

Agenda Item 17:

Increasing Diversity in Healthcare Workforce Education and Training

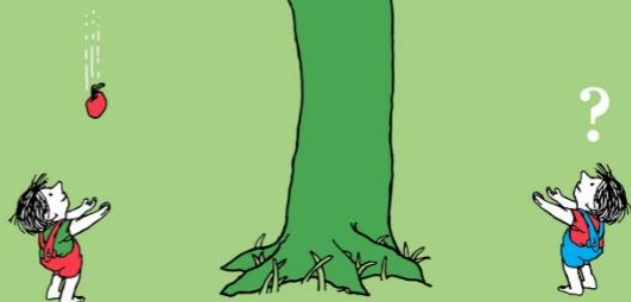
**Presenter: Dr. Ruth Shim, Associate Dean of Diverse and Inclusive
Education, University of California, Davis School of Medicine,
University of Davis**

Priorities for UC Davis School of Medicine

- Diversity
 - Through Admissions
- Equity
 - Through Curriculum
- Inclusion
 - Through Climate
- Belonging
 - Through Policy Change

Inequality

Unequal access to opportunities



By @lunchbreath
Based on Shai Shalev's Giving Tree
For John Hensley's 2019 Design in Tech Report

Equality?

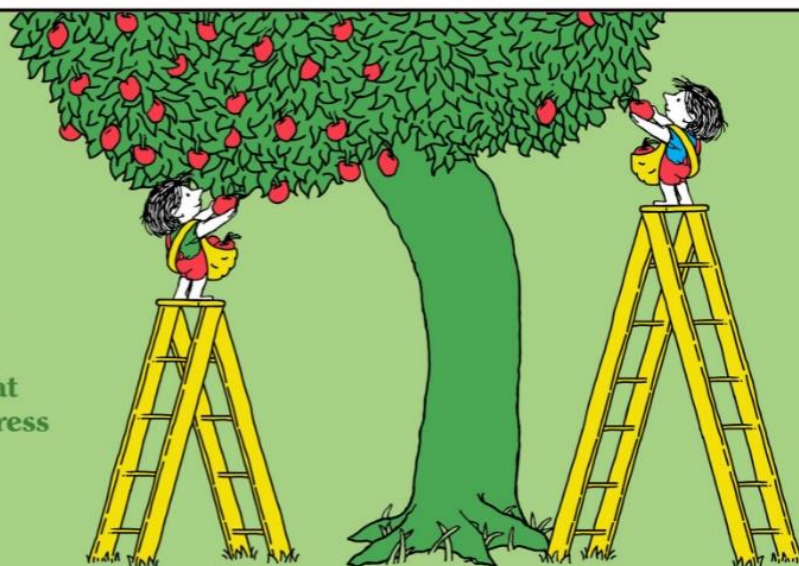
Evenly distributed tools and assistance



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Equity

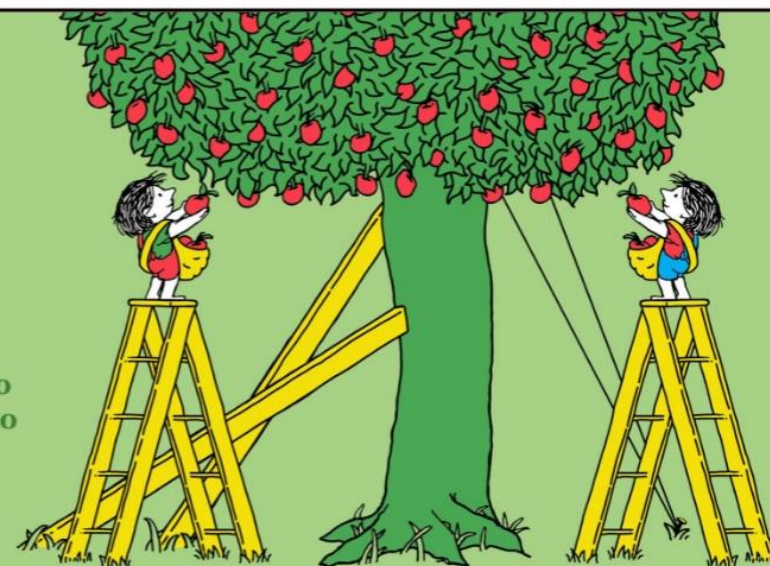
Custom tools that identify and address inequality



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Justice

Fixing the system to offer equal access to both tools and opportunities

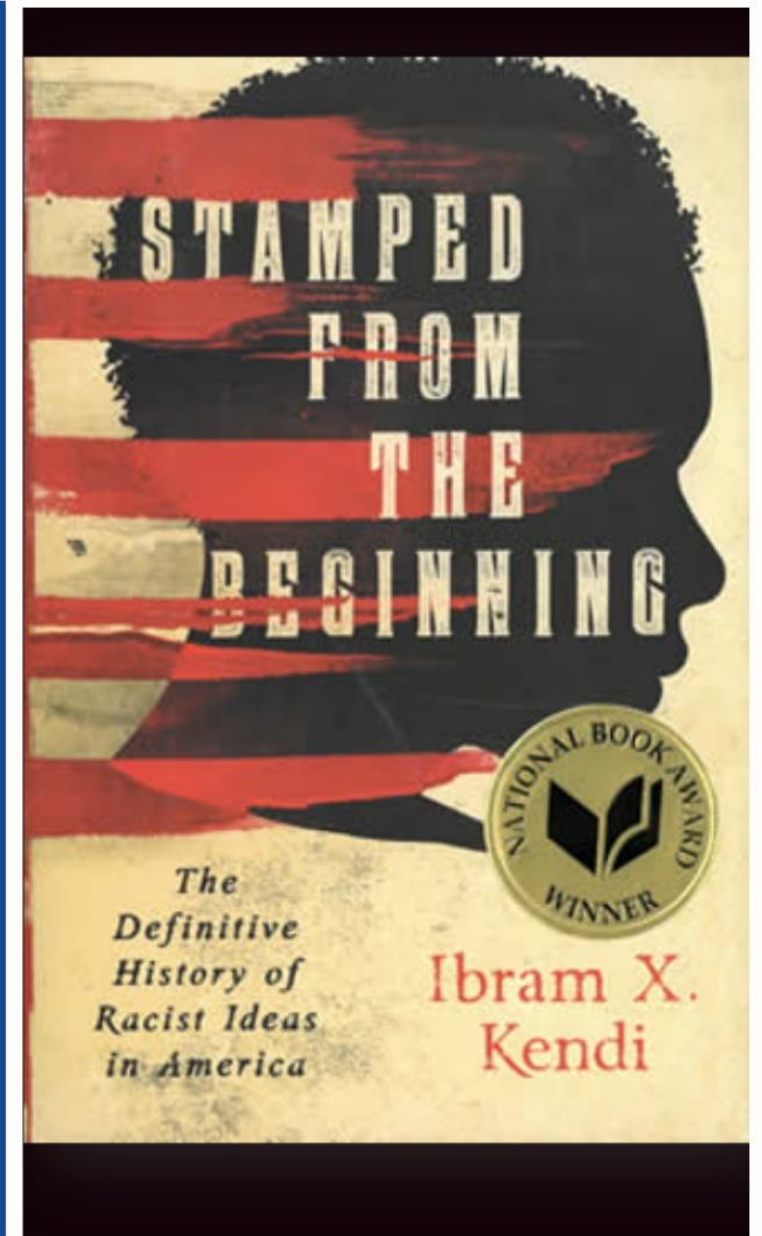


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Diversity



THE UNIVERSITY OF CALIFORNIA REGENTS VS. BAKKE



Diversity at UC Davis School of Medicine

Percentage of UC Davis School of Medicine matriculants from groups underrepresented in medicine

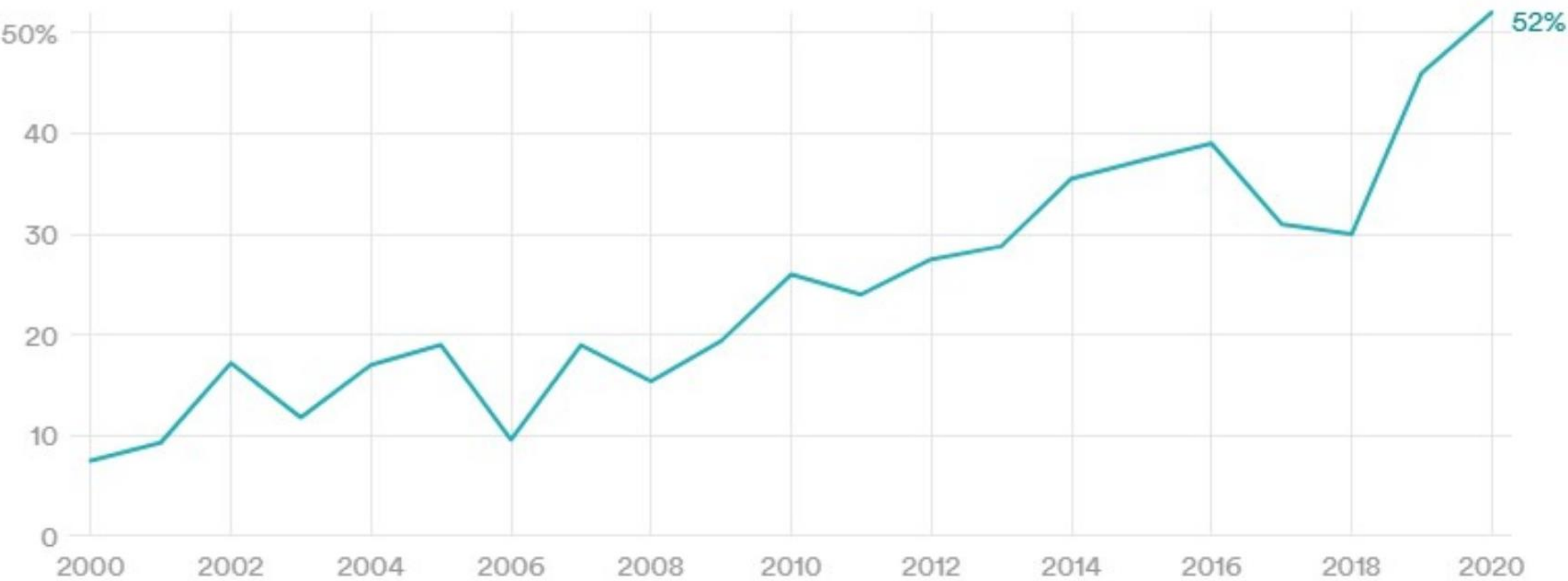


Chart: J. Emory Parker • Source: [Henderson et al. \(2021\), AMA Journal of Ethics](#)



Education
Building

Equity

OPINION | COMMENTARY

Take Two Aspirin and Call Me by My Pronouns

At 'woke' medical schools, curricula are increasingly focused on social justice rather than treating illness.

By Stanley Goldfarb

Sept. 12, 2019 5:54 pm ET

The American College of Physicians says its mission is to promote the “quality and effectiveness of health care,” but it’s stepped out of its lane recently with sweeping statements on gun control. And that isn’t the only recent foray into politics by medical professionals. During my term as associate dean of curriculum at the University of Pennsylvania’s medical school, I was chastised by a faculty member for not including a program on climate change in the course of study. As the Journal [reported](#) last month, such programs are spreading across medical schools nationwide.

RECOMMENDED VIDEO

1. Saudi Arabia Suspends About 1 Its Oil Output After Drone Attacks
2. Why Making App iPhones in America So Hard
3. What the U.K.'s Political Drama Means for Brexit

“WHY HAVE MEDICAL SCHOOLS BECOME A TARGET FOR INCULCATING SOCIAL POLICY WHEN THE STATED PURPOSE OF MEDICAL EDUCATION SINCE HIPPOCRATES HAS BEEN TO DEVELOP INDIVIDUALS WHO KNOW HOW TO CURE PATIENTS?”

“CURRICULA WILL INCREASINGLY FOCUS ON CLIMATE CHANGE, SOCIAL INEQUITIES, GUN VIOLENCE, BIAS, AND OTHER PROGRESSIVE CAUSES ONLY TANGENTIALLY RELATED TO TREATING ILLNESS. AND SO WILL MANY OF YOUR DOCTORS IN COMING YEARS.”



“SOCIAL AND HEALTH POLICIES ALWAYS DETERMINED WHO GETS SICK AND WHO GETS CARE, AND WHERE, AND HOW. UNDERSTANDING THE SOCIAL DRIVERS OF HEALTH AND ILLNESS IS NOT PERIPHERAL OR TANGENTIAL TO HEALTH. IT IS THE KEY TO DIAGNOSING AND MEETING A PATIENT’S FUNDAMENTAL NEEDS.”



Cultural Humility



- Commit to **lifelong process of self-evaluation** and **self-critique**
- Desire to **fix power imbalances** between providers and clients
- **Develop community partnerships** to advocate within the larger organizations in which we participate

Structural Competence

THE TRAINED ABILITY TO DISCERN HOW A HOST OF ISSUES **DEFINED AS SYMPTOMS, CLINICAL PROBLEMS, ATTITUDES, OR DISEASE** (E.G., DEPRESSION, HYPERTENSION, OBESITY, SMOKING, MEDICATION “NON-COMPLIANCE,” TRAUMA, PSYCHOSIS) **ARE INFLUENCED BY UPSTREAM SOCIAL DETERMINANTS OF HEALTH.**

Promoting Equity in Medical Education

- Advising on the Health Equity Thread of the I-EXPLORE curriculum
- Addressing Grading and Curriculum Inequities
- Supporting a Safe and Supportive Learning Climate
- Providing Support for Experiences of Discrimination or Harassment
- Educating and Supporting Faculty on Inclusive Teaching Strategies



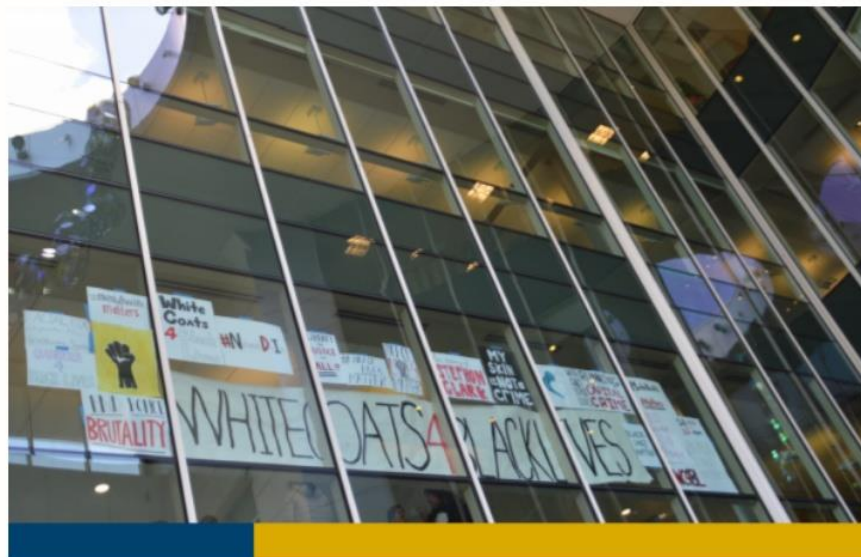
In 2020, the UC Davis Chapter of White Coats for Black Lives (WC4BL), in collaboration with HEDI and OME, issued a Racial Justice Report Card (RJRC)

White Coats for Black Lives
**Racial Justice
Report Card 2020**

WRITTEN BY:
Students of the UC Davis Chapter
of White Coats for Black Lives



White Coats For Black Lives



White Coats for Black Lives Racial Justice Report Card 2020

WRITTEN BY:
Students of the UC Davis Chapter
of White Coats for Black Lives

UC DAVIS
HEALTH

SCHOOL OF
MEDICINE



UC Davis School of Medicine		
Racial Justice Report Card Summary		
METRIC	GRADE AND NOTES	
1. URM Student Representation	A	All of the following groups are proportionately represented among students: Black, Native American, Latinx.
2. URM Faculty Representation	C	None of the following groups are proportionately represented among faculty, or this information is not publicly available: Black, Native American, Latinx.
3. URM Recognition	A	The metric is fully met.
4. URM Recruitment	B	Some elements of the metric are met.
5. Anti-Racism Training and Curriculum	B	Some elements of the metric are met.
6. Discrimination Reporting	B	There is some system for collecting reports, but there is no clear follow-up after reports are made.
7. URM Grade Disparity	C	There are significant racial disparities in grades and/or honors or this information is not publicly available.
8. URM Support/Resources	B	There are some resources specifically designated to support students of color.
9. Campus Policing	C	There is a campus police force, and no evidence that they have sought to address racism in policing, or this information is not publicly available.
10. Marginalized Patient Population	C	Students are routinely given more independence when caring for marginalized patients.
11. Equal Access for All Patients	C	Patient care is highly segregated, or this information is not publicly available.
12. Immigrant Patient Population	C	The hospital has no public or policy commitment to immigrant patients.
13. Staff Compensation and Insurance	A	The metric is fully met.
14. Anti-Racist IRB Policies	C	IRB process has no requirements regarding the treatment of race, or this information is not publicly available.

Inclusion

The purpose of Inclusive Medical Education is “to demonstrate how including diverse perspectives in General Medical Education Scholarship could prompt reconsideration of basic concepts and the development of richer, more nuanced, and practicable understanding of who medical learners be.”

Defining “Othering”

“A set of dynamics, processes, and structure that engender marginality and persistent inequality across any of the full range of human differences based on group identities.”

Intersectionality



Crenshaw KW. On intersectionality: Essential writings. The New Press; 2017.

Examples of Inclusive Educational Practices

- Use of pronouns
- Guidelines for presenting data about race and ethnicity
- Distinguishing between race, genetics, and genetic ancestry
- Suggestions for developing and presenting clinical vignettes
- Guidelines on discussing body size
- Guidelines on discussing sexuality
- Suggestions for better language and terminology for stigmatized populations
- Guidelines for accessible learning environments

Practices to Avoid

- Inaccurate stereotypes
 - Example of what not to say – “Latinx people have higher rates of diabetes because they eat a lot of tortillas.”
- Prevent Advancement of theories of biological and cultural determinism
 - Example of what not to say – “Asian people have lower rates of depression because their culture emphasized collectivism rather than individualism.”
- Prevent advancement cultural deprivation theories
 - Example of what not to say – “Racial and ethnic minorities are more likely to somaticize mental health symptoms because they come from cultures that utilize more primitive coping mechanisms.”

Belonging

How to be Anti-Racist

“The opposite of racist isn’t ‘not racist.’ It is ‘anti-racist.’

What’s the difference? One endorses either the idea of racial hierarchy as a racist, or racial equality as an anti-racist.

One either believes problems are rooted in groups of people, as a racist, or locates.

The is no in-between safe space of ‘not racist.’

The good news is that racist and anti-racist are not fixed identities.

We can be racist one minute and an anti-racist the next.

What we say about race, what we do about race, in each moment, determines what -- not who -- we are.”

Kendi IX, *How to Be an Anti-Racist*. One World Press, 2019

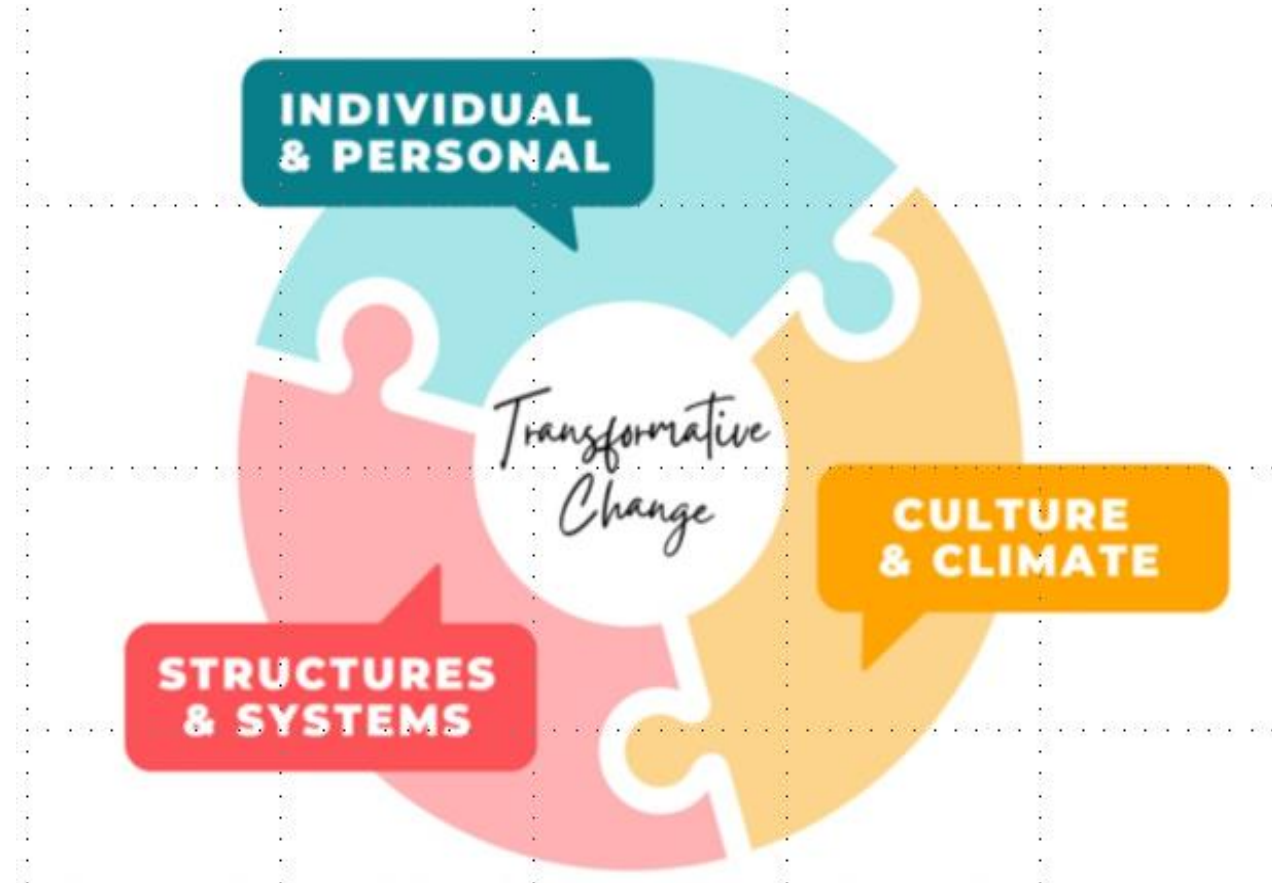
How do we move from aspiration to action?

How do we center anti-racism in our leadership?

How do we transform our organizations to become anti-racist?

Anti-racism leadership requires deep reflection, establishing an anti-racist mindset, modeling anti-racist practices, and embedding anti-racism structures throughout the organization.

Anti-racist leaders think about disrupting racism through individual learning, interpersonal actions, and institutional transformation.



"THE USE OF STANDARDIZED TESTS TO MEASURE APTITUDE AND INTELLIGENCE IS ONE OF THE MOST EFFECTIVE RACIST POLICIES EVER DEVISED TO DEGRADE BLACK MINDS AND LEGALLY EXCLUDE BLACK BODIES...

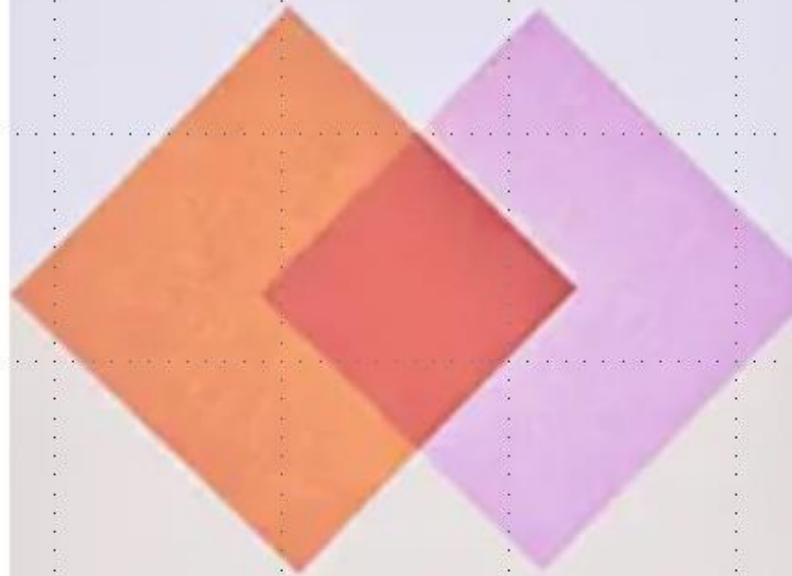
THE IDEA OF AN ACHIEVEMENT GAP BETWEEN THE RACES - WHITES AND ASIANS AT THE TOP AND BLACKS AND LATINX AT THE BOTTOM - CREATES A RACIAL HIERARCHY, WITH ITS IMPLICATION THAT THE RACIAL GAP IN TEST SCORES MEANS SOMETHING IS WRONG WITH THE BLACK AND LATINX TEST-TAKERS, AND NOT THE TESTS.

FROM THE BEGINNING, THE TESTS, NOT THE PEOPLE, HAVE ALWAYS BEEN THE RACIAL PROBLEM."

Ibram X. Kendi

EQUITY AND SOCIAL JUSTICE IN EDUCATION SERIES

EQUITY-CENTERED TRAUMA-INFORMED EDUCATION



ALEX SHEVRIN VENET

EQUITY-CENTERED TRAUMA-INFORMED EDUCATION