The March Toward Health Equity
April 20 & 21, 2015
Ritz-Carlton Hotel Washington, DC

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Medical Director
The Joint Commission
Learning Objectives

1. Define equity as the “queen” of the IOM Aims.

2. Discuss the impact of racism on health equity

3. Discuss changing U.S. demographics and equity/disparity

4. Describe The Joint Commission regulatory standards related to health equity and quality and future direction.

5. Identify the business case for health equity.
“Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane.”

Martin Luther King, Jr.

Second National Convention of the Medical Committee for Human Rights – Chicago, March 25, 1966
“There’s too much talk about cost and value and not enough about equity”
What is Health Equity?

• “Attainment of the highest level of health for all people. Requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

Healthy People, 2020
Modified Institute of Medicine Framework

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THE STUFF THAT IS KILLING US

- Race
- Ethnicity
- Education
- Income
- Class
- Disability
- Geographic location (rural)
- Sexual preference/orientation
Violent crime in Cook County, IL
County, State and National Trends

Cook County is getting better for this measure.

Please see Measuring Progress/Rankings Measures for more information on trends.
THE STUFF THAT IS KILLING US

• Violence
  • Smoking cessation is tough if you are worried about being shot
  • Unique incarceration picture for blacks in US

• Access to good markets v. fast food
• Built environments: playgrounds, indoor exercise facilities, sidewalks
• Environmental pollution
• Transportation
• Support at home
Once released from incarceration...
- Often denied the right to vote
- Excluded from juries
- Denied food stamps
- Barred from public housing
- Denied financial aid
- Denied access to the mainstream economy
  - Studies have shown 95% of employers immediately disregard an application if the box is checked indicating a felony conviction
Myths about racial and ethnic disparities

- Caused by race differences in income/education
- Caused by lack of access to health care
- Caused by biological or genetic differences among race groups
State of Denial

• Cultural Competency
• Cultural Sensitivity
• Cultural Sensibility
Cultural Competency v. Cultural Sensibility
“no one should enter their home through someone else’s gate”.

Chinua Achebe
Implicit Bias and Pro-White Framing

**Translation:**
I’m going to use my place of privilege to refute and deny the sufferings of those who do not have
“The other is in us and we are in the other”
Institutionalized racism

- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege

Personally mediated racism

- Intentional
- Unintentional
- Acts of commission
- Acts of omission
- Maintains structural barriers
- Condoned by societal norms
Black Grievances Surface at University Mathews Headed

The University of Alabama, located in Tuscaloosa, Alabama, is facing a growing number of complaints from black students regarding the lack of diversity in the faculty and administration. Many students have reported feeling excluded and marginalized, with a lack of representation in the curriculum and on campus. The university has not made any significant efforts to address these concerns, leading to widespread dissatisfaction among the black student body.

In a recent interview, a black student expressed his frustration with the lack of black faculty members in key positions. "We are not just fighting for more black students," he said. "We need black faculty members who understand our experiences and can provide a more diverse perspective on the curriculum." The student went on to say that the university's failure to address these issues has become a major motivation for students to seek change.

The University of Alabama is one of the oldest public universities in the United States, and has a long history of segregation and discrimination. Despite efforts to increase diversity over the years, many students feel that the university has not done enough to create a truly inclusive environment.

A recent report by the National Center for Education Statistics found that black students in the United States are less likely to feel safe and supported in their schools, and that they are more likely to experience discrimination and harassment. The University of Alabama is not immune to these issues, and students are calling for immediate action to create a more inclusive and welcoming campus for all students.

In light of these concerns, the university has formed a task force to address the issues raised by black students. The task force is made up of students, faculty members, and staff, and is tasked with developing a comprehensive plan to address the concerns raised by black students. The university hopes that this plan will help create a more inclusive and supportive environment for everyone on campus.
Internalized racism

- Reflects systems of privilege
- Reflects societal values
- Erodes individual sense of value
- Undermines collective action

Am J Public Health, 2000;90: 1212–1215
Who is the gardener?

Government
- Power to decide
- Power to act
- Control of resources

Dangerous when
- Allied with one group
- Not concerned with equity
The Business Case

- Direct Medical Care Costs $229.4 billion for the years 2003-2006.
- Indirect Costs of disability and illness $50.3 billion
- Cost of Premature Deaths were $957.5 billion
- Total $1.24 trillion (in 2008 inflation-adjusted dollars).
40% Blacks received worse care than Whites, and Hispanics received worse care than non-Hispanic Whites, for about 40 percent of quality measures.¹

33% American Indians and Alaska Natives received worse care than Whites for one-third of quality measures.²

25% Asians received worse care than Whites for about one-quarter of quality measures, but better care than Whites for a similar proportion of quality measures.³

The cost of disparity: Excess costs associated with disparities in health were estimated at $60 billion in 2009.⁵

2043

$60B
Number of Languages Spoken in Each State
U.S. Total: 325 Languages

MA - 143
RI - 83
CT - 106
NJ - 137
MD - 145
DC - 95
DE - 82

http://usefoundation.org/
Where Minorities Became the Majority Between 2000 and 2013

Counties in which the non-Hispanic white share of population fell below 50 percent from 2000-13

PERCENTAGE POINT DECLINE IN THE NON-HISPANIC WHITE SHARE OF THE POPULATION

COUNTY POPULATION (2013)

Note: Non-Hispanic whites became a minority in 97 counties between 2000 and 2013. The 19 of those counties with fewer than 10,000 people in 2015 are not displayed on this map.

Pew Research Center
What will the newly insured look like?
The newly insured compared to the currently insured are...

- **Race**
  - 75% White
  - 79% Excellent/Very good/Good

- **Health status**
  - 88% less likely to rank self excellent/very good/good

- **Marital status**
  - 92% more likely to be single

- **Language**
  - 52% less likely to speak English

- **Educational attainment**
  - 69% less likely to have a college degree

- **Employment status**
  - 29% less likely to have full-time employment

Approximately 50% Minority

Sources: PwC HRI analysis for year 2021, Current Population Survey, Medical Expenditure Panel Survey and CBO
Created by PwC Health Research Institute
pwc.com/us/healthexchanges
Examples of Healthcare Disparities: LGBTQ Health

- **Institute of Medicine Report on Lesbian Health** conclusions (1999): Enough evidence to support more research; develop better methods of conducting that research

- **Healthy People 2010 goal**: Eliminate health disparities that occur due to differences in sexual orientation

- **Institute of Medicine 2011 report**: “Data on sexual orientation & gender identity should be collected in federally funded surveys and in electronic health records.”

- **Healthy People 2020 goal**: Improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals.
RACIAL DISPARITIES IN AMERICA- A REPORT FROM THE INSTITUTE OF MEDICINE
Contributors to Healthcare Disparities

Source: Gomes and McGuire, 2001
What are potential sources of disparities in care?

- **Health Systems-Level Factors** – financing, structure of care; cultural and linguistic barriers

- **Patient Level Variables** - mistrust, poor adherence to treatment, and delays in seeking care.

- **Clinical Encounter Variables** - stereotyping, the impact of race/ethnicity on decision-making, and clinical uncertainty due to poor communication.
What are potential sources of disparities in care?

Clinical Discretion
- Patient Input
- Data

Cultural, Economic, and Economic Influences
- Sub-Conscious Bias
- Stereotyping

Racially Disparate Clinical Decisions
- Interpretation
- Intervention
Babies born to mothers in Maryland’s Montgomery County and Virginia’s Arlington and Fairfax Counties can expect to live six to seven years longer than babies born to mothers in Washington, D.C.—just a few subway stops away.
Access and Disparity

Exhibit 3. Disparities in Health Care Access by Race or Ethnicity Persist Even After Accounting for Income and Other Factors (2012–13)

Percent of adults ages 18–64

- Did not have a usual source of care
  - Total: 23
  - White: 20
  - Black: 23\(^{ab}\)
  - Hispanic: 34\(^{ab}\)

- Went without care because of cost
  - Total: 15
  - White: 14
  - Black: 17\(^a\)
  - Hispanic: 18\(^d\)
Clinical Discretion and Disparity

- Limb amputation – diabetics
- Testes removed - prostate cancer
- Shunts placed for renal failure
- Removal of tissue for pressure ulcer*

* Medicare data comparing blacks vs whites
Joint Commission Standards

- "Effective Communication, Cultural Competence, and Patient- and Family-Centered Care" Standards
  - Effective January 1, 2011
  - Starting in 2012, failure to comply with these standards will jeopardize a healthcare organization’s accreditation status.
Joint Commission Standards

- 8 new or revised elements of performance (EPs)
  - Addressing qualifications for language interpreters and translators (revised)
  - Identifying patient communication needs (new)
  - Addressing patient communication needs (new)
  - Collecting race and ethnicity data (revised)
  - Collecting language data (revised)
  - Patient access to chosen support individual (new)
  - Non-discrimination in patient care (new)
  - Providing language services (revised)
Level of Engagement/Intervention Model

- Patient/Person
- Provider
- Microsystem - small unit of care delivery
- Organizations that house or support Microsystems
- Communities and regions that span care delivery, prevention, and health promotion for populations
- Environment of policy, payment, regulation, accreditation
Solutions

Act Now
Change Culture
Invite Input
Invest Resources

Be Patient

Be Urgent!

www.solvingdisparities.org
Thank-You
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