

April

Diversity, Equity, and Inclusion Newsletter



Anesthesiologists Role in Ensuring Access, Equity, Diversity, and Inclusion

Health equity in critical care

Recently, racial and ethnic minority groups have been disproportionately harmed by the coronavirus disease. Non-white patient's hospitalization and death rates due to COVID19 were significantly increased compared to white patients. Some possible contributing factors include: living in multigenerational households, existing in crowded spaces, and having jobs that cannot be performed remotely such as grocery store clerks, household workers, and transit employees. Racial disparities in vaccine administration could be due to lack of access, gap in health literacy, and distrust of medicine in populations with a history of oppression.

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Notable Dates:

4/2: Ramadan

4/2: World Autism Awareness Day

4/15: Passover

4/17: Easter

4/22: Earth Day

4/21 - 4/23: Gathering of Nations

Health equity in pain management

Research has shown that Black patients are assessed less frequently for pain compared to white patients in both outpatient and inpatient settings. Studies have also demonstrated that when equivalent levels of pain are endorsed by patients, Black patients are treated with fewer opioid medications, implicating racial bias can be a factor increasing disparities across perioperative pain management. Perioperative pain management can also be more complicated in patients with comorbid conditions such as obesity, which low socioeconomic status may contribute to.

Health equity in obstetric anesthesia

Hispanic and Black women are less likely to use neuraxial labor analgesia than non-Hispanic white women overall with even less utilization among Spanish-speaking women. This includes increased utilization of general anesthesia in c-sections with increased morbidity and mortality. Studies have shown increased acceptance of epidurals after administration of an education program.

Health equity in pediatric anesthesia

Infant mortality in the post-operative setting is twice as high in the Black community compared to the national average. Black and Latinx children also have an increased prevalence of asthma and hospitalizations potentially requiring intubation from asthma compared to white and Asian group

HOW WE CAN PROMOTE EQUALITY IN OUR PRACTICE

- **Promote a diverse workforce**
- **Deliver patient-centered care (including social, financial, mental, and emotionally supportive perspective)**
- **Implement multidisciplinary management perioperatively (including preventative programs such as smoking cessation and medication management and working to improve the provider-patient relationship and build trust)**
- **Implement patient education programs (including professional interpretation services should be the standard for patients with limited English proficiency)**
- **Provide cultural competency and diversity training to providers and employees.**
- **Support research on social determinants of health and perioperative outcomes.**
- **Health Policy (including promoting the education of practicing anesthesiologists and resident education in health policy and patient advocacy)**