Paving the road to eliminating disparities and achieving health equity

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Ground Rules

- Value & respect the diverse perspectives and experiences in the room.
- Listen actively, with humility, empathy, & respect for the person sharing their experience.
- Speak from your own experience rather than generalizing or speaking for others. Use “I” statements instead of “they,” “we,” & “you.”
- Avoid making assumptions about another person’s identity. Do not expect others to speak on behalf of their race, ethnicity, culture, gender, sexual orientation, ability, or other groups they may identify with.
- Engage in dialogue, not debate. Dialogue involves open-ended discussion where people express & learn from one another’s experiences & perspectives.

Ground Rules

- For people who don't usually talk about racism in diverse groups, these conversations can feel uncomfortable. Remember that the goal is not for everyone to feel comfortable; it is to gain deeper understanding through listening & respectful dialogue.

- Be open to learning from others, but take responsibility for your own learning as well. Don't expect people from marginalized groups to educate you on their experiences.

- Share the air. If you tend to dominate discussions, take a step back so others' voices can be heard. If you tend to be quiet, challenge yourself to speak up so others can learn from you.

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https://www.mghdisparitiessolutions.org

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 healthcare. 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.

Our Framework

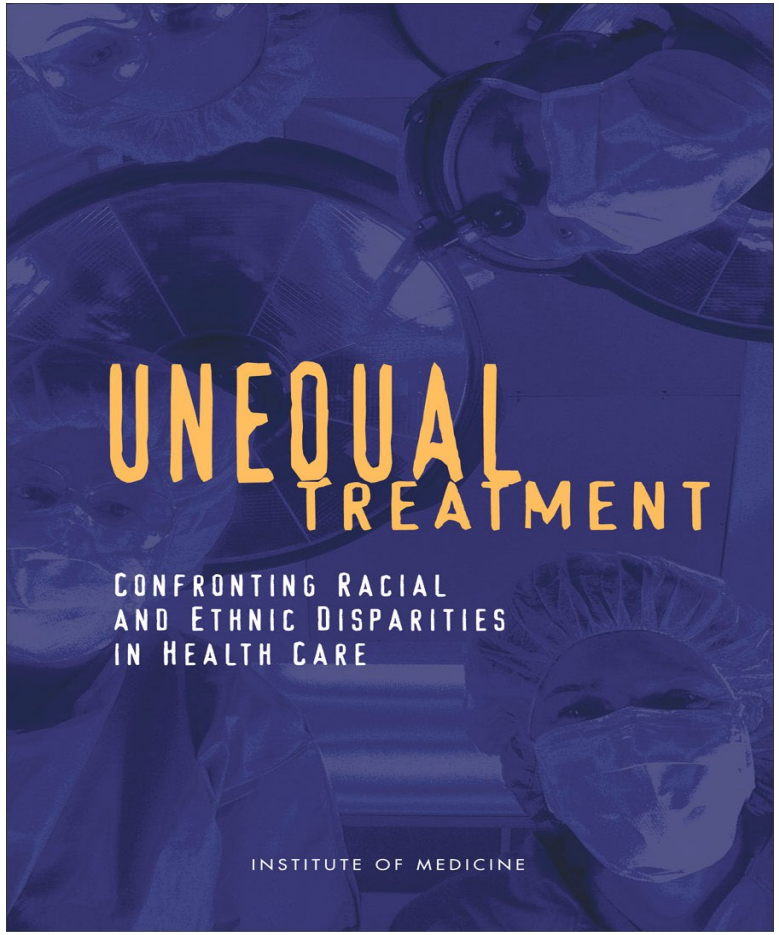
What Are Disparities?

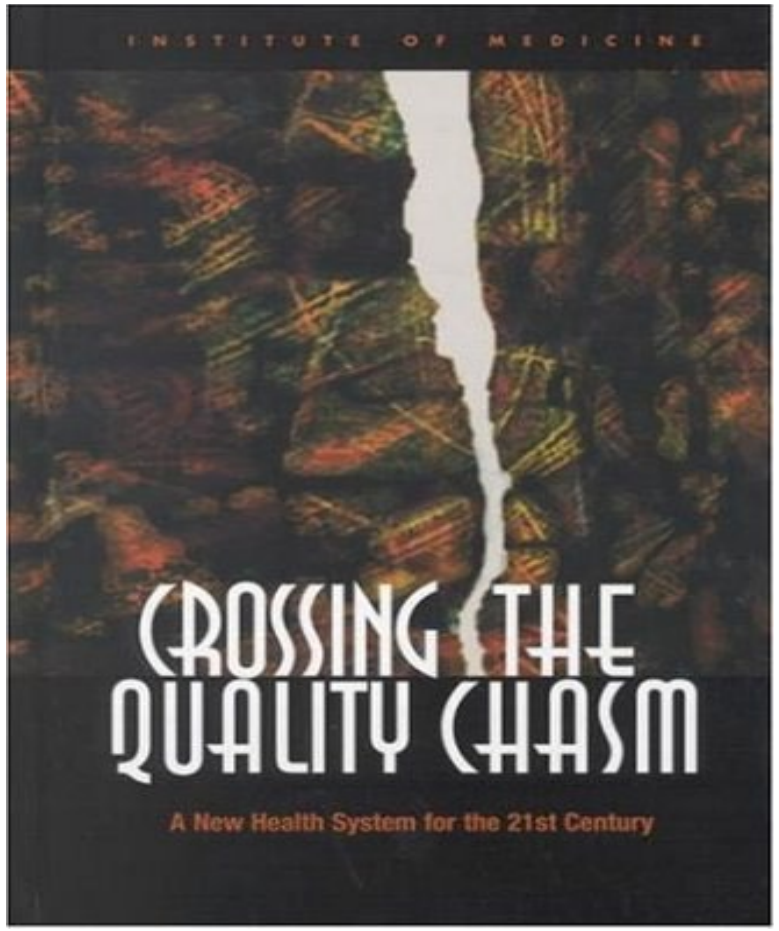
Gaps in quality of health and healthcare due to differences in race, ethnicity, socioeconomic status, sexual orientation, gender identity, and/or ability.

Examples of Racial & Ethnic Disparities in Healthcare:

- 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.

Racial & Ethnic Disparities in Healthcare

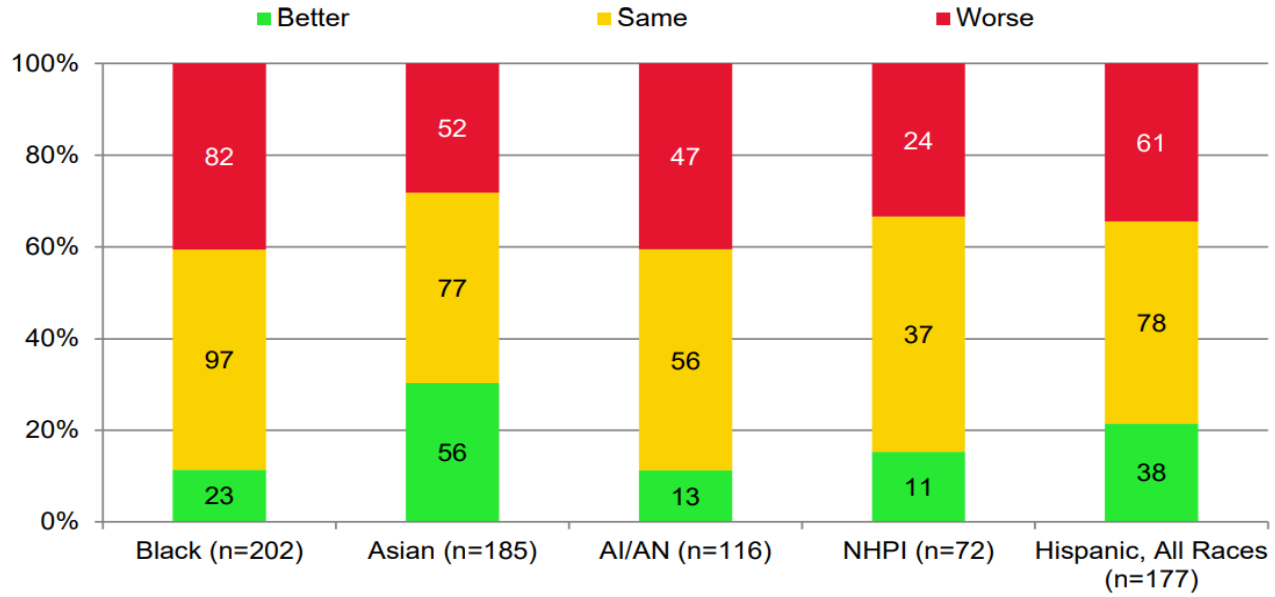




National Healthcare Disparities Report

Overview of Racial and Ethnic Disparities

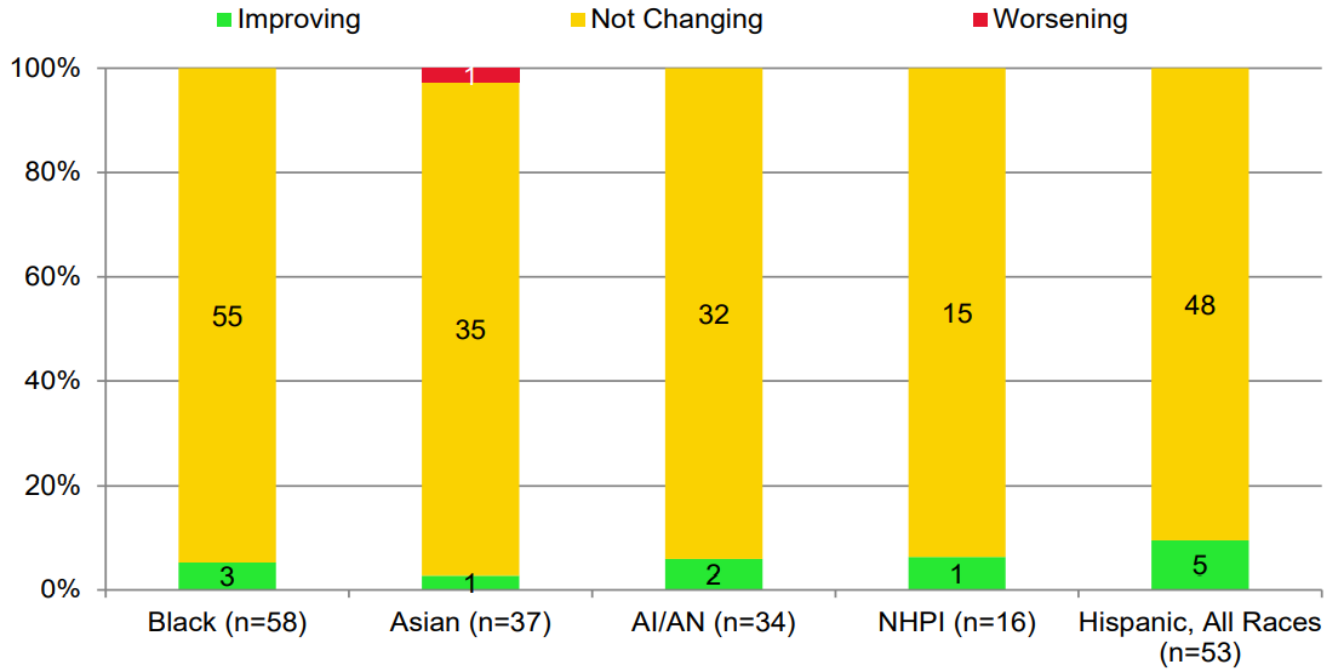
Figure 1. Number and percentage of quality measures for which members of selected groups experienced better, same, or worse quality of care compared with reference group (White) for the most recent data year, 2014, 2016, 2017, or 2018



2019 National Healthcare Quality and Disparities Report. Rockville, MD: Agency for Healthcare Research and Quality; December 2020. AHRQ Pub. No. 20(21)-0045-EF.

National Healthcare Disparities Report

Figure 2. Number and percentage of quality measures with disparity at baseline for which disparities related to race and ethnicity were improving, not changing, or worsening over time, 2000 through 2014, 2015, 2016, 2017, or 2018

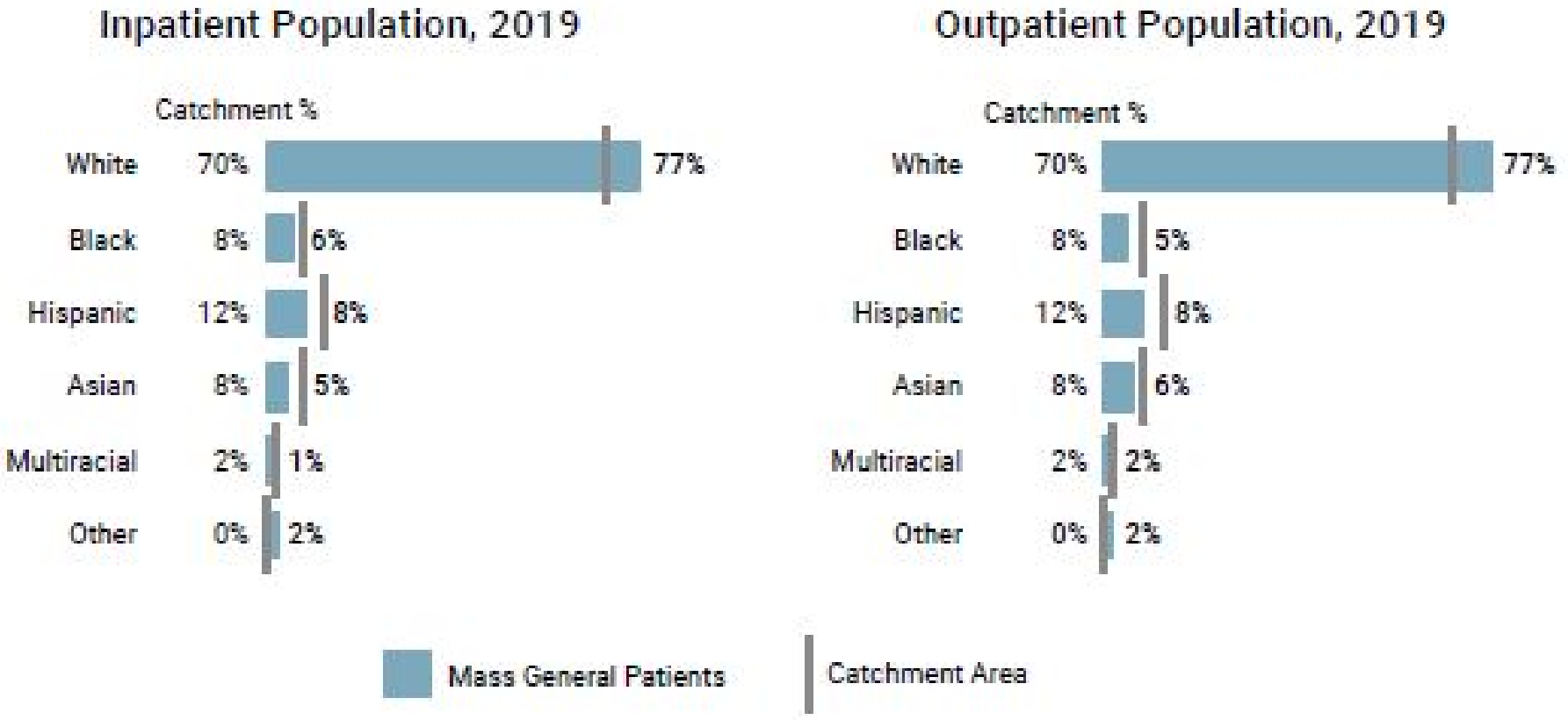


2019 National Healthcare Quality and Disparities Report. Rockville, MD: Agency for Healthcare Research and Quality; December 2020. AHRQ Pub. No. 20(21)-0045-EF.

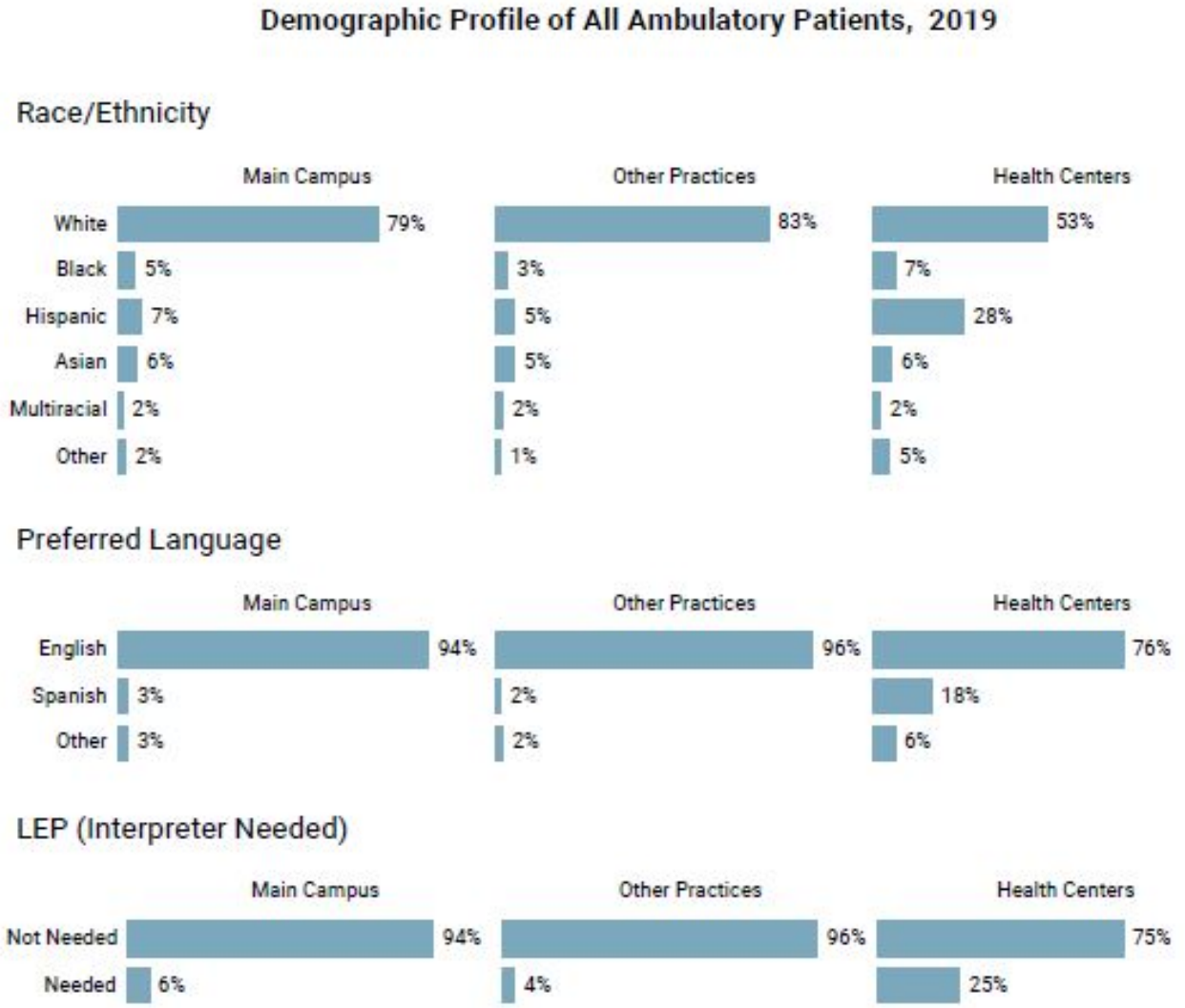
Annual Report on Equity in Health Care Quality

- Demographic Profile of MGH patients
- COVID-19 Pandemic Response
- Inpatient Patient Experience: Improvement in Care Transitions
- Obstetrics/Gynecology: Improvement in C-section Rates for Black Women
- Primary Care: Addressing Disparities in Preventive Health Screenings, Chronic Disease Management

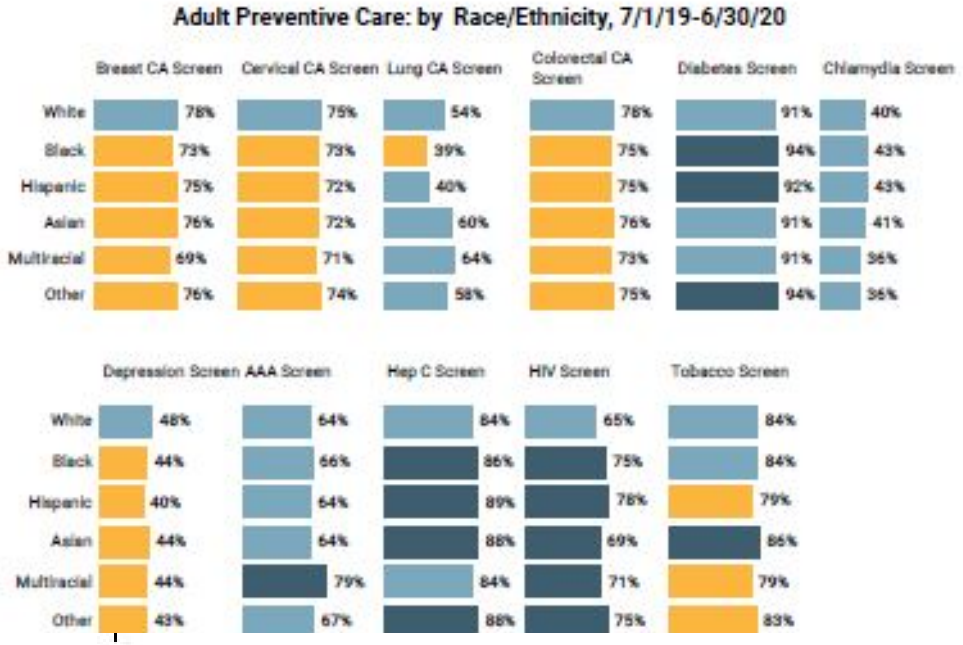
MGH Inpatient & Outpatient Demographics

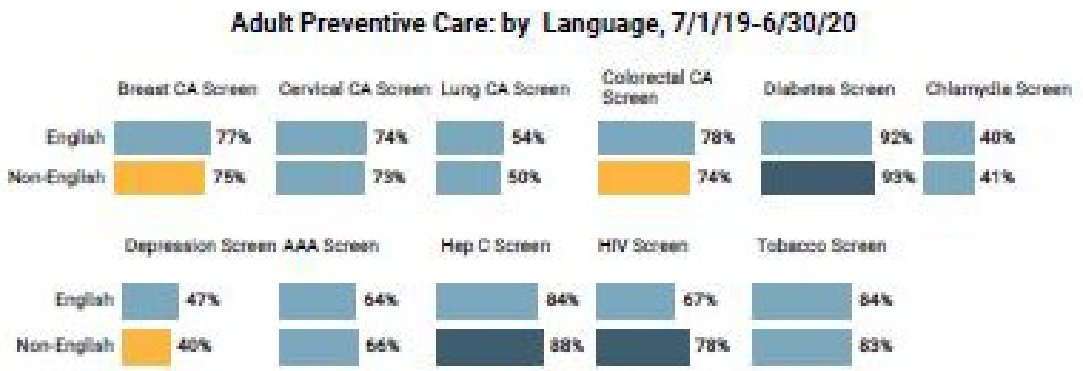


Demographics: All Ambulatory Patients



Adult Preventive Care by Race & Language





MASSACHUSETTS GENERAL HOSPITAL

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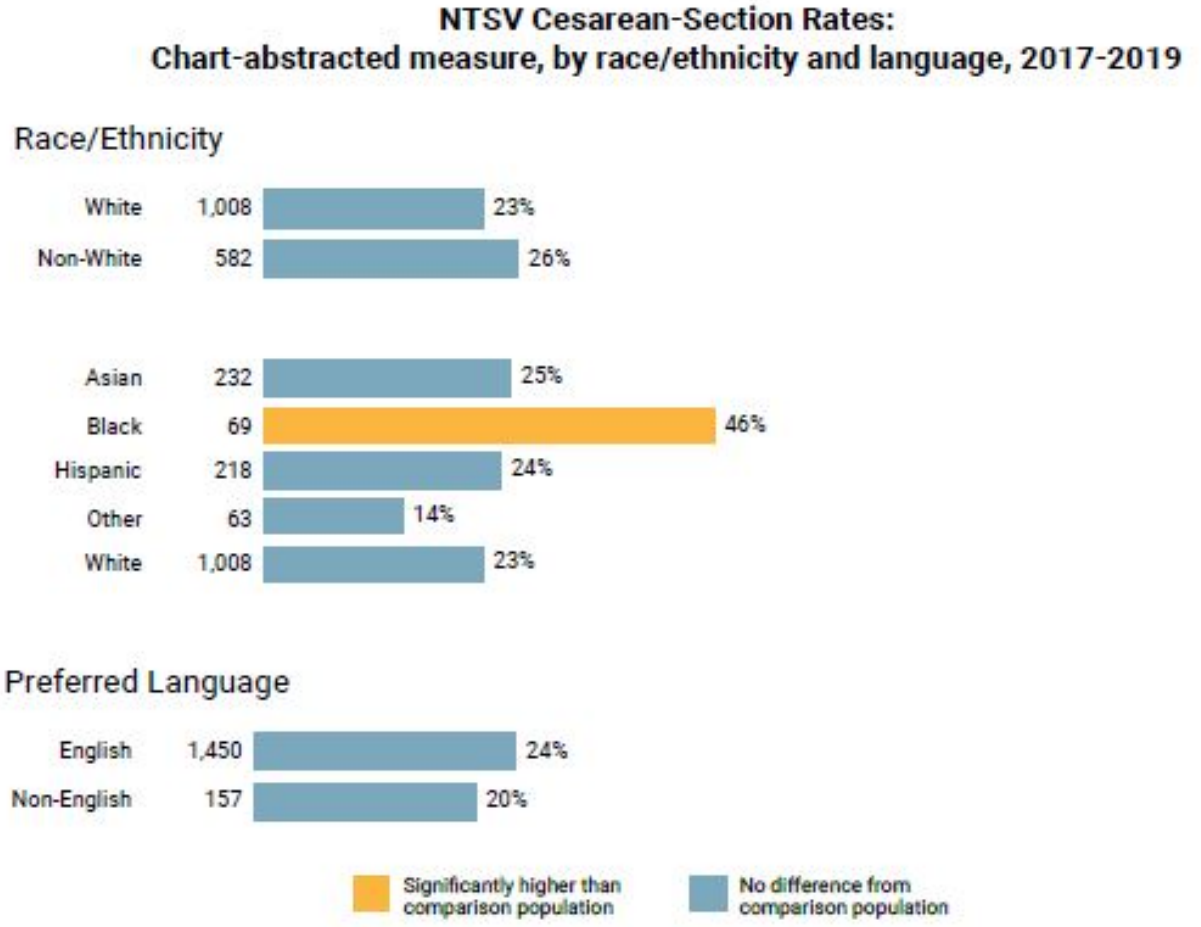
NTSV C-Section Rates

NTSV – C-section rate for women who are "low risk:" first time mothers, greater or equal to 37 weeks, carrying a singleton, head down fetus. Black women have higher rates, a finding not entirely explainable by difference in other measurable characteristics such as obesity, medical co-morbidities, obstetrical risk factors or labor management practices.



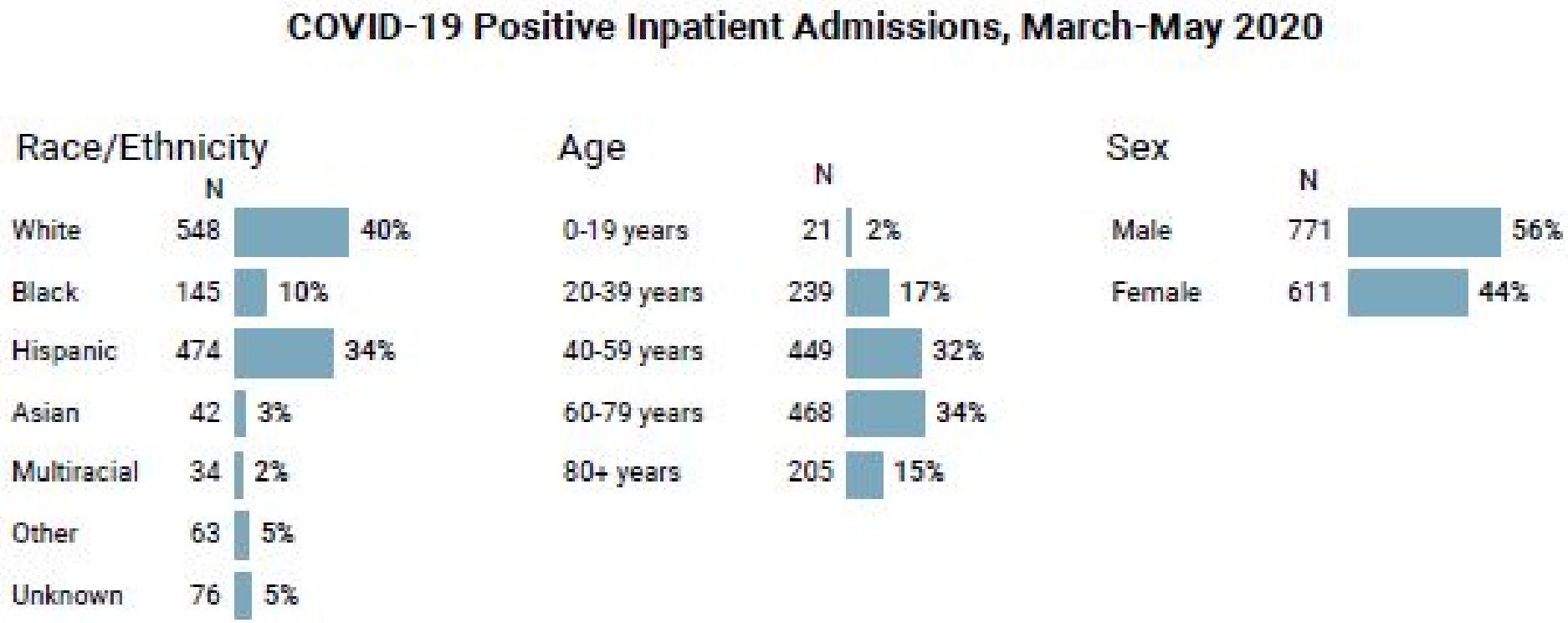
GLOBE MAGAZINE

Here's what doulas do, and how they're fighting for Black maternal health

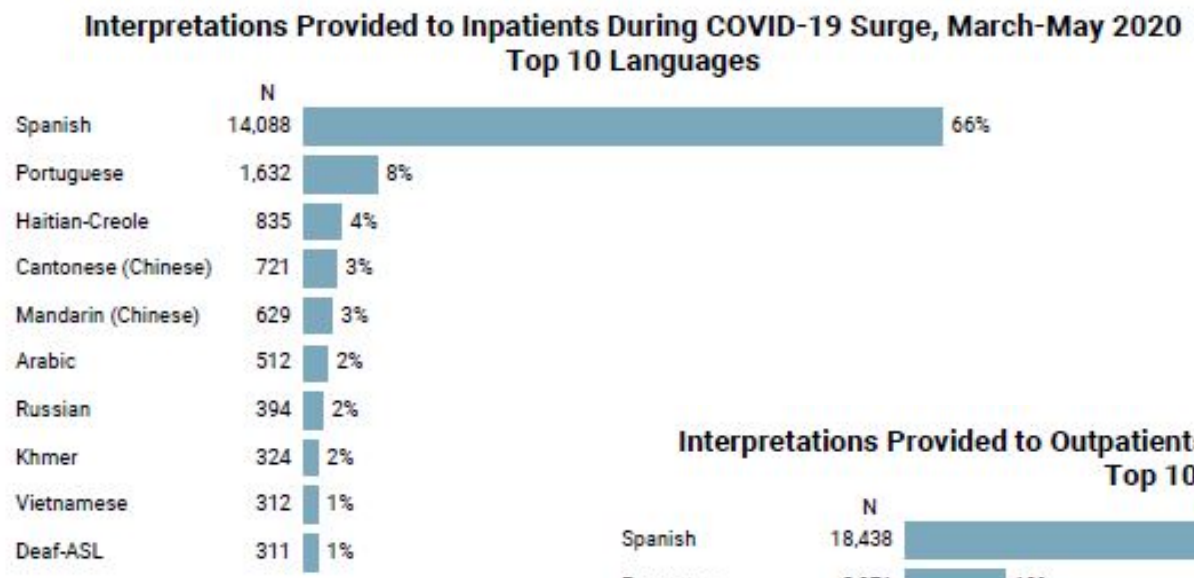
Rhode Island is expanding access to doulas and investing in healthier birth outcomes. Why isn't the rest of the country doing the same?

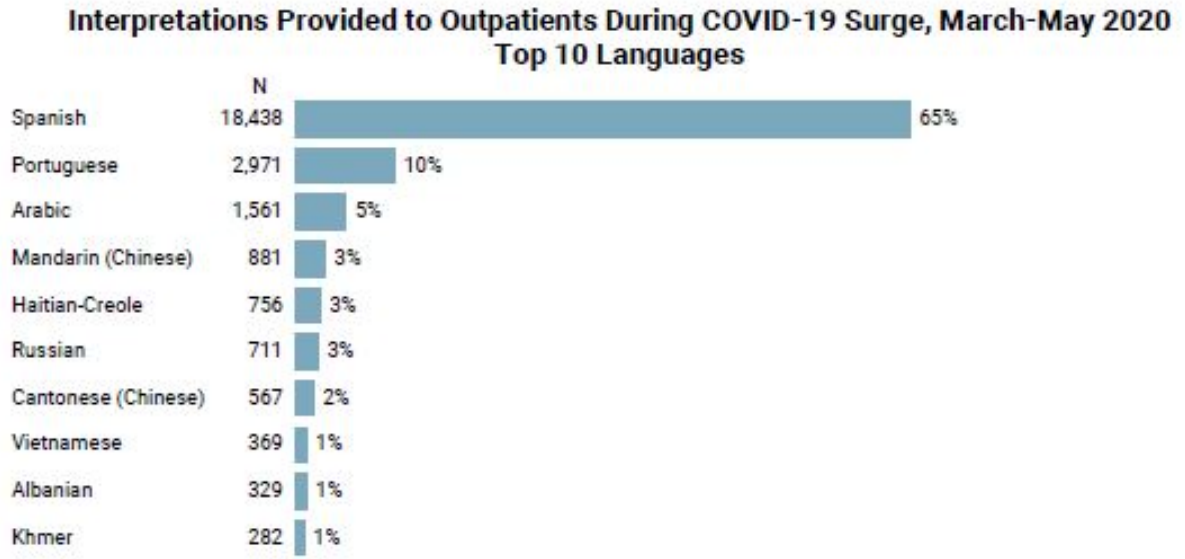
By **Dasia Moore** Globe Staff,
Updated October 13, 2021, 12:17 p.m.

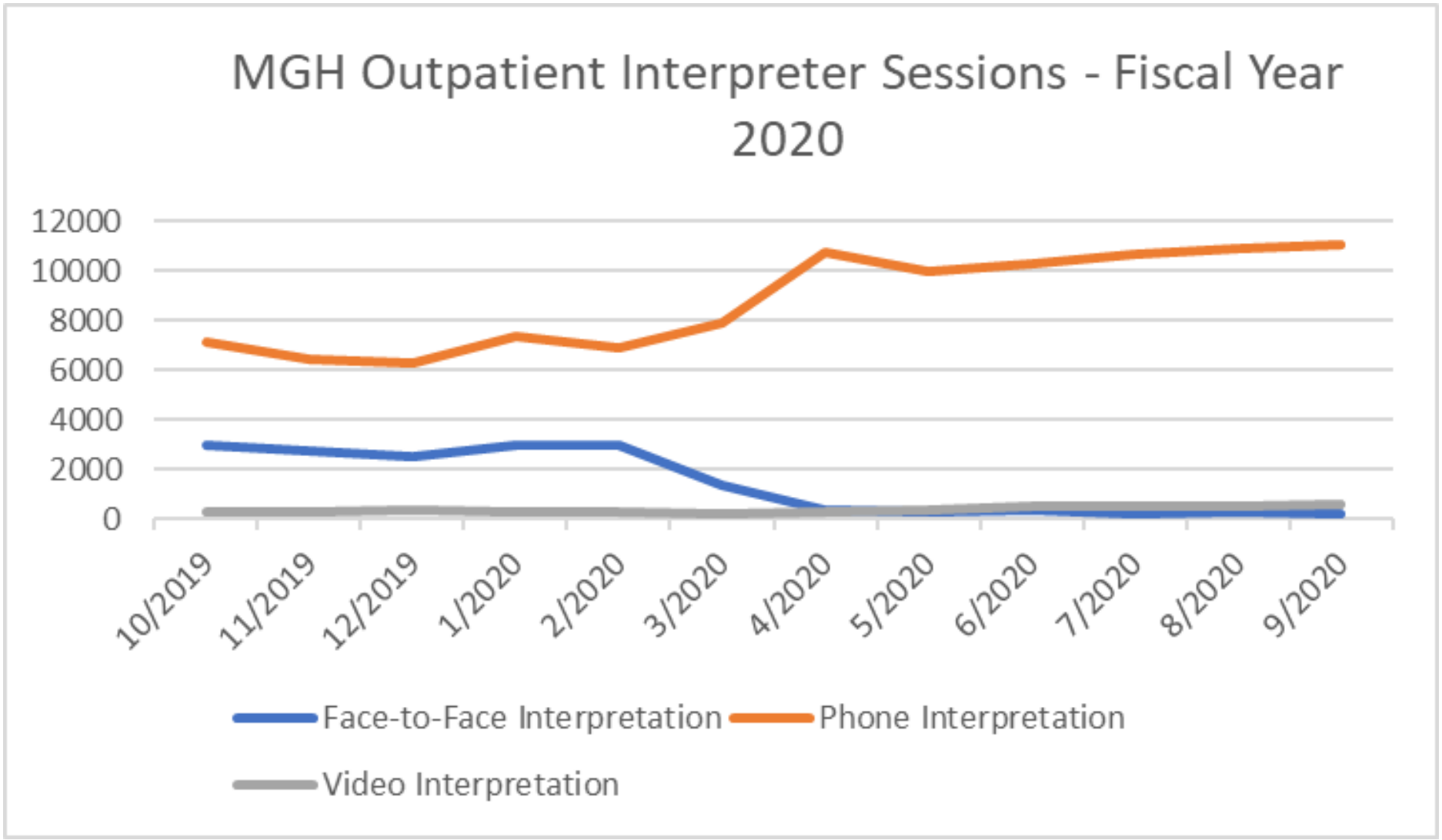
COVID-19 Positive Inpatient Admissions



Interpretations Provided During COVID-19 Surge







Tan-McGrory A, Schwamm LH, Kirwan C, Betancourt JR, Barreto E. Virtual Care Equity for Patients with Limited English Proficiency. Am J Manag Care. *In press.*

Journal of Telemedicine and Telecare
0(0) 1–11

DOI: 10.1177/1357633X211015547
journals.sagepub.com/home/jtt
SAGE

Patient characteristics associated with the successful transition to virtual care: Lessons learned from the first million patients

Kori S Zachrison[1], Zhiyu Yan[2], Thomas Sequist[3], Adam Licurse[3,4], Aswita Tan-McGrory[5], Alistair Erskine[3] and Lee H Schwamm[2,3]

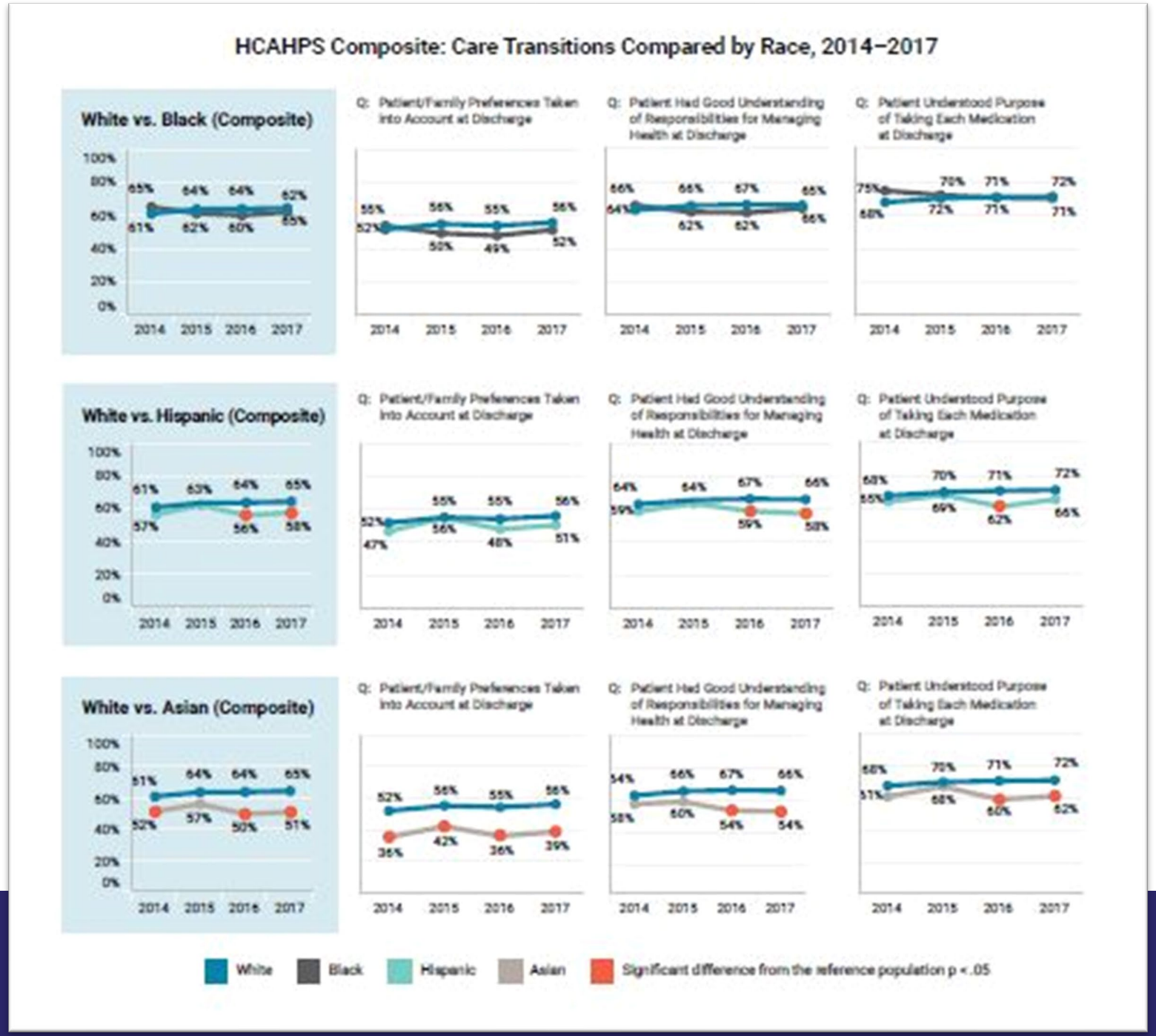
Abstract

Introduction: The increased use of telehealth to maintain ambulatory care during the COVID-19 pandemic had potential to exacerbate or diminish disparities in access to care.

Objective: The purpose of this study was to describe patient characteristics associated with successful transition from in-person to virtual care, and video vs audio-only participation.

Methods: This was a retrospective analysis of electronic health record data from all patients with ambulatory visits from 1 October 2019–30 September 2020 in a large integrated health system in the Northeast USA. The outcome of interest was receipt of virtual care, and video vs audio-only participation. We matched home addresses with census-tract level area social vulnerability index (SVI) and Internet access. Among ambulatory care patients, we used logistic regression to identify characteristics associated with virtual participation. Among virtual participants, we identified characteristics associated with video vs audio-only visits

Patient Experience with Discharge by Race



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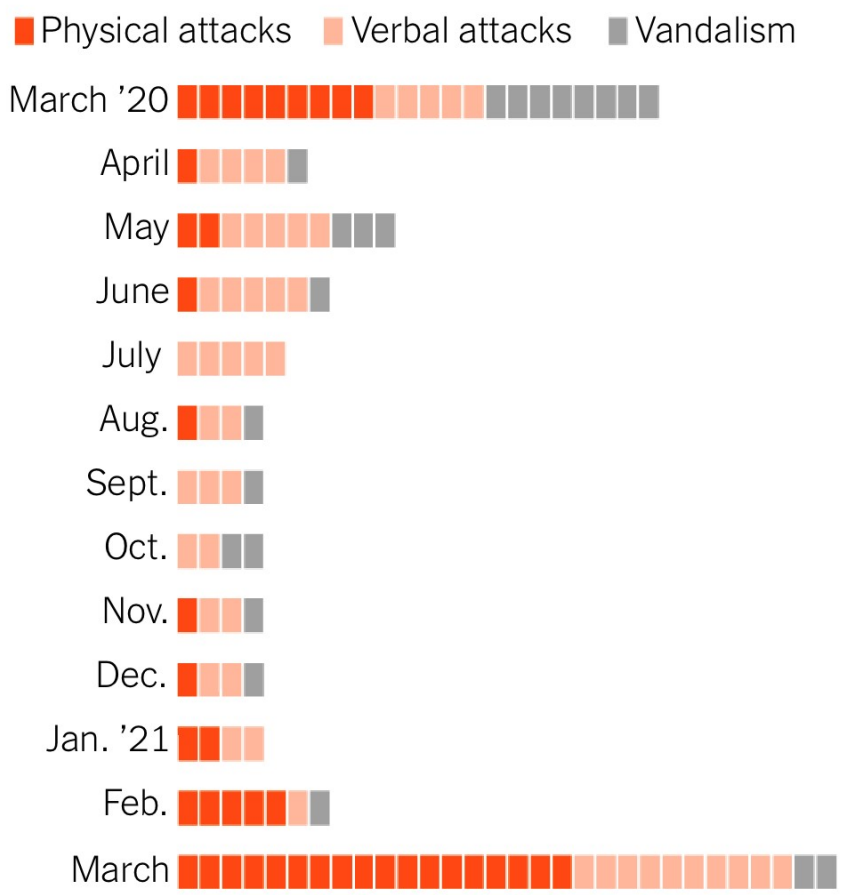
Impact of COVID-19

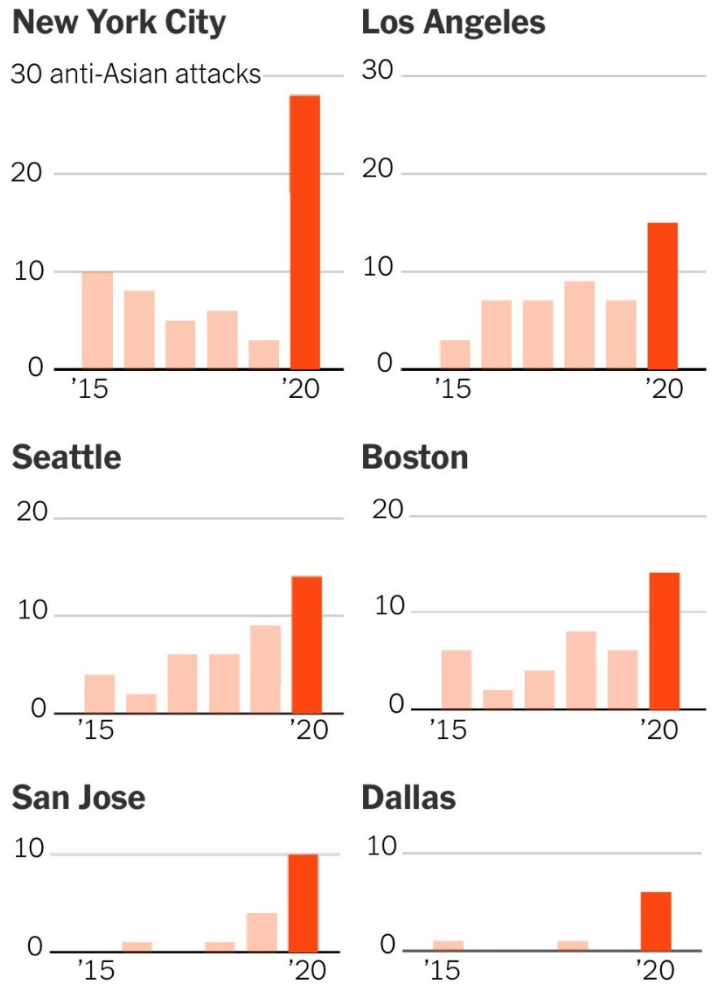
- Anti-Asian hate crime increased 149% in 2020 in 16 of America's largest cities.[1]
- 32% of Asian adults say they have feared someone might threaten or physically attack them – a greater share than other racial or ethnic groups. [4]
- 73% of Asian Americans in April 2021 vs. 76% of Asian adults in February 2019 say they have personally experienced discrimination or been treated unfairly because of their race or ethnicity.[4]

Media reports of harassment against people of Asian descent



Cai W, Burch ADS, Patel JK. Swelling Anti-Asian Violence: Who Is Being Attacked Where. The New York Times. 2021 Apr 3.

Anti-Asian hate crimes reported to the police



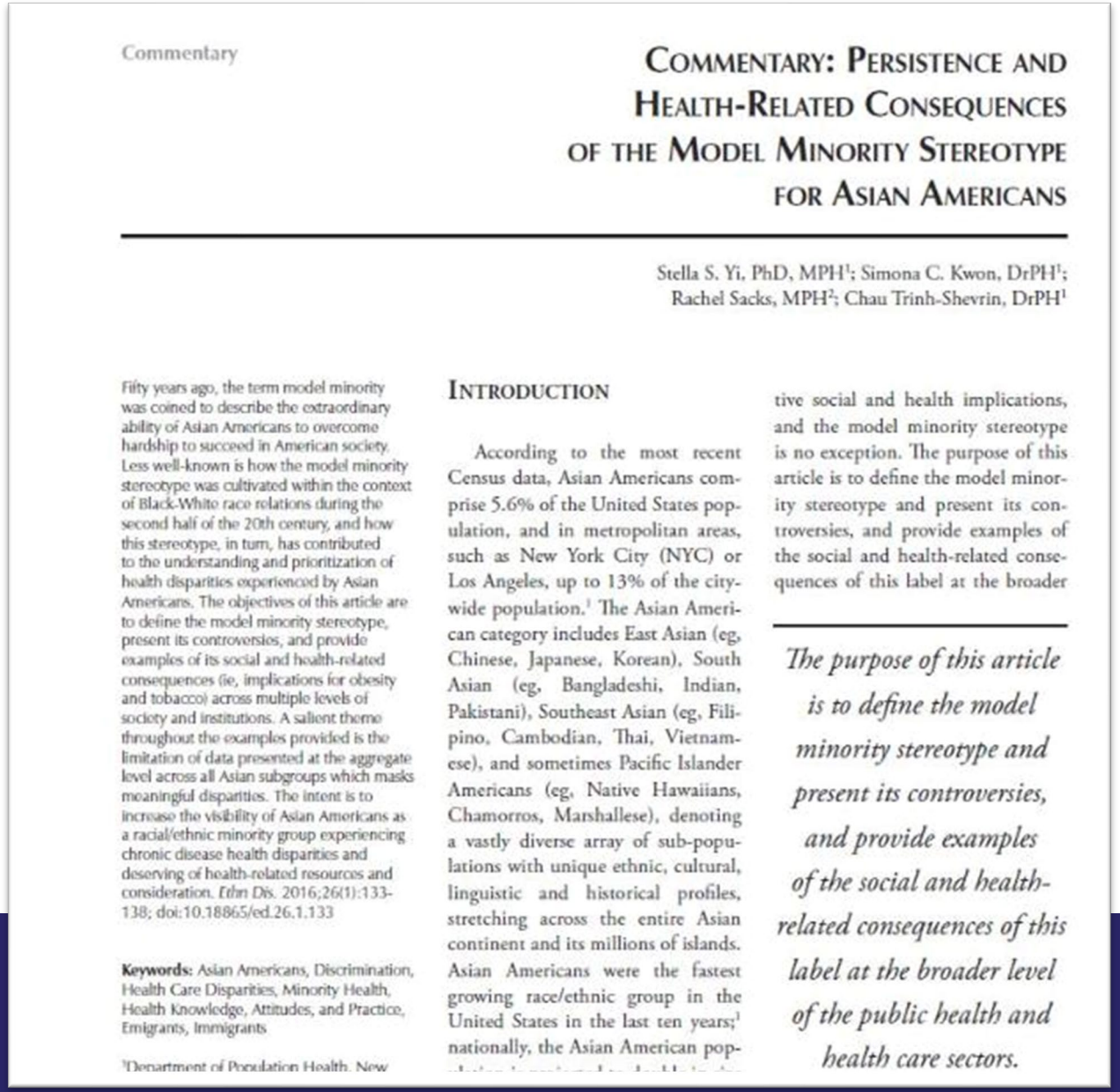
Source: B. Levin, K. Grisham, A. Venolia and G. Levin, Center for the Study of Hate and Extremism at California State University, San Bernardino ▪ Note: Data is based on each city's police departments. Los Angeles data is for only the Los Angeles Police Department. The 2015 number for San Jose is not available.

What Contributes to the Lack of Understanding about Racism Against Asians

- Either/or thinking (versus both/and)
- Two-dimensional thinking about who is the perpetrator
- Lack of good data
  - Difficulty to track or prove “hate crimes”
  - Lack of clear cut prototype of Anti-Asian hate crime (versus anti-Black, anti-Semitic or anti-gay)
  - Asian is a heterogenous category with multiple languages & cultures
- Perception of “model minority” = success.
  - Asians aren’t included in definition of URiM (except South East Asians)

Impact of Model Minority Stereotype for Asian Americans

- Asians as
  - Law abiding
  - Hard working
  - Have high incomes
  - Low crime rates
  - Close family ties



Commentary

COMMENTARY: PERSISTENCE AND HEALTH-RELATED CONSEQUENCES OF THE MODEL MINORITY STEREOTYPE FOR ASIAN AMERICANS

Stella S. Yi, PhD, MPH[1]; Simona C. Kwon, DrPH[1]; Rachel Sacks, MPH[2]; Chau Trinh-Shevrin, DrPH[1]

Fifty years ago, the term model minority was coined to describe the extraordinary ability of Asian Americans to overcome hardship to succeed in American society. Less well-known is how the model minority stereotype was cultivated within the context of Black-White race relations during the second half of the 20th century, and how this stereotype, in turn, has contributed to the understanding and prioritization of health disparities experienced by Asian Americans. The objectives of this article are to define the model minority stereotype, present its controversies, and provide examples of its social and health-related consequences (ie, implications for obesity and tobacco) across multiple levels of society and institutions. A salient theme throughout the examples provided is the limitation of data presented at the aggregate level across all Asian subgroups which masks meaningful disparities. The intent is to increase the visibility of Asian Americans as a racial/ethnic minority group experiencing chronic disease health disparities and deserving of health-related resources and consideration. *Ethn Dis.* 2016;26(1):133-138; doi:10.18865/ed.26.1.133

Keywords: Asian Americans, Discrimination, Health Care Disparities, Minority Health, Health Knowledge, Attitudes, and Practice, Emigrants, Immigrants

[1]Department of Population Health, New

INTRODUCTION

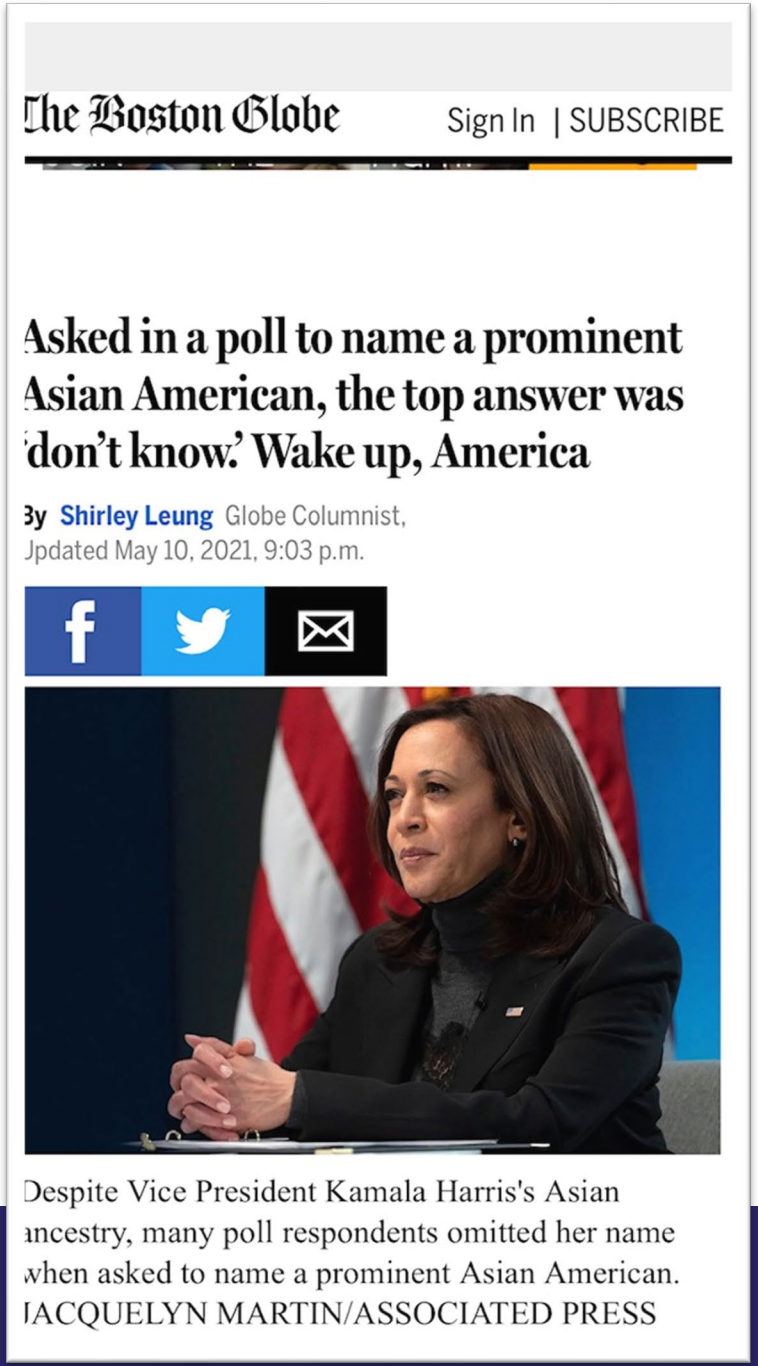
According to the most recent Census data, Asian Americans comprise 5.6% of the United States population, and in metropolitan areas, such as New York City (NYC) or Los Angeles, up to 13% of the city-wide population.[1] The Asian American category includes East Asian (eg, Chinese, Japanese, Korean), South Asian (eg, Bangladeshi, Indian, Pakistani), Southeast Asian (eg, Filipino, Cambodian, Thai, Vietnamese), and sometimes Pacific Islander Americans (eg, Native Hawaiians, Chamorros, Marshallese), denoting a vastly diverse array of sub-populations with unique ethnic, cultural, linguistic and historical profiles, stretching across the entire Asian continent and its millions of islands. Asian Americans were the fastest growing race/ethnic group in the United States in the last ten years;[1] nationally, the Asian American pop-

tive social and health implications, and the model minority stereotype is no exception. The purpose of this article is to define the model minority stereotype and present its controversies, and provide examples of the social and health-related consequences of this label at the broader

The purpose of this article is to define the model minority stereotype and present its controversies, and provide examples of the social and health-related consequences of this label at the broader level of the public health and health care sectors.

TOP ANSWER ARE:

- Don’t know (42%)
- Jackie Chan (11%)
- Bruce Lee (9%)



The Boston Globe Sign In | SUBSCRIBE

Asked in a poll to name a prominent Asian American, the top answer was ‘don’t know.’ Wake up, America

By Shirley Leung Globe Columnist,
Updated May 10, 2021, 9:03 p.m.

Despite Vice President Kamala Harris's Asian ancestry, many poll respondents omitted her name when asked to name a prominent Asian American. JACQUELYN MARTIN/ASSOCIATED PRESS

STAATUS index also showed

- 80% of Asian Americans say they do not feel respected and are discriminated against in the US.
- 37% of White Americans say they are not aware of an increase in hate crimes and racism against Asians in the past year with 24% saying anti-Asian racism isn't a problem that should be addressed.
- While Asian Americans are significantly under-represented in senior positions in companies, politics and media, 50% of non-Asian Americans believe Asians are fairly or over-represented

LAAUNCH Foundation. STAATUS Index Report 2021. https://uploads-ssl.webflow.com/5f629e7e013d961943d5cec9/6098a7be3d627168e03054da_staatus-index-2021.pdf (2021).

Reviewing AAPI Patient Experience Comments in Current Context

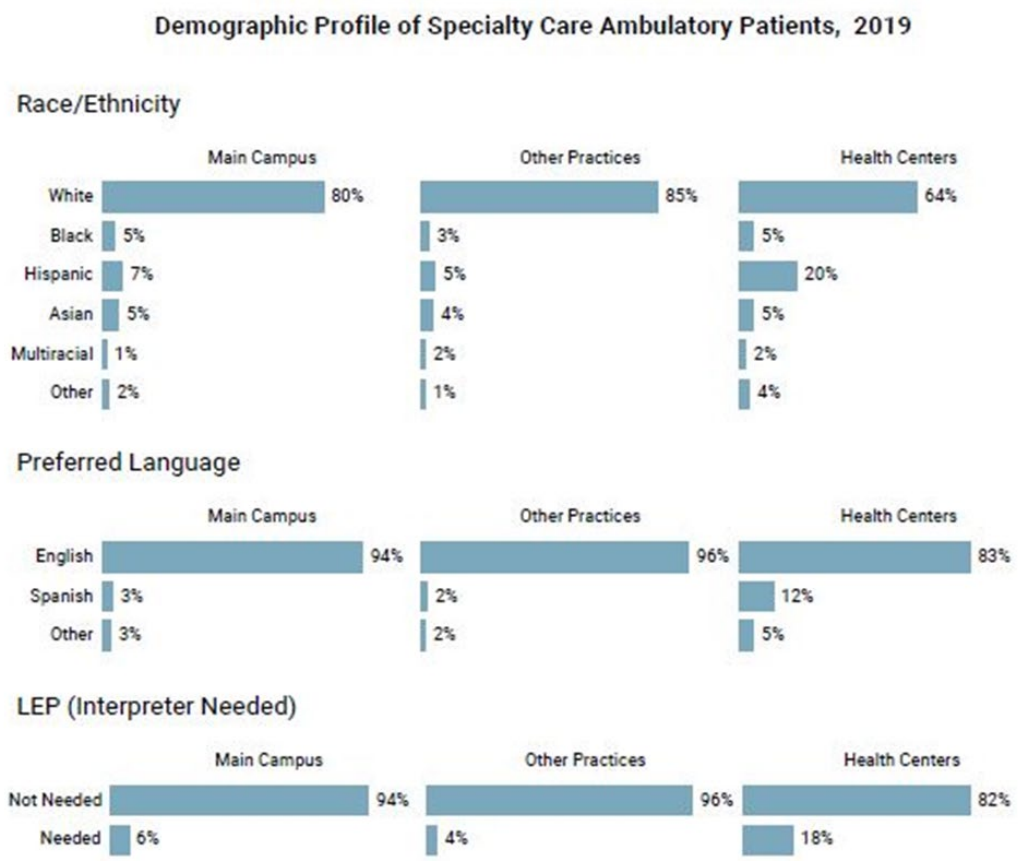
- Increase in physical, verbal attacks and vandalism against Asian Americans.
- Lack of clear-cut prototype of Anti-Asian hate crime (versus anti-Black, anti-Semitic or anti-gay).
- Perception of “model minority” = success.
  - Asians aren’t included in definition of URiM (except South East Asians)
  - Asians as
    - Law abiding
    - Hard working
    - Have high incomes
    - Low crime rates
    - Close family ties

Do Asian patients feel safe, respected, welcome, comfortable, supported and accepted within our walls?

The nurse was disrespectful, did not give us the time to explain the situation, and the symptoms. She heard one key word, and basically said go to the emergency. And my response was, do you need to know what else my child is feeling, and she said no, **and I felt like I was totally dismissed**.

Almost every visit, my provider brushes off the concerns that I bring to her. I would not want to be a patient of hers who has serious medical issues because of my concern for if she genuinely cares for my conditions….There was one instance when she was brushing off this mole that I saw on my leg. And I kept pushing for a visit with a dermatologist. I think it might have taken me several visits with her to convince her to refer me to one, and when I met with the dermatologist, the dermatologist confirmed that this should be removed. This brush-off attitude of my PCP is always a point of frustration for me each time I go see her.

Demographics of patients receiving ambulatory specialty care



Do Asian patients feel safe, respected, welcome, comfortable, supported and accepted within our walls?

"**Had to wait 30 minutes to accommodate the attending's schedule and did not appreciate**. Follow up call with the resident was frustrating and **did not feel seen or heard**."

The appointment was 30 minutes delayed and I was not informed of it. When I finally got to the room I **felt rushed**. The ultrasound wasn't explained very well. I **did not feel comfortable asking questions**.

Nurses don't pay much attention. **Pretty disengaged, no post-procedure discussion or instructions at all.** The whole experience really upset me."

Communication between the doctors and their staff - who play an extremely important role as well - is nonexistent. This kind of confusion about procedures not only affect patients' lives and wellbeing and a huge waste of time, it can put patients at risk.

Do Asian patients feel safe, respected, welcome, comfortable, supported and accepted within our walls?

"…when she was in the special care unit, the nurses are all very kind and caring, but **the entire communication is severely lacking. No one reached out to update me on the status or consult with me on her treatment plan**. I occasionally get updates when they are entered into the portal, but I really only find out about her treatment/care by going in to see her and questioning the nurses. **I don't like that I'm not consulted or asked about anything**."

I had a concern which I r**aised five times in the past visit and in this visit**. It wasn't adequately addressed. Then when it came to fruition, the **physician started making decisions without consulting me**. I only heard his decisions about my care because I overheard him telling the nurses, as he was walking out of the room. **If he had asked me, I could have told him exactly how to solve the concern together**.

Other ways to stratify the data

- Social determinants of health
- Social vulnerability index (SVI)
- ZIP code
- Sexual orientation and gender identity
- Payer
- Language
- Immigrant groups

Thank You

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