ICHAMS

International Conference for Healthcare and Medical Students

Innovation. Collaboration. Reflection.

ICHAMS 10 Year Anniversary

HEALTHCARE INEQUITY

INFORMATION BOOKLET FOR ICHAMS 2021 DELEGATES

🌐 www.ichams.org

📷 ICHAMS_RCSI

✉️ ICHAMS@RCSI.IE

ICHAMS for Charity

Safetynet
PRIMARY CARE

In honour of our tenth anniversary, ICHAMS is running virtually with the theme of **healthcare inequity**.

The organizing committee has selected **Safetynet Primary Care** as our official charity for the 2021 conference.

Safetynet's mission is to deliver high-quality healthcare services to the marginalized members of society who would otherwise not have access to adequate healthcare, while advocating for greater inclusivity in the healthcare system.

Safetynet offers many exceptional community health inreach and outreach services both in Dublin and nationwide. They are the winners of the HSE 2018 Health Service Excellence Award for supporting a healthy community.

For more information about Safetynet please visit www.ichams.org/charity or www.primarycaresafetynet.ie/.

What is Health Inequity?

- Health inequities are systematic differences in health status between various population groups.[1]
- Across all countries, wide disparities in the health status of different social groups contribute to inequity in health outcomes.[1, 2]

Figure 1: Socioeconomic, cultural and environmental factors that contribute to health equity

Health Inequality vs. Health Inequity:

- *Health Inequality*: difference in the experience of health among particular sections of a population.
- *Health Inequity*: unnecessary, unjust, and avoidable health discrepancies that can be addressed through public policies and interventions.

Determinants of healthcare inequity:

- Healthcare equity deals with equal distribution of power, income, goods and services in society.[2]
- Social determinants of health are access to healthcare, unemployment, access to education, housing quality and discrimination.[2]

It is pivotal to identify *vulnerable groups* when tackling healthcare inequity.

- Individuals susceptible to healthcare inequities include those from minority backgrounds, including race, ethnicity, sex, gender, religion, disability and socioeconomic status (SES).[2]
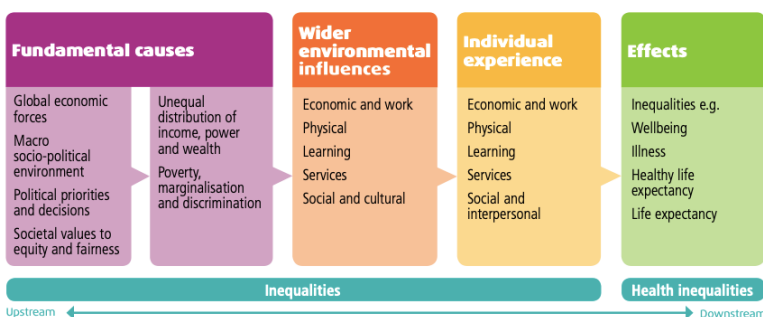

Figure 2: Fundamental causes of healthcare inequity

Scotland, P., 2021. What are health inequalities?. [online] Healthscotland.scot. Available at: <http://www.healthscotland.scot/health-inequalities/what-are-health-inequalities>.

Three Determinants of Healthcare Inequity:

- **Fundamental** determinants deal with distribution of power and can be addressed through fiscal policies i.e. taxes and benefits.[2]
- **Wider Environmental** determinants include the availability of work, quality housing and education.[2]
- Addressing fundamental and wider environmental influences will directly affect the **Individual** by increasing quality of life.[2]

What can you do?

Taking Action

Support Proportionate Universalism:

This is the provision of healthcare services with added support for vulnerable groups through *education*, *policy*, *volunteering* and *charity* to ensure fewer or no barriers. [2]

Barriers to tackle include: [2]
- Price
- Stigma
- Accessibility
- Discrimination
- Physical disabilities
- Language
- Access to information

# Health Disparities in Different Populations and Groups

Racial Disparities in Healthcare

- Race is a social construct, used wrongly in the past as a biological category. [3]
- Racism is a fundamental cause of adverse health outcomes and healthcare inequity for racial and ethnic minority communities. [3, 4]
- Racial and ethnic minority communities encounter poorer healthcare experiences, and decreased health insurance coverage which contribute to inadequate healthcare utilisation and increased rates of long-term illnesses. [5]
- Racial and ethnic minority communities experience greater morbidity and mortality from various chronic diseases compared to nonminority communities. [3]
  - Health disparities exist across multiple health conditions including maternal mortality, infant mortality, heart disease, diabetes, and cancer. [6]
  - Individuals of racial and ethnic minorities are more likely to live in live in overcrowded and poor housing areas, whilst working underpaid and higher risk jobs, which further heightens the risk of co-morbidities. [3]
- Differences in health outcomes persist even when SES is adjusted for, highlighting existing racial biases and discrimination in the medical field. [7]
  - Lack of cultural awareness and cultural insensitivity by healthcare workers creates *barriers* to the access of equitable healthcare. [7, 8]
- Some recommendations to reduce racial and ethnic health disparities include: [7]
  - Expanding health insurance coverage.
  - Increasing support for primary care.
  - Creating multilevel quality improvement strategies that engage patients, clinicians, health care organisations, and communities.
- It is important to recognize that *intersectionality* of socioeconomic, societal and political racial discrimination all influence health provisions for racial and ethnic minority communities. [7]
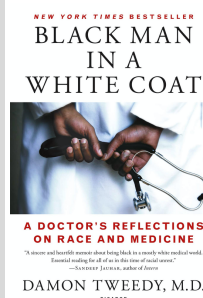
Black Man in a White Coat: A Doctor's Reflections on Race and Medicine
by Damon Tweedy, M.D.
In his memoir, Dr. Damon Tweedy recounts his experience in the medical field from being a recipient of a diversity scholarship to Duke University School of Medicine to becoming a praticing psychiatrist. Dr. Tweedy's honest reflections spotlight not only the role of race in people's health but also the role of race in the practice of medicine.
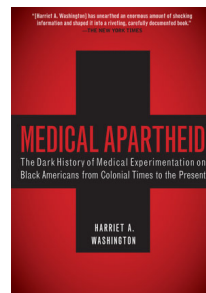
Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present
by Henrietta A. Washington
A comprehensive history of medical experimentation on African Americans. This book details encounters between Black Americans and western researchers that have perpetuated racist pseudoscience whilst seeking to understand the roots of the African American health deficit in the United States.


Mind the Gap: A Handbook of Clinical Signs on Black and Brown Skin
by Malone Mukwende, Margot Turner, & Peter Tamony (St George's, University of London)
Mukwende (Medical Student), Turner (Senior Lecturer in Diversity and Medical Education), and Tamony (Clinical Lecturer in Clinical Skills) created this clinical handbook to raise awareness of how signs and symptoms can present differently on darker skin. The aim of the handbook was to highlight the lack of diversity in medical literature and education.

Dorothy Roberts: The Problem with Race Based Medicine
(TedMed 2015)

https://www.ted.com/talks/dorothy_roberts_the_problem_with_race_based_medicine

Dorothy Roberts | TEDMED 2015
The problem with race-based medicine
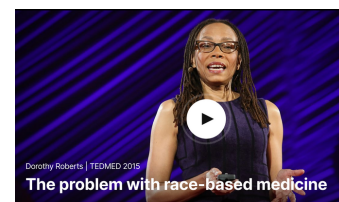
Tackling and Mitigating Racial Discrimination in Healthcare.
It is imperative for us, as current and future healthcare professionals, to actively recognize and work against racial discrimination within our fields.

Persons with Disabilities

- Persons with disabilities confront disadvantages from social and environmental determinants of health, such as lower educational levels, lower incomes, and higher unemployment rates.[9]
- Persons with disabilities experience healthcare disparities, including lower rates of screening and more difficulty accessing services, compared to people without disabilities.[9]
- Barriers to healthcare include:[10]
  - Prohibitive costs.
  - Limited availability of services, and lack of inclusion in service provision.
  - Physical barriers.
  - Inadequate skills and knowledge of health workers.
- Health outcomes for persons with disabilities can be greatly improved by:
  - Improving access to quality, affordable healthcare services.[10]
  - Providing protection during health emergencies (i.e COVID-19 pandemic).[11]
  - Providing access to cross-sectorial public health interventions (i.e water, sanitation & hygiene).[10]

Gloria L. Krahn, PhD, MPH,[⊠] Deborah Klein Walker, EdD, and Rosaly Correa-De-Araujo, MD, PhD

List of Non-Governmental Accredited Organizations (to the Conference of States Parties)

United Nations | Department of Economic and Social Affairs
Disability

https://www.un.org/development/desa/disabilities/

Enable Ireland

Services provided include personal assistants, advocacy development, supported employment, and mainstream education and training.

https://www.enableireland.ie/donate

International Disability Alliance

Alliance of networks that promote the rights of persons with disabilities across the United Nations' efforts to advance human rights and sustainable development

https://www.internationaldisabilityalliance.org/

Equal Treatment: Closing the Gap

A formal investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems in the United Kingdom.

https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/DRC-Health-FI-main.pdf

---

LGBTQ+ Persons

- The LGBTQ+ population includes individuals from all races, ethnicities, social classes and religions.[12]
- Sex and gender minority patients often experience health disparities relating to:[12]
  - Discrimination and social stigma.
  - Institutional bias in the healthcare system.
  - Denial of civil and human rights.
- Healthcare inequities in LGBTQ+ youth:[14]
  - Increased risk of physical health problems (including increased disease prevalence).
  - Lack of gender/sex-specific health care and office-based care for LGBTQ+ youth.
  - Young LGBTQ+ individuals find it difficult to share their sexual identities with their clinicians (contributes to lack of appropriate illness-related education & suboptimal medical care).
- Why should there be a focus on LGBTQ+ healthcare?[13]
  - Reduction in in HIV/AIDS stigma and disease transmission.
  - Increase access to trained healthcare individuals tailored to their specific needs.
  - Tackling hurdles and costs for gender affirming surgeries and medications.

Hudaisa Hafeez,[1] Muhammad Zeshan,[2] Muhammad A Tahir,[3] Nusrat Jahan,[4] and Sadiq Naveed[⊠5]

The Gay and Lesbian Medical Association

GLMA is a leader in the LGBTQ health policy realm, working closely with policy-makers at all levels to support their mission to ensure equality in healthcare for LGBTQ Individuals and healthcare providers.

http://www.glma.org/

The Trevor Project

The Trevor Project is a non-profit organization in the USA providing crisis intervention and suicide prevention services to LGBTQ+ young people under 25.

www.thetrevorproject.org

The World Professional Association for Transgender Health

WPATH members engage in clinical and academic research to develop evidence-based medicine and strive to promote a high quality of care for transsexual, transgender, and gender-nonconforming individuals internationally.

https://www.wpath.org

Kristie Overstreet: What doctors should know about gender identity.

https://www.ted.com/talks/kristie_overstreet_what_doctors_should_know_about_gender_identity

What doctors should know about gender identity

Poverty

"Socioeconomic status is the most powerful predictor of disease, disorder, injury and mortality we have."
Tom Boyce (UCSF's Division of Developmental Medicine Chief)

- Poverty affects health throughout various stages of life, and ultimately impacts overall life expectancy.[15]
  - Adults from lower socio-economic classes are more likely to face long-term conditions such as diabetes, arthritis, cardiovascular disease, pulmonary disease and hypertension.[15]
- The bidirectional relationship of poverty and health creates an insidious cycle.[15, 16]
  - Infectious diseases of poverty (IDoP), including malaria, tuberculosis and HIV/AIDS, disproportionately affect the world's poorest populations and contribute to this cycle.[17]
- In the case of both primary care and hospital services, access based on need rather than on the ability to pay is important for health equity.[18]
- Tackling poverty in healthcare:[15]
  - Fund children's centres and programmes supporting children and families living in poverty to break the generational cycle.[16]
  - Create fair employment and work for all.
  - Ensure a healthy standard of living for all.
  - Strengthen the role and impact of preventative medicine by promoting public health initiatives (i.e mental health awareness).

Health Equity Initiative (HEI)

Health Equity Initiative (HEI) is a member-driven nonprofit membership organization dedicated to build a global community that engages across sectors and disciplines to advance health equity.

🌐 https://www.healthequityinitiative.org/take-action.html

Inner City Helping Homeless (ICHH)

A charity that provides in-reach and outreach supportive services to individuals experiencing homelessness in Ireland.
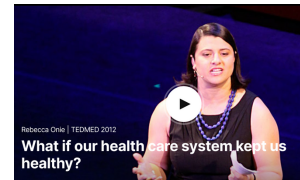
🌐 https://ichh.ie/volunteer/

Rebecca Onie: What if our health care system kept us healthy?

Rebecca Onie is a nationally recognized leader in the intersection of social determinants, population health and health care delivery.

🌐 https://www.ted.com/talks/rebecca_onie_what_if_our_health_care_system_kept_us_healthy

Closing the Health Equity Gap: Policy Options and Opportunities for Change

An input to the policy dialogue on how to implement the recommendations of the WHO's Social Determinants of Health Commission both globally and within individual country contexts.

🌐 https://apps.who.int/iris/bitstream/handle/10665/78335/9789241505178_eng.pdf;jsessionid=BF6D3C3085B44F6CFBA36DECCA938DDF?sequence=1
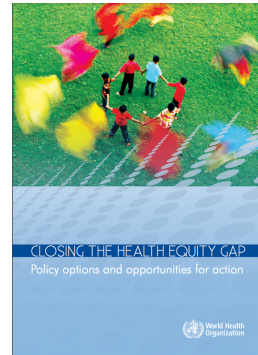
Mental Health

- Inequities in mental health contributes to profound suffering and death worldwide, largely because people cannot access the treatment they need.[19]
- What perpetuates mental health inequities?[20]
  - Discrimination and stigma.
  - Implicit biases.
  - Social determinants of mental health.
- The consequences of mental health inequities include:[19]
  - Continued unnecessary suffering and premature deaths.
  - Increased stigma and marginalisation.
  - Lack of investment in mental health workforce and infrastructure.
  - Limited or lack of treatment for people suffering from these conditions.
- Healthcare providers need to expand their roles as advocates for social change, champions for inclusion, and adjuncts to policymakers in order to reduce (and ultimately eliminate) future mental health inequities.[20]
- Addressing unmet mental health needs requires development of better mental health infrastructure and workforce, and overall integration of health services with primary care, especially in developing nations.[19]

Niteline

NiteLine's mission is to support student mental health through a confidential, late-night listening and information service.

🌐 https://niteline.ie/   📞 1800 793 793

Inequalities in Mental Health, Cognitive Impairment and Dementia Among Older People

This report focuses on inequalities in the experience and prevalence of poor mental health, cognitive impairment and dementia.

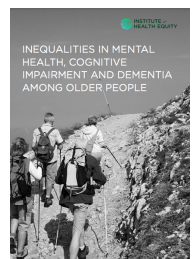🌐 http://www.instituteofhealthequity.org

Movement for Global Mental Health

This organization aims to improve services for people living with mental health problems and psychosocial disabilities worldwide.

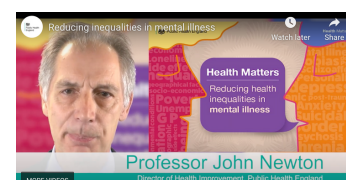🌐 https://www.globalmentalhealth.org/pages/about

Health Matters: Reducing Health Inequalities in Mental Illness (Public Health England)

Discussion on preventative actions to reduce inequalities and improve health outcomes and the lives of people with mental illness.

🌐 https://www.youtube.com/watch?v=eWezJm2zMVo&feature=emb_title

References

1. What are health inequalities? [Internet]. Healthscotland.scot. 2021 [cited 7 February 2021]. Available from: http://www.healthscotland.scot/health-inequalities/what-are-health-inequalities
2. Inequalities in health (e.g. by region, ethnicity, soci-economic position or gender) and in access to health care, including their causes [Internet]. Health Knowledge. 2021 [cited 7 February 2021]. Available from: https://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4c-equality-equity-policy/inequalities-distribution
3. Cooper R, David R. The Biological Concept of Race and Its Application to Public Health and Epidemiology. Journal of Health Politics, Policy and Law. 1986;11(1):97-116.
4. Egede L. Race, ethnicity, culture, and disparities in health care. Journal of General Internal Medicine. 2006;21(6):667-669.
5. Bulatao R, Anderson N. Understanding racial and ethnic differences in health in late life. Washington, DC: National Academies Press; 2004.
6. Racism, Inequality, and Health Care for African Americans [Internet]. The Century Foundation. 2021 [cited 7 February 2021]. Available from: https://tcf.org/content/report/racism-inequality-health-care-african-americans/
7. Williams D, Lawrence J, Davis B. Racism and Health: Evidence and Needed Research. Annual Review of Public Health. 2019;40(1):105-125.
8. Razai M, Kankam H, Majeed A, Esmail A, Williams D. Mitigating ethnic disparities in covid-19 and beyond. BMJ. 2021;:m4921.
9. Lezzoni L. Eliminating Health And Health Care Disparities Among The Growing Population Of People With Disabilities. Health Affairs. 2011;30(10):1947-1954.
10. Disability and Health [Internet]. Who.int. 2021 [cited 7 February 2021]. Available from: https://www.who.int/news-room/fact-sheets/detail/disability-and-health.
11. Krahn G, Walker D, Correa-De-Araujo R. Persons With Disabilities as an Unrecognized Health Disparity Population. American Journal of Public Health. 2015;105(S2):S198-S206.
12. Lesbian, Gay, Bisexual, and Transgender Health | Healthy People 2020 [Internet]. Healthypeople.gov. 2021 [cited 7 February 2021]. Available from: https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health
13. LGBT Health Disparities | Cigna [Internet]. Cigna.com. 2021 [cited 7 February 2021]. Available from: https://www.cigna.com/individuals-families/health-wellness/lgbt-disparities
14. Hafeez H, Zeshan M, Tahir M, Jahan N, Naveed S. Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review. Cureus. 2017;.
15. Health at a Price [Internet]. 2021 [cited 7 February 2021]. Available from: https://www.bma.org.uk/media/2084/health-at-a-price-2017
16. Impact of child poverty [Internet]. Healthscotland.scot. 2021 [cited 7 February 2021]. Available from: http://www.healthscotland.scot/population-groups/children/child-poverty/child-poverty-overview/impact-of-child-poverty.
17. Bhutta Z, Sommerfeld J, Lassi Z, Salam R, Das J. Global burden, distribution, and interventions for infectious diseases of poverty. Infectious Diseases of Poverty. 2014;3(1).
18. Farrell C, McAvoy H, Wilde J, Combat Poverty Agency. Tackling Health Inequalities An All-Ireland Approach to Social Determinants [Internet]. Publichealth.ie. 2021 [cited 7 February 2021]. Available from: https://www.publichealth.ie/files/file/Tackling%20health%20inequalities.pdf
19. Ngui E, Khasakhala L, Ndetei D, Roberts L. Mental disorders, health inequalities and ethics: A global perspective. International Review of Psychiatry. 2010;22(3):235-244.
20. Shim R, Kho C, Murray-García J. Inequities in Mental Health and Mental Health Care: A Review and Future Directions. Psychiatric Annals. 2018;48(3):138-142.

Thank You!