

Racial & Ethnic Health and Healthcare Disparities

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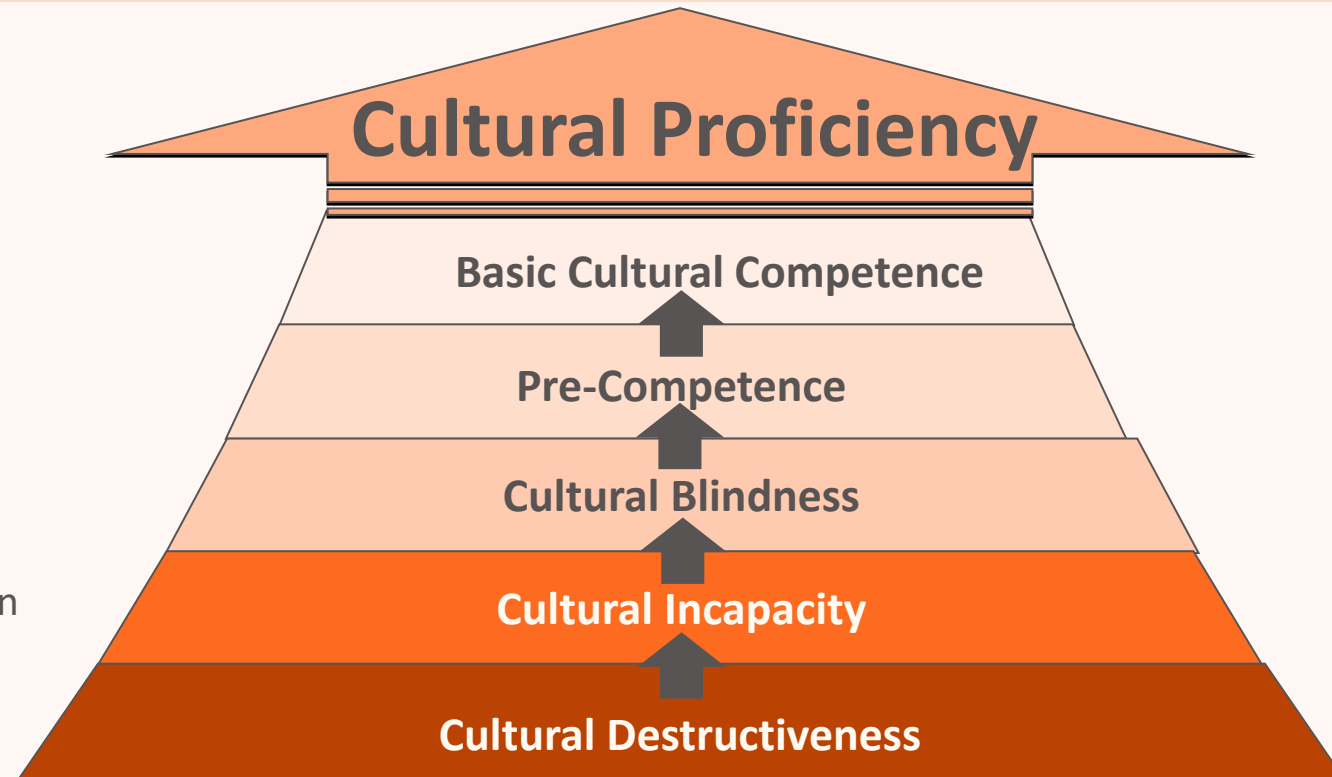
David Craig

Sam Schneider

Racial & Ethnic Health and Healthcare Disparities

The Path to Cultural Proficiency

- Power dynamics exist between provider and patient regardless of education or professionalism
 - Physical characteristics play a significant role in trust, treatment, pain management and the relationship between patient and provider
- Data shows that it's clear the community context of healthcare is of vital importance to the survival and general well-being of individuals
- Cultural pre-competence as an advocacy chokepoint, misunderstanding the complexity and work yet to do
- Change will take **work, transparency, ownership, measurable action** and of course acceptance that there is an issue
- **Relationships** are vital in beginning the process of addressing racial and ethnic healthcare disparities



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“Start creating the language for everyone to understand what they can do” – Sheila Thorne

- It’s not easy to talk about these issues, but you can’t address something if you’re not willing to talk openly about it
 - First step – What is your own sense of culture?
 - Second step – Is your advocacy going to be disease-focused or something else (race, community, etc.)?
 - Third step – Create **principles** and then **standards**
- Focus on developing the relationship to show we are partners
 - A guiding principle is quality of the relationship
 - Have to show humanity, be in it together

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Relationships in the Context of Cultural Proficiency

- Institutions cannot continue to just temporarily throw money at a problem, “tag” someone from the community to address it or try to provide some prebuilt solution
 - It takes working with the community throughout the process, building **trust** and forging a **quality** and **sustaining** relationship
 - It starts with listening and making sure that community is in the room at the onset of the conversation
 - Institutions must embody this inclusivity at every level of the organization. It can’t begin and end in the human resources department, it needs to permeate every level of an institution
- To reach cultural competency we first need to reach cultural humility
 - There is more diversity within groups than between them; not addressing this diversity creates narratives that people get forced into
 - Institutions need to come to an understanding about the misallocation and misdirection of resources
 - Institutions have to understand and respect how important advocacy is and what it brings to the table
 - Institutions have **resources**, while advocates have **wisdom** and **access**
 - Advocates are worthy of **respect** and institutional resources
 - Evidence shows we need to bring advocacy to a higher level of seriousness and funding in research
 - **Advocacy makes a difference; we need to continue to be assertive and disruptive to have an impact**

“Nothing about us without us”

Join Us for the Next Working Group Session

Thursday, July 15, 2021

12:00-1:30pm ET