The solutions that help end health disparities will be as multifaceted as the causes. **Health care organizations will need to determine what solutions work for them based on their patient population, equity goals, practice structure and capacity for change.**

**Brainstorm. Challenge yourself and your team. What approach makes the most sense? Where can you have the largest impact? How can you leverage existing quality improvement efforts, infrastructure and technology?**

Use the strategy, level and mode flashcards to explore the possibilities for your organization. Think creatively about how to use these building blocks: combine a strategy (“what” will you do?) with a level (“who” will you target?) and a mode (“how” will you reach them?) to design your equity activity.

**WHAT**

**Strategy** is the approach or tactic the project employs. Using a variety of strategies is not uncommon.

**WHO**

**Level** is the primary target of the project. While all disparities reduction projects are meant to impact patient outcomes, an intervention can occur at multiple levels.

**HOW**

**Mode** is the channel used to deliver the intervention to its intended target. Some projects rely heavily on technology while others use more traditional methods.
Engaging the Community
Engaging the Community

Involving organizations or individuals outside the health care delivery setting

- Media education campaign
- Church-based care delivery
- School-based care delivery
- Peer-to-peer information exchange
- Coalition building and community advocacy
- Community outreach
Delivering Education and Training

One Minute Speech Strategy

- Pick a topic from:
  - Take two minutes quick out
  - Speak to

Strategy
Delivering Education and Training

Providing information, tools, and/or teaching skills

- Instruction in disease screening and prevention
- Cultural competency training
- Disease self-management training
- Online health information
- Experience-based learning
- Professional development or CME courses
- Decision aids
- Waiting room kiosks
Restructuring the Care Team
Restructuring the Care Team

Shifting responsibilities among members of the care team or adding members to the existing care team

- Nurse-led interventions
- Patient consultation with a pharmacist
- Involving primary care physicians in specialty care
- Reassigning duties and tasks among existing patient-facing staff
- Adding a patient navigator
- Employing a community health worker
- Introducing a social worker
Providing Financial Incentives
Providing Financial Incentives

Offering money or subsidizing the cost of goods or services to influence behavior

- Vouchers for care
- Gifts or giftcards for treatment adherence
- Bonuses or salary increases for meeting performance benchmarks
- Financial rewards or payments for improved outcomes
- Providing bus fare or child care
Providing Reminders and Feedback
Providing Reminders and Feedback

Prompting adherence to care guidelines and sharing information about performance and progress

- Follow-up phone calls
- Take-home health maintenance card
- Performance and feedback reports
- Process-of-care tracking system
- Disease registry

DIABETES
01 03 04 05 05 07

DIABETES AND CARDIOVASCULAR DISEASE RISK FACTORS
09 11 12 14

HYPERTENSION
15 16 18 19 20

DEPRESSION
24 25 26 28 30 31 32 33
Enhancing Language and Literacy Services
Enhancing Language and Literacy Services

Improving communication among providers, specialists or patients

- Health literacy screening
- Interpreter services
- Collection of patients’ language preferences
- Improving language skills of staff
Increasing Access to Testing and Screening
Increasing Access to Testing and Screening

Addressing financial and logistical barriers to testing and screening

• Free screening opportunities
• Incorporating screenings into existing appointments
• Screen and treat in the same visit
• Rapid test results
• At-home symptom monitoring
• Self-administered and take-home test kits

DIABETES
06

HYPERTENSION
15

DEPRESSION
24 25 27 29 32
Providing Psychological Support
Providing Psychological Support

Delivering therapy or counseling to promote healthy behavior or psychological well-being of patients, their partners, or their families

- Psychological support and encouragement
- Using motivational interviewing techniques
- Employing harm and risk reduction strategies

DIABETES AND CARDIOVASCULAR DISEASE RISK FACTORS
10
HYPERTENSION
18
DEPRESSION
23 24 25 29 30 31 33
Impact the knowledge or behaviors of patients or their families

- Culturally-targeted education and outreach
- At-home symptom monitoring
- Financial incentives to improve treatment adherence
- Self-management and goal setting programs
- Literacy screening for all patients
Impact the knowledge or behaviors of providers

- Cultural competency training
- Disparity report cards
- Pay-for-performance incentives
- Training to improve communication and listening skills
- Process-of-care reminders
Microsystem
Microsystem

Add new members to or shift responsibilities among the immediate care team

- Employing community health workers or peer educators
- Providing patient support outside the clinic visit
- Improve access to specialty care
- In-house mental health professionals
- Assigning patients to care managers

DIABETES
02 05 06 07 08

DIABETES AND CARDIOVASCULAR DISEASE RISK FACTORS
09 10 11 14

HYPERTENSION
19

DEPRESSION
25 28 29 30 31 32 33
Organization

Level
Impact organization operations that may require coordination among management, providers, information technology, and/or human resources

- Redesigning the system of operations
- Instituting an Electronic Health Record (EHR) system
- Improving the clinical encounter
- Diversity hiring initiatives
- Coordinating care across departments
Community

Level
Work with people or organizations outside traditional health settings

- Church-based health education
- School-based screening
- Social service agency partnerships
- Outreach to community leaders
- Partner in capacity building efforts
- Convene a community advisory board
Policy

Influence laws, regulations, or resource allocation on a regional or national basis

- Legislative advocacy
- Foundation grants programs
- Providing expert input to regulatory agencies
- Meet with local representatives
In-person

Mode
In-person Interaction between one or more people in the same space/location

- Improving patient-provider communication during the office visit
- Providing primary care providers with cultural competency training
- One-on-one patient counseling, coaching or education
- Training a group of community health workers
- On-site language services

DIABETES
01 02 04 05 06 07 08

DIABETES AND CARDIOVASCULAR DISEASE RISK FACTORS
11 14

HYPERTENSION
17 21

DEPRESSION
24 25 26 27 28 30 31 32
Telecommunication

Mode
Telecommunication

Transmission of information via land lines, cell phones or mobile devices

- Interactive voice response telephone systems
- Hotlines or call-in phone support
- Telephone based care management
- Text or voicemail reminders
- Follow-up phone calls
Using computer networks to exchange information or ideas

- Websites with health information
- Patient-provider correspondence via email
- Remote telemedicine services
- Online support via private chat function
- Video conferencing or Skype
- Using social media platforms and discussion groups
- On-demand test results

DIABETES
03 06

DIABETES AND CARDIOVASCULAR DISEASE RISK FACTORS
13

HYPERTENSION
20

DEPRESSION
23 24 30
Information Technology
Information Technology

Acquisition, processing, storage and dissemination of information

- Electronic Health Record (EHR) system
- Disease registries
- Customized information for patients
- Individual report cards for providers
- Sharing health information among platforms
- Computerized decision aids
- Automated process-of-care reminders

DIABETES
07

DIABETES AND CARDIOVASCULAR DISEASE RISK FACTORS
09 12 13 14

HYPERTENSION
15 16

DEPRESSION
29 31 32
Sharing information via a hard-copy

- Posters in the waiting room
- Postcard reminders to schedule an appointment
- Disease information or medication handouts
- Annual mailing about flu shot
- Performance reports
- Care instructions
- Magazines or brochures
- Written referrals

**DIABETES**
01 03 04 06

**DIABETES AND CARDIOVASCULAR DISEASE RISK FACTORS**
09 11 12 14

**HYPERTENSION**
15 17 19 21

**DEPRESSION**
24 25 27 30 31 32 33
Multimedia

Mode
Using a combination of text, audio, video, images, or interactive media

- Video documentaries
- MP3, podcast or music downloads
- Informational kiosks
- Interactive computer programs
- Smartphone apps
- Video games
- Self-guided training materials
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