

# IMPROVING THE TREATMENT OF PAIN AND ADDICTION FOR YOUR PATIENTS OF COLOR

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Chair, Opioid Stewardship Committee  
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# DISCLOSURES

- Stratus Medical
  - Consultant Fee
- Abbott
  - Consultant Fee
- SPR Therapeutics
  - Research Support

# PERTINENT DISCLOSURES

- I am a Black American Male
- I was born in the South (Memphis, TN) and have lived around the US (including NYC).
- I am a Cisgender Male. Pronouns: He/Him/His
- I am an Anesthesiologist with Both Chronic and Acute Pain Training
- I have no Pediatrics training but I treat adolescents with Chronic orthopedic pain, spine pain, pelvic pain, and headaches.
- I have experienced 10/10 pain.

# MY PAIN STORY.

# MY PARENT STORY.

# OUR BIASES IMPACT PATIENT CARE



# IMPLICIT BIAS

- Implicit Bias: Cognitive short cuts that allow humans to process information and make decisions faster.
  - Based on assumptions, past experiences, or distortions of reality.
  - AKA Gap Filling
- Evolutionary Advantage? Disadvantage?

# The Associations of Clinicians' Implicit Attitudes About Race With Medical Visit Communication and Patient Ratings of Interpersonal Care

Lisa A. Cooper, MD, MPH, Debra L. Roter, DrPH, Kathryn A. Carson, ScM, Mary Catherine Beach, MD, MPH, Janice A. Sabin, PhD, MSW, Anthony G. Greenwald, PhD, and Thomas S. Inui, MD

**Results.** Among Black patients, general race bias was associated with more clinician verbal dominance, lower patient positive affect, and poorer ratings of interpersonal care; race and compliance stereotyping was associated with longer visits, slower speech, less patient centeredness, and poorer ratings of interpersonal care. Among White patients, bias was associated with more verbal



## Racial attitudes, physician–patient talk time ratio, and adherence in racially discordant medical interactions

Nao Hagiwara<sup>a,\*</sup>, Louis A. Penner<sup>b</sup>, Richard Gonzalez<sup>c</sup>, Susan Eggly<sup>b</sup>, John F. Dovidio<sup>d</sup>, Samuel L. Gaertner<sup>e</sup>, Tessa West<sup>f</sup>, Terrance L. Albrecht<sup>b</sup>

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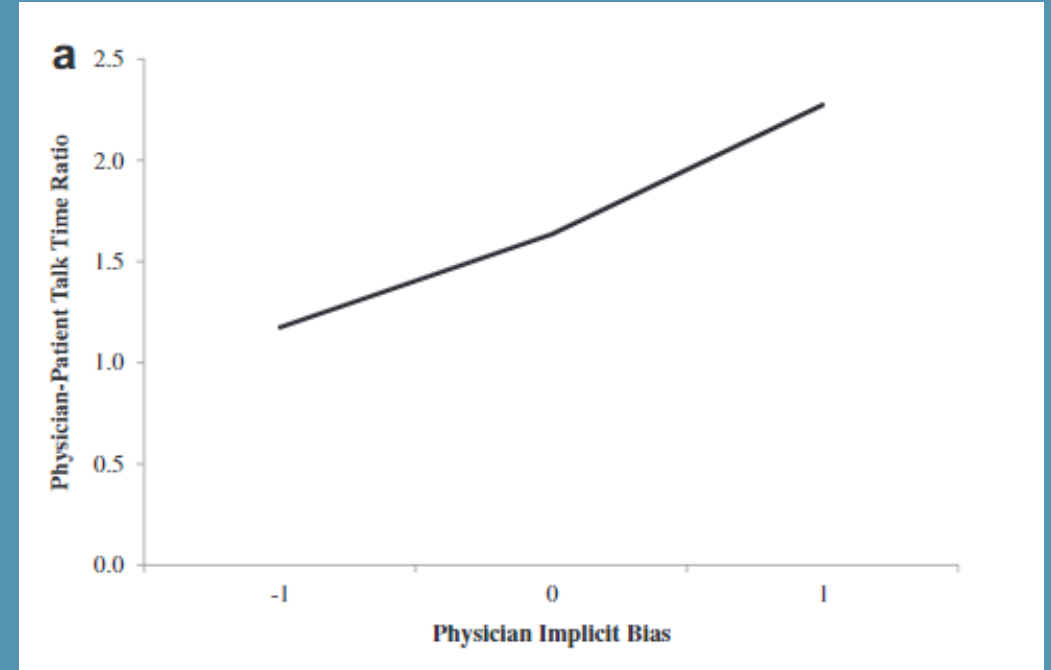
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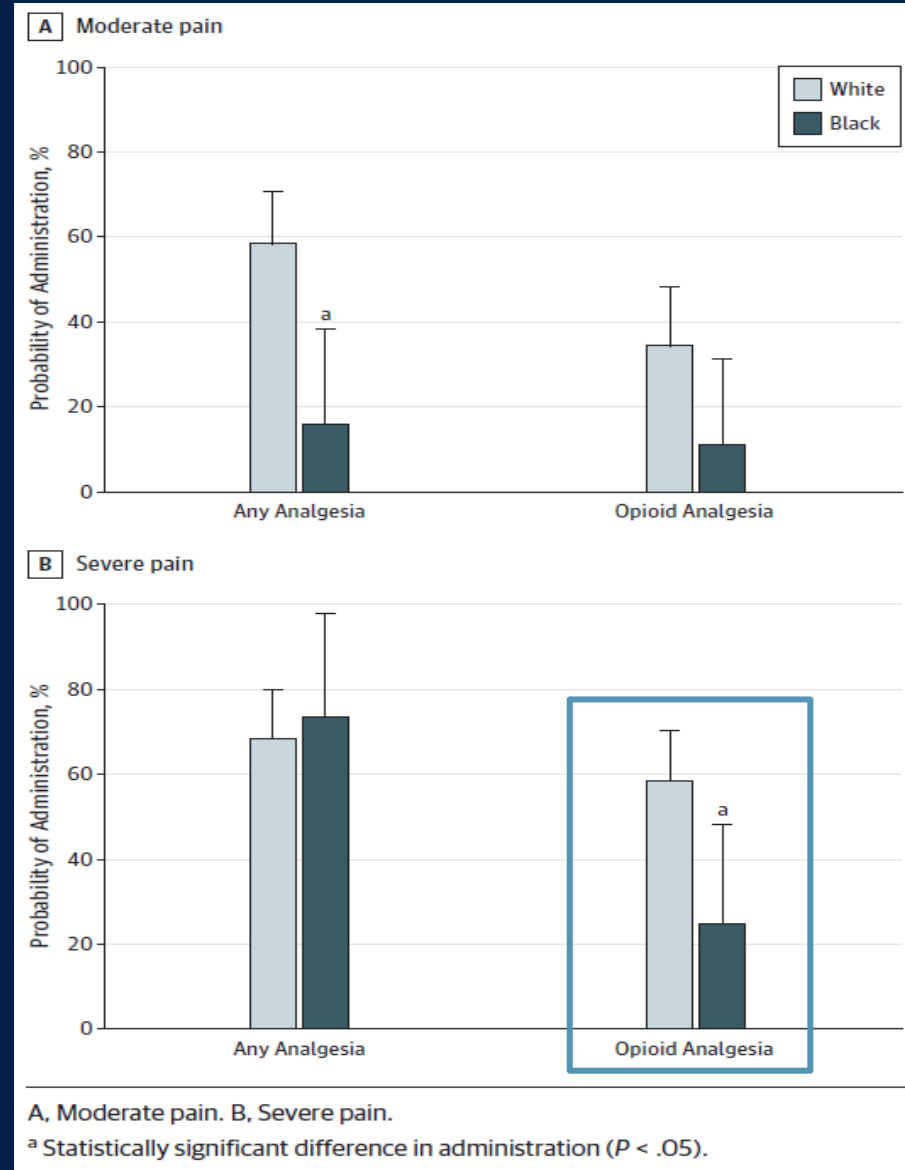


# ***JAMA PEDIATRICS:***

## Racial Disparities in Pain Management for Appendicitis



# RESULTS



**Original Investigation** | Pediatrics



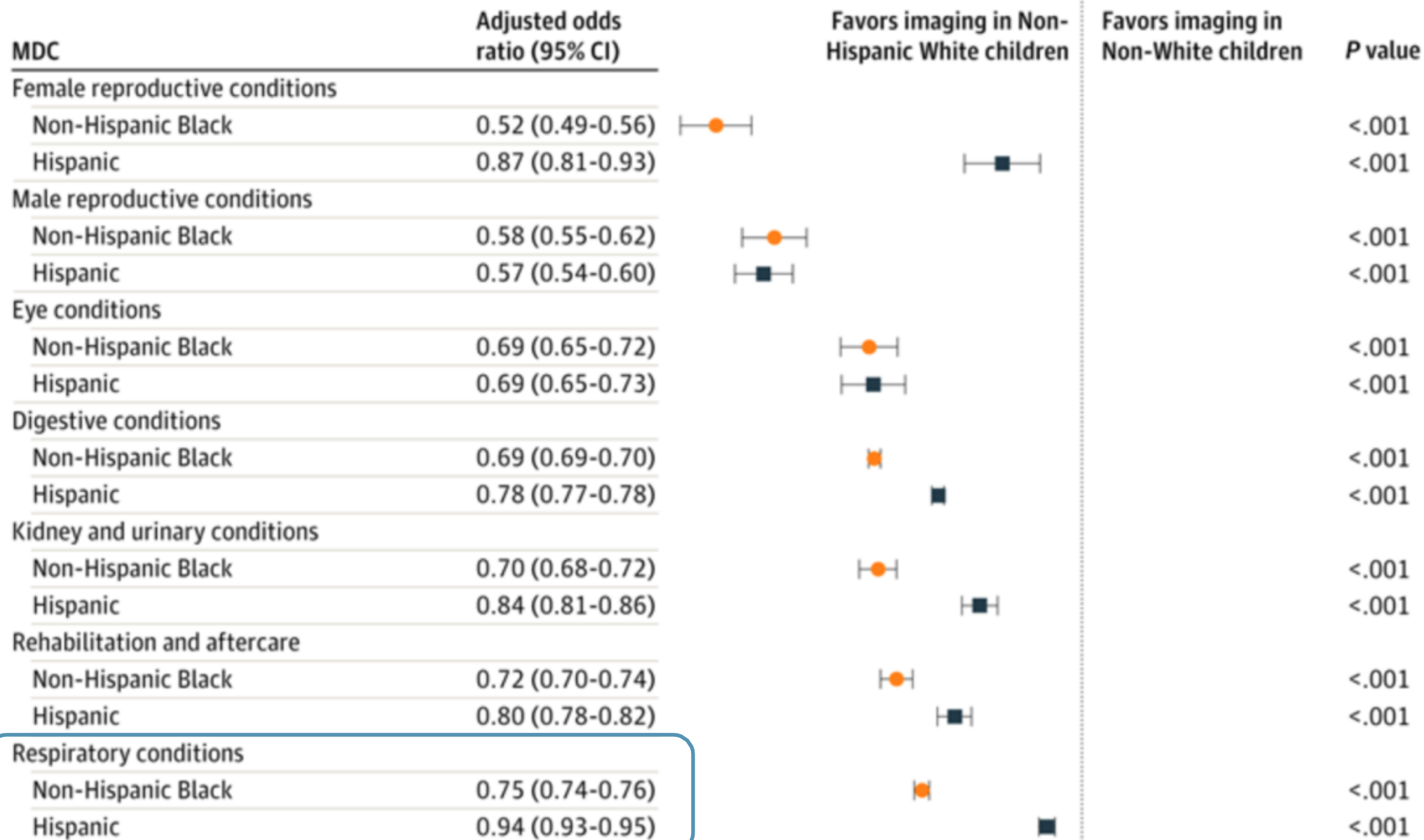
January 29, 2021

# Racial and Ethnic Differences in Emergency Department Diagnostic Imaging at US Children's Hospitals, 2016-2019

Jennifer R. Marin, MD, MSc<sup>1,2</sup>; Jonathan Rodean, MPP<sup>3</sup>; Matt Hall, PhD<sup>3</sup>; [et al](#)



**Figure. Adjusted Odds of Any Imaging for Visits by Non-Hispanic Black and Hispanic Patients Compared With Non-Hispanic White Patients, by Diagnostic Group**



# PATIENT CARE INTERACTIONS DO NOT START OR END WITH A PHYSICIAN

# INFORMATION

- Before I see a Patient...
  - Name
  - Vital Signs
  - Chief Complaint
  - Insurance Information
  - Past Medical History
  - Medication List
  - Perceived Reason for Visit
  - General Attitude
  - Assumptions about family members
  - Appearance
  - And more..

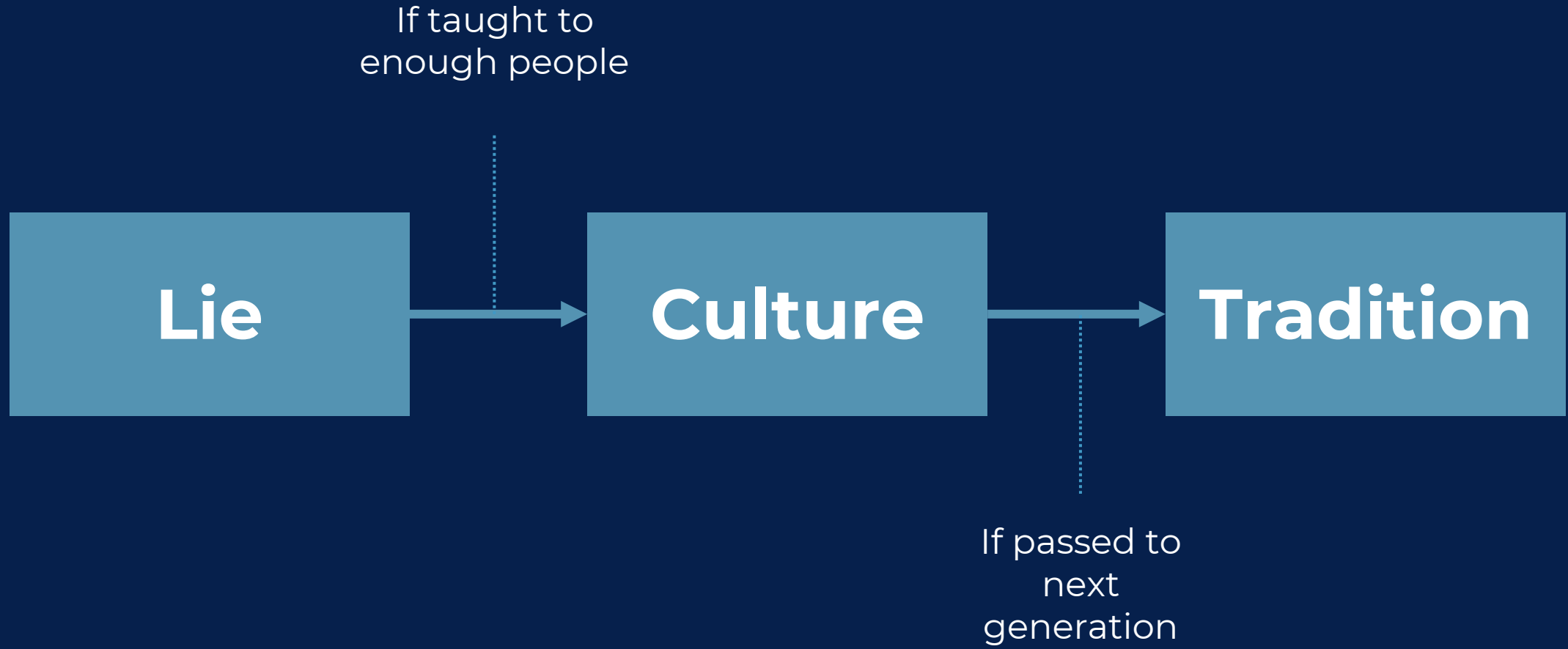
A lot more than a 15 second song clip...

# OUR WORDS CAN HURT



# MICROAGRESSIONS

- Brief and commonplace daily verbal, behavioral, or environmental indignities that communicate hostile, derogatory, or negative prejudicial slights.




*Review Article*

**“Brave Men” and “Emotional Women”: A Theory-Guided Literature Review on Gender Bias in Health Care and Gendered Norms towards Patients with Chronic Pain**

Among the main findings in this review was a distinct pattern of gendered norms described in pain literature, in line with hegemonic masculinity, that distinguished men’s and women’s perceptions, expressions, and coping with chronic pain. For instance, men were presented as being stoic, in control, and avoiding seeking health care [45, 46]. Women, on the other hand were presented as being more sensitive to pain and more willing to show and to report pain [62, 63], compared to men. These overall findings confirm

WHITE PAPER

# Diversity, Inclusion, and Equity: Evolution of Race and Ethnicity Considerations for the Cardiology Workforce in the United States of America From 1969 to 2019

Norman C. Wang , MD, MS

**ABSTRACT:** Since 1969, racial and ethnic preferences have existed throughout the American medical academy. The primary purpose has been to increase the number of blacks and Hispanics within the physician workforce as they were deemed to be “underrepresented in medicine.” To this day, the goal continues to be population parity or proportional representation. These affirmative action programs were traditionally voluntary, created and implemented at the state or institutional level, limited to the premedical and medical school stages, and intended to be temporary. Despite these efforts, numerical targets for underrepresented minorities set by the Association of American Medical Colleges have consistently fallen short. Failures have largely been attributable to the limited qualified applicant pool and legal challenges to the use of race and ethnicity in admissions to institutions of higher education. In response, programs under the appellation of diversity, inclusion, and equity have recently been created to increase the number of blacks and Hispanics as medical school students, internal medicine trainees, cardiovascular disease trainees, and cardiovascular disease faculty. These new diversity programs are mandatory, created and implemented at the national level, imposed throughout all stages of academic medicine and cardiology, and intended to be permanent. The purpose of this white paper is to provide an overview of policies that have been created to impact the racial and ethnic composition of the cardiology workforce, to consider the evolution of racial and ethnic preferences in legal and medical spheres, to critically assess current paradigms, and to consider potential solutions to anticipated challenges.

**Key Words:** cardiology ■ diversity ■ ethnicity ■ race ■ workforce

Affirmative action as national policy for the medical profession originated in 1969, when the Association of American Medical Colleges (AAMC) established the Office of Minority Affairs.<sup>1</sup> Blacks, Hispanics, Asians, and American Indians had all been subject to de jure segregation in the American educational system.<sup>2–5</sup> Blacks were the primary group considered for preferential admissions given the history of slavery<sup>6</sup> and their numerical percentage of the total population. In 1960, the racial and ethnic composition of the United States was estimated at 85% white, 11% black, 3.5% Hispanic, and 0.6% Asian.<sup>7</sup> Yet despite 5 decades, efforts to increase numbers

of individuals from “underrepresented in medicine” groups have stagnated as both medical student graduates and cardiologists.<sup>8,9</sup>

Affirmative action for the cardiology workforce has historically focused on medical schools as they are “the first formal step on the career path to cardiology” (Figure 1).<sup>10</sup> Recently, affirmative action programs that will directly impact cardiovascular disease training programs have been created under the appellation of diversity, inclusion, and equity. The 2 most prominent are the 2018 American College of Cardiology (ACC) Diversity and Inclusion Initiative and the 2019 Accreditation Council for Graduate

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For Sources of Funding and Disclosures, see page 15.

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JAMA Surgery | Special Communication

## Recognizing and Reacting to Microaggressions in Medicine and Surgery

Madeline B. Torres, MD; Arghavan Salles, MD, PhD; Amalia Cochran, MD

criminary. However, microaggressions generate stresses equal to or worse than overt discrimination for URM<sup>s</sup>.<sup>22</sup> Recent research shows that regular exposure to perceived discrimination of any kind adversely affects the psychological and physical health of the recipients. Microaggressions contribute to lower self-esteem, and

individuals.<sup>29,30</sup> Microaggressions extract a psychological and physical toll on those who experience them, with a societal price of harming the already fragile pipeline of women and minority physicians in academia.

# COST MATTERS.

Contents lists available at ScienceDirect



Drug and Alcohol Dependence

journal homepage: [www.elsevier.com/locate/drugalcdp](http://www.elsevier.com/locate/drugalcdp)



A current re-examination of racial/ethnic disparities in the use of substance abuse treatment: Do disparities persist?



Miguel Pinedo

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**Results:** Findings showed that Latinos and Blacks significantly **underutilized** specialty treatment relative to Whites. These relationships were statistically significant after controlling for socio-demographic characteristics, problem severity, and perceived treatment need. However, when analyses were limited to only those with health insurance, **Black-White disparities became non-significant, while Latino-White disparities persisted.**

**Conclusions:** Findings highlight that Black-White and Latino-White disparities in the use of substance abuse treatment still persist. However, Black-White disparities may be limited to only those who are uninsured. Public health implications are discussed.

**MINORITIES ARE NOT A  
MONOLITH.**





ELSEVIER

## Journal of Substance Abuse Treatment

Volume 94, November 2018, Pages 1-8



# Understanding barriers to specialty substance abuse treatment among Latinos

Miguel Pinedo <sup>a, b</sup> ✉, Sarah Zemore <sup>a, b</sup> ✉, Shannon Rogers <sup>c</sup> ✉

- Latinos were more likely to report barriers to treatment than Whites and Blacks.
- Barriers related to attitudes and subjective norms were pervasive among Latinos.
- Cultural barriers significantly impacted Latinos decisions to avoid treatment.

# ARE THERE SOLUTIONS?

# REPRESENTATION MATTERS

# Gender Differences in Academic Medicine: Retention, Rank, and Leadership Comparisons From the National Faculty Survey

Phyllis L. Carr, MD, Anita Raj, PhD, Samantha E. Kaplan, MD, MPH, Norma Terrin, PhD, Janis L. Breeze, MPH, and Karen M. Freund, MD, MPH

Table 2

**Unadjusted and Adjusted Models: National Faculty Survey Longitudinal Follow-Up Study of the Effects of Gender on Retention, Rank, and Leadership Positions in Academic Medicine, 2012–2013**

Outcomes	No. of respondents	Unadjusted model: odds ratio (95% CI)	Model 1: odds ratio (95% CI) <sup>a</sup>	Model 2: odds ratio (95% CI) <sup>b</sup>
Rank	998	0.59 (0.46, 0.77)	0.57 (0.43, 0.78)	0.77 (0.56, 1.08)
Retention	1,138	0.72 (0.53, 0.97)	0.68 (0.49, 0.94)	0.86 (0.61, 1.19)
Senior leadership	1,201	0.42 (0.31, 0.58)	0.44 (0.32, 0.61)	0.49 (0.35, 0.69)

Abbreviation: CI indicates confidence interval.

# DEFINITIONS

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# DIVERSITY

The Presence of different race, gender, sexual orientation, experiences, thought, age, language, religion, etc.



# DEFINITIONS

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# INCLUSION

Ensuring that the diverse feel welcomed and their difference in experience, perspective, and opinion if validated and valuable.



# DEFINITIONS

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# EQUITY

Promoting justice, impartiality and fairness within procedures, processes, and distribution of resources by institutions or systems



# #1 LEARN ABOUT YOURSELF



# IMPLICIT.HARVARD.EDU



Project Implicit®

## PROJECT IMPLICIT SOCIAL ATTITUDES

Log in or register to find out your implicit associations about race, gender, sexual orientation, and other topics!



E-mail Address

LOGIN

REGISTER

Or, continue as a guest by selecting from our available language/nation demonstration sites:



United States (English)



GO!

## PROJECT IMPLICIT HEALTH

Find out your implicit associations about exercise, anxiety, alcohol, eating, marijuana, and other topics! **GO!**

## PROJECT IMPLICIT FEATURED TASK

Measure your implicit association between different social groups and Human/Animal. **GO!**

# STEP OUTSIDE YOUR COMFORT ZONE



# #2 LEAD BY EXAMPLE

# LISTEN



Listening is a very active awareness of the coming together of at least two lives. Listening, as far as I'm concerned, is certainly a prerequisite of love. One of the most essential ways of saying 'I love you' is being a receptive listener.

— Fred Rogers —

AZ QUOTES

# USE YOUR POLITICAL CAPITAL FOR THOSE WITHOUT

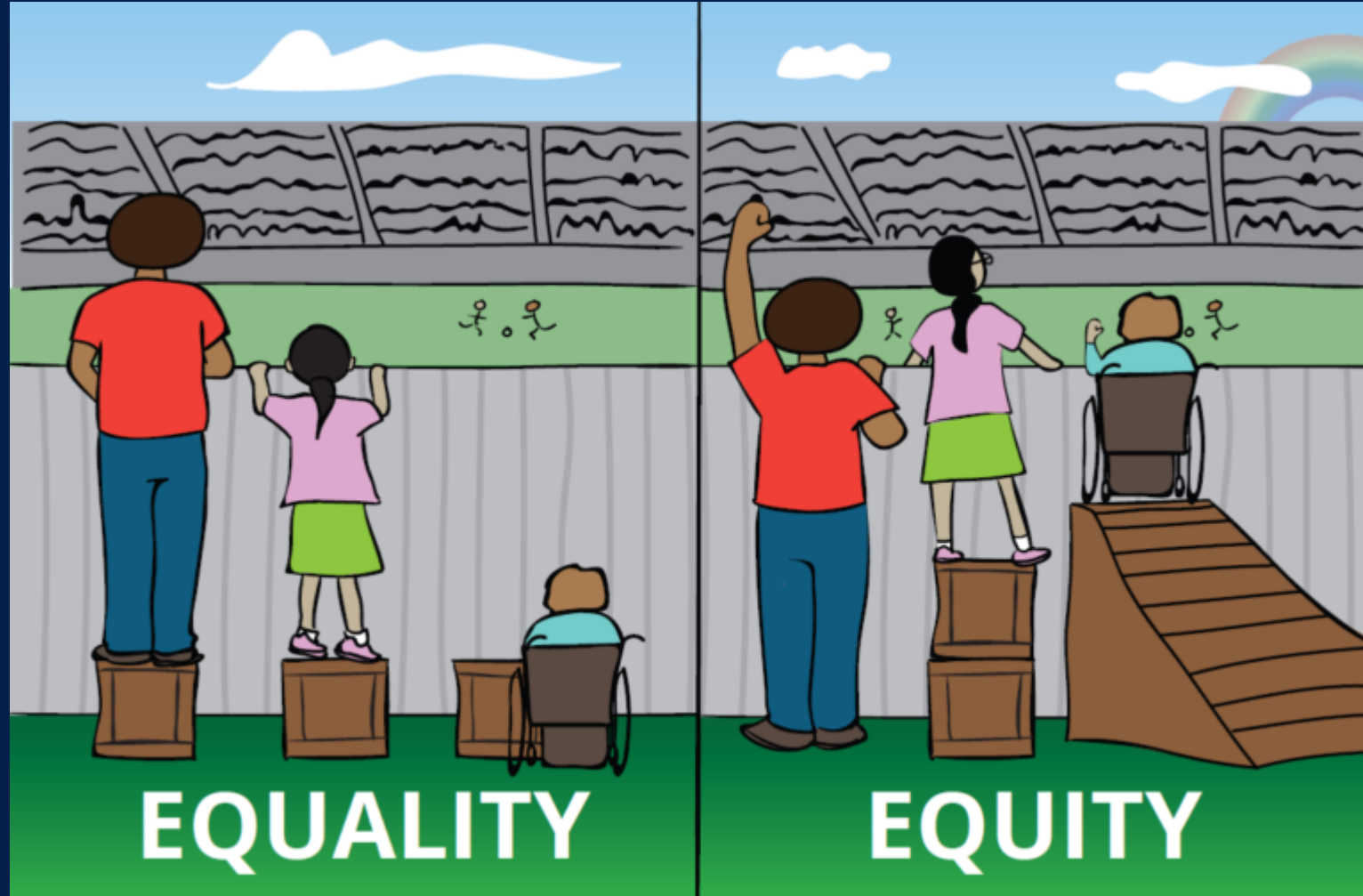


# #3 CHANGE YOUR SPACE

# MAKE YOUR SPACE WELCOMING



# FIGHT FOR EQUITY

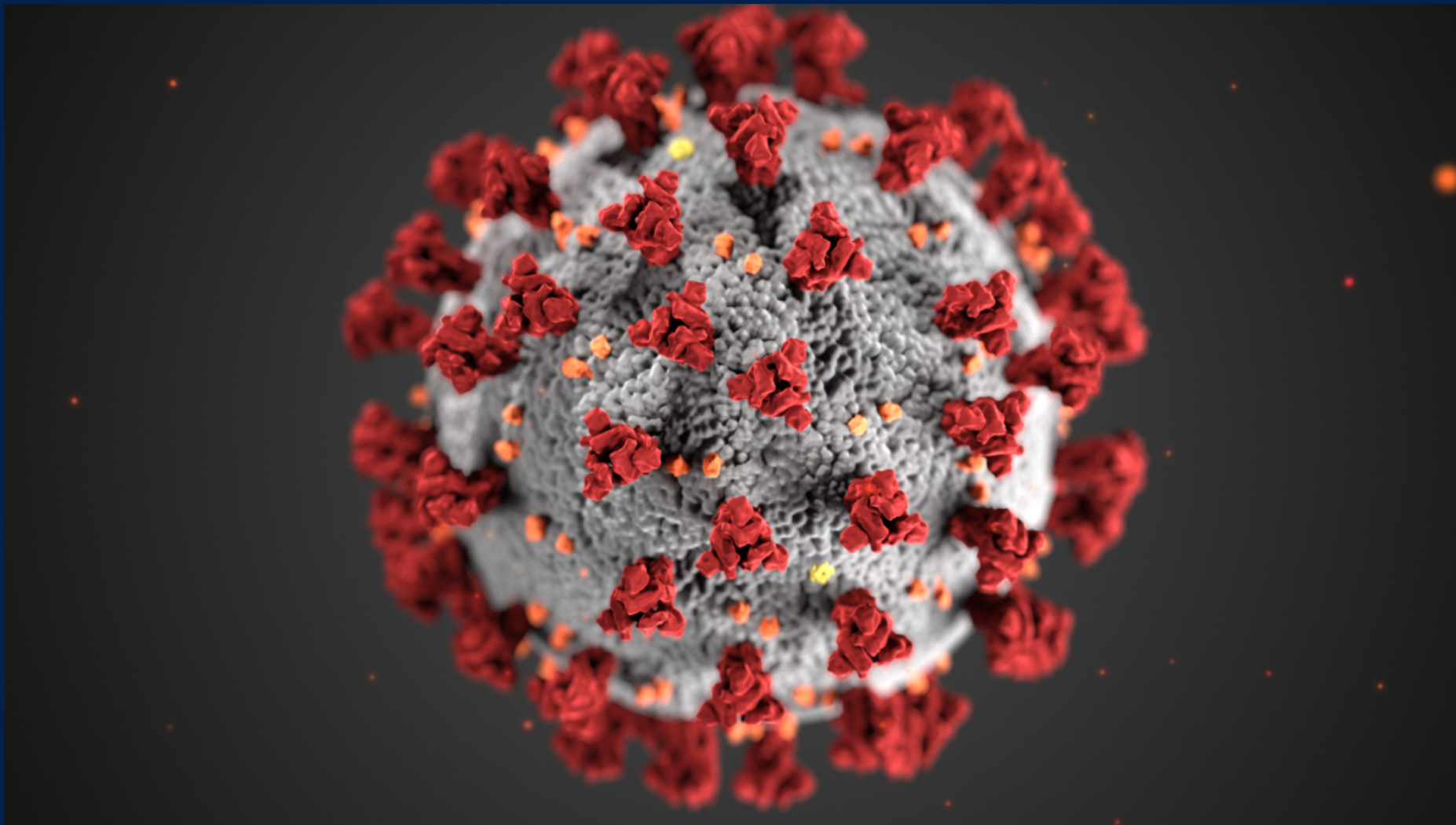


**EQUALITY**

**EQUITY**



# COVID-19



# FINAL QUOTE



**“A bad system will  
beat a good person,  
every time.”**

**- Dr. Edward Deming**

# THANK YOU.

Johnathan H Goree MD

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