

RACISM IN HEALTHCARE

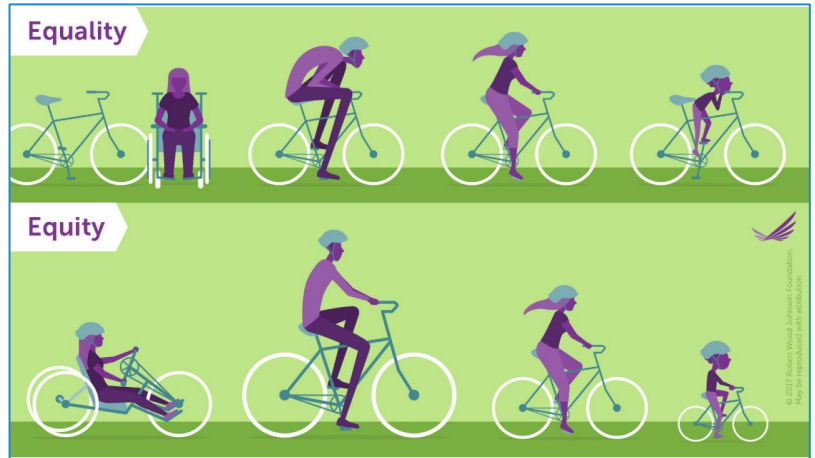
Notice, Understand and Act

Equity and Inequity in Healthcare



WHAT IS EQUITY?

This image illustrates the difference between equality (everyone gets the same) and equity (everyone gets what they need). On the top image, the bicycle is a perfect fit for the person in yellow. This person has an advantage because the tool they have is what they need to move forward. It doesn't mean life is easy – they still have to pedal, there might be a hill ahead, maybe the trail gets rocky or bad weather comes during the ride – but it does mean that they have an advantage over the other cyclists because that tool suits them perfectly. For the others when they need to pedal, encounter that hill, or find themselves riding in the rain, they have an additional challenge because their tool just isn't the right fit.



(Image Credit: Robert Wood Johnson Foundation)

On the bottom image, we've prioritized equity because each person has the tool that meets their needs. This makes a more level playing field because all the riders can work hard to pedal faster, tackle that hill, and reach their destination. In other words, treating everyone the same and treating everyone equitably isn't the same! We can build more equitable healthcare experiences and outcomes when people are able to connect with the tools and resources they need to advance their health goals. But getting to those solutions requires us to better understand the root causes of the inequities in the first place.

WHAT ARE HEALTH INEQUITIES?

Health *inequities* exist when there are preventable differences in the health status or the distribution of health resources between different population groups. Here are some well-documented racial/ethnic health inequities:

- Black women experience pregnancy related deaths at over 3 times the rate of white women, a disparity that persists across socioeconomic groups.
- Hispanic and Asian patients are less likely to receive pain assessments and appropriate pain medication.
- Diabetes disproportionately affects members of minoritized racial groups, and the effects are even more inequitable in Black LGBTQ+ individuals.
- Pediatric asthma is more prevalent in American Indian, Alaskan Native, African American, and Hispanic patients.
- Since 2020, Black, Hispanic, and American Indian and Alaskan Native populations have experienced higher rates of COVID-19 infection and death.

Racism, not race, is the cause of racial health disparities. When we see a list of differences between white patients and other racial/ethnic groups, it's not because white bodies are somehow just healthier. Inequities happen because of factors that create advantages for some and barriers for others. That might include the **biases** that affect how healthcare professionals interact with and care for patients, or structural barriers caused by **systemic**

racism, like environmental risks, accessibility of healthcare, or biased clinical algorithms. It is important to name and define the causes of inequities and avoid assuming biological or individual causes.

Health equity will exist when everyone has fair and just opportunities to be as healthy as possible, which requires removing obstacles to health, both interpersonal and systemic.

HOW CAN I LEARN MORE?

Read and consider how treating everyone “equally” doesn’t account for the effects of social determinants and different access, resources, and starting points.	How racism is a structural and social determinant of health (6 minute read)
Watch to learn about the history of race-based medicine and its effect on health opportunities and outcomes.	The problem with race-based medicine (15 minute watch)
Watch to reflect on how social privilege operates and influences people’s experiences and opportunities, creating inequities.	What Is Privilege? (4 minute watch)
Watch to understand how structural factors like segregation sustain inequity.	How racism makes us sick (17 minute watch)
Watch to explore the causes and consequences of the maternal mortality disparity in the US.	Why is the US the Most Dangerous Place to Give Birth in the Developed World? (18 minute watch)

WHAT COMES NEXT?

- Think about a time you tried to treat people “equally.” Could the outcome have been different if your approach had focused instead on *equity*? Share your reflection with a colleague to identify ways to prioritize equity in the future.
- Keep learning about sources of inequity and the causes of health disparities. Reach out to the DEI team for resources and references.
- Examine the processes and tools in your area. Are there processes, policies or procedures that could create inequitable opportunities or outcomes based on race, ethnicity or other characteristics? Work with your leader to identify inequitable practices and change them for the better.
- Name and define the causes of inequities. When we name racism as a cause of healthcare disparities, we can better identify and address the source of the problem.
- Speak up in your area for attention to opportunities for more equitable care and work with patients. Be a voice for equity!