Race and Language in Healthcare: The Impact on Quality of Care

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Outline

- Brief interactive exercise
- Understanding disparities in health care
- MGH Annual Report on Equity in Healthcare Quality
- Developing a culturally competent lens
- What you can do

Kaiser Family Foundation Survey of Americans on Race

- 35% of Blacks and 26% of Hispanics reported personally experiencing discrimination because of their racial or ethnic background - either being denied a job for which they were qualified, being denied housing they could afford, or being prevented from voting or having their ballot challenged. 11% of Whites reported such experiences.
- 53% of Blacks and 36% of Hispanics said that, in the previous month, they've experienced unfair treatment because of their race, either in a store where they were shopping; at work; in a restaurant, theater or other entertainment establishment; in dealings with the police; or in getting health care. Among Blacks ages 18-34, 67% report such recent experiences of unfair treatment.
- 45% of Blacks said they have at some point been afraid their life was in danger because of their racial or ethnic background, compared to 27% of Whites and 20% Hispanics.

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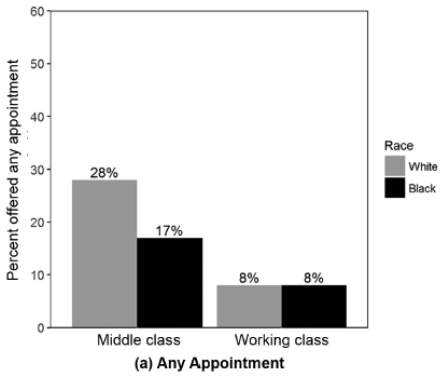
Race and Class Disparities in Therapist Accessibility



- Middle-class help seekers were offered appointments at a rate almost three times higher than their working-class counterparts
- Black middle class help-seekers were considerably less likely than whites to be offered an appointment.
- No significant racial disparities were found for appointment offers for working class help seekers.

Heather Kugelmass. **"Sorry, I'm Not Accepting New Patients": An Audit Study of Access to Mental Health Care**. *Journal of Health and Social Behavior*, June 2016.

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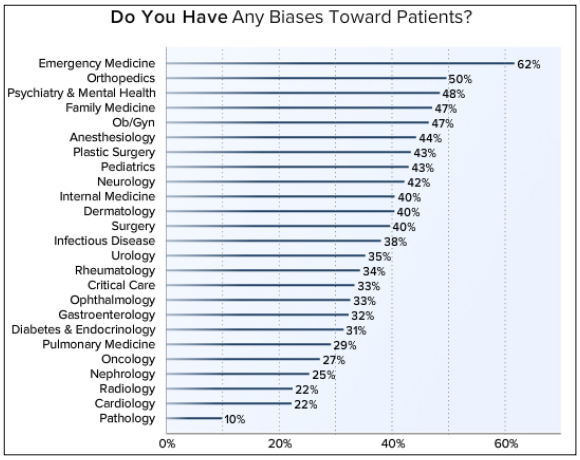
Medscape Lifestyle Report 2016: Physician Bias



Source: Medscape Lifestyle Report 2016: Bias and Burnout https://www.medscape.com/slideshow/lifestyle-2016-overview-6007335#6

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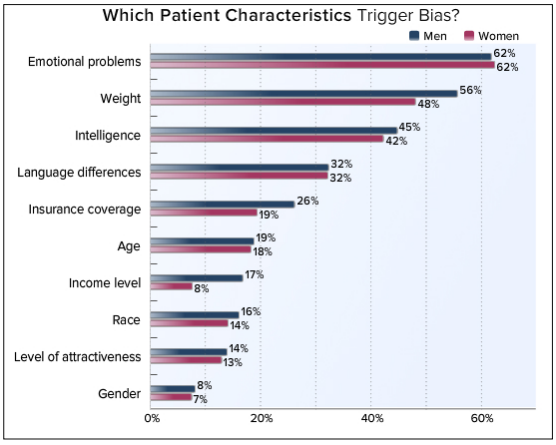
Medscape Lifestyle Report 2016: Physician Bias



Source: Medscape Lifestyle Report 2016: Bias and Burnout. https://www.medscape.com/slideshow/lifestyle-2016-overview-6007335#6

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Patient Safety & Patients with Limited English Proficiency

- Adverse events affect patients with limited English Proficiency (LEP) more frequently and severely than English speaking patients
- Patients with LEP are more likely to experience medical errors due to communication problems
- Patients with LEP are more likely to suffer physical harm when errors occur (49.1% vs. 29.5%)*

*Divi C, Koss RG, Schmaltz SP, Loeb JM. Language proficiency and adverse events in US hospitals: a pilot study. Int J Qual Health Care. Apr 2007;19(2):60-67.

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Hidden (Informal) Curriculum for care of patients with LEP

Role Modeling

Positive:
Providers demonstrate empathy and dedication to providing high quality care for LEP patients

Negative
Not involving interpreter services during care and disregarding patients' lack of understanding

Mixed
Role models work with interpreter services but lack empathy for LEP patients

Structural Challenges

- Limited availability of interpreters
- Lack of training and awareness among staff of systems for accessing interpreter services and working effectively with interpreter services
- Patient records and rooms not flagged to indicate patients with LEP

Organizational Culture

- Time and efficiency valued more highly than effective communication and humanistic care
- Students feel pressure to conform to the organizational culture when observed
- Students evaluated on clinical knowledge more than empathy and communication with patients

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In My Inbox

AM AMA Morning Rounds <MorningRounds@ama.bulletinhealthcare.com> Tan-McGrory, Aswita

Study finds diet is chief reason for racial difference in blood pressure in US

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NBC News (10/2) reports the "Southern diet" described as including "fried food, cheesy casseroles, and sweet, sweet tea" is "deadly, especially to African-Americans," by increasing "blood pressure up to killer levels," according to a study published in the Journal of the American Medical Association. The study included "7,000 people who had been taking part in a larger, long-term study of diet and lifestyle," and included recording "weight, blood pressure, cholesterol," alcohol consumption, "income and about exercise habits," as well as "symptoms of stress and depression." The researchers also asked about diet and found "big differences between blacks and whites in terms of eating the least-healthy foods." African-Americans were also found to be "less likely to eat healthy foods that lower the risk of heart disease, including vegetables, fruits and whole grains." They found no racial difference in BMI among men, though "black women were more likely to be obese than white women."

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HEALTH AND DIET

More than one-third of American adults eat fast food daily, CDC data show

The AP (10/3, Stobbe) reports a study from the Centers for Disease Control and Prevention released Wednesday indicates one in three U.S. adults, or 85 million people, eat fast food each day. The CDC data are "based on a survey of about 10,000 adults over four years," and did not show "a difference between men and women," although the findings distinguish between higher-income families and lower-income families, indicating those in the former group consumed fast food more often than those in the latter. Meanwhile, the AP says, black Americans ate fast food "more than other racial or ethnic groups."

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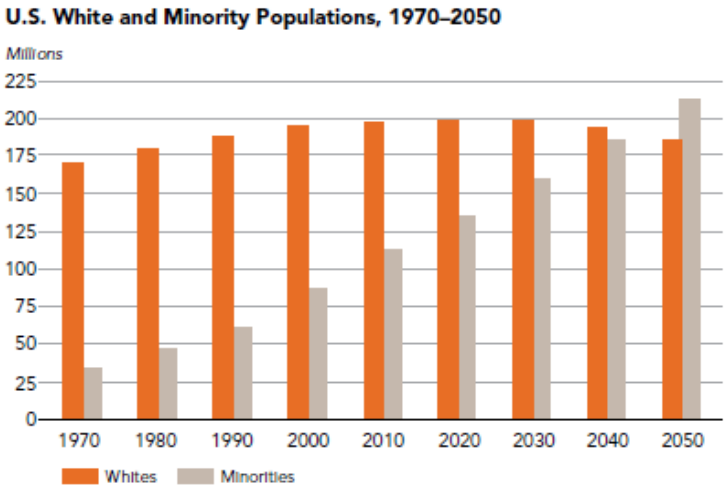

Source: Frey, William. *Diversity Explosion,* Brookings Institute: 2014

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By 2020, the child population is projected to have more children of color make up the majority of the population.

Source: Colby SO, JM. *Projections of the Size and Compositions of the US Population: 2014 to 2060, Current Population Reports.* Washington, DC: US Census Bureau; 2014. P25-1143

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What Are Disparities?

Gaps in quality of health and health care due to differences in race, ethnicity, socioeconomic status, sexual orientation, gender identity, and/or ability

Examples of Racial & Ethnic Disparities in Health Care:

- African Americans and Latinos receiving less pain medication than Whites for long bone fractures in the Emergency Department and for cancer pain on the floors
- African Americans with end-stage renal disease being referred less to the transplant list than Whites
- African Americans being referred less than Whites for cardiac catheterization and bypass grafting

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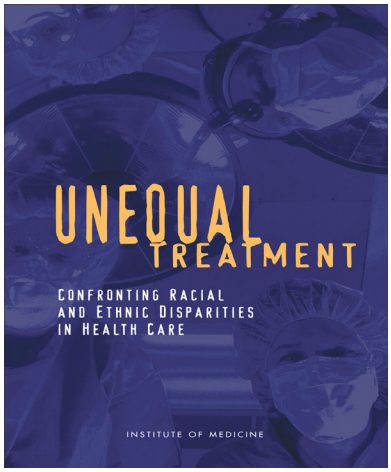
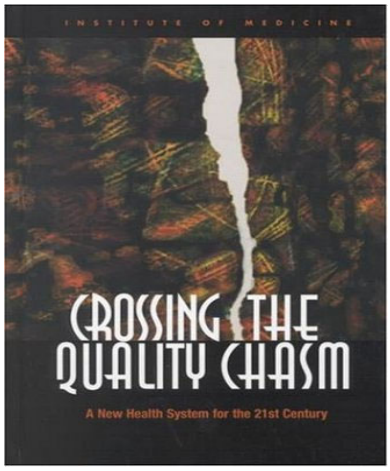
Racial & Ethnic Disparities in Health Care





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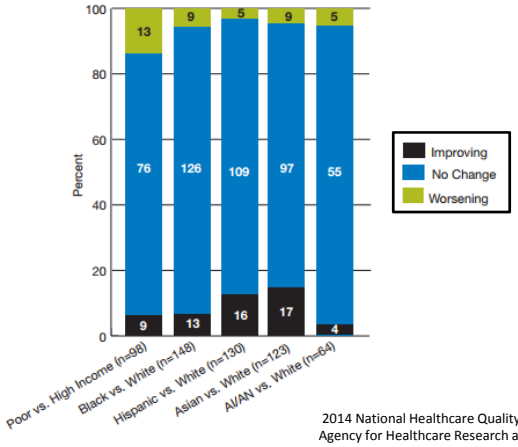
National Healthcare Disparities Report

Change in Disparities: Number and percentage of quality measures for which disparities related to race, ethnicity, and income were improving, not changing, or worsening, through 2012



2014 National Healthcare Quality & Disparities Report. June 2015. Agency for Healthcare Research and Quality, Rockville, MD.

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What are Social Determinants of Health?

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

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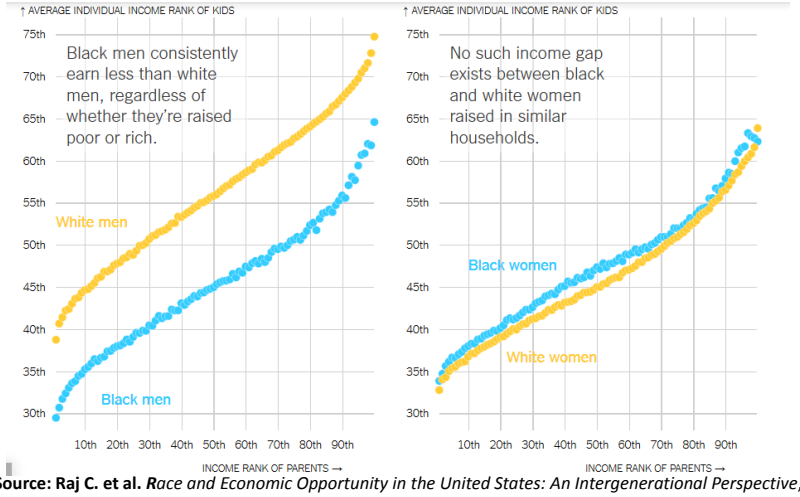
Race and Economic Opportunity in the US



Source: Raj C. et al. ***R****ace and Economic Opportunity in the United States: An Intergenerational Perspective*, NBER Working Paper No. 24441, Mar 2018

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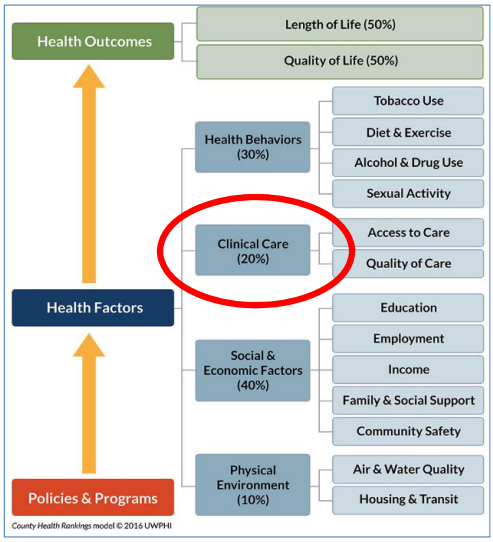

80% of Health Outcomes are due to Social Determinants of Health, while only 20% of Health Outcomes are due to Clinical Care.

Source of graphic: County Health Rankings & Roadmaps http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank
Source of statistic: Hood CM, Gennuso KP, Swain GR, Catlin BB. County health rankings: Relationships between determinant factors and health outcomes. *Am J Prev Med.* 2016;50(2):129-35

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Background and Mission

Established 2005

The Disparities Solutions Center is dedicated to developing and implementing strategies to improve quality, eliminate racial and ethnic disparities, and achieve equity in health care. We aim to serve as a local, regional, and national change agent by:

- Translating existing and ongoing research on strategies to eliminate disparities and achieve equity into policy and practice,
- Developing solutions to improve quality and address disparities,
- Providing education and leadership training to expand the community of skilled individuals dedicated to improving quality and achieving equity.

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Our Model

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Where Do I Start?

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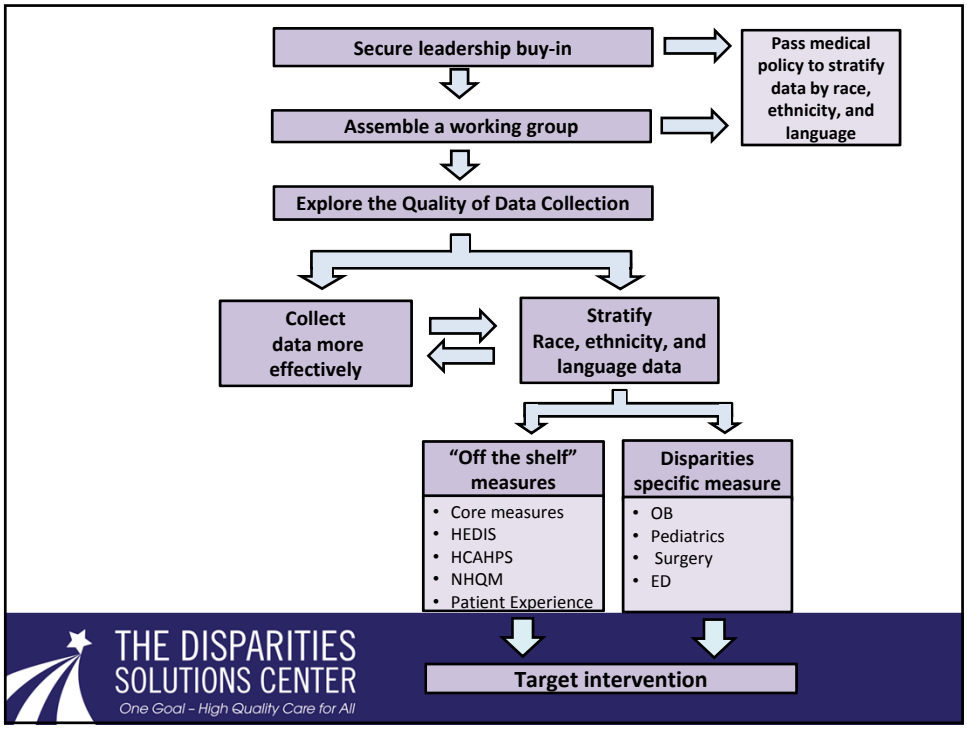
Secure leadership buy-in
Pass medical policy to stratify data by race, ethnicity, and language
Assemble a working group
Explore the Quality of Data Collection
Collect data more effectively
Stratify Race, ethnicity, and language data
"Off the shelf" measures
• Core measures
• HEDIS
• HCAHPS
• NHQM
• Patient Experience
Disparities specific measure
• OB
• Pediatrics
• Surgery
• ED
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Target intervention


Annual Report on Equity in Health Care Quality
Massachusetts General Hospital
ANNUAL REPORT ON EQUITY IN HEALTH CARE QUALITY 2016–2017
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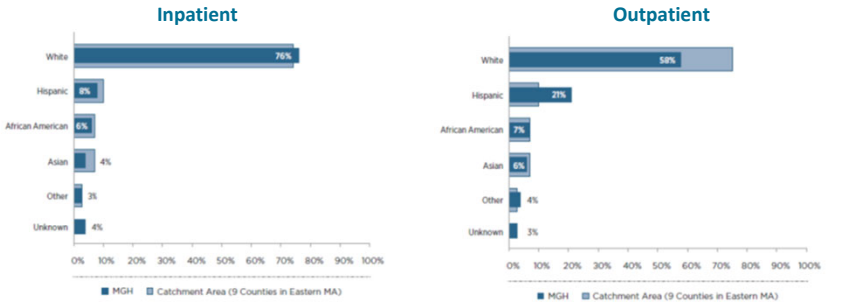
MGH Patient Population: Race & Ethnicity

- MGH sees a small proportion of patients from racial/ethnic minority groups
- We see more minority patients in our ED, health centers, Peds, OB/GYN, and primary care services than inpatient services and outpatient specialty care.

% of MGH Patients by Race & Ethnicity Compared with Catchment Area (CY 2016)



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National Hospital Quality Measures

- Data showed no disparities by race or primary language in the NHQMs (inpatient measures) included in the report

Measure	Timeframe for Analysis	Status
Stroke	2013-2015	Retired
Venous Thromboembolism	2013-2015	Retired
Endoscopy/ Polyp Surveillance	April 2014-Dec. 2016	New
Inpatient Influenza Vaccination	2012-2017	Ongoing

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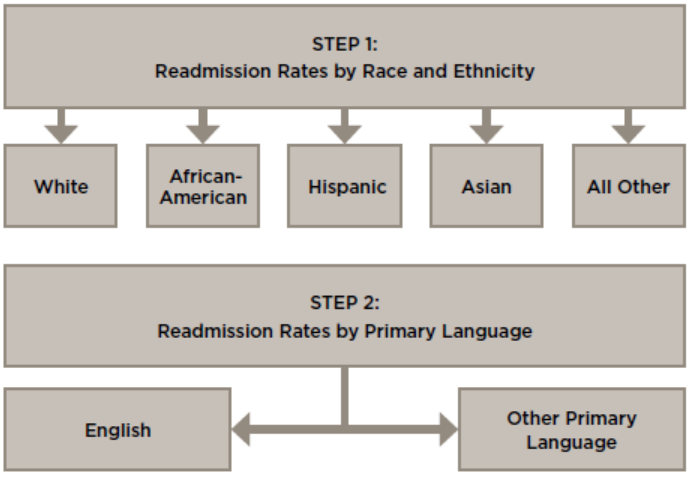
HEDIS Measures: Ambulatory Screening Rates

- HEDIS measures for patients seen between 2013-2015 include:
  - Breast, cervical, colorectal, and prostate cancer screening rates
  - Diabetes care measures
  - Coronary artery disease measures
- No disparities were found in diabetes care or coronary artery disease.
- Disparities were found in breast, cervical, and colorectal cancer screenings for Asian patients compared to white patients.

New Area of Exploration: Readmissions



WIHI Podcast: Lowering Readmissions, Reducing Disparities

Search for WIHI on Apple Podcasts, Google Play or wherever you get your podcasts.

http://www.ihi.org/resources/Pages/AudioandVideo/WIHI-lowering-readmissions-reducing-disparities.aspx

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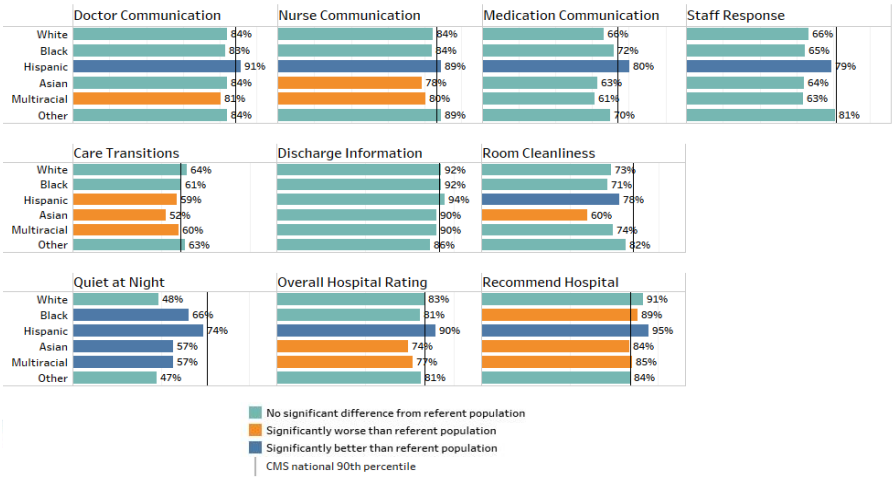
Problem: Racial Disparities in Patient Experience

- Lower ratings among certain minorities in MD/Nurse Communication, Care Transitions, Room Cleanliness, Overall Rating & Recommend.

HCAHPS Adult Patient Experience Composites, by Race: CY2015-2017



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A Brief Word About Interventions

- Consider your resources and capacity when developing your dashboard
- Data will drive interventions and inform leadership
- The low-hanging fruit versus the ideal intervention
- Ownership is key - ideally these would be deployed by your Quality and Safety department, or by a specific department (OB, peds)

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Lessons Learned

- **Assume disparities exist**, the dashboard will monitor and allow for action
- **Engage key stakeholders** early on and continue during the process
- **Clinicians are key** in interpreting data and determining if you are looking at the right source/denominator
- Don't underestimate **the role of your EHR**

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Lessons Learned

- **It's complicated -** Examining disparities-specific measures at the department level is a more complex process than stratifying existing, "off the shelf" measures (HEDIS, NHQM, H-CAHPS)
- **It's an iterative process** to develop the measure and to define the population
- **Transparency is key** – leverage reporting back to C-suite, department chairs, or specific departments involved in getting the data (admitting) and include a brief overview of disparities for your audience

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Developing a Cultural Competent Lens

- Are you collecting race, ethnicity and language data?
- Are you stratifying your quality data by R/E/L?
- What does your workforce look like? More importantly, your leadership?

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Developing a Cultural Competent Lens

- Have you socialized this topic among managers and front line staff? Do they have a clear understanding of the root cause?

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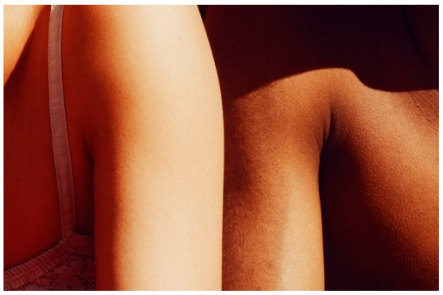
THE NEW YORKER

A SOCIOLOGIST EXAMINES THE "WHITE FRAGILITY" THAT PREVENTS WHITE AMERICANS FROM CONFRONTING RACISM

By Katy Waldman July 23, 2018



Much of Robin DiAngelo's book is dedicated to pulling back the veil on so-called pillars of whiteness: assumptions that prop up racist beliefs without white people realizing it.

Photograph by Christopher Anderson / Magnum

In more than twenty years of running diversity-training and cultural-competency workshops for American companies, the academic and educator Robin DiAngelo has noticed that white people are sensationally, histrionically bad at discussing racism. Like waves on sand, their reactions form predictable patterns: they will insist that they "were taught to treat everyone the same," that they are "color-blind," that they "don't care if you are pink, purple, or polka-dotted." They will point to friends and family

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Developing a Cultural Competent Lens

- Have you socialized this topic among managers and front line staff? Do they have a clear understanding of the root cause?
- Are you looking at patient experience by race, ethnicity and language?
- Are you aware of your blind spots (both yours and your organization)?

What Can You Do?

- Own up to your history & how this may impact your assumptions
- Start by looking inward (instead of saying "what are they…", ask "what am I…")
- Acknowledge differences/barriers and tailor your approach
- Establish credibility - You don't have to *lean in* but you do have to work hard
- Surround yourself with diversity

What Can You Do?

- Work on creating your own family/support network
- Tap into **WHY** you went into healthcare/public health into the first place (personal stories)
- Don't underestimate **the value of data**, or **personal stories**
- **Be vulnerable**, be human
- But be **strategic**
- Give back, feed the soul

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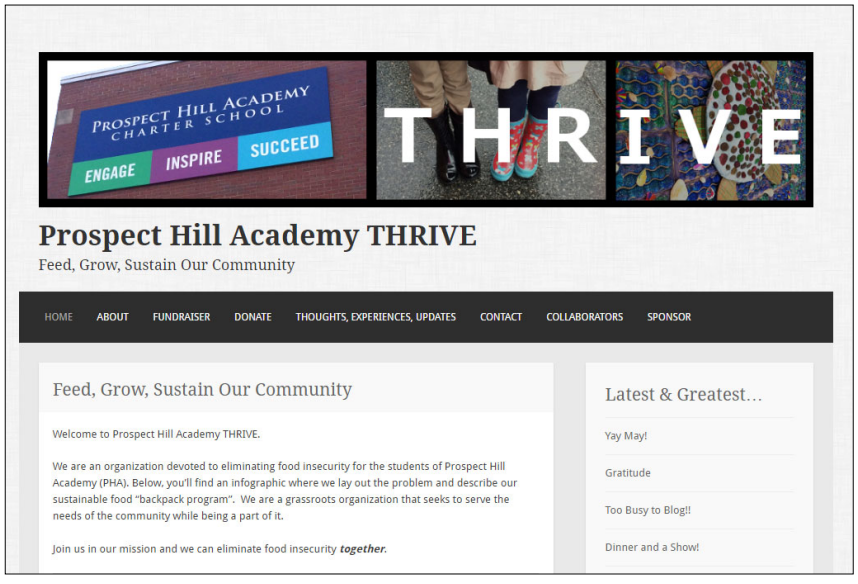

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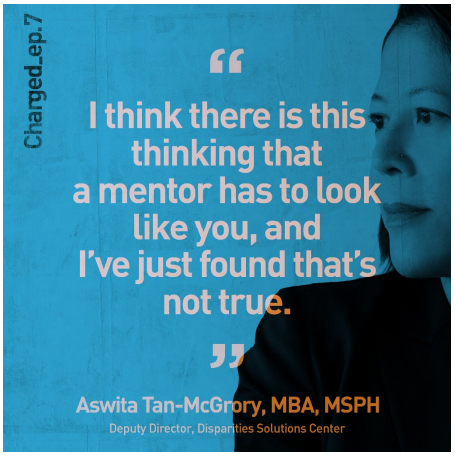
Charged was developed to amplify the female voice within the health care conversation and to showcase the tremendous talent at Mass General. With each episode, the show hopes to uncover stories of our relentless daily pursuit to break boundaries and provide exceptional care.



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Thank You

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