



**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a PHMC affiliate

Advancing Health Equity in Nursing Learning Collaborative Series

Session 4

March 10th, 2022



**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a PHMC affiliate



The National Nurse-Led Care Consortium (NNCC) is a non-profit membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC, in partnership with the CDC, works to support efforts to build COVID-19 vaccine confidence among nurses and the communities they serve.

Learn more at NurseLedCare.org

ABOUT THE SERIES

- This is the final session of this free 4-part learning collaborative series for nurses on advancing health equity.
- Session materials (e.g. resources, slides and recordings) will be housed in a google drive folder sent out to registrants via email. For any other details regarding the series you can review the series' [site](#).
- 1 CEU will be offered for each session **attended live**. An evaluation will be sent out to attendees following each session, complete the brief questionnaire to receive CEU credit. Learn more [here](#).

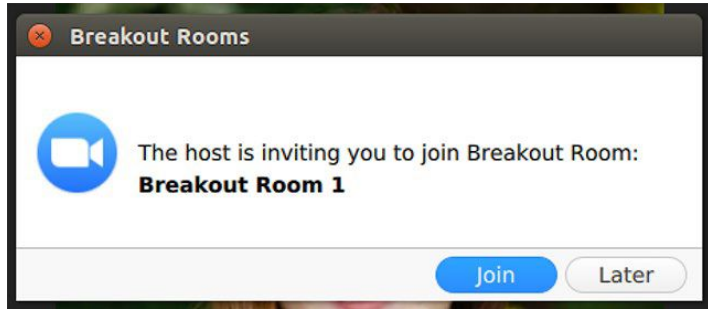
This project was funded in part by a cooperative agreement with the Centers for Disease Control and Prevention (grant number NU50CK000580). The Centers for Disease Control and Prevention is an agency within the Department of Health and Human Services (HHS). The contents of this resource center do not necessarily represent the policy of CDC or HHS, and should not be considered an endorsement by the Federal Government.

EXPECTATIONS FOR THE SESSION

- If you have recently registered, please complete the pre-series survey and be willing to participate in post-series surveys.
- **Please make sure your name in the participants tab reflects the name you used when registering to ensure you receive your CE link.**
- During this session we intend to create a space where we can facilitate supportive conversations and learning across the nursing community.

This project was funded in part by a cooperative agreement with the Centers for Disease Control and Prevention (grant number NU50CK000580). The Centers for Disease Control and Prevention is an agency within the Department of Health and Human Services (HHS). The contents of this resource center do not necessarily represent the policy of CDC or HHS, and should not be considered an endorsement by the Federal Government.

ZOOM ETIQUETTE



Zoom Group Chat

From Me to Everyone:
Hi everyone! We'll be getting started soon.

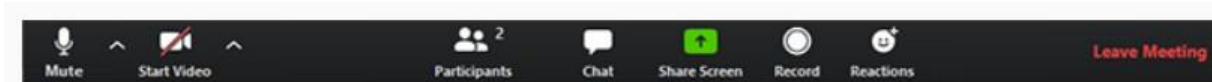
From Kevin to Everyone:
Great!
Can't wait!

To: Everyone ▾

File ...

Type message here...

1. Keep yourself on mute when not speaking.
2. Share your video during breakouts
3. Respond and participate to breakout discussions.
4. Add your thoughts in the chat!



AGENDA

- Check-In (5 minutes)
- Didactic Presentation (30 minutes)
- Break Out Activity (10 minutes)
- Report Out/Discussion (10 minutes)
- Close & Debrief (5 minutes)

SPEAKER INTRODUCTION

- Dr. Sharon Cobb is the Director of Prelicensure Nursing Programs and an Assistant Professor in the Mervyn M. Dymally School of Nursing at Charles R. Drew University of Medicine and Science (CDU).
- Dr. Cobb is a current fellow in the Clinical Research Education and Career Development (CRECD) program, funded by the National Institute of Minority Health and Disparities.
- Dr. Cobb has served as a co-Principal Investigator on several grants focused on Cancer Survivorship and Caregiving among African American and Latinx groups, which was funded by the NIH U54 CDU-UCLA Cancer Center Partnership to Eliminate Health Disparities.



Sharon Cobb

PhD, MSN, MPH, RN, PHN



Shifting the Atmosphere: **Improving Equity for Transformational Patient-Provider Relationships**

Sharon Cobb, PhD, MSN, MPH, RN, PHN
Director, Prelicensure Nursing Programs (BSN & MSN)
Assistant Professor, Mervyn M. Dymally School of Nursing



Charles R. Drew University
of Medicine and Science

A Private University with a Public Mission

Disclosure

I have no commercial relationships to disclose.

Acknowledgements

□ Dr. Mohsen Bazargan, PhD

- *Professor, College of Medicine*

□ Dr. Shervin Assari, MD, MPH

- *Associate Professor, College of Medicine*

□ Funding:

□ Accelerating Excellence in Translational Sciences (AXIS)

- *NIMHD Grant # U54MD007598*

□ NIMHD Clinical Research Education and Career Development (CRECD)

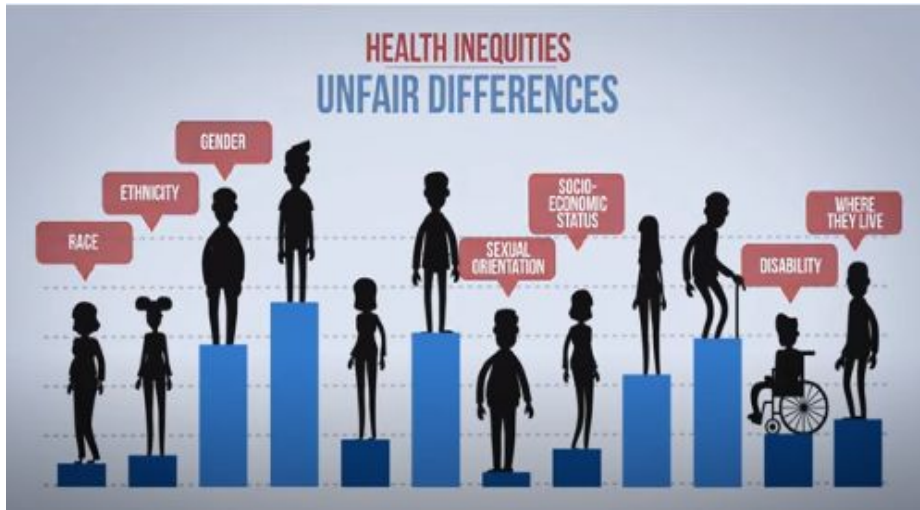
- *R25 MD007610 (PI: Bazargan)*

Objectives

- Upon completion of this session, participants should be able to:
 - Identify various factors that can increase equity between providers and patients.
 - Demonstrate how involvement of community stakeholders and support can result in improved patient outcomes.
 - Recommend at least three strategies that can improve equitable patient-provider relationships for nurses.



Health Inequities



- Increased visibility of strained patient/provider relationships may be attributed to such factors:
 - Geographic inaccessibility (Public Housing, Rural Areas, etc)
 - Economic disenfranchisement
 - Social Status
 - Income – Consideration of how many people are supported?
 - Underinsured/Uninsured
 - Consideration of dental, podiatry, and mental health services
 - Mistrust of the health care system due to years of abuse, neglect, and coercive treatment
 - Complex societal, economic, psychological, and historical factors

SDoH: Challenges

Social Determinants of Health



- Strained and inequitable health care system that commonly neglects marginalized (underserved and underrepresented) groups
 - Financial Strain/Income Insecurity
 - Poor nutrition & Food Insecurity
 - Lack of safe and stable housing (Housing Instability)
 - Incarceration & Re-Entry
 - Unemployment
 - *Navigation of a new healthcare system (Telehealth, social distancing options)*

Introspection

Emergency Department Utilization, Hospital Admissions, and Office-Based Physician Visits Among Under-Resourced African American and Latino Older Adults¹

- Utilizing the Emergency Department (ED) as a primary source of care
- Lower health-related quality of life was associated with a higher number of hospital admissions and ED visits
- Financial strain and difficulty accessing medical care were associated with a higher number of hospital admissions

Completion of Advance directives among African Americans and Whites adults²

- Non-Hispanic Whites were 50% more likely to complete an advance directive than African Americans
- Mistrust and perceived discrimination were factors associated with advance directive completion

Introspection

Preparedness for Serious Illnesses: Impact of Ethnicity, Mistrust, Perceived Discrimination, and Health Communication³

- 9%, 24%, and 34% of non-Hispanic Whites, African Americans, and Hispanics/Latinos believed they were not prepared if their medical condition gets worse, respectively
- Over 60% indicated that their healthcare providers never engaged them in discussions of their feelings of fear, stress, or sadness related to their illnesses
- Serious illness preparedness was lower in the presence of medical mistrust in healthcare providers, perceived discrimination, less communication with providers, and poorer quality of self-rated health



Power Dynamics

- Colonialist structures have fostered the “sphere” of power to be placed in the “hands of clinicians” for centuries
- Culture of **Healthcare Provider Superiority**:
 - Patients feel “less than” (e.g. being spoken over, patronized, etc.)
 - Clinicians may have pre-conceived notions, assumptions or past experiences
- Patients may want to disagree with healthcare providers
 - Prior individual/family/generational history of perceived negative consequences/trauma
 - Patients in marginalized communities may be more likely to avoid continued healthcare visits, resulting in emergent visits



What is in the name? Understanding terminologies of patient-centered, person-centered, and patient-directed care!

[Raman Kumar](#)¹ and [Vijay Kumar Chattu](#)²

Patient-centered □ treating patients as partners, involving them in planning their health care and encouraging them to take responsibility for their own health

Person-centered □ understanding distinct goals, needs, and preferences; consider impact of social, mental, emotional, and spiritual needs apart from diagnosis, physical, and medical needs

Person Directed □ seeing the world from the perspective of the person with the condition being treated; involving family members in care and offering shared decision-making; applying detailed knowledge of the individual (behavioral, biological, social aspects, etc.) to tailor care;

□ **Maximizing choice and autonomy; prioritizing relationships as much as care tasks**

Table 1: Similarities and differences between patient-centered, person-centered, and person-directed care

Characteristics	Patient-centered	Person-centered	Person-directed
1. Critical role of physician	Moderate	Moderate	Moderate
2. Role of individual in decision-making in receiving care services	Moderate	Moderate	High
3. Importance of nonmedical issues in decision-making	Moderate	High	Very high
4. Empowerment and education of care recipient and family	Moderate	Moderate	Very high
5. Coordination between acute, postacute, and long-term care	Low	Moderate	Very high

Whole-Person Care Framework



Patient-Centered Care



NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

JSI/Blue Shield of California: *“Whole-person care can be defined as the coordination of health, behavioral health, and social services in a patient-centered manner with the goals of improved health outcomes and more efficient and effective use of resources”*

HOW DO WE CHANGE THIS CONVERSATION?



Okpala, P. Addressing power dynamics in interprofessional health care teams. (2020). *International Journal of Healthcare Management* 14(4):1-7
DOI:[10.1080/20479700.2020.1758894](https://doi.org/10.1080/20479700.2020.1758894)

1. Team-related factors (unbalanced allocation of space and time and respect for medical hierarchy)
2. Role allocation-related factors (lack of recognition, lack of delineation of duties, lack of confidence in the skills and competencies of others)
3. Communication-related factors (nature and tone of communication, receptivity, and responsiveness)
4. Trust and respect
5. Individual-related factors (teamwork skills and positive team attitude)

Strategy #1: Community-Integrated Health Care



- Appropriately engage and link patients to the services they need
 - *Community Health Workers/Promotoras, Patient Navigators, and community-based organizations have enrolled*
 - Resources to assist improvement in their SDOHs
 - Newer approaches for care coordination and management
- Restructure community health centers to improve more services for people
 - *Do they know where their nearest pharmacy is? Have they ever talked with a pharmacist?*
 - Potential Issues: Polypharmacy, Potentially Inappropriate Medication Use, etc.
- Integration of behavioral health with primary care
 - *Peer support specialists, in addition to mental health professionals*
 - *Referral to local mental health organizations*

Strategy #2:

- Culturally based approaches
 - Reduce implicit bias and medical mistrust
 - Increase cultural and structural competency within healthcare systems
 - Peer-Checking

□ End-of-Life Wishes Among Non-Hispanic Black and White Middle-Aged and Older Adults

- 1st Step: Awareness, understanding, and respecting the cultural beliefs and values
- Patients want a closer relationship with their providers and higher level of respect

Do you
check your
own
biases?



Strategy #3:

- Providers should focus on education and outreach efforts aimed at increasing knowledge and treatment plan effectiveness
 - *Do not overlook other medical and mental health conditions!*
 - *Ask patients to record their medications on a document/phone that they carry with them*
 - *Incorporating discussions on advance directives/serious illness preparedness*
- Empowering the individual to be at the center of their care and participate in shared decision-making of their care
 - Specialized reimbursement policies that incentivize health care providers to provide higher quality of care, including underserved groups
 - *i.e. MediCal and Medicare, especially for older adults*
- Consideration of patients as consumers
 - *"Have It Your Way"*
 - *Social Media Influence on Their Decision-Making*

How can you
increase
shared
decision-making
for patients?

Policy Implications:

Utilization of Peer Support Specialists

- In 2020, California Governor Newsom signed a bill (SB-803) that will certify the role of Peer Support Specialists
 - Individuals who have prior adverse life experiences or behavioral and substance use disorders can assist others who are in need of recovery support of similar disorders.⁹⁵

Data Collection

- How are we measuring patient satisfaction? (Human Nature)
- What types of data are we collecting? How are we utilizing and disseminating the data?
- Is it specific to what we need or what accreditors need?
- Patients should be aware of tools and technology to enhance their decision-making and promote informed choices



Questions to Consider

- Identify and evaluate the organization's mission & values
 - *Does the policies, procedures, and processes align with the patient population? Is it person centered?*
- Is there a culture shift towards person-centered care?
- Are there continuous person-centered planning activities? (e.g. Patient/family advisory council, clinical quality review meetings,)
 - Participatory approach to policy formulation and decision-making, and performance evaluation. Ensure there is mutual accountability across stakeholders
- How are you planning to implement community/environmental values and settings into your care?
- What are the power dynamics on interdisciplinary teams (e.g. medical sociologist) you serve on or seeking to join?

ACTIVITY TIME



Questions

In groups of 3-5, please select at least 2 questions to answer:

1. How does person-centered care impact the daily work of nurses and nurse clinicians?
2. Have you discussed serious illness preparedness and/or advance directives with a patient? How did it impact you?
3. How do you and/or your organization measure patient satisfaction? Have you implemented new initiatives/changes based on outcomes?
4. Have you participated in strategic planning/policy development for a health organization before? Were you able to provide your perspectives? Was the patient's perspective considered?
5. If you had to receive long-term care from your organization, what would be the most important aspects of the care you would receive?
6. How can leaders/managers provide person-centered care?

Wrap-Up

□ Centering on interpersonal skills

- Being vulnerable and exhibiting empathy
- Asking the tough questions! (e.g. Are you okay with taking your prescribed medications?)
- Nursing Curricula: Invested to show care and compassion – But when? Where?

▪ Decreasing consumerism within healthcare

- Patients have more power with the advent of the internet and social media
- Foster a relationship of trust and transparency

□ Thought Contributions:

- Teach nursing students and current nurses to consider people as members of communities, families, and spaces and not only in healthcare provider/patient teams
- Partner with patients to ensure their plan of care is shared (not individualized) with providers, families, and other members
 - Patients should be able to openly disagree with or express their concerns to clinicians and discuss alternative treatments



References

(Slide 7) Cobb, S., Bazargan, M., Assari, S., Barkley, L., & Bazargan-Hejazi, S. (2022). Emergency Department Utilization, Hospital Admissions, and Office-Based Physician Visits Among Under-Resourced African American and Latino Older Adults. *Journal of racial and ethnic health disparities*, 1–14. Advance online publication. <https://doi.org/10.1007/s40615-021-01211-4>

(Slide 7) Bazargan, M., Cobb, S., & Assari, S. (2021). Completion of advance directives among African Americans and Whites adults. *Patient education and counseling*, 104(11), 2763–2771. <https://doi.org/10.1016/j.pec.2021.03.031>

(Slide 8) Bazargan, M., Cobb, S., Assari, S., & Bazargan-Hejazi, S. (2021). Preparedness for Serious Illnesses: Impact of Ethnicity, Mistrust, Perceived Discrimination, and Health Communication. *The American journal of hospice & palliative care*, 10499091211036885. Advance online publication. <https://doi.org/10.1177/10499091211036885>

(Slide 10) Kumar, R., & Chattu, V. K. (2018). What is in the name? Understanding terminologies of patient-centered, person-centered, and patient-directed care!. *Journal of family medicine and primary care*, 7(3), 487–488. https://doi.org/10.4103/ijfmpc.ijfmpc_61_18

(Slide 11) JSI. (2014). Studying the Feasibility of Whole-Person Care in California's Safety Net. <https://www.isi.com/project/studying-the-feasibility-of-whole-person-care-in-californias-safety-net/>

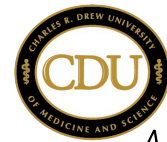
(Slide 11) NEJM Catalyst. (2017). What Is Patient-Centered Care?. <https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0559>

Bazargan, M., Cobb, S., & Assari, S. (2021). End-of-Life Wishes Among Non-Hispanic Black and White Middle-Aged and Older Adults. *Journal of racial and ethnic health disparities*, 8(5), 1168–1177. <https://doi.org/10.1007/s40615-020-00873-w>

(Slide 15) Okpala, P. Addressing power dynamics in interprofessional health care teams. (2020). *International Journal of Healthcare Management* 14(4):1-7
DOI:[10.1080/20479700.2020.1758894](https://doi.org/10.1080/20479700.2020.1758894)



Thank You!



Charles R. Drew University
of Medicine and Science

A Private University with a Public Mission

**If you have any questions or feedback
regarding this series please submit them
through this [Google Form](#)**

UPCOMING EVENTS

Partnering for Vaccine Equity: Increasing Vaccination Confidence and Coverage Among Younger Filipinos and Southeast Indians in Macomb, Oakland and Wayne Counties in Michigan

Friday Mar 25, 2022 at 01:00 PM EST



Reglita Laput
Director of Clinical
Services in Home
Care



Kino Anuddin
Registered Nurse
at Ascension St.
John Hospital

UPCOMING EVENTS

Social Media & Media Training Workshop

- Interview prep: Key messages and media interview dos and don'ts.
- Social Media Training: Tips for building a profile, ways to position yourself as a thought leader, and content sharing.

Thursday, March 31st at 1PM ET



The graphic features a dark blue background. At the top center, there is a circular logo with the text "#NURSESMAKECHANGEHAPPEN" around the perimeter and a vertical line in the center. Below the logo, the text "Nurses make change happen." is written in a large, white, serif font. Underneath that, the phrase "Be a part of history." is written in a smaller, white, sans-serif font. At the bottom, a paragraph of white text explains the toolkit's purpose: "This toolkit was created to give nurses the tools to do their part in the national vaccine effort. It is designed to help you decrease vaccine hesitancy and increase vaccination rates in your community."

[Vaccine Engagement on Social Media | Personal Stories, Posters and Flyers, Vaccine Trainings \(phmc.org\)](#)

NNCC EVENTS & PROGRAMMING

NNCC has a new microsite and expanded social media campaign!

Follow us on Instagram [@nurseledcare](https://www.instagram.com/nurseledcare) and keep up with upcoming events and communications on social media [#Nursesmakechange](https://twitter.com/nursesmakechange) happen.





**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a **PHMC** affiliate