

Editorial

Health Equity in Medicine

Tracy MacIntosh, MD, MPH, FACEP^{1,2}; Barbara L. Gracious, MD³;
Jeremy R. Brooks, LMSW⁴; Graig Donini⁵

Abstract

Description

Healthcare disparities exist when, due to racial, ethnic, or gender identity differences linked to social, economic or environmental factors, certain populations lack equitable access to quality healthcare and insurance coverage. Such disparities across history carry profound future implications that we have only begun to contemplate as a profession. This special issue of the *HCA Healthcare Journal of Medicine* examines the critical issue of health equity in medicine and how the medical community can advance health equity through inclusive behavior and interactions in clinical and educational settings, and our communities.

Keywords

healthcare disparities; healthcare inequities; vulnerable populations; underserved patients; disadvantaged populations; minority and vulnerable populations

This special issue of the *HCA Healthcare Journal of Medicine* examines the critical issue of health equity in medicine. In her clarifying essay, Paula Braveman MD, MPH defines health equity as “the principle underlying a commitment to reduce—and, ultimately, eliminate—disparities in health and its determinants, including social determinants.”¹ Healthcare disparities exist when, due to racial, ethnic, or gender identity differences linked to social, economic or environmental factors, certain populations lack equitable access to quality health care, and insurance coverage. Health and healthcare disparities both lead to poorer health outcomes for historically marginalized communities, increased healthcare costs to health systems, insurers, employers, patients, and families; and decreased productivity, quality of life, and wellbeing.²

Current national and international events are spotlighting disproportionate access to quality medical care faced by many historically marginalized groups. These differences exist controlling for insurance and income.³ Disparities in health equity have historical roots, dating

back centuries, including in how health systems were developed and healthcare providers were chosen for training. Such disparities across history carry profound future implications that we have only begun to contemplate as a profession.

Globally, the World Health Organization (WHO) reports that the circumstances, which underlie the social determinants of health are shaped by larger economic, social, and political forces and, therefore, are modifiable.⁴ The key word here is modifiable, meaning we can do something about these factors. That is why HCA Healthcare is committed to taking action. We take action by ensuring that everyone we serve is treated with dignity and respect. We take action by educating the medical students, residents, and fellows we train to embrace health systems sciences and work to alter the historical injustices that still contribute to disparities and unequal care today. We take action by committing to provide culturally competent care to every patient we serve and to foster a culture of inclusion across all areas of our organization. We define and teach culturally compe-

Author affiliations are listed at the end of this article.

Correspondence to:

Tracy MacIntosh, MD, MPH,
FACEP

Associate Dean of Diversity,
Equity & Inclusion

UCF College of Medicine

6850 Lake Nona Blvd

Orlando, FL 32827

(Tracy.macintosh@ucf.edu)

tent care as the ability of healthcare providers and organizations to advance health equity and reduce health and healthcare disparities by understanding and responding effectively to the cultural and linguistic needs brought by the patient and their companions to the healthcare encounter. We also take action by combining our tremendous individual, collective, institutional, and corporate responsibility and agency to address and reduce healthcare disparities in our nation.

This issue of the journal provides a platform to critically discuss issues of equity in medicine and how the medical community can advance health equity through inclusive behavior and interactions in clinical and educational settings, and in our communities.

The issue helps our readers identify and address structural determinants of health so that we can better diagnose and treat all patient populations. To advance health equity requires that we understand our patients and colleagues as individuals, as well as the context in which they are born, grow up, live, work, and age. Paying attention to the individual, including their emotional and physical needs and expectations, as well as to their cohort needs, can lead to better outcomes for patients, physicians, nurses, and the community at large. In the issue, we present a series of clinical images showing dermatological disorders on a variety of skin tones to help bridge the gap in teaching materials that have too long focused exclusively on lighter skin tones. We share several articles on mental health, with a review article and original research focusing respectively on the ongoing struggle to appropriately treat and house patients with schizophrenia, an interesting case of gender dysphoria during acute psychosis, and a review of mental health disparities in Latinx youth, and the Black community, with how those experiences have factored in during the COVID-19 pandemic. A concerning case of granulomatosis from silicone implants in a transgender individual informs detection and risk-benefit discussions. The issue also discusses how to better educate physicians on equitably treating those with disabilities and how to explore trauma issues in trafficked individuals.

We also share thoughts from our colleagues in the field and how their unique experiences fit into those of their patients and colleagues. The issue identifies how to create more inclusive healthcare workspaces by addressing the impact of microaggressions and providing strategies on how to interrupt them in our healthcare workplaces. We also give the perspective of a physician with tattoos and their experience navigating the profession through the lens of personal expression and self-identity. A poem from a resident of Southeast Asian heritage and a cover, truly representing our diversity at HCA Healthcare, provide bookends for further contemplation of how the medical humanities intersect with our diverse strengths.

An issue with this much depth and breadth can't happen without the support and encouragement of many. We would like to thank the team of guest editors who read and critiqued articles considered for publication. Drs Olga Karasik, Mary Alice Keller, Carlos Vargas, Sherri Morgan, Alex Akhondi, and Mrs Asya Miller assisted along with the authors of this editorial to bring this issue to fruition. Thank you for your efforts and dedication.

A publication of this caliber also requires extensive support from a team of peer reviewers. We thank the following reviewers for sharing their expertise with the journal:

Hossein Akhondi
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Finally, we thank the editorial team that put the final touches on the issue and ensured the content is readable and professionally presented. Ashton Stahl, Heather Fach, Lindsay Million, and Lindsay Pate assisted with copyediting, references and keywords, proofreading and production.

We hope you find this special issue an educational and rewarding read. Thank you for your commitment to providing culturally competent care that advances health equity, reduces health disparities, and provides space for each and every one of us to grow and thrive. Together, we can create a better today, and a healthier, more equitable tomorrow.

Conflicts of Interest

Dr MacIntosh, Mr Brooks, and Mr Donini declare they have no conflicts of interest.

Dr Gracious reports personal fees from Novo Nordisc.

Dr MacIntosh is an employee of HCA Florida Osceola Hospital, a hospital affiliated with the journal's publisher.

Dr Gracious is an employee of HCA Florida Orange Park Hospital, a hospital affiliated with the journal's publisher.

Mr Brooks is an employee of HCA Healthcare, an organization affiliated with the journal's publisher.

Mr Donini is an employee of HCA Healthcare Graduate Medical Education, an organization affiliated with the journal's publisher.

This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.

Author Affiliations

1. University of Central Florida College of Medicine, Orlando, FL
2. HCA Florida Osceola Hospital, Osceola, FL
3. HCA Florida Orange Park Hospital, Orange Park, FL
4. HCA Healthcare, Nashville, TN
5. HCA Healthcare Graduate Medical Education, Brentwood, TN

References

1. Braveman P. What are health disparities and health equity? We need to be clear. *Public Health Rep.* 2014;129(Suppl 2):5-8.
2. Ndugga N, Artiga S. Disparities in health and health care: 5 key questions and answers. Kaiser Family Foundation. May 11, 2021. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>
3. Smedley BD, Stith AY, Nelson AR, eds. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.* Institute of Medicine. National Academies Press; 2003.
4. Social determinants of health: key concepts. World Health Organization. Retrieved from: <https://www.who.int/news-room/questions-and-answers/item/social-determinants-of-health-key-concepts>