

# UW MEDICINE: OFFICE OF HEALTHCARE EQUITY

DECEMBER 2022 UPDATE



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**UW Medicine**  
OFFICE OF HEALTHCARE EQUITY

## INTRODUCTION

In Fall of 2017 the UW Medicine Healthcare Equity [Blueprint](#) was operationalized by the newly formed healthcare equity team. The main focus of this team was to gather information about the current state of equity, diversity and inclusion (EDI) perspectives and activities, and to provide information, education and training to advance the principles and practices of EDI, throughout the UW Medicine health system. The team launched its work guided by the blueprint objectives:

**OBJECTIVE 1:** *Increase diversity, increase cultural humility and reduce implicit bias in the healthcare workforce.*

**OBJECTIVE 2:** *Engage the communities we serve as partners in assessing and addressing healthcare equity.*

**OBJECTIVE 3:** *Deploy targeted quality improvement and healthcare services to meet the needs of marginalized populations.*

We are pleased to report that Year 1 deliverables were met and, in several areas, exceeded, as the team engaged clinical and administrative leaders and staff throughout the system to raise awareness through training and to take actions through changes in policies and practices. Many of these accomplishments are highlighted in our [annual reports](#).

The pandemic and concurrent focus on racial injustice, highlighted by the national focus on police violence targeted towards marginalized communities in Spring 2020, reaffirmed the need for our commitment to anti-racism, healthcare equity and health justice within UW Medicine. Even prior to 2020, UW Medicine senior leadership realized the need for a more robust and integrated approach to infusing the principles of equity, diversity, and inclusion into the fabric of UW Medicine. This resulted in a reorganization that combined the healthcare equity team with the School of Medicine's Center for Equity Diversity and Inclusion, thus forming the **Office of Healthcare Equity (OHCE)**, which launched July 1, 2020.

Much of the work of the Office of Healthcare Equity from 2020 through the first quarter of 2022 focused on the response to the pandemic. Specifically, we worked towards creating equitable access to and distribution of COVID testing and vaccines in Black, Indigenous and communities of color (BIPOC), along with limited English proficient (LEP) communities which were experiencing the greatest disproportionality of the disease. These communities, even in the best of times, have poorer access to healthcare and other social determinants of health. This work highlighted the inequities in our healthcare system and motivated leaders throughout our organization to seek the resources and expertise of OHCE. This increase in demand resulted in the expansion of our work to include 3 additional strategic focus areas, which has become our [Blueprint 2.0](#).

The 6 areas of focus for this updated Blueprint 2.0 are:



This is not a short-term project, but part of our dynamic journey as a leading healthcare system. There are no simple fixes to some of the barriers to equity, but we are confident we can make our system better by following this blueprint. Through our commitment to this work, OHCE will demonstrate that UW Medicine is willing to confront and tackle difficult issues and focus on outcomes that matter to those members of our internal and external communities who are most marginalized. To do this, work must be done across and outside of UW Medicine to broaden perspectives and to imagine a future that looks different than it does today. This Blueprint is the next step in a long journey to creating a culture of health justice.

This document will outline our progress to date, through the lens of the [Blueprint 2.0](#).

## LEADERSHIP & STRATEGIC OPERATIONS

**Goal:** Position OHCE as the leading resource to internal colleagues and the external community, locally, regionally and nationally on advancing healthcare equity and health justice principles and practices.

### HUB & SPOKE MODEL

The UW Medicine system is vast, encompassing multiple hospital and clinical entities, with broader reach across WWAMI in relation to the School of Medicine. One key learning for the OHCE has been that EDI work is happening across the entire system; OHCE is beginning the process of launching a hub and spoke model to better connect equity work across the system, as well as build relationships between the people doing the work.

1. Launch overarching Equity Dashboard.
2. Leverage systemwide EDI meetings to increase transparency of ongoing EDI initiatives across the UW Medicine system.
  - a. Create living project inventory snapshot.
  - b. Support the integration of local departmental/entity EDI strategies with the overarching OHCE sponsored EDI strategy.
3. Develop Healthcare Equity website to be the go-to resource for internal and external stakeholders (measured via web traffic).
  - a. OHCE Newsletter / blog
  - b. Featured systemwide EDI stories
  - c. Robust resources

### ADDITIONAL LEADERSHIP & STRATEGIC OPERATIONS WORK IN PROGRESS

1. Cultivate 3 new prospective foundations for philanthropic support.
2. Host 2 speaker forums with local, regional or national thought leaders.
3. Create a plan for a healthcare equity conference.
4. Washington State Hospital Association Health Equity Collaborative.

## WORKFORCE DEVELOPMENT

### EDI FOUNDATIONAL TRAINING

With the launch of [our EDI Foundational Training](#), we were able to reach over 1000 additional participants during the 2021-2022 school year.

Our five key content areas:

1. Identity, Privilege, and Intersectionality
2. History of Race and Racism in Medicine
3. Social Determinants of Health
4. Implicit Bias and Microaggressions
5. Gender and Sexual Diversity

We have trained two cohorts of Peer Trainers (30+ people), on these topics to be ready to support the facilitation of the EDI Foundational training across our system.

## BIAS REPORTING TOOL

The UW Medicine [Bias Reporting Tool \(BRT\)](#) was launched in February 2021. This tool was created for all staff, students, residents, or faculty to formally report any behavior that does not reflect the respect and support expected in all areas of our community. If members of our community experienced or witnessed incidents that adversely affect the learning, teaching, working, or healing of others, we encourage it to be reported. An individual can submit a report for a bias incident that they personally experienced or witnessed, and they can submit a report on behalf of someone else.

Key points from 2021-2022:

387 reports were received from 02/2021 to 02/2022 with an average of 8 reports per week.

The First Annual Community Report identified four common themes from the past year including:

1. Targeted Work on Bias both in Care Teams and Patients
2. Recognition of Need for Continuing Education
3. Harm Related to Gender Identity
4. Institutional Policies and Practices that Introduce Bias

To learn more about these themes and what action steps were taken, please see the [BRT First Annual Report](#).

## ADDITIONAL WORKFORCE DEVELOPMENT UPDATES

1. Launch of UW Medicine EDI Survey
2. Launch of institution-wide Affinity Groups

## COMMUNITY ENGAGEMENT

### TRIBAL & NATIVE COMMUNITY ENGAGEMENT AND THE REVITALIZATION OF EXISTING OR NEW AGREEMENTS TO DEVELOP STRONG PARTNERSHIPS WITH THESE ENTITIES WITHIN WWAMI

In April 2021, the OHCE hired Millie Kennedy, as a Tribal Liaison to represent the UW School of Medicine's Indian Health Pathway (IHP) assisting Dr. Jason Deen, Director of the IHP with outreach and community engagement among other things. The liaison strives to build and maintain strong relationships with Tribal governments, Urban Native communities, and other relevant communities, and does outreach to Native students at primary and secondary schools, Tribal colleges, and Universities. The liaison works within the Washington, Wyoming, Alaska, Montana, and Idaho region (WWAMI region), while also assisting with outreach for the WWAMI Foundational sites with the goal to increase American Indian and Alaska Native enrollment of students successfully into and through medical school. The liaison also supports various aspects of implementing the Indian Health Pathway working with the Program Director for Multicultural Education described in the OHCE Pathway Program section.

1. Outreach and recruitment to high school and college Native students into WHISE programs and the UW SOM  
Include:
  - a. Virtual National Native Health Careers event to high school students in partnership with other schools.
  - b. Virtual outreach in partnership with UW Admissions & AAMC.
  - c. Annual UW Native American Student Day.
  - d. Annual Washington State Indian Education Association Conference.
  - e. Annual Highline College Native Student Success Summit.
  - f. Chief Sealth's College and Career Fair.
  - g. Assist with recruitment of Indigenous students into the WIHSE programs.
  - h. Assist with selection of pre-med students into the summer SHPEP program.
2. Meeting and retention of Native Students:
  - a. Assist Dr. Deen with events with the Medicine Wheel Society UWANAMS.
  - b. Meet with matriculated Native students and refer to Dr. Deen as necessary.
3. Clerkship development and revitalization:
  - a. Initiated and completed new MOU's and agreements with:
    - i. the Lummi Nation Tribal Health Center,
    - ii. the Navajo Nation Tuba City Regional Health Care Corporation, and the
    - iii. Asniya Project at the Pine Ridge Reservation.
  - b. Revitalized elective clerkships at the Tulalip Tribes; and restored full clerkships at the Seattle Indian Health Board due to the pandemic.
  - c. Initiated partnerships with Native Non-Profit programs including United Indians of All Tribes Foundation and the Nakani Native Program to compliment IHP Traditional Indian Medicine Clerkships.
4. Assist Dr. Deen with a successful Annual Traditional Blanket Ceremony with 100% student participation.
5. Assist UW NURF with a Native American Heritage Month event featuring Missing & Murdered Indigenous People Leaders and Singers.
6. Assist with Native American Heritage Month including articles featured in The Huddle and as described in the Cultural Observances section.
7. The Tribal Liaison facilitates weekly Indian Health Pathway meetings with the IHP Director and Program Director for Multicultural Education.

## COMMUNITY CONVERSATIONS

Starting July 2021, the OHCE hosted 16 [Community Conversations](#), including topics such as COVID 19 boosters, long Covid, and more recently, the outbreak of Monkeypox (MPX). On average 40-60 community members attend and submit their own questions relevant to the issues that they care about. These conversations are recorded, available on our website, and also have been shared with various community based organizations.

## COMMUNITY ADVISORY COUNCIL

THE OHCE team launched the first [Community Advisory Council](#) meeting in June 2022. The charge of the UW Medicine Healthcare Equity Community Advisory Council is to guide and support the Office of Healthcare Equity in fostering relationships with individuals, groups, and organizations in the communities we serve. The council will in part facilitate the engagement of these communities as partners in identifying and reducing inequities in our healthcare delivery and health outcomes for all patients.

The meetings are held bi-monthly, and have focused on issues relevant to its members, including Breast Cancer Screening, Digital Health / Telemedicine, and Monkeypox.

## AFRICAN AMERICAN MALE WELLNESS WALK

In August, 2022, the Office of Healthcare Equity and UW Medicine: Valley Medical Center supported the [African American Male Wellness Walk](#) in providing health screenings for the community. About 80 participants were screened and able to discuss their results with a provider on site. Primary Care clinic information was provided to participants to encourage routine health care. In addition, Urology providers were available to provide consult on prostate health, another critical issue for African American men.



## CULTURAL OBSERVANCES



### [Taken from UW Huddle Article](#)

In Fall of 2021, UW Medicine’s Office of Healthcare Equity formed the Cultural Observances and Implementation Subcommittee (COIS) to streamline, coordinate and advance the work of recognizing and celebrating cultural observance months and holidays.

COIS is chaired by Priscilla Estrada, community and workforce engagement specialist for the Office of Healthcare Equity, and Enedina Dumas, strategic outreach manager for the Center for Women and Children and a member of the UW Medical Center – Montlake EDI committee. Members meet bi-monthly to discuss current projects, plan for future celebrations, and evaluate feedback received from the UW Medicine community.

Subcommittee members include employees from all four hospital campuses, the Office of Healthcare Equity, and Shared Services, including a variety of roles from patient care services to volunteer services to marketing.

“Representation is so important, especially in the workplace. Our goal is to celebrate and bring awareness to our diverse communities within UW Medicine. We strive to provide both education by sharing articles that discuss disparities, in addition to sharing joy via music videos and cultural foods in our cafeterias,” Estrada says. “Having worked within UW Medicine for the last 13 years, it is such a privilege to co-chair this subcommittee and see the celebration of diverse cultures become a priority. I look forward to our continued work.”

A year’s worth of celebrations

Each year, UW Medicine recognizes and observes a range of cultural celebrations:

- Martin Luther King, Jr. Celebration (January) ([dedicated website](#))
- Black History Month (February)
- Women’s History Month (March)
- Asian American, Native Hawaiian and Pacific Islander Heritage Month (May)
- Pride Month (June)
- Juneteenth (June 19)
- Hispanic Heritage Month (Sept. 15 – Oct. 15)

- Indigenous Peoples' Day (Oct. 11)
- Native American Heritage Month (November)

## QUALITY IMPROVEMENT

### DIGITAL HEALTH EQUITY

#### HARBORVIEW MEDICAL CENTER – COVID & MOBILE SURGE RESPONSE

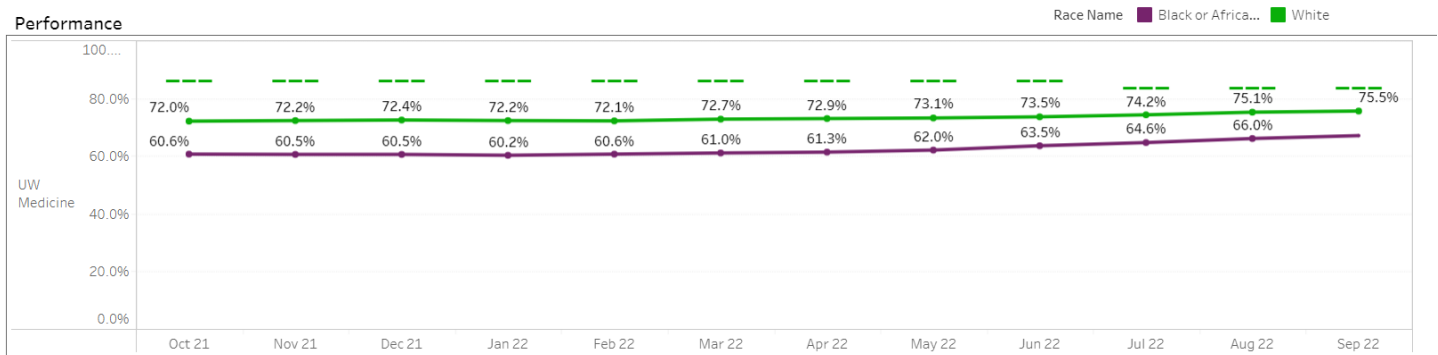
Part of our equity-centered approach to COVID 19 meant meeting community-based organizations where they were at, to best serve their needs. Supported by funding from the Cambia Foundation, OHCE partnered with Harborview Medical Center to host a variety of vaccine events:

- Over 50 events hosted
- 26 community-based organizations
- Over 14,911 vaccines administered as of April 2022
- 1500+ Rapid Tests distributed to the community

#### BREAST CANCER SCREENING - EQUITY

Breast cancer mortality is 40% higher for Black and African American women. Multiple factors influence these poor outcomes, including: Cancer biology (double the rate of triple negative breast cancer, higher BRCA1 and BRCA2 mutation rates), comorbidities, racism causing disparate treatment, racism driving social and structural barriers to care, lower screening rates and higher barriers to screening for Black women, and screening guidelines that are not optimal for Black women.

The OHCE partnered with clinical leaders to start with screening as the first focal point. Black or African American women consistently experience greater than a 10% gap in screening rates compared to white women, well below the targeted goal rate for all our patients. While screening rates have improved over the past year, the gap remains.



In addition, UW Medicine recognizes that current guidelines are not optimal for Black women and is exploring how to make this more equitable. (Chapman, Mandelblatt Ann Int Med 2021).

#### TRANSGENDER & GENDER NON-BINARY (TGNB) PROGRAM



The UW Medicine TGNB program, led by Dr. Corinne Heinen, MD, FAAPF (she/her) and Sean Johnson, LSWAIC (he/they), has worked since 2018 to provide patient-centered and inclusive care to all UW Medicine patients.

**Strategy:** Create a virtual integrated program to connect existing UW Medicine healthcare service capabilities

- Establish a primary care medical home and improve the clinical skills of PCPs through trainings and engagement.
- Provide system-wide gender awareness education, which began with primary care clinics and is now expanding to all faculty and staff through broader equity trainings.
- Address quality improvement measures and outreach efforts using our registry (recently created), with an aim to decrease health disparities.
- Expand services and capacity for specialty care.

As of September, 2022, UW Medicine serves over 9500 Transgender and Gender Non-Binary (TGNB) patients and has had over 10,000 visits with these patients from Jan-Sep 2022.

UW Medicine performed over 127 gender affirming surgery cases between January and –September, 2022.

2022 also marks the launch of the expansion of gender affirming surgical services to include vulvovaginoplasty, phalloplasty, and metoidioplasty. UW Medicine is currently accepting surgical referrals now, with surgery cases increasing yearly since 2018.

Other accomplishments since 2019, organized by the original blueprint, include:

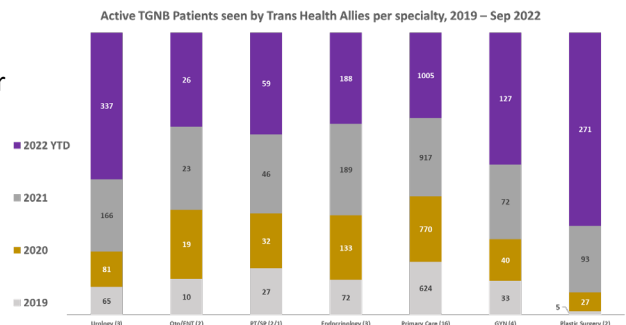
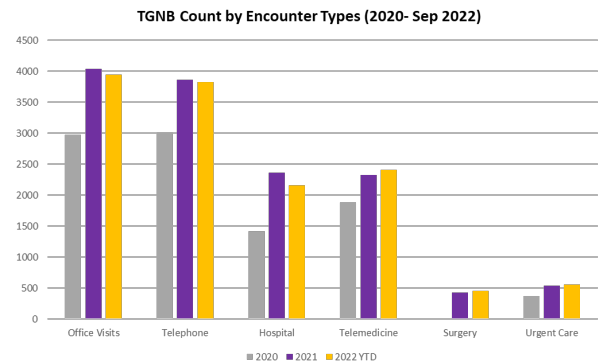
**OBJECTIVE 1: Increase diversity, increase cultural humility and reduce implicit bias in the healthcare workforce.**

- UWM LGBTQAI2S+ Caucus (June 2021 launch)
- Staff education – Gender and Sexual Diversity EDI Foundational training (8k+), Grand Rounds, Trans Health Allies group (200+) clinical training for gender affirming care, surgery expansion & clinical needs
- Badge buddies/e-mail signatures – pronouns
- UWM provider Outlist (launching in June 2022) – Similar to the BIPOC Physicians Directory
- GME Film Showing & Panel – Trans Dudes with Lady Cancer (navigating gendered health settings as TGNB)
- Working on communications and marketing guidance for inclusive language, terms, pronouns

**OBJECTIVE 2: Engage the communities we serve as partners in assessing and addressing healthcare equity.**

- Community Conversation – Fall of 2019 ([Report out](#))
- Currently working on a TGNB Health Program **Community Advisory Council**
- SOGI data collection – modification and platforms/tools to collect data
- [TGNB Health Program website](#) (unlisted currently – proposed navigator will manage and respond to inquiries)
- National TGNB health program collaboration group – 14 programs, USPATH presentation 2021
- Local collaborative group (Swedish, Kaiser, Planned Parenthood, Country Doctor)

**OBJECTIVE 3: Deploy targeted quality improvement and healthcare services to meet the needs of marginalized populations.**



- **Health Equity dashboard** – demographics, Mental health screening (PHQ/GAD), PCP establishment, surgical wait times
- PSN/Bias Reporting/patient complaints – Reviewed by TGNB Health Program, defined SOGI bias for reporting classification
- Expand Gender Affirming Care – Medical and Surgical services
- TGNB Registry development (ICD 10 / SOGI responses)
- Create a **Gender Affirming FACT WQ and auth WF** - FACT, PFS, Billing, contracting and clinics. Shared coordination and tracking across clinics w/ TGNB navigator
- IT and Epic modifications to support SOGI and TGNB inclusion:
  - **Epic referral code for gender affirming medical and surgical referrals**
  - In-patient (OR white boards to include pronouns and preferred name, hospital ID bracelets with preferred name and timeouts before surgery)
  - **UWM wide paper and electronic forms to mirror SOGI Epic questions**
  - Provider letters required for surgery – training, templates, dot phrases
  - Epic Storyboard modification for ease of use in seeing patient’s gender identity, pronouns, and preferred name

## REAL & SOGI DATA

One critical aspect of improving equity in healthcare delivery is ensuring that our systems support detailed patient demographic data inclusive of race, ethnicity, language, gender identity, sexual orientation, disability and zip code. The Comprehensive Hospital Abstract Reporting System (CHARS) details new rules regarding the reporting of patient demographic information. These new reporting rules will be effective January 1, 2023.

This is a significant body of work, both in technical IT implementation, as well as staff and provider education on updated clinical workflows. Dr. Leo Morales, MD, PhD, MPH (he/him) and Sean Johnson, LSWAIC (he/they) represent OHCE on the steering committee for this work.

## ADDITIONAL QUALITY IMPROVEMENT INITIATIVES

1. Establish and launch a formal equity consult service
2. Partner with clinical operations leaders to improve access in scheduling, digital front door, telemedicine, and language services

## RESEARCH & EVALUATION

### THE JEDI CENTER FOR HEALTH EQUITY RESEARCH

OHCE is relaunching the JEDI Center for Health Equity Research – led by Bessie Young, MD, MPH (she/her). The goal is to conduct research and evaluation to develop specific knowledge that increases understanding of healthcare disparities and social determinants of health and improves the health of UW Medicine patients.

In 2022, OHCE launched Year 1 of a project focused on ***Improving Emotional Well-Being for Under-Represented Minority Healthcare Providers***. Led by Drs. Bessie Young, Leo Morales (he/him), and Jonathan Kanter (he/him), this multi-year project aims to develop and disseminate an innovative, evidence-based, and comprehensive program to improve the emotional well being (EWB) of underrepresented minority (URM) healthcare providers and faculty.

Currently we are failing at this crucial goal: Emotional well-being (EWB) is a critical factor with respect to the goal of retaining, promoting and ensuring the health and success of our URM workforce. Currently, our society is failing at this goal: Latinos, Blacks, and Native Americans are under-represented across our healthcare professions. In 2019 Latinos, Blacks, and Native Americans comprised 18%, 12%, and .6% of the working-age U.S. population but 7%, 5%, and .1% of physicians. We must address these disparities and solutions must be multi-faceted and attend to all points of the pipeline. While many healthcare organizations offer at least some EWB resources for its workforce, to our knowledge none offer a systematic, coordinated, evidence-based suite of resources to specifically address the EWB of its URM workforce. Furthermore, resources that do provide personal EWB support for URM providers typically fail to address the underlying root causes of well-being problems for URM, which are systematic in nature, not personal.

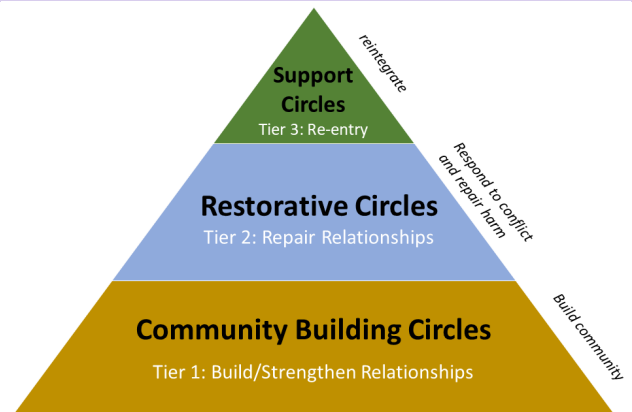
Our project aims to develop a suite of interventions to improve URM EWB here at UW Medicine and serve as a national model. In Year 1, several teams of local stakeholders, national experts, administrators in clinical and biomedical sciences, and URM faculty and providers in clinical and biomedical sciences worked with OHCE to identify a 40-item EWB problem list, specify intervention priorities from that list, and develop intervention strategies to target these problems at both the personal and systemic levels. In Year 2, we aim to pilot test our intervention model with selected UW Medicine units.

## LEARNING ENVIRONMENTS

### RESTORATIVE JUSTICE

At UW Medicine, we have begun integrating the Restorative Justice mindset in efforts to be used as alternatives to and in conjunction with existing conflict resolution processes.

Restorative Justice practices are based on indigenous practices of coming together to build and strengthen communities. Recent acts of racism and other forms of oppressive behavior have resulted in harm to members of our community. While existing policies and procedures provide a remediation or disciplinary pathway that may address these harms in part, they are not designed to focus on healing and a shared path forward for all members of the community. UW Medicine seeks to embrace restorative practices and processes for our faculty, staff, trainees, and students as a way of building and supporting community within groups, across groups, and between individuals throughout our system. Additionally, in instances when conflict and/or harm has occurred, these practices may include restorative justice (RJ) for those who experienced the harm, those who caused the harm, and the community surrounding them.



This year we have hosted six introductory workshops and one 3-day facilitator training, as well as been called into five existing situations to begin the RJ practices. We have two more introduction workshops and another 3-day facilitator training planned thus far and looking to expand this program even more. Our goal is to:

- **Educate the UW Medicine community about restorative practices in a stepwise, phased process**
- **Train key leaders, faculty, trainees, staff, and students to become restorative practice**
- **Develop an enduring home for restorative practices within UW Medicine facilitators.**

WORKFORCE INCLUSION AND HEALTHCARE SYSTEM EQUITY (WIHSE)

The center for Workforce Inclusion and Healthcare System Equity (WIHSE) is a new program led by Dr. Estell Williams (she/her). The goal of this program is to increase diversity in the health professions by offering programming to K – PostBacc students from underrepresented backgrounds.

WIHSE also has strengthened our relationship with UW Primary care. We have developed a tool to streamline shadowing requests, they served as our first shadowing site for UDOC this past year and we have worked with them in placing student MAs into their programs for additional skill building

WIHSE Advisory Board: WIHSE created and held 1 advisory board meeting with 8 experts in workforce development including representation from dentistry, Fred Hutch, and HMC. WIHSE will be developing a student-led advisory board in the coming year.

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WIHSE: HEALTH PROFESSIONS RECRUITMENT COLLABORATIVE

Established in late 2016, this group of recruiters across the 6 health sciences schools meet monthly to talk about upcoming recruitment efforts on and off campus. Monthly guest speakers present information about their programs with the goal of finding areas of collaboration. Materials have been developed and distributed widely for high school students and early college age students with enthusiastic support from Admissions, OMAD and community colleges. Strong ties have been developed with the UW pre-health advisers as well as WWAMI wide undergraduate programs. Because of the pandemic, our group began to offer monthly informational sessions that have been attended by high school and undergraduate students as well as advisers. Our team has provided informational sessions for UW Dawg Daze; Husky Preview Days, Admitted Student Preview Fairs and Transfer Days. We annually present information about the health professions at the UW Community College Conference. The group was also responsible for finding students and providers who could speak to middle and high school students who attended the virtual Sound Careers in Healthcare, a collaborative effort with HILT, WABS, AHEC and others. This program alone reached over 300 students. Through outreach efforts we reach over 10,000 students annually.

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WIHSE: DOCTOR FOR A DAY

The purpose of Doctor for a Day is to provide outreach to youth of color. Because we offered virtual programming, we were able to reach a larger audience from across the state of Washington. Doctor for a Day events are centered on providing hands-on activities around a variety of themes: dermatology, cardiology, and mental health, etc. Anesthesiology was our last monthly offering of the academic year and offered using a hybrid format in the WISH lab. We had approximately 60-100 students at each of the 8 monthly events.

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WIHSE: DARE TO DREAM

Health Professions Academy: WIHSE partnered with the UW Office of Minority Affairs and Diversity (OMAD) to offer a variety of activities across the health professions to high school migrant students in Washington state who are interested in health careers. For the 3<sup>rd</sup> year in a row, we collaborated with WSU to virtually introduce 30 students over

2 weeks to dentistry, nursing, medical laboratory sciences, pharmacy, social work, genetics, physical and occupational therapy and prosthetics, and public health. A case study using COVID was woven throughout the program to highlight how the different health professions would approach the health crisis.

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#### WIHSE: UDOC

After a hiatus of 10 years, we introduced a new set of high school students to the health professions. Recruitment efforts resulted in over 150 applicants from high school juniors throughout the state of Washington. We accepted only 12 students who lived on campus for 2 weeks. Participants were taught math 4 times a week utilizing an unorthodox method centered around toys. They were also introduced to biology through a community college professor who took them into the lab and led a session on frog dissection. Like Dare to Dream, students were introduced to a variety of health professions through hands on activities. Some of the students also joined SHPEP student on the trip to Mt. Rainier.

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#### WIHSE: SUMMER HEALTH PROFESSIONS EDUCATION PROGRAM (SHPEP)

One of OHCE's largest commitments is managing the Summer Health Professions Education Program (SHPEP). Because of the pandemic, the UW-SHPEP program was offered 2 weeks virtually and 4 weeks in person. The 80 scholars who expressed an interest in dentistry, medicine and public health took SHPEP instructor developed classes in biology, organic chemistry and population health. SHPEP's goal is to strengthen the academic proficiency and career development of students underrepresented in the health professions and prepare them for a successful application and matriculation to health professions schools. This year, our team introduced a document to walk students through the process of each component of the application process such as choosing schools interested in, reviewing GPA and MCAT/DAT/GRE scores that result in a successful matriculation, community service and shadowing experiences. The program continues to work with a regional advisory board to assist with recruitment and programmatic review.

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#### WIHSE: MEDICAL STUDENT DIVERSITY CLERKSHIPS

The development of medical student diversity clerkships has emerged as a key strategy for increasing the diversity of residency and fellowship programs at the UWSOM. Diversity clerkships are funded opportunities for fourth year medical students from underrepresented groups to spend 4 weeks at the UW in a clerkship offered by the sponsoring department or division. Students are invited to apply and are selected for their likelihood of matching into the sponsoring program. In many cases, students successfully completing a diversity clerkship are highly ranked by the program. To date, the UWSOM offers over 14 diversity clerkships from some of the school's largest residency programs: Pediatrics; Internal Medicine; Surgery; Family Medicine; Radiology; Psychiatry and Behavioral Sciences; Emergency Medicine; and Infectious Departments invite between 2-5 students to participate annually. A Sub-Internship brochure detailing the specific programs is distributed to national medical schools and the LMSA and SNMA conferences.

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#### WIHSE: NETWORK OF UNDERREPRESENTED RESIDENTS AND FELLOWS (NURF)

The UW NURF was established in 2010 as a resident retention and faculty pipeline program. NURF is co-sponsored by OHCE and the Office of General Medical Education (GME) and supported administratively by OHCE. The mission is to: promote cultural diversity in medicine through community involvement, mentorship, professional networking, cultural humility education, and recruitment of underrepresented minorities in medicine (URM).

The UWNURF group continues to be very active. UWNURF leadership held 2 successful diversity residency recruitment events with RSVPs from over 800 and 500 potential applicants respectively. During these events they held panel discussions followed by breakout sessions with individual departments encouraging potential applicants to ask department specific questions. These 2 events were followed by a Second Look event. The Diversity Lecture series theme this past year was intersectionality. It began with a strong opening lecture by Edwin Lindo, JD followed by lectures by Jules Peterson, who discussed race and gender in the clinic. Another session focused on transgender health and nutrition. UWNURF continued its partnership with the Harborview Medical Center's Housestaff Quality & Safety Committee (HQSC) to host an event that included Dr. Rachel Issaka, Dr. Jason Deen, and Dr. Jonathan Kanter. UWNURF collaborates with UWSOM medical students on a monthly basis to bring Doctor for a Day (DFAD) events to underrepresented middle and high school students in underrepresented communities and have started to offer mentoring opportunities to medical students. Our UWNURF participants continued to recruit at events including LMSA, SNMA and AAIP.

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#### WIHSE: COMMITTEE FOR MINORITY FACULTY ADVANCEMENT (CMFA)

The Committee on Minority Faculty Advancement (CMFA) was established in 2011 by a group of minority faculty at the UWSOM with support from the Dean. This group of UW URM faculty and affinity members oversees multiple activities. This past year the committee was largely focused on revamping its bylaws. CMFA extended financial support to send 2 faculty to the AAMC Leadership Conference. Dr. Scott Ramsey and Dr. Chris Li were both the Minority Faculty Mentoring Award joining previous esteemed awardees. Although the pandemic put a damper on most in person events, CMFA did bring the community together in person several times during the year.

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#### WIHSE: BIOMEDICAL SCIENCES SUMMER PROGRAM

WIHSE took over administrative duties for the 8-week summer program.

### OHCE PATHWAY PROGRAMS

Through OHCE, the UWSOM offers four certificate programs intended to develop and enhance the knowledge and skills of URM and other medical students interested in working with these specific diverse communities. Collectively, these certificate programs are referred to as *Pathways*. The OHCE pathways include the Black Health Justice Pathway (BHJP), the Latinx Health Pathway (LHP), the Indian Health Pathway (IHP), and the LGBTQ Pathway. The *Pathways* share common elements including pre-clinical non-clinical elective courses, self-study comprehensive modules, pre-clinical shadowing and volunteering experiences, research and service-learning projects, and specifically designed, strategically aligned 4<sup>th</sup> year clerkship rotations. Completion of a pathway is recognized at a special graduation ceremony and is also noted in the Dean's Letter provided to residency programs.

As a part of the pathway program pre-clinical requirements, OHCE offers the following non-clinical elective courses. The courses are aligned with each of the healthcare disparities and disciplines defined by faculty leads and the pathways' student leadership groups:

CONJ 570 Clinical Management of Transgender Patients (1 credit)

FAMED 525 African American Health Disparities (1 credit)

FAMED 561 LGBTQ Health Issues and Health Disparities (1 credit)

FAMED 556 Spanish for Healthcare Professionals (1 credit)

MED 557 Hispanic Health and Health Disparities (1 credit)

UCONJ 530 Issues in Indian Health: Past, Present and Future (2 credits)

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### THE BLACK HEALTH JUSTICE PATHWAY

The Black Health Justice Pathway was initiated and created by four medical students (E-2019) with the first curriculum approval stamp in November 2021. The student committee advocated for funding, recognition, entity, and existence. By December 2021, the pathway collaborators had hired as their Director Dr. Peter Asante, a pediatric physician practicing at a Seattle Children's extension clinic in Yakima, WA. By Winter Quarter 2022, the pathway welcomed its first ever admitted students.

The BHJP introduced the revamped, rebuilt course *FAMED 525 African American Health Disparities* in Fall 2022. The preparation for the course and coursework syllabus, rebuild, and thoughtfulness put into the content has accumulated 150+ hours of preparation since April 2022. The esteemed course faculty leaders of the revamped course are Dr. Ali Thomas, M.D., MPH., and Dr. Patricia Egwuatu, M.D.; both of these amazing physicians are from Kaiser Permanente and have remained steadfast, dedicated, and monumental in these months of preparation of relevant course content and teaching students in person.

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### THE INDIAN HEALTH PATHWAY

The Indian Health Pathway is the longest standing pathway at UWSOM and in 2022 it had the highest number of graduates of the pathways offered via the Office of Healthcare Equity. The 29<sup>th</sup> Annual Blanket Ceremony congratulated 17 graduates of medical school who completed the Indian Health Pathway in all aspects of working interactively with native communities, building a service learning and volunteer work rapport with native populations, and completing two 4<sup>th</sup> year clerkships with both Indian Health and Traditional Indian Medicine as focal points. The Indian Health Pathway is directed by Dr. Jason Deen, Blackfeet, who is a Cardiologist at Seattle Children's Hospital and in addition, is the Vice Chair for Equity, Diversity and Inclusion in the Department of Pediatrics. Millie Kennedy, Tsimshian, as the Tribal Liaison assists with implementing various aspects of the IHP including but not limited to securing Indigenous Lecturers for UNCONJ 530; assist with creating volunteer opportunities for IHP students; creating new elective clerkships, and providing ongoing one-on-one meetings with IHP students to meet IHP requirements and schedule clerkships.

The IHP requires each student to take *UCONJ 530 Issues in Indian Health: Past, Present and Future*. With the onset of COVID-19 in 2020, the format of this historically in-person Seattle-based class moved to a Zoom virtual platform, which welcomed an increased number of students participating from all WWAMI-sites. The course has a plethora of interactive hands-on lectures which were adjusted to a virtual platform to effectively function during the pandemic and beyond. With the move to virtual, the class doubled in size in 2021 and has expanded to an increased number of Pharmacy, Dentistry, and Indigenous graduate studies students alike. With topics of interest each week such as Oral Healthcare for AI/AN Patients, Traditional Indian Medicine and Traditional Healing, Talking Circles, and Current Policies regarding AI/AN Healthcare, the class offers a plethora of hands-on style learning and deep, respectful consideration of centuries of cultural practices.

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## THE LATINX HEALTH PATHWAY

The Latinx Health Pathway is facilitated by Dr. Dan Cabrera, a hospitalist at Harborview Medical Center and has many volunteer faculty physician counterparts contributing their time and mentorship towards the progress and interaction of medical students working with underserved Latinx health patients. The introductory course of *MED 557 Hispanic Health Disparities* that is offered every Fall Quarter and facilitated by Dr. Rudy Rodriguez (VA Hospital) guided lectures and topics of interest towards the impact of the COVID-19 pandemic in Washington State as well as in the United States. In detail, students learn in an interactive virtual format from guest lecturer physicians, social workers, dentists, policy workers, and health equity professionals.

One change to the Latinx Health Pathway in 2020-2021 occurred through the commitment of *FAMED 556 Spanish for Healthcare Professionals* faculty directors, who did not want to cancel the historically popular Spanish-speaking skills course and creatively moved this course to Zoom. Despite the limitations of practicing language skills, pronunciation, verbal skills, sentence structures and conversational ease on a virtual platform limited to a laptop computer, the students, TAs and faculty directors went above and beyond to make the course successful. While Latinx Health Pathway students do not have to speak Spanish fluently, they are encouraged to engage in Spanish-speaking scenarios and to continue dedication working with interpreters in their specialties. This course is highly sought after by a variety of student-learners from all aspects of healthcare backgrounds; social work, Pharmacy, Nursing, Dentistry, and graduate health sciences majors benefit greatly from seeking this course each Spring, and collaborating in a interprofessional health system from the organic roots of the interactive classroom format.

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## THE LGBTQ HEALTH PATHWAY

The LGBTQ Health Pathway has faculty director Dr. Corinne Heinen from Harborview Medical Center as physician lead and is also another student leadership committee driven pathway. Started by two MSTP (MD/PhD Program) students in 2017, the LGBTQ Health Pathway graduated its first medical school certificate completers in May 2021. The pathway has grown exponentially in size, interest level, and engagement in ongoing grassroots campaigns, and works across the WWAMI region to include student leadership roles, special events specifically designed by LGBTQ pathway students, and distinguishing factors at recruitment events such as Second Look.

An amazing aspect of this pathway is the continually record-breaking number of students interested in applying for the pathway. In 2020, there were 21 applicants for only 12 reserved spots per calendar year for accepted students. The main limitation on the number of students accepted per calendar cycle is space in the LGBTQ 4<sup>th</sup> Year Clerkship, an advanced 4-week opportunity designed specifically for LGBTQ Pathway Students. Students registered for this 4-week clerkship have completed all LGBTQ pathway requirements up until this point; this clerkship is called *FAMED 703 Advanced LGBTQ Health Patient Care*. *FAMED 703* has considerably rave reviews by students completing their evaluations of this rotation; more often than not, students are pleasantly surprised at being able to take each week-day of the rotation with a different provider focused on LGBTQ+ health communities and patients, such as specific clinics who work hand in hand with transgender youth and young adults, a busy HIV clinic in downtown Seattle, and beyond.

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## PATHWAY UPDATES

When Hooding Ceremony commences every May, each pathway completer is awarded a certificate of completion as well as recognition at the Dean's level, with the opportunity to attend the Annual All Pathways Graduation Ceremony. From the table below, of the 39 graduates in May 2022, all 39 graduates received noteworthy recognition on their MSPE



for relevant pathway clerkships completed in their 4<sup>th</sup> year; aspects of their clinical experience working with underserved patients often came up in their residency interviews.

<b>Name of Pathway</b>	<b># of 2022 Graduates</b>	<b># of E-2021 Applicants (Deadline Dec 31, 2021)</b>	<b># of E-2021 Applicants Admitted to Pathway</b>
Black Health Justice Pathway	N/A	5	5
Indian Health Pathway	15	21	21
Latinx Health Pathway	13	17	17
LGBTQ Health Pathway	11	21	13

\*The LGBTQ Health Pathway is limited in number currently due to the complexity of finding the required 4<sup>th</sup> year clerkship that pertains to the exact curriculum requirements of an advanced LGBTQ health clerkship. With current leadership and faculty directors (and physician volunteers in the community) we are actively looking to expand these clerkship opportunities, which will expand the number of students we can accept per calendar year.

## CONTACT US

For more information, please visit our website.

<https://depts.washington.edu/hcequity/>



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she/her



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Corinne Heinen  
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Paula Houston  
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Callie Hunter  
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Sean Johnson  
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Jonathan Kanter  
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