

Equity in Healthcare: Be the Change

1



Beth McHose
MsEd CCC-SLP
(she/her)
Clinical Education Manager
bmchose@lingraphica.com

Dr. Treasyri Williams Wood
SLPD CCC-SLP
(she/her)
Director of Clinical Education
DePaul University
Drwilliamswoodslp@gmail.com

Teresa Thompson
MA CCC-SLP
(she/her)
Senior Clinical Educator
teresa.thompson@lingraphica.com

 Lingraphica®

2

Financial Disclosure

Beth and Teresa are employees of Lingraphica and therefore receive financial compensation from the Lingraphica Company.

Treasyri is receiving an honorarium from the Lingraphica Company for her contributions.

 Lingraphica®

3

Learning Objectives

1. Identify at least 2 social determinants of health (SDOHs) that impact access to equitable healthcare services
2. Compare and contrast social determinants of health
3. Describe and analyze at least 2 barriers that negatively impact patients' access to high quality services
4. Identify at least 1 tool providers can employ in their practice to increase their own proficiency related to social determinants of health

 Lingraphica®

4

Agenda

- Disparities in Healthcare
- Social Determinants of Health
- Barriers to Equitable Healthcare Services
- Case Study
- Solutions
- Wows & Wonders



5

Disparities in Healthcare



6

Health Disparities Defined

Occurs when a health outcome differs between populations as grouped by:

- Age
- Race or Ethnicity
- Sex
- Socioeconomic status
- Disability
- Sexual Identity
- Health Insurance Status
- Religion
- Education
- Mental Health



(Wilson, 2019)

7

Impact of Health Disparities

- Access to care
- Implicit bias
- Quality of care
 - Poor treatment
 - Inaccurate diagnoses
 - Delays in diagnoses
- Health outcomes



8

Bias Everywhere

- Ageism
- Sexism
- Racism
- Ableism
- Sexual orientation
- Socioeconomic status
- The list goes on...

Linggraphica®



9

Medical Bias and Health Disparities

- Gender
 - Chronic pain
- Sexual Orientation
 - High levels (>80%) of implicit bias
 - Leads to avoidance of care and increased risk
 - Medical conditions
 - Substance misuse
 - Suicide

Linggraphica®

(Samulowitz et al, 2018; Morris et al, 2019)



10

Medical Bias and Health Disparities

- Disability
 - High levels (>80%) of implicit bias
- Impacts of intersectionality
 - Race/ethnicity
 - Age
 - Poverty
 - Low educational levels
- Reduced care due to cost
- Increased social and medical risks

Linggraphica®

(NanPymbrouck, 2020; Baclu et al, 2017)



11

Medical Bias and Health Disparities

- Obesity
 - Weight as a barrier to healthcare
- Socioeconomic Status
 - Delayed testing
 - Reduced referrals
 - Increased barriers to healthcare

Linggraphica®

(Fruh, 2016; Arpey et al, 2017)



12

Race: The Big Picture

- Physician bias and negative comments
 - Increase in implicit bias during med school
- General racial disparities
 - Quality of care
 - Satisfaction levels of Black patients reduced in:
 - Quality of communication
 - Extent provider listens and shares information



Lingraphica®

(Sabin, 2022; Johnson, 2013)

13

Race: Implicit Bias

Healthcare providers' implicit racial bias associated with:

- Diagnostic uncertainty
- Negative ratings of clinical interactions
- Less patient-centeredness
- Poor provider communication
- Undertreatment of pain
- View of Black patients as less medically adherent than White patients



Lingraphica®

(Sabin, 2022)

14

Racial Disparities

- Increased barriers
 - Preventative care/chronic disease management
 - 1 out of 3 Black Americans receive needed mental health care
 - 67% of Black Americans live in area with PCP shortage
 - Acute treatment
- Doubled preventative hospitalizations
- Higher mortality rate
- Lack of representation in healthcare workforce



Lingraphica®

(Centers for Disease Control and Prevention, 2013; American Psychiatric Association; Gaskin et al., 2012)

15

Racial Disparities in Palliative Care

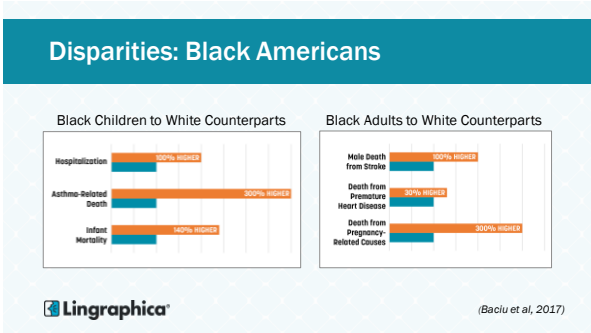
- Lower quality of care for minorities reported
 - Satisfaction
 - Communication
 - Pain management
 - Documentation of treatment preferences
 - Care consistency with patient preferences
 - Reduced knowledge of advance directives
- Barriers
 - Absence of minority staff and interpreters
 - Lack of community outreach to diverse communities



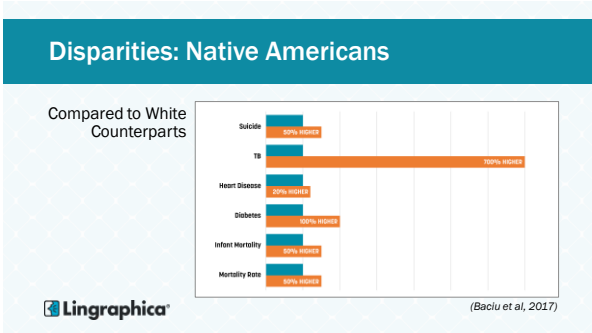
Lingraphica®

(Johnson, 2013)

16



17



18

Therapeutic Outcomes

- Adverse disparities among racial and ethnic minorities with dementia, including:
 - Use of skilled services and other interventions
 - Medications
 - Quality of care
- Racial and ethnic minority status and/or dementia associated with less ADL improvements in home health setting

Lingraphica Wang et al, 2020

19

What does this say about our ability to effectively and equitably care for our patients?

Lingraphica

20


Social Determinants of Health



21

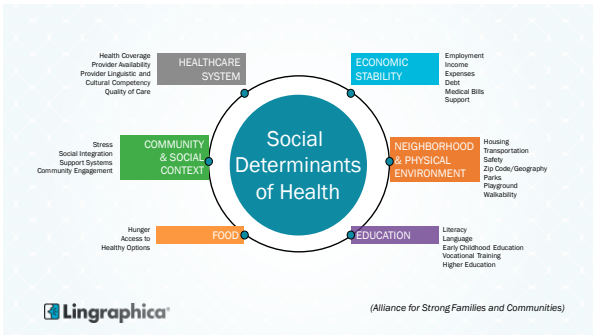
Social Determinants of Health Defined

- Conditions in which people are born, grow, live, work, and age that can contribute to or detract from the health of individuals and communities



(World Health Organization)

22



23

"Social determinants of health – social, economic, environmental, and community conditions – may have a stronger influence on the population's health and well-being than services delivered by practitioners and healthcare delivery organizations"

(2022 National Healthcare Quality and Disparities Report)



24

Factors

Community	Patient	Systemic	Provider
<ul style="list-style-type: none"> Access to goods and services Exposure to toxins Inadequate housing Lack of quality schools (US News 2018) 	<ul style="list-style-type: none"> Socioeconomic status Behaviors Beliefs Biology Genetics Social networks Housing 	<ul style="list-style-type: none"> Access to quality care Gaps in health care coverage and preventive care Lack of coordinated healthcare social services 	<ul style="list-style-type: none"> Implicit bias Cultural competence Knowledge and training

Lingraphica®

25

Social and Economic Factors

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code / geography	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination Stress	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Lingraphica® KFF

(Artiga et al. 2018)

26

Impact of SDOH

HEALTH COVERAGE

HUNGER

DISCRIMINATION

INCOME

SAFETY

EDUCATION

Social & Economic Factors

➔

REGULAR HEALTH CHECKS

REGULAR ACTIVITY

HEALTHY FOOD & DRINKS

Health Behaviors

➔

INCREASED HEALTH RISKS

↑

Health Outcomes

Lingraphica®

27

Barriers and Challenges to Equitable Healthcare

Lingraphica®

28

Equity: Define then Act

- What?
 - Ensuring that every person has the opportunity to achieve their best health
 - Low-cost services
 - Alternative check-up times
 - Mobile health screenings
- Why?
 - MUST acknowledge and attempt to REMOVE barriers to care



(Nall, 2020)

Lingraphica®

29

Barriers to Service

- Racial and ethnic discrimination
- Lack of access to quality education
- Income and wealth gaps
- Inadequate housing/lack of housing
- Unsafe environments
- Limited access to trauma centers and PCPs
- Lack of access to transportation



Lingraphica®

30

Medical Mistrust

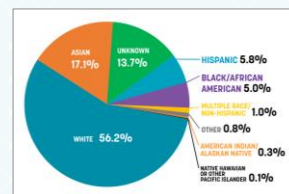
- Contemporary experiences
 - Discrimination in health care
 - Inequities to access
 - Reduced treatment options due to income, type of insurance and/or race
- History of mistreatment of minority populations
 - Forced sterilization
 - Tuskegee syphilis study
- Prevents people from getting care
 - Less likely to take medical advice, fill prescriptions, keep follow-up appointments

Lingraphica®

(Hostetter et al, 2021)

31

Active Physicians by Race/Ethnicity



Lingraphica®

(Association of American Medical Colleges, 2019)

32

Cultural Mismatch

- SLP demographics:
 - 92% White
 - Just under 8% of ASHA members and affiliates self-identify as racial minorities
 - Only 5% of ASHA members and affiliates self-identify as bilingual service providers
- "SLPs may be unfamiliar with sociohistorical context that frames families' perspectives of health institutions" (Mindel, 2020)



(ASHA, 2020; Rodriguez, 2016)

33

"It seemed that the very things that attracted me to CSD—the opportunity to understand and celebrate diverse cultural and linguistic backgrounds—were absent from the field itself."

(Rodriguez, 2016)



34

"We can't implement best practices with racially/ethnically diverse clients without all clinicians understanding the diversity of communication. Ethnically/racially diverse minorities can advance that goal by advocating for clients, serving as cultural brokers, and facilitating some of the difficult conversations that will help educate and grow our colleagues with different perspectives and experiences."

(Rodriguez, 2016)



35

Case Study



36

Case Study: Xiomara



- 50 y/o woman with chronic aphasia
- Familiar to rehab team
 - Previously reported PT to rehab manager
 - Was angry about discharge due to plateau
- SLP Plan
 - Interpreter
 - Involve husband for "anger management"

 Lingraphica®

37

Name that Bias

Horn Effect

Viewing a person in a negative light after hearing something negative or harmful or associating a trait to someone due to a previous negative experience.

Name

Judging a person based on their name and perceived background.

Halo Effect

Putting someone on a pedestal after learning something impressive about them.

Gender

Assuming one gender is superior over another or preferring one gender over another.

 Lingraphica®

38

Solutions

 Lingraphica®

39

"A review of the literature on reducing implicit bias, which examined evidence on many approaches and strategies, revealed that methods such as exposure to counterstereotypical exemplars, recognizing and understanding others' perspectives, and appeals to egalitarian values have not resulted in reduction of implicit biases. Indeed, no interventions for reducing implicit biases have been shown to have enduring effects. Therefore, it makes sense for health care organizations to forgo bias-reduction interventions and focus instead on eliminating discriminatory behavior and other harms caused by implicit bias." (Sabin 2022)

 Lingraphica®

40

Why This and Why Now?

- Value-based reimbursement
 - CMS reimbursement based on quality and safety, not quantity
- SLPs must prove value to payers and customers
 - Clinical measures
 - Patient value
 - Collaborative goal setting



 Lingraphica®

(Swigert & Wright, 2020)

41

ASHA's Strategic Plan

- Vision
 - "Making effective communication, a human right, accessible and achievable for all"
- Strategic Objectives
 - Enhance service delivery across the continuum of care to increase value and access to services
 - Increase Diversity/Equity/Inclusion (DEI) within the Association and the discipline
 - Enhance international engagement
 - Increase members' cultural competence

 Lingraphica®

(ASHA, Strategic Pathway to Excellence, 2023)

42

ASHA's Code of Ethics

- Code of Ethics:
 - Rule C: Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect. (ASHA, 2016)
- Defining Cultural Competence
 - **Understanding** and **appropriately responding** to the full range of dimensions of diversity that the professional and client/patient/family bring to interactions. (ASHA 2017)

 Lingraphica®

43

Guidelines for Services

- National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS)
 - Align behaviors, attitudes and policies
 - Care is effective, equitable, understandable and respectful
 - Care takes diverse cultural health beliefs into account
 - Preferred languages
 - Health literacy
 - Other communication needs
 - Respect the whole individual

 Lingraphica®

(Health and Human Services)

44

Homework: Cultural Competence

Ongoing self-assessment
Expanding cultural knowledge

Interacting with various cultures
Setting the stage for information exchange

Lingraphica®

45

Relational Cultural Competence

- Identify:
 - Own cultural values, assumptions and beliefs
 - Client's/ family's cultural values and beliefs
- Differences and similarities?
- Develop collaborative partnerships to provide recommendations that match family values

Lingraphica®
(ASHA, Cultural Responsiveness)

46

Homework: ASHA Resources

CULTURAL COMPETENCE CHECK-IN: SELF-REFLECTION

This tool was developed to help you assess your own level of cultural competence. It is a self-assessment tool that you can use to identify areas for growth and to set goals for improvement. It is not a test and does not measure your intelligence or ability. It is a tool for self-reflection and growth.

1. I am aware of my own cultural values, beliefs, and behaviors.

2. I am aware of the cultural values, beliefs, and behaviors of the people I work with.

3. I am aware of the cultural differences between myself and the people I work with.

4. I am aware of the cultural similarities between myself and the people I work with.

5. I am aware of the cultural strengths of the people I work with.

6. I am aware of the cultural challenges of the people I work with.

7. I am aware of the cultural needs of the people I work with.

8. I am aware of the cultural resources of the people I work with.

9. I am aware of the cultural barriers of the people I work with.

10. I am aware of the cultural opportunities of the people I work with.

CULTURAL COMPETENCE CHECK-IN: CULTURALLY RESPONSIVE PRACTICE

This tool was developed to help you assess your level of cultural competence in your practice. It is a self-assessment tool that you can use to identify areas for growth and to set goals for improvement. It is not a test and does not measure your intelligence or ability. It is a tool for self-reflection and growth.

1. I recognize that members of diverse cultures have different beliefs, values, and behaviors.

2. I recognize that members of diverse cultures have different communication styles.

3. I recognize that members of diverse cultures have different learning styles.

4. I recognize that members of diverse cultures have different health beliefs and behaviors.

5. I recognize that members of diverse cultures have different expectations of healthcare providers.

6. I recognize that members of diverse cultures have different attitudes towards authority.

7. I recognize that members of diverse cultures have different attitudes towards illness and disability.

8. I recognize that members of diverse cultures have different attitudes towards death and dying.

9. I recognize that members of diverse cultures have different attitudes towards mental health.

10. I recognize that members of diverse cultures have different attitudes towards substance use.

Lingraphica®

47

Health Equity Lens

- Provide culturally and linguistically appropriate information
 - Community engagement
 - Invite representatives of intended audiences to review materials in advance
- Recognize inequitable resource allocations or lack of inclusive infrastructures may impact ability to follow public health recommendations
- Tailor interventions and communications based on the unique circumstances of different populations

Lingraphica®
(CDC)

48

What Is Lingraphica Doing?

- Product updates to be more inclusive
- User testing with diverse groups
- Addressing funding issues and trying to widen access to SGDs
- Internal education
- Reaction group
- Using a health equity lens to consider how policies impact the communities we serve
- Launching DEI blog
- Scholarships for minority SLP students beginning Fall 2023



49

What Can You Do?

- Improve access in your community
 - Funding for services in low-income communities
 - Education and resources on communication disorders and access to services
- Improve Cultural Competence
- Increase diversity in the field
 - Increase awareness at diverse colleges and universities
 - Recruit and retain a diverse workforce



(Wilson, 2019)

50

What Can You Do?

- Practice conscious, positive formal and informal role modeling
- Take specialized trainings:
 - Active bystander training to address microaggressions and other harm
 - Eliminating negative patient descriptions and stigmatizing words
- Provide inclusive and diverse imagery and examples in university training



(Wilson, 2019)

51

Conclusion

- Disparities in Healthcare
- Social Determinants of Health
- Barriers to Equitable Healthcare Services
- Case Study
- Solutions
- Wows & Wonders



52

Next Steps

- Complete ASHA Self-Reflections on Cultural Competence and Gender Inclusivity
- Consider Lingraphica resources to expand access
 - At-Home Device Trials
 - Lingraphica Certification Program
- Join us in Virtual Connections – help us build a more diverse community



53

Earn CEUs for Today's Course

- Return to learn.aphasia.com
- Go to your learning center
- Look in the "current" tab and find this course
- Launch post-work (learning assessment and course eval)
- When finished, it will show in "completed" tab
- Please complete within 48 hours

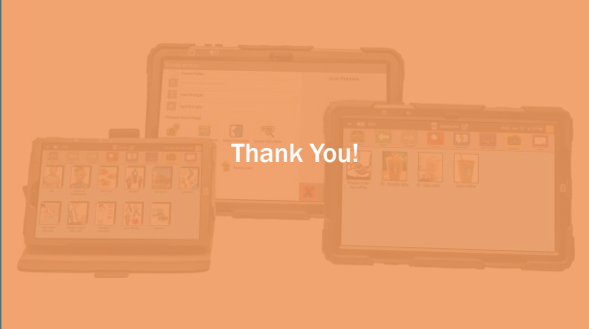


54

WOWS & WONDERS



55



Thank You!

56

References

Agency for Healthcare Research and Quality. (2022). National Healthcare Quality and Disparities Report. <https://www.ahrq.gov/ohrt/about/https://www.ahrq.gov/research/findings/fndg/2022rpt.pdf>

Alliance for Strong Families and Communities (n.d.). Social Determinants of Health Issue Brief. <https://alliance4strongfamilies.org/~/media/2022/04/social-determinants-of-health-issue-brief.pdf>

American Academy of Medical Colleges (n.d.). Diversity in Medicine: Facts and Figures 2018. <https://www.aamc.org/~/media/2018/07/18/2018-diversity-in-medicine-facts-and-figures-report.pdf>

American Academy of Medical Colleges. (2018). Diversity in Medicine: Facts and Figures 2018. <https://www.aamc.org/~/media/2018/07/18/2018-diversity-in-medicine-facts-and-figures-report.pdf>

American Psychiatric Association. (n.d.). Mental Health Disparities: African Americans (Fact Sheet). <https://www.psychiatry.org/patients-families/mental-health-facts>

American Speech-Language-Hearing Association. (n.d.). Cultural Responsiveness. https://www.asha.org/practice/competencies/cultural-responsiveness/#collapse_2

American Speech-Language-Hearing Association. (n.d.). Cultural Competence Check-In. <https://www.asha.org/practice/multicultural/cwi/>

American Speech-Language-Hearing Association. (2016). Code of Ethics. <https://www.asha.org/code-of-ethics/>

American Speech-Language-Hearing Association. (2020). Multicultural Affairs and Resources. Available from: <https://www.asha.org/practice/multicultural/areas-in-healthcare>

American Speech-Language-Hearing Association. (2020). Profile of ASHA members and affiliates, year-end 2019. <https://www.asha.org/practice/multicultural/>



57

References

American Speech-Language-Hearing Association. (2023). Strategic Pathway to Excellence. <https://www.asha.org/about/strategy-cs/strategy>

Apsey NC, Doggett AH, Rosenbaum ME. How Socioeconomic Status Affects Patient Perceptions of Health Care: A Qualitative Study. *Journal of Primary Care & Community Health*. 2017;8(3):169-175. doi:10.1177/2150131917697439

Arigo, S. & Hinton, E. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity (Issue Brief). Kaiser Family Foundation. <https://www.kff.org/health-equity-and-health-policy/issue-briefs/social-determinants-in-promoting-health-and-health-equity/>

Centers for Disease Control and Prevention. (2013). CDC Health Disparities and Inequalities Report – United States. Supplement/Vol. 62/No. 3. <https://www.cdc.gov/dmtrp/pdf/ncdr/11u6203.pdf>

Centers for Disease Control and Prevention. (n.d.). Using a Health Equity Lens. https://www.cdc.gov/healthcommunication/health_equity_lens.html

Bachis V, Negastse Y, Geber A, editors. (2017). National Academies of Sciences, Engineering, and Medicine: Health and Medicine Division: Board on Population Health and Public Health Practice. Committee on Community-Based Solutions to Promote Health Equity in the United States. Washington (DC): National Academies Press. doi: 10.17226/24773

Friedman, C. & Hartz, S. (2017). Implicit bias in healthcare professionals: a systematic review. *BMC Med Ethics*. 18:218. doi: 10.1186/s12910-017-0178-8

Froh SM, Nardzewski J, Nail HR, Davis SL, Cook ED, Zornke K, Oweby Sigmis and Black J Nurse Pract. 2016 Jul-Aug;12(7):425-430. doi: 10.1016/j.nurpr.2016.05.013.



58

References

Gaskin DJ, Donaldson CI, Chen YB, McHenry RR. Residential segregation and the availability of primary care physicians. *Health Serv Res*. 2012 Dec;47(6):2353-76. doi: 10.1111/j.1475-6775.2012.01417.x.

Hughes J. (2021). Bias in healthcare: An overview. *Medical News Today*. Retrieved 4/26/23 from <https://www.medicalnewstoday.com/articles/bias-in-healthcare/what-is-bias>


Health and Human Services (n.d.). National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice. <https://www.hhs.gov/health-equity/2015/01/01/national-standards-for-culturally-and-linguistically-appropriate-services-in-health-and-health-care>

Houston, M. & Khan, S. (2022, January 14). Understanding and Mitigating Medical Mistrust Among Black Americans. *The Commonwealth Fund*. https://www.commonwealthfund.org/publications/newsletter/articles/2022_jan/medical-mistrust-among-black-americans

Johnson, WS. (2013). Racial and Ethnic Disparities in Palliative Care. *Journal of Palliative Medicine*. 2013 Nov; 16(11): 1329-1334. doi: 10.1089/jpm.2011.8466.

Morris M, Cooper RL, Ransoh A, Tabatabai M, Acary TA, Shon M, Yi W, Juarez P, Matthews-Juarez N. Tipping to reduce LGBTQ-related bias among medical, nursing, and dental students and providers: a systematic review. *BMC Med Educ*. 2019 Aug 20;19(1):225. doi: 10.1186/s12909-019-1727-3.

Minkal, M. (2020). Talk Like Me: Supporting Students Who Are African American Using Alternative and Argumentative Communication. *Perspectives*; 90 (2, 56): 1586-1592.



59

References

Nail, R. (2020). Health equity: Meaning, promotion, and training. *Medical News Today*. Retrieved 4/26/23 from <https://www.medicalnewstoday.com/articles/health-equity>

Rodriguez, J. (2016). Our Clients Are Diverse: Why Aren't We? *The ASHA Leader*. 2016 May; 21(5). <https://doi.org/10.1044/leader.21052016.40>

Sabin, J. (2020). Tackling Implicit Bias in Health Care. *N Engl J Med*. 2022 Jul 14; 387(2): 105-107. doi: 10.1056/NEJMp2201180

Santoro, A, Gruney, I, Erickson, E, Henning, G, "Blessed Mar" and "Emotional Woman": A Theory-Guided Literature Review on Gender Bias in Health Care and Gendered Norms towards Patients with Chronic Pain. *Pain Res Manag*. 2018 Feb 25;20(18):6358-624. doi: 10.1155/2018/6358624

Savigny, N. & Wright, A. (2020). Value-Based Health Care: Adjusting Speech-Language Pathology Practice to Fit the Model. *ASHA SIG 13 Perspectives*. 2020 December; 5(6): 1596-162. https://doi.org/10.1044/2020_Persp-20-00025

VanPatten, L, Lasse & Friedman, Carl & Felner, Heather. (2020). Explicit and Implicit Disability Attitudes of Healthcare Providers. *Rehabilitation Psychology*. 65. 10.1037/rep0000317.

Wilson, M. (2019). Simple Ways to Boost Health Care Access for People With Communication Disorders. *The ASHA Leader*. Retrieved 4/27/23 from <https://www.asha.org/leadership/2019-04-24-simple-ways-you-can-improve-health-care-access-for-people-with-communication-disorders/1/>



60