Health care disparities: moving the needle

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As an obstetrician, I am acutely aware of the United States maternal mortality rate, which is frighteningly worse than any other developed country. Even more alarming is the fact that the rate for black and native women in the USA is 3-4 times higher, regardless of socioeconomic status and education level. In Iowa, our maternal mortality figures are no better than the rest of the nation overall and may be slightly worse for black and native women. How can this be, when Iowa enjoys a reputation for quality health care?[1,2]

Multiple studies have shown that communication factors significantly impact health outcomes. Some studies have suggested improved health outcomes when patients and providers share some demographic characteristics, which may help to facilitate communication.[3,4]

The amygdala, deep in the human brain, is part of the limbic system. Humans have evolved to recognize an individual who is "other" as a potential danger. Unconsciously on guard to danger, our higher brain, the cerebral cortex, may not be as highly engaged. We feel vague discomfort, we may limit our interaction, and we may not listen as attentively. This is an unconscious, innate response.[5]

Our Iowa Demographics

Race or Ethnicity	IA	USA
	Percent	Percent
White not Hispanic or Latino	85.3	60.4
Black or African American	4.0	13.4
American Indian or Alaskan native	0.5	1.3
Asian	2.7	5.9
Hispanic or Latino	6.2	18.3

https://www.census.gov/quickfacts/IA[6]

The American Association of Medical Colleges (AAMC) has noted discordance between the demographics of the nation and physician demographics and has urged recruitment of a more diverse physician workforce that mirrors the

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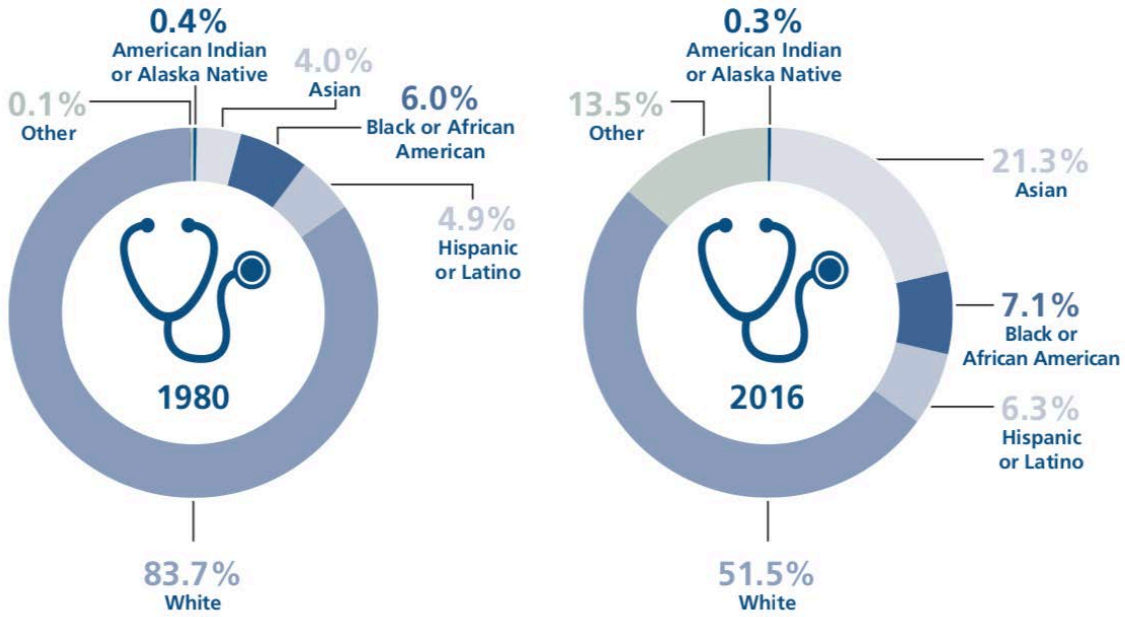
population.[7]



Percentage of US medical school matriculants by race and ethnicity[7]

There are two medical schools in the state of Iowa: The University of Iowa Carver College of Medicine and Des Moines University . Both schools are dedicated to diversity in the student body, and both specifically recruit students from rural backgrounds. Both of the Iowa medical schools dedicate many instructional hours to development of communication skills with patients and families. Further, both of our Iowa medical schools include specific curriculum regarding social determinants of health, cultural sensitivity.

The University of Iowa Carver College of Medicine has pipeline programs for rural Iowa scholars and underrepresented minorities. Respectively, these are the Rural Iowa Scholars Program for medical students (4 students per year), and the Summer Health Professions Education Program, sponsored jointly by the Colleges of Dentistry, Public Health, Pharmacy, Nursing, and Medicine (80 students each summer.) (Personal communication, Denise Martinez, Associate Dean for Cultural Affairs and Diversity Initiatives, University of Iowa Carver College of Medicine.)

Of approximately 600 medical students Carver College of Medicine, two-thirds are Iowans. 60 are first generation college graduates. 64 are underrepresented minorities. 137 are from low socioeconomic backgrounds, and 108 are from rural areas.

Des Moines University's Summer Health P.A.S.S. pipeline program is a three weeklong on-site program to prepare

students for health professions careers which includes didactics, skills labs, shadowing, career counseling and mock admissions interviews for potential students in medical, physical therapy, podiatry or physician assistant studies.[8]

Des Moines University has approximately 880 medical students enrolled. 100 are first generation college graduates, 35 are underrepresented minorities, 11 are from low socioeconomic backgrounds, and 175 are from rural areas. 167 are Iowa residents. (Personal communication, Mark G. Danes, Chief Strategic Communication Officer, Des Moines University.)

The Accreditation Council on Graduate Medical Education (ACGME), which accredits residency training programs, also stresses development of communication skills, awareness of social determinants of health, and skills in caring respectfully for diverse populations in its common program requirements.[9]

What can practicing physicians do?

Individuals can take implicit bias tests such as those offered online at the Harvard University website, https://implicit.harvard.edu/implicit/takeatest.html, and become aware of our own unconscious biases. This allows us to learn the frame through which we unconsciously operate.

We can participate in workshops and educational programming on implicit bias. We can learn to better recognize micro aggressions when they occur.[10] We may become courageous enough to directly address such behavior when we see it.

We can desensitize our amygdala by actively seeking out experiences with individuals who are "other."

When we are operating in an environment that is already highly stressful, already pumping catecholamines, we are even more vulnerable to highjacking of our higher brain centers by the amygdala. Although certain specialties may be more at risk (Obstetrics, neurosurgery, trauma surgery, and emergency medicine come to mind) all physicians operate under a certain level of baseline stress. We all have been impacted by job compression, with uncompensated additional tasks added on to the work of "doctoring." For some of us, we will need to practice strategic self-advocacy with management to regain some control of our schedule.

We can commit to practice self-care. We can make sure we are getting enough sleep. We can make sure we are engaged in hobbies and relationships that keep us whole. We must take care of ourselves before we can take care of others. For some of us, this will take intentional discipline and putting healthy activities on a calendar!

When we are relaxed and centered, we can self-monitor for feelings of discomfort and engage our cerebral cortex to analyze our response to "other." We can listen to our patients with genuine curiosity and full attention.

We can consume reliable primary news sources. We can call out divisive political rhetoric. We can engage in civil public discourse. We can engage in legislative

advocacy by contacting our elected representatives about issues that impact our patients' health and the health of our profession. We can vote for candidates whose platform is directed at sustainably and meaningfully addressing health care disparities.

Together, we can move the needle. We must.

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