

Health Disparities and Inequities in Minoritized populations: Maintaining a Clear Mind in the Face of Uncertainty

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COVID has created a cultural shift and a new health care environment to navigate. The impact of this pandemic has uncovered healthcare discrepancies among minoritized groups and provided an impetus for providers to become aware of the influence of their unconscious attitudes. The discriminations that exist for minority populations e.g., racial/ethnic minorities, sexual and gender minorities, disability status and poor economic backgrounds, have become heightened (Kantamneni, 2020). Health disparities and inequities within these domains may result in increased rates of disease, increase in mortality and morbidity and poor health outcomes (Alvidrez, Castille, Laude-Sharp, Rosario, Tanbor, 2019; Brown, Ma, Miranda, Eng, Castille, Brockie, Patricia-Jones, Airhihenbuwa, Farhat, Zhu, Trinh-Shevrin 2019)). The pandemic has generated an epidemiological transition about how health, disease and mortality are viewed and responded to.

The Supreme Court's ruling overturning Roe vs Wade has disturbed the reproductive rights we worked 50 years ago to obtain. This generated another collective shift within the USA and its implications can extend globally. The American Psychological Association (APA) (March 2022) supports the reproductive rights of women as well as legalized abortions. APA suggest that restrictive policies on women's reproductive health care rights are related to an increase in risk for mental health difficulties and negatively affect wellbeing (APA, 2020). This is another major jolt on minority populations in seeking reproductive justice. The implications of this Supreme Court decision on the rights of reproductive freedom and its probable effects on mental health, sexual health and sexual functioning are considerations that we as clinicians need to be aware of. The impact on our health care system of this new policy is enormous, creating an influx of reproductive rights cases across state lines and highlighting the existing health inequities and disparities among racial/ethnic minorities and sexual/gender minorities.

How are these sociocultural changes affecting you and your work? As clinicians we bring our own implicit biases (unconscious bias) to our workplace which ultimately intersect with the social identities of others. The intersection of social identities may incorporate race, gender status, sexual orientation, body size, social class, nationality, religion, age all of which can impact patient care, co-workers, and the healthcare system both (Ogungbe, Mitra, Roberts, 2019). Ogungbe et al, 2019 suggest that these intersectionality's of biases can affect clinical judgment and contribute to health disparities. They suggest that research is needed to study the effect of the intersectionality of implicit bias (Ogungbe et al,2019).

What can we do to increase our awareness of culturally responsive care, improve patient/provider communication and create a learning environment in healthcare settings while maintaining a clear mind:

- Engage in mediation practice with emphasis on developing a clear mind and encourage your patients to do the same
- Develop a psychotherapeutic alliance with a clinician who can assist you to enhance internal balance and create positive ways to work with stress
- Become alert to own implicit biases
- Seek out training opportunities that include self-reflection, perspective taking, empathy training and skill development to work with specific biases that can generate calmness
- Advocate for education and curriculum development that reduce macroaggressions and implicit bias
- Generate research on the implications of implicit bias within the healthcare delivery systems to reduce negative healthcare outcomes and create policy changes