"Health equity is achieved when every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances." – Centers for Disease Control and Prevention, NCHHSTP Social Determinants of Health: Definitions

www.oregonpainguidance.org/paineducationtoolkit

DISPARITIES AND PAIN

For people who experience social inequities and structural violence, pain and related care are closely linked to experiences of injustice and stigma.[1]

Conditions that cause adversity, trauma and toxic stress include abuse and neglect, violence, living in poverty, incarceration, family separation, and exposure to racism and discrimination. These events are correlated with chronic health problems including persistent/chronic pain, mental illness, and substance use in adulthood.[2] Our understanding of the links between pain, trauma and threat make health inequity not only an important social and public health issue, but a relevant one in establishing the trust of your individual patient with complex pain.

HEALTH INEQUITY AND PHYSIOLOGICAL ISSUES

There is evidence that social stressors alter neuroimmunological function, increasing the expression of pro-inflammatory genes. Pro-inflammatory cytokines play a role in widespread persistent pain, cancer, and even the cytokine storm seen in complicated COVID-19 illness. Thus, the grinding stressors of injustice actually take their toll on the body over time and can be expressed in a patient's generalized pain.[3-5]

HEALTH INEQUITY HISTORICALLY

Health inequity is not a historical accident, but a result of policies and practices developed and maintained over time.

Communities of color, people with low-income, people who live in rural areas, people who identify as LGBTQ+, and people with disabilities, face considerable barriers due to inequities in the social issues that affect health. This is because of systemic oppression, discrimination and explicit and implicit bias.[6] The impact of trauma extends beyond the individuals who directly witness or experience violence. Trauma is also produced by structural violence, which prevents people and communities from meeting their basic needs.

In Oregon,

- African Americans, Asian Americans, Pacific Islanders, and Latinos have consistently reported less access to care than Whites[7]
- 22 percent of transgendered people living in Oregon have reported being refused medical care[7]
- Hispanic and Asian patients receiving EMS treatment were less likely to receive a pain assessment procedure and patients of color were less likely to receive pain medications compared with white patients from 2015 - 2017[8]

And nationally,

- People of color are less likely to be prescribed pain medication, less likely to have their pain taken seriously, and less likely to feel heard by their clinician[9]
- LGBTQ+ patients report higher levels of chronic pain, and higher degrees of functional limitations because of their pain[10, 11]
- Rural residents with chronic pain are more likely to receive an opioid prescription than nonrural residents[12]

HEALTH EQUITY

Health equity means that everyone has a fair and just opportunity to attain their full health potential and that no one is disadvantaged, excluded, or dismissed from achieving this potential.[13]

Many of the pertinent factors — education, poverty, housing, racism, and others — affect people way before they interact with the healthcare system, leaving many of us in healthcare unsure what lies within our sphere of influence.[14]

However, healthcare professionals can play a major role in improving health outcomes for disproportionately affected people.

THE ROLE OF HEALTHCARE PROVIDERS

Although healthcare has a long way to go to effectively address health inequity, there are evidence-based approaches for equity-oriented healthcare. This includes patient-centered, trauma-informed, and culturally relevant care. These approaches predict better health outcomes, including lower pain disability scores, fewer depressive symptoms, fewer trauma symptoms and better quality of life.[15, 16]

As individuals, a good place to start is to educate ourselves on implicit bias, including our own, and to understand what patient-centered, trauma-informed, and culturally relevant care is.

THE ROLE OF ORGANIZATIONS

Many healthcare organizations have taken important steps towards health equity, such as increasing access to clinical services, working to improve cancer screening and survival, and closing disparities in the management of myocardial infarction. Taking these efforts to the next level in health equity can be achieved by leveraging the economic, social, and political power of the healthcare industry to change the structures of each organization within it.[14]

The Institute for Healthcare Improvement developed a framework of five concrete actions that any health care organization, regardless of its unique challenges, can take to improve health outcomes for all the patients they serve:[15]

1. Make health equity a strategic priority
2. Develop structure and processes to support health equity work
3. Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact
4. Decrease institutional racism within the organization
5. Develop partnerships with community organizations to improve health and equity

RECOMMENDED TRAININGS AND RESOURCES

Implicit bias

- Harvard Implicit Association test: This test helps individuals find out implicit associations about race, gender, sexual orientation, and other topics. https://implicit.harvard.edu/implicit/

- Implicit Bias Module Series, Kirwan Institute for the Study of Race and Ethnicity, The Ohio State University: This series helps individuals become aware of their biases and the decisions that are most likely to be influenced by unconscious processing, to help build interventions and strategies to prevent the expression of bias and unwanted outcomes. http://kirwaninstitute.osu.edu/implicit-bias-training/

Equity-oriented Healthcare

- AMA Journal of Ethics Feb 2021 Health Equity issue: Two-part theme with a specific focus on racial and ethnic inequity in morbidity, mortality and access to services that are endemic to American life, with CME modules. https://journalofethics.ama-assn.org/issue/racial-and-ethnic-health-equity-us-part-1

- EQUIP Toolkit For Equity-Oriented Healthcare, The University of British Columbia: Tools for practitioners to implement brief, practical strategies at the point of care to profoundly improve patients' experiences. The tools are designed to break down equity-oriented care into useful ideas, approaches and practices that any provider or organization can tailor to their own local context and needs. https://equiphealthcare.ca/resources/toolkit/

- Trauma-informed Oregon: foundational training on trauma and trauma informed care for organizations and systems to build internal capacity for ongoing training and information sharing. Resources include training presentations and resources, useful handouts, and selected literature on ACEs, trauma and trauma informed care. https://traumainformedoregon.org/

- Prevention Institute, Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma. Developed by Kaiser Permanente, this framework and training document includes many strategies for community partners and healthcare to address trauma in their practices. https://www.preventioninstitute.org/sites/default/files/publications/Adverse%20Community%20Experiences%20and%20Resilience.pdf

Cultural and linguistic competency

- US Dept of Health and Human Services free, continuing education e-learning programs to help individuals provide culturally and linguistically appropriate services. https://thinkculturalhealth.hhs.gov/education

- National LGBTQIA+ Health Education Center Learning Resources, Introduction to LBGTQIA+ Health: a rich resource on healthcare and health education information. https://www.lgbtqiahealtheducation.org/resources/in/introduction-to-lgbtqia-health/
- Whitman-Walker LGBTQ+ cultural competency training programs for medical and human service providers with tools, terms and an understanding of how to better meet the health needs specific to LGBTQ+ populations. https://whitmanwalkerimpact.org/institute/education/request-a-training/
- The Health Resources and Services Administration (HRSA) Health Literacy website offers a free, go-at-your-own-pace training that includes LGBTQ+ populations as part of an overall approach to healthcare communication. https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/culture-language-and-health-literacy

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