What Can We Do to Improve Equity in Our Clinic Work?: A Debate

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A Culturally Affirmative Practice Training

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Agenda

- Introductions
- How do we define health equity in a way that honors consumers?
- Serving patient identified goals before our assessments.
- Engaging Community/Consumer leaders in an Equity Conversation.

Introductions

Dr. Clanon

- HIV specialist doctor
- Working in Oakland at the County hospital, called Highland.
- NOT a scholar, a boots-on-the-ground doctor
- Desperately clinging on to my second-string alto position in the UC Berkeley alumni choir

Dr. Suiter

- Former HIV/AIDS community health provider
- Works in Alameda County, CA providing community mental health services and consultation to public and private organizations.
- Believes that academic research is poorly disseminated and poorly applied to “real life” situations and does not consider cultural and trauma-informed practices
- Looks forward to roller skating and hiking more this summer

Today's Objectives:

Reflect on What We Can Do as Clinics to Improve Health Equity	Debate the Limits of the Role of Clinics in Addressing SDOH	Decide What Areas We Should be Addressing
What are we doing routinely now and what can we do to be more patient-centered and address anti-black racism?	What Social Determinants should we be assessing for and addressing? When does the effort to do more for our clients interfere with our ability to do our job as medical health providers?	Are we asking our community members and consumers about how best to serve them?

Who Defines Health Equity?

- **WHO**: "Health equity is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically"

- **CDC**: "Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."

- **Patient Engagement HIT** (a national consulting organization): "Health equity means all patients have the same opportunity to achieve wellness."

- **Healthy People 2020**: "Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."

- **In the chat: which one is closest to your view? What is missing?**

Round One:

What Does Health Equity Mean in a Clinic Setting?

What Does Health Equity Mean in a Clinic or System?

We should focus on medical care – that's our role and our expertise.

- Heath Equity and SDOH are system level problems; our job in a clinic is to focus on what is under our control.
- HIV Care is complicated and hard to do well. We have work to do on preventive care and other clearly medical topics – this SDOH stuff is distracting us from our critical and difficult primary role.
- Our focus should be on ending the epidemic – the focus on equity is critical, laudable, and not our job.
- How do patients/clients understand this "social justice charge" to change their lifestyles without discussion?

What Does Health Equity Mean in a Clinic or System?

We need to follow our patients' lead: what they need is what we should be providing.

- Equity should be defined by the consumers we are serving.
- It is not an academic question – it informs everything that we do every day.
- How and when are we asking consumers what they want and what makes them feel welcome and seen in our clinics?
- Whether it is eviction, transportation, utility shut offs, or problems with their food and medical benefits, those are all relevant to patients and therefore important for us to address.

Round 1: Your Thoughts

- Do you agree with Dr. Clanon that our job is MEDICAL equity, which is our part of HEALTH equity?

OR

- Do you agree with Dr. Suiter that we owe our patients and ourselves that bigger focus on HEALTH equity and it IS our job?

Put your answers in the chat!

Historic Ways Unconscious Bias Impacts Health Equity and the Quality of HIV Care

- ✓ We focus on deficits and diseases, not strength and recovery.
- ✓ We drive some people away by always focusing on what is wrong….
- ✓ We exclude family and friend support as the critical medicine that it is.
- ✓ “Social determinants of health” are all talked about as negatives, BUT social determinants like family, culture, talents and helping each other out are social things that CONTRIBUTE to health and well-being.

Round Two:

What Are the Limits of the Role of Clinics in Addressing SDOH?

Focusing on Consumer-Identified Goals

We are assessing people too much and not helping them enough.

- We tend to add assessments as we identify consumer challenges, rather than helping people with their medical, mental health, DV/trauma, food and SUD problems.
- SDOH should be addressed by social workers, not by doctors and nurses.
- Our job is hard enough without adding this group of challenges that we are not equipped for and don’t have time to address.

Focusing on Consumer-Identified Goals

Our Goal is ETE: Social Determinants need to be addressed and if not us, by who?

- I agree we over-assess. The answer is to make sure that we ask people what their number 1,2,3 issues are and address those BEFORE we focus on our many assessments.
- We should address peoples' needs first and show that we are worth trusting! Food, rent, transportation before the PHQ-9!
- We are not engaging peoples' support systems – family (consumer's definition) are critical parts of wellness and of addressing "SDOH".

Round 2: Your Thoughts

- Do you agree with Dr. Suiter that we should refer out when people have housing or food needs?

OR

- Do you agree with Dr. Clanon that we should add housing and food expertise to our tool kit?

Put your answers in the chat!

Round Three:

What are our obligations to collect community input on our quality goals?

Consumer-Driven Marketing

Our job is to focus on medical goals, not to do community surveys and assessments.

- Consumer engagement is important and effective, but it isn't our job as clinics.
- Our role is to work one by one with people to help them reduce their risk, or to have a good medical outcome, if they do become positive.
- Public Health Departments do social marketing, that is their job and we should leave them to it!
- Planning Councils exist to get consumer input on these issues.

Consumer-Driven Marketing

We need to hear from patients what THEIR health goals are, and we should do that directly.

- Medical settings focus so much on the negative – what is NOT working. No wonder people don't want to come and see us!
- U=U and ETE are important community goals/concepts that are positive.
- Of course, ETE can seem threatening to some parts of our community, and we should be asking them how to talk about that goal.
- We also do a lot of preventive and life-extending care that is NOT HIV-specific – that is positive too!
- We should be asking community leaders how, when, and where to be highlighting these positive aspects of HIV care.
- Academia can help.

Round 3: Your Thoughts

- Do you agree with Dr. Clanon that social marketing is not our job and we should leave that to the larger system?

OR

- Do you agree with Dr. Suiter that, in important ways, the community IS our patient and we should acknowledge that and find ways to connect with the opinions of that community?

Put your answers in the chat!

Debrief

What thoughts and feelings did this debate surface for you?

What meaning, insights did you take from it?

What are your thoughts about engaging differently with consumers?

Next Steps: *Identifying Networks is just the beginning*

What is an effective way to orient one's self to cultural history of the communities we serve?

How do we engage, partner with consumers to together analyze networks?

How do we become more relationship-focused with consumer's formal as well as informal networks?

How do we facilitate conflict resolution to remove the barriers – build the power of the networks?


Thank You!