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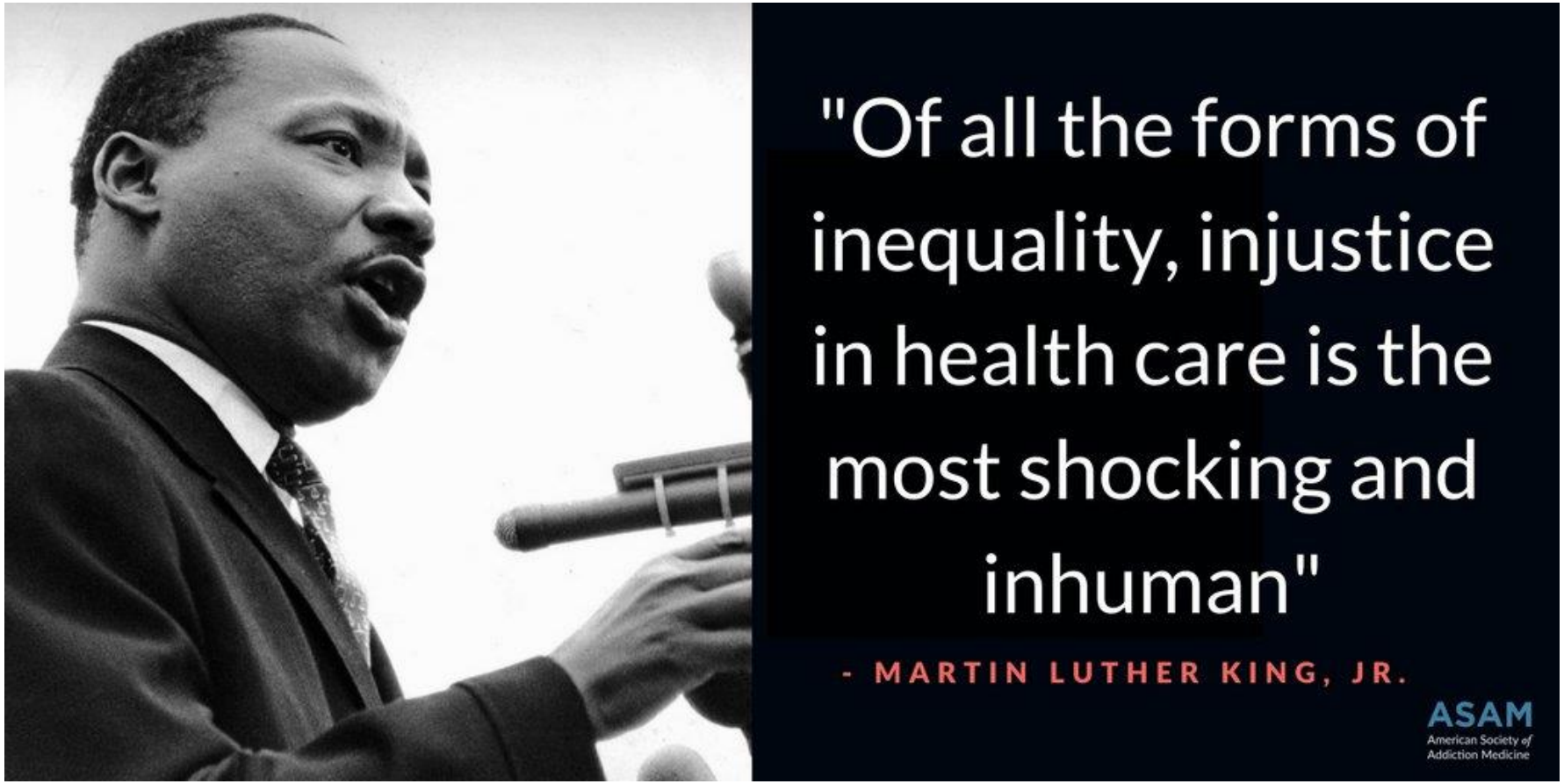
Republic Bank Foundation Optimal Aging Clinic

Advancing Anti-Racism, Diversity, Equity and Inclusion within a University Affiliated Primary Care Clinic

Anna C. Faul

Barbara Gordon



The Journey Begins and Continue

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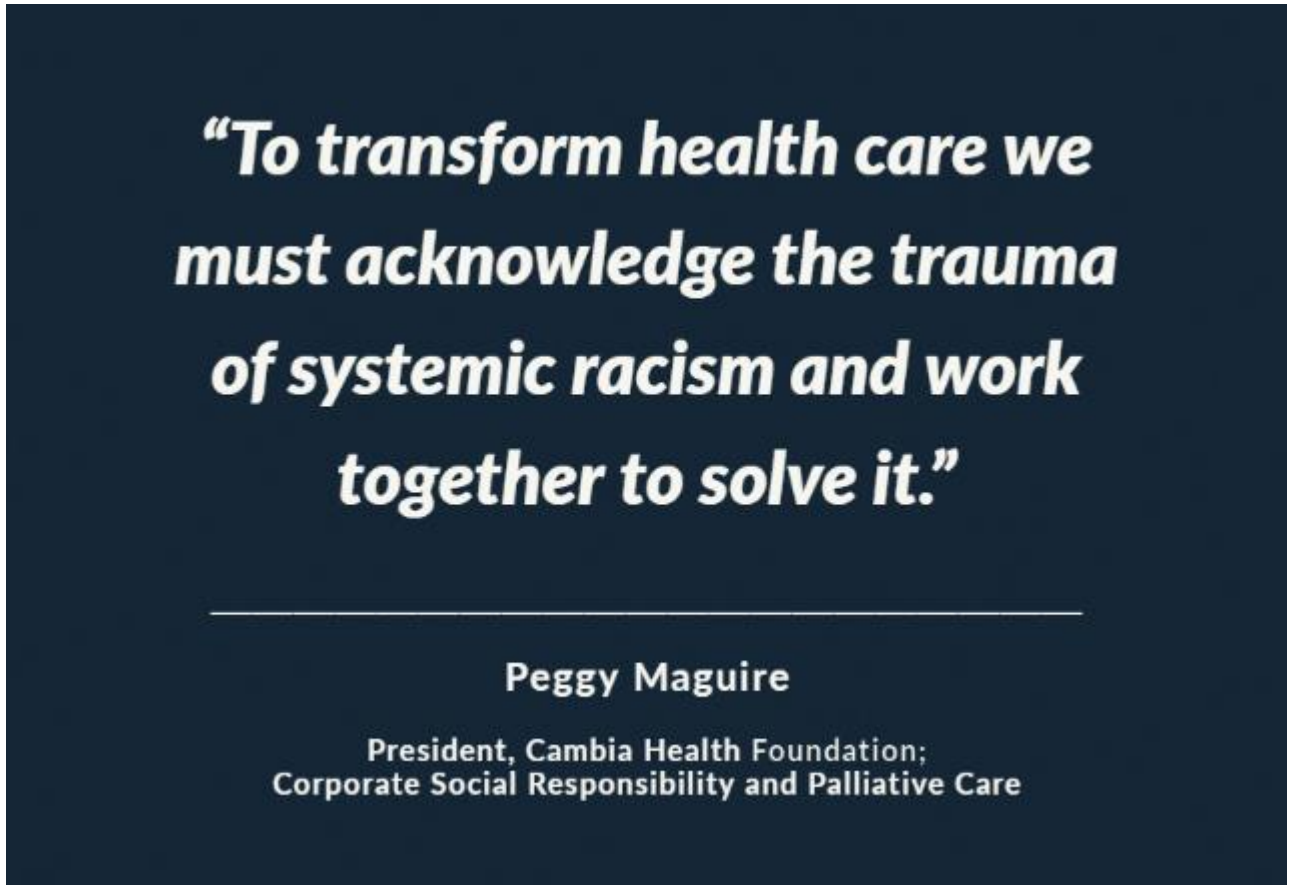
Acknowledgement



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Acknowledgement

The leadership team at the Trager Institute are deeply concerned by the violence brought upon Black communities across America.

The Trager Institute acknowledges that the struggle against racism is one that requires our own participation.

We pledge that we will do as much work as we have to do to ensure that race is not a barrier to receiving the health care every person deserves, to receiving the opportunities every person deserves, to receiving the protections every person deserves, and to receiving the education every person deserves.

We pledge that we will address racial justice, and we will research and develop strategies on how we can undo the structural elements in our society that sustain the disparities we see every day.

We pledge that we will strive towards providing access to resources and services to all our community members to promote human flourishing.

We pledge to create a healthy work environment where we acknowledge the pain and suffering of our Black colleagues and Black learners.

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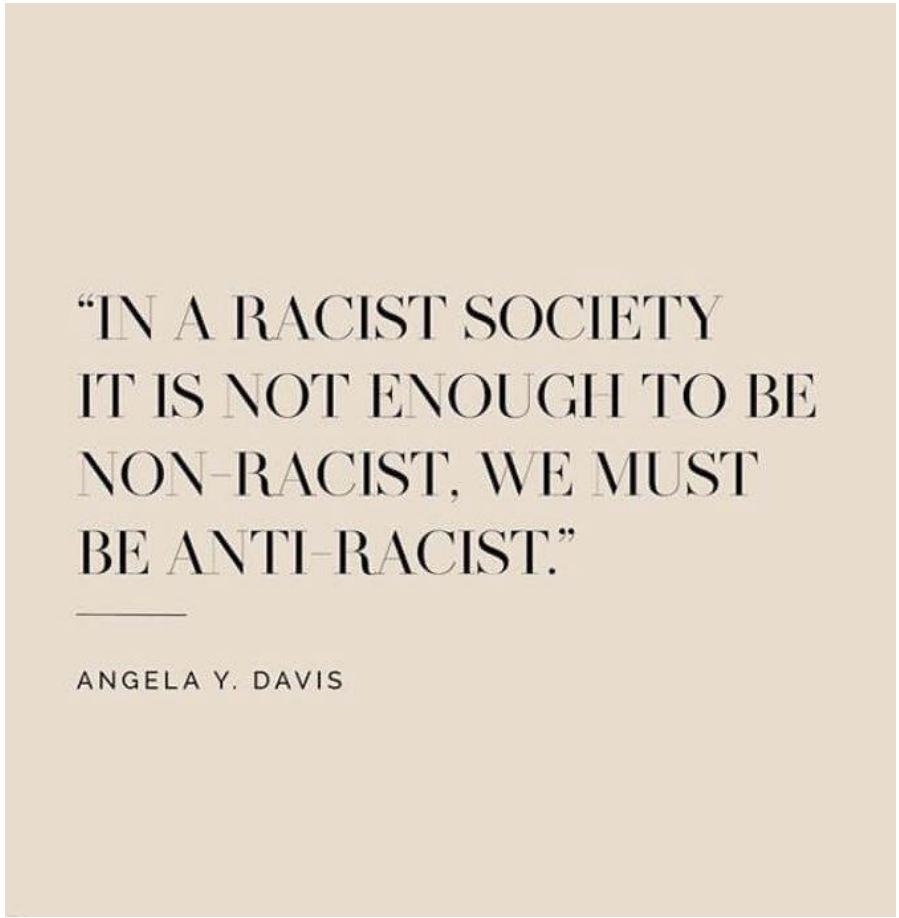
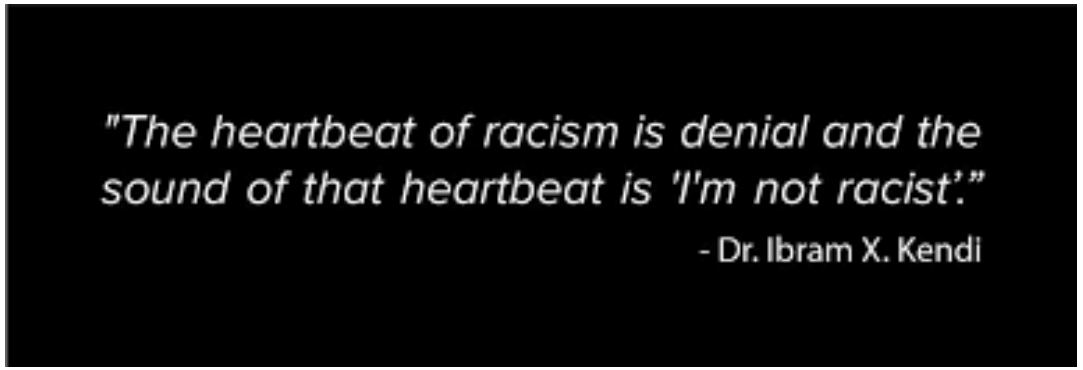
Intentional and Deliberate Action





Intentional and Deliberate Action

Becoming an anti-racist primary care organization and clinic is not a static achievement; it is life-long work that you and your colleagues must commit to each and every day.

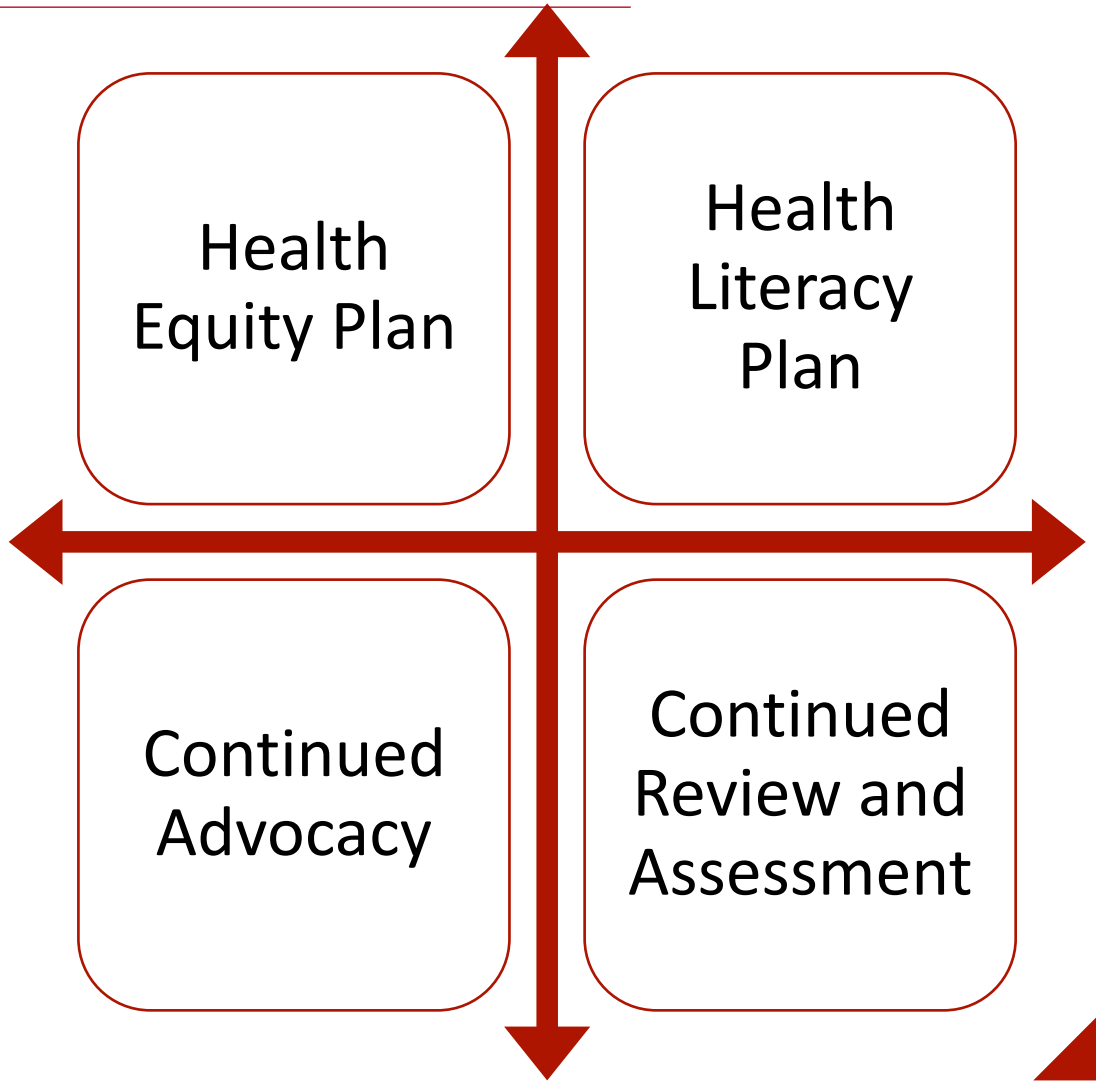
Intentional and Deliberate Action

- Define the problem and set clear goals and objectives.
- Incorporate explicit and shared anti-racism language.
- Establish leadership buy-in and commitment.
- Investing dedicated funding and resources.
- Bringing in the right support and expertise.
- Establish ongoing, meaningful community and patient partnerships.

Hassen, N, et. al. Implementing Anti-Racism Interventions in Healthcare Settings: A Scoping Review. Int. J. Environ. Res. Public Health **2021**, 18, 2993.https://doi.org/10.3390/ijerph18062993

Intentional and Deliberate Action

Accountability



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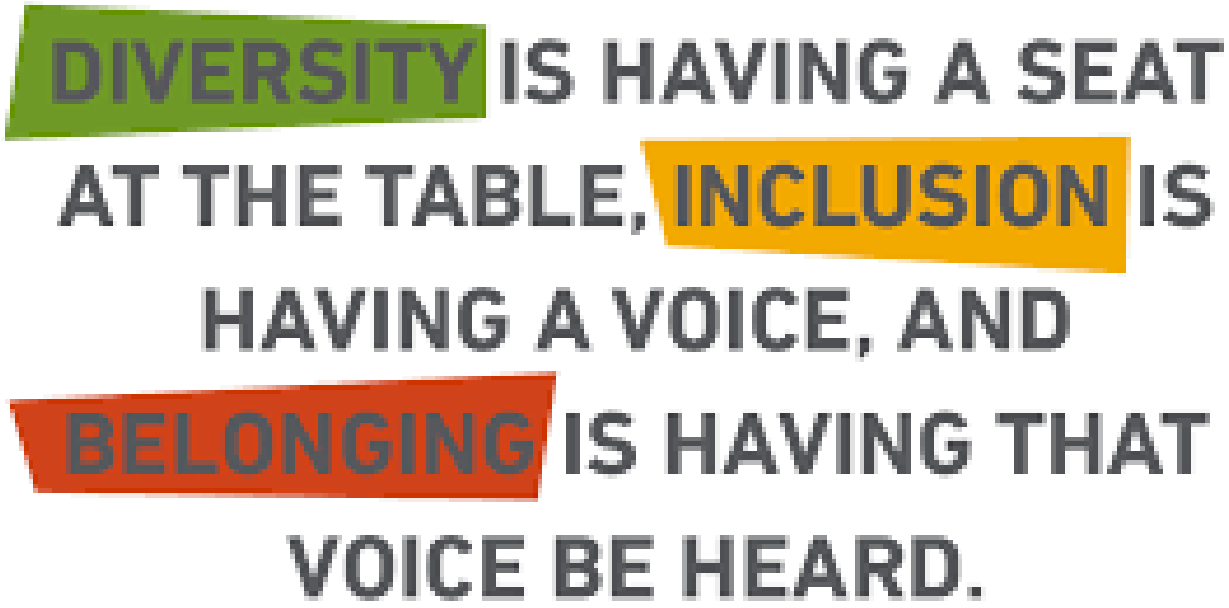
We will have succeeded when…



Advancing Diversity, Equity & Inclusion in the Delivery of Age Friendly Health Care

UMaine Clinical Geriatrics Colloquium

The Post-Acute and Long-Term Care Perspective

NAUSHIRA PANDYA, MD, CMD, FACP
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DIRECTOR, GERIATRICS WORKFORCE ENHANCEMENT PROGRAM
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KIRAN C. PATEL OF OSTEOPATHIC MEDICINE

I have no relevant financial disclosures

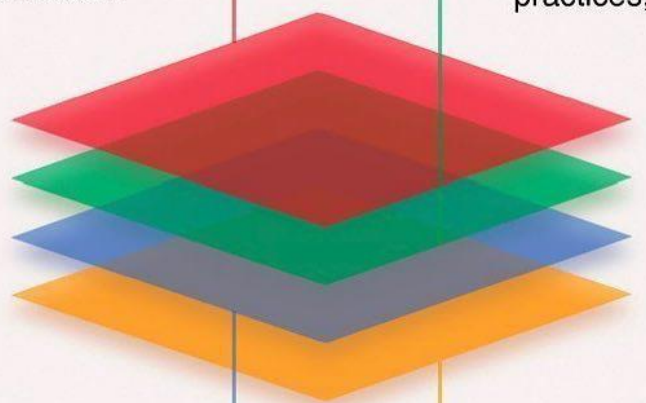
THE FOUR OF DIMENSIONS RACISM

INSTITUTIONAL

Policies and practices that reinforce racist standards within a workspace or organization.

STRUCTURAL

Multiple institutions collectively upholding racist policies and practices, i.e. society.



INTERPERSONAL

Racist acts and micro-aggressions carried out from one person to another.

INTERNALIZED

The subtle and overt messages that reinforce negative beliefs and self-hatred in individuals.

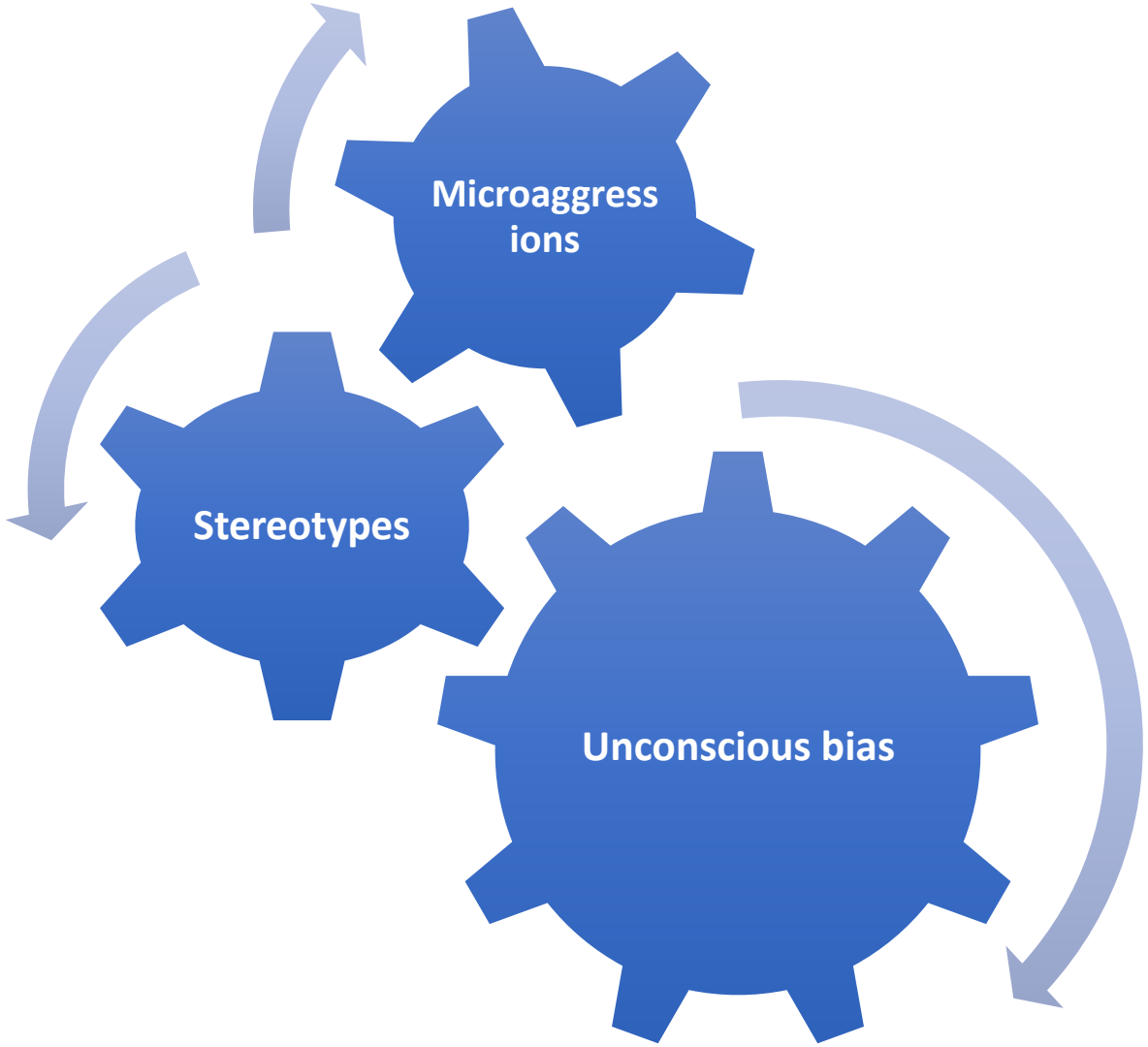
Racism as a Determinant of Health; Metanalysis of 233 Studies

- Racism was associated with
  - Poor mental health (depression, anxiety, stress)
  - Poor general health
  - Poor physical health
- Age, sex, birthplace and education level did not moderate the effects of racism on health
- Association between racism and negative mental health was significantly stronger for Asian American and Latino(a) Americans compared with African Americans
- Association between racism and physical health was significantly stronger for Latino(a) Americans compared with African American

Paradies Y, Ben J, Denson N, Elias A, Priest N, Pieterse A, et al. (2015) Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. PLoS ONE 10(9):

Components of Systemic Racism in Healthcare is Being Examined by Many Professional Associations and Specialties

- Microaggressions→macro impact →ongoing trauma
- Discrimination
- Unconscious or implicit bias
- Differences in delivery of services, complex diagnostic studies, vaccines, transplants, choice of therapies
- Patient evaluation (skin assessment, pain tolerance, deciphering complaints and subsequent interventions)


Microaggress
ions
Stereotypes
Unconscious bias

Types of Unconscious Bias

- Affinity
- Racial
- Ageism
- Sexuality and gender identity
- Attribution
- Contribution
- Conformity (group think)
- Language or even accent

Coronavirus Crisis Highlights Racial Disparity in Healthcare and Economy

By National Urban League
Published 02 PM EDT, Thu Oct 14, 2021

- Black Americans are more vulnerable to serious effects of COVID-19
- Complaints taken less seriously
- Less likely to receive treatment
- Eroded trust in the HC system
- Higher out-of-pocket health care expenses (20% in black vs. 11% in white households)
- Race-blind algorithms used to guide population HC decisions

Addressing Systemic Racism in Nursing Homes: A Time for Action

Philip D. Sloane, MD, MPH, Ruqaiijah Yearby, JD, MPH, R. Tamara Konetzka, PhD, Yue Li, PhD, Robert Espinoza, MPA, Sheryl Zimmerman, PhD

Journal of the American Medical Directors Association
Volume 22 Issue 4 Pages 886-892 (April 2021)
DOI: 10.1016/j.jamda.2021.02.023

How historical and contemporary racism has operated at the policy/organizational level to concentrate Black long-term care users in resource-poor nursing homes, leading to poorer outcomes historically and from COVID-19

Drivers of Systemic Racism in PALTC

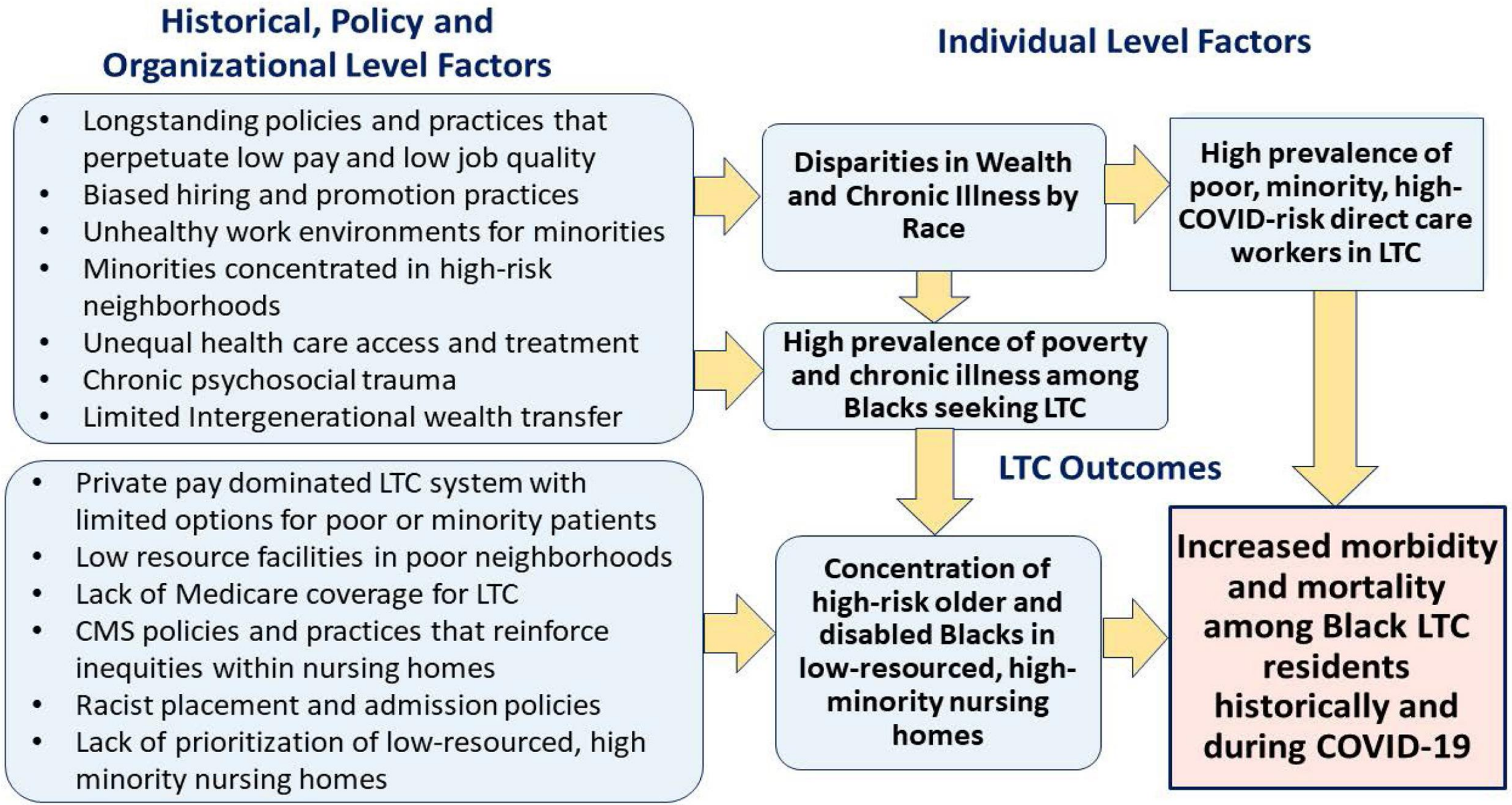
- Long-term care is fundamentally tied to geography, reflecting disparities associated with residential segregation
- Additional foundational drivers include a fragmented payment system that advantages persons with financial resources
- Reimbursement policies that systematically undervalue long-term care workers.

Disparities in Care Received by Black Residents in PALTC

- Black residents are more often physically restrained
- More frequently develop pressure ulcers
- Less often receive influenza vaccines
- Less often have pain treated
- More frequently hospitalized
- Report lower quality of life
- Similar disparities have been observed in assisted living settings as well, such as increased rates of hospitalization and nursing home transfer for Black residents.

Aspects of Systemic Racism That Have Created and Perpetuated Racial Disparities in the US Long-Term Care System

Component of Systemic Racism*	Manifestations Affecting the Long-Term Care System
Structural/ institutional	Discriminatory housing, lending, pay and promotion, policies that undervalue service workers, low wealth, lack of Medicare coverage, location of ALF and NH, Blacks placed in low-resource NH, punitive survey practices, decriminitory polices affective delivery of care in the continuum
Cultural	Failure to expand Medicare, Normative patterns of microaggressions, discrimination, and racial violence in much of society , belief that the United States functions as a meritocracy, belief that ignoring race in data collection and reporting will eliminate racism, language, food choices, activities
Interpersonal	Racially biased decisions around hiring, pay, and promotion, racially biased LTC placement and admission, tereotyping and racially biased treatment decisions by medical providers and nurses, Racial bias from supervisors (microaggressions, workload, racist comments, insults by White residents directed at Black care workers)



Discussion

Practicing Cultural Humility in Geriatric Care

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Baylor College of Medicine and Houston VA

Isabel Kilroy, medical student,
University of Texas McGovern Medical School

Aanand D. Naik, MD,
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Director, Southeast Texas GWEP
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south central mirecc
Mental Illness Research, Education and Clinical Center

Definitions – Culture

- A system of meanings in which words, behaviors, events, and symbols have attached meanings that are agreed upon by the members within the cultural group
- A shared dynamic system of values, beliefs and lifestyles that evolves as needed to adapt to changing social, political, economic, environmental changes

Definitions

- **Cultural Competency:** Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. (Cross et al. 1989)

- **Cultural Humility**: Process of “committing to an ongoing relationship with patients [clients], communities, and colleagues” that requires “humility as individuals continually engage in self-reflection and self-critique.”

Everyone has a Culture

Communication styles
Dealing with conflict
Approach to tasks
Decision capacity
Adherence to plan
Apparent fear of change

Values
Beliefs
Perceptions
Attitudes
Assumptions
Expectations

Culture of the Patient/Client

- Contributes to:
  - Understanding of illness
  - Perception and presentation of symptoms problems
  - Reaction and adjustment to illness
  - Expectations of clinician
  - Motivation for treatment
  - Adherence with treatment plan
  - Definition of recovery
  - Help-seeking behaviors

Culture of the Clinician

- Culture, implicitly or explicitly, shapes attitudes towards patient/clients understanding of their problems, and approach to care.
- May shape cultural preferences and expectations towards:
  - Particular identities (age, gender, sex, ethnicity, etc.)
  - Certain procedures (e.g., abortion)
  - Certain diseases/illnesses (e.g., Sexually Transmitted Infections)
- Culture of healthcare:
  - Individualism
  - Mastery over nature
  - Centering of scientific knowledge and process
  - Future orientation (focus on eventual cure)

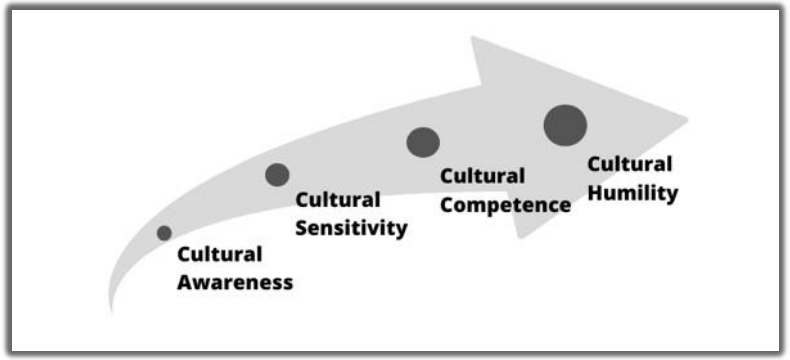
Addressing Culture

- Over the last 20 years there has been a tremendous movement to address cultural factors in clinical care
- Initial approach was termed cultural competency
- Contemporary approach is cultural humility

Cultural Humility

Cultural Humility

- Process of “committing to an ongoing relationship with patients [clients], communities, and colleagues” that requires “humility as individuals continually engage in self-reflection and self-critique.”
- Fluidity and subjectivity of boundaries of culture, self, other, knowledge, understanding, etc.
- Very importantly, cultural humility allows for a conversation about “what matters most” to the patient/client.



Cultural Humility Paradigm

- Reflection
  - Understand how one's own identities, beliefs, and practices impact interactions with patients/clients

- Institutional and Individual Accountability
  - Commitment to self-reflection that is active and responsible
  - Institution and individual are inter-related gears that must work together (NOT a linear process)
  - Not just "understand," but ACT

- Mitigation of System Power Imbalances
  - Imbalances are malleable when power is recognized and leveraged

Key Questions – Purpose and Motivation

- Cultural humility maintains that problems often arise “not from lack of knowledge, but rather a need for change in clinicians’ self-awareness and attitudes toward diverse clients.”

- The purpose of the key questions is to:
  - Encourage self-awareness and self-critique in understanding how culture and identity impact interactions with patients/clients

- Ask what structural forces come into play and how to engage around those issues in meaningful ways

- These considerations should become a natural part of one’s professional identity.

Cultural Humility in the Clinic

CRASH Model

C	• (Consider) **C**ulture
R	• (Show) **R**espect
A	• **A**ssess/**A**ffirm differences
S	• (Show) **S**elf-Awareness and **S**ensitivity
H	• (Do it with) **H**umility

Example Approaches- CRASH

- **Consider Culture: “**For you, what are the most important aspects of your background or identity?”
- **Show Respect:** “Thank you for coming to your appointment.”
- **Assess/Affirm differences: “**Sometimes differences among patients/clients and clinicians make it difficult for them to understand each other. Do you have any concerns about this? If so, in what way?”
- **Show Self-awareness and Sensitivity**: Question your immediate assumptions by asking yourself, “Am I making assumptions?”
- **Do it with Humility:** Knowing “too much” can be a barrier to fully understanding your patient/client. Ask, “I am not familiar with your preferences. Could you help me understand?”

Cultural Humility - HUMBLE Model

H	• Humble about the assumptions we make
U	• Understand our own backgrounds and culture
M	• Motivation to learn more about person's background
B	• Begin to incorporate this knowledge into our work
L	• Life-long learning
E	• Emphasize respect and negotiate service plans

Take Home

- Culture impacts quality of health care.
- Everybody has a culture.
- Cultural humility involves self-reflection and acceptance of limits to the understanding of another person's culture.
- One means of developing cultural humility is to go through the "key questions" in a deliberate manner.
- CRASH and the Cultural Formulation Interview provide clinical guidance on incorporating cultural humility in clinical practice.

Thank you!

- Questions??