KEYNOTE SPEAKER
Veronica Gillispie-Bell, M.D., MAS, FACOG

Associate Professor and Senior Site Lead and Section Head for Women’s Services, Ochsner Kenner in New Orleans Louisiana; Medical Director of the Louisiana Perinatal Quality Collaborative and Pregnancy Associated Mortality Review for the Louisiana Department of Health

Thursday, February 16
10:00 - 10:45 AM

MODERATOR: Catherine Eppes, MPH, M.D., TCHMB
Chair, Maternal Fetal Medicine Physician,
Baylor College of Medicine, Chief of Obstetrics, Ben Taub Hospital
Health Equity: What is at the Root of it All

Veronica Gillispie-Bell, MD, MAS, FACOG
Senior Site Lead/Section Head, Women’s Services – Ochsner Kenner

Medical Director, Louisiana Perinatal Quality Collaborative and Pregnancy Associated Mortality Review
Objectives

1. Discuss health equity definitions
2. Describe how health disparities occur
3. Describe implicit bias and structural racism as root causes
4. Discuss a pathway for change
Health Equality vs. Equity

Ref “Interaction Institute for Social Change” Artist: Angus Maguire
Health Disparities vs. Health Care Disparities

Health Disparities

• “A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage”
  the Healthy People 2020

Health Care Disparities

• “…Differences in health care quality, access, and outcomes adversely affecting members of racial and ethnic minority groups and other socially disadvantaged populations”
  National Quality Forum
How health disparities happen

Our patients enter the health care system with their own Social Determinants of Health...
Defined as “Conditions in the environment in which 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” Healthy People 2020

Social Determinants of Health

- Social and community
- Education
- Neighborhood and the built environment
- Health and health care
- Economic stability
How health disparities happen

Now, our patients are in the health care system...
Donabedian model for quality of care

- Structure
  - Structural racism
- Process
  - Healthcare disparities
- Outcome
  - Health disparities
Structural Racism

• Also known as Institutional or Systemic Racism is defined as “A system in which public policies, institutional practices, cultural representatives, and other norms work in various, often reinforcing ways to perpetuate racial group inequity”

- The Aspen Institute
What “structures” in the health system result in negative health outcomes and perpetuate racial group inequity?
Diversity and Inclusion in Healthcare

- **Blacks** account for only 5% of all active physicians.
- **Hispanics** account for only 5.8% of all active physicians.
- Of all physicians, only **35.9%** are female.

Note: Figure 18 shows the percentage of active physicians by race and ethnicity as of July 1, 2019.

Source: Race and ethnicity are obtained from a variety of sources including CBS, DNS, APP, MCAT, MUSC, GED, MDG, PNAS, FACETTY, CMG, STEPPIN WIT.
Diversity and Inclusion in Healthcare

• Of 200 hospitals and health systems surveyed, 55% reported women were overlooked for executive leadership positions

• Almost 80% of the healthcare workforce is women, only 19% of hospitals are led by women, and only 4% of healthcare companies have a female CEO
Healthcare Algorithms

• Health Algorithms for allocation of resources
  • The algorithm scores less-healthy Black patients at similar risk as more-healthy White patients
  • Misallocation of resources for sicker Black patients

Diversity and Inclusion: Why do we need it

- Convincing evidence demonstrates that in any field, diversity and inclusion in the workforce and leadership strengthens, improves, and enables greater realization of institutional goals.
Diversity and Inclusion: Why we need it

• Students trained at diverse schools are more comfortable treating patients from a wide range of ethnic backgrounds
• When the physician is the same race as the patient, patients report higher levels of trust and satisfaction
• Black, Hispanic and Native American physicians are much more likely to practice in underserved areas and more likely to accept patients with Medicaid
Structural racism: evaluating ourselves

• What is the level of diversity in leadership at your institution – executive, administrative, mid-level?
• What is the level of diversity in your provider workforce? Does it reflect the population you serve?
• What barriers do WE create for certain groups of patients?
• Do we provide equitable access to care regardless of socioeconomic status?
How health disparities happen

• After having health impacted by SDoH, experiencing the effects of structural racism, our patient experiences health care disparities
Health care disparities

• Black individuals are less likely to be offered preventive services such as cancer screening and influenza vaccine
• Black individuals are less likely to have adequate treatment of pain
• Black and Hispanic patients are less likely to receive bypass surgery even when medically indicated
• Women are less likely to undergo appropriate cardiovascular testing
Implicit Bias Defined

- Implicit bias, also known as unconscious bias, is defined as “the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner”

- Kirwan Institute for the Study of Race and Ethnicity
Moment of Reflection

Distorted self-reflection hinders growth.
Causes of Implicit Bias

- We like to take shortcuts
- We tend to seek out patterns
- Experience and social conditioning
You don’t know where you’re going, if you don’t know where you’ve been
Bias Beliefs About Black Women

• Mammy
  • Stereotyped Black women as obese, dark-skinned, maternal figures, desexualized, loyal to white families
  • Stereotyped as taking care of the white family’s children but not her own
  • Dark-skinned was also seen as ugly
  • Stereotyped Black women as only being domestic workers
  • Perpetuated in art, literature, and media

Bias Beliefs About Black Women

- **Sapphire archetype**
  - Sassy Mammies
  - Black women portrayed as rude, loud, stubborn and overbearing
  - Led to Angry Black Woman stereotype
  - Not wanting to fulfill this stereotype, Black women often remain silent

Bias Beliefs About Black Women

• Jezebel archetype
  • Stereotyped Black women as hypersexual
  • Used to justify slave owners raping slaves
  • Perpetuated in art, novelties, and media

Bias Beliefs About Black Women

• Welfare queen archetype
  • Stereotype that Black women are uneducated, single mothers who have children to take advantage of public assistance
  • Reality is, according to the Nutrition Assistance Program Report Series, in 2013, 34% of White households participated in SNAP compared to 23% of Black households

**Gender Bias**

Managers use more positive words to describe men in performance reviews and more negative ones to describe women.

<table>
<thead>
<tr>
<th>Words used to describe men</th>
<th>Words used to describe women</th>
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<tbody>
<tr>
<td>Analytical</td>
<td>Compassionate</td>
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<tr>
<td>Competent</td>
<td>Inept</td>
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<tr>
<td>Athletic</td>
<td>Enthusiastic</td>
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<td>Dependable</td>
<td>Selfish</td>
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<td>Confident</td>
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<td>Versatile</td>
<td>Frivolous</td>
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<td>Articulate</td>
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<td>Level-headed</td>
<td>Opportunistic</td>
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<td>Logical</td>
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<td>Practical</td>
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<td>POSITIVE</td>
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*Source: An Analysis of 81,000 Performance Evaluations, David G. Smith et al., 2018*
Microaggressions

• “A comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group (such as a racial minority)

- Merriam-Webster
Types of Microaggressions

• Microassaults
  • Conscious and intentional actions or slurs

• Microinsults
  • Verbal and nonverbal communication that subtly conveys rudeness and insensitivity that is demeaning to a person’s race, ethnicity, or gender

• Microinvalidations
  • Communications that subtly, exclude, negate or nullify the thoughts, feelings or experienced reality of an individual
How health disparities happen

• After having health impacted by SDoH, experiencing the effects of structural racism, our patient experiences health care disparities due to implicit bias, which all leads to a health disparity.
Maternal and Infant Health Disparities

• Nationally, Black women are 3 times more likely to suffer a pregnancy-related death and American Indian and Alaska Native women are 2 times than a white woman.

• The rate of preterm birth among Black women is 50% higher than that of white women.

• The infant mortality rate for Black infants is 2.3 times higher than that of white infants.

• The Severe Maternal Morbidity (SMM) rate for a Black woman with a college degree is 2 times higher than that of a white woman with an eighth-grade education.
The Pathway to Improvement

Through a Lens of Equity

- Improved Systems of Care
- Address Social Determinants of Health
- Improved Clinical Quality of Care
We cannot have Quality without Equity

- The Institute of Medicine define quality as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”

- Health disparities are the health outcome measure of progress toward health equity
Where do we go from here: Pathway to Change

• Acknowledge your own bias and stance on equity
• Identify structural racism in your institution toward your employees and patients
• Have conversations about race
• Develop short-term and long-term plans
Pathway to Respectful Care: Health Care Providers

• Change starts with me
  • 60% of providers believed that quality of care is different by race but only 40% thought that difference applied to their patient panel

• Acknowledge your own bias
  • Implicit Association Test: https://implicit.harvard.edu/implicit/takeatest.html

• Address your bias
  • See people as individuals
  • Recognize your belief as a stereotype
  • Increase opportunities to have contact with individuals from different groups
  • Empathy

If you change nothing, nothing will change.
IHI Framework for Creating Health Equity

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<th>Make</th>
<th>Make health equity a strategic priority</th>
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<tr>
<td>Develop</td>
<td>Develop structure and processes to support health equity work</td>
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<td>Deploy</td>
<td>Deploy specific strategies to address the multiple determinants of health which organizations can make an impact</td>
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<tr>
<td>Decrease</td>
<td>Decrease institutional racism within an organization</td>
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<tr>
<td>Develop</td>
<td>Develop partnerships with community organizations</td>
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The Roadmap to Reduce Disparities

Linking Quality to Equity → Creating a Culture of Equity

Diagnosing the Disparity → Designing the Activity

Securing Buy-in → Implementing Change
Where do you stand?

"The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy."

Dr. Martin Luther King, Jr
Summary

- The cause of health disparities are complex in nature.
- We must examine ourselves as individuals and our workplace to see how we are propagating implicit bias and structural racism.
- There is a pathway to improvement...
The Effects of Inequities
References


References


References


