Toward Health Equity Using Social Justice as the Roadmap: Becoming a JEDI Warrior!

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First, a couple of acknowledgments...



Thank You to our Indigenous Peoples!

Each one of these names was somebody's baby.

EMMETT TILL - MEDGAR EVERS - GEORGE JUNIUS STINNEY JR. - DR MARTIN LUTHER KING JR - HENRY SMITH - JOHN CRAWFORD III -MICHAEL BROWN - EZELL FORD - DANTE PARKER - MICHELLE CUSSEAUX - MARY TURNER - LAQUAN MCDONALD - MALCOLM X -TANISHA ANDERSON - AKAI GURLEY - TAMIR RICE - RUMAIN BRISBON - JERAME REID - MATTHEW AJIBADE - JAMES N. POWELL JR. -FRANK SMART - ERNEST LACY - NATASHA MCKENNA - TONY ROBINSON - ANTHONY HILL - MYA HALL - PHILLIP WHITE - ERIC HARRIS -WALTER SCOTT - WILLIAM CHAPMAN II - ALEXIA CHRISTIAN - BRENDON GLENN - VICTOR MANUEL LAROSA - JONATHAN SANDERS -FREDDIE CARLOS GRAY JR. - JOSEPH MANN - SALVADO ELLSWOOD - SANDRA BLAND - ALBERT JOSEPH DAVIS - DARRIUS STEWART -BILLY RAY DAVIS - SAMUEL DUBOSE - MICHAEL SABBIE - BRIAN KEITH DAY - CHRISTIAN TAYLOR - TROY ROBINSON - ASSHAMS PHAROAH MANLEY - MICHAEL STEWART - FELIX KUMI - KEITH HARRISON MCLEOD - JUNIOR PROSPER - LAMONTEZ JONES - PATERSON BROWN - DOMINIC HUTCHINSON - ANTHONY ASHFORD - ALONZO SMITH - TYREE CRAWFORD - INDIA KAGER - LA'VANTE BIGGS -MICHAEL LEE MARSHALL - JAMAR CLARK - RICHARD PERKINS - PHILLIP PANNELL - NATHANIEL HARRIS PICKETT - BENNI LEE TIGNOR -MIGUEL ESPINAL - MICHAEL NOEL - KEVIN MATTHEWS - BETTIE JONES - QUINTONIO LEGRIER - KEITH CHILDRESS JR. - JANET WILSON -RANDY NELSON - ANTRONIE SCOTT - WENDELL CELESTINE - DAVID JOSEPH - CALIN ROQUEMORE - DYZHAWN PERKINS - CHRISTOPHER DAVIS - MARCO LOUD - JAMES BYRD JR. - PETER GAINES - TORREY ROBINSON - DARIUS ROBINSON - KEVIN HICKS - MARY TRUXILLO -DEMARCUS SEMER - AMADOU DIALLO - WILLIE TILLMAN - TERRILL THOMAS - DEMETRIUS DUBOSE - ALTON STERLING - PHILANDO CASTILE - TERENCE CRUTCHER - PAUL O'NEAL - ALTERIA WOODS - BOBBY RUSS - JORDAN EDWARDS - AARON BAILEY - RONELL FOSTER - STEPHON CLARK - COREY CARTER - ANTWON ROSE II - TAYLER ROCK - MALICE GREEN - RAMARLEY GRAHAM - ELIJAH MCCLAIN -AIYANA STANLEY JONES - BOTHAM JEAN - PAMELA TURNER - DOMINIQUE CLAYTON - SEAN BELL - ATATIANA JEFFERSON - JEMEL ROBERSON - JAMES LEE ALEXANDER - RYAN MATTHEW SMITH - DERRICK AMBROSE JR. - ADDIE MAE COLLINS - CAROL DENISE MCNAIR - CAROLE ROBERTSON - CYNTHIA WESLEY - NICHOLAS HEYWARD JR. - CHRISTOPHER WHITFIELD - WILLIE MCCOY - VICTOR WHITE III -MARCUS DEON SMITH - CHAVIS CARTER - MARTIN LEE ANDERSON - CHRISTOPHER MCCORVEY - BRADLEY BLACKSHIRE - TIMOTHY THOMAS - REGINALD DOUCET JR. - DANROY "DJ" HENRY JR. - KARVAS GAMBLE JR. - ERIC REASON - KORRYN GAINES - REKIA BOYD -KIONTE SPENCER - DARIUS TARVER - WAYNE ARNOLD JONES - MANUEL ELLIS - VICTOR DUFFY JR. - KOBE DIMOCK-HEISLER - CLINTON R. ALLEN - DONTRE HAMILTON - TIMOTHY CAUGHMAN - SYLVILLE SMITH - COREY JONES - TYRE KING - ERIC GARNER - MILES HALL -KENDRICK JOHNSON - CHARLEENA LYLES - MICHAEL LORENZO DEAN - TRAYVON MARTIN - RENISHA MCBRIDE - KIMONI DAVIS -KIWANE CARRINGTON - OSCAR GRANT III - BREONNA TAYLOR - KALIEF BROWDER - DARRIEN HUNT - TROY HODGE - WILLIAM GREEN -AHMAUD ARBERY - DION JOHNSON - TONY MCDADE - ANDREW KEARSE - JAMEL FLOYD - GEORGE FLOYD - RAYSHARD BROOKS - ITALIA MARIE KELLY - DAVID MCATEE - CHRIS BEATY - MARCELLIS STINNETTE - MARVIN SCOTT III - DAUNTE WRIGHT

BabyNames.com stands in solidarity with the Black community.

#blacklivesmatter

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Objectives

- Discuss the historical context of systemic oppression in health care.
- Understand where opportunities for improvement in justice, equity, diversity, and inclusion remain in health professions.
- Learn ways to become a future leader in DEI efforts within health care.

Disclosures

Non-Declaration Statement: I have no relevant relationships with ineligible companies to disclose within the past 24 months. (Note: Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.)



Time to ease on down the road!





Diversity

- A group of people that reflects the society in which it exists and operates.
- Incorporates all of the elements that make individuals unique from one another, and while there are infinite differences in humans, most of us subconsciously define diversity by a few social categories, such as gender, race, age, sexuality, ability, religion, nationality, and so forth.

Built In. Diversity and inclusion: definition, benefits, and statistics. 2014. <u>https://builtin.com/diversity-inclusion</u>. Accessed on June 13, 2020.

Inclusion

- Refers to the behaviors and social norms that ensure people feel welcome.
- Environment in which all individuals are treated fairly and respectfully, have equal access to opportunities and resources, and can contribute fully to the environment's success.
- Creating an inclusive culture will prove beneficial for engagement and productivity.

Built In. Diversity and inclusion: definition, benefits, and statistics. 2014. <u>https://builtin.com/diversity-inclusion</u>. Accessed on June 13, 2020.

Justice

- Fair and equitable distribution of resources with the imperative to address those who are least advantaged.
- Affirms the importance of fair and equitable social processes, including recognition and respect for marginalized or subjugated cultures and groups.
- Full inclusion and participation in decision-making and power to shape institutions, policies, and processes that affect daily life.

Equity

Equity is giving everyone what they need to be successful. **Equality** is treating everyone the same. **Equality** aims to promote fairness, but it can only work if everyone starts from the same place and needs the same help.



https://everydayfeminism.com/2014/09/equality-is-not-enough/

EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

Another perspective...





Let's use Family Medicine as a Model

Family Medicine as Counterculture



Dr. G. Gayle Stephens (1928-2014)

Family Medicine is Rooted in Social Justice

- One of the founders envisioned a specialty that reached beyond the clinic room or hospital doors.
- Commitment to patients, not the diseases, organs, or associated technologies.
- Providers' commitment to the whole patient and into the public domain as social justice advocates.
- Social justice is our map.
- Relationship is our compass.¹

Consider how you currently use or desire to use your relational and moral compass to find where you are going on the social justice map.

Family Medicine is Rooted in Social Justice

- The social upheaval of the 1960s and 1970s helped shape Family Medicine.
- The events and social movement of our current time can continue to pave the way as we move forward.
- A society still dealing with issues of justice and equity leads to adverse health consequences in communities.
- What better specialty to tackle such issues than one rooted in the community?
- This is no accident. Family Medicine has been a champion for the community, social justice, and relationships since the very beginning.¹
- INTENTION IS KEY!

Let's talk about the interweaving of social justice and health care.

Structural Bias Runs Deep Throughout Society

- Pseudoscience
- Craniology: ERRONEOUS belief that non-white people are biologically inferior.²
 - Health professionals subscribed to these teachings and legitimized institution of slavery and the egregious mistreatment and subjugation of Black Americans.
 - Not just limited to Black and white races, but all non-white racial/ethnic groups (Indigenous people, Latina/o/X, Asian communities, etc.)

Manifestation

- Consider these examples.
- Chinese Exclusion Act of 1882²
 - Result of Anti-Asian sentiment in San Francisco during smallpox outbreak of 1876
 - Immigration restricted based on racial identity
 - Does history repeat itself?
- Homosexuality as a pathology (DSM diagnosis)²
 - Legitimized mistreatment of LGBTQIA+ community within health care
 - Used to support discriminatory laws
 - Contributed to societal stigma















The Problem with Race

- Ask yourself, how can we be anti-racist if we don't tackle racism head-on?
- Race is socially constructed.
 - Defined by specific societal context and its history at any given time
 - Italian and Irish-Americans were at one time not considered white.
 - Black in the U.S. may not be considered Black in other nations.²
- Race arose from a sociopolitical need to rationalize subjugation in the U.S.
 - Race is a result of racism, not the other way around.²
- Race is often matter-of-factly mentioned in medical training and patient care as a biological construct, which leads to institutional bias.
 - Does not align with scientific evidence.
 - Harmful²

-isms in the United States

- Creates a proverbial caste system.
- Racism is a white supremacist system.²
 - Affords advantage to white individuals when compared to non-white individuals.
- Heterosexism provides privileges to heterosexual, cis-gender individuals.²
- Ableism is providing access and resources to those without differing ability.
- These structural contributors may be misunderstood to be a reflection of the individual instead of a synergistic system of bias, which leads to decreased health.²

Fast Forward >>>>







The Perfect Storm for an Awakening

- The first COVID-19 case in the U.S. was reported in January 2020.³
- Healthcare systems were disrupted. With this disruption, JEDI work was not immune as these are usually the first programs cut for budgetary reasons.³
- George Floyd was murdered on May 25, 2020 after 9 minutes and 29 seconds of asphyxiation while America watched.
 - A mirror was placed in front of the nation and our medical institutions as well.
 - We all had to reckon with the legacy of discrimination in society and in medicine.³
- At that very moment, the U.S. was failing with the public health crisis and especially among BIPOC populations who had disproportionally higher morbidity and mortality rates than their white counterparts.

Structural Violence

- Lack of investment in local services that can decrease this type of violence include social, medicine, mental health, employment, youth, and education.
- Marginalized populations often confront (without the necessary tools) multiple forms of discrimination e.g., race, caste, SES, gender.
 - Mitigating approaches are needed to eliminate social drivers of illnesses.⁴

• CAN YOU FEEL A BRAND NEW DAY?

• Where do we go next?



Let's review the data in medical training.

- 70% of all Americans have an anti-Black bias with 69% of adults having experienced discrimination.
- Medicine is a microcosm of the larger society.
 - Anti-Black and anti-Latina/o/X bias ranges between 42% 100% among providers.
 - In one meta-analysis, medical trainees have reported racial discrimination (24%), sexual harassment (33%), and/or gender discrimination (54%).²
 - Patients and providers also experience discrimination.
- Underrepresentation is pervasive in medicine. Increased representation improves care of underserved populations.
 - In 2019, 5.2% of medical graduates were Hispanic/Latina/o/X, 6.2% were Black,
 - 0.2% were AI/AN.²

Toward becoming JEDI Warriors

- Interdisciplinary team- ALLOWS A GREATER REACH AND BETTER ACCESS.
- Recognize that our privileges "do not mean *no* struggle, just not *that* struggle."⁶
 - Use our privileges for good.
- Health care should be safe, effective, patient-centered, timely, efficient, and equitable.⁵

Recommendations

- Publicly acknowledge how our institutions and practices have been complicit and advantaged by systemic discrimination.³
- Renew our social contract with the community by being active partners in social and racial justice efforts.³
- Commit to investing a meaningful portion of the operating budget to support JEDI.³
- Align with potential allies/accomplices to increase access to care and improve health outcomes.⁶
 - Interprofessional team
- Identify and decolonize current practices.⁴
- Promote and practice cultural humility.⁴
- Oppose the public health threats of police violence and structural violence.⁴

- Antiracist pedagogy⁷ (can be used in educational and clinical settings)
 - "Seeks to provide students[/trainees/providers/employees] with the ability to critically reflect on ways in which oppressive power relations are inscribed in their own lives, as well as the lives of others."⁹
 - Give up the idea of neutrality.
 - Move beyond comfortable.
 - Expect resistance and heightened emotions from faculty and students.
 - Deconstructs the notion of blank slates and "not seeing color" when caring for patients.
 - Recognize conscious and unconscious biases.

• Structural Competency⁷

- Extension of cultural competency
- "Emphasizes recognition of the complex ways that matters such as rising income inequalities, decaying infrastructure, poor food distribution networks,' among social and economic factors, lead to poor health."⁷
- Deconstruct the old "bootstraps" adage that individuals are responsible to pull themselves up based on their merits.
- Recognize that structural systems shape the person's health behavior choices and health status and not individual.

- Silence and inaction are unacceptable.⁴
- Explore ways to enrich our practices, increase associated joy, and decrease burnout.⁶

This discussion is only the tip of the iceberg.



Toward Health Equity . . . JEDI Warriors – The Journey Continues. . .



Brain



Heart







Together



We are STILL easing down the road . . .





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QUESTIONS? / REFLECTIONS

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