Addressing Health Equity and Illicit Bias in Hospitals and Clinics in Low-income Communities Celeste Juarez, BSN(c), RN

School of Nursing, Mount Saint Mary's University at Los Angeles, Los Angeles, CA, USA

Introduction

This presentation will validate and address the need for sensitivity training in low-income clinics and hospitals. In the United States, people of color and other underrepresented and vulnerable populations face prejudice, illicit bias, and health disparities. A healthcare staff's implicit bias and attitude towards these groups affect the delivery of quality care, access to health care, and improved health outcomes.

Signal Single Si



Bio

Celeste is a newly licensed Registered Nurse, attaining her associate degree in 2019 in Nursing from Mount Saint Mary's University (MSMU), Los Angeles. Currently, on the path to obtaining her Bachelor of Science in Nursing, Celeste will graduate in May 2021 from MSMU. She is a first generation college student and the first in her family to be a Registered Nurse.

Results

Furthermore, bias and lack of cultural competence and sensitivity significantly add to the many health disparities that vulnerable populations face. Racial and ethnic minorities have higher morbidity and mortality from chronic diseases. A higher proportion of minority populations, as compared to Caucasians, do not have health insurance and a stable job for continuous income. Adopting and creating an educational sensitivity training class for healthcare staff will help them better understand the stigma and health disparities vulnerable populations face. Bringing this issue to the forefront will help reduce and potentially eliminate illicit bias and prejudice against people of color and people living in low-income communities.

Conclusion

•Providing this educational training will help ensure future generations will receive the highest quality of care they deserve. The educational sensitivity training goal is to provide adequate quality of care to every patient and reduce health disparities. This training will increase cultural awareness, knowledge, and skills. It will address various cultures, beliefs, and practices to improve our understanding of differences and change our assumptions and stereotypes.

Methods

Research demonstrates that vulnerable populations are subject to less accurate diagnoses, curtailed treatment options, inadequate pain management, and other care delivery barriers. Implicit bias and attitude are thoughts and feelings that are innate and learned over time. This occurs outside of our continuous awareness and control. We must be made aware of our assumptions and bias. Health care staff play a vital role in delivering individualized care that improves health outcomes through the provision of health education, resources, and support.

References

Butler, M., McCreedy, E., Schwer, N., Burgess, D., Call, K., Przedworski, J., Rosser, S., Larson, S., Allen, M., Fu, S., & Kane, R. L. (2016). Improving cultural competence to reduce health disparities. Agency for Healthcare Research and Quality (US).

Hall, W., Chapman, M., Lee, K., Merino, Y., Thomas, T., Payne, B., Eng, E., Day, S., & Coyne-Beasley, T. (2015), Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: A systematic review. American Journal of Public Health, 105.

Paradies, Y., Truong, M., & Priest, N. (2014). A systematic review of the extent and measurement of healthcare provider racism. J GEN INTERN MED, 29, 364–387

Penman-Aguilar, A., Talih, M., Huang, D., Moonesinghe, R., Bouye, K., & Beckles, G. (2016). Measurement of health to support the advancement of health to support the advancement of health inequities, and social determinants of health to support the advancement of health wanagement and Practice, 22, Suppl 1, S33—S42.

Reeves, S., Pelone, F., Harrison, R., Goldman, J., & Zwarenstein, M. (2017). Interprofessional practice and healthcare outcomes. The Cochrane Database of Systematic Reviews, 6(6), CD000072