

THE HIDDEN DIVIDE: Examining Inequities in Healthcare Provider Training and Practices

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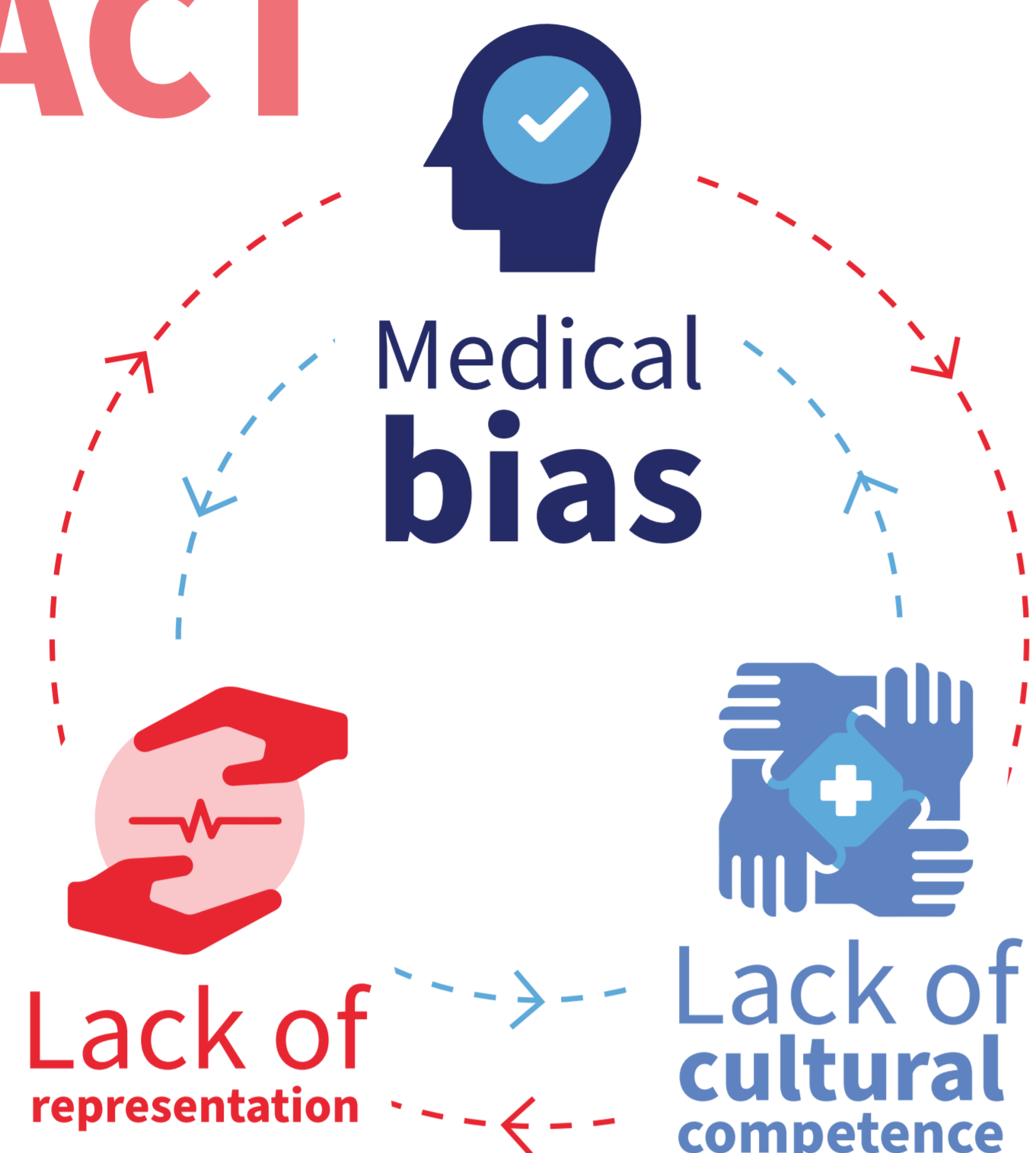
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1. ABSTRACT

Aim: To spotlight inequities in healthcare provider (HCP) training and practices.

Key Findings: Medical bias, lack of diversity, and inadequate cultural competency are three major contributors to health inequities stemming from HCPs.

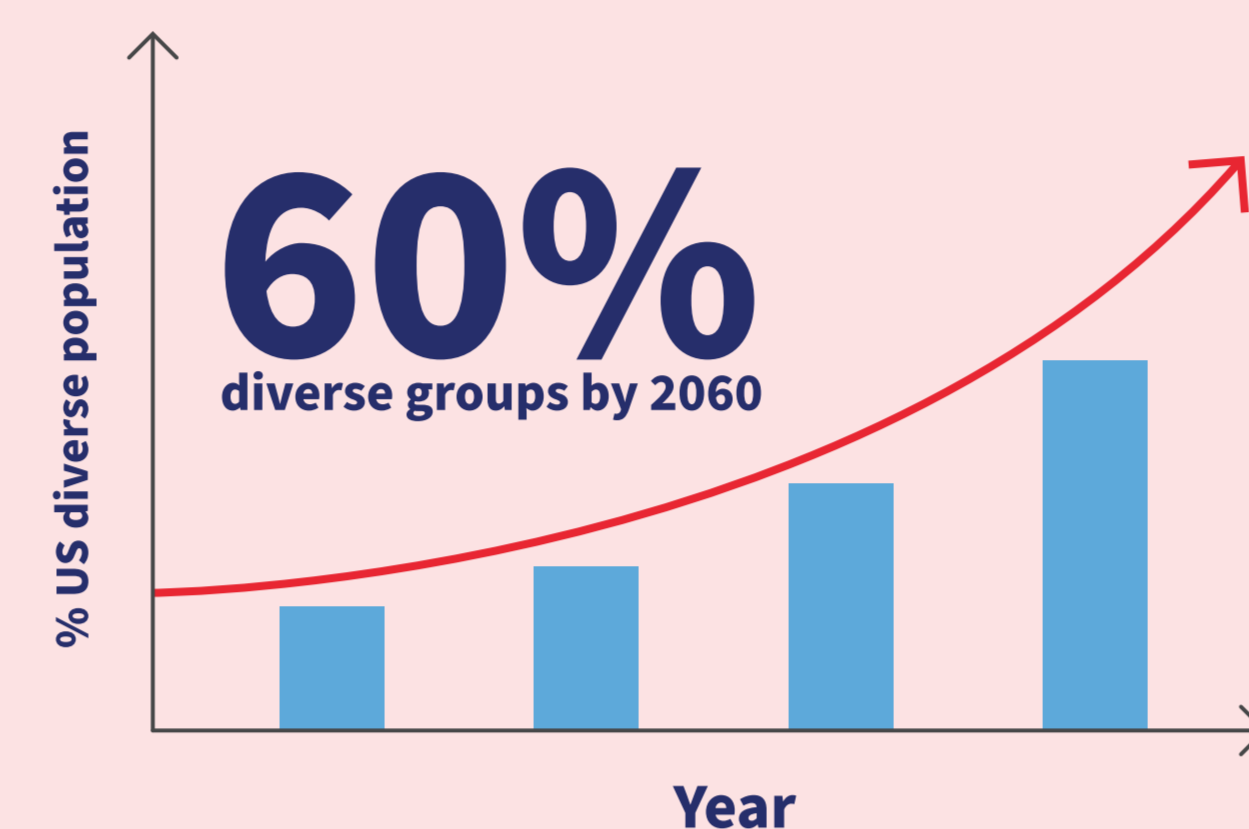
Actionable considerations: By addressing these multifaceted inequities through strategic actions in educational and organizational practices, we can dismantle barriers and create a more equitable healthcare system for all.



2. INTRODUCTION

Diagnosing Healthcare Inequities

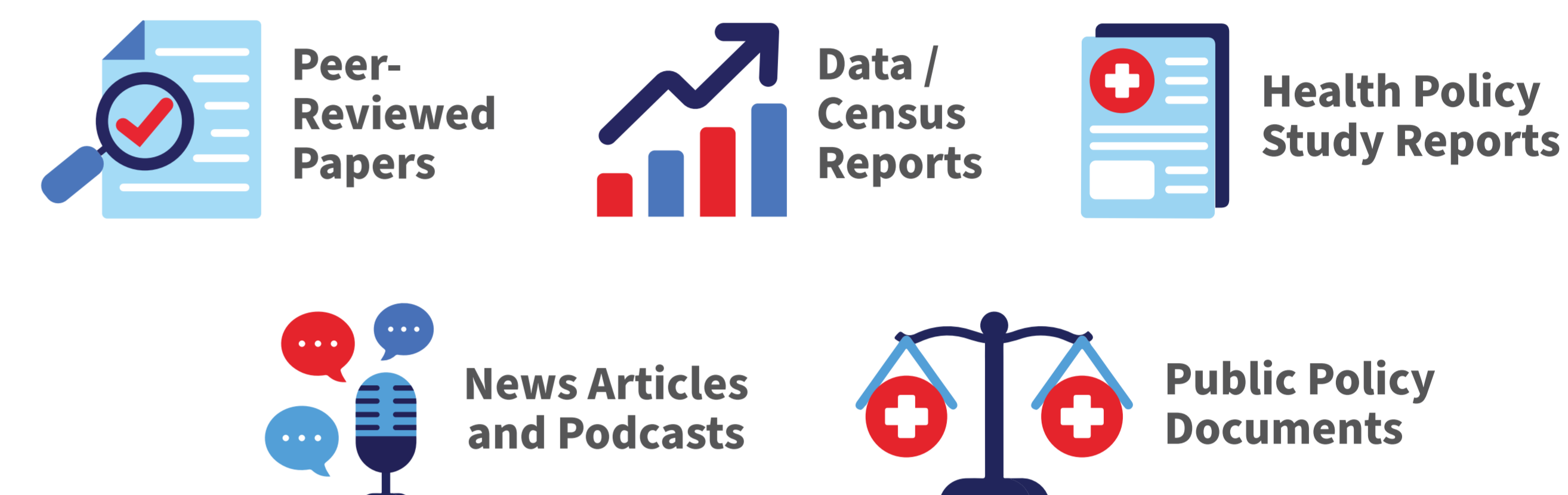
The Hidden Divide provides insight on the pivotal role of HCPs in alleviating health inequities as the main patient-facing and frontline sentinels of healthcare. The U.S. multicultural population drives much of the nation's growth, and yet are disproportionately affected by health disparities.



While much of the focus on health equity has been patient-centered, this report emphasizes the overlooked disparities within the healthcare provider system. These findings call for addressing systemic barriers in medical education and practice, and for advancing culturally competent care.

3. METHODOLOGY

This report utilizes a secondary research approach to synthesize existing knowledge and insights. Each source was critically evaluated for relevance, credibility, and its contribution to the overall understanding of health inequities perpetuated by HCPs. The following sources were systematically reviewed:



4. KEY FINDINGS

Medical Bias: Both implicit and explicit biases affect patient outcomes, especially for minority groups



Unmasking Hidden Biases among HCPs

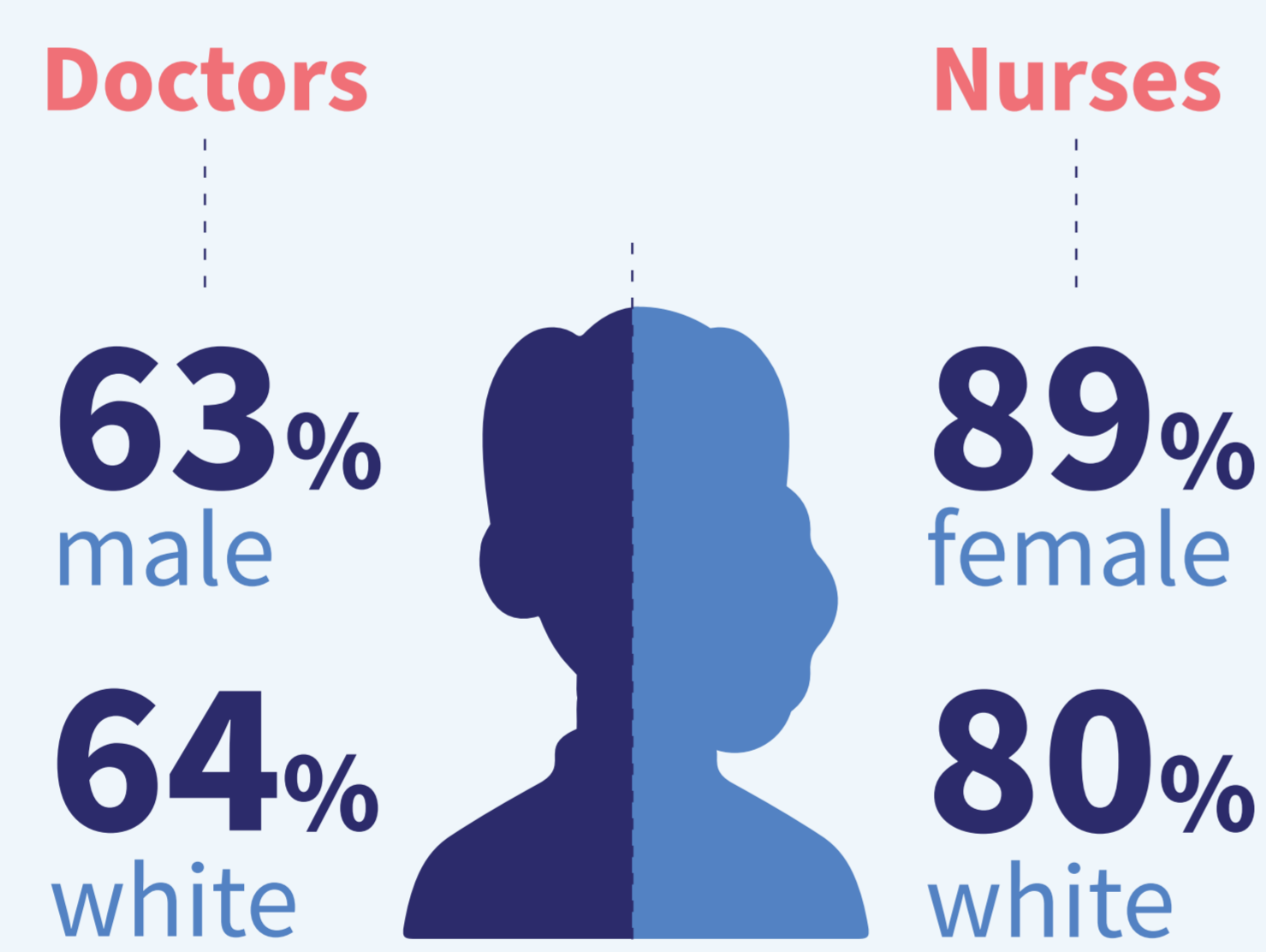
Explicit bias is a deliberate prejudice that's based on a person's values and discriminatory beliefs and can manifest in severe forms of abuse in the medical field.

Implicit bias is unintentional, pervasive, and beyond our awareness. It shapes everyone's perceptions, actions, and decisions from an early age.

The seeds of bias are often sown in medical school, ingrained during medical education, and can seep into clinical practice, inadvertently widening the health gap.

The manifestation of these biases goes against the medical profession's ethos of serving all people regardless of identity.

Lack of Representation: A mismatch between the demographics of HCPs and the populations they serve erodes trust and worsens outcomes



Healthcare Needs a More Diverse Cast

Medical schools lack diversity, with underrepresentation of women, disabled individuals, certain races and ethnicities, and LGBTQ+ groups.

Marginalized groups face barriers to entering and succeeding in medical school due to socioeconomic disparities, structural inequities, negative interactions, and biases.

While they play an important role providing care for diverse populations, **APPs lack diversity and current restrictions perpetuate their underutilization.**

A lack of diverse representation in the healthcare workforce leads to mistrust, miscommunication, and poorer health outcomes, particularly for the most vulnerable patients.

Lack of Cultural Competence & Cultural Humility: Gaps in cultural competence training exacerbate communication issues and lead to misdiagnoses, poor treatment, and disparities in care

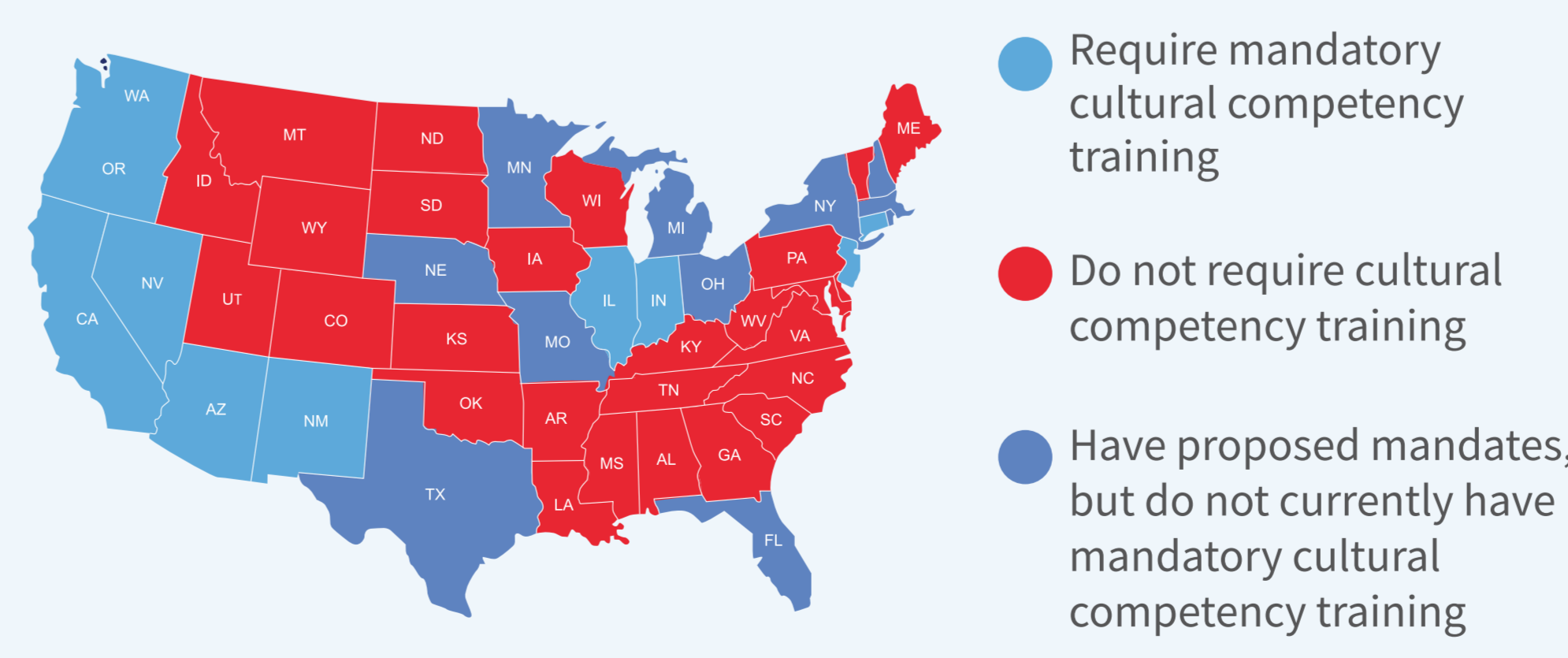
Navigating Cultural Bridges in Healthcare

Cultural competency is the ability to deliver quality and personalized care to patients who have a diverse set of values, beliefs, attitudes, and behaviors.

Cultural humility is an ongoing reflexive process of self-exploration and self-critique combined with a willingness to learn about others' cultures, with the understanding that 100% competency may never be truly attained.

Cultural competency and humility are critical for delivering personalized, high-quality care to diverse populations, and they complement each other by fostering trust between healthcare providers and patients.

Available cultural competency training programs have significant shortfalls, including inconsistent implementation and a lack of depth.



5. CREATING EQUITY IN HEALTHCARE:

Actionable Considerations For Healthcare And Pharma Stakeholders

- Foster Inclusive and Culturally Competent Medical Trainees**
 - Increase diversity** in medical schools
 - Empower** minority medical students
 - Develop** mentorship programs
 - Revamp** medical school curricula.
 - Enforce** cultural competence training
- Transform Practices in Healthcare and Pharma Organizations**
 - Foster** an inclusive culture
 - Implement** bias training and reporting
 - Partner** to increase cultural competence
 - Develop** culturally relevant patient and HCP materials
 - Promote** patient-centric care
 - Champion** diversity in clinical trials
 - Engage** with the community
 - Empower** APPs as cultural navigators
 - Advocate** for competent medical care

By addressing these multifaceted inequities through strategic actions in educational and organizational practices, **we can dismantle barriers and create a more equitable healthcare system for all.**

