
This guide provides several ways that you can engage your residents and faculty in beginning to gain a better understanding of the health disparities and inequities within your patient population, what resources are currently available in your community/institution/practice to help alleviate them, and how you can use this new knowledge to implement action.

For the basic presentation, we have provided presenter notes for the slide set. We suggest using this as a jumping off point for resident/faculty input, utilization of local “experts” (social workers, compliance officers, diversity representatives, community organization leaders, etc...), and incorporation of small group activities. Here are some suggestions on how to use this resource. This list is not meant to be exhaustive, but to give you some ideas of where to go from here:

- **Identifying some of the unmet needs in your community**-
  - During the basic presentation you could ask the audience directly, or for a more interactive approach use online real-time polling needs they have encountered in taking care of patients.
  - Once you have identified a population in need, invite them to come speak with your group. Example- if you have a large immigrant population, you may learn a lot by holding a focus group or small group session on the barriers to care that they may face.
  - For the ongoing collection of data consider using “concern” boxes in the clinics, modifying on-going clinic patient survey or QI/PS reports you may already be utilizing to track additional data points.

- **Utilize your “experts”**
  This can be done in multiple ways: as individual sessions, a group panel presentation, or resident small group assignments where they are assigned an “expert” to interview and report back to the group on what they learned.
  - Social Workers and Case managers, both inpatient and outpatient, if you are lucky enough to have them, can be amazing resources for learning about many of the resources available to women in your community from various sources. They often know the stipulations and contact points, as well. Even if they aren’t available to come to talk with your group in person, they often can be very helpful in collating a list of resources that can then be distributed to help educate your residents/faculty on what is available.
  - Representatives from your local Medicaid carriers also can provide valuable resources about their plans specific “benefits”. *Examples:*
- Incentive programs with gift cards or baby supplies if a woman attends a certain number of prenatal/postpartum visits.
- Transportation programs to help patients get free transportation to office visits.
  - Community Health Department Representatives can also be a great resource. Many county/state health departments across the country prepare annual or bi-annual reports on health disparities in the areas they serve. These can often be accessed online.
  - Community Organization Representatives, especially if you don’t have a social worker, are another set of people to reach out to for information and potential relationship building.

- **We have given you a couple of scenarios for discussion on how to incorporate what you may have learned going through the slides, reviewing data for your patient population, and identifying needs.**
  - This is the link to the small group exercise we reference in Slide 11:
    - [https://www.dropbox.com/s/czd032pxi0l2nam/A%20day%20in%20the%20life%E2%80%A6%20A%20typical%20doctor%E2%80%99s%20appointment.docx?dl=0](https://www.dropbox.com/s/czd032pxi0l2nam/A%20day%20in%20the%20life%E2%80%A6%20A%20typical%20doctor%E2%80%99s%20appointment.docx?dl=0)

- **Putting your new knowledge into action**
The next step from here can be as simple as tracking knowledge/utilization of resources to developing and implementing new QI/HD population health initiative projects.
  - Tracking knowledge/utilization can be done through a periodic survey of faculty/residents and patients. It can also be looking at referral patterns and orders for referrals to community resources through your EMR directly or through information from community organization leaders.
  - Identifying and choosing QI/HD projects can again utilize those unmet needs identified above, or identification of new resources through your “experts”. Once identified singular or groups of residents/faculty could develop projects geared specifically to the needs of your patient population.
Purpose of the module:

At the end of the module, your residents will have an understanding of how to identify health care disparities as well as resources that can be utilized to address the identified issue.

Educational objectives:

At the end of the module, a resident will be able to

• Utilize resources within your institution or practice to better identify your particular patient population.

• Identify resources within your community that
  – Identify health inequities or disparities
  – Provide services to combat health inequities or disparities

• Put your knowledge into action
  – Develop projects or programs to combat health disparities for your patient population

SLIDE 1
One of the basic competencies of population health is being able to assess health care disparities in your institution’s patient population.

SLIDE 2
Although we all appreciate the importance of addressing health equity and ensuring that our residents understand the basic concepts of how health disparities directly impact our patients’ health, one of the biggest challenges is knowing how to begin to address this critical issue. Therefore, our overall objective with this module is to provide PDs and residents with a paradigm to think about these two important questions (how and where).

SLIDE 3
One of the first considerations to addressing health equity is to identify resources available at your institution. Understanding and identifying the demographics of your patient population will give you a broad understanding of the needs of your population. The EHR is a good place to start. If you have specific questions, a patient intake query is another approach.
SLIDE 4
Other sources of information for your patient population include your hospital’s registrar or billing and compliance office. Some institutions also have a Diversity and Inclusion office.

SLIDE 5
Once you have identified your patient population, the next step is to think about what some of the unmet health care needs are for your patients. There are web-based resources that are available that are publicly available from your local health department.

SLIDE 6
Another excellent source is your own experience! What are some of the unmet needs of your population that impact the care of your patients?

SLIDE 7
Once you have identified a health care equity issue that impacts the care of your patients, the next challenge is to consider what community resources are available to facilitate your patients getting the assistance that they need. Many communities have an infrastructure in place for nutritional, financial, language, mental health, addictions and other social determinants that can impact your patients’ health.

SLIDE 8
There are also resources within your own institution that can be utilized to assist your patients. Some examples are social workers, case managers, patient support representatives, or your hospital’s diversity and inclusion office.

SLIDE 9
One of the biggest challenges in garnishing interest among your residents to address population health issues is ensuring that there will be infrastructure available that can be leveraged to address the disparities they have identified. It is important to emphasize that their newly acquired knowledge can be utilized to make a difference in the care and health outcomes of their patients.

SLIDE 10
Putting their knowledge into action can begin with the identification of an unmet need of their patients, e.g., mental health providers, LARC access, etc...

SLIDE 11
Here is one example of a small group activity that can help demonstrate how understanding the needs of your population can help improve the care they receive.

SLIDE 12
Here is another example of how a community addressed the issue of stillbirth. (The IHI website is another excellent resource for educating your residents about all aspects of population health).
These are examples of how a robust discussion could ensue as you work with your community to derive a solution to a significant issue that impacts everyone in the community.

For those programs who want to do a “deeper dive” into population health, we have included an additional brief module: CREOG Population Health.