

# DIVERSITY...EQUITY....INCLUSION: A JOURNEY NOT A TALKING POINT

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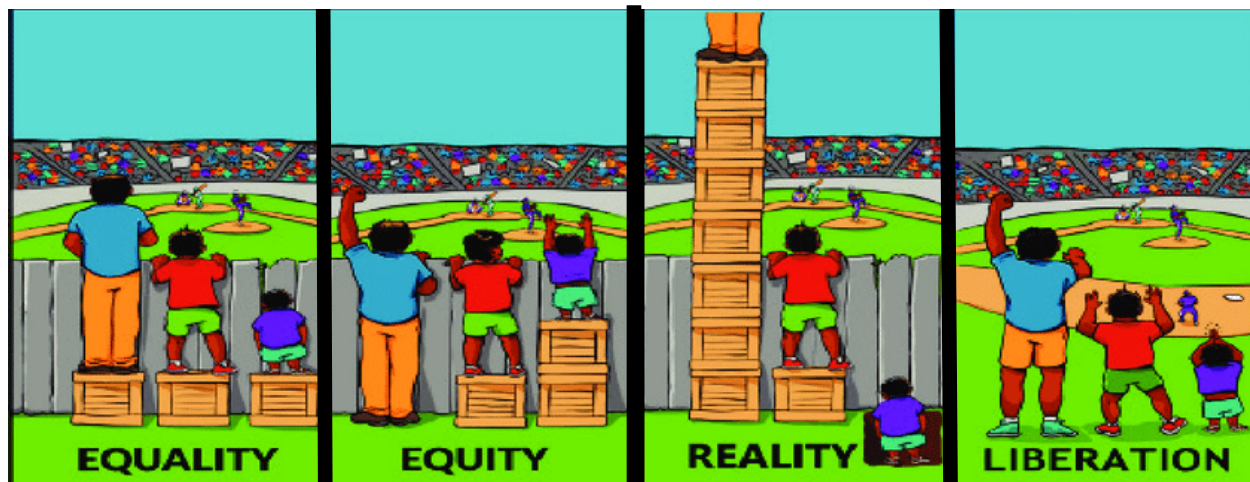
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# Diversity



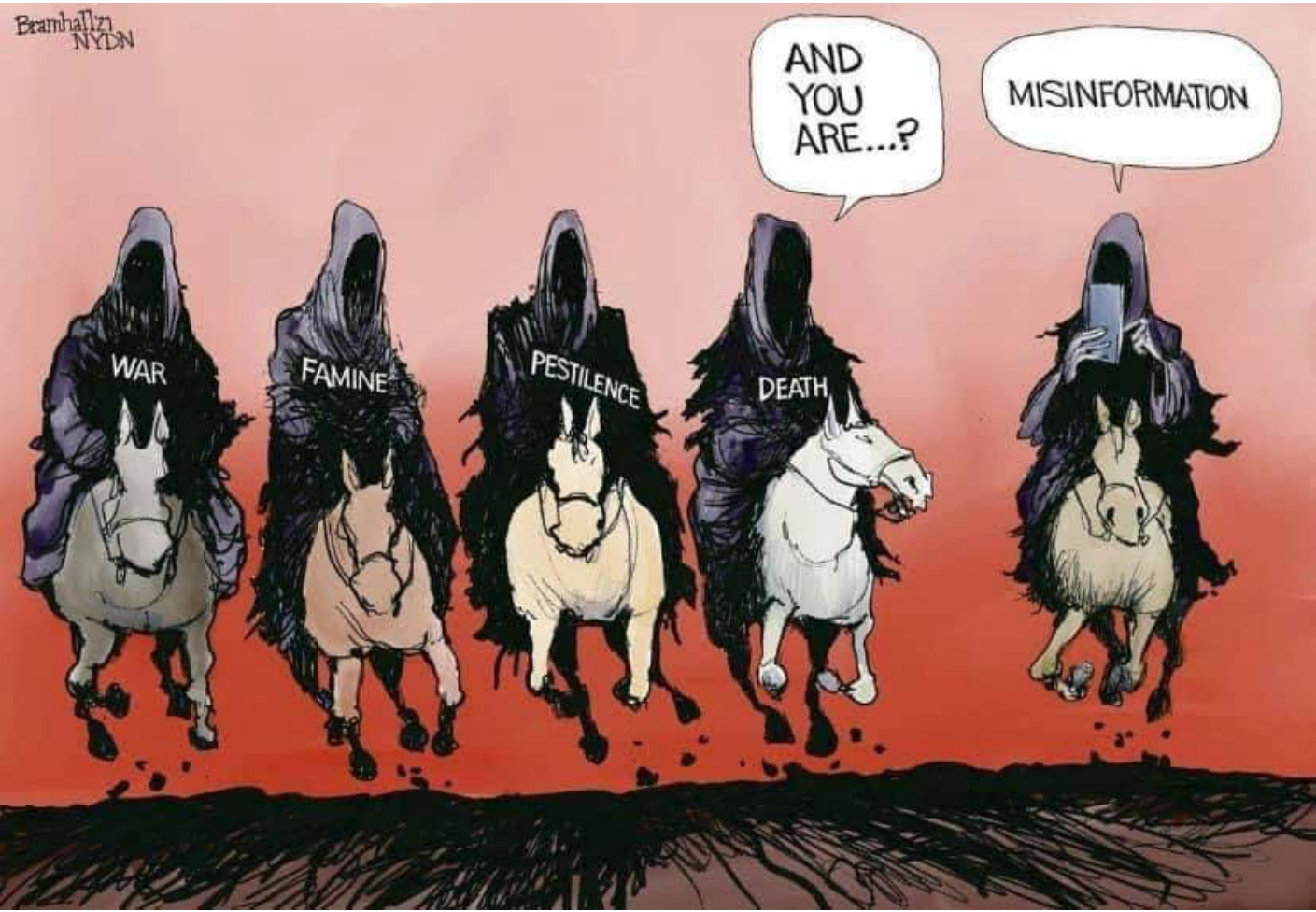
# Equity

# Inclusion



**Silos!!**  
**Fragmentation!!**  
**Direction???**





# Student Body Racial and Ethnic Composition and Diversity-Related Outcomes in US Medical Schools

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**M**OST MEDICAL SCHOOLS IN the United States explicitly seek to engender diversity within their student bodies.<sup>1</sup> Academic leaders assert that diversity within their classrooms creates a robust learning environment, exposes students to a broad array of ideas, experiences, and perspectives, and thereby better prepares them to meet the needs of a multicultural American populace.<sup>2,3</sup> Among the many student characteristics medical schools consider in promoting diversity, race is perhaps the most contentious. Race-conscious policies and programs have been used to achieve racial diversity, and particularly to increase the numbers of black, Latino, and Native American individuals who are underrepresented in the physician workforce.<sup>4</sup> In recent years, however, these policies have come under increasing scrutiny as

**Context** Many medical schools assert that a racially and ethnically diverse student body is an important element in educating physicians to meet the needs of a diverse society. However, there is limited evidence addressing the educational effects of student body racial diversity.

**Objective** To determine whether student body racial and ethnic diversity is associated with diversity-related outcomes among US medical students.

**Design, Setting, and Participants** A Web-based survey (Graduation Questionnaire) administered by the Association of American Medical Colleges of 20 112 graduating medical students (64% of all graduating students in 2003 and 2004) from 118 allopathic medical schools in the United States. Historically black and Puerto Rican medical schools were excluded.

**Main Outcome Measures** Students' self-rated preparedness to care for patients from other racial and ethnic backgrounds, attitudes about equity and access to care, and intent to practice in an underserved area.

**Results** White students within the highest quintile for student body racial and ethnic diversity, measured by the proportion of underrepresented minority (URM) students, were more likely to rate themselves as highly prepared to care for minority populations than those in the lowest diversity quintile (61.1% vs 53.9%, respectively;  $P < .001$ ; adjusted odds ratio [OR], 1.33; 95% confidence interval [CI], 1.13-1.57). This association was strongest in schools in which students perceived a positive climate for interracial interaction. White students in the highest URM quintile were also more likely to have strong attitudes endorsing equitable access to care (54.8% vs 44.2%, respectively;  $P < .001$ ; adjusted OR, 1.42; 95% CI, 1.15-1.74). For nonwhite students, after adjustment there were no significant associations between student body URM proportions and diversity-related outcomes. Student body URM proportions were not associated with white or nonwhite students' plans to practice in underserved communities, although URM students were substantially more likely than white or nonwhite/non-URM students to plan to serve the underserved (48.7% vs 18.8% vs 16.2%, respectively;  $P < .001$ ).

# Empathy gap

- We have become comfortable with disparities because they are not our problem
- We have become disconnected because we are not proximate to those who are suffering
- Vaclav Havel, Czech leader spoke of a willingness of the spirit to sometimes be in hopeless places and be a witness



Bryan Stevenson, founder/executive director of the Equal Justice Initiative at AAMC Learn Serve Lead 2019

We Are Here



# Framework

Evidence

Intellectual Honesty

Context



# Diversity, Equity and Inclusion

- Diversity: Representation; may be thought of across multiple axes; speaks to issues of workforce and associated cultures of identity
- Equity: Giving each person what they need to be successful; differentiated from equality by noting historical circumstances have factored into the present condition of an individual
- Inclusion: Providing a sense of belongingness in the setting, psychological safety and the ability to be authentic to one's true self; mitigating the imposter syndrome; welcoming and embracing difference for what it brings to the work

# DEI in everything we do

- A single person cannot be the sole source of wisdom and effort in DEI
  - Understanding identities of the broad spectrum is impossible for any one person, so cultural humility is key. At the core, although there may be group similarities, everyone is an individual and stereotyping may be efficient but not reliable in assessing situations
  - Effort in DEI work is best when distributed. Each unit should engage in its own DEI work and the corporate DEI leader should be used to give direction, ensure execution is consistent the mission, and serve as a resource to the business units that are working to become more diverse, equitable and inclusive and to serve diverse communities.

# Confronting “Culture” in Medicine’s “Culture of No Culture”

- Medicine is a community defined by the shared cultural conviction that its shared convictions were not in the least cultural, but, rather, timeless truths.
  - Written by the dominant culture
  - Suffers from input from diverse individuals
- Separate and self-contained though medical institutions in some respects are, they are also integrally a part of the broader sociocultural order in which they are embedded, and tend to reflect its patterns of thought and social action. These are less likely to appear necessary and natural, and thus more likely to become visible as “culture,” to people who do not themselves emerge from its dominant segments.
- Uncloaking racism occurs when diverse voices are heard and when structures are examined

# Addressing Harmful Bias and Eliminating Discrimination in Health Professions Learning Environments

- Build an institutional culture of fairness, respect and anti-racism by making diversity equity and inclusion top priorities
- Develop, assess, and improve systems to mitigate harmful biases and to eliminate racism and all other forms of discrimination
- Integrate equity into health professions curricula, explicitly aiming to mitigate the harmful effects of bias, exclusion, discrimination, racism, and all other forms of oppression
- Increased the numbers of health professions students, trainees, faculty, an institutional administrators and leaders from historically marginalized and excluded populations



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February 24–27, 2020  
Atlanta, Georgia

# Embrace differences as part of a strategy

- Employee base of LGBTQ+ individuals benefits from being recognized
- Clinical program in endocrinology and surgery has been started to accommodate transgender patients
- Hospitals are now required to protect the interests of LGBTQ+ patients and perhaps this will attract patients
- Perhaps your conservative patient base is evolving as well

# Diversity of the medical workforce can change medicine

- We must understand what is uncontested and contested, how the ground state is constructed as well as how the signals called data are produced.<sup>1</sup>
- Challenge the givens and underpinnings of the system production and reproduction of medical education
- Examine structures and written policies
- Query unwritten practices and norms
- “How is racism operating here?”<sup>2</sup>
- Identify mechanisms in structures, policies, practices, norms, and values
- Attend to both what exists and what is lacking

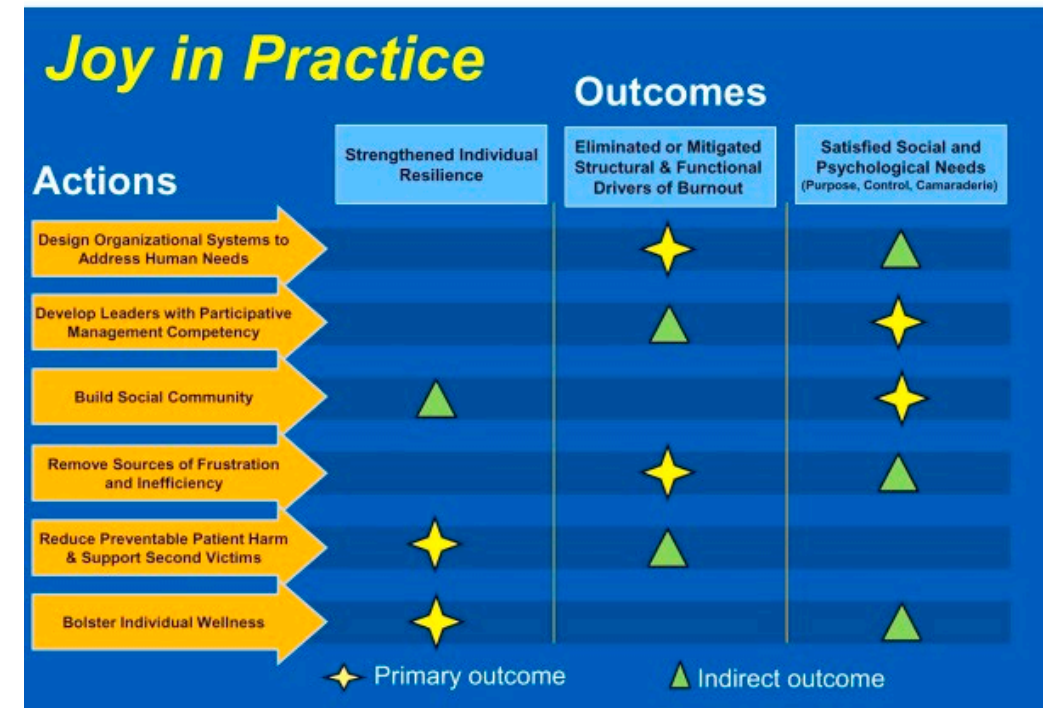
<sup>1</sup>Traweek S. *Beamtimes and Lifetimes: The World of High Energy Physicists*. Cambridge, MA: Harvard University Press, 1988

<sup>2</sup>Jones CP. Toward the Science and Practice of Anti-Racism: Launching a National Campaign Against Racism. *Ethn Dis*. 2018 Aug 9;28(Suppl 1):231-234. doi: 10.18865/ed.28.S1.231. PMID: 30116091; PMCID: PMC6092166.

# Inclusiveness reduces turnover, improves well-being and engagement

- Every new physician hire costs the system about 2 years of a physician's salary
- Turnover and physician engagement were two other metrics that were built into the leadership compensation scorecard

Six Evidence-Based Actions to Achieve Three Primary Outcomes for Joy in Practice



# SHIFT THE BURDEN OF NAVIGATION AWAY FROM INDIVIDUAL TO THE SYSTEM

## Infrastructure to Drive Equity

### MEET PEOPLE WHERE THEY ARE



Patients



Families and children



Families and individuals  
in target communities  
or industry sectors



- Bi-directional data sharing
- Warm to “hot” hand offs
- CHW/navigator/care coordinator
- Clear governance structure and norms
- Impact tracking over time
- Aligned & mutually reinforcing incentives
  - every organization has a “win”

### COORDINATE CARE

