How to Meaningfully Incorporate a New IDEA: Inclusion, Diversity, Equity and Antiracism

While we recognize the scope of each talk may not relate directly to race or disparities in care, it remains relevant since not providing insight into where differences may exist only serves to propagate them. Please use this guide as a way to pay attention to what disparities may exist and, in doing so, teach others the importance of maintaining equitable and unbiased care. Use the below mnemonic as a suggestion or guide to generate your own thoughts on how you can meaningfully identify how inclusion, diversity, equity and/or antiracism are relevant to your topic. By incorporating a slide(s) on this topic, you can promote awareness, challenge practice patterns, encourage important conversations and ensure rounded, essential education. Thank you.

- **Epidemiology**
  - What is the incidence across various populations?
  - Are there differences?

- **Question**
  - If disparities exist, why might that be?
    - Genetic* (please see reference in Resources section)? Harmful stereotypes?
    - Access to care? Socioeconomic status?
  - What are some hypotheses or reasons underlying this inequity?

- **Unfair**
  - What individual biases might exist?
  - What institutional or systemic biases might exist?

- **Action/Advocacy**
  - What actions to address this disparity and promote inclusion/equity?
  - What opportunities for advocacy exist?

- **Lead**
  - How can the medical community take steps to offer more equitable care?
  - What can we do?

Consider doing a literature search combining “your topic” with different keywords or medical subject headings (MeSH). Here are three related MeSH search terms in the MEDLINE subset of PubMed:

- “Health status disparities”[mesh] – studies on the difference in the health status of populations
- “Healthcare disparities”[mesh] – studies addressing difference in delivery of health care, including social, economic and/or environmental disadvantage
- “Health equity”[mesh] – studies on the right to health, including policies, laws and infrastructure

To find a paper where one of these concepts is the main topic of a paper, try adding [majr] to search. This search will often yield more sensitive articles, non-MEDLINE records and often newer material.

- “Healthcare Disparities”[majr] AND breast cancer, for example

Other keywords to consider including in combination with your topic:

- Social segregation, population groups, vulnerable populations, continental population groups, ethnic groups, minority group*, race, racial, racism, ethnic, ethnicit*, nonwhite, ageism, age discrimination, social discrimination, prejudice, sexual and gender minorities, transgender*, homosexual*, bisexual*, transsexual*, lgbt, gay, lesbian, bisexual*, gender minorit*, sexual minorit*
**Resources and Examples**

**The problem with race-based medicine | Dorothy Roberts – YouTube**

*Important talk identifying race as a social construct that can mislead physicians into conflating race with genetics. Racism, which CDC defines as the structures, policies, practices, and norms that assign value and opportunities based on the way people look or the color of their skin, results in conditions that unfairly advantage some and disadvantage others, placing people of color at greater risk for poor health outcomes.*

<table>
<thead>
<tr>
<th>How race is used</th>
<th>Rationale for race-based management</th>
<th>Potential harm</th>
<th>Race-conscious approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>eGFR*</td>
<td>eGFR for Black patients is multiplied by 1.16-1.21 the eGFR for White patients, depending on the equation used</td>
<td>Black patients are presumed to have higher muscle mass and creatinine generation rate than patients of other races</td>
<td>Black patients might experience delayed dialysis and transplant referral[^13]</td>
</tr>
<tr>
<td>BMI risk for diabetes[^2]</td>
<td>Asian patients considered at risk for diabetes at BMI ≥ 23 vs 25 for patients of other races</td>
<td>Asian patients are presumed to develop more viscera than peripheral adiposity than patients of other races at similar BMI levels, increasing risk for insulin resistance[^1]</td>
<td>Asian patients screened for diabetes despite absence of other risk factors might experience increased stigma and distrust of medical providers[^2]</td>
</tr>
<tr>
<td>FRAX[^5]</td>
<td>Probability of fracture is adjusted according to geography or minority status, or both</td>
<td>Different geographical and ethnic minority populations are presumed to have varied relative risks for fracture on the basis of epidemiological data</td>
<td>Some populations, including Black women, might be less likely to be screened for osteoporosis than other populations[^6]</td>
</tr>
<tr>
<td>PFT[^6]</td>
<td>Reference values for pulmonary function are adjusted for race and ethnicity</td>
<td>Racial and ethnic minority groups are presumed to have varied lung function on the basis of epidemiological data</td>
<td>Black patients might experience increased difficulty obtaining disability support for pulmonary disease[^8]</td>
</tr>
<tr>
<td>JNC 8 Hypertension Guidelines[^10]</td>
<td>Treatment algorithm provides alternate pathways for Black and non-Black patients</td>
<td>ACE-inhibitor use associated with higher risk of stroke and poorer control of blood pressure in Black patients than in patients of other races</td>
<td>Black patients might be less likely to achieve hypertension control and require multiple antihypertensive agents[^11]</td>
</tr>
<tr>
<td>ASCVD risk estimation[^15]</td>
<td>Race-specific equations included to estimate ASCVD</td>
<td>ASCVD events higher for Black patients than patients of other races with otherwise equivalent risk burden[^16]</td>
<td>Black patients might experience more adverse effects from recommended statin therapy, including persistent muscle damage[^17]</td>
</tr>
<tr>
<td>Eltrombopag dosing[^19]</td>
<td>East Asian patients receive half the starting dose compared with non-East Asian patients</td>
<td>Limited pharmacokinetic studies suggest reduced metabolism of eltrombopag in patients of East Asian descent[^20]</td>
<td>Some East Asian patients might receive inappropriate dosing[^21]</td>
</tr>
</tbody>
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