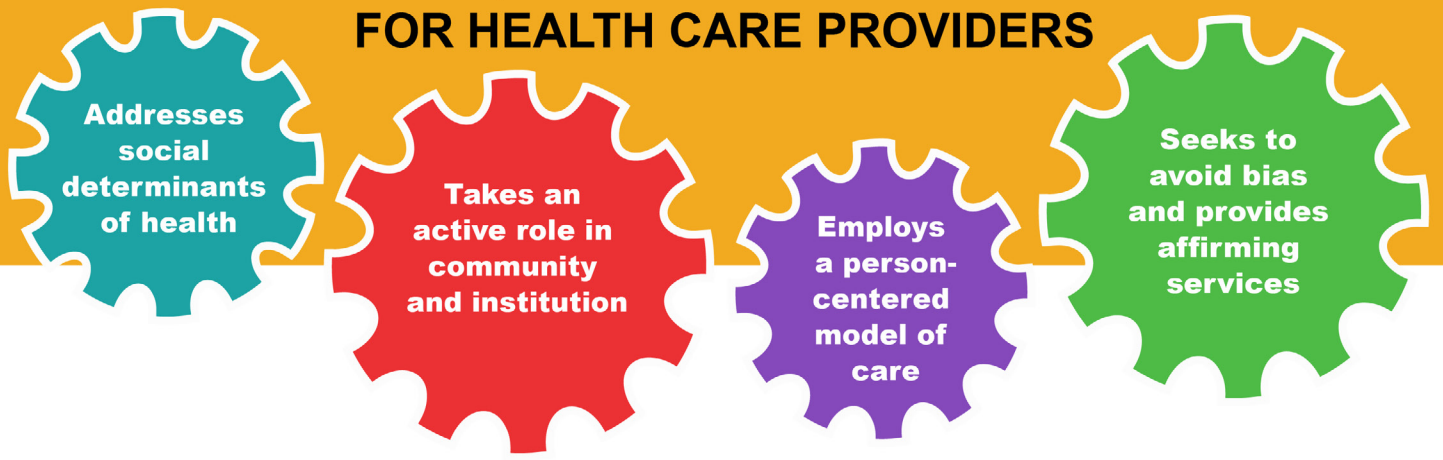
HEALTH EQUITY COMPETENCIES

FOR HEALTH CARE PROVIDERS



ABOUT THIS DOCUMENT:
The Health Equity Competencies found in this document will be useful to all health care providers who seek to promote health equity in any health care setting. It is not expected that every patient encounter will address all of these competencies. Clinicians who work in medium to large practices with access to support from other members of the care team will be best positioned to address social determinants of health and meet all of these competencies. Providers should review each item, think about the realities faced by their patient population and consider which competencies they can begin to address, and which they would need additional support or training to implement. Definitions of key terms used in this document are provided on the last page.

Health Equity Competencies for Health Care Providers

ADDRESSES SOCIAL DETERMINANTS OF HEALTH (SDOH)

- Recognizes that structural racism, unfair criminal justice practices, and other systems of oppression result in inequitable access to SDOH which, in turn, play a significant role in individual and community health outcomes.
- Assesses SDOH at baseline and annually. Makes needed referrals to community resources for assistance with: housing; accessing healthy food; transportation; vocational services; income maintenance; health coverage; social support, etc. [1]
- Actively collaborates with care managers, peer workers and community health workers in efforts to address SDOH for each patient.

References: [1] NYS HIV Guidelines Program

Experts estimate that genetics and individual choices contribute about 10-20% to our likelihood of positive health outcomes, while Social Determinants of Health- where we live, how much money we have, our access to healthy food, etc. - account for about 80-90% of our likelihood of well-being and positive health outcomes. Health Policy in Brief: RWJF

Genetics and Individual Choices
10-20%

Social Determinants of Health
80-90%

TAKES AN ACTIVE ROLE IN COMMUNITY AND INSTITUTION

- Actively engages with the community and seeks out information about conditions, resources, priorities, assets and barriers that impact the health of their patients.
- Advocates within the health care institution for policies and procedures that will promote an inclusive environment and health equity.
- Actively uses multiple data sources to identify, set goals and address inequities related to health outcomes.
- Works to destigmatize and normalize mental health, substance use issues and services.
- Advocates for addressing the impact of trauma on health, including historical trauma and recent trauma.

EMPLOYS A PERSON-CENTERED MODEL OF CARE

- Uses Clear Communication to convey health information.
- Makes time to listen and actively supports patient self-determination using an autonomy supportive approach.
- Integrates at least one of the following models of care into patient interactions:
    1. Harm Reduction Approach
    2. Trauma-Informed Care
    3. Stages of Change or Motivational Interviewing

SEEKS TO AVOID BIAS AND PROVIDES AFFIRMING SERVICES

- Seeks out information and continuing education on the impacts of systemic racism on health and well-being.
- Can identify how structural factors influence health outcomes, and understands race as a social construct, not a biological determinant of health.
- Acknowledges the universal nature of implicit bias and uses at least one tool for examining their own implicit bias.
- Is aware of the history of exploitation of people of color for purposes of medical research. Builds trust by practicing full disclosure regarding medications, treatments and procedures.
- Is aware of the adverse effects of trauma on health and practices trauma-informed care.
- Is on alert to identify instances of sexual violence, domestic violence, and abuse, and makes referrals as needed.
- Is comfortable talking about sexual orientation and gender identity, and provides affirming care to LGBTQ+ patients.
- Is comfortable talking about substance use and provides affirming care to people who use drugs.
- Uses the patient's preferred pronouns and person-first, affirming language, for example, person living with HIV.
- Provides or facilitates access to stigma-free sexual health services and reproductive choice.
- Demonstrates respect to people with a history of criminal justice involvement by avoiding stigmatizing language and behaviors.
- Explains the scope and limits of legal protections against sharing health information, and reassures undocumented people that health information is not shared with ICE.
- Knows when to request, and how to use, a language interpreter when serving patients whose primary language they do not speak.
- Knows when to request, and how to effectively use, an American Sign Language interpreter.
- Actively uses affirming statements during clinical encounters to demonstrate they recognize the inherent value of every patient.

Important Definitions

SOCIAL DETERMINANTS OF HEALTH (SDOH): Social determinants of health (SDOH) are the overarching factors in society that impact health. SDOH include:

- Secure employment, safe, bias-free working conditions and equitable living wages;
- Healthy environment, including clean water and air;
- Safe neighborhoods and housing;
- Food security and access to healthy food;
- Access to comprehensive, quality health care services;
- Access to transportation;
- Quality education;
- Access to a social support network.

Inequities in access to SDOH are a result of structural racism, sexism, homophobia, transphobia, poverty, stigma, and other forms of oppression that are perpetuated by current social structures and institutions.

STRUCTURAL RACISM: The combination of public policies, institutional practices, social and economic forces that systematically privilege white people and disadvantage Black, Indigenous and other people of color. This term underscores that current racial inequities within society are not the result of personal prejudice held by individuals. Adapted from Aspen Institute and Bailey, Feldman, Bassett

HEALTH DISPARITIES: The statistical difference in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States. USDHHS

HEALTH INEQUITIES: Disparities in health that result from social or policy conditions that are unfair or unjust.

HEALTH EQUITY: Health equity is achieved when no one is limited in achieving good health because of their social position or any other social determinant of health. The goal of health equity is to eliminate health inequities that are avoidable and unjust through proactive and inclusive processes.

WILL ADDITIONAL RESOURCES BECOME AVAILABLE TO SUPPORT THESE COMPETENCIES?
Yes. The AIDS Institute, Office of the Medical Director's Health Equity Initiative, Quality of Care Program and educational programs are developing trainings, practice tools and resources to support these competencies.

To learn more, please email:
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The competencies included in this document were developed with input and guidance from the NYSDOH AIDS Institute Health Equity Competencies Clinical Work Group: Uche Blackstock, MD; Carla Boutin-Foster, MD, MS; Neil Calman, MD, FAAFP; Anisha Ghandi, PhD; Freddy Molano, MD; LaRon Nelson, PhD, RN, FNP, FNAP, FAAN; Asa Radix, MD, PhD; Kelly S. Ramsey, MD, MPH, FACP; David Rosenthal, DO, PhD; Ross Sullivan, MD; Rodney L. Wright, MD, MSc.

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