

## Introduction to Healthcare Disparities: A brief overview

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## Learning objectives

Define healthcare disparities

Define social determinants of health

Discuss current research and prevalence of disparities

Next steps

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## How I came to this



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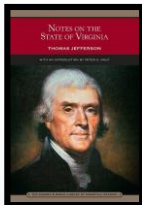
## History Class



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## History of healthcare for people with minority identities



- Thomas Jefferson wrote:
  - "Blacks are inferior to the whites in the endowments of the body and mind."
  - "Their love lacks a tender delicate mixture of sentiment and sensation"
  - "In imagination they are dull, tasteless and anomalous."
  - He owned 175 slaves at the time he wrote the Declaration of Independence

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## Historical Events in Healthcare

### Tuskegee Institutes research on Syphilis

1932-600 black men are infected with Syphilis by The U.S. Public Health Service and Tuskegee Institute

Mid 1940's Penicillin becomes treatment of choice for syphilis but men in study aren't treated

1972-Public finds out about the study

1997-President Clinton issues a formal apology.

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## Mississippi Appendectomy

From the 1920's to the mid 1980's the term "Mississippi Appendectomy" was coined for the practice of sterilizing young black women without their knowledge in routine medical procedures.


It is estimated that in the United States by 1980 700,000 people were sterilized without their consent and for no valid reason.

Teaching hospitals performed hysterectomies on poor black women as a part of their medical training.




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### Dr. Donald Warne MD, MPH Associate Dean at University of North Dakota



Dr. Warne defines historical trauma as "the collective emotional wounding across generations that results from massive catastrophic events."

This trauma is "held personally and transmitted over generations. Thus, even family members who have not directly experienced the trauma can feel the effects of the event generations later."



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## Historical Native American experience with healthcare

The arrival of European settlers over 500 years ago brought with them small pox, measles and yellow fever to a indigenous population of around 40-50 million people.

In 1832 the war department began offering healthcare to Native American's. By 1880 there were only 77 physicians serving the entire Native American population in the United States and territories 660,000 est.

By the end of the 1830's, the Mandan, Assinboine and Niitsitapi tribes were nearly wiped out by smallpox.

During this time period United States Policy toward Native American's was one of expansion and removal of lands which was in direct conflict with offering medicine and healthcare the settlers and soldiers were offered.





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## More recent history for Native Americans

The early 1900's is known as the Assimilation period. The U.S began to call themselves "Guardian's of the Native Americans."

The goal of assimilation was to bring Native American's into mainstream society and have them abandon their former ways of life.

1955-The official creation of the Indian Health Services by congress was enacted to provide adequate health care to all Native American peoples.





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## Brief History of U.S. Racist Laws

- Slavery (1500-1865)
- The Indian Removal Act (1830)
- Suppression of Native American Religion Act (1800-1978)
- Grieser Act (1855)
- Chinese Exclusion Act (1882)
- Jim Crow Laws (1876-1965)
- Indian Termination Policy (1940-1960's)
- Woman's right to vote (1807-1920)
- Anti-Miscengeneration Laws (1908-1970's)

Alto-Arcana




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### 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

KFF  
Kaiser Family Foundation



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### Definition of healthcare disparities

**Health disparities or inequities** are used to describe differences that are socially determined and/or deemed unnecessary, avoidable, or unjust

An estimated 84,000 people die annually due to unjust or avoidable disparities

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### Connecting history to present day

#### Maternal mortality rates in select countries and the United States

Total maternal deaths per 100,000 live births

All U.S. mothers	14
U.S. non-Hispanic white mothers	12.2
U.S. African American mothers	43.3
Mothers in high-income countries	10
Mothers in upper-middle-income countries	44

#### Infant mortality rates in select countries and the United States

Total infant deaths per 1,000 live births

All U.S. mothers	7
U.S. non-Hispanic white mothers	6.4
U.S. African American mothers	10.7
Mothers in high-income countries	5
Mothers in upper-middle-income countries	10

CDC American Progress

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### Healthcare disparities in cancer today

**Prevention**  
LGBTQIA+ 1.5x higher tobacco and alcohol use increase risk for cancer

**Diagnosis and Treatment**  
Low SES 50% lower likelihood of receiving chemo for metastatic bladder cancer

**Early Detection**  
Spanish speaking 27% less likely to be screened for mammograms compared to English speakers

**Survivorship & EOL**  
Black/AA Women 40% higher breast cancer mortality rates as compared to white women

Advisory Board

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Institute of Medicine 2010 report on Health Disparities:

**Finding 1-1:** Racial and ethnic disparities in healthcare exist and, because they are associated with worse outcomes in many cases, are unacceptable.

**American Hospital Association**  
Advancing Health in America

INSTITUTE OF MEDICINE OF THE NATIONAL ACADEMIES

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### Why is DEI work so important

**Implicit Bias:** The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases (which can be favorable or unfavorable) are activated involuntarily and without an individual's awareness or intentional control. Implicit associations develop over the course of a lifetime beginning at a very early age through exposure and direct and indirect messages. They unconsciously create feelings and attitudes about other people based on characteristics such as race, ethnicity, gender, appearance, and age.

**Microaggression:** Everyday slights, insults, putdowns, invalidations, and offensive behaviors that people in non-dominant groups experience in daily interactions with dominant group members who may be unaware that they have engaged in demeaning ways towards a targeted group.

-Harrison, Ph.D., Cullinan, Ph.D.

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### Potential Impact of unconscious bias in the workplace

**Talent Acquisition & Development**

**Retention Rate & Expense of Re-hiring**

**Homogeneity & Stagnation in Hiring, Decision-making**

**Reputation Risk & Employer Brand**

**Increased Covering & Decreased Engagement**

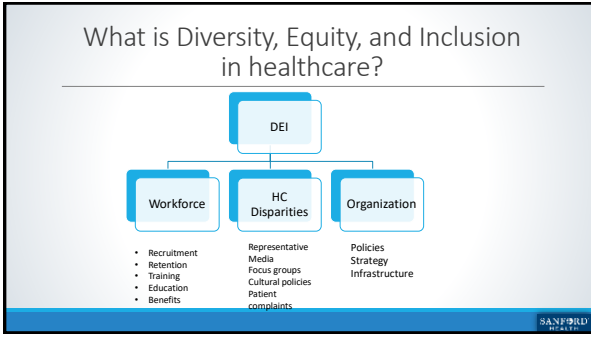
**Missed Business Opportunities**

**Legal and Regulatory Consequences**

DEI: DIVERSITY, EQUITY AND INCLUSION

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- ### Next steps
- Complete a Implicit Bias survey <https://implicit.harvard.edu/implicit/takeatest.html>
  - Talk to friends, co-workers and family about your efforts and education
  - Reach out to others to learn more about their experiences
  - Advocate for increased resources to the office of Diversity Equity and Inclusion

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