end+disparities Learning Exchange: An Overview

June 16, 2017
Deloris Dockrey, NQC
“It takes no compromise to give people their rights. It takes no money to respect the individual. It takes no political deal to give people freedom. It takes no survey to remove repression.”

- Harvey Milk
Learning Objectives

- Define health disparity.
- Describe health disparity in four populations.
- Describe how disparities can be statistically measured for objective analysis and review for quality improvement projects.
- List two places RWHAP agencies and consumers can search to find interventions that will improve population performance in key performance measures.
“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

- Martin Luther King
What is a Health Disparity?

“Differences in health outcomes or health determinants observed between populations”

– Center for Disease Control (CDC)
What is a Health Disparity?

“A population is a health disparity population if there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.”

– Minority Health and Health Disparities Research and Education Act, United States Public Law 106-525 (2000)
Aligns with the National HIV/AIDS Strategy, involves Ryan White HIV/AIDS Program recipients across all funding streams, and links participants to leading disparity and quality improvement experts.
VISION

The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

• Step 3.A Reduce HIV-related disparities in communities at high risk for HIV infection
  • 3.A.1 Expand services to reduce HIV-related disparities experienced by gay and bisexual men (especially young Black gay and bisexual men), Black women, and persons living in the Southern United States
  • 3.A.2 Support engagement in care for groups with low levels of viral suppression, including youth and persons who inject drugs
“It is time to refocus, reinforce, and repeat the message that health disparities exist and that health equity benefits everyone.”

- Kathleen Sebelius  
  United States Secretary of Health and Human Services 2009-2014
HIV Disparities at a Glance

12% of the U.S. population is African-American

44% of new HIV diagnoses are among African-Americans

http://www.cdc.gov/hiv/group/racialethnic/africanamericans/index.html
Black lives lost to HIV/AIDS in 2013…

…account for 54% of total deaths due to the disease.

http://www.cdc.gov/hiv/group/racialethnic/africanamericans/index.html
HIV Disparities at a Glance

17% of the U.S. population is at the age of 13-24

26% of new HIV infections are among young persons

U.S. Population

New HIV Infections

http://www.census.gov/popclock/
What is a Health Disparity?

Supreme Court of the United States and Disparate Impact

• Disparate Impact examines **Effect** instead of **Intent**
• Applies to employment, housing, and other discrimination cases
• Statistical tests built on decades of precedents
How do we assess **EFFECT**?

- We **DO NOT** use our instincts, gut, or passions
- We use statistics to identify where true disparities lie in health outcomes (aka evidence-based)
Is there a disparity? Where is the disparity?

<table>
<thead>
<tr>
<th></th>
<th>Viral Load Suppression (HAB)</th>
<th>Medical Visit Frequency (HAB)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numerator</td>
<td>Denominator</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>6256</td>
<td>8304</td>
</tr>
<tr>
<td>Transgender People</td>
<td>149</td>
<td>227</td>
</tr>
<tr>
<td>MSM of Color</td>
<td>1273</td>
<td>1681</td>
</tr>
<tr>
<td>Persons Earning &lt; 100% FPL</td>
<td>3883</td>
<td>5184</td>
</tr>
<tr>
<td>Youth (aged 13-24)</td>
<td>261</td>
<td>434</td>
</tr>
</tbody>
</table>
Disparity HIV Subpopulations To Consider

1. MSM of Color
2. African American and Latina Women
3. Youth (under 24)
4. Transgender People
Did you know?

- **Young people** are **5 times** more likely to have HIV than people older than 25

- **Black women** are **20 times** more likely to have HIV than white women

- **Men who have sex with men** are **46 times** more likely to have HIV than other men

- **Transgender women** are **50 times** more likely to get HIV than other adults

http://www.unaids.org/sites/default/files/media_asset/08_Transgenderpeople.pdf
http://www.aidsmap.com/HIV-positive-youth-are-less-likely-than-adults-to-achieve-viral-suppression-on-antiretroviral-treatment/page/2994025/
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6203a19.htm?s_cid=mm6203a19_w
Disparities among MSM of Color

“When new infections among young black gay men increase by nearly 50% in 3 years, we need to do more to show them that their lives matter.”

- President Barack Obama
1 in 11 White MSM will be diagnosed with HIV in his lifetime

1 in 4 Hispanic MSM will be diagnosed with HIV in his lifetime

1 in 2 Black MSM will be diagnosed with HIV in his lifetime

MSM of Color

Estimated HIV Care Continuum for Black MSM vs. White MSM

Black MSM are 47% less likely than White MSM to achieve viral suppression (16% vs 34%).

Disparities among African American and Latina Women

“Racial disparity and HIV rates in the United States is a major civil rights issue, and it is, in fact, a major human rights issue.”
- Dr. Adaora Adimora, University of North Carolina
Heterosexual women are **twice as likely** to be diagnosed with HIV as heterosexual men. Women who inject drugs are also at a higher risk than men who inject drugs.
Disparities among African American and Latina Women

1 in 880 white women will be diagnosed with HIV in her lifetime

http://www.cdc.gov/hiv/group/racialethnic/africanamericans/index.html
Disparities among African American and Latina Women

1 in 48 African-American women will be diagnosed with HIV in her lifetime

Black women are 18 times likelier to be diagnosed with HIV than white women

http://www.cdc.gov/hiv/group/racialethnic/africanamericans/index.html
Disparities among African American and Latina Women

1 in 227 Latina women will be diagnosed with HIV in her lifetime

Latina women are 4 times likelier to be diagnosed with HIV than white women

http://www.cdc.gov/hiv/group/racialethnic/africanamericans/index.html
Disparities among African American and Latina Women

Of the total number of estimated new HIV infections among women, 6,100 were in Blacks, 18% (1,700) were in Whites, and 15% (1,400) were in Latinas.

[Graph showing percentages of HIV infections among different races]
Disparities among Youth (13-24)

“Rather than letting my serostatus set my life ablaze, I allowed it to set a fire under me.”

- Adrian, National Youth HIV & AIDS Awareness Day Ambassador
17% of the U.S. population is at the age of 13-24

26% of new HIV infections are among young persons

http://www.census.gov/popclock/
Youth

One in five new HIV diagnoses were among persons aged 13 to 24 years
Youth

Only 6% of youth are estimated to be virally suppressed, compared to an average rate of 30% across all age groups.

Disparities among Transgender People

“Whether it’s a lack of access to quality and compassionate health care, or an out-of-date legal system that allows blatant discrimination, equality is too often out of reach for trans people.”

- Transgender Law Center
Transgender People

1 in 250 odds of having HIV as an adult of reproductive age

1 in 5 odds of having HIV as a transgender woman

Transgender People are 49 times more likely to acquire HIV then all adults

Transgender People

Transgender women are less likely to receive ART treatment than cisgender people.

http://lgbtpopulationcenter.org/2013/07/hiv-transgender-women-less-likely-to-receive-anti-retroviral-therapy/
Transgender People

Studies suggest that the rate of HIV prevalence among transgender women is 19%-28%, compared to an overall prevalence rate of only 0.4%.

Ending disparities will end the HIV epidemic.
The end+disparities Learning Exchange a 9-month initiative that promotes the application of improvement interventions to reduce HIV-related disparities in four key subpopulations while building and sustaining a community of learners among Ryan White HIV/AIDS Program recipients.

The Learning Exchange offers informational opportunities by content experts and utilizes the power of peer learning to facilitate local improvement efforts on eliminating HIV-related disparities.
Introduction to Exchange Tools & Resources
Health Disparity Calculation Tools
Tabs in the Workbook

- **Instructions**
  - Descriptions of each tab and instructions for how to enter data

- **Stats Basics**
  - Refresher on statistics and terminology used in the calculator

- **Data Entry**
  - The SINGLE place to enter data in the calculator

- **Summaries**
  - Dashboard of final calculation results for quick sharing

- **Analyses**
  - Background statistical values that inform the summary dashboard for sharing with leaders and decision makers
Instructions

Disparities Calculator Data Entry Walk Through

1. Update the Contact and Agency Name, the Measurement Period, The Reporting Date, and the Data Source
2. Provide the number of HIV provider organizations contained in the report
   a. Tell us how many providers you have within your network (if you are reporting all together as a network)
3. Provide the HIV Viral Suppression numerator and denominator for the Total (all patients) and each sub-population group that you are assessing
   **NOTE:** the values for the target populations are independent of each other and don’t add up to the total.
4. Provide the Medical Visit Frequency numerator and denominator for the Total (all patients) and each sub-population group that you are assessing
5. Provide data limitation and other comments as context regarding the quality and your confidence in the data you are submitting to NQC
Instructions

INDIVIDUAL ORGANIZATION DISPARITIES CALCULATION AND ANALYSIS FLOW

1. Clean active patient lists and demographics
2. Produce overall clinic numerator and denominator data for each measure
3. Produce focus population numerator and denominator data for each measure
4. CQM Committee selects focus population and writes campaign aim for NQC
5. Review SUMMARY tab and send with ANALYSIS tabs to CQM Committee
6. Enter overall and focus population data into the Data ENTRY tab in this workbook; add comments

GROUP (NETWORK WIDE) DISPARITIES CALCULATION AND ANALYSIS FLOW

1. Network leader encourages subrecipients to clean patient lists and demographics
2. Network leader provides DATA ENTRY tab to capture data
3. Network leader provides technical assistance to sub-recipients synthesizing overall focus and population numerator/denominator data
4. CQM Committee selects focus population and writes campaign aim for NQC (inc. how sub-recipients participate)
5. Network leader reviews SUMMARY tabs and sends with ANALYSIS tabs to network’s CQM Committee
6. Network leader aggregates sub data into one calculator for all
Data Entry

**Name of Reporting Agency:** Best Ever ASO  
**Name of Staff Person Reporting:** B. Leaver  
**Measurement Period:** 4/1/2015 - 3/31/2016  
**Reporting Date:** 5/31/2016  
**Data Source(s):** The Ether

<table>
<thead>
<tr>
<th>Aggregated Data For Disparities Analysis</th>
<th># of Agencies in Dataset</th>
<th>Viral Load Suppression (HAB)</th>
<th>Medical Visit Frequency (HAB)</th>
<th>Data Limitations / Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Num.</td>
<td>Denom.</td>
<td>%</td>
<td>Num.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1</td>
<td>19071</td>
<td>23729</td>
<td>80.37%</td>
</tr>
<tr>
<td><strong>Transgender People</strong></td>
<td>1</td>
<td>3519</td>
<td>4103</td>
<td>85.77%</td>
</tr>
<tr>
<td><strong>MSM of Color</strong></td>
<td>1</td>
<td>3699</td>
<td>4792</td>
<td>77.19%</td>
</tr>
<tr>
<td><strong>African American and Latina Women</strong></td>
<td>1</td>
<td>11853</td>
<td>14834</td>
<td>79.90%</td>
</tr>
<tr>
<td><strong>Youth (aged 13-24)</strong></td>
<td>1</td>
<td>520</td>
<td>992</td>
<td>52.42%</td>
</tr>
</tbody>
</table>

Complete the fields that have red boxes and blue text. All calculations throughout the workbook are driven by these data.

- Your contact information and timeframe information is important context for inclusion with your QI Project.
- For more information on the disparities analysis resources, visit www.nationalqualitycenter.org.
- For questions related to this workbook or calculating disparate impact, contact Michael Hager - Michael@NationalQualityCenter.org.

The values of rows 9-12 are independent of each other and will not add up to equal the total in row 8. Total in row 8 represents overall clinic/organization population.

The worksheet was developed by NQC in consultation with HAB and partners in the field.

- This worksheet is for quality improvement purposes only.
- This worksheet contains self-reported data.
## Analyses

### Viral Load Suppression (HAB)

| Total Excluding Transgender People | 79.24% | 15552 | 19626 |
| Total Excluding MSM of Color       | 81.17% | 15372 | 18937 |
| Total Excluding African American and Latina Women | 81.15% | 7218 | 8895 |
| Total Excluding Youth (aged 13-24) | 81.59% | 18551 | 22737 |
| Transgender People                 | 85.77% | 3519  | 4103  |
| MSM of Color                       | 77.19% | 3699  | 4792  |
| African American and Latina Women  | 79.90% | 11853 | 14834 |
| Youth (aged 13-24)                 | 52.42% | 520   | 992   |

### 1) Absolute Disparity - The absolute difference in scores between two groups. Method works best when scores are all >0.5.

- **Any Initial Scores <0.5**: UNDEFINED RESULT
- **Comparison Result <0.05**: NO DISPARITY
- **Comparison Result Between 0.05 and 0.1**: MAYBE DISPARITY
- **Comparison Result >0.1**: YES DISPARITY

Using the Absolute Disparity method, does a Viral Load Suppression (HAB) disparity exist?

- Transgender People -> Total Excluding Transgender People: Absolute Disparity: 0.07 - NO DISPARITY
- MSM of Color -> Total Excluding MSM of Color: Absolute Disparity: 0.04 - NO DISPARITY
- African American and Latina Women -> Total Excluding African American and Latina Women: Absolute Disparity: 0.01 - NO DISPARITY
- Youth (aged 13-24) -> Total Excluding Youth (aged 13-24): Absolute Disparity: 0.29 - YES DISPARITY
## Analyses

### 4) Odds Ratio - A measure of association between a status and an outcome.

<table>
<thead>
<tr>
<th>Status</th>
<th>Disparity Odds</th>
<th>%</th>
<th>Yes Viral Load Suppression (HAB)</th>
<th>No Viral Load Suppression (HAB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transgender People</td>
<td>Status 1 (Transgender People)</td>
<td>85.77%</td>
<td>3519</td>
<td>584</td>
</tr>
<tr>
<td>Transgender People</td>
<td>Status 2 (Total Excluding Transgender People)</td>
<td>79.24%</td>
<td>15552</td>
<td>4074</td>
</tr>
<tr>
<td>MSM of Color</td>
<td>Status 1 (MSM of Color)</td>
<td>77.19%</td>
<td>3699</td>
<td>1093</td>
</tr>
<tr>
<td>MSM of Color</td>
<td>Status 2 (Total Excluding MSM of Color)</td>
<td>81.17%</td>
<td>15372</td>
<td>3565</td>
</tr>
<tr>
<td>African American and Latina Women</td>
<td>Status 1 (African American and Latina Women)</td>
<td>79.90%</td>
<td>11853</td>
<td>2981</td>
</tr>
<tr>
<td>African American and Latina Women</td>
<td>Status 2 (Total Excluding African American and Latina Women)</td>
<td>81.15%</td>
<td>7218</td>
<td>1677</td>
</tr>
<tr>
<td>Youth (aged 13-24)</td>
<td>Status 1 (Youth (aged 13-24))</td>
<td>52.42%</td>
<td>520</td>
<td>472</td>
</tr>
<tr>
<td>Youth (aged 13-24)</td>
<td>Status 2 (Total Excluding Youth (aged 13-24))</td>
<td>81.59%</td>
<td>18551</td>
<td>4186</td>
</tr>
</tbody>
</table>

**Odds Ratio Value and 95% Confidence Interval**

- **Transgender People**
  - Odds Ratio: 1.58
  - 95% CI: 1.44 - 1.73
  - **NO DISPARITY**

- **MSM of Color**
  - Odds Ratio: 0.78
  - 95% CI: 0.73 - 0.85
  - **NO DISPARITY**

- **African American and Latina Women**
  - Odds Ratio: 0.92
  - 95% CI: 0.86 - 0.99
  - **NO DISPARITY**

- **Youth (aged 13-24)**
  - Odds Ratio: 0.25
  - 95% CI: 0.22 - 0.28
  - **YES DISPARITY**
Summaries

### Viral Load Suppression (HAB) Overall Performance Average: 80.4%

<table>
<thead>
<tr>
<th></th>
<th>Transgender People</th>
<th>MSM of Color</th>
<th>African American and Latina Women</th>
<th>Youth (aged 13-24)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Sample</td>
<td>4103</td>
<td>4792</td>
<td>14834</td>
<td>992</td>
</tr>
<tr>
<td>Population Performance</td>
<td>85.77%</td>
<td>77.19%</td>
<td>79.90%</td>
<td>52.42%</td>
</tr>
<tr>
<td>Absolute Disparity</td>
<td>NO DISPARITY</td>
<td>NO DISPARITY</td>
<td>NO DISPARITY</td>
<td>YES DISPARITY</td>
</tr>
<tr>
<td>Relative Risk</td>
<td>UNDEFINED RESULT</td>
<td>UNDEFINED RESULT</td>
<td>UNDEFINED RESULT</td>
<td>UNDEFINED RESULT</td>
</tr>
<tr>
<td>Comparative Disparity</td>
<td>UNDEFINED RESULT</td>
<td>UNDEFINED RESULT</td>
<td>UNDEFINED RESULT</td>
<td>UNDEFINED RESULT</td>
</tr>
<tr>
<td>Odds Ratio</td>
<td>NO DISPARITY</td>
<td>NO DISPARITY</td>
<td>NO DISPARITY</td>
<td>YES DISPARITY</td>
</tr>
<tr>
<td>Absolute Impact</td>
<td>268</td>
<td>191</td>
<td>184</td>
<td>289</td>
</tr>
</tbody>
</table>

**Interpretation:**
- Refer to Stats Basics tab or to the NQC Guide on Qualifying Disparities for more detailed information on interpretation.
- Refer to Analysis tab to view statistical calculations and their results with confidence intervals where appropriate.
- Identify targets for QI Projects based on highest impact (number of lives) and highest probability (number of YES DISPARITY findings).
  - In the figure to the right, probability is represented above in rows 5-8 for each population.
  - In the figure to the right, impact is represented above in row 9.
  - This tool is for use in decision making on how to best utilize QI resources.
  - There are no "right" answers in how to best utilize your QI resources.
  - Review scientific literature and www.nqcs hailab for QI project intervention ideas.
  - Continue to update data entered in the DATA ENTRY sheet to test if disparities change.
- Explore the reasons why disparities could exist using Fishbone Root Cause Analysis.
- Visit www.NQCS hareLab.org for appropriate QI strategies to implement.

**Limitations:**
- Calculations are based on self-reported data.
- While based on statistical sciences and proven methods, this tool provides best estimates of disparity and is not fully precise.
- This calculator is intended for quality management purposes only. It is not intended for monitoring and evaluation or research.

**Questions:**
- For questions related to this workbook or calculating disparate impact, contact Michael Hager - Michael@NationalQualityCenter.org.
- For more information on disparities analysis resources, visit www.nationalqualitycenter.org.
end+disparities Website

Visit our initiative website at www.enddisparitiesExchange.org
To facilitate the initiation of improvement activities and national update of interventions focusing on addressing HIV disparities, a toolkit is available with the following tools:

- **Intervention Grid**: drawn from the available literature (evidence-based) and practices that are well-described in the field (evidence-informed)
- **ShareLab**: online platform to document improvement interventions to eliminate HIV disparities ([www.nqcsharelab.org](http://www.nqcsharelab.org))
- **QI Poster**: NQC provides reporting templates to submit the ‘QI Activity Poster’ to NQC
More Information Available

➢ Visit the NQC website to read a detailed literature review on disparities in HIV care for each subpopulation
➢ Download a detailed slide set with findings from the written literature review
➢ Join an upcoming webinar when we will present our detailed findings
Disparities affect us all.
Health equity benefits everyone.
end+disparities Video

Visit our NQC YouTube channel to see our 3min video about disparities in HIV care - www.youtube.com/NationalQualityCtr
“The essence of global health equity is the idea that something so precious as health might be viewed as a right.”

- Paul Farmer
Next Steps After Population Selection

- Select an intervention to implement that will help your population of focus overcome disparities in HIV care
- Continue to track progress over time using this calculator to ensure that disparities are closing
- Share your progress in working with your selected population on www.nqcsharelab.org to spread your work!
Where to Find Interventions

- **Learning Exchange Intervention Grid**
- **Learning Exchange Informational Slide Decks**
  (check the recordings and the handouts/notes)
- **Learning Exchange Literature Review**
- **Learning Exchange External Resources**
- **NQC ShareLab**
Question & Answer

Additional disparities calculation and QI resources are available [www.enddisparitiesexchange.org](http://www.enddisparitiesexchange.org) or email [Michael@NationalQualityCenter.org](mailto:Michael@NationalQualityCenter.org)
212-417-4730
NationalQualityCenter.org
Info@NationalQualityCenter.org