Intro to Public Administration Homework Assignment 1 "A New Effort to Address Racial and Ethnic Disparities in Care through Quality Measurement"

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The article chosen for this assignment was published on September 9, 2021, by healthaffairs.org, entitled "A New Effort to Address Racial and Ethnic Disparities in Care through Quality Measurement," written by (Rachel Harrington, 2021). This article outlines the racial and ethnic disparities in healthcare and how quality measures may effectively address them. I chose this article as it highlights multiple complex challenges currently faced by not-for-profit hospital administrations. These challenges include implementing policies aimed at eliminating racial disparities and health inequities, addressing structural and institutional racism specifically to improve care delivery, changing culture to establish an anti-racist organization, and the policies and practices required to capitalize on incentive-based quality improvement initiatives. To lay out these challenges and demonstrate how public administration theories and techniques can be best applied, this paper will attempt to establish the current state of racial inequities in healthcare, outline the challenge these inequities place on the administration of not-for-profit healthcare, and present evidenced based strategies to effectively address them. I will use three primary examples I address in my role at RWJBarnabas Health (RWJBH). The first includes serving on our system's QIP-NJ Advisory Board (N. J. D. o. Health, 2021). QIP-NJ is a quality improvement program that addresses behavioral and maternal-child health inequities. The second is my role as a member of our corporate Ending Racism Together Advisory Committee (R. Health, 2021), which is focused on creating health equity by ending institutional racism. Lastly, I will use my experience in developing and managing a system-wide Peer Recovery Program (Liebling, Perez, Litterer, & Greene, 2021) that eliminated the inequitable care provided to individuals with substance use disorder in our emergency rooms. These examples and the cited research throughout the paper will outline why the chosen article relates to our current coursework and how the lessons and theories can be applied.

Public health is the science of protecting and improving the health of people and their communities. Within public health, not-for-profit healthcare provides a public service to promote healthy lifestyles, research disease and injury prevention, and detect, prevent, and respond to infectious diseases (Foundation, 2021). The World Health Organization's Constitution of 1946 ("Constitution of the World Health Organization," 1946) declares "…the highest attainable standard of health as a fundamental right of every human being." This and many other definitions outline healthcare as a right of all people, specifically an essential public service. While healthcare continues to be recognized as universally essential, many inequities have a disparate impact on minorities. The factors associated with these inequities are often called social determinants of health. Social determinants of health represent economic and political structures, social and physical environments, and access to health services. (Palmer, Ismond, Rodriquez, & Kaufman, 2019). The factors associated with social determinants of health are interconnected and must be addressed using a complete and robust public health approach. While much of the responsibility to address these factors fall on healthcare, any effective measures must include public health. Effective public health combines policies, structural improvements,

upstream resources, and the total investment of government, social service agencies, payers, community-based organizations, and others (Carey, Crammond, & Keast, 2014). As further outlined by (Yearby, 2018) in "Racial Disparities in Health Status and Access to Healthcare: The Continuation of Inequality in the United States Due to Structural Racism," the authors outline specifically the disparities between African Americans and Caucasians as well as the factors that contribute to these disparities. These inequities include wealth, employment, income, and healthcare, which lead to racial disparities in access to healthcare and health status. Even further supporting the importance of public health and the need to address inequities effectively, (Bloom, 2000) explains, "Empirical studies show that health improvements provide a significant boost to economic growth in developing countries. This leads to the view that health, like education, is a fundamental component of human capital and suggests health-led growth. Better health leads to higher income, but there is also a positive feedback effect, giving rise to a beneficial situation where health and income improvements are mutually reinforcing." While improving the health of a community creates wealth, any factor that impairs health carries a tremendous cost. For these reasons, health inequity must be addressed effectively and is the public sector's responsibility. To do this, healthcare must focus on one of, if not the most complex challenges, institutional racism within healthcare. (Elias & Paradies, 2021) explains, "By merely maintaining existing structures, laws, and social norms, society can impose social, economic, and health costs on racial minorities that impinge on their well-being and human dignity. Based on a review of multidisciplinary research on racism, particularly focusing on healthcare, we demonstrate how institutional racism leads to social and economic inequalities in society."

The challenges of improving organizational culture, creating and implementing effective policies, successfully managing and developing staff, and providing impactful products and services are all incredibly complex. These challenges are further amplified by institutional racism and multiple social determinants of health. Addressing institutional racism and eliminating health inequities is the main task at hand for current administrators and executives in the field of healthcare. While recent events like the murder of George Floyd and the COVID-19 Pandemic have spotlighted these issues, racism's prevalence in healthcare and the inequities it causes have been known for decades (Peek et al., 2010). While the current prevalence of health inequities and institutional racism might lead some to believe that little has been done, it can also be understood that the lack of substantial progress is due to administrators' tremendous complexity in effectively addressing them. While administrators work to address internal causes of these inequities, there continue to be external factors seemingly out of the control of healthcare administration that contribute to the issue of inequities. To truly effectuate change, administration must start with the immense challenge of creating a culture that will support the change necessary to address inequities. A primary question must first be answered, "How do you change an organization's culture when the culture of the communities it exists in remains unchanged?" In (Bendak, Shikhli, & Abdel-Razek, 2020), the topic of creating cultural change within an organization is discussed. The article also explains how an organizational culture conducive to change can foster innovation. If a culture of change is not created, there will be little motivation or investment to develop and implement effective policy, and the ability to innovate new solutions will not exist. Two examples of this are the work of RWJBH to End Racism and the Peer Recovery Program. Starting the journey to end racism required a substantial organizational culture shift. While our CEO has an incredible ability to motivate change, some may argue that if it were not for the current events related to racism and health inequity, the buy-in required to start the structured process of ending racism would not have existed. It is a proven fact that racism has impacted society for hundreds of years, and it has always had an equal

impact on healthcare delivery. So why do we now see positive momentum being created to change our organizational culture at all levels? The answer seems to be the convergence of internal and external factors to create change inside and outside the organization. People are ready for change, and an excellent way for that change to be realized is in the services they deliver at work. The other example of readiness for change comes from my work developing and implementing the Peer Recovery Program. Since the first emergency room was built, people with substance use disorder have needed care. So why did it take the Opioid Epidemic to create the demand for a program that effectively addresses substance use disorder in the emergency room and eliminates the inequitable care patients with substance use disorder received? This, again, is an example of when internal and external factors converge, effective change can be created. For this assignment, there is no need to go into great detail on the many inequities in the care delivered to minorities with substance use disorder. However, new research shows that racial minorities continue to be disproportionately impacted by substance use disorder (Larochelle et al.). There is also no need to go in-depth on some examples of how policies created to reduce the diversion of opioid pain medication, such as mandatory use of prescription drug monitoring programs (Haffajee, Jena, & Weiner, 2015), have created racial inequities in pain management practices in the emergency room (Singhal, Tien, & Hsia, 2016). These are examples of how policies addressing the complex challenges of health inequity can often have no and/or the opposite effect. Furthermore, public policy and government-sponsored programs aim to address these challenges using external control. One such example is in the main article responded to in this paper (Rachel Harrington, 2021). The author offers evidence of the effective use of quality improvement programs. These programs create an incentive to improve quality but also add to the complexity of the problem. The problem can also worsen if a failure to meet the quality measures results in decreased revenue, further limiting access to the resources needed to address inequity.

To best outline evidenced based strategies to address health inequities in healthcare effectively, chapter thirteen of (Rainey, 2014), titled "Managing Organizational Change and Development," has been utilized. To best create organizational change, an organization must understand the different types and degrees of change. The types of changes outlined in this chapter are related to changes in technology, administrative change, changes in products and services, and human resource changes. All four types of change will be required for an issue as complex as health inequity. Specific to technology change, (Culyer & Bombard, 2012) explains how medical technology can create more significant health inequities if considerations are not made during the design phase. There are also many considerations related to administrative changes. These include policy, practice, top-down investment, and commitment to address inequities. Changes related to products and services are seemingly at the issue's core. The product and services delivered by healthcare is the delivery of care. If that care is provided inequitably, improvements must be made to the product or service. Lastly, changes related to human resources must be addressed. These include many changes related to employee training, diversity and inclusion, and implicit bias. Exhibit 13.3 (Rainey, 2014) outlines the "Patterns of Successful Organizational Change." For this discussion, a specific focus on “Phase I: Pressure and Arousal” is fascinating. This phase supports the two examples used from my own professional experience. Phase I occurs when there is significant external and internal pressure for change. When there is a widespread perception that change is required, added pressure is placed on top management. The sustained racial injustices highlighted by the murder of George Floyd and far too many others, the health inequities related to substance use disorder which were brought to bear during the opioid epidemic, and the tremendous desperate impact COVID-19 had on minorities are all factors that have created pressure and arousal. It

will be up to healthcare administrators to utilize the remaining five phases of change outlined in Exhibit 13.3 in (Rainey, 2014) to establish best the foundation required for sustained and effective change. It will then be incumbent upon administrators to follow the “Steps for Successful Organizational Transformation" outlined in Exhibit 13.4 (Rainey, 2014), starting with establishing the sense of urgency created by the previously mentioned phases of change.

I hope this paper has effectively outlined why the article "A New Effort to Address Racial and Ethnic Disparities in Care through Quality Measurement” was selected and how the theories and concepts presented in this program might be applied to address the complex issue of racism and health inequity.

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