Health Equity: A Pragmatic Needs Assessment by Health Care Organizations to Address Inequity in COVID-19 Management

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Background

➢ Historically marginalized populations, including Black and Hispanic communities, experience higher rates of COVID-19 infection, hospitalizations, mortality, delayed treatment, and inequitable prescription of outpatient therapies.[1-6]
➢ Interventions to address health equity are complex, however established frameworks such as the National Institute on Minority Health and Health Disparities Research Framework can guide multi-level needs assessment and interventions.[7]

Methods

➢ Three health care organizations (HCOs) completed a mixed methods pragmatic needs assessment to identify opportunities in health equity for COVID-19 management.
➢ Data were captured to inform interventions. Quantitative and qualitative data will be captured again post-implementation (April-December 2024) to assess impact.

	Measures	Data Collection Method	Timepoint
Quantitative	COVID-19 Vaccination[a] COVID-19 Treatment[b] COVID-19 Treatment Fills[c]	Electronic Health Record following standard measures specification	September 2022-March 2024 reporting in 6-month increments
Qualitative-Patient	Demographics, healthcare access and utilization,[8] knowledge and attitudes,[9] minority patient experience in healthcare[10-12]	Survey with dissemination strategies including patient newsletters, QR codes in clinic, direct approach	January-May 2024
Qualitative-Provider	Demographics, knowledge and attitudes,[13] recommendation practices, Bias in healthcare,[14-15] multiculturally competent sensitive service system assessment[16]	Survey with dissemination strategies including email, presentation at department meetings, direct approach	January-May 2024

[a] Age 18 or older at start of reporting period, at least 1 interaction with organization in 36 months prior, at least 1 dose of a vaccine administered.
[b] Age 18 or older at start of reporting period, at least 1 interaction with organization in 36 months prior, documented acute COVID-19 diagnosis within reporting period, excluded if contraindicated for any COVID-19 treatment.
[c] Number of patients with evidence of pharmacy fill of prescribed COVID-19 treatment in ambulatory setting (including urgent care and ED). Subset of patients for which organization has access to fill data was acceptable.

Results

➢ 109 provider surveys and 467 patient surveys were completed across the 3 HCOs.
➢ HCOs experienced challenges gathering feedback from diverse populations.

Patient and Provider Communication-Trust Insights
➢ Patients reported high trust of medications prescribed by providers and being treated with respect.
➢ Patient trust was lower when on COVID-19 medication specifically and 27%–30% of minority patients shared race/ethnicity negatively impacted the quality of their care.
➢ Providers reported high confidence engaging with treatment and vaccine hesitant patients and utilizing strategies to reduce bias in communication (80%+), however fewer than 50% reported speaking with coworkers about bias.
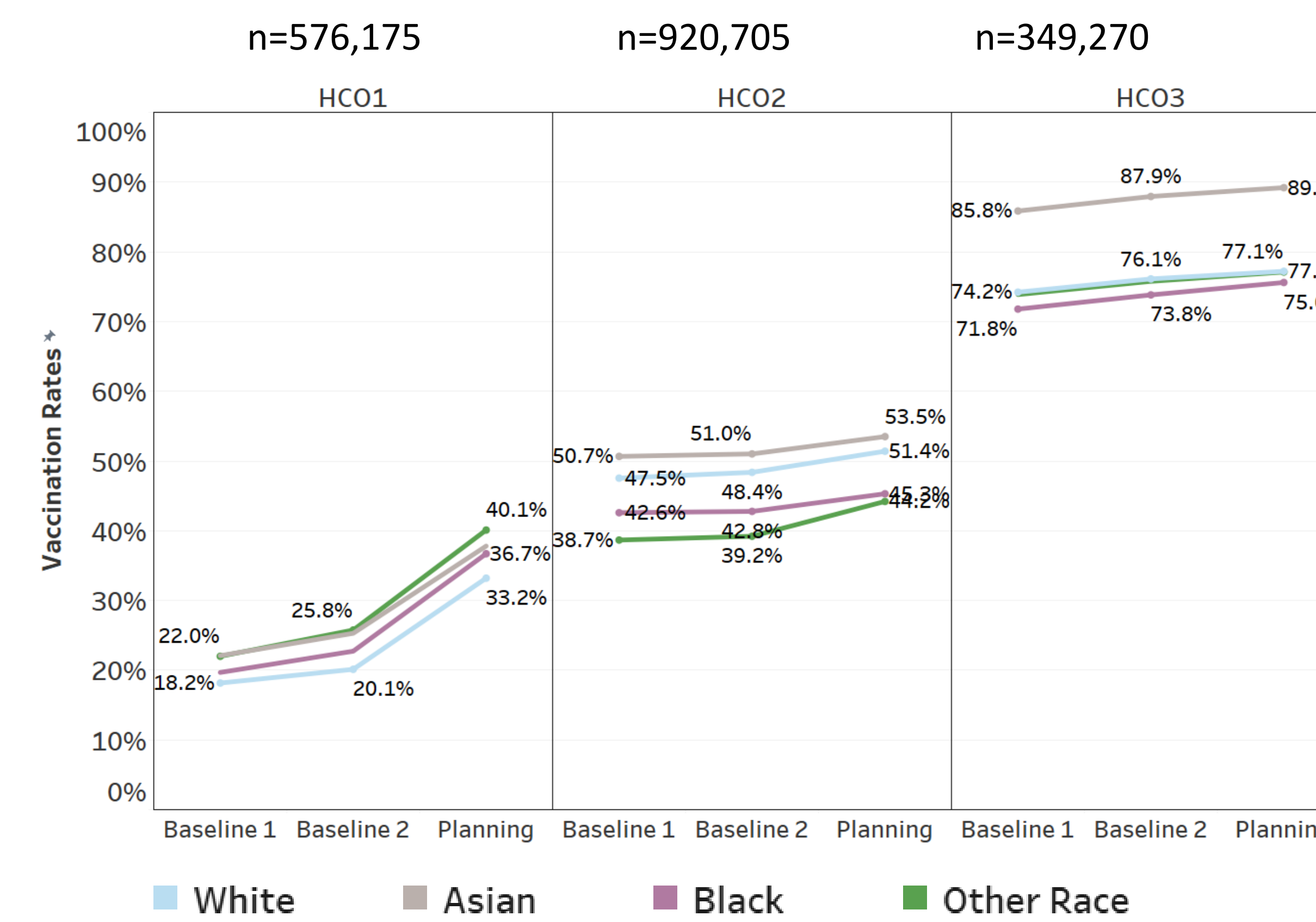
COVID-19 Vaccination Insights
➢ HCOs had variable vaccination rates with higher rates for Asian patients.
➢ HCO1 reported highest rates of vaccination among Hispanic patients, however there was high distrust of vaccines among Hispanic respondents to patient survey.
➢ Two sites had lower vaccination rates among Black (1.6%-6.1% lower) and Hispanic (1.2%-8.9% lower) patients in comparison with White non-Hispanic patients.

COVID-19 Treatment and Fills Insights
➢ All HCOs reported lower treatment prescription rates for Asian, Black, and Hispanic patients.
➢ Two HCOs struggled to pull medication fill rates, however HCO3 reported lower fill rates among Black (9.4% lower), Asian (7.9% lower), and Hispanic (3.1% lower) patients in comparison to white and non-Hispanic patients.

Results

Figure 1: COVID-19 Vaccination Rates by Race/Ethnicity

Figure 2: COVID-19 Treatment Prescription Rates by Race/Ethnicity

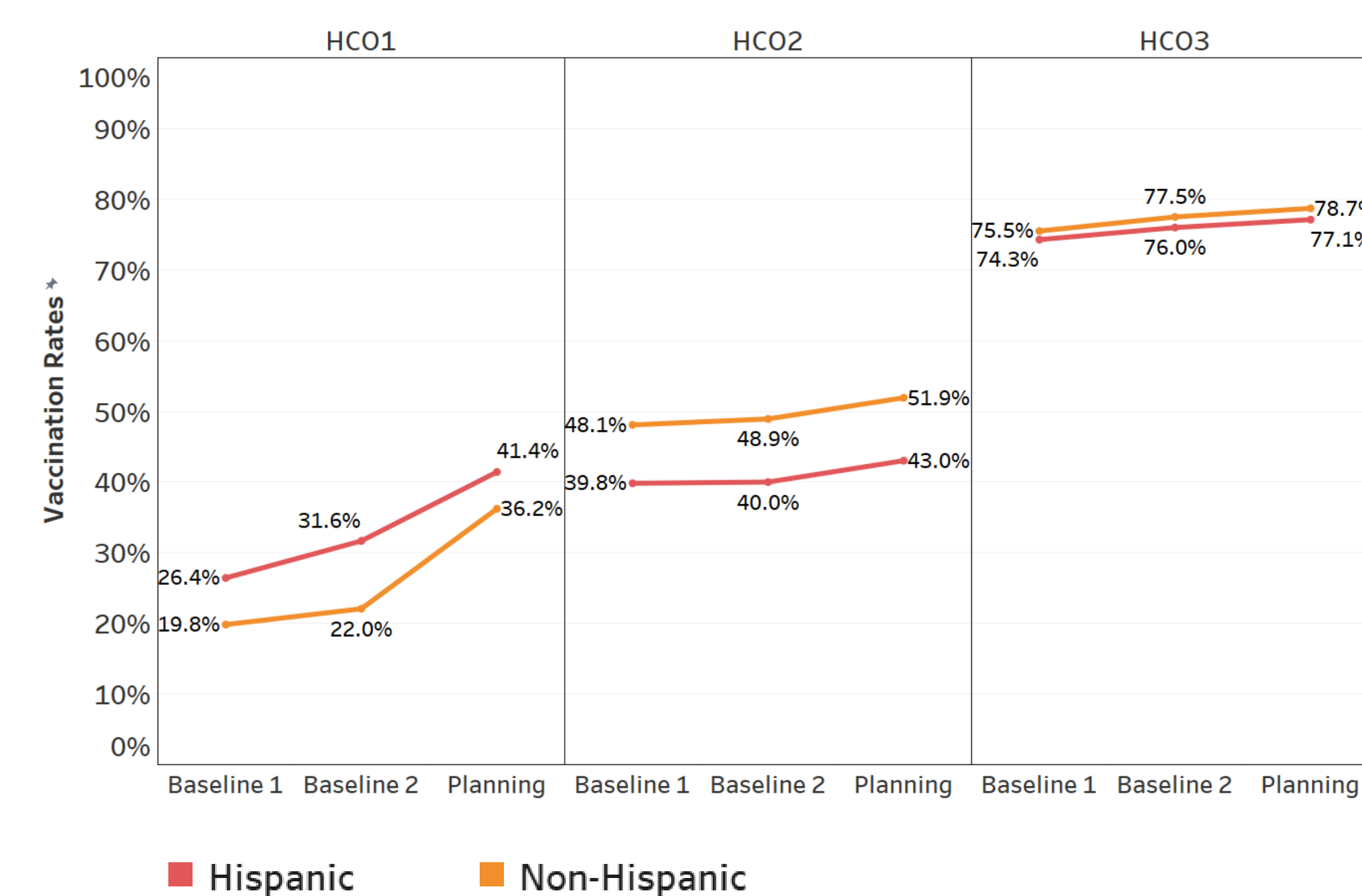Time Periods: Baseline 1: Sept 2022–Feb 2023   Baseline 2: March 2023–Aug 2023   Planning: Sept 2023–March 2024

Figure 3: Opportunities for Intervention across All HCOs

- Address side effect concerns from patients by sharing treatment benefits, especially for those with high-risk conditions
- Address provider concerns on viral rebound by sharing FDA/CDC reports and current research
- Encourage high-risk patients to seek care soon after initiation of COVID-19 symptoms or testing positive
- Provider education on importance of timely treatment for high-risk patients, regardless of symptom severity
- Standardization of treatment protocols to reduce provider bias

Conclusions & Implications for D&I

➢ Using the data from this mixed methods needs assessment, HCOs developed multi-level interventions including provider training, patient education, provider data sharing, smart phases and more.
➢ This study highlights the need for patient, provider, and health system level needs assessments to identify inequities and potential biases for HCOs to develop effective, targeted interventions.
➢ Understanding local context is a key component of implementation science for identifying the most appropriate, targeted health equity interventions.

Acknowledgements & References

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To view references, scan this QR code:

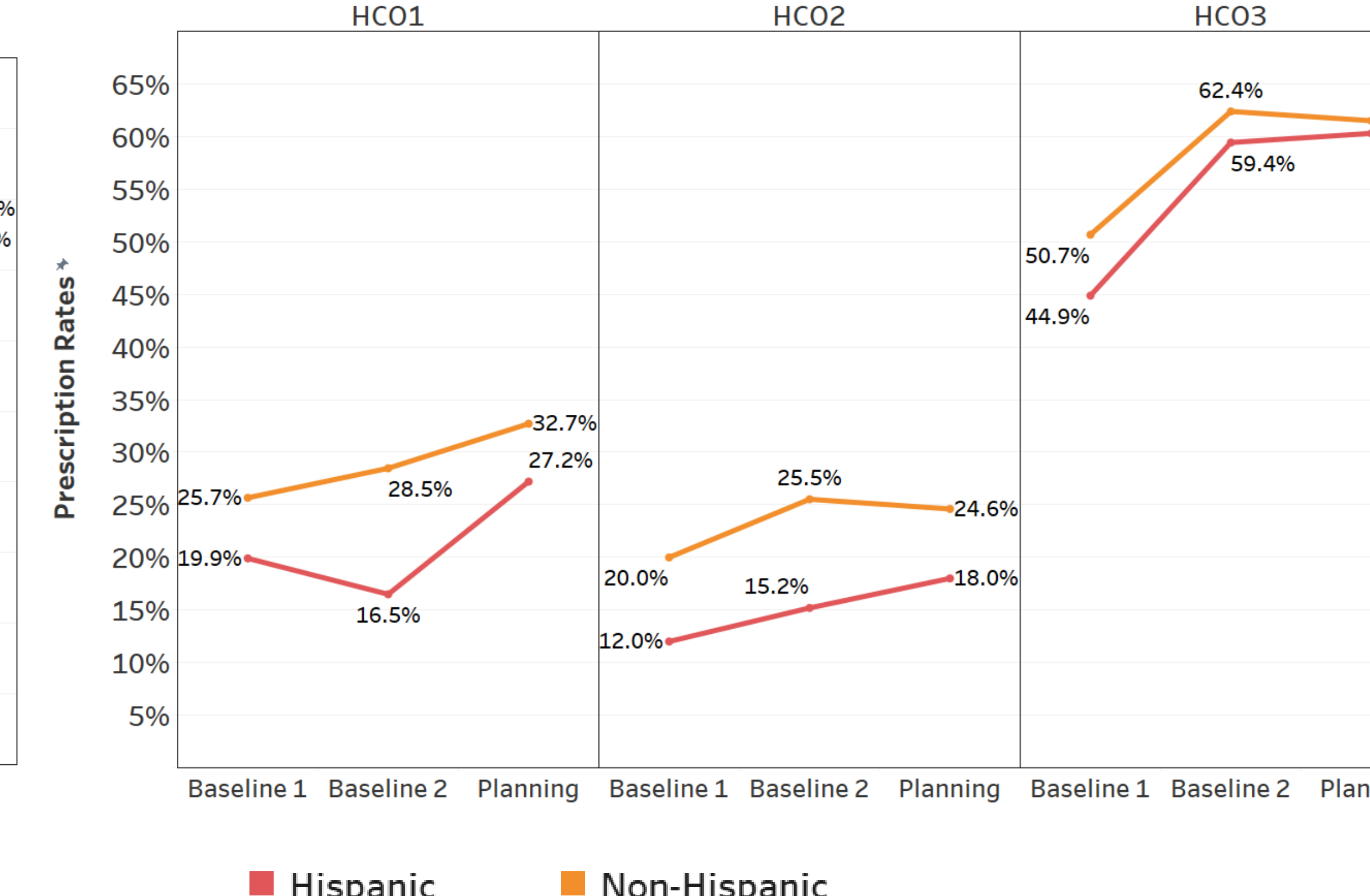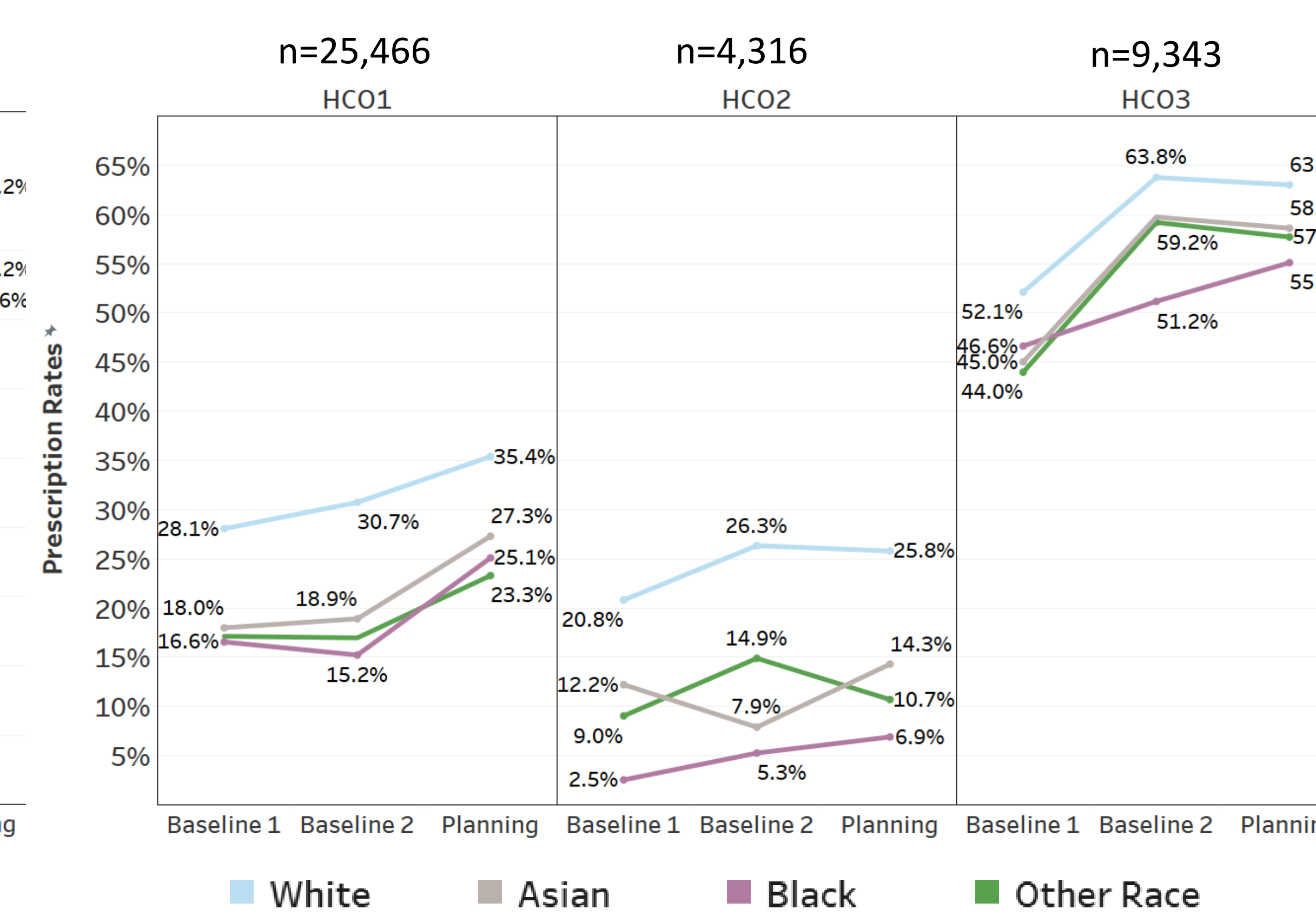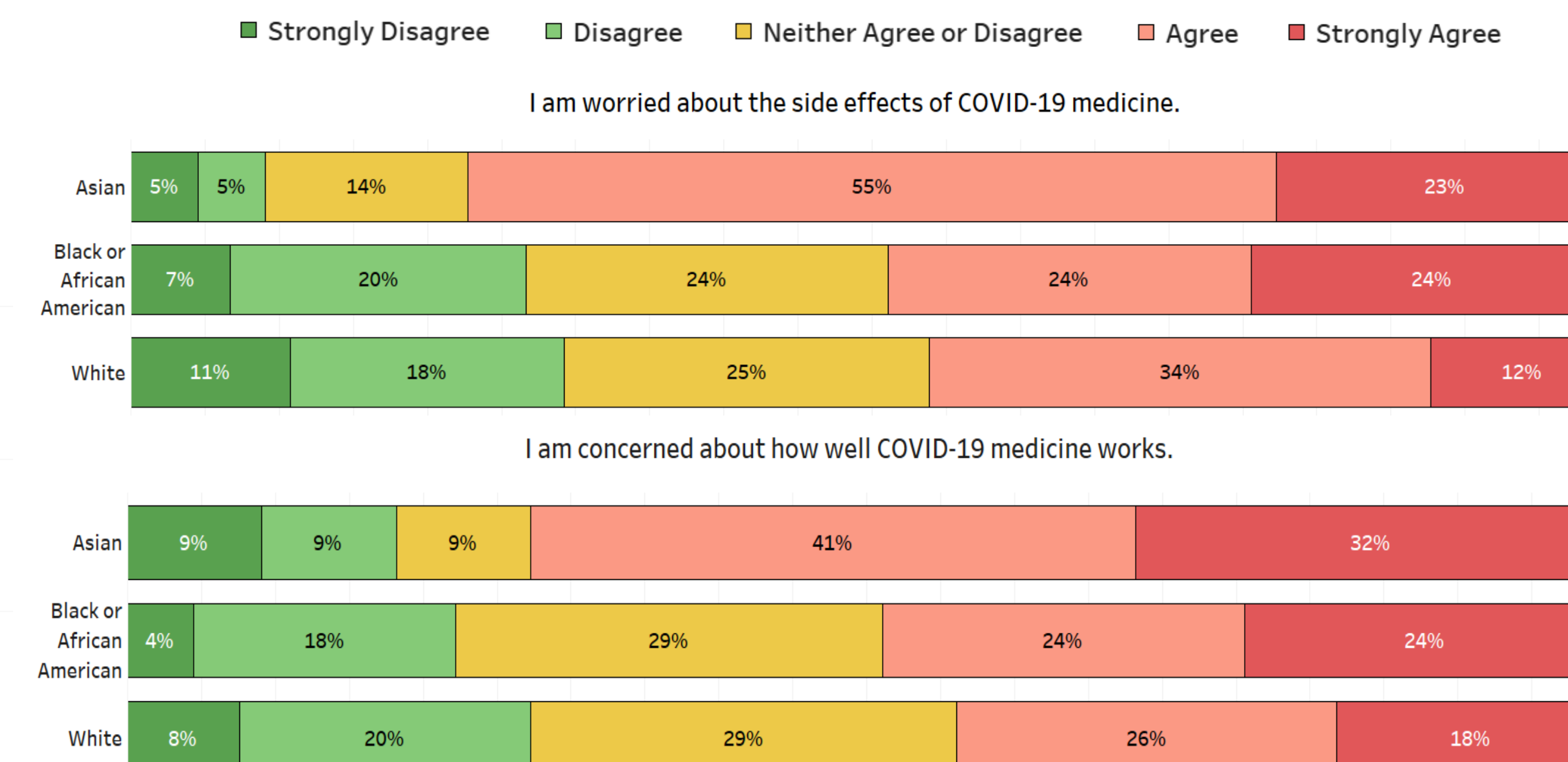To learn more about this project read about the kickoff here:

Figure 4: Provider Opinions and Practices on Biases at All HCOs (n=109)
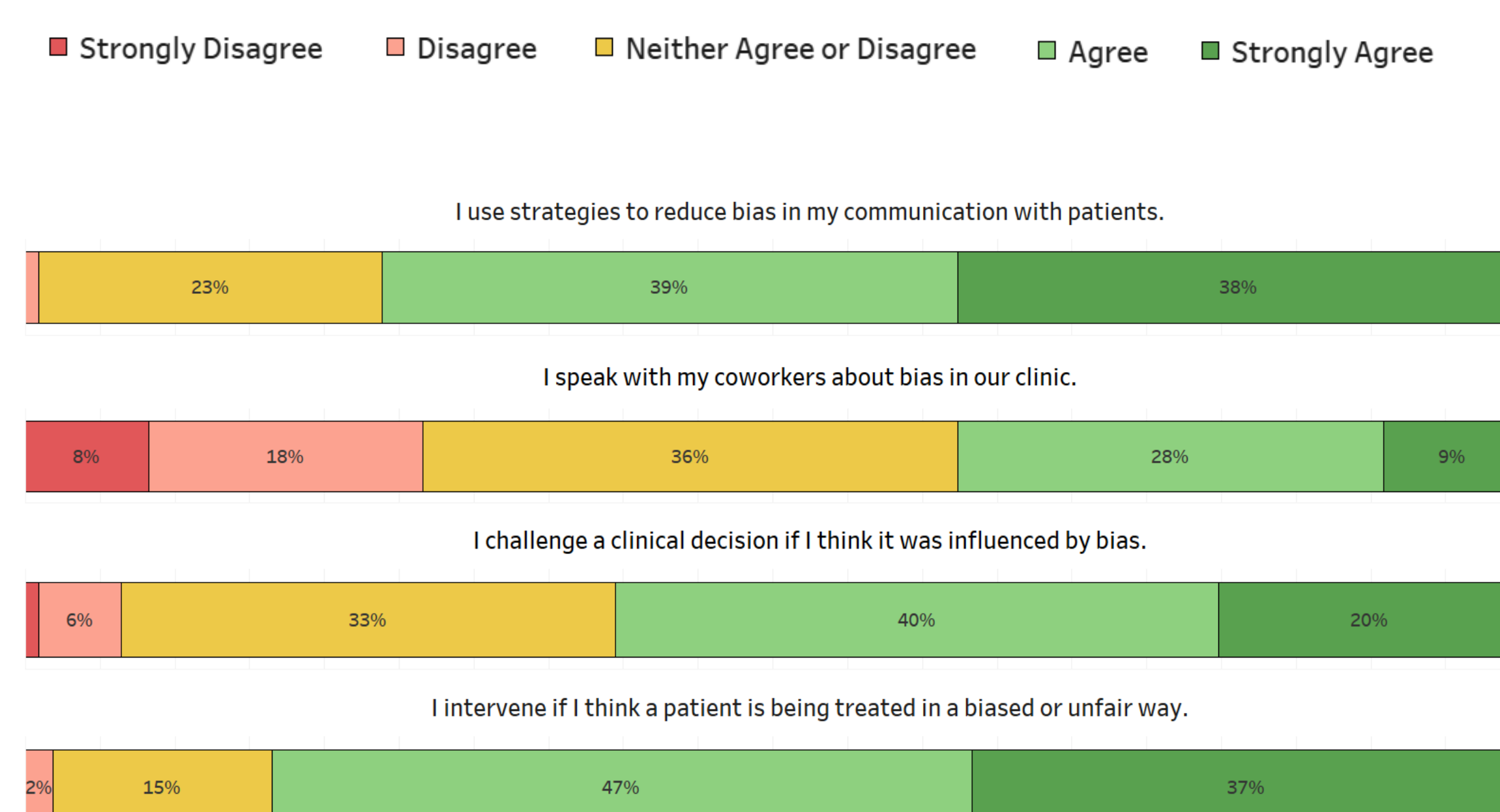
Figure 5: Patient Opinions on COVID-19 Treatment by Race at HCO 1 (n=161)