

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

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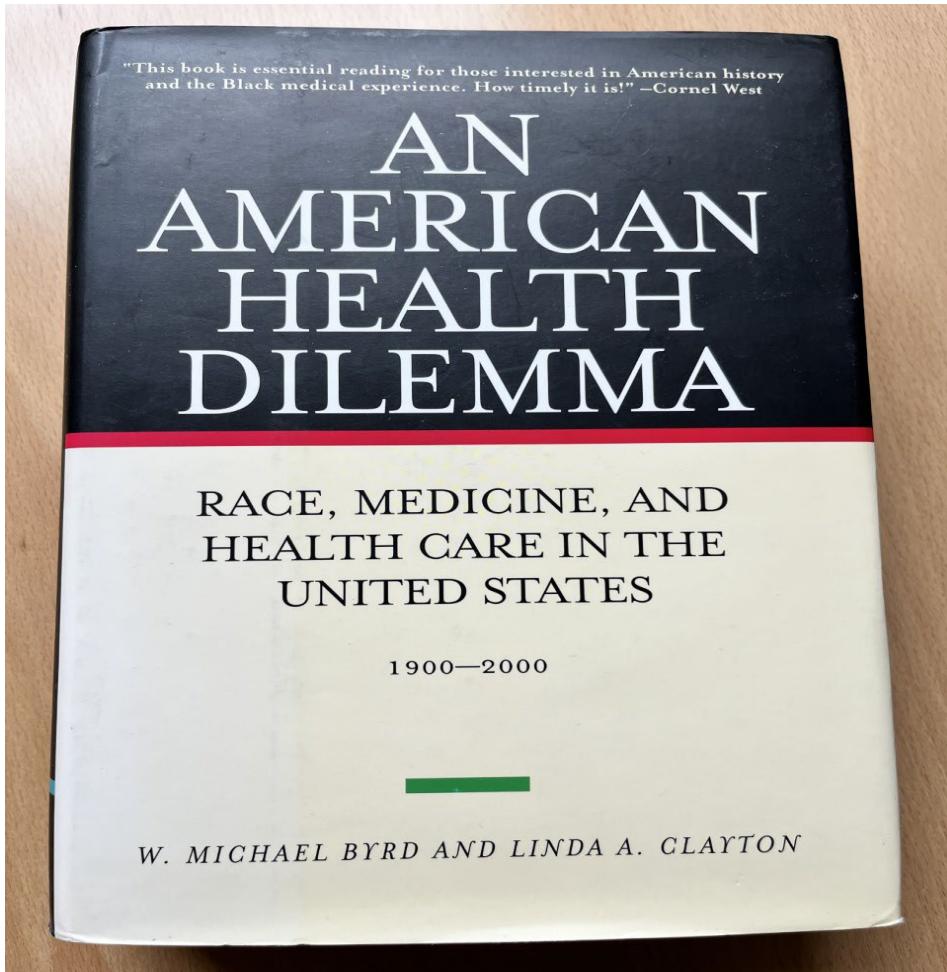


The
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Outline

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

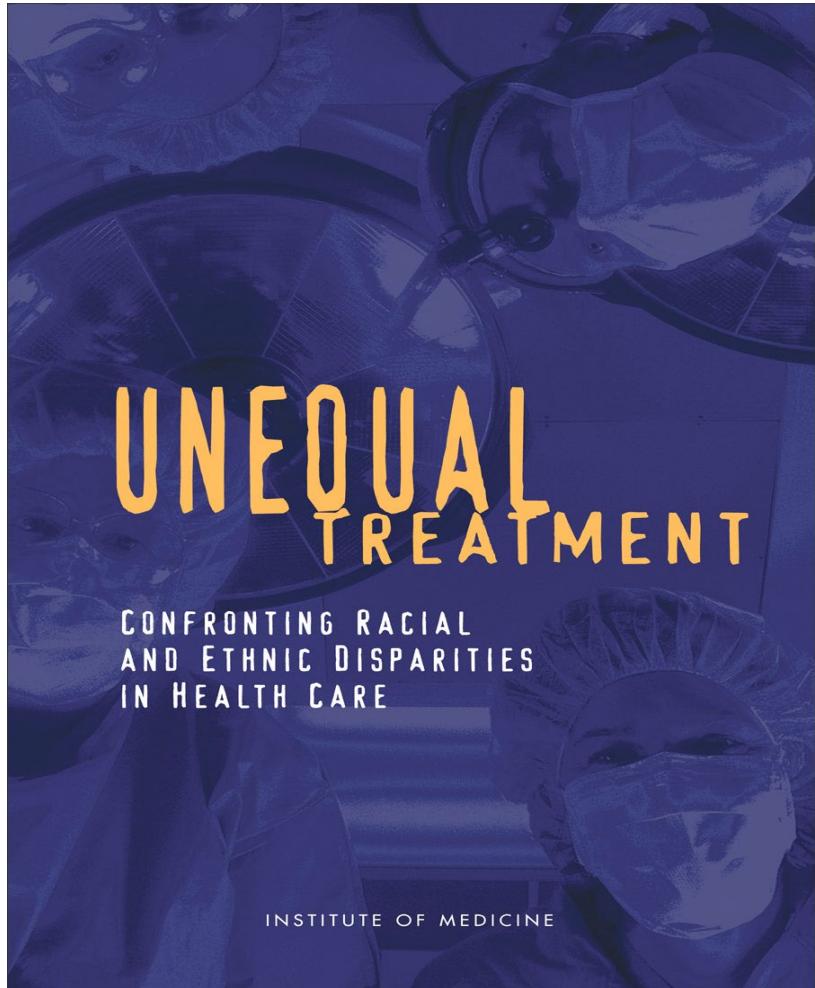
What causes these Racial/Ethnic Disparities in Health?

- 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, lite 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 Commerical 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