Diversity, Equity, and Inclusion: Why We STILL Need It?

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Objectives

- Describe diversity, equity, and inclusion
- Identify why diversity, equity, and inclusion are important in healthcare
- Describe how health disparities occur
- Identify pathways to achieve better outcomes for our patients

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What is Diversity, Equity, and Inclusion?

Diversity

- **Diversity** is embracing the differences everyone brings to the table, whether those are someone's race, age, ethnicity, religion, gender, sexual orientation, physical ability or other aspects of social identity.

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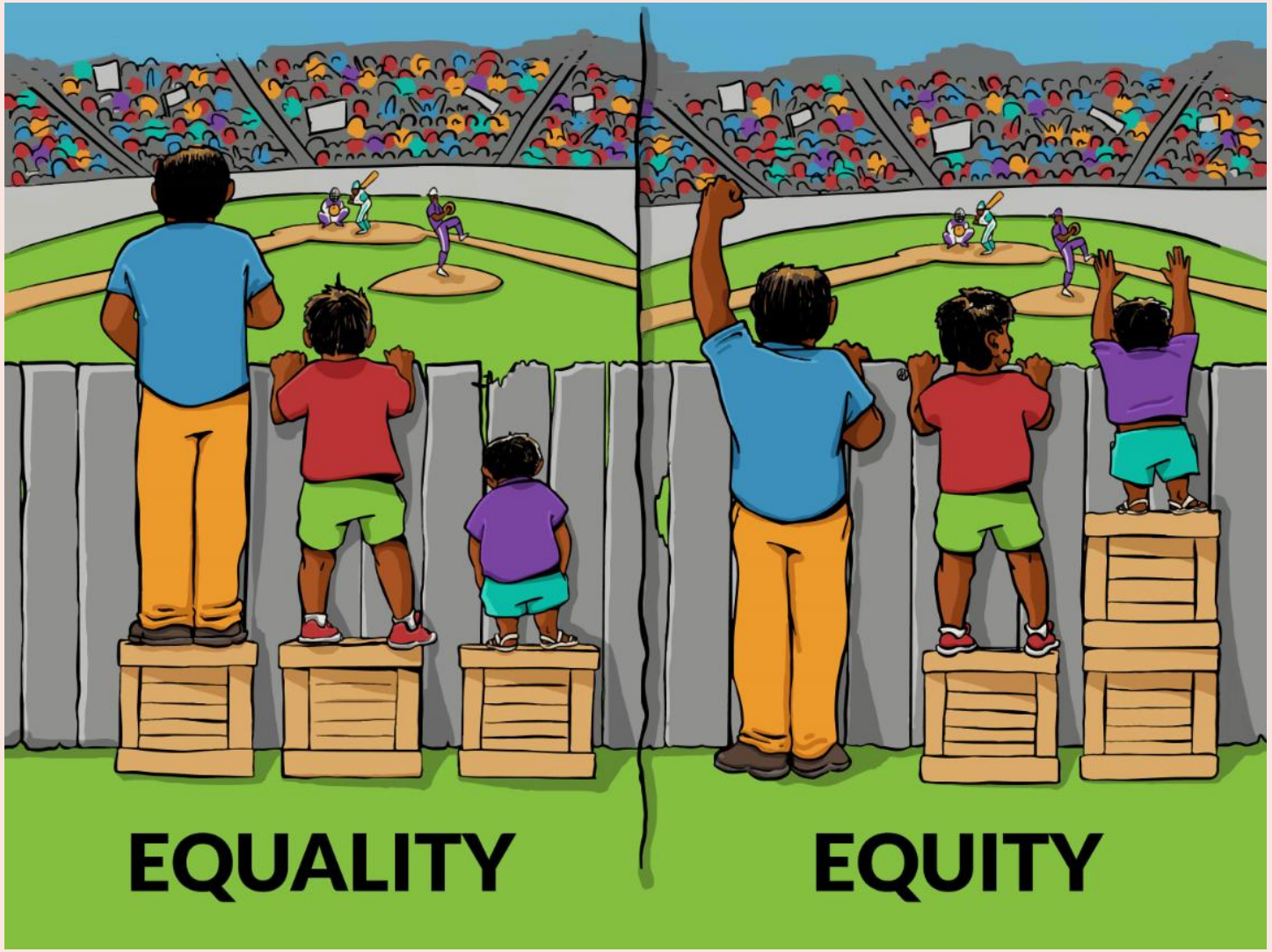
Source Ellis TN, *What Is DEI, and why is it dividing America?* CNN

Equity

- **Equity** is treating everyone fairly and providing equal opportunities.



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Source Ellis TN, *What Is DEI, and why is it dividing America?* CNN

Inclusion

- **Inclusion** is respecting everyone's voice and creating a culture in which people from all backgrounds feel encouraged to express their ideas and perspectives.

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Source Ellis TN, *What Is DEI, and why is it dividing America?* CNN

Diversity and Inclusion: Why do we need it

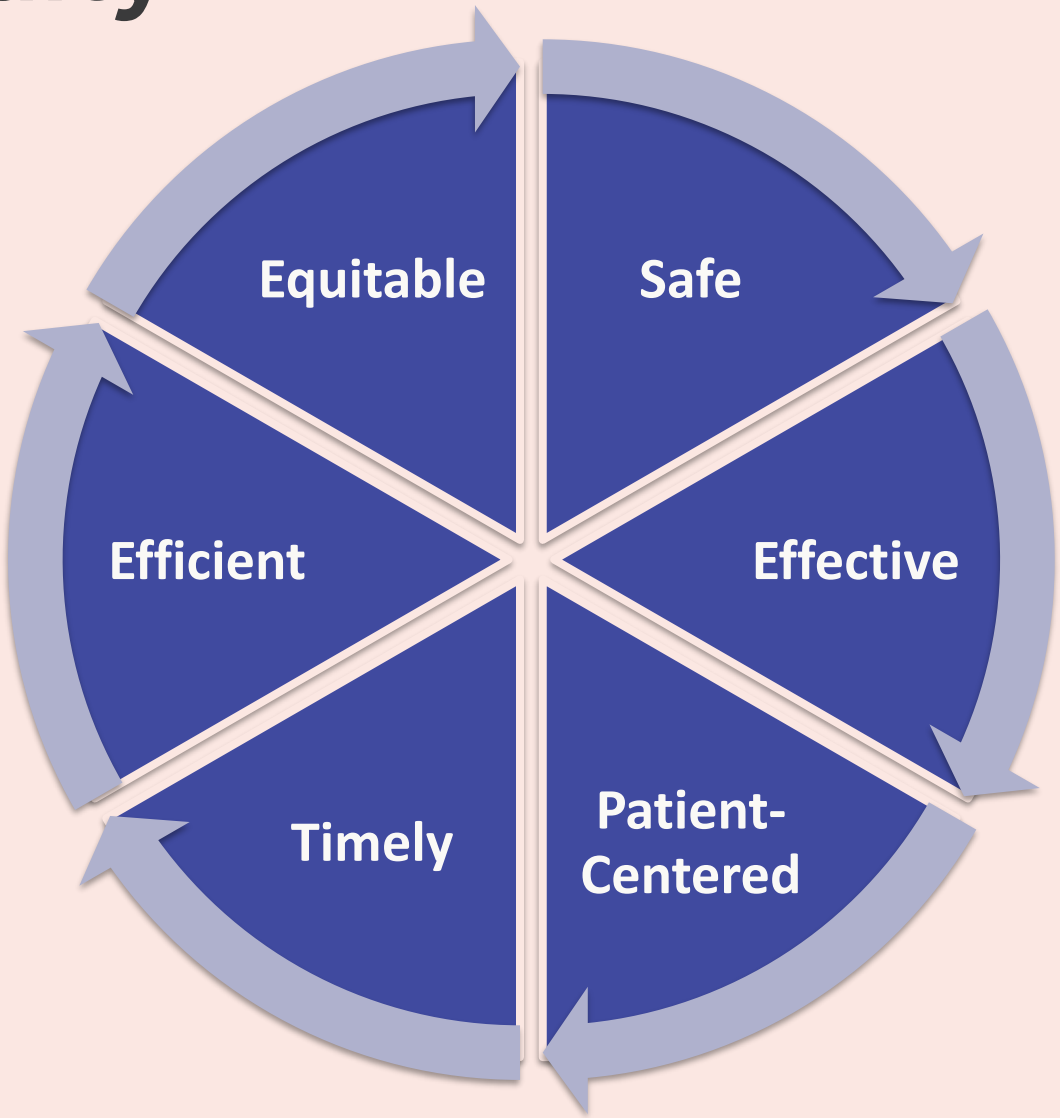
- Convincing evidence demonstrates that in any field, diversity and inclusion in the workforce and leadership strengthens, improves, and enables greater realization of institutional goals

You Cannot Have Quality Without Equity

Linking Quality to Equity

- The Institute of Medicine defines 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



Why do health disparities occur?

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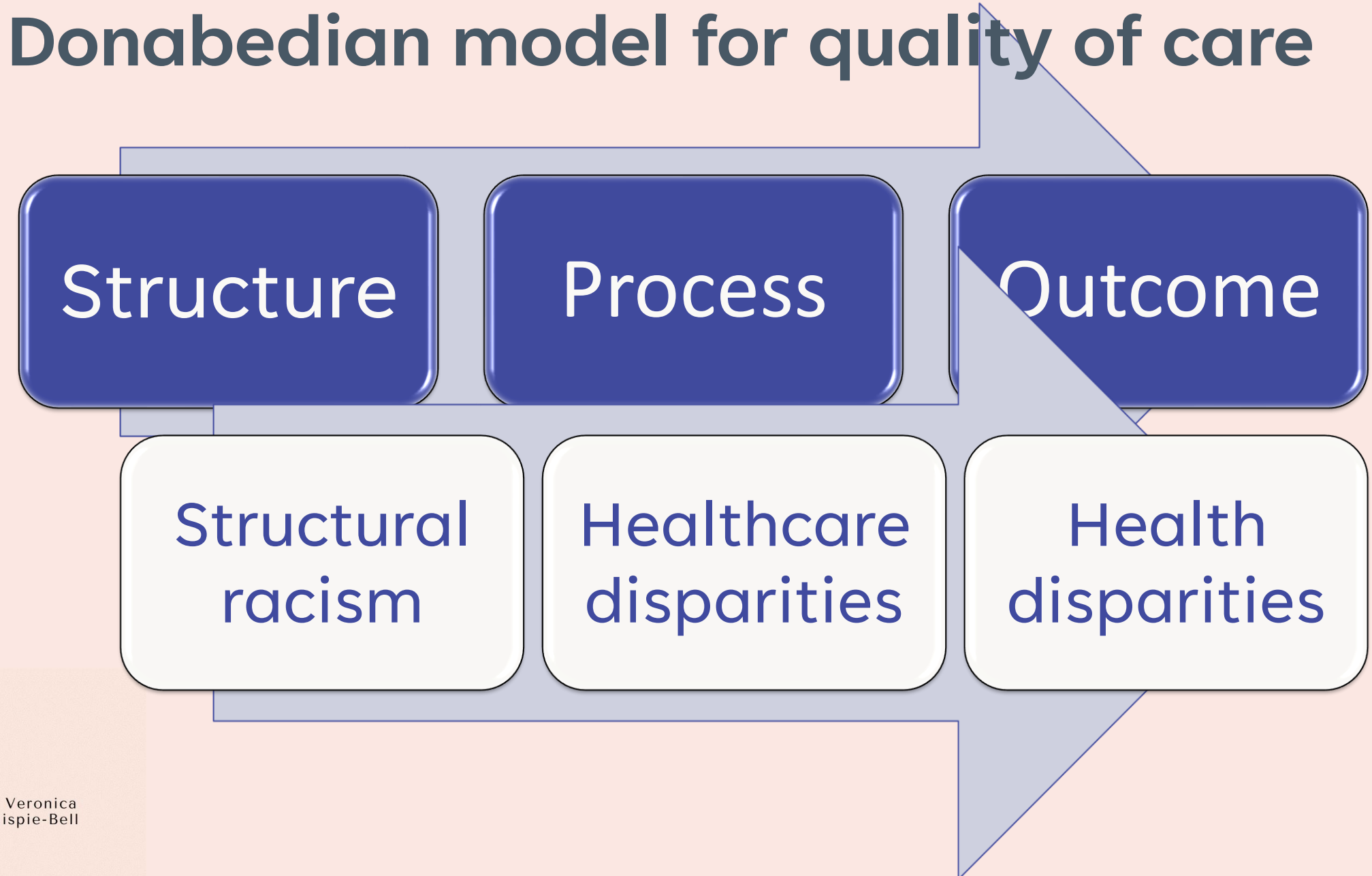
Donabedian model for quality of care



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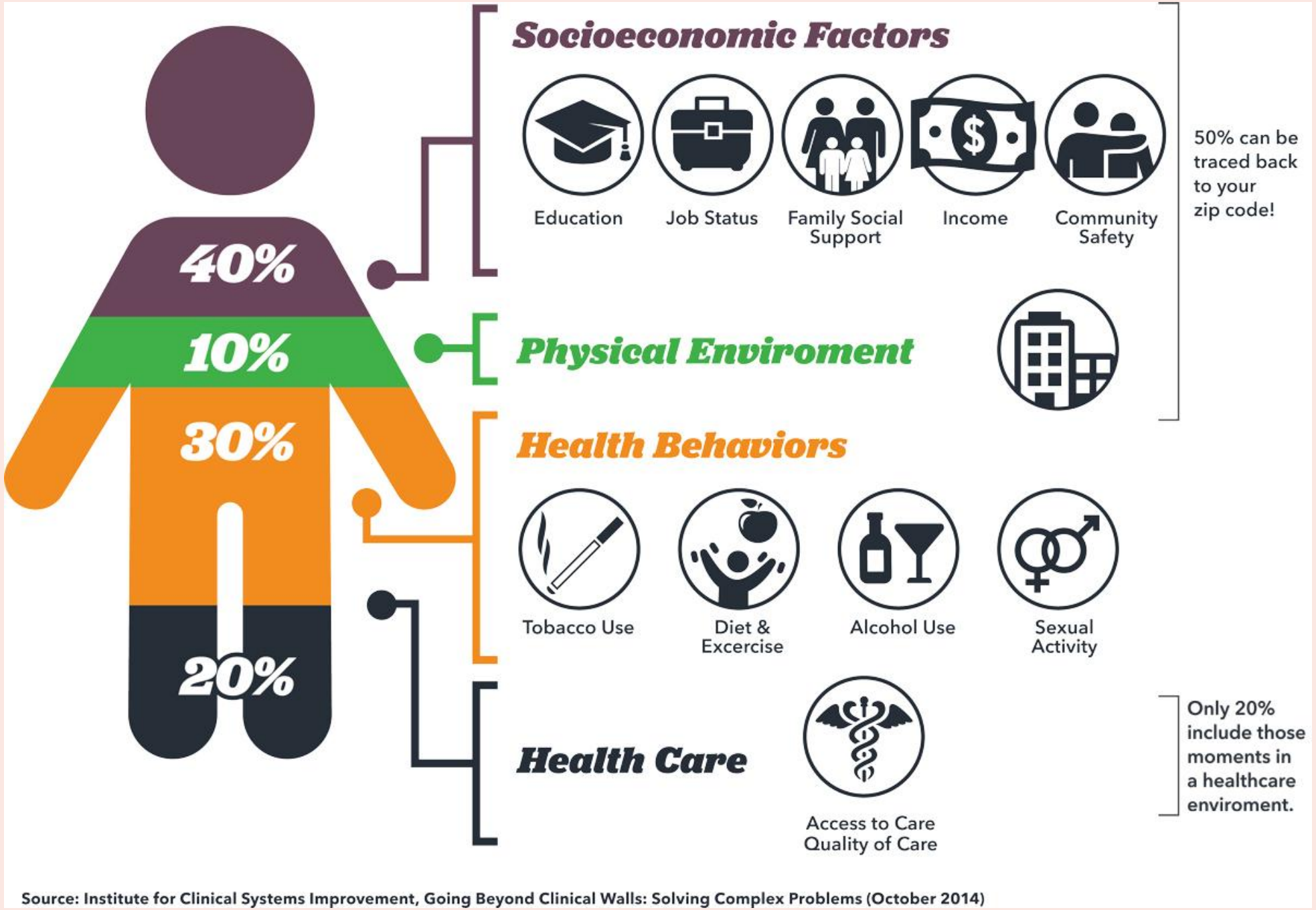
- In 1906, W.E.B. DuBois stated that **social conditions, not genetics**, impacted the health of Blacks, causing racial disparities in health outcomes.

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



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

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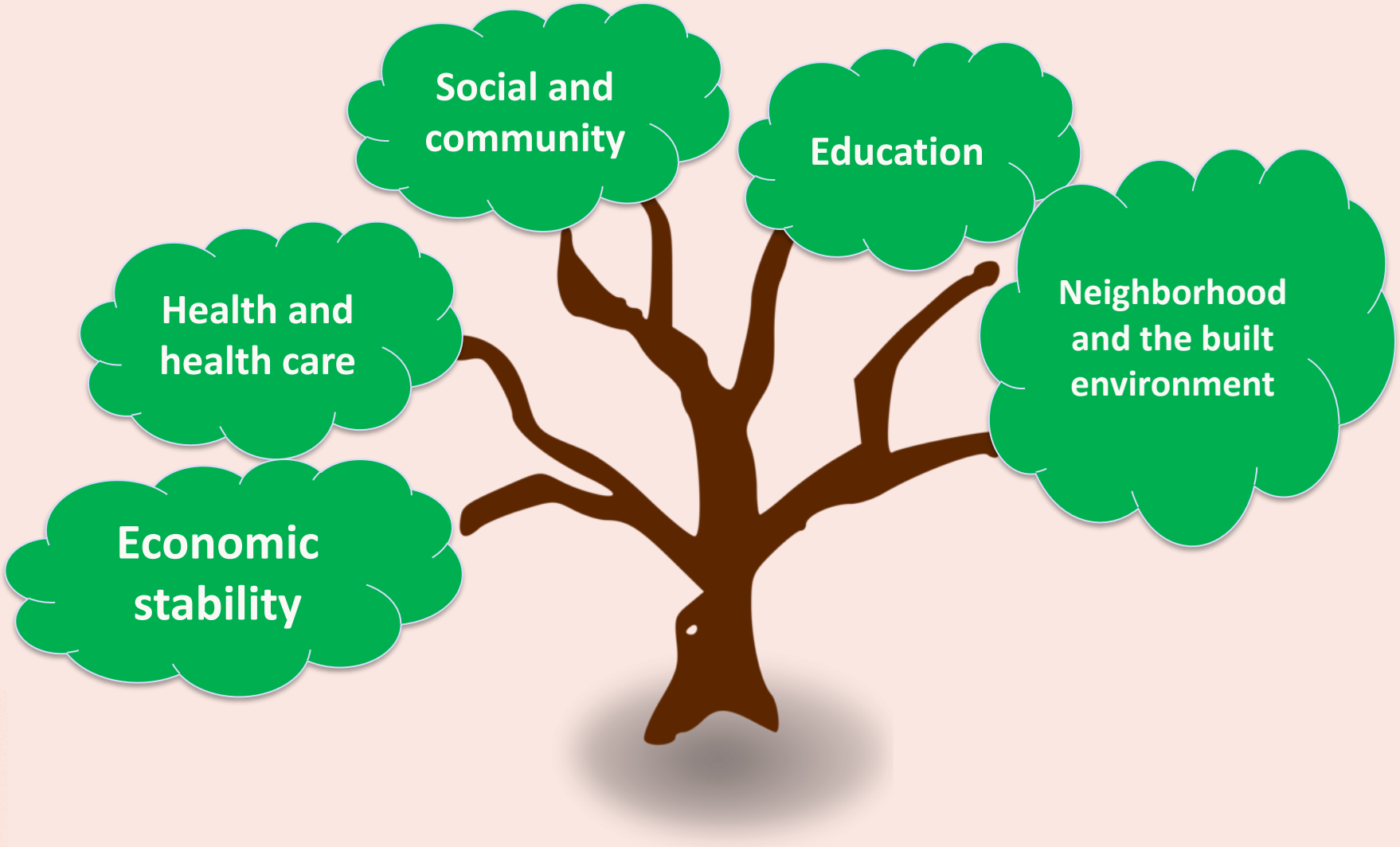
Where You Live Matters



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Where You Live Matters

- **Effect on Social Determinants of Health (SDoH)**
  - Health and Health care: Decreased medical and social services in minority communities
  - Social and community: Targeted tobacco ads, higher levels of crime in minority communities
  - Education: Less funding for public schools
  - Built-environment: Food deserts, less green space, more factories

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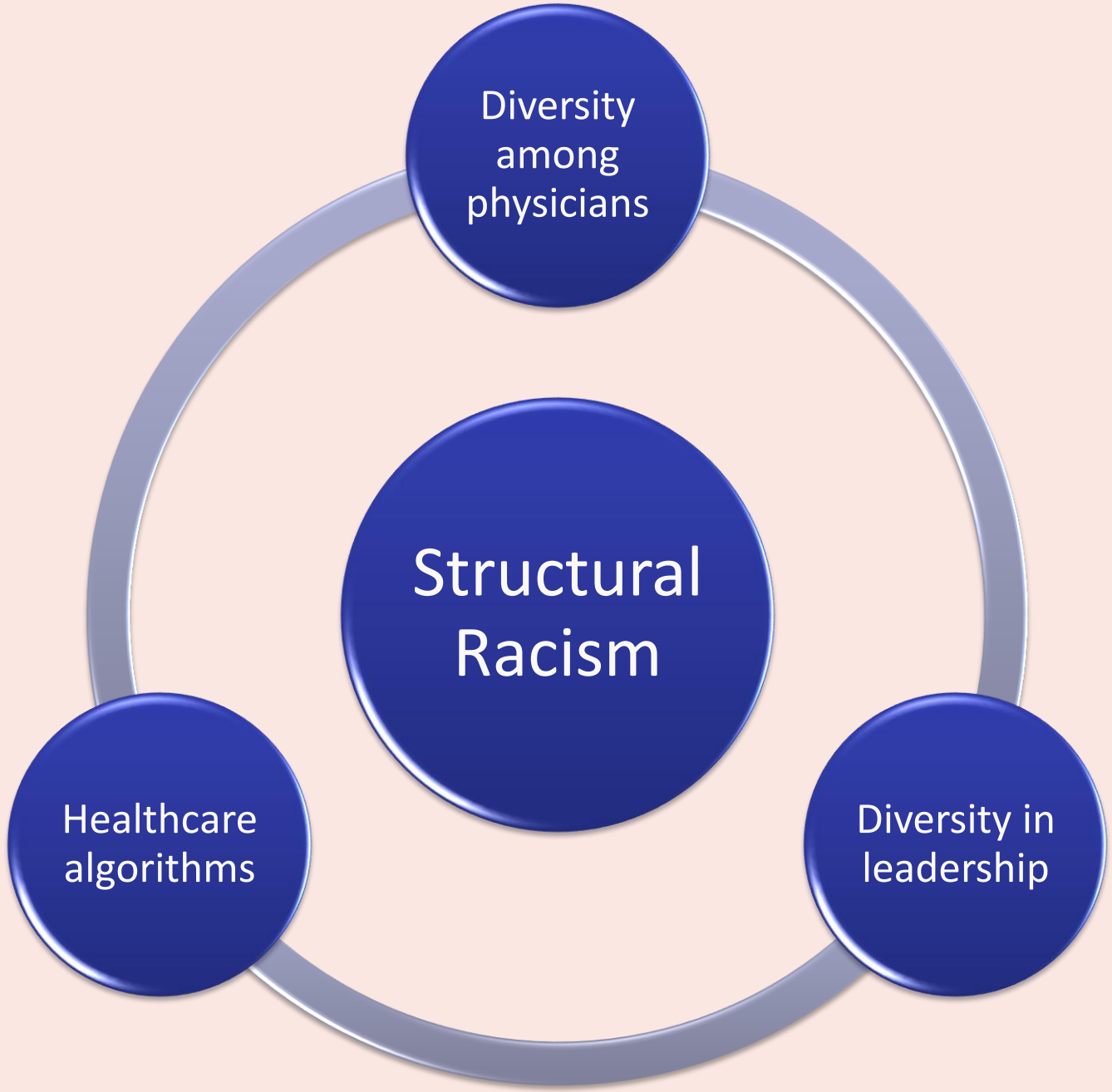
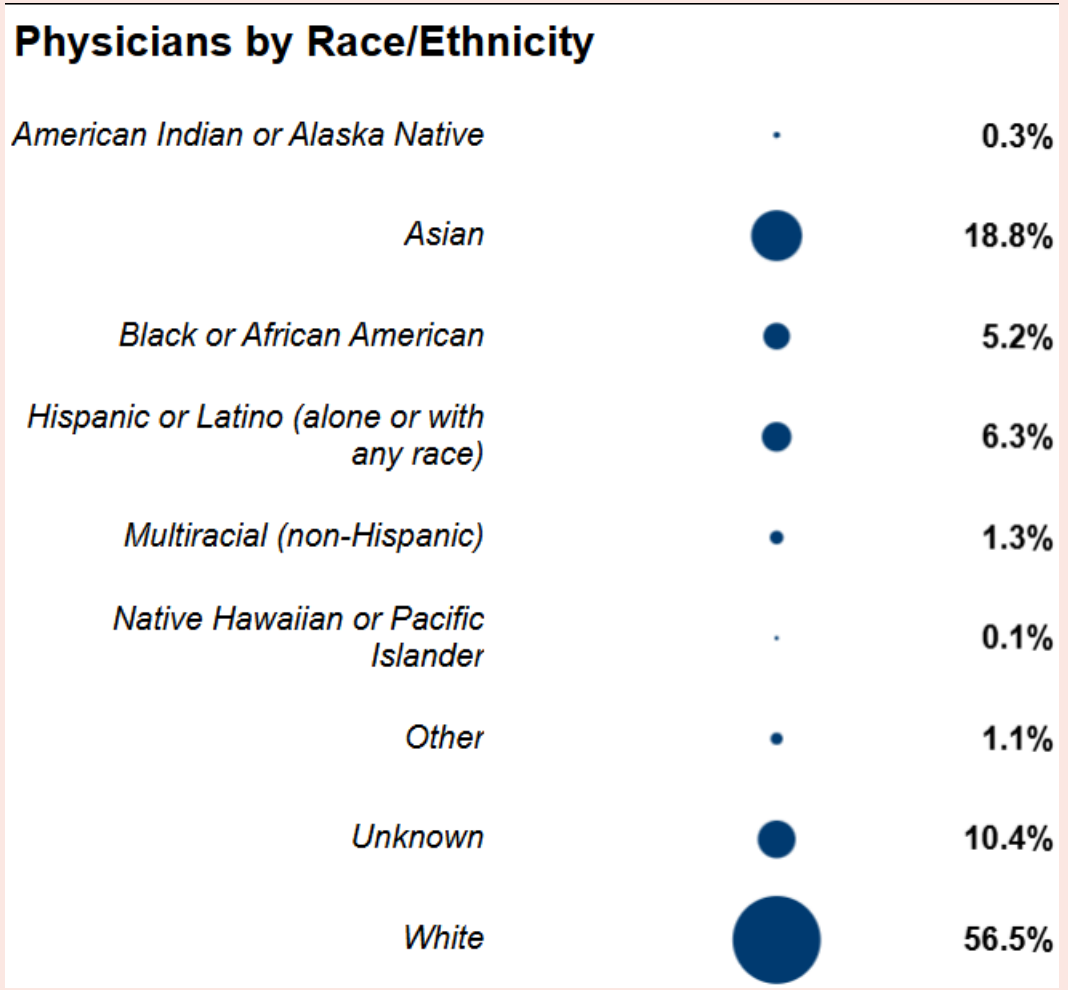
What **“structures”** in the health system result in negative health outcomes and perpetuate racial group inequity?



Diversity and Inclusion in Healthcare

- **US Physicians 2022**
  - **Gender**
    - 37.6% female
  - **Race/Ethnicity**
    - White – 56.5%
    - Black – 5.2%
    - Hispanic or Latino – 6.3%
    - Asian – 18.8%
    - American Indian or Alaska Native – 0.3%
    - Native Hawaiian or Pacific Islander -0.1%



Source AMA Physician Professional Data. Race and Ethnicity data from AAMC sources

Diversity and Inclusion in Healthcare

- **US Medical Students, 2023**
  - American Indian/Alaska Native American – 1%
  - Asian – 27.7%
  - Black or African-American – 10.8%
  - Hispanic, Latino, or Spanish Origin – 11.6%
  - Native Hawaiian or other Pacific Islander – 0.5%
  - White – 49.5%
  - Other – 4.5%
  - Unknown – 3.2%

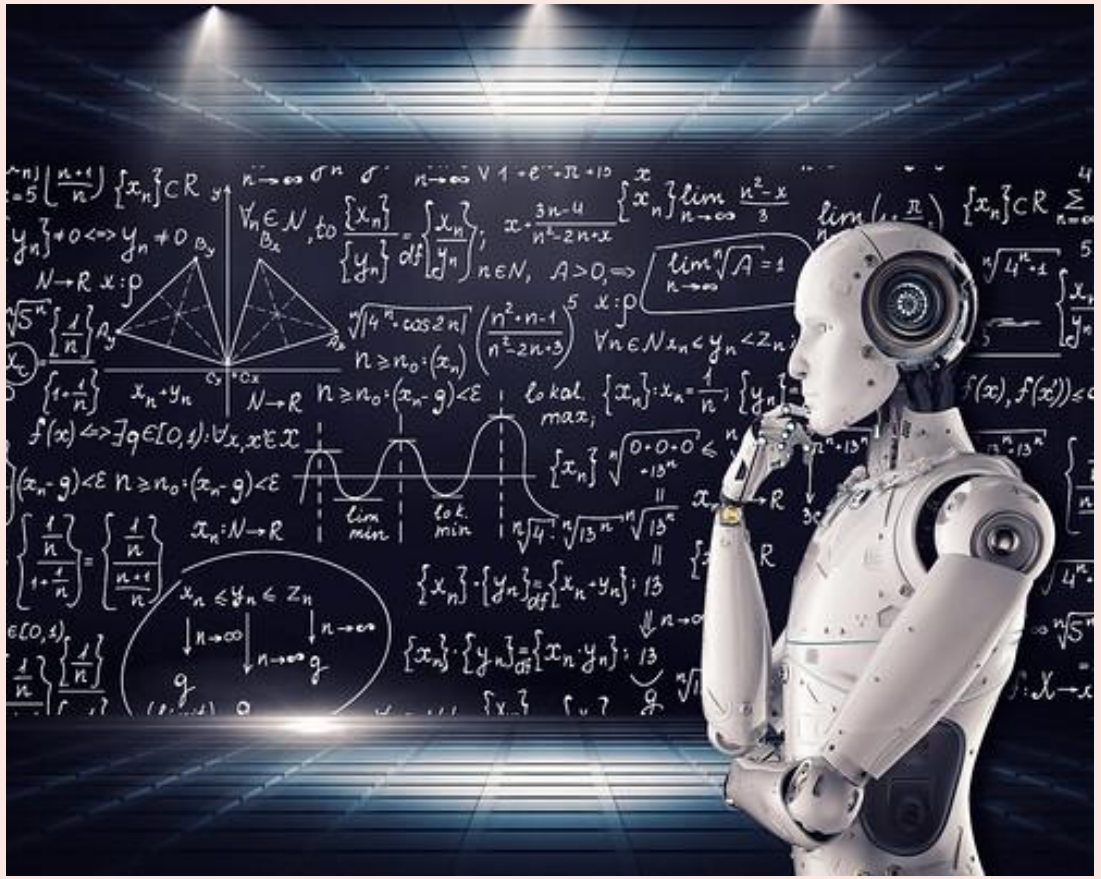
Diversity and Inclusion in Healthcare

- 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

- Three Biases
  - **Statistical Bias**: algorithms based on studies where minorities were underrepresented giving a predictive risk that underestimates the true risk
  - **Social Bias**: inequitable healthcare delivery based on clinical practices
  - **Statistical and Social Bias**



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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
- African American, Hispanic and Native American physicians are much more likely to practice in underserved areas and more likely to accept patients with Medicaid
- Having a Black PCP associated with decreased mortality and increased life-expectancy in Black patients
- Concordance of race between patient and physician has been shown to decrease infant mortality

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?

Why do health disparities occur?

Our patients also experience **health care disparities**

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Differences in how we deliver care

- 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
- Blacks and Hispanics are less likely to receive bypass surgery even when medically indicated
- Women are less likely to undergo appropriate cardiovascular testing

Implicit Bias

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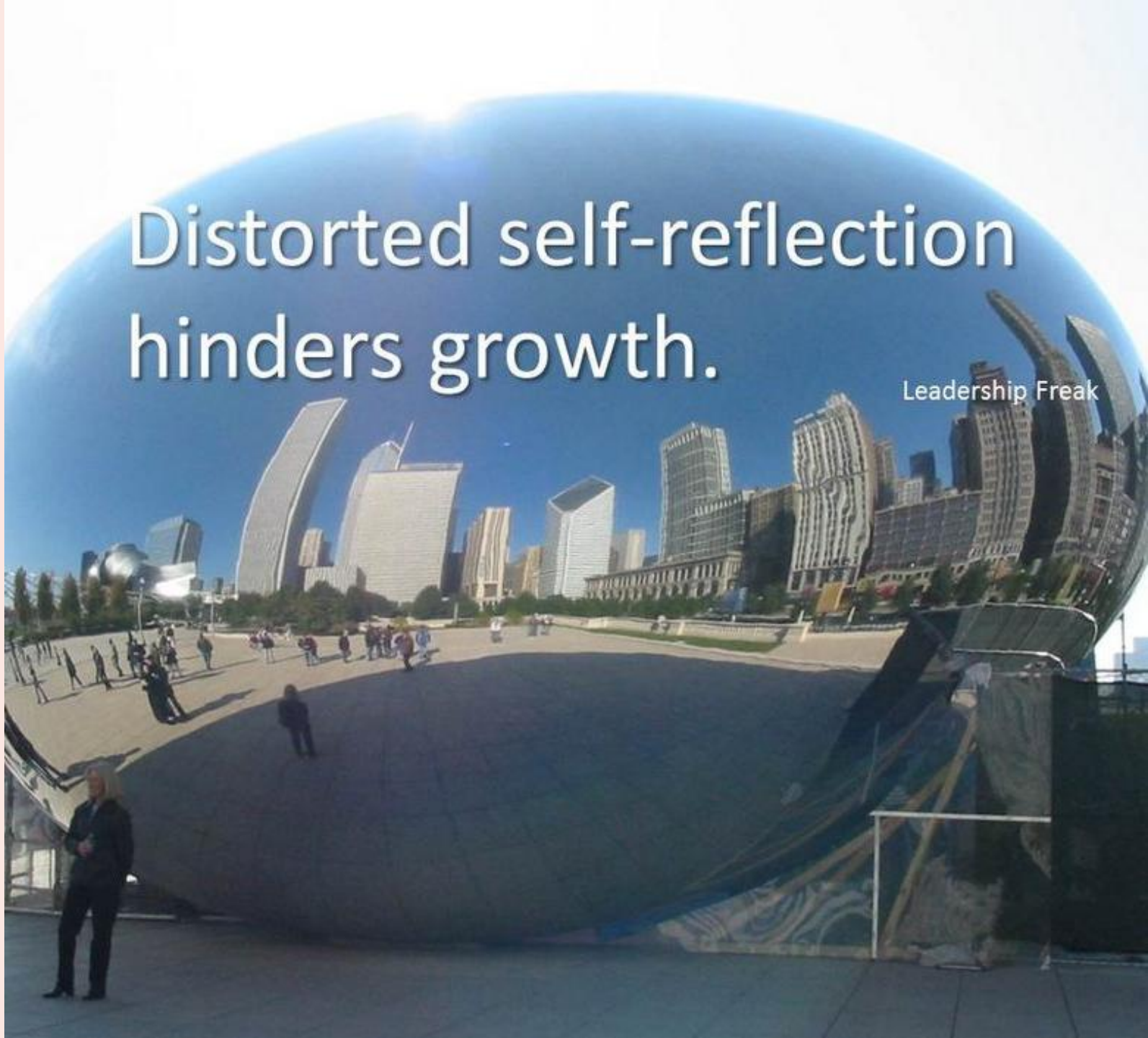
Implicit Bias Defined

- 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



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Causes of Implicit Bias

We tend to seek out patterns

We like to take shortcuts

Experience and social conditioning

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Bias Beliefs about Race and Pain

Dr. Marion Sims invented the speculum and the surgical procedure to repair vesicovaginal fistulas.

He performed thirty surgeries on a slave woman named Anarcha over approximately five years, finally successfully treating her vesicovaginal fistula with silver sutures.

In accord with the scientific racism of the time, she and the other slave women, Betsy and Lucy, were viewed as “medical super bodies” who could tolerate surgery without anesthesia.

Bias Beliefs about Race and Pain

Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

Kelly M. Hoffman,[a,1] Sophie Trawalter,[a] Jordan R. Axt,[a] and M. Norman Oliver[b,c]

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- In a study of 222 **white medical students and residents**, about **50% believed Black people were biologically different than white people**, including having nerve endings that are less sensitive than whites and having thicker skin than whites

Bias Beliefs About Black Women Then and Now

- In a study of 435 undergraduate students, ratings for Black women compared to White women as
  - More likely to have multiple sex partners in the last month
  - Less likely to use birth control
  - More likely to receive public assistance
  - Have less education
  - Earn less income
  - Less likely to follow the doctor’s instructions
  - Less likely for the father of the child to be involved

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

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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

Words Matter...

- Five major themes representing negative language
  - Questioning patient credibility
  - Expressing disapproval of patient reasoning or self-care
  - Stereotyping by race or social class
  - Portraying the patient as difficult
  - Emphasizing physician authority over the patient

Stigma and Bias in the Medical Record

Categories	Examples	Consider instead…
Questioning credibility	She claims the birth control pills make her gain weight	Patient voices concerns over her past experience of weight gain with birth control pills
Disapproval	She is in denial though this has been discussed many times	Discussed the risks/benefits/alternatives of…
Stereotyping	Chief Complaint: “I stay tired”; “Period won’t go up”	Chief Complaint: Fatigue; Irregular cycles
Difficult patient	Even when re-directed, the patient continued to discuss “stuff going on at home”	Patient reports difficulty with compliance due to social concerns. Social worker consulted and …
Unilateral decisions	I have instructed the patient to	We discussed…Patient desires…

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**

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Maternal and Infant Health Disparities

- Nationally, Black women are almost 4 times and American Indian/Alaska 2 times, more likely to suffer a pregnancy-related death 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 non-Hispanic white infants

The pregnancy-related death rate for a Black woman with a college degree is 2.2 times higher than that of a white woman with an eighth-grade education

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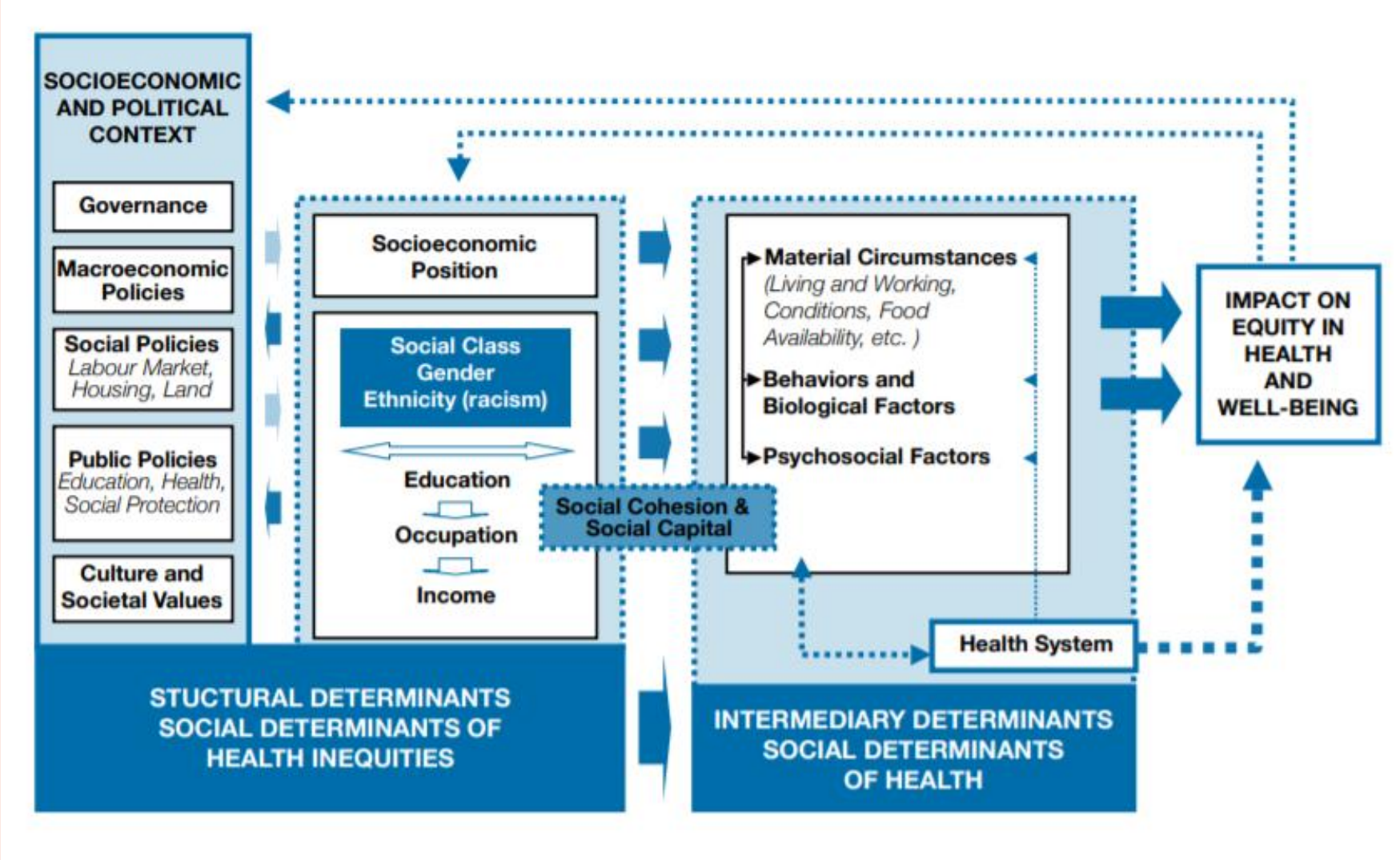
Health Disparities

- Less-educated individuals from any race are more likely to die from colorectal cancer before 65.
- For Black and Latino populations, the reduction in life expectancy is four times higher than the average.
- Black and Hispanic populations are more likely to have asthma than other U.S. residents.
- Rural Appalachian regions see higher rates of colorectal, lung and cervical cancers than other parts of the U.S.
- The low-income, rural Appalachian region has fewer mental health providers and fewer specialty physicians than the rest of the nation — 35% and 28% fewer

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

WHO Framework for SDoH



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IHI Framework for Creating Health Equity

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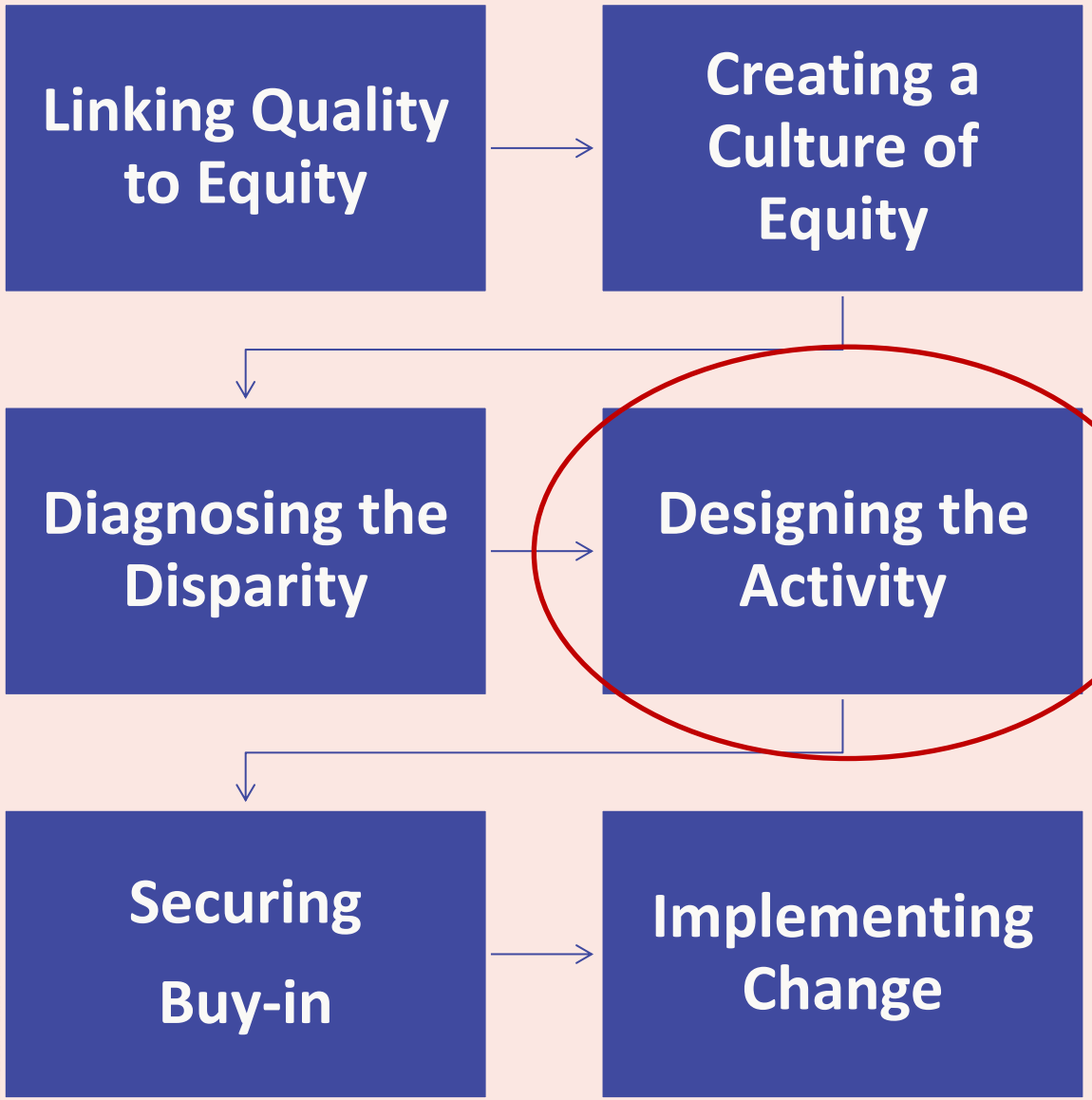

The Roadmap to Reduce Disparities

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Your Role in Equity: Address Your Implicit Bias

- 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

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

– Dr. Martin Luther King, Jr. (1966)

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Summary

- Diversity, Equity, and Inclusion are necessary to achieve our goals
- 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…

Thank You!

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