

The Greensboro Health Disparities Collaborative (GHDC)'s Approach to Increasing Racial Health Equity

Christina Yongue and Aditi Garikipati



April 18, 2024

(C) Yongue and Garikipati



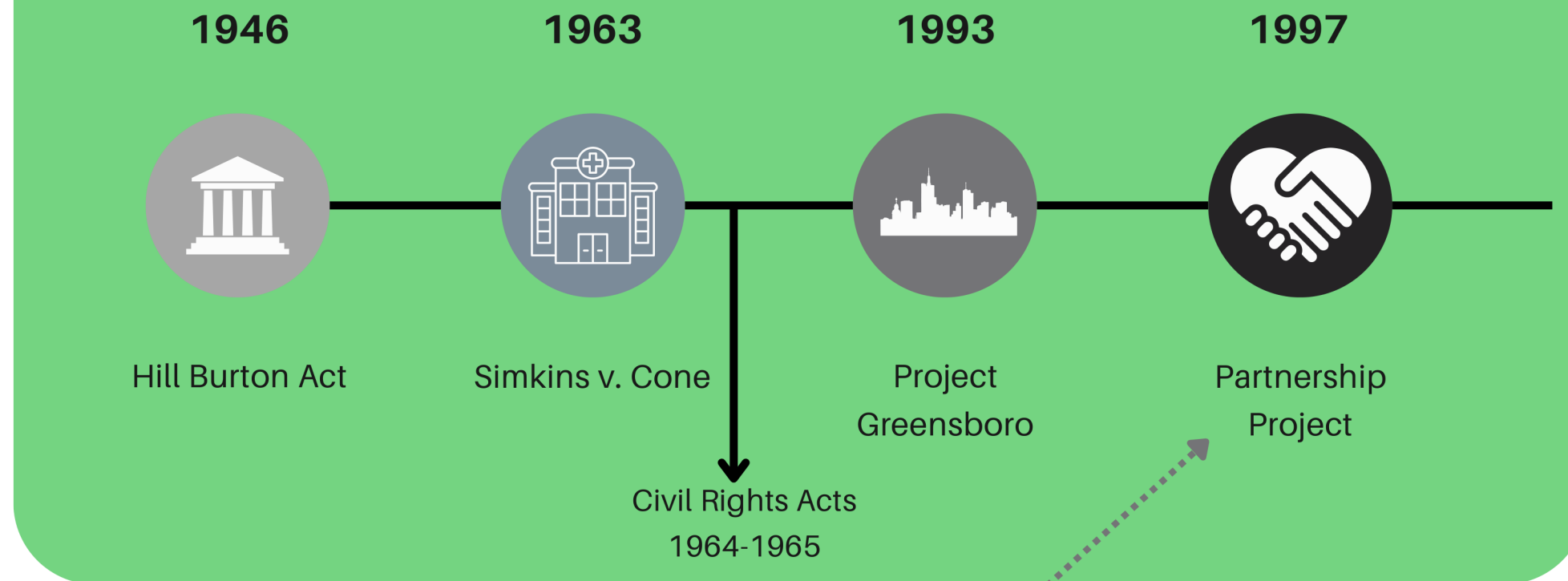
Who We Are



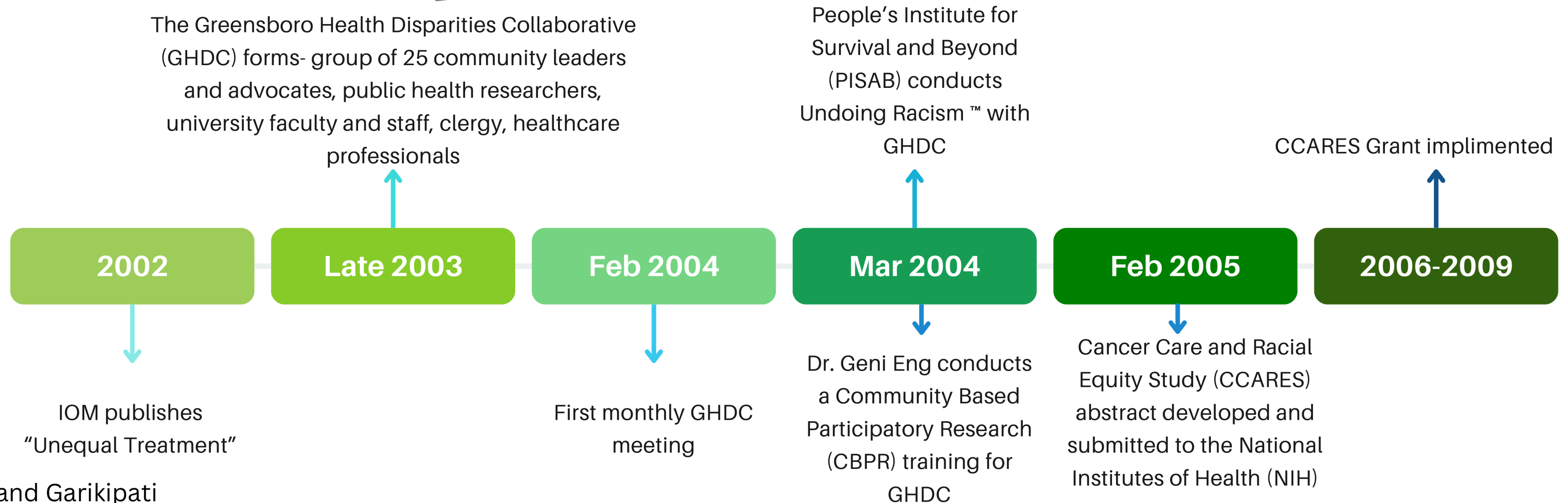
CBFR APPROACH

- Recognizes the unique strengths each partner brings
- All collaborative and co-leading process
- Equitably involves all partners in the research process
 - Grant writing
 - Participating in research
- Data collection
- Data analysis
- Data interpretation & dissemination

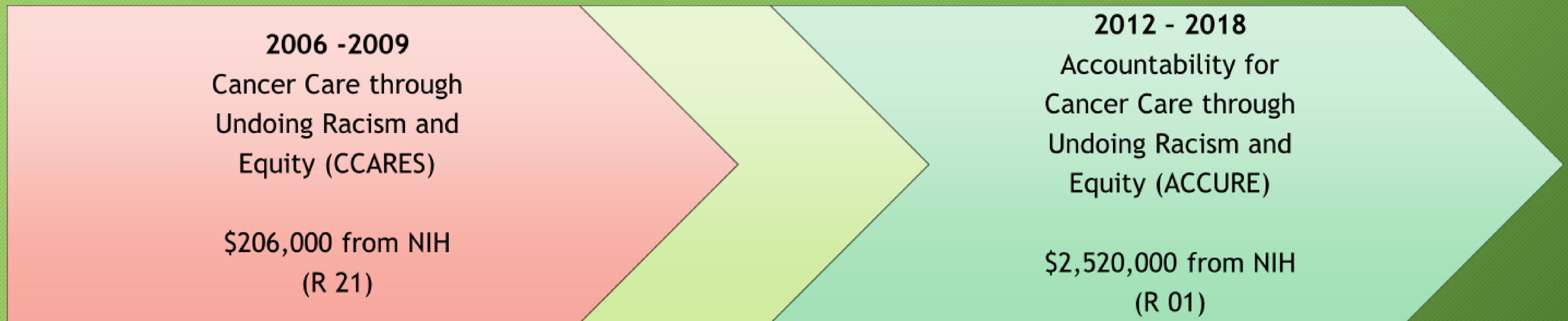
HISTORICAL CONTEXT



GHDC TIMELINE



The GHDC Grant Awards



Using undoing racism principles to *understand* and *solve* problems

Noticed A Problem

Social Economic Status alone does not explain racial inequity.

Individual behavior does not explain racial inequity.

Access to healthcare does not explain racial inequity in health outcomes

Defined the Problem

Racism = Race Prejudice + Systems of Social and Institutional Power

Believed in a Solution

If racism was created, then it can be undone.

Racism needs to be a part of the intention of what needs to be addressed

Undoing Racism Principles Applied in Research Design

Transparency / Power Analysis

- Through the analysis of institutional power, we can identify and unpack the systems that create the realities that many people experience daily.

Accountability

- By operating with anti racist values and networking with those who share those values and maintaining accountability in the community, the gatekeeper becomes an agent of institutional transformation.
- By being accountable to one another.



COMMUNITY

POWER ANALYSIS FOCUS GROUP DIAGRAM CANCER: THE JOURNEY

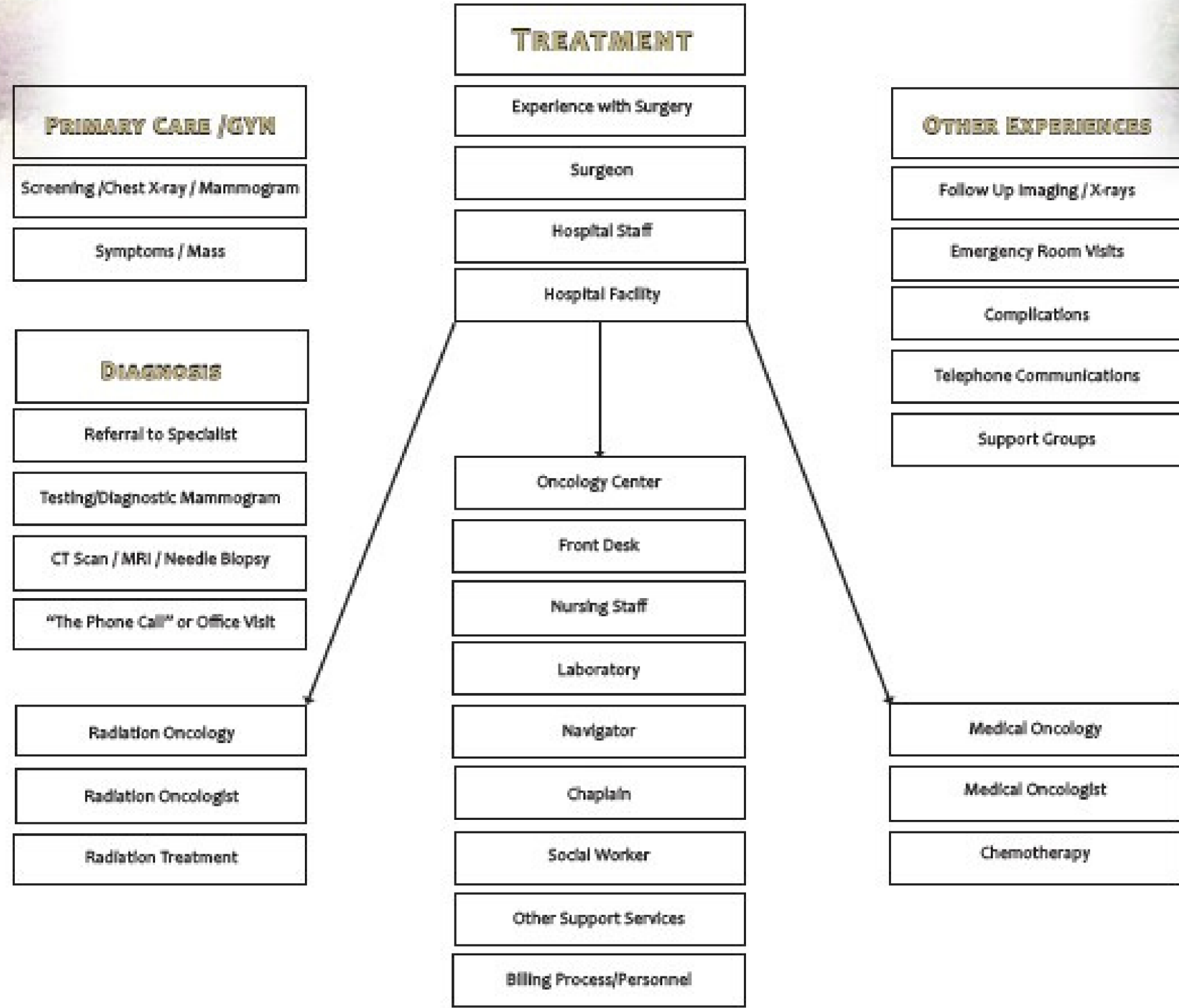
(ACCURE) Accountability for Cancer Care Through Undoing Racism and Equity



COMMUNITY

SUSPICION

FOLLOW UP



ACCURE Transparency and Accountability Model

Transparency

- **Patient advocates** (**ACCURE navigators**) enhance two-way communication between patients and the care system

- **Data system** (**Real-Time Registry**) that provides site-specific data on care quality disaggregated by patient race
- **Training mechanism** (**Health Equity Education Training sessions**) to share site-specific data on racial disparities and quality gaps

- **Antiracism training** (**Racial Equity Institute's Phase I**) for community, academic, and medical partners to establish shared vocabulary around antiracism
- **Ongoing Communication** between partners to inform intervention design and implementation

Accountability

- **Patient advocates** (**ACCURE navigators**) offer data-informed follow-up to enhance care system accountability to patient needs

- **Organizational Leadership** open to change and committed to authentic partnership with community
- **Advocacy Roles** (**ACCURE navigators, physician champion**) leverage data to hold care system accountable to providing patients with high quality care

- **Community-based partnership** between community, academic, and medical partners (**GHDC**) works to maintain accountability to collective values and community priorities during intervention design and implementation

Interpersonal
Level

Organizational Level

Community Level

ACCURE RESULTS



ELSEVIER

Journal of the National Medical Association

Volume 112, Issue 5, October 2020, Pages 468-477

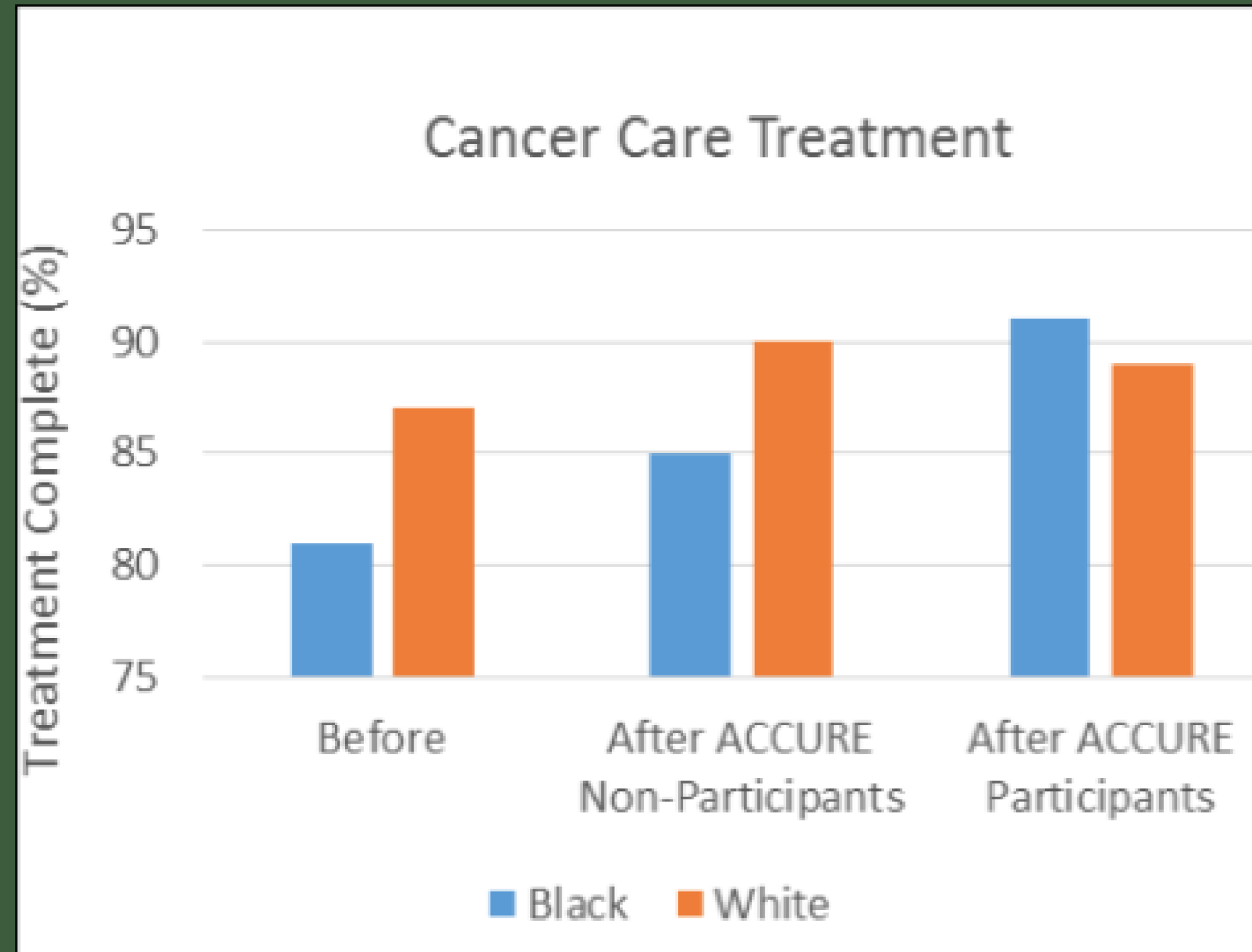


Article

A Multi-faceted Intervention Aimed at Black-White Disparities in the Treatment of Early Stage Cancers: The ACCURE Pragmatic Quality Improvement trial

Samuel Cykert M.D.^a, Eugenia Eng Dr.P.H.^b, Matthew A. Manning M.D.^c,
Linda B. Robertson Ph.D.^d, Dwight E. Heron M.D.^e, Nora S. Jones M.A.^f, Jennifer C. Schaal M.D.^f,
Alexandra Lightfoot Ed.D.^g, Haibo Zhou Ph.D.^h, Christina Yongue M.P.H.ⁱ, Ziya Gizlice Ph.D.^j

[Show more](#)





TRANSLATING ACCURE'S SUCCESS

	ACCURE	Maternal Healthcare System	Education System
Outcome	Cancer Treatment Completion	Prenatal Care Completion	Graduation Rates/Dropout
Navigator	Nurses	Doulas Employed by Hospital	Counselors & Social Workers
Champion	Physicians	Hospital OB/GYNs & Community Prenatal Health Providers	Principals & Vice Principals
Community Partners	Community-Medical-Academic Partnership	Community-Medical-Academic Partnership	Community-Education-Academic Partnership
Milestone Tracker	Real-Time Registry	Universally Accessible Electronic Medical Record	PowerSchool Student Information System
Racial Equity Training & Data Sharing	Cancer-Related Equity Training	Pregnancy-Related Equity Training	Education-Related Equity Training

Accountability

Transparency

ACURE4Moms Study Design

Four arm cluster RCT of 40 practices:

1

10 practices

Standard
Care
Management

Control Arm

2

10 practices

Data
Interventions
-Only

Data Arm

3

10 practices

Community-
Based Doula
Support-Only

Doula Arm

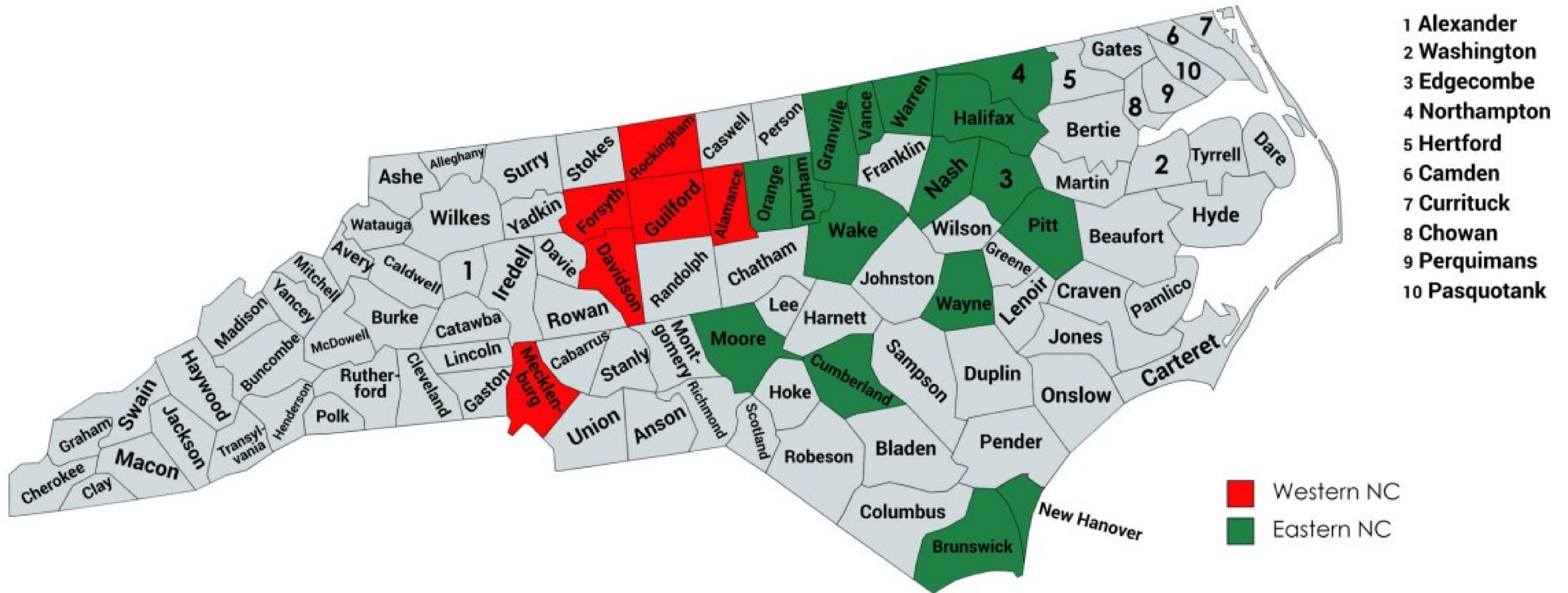
4

10 practices

Data
Interventions
+ Doula
Support

Data+Doula Arm

Current Map of ACURE4Moms practices by County



Summary

Early civil rights initiatives and policies desegregated access to care. Even with access, racial disparities remain.

ACCURE and ACURE4Moms are eliminating racial disparities by using systems changes to improve outcomes for treatment completion (cancer) and low birthweight (birth).

Improving social-economic differences and/or access to care is not enough to eliminate racial differences in death rates. Until we eliminate racial differences in outcomes then we cannot be colorblind in treatment delivery.



THANK YOU

GHDC

 www.greensborohealth.org

 yonguechristina@gmail.com
aditigarikipati@gmail.com