



# Why Surgical Equity Matters, Mapping Barriers and Co-Designing Interventions



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## BACKGROUND & RATIONALE

- Patients with limited English proficiency, Medicaid or no insurance, and racial/ethnic minorities face persistent inequities in surgical care.

Key gaps include:

- Inadequate preoperative education
- Suboptimal pain management
- Fragmented discharge planning

Contributing Factors:

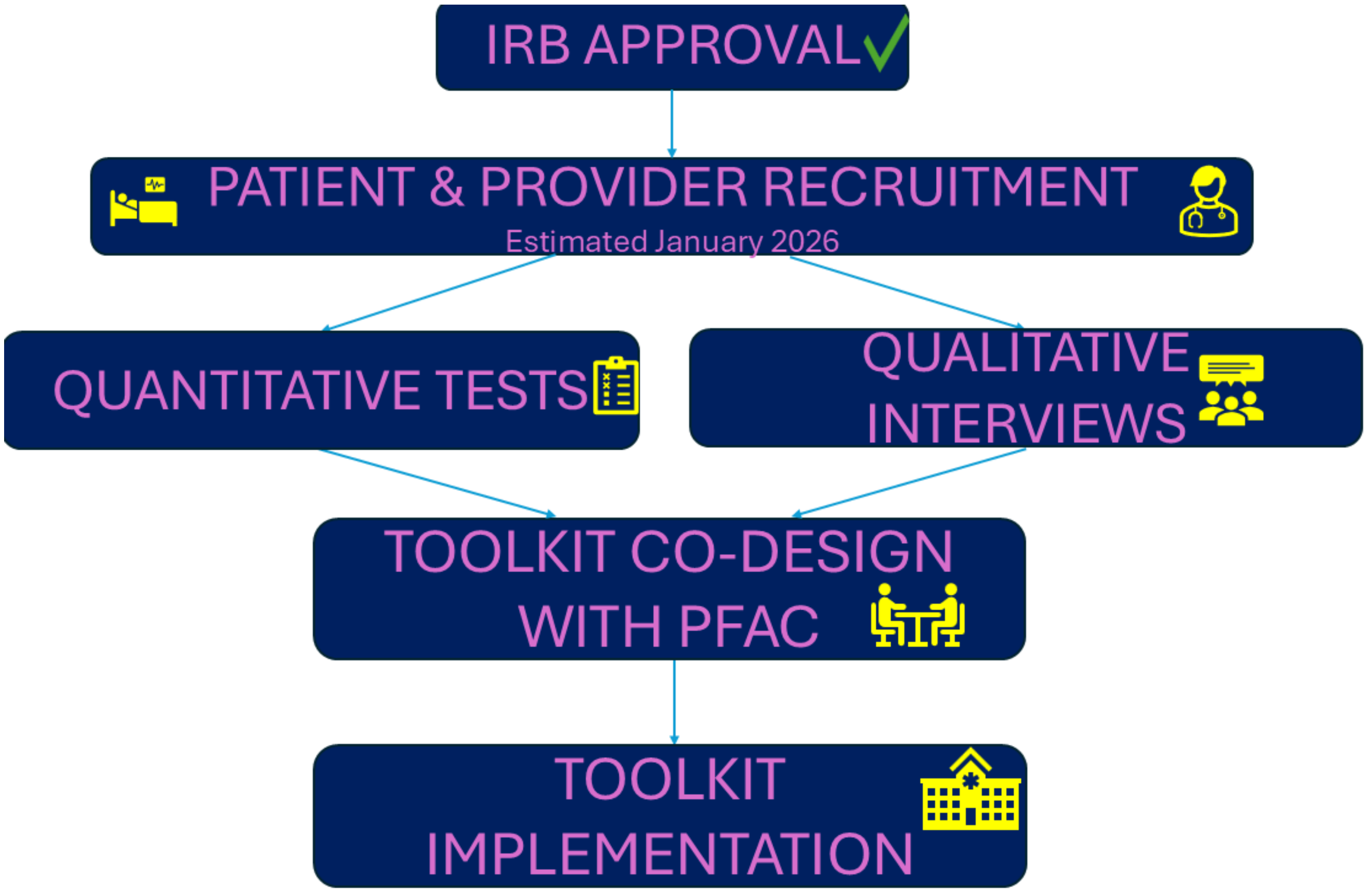
- Structural: Insurance, interpreter access, transportation
- Behavioral: Health literacy, trust, communication

## AIMS

- Aim 1: **Quantify** disparities in perioperative pain and satisfaction; assess provider patient-centeredness and cultural competence.
- Aim 2: **Identify** structural and behavioral barriers *via semi-structured* patient interviews.
- Aim 3: **Co-design** up to three patient-centered tools with the PFAC and community partners for future implementation.

## METHODS

- Design:**  
Prospective mixed methods pilot (*quantitative, qualitative, co-design*) at a single site - St. Vincent’s Medical Center
  - Participants:**  
Patients (40- 50)  
Adults 18-89 undergoing elective general surgery  
At least one marginalized factor: racial or ethnic minority, LEP or interpreter use, Medicaid or uninsured
- Providers:** (40-50)  
Anesthesiologists, surgeons, nurses, CRNAs, residents
- Co-design partners** (about 10)  
Patient & Family Advisory Council and community partners.
- Quantitative measures**  
Patient surveys  
PACU VAS pain scores  
SES (Socio Economic Status)  
Leiden Perioperative Patient (Satisfaction Questionnaire)  
REALM R health literacy
- Provider surveys – PPOS and IAPCC-R
- Qualitative component** : semi-structured interviews with 10-15 patients within 2 weeks post-op, guided by
  - **Four Delays** (seeking ,reaching ,receiving ,recovering)
  - **NIMHD** (individual – system determinants)
  - **Theory of Planned Behavior** (attitudes, norms, perceived control)
- Co-design process**  
Three 60-minute sessions with PFAC and community  
Development of a Navigation and Access Toolkit with visual aids, checklists, and interpreter workflows



## ANTICIPATED IMPACT

- Identify how race, language, and socioeconomic status influence perioperative care and outcomes
- Improve safety, pain control, and patient satisfaction by fixing communication and discharge barriers
- Reduce preventable complications by addressing modifiable obstacles
- Provide low-cost, co-designed tools and workflows for real clinical use
- Support multi-site adoption and equity-driven policy change

## REFERENCES

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