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Deconstructing Equity, Diversity and Inclusion

UCLA David Geffen School of Medicine

DMPG
3/14/2022

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



UCLA Health Care Workers rally for Black Lives Matter – June 2020

Deconstructing EDI



yahoo!finance

BofA: Lack of diversity within companies is costing trillions



Thomas Hum · Writer

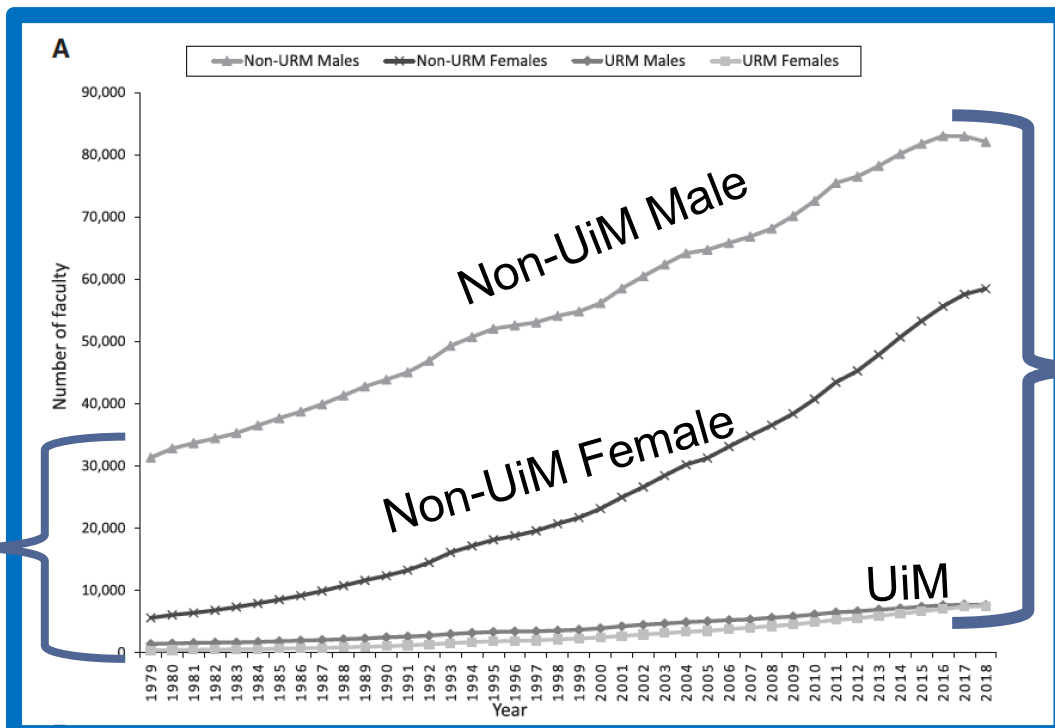
Wed, March 9, 2022, 1:33 PM

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?

	White	Asian	Latino	Black	Native American	Native Hawaiian/PI
2019 National Census	60.1	5.9	18.5	13.4	1.3	0.2
AAMC GME - 2021	50	21.8	7.8	5.8	0.6	0.2
AAMC Faculty - 2021	62	20.9	3.4	3.7	0.2	0.1

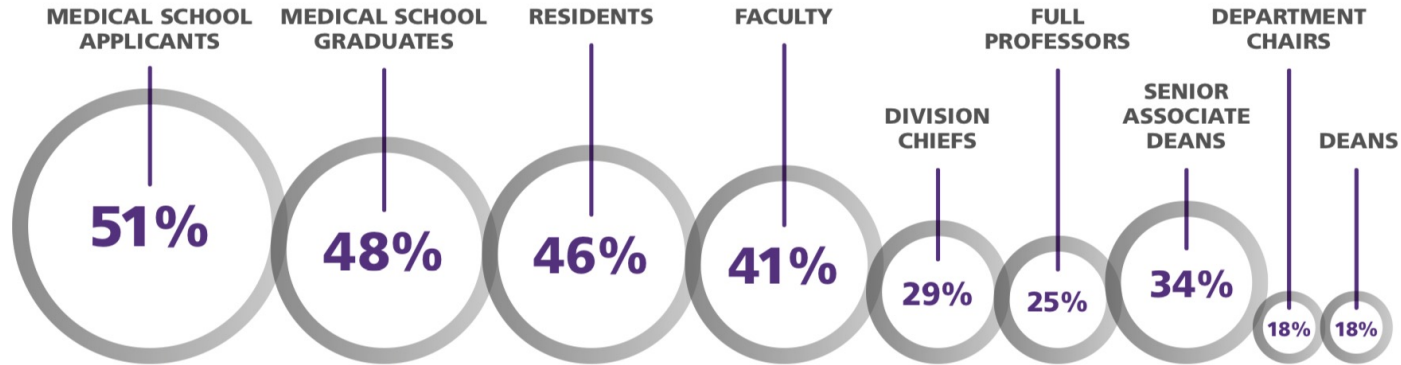
Numbers don't add up to 100% due to mixed race/ethnicity and unknown

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

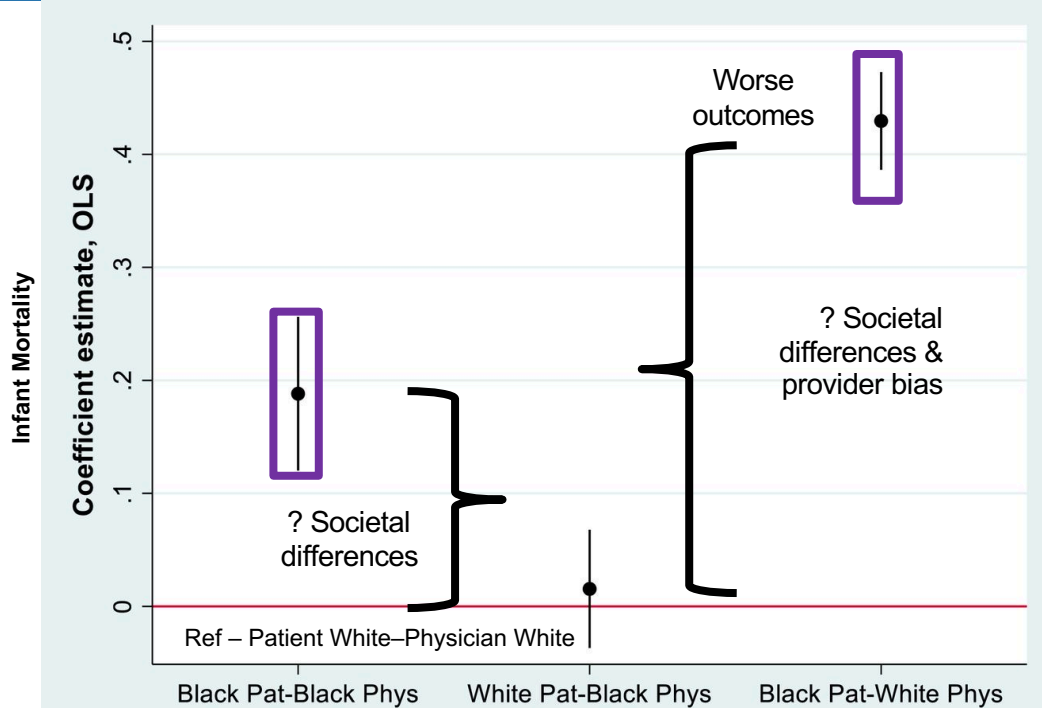


Common Narratives

*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

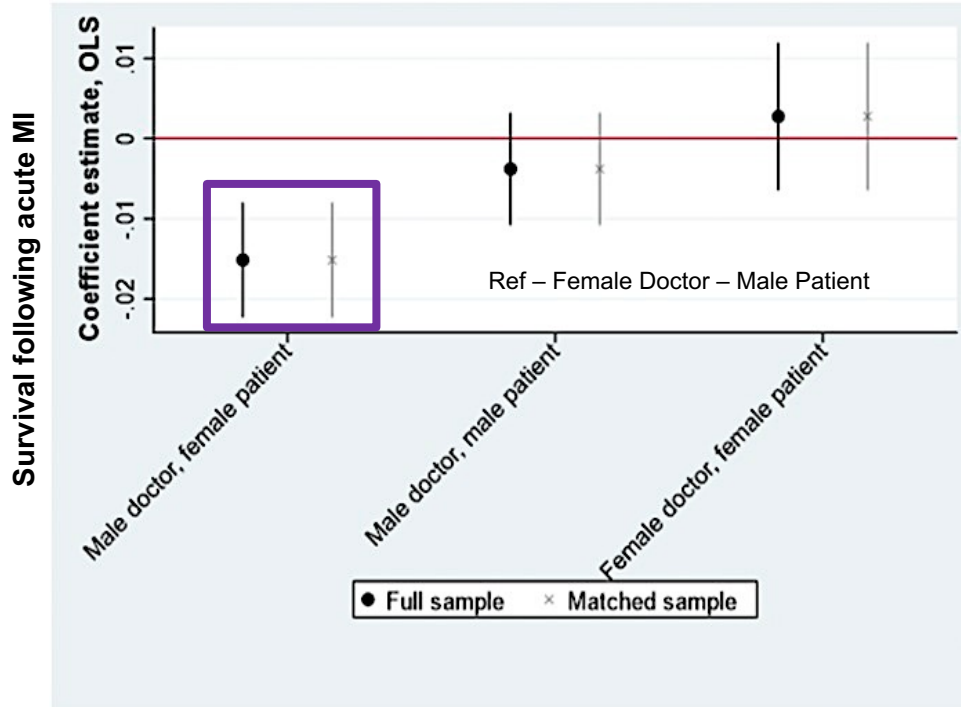


- “When Black newborns are cared for by Black physicians, the mortality penalty they suffer, as compared with White physicians, is halved – No difference in maternal mortality”
- These effects manifest more strongly in more complicated cases, and hospitals delivering more Black newborns.
- Board-certified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

**(No impact from Diversity of patients only
? greater societal – provider interaction)**

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

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 & 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**)

Promoting diversity does not ensure a culture of inclusion (>1,000 companies in 15 countries)

Overall sentiment on diversity is positive

52%
positive

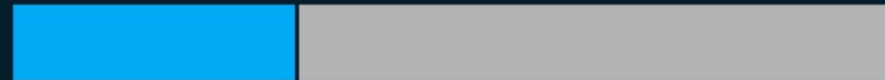
31%
negative



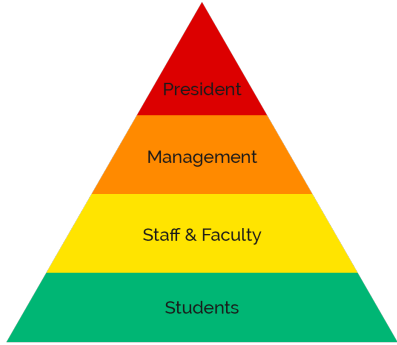
But sentiment on inclusion is the opposite

29%
positive

61%
negative



Threats to Inclusion



The Structures
We Have

The Way We
Think

Inclusion

The Things We
Say

The Things We
Don't Say



POWER



Principles of Inclusion

Present &
Prepared

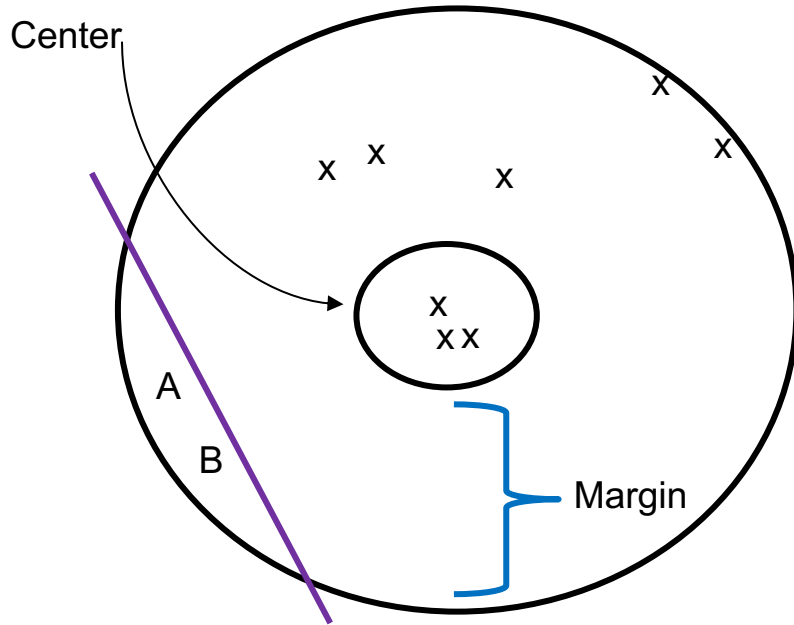
Participation

Progress

Belonging

Building Inclusion: Centering at the Margins

Bell Hooks Center/Margin Theory



People on the margin can only move so close to the center.

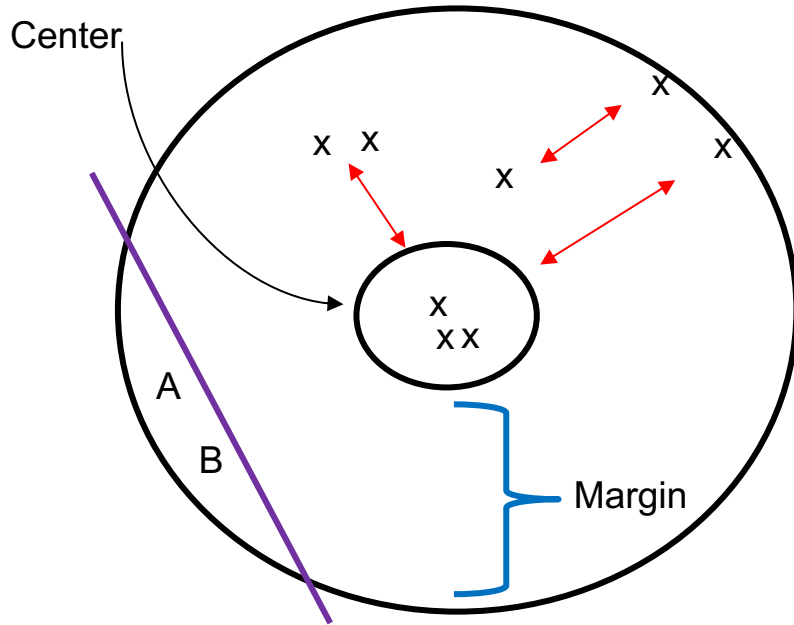
It is the very act of exclusion that defines the center

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

Building Inclusion: Centering at the Margins

Bell Hooks Center/Margin Theory



Inclusivity requires moving from marginalizing to expanding processes that are made possible by disruptions and redirections within systems

Building Inclusion: Centering at the Margins

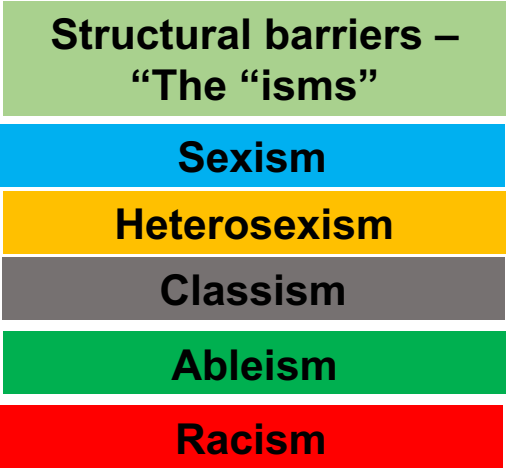
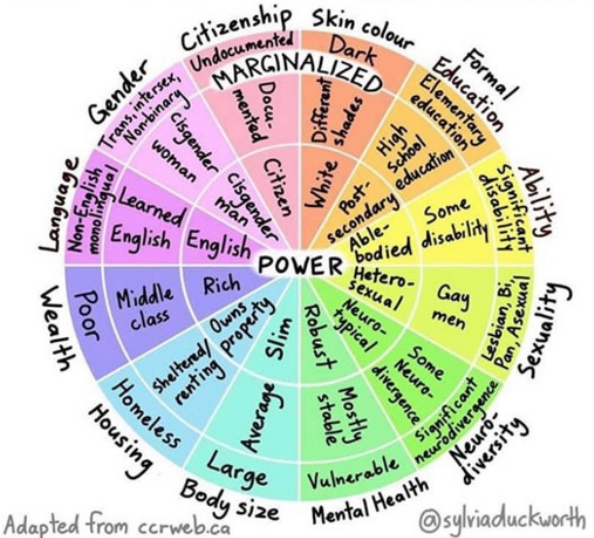
WHEEL OF POWER/PRIVILEGE



Inclusivity requires moving from marginalizing to expanding processes that are made possible by disruptions and redirections within systems

Building Inclusion: Centering at the Margins

WHEEL OF POWER/PRIVILEGE



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

Deconstructing EDI

Diversity

Representation
Matters

Inclusion

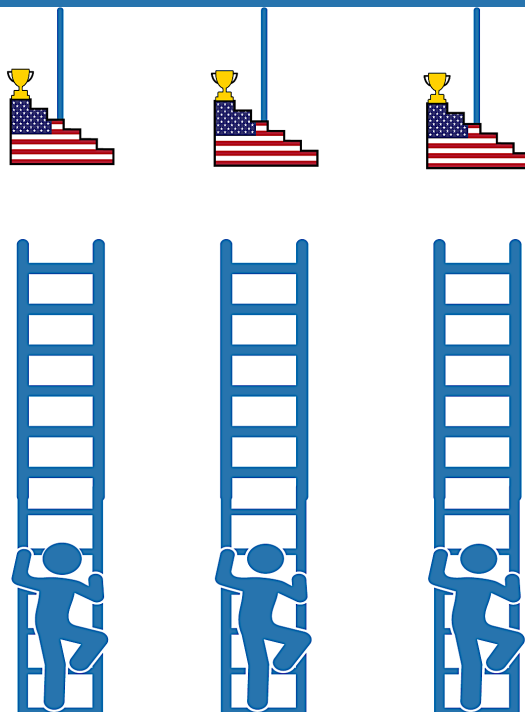
Centering at the
Margins

Equity

Equality vs Equity

Towards Achieving Equity and Justice to Eliminate Disparities

1. Equality imagines a world that is fair.

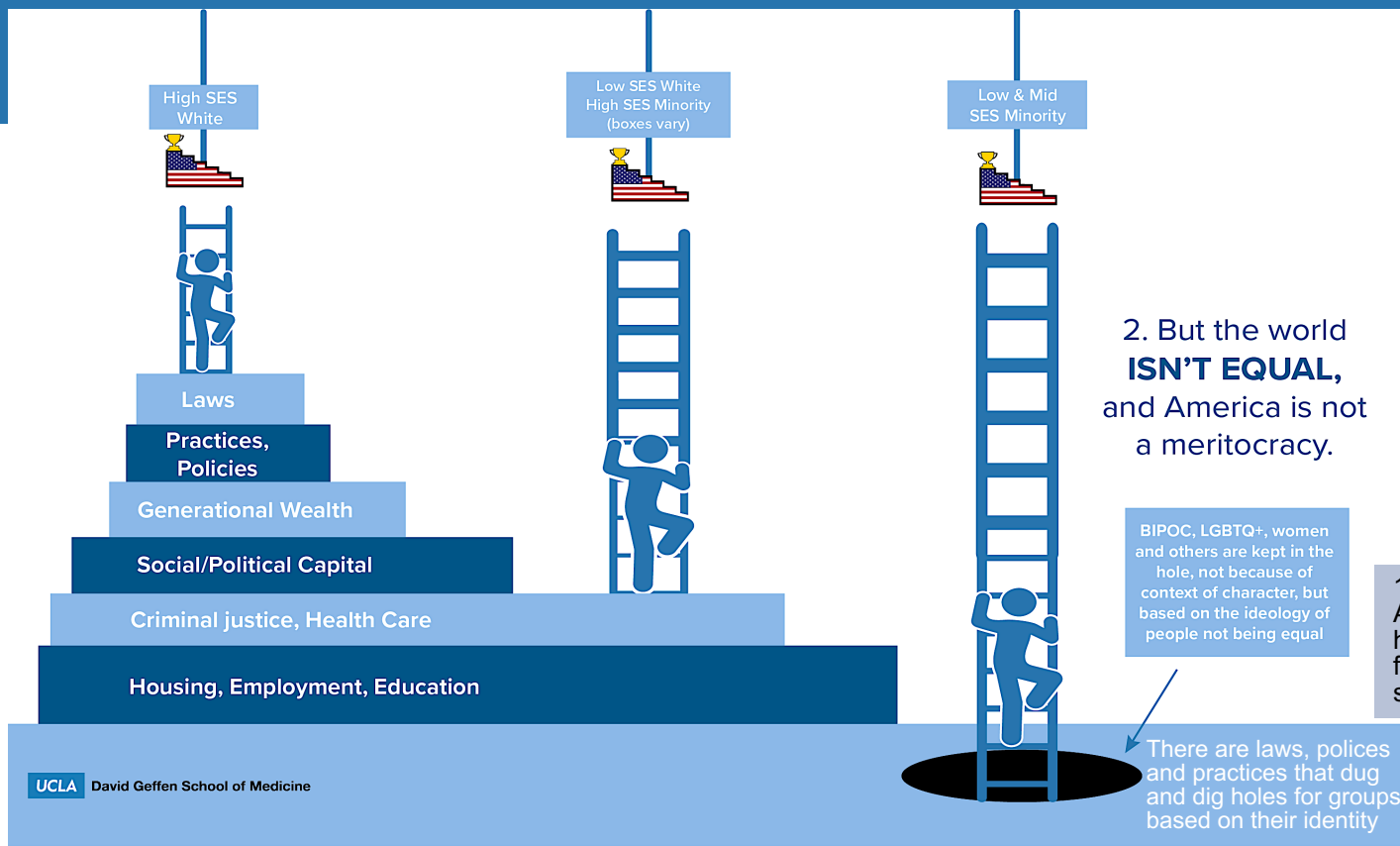


America has a **powerful** narrative—that it is a true meritocracy.

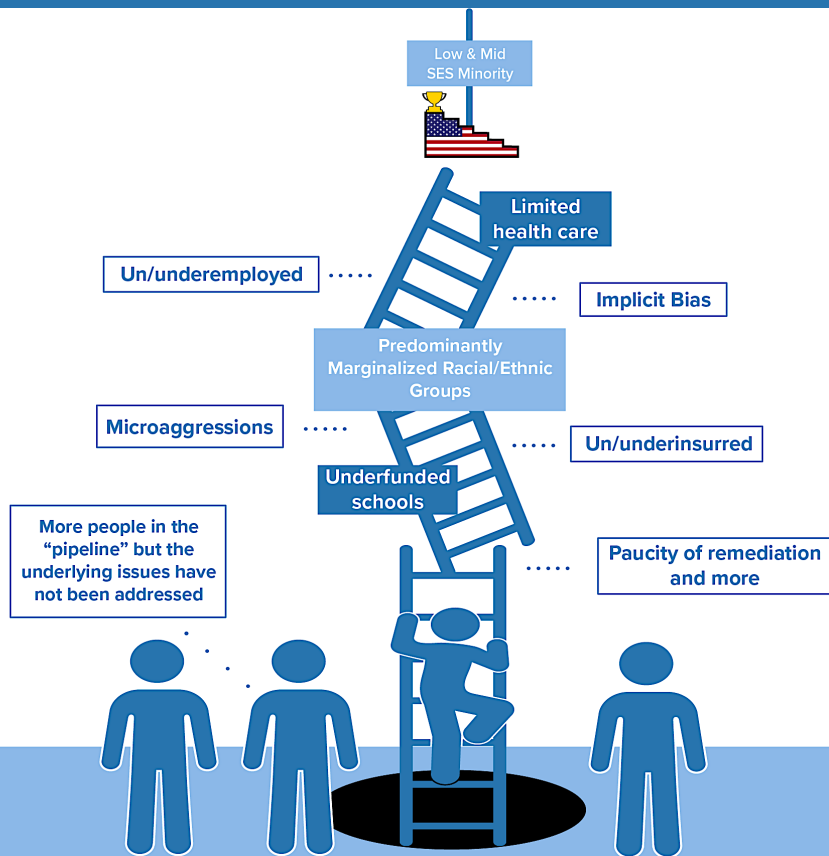
We hold these Truths to be self-evident that all Men are created equal, that they are endowed by their Creator with certain unalienable Rights that among these are Life, Liberty, and the Pursuit of Happiness.

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Towards Achieving Equity and Justice to Eliminate Disparities



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

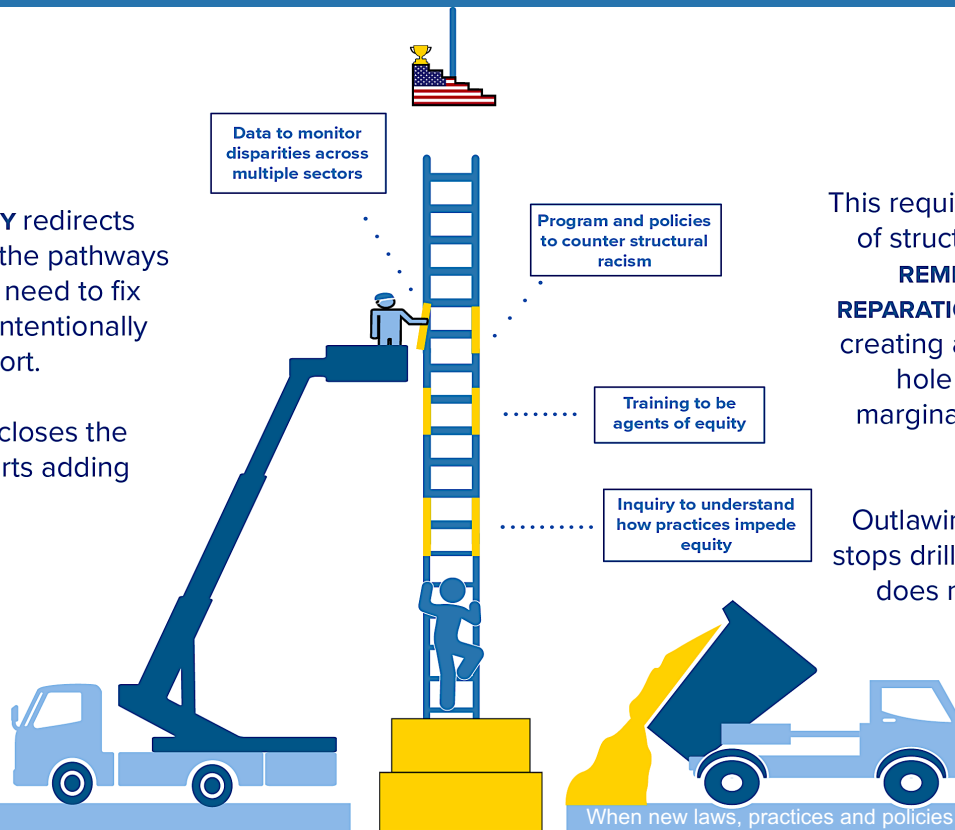
4. **DIVERSITY** only places more people from marginalized groups into an unequal pathway.

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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 **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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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 ?

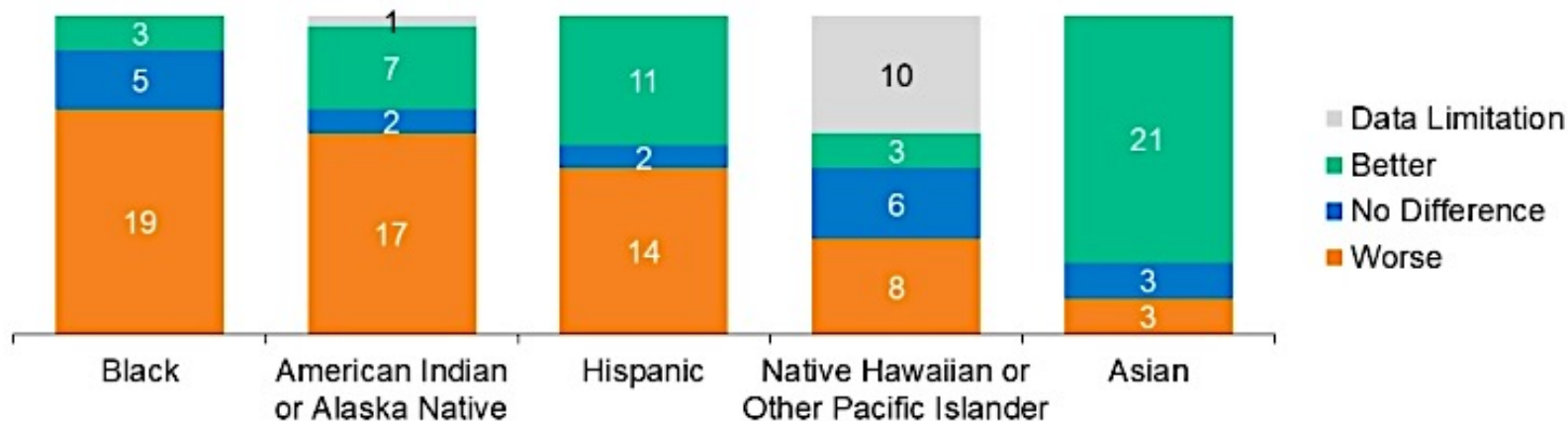
**“Dr. Abel: Week 10 DOM Announcement 3-14-22:
Making a commitment to health equity”**

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

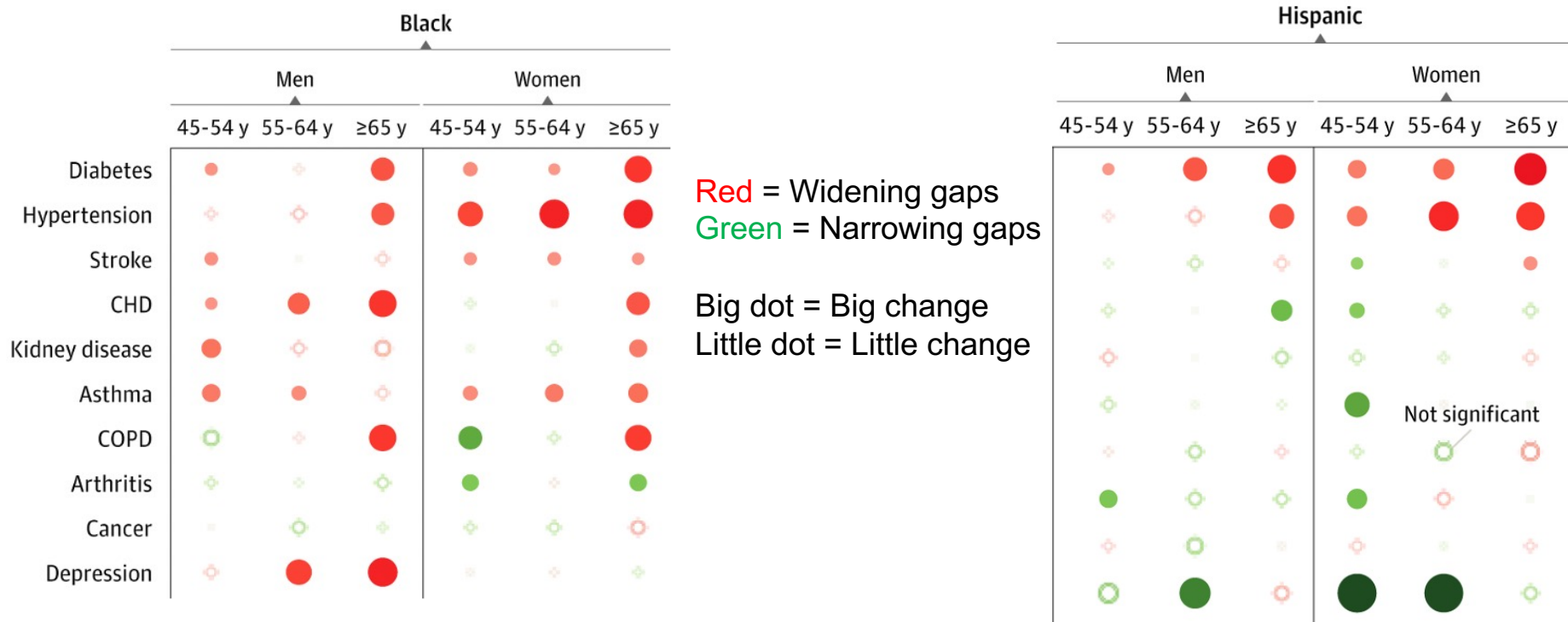
Number of health status measures for which group fared better, the same, or worse compared to White counterparts:



Trends in Poor Health Indicators Among Black and Hispanic Middle-aged and Older Adults in the United States, 1999-2018

Michelle Odum, EdD, MPH; Nathalie Moise, MD, MS; Ian M. Kronish, MD, MPH; Peter Broadwell, PhD; Carmela Alcántara, PhD; Nicole J. Davis, PhD; Ying Kuen K. Cheung, PhD; Adler Perotte, MD, MA; Sunmoo Yoon, PhD, MS

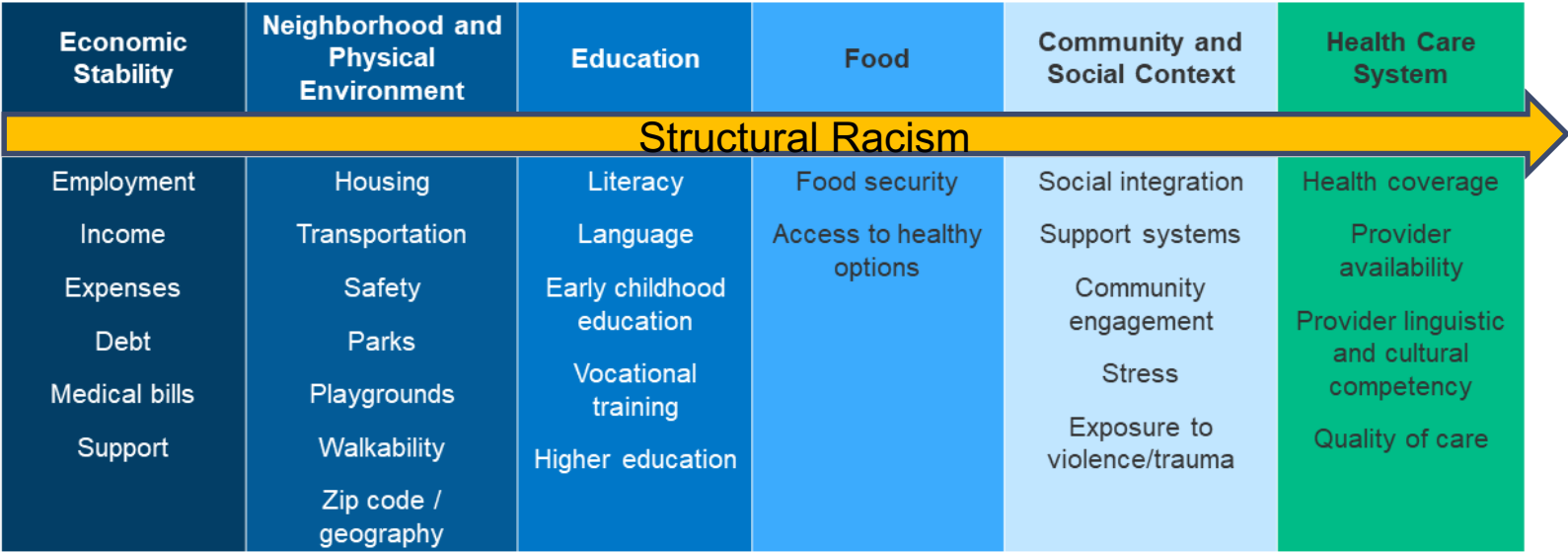
Disparities are worsening in many areas over time



Social determinants of health drive outcomes

Figure 2

Social and Economic Factors Drive Health Outcomes



Health Outcomes: Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

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

Diversity: A strategic imperative to optimize excellence in research & patient care

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?

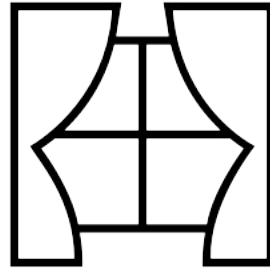
**It takes a World of Difference
to Make a Difference in the World**

Increasing Our Equity Consciousness

Diversity:
Representation
Matters

Inclusion:
Centering at the
Margins

Equality vs Equity



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



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

Inclusion Breakout Room

Social Identity Activity

4 THINGS TO REMEMBER ABOUT

SOCIAL IDENTITIES

Social Identities are...



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.



Center for Creative Leadership

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 (ie. 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)

Present &
Prepared

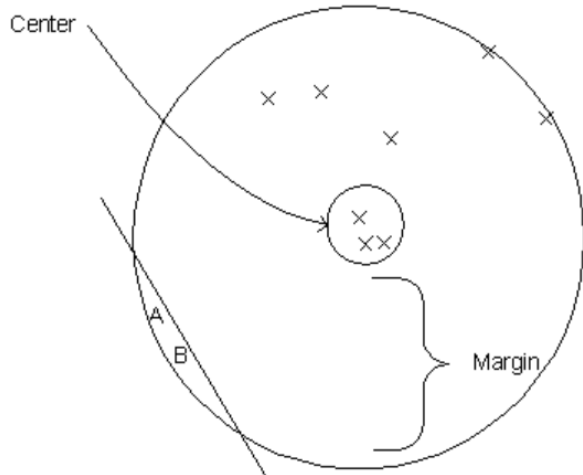
Participation

Progress

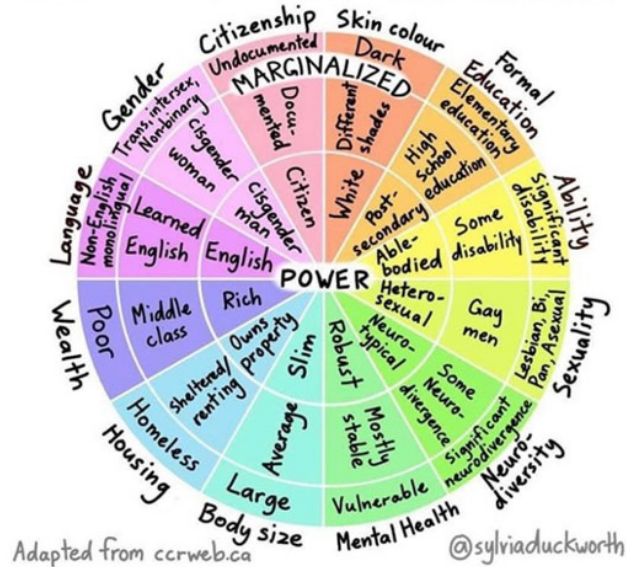
Belonging

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



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Building Inclusion Brainstorm

	Workforce	Patients	Learners
Issues			
Tactics			

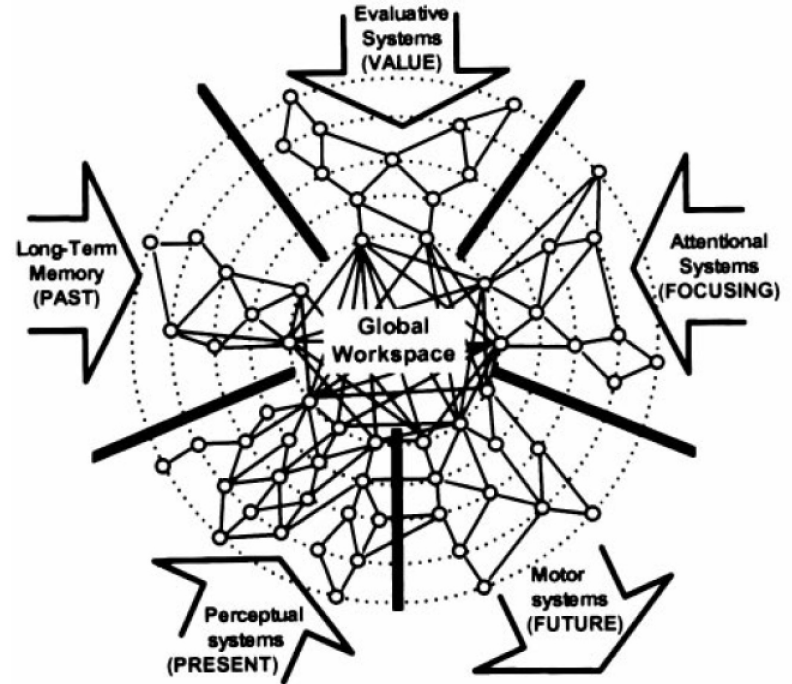
Volunteers Needed:
A Scribe &
A Reporter

Equity Breakout Room

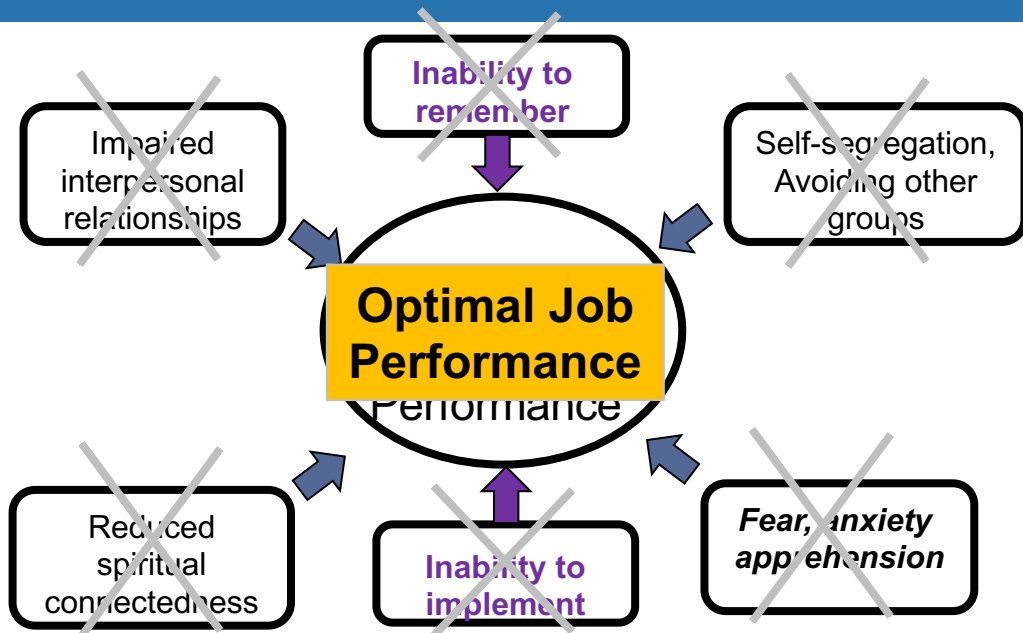
Structural Racism: Poverty/Discrimination/More →
↑ Psychosocial Stress → Poor Cognitive Processing



Stress (to survive) leads to realignment of workspaces that limits cognitive processing



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



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% \geq 4
 - Females and several racial/ethnic minority groups had greater rates of experiencing \geq 4 ACEs.
- Persons who experienced \geq 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

	Workforce	Patients	Learners
Issues			
Tactics			

**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