Lessons Learned	**Paradigm Shift:** With each project, residents, faculty, and staff came to the realization that a new engagement between residency education and clinical change is needed. We are shifting the paradigm to recognize that the knowledge and skills for process change are critical to improving care of patients and populations. **Protected Time:** Formalize time involved in the project with acceptance by faculty/attendings (eg, protected/block time) and to be firmer with the team's time commitments and timelines. **Increase Clinic Engagement:** Push harder to engage a larger group with a clear delineation of roles, expectations, and accountabilities. We also need to increase involvement of the core team to draw on residents/faculty and clinic staff (eg, the operations staff who were at the pilot clinic such as the clinic medical director and supervisor of clinical operations). **Education**: Increase the curricular emphasis/formal education for residents with ongoing reeducation. **Data:** Increase the ability to access data in a format that supports analysis at the system level with data analyst support to more agilely answer emerging questions.

Bassett Medical Center, Cooperstown, NY
Partnerships for Developing Strategy and Curriculum in Disparities

James Dalton, MD; Edward Bischof, MD; Sue van der Sommen; Kara Travis; Sarah Mader, DO

Background: Bassett's first CLER visit in February 2015 demonstrated that while we had a number of programs dedicated to helping underserved segments of our population in rural, upstate New York, we did not have an overall strategy to assess healthcare delivery to diverse parts of our population. We also did not have an educational program to expose resident physicians to the diverse parts of our population. Our project goals were to develop an institutional strategy for understanding and addressing the diverse population Bassett serves and to develop a curriculum in disparities for our GME programs.

Methods: A steering committee was convened in September 2015 that included leaders from clinical areas in both the Bassett and the private practice community, as well as leaders from public health, administration, research, quality improvement, outreach, mental health, and medical education. The CEO of Bassett was a frequent participant in the steering committee. The committee met every 6 weeks to monitor progress and to give input to work groups focused on institutional strategy and curriculum development.

Results: An institutional strategy was developed that calls for the following: tie the elimination of healthcare disparities to Bassett's mission/vision/values; use IT and research to better understand the demographics of our region; create dashboards for our disparate populations for preventive care, cancer, and heart care; provide cultural competency training across the institution; achieve a high Health Equity Index; target interventions understanding cost and impact; continue and enhance collaboration with the community; and engage leadership at the board level. An internal medicine disparities curriculum was created that includes experiential blocks at the Gender Wellness Center and the independent, grant-funded free clinic. Didactic curriculum supports the experiential learning. In partnership with the *Delivery System Reform Incentive Payment* program (a New York state program designed to reduce healthcare disparities among Medicaid enrollees) and Leatherstocking Collaborative Health Partners, a curriculum in cultural competency was developed with the intention of rolling it out to the entire organization and its partners.

Conclusion: The partnership of internal and external stakeholders at Bassett and its surrounding communities has successfully developed a draft of an institutional strategy for addressing healthcare disparities in our region. A residency program has been initiated in the internal medicine residency. A curriculum in cultural competency has begun for the entire organization and its partners. Multiple research opportunities have been created because of the development of these curricula.

PROJECT MANAGEMENT PLAN – Development of an Institutional Strategy for Disparities of Care and an Institutional Curriculum in Disparities

Vision Statement	Bassett Medical Center will have a strategy for understanding the healthcare needs of the population it serves. This strategy will include partnerships with external health and wellness organizations and a plan for education in disparities.
Team Objectives	Our first CLER visit demonstrated that we had no overall strategy for assessing our populations and no educational program within GME to expose residents to the diversity within our population. The overall objective of the project was to remedy these gaps. Our assumptions differ from those of many of our colleagues. Rural New York state (and rural America outside the South) does not have the racial diversity of the rest of the country. Our disparities lie principally in the socioeconomic and geographic realm. Significant cultural subgroups within our population access healthcare (or not) in different ways. To better understand this dynamic, we invited people from a wide array of populations and healthcare perspectives to serve on the steering committee for this project.
Success Factors	The most successful part of our work was the collaboration among all of the individual groups (clinical, administrative, research, and education) working on various aspects of our diverse population. Several efficiencies resulted from this cooperative effort, and duplication of effort (which is a common occurrence here ordinarily) was minimized. We organized a multidisciplinary workshop/dinner with a focus on disparities in healthcare (elder care, chronic opioid users, and the transpopulation were the topics of this first workshop) in November 2016. Seventy-five individuals participated, with the majority of the internal medicine residents among them. We were inspired by the enthusiasm of all the stakeholders on the steering committee and the energy brought to the curricular offerings by the entire community and by the internal medicine residents.
Barriers	The largest barrier encountered was competing demands in the residency program. Developing a draft strategy for disparities at the institution and developing a cultural competency/disparities curriculum for the institution were easier than developing an integrated, robust curriculum for the residents. We worked to overcome this challenge by creating elective blocks in the internal medicine residency program so residents could choose an experience in one of several community efforts to bridge one or more gaps in healthcare delivery. Residents are participating in brief block experiences at the Oneonta Free Clinic and the Gender Wellness Center. Experiences are being developed at the New York Center for Agricultural Medicine and Health, Pathfinder Village (a residential facility for people with Down syndrome), and Springbrook (a facility for developmentally disabled people). An experience at the school-based health centers is also being considered.
Lessons Learned	The single most important piece of advice to provide another team embarking on a similar initiative is to be inclusive and cast a broad net for the steering committee and then assign smaller groups to get specific tasks completed. We could have, should have, and will do more of that going forward. This is a project that has only begun with NI V.

Baylor Scott & White Health, Temple, TX

Improving Obesity in the Hispanic Population

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Background: The 3 most prominent healthcare disparities identified in the CHNA were obesity, the breast cancer death rate, and sexually transmitted diseases. Increased obesity within the Hispanic community was selected as the disparity to address. The project goal was to promote obesity awareness and provide education that would have an impact on the local Hispanic population through collaboration with the community.

Methods: The proposed intervention was an 8-week course of family meetings for educational information, cooking classes, exercise planning, and data gathering. Every meeting included an hour-long didactic session covering topics