Statement Honoring the Land on which the University of Washington Stands

UW Medicine acknowledges the land we occupy today as the traditional home of the Tulalip, Muckleshoot, Duwamish and Suquamish tribal nations. Without them we would not have access to this working, teaching and learning environment. We humbly take the opportunity to thank the original caretakers of this land who are still here.
Evolving AGCME Requirements
Effective July 1, 2019

• Common Program Requirements
  • Programs must understand the social determinants of health of the populations they serve and incorporate them in the design and implementation of the program curriculum, with the ultimate goal of addressing these needs and health disparities.
  • Education in Quality Improvement. Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities.
  • Engagement in Quality Improvement Activities. This should include activities aimed at reducing health care disparities.
To achieve health equity, eliminate disparities, and improve the health of all groups.

*Health Equity:* attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

*Health Disparity:* a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.
Race: Definitions

- Race (rās) n. a group of people united or classified together on the basis of common history, nationality, or geographic distribution.  
  *Webster’s New World Dictionary, Revised Edition*

- “a construct of human variability based on perceived differences in biology, physical appearance and behavior”, – not a biological reality.  
  *National Academy of Medicine, United States.*

- “We believe the use of biological concepts of race in human genetic research—so disputed and mired in confusion—is problematic at best and harmful at worst. It is time for **biologists** to find a better way.”  
Social Determinants of Health

Health/Wellbeing
- Physical
- Emotional
- Social
- Spiritual
Leading Causes of Death, United States (2016)

- Heart Disease: 635,260
- Cancer: 598,038
- Injuries: 161,374
- Chronic Lung Disease: 154,596
- Stroke: 142,142
- Alzheimers Disease: 116,103
- Diabetes: 80,058
Coronary heart disease deaths (age adjusted, per 100,000 population) by race/ethnicity


Data Source: Bridged-race Population Estimates; Centers for Disease Control and Prevention, National Center for Health Statistics and U.S. Census Bureau (CDC/NCHS and Census)
National Vital Statistics System-Mortality (NVSS-M); Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS)
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.
Overall cancer deaths (age-adjusted, per 100,000 population)
By Race/Ethnicity


Data Source: Bridged-race Population Estimates; Centers for Disease Control and Prevention, National Center for Health Statistics and U.S. Census Bureau (CDC/NCHS and Census)
National Vital Statistics System-Mortality (NVSS-M); Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS)
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.
Injury deaths (age-adjusted, per 100,000 population)  
By Race/Ethnicity


Data Source: Bridged-race Population Estimates; Centers for Disease Control and Prevention, National Center for Health Statistics and U.S. Census Bureau (CDC/NCHS and Census)
National Vital Statistics System-Mortality (NVSS-M); Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS)
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.
COPD deaths (age adjusted, per 100,000 population, 45+ years)
By Race/Ethnicity


Data Source: Bridged-race Population Estimates; Centers for Disease Control and Prevention, National Center for Health Statistics and U.S. Census Bureau (CDC/NCHS and Census)
National Vital Statistics System-Mortality (NVSS-M); Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS)
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.
Relative Contributions of Social Determinants of Health to Population Health

- Behaviors: 40%
- Social Circumstances: 15%
- Environment: 5%
- Genetics: 30%
- Medical Care: 10%


Federal Spending (US, 2014)
- Medical Care: 97%
- Public Health: 3%

Landmark Healthcare Disparities Report (March 2002)

- National Academy report to congress
- Large body of research documenting widespread and consequential disparities in care

Report Recommendations:
- Increase awareness
- Use evidence-based interventions
- Diversity the physician workforce
- Improve linguistic access to care
Healthcare Disparities

• Disparity: a lack of equality and similarity, esp. in a way that is not fair.

• Health Care should be:
  • Safe
  • Effective
  • Patient centered
  • Timely
  • Efficient
  • Equitable: providing care that does not vary in quality because of personal characteristics such as race, gender, ethnicity, geographic location, income, or education

  *National Academy of Medicine*

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**FIGURE 1-1** Differences, disparities, and discrimination: Populations with equal access to healthcare. SOURCE: Gomes and McGuire, 2001.

Relative Disparity Index \( (DI_{\text{relative}}) = \frac{R_i}{R_{\text{ref}}}) \)

\( R_i \) = how often a quality measure isn’t happening in the group of interest (e.g. African American);
\( R_{\text{ref}} \) = how often a quality measure isn’t happening in the reference group (e.g. white)

Ex: Good glucose control is happening in 67% of African Americans (but not in 33%)
     Good glucose control is happening in 74% of whites (but not in 26%)

\[ Glucose \text{ control } DI_{\text{relative}} = \frac{33\% \text{ among African American}}{25\% \text{ among white}} = 1.3 \]

\( DI_{\text{relative}} > 1 \) means there is disparity in care
Disparity Index (African American vs. White), by clinic

*data points with <10 patients are not shown
Disparity Index (American Indians & Alaska Natives vs. White), by clinic

*data points with <10 patients are not shown
Disparity Index (Spanish speakers vs. non-Spanish speakers), by clinic

*data points with <10 patients are not shown*
Disparity Index in Cancer Screening (Marginalized population vs. White)

*data points with <10 patients are not shown*

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<thead>
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<th>Cancer Screening</th>
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<th>Below 1</th>
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<tr>
<td>Colon Cancer Screening</td>
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</tr>
<tr>
<td>Cervical Cancer Screening</td>
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<td>1</td>
</tr>
</tbody>
</table>
Disparity Index in Diabetes Management (Marginalized population vs. White)

<table>
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<th></th>
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<tbody>
<tr>
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<tr>
<td>BP Control</td>
<td>4</td>
<td>0</td>
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<tr>
<td>Eye Screening</td>
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</tbody>
</table>

*Data points with <10 patients are not shown.*
GME Trainee Diversity and Quality of Care

- Improved access to care for minority patients
- Better outcomes of care for minority patients
- Enhanced provider choice and patient satisfaction for minority patients
- Better patient-provider communication for minority patients
- Better educational experiences for URM medical students
  - Does racial/ethnic and gender concordance between residents and medical students result in a better learning environment?
Number of physicians needed to reflect WA population proportions:
Hispanic/Latino: 1,714 (608) [number needed (current number)]
Black/African American: 220 (442)
AI/AN: 63 (147)
NH/PI: 37 (80)
URM: 2,035 (1,277)
GME Diversity
(2018 Survey, 40% Response Rate)

Sexual Orientation
- Straight or Heterosexual, 88
- Gay or Lesbian, 7
- Bisexual, 2
- Other, 1
- Decline, 3

Sex at Birth
- Male, 46
- Female, 52
- Decline, 2

Birth Place
- US-Born, 81
- Foreign-Born, 14
- Decline, 5

Race/Ethnicity
- White, 57
- Asian, 19
- Black, 5
- Pacific Islander, 0.2
- AIAN, 0.4
- Declined, 4

URM = 13%

Gender
- Male, 45
- Female, 52
- Trans male, 0.2
- Gender Non-Binary, 0.2
- Decline, 2

Notes:
- AIAN = American Indian or Alaska Native
- URM = Underrepresented Minority
Strategies for Increasing GME Diversity

- Residency and fellowships in the context of a faculty pipeline
  - Developing faculty positions with focus on health equity: clinical, teaching and research

- Developing healthcare equity tracks within residency programs
  - Health equity curriculum (required)
  - Clinical experiences in underserved communities
  - Global to local clinical experiences (connecting immigrant underserved to home countries)

- Pipeline programs
  - Mentoring UW URM medical students (speed mentoring)
  - Summer research opportunities for URM medical students on healthcare equity
  - Funded visiting sub-internship programs for URM medical students
Programs Offering Diversity Sub-Internships

- Anesthesia
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Neurology
- OB/GYN
- Orthopedics
- Otolaryngology
- Pediatrics
- Psychiatry
- Radiology
- Surgery
- Urology
- Infectious Diseases (fellowship)
Questions

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