The National Medical Association the need to Achieve Health Equity
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Health Equity
Not
Health Disparities
Disparities: a great difference
Equity: The quality of being fair and impartial
The need is to not just correct differences but to be fair and impartial. To be fair means to make up for the past differences.
The lack of fairness began 400 years ago when we arrived in Jamestown, Virginia. This was the beginning of the slave health deficit.
And continued with discrimination that lead to inadequate health care for African Americans but also discrimination for African American physicians.
We were not allowed to join the American Medical Association and authored the Flexner report which led to the closure of African American medical schools.
This led to a decrease in the numbers of African Americans who were able to attain medical education.
Despite these obstacles when we fast forward to 2002, a landmark studied produced some remarkable results.
Unequal Treatment: Racism in Medicine
Smedley, B. Et al
2002
Conclusion:

Those of color provide higher quality care to those of the same race.
Does Diversity Matter for Health?
Alsan, Garrick, Graziani
2018
African American males complied with taking statins for hypercholesterolemia and getting influenza vaccines when under the care of AA male physicians.
At a time when patients of color are twice the percentage of physicians, how can health equity be achieved?
Suggestions:
1) Implicit Bias Training starting with medical school admission committee members first then all in medical education of students, graduate medical education faculty then all with patient contact
2) Social Determinants of Health
We all have biases. Those of color have less perhaps because we have experienced more adversity.
Testing

Training

Policies for inappropriate behavior
Capers, Q 2012

Testing and training of medical school admission committee members

Following year most diverse entering class in the med school history
With knowing biases, then training can occur to understand and learn how to provide better quality and more culturally competent care to patients.
Ultimately better quality health is the goal
The case has been made that increasing diversity to achieve health equity, also helps to improve the bottom line with increased revenues.
Implicit Bias Testing is available for free and provides results which show your biases and suggestions for improvement.
Kirwan Institute training
Harvard Tests
Diversity needs to improve to help achieve health equity

- Medicine, Podiatry, Nursing, Pharmacy etc.
Implicit bias training and cultural competency training are 2 of those areas that could help to achieve health equity.

A more diverse workforce, more culturally aware workforce leads to health equity.
Pipeline programs to expose students to Health Profession careers

- Elementary School, High School,
- Mentors in College and Medical School
- Post Graduate mentors or sponsors
Marathon not a sprint
NMA partnering with an organization to address this issue
Social Determinants of Health: Economic and Social Conditions that influence individual and group differences in health status
They are:
1) Economic Stability
2) Education
3) Health and Health Care
4) Neighborhood and Built Environment
5) Social and Community Context
These are important because studies show that 60-80% of health is related to the non-health SDOH.
Insurers are starting to see the importance of the SDOH and achieving the best health outcomes.

Blue Cross Blue Shield of Illinois
Hospitals also
University of Illinois
Acknowledgement of the time providers spend with patients with ICD 10 codes for several SDOH. This could allow for physicians, podiatrists getting reimbursed for time spent addressing the SDOH.
It takes time to address not just diet but where to get food, homelessness or poor environment when addressing where to exercise, or health literacy when addressing educational status.
Implicit Bias Awareness
Social Determinants of Health
2 topics to consider to Achieve Health Equity