Healthcare Equity
Advocating for Moms & Babies
3/4/2017

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Conflict of Interest Disclosure

I have no financial interest or other relationships with the industry relative to the topics being discussed.

Objectives

- Define healthcare disparities and the impact on mom and newborns
- Describe the components of heathcare equity
  - › **Cultural competence**
  - › **Language access**
  - › **Health literacy**
- Describe institutional and individual strategies to be a champion for healthcare equity

How are we going to get there?

| Increase awareness | • Racial and ethnic health disparities
• Social determinants of health | Related to infant mortality |
| Identify factors | • Health care system
• Clinician-patient interaction
• Medical decision-making | Related to disparities |
| Identify tools | • Individual, Institutional, & Public health resources | Related to maternal health |

Defining healthcare disparities and the impact on moms and newborns

3

Evidence

UNEQUAL TREATMENT

CONFRONTING RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE

INSTITUTE OF MEDICINE
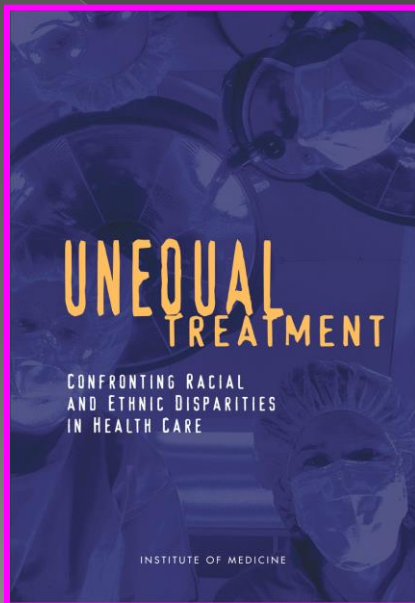
Reported significant *variation* in the rates of medical procedures **by race**, ***even when insurance status, income, age, and severity of conditions are comparable***. This research indicates that U.S. racial and ethnic minorities are less likely to receive even routine medical procedures and experience a lower quality of health services.

IOM, 2002

Evidence

2010 National Healthcare Disparities Report

AHRQ
Agency for Healthcare Research and Quality
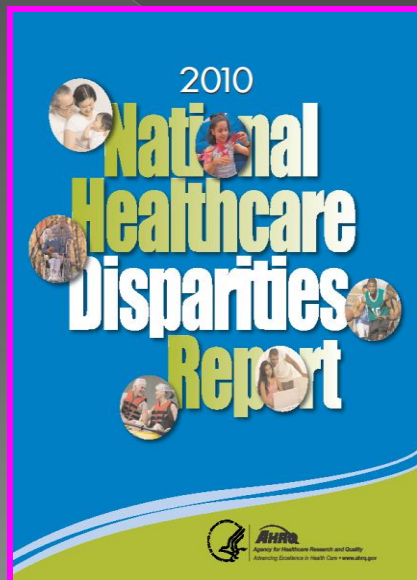
Four key themes emerged in the 2010 NHDR:

1. Healthcare quality and access are suboptimal, especially for minority and low-income groups
2. Quality is improving; access and disparities are *not*
3. Some disparities merit particular attention
4. Progress is uneven

New report every year

Defining Disparities

Disparity —
• **Distinctly different**

Health Disparity —
• **Differences in health outcomes/status**
  • Gender
  • Race
  • Education
  • Income level

• Example: Infant mortality in Detroit

Example (Detroit, MI)

Abnormal birth weights per 100 live births, for:

White Mothers (8 of 100)

Black Mothers (15 of 100)

(Chart is for representation purposes only.)

Pre-term infants per 100 live births, for:

White Mothers (15 of 100)

Black Mothers (21 of 100)

(Chart is for representation purposes only.)

Why do disparities in *health* exist?

- Social determinants of health
  - Socioeconomic status (income/education)
  - Stress (lifelong/during pregnancy)
  - Environment/neighborhood
  - Racism
- Lack of access to care
- Others

Health*care Disparity* Definition

Differences in the preventive, diagnostic, and treatment services offered/ provided to people with similar health conditions

These differences in the quality of healthcare are **_not_** due to **_access related factors_** or clinical needs, preferences, and appropriateness of intervention. (IOM, 2003)

Why do disparities in *healthcare* exist?

- **Health system level**
  - Healthcare as an institution is complex!
  - Difficult to navigate, especially for some cultural groups, those with limited English proficiency, or for those with low literacy
- **Care process level**
  - Influence of unconscious bias + stereotyping on decision making
  - Clinical uncertainty due to ineffective communication
- **Patient level**
  - Mistrust due to past experiences with or perceptions of discrimination
  - Poor adherence to treatment often due to social determinants, delays in seeking care and **low health literacy**

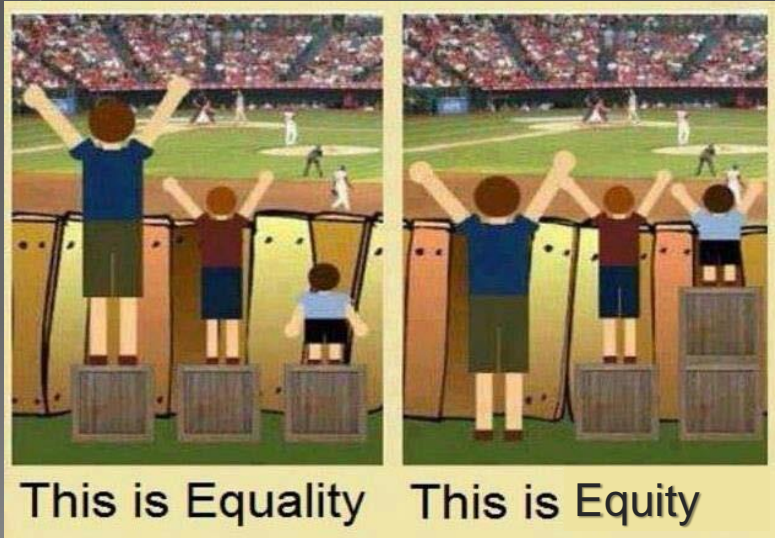# Health Equity Definition

Equity {
- Fair, impartial

Health Equity {
- Absence of systematic disparities in health between groups with different levels of underlying social disadvantage
  - Wealth
  - Power
  - Prestige

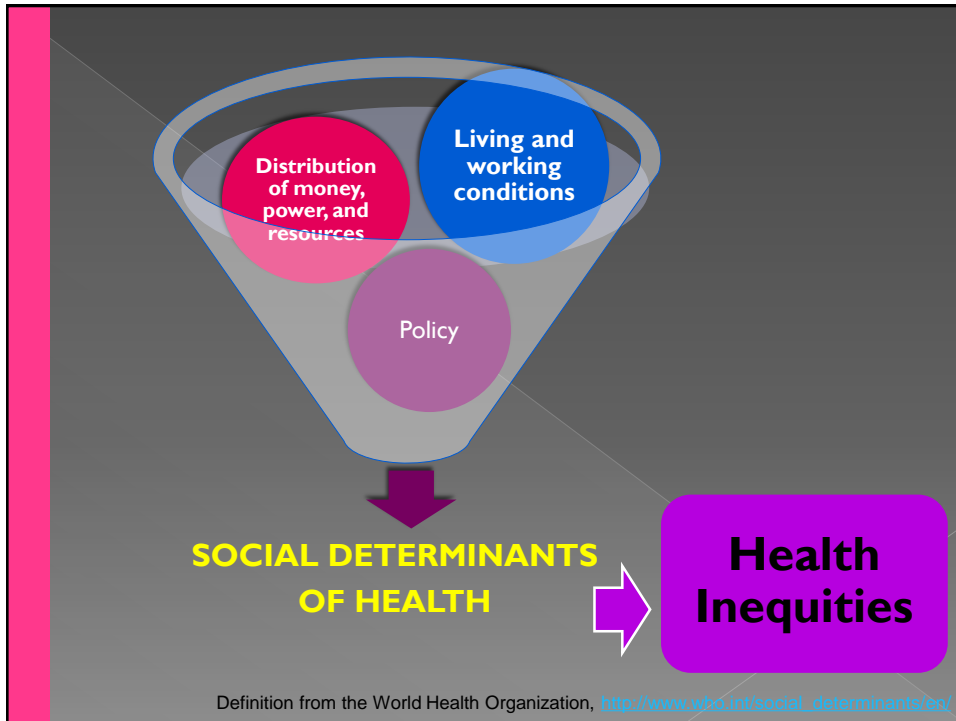- Braveman and Gruskin, 2003, "Defining equity in health"

With Equity, inputs may need to be different to achieve *equal* outcomes

This is Equality   This is Equity

Health*care Equity* Definition

Health*care* Equity is providing care that is **fair, impartial** – care that *does not vary in quality* by personal characteristics such as gender, race, ethnicity, geographic location, socioeconomic status, or other social category

Distribution of money, power, and resources

Living and working conditions

Policy

SOCIAL DETERMINANTS OF HEALTH

Health Inequities

Definition from the World Health Organization, http://www.who.int/social_determinants/en/

Social Determinants of Health

The economic and social conditions that influence the health of individuals, communities, and jurisdictions as a whole.

They include, but are not limited to:

Safe Affordable Housing	Quality Education	Social Connections & Safety	Job Security

Living Wage	Access to Transportation	Availability of Food

Health Equity & the Social Determinants of Health

Socioeconomics	Psychosocial
• Education • Unemployment • Poverty	• Racism • Intimate Partner Violence • Stress • Female Head Household
Basic Needs • Transportation • Affordable Housing • Neighborhood Safety • Sleep Environment • Grocery Stores	**Healthcare Access** • Coverage for Pregnancy & Delivery • Barriers to Accessing Prenatal Care

Defining Race and Ethnicity

Ethnicity
- Social, religious, linguistic, and other affiliations often characterized by cultural features like dress, language, and organization

Race
- A created social category
- Refers to groupings of people according to common origin/background
- Associated with perceived physical attributes

Related Definitions

Stereotype

- Process of attributing specific traits, characteristics, behaviors, or values to an entire group of people

Discrimination

- Policies and practices that harm and disadvantage a group and its members

Prejudice

- A preconceived judgment or opinion
- An adverse opinion or learning formed without just grounds or before sufficient knowledge

Impact of Health Disparities

- **Increases in infant morbidity/mortality**
  - › Preterm labor and delivery
  - › Low birth weight
- **Increases in maternal morbidity/mortality**
  - › High risk pregnancies

March of Dimes

Infant Mortality

- An estimate of the number of infant deaths for every 1,000 live births
- Declining
- **2013**
  - › **Colorado** had **5.09** deaths/1,000 live births
  - › The **U.S.** had **6.0** deaths per 1,000 live births
  - › **Michigan** had **7.1** deaths/1,000 live births
- Over 23,000 infants died in the United States in 2014.

CDC: 2013/2014

Causes of Infant Mortality

- **2014**: The **top five** leading causes of infant mortality together account for about **57%** of all infant deaths in the United States.
  - › Birth defects
  - › Preterm birth (birth before 37 weeks gestation)
  - › Maternal complications of pregnancy
  - › Sudden Infant Death Syndrome (SIDS)
  - › Injuries (e.g., suffocation)

Race and Infant Mortality

Figure 2: Total and Preterm-related Infant Mortality by Mother's Race/Ethnicity, United States, 2010.[5]
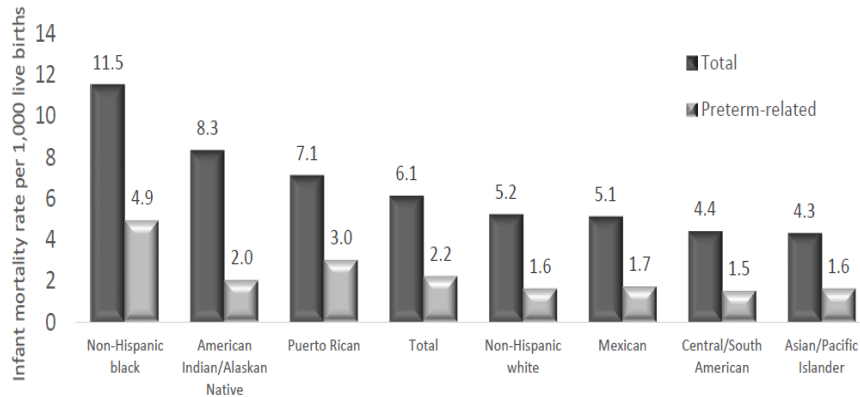
March of Dimes, 2015

Prevalence of Maternal Death

- Women in the US have a greater risk of dying from pregnancy-related complications than women in **46** other countries *(WHO, 2010)*.
  - **Maternal death rate in US is ~21 per 100, 000 live births**
    - *Has significantly increased over the last several years*
  - **On average, 2-3 women die each day in the US**
 - **African American women have a 3-4 fold higher risk of dying than Caucasian women.** (Deadly Report: The Maternal Health Crisis in the US. Amnesty International, 2010).

Racial Disparities in Pregnancy-related Mortality

Maternal Death Rate	Race
11.8	White women
41.1	Black women
15.7	Women of other races

CDC, 2012

Trends in pregnancy-related mortality in the United States: 1987–2012
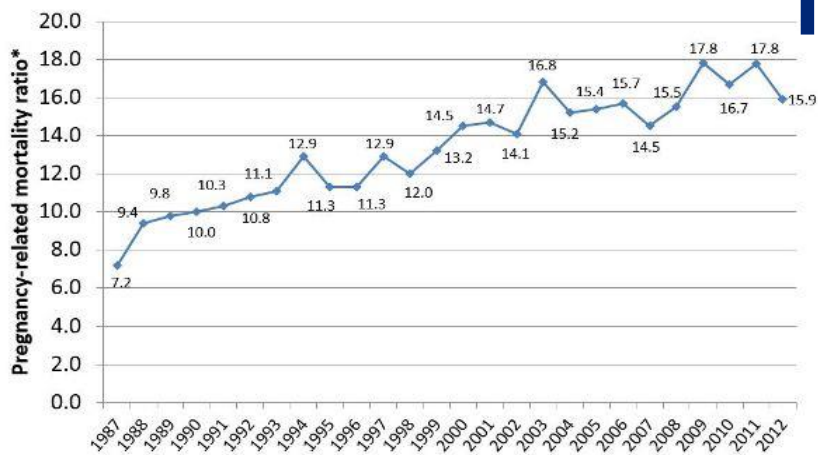
*Note: Number of pregnancy-related deaths per 100,000 live births per year.

Causes of Maternal Death

- The **spectrum** of Cardiovascular Disease is the Leading Cause
  - Cardiomyopathy
  - Heart disease
  - Preeclampsia
- Obstetric Hemorrhage is the leading **single cause** of maternal death
  - Considered preventable in the vast majority of cases

The Components of Healthcare Equity

- **Cultural Competence**
- **Language Access**
- **Health Literacy**

1. Culture

- A system of beliefs, values, rules, and customs that is shared by a group.
- Reflected in the way a person accepts, orders, interprets, and understands experiences throughout the life course.

Culture impacts everyday of our life
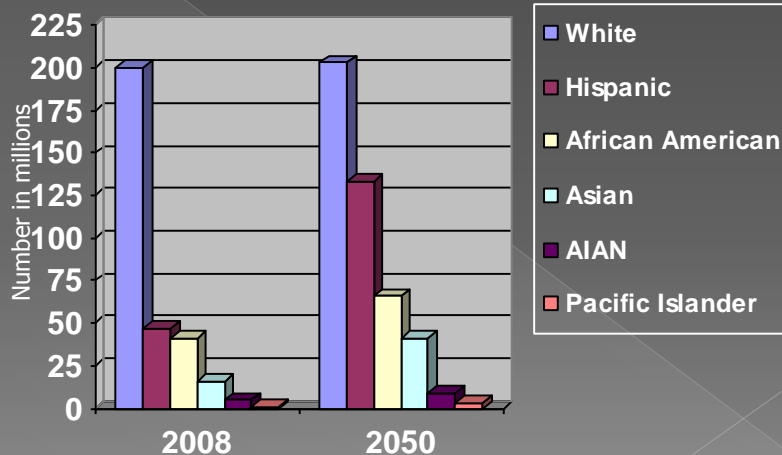
Compelling Reasons for Cultural Competence

1. To address *healthcare disparities*.

2. To respond to demographic changes.

3. To improve the quality of services & outcomes.

4. To meet legislative, regulatory & accreditation mandates.

Adapted from: National Center for Cultural Competence, Georgetown University

Changing Demographics: US

Projected population growth by race, 2008 – 2050

Number in millions

	2008	2050
White	~200	~205
Hispanic	~47	~135
African American	~40	~65
Asian	~15	~40
AIAN	~5	~8
Pacific Islander	~2	~5

- White
- Hispanic
- African American
- Asian
- AIAN
- Pacific Islander

US Census Bureau, released 8/14/2008

Visible & invisible diversity encompasses issues related to….

- race
- color
- class
- age
- experience
- ability
- gender
- ethnicity
- geography

- education
- language
- religion
- politics
- sexual orientation
- gender identity
- health status
- socio-economic status
- resident status

….within each of our communities

Cross Cultural Health Care Program, 2011

Cultural competence can lead to…

- Increased patient satisfaction
- Increase in patients' healthcare-seeking behavior
- More successful patient communication and education
- More appropriate testing and screening
- Fewer diagnostic errors
- Avoidance of drug complications
- Greater adherence to medical advice
- Expanded choices and access to high-quality clinicians

….reduced racial/ethnic healthcare disparities and improved quality of care

"The Provider's Guide to Quality & Culture," Management Sciences for Health, Electronic Resource Center

Cultural Issues Affecting Clinical Care

1. **Styles of communication**
   - Eye contact, touch, personal space, language
2. **Decision-making & family dynamics**
   - Autonomy; how do patients want to hear news?; who should be involved?
3. **Role of Biomedicine**
   - Who else does the patient see?
4. **Traditions, customs, & spirituality**
   - What customs may interfere with care?
5. **Sexual & gender issues**
   - Spokesperson, modesty, practitioner preference
6. **Mistrust & prejudice**
   - Healthcare system & team, fear/Hx of unfair treatment

Culture, Birth, and Babies

- Prenatal care
- The birth environment
- Pain
- Giving gifts
- Privacy
- Gender roles
- Surgery and refusing care
- The placenta

- Hot/cold treatment
- Postpartum care
- Bonding
- Baby naming
- Breastfeeding & colostrum
- Bellybuttons
- Grieving
- Generational differences

The LEARN Model

Finding mutual understanding and common ground

L isten to the patient's perspective

E xplain your perspective

A cknowledge differences between the perspectives

R ecommend treatment

N egotiate agreement

"Crossing Cultures: *LEARN* to Improve Health"

Accomplishing the "**L**"

- What do you call your problem?
- What do you think has caused your problem?
- Why do you think it started when it did?
- What does your sickness do to you?
- How severe is it?
- What do you fear most about your sickness?
- What are the chief problems your sickness has caused you?
- What kind of treatment do you think you should receive?
- What are the most important results you hope to receive from the treatment?

2. Language Access

Language Facts

- Census Bureau reports at Least **350 languages** spoken in U.S. homes (2015)
- "Limited English Proficiency" is defined as speaking English less than "very well"
- Between 1990 and 2013, the LEP population grew 80 percent from nearly 14 million to **25.1 million**
- Commonly:
  - Less educated
  - More likely to live in poverty

Number of Languages Spoken in the 15 Largest Metro Areas
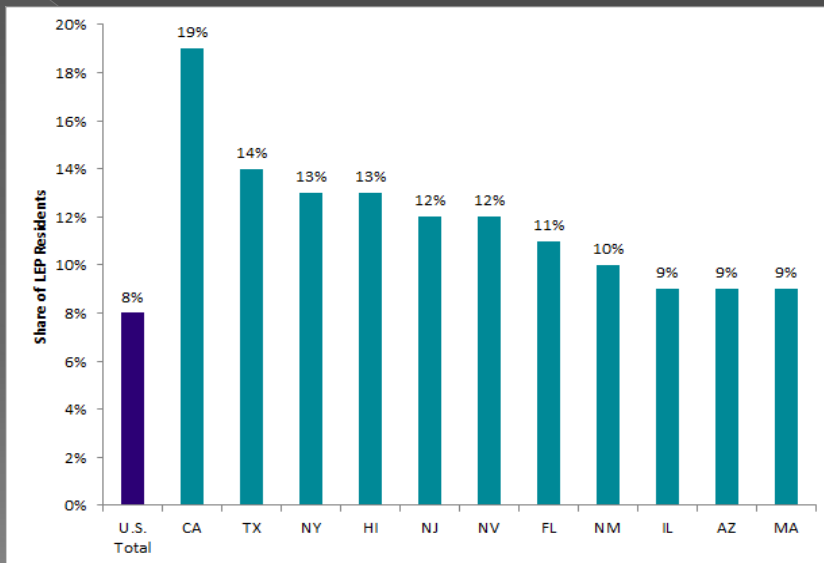
■ Number of languages
● Population in millions (M)
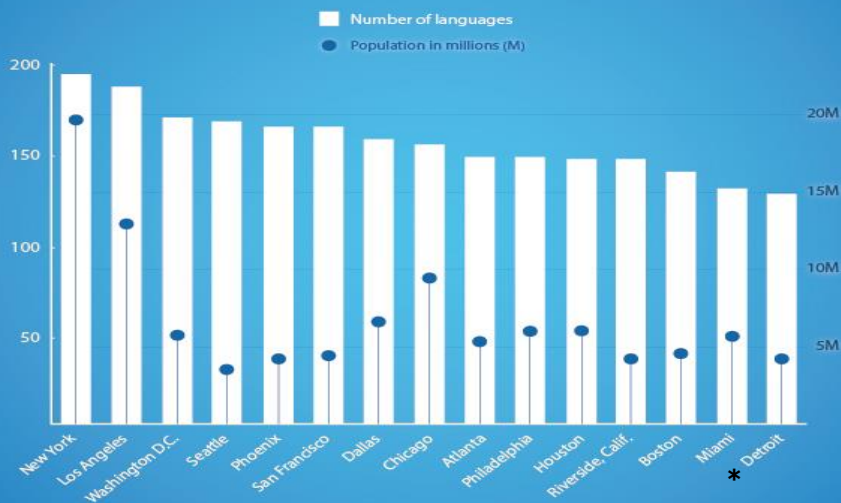
United States Census Bureau

U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov

Source: 2009-2013 American Community Survey
For more information, see www.census.gov/acs

States with Highest Share of LEP Residents, (%),

MPI tabulation of data from the U.S. Census Bureau **2013** ACS.

What if feels like <u>*NOT*</u> to have an interpreter…

http://www.youtube.com/watch?v=UBLuaoGXOBg

Language Access Services

- All hospitals are *required* to provide interpreter services to patients who speak limited English (Title VI of Civil Rights Act)
- Regulatory requirement (ie., Joint Commission)
- Interpreter Services improves...
  - ... patient safety
  - ... clinical quality
  - ... communication
  - ... patient satisfaction
  - ... adherence
  - *and reduces healthcare disparities*
- It is *NOT* acceptable to use family, friends, untrained coworkers

Reasons Not to use Untrained Interpreters

1. Lack of Translatable Words/Concepts
2. Deletion of Information
3. Modification of Meaning
4. Unfamiliar Terminology
5. Changes in Register
6. Embarrassment
7. Deliberate Editing of Information
8. Emotional Issues
9. Confidentiality

Gilbert, M.J. (2005) "The Case Against Using Family, Friends, and Minors as Interpreters in Health and Mental Health Care Settings" in Process of Inquiry— Communicating in a Multicultura Environment. From the Curricula Enhancement Modul Series. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

3. Health Literacy
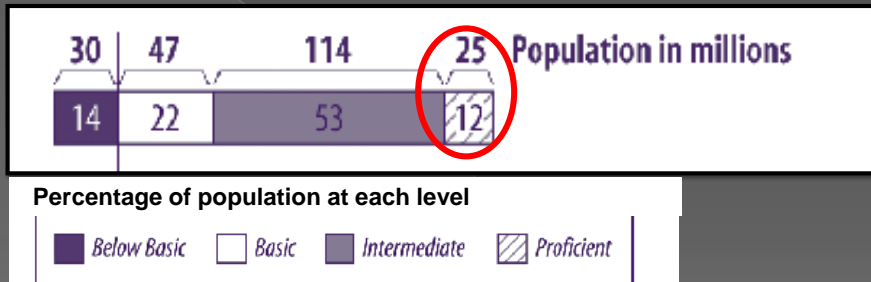

Literacy and Health Literacy

- **Literacy**
  - A person's ability to read and interpret/understand information
    - National average reading grade level is 8th grade
    - Newspapers aimed at 8th-grade reading level
- **Health Literacy**
  - A patient's ability to obtain, understand, and act on health information
  - A provider's ability to communicate clearly, educate about health, and empower patients

Health Literacy

*Only **12%** of adults are proficient*

30	47	114	25	Population in millions
14	22	53	12	

Percentage of population at each level

■ Below Basic   □ Basic   ■ Intermediate   ▨ Proficient

Implications of Limited Health Literacy:
… poorer health outcomes if patient is not able to understand health information
… less awareness of preventive health measures
… less knowledge of own medical condition cause, reason for treatment, self-care
… greater chance of exhibiting health risk behaviors (lifestyle, diet, sedentary)

Health Literacy results from the National Assessment of Adult Literacy, US Dept of Education, 2003 (last survey)

Recognizing Low Health Literacy "Red Flags"

- Incomplete or inaccurate patient registration or history forms
- Frequently missed appointments
- Non-adherence with medication regimens
- Lack of follow-through with lab tests, imaging tests, referrals
- Lab tests or physiological parameters do not change in expected fashion, although patient claims adherence to medications
- Defensiveness, aggression or agitation during discussions

Do YOU Understand?

"Transverse and longitudinal response functions have been extracted for ^{3}He, ^{12}C, ^{40}Ca, ^{48}Ca, and ^{56}Fe up to a momentum transfer of 550. The quenching of the longitudinal response function in the quasi-elastic region is significant and might be a signature of modification of the intrinsic properties of the nucleon in nuclear matter."

Strategies for Health Literacy

Use plain language
- Living room language
- Pictures/concepts
- SLOW down *(Not louder)*
- Clarify main problem/questions

Encourage questions
- "What questions do you have for me?"
- "As you think of questions, please stop me."
- "Ask me 3 questions"

Employ "Teach Back"
- "I want to be sure I explained everything clearly, so can you please explain it back to me so I can be sure?" *(Not "Do you understand?")*

Use lower literacy materials
- 5th or 6th grade level
- 1-3 key concepts
- Short & simple

Institutional & Individual Strategies for Healthcare Equity

Advocacy

- **Advocate**
  - › A person who **publicly** supports or recommends a particular cause or policy
    - · Champion, supporter, backer, promoter, proponent, spokesperson, campaigner, fighter
- **Advocacy**
  - › **Support for** or **recommendation of** a particular cause or policy
  - › A process aimed to influence public policy
    - · Support for, backing of, promotion of, championing of……
    - · Argument for, push for

Clinical Codes of Ethics

Promotes, advocates for, and protects the rights, health and safety of the patient.

Workforce

NURSES

- 3.1 million nurses in the US workforce
- The largest segment of the nation's health care workforce
- *1 in every 45 registered voter is a RN*
- 767 schools of nursing
- 400, 000+ nursing students
- Most trusted profession 13 years in a row!

PHYSICIANS

- Over 1 million doctors of medicine in the US (2013)
- 179 Medical Schools in the United States (5/2015)
- 52,000+ US Medical Students (2015)

US HEALTHCARE WORKFORCE

12,440,670

(2015)

http://kff.org/other/state-indicator/total-health-care-employment/?currentTimeframe=0&selectedRows=%7B%22wrapups%22:%7B%22united-states%22:%7B%7D%7D%7D

Speaking with Legislators

3-sentences to align the heart, head, health

The **HEART**:
Tell your personal story

The **HEAD**:
What is the reason(s) for supporting/opposing the bill?

The **HEALTH**:
The impact the policy will have on the health of constituents.

United Way 2-1-1

United Way supports <u>2-1-1</u>, a free and confidential service that helps people across North America find the local resources they need <u>24 hours a day, 7 days a week</u>

2-1-1 Resources:

- Supplemental food and nutrition programs
- Shelter and housing options and utilities assistance
- Emergency information and disaster relief
- Employment and education opportunities
- Services for veterans
- Health care, vaccination and health epidemic information
- Addiction prevention and rehabilitation programs
- Reentry help for ex-offenders
- Support groups for individuals with mental illnesses or special needs
- A safe, confidential path out of physical and/or emotional domestic abuse

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Advocacy Strategies: <u>Use your Voice</u>
Individual/Institution

- **Health Disparities**
  - › Acknowledge that they do exist/impact on health
  - › Ask the right questions to address barriers/resources
- **Culture**
  - › Respect & accept cultural differences
  - › Find mutual understanding and common ground
- **Language Access**
  - › Interpreters/translation of documents/plain language
- **Health Literacy**
  - › Strategies for Health Literacy
  - › Be aware of "Red Flags" related to literacy/health literacy (explain clearly/interpreter/translate document)

## Activity: Walk the Line

Objectives:

- To create visibility for our diversity of social experiences.

- To notice assumptions and to increase awareness for the fact that appearances do not tell the whole story.

Activity: Walk the Line

Things to think about……

- Which questions generated movement that surprised you?

- What were some of your thoughts and feelings during this exercise?

- Which specific categories of your social identity were touched on during this exercise? Which ones were not?

- Are there statements you might add?

Wrapping Up

Healthcare Equity

Language Access

Culturally Competent Communication

Health Literacy
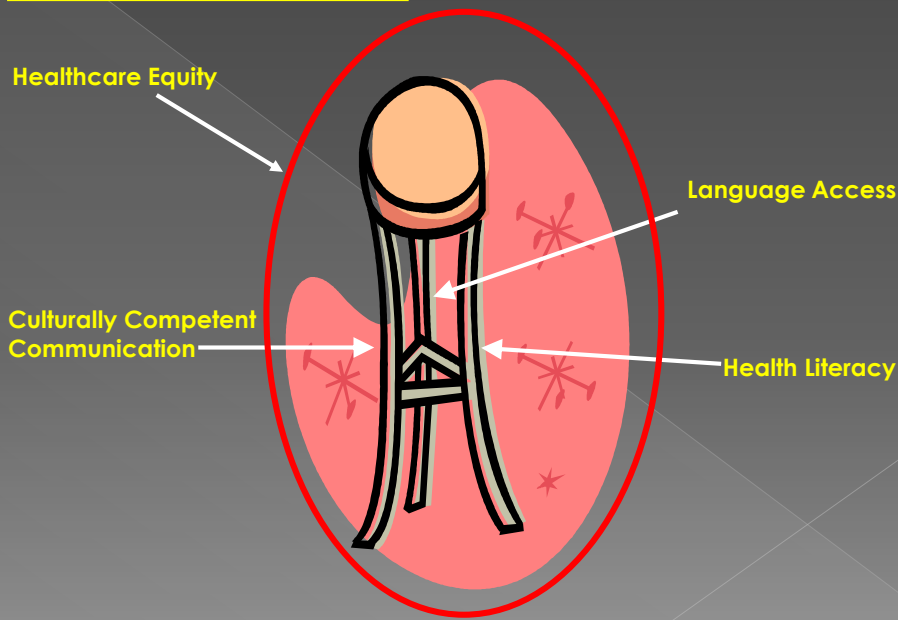
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Web Resources

- http://www.ahrq.gov (Agency for Healthcare Research and Quality)
- http://www.amnesty.org
- http://www.diversityrx.org
- http://www.equityofcare.org
- http://www.iom.edu/?id=16740 (Institute of Medicine-Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare)
- http://www.hrsa.gov/culturalcompetence/ (HRSA Cultural Competence)
- http://www.unnaturalcauses.org (Unnatural Causes: Is Inequality Making Us Sick?)
- http://www.cdc.gov
- http://henry.hfhs.org/healthcareequitycampaign
- http://www.migrationpolicy.org/article/limited-english-proficient-population-united-states

Thank You!
Questions?

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