Introduction to Health Equity

September 28, 2021

NATIONAL
RURAL HEALTH
RESOURCE CENTER

THE
EXETER GROUP

Objectives

- Understand how diversity dimensions influence our perceptions and actions
- Learn what clues to look for to uncover inequities for employees and patients
- Know specific actions you can take to address inequities

Rules of Engagement

- **Breathe**
- Three options to engage:
  - Chat, Poll, Listen/reflect
- **Challenge yourself**
- Accept one another's reality
- **Expect and accept non-closure and discomfort**
- Take care of yourself
- **Take a break**

Foundational Diversity, Equity, and Inclusion (DEI)

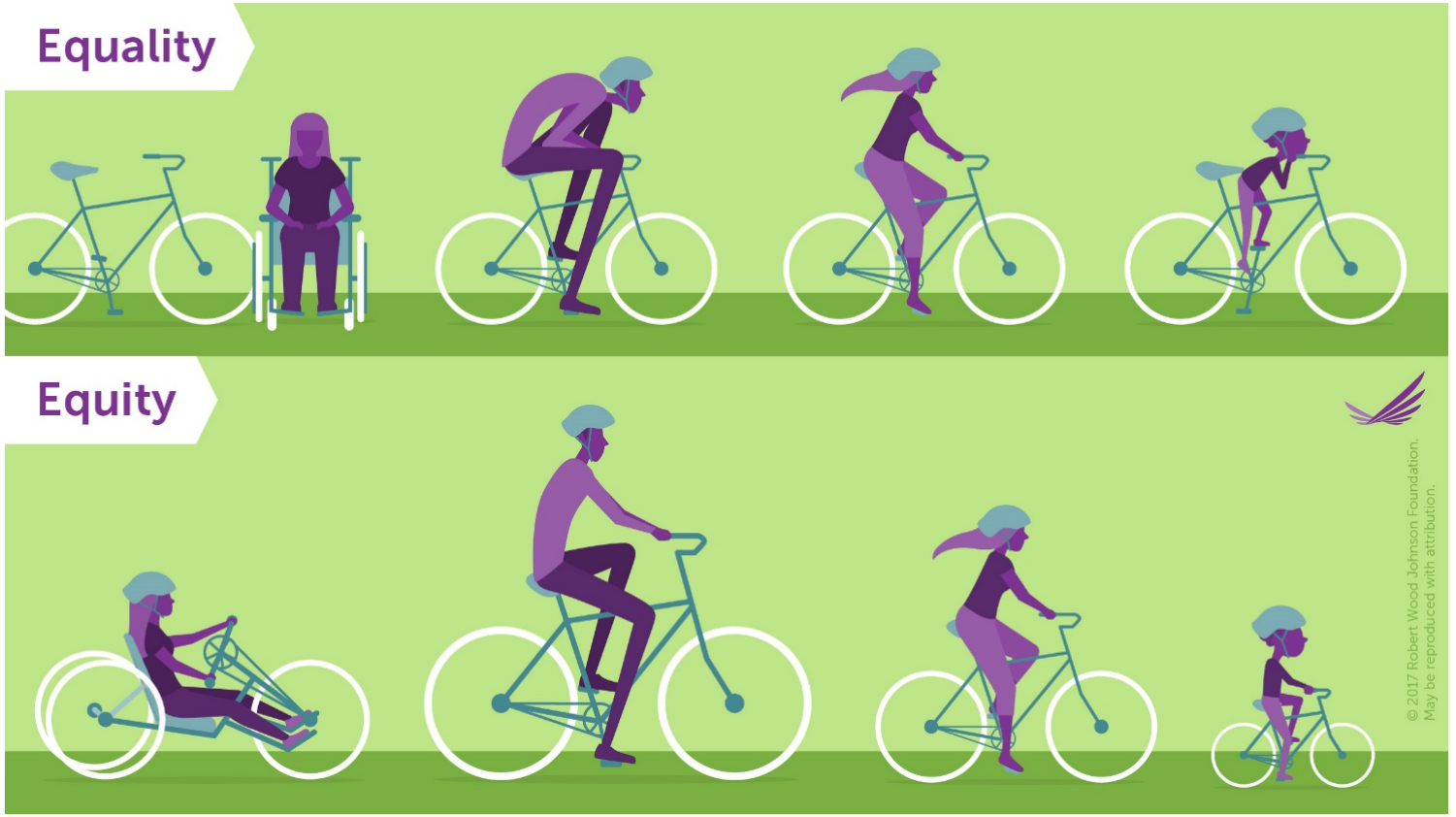
Diversity Dimensions

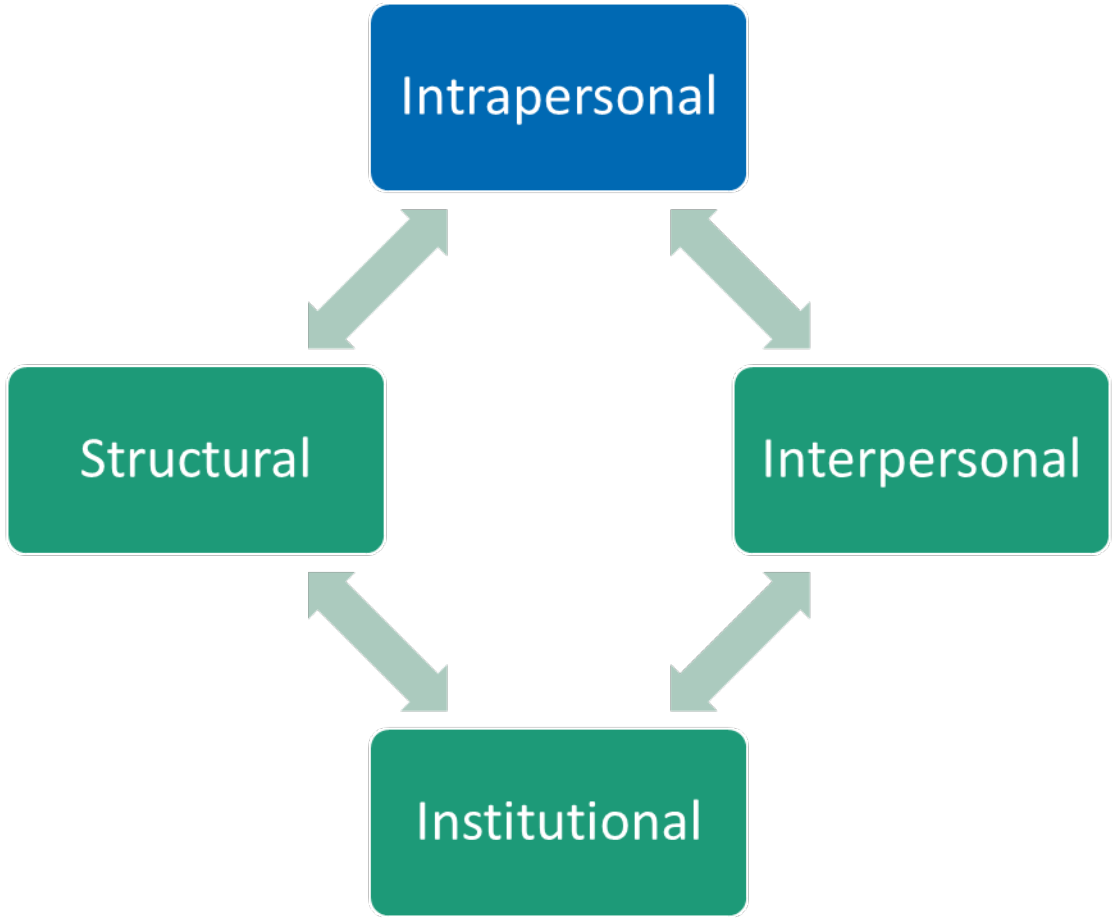
What diversity dimensions shape how you navigate the world?

Choose from each circle.

Healthcare Equity

Everyone has a fair opportunity to attain their full potential, and no one is disadvantaged from achieving this potential





Root Causes of Inequities #1:

Barriers at Many Levels

Implicit Bias

Image 1

Image 2

Image 3

Image 4

Image 5

Image 6

What did you think?

Image 1

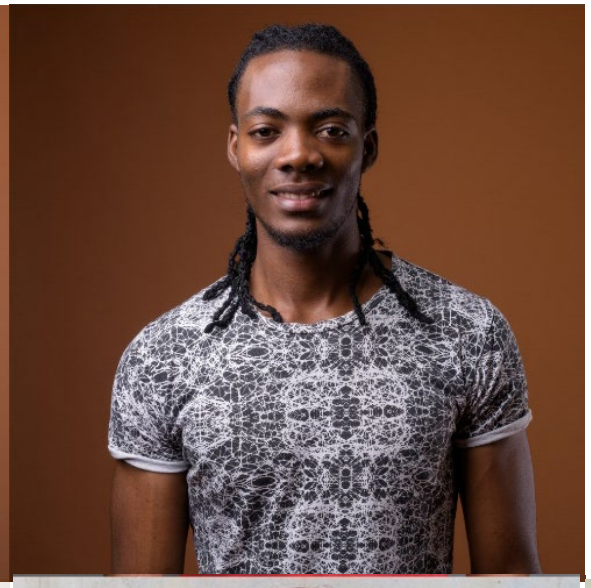
Image 2

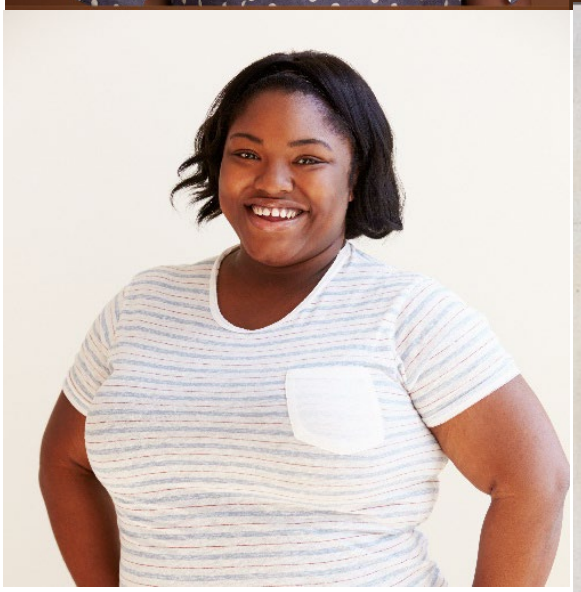
Image 3

Image 4

Image 5

Image 6


Poll

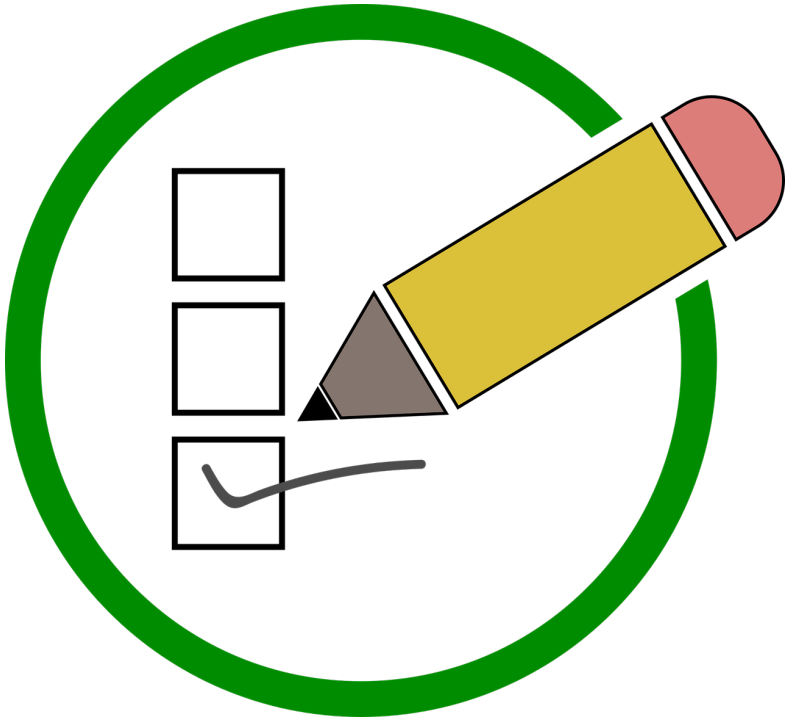
How much information does our brain process per second?

a. 22 million bits per second

b. 11 million bits per second

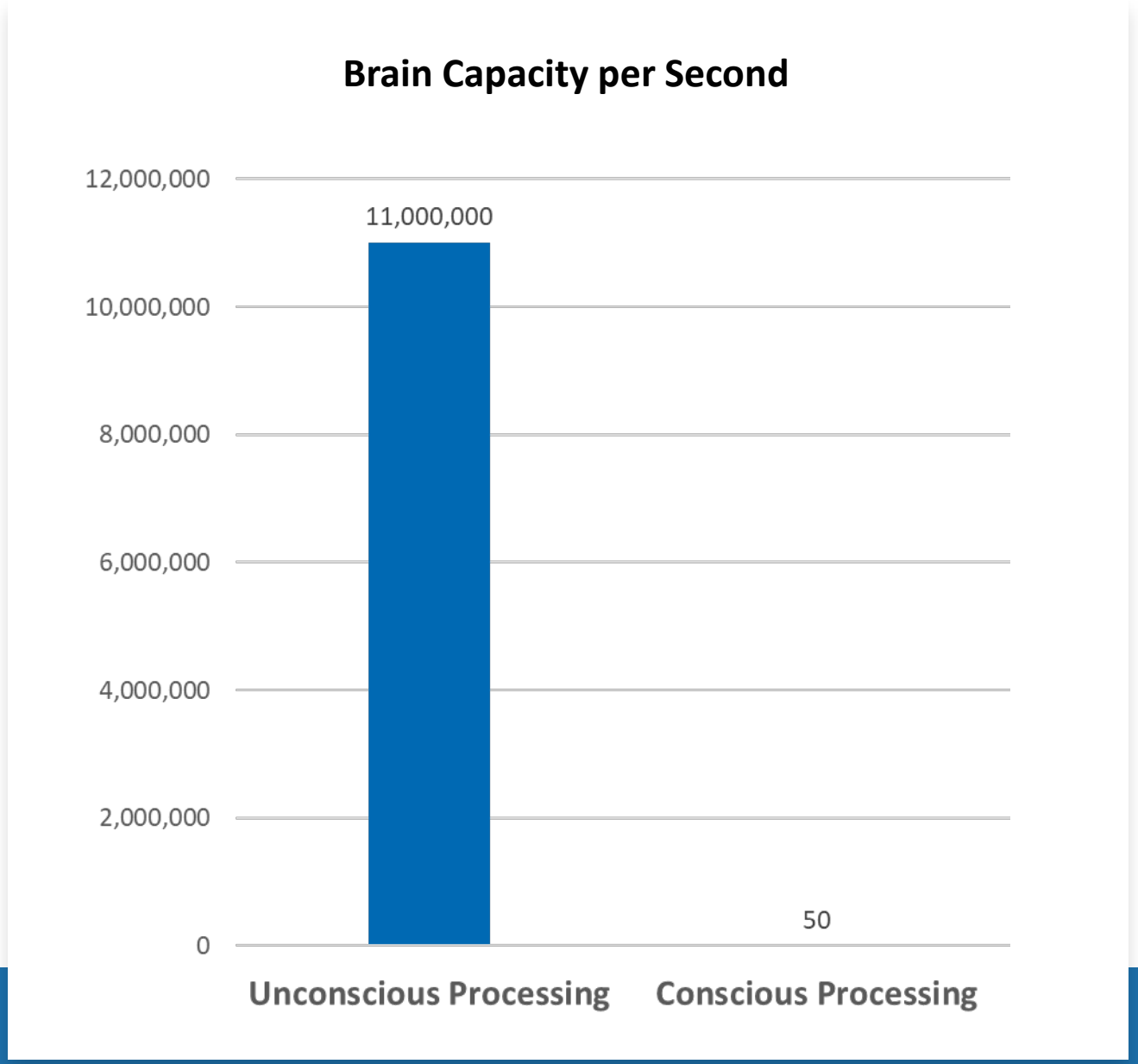
c. 1 million bits per second

d. 10,000 bits per second



Implicit or (Unconscious) Biases

- Favorable or unfavorable attitudes or stereotypes that unconsciously affect our understanding, actions, and decisions.
- Activated involuntarily and without our awareness or intentional control.
- There are more than 100 types of cognitive biases!



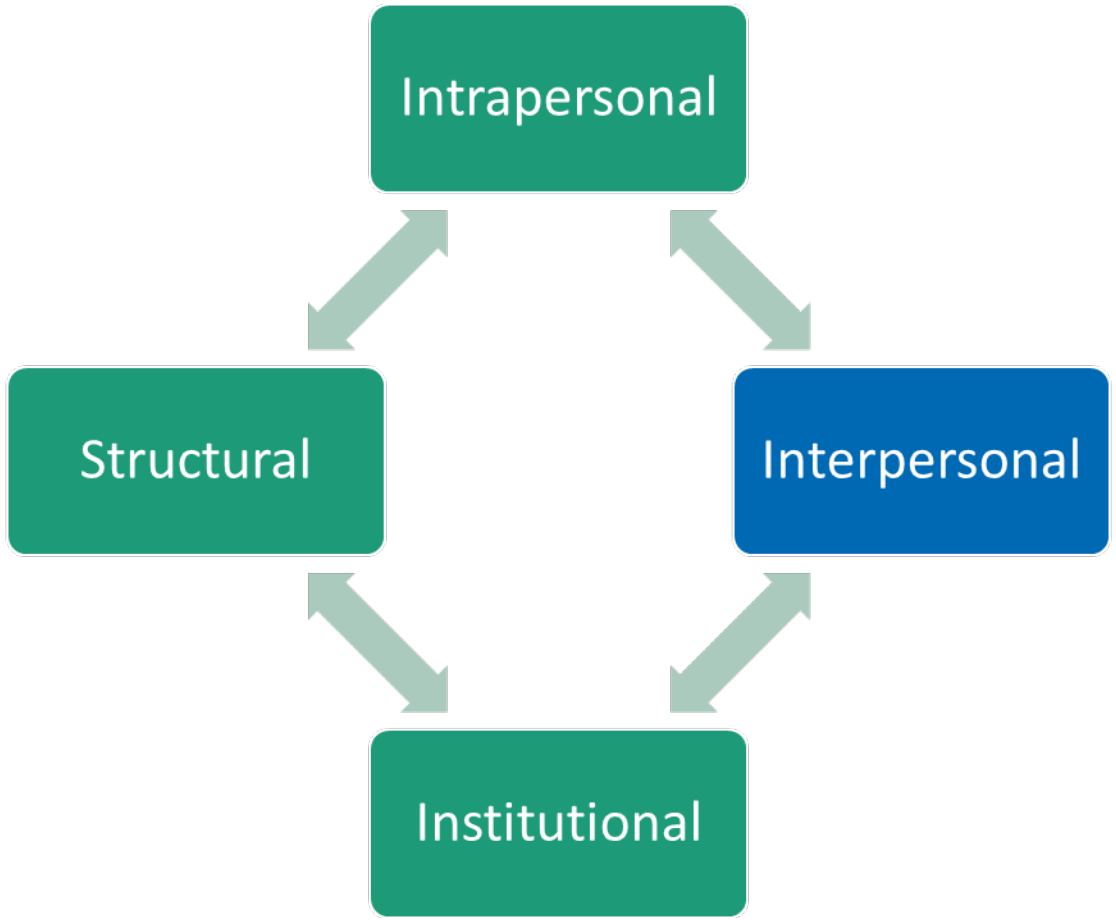
Characteristics of Implicit Bias

- We all have them
- **May be unknown – Harvard Implicit Association Test (IAT) (www.ProjectImplicit.net)**
- Change over time
- **Favor people like us**
- Can be at odds with beliefs we consciously support or endorse

Where do we get our biases?

Where do we get our biases?

How Our Biases Show Up



Root Causes of Inequities #1:

Barriers at Many Levels

Relevance Rule[SM]

Only mention a diversity dimension if it is relevant *and* necessary for the story, statement, fact, or communication.

Is it Relevant?

"I just took a cab with a Pakistani driver who told me it's supposed to rain all week!"

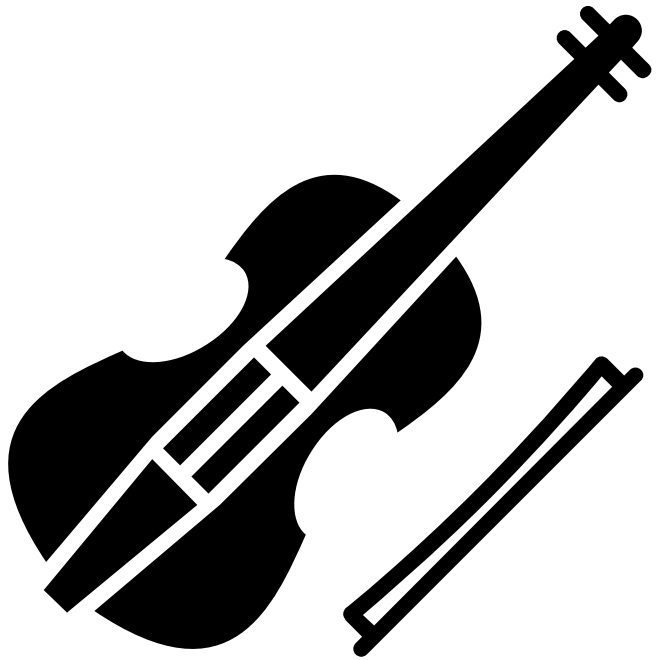
"My friend who has Autism told me she loves watching 'The Good Doctor' about a doctor who has Autism because she values seeing someone like her on the TV screen."

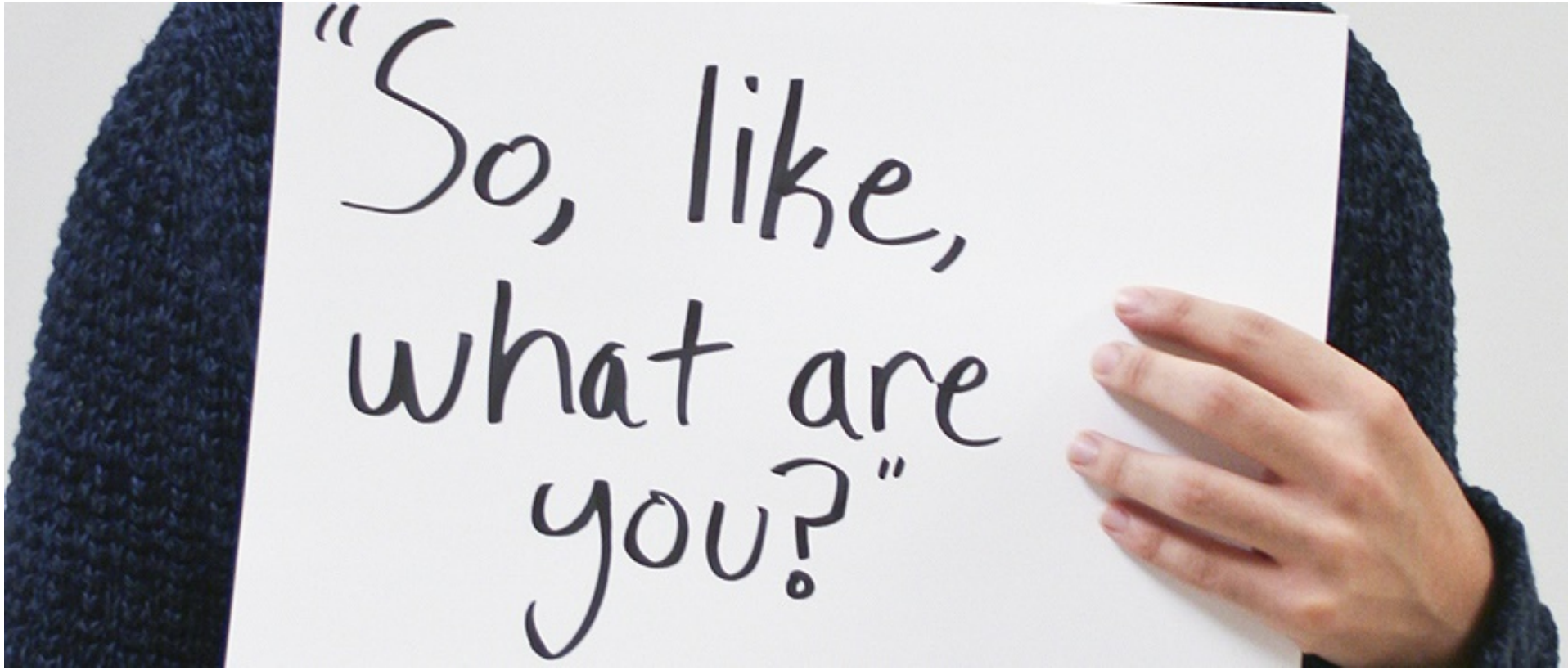
Reflection

What words (favorable and unfavorable) are used in your organization to describe:

1. Employees?
2. Patients?

How could they trigger your biases and the biases of others?





Microaggressions and Micro-inequities

- Linked to our implicit biases
- Often hard to identify

Microaggressions

Commonplace hostile, derogatory, or negative messages or behaviors based on a diversity dimension.

“Were you born here?”

“You speak English well.”

“You are a credit to your race.”

“You are so articulate.”

“I don’t see color.”

“I’m not __ist. I have a ___ friend.”

“That’s actually a good idea.”

‘”Are you an intern? You look so young!”

Assuming an entry-level hire is proficient using technology, while an experienced employee is not.

A female team member is described as “emotional” while her male counterpart is described as “passionate.”

A black team member is described as “aggressive” while someone else is described as “driven”.

Eine kleine Nachtmusik in G Major by Mozart

Eine kleine Nachtmusik in G Major by Mozart

Feedback

Judge:

- *“Nice job, you play well together.”*
- *“Do you have someone coaching you or do you play by yourself?”*
- *“I mean, do you have someone telling you what to do?”*
- *“I was just wondering how you learned how to play so well. I didn’t expect that from Kenwood students. That was a really hard piece. I gave you a 50 out of 50. Nice job.”*

Students:

- *“Thank you.”*
- *“We’re in the school orchestra.”*
- *“Well yes, the orchestra teacher tells us what to do.”*

Micro-inequities

Ways people are singled out, overlooked, ignored, or discounted based on a diversity dimension. Can be subtle and have a cumulative affect.

Micro-inequities: Ways people are singled out, overlooked, ignored, or discounted based on a diversity dimension. Can be subtle and have a cumulative affect.

All genders interrupt women more than they interrupt more than they interrupt men

Making eye-contact only with certain people

Taking fewer questions from certain people

Confusing a person of a certain race/ethnicity with another person of the same race/ethnicity

Rolling your eyes when certain people speak

Sighing loudly when certain people are speaking

Checking emails or texting during a face-to-face conversation with certain people

Not introducing someone at a meeting or group setting

Mentioning the achievements of some people but not others whose achievements are equally relevant

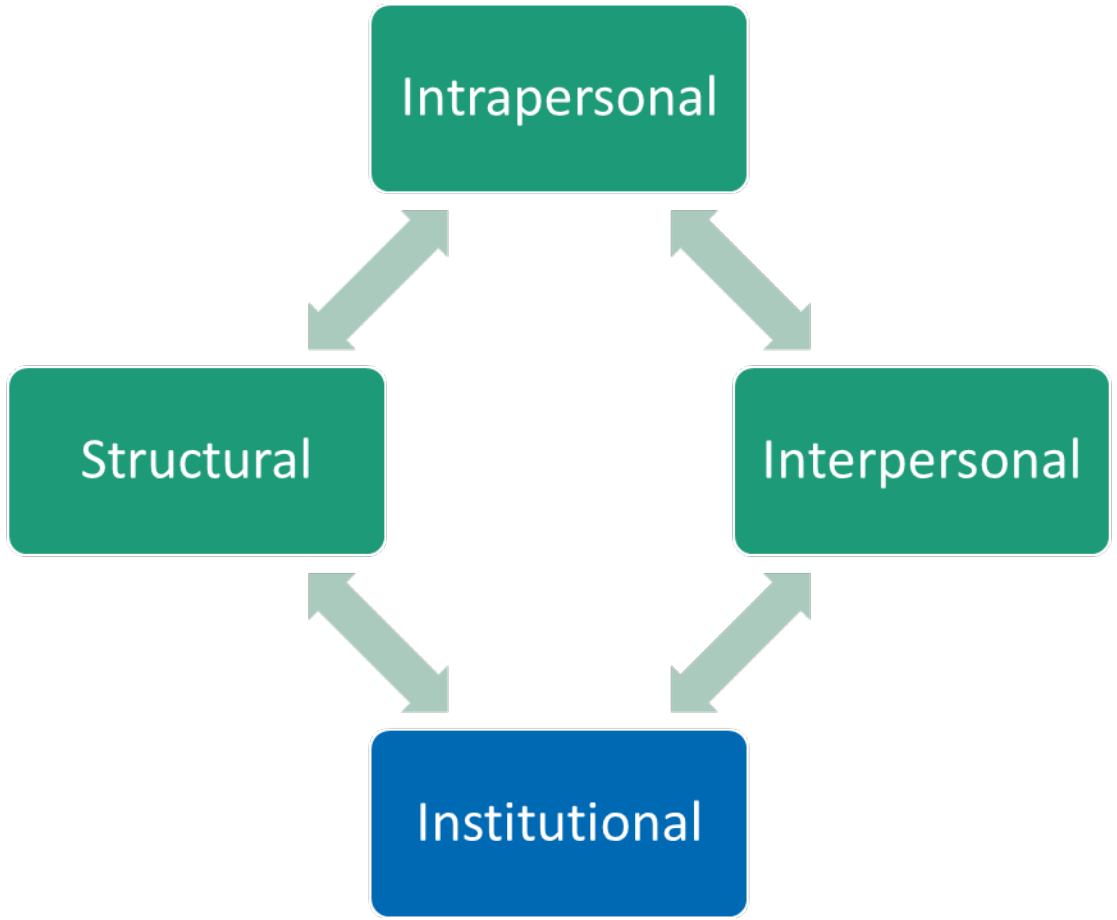
Consistently ignoring a person's emails

Making jokes that target certain groups

Neglecting to provide constructive feedback to certain people

Consistently mispronouncing someone’s name, or giving nicknames without permission

How Biases Show Up at Our Organizations



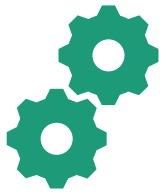
Root Causes of Inequities #1:

Barriers at Many Levels

Institutional Inequities

Policies, Processes, Procedures, and Practices

Data Collection, Analysis, and Reporting



Programming and Initiatives

Internal and External Communication

Policies, Processes, Practices, Procedures

Staff

- Gendered-language (he or she)
- One mode of review or completion (usually electronic signature)
- Only written responses to management or organization
- Determining dress code appropriateness based on gender
- Designating and naming holidays (Winter Party vs. Christmas Party)
- English only versions
- Only one form for employee payment
- Tardiness rules

Patients

- Missing appointments
- Arriving late
- Operating hours/days
- Submitting feedback
- English only versions
- Tone/words
- Registration process/requirements
- Communication/follow up

Data Collection, Analysis, and Reporting

Staff

- Employee lifecycle
  - Recruitment
  - Performance Management
  - Promotions
  - Disciplinary Actions
  - Terminations
  - Compensation
- Historical Data by Subgroup (Race/ethnicity, age, gender, etc.)
- Qualitative Data (interviews, surveys, focus groups)

Patients

- Chronic conditions
  - Diabetes
  - Heart disease
- Outcomes
  - Mortality
  - Safety
  - Readmissions
- Historical Data by Subgroup (Race/ethnicity, language preference, SOGI, etc.)
- Qualitative Data (interviews, surveys, focus groups)

Programming and Initiatives

- Focus areas - Whose needs are addressed?
- Inclusion - Who is not included?
- Accessibility - What makes it difficult to access?
- Communication - Mode, Languages, Frequency?
- Measuring Success – Data collected/analyzed?

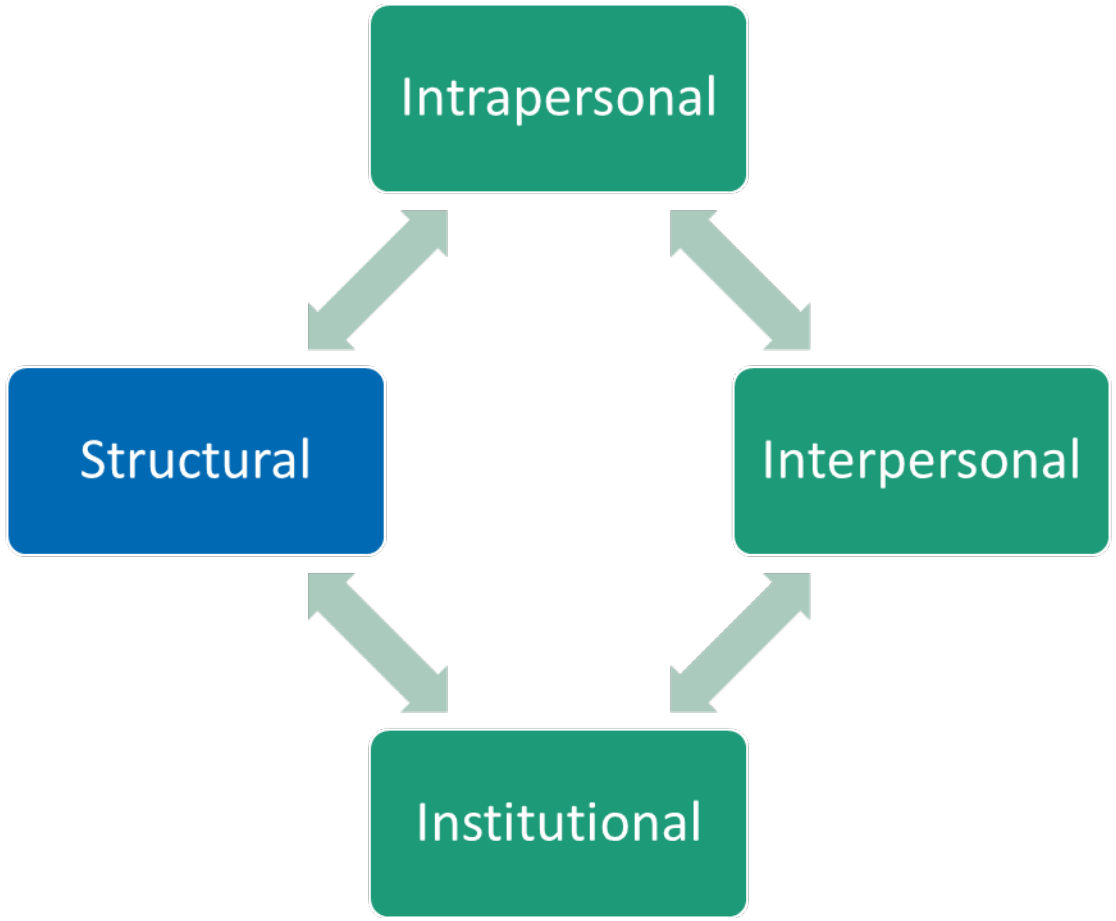
Internal and External Communication

- English only
- Mode of communication (email, website, flyers, text)
- Tone/words used
- Clarity
- Frequency
- Whom to contact

Reflection on Institutional Inequities

- Policies, Processes, and Practices
- Data Collection, Analysis, and Reporting
- Programming and Initiatives
- Internal and External Communication

Where do inequities exist?
How do you know?
If you don't know, what do you need to do?



Root Causes of Inequities #1:

Barriers at Many Levels

Current Disparities: Comparisons to White Americans

	Health	Educational Attainment	Economics	Insurance Coverage	Life Expectancy
Black Americans or African Americans	Lower	Lower	Lower	Lower	Lower
Hispanic Americans or Latinx Americans Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race	Lower	Lower	Lower	Lower	**Slightly Higher**
Asian Americans Origins in the Far East, Southeast Asia, or the Indian subcontinent	Lower	**Higher**	**Higher**	**Comparable**	**Comparable**
Native Hawaiian or other Pacific Islander Americans Any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands	Lower	Lower	Lower	Lower	**Comparable**
Native Americans and Alaska Natives Original peoples of North, South America, and Central America, who maintain tribal affiliation or community attachment	Lower	Lower	Lower	Lower	Lower

Source: US Department of Health and Human Services, Office of Minority Health. Updated April 5, 2021.

Impact of Bias= Disparities

Women in rural settings are more likely than men to have chronic illnesses such as cancer, diabetes, heart disease, and other chronic illness. Women in rural populations are also more susceptible to anxiety and depression.

Impact of Bias = Disparities

Across many indicators of health, access to care, and health care quality, racial/ethnic marginalized groups fare worse than Whites, and each population faces specific challenges in rural populations.

Impact of Biases = Disparities

Transgender and gender diverse individuals living in rural areas are less likely to utilize gynecological services for regular health screenings due to stigma and the discrimination they often face.

Impact of Biases = Disparities

The elderly population in rural areas is less likely to use telemedicine due to technology barriers and lack of computer literacy. 7 in 10 adults 65 and older (68%) report having a computer, smart phone, or tablet.

- Kaiser Family Foundation

Impact of Biases = Disparities

111 rural counties (mostly between the Mississippi River and the Rocky Mountains) have no pharmacy to administer vaccines

- Rural Policy Research Institute

Review of Rural Health Challenges

Compared to urban areas, rural areas have:

Higher rates of unhealthy behaviors

Less access to health care

Less access to healthy foods

These factors contribute to higher rates of premature death from the five leading causes of death: heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke.

Source: National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Unequal allocation of power and resources, which manifest as (Social Determinants of Health)

Root Causes of Inequities #2:

SDoH

What are SDoH?

Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

CDC has outlined 5 primary domains:

- Health Care Access and Quality
- Education Access and Quality
- Economic Stability
- Neighborhood and Built Environment
- Social and Community Context

Poll

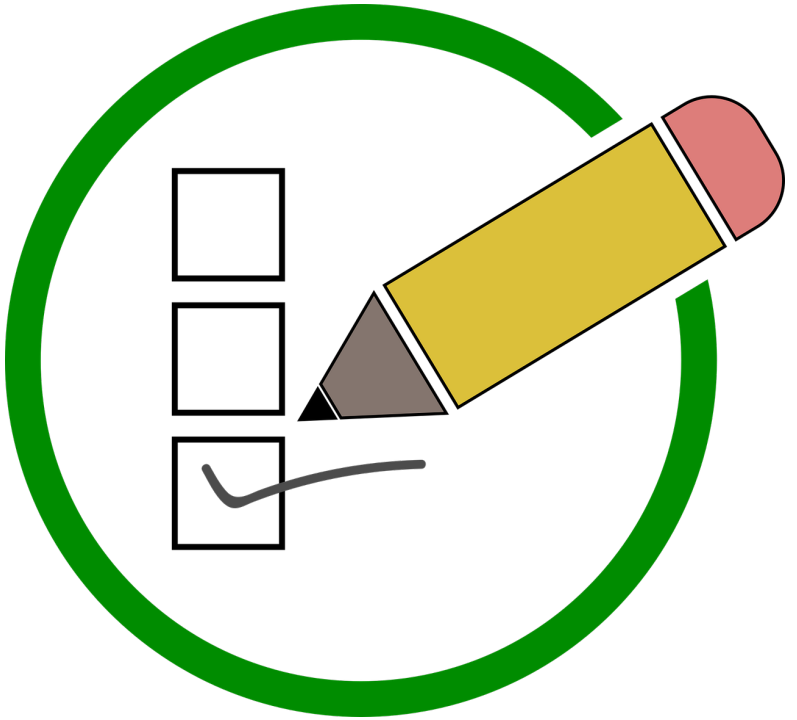
Which SDoH has the greatest impact on mortality?

a. Housing Instability

b. Food Insecurity

c. Education Level

d. Health Care Access



Addressing SDoH

- Identifying SDoH trends for patients
- Identifying SDoH for employees
- Stratifying data by subgroups
- Leveraging community partners; being creative

Summary of Actions You Can Take

Slow Thinking Mitigates Bias

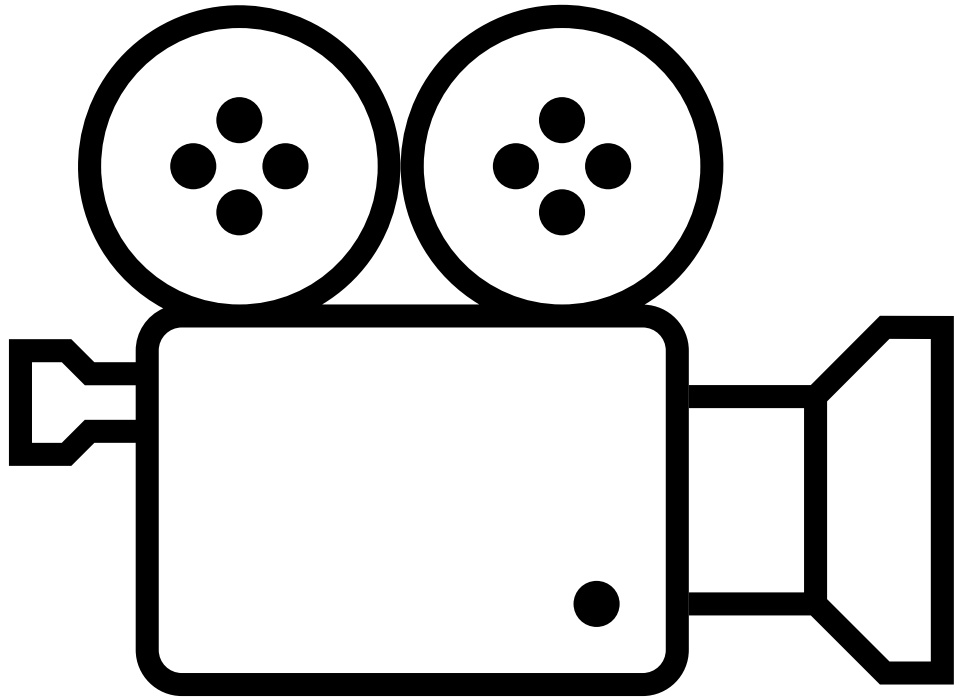
System 1 operates automatically and quickly, with little or no effort and no sense of voluntary control.

- 2+2=y

System 2 allocates attention to the effortful mental activities that demand it, including complex computations.

- 27 x 313=y

Thinking Fast and Slow by Daniel Kahneman



What Can You Do?

Intrapersonal/Interpersonal

- Take Implicit Association Test (IAT)
- **Read Blindspot book**
- Monitor micro-aggressions and micro-inequities, watch for irrelevant words
- **Connect with people unlike you**
- Mentor and sponsor diverse individuals
- **Challenge thinking of others and be willing to accept when others challenge your thinking**

Institutional/Structural

- Review policies and processes for inequities
- **Create diverse teams and seek diverse viewpoints**
- Review data for disparities and inequities
- **Support minority-owned businesses personally and organizationally**
- Be willing to be uncomfortable

Thank You

Be Well