Making the Case for a Health Equity Program.

Everyone deserves equal access to quality healthcare services. Unfortunately, millions of Americans routinely face health disparities due in part to race, income, location, gender, or other factors. Developing a health equity program can help organizations address inequities holistically.

Health Inequities Speak for Themselves.

Everyone deserves the chance to receive equal access to quality healthcare services, no matter who they are, where they reside or their financial status. Unfortunately, that's not the reality across the United States.

Millions of Americans routinely face health disparities due in part to their race, income, location, gender or other factors. Black and Native American women, for example, are two to three times more likely to die from pregnancy-related causes than white women. Hispanic residents are nearly three times as likely to be uninsured as white

residents. Rural Americans are more likely to die of heart disease, cancer, and other chronic diseases than urban residents.

Beyond adverse personal health consequences, health disparities also have a significant financial impact. Health disparities result in approximately $93 billion in excess medical care costs and $42 billion in lost productivity annually.

Implementing a Health Equity Program is No Longer Optional.

In an effort to improve health equity and emphasize its importance to healthcare organizations, Federal and state regulations are increasing. For example, in California, CalAIM is well underway with a state-wide transformational health policy, with one of the nation's largest expansions of access to whole-person healthcare. Aimed largely at the Medicaid population, there are policy mechanisms in place to ensure equitable healthcare for people of all ages and socio-economic backgrounds.

The movement toward equity in healthcare has begun, and care delivery organizations can make the most direct impact on patient health. Early adopters of provider-focused health equity initiatives will see increased patient and provider satisfaction, overall better health outcomes, and even a significant ROI.

Treating Patients as Individuals.

What can be done to address such disparities? Begin with a health equity program that advances providers' ability to lead with empathy and meet patients "where they are." This means understanding where patients are coming from, the factors influencing their health, and their abilities to successfully navigate the healthcare system. From a practical standpoint, a health equity program should entail providing culturally competent care, breaking down language barriers, addressing patients' financial and transportation needs, and deploying assistive technology, such as telemedicine, to aid in care.

Meeting patients where they are means ensuring that each patient is treated as an individual in ways that are sensitive to each patient's needs rather than treating patients as a class or group. From a fundamental standpoint, this may require a shift in your organization's values, which will influence operational and cultural practices.

Addressing Biases That Increase Health Inequities.

Addressing health equity can have sensitive and personal implications for employees. Implicit and explicit biases among your healthcare workforce can negatively affect patient care. As an organization, surfacing biases (through data) and making plans to address them should be included in a health equity program. This will set your organization on a path toward more equitable care. Analyze how your patients are impacted by the following three

biases that commonly plague healthcare systems.

- **Diagnosis bias** — Many healthcare providers, often inadvertently, exhibit diagnosis biases. According to the American Medical Association, medical professionals are often unable to consider alternative diagnoses even when contradictory or alternative evidence in the form of lab tests or other diagnostic measures demonstrates otherwise. For example, a study in the Journal of the American Medical Association found that black patients with chest pain were less likely to receive a coronary artery bypass graft than white patients with similar symptoms.
- **Stereotype threat bias** — Another common type of bias is called stereotype threat; the risk of confirming negative stereotypes about an individual based on their racial, ethnic, gender, or cultural group. In a healthcare setting, this can prove highly detrimental. A study by the University of Southern California found that patients who felt judged by healthcare workers were more likely to mistrust their providers and less likely to follow medical instructions, resulting in a higher likelihood of hypertension and depression. A separate study found that those who felt judged based on their race and age were less likely to access readily available preventive care and delayed treating health problems longer than other patients.
- **Value attribution bias** — The value attribution bias occurs when we assign a value to someone based on that person's appearance. One study found that healthcare providers were more likely to recommend invasive treatments for white patients with early-stage lung cancer while recommending less invasive treatments for Black patients with the same diagnosis. In another study, providers were more likely to prescribe pain medication to white patients than to Black patients, even when they reported similar levels of pain.

Starting Small and Building on Success.

To improve your organization's ability to provide more equitable healthcare, plan and proceed to implement your health equity program incrementally versus all at once. Small wins tend to accomplish more and facilitate internal buy-in for transformational work.

Start with seeking "small wins" based on creating a culture of equitable care. For example, identify and address factors that could immediately impinge upon your chances of success. If your legal consent forms prove a burden for patients to complete, particularly for patients who do not speak English or have lower literacy proficiency, consider changing them. Borrowing best practices from the hospitality industry, if staff members are inconsistently greeting patients on the phone or as they enter your facility, provide additional training to correct the situation.

Conclusion.

While healthcare providers and their delivery teams aim to maintain and improve the health of all patients,

sometimes, unwittingly inequitable practices can seep into care delivery. The impacts of these injustices can have significant impacts.

Post-pandemic exhaustion, understaffed departments and overworked employees can make it feel daunting to take on something new. You don't have to embark on this journey alone. Collaboration partners and outside experts can be invaluable resources for making incremental progress. Freed's experienced consultants can help design and implement a custom program that best fits your organization. Patients, providers and your bottom line will benefit from addressing health equity now.

