

Fostering Health Equity in Alabama

Dr. Amber N. Clark-Brown
Tiffany C. Chaney, FACHE



Health Equity and Public Health



What is Equity?

Equity promotes the fair treatment, equal access, equal opportunity, and advancement for all people.



Equality



Equity



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Source: Robert Wood Johnson Foundation

What is Health Equity?

Health equity occurs when everyone has the opportunity to achieve their best health.



PAVING THE ROAD TO HEALTH EQUITY

Health Equity

is when everyone has the opportunity to be as healthy as possible



Programs

Successful health equity strategies



Measurement

Data practices to support the advancement of health equity



Policy

Laws, regulations, and rules to improve population health



Infrastructure

Organizational structures and functions that support health equity



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

The Role of Public Health

- Advocacy
- Clinical Services
- Collaboration
- Communication
- Data Collection
- Education
- Policy-Creation
- Research
- Resource Provision
- Solution Generation
- Strategy



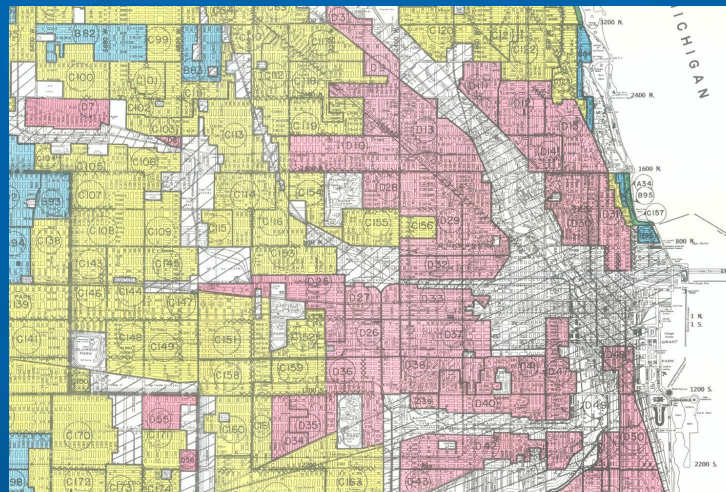
The Historical Context and it's Impact



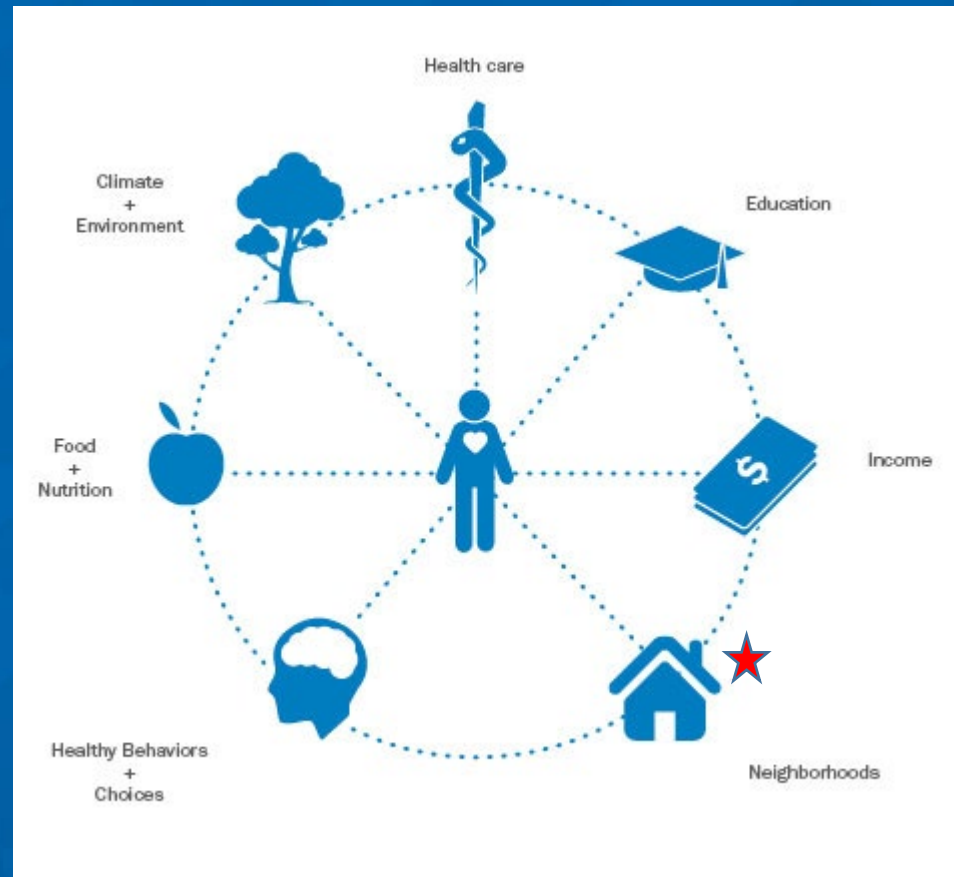
Neighborhoods



- Redlining: the practice of denying people access to credit because of where they live, even if they are personally qualified for loans.
- 1968 Fair Housing Act outlawed racially motivated redlining and charged federal financial regulators with enforcement



Health Factors



Health Equity Language



Health Equity Language

- **Cultural Humility** - having a humble and respectful attitude toward people of other cultures, rooted in self-reflection and a life-long commitment to learning
- **Health Care Disparity** – differences between groups in health insurance coverage, access to and use of care, and quality of care
- **Health Disparity** – a higher burden of illness, injury, disability, or mortality experienced by one group relative to one another.



Health Equity Language

- **Health-Related Social Needs** – an individual's unmet, adverse social conditions that contribute to poor health and are a result of underlying social determinants of health
- **Social Determinants of Health** – community-based factors influencing health: economic stability, food access, education access and quality, health care access and quality, neighborhood and physical environment, social and community context.



Focus on Health Equity Throughout Health Care System



American Hospital Association

Pledge Commitment

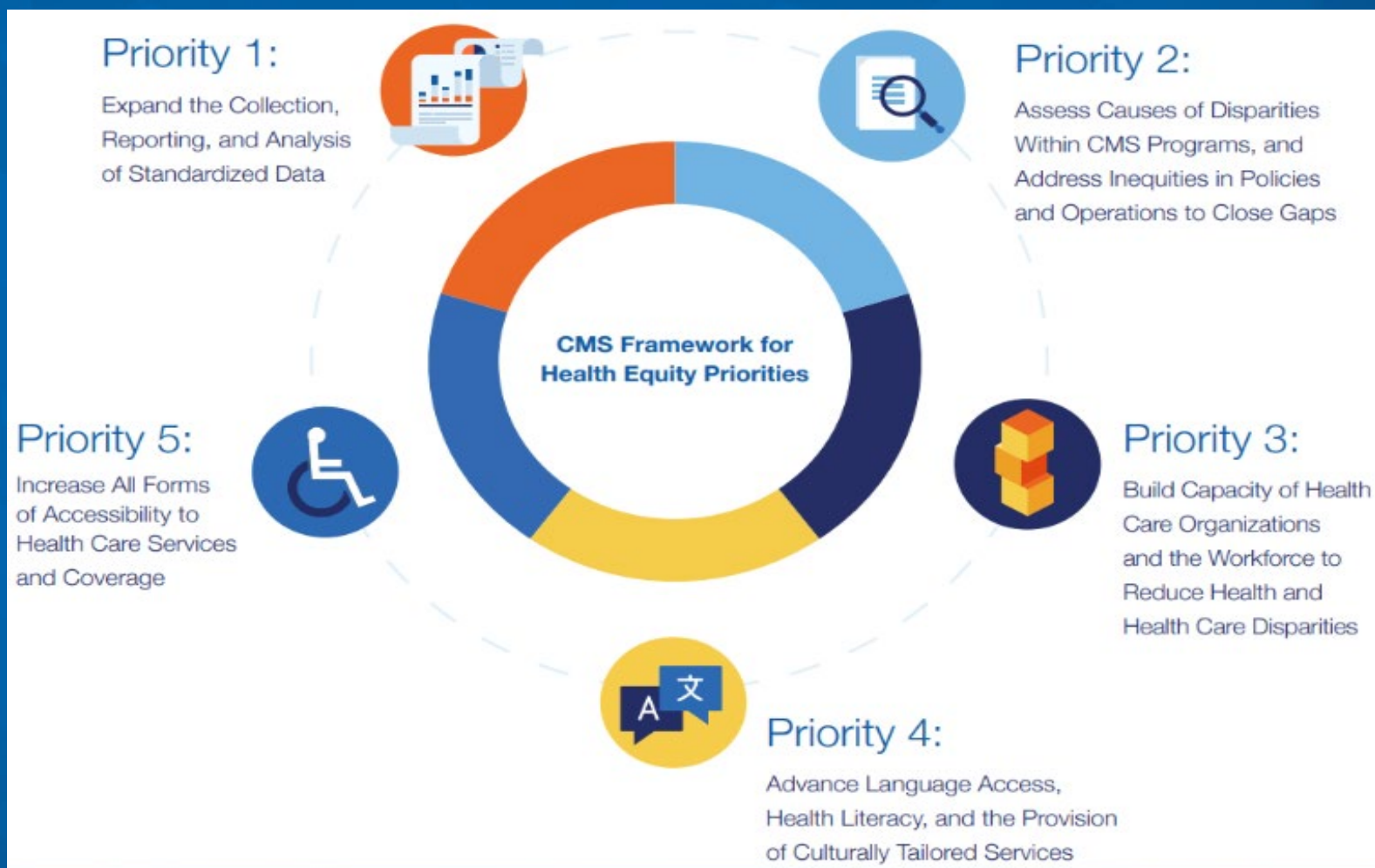
I pledge to take action on the AHA's National Call to Action to Eliminate Health Care Disparities' goals to ensure that quality and equitable health care is delivered to all persons.

I pledge to take action on at **least one of the following goals. The goals selected below will be completed in alignment with the strategic goals of my organization.**

- Increase the collection, stratification and use of race, ethnicity, language preference and other sociodemographic data to improve quality and safety
- Increase cultural competency training to ensure culturally responsive care
- Advance diversity in leadership and governance to reflect the communities served
- Improve and strengthen community partnerships



Centers for Medicare and Medicaid Services



The Joint Commission

Sentinel Event Alert

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Addressing health care disparities by improving quality and safety

The Joint Commission considers addressing health care disparities a quality and patient safety imperative, as well as a moral and ethical duty. Our enterprise's mission to continuously improve health care commits us to finding solutions to these inequities.

"Disparities in health care is one of the most studied and researched problems; there are overwhelming evidence and persistence of gaps in virtually all areas of health care," said Dr. Ana McKee, executive vice president, chief medical officer and chief diversity and inclusion officer, The Joint Commission. "This is a problem that is a major patient safety issue; it provides and introduces as much risk of harm as a central line infection or a fall. We encourage all organizations to address disparities as a patient safety concern."¹

This *Sentinel Event Alert* summarizes strategies for health care and human services organizations in all settings as they begin to address health care disparities; it also provides examples of successful initiatives for organizations that are well on their way. This alert can guide organizations as they address disparities as a central part of performance and patient safety improvement and hardwire the pursuit of health equity into their strategic planning.

The Henry J. Kaiser Family Foundation defines health care disparities as "differences between groups in health coverage, access to care, and quality of care."² While these disparities are commonly viewed through the lens of race and ethnicity, they occur across many dimensions, including socioeconomic status, age, location, gender, disability status, and sexual orientation and expression.

According to the Centers for Disease Control and Prevention, non-Hispanic Black women are three times more likely to die from a pregnancy-related cause than white women.³ The COVID-19 pandemic has widened disparity gaps. Non-Hispanic Blacks and Hispanics with COVID-19 experienced nearly three times the rate of hospitalization as whites,⁴ and both demographic groups combined experienced more than half of COVID-19 deaths nationally while representing only a third of the population, according to age-standardized data.⁵ Sexual minority persons in the U.S. also reported a higher prevalence of severe outcomes from COVID-19 than heterosexual persons, both within the overall population and among racial/ethnic minority groups.⁶

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Sentinel Event Alerts are used to alert organizations to patient risk and recommendations to mitigate the risk to patient safety.



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Diagnostic overshadowing among groups experiencing health disparities

A 42-year-old woman with a diagnosis of mental illness visited a gastroenterologist after experiencing frequent nausea and stomach pain. The doctor diagnosed functional abdominal pain syndrome (FAPS) and told the patient she would have to “learn to live with it.” Later, the patient discovered FAPS was a “somatization disorder,” meaning that her pain was attributed to her mental and emotional state. The patient lived with the pain and nausea for months and began unintentionally losing weight, which triggered anorexia. Eventually the patient sought out a new gastroenterologist at a women’s medical center. This time, the physician took her symptoms seriously, put her through a series of tests, and after administering a breath test, determined that the patient suffered from small intestinal bacterial overgrowth.¹

The initial misdiagnosis had a significant impact on the quality of life of this patient, who spent over a year recovering her lost weight and getting her eating disorder under control. This patient still takes medication for her mental illness diagnosis but is tempted to leave these off the medication list she provides to future healthcare practitioners. This was the second misdiagnosis she received in two years, so she worries about disclosing her medication regimen since it may influence how the doctor sees her.¹

This situation – given from the patient’s point of view – is an example of the risk of diagnostic overshadowing, defined as the attribution of symptoms to an existing diagnosis rather than a potential co-morbid condition.^{2,3} The medical literature includes extensive evidence that diagnostic overshadowing exists within the interactions of clinicians with patients of all ages who have physical disabilities or previous diagnoses such as, but not limited to, autism, mobility disabilities and neurological deficits, as well as patients with conditions or characteristics such as, but not limited to, LGBTQ identifications, history of substance abuse, low health literacy and obesity.^{2,4-23}

Why it is important to address diagnostic overshadowing

- **Diagnostic overshadowing is a harm that stems from cognitive bias –** Correlated to clinician bias (i.e., cognitive bias),²⁴ diagnostic overshadowing can be detrimental to quality of care and can contribute to delays in

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Issue 66, Jan. 17, 2023

Eliminating racial and ethnic disparities causing mortality and morbidity in pregnant and postpartum patients

Editor's Note: In June 2022, the White House issued a report stating that the United States is facing a maternal health crisis.¹ The Joint Commission has been actively working to help address the myriad and complex causes of maternal mortality and morbidity. This Sentinel Event Alert delves into eliminating barriers and racial disparities causing mortality and morbidity in pregnant and postpartum patients. In addition, The Joint Commission is issuing a [Quick Safety](#) that addresses mental health conditions and their role in maternal death.

Black tennis star Serena Williams faced life-threatening complications five years ago while giving birth to her daughter in an emergency cesarean section.² In a recently published book, "Arrival Stories: Women Share Their Experiences of Becoming Mothers," Williams writes, "Giving birth to my baby, it turned out, was a test for how loud and how often I would have to call out before I was finally heard." Her essay describes the complications she faced and how she needed to insist repeatedly while in labor for treatment appropriate for her history of blood clots in her lungs. The dismissal of symptoms and the tendency not to respond to a patient's concerns commonly leads to a sentinel event. In Serena's case, she was fortunate that her complications were eventually treated, and a sentinel event was avoided. Williams now serves as an advocate for maternal health care.

Higher pregnancy-related mortality and morbidity rates for people of color demonstrate how racial and ethnic disparities are quality and patient safety issues. Data show that:

- Non-Hispanic Black people are three times more likely than white people to die of pregnancy-related causes, according to the Centers for Disease Control and Prevention (CDC).³
- Native American pregnant patients are twice as likely to die than white pregnant patients.⁴
- For Black and Native American people over the age of 30, mortality for pregnancy-related causes is four to five times higher than it is for white people.⁴
- For Black pregnant patients with at least a college degree, the mortality rate is 5.2 times higher than that of their white counterparts.⁴

The United States has the highest mortality rate for pregnant and postpartum patients among developed countries. According to the CDC's National Center for Health Statistics,⁵ that rate increased by 18% in 2020 – from 20.1 deaths per 100,000 live births in 2019 to 23.8 in 2020. In 2020, 861 pregnant or postpartum patients died from pregnancy-related causes in the U.S. compared to 754 in 2019. A

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NPSG.16.01.01

Improving health care equity for the organization's patients is a quality and safety priority.

EP 4

The organization develops a written action plan that describes how it will improve health care equity by addressing at least one of the health care disparities identified in its patient population.



Social Determinants of Health



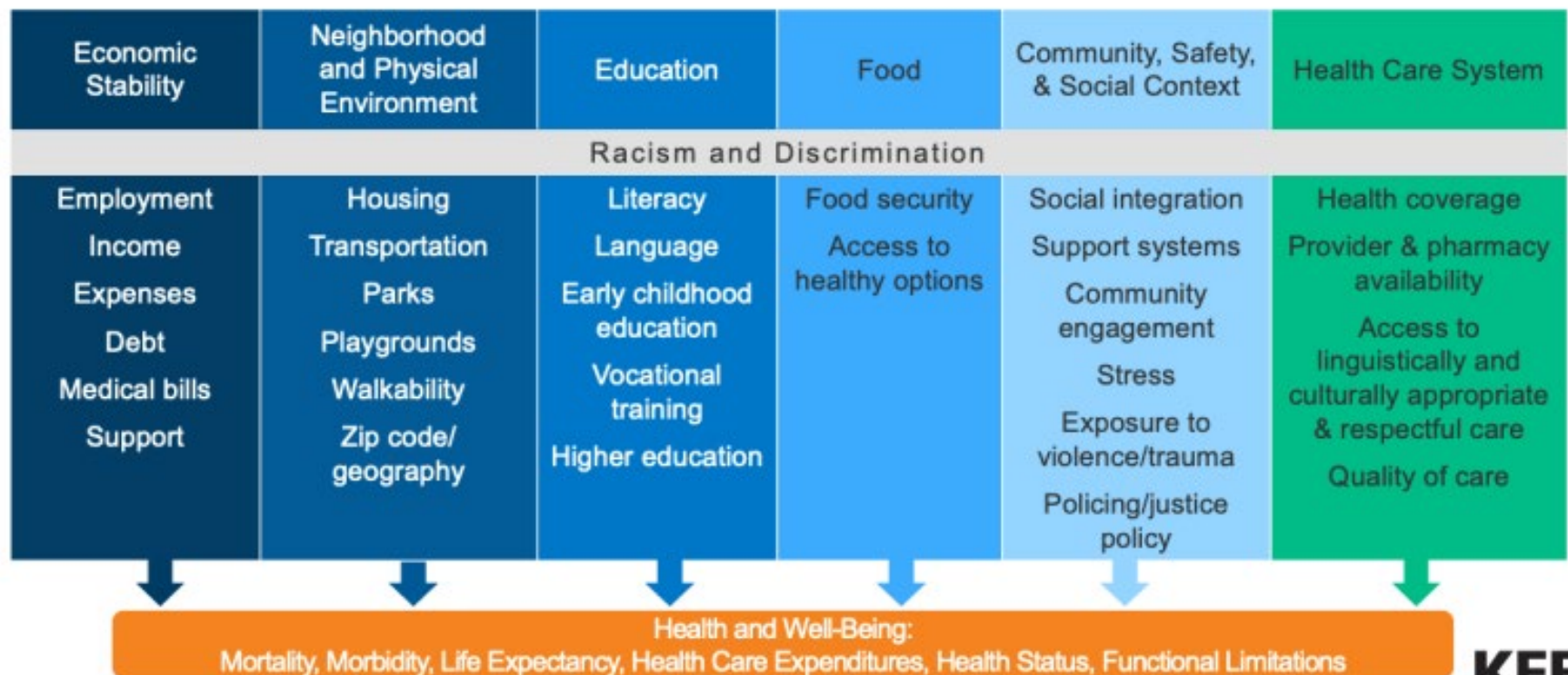
Social Determinants of Health

- Non-medical factors that influence health outcomes.
- They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
- These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems



Figure 1

Health Disparities are Driven by Social and Economic Inequities



KFF



The Financial Impact



US health care can't afford health inequities

Inequities in the US health system cost approximately \$320 billion today and could eclipse \$1 trillion in annual spending by 2040 if left unaddressed.

By Racial & Ethnic Minority Groups

Total burden estimated to be

\$451B

Nationwide

\$1,377

Per Person

This is equivalent to

2% of the GDP*

By Educational Levels

Total burden estimated to be

\$978B

Nationwide

\$2,988

Per Person

This is equivalent to

5% of the GDP*

Study: Rising costs of racial and ethnic health inequities in US surpass \$450 billion



Inequity damages health—and drains the economy

Alabama Health Statistics

- In 2019, a higher percentage of AL's population was uninsured than the U.S. (17.5 percent compared to 13.6 percent).
- Alabamians between 18-24 years old have the highest percentage of the uninsured population at 24.3 percent.
- Alabama's stroke mortality rate was 64.0 deaths per 100,000 persons in 2019.
- According to BRFSS data, hypertension diagnosis is higher in populations with low income and low education attainment.
- Although AL's overall cancer mortality rate has declined for the past few years, Alabamians have higher overall cancer mortality rates than the U.S.



Questions??????



Thank You....

Dr. Amber Clark-Brown, MD

Amber.clarkbrown@adph.state.al.us

Tiffany Chaney, FACHE

Tiffanycchaney@gmail.com

