

Health Equity for All in Memphis and Shelby County

Health equity means that everyone – despite race, gender or economic status – gets the same quality health care from their doctors. It means we all have the same chance at living a long, healthy, thriving life. But Memphis isn't there yet.

That's why Healthy Memphis Common Table (HMCT) developed a health equity report – the first of its kind in our region. The report provides a baseline summary of where we stand and presents actions we can take to address disparities in care. It examines local health care and evaluates differences in the type of care received by patients of different races, ethnicities and languages. The report concludes with a set of recommended next steps to move from discussion to action.

The Problem

According to the University of Wisconsin Public Health Institute's County Health Rankings, "where we live, work, learn and play affects our health." The demographic and socio-economic characterizations of the Memphis and Shelby County population suggest that county and city residents are at high risk of poor health and well-being from diabetes, asthma, cardiac disease, and other diseases long before they access the clinical care system.

In 2009, Methodist North Hospital conducted a study indicating:

- African American patients were hospitalized for heart failure 15 years younger than Caucasian patients.
- African American heart failure patients were discharged 1.5 days earlier than Caucasian patients. ⁱ

To improve health outcomes and reduce disparities, our community must take action to address the structural factors that lead to poor health. This is the most important thing we can do to achieve health equity. Demographic, geographic and socio-economic influences work against residents' abilities to access health care resources. They also put them at risk for poor health behaviors and subject them to environments that are harmful to health.

The Solution

Achieving health equity as a community will not be easy, but we can get there if we take it step by step. One of the first steps is for physicians to recognize that disparities exist. According to HMCT's annual clinical quality performance survey, collection of race, ethnicity and language (REL) data at health care facilities is sporadic and frequently relies on collection methods such as "eye-balling" or discerning race via evaluation of the surname—highly unreliable methods of collecting information.

The Dartmouth Atlas of Health Care reveals:

- Leg amputations occur three times more often to African Americans than non-African Americans, nationally and locally.
- Diabetes tests occur 5-10% less often with African Americans than with non-African Americans. ⁱⁱ

That is why HMCT, along with the Memphis Medical Society and Bluff City Medical Society, is calling upon doctors to collect REL data and determine whether disparities exist in their practices. With this information, doctors will be able to make more informed decisions to ensure they deliver equitable care.

As part of its work with the Robert Wood Johnson Foundation's *Aligning Forces for Quality* (AF4Q) program, HMCT conducted a "Patient Registration Training on the Collection of REL Data" seminar in October 2010.

This half-day training explained the need and the process for collecting REL data appropriately. Getting health care providers to use this data is the fundamental first step in developing the capacity to compare Memphis and Shelby County’s clinical care delivery measures with the rest of the state and the nation.

Why is Health Equity important to you?

<i>I am a...</i>	<i>Patient</i>	<i>Health Care Provider</i>	<i>Business</i>	<i>Insurer</i>	<i>School</i>	<i>Community Member</i>
Why is health equity important to me?	Better health care from providers; better outcomes; lower costs	REL data makes it easier to provide better care	Keeps health care costs down; reduces absenteeism	Keeps health care costs down	Better student attendance	Creates unity and fairness
What can I do?	Share information about race, ethnicity and background with your providers	Collect, track and stratify REL data for all patients to understand variations in care provided	Provide health literacy education to employees; ask insurers to require REL data collection and demand equitable care	Require physicians in plan to collect REL data	Provide health literacy education to students	Continue to educate myself about this issue and inform others

Recommendations and Plan of Implementation

To improve health equity in Memphis and Shelby County, HMCT supports a number of systemic, community-based and individual-level steps including:

- Standardize the collection of REL data as a region wide initiative, including the establishment of a policy for hospitals and physicians to adopt as part of their daily practice.
- Provide education and community forums to move toward an expansive and progressive conversation and implementation strategy on health equity.
- Partner with all hospitals in the community regarding results of REL data collection and strategies for quality improvement.
- Activate a “color conscious” rather than a “color neutral” approach to race, ethnicity and language awareness.
- Collaborate with local literacy organizations to support the development of health literacy curriculum.ⁱⁱⁱ

HMCT produced this report with the support of the Robert Wood Johnson Foundation’s AF4Q program to make health equity a priority in our community. AF4Q’s goal is to improve the quality of health and health care in 16 communities across the country through interventions at the local level. AF4Q addresses four main areas of health care improvement: quality improvement, performance measurement and public reporting, consumer engagement, and payment reform. Embedded within each of these categories is health equity.

*Health Care Provider refers to a physician, nurse, hospital or clinic.
ⁱ Refer to page 18 in the Healthy Memphis Common Table Status Report on Efforts to Advance Health Equity.
ⁱⁱ Refer to page 15 in the Healthy Memphis Common Table Status Report on Efforts to Advance Health Equity.
ⁱⁱⁱ To see all 12 recommendations, refer to page 21 in the Status Report on Efforts to Advance Health Equity.