

AT THE NEXUS OF SCIENCE AND SOCIAL JUSTICE: PREPARING STUDENTS FOR EVIDENCE-INFORMED HEALTH EQUITY LEADERSHIP

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University of Maryland Schools of Medicine and Public Health

compassion | discovery | excellence | diversity | integrity

*The University System of Maryland - Kirwan Center for Academic Innovation
Empowering Students to be Agents for Change in Promoting Health Equity
April 19th, 2023*

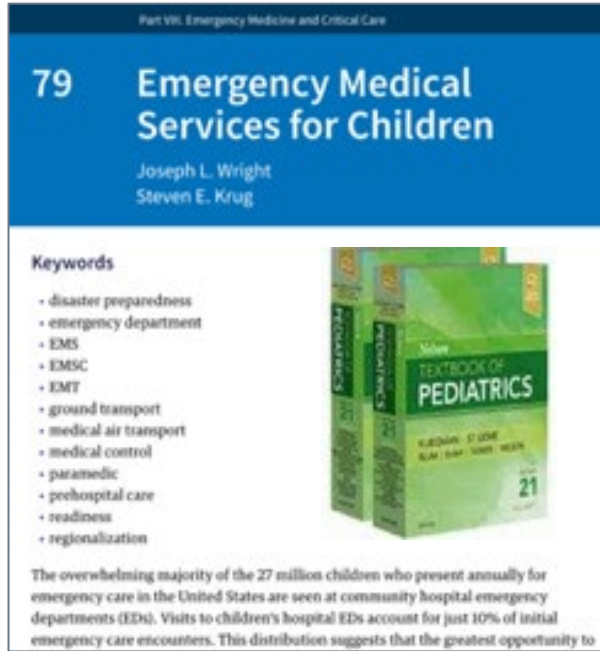


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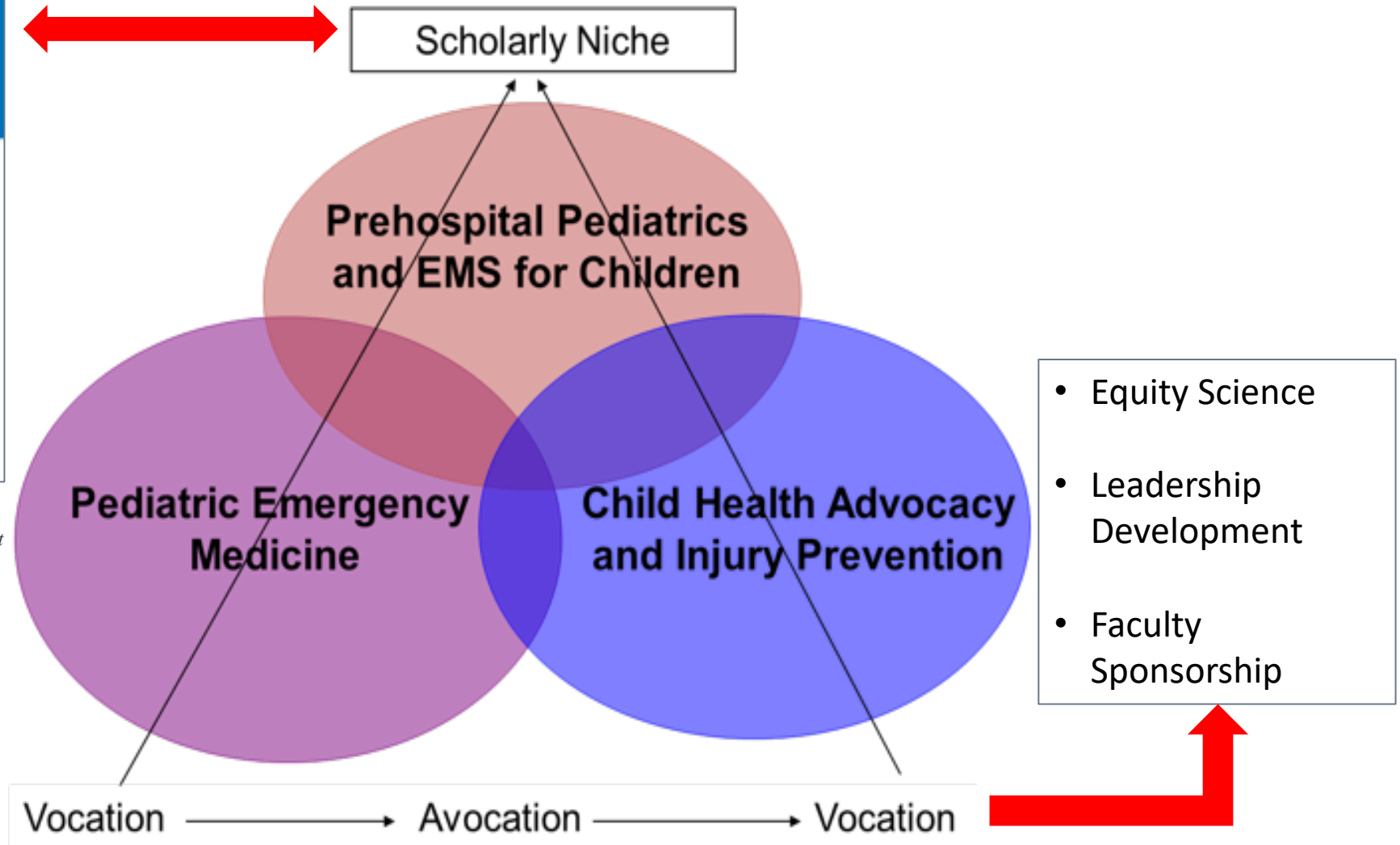
- In the past 12 months, I have not had a significant financial interest or other relationship with the manufacturer(s) of the products or provider(s) of the services that will be discussed in my presentation.
- This presentation will not include discussion of pharmaceuticals or devices that have not been approved by the FDA.



CONTEXT FOR PERSPECTIVE – PROFESSIONAL JOURNEY



Wright JL and Krug SE. *Nelson Textbook of Pediatrics, 19th, 20th and 21st editions*, Philadelphia: Elsevier





MARYLAND VOICES

YOUR TURN

UMMS focused on ending disparities in health care

The Baltimore Sun should be congratulated for its introspective look into the company's history and past actions ("We are deeply and profoundly sorry," Feb 18) affecting the Black community across Baltimore and the state of Maryland. All organizations who make the effort to examine how biases and actions have impacted their practices and operations ought to be commended.

The health care industry certainly has an opportunity to do the same. Many times, barriers to equitable care are rooted in larger, systemic issues that can lead to health disparities for entire communities or groups of people. We're working hard to eliminate these obstacles for every individual who walks through our doors.

The past few years have been a wake-up call for many to the structural inequities, injustices and systems in place that have created barriers for people based on their race, ethnicity, religious beliefs, disability, sexual orientation or gender identity. Many institutions have begun to acknowledge the injustices that disenfranchised and minoritized populations have endured, and similar to The Sun's reckoning, have begun to reconcile past transgressions. However, there is long way to go.

At the University of Maryland Medical System (UMMS), we have been evaluating how we're addressing equity, diversity and inclusion across our organization. We have been having tough conversations, transparently examining our practices and policies and truly listening to our employees, patients and neighbors. As a result, we are focusing on a transformative plan that outlines our commitment to equity, diversity and inclusion.

UMMS is committed to taking actions and implementing changes that will reduce, and eventually eliminate health care disparities. For example, earlier this month we stopped estimating kidney function using a race-based diagnostic formula

that placed African Americans at a disadvantage in receiving care for chronic kidney disease, the first step in our effort to **eliminate race-based medicine in care delivery practices.**

Other measures we are taking focus on improving the diversity in our workforce, refocusing on delivering culturally competent care, ensuring we have appropriate language interpretation available at all of our sites, meeting the spiritual needs of all our patients, ensuring our facilities are accessible to all, and addressing transportation issues that impact access to health care.

But these efforts alone are not enough. We must also look at the bigger picture and uncover where there are gaps and failures. We will examine patient outcomes from across our system and identify areas of disparity, develop robust plans to address those disparities and improve outcomes for affected individuals. We will develop new policies and procedures focusing on equity, diversity and inclusion, work with partners to examine which communities may be experiencing poorer health outcomes, develop services and solutions to address specific needs of neighborhoods and increase our partnerships with businesses that reflect the growing diversity of our community, patients and workforce.

As a health care leader and as anchor institutions in the communities we serve across our diverse state, we owe this to the people of Maryland and are committed to these efforts moving forward.

*Roderick K. King, Baltimore
and Dr. Joseph L. Wright, Upper Marlboro*

King is senior vice president and the chief equity, diversity and inclusion officer for the University of Maryland Medical System. Wright is vice president and chief health equity officer at UMMS.

"...eliminate race-based medicine in care delivery practices"



CURRENT CONTEXT

- UMMS Chief Health Equity Officer:
 - Chair, Equity in Patient Care Executive Steering Committee
 - Routine stratification by Race/Ethnicity of quality and safety metrics at the enterprise and member organization level
 - Transparent visualization of disaggregated metrics via an active data dashboard
 - ***Dismantling of race-based approaches (e.g., algorithms, calculators, guideline, pathways) to clinical decision-making***



EQUITY AND HEALTH EQUITY: CONTEMPORARY DEFINITIONS

Equity is fairness and justice achieved through systematically assessing disparities in opportunities, outcomes and representation and readdressing [those] disparities through targeted actions.

Available at: <https://Centering-Equity-Collective-Impact-Winter-2022.pdf>

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to:

- Address historical and contemporary injustices;
- Overcome economic, social, and other obstacles to health and health care;
- Eliminate preventable health disparities.

To achieve health equity, we must change the **systems and policies** that have resulted in the generational injustices that give rise to racial and ethnic health disparities.

Available at: <https://www.cdc.gov/healthequity/whatis/index.html>



IMPORTANT LEVEL SET

- The work of advancing equity and anti-racism is necessarily iterative and incremental. It requires commitment, courage, humility, introspection, and resolve.
- This is uncharted territory and moving forward can feel challenging, disruptive, frustrating and polarizing.
- We can't expect to immediately have all the answers. We're at unique places on our individual journeys and must embrace the opportunity to learn from our collective fits and starts.



Wright JL, Johnson TJ. Child Health Advocacy: The Journey to Anti-Racism. *Pediatric Clinics of North America* 2023;70:91-101



AT THE NEXUS OF SCIENCE AND SOCIAL JUSTICE: **PREPARING STUDENTS FOR EVIDENCE-INFORMED HEALTH EQUITY LEADERSHIP**

- Learning Objectives:
 - Recognize the fallacy of race as a biologic proxy.
 - Identify structural inequities embedded in practices and guidelines.
 - Define strategies and tactics for “equity-fitting” faculty teaching and scholarly work.



Expanding intellectual boundaries and broadening our horizons of curiosity, discovery and knowledge acquisition



TRUTH: FLAWED ASSUMPTIONS

- Race is a biologic category
- Race is a construct for genetic difference
- Equivalency between genes that determine race and health





TRUTH: REALITY

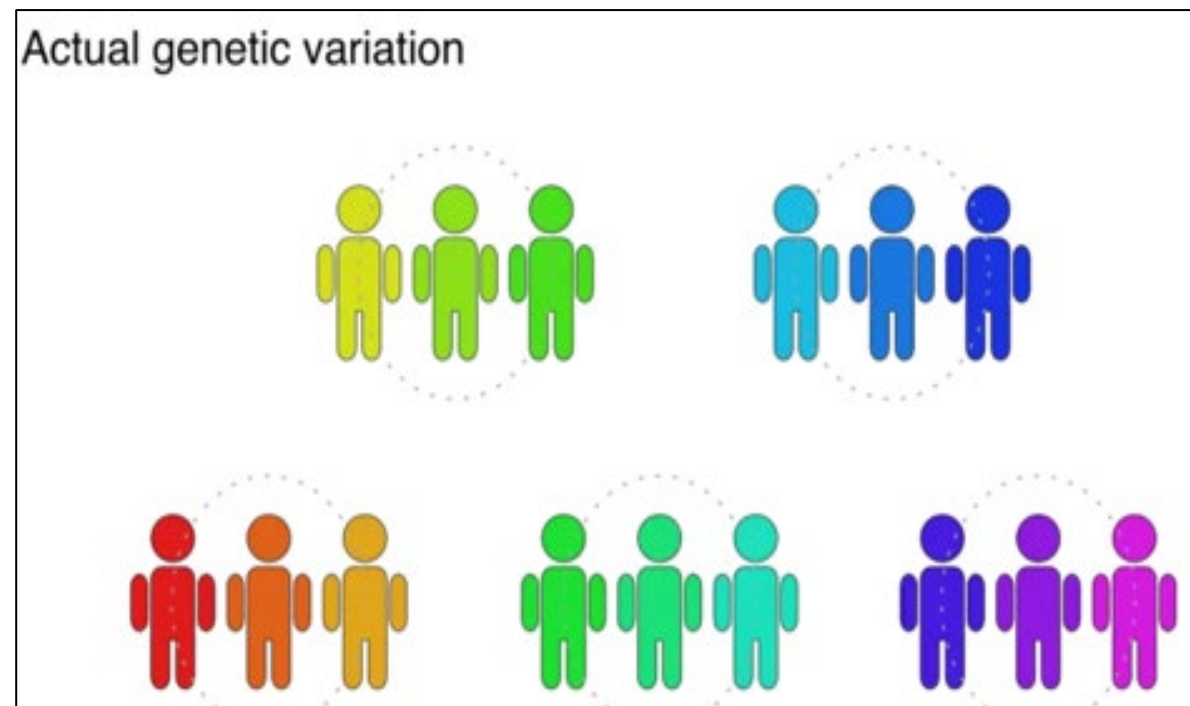
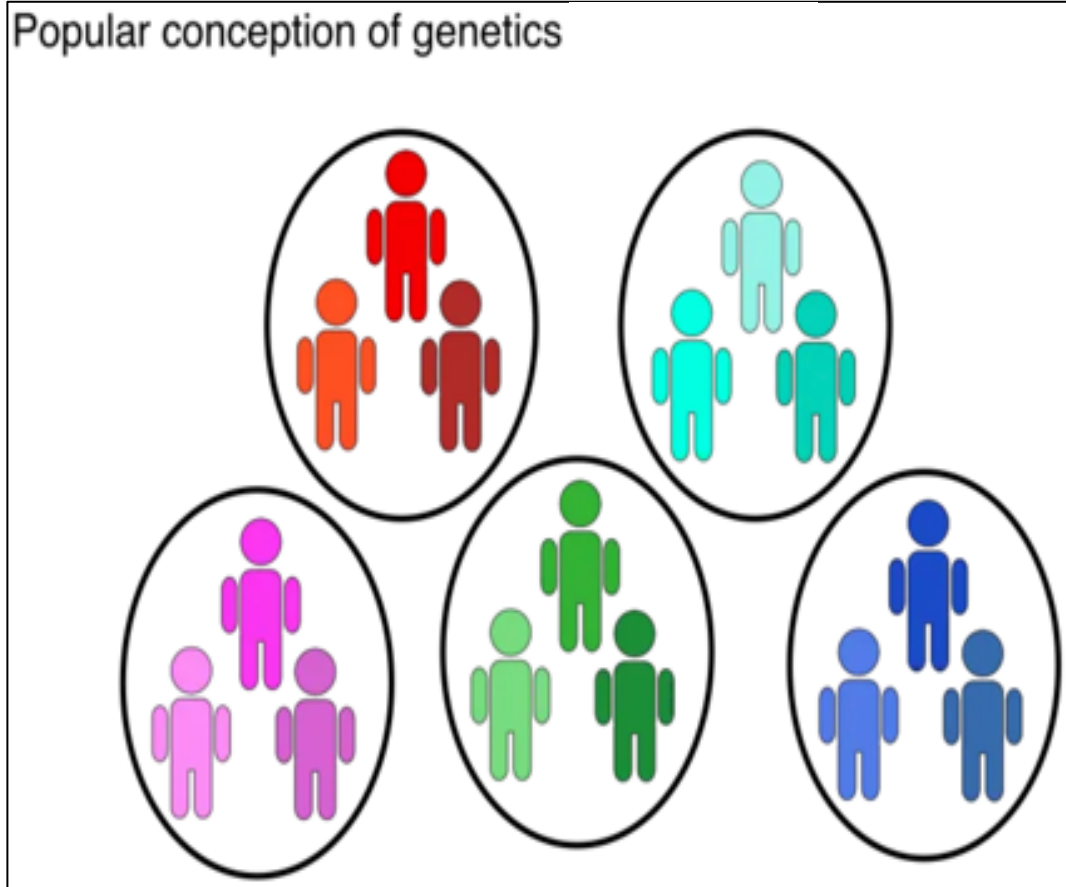
- **Race** is a not a biologic category based on innate differences. Rather, it is a social construct that reflects differential and often inequitable lived experiences and should not be used as a biologic proxy for disparities.





TRUTH: RACE, ANCESTRY, AND GENETIC VARIATION

The greatest fraction of genetic diversity is found within populations, rather than between them.



Adapted from: <https://sitn.hms.harvard.edu/flash/2017/science-genetics-reshaping-race-debate-21st-century>



TRUTH: BOTTOM LINE

- We share 99.9% of DNA with one another; only 0.1% varies between individuals.
- Stratification based on the minute portion of that 0.1% variation responsible for the phenotype of skin color has been used throughout history to justify a belief in human hierarchy.

Courtesy: Child Health Advocacy Institute, Children's National Hospital





RACE-BASED MEDICINE

- Inappropriate use of race as a corrective, risk-adjusting, or dichotomizing variable in algorithms, practice guidelines, or policies that influence the clinical decision-making process.



PEDIATRIC URINARY TRACT INFECTION – INTENT VS IMPACT

CLINICAL PRACTICE GUIDELINE

Urinary Tract Infection: Clinical Practice Guideline for the Diagnosis and Management of the Initial UTI in Febrile Infants and Children 2 to 24 Months

Pediatrics 2011;128(3):595 reaffirmed 2016

Probability of UTI based on clinical characteristics

Enter child's clinical characteristics below (all fields are required)

Age < 12 months

Yes No

Maximum temperature $\geq 39^\circ\text{C}$ (i.e., 102.2°F)

Yes No

Self describes race as black

Yes No

Female or uncircumcised male

Yes No

Other fever source*

Yes No

Probability of UTI

--

Calculate

Clear

Individual Risk Factors: Girls
White race Age < 12 mo Temperature $\geq 39^\circ\text{C}$ Fever ≥ 2 d Absence of another source of infection

Probability of UTI	No. of Factors Present
$\leq 1\%$	No more than 1
$\leq 2\%$	No more than 2

Individual Risk Factors: Boys
Nonblack race Temperature $\geq 39^\circ\text{C}$ Fever > 24 h Absence of another source of infection

Probability of UTI	No. of Factors Present	
	Uncircumcised	Circumcised
$\leq 1\%$	^a	No more than 2
$\leq 2\%$	None	No more than 3

FIGURE 2

Probability of UTI Among Febrile Infant Girls²⁸ and Infant Boys³⁰ According to Number of Findings Present. ^aProbability of UTI exceeds 1% even with no risk factors other than being uncircumcised.



AT THE NEXUS OF SCIENCE AND SOCIAL JUSTICE: PREPARING STUDENTS FOR EVIDENCE-INFORMED HEALTH EQUITY LEADERSHIP

- Learning Objectives:

- Recognize the fallacy of race as a biologic proxy.

- ***Identify structural inequities embedded in practices and guidelines.***

- **Unrooting Hidden History**

- **Challenging Dogma/Debunking Myth**

- Define strategies and tactics for “equity-fitting” faculty teaching and scholarly responsibilities.





ROOTS OF RACE-BASED MEDICINE

- “On the dysfunction of the pulmonary apparatus in Blacks...among the real distinctions which nature has made is a lack of lung capacity.”

- Thomas Jefferson, 1781

Library of Congress

Notes on the state of Virginia.

582 382

NOTES ON THE STATE OF VIRGINIA.

BY THOMAS JEFFERSON.

LC

BOSTON: PUBLISHED BY LILLY AND WAIT.

<https://www.loc.gov/item/03004902/.pdf>

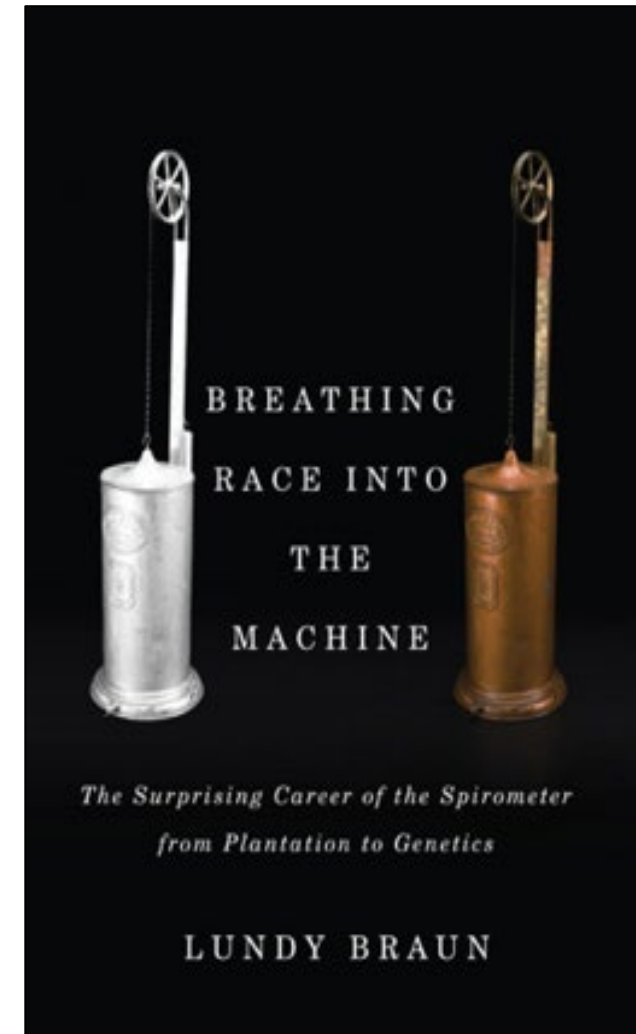


PSEUDOSCIENCE OF RACE NORMING IN LUNG FUNCTION ASSESSMENT

- "Lung capacity in the Negro is 20% deficient...because small lungs prevent Blacks from inhaling enough air forced labor is a way to vitalize the blood and correct the problem."

- Dr. Samuel Cartwright, 1851

Cartwright SA. Report on the diseases and physical peculiarities of the negro race. *New Orleans Medical and Surgical Journal*. 1851;VII:692-713.



Braun L. Race correction and spirometry: Why history matters. *Chest*. 2021;159:1670.



Race and Ethnicity in Pulmonary Function Test Interpretation

An Official American Thoracic Society Statement

Recommendation for PFT Reporting and Interpretation

A majority (30/33) of workshop participants recommend using a race-neutral average reference equation instead of race-specific equations in PFT laboratories and clinical practice. The majority cited limitations and problems with classifying individuals by race, the lack of evidence for benefit of race-specific equations, and the growing scientific evidence that supports both the use of a single reference equation and the concerns about norming social and environmental risk factors for reduced pulmonary function.

“HOT OFF THE PRESS”

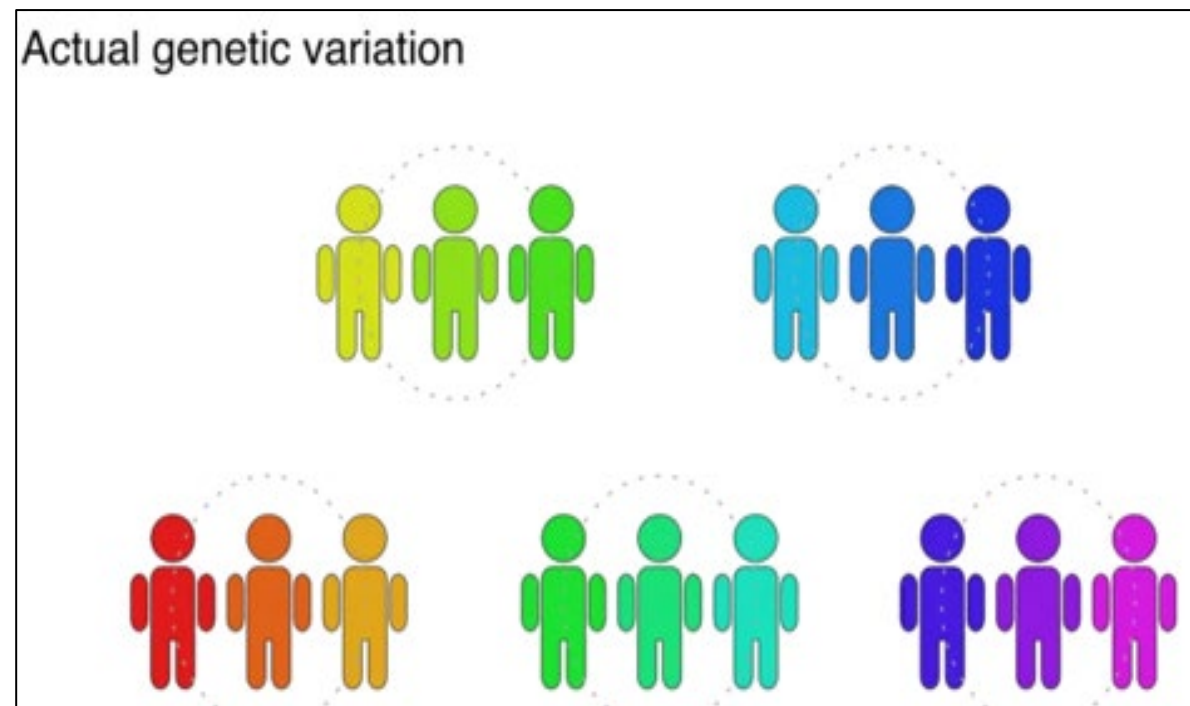
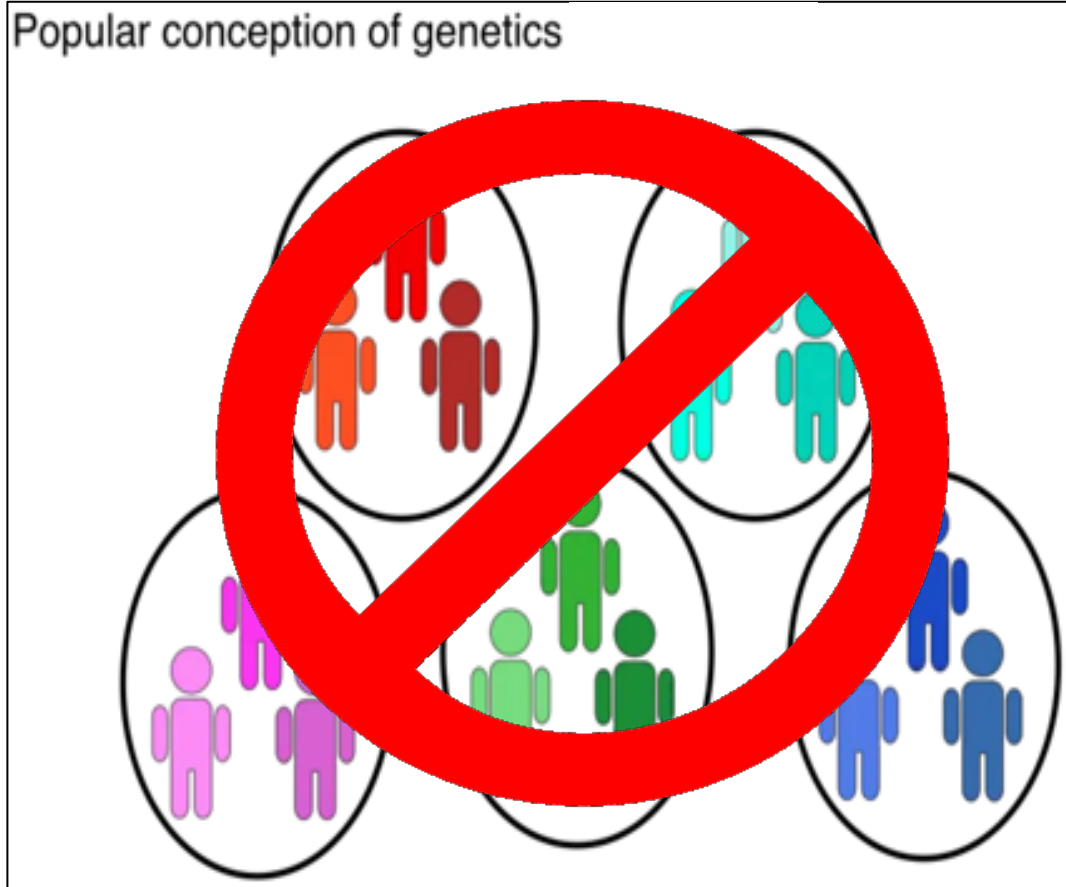
Among the three who disagreed, one cited the harms in not comparing a person’s results to those of other people who self-identify with the same race or ethnicity, as well as the recommendation’s conflict with their view of heritable differences in body proportions between people that were set by different ancestral climates.

American Journal of Respiratory and Critical Care Medicine Volume 207 Number 8 | April 15 2023



TRUTH: RACE, ANCESTRY, AND GENETIC VARIATION

The greatest fraction of genetic diversity is found within populations, rather than between them.



Adapted from: <https://sitn.hms.harvard.edu/flash/2017/science-genetics-reshaping-race-debate-21st-century>



CHALLENGING DOGMA, DEBUNKING MYTH

Opportunity

Problem

Health Equity Consequence

- Staging of Chronic Kidney Disease (CKD)



- Black patients with advanced CKD experience referral delays.

- Black patients now likely to be younger and healthier upon referral.

- Vaginal Birth After Cesarean (VBAC) Calculator



- Race/ethnicity negatively 'correct' calculation predicting lower likelihood of success.

- Objective and safe promotion of vaginal birth in populations already beset w/ disproportionate c-section and maternal morbidity rates.

- Atherosclerotic Cardiovascular Disease (ASCVD) Risk

- Substantial and biologically implausible differences, i.e., up to 23%, found based on race alone.

- More accurately calibrated tool to direct appropriate care for all patients.

- Urinary Tract Infection (UTI) in Pediatric Patients

- Inclusion of race is based on unsubstantiated theoretical lower risk of UTI for children of color.

- Confer equitable UTI work-up for all young children regardless of race.



VAGINAL BIRTH AFTER C-SECTION

Ortho Patient Experience Pharmacy Care Coordination Legal & Regulatory Compensation Pa

U of Maryland Medicine eliminates race as birthing decision factor

Cailey Gleeson (Twitter) Wednesday, May 4th, 2022

BECKER'S
HOSPITAL REVIEW

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University of Maryland Medical System removes race from decisions affecting birth options

Kristi King | kking@wtop.com
May 6, 2022, 12:11 AM

Listen now to WTOP News WTOP.com | Alexa | Google Home | WTOP App | 103.5 FM

When a woman gives birth by cesarean section, a nationally accepted standard typically helps decide whether she'll need the same procedure next time; but within the University of Maryland Medical System, race and ethnicity will no longer be part of calculations used to determine that.

"This is important for all of the algorithms, practice guidelines and calculators that we're examining, reexamining here," said Dr. Joseph L. Wright, vice president and chief health equity officer for UMMS.

STAGING OF CHRONIC KIDNEY DISEASE

The Washington Post

Democracy Dies in Darkness

University of Maryland Medical System drops race-based algorithm officials say harms Black patients

By Ovetta Wiggins

November 17, 2021 at 2:48 p.m. EST

The Washington Post

Democracy Dies in Darkness

Black man awaiting kidney transplant alleges racial bias

Los Angeles barber says in a lawsuit that African Americans rank lower on organ wait lists because of a flawed algorithm

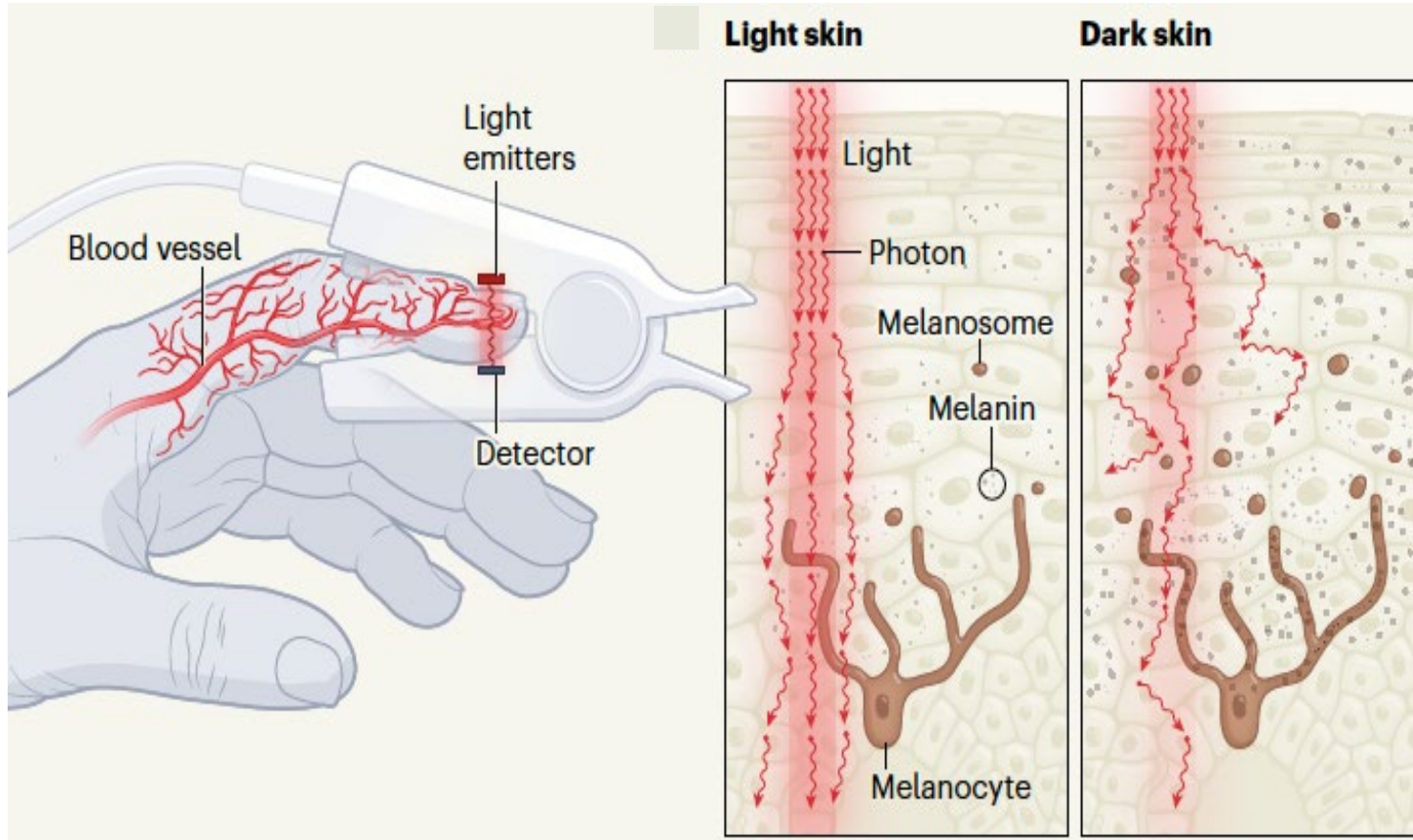


By Lenny Bernstein

Updated April 10, 2023 at 5:10 p.m. EDT | Published April 10, 2023 at 1:37 p.m. EDT

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BIAS IN THE TECHNOLOGY – PULSE OXIMETRY



POLITICOPRO

FDA advisers: Pulse oximeters have worse performance in people with darker skin

BY DAVID LIM | 11/02/2022 01:36 PM EDT

The illustration shows three hands of different skin tones (dark brown, light brown, dark brown) each with a pulse oximeter on the index finger, set against an orange background.

Undetected (Occult) Hypoxemia in Pulse Oximetry

Nature | Vol 610 | 20 October 2022



AMERICA'S GOT REGULATORY SCIENCE TALENT *"TEAM CLINICAL LAB SCIENTISTS"*



UMB-SOM Department of Medical and Research Technology Graduate Students:
Marilyn Bekima, Diran Dasi, Rebecca Collins and Peyton Liebhardt



MEDIA AND MESSAGE DELIVERY

- Clear, concise, “sound bites”
- Limit to 2-3 most important points
- Avoid acronyms





THOUGHT LEADERSHIP: BUILDING SUBJECT MATTER EXPERTISE AND COMMUNICATION CONFIDENCE

☰ **CNN** health Life, But Better Fitness Food Sleep Mindfulness Relationships

A growing push to fix pulse oximeters' flawed readings in people of color: 'This can be dangerous'



By Jacqueline Howard and Raenu Charles, CNN

Updated 10:57 AM EST, Wed December 7, 2022

(CNN) — As a triple threat of respiratory illnesses - flu, Covid-19 and respiratory syncytial virus, known as RSV - sweeps the United States, emergency departments are using one small tool more than usual to monitor whether a patient needs oxygen: the pulse oximeter.

"We're in the midst of a respiratory flood," said pediatric emergency physician Dr. Joseph Wright, chief health equity officer at the University of Maryland Medical System, which includes 11 hospitals.

"And the pulse oximeter is used from any age to geriatrics," he said. "This is a tool that is used on all patients, and right now, as with the height of the pandemic, it's a tool that is used to assess children with respiratory distress as part of the RSV flood that we're currently experiencing."

<https://www.cnn.com/2022/12/07/health/pulse-oximeters-inaccuracies>



ACADEMIC ELEVATOR SPEECH: THE SEER FORMAT

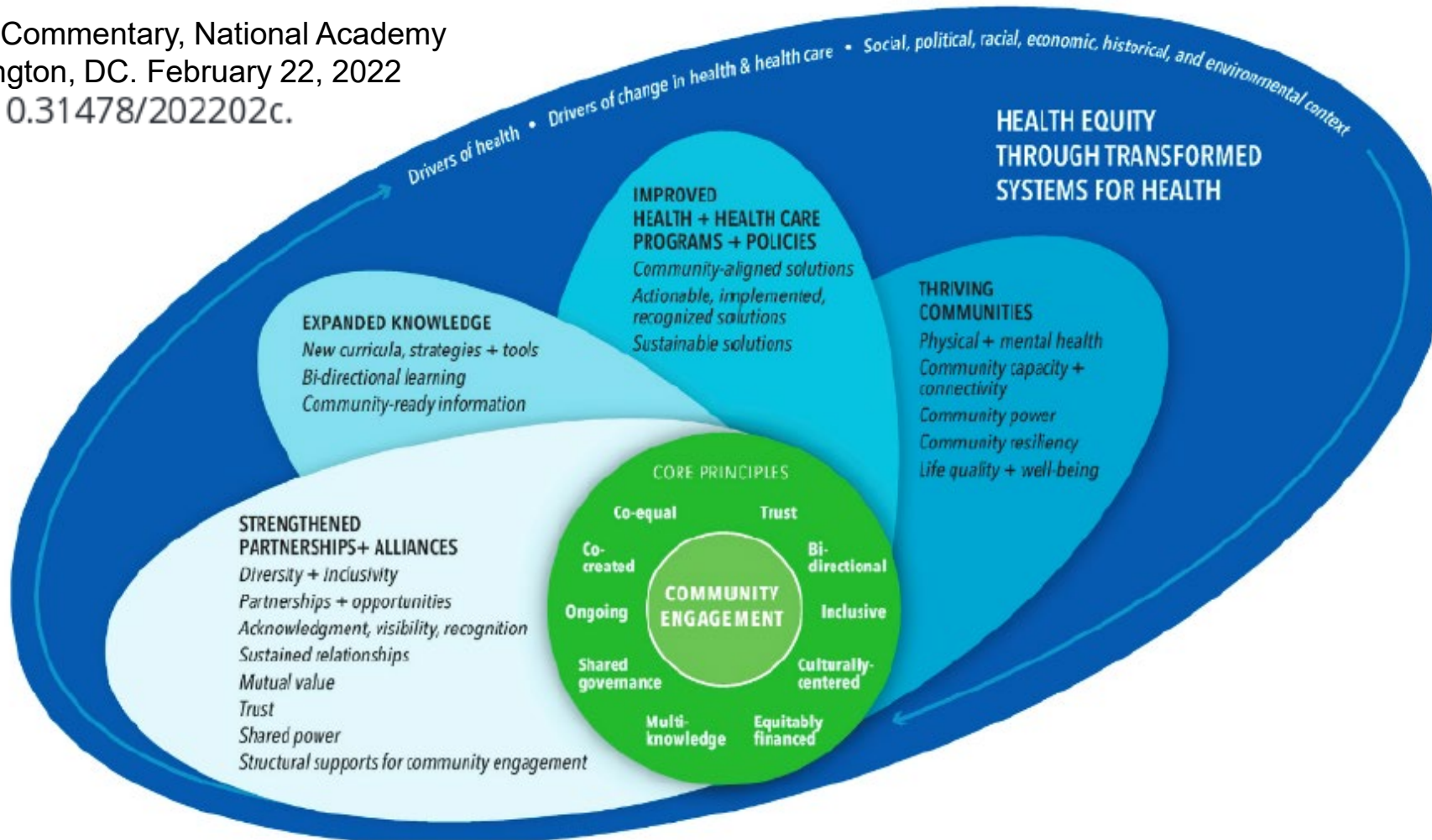
- **Summarize**
(1 sentence)
- **Elaborate**
(1-2 details)
- **Example**
(engaging anecdote)
- **Restatement of summary** (1 sentence)





COMMUNITY ENGAGEMENT – A “SWEET SPOT” FOR OUR STUDENTS

NAM Perspectives. Commentary, National Academy of Medicine, Washington, DC. February 22, 2022
<https://doi.org/10.31478/202202c>.



A Dynamic Relationship: Achieving Health Equity and Systems Transformation through Meaningful Community Engagement



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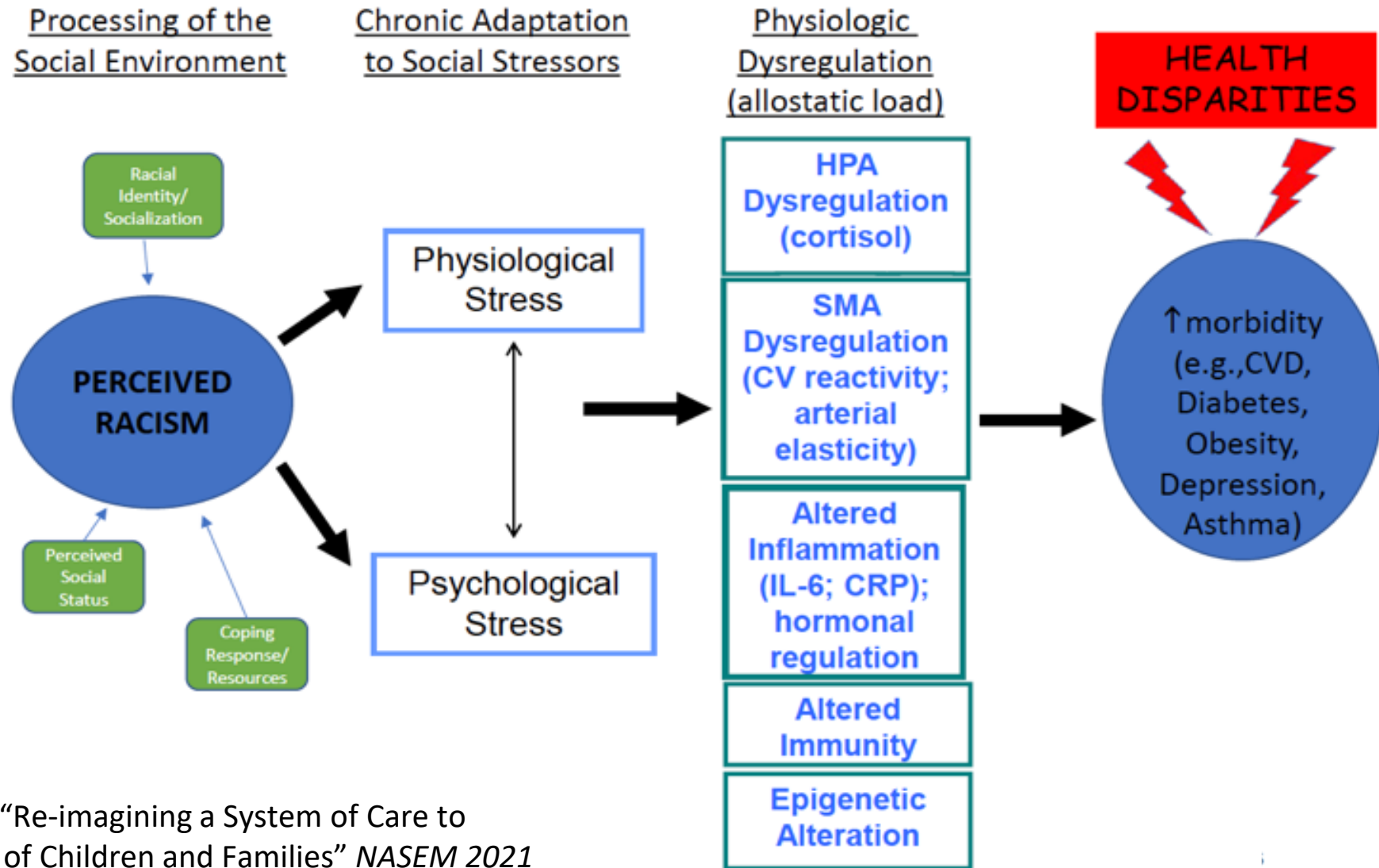
- Learning Objectives:

- Recognize the fallacy of race as a biologic proxy.
- Identify structural inequities embedded in practices and guidelines.
- **Define strategies and tactics for “equity-fitting” faculty teaching and scholarly work.**
 - **Agnostic of discipline, emphasize and incorporate:**
 - ✓ Life Course Perspective
 - ✓ Importance of Social Drivers
 - ✓ Value of Collaboration



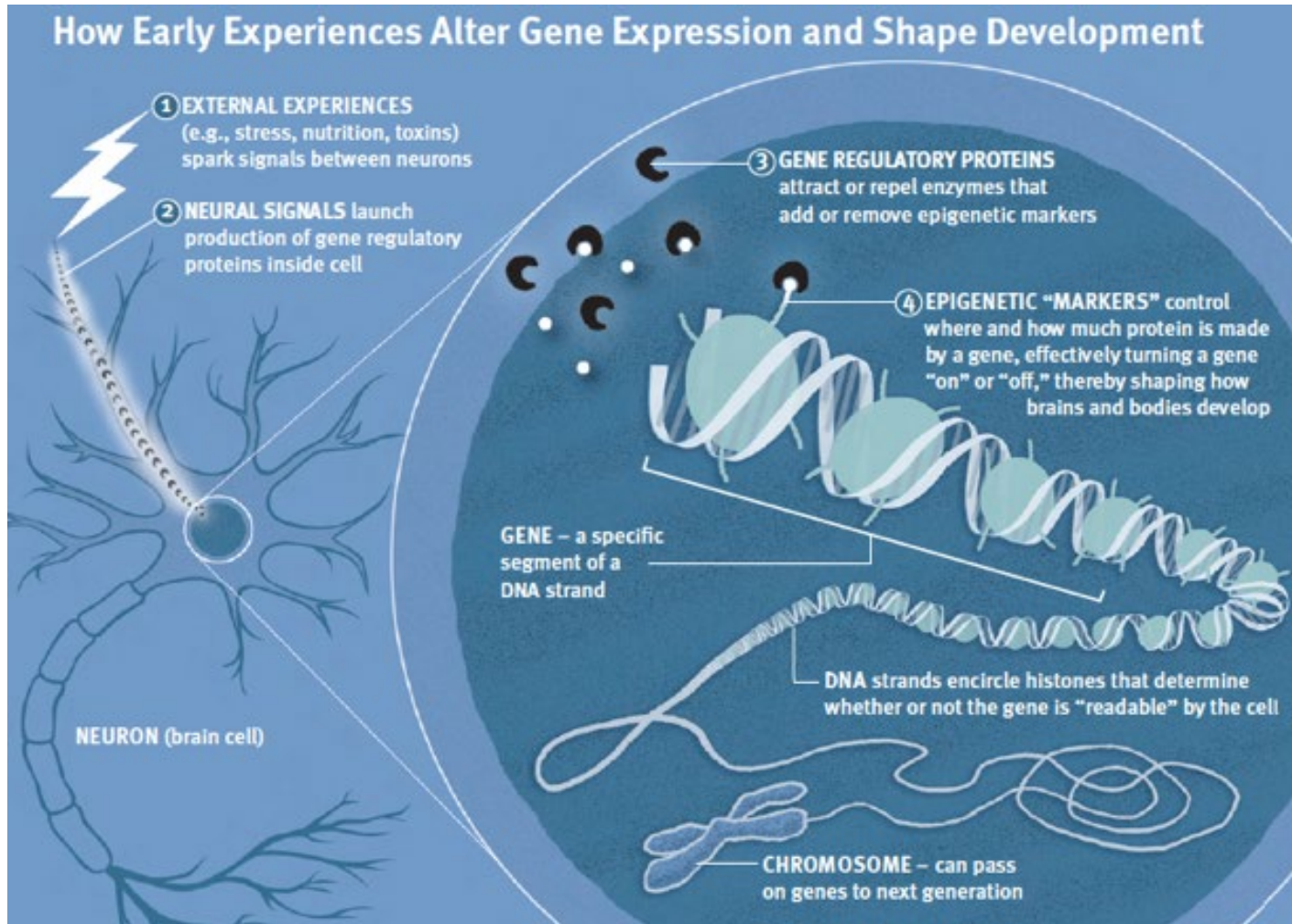


CONCEPTUAL MODEL OF INTERNALIZED RACISM ON DISEASE RISK



Workshop Proceedings: “Re-imagining a System of Care to Promote the Well-Being of Children and Families” NASEM 2021

EPIGENETICS – INTERGENERATIONAL TRANSMISSION OF HISTORICALLY MEDIATED STRESS



“We are beginning to understand the underlying biology of chronic stress, including the stresses that accompany racism. The biological effects of historically mediated trauma such as slavery may linger even in individuals who have seemingly escaped the more toxic environments to which their ancestors were exposed”.

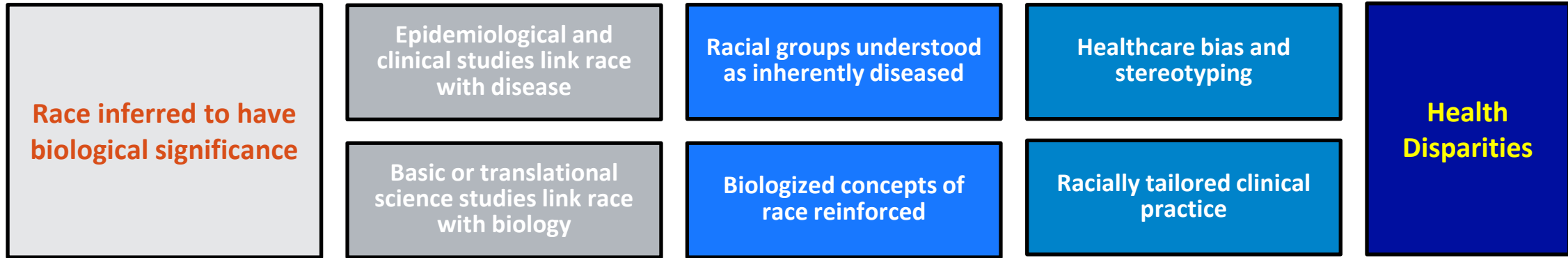
Wright et al. *Pediatric Research* 2020
Nov;88(5):696-698.

Adapted from the Harvard Center on the Developing Child



MOVING FROM RACE-BASED TO RACE-CONSCIOUS

RACE-BASED MEDICINE



RACE-CONSCIOUS MEDICINE



adapted from Cerdena JP, Plaisime MV, Tsai J. *Lancet* 2020;396(10257):1125



RACISM NOT RACE

Attention White Home Buyers!

The Largest Restricted White
Community in Washington

Invites your attention
to the decision of

The U. S. Supreme Court

—that negroes cannot buy
in a restricted white section

Buy or Rent
in the section known as

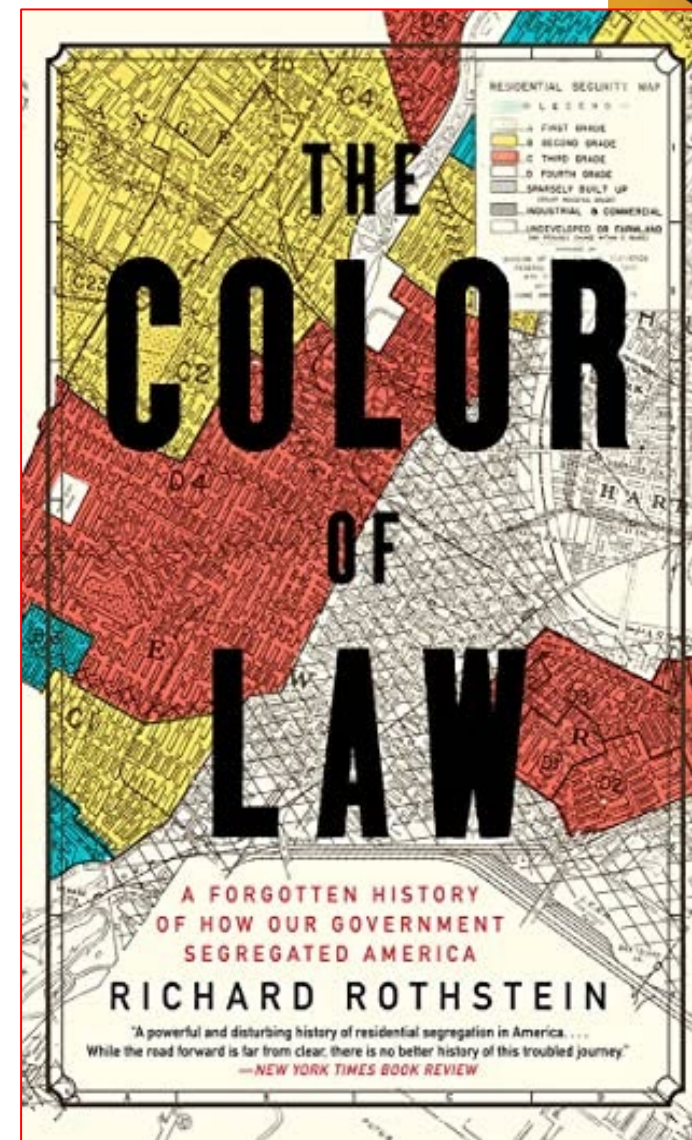
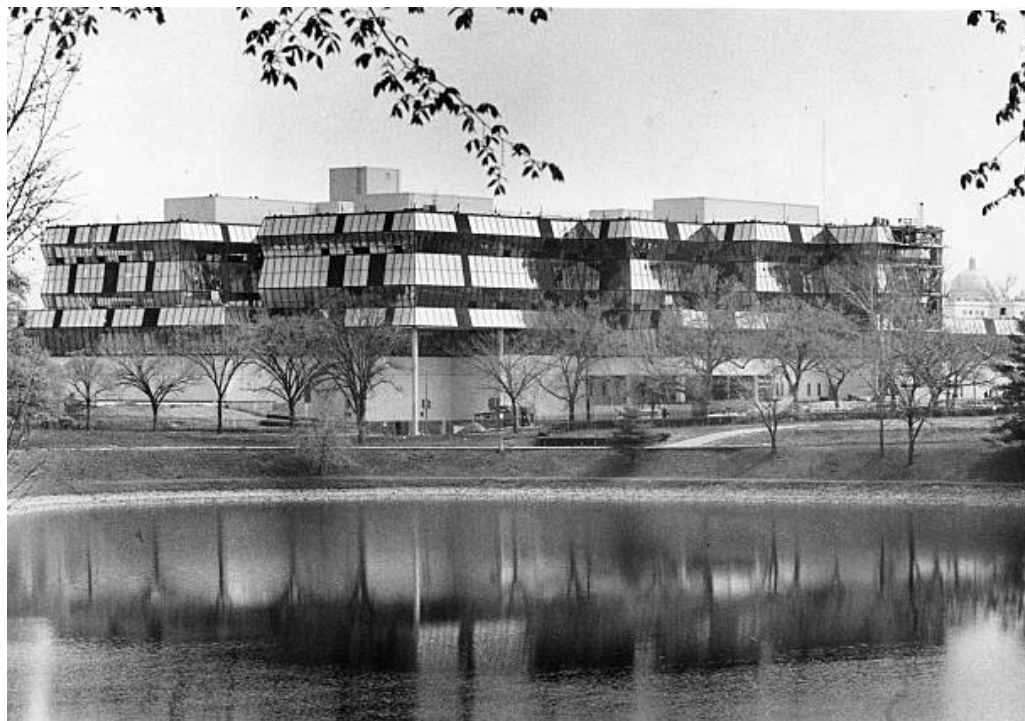
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TERMINOLOGY MATTERS: INTRODUCING RACE-CONSCIOUS DISCOVERY INTO THE SCIENTIFIC LEXICON AND ACADEMIC LITERATURE

JAMA Pediatrics | [Original Investigation](#)

2022 Jun 1;176(6):569

Reassessment of the Role of Race in Calculating the Risk for Urinary Tract Infection A Systematic Review and Meta-analysis

Nader Shaikh, MD, MPH; Matthew C. Lee, BA; Lynissa R. Stokes, PhD; Elizabeth Miller, MD, PhD; Marcia Kurs-Lasky, MS; Isabella Conway, BS; Timothy R. Shope, MD; Alejandro Hoberman, MD

IMPORTANCE A previously reported prediction model included a child's race to estimate risk of urinary tract infection (UTI), but race-conscious medicine encourages investigating how race is likely to be a proxy for other factors that should instead be used for risk prediction.

“...race-conscious medicine encourages interrogating how race is likely to be a proxy for other factors and that those factors should be considered for inclusion in decision making processes”.



PEDIATRIC UTI: ACADEMIC HUMILITY = EQUITABLE CARE DELIVERY

Emergency Medicine I

External validation of the UTICalc predictive model for pediatric urinary tract infections

Sunday, April 24, 2022 10:45 AM – 11:00 AM US MT

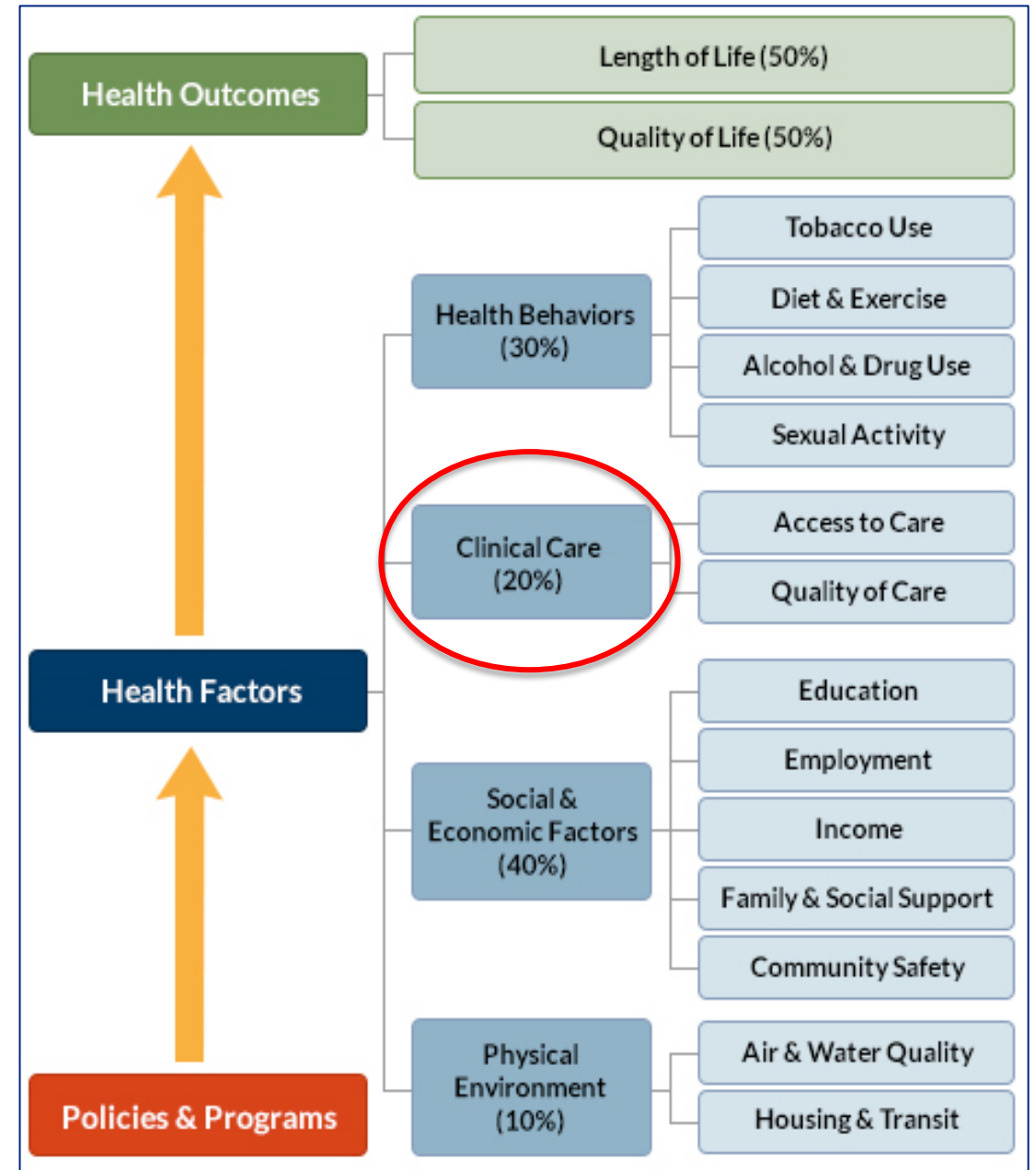
Location: Convention Center: 708/710/712 Enduring CME: 0.25

Anna G. Smith, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, IL, United States; **Lindsay H. Boles**, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, IL, United States; **Anisha Kshetrapal**, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, IL, United States; **Norma-Jean E. Simon**, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, IL, United States; **Timothy R. Shope**, UPMC Children's Hospital, Gibsonia, PA, United States; **Nader Shaikh**, University of Pittsburgh School of Medicine, Pittsburgh, PA, United States; **Sriram Ramgopal**, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, IL, United States

- The variable *race* was replaced with *history of UTI* and *duration of fever*. Accuracy compared to previous risk prediction models was similar.

CAN'T THROW THE BABY OUT WITH THE BATH WATER

- Even in the face of insurmountable evidence that race is not a biologic proxy, there is definitely a role for what race represents in terms of differential lived experiences and exposures.





Racial Health Equity and Social Needs Interventions A Review of a Scoping Review

Crystal W. Cené, MD, MPH; Meera Viswanathan, PhD; Caroline M. Fichtenberg, PhD; Nila A. Sathe, MA, MLIS; Sara M. Kennedy, MPH; Laura M. Gottlieb, MD, MPH; Yuri Cartier, MPH; Monica E. Peek, MD, MPH, MS

SOCIAL DRIVERS OF HEALTH

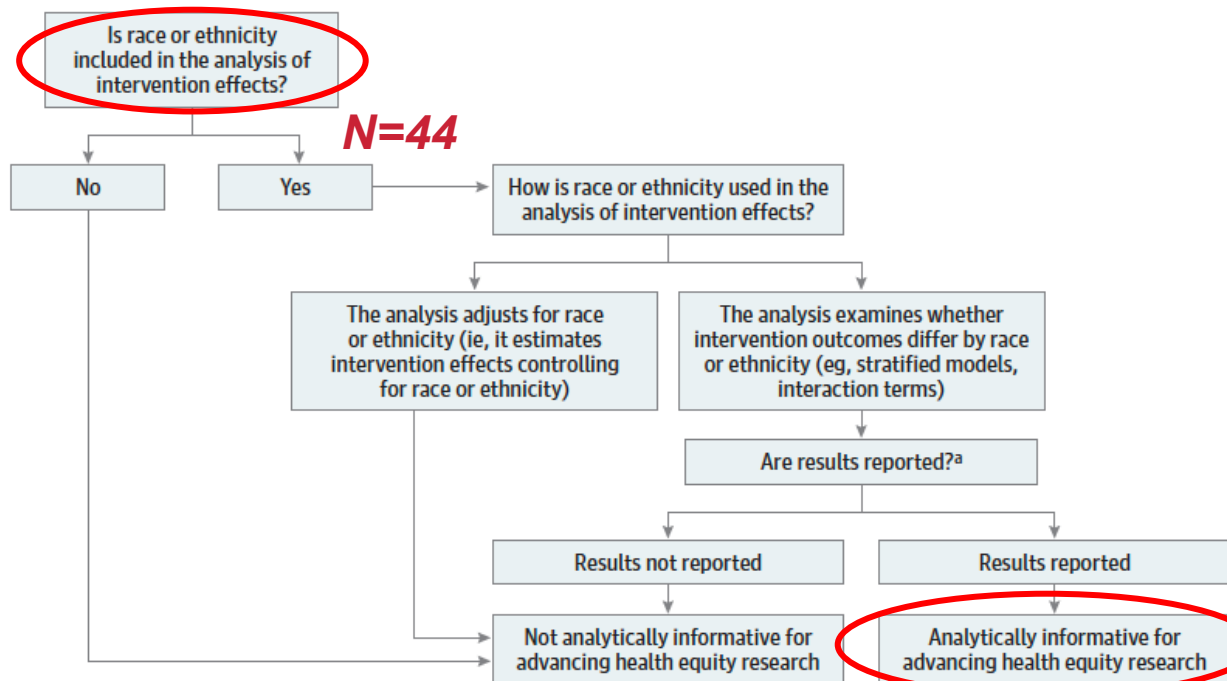
Abstract

IMPORTANCE Social needs interventions aim to improve health outcomes and mitigate inequities by addressing health-related social needs, such as lack of transportation or food insecurity. However, it is not clear whether these studies are reducing racial or ethnic inequities.

Key Points

Question To what extent do studies of social needs interventions explain how race and ethnicity are conceptualized and used in analyses of intervention

N=152



SDoH research lack race data, study finds

January 24, 2023

Researchers are calling for studies on social determinants of health (SDoH) to include race in their analyses to advance racial health equity.



<https://www.risehealth.org/insights-articles/sdoh-research-lack-race-data-study-finds/>

N=21 → **N=4 conceptually thoughtful**



APPLYING SCIENTIFIC INTEGRITY

Achieving equity through science and integrity: dismantling race-based medicine

Joseph L. Wright^{1,2,6}, Gary L. Freed^{3,4}, Karen D. Hendricks-Muñoz⁵, James N. Jarvis⁶, Yvonne A. Maldonado^{7,8}, Jean L. Raphael⁹, David Schnadower¹⁰, Brian Sims¹¹, Clifford W. Bogue^{1,2}, Mary B. Leonard^{7,12}, Tamera D. Coyne-Beasley^{11,14} and Committee on Diversity, Inclusion and Equity on behalf of the American Pediatric Society*

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Pediatric Research (2022) 91:1641–1644; <https://doi.org/10.1038/s41390-022-02041-8>

- Comprehensive
- Collaborative
- Transdisciplinary



Convergence
Science





Childbirth Is Deadlier for Black Families Even When They're Rich, Expansive Study Finds

By Claire Cain Miller, Sarah Kliff and Larry Buchanan
Produced by Larry Buchanan and Shannon Lin
Feb. 12, 2023

Give this article 864

The New York Times

In the United States, the richest mothers and their newborns are the most likely to survive the year after childbirth — except when the family is Black, according to a groundbreaking new study of two million California births. The richest Black mothers and their babies are twice as likely to die as the richest white mothers and their babies.

IN PLAIN SIGHT: CONTEMPORARY INEQUITIES KEEPING CURRENT, STAYING A STEP AHEAD

Original Investigation | Equity, Diversity, and Inclusion

JAMA Netw Open. 2023;6(4):e236687.

Black Representation in the Primary Care Physician Workforce and Its Association With Population Life Expectancy and Mortality Rates in the US

John E. Snyder, MD, MS, MPH; Rachel D. Upton, PhD; Thomas C. Hassett, PhD; Hyunjung Lee, PhD, MS, MPP, MBA; Zakia Nouri, MA; Michael Dill, MAPP

CONCLUSIONS AND RELEVANCE The findings of this cohort study suggest that greater Black PCP workforce representation is associated with better population health measures for Black individuals, although there was a dearth of US counties with at least 1 Black PCP during each study time point.



“SCHOLARIZING” ADMINISTRATIVE RESPONSIBILITIES



Navigation Tools Required

- Negotiation
- Sponsorship

Medical Education and the Minority Tax

I sat down at the large conference room table surrounded by the other medical students, some of whom I recognized from earlier stops on the residency interview trail. As they continued their conversations, I looked around, realizing I was once again the only interviewee who is black. I kept gazing around the room, only to find more faces staring back that did not look like me. Hanging grandly from the walls were faces, painted in watercolor, framed in bronze, and undoubtedly of really important men ... really important white men.

race in a clinical case. It sounds like the heavy sighs of your colleagues when they learn that next week is the “cultural” module that you helped design and will be teaching. It feels like pressure, a pressure to be exceptional to prevent tarnishing the reputation of your race, gender, or sexual orientation. It is ... taxing.

For minority faculty, there are more experiences of racism and discrimination. There is isolation within departments. There is a lack of mentorship. There are more clinical duties to the underserved resulting in less time



BMC Med Ed 2015; JAMA 2017



SPONSORSHIP

- Active support by an appropriately placed executive who has *significant decision-making authority* and can advocate for career advancement
- Exerts more *direct influence* than mentors
- *Risks career and invests platform* to provide high-profile opportunities for protégé



Power is the ability to define reality for themselves and for others.

Raphael JL. The Role of Sponsorship in Achieving Workforce Diversity in Academic Pediatrics. *Pediatrics*. 2019; 144(2):e20191532.



IMPORTANT LEVEL SET – STRATEGIES AND TACTICS

- Skew to the evidence:
 - Appeal to the inherent scientist and life long learner in us to build fund of knowledge.
 - Expand awareness of surreptitiously hidden history.
- Emphasize lived experience:
 - Leverage collegial relationships to better understand the synergistic value of difference.



Wright JL, Johnson TJ. Child Health Advocacy:
The Journey to Anti-Racism. *Pediatric Clinics of
North America* 2023;70:91-101



Collaborating with People Like Me: Ethnic Coauthorship within the United States

By examining the ethnic identity of authors in over 2.5 million scientific papers written by US-based authors from 1985 to 2008, we find that persons of similar ethnicity coauthor together more frequently than predicted by their proportion among authors. The greater homophily is associated with publication in lower-impact journals and with fewer citations. Meanwhile, papers with authors in more locations and with longer reference lists get published in higher-impact journals and receive more citations. These findings suggest that diversity in inputs by author ethnicity, location, and references leads to greater contributions to science as measured by impact factors and citations.

Journal of Labor Economics, 2015, vol. 33, no. 3.



INDIVIDUALLY, WE ARE ONE DROP. TOGETHER, WE ARE AN OCEAN





“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality...whatever affects one directly, affects us all indirectly.”

- MLK, *Letter from a Birmingham Jail*, 1963





*“Awareness is the greatest
agent for change.”
-Eckhart Tolle*