

ROADMAP FOR ANTI-RACISM IN HEALTH CARE AND THE HEALTH SCIENCES

A Report from the Columbia University Irving Medical Center
Task Force for Addressing Structural Racism

FALL 2020

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Task Force for Addressing Structural Racism



The health of populations of color has been strongly impacted by racism in ways that are multidimensional. Black and other communities of color have higher death rates, shorter life spans, poorer outcomes from common diseases, inadequate access to health care services, and discrimination-based differences in quality of care. For persons of color, health disadvantage appears at early ages and persists across their lifespans. These differences are found at every level of income and education; thus, for citizens of color, education and income do not diminish the health impact of racism.

Columbia University Irving Medical Center (CUIMC) has a longstanding commitment to diversity in the health sciences and to principles of equity, inclusion and excellence in health care. However, the COVID-19 pandemic, with its horrific burden of illness and death concentrated in communities of color, concomitant with ongoing, highly visible brutality directed toward Black citizens, has catalyzed a more nuanced understanding of diversity. It is very clear that promotion of diversity or even the presence of diversity is insufficient to counter deeply embedded anti-Black racism. Unfortunately, anti-Black racism has continued from the birth of our nation to the present, and it continues to drive social injustice, as well as inequities in health and well-being for communities of color. Furthermore, it is a highly permissive roadmap for other expressions of racism, intolerance and discrimination directed well beyond the Black community.

CUIMC has the potential to shape every aspect of health by research that spans molecular mechanisms to population health, by innovative education, and by providing extraordinary health care options to patients and populations. Our self-reflection and actions at this time must be focused on the elimination of racism in all aspects of our work. We need to rethink how we eliminate disparities in health outcomes, to consider whether current health care educational paradigms adequately disseminate anti-racism and to assess how to broaden our research to discover and implement solutions to health inequities.

Benjamin Franklin has been credited with the saying, “Justice will not be served until those who are unaffected are as outraged as those who are.” It is, therefore, at this critical juncture in history, so beautifully characterized by Franklin’s words, that collective self-reflection and specific actions are needed to eliminate racism, intolerance and injustice in health care. Collective as well as personal introspection about racism coupled with a durable commitment to specific, strategic actions by individuals and institutions are the pathways to a better future.

To that end, in early July 2020, the four CUIMC deans, after initial meetings and reflection, appointed a large, CUIMC-wide, broadly representative Task Force to consider ways to assess and eliminate racism from all aspects of our work. The Task Force was charged with identifying and making recommendations to reduce the impact of racism in six important health-related domains. Recommendations were to be specific, actionable, durable and with measurable anti-racist outcomes in the themes listed below:

1. Faculty recruitment, retention, advancement and leadership
2. Education, training and curricular change
3. Health care disparities, social justice and solutions research
4. Clinical care
5. Community and public service
6. Civility and professionalism

The Task Force worked through the months of July, August and September, delivering a preliminary report, as a prelude to feedback and finalization from our leadership and constituencies. The overall recommendations noted here provide a compelling foundation for us to make substantial, impactful and durable progress. History has taught us that change is inevitable; history has also taught us that we must be champions of change.

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THEME 1: FACULTY RECRUITMENT, RETENTION, ADVANCEMENT AND LEADERSHIP

- Examine current recruitment, retention and career advancement procedures for unintended bias against faculty from groups underrepresented in the health sciences.
- Address ways to increase recruitment and retention and promote advancement of faculty from groups underrepresented in health sciences at all levels with particular attention to leadership opportunities and pipeline strategies.

RECOMMENDATION

Recruitment: Increasing representation of faculty underrepresented in our professoriate is critical for achieving excellence in the research, patient care and education missions of CUIMC. Achieving these goals will require proactive strategies.



ACTIONS

- Consider chair and division chief performance with respect to annual effort and progress in increasing representation of faculty from underrepresented groups
- CUIMC support and strategies for hires of underrepresented faculty could include:
 - o Cohort/Cluster hires (in concert with the university's initiative)
 - o CUIMC Target of Opportunity programs for underrepresented faculty should be available on a rolling basis
 - o Joint appointments with other schools
 - o Search committees should be required to follow best practices for faculty searches and hiring
 - o Hires of underrepresented faculty must be paired with detailed mentoring plans, as with all faculty hires

RECOMMENDATION

Retention and Advancement

Pipeline Strategies: A robust pipeline of talented URM trainees is an important mission of the educational enterprise and is essential for a sustainable increase in faculty from underrepresented groups at CUIMC. Currently, CUIMC has many successful pipeline programs for underrepresented students and trainees, but these could be used more strategically to diversify faculty and researchers.

ACTIONS

- Champion research and medical care that reduces health care disparities
- Ensure that high quality proactive mentoring is equitably provided for all faculty, with attention to challenges faced by faculty underrepresented in health sciences
- Invest in networking opportunities to reduce the isolation experienced by faculty from underrepresented groups
- Ensure equitable distribution of academic service responsibilities to avoid the excess burden of service experienced by underrepresented faculty

- Provide central support and coordination for pipeline programs to incentivize recruitment and retention of outstanding postdoctoral scientists, residents and fellows from underrepresented groups
- Encourage CUIMC coordination of high school, undergraduate and science teacher summer programs across Columbia to help organize and advertise pipeline programs across the schools
 - o Track outcomes and maintain contact with participating students
 - o Pair students with mentors to support next steps in their career development and/or training

RECOMMENDATION

Faculty Leadership: Reduce racial/ethnic inequalities

ACTIONS

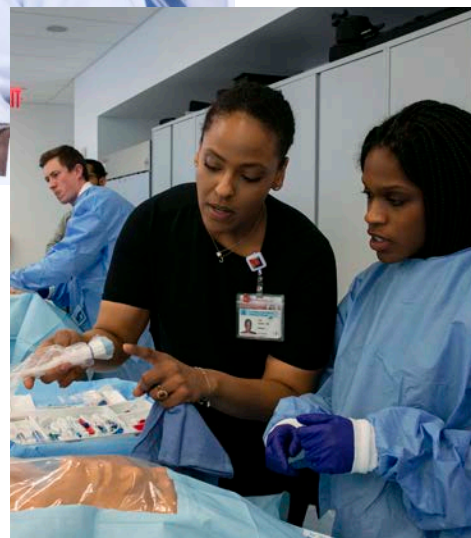
- Continue CUIMC support for underrepresented high school and undergraduate training programs
- Create a systematic data collection strategy across departments on demographics of trainees at all levels
- Establish a postdoctoral exchange/collective with other CUIMC departments or other institutions for basic science recruitment
- Expand support for CUIMC students from underrepresented backgrounds
 - Support and collaborate with underrepresented undergraduate, graduate and health sciences student associations at Columbia University and coordinate CUIMC institutional outreach to relevant National congresses
 - Expand named Dean's scholarships for incoming students from underrepresented groups
- Review of department chairs and division chiefs should include metrics, efforts and milestones for increasing representation and inclusion of underrepresented faculty, as well as insuring leadership structures that are inclusive of faculty from underrepresented groups
- Monitor equity in awards and honors
- Develop expanded opportunities for leadership training for underrepresented faculty, focused on department/division/center/institute leadership, but excluding service leadership positions

RECOMMENDATION

Accountability and Sustainability:
Responsibility for increasing recruitment and retention and promoting advancement of faculty from underrepresented backgrounds rests with everyone, including administrators, faculty, leadership and development.

ACTIONS

- Develop an annual diversity assessment for each division and department, specific to mission (e.g., research and clinical) to include tenure track and non-tenure track faculty, residents, fellows, etc. to be included in departmental reviews
- Each department should identify, staff and support the work of a Diversity committee with a Faculty Equity Advisor who is involved in faculty and staff hires



THEME 2: EDUCATION, TRAINING AND CURRICULAR CHANGE

- Identify what is needed to educate/train our faculty, staff, researchers, trainees and students to develop a racism-free CUIMC.
- Recommend creation of sustainable structures for addressing anti-racism training for faculty, staff and students on an ongoing basis.

RECOMMENDATION

Develop guiding principles for the creation of a required core of foundational education and training programs, which will be adaptive and sustainable and achieve alignment with other university/medical center initiatives in support of elimination of racism.

ACTIONS

Create foundational anti-racism education and training for all CUIMC faculty

- Championed by departmental/divisional leadership, education and training will engage faculty across departments and schools
- Both core lectures and interactive content may assume different formats, e.g. online modules, small groups, real-life experiences, alternative media (book clubs, film series, speaker series), including existing content
- Goal is development of community across CUIMC faculty
- Should change attitudes, beliefs, behavior, awareness

Adaptive and Sustainable

- Work should be ongoing
- Work should be evaluated and reassessed for impact (i.e., outcomes)
- Work should be housed in a designated center or office
- Work should advance in subsequent phases

Alignment, Integration and Transparency

- Education and training should align with broader University and CUIMC efforts/resources
- Goals are to be transparent to the CUIMC community

RECOMMENDATION

Operationalize these principles to develop educational programs that would address two subtypes of racism:

- structural (systemic) racism
- individual racism

ACTIONS

- Training and education to address both subtypes would be required for all CUIMC faculty and championed by leadership throughout the institution
- Ideally, the training and education will be provided in an ongoing manner over a year and would be revisited on an annual basis
- All training and education activities would be administrated and overseen by an office responsible for centralizing all efforts across CUIMC, and providing resources such as personnel for training and educational programs
- Successful completion of training and educational programs would be tied to faculty credentialing and renewals

Addressing structural racism

The training would be in the forms of core lectures, interactive small group sessions, selections of other lectures and would include a curated library of resources that would be widely available. The content would focus on the following topics:

- Overview of importance and impact of racism on health and health care
- History of institutional racism especially related to health care institutions
- Effects of racism on the health of the community at large

RECOMMENDATION

ACTIONS

Addressing individual racism

Training to address individual racism would be offered in the form of flipped classroom hybrid models, lecture series, small interactive workshops, and would include a repository of resources that would be widely available. The content would include:

- Overview of importance racism in social structures
- Defining and identifying implicit bias and racism
- Encouragement in being an ally in anti-racism work
- Communication and messaging skills



THEME 3: HEALTH CARE DISPARITIES, SOLUTIONS AND SOCIAL JUSTICE RESEARCH

- Recommendations for the development of a CUIMC comprehensive research program in health disparities would encourage meaningful short, medium and long-term solutions.
- Recommendations for the development of a CUIMC research mentoring network for faculty, students, trainees and others interested in Health Care Disparities, Solutions and Social Justice Research.

RECOMMENDATION

Create CUIMC Center for health care disparities, solutions and social justice research and research training: Comprising experts recruited across Columbia University, this Center would be the foundation for interdisciplinary research that would coordinate, leverage and harmonize existing efforts at CUIMC and CU related to research on health care disparities, solutions and social justice across the behavioral health and social sciences.

ACTIONS

The primary goals of the Center:

- Build transdisciplinary collaborations across the CUIMC and CU campuses and externally that leverage our expertise in informatics, biological mechanisms, health care policy and bio-social health determinants of health disparities
- Incentivize multidisciplinary collaboration in health care disparities and social justice research, incorporating new and established investigators
- Identify, strengthen and cultivate community liaisons (faith-based and other community groups) to reach minority communities
- Strengthen and expand community/health care system collaborations and community-based participatory research with the goal of developing multilevel interventions and outcomes-based research and solutions
- Fund pilot programs with these goals and establish a steering committee to set or guide priority areas to be supported by pilot programs

RECOMMENDATION

Training, outreach and development in the area of health care disparities research.

ACTIONS

- Create an evaluation structure for the Center and for the programming and research implemented by the Center
- Establish a lecture series
- Develop greater collaboration with the CU data science community for building models and approaches to broaden the interpretation of mixed methods research and integrate with natural language processing algorithms (Leverage the Data Warehouse)
- Develop cooperative interactions and consortia to leverage large initiatives, such as *All of Us*, to identify multilevel, multifactorial mechanisms of health disparities
- Develop a “communications footprint” in and about the community to broadcast our research, e.g., press releases, media outreach, social media, publications, interviews, blog, to become the leading voice and expert in health care disparities and social justice
- Expand, promote and advertise courses on skills development essential to a successful research career, with emphasis on early stage investigators (NIH and non-NIH)
- Establish programs to increase outreach to HSIs and HBCUs by forming training and mentorship rotations with CUIMC and CU researchers
- Organize a Columbia University-wide retreat to include leadership from various schools and partners from community organizations

RECOMMENDATION

Reframe racism as a subject of research.

Create pipeline for building research capacity
in the institution and the community.

ACTIONS

- Support research that helps to deconstruct the role of racism in perpetuating disparities and that promotes solutions to disparities
- Define key evaluation metrics for measuring outcomes/impact
- Review/revise/create viable frameworks to inform the development of transdisciplinary research on racism and health
- Implement an Inventory and Needs Assessment of research conducted at the university and support research development in identified gap areas

- Across the academic spectrum from undergrad through junior and mid-career investigators, create centralized approach to meeting with ALL recruits
- Increase academic recognition, including tenure, for researchers in this domain
 - o Develop, support, and facilitate growth and career opportunities for staff supporting the racism/disparities solutions research mission
 - o Incorporate metrics around service and commitment to racism/disparities in tenure and promotional reviews
 - o Integrate racism/disparities solutions research in undergraduate, graduate and post-graduate curricula, including providing opportunities for research in this area
 - o Strengthen investigator and institutional connections with funders and professional societies focused on racism/disparities research

RECOMMENDATION

ACTIONS

- Expand scholarship and fellowship opportunities to attract more URM students and trainees interested in racism/disparities research
- Assess existing and needed community-based research resources, including personnel development
- Ensure community participation in research teams



Minority Health and Health Disparities Research Training Fellows: A Poster Session



THEME 4: CLINICAL CARE

- Develop a set of principles for bias-free patient care as well as an institutional position on racism.
- Make recommendations for the development of structures to foster equity and minimize bias in all aspects of patient care that includes an operational collaborative framework for working on these issues.

RECOMMENDATION

All patients deserve to be offered unbiased, payer-agnostic care with health care equity and access to resources as the guiding principle.

ACTIONS

- Assess barriers to access in local communities surrounding our campuses
- Establish consistency in the application of the teaching model for all patients so that patients understand trainee/attending model and trainees observe equitable, respectful care for all patients
- Improve mechanisms for communication to diminish language barriers:
 - Expand availability of translation services (in-person, VIR, and language training)
 - Improve telecommunication by improving patient's ability to contact office and provider (telephone and email) and expand access of telehealth and EMR communication channels
- Perform a health care disparity impact evaluation for new programs or program changes
- Acknowledge and reward faculty who provide disproportionate volumes of poorly reimbursed care
- Create/provide access to continuing educational resources among community physicians and clinicians

RECOMMENDATION

Social determinants of health should be incorporated into the care of all patients.

A diverse health care community is critical to providing high quality, equitable care.

ACTIONS

- Provide access to other resources of CUIMC such as navigators, community workers and social workers
- Provide streamlined mechanisms for community physicians to refer patients for testing, admission or specialty consultation
- Enhance communication between specialists and community physicians

- Screen for social determinants of health in all patients and refer to appropriate resources, as well as follow up as a health care metric
- Integrate awareness and expand capability to incorporate social determinants of health in all practice settings
- Add/improve the curriculum on health disparities and social determinates of health in all CUIMC degree programs, including public health, medical, dental, and nursing schools

Refer to Theme 1: Faculty Recruitment, Retention, Advancement and Leadership

RECOMMENDATION

All patients are entitled to health care services free of structural inequities.

Discrimination and/or bias are not tolerated at CUIMC.

ACTIONS

- Train all clinicians, trainees and staff in unconscious bias and how this influences the workplace environment and patient care
 - Ensure that quality care data collected is also viewed with an equity lens in addition to other quality parameters
 - Create programs or initiatives to address health issues that disproportionately affect specific populations, (e.g., maternal mortality in women of color, hypertension in AA men, NAFLD in Latino women, HCC in Asian men and women)
 - Expand navigator and community health worker programs both in number and breadth of involvement (inpatient and outpatient)
 - Hold regularly scheduled, brief in-services or mini webinars focusing on specific cultural needs/considerations of various ethnic groups
 - Standardize interpreter usage unless providers have proven language fluency
-
- Support zero tolerance of racism directed to health care providers



THEME 5: COMMUNITY AND PUBLIC SERVICE (BUILDING UPON EXISTING CUIMC EFFORTS)

- Add to current CUIMC-wide approaches to sustainable participatory community outreach efforts that build trust and health in our local communities.
- Make recommendations for leveraging and enhancing CUIMC-wide resources for addressing Social Determinants of Health including their intersection with structural racism in our local communities.

RECOMMENDATION

Service

Training and mentoring

Research

ACTIONS

- Expand a service-learning model for students to participate in community service
- Allocate time within the curriculum of each school for community service-learning
- Clarify institutional policies to support community-relevant service as a criterion for academic promotion
- Identify and improve ways to communicate regularly with community organizations
- Continue to support and more widely advertise support for employment and educational pipeline programs as well as job training programs that support the community
- Offer job training and employment opportunities for community research workers
- Consider ways to increase health educational offerings for community members
- Provide resources for bridge funding for ongoing effective community programs including ways to accelerate community health work
- Create a centralized hub to support community-relevant service, research and training, including staff to support multilingual and culturally appropriate protocols

RECOMMENDATION

Community inclusion

Communication

ACTIONS

- Continue hiring from within the community
- Assist community-based organizations with grant writing and community-based organizational assessments
- Enhance collaboration with the CTSA to train CUIMC investigators to do community-based participatory research
- Increase community involvement in CUIMC committees and planning goals through Community Advisory Boards
- Include additional communities
- Create and implement Community Health Needs Assessments and develop Community Service Plan
- Identify effective ways to obtain community input on expansion of health care education and service beyond Washington Heights to include communities with the greatest health inequities
- Utilize the services of the Government and Community Affairs office to support regular communication efforts, dissemination of research findings, training opportunities, and funding opportunities
- Develop an interactive map of community programs and programming with interfaces for community members, providers, students and researchers
- Provide support for regular CUIMC faculty communication with the community and community-based organizations
- Host an annual public event to publicize and highlight the cooperative work of community-based organizations and CUIMC
- Share research findings and new health applications with the community

THEME 6: CIVILITY AND PROFESSIONALISM

- Formulate principles of professionalism and behavioral expectations with attention to respect across race, ethnicity, sexuality, gender orientation and religious beliefs.
- Recommend creating structures that promote the awareness of these principles across CUIMC.
- Recommend development of reporting structures that are constructive, fair, equitable and transparent and that minimize risk of retaliation by those who report.

RECOMMENDATION

Code of conduct

Establish an Office of Professionalism

ACTIONS

- Develop a code of conduct that would apply to students, educators, faculty/health care providers, public health professionals, researchers and staff
- Share code of conduct with faculty, researchers, staff, students and trainees to encourage respectful constructive interactions across the CUIMC community

The office's principal role would be to:

- Promote a culture of professionalism
- Implement and communicate the code of conduct
- Support positive and constructive training
- Develop transparent reporting processes that encourage a culture of excellence, acceptance, trust, equity and respect across the CUIMC community

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