



Achieving Equitable Diabetes Care

March/2023

Agenda

- ▶ Introductions and Zoom Poll (1:00- 1:10)
- ▶ Key Terms and Definitions (1:10- 1:20)
- ▶ Historical Impacts of Racism (1:20- 1:40)
- ▶ Present Day Health Outcomes (1:40 - 2:00)
- ▶ Break Out Session (2:00 - 2:18)
- ▶ Building Equity Into Your Role/Life/Post Survey (2:18-2:30)
- ▶ T1D Exchange Grounding (2:30-2:35)
- ▶ T1D Exchange Equity Project Overview (2:35-2:55)
- ▶ Wrap Up (2:55-3:00)

Pre-Survey

Learning Objectives

- ▶ Define health equity and understand the impact of implicit bias, discrimination, and structural racism on health outcomes.
- ▶ Identify strategies to reduce barriers to healthcare access and improve health outcomes for underserved and marginalized communities.
- ▶ Analyze the impact of social determinants of health on patient health outcomes, and recognize the role of healthcare providers in addressing these factors.
- ▶ Understand the importance of cultural humility in providing equitable care to patients from diverse backgrounds.
- ▶ Develop a plan for ongoing self-reflection and continuous learning to promote health equity in clinical practice.

Norms For Collaboration

- ▶ **BE WILLING TO BE UNCOMFORTABLE:** This presentation includes references to abuse, maltreatment and racism and may be difficult to see/hear. At any point, please feel free to “step out” of the meeting if you if you need to. Otherwise, if you are feeling discomfort lean into the discomfort and see what you can learn. It is possible to feel safe and uncomfortable.
- ▶ **EXPECT AND ACCEPT A LACK OF CLOSURE:** This presentation itself will not end racism. There will be many questions, thoughts and emotions you feel after this presentation. Think of them as seeds to new ideas.
- ▶ **STEP UP, STEP BACK:** If you talk early and often challenge yourself to make space for others. If you tend to not talk much challenge yourself to jump in.

“Sick Skin”

Written by Theresa Alphonse for The Prevention and Wellness Trust Fund Health Equity Learning Collaborative, January 2016

In sixth grade Katie made fun of my braids and said my hair didn't grow.

*In ninth grade Ms. Kelley said I sounded like a monkey speaking Creole
In college Bridget said she didn't want to go to my events because she was afraid she would be the only
white girl*

Even though we went to a predominantly white institution and live in a white world

The older I got the more I noticed these microaggressions

The older I got the more I noticed that these small moments and others are current forms of oppression

Noticed that my skin put me in certain positions

Puts me at a predisposition

For pretty much anything and everything negative in life

One of my favorite rappers André 3000 says why, across all races, do dark people suffer most?

This quote constantly replays in my head

I think about how many times my race came into play at night while I lay in bed

I try to let things go knowing this anxiety will lead to my demise

Although I hold a master's degree, am physically fit, and go to my annual doctor's visit



“Sick Skin” Cont’d

The stress I feel from something, so far beyond my control, is making me sick

I am Black so no form of prevention can keep me from certain ailments

Because of my skin color, I am more likely to have high levels of blood pressure

Because of my skin color, I am more likely to have a higher body mass index

2/3 of doctors are more likely to spend less time on me and include me in medical decisions

I am more likely to die from a disease because I do not get adequate treatment

I am more likely to have a baby at a low birthweight, the list goes on

You see, my skin is something that I can't nor do I want to be fixed

But what I am working on, and hopefully you will too, is how the world looks at it

Shaquana shouldn't have to lie about her name when applying for jobs

Inner city children should have the same education as their suburban white counterparts

*I shouldn't have to have the be careful you're a black man conversation with my cousins,
brothers or unborn sons*

When we reach a world where skin doesn't matter you will see all health gaps disappear

Together we can eliminate the inequities, due to race, that thrive and live here





Key Terms and Definitions

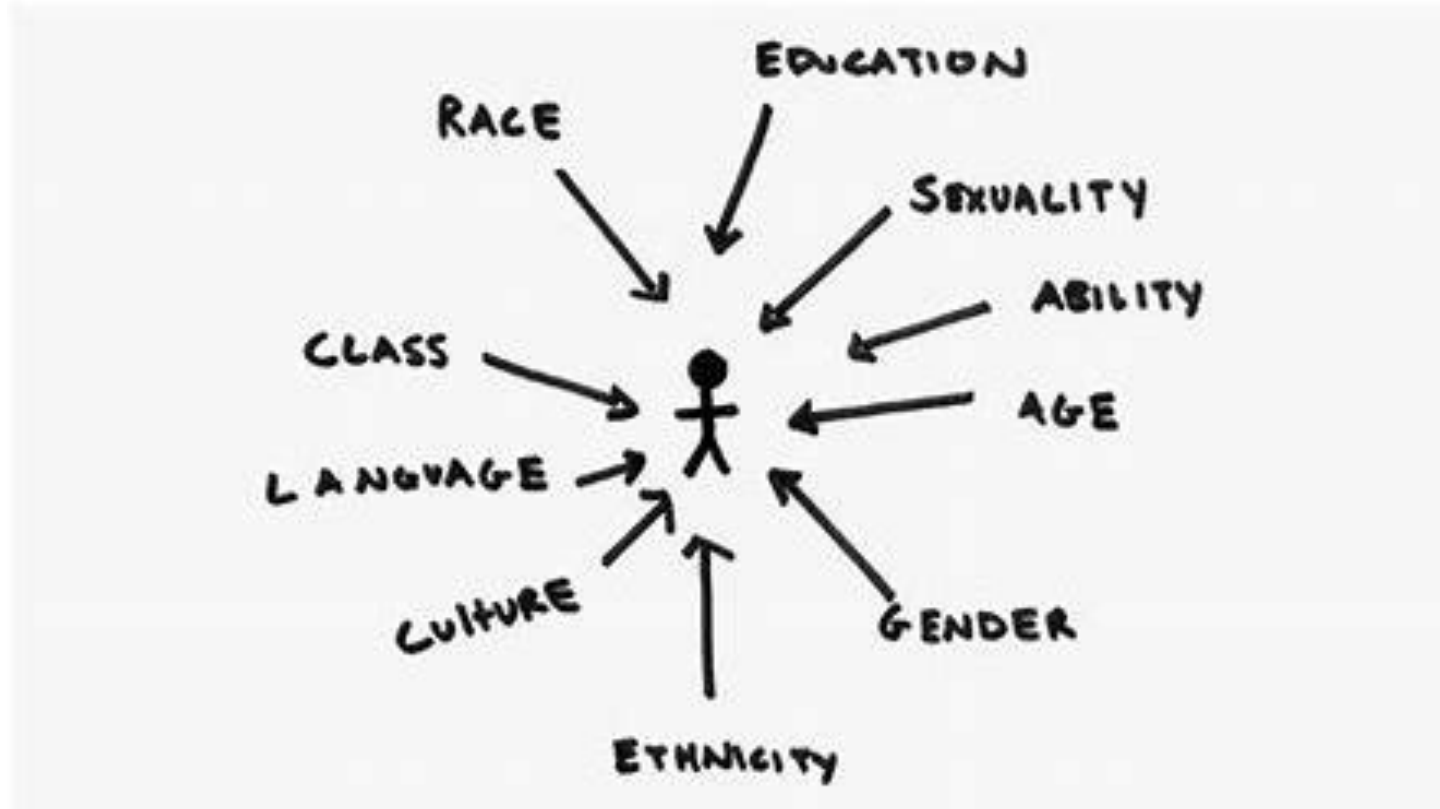
"We all have multiple identities. The challenge is in recognizing that intersectionality exists because of the way that these identities shape our experiences. Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It's not simply that there's a race problem here, a gender problem here, and a class or LGBTQ problem there. Many times that framework erases what happens to people who are subject to all of these things."

- Kimberlé Crenshaw.

Intersectionality

the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups

Source: <https://www.merriam-webster.com/dictionary/intersectionality>



Source: <https://gender.cgiar.org/grit-intersectionality-african-research/>

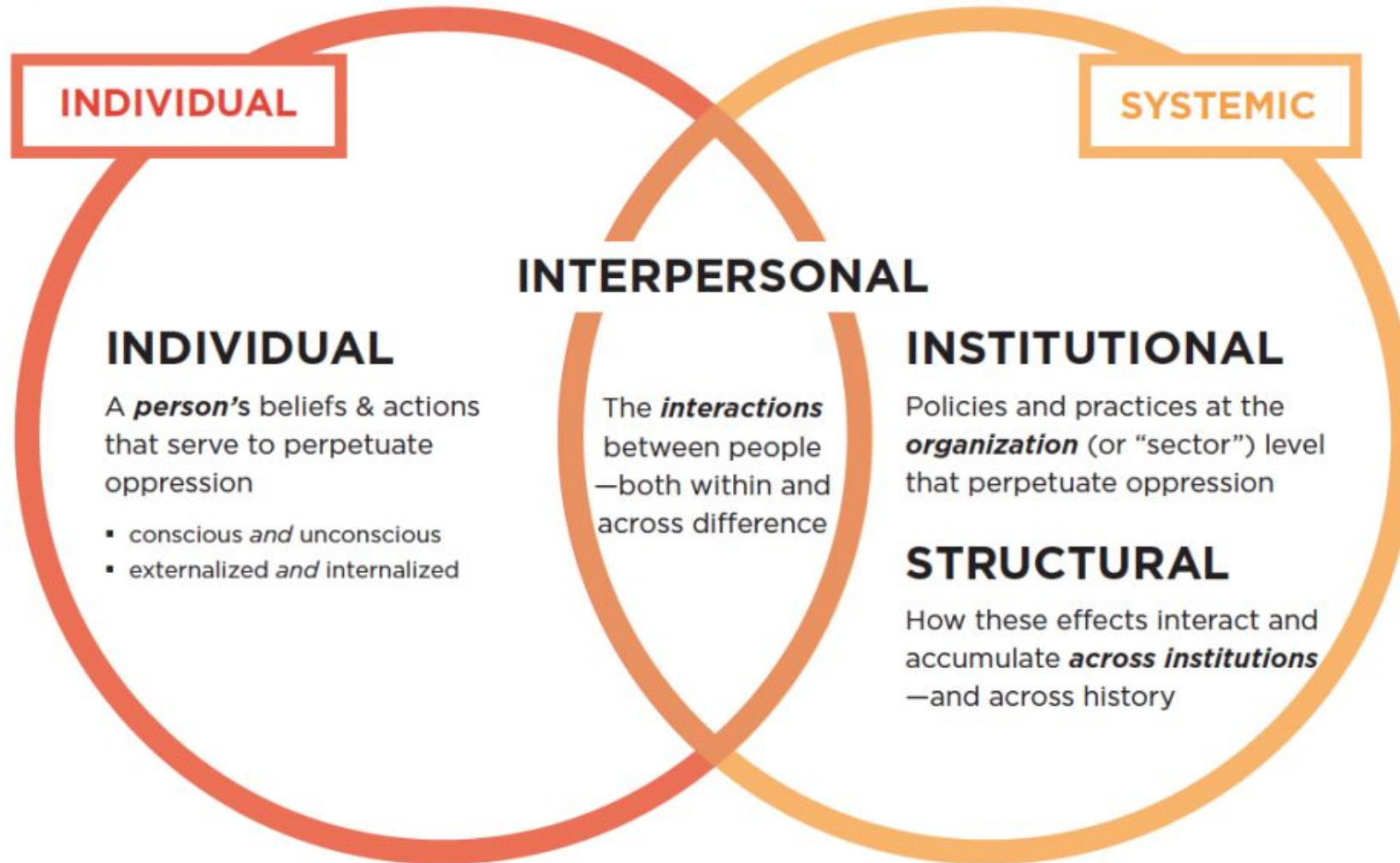
What is racism?

A system of oppression based on the socially constructed concept of race exercised by the dominant, power holding, racial group over non-dominant racial groups; a system of oppression created to justify social, political, and economic hierarchy.

Source: Advanced Racial Justice in Organizations – Interaction Institute For Social Change



Types of Racism



Source: <https://nationalequityproject.org/resources/featured-resources/lens-of-systemic-oppression>

What is unconscious/implicit bias?

Attitudes, preferences and beliefs about social groups that operate outside of human awareness or control.

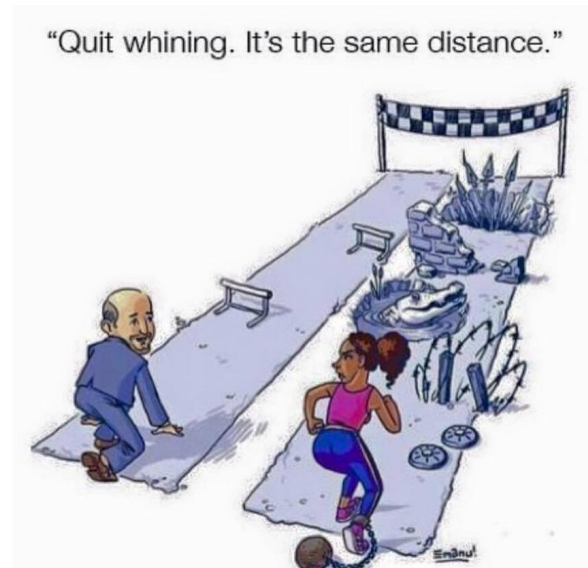
Source: [Implicit Bias / SWD at NIH](#)

Test Yourself: Implicit Association Test [Project Implicit](#)
([harvard.edu](#))

What are health inequities?

Health inequities are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age.

Source: <https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>



Microaggression

A comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group (such as a racial minority)

Source: *Microaggression Definition & Meaning - Merriam-Webster*

Microassaults

Microinsults

Microinvalidations



**History has brought us where
we are today.**

Surgery On Slaves

In the summer of 1989, construction workers unearthed 10,000 bones from a basement belonging to the Medical College of Georgia in Augusta



"Physicians needed to learn anatomy and slaves provided a supply of bodies" – Stephen Kenny

Lucinda, who suffered from a bony growth around her right eye. Doctors disfigured her by boring holes in her head — without chloroform, a gas that was used at the time for anesthesia — to remove the growth.

Source:

<https://www.buzzfeednews.com/article/danvergano/cruel-medical-experiments-on-slaves-were-widespread-in-the-a>

Drapetomania



Samuel A. Cartwright (1793–1863)

A mental illness that, in 1851, American physician Samuel A. Cartwright hypothesized as the cause of enslaved Africans fleeing captivity.

Source: <http://www.pbs.org/wgbh/aia/part4/4h3106t.html>

The Mass Criminalization of Black Americans: The Black Codes

The Black Codes:

- In South Carolina, African Americans were prohibited from selling crops without permission from a white person.
- Newly freed people in Louisiana could publicly assemble only between sunrise and sunset.
- Any person of color who “intruded” on a gathering of white citizens, or who even fell in the proximity of white residents in public, could be charged with a misdemeanor with a punishment of 39 lashes in Florida



Convict leasing 1865 -1941

"It was a form of bondage distinctly different from that of the antebellum South in that for most men, and the relatively few women drawn in, this slavery did not last a lifetime and did not automatically extend from one generation to the next. But it was nonetheless slavery – a system in which armies of free men, guilty of no crimes and entitled by law to freedom, were compelled to labor without compensation, were repeatedly bought and sold, and were forced to do the bidding of white masters through the regular application of extraordinary physical coercion." – Douglas A. Blackmon

Source: [The Mass Criminalization of Black Americans: A Historical Overview | Annual Review of Criminology \(annualreviews.org\)](https://www.annualreviews.org/doi/10.1146/annurev-cr-080817-044811)

The Mass Criminalization of Black Americans: Predisposition For Criminality

Twenty-five years after the Civil War, the 1890 census measured the first generation removed from slavery, and the prison statistics it included indicated that African Americans represented 12% of the nation's population but 30% of its prisoners (**Muhammad 2010**).

In turn, scholars, policymakers, and reformers analyzed the disparate rates of black arrests and incarceration in the North as empirical “proof” of the “criminal nature” of African Americans. These statistical measures deeply informed ongoing national debates about racial differences and steered the politics of reform in the Progressive era (**Du Bois 1899, Muhammad 2010**).

Source: <https://www.jstor.org/stable/pdf/108042.pdf>



**History has brought us where
we are today.**

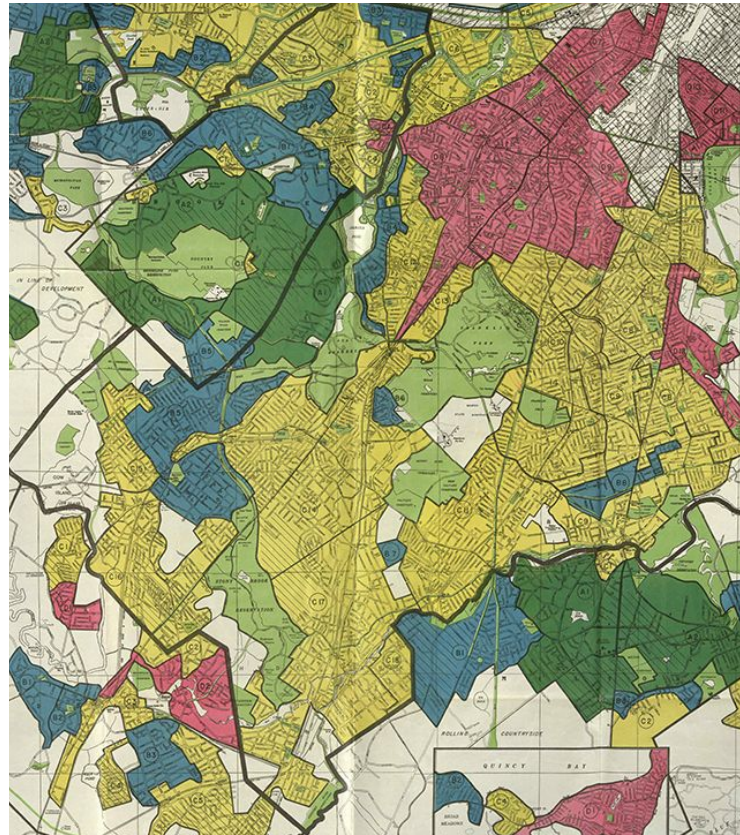
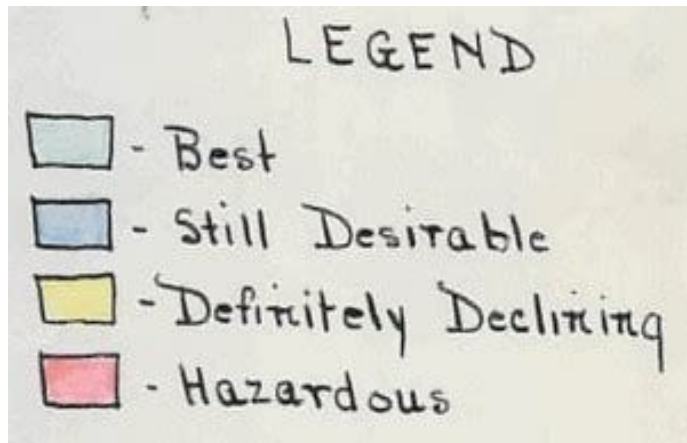
Doll Test – a psychological experiment designed in the 1940s in the USA to test the degree of marginalization felt by African American children caused by prejudice, discrimination and racial segregation.



What is redlining?

A discriminatory practice by which banks, insurance companies, etc., Refuse or limit loans, mortgages, insurance, etc., Within specific geographic areas, especially inner-city neighborhoods.

Redlined Map of Boston



2. Inhabitants

e. Infiltration of foreign - negro

c. Foreign-born families 50%; mixture predominating

d. Negro yes%; 25% predominating

f. Relief families heavy

a. Occupation clerks - labor - relief

b. Estimated Annual Family Income

\$600-\$1,500

Source:

<https://www.dictionary.com/browse/redlining>

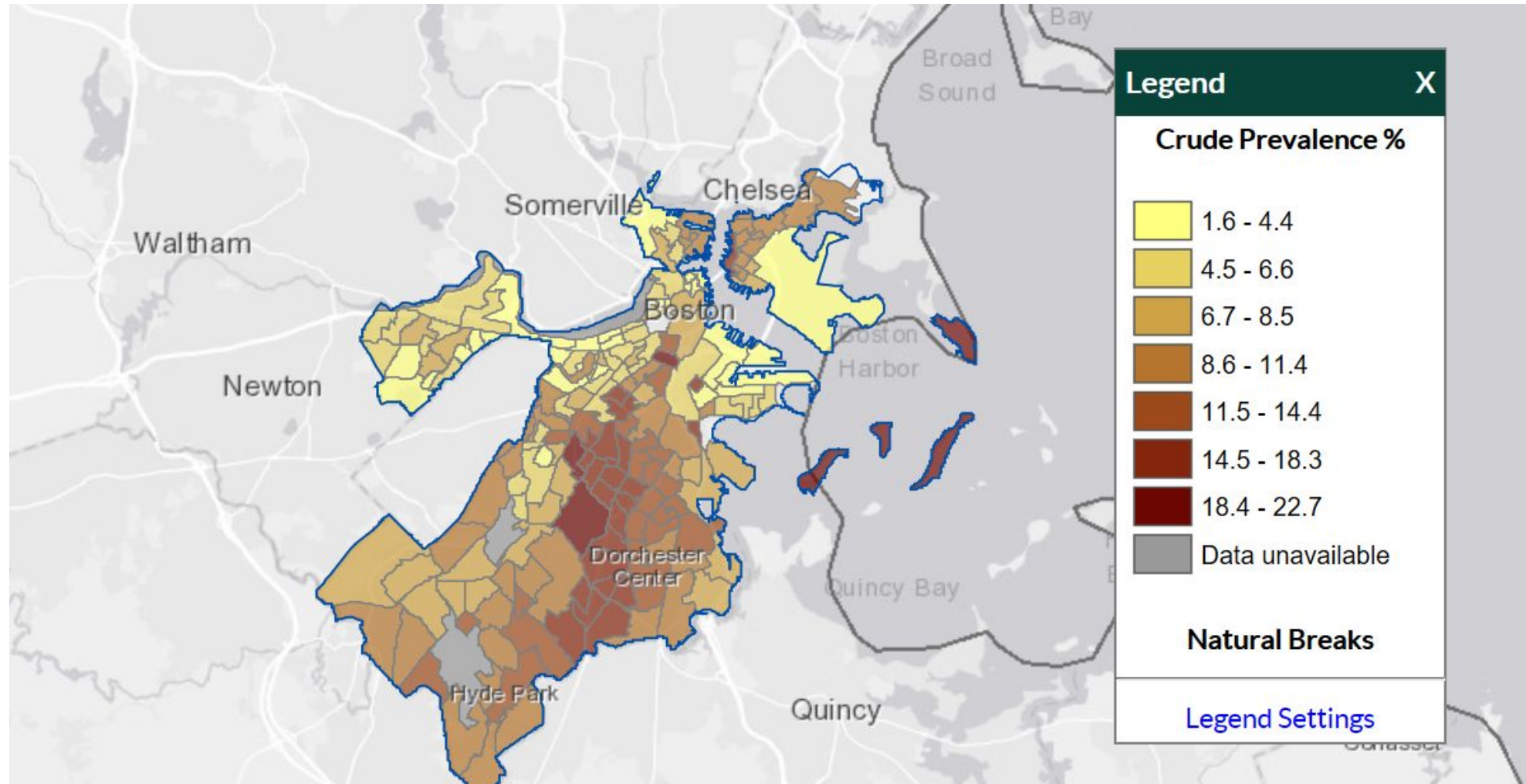
<https://dsl.richmond.edu/panorama/redlining>



Diabetes

Model-based estimates for diabetes among adults aged ≥ 18 years – 2017

Source:
https://nccd.cdc.gov/500_Cities/rdPage.aspx?rdReport=DPH_500_Cities.InteractiveMap&isCategories=HLTHOUT&isMeasures=ARTHRITIS&isStates=37&rdRnd=30003%20



Patient race/ethnicity and quality of patient-physician communication during medical visits

- ▶ 458 African American and White patients who visited 61 physicians in DMV
- ▶ Outcome measures that assessed the communication process, patient-centeredness, and emotional tone (affect) of the medical visit were derived from audiotapes coded by independent rater
- ▶ Physicians were 23% more verbally dominant and engaged in 33% less patient-centered communication with African American patients than with White patients. Furthermore, both African American patients and their physicians exhibited lower levels of positive affect than White patients and their physicians did.

Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

Hoffman et al. 2016

Study 1 - 121 lay participants, 92 white, born in the United States, native English speakers

Study 2 - 222 medical students (first years, n = 63; second years, n = 72; third years, n = 59; residents, n = 28)

Item	General	1 st year	2 nd year	3 rd year	Residents
Blacks age more slowly than white	23	21	28	12	14
Blacks' nerve endings are less sensitive than whites'	20	8	14	0	4
Black people's blood coagulates more quickly than whites	39	29	17	3	4
Whites have larger brains than blacks	12	2	1	0	0
Whites have a better sense of hearing than blacks	10	3	7	0	0
Blacks' skin is thicker than whites	58	40	42	22	25
Blacks have a more sensitive sense of smell than whites	20	10	18	3	7
Whites have a more efficient respiratory system than blacks	16	8	3	2	4
Black couples are significantly more fertile than white couples	17	10	15	2	7
Blacks are better at detecting movement than whites	18	14	15	5	11
Blacks have stronger immune systems than whites	14	21	15	3	4

Source: <https://www.pnas.org/content/early/2016/03/30/1516047113.full#sec-2>

Race Based Traumatic Stress

Racial trauma, or race-based traumatic stress (RBTS), refers to the mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes. Any individual that has experienced an emotionally painful, sudden, and uncontrollable racist encounter is at risk of suffering from a race-based traumatic stress injury. In the U.S., Black, Indigenous People of Color (BIPOC) are most vulnerable due to living under a system of white supremacy.

- ▶ Direct Traumatic Stressors
 - ▶ **Direct traumatic stressors include all direct traumatic impacts of living within a society of structural racism or being on the receiving end of individual racist attacks.**
- ▶ Vicarious Traumatic Stressors
 - ▶ **Vicarious traumatic stressors are the indirect traumatic impacts of living with systemic racism and individual racist actions.**
- ▶ Transmitted Stressors
 - ▶ **Transmitted traumatic stressors refer to the traumatic stressors that are transferred from one generation to the next.**

Source: <https://www.mhanational.org/racial-trauma>



Inequities in Diabetes Care

Health Insurance

- ▶ In the United states, health insurance coverage is the one of most significant determinant of access to healthcare.
- ▶ Lack of insurance poses the most significant barrier to optimal clinical care.
- ▶ Inequities in the use of diabetes devices persists with lower use among patients on public insurance compared to patients on private insurance.
- ▶ Although public insurance in most states provide coverage for diabetes devices, the attitudes, assumptions, and behaviors of providers have been identified as some of many factors contributing to these disparities

Diabetes Technology

- ▶ Despite the benefits of diabetes technology, there are significant inequities in diabetes technology use by race/ethnicity and socioeconomic status
- ▶ When compared to non-Hispanic white individuals, non-Hispanic Black and Hispanic individuals use diabetes technology less frequently
- ▶ Individuals from high SES and non-Hispanic white groups were more likely to be started on devices within the first year of diagnosis when compared to those who were non-Hispanic Black, Hispanic, or of lower SES
- ▶ Multiple cross-sectional studies have demonstrated lower use of Continuous Glucose Monitors (CGM) in Non-Hispanic Black (NHB) and Hispanic patients with Type 1 diabetes(T1D)

Barriers to Diabetes Care

Health
Literacy

Access

Lack of
Social
Support

Cost

Stigma

Language/Cultural
Barriers

Integrating the Voice of the Community into Diabetes Care- Best Practices

- Create frequent space for patients to provide feedback, before, during and after the implementation of an intervention
- Compensate patients for the time that they offer providing expertise
- Use simple vocabulary to explain to patients what is happening
- Provide preparation before meetings such as Community Advisory Boards or Patient and Family Advisory Councils
- Make participation in providing feedback, easy accessible and fun
- Share with patients what is accomplished as a result of their input and advocacy
- Allow patients to offer feedback on how you ask for feedback
- Always state the importance and appreciation of their input
- Listen to patient facing staff such as Medical Assistants, Front Desk, Community Health Workers etc. for a full picture of the patient experience

Breakout Groups: 20 minutes to discuss how you will use the information you learned today in your work.

- 1. How can we address the disparities to accessing diabetes care? (diabetes devices)**
- 2. How do you plan to center the voices and experiences of communities impacted by inequities in order to address them?**
- 3. How can we address the role of historical trauma and discrimination in diabetes?**
- 4. How do you plan to use today's information to build health equity into your role?**



Breakout Groups: Group leads summarize discussion in their groups.



How do you integrate equity into everyday life?

Dr. Kenneth V. Hardy's Tasks of the Privileged and the Subjugated

TASKS OF THE PRIVILEGED:

1. To resist false notions of equality. It is not helpful to equate suffering.
2. Intentions vs. consequences: to understand that intentions may be good, but that doesn't change the fact that consequences may be bad. It is not helpful to just clarify intentions when consequences were hurtful. Acknowledge the effect of consequences of your actions. Intentions are the province of the privileged; consequences are the provinces of the subjugated.
3. To challenge the ahistorical approach. History does matter, the past does effect the present. The privileged cannot understand the subjugated "out of context."
4. To develop thick skin. Need to be able to thicken one's skin, to not give up on connections with people who have been subjugated even if you are initially rebuffed, to continue to go back and back, to continue to try.
5. To not become a FOE – framer of other's experiences.



Source: artmidwest.org; adapted from Hardy, K.V. (2016)

Dr. Kenneth V. Hardy's Tasks of the Privileged and the Subjugated

TASKS OF THE SUBJUGATED:

1. To overcome learned voicelessness; to advocate for oneself. One needs to challenge the belief that it is not worth speaking up. The subjugated have often been taught that “silence is golden” and “don’t speak unless spoken to;” the challenge is to unlearn this behavior.
2. To learn to exhale the negative messages that have become internalized.
3. To overcome the impulse to protect, educate, or change the privileged.
4. To deal with one’s own rage, to channel it appropriately, not to eradicate it. Shame is a major stumbling block for the privileged; rage is a major stumbling block for the subjugated.

Source: *artmidwest.org*; adapted from Hardy, K.V. (2016)



What more can be done?

Data Analysis – Stratifying patient data by race, ethnicity, language, ability, gender etc. allows us to identify baseline and set targets and review performance

Wealth Building – Wealth has been systemically hoarded. Buy from BIPOC, LGBTQ and women owned businesses. Donate to and partner with BIPOC, LGBTQ and women lead non-profits.

**Cultural Humility - A lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities.
(NIH)**


What more can be done? Cont'd.

- ▶ **Own Your Journey** – We are all coming to racial justice work with varied experiences and education. It is your obligation to read, take classes, conduct research and self reflect. If we are not willing to do the work individually we can not do the work as a collective.
- ▶ **Representation/Empowerment** – We have been miseducated and shown misrepresentation or no representation of many marginalized groups. Uplift those groups. Make them visible.
- ▶ **Understanding of Social Determinants of Health** – Where you live, eat and play all have a determining factor in health outcomes. It is important to look at the context of health beyond individual behaviors.

Post Survey

Thank you!

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T1D

Exchange