ACR Chapter Opportunities to Get Involved

Gail N. Morgan, MD, FACR

June 16, 2021
Disclaimers

- *No conflicts of interest*
Objectives

- Review background of ACR’s commitment to diversity
- Discuss the development of ACR chapter diversity committees and how to create one
- Look at the case for addressing disparities and inequities in health and healthcare
- Acknowledge the existence of inequities in radiology
- Explore what you and ACR chapters can do
Questions to ask

What is the case for examining health disparities and inequities?

Why does it matter? Why does it matter to us?

What are areas of disparity can we identify in radiology?

What are some strategies we can utilize?

How can we empower ourselves to reduce these disparities?
ACR on the Cutting Edge

Background

*Creation of the Commission for Women and Diversity*

*Committee for Women*

*Committee for General Diversity*

*Paul Ellenbogen, MD, FACR*
*Presidential address to the ACR Council, May 2012*
Commission for Women and General Diversity

Chair: Katarzyna J. Macura, MD, PhD, FACP
Strategic Plan 2014

Vision
- To achieve a radiology profession that celebrates diversity and actively promotes inclusion at all levels of training, practice and leadership.

Mission
- The Commission for Women and General Diversity will embrace and advance diversity and inclusion through equity, access and innovation for the benefit of our patients, our profession, and the American College of Radiology.

Commission Goals
- To increase awareness and recognition of the value created by diversity, and make the radiological professions welcoming and inclusive for women and minorities underrepresented in medicine
- To improve professional opportunities, participation, representation, and contribution of women and minorities to the radiological professions
- To improve organizational and institutional performance by leveraging diversity

Motto: Excellence through Diversity
ACR Strategic Plan
Adopted September 2014

Membership and Member Engagement

Objectives:

- Grow and retain the membership and foster meaningful member engagement
- Maximize the benefits relative to the cost of ACR membership.
- Increase understanding of the value of ACR membership by all radiology professionals.
- Enhance effectiveness of member communication.
- Increase member participation and satisfaction.
- Increase diversity and inclusion in the radiological professions.
- Facilitate and empower residents, fellows, and young physicians to engage in ACR.
ACR Council Resolution 14

Adopted May 19, 2015

Sponsored by:
Council Steering Committee
Board of Chancellors

Diversity is Central to our Mission

WHEREAS, the American College of Radiology has an opportunity and obligation to establish diversity and inclusion as central parts of our mission, and

WHEREAS, the American College of Radiology aspires to advance excellence through diversity and inclusion, and

WHEREAS, the ACR Strategic Plan adopted in September of 2014 includes an objective to “increase diversity and inclusion in the radiological professions” and

WHEREAS, the future of radiology will be enhanced by increasing diversity and representation in the professional workforce, which will allow us better to address the varied needs of increasingly diverse patient populations, and to mitigate disparities in healthcare access, delivery, and outcomes

Adopted May 19, 2015
Sponsored by: Council Steering Committee Board of Chancellors
How to Create a Committee on Diversity in your ACR State Chapter

1. Commit to the value of diversity and inclusion
2. Engage chapter leadership
3. Engage membership
4. Engage the Community
Recent programs and successes

Publications

Improving Diversity, Inclusion, and Representation in Radiology and Radiation Oncology
Part 1: Why These Matter

Johnson B. Lightfoote, MD, MBA, Julia R. Fielding, MD, Curtland Deville, MD,
Richard B. Gunderman, MD, PhD, Gail N. Morgan, MD,
Pari V. Pandharipande, MD, MPH, Andre J. Dueninckx, MD, PhD,
Raymond B. Wynn, MD, Katarzyna J. Masura, MD, PhD

The ACR Commission for Women and General Diversity is committed to identifying barriers to a diverse physician workforce in radiology and radiation oncology (RRO), and to offering policy recommendations to overcome these barriers. In Part 1 of a 2-part position article from the commission, diversity as a concept and its dimensions of personality, character, ethnicity, biology, biography, and organization are introduced. Terms commonly used to describe diverse individuals and groups are reviewed. The history of diversity and inclusion in US society and health care are addressed. The post–Civil Rights Era evolution of diversity in medicine is delineated: Diversity 1.0, with basic awareness, nondiscrimination, and recruitment; Diversity 2.0, with appreciation of the value of diversity but inclusion as peripheral or in opposition to other goals; and Diversity 3.0, which integrates diversity and inclusion into core missions of organizations and their leadership, and leverages its potential for innovation and contribution. The current states of diversity and inclusion in RRO are reviewed in regard to gender, race, ethnicity, sexual orientation, and gender identity. The lack of representation and unchanged demographics in these fields relative to other medical specialties are explored. The business case for diversity is discussed, with examples of successful models and potential application to the health care industry in general and to RRO. The moral, ethical, and public health imperative for diversity is also highlighted.

Key Words: Diversity, health disparities, health policy, radiation oncology, radiology, underrepresented minorities

Commission for Women and General Diversity

Recent programs and successes

Publications

Improving Diversity, Inclusion, and Representation in Radiology and Radiation Oncology
Part 2: Challenges and Recommendations

Johnson B. Lightfoote, MD, MBA*, Julia R. Fielding, MD*, Curtland Deville, MD*, Richard B. Gunderman, MD, PhD*, Gail N. Morgan, MD*, Part V. Pandharipande, MD, MPH*, Andre J. Duerrinckx, MD, PhD*, Raymond B. Wynn, MD*, Katarzyna J. Macura, MD, PhD*

The ACR Commission for Women and General Diversity is committed to identifying barriers to a diverse physician workforce in radiology and radiation oncology (RRO), and to offering policy recommendations to overcome these barriers. Part 2 of a 2-part position article from the commission addresses issues regarding diversity and inclusion in the context of career choices and professional advancement. Barriers to improving diversity and representation in RRO are reviewed. Discussion focuses on the development and implementation of concrete strategies designed to eliminate the current subspecialty disparity and highlights the need for the ACR to introduce programs and incentives with targeted and achievable goals with measurable outcomes. Recommendations are made aimed at fostering an environment of inclusion and diversity, so as to secure a successful future for all members of the RRO workforce. The future of radiology will be enhanced by increasing diversity and representation in the professional workforce, which will allow us to better address the varied needs of increasingly diverse patient populations, and to mitigate disparities in healthcare access, delivery, and outcomes. By leveraging diverse backgrounds, experiences, and skills of those in RRO, we will create new, effective ways to not only educate our trainees, medical colleagues, and patients but also improve delivery of health care and our service to society.

Key Words: Diversity, underrepresented minorities, health disparities, health policy, radiology, radiation oncology

Women were significantly more represented among radiology residents compared with practicing physicians.

Chapman, Radiology 2013
### Diagnostic Radiology: Underrepresented minorities

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<tr>
<th>Category</th>
<th>Hispanic</th>
<th>Al/AN/NH/PI</th>
<th>Black</th>
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<td>U.S. Census 2010</td>
<td>16.3%</td>
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<td>Medical school graduates 2010</td>
<td>12.6%</td>
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<td>Diagnostic radiology applicants</td>
<td>7.4%</td>
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<td>Diagnostic radiology residents</td>
<td>5.9%</td>
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<tr>
<td>Diagnostic radiology practicing</td>
<td>4.8%</td>
<td>2.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Diagnostic radiology faculty</td>
<td>3.8%</td>
<td>2.0%</td>
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</tbody>
</table>

- Medical school graduates = 15.3%
- Residents = 8.3%
- Practicing = 6.5%
- Faculty = 5.9%

**Notes:**
- Medical school graduates = 15.3%
- Residents = 8.3%
- Practicing = 6.5%
- Faculty = 5.9%
Radiation Oncology: Underrepresented minorities

- Medical school graduates = 15.6%
- Residents = 6.9%
- Practicing = 7.2%
- Faculty = 8.1%

- Hispanic
- AI/AN/NH/PI
- Black

<table>
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<tr>
<th>Category</th>
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<td>U.S. Census</td>
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<td>7.1%</td>
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<td>0.3%</td>
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<tr>
<td>Radiation oncology</td>
<td>1.1%</td>
<td>0.0%</td>
<td>3.3%</td>
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<td>Practicing</td>
<td>Faculty</td>
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<td>0.0%</td>
<td>0.0%</td>
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</table>
All underrepresented minorities: change in representation in residency programs 1990-2012

- Family medicine
- Obstetrics gynecology
- Psychiatry
- Neurology
- Internal medicine
- All specialties
- Urology
- Pathology
- Pediatrics
- Otolaryngology
- Radiation oncology

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Family medicine</td>
<td>0%</td>
<td>1%</td>
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<td>3%</td>
</tr>
<tr>
<td>Obstetrics gynecology</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Neurology</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
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<td>2%</td>
<td>3%</td>
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<tr>
<td>Pediatrics</td>
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<td>Otolaryngology</td>
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<td>1%</td>
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<td>3%</td>
</tr>
<tr>
<td>Radiation oncology</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
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</tbody>
</table>
Diversifying the Workforce: Barriers to overcome

Narrow pipeline reduces the ability to recruit diversity into our workforce and ACR leadership

Available but untapped URM medical students


- Existence of health disparities are associated with worse outcomes

- Sources include physicians, providers, patients and managers
- Contributors include unconscious bias, stereotyping and prejudice, and clinical uncertainty
- Attitudes and behavior, and expectations
- Occur in context of broad social inequality
National Survey of Physicians Part 1: Doctors on Disparities in Medical Care
Kaiser Family Foundation, March 2002

Majority say the health care system “rarely” or “never” treats people unfairly based on various characteristics.

Physicians of different races and ethnicities perceive disparities differently.

Females more likely to believe medical researchers do not pay enough attention to minority groups.

<table>
<thead>
<tr>
<th>Perception</th>
<th>Very often</th>
<th>Somewhat Often</th>
<th>Rarely</th>
<th>Never</th>
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<tbody>
<tr>
<td>Whether or not they have insurance</td>
<td>31%</td>
<td>41%</td>
<td>24%</td>
<td>3%</td>
</tr>
<tr>
<td>How much money they have</td>
<td>14%</td>
<td>33%</td>
<td>42%</td>
<td>10%</td>
</tr>
<tr>
<td>How well they speak English</td>
<td>9%</td>
<td>34%</td>
<td>44%</td>
<td>11%</td>
</tr>
<tr>
<td>How well educated they are</td>
<td>8%</td>
<td>31%</td>
<td>48%</td>
<td>12%</td>
</tr>
<tr>
<td>What their race or ethnic background is</td>
<td>6%</td>
<td>23%</td>
<td>55%</td>
<td>14%</td>
</tr>
<tr>
<td>Their sexual orientation—that is, if they are gay or lesbian</td>
<td>4%</td>
<td>19%</td>
<td>59%</td>
<td>16%</td>
</tr>
<tr>
<td>Whether or not they are physically disabled</td>
<td>3%</td>
<td>20%</td>
<td>57%</td>
<td>19%</td>
</tr>
<tr>
<td>Whether they are male or female</td>
<td>13%</td>
<td>57%</td>
<td>27%</td>
<td></td>
</tr>
</tbody>
</table>

Note: “No answer” not shown
Source: Kaiser Family Foundation, National Survey of Physicians, March 2002 (conducted March-October 2001)
Definitions

- **EQUALITY = Sameness**
  - Gives everyone the same thing to promote justice
  - Assumption: Everyone starts from the same place

- **EQUITY = Fairness**
  - Ensures that people get the same access to opportunity
  - Assumption: There are no barriers to participation

- **INEQUITIES = Disparities**
  - In health or health care that are systematic, avoidable and unjust (CDC)
Social Determinants of Health

SOCIAL DETERMINANTS
FACTORS THAT INFLUENCE YOUR HEALTH

The conditions in which you live, learn, work and age affect your health. Social determinants such as these can influence your lifelong health and well-being.

EQUALITY  EQUITY  REALITY
Radiologists and our professional organizations

- *If we come out of our dark reading rooms we can make a difference!*

  - Are recently awakening to an understanding of health care disparities and their existence in imaging
  - Are just beginning to understand how differential access and utilization of radiological services impact outcomes
  - Are now exploring their potential and pivotal role in helping to address inequities
Radiology’s Awakening

Addressing Racial and Ethnic Disparities in Health Care

Richard B. Gunderman, MD, PhD

It is from numberless diverse acts of courage and belief that human history is shaped. Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope.

Robert F. Kennedy (1)

In the United States, certain social groups suffer more than their share of disease. They are the poor, they are the elderly, they are those with physical disabilities, and in the United States, certain racial or ethnic groups (2). Death rates from heart attack and stroke are 29%

-Gunderman, Richard B, Radiology 2007
Framework: How can health disparities be addressed?

Health Policy Institute of Ohio, 2004

Category 1 = “Before Care”
- Household income
- Housing safety
- Environmental (parks, clean air & water)
- Employment status & type of work
- Lifestyle & behavioral choices

Category 2 = “Access to Care”
- Financial ability
- Health literacy
- Geographical proximity to providers & facilities
- Transportation challenges
- Language differences
- History negative experiences in healthcare environment

Category 3 = “Delivery of Care”
- Health insurance coverage
- Same language
- Cultural competency of healthcare provider
- Health literacy (inversely related to worse outcomes)

-Gunderman, Richard B, Radiology 2007
An Introduction to Health Disparities for the Practicing Radiologist

Nabile M. Safdar, MD, MPH

Abstract

A substantial and growing body of literature explores health disparities in radiology and imaging. The term “health disparities” refers to health differences related to disadvantages experienced by vulnerable populations, often caused by underlying social determinants of health. As such, health disparities are often closely tied to issues of social justice. Radiologists can work to reduce health disparities in different ways, including through supporting education, diversity and inclusion efforts, disparities research, and advocacy.

Key Words: Health disparities, social determinants of health, diversity and inclusion, advocacy, social justice

Disparities in radiology and imaging exist

**Disparities in access and utilization**

- Racial differences in carotid artery imaging and endarterectomy (IOM)
- Lung cancer screening low-dose CT inclusion criteria
- Stroke and mechanical thrombectomy
- Breast imaging disparities in African-American and Hispanic patients

Safdar, Nabile M. An introduction to Health Disparities for the Practicing Radiologist. JACR, 2019

Screening mammography

Lung Cancer screening

Procedures, including IR

Stroke intervention

ER radiology ordering patterns
“Hot off the Press”

- Comprehensive overview

- Multifactorial etiology for higher risk of mortality from breast cancer in African American Women

- Rationale for strong recommendation for annual screening at the age of 40 to reduce breast cancer disparities
Breast Cancer Screening: Drivers of long-standing disparities for African-American women

- Lower perceived risk of breast cancer
- Less utilization of screening mammography
- Longer intervals between mammogram exams
- Longer intervals to diagnosis after abnormal mammogram
- Longer time from diagnosis to treatment

- Non-guideline-concordant treatment
- Less contact with primary care physician
- Less optimal treatment due to racial bias, financial factors
- Lower income
- Lack of health insurance
- Socioeconomic factors and access to care
Health inequities

**OPPORTUNITY**
Examine where inequities exist in radiology, in our profession and impact our communities

- **COVID-19 pandemic**
  - Spotlighted long-standing health care disparities
  - Widened the gaps in access and health outcomes
  - Illuminated structural inequities in care delivery

- **Recent social unrest and push for social justice**
  - Magnified long-standing systemic racism
  - Demanded an account for disproportionate outcomes and the injustice in health care
Radiology’s opportunity to impact health equity

Imaging as an integral part of clinical care places radiologists in a key position to address health inequities

Radiologists are involved throughout the care cycle, including at diagnosis, intervention and treatment

Radiology practices can help patients navigate financial concerns at the time of the imaging encounter to mitigate patient avoidance of care
What can radiologists and ACR chapters do?

**Ways to Promote Health Equity**

**EDUCATION:**
Promote education about disparities & cultural competency skills
- Radiologists, clinicians, patients
- Trainees (medical students, residents & fellows, technical staff)

**DIVERSITY & INCLUSION:**
Incorporate into radiology departments and health care organizations
Promote diversity of workforce and leadership pipeline

Safdar, Nabile M. An introduction to Health Disparities for the Practicing Radiologist. JACR, 2019
What can radiologists and ACR chapters do?

Ways to Promote Health Equity

DISPARITIES RESEARCH:
- Qualitative with focus groups, interviews
- Quantitative to explore underlying causes of inequities
- Partnering with public health or epidemiology professionals

ADVOCACY:
- Advocate for access to imaging services to reduce disparities
- Advocate to the public or legislators
- For needs of a “vulnerable population”
  “Collective professional responsibility”

Safdar, Nabile M. An introduction to Health Disparities for the Practicing Radiologist. JACR, 2019
## Strategies: Call to Action

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<tbody>
<tr>
<td><strong>Form</strong></td>
<td>Form a task force in your state chapter to address health disparities in radiology</td>
</tr>
<tr>
<td><strong>Facilitate</strong></td>
<td>Facilitate education of patients and providers regarding disparities and current guidelines</td>
</tr>
<tr>
<td><strong>Forge</strong></td>
<td>Forge a coalition within your institution, practice, &amp; local healthcare organizations</td>
</tr>
<tr>
<td><strong>Advocate</strong></td>
<td>Engage in advocacy for the needs of patients in your state</td>
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</table>
### Strategies: Call to Action

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commit</td>
<td>Commit to referring African-American women to annual screening mammography beginning at age 40</td>
</tr>
<tr>
<td>Develop</td>
<td>Develop patient navigation systems to ensure African-American women are promptly evaluated following an abnormal screening mammogram</td>
</tr>
<tr>
<td>Identify</td>
<td>Identify barriers at imaging encounter (e.g., transportation, financial anxiety, childcare concerns, administrative red tape)</td>
</tr>
<tr>
<td>Develop</td>
<td>Develop systems that ensure breast biopsies are promptly scheduled for African-American women and loss to follow-up is minimized</td>
</tr>
<tr>
<td>Engage</td>
<td>Engage in collaborative efforts with local medical organizations, and in community outreach &amp; partnerships</td>
</tr>
</tbody>
</table>

Adapted from the Washington State Radiological Society Breast Imaging Task Force (proposed) Disparities Initiative

Courtesy of Robert Gutierrez
The long journey to health equity…

-Artwork by Sir John Tenniel, from the book
Through the Looking Glass by Lewis Carroll
The Charge

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Speaking before the Second National Convention of the Medical Committee for Human Rights.

IF NOT US, THEN WHO?
IF NOT NOW, THEN WHEN?

-Congressman John Lewis