

# The Evolution of Equity in Health Care: Unequal Treatment at 20

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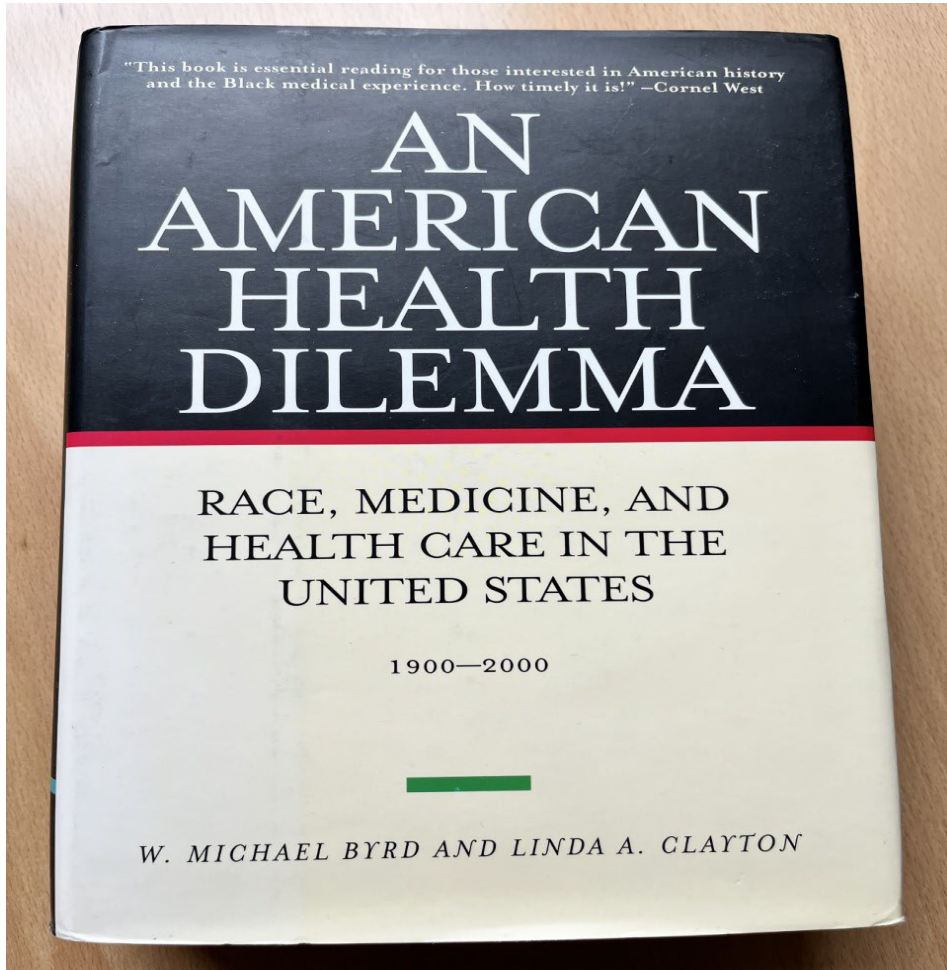


The  
Commonwealth  
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# Outline

1. Disparities and Equity
2. Root Causes
3. The Past, Present and Future

# Disparities and Equity

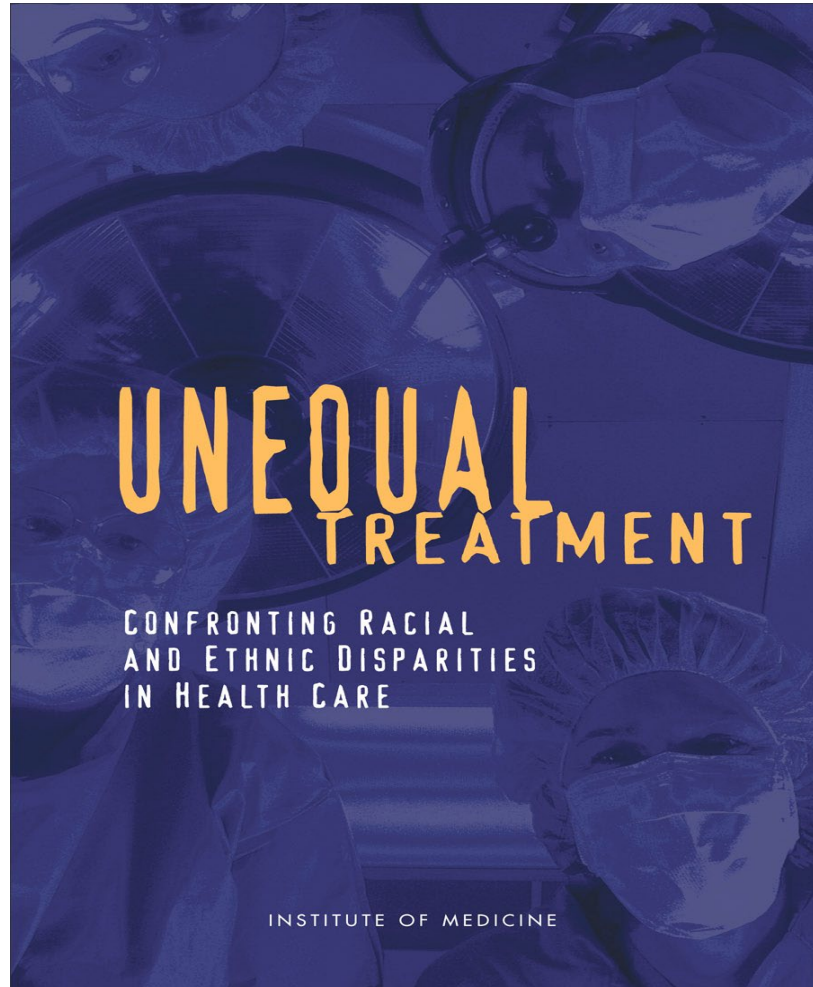


- Racial and ethnic disparities in health and health care are longstanding, and part of our history and national fabric
- Countless reports, publications, advocacy over the years have helped move efforts to address disparities forward, but it has been spotty, and incremental

# What causes these Racial/Ethnic Disparities in Health?

- Social Drivers
- Access to Care
- Health Care

# Institute of Medicine's Unequal Treatment 2003



Racial/Ethnic disparities found across a wide range of health care settings, disease areas, and clinical services, even when various confounders (SES, insurance) controlled for.

*Many sources contribute to disparities—no one suspect, no one solution*

- *Navigation*
- *Communication*
- *Stereotyping*
- *Mistrust*

# Unequal Treatment Recommendations

- Increase awareness of existence of disparities
- Address systems of care
  - Support race/ethnicity data collection, quality improvement, evidence-based guidelines, multidisciplinary teams, community outreach
  - Improve workforce diversity
  - Facilitate interpretation services
- Provider education
  - Health Disparities, Cultural Competence, Clinical Decisionmaking
- Patient education (navigation, activation)
- Research
  - Promising strategies, Barriers to eliminating disparities

# A Tale of Three Chapters

- Chapter 1: Release of Unequal Treatment
  - Flurry of activity among early adopters, progressive leaders
  - Committees, basic blueprints, heavy on aspiration
- Chapter 2: Health Care Reform
  - Shift of focus to social determinants of health, population health, less intensity on disparities in quality of care
- Chapter 3: Push to Value
  - Beginning of intersection between value and equity as disparities a “high-value” target



# The Next Chapter



- In 2020, two seminal events changed the landscape of health equity
  - COVID-19 disproportionately impacted communities of color nationally
  - The murder of George Floyd created a national reckoning on racism
- These events highlighted the impact of historical racism, structural racism including in health care, the social determinants of health, and disparities in health and health care
- The time called for meaningful change, executed with urgency, and breaking from previous norms that included unclear targets and limited accountability and resources—heavy on aspiration, light on execution



# The Current Chapter

- Need rigor of execution
  - Goals, Key Activities, Timeline, Milestones, Resources, Accountability, Transparency
- External drivers, including health care financing, and regulation, that prioritizes equity, will be critical
  - CMS, Health Plans, Joint Commission, NCQA
- Focus will be essential
  - Equity should be centered in entire care journey, from doorstep to bedside and back
- Push-back, Corporatization and Commercial Drivers of Health Care, Demoralization, “Devil” in the details all present major risks

# Conclusion

- Progress has occurred over last 20 years, primarily among early adopters and principled leaders, with some legislative successes
- Scale has not been achieved due to lack of key regulatory and financial drivers and nation's unwillingness to deal with issues of race
- The past few years have energized movement, but can only be sustained if key levers are put in place to support integration and execution
- Resistance is strong, strategy and resolve are stronger