

How are OPOs adapting to demographic changes or multicultural opportunities?

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Houston, Texas

September 19, 2013





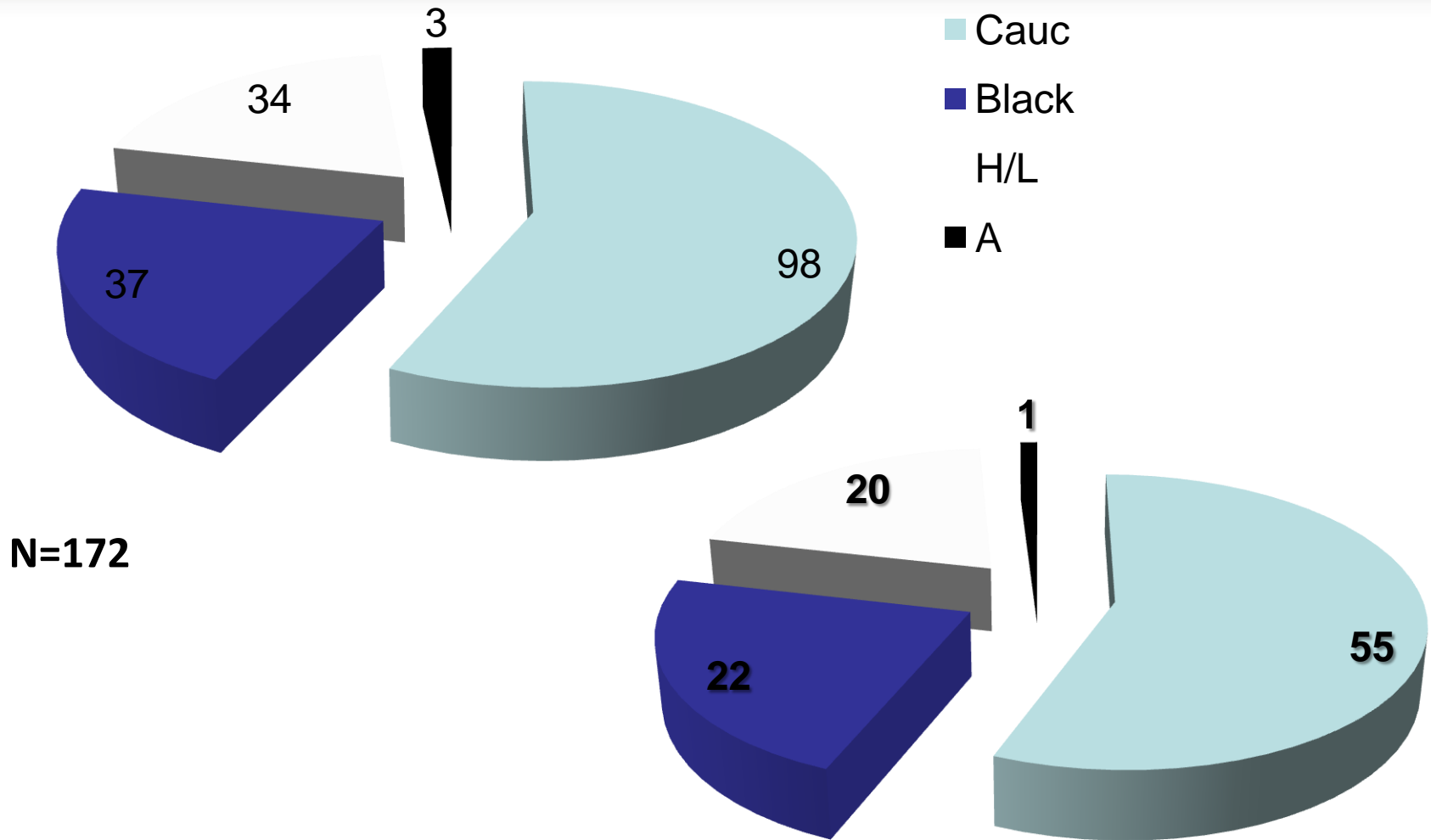
Our Perspective: More Questions than Answers

- We have tracked for years consent rates by categories for organ
- We have not broken these out by sub-categories but are moving in that direction
- LifeGift has been a high performer in consent rates across the multicultural spectrum
- These results are from deliberate combinations of in hospital process optimization (Ben Taub) and limited community outreach that is expanding dramatically
- We observed some recent changes in consent rates
- We are reaching out to resources for greater understanding



- Understand your work force and its cultural competency
- Understand your community and its cultural make-up by geographic units
- Mine your call center data to observe and analyze the locations of your referrals regardless of outcome, the locations of your actual donors, and the locations of your referrals that are in the “Registry”
- Understand your authorization patterns using external and internal analyses

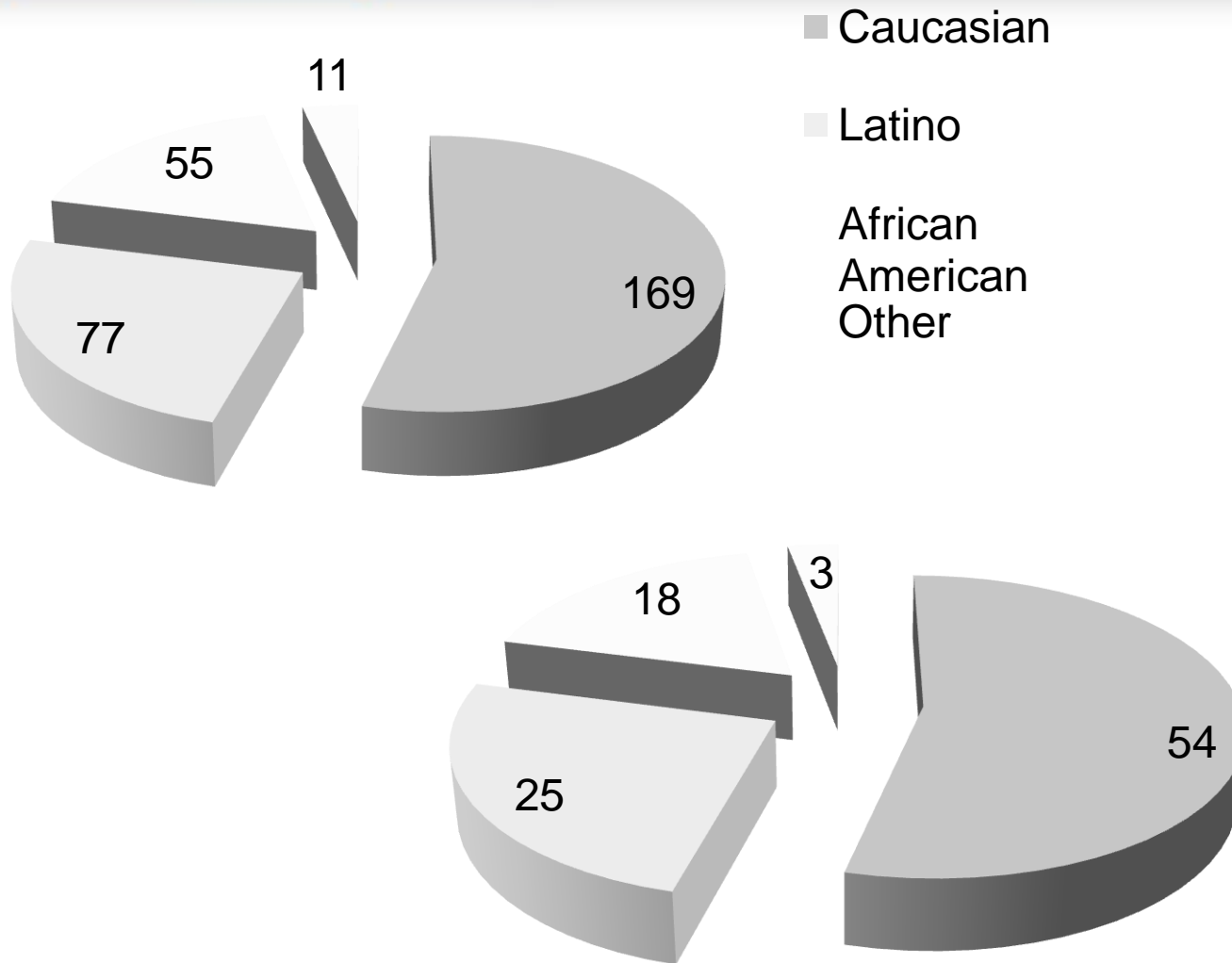
LifeGift Racial and Ethnic Composition, 2012



By percentage



LifeGift Organ Donors by R/E, 2012 N=312



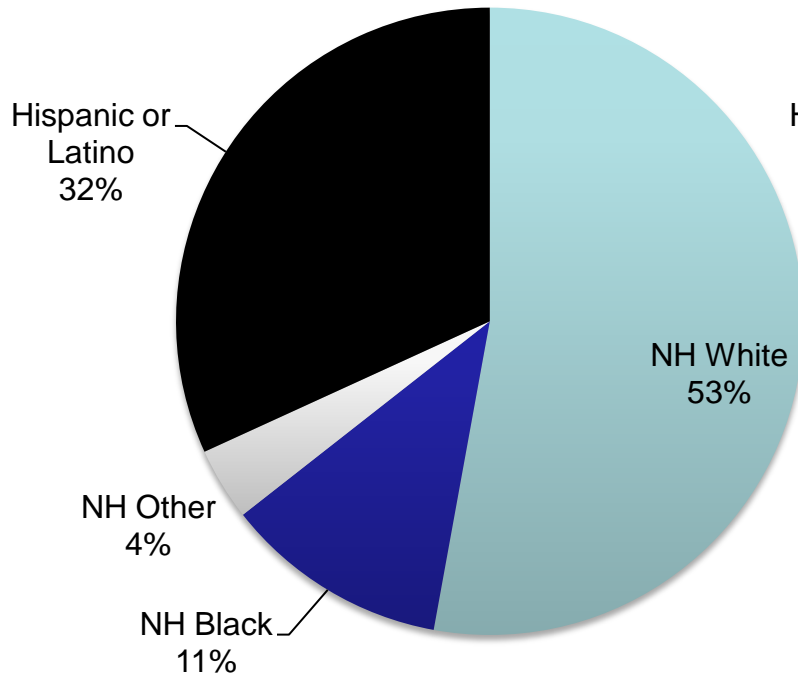
By percentage



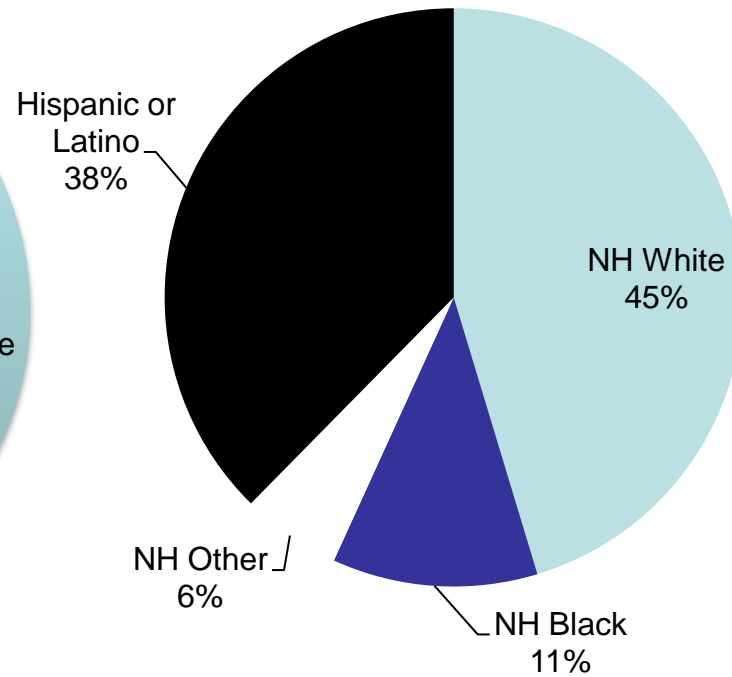


Texas Racial and Ethnic Composition, 2000 and 2010

2000



2010

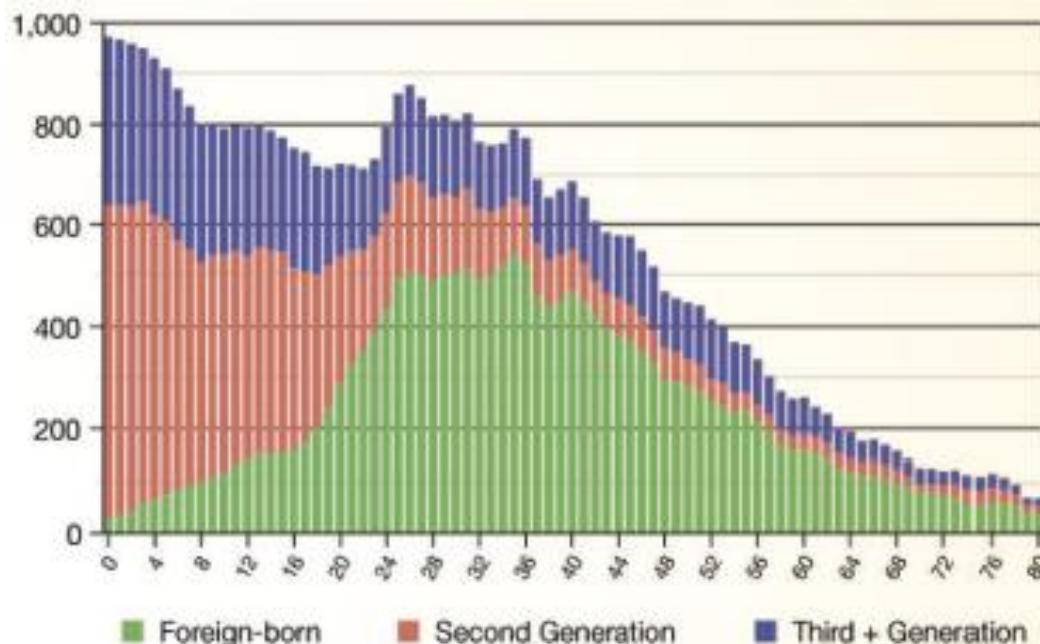


Texas White (non-Hispanic) and Hispanic Populations by Age, 2010



Source: U.S. Census Bureau 2010 Decennial Census, SF1

U.S. Hispanics by Age and Generation
in thousands



Source: U.S. Census Bureau Current Population Survey for March, 2007
Copyright © 2007, Instituto Fe y Vida Research and Resource Center

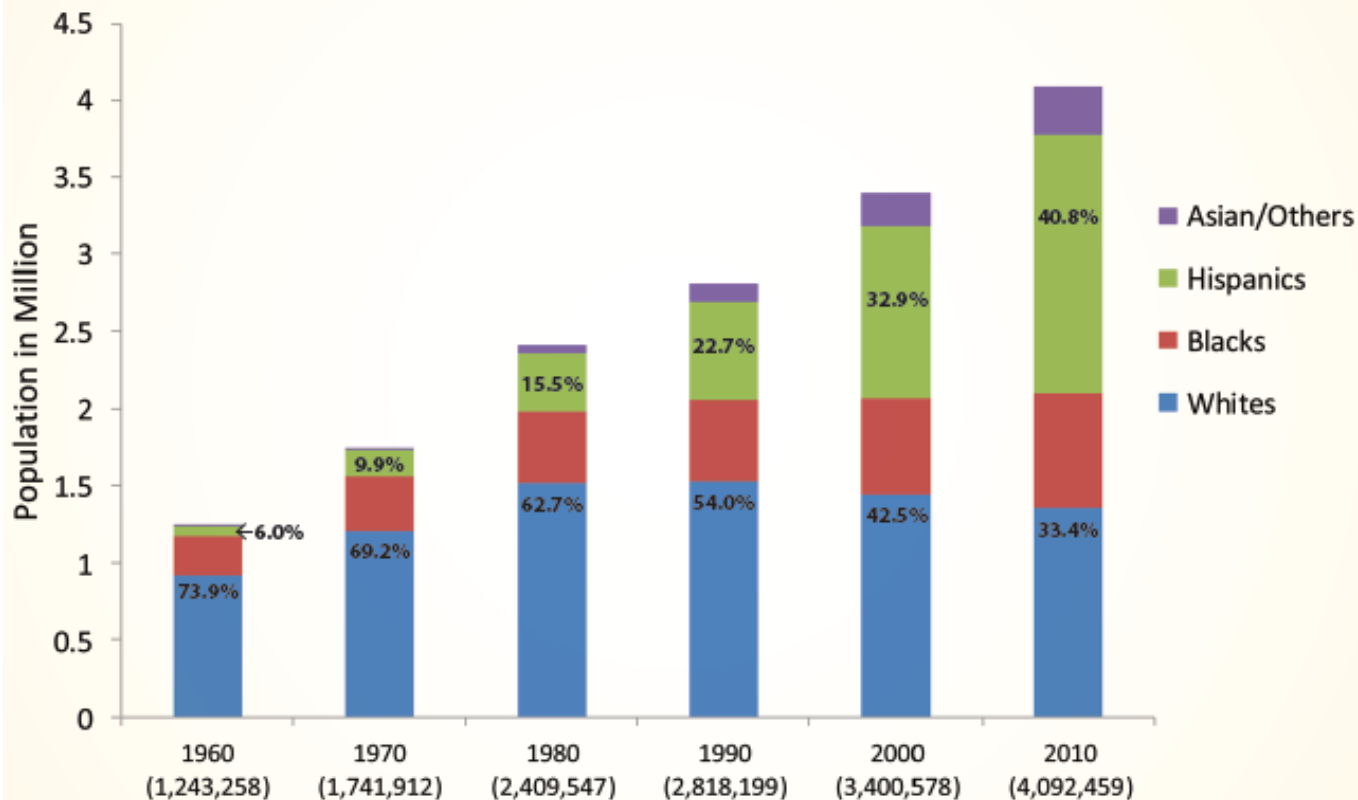
Since 2000, among Hispanics, the foreign-born share of each major Hispanic origin group has declined. Overall, the share of Hispanics that is foreign born decreased from 40 percent in 2000 to 37 percent in 2010. The largest decline—13 percentage points—was among Salvadorians (from 76% to 62%).

Source: Pew Hispanic Center, Tabulation of 2010 ACS and 2000 Census, released June 27, 2012. www.pewhispanic.org

The Houston area as an example

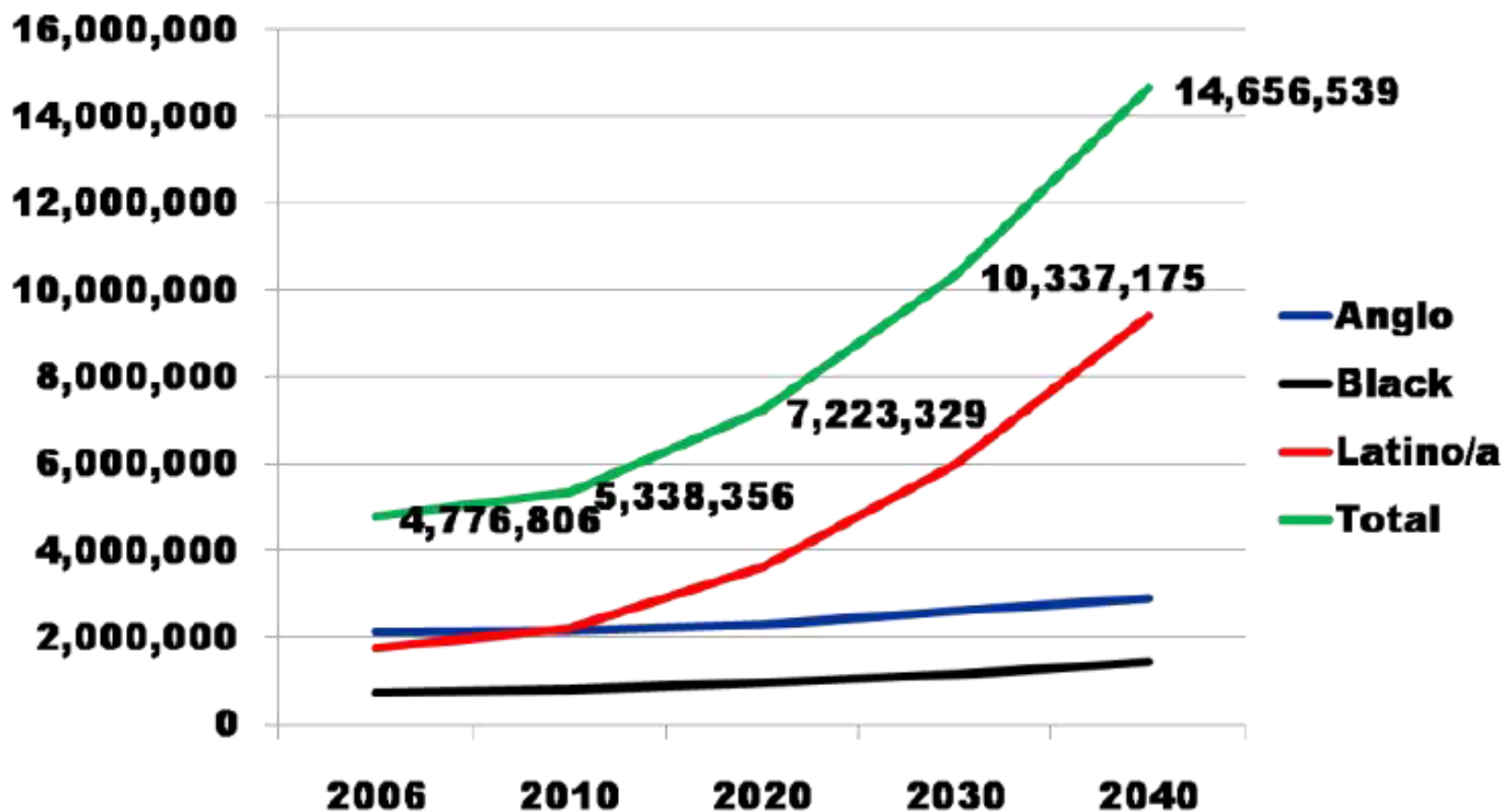
Demographic Transformation of Harris County (U.S. Census, 1960-2010)

Census data show consistent growth in the Hispanic population in Harris County from 1960 to present.

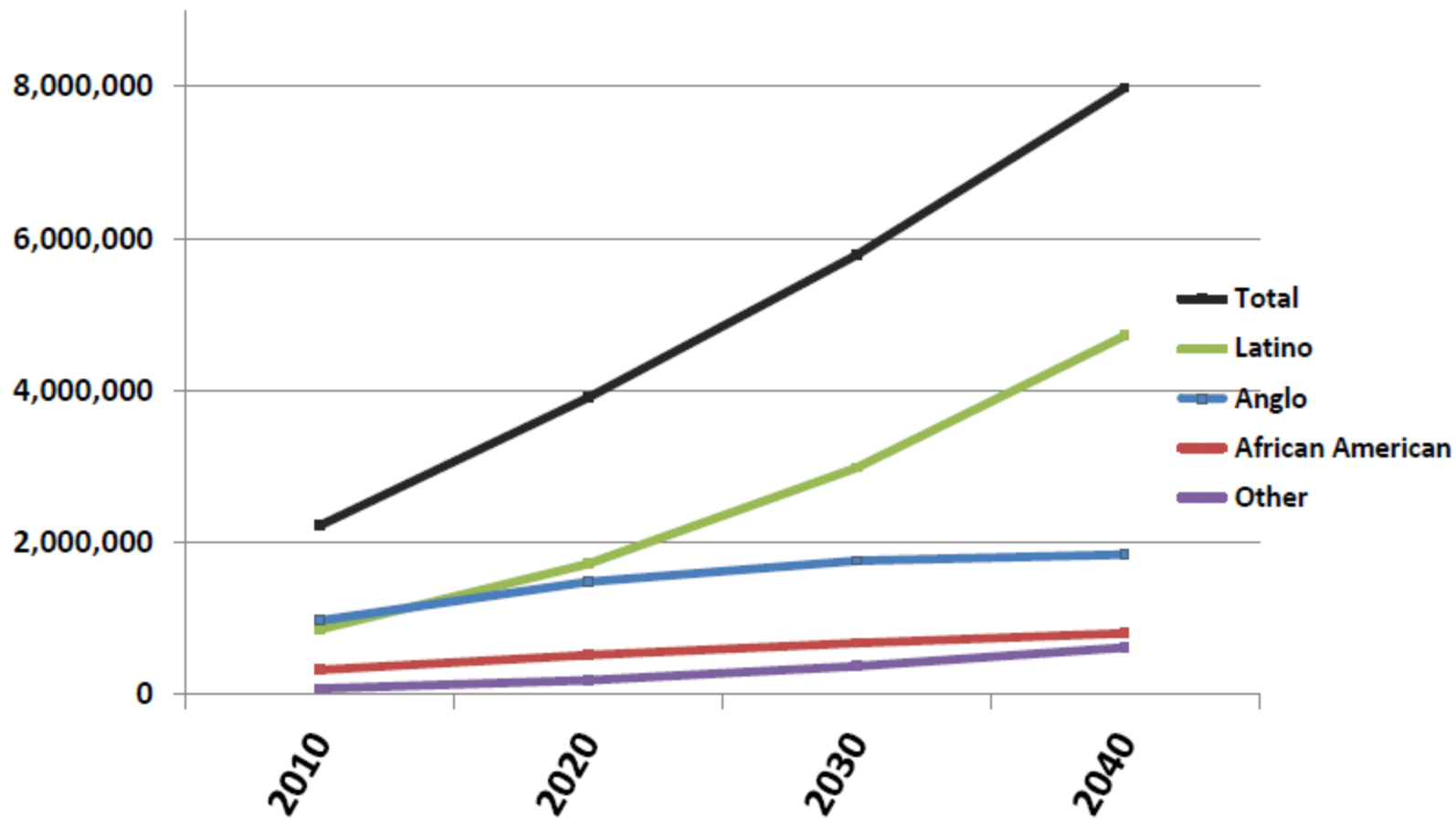


Source: "THE CHANGING FACE OF HOUSTON: Tracking the Economic and Demographic Transformations Through 31 Years of Surveys" pg. 25. Stephen L. Klineberg. The Complete Presentation on the Survey Findings (Year 2012). Rice University Kinder Institute for Urban Research.

Projected Increase in Obesity in Texas by Ethnicity, 2006 to 2040



Projected Number of Adults with Diabetes by Race and Ethnicity, Texas, 2010-2040



Source: Office of the State Demographer, 2010



LifeGift Organ Donation Center

OPO Code: TXGC
Release Date: August 20, 2013
Based on Data Available: June 30, 2013

SRTR OPO-Specific Report
Feedback?: SRTR@SRTR.org
1.877.970.SRTR (7787)
<http://www.srtr.org>

D. Description of Donors Recovered by TXGC

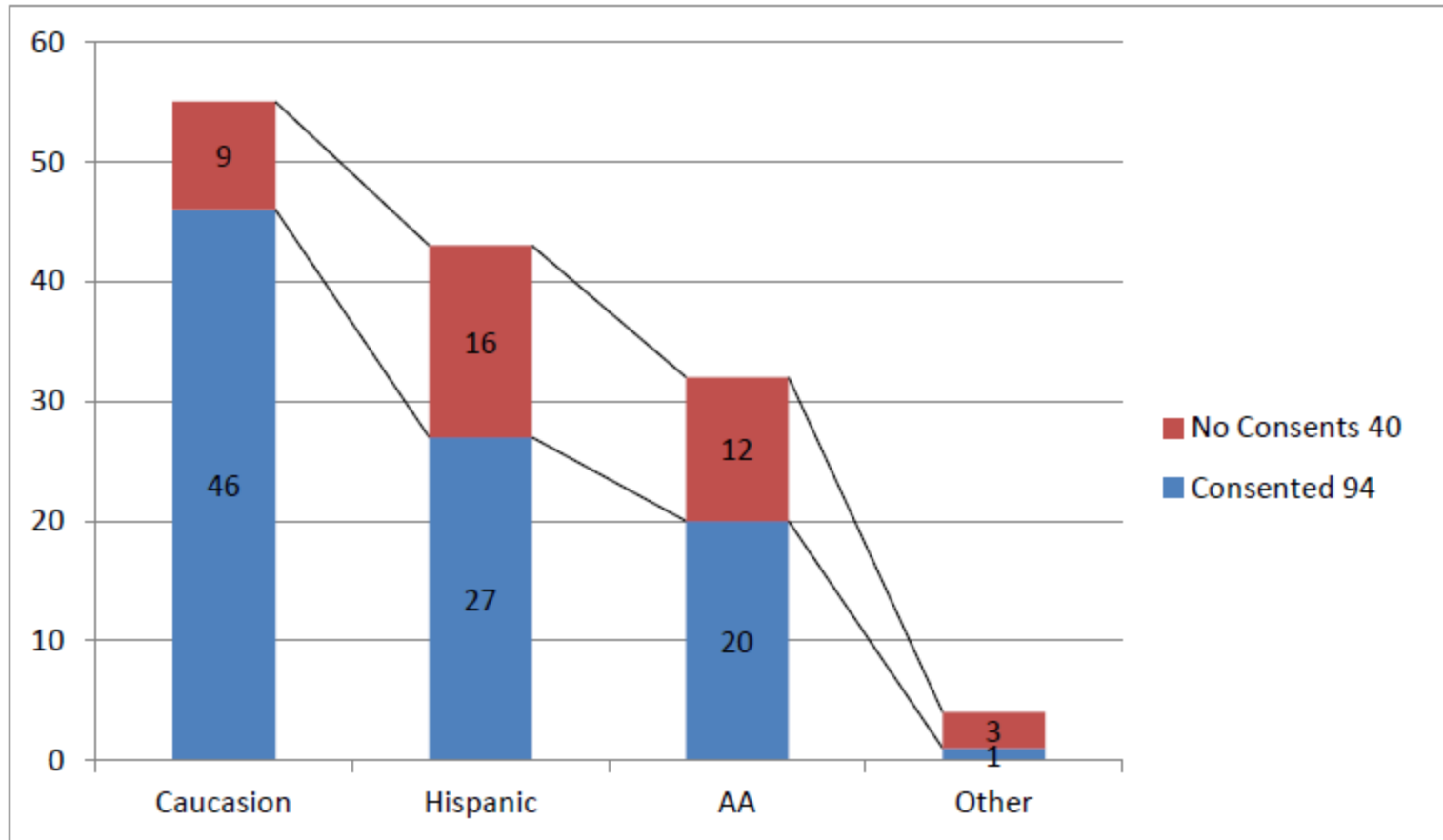
Table D1. Characteristics of all deceased donors recovered, 01/01/2011 to 12/31/2012

	This OPO		United States	
	Jan 2011- Dec 2011	Jan 2012- Dec 2012	Jan 2011- Dec 2011	Jan 2012- Dec 2012
Number of Donors	300	312	8,125	8,143
Race (%)				
White	51.7	54.2	66.4	66.1
African-American	13.3	17.9	17.0	17.7
Hispanic/Latino	33.7	25.0	13.3	12.7
Asian	1.3	2.9	2.6	2.9
Other	0.0	0.0	0.7	0.6
Unknown	0.0	0.0	0.0	0.0



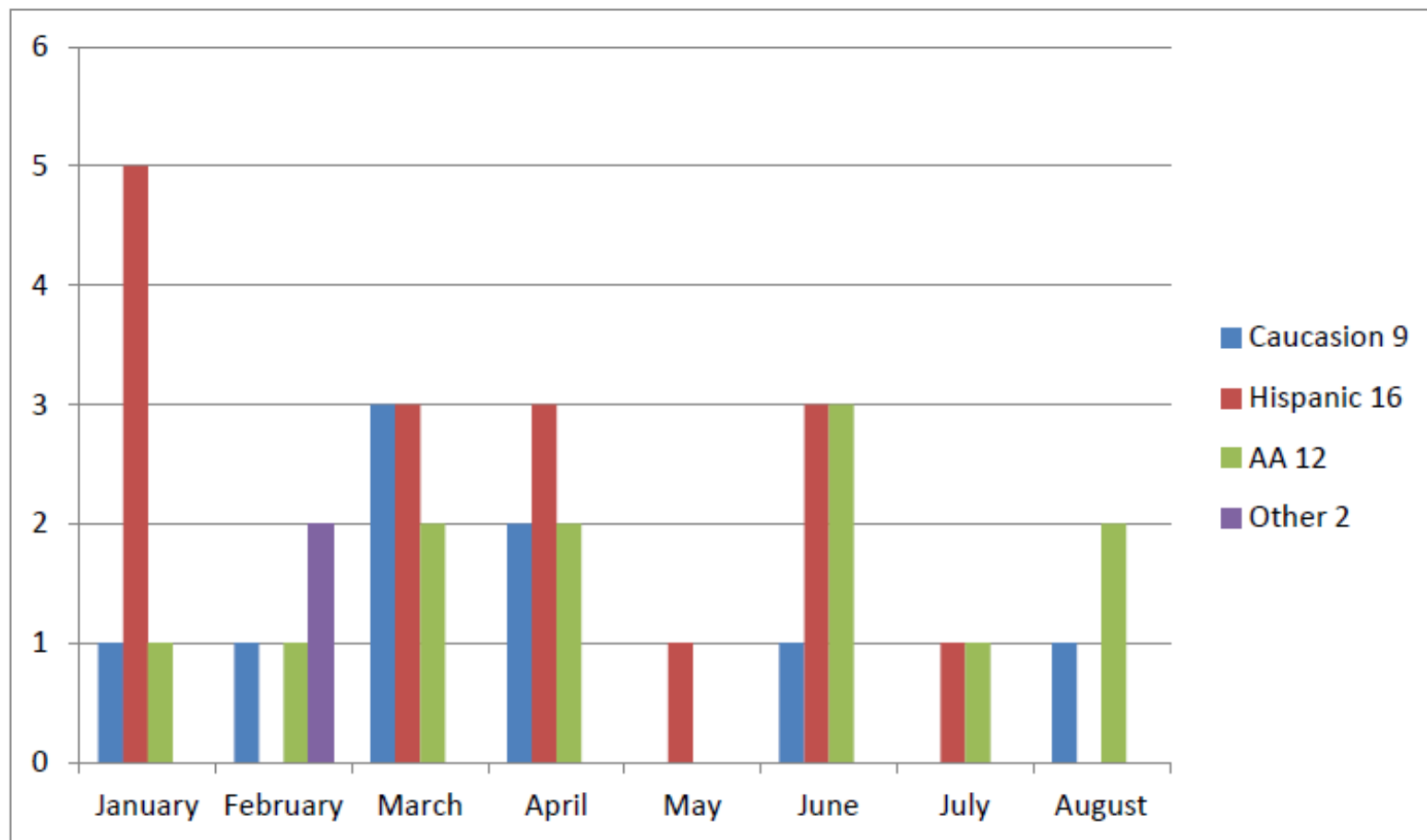
Snapshot of consent-Houston Region

Year To Date (Jan-Aug 13, 2013) Approaches by Race



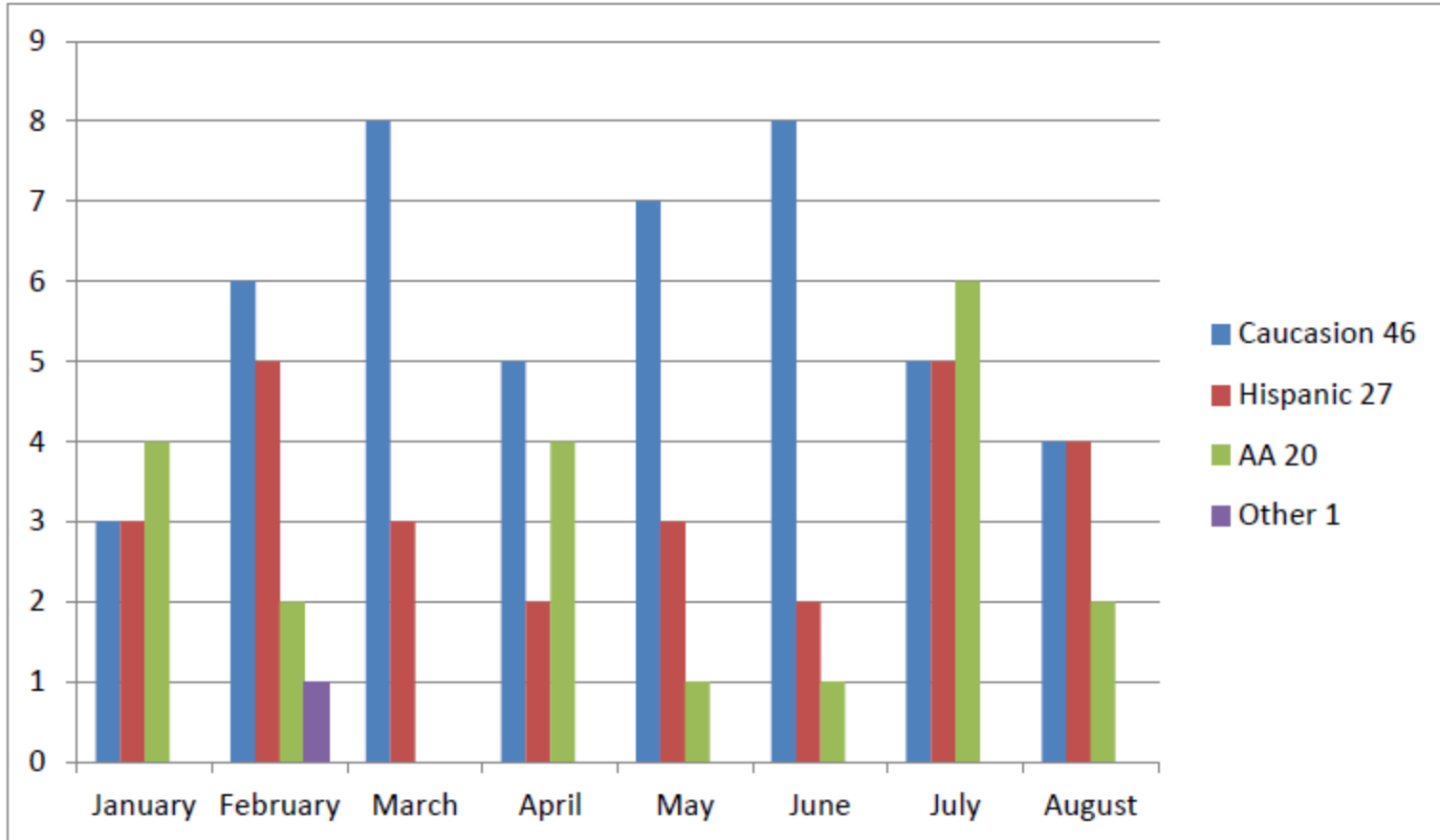
Overall consent rate 70%; Cauc 84%; H/L 63%; AA 63%

No Consents January - August 15, 2013 By Race



Snapshot of consent-Houston Region

Consented January-August 15, 2013 By Race





A Roadmap and Best Practices for Organizations to Reduce Racial and Ethnic Disparities in Health Care*

- Past 7 years, RWJF funded 33 research projects, 12 systematic literature reviews, synthesizing into a Roadmap
- 6 overarching steps:
 1. Recognize disparities and commit to reducing them
 2. Implement a basic quality improvement structure and process
 3. Make equity an integral component of quality improvement efforts
 4. Design the intervention (s)
 5. Implement, evaluate and adjust the intervention (s)
 6. Sustain the intervention (s)
- Across disciplines (across asthma, HIV, colorectal cancer, etc.)



*Chin et. al.; "A Roadmap to Reduce Racial Disparities." Robert Wood Johnson Foundation Finding Answers: Disparities Research for Change National Program Office, University of Chicago. J Gen Intern Med 27(8): 992-1000. 2012





Levels of Influence of an Intervention (Alignment)

<u>Intervention Level</u>	<u>Definition</u>	<u>Examples</u>
Patient	Change the knowledge and/or behaviors of patients (individuals) to improve outcomes	Culturally targeted outreach, patient narratives
Provider	Change the knowledge and/or behavior of providers to improve outcomes	Cultural competency training, disparity report cards
Microsystem	Add new members to team with special training AND responsibility for multicultural interventions	Community health workers integrated into team
Organization	Change organizational operations; Redesign service model to reflect multicultural goals	Improve the clinical encounter, improve systematic literacy
Community	Continue outreach AND increase recruitment of commitment into multicultural community organizations	Engagement with integrity for perpetual partnering
Policy	Influence policy, resource allocation, regulation	Accreditation, Memberships, Reimbursement, Federal Law*

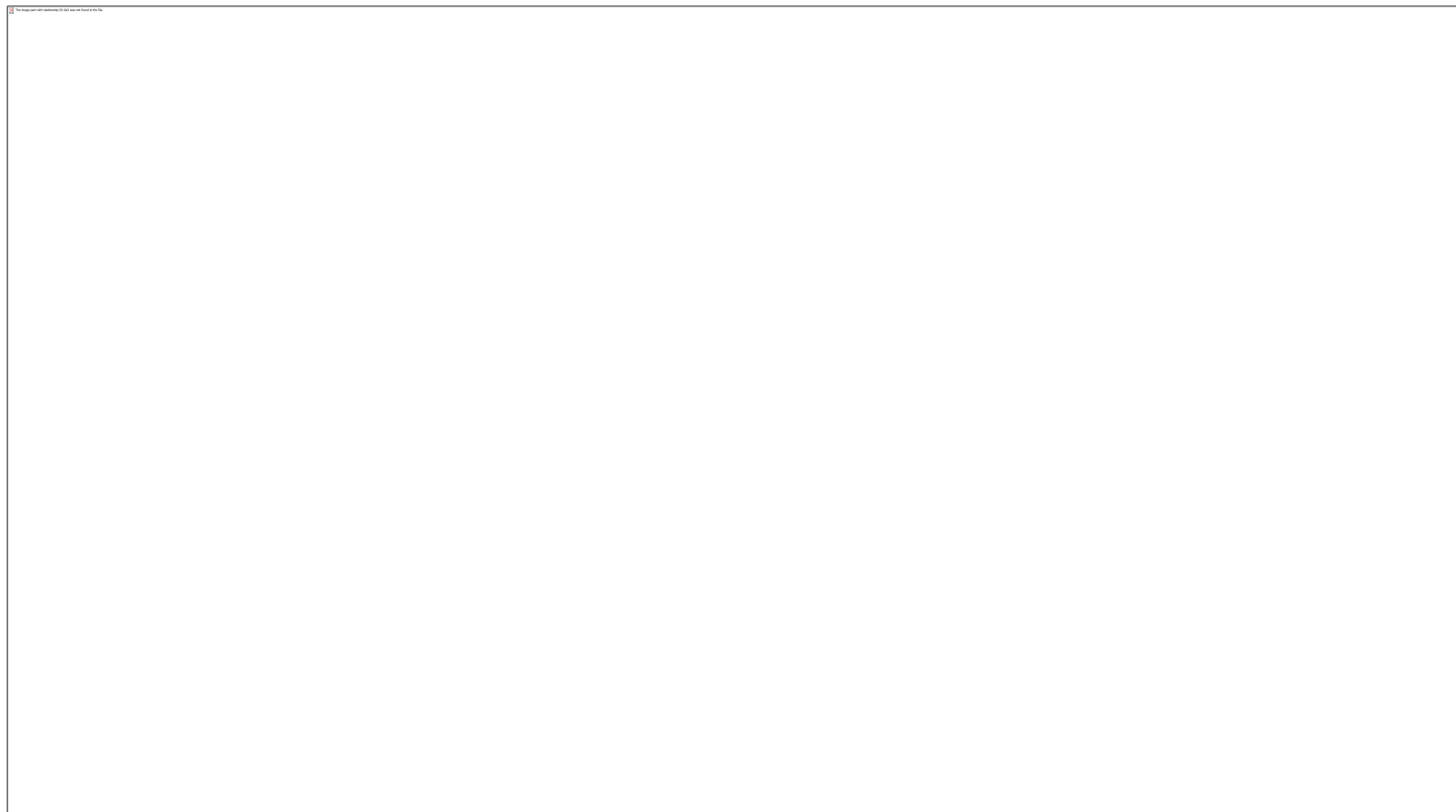
Patient Protection and Affordable Care Act and Health Care and Education Reconciliation Act of 2010: Prioritizes collection of performance data stratified by race, ethnicity, and language (REL). See Health Research and Educational Trust Disparities Toolkit.

<http://www.hretdisparities.org>

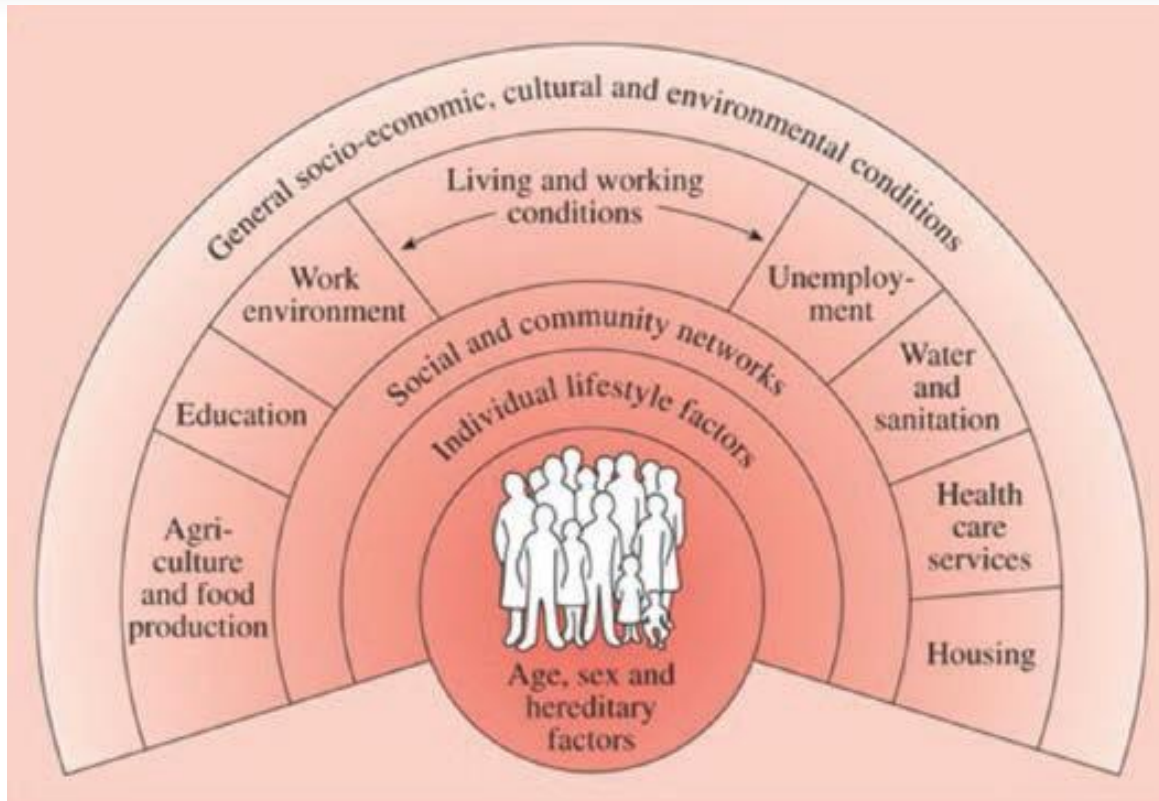




Enhancing Baseline Knowledge



- Our DSA is changing rapidly
- Our current “averaging” into large categories is misleading
- Tactical efforts at interventions are minimally impactful. Strategy is needed to inform operations.
- Metrics need to be much more granular, geographically based (zip code, census tract) to get an idea of the opportunities. ***UNDER CONSTRUCTION***



Where can we connect & intersect?

According to Dahlgren and Whitehead (1991), health is impacted by many factors. These can be at the individual level (age, sex, hereditary factors, and individual lifestyle factors); at the community level (social and community networks) and at a broader level encompassing general socioeconomic, cultural and environmental conditions (agriculture and food production, education, work environment, living and working conditions, unemployment, health care services and housing). Changes in any or a combination of any of the above factors can have a profound impact on the health of a community.



Thank you!

**22ND ANNUAL MEETING
SEPT 16-19, 2014
HOUSTON, TEXAS**

