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The Journey Towards Health Equity: Taking Uncomfortable Steps to Change Hearts and Minds*

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Commentary

At the Guardians 2024 conference, Natalie Burke delivered a thought-provoking presentation on health equity, emphasizing the importance of addressing uncomfortable truths to achieve meaningful change. Burke, an advocate for health equity, shared a compelling narrative that highlighted the systemic inequities in healthcare, especially those affecting African-American women and infants. She urged the audience to embrace discomfort as a necessary precursor to transformation.

Burke began her talk with a stark illustration of health inequities by recounting a study conducted at a hospital, which revealed a troubling disparity in the rates of vaginal birth after cesarean section (VBAC) among different racial groups. Over a twelve-month period, while white, Latina, Asian, and Native American women had successful VBACs, not a single African-American woman experienced a VBAC at the same hospital. This discrepancy, Burke noted, raises significant questions about the underlying causes of such inequities and underscores the urgent need for systemic change.

Burke's approach to addressing these issues is grounded in Jack Mezirow's adult learning theory of perspective transformation, which posits that when individuals know, think, and believe something different, they are compelled to act differently (Mezirow 1978). She emphasized the importance of appealing to both the head and the heart, combining logic, data, and facts with compelling arguments rooted in fairness and justice. This dual approach, she argued, is essential for fostering perspective transformation at individual, organizational, and societal levels.

Burke shared her personal background as the child of Jamaican immigrants, which has significantly shaped her perspective on health equity. She recounted how her grandparents, who had never faced issues accessing quality healthcare in New York, encountered significant barriers after moving to Georgia. This experience sparked her curiosity about the factors that influence health outcomes and motivated her to pursue work in health equity.

Central to Burke's argument is the concept of social identity and its impact on health outcomes. Social identity, she explained, is defined by the groups to which individuals belong and plays a crucial role in shaping experiences of privilege and oppression. Burke highlighted the process of social categorization, identification, and comparison, which often leads to disparate valuations of different groups and contributes to systemic inequities associated with intergroup conflicts (Tajfel 1981).

Burke addressed the discomfort that often accompanies discussions of privilege and oppression, urging the audience to differentiate between discomfort and safety. She emphasized that privilege is not a matter of personal choice but is conferred by societal structures. Conversely, oppression occurs when more powerful groups target less powerful ones to maintain social, economic, and political dominance.

To illustrate the pervasive nature of these inequities, Burke provided historical examples of public policies rooted in social identity, such as the state-sanctioned extermination of Native Americans and the Chinese Exclusion Act. These policies, she argued, have long-lasting impacts on marginalized communities and continue to shape contemporary experiences of privilege and oppression.

Burke also discussed the distinction between health disparities and health inequities. While disparities are merely differences in health status or outcomes between groups, inequities are disparities resulting from systemic, preventable, avoidable, and unjust policies and practices. Health inequities, therefore, represent actionable areas where systemic change can lead to improved health outcomes.

A poignant example Burke provided was the difference in breast cancer survival rates among women of different races. While biological predispositions explain some disparities, inequities arise from differential access to early detection, medications, and clinical trials. These inequities are rooted in social identity and systemic barriers, highlighting the need for targeted interventions.

Burke cited Camara Jones's definition of health equity as the assurance of conditions for optimal health for all people, emphasizing that each person's health potential is different (Jones 2000). She distinguished between equality, which focuses on sameness, and equity, which involves meeting people's needs where they are. Using an image from the Robert Wood Johnson Foundation, Burke illustrated how equitable design can ensure that everyone, regardless of their abilities, can navigate the same intersection effectively.

The pursuit of health equity, Burke argued, requires providing all people with fair opportunities to achieve their full potential (Braveman et al. 2017; CDC 2024). She addressed the common pushback against the notion of fairness, asserting that fairness is not subjective but measurable based on whether individuals, families, communities, and populations have what they need to achieve the best possible outcomes.

Burke highlighted the human predisposition toward fairness, which

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she attributed to early human interdependence. However, she noted that prejudice, in-group bias, and unconscious bias often counteract this predisposition. These biases, when combined with power, lead to systemic inequities and discrimination. Burke defined power as the ability to define reality for oneself and others, a concept that is crucial in understanding how biases manifest in healthcare.

To illustrate the impact of biases in healthcare, Burke shared an example from a nursing textbook that perpetuated harmful stereotypes about different racial and ethnic groups' responses to pain. Such biases, when internalized by healthcare professionals, can significantly impact patient care and outcomes. She emphasized the importance of addressing these biases and providing healthcare workers with the tools to recognize and disrupt them.

Burke also discussed the concept of moral injury, which occurs when individuals face situations that violate their moral code, leading to trauma. In healthcare, moral distress arises when clinicians know the ethical and equitable course of action but are powerless to act due to systemic barriers (Sukhera et al. 2021). Over time, this leads to moral injury, contributing to burnout and the exodus of healthcare workers.

Race-based medicine, Burke argued, is a significant driver of health inequities. She provided historical examples, such as the experiments conducted by J. Marion Sims on enslaved Black women (Wall 2006; Spettel and White 2011) and the racially biased algorithms in modern medical devices like spirometers and pulse oximeters (Obermeyer et al. 2019; Anderson et al. 2021). These biases, rooted in pseudoscience, continue to affect healthcare delivery and exacerbate disparities, as evidenced during the COVID-19 pandemic.

Burke concluded her talk by outlining steps to achieve health equity. She called for embracing the complexity of social identity, fostering meaningful relationships across different identities, and equipping individuals with the language and tools to address bias and racism. Additionally, she emphasized the need to re-examine race-based algorithms and teach the history of how systemic inequities have developed.

Ultimately, Burke's message was one of hope and action. She invoked the metaphor of seeds buried by oppressive systems, suggesting that awareness and conversation can lead to transformative change. By addressing the uncomfortable truths about health inequities, Burke urged the audience to commit to creating a more equitable healthcare system for all.

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References

[1] M. A. Anderson, A. Malhotra, and A. L. Non. "Could routine race-adjustment of spirometers exacerbate racial disparities in COVID-19 recovery?" *The Lancet Respiratory Medicine* 9.2 (Feb. 2021), pp. 124–125. ISSN: 2213-2600. DOI: 10.1016/s2213-2600(20)30571-3 (cited p. 2).

[2] P. Braveman, E. Arkin, T. Orleans, D. Proctor, and A. Plough. "What is Health Equity?" (May 1, 2017). URL: https://www.rwjf.org/en/insights/our-research/2017/05/what-is-health-equity-.html (cited p. 1).

[3] CDC. *Health Disparities in HIV, Viral Hepatitis, STDs, and Tuberculosis*. US Centers for Disease Control and Prevention. Feb. 5, 2024. URL: https://www.cdc.gov/health-disparities-hiv-std-tb-hepatitis/about/index.html (cited p. 1).

[4] C. P. Jones. "Levels of Racism: A Theoretic Framework and a Gardener's Tale." *American Journal of Public Health* 90.8 (Aug. 2000), pp. 1212–1215. ISSN: 1541-0048. DOI: 10.2105/ajph.90.8.1212 (cited p. 1).

[5] J. Mezirow. "Perspective Transformation." *Adult Education* 28.2 (Jan. 1978), pp. 100–110. ISSN: 0001-8481. DOI: 10.1177/074171367802800202 (cited p. 1).

[6] Z. Obermeyer, B. Powers, C. Vogeli, and S. Mullainathan. "Dissecting racial bias in an algorithm used to manage the health of populations." *Science* 366.6464 (Oct. 2019), pp. 447–453. ISSN: 1095-9203. DOI: 10.1126/science.aax2342 (cited p. 2).

[7] S. Spettel and M. D. White. "The Portrayal of J. Marion Sims' Controversial Surgical Legacy." *Journal of Urology* 185.6 (June 2011), pp. 2424–2427. ISSN: 1527-3792. DOI: 10.1016/j.juro.2011.01.077 (cited p. 2).

[8] J. Sukhera, C. Kulkarni, and T. Taylor. "Structural distress: experiences of moral distress related to structural stigma during the COVID-19 pandemic." *Perspectives on Medical Education* 10.4 (Apr. 2021), pp. 222–229. ISSN: 2212-277X. DOI: 10.1007/s40037-021-00663-y (cited p. 2).

[9] H. Tajfel. *Human Groups and Social Categories: Studies in Social Psychology. Studies in social psychology*. Cambridge: Cambridge University Press, May 29, 1981. 384 pp. ISBN: 978-0521280730 (cited p. 1).

[10] L. L. Wall. "The medical ethics of Dr J Marion Sims: a fresh look at the historical record." *Journal of Medical Ethics* 32.6 (May 2006), pp. 346–350. ISSN: 1473-4257. DOI: 10.1136/jme.2005.012559 (cited p. 2).