Brainstorming Leadership Commitment

Dr. Ann Cary, PhD, MPH, RN, FNAP, FAAN

Florida Gulf Coast University

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Review, Pair-Share, and Report YOUR Commitment to Action: Ann H Cary

- Incorporate health equity into *self-knowledge and intent*
- Identify your organizational and professional *opportunities* to *improve health equity* in your practice and community
- Develop an *action item for yourself* to bolster your personal and organizational effectiveness in addressing health equity within the next 12 months.

THEN:

- Record the ideas generated from your table on the flip chart
- Select the top three ideas with your stickers from those on the flip charts.

Zip code more influential to health than Genetic Code

- Roeder, A (2014)
- Where you live reflects income, access to transit, parks, good schools, safety, nutritional resources, broad band and access to information, type of housing and housing security, access to quality health care, and ultimately intersecting to produce levels of STRESS

Zip Code of *The "Delmar Divide," St. Louis, Mo.*
Who is most likely to have more heart disease and CA??

Proportional Contribution to Premature Death
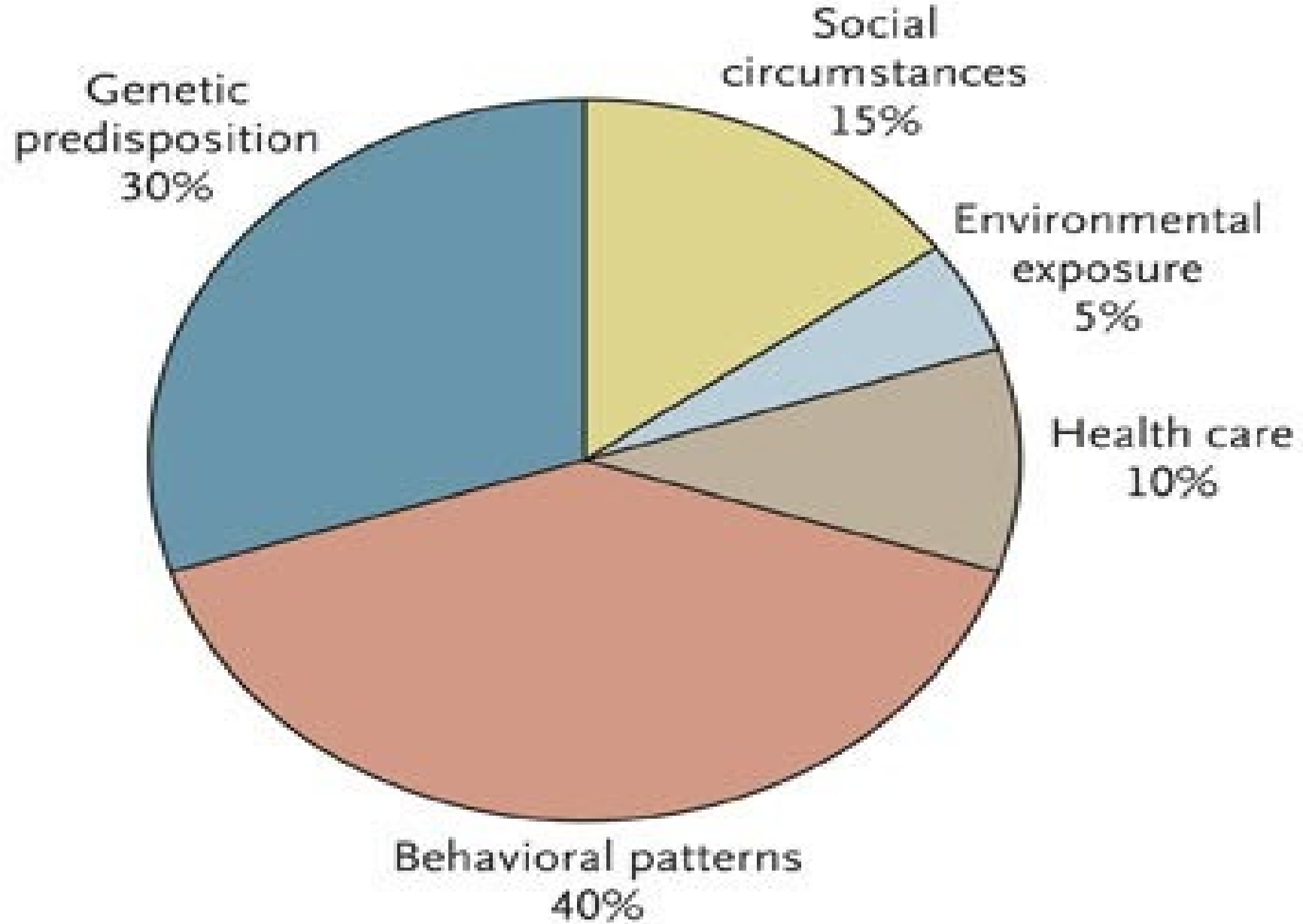
The potential for advancing (health equity) via federal policies and programs is significant, and can uplift the more than 100 million "economically insecure" people in the United States who are systematically denied opportunity.
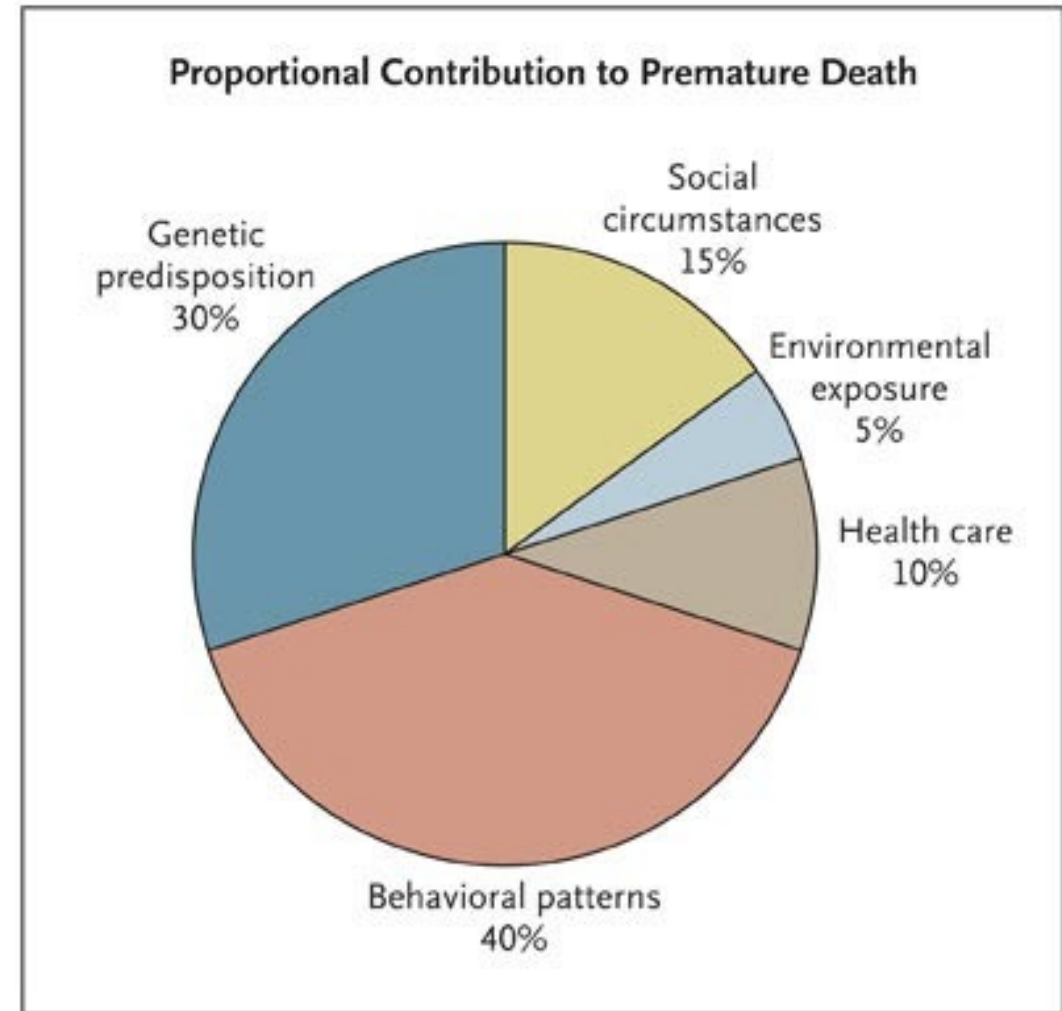
(Policy Link 2023)

Mental Health Equity:
A Political Determinant of Health

- Medicaid Expansion remains debatable in the 12 remaining states as a policy issue for access to health coverage including behavioral health.

- Health coverage improves mental wellbeing and reduces stress and anxiety among people living in or at poverty.

- 60 % of people in the coverage gap are people of color

- Mental health disparities are a workforce issue due to reduced productivity which costs the US $210.B in absenteeism and medical costs and

- Racial MH disparities cost taxpayers $278.B from 2016-2020

Federal & Community Policy Influences: Behavioral Patterns and Social Circumstances

Access to School Meals for some can be expanded to ALL: research

- Improves access to nutritious foods and beverages, *improves equity* by eliminating barriers such as completing applications, reduces "lunch shaming", eliminates income eligibility cut-offs.

- Nutrition Standards in schools should align with 2020-2025 Dietary Guidelines for Americans (DGA) : reduces overweight and obesity, increases food security, and improves academic performance

- Access to nutrient dense food and adequate calories and resulting cognitive functioning well documented. Children's' cognition, behavior and learning are impacted by nutritional status

Proportional Contribution to Premature Death

Genetic predisposition 30%
Social circumstances 15%
Environmental exposure 5%
Health care 10%
Behavioral patterns 40%

Education is a key asset to Health Equity

(Gould et al,2022)

- Examples:
  - Education - Income - Employment - Housing - Zip Code - Information Access -Health Insurance Coverage - Health care Access.
  - Nursing Education: Lack of Diversity in the CRNA profession can contribute to health disparities, racial bias in pain assessment and inadequate pain management in communities of color and disability
  - Holistic Admissions as a policy can reduce reliance on GRE as admission criteria. ½ no longer require the GRE
  - Studies show the GRE does not predict first time pass rates for CRNAs nor graduate school outcomes in the biomedical sciences

POLICY-*Preemption*: Legally overriding lower levels of governance

- While historically used to leverage racial justice, can also act to suppress local governance:

- **States prevented local governments from acting to restrict the right to leave homes due to Covid

- **If preempting public health protections, localities may have shown more preventable deaths

- ** Corporations can lead preemptive policies to thwart local governments to enact paid sick leave, protect residents from pollution, regulate tobacco etc. 13 states have preempted local control for adopting smoke-free air policies (Smoking-related deaths are #1 mortality among Black people in US)

POLICY: Non-Compete Clauses

- *Employees prevented from joining a competing business or starting own business after leaving a company.*

- *20% (32M) have signed these clauses in contracts*

- *Disproportionately harms women and people of color and disability*

- *Can artificially suppress wages-keeping pay below market rate-, decreases competition and stifles innovation*

- *Non-compete workers have to give up better paying job opportunities or sit out the workforce upon leaving employment*

- *Removal of Non-competes can reduce wage gap by race and gender and disability.*

Use of AI in Effective Clinical Decisions: Testing the Leaders' Critical Appraisal

- **AI:** computational technique, machine learning, natural language processing
- **Algorithmic BIAS:** when AI compounds existing inequities in SES, race, ethnicity, religion, disability, gender, sexual orientation= continuing inequities.

Examples:

- ** Commercial risk prediction algorithm discriminates against Black patients (Obermyer,2019);
  **Use of insufficient dose of opioids in end-of-life care for Black Patients (NIH,2023);
  **Skin imaging data sets to improve DX for Skin Cancer leads to underreporting for darker skin types;
  **EHR and Insurance data does not adequately capture education, housing and employment intersectionality yet is used to develop administrative and clinical decision support for reimbursement.

AI et al: when data compounds social reality (HOBOR, 2022)

- Critically examine the way data is produced, possible sources of bias, flawed or incomplete.

- Acknowledge and address how data shapes our society

T/F???: Data we rely on for decision making is objective, neutral, and represents reality.

- Data we rely on is inherently mediated with bias and error because humans bake their perspective into data

- Education: GRE, ACT, Admissions, Testing

- Organization Assessments:Patient reviews are biased against physicians of color

- Clinical treatments: Algorithms that determine treatment (including race as a clinical predictor) require Black patients to be sicker than White patients before treatment is recommended

- Pain management with opioids are not as easily prescribed as for White patients

- Opioid Use Disorder (OUD) patients have more than double the odds of rejection to post acute care from safety net hospitals

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Algorithmic Accountability? (O'Connor et al , 2022)

What is the nurse leaders' role in assessing and creating institutional policies that properly vet the use of AI products with your specific populations of service?

Lobbying?

Policy Analysis?

Patient Advocacy groups?

Involvement in development and governance of AI in health care?

Address systematic imbalances in health care data and automated decision support?

What can you do to understand the political/social choices costs and benefits of your data?

- Seek to illuminate the algorithmic decision-making to ensure accountability and fairness; understand if the algorithm might be systematically placing certain groups at a disadvantage.

- Provide context so data is only oneTOOL for decision-making rather than portraying TRUTH.

- Involve those affected by the use of your data (community? patients? professionals?) to inform context and consider how their "Truths" may mediate the decisions you make based on the data.

Professional Organizations & Regulators *exemplars*

- *Joint Commission* elevating the Leadership Standard LD.04.03.08 to a National Safety Patient Goal 16:- (Perlin, 2023)

- By elevating this to a National Goal accreditors are voicing the importance of organizations *ensuring oversight and accountability* for health equity. *Links health equity with patient safety.*

- *American Academy of Nursing* Policy Priorities (2023-2024): Influence policy to achieve HE; Integrate Nursing Science into social justice decisions; disseminate nurse-driven innovation to reduce inequities and improve health; nurse leaders to advance local and global change

Nurses as Leaders and Gatekeepers(Macy)

- How do I control access to Knowledge and Resources?

- How do I potentially stand in the way of someone being able to gain knowledge and resources?

- How might I be unknowingly upholding the status quo of structural racism within my sphere of influence?

- How can I be more cognizant of negative stereotypes about marginalized groups and interrupt it and not act upon it?

- What role must I and my organization play in mediating 90% of the causes of health outside of health care delivery?

- For which policies in my institution, local, state and federal arenas can I take political action to improve health equity?

- Who will I ask to hold me accountable for influencing real change one year from now?

Review, Pair-Share, and Report Your Commitment to Action

NOW LET'S WORK!

- Identify a reporter to share the ideas from your table

- Take 20 minutes to discuss at your table one personal and one organizational opportunity to address the health equity challenge you identify

- State to your table one action item you will take in next 12 months to improve your effectiveness in addressing HE. Submit your response to your reporter by completing your form on your table.

- Reporter notes the action items from the table on the flip chart.

- Each Audience member selects the top 3 ideas they like.

RWJF Raising the Bar Framework
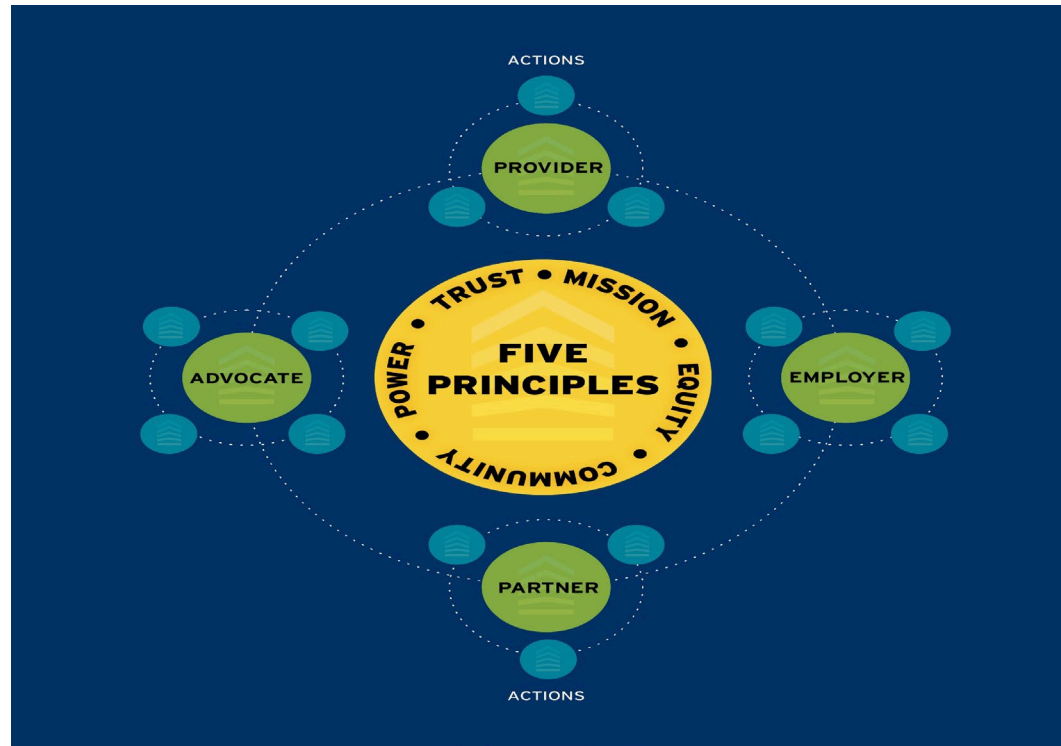
WHO on Health Inequities (2018)

- 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.

- Health inequities are unfair and could be reduced by the right mix of government policies.