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Equity, Inclusion and Diversity in Medicine: Building a Bigger Table

Presenter:

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Chief People Officer, Northwest Permanente PC

Oregon Association of Health Underwriters

May 17, 2022

Certified
B
Corporation

KLC8

KAISER PERMANENTE®

KLC1   Eliminated the break in the title to avoid a single word dangling on its own line
Kimberly L Carlson, 6/28/2021

KLC8   Changed to 2021 -- needed throughout
Kimberly L Carlson, 6/28/2021

KLC26   Also, it would be good to introduce the concept of using mentimeter and mentioning that folks will need to return to the Zoom screen after voting.
Kimberly L Carlson, 6/28/2021

Learning objectives

1) Understand why equity, inclusion, and diversity are important to patient care and the practice of medicine.

2) Learn a strategic framework to approach the work of dismantling racism and implicit bias in medicine.

3) Learn concrete tactics that can be implemented to promote equity, inclusion, and diversity in medicine.

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"Better is possible. It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes a willingness to try."
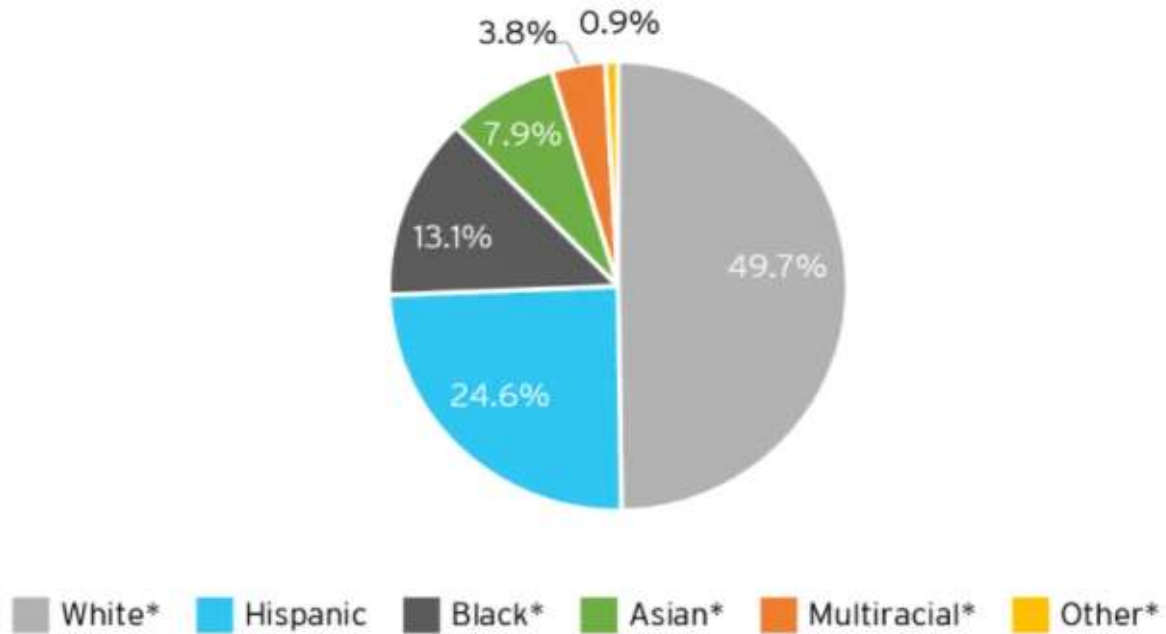
-Dr. Atul Gawande

Why Equity, Inclusion, and Diversity are important

- Changing demographics of the US

- Better bottom line

- Better patient care experience and outcomes

**Future
US demographics**

FIGURE 1

Racial profile of U.S. population, 2045

3.8% 0.9%

7.9%

13.1%

49.7%

24.6%

White*   Hispanic   Black*   Asian*   Multiracial*   Other*

* Non-Hispanic members of race

Source: William H Frey analysis of U.S. Census
population projections released March 13, 2018
and revised September 6, 2018

B | **Metropolitan Policy Program**
at BROOKINGS

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Better bottom line

How diversity, equity, and inclusion (DE&I) matter | McKinsey

Study: Workplace diversity can help the bottom line | MIT News | Massachusetts Institute of Technology

Illustration: Christine Daniloff/MIT

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Better patient care experience and outcomes

POLL: To what extent does racism or bias impact health care?

On a scale of 1-10, to what extent do you think racism or bias impacts health care?
1, means not at all, 10 means completely

www.mentimeter.com

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Anchoring

Cognitive bias where an individual's belief is influenced by a particular reference point

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Cognitive bias where an individual's belief is influenced by a particular reference point

Definitions

Interpersonal racism: Implicit and explicit racial prejudice, including explicitly expressed racist beliefs and implicitly held racist attitudes and actions based upon or resulting from these prejudices

Cultural racism: Negative and harmful racial stereotypes portrayed in culturally shared media and experiences

Systemic racism: Structural and legalized system that results in differential access to goods and services, including health care services

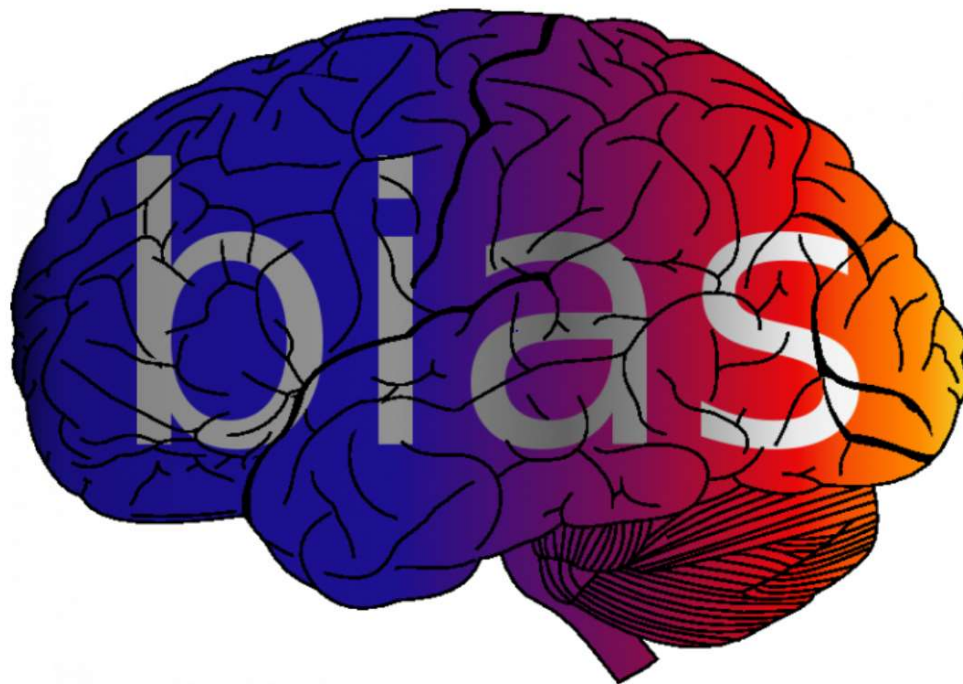Speaking out against structural racism at JAMA and across health care, March 10, 2021: https://www.ama-assn.org/about/leadership/speaking-out-against-structural-racism-jama-and-across-health-care
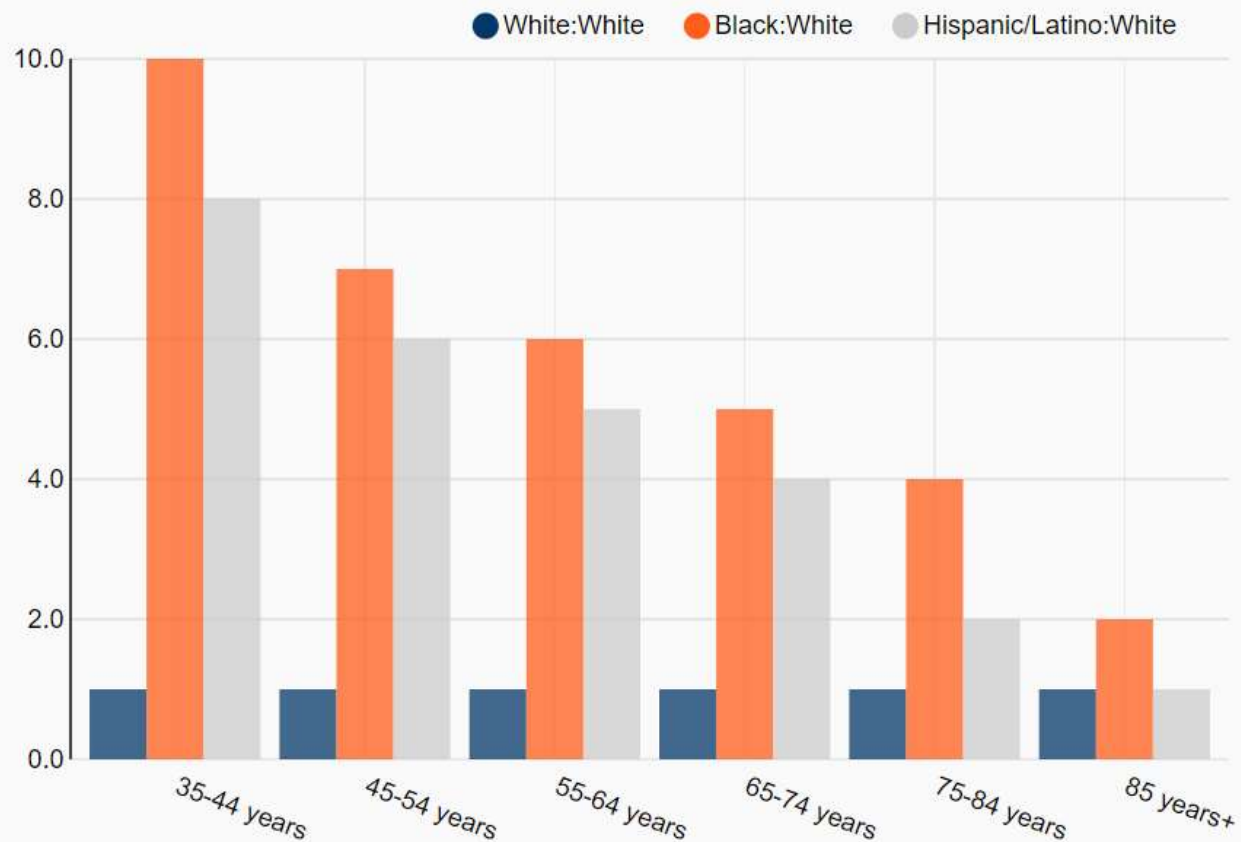
Implicit bias

Implicit→ unaware of them

Bias→ preference for or against someone

If you have a brain, you have bias.

Disparate health outcomes

Ratio of death rates

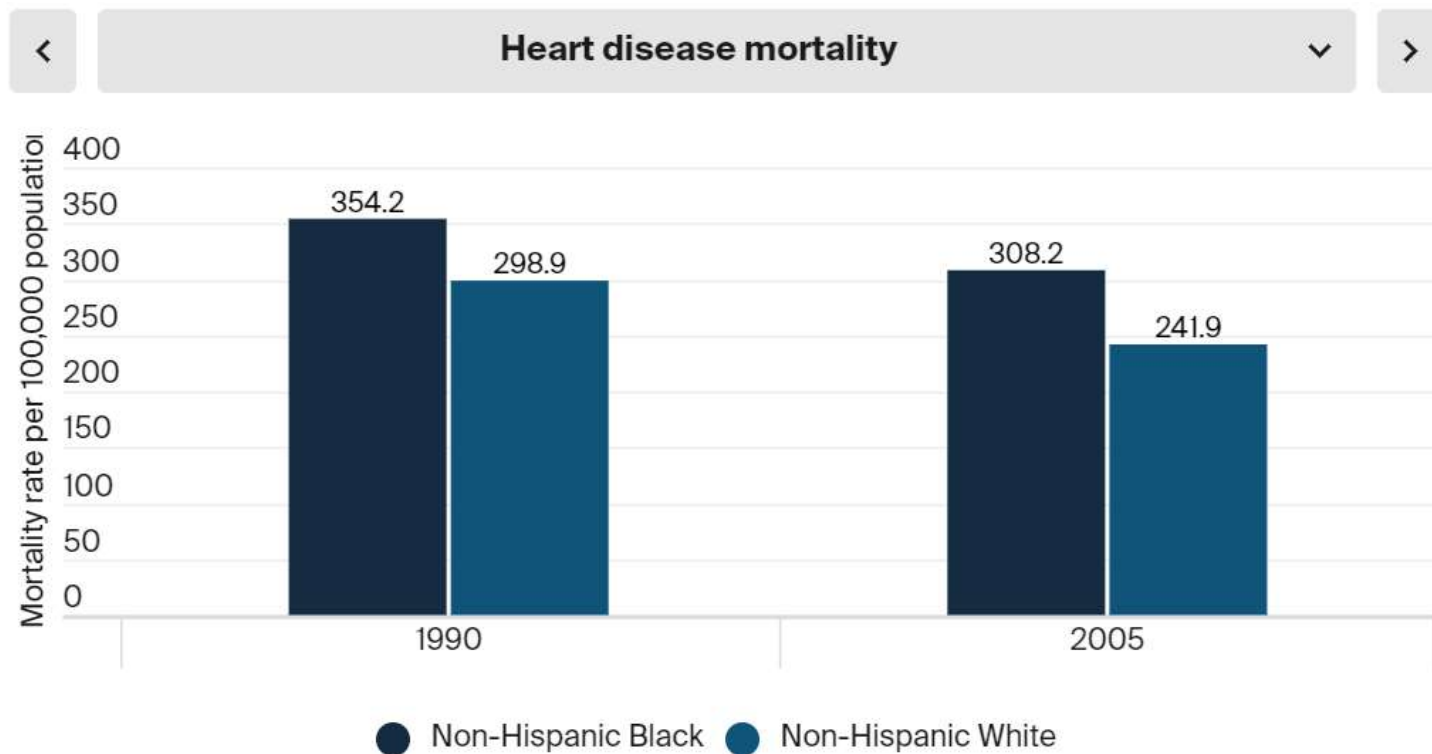● White:White   ● Black:White   ○ Hispanic/Latino:White

Source: CDC data from 2/1/20-6/6/20 and 2018
Census Population Estimates for USA

BROOKINGS

Race gaps in COVID-19 deaths are even bigger than they appear (brookings.edu)

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Disparate health outcomes

Heart disease mortality

Mortality rate per 100,000 population

	1990	2005
Non-Hispanic Black	354.2	308.2
Non-Hispanic White	298.9	241.9

● Non-Hispanic Black ● Non-Hispanic White

Data: Ronald Wyatt et al., *Achieving Health Equity: A Guide for Health Care Organizations* (Institute for Healthcare Improvement, 2016). Based on data from Jennifer M. Orsi, Helen Margellos-Anast, and Steven Whitman, "Black–White Health Disparities in the United States and Chicago: A 15-Year Progress Analysis," *American Journal of Public Health* 100, no. 2 (Feb. 2010): 349–56.

https://www.commonwealthfund.org/publications/2018/sep/focus-reducing-racial-disparities-health-care-confronting-racism

Disparate health outcomes

A black woman is 22% more likely to die from heart disease than a white woman, 71% more likely to perish from cervical cancer, and 243% more likely to die from pregnancy- or childbirth-related causes.

22%

71%

243%

Data: Nina Martin and Renee Montagne, "Nothing Protects Black Women from Dying in Pregnancy and Childbirth," ProPublica, Dec. 17, 2017.

https://www.commonwealthfund.org/publications/2018/sep/focus-reducing-racial-disparities-health-care-confronting-racism

From the literature

African American and Immigrants more likely to receive a psychotic disorder diagnosis
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4274585/

Emergency Medicine physicians less likely to admit Black and Brown people
https://pubmed.ncbi.nlm.nih.gov/32671081/

Asian Americans less likely to receive evaluations and diagnosis for alcohol use disorder
https://www.tandfonline.com/doi/abs/10.1080/15332640.2016.1175990

From the literature

Black patients are undertreated for pain
https://www.pnas.org/content/113/16/4296 (2016)

Women undertreated for pain "Brave Men" and "Emotional Women": A Theory-Guided Literature Review on Gender Bias in Health Care and Gendered Norms towards Patients with Chronic Pain - PubMed (nih.gov)

Dr. Susan Moore *Provided By Alicia Sanders And Rashad Elby*

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From the literature

Latinx, Asian Pacific Islanders, Native Americans, Blacks have much higher prevalence of DM2 compared to White population

Consider:

- Screening guidelines

- Culturally responsive care

- Social determinants of health

- Health literacy of patient and their families

Influence of Race, Ethnicity and Social Determinants of Health on Diabetes Outcomes - ClinicalKey

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From the literature

Language concordance

- more patient education

- better medication adherence

- fewer ER visits

Language and interpreter services underutilized

Patients want a clinician who speaks their language and looks like them

A good review article: [A Systematic Review of the Impact of Patient–Physician Non-English Language Concordance on Quality of Care and Outcomes | SpringerLink](#)

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How do we address these issues?

Equality vs Equity

(Image by Maryam Abdul-Kareem, adapted from the original drawing by Craig Froehle)

Design for those at the margins

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If you are not intentionally including, you are accidentally excluding

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Strategic framework for Equity, Inclusion and Diversity

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Care Delivery

Reduction of disparities
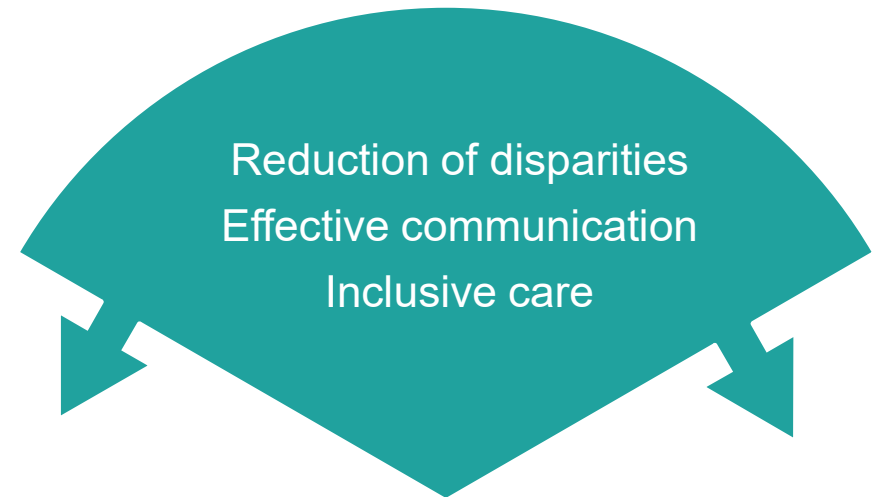
- Centers of excellence

- Outreach

- Community health workers

Effective communication

- Language interpreter and translation

- Health literacy

- Inclusive language

Inclusive care

- Environment

- Equitable access

- Financial health of patients

Reduction of disparities
Effective communication
Inclusive care

Care Delivery: Reduction in disparities

Centers of excellence

- Salud en Español

- Gender Pathways

- Black Center of Excellence

Outreach

- Targeted

- How do we bring the care to the population vs asking them to come to us?

Community health workers

Care Delivery: Effective communication

Language interpreter and translation services

- Do we know what the patient's preferred language is? Written? Spoken?

- Are we consistently using language interpreters?

Heath literacy

- Are we using written and spoken language at the right level to reach patients?

Inclusive Language OHSU Inclusive Language Guide_031521.pdf

Clinician-patient communication

- What matters to you?

- Teach back method—closed loop communication

Care Delivery: Inclusive care

Environment

- Is the physical space welcoming? For all persons of different physical abilities? Of various gender identities?

- Do people see themselves in the artwork/posters/brochures?

Equitable access

- In person

- Telehealth

Financial health of patients

- Cost transparency

- Financial assistance/navigation

Community

Community conditions

- How are you investing in the communities you serve?

- Supplier diversity

Partnerships

- Social service agencies

- Medical–Legal partnerships

Pipeline programs

- What programs do you have in place to foster the next generation of health care professionals?

Improving community conditions

Partnerships

Local pipeline programs

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Community: Resources and partnerships

Social service resource locator "Thrive Local" coordinates referrals to social service agencies in the community

Medical Legal partnerships

I-HELP

- Income: disability
- Housing: evictions **https://www.healthaffairs.org/do/10.1377/hpb20210315.747908/full/**
- Education: Individual Education Plans
- Legal Status: immigration status, emancipated minors
- Personal: domestic violence, custody, record expungement

Community: Investing in the next generation

Pipeline programs

- Middle school: career in health care is possible

- High school and college: paid internships

- Fellowships: paid positions

Medical education

- Pre-professional shadowing programs

- Kaiser Permanente School of Medicine
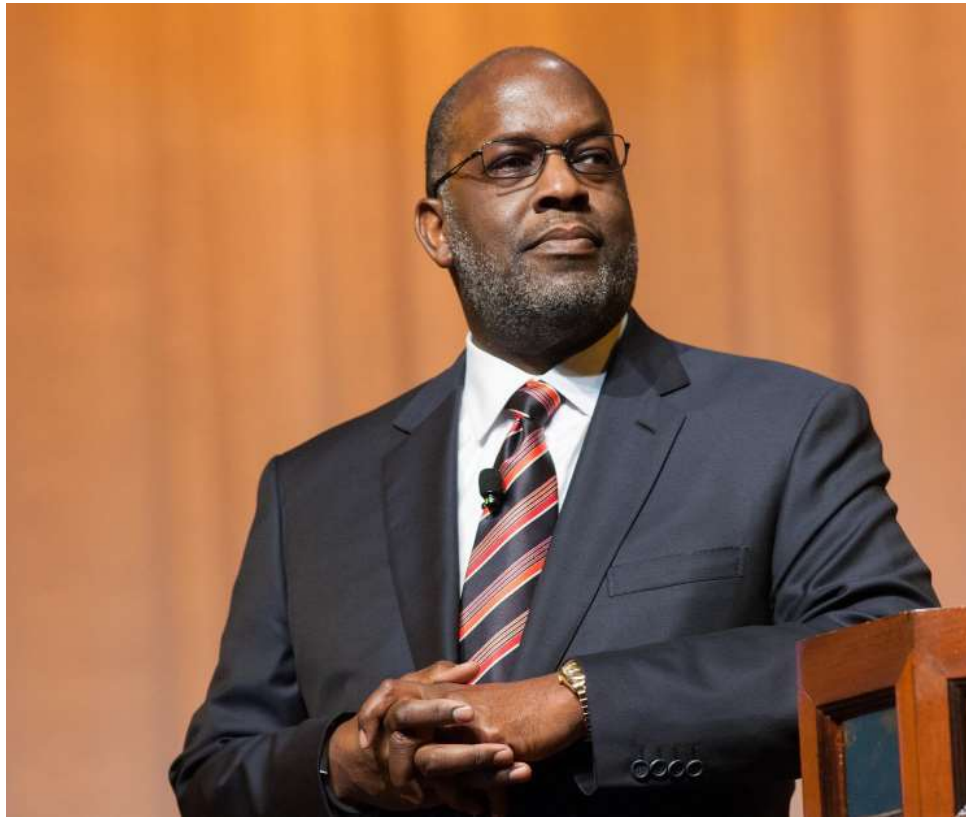
- Scholarships

- Residency training

- Mentoring

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NWP internship program

NWP-OHSU mentoring

Hippocrates Circle program

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Kaiser Permanente Bernard J. Tyson School of Medicine

Kaiser Permanente-OHSU Family Medicine residents at Beaverton

Workplace

Recruiting for diversity

- Sourcing
- Recruiting
- Onboarding and retention

Equitable total rewards

- Benchmarking salaries
- Is all work recognized and valued?

Inclusive culture

- "If you can't measure it, you can't improve it." —Peter Drucker

Recruiting for diversity

Inclusive culture

Equitable benefits and compensation

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Workplace: Recruiting and retention

Recruiting for diversity

- Intentionally sourcing diverse candidates

- Removing barriers in the process: removing questions on application, blinding resumes

Interviewing

- Diverse panel of interviewers

- Asking questions about diversity and inclusion

Onboarding and retention

- Mentoring and sponsoring

- Employee resource groups

kp African American Professional Association
1989

kp LatinX Association
1991

API kp Asian Pacific Islander Association
1990

kp pride
1992

kp Native American Professional Association
2005

kp Veterans Association
2009

gen kp
2010

kp ability
2015

Women Empowered @ kp
2017

kp Armenian Connection
2018

Over 11K employees & physicians are part of a BRG community.

KP Business Resource Groups

Our Philosophy

Equity is critical in Kaiser Permanente's journey to bring high-quality, affordable care and coverage and total health to the people and communities we serve.

Kaiser Permanente's Business Resource Groups (BRGs) bring people from shared life experiences together to foster a **culture of belonging**, **support KP's mission**, and **advance equity, inclusion, and diversity**, in our workforce, care delivery and community. The BRGs co-create experiences and opportunities that reinforce Kaiser Permanente's organizational values and priorities for its workforce, members, and communities.

The BRG Program is expanding our focus on intersectionality - or the way in which different facets of a person's identity combine to create unique life experiences – to more deeply understand how identifying with more than one group shapes our interactions at work and our life experiences.

Workplace: Equitable compensation and benefits

- Benchmarking salaries/evaluating RVU model

- Pay audit

- Job leveling

- Is all work recognized and valued?

Workplace: Inclusive culture

- Surveys

- Psychological safety

  Three Ways to Create Psychological Safety in Health Care by Amy Edmondson in partnership with IHI: https://www.youtube.com/watch?v=jbLjdFqrUNs

- Education

- Leadership accountability

- Opportunities for promotion

  Selection process vs appointments vs promotions

Culture of Equity, Inclusion and Diversity

Culture starts at the top

- What discussions have occurred at your senior leadership/board level or as business owners?

How inclusive is your culture?

Additional resources

For boards and executive leaders:

The Inclusion Imperative for Boards.
https://www2.deloitte.com/us/en/insights/topics/value-of-diversity-and-inclusion/redefining-board-responsibilities-to-support-organizational-inclusion.html

For all leaders:

The Conversation: How Seeking and Speaking the Truth About Racism Can Radically Transform Individuals and Organizations by Robert Livingston

Strategic framework for Equity, Inclusion and Diversity

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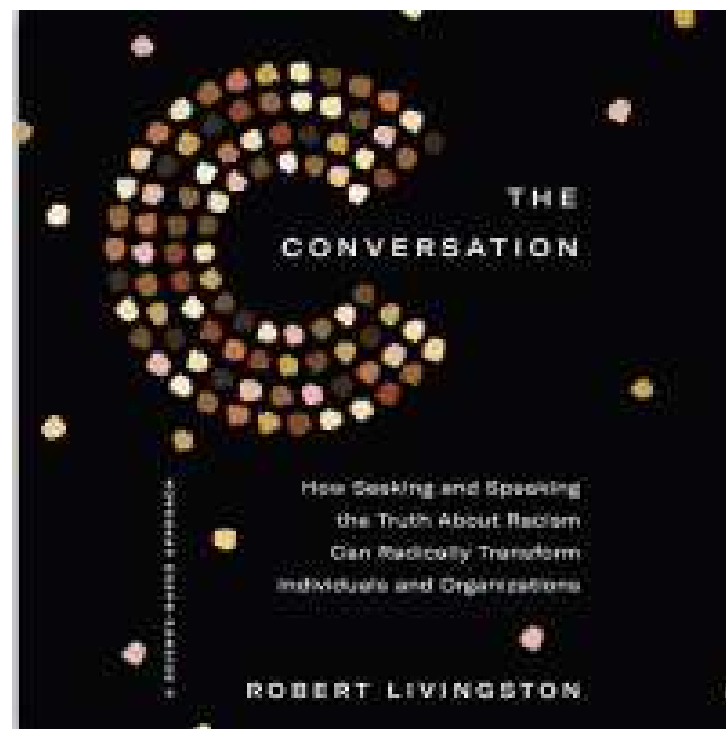
"If I am more fortunate than others, I need to build a longer table, not a higher fence."

--Tamlyn Tomita

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Questions and Comments

Questions for you

What is one concrete step that you will take back to your practice or organization and start to implement?

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Thank you

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