

Instructor Resources Sample

This is a sample of the instructor materials for *Ethics and Professionalism for Healthcare Managers*, Second Edition, by Leigh Cellucci, PhD, MBA, Tony Cellucci, PhD, and Tracy J. Farnsworth, EdD, MBA, MHSA

The complete instructor materials include the following:

- PowerPoint slides
- Instructor Guide
- Transition guide to the new edition

This sample includes the materials for chapter 14.

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Chapter 14

Health Policy, Health Disparities, and Ethics

Objectives

- Explain the role of ethics in health policy and healthcare policy
- Understand the interrelationships of cost, quality, and access
- Assess how health policy may serve as an essential tool in times of crisis
- Explain social marketing and downstream and upstream approaches
- Assess the ethics of social marketing and public health initiatives through the lenses of ethical theories
- Explain the concept of health equity and discuss outcomes of health disparities
- Understand structural racism and its effect on health

Case from the Field: No Insurance, No Admission

- Illustrates the dire situation that Americans without health insurance experienced prior to the passage of the 1986 Emergency Medical Treatment and Active Labor Act (EMTALA)
- Offers documented real-life instances of refusing to help patients that helped to spur the passage (EMTALA)
- Demonstrates the interrelationships between health policy and health disparities

The 1986 Emergency Medical Treatment and Active Labor Act (EMTALA)

- The situation prior to the passage of EMTALA
 - Patient dumping—to refuse care or transfer medically unstable patients because of their inability to pay
 - Patient dumping shifted costs to burden hospitals that accepted patients without insurance
 - Joint Commission notes that people must be treated regardless of their ability to pay
 - Hippocratic Oath requires physician must do no harm

The 1986 Emergency Medical Treatment and Active Labor Act (EMTALA) (cont.)

- The provisions outlined by EMTALA
 - Medical screening examination when a request is made for an emergency medical condition (including active labor)
 - Stabilization and further care as needed for all patients
 - Transfer of patients to another healthcare facility as appropriate, regardless of the patient's ability to pay.
- However, EMTALA was passed as an unfunded mandate
 - Resulted in closing of some emergency departments
 - Health policy affects healthcare policy

Policies and Healthcare's Ability to Plan and Be Prepared for the Unexpected

- Pandemic and All-Hazards Preparedness Acts of 2006, 2013, 2019
 - Provided funding for healthcare preparedness
 - Key ethical principle is beneficence
 - Being better prepared at the front end allows healthcare organizations to provide better patient care during a crisis
 - 2006
 - Events of September 22, 2001, Anthrax attacks in 2001, and Hurricane Katrina served as catalysts for passage
 - Included funding to improve medical preparedness and response capabilities to crises

Policies and Healthcare's Ability to Plan and Be Prepared for the Unexpected (cont.)

- 2013
 - Added funding for public health medical preparedness programs to meet community needs during disasters and enhanced the authority of the US Food and Drug Administration
- 2019
 - Added funding for environmental health to the components of public health and medical preparedness

Social Marketing

- Enlightened self-interest
 - Maximizes benefits to self and minimizes harm to others
- Downstream social marketing
 - Focuses on influencing or changing individual's behavior
 - The Center for Disease Control's "We Can Do This" campaign to encourage Americans to get the COVID-19 vaccine
- Upstream social marketing
 - Focuses on influencing or changing systems, policies, and other structural components
 - State vaccination mandates

Public Health Initiatives

- Public health: What we, as a society, do collectively to ensure the conditions for people to be healthy
- Public health mission: To fulfill society's interest in assuring the conditions in which people can be healthy
- Substance of public health: Organized community efforts aimed at the prevention of disease and the promotion of health
- Organizational framework of public health: Activities undertaken within the formal structure of government and the associated efforts of private and voluntary organizations and individuals

Public Health, Truth-Telling, and Outcomes

- Sources of information and their trustworthiness
 - More likely to trust the source if doing so is part of its role as a steward of public health (such as the CDC)
- Outcomes
 - Vaccination efforts included meeting people “where they are”—local community public health clinics, pharmacies, community centers, churches, etc.
 - Yet, a disparate result occurred regarding who received vaccinations
- Ethics of justice and beneficence justified the social marketing efforts; the public issue drove them

Health Disparities and Social Determinants of Health

- A particular type of health difference linked to social, economic, or environmental disadvantage that is unjust and avoidable
 - Health disparities are measurable differences in health outcomes that are specifically linked to disadvantage
 - Rests upon the belief that all individuals have a right to health
- Social determinants of health
 - Health is greatly influenced by environments in which people are born, live, learn, work, play, worship, and age (Gomez et al. 2021)
 - Social, physical, and economic environments affect health
 - Access to healthcare, education, economic stability, safe neighborhoods, and communal support

Social Determinants of Health (cont.)

- COVID-19 epidemic highlighted its significance
 - Higher hospitalization and death rates for African Americans and Hispanics
 - Living in high-density areas, crowded apartments which affected ability to socially distance
 - Working in the service industry where presence was required and thus, they were not able to work from home
 - Experiencing comorbidities that put them at greater risk once infected
 - Distrusting healthcare
 - Health inequities translated into increased health risk for society generally
- Healthy People 2020, 2030, and social determinants of health
 - Greater social cohesion and collaboration will be needed to address the social determinants of health and the root causes of health inequalities
 - Role of structural racism in creating health disparities

Disparities in Healthcare

- Health policies, organization practices, and provider interactions all attribute to disparities
 - Access
 - 12 states have not expanded access to Medicaid
 - 12 percent of people under 65 lack health insurance
 - 24 percent of minorities do not have a regular healthcare provider
 - Hospital closures—particularly in urban cities and rural areas make it more difficult to travel for care
 - Quality of care
 - Agency for Healthcare Research and Quality (AHRQ)—charged with improving the safety and quality of America’s healthcare system

Disparities in Healthcare (cont.)

- Reducing disparities
 - AHRQ
 - Provides training for primary care clinicians
 - Promotes effective methods for reducing healthcare-associated infections
 - Uses surveys to provide assessment of patient experiences
 - Improving provider-patient interactions and care outcomes
 - Implicit bias
 - Unconsciously associating stereotypes with certain groups of people and behaving accordingly
 - Cultural competence training
 - Meeting Culturally and Linguistically Appropriate Services (CLAS) standards of care

Disparities in Healthcare (cont.)

- Patient-centered medical home (PCMH)
 - Promotes comprehensive care, patient-centered care, coordinated care, and accessible services and addresses quality and safety.
- Integrated care
 - Responds to barriers to patients' receiving needed mental health services, through offering behavioral health services integrated into primary care
- Value-based care
 - Transforms the way providers and payers address the social determinants of health
 - Recognizes that healthcare organizations have a definite role to play in promoting community policies and practices that improve opportunities for achieving health equity
- Community partnerships with healthcare to help meet patient needs
 - Racial and Ethnic Approaches to Community Health (REACH)

Disparities in Healthcare (cont.)

- Compared to developed European countries, the United States does not fare well
 - Partly contributed to disparities
 - Income status and health insurance coverage
 - US experiences greater income and wealth inequality
 - Example of cigarette smoking and income status
- Underscores relationship of cost, quality, and access using ethical principles of social justice, beneficence, and nonmaleficence



Mini-Case Study: The Structural Roots of Racism and Discrimination in Lactation Care

1. Explain the concept of implicit bias as it is illustrated in Thomas's article.
2. Explain what ethical principles were violated by implicit bias.
3. Discuss the role of healthcare managers in addressing breastfeeding disparities.

Points to Remember

- Health policy refers to strategies aimed at improving the health of the people and the communities in which they live, while healthcare policy refers to policies that directly affect healthcare costs, quality of care, and access to care for the people in those communities.
- Social marketing is the practice of influencing the behavior of both individuals and the community for the common good.
- Ethical theories serve as lenses through which to evaluate the ethics of social marketing efforts. One of them is enlightened self-interest, which maximizes benefits to self and minimizes harm to others.
- Downstream social marketing focuses on influencing or changing individual behavior.
- Upstream social marketing focuses on influencing or changing systems, policies, and other structural components.
- Health status is greatly influenced by social determinants of health, which are related to the environments in which people are born, live, learn, work, play, worship, and age.
- Health disparities are unjust differences in health attributable to disadvantage. Health disparities persist in many areas of health, with negatively effects particularly on racial and ethnic minority populations and the poor.

Instructor Guide

Chapter 14 Health Policy, Health Disparities, and Ethics

The Case from the Field, “No Insurance, No Admission,” has generated good class discussions about ethical response to lack of access to healthcare. While some students recognize the value of their having health insurance, they were not aware of what happened (or did not happen) for people without health insurance. Some are skeptical that a hospital would turn away a man with third-degree burns on his back; so, Mr. Lafon’s incident is key to the opening of a conversation regarding the question, “Do some lives really matter less than others?”

MINI-CASE STUDY: The Structural Roots of Racism and Discrimination in Lactation

Care

Questions:

1. Explain the concept of implicit bias as it is illustrated in Thomas’s article.

Implicit bias refers to the unconscious association of stereotypes with certain groups of people and behaving accordingly. In the mini-case, there is evidence included to demonstrate that breastfeeding offers health benefits to both mother and infant. Moreover, the International Board of Lactation Consultant Examiners’ Code of Professional Conduct notes that certified lactation consultants should treat all clients equitably. However, data indicate that black infants are 15 percent less likely to be breastfed than white infants, and Thomas (2018) points out that implicit bias may indeed play a role because of the lack of encouragement to mothers in breastfeeding consults and the exclusion of black persons depicted in promotional documents. To illustrate,

Thomas (2018) points out that the educational literature given new moms only shows photos of white women breastfeeding. Moreover, Thomas (2018, 1054) notes one consultant stating:

I see Black moms come in there outside of means and no one really helps them with breastfeeding because the statistics say that they don't really breastfeed.

So why waste the money if they are not going to do it?

There results a disparate treatment of new mothers based on bias if the consultants believe that black mothers are not going to breastfeed and the consultants respond accordingly by not encouraging and educating them to do so,

2. Explain what ethical principles were violated by implicit bias.

Beneficence, Nonmaleficence, Justice, and Autonomy were violated.

Beneficence—the ethical principle of acting to help or benefit others. The consultants are acting to help and benefit the white mothers more so that the mothers with minority status. They are acting with beneficence to one group, but not the ‘others.’

Nonmaleficence—the ethical principle of doing no harm. By not consulting with minorities equitably, the health benefits to the mother and child are not received equitably.

Justice—the ethical principle of acting fairly, administering deserved rewards that are aligned with moral standards. According to the International Board of Lactation Consultant Examiners' Code of Professional Conduct, consultants are to treat all clients equitably. In short, all deserve the education and encouragement during the consult.

Autonomy—the ethical principle of making decisions independently for oneself. A new mother may make an informed decision with an effective consult. Without an equitable consult, a new mother may be at a disadvantage to make an informed decision.

3. Discuss the role of healthcare managers in addressing breastfeeding disparities.

Most students in the class perceive that it would be their ethical obligation to ensure that all new mothers are attended to regarding the education of lactation. This position allows for us to review ACHE’s ethical code (see <https://www.ache.org/about-ache/our-story/our-commitments/ethics/ache-code-of-ethics>) that sets the standard of conduct for members. In particular, they refer to Part IV. First Bullet: Creating a work environment that promotes ethical conduct. The conversation then turns to how they might create this work environment, which includes their asking for the nurse manager’s input, providing training on implicit bias, and sharing this article with the lactation consults in a non-punitive manner.

CHALLENGE YOURSELF

1. Consider the chapter-opening quote by Dr. Paul Farmer: “The idea that some lives matter less is the root of all that is wrong with the world.” Think of an example in which you might witness or experience this in your work as a healthcare manager.

Some students who have worked in healthcare refer to an experience in which they observed a person of color being treated with less respect than a white patient. One described a situation in which the dialect of the patient made it difficult for the provider to understand. However, instead of not listening, the provider asked if someone familiar with the dialect would help her understand. The provider then spent more time with the patient to ensure that he received equitable care. Both examples illustrate what is wrong and right with the healthcare world.

Later in the chapter, it is discussed how serious threats to health such as HIV disease, teenage pregnancies, and violence have become concentrated among the disadvantaged. To what degree does this concentration decrease society’s motivation to more urgently address these issues?

2. What factors influenced Congress to pass the 1986 Emergency Medical Treatment and Active Labor Act? Why do you think the legislation was not funded?

Students typically refer to the incidents presented in the opening “Case from the Field” that may have spurred public opinion to support change. They propose that once Americans learned how people in dire need of medical attention were being turned away from emergency departments, “no insurance, no admission” became unacceptable morally and politically.

Students also typically respond with one word to address the second question, which is “Politics.” Covering the costs of medical care is expensive even though the political climate indicated that not treating people was unacceptable. The amount to fund such a mandate may

have brought about a lengthy debate about tax dollar allocation. So, they suggest that avoidance of the debate brought about an unfunded mandate.

3. What factors influenced Congress to pass the Pandemic and All-Hazards Preparedness Acts of 2006, 2013, and 2019? Why do you think this legislation was funded?

Three specific events that occurred in the United States (terrorism and a hurricane):

- 1. In September 2001, during President George W. Bush's first term in office, the United States experienced terrorist attacks on the World Trade Center in New York City and an attempted attack on the US Capitol.*
- 2. In October and November 2001, anthrax attacks occurred in Washington, D.C., New York City, and West Palm Beach, Florida.*
- 3. In 2005, Hurricane Katrina devastated parts of Mississippi and Louisiana.*

Most of the students propose PAHPA was funded because the first two events were terrorist attacks on the United States. Also, the coverage post-Katrina of Mississippi and Louisiana showed devastation of states that were not prepared. As Senator Burr said, "the federal [government] must ensure that all state and local public health departments and health care facilities are prepared and have the tools they need to confront the unpredictable challenges that [lie] ahead—whether it's a hurricane, a terrorist attack or a pandemic."

Other students will add that they think PAHPA was funded because the events happened to people—they could not have stopped the terrorist attacks or the hurricane. Thus, funding PAHPA so they could be helped was right to do.

4. How would you assess a healthcare organization’s response to health disparities? Would the results of such an assessment influence your desire or decision to work for the organization? Why or why not?

The first question is about evaluation, and students refer to the Healthy People 2020 initiatives and outcomes and then discuss the initiatives for Healthy People 2030. They propose that they would check efforts made by their healthcare facility regarding access (policy and practice re: the uninsured); education (diabetes classes and consult); community benefit actions discussed in the opening Case Study, “Should Hospital Emergency Departments be Used as Revenue Streams Despite Needs to Curb Overutilization?”; and diversity and inclusion initiatives (e.g., CLAS standards) employed at the facility to ensure a diverse workforce—in management and clinical positions.

The second question refers to their personal professional goals. And, as illustrated by the Case from the Field: Becoming Professionals (in chapter 3), some students identify with Maria and will state that the clinic’s mission of delivering primary care regardless of patients’ ability to pay is the primary factor for their assessment. They resoundingly state that assessment results regarding access will influence their decision to work for an organization. Other students identify with Rob and point to data analysis of treatment and outcomes for patients by race and ethnicity that will influence them. The overwhelming majority have stated that the results would influence them. To date, I have not had a student voice that assessment results would not have influence.

FOR YOUR CONSIDERATION

14.1 Social determinants of health affect patients' physical and mental health outcomes.

Consider one of the examples of social determinants of health examined in this chapter and assess how that determinant might be addressed in your community. For example, map out distances to locations that offer nutritious food. If transportation is an issue, the distance to a grocery store or farmers market may negatively affect a person's ability to eat well. Consequently, the lack of access to good nutrition may cause increased risk of heart disease, diabetes, and obesity. What could your community do to mitigate the negative effects of this social determinant of health so that people have better access to nutritious food? What ethical perspectives would influence your ideas?

The example above relates to the built environment and that many poor environments are food deserts, lacking mainstream grocery store chains that would allow access to healthier foods. Many hospitals set up food pantries to meet immediate needs. Healthcare organizations also sponsor nutrition or cooking classes and perhaps provide affordable recipes for diabetic or heart patients.

Supporting better food access for the neighborhood might be accomplished by offering incentives for establishing minority-owned grocery stores in concert with community leaders. Some communities have involved members in developing home gardens in which selected vegetables can be grown. Access to healthy food is a justice issue as well as supporting beneficence.

A second example might be provided within the area of education. Providing access to free preschool education in a community would likely affect both short- and long-term health outcomes. Children could be given a nutritious meal each school day. Parent and grandparent volunteers would increase community involvement in the school, which would provide academic

preparation for latter school success and ongoing family health in areas such as oral hygiene, diet, exercise, and health risks associated with smoking. This would also reduce the financial strain for families struggling to afford childcare and would allow other parents to work raising the family's income level.

A third example might be access to mental or behavioral health services for teenagers. There is unfortunately a high rate of unmet behavioral health needs in poorer communities, such as anxiety, trauma symptoms, substance use, and depression. These needs are associated with high rates of suicide among these youth and medical comorbidities among family members. A major challenge for achieving health equity is addressing mental health issues among teenagers and young adults.

While there is no single solution to this problem, there are any number of strategies that might be helpful. One avenue is providing school-based mental health services; this might be done in collaboration with healthcare agencies. In addition, communities might sponsor community mental health days that are directed at reducing stigma around seeking help and promoting use of existing community resources. Other approaches are geared more to the prevention of behavioral health difficulties via increasing protective community assets such as having adolescent recreational/drop-in centers, substance abuse prevention programs that involve adolescents in their community, and mentorship programs such as big brothers pairing an adolescent with a mentor who takes an interest in their development and success. Healthcare organizations can provide their name and sponsorship to any number of community programs that serve youth.

14.2 The surgeon general leads the US Public Health Service Commissioned Corps, which is composed of public health professionals. Its mission is to “protect, promote and advance

the health of our nation.” Using the ethical lens presented, assess one of its priorities. This exercise requires you to become familiar with the Office of the Surgeon General’s website (www.hhs.gov/surgeongeneral/index.html). For example, as of May 2021, the site included information on topics such as opioids and addiction, tobacco, and oral health. Gain an understanding of one of these priorities and the surgeon general’s strategy to address it. Then conduct an ethical assessment, employing the method used to assess the CDC’s COVID-19 vaccination strategy. Remember to identify the target markets as you work. Does the strategy fit the mission of the US Public Health Service? Explain.

I like to present this as a team exercise in class. It helps students reflect on strategic planning (presented in chapter 11) and focus on the relationship between mission and strategy. Some teams will refer to chapter 11 in their team discussions. The ethical lenses chosen include consequentialism, deontology, Rawls’s principles of justice, ethics of care, and enlightened self-interest defined in chapter 2).

To illustrate, some teams may select to assess the priority through the lens of enlightened self-interest and highlight the benefits of vaccination to protect yourself. The Walgreens messaging “This is our shot” featuring John Legend targets both the vaccinated and unvaccinated as the message is to do this for your health. Enlightened self-interest is about maximizing benefit to yourself while minimizing harm to others. The positive messaging targeted the unvaccinated with the message that one person’s choice to receive the vaccine could help stop the spread of COVID-19 while reinforcing the positive action already taken by the vaccinated to do their part.

One team that selected the ethics of care lens said, “The messages focus on a younger target market with the thought of ‘if you aren’t going to get vaccinated to protect yourself, get vaccinated to protect your grandmother.’” The ethics of care focuses on nurturing and relationships. Moreover, it highlights that care is an end in itself. The positive message in the We Can Do This campaign focused on the benefit to self and others. The communications were inspirational, including video images accompanied by music that illustrated family and friends gathering in better times. This was possible, the videos communicated, because the vaccinated cared. The unvaccinated were encouraged to act with care as well and become vaccinated.

As to mission, students connect that marketing efforts to “protect, promote and advance the health and safety of our nation.” The more people who become vaccinated means fewer hospitalizations and deaths for those who contract the virus.

BOOKS AND OTHER RESOURCES FOR INSTRUCTORS

Dankwa-Mullen, I. E., J. Perez-Stable, K. L. Gardner, X. Zhang, and A. M. Rosario (eds.). 2021.

The Science of Health Disparities Research. Hoboken, NJ: Wiley-Blackwell.

Mastroianni, A. C., J. P. Kahn, and N. E. Kass (eds.). 2019. *The Oxford Handbook of Public Health Ethics.* Oxford University Press.

To learn about the relationship between COVID-19 vaccination and cases, deaths, and hospitalizations for your community, refer to <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>.

To learn more about the U.S. Public Health Service, go to <https://www.usphs.gov/>.

The chapter provides many websites related to the organizations discussed that can provide updated information.

Journals

AHA Journals Health Equity Collection, <https://www.ahajournals.org/health-equity>

American Journal of Public Health, <https://ajph.aphapublications.org/>

Health Affairs, <https://www.healthaffairs.org/>

Health Care Management Review, <https://journals.lww.com/hcmrjournal/pages/default.aspx>

Health Policy, <https://www.sciencedirect.com/journal/health-policy>

Health Promotion Practice, <https://journals.sagepub.com/home/hpp>

International Journal of Health Policy and Management, <https://www.ijhpm.com/>

International Journal for Equity in Health, <https://equityhealthj.biomedcentral.com/>

International Journal of Public Health, <https://www.ssph-journal.org/journals/international-journal-of-public-health>

Journal of Health Services Research and Policy, <https://journals.sagepub.com/home/hsr#>

Journal of Prevention and Health Promotion, <https://journals.sagepub.com/home/prv>

Mental Health and Prevention, <https://www.sciencedirect.com/journal/mental-health-and-prevention>

Additional Journal Articles

- Chin, J. H., and S. Mansori. 2018. "Social Marketing and Public Health: A Literature Review." *Journal of Marketing Management and Consumer Behavior* 2 (2).
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- Lake, J., and M. S. Turner. 2017. "Urgent Need for Improved Mental Health Care and a More Collaborative Model of Care." *The Permanente Journal* 21.
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- Perez, M. F., and M. T. Coutinho. 2021. "Focus: Health Equity: An Overview of Health Disparities in Asthma." *Yale Journal of Biology and Medicine* 94 (3): 497.
- Prah Ruger, J. 2020. "Positive Public Health Ethics: Toward Flourishing and Resilient Communities and Individuals." *American Journal of Bioethics* 20 (7): 44–54.

Pratt, B., V. Wild, E. Barasa, D. Kamuya, L. Gilson, T. Hendl, and S. Molyneux. 2020. "Justice:
A Key Consideration in Health Policy and Systems Research Ethics." *BMJ Global
Health* 5 (4): e0019