

Race and Language in Healthcare: The Impact on Quality of Care

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Ground Rules

- Value & respect the diverse perspectives and experiences in the room.
- Listen actively, with humility, empathy, & respect for the person sharing their experience.
- Speak from your own experience rather than generalizing or speaking for others. Use “I” statements instead of “they,” “we,” & “you.”
- Avoid making assumptions about another person’s identity. Do not expect others to speak on behalf of their race, ethnicity, culture, gender, sexual orientation, ability, or other groups they may identify with.
- Engage in dialogue, not debate. Dialogue involves open-ended discussion where people express & learn from one another’s experiences & perspectives.

Ground Rules

- For people who don't usually talk about racism in diverse groups, these conversations can feel uncomfortable. Remember that the goal is not for everyone to feel comfortable; it is to gain deeper understanding through listening & respectful dialogue.
- Be open to learning from others, but take responsibility for your own learning as well. Don't expect people from marginalized groups to educate you on their experiences.
- Share the air. If you tend to dominate discussions, take a step back so others' voices can be heard. If you tend to be quiet, challenge yourself to speak up so others can learn from you.

A SOCIOLOGIST EXAMINES THE “WHITE FRAGILITY” THAT PREVENTS WHITE AMERICANS FROM CONFRONTING RACISM

By Katy Waldman July 23, 2018



Much of Robin DiAngelo's book is dedicated to pulling back the veil on so-called pillars of whiteness: assumptions that prop up racist beliefs without white people realizing it.

Photograph by Christopher Anderson / Magnum

In more than twenty years of running diversity-training and cultural-competency workshops for American companies, the academic and educator Robin DiAngelo has noticed that white people are sensationally, histrionically bad at discussing racism. Like waves on sand, their reactions form predictable patterns: they will insist that they “were taught to treat everyone the same,” that they are “color-blind,” that they “don’t care if you are pink, purple, or polka-dotted.” They will point to friends and family



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Preliminary Information

On the next page you'll be asked to select an Implicit Association Test (IAT) from a list of possible topics . We will also ask you (optionally) to report your attitudes or beliefs about these topics and provide some information about yourself.

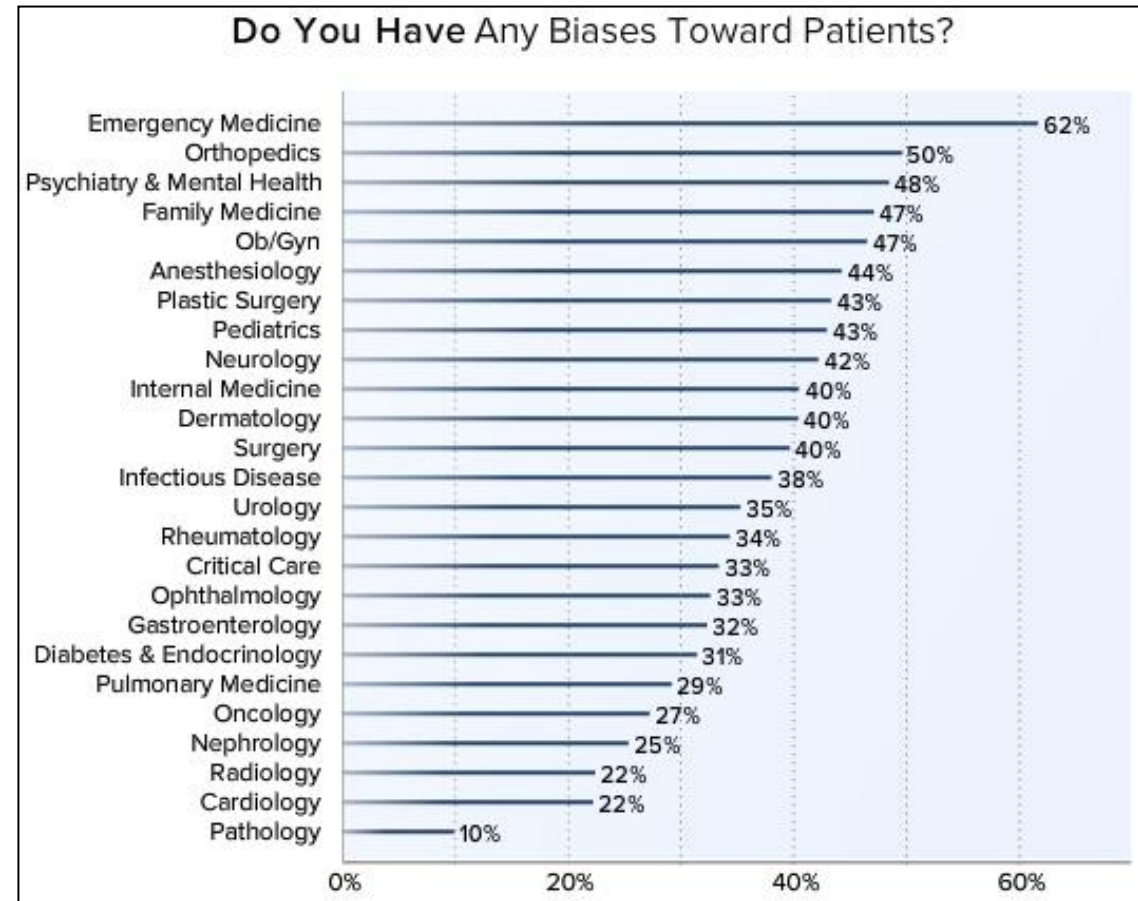
We ask these questions because the IAT can be more valuable if you also describe your own self-understanding of the attitude or stereotype that the IAT measures. We would also like to compare differences between people and groups.

Data Privacy: Data exchanged with this site are protected by SSL encryption. Project Implicit uses the same secure hypertext transfer protocol (HTTPS) that banks use to securely transfer credit card information. This provides strong security for data transfer to and from our website. IP addresses are routinely recorded, but are completely confidential. We make the anonymous data collected on the Project Implicit Demonstration website publicly available. You can find more information on our [Data Privacy page](#).

Important disclaimer: In reporting to you results of any IAT test that you take, we will mention possible interpretations that have a basis in research done (at the University of Washington, University of Virginia, Harvard University, and Yale University) with these tests. However, these Universities, as well as the individual researchers who have contributed to this site, make no claim for the validity of these suggested interpretations. If you are unprepared to encounter interpretations that you might find objectionable, please do not proceed further. You may prefer to examine [general information about the IAT](#) before deciding whether or not to proceed.

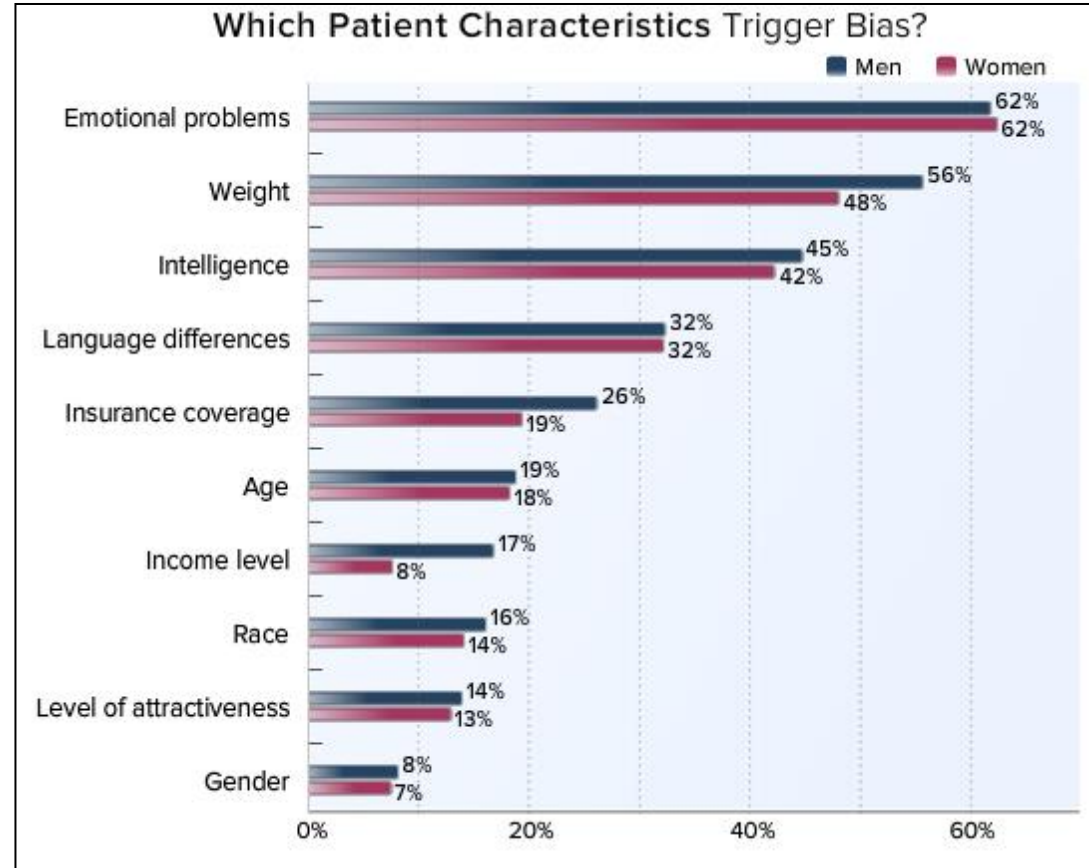
You can contact our research team (implicit@fas.harvard.edu) or Harvard's Committee on the Use of Human

Medscape Lifestyle Report 2016: Physician Bias



Source: Medscape Lifestyle Report 2016: Bias and Burnout <https://www.medscape.com/slideshow/lifestyle-2016-overview-6007335#6>

Medscape Lifestyle Report 2016: Physician Bias



Source: Medscape Lifestyle Report 2016: Bias and Burnout. <https://www.medscape.com/slideshow/lifestyle-2016-overview-6007335#6>

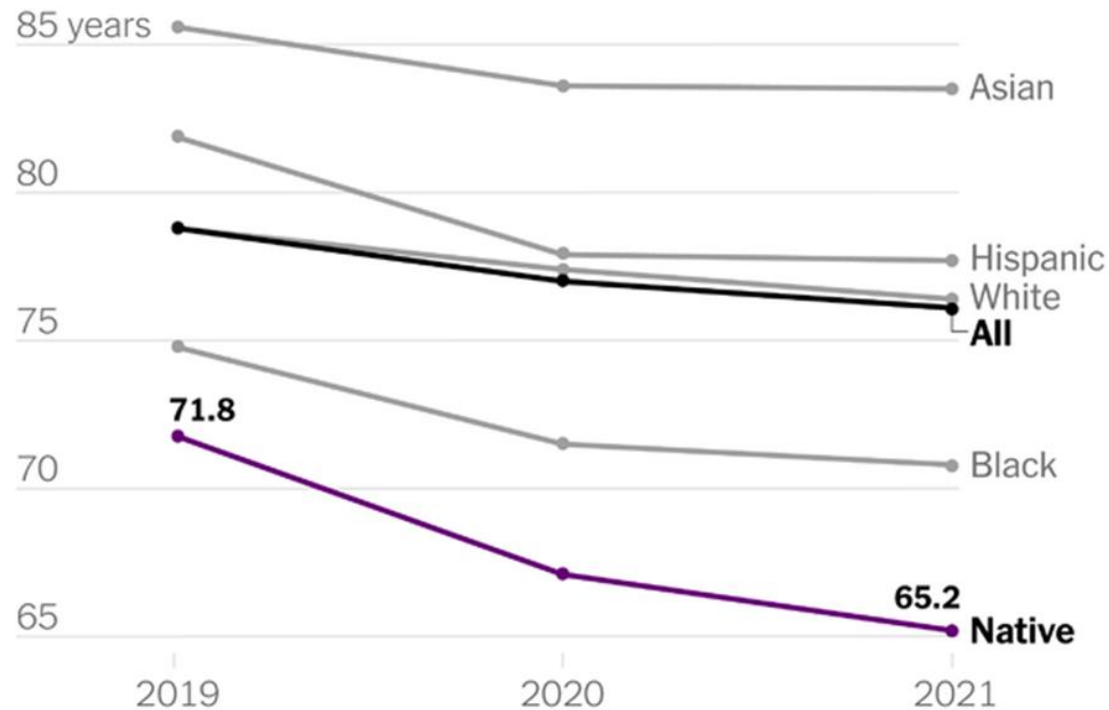
Patient Safety & Patients with Limited English Proficiency

- Adverse events affect patients with limited English Proficiency (LEP) **more frequently** and **severely** than English speaking patients
- Patients with LEP **are more likely to experience medical errors** due to communication problems
- Patients with LEP **are more likely to suffer physical harm** when errors occur (49.1% vs. 29.5%)*

*Divi C, Koss RG, Schmaltz SP, Loeb JM. Language proficiency and adverse events in US hospitals: a pilot study. Int J Qual Health Care. Apr 2007;19(2):60-67.

Impact of History, Poverty, Economic Neglect

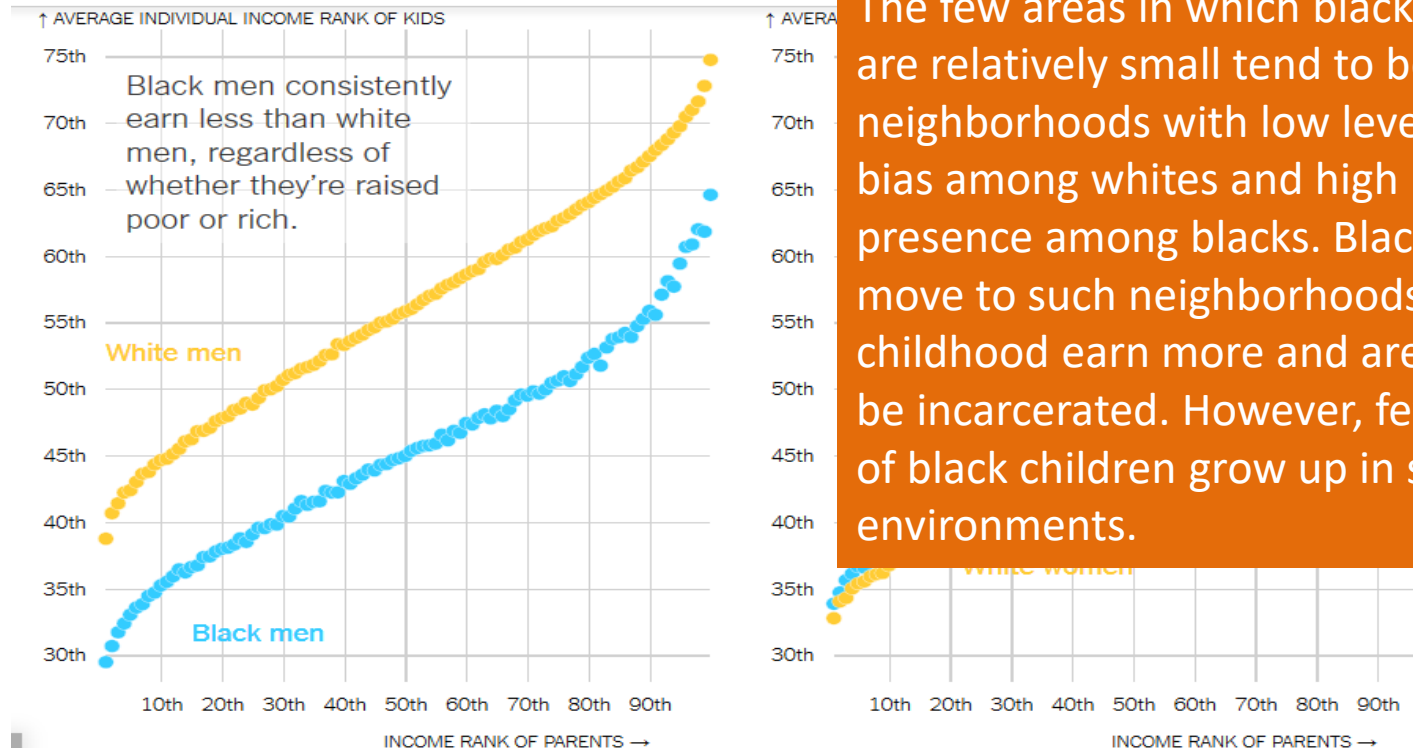
U.S. life expectancy



Figures for white, Black, Asian and Native people exclude Hispanic people. | Source: The National Center for Health Statistics



Race and Economic Opportunity in the US – or the intergenerational persistence of disparities in the US



The few areas in which black-white gaps are relatively small tend to be low-poverty neighborhoods with low levels of racial bias among whites and high rates of father presence among blacks. Black males who move to such neighborhoods earlier in childhood earn more and are less likely to be incarcerated. However, fewer than 5% of black children grow up in such environments.

Source: Raj C. et al. *Race and Economic Opportunity in the United States: An Intergenerational Perspective*, NBER Working Paper No. 24441, Mar 2018

Mass Incarceration

- One out of four African-American males will serve prison time at one point or another in their lives.

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What Are Disparities?

Gaps in quality of health and health care due to differences in race, ethnicity, socioeconomic status, sexual orientation, gender identity, and/or ability

Examples of Racial & Ethnic Disparities in Health Care:

- African Americans and Latinos receiving less pain medication than Whites for long bone fractures in the Emergency Department and for cancer pain on the floors
- African Americans with end-stage renal disease being referred less to the transplant list than Whites
- African Americans being referred less than Whites for cardiac catheterization and bypass grafting



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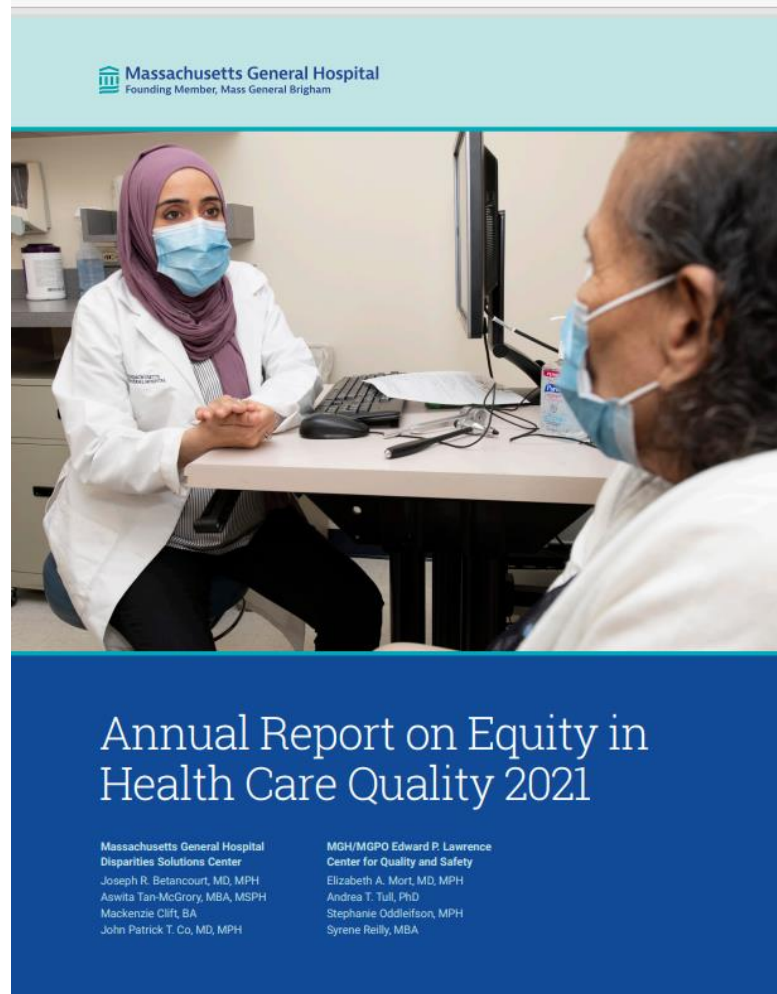
The Disparities Solutions Center is dedicated to the development and implementation of strategies that advance policy and practice to eliminate racial and ethnic disparities in health care.



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<https://www.mghdisparitiessolutions.org>

Annual Report on Equity in Health Care Quality



- Demographic Profile of MGH patients
- Improving Patient Experience
- Serving Patients with Limited English Proficiency
- Obstetrics/Gynecology: Improvement in C-section Rates for Black Women
- Primary Care: Addressing Disparities in Preventive Health Screenings, Chronic Disease Management

Adult Preventive Care Screenings, December 2021

Race and Ethnicity

	Breast Cancer	Cervical Cancer	Lung Cancer	Colorectal Cancer	Diabetes	Chlamydia	Depression	AAA	Hepatitis C	HIV	Tobacco
People of Color	77%	75%	65%	75%	94%	50%	55%	70%	73%	83%	86%
White	82%	77%	68%	79%	93%	48%	59%	73%	74%	77%	88%

Interpreter Needed (LEP)

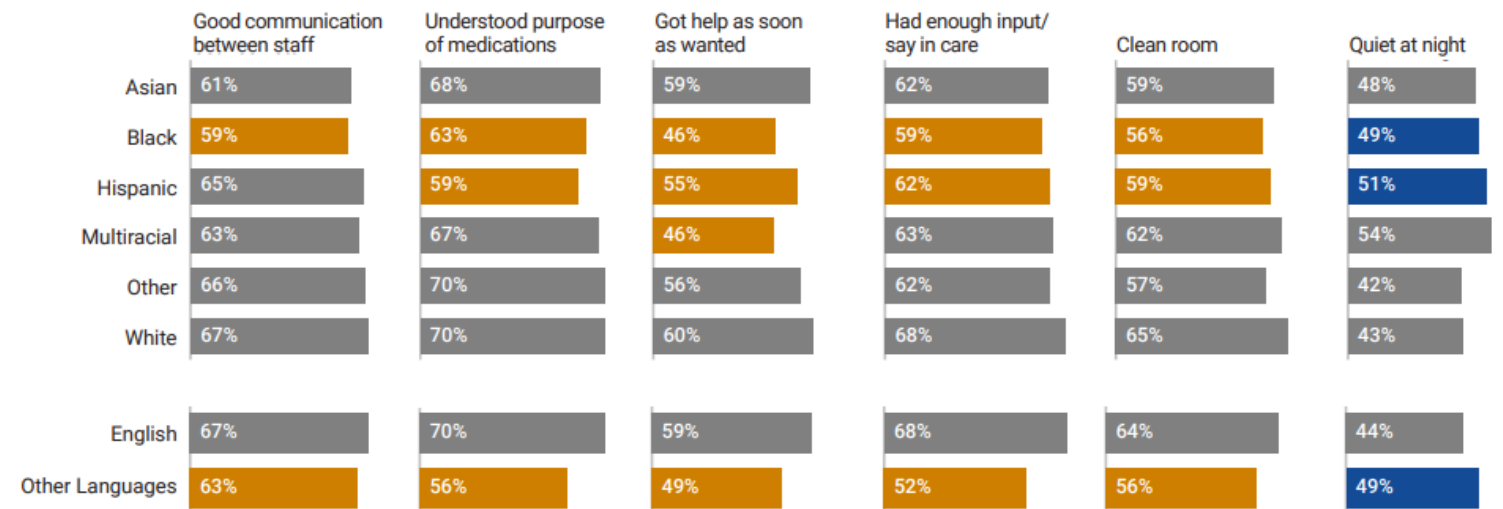
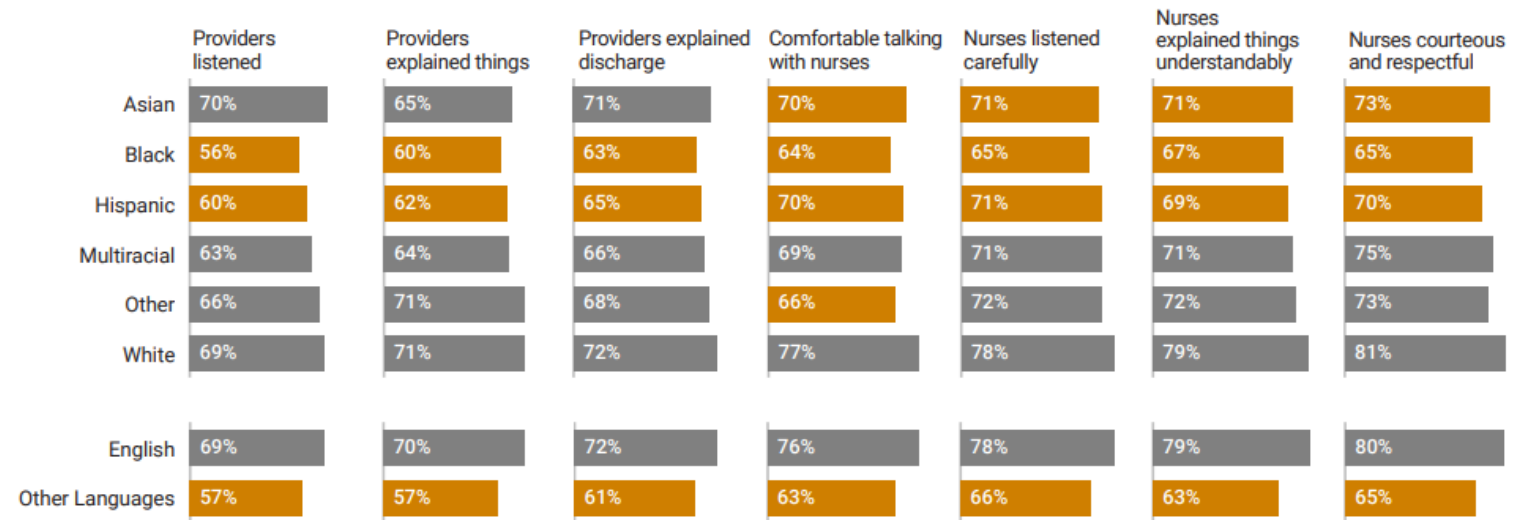
	Breast Cancer	Cervical Cancer	Lung Cancer	Colorectal Cancer	Diabetes	Chlamydia	Depression	AAA	Hepatitis C	HIV	Tobacco
Needed	76%	77%	67%	72%	95%	43%	53%	74%	79%	87%	87%
Not Needed	82%	77%	69%	79%	94%	50%	59%	72%	74%	79%	87%

Payer

	Breast Cancer	Cervical Cancer	Lung Cancer	Colorectal Cancer	Diabetes	Chlamydia	Depression	AAA	Hepatitis C	HIV	Tobacco
Commercial	83%	78%	67%	79%	93%	49%	57%	64%	69%	78%	88%
Medicaid ACO	72%	75%	65%	67%	94%	54%	57%	0%	76%	86%	81%
Medicaid Other	62%	65%	52%	61%	91%	44%	40%	59%	69%	79%	77%
Medicare	81%	81%	70%	81%	98%	33%	68%	76%	89%	84%	91%
Other	59%	55%	59%	63%	86%	39%	27%	40%	51%	68%	70%



Patient Experience Rates, MGH Inpatient Survey by Race/Ethnicity and Language, 2021

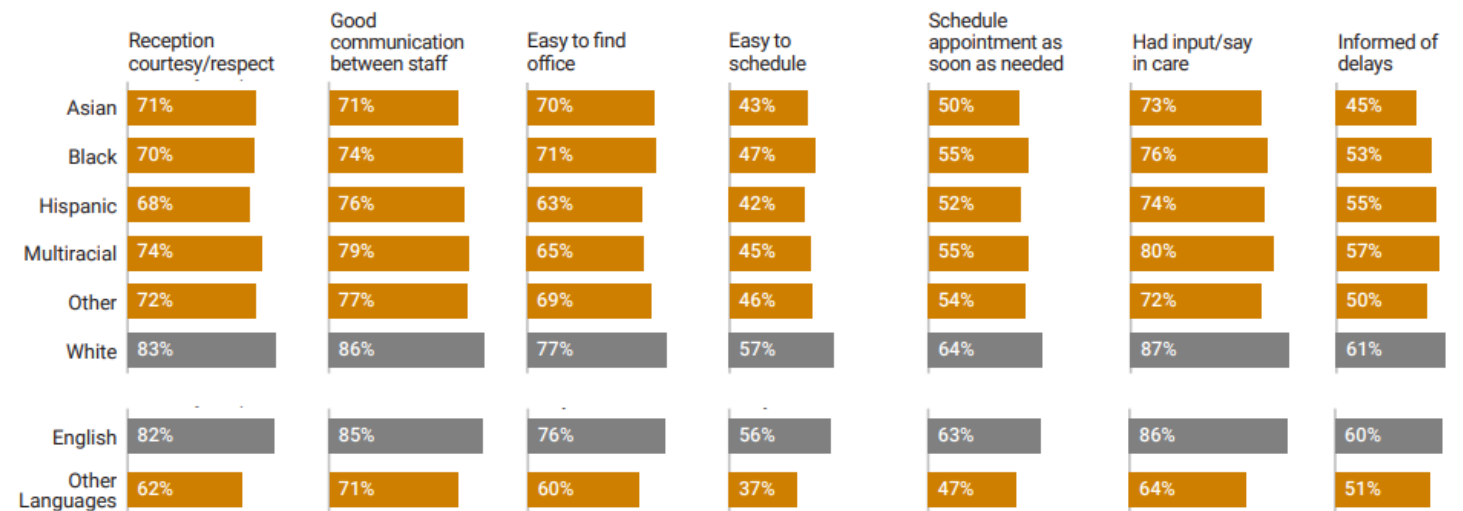
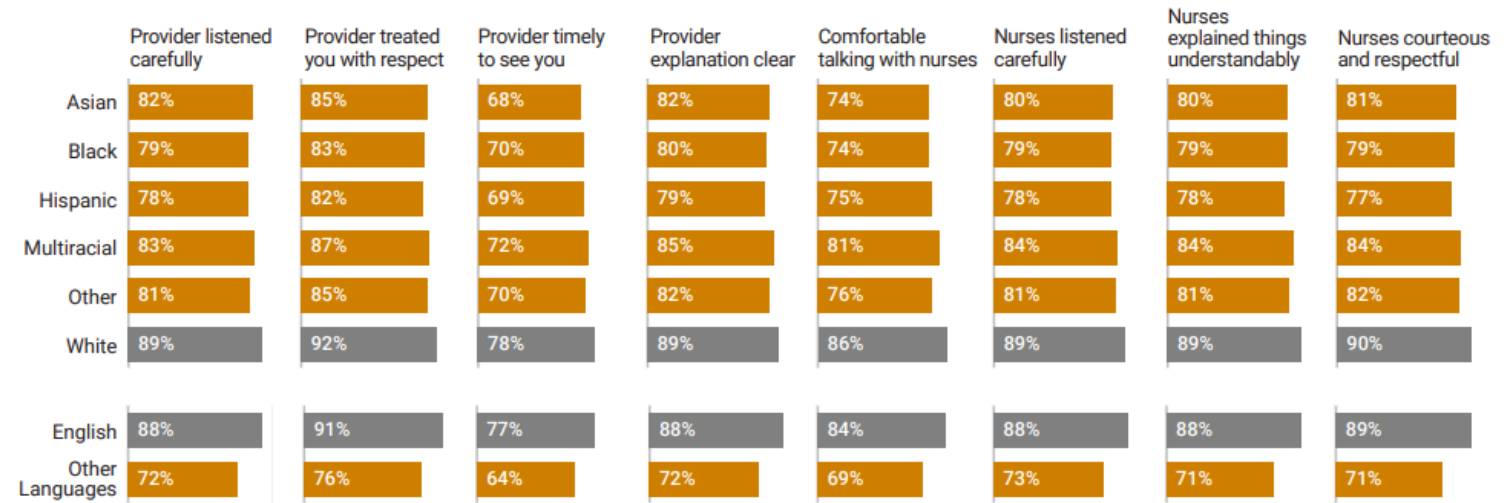


Significantly higher than comparison population

No different from comparison population

Significantly lower than comparison population

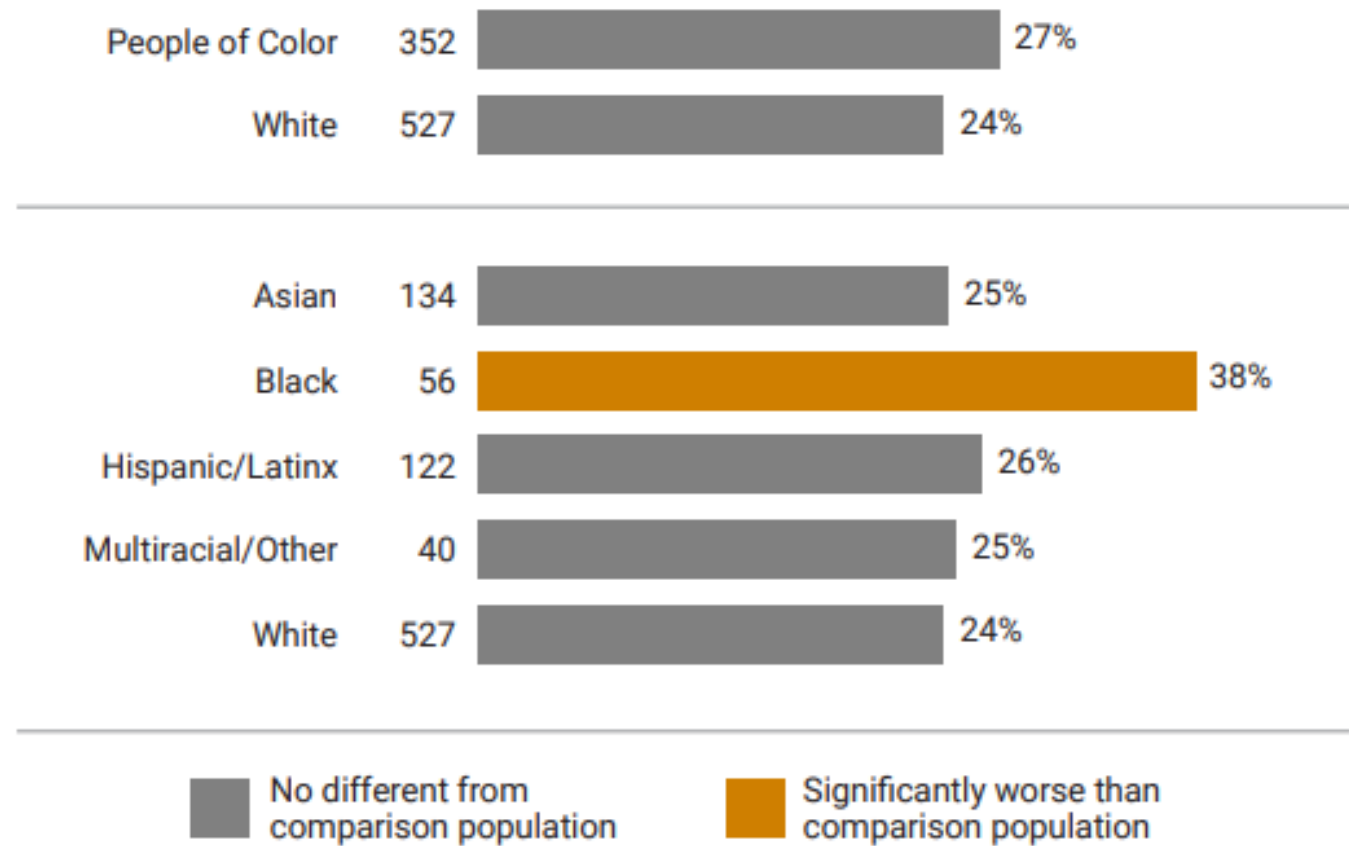
Patient Experience Rates, MGH Ambulatory Practice Survey by Race/Ethnicity and Language, 2021



NTSV C-Section Rates

NTSV – C section rate for women who are “low risk”: first time mothers, greater or equal to 37 weeks, carrying a singleton, head down fetus. Black women have higher rates, a finding not entirely explainable by difference in other measurable characteristics such as obesity, medical co-morbidities, obstetrical risk factors or labor management practices.

NTSV C-Sections by Race and Ethnicity, 2019–2021



GLOBE MAGAZINE

Here's what doulas do, and how they're fighting for Black maternal health

Rhode Island is expanding access to doulas and investing in healthier birth outcomes. Why isn't the rest of the country doing the same?

By **Dasia Moore** Globe Staff,
Updated October 13, 2021, 12:17 p.m.



Outpatient Services Provided, by Mode of Interpretation: FY2020



Patient characteristics associated with the successful transition to virtual care: Lessons learned from the first million patients

Kori S Zachrison¹ , Zhiyu Yan², Thomas Sequist³, Adam Licurse^{3,4}, Aswita Tan-McGrory⁵, Alistair Erskine³ and Lee H Schwamm^{2,3}

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English speaking patients-28.9% had audio visits, patients w LEP-40.3% had audio visits, patients with lower odds of virtual participation were non-Hispanic Asian.

Abstract

Introduction: The increased use of telehealth to maintain ambulatory care during the COVID-19 pandemic had potential to exacerbate or diminish disparities in access to care.

Objective: The purpose of this study was to describe patient characteristics associated with successful transition from in-person to virtual care, and video vs audio-only participation.

Methods: This was a retrospective analysis of electronic health record data from all patients with ambulatory visits from 1 October 2019–30 September 2020 in a large integrated health system in the Northeast USA. The outcome of interest was receipt of virtual care, and video vs audio-only participation. We matched home addresses with census-tract level area social vulnerability index (SVI) and Internet access. Among ambulatory care patients, we used logistic regression to identify characteristics associated with virtual participation. Among virtual participants, we identified characteristics associated with video vs audio-only visits.



Is the Gap Closing? Comparison of Sociodemographic Disparities in COVID-19 Hospitalizations and Outcomes Between Two Temporal Waves of Admissions

Priscilla G. Wang^{1,2} · Nicholas M. Brisbon^{1,4} · Harrison Hubbell³ · John Pyhtila³ · Gregg S. Meyer⁵ · Po-Yu Lai³ · Dellara F. Terry^{1,6}

Received: 11 October 2021 / Revised: 6 January 2022 / Accepted: 23 January 2022
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Abstract

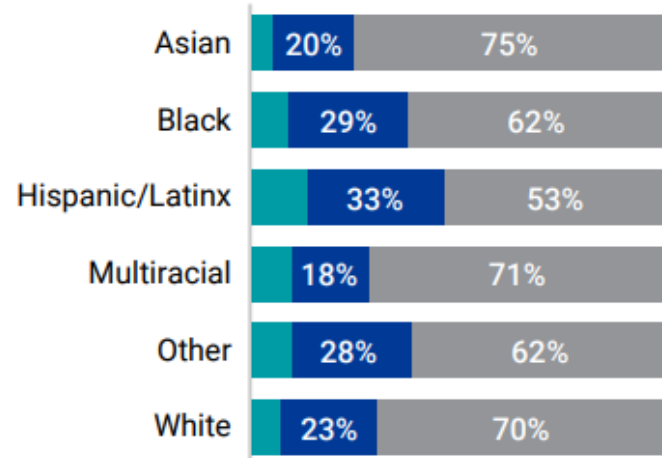
Objective The COVID-19 pandemic has disproportionately impacted minority communities, yet little data exists regarding whether disparities have improved at a health system level. This study examined whether sociodemographic disparities in hospitalization and clinical outcomes changed between two temporal waves of hospitalized COVID-19 patients.

Methods This is a retrospective cohort study of primary care patients at Mass General Brigham (a large northeastern health system serving 1.27 million primary care patients) hospitalized in-system with COVID-19 between March 1, 2020, and March 1, 2021, categorized into two 6-month “wave” periods. We used chi-square tests to compare demographics between waves, and regression analysis to characterize the association of race/ethnicity and language with in-hospital severe outcomes (death, hospice discharge, intensive unit care need).

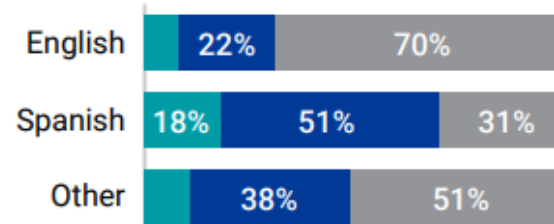
Comparing two COVID-19 temporal waves, significant sociodemographic disparities in COVID-19 admissions improved between waves but continued to persist over a year, demonstrating the need for ongoing interventions to truly close equity gaps. Non-English-speaking language status independently predicted worse hospitalization outcomes in wave 1, underscoring the importance of targeted and effective in-hospital supports for non-English speakers.

Type of Virtual Visit, 2021

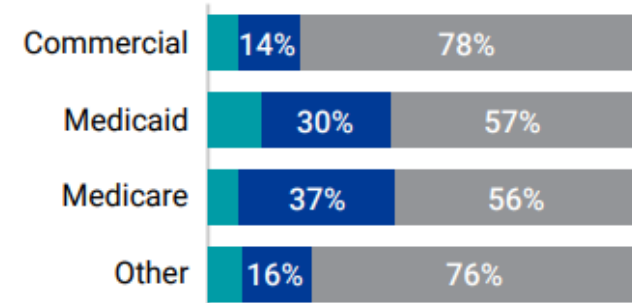
Race and Ethnicity



Language



Payer



Virtual Visit:
Stand Alone (STDA)

Virtual Visit:
Phone

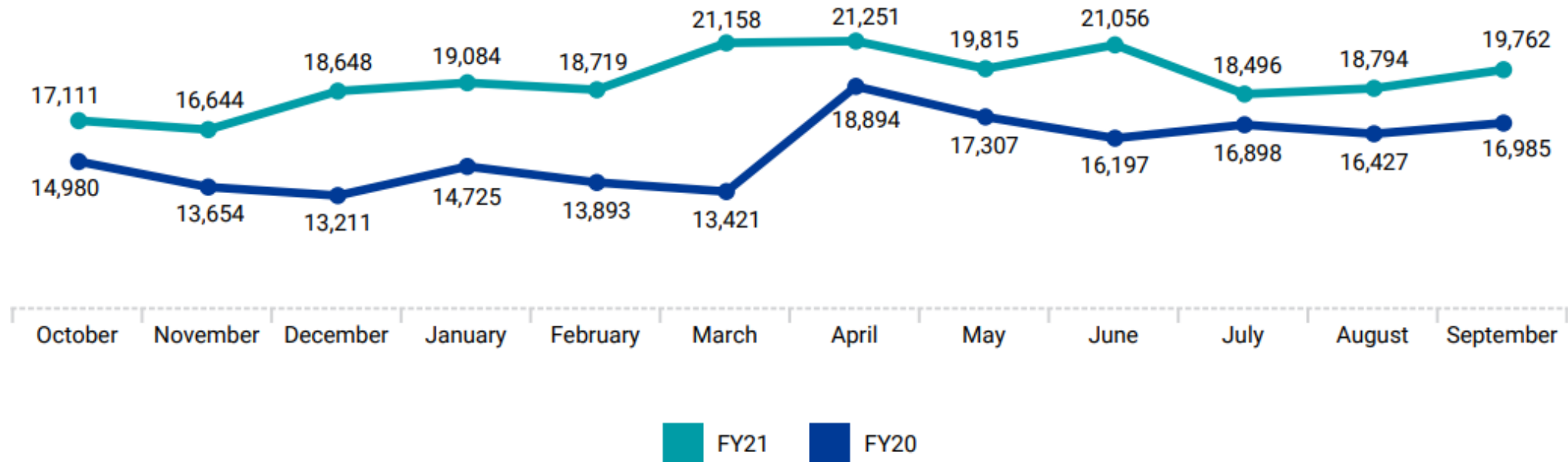
Virtual Visit:
Epic Integrated



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Interpretation Services Provided, by Fiscal Year



Implications

- History matters
- Everyone has conscious/unconscious bias
- Consider race, immigration status, gender, socio-economic status, religion, SOGI and disability
- Importance of reliable data and personal stories
- Create safe space to have sensitive conversations
- Diversity in personal life matters

Thank You

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