

Equity for All Arizonans

UA COLLEGE OF MEDICINE-PHOENIX COMMUNITY TOWN HALL

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DEFINING EQUITY AND ITS IMPACT

Equity is allowing everyone the opportunity to achieve the same goals tailored to their own needs. When you don't do that, the cycle perpetuates itself. Examples are medical school admissions and access to nutrition. In the case of underserved communities, this means removing roadblocks to allow each person access to equity. Investing in culturally diverse programs may be a more effective way of achieving equity.

Disparities have been forced against many people; However, more equity has been achieved in communities where disparities are being addressed. To achieve this evolution, an interdisciplinary approach is necessary. Whole person care and meeting the needs of people where they are is necessary to achieve equity. An example of this is healthcare professionals and patients who are not multilingual. In cases like this, they cannot communicate with each other. Language inequalities and a shortage of medical literacy means patients typically don't get as much of the information as they need to maintain good health. Implementing roles like a *promotora/Community Health Work/Community Health Representative* into the healthcare system could move the medical community one step closer to equity. A promotora is a lay Hispanic/Latino community member who receives specialized training to provide basic community health education into the community without being a professional healthcare worker.

Equity seeks to meet people where they are and allows for individuality. It is known that some students and patients don't have the same opportunities as others. Some think it is redistribution of resources, but they fail to see that equity is an investment in people allowing them opportunities that will allow them in turn to contribute to the communities in which they live.

In general, equality is giving everyone the same thing regardless of needs.

OPTIMIZING EVERYONE'S POTENTIAL THROUGH EQUITABLE APPROACHES

Equity is the most important part of reinventing healthcare today. If people from underserved communities were given higher education, and went back into that community, they could effectively improve the community and promote a cycle of health and education. Funding early education could be a good step to starting this early and sustaining it. Providing adequate maternity/paternity leave also leads to better early childhood education outcomes which in turn leads to higher rates of high school and college graduation. Similarly, access to nutrition allows for healthy development in children and in turn healthier communities. Patients would also find more equity in healthcare if they were to receive basic healthcare education early in life.

The USA has some of the most expensive health care costs in the world. This is primarily because of health insurance companies. This system needs to be reinvented. Medical and dental healthcare is treated separately; integrated healthcare is necessary. Electronic Health Records (HER) overhaul would also help with this. Incentivizing medical students to go into primary care due to the country-wide shortage could lead to more equity. It is also important to increase cultural representation to encourage trust and ensure patients feel safe to communicate with their healthcare providers.

Underrepresented communities and communities of color frequently do not send as many people to medical school. Cultural representation and more mentoring programs are needed to encourage young people to go to medical school. For example, Goodwill has a program called "SPARK" that mentors students from an early age to work toward higher education. Students from underserved communities should be given greater opportunity to attend school and give back to their communities.

Some examples of how it is critical to reach equitable outcomes are:

- Some tribal members do not have electric utilities in their homes. Therefore, they rely on firewood for heating, cooking, and cultural practices. During the COVID pandemic, many of those members could not leave their homes due to tribal executive orders. To answer this need, a relationship with trucking companies and the forest service was made to ensure delivery of wood.
- Students in certain communities do not have access to dental care. In response, those communities relied on non-traditional resources like the military to meet some specific needs of the community.
- Extending mobile health care into rural communities will also make for more equitable healthcare.

There is documented evidence that when racial and cultural congruence is achieved, there are better healthcare outcomes for patients. Embedding Community Healthcare Workers (CHW) in the process could be helpful. For example, when a patient checks out, a CHW could meet with the patient to make sure all their healthcare needs are being met and help focus on next steps. Lack of digital literacy is also a barrier to equitable healthcare. Education in this area is necessary.

The idea of social prescriptions would be helpful. For example, prescribing a nature walk, socializing, or enjoying art could help with overall health. This has been used in some European communities and has been met with success.

IMPROVING COMMUNITIES THROUGH EQUITY

More CHWs and active community members are vital to reaching health equity. We all know funding for healthcare in the US is broken. Policy changes and understanding of government action could help people better realize how their healthcare works and in turn how they can affect change. Additionally, policy changes are needed to improve overall care.

Group programs for things like nutrition could help. Keeping healthcare in silos has proven to make an already difficult system *more* difficult. Providers also need to know better how to talk to patients. Micro-interventions could be implemented and there is room to implement this into all healthcare aspects. Our healthcare systems are very complex. Integrated healthcare is necessary. Community Health Workers (CHW) and Community Health Representatives (CHR) involvement must be included at all levels of healthcare since they are well-suited to communicate needs of the community. Communities are all different from one another, so it is necessary to meet the needs of each community on an individual basis.

We *all* need to do something—we must get out of our bubbles and talk with one another. We as professionals in our fields and general members of the public should talk to lawmakers and encourage improvements and changes.

Education continues to be a pivotal component of the health of a community. We should use career days and mentorship programs to give young students a glimpse of what is possible for them. MyCareerAdvisor.com is a good resource for students to use for understanding career options.

To fix the healthcare system, we must find the root cause of the lack of equity. A start is to admit more students into college from underrepresented communities. We hope that the University of Arizona campus expanding and implementing more programs will ultimately teach medical students how to interact with other medical professionals and in the end streamline healthcare practices. School zoning should not be based on tax brackets, which ultimately silos communities and negatively impacts health and education opportunities because of the vast socioeconomic differences. Improved community leadership and advocacy is essential—it's important to train medical professionals to work with lawmakers and community leaders to educate them and advocate for policy improvements. Using online tools to talk to lawmakers is a good way to achieve that. Providing food pantries with fewer barriers to nutritious food should also be utilized. Direct community engagement should also be encouraged and utilized. The Arizona Town Hall forum should be mandatory for medical students in each year of medical

school. Medical students being exposed early to common issues and potential remedies will lead to improved doctor-patient relations and an overall healthier and more productive medical community.

INDIVIDUAL COMMITMENTS TO ACTION

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions during the UA College of Medicine-Phoenix Community Town Hall. Below are individual actions that were shared:

I WILL...

- Learn the process of resolution writing to submit for policy change.
- Integrate health care systems out in the community and with an emphasis on cultural humility.
- Have a “Career Day” in our community.
- Visit the “SPARK” program at Goodwill.
- Be a healthcare advocate for all Arizonans.
- Fulfill my professional responsibility and continue to share the need to get involved.
- Plan more meaningful discussions, events, and projects directed to health equity.
- Follow up with my colleagues and community patients to start primary care offices. I will also follow up with Suzanne at Vitalyst on that idea.
- Mentor primary care students from underrepresented backgrounds.
- Continue to fundraise for health equity issues.
- Attend meetings about healthcare legislation that impact the community.
- Work to encourage future medical students to engage in future Town Halls forums.
- Continue to learn.
- Advocate for equity touching all learners including trainees and faculty of medical schools.