

UCLA Health

Uplifting Black
Health and Wellness

[Watch recording here](#)

[Read Q+A here](#)

FEBRUARY IS

**BLACK
HISTORY
MONTH**

Affirmative Action and Equity in Academia: To Be or Not To Be

Building.Belonging.Becoming.

Keith C. Norris, MD, PhD

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DOM EDI – Who We Are & Potential Conflicts of Interest

Our Team



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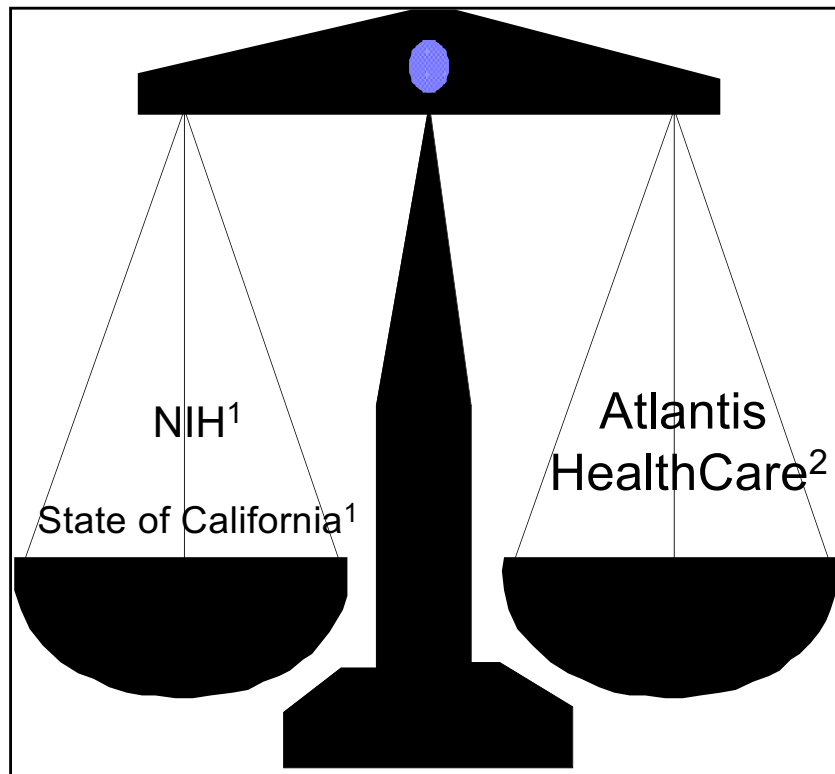
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*Our Personal Biases Based on
our Life Experiences &
Commitment to EDI Principles*

Disclosures/Potential Conflicts of Interest*#



* Activities within the last year

¹Grants

²Consulting (Dialysis Quality Improvement)

I believe in a society grounded in Equity & Justice

I am a proud product of Affirmative Action

Status of Underrepresented Faculty in DOM

UCLA DOM Academic Faculty 2017-19

Hispanic – 3.5%

Black/AA – 2.6%

American Indian/Alaskan Native - <1%

Others?

AAMC Academic Faculty 2018

Hispanic – 3.2%

Black/AA – 3.6%

American Indian/Alaskan Native – 0.2%

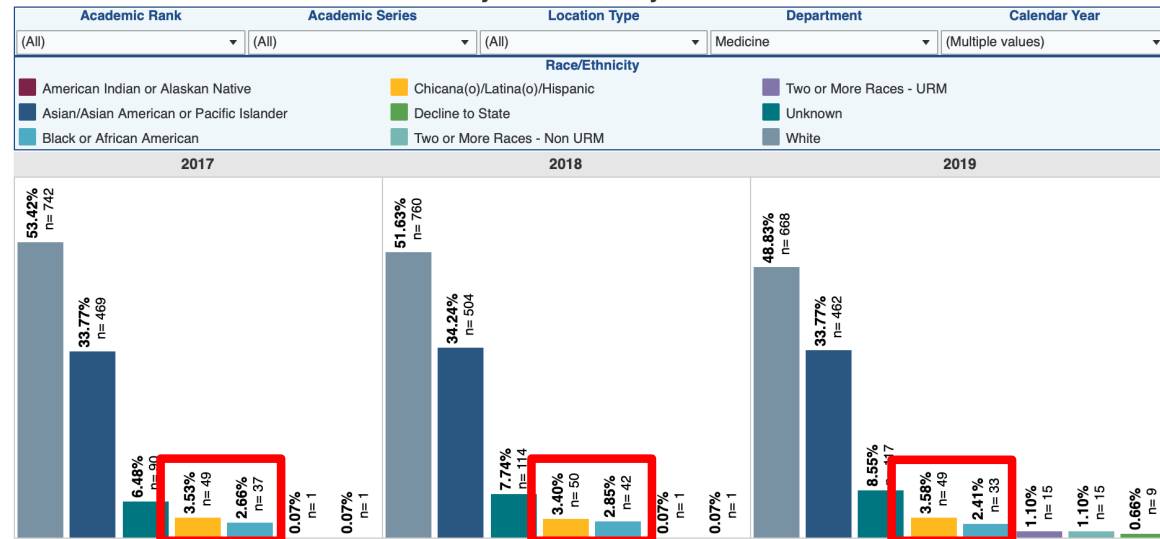
Los Angeles/US Population

Hispanic – 48%/19.5%

Black/AA – 9%/12%

American Indian/Alaskan Native – <2%

Faculty Race/Ethnicity Overview



What Might be Some Possible goals for Promoting EDI at UCLA Department of Medicine

- **Having a workplace that is:**
 - up to six times more likely to be innovative?
 - twice as likely to exceed its goals?
 - employees twice as likely to stay?
- **Known nationally to:**
 - have an inclusive workplace that makes every person feel valued and respected?
 - provide the highest quality care to all persons from a wide array of individual identities?

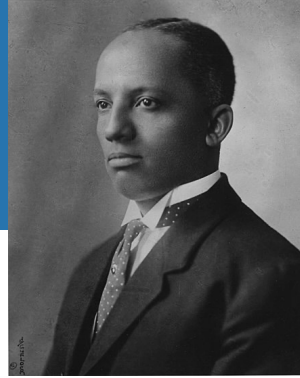
If so, understanding the role of Equity, Diversity & Inclusion should be of interest!

Objectives

- The Origin of Black History Month
- The History of Black Americans in both Health Disparities and Affirmative Action
- Affirmative Action: What, Why, How or not at all, including an overview of key Supreme Court Cases
- Dept of Medicine EDI Office reflections on Affirmative Action and its role in Equity: A Way Forward


Black History Month

- **Black History Month** - First proposed by Black educators and the Black United Students at Kent State University in February 1969
- **Negro History Week** - in 1926 by historian Carter G. Woodson & the Association for the Study of African American Life and History
 - **Second week of Feb:** birthday of Abraham Lincoln and Frederick Douglass
 - Woodson (parents were enslaved in the US & was the second Black American to get a PhD from Harvard (1912) following W.E.B. Dubois (1895))



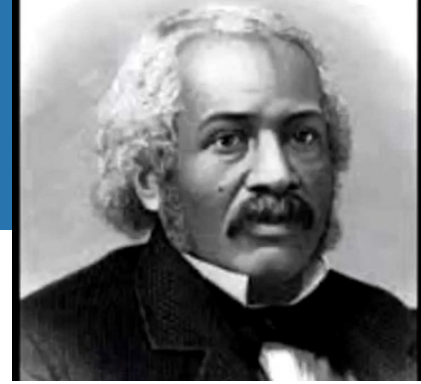
Carter G. Woodson

**Woodson: It is not so much a Negro History Week as it is a History Week.
We should emphasize not Negro History, but the Negro in History.
What we need is not a history of selected races or nations, but the history
of the world void of national bias, race hatred and religious prejudice.**



The History of Black Americans related to both Health Disparities and Affirmative Action

James McCune Smith - first Black American physician to obtain a medical degree, Univ. Glasgow in Scotland (1837)



A leading voice for the health of Black Americans
in the mid-1800's

He argued “the health of the person was not primarily a consequence of their innate constitution, but instead reflected their membership in groups created by a race structured society”

James McCune Smith Learning Hub
Univ. Glasgow in Scotland



Affirmative Action Insights From Reconstruction

1840-62: “**citizens**” mostly given > **160 million acres of land** & land grant colleges

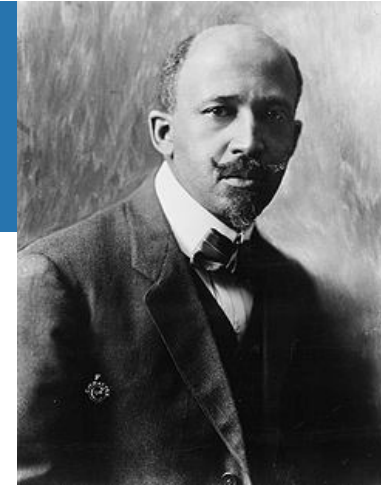
- 1865: General Sherman - Special Field Orders No. 15, to allot Black American families a plot up to 40 acres (**0.4 million acres total**) and the army to lend mules (**40 acres and a mule**)
- Freedmen's Bureau Bill (aid former slaves through oversight of food and housing, education, health care, employment contracts –SDoH)
 - Southern Senators: these **Affirmative Actions were race-based**, did not include equal support for White citizens - “**reverse discrimination**” – President Andrew Johnson cancelled

Other Post Reconstruction Actions

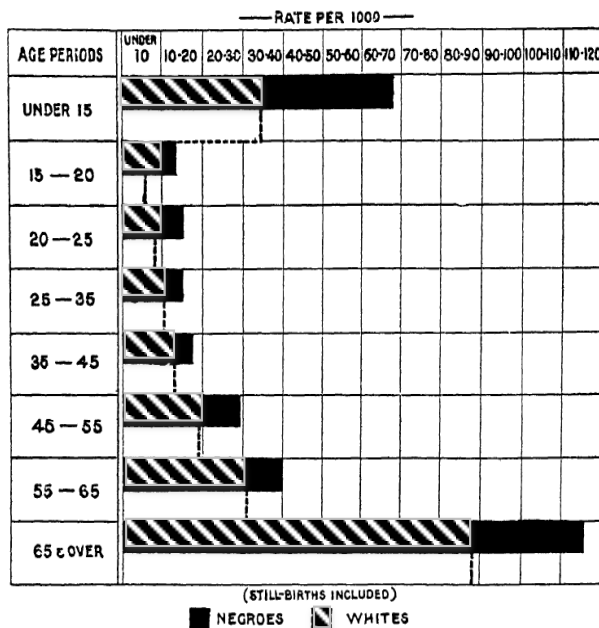
Dred Scott v. Sandford, 60 U.S. (19 How.) 393 (1857)

- Citizenship did not extend to people of Black African descent
- Civil Rights Act of 1866– **redefined Black Americans as citizens**
 - In response, Southern legislatures passed "**Black Codes/Jim Crow laws**", preventing Black people from owning/leasing land, and many more repressive State discriminatory laws and practices lasting 100 years
 - The fortunate went from Slavery to second class citizen
 - The unfortunate went from Slavery to Sharecropping
- 1896 - Plessy v. Ferguson: Supreme Court ruled in **support of state-sponsored segregation – affirming limited rights of Black Americans**

W.E.B Du Bois - sociologist, civil rights activist, and first Black American to earn a doctorate at Harvard (1895)



DEATH RATE OF PHILADELPHIA BY AGE PERIODS, FOR 1890.



Found **racial differences in mortality** in Philadelphia were **explained by social factors** (e.g., economic, sanitation, education) and not innate racial traits or tendencies.

- Documented structurally racist policies, actions, and beliefs led to **discrimination, oppression, and more contributing to structural poverty and increased levels of despair, disease, and death**

Drs. Smith and Dubois are considered by many to be two of the early pioneers in laying the foundation for future work clarifying structural racism & SDoH rather than race as the cause of health disparities.

How Relevant are Health Disparities >100 years later?



If longevity of marginalized groups
(driven by African Americans) =
White peers there would be > **80,000**
fewer deaths/year

220 FEWER DEATHS/DAY

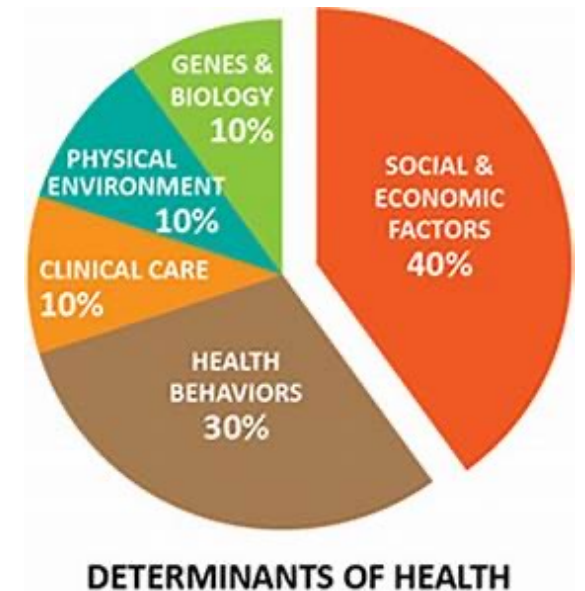
Estimated U.S. Economic

\$230
BILLION

projected economic
gain per year if health
disparities eliminated
by 2050

How does this relate to EDI and Medicine:

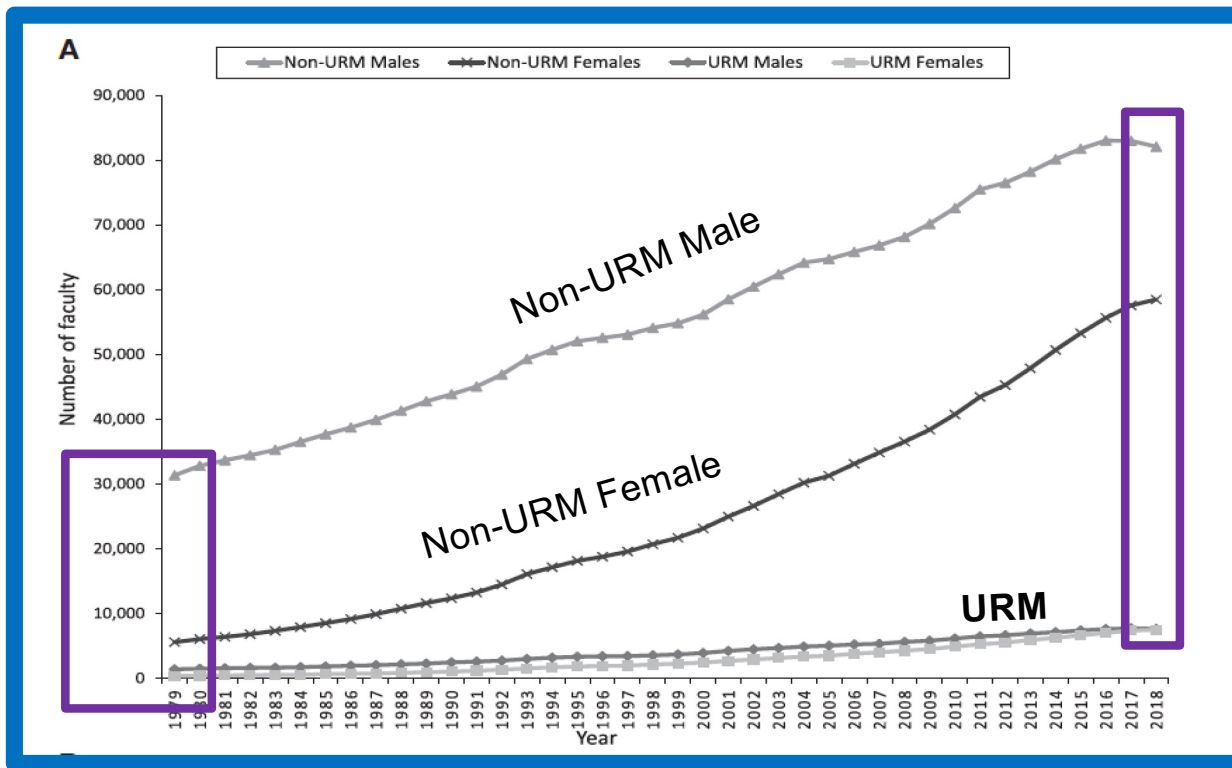
- The delivery of healthcare and achieving optimal health outcomes as we know it is fundamentally *transforming*, with greater emphasis on:
 - Patient-centeredness
 - Health and wellness promotion
 - Population health and community engagement (SDoH)
 - Reducing Health Disparities
 - Striving for Health Equity: When everyone can attain their full potential for health and well-being.
 - **A workforce that reflects the population**





Factors Associated with Representation in Medicine

Full-Time Faculty in Clinical Departments by Sex and Underrepresented in Medicine (Similar for Full-Time Faculty in Basic Science Departments)



15 years after the civil rights bill

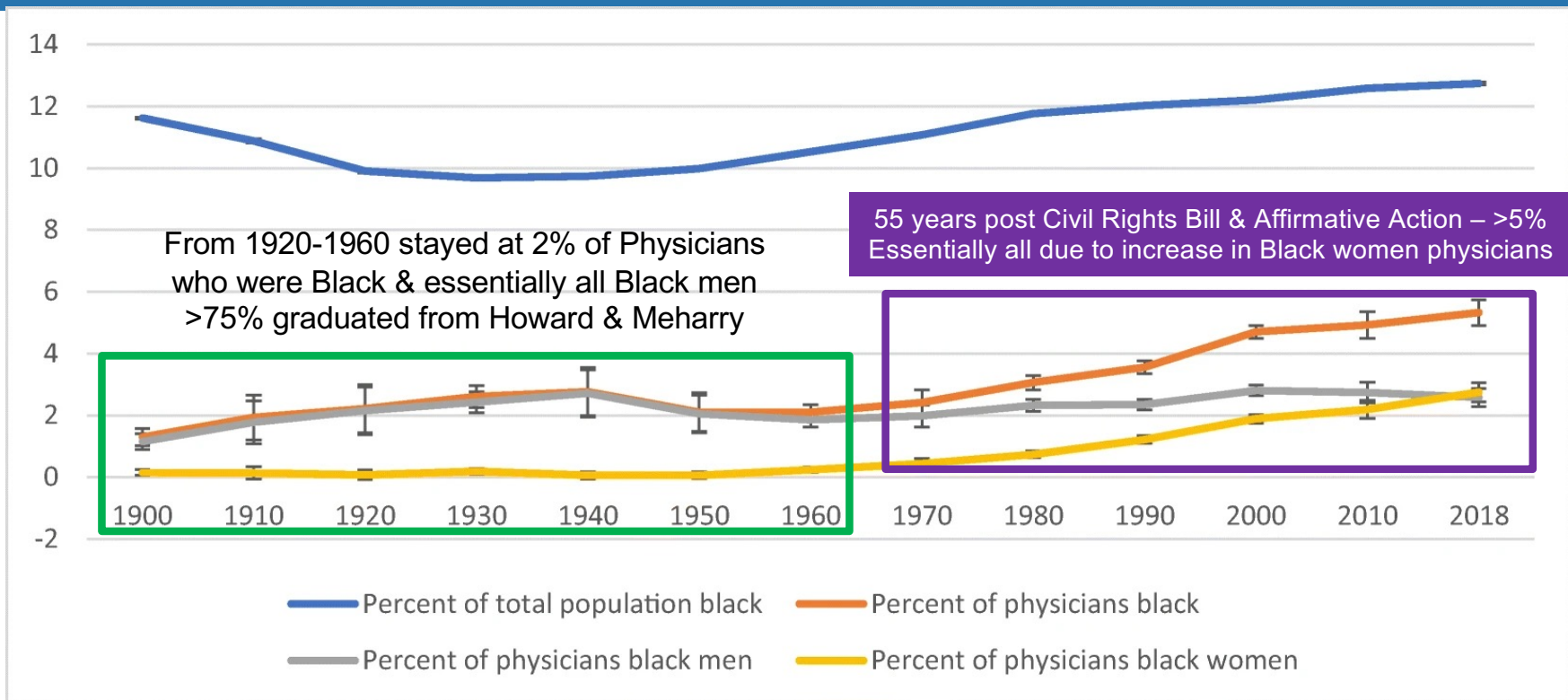
Almost no diversity

Essentially the same for Full-Time Faculty in Basic Departments

55 years after the civil rights bill

More diversity but little equity for URM

% physicians & total population in the USA who are Black, 1900–2018



Income and Representation

What We Know

- >50% first year medical students - from families with top quintile household income (> \$121,019/yr).
- **25% - from families in the top 5% income level (> \$225,251/year).**
- **25% - private high schools**

Family Income of Entering Medical Students

> \$225,251 (Top 5%)

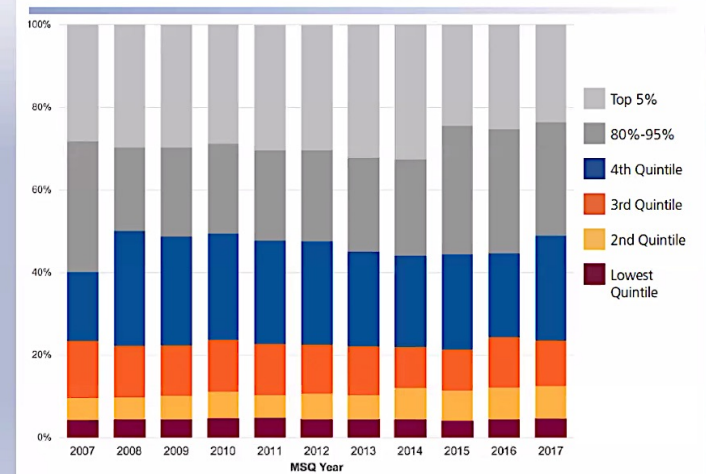
\$121,019 - \$225,251

\$74,870 - \$121,018

\$45,601 - \$74,869

\$24,003 - \$45,600


\$1,000 - \$24,002



Source: Matriculating Student Questionnaire 2007-17.

Figure 1. Parental income of first-year U.S. medical students by quintiles of U.S. household income, MSQ years 2007-17.

- Are ½ of the most innately talented students in medicine/science born into families in the top quintile?
- Are ¼ of the most innately talented students in medicine/science born into families in top 5% income?
- **Or do these students represent the most highly resourced in the country (some who may be highly talented in medicine/science)???**

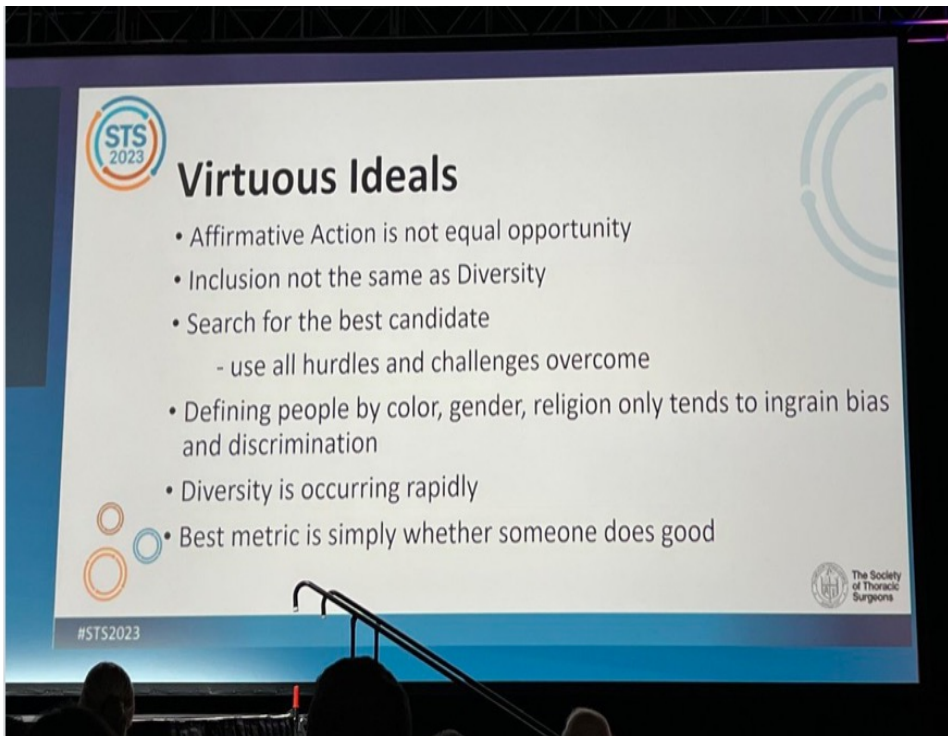


Affirmative Action:
**In the news and an overview of Key
Supreme Court Cases**

What is Affirmative Action?

- A set of procedures designed to: i) eliminate unlawful discrimination among applicants, ii) remedy the results of such prior and ongoing discrimination, and iii) prevent such future discrimination.
 - Has been contentious from its inception (~1860s and reintroduced ~1960s).
- Today, it generally supports racial, ethnic, and religious minorities; women; people with disabilities; LGBTQ+ individuals; some veterans.
- **To Act Affirmatively to remedy results of prior and ongoing racial discrimination**
 - **it was not designed to equally treat groups of people made unequal**

President of the Society of Thoracic Surgeons outgoing address Jan 26, 2023 – What can we learn?



1. **Affirmative action: combat discriminatory barriers that prevent equal opportunity from yielding reasonable results**
2. Inclusion is action: how well the contributions, presence and perspectives of different *groups* of people are valued, respected and integrated into an environment. Diversity is *#s*
3. **Search for the best candidate- use all hurdles & challenges overcome (yes and done by holistic review)**
4. People are who they are – but do not define them by biased stereotypes of their differentiating identity
5. In Society, yes – other spaces varies
6. Could be: Who decides? A universal “good”?

Students for Fair Admissions, Inc. v. President & Fellows of Harvard College (2023)

- Argues Harvard admissions system discriminates against Asian American applicants.
- “Violates a clause in the Fourteenth Amendment of the US Constitution (1868) prohibiting states from denying anyone equal protection of the law, as well as the Civil Rights Act of 1964”

Supreme Court leans toward ending affirmative action in college admissions

The court's conservative majority could prohibit consideration of race in admissions, a policy that colleges and universities say is essential to ensure diversity on campus.



- Some condemn as antithetical to racial equality & prevents getting “best & brightest
- Others strongly support it as being vital to overcome institutionalized biases

Supreme Court will examine 2 main points

- 1) Is there a compelling interest in pursuing a holistic admissions policy
- 2) The policy must be narrowly tailored to achieve the result
 - E.g. have race-neutral alternatives been pursued to yield more inclusion of oppressed underrepresented groups (SES, geographical areas, others)

Steps Toward Unbiased Participation in U.S. Education



[Brown v. Board of Education, 374 U.S. 483 \(1954\)](#)

- Supreme Court case declared state laws establishing separate public schools for Black and White students unconstitutional.

[Regents of the University of California v. Bakke, 438 U.S. 265 \(1978\)](#)

- Argued by reserving 16 of 100 spots for minority students in each entering class at UC Davis Medical School violated the 1964 Civil Rights Act by using a “racial quota (**race-based**) system”

The main legal takeaway: “race could be used as a narrowly tailored factor in admissions policies, but racial quotas cannot be used.”

Proposition 209 – 1997 (election amendment)

- **November 5, 1996 election, Californians voted 54% to 46% to amend the California Constitution through an initiative (known as Proposition 209, or the California Civil Rights Initiative).**
 - *The State shall not discriminate against, or grant preferential treatment to, any individual or group on the basis of race, sex, color, ethnicity, or national origin in the operation of public employment, public education, or public contracting.*

The main legal takeaway: “In CA race can not be used, even as a narrowly tailored factor in admissions policies.”

Gratz v. Bollinger et al., 539 U.S. 244 (2003) & Grutter v. Bollinger et al., 539 U.S. 306 (2003)

- Gratz: The Supreme Court held that the University of Michigan's Undergraduate Admissions Office **could not use the points-based system for race in its admission process.**
 - URM received 20 points in a system that required 100 points for admittance
- Grutter: By contrast, it upheld the U of M Law School **could continue to use race as one of a number of factors.**
 - *Race could not automatically result in acceptance or rejection*

This has been the foundational legal precedent for Holistic Review - race as one of a number of factors (race-conscious) & not race-based

Fisher v. University of Texas, 579 U.S. (2016)

- In 2008, UT Austin automatically offered admission to the top 10% HS graduates
- She was not in the top 10% so was in the open pool
- Using a holistic review process 5 minority students with lower grades & SAT scores than her got into UT Austin. She claimed she was discriminated against by “affirmative action” with “minority” students taking her position and filed a lawsuit

5 “minority” students with lesser academic achievement got in. She sued.

However, 42 White students with lesser academic achievement got in. Irrelevant. So it was not about the policy, only about race/ethnicity.

Supreme Court upheld UT could use race as one of many factors in the holistic review process: **race-conscious and not a race-based admissions policy.**

Factors: SAT, GPA, essay, leadership and work experience, extracurricular activities, community service, and other “special characteristics” such as race, gender, SES, quality of high school, and others that might give the admissions committee insight into a student’s background

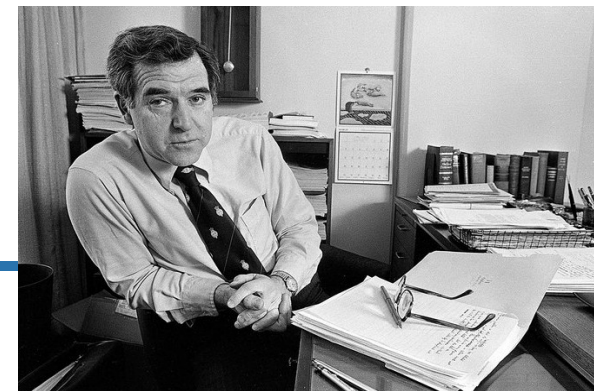


Do we still need to act Affirmatively to End Discrimination in Education and Employment?

Minority Medical School Admissions

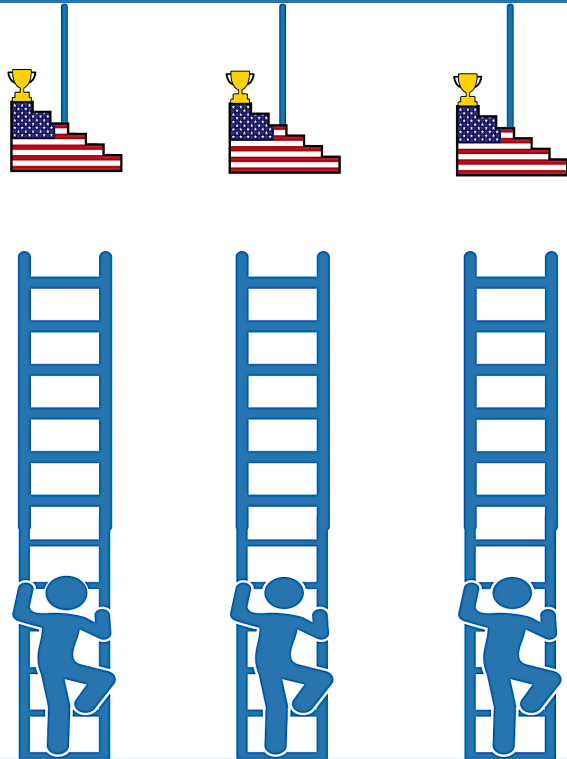
- The legal and philosophical subtleties of "quotas," "goals," "reverse discrimination," etc. have been exhaustively explored.
 - The problem is not to be resolved merely by tinkering with admissions policies.
- The ***social, economic and cultural problems*** that are responsible for the under-representation of minorities in medical schools cannot be solved by the courts.
 - **We need to look to the educational handicaps faced by poor & minority children in this country today.**

(Arnold S. Relman, M.D. – NEJM 1977)



Towards Achieving Equity and Justice to Increase Diversity & Eliminate Disparities

1. **Equality**
imagines a world
that is fair.

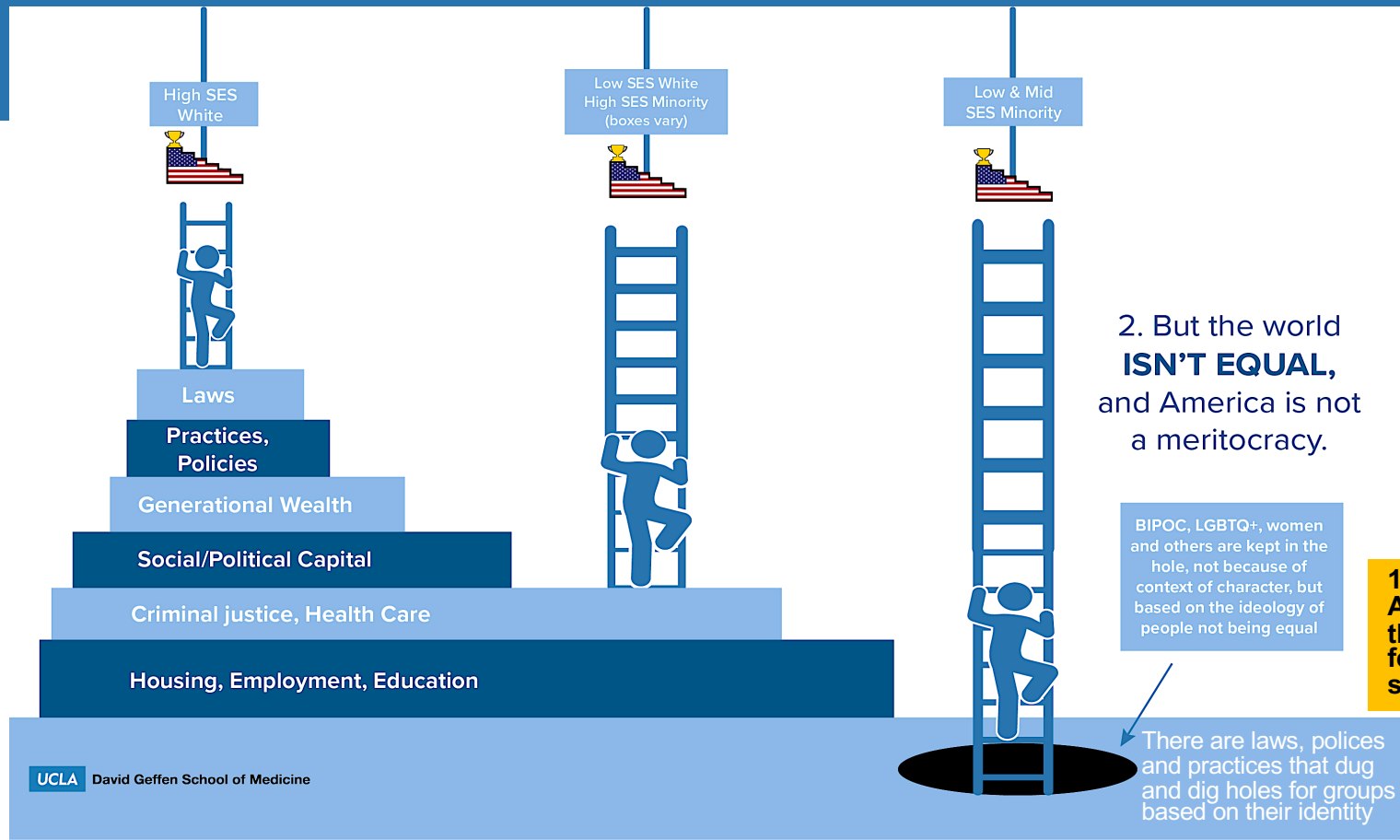


America has a **powerful** narrative—that it is a true meritocracy.

We hold these Truths to be self-evident that all Men are created equal, that they are endowed by their Creator with certain unalienable Rights that among these are Life, Liberty, and the Pursuit of Happiness.

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There are not Equal Opportunities & Resources for All



A few examples of ongoing system level racial and ethnic based inequities

- **Education (K-12 Public)** – on average a Non-White School district gets \$2200/student/yr less (84%) than a White School district (\$23B/yr)
 - Low-income White School district >\$1400/student/yr more than low-income Black School district.
 - Top 10% talent in schools with few or no AP courses – lower grades and test scores despite >talent/potential
- **Criminal Justice**
 - Black & Hispanic offenders face significantly greater odds of incarceration and longer sentences (~20%) than similarly situated (for offense and priors) White offenders in many jurisdictions
- **Employment**
 - Men - 50% more likely to get a call back than women with the same resume
 - Young White job applicants 50% more likely to get a call back than Black or Hispanic, despite felony cocaine conviction
- **Finance**
 - Flitter E. The White Wall: How Big Finance Bankrupts Black America; 3x more likely to be audited by IRS
- **Housing:** Disparate treatment of home buyers
 - 2019 – Discrimination against 19% of cases for Asian testers, 39% for Hispanic testers, 49% for Black testers
 - Oct 2022 – Three Washington, D.C.-based real estate firms fined \$10 million civil penalty for housing discrimination
 - Jan 2023 – DOJ: \$31M settlement with City National Bank (LA) for redlining and housing discrimination 2017-2020

Original Investigation | Equity, Diversity, and Inclusion

Analysis by Gender and Race and Ethnicity of Reviewers and Awardees for Intramural Research Funding in the Veterans Health Administration

Taylor L. Boyer, MPH; Utibe R. Essien, MD, MPH; Terrence M. A. Litam, MHA; Leslie R. M. Hausmann, PhD; Katie J. Suda, PharmD, MS

With female representation women were 5.2 times more likely to be funded

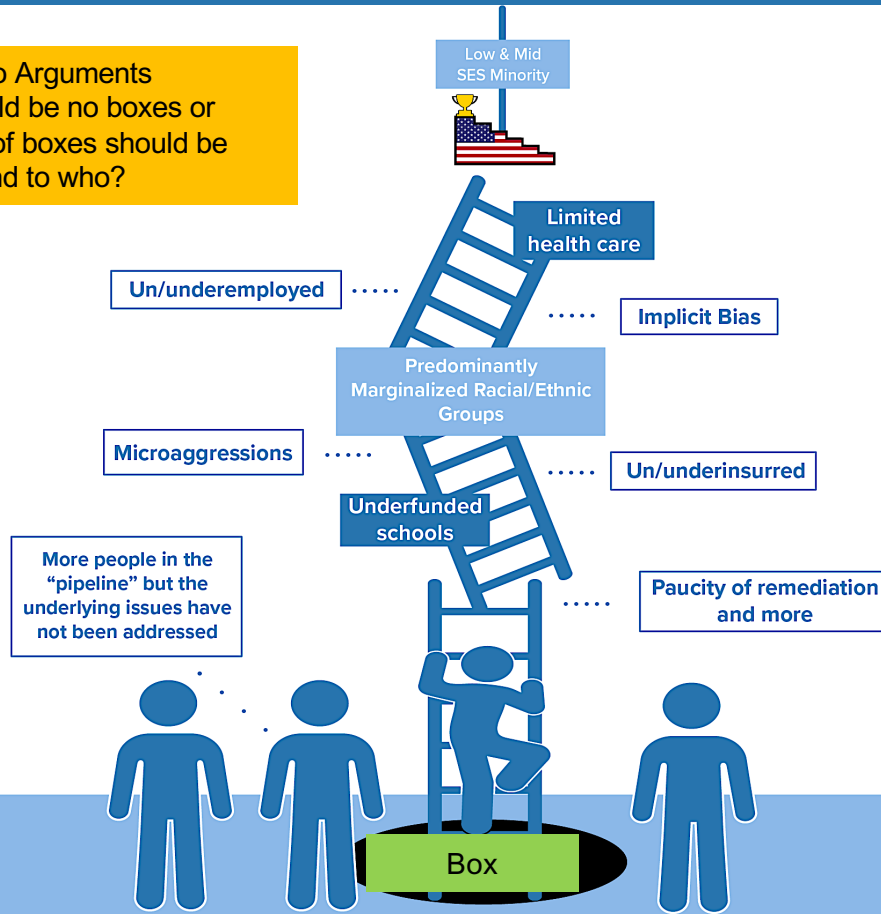
With URM representation racial & ethnic minority applicants were 3.1 times more likely to be funded

VA study sections comparing the highest vs. lowest proportion of women (by quartile) the highest proportion vs. bottom 50th percentile of racial and ethnic minority individuals

Towards Achieving Equity and Justice to Eliminate Disparities

Two Arguments

1. There should be no boxes or
2. What type of boxes should be provided and to who?



3. And it has

- Affirmative action uses established practices to avert or overcome discrimination
- It gives a handful of people from discriminated & oppressed groups a box - if they make it out of the hole
- Likely be needed until the hole is filled and the ladder is fixed

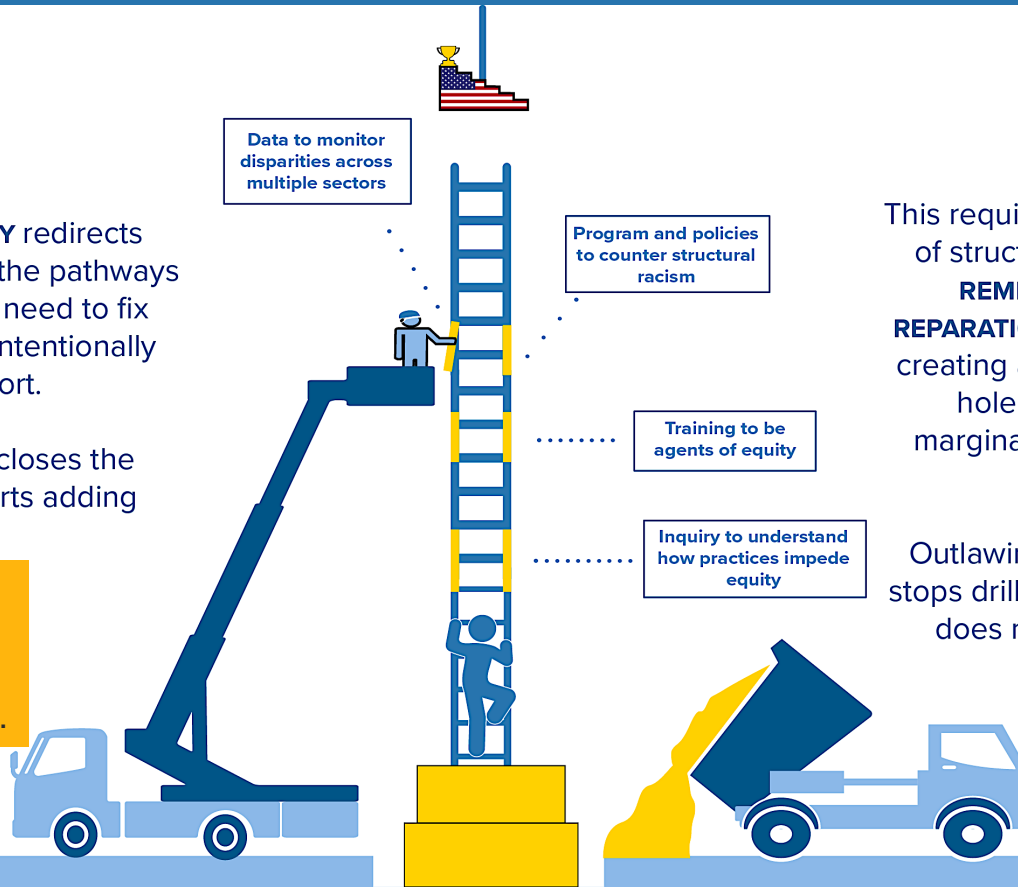
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Towards Achieving Equity and Justice to Increase Diversity & Eliminate Disparities

5. True **EQUITY** redirects resources to the pathways with greatest need to fix barriers and intentionally provide support.

And **JUSTICE** closes the holes and starts adding some boxes.

in 2003 Supreme Court's UM ruling - estimated affirmative action would no longer be needed after 25 years, but.....



This requires the elimination of structural racism, and **REMEDICATION** and **REPARATIONS** to move from creating and maintaining a hole to making all marginalized Americans whole.

Outlawing discrimination stops drilling the hole, but it does not fill the hole.

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Possible Impact of Affirmative Action Bans

Medical School Admissions: Eight states have banned the use of related programs in public sector hiring and college admissions. What Happened? In 5 yrs fell by ~6%

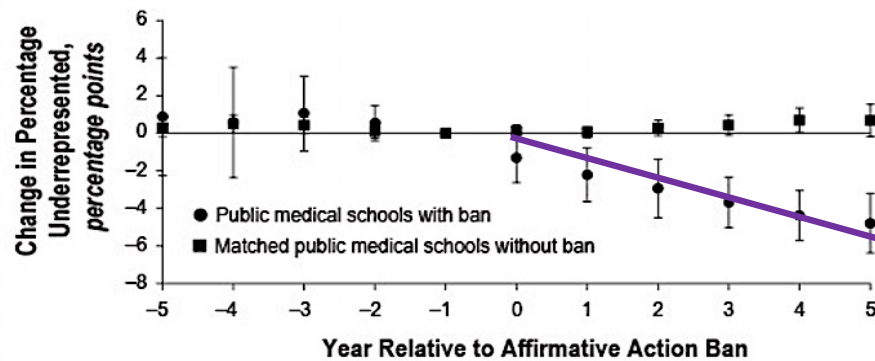
1. Inadequate representation among students and faculty of the diversity in US society may impede quality medical education;
2. Reduced trust & access to health care for underserved populations;
3. Research teams with less diversity tend to have fewer innovations;
4. Health care organizations with less diversity tend to have lower performance.

State affirmative action bans were associated with significant reductions in % students in U.S. public medical schools from underrepresented racial and ethnic groups



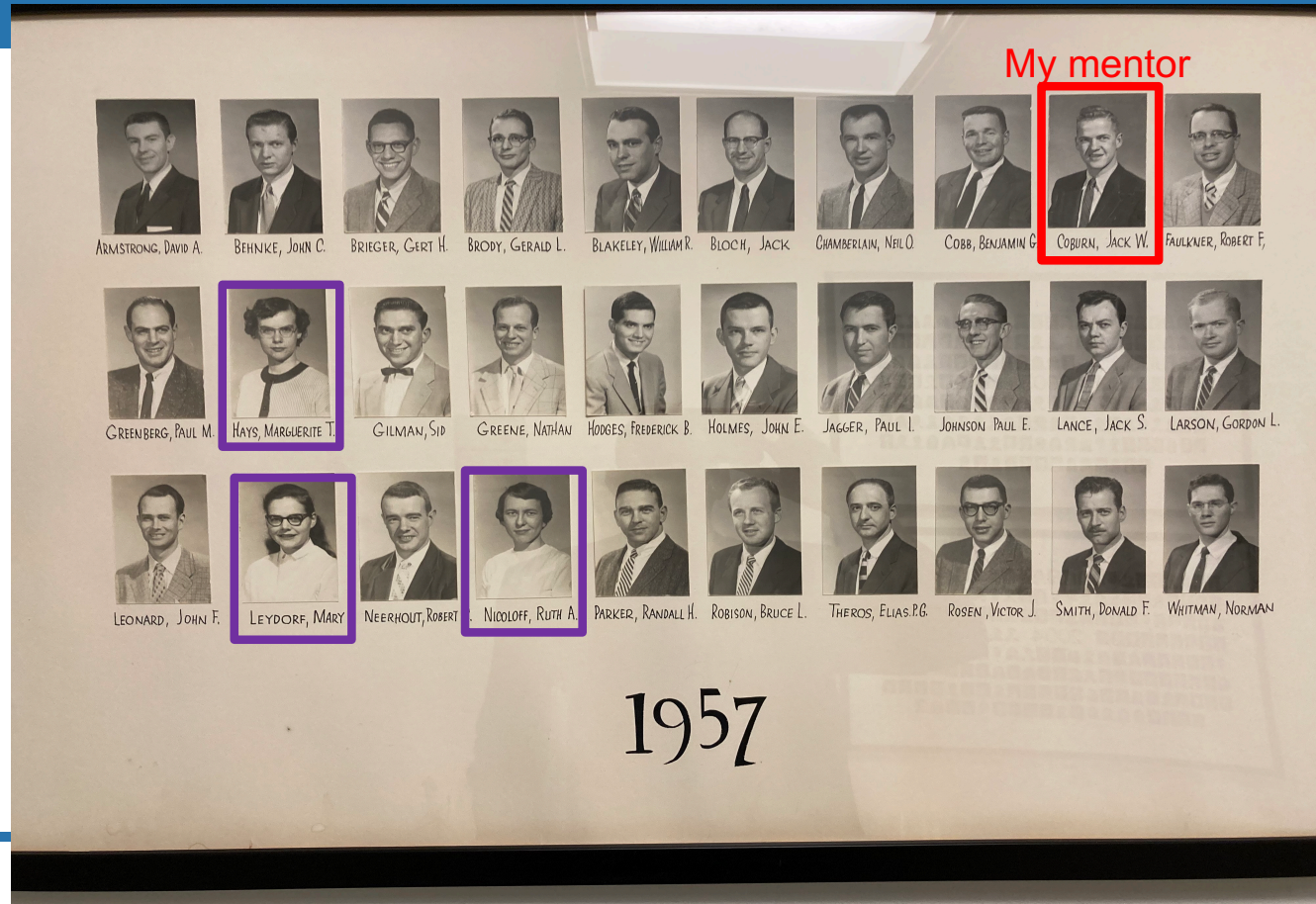
US public medical schools
1985–2019

21 in 8 states with affirmative
action bans
matched to
32 in 24 states without affirmative
action bans



Ly DP, Essien UR, Olenski AR, Jena AB. Affirmative Action Bans and Enrollment of Students From Underrepresented Racial and Ethnic Groups in U.S. Public Medical Schools. *Ann Intern Med.* 2022 May 3.

UCLA Medical School – Pre-Civil Rights Bill



Combined classes
of 1957/1958

77 students
3 females
3 racial/ethnic
minorities (Asian
by surname)
? Religious
minorities



UCLA Medical School class picture 1969 - post Civil Rights Bill, No Affirmative Action



70 students; 3 females
4 racial/ethnic
minorities (Asian by
surname)

The equal opportunity
existed via the Civil Rights
Bill - but there was no
action element to go from
opportunity to results

Late 1960s campus uprisings & other Affirmative Action pushes



Cornell University

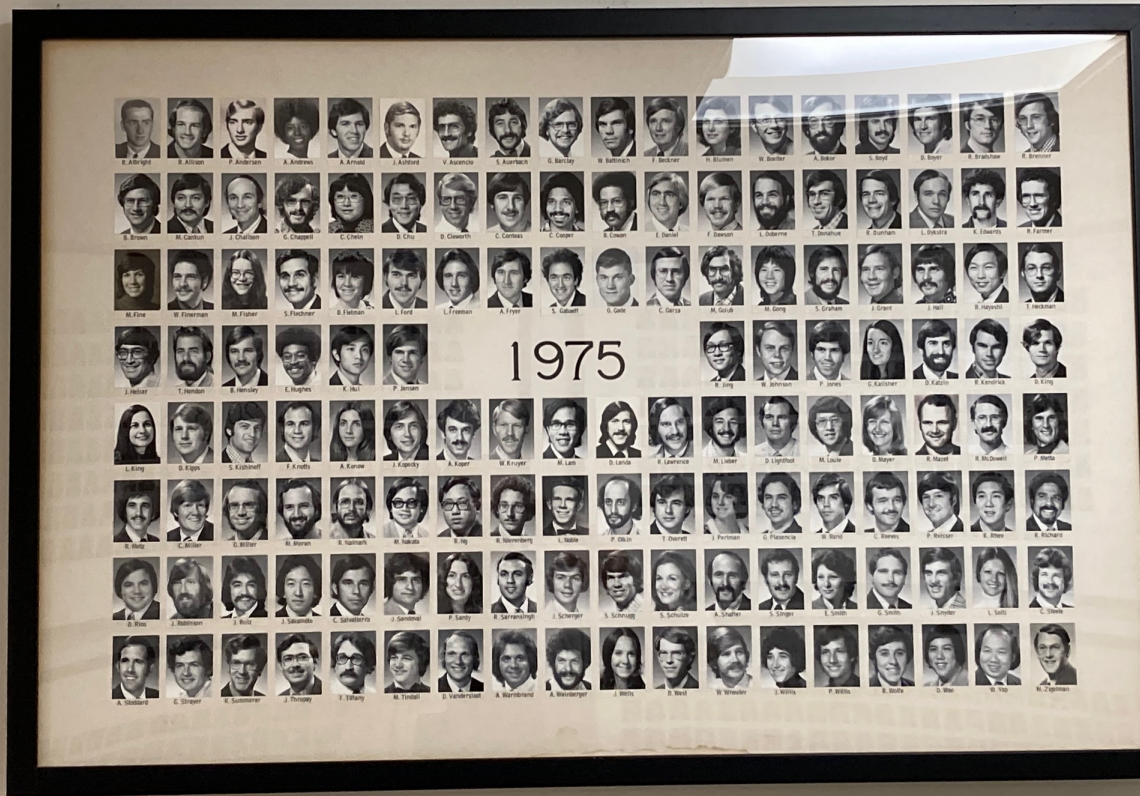


San Francisco State University



1968 - Association of American Medical Colleges (AAMC) recommends that “medical schools must admit increased numbers of students from geographical areas, economic backgrounds and ethnic groups that are now inadequately represented.”

UCLA class that started ~7 yrs after Civil Rights Bill



139 students; 17 females
22 racial/ethnic minorities (13
Asian, 6 Black, 3 Hispanic)

The opportunity via the
Civil Rights Bill & a push
from affirmative action
- URM Matriculants rose
from <2% in 1965 to ~8%
in 1971

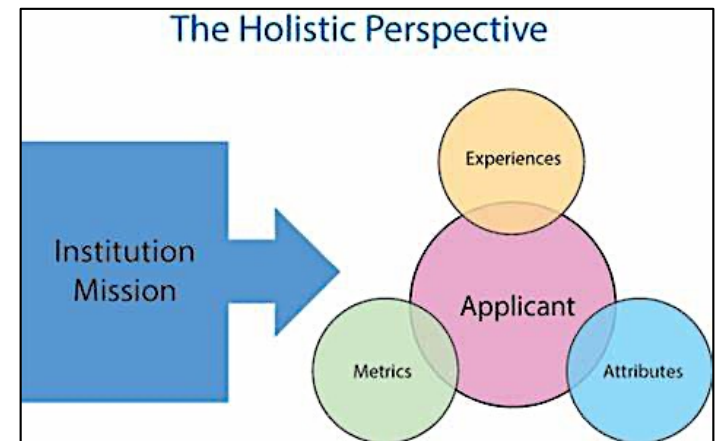


A Way Forward

DOM EDI & Holistic Review

- I believe Holistic Review with race (a latent, unordered variable) as one of many factors, any other personal identities, socio-economic background, leadership and work experience, extracurricular activities, community service, distance travelled and more in addition to academic accomplishments

- Methodologically appropriate use of race as a variable (unordered, latent, social construct – associated with but not directly related to anything)
 - No assigning points by race (no race modifiers in formulas)
- Similar to Holistic review we use race as one of many factors in social history to help inform patient care
 - **We do not treat based on race, but** we also don't dismiss a person's identity (race-blind/neutral) – e.g. "I don't see color"



Standardized Scores and Grades – Part of Holistic Review

- **MCAT** scores (all permutations) (n=340) were **weakly associated with GPA, Step 2 clinical knowledge scores, and Step 3 scores & weakly to moderately associated with Step 1 scores.**
- MCAT scores were not significantly associated with:
 - Overall Step 2 **clinical skills**: or Integrated **Clinical Encounter** and **Communication and Interpersonal Skills** subscores,
 - Objective **Structured Clinical Examination** performance or
 - PGY-1 **program director evaluations.**

Performance on a standardized test is a good predictor of performance on future standardized tests, but does not predict future physician clinical assessments

NFL & Best Metrics

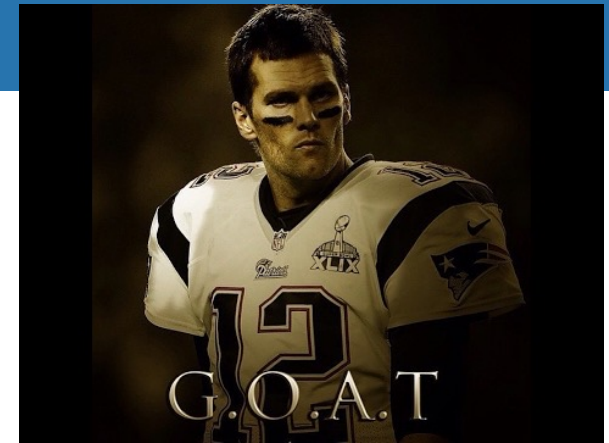
NFL Quarterback Combine Metrics

Drill	Time/ measurement	% among Position
40-yard dash	5.28 seconds	0.7
Vertical	24.5 inches	2.9
20-yard shuttle	4.38 seconds	45.3

Metrics – not good; Below the 50% percentile

"Poor build ... Skinny ... Lacks great physical stature and strength ... Lacks mobility and ability to avoid the rush ... Lacks a really strong arm ... Can't drive the ball downfield ... Does not throw a really tight spiral ... System-type player who can get exposed if forced to ad lib ... Gets knocked down easily."

Metrics said he was not that capable
Fortunately some teams used Holistic review
Sixth round draft choice



Intangible Other Factors

Did well in tough situations. He looked like he belonged in pro football. He had good delivery mechanics. He was slow-footed, but he played the game faster than he ran. He looked like a team leader on the field, a decision-maker, and his ability to get the guys around him to play hard jumped off the tape.



Affirmative Action

To be or not be?

Affirmative Action & the Supreme Court

Supreme Court will look closely at:

- 1) Is there a compelling interest in pursuing a holistic admissions policy
- 2) The policy must be narrowly tailored to achieve the result
 - Have race-neutral alternatives been pursued (e.g. SES, geography)

What compelling interest might UCLA DOM have in EDI ?

- ... welcoming/inclusive departmental climate can **increase faculty retention**, particularly for female faculty and faculty of color?
 - The average cost of losing/replacing a faculty member in a department of medicine **exceeds \$400,000?**
- ... both male and female faculty in departments with good climate **write more papers** and **bring in more grant dollars?**
- ... women in more supportive climates experience **lower levels of work-to-family conflict**, even when working 70 hours per week?

Have race-neutral alternatives been pursued ?

SES, census tract, ?????

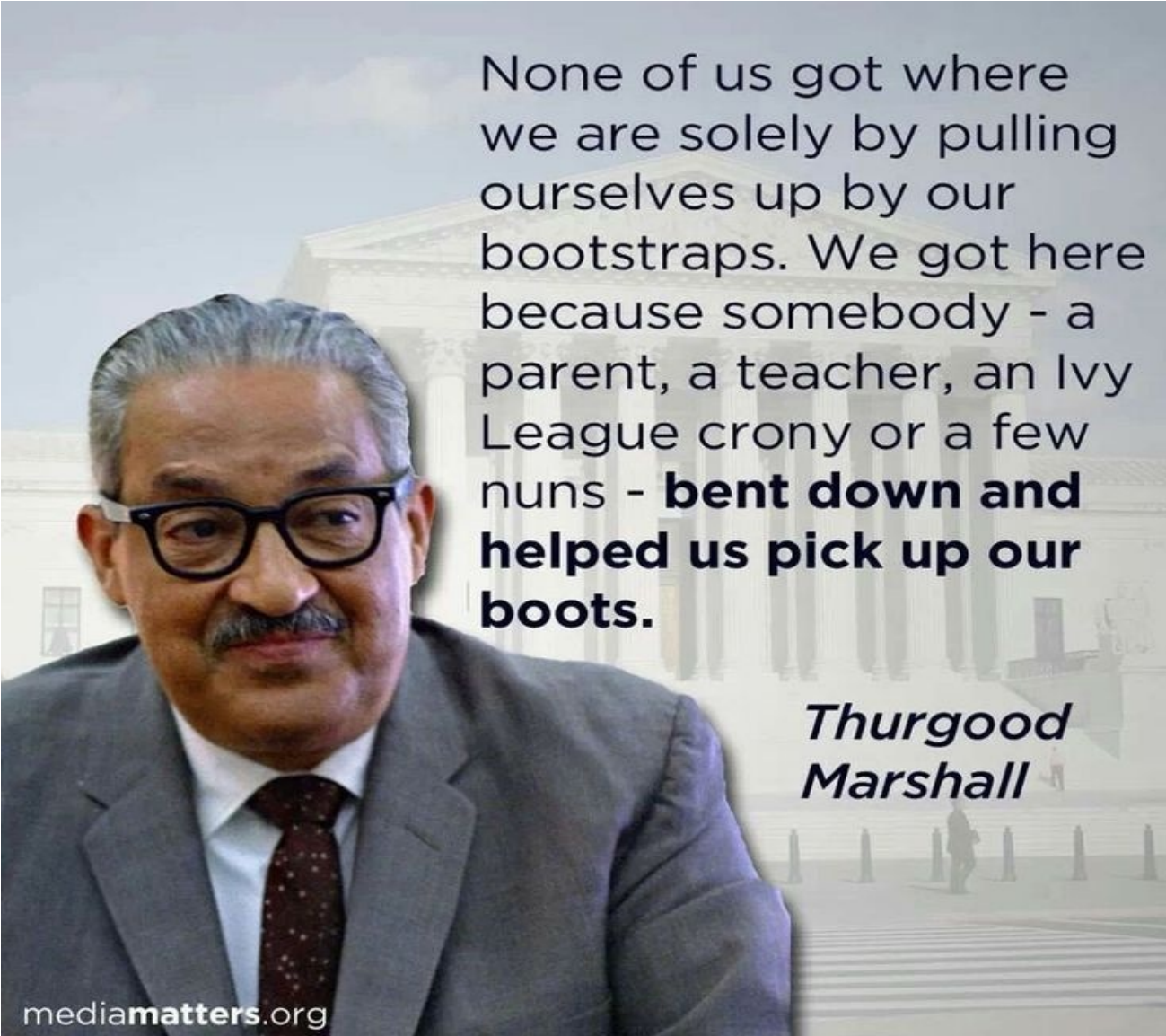
Affirmative Action & the Supreme Court

My Guess is --- Not To Be

SES will be labelled a race-neutral proxy and we will have Holistic review without race – treating each racial/ethnic group equally

“There is nothing more unequal than the equal treatment of unequal people — Thomas Jefferson

Maybe around 2065 there will be another centennial Civil Rights Bill and a new Supreme Court Affirmative Action case

A portrait of Thurgood Marshall, an older man with grey hair, a mustache, and glasses, wearing a grey suit, white shirt, and a dark tie with small white dots. He is looking slightly to the right of the camera. The background is a faded image of a classical building with columns, likely the Supreme Court building.

None of us got where we are solely by pulling ourselves up by our bootstraps. We got here because somebody - a parent, a teacher, an Ivy League crony or a few nuns - **bent down and helped us pick up our boots.**

*Thurgood
Marshall*

**It is much more important to know
what sort of a patient has a disease,

than what sort of disease
a patient has.**

- Sir William Osler

Thank You
Questions?

Physician Characteristics and Quality of Care

- Overall performance scores on 124 quality measures from RAND's Quality Assessment Tools for each of 10,408 Massachusetts physicians using claims generated by 1.13 million adult patients
- Three physician characteristics were independently associated with significantly higher overall performance:
 1. Graduation from a domestic vs international medical school (1.0 percentage point higher $P < .001$)
 2. Board certification vs. noncertified (3.3 percentage points higher; $P < .001$),
 3. **Female vs. male sex (1.6 percentage points higher; $P < .001$)**