Who We Are & Potential Conflicts of Interest

Our Team

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Our Personal Biases Based on our Life Experiences & Commitment to EDI Principles
Did you know…

• … the average cost of losing a faculty member in a department of medicine exceeds $400,000?

• … improving departmental climate can increase faculty retention, particularly for female faculty and faculty of color?

• … 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?
DOM EDI Office

1. Create a supportive space/environment for discussion & faculty/staff/trainee development.

2. Develop a departmental culture of inclusion and support such that each trainee and faculty can reach their full potential.
   - Equity-mindedness including anti-bias & dismantling institutional racism

3. Optimize patient outcomes for our communities.

4. Understand issues, successes, and goals of each Division.

5. Enhance recruitment and retention of faculty, students, residents, and fellows that are underrepresented in medicine.
What Might be Some Possible goals for the DOM-DMPG?

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

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

• Each is its own space and has unique approaches
• They are by and large grounded in the same root issues – ideology of racial and gender inferiority – in the US this is called white supremacy ideology. The KKK and like groups take this ideology to the extreme
• Conscious or Unconscious - If others are inferior why have them involved (no diversity), why treat them the same (no equity) and why make the environment welcoming (no inclusion): this reinforces white supremacy narratives
• This is also the mindset behind laws, policies and practices that control resources and opportunities to social determinants of health (e.g. jobs, education, housing, pollution exposure) - this is called structural racism and is a major factor contributing to health disparities.
Structural Racism

• An American Problem – levied most heavily on Black Americans
• Don’t be afraid of names. No one on this zoom owned an enslaved person or created structural racism or white supremacy ideology
• But everyone can and does choose to support Structural Racism (actively or by doing nothing) or help to dismantle it.
  • It is not your identity that is important – it is your actions
  • Many White people work to dismantle racism
  • Many non-White people actively support/promote white supremacy narratives and policies
• Diversity, Equity and Inclusion are tools to decondition white supremacy ideology and counter white supremacy narratives
Deconstructing EDI

- Diversity
  - Representation Matters

- Inclusion
  - Centering at the Margins

- Equity
  - Equality vs Equity
BofA: Lack of diversity within companies is costing trillions

Thomas Hum · Writer

Wed, March 9, 2022, 1:33 PM
Full-Time Faculty in Clinical Departments by Sex and Underrepresented in Medicine (Similar for Full-Time Faculty in Basic Departments)

Diversity
#Facts

15 years after the civil rights bill
Almost no diversity

55 years after the civil rights bill
More diversity but no equity or justice for UiM

Diversity can and often does change without achieving equity or justice for all groups

### Diversity #Facts

**People ➔ Representation - Who gets to be a doctor?**

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Asian</th>
<th>Latino</th>
<th>Black</th>
<th>Native American</th>
<th>Native Hawaiian/PI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2019 National Census</strong></td>
<td>60.1</td>
<td>5.9</td>
<td>18.5</td>
<td>13.4</td>
<td>1.3</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>AAMC GME - 2021</strong></td>
<td>50</td>
<td>21.8</td>
<td>7.8</td>
<td>5.8</td>
<td>0.6</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>AAMC Faculty - 2021</strong></td>
<td>62</td>
<td>20.9</td>
<td>3.4</td>
<td>3.7</td>
<td>0.2</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Numbers don’t add up to 100% due to mixed race/ethnicity and unknown

**DGSOM 2019:** White - 52%, Asian - 31%, Latino – 4.5%, Black 2.8%

**When we look at the “pipeline” of doctors from groups “Underrepresented in Medicine” it will take several generations to for faculty to reach the AAMC GME levels of representation**
Diversity #Facts

Representation of Women in Academic Medicine 2018-2019

- Medical School Applicants: 51%
- Medical School Graduates: 48%
- Residents: 46%
- Faculty: 41%
- Full Professors: 29%
- Division Chiefs: 25%
- Senior Associate Deans: 34%
- Department Chairs: 18%
- Deans: 18%
We want diversity, but we also want qualified people - implies only one identity can be qualified

She was confident, assertive, ambitious - she lacks social skills

He was confident, assertive, ambitious - he’s a natural leader
Effect of racial concordance on infant survival

- “When Black newborns are cared for by Black physicians, the mortality penalty they suffer, as compared with White physicians, is halved – No difference in maternal mortality”
- These effects manifest more strongly in more complicated cases, and hospitals delivering more Black newborns.
- Board-certified pediatricians - better outcomes but no reduction in disparities

Estimates displayed in the absence of the physician fixed effect to allow comparison across physician race. Includes controls, hospital fixed effect, and time fixed effects. The 95% CI is displayed. N=1,812,979

(No impact from Diversity of patients only ? greater societal – provider interaction)
Patient-physician gender concordance and increased mortality among female heart attack patients

“Female patients had higher mortality when treated by male physicians compared to female physicians”

However, male physicians with more exposure to female patients and female physician colleagues had more success treating female patients.

(Power of Diversity of patients/peers)

Gender concordance and patient survival: 90% confidence interval displayed. Estimates include controls and hospital quarter fixed effects.

Comparison group is male doctor, male patient.

\( n = 581,797 \) for full sample,

\( n = 134,420 \) for matched sample

Deconstructing EDI

Diversity

Representation Matters

Inclusion

Centering at the Margins

Equity

Equality vs Equity
Diversity & Inclusion

**Diversity** of a population is simply the distribution of major characteristics not shared by all members (**#Facts**)

**Inclusion** is about how well the contributions, presence and perspectives of different *groups* of people are valued, respected and integrated into an environment (**#Actions**)

**Belonging** is the emotional outcome (**#Feeling**)

[Image of puzzle pieces representing diversity and inclusion]
Promoting diversity does not ensure a culture of inclusion (>1,000 companies in 15 countries)

Overall sentiment on diversity is positive

52% positive
31% negative

But sentiment on inclusion is the opposite

29% positive
61% negative
The Structures We Have

The Way We Think

Inclusion

The Things We Say

The Things We Don’t Say

Threats to Inclusion

My Conscious Mind
Explicit Bias

My Unconscious Mind
Implicit Bias

Informed by Identity, Experience & Exposures

No, where are you really from?

SILENCE IS VIOLENCE
Principles of Inclusion

- Present & Prepared
- Participation
- Progress
- Belonging
People on the margin can only move so close to the center.

It is the very act of exclusion that defines the center.

Most often, those in the center are oblivious to the power and rank that the center provides. Often this is an unearned privilege.

It is the responsibility of the center to move OUT.
Inclusivity requires moving from marginalizing to expanding processes that are made possible by disruptions and redirections within systems.
Inclusivity requires moving from marginalizing to expanding processes that are made possible by disruptions and redirections within systems.
Building Inclusion: Centering at the Margins

The "isms"
- Sexism
- Heterosexism
- Classism
- Ableism
- Racism

Structure barriers –

Culture
Shared patterns of behaviors, beliefs, values, and interactions, cognitive constructs, and affective understanding that are learned through a process of socialization.

THE LONGER YOU SWIM IN A CULTURE, THE MORE INVISIBLE IT BECOMES

Adapted from ccrweb.ca

@sylviaduckworth
Deconstructing EDI

Diversity

Representation Matters

Inclusion

Centering at the Margins

Equity

Equality vs Equity
Towards Achieving Equity and Justice to 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.

Norris K, Harris C, Seeman T. Adapted from the USC Center for Urban Education
Towards Achieving Equity and Justice to Eliminate Disparities

1964 Civil Rights Act did not fill in the hole - It gave federal support to stop digging

2. But the world ISN’T EQUAL, and America is not a meritocracy.

There are laws, policies and practices that dug and dig holes for groups based on their identity

BIPOC, LGBTQ+, women and others are kept in the hole, not because of context of character, but based on the ideology of people not being equal

High SES White

Low SES White, High SES Minority (boxes vary)

Low & Mid SES Minority

Laws

Practices, Policies

Generational Wealth

Social/Political Capital

Criminal justice, Health Care

Housing, Employment, Education

Norris K, Harris C, Seeman T. Adapted from the USC Center for Urban Education

UCLA David Geffen School of Medicine
Towards Achieving Equity and Justice to Eliminate Disparities

3. And it has **BIAS AND SYSTEMIC RACISM.**

Because these have been embedded in laws, policies, practices and mindsets they need no explicitly racist players to continue & thus will need explicitly anti-racist players to stop.

4. **DIVERSITY** only places more people from marginalized groups into an unequal pathway.
Towards Achieving Equity and Justice to 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.

This requires the elimination of structural racism, and **REMEDATION** 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.

When new laws, practices and policies change structures and systems to fill the hole and fix the ladder then we can say structural racism is essentially over and reasonable equity has been achieved.
What about Health Equity?

“Dr. Abel: Week 10 DOM Announcement 3-14-22: Making a commitment to health equity”
Disparities by race exist across many measures where we are.

People of Color Fare Worse than their White Counterparts Across Many Measures of Health Status

Number of health status measures for which group fared better, the same, or worse compared to White counterparts:

- Black: 19
  - Better: 3
  - No Difference: 5
  - Worse: 11

- American Indian or Alaska Native: 17
  - Better: 7
  - No Difference: 2
  - Worse: 8

- Hispanic: 14
  - Better: 11
  - No Difference: 2
  - Worse: 1

- Native Hawaiian or Other Pacific Islander: 21
  - Better: 10
  - No Difference: 3
  - Worse: 3

AHRQ found similar results over the last 20 years.
Disparities are worsening in many areas over time

Red = Widening gaps
Green = Narrowing gaps
Big dot = Big change
Little dot = Little change

Black, Latinx and Native American 2-4 x more likely to die of COVID

Social determinants of health drive outcomes

Social and Economic Factors Drive Health Outcomes

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Food security</td>
<td>Social integration</td>
<td>Health coverage</td>
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<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Social integration</td>
<td>Community engagement</td>
<td>Provider linguistic and cultural competency</td>
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<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Support systems</td>
<td>Stress</td>
<td>Quality of care</td>
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<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td>Community engagement</td>
<td>Exposure to violence/trauma</td>
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<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
<td>Health care</td>
<td></td>
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<td>Zip code / geography</td>
<td></td>
<td>System</td>
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Health Outcomes: Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
Can the Dept of Medicine recruit, retain and/or develop health science leaders prepared to meet the challenges of an ever-changing world with the highest level of scholarship and care including compassion for patients of any identity?

It takes a World of Difference to Make a Difference in the World
Increasing Our Equity Consciousness

Diversity: Representation Matters

Understand how forms of systemic oppression operate to advantage some groups and disadvantage others.

Inclusion: Centering at the Margins

How have our lived experiences shaped our beliefs, attitudes and biases about ourselves and others.

Equality vs Equity
Inclusion Breakout Room
Social Identity Activity

4 THINGS TO REMEMBER ABOUT
SOCIAl IDENTITIES

1. DYNAMIC
   May be chosen or born into, visible or invisible, stable, or shifting.

2. MULTIPLE
   Everyone has multiple social identities, & different combinations impact individuals’ lived experience.

3. SOCIOLOGICAL
   Society determines which identities are flagged, & which differences matter.

4. SALIENT
   Certain social identities feel more prominent in certain situations & contexts.
List as many social identities as you can? Consider categories such as race, gender, ethnicity, religion, generation, social/relational roles, occupation, nationality, citizenship, sexual orientation, (dis)ability, neurotypical status, marital status, child status, etc...

Which social identities are most central to how you see yourself as a person? Why?

Which social identities have the biggest impact on how others treat you? Does the answer change depending on context (i.e., home, work, society)?

What assumptions do you think other people make about you based on your social identities? What assumptions may you have made about other people based on their social identities?

Are there aspects of your identity that you keep hidden at work? What impact might that have on you and those around you? Are there aspects you try to make explicitly known about you? What impact does that have on how you move through the world?

Consider how your various social identities have an impact on your:

- Access to resources and to people in positions of authority;
- Authority to make decisions;
- Ability to influence through position or relationships;
- Ability to establish rapport and trust with your patients.
Inclusion is about how well the contributions, presence and perspectives of different *groups* of people are valued, respected and integrated into an environment (#Actions)
Inclusion is about how well the contributions, presence and perspectives of different groups of people are valued, respected and integrated into an environment (#Actions)

Bell Hooks Center/Margin theory

WHEEL OF POWER/PRIVILEGE

Adapted from ccrweb.ca

THE LONGER YOU SWIM IN A CULTURE, THE MORE INVISIBLE IT BECOMES
### Building Inclusion Brainstorm

<table>
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<th>Patients</th>
<th>Learners</th>
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<td><strong>Tactics</strong></td>
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Volunteers Needed: A Scribe & A Reporter
Equity Breakout Room
Stress (to survive) leads to realignment of workspaces that limits cognitive processing.
Which ball(s) are your staff, students, trainees, faculty likely to drop if your institution is not a safe space?

What might happen if a person has the usual work/life stress & the additive stress of work/life discrimination/isolation/navigation?

**Optimal Job Performance**

- Reduced spiritual connectedness
- Inability to implement
- Inability to remember
- Self-segregation, Avoiding other groups
- Fear, anxiety apprehension

**Impact:**

- Job Performance
- Spiritual connectedness
- Interpersonal relationships
- Reduced performance
- Impaired memory
- Self-segregation

**Microaggressions & Bias**

- BIPOC burden
- Female burden

**LGBTQIA+ burden**

**Inability to:**

- Implement
- Remember

**It’s not what’s wrong with you/them, it’s what was done to you/them**

Which ball(s) are your staff, students, trainees, faculty likely to drop if your institution is not a safe space?
### Adverse Childhood Experience Questionnaire for Adults

1. Did you feel that you didn’t have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?
2. Did you lose a parent through divorce, abandonment, death, or other reason?
3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?
4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?
5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?

| 6. Did you live with anyone who went to jail or prison? |
| 7. Did a parent or adult in your home ever swear at you, insult you, or put you down? |
| 8. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? |
| 9. Did you feel that no one in your family loved you or thought you were special? |
| 10. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)? |
Adverse Childhood Experience Questionnaire for Adults

• 61% of adults had at least one ACE & 16% ≥ 4
  • Females and several racial/ethnic minority groups had greater rates of experiencing ≥ 4 ACEs.

• Persons who experienced ≥ 4 ACE vs. none:
  • 2-5 fold increase in obesity, cancer, diabetes, heart disease, substance abuse, depression, and suicide attempt independent of race/ethnicity, sex, and age

For our students/trainees/patients: Ask not what’s wrong with them
Ask what happened to them
## Equity Brainstorm

<table>
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**Volunteers Needed:**
A Scribe & A Reporter
Seven Components of an Inclusive Department include:

1. Valuing each person and their contributions
2. Ensuring that everyone has a voice
3. Supporting a sense of belonging
4. Promoting learning and development
5. Embracing collaboration and teamwork
6. Providing resources to promote inclusion
7. Intentionally focusing on inclusive practices