Achieving Health Equity: What Will It Take?

Addressing Structural and Institutional Racism

Laura Botwinick, MS
Institutionalized racism is defined as differential access to the goods, services, and opportunities of society by race. Institutionalized racism is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator.

- Camara Phyllis Jones, MD, MPH, PhD, Immediate Past President American Public Health Association

https://www.apha.org/events-and-meetings/webinars/racism-and-health
Camara Jones discusses 3 levels of racism: institutionalized, personally mediated, and internalized. She presents an allegory about a gardener with 2 flower boxes, one with rich soil and one with poor soil, and the red and pink flowers that grow there, to illustrate the impact of racism.

Source: Am J Public Health. 2000;90:1212–1215, Camara Phyllis Jones, MD, MPH, PhD
It is possible for racism to exist in institutional structures and policies without the presence of racial prejudice or negative racial stereotypes at the individual level.

- Williams and Mohammed (2013)
Racism: a system of advantage based on race


- Adopted from Race Forward: The Center for Racial Justice Innovation
“This is the difference between racism and prejudice. There is an unattributed definition of racism that defines it as prejudice plus power. Those disadvantaged by racism can certainly be cruel, vindictive and prejudiced….But there simply aren’t enough black people in positions of power to enact racism against white people…” — Why I’m No Longer Talking to White People About Race, 2017
Intersectionality — a framework for understanding how “multiple social identities such as race, gender, sexual orientation, socioeconomic status, and disability intersect at the micro level of individual experience to reflect interlocking systems of privilege and oppression.”

Added Burden of Race

- Race and Social Economic Status (SES) reflect two related but not interchangeable systems of inequality.
- SES accounts for a large part of the racial differences in health.
- But, there is an added burden of race, over and above SES that is linked to poor health.

Slide Credit: David R. Williams, PhD, MPH, Florence & Laura Norman Professor of Public Health, Professor of African & African American Studies and of Sociology, Harvard University
## History

- **Slavery**: 1619 – 1865 (246 years)
- **Reconstruction**: 1863 – 1877 (14 years)
- **Jim Crow**: 1877 – 1964 (87 years)
- **Civil Rights Act**: 1964 – formally dismantled the Jim Crow system of discrimination in public accommodations, employment, voting, education and federally financed activities
- **Voting Rights Act**: 1965 – eliminated discriminatory barriers to effective political participation
- **Redlining**: 1934 – 1968
- **Segregation of work places, schools, etc.**: 1965 - present
- **Drug War and Age of Mass Incarceration**: early 1980’s - present

~250 years of slavery + 100 years of Jim Crow + 50 years of covert forms of Structural Racism = 350 years of overt and covert structural racism
EQUALITY

EQUITY

REALITY
What about the fence?

Racial Indifference

“Racial caste systems do not require racial hostility or overt bigotry to thrive. They need only racial indifference.” p.14

- The New Jim Crow: Mass Incarceration in the Age of Colorblindness, Michelle Alexander
“I have almost reached the regrettable conclusion that the Negro's great stumbling block in his stride toward freedom is not the White Citizen's Counclier or the Ku Klux Klanner, but the white moderate, who is more devoted to "order" than to justice; who prefers a negative peace which is the absence of tension to a positive peace which is the presence of justice…” – *Letter from a Birmingham Jail*
Racial Indifference

Can we imagine this happening if it was young white men being rounded up to prison, and young black men trotting off to college? No, we cannot.” p. 205

- The New Jim Crow: Mass Incarceration in the Age of Colorblindness, Michelle Alexander
“The Affordable Care Act….expansion of Medicaid was effectively made optional, meaning that many poor blacks in the former Confederate states do not benefit from it. The Affordable Care Act, like Social Security, will eventually expand its reach to those left out; in the meantime, black people will be injured.”

The Case for Reparations by Ta-Nehisi Coates, June 2014
Institutional Racism in Health Care Organizations – IHI White Paper Examples

- Physical Space: Buildings and Design
  - Accessibility
  - Décor
  - Parking
  - Cleanliness
  - Wait Times
  - Design of the buildings (for whose convenience)
  - Provision of care in newer facilities (for who)
- Health Insurance Plans
- Reduce Implicit Bias
What Does Institutional Racism in Health Care Organizations Look Like?

- Few health providers that match the race and ethnicity of the community
- Under-representation of people of color in leadership (executive staff and boards)
- Funding for certain priorities over others
- Unfriendly, unwelcoming atmosphere (staff, décor)
- Cleanliness of health facilities is subpar
- Health facility not accessible by public transportation
- Hours of operation not easily accessible for working people with little flexibility or time off
- High parking fees – not affordable by low income people
What Does Institutional Racism in Health Care Organizations Look Like?

Take a few minutes for discussion at your table and name 2 more ways we see institutional racism in health care organizations.
Trust: Legacy of Tuskegee

- US Public Health Service experiment to follow natural history of untreated syphilis 1932-1972
- Black subjects left untreated and unaware of disease, subsequent partner and congenital infections
- Still discussed among African-American communities wary of ‘research’ from large academic institutions

Slide Credit: Doriane C. Miller, MD, Associate Professor of Medicine, Director, Center for Community Health and Vitality, “Reflections on Community Engagement: Listening and Learning,” University of Chicago, Nov 1, 2016
Trust: Henrietta Lacks

- Treated at Johns Hopkins University for cervical cancer in 1950

- Samples of cervical cancer cells taken without her consent for laboratory experiments

- Still used in experiments worldwide, known as HeLa cells, cell line continues to live

The Immortal Life of Henrietta Lacks by Rebecca Skloot Mar 8, 2011

Slide Credit: Doriane C. Miller, MD, University of Chicago
Racism in Health Care

African Americans report avoiding seeking health care because of discrimination in the health care system.

• 22% say they have avoided medical care, even when in need, for fear of discrimination.

• 32% of African Americans say they have been personally discriminated against because they are Black going to the doctor or health clinic.

Racism in Health Care

White Coats 4 Black Lives

Pritzker School of Medicine, University of Chicago

Medical Students Stage Nationwide Protests Against Police Brutality, Dec 2014

Jawad Husain/Twitter
Boston University medical students

thephnepham/Twitter
University of California, Irvine students
Institutional Investments in Communities
Build Trust

• Dignity Health in California created a community investment fund in 1994, which they invest in both community clinics and social determinants such as affordable housing.

• Trinity Health in Michigan developed a community investment program to fund housing, revitalize urban and rural areas, provide child care, support businesses owned by low-income individuals, improve the physical environment, and promote healthy communities.

• Henry Ford Health System in Michigan launched Generation With Promise that annually provides 37,000 youth and adults with skills-based education and training.

Unconscious Bias

- Stereotypes are activated automatically (without intent).
- We frequently are not aware of activation nor impact on their perceptions, emotions and behavior.
- Activated more quickly and effortlessly than conscious cognition.
Real World Studies

- Resumes sent to employers advertising jobs in Chicago and Boston - randomly assigned ‘white’ or ‘AA’ sounding names. Applicants with ‘white’ sounding names were more likely to be called for interviews


- Blinded symphony orchestra auditions increased hiring of women by 25%


Slide Credit: Deborah Burnet, MD, University of Chicago
Minimizing Bias

- Recognize that you (we) are subject to influence of bias
- Take the Implicit Association Test (IAT) [https://implicit.harvard.edu](https://implicit.harvard.edu) - Attitudes related to race, gender, mental health, weight & other issues
- Diversify your search committee.
  - Diverse perspectives can help counteract tendency to unconscious bias
  - Broadens social network for active search

Slide Credit: Deborah Burnet, MD, University of Chicago
Strategies to reduce implicit bias

• **Stereotype replacement:** Recognizing that a response is based on stereotype and consciously adjusting the response
• **Counter-stereotypic imaging:** Imagining the individual as the opposite of the stereotype
• **Individuation:** Seeing the person as an individual rather than a stereotype (e.g., imaging or learning about their personal history and the context that brought them to the doctor’s office or health center)
• **Perspective taking:** “Putting yourself in the other person’s shoes”
• **Increasing opportunities for contact with individuals from different groups:** Expanding one’s network of friends and colleagues or attending events where people of other racial and ethnic groups, gender identities, sexual orientation, and other groups may be present

What is Health Equity, and Why Does It Matter?

David R. Williams, PhD, MPH; Professor of Public Health at the Harvard T.H. Chan School of Public Health

Don Berwick conversation with David R. Williams – eight short video segments, a resource for training on health equity

Diversity in the Workforce
Companies with diverse leadership teams perform better

Diversity's dividend
What's the likelihood that companies in the top quartile for diversity financially outperform those in the bottom quartile?¹

- 15% more likely to outperform
  Gender-diverse companies
- 35% more likely to outperform
  Ethnically diverse companies

¹Results show likelihood of financial performance above the national industry median. Analysis is based on composite data for all countries in the data set. Results vary by individual country.
Source: McKinsey analysis

“The physician-patient relationship is strengthened when patients see themselves as similar to their physicians in personal beliefs, values, and communication. Perceived personal similarity is associated with higher ratings of trust, satisfaction, and intention to adhere. Race concordance is the primary predictor of perceived ethnic similarity, but several factors affect perceived personal similarity, including physicians’ use of patient-centered communication.”

Understanding Concordance in Patient-Physician Relationships: Personal and Ethnic Dimensions of Shared Identity
RL Street et al, 2008

http://www.annfammed.org/content/6/3/198.short

See also: http://commonhealth.legacy.wbur.org/2012/02/minority-doctors-diversity
“I’ve come to believe the true measure of our commitment to justice, the character of our society ... cannot be measured by how we treat the rich, the powerful, the privileged, and the respected among us. The true measure of our character is how we treat the poor, the disfavored, the accused, the incarcerated, and the condemned.”

- Bryan Stevenson, Just Mercy, 2014
Laura Botwinick

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Achieving Health Equity: What Will It Take?

Case Example from Cambridge Health Alliance

Judy Fleishman, PhD
Greg Sawin, MD, MPH
Case example
Tufts Family Medicine Residency at Cambridge Health Alliance
Who we are, our vision, our values

- **Cambridge Health Alliance (CHA)** is a safety net healthcare system with an explicit mission to provide high quality care to a diverse and complex patient population.

- The **Tufts Family Medicine Residency at CHA** aims to train physicians to provide this care and lead ongoing improvement and innovation to improve the health of underserved and disenfranchised populations.
Malden
Our “equity chasm”

- Research shows that concordance of physician/patient background increase patient adherence, patient outcome, and patient satisfaction.

- Over 50% of our Malden patient population are people of color, and over 50% of Malden students speak a first language other than English.

- In 2015, among our 24 residents
  - 12% (3) were people of color
  - 3 were proficient in a language other than English.
Early stages of our journey

- Individual journeys
- Personal and community conversations
- Political climate in the US
My journey
Early stages of our journey (continued)

- Individual journeys

- Personal and community conversations

- Political climate in the US
Identifying our work

- Residency strategic planning
- Recruitment
- Awareness
- Culture
- Curriculum
Residency Strategy

“If you want to make it a priority, then you have to make it a priority. We often long for diversity and equity but then don’t do the difficult work of examining our policies and practices, our ‘sacred cows’ that get in the way. Some of our sacred cows need to be slaughtered.”

- Greg Sawin, TFMR Residency director
Recruitment

- Highlighting our commitment to health equity as primary in recruitment efforts

- Change of interview screening criteria

- Standardization of applicant evaluation with explicit focus on commitment to health equity

- Goal of 50% underrepresented minorities in every residency class
2015, 2016, 2017 People of Color = 3 (13%)
Languages spoken

2018, 2019, 2020 People of Color = 13 (57%)
Languages spoken
Awareness

- Residency retreats on racism
- Monthly departmental grand rounds on Health Equity
- Faculty development on racism, gender discrimination, unconscious bias
- “Health Equity” minute in residency meetings
Culture

- Asking about experiences of race: with residents, faculty, staff

- Naming racism publicly when we see it

- Inviting feedback about clinical and educational experiences that interfere with health equity

- Discussion of experiences of racism with our Patient Advisory Council
CHA’s Evolution of outward facing signs of welcome.
We accept you.

Te aceptamos así.

Nós te aceitamos.

Nou aksepte w jen w ye a.
Curriculum

- Expansion of community health curriculum to explicitly address health equity
- Health equity working group composed of faculty, residents, and staff
- Attending to hidden curriculum
Lessons learned

- Fail early, fail forward
- Don’t let the perfect be the enemy of movement
- Need for deep humility, compassion, and courage
- Do everything
Thank you.

Questions and comments?
“SDOH” Beyond Care

Winston F. Wong, MD, MS, Medical Director, Community Benefit Kaiser Permanente

@choucair
#NPFPublicHealth
Our Mission

To provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.
A Health System that Touches Millions of Lives

Washington

Northwest

California

Colorado

Mid-Atlantic States

Georgia

Hawaii

$64 B operating revenue

11.8 M members

200,000 employees

20,000+ physicians

39 hospitals

670+ medical offices
Many Factors Shape Health:

*Medical care is one component.*

- **Medical care** (Clinical Care) 20%
- **Health Behaviors** 30%
- **Social and Economic Factors** 40%
- **Physical Environment** 10%

County Health Rankings Model
Healthy Individuals Make Healthy Communities and Healthy Communities Make Healthy Individuals

Integrating Vital Components of Health

- HIGH QUALITY CARE
- AFFORDABILITY
- COMMUNITY HEALTH
Most Health system SDOH Efforts exist in this
• Individuals suffer from disease

• Intentional inquiry of factors and issues that influence the trajectory of disease

• Intentional inquiry of factors and issues that are "non-clinical" are social determinants

• Negative social determinants can be ameliorated by connecting individuals to social and community services
Kaiser Permanente *Equitable: Where We Are*

**Systems**

- The concept of **equity must be integrated** throughout health care operations and all other dimensions of quality improvement and health care practices.

- **Holistic cultural responsiveness** (person-centered) must be a system property that is incorporated in the design, delivery, and evaluation of health care interventions.
The Evolution of the U.S. Healthcare System

Sick Care System

TREAT Acute Illness

U.S. Healthcare System

Coordinated Health Care System

MANAGE & IMPROVE Health and Well-being of Individuals

Community Integrated Health System

IMPROVE Health and Well Being of Individuals and Communities

Kaiser Permanente
Our Approach to Community Health

Core Values of Community Health

- Drive for health equity
- Focus on most underserved and vulnerable populations
- Listen to and learn from communities
- Partner with communities and all sectors in our work
- Integrate with all parts of Kaiser Permanente to deliver community health outcomes
- Contribute to health care affordability through community health
- Scale for greatest impact
- Rigorous measurement and use of data
Our Vision for a Community-Integrated Health System

- Care delivery integrated across full spectrum of health (prevention, mental and physical, complex cases, social needs/community resources).
- Engaging and partnering with communities to improve conditions for health.
- Individuals and communities empowered in advocating for and designing health.
Socio-demographics Matter (Race, Income & Crime): Addressing Equity within our “zipcode footprint”

**Richmond Area**
- KP members have:
  - Some higher than average asthma prevalence
  - Higher hypertension prevalence
  - Higher obesity prevalence
  - Higher diabetes prevalence

- KP workforce has:
  - Higher obesity prevalence
  - Higher diabetes prevalence

- Population:
  - Is more Black/African American or Hispanic/Latino
  - Deals with higher poverty rates
  - Suffers higher violent crime rates
Increasingly, KP is investing in place based initiatives

1 South Los Angeles, CALIFORNIA—Integrated community health improvement strategy meets new MOB construction and services delivery in Baldwin Hills/Crenshaw and Watts.

2 Oakland, CALIFORNIA—Cross-sector, collaborative, city-wide effort targeting health, education, wealth, safety, and housing for children, youth, and families.

3 Baltimore, MARYLAND—Collection of intensive place-based investments, leveraging diverse KP assets to address social determinants of health.
Total Health Impact: Engaging all of Our Assets

- Economic security and opportunity
- Clean environment
- Healthy behaviors
- Access to quality clinical care

- Procurement & Supply
- Health Care Services
- Treasury
- Technology
- Human Resources
- Research
- National Facility Services
- Environmental Stewardship
- Communications
- Government Relations
- Labor Mgmt Partnership
- Community Benefit
Total Health Impact: Commitment to Supplier Diversity

Kaiser Permanente is the only health care provider member on the Billion Dollar Roundtable, spending more than $1.5 billion annually with minority- and woman-owned suppliers.
Where we are now is not where we should/will be.

HbA1c < 8.0% Rates by Age, Sex, Product Line, Spoken Language & Race/Ethnicity
Kaiser Permanente Programwide

Denominator shown at the base of bar
Measurement period ending March 31, 2017

HEDIS 2016 National 90th Percentiles:
All Members = 69.5%  Commercial = 65.7%
Medicaid = 58.4%  Medicare = 76.6%
Demographic and structural components of inequity and privilege

<table>
<thead>
<tr>
<th>Demographic Components</th>
<th>Structural Components</th>
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<tbody>
<tr>
<td>Race</td>
<td>Race</td>
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<tr>
<td>Gender/gender identity</td>
<td>Gender dominant</td>
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<td>Sexual orientation</td>
<td>Heterosexual</td>
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<tr>
<td>Ethnicity</td>
<td>Educated</td>
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<td>Language</td>
<td>English literate/only</td>
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<td>Culture and religion discrimination</td>
<td>Economic security/disposable income</td>
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<tr>
<td>Immigration (not just immigrant status)</td>
<td>Connected</td>
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<tr>
<td>Low income/poverty</td>
<td>Urbanized in secured, privatized environment</td>
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<tr>
<td>Low education</td>
<td>Protected</td>
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<tr>
<td>Social isolation</td>
<td>Represented</td>
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<tr>
<td>Incarceration/transition</td>
<td>Agency and freedom of individuality</td>
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<td>Rural isolation</td>
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<td>Veteran status</td>
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A Framework for Health Equity

UPSTREAM

SOCIAL FACTORS
- Discriminatory Beliefs (ISMS)
  - Race
  - Class
  - Gender
  - Immigration status
  - National origin
  - Sexual orientation
  - Disability

- Institutional Power
  - Corporations & other businesses
  - Government agencies
  - Schools

- Social Inequities
  - Neighborhood conditions
    - Social
    - Physical
  - Residential segregation
  - Workplace conditions

DOWNSTREAM

Risk Factors & Behaviors
- Smoking
- Nutrition
- Physical activity
- Violence
- Chronic Stress

Disease & Injury
- Infectious disease
- Chronic disease
- Injury (intentional & unintentional)

Mortality
- Infant mortality
- Life expectancy

HEALTH STATUS

HEALTHCARE ACCESS

Intentional Uses of Privilege to Address Equity

Socio-Ecological

Medical Model
Total Health Impact: Purposeful Facilities Planning
Baldwin Hills–Crenshaw Medical Office Building, South Los Angeles

The New Normal: Community Health Impact-Driven Planning

- Meet Members Where They Are
- Building Features
- Local Hiring
- Support for Job-Pipeline Programs
- Collaborative Redevelopment
- Committing Capital Resources
- Cross Medical Center Collaboration
- Leveraging Our Large Workforce

Rendering of Building

Groundbreaking Ceremony
October 20, 2015.

Community-Based Hiring:
KP contracted with National Eagle Security a minority-owned, LA-based small business.

Economic security and opportunity
Clean environment
Healthy behaviors
Access to quality clinical care

- Economic security and opportunity
- Clean environment
- Healthy behaviors
- Access to quality clinical care
Improving Economic Security in our Communities  PLAY VIDEO