On infection prevention, it’s time to probe inequity’s role

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When an adverse event happens, or there’s an infectious disease outbreak, did inequity play a role in causing it?

It’s a question that your health care organization likely hasn’t asked in the aftermath. But it’s one that should be considered in the future as the U.S. strives for a more equitable health care system, experts say.

During the premiere episode of the “Stories of Care” podcast presented by the AMA and Centers for Disease Control and Prevention (CDC) Project Firstline, physician experts from the two organizations discussed how infection control and health equity are related and what their own experiences have taught them about the urgency and complexity of embedding health equity.

Karthik Sivashanker, MD, is the AMA’s vice president of equitable health systems and innovation in the Center for Health Equity, said once his hospital began asking the question of whether there was an inequity associated with an adverse event, they went from no inequities to hundreds and hundreds. If there was inequity, they asked whether it was structural, institutional, interpersonal or implicit. Asking the questions and analyzing the data allowed them to make systemic changes.

“We were systematically blinding ourselves to these issues. The way we’ve been doing the work has been making it invisible,” he said. “Pick an outcome, almost any outcome out there, and if you look hard enough, you are going to find inequities. The question is: What are we going to do about it? … We need actual action supported by resources and infrastructure, focused on system redesign. When we talk about infection control, that holds true as well.”
Project Firstline is the CDC’s national training collaborative for infection prevention and control, hosted on AMA Ed Hub™. The aim is to prepare front-line health professionals and the public health workforce to protect themselves, their patients and their communities from infectious disease threats.

**Bacteria are invisible—people cannot be**

In addition to looking at the data, there is another, more human element as well, said Michael Bell, MD. He is deputy director of the CDC’s health equity promotion division.

Dr. Bell shared an experience he had while talking to the environmental services staff at a national meeting. He was showing a bar chart of interaction between a patient and health care staff over the course of a two-week stay. As a diagnostic physician, he said, he has value on arrival, providing a diagnosis and a plan to treat. Nurses interact with the patient every day, multiple times a day.

“But invisible is the environmental service and the environment itself that is constantly in contact with the patient. I can do a perfect job, but if the staff aren’t there to do theirs, my patients are going to likely get an infection and die,” he told the crowd of professionals responsible for cleaning floors, hallways and patient rooms.

Dr. Bell’s acknowledgment of their contribution to patient care led to a “jubilant cheer of people who were responding to being recognized, maybe for the first time by other professions.”

But the answer is not just to give environmental services staffers a pat on the back but to pay them a living wage—ideally a thriving wage, said Dr. Sivashanker.

Dr. Bell added that another positive step would be create a career track in which they move up from cleaning hallways or the cafeteria all the way up to sanitizing intensive care units and operating theaters.

“From an equity perspective, that would create a way to have a career path,” he said. “It would create an escalator of salary.” The move would add even greater “dignity and pride in what you’re doing.”

The CME module, “The Intersection of Infection Prevention and Control and Health Equity,” is enduring material and designated by the AMA for a maximum of 0.75 AMA PRA Category 1 Credit™. The module is part of the AMA Ed Hub, an online learning platform that brings together high-quality CME, maintenance of certification, and educational content from trusted sources, all in one place—with activities relevant to you, automated credit tracking and reporting for some states and specialty boards.

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