Stand Up to Health Disparities

A public-private partnership using hyper local community engagement to co-create and implement la second community engagement engageme evidence-based interventions to mitigate and reduce health disparities for Black and Hispanic women living with epilepsy in Georgia and on Medicaid or underinsured.

Authors:

Donna Finale, US Health Equity and Sustainability Lead, UCB Terri Jackson, Partner, Rabin Martin



Driven by science.



rabinmartin.com

People living with epilepsy in Georgia—especially Black and Hispanic women—have unique needs

There is a paucity of data regarding the effects of epilepsy among Black and Hispanic women and research is relatively nascent. Significant burdens and well-known disparities related to social determinants of health point to an unmet need in this population.

people in the **United States have** Million active epilepsy

The Southern United States is referred to as the "Epilepsy Belt"

Georgians are living with epilepsy

Lower household income, higher unemployment rate, and lower educational attainment in those with epilepsy in Georgia

Georgians access Medicaid/CHIP

Georgia has some of the most Medicaid restrictive policies to access epilepsy medications and did not adopt Medicaid expansion, leaving over 250,000 adults in a coverage gap

Hispanic Americans

- Epilepsy is more common among Hispanic vs. non-Hispanic
- More than half of Hispanics are afraid of revealing that a family member has epilepsy
- 30% believe that those with epilepsy cannot hold a job

25%

of Hispanics associate seizures with death

Black Americans

- Black Americans are more likely to be diagnosed in emergency care setting than white counterparts and experience status epilepticus
- Greater mortality rates among Black Americans compared with other racial/ethnic groups (1.4 per 100,000 vs 0.87 per 100,000 White and 0.7 per 100,000 Hispanic)
- Black women with epilepsy are at higher risk for co-morbidities, such as stroke, obesity and psychological distress

over 20,000 new cases of epilepsy diagnosed in the Black community each year

Open Innovation has been used at every stage of the project to ensure diversity of perspectives and ideas

To achieve project objectives, we have leveraged a broad range of external ideas, knowledge, and expertise, tapping into diverse networks and the power of collective intelligence to simultaneously close health equity gaps in epilepsy and unlock new business opportunities.





Consulted leaders

in epilepsy and

health equity

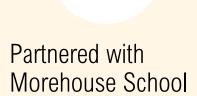


Assessed cross-

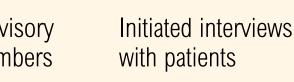
disciplinary

partners













Gathered input from advisors via meetings and 1:1 conversations Call for proposals to launch

intervention

2022

Building trust with underserved communities

Engaging with key opinion leaders in epilepsy and health equity ensured that we understood the unique needs of the community and partners to consider.

Building trust with underserved communities

of Medicine

2023-2024

Assessing diverse partners across sectors and disciplines ensured that we chose a strong community-based partner to lead the intervention design and implementation.

Identifying and prioritizing disparities

Interviewing patients with lived experiences in epilepsy helped identify patient-specific barriers to care around which to center the intervention.

Understanding and validating the root cause

Engaging with cross-disciplinary advisors with expertise in health equity, epilepsy, neurology and minority health — allowed for the creation of a holistic, patient-centered intervention framework.

Deliberate, evidence-based approach to achieve outcomes for patients, health system and contribute to UCB's overall strategy

SOLUTIONS

GAPS

Patient

- Incidence, prevalence and unmet need of Black and Hispanic women living with epilepsy in rural and urban GA
- Consideration of comorbidities and clinical risk factors
- SDoH barriers
- Considerations unique to Black and Hispanic women (e.g., cultural and linguistic)

Health system

- Lack of continuity of care across health system and other support services
- Access to appropriate care/doctors and treatment
- Mistrust between patients and HCPs
- Low health literacy (patients and caregivers)

and treatment

Access to care

- Address access to epilepsy care and medication for identified target population
- Ability to serve both urban and rural populations

Care coordination

 Address care coordination to overcome prioritized SDoH outlined in gaps for identified target population

Patient examples

Improved continuity of care

- Improved retention in care
- Improved treatment adherence
- Reduced admittance to emergency department (ED)
- Improved patient experiences
- Improved health literacy amongst patients and caregivers

OUTCOMES

Health system examples

- Improved care coordination across health system and other support services
- Increased connections and referrals to programs to address SDoH
- Decrease in ED utilization
- Improved HCP education regarding epilepsy treatment and care and SDoH knowledge
- Reduced bias/stigma amongst **HCPs**

References available upon request.