Dismantling Institutional Racism to Achieve Health Equity: New Framework

LAURA K. BOTWINICK, MS, DIRECTOR, GRADUATE PROGRAM IN HEALTH ADMINISTRATION & POLICY, UNIVERSITY OF CHICAGO, USA

Tuesday, October 22, 2019
Session B9 1:45 – 2:15 pm

Session Description
Health equity is a key aim of quality health care, but serious disparities still exist. Health status and life expectancy among the poorest compared to other neighborhoods in cities across the U.S. show huge gaps. This session focuses on institutional racism - the structures, processes and norms that result in inequitable care and outcomes. Dismantling institutional racism is one of the elements of the five-part framework in the Institute for Healthcare Improvement’s paper on Achieving Health Equity published in 2016. The presenter is a co-author of that paper, and has been faculty for IHI programs about health equity. We recently developed a framework specifically related to Dismantling Institutional Racism in Health Care Organizations, which will be shared in this session.

Session Objectives
1. Recognize institutional racism in health care organizations, and understand the harm caused to patients, providers and staff and the community.
2. Discuss racism and unconscious bias, and build will for seeing how it manifests in your organization and how to address it.
3. Apply lessons from case studies of organizations that have been working to implement the framework from the IHI Achieving Health Equity paper.
4. Discuss and compare the experience of health care organizations in the U.S., South Africa and other countries regarding institutional racism in health care.

Inequitable Care & Health Outcomes in the United States
- Black women have lower rates of breast cancer but are more likely to die from the disease
- Women with disabilities are less likely to receive screenings for breast and cervical cancer
- Blacks are 10 times more likely to have AIDS; Hispanics are 3 times as likely
- American Indian/Alaska Natives twice as likely as whites to have frequent mental distress
- 2.5 times more Hispanics as whites report having no doctor
- Adolescents and adults with disabilities are more likely to be excluded from sex education
- LGBT inequalities related to oppression and discrimination - youth more likely to be homeless, 2-3 times as likely to attempt suicide, lack health insurance and lack knowledgeable health care providers

Maps Show Life Expectancy Gaps
https://societyhealth.vcu.edu/work/the-projects/mapschicago.html
David R. Williams PhD, MPH
Harvard T.H. Chan School of Public Health

David R. Williams is a longtime researcher on racial and socioeconomic differentials in health.

Alternative IOM Framework

Components of Quality Care

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<th>Type of Care</th>
<th>Chronic condition management</th>
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<td>Effectiveness</td>
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<td>Access</td>
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Crossing the Quality Chasm - Six Aims for Improvement

- Safety
- Timeliness
- Effectiveness
- Efficiency
- Equity
- Patient-Centeredness

(STEEEP)

IOM Crossing the Quality Chasm: A New Health System for the 21st Century, 2001

Black Lives Matter Movement

The Black Lives Matter Movement began in 2012 with the murder of young Black man Trayvon Martin in Sanford, Florida, and Brown in 2014 in Ferguson, Missouri. These murders were cases of police brutality and race discrimination.

U.S. National Initiatives - Examples

- Institute for Healthcare Improvement (IHI) – Pursuing Equity – link to site and to case studies
- American Public Health Association
- American Hospital Association - #123forEquity
- American Pediatric Association – Call for Action
- Centers for Medicare and Medicaid Services (CMS) – Equity Plan

Crossing the Quality Chasm

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U.S. Government Agencies

- Centers for Medicare and Medicaid Services (CMS) – Equity Plan

Not-for-Profit Health Care Organizations

- Institute for Healthcare Improvement (IHI) – Pursuing Equity – link to site and to case studies
- American Public Health Association
- American Hospital Association - #123forEquity
- American Pediatric Association – Call for Action
What is Health Equity?

Health Equity
When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.

Health Inequity
A difference or disparity in health outcomes that is systematic, avoidable, and unjust that is tied to social, economic, or environmental disadvantage.

Different Dimensions of Racism

What is Racism?
4 levels of racism: internalized, interpersonal, institutional, structural

Differential access to goods, resources, and opportunities of society by race.
A system of advantage based on race.

What is Implicit Bias?
Attitudes and stereotypes that influence judgment, decision-making, and behavior in ways that are outside of conscious awareness and/or control.

- Normal cognitive process
- Impact our behavior and we’re unaware
- Result of how we are socialized
- Shapes expectations, how information is shared, how we act, how we communicate verbally and nonverbally, and what we recommend
- Become aware so you don’t perpetuate racism

Minimizing Bias
- Recognize that you (we!) are subject to influence of bias
- Take the Implicit Association Test (IAT) [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
What is Institutional Racism?

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, Past President American Public Health Association

Why talk about Race? Why not be Color-blind?

“colorblindness ... ignore[s] the ongoing processes that maintain racial stratification in schools, neighborhoods, health care, and other social institutions. Can color consciousness draw attention to these issues? The research demonstrates that it can lead to more understanding of our racially stratified society and can give rise to a willingness to work for change.”

See also Racism without Racists - Color-Blind Racism and the Persistence of Racial Inequality in America, Fifth Edition, by Eduardo Bonilla-Silva

Ten Things Everyone Should Know about Race

1. Race is a modern idea.
2. Race has no genetic basis.
3. Human subspecies don’t exist.
4. Skin color really is only skin deep.
5. Most variation is within, not between, “races.”
7. Race and freedom were born together.
8. Race justified social inequalities as natural.
9. Race isn’t biological, but racism is still real.
10. Colorblindness will not end racism.

Framework for Health Care Organizations to Achieve Health Equity

Case Studies

Read the case studies for eight Pursuing Equity organizations:

Learning from the Pursuing Equity Initiative: Health System: Trans Racial Equity Report

11/5/2019
Discussion

1. We have described how the history of slavery in the U.S. has led to the health inequity we have today. How is the history of Apartheid still impacting South African health care and health outcomes today?

2. For attendees from other countries, how are these themes relevant to you and how are you addressing institutional and structural inequities to improve health?

3. What specific changes have been tested or implemented to address institutional racism in your organization, enterprise, or community?

Thank you!

Laura Botwinick

lbotwinick@uchicago.edu
@LauraBotwinick