

Ruth Adewuya, MD (host):

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Ruth Adewuya, MD (host):

I am your host, Dr. Ruth Adewuya. We are launching a new mini-series called The Afterword. The episodes in this mini-series will reflect on live activities that have taken place to answer questions and expound on key concepts.

Ruth Adewuya, MD (host):

Today's episode is The Afterword from the January Health Equity webinar, in which Dr. Althea Maybank discussed operationalizing racial justice. In this episode, I will be asking Dr. Magali Fassioto questions that would expand on key concepts discussed during the webinar. Dr. Fassioto is the associate dean in the Office of Faculty Development and Diversity here at Stanford University.

Ruth Adewuya, MD (host):

Thank you so much, Dr. Fassioto, for chatting with me today for this Afterword episode. Let's jump right into the questions. What is the relationship between diversity, equity and inclusion initiatives within the clinician workforce and focusing on health equity for patients?

Magali Fassioto, PhD (guest speaker):

Well, first of all, thank you for having me, but this is such an important question. We know that having a workforce of clinicians who have a wide range of backgrounds and characteristics is really essential for the delivery of high-quality care to a diverse patient population.

Magali Fassioto, PhD (guest speaker):

In part, this is because there are studies that show that identity concordance has been shown to improve the quality of provider/patient interactions and ultimately health outcomes, oftentimes due to this element of trust. But a more diverse workforce more generally also supports the development of DEI initiatives that aim to ensure that all providers have the necessary tools to exhibit cultural humility and mitigate personal biases in the practice of medicine.

Magali Fassioto, PhD (guest speaker):

To retain a diverse workforce, we need to make sure that the providers feel included in the workplace and that conditions are equitable to allow providers to reach their full potential at any given institution. As Dr. Maybank explored in her conversation, we really are in the business of persuading people to care about other people. What better place to bring this message forward than in the practice of medicine, which inherently is in the service of others?

Ruth Adewuya, MD (host):

What I'm hearing from you is that DEI initiatives equal better patient care because as clinicians feel like they belong and they're included in the environments that they work, it empowers them to do great work and practice well. And that means great patient care for all of the people that they see.

Magali Fassioto, PhD (guest speaker):

100%.

Ruth Adewuya, MD (host):

All right. My next question for you had to do with the drivers of health inequity, such as housing or food security. And a lot of these things, they take place outside the walls of a hospital or a clinic. How can health systems and clinicians promote health equity through these social factors?

Magali Fassioto, PhD (guest speaker):

To provide really effective clinical care, physicians should critically consider the social factors that exist when making diagnoses and treatment plans. For example, if a patient is not compliant with taking a prescribed medication, rather than assuming the patient is willfully choosing not to take their medications, we have to consider what other structural barriers might exist within the patient's daily life that might prevent them from being compliant.

Magali Fassioto, PhD (guest speaker):

For example, say the cost of a name-brand drug is too expensive for a patient. In this case, a clinician might assess the situation and consider ways that they might be able to prescribe a cheaper alternative that might have the same effect clinically.

Magali Fassioto, PhD (guest speaker):

These are seemingly small actions that clinicians can take within the healthcare system, but they really try to address these barriers that we often feel are outside of our control. Dr. Maybank described health as inclusive of the entire context, upstream and downstream conditions. It really is truly all of the above.

Ruth Adewuya, MD (host):

Thank you for highlighting specific examples that clinicians can do. Because sometimes when you think about the context of all of these different drivers that seem to be beyond clinical care, it seems daunting for a clinician to look at. But there are things that everyone can do around this.

Ruth Adewuya, MD (host):

The COVID-19 pandemic has made health equity part of the national conversation with news about racial disparities and cases and mortality making headlines. How can we leverage this renewed focus to aspects of health equity beyond COVID?

Magali Fassioto, PhD (guest speaker):

You're absolutely right. The COVID-19 pandemic really has provided a concrete case study of the interplay between social conditions and health outcomes so that people who may not have previously understood the significance of health equity initiatives now have very clear evidence that health disparities do indeed exist.

Magali Fassioto, PhD (guest speaker):

It's not that COVID-19 caused new health disparities. It really merely highlighted the extent of health disparities in our society. Dr. Maybank pointed out that inequities are just reflected in our data. When we look at the data, inequities are there; they exist.

Magali Fassioto, PhD (guest speaker):

With COVID, the widespread media coverage of these disparities has also really put a lot of pressure on institutions to take action, as constituents have been empowered to protest inequities that have always existed but are now in the spotlight. This really increased demand for action has fostered an institutional climate that is more receptive to change and action in the community that we just have to sustain beyond COVID.

Magali Fassioto, PhD (guest speaker):

This is the opportunity where health equity advocates, we can capitalize on this climate change by really communicating our priorities and aligning with organizations' new strategic directions, which now of necessity have to incorporate health equity principles moving forward.

Ruth Adewuya, MD (host):

I really like the point around sustaining the work beyond the headlines, beyond the COVID-19 pandemic and really incorporating it into the strategy of different organizations. I think that's incredibly important.

Magali Fassioto, PhD (guest speaker):

We can't let this moment leave us behind.

Ruth Adewuya, MD (host):

Exactly. As technology becomes a greater component of medical care, what steps need to be taken to ensure that health inequities are not exacerbated? I'll add, there's a lot of conversation around AI and how AI and data can be a tool for good or not. I think we're in the early stages. What are your thoughts on that?

Magali Fassioto, PhD (guest speaker):

Oh, my goodness, yes. I love this question, because you're right. With that example around AI, yes, AI. We think of an AI as a robot. We think of the use of AI as using a robot. But we humans are programming the AI and we humans are inherently biased and bring that into the programs that we develop.

Magali Fassioto, PhD (guest speaker):

So without intervention, the increased use of technology, for example, telehealth visits, they may necessarily exclude those with lower socioeconomic status and lower technology literacy. This tends to coincide with historically underserved populations.

Magali Fassioto, PhD (guest speaker):

So medical providers, really we need to consider partnering with community organizations that have longstanding relationships with these historically underserved populations to make sure that we increase access to technology, in the case of telehealth. Or that we have a full understanding of the ramifications of use of AI in the population at large and really consider how we can ensure effective use of technologies.

Magali Fassioto, PhD (guest speaker):

If approached with appropriate care and attention, technology also has the potential to increase equity. In the case of telehealth, for example, we might be removing the barrier of transportation or childcare needs for some patients. But we need to do this with caution and really connect with community resources that can include the populations that are often marginalized in our healthcare system.

Ruth Adewuya, MD (host):

It segues into the next question of adaptation and how clinicians can adapt their practice. How can clinicians adapt the practice of health equity to the unique demographics of their patient populations?

Magali Fassioto, PhD (guest speaker):

Yes, this is something we have to consider all the time. Although each practice will encounter during their own unique set of patients, we need to enter each and every patient interaction with a mindset of cultural humility that can be applied universally.

Magali Fassioto, PhD (guest speaker):

Practicing with cultural humility entails acknowledging that everyone has biases, and if not addressed, these biases will harm the patients that walk through our door. When we practice cultural humility, we actually come to recognize that we can never master someone else's cultural identity, even if we share some commonalities with that individual.

Magali Fassioto, PhD (guest speaker):

But we really should be entering each and every conversation with a genuine curiosity about another individual's culture, and, most importantly, with respect for any differences we might encounter. A note of caution: This doesn't mean that we should not do our homework about patient populations we might encounter, but we need to walk into these conversations understanding that we want to be open to difference, open to other cultural norms.

Magali Fassioto, PhD (guest speaker):

As Dr. Maybank shared, we really have to recognize these malignant narratives about race, individualism and meritocracy which just permeate in society. These may limit our understanding of the root causes of health inequities as we move forward, so we really have to approach each and every interaction with patients as an opportunity for growth for ourselves.

Ruth Adewuya, MD (host):

One of the things that Dr. Maybank talked about in her webinar is she talked about the legacy and the history of the AMA as it relates to racism and how a lot of predominantly white institutions of the time have that legacy. Given the legacy of medical institutions perpetrating racism, how can institutions reconcile their histories with new health equity initiatives?

Magali Fassioto, PhD (guest speaker):

To effectively move toward greater equity, institutions need to do an honest review of their systems and processes to understand really where inequities currently exist, where they have existed historically, and where these historical inequities have actually permeated present day systems. The review really needs to include an assessment of the unintended consequences inherited from historical legacies in which select populations were actively pushed out of the healthcare system.

Magali Fassioto, PhD (guest speaker):

Then we actually have to take action about not just do the review. Take action. As Dr. Maybank described, we need to embed racial justice into everything that we do in order to advance health. Equity has to be at the core of all that we do as an institution.

Ruth Adewuya, MD (host):

I think that's a great way to end: Health equity should be at the core of every institution. Thank you so much, Dr. Fassioto for talking to me today and expounding on some of the key concepts from the latest Health Equity webinar.

Magali Fassioto, PhD (guest speaker):

Thank you for having me.

Ruth Adewuya, MD (host):

The Health Equity monthly webinar series features experts and leaders discussing strategies for promoting anti-racism in healthcare, addressing structural determinants of health and identifying other root causes of health inequity. The next webinar is taking place on February 23 at 8:00 AM Pacific Time. Dr. Camara Jones will discuss building a culture of health equity.

Ruth Adewuya, MD (host):

In addition, on May 19, Stanford CME is hosting a Health Equity Summit. The call for abstracts is now open. To learn more about these upcoming activities, go to healthequity.stanford.edu.

Ruth Adewuya, MD (host):

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