



Alliance of Independent
Academic Medical Centers



“Care for a population that mirrors their communities”

**AIAMC Annual Meeting
March 31-April 2, 2016**

**Ronald M. Wyatt MD MHA
Patient Safety Officer and Medical Director
The Joint Commission**





Learning Objectives

- ▶ Discuss the changing US demographics.
- ▶ Define health and healthcare disparities and health equity.
- ▶ Define social determinants of health, social determinants of equity using the ‘cliff analogy’
- ▶ Discuss unconscious bias.

What are Health Disparities?

- ▶ “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

Myths About Racial and Ethnic Health 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

What are Healthcare Disparities?

- ▶ “Racial or ethnic differences in the quality of healthcare that are **not due to access-related factors or clinical needs, preferences, and appropriateness of intervention**” (*Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, 2003)
- ▶ “**Differences or gaps in care** experienced by one population compared with another population” (Agency for Healthcare Research and Quality, *National Healthcare Disparities Report*, 2009).

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.**”

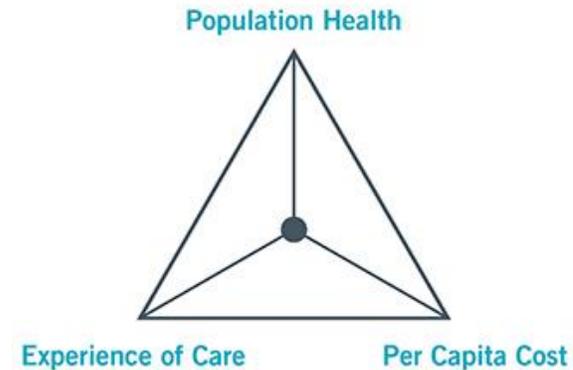
Healthy People, 2020

Patient Safety and Healthcare Quality

Of the IOM's 6 Aims of Improvement

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- **Equitable** care has received the least attention.

The IHI Triple Aim

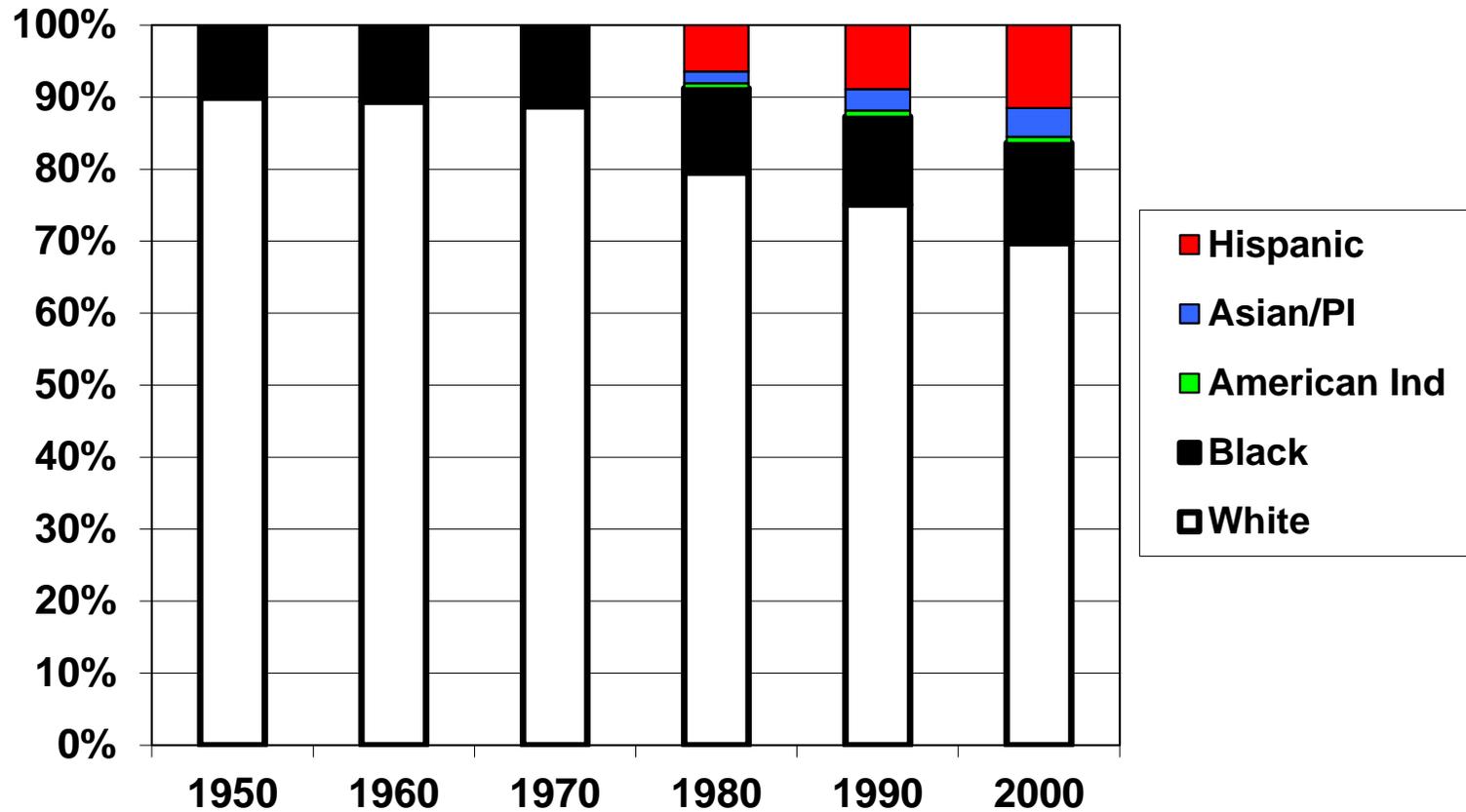


Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001)



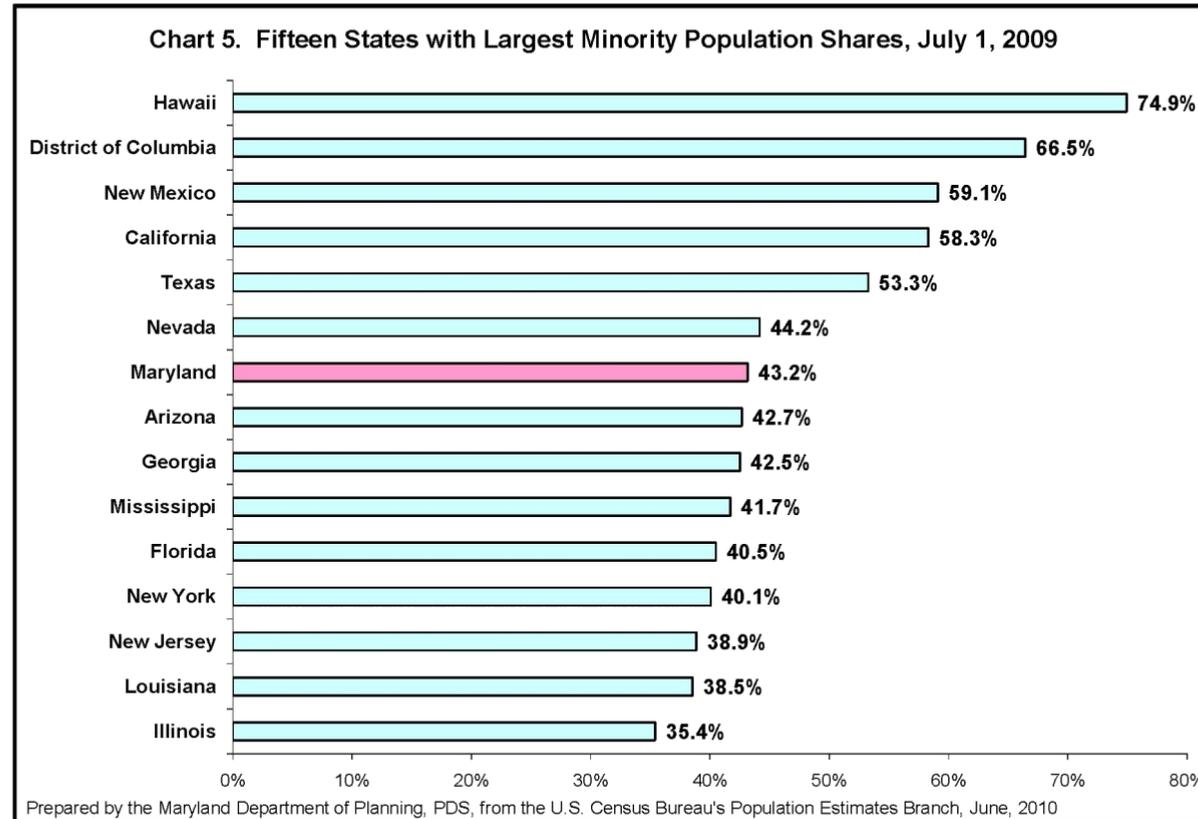
CHANGING U.S. AND STATE DEMOGRAPHICS: RACE, ETHNICITY, LANGUAGE, GENDER IDENTITY, AND SEXUAL ORIENTATION

Changing U.S. Demographics: Percentage Resident Population by Race/Ethnicity, U.S. 1950-2000



National Center for Health Statistics, 2002

Changing U.S. and State Demographics



- In 2008, four states—Hawaii (77.1%), California (60.3%), New Mexico (59.8%), and Texas (55.2%)-- plus the District of Columbia (64.7%) were already majority minority.
- In the rest of the U.S., minorities constitute 36.6% of the population.
2009, 2011, 2013 American Community Survey, 2010 U.S. Census



ENGLISH LANGUAGE PROFICIENCY

Changing U.S. Demographics: English Language Proficiency

- ▶ Increased number of foreign born residents
 - 16.0% (or 41,348,066 million) U.S. residents
- ▶ Increased numbers speak a language other than English at home
 - 20.8% (or 65,754,799 million) U.S. residents
- ▶ Increased numbers speak English less than "very well" and are considered limited English proficient (LEP)
 - 8.5% (or 26,870,951 million) U.S. residents

2013 American Community Survey

Changing U.S. and State Demographics: English Language Proficiency

- Between 1990 and 2010, the U.S. LEP population increased **80%**.
- Between 1990 and 2010, the 10 states experiencing the greatest growth in their LEP populations were:
 - Nevada (398.2%), North Carolina (395.2%), Georgia (378.8%), Arkansas (311.5%), Tennessee (281.4%), Nebraska (242.2%), South Carolina (237.2%), Utah (235.2%), Washington (209.7%), and Alabama (202.1%).

Pandya, Chhandasi, Jeanne Batalova, and Margie McHugh. 2011. "Limited English Proficient Individuals in the United States: Number, Share, Growth, and Linguistic Diversity." Washington, DC: Migration Policy Institute.

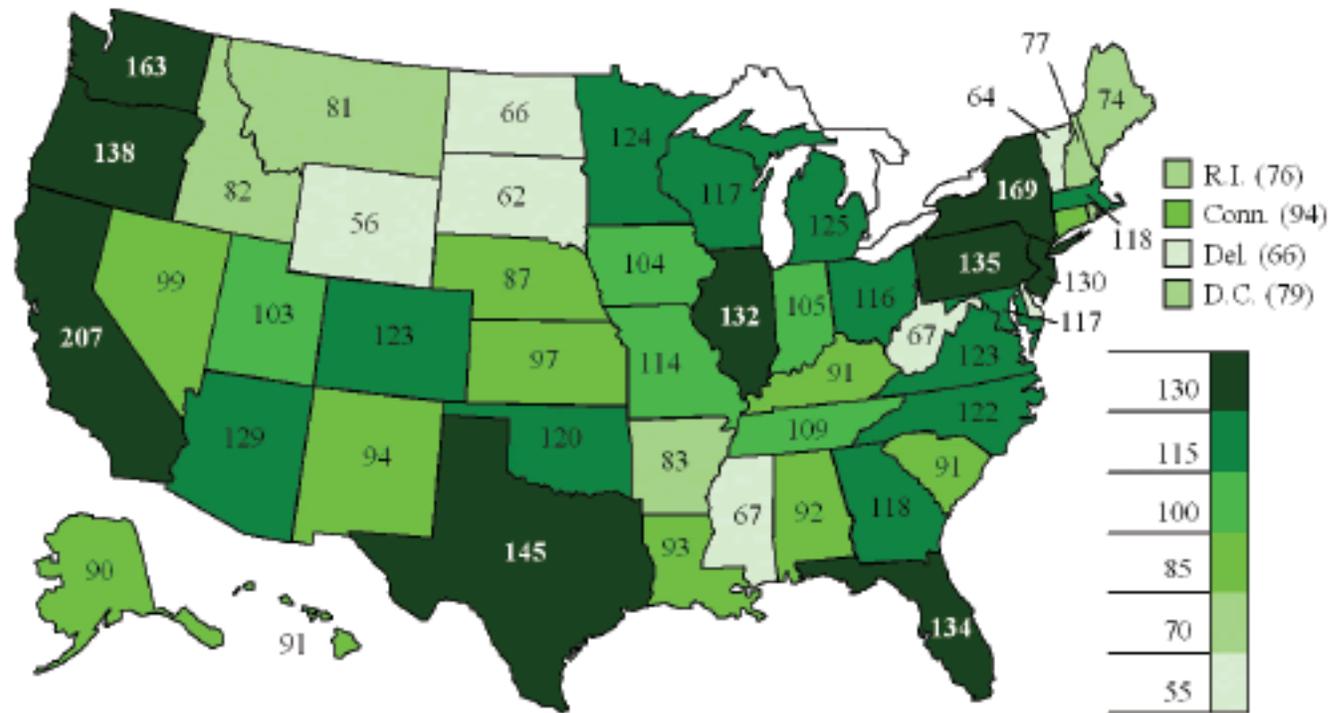
Changing U.S. and State Demographics: English Language Proficiency

- In **8** states, at least **10%** of the overall population is already LEP.
 - California (19.8%), Texas (14.4%), New York (13.5%), New Jersey (12.5%), Nevada (12.3%), Florida (11.9%), Hawaii (11.8%), and Arizona (9.9%)

Pandya, Chhandasi, Jeanne Batalova, and Margie McHugh. 2011. "Limited English Proficient Individuals in the United States: Number, Share, Growth, and Linguistic Diversity." Washington, DC: Migration Policy Institute.

Number of Languages Spoken in Each State

U.S. Total = 322 languages



U.S English Foundation, 2009

http://www.usefoundation.org/userdata/file/Research/top_languages_by_county.pdf



SEXUAL ORIENTATION AND GENDER IDENTITY

Sexual Orientation Prevalence in U.S.

- Exact prevalence remains unknown
- Measurements vary widely by geography, race/ethnicity, education levels, suggesting strong influence of stigma
- The Social Organization of Sexuality* (Laumann, 1994):

	Women	Men
Same-sex Attraction	7.5%	7.7%
Same-sex Behavior since puberty	4.3%	9.1%
Identity as homosexual or bisexual	1.4%	2.8%

Drs. Jason Schneider and Gal Mayer, GLMA Webinar Series:
Quality Health Care for Lesbian, Gay, Bisexual, and
Transgender People (Part 1) (2012)

Same Sex Households in the U.S. (2000 vs. 2010 Census)

Same-Sex Couple Households, Summary File Counts and Preferred Estimates:
Census 2000 and 2010 Census

Household type	Summary file counts ¹			Preferred estimates ²		
	Census 2010	Census 2000	Percent change	Census 2010	Census 2000	Percent change
Total	901,997	594,391	51.8	646,464	358,390	80.4
Unmarried partners	552,620	341,014	62.1	514,735	314,052	63.9
Spouses	349,377	253,377	37.9	131,729	44,338	197.1

1 Tabulated from internal 2000 and 2010 Census Summary Files.

2 Preferred estimates indirectly derived from 2010 Census inconsistency ratios and summary file counts from Census 2000 .





Sexual Orientation (2013 National Health Interview Survey)

- In 2013, surveyed 34,557 adult respondents
 - Asked questions about sexual orientation for the first time
 - Although gender identity is not yet being collected, the National Center for Health Statistics is considering it.
- 2.3% identified as gay, lesbian, or bisexual
 - 1.6% - gay or lesbian
 - 0.7% - bisexual
 - 1.1% - "something else" or "I don't know the answer"
 - 0.6% - refused to answer

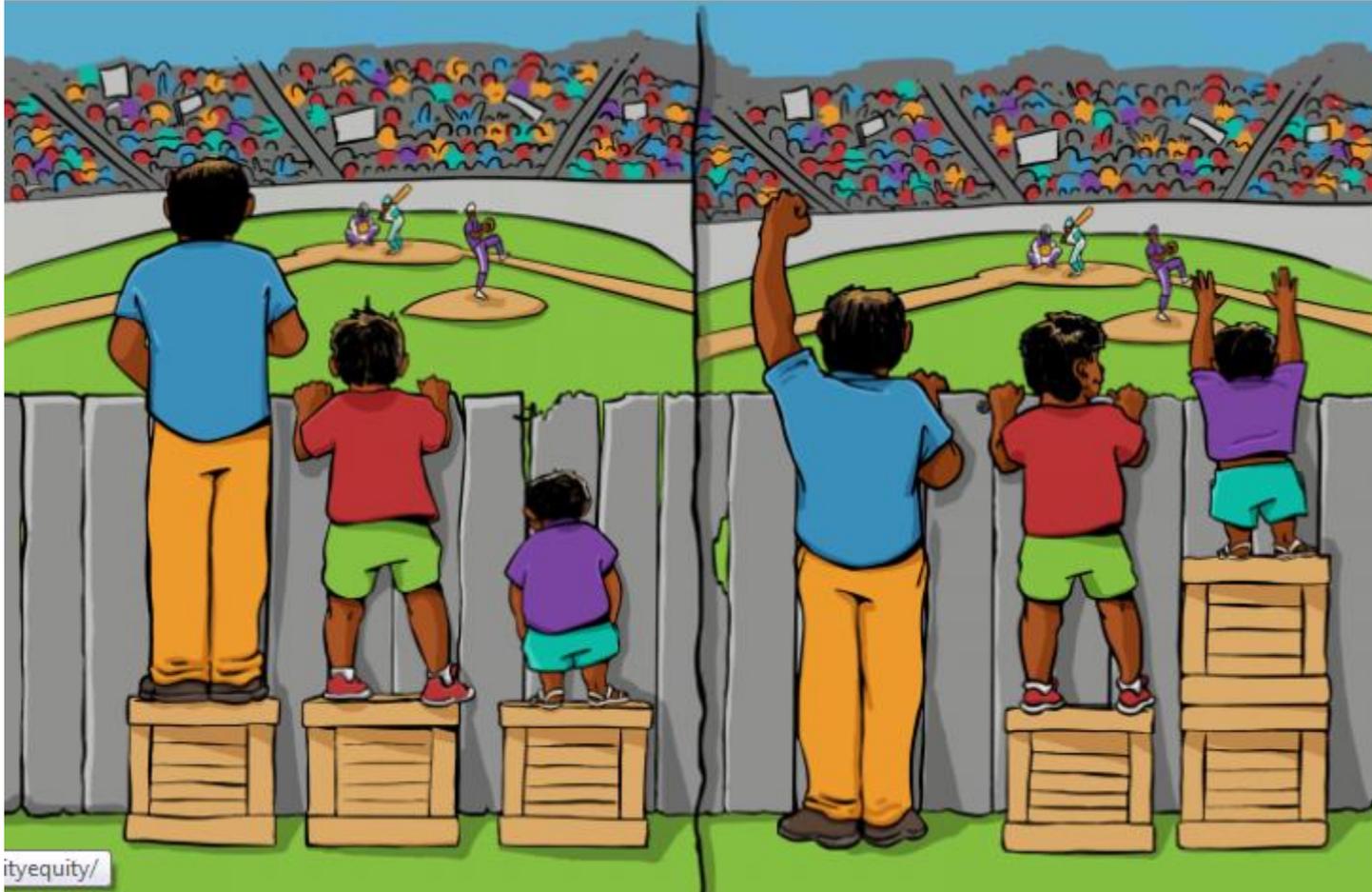
Health Inequity and Disparity Continues to Kill

Vol XCIII, No. 311

February 2016

“ Of all the forms of injustice, injustice in health care is the most shocking and inhuman .”

- Martin Luther King Jr.



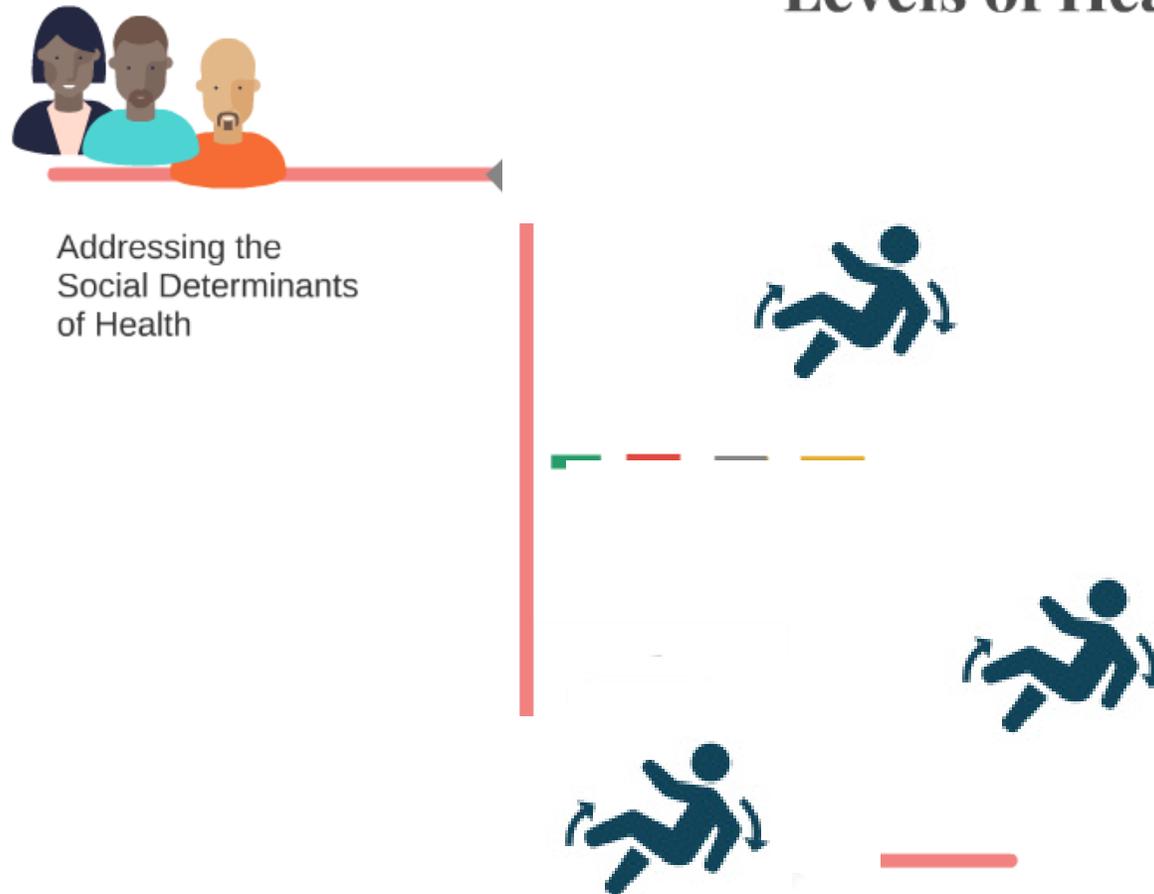


“Some are born on third base and think they hit a triple.”

- Barry Switzer

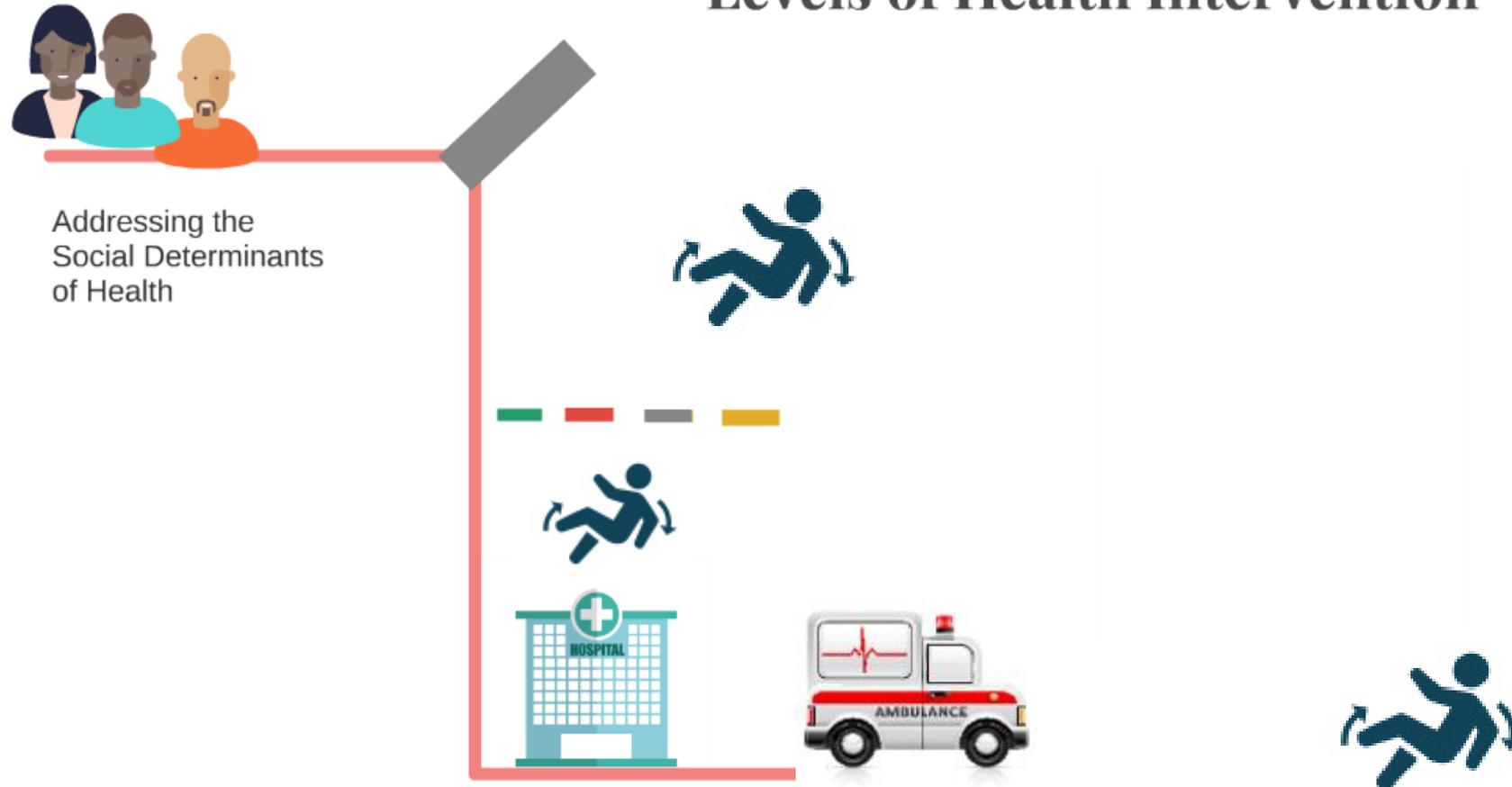
Addressing the Social Determinants of Health

Levels of Health Intervention



Addressing the Social Determinants of Health

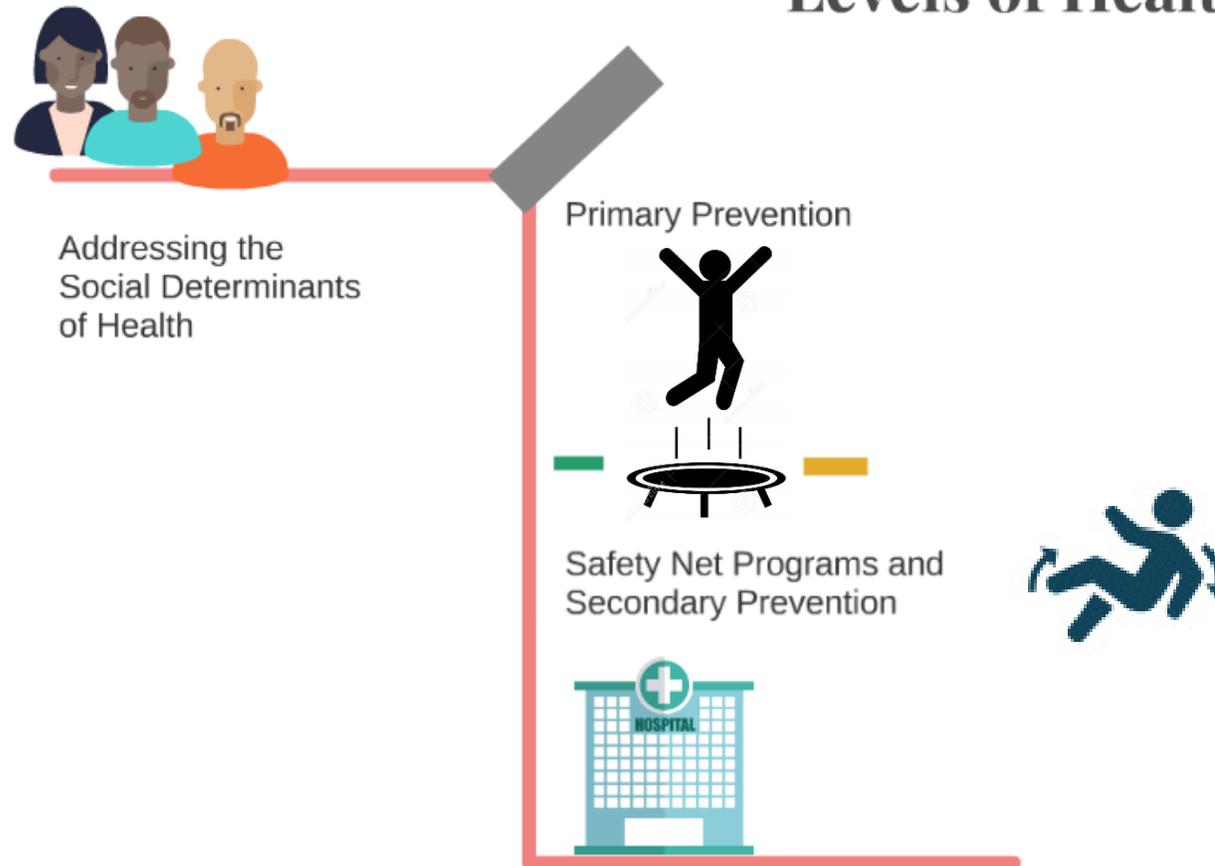
Levels of Health Intervention



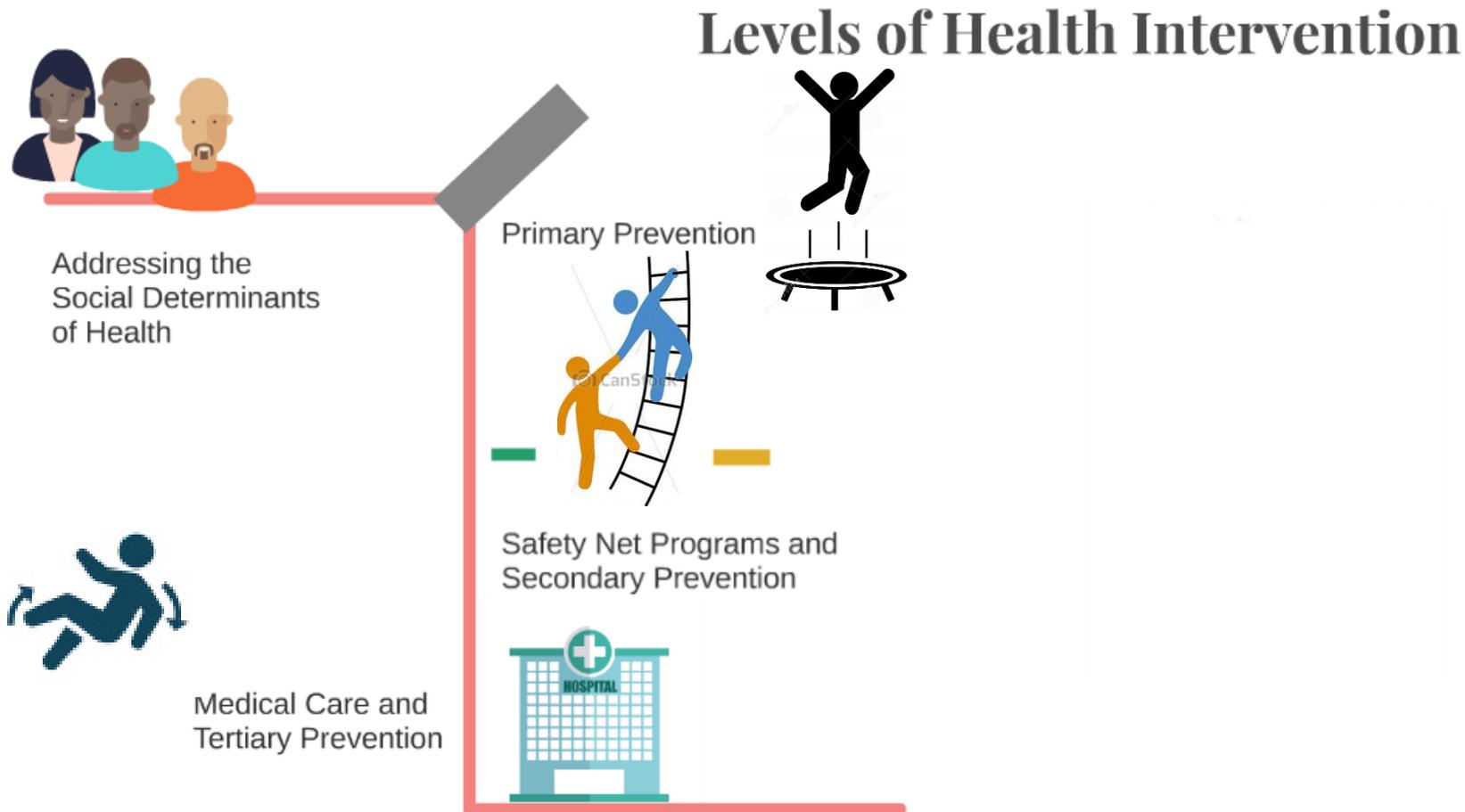
Adapted from Jones CP et al., J Health Care Poor Underserved 2009; 20(4 Suppl):1-12.

Addressing the Social Determinants of Health

Levels of Health Intervention

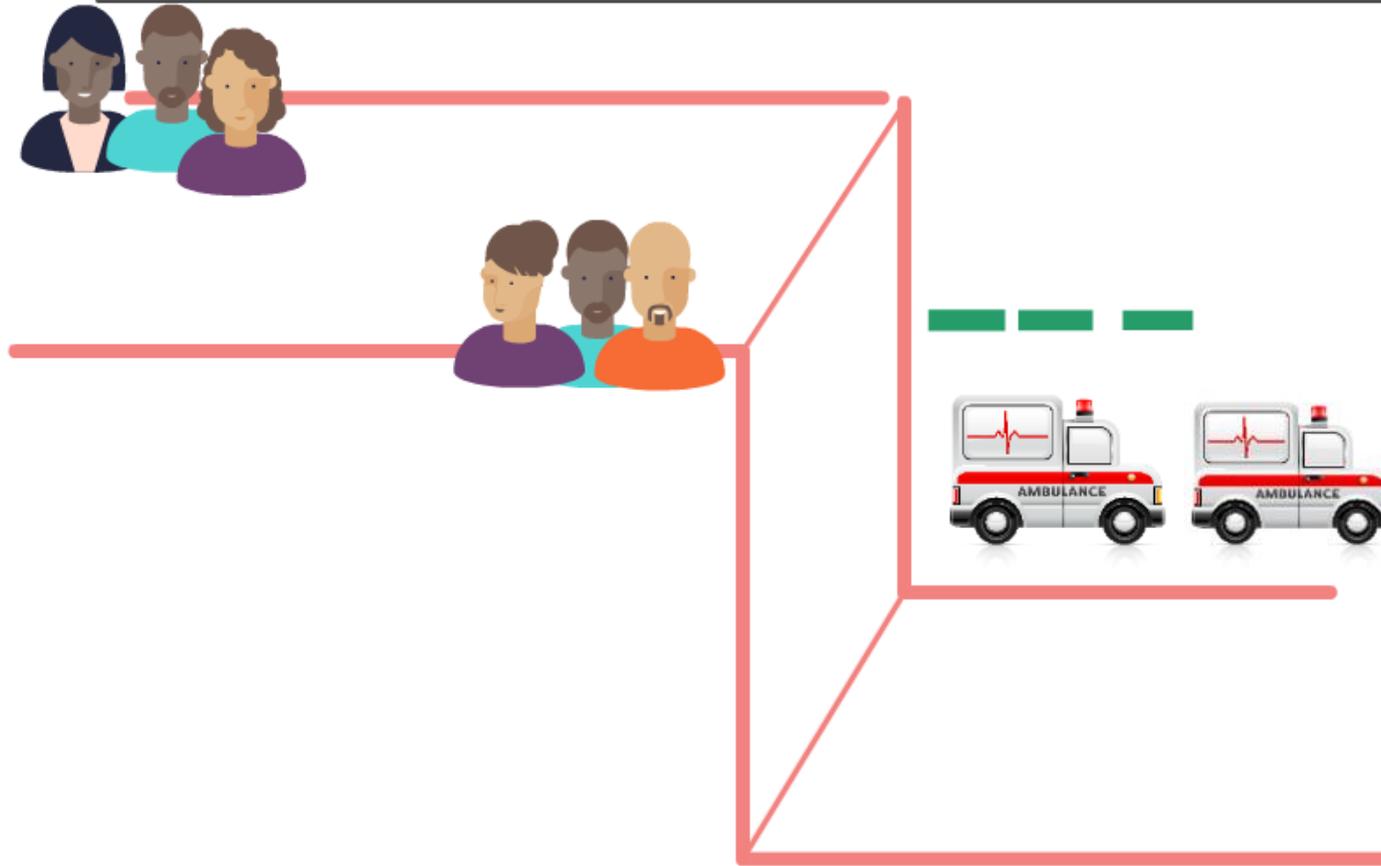


Addressing the Social Determinants of Health



Addressing the Social Determinants of Equity

Why Are There Differences?



How do disparities arise?



Differences in Exposures
And Opportunities

Differences in Access to Care



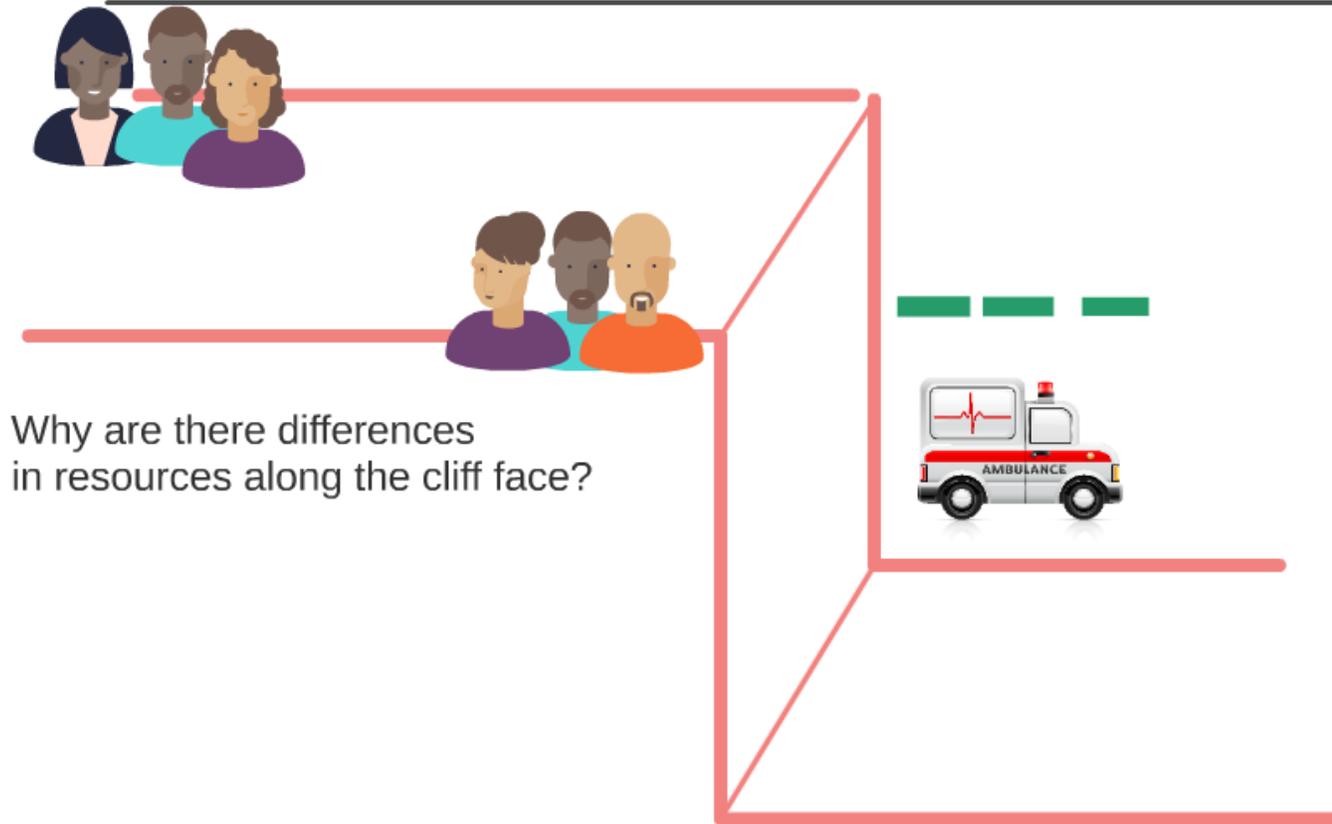
Differences in Quality of Care
(Ambulance Slow or Goes The Wrong Way)



The Health Care Cliff

Addressing the Social Determinants of Equity

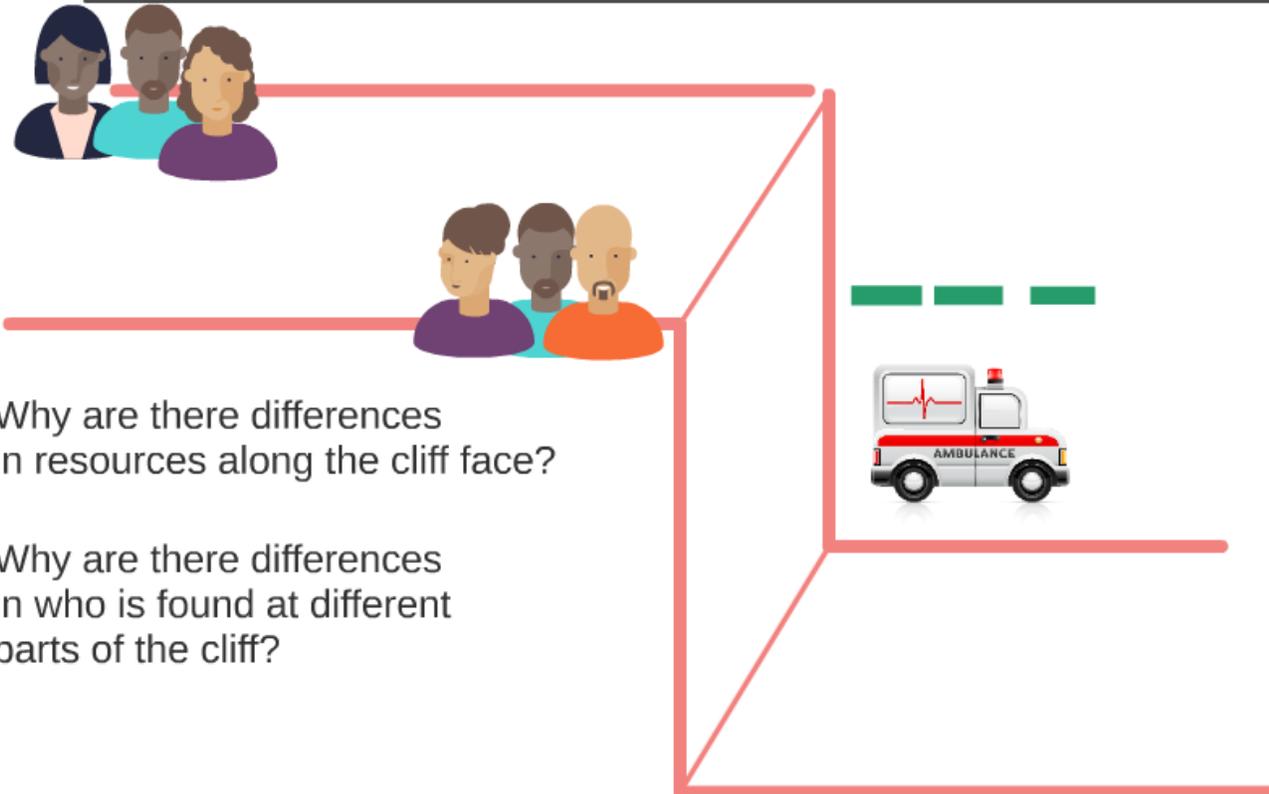
Why Are There Differences?



The Health Care Cliff

Addressing the Social Determinants of Equity

Why Are There Differences?



The Health Care Cliff

Dimensions of Health Intervention Health Services

3 Dimensions of Health Intervention

Health Services

Addressing social determinants of health

Addressing social determinants of equity



The Health Care Cliff

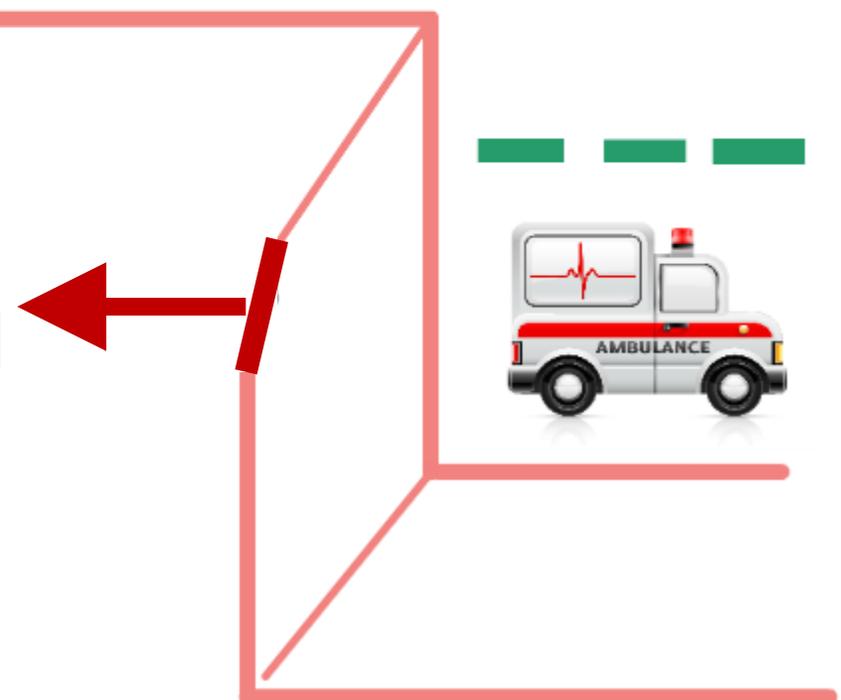
Dimensions of Health Intervention Health Services

3 Dimensions of Health Intervention

Health Services

Addressing social determinants of health

Addressing social determinants of equity

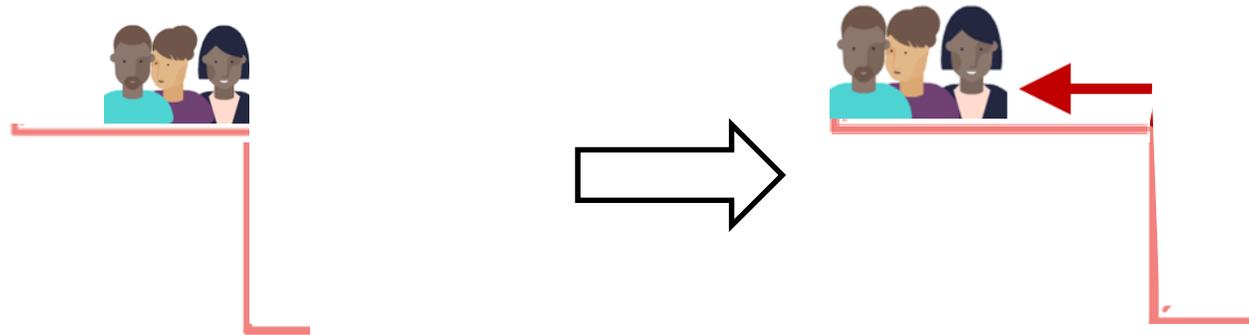


Three dimensions of health intervention

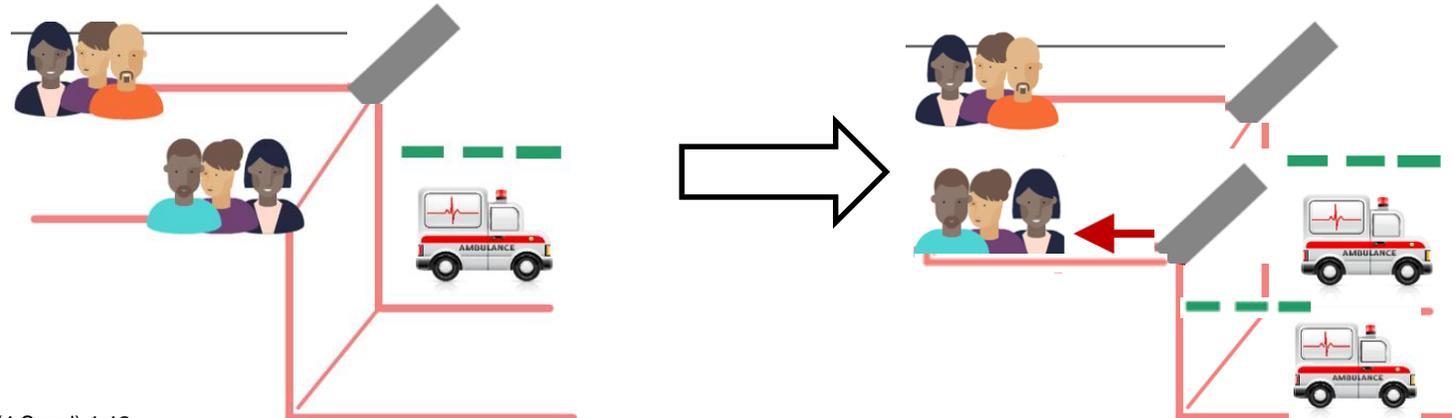
Providing health services



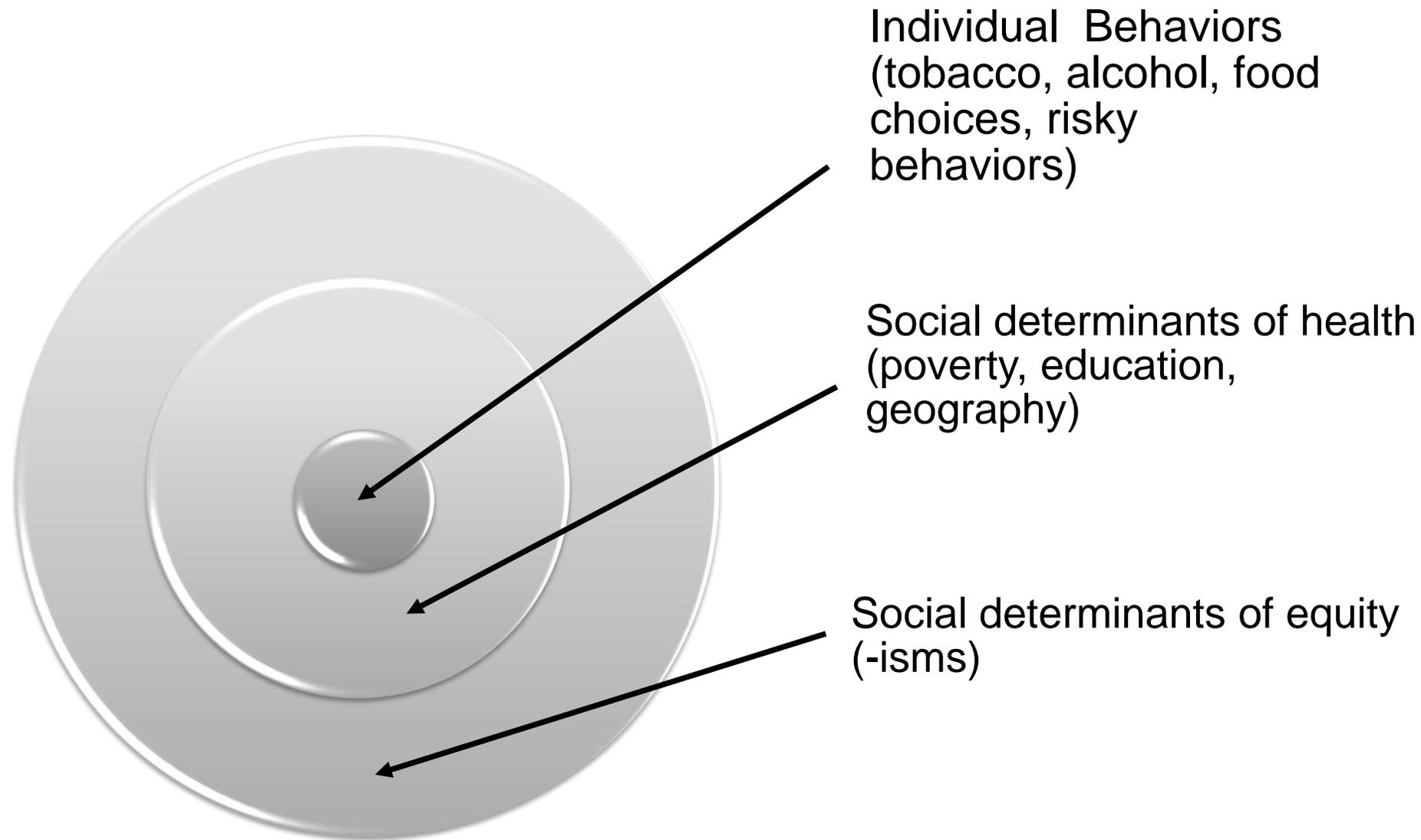
Eliminating social determinants of health



Eliminating social determinants of equity



DETERMINANTS OF HEALTH



THE STUFF THAT IS KILLING US

- Race
- Ethnicity
- Education
- Income (~50% of 20-24 year old Black men in Chicago are unemployed)
- Class
- Disability
- Zip Code
- Sexual preference/orientation
- Elderly
- Obesity



POISONED PLACES

Cancer Alley Louisiana



Cancer Alley - Louisiana - USA



Olin Agrees to Clean Up DDT in Triana, Alabama Area

[EPA press release - April 21, 1983]

The Joint Commission

Tough talk on cleanup of toxic site in St. Louis falls hollow

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The Kochs Dirty Secret is Out in Chicago



By FishOutofWater

Friday Oct 18, 2013 - 8:40 AM CDT

★ 629 Recomm...

👍 183/183

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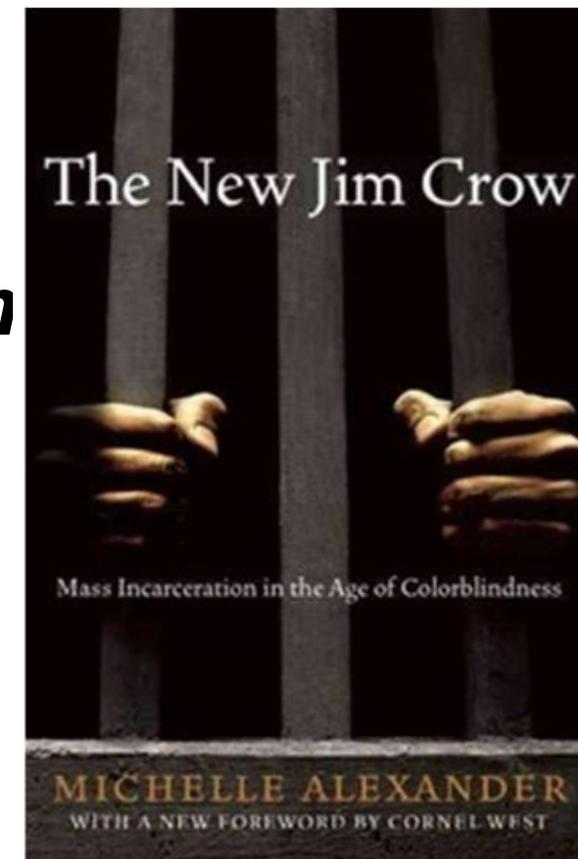
THE STUFF THAT IS KILLING US

- **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 (Triana Alabama, Cancer Alley Louisiana, Ferguson, Flint)**
- **Transportation**
- **Support at home**

The New Jim Crow

Felon Label=“*Second Class Citizens*”

- ▶ **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





“The only way out is back through.
In order to get well you have to go back through
what made you sick in the first place.”

- Rev. Johnny Ray Youngblood

Implicit Bias



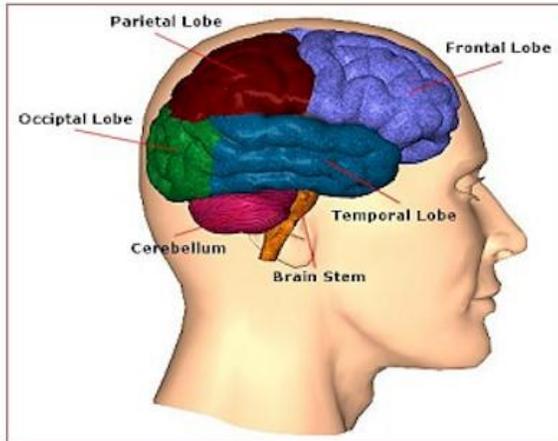
- **Implicit cognitive systems in our communications**
- **Images**
- **Values**
- **Emotions**
- **Threat (from outside forces)**

“Driving while looking in the rear view mirror”



WHAT IS IMPLICIT RACIAL BIAS?

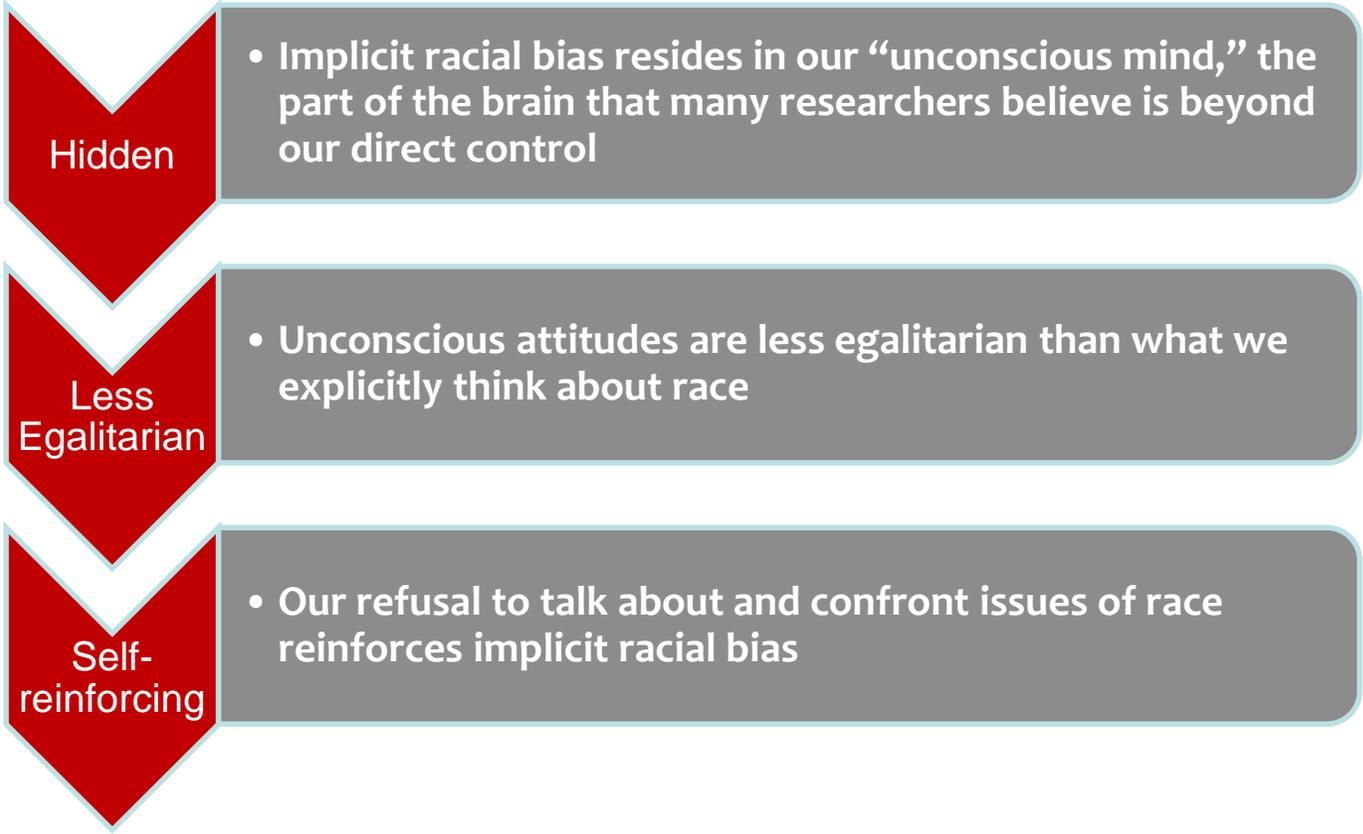
- ❑ Implicit racial bias is a mental process that causes most of us to have negative attitudes about people or groups of people based only on their race or ethnicity.



- ❑ Typically, these people are not members of our own racial or ethnic “in group,” although implicit bias can also be directed at people who look and think like we do.
- ❑ Many researchers believe that implicit racial bias is fueled by “symbolic” attitudes that we all develop over the course of our lives starting at a very early age.

- ❑ These attitudes are formed from distorted messages that we are exposed to every day from a variety of sources—television, newspapers, magazines, conversations with people we trust—that depict African Americans and other people of color in a negative light.

MOST PEOPLE ARE NOT AWARE OF THEIR OWN IMPLICIT RACIAL BIAS



Implicit Bias

Surg Clin North Am. 2012 Feb;92(1):137-51. doi: 10.1016/j.suc.2011.11.006. Epub 2011 Dec 6.

The role of unconscious bias in surgical safety and outcomes.

Santry HP¹, Wren SM.

[Author information](#)

Abstract

Doctors' unconscious racial biases leave patients dissatisfied

■ Physicians are encouraged to remember that each patient is an individual. Exposure to different cultures improves understanding about people's differences, health professionals say.

MEDICAL CARE
Volume 40, Number 1, Supplement, pp 1-140-1-151
©2002 Lippincott Williams & Wilkins, Inc.

Research on the Provider Contribution to Race/Ethnicity Disparities in Medical Care

MICHELLE VAN RYN, PhD, MPH

Perm J. 2011 Spring; 15(2): 71-78.

Published online Spring 2011.

Unconscious (Implicit) Bias and Health Disparities: Where Do We Go from Here?

Irene V Blair, PhD, John F Steiner, MD, MPH, and Edward P Havranek, MD

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Physicians and Implicit Bias: How Doctors May Unwittingly Perpetuate Health Care Disparities

Abigail N. Chapman, MD^{1,5}, Anna Koatz, MA, MPH, PhD¹, and Molly Carnes, MD, MS^{1,2,3,4,5}

EDITORIAL

Editorials represent the opinions of the authors and JAMA and not those of the American Medical Association.

Exploring Unconscious Bias in Disparities Research and Medical Education

J Health Care Poor Underserved. Aug 2009; 20(3): 896-913.

doi: [10.1353/hpu.0.0185](https://doi.org/10.1353/hpu.0.0185)

Physicians' Implicit and Explicit Attitudes About Race by MD Race, Ethnicity, and Gender

DR. Janice A. Sabin, PhD

PMCID: PMC31

Article

An Investigation of Associations Between Clinicians' Ethnic or Racial Bias and Hypertension Treatment, Medication Adherence and Blood Pressure Control.

Irene V Blair, John F Steiner, Rebecca Harratty, David W Price, Diane L Fairclough, Stacie L Daugherty, Michael Bronsert, David J Magid, Edward P [more]

Journal of General Internal Medicine (Impact Factor: 3.28). 02/2014; DOI:10.1007/s11606-014-2795-z

Clinical Examples



Clinical Examples



Cystic Fibrosis

Clinical Examples





Sickle Cell Anemia

What do you see ?







Debiasing Techniques

“The key isn’t to feel guilty about our [implicit] biases—guilt tends toward inaction. It’s to become consciously aware of them, minimize them to the greatest extent possible, and constantly check in with ourselves to ensure we are acting based on a rational assessment of the situation rather than on stereotypes and prejudice.”

Neill Franklin, in The New York Times Room for Debate series, 2014

State of the Science: Implicit Bias Review 2015

Practical Tips to Combat Unconscious Bias in Health Care

- 
1. Have a basic understanding of the cultures your patients come from.
 2. Don't stereotype your patients, individuate them
 3. Understand and respect the tremendous power of unconscious bias
 4. Recognize situations that magnify stereotyping and bias
 5. Know the Culturally and Linguistically Appropriate Services (CLAS) standards
 6. Teach back



WHAT CAN BE DONE?



Debiasing Techniques

- Training
- Intergroup contact
- Taking the perspective of others
- Emotional expression
- Counter-stereotypical exemplars

State of the Science: Implicit Bias Review 2015

Equity of Care

- ▶ A National Call to Action to Eliminate Health Disparities, which focuses on data and measurement:
 - increasing the collection and use of race, ethnicity and language preference data;
 - geography, income, insurance status, gender preference data
 - increasing cultural competency training; and
 - increasing diversity in governance and leadership.



NEW! Health Equity Portal

www.jointcommission.org/topics/health_equity.aspx



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Thursday 10:54 CST, September 10, 2015

Health Equity

Request a Speaker



The Joint Commission

Have a standards or regulatory question?

[Submit your question here.](#)



Joint Commission Leader in JAMA: Time to Address Racial Bias in Health Care



In the Aug. 11 issue of the Journal of the American Medical Association, a Viewpoint co-authored by The Joint Commission's medical director, Ronald Wyatt, MD, MHA, calls for immediate action to address racial bias throughout the U.S. health care system. [Learn More](#)

Pause ◀ Back 1 2 3 Next ▶

Video Gallery



Promoting Health Equity and Patient-Centered Care

PLAY

[View More](#)

Podcasts

Take 5 with The Joint Commission: Why health literacy is important for patients and health professionals

By Joint Commission

Take 5 with The Joint Commission: Why patient-centered communication matters

By Joint Commission

[View More](#)

Standards Information

▶ [Crosswalk of Joint Commission Ambulatory](#)

Standards FAQs

▶ [Collecting the Patient's Preferred Language](#)

Sneak In Campaigns

Communication Standards Across Programs

- Several patient-centered communication standards are incorporated into other accreditation/certification programs

Standard	Program
Qualifications for language interpreters and translators <i>(HR.01.02.01, EP 1 with Note)</i>	Hospital
Identify and address communication needs <i>(PC.02.01.21, EPs 1 and 2)</i>	Hospital, Ambulatory (PCMH), Critical Access Hospital (PCMH), Behavioral Health Home
Provide language services <i>(RI.01.01.03, EP 2 with Note)</i>	Hospital, Ambulatory (PCMH), Critical Access Hospital (PCMH)
Collect preferred language data <i>(RC.02.01.01, EP 1 with Note)</i>	Hospital, Ambulatory
Collect race and ethnicity data <i>(RC.02.01.01, EP 28)</i>	Hospital, Ambulatory (PCMH), Behavioral Health Home
Allow patients access to a support individual <i>(RI.01.01.01, EP 28)</i>	Hospital, Critical Access Hospital
Ensure care free from discrimination <i>(RI.01.01.01, EP 29)</i>	Hospital, Critical Access Hospital

Crosswalk of TJC and CLAS Standards

- Collaborated with Office of Minority Health
- Focused on hospital accreditation standards
- Posted on Joint Commission project website (Summer 2014)

Requirement	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
CLAS 01 Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.		LD.04.01.01	The hospital complies with law and regulation.
		EP 2	The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
		LD.04.03.01	The hospital provides services that meet patient needs.
		EP 1	The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.
		LD.04.03.07	Patients with comparable needs receive the same standard of care, treatment, and services throughout the hospital.
		EP 2	Care, treatment, and services are consistent with the hospital's mission, vision, and goals.
		PC.02.01.21	The hospital effectively communicates with patients when providing care, treatment, and services.
		EP 1	The hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care. (See also RC.02.01.01, EP 1) Note: Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.
		EP 2	The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs. (See also RI.01.01.03, EPs 1-3)
		RI.01.01.01	The hospital respects, protects, and promotes patient rights.
		EP 5	The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)
		EP 6	The hospital respects the patient's cultural and personal values, beliefs, and preferences.
	EP 9	The hospital accommodates the patient's right to religious and other spiritual services.	
	EP 29	The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.	

Reason for Hope

