

Virtual DRCHSD Summit Reducing Barriers to Address Inequities in Healthcare

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She/Her/Hers

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An Equal Opportunity University



 College of Agriculture,
Food and Environment

Objective

- Outline differences in access to health care by race and ethnicity
- Provide examples for reducing barriers for individuals
- Discuss how to address equity, diversity and inclusion in the work that we do, particularly around community engagement
- Identify resources, opportunities and education for rural health care workers and others to address the unique needs of their populations
- Provide an on-the-ground perspective of how to address access barriers from a DRCHSD hospital and clinic.



The Guidelines



Try on



It's OK to disagree



It's NOT OK to blame,
shame or attack



Practice self-focus



Notice both process
and content



Practice "both/and"
thinking



Be aware of intent
and impact



Maintain
confidentiality



“Inclusion is a JOURNEY, a PROCESS, and not a DESTINATION”





<https://youtu.be/7G0OUHnCudw>



Diverse Identities

- Gender Identity
- Sexual Orientation
- Religion
- Health
- Age
- Race
- Ethnicity
- Gender
- Socioeconomic Status
- Different Abilities
- Party affiliation
- Migratory status

And MANY MORE!!



Listen to Learn and UNDERSTAND



Guide to Understanding

Nationality: involves the country in which one holds citizenship.

Race: is a social construct, but typically involves a person's self-identification with one or more social groups.

According to the US Census, a person can report as:

- White
- Black or African American
- Asian
- American Indian
- Alaska Native
- Native Hawaiian
- Pacific Islander
- Other

<https://www.census.gov/topics/population/race/about.html>

- **Ethnicity:** involves country or region one is from and also a shared culture, religion, language or association. When we discuss ethnicity, that is where the term Latin X comes into play. There are also Non Black Hispanics and Black Hispanics, based on the color of one's skin.
- **BIPOC:** Black, indigenous, and People of Color.



Guide to Understanding, continued

Diversity: The collective mixture of differences and similarities that includes individual and organizational characteristics, values, beliefs, experiences, backgrounds, and behaviors. It encompasses our personal and professional histories that frame how we see the world, collaborate with colleagues and stakeholders, and serve communities



The Mix

Inclusion: Creation of a space where each person is authentically valued, respected, and supported

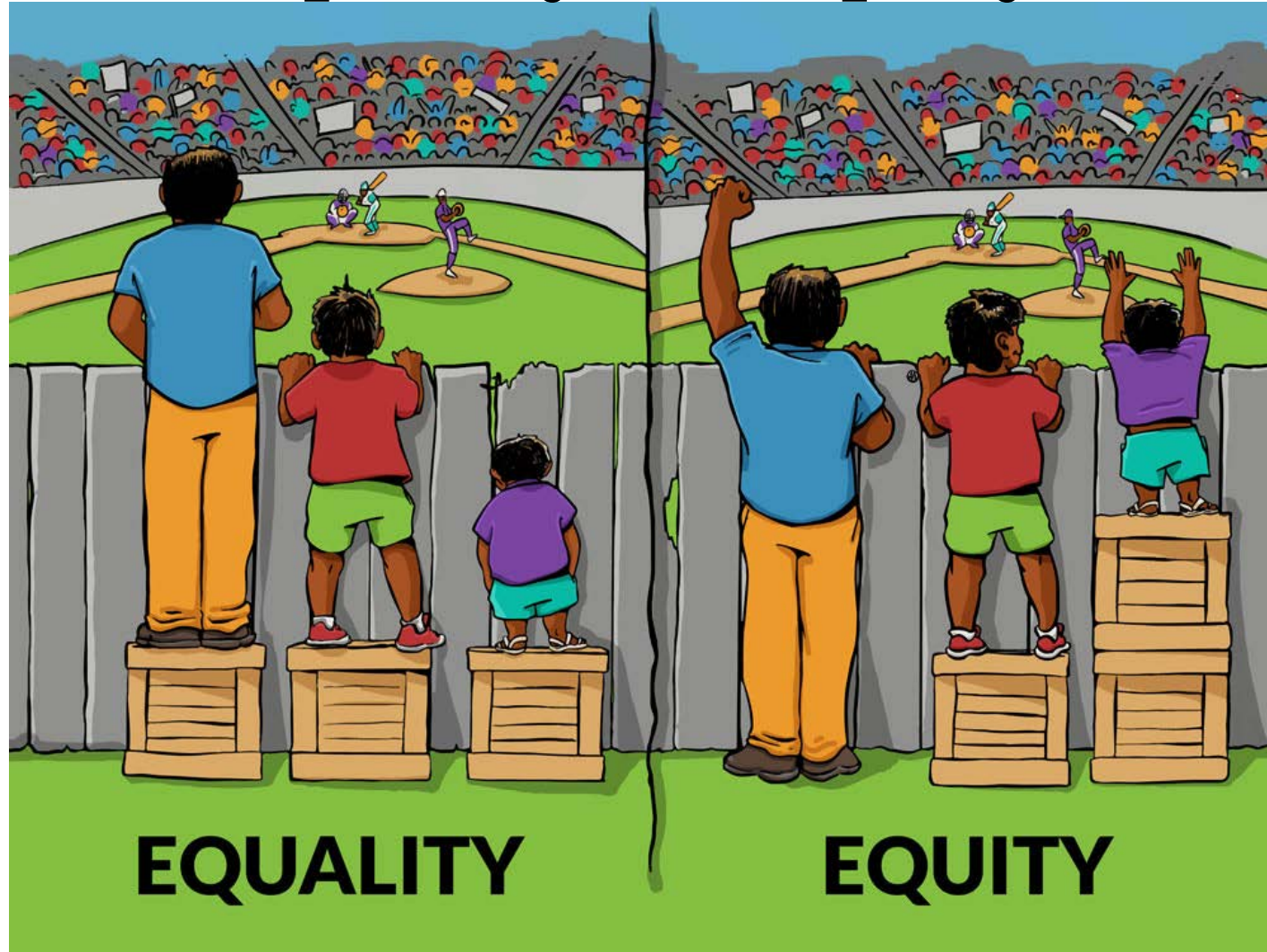


“Making the Mix Work”

Equity: Providing all people with fair opportunities to attain their full potential to the extent possible



Equality vs Equity

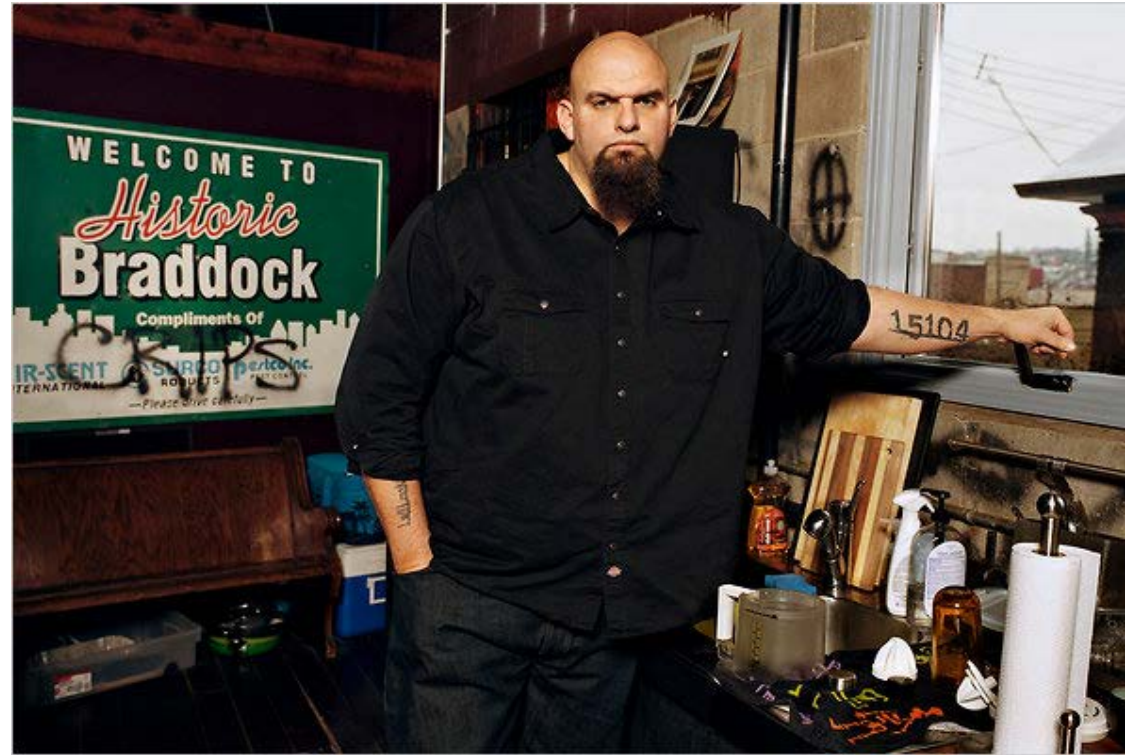


As you look at each slide, note the feelings, judgments and reactions that emerge.

- **High/Low Warmth**
- **High/Low Competence**







John Fetterman

- Mayor of Braddock, PA (a suburb of Pittsburgh) – the tattoo on his arm is the zip code!
- Has a Master's degree in Public Policy from Harvard
- Served in the Americorps
- Received international media attention for the economic revitalization programming he started in his community



Pratibha Patil

- **Economist, attorney**
- **First female President of India 2007-2012**



Ted Bundy

- **American serial killer and rapist.**
- **Confessed to killing 30 women**





Mae Jemison

- **Physician**
- **Professor**
- **U.S. Astronaut**



Types of Unconscious Bias, but not limited to:

Sexual
Orientation

Gender

Appearance

Height

Race

**What
patterns did
you notice?**

Different
abilities

Religion

Accent

Weight

Skin Tone

Name

Age



Diversity Through Your Lens



THE LOOK

A story about bias in America.



<https://youtu.be/aC7lbdD1hq0>



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It starts with us

Racial Equity

Racial Equity is about applying justice and a little bit of common sense to a system that been out of balance. When a system is out of balance, people of color feel the impacts most acutely, but, to be clear, an imbalanced system makes all of us pay.

Center for Social Inclusion President

Glenn Harris



Imagine Two Neighborhoods

Neighborhood 1

- Stagnated with abandon homes
- Poor schools
- Over-policing
- Most are people of color



Neighborhood 2

- Plenty of fresh food markets
- Robust bus system
- Health centers
- “Good” schools
- Economic opportunity
- Most residents are White



Privilege

- A special right, advantage, or immunity granted or available only to a particular person or group



Privilege, continued

- I have never been denied a position because of my gender
- I work in a salary position
- I have health insurance
- I don't rely on public transportation
- I have never felt poor
- I went to summer camp and my parents paid for me to attend
- I grew up with both parents in the household
- I do not have any physical disabilities
- I have never been followed around a store because of my race
- I have never felt unsafe because of my gender



Threat: Race and Racism

People of Color – experience trauma from (or fear of):

- Denial of educational, social, employment, and economic opportunities and being ostracized
- Being falsely accused of malice and criminality because of race ~ Emmett Till Syndrome
- Being mistreated, physically assaulted, or killed by police or neighbors
- Explicit and implicit racist comments
- Being view as “less than”
- Being labeled an “Angry Person of Color”
- One’s children and grandchildren facing the same traumas and injustices



Threat: Race and Racism, continued

Whites experience fear of (or trauma from):

- Saying or doing the wrong thing
- Being accused of being a racist; false binary (Racist=Bad / Not Racist=Good)
- Talking openly about racism (social taboos; white solidarity)
- Being held responsible for historical and contemporary existence of racist systems and structures
- Losing present political, economic, education, legal, and social power
- Prospect of becoming the minority and facing retribution from oppressed



Vulnerability

“Vulnerability is not weakness, and the uncertainty, risk and emotional exposure we face everyday are not optional. Our willingness to own and engage with our vulnerability determines the depth of our courage and the clarity of our purpose; the level to which we protect ourselves from being vulnerable is a measure of our fear and disconnection.”



Shame

- Shame is the fear of disconnection.
- Shame is a full-contact, full-body emotion.
- Shame is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging.
- Shame diminishes our capacity to practice empathy
- Silence breeds shame, secrecy and judgement. Interestingly, the more we talk about shame, the less we have it.

B. Brown, I thought it was just me...



Guilt

- Guilt is adaptive and helpful – it's holding something we've done or failed to do up against our values and feeling psychological discomfort.
- It can support cognitive dissonance – a important catalyst to support change.
- It opens up the opportunity to ask for or experience grace and forgiveness if we sincerely acknowledge the feeling
- It can become corrosive if it is internalized and it becomes self pity, self absorption or not connected to appropriate action

B. Brown, I thought it was just me...



“Health inequalities and the social determinants of health are not a footnote to the determinants of health. They are the main issue.”

– Sir Michael Marmot



My name is...(a common Hispanic surname) and when they see that name, I think there is some kind of prejudice [against] the name...we're talking on the phone, there's a lack of respect. There's a lack of acknowledging the person and making one feel welcome. All of the courtesies that go with the profession that they are paid to do are kind of put aside. They think they can get away with a lot because 'Here's another dumb Mexican.'" (Latinx patient)

Source: Institute of Medicine. Unequal treatment: confronting racial and ethnic disparities in health care. Washington, DC: The National Academies Press, 2003.



Definition for Health Disparity

“A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

-Healthy People 2020

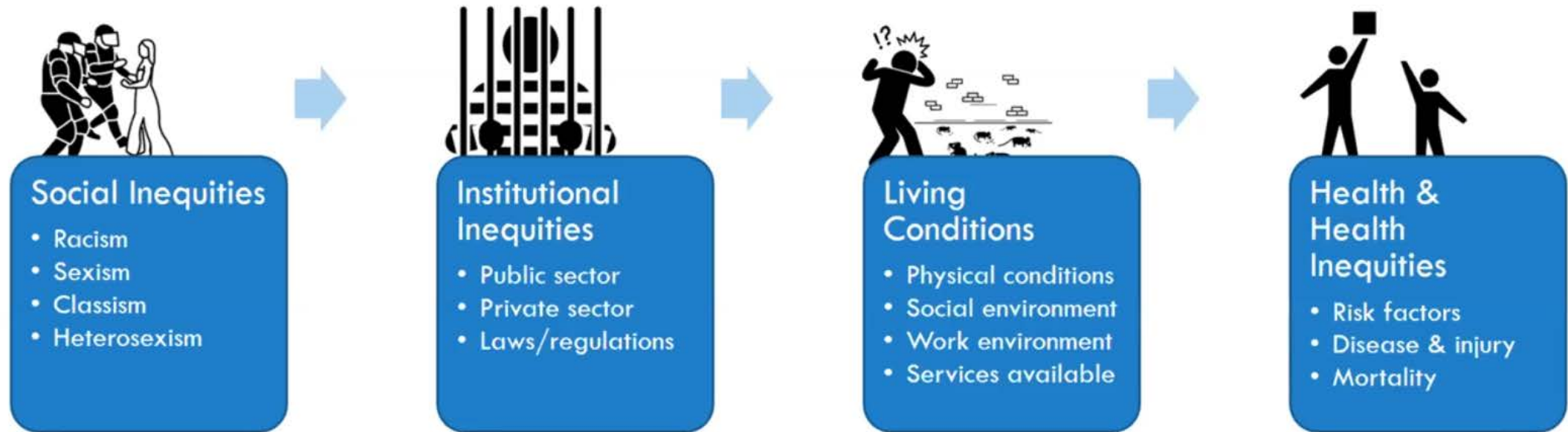


Culture of Health Definition

It is one in what all people have an opportunity to live their healthiest lives and where structural, systemic, and interpersonal barriers to health equity are removed.



Social Determinants of Health



Source: Zinzi Bailey, Health Equity and Structural Racism, RWJF Interdisciplinary Research Leaders Program, 12/6/2019.

Social Determinants of Health, continued

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				
Health Outcomes Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					

Source: <https://edhub.ama-assn.org/steps-forward/>



Social Determinants of Health Across Race

	Total	White non-Hispanic	Asian*	Hispanic or Latino	Black non-Hispanic†	Native American or Alaska Native
Wealth: median household assets (2011)	\$68 828	\$110 500	\$89 339	\$7683	\$6314	NR
Poverty: proportion living below poverty level, all ages (2014); children <18 years (2014)	14.8%; 21.0%	10.1%; 12.0%	12.0%; 12.0%	23.6%; 32.0%	26.2%; 38.0%	28.3%; 35.0%
Unemployment rate (2014)	6.2%	5.3%	5.0%	7.4%	11.3%	11.3%
Incarceration: male inmates per 100 000 (2008)	982	610	185	836	3611	1573
Proportion with no health insurance, age <65 years (2014)	13.3%	13.3%	10.8%	25.5%	13.7%	28.3%
Infant mortality per 1000 livebirths (2013)	6.0	5.1	4.1	5.0	10.8	7.6
Self-assessed health status (age-adjusted): proportion with fair or poor health (2014)	8.9%	8.3%	7.3%	12.2%	13.6%	14.1%
Potential life lost: person-years per 100 000 before the age of 75 years (2014)	6621.1	6659.4	2954.4	4676.8	9490.6	6954.0
Proportion reporting serious psychological distress‡ in the past 30 days, age ≥18 years, age-adjusted (2013–14)	3.4%	3.4%	3.5%	1.9%	4.5%	5.4%
Life expectancy at birth (2014), years	78.8	79.0	NR	81.8	75.6	NR
Diabetes-related mortality: age-adjusted mortality per 100 000 (2014)	20.9	19.3	15.0	25.1	37.3	31.3
Mortality related to heart disease: age-adjusted mortality per 100 000 (2014)	167.0	165.9	86.1	116.0	206.3	119.1

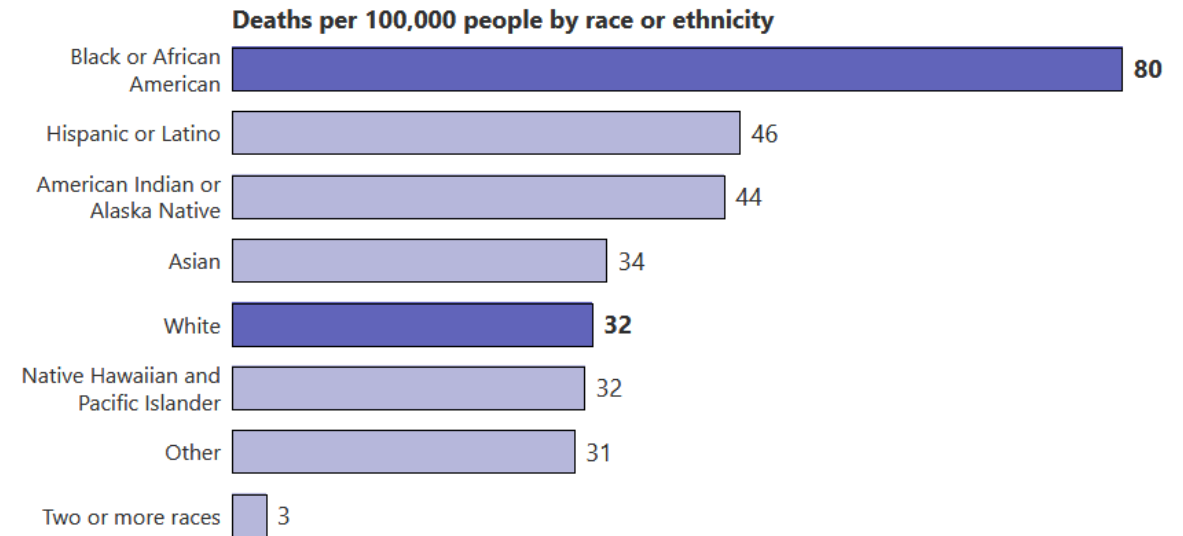
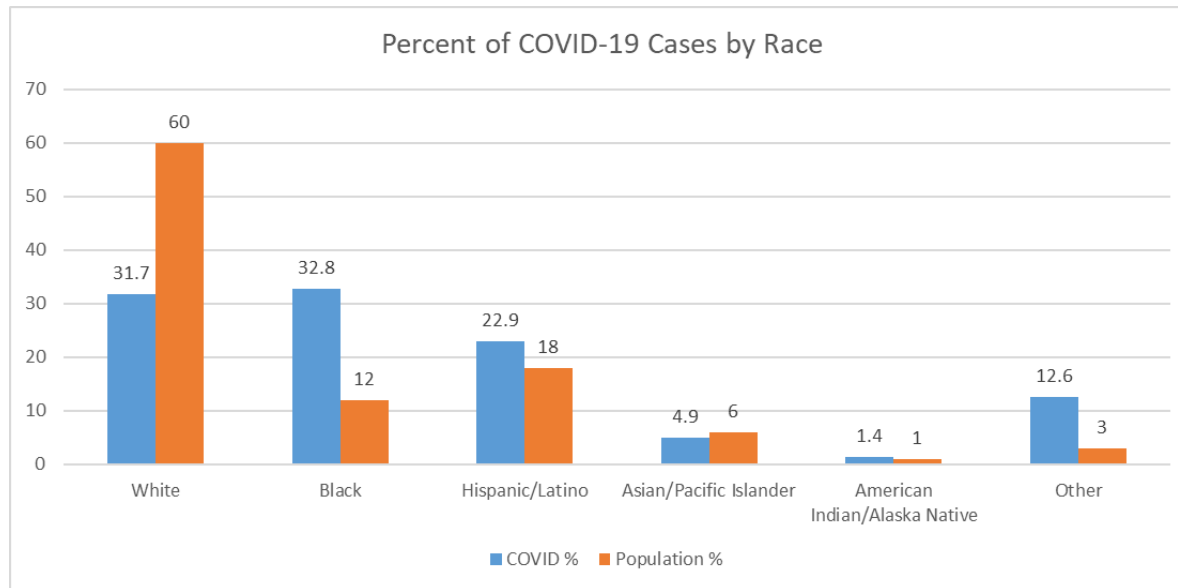
NR=not reported. *Economic data and data on self-reported health and psychological distress are for Asians only; all other health data reported combine Asians and Pacific Islanders. †Wealth, poverty, and potential life lost before the age of 75 years are reported for the black population only; all other data are for the black non-Hispanic population. ‡Serious psychological distress in the past 30 days among adults aged 18 years and older is measured using the Kessler 6 scale (range=0–24; serious psychological distress: ≥13). Sources: wealth data taken from the US Census;¹ poverty data for adults taken from the National Center for Health Statistics,² and poverty data for children taken from the National Center for Education Statistics;³ unemployment data taken from the US Bureau of Labor Statistics;⁴ incarceration data taken from the Kaiser Family Foundation;⁵ data on uninsured individuals taken from the National Center for Health Statistics;² data on infant mortality, self-assessed health status, potential life lost, serious psychological distress, life expectancy, diabetes-related mortality, and mortality related to heart disease taken from the National Center for Health Statistics.²

Table: Social and health inequities in the USA



COVID-19 Health Outcomes

Nationwide, Black people are dying at 2.5 times the rate of white people.



[Notes ↓](#)

We've lost at least 32,902 Black lives to COVID-19 to date. Black people account for 22% of COVID-19 deaths where race is known.

Recommendations

- Increase awareness of racial and ethnic disparities in healthcare among the general public and key stakeholders
- Increase healthcare providers' awareness of disparities
- Reduce bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in health care
- Strengthen the stability of patient-provider relationships in publicly funded plans
- Increase the proportion of underrepresented US racial and ethnic minorities among health professionals.
- Support the use of community health workers
- Collect and report data on healthcare access and utilization by patient's race, ethnicity, socioeconomic status, and primary language
- Include measures of racial and ethnic disparities in performance measurement
- Monitor progress toward the elimination of healthcare disparities
- Adoption of policies and procedures that promote equitable access to primary care services

Source: Institute of Medicine. Unequal treatment: confronting racial and ethnic disparities in health care. Washington, DC: The National Academies Press, 2003.



Additional Resources

Culture of Health Equity

UNDERSTAND PATIENT'S COMMUNITIES

LEARN HOW SDOH WORK

ADDRESS IMPLICIT BIAS

EMPOWERED HEALTH CARE TEAM

IMPROVE HEALTH LITERACY



Team Based Approach Recommendation

1. **Ask** patients about their SDOH.
2. **Identify** resources in patients' communities that can help address SDOH.
3. **Act** to help connect patients with resources to help address patients' SDOH.



Ally

Willing to act with and for others in pursuit of ending oppression and creating equality and someone whose personal commitment to fighting oppression and prejudice is reflected in willingness to:

1. Educate oneself about different identities and experiences
2. Challenge one's own discomfort and prejudices
3. Learn and practice the skills of being an ally while leveraging your privilege
4. Take action to create interpersonal, societal, and institutional change

<https://opseu.org/>



Reflection

Identify the barriers that individuals in your state face by social determinants of health? Does this vary by race, ethnicity, age, disability, economic security? Are these barriers different for different populations?

Identify resources, education and opportunities that you would need to support the healthcare system recognizing the barriers that affect the social determinants of health inequities and the culture of health.

Examples: programs in different languages, extending hours of care, recruiting students to create a pipeline of workers that represent the population, offering trainings on equity, inclusion and diversity, and unconscious bias.



“I have come to believe over and over again that what is most important to me must be spoken, made verbal and shared, even at the risk of having it bruised or misunderstood.”



- Audre Lorde





College of Agriculture, Food and Environment

Questions?

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