

The background of the slide features a blurred image of numerous colorful human-shaped figures in various colors (blue, green, yellow, red, brown) standing in a line, representing diversity. The entire content is framed by a white, hand-drawn style border.

Promoting Diversity, Equity, and Inclusion in your Workplace

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DISCLOSURE





Learning objectives

- Review definitions
- Current demographics in medicine and anesthesiology
- What we know about diversity and how it affects patients and physicians
- Lessons from the business world
- Explore ways to create an inclusive environment

This is not a
political talk

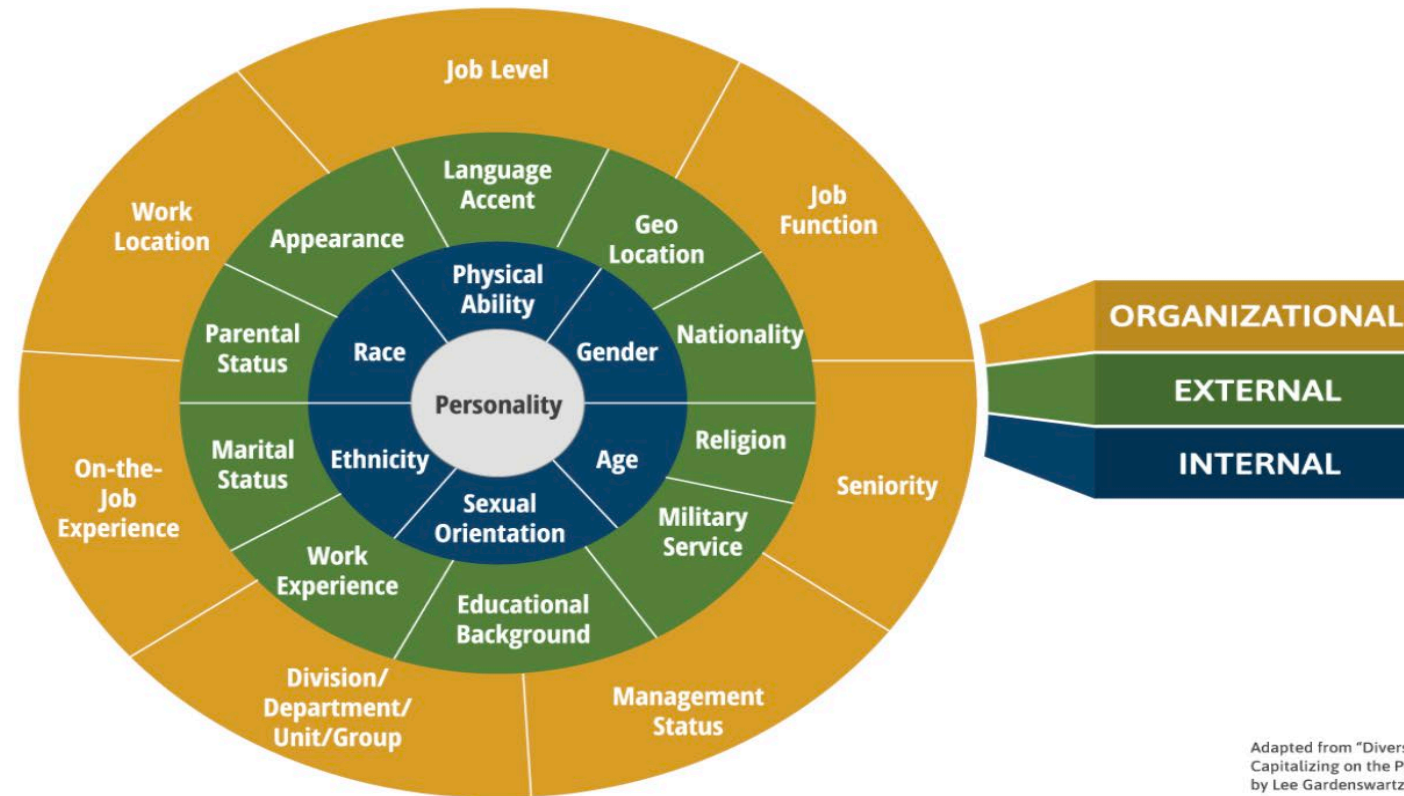




DIVERSITY

- Refers to similarities and differences that define people

Are there different types of Diversity?



Adapted from "Diverse Teams at Work: Capitalizing on the Power of Diversity" by Lee Gardenswartz and Anita Rowe



INCLUSION

- Refers to a state in which all employees feel a sense of belonging, valued and empowered to participate and contribute to the organization

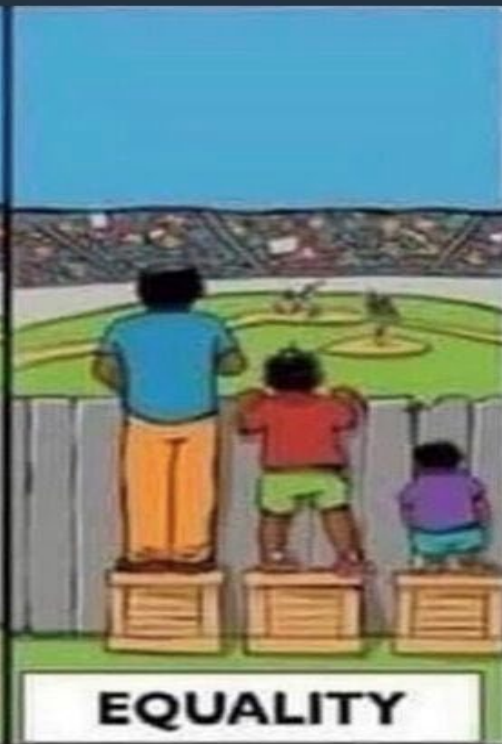
EQUALITY vs EQUITY

- Equality focuses on equal opportunity
- Equity synonymous with fairness, but fairness may look different based on an one's position in society, it considers individual differences



REALITY

One gets **more than** is needed, while the other gets **less than** is needed. Thus, a huge disparity is created.



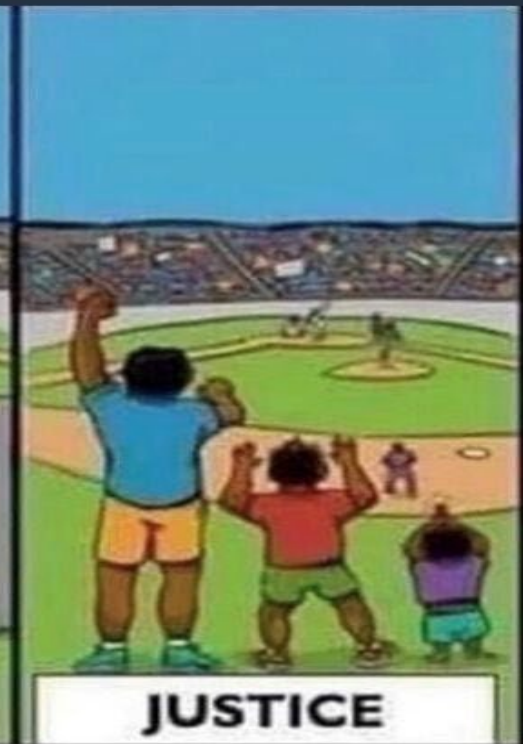
EQUALITY

The assumption is that **everyone benefits** from the same supports. This is considered to be equal treatment.



EQUITY

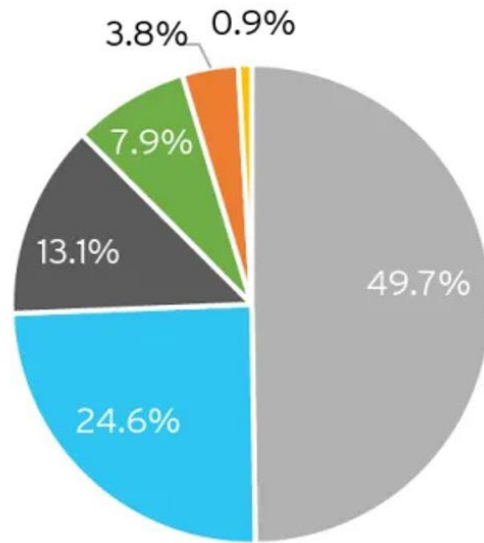
Everyone gets the support they need, which produces equity.



JUSTICE

All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.

Racial profile of U.S. population, 2045



White* Hispanic Black* Asian* Multiracial* Other*

2045 PROJECTED DEMOGRAPHICS

- Brookings Institute, 2018

Figure 14. Percentage of U.S. medical school graduates by sex, race/ethnicity (alone), and U.S. citizen and residency status, 2018–2019.

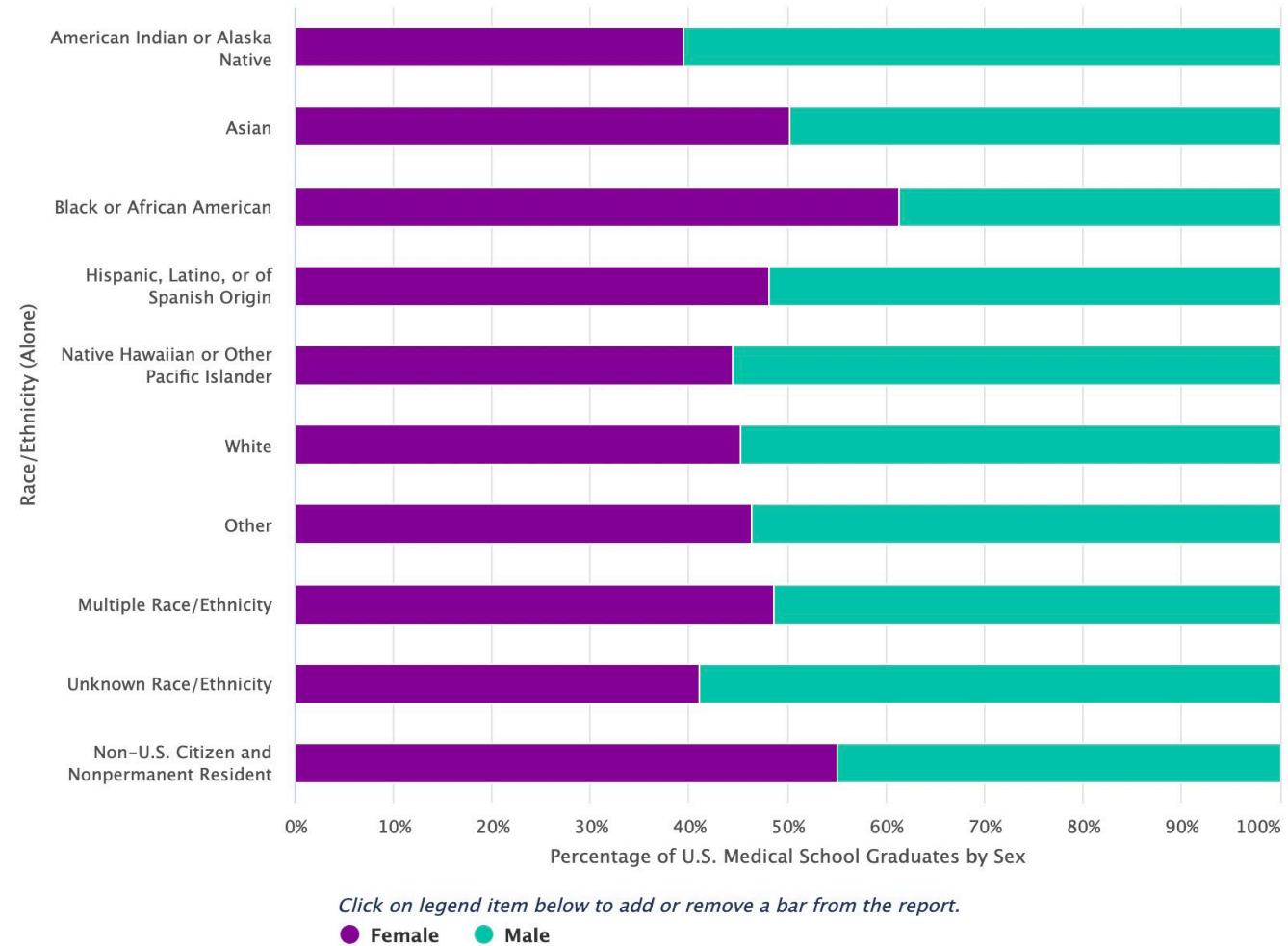
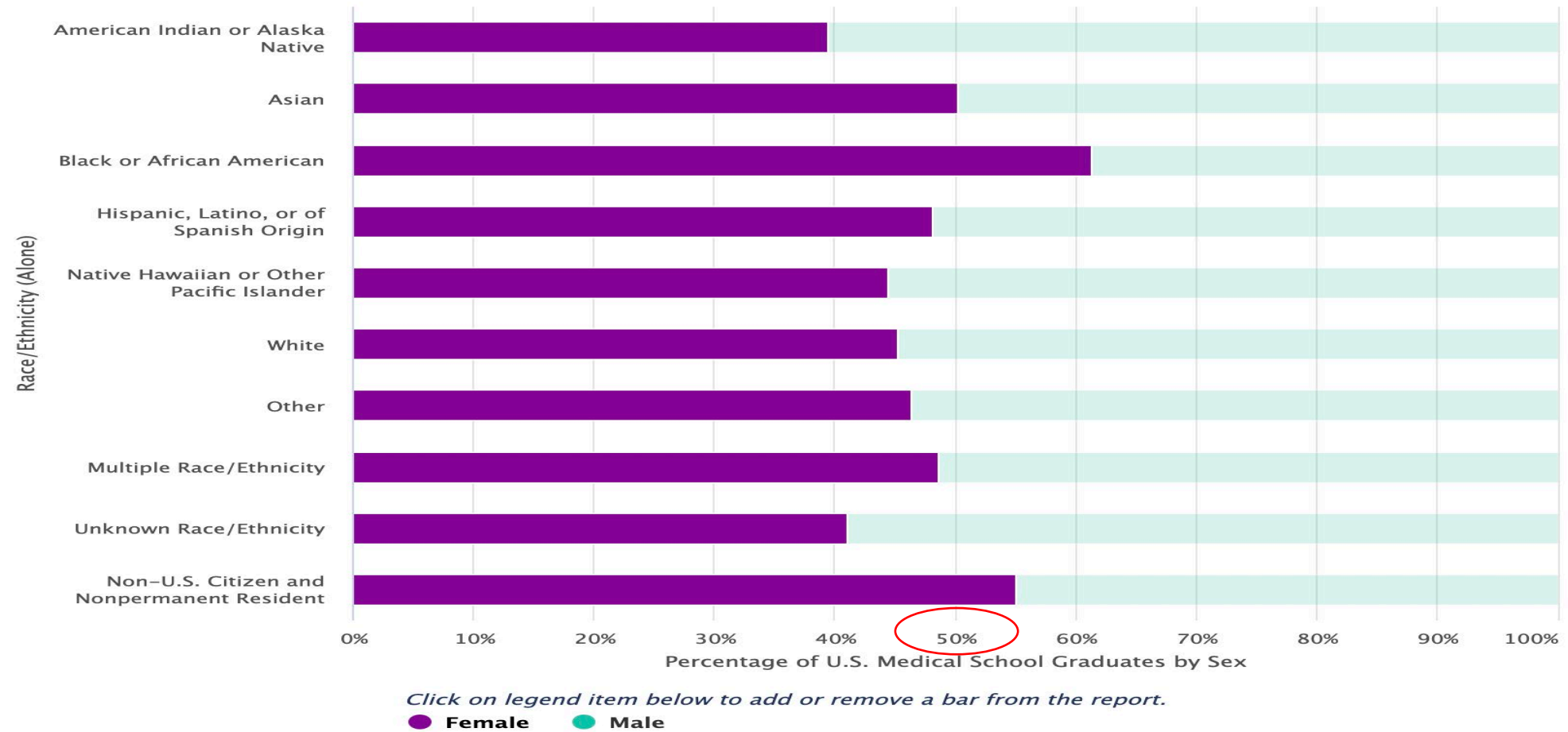


Figure 14. Percentage of U.S. medical school graduates by sex, race/ethnicity (alone), and U.S. citizen and residency status, 2018–2019.





< **Activities**



Visual settings

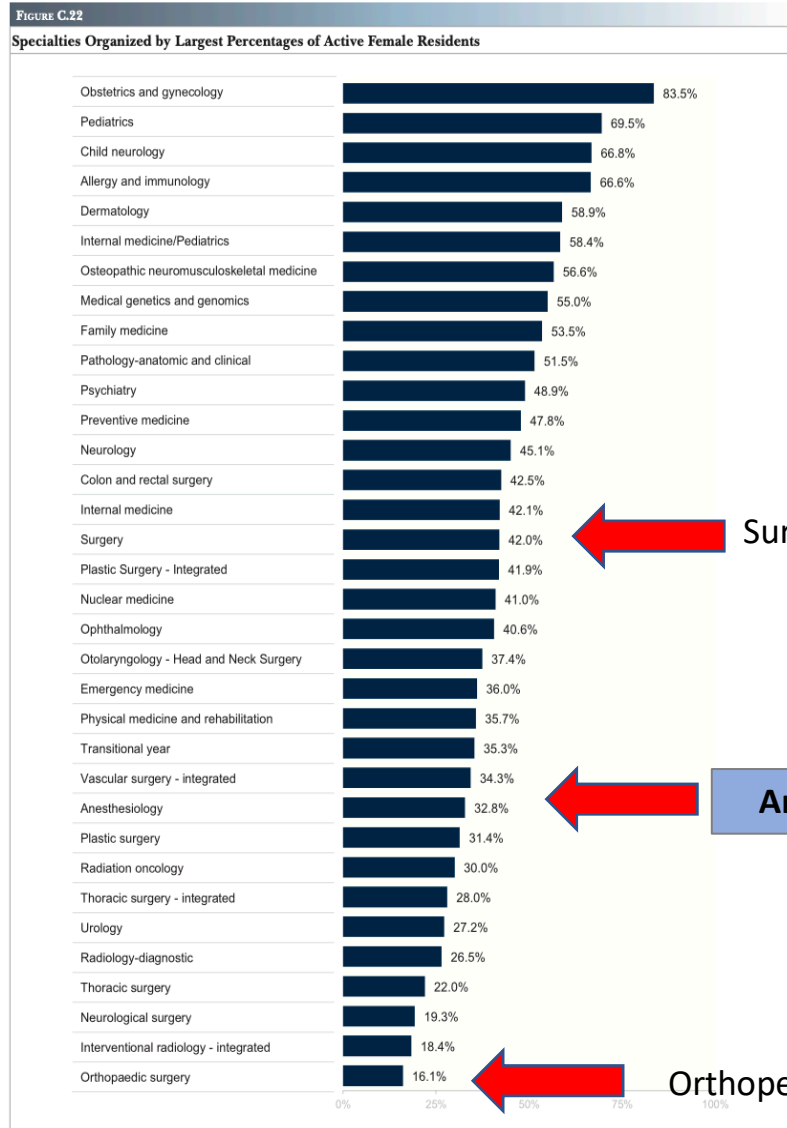


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GENDER DEMOGRAPHICS



MEDICAL SCHOOL

Women \approx 50% for >1.5 decades

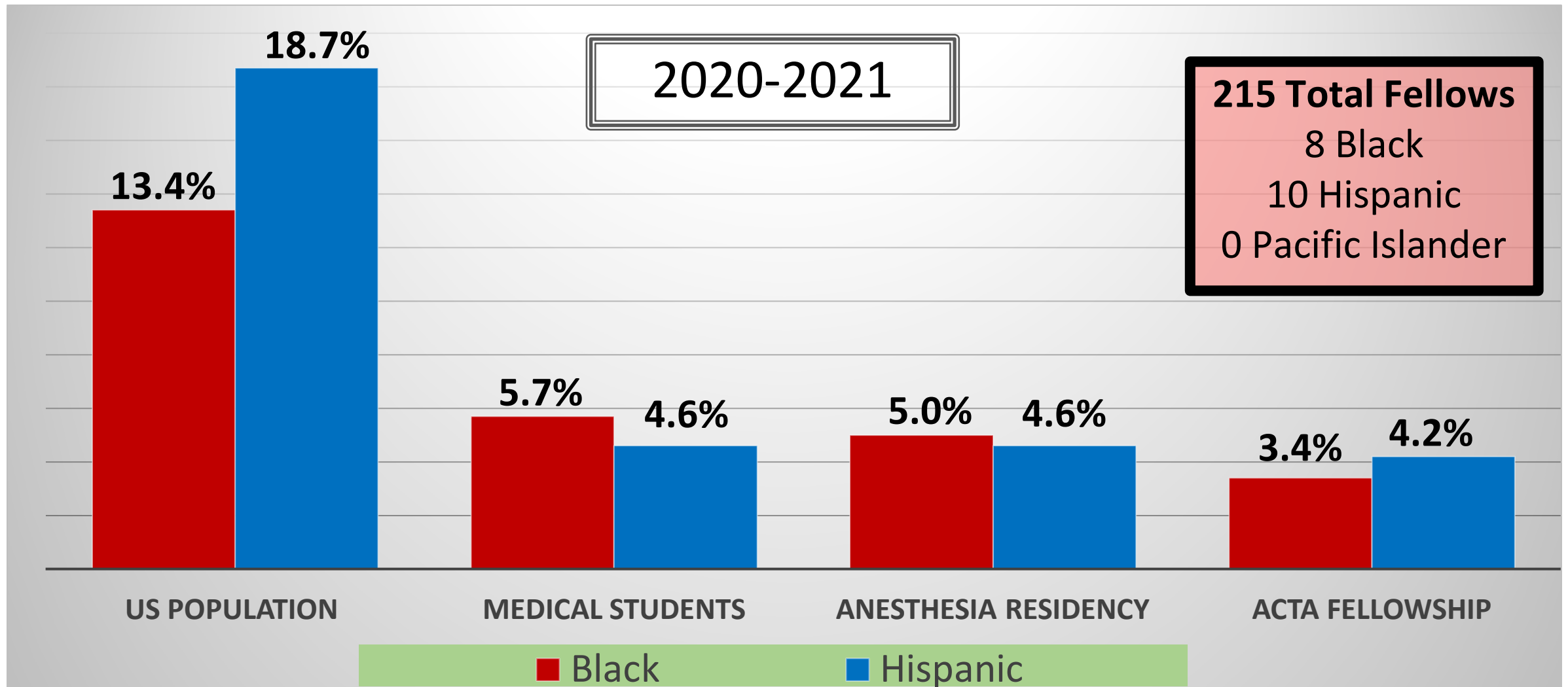
ANESTHESIOLOGY RESIDENCY

Ranks in **Bottom 1/3** of medical specialties for gender diversity

Fellowship:	<u>ACTA</u>	<u>PAIN</u>	<u>CCM</u>	<u>PEDS</u>	<u>OB</u>
%women	31%	26%	33%	48%	58%

Ratios are unchanged over last decade

RACIAL DEMOGRAPHICS IN ACTA







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Visual settings



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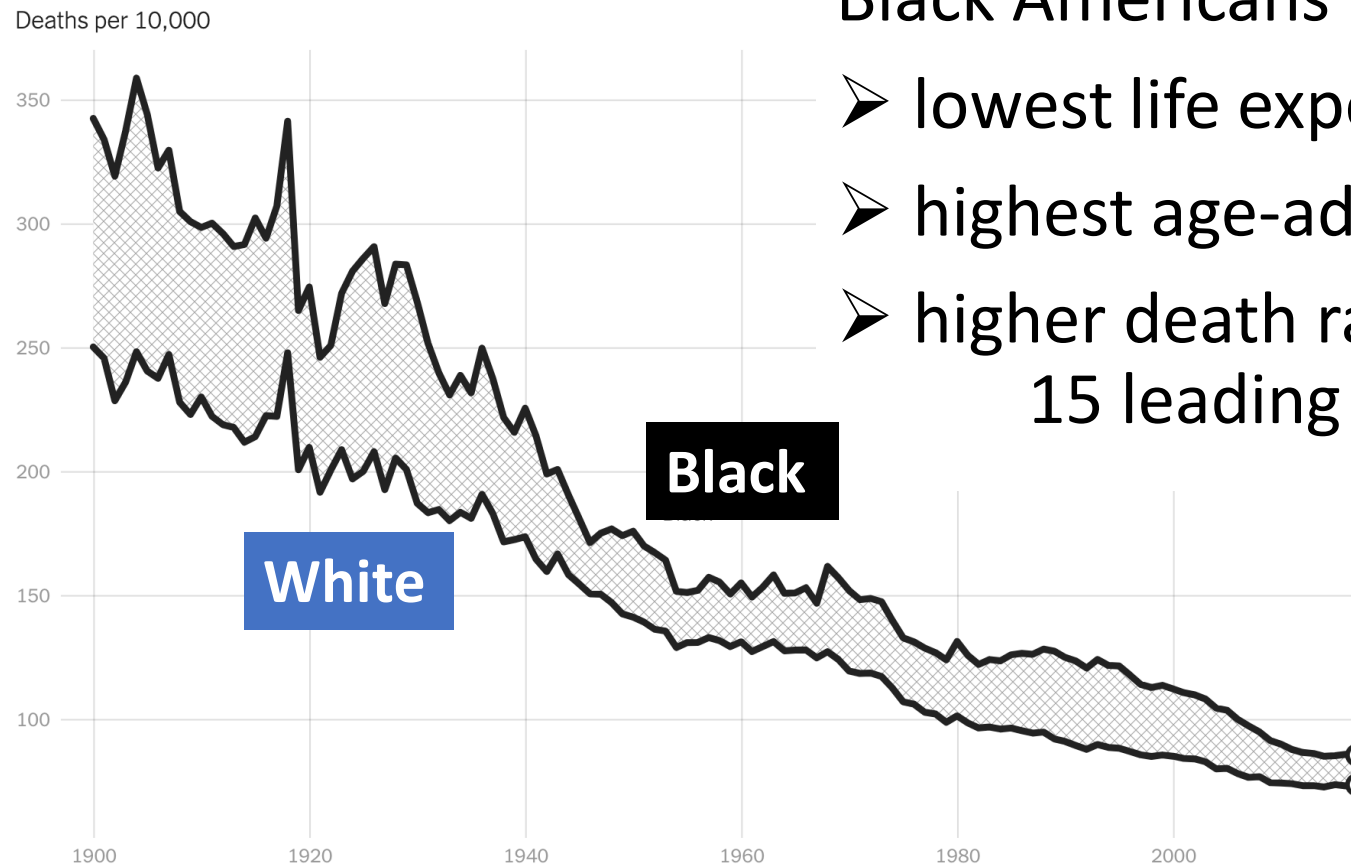


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Health Disparities

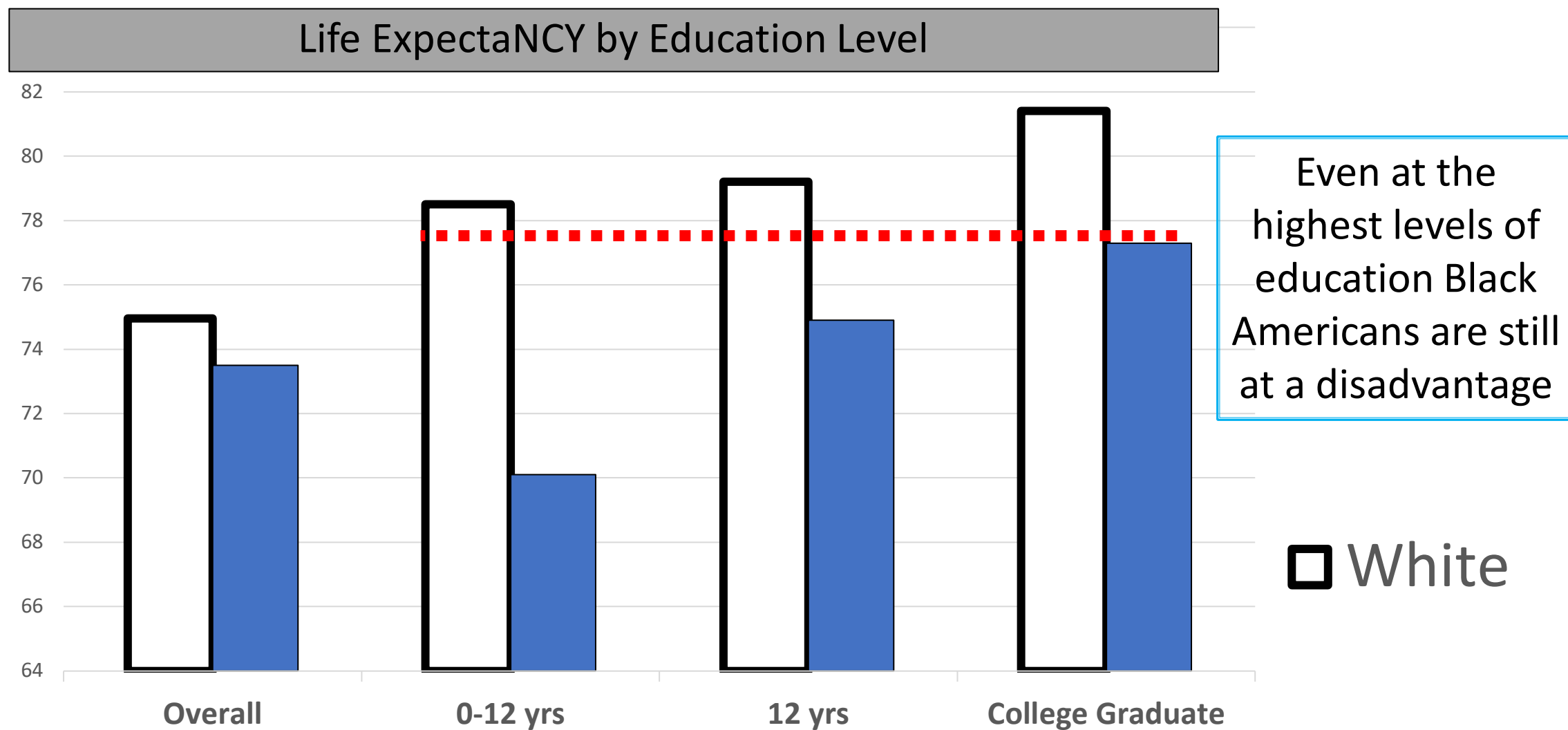
Black Americans have:

- lowest life expectancy
- highest age-adjusted death rate
- higher death rate for 9 of the 15 leading causes of death



US Death
Rates 1900-
2020

<https://www.nytimes.com/interactive/2020/08/11/opinion/us-coronavirus-black-mortality.html>



David Williams TedTalk 2016; Murphy NVSS 2000, Braveman AJPH 2010; NMLS 1988-1998

Covid 19 Cases, Hospitalizations, Deaths by Race/Ethnicity

Ratios compared to White Americans

	Black Americans	Hispanic Americans	Native Americans
Cases	1.1x	1.3x	1.9x
Hospitalizations	2.9x	3.2x	3.7x
Deaths	1.9x	2.3x	2.4x

The Experience of Minorities in our Healthcare System

- *IOM Report: Unequal Treatment 2002.*
- Utilization rates for medical procedures varied by **race and ethnicity**
- Disparities noted in:
 - ✓ diagnosis and treatment for ACS
 - ✓ limb amputation
 - ✓ post-op/acute pain
 - ✓ cancer care

The Experience of Minorities in our Healthcare System

- *Meghani SH. Pain Med. 2012 Feb;13(2).*
- Systematic review analgesic treatment disparities
- Compared to Whites,
- **Minorities:**
 - receive LESS epidural analgesia
 - receive LESS parental analgesia
 - WAIT LONGER to receive analgesia treatment
 - have INADEQUATE pain management
- **African Americans:**
 - prescribed LOWER doses of opioids
 - receive FEWER days' supply of opioid

The Experience of Minorities in our Healthcare System

- *Shen et al. 2018 J Racial Ethn Health Disparities*
 - Black patients experienced poorer communication quality
 - Racial discordance predicted poorer communication related to:
 - satisfaction
 - information-giving
 - partnership building
 - participatory decision-making
 - visit length
 - supportiveness and respect of conversations



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Visual settings



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When poll is active, respond at PolleEv.com/michelesumler937

Text **MICHELESUMLER937** to **22333** once to join

Does diversity in medicine improve patient outcomes?

yes

no

I don't know

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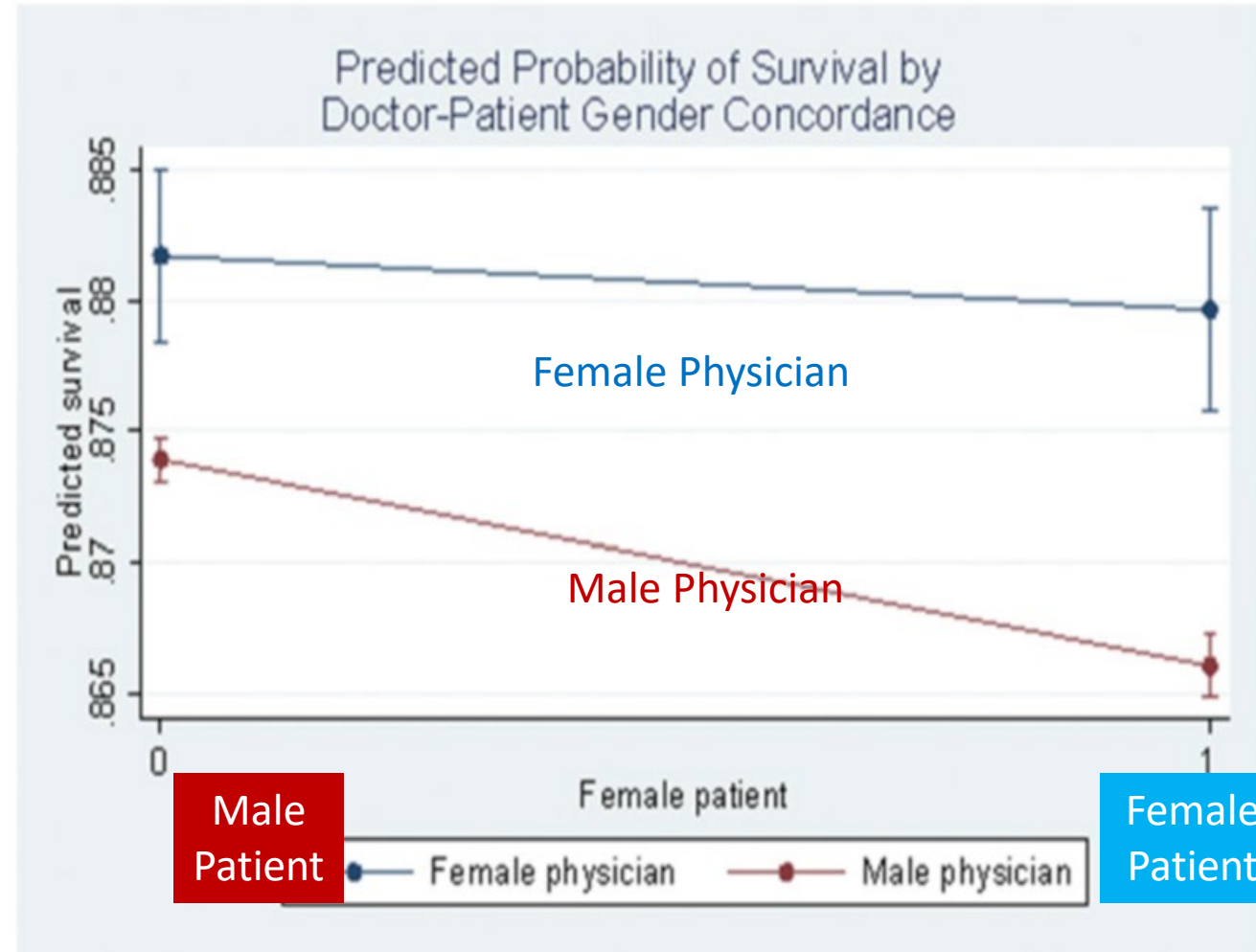
Benefits of Physician Diversity in Medicine

Greenwood et al.

Proc Natl Acad Sci USA. 2018

Studied heart attack patients admitted to Florida hospitals between 1991 and 2010

Woman are **2-3x** more likely to survive an AMI if they have a woman physician than a male physician



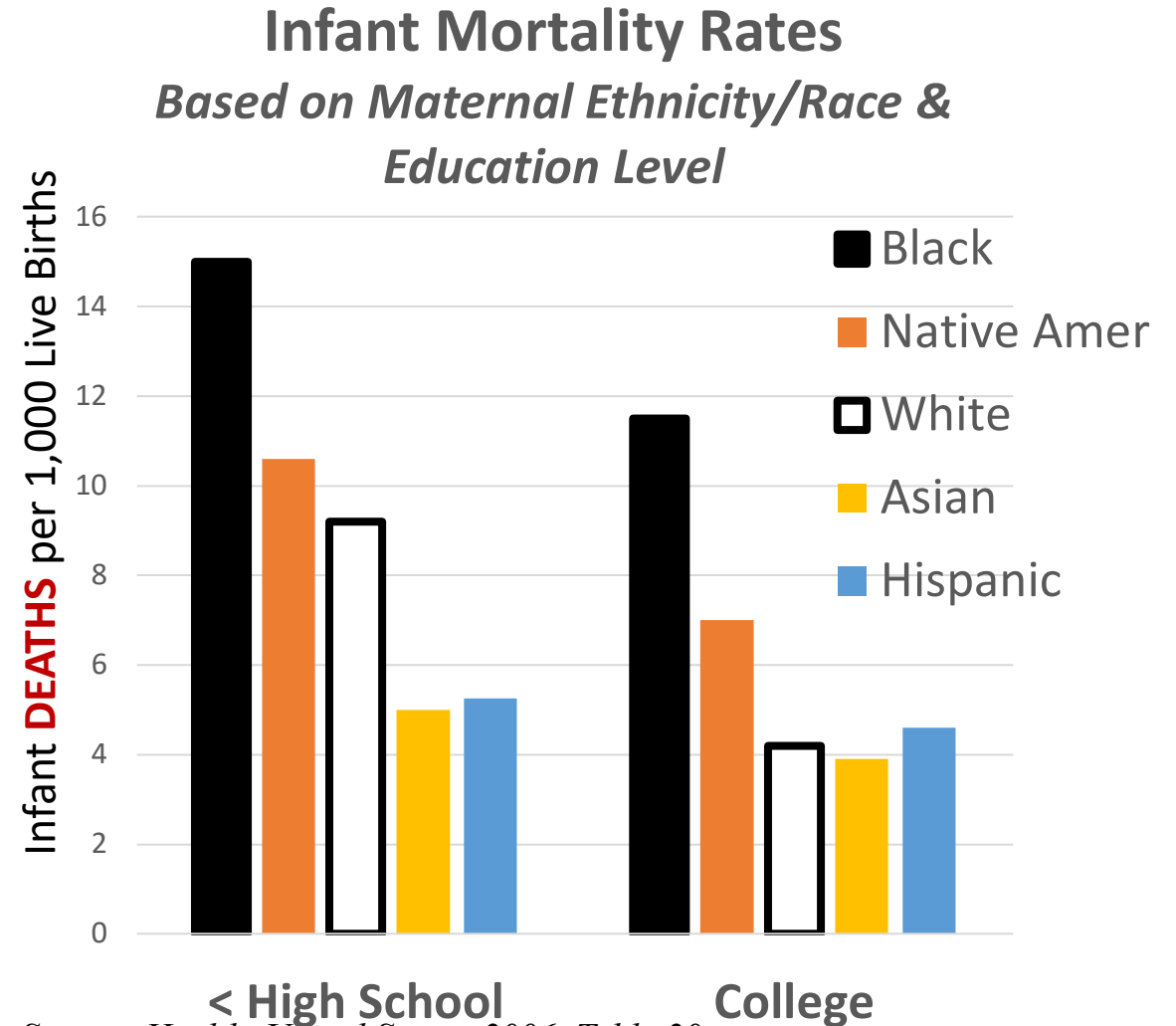
Benefits of Physician Diversity in Medicine

- *Garcia et al. Acad Med. 2018 Jan; 93(1).*
- Physicians from underrepresented groups in medicine are 2x more likely to work in underserved communities (regardless of specialty)
- *Hoppe TA et al. Sci Adv. 2019 Oct 9;5(10)*
- Physician scientists from underrepresented groups are more likely to pursue research that addresses health disparities in their racial communities.
- *Alsan M et al. American Economic Review 2019, 109(12).*
- For racial minority patients, a racially concordant physician increased adherence to health interventions by 2-fold (eg. diabetes and cholesterol screening, flu shots, and heart surgery)

Benefits of Physician Diversity in Medicine

- *Greenwood et al.*
- *Proc Natl Acad Sci USA*. 2020
- Studied patient-physician racial concordance and impact on infant mortality

Same race provider results in a 58% reduction in mortality difference for Black newborns



Source: *Health, United States, 2006, Table 20*



< Activities



Visual settings



Edit



Respond at Pollev.com/michelesumler937

Text **MICHELESUMLER937** to **22333** once to join, then **A, B, or C**

Is diversity and inclosion important for the physician experience?

yes **A**

no **B**

I don't know **C**

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Physician Experiences in Medicine

Yuce et al. JAMA Surg. 2020

- Survey 6956 surgical residents
 - 72.3% Black residents reported discrimination (odds ratio 20)
 - Black women physicians even higher rates.

- **Different standards of evaluation**
 - **Denied opportunities**
 - **Slurs/ Hurtful Comments**
 - **Mistaken for nonphysician**
 - **Socially isolated**

Table 2. Association of Resident and Program Characteristics With Racial/Ethnic and Religious Discrimination^a

Characteristic	Respondents, No./total No. (%)	Odds ratio (95% CI)	P value
Resident characteristics			
Sex			
Male	661/3241 (20.4)	1 [Reference]	
Female	648/2277 (28.5)	1.48 (1.27-1.74)	<.001
Race/ethnicity			
Non-Hispanic white	428/3380 (12.7)	1 [Reference]	
Non-Hispanic black	167/231 (72.3)	20.91 (14.39-30.38)	<.001
Hispanic	115/460 (25.0)	2.62 (1.99-3.47)	<.001
Asian	431/940 (45.9)	6.29 (5.18-7.63)	<.001
Other/prefer not to say	168/507 (33.1)	3.89 (3.09-4.91)	<.001

Yuce TK, et al. National Evaluation of Racial/Ethnic Discrimination in US Surgical Residency Programs. *JAMA Surg.* 2020 Jun 1;155(6):526-528.

Physician Experiences in Medicine

Burnout and Mental Health:

Hu YY, Ellis RJ et al. N Engl J Med 2019;381.

7409 surgical residents surveyed
Women experienced higher rates of mistreatment and discrimination

- Gender discrimination (65.1% women vs 10% men)
- Verbal and physical abuse (33% women vs 28% men)

Experiencing discrimination was associated with:

Higher rates of Burnout (51.6% vs 40.0%; $P < 0.001$)

Suicidal thoughts (6.5% vs 3.8%; $P < 0.001$)

Physician Experiences in Medicine

- Impacts on Teaching and Evaluation

- ***Mueller et al. J Grad Med Educ 2017; 9(5).***
 - Women receive inconsistent feedback
- ***Dayal et al. JAMA Intern Med 2017;177(5).***
 - Women received lower milestone scores despite similar initial evaluates evaluations
- ***Meyerson et al. J Surg Educ 2017;74(6).***
 - Women in CT surgery are given less automony than male colleagues

Physician Experiences in Medicine

- Impact on mental health
- Impact on retention

Wong et al. Ann Surg 2013;257(4)

Surgery Residents:

- Black and Asian trainees **less likely** to report that they “fit in” their program
- Black residents **less likely** to report that they could “rely on” their peers.

Oso et al. . J Clin Anesth. 2021 Feb;68

Anesthesia Residents:

- Women and Black anesthesia residents most commonly reported microaggressions
- **Microaggressions impacted plans to pursue academic medicine**

Physician Experiences in Medicine

Experience of Women in ACTA:

Methangkool et al. WICTA Survey

In 2019, 235 women in academic CT anesthesia programs surveyed, response rate 66% (153 respondents)

4 in 10 gender negatively impacted
career advancement

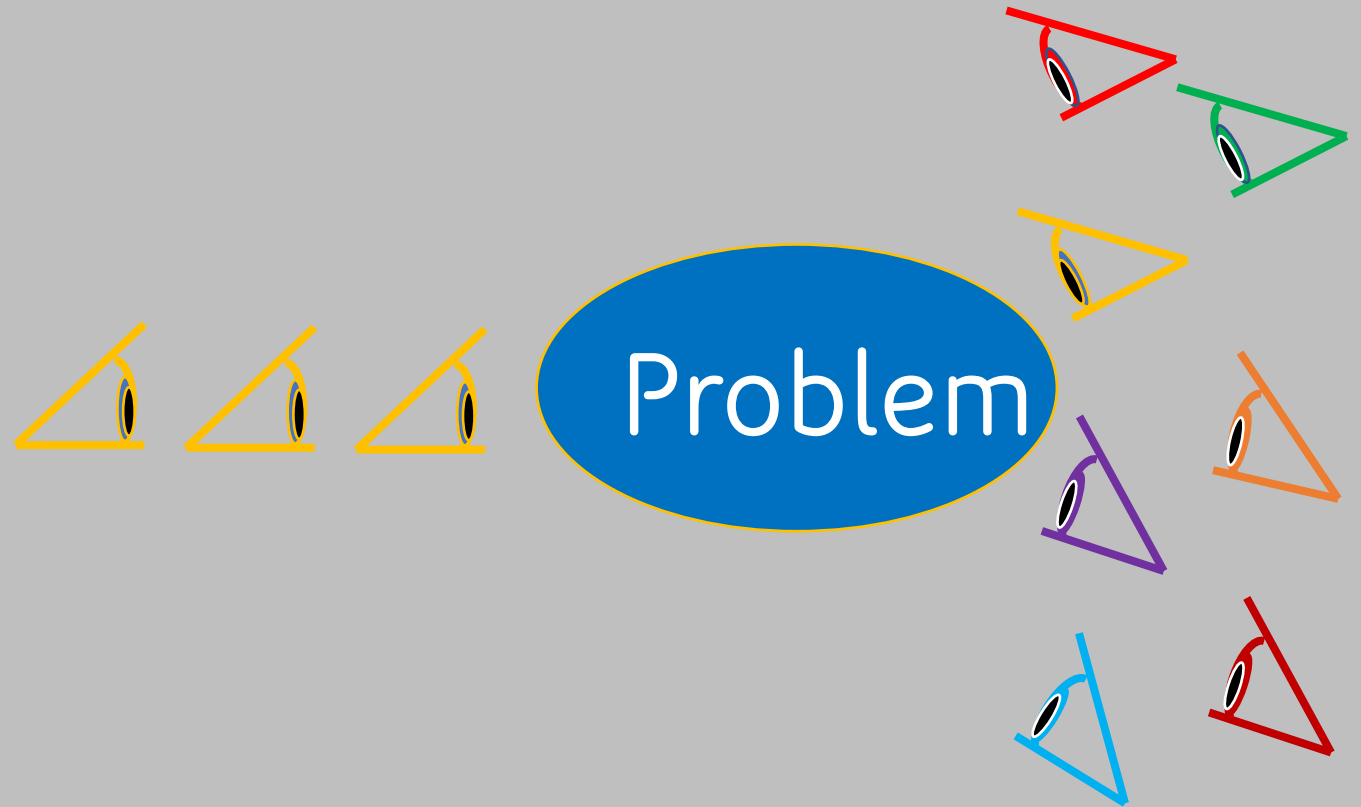
70% experienced **Microaggressions**

50% reported **Derogatory
Comments/Intimidation**

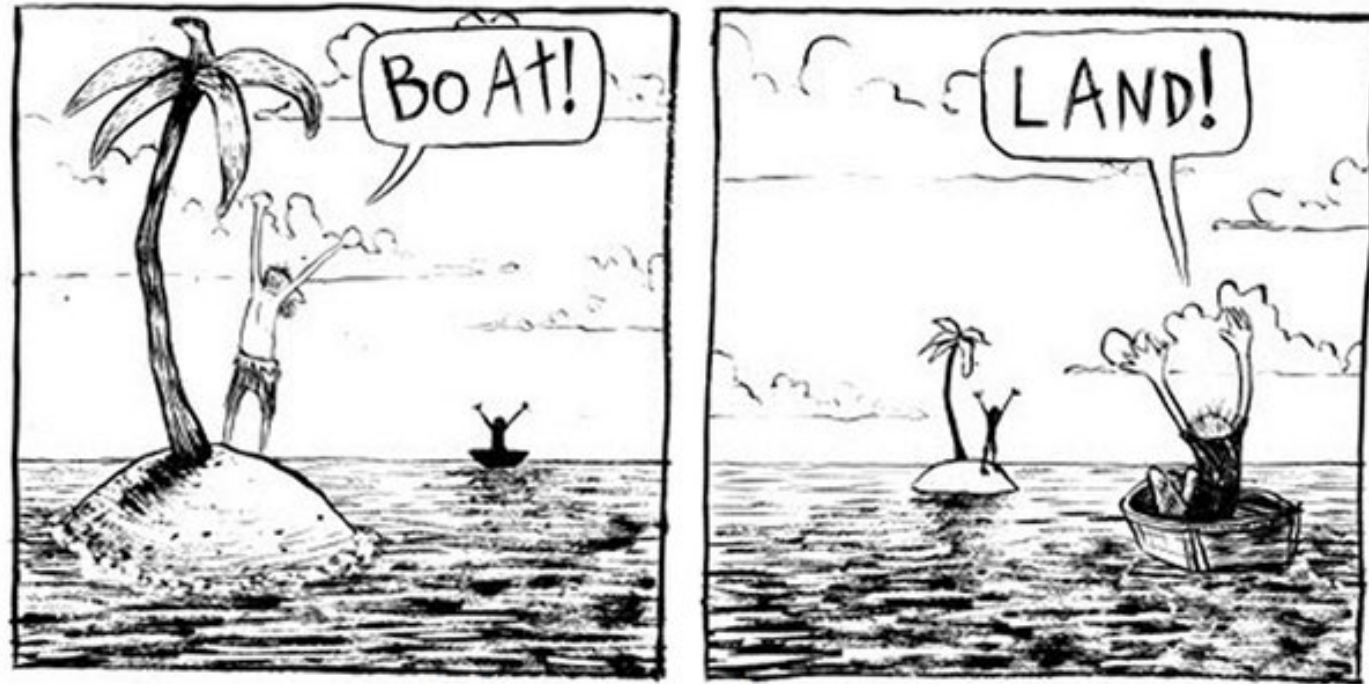
25% **Sexual Harassment/Unwanted
Physical Advances**

WHICH TEAM WOULD YOU WANT MANAGING YOUR
COMPLEX PROBLEM?

Diverse teams
demonstrate
improved
teamwork,
creativity and
problem-
solving



PERSPECTIVE



Perspective...



Lessons
Learned

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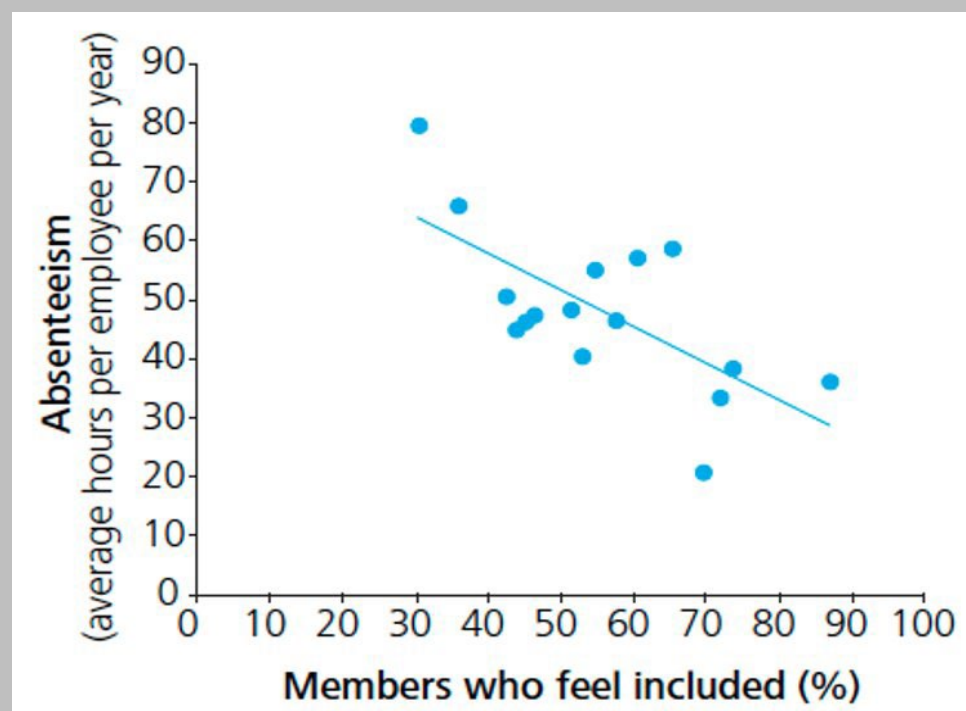
Diversity has an effect on the bottom line.



True

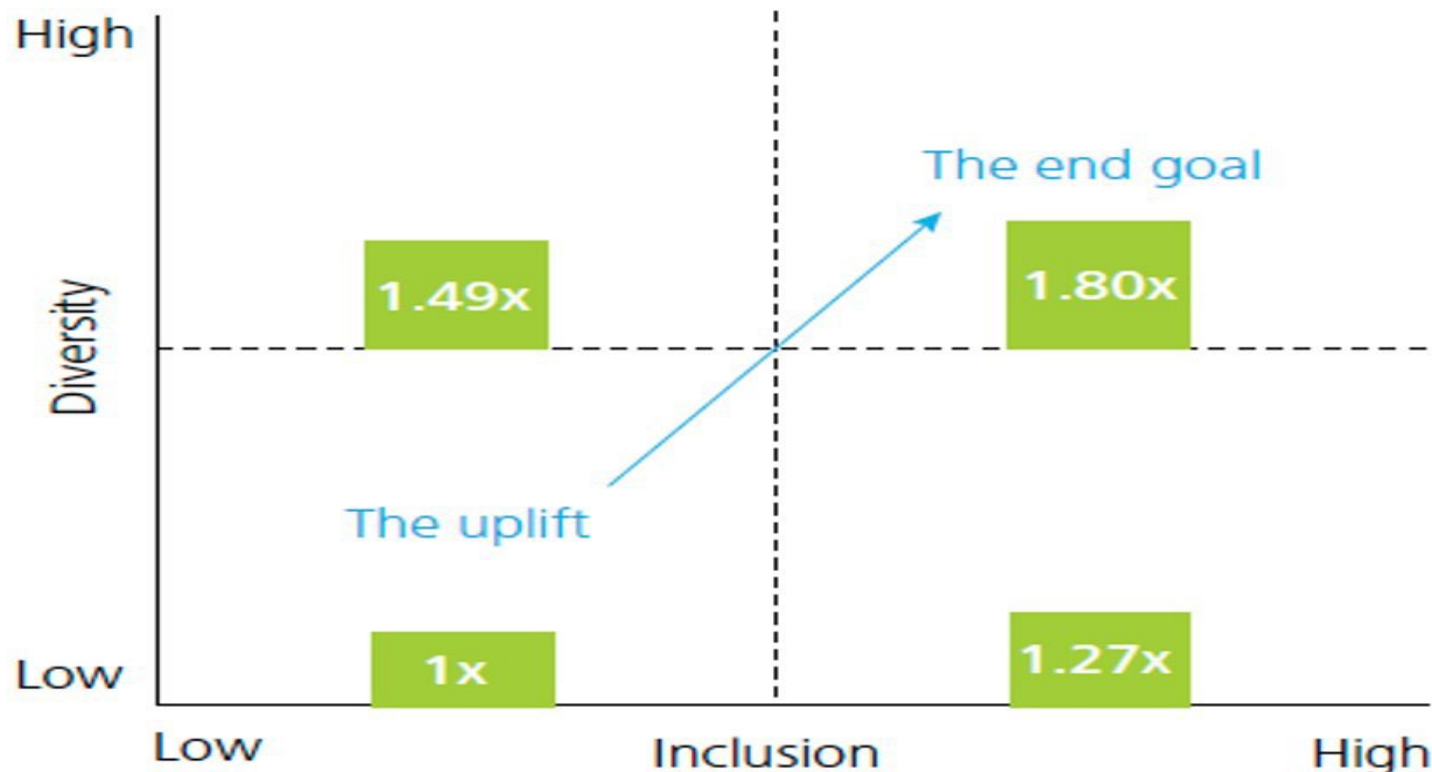
False

Lessons from the corporate world



Waiter, is that inclusion in my soup? Research report Sydney: May 2013

Lessons from the corporate world



“When the workforce thinks their organization is highly committed to, and supportive of diversity, **and** they feel highly included, then they are 80% more likely to agree that they work in a high performing organization...”

- Productivity
- Innovation
- Retention



Waiter, is that inclusion in my soup? Research report Sydney: May 2013

Likelihood of financial performance above national industry median, by diversity quartile, %

Ethnic diversity



Gender diversity



Gender and ethnic diversity combined



Ethnic & gender diversity correlate with improved performance

McKinsey & Company Diversity Database, 2015

CORPORATE WORLD -BOTTOM LINE

- About \$223 billion every five years is lost to turnover due to [poor workplace culture and toxic work environments](#)
- 8 out of every 10 employees believe that a lack of attention to diversity and inclusion contributes to employee turnover
- Over two-thirds of candidates consider workplace diversity as an important factor when considering employment opportunities



Activities <



My activities

Shared activities

Activities

Name



Is there good evidence to show that health disparities exist?



Does diversity in medicine improve patient outcomes?



Diversity has an effect on the bottom line.



Is diversity and inclusion important for the physician experience?



How would your colleagues (particularly minorities and women) descri...



Anesthesiology is one of the more diverse specialties in medicine.



How to create a culture of inclusion



Creating Community



Building a Road Map for Change



Measuring Success



Creating Community

Build Safe Spaces
Develop Coalitions
Acknowledge structural bias
Mentorship and Sponsorship

Build Safe Spaces

Bring

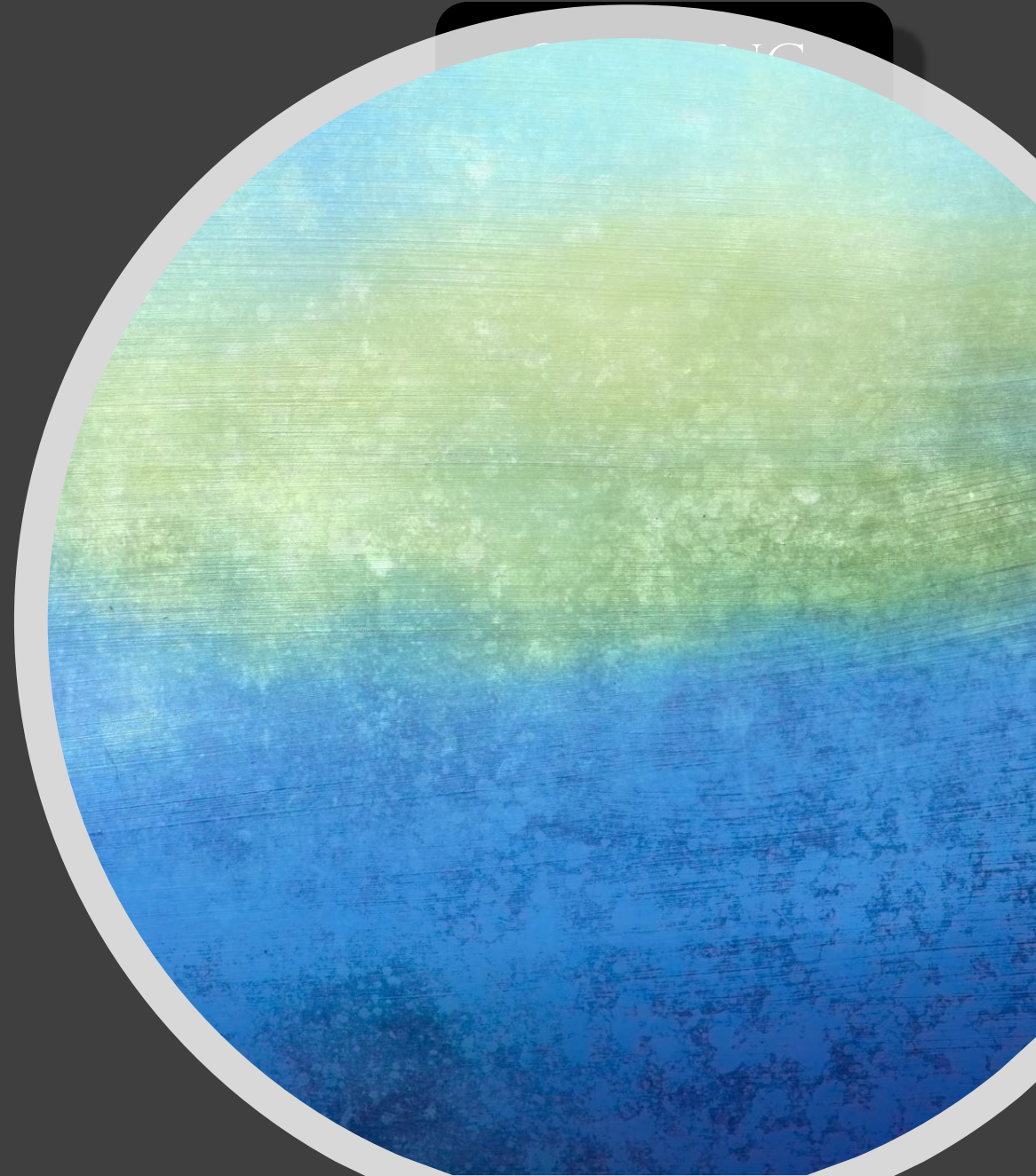
- Bring together minority individuals, allies, and sponsors

Foster

- Foster environment of acceptance and inclusion
 - Share experiences, build psychological safety
 - Provide mentoring
 - Enhance access to resources

Create

- Create a confidential formal reporting system
 - Anonymous feedback structures
 - Address concerns raised



Organize coalitions

CREATING
COMMUNITY



SPEAK COLLECTIVELY, NOT AS
INDIVIDUALS

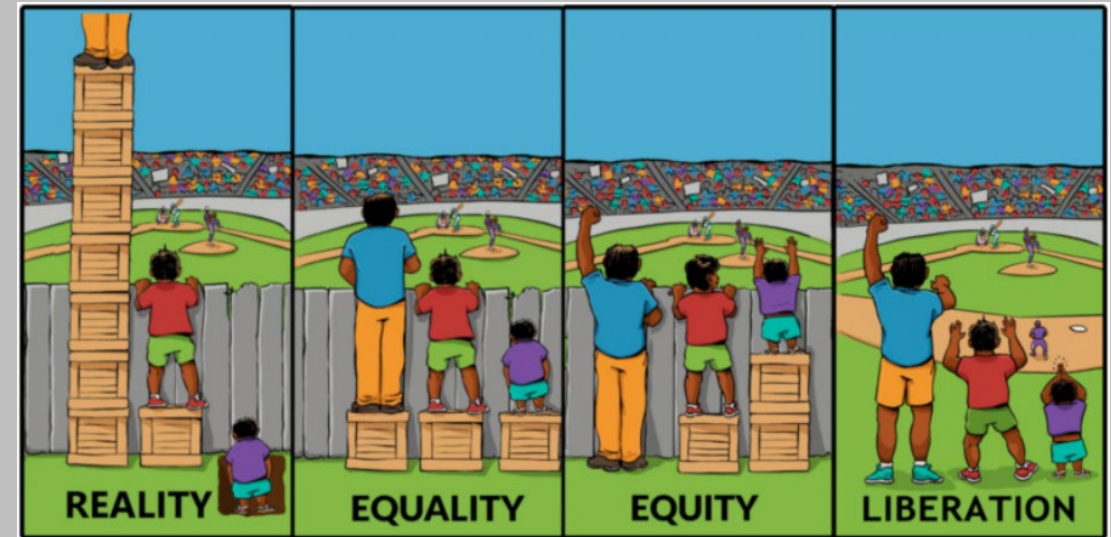


PARTNER ACROSS
ORGANIZATIONS

Acknowledge Structural Bias

CREATING
COMMUNITY

- Educate leadership on impact of structural bias
- Implicit bias training
- Avoid tendency to make it about *individuals* rather than the *system*
 - Speak up for individuals who are singled out and are struggling
 - Avoid “group think”



© Interaction Institute for Social Change | Artist: Angus Maguire

Mentorship and Sponsorship

- Measure service and demonstrated benefits provided by diverse teams and compensate faculty accordingly, monitoring for the negative impact of tokenism on individuals.
- Address the “Minority Tax”:
 - Financially support mentoring for or by URM faculty
 - Promote grants that support mentoring

Kalet A. et al. Mentoring Underrepresented Minority Physician-Scientists to Success. Academic Medicine, 2022, April 97(4)

Building a Road Map



Building the Road Map

BUILDING ROAD MAP

- Provide examples for what inclusion looks like in every aspect of the department.
 - *Create a list of “opportunities for the anesthesiology department to be a leader in diversity and improve resident, staff, and faculty well-being.”*
 - Goals and Opportunities for each departmental mission

Building a Road Map

BUILDING ROAD MAP

- Education

Goal:

“Educate our faculty, residents, and staff on broadening their understanding of diversity and racism. Empower them with upstander tools to intervene and say something if untoward acts are witnessed.”

Opportunities:

- Trainings:
 - Implicit bias and upstander trainings for ALL faculty
 - Structural racism training for ALL department leaders
- Grand Rounds:
 - Increased diversity of speakers
 - Integrate DEI into all lectures
 - Dedicated DEI lectures

Building a Road Map

BUILDING ROAD MAP

- Identify Champions
 - DEI leaders for each division
 - DEI leader on each committee
 - Support those that speak up
- Leadership Buy-in
 - Leadership messaging on DEI needs to be visible, central
 - Ex. Website materials, newsletters, faculty meetings
 - Department governance/ leadership needs to be diverse
 - Resources for DEI efforts

How to measure success



Define Metrics and Goals

MEASURING SUCCESS

Academics

- Post recruitment survey of minority candidates to gauge experience with the program
- Trainee match classes diversity metrics

Academics and Private Practice

- Track diversity on leadership and recruitment committees
- Track department diversity, promotion, and attrition metrics
- Review Grand Rounds for DEI metrics

Ensuring Accountability

MEASURING
SUCCESS

- Department-wide sharing of metrics, goals, and success meeting them
- Annual Reports by each division on DEI measures and projects
- Performance evaluation includes DEI metrics
- Follow reports in anonymous reporting system

Conclusion

- ✓ Diversity affects patient outcomes, trainees, physicians
- ✓ Diversity and Inclusion improve productivity, work culture/environment, faculty/staff retention
- ✓ Integrate DEI initiatives across department/institution
- ✓ Make an effort to foster an inclusive environment by creating a sense of community, building road map of what inclusion looks like in your department, and measure success of your efforts
- ✓ Ensure accountability for results while assessing its effectiveness and providing advice and resources when necessary

Diversity and Inclusion Matter

- For Our Patients
- For Outcomes
- For Our Trainees
- Physicians

...For all of us.

Extras

Bias and Healthcare

Hoffman et al. Proc Natl Acad Sci. 2016.

40% medical students, 25% Residents studied believed that “**blacks’ skin is thicker than whites**”

- **Holding false biological beliefs** about blacks **increased** likelihood that individual would **fail to adequately address pain** in a black patient in the case scenario.

IOM Report: Unequal Treatment 2002.

Utilization rates for medical procedures varied by **race and ethnicity**

- Disparities noted in:
 - ✓ diagnosis and treatment for ACS
 - ✓ limb amputation
 - ✓ post-op/acute pain
 - ✓ cancer care

Disparities

- Some disparities were getting smaller from 2000 through 2016-2018, but disparities persist some even worsened, especially for poor and uninsured populations in all priority areas.
- Racial and ethnic disparities vary by group:
 - Blacks and American Indians and Alaska Natives received worse care than Whites for about 40% of quality measures.
 - Hispanics received worse care than Whites for more than one-third of quality measures.
 - Asians received worse care than Whites for nearly 30% of quality measures but better care for nearly one-third of quality measures.
 - Native Hawaiians/Pacific Islanders received worse care than Whites for one-third of quality measures.

WHY?

- Environments with more diverse individuals bring a greater range of perspectives that can increase productivity and innovation
- Patient care is positively impacted by the presence of a diverse group of healthcare professionals
- Positive psychological impacts are also found where an affirming and inclusive climate is present

Anything else?

- Student and faculty experiences of bias have a secondary negative impact on patient populations
- DEI principles are central to accreditation and trainee competencies
- Creating a positive climate of DEI is crucial to the success of any department, its members, and the patients/participants served by the department

Where do we see Culture?



Artifacts

The way the people act, the things they say, the way they dress, behave, and the items that they surround themselves with

Values

The articulation of the basic assumptions

Underlying Assumptions

The deeply buried foundation for the values that the group has formed over time