tchmb
Texas Collaborative for
Healthy Mothers & Babies

2023 TCHMB Summit
February 16-17

KEYNOTE SPEAKER
Veronica Gillispie-Bell, M.D., MAS, FACOG

Associate Professor and Senior Site Lead and Section Head for Women's Services, Ochsner Kenner in New Orleans Louisiana; Medical Director of the Louisiana Perinatal Quality Collaborative and Pregnancy Associated Mortality Review for the Louisiana Department of Health

Thursday, February 16 | **10:00 - 10:45 AM**

MODERATOR: Catherine Eppes, MPH, M.D., TCHMB Chair, Maternal Fetal Medicine Physician, Baylor College of Medicine, Chief of Obstetrics, Ben Taub Hospital

Health Equity: What is at the Root of it All

Veronica Gillispie-Bell, MD, MAS, FACOG

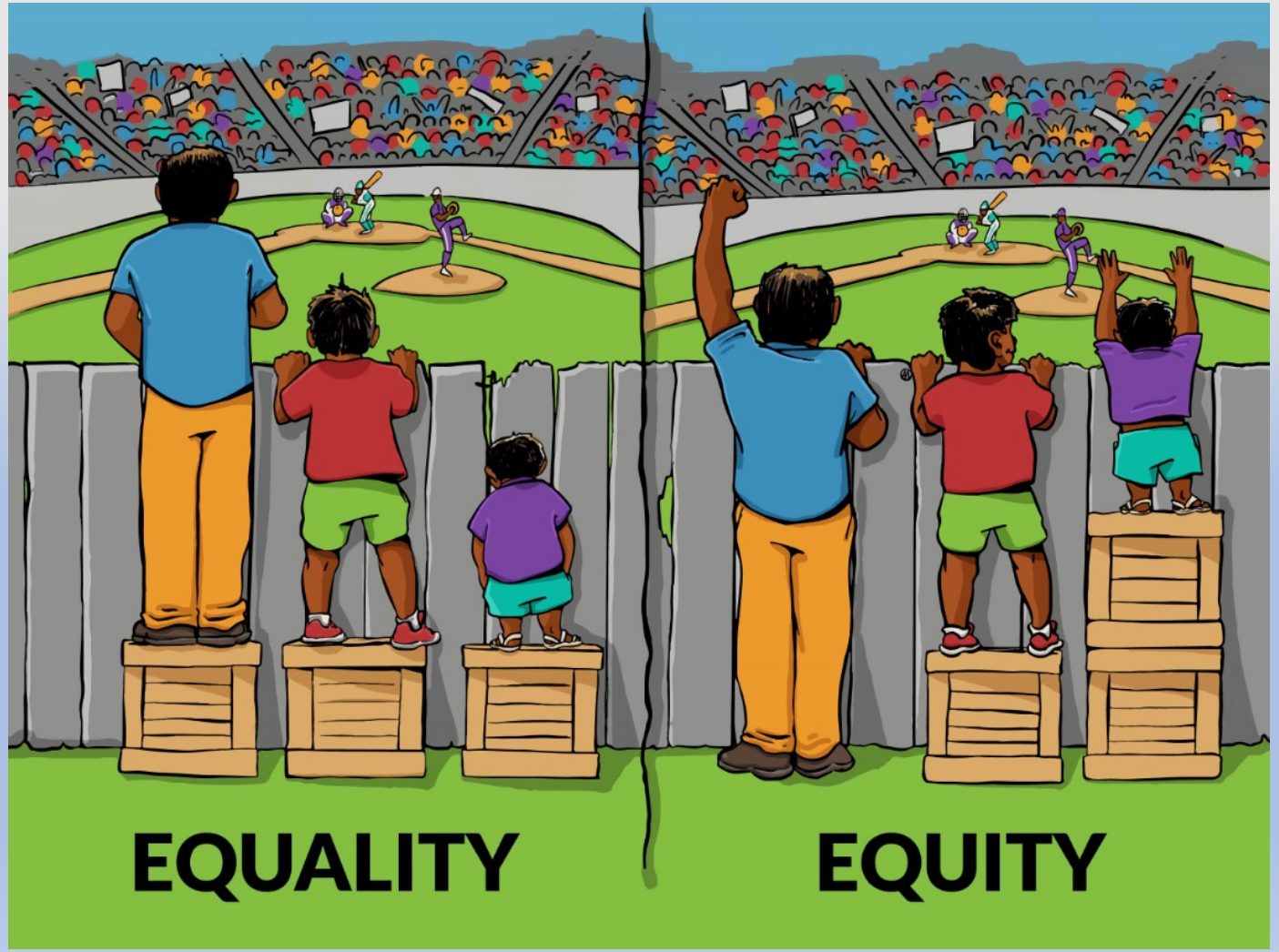
Senior Site Lead/Section Head, Women's Services – Ochsner Kenner

Medical Director, Louisiana Perinatal Quality Collaborative and Pregnancy Associated Mortality Review

Objectives

1. Discuss health equity definitions
2. Describe how health disparities occur
3. Describe implicit bias and structural racism as root causes
4. Discuss a pathway for change

Health Equality vs. Equity



Ref "Interaction Institute for Social Change" Artist: Angus Maguire

Health Disparities vs. Health Care Disparities

Health Disparities

- *"A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage"* the Healthy People 2020

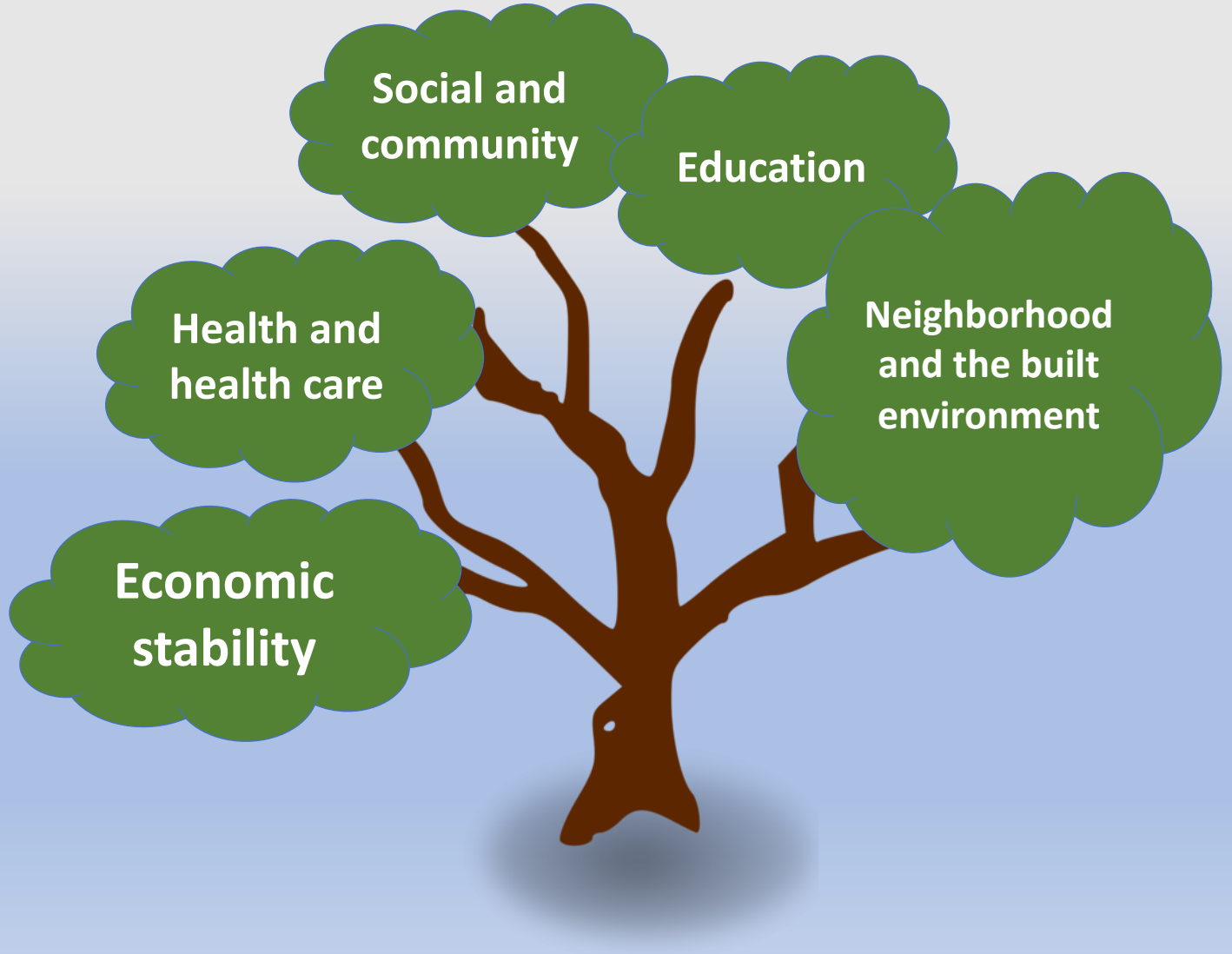
Health Care Disparities

- *"…Differences in **health care quality,** access, and outcomes adversely affecting members of racial and ethnic minority groups and other socially disadvantaged populations"* National Quality Forum

How health disparities happen

Our patients enter the health care system with their own **Social Determinants of Health…**

Social Determinants of Health

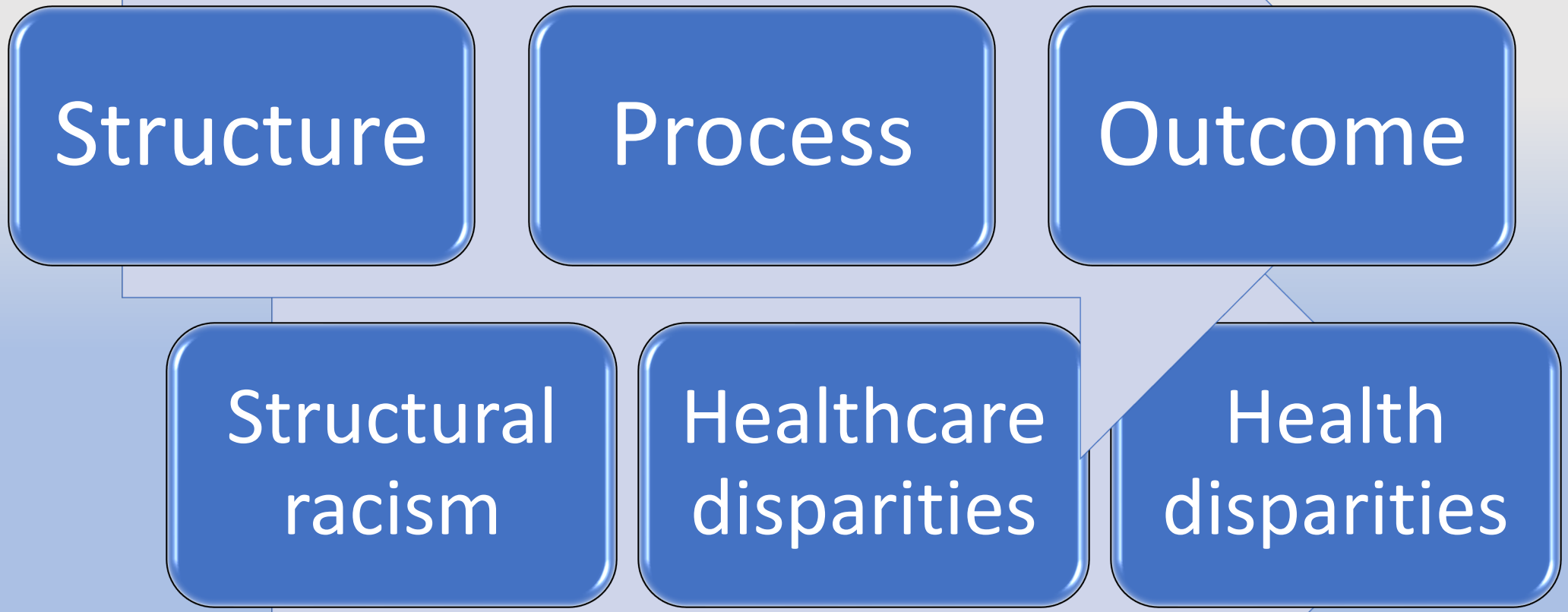


- Defined as "*Conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks*" Healthy People 2020

How health disparities happen

Now, our patients are in the health care system…

Donabedian model for quality of care

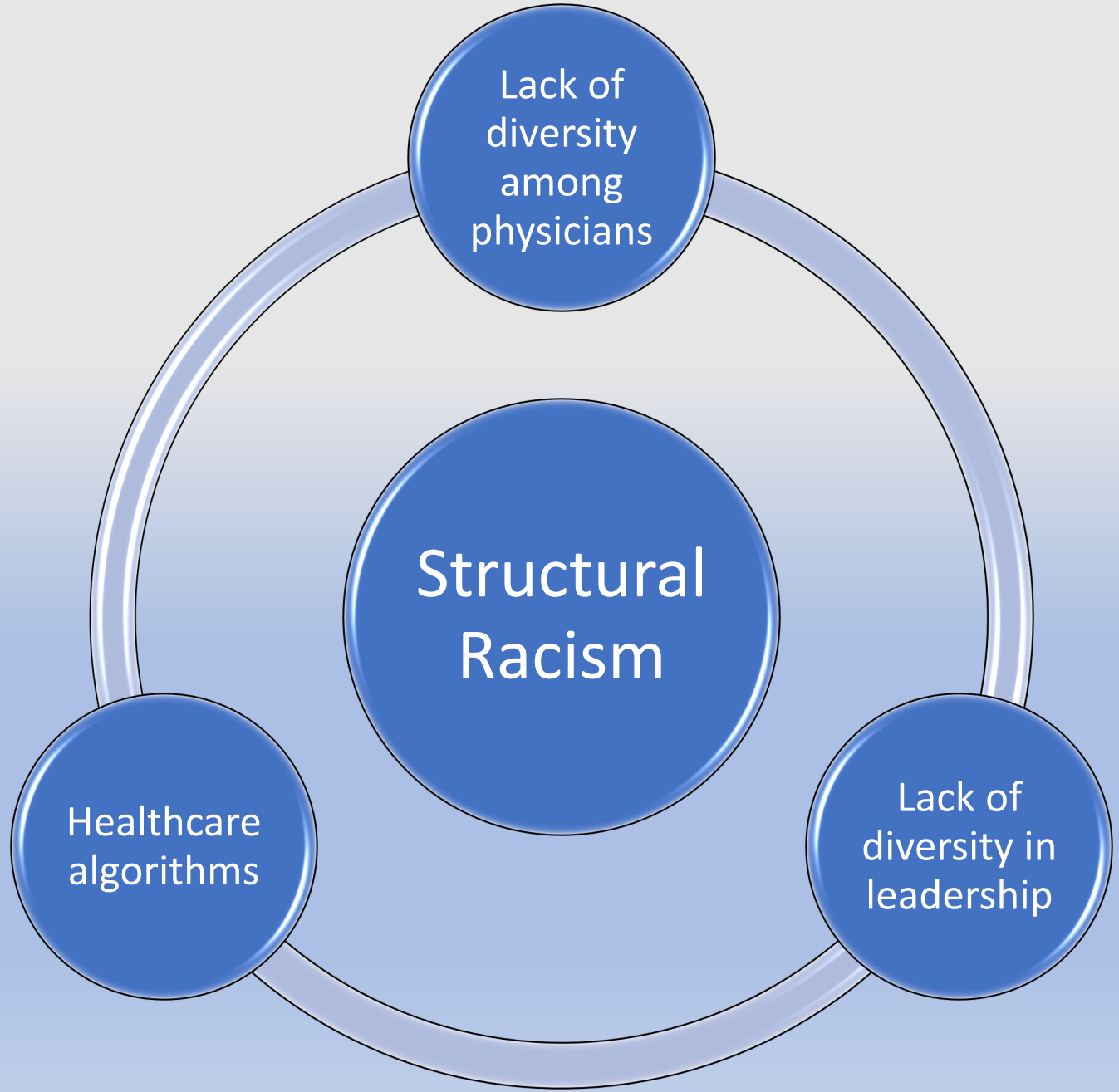


Structural Racism

- Also known as **Institutional or Systemic Racism** is defined as *"A system in which public policies, **institutional practices**, cultural representatives, and other norms work in various, often reinforcing ways to **perpetuate racial group inequity**"*

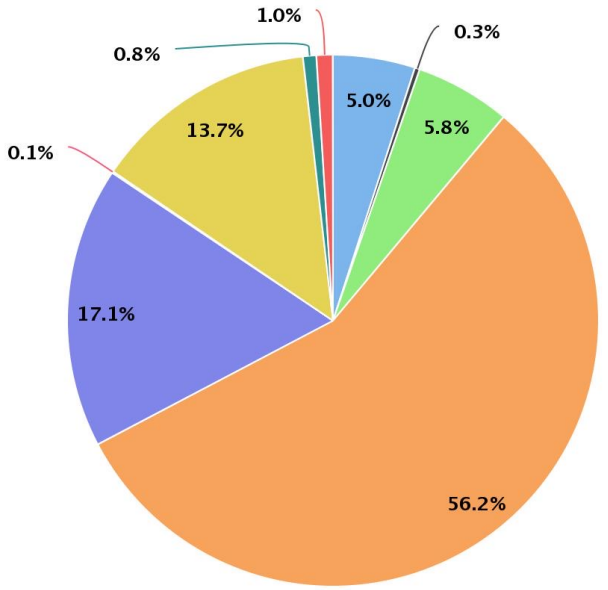
- The Aspen Institute

What "structures" in the health system result in negative health outcomes and perpetuate racial group inequity?



Diversity and Inclusion in Healthcare

Figure 18. Percentage of all active physicians by race/ethnicity, 2018.



Click on legend item below to add or remove a section from the report.

- American Indian or Alaska Native (2,570)
- Asian (157,025)
- Black or African American (45,534)
- Hispanic (53,526)
- Multiple Race, Non-Hispanic (8,932)
- Native Hawaiian or Other Pacific Islander (941)
- Other (7,571)
- Unknown (126,144)
- White (516,304)

Note: Figure 18 shows the percentage of active physicians by race and ethnicity as of July 1, 2019.

Source: Race and ethnicity are obtained from a variety of sources including DBS, ERAS, APP, MCAT, SMDEP, GQ, MSQ, PMQ, FACULTY, GME, STUDENT with

- **Blacks** account for only **5%** of all active physicians
- **Hispanics** account for only **5.8%** of all active physicians
- Of all physicians, only **35.9%** are **female**

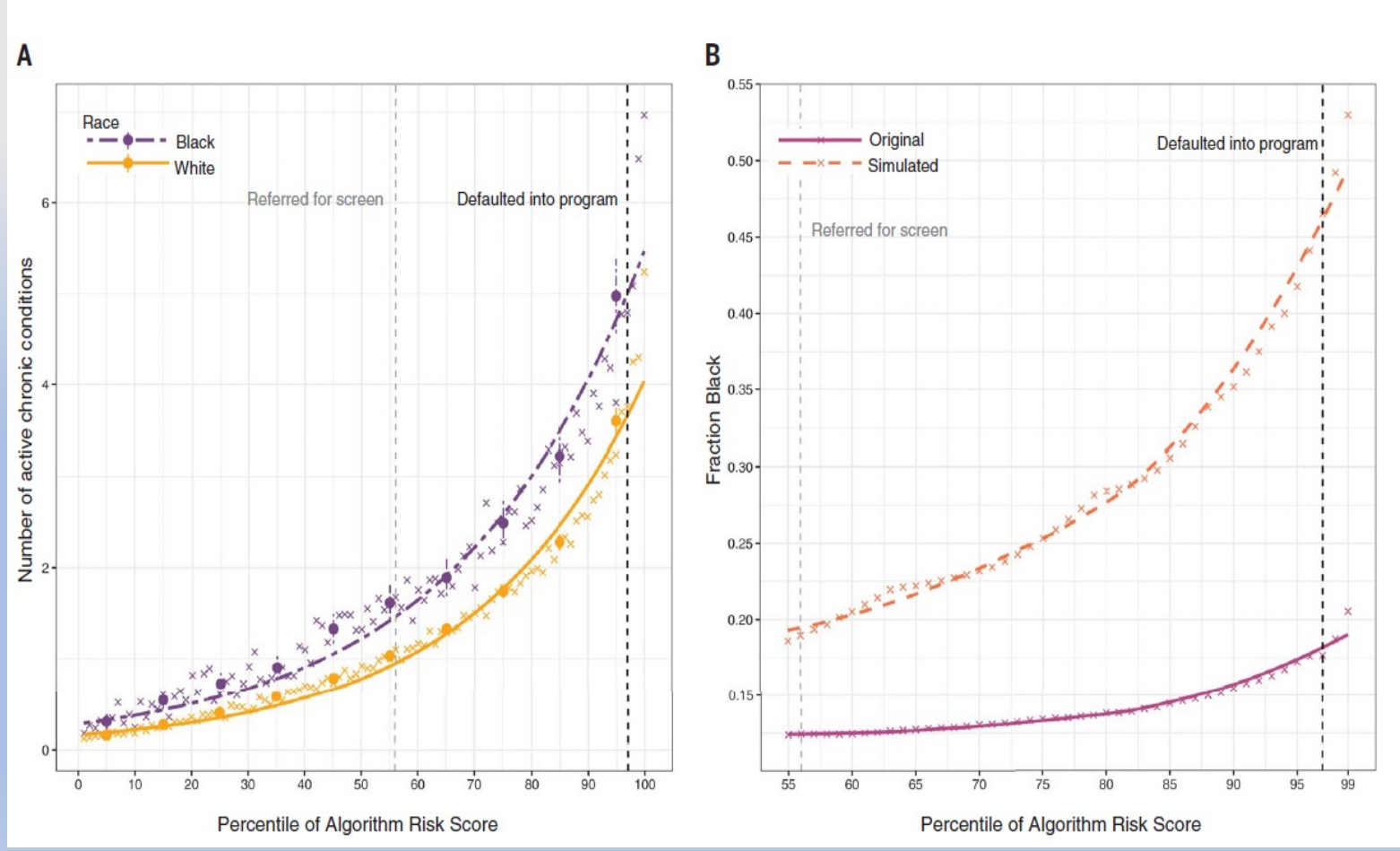
Diversity and Inclusion in Healthcare

- Of 200 hospitals and health systems surveyed, **55%** reported women were overlooked for executive leadership positions

- Almost **80%** of the healthcare workforce is women, only **19%** of hospitals are led by women, and only **4%** of healthcare companies have a female CEO

Healthcare Algorithms

- Health Algorithms for allocation of resources
  - The algorithm scores less-healthy Black patients at similar risk as more-healthy White patients
  - Misallocation of resources for sicker Black patients



**Obermeyer Z, Powers B, Vogeli C, Mullainathan S. Dissecting racial bias in an algorithm used to manage the health of populations. Science. 2019;366(6464):447-453. doi:10.1126/science.aax2342*

Diversity and Inclusion: Why do need it

- Convincing evidence demonstrates that in any field, diversity and inclusion in the workforce and leadership strengthens, improves, and enables greater realization of institutional goals

Diversity and Inclusion: Why we need it

- Students trained at diverse schools are more comfortable treating patients from a wide range of ethnic backgrounds
- When the physician is the same race as the patient, patients report higher levels of trust and satisfaction
- Black, Hispanic and Native American physicians are much more likely to practice in underserved areas and more likely to accept patients with Medicaid

Structural racism: evaluating ourselves

- What is the level of diversity in leadership at your institution – executive, administrative, mid-level?
- What is the level of diversity in your provider workforce? Does it reflect the population you serve?
- What barriers do WE create for certain groups of patients?
- Do we provide equitable access to care regardless of socioeconomic status?

How health disparities happen

- After having health impacted by **SDoH,** experiencing the effects of **structural racism,** our patient experiences **health care disparities**

Health care disparities

- Black individuals are less likely to be offered preventive services such as cancer screening and influenza vaccine
- Black individuals are less likely to have adequate treatment of pain
- Black and Hispanic patients are less likely to receive bypass surgery even when medically indicated
- Women are less likely to undergo appropriate cardiovascular testing

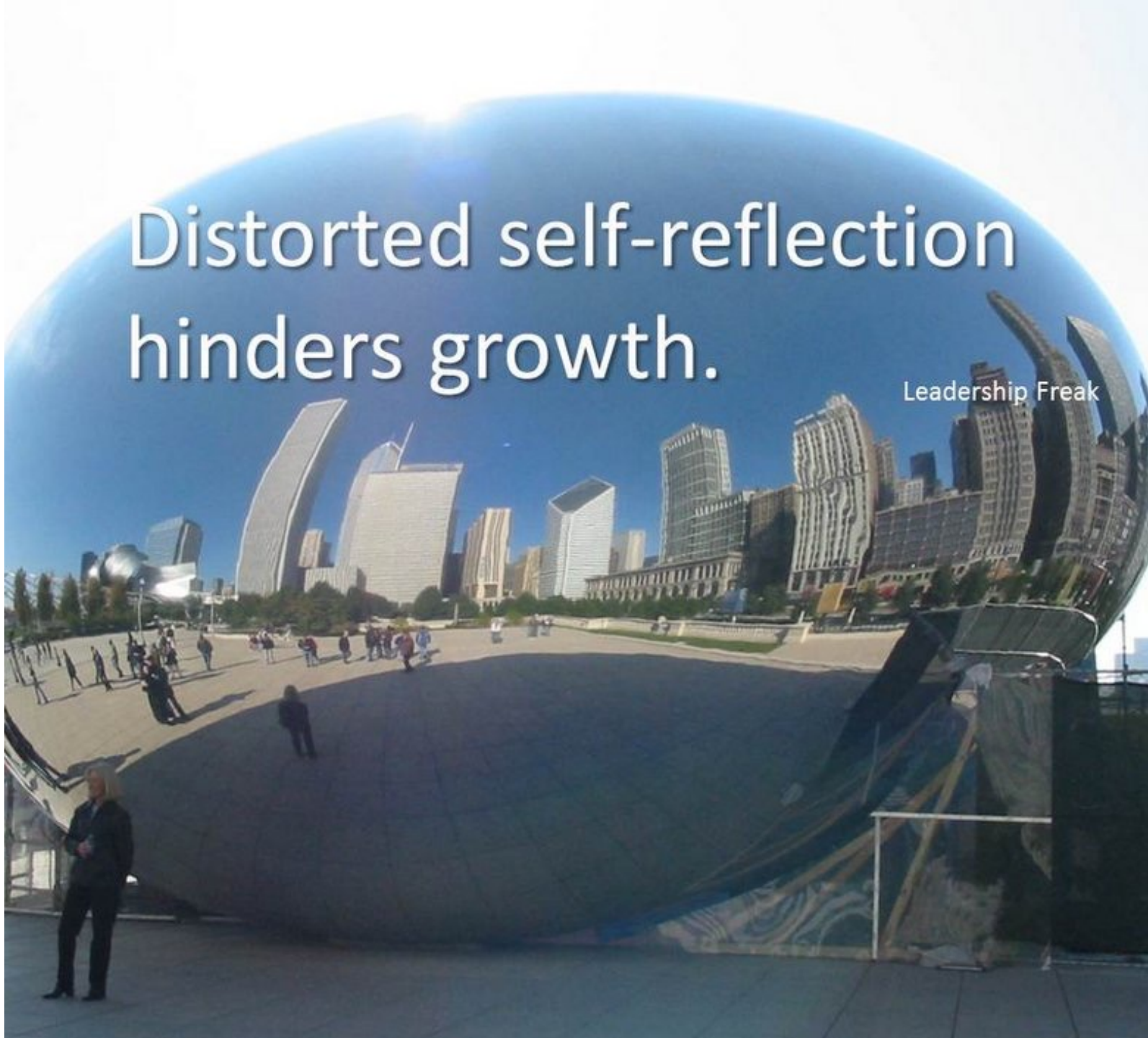
Implicit Bias

Implicit Bias Defined

- Implicit bias, also known as unconscious bias, is defined as *"the attitudes or stereotypes that affect our understanding, actions, and decisions in an **unconscious** manner"*

- Kirwan Institute for the Study of Race and Ethnicity

Moment of Reflection



Causes of Implicit Bias

We like to take shortcuts

We tend to seek out patterns

Experience and social conditioning

You don’t know where you’re going, if you don’t know where you’ve been

Bias Beliefs About Black Women

- **Mammy**
  - Stereotyped Black women as obese, dark-skinned, maternal figures, desexualized, loyal to white families
  - **Stereotyped as taking care of the white family's children but not her own**
  - Dark-skinned was also seen as ugly
  - Stereotyped Black women as only being domestic workers
  - Perpetuated in art, literature, and media

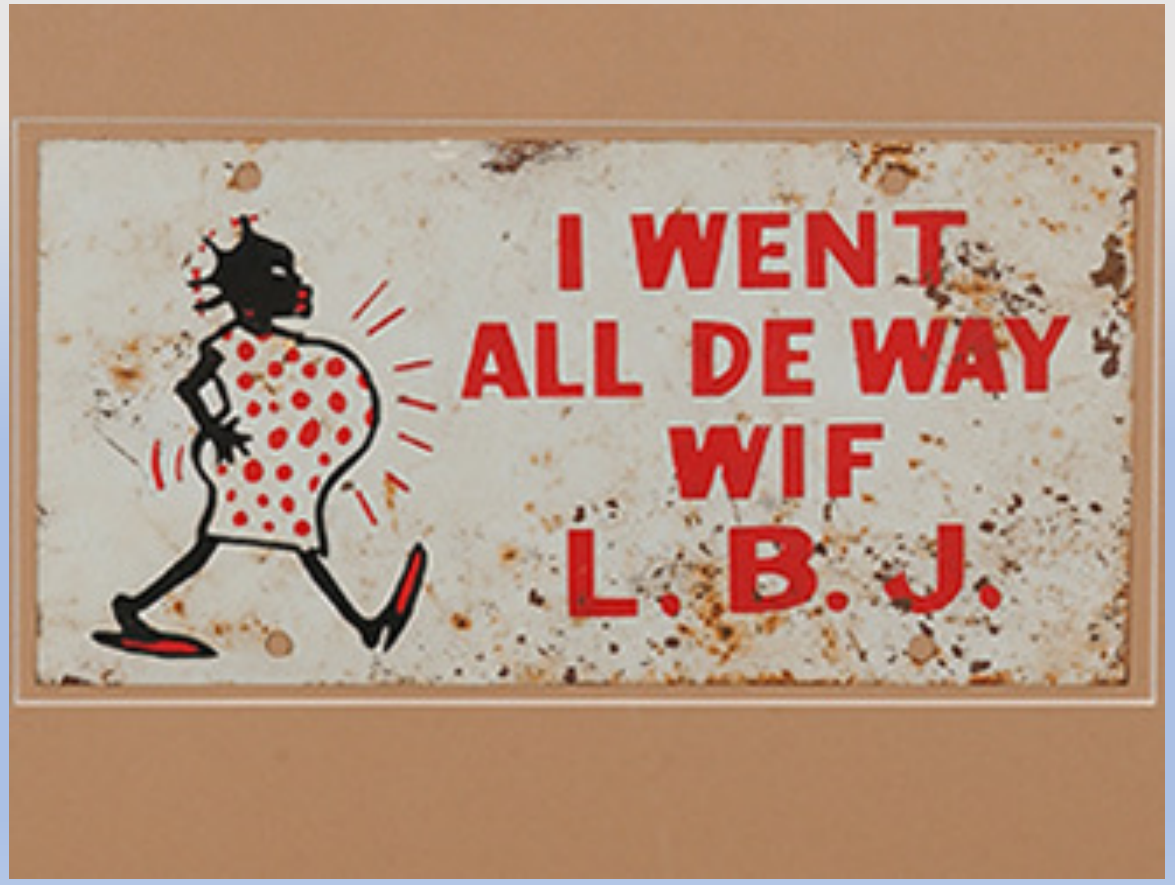
The Mammy Caricature. Jim Crow Museum of Racist Memorabilia. Published 2000, Edited 2012. https://www.ferris.edu/jimcrow/mammies/. Accessed on February 7, 2021.

Bias Beliefs About Black Women

- **Sapphire archetype**
  - Sassy Mammies
  - Black women portrayed as rude, loud, stubborn and overbearing
  - Led to Angry Black Woman stereotype
  - Not wanting to fulfill this stereotype, Black women often remain silent

The Sapphire Caricature. Jim Crow Museum of Racist Memorabilia. Published 2008. Edited 2012. https://www.ferris.edu/HTMLS/news/jimcrow/antiblack/sapphire.htm. Accessed on February 7, 2021.

Bias Beliefs About Black Women



- **Jezebel archetype**
  - Stereotyped Black women as hypersexual
  - Used to justify slave owners raping slaves
  - Perpetuated in art, novelties, and media

The Jezebel Stereotype. Jim Crow Museum of Racist Memorabilia. Published 2002. Edited 2012. https://www.ferris.edu/HTMLS/news/jimcrow/jezebel/index.htm. Accessed on February 7, 2021.

Bias Beliefs About Black Women

- **Welfare queen archetype**
  - Stereotype that Black women are uneducated, single mothers who have children to take advantage of public assistance
    - Reality is, according to the Nutrition Assistance Program Report Series, in 2013, **34%** of White households participated in SNAP compared to **23%** of Black households

Myles, Kersti (2017) "Jezebels and Jungle Bunnies: How the Stereotypes of Black Women Shape Legislation, the Legal Profession, and Feminist Jurisprudence." The Modern American: Vol. 10 : Iss. 1 , Article 1.

Gender Bias

Managers Use More Positive Words to Describe Men in Performance Reviews and More Negative Ones to Describe Women

Words used to describe men		Words used to describe women	
Analytical		Compassionate	
Competent			Inept
Athletic		Enthusiastic	Selfish
Dependable	Arrogant	Energetic	Frivolous
Confident			Passive
Versatile		Organized	Scattered
Articulate			Opportunistic
Level-headed			Gossip
	Irresponsible		Excitable
Logical			Vain
Practical			Panicky
			Temperamental
			Indecisive
POSITIVE	NEGATIVE	POSITIVE	NEGATIVE

IN DESCENDING ORDER OF RELATIVE FREQUENCY

SOURCE AN ANALYSIS OF 81,000 PERFORMANCE EVALUATIONS, DAVID G. SMITH ET AL., 2018

Microaggressions

- *"A comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group (such as a racial minority)*

- Merriam-Webster

Types of Microaggressions

- Microassaults
  - Conscious and intentional actions or slurs
- Microinsults
  - Verbal and nonverbal communication that subtly conveys rudeness and insensitivity that is demeaning to a person's race, ethnicity, or gender
- Microinvalidations
  - Communications that subtly, exclude, negate or nullify the thoughts, feelings or experienced reality of an individual

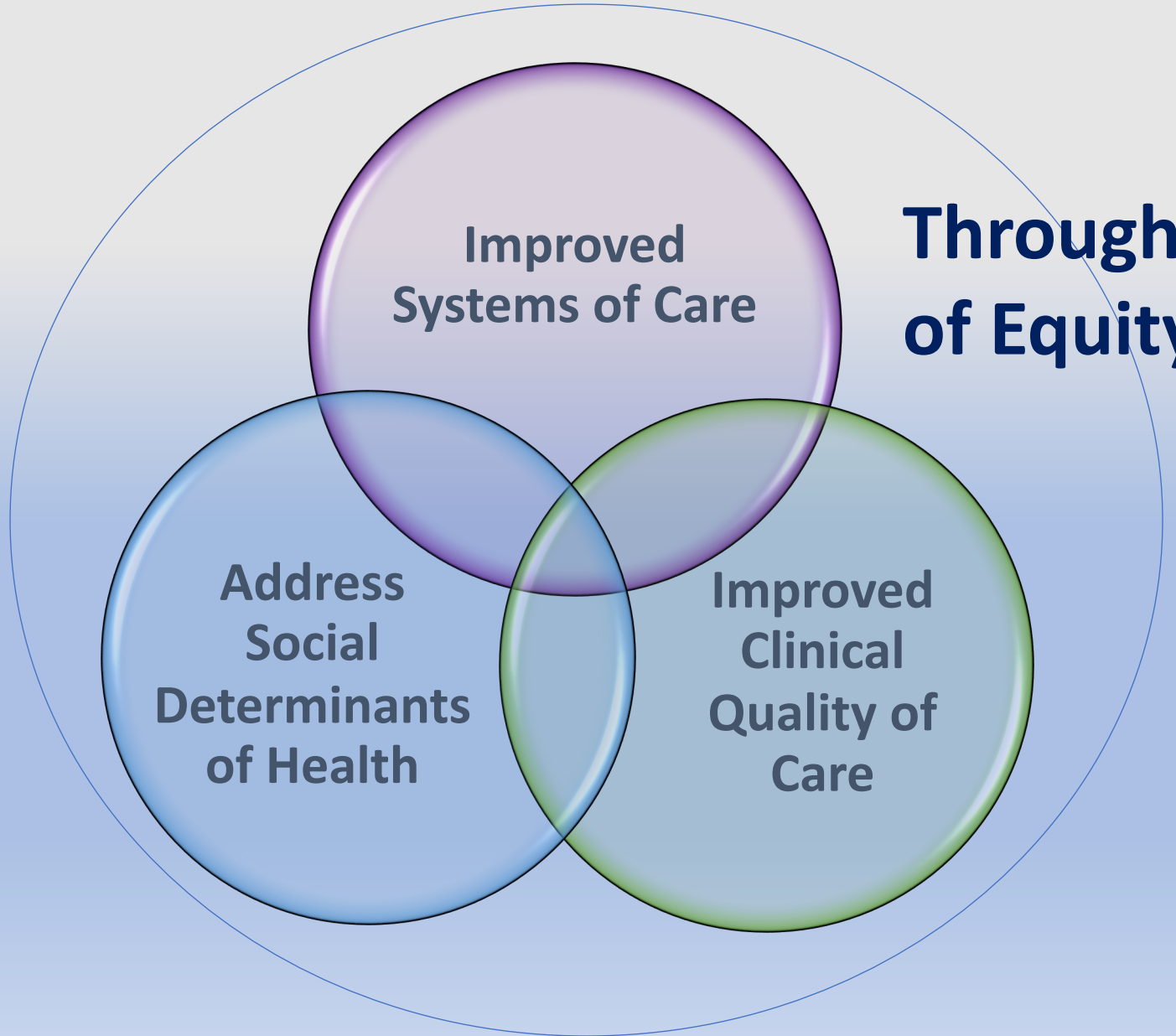
How health disparities happen

- After having health impacted by **SDoH,** experiencing the effects of **structural racism,** our patient experiences **health care disparities due to implicit bias,** which all leads to a **health disparity**

Maternal and Infant Health Disparities

- Nationally, **Black women are 3 times** more likely to suffer a pregnancy-related death and **American Indian and Alaska Native women are 2 times** than a white woman
- The rate of preterm birth among Black women is 50% higher than that of white women
- The infant mortality rate for Black infants is 2.3 times higher than that of white infants
- The Severe Maternal Morbidity (SMM) rate for a Black woman with a college degree is 2 times higher than that of a white woman with an eighth-grade education

The Pathway to Improvement



Through a Lens of Equity

We cannot have Quality without Equity

- The Institute of Medicine define quality as ***"the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge"***

- Health disparities are the health outcome measure of progress toward health equity

Where do we go from here: Pathway to Change

- Acknowledge your own bias and stance on equity
- Identify structural racism in your institution toward your employees and patients
- Have conversations about race
- Develop short-term and long-term plans

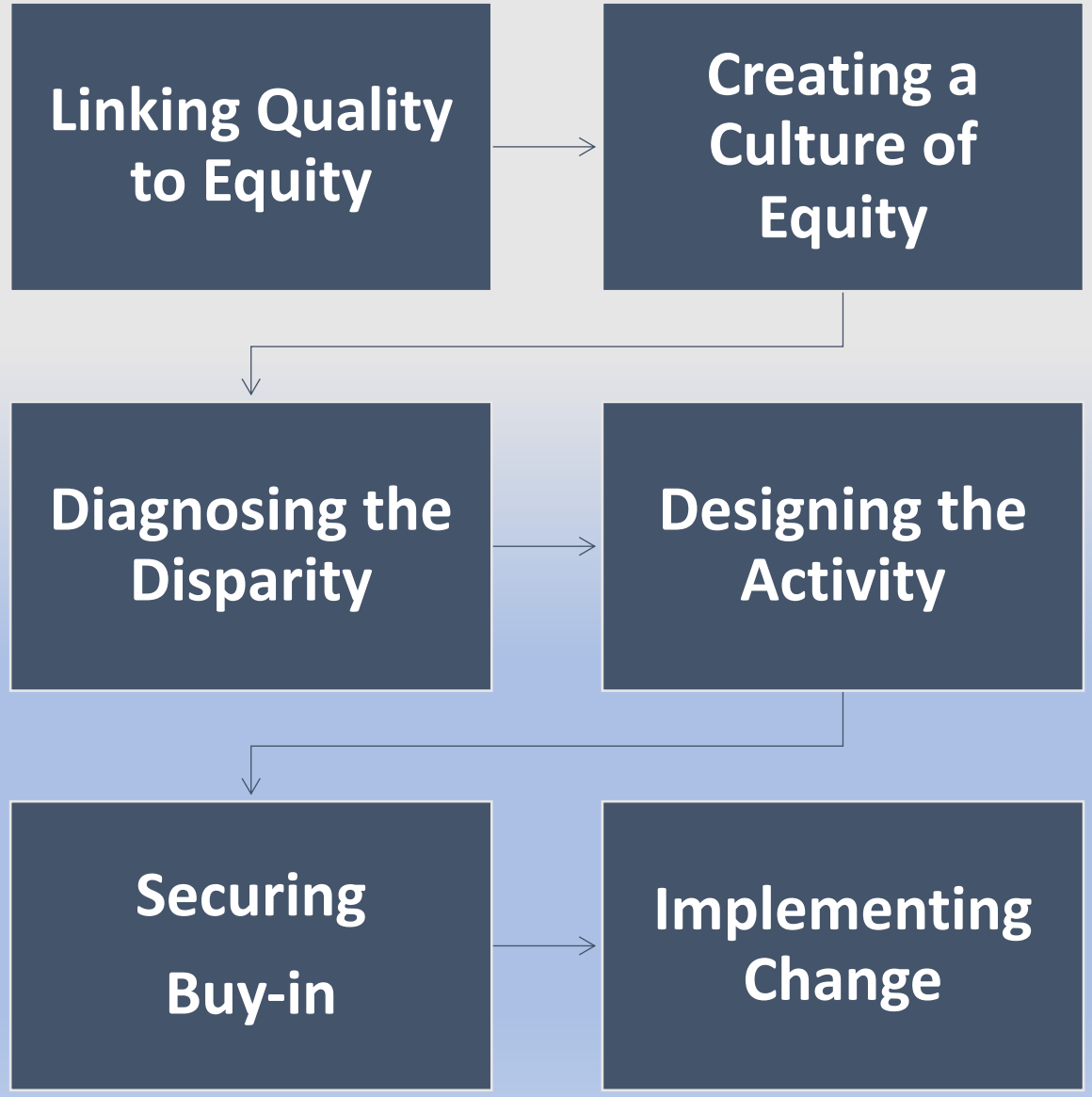
Pathway to Respectful Care: Health Care Providers

- Change starts with me
  - **60%** of providers believed that quality of care is different by race but only **40%** thought that difference applied to their patient panel

- Acknowledge your own bias
  - Implicit Association Test: https://implicit.harvard.edu/implicit/takeatest.html

- Address your bias
  - See people as individuals
  - Recognize your belief as a stereotype
  - Increase opportunities to have contact with individuals from different groups
  - Empathy

IHI Framework for Creating Health Equity



The Roadmap to Reduce Disparities

Where do you stand?

"The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy."

Dr. Martin Luther King, Jr

Summary

- The cause of health disparities are complex in nature
- We must examine ourselves as individuals and our workplace to see how we are propagating implicit bias and structural racism
- There is a pathway to improvement…

The Effects of Inequities

References

1. Widome R, Brock B. Noble P, Forster JL. (2013) The relationship of neighborhood demographic characteristics to point-of-sale tobacco advertising and marketing. *Ethnicity & Health*. 18(2):136-151. Doi: 10.1080/13557858.2012.701273.

2. Messer, L. C., Kaufman, J. S., Dole, N., Savitz, D. A., & Laraia, B. A. (2006). Neighborhood crime, deprivation, and preterm birth. *Annals of epidemiology*, *16*(6), 455–462. https://doi.org/10.1016/j.annepidem.2005.08.006

3. The Demographic Statistical Atlas of the United States: Statistical Atlas. Household Income in New Orleans, LA. https://statisticalatlas.com/place/Louisiana/New-Orleans/Household-Income#data-map/neighborhood. Last accessed on August 9, 2020.

4. Mid-City: The Data Center 2012 – 2016 https://www.datacenterresearch.org/data-resources/neighborhood-data/district-4/mid-city/ . Last accessed on August 9, 2020.

5. Mid-City, New Orleans, LA Crime https://www.areavibes.com/new+orleans-la/mid-city/crime/ . Last accessed on August 9, 2020.

6. Donabedian, A (2005) Evaluating the Quality of Medical Care, The Milbank Quarterly, 83(4):691-729.

7. Obermeyer Z, Powers B, Vogeli C, Mullainathan S. Dissecting racial bias in an algorithm used to manage the health of populations. *Science*. 2019;366(6464):447-453. doi:10.1126/science.aax2342

8. Diversity and Inclusion in Leadership. An Official Position Statement of the Society of Maternal Fetal Medicine. January 2017. https://s3.amazonaws.com/cdn.smfm.org/media/1107/Leadership_-_January_2017.pdf.

9. Marrast, L. M., Zallman, L., Woolhandler, S., Bor, D. H., & McCormick, D. (2014). Minority physicians' role in the care of underserved patients: diversifying the physician workforce may be key in addressing health disparities. *JAMA internal medicine*, *174*(2), 289–291. https://doi.org/10.1001/jamainternmed.2013.12756

10. Rothman P. (2016) Diversity in medicine has measurable benefits. News & Publications. Johns Hopkins Medicine. https://www.hopkinsmedicine.org/news/articles/diversity-in-medicine-has-measurable-benefits#:~:text=Studies%20show%20that%20students%20trained,by%202.2%20minutes%2C%20on%20average. Last accessed on July 13, 2020.

11. Smedley BD, Stith AY, Colburn L, et al.; Institute of Medicine (US). The Right Thing to Do, The Smart Thing to Do: Enhancing Diversity in the Health Professions: Summary of the Symposium on Diversity in Health Professions in Honor of Herbert W.Nickens, M.D.. Washington (DC): National Academies Press (US); 2001. Increasing Racial and Ethnic Diversity Among Physicians: An Intervention to Address Health Disparities? Available from: https://www.ncbi.nlm.nih.gov/books/NBK223632/

12. Cantor, J. C., Miles, E. L., Baker, L. C., & Barker, D. C. (1996). Physician service to the underserved: implications for affirmative action in medical education. *Inquiry : a journal of medical care organization, provision and financing*, *33*(2), 167–180.

References

15. Hausmann, L. R., Jeong, K., Bost, J. E., & Ibrahim, S. A. (2008). Perceived discrimination in health care and use of preventive health services. *Journal of general internal medicine*, *23*(10), 1679–1684. https://doi.org/10.1007/s11606-008-0730-x

16. Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences of the United States of America*, *113*(16), 4296–4301. https://doi.org/10.1073/pnas.1516047113

17. Cohen, J. J., Gabriel, B. A., & Terrell, C. (2002). The case for diversity in the health care workforce. *Health affairs (Project Hope)*, *21*(5), 90–102. https://doi.org/10.1377/hlthaff.21.5.90

18. Daugherty, S. L., Blair, I. V., Havranek, E. P., Furniss, A., Dickinson, L. M., Karimkhani, E., Main, D. S., & Masoudi, F. A. (2017). Implicit Gender Bias and the Use of Cardiovascular Tests Among Cardiologists. *Journal of the American Heart Association*, *6*(12), e006872. https://doi.org/10.1161/JAHA.117.006872

19. Nadal K. A (2014). Guide to Responding to Microaggressions. CUNY FORUM 2:1 (2014) 71-76.

20. Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: implications for clinical practice. *The American psychologist*, *62*(4), 271–286. https://doi.org/10.1037/0003-066X.62.4.271

21. Kim L, Whitaker M, O'Halloran A. Kambhampati A, Chai S, Reingold A, Armistead I, et al. (2020) Hospitalization Rates and Characteristics of Children Aged <18 Years Hospitalized with Laboratory-Confirmed COVID-19-COVID-NET, 14 States, March 1- July 25, 2020. MMWR Morb Mortal Wkly Rep. epPub https://www.cdc.gov/mmwr/volumes/69/wr/mm6932e3.htm?s#suggestedcitation

22. Peterson EE, Davis NL, Goodman D, Cox S, Syverson C, Seed K, Shapiro-Mendoz C, Callaghan W, Barfield W. (2019) Racial/Ethnic Disparities in Pregnancy-Related Deaths – United States, 2007-2016. MMR Morb Mortal Wkly Rep; 68:762765. DOI: http://dx.doi.org/10.15585/mmwr.mm6835a3

23. Bruce K, Trichilo R, Gillispie-Bell V, Hyde R, Outhuse A. (2021) Louisiana Pregnancy-Associated Mortality Review. https://www.partnersforfamilyhealth.org/wp-content/uploads/2021/09/2018_PAMR_Report_FINAL_MF.pdf. Last accessed on October 28, 2021.

24. MacDorman M. F. (2011). Race and ethnic disparities in fetal mortality, preterm birth, and infant mortality in the United States: an overview. *Seminars in perinatology*, *35*(4), 200–208. https://doi.org/10.1053/j.semperi.2011.02.017

25. Infant Mortality and African Americans. U.S. Department of Health and Human Services. Office of Minority Health. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=23. Last accessed on July 7, 2020.

26. Leonard, S. A., Main, E. K., Scott, K. A., Profit, J., & Carmichael, S. L. (2019). Racial and ethnic disparities in severe maternal morbidity prevalence and trends. *Annals of epidemiology*, *33*, 30–36. https://doi.org/10.1016/j.annepidem.2019.02.007

27. Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)

References

28. Braveman, P. A., Kumanyika, S., Fielding, J., Laveist, T., Borrell, L. N., Manderscheid, R., & Troutman, A. (2011). Health disparities and health equity: the issue is justice. *American journal of public health*, *101 Suppl 1*(Suppl 1), S149–S155. https://doi.org/10.2105/AJPH.2010.300062

29. Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. (2012). Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. *Journal of experimental social psychology*, *48*(6), 1267–1278. https://doi.org/10.1016/j.jesp.2012.06.00

30. FitzGerald C, Hurst S. Implicit bias in healthcare professionals: a systematic review. *BMC Med Ethics*. 2017;18(1):19. Published 2017 Mar 1. doi:10.1186/s12910-017-0179-8

31. Dovidio, J. F., & Fiske, S. T. (2012). Under the radar: how unexamined biases in decision-making processes in clinical interactions can contribute to health care disparities. *American journal of public health*, *102*(5), 945–952. https://doi.org/10.2105/AJPH.2011.300601

32. Ly DP. Historical Trends in the Representativeness and Incomes of Black Physicians, 1900-2018. *J Gen Intern Med*. 2022;37(5):1310-1312. doi:10.1007/s11606-021-06745-1

33. Park J, Saha S, Chee B, Taylor J, Beach MC. Physician Use of Stigmatizing Language in Patient Medical Records. *JAMA Netw Open*. 2021;4(7):e2117052. Published 2021 Jul 1. doi:10.1001/jamanetworkopen.2021.17052

34. Ghavami, N., & Peplau, L. A. (2013). An Intersectional Analysis of Gender and Ethnic Stereotypes: Testing Three Hypotheses. *Psychology of Women Quarterly*, *37*(1), 113–127. https://doi.org/10.1177/0361684312464203