



Moving toward Health Equity in Primary Care

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Disclosures

I have no relevant commercial relationships to disclose

Objectives

- Define health disparity, health care disparity, health equity, structural racism, and implicit bias
- Discuss the role of PAs and NPs in addressing health disparities in primary care
- Identify health disparities that may be present in primary care
- Recognize resources available to address health disparities
- Eliminating health disparities is achieve health equity part to the nation's goals. This session will explore health disparities with a focus on primary care while offering resources to address them.

Disparity \neq Difference

COVID-19 Hospitalization & Death by Race/Ethnicity

Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	2.8x higher	1.1x higher	2.6x higher	2.8x higher
Hospitalization ²	5.3x higher	1.3x higher	4.7x higher	4.6x higher
Death ³	1.4x higher	No Increase	2.1x higher	1.1x higher

Health Disparity

A particular type of health difference that is closely linked with economic, social, or environmental **disadvantage**. Health disparities adversely affect groups of people who have *systematically experienced greater social or economic obstacles* to health based on their racial or ethnic group, religion, socioeconomic -status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion

-Health People 2020

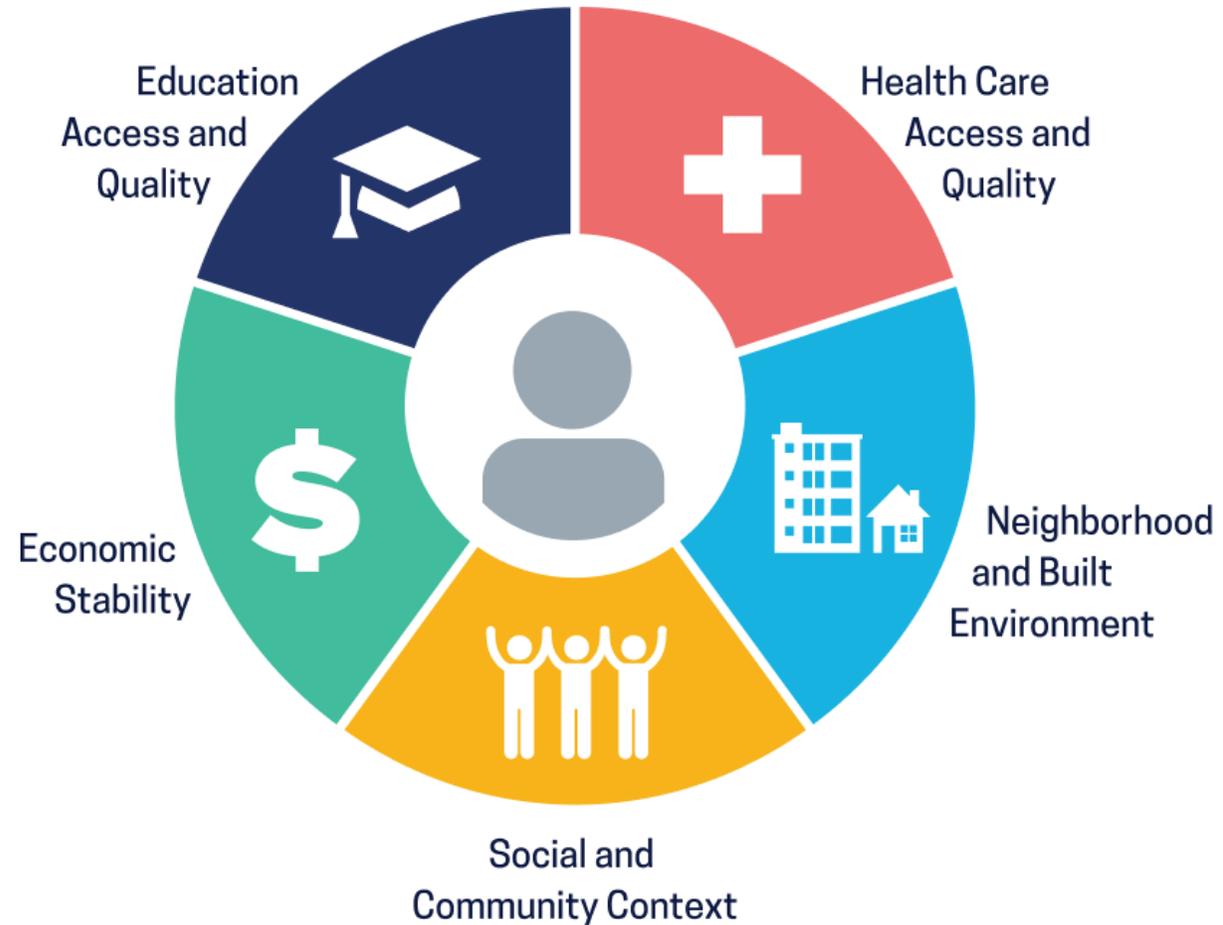
Groups with marked disparities

- Racial/ethnic groups*
- Low income*
- Low educational attainment*
- Immigrants
- Elderly
- Disabled (Intellectually and Physically)*
- Gender-based*
- Location-based (rural vs. urban)*
- LGBTQ (sexual minorities)*
- Incarcerated

The *social determinants of health* are the conditions in which people are **born, grow, live, work and age, including the health system.**

WHO

Social Determinants of Health



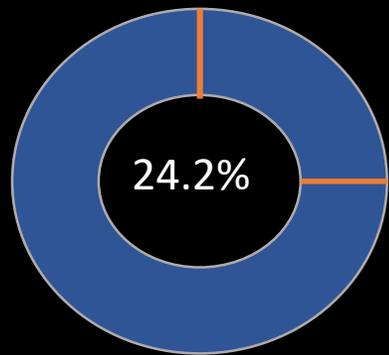
<https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Upstream Social Determinants

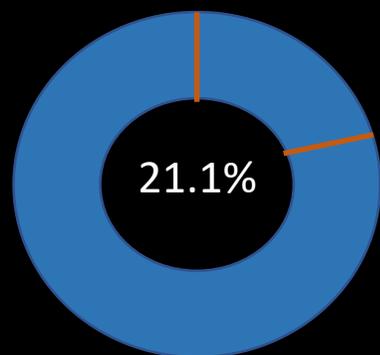
- Social Inequities
 - Racism (race/ethnicity)
 - Sexism (gender)
 - (heterosexism (sexual orientation/gender identity))
 - Poverty
- Economic inequality
- Housing segregation
- Institutions
 - Government
 - Policies
 - Cultural & social values

Poverty in the US by Race/Ethnicity 2019

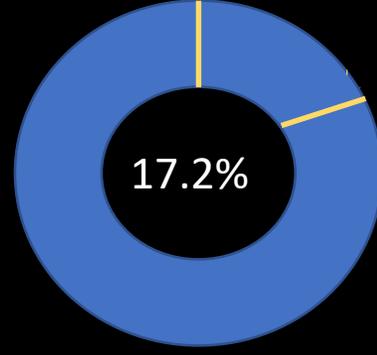
KFF



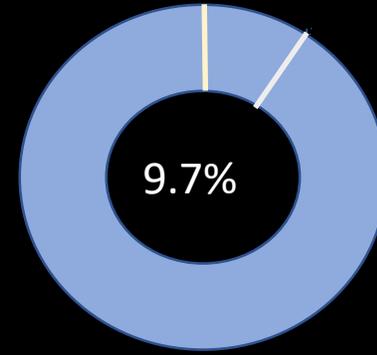
Native Americans



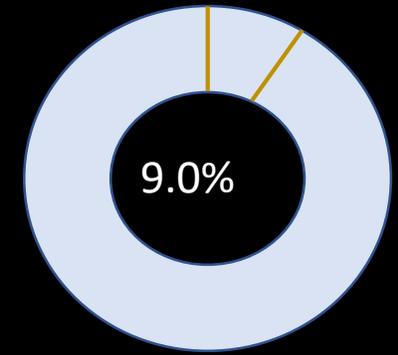
Black



Latino



Asian/PI



White

514,100



8,244,000



10,174,200



1,800,200



17,328,200



Racism – Structural Racism

- Racism - the structuring of opportunity and the assigning of value based on how one looks resulting in unfair advantage of some and unfair disadvantage of others.
 - It may be unintentional or intentional.
 - Operates at various levels across society.
 - Is an upstream force behind social determinants of health.

Levels of Racism - A Gardner's Tale

-Jones, 2001

- Institutionalized
 - Structured in policy, laws, norms
 - Provides privilege & disadvantage
- Personally Mediated
 - Prejudice
 - Privilege
 - Acts of commission & omission
- Internalized
 - Self de-valuation

Structural Racism in Medicine

- History Racism in US.
- Cadavers for medical students
- Marion Sims surgery on enslaved women without anesthesia
- Use of Henrietta Lacks cell line for medical research
- Medicine role in eugenics movement
- Racial physiology
 - Thicker skin, less sensitive nerves, faster blood clotting, smaller brains

Examples of Health Disparities - *Asthma*

Compared to White population:

- Native Peoples – children 60% as likely
- Latinx – 2X as likely
 - Puerto Rican children 2X as likely as rest of Latinx population
- African American – children 10X mortality
- Asian American – generally lower rates

Examples of Health Disparities - *Cancer*

Compared against White population:

- Native Peoples – 2.3X higher mortality
- Latinx – 2X likely die liver cancer
- African American
 - Men - 2.5X likely to die from stomach cancer
 - Women 40% likely to die breast cancer
- Asian American – women 2.8X likely to die from stomach cancer

Examples of Health Disparities - *Heart Disease*

Compared against White population:

- Native Peoples – 50% more likely CHD
- Latinx – generally less likely to have HD
- African American – 40% more likely hypertension
- Asian American – generally 50% less likely to have HD

Examples of Health Disparities - *Immunizations*

Compared against White population:

- Native Peoples
 - Adults - 10% less likely flu
 - Adolescent females - 10% less HPV
- Latinx
 - Adults - 30% less likely flu
 - Women - 10% less HPV
 - Over 65 - 10% less likely flu
- African American
 - Over 65 - 10% less likely flu
 - Women - 10% less likely HPV
- Asian American
 - Over 65 - 30% less likely flu
 - Women - 20% less likely HPV

Examples of Structural Racism in Medicine

- Race in medicine as proxy
 - SES
 - Cultural
 - Genetics
- Applying stereotypes in patient guidelines
 - Blacks do not respond to BB, ACE-inhibitors
 - Blacks have different eGFR for the same creatinine level

Health Care Disparity

- Differences between disadvantage groups in access, use of care and *quality* of care

-Kaiser Family Foundation

- Differences in the *quality* of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention

-Based on IOM Unequal Treatment 2003

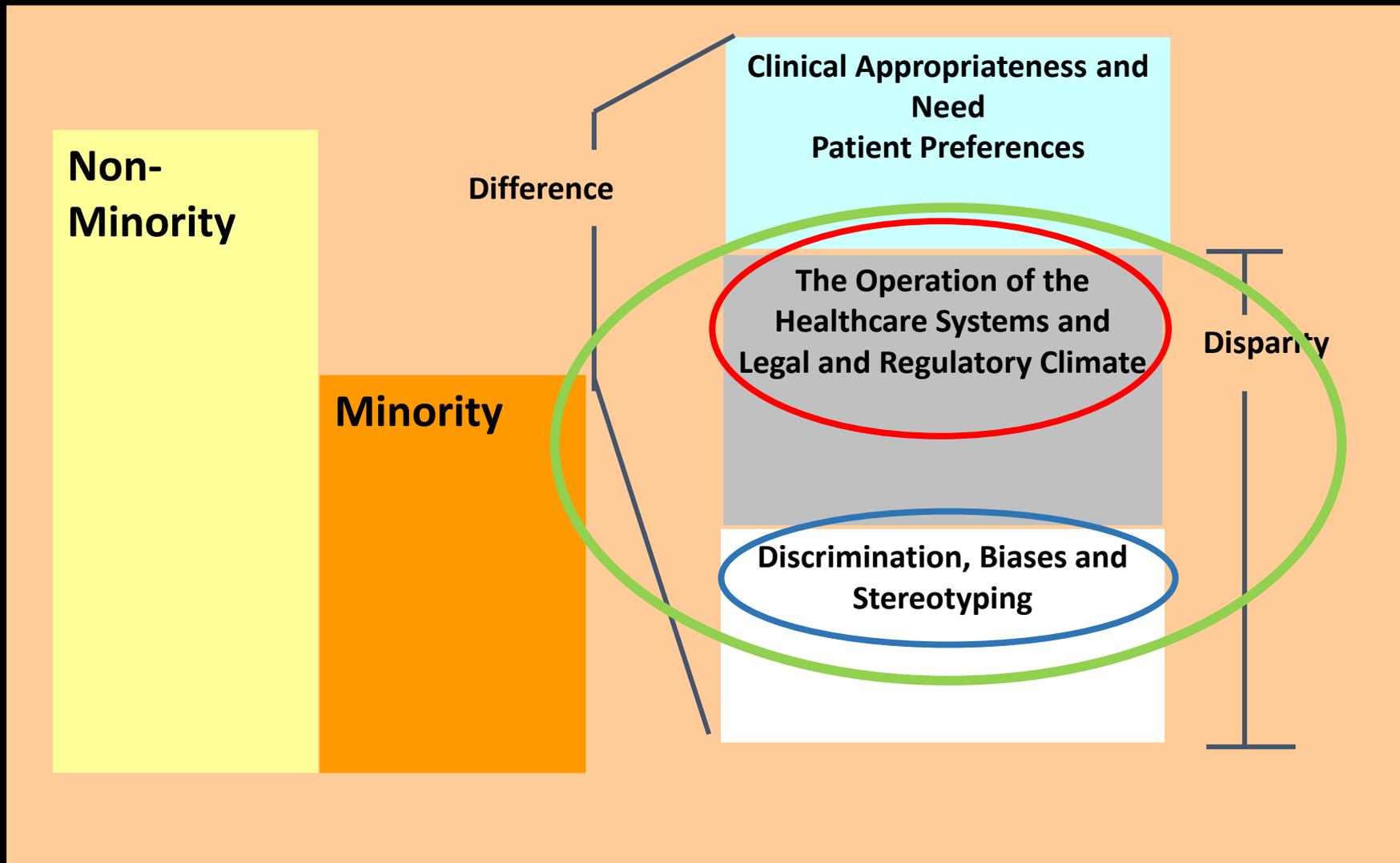
Unequal Treatment

- 60+ pages of references
- “Disparities are found even when clinical factors, such as stage of disease presentation, co-morbidities, age, and severity of disease are taken into account;...”
- “Disparities are found across a range of clinical settings....”
- Disparities among People of Color in:
 - Access
 - Preventive Care
 - Treatments

Examples of Health Care Disparities - *Racial*

Compared against White population:

- Native Peoples
 - 28% vs 8.5% report sometimes or never spent enough time
 - 19.1% vs 4.8% understandable explanations
- Latinx
 - 42.5% vs 50.1% children had preventive dental service
- African American
 - Lower percentage of patients with MI with time fibrinolytic meds
- Asian American
 - 11.% vs 2.2% experienced adverse drug events
 - 89.2% vs 95.9% offered language assistance
- Native Hawaiian/ Pacific Islander
 - 77% vs 92.8% could state whether BP normal or high
 - 82.2% vs 86.1% with HIV who know serostatus



Implicit Bias

- Application of unconscious attitudes or beliefs, affects perceptions, understanding, decisions and actions
- Formed over lifetime
 - Experiences, messages
- Common areas
 - Race/ethnicity
 - Physical appearance
 - Age
- Implicit Bias = Unconscious Bias

Implicit Bias in Medicine

- African American and Latinix provided less pain medicine – appendicitis, long bone fractures
- Black offered less aggressive cardiac diagnostic workup & treatment
- Black offered less fibrinolytic medication
- White bias:
 - Less time spend with Black patients, more frequent interruption of conversations, clinician dominated interaction

COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED SITUATIONS



CLOSE / PHYSICAL CONTACT



ENCLOSED SPACE



DURATION OF EXPOSURE

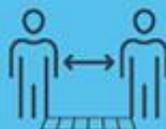
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Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

ACTIONS TO REDUCE RISK OF COVID-19



WEARING A MASK



SOCIAL DISTANCING (6 FT GOAL)



HAND HYGIENE



CLEANING AND DISINFECTION



¹ Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.

² Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>, accessed 08/06/20). Numbers are ratios of age-adjusted rates.

³ Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm>, accessed 08/06/20). Numbers are unadjusted rate ratios.

cdc.gov/coronavirus

Disparities of Sexual Orientation / Gender Identity

Examples of Health Disparities - *LGBT*

Compared against Straight population:

- Smoking & ETOH
 - Severe -2X Lesbian, Gay ; 3X Bisexual
- Mental Health
 - Adults – increase depression, suicidality, eating disorders, anxiety
 - Youth – trans/nonconforming increased depression, ADD
- Cancer
 - Lesbian & Bisexual – higher breast & cervical ca
 - Gay, MSM – higher anal cancer
- Heart Disease Risk
 - Lesbian, Bisexual, Gay increased risk

Examples of Health Care Disparities - *LGBTQ*

- Transgender
 - 29% - refused treatment
 - 21% - verbally harassed
 - 29% - physically or sexually assaulted
 - 23 % - did not seek care ²⁰ to fear mistreatment

Health Equity

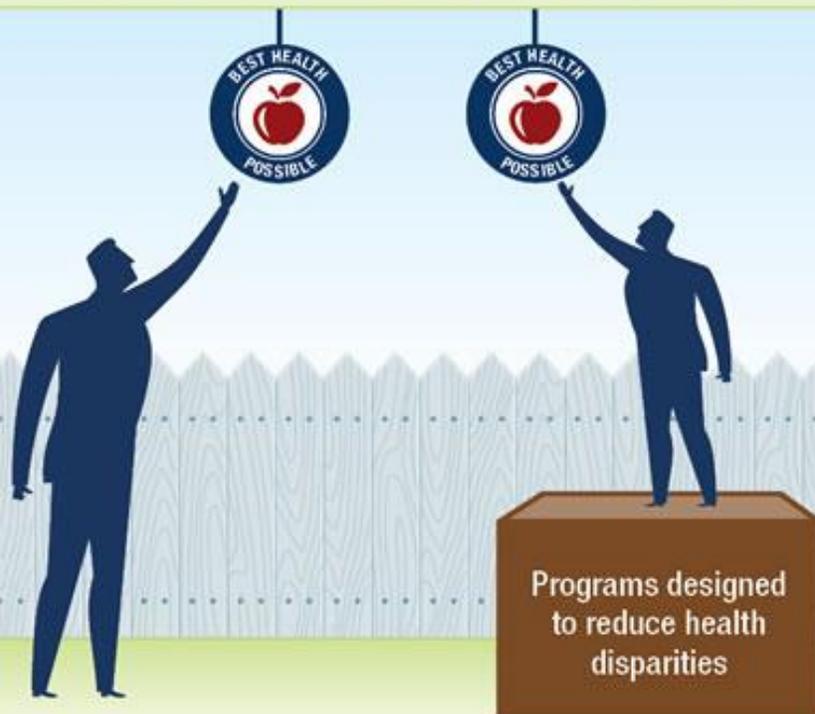
- Principle underlying a commitment to reduce—and, ultimately, elimination disparities in health and in its determinants, including social determinants. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

-Braverman 2014

- Absence of disparities in health (or its social determinants) that are systematically associated with advantaged/disadvantaged social groups. Everyone has the opportunity to maximize their health.

— REACHING FOR — *Health Equity*

Reducing health disparities brings us closer to reaching health equity.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

<http://www.cdc.gov/minorityhealth/strategies2016/>

CS262907

What can you do with your patient

- *Take a good history*
- *Search for data on population group & disease*
- *Ask what does this mean for my patient?*
- *Think about each patient as a uniquely complex person*
- *Take coursework on Minority Health, Cultural Competency, Sexual Orientation and Gender Identity*
Minority Health
- *Use your privilege - speak up for vulnerable populations*



Overcoming Implicit Bias

- Plan in advance
- Mindfulness
 - Perspective taking
- Awareness of high-risk situation
 - Time, fatigue, stress
- Intentionality against snap judgements
 - Information about patient as individual
 - Avoid generalizing
- Increase contact & interaction
- Reverse stereotyping

What you can do in your practice

- Create a safe feeling environment
 - Pictures, language, train staff
- Create cues for screening
 - Screen for diseases of increased risk early
- Get Outside the Box – American Academy of Nephology PAs
- Use your privilege - speak up for vulnerable populations



Take Home Points

- Definitions from Health Disparity →→ Health Equity
 - Social determinants are the underlying factors
- You play a role in moving toward health equity – eliminating disparities
 - Recognize role of racism in medicine
- Be mindful of the complexity & humanity of patients
 - Be intentional in your interactions
 - Tools and resources for self & your practice

Racial Health Disparity Resources

- Office of Minority Health - US Dept of Health & Human Services – Minority Population Profiles
<https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=26>
- CDC Minority Health – Health Equity
<https://www.cdc.gov/minorityhealth/chdir/index.html>
- 2018 National Healthcare Quality and Disparities Report
<https://www.ahrq.gov/research/findings/nhqrdr/nhqdr18/index.html>
- Out of the Box Health Disparities for Your Practice - AANPA
<http://aanpa.org/outsidethebox.html>

LGBTQIA+ Resources

- LGBT PA Caucus <https://lbgtpa.org/>
- National LGBTQIA+ Health Education Center - <https://www.lgbtqiahealtheducation.org/>
- GLMA
<http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=622&parentID=534&nodeID=1>
- Out of the Box Health Disparities for Your Practice - AANPA
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Implicit Bias Resources

- *Project Implicit* - Implicit Association Test (take test and reflect on what it means for patient interactions)
<https://implicit.harvard.edu/implicit/takeatest.html>
- *Blindspot: Hidden Bias of Good People*. Banaji MR & Greenwald AG
2016 Bantam Books
- *Implicit Bias* - DCRx: The DC Center for Rational Prescribing (1.5 hr CME) <https://dchealth.dc.gov/dcrx>

Selected References

- Healthy People 2030 Social Determinants of Health
<https://health.gov/healthypeople/objectives-and-data/social-determinants-health>
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<https://www.kff.org/other/state-indicator/poverty-rate-by-raceethnicity/?dataView=1¤tTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
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