Weitzman Institute
2023 VIRTUAL
Symposium

Panel Presentation #1
"I Can't Be the Last":
Diversity, Equity and Inclusion Powerhouses Advocate for Representation, Anti-racism to Combat Healthcare Disparities

Tackling Old Problems with New Solutions in Primary Care May 2023

PANELISTS:
(Clockwise from top left)

Sheldon D. Fields, PhD, RN;
Norman Kim, PhD;
Edwin Lindo, JD;
Maria Espinola, PsyD

MODERATOR:

Anu Mandapati, PCC, CTPC

Explore the Hard DEI Questions in Primary Care Policy, Research, and Clinical Practice

In the wake of **disproportionately high rates of COVID deaths in communities of color** and the societal upheaval following the murder of George Floyd, racial disparities have become a focus point in health equity discussions—and an increasingly important area for targeted healthcare innovation.

On May 17, 2023, the first panel of the second annual **Weitzman Institute Virtual Symposium: "Tackling Old Problems with New Solutions"** brought together four health industry leaders to discuss the future of Diversity, Equity and Inclusion (DEI) in healthcare: **Sheldon D. Fields**, the Associate Dean for Equity and Inclusion at the Pennsylvania State University College of Nursing; **Norman Kim**, the Diversity, Equity and Inclusion Officer at the New York State Psychiatric Institute's Center for Practice Innovation; **Edwin Lindo**, Assistant Dean and Associate Teaching Professor at the University of Washington's Social and Health Justice Office of Healthcare Equity and Department of Family Medicine; and **Maria Espinola**, the CEO for the Institute for Health Equity and Innovation. **Anu Mandapati**, an Inclusive Leadership Coach for C-Suite and the Global Head of Diversity, Equity and Inclusion at Magic Leap, moderated the panel.

As part of their introduction, each panelist shared their reasons for prioritizing racial health equity in their work. **Dr. Espinola**, whose work focuses on the psychiatric manifestations of racial disparities, highlights that her upbringing in Argentina during a dictatorship shaped her belief that "healthcare is a human right." As an immigrant to the United States in the early 2000s, Dr. Espinola found that her status as a poor, non-college-educated, non-native English speaker directly correlated to how she was treated in the healthcare system—a lived experience that now serves as the motor behind her DEI work.

Dr. Fields, the inaugural Vice President of the National Black Nurses Association, echoed similar ideas. As an "unabashed advocate for social health justice" and a 32-year veteran of the nursing industry, Dr. Fields finds that "[nursing], a profession that is 80% white and almost 90% female" cannot adequately uphold the idea that healthcare is a human right unless it holds itself accountable for the inequities it perpetuates—especially those that exist in its own ranks.

Dean Lindo, a critical race theorist and the son of Nicaraguan military warfare refugees, is dually moved by an understanding of past racial violence and a mission to prevent racial inequalities in the future. He finds that he has "an obligation to do this work: not just in our era," but also, in the future, so "that future generations have the

opportunity to tear [racially biased] systems down." Lindo didn't limit the impact of racial inequities to health; he believes that healthcare is "at the foundation of the ugly vestiges of racism that we see today."

Dr. Kim, a Korean immigrant and proponent of applying critical race theory in psychology, concurred. Kim, who co-founded the Institute for Antiracism and Equity, explains that the murders of George Floyd, Breonna Taylor and Ahmaud Arbery placed a spotlight on anti-black racism. The "collective trauma" of these deaths, Kim said, not only showed "how central a role that [anti-blackness] plays as a primary driver of health care inequities," but also, drove him to focus on eradicating racism as a means to improving public health.

Morality Versus Money

After hearing the story of Jessica, a single Black mother who was ignored by medical staff after reporting having serious pregnancy complications, the discussion shifted to a conversation about how health systems rationalize investing in DEI efforts. While stories like Jessica's comprise a **moral argument** in favor of health equity, Dr. Espinola states that appealing to morality isn't always enough to sway legislators and politicians. **Utilizing data** to illustrate how targeting racial health disparities results in saved costs, Espinola suggests a pivot towards an **economic argument for DEI initiatives**—that is, the idea healthcare systems should invest in DEI efforts because they confer economic benefits.

Still, Lindo finds that an exclusively economic argument is not as universalizing as it may appear. Calling upon Professor Derrick Bell, Jr.'s ***Interest Convergence Dilemma***, Lindo states that the economic argument is often used to limit the racial progress to what serves the interest of white Americans. While he agrees that the economic argument is powerful, Lindo also recounts that numerous hospital leaders have rationalized a rebuffing of health equity, claiming that investing in DEI efforts will cost them money and destabilize their systems. To this end, Lindo asks "What happens when [white Americans] don't believe it's at their interest anymore? [...] Do we still do it?"

Strong hospitals are built by embedding racial equity into the foundations of health systems.

In response to the economic perversity argument, Lindo suggests that if hospitals cannot withstand an investment in DEI, "then, there's something wrong with the business plan, not with health equity." Instead of decrying DEI, Lindo argues that strong hospitals are built by embedding racial equity into the foundations of health systems. "If their fundamental economic system isn't sufficient to actually provide equitable care, we are missing the point from the beginning," Lindo said. "We [must] make [it] clear that we continue, even if there's a point where the economic value isn't necessarily there."

Historical Patterns of Exclusion

Like the path towards DEI investment, the panelists found that the path to becoming a healthcare provider is muddied by a long-standing history of racial power dynamics. Lindo, when asked about what pervasive aspects of systemic racism are most important for health practitioners to look out for, turned the spotlight back onto the providers themselves. Lindo believes the present-day storages in Black doctors originate from the **Flexner Report**, a landmark 1910 dossier that curtailed Black involvement in medicine by stating that only **two Black medical schools in the U.S. were "worth developing"**. As a result, Lindo finds that "[This healthcare system] had never been intended to provide equitable care."

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Dr. Kim agreed, finding that **healthcare systems have historically "not been made for us" and "not been made by us," leading to a system where people of color are not understood or believed.** "At one point not that long ago," Kim said, "there were something like **500 Black owned hospitals** in the United States, and now it's down to about one." Kim pinpoints **medical "gatekeeping"** and the "professionalization" of healthcare as possible causes.

"Obviously, you need trained people to provide specialist care, but I think there are many places where the evidence has shown us for decades that [...] paraprofessionals and other people at other levels [...] are as good as other roles," said Kim. According to the panel, credentialing barriers, such as the cost of college, graduate school and certifications, also manifest in exclusion. Together, these barriers lead to Black and brown people losing interest in healthcare.

To offset these obstacles, Kim suggests an increase in representation. "If I don't see myself and identity reflected in the healthcare providers I see," Kim asked, "why would I even think that that's a possible path for me? [...] That's an important sort of gatekeeping that happens within healthcare that keeps so many people from minority communities out of other healthcare careers."

Importantly, Lindo adds that this "chipping away" at representation in medicine is to the detriment of all patients, not just patients of color. Lindo shared how **a systematic review** he co-lead revealed that with Black providers, Black patients received the same high level of care as white patients do with white providers. However, with white providers, Black patients received inadequate care compared to their white counterparts—making clear that concordance of care and **representation helps everyone**.

DEI Efforts Must Be a Necessity, Not a Niche

As they looked towards the future, all four panelists said DEI competencies must become a fundamental building block in healthcare, not just an "add-on" class or taskforce. For Dr. Kim, this practice must begin with massive changes to health education, including a reckoning with the idea that racism is systemic, not aberrational. In addition to weaving anti-bias and anti-racism into the training that providers receive, Kim and Fields agreed that allyship in the healthcare system must center those being oppressed without placing the entire burden of DEI work onto them. According to Fields, transformative allyship must recognize that systematic issues cannot be solved by marginalized groups alone "because we are not the majority."

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Finally, Lindo, Fields and Espinola also pinpointed **youth education programs as a necessity in building equitable healthcare systems**. Fields (through National Black Nursing Association's Mini Nurse Academy), Lindo (through the "Doctor for a Day" program at the University of Washington) and Espinola (through trauma-informed care programs for youth) emphasized that navigating the power dynamics of inequity has led them to working with children interested in healthcare.

To build a joint "healthcare and diversity ecosystem," Lindo said, marginalized healthcare professionals must be willing to pull youth into the profession. For Lindo and the other panelists, the future of DEI in healthcare is clear: progress will require providers to say "I can't be the last."

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For More Information

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