10 Questions from the Resident and Fellow Affairs Committee

J. Renee Navarro, PharmD, MD, Vice Chancellor of Diversity and Outreach, and Professor of Anesthesia and Perioperative Care answers resident and clinical fellow questions about health care disparities and medical workforce diversity

1. What are health disparities?

Health disparities refer to gaps in the quality of health and health care across populations based on race, ethnicity, sex, sexual orientation, age, disability, socioeconomic status, and geographic location. The definition of health disparities includes differences in the presence of disease, health outcomes, quality of health care, as well as access to health care.

2. Are there any clinical initiatives at UCSF that address health disparities?

There are a number of initiatives at UCSF that address health disparities. They include the UCSF Hepatitis B Free Clinic, the Martin Baro Clinic for undocumented workers, and a health coaching program run by the Department of Family and Community Medicine. There are numerous UCSF affiliated clinics (including those at SFGH) that serve large numbers of individuals from groups with high health disparity.

3. What is UCSF doing to encourage and highlight research on health disparities?

Sponsored by the Office of Diversity and Outreach and Division of General Internal Medicine we highlight research on health disparities during our annual Health Disparities Research Symposium. Now in its 7th year this symposium, lead by Drs. Eliseo Perez-Stable and Victor Fujimoto features presentations and posters on the research work by members of campus and local community.

Our faculty are leaders nationally and internationally for their research on disparities. A search of Faculty Profiles http://profiles.ucsf.edu/search/ list over 200 UCSF faculty engaged in health disparities research. In addition, we have several established research programs and centers. The programs and organized research units include (partial list):

- **The Center for Aging in Diverse Communities (CADC)**
  http://dgim.ucsf.edu/cadc/

  Established at the UCSF in 1997 under the leadership of Eliseo J. Pérez-Stable, MD., the CADC is one of six national Centers funded by the Resource Center for Minority Aging Research (RCMAR) program by the National Institute on Aging (NIA), th National Institutes of Health. The CADC is committed to increasing high quality research focused on the concerns of aging Latinos and African Americans by:

  - Increasing the number of researchers devoted to improving the health of Latino, Asian, and African American elder adults and reducing health disparities
  - Developing and mentoring minority researchers by providing training and support for proposals, pilot studies, and dissemination of research findings
  - Collecting and validating existing measures for research with Latinos, Asians, and African Americans, and developing new measures
  - Recruiting and retaining Latinos and African Americans for clinical research
  - Funding and implementing new pilot studies that advance knowledge on healthy aging, disease, and disability among older African Americans, Asians, and Latinos
• Disseminating information about interventions to reduce disease and disability and improve the health of older Latino, Asian, and African American adults

• Center for Vulnerable Populations
  http://cvp.ucsf.edu/

• Medical Effectiveness Research Center for Diverse Populations
  http://dgim.ucsf.edu/diversity/

• Vietnamese Community Health Promotion Project
  http://www.tobacco.ucsf.edu/users/tnguyen

• CTSI Community Engagement and Health Policy (SF HIP)
  http://ctsi.ucsf.edu/about-us/programs/community-engagement-health-policy

• SF Bay Area Collaborative Research Network
  http://accelerate.ucsf.edu/community/sfbaycrn

• Center on Social Disparities in Health
  http://www.familymedicine.medschool.ucsf.edu/csdh

• Lesbian Health and Research Center
  http://www.lesbianhealthinfo.org/

• Cancer Disparities Research Helen Diller Family Comprehensive Cancer Center
  http://cancer.ucsf.edu/research/training/minority-training-program-in-cancer-control-research/mtpccr

• Asian American Research Center on Health

• Community Network Programs on Cancer Prevention and Control

4. Are there any disease areas that are particularly affected by health disparities?

The recent CDC Health Inequities Report identified four key findings that exemplify the tremendous toll that disparities take:

• Cardiovascular disease is the leading cause of death in the United States. Non-Hispanic black adults are at least 50% more likely to die of heart disease or stroke prematurely (i.e., before age 75 years) than their non-Hispanic white counterparts.

• The prevalence of adult diabetes is higher among Hispanics, non-Hispanic blacks, and those of other or mixed races than among Asians and non-Hispanic whites. Prevalence is also higher among adults without college degrees and those with lower household incomes.

• The infant mortality rate for non-Hispanic blacks is more than double the rate for non-Hispanic whites. Rates also vary geographically, with higher rates in the South and Midwest than in other parts of the country.

• Men are far more likely to commit suicide than women, regardless of age or race/ethnicity, with overall rates nearly four times those of women. For both men and women, suicide rates are highest among American Indians/Alaska Natives and non-Hispanic whites.

5. Does UCSF have any models for identifying and addressing socioeconomic disparities in health care delivery in our geographic area?

UCSF is working with the city and county of San Francisco, the SF Hospital Consortium and community leaders to define a collaborative effort to address local disparities. The SF Health Improvement Partnership was recently developed as a result of these collaborative efforts http://www.sfhip.org/. In addition, University Community Partnerships works with our community partners to build and support partnerships that address the needs of the members of our local community and to facilitate service learning opportunities for our trainees and students. http://partnerships.ucsf.edu/

6. Do we expect national health reform and insurance expansion to affect the diversity of our patients?

The Affordable Care Act will substantially increase the availability of health care access for all populations. With over 45 million American currently uninsured we can expect an increase across all segments of diversity. The increases however will be mitigated by the fact that in San Francisco we have the Healthy San Francisco Program since 2007, which provides health care
for all eligible residents.
http://healthysanfrancisco.org/.

7. Are there tools or skills I can learn to identify and address racial and ethnic disparities in my area of practice?

Yes, the first step is to understand your own unconscious bias https://implicit.harvard.edu/implicit/ and also partake in cultural humility/competency training. These trainings will improve your understanding of effective modes of communication and provide insight into family and interpersonal dynamics. Another key is for you to identify the areas of disparity within your specialty and implement standard of care tools that assure the equitable utilization of diagnostic and therapeutic interventions for all patients.

8. Why is a diversified medical workforce desirable?

Diversity is a critical element to innovation and performance improvement. Within the medical workforce it is one of the key ways in which we can reduce the inequities in health and health care. Individuals from minority groups are more likely to work in underserved communities (increasing access). Additionally the education and training for all is enhanced by the diversity of your peers. The Institute of Medicine and the Sullivan Commission issued extensive reports on workforce diversity.

9. What is UCSF doing to insure racial/ethnic diversity in the resident and faculty workforce?

UCSF is committed to a diverse resident and faculty workforce. The Office of Diversity and Outreach was created in 2010, to assure that campus-wide initiatives are implemented that address diversity, equity and inclusion. We have a Director of Diversity within GME, Dr. Rene Salazar, and he collaborates with my office on a number of outreach and inreach programs directed at assuring a diverse resident and faculty pipeline. I work with all the department chairs and the dean on efforts to recruit and retain diverse faculty members as well. The initiatives involve ongoing outreach (including our Visiting Students Program); developing equitable systems of recruitment and hiring; and assuring inclusion, support, and opportunities for all members of the campus community.

10. What should I do to recognize any unconscious attitudes or biases that might affect my clinical decision-making as a physician?

The Office of Diversity and Outreach with support from the CTSI has launched an Unconscious Bias Initiative with the goal of educating trainees, faculty, students, and staff so that each gain insight and understanding of our individual biases, and also understand the strategies to minimize the impact of bias on interpersonal relationships, patient care and decision making. Departments are encouraged to schedule trainings for their trainees and faculty.

Website: http://diversity.ucsf.edu/

Contributions by: Drs. Perez–Stable, Napoles, Nguyen, and Salazar

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**UCSF Residents Research Training Program Provides Funding and Training Opportunities**

The Resident Research Training Program (RRTP) of the Clinical and Translational Science Institute (CTSI) at UCSF offers many funding and training opportunities for Residents interested in careers in clinical and translational research such as RRTP Ambassadors, a Designing Clinical Research for Residents course offered in August and October of each year, the Resident Research Funding Program, Resident Research Travel Program, the Resident Clinical and Translational Research Symposium, and the Clinical and Translational Research Pathway to Discovery. For information on all our opportunities please go to http://accelerate.ucsf.edu/training/resident.