MSNJ’s Role as a JEDI (Justice, Equity, Diversity, and Inclusion) Leader in Health Care: Part 1

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Rutgers, The State University of New Jersey
Objectives

• Define key concepts including health equity, disparities in health and health care, racism and other isms, and the need to move away from practicing race-based medicine

• Review demographic, epidemiological, and historical perspectives relating to racial and ethnic disparities in health and health care

• Discuss selected health equity and anti-racism educational and training initiatives

• Describe two potential MSNJ health equity opportunities and strategies worth exploring further
“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Reverend Dr. Martin Luther King, Jr.
Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity

2021-2023

Summary: Potential Opportunities/Strategies

Part 1
• Develop and implement a MSNJ Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity in New Jersey

• Host an ongoing Health Equity Grand Round series, webinars, and conferences for CME and interprofessional continuing education credits

Part 2
• Work collaboratively with other professional medical specialty groups in helping physicians and their staff better understand patients’ social needs and the social determinants of health (SDOH) in clinical practice settings

• Network and create medical partnerships with non-profit community-based organizations, human and social service providers, and public health agencies to help address food, financial, housing, transportation, and employment insecurity challenges and legal problems experienced by patients and their families
Inequalities in Health and Health Care

Health Disparities
- Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups

Health Care Disparities
- Unexpected differences in the quality of care that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention

Institute of Medicine/NAM, Unequal Treatment, 2002
Disparities in Covid-19 Mortality Rates by Race and Ethnicity


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<th>Race and Ethnicity</th>
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Figure 1

Share of People Age 12+ Estimated to Receive At Least One COVID-19 Vaccine Dose by July 4 at Current Vaccination Pace by Race/Ethnicity

NOTE: Projected rates assume continuation of current rate of vaccinations based on the preceding two weeks. Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic.

SOURCE: Stanford University and KFF analysis of publicly available vaccination data by race and ethnicity from state websites and the percentage of people vaccinated from the Centers for Disease Control and Prevention; total population data used to calculate rates based on 2019 American Community Survey.

Defining Health Equity

“Health equity is achieved when every person has the opportunity to ‘attain his or her full health potential’ and no one is ‘disadvantaged from achieving this potential because of social position or other socially determined circumstances.’ Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.”

https://www.cdc.gov/chronicdisease/healthequity/index.htm
Racial and Ethnic Disparities in Health and Health Care: Demographic, Epidemiological, and Historical Perspectives
1985: Report of the Secretary of Health and Human Services Task Force on Black and Minority Health

https://ldi.upenn.edu/sites/default/files/content_elements/herckler-graphic650.jpg

“Healthcare providers should be made aware of racial and ethnic disparities in healthcare .... In addition, all current and future healthcare providers can benefit from cross-cultural education.”

Crossing the Quality Chasm: A New Health System for the 21st Century (2001)

“Health care … should be safe, effective, patient-centered, timely, efficient, and equitable.”
FIGURE 3-1  Multiple and overlapping lenses for viewing health disparities.
SOURCE: Koh et al. (2010).
Agency for Healthcare Research and Quality

National Health Care Quality and Disparities Reports, 2003-2019

https://www.ahrq.gov/research/findings/nhqdr/index.html
https://www.ahrq.gov/research/findings/nhqdr19/index.html
Historical Perspectives on Race, Medicine and Health Care

AN AMERICAN HEALTH DILEMMA
A MEDICAL HISTORY OF AFRICAN AMERICANS AND THE PROBLEM OF RACE
Beginnings to 1900

RACE, MEDICINE, AND HEALTH CARE IN THE UNITED STATES
1900–2000

Health Care Divided
Race and Healing a Nation
David Barton Smith
Medical Experimentation and African Americans
The Problematics of Racialized Medicine
Addressing Racial Bias and Inequities in Health and Health Care
I. Opportunities/Strategies

• Develop and implement a MSNJ Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity in New Jersey

Selected Questions:
• Could MSNJ members who attended the AMA Interim meetings and are familiar with the latest national initiatives share what they learned as well as their own and other AMA member reactions?
• How can MSNJ address these subjects going forward given other existing initiatives and priorities?
• What Health Care Equity initiatives is MSNJ currently engaged in and/or planning?
• What clinical and public health topic areas should be prioritized?
• What potential collaborative opportunities and partners exist for doing more here in NJ?
• Would the AMA’s Center for Health Equity be able to assist the MSNJ in these efforts?
• Would there be interest in developing a MSNJ JEDI (Justice, Equity, Diversity, and Inclusion) Health Care Institute or Center?
• How can we increase the participation of and further support for trainees and physicians of color from diverse backgrounds, identities, and generations?
• What are the barriers/facilitators?
• What additional MSNJ staff capacity is needed?
• What funding is available and can be secured to help support initiatives in this area?
Advancing Health Equity
Education and Training
Standard 7.6 Cultural Competence/Health Care Disparities/Personal Bias

"The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process. The medical curriculum includes instruction regarding:

- The manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.
- The basic principles of culturally competent health care.
- The recognition and development of solutions for health care disparities.
- The importance of meeting the health care needs of medically underserved populations.
- The development of core professional attributes (e.g., altruism, accountability) needed to provide effective care in a multidimensionally diverse society."

(Standards and Elements Effective July 1, 2015. Replaces LCME 2014-2015 Standards IS-16, ED-21 and ED-22)
ACGME - CLER Pathways to Excellence, Version 2.0

6 Focus Areas

• Patient Safety
• **Health Care Quality**
• Teaming
• Supervision
• Well-Being
• Professionalism
ACGME - CLER Pathways to Excellence, Version 2.0

HQ Pathway 5: Resident, fellow, and faculty member education on eliminating health care disparities

HQ Pathway 6: Resident, fellow, and faculty engagement in clinical site initiatives to eliminate health care disparities

HQ Pathway 7: Residents, fellows, and faculty members deliver care that demonstrates cultural humility
The following are some of the specialty groups that have published guidelines and/or policies relating to the care of culturally diverse populations and/or the elimination of health disparities:

- American Medical Association
- National Medical Association
- National Hispanic Medical Association
- American Academy of Family Physicians/STFM
- American Osteopathic Association
- American Academy of Pediatrics
- American College of Physicians
- Society of General Internal Medicine
- American College of Cardiology
- American Heart Association
- American Psychiatric Association
- American College of Obstetrics and Gynecology
- American College of Emergency Physicians
- American Academy of Orthopaedic Surgeons
• Advances health equity, improves quality, and helps to eliminate health care disparities by providing a blueprint to implement culturally and linguistically appropriate services

• In 2010 Office of Minority Health launched the National CLAS Standards Enhancement Initiative to revise the standards, expand their scope, and improve their clarity to ensure understanding and implementation

https://www.thinkculturalhealth.hhs.gov/Content/clas.asp
TRACKING CLAS

This map tracks the progress of state- and territory-led initiatives for mandatory cultural competency training across the United States and territories.

Click on the states or territories in this map for more specific information.

- Requires mandatory cultural competency training
- Proposed, but does not have, mandatory cultural competency training
- Does not require cultural competency training

https://thinkculturalhealth.hhs.gov/clas/clas-tracking-map
Experiential Exercise: The E Test
The E Test – Perspective Taking

Self-Oriented E

Other-Oriented E

http://insight.kellogg.northwestern.edu/article/losing_touch

Implicit Bias Research

Research has demonstrated implicit bias toward people based on perceived race, ethnicity, gender expression, age, physical disability, body size, and many more characteristics.
## EXERCISE: Addressing the Isms and Privilege

**FILL IN THE BLANK** with the one of more of the following “isms” or “privileges”:
[e.g., Age, Sex, Race, Ethnic, Native, Heterosex, Ability (Able), Auditory (Aud), Weight, Height, Class, Anti-Religion, Anti-Political ideologies, Other]

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Consider also _____ phobia [e.g., Xeno, Homo, Trans, Islamo, Fat, Other]

Becoming a(n): _____Friendly Health Care System [e.g., Age, LGBTQIA+, Disability, Veteran, Other]

### Examples of selected discussion questions:

- What personal/family and/or professional experiences have you had relating to these issues?
- How can we raise further awareness about the isms and privileges in clinical care and medical education?
- What are the challenges, opportunities, and strategies that can be used for addressing these issues in patient care and the health professions workforce?
**FIGURE 2**

**Interlocking Levels of Racism**

Creation and perpetuation of systemic disparities via mutually reinforcing societal norms (stigma, etc.) and overarching structures that together shape society’s fabric (e.g., capitalism determines income & wealth distributions).

Maintaining or participating in the set of attitudes, behaviors, etc. supporting the power of the dominant group.

Behavior and communication between individuals based on unfounded negative attitudes about one's race.

Belief that there are generalized intrinsic cultural differences belonging to individuals of one race or ethnicity.

Creation and perpetuation of systemic disparities via discriminatory policies and practices by institutions.

Definitions adapted from many scholars including Bailey Z et al (2017)

https://www.instituteforhealingandjustice.org/introduction#_ftn1
From race-based to race-conscious medicine: how anti-racist uprisings call us to act

Jessica P Cerdeña, MPhil  Marie V Plaisime, MPH  Jennifer Tsai, MD  
Show footnotes
Examples of Race-Based Medicine, The Potential Harm to Patients, and Race-Conscious Alternatives

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<td>Paediatric UTI diagnosis†</td>
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<td>Ultrasound in neonates</td>
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https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32076-6/fulltext
Key Takeaways

• “Medicine has willfully ignored its racist history despite ongoing calls from scholars and activists to rectify its violent and oppressive history. This has resulted in medicine continuing to inflict and perpetuate racism that harms communities of color.”
• “Using biological race as a heuristic for diagnosis of disease and interpretation of symptoms masks racism.”
• “Because of the biological use of race in clinical guidelines and education, patients of color are being systematically misdiagnosed and undertreated and are at risk for bad health outcomes.”
• “Race-based medicine teaches people of color that their bodies and communities are abnormal, deficient, and broken, increasing stress and the burden of racist stigma. Medicine is an unwelcoming, hostile space for people of color.”
• If we don’t dismantle race-based medicine, it will be perpetuated, ultimately harming patients in real, concrete ways.”

https://www.instituteforhealingandjustice.org/introduction#_ftn1
STARFIELD II

HEALTH EQUITY SUMMIT

PRIMARY CARE’S ROLE IN ACHIEVING HEALTH EQUITY

A guidebook to the HEALTH EQUITY CURRICULAR TOOLKIT

New Curriculum, New Health Equity Thread, A New Lens

Carol A. Terregino, MD, senior associate dean for education and academic affairs and associate dean for admissions, and Keith Lewis, MD, chair of anesthesiology and perioperative medicine and interim executive vice dean, initiated a faculty development activity for all faculty, which highlighted a new curricular thread on health equity. A new lens for educators to view their work was introduced (mnemonic on the right).

Dr. Lewis framed his comments on the relationship between social determinants of health (SDOH), health equity and patient quality and safety.

Dr. Terregino described the new curricular changes for the incoming class, including how students will experience longitudinal learning opportunities with our vulnerable patients, learning about disparities in health and health care affecting diverse populations, the SDOH, and overcoming patients’ barriers to health and wellness.

The health equity thread co-directors, Shilpa Pai, MD, FAAP, associate professor of pediatrics and director of resident education in advocacy and community health, and Brad Kamataki, MD, assistant professor of neurology, presented during the event, along with faculty, medical students and a community advocate. Breakout sessions focused on small group discussions, foundational science lectures, clinical didactics for the clerkship curriculum and teaching at the bedside.

Drs. Pai and Kamataki are beginning a Health Equity Consultancy with office hours to support educators. Curated resources to support the faculty are available through the library.

To learn more about this important new thread in the curriculum, view part one and part two of the presentation using password: sJAyHH6S.
**HEALTH EQUITY EDUCATIONAL PLANNING GRID**

**Clinical Topics:** Addressing disparities relating to different health and illness conditions (e.g., COVID-19, cardiovascular disease, cancer, diabetes, stroke, asthma, chronic obstructive pulmonary disease, maternal mortality, infant mortality, obesity, depression, schizophrenia, substance abuse, trauma, violence, oral health), and clinical practice (e.g., diagnosis, treatment, health promotion, disease prevention, patient education, rehabilitation, palliative/end of life care).

**Population Characteristics (PC) by Clinical Disciplines (CD)**

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# Educational Strategies

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<td>Clinical Skills Tutorials and OSCEs</td>
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Resources for Diversity, Equity, and Inclusion in Medical Education: Race & Medicine

Rutgers University Libraries

Race & Medicine

Health Equity

Implicit Bias

Microaggressions

Teaching Tools

Additional Resources

Cultural Competency

Racism & Medicine: E-Books

Black & blue: The origins and consequences of medical racism by Hoberman
ISBN: 9780520951846
Publication Date: 2012

Medical apartheid: the dark history of medical experimentation on Black Americans from colonial times to the present by

JAMA: Structural Racism in Medicine and Health Care

New England Journal of Medicine

Topic: Race and Medicine
This collection reflects NEJM’s commitment to understanding and combating systemic racism as a public health and human rights crisis.

- Case Studies in Social Medicine
A series of articles highlighting the importance of social concepts and social context in clinical medicine.

https://libguides.rutgers.edu/DEImeded
II. Opportunities/Strategies

- Host an ongoing Health Equity Grand Round series, webinars, and conferences for CME and interprofessional continuing education credits.

**Selected Questions:**
- Would MSNJ members and their staff from different specialties find these types of health equity educational sessions helpful and relevant, especially for their clinical practice and professional development?
- How would these educational sessions be hosted?
- How would content be developed and curated?
- Diverse speaker recruitment?
- Building networks of experts?
- How is MSNJ currently handling CME/CE accreditation and the creation of enduring materials?
- Would fees be charged for different types of educational programs?
- What are the barriers/facilitators?
- What additional MSNJ staff capacity is needed?
- What funding is available and can be secured to help support these educational programs?
Group Discussion
MAY THE FORCE BE WITH US