Approaching Health Care Disparities with Learners

Sonia Ballal, MD

Jacqueline Jimenez-Maldonado, MSW, LICSW

Donna Luff, PhD

Disclosures

The speaker(s) do not have any financial relationships to disclose.

To receive credit for today's BCH Academy Seminar:

Text 4351 → 617-648-7950

Session Objectives

- Define principles and challenges for approaching health disparities with learners
- Model an equity huddle to engage learners in conversations about health disparities in clinical care
- Explore strategies to integrate health disparities awareness into educational experiences

Session Outline

- Define health disparities and pathways
- Consider where and how we can intervene
- Introduce model of a health equity huddle
- Discuss its application in a breakout room exercise
- Explore strategies and resources for educational experiences

How we come to this presentation

- We bring different lived experiences to this work, both professionally and personally
- We have different areas of privilege and experiences of inequity in our own lives
- We approach this session with humility, curiosity, and understanding that we have biases and may make missteps
- We are here to learn with and from another – it's ok to feel uncomfortable
- We hold this Basic Assumption:

"We believe that everyone participating in this session cares about doing their best and wants to improve."

Health Equity

This is the goal!

Health equity has been defined as everyone having a fair and just opportunity to be as healthy as possible.

(Ward VL et al, Pediatric Radiology, 2022)

What are Health Disparities?

There are multiple definitions of health disparities

Healthy People 2030

- "A particular type of health difference that is linked with social, economic, and/or environmental disadvantage”
- Adversely affects groups of people who have systematically experienced greater obstacles to health

Ndugga, N., & Artiga, 2021

CDC

- Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.
- Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.

https://www.cdc.gov/healthyyouth/disparities/index.htm

Who experiences health disparities?

For the NIH, populations that experience health disparities include:

- Racial and ethnic minority groups
- People with lower socioeconomic status (SES).
- Underserved rural communities.
- Sexual and gender minority (SGM) groups.
- People with disabilities

NIH, NIMHD Updated Oct 3, 2023

Health Disparities Examples

- Black infants more than 2x as likely to die as White infants and AIAN infants were nearly twice as likely to die as White infants as of 2021

(Ndugga & Artiga, KFF, April 2023)

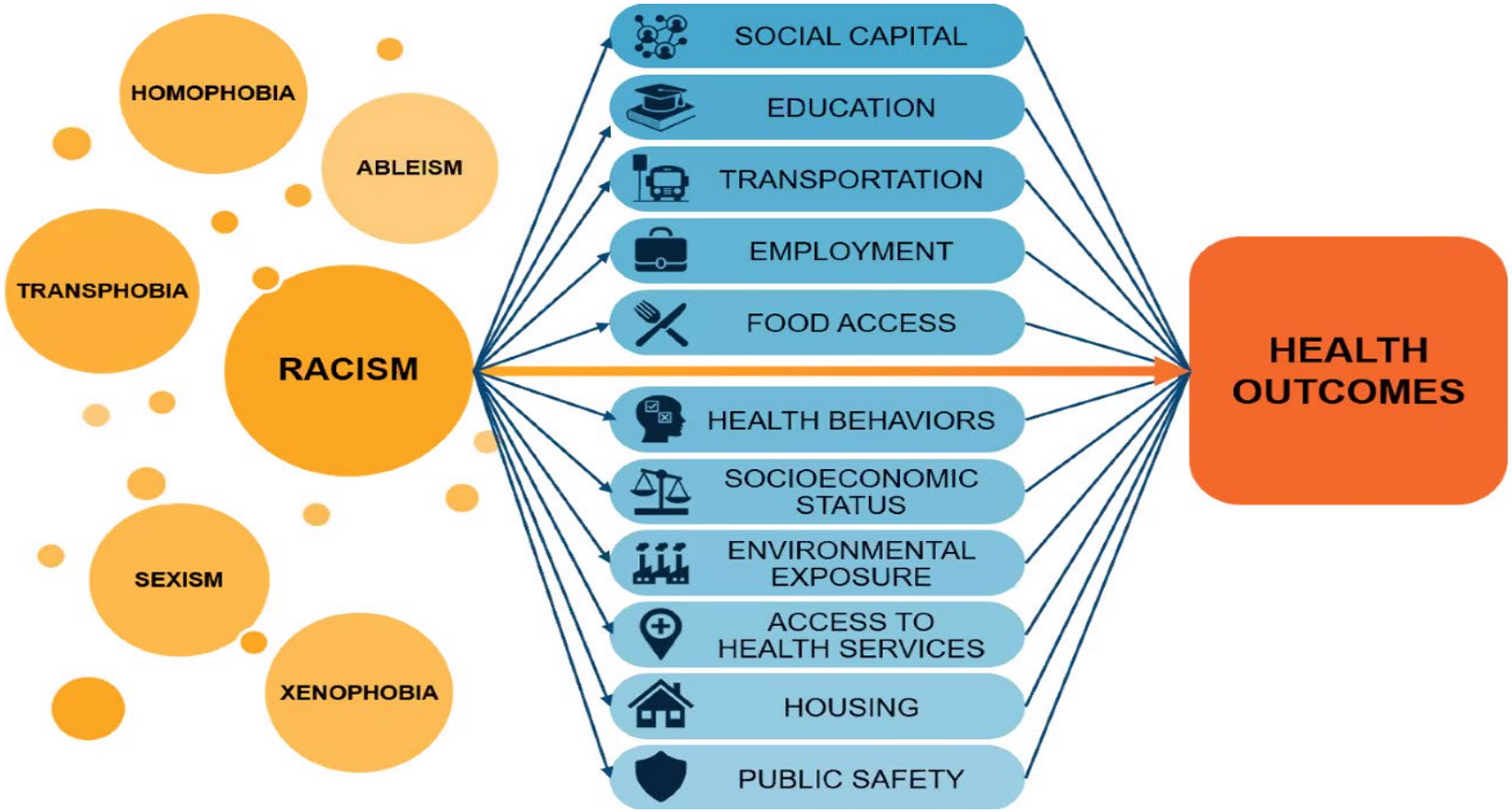
- COVID: racial and ethnic minorities in the US had higher infection rates, hospital admissions, and death caused by COVID-19 than white, non-Hispanic people. The reasons for this included: racism, the presence of comorbidities, type of work, living in crowded conditions or heavily populated areas, and access to healthcare

(Connor et al, Pediatric Quality and Safety (2023) 8:2;e643)

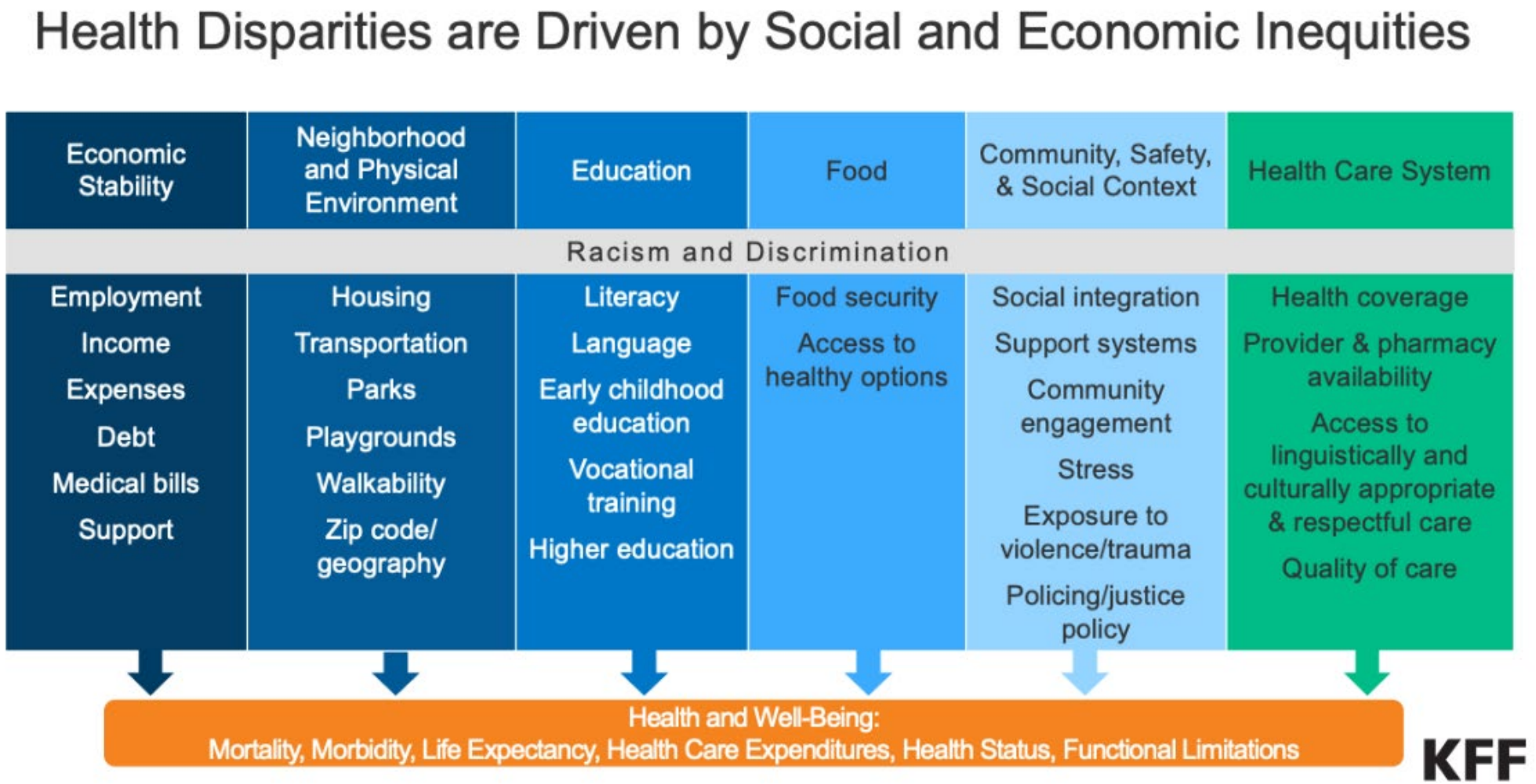
- Rates of suicidal ideation, suicide plans, and attempts are higher among LGBT+ youth compared to their non-LGBT+ peers

(Underwood et al, CDC MMWR / August 21, 2020 / Vol. 69 / No. 1)

Pathway of Health Disparities



Pathway of Health Disparities



Where can we intervene?

Awareness and action of health care team can impact on these disparities

"It is essential that our pediatric health care delivery inherently values all individuals and populations equally, recognizes and rectifies historical injustices, provides resources according to need, and aims to reduce and eliminate disparities in health and its determinants that adversely affect excluded or marginalized groups" (Ward et al, 2022)

"We can improve health risks and reduce disparities and inequities by addressing social determinants of health" (CDC).

To do this we need to understand:

- Health and health care disparities
- Role of health care
- Our own biases

Why is it so difficult to TALK about Health Disparities?

- **Word Cloud Exercise – POLL EVERYWHERE SLIDE INSTRUCTIONS**

Why is it so difficult to TALK about Health Disparities?

- **From the literature…**
- **Health disparities reflect deep roots of inequity**
  - **Distrust in the medical system**
  - **Poor communication**
  - **Medical training**

Why is it so difficult to TEACH around health disparities?

- **Change is slow**: 2002 report on health disparities, but by 2020, 40% of Internal medicine residencies have any health disparities curriculum and only 16% feel it is "very good"
- 2000 Healthy People 2010 campaign highlighted and set targets for reduction of health disparities
- Accreditation Council for Graduate Medical Education (ACGME) began requiring health disparities education for residents since at least 2004
- The program directors report a lack of (1) curricular time, (2) faculty training, (3) faculty interest in health disparities education, and (4) institutional support for health disparities reduction projects.
- Faculty development is cited frequently as a formidable barrier in health disparities education.

Clinicians are used to incorporating new medical knowledge into teaching, but "Knowledge and skills related to health disparities are not more elusive or difficult" but require a level of comfort

Fernandez A. The Unacceptable Pace of Progress in Health Disparities Education in Residency Programs. *JAMA Netw Open.* 2020;3(8):e2013097. doi:10.1001/jamanetworkopen.2020.13097

Dupras DM, Wieland ML, Halvorsen AJ, Maldonado M, Willett LL, Harris L. Assessment of training in health disparities in US internal medicine residency programs. *JAMA Netw Open*. 2020;3(8):e2012757. doi:10.1001/jamanetworkopen.2020.12757

Glick SB, Fernandez L, Irby DM, Harleman E, Fernandez A. Teaching about health care disparities in the clinical setting. *J Gen Intern Med*. 2010;25(2)(suppl):S95-S101. doi:10.1007/s11606-009-1203-6PubMedGoogle ScholarCrossref

Ross PT, Wiley Cené C, Bussey-Jones J, et al. A strategy for improving health disparities education in medicine. *J Gen Intern Med*. 2010;25(2)(suppl):S160-S163. doi:10.1007/s11606-010-1283-3

How do we start?

- How do we continue to open the path to these conversations in our learning environments?
- What tools do we have/can we brainstorm?

Intro to Huddle Model:

PURPOSE:

The aim of Health Equity Huddles (HEH) is to adapt the principles of Health Equity Rounds (HER), established at Boston Medical Center (2016), to the inpatient setting of floor teams on the Gastroenterology service at Boston Children's Hospital. Like with HER, we hope to use HEH as a tool to increase our awareness of personal and structural biases, and their impact on patient care.

Co-facilitated by a Gastroenterology attending and the inpatient Social Worker

GUIDING PRINCIPLES:

- We will engage actively and respectfully with the aim of understanding others' views and experiences
- We will trust that people are always doing the best they can
- We will remember the learnings while respecting confidentiality
- We will avoid blaming or shaming
- We will embrace discomfort in the spirit of growth

Case Example

- Luisa is a 17 year old self-identifying Latina female presenting to the ED for acute on chronic abdominal pain and vomiting. She has a longstanding history of constipation, functional abdominal pain, functional nausea, gastroparesis, anxiety, and depression, and she came in because she has been having worsening abdominal pain – now for the past week and vomiting twice daily, which is an increase from her baseline of every other day. She has been out of school for the past week due to discomfort.
- Luisa's medical history includes many visits to the ED for abdominal pain during which she has been prescribed a variety of cleanout regimens to reasonable effect. Medical workup to date include normal abdominal US (last one month ago), two normal EGD and colonoscopy (most recent three months ago), reassuringly normal labs (negative for Celiac and thyroid screen), and mildly delayed gastric emptying.
- Luisa presents as tearful and visibly distressed, doubled over in pain, with parents at bedside. She communicates to the medical team in monosyllables, but primarily communicates to mother with eye contact or soft verbalization, which her mother then voices more loudly. Luisa's mother is soft spoken, articulating her daughter's concerns, and is deferential to medical providers. Luisa and parents beg providers, "We need to figure out what is happening." Luisa is admitted for pain management; differential includes disorders of gut-brain interaction (DGBI) including irritable bowel syndrome, functional abdominal pain, and functional dyspepsia. Following normal labs, Luisa continues to experience discomfort and exclaims, "Nobody believes that I'm in pain!"

Huddle: 3 components

Clinical case and diagnosis details

Group and Individual questions

Curricular concept

DEFINITIONS FOR REFERENCE:

Functional disorder: constellation of bothersome physical symptoms that compromise regular, daily function but for which there is no identifiable organic or psychiatric pathology. It is NOT a diagnosis of exclusion. Diagnosis should be based on specific, recognizable features of a patient's clinical presentation.

Table 1 Rome IV classification of functional gastrointestinal disorders: children and adolescents

H1. Functional nausea and vomiting disorders	Features of all functional gastrointestinal pain diagnoses
H1a. Cyclic vomiting syndrome. H1b. Functional nausea and functional vomiting. H1c. Rumination syndrome. H1d. Aerophagia.	▶ Should occur at least four times per month. ▶ Should be present for at least 2 months. ▶ Some loss of daily function. ▶ Can be made based on selective negative testing rather than diagnosis of exclusion. ▶ Can be associated with other somatic symptoms such as fatigue/ limb pain. ▶ The severity of symptoms (eg, pain) is not related to the likelihood of disease, but other red flags are more likely to point towards disease.
H2. Functional abdominal pain disorders	
H2a. Functional dyspepsia. H2b. Irritable bowel syndrome. H2c. Abdominal migraine. H2d. Functional abdominal pain-not otherwise specified.	
H3. Functional defaecation disorders	
H3a. Functional constipation.	
H3b. Non-retentive faecal incontinence.	

Adapted from Hyams *et al.*[5]

GROUP DISCUSSION:

Perspective taking exercise: Take a moment to imagine yourself in this patient's shoes. What would your goals be for this visit? How would want the medical team to respond to your concerns?

In your experience, how has pain been perceived by members of the medical team? What are ways in which the ways pain is discussed impacts treatment?

What are effective ways you have seen functional diagnoses communicated to patients and families?

CONCEPT:

Be Aware & ACT – Framework and Acronym for Intervening

ASK for permission to respond	i.e., "Is it okay if I respond? Before we go on, I'd like to acknowledge what just happened."
COMMUNICATE disagreement or displeasure by stopping or reflecting the action	i.e., "Could you help me understand what you mean by _____"?"
TELL WHY the action was hurtful or problematic, or the hurtful impact of their action on others	i.e., "I'm not sure what your intention was, but the impact of your statement could be interpreted as stereotyping."

Thank you for your engagement today. Recognizing this exercise is a conversation starter, we want to leave you with the personal reflection question below:

Breakout Session

Instructions

- Everyone should introduce themselves by stating their first and last name and where they work in the hospital.
- One volunteer will read the case aloud.
- A different volunteer will read the case discussion questions aloud.
- The group will have several minutes for discussion in response to the questions.
- Once prompted by a message into the Breakout Room, please pause discussing the case and shift to discussing these questions: **What did you notice worked well for your team? Where did you find this tool to be effective or fall short?**
- Upon returning to the main room, please have one volunteer be ready to add a sticky note to the whiteboard with ONE response/tip/suggestion from your breakout session.

Developing Educational Activities for Health Disparities Awareness

- First be aware of own biases, work on strategies and mitigation before we teach others
- Learn about bias and systemic discrimination/racism.
- Acknowledge and own our privilege
- Implement
- Evaluate
- Repeat
- Cannot be one and done!

Activities are NOT:

- To shame people
- A one and done
- Create change overnight –practice and patience

Adapted from: Bryant, K: DEI in Simulation: Where Do We Start? WISER April 2022

SIM-EDI Tool (Bond University)

Purdy et al. Advances in Simulation (2023) 8:11

The tool asks simple, pointed questions to promote refection (summarized):

- **What aspects of the design/delivery/debrief related to gender, race, sexuality, culture, power etc.?**
  - *How were they addressed/impact?*
- **Were there missed opportunities to incorporate/address?**
  - *Why? What do differently next time?*
- **Any ways that the training may have caused harms (e.g. reinforcing stereotypes)**
  - *Why might that have happened? What can we do to mitigate, prevent in future?*
- **What are our potential biases or sources of power/privilege related to training?**
  - *How can we mitigate? Who might we need to consult/include?*
- **Action items?**
  - *Who will complete? What resources might we need?*

Novel Medical Education Approaches to Combat Racism

ACADEMIC PEDIATRICS 2023; vol 23

- Implementing Health Equity Huddles in Pediatric Gastroenterology Inpatient Education!
- BCRP Bias Review and Response Committee
  - Next steps: OPENPediatrics module on mitigating bias in feedback; educational campaigns about common microaggressions; a GME-wide climate survey, and additional investment in antiracism efforts

Cheston et al, ACADEMIC PEDIATRICS 2023; 23:1500–1501

- Health Equity in the NICU Rounds (HENR)

Ondusko et al ACADEMIC PEDIATRICS 2023; 23:1513–1515

- Longitudinal, continuity clinic-based, antiracism curriculum for peds primary care residents highlighting local health disparities to enhance awareness and promote a more inclusive clinical environment.

Sahai et al, ACADEMIC PEDIATRICS 2023; 23:1510–1512

Operationalizing Social Determinants of Health Topics in Medical Education

Linking the National Academies of Sciences, Engineering, and Medicine (NASEM) 5As Framework Categories[6] and Professional Skills Identified in a Consensus Report on the Social Determinants of Health (SDOH) in Undergraduate Medical Education[5]

NASEM category[6]	NASEM category definition[6]	SDOH professional skills identified by consensus report[5]	Examples of curricular programming
Awareness	Activities related to identifying the social risks and assets of defined patients and populations	• Screen patients for assets and needs • Recognize potential data sources	• Video curriculum modeling social risk screening[9,10] • Classroom-based activities exploring neighborhood-level SDOH data[15–17] • Student administration of community health needs assessment as part of a service-learning course[22]
Adjustment	Activities related to altering clinical care to accommodate identified social barriers	• Develop patient care strategies based on SDOH	• Workshop on contextualizing care[26] • Home visit program focused on social contextualization skills[27]
Assistance	Activities related to reducing social risk by connecting patients with social care resources	• Work effectively with community health and public health professionals, such as community health workers • Work effectively as a member of an interprofessional team • Access community resources	• Training on SDOH screening and referral platform in the electronic health record[38] • Elective rotation as apprentice to a community health worker[40]
Alignment	Activities undertaken by health care systems to understand existing social care assets in the community, organize them to facilitate synergies, and invest in and deploy them to positively affect health outcomes	• Leverage partnerships to improve health • Identify multisector community resources • Use data effectively for planning • Implement community engagement strategies	• Site visits to community-based organizations, such homeless shelters and food pantries[44] • Service-learning projects with local community agencies, such housing organizations and legal aid agencies[47]
Advocacy	Activities in which health systems work with partner social care organizations to promote policies that facilitate the creation and redeployment of assets or resources to address health and social needs	• Apply policy, system, and environmental change strategies to improve health • Participate in policy efforts	• Advocacy and community partnership electives[47] • Faculty-supported advocacy projects through student chapters of professional organizations or through institution's community engagement unit (e.g., advocating for joint applications for Medicaid and SNAP enrollment)

Abbreviation: SNAP, Supplemental Nutrition Assistance Program.

Sandhu, Sahil et al, *Academic Medicine* 98(8):p 876-881, August 2023.

Inclusive Language

American Psychological Association- APA, 2020b, 2022a

Terms to Avoid	Suggested Alternatives
Homeless People/Family	People/Family without housing People/Family experiencing housing insecurity or food insecurity
Wheel-chair bound person Confined to a wheel-chair Visually impaired	Wheel-chair user Person who uses a wheel-chair Person has low vision
Minority	People of color or communities of color, minoritized groups

Key Equity and Diversity EDI Definitions: http://web2.tch.harvard.edu/diversity/mainpageS2678P26.html
LGBTQ Glossary of Terms: http://web2.tch.harvard.edu/nursing/mainpageS2605P133.html

How do we TEACH around health disparities?

Opportunities at a pediatric academic center

- Barriers of training time, faculty training, faculty interest and institutional support can be addressed, especially at an academic medical center

Local Resources

Consult for educational activities around health disparities awareness	
Office of Health Equity and Inclusion	Fenwick Institute
Dept/Division DEI Councils/Committees	GME Office
BCH Academy	Learning and Development
IRB	ELGs
Family Advisory Council - E-advisors (willing to consult over email/Zoom)	HMS DEI Committee Catalyst Community Advisors

Questions?

Thank you!!

Sonia.Ballal@childrens.harvard.edu

Jacqueline.Jimenez-Maldonado@childrens.harvard.edu

Donna.Luff@childrens.harvard.edu

References

- *Academic Pediatrics* 2023; vol 23 (see references in slide for contributors)
- American Psychological Association- APA, 2020b, 2022a
- Bryant, K: DEI in Simulation: Where Do We Start? WISER April 2022
- CDC: https://www.cdc.gov/healthyyouth/disparities/index.htm
- Connor, Jean & Fynn-Thompson, Francis & Horgan, James & Luff, Donna & Hickey, Patricia & Ward, Valerie. (2023). Moving from Vaccine Hesitancy to Acceptance: Engaging Underrepresented Employees in a Pediatric Academic Medical Center. Pediatric Quality & Safety. 8. e643. 10.1097/pq9.0000000000000643.
- Dupras DM, Wieland ML, Halvorsen AJ, Maldonado M, Willett LL, Harris L. Assessment of training in health disparities in US internal medicine residency programs. JAMA Netw Open. 2020;3(8):e2012757. doi:10.1001/jamanetworkopen.2020.12757
- Fernandez A. The Unacceptable Pace of Progress in Health Disparities Education in Residency Programs. JAMA Netw Open. 2020;3(8):e2013097. doi:10.1001/jamanetworkopen.2020.13097
- Glick SB, Fernandez L, Irby DM, Harleman E, Fernandez A. Teaching about health care disparities in the clinical setting. J Gen Intern Med. 2010;25(2)(suppl):S95-S101. doi:10.1007/s11606-009-1203-6PubMedGoogle ScholarCrossref
- Ndugga, N., & Artiga, S. (2023, April 21). Disparities in Health and Health Care: 5 Key Questions and Answers. KFF.
- Purdy E, Symon B, Marks R, Speirs C, Brazil V. Exploring equity, diversity, and inclusion in a simulation program using the SIM-EDI tool: the impact of a reflexive tool for simulation educators. *Advances in Simulation* (2023) 8:11
- Ross PT, Wiley Cené C, Bussey-Jones J, et al. A strategy for improving health disparities education in medicine. J Gen Intern Med. 2010;25(2)(suppl):S160-S163. doi:10.1007/s11606-010-1283-3
- Sandhu S, Solomon L, Gottlieb LM. Awareness, Adjustment, Assistance, Alignment, and Advocacy: Operationalizing Social Determinants of Health Topics in Undergraduate Medical Education Curricula. *Academic Medicine* 98(8):876-881, August 2023.
- Purdy E, Symon B, Marks R, Speirs C, Brazil V. Exploring equity, diversity, and inclusion in a simulation program using the SIM-EDI tool: the impact of a reflexive tool for simulation educators. *Advances in Simulation* (2023) 8:11
- Underwood, J. M., Brener, N., Thornton, J., Harris, W. A., Bryan, L. N., Shanklin, S. L., Deputy, N., Roberts, A. M., Queen, B., Chyen, D., Whittle, L., Lim, C., Yamakawa, Y., Leon-Nguyen, M., Kilmer, G., Smith-Grant, J., Demissie, Z., Everett Jones, S., Clayton, H., & Dittus, P. (2019). Overview and Methods for the Youth Risk Behavior Surveillance System — United States. *Division of Adolescent and School Health, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC; Epidemic Intelligence Service; ICF International, Rockville, Maryland; Westat, Rockville, Maryland*.
- Ward VL, Tennermann MW, Chuersanga G, Melvin P, Milstein ME, Finkelstein JA, Garvin MM, Wood LJ, Rauscher NA, Laussen PC, Leichtner AM, Emans SJ, Churchwell KB. Creating a health equity and inclusion office in an academic pediatric medical center: priorities addressed and lessons learned. *Pediatric Radiology* (2022) 52:1776–1785