POWER OF THE PAST
FORCE OF THE FUTURE
COMMUNITY CARE NETWORK OF KANSAS | OCTOBER 5-7, 2022

The Time is Now: Building Critical Mass Toward Health Equity

Sponsored by Aetna Better Health of Kansas
The Time is Now: Building Critical Mass Toward Health Equity

Jamie Utt-Schumacher
Diversity & Equity Consulting
Considering Intent

Versus Impact
Race and Health

▷ Black, Indigenous, and Hispanic people receive considerably worse care on 40% of HHS’ care quality measures year over year.
▷ White medical students and medical professionals commonly believe Black people are capable of withstanding greater pain and believe myths about Black people’s pain thresholds, which leads to poor assessment and mitigation of pain for Black patients.
▷ People of Color who report experiencing racism in their daily lives have higher rates of hypertension than those who do not report regular exposure to racism.
▷ Indigenous communities describe lack of knowledge about and respect for traditional notions of health and healing as a major barrier to seeking medical intervention.
LGBTQ+ Health

▷ Kansas is one of 27 states that allows gender and sexuality discrimination in health insurance coverage and medical care.
▷ LGBTQ+ people report difficulty finding medical care from providers who do not pass judgement on their identity and commonly report providers who refuse to treat them at all.
▷ 8% of LGBTQ+ people have delayed or foregone care because of this discrimination, and more have hidden their identity from their healthcare providers to avoid discrimination.
▷ 68.5% LGBTQ+ people who have experienced recent discrimination report negative impacts to their psychological wellbeing, and 43.7% report it negatively affected their physical wellbeing.
Immigrant Health

▷ A disproportionate number of non-citizens in the U.S. are uninsured, particularly Latinx immigrants, among whom fewer than half have health insurance.

▷ Undocumented immigrants commonly avoid seeking healthcare treatment for fear of being turned over to immigration authorities and report feeling unwelcome in healthcare settings. This is particularly acute among undocumented Latinx women who uniquely fear family separation.

▷ The rural context of Kansas and lack of mobility options leads to fewer healthcare seeking among immigrant populations, and this paired with other barriers to access leads to seeking of at-home or alternative remedies that may be less effective or, at times, harmful.
So what?

Now what?
Choosing a Different Path

**WHY**
Dig deeper to understand the *whys* of the health disparities in our communities to seek more nuanced solutions

**MEDIA**
Work to change the media and learning materials we consume to better reflect *critical perspectives* from the communities we serve

**EMPATHY**
Actively work to *listen to* and *better understand* the lived realities of the communities we do or could serve

**ACCOUNTABILITY**
Seek to realize *active accountability* when we (inevitably) cause unintended harm
Community Care Requires Radical Commitments to Community Solutions
Community care networks represent more than healthcare, even healthcare for those at the margins of our health systems. Community care represents a radical commitment to realize holistic, justice-centered approaches to health that recognize and address the social and political causes of health disparity.
Critical Mass

20% Actively Resisting

21% Advocating for Marginalized Patients

59% Committed to Status Quo

Critical Mass = 22%
Critical Mass

- 60% Advocating for Marginalized Patients
- 30% Committed to Status Quo
- 10% Actively Resisting

Critical Mass = 22%
1961: 28% Approval of Direct Civil Rights Action
A Challenge Toward Transformation