided with self-management support from lay health coaches, navigators, or community health workers when available. **A**

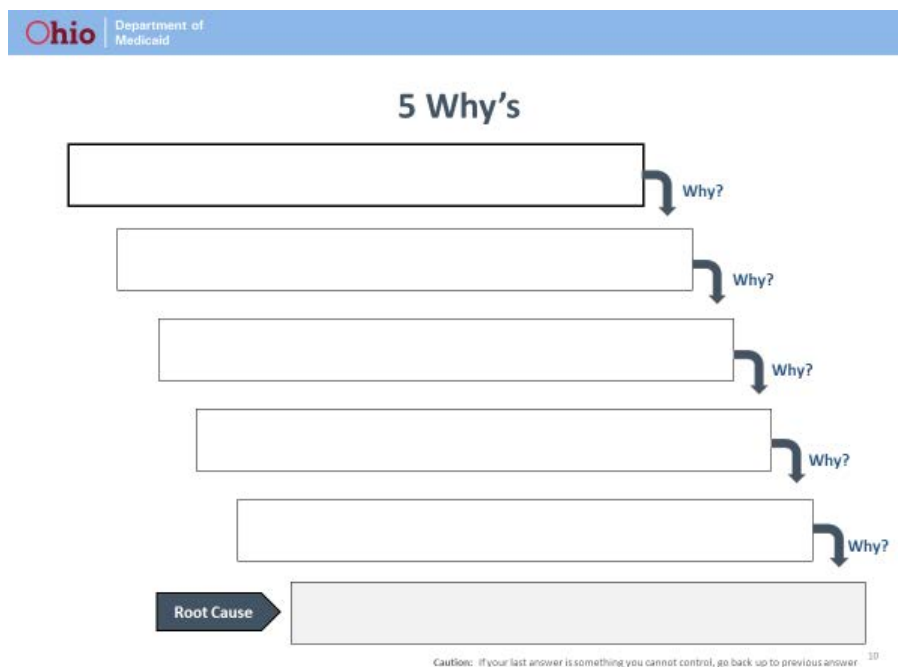
Root Causes of Health Disparities



Root Causes



5 Why's



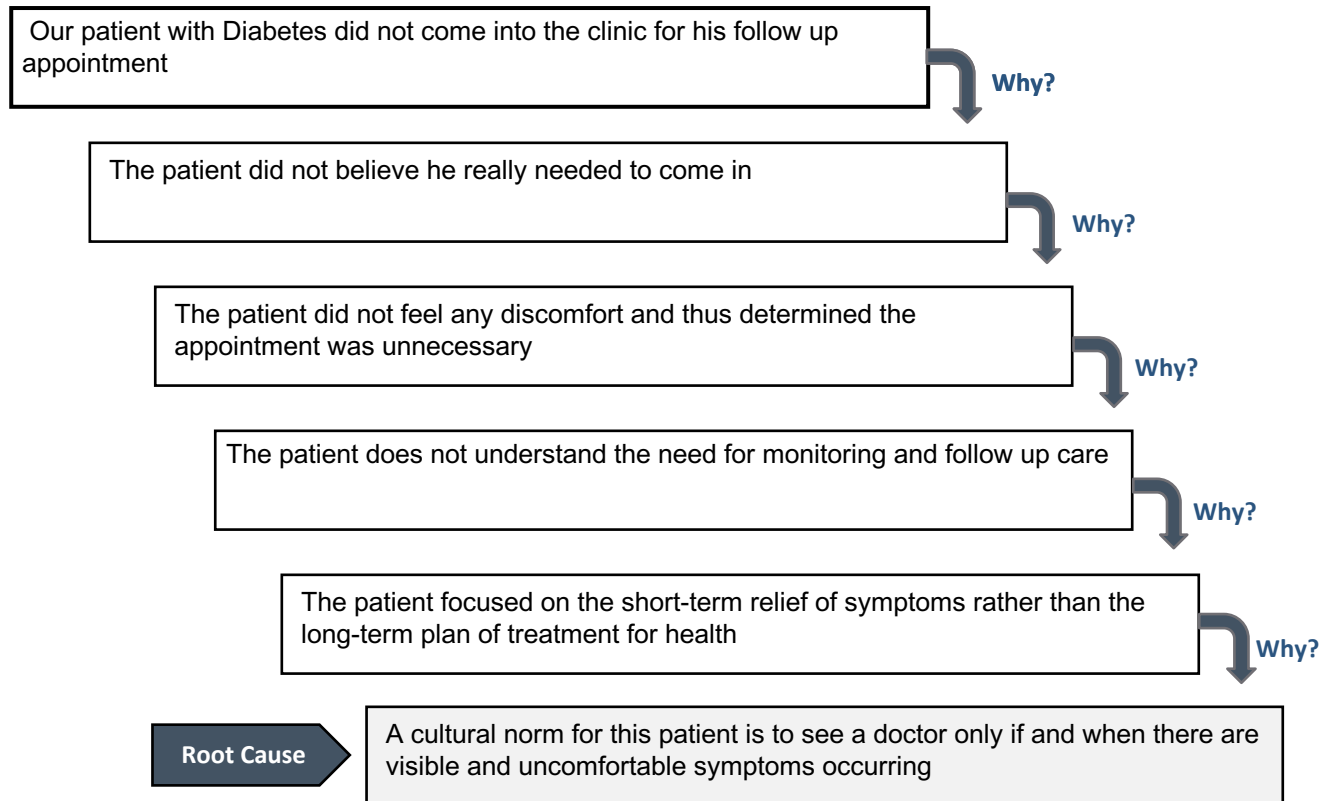
The “Five Why’s” is a method of determining the underlying reasons or root causes of an event or occurrence

PRO: Quick and leads to thinking well below the surface

CON: Largely conjecture until tested. Can be subject to bias when conducted with very homogenous teams

Credit: Chris Jordan

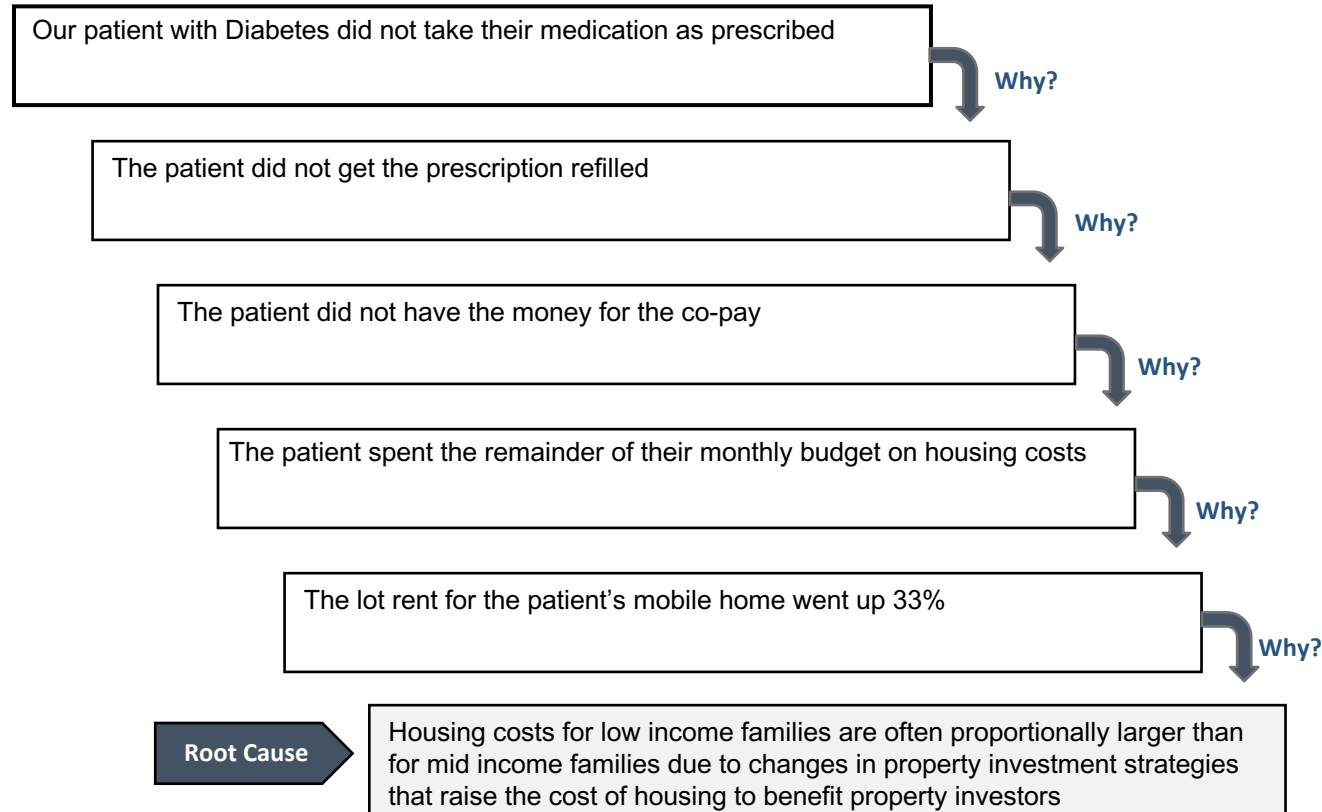
5 Why's



Caution: If your last answer is something you cannot control, go back up to previous answer

Credit: Chris Jordan

5 Why's



Caution: If your last answer is something you cannot control, go back up to previous answer

Credit: Chris Jordan

Identifying Root Causes

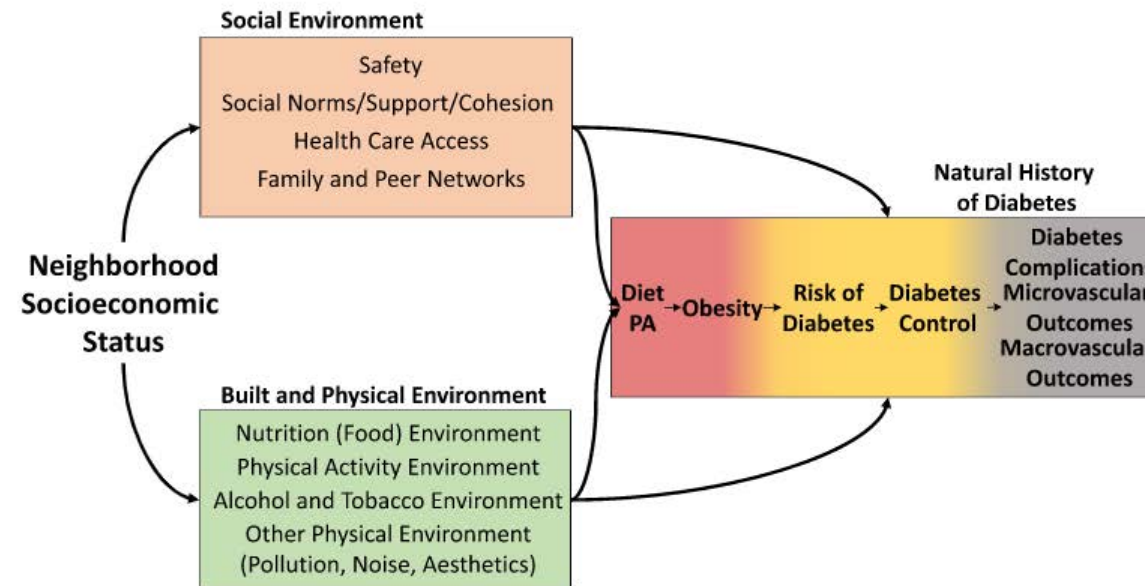
- Avoid fixing “symptoms” - get to the “**root cause**”
- Ask “**Why**” at least **5 times**
- Think carefully about how social factors are often fundamental causes of disease and disparities.

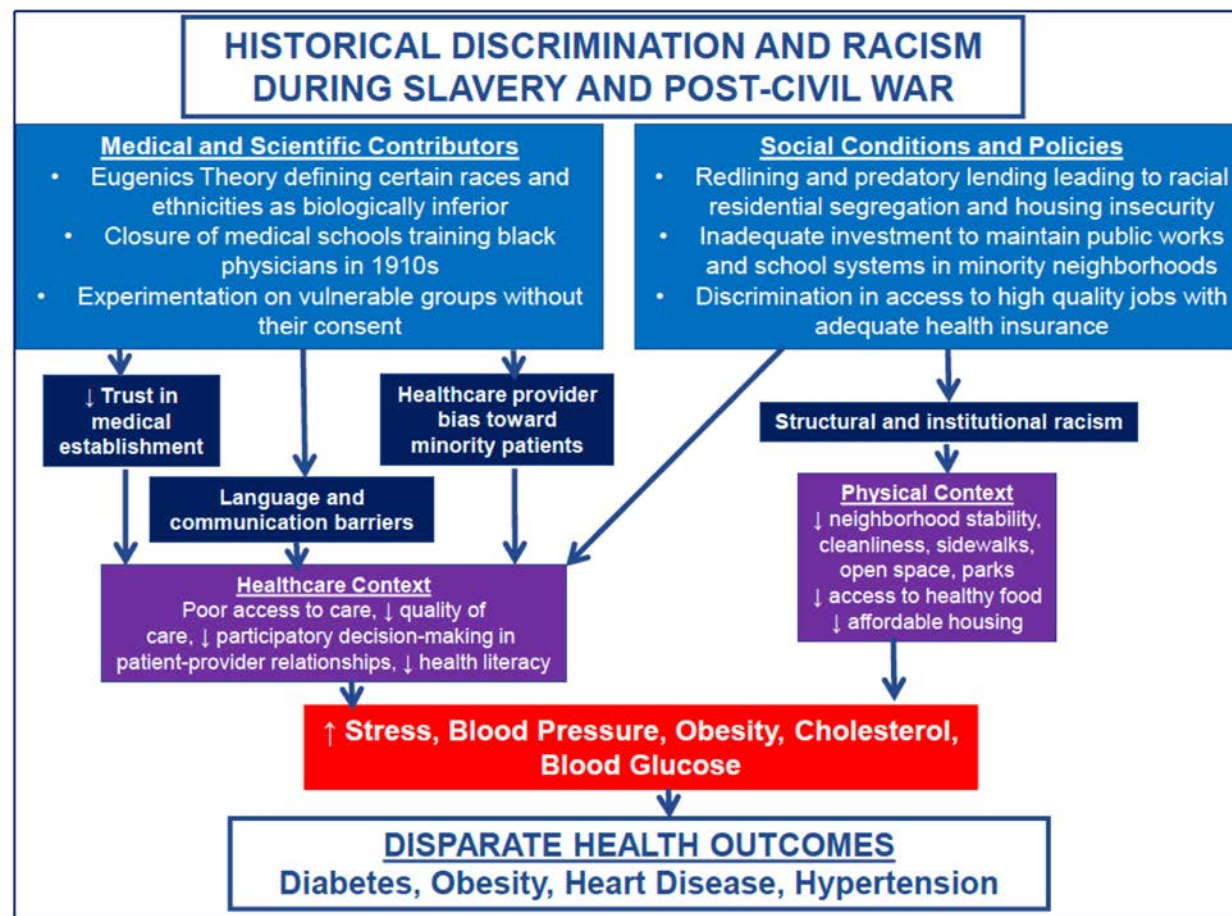
*"If you don't ask the right questions, you don't get the right answers. A question asked in the right way often points to its own answer. Asking questions is the ABC of diagnosis. Only the inquiring mind solves problems."
-- Edward Hodnett*



Neighborhood Environments and Diabetes Risk and Control

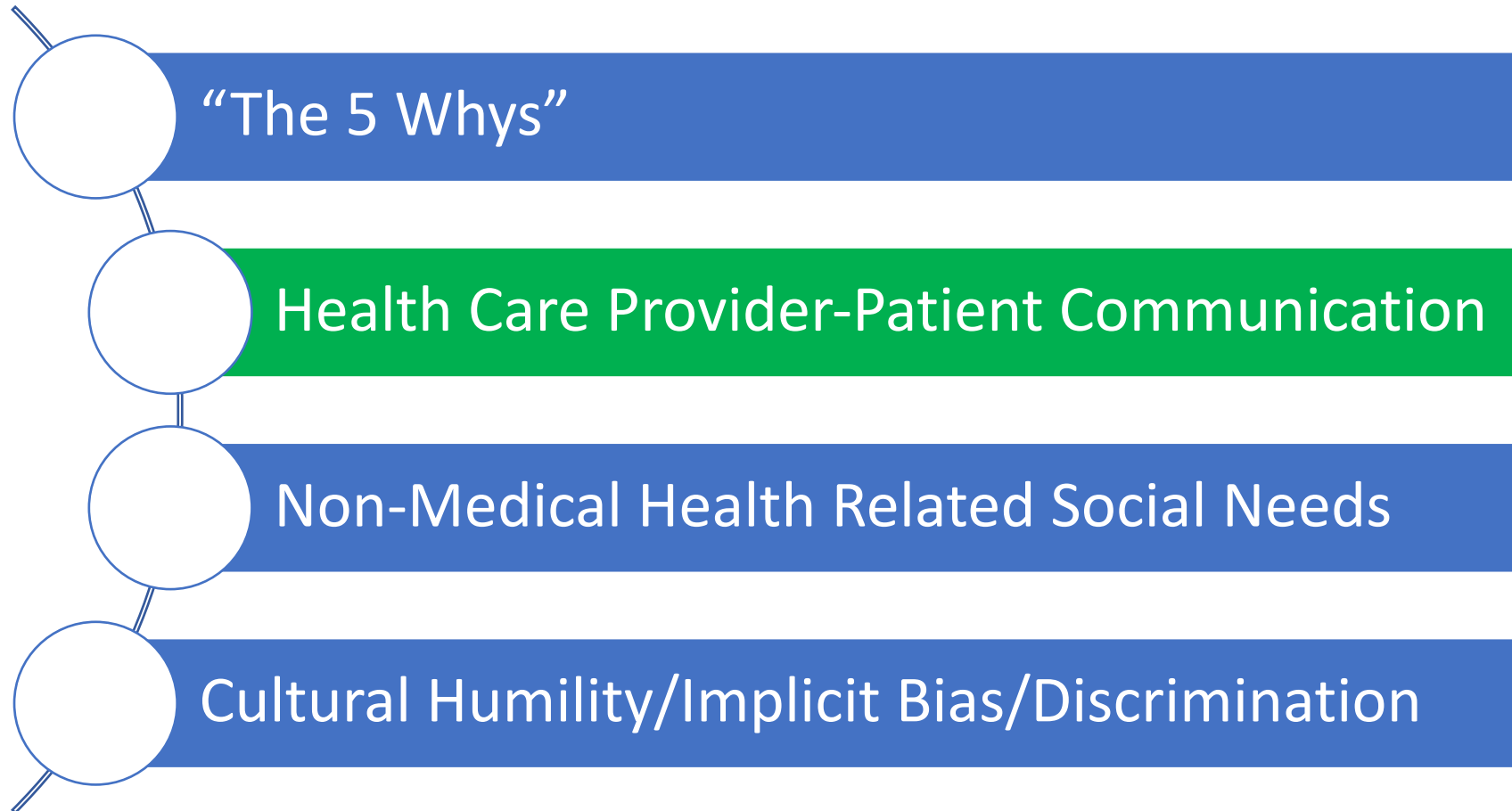
Usama Bilal^{1,2} · Amy H. Auchincloss^{1,2} · Ana V. Diez-Roux^{1,2}



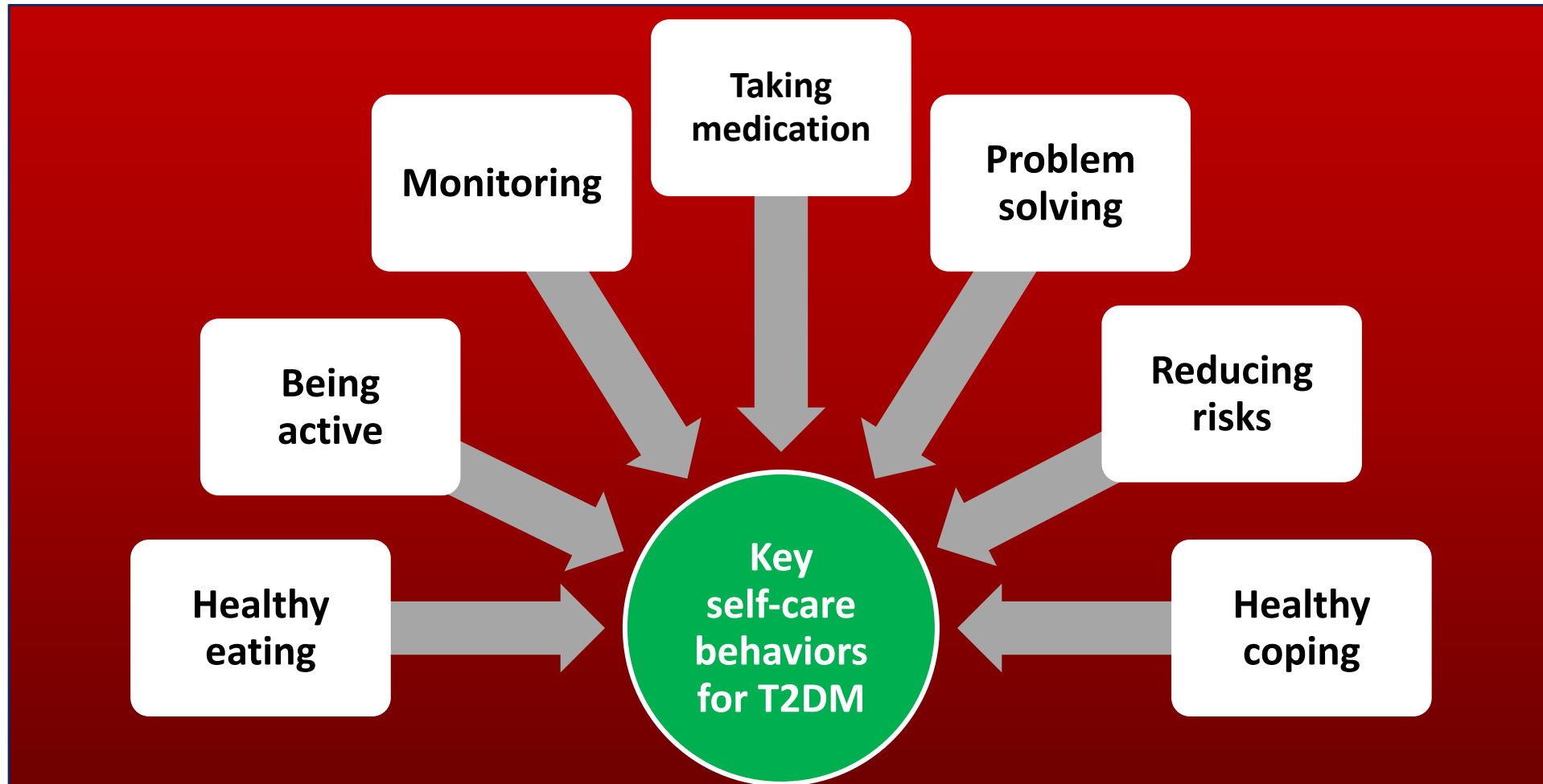


Golden, Joseph, Briggs,
JCEM, Under Review

Root Causes

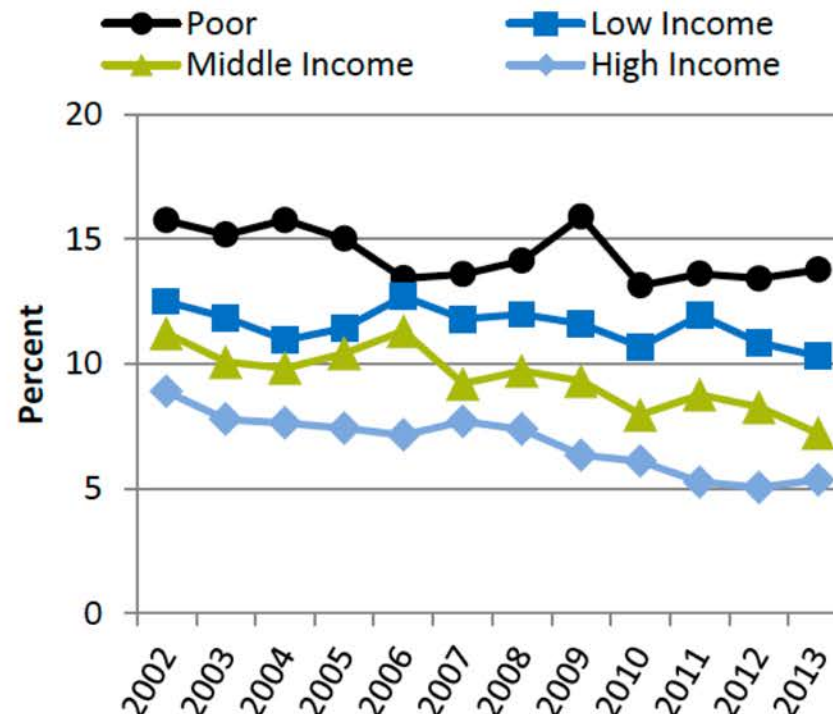
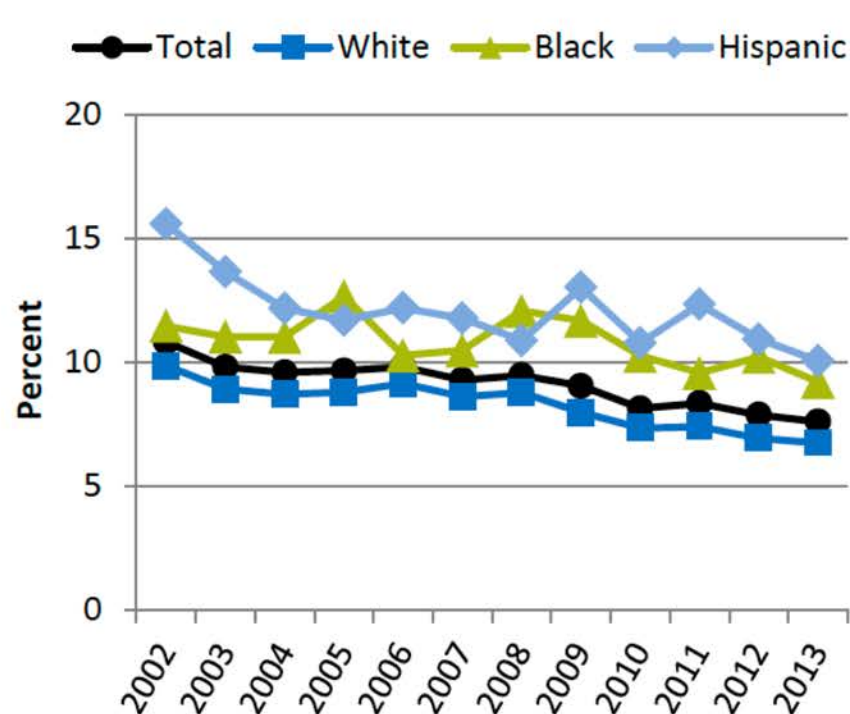


Self-Management Is Essential to Optimizing Health for Individuals With Chronic Conditions



- AADE. 7 self-care behaviors (www.diabeteseducator.org/patient-resources/aaade7-self-care-behaviors).

Person-Centered Care: Adults who had a doctor's office or clinic visit in the last 12 months who reported poor communication with health providers, by race/ethnicity and income, 2002-2013



Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2002-2013.

Note: Adults who reported that their health providers *sometimes or never* listened carefully, explained things clearly, showed respect for what they had to say, or spent enough time with them are considered to have poor communication.



Adherence to Cardiovascular Disease Medications: Does Patient-Provider Race/Ethnicity and Language Concordance Matter?

JGIM

Traylor et al.: Race/Ethnicity and Language and Adherence to CVD Medications

1175

Table 2. Adjusted Adherence to CVD Medications by Patient Race

	Black Patients % (p-value)	Hispanic Patients % (p-value)	Asian Patients % (p-value)	White Patients % (p-value)	Spanish-speaking Patients % (p-value)
Glucose lowering medications	74.2 (<.001)	75 (<0.001)	77.1 (<0.001)	82 (reference)	76 (<0.001)
Lipid Lowering Medications	75 (<0.001)	75.2 (<0.001)	77 (<0.001)	81.3 (reference)	77.3 (<0.001)
BP lowering Medications	74.4 (<0.001)	77.4 (<0.001)	78.5 (<0.001)	81.7 (reference)	78.7 (<0.001)
All CVD Medications	46 (<0.001)	49.4 (<0.001)	52.2 (<0.001)	57.8 (reference)	50.7 (<0.001)



Adherence to Cardiovascular Disease Medications: Does Patient-Provider Race/Ethnicity and Language Concordance Matter?

Table 3. Adjusted Adherence to CVD Medications by Patient Race/Ethnicity and Language Concordance

	Black Patients % (p-value)		Hispanic Patients % (p-value)		Asian Patients % (p-value)		White Patients % (p-value)		Spanish-Speaking Patients % (p-value)	
	Black PCP	Non-black PCP	Hispanic PCP	Non-Hispanic PCP	Asian PCP	Non-Asian PCP	White PCP	Non-white PCP	Spanish Proficient PCP	Non-Spanish PCP
Glucose Controlling Medications	79.8 (0.166)	77.6	76.1 (0.655)	76.6	82.7 (0.131)	81.6	85.3 (0.550)	85.1	77.5 (0.430)	76.6
Lipid Lowering Medications	79.6 (0.331)	78	78 (0.492)	77.3	80.1 (0.947)	80.1	84.1 (0.301)	83.7	80.5 (0.157)	77.5
BP lowering Medications	76.6 (0.98)	76.6	77 (0.262)	78.8	82 (0.570)	81.7	83.6 (0.081)	82.9	81 (0.423)	79.3
All CVD Medications	53.2 (0.044)	49.8	50.7 (0.262)	52.5	59.9 (0.092)	58.4	61.8 (.428)	61.4	50.6 (0.026)	44.8

The Evidence on Concordance is Nuanced



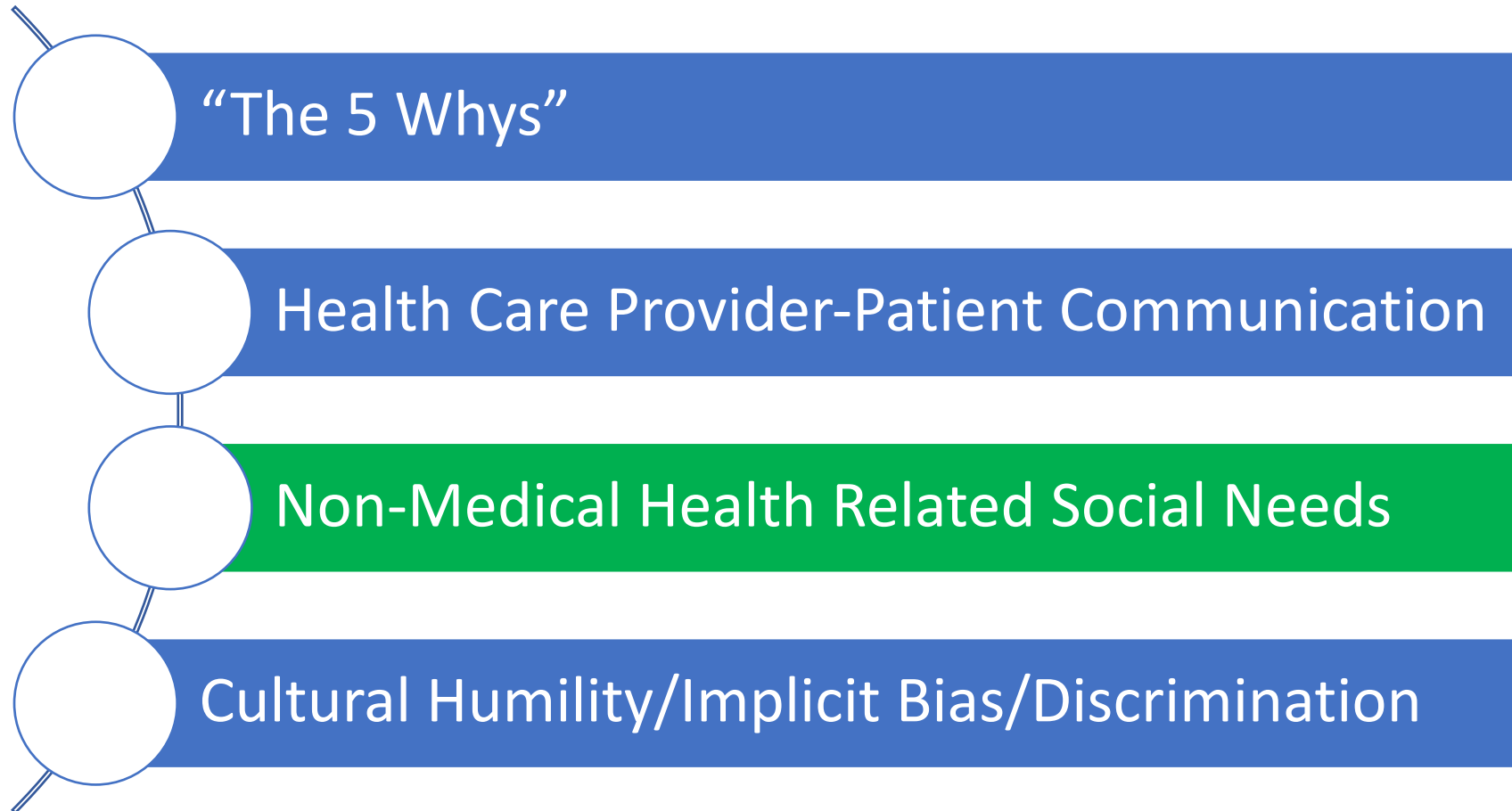
- “There is inconclusive evidence to support that patient–provider race-concordance is associated with positive health outcomes for minorities.”
- “Communication rated as more collaborative in race-discordant relationships was associated with better adherence, while communication rated as less collaborative was associated with poor adherence. There was no significant association between adherence and communication in race-concordant relationships ($p = 0.24$).”
- Experimental studies suggest that race/sex *discordant* providers practicing empathy, collaborative communication and self-disclosure can build similar levels of trust as *concordant* providers

Diamond L, Izquierdo K, Canfield D, Matsoukas K, Gany F. A systematic review of the impact of Patient–Physician non-English language concordance on quality of care and outcomes. *Journal of general internal medicine*. 2019 Aug 1:1-6.

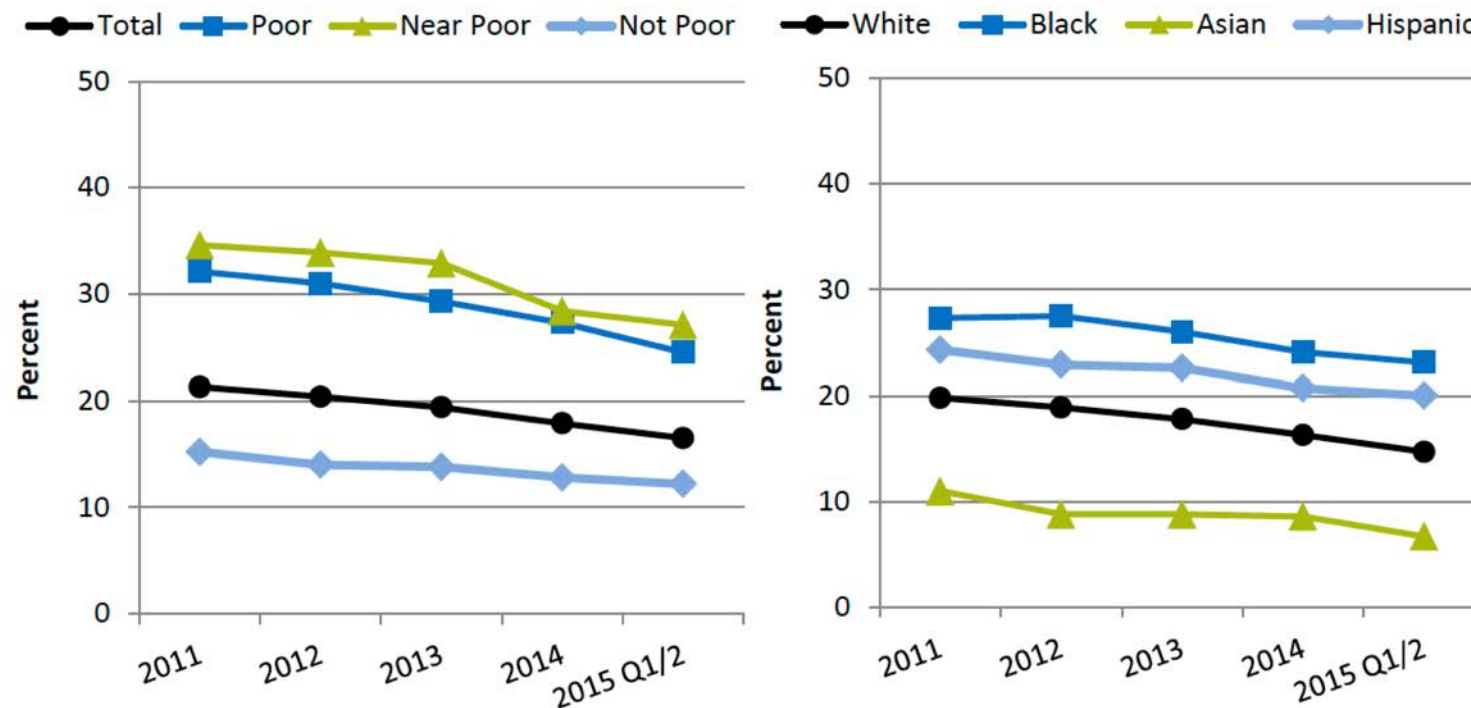
Schoenthaler A, Allegrante JP, Chaplin W, Ogedegbe G. The effect of patient–provider communication on medication adherence in hypertensive black patients: does race concordance matter?. *Annals of Behavioral Medicine*. 2012 Jun 1;43(3):372-82.

Nazione S, Perrault EK, Keating DM. Finding Common Ground: Can Provider-Patient Race Concordance and Self-disclosure Bolster Patient Trust, Perceptions, and Intentions?. *Journal of racial and ethnic health disparities*. 2019 Oct 1;6(5):962-72.

Root Causes



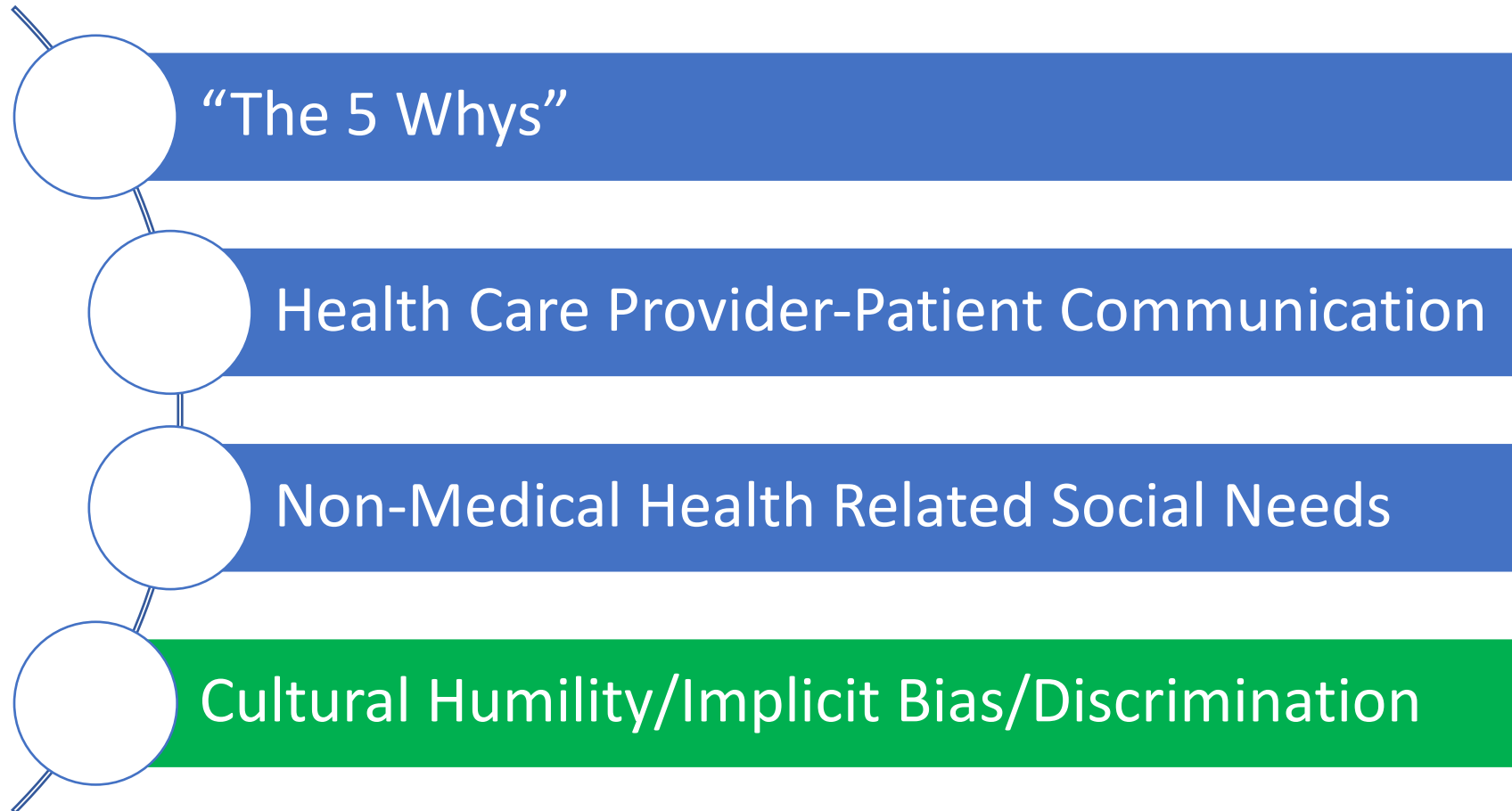
Care Affordability: People under age 65 who were in families having problems paying medical bills in the past year, by poverty status and race/ethnicity, 2011-2015 Q2



Key: Q = quarter.

Source: Cohen RA, Schiller JS. Problems paying medical bills among persons under age 65: early release of estimates from the National Health Interview Survey, 2011-June 2015. Hyattsville, MD: National Center for Health Statistics; 2015. <http://www.cdc.gov/nchs/nhis/releases.htm>.

Root Causes



Pursue cultural humility - not cultural competency

- “Cultural humility is the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person”

Practicing Cultural Humility

*A*sk questions in a humble, safe manner

*S*eek Self-Awareness

*S*uspend Judgment

*E*xpress kindness and compassion

*S*upport a safe and welcoming environment

*S*tart where the patient is at

- Lisa Boesen

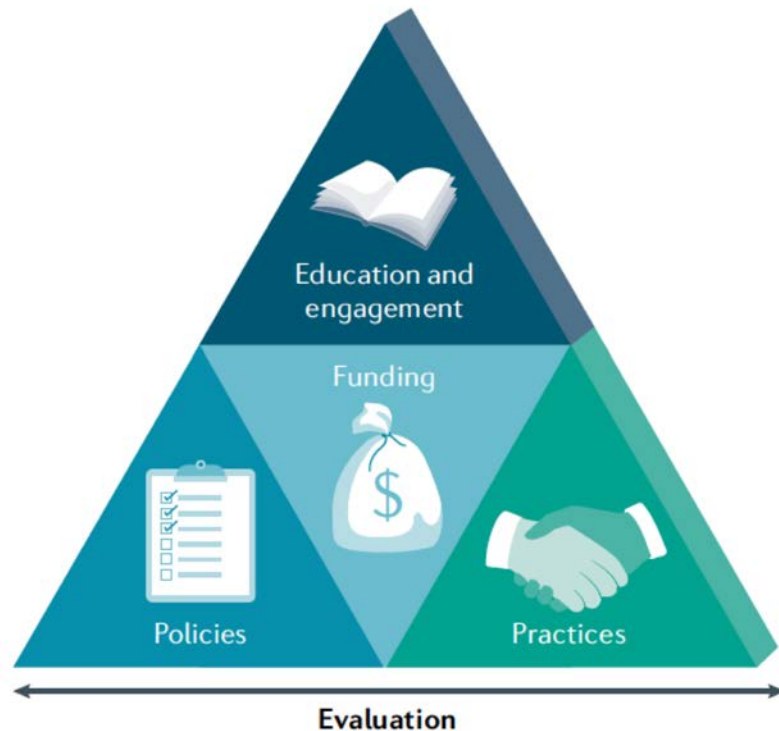
Potential Solutions



Potential Solutions



Making Anti-Racism A Core Value



- Elevate The Cause
- Engage Stakeholders
- Equip Communities, Employees, And Learners
- Empower Those Who Are Marginalized Or Oppressed
- Evaluation And Accountability Are Key

Gray II, D., **Joseph, J.**, Glover, A., Olayiwola, J. (2020.) How academia should respond to racism. *Nature Reviews Gastroenterology & Hepatology*.

<https://doi.org/10.1038/s41575-020-0349-x>

J. Nwando Olayiwola, **Joshua J. Joseph**, Autumn R. Glover, Harold L. Paz, Darrell M. Gray, II "Making Anti-Racism A Core Value In Academic Medicine, " *Health Affairs Blog*, August 25, 2020. DOI: 10.1377/hblog20200820.931674

- Establish a **collaborative relationship** and to assess and address self-management barriers **without blaming patients** for “noncompliance” or “nonadherence” when the outcomes of self-management are not optimal.
- “**noncompliance**” and “**nonadherence**” denote a passive, **obedient role** for a person with diabetes in “following doctor’s orders” that is at odds with the active role people with diabetes take in directing the day-to-day decision making, planning, monitoring, evaluation, and problem-solving involved in diabetes self-management.
- Using a **nonjudgmental approach** that normalizes periodic lapses in self-management may help minimize patients’ resistance to reporting problems with self-management.
- Use evidenced-based approaches like Motivational Interviewing

ADA Standards of Medical Care, 2018

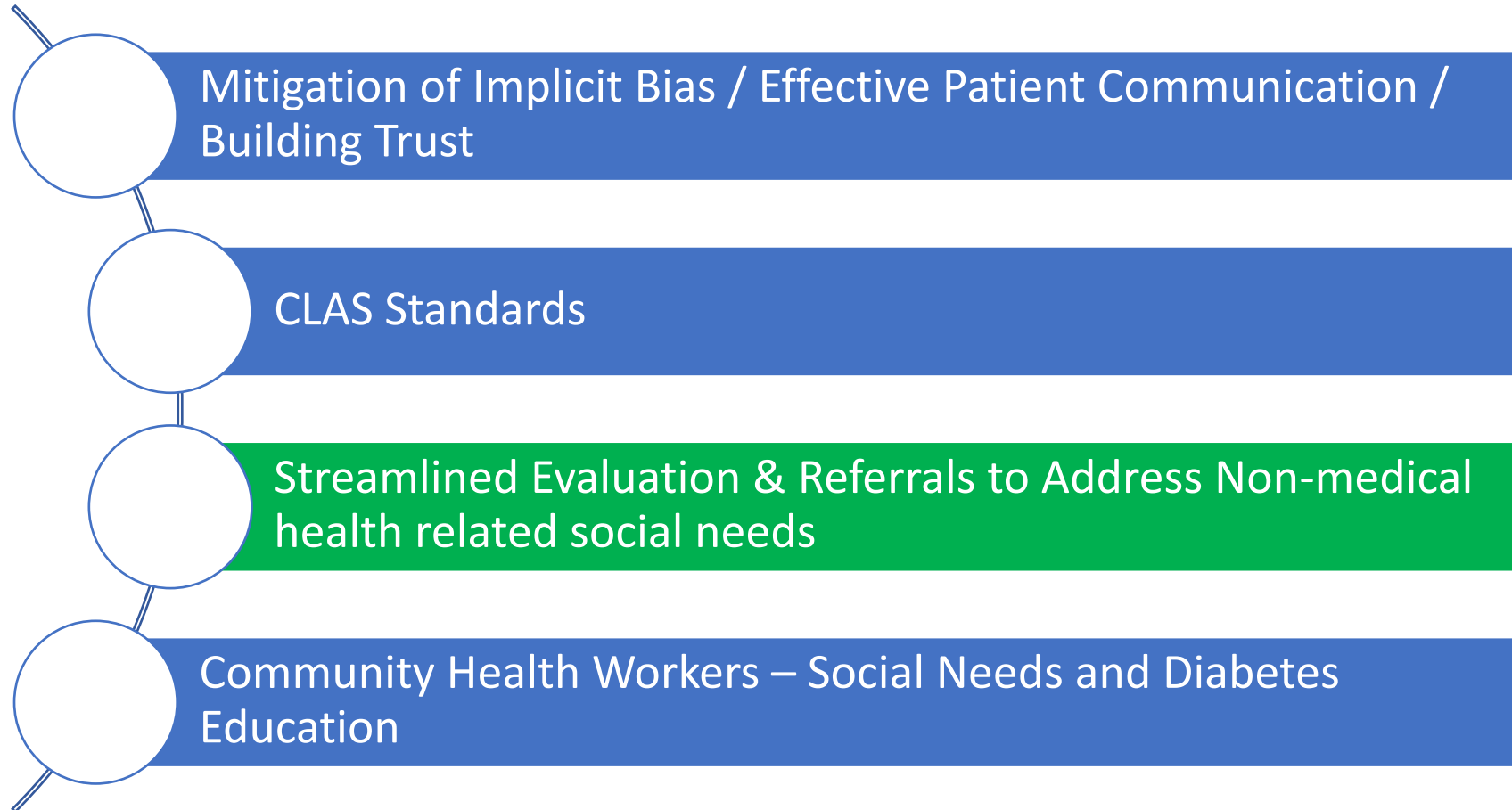
Potential Solutions





- The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities.
- Advancing Health Equity At Every Point of Contact

Potential Solutions



Screen and Refer models of caring for social needs show potential for improving outcomes



- Vendor-based systems (pathways community hub)
- Simple EHR-based screening protocols (EPIC, PRAPARE, Health Leads)
- **Think about existing processes (esp. forms) where you are already providing social care!**

Potential Solutions



Community Health Workers



- Community health workers (CHWs) are frontline public health workers who typically are trusted community members and who possess a deep understanding of the communities they serve. The American Association of Diabetes Educators defines CHWs, as complementary healthcare workers who interact with people with diabetes or those at risk of diabetes.¹

Community Health Worker – High Intensity Interventions Improve A1C



- *Spencer et al, 2011* - diabetes self-management education and regular home visits, and accompanied them to a clinic visit during the 6-month intervention period
- *Rothschild et al, 2015* - delivering self-management training through 36 home visits over 2 years
- *Perez-Escamilla et al, 2017* - The CHW intervention comprised 17 individual sessions delivered at home by CHWs over a 12-month period. Sessions addressed T2D complications, healthy lifestyles, nutrition, healthy food choices and diet for diabetes, blood glucose self-monitoring, and medication adherence.

Pérez-Escamilla R, Damio G, Chhabra J, Fernandez ML, Segura-Pérez S, et al. Impact of a community health workers-led structured program on blood glucose control among Latinos with type 2 diabetes: the DIALBEST trial. *Diabetes Care* 2015;38(2):197-205. <https://pubmed.ncbi.nlm.nih.gov/25125508/>

Rothschild SK, Martin MA, Swider SM, Tumialán Lynas CM, Janssen I, et al. Mexican American trial of community health workers: a randomized controlled trial of a community health worker intervention for Mexican Americans with type 2 diabetes mellitus. *American Journal of Public Health* 2014;104(8):1540-8. <https://pubmed.ncbi.nlm.nih.gov/23947316/>

Spencer MS, Rosland AM, Kieffer EC, Sinco BR, Valerio M, et al. Effectiveness of a community health worker intervention among African American and Latino adults with type 2 diabetes: a randomized controlled trial. *American Journal of Public Health* 2011;101(12):2253-60. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222418/>

Potential Solutions

- There are many other possible solutions.
- Critical to think through those aspects of social needs, community factors and health disparities that are most relevant in the hyper-local circumstances of your clinic and the neighborhoods that it serves.



Thank you!

Questions/Discussion