

# Inequity Kills – One residency's approach to increasing awareness and improving racial disparities

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FAMILY PHYSICIANS

PDW 2018

## Poll Question

**Welcome! We're glad you're here. To help us with our break out groups, choose one of the options below that best describes your program's racial inequity and bias curriculum**

- A. No race curriculum, my program is new to these discussions
- B. No race curriculum, everyone at my program is having these discussions, where to go next
- C. Curriculum / recruitment strategies have been implemented at my program, next steps

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# Objectives

- Understand how to address racial health inequity within our own spheres of influence (implicit bias and workplace diversity)
- Present a successful strategy implemented at our residency
- Identify your own program's status and workshop strategies and next steps

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# Agenda

- Review of evidence
- Health impacts of implicit bias and workforce diversity
- Swedish Cherry Hill recruitment process
- Swedish Cherry Hill curriculum development
- Breakout: Identify next steps, strategies, and barriers at your own institutions

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# Pair up! – 3 minutes

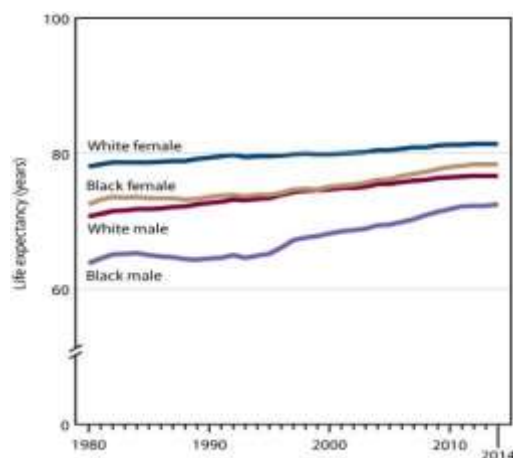
Where are you?

- No race curriculum: my program is new to these discussions
- No race curriculum: critical mass of people at my program having these discussions, we need to know where to go next
- Curriculum / recruitment strategies in place: we've had some implementation at my program and we need to bring this to the next level

What were you hoping to get out of this talk?

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## Life expectancy at birth

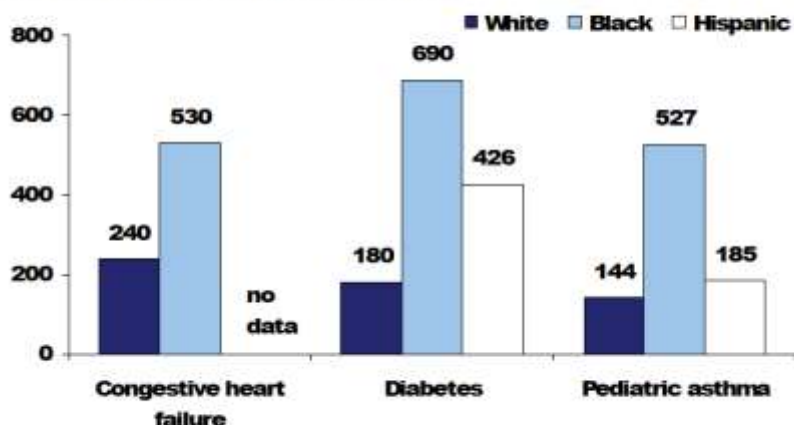


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SOURCE: CDC/NCHS, *Health, United States, 2015*, Figure 18. Data from the National Vital Statistics System (NVSS).

**Chart 6-22. Efficiency: Blacks are two to four times more likely than whites and Hispanics to be hospitalized for potentially preventable conditions.**

**Rate of ambulatory care sensitive admissions per 100,000 hospital admissions, 2002**



Note: An ambulatory care sensitive admission is one that may have been preventable with appropriate outpatient care.

Note: Admission rates are adjusted by age and gender to the 2000 U.S. standard population.

Source: The Commonwealth Fund. National Scorecard on U.S. Health System Performance. 2006.



PHYSICIANS

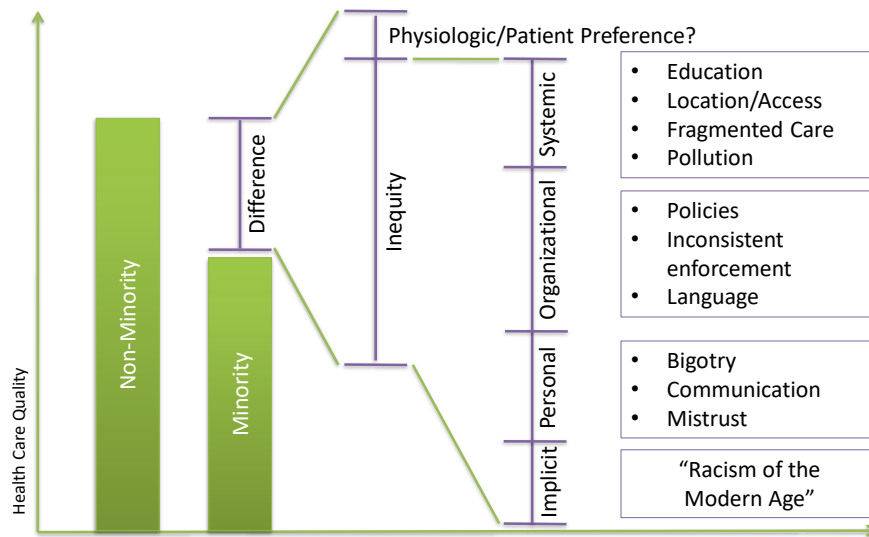


**From 1991-2000, 880,000 excess deaths could have been averted had Black Americans' health matched that of whites.**

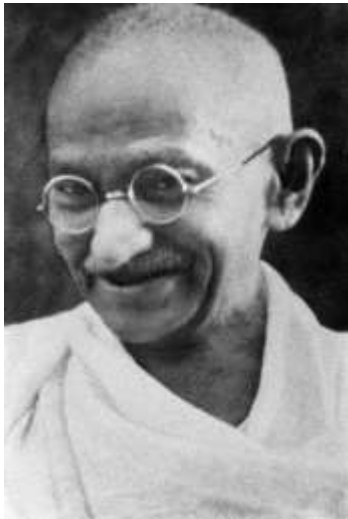
32,999 deaths due to MVA in 2010

Satcher, David. US Dept Health and Human Serv. 2007

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*“As human beings, our greatness lies not so much in being able to remake the world – that is the myth of the atomic age – as in being able to remake ourselves.”*

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## Implicit Bias among Physicians and its Prediction of Thrombolysis Decisions for Black and White Patients.

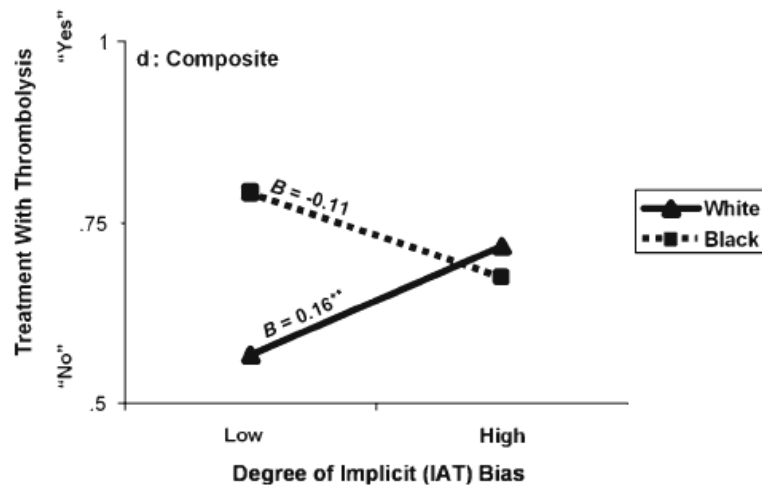
- Alexander Green, et al
- *Journal of General Internal Medicine*
- 2007
- Methods:
  - 287 IM/EM residents at four sites
  - Given clinical vignettes; Self report of explicit bias; IATs were administered

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# Results

- explicit self reported bias: none
- implicit testing: 0.36 ( $p < .001$ ) in favor of white folks
- **More** likely to dx black patient w CAD (4.08 vs 3.71;  $p = 0.02$ )
  - but **only equally** likely to give thrombolysis

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## We Can Compensate for Implicit Bias

- 23% of study participants were aware that the study was examining race
- Participants with high bias were more likely to recommend thrombolysis than their unaware counterparts ( $p=.001$ )

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## Real Physicians of the USA

- Cardiovascular services: 13,600 physicians, gender, payor, income, comorbidities
  - Black:White
  - Asian:White
  - Latino:White
- Analgesia: 13,600 physicians, gender, payor, income, cognitive status, comorbidities, medications
  - Black:White

Real Physicians of the USA  
Diabetes Services

- Petersen, et al., 2002
- Bell and Hudson, 2001
- Okelo et al, 2001
- Schneider, Leape, Weissman et al, 2001
- Watson, Si
- Canto, Alli
- Daur
- Greg
- Todd
- Be
- Cleeland, Gronin, Baez, et al., 1997
- Ng, Dimsdale, et al., 1996
- Todd, Lee, and Hoffman, 1994
- Todd, Samaroo, and Hoffman, 1993
- Taylor, Canto, Sanderson, Rogers, and Miles, 1998
- Laouri, Kravitz, French et al., 1997
- Peterson, Shaw, DeLong et al., 1997
- Ramsey et al., 1997
- Sedlis, Fisher, Tice et al., 1998

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# *Unequal Treatment*

- Racial and Ethnic disparities exist in healthcare
- Even when system injustices and disease severity are taken into account, they exist
- Even refusal of service rates do not explain disparity
- Implicit bias is an under-recognized component of this
- Medicine is well suited to fall prey to implicit bias
  - uncertainty
  - incomplete data
  - time constraints
  - financial constraints

-IOM, *Unequal Treatment* 2002

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“Uncertainty can therefore make finding the right diagnosis and treatment plan a challenge for any doctor. But when faced with patients who are from different racial or ethnic backgrounds, doctors may find that their uncertainty about the patient’s condition and best course of treatment is even greater. This uncertainty can “open the door” for physicians’ stereotypes and biases to affect their judgment of patients and interpretation of their presenting concerns.”

-IOM, *Unequal Treatment*

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# Diversity is an evidenced-based intervention to combat implicit bias



Intergroup  
anxiety

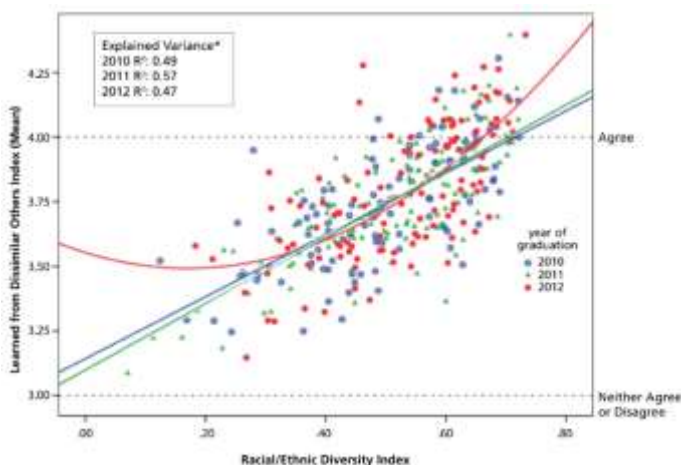


Challenges stereotypes

Burgess et al.: Reducing Racial Bias Among Healthcare Providers: Lessons from Social-Cognitive Psychology. Society of General Internal Medicine 2007;22:882-887

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## Diversity improves the learning environment for all



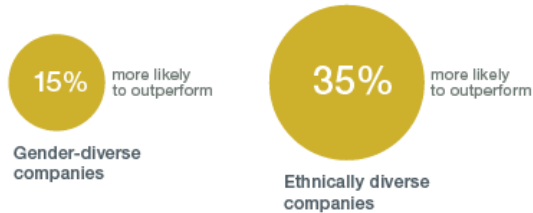
“The analysis demonstrates a strong relationship between racial-ethnic diversity of medical school classes and student perception of having learned from others, and that the association is particularly strong among the subset of institutions that are most diverse.”

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# Diverse teams outperform

## Diversity's dividend

What's the likelihood that companies in the top quartile for diversity financially outperform those in the bottom quartile?<sup>1</sup>



<sup>1</sup>Results show likelihood of financial performance above the national industry median. Analysis is based on composite data for all countries in the data set. Results vary by individual country.  
Source: McKinsey analysis

[2015 McKinsey analysis](#)

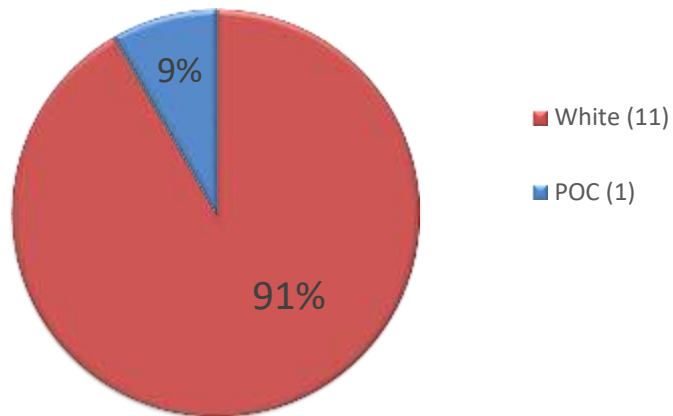
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**Making it  
Personal  
...  
Making  
Changes**



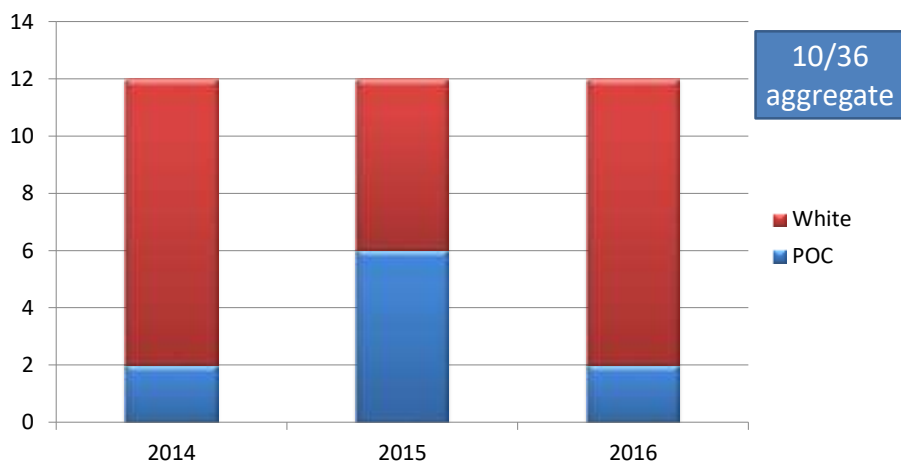
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## Core Faculty Demographics 2014



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## Residency Class Demographics



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### Recruitment

- Racial diversity same as national average

### Curriculum

- Sporadic
- Unintentional
- Focused on diversity and multiculturalism (not systems of power)

### Engagement

- Community Medicine Projects

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**When I look around  
I already see a lot of  
diversity**

**Reverse racism**

**What about class?**

**We will have to sacrifice  
quality for diversity**

**Is this legal?**

**This would have  
made it harder for  
me to get in**

**What about men?**

**What about white people  
who speak Spanish?**

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## Continuum on Becoming an Anti-Racist Multicultural Organization

MONOCULTURAL $\rightarrow$ MULTICULTURAL $\rightarrow$ ANTI-RACIST $\rightarrow$ ANTI-RACIST MULTICULTURAL					
<i>Racial and Cultural Differences Seen as Deficits <math>\rightarrow</math> Tolerance of Racial and Cultural Differences <math>\rightarrow</math> Racial and Cultural Differences Seen as Assets</i>					
Exclusive	2. Passive	3. Symbolic Change	4. Identity Change	5. Structural Change	6. Fully Inclusive Anti-Racist Multicultural Organization in a Transformed Society
<b>An Exclusionary Institution</b> <ul style="list-style-type: none"> <li>Intentionally and publicly excludes or segregates African American, Native American, Latino, and Asian American</li> <li>Intentionally and publicly enforces the racist status quo throughout institution</li> <li>Institutionalization of racism includes formal policies and practices, teachings, and decision making on all levels</li> <li>Usually has similar antiracist policies and practices toward other socially oppressed groups such as women, gays and lesbians, Third World citizens, etc.</li> <li>Openly maintains the dominant group's power and privilege</li> </ul>	<b>A "Club" Institution</b> <ul style="list-style-type: none"> <li>Tolerance of a limited number of "token" People of Color and members from other social identity groups allowed in with "proper" perspective and credentials</li> <li>May still secretly intend to exclude People of Color in contradiction to public policies</li> <li>Continues to institutionally maintain white power and privilege through its formal policies and practices, teachings, and decision making on all levels of institutional life</li> <li>Often declares, "We don't have a problem."</li> <li>Multicultural terms, policies and procedures of dominant culture viewed as the "right way" because so usual</li> <li>Engage issues of diversity and social justice only as club member's token and within their comfort zone</li> </ul>	<b>A Compliance Organization</b> <ul style="list-style-type: none"> <li>Makes official policy pronouncements regarding antiracist diversity</li> <li>Sees itself as "anti-racist" institution with open doors to People of Color</li> <li>Carries out antiracist achievement efforts, recruiting "cosmetic of color" as consultants or office staff</li> <li>Expanding view of diversity includes other socially oppressed groups</li> <li>But...</li> <li>"Not those who make waves"</li> <li>Little or no contextual change in culture, policies, and decision making</li> <li>It still relatively unaware of continuing patterns of privilege, powerlessness and control</li> <li>Token placements in staff positions; must assimilate into organizational culture</li> </ul>	<b>An Affirming Institution</b> <ul style="list-style-type: none"> <li>Growing understanding of racism as barrier to effective diversity</li> <li>Develops analysis of systemic racism</li> <li>Sponsors programs of anti-racist training</li> <li>New consciousness of institutionalized white power and privilege</li> <li>Develops intentional identity as an "anti-racist" institution</li> <li>Begin to develop accountability to racially oppressed communities</li> <li>Increasing commitment to dismantle racism and eliminate adolescent white advantage</li> <li>Actively recruits and promotes members of groups have been historically denied access and opportunity</li> <li>But...</li> <li>Institutional structures and culture that maintain white power and privilege still intact and relatively untouched</li> </ul>	<b>A Transforming Institution</b> <ul style="list-style-type: none"> <li>Commits to process of institutional restructuring, based upon anti-racist analysis and identity</li> <li>Analys and restructures all aspects of institutional life to ensure full participation of People of Color, including their world-view, culture and lifestyle</li> <li>Implements structures, policies and practices with inclusive decision making and other forms of power sharing on all levels of the institution life and work</li> <li>Commits to struggle to dismantle racism in the wider community, and builds clear lines of accountability to racially oppressed communities</li> <li>Anti-racist antiracist diversity becomes an institutionalized asset</li> <li>Redefines and rebuilds all relationships and activities in society, based on anti-racist commitments</li> </ul>	<b>Future vision of an institution and wider community that has overcome systemic racism and all other forms of oppression. Institution's life reflects full participation and shared power with diverse racial, cultural and economic groups in determining its mission, structure, constituency, policies and practices</b> <ul style="list-style-type: none"> <li>Members across all identity groups are full participants in decisions that shape the institution, and inclusion of diverse cultures, lifestyles, and interests</li> <li>A sense of mutual community and mutual caring</li> <li>Allows with others in conducting all forms of social expression</li> <li>Actively works in large communities (regional, national, global) to eliminate all forms of oppression and to create antiracist organizations</li> </ul>

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### Recruitment

- Special Attention to POC Applicants
- Track #s
- Targeted Recruitment
- Diversity Question

### Curriculum

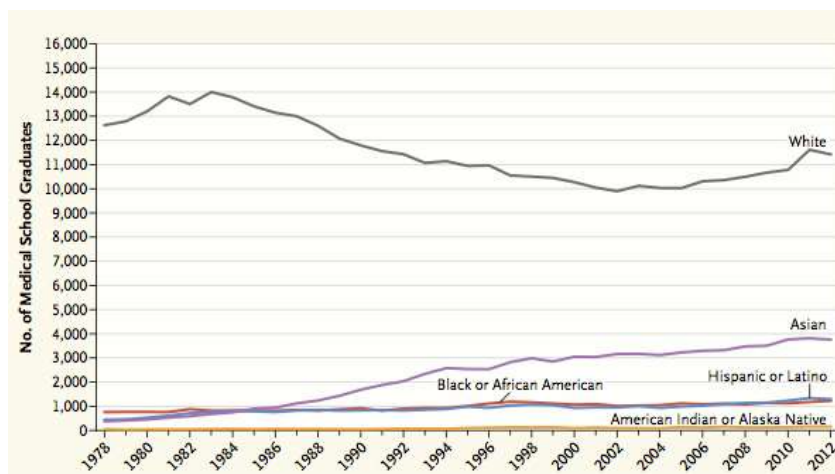
- Racism in Medicine
- Anti-Racism curriculum
- Annual Workshop
- Caucusing
- Faculty Development

### Engagement

- Community Partnerships
- Antiracism at Swedish
- Community Organizing
- Activism

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## You do not have to sacrifice quality for diversity



U.S. Medical School Graduates According to Race or Ethnic Group, 1978–2012 AAMC data from NEJM, 2014, 371;16,1472

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## Recruitment

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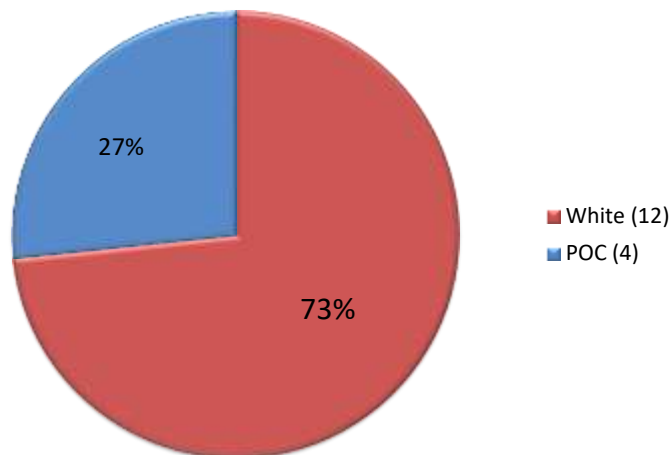
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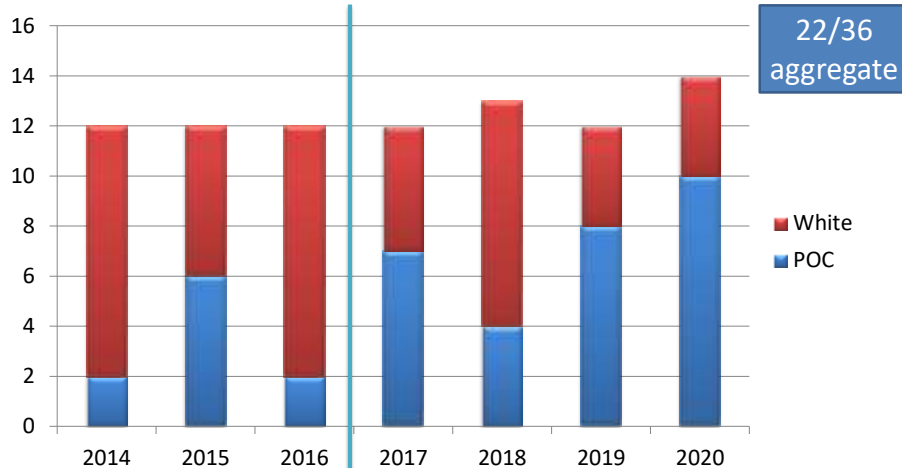
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### Core Faculty Demographics 2018



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# Residency Class Demographics



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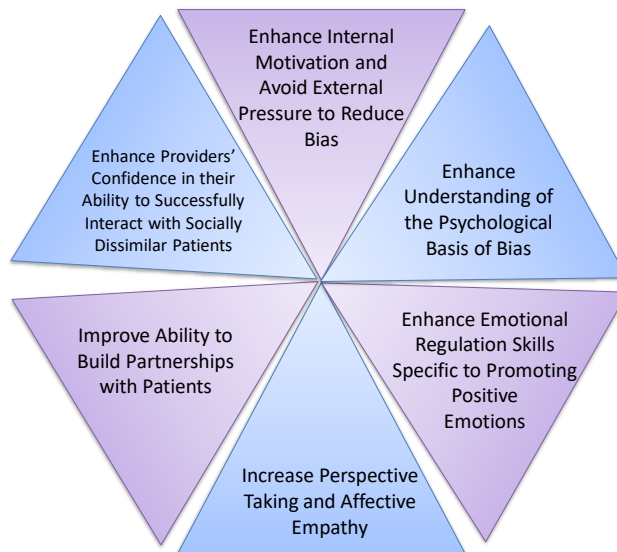
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# **Small Group Breakout**

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Burgess et al.: Reducing Racial Bias Among Healthcare Providers: Lessons from Social-Cognitive Psychology. Society of General Internal Medicine 2007;22:882-887

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- Present a successful strategy implemented at our residency
- Identify your own program's status and workshop strategies and next steps

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# Thank you!

## Please do evaluations

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Julie Taraday  
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## References

- [Toolkit for Teaching About Racism in the Context of Persistent Health and Healthcare Disparities](#) (look for updated version hopefully to be published on MedEdPortal soon!)
  - Definitions, Facilitator's Guide, Example Activities
- Some entry point references:
  - Institute of Medicine. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: National Academy Press, 2003.
  - McIntosh P. White privilege: Unpacking the invisible knapsack. Plous, Scott (Ed), (2003). *Understanding prejudice and discrimination*. (pp. 191-196). New York, NY, US: McGraw-Hill.
  - [http://www.jonesandassociatesconsulting.com/The\\_Right\\_Hand\\_of\\_Privilege\\_ThoughtPaper.pdf](http://www.jonesandassociatesconsulting.com/The_Right_Hand_of_Privilege_ThoughtPaper.pdf)
  - [Documentary: Unnatural Causes](#)
  - [Documentary: Race the Power of Illusion](#)

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## Poll Question:

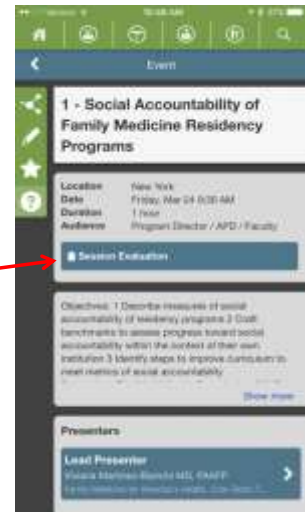
Enter your email address to be included in any follow-up communication from the presenter(s).



# Social Q & A

Please...  
Complete the  
session evaluation.

Thank you.



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