



Diversity, Equity and Inclusion: How Can I Best Support it?

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this talk

What is “*it*”?

- DEI in our MSK workforce

- Recruitment of diverse medical students into ortho residencies
- Retention of diverse trainees
- Mentorship of diverse trainees
- Recruitment and retention of diverse faculty
- Meaningful engagement and promotion of diverse trainees and faculty at all levels

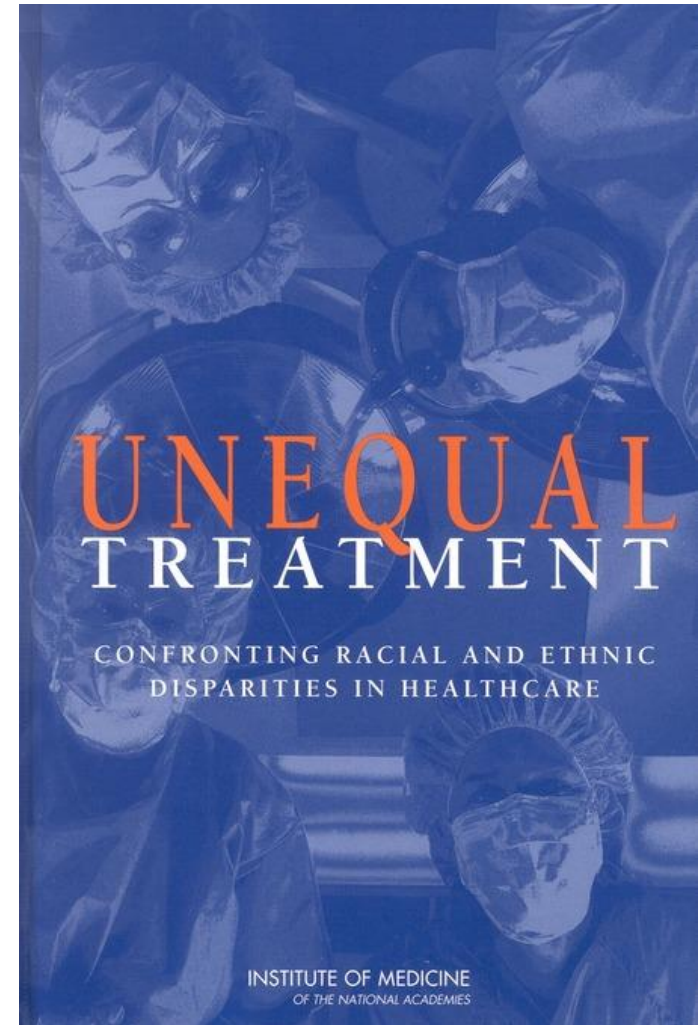
- DEI in patient care

- Commitment to providing the highest quality care possible for all patients
- Confronting our biases
- Raising our consciousness
- Focusing on Equity and paying attention to social factors that impact patient's health (SDOH)
- Research on, and implementation of, successful interventions for change

Why are we talking about this?

Because equity is not currently being achieved in patient care...

- Multiple health disparities in outcomes based on multiple factors – race/ethnicity, gender, socio-economics, insurance status, sexual orientation, rurality, LEP, etc
- Differences exist in Orthopaedics:
 - Access to appointments, imaging studies, surgery
 - Access to TJR
 - Pain medication for long-bone fractures
 - High rates of readmission after ortho procedures
 - Lower screening and treatment for osteoporosis
 - Increased morbidity and mortality following hip fracture.



Why are we talking about this?

Orthopedic surgery is the least diverse of any medical specialty

Race and ethnicity of residents by specialty in 2019

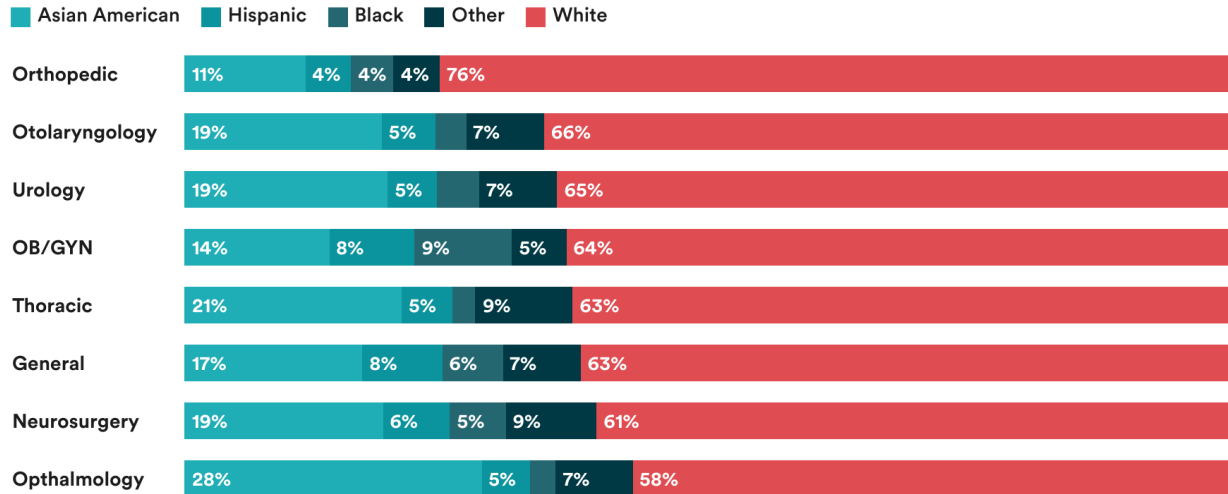
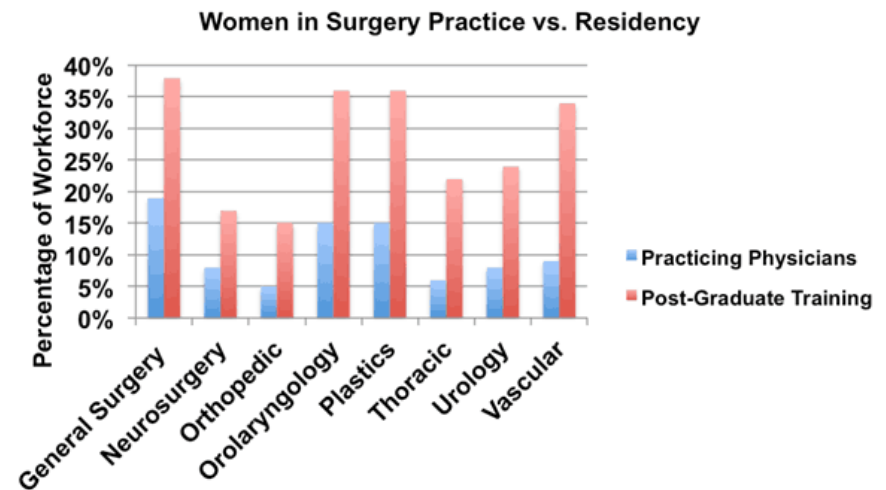
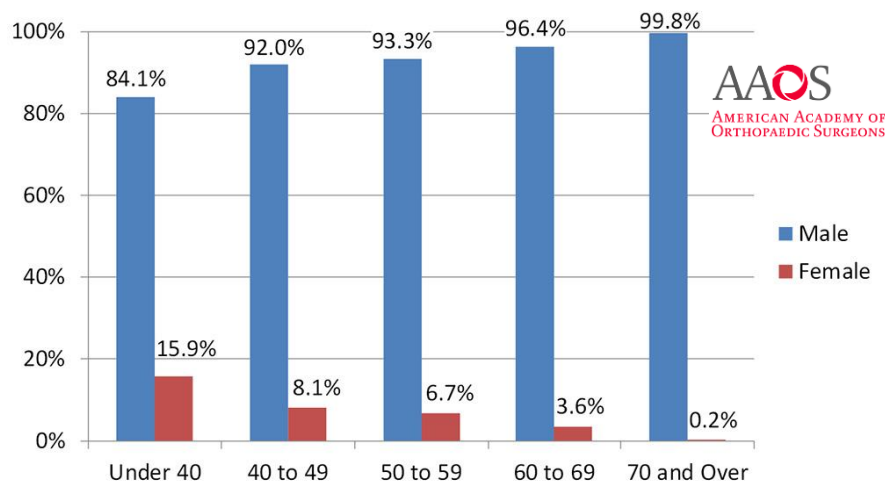


Chart: J. Emory Parker/STAT • Source: Accreditation Council for Graduate Medical Education

STAT



Ways to Support DEI in the Orthopaedic Workforce

- Recognize that we all have work to do
 - Everyone has biases
 - Lifelong learning and growth
 - Everyone can (and should) play a part
- Pipeline programs and orthopaedic surgeon involvement in career exposure programs
- Early exposure and mentorship in medical school
- Create funded opportunities for research open to diverse candidates
- Holistic review of applicants for residency



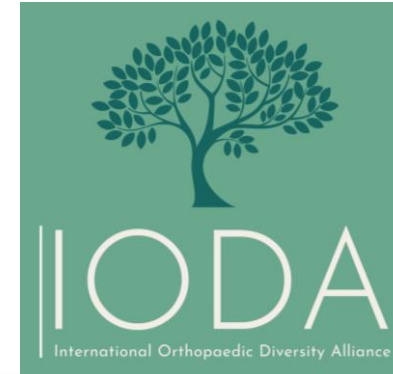
Ways to Support DEI in the Orthopaedic Workforce

(continued)

- Meaningful inclusion of diverse residents in residency and the overall hospital community
 - Protection from bias and discrimination
 - Equal access to opportunities
- Open faculty searches that are intentional re: diversity efforts
- Addressing climate issues in the department
 - Ensure no roadblocks (create pathways) to success
- Open processes for leadership positions and honors/awards
- Compensation for community/DEI work (no "minority tax")
- Funding



AMERICAN
ORTHOPAEDIC
ASSOCIATION



Diversity as an AAOS Strategic Goal

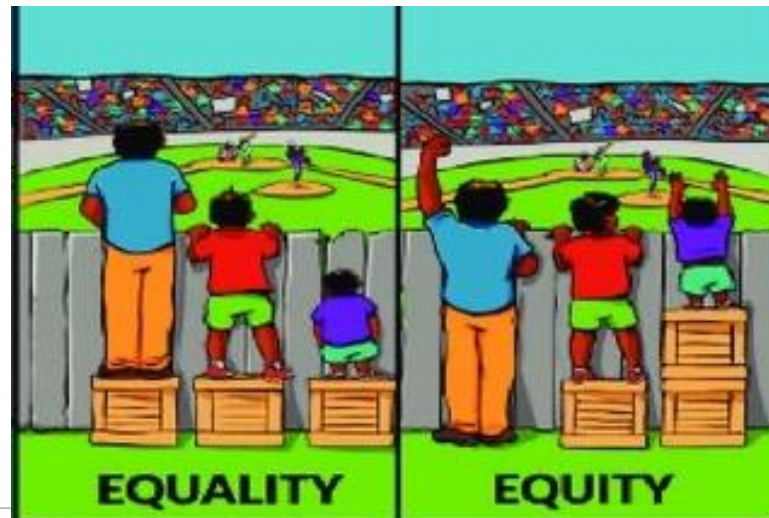
In December 2018, the AAOS Board of Directors approved a new five-year Strategic Plan that included diversity as a strategic goal.

AAOS and its [Diversity Advisory Board \(DAB\)](#) are implementing initiatives focused on increasing diversity in leader recruitment, selection, retention, and culture.



Equality versus Equity - Definitions...

- **Equality** means each individual or group of people is given the same resources or opportunities.
- **Equity** recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.

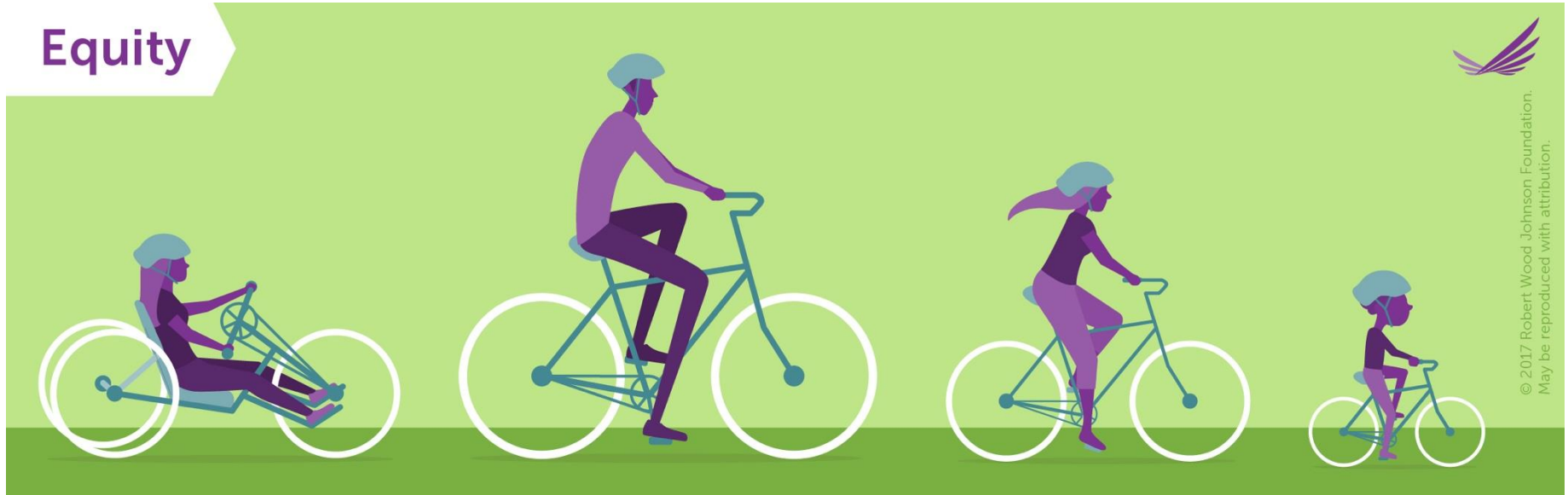


Health equality means everyone receives the same standard, while health equity means everyone receives individualized care to bring them to the same level of health.

Equality



Equity



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<https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html#/download>

Health Equity in Practice...

- Goal of equity is to ensure equal access to quality healthcare and good health
 - Even if this requires giving some people more support and resources.
- Health equity takes into account different cultures, access to resources, socioeconomic status, other factors
 - For example, poverty can affect health by reducing access to nutritious food, increasing stress, and forcing people to live in unsafe or limited access communities.
- In a health equity framework, health professionals consider the impact of social determinants of health and strategies for addressing them.

Social Determinants of Health

Non-medical factors that affect health outcomes

Examples:

- Income and social protection
- Education/health literacy
- Unemployment and job insecurity
- Working conditions
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services of decent quality.



**World Health
Organization**

What is “health equity” in Orthopaedics?

We as orthopaedic surgeons and practitioners, and the systems that we work in, doing what we can to ensure all orthopaedic patients have the opportunity to achieve their best state of musculoskeletal health

Ways you can improve equity in your own practice

- Take an implicit bias test – understand and acknowledge that we all have biases.
 - Actively work to address yours
 - Elimination of language/comprehension barriers
 - Use of interpreters in scheduling and conducting clinic visits (at all times of the visit)
 - Patient educational materials at grade 6-7 reading level and in non-majority languages
 - Access that doesn't impact employment
 - Evening and weekend clinics
 - Transportation support/Parking coverage
 - Ask about housing situation – is it safe and is there space to do exercises? Modify activity/PT instructions as needed
 - Nutrition
-
- Advocate for increased resources and access



Thank You

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Implicit Racial Bias in Pediatric Orthopaedic Surgery

Ryan Guzek, BS,* Christine M. Goodbody, MD,* Lori Jia, BS,† Coleen S. Sabatini, MD, MPH,‡
Wudbhav N. Sankar, MD,*† Brendan A. Williams, MD,*† and Apurva S. Shah, MD, MBA*†

Conclusion: Most of the pediatric orthopaedic surgeons surveyed demonstrated implicit racial bias on IAT testing, with a large proportion demonstrating strong pro-White bias. Despite an association between implicit bias and clinical decision making in the literature, this study observed no evidence that implicit racial bias affected the management of pediatric fractures.

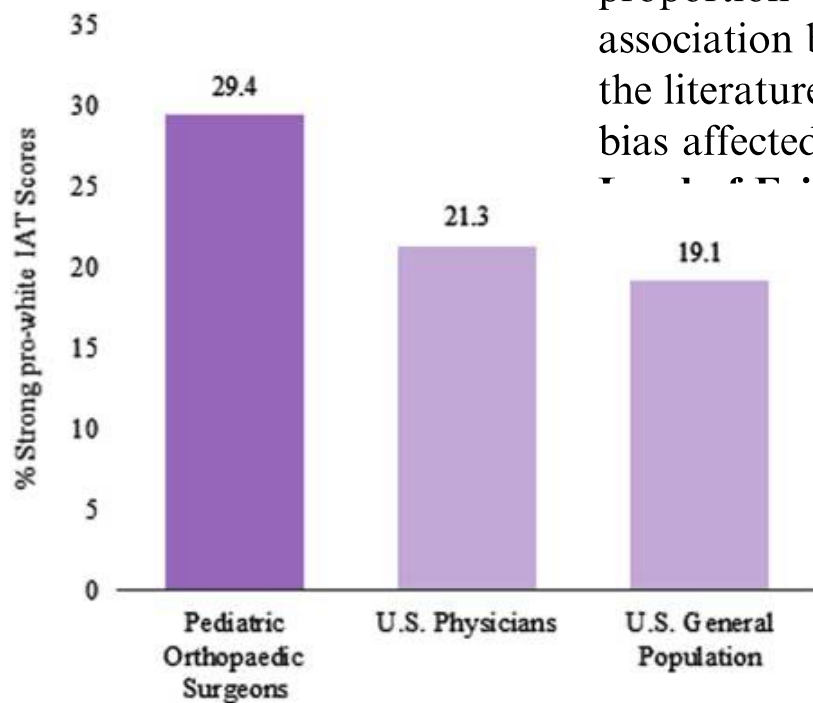


FIGURE 2. Percent of implicit association test (IAT) scores showing strong pro-White implicit bias.