Quest to confront inequity, racism and disparities: It’s a long road, but we had to start somewhere

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Disclosures

- Nothing to disclose
Objectives

● Identify components of a health equity curriculum and steps needed to implement curricular changes in their own departments

● Describe barriers to implementation of a health equity curriculum and strategies to overcome them

● Apply strategies to drive workplace culture change to advance health equity and workforce diversity
Who is CHA?

- CHA is an integrated, safety-net health system that provides care to Boston’s metro-north communities with a strong focus on primary care and population health

- Patient population
  - >35% of patients speaking a primary language other than English
  - ~ 80% of patients being covered by state or federally-funded health insurance.

- Engaged leadership: CHA Mission/vision/values
Program Perspective

Things we had in place
- Faculty
- Department/Institutional support

What we were missing
- Residents with the drive and commitment to make Health Equity a residency priority.
2019 Annual Spring Conference

Classes of 2012-2014
- Asian (4.17%)
- Asian Indian (4.17%)
- Black or African American (0%)
- Hispanic or Latino (4.17%)
- Native Hawaiian or Pacif. (4.17%)
- White (83.33%)

Classes of 2015-2017
- Asian (8.33%)
- Asian Indian (0%)
- Black or African American (0%)
- Hispanic or Latino (0%)
- Native Hawaiian or Pacif. (0%)
- White (91.67%)

Classes of 2018-2020
- Asian (13.04%)
- Asian Indian (8.70%)
- Black or African American (26.09%)
- Hispanic or Latino (4.35%)
- Native Hawaiian or Pacif. (0%)
- White (47.83%)

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Resident Perspective

- Match 2015- First class recruited with the explicit message of interest in health equity

- Challenging to be a learner in a system with a changing culture

- There was varying level of interest in and knowledge of health equity amongst residents
Background

● What was already in place
  ○ curricular elements, eg. Community Health, Repro Health
  ○ 2015 Grand Rounds theme for the year
  ○ 2016 Residency retreat on racism → poorly received

● Working group convened in 2017
  ○ residents, faculty and staff
  ○ developed goals and driver diagram
  ○ developed and administered needs assessment
2019 Annual Spring Conference

Needs assessment Data Overview

Beliefs

Knowledge

Behaviors

Histogram of AggregateBeliefs

Histogram of AggregateKnowledge

Histogram of AggregatedBehaviors

5-5.5

4.5-5

3.5-4
Workshops

- Planning started in August 2018
- **Quest for Health Equity: Workshop 1- Foundations** *(Oct 2018)*
  - Ground rules, objectives for workshop and series
  - Language, historical context of iatrophobia
- **Quest for Health Equity Workshop 2: Identity, Privilege and Medicine** *(Jan 2019)*
  - Ground rules, objective for workshop and series
  - Identity worksheet, privilege exercise, caucusing with medicine cases
Workshops - Logistics

Pearls
- Focus content based on needs
- Provide protected residency time
- Utilize established resources
- Obtain faculty and resident support
- Diminish hierarchy by resident-lead workshops

Pitfalls
- Plan number and length of sessions deliberately
- Provide earlier notice for more faculty involvement
- Make explicit that minorities (faculty and residents) may choose their level of involvement
Workshops- Content

Pearls

• Start with brainstorming
• Use data from Needs Assessment
• Keep it FUN! Use a variety of activities
• Create post-workshop feedback forms and use them!

Pitfalls

• Match topics/activities to time available
• Assess strengths and opportunities for growth of resident and faculty facilitators
• Consider differences in baseline knowledge on topics
Shared Values Activity

- Shared Values
- Core Message
- Barriers
- Story/Supporting Facts
- Solution
Shared Values Activity

- Shared Values
- Core Message
- Story/Supporting Facts
- Solution
- Barriers
Tufts University Family Medicine Residency (TUFMR) Timeline for Health Equity Curriculum

2013

Change recruitment strategy to focus on commitment to equity

2014

Clinic changes: suboxone group visits and Haitian Wellness Group

2015

Class of 2018- 5 of 8 are people of color- first majority underrepresented minority class at TUFMR

2016

“Hot mess” residency retreat

2017

25th Anniversary Gala fundraiser to support our work in Health Equity

2018

Quality, Equity and Safety rounds replace traditional M & M*

AIM 1- Health Equity Working group established - Driver diagram

AIM 2- Residency needs assessment and 1 page diversity in hiring for Department of Family Medicine

AIM 3- Health Equity Driver Diagram and TUFMR website update. Present at STFM

AIM 4- Residency workshops: - Foundations - Identity, Privilege and Medicine

Health Equity AIM projects in Blue

*No Quality Without Equity: "M & M" Conferences as a Tool for Equity-Focused Institutional Change. 4/29 3-4PM in City Hall

**Walking the Walk of Team-Based Care: Resident/MA Partnership With “Medical Assistants as Faculty” 4/30 7:15-8:15 Grand Ballroom
Resources

Background Reading

Resources

Interventions

- Hostetter, M, Klein, S. *In Focus: Reducing Racial Disparities in Health Care by Confronting Racism*. (2018, September 27.)
- Toolkit for TEACHING ABOUT RACISM in the Context of Persistent Health and Healthcare Disparities. STFM Annual Spring Conference. (May 2017.)
- Diversity at the UW Department of Family Medicine and Community Health.
  [https://www.fammed.wisc.edu/diversity/](https://www.fammed.wisc.edu/diversity/)
  Inclusive Teaching, University of Michigan College of [http://sites.lsa.umich.edu/inclusive-teaching/](http://sites.lsa.umich.edu/inclusive-teaching/)
Resources

Unconscious Bias and Privilege

● Unconscious Bias Resources. UCSF Office of Diversity and Outreach. [https://diversity.ucsf.edu/resources/unconscious-bias-resources](https://diversity.ucsf.edu/resources/unconscious-bias-resources)


