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## Addressing Pushback on Health Equity

*Leaders can harness curiosity as an antidote to fear and resistance.*

Though health equity is now in the consciousness of healthcare leaders in a way that we have never seen before, this shift presents both risks and opportunities. One risk is missing opportunities for change because they may be hard to face. As we measure disparities, we will almost certainly uncover some difficult truths.

*Just as important as data are stories from those who have experienced inequities. These stories are crucial to any effort to improve equity.*

But with adequate coaching and support for changing practices and behaviors, clinicians and health systems will be less likely to fall into defensive postures and more willing to accept and support data showing disparities in how patients receive and experience care and in their health outcomes.

As we move forward to achieve more equitable health and care, we also have the opportunity to learn from the beginnings of the patient safety movement.

### Don't Fear Pushback: Expect It and Prepare for It

In the spring of 2019, only 25% of U.S.-based healthcare leaders surveyed by the Institute for Healthcare Improvement identified health equity as one of their organization's top three priorities. In another IHI survey in the summer of 2021, the percentage of healthcare leaders naming health equity as one of their organization's top priorities more than doubled to 58%. This increasing focus on health equity is a significant, and encouraging, step toward closing equity gaps in health and healthcare.

Yet, IHI colleagues and partners who have been working on these gaps for years note that this increased focus will simultaneously increase something else: pushback. All change prompts some pushback, and for a change as crucially important as this, effectively addressing pushback is a key responsibility for healthcare leaders.

Pushback against efforts to close equity gaps takes many forms. IHI's partners at a community health center in Boston compiled a list of concerns they've heard repeatedly, including statements like the following: "That doctor doesn't have a racist bone in his body." "This will cost

too much." "As soon as you talk about race, you turn people off." "Race is not a problem here. It's [something else]."

Healthcare leaders can effectively prepare for and address pushback related to health equity improvement efforts by taking three key steps.

**1. Expect and prepare for pushback.** If you're not getting pushback, something's probably not quite right about your strategy. Working on equity and racism is not easy. It's deep. It's personal. It's contentious. It's in the public eye, as much as it is in the private sphere. If you're not getting some form of resistance, then you're probably not expressing your intent explicitly enough or setting your goals high enough. Don't fear resistance; expect it and prepare for it.

**2. Address pushback with data and stories.** Don't get too abstract or too complicated. Equity is a local issue. It's relevant to your organization, your town, your city, your department, your unit.

For example, I remember when my hospital department proposed looking at racial differences in discharging patients on pain controllers at the end of a hospital stay. Staff in the department didn't expect to find any differences. They said things such as, "We treat everyone the same. There's no systemic difference in how we treat our patients." It was typical pushback. We agreed to gather the data and then come back together for a second conversation.

The data showed a systematic difference and a clear disparity between

Black and white patients with similar pain scores at discharge: Clinicians were less likely to prescribe more powerful pain medications at discharge to Black patients than to white patients.

That data transformed the resistance met after the first discussion into curiosity by department staff. Curiosity is the antidote to fear and resistance, and it is essential because it leverages the strengths in every provider—the desire to help, to heal, to treat everyone fairly—to remove inequities made clear and undeniable by the data.

Just as important as data are stories from those who have experienced inequities. These stories are crucial to any effort to improve equity. For some, stories can be even more impactful than numbers in transforming pushback into curiosity; that curiosity can then be harnessed to gather more stories and more perspectives. It's not easy to try to see your work through someone else's eyes. So, rather than trying to imagine what it felt like for a patient, find out. Ask them.

Directly engaging those with lived experience of racism and inequities is a necessary step in both fully understanding the scale of the problem and in co-designing effective solutions with them.

**3. Gain a deeper understanding of what is driving pushback.** Fear is often the emotion that drives resistance to seeing and eliminating inequities. It's not uncommon to be afraid of confronting these issues, both personally and organizationally. It's the responsibility of

leaders, however, to create environments that limit this natural fear and explicitly prohibit blaming and shaming. Racism and inequities in healthcare need to be understood as system properties, not merely the product of individual actions and prejudices. While it's important to have zero-tolerance policies for overt individual instances of racism, collectively addressing inequities needs to happen at the system level.

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**Learning From the Patient Safety Movement**

Courage, curiosity, data, stories, and overcoming fear all are essential to another key area of improvement in healthcare: patient safety. The parallels between the early days of confronting pushback on patient safety issues to our present moment of confronting inequities are striking. This is encouraging, not only because of the strides we've made in improving safety over the years but also because we now have many of the necessary tools and experiences to help prepare us for pushback on closing equity gaps.

Throughout the patient safety movement, the most resistant members of the clinical community or the administrative community often became the most ardent advocates for change. Passionate, exuberant resistance is frequently a symptom of caring very deeply about an issue. When you meet that ardent resistance with well-prepared data and stories, moments of "transformation" can occur.

People talk about transformation a lot; it is created in two ways: First, find the most active resistor and share the data and the stories of those who have suffered senselessly from the heavy hand of racism and inequity.

These lessons—learned in the patient safety movement—can help us move further and faster in our effort to remove inequities.

Second, when preparing to effectively address pushback, it is helpful to remember that the healing professions have shared values, or at least a shared commitment to heal. We share the desire to treat people equitably and to ensure that everyone has an opportunity to succeed and thrive. We share the belief that trust matters and that people matter. This shared foundation is essential.

Start with those shared values because they provide the basis on which to grow relationships, and relationships will allow you to address pushback with real information that shows the path to a different and better future. ▲

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