New Hampshire Association of Naturopathic Doctors Conference 2020

BEYOND THE TREND…THE ROLE OF NATUROPATHIC MEDICINE IN HEALTH EQUITY

Dr. Safiya McCarter

6 November 2020

Disclosures:

* Member, Board of Directors: American Association of Naturopathic Physicians (AANP), Chair: Diversity & Inclusion Committee

* Member, Board of Directors: Midwifery Education Accreditation Council (MEAC), Vice-President of Accreditation, Chair: Equity & Access Committee, Education Standards Committee

* Co-Founder & Consultant: Project X: Authenticity, Adaptability & Transformation

* Founder & Consultant: Safiya M. Consulting

The views expressed in and during this presentation are those of Dr. Safiya McCarter and do not represent the views of the organizations in which she holds membership.

Objectives:

Attendees of this presentation with be able to:

1. Understand the history of health disparities in the United States
2. Understand the historical roots of bias and racism in medicine and how this manifests present day.
3. Explain how bias and racism impacts health outcomes and contributes to health inequalities and disparities
4. Identify barriers to change with regard to bias and discrimination in the Naturopathic profession.
5. Utilize principles of Naturopathic medicine as a framework to disrupt bias in clinical practice.

Let’s get started!

Let's talk about race & racism…

We have been engaging in conversations for decades about the impact of bias and racism on health and health outcomes, unfortunately not nearly enough progress has been made in eliminating the health disparities that plague BIPOC and other marginalized communities due to bias and racism.

Let's talk about race & racism…

- We speak of diversity & inclusion but become conspicuously hesitant specifically with regard to talking about race and racism.
- Challenges when having these conversations:
  - Feelings of shame, guilt and/or anger
  - Denial
  - Claims of divisiveness
  - Emotional and psychological distress and/or fatigue

Let's talk about race & racism…

Do what you must to remain engage in the conversation and prepare to move from words to ACTION. Keep in mind:

- This WILL be uncomfortable
- Mistakes WILL be made
- Neither are sufficient reasons to stop! **Recognize the privilege of your ability to disengage!**

We understand that history is critical as clinicians…

Sankofa

Racism in Medicine

- A brief history:
  - The creation race-based physical and biology differences
  - Justification for the subjugation of Black and brown people.

Race is not real…Racism is!

- The "creation" of race: Race as an ideology ~17th century
  - Justified colonial expansion and supported "scientific" study
- The "scientific" study of the differences between races ~19th century
  - Medical profession shape by racist, eugenicist beliefs

Racism in Medicine

How this is playing out present day…

Racism has been declared a public health crisis!

Racism is a Public Health Crisis

American Public Health Association (APHA)

"Racism is an ongoing public health crisis that needs our attention now"

Statement from APHA Executive Director Georges Benjamin, MD

Franklin County Commissioners Declaration of Racism as a Public Health Crisis.

(May 19, 2020)

https://crms.franklincountyohio.gov/RMSWeb/pdfs/68146.FINAL_Resolution_FCPH_DeclaredRacismPublicHealthCrisis.pdf

Addressing Law Enforcement Violence as a Public Health Issue

The 2018 Statement

"Physical and psychological violence that is structurally mediated by the system of law enforcement results in deaths, injuries, trauma, and stress."

https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence#.Xxf9zC38ipo

Racism in Medicine

Impact on Health & Health Outcomes

- Quality of care
- Health & Help seeking behavior
- Health Inequalities
- Health Disparities
  - Leading causes of death in the US
  - Perinatal and infant mortality

Quality of Care & Health Outcomes

Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs About Biological Differences between Blacks and Whites.

"Extant research has shown that, relative to white patients, black patients are less likely to be given pain medications and, if given pain medications, they receive lower quantities"

"...recent work suggests that racial bias in pain treatment may stem, in part, from racial bias in perceptions of others' pain"

Hoffman KM, Trawalter S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proc Natl Acad Sci U S A*. 2016;113(16):4296-4301. doi:10.1073/pnas.1516047113

Racial Disparities in Health among Non-Poor African Americans and Hispanic. The Role of Acute and Chronic Discrimination

"Exposure to interpersonal discrimination has also been implicated in important subclinical physiological processes that are thought to be a marker of accelerated aging such as higher allostatic load scores and shorter telomeres

(Brody et al. 2014; Ong et al. 2017)

"...growing body of empirical evidence which shows that everyday discrimination is more consistently associated with higher rates of morbidity and mortality than acute instances of unfair treatment."

(Paradies 2006; Williams and Mohammed 2009).

Colen CG, Ramey DM, Cooksey EC, Williams DR. Racial disparities in health among nonpoor African Americans and Hispanics: The role of acute and chronic discrimination. *Soc Sci Med*. 2018;199:167-180. doi:10.1016/j.socscimed.2017.04.051

Health Inequalities & Health Disparities

Health Inequality

"…systematic, **avoidable and unfair differences in health outcomes** that can be observed between populations, between social groups within the same population, or as a gradient across a population ranked by social position."

McCartney G, Popham F, McMaster R, Cumbers A. Defining health and health inequalities. Public Health. 2019; 172:22-30.doi:10.1016/j.puhe.2019.03.023

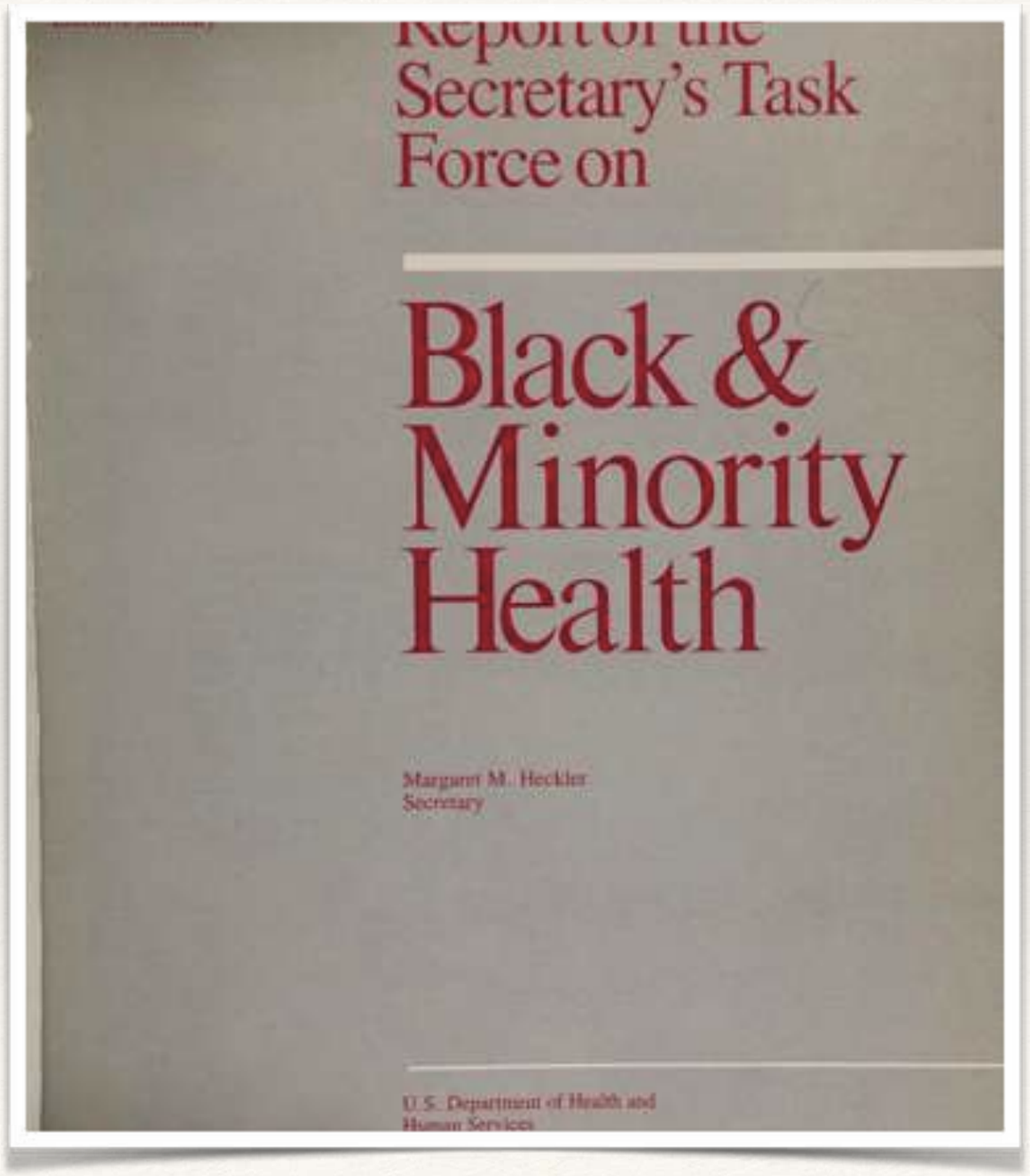
Health Disparity

"A particular type of health difference that is **closely linked with social, economic and/or environmental disadvantage**. Health disparities adversely affect groups of people who have **systematically experienced greater obstacles to health** based on their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory or physical disability, sexual orientation, gender identity, geographic location or other characteristics **historically linked to discrimination or exclusion**"

Healthy People 2020: Office of Disease Prevention & Health Promotion (ODPHP)

The Heckler Report (1985)

Health & Human Services Secretary, Margaret Heckler



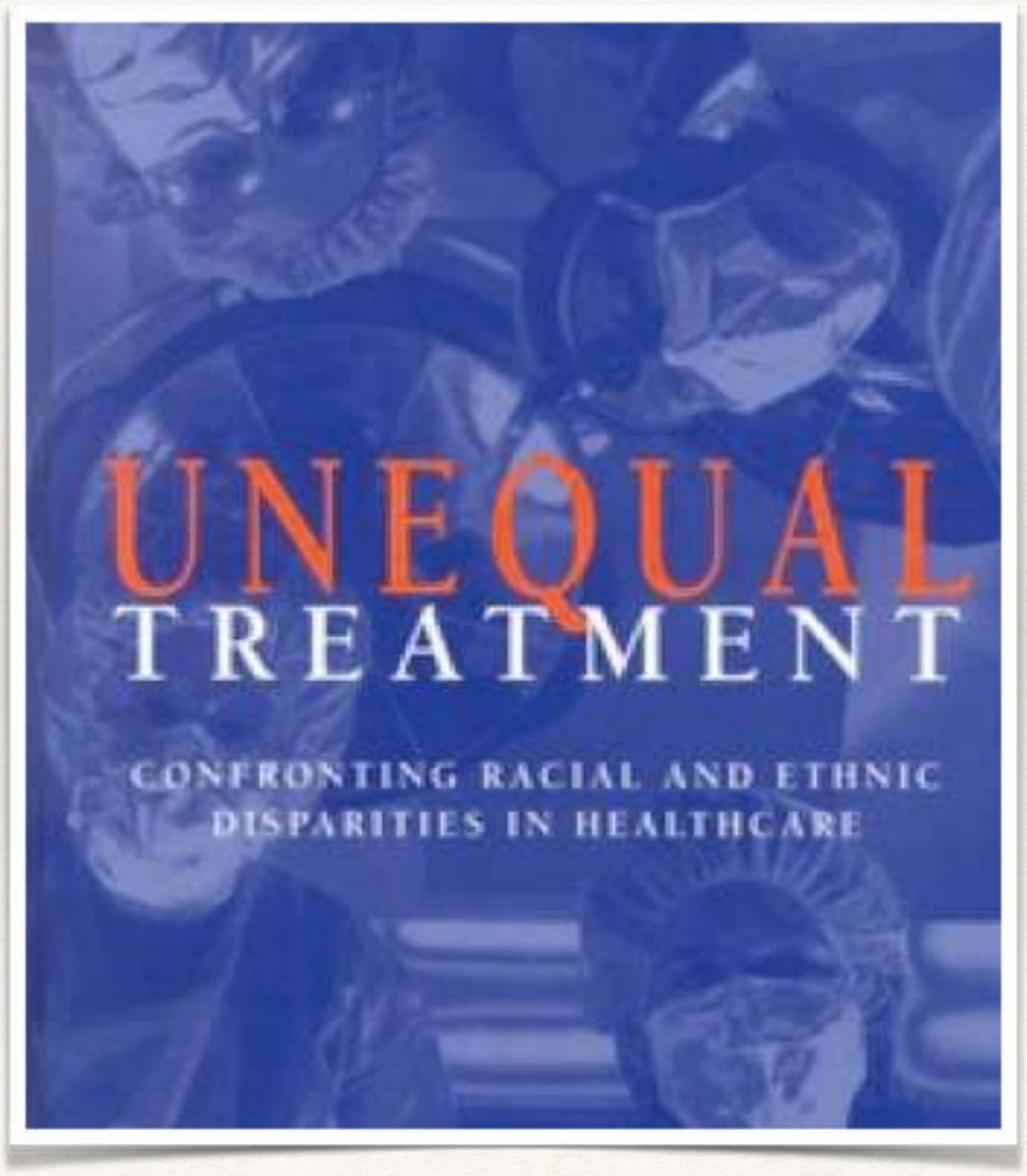
The Heckler Report (1985)

Catapulted Racial and ethnic health disparities to the national stage.

- Per year, Black people were dying at a higher rate than any other racial/ethnic group.
- Lead to the establishment of the Office of Minority Health (under the Department of Health & Human Services).

Institute of Medicine (2003)

Unequal Treatment: Confronting Racial & Ethnic Health Disparities in Healthcare



Institute of Medicine (2003)

Sought to find the cause of health disparities "assuming that access-related factors such as insurance status and the ability to pay for care are the same…"

Examined the persistence of racial & ethnic disparities in health & healthcare
- How disparities arise
- What is/could be happening in the clinical encounter

Among their findings:
- some evidence suggests that bias, prejudice, and stereotyping on the part of healthcare providers may contribute to differences in care.
- The vast majority [of studies] indicated that minorities are less likely than whites to receive needed services,

including clinically necessary procedures.

Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care,Smedley BD, Stith AY, Nelson AR, eds. Unequal Treatment: Confronting Racial and Ethnic Disparities in health Care.Washington (DC): National Academis Press (US); 2003

Health Disparities…The Top 10

Leading Causes of death in the US:	African-Americans:
Heart Disease	Adults 40% more likely to have HTN, less likely to have it under control. 20% more likely to die of heart disease
Cancer*	**Highest mortality rate than any other racial/ ethnic group for all cancers combined**
Accidents	****
Chronic lower respiratory diseases (Asthma): **	Highest mortality rate (CDC) **
Stroke	Adults: 50% more likely to have a stroke.
Alzheimer's Disease	****
Diabetes	Adults: 60% more likely to be diagnosed & twice as likely to die
Influenza & Pneumonia	Less likely to have received vaccine in the last year.
Nephritis, Nephrotic Syndrome & Nephrosis:	More likely to die from viral hepatitis
Intentional Self-harm (Suicide):*	Overall less likely. **70% more likely to attempt grades 9-12th**

Office of Minority Health: https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61

Health Disparities…The Top 10

Leading Causes of death in the US:	American Indian/Alaska Native (AIAN):
Heart Disease	Adults: 10% more likely to have HTN, 50% more likely to be diagnosed with coronary heart disease
Cancer	Lower rates BUT disparities exist by type of cancer. (ie Stomach, Liver)
Accidents	****
Chronic lower respiratory diseases (Asthma): **	60% more likely to have asthma. *Data can be limited*
Stroke:	Adults: Similar rates of stroke
Alzheimer's Disease	****
Diabetes	Adults: 3 times more likely to be diagnosed & 2.5 times more likely to die
Influenza & Pneumonia	10% less likely to receive vaccine in the last 12 months
Nephritis, Nephrotic Syndrome & Nephrosis:	Improvement but, women 50% more likely to die from viral hepatitis
Intentional Self-harm (Suicide):	**2nd lead cause of death between ages 10-34** (2017). Overall rate is 20% higher

Office of Minority Health: https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61

Health Disparities…The Top 10

Leading Causes of death in the US:	Hispanic/Latinx:
Heart Disease	Less likely to have & less likely to die from heart disease.
Cancer	Overall lower but disparities exist depending on type (ie Liver, Stomach, Cervical)
Accidents	****
Chronic lower respiratory diseases (Asthma): **	Twice as likely to die (largely Puerto Rican)
Stroke:	Similar stroke rates to non-Hispanic whites
Alzheimer's Disease	****
Diabetes	Adults: ~ Twice as likely to be diagnosed, ~1.5 times more likely to die
Influenza & Pneumonia	30% less like to have received vaccine in last 12 month (2015)
Nephritis, Nephrotic Syndrome & Nephrosis:	60% more likely to die from viral hepatitis
Intentional Self-harm (Suicide):	**2nd leading cause of death ages 15-34.** 40% higher in grades 9-12 (2017)

Office of Minority Health: https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61

Health Disparities…The Top 10

Leading Causes of death in the US:	Asian American:
Heart Disease	Less likely to have & less likely to die from heart disease.
Cancer	Overall lower but disparities exist depending on type (ie Liver, Stomach)
Accidents	****
Chronic lower respiratory diseases (Asthma): **	Overall lower rates. Date limited**
Stroke:	20% less likely to die from stroke (lower associated risk factors
Alzheimer's Disease	****
Diabetes	Adults: 40% more likely to be diagnosed
Influenza & Pneumonia	****
Nephritis, Nephrotic Syndrome & Nephrosis:	Higher incidence of Hepatitis A (among all ethnic groups (2015)
Intentional Self-harm (Suicide):	Overall half the rate. Leading cause of death ages 15-24 (2017). **20% more like to attempt grades 9-12.** SEA 70% seeking care for PTSD (after immigration).

Office of Minority Health: https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61

Health Disparities…The Top 10

Leading Causes of death in the US:	Native Hawaian/Pacific Islander: **Data is limited overall. Most from 2014**
Heart Disease	Disparity exists by group/sub-population
Cancer	Disparity by group and type of cancer (ie Somoan women twice as likely to be diagnosed and to die from cervical cancer
Accidents	****
Chronic lower respiratory diseases (Asthma): **	Data very limited 30% more likely to have asthma *
Stroke:	Four times more likely to have a stroke
Alzheimer's Disease	****
Diabetes	2.5 times more likely to be diagnosed (2018)
Influenza & Pneumonia	****
Nephritis, Nephrotic Syndrome & Nephrosis:	****
Intentional Self-harm (Suicide):	Less likely to recevie mental health services or prescriptions or mental health treatment

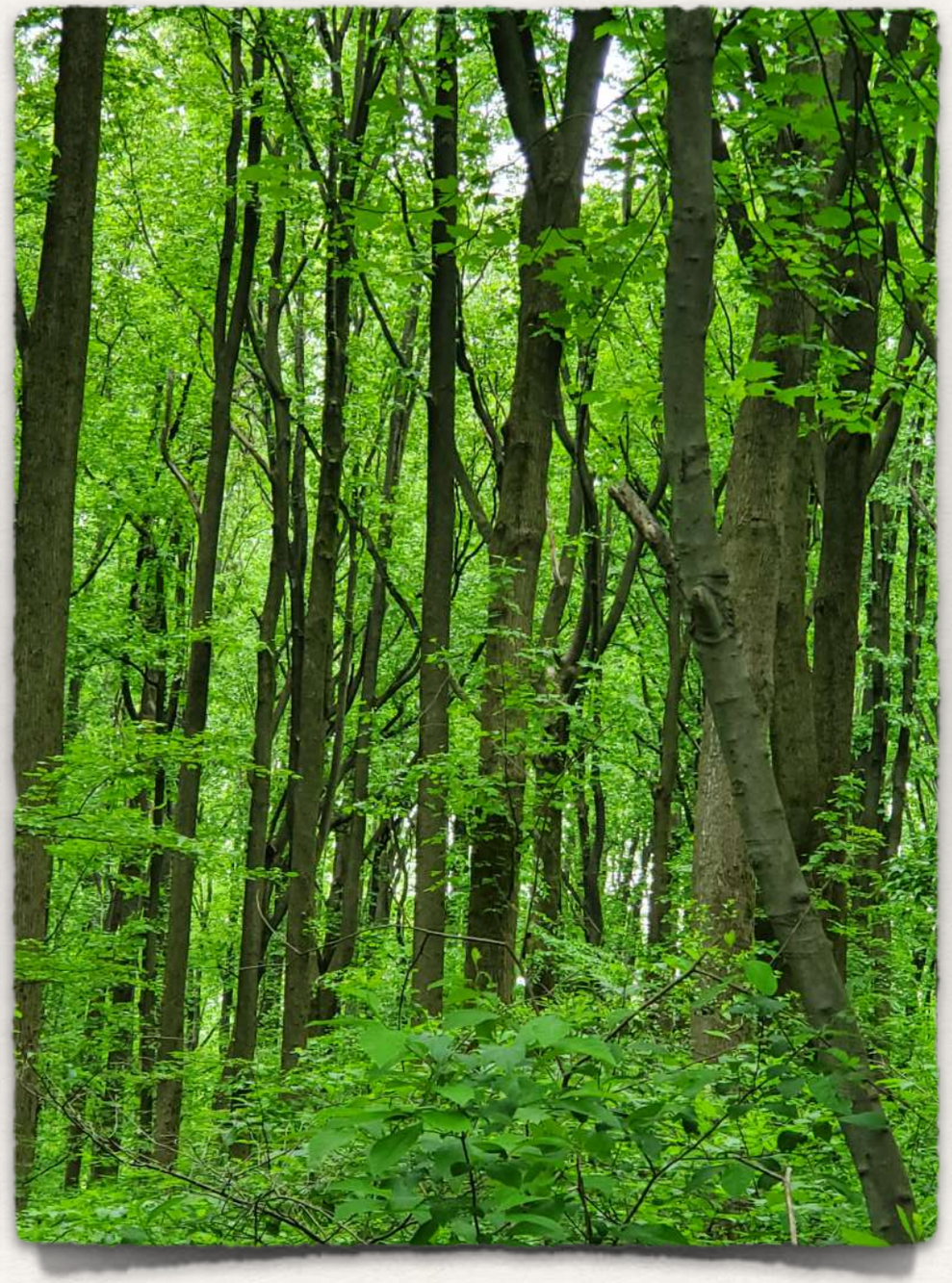
Office of Minority Health: https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61

What can we do?

We have a fantastic set of tools that provide us with the foundation we need to engage in the work that will help us achieve health equity.

Principles of Naturopathic Medicine as a Framework to Achieve Health Equity

* Primum No Nocere-First, Do No Harm
* Vis Medactrix Naturae -The Healing Power of Nature
* Tolle Causam - Identify & Treat the Cause
* Tolle Totum -Treat the Whole Person
* Docere - Doctor as Teacher
* Preventia- The best cure is Prevention



~ Primum No Nocere ~ First, Do No Harm ~

What must we do?

Employ the practice & tenants of Cultural Humility:

Lifelong Learning: Critical Self-reflection
Recognize & Challenge Power Imbalance
Institutional Accountability

Examine your clinic environment, intake forms, website & social media outlets.

M. Tervalon, J. Murray-Garcia. Cultural Humility vs Cultural Competency: A critical distinction in defining physician training outcomes in multicultural education. Journal of Health Care for the Poor and Underserved: Vol.9, No.2: 1998

~Tolle Causam ~ Identify & Treat the Cause~

What is or has been holding you back from engaging in this work?

Apply a lens of social justice & equity to the work that you do.

~Tolle Totum ~Treat the Whole Person~

We may all be human BUT we are having very different human experiences.

The claim of colorblindness has no place in medicine!

~Vis Medactrix Naturae ~The Healing Power of Nature~

The very nature of how we practice as Naturopathic doctors lends itself quite well to issues of social justice!

We are naturally inquisitive. Take advantage of every opportunity to learn. Understanding that there are going to be growing pains along the way.

~Docere ~ Doctor as Teacher~

Take advantage of the opportunities to "call in/out" your colleagues.

If you know better the do better! Hold your professional organizations and institutions to a much higher standard than before and hold them accountable!

What can you do?

- **Do you own work!**
  - Learn/Unlearn
    - Challenge what you have been taught and the narratives that have developed
- **Utilize resources**
  - Booklists, webinars, conferences etc
- **Get support** you need to process what you are learning/ unlearning and pushed outside of your comfort zone

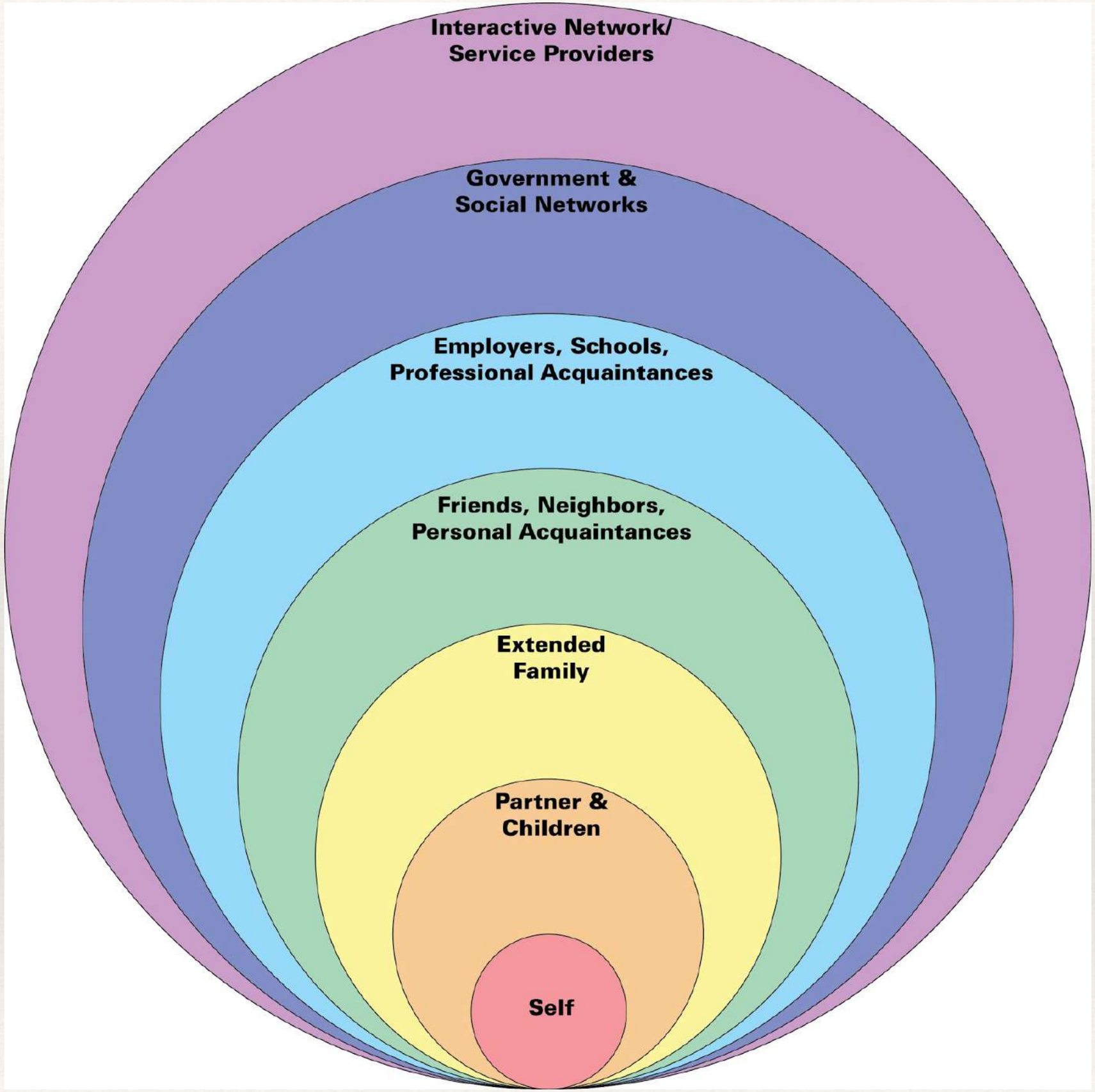


Image credit: https://akauffman.wordpress.com/2013/12/23/where-do-you-find-your-sphere-of-influence/

Questions…

Contact Information…

- Social Media:
  - FB & IG: DrSafiyaND
- email: safiyam.consulting@gmail.com
- website: DrSafiyaND.com