

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

such as stress management, healthy eating habits, and exercise; meal preparation of affordable, culturally centered dishes with recipes provided; and a basic exercise plan. Metrics included height, weight, and waist circumference; validated surveys; and a physical fitness assessment measured at the beginning of the program and at the end.

Results: No data had been gathered at the time of project presentation.

Conclusion: No conclusions can be withdrawn from the study yet. However, barriers encountered during the study process are worth mentioning: the financial limitations that inhibit patients' ability to purchase healthy food, the limited free time of the participants, and the cultural fact that the Hispanic population tends to center social events and gatherings around food. According to the literature, no single intervention will have a great impact on obesity in this study population, so this project included a combination of motivational, activity, and food-based interventions within social groups.

PROJECT MANAGEMENT PLAN – Obesity in the Hispanic Population

Vision Statement	Our vision is to promote obesity awareness and provide education that impacts the local Hispanic population by collaborating with the community and GME.
Team Objectives	Our main objective was to decrease the prevalence of obese and overweight individuals in the local Hispanic community, thereby hopefully narrowing the disparity of the local Hispanic population having more obese and overweight individuals than other ethnic groups. Stakeholders included the Hispanic community, GME residents and faculty, local Hispanic churches, and other healthcare personnel from Baylor Scott & White.
Success Factors	The most successful part of our work was pairing with leaders in the community to gather information and help develop the protocol. We were inspired by all the groups' continuing efforts to move their projects forward. This was an eye-opening experience for some of us and sometimes equated to moving mountains.
Barriers	The largest barrier encountered was organizing and obtaining the resources to actually allow us to begin the project. We worked to overcome this challenge by collaborating with a research designer to help us fine-tune the protocol, get grant approval, and make the process more efficient.
Lessons Learned	We learned to start from day 1 with a research expert who has done this type of population research. While developing our protocol and applying for the grant, we were working with papers from our literature review as our main source of design information. Consequently, we missed some key elements in the design process that led to significant delays in grant approval and IRB approval.

Baylor University Medical Center, Dallas, TX Hospital-Acquired Pressure Ulcer: Association With Population Disparities

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Background: The hospital-acquired conditions (HACs) rate was 121 per 1,000 hospital discharges, and hospital-acquired pressure ulcers (HAPUs) occurred at a rate of 32.5 per 1,000 hospital discharges, accounting for 26.9% of the total HACs. A 2010 study suggested older patients and African American patients had a higher incidence of HAPUs. This project was designed to examine whether factors such as race, ethnicity, socioeconomic status, or gender could potentially contribute to the development of HAPUs.

Methods: The Midas/Datavision database was queried for the incidence of HAPUs (all stages) in inpatients > 15 years from October 1, 2012 through September 30, 2015. Variables examined include self-reported demographics (age,