

RACE, NEURODIVERSITY, & ADVOCACY: WHAT PATIENTS & PRACTITIONERS MUST DO IN A HEALTHCARE SETTING

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Pahl, A. (n.d.). *Emerge neurodiversity umbrella*. *Emerge Pediatric Therapy*. <https://emergepediatrictherapy.com/enmascaramiento-autista/emerge-neurodiversity-umbrella-2/>

01. INTRODUCTION

There is an imperative need for a change in the healthcare system, not only to help protect all patients but to emphasize the importance of catering to minorities and neurodivergent patients.

02. BACKGROUND

This research is designed to understand the importance of equality in the healthcare system for patients who have been historically marginalized due to their race and/ or disability. It is imperative that practitioners are aware of the systematic changes that must be made not only to create a safer environment for patients but also to uplift those who may not be socially accepted. Through this research, neurodiversity is defined, the social and medical model of disability is applied in a healthcare setting, healthcare disparities are defined, implicit bias is defined, and advocacy in the perspective of DisCrit is shared to promote systemic change.

03. OBJECTIVES

This study focuses on identifying inequalities in healthcare among neurodiverse and minority patients, and how practitioners can advocate for these patients. Additionally, it emphasizes the importance of self advocacy in a medical setting.

04. METHODOLOGY

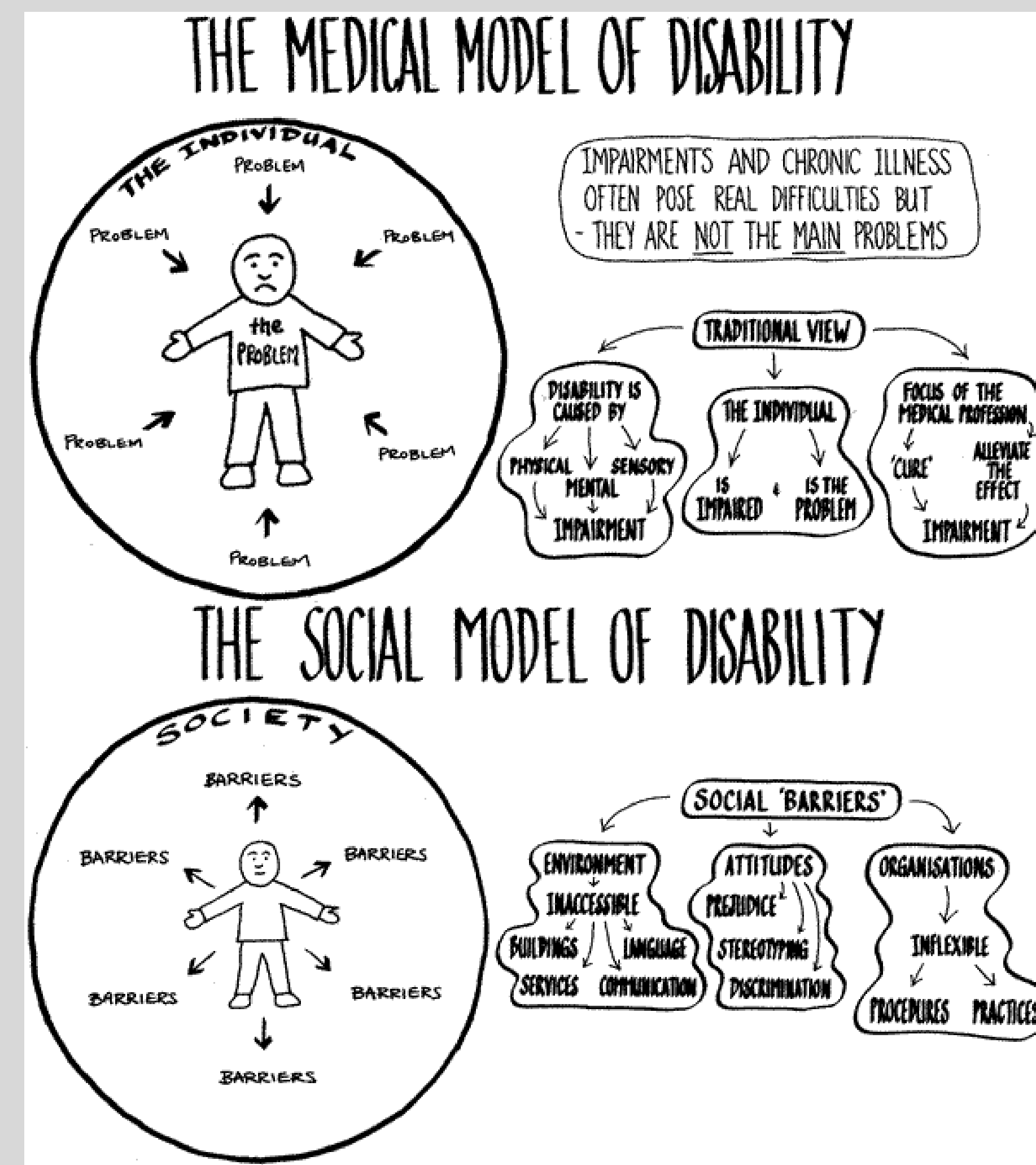
By synthesizing data through peer-reviewed articles, this research highlights the necessity for healthcare reform. It also advocates for the social model of disability to be adopted in medical spaces to facilitate systematic change.

05. NEURODIVERSITY

Neurodiversity, a term conceptualized by Judith Singer, recognizes and celebrates differences in the human brain, rather than viewing them as deficits (France, 2023). Neurodivergent people are expected to co-exist in a neurotypical world. However, a neurotypical world does not take into account the needs that must be met for a neurodivergent person. One example of this would be that not all people want to communicate verbally. Practitioners must recognize that neurodivergent patients can not be conformed to a neurotypical setting when they are being cared for. Therefore, communication with the patient and their family is crucial in creating a positive environment for neurodivergent patients.

06. SOCIAL MODEL OF DISABILITY

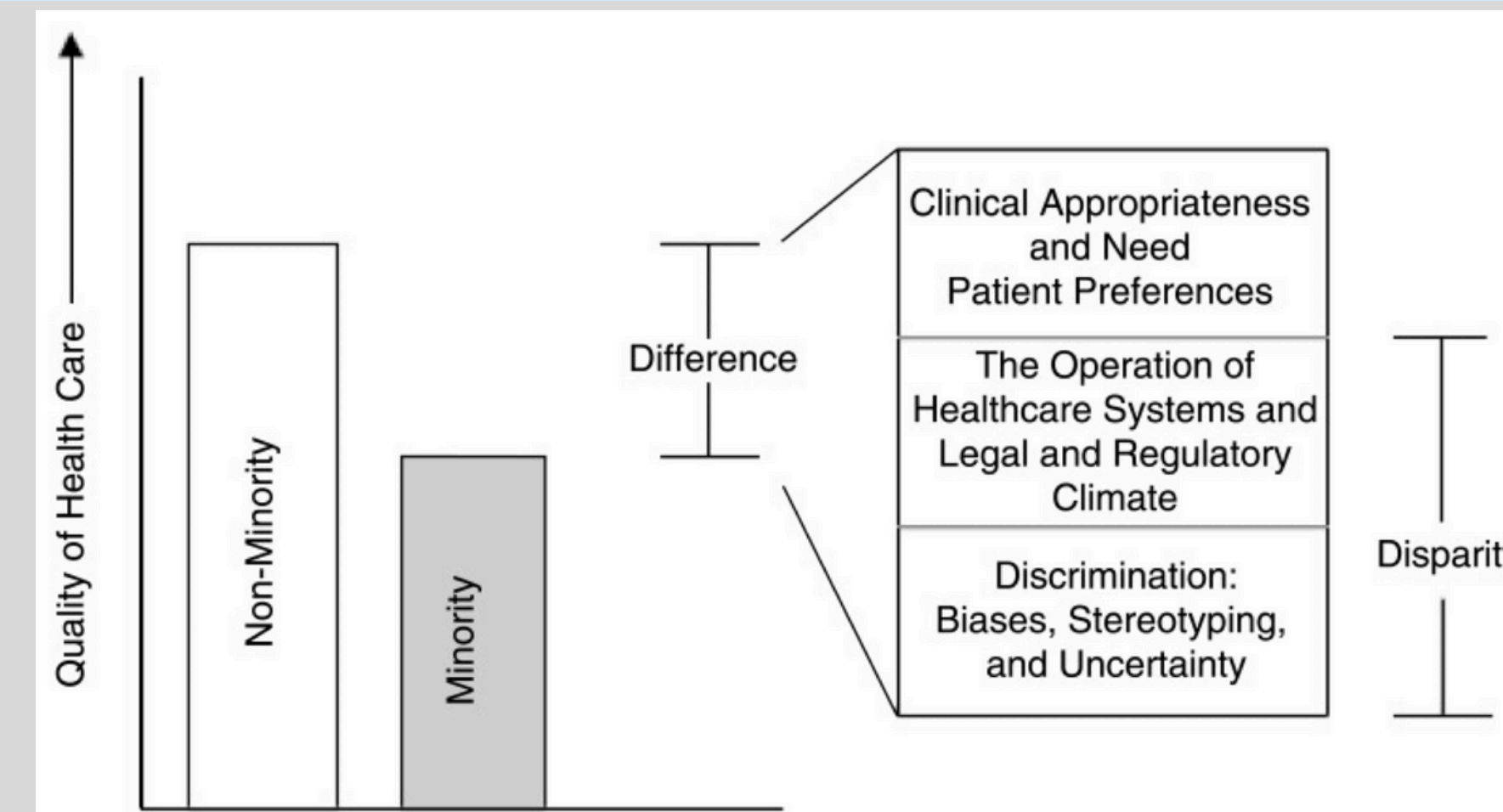
The social model of disability is designed to avoid the harsh ideology that neurodivergent people have problems, choosing instead to perceive their “problems” as barriers. Essentially, the medical model of disability refers to the individual as the problem by focusing on their deficits as a disabled person. However, the social model of disability uses neurodiversity to normalize those disabilities and recognize the barriers by appreciating the diversity of minds (Gulati, 2023). How can this be applied in a healthcare setting? A practitioner may feel frustrated when working with a patient with autism. They may feel like their patient’s disability is a problem, when in fact it is just a barrier. Therefore, a patient with autism may not want to be touched (societal barrier, unless there is proper training and supports for healthcare professionals). Therefore, a practitioner should communicate and work with the patient by talking, addressing concerns, and asking permission/ consent before administering medicine or touching the patient. Additionally, a neurodivergent patient can apply this model in order to advocate for themselves. By simply stating that they have a barrier they are reiterating that their disability is not a problem but that it may cause a boundary.



Autism spectrum disorders / ableism- see the able, not the label. Autism Spectrum Disorders / Ableism- See the Able, Not the Label! (n.d.). <https://www.oleanschools.org/domain/65>

07. RACIAL/ETHNIC HEALTHCARE DISPARITIES

According to the Institute of Medicine racial/ ethnic healthcare disparities are defined as “differences in healthcare services received by the two groups that are not due to differences in the underlying health care needs or preferences of members of the groups” (IOM, 2003). In conjunction, studies have shown that Black and Latino patients tend to have a lower socioeconomic status than white patients, resulting in receiving lesser treatment than their white counterparts (Cook, 2012). Additionally, research has shown that physicians working in segregated areas have “a higher proportion of Medicaid patients, and receive significantly lower reimbursements” (White, 2012). Furthermore, research reveals that provider discrimination can lead to “biased treatment recommendations, less positive affect for patients, and poorer communication” (White, 2012).



Institute of Medicine (US) Committee on the Review and Assessment of the NIH's Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities. (1970, January 1). Schematic diagram showing differences, disparities, and discrimination in health care. Examining the Health Disparities Research Plan of the National Institutes of Health: Unfinished Business. <https://www.ncbi.nlm.nih.gov/books/NBK57041/>

08. IMPLICIT BIAS

The healthcare system is “riddled with implicit biases and microaggressions” (Winters, 2023). Implicit biases are known as “unconscious attitudes and stereotypes that are based on race, gender, sexual orientation, and other characteristics of an individual’s physical or perceived identities that may influence healthcare providers’ behaviors toward patients” (Yang, 2024).

09. ADVOCACY

Through the perspective of disability critical race theory (DisCrit), researchers have found that the best way to advocate for historically marginalized patients is persistently gaining access to their voices and testimonies (Annamma, 2018). The healthcare system and practitioners need to be open to learning from patients who have been discriminated against due to their race and/or disability, along with patients being willing to advocate for themselves by amplifying their voices.



10. CONCLUSION

To create a systematic change in healthcare is long overdue in America, however, it is something that will take years of advocacy and grit to accomplish. In order to fight systematic segregation, racial biases, disability inclusion, and discrimination, it first begins with education and awareness. Practitioners and patients need to be aware of the discrimination that takes place in a healthcare setting, not only to prevent it from happening, but to understand the importance of evolving the healthcare system for a better and safer future.

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