Designing the Activity
Facilitator's Guide

Session 4 Overview

Objectives

At the end of this session, participants will be able to:

1. Design an equity intervention based on the results of a root cause analysis.

2. Apply the FAIR Toolkit to design an intervention that is best suited to the needs of their organization.

Section	Slides	Length
Welcome	1-4	3 minutes
Discussion of Exercise 3: Root Cause Analysis w/an Equity Lens	5-6	40-45 minutes
Introducing the FAIR Toolkit	7-17	15 minutes
Using the FAIR Toolkit – Two Case Studies	18-31	25 minutes
Exercise 4 & Wrap-Up	32-34	4 minutes

Finding Answers
Disparities Research for Change

Designing the Activity

Robert Wood Johnson Foundation

Welcome

1

Facilitator: ....

Step 4: Designing the Activity

Finding Answers
Disparities Research for Change

Hello again everyone and welcome back. Our session today is called Designing the Activity.

If different facilitator(s) than previous sessions I'm [insert name], and I will be facilitating today's webinar training [with the assistance of [insert name(s)].

Welcome

2

Facilitator: ....

On our Roadmap, you can see that today's session is the fourth in our series of six.

So far we have discussed the relationship between equity and quality, strategies for fostering a culture of equity, and how to conduct a root cause analysis with an equity lens.

Today we'll use the results of your Fishbone Diagram and Priority Matrix to design an equity activity. We'll present the FAIR Toolkit, a tool to help you design the activity that's best suited to your patient population and care setting. All of the tools can be found on the Finding Answers website.

Welcome

3

Facilitator: ....

Designing the Activity

Agenda

- **Welcome**
- **Discussion of Exercise 3: Root Cause Analysis with an Equity Lens**
- **Designing Equity Interventions**
  - **The FAIR Toolkit**
  - **Using the FAIR Toolkit: Case Studies**
- **Exercise 4: Building an Intervention**
- **Feedback Survey**

Finding Answers
Disparities Research for Change

Designing the Activity

Here is today's agenda:

- We'll review your fishbone diagram and priority matrix from last session.

- Then we'll discuss methods for designing effective equity activities, using case studies to think through the various approaches. We'll use the results of your fishbone diagrams and priority matrices to inform your equity activity design.

- As always, we'll close by reviewing the exercise for our next session and give you a brief survey.

- If webinar Please remember to mute your line during presentations to avoid background noise.

Why don't we go around and see who's with us?

Take Roll-Call

Finding Answers
Disparities Research for Change

Designing the Activity

Robert Wood Johnson Foundation

Welcome

4

Facilitator: ....

Slides 1-4:
3 minutes

Designing the Activity

Learning Objectives

- **Design an intervention that fits the needs of your organization by:**
  - **drawing on the results of your root cause analysis and your SWOT analysis**
  - **applying the FAIR Toolkit**

Finding Answers
Disparities Research for Change

Designing the Activity

By the end of today's session, you will be able to:

- Design an intervention that fits the needs of your organization by

  o drawing on the results of your root cause analysis and SWOT analysis; and

  o applying the FAIR Toolkit

5

Facilitator: ....

Discussion of Exercise 3: Root Cause Analysis with an Equity Lens

Finding Answers
Disparities Research for Change   Designing the Activity

Let's get started with last session's exercise.

You were asked to:

- Identify a manageable problem in your organization, then conduct a root cause analysis with an equity lens to identify the underlying drivers of the issue.

- You practiced using a Fishbone Diagram and mapping the results to a Priority Matrix.

Discussion of Exercise 3

6

Facilitator: ....

Discussion of Exercise 3: Root Cause Analysis with an Equity Lens

Present one branch from your Fishbone Diagram:

- What challenges did you encounter filling out the Fishbone?

- Did anything surprise you?

- How did your Fishbone Diagram and SWOT analysis inform your Priority Matrix?

- Might you address any of these causes at your practice?

Finding Answers
Disparities Research for Change

Designing the Activity

Let's begin by having each team present one branch from their Fishbone Diagrams and discuss how that branch informed your priority matrix. Talk a bit about your thought process as you worked with the tool, including how you applied the results of your SWOT analysis.

Here are some questions to consider:

- What challenges did you encounter during this process and how did you get past them? (Pull out pertinent themes for moving forward with the full root cause)

- Did anything surprise you? (Are the causes you discovered different than what you expected to find?)

- How did your Fishbone Diagram and SWOT analysis inform your Priority Matrix?

- Might you address any of these causes for the Equity Improvement Initiative?

Show each team's Fishbone and Priority matrix while they are reviewing them.

6

Facilitator: ....

Discussion of Exercise 3: Root Cause Analysis with an Equity Lens

Present one branch from your Fishbone Diagram:

• What challenges did you encounter filling out the Fishbone?

• Did anything surprise you?

• How did your Fishbone Diagram and SWOT analysis inform your Priority Matrix?

• Might you address any of these causes at your practice?

Finding Answers
Disparities Research for Change

Designing the Activity

Now we'll run a quick poll to get an idea of the type of technical assistance that will be most helpful when you do your root cause analysis for the equity project.

POLL: After doing this exercise, which part of the root causes analysis do you think will be most challenging for your team?

   a. Getting patient input

   b. Getting staff input

   c. Getting input from external partners

   d. Narrowing down the area of focus

   e. Weighing feasibility and importance to complete the priority matrix

   f. Other

Allow 5 minutes for polling and discussion. Go through each answer choice that gets a lot of answers and talk about the type of TA you can provide.

Introducing the Fair Toolkit

7

Facilitator: ....

Introducing the 'FAIR' Toolkit
(Finding Answers Intervention Research Toolkit)

Finding Answers
Disparities Research for Change

Designing the Activity

Now that you've identified which disparities issues to address, you'll need the tools to design an effective equity intervention.

We'd like to introduce a set of tools that will help you think creatively about intervention design and identify strategies that directly address the root causes in your fishbone diagram and priority matrix. For today, we'll refer to this as the "FAIR Toolkit."

The Toolkit includes the *Intervention Builder*, a portfolio of *Real-World Examples*, and the *FAIR database*. We'll discuss each of these components today - all of which can be found on the Finding Answers "Tools" webpage.

Finding Answers
Disparities Research for Change

Designing the Activity

Robert Wood Johnson Foundation

Introducing the Fair Toolkit

8

Facilitator: ....

15 minutes**

Intervention Builder

Providing Psychological Support — Strategy

Patient — Level

Telecommunication — Mode

Finding Answers
Disparities Research for Change

Designing the Activity

The Intervention Builder flashcards break down equity activities into their essential components, so that you can mix-and-match those components to design an intervention that matches your specific needs. The building blocks include:

- **\<Click\>** The **strategy,** or **What** you'll be doing

- **\<Click\>** The **level,** or **Who** you'll target, and

- **\<Click\>** The **mode** of delivery, or **How** you'll deliver the service

We'll go over each together and then practice using them.

You can see displayed on the screen examples of the level, strategy, and mode flashcards. **\<Click\>** On the back of the cards are definitions of each, along with common examples.

\<Click\> The red numbers at the bottom of each card correspond to page numbers in *Real-World Examples*.

Disparities Research for Change

Designing the Activity

Robert Wood Johnson Foundation

Introducing the Fair Toolkit

9

Facilitator: ....

Real-World Examples (PDF)

Real-World Examples describes 33 organizations across the country who did equity interventions. **<Click>** It also describes their use of the levels, strategies and modes described on the cards. If you want an example of what a strategy or mode looks like in practice, you can refer to the *Real-World Examples* portfolio.
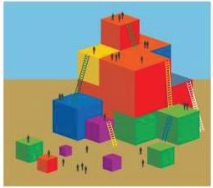
Introducing the Fair Toolkit

10   Facilitator: ....

The FAIR Toolkit

Level	Strategy	Mode
Who was targeted?	What was done?	How was it delivered?

...the building blocks of an equity program

Finding Answers
Disparities Research for Change   Designing the Activity

The FAIR Toolkit is based on Finding Answers' systematic review of over 390 disparities intervention studies. For the review, they started by reading the abstracts of all the articles and describing in short phrases what each intervention was doing. (For example, classes in diabetes self-management.) Then they took their long list and simplified it into categories. Finally, they hired three college students who spent a year reading each of the articles and using Finding Answers' list to label each equity activity described in the articles. And now that information is available to you, to help design your own projects.

Through the systematic review, we found **6** levels of influence, **8** strategies, and **7** modes of delivery.

An equity activity, or intervention, is a combination of:

One level + one strategy + one mode.

As we talk today, think about these components as building blocks of an equity activity tailored to your population and cirucmstances.
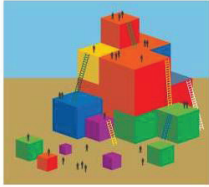
Introducing the Fair Toolkit

10

Facilitator: ....

The FAIR Toolkit

Level	Strategy	Mode
Who was targeted?	What was done?	How was it delivered?

...the building blocks of an equity program

Finding Answers
Disparities Research for Change

Designing the Activity

While some of these concepts may seem basic, we've found that the FAIR toolkit will help you avoid limiting yourself to interventions that are familiar to you.

Using these tools can help you think of other possible approaches and prompt you to think critically about which ones best match your root cause analysis and SWOT analysis.

Introducing the Fair Toolkit

11

Facilitator: ....

The FAIR Toolkit

Community

Level of Influence:
Who the activity will target.

- Patients
- Providers
- Microsystem (immediate care team)
- Organization
- Community
- Policy

Level

Finding Answers
Disparities Research for Change

Designing the Activity

Let's start with the level. Level of influence refers to WHO the equity activity will target. Who are you primarily trying to impact?

- While all disparities reduction projects are meant to impact patient outcomes, the patient isn't necessarily the primary target of the project.

For example, provider training in cultural competency is designed to improve patient outcomes by raising provider awareness; the provider is the primary point of impact.

You can see here our six levels of influence.

- Note that a single disparities program can (and often should) target multiple levels.

For example, education could target patients, providers, and community members. You could also offer financial incentives to providers to improve their performance, as well as to patients to influence their health behavior.

---

12   Facilitator: ....

The FAIR Toolkit

Providing Psychological Support

Strategy

Strategy:
What you will do.

- Delivering Education and Training
- Providing Financial Incentives
- Engaging the Community
- Restructuring the Care Team
- Enhancing Language and Literacy Services
- Providing Reminders and Feedback
- Increasing Access to Testing and Screening
- Providing Psychological Support

Finding Answers
Disparities Research for Change   Designing the Activity

Strategy is WHAT you'll be doing, or the approach you will use.

Finding Answers has identified eight strategies that you can see listed on your screen. During the systematic review, they identified **what** each project was doing and then grouped those activities into larger strategies. For example, hiring a care coordinator would fall under "restructuring the care team." Reporting performance measures stratified by race/ethnicity/language would come under "providing reminders and feedback."

- Similar to levels, successful equity interventions often use multiple strategies.

13

Facilitator: ....

Where's Cultural Targeting?

Everywhere!

If you've done your RCA with all the appropriate stakeholders
including patients
cultural targeting will be a natural part of all strategies

Finding Answers
Disparities Research for Change   Designing the Activity

You might have noticed that cultural targeting is not listed as a strategy.

<Click> That's because all of these strategies should be culturally targeted whenever possible. If you've done your Root Cause Analysis with all the appropriate stakeholders—including patients—cultural targeting will be a natural part of your activity design.

Facilitate peer-to-peer sharing - 6 minutes

- How familiar are people in your organization with cultural targeting? (Not just the concept, but specific actions.)

- In what ways do you do cultural targeting now?

14

Facilitator: ....

The FAIR Toolkit

Mode of Delivery:
How the equity program will be implemented.

- In-person
- Telecommunication
- Internet
- Information Technology
- Print
- Multimedia

Finding Answers
Disparities Research for Change

Designing the Activity

Lastly in the flashcards, we have the mode of delivery. Mode of delivery captures HOW you will implement your equity activity. This is the channel used to deliver the activity to its intended target audience.

As you can see, some activities will rely heavily on technology while others may use more traditional methods. You can find examples of each mode on the back of your Mode of Delivery flashcards.

15

Facilitator: ....

It's Not Always Obvious

Grantee example
Neighborhood Health Plan of Rhode Island

A telephone-based care management program serving Latino patients with diabetes

- Ask patients what works for them.

- Input from minority health workers is not a proxy for patient involvement.

Finding Answers
Disparities Research for Change

Designing the Activity

There is an important point here: The mode of delivery is deceivingly simple. It can seem obvious, but it's not.

If you have a copy of *Real-World Examples* with you, turn to the last page. This project by the Neighborhood Health Plan of Rhode Island, or NHPRI, was a telephone-based care management program serving Latinos with diabetes.

NHPRI found that the Latino community showed little interest in the intervention and, after holding some focus groups, learned it was because the intervention used up patients' valuable cell phone minutes. Using a phone as the **mode** of delivery in this case was a mistake.

When choosing the mode of delivery, **<Click>** ask patients what works for them.

And note that **<Click>** input from minority health workers is often not a proxy for patient involvement. Neighborhood Health Plan shared this lesson with us from their experience: they had involved Latino staff members

15   Facilitator: ....
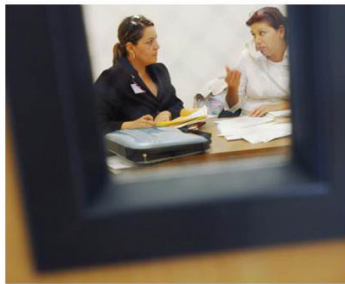
It's Not Always Obvious

Grantee example
Neighborhood Health Plan of Rhode Island

A telephone-based care management program serving Latino patients with diabetes

- Ask patients what works for them.

- Input from minority health workers is not a proxy for patient involvement.

Finding Answers
Disparities Research for Change   Designing the Activity

during the design of the project, but found that patients had different ideas about which mode of delivery would work for them.

<Click> Using the Intervention builder and *Real-World Examples* can help you consider other modes that may be more appropriate for your target population.

16

Facilitator: ....

50% of the disparities interventions targeted <u>patients</u>, most often with education

Only 20% targeted <u>providers</u>, <u>the care team</u>, <u>organizations</u>, or <u>health policy</u>

Be Creative…

Shuffle the Cards!

Like we mentioned, it can be easy to gravitate toward what is most familiar. When Finding Answers did their big review, they found that 50% of the disparities interventions targeted patients, most often with education. Only about 20% targeted providers, the care team, organizations, or health policy. This means that we are mostly focused on changing patients, rather than the system that serves patients. It's a habit we need break.

<Click>   So be creative as you design your equity activities and think about the levels, modes, and strategies that most directly impact your root causes. Choose multiple approaches that affect not only your patients but also the care dlievery system.

Are there any questions about the flashcards or the portfolio?

Introducing the Fair Toolkit

17

Facilitator: ....
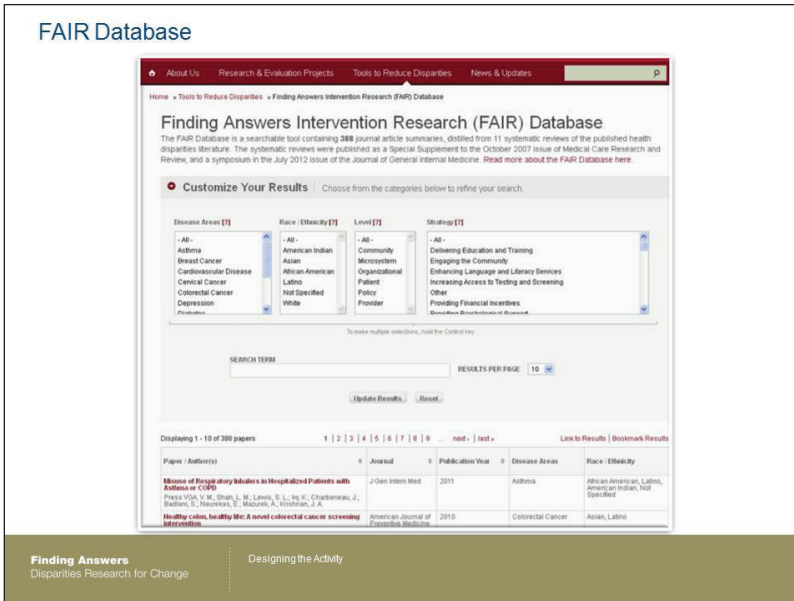
FAIR Database

We mentioned earlier a third piece of the FAIR Toolkit, the FAIR Database. This database is an online, searchable collection of 390 disparities intervention studies. The studies look at improving minority health for 11 diseases.

Each study is labeled and searchable according to its disease focus, priority population, and the levels and strategies used to intervene. For example, if you'd like to work with Latinos with diabetes, you could look up programs that have done the same. Or, if you're interested in working with peer educators in the community, you could find examples of similar projects in different disease areas.

If your TA plans and resources allow, you can offer to help your audience conduct tailored searches of the FAIR database.

Finding Answers
Disparities Research for Change

Planning for Equity

Robert Wood Johnson Foundation

18

Facilitator: ....

Using the FAIR Toolkit
A Case Study

Finding Answers
Disparities Research for Change

Designing the Activity

With those resources in mind, let's walk through an example of how to use the FAIR Toolkit to design an equity activity. We'll use the root cause analysis from last session as our first case study, then we'll talk about the Southside Diabetes Project as a second case study.

19   Facilitator: ....

Your Turn

The podiatrist's office is not conveniently located for your patients.

Level	Provider	Microsystem (care team)	Patient
Strategy	Delivering Education and Training	Restructuring the Care Team	Providing Financial Incentives
Mode	In-person or internet	N/A	Hard copy
	Teach PCP to do foot exams	Podiatrist on site 1x/week	Vouchers for transportation

Finding Answers
Disparities Research for Change   Designing the Activity

You'll recall that in our last session, we used our root cause analysis to learn why African-American patients had lower rates of foot exams than White patients. One reason was that the podiatrist's office is inconveniently located: it is not within walking distance from the clinic; there's only valet parking, which is very expensive; and the local buses don't have a stop close to the office.

Using our Intervention Builder flashcards, let's come up with an equity activity that might address this root cause.

<Click> Let's start at the provider level. Assuming your physicians have time, refreshing PCPs on doing foot exams (and the potential benefit of doing it in the office) could make it more likely that patients get foot exams. This would involve delivering education and training to providers and could be done via internet or in person, for example during regular provider meetings. Here, we see that the level, provider plus the strategy, delivering education and training, plus the mode, in-person or internet equals one equity activity: training PCPs to do foot exams on-site.

19   Facilitator: ....

Your Turn

The podiatrist's office is not conveniently located for your patients.

Level	Provider	Microsystem (care team)	Patient
Strategy	Delivering Education and Training	Restructuring the Care Team	Providing Financial Incentives
Mode	In-person or internet	N/A	Hard copy
	Teach PCP to do foot exams	Podiatrist on site 1x/week	Vouchers for transportation

Finding Answers
Disparities Research for Change   Designing the Activity

<Click> Alternatively, can you bring the *podiatrist* to the patient? One strategy could be to restructure the care team (what we call the microsystem) so that the podiatrist is better integrated into the patient's experience of care-- perhaps by bringing the podiatrist on-site one day a week. In this case, we are intervening at the level of microsystem and using the strategy "restructuring the care team" Note here that there isn't any mode of delivery. Sometimes a mode of delivery doesn't apply because you are shifting people or their responsibilities, rather than delivering some**thing**.

Are there any questions so far?

19

Facilitator: ....

Your Turn

The podiatrist's office is not conveniently located for your patients.

Level	Provider	Microsystem (care team)	Patient
Strategy	Delivering Education and Training	Restructuring the Care Team	Providing Financial Incentives
Mode	In-person or internet	N/A	Hard copy
	Teach PCP to do foot exams	Podiatrist on site 1x/week	Vouchers for transportation

Finding Answers
Disparities Research for Change

Designing the Activity

Now it's your turn! Use the flashcards to come up with an equity activity to address the fact that the podiatrist is in an inconvenient location. Resist the urge to take an intervention you already have in your head and break it down into strategy, level, and mode. We're often eager to get directly to the solution, but thinking through the options for each component - strategy, level, and mode - will help you think out of the box.

Solicit answers from participants. Record responses on the whiteboard, then show your last example....

19   Facilitator: ....

Your Turn

The podiatrist's office is not conveniently located for your patients.

Level	Provider	Microsystem (care team)	Patient
Strategy	Delivering Education and Training	Restructuring the Care Team	Providing Financial Incentives
Mode	In-person or internet	N/A	Hard copy
	Teach PCP to do foot exams	Podiatrist on site 1x/week	Vouchers for transportation

Finding Answers
Disparities Research for Change

Designing the Activity

<Click>During our root cause analysis, we learned that patients found the podiatrist's valet parking prohibitively expensive. Since this is a question of expense, one strategy is to provide financial incentives to patients to increase uptake of foot exams. You could offer parking vouchers or parking validation at the patient visit. In this case, the level - patient - plus the strategy - providing financial incentives - plus the mode - print materials - equals parking vouchers for patients.

20 Facilitator: ....

Using the FAIR Toolkit
The South Side Diabetes Project

Finding Answers
Disparities Research for Change   Designing the Activity
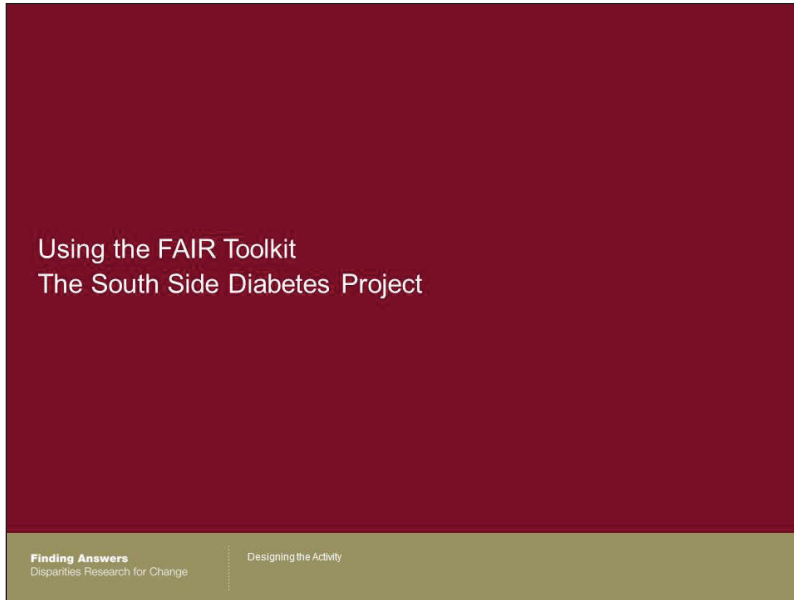
Now we'll shift gears to our second Case Study. We'll be presenting SouthSide Diabetes Project, a disparities intervention taking place on the south side of Chicago. We'll talk about how that team used the results of their priority matrix to identify strategies, levels, and modes to build an intervention tailored for African American patients.

21

Facilitator: ....

Case Study

The South Side Diabetes Project

IMPROVING DIABETES CARE AND OUTCOMES ON THE SOUTH SIDE OF CHICAGO

- Reduce disparities in diabetes care and outcomes on the South Side of Chicago

- Based at University of Chicago, run by Dr. Marshall Chin and Dr. Monica Peek

- Implemented at six health centers

- Strong emphasis on community partnerships

Finding Answers
Disparities Research for Change

Designing the Activity

Case study 2: South Side Diabetes Project

This case study is a real project being implemented on the South Side of Chicago. One of the issues project staff think about a lot is how to support their patients with diabetes so they can eat healthier. We're going to start by giving you a really quick glimpse at the root cause analysis and priority matrix for this issue, just so you have some context. Then we'll dive right into using the Intervention Builder to create an intervention that addresses it.

So first, the quick introduction to the South Side Diabetes project. This is a project to reduce disparities in diabetes care and outcomes on the South Side of Chicago.

It's a research project—they're collecting a lot of data to try to understand what's working and what's not—and it's led by two principal investigators: Dr. Marshall Chin, who is also the director of Finding Answers, and Dr. Monica Peek, another health services researcher and an internist at the University of Chicago.

21

Facilitator: ....

Case Study

The South Side Diabetes Project

IMPROVING
DIABETES
CARE AND OUTCOMES
ON THE SOUTH SIDE OF
CHICAGO

- Reduce disparities in diabetes care and outcomes on the South Side of Chicago

- Based at University of Chicago, run by Dr. Marshall Chin and Dr. Monica Peek

- Implemented at six health centers

- Strong emphasis on community partnerships

Finding Answers
Disparities Research for Change

Designing the Activity

The South Side Diabetes Project works in collaboration with six health centers on the South Side of Chicago – two FQHCs and two academic medical center clinics—and implements activities aimed at providers, patients, and clinic systems at their sites. They also have a strong emphasis on community partnerships. They serve a population that is mostly low-income, African American patients, although one of their clinics also has a significant Latino population as well.

The intervention we describe to you today was developed and implemented with their six clinic sites and two of their partners-- Walgreens and a local farmer's market.

22

Facilitator: ....
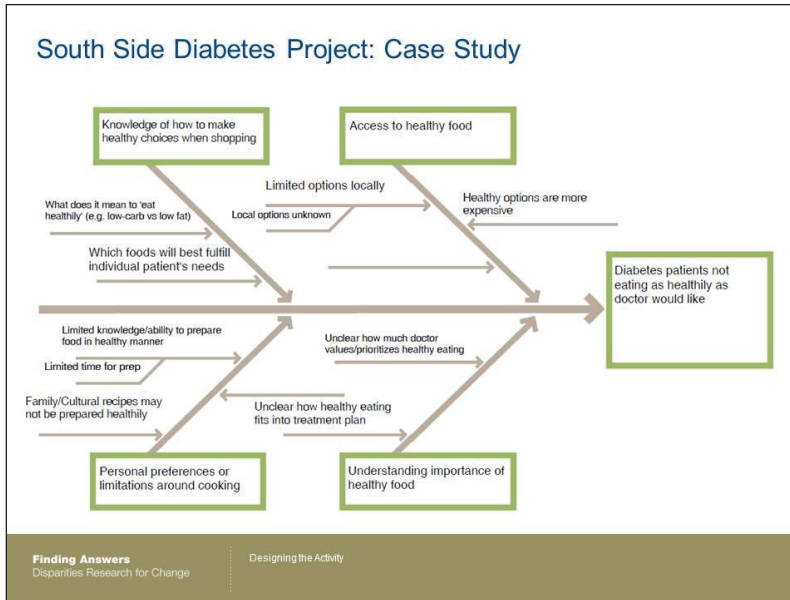
As we said, the issue the South Side Diabetes Project wanted to tackle is that their diabetes patients are not eating as healthily as their doctors would like them to. We are not going to describe this fishbone to you in detail, but let us highlight a few things.

If you look at the big green branches, you can see they were thinking about a couple different major themes. Starting at the top right, they knew that access to healthy food was an issue—you can see in our smaller branches, they were looking at how many local options there were— as in places you could go to buy healthy food—as well as the price of that food. Moving to the top left, you can see they were also thinking about patients' knowledge. If they find a store that sells healthy options, do they know which ones are best for them? For example, that diabetes patients should look for low-carb options, not just low-fat options? That patients with high blood pressure might need low-sodium food too?

22

Facilitator: ....

South Side Diabetes Project: Case Study

Knowledge of how to make healthy choices when shopping

Access to healthy food

Limited options locally

Healthy options are more expensive

What does it mean to 'eat healthily' (e.g. low-carb vs low fat)

Local options unknown

Which foods will best fulfill individual patient's needs

Diabetes patients not eating as healthily as doctor would like

Limited knowledge/ability to prepare food in healthy manner

Unclear how much doctor values/prioritizes healthy eating

Limited time for prep

Family/Cultural recipes may not be prepared healthily

Unclear how healthy eating fits into treatment plan

Personal preferences or limitations around cooking

Understanding importance of healthy food

Finding Answers
Disparities Research for Change

Designing the Activity

On the bottom left, they were looking at personal preferences for eating and cooking, things like family recipes or cultural traditions. And on the bottom right-- this one was important to the South Side Diabetes Project-- they were really interested in whether the importance of healthy food as part of a diabetes treatment plan was well understood. Was the doctor communicating how much this should be a priority? Was it clear how healthy eating fit into a plan with insulin or other treatment?

23

Facilitator: ....

South Side Diabetes Project: Case Study

Feasibility

- **Relevant partnerships:**
  - Walgreens and newly expanded stores
  - Local farmer's market that doubles food stamps
- **Political will:** clinic priority
- **Staffing:**
  - Collaborative of clinics
  - coordinating team

Importance

- **Reach:** regional effort

- **Prevalence/Urgency:** was obvious to the group

- **Gut feeling:** from all stakeholders

Finding Answers
Disparities Research for Change

Designing the Activity

Thinking about how to fit all these root causes into a priority matrix, the South Side Diabetes Project talked with their clinics and community partners, looking at which partners could help and what their priorities were, how much the South Side Diabetes Project's clinics considered this problem to be important, what their staffing needs were, and how everyone had a gut feeling that their collaborative of clinics and their partners were set up well to think about a regional intervention.

24

Facilitator: ....

South Side Diabetes Project: Case Study

Which of our root cause are...	Very Important	Less Important
Very Feasible to address	- local options are unknown - healthy options more expensive - what does it mean to eat healthy - which foods will best meet patient's needs - unclear how much doctor values/prioritizes healthy eating	- family/cultural recipes - limited knowledge/ability to prepare food in healthy way (already addressed)
Less Feasible to address	- limited local options - limited time for prep	

Finding Answers
Disparities Research for Change   Designing the Activity

Based on those conversations, the smallest branches of their fishbone filled into a priority matrix, and let us focus now on the "most feasible most important" box to tell you how that informed the South Side Diabetes Project's intervention design.

25

Facilitator: ....

South Side Diabetes Project: Case Study

Which of our root cause are...

Very Important

Very Feasible to address

- local options are unknown
- healthy options more expensive
- what does it mean to eat healthy
- which foods will best meet patient's needs
- unclear how much doctor values/prioritizes healthy eating

Patient + Education

FAIR Toolkit:
Strategies
Levels
Modes

Patient + Education

Provider + Education

Key
Level
Strategy

Finding Answers
Disparities Research for Change   Designing the Activity

So they looked at their priority matrix and laid out the Intervention Builder flashcards. For each issue in the box, they asked themselves, "What should we do and who should we do it with?" In other words, "What strategy should we use, and at what level?" And then we'll think about modes in a second, for now we'll focus on level and strategy.

Their first cause was that local options for buying healthy food were unknown. So for this cause the South Side Diabetes Project thought that they needed to do some education. They needed to spread the word about what options ARE on the South Side, and they needed to do this for patients, the people buying the food. So this is patient level, and their strategy is delivering education and training—that's one of your orange strategy cards. **<Click>**

Second, healthy options are more expensive. For this, the South Side Diabetes Project needed to intervene either at the community or the policy level.

25

Facilitator: ....
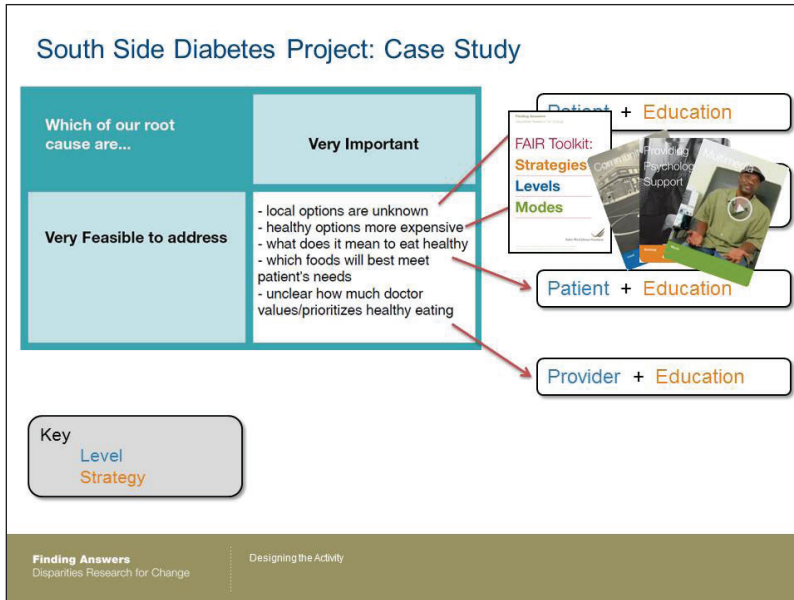
And by policy, we don't necessarily mean legislation, we just mean something that affects more than one organization, some change that is regional in nature. So they'll need something on the community or policy level (that's your blue level cards), and it will have to involve something with money, and as they looked at their orange strategy cards and saw providing financial incentives and that was their strategy to tackle this issue. **<Click>**

Next - Understanding what is means to eat healthy, so again that's the example of knowing whether you need low-fat vs low-carb options, and how to choose foods that will meet those needs, and that's again an issue of patient education. So the South Side Diabetes Project's level will be patient, and their strategy will be education. **<Click>**

And finally, if it's unclear how much the doctor prioritizes healthy eating, then they needed to work with providers to make sure they do a better job communicating this.

25

Facilitator: ....
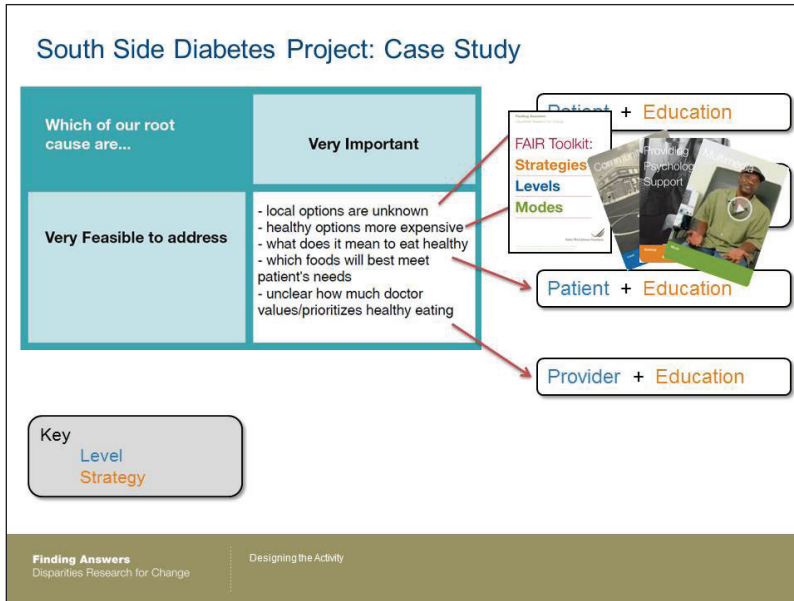
So they thought they needed to intervene at the provider level, and that they'd have to do some education and training for providers as their strategy to tackle this issue. **<Click>**

That's how the South Side Diabetes Project looked at their priority matrix and chose what levels they wanted to influence—patient, community, provider—and what strategies they used to influence these levels.

26

Facilitator: ....

Provider + Education + In-person

Walgreens Food Rx — Friend Family Health Center (773) 702-0660

Given these ideas for the appropriate strategies and levels to tackle these issues, what did the South Side Diabetes Project come up with? This is when you look at your strategies and levels and think about how this could look. What should their intervention look like in practice?

Their team, with input from patients, clinic teams, providers, and our community partners developed a food "prescription," or what they call Food Rx. It's a small card that the provider fills out to recommend specific nutrition for individual patients. Now, we can't just stick these in clinic rooms and expect providers to use them.

This is where the provider training comes in—remember, that was one of their strategies and levels. South Side Diabetes Project staff went around to each of their six clinics and presented the program to providers. They explained that when you write anything on a prescription pad, like if you just write STOP SMOKING on your prescription pad, it's more effective than just telling the patient to stop smoking.

26

Facilitator: ....

Now that healthy eating is what the doctor ordered, it's more official and it communicates the importance of this issue.

- **<Click>** So this was the South Side Diabetes Project's provider level, training intervention. Now they had to think about how they wanted to deliver this training. So they went to their green mode of delivery cards and thought through all the options. They thought that an email or a handout was not going to cut it—providers wouldn't read carefully, they're too busy—or if the providers were on the phone or in a webinar they would probably be multitasking. So the South Side Diabetes Project thought the best mode of delivering this training would be in-person.

- To make it more feasible, they presented during regular standing meetings that providers already were used to attending.

26

Facilitator: ....

Provider + Education + In-person

Walgreens Food Rx — Friend Family — THE UNIVERSITY OF CHICAGO MEDICINE — IMPROVING DIABETES ON THE SOUTH SIDE OF CHICAGO

Friend Family Health Center (773) 702-0660

Provider Name: _____ Patient Name: _____

Provider License/NPI #: _____

Patient DOB: _____ (To be filled out by patient)
Diabetes: ☐

I recommend the following nutrition for this patient:

☐ Low Carb   ☐ High Fiber

☐ Low Fat   ☐ Low Sodium

See the attached information sheet for food choices that will help you meet these guidelines.

Signature: _____   Date: _____

Get $2 or $5 off of a healthy food purchase!
See back for more information.

Walgreens accepts SNAP and WIC

Finding Answers
Disparities Research for Change

Designing the Activity

- And you'll notice on the card that having to choose low carb or low sodium addresses the issue of patients getting directions to "eat healthy" but not knowing how to do that.

27

Facilitator: ....

But, the South Side Diabetes Project still needed to address the financial piece of this, and you'll remember they wanted something that could be a policy or community level solution, one that would affect patients at all of our clinics. Well, on the back of the Rx is a coupon for Walgreens. **<Click>**

- It serves as $5 off of $20 purchase or $2 off a $10. And the coupon needs to be presented to a pharmacist, who can take a look at the purchases and do any additional education the patient might want.

- You can see the list of participating stores. Those are all in our region, the South Side of Chicago, and they're all in food desert regions. The South Side Diabetes Project chose these stores because they have expanded to sell healthy food items, like whole wheat bread and whole fruit and skim milk, and a number of them have pharmacists who are trained as certified diabetes educators.

- Walgreens paying – they want to get people in the door.

27

Facilitator: ....

Policy + Community + Financial Incentives + Print

- Mode here is print—a hard-copy coupon people can take home and present in person to the pharmacist. This has pros and cons as a mode, and the South Side Diabetes Project is actually debating trying a new mode of delivery, which would be e-prescribing to the Walgreens pharmacy.

28

Facilitator: ....

The South Side Diabetes Project still needed to address the question of what choices will fulfill the recommendation that doctor has prescribed. So if a patient wanted to eat low-carb, which food choices will fulfill that guideline? Project staff thought this required education for patients, and probably something in print they could take home and use again and again.

- Double-sided 1 page handout

- Stapled to Rx pad

- For each recommendation (low-carb, etc), there are goals and example foods. Project staff checked that foods are at Walgreens, fresh, delivery daily.

29

Facilitator: ....

Case Study 2: South Side Diabetes Project

Food Rx

Good as cash! This Food Rx is worth $10 in fresh produce.

Connect with your food

**EVERY SATURDAY
9 AM to 2 PM
May 12 - December 15, 2012**

GET $10

worth of fresh fruits and vegetables at the 61st Street Farmers Market!

Located on 61st Street between Dorchester & Blackstone

61st street FARMERS MARKET

Double your LINK Purchases!
Up to **$25** per card holder, per market day!

LINK Up Illinois   wholesome wave

We accept LINK and Senior Coupons
The 61st Street Farmers Market is a program of the Experimental Station.
773.241.6044; www.experimentalstation.org

Limit one coupon per customer per offer. Offer expires December 15, 2012. Coupon only good at the 61st Street Farmers Market of Experimental Station. Not valid with any other offer. Customer pays any sales tax. Void if copied or where prohibited.

Finding Answers
Disparities Research for Change   Designing the Activity

You'll remember the South Side Diabetes Project had another partnership with a local farmer's market. They have exactly the same Food Rx for them, but on the back there's a voucher for $10 off, plus this is the program that doubles food stamps. So again they're encouraging a community or policy level approach to providing financial incentives, in print as a hard copy coupon. In this case, the project team is footing the bill for these vouchers with their grant money, but that's just for the pilot. If they find that the program is used, then they'll be able to explore options with the farmers or the city to support this more sustainably.

30

Facilitator: ....

Case Study 2: South Side Diabetes Project

Addressing issues <u>within care delivery context</u> :

- Leverages power of the prescription: "the doctor's orders"
- Provides educational material on how to fulfill recommendations
- Raising awareness about local places to get healthy food
- Providing some financial support

Finding Answers
Disparities Research for Change   Designing the Activity

So a few take home points about the Food Rx program as an intervention to reduce disparities in diabetes on the South Side of Chicago.

First, the South Side Diabetes Project staff are really excited that they are addressing issues of food insecurity within the care delivery context. While this is an issue that implicates social and economic factors (like poverty and food deserts), they are addressing it within their clinic walls with the help of strong community partners.

- They are leveraging the power of the prescription, using doctors orders to communicate the importance of healthy eating as a treatment for DM.

- They are providing educational material on how to fulfill the doctor's recommendations for healthy eating.

- They are raising awareness of local places to get healthy food.

30

Facilitator: ....

Case Study 2: South Side Diabetes Project

Addressing issues within care delivery context:

- Leverages power of the prescription: "the doctor's orders"
- Provides educational material on how to fulfill recommendations
- Raising awareness about local places to get healthy food
- Providing some financial support

Finding Answers
Disparities Research for Change   Designing the Activity

- Providing some financial support. They recognize that $5 here or $10 there is not a significant amount of money, certainly not in the long-term, but they hope that it helps people get in the door to find these local options and start exploring what might be feasible for them. It certainly makes patients aware of other resources to address financial barriers, like the farmer's market that's doubling their food stamps or the fact that Walgreens takes WIC.

31

Facilitator: ....

Promising approaches for designing interventions to reduce racial/ethnic disparities in healthcare

1. Multifaceted programs
2. A focus on cultural relevancy
3. Nurse-led programs
4. Patient navigation
5. Interactive education
6. Family and community programs

Finding Answers
Disparities Research for Change

Designing the Activity

The final thing we'll say about the Southside Diabetes project is that this intervention highlights a few good practices to keep in mind.

This list was developed by the Finding Answers team from their systematic reviews of the literature. These practices seem to be promising for reducing disparities, across disease conditions and across patient populations.

For example, first on this list is multifaceted programs. Both Food Rx and the larger South Side Diabetes project have multiple components and target multiple levels using multiple strategies. So, definitely multi-faceted.

31

Facilitator: ....

Promising approaches for designing interventions to reduce racial/ethnic disparities in healthcare

1. Multifaceted programs
2. A focus on cultural relevancy
3. Nurse-led programs
4. Patient navigation
5. Interactive education
6. Family and community programs

Finding Answers
Disparities Research for Change

Designing the Activity

To wrap-up, some of the other promising practices include interventions that:

- Use cultural targeting to adapt the intervention for the priority population;

- Are lead by nurses (who may have more time than physicians to lead the program) or generally use a team-based approach to care delivery;

- Employ a patient navigator (either adding to the care team or assigning that role to a current team member);

- Educate patients using interactive and skills-based education, rather than didactic;

- Meaningfully engage family or community partners, like the Food RX program did.

The research that identified these approaches is available on Finding Answers' website.

Are there any questions about using the Intervention Builder to inform program design?

Exercise 4

32

Facilitator: ....

Now let's take a look at your exercise for this session.
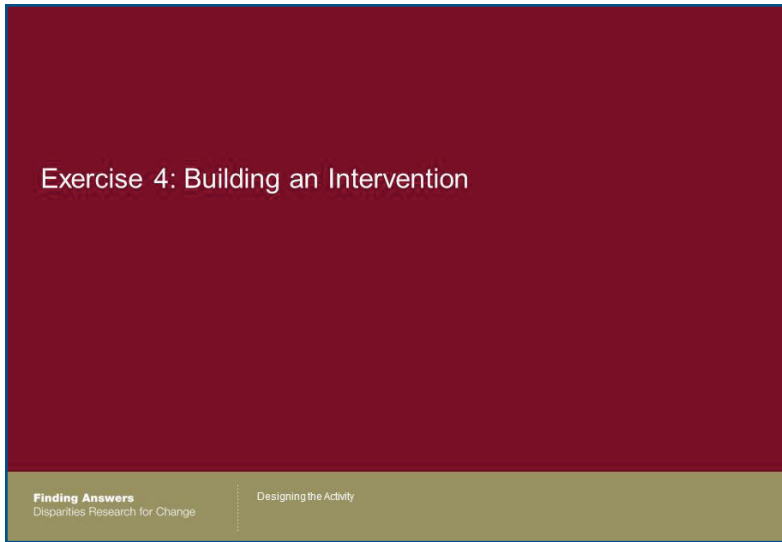
Exercise 4: Building an Intervention

Finding Answers
Disparities Research for Change

Designing the Activity

33   Facilitator: ....

Designing the Activity

Exercise 4: Building an Intervention

Use the FAIR Toolkit to design three equity activities, each
made of a **strategy**, **level** and **mode**

- Start by considering what strategy, level and mode will address the issue(s) identified in the priority matrix
- Use your SWOT analysis to make relevant choices
- Based on your strategy, level and mode choices, describe what the activity will look like

For example   **education** + **provider** + **in-person** = training for primary care physicians to do foot exams

Finding Answers
Disparities Research for Change   Designing the Activity

Your team will use the FAIR Toolkit to design two to three equity activities, each made of a strategy, level and mode.

Ideally you'll pick a root cause from your completed priority matrix from our last session and design two to three different equity activities to address that issue. This will help you think creatively about the different approaches available as you design your equity program.

Start by considering what strategy, level and mode will address the issue(s) identified in your priority matrix

• Use your SWOT analysis to choose the strategy, level, and mode that make the most sense for your organization and priority population.

• Based on your strategy, level and mode choices, imagine what the activity will look like

For example: education + provider + in-person = training for primary care physicians to do foot exams

33 Facilitator: ....

Designing the Activity

Exercise 4: Building an Intervention

**Use the FAIR Toolkit to design three equity activities, each
made of a strategy, level and mode**

- Start by considering what strategy, level and mode will address the
  issue(s) identified in the priority matrix
- Use your SWOT analysis to make relevant choices
- Based on your strategy, level and mode choices, describe what the
  activity will look like

For example   education + provider + in-person = training for primary care
physicians to do foot exams

Finding Answers
Disparities Research for Change   Designing the Activity

Try to use all three pieces of the FAIR Toolkit, if possible. The Intervention Builder flashcards will give you the building blocks to design an equity activity, while *Real-World Examples* and the FAIR database will give you an ideal of how those activities were implemented at other organizations.
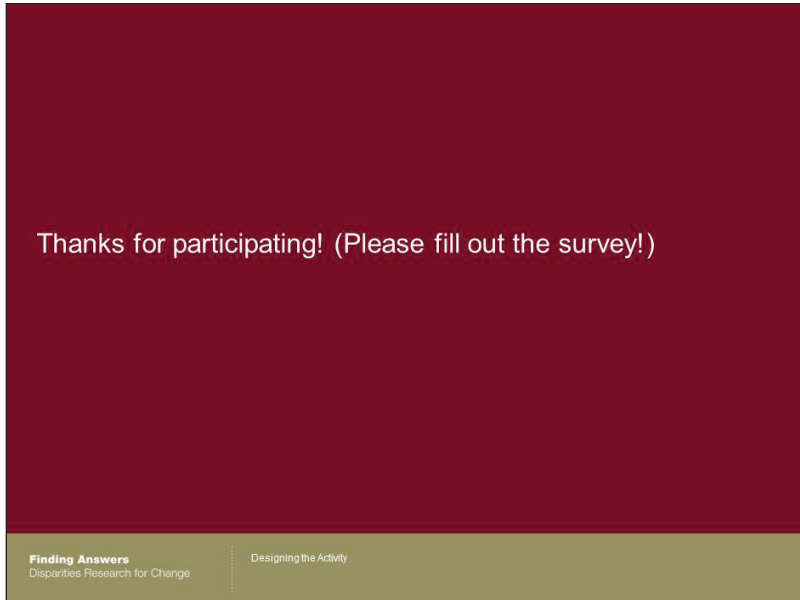
When we meet next time, we'll discuss why you chose those activities - what factors did you consider when designing your activity?

You can download the exercise template from [the Finding Answers' website or insert alternative location].

Wrap-Up

34

Facilitator: ....

Thanks for participating! (Please fill out the survey!)

Finding Answers
Disparities Research for Change

Designing the Activity

Rember to complete the survey. Your feedback is very important to us.

Thanks for joining us today!

Finding Answers
Disparities Research for Change

Designing the Activity

Robert Wood Johnson Foundation