

Use and Care in Emergency Departments for American Indian Children: Interventions

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Health and Healthcare Inequities

“These inequities—systematic, measureable, and avoidable health differences between populations that stem from social factors such as racism, poverty, lack of healthful food, and homophobia—result in disproportionate disease and death for the poor, racial and ethnic minorities, persons living with disabilities, LGBT communities, and others”

--Philip M. Alberti, PhD, Senior Director, AAMC Health Equity Research and Policy



Background: Disparities in ED Use in American Indian Children

- Data suggests higher usage of the ED
- Factors that affect the use patterns of ED care
 - Low insurance rates
 - Lack of access to quality primary care
- Increased prevalence of health issues
 - Diabetes
 - Asthma
 - Co-morbidities such as obesity
 - Increased rate of injury



Background: Disparities in ED Care in American Indian Children

- Discrimination (real or perceived)
 - Higher rate of perceived racial discrimination in American Indian parents
 - Potential lack of understanding and respect of culture religious beliefs
- Empathy erosion in the ED
 - Overcrowding
 - Non-urgent conditions
 - Reliance on stereotypes



Study Overview

- Step 1: Assess the current state of care in the context of the population and the individual groups that make up that population
- Step 2: Develop interventions to help promote better care
- Step 3: Evaluate interventions



Data Sources

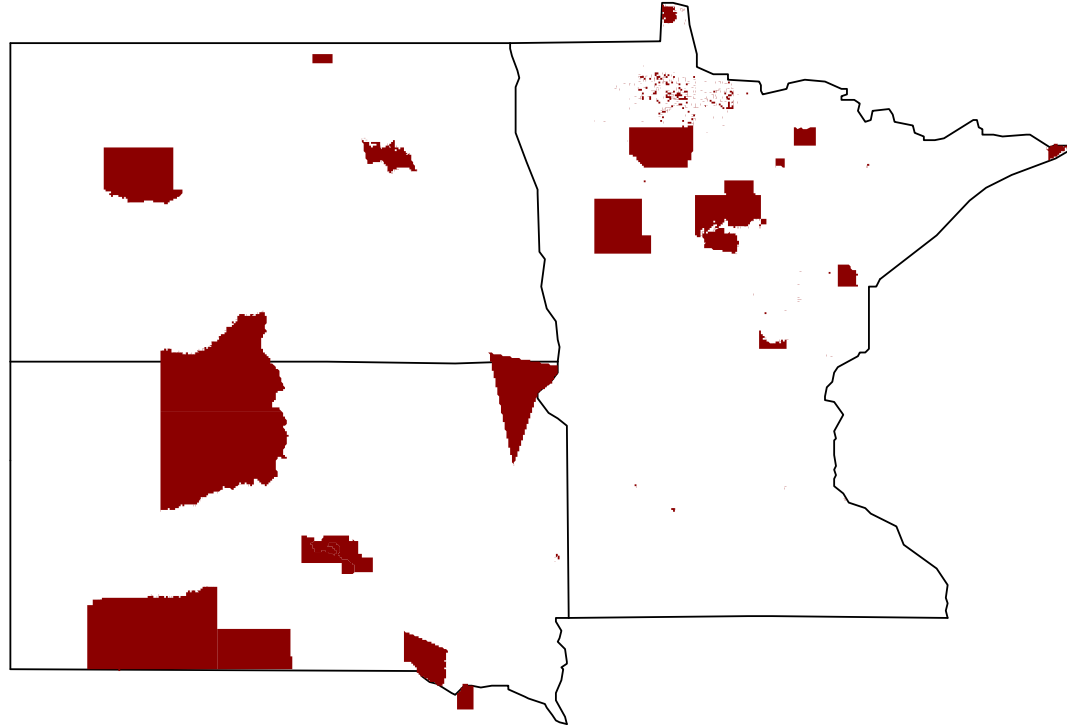
Retrospective Chart Review

Provider Survey

Community Focus Groups



Study Locations



- Five locations with six EDs
 - Three urban/three rural
- One additional ED that served as a pilot site



Retrospective Chart Review

- Higher use for American Indian children, especially in rural or large urban areas
- Different primary mental health diagnosis by race
- Increased odds of leaving without completing treatment for American Indian children even for serious triage codes

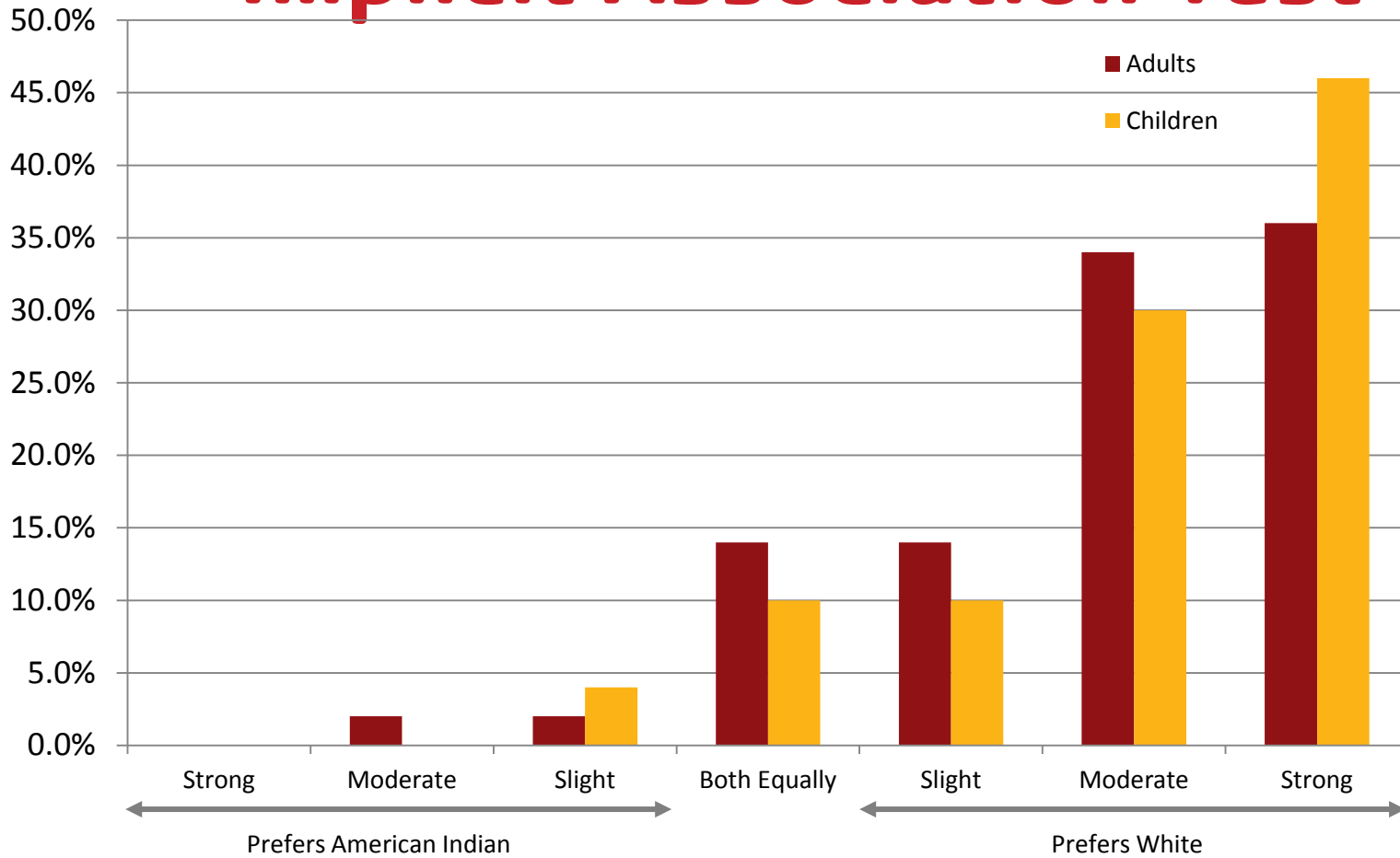


Retrospective Chart Review

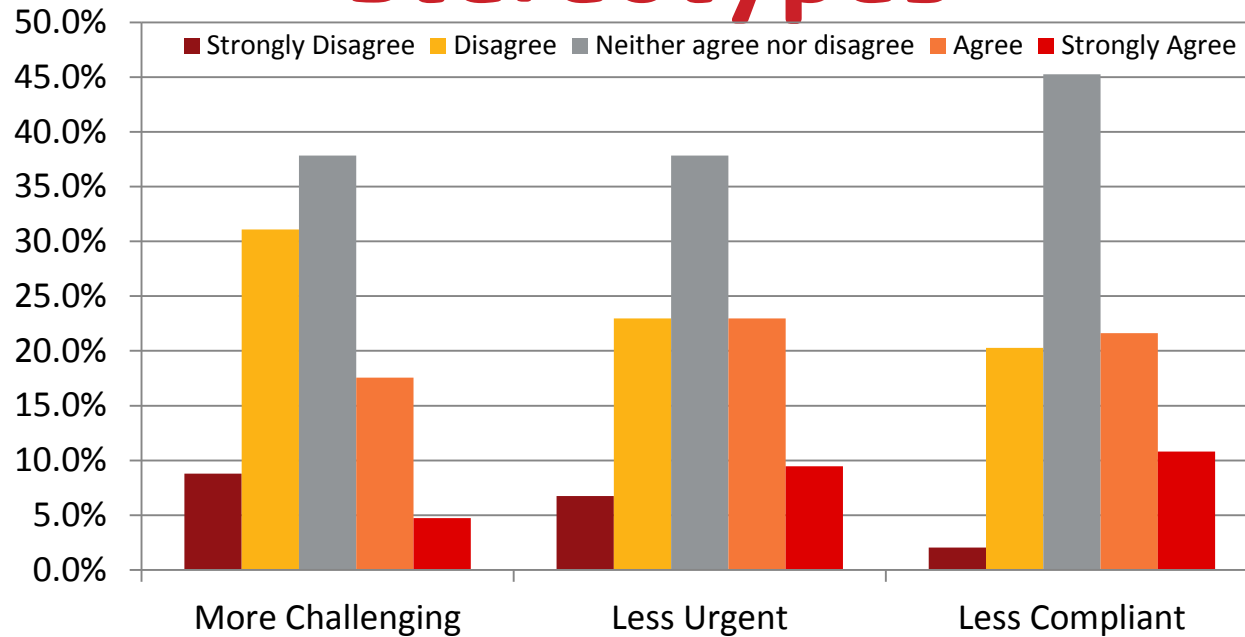
- Triage scores
 - Possible bias with AI children (and other racial/ethnic minorities) given less acute triage scores
- Difference in hospitalization for respiratory infections based on rural/urban location and race
 - Rural AI children more likely to be admitted
 - Urban AI children less likely to be admitted
- Differences in asthma care
 - Potential excessive testing in White children



ED Study Provider Survey: Implicit Association Test



ED Study Provider Survey: Stereotypes



- Agreement ranged from 22% for more challenging to 32% for parents/caregivers less compliant



Community Focus Groups

- Barriers/Facilitators/Recommendations
 - Transportation
 - Discernment of severity
 - Environment
 - Physical
 - Emotional/Social
 - Education
 - Inequity/judgment/prejudice
 - Communication
 - Cultural Competency
 - Economic
 - Human Capital



Community Focus Groups

- Direct input from community members and parents
- Many different barriers and facilitators identified
- Culture, inequity, and communication mentioned frequently
- Common themes to help drive intervention development

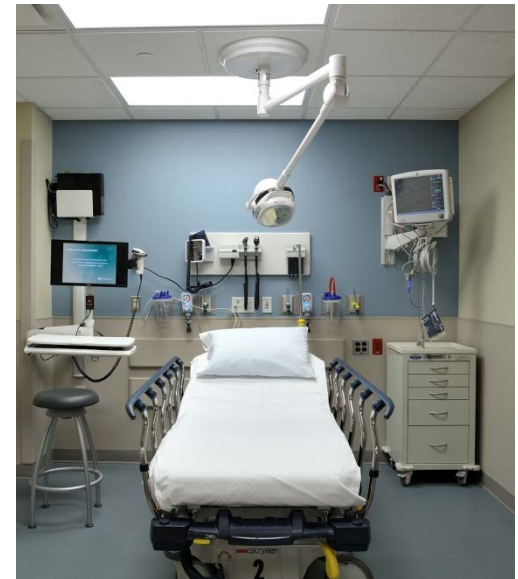


Intervention Development



Intervention Development

- Meetings of stakeholders at each site to discuss study findings
- Follow-up series of group/individual meetings with EDs and community groups
- Many additional partnerships
- Issues addressed
 - Parental knowledge/resources
 - Provider training





SITE ONE



Research Aims

- To develop a culturally appropriate communication training program for medical care providers of AI children in the ED.
- To evaluate the benefit of a culturally appropriate communication training program both for AI children and their parents/guardians and for care providers in the ED.



Hypothesis

- The combination of classroom training with a shadowing program will increase scores on the cross-cultural communication scale for ED providers.
- Parent/caregiver ratings of provider communication will increase after the training and shadowing program are implemented.



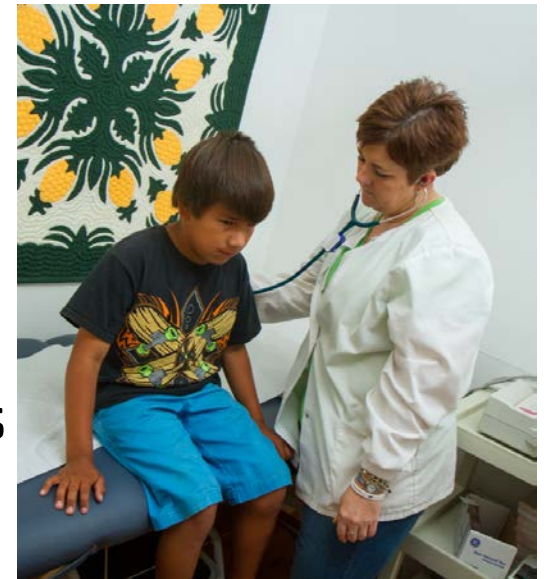
Intervention Approach

- Facility focused
 - Short classroom based training for nurses
 - Broader impact through shadowing
- Identified needs
 - Better communication with providers
 - How to interact with cultures different than your own
- Provide both classroom based training and shadowing for individual training



Intercultural Communication

- Intercultural communication training
 - Presentation during training
 - Communication skills
 - Cultural intercommunication
 - Provider Shadowing
 - Feedback in real time
 - Answer questions about responses

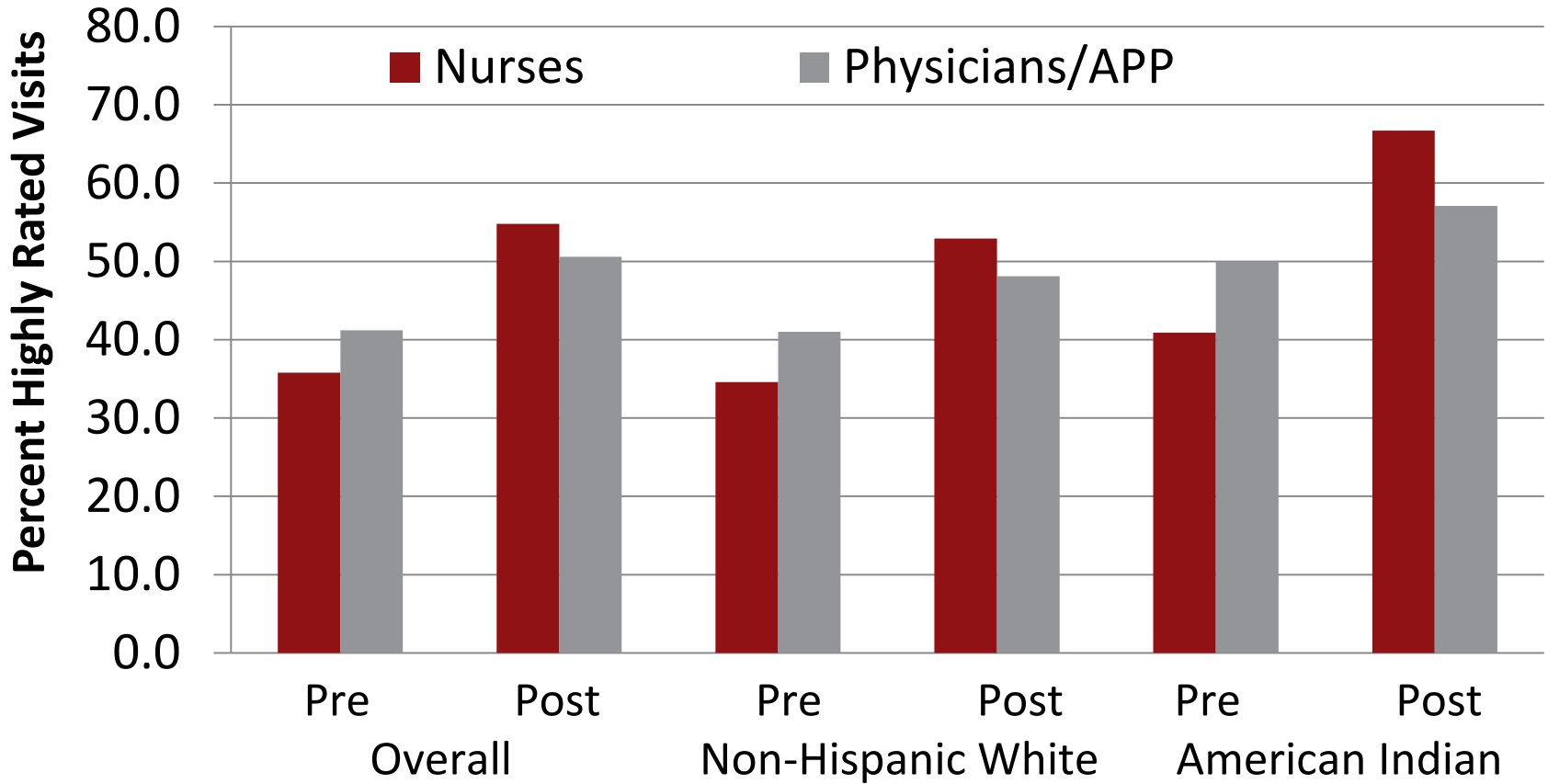


Participants

- ED Providers
 - 31 participated in the pre-training survey
 - 23 participated in the post classroom survey
 - 11 participated in the post classroom and shadowing survey
- Parents/guardians
 - 120 participated in the pre survey
 - 79 participated in post survey

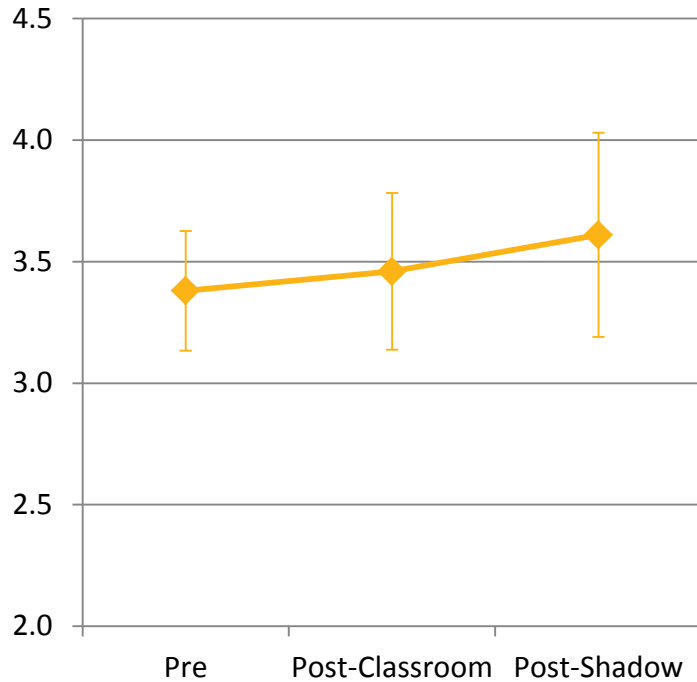


Results: Parent Survey

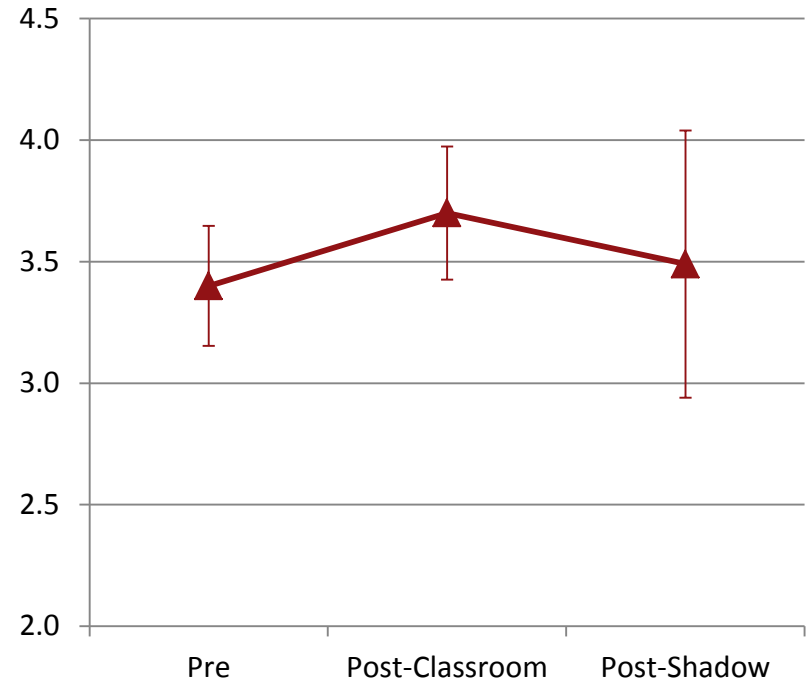


Results: Provider Survey

Prepared for other cultures



Skillful in cross-cultural care





SITE TWO



Research Aim

- Enhance parent/caregiver knowledge about the ED and caring for a sick child
 - Evaluated by:
 - Parent/caregiver surveys
- Decrease non-urgent visits to the ED
 - Evaluated by:
 - Pre/post triage scores



Hypothesis

- Parents/caregiver will have increased knowledge about
 - Use of the ED
 - What to expect at the ED
 - How to care for a sick or injured child
- Parent/caregiver educational program will reduce the number of non-urgent visits to the ED.

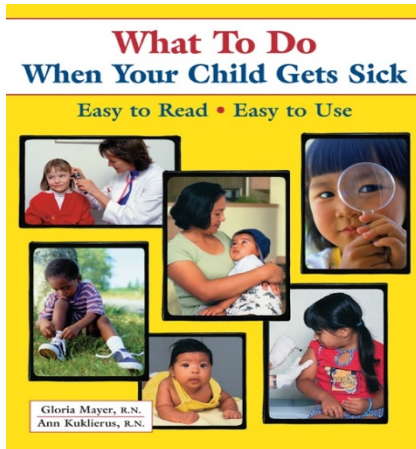


Intervention Approach

- Community focused
- Identified needs
 - Parent/caregiver education
 - Easy to use resources



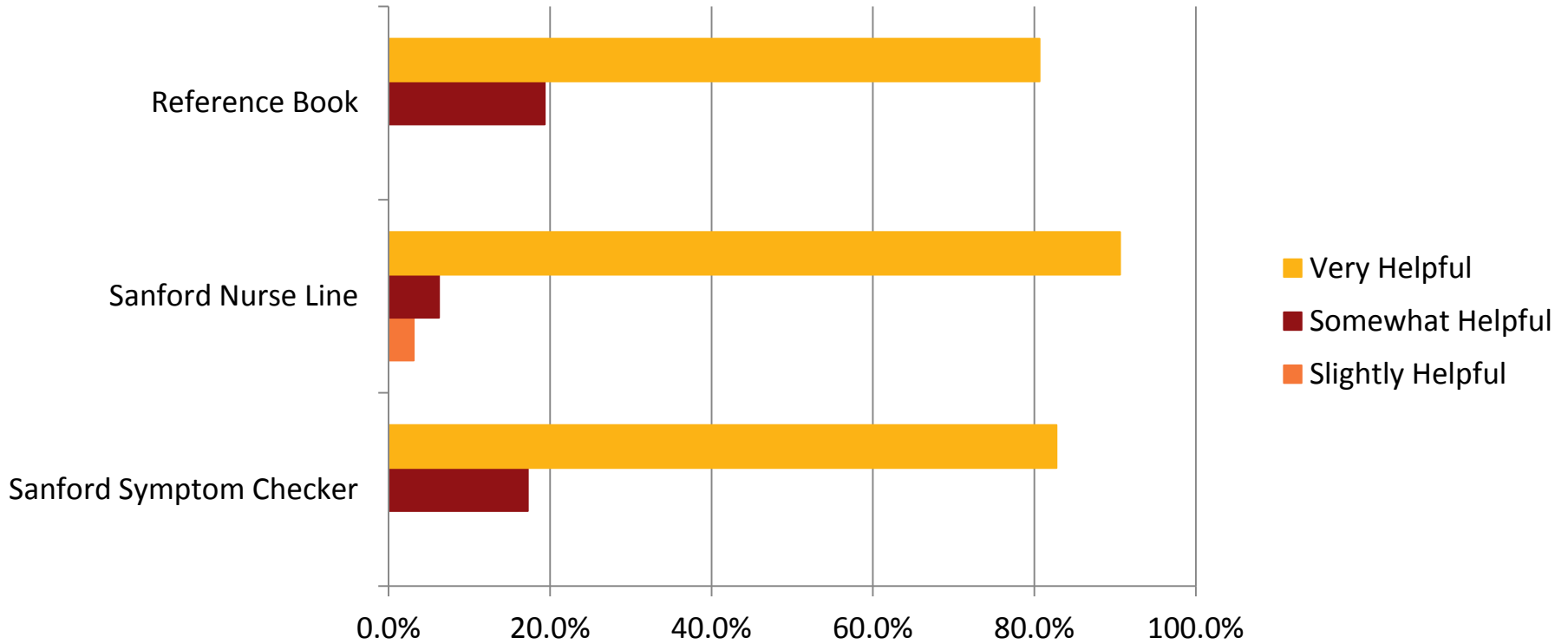
Parental Education



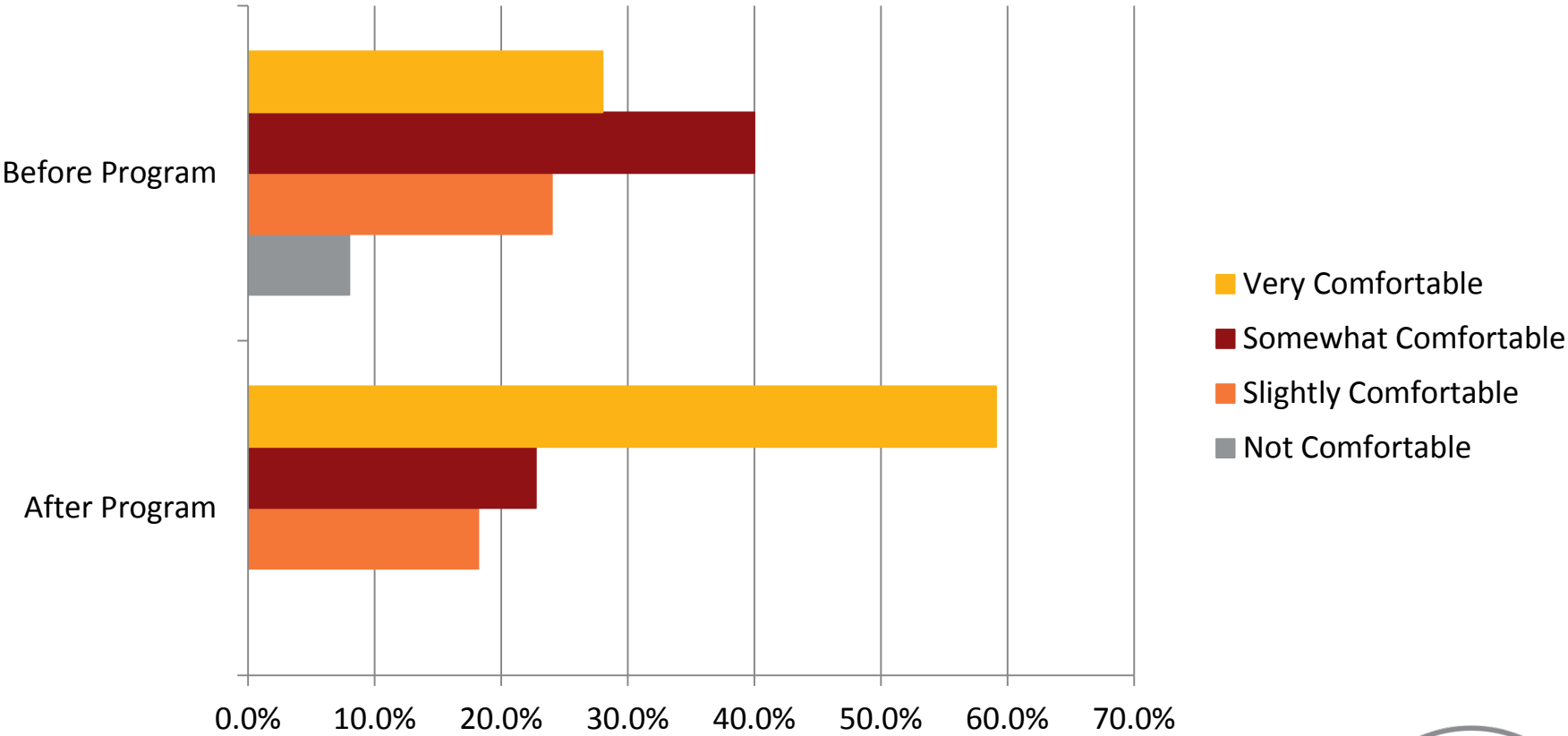
- Implemented in two rural communities
- Parental care for children
 - Marketing campaign
 - Lunch and Learn sessions
- Session Topics
 - Resources for caring for a sick or injured child
 - When to take a child to the ED
 - What to expect at the ED



Parental Education: Resources



Parental Education: Comfort with ED



Change in ED Triage

- No significant change in non-urgent visits to the ED before and after the program

Triage	Year	
	2015	2016
Emergent/Critical/Acute (1,2,3)	89 (44.1%)	107 (43.0%)
Urgent/Non-urgent (4,5)	113 (55.9%)	142 (57.0%)





SITE THREE



Research Aims

- To develop a culturally appropriate training program for medical care providers of AI children in the ED.
- To evaluate the benefit of a cultural training program both for AI children and their parents/guardians and for care providers in the ED.



Hypothesis

- Our cultural training program will improve parental ratings of provider and staff communications during an ED visit.
- Our cultural training program will enhance providers' skills and confidence in providing care to those of other cultures.



Intervention Approach

- Meetings with hospital employees
- Positive experience on other trainings
- Ownership of the project through train-the-trainer approach
- Sustainability with web-based tools for future use



Intervention Design

- Patient satisfaction with communication skills pre-survey
- ED provider cross-cultural communication pre-survey
- Four presentations
- Health equity coaches identified
- Web-based training program available and promoted to ED nurses and physicians
- Patient satisfaction post survey
- ED provider cross-cultural communication post-survey



Presentations

- Navigating Culture and Care
- Implicit and Explicit Bias: Research in Health Care Settings
- Healing in Ojibwe Country
- Unconscious Bias in Healthcare: Improving Patient Health



Health Equity Coaches

- Participated in four hour training session by our web-based course developer
- Introduced as a resource for others
- Facilitate participation in training videos



Current Status

- Completed presentations
- Web-based training modules complete
- Presentation of one web-based module at ED nurse education session
- E-mails with information about web-based training sent
- Post surveys in collection





SITE FOUR



Children's Minnesota

The impact of health equity coaching on patients' perceptions of cultural competency and communication in a pediatric emergency department

Research Aims

Train ED providers as Health Equity Coaches

- Assess the impact of the intervention on patients' perceptions
 - Pre/post survey of ED patients (quantitative)
- Assess the impact of the training on the intervention participants
 - Group interview with providers (qualitative)

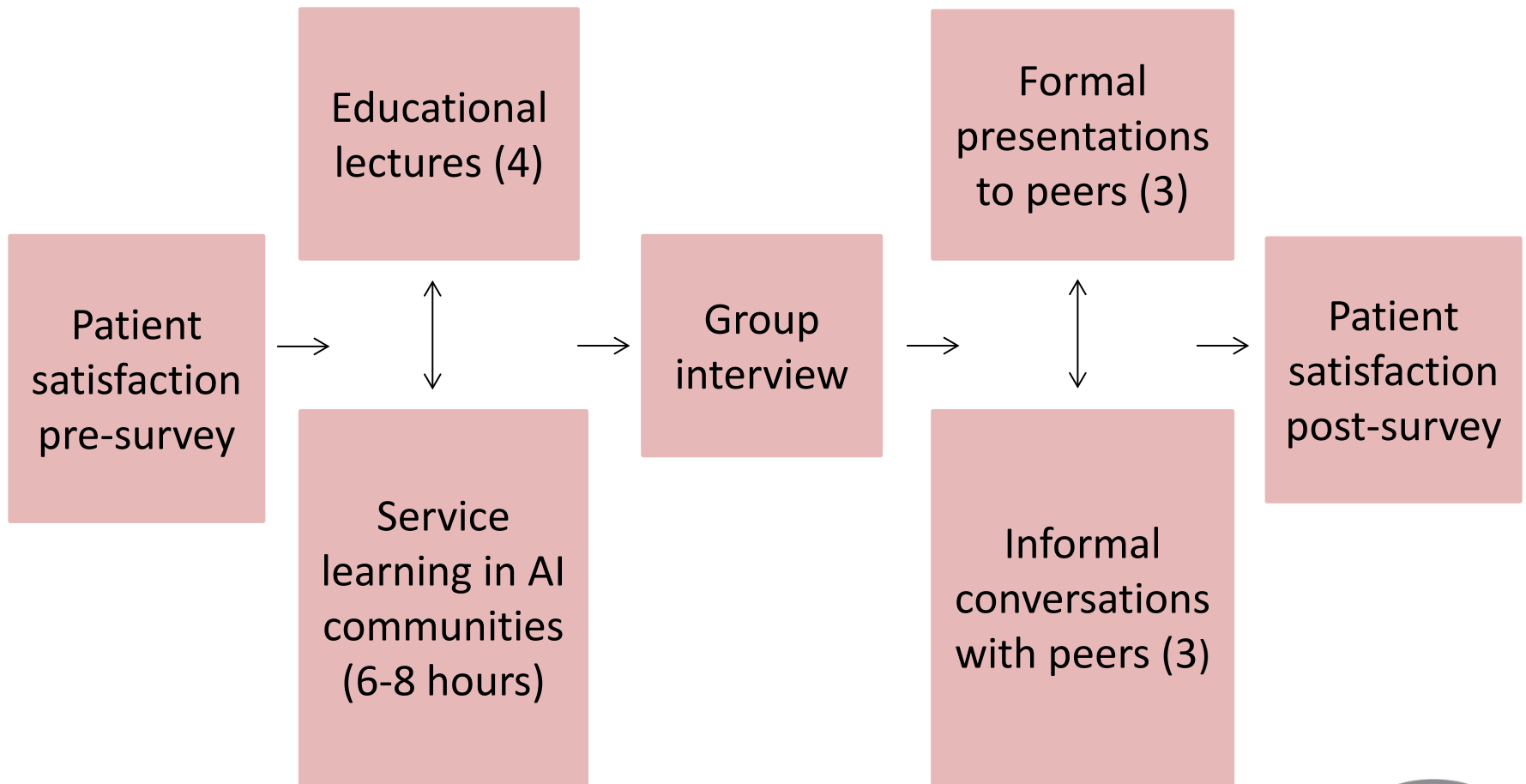
Hypotheses

- Increase ED providers' knowledge and awareness
- Better relationships with AI communities
- Strengthened by participants sharing what they learned
- Patients' perceptions will improve

Participant Recruitment

Table 1 Demographics of ED providers	n=7
Gender	
Female	6
Male	1
Race*	
American Black	1
white	7
Years in pediatric ED	
5-10	4
10-15	3
Job title	
Nurse	2
Nurse Practitioner	2
Physician	3
*We had one multiracial provider who identified as both American Black and white and is counted in both categories.	

Intervention Design



Why Service Learning?

- Translating knowledge into how we practice medicine
- Building community relationships
- Engagement in the community of the Minneapolis ED
- Partnering with Children's Minnesota's Policy & Advocacy Team

Findings: What have you learned about the AI community and health?

1. New knowledge of family structures in AI communities
2. American Indian history and historical trauma
3. Connection between mistrust of medical staff and the history of oppression
4. Institutional and structural racism present in our current health care system

Findings: Group Interview

Motivation for participating in this intervention

Lack of knowledge of AI cultures

“I just felt a complete blank about our Native American patients. I didn't feel like I understood anything about culture and disparities and what they experience when they come in the ED.”

Need for additional education on how to address disparities and health equity

“I guess I felt that maybe we can make a difference. Because knowing the need is one thing, but trying to help [address the need] is another. So I was hoping for this opportunity to actually bring on change.”

Findings: Group Interview

Educational content of the intervention

Actively
misinformed on
AI history

“...as adults, we know things have been skewed and we weren't necessarily educated correctly, but all of that, the mis-education and the hurt... [this information was] very impactful.”

Positive impact
on interactions
with AI patients
and families.

“I think having that background was really helpful because [there] was a Native American family where the infant had rolled off the couch when the mom turned around to get a diaper...You could tell she was terrified. And I mean the story fit, and she had come in right away. And I could sort of say like, ‘This is an accident’...So I think [I did] approach the situation differently than I might've before.”

Findings: Group Interview

Experience of the service learning project

An opportunity to face discomfort and uncertainties being in AI communities

“...this was five miles from where I live, and it was completely out of my comfort zone... it's just walking into something that is very different, that I shouldn't feel so uncomfortable with, right?”

Findings: Group Interview

Dissemination of information learned

Disseminating what was learned would be challenging, yet important

“I'm equipped to kind of reflect and share what I got out of this and change my own practice the best I can... I haven't lived it, and I think it was extremely valuable to get it straight from people from my community.”

Findings: Group Interview

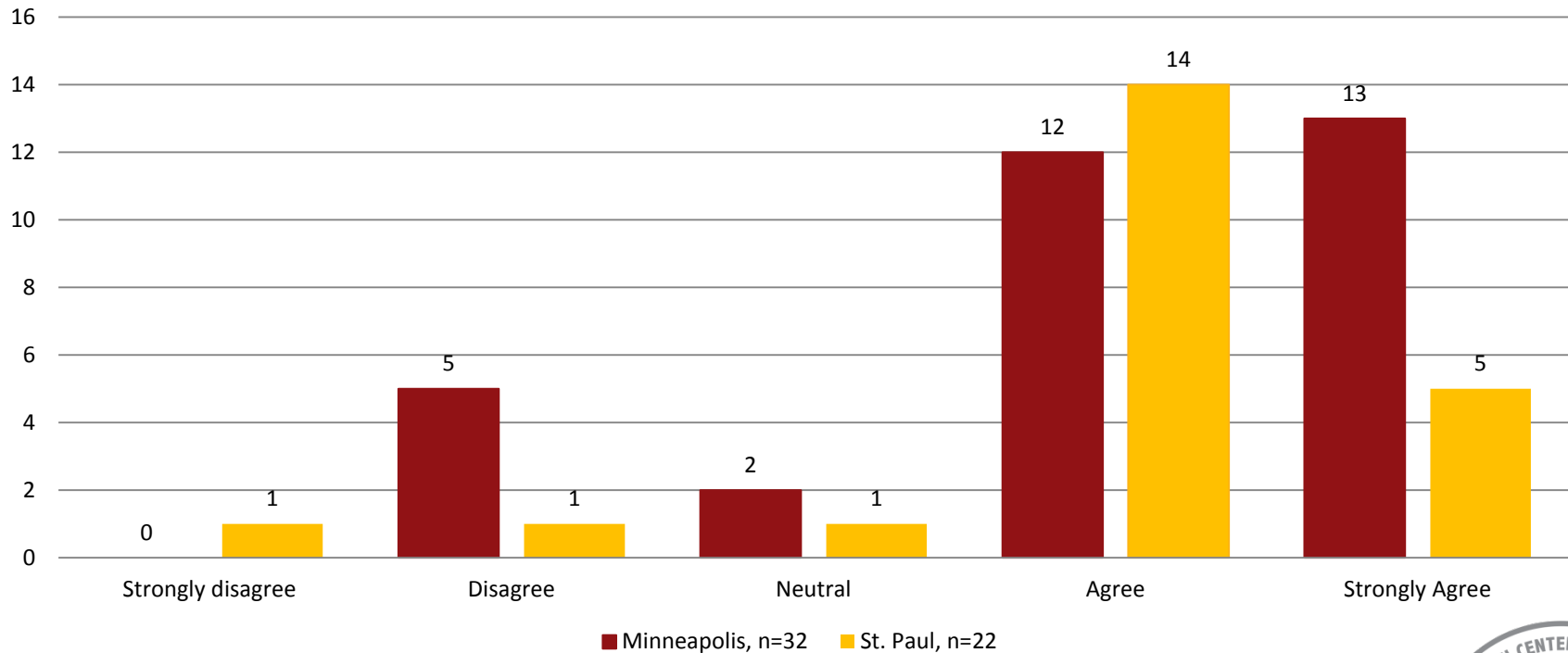
Impact of the intervention

Significant change of perspective

“I did a complete shift on [having a uniformed officer in the waiting area]... I was someone who, six months ago, was like, ‘We need a cop, I want a cop there, I don't feel safe at work.’ I have been talking to my [partner] and was like ‘I can't believe how much my opinion has shifted on this,’ and it's absolutely because of this [intervention]... we can't have a cop there. That doesn't work for families coming in, especially Native American families, with the child protection stuff, [where] it's just a barrier getting through the door.”

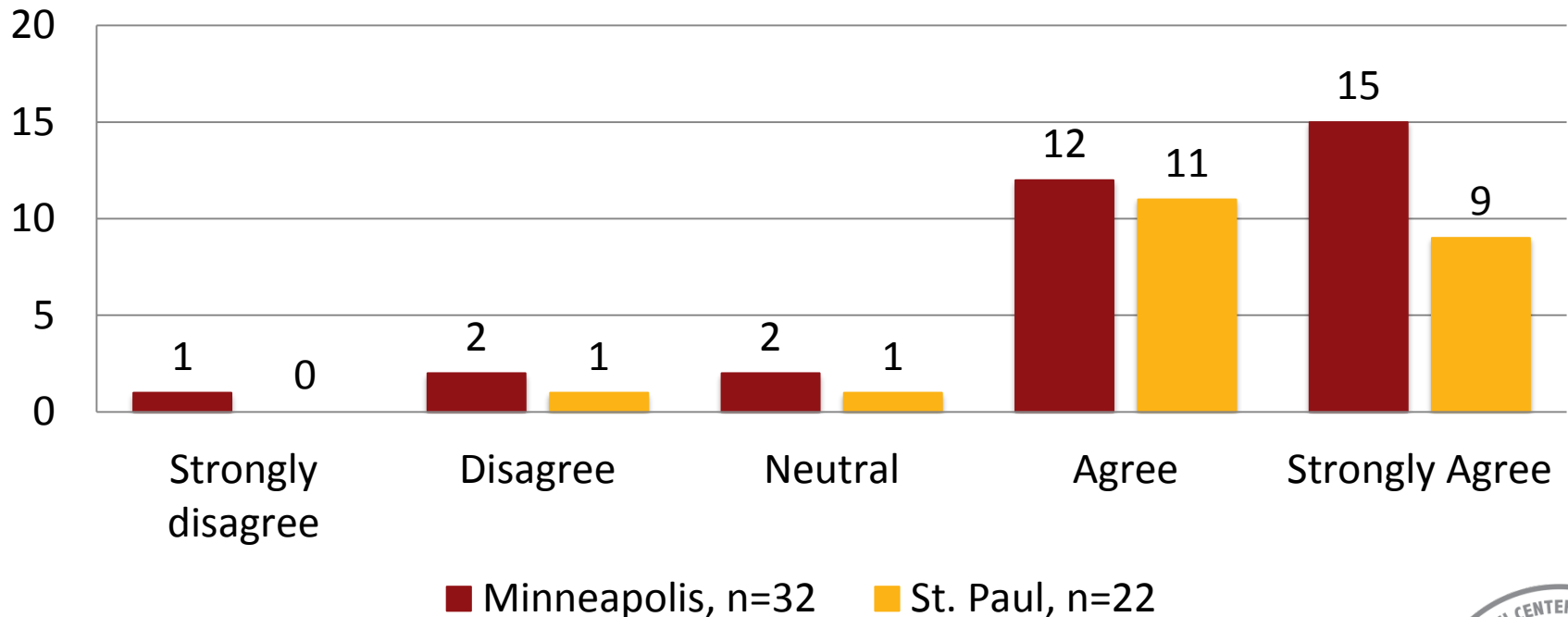
Pre-Survey Findings

My Emergency Room doctor or nurse practitioner possess the skills that are needed to treat a patient from my cultural or ethnic background.



Pre-Survey Findings

I would recommend my Emergency Room doctor or nurse practitioner to someone with my same ethnic or cultural background.



SUMMARY



Summary

- Data driven approach led to two types of interventions
 - Interacting and providing care across cultures
 - Providing resources for parents
- Site specific changes were important to develop a workable program
 - Some aspects that were acceptable at one site were not at all acceptable at others



Summary

- Some positive findings from intervention, but not all data were supportive
 - Parent Intervention
 - Those who attended benefited
 - Less evidence of a community wide benefit
 - Provider Intervention
 - Increase in knowledge
 - Possible increase in parental ratings of communication
 - Less change in providers feeling prepared and skillful
- Final evaluations are underway



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Thank you!



Audience Questions

