E-mail 1: Introduction to Basic Terminology of Health Equity.

Dear ***

Paragraph 1-3: Bring in personal story to pull them in. Here is an example.

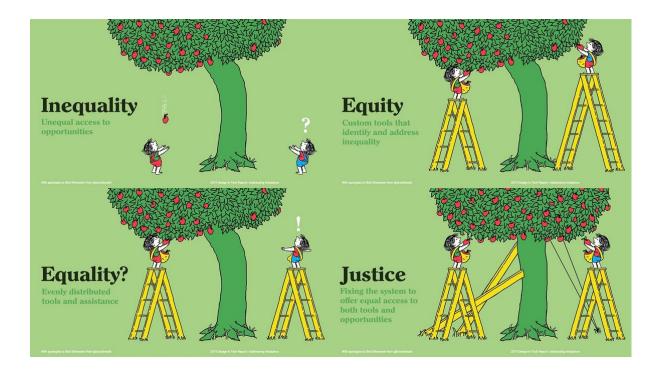
I was a new 3rd year resident in internal medicine and had a new patient to start my clinic day. The patient had recently suffered from a myocardial infarction (MI) who ultimately obtained a drug eluting testing and was discharged on aspirin and ticagrelor. My institution prided itself on practicing the latest evidence-based care and clopidogrel was falling out of favor for ticagrelor. A recent New England Journal of Medicine article found that compared to clopidogrel, ticagrelor is superior at reducing rate of cardiovascular death, heart attacks and stroke without increasing rate of bleeding (PLATO 2009). Many of our patients were discharged on this regiment with hopes to give our patients the best outcomes possible.

A few moments before entering the patient's room, my medical assistant approached me to let me know that the patient's blood pressure was 190/110 and that he was not taking his antiplatelet agents. I instantly became upset and the first thought came through my mind was that the patient was being careless. I entered the patient's room ready to lecture him on the importance of taking his medications and immediately asked him why he was not taking them. Without hesitation, he responded: "Doc, I wanted to take the medications but I did not have hundreds of dollars to spend on them. It was between eating or taking the medications, so I chose the earlier." His response has stood with me to this day.

Although ticagrelor had shown superior outcomes, the medication was expensive and not being able to take any antiplatelet agent was worse than using clopidogrel. As of 2022, the cheapest out of pocket monthly cost for ticagrelor is around \$400 USD. This was the first time I realized that equality approach to care may not be the best option for every patient. I realized more than ever that I needed to adjust my approach to adapt to one's socioeconomic situation. Maybe assuming everyone should have the same care was not the answer.

Rest of e-mail content

Today's weekly equity e-mail will focus on defining the key terms of Health Equity which are: inequality, equality, equity and justice. To help explain these terms, I have included an image from one of my favorite children's books the giving tree. If there is one message to take from this session is that you should adjust the help and care you provide to patients based on their needs and life circumstances.



<u>Inequality</u> is defined as unequal access to opportunities. As you can see from the image above, both boys cannot easily obtain apples from the fruit tree. Despite this, the child on the left has more opportunity to get apples because the tree on that side is lower and there are more available. Similarly, many of our patients develop medical problems but certain vulnerable populations may start with an unequal advantage to begin with. This ultimately will prevent them from achieving their desired outcome.

Equality is defined as evenly distributed tools and assistance. Traditionally, this is how we are trained to practice medicine. In the example above, this would be giving both boys the same height latter to pick apples. As you can see in the image, only the boy on the left can benefit as the right still has other adversities to overcome.

The big teaching point here is that you should <u>not</u> use the same resources for everyone to achieve the same outcome. For instance, say there were two medications available to treat a condition but the more effective one was 50x the price. Despite it being more effective, a patient with limited financial means most likely will struggle to take that medication simply because they do not have the money to do so. In this circumstance, giving everyone the same treatment may lead to inadvertently the worst outcome of all, unintentional non-adherence.

Equity is defined as custom tools that identify and address disparities. In this example, the boy on the right is given a larger ladder to have the same opportunity to reach the fruit on his side of the tree. An example of this in practice would be to provide financial assistance through either a voucher program or insurance program so that a patient had the option to take the more expensive medication option with better outcomes. In order to make these adjustments,

one must ask about a patients socioeconomic circumstances and take them into account when making medical decisions.

Finally, <u>Justice</u> is defined as fixing the system where all parties have equal access and opportunities for their desired outcome. It is very complex to provide justice for patients, as it usually involves a collaborative effort on both the government and collective health care system. An example of justice would be the The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act which provides access to ART therapy and aides in obtaining health insurance with patients who have HIV/AIDS regardless of their financial situation. To learn more about this act click here: https://hab.hrsa.gov/livinghistory/legislation/reauthorization.htm

Final paragraph: Tie in the initial story back to the teaching. Here is an example.

My patient with the recent MI taught me the importance of adjusting your approach to care based on a patient's circumstances. You could practice the latest evidence-based care, yet if your patient cannot obtain the care it is then useless. I hope each of you consider asking your patients what barriers they may face when attempting to get the care they need. It may make the world of difference.

Please feel free to reach out to **** if you are interested in joining our track.

Work Cited:

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