

# *Health Equity: Bridging the Disparity Gap*

Burgess Harrison, MBA

Executive Director  
National Minority Health Association

David Cole, CCP

Program Director  
National Minority Health Association

**HIMSS** **21**

*Welcome*



## *Burgess Harrison, MBA*

*Executive Director*

- Pioneer in homecare electronic visit verification (EVV)
- Cofounder of several healthtech SaaS businesses
- Executive level marketing roles in telehealth and telecommunications
- Board member for Tradehome Shoes
- MBA, certificate in workplace diversity
- Developed innovative and forward-thinking programs to non-profits as he served on the boards of the American Red Cross of South Central Connecticut and Shoreline Foundation.
- Former Adjunct Professor, NY College of Technology
- Who's Who American Colleges and Universities



## *David Cole*

*Program Director*

Cofounder of several home health and homecare agencies

Member, founding management team for AccentCare

Administrator - Interim Healthcare

Inventor of innovative remote patient monitoring system

California certified administrator for Residential Care  
Facilities for the Elderly (RCFE)

Pioneer in homecare electronic visit verification

Certified Memory Impairment Specialist-Instructor (CMIS-I).

Chronic Care Professional certification

# *Conflict of Interest*

Burgess Harrison, MBA

David Cole, CCP

Have no real or apparent conflicts of interest to report.

# *Agenda*

- National Minority Health Association
- Health Equity
- Equity vs Equality
- Bias
- Mitigation
- Take the Test
- Guiding Principles
- Health Plans Play a Key Role
- Building Your Plan
- What You Can Do NOW!
- Show Your Support
- Q & A

# *Learning Objectives*

- Define the difference between health equity and equality
  - Actionable Takeaway: Write a health equity commitment statement for yourself and/or your organization
- Recognize bias in R&D, access to services, procedures, and follow-up
  - Actionable Takeaway: Build a plan to identify and mitigate inequities within your organization
  - Actionable Takeaway: Identify 3 bias areas in R&D, access to services, procedures, and clinician follow-up
  - Actionable Takeaway: Outline a strategy and 3 tactics to identify and mitigate inequities personally and/or within your organization
- Create a plan to identify and mitigate inequities within your own systems
  - Actionable Takeaway: Create an outline for a Health Equity Action Leader (HEAL) plan

# *National Minority Health Association*

## *Mission*

*"Promote health equity  
and close the disparity gap  
in minority healthcare."*

## *Vision*

The National Minority Health Association (NMHA), is transforming the patient experience and blazing new pathways in population health to push equity across the healthcare continuum.



# NMHA Programs

1

## *HRSA Community Grant*

National Minority Health Association Awarded \$11.1 million HHS Grant to Mobilize Home Health Workers in fight against COVID-19. The grant will help develop and support community-based workforce to increase vaccine confidence and reduce barriers to vaccination in underserved communities.

2

## *Operation Healthy You™*

Operation Healthy You™ through LivBetter™ will help underserved minorities better utilize the healthcare system to their advantage. Based on over 540 peer-reviewed research studies, the proprietary protocols used by Operation Healthy You™ will help identify areas of disparity and how they affect minority communities. It's a process called "health activation" and its remarkably powerful. The same methodology is used by CMS, endorsed by NIH and NCQA, among others.

3

## *Dementia Caregiver Training Course*

Dementia impact communities of color disproportionately than others. Used to train over 15,000 caregivers, the NMHA Dementia program is a trusted offering.

4

## *Clinical Trial Diversity*

The NMHA is developing innovative AI tools that will help pharmaceutical companies and others expand their clinical trial recruitment to communities of color.



*“Of all the forms of inequality, injustice in health care is the most shocking and inhumane”*

Dr. Martin Luther King, Jr.

## *Health Inequality is Real...*

- Black males have the shortest life expectancy compared to all other groups
- Hispanics have the second-highest prevalence of Alzheimer's and dementia
- 50% of Hispanics will develop diabetes in their lifetime
- Asian subpopulations and Pacific Islanders have a 5x higher rate of hepatitis B relative to whites
- Native Americans are twice as likely to have diabetes compared to whites



# *Health Equity*

HEALTH EQUITY  
MEANS THAT EVERY  
PERSON HAS AN  
OPPORTUNITY TO  
ACHIEVE OPTIMAL  
HEALTH REGARDLESS  
OF:

[CDC.gov/healthequityguide](https://www.cdc.gov/healthequityguide)

- THE COLOR OF THEIR SKIN
- LEVEL OF EDUCATION
- GENDER IDENTITY
- SEXUAL ORIENTATION
- THE JOB THEY HAVE
- THE NEIGHBORHOOD THEY LIVE IN
- WHETHER OR NOT THEY HAVE A DISABILITY<sub>3</sub>



# *Health Equity*

Health equity is a life and death matter for people of color. Inherent and implicit bias has created an inequitable healthcare system and it will take awareness, education, new processes, and innovative digital tools to solve these problems. Bias is even apparent in research and development. For example, pulse oximeters, read darker skin differently than lighter skin providing inconsistent results. Equality does not equate to equity!



## *Health Equity vs Health Equality*

**Health equity** and **health equality**, while sounding similar, they do not mean the same thing

**Equality** means giving everyone the same thing, whereas **equity** means giving people what they need to reach their best **health**

If used interchangeability could lead to drastically different outcomes and costs



## *Similar but Different*

While the terms equity and equality may sound similar, the implementation of one versus the other can lead to dramatically different outcomes for marginalized people.

- **Equality** means each individual or group of people is given the same resources or opportunities
- **Equity** recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome



# Biased Treatment

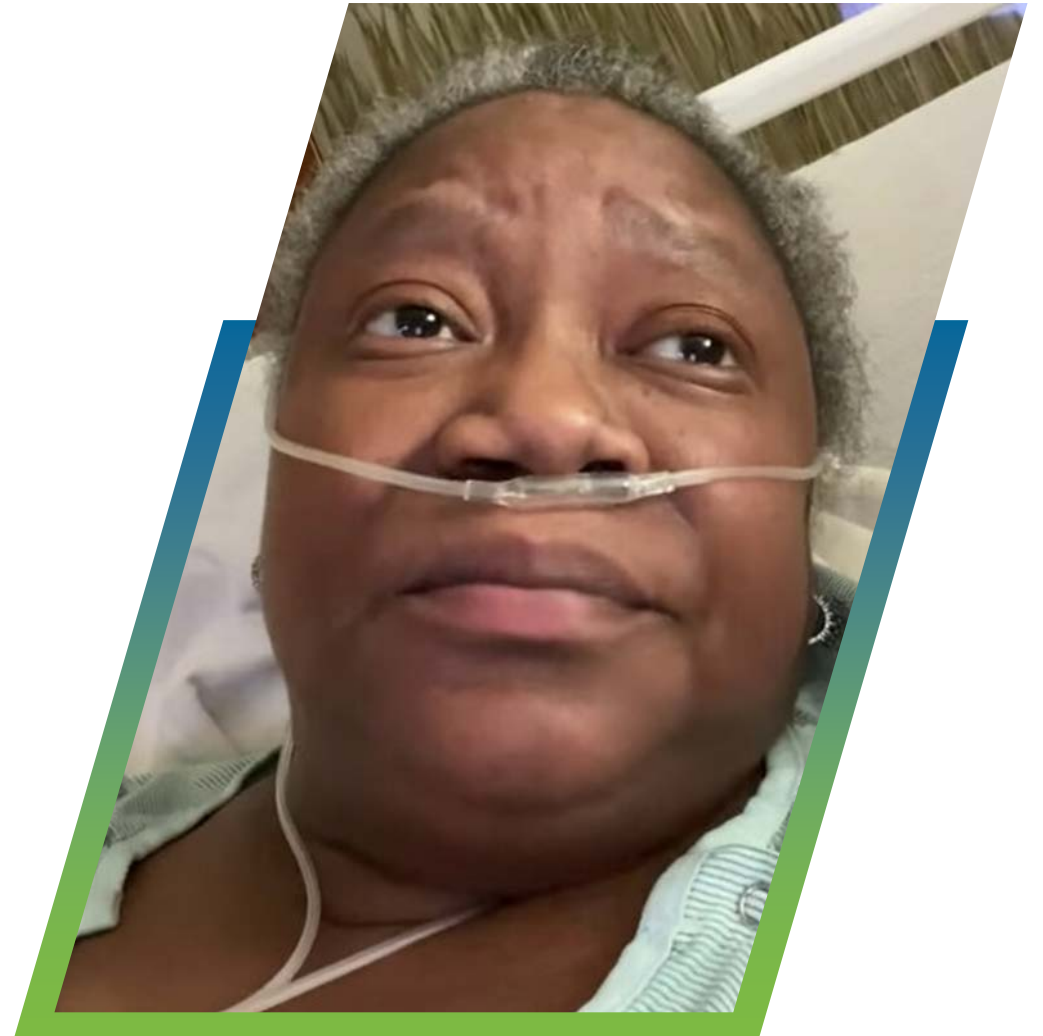
Dec 25, 2020— Black Doctor Dies of Covid-19 After Complaining of Racist Treatment ...

Dr. Moore's case has generated outrage and renewed calls to grapple with biased medical treatment of Black patients.

## *In the News*

Black Doctor Dies of Covid-19 After Complaining of Racist Treatment

“He made me feel like a drug addict,” Dr. Susan Moore said, accusing a white doctor of downplaying her complaints of pain and suggesting she should be discharged. – NYTimes





## *5 Strategies to Mitigate Bias*

Northwell Health has outlined 5 strategies:

1. Recognize and accept that everyone has biases
2. Shine a light on yourself
3. Practice constructive uncertainty
4. Explore awkwardness and discomfort
5. Learn about people

<https://www.northwell.edu/news/five-strategies-to-mitigate-unconscious-bias>



## *Implicit Bias...*

Implicit bias is the **subtle or unconscious attitudes** or biases that can **affect** our understanding, **actions and decisions** in an **unconscious way**

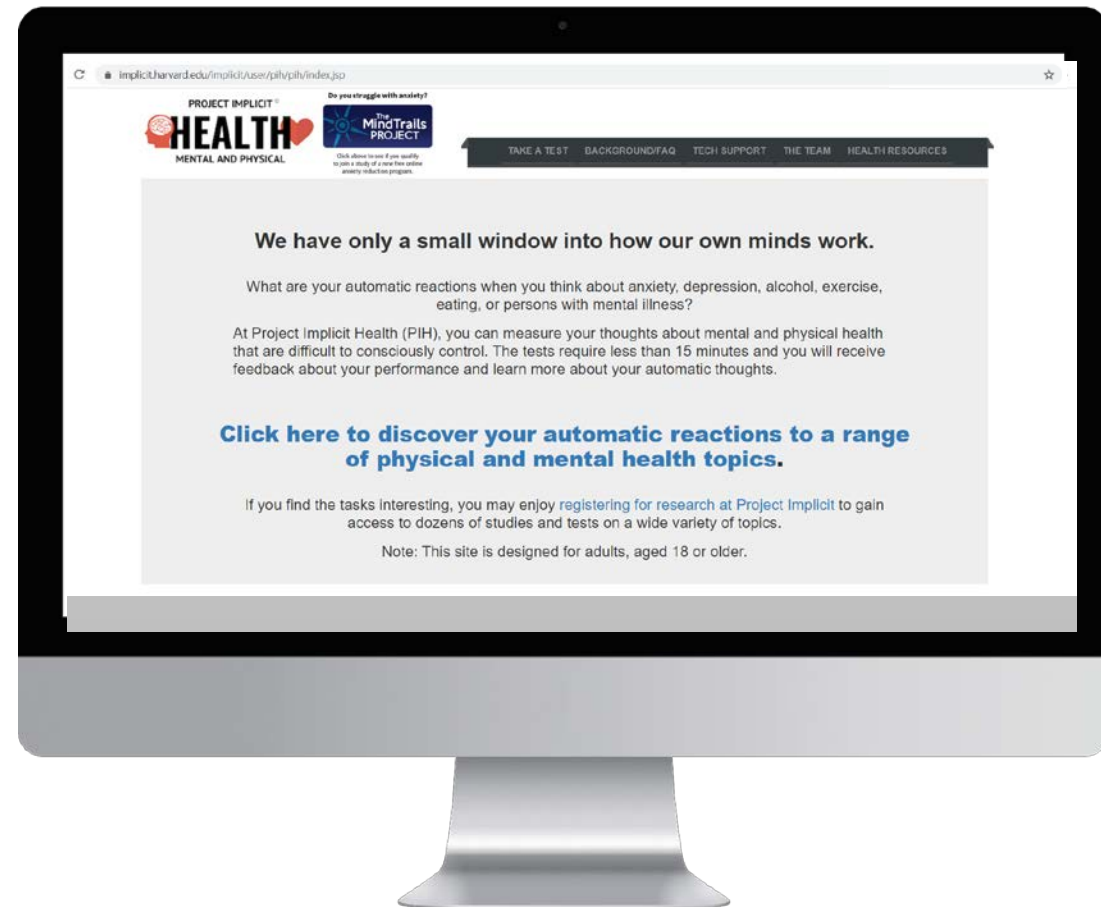
Providers may unintentionally exhibit lesser listening time during patient interactions or more restrictive prescribing practices and medical interventions for people of color compared to white patients. The structures within which people receive health care, including the racial and gender composition of hospital leadership and provider expectations around patient participation, perpetuate the privileges that white people experience while oppressing people of color in health care settings. It is the responsibility of health care providers to identify and act to reverse the impacts of this structural racism.

<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-providers-equitable-care-implicit-bias.pdf>



# Take The Test

<https://implicit.harvard.edu/implicit/user/pih/pih/index.jsp>



<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-providers-equitable-care-implicit-bias.pdf>

# *NMHA Guiding Principles*



## **Our Mission**

---

# NMHA Guiding Principles

At the National Minority Health Association (NMHA), we seek to have all organizations **A.C.T** on the minority healthcare disparity by adopting, through their actions, the following guiding principles:

## Acknowledge – Create – Transform

**Acknowledge** that, even in the wealthiest of countries worldwide, there are significant disparities, biases, stereotypes, and inequalities in the healthcare of minority communities. These disparities often lead to less than optimal outcomes.

**Create** pathways for healthcare equality to provide a means for change.

**Transform** the healthcare system to be more inclusive, less costly, and more accessible.

## The aims of our Guiding Principles are to...

- Inform our stakeholders of the severity of the issue and invite them to join us in closing the healthcare disparity gap.
- Be inclusive in our approach and communications.
- Implement change by *being* the change.
- Incorporate diversity (it's just good business).
- Interact & communicate with diverse populations so they get our message.
- Provide pathways for individuals to understand and take personal action for better healthcare and outcomes.
- Include the objective of *personal health* as a key element any success plan.
- Manage the organization to do everything we can to close the disparity gap that impacts minority populations.

## *Health Plans Play a Key Role*

According to Health Affairs, the five major priorities (and the achievements that will result from these priorities) for health equity leadership in health plans are:

- Prioritizing Prevention and Wellness: Benefits and care delivery redesign
- Prioritizing Communities: Engagement and investments
- Prioritizing Innovation: Population and digital health
- Prioritizing Education, Research, and Workforce Development: Academic-community collaborations
- Prioritizing Action and Accountability: Data-driven improvement

<https://www.healthaffairs.org/doi/10.1377/hblog20210518.626084/full/>



# *Building Your Plan*

Start with the NMHA Guiding Principles as a foundation:

- Ask yourself and key leaders:
  - **Where are we now?**
  - **Where do we want to go?**
- What types of information can we use to identify health inequities in our organization?
- How can we engage stakeholders in gathering and analyzing data and devising the eventual solution?
- How do we get there?
- What will we need?
- What are our next steps?



## *What Can YOU Do Now!*

- Increase your circle and really get to know people of color
- Be empathic
- Get educated
- Remember, everyone does not have the same access to healthcare as you
- Start the conversation and then listen





# *Show Your Support*





# Questions?

Burgess Harrison  
National Minority Health Association (NMHA)  
(651) 245-5552 Mobile  
(833) 367-6642 (833) FOR-NMHA  
[www.thenmha.org](http://www.thenmha.org)  
[burgess.harrison@thenmha.org](mailto:burgess.harrison@thenmha.org)  
[www.linkedin.com/in/burgessharrison](http://www.linkedin.com/in/burgessharrison)  
Linkedin: <https://www.linkedin.com/company/nmha/>  
Facebook: <https://www.facebook.com/thenmha>  
Twitter: @The\_NMHA  
Instagram: nationalminorityhealth

David Cole  
National Minority Health Association (NMHA)  
(480) 699-4496 Mobile  
(833) 367-6642 (833) FOR-NMHA  
[www.thenmha.org](http://www.thenmha.org)  
[David.cole@thenmha.org](mailto:David.cole@thenmha.org)  
[www.linkedin.com/in/davidscole/](http://www.linkedin.com/in/davidscole/)  
<https://www.linkedin.com/company/nmha/>  
Facebook: <https://www.facebook.com/thenmha>  
Twitter: @The\_NMHA  
Instagram: nationalminorityhealth

