Race and Language in Healthcare: The Impact on Quality of Care

Aswita Tan-McGrory, MBA, MSPH
Director, the Disparities Solutions Center
Director, Equity in Care Implementation
Administrative Director of Research, Dept of Medicine
Massachusetts General Hospital
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Ground Rules

- Value & respect the diverse perspectives and experiences in the room.
- Listen actively, with humility, empathy, & respect for the person sharing their experience.
- Speak from your own experience rather than generalizing or speaking for others. Use “I” statements instead of “they,” “we,” & “you.”
- Avoid making assumptions about another person’s identity. Do not expect others to speak on behalf of their race, ethnicity, culture, gender, sexual orientation, ability, or other groups they may identify with.
- Engage in dialogue, not debate. Dialogue involves open-ended discussion where people express & learn from one another’s experiences & perspectives.

Ground Rules

- For people who don't usually talk about racism in diverse groups, these conversations can feel uncomfortable. Remember that the goal is not for everyone to feel comfortable; it is to gain deeper understanding through listening & respectful dialogue.

- Be open to learning from others, but take responsibility for your own learning as well. Don't expect people from marginalized groups to educate you on their experiences.

- Share the air. If you tend to dominate discussions, take a step back so others' voices can be heard. If you tend to be quiet, challenge yourself to speak up so others can learn from you.

THE NEW YORKER

A SOCIOLOGIST EXAMINES THE "WHITE FRAGILITY" THAT PREVENTS WHITE AMERICANS FROM CONFRONTING RACISM

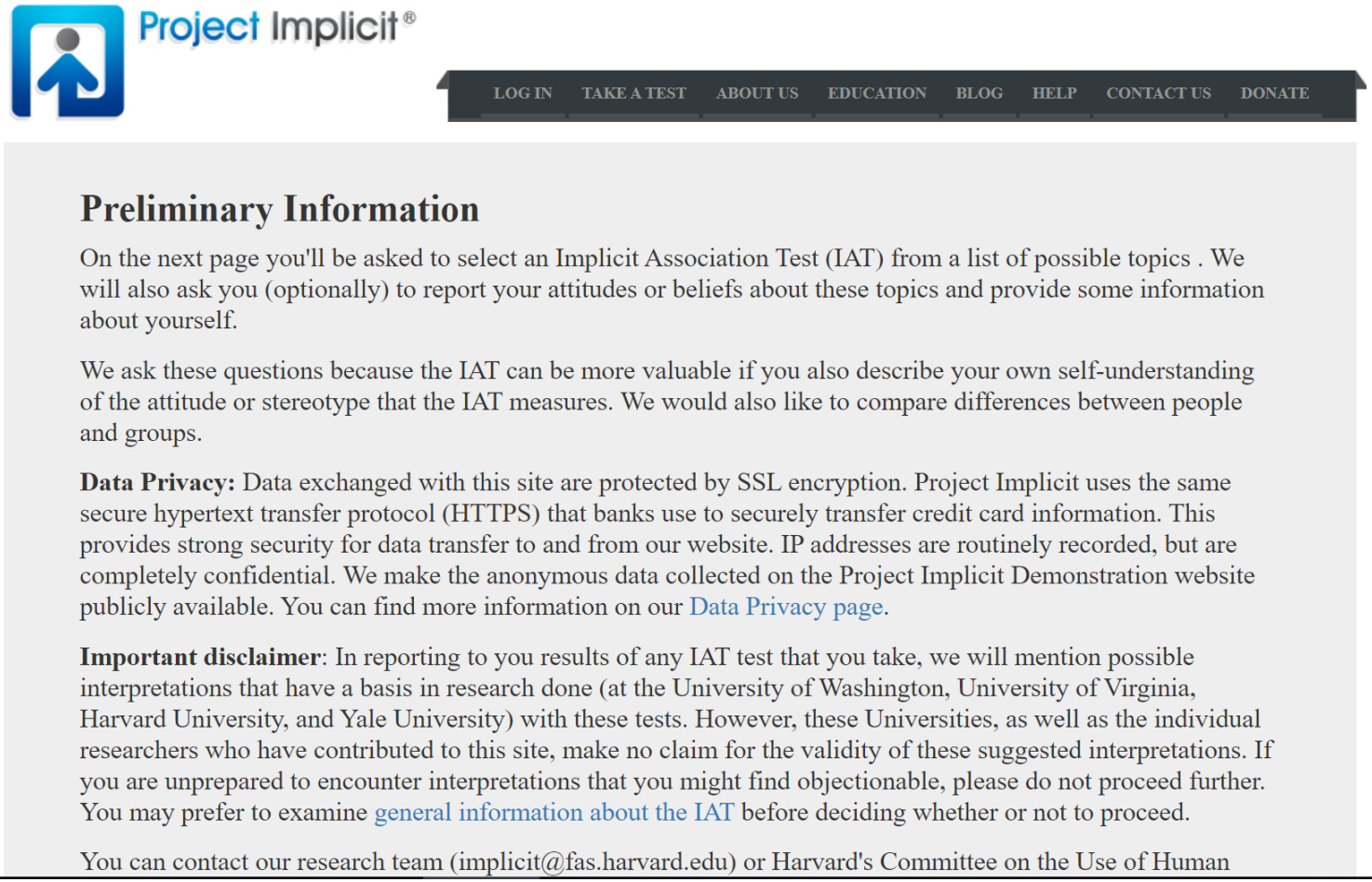
By Katy Waldman July 23, 2018

Much of Robin DiAngelo's book is dedicated to pulling back the veil on so-called pillars of whiteness: assumptions that prop up racist beliefs without white people realizing it.

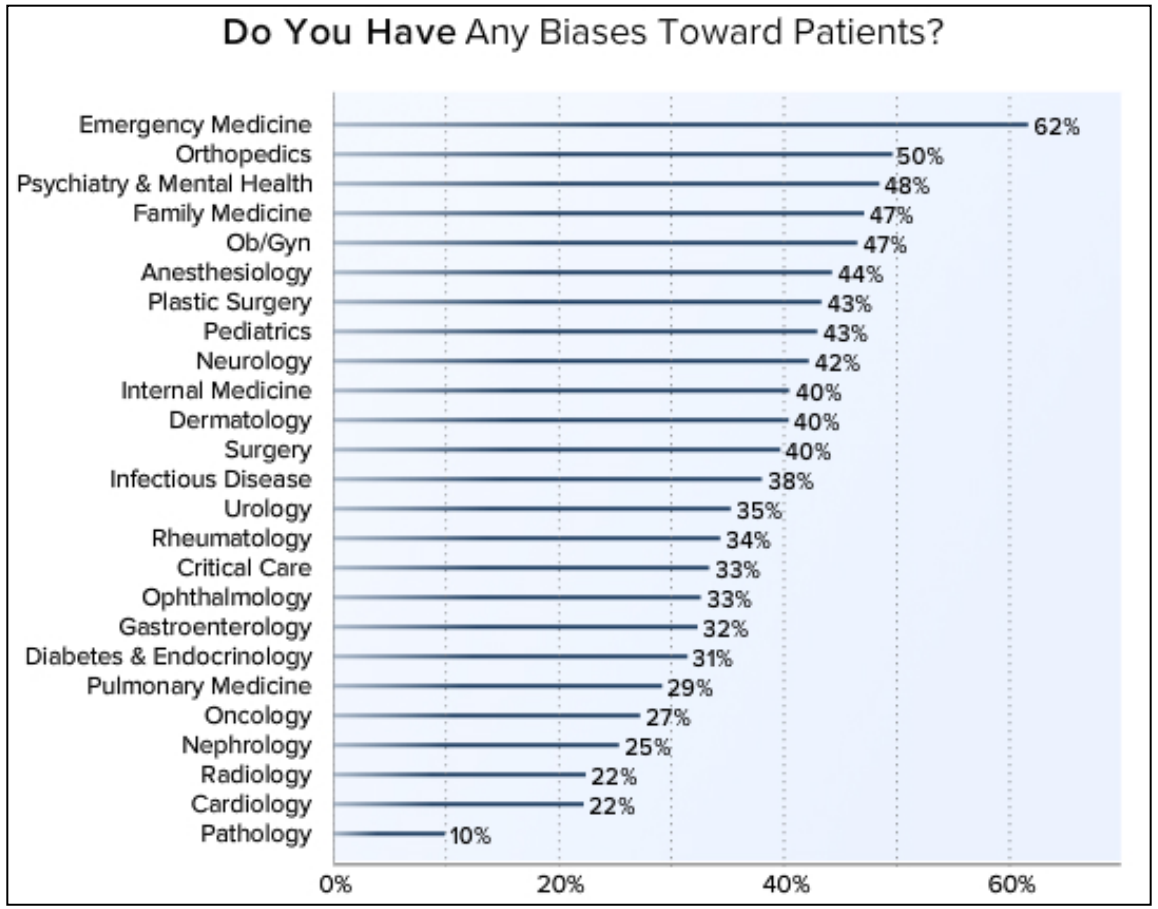
Photograph by Christopher Anderson / Magnum

In more than twenty years of running diversity-training and cultural-competency workshops for American companies, the academic and educator Robin DiAngelo has noticed that white people are sensationally, histrionically bad at discussing racism. Like waves on sand, their reactions form predictable patterns: they will insist that they "were taught to treat everyone the same," that they are "color-blind," that they "don't care if you are pink, purple, or polka-dotted." They will point to friends and family

Harvard Implicit Association Test

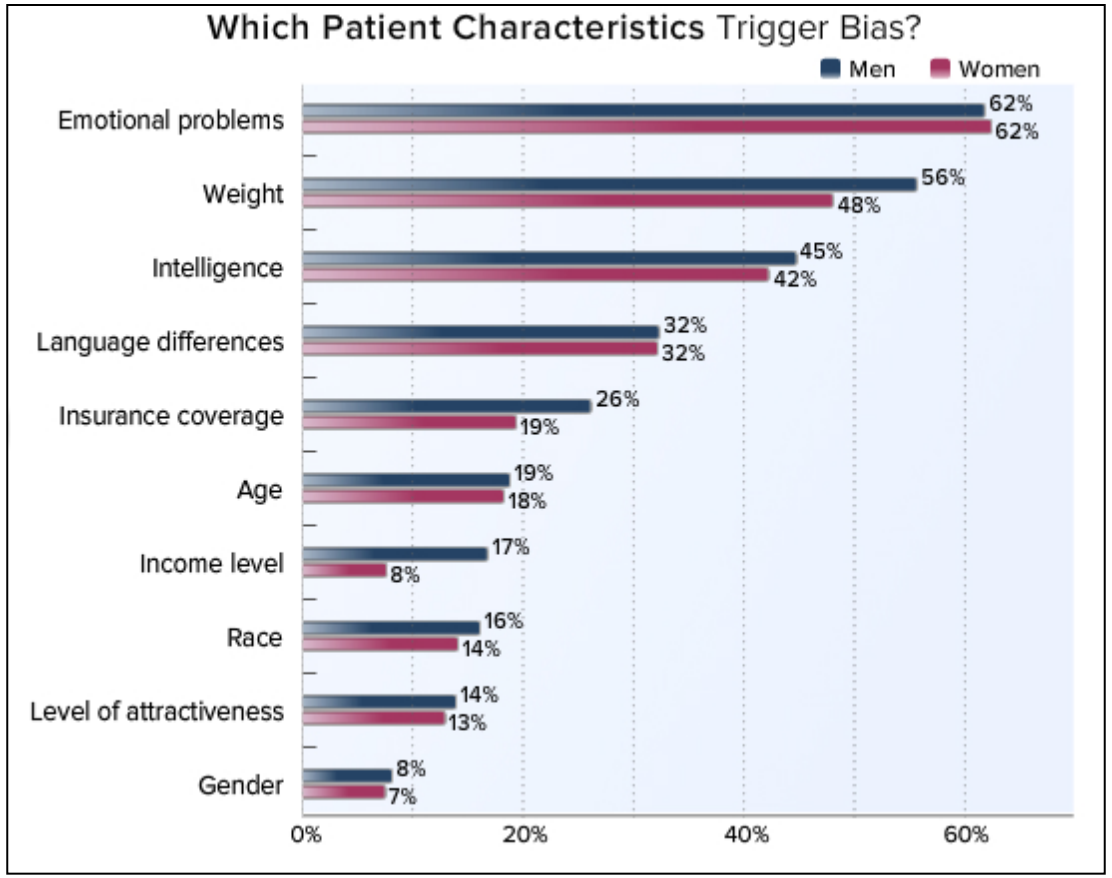


Medscape Lifestyle Report 2016: Physician Bias



Source: Medscape Lifestyle Report 2016: Bias and Burnout https://www.medscape.com/slideshow/lifestyle-2016-overview-6007335#6

Medscape Lifestyle Report 2016: Physician Bias



Source: Medscape Lifestyle Report 2016: Bias and Burnout. https://www.medscape.com/slideshow/lifestyle-2016-overview-6007335#6

Patient Safety & Patients with Limited English Proficiency

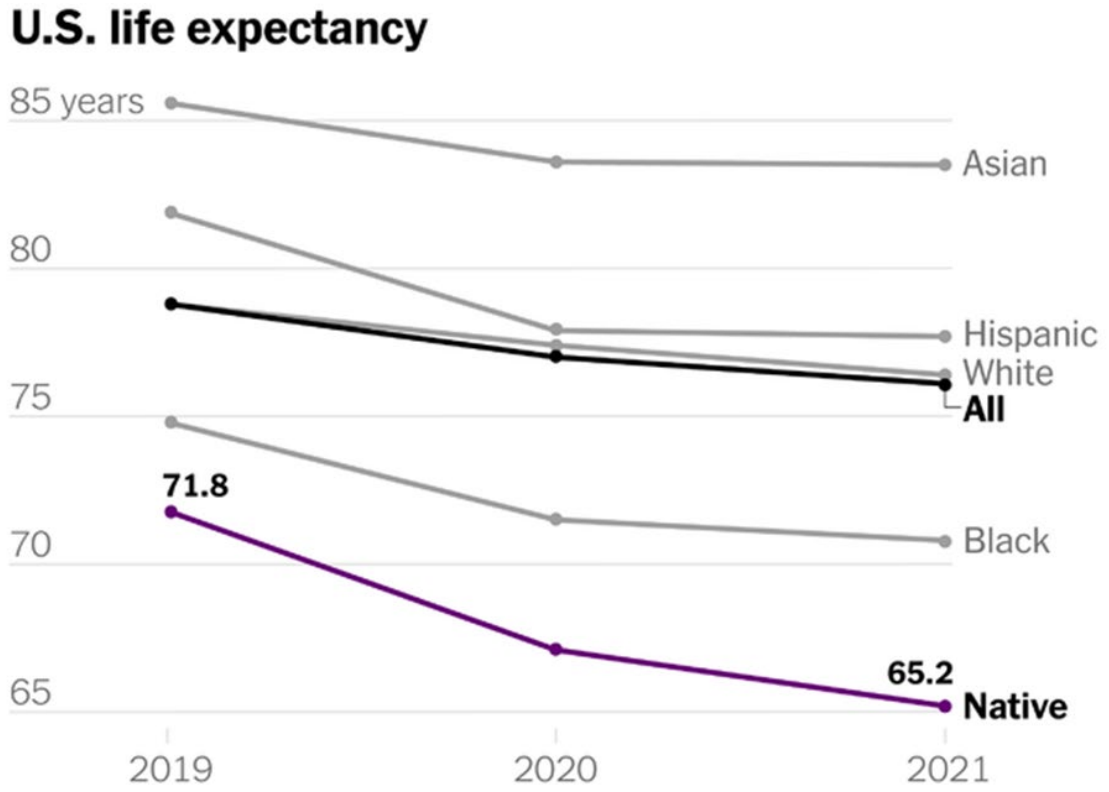
- Adverse events affect patients with limited English Proficiency (LEP) more frequently and severely than English speaking patients

- Patients with LEP are more likely to experience medical errors due to communication problems

- Patients with LEP are more likely to suffer physical harm when errors occur (49.1% vs. 29.5%)*

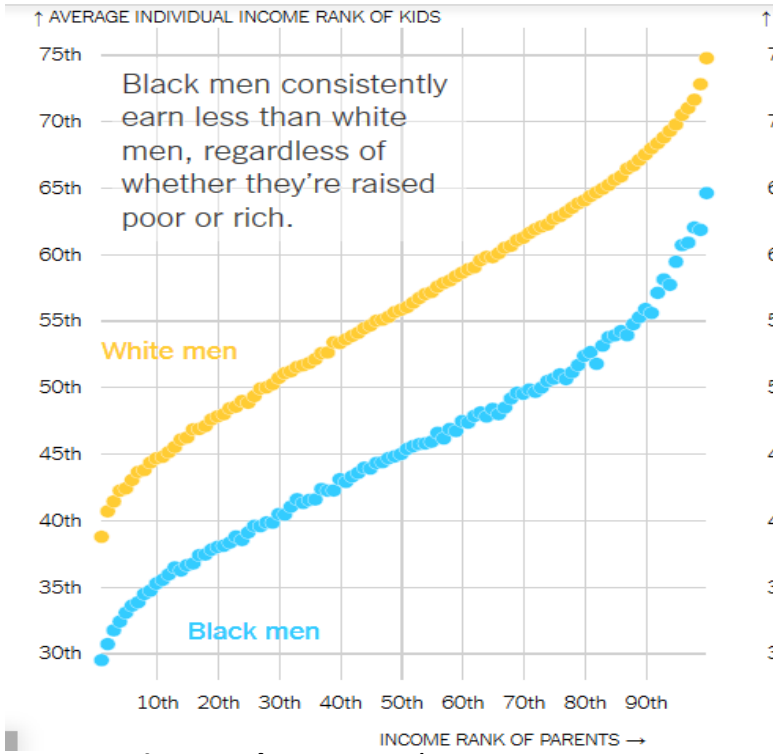
*Divi C, Koss RG, Schmaltz SP, Loeb JM. Language proficiency and adverse events in US hospitals: a pilot study. Int J Qual Health Care. Apr 2007;19(2):60-67.

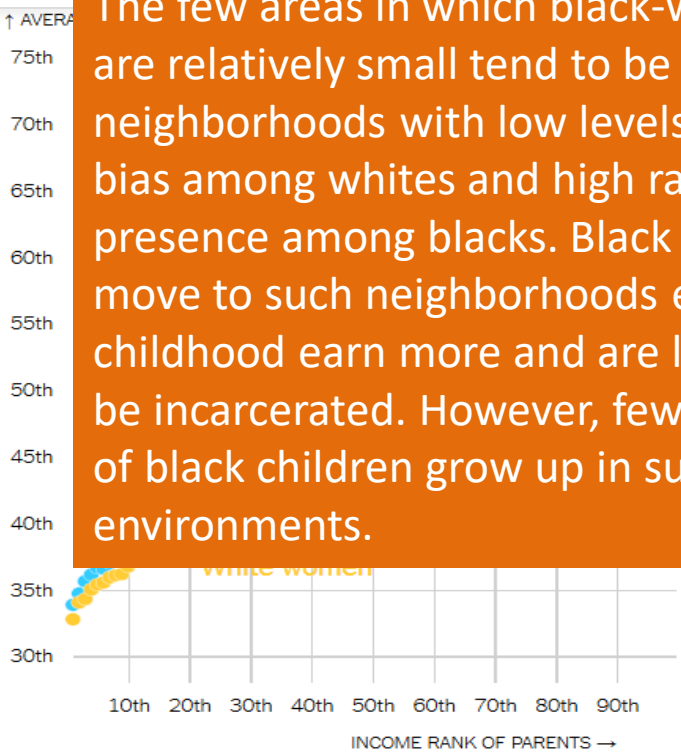
Impact of History, Poverty, Economic Neglect



Figures for white, Black, Asian and Native people exclude Hispanic people. | Source: The National Center for Health Statistics

Race and Economic Opportunity in the US – or the intergenerational persistence of disparities in the US



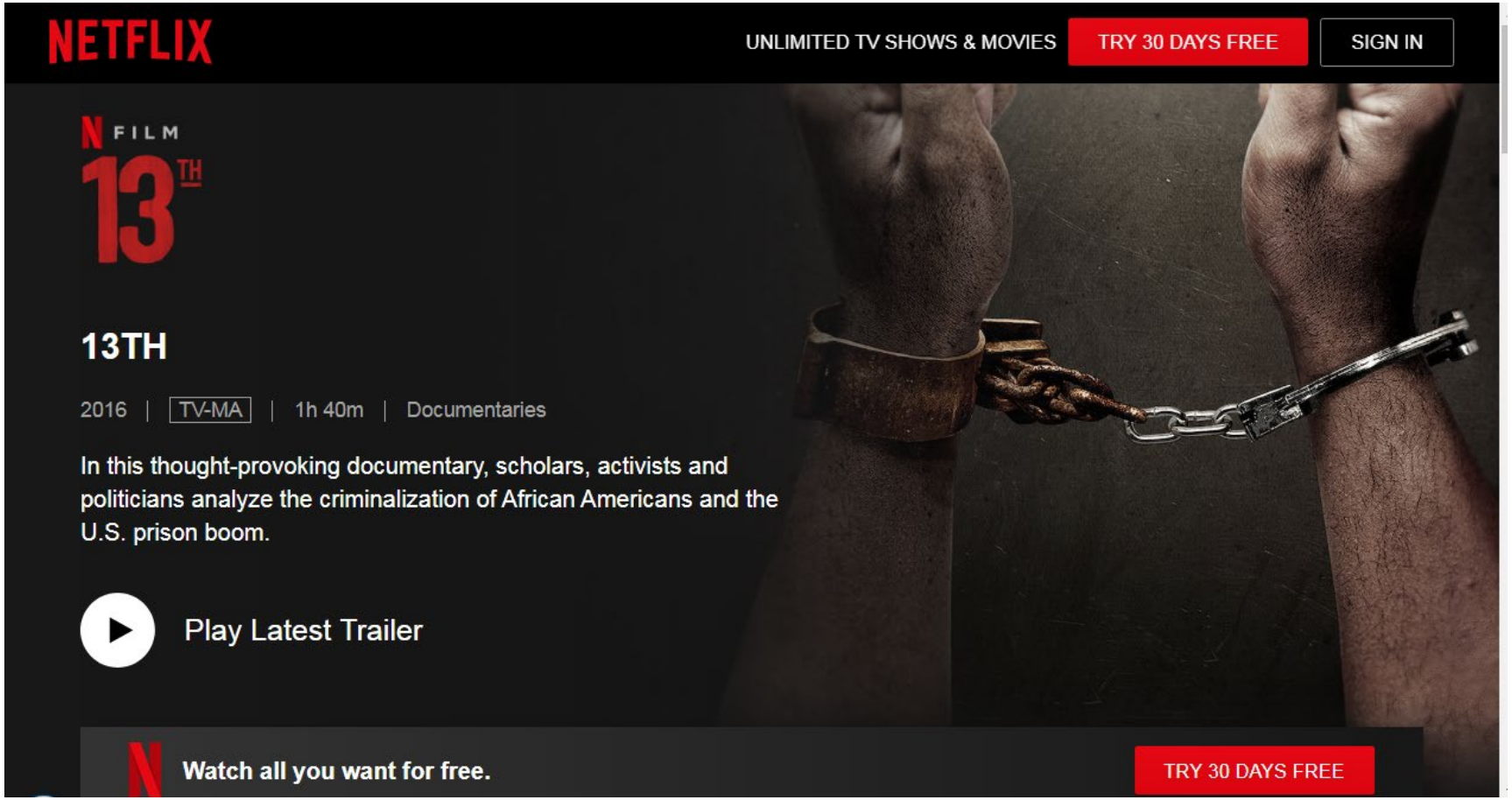


The few areas in which black-white gaps are relatively small tend to be low-poverty neighborhoods with low levels of racial bias among whites and high rates of father presence among blacks. Black males who move to such neighborhoods earlier in childhood earn more and are less likely to be incarcerated. However, fewer than 5% of black children grow up in such environments.

Source: Raj C. et al. ***R****ace and Economic Opportunity in the United States: An Intergenerational Perspective*, NBER Working Paper No. 24441, Mar 2018

Mass Incarceration

- One out of four African-American males will serve prison time at one point or another in their lives.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In this thought-provoking documentary, scholars, activists and politicians analyze the criminalization of African Americans and the U.S. prison boom.
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What Are Disparities?

Gaps in quality of health and health care due to differences in race, ethnicity, socioeconomic status, sexual orientation, gender identity, and/or ability

Examples of Racial & Ethnic Disparities in Health Care:

- African Americans and Latinos receiving less pain medication than Whites for long bone fractures in the Emergency Department and for cancer pain on the floors
- African Americans with end-stage renal disease being referred less to the transplant list than Whites
- African Americans being referred less than Whites for cardiac catheterization and bypass grafting

THE D
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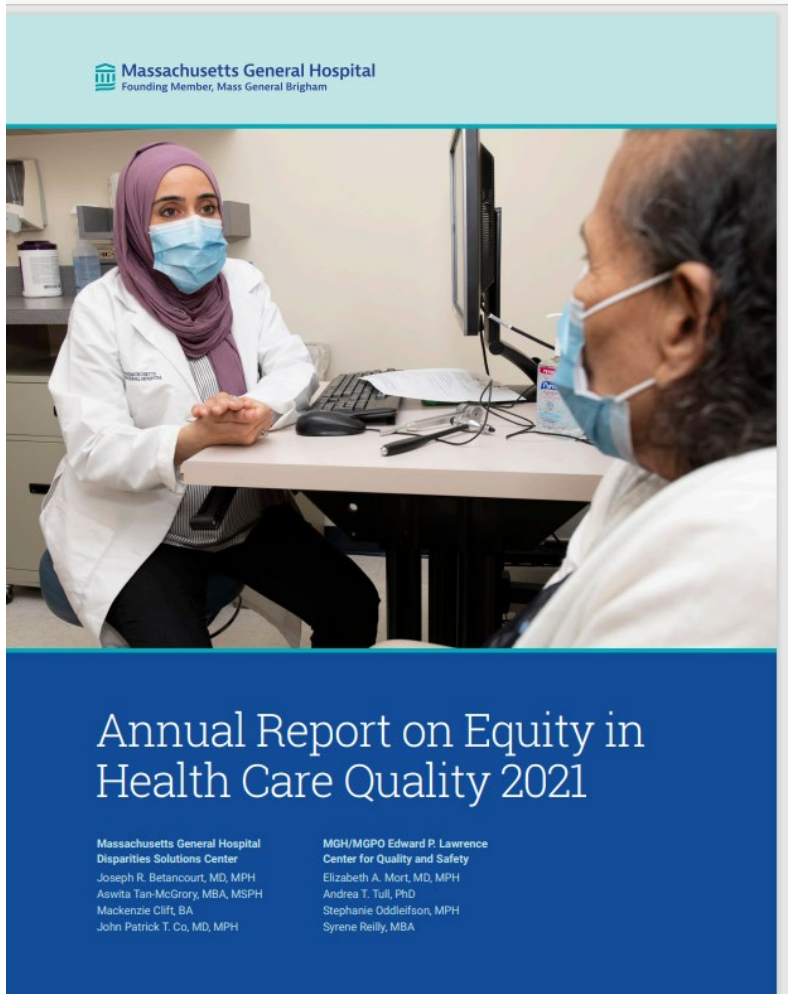
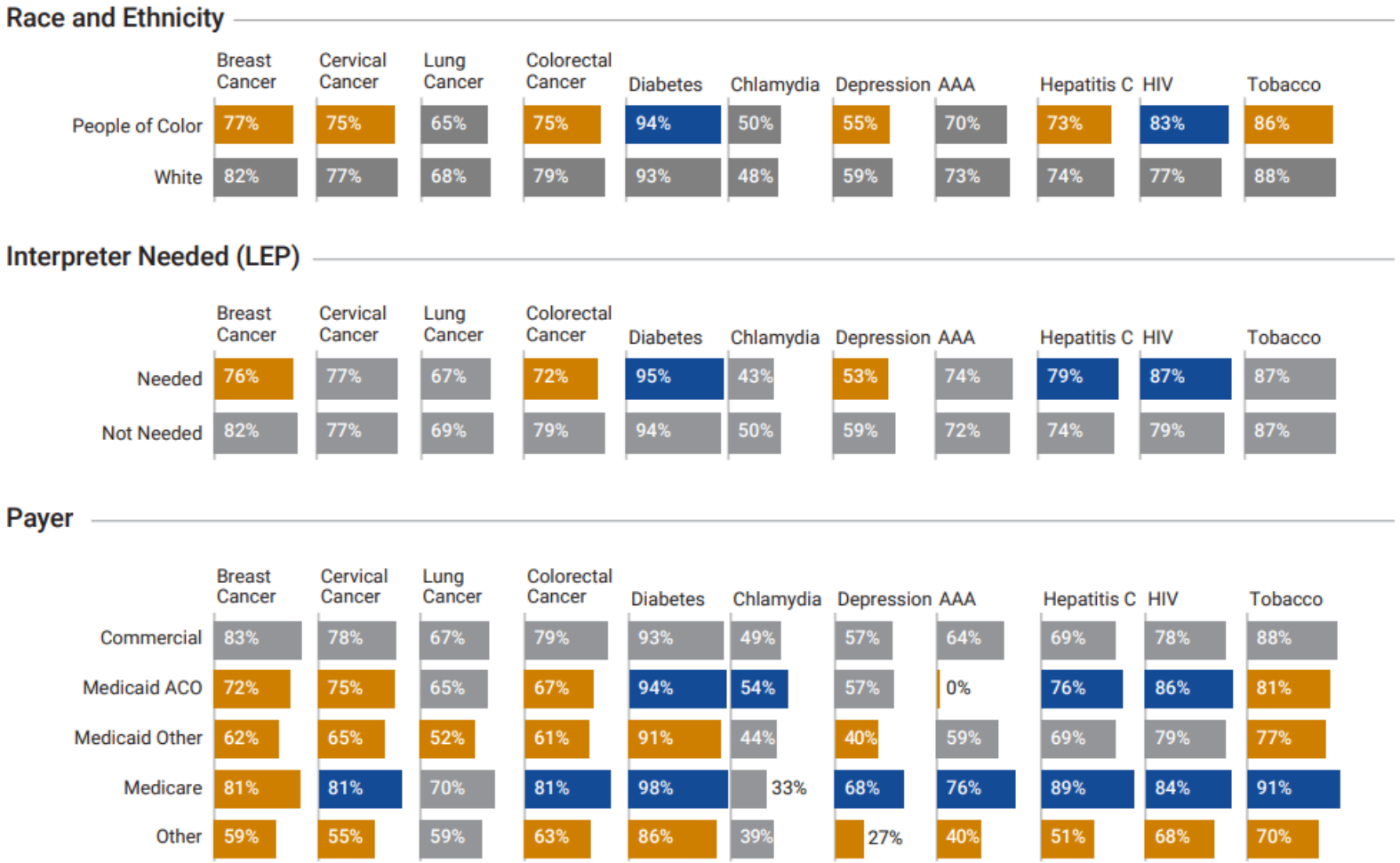
https://www.mghdisparitiessolutions.org

Annual Report on Equity in Health Care Quality

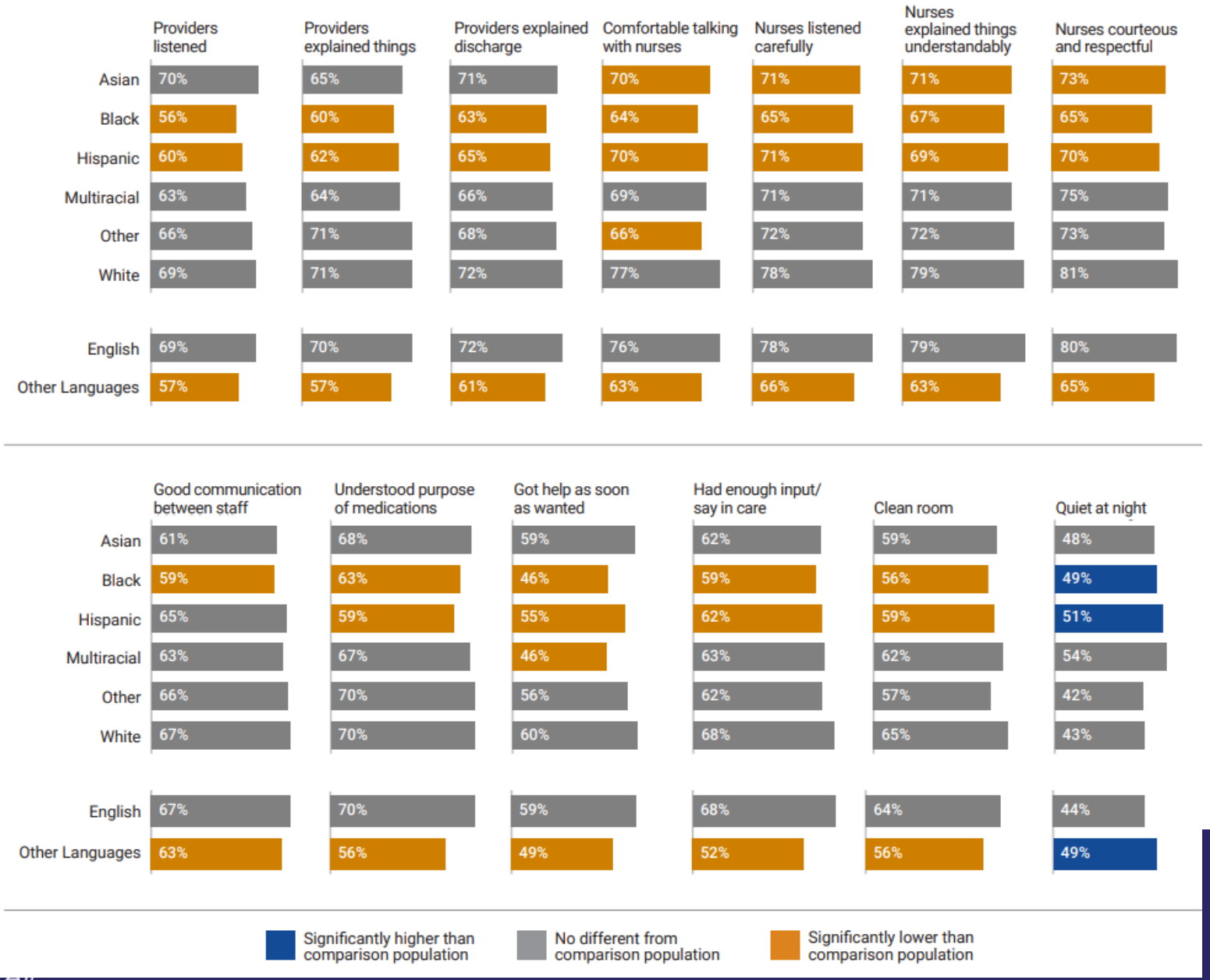


- Demographic Profile of MGH patients
- Improving Patient Experience
- Serving Patients with Limited English Proficiency
- Obstetrics/Gynecology: Improvement in C-section Rates for Black Women
- Primary Care: Addressing Disparities in Preventive Health Screenings, Chronic Disease Management

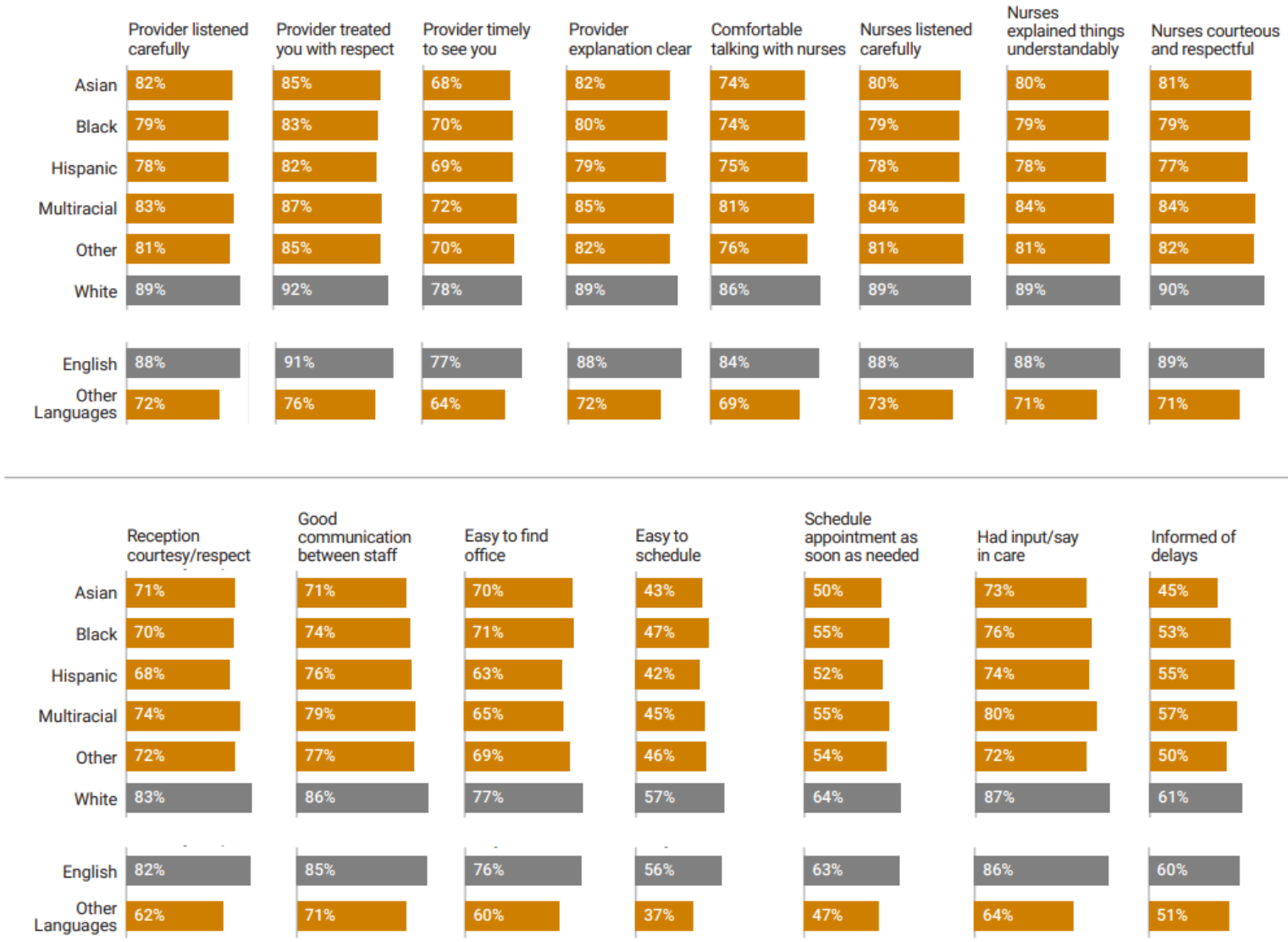
Adult Preventive Care Screenings, December 2021



Patient Experience Rates, MGH Inpatient Survey by Race/Ethnicity and Language, 2021



Patient Experience Rates, MGH Ambulatory Practice Survey by Race/Ethnicity and Language, 2021



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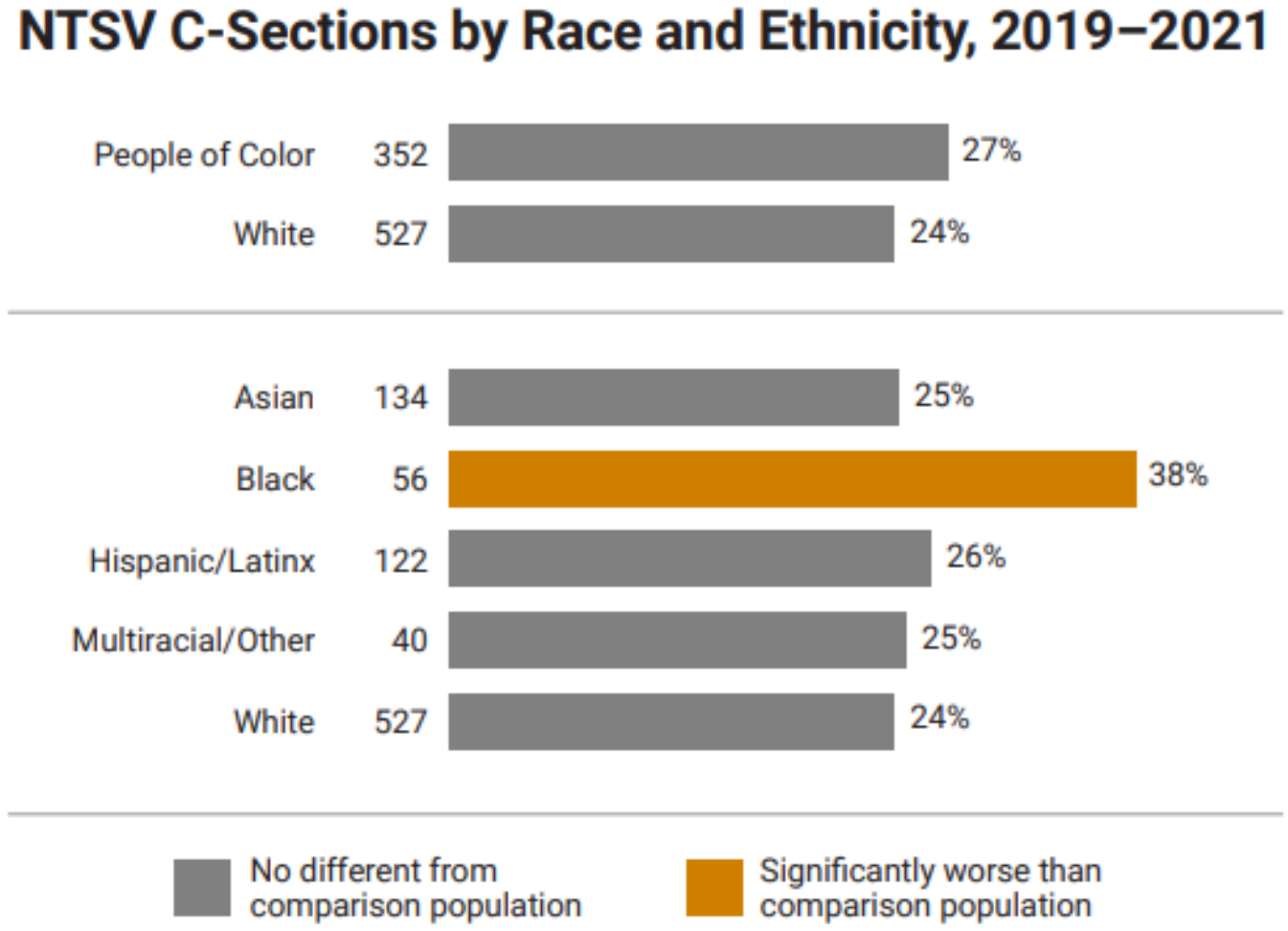
NTSV C-Section Rates

NTSV – C section rate for women who are "low risk": first time mothers, greater or equal to 37 weeks, carrying a singleton, head down fetus. Black women have higher rates, a finding not entire explainable by difference in other measurable characteristics such as obesity, medical co-morbidities, obstetrical risk factors or labor management practices.

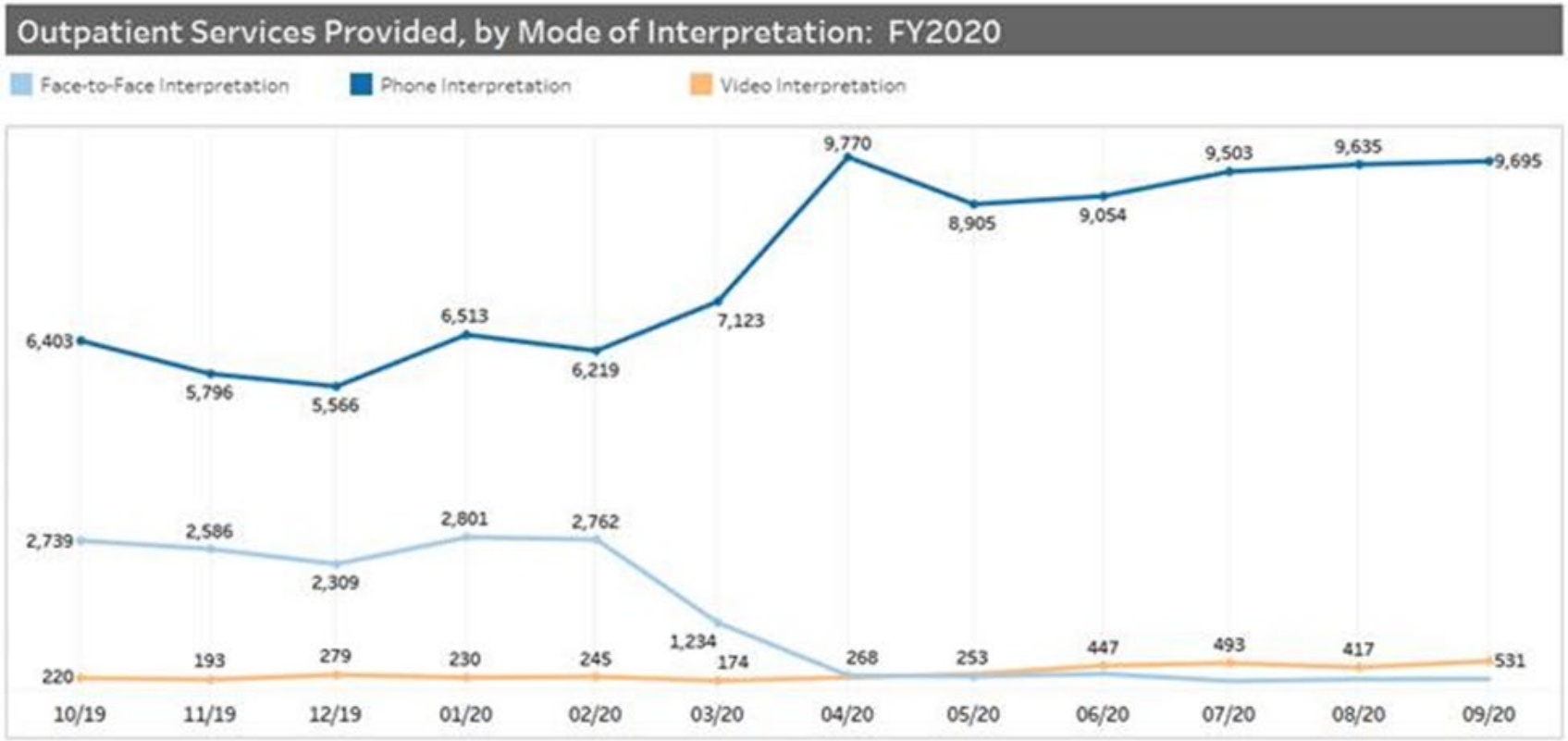


GLOBE MAGAZINE

Here's what doulas do, and how they're fighting for Black maternal health

Rhode Island is expanding access to doulas and investing in healthier birth outcomes. Why isn't the rest of the country doing the same?

By **Dasia Moore** Globe Staff,
Updated October 13, 2021, 12:17 p.m.


Outpatient Services Provided, by Mode of Interpretation: FY2020
Face-to-Face Interpretation
Phone Interpretation
Video Interpretation
6,403
5,796
5,566
6,513
6,219
7,123
9,770
8,905
9,054
9,503
9,635
9,695
2,739
2,586
2,309
2,801
2,762
1,234
174
268
253
447
493
417
531
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Patient characteristics associated with the successful transition to virtual care: Lessons learned from the first million patients

Journal of Telemedicine and Telecare
0(0) 1–11

DOI: 10.1177/1357633X211015547
journals.sagepub.com/home/jtt
SAGE

Kori S Zachrison[1], Zhiyu Yan[2], Thomas Sequist[3], Adam Licurse[3,4], Aswita Tan-McGrory[5], Alistair Erskine[3] and Lee H Schwamm[2,3]

English speaking patients- 28.9% had audio visits, patients w LEP-40.3% had audio visits, patients with lower odds of virtual participation were non-Hispanic Asian.

Abstract

Introduction: The increased use of telehealth to maintain ambulatory care during the COVID-19 pandemic had potential to exacerbate or diminish disparities in access to care.

Objective: The purpose of this study was to describe patient characteristics associated with successful transition from in-person to virtual care, and video vs audio-only participation.

Methods: This was a retrospective analysis of electronic health record data from all patients with ambulatory visits from 1 October 2019–30 September 2020 in a large integrated health system in the Northeast USA. The outcome of interest was receipt of virtual care, and video vs audio-only participation. We matched home addresses with census-tract level area social vulnerability index (SVI) and Internet access. Among ambulatory care patients, we used logistic regression to identify characteristics associated with virtual participation. Among virtual participants, we identified characteristics associated with video vs audio-only visits

https://doi.org/10.1007/s40615-022-01249-y

Is the Gap Closing? Comparison of Sociodemographic Disparities in COVID-19 Hospitalizations and Outcomes Between Two Temporal Waves of Admissions

Priscilla G. Wang[1,2] · Nicholas M. Brisbon[3,4] · Harrison Hubbell[3] · John Pyhtila[3] · Gregg S. Meyer[5] · Po-Yu Lai[3] · Dellara F. Terry[1,6]

Received: 11 October 2021 / Revised: 6 January 2022 / Accepted: 23 January 2022

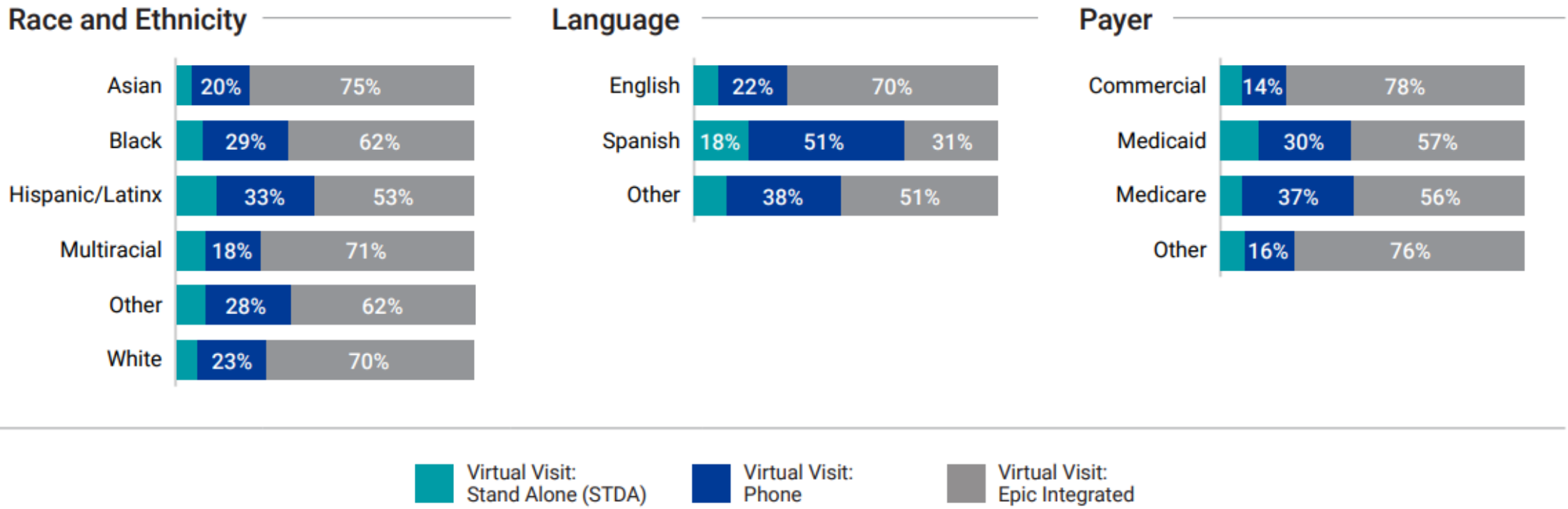
Abstract

Objective The COVID-19 pandemic has disproportionately impacted minority communities, yet little data exists regarding whether disparities have improved at a health system level. This study examined whether sociodemographic disparities in hospitalization and clinical outcomes changed between two temporal waves of hospitalized COVID-19 patients.

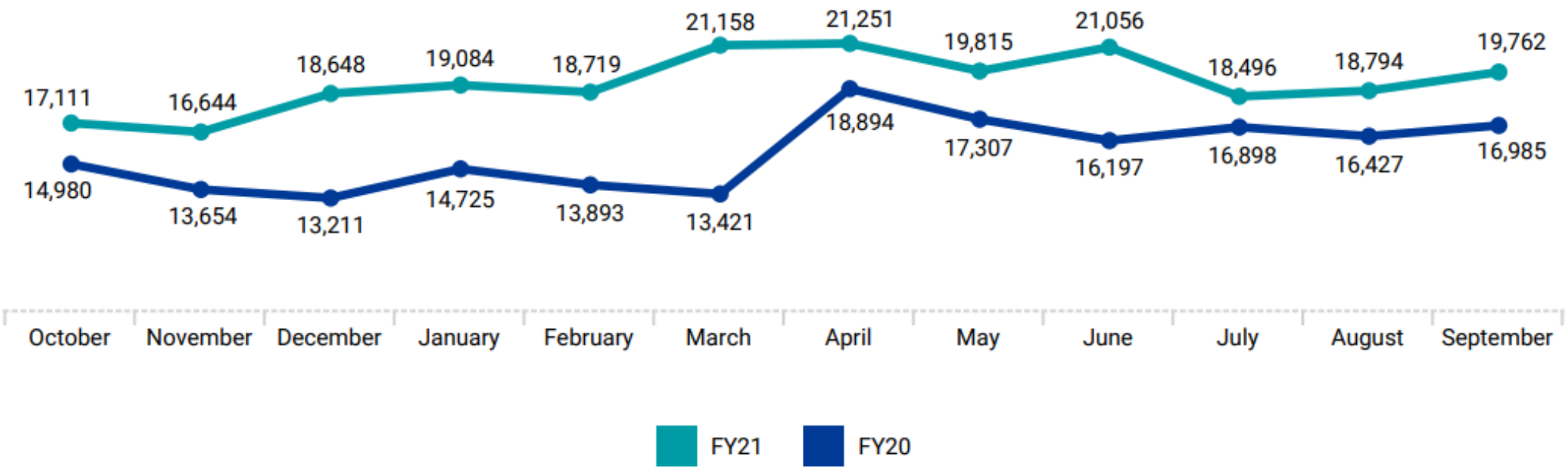
Methods This is a retrospective cohort study of primary care patients at Mass General Brigham (a large northeastern health system serving 1.27 million primary care patients) hospitalized in-system with COVID-19 between March 1, 2020, and March 1, 2021, categorized into two 6-month "wave" periods. We used chi-square tests to compare demographics between waves, and regression analysis to characterize the association of race/ethnicity and language with in-hospital severe outcomes (death, hospice discharge, intensive unit care need).

Comparing two COVID-19 temporal waves, significant sociodemographic disparities in COVID-19 admissions improved between waves but continued to persist over a year, demonstrating the need for ongoing interventions to truly close equity gaps. Non-English-speaking language status independently predicted worse hospitalization outcomes in wave 1, underscoring the importance of targeted and effective in-hospital supports for non-English speakers.

Type of Virtual Visit, 2021



Interpretation Services Provided, by Fiscal Year



Implications

- History matters
- Everyone has conscious/unconscious bias
- Consider race, immigration status, gender, socio-economic status, religion, SOGI and disability
- Importance of reliable data and personal stories
- Create safe space to have sensitive conversations
- Diversity in personal life matters

Thank You

Aswita Tan-McGrory, MBA, MSPH
Director, the Disparities Solutions Center
Director, Equity in Care Implementation
Administrative Director of Research, Dept. of Medicine
Massachusetts General Hospital
atanmcgrory@mgh.Harvard.edu

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