



# Bringing Health Equity Rounds to Your Practice

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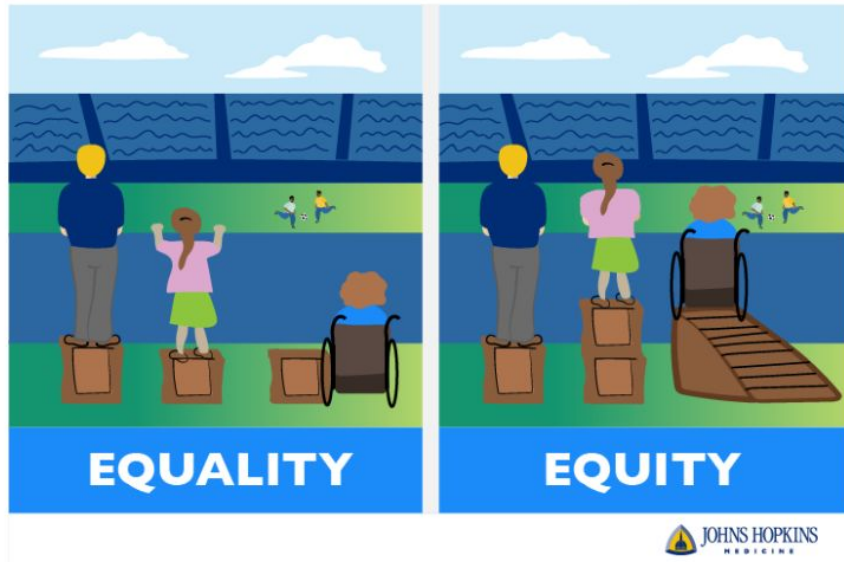


## Outline

- 1) Re-Introduction to Health Equity Rounds
- 2) Expected Challenges
- 3) Suggested Topics
- 4) Examples



# Health Equity





## Health Equity Rounds

- Health Equity Rounds are a solutions-oriented, case-based conference series
- Address health equity using cases that happen in our own clinical practice
- Started in 2016 at Boston Medical Center but has since spread to programs across the United States

Original Publication

 Open Access

## Health Equity Rounds: An Interdisciplinary Case Conference to Address Implicit Bias and Structural Racism for Faculty and Trainees

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## Health Equity Rounds Key Qualities

- Introduce topics/cases around racism, bias, and equity
- Describe historical context
- Evidence based tools
- Interactive nature, self reflection on personally held biases
- Participate freely and respectfully in a safe space
- Didactic session, or grand rounds setting



## **Bringing Health Equity Rounds: Academic Setting vs. Community Practice**

- What are some differences between academic/hospital setting vs. community/private practice?
- What are some challenges you may encounter in community/private practice?



## Challenges

- Anonymity
- Interest from staff to attend
- Scheduling
- Political or social environment
- Diversity of patient population
- Finding cases
- Lack of familiarity with the topic



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## Proposed solution: Create buy-in

- Give plenty of lead time up to the session
- Emphasize that EVERYONE can attend (not just clinical staff)
- Ensure everyone of the ground rules regarding confidentiality and safe space
- Gauge interest or seek out topics with pre-surveys (anonymous)
- Block off schedules to reflect how your office prioritizes health equity as a topic, and also values everyone's input
- During the presentation: keep it interactive, or use anonymous ways of participation (chats)



## Proposed solution: Maintain interest

- Emphasize solutions
- Group activity (ie: writing letters)
- Be concrete with next steps
  - Attending a conference
  - Changes in the office
  - Changes in clinical practice





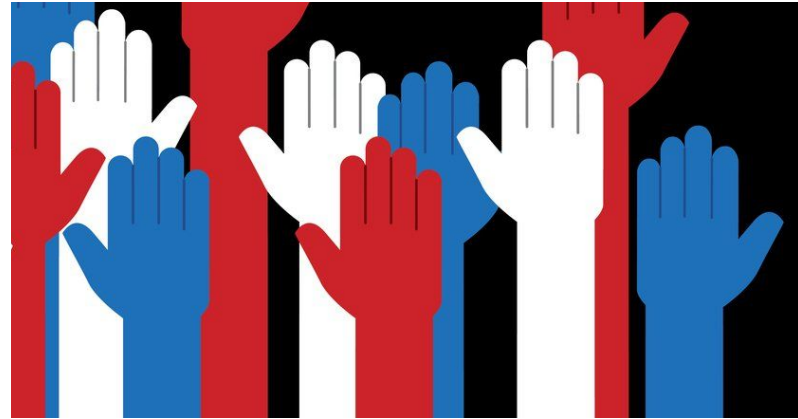
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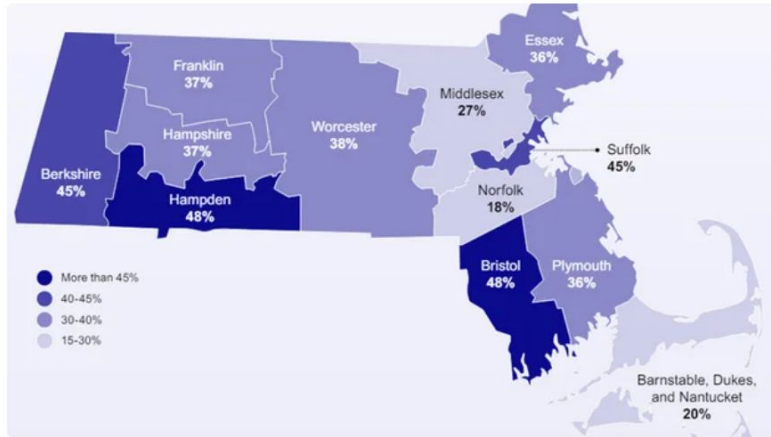
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## Proposed solution: Know your audience

- Be sensitive to the political and social landscape you are working with
- Pre-surveys can be helpful to know your environment
- Most material can be presented in multiple ways- be creative
- Session can be done with limited slides to foster conversation without things in writing

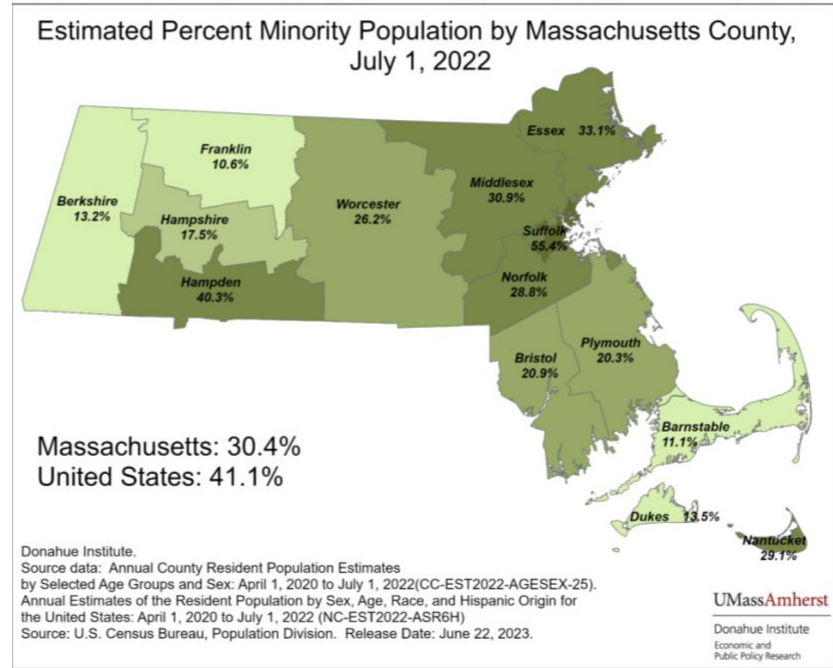


# Proposed solution: Know your community



A map showing food insecurity in Massachusetts counties

Greater Boston Food Bank





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## Proposed solution: Know that you are not alone!

- Guest Speakers, local academic centers, and trainees
- Resources are available
  - <https://www.bmc.org/medical-professionals/education-training/health-equity-rounds>
  - <https://www.umassmed.edu/pediatrics/residency/program-highlights/health-equity-advocacy-and-global-health2/>
  - <https://www.apha.org/topics-and-issues/health-equity>

Next Steps

## Join An Upcoming Health Equity Rounds!



Follow this QR code & select “contact the group’s owners and managers” to request to join our Google Group & shared calendar of upcoming webinars



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# Strengths

- Strong connections
- Interdisciplinary audience
- More effective or quicker turnaround for change



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## Suggestions for Topics

- Implicit bias
- Microaggression
- METCO
- ADHD/Behavior
- Food security, access to formula
- Housing
- Derm findings in different skin types
- Pulse ox, light reflex, transcutaneous bilirubin
- Topics around gender affirming care
- Access to language interpretation
- Immigrant health



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## Suggestions for Topics

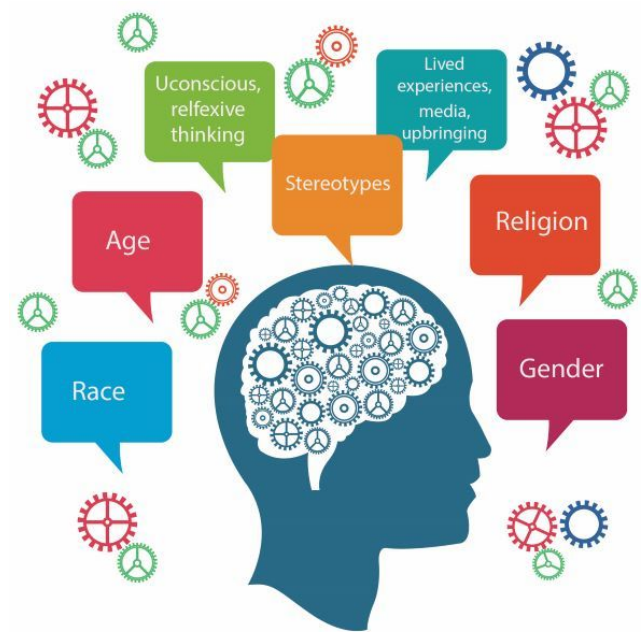
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## Example 1: Implicit Bias

IMPLICIT BIAS: *unconscious beliefs or stereotypes that affect actions and decisions*





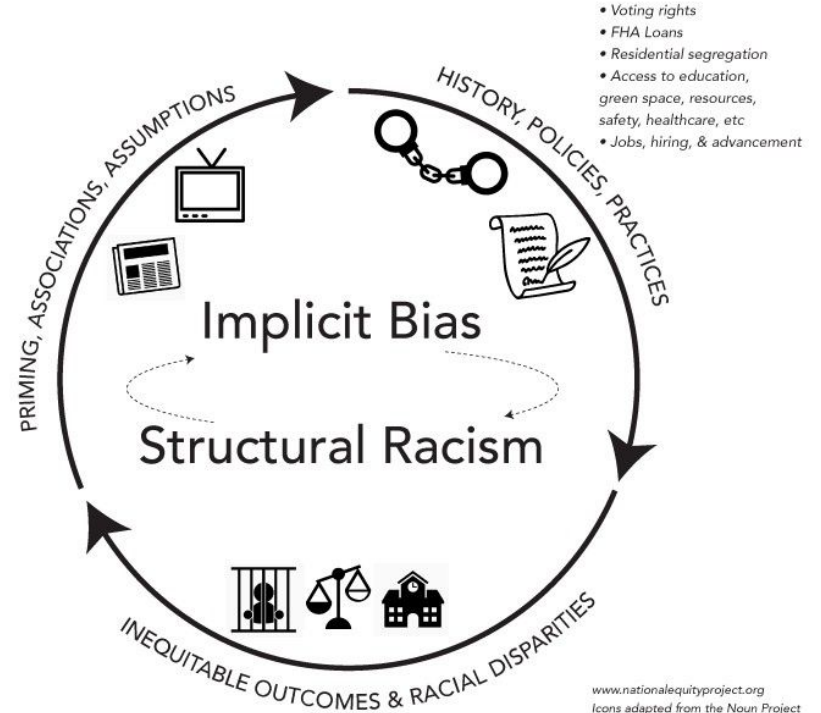
## Part 1: Definitions



# Part 1: Definitions

Link implicit bias with structural racism

Link implicit bias with medicine and health outcomes





## Part 2: Present a case

- 1) Present it in pieces, have your participants imagine the patient with each piece of information you give
  - a) Ex: A 9 yo boy comes in for behavioral concerns at school - what is an immediate image that comes to mind?  
How about after having some more information about the patient?
- 2) Review pieces of the case that may exhibit codified language
  - a) Ex: school reports calling mom “abrasive,” and that child is “dangerous” on the schoolbus
- 3) Review the outcome of the case and potential effect of the bias at hand
  - a) Ex: delayed diagnosis of ADHD

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## Part 3: Put it together

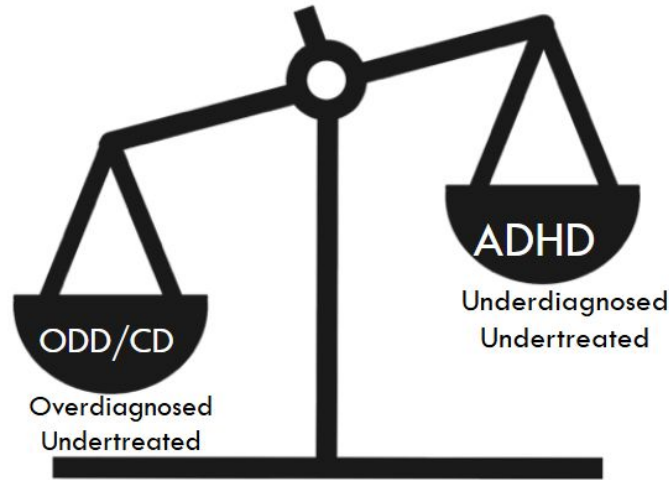
Present relevant information to drive home the point that implicit bias plays a role in how we deliver care in healthcare and in education.

Take the opportunity to give historical context for the case you are discussing



## Part 3: Putting it all together

### ADHD, ODD, and CD in Minority Youth





## Part 4: Give solutions

- Summarize how implicit bias played a role in outcomes
- Encourage awareness of codified language and our own biases
- Bring it back to your participants (refer to pre-survey or the case)
- Take the Implicit Association Test:  
<https://implicit.harvard.edu/implicit/takeatest.html>



**Project Implicit**



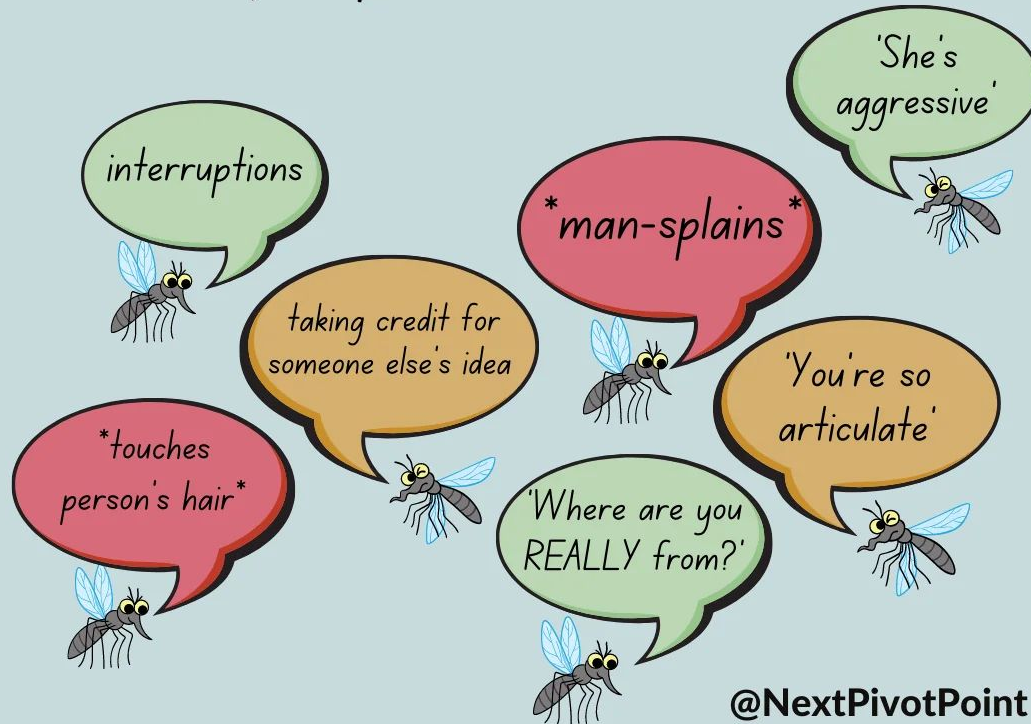


# Types of Microaggressions

- 1) **Microinvalidations-** actions or words that dismiss a person's experience
  - a) *"Don't be so sensitive" or "I am colorblind, I can't be racist"*
  - b) *"No... where are you really from?"*
- 2) **Microinsults** - unconscious/subtle comments that demean someone's identity
  - a) *"You speak English so well!" or "You're so articulate"*
  - b) *Asking a black student at a prestigious university what sport he plays to get into this college*
- 3) **Microassault-** overt, intentional acts of discrimination over time
  - a) *Racial slurs or bigoted references worked into everyday conversation*
  - b) *Denying service to someone due to their identity*
- 4) **Environmental microaggression**

# Common Workplace Microaggressions

*like millions of mosquito bites over time*





## Creating the talk

- 1) Definitions
- 2) Present case
- 3) Putting it all together
- 4) Give solutions



## Example solutions

- 1) Example responses: many existing resources
  - a) American Academy of Child and Adolescent Psychiatry:  
[https://www.aacap.org/App\\_Themes/AACAP/docs/resources\\_for\\_primary\\_care/cap\\_resources\\_for\\_medical\\_student\\_educators/responding-to-microaggressions-and-bias.pdf](https://www.aacap.org/App_Themes/AACAP/docs/resources_for_primary_care/cap_resources_for_medical_student_educators/responding-to-microaggressions-and-bias.pdf)
- 2) Have open communications with supervisors so there is a method for speaking up
- 3) Give feedback to people who are receiving reports of committing the microaggression



## **Make a plan to bring HER to your practice!**

- 1) Familiarize yourself with the key characteristics of HER
- 2) Make a plan with plenty of lead-in time
- 3) Take notes on cases, find relevant issues in the community, or identify a guest speaker
- 4) Send out pre-surveys, recruit everyone from the office to join
- 5) Run your first Health Equity Rounds!

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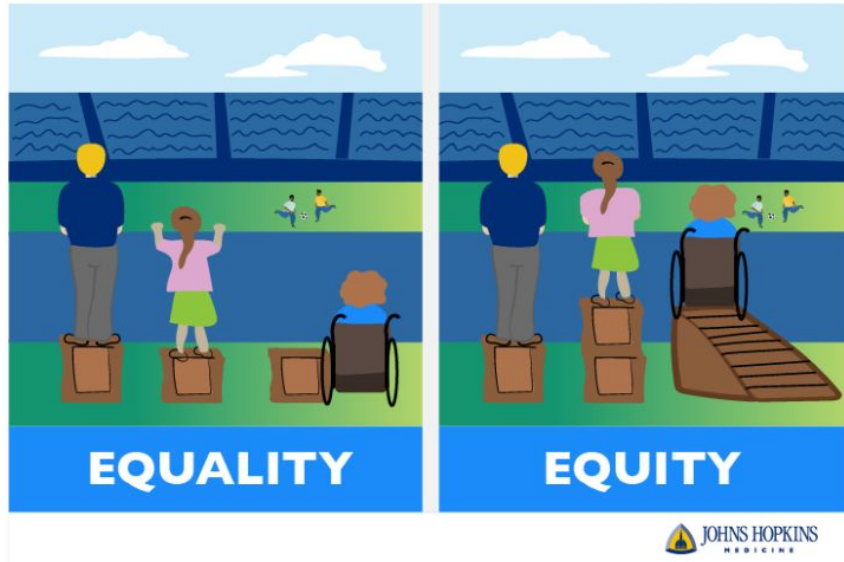


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## Questions/Conversations





# Sources

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