# “I'm no longer accepting the things I cannot change. I'm changing the things I cannot accept.”

ANGELA DAVIS

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Clinical Instructor UWSOM

Art for Change:
Amplifier.org
Pace Taylor

# Full Circle Family Medicine Residency of Idaho – Boise Program

# Justice, Equity, Diversity and Inclusion – JEDI Curriculum

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# the JEDI story

- Unreported accounts of gender bias over many years
- Needs Assessment
- Acknowledgment
- George Floyd
- Resident power
- Systemic call out for change

# Call out for Change and Acknowledge Racism

- American Academy of Family Physicians
- American Medical Association
- American Academy of Pediatrics
- American College of Gynecology
- American Psychological Association
- Joint Statement from All National Pharmacy Orgranizations
- American Association of Nurse Practitioners
- American College of Physicians
- Centers for Disease Control and Prevention

# JEDI Mission

**July 2019**

- Address the need to internalize the concepts of equity, justice and inclusion into the policies, programs, and strategies at FMRI- Boise
- Reduce biases and increase inclusivity through education and facilitated discussion with FMRI-Boise residents and faculty
- Increase diversity and inclusion awareness in residency recruitment and provide relevant feedback to FMRI-Boise leadership
- Facilitate a resident reporting process and mechanism to address incidents related to bias, injustice, or discrimination that occur within residency training experiences


# JEDI pillars

- Education
- Pathways
- Recruitment
- Research
- Reporting
- Advocacy

# JEDI Longitudinal Education

- **Half Day Conference Residents (Every Thurs)**
  - Rotating 45min JEDI Topics 2-3 x yearly
  - **Journal Club**
  - **M&M**
- **Anti-Racism in Medicine HDC every 2 years**
- **Case of the Week (COW)**
- **Health Equity Rounds (Inpatient/Outpatient)**
- **Implicit Bias Training (Recruitment, Intern Year, Intense R2 year)**
- **Faculty Development (2-3x a year)**

# JEDI Topics HDC and Faculty Development


- Implicit Bias, Bystander training, Privilege
- Healthcare inequities in health delivery systems
- Unlearning and Striving toward Race Conscious Medicine in Outpatient Teaching
- Health Equity Rounds
- Social Determinants of Health
- Reproductive Health Justice
- Disability Health Justice
- Transgender care
- Climate Change Justice
- Trauma informed care
- Inclusive language
- Microaggressions, Microaffirmations
- Intersectionality
- LGBTQ+ Health Disparities
- Religious Tolerance
- Cultural Competence vs Cultural humility
- Health Disparities Affecting patient diagnosed with morbid obesity
- Rural Health disparities
- History of Race in Medicine

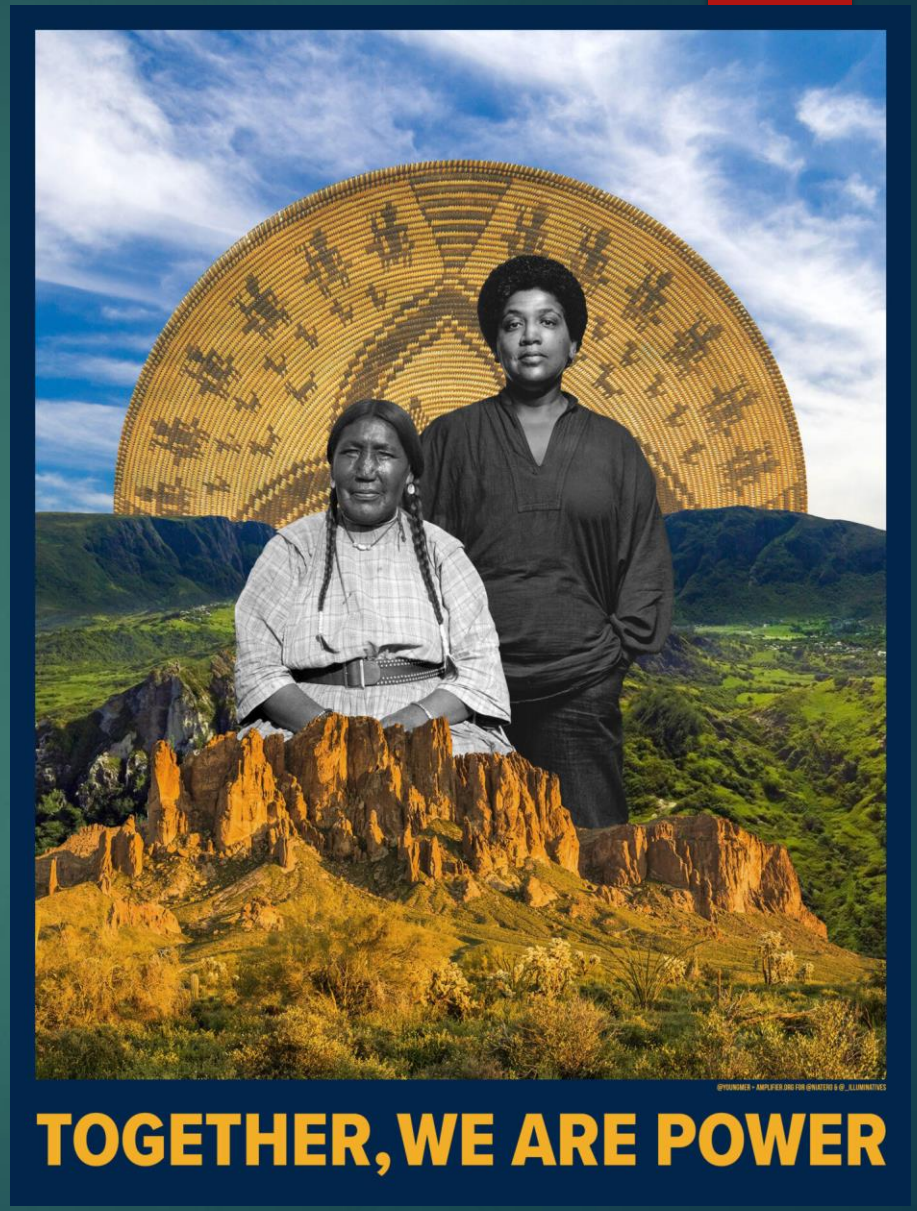
# Inpatient Health Equity Rounds

- Mirrors Boston Medical College and Boston Combined Medical Program Health Equity Rounds (HER)
  - https://www.mededportal.org/doi/10.15766/mep_2374-8265.10858

# Case-Based Health Equity Questions: Outpatient, COW, M&M

What system prevents this patient from getting equitable care?

- First name the inequalities in the following SSDOH domains that perpetuate health disparities.
- Name the structure and system in place that can be changed to decrease health disparities in the future



# Social and Structural Determinants of Health

Where is there a systemic failure:

- Physical Environment: neighborhood and built environment
- Economic stability
- Social community context
- Access to quality healthcare
- Access to quality education
- Access to quality nutrition

US Dept of Health and Human services

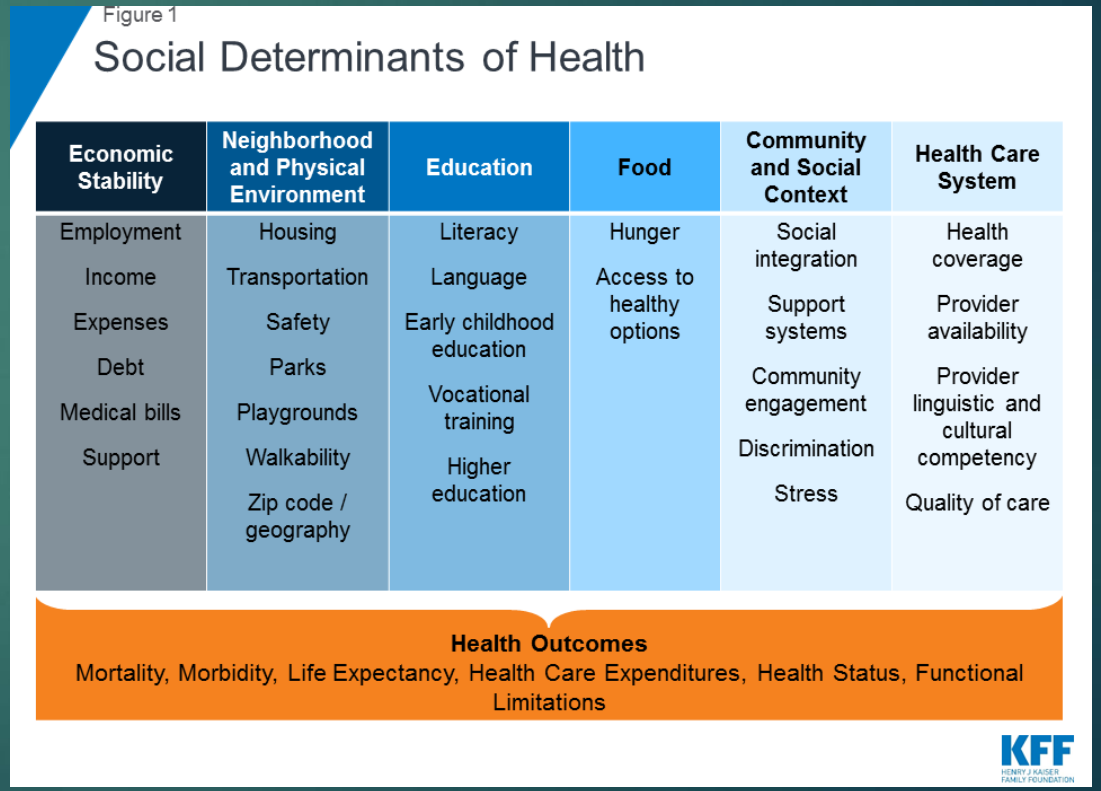


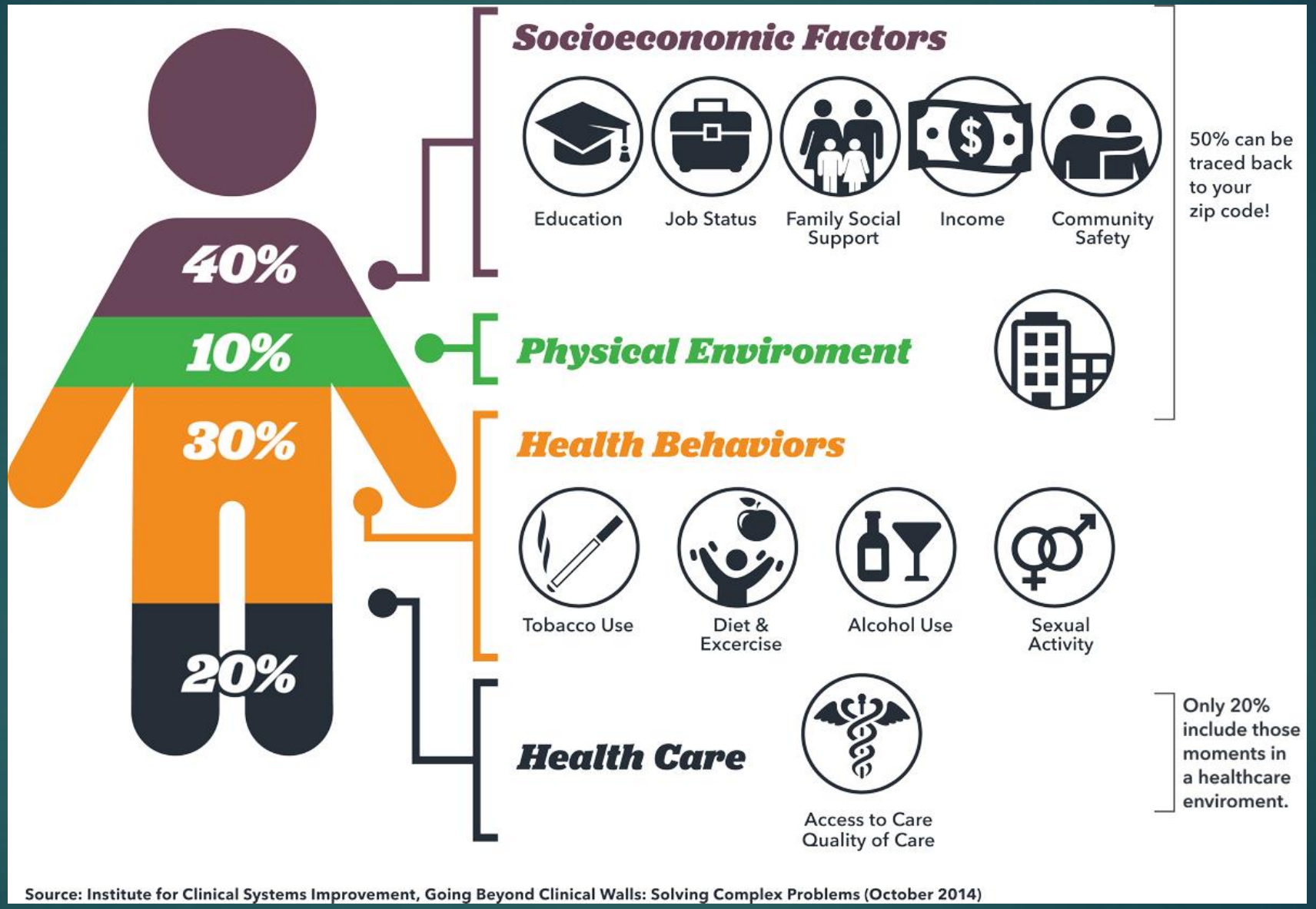
Figure 1

Social Determinants of Health

| Economic Stability | Neighborhood and Physical Environment | Education | Food | Community and Social Context | Health Care System |
|---|---|---|---|---|---|
| Employment | Housing | Literacy | Hunger | Social integration | Health coverage |
| Income | Transportation | Language | Access to healthy options | Support systems | Provider availability |
| Expenses | Safety | Early childhood education | | Community engagement | Provider linguistic and cultural competency |
| Debt | Parks | Vocational training | | Discrimination | |
| Medical bills | Playgrounds | Higher education | | Stress | Quality of care |
| Support | Walkability | | | | |
| | Zip code / geography | | | | |

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

KFF
HENRY J KAISER FAMILY FOUNDATION


40%
10%
30%
20%
Socioeconomic Factors
Education
Job Status
Family Social Support
Income
Community Safety
50% can be traced back to your zip code!
Physical Enviroment
Health Behaviors
Tobacco Use
Diet & Excercise
Alcohol Use
Sexual Activity
Health Care
Access to Care
Quality of Care
Only 20% include those moments in a healthcare enviroment.
Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

JAMA Pediatrics | Review

# Use of Race in Pediatric Clinical Practice Guidelines
## A Systematic Review

Courtney A. Gilliam, MD; Edwin G. Lindo, JD; Shannon Cannon, MD; L'Oreal Kennedy, DNP, CNM, ARNP; Teresa E. Jewell, MLIS; Joel S. Tieder, MD, MPH

**IMPORTANCE** National clinical practice guidelines (CPGs) guide medical practice. The use of race in CPGs has the potential to positively or negatively affect structural racism and health inequities.

**OBJECTIVE** To review the use of race in published pediatric CPGs.

**EVIDENCE REVIEW** A literature search of PubMed, Medscape, Emergency Care Research Institute Guidelines Trust, and MetaLib.gov was performed for English-language clinical guidelines addressing patients younger than 19 years of age from January 1, 2016, to April 30, 2021. The study team systematically identified and evaluated all articles that used race and ethnicity terms and then used a critical race theory framework to classify each use according to the potential to either positively or negatively affect structural racism and racial inequities in health care.

**FINDINGS** Of 414 identified pediatric clinical practice guidelines, 126 (30%) met criteria for full review because of the use of race or ethnicity terms and 288 (70%) did not use race or ethnicity terms. The use of a race term occurred 175 times in either background, clinical recommendations, or future directions. A use of race with a potential negative effect occurred 87 times (49.7%) across 73 CPGs and a positive effect 50 times (28.6%) across 45 CPGs.

**CONCLUSIONS AND RELEVANCE** In this systematic review of US-based pediatric CPGs, race was frequently used in ways that could negatively affect health care inequities. Many opportunities exist for national medical organizations to improve the use of race in CPGs to positively affect health care, particularly for racial and ethnic minoritized communities.

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Supplemental content

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**Corresponding Author:** Courtney A. Gilliam, MD, Division of Hospital Medicine, Department of Pediatrics, Seattle Children's Hospital, University of Washington, 4800 Sand Point Way NE, Seattle, WA 98105 (courtney.gilliam@seattlechildrens.org).

Clinical practice guidelines (CPGs) are a common way to synthesize and disseminate best practice for some of the most common health care problems. As of 2011, there were more than 3700 guidelines from 36 countries.[1] Widely used CPGs are typically developed by organizations, such as specialty societies, advo-

legacy of systemic racism and the use of racialized medicine. There is a need for meaningful solutions to address these long-standing racial inequities in health care.[2-4]

Recently, many professional organizations have acknowledged their contribution to health inequities and have stated their

# Journal Club

## Framework: How is Race Used?

- **Positive**
- **Negative**
- **Neutral**

## Supplement

- Inappropriate Use Conflates Race as a Biological Risk Factor
- Population-based studies estimate…the prevalence of cardiovascular disease (CVD) risk factors increases with age and among racial/ ethnic minorities…

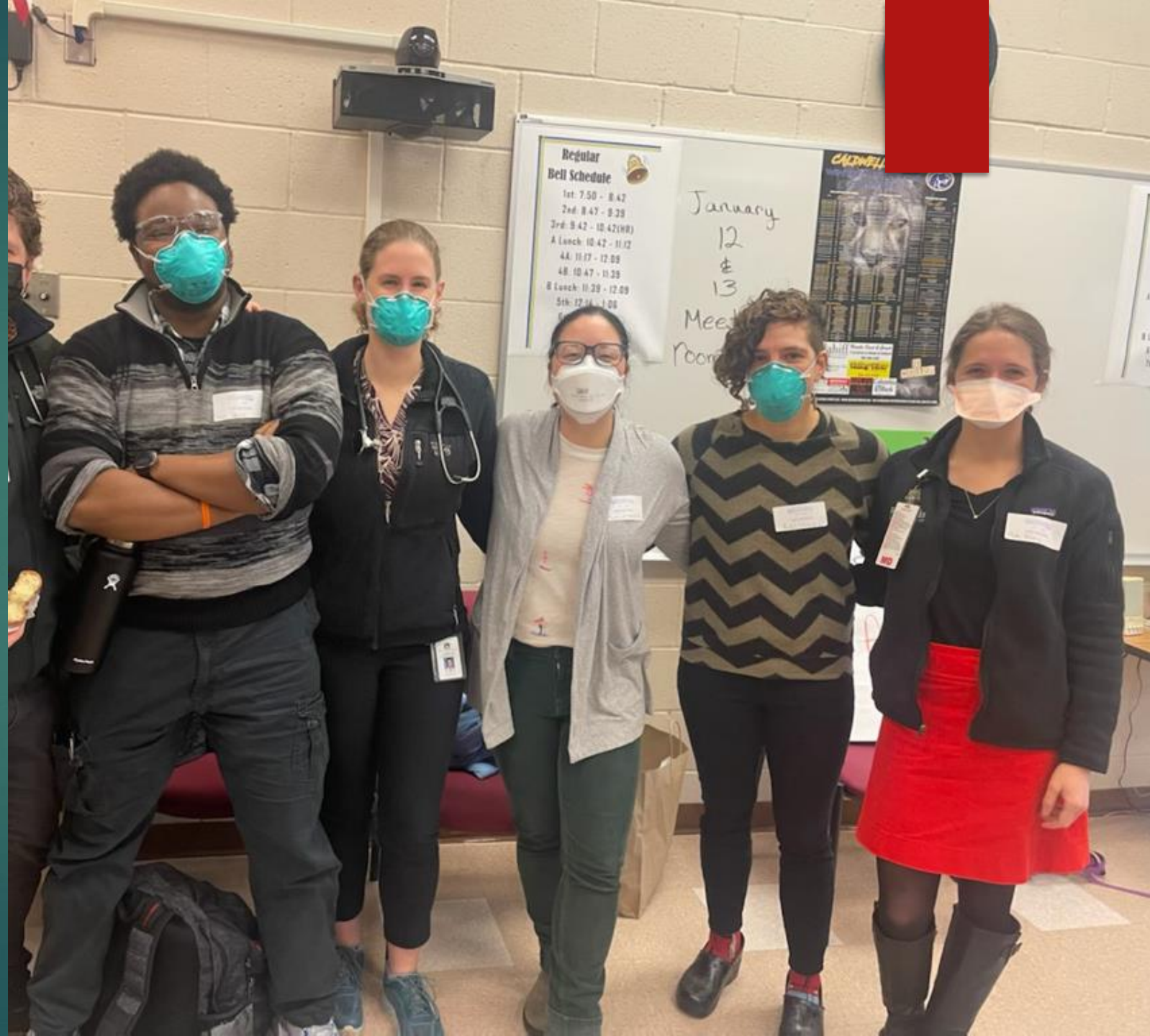

# Pathways

- Expanding UW Doctor for a Day (2021)
  - Estell Williams, MD
- Collaborating with SW AHEC
- Target URM populations: Hispanic/LatinX, children of parents with refugee status, Indigenous American population
- Longitudinal mentoring (2022)

# Doctor For A Day AFM R2 Community Project

**Schedule:**

- **8:30-9:00a Check in and mingle with students**
- **9:00-9:30a Introductions**
- **9:30-11:20p (3 skill stations, groups of rotating )**
  - HPI, Physical Exam, Imaging Labs
- **9:30-10:00p Session #1**
- **10:00-10:30p Rotate to Session #2**
- **10:30-11:00p Rotate to Session #3**
- **11:00-11:20p Putting concepts together**
- **11:20-12:00p Box Lunches for students, wrap up Q&A**



# Recruitment changes started 2019

## >> Steps to mitigate bias

- Reviewed  how we defined "academic risk" (historical factors medical school, test scores, rotation scores)
- Standardized
  - ERAs review rubric point-based system, specific attributes (like resilience)
  - Interview questions mapped to attributes
  - Point based ranking with strict rules about changing points and when
- Implicit Bias training (2021), Required (2022)
- Points are locked before socials

## >> Steps  to increase diversity

- Goal to increase representation of URM in residency classes
- URM Scholarship

## >> Growing edge

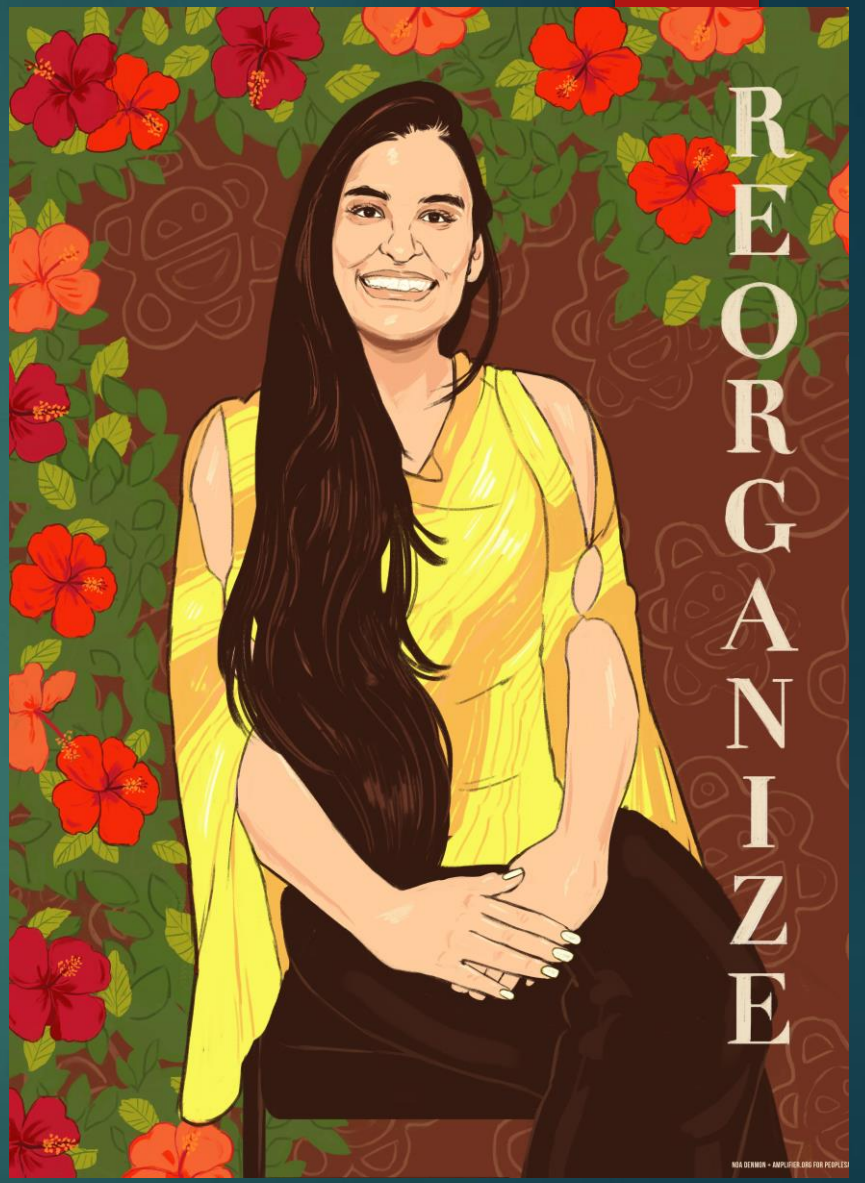
- Steps to increase safety and inclusion through individual work and organizational processes in a resident/ faculty culture that is >90% white
- Racial Affinity Caucusing

## >> Intentional Investment

- Acknowledgement that making Justice, Equity, Diversity, Inclusion a priority takes resources (time, people)

# Research/Scholarly Project

- JEDI curriculum/ Implicit Bias Quality Improvement
  - Collaboration with ABMS/PICME
  - Survey resident graduates
  - Our current JEDI curriculum shows a statistically significant change to how resident physicians provide culturally competent care
  - What works: Protected space for learning, required courses, outside speakers with lived experience
- Health Equity Rounds QI
- Doctor for a Day QI
- Raymond Clinic: How SSDOH affect health outcomes



# Reporting

- UW Bias Reporting Tool
  - https://redcap.iths.org/surveys/?s=RH49HNT8EA

## Report an Incident of Bias at UW Medicine/UW School of Medicine

AAA

UW Medicine is an organization that embraces diversity and advances equity while foster and collegiality. We are a community where support and respect are expected at all levels. We also realize there are times when individuals at all levels in our system engage in bullying, demonstrate negative biases, and challenge these values which adversely affects the learning, teaching, working or healing experiences of others. **This tool has been created for our employees to formally report those incidents.** Any employee may report a variety of concerns ranging from a one-time micro-aggression to more severe and sustained behavior. We are committed to responding to these events and continuing to improve our climate. Thank you for taking the time to tell us what happened.

**This reporting tool is for Non-Emergency Incidents Only**

**FOR EMERGENCIES DIAL 911**

**TO REPORT CRIMINAL ACTIVITY TO UW POLICE:**
**Non-emergency: 685-8937**
**Anonymous Tips: 685-8477**

*Please limit your report to a factual description of the event. While personal reflections and context are important to better understand experiences in our UW Medicine community, our team would be happy to speak with you directly to hear more about your experience. Please remember—as with all emails, tools, or reports—information obtained within this report may be subject to public records requests and information shared may be subject to release under federal and state law. If you choose to report anonymously or decline follow up discussion with a member of the Bias Response Team, please know that recitations of observations and facts are more useful than characterizations or labels.*

***If the event is related to patient care, please do not include patient identifiers in the report.***

**Name of person making the report:**

You can report anonymously but we encourage you to provide your name so we can follow-up with you and have the most impact in addressing bias

**On whose behalf are you filing this report?**

* must provide value

**I am filing this report on behalf of myself.**

**I am filing this report on behalf of someone else who is aware that I am doing so.**

# FMRI Boise Bias Reporting

01

Submit an ***anonymous*** New Innovations complaint

(https://www.new-innov.com/login/Login.aspx)

02

Submit directly to **JEDI@fmridaho.org**

03

In-person complaint to anyone

# Advocacy 101

GOAL

To gain advocacy skills through didactics, practice and mentorship to improve health equity for the vulnerable populations

>Communicating with Media

> Testifying in front of legislators

> Working with community partners

Residents are encouraged to take part of the Idaho Legislative session


10-12 session course (Sept-March)

Collaboration: Boise Internal Medicine Residency, the Family Medicine Residency of Idaho, University of Washington-WWAMI program

Collaboration with RHEDI (Reproductive Health Education in FM) and RHAP (Reproductive health Access Project)

# Institutional Alignment

- Aligning with our bigger educational institution UW
  - Office of Healthcare Equity
  - CLIME (Education)
  - NURF (Network of Underrepresented )
- Aligned with our hospital institution
  - Removal racial elements to screening and tools like GFR in labs
- Alignment with our Academies


# What we learned…

- Stop
  - Making training optional
- Start
  - Alignment with institutions doing this work
- Continue
  - To acknowledge structural racism and challenge ourselves to make healthcare inclusive and free of bias


# What we learned…

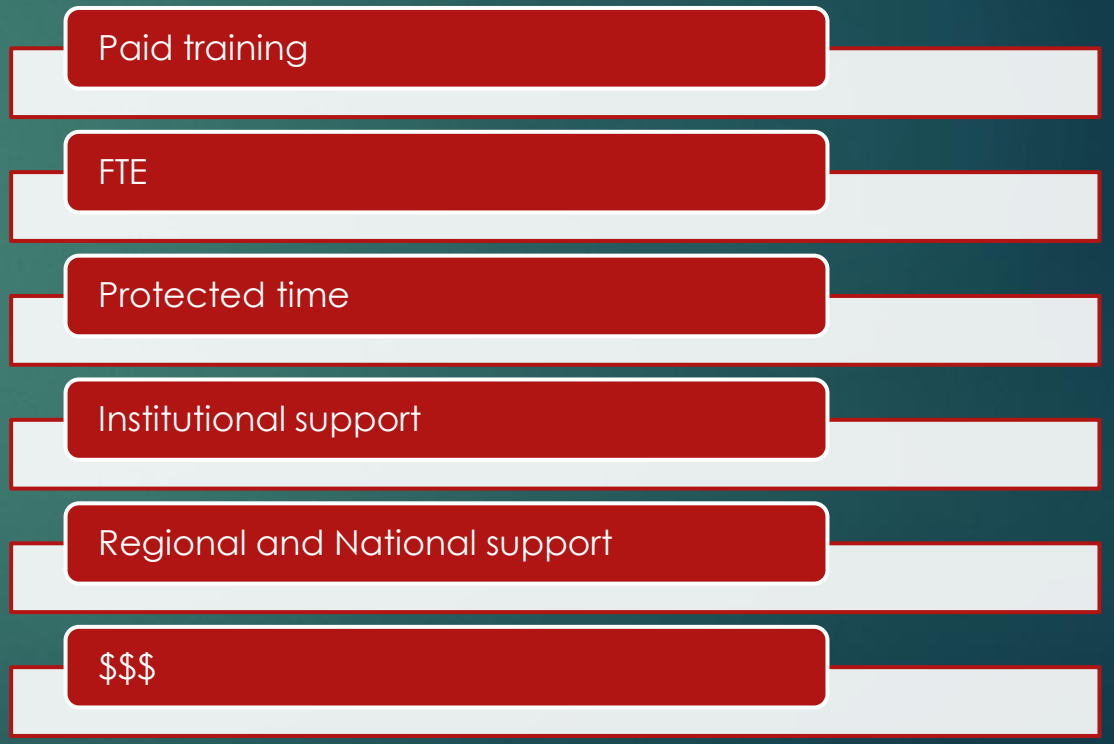
- If we had JEDI, we wouldn't need it
- Representation matters
- Inclusion and cultural safety measures for diversity is where we need the most work
- JEDI takes work and resources because we are creating a new system or revamping a system that has been historically exclusive
- Those people that are the most affected by inequities are standing up to do the work and are not supported with training, money, reimbursement, FTE or safety
- If we care about Justice, Equity, Diversity and Inclusion, we will STOP:
  - housing it in HR and making change punitive (instead make it accountable)
  - making it a compliance checklist
  - making it optional

# What is needed for Success

## Development and Support

- DEI Training (supported FMRI)
- WWAMI RAC, STFM, NCEAS
- Local Collaboration:
  - Community/Medical advocacy groups, UW IM, Black Antiracist Coalition, AHEC, IAFP
- National and Regional Collaboration:
  - WWAMI Network, STFM, AAFP

## Positional needs



# Thank you!

# Any questions?

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