

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

Emilie Biondokin, MD
Fa'iz Bayo-Awoyemi MD
Janell Corbett
Amiesha Panchal, MD
Matthew Desir, MD
Chukwueloka Obionwu, MD
Tia Tucker MD
Lakesha Williams, MD, MS
Caitlin D'Agata, MD

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

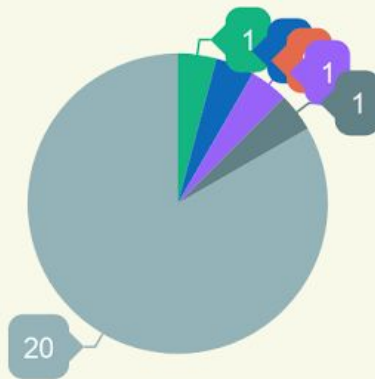
Things we had in place

- Faculty
- Department/Institutional support

What we were missing

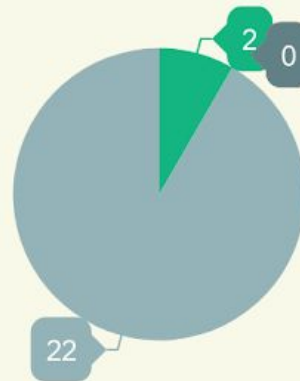
- Residents with the drive and commitment to make Health Equity a residency priority.

Classes of 2012-2014



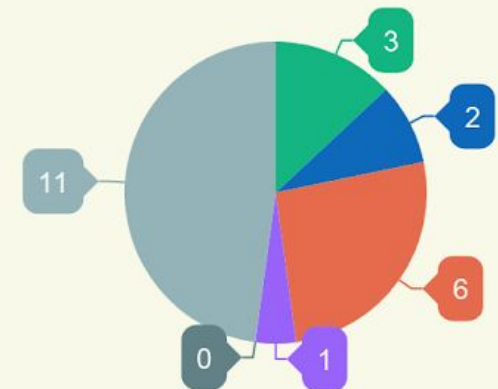
■ Asian (4.17%)
 ■ Asian Indian (4.17%)
■ Black or African American (0%)
■ Hispanic or Latino (4.17%)
■ Native Hawaiian or Pacific Islander (4.17%)
■ White (83.33%)

Classes of 2015-2017



■ Asian (8.33%)
 ■ Asian Indian (0%)
■ Black or African American (0%)
■ Hispanic or Latino (0%)
■ Native Hawaiian or Pacific Islander (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 Pacific Islander (0%)
■ White (47.83%)



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

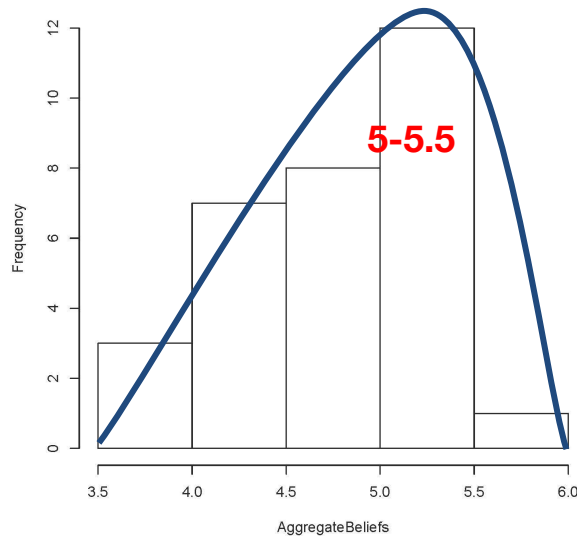
Background

- 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

Needs assessment Data Overview

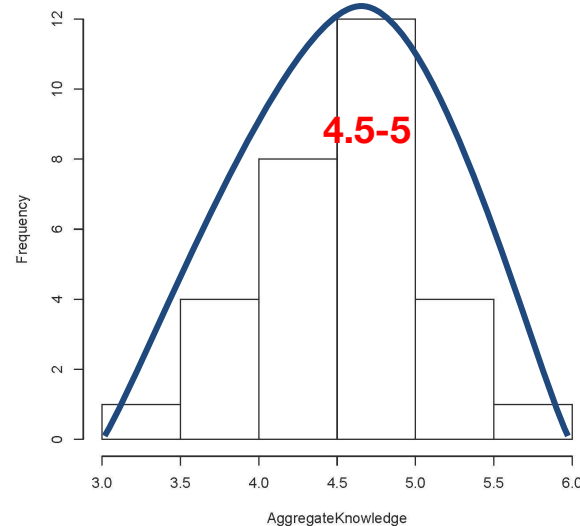
Beliefs

Histogram of AggregateBeliefs



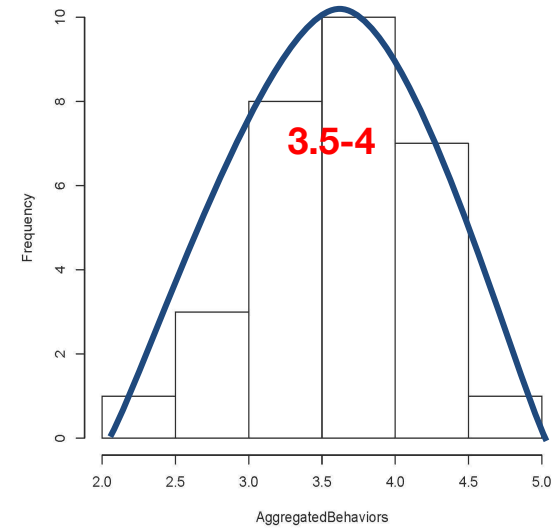
Knowledge

Histogram of AggregateKnowledge



Behaviors

Histogram of AggregatedBehaviors



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

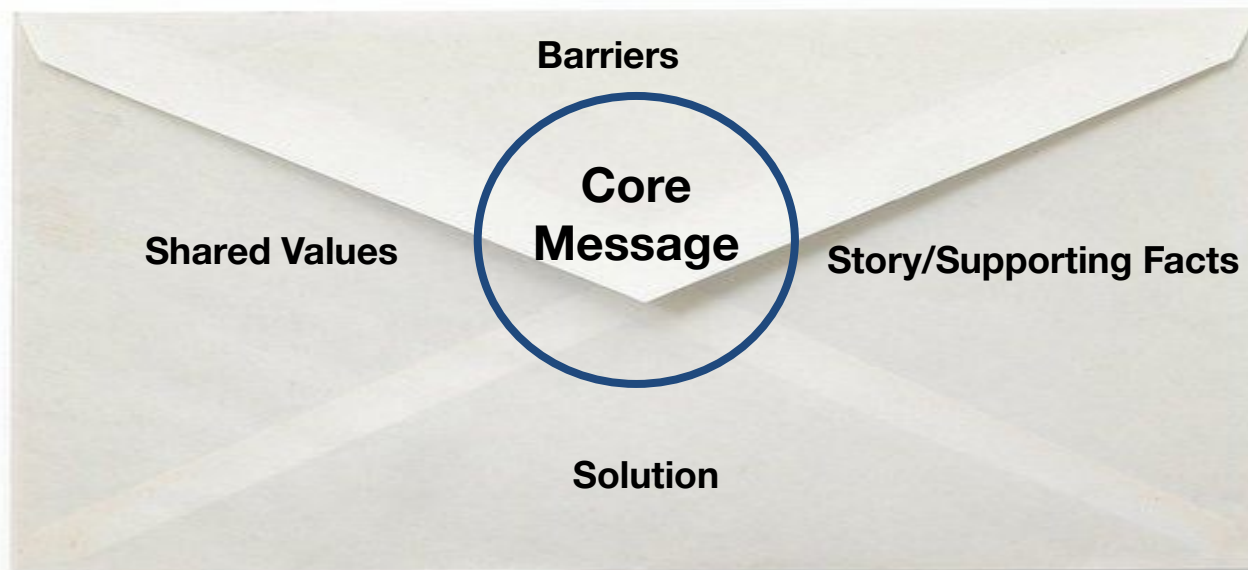
Pearls

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

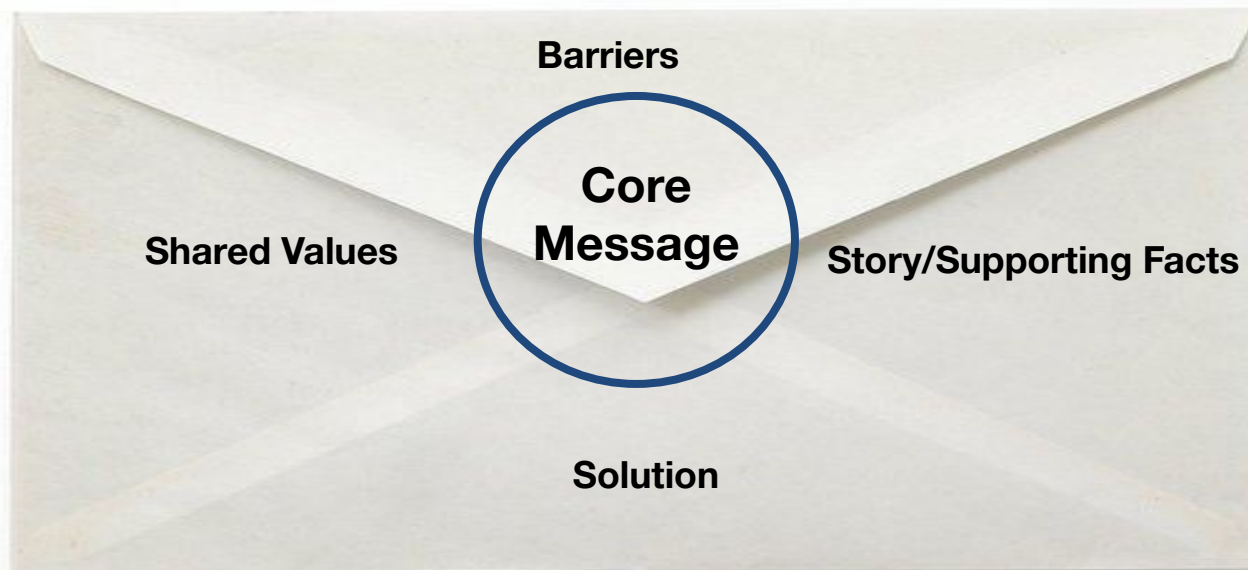
Pitfalls

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

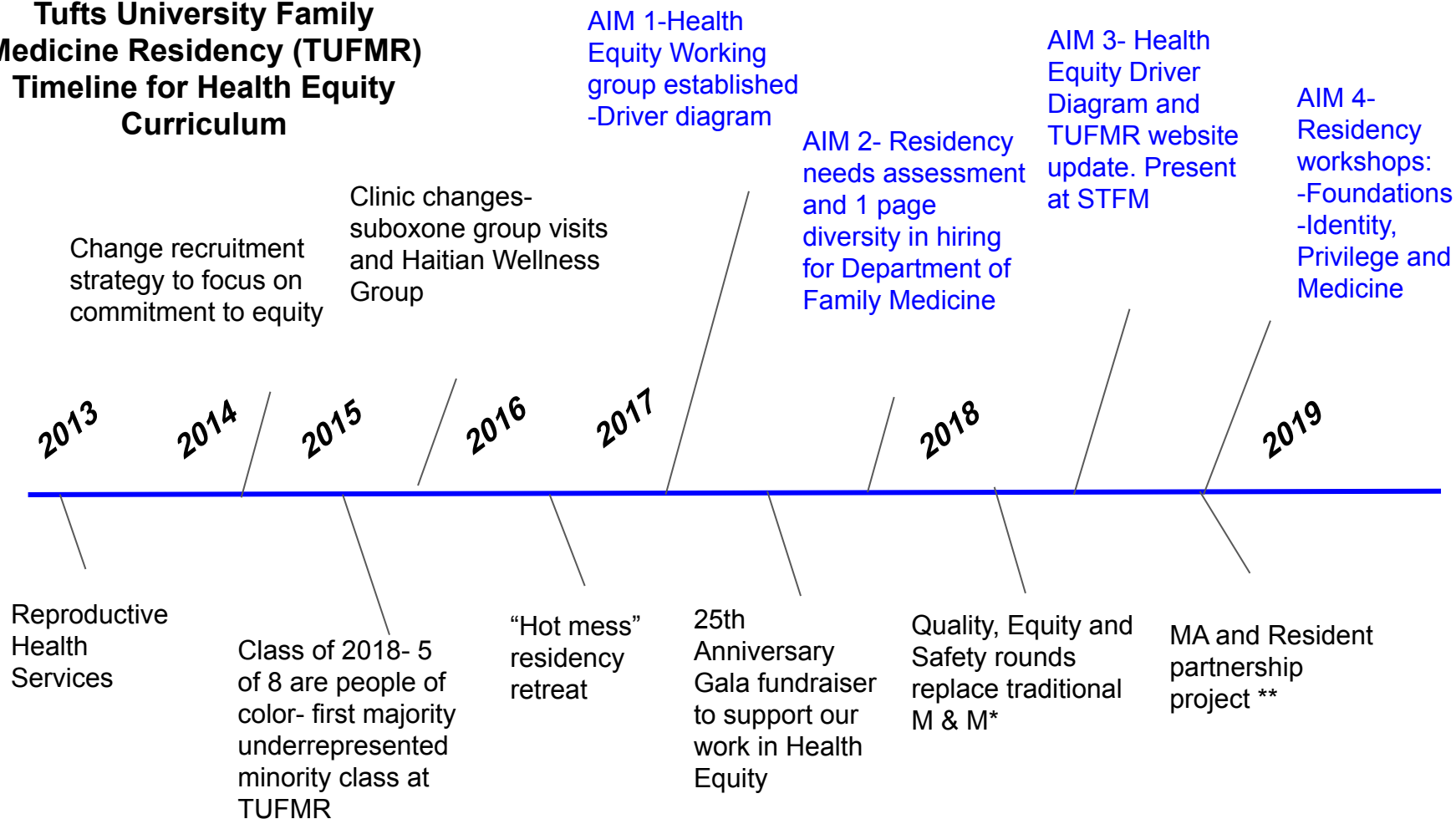
Shared Values Activity



Shared Values Activity



Tufts University Family Medicine Residency (TUFMR) Timeline for Health Equity Curriculum



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

- Apollon, D., Keheler, T., Medeiros, J., Ortega, N., Sebastian, J. and Sen, R. (2014). *Moving the Race Conversation Forward*. [online] Race Forward. Available at: https://act.colorlines.com/acton/attachment/1069/f-0114/1/-/-/-/-/Racial_Discourse_Part_1.PDF.
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- Brooks C. (2009). *Alien neighbors, foreign friends: Asian Americans, ousing, and the transformation of urban California*. Chicago: University of Chicago Press, 2009.
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- Gee, G. C., & Ro, A. (2009). Racism and discrimination. In C. Trinh-Shevrin, N. Islam, and M.Rey (Eds.) Asian American communities and health: Context, research, policy, and action, edited by. San Francisco, CA: Jossey-Bass. Pp. 364–402.
- Kurashige, S. (2010). *The shifting grounds of race: Black and Japanese Americans in the making of multiethnic Los Angeles*. Princeton University Press.
- Pine DS, Coplan JD, Wasserman GA, et al. Neuroendocrine Response to Fenfluramine Challenge in Boys Associations With Aggressive Behavior and Adverse Rearing. *Arch Gen Psychiatry*. 1997;54(9):839–846.
- Washington, Harriet A. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. New York: Doubleday, 2006. Print.

Resources

Interventions

- Williams, DR, Purdie-Vaughns, V. (2016). Needed interventions to reduce racial/ethnic disparities in health. *Journal of Health Politics, Policy and Law*, 41(4), 627-51.
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- Penner, Blair. Reducing Racial Health Care Disparities: A Social Psychological Analysis. *Policy Insights Behav Brain Sci*. 2014 Oct; 1(1): 204-212.
- Hostetter, M, Klein, S. In Focus: Reducing Racial Disparities in Health Care by Confronting Racism. (2018, September 27.)
<https://www.commonwealthfund.org/publications/newsletter-article/2018/sep/focus-reducing-racial-disparities-health-care-confronting>
- Toolkit for TEACHING ABOUT RACISM in the Context of Persistent Health and Healthcare Disparities. STFM Annual Spring Conference. (May 2017.)
<https://connect.stfm.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=cf40991e-96e9-3e15-ef15-7be20cb04dc1&forceDialog=0>
- Diversity at the UW Department of Family Medicine and Community Health.
<https://www.fammed.wisc.edu/diversity/>
Inclusive Teaching, University of Michigan College of \ <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>
- Cooper, The Associations of Clinicians' Implicit Attitudes About Race With Medical Visit Communication and Patient Ratings of Interpersonal Care. *Am J Public Health*. 2012 May; 102(5): 979–987.
- Privilege Beads Exercise” Spring, 2018 Brenda J Allen, University of Colorado Denver Adapted and revised from instructions written by Dr. Thomas E. Walker, University of Denver, for Colorado Leadership for Equity, Advocacy and Discovering Social Justice
<http://www.differencematters.info/uploads/pdf/privilege-beads-exercise-2018.pdf>
- Killerman, Sam. “30+ Examples of Middle to Upper Class Privilege”. October 27, 2012.
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<http://everydayfeminism.com/2012/11/20-examples-of-thin-privilege>