

Reducing Health Disparities: A Partnership between MetroHealth and Case Western Reserve University

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AcademyHealth is a leading national organization serving the fields of health services and policy research and the professionals who produce and use this important work. Together with our members, we offer programs and services that support the development and use of rigorous, relevant, and timely evidence to increase the quality, accessibility, and value of health care, to reduce disparities, and to improve health. This brief is part of a three-part series examining the use of health services research and other evidence by safety net hospitals to help inform the delivery of care. This project was conducted as part of the Innovators-in-Residence Program, an initiative of AcademyHealth's Translation and Dissemination Institute, and supported by a grant from Kaiser Permanente.



Genesis of this Brief:

This profile of the Center for Reducing Health Disparities at Case Western Reserve University and the MetroHealth hospital system is based on interviews conducted in winter 2015 with Sherrie Williams, MD, MHS, and Daryl Thornton, MD, MPH, both pulmonary and critical care specialists at MetroHealth. Dr. Williams is president of the medical staff at MetroHealth and an associate professor at Case Western Reserve University School of Medicine. Dr. Thornton is co-director of the Center for Reducing Health Disparities. He is also director of MetroHealth's medical intensive care unit and an associate professor at Case Western Reserve University School of Medicine. This brief is a "snapshot in time" intended to illustrate how a safety net hospital and its partners used research and other evidence to help inform program development. It is not intended to be a comprehensive analysis of a particular program or partnership.

The Center for Reducing Health Disparities at Case Western Reserve University and MetroHealth, a major safety net health system, is one of 18 national comprehensive Centers of Excellence created by the National Institute on Minority Health and Health Disparities. The centers, located in research universities and major medical schools, aim to reduce health disparities through research, training, education, and community engagement. The centers emphasize translational research while developing partnerships with researchers and community organizations to broaden the centers' impact.

About the MetroHealth System

Founded in 1837 to care for the poor and to combat smallpox and cholera, MetroHealth in Cleveland, Ohio, is one of the nation's oldest public hospital systems. MetroHealth's Level 1 trauma center is the only Level 1 in greater Cleveland. The hospital system cares for over a million patients annually in inpatient stays, outpatient visits, and over 100,000 emergency department visits. MetroHealth is a leading public academic medical center in partnership with the Case Western Reserve University School of Medicine. MetroHealth's physician staff is on the faculty at Case Western, and the hospital system trains 400 residents annually.

Over the years, MetroHealth has expanded its mission to include a commitment to improving the health of the community while remaining dedicated to its role of caring for the most vulnerable. MetroHealth's essential role in the city of Cleveland is reflected in the transformation of the hospital's physical facility. The new hospital campus currently under construction will provide the Cleveland community with a facility that supports the delivery of comprehensive, patient-centered, cost-effective, and efficient care.

About the Center for Reducing Health Disparities

A little over a decade ago, two important factors converged to support the development of a center at Case Western Reserve University and MetroHealth to address health disparities: increased interest among researchers and the medical community regarding the prevalence and impact of health disparities and significant funding opportunities from both the private sector and government to support research. Given the growing awareness within the university that health disparities were a major problem

in Cleveland, the creation of a center to address the issue seemed a natural fit for the university and the health system. The center—housed at MetroHealth—was envisioned as an organizational home for researchers and others working on disparities to enable them to collaborate and find support for their interest in understanding and reducing unequal health outcomes.

Around the same time as interest was growing in health disparities among Case Western's research community, MetroHealth received a major grant from the St. Luke's Foundation, a charitable organization newly created as the result of a private hospital conversion. St. Luke's mission is to improve the health of individuals and communities in the Cleveland area. It awarded MetroHealth a \$10 million grant over a 10-year period to address chronic diseases among the city's disadvantaged residents. Each condition targeted by the grant—asthma and obesity in adults and children, diabetes, health literacy, and senior health—evidences significantly disparate health outcomes for minorities versus the non-Hispanic white population in the United States.

In 2004, Dr. Ashwini Sehgal, a nephrologist and now Duncan Neuhouser Professor of Community Health Improvement, launched the Center for Reducing Health Disparities at MetroHealth. A year later, Dr. Daryl Thornton joined the center and became its third faculty member and then its co-director in 2014. In 2007, the center received a grant from the National Institute on Minority Health and Health Disparities to provide infrastructure and capacity-building support to enable the center to develop its clinical and population-based research, to undertake studies on prevention and the improvement of minority health, to develop community partnerships, and to offer training. The grant also allowed the center to pursue new projects related to hypertension, kidney disease, and organ donation.

The partnership between MetroHealth and Case Western has significantly enhanced the center's work. Grounded in the academic hub of the university, the center's location at MetroHealth mitigates an "ivory tower" perception in the community and thereby engenders the trust of community organizations. At the same time, the Case Western umbrella attracts academicians and provides a network of potential research collaborators.

Mission

The center's work is broadly aimed at researchers across the Case Western campus and MetroHealth health system and at community-based organizations and Cleveland policymakers. As Dr. Williams described, the center's work intersects with almost every aspect of medicine, and, from the outset, the center defined its mission comprehensively to address three priorities: research, education, and community and policy engagement. The center's research framework reflects the clinical specialties of its co-directors: understanding the root causes and mechanisms of chronic disease health disparities in nephrology, pulmonary disease, and the ICU and identifying effective interventions to reduce these disparities. The center's health services research focuses predominantly on outcomes in the treatment of chronic kidney disease, ICU care, and pulmonary disease. The tremendous disparity in treatment and outcomes for racial minorities and women drives, for example, the center's work in organ donation and transplantation.

The center's three priorities are interrelated—the center conducts community-based participatory research and clinical trials involving MetroHealth's patient population, with the Case Western/MetroHealth alliance giving the center credibility among university researchers and in the Cleveland community that has been long served by the hospital. The center's two other key priorities—education and community and policy partnerships—reflect an active agenda to engage individuals and organizations in the work of reducing health disparities. In fact, the center has provided an organizational home across MetroHealth and Case Western for those interested in health disparities and attracts to the medical school students and researchers interested in disparities research.

Research

The center was founded partly in response to the general vacuum in research around the issue of health disparities. Although the center's research agenda often derives from the co-directors' clinical interests, the scope of the center's research is broadly defined to address the disparities component prevalent in many health issues and in recognition of the cost to society of unequal health outcomes for large segments of the population. As a result, the center's resources are widely available for researchers and students across the Case Western campus and the MetroHealth system. For example, Dr. Williams conducted a 10-year program among MetroHealth patients that provided smoking cessation services to a largely minority population with disparate rates of smoking prevalence and smoking-related lung disease. Center staff are currently analyzing the disparities data from that initiative.

The center also provides an important resource for understanding how interventions aimed at reducing health disparities benefit the larger population. In the center's work, interventions often work best among the most disadvantaged groups. Dr. Thornton used the example of the flu vaccine to note that simple interventions targeted at people who need just a little information about the vaccine's benefits produce modest increases in vaccination rates across the entire population. By contrast, interventions focused on those most resistant to the vaccine or on the most disadvantaged segment of the population usually require a multifaceted approach, and at least one facet of this approach will be effective with other groups as well.

The center has established a referral service for researchers at Case Western interested in working on health disparities, and center staff work with those interested across the university to develop a project. Given its broadly defined agenda, the center is currently working with researchers on a variety of health disparity projects that include genetics, massage therapy, and dentistry.

Education

The center's latest effort incorporates all three parts of its mission: research, education, and community partnerships. Now in its second year, the Community Research Scholars Initiative was created to increase the research capacity of Cleveland's health and human service nonprofit organizations that are interested in health disparities research. The selection of the scholars follows an intensive application process, and, once admitted, scholars participate in a two-year training program tailored to the research interests of staff from community-based organizations. The program covers research methods, evaluation, statistics, community participatory research and communications training, and the Institutional Review Board submission process. Each scholar completes a health disparities project. The nine scholars currently in the program receive extensive support throughout the program from the center's faculty and staff.

Community

The early days of the center focused on establishing the center and conducting initial research around health disparities. With continued funding, the center is developing new partnerships and expanding existing partnerships to facilitate community-based research. The center helps direct the Community Research Partnership Core of the Clinical and Translational Science Collaborative of Cleveland, made possible by a \$64 million award from the National Institutes of Health to fund research across several major medical institutions, support biomedical researchers, and facilitate community-based research among faculty, students, community organizations, and community residents.

Recently, the center developed a comprehensive database to catalogue the resources and services of community-based organizations in Cleveland. As a result, when a researcher approaches the center with a proposed study, center staff can provide a reference to the appropriate community-based organization that might be interested in a partnership. The database undergoes regular updating and greatly facilitates community-based participatory research that is made much easier because the groundwork information is already organized and accessible. Currently, the database is used primarily for research purposes and is not yet available to clinicians for patient care.

Health Disparities Research: Challenges and Opportunities

In Dr. Thornton's view, the two greatest challenges for health disparities research are the lack of funding and the absence of an organized research home. Health disparities cross several fields of study and, in general, lack an overarching organizational entity that produces a research journal, annual conference, and so forth. As a result, health disparities issues are often combined with other research questions and studies. Scarce funding makes it especially difficult for young investigators to get started in health disparities research. Dr. Thornton noted that only a handful of funders make disparities a particular niche and that researchers must be creative in finding those funding sources.

The center views its work as directly relevant to achieving the principal features of the Affordable Care Act (ACA). Continued research into the causes and prevention of health disparities is essential to support a health care system that will serve an increasing-

ly diverse population. According to the Office of Minority Health, the ACA's provisions for expanded insurance coverage have already resulted in minority patients' increased access to preventive services such as flu vaccines, mammograms, and colon cancer screenings. Achieving the new ACA performance metrics and securing the related funding will depend in part on the ability of providers to recognize the disparities in health outcomes among patients. As Drs. Williams and Thornton noted, the challenge for researchers to address these issues continues to be the lack of sufficient funding for health services research in general and health disparities research in particular.

About the Author

Linda C. Cummings, Ph.D., of Health Services Research LLC, provides research and program development consultation focused on the health status and health care of underserved populations. Dr. Cummings was formerly Vice President for Research at America's Essential Hospitals, where she directed the Essential Hospitals Institute. In that capacity, she developed the organization's research agenda around system redesign, quality performance and improvement in patient care, health disparities, and the financial and operational characteristics of safety net hospitals. Dr. Cummings served as an Innovator-in-Residence at AcademyHealth from January to March of 2015.

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