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.