“…..of all forms of inequity, injustice in healthcare is the most shocking and inhumane”  
- Martin Luther King Jr.

Health Disparities

How do we know racial and ethnic minorities have historically received lower quality healthcare? Research has shown the following:

- When hospitalized for acute myocardial infarction, Hispanics and African Americans were less likely to receive aspirin and beta-blockers than whites.
- Minorities with cancer-related pain were significantly less likely to receive guideline-recommended analgesic prescriptions compared with non-minority patients.
- African Americans had a higher likelihood of receiving less desirable procedures such as amputation compared with whites from similar socioeconomic backgrounds.
- Lesbians are less likely to pursue mammography and clinical breast exam despite having increased risk for the development of breast cancer. The explanation of this is multifactorial, but also includes lower level of trust in the provider.

https://www.thinkculturalhealth.hhs.gov/content/clas.asp
Institute of Medicine (IOM) on Disparities

- People of Color receive lower quality health care than whites do, even when insured status, income, age and severity of conditions are comparable.
- People of Color more likely to be treated with disrespect by the health care system and more likely to believe that they would receive better care if they were of a different race.
- Major disparities found in many key diagnostic areas: cardiovascular disease, cancer, stroke, kidney dialysis, HIV/AIDS, asthma, diabetes, mental health, maternal and child health.

Source: Unequal Treatment, Institute of Medicine, 2002

Institute of Medicine (IOM) on Disparities

- Increase the public and provider awareness of disparities
- Decrease fragmentation of care and change financial incentives to improve quality
- Reduce barriers to care for people of color
- Increase diversity of providers
- Promote quality evidence based practice
- Promote enforcement of civil rights

Source: Unequal Treatment, Institute of Medicine, 2002

We must address all determinants of health

Adapted from McGinnis JM et al. Health Affairs 2002; 21(2): 78-93
Triple Aim


Affordable Care Act

1. Expanded Coverage - Increase Access
2. Improve Quality
3. More Affordable Care
4. Population Health - Focus on Prevention and Wellness

Today’s Healthcare Consumer

- 84% - 19-64 Years old
- Average Age 35-40
- 48% Unmarried
- 52% Male
- 25% Speak a Language Other than English
- 77% High School Education or Less
- 80% Employed

- 58% White
- 11% Black
- 25% Hispanic/Latino
- 39% - No usual source of care
- 37% - More than 2 years without a check up
- 25% - No connection with delivery system at all

Source: Kaiser Family Foundation, 2012
Over a Decade Later... We Still Have Work To Do

- The U.S. has made progress in improving the health care delivery system to achieve the triple aim but there is still more work to do, specifically as it relates to disparities in care.
- Access has improved
- Quality has improved for most National Quality Strategy priorities
- Few disparities were eliminated
- Many challenges in improving quality and reducing disparities remain


Blacks More Likely Than Whites to Lack a Usual Source of Care & Forgo Care Because of Costs

- Adults who went without care because of cost in past year
- Adults without a usual source of care

Source: 2014 Behavioral Risk Factor Surveillance System (BRFSS)

Preventable Death Rate for Blacks is Double the Rate for Whites

- Number of deaths per 100,000
- Mortality amenable to health care

McCarthy AM et al. JCO 2016 May 9. [Epub ahead of print].
- 3,016 women with invasive breast ca, 808 oncologists, and 732 surgeons.
  - Black women less likely to undergo BRCA 1/2 testing than white women (OR 0.66; 95%CI, 0.53-0.81)
  - Care highly segregated across surgeons and oncologists
  - Black women less likely to receive a physician recommendation for testing (OR 0.66; 95% CI 0.54-0.82)

Care highly segregated across surgeons and oncologists
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We face the challenge of inequities in cancer care and application of new knowledge

Clinical trials
- 1% of trial participants are Hispanic.
- 5% of trial participants are African American.

Biobanking programs
- Only 9.94% of cases in The Cancer Genome Atlas (NCI-supported) were collected from racial/ethnic minorities.

This is less of a function of minorities’ unwillingness to participate in such programs and more of a reflection of the lack of recommendation and access.


- Visits with African American patients (n=11) that included a clinical trial offer were matched to a sample of visits with White patients (n=11).
  - Visits with African American patients were
    - Shorter with few mentions of and less discussion of clinical trials
    - Less discussion of purpose and risks of offered trial(s)
    - More discussion of voluntary participation
Place Matters

Nearly one fifth of all Americans (about 52 million people) live in poor neighborhoods.

Neighborhoods can influence health in many ways.

Physical Environment
- poor air/water quality
- proximity to hazardous substances
- substandard housing conditions
- lack of access to nutritious foods and safe places to exercise combined with concentrated exposure/access to fast food and liquor stores etc.

Social Environment – Residents of “close-knit” neighborhoods may be more likely to work together to achieve common goals, to exchange information, and to maintain informal social controls all of which can directly or indirectly influence health.

Service Environment - Where we live is highly correlated with the quality of schools, transportation and other municipal services, health care services and employment opportunities to which we have access.
Health Disparities and Barriers

Patient Related Barriers

- Economic
- Social
- Behavioral
- Geographic
- Literacy
Provider Related Factors

- Time pressures placed on physicians and healthcare workers hamper their ability to assess symptoms, particularly when there are cultural or linguistic barriers, increases the likelihood of relying on shortcuts, such as stereotyping or prejudice, because physicians are forced to make quick judgments often without enough information.
- Poor communication
- Limited cultural competence
- Clinical uncertainty
- Implicit Bias/Stereotypes

Health Disparities and Barriers

Implicit bias contributes to disparate outcomes

- Implicit bias contributes to disparate outcomes.
  - Systematic review including 15 studies
  - Implicit bias has an adverse impact on the following:
    - Patient-provider interactions
    - Treatment decisions
    - Treatment adherence
    - Patient health outcomes

Example: Thrombolysis for ACS (Green AR et al. J Gen Intern Med 2007; 22(9): 1231-1238.
- Study of 287 residents at 4 academic medical centers
- Implicit bias measures revealed the following:
  - Preference: White > Black patients
  - Perception: Blacks less cooperative with procedures and less cooperative generally
  - As pro-White bias, so did the likelihood of treating white patients and not treating Blacks.
The OSU Kirwan Institute defines implicit bias:

“Also known as implicit social cognition, implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decision in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual’s awareness or intentional control.”

Source: State of the Science, Implicit Bias Review, Kirwan Institute for Study of Race and Ethnicity

What is Implicit Bias?

Implicit biases are mental shortcuts related to the way our brains categorize information.

- Unconscious, automatically activated and pervasive mental process can yield significant impacts we might not want.
- Everyone has these and awareness is key to knowing how our behavior is affected.

Source: State of the Science, Implicit Bias Review, Kirwan Institute for Study of Race and Ethnicity

Implicit Bias

- IB’s cannot be accessed through introspection
- Take the IAT (or several IAT’s; many available)
  - 8 million tests taken since 1998
  - Google “Harvard IAT” or “Implicit Association Test” or “Project Implicit”
- Be good to yourself
- Remember: We ALL have implicit biases

Dealing with Implicit Bias
My IAT results

Your result:
Your data suggest no automatic preference between African Americans and European Americans.

My IAT results

Your result:
Your data suggest a moderate automatic association for Male with Science and Female with Liberal Arts.

Dealing with Implicit Bias

Engage in “effortful, deliberative processing” in the moment

- Spontaneous judgments provoke reliance on stereotypes

- Deliberative processing:
  - Self-monitor your behaviors to offset implicit stereotyping
  - Rethink the standard ways patient are classified (race/ethnicity, gender, etc.)
  - Instead, focus on a common identity you share with each patient
Dealing with Implicit Bias

Reduce your cognitive load (to the extent you are able)

- Reduced cognitive load = more time to process, less biased decision-making
- How?
  - Restructure your day (e.g., do hardest tasks in the morning)
  - Advocate for changes in healthcare workflow, setting (brainstorm with colleagues)

Opportunities to address health disparities from the bedside

- Awareness of implicit biases
  - https://implicit.harvard.edu/implicit/takeatest.html
- Cross-cultural communication training of doctors, nurses and staff
- Engagement of patients in biobanking and discussions about clinical trials
- Use of evidence-based interventions to overcome barriers to access and care delivery
  - Example: Patient navigators

Opportunities to address health disparities in the community and beyond

- Tackle critical shortage of African American medical oncologists.¹
  - 2.3% of oncologists in the US; 4.0% of heme/onc fellows in the US
- Enhance programs and policies that address barriers along the cancer care continuum.
  - The Delaware Experiment²
  - Metropolitan Chicago Breast Cancer Task Force
  - Work of the Center for Cancer Health Equity at OSUCCC

References:
Opportunities to address health disparities in the community and beyond

Center for Cancer Health Equity
- National Outreach Network Grant
- Komen Funded mammography program
- Immigrant and Refugee Outreach
- Patient Navigation
- PACE program
- Summer Research Opportunities – HBCU students

Summary

Patient Factors:
- Economic
- Social
- Behavioral
- Geographic
- Literacy

Provider Factors:
- Poor communication
- Limited cultural competence
- Clinical uncertainty
- Bias/Stereotypes

Adapted from Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (2003).

“True compassion is more than flinging a coin to a beggar; it understands that an edifice which produces beggars needs restructuring.”

- Dr. Martin L. King, Jr.
Thank You
To learn more about Ohio State's cancer program, please visit cancer.osu.edu or follow us in social media: