



# RLI Power Hour

June 16, 2021

## ACR Chapter Opportunities to Get Involved

Gail N. Morgan, MD, FACR



# 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

*Paul Ellenbogen, MD, FACR*

*Presidential address to the ACR Council, May 2012*

*Creation of the Commission  
for Women and Diversity*



*Committee for Women*



*Committee for  
General Diversity*

# Commission for Women and General Diversity

**Chair:** Katarzyna J. Macura, MD, PhD, FACR  
**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.

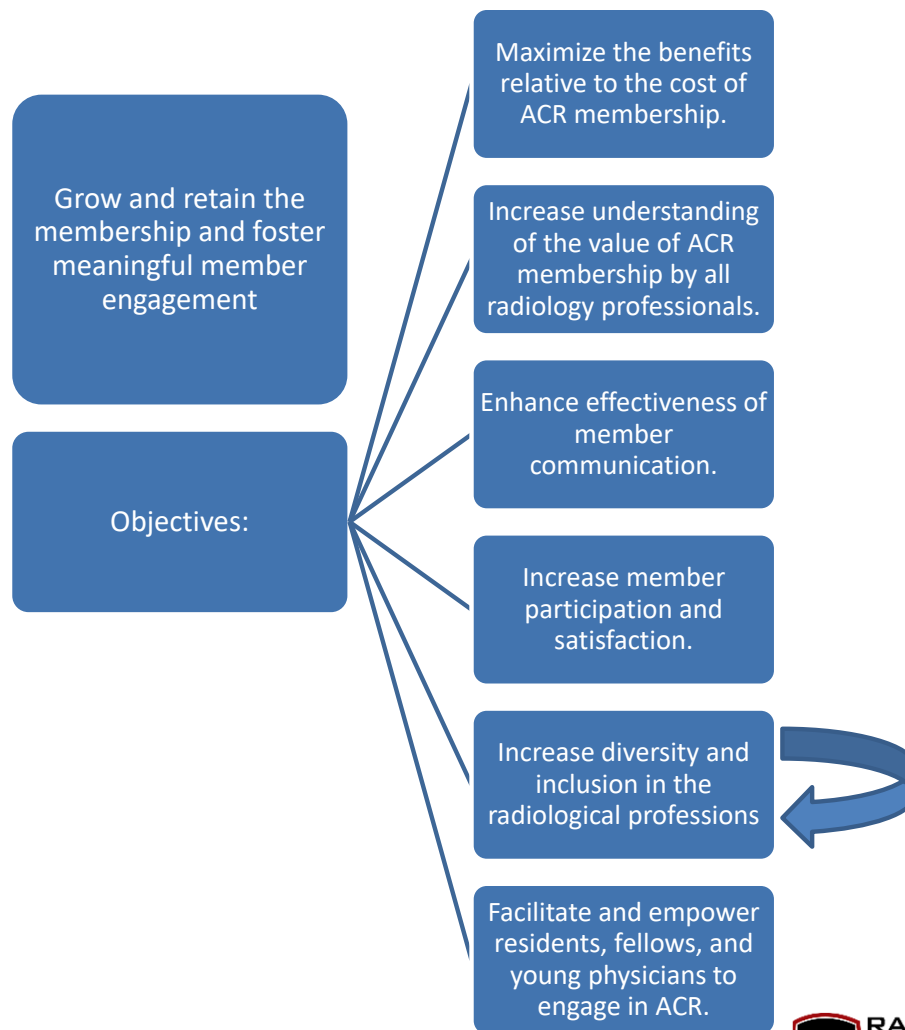
## Commission Goals

- 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



# 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



# 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

# Commission for Women and General Diversity

## Recent programs and successes

### Publications



SA-CME

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

Johnson B. Lightfoote, MD, MBA<sup>a</sup>, Julia R. Fielding, MD<sup>b</sup>, Curtiland Deville, MD<sup>c</sup>,  
Richard B. Gunderman, MD, PhD<sup>d</sup>, Gail N. Morgan, MD<sup>e</sup>,  
Pari V. Pandharipande, MD, MPH<sup>f</sup>, Andre J. Duerinckx, MD, PhD<sup>g</sup>,  
Raymond B. Wynn, MD<sup>h</sup>, Katarzyna J. Macura, MD, PhD<sup>i</sup>

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

*J Am Coll Radiol 2014;11:673-680. Copyright © 2014 American College of Radiology*

# 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<sup>a</sup>, Julia R. Fielding, MD<sup>b</sup>, Curtiland Deville, MD<sup>c</sup>,  
Richard B. Gunderman, MD, PhD<sup>d</sup>, Gail N. Morgan, MD<sup>e</sup>,  
Pari V. Pandharipande, MD, MPH<sup>f</sup>, Andre J. Duerinckx, MD, PhD<sup>g</sup>,  
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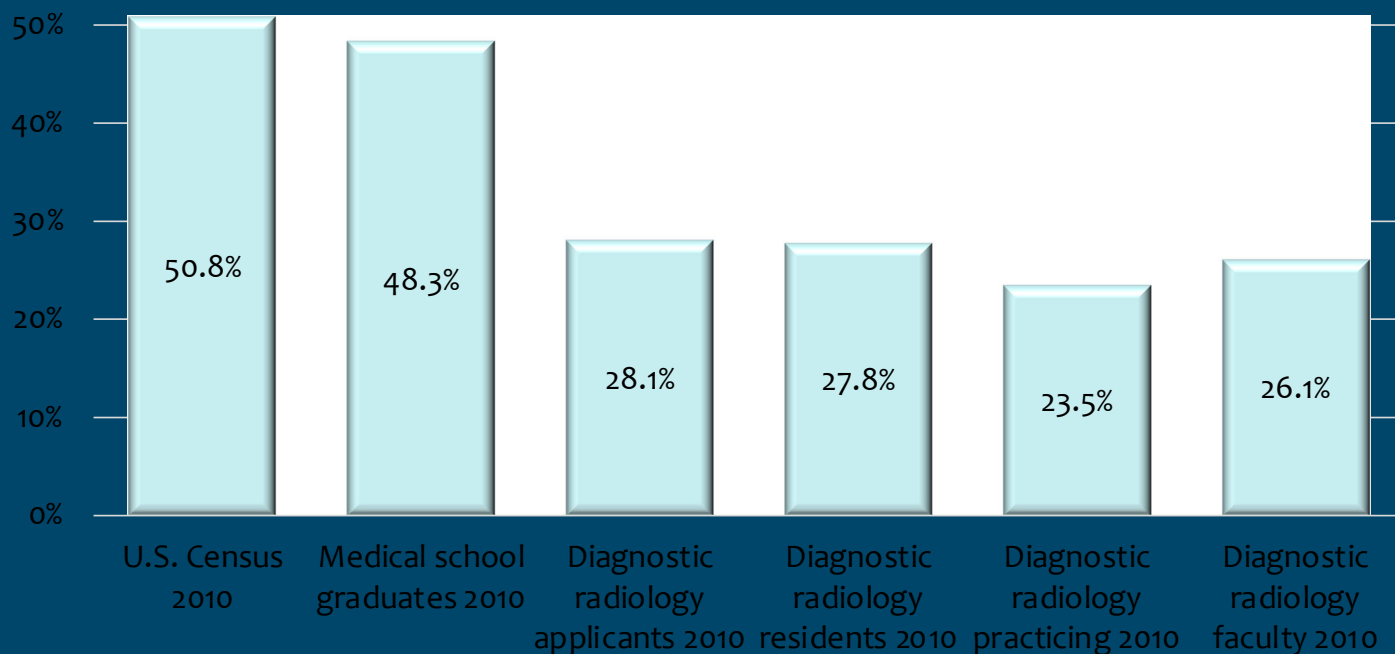


The ACR Commission for Women and General Diversity is committed to identifying barriers to a diverse physician workforce in radiology and radiation oncology (RRO), and to offering policy recommendations to overcome these barriers. Part 2 of a 2-part position article from the commission addresses issues 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

*J Am Coll Radiol* 2014;11:764-770. Copyright © 2014 American College of Radiology

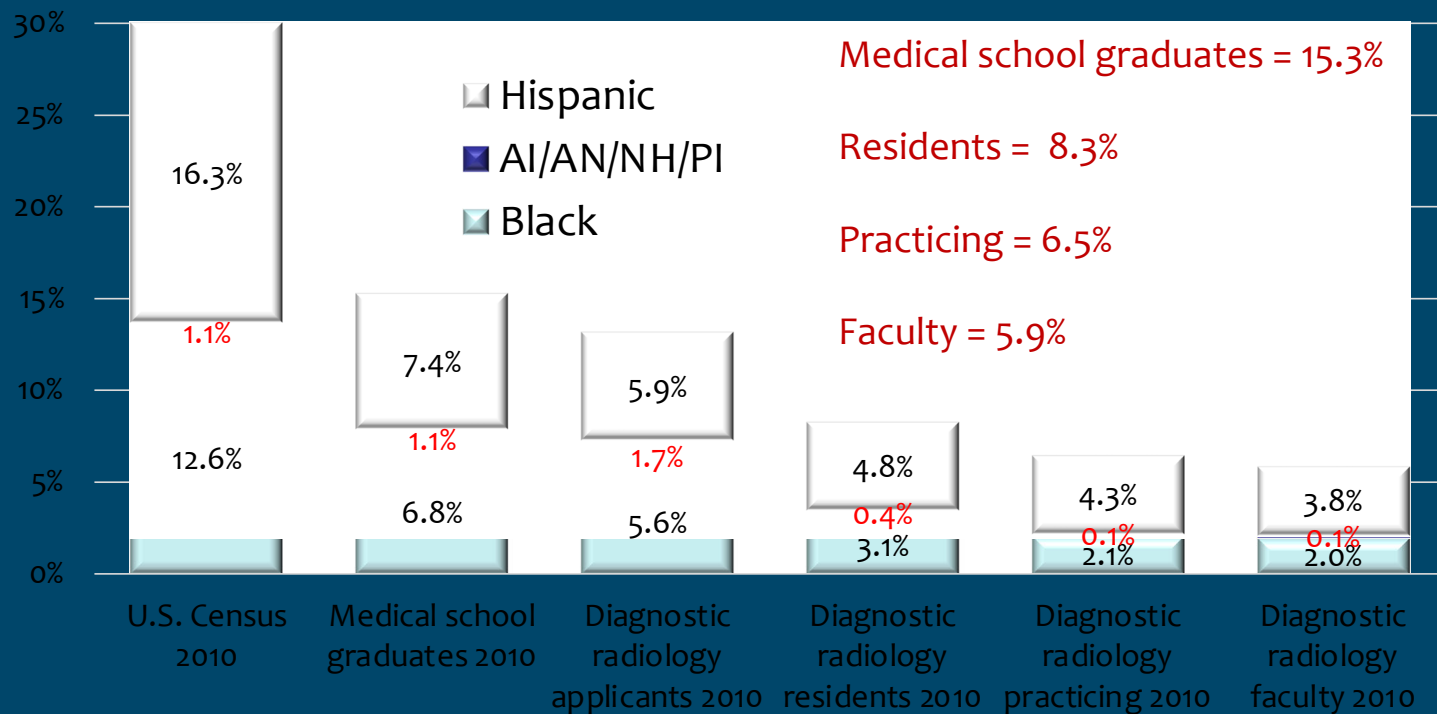
## Diagnostic Radiology: Women



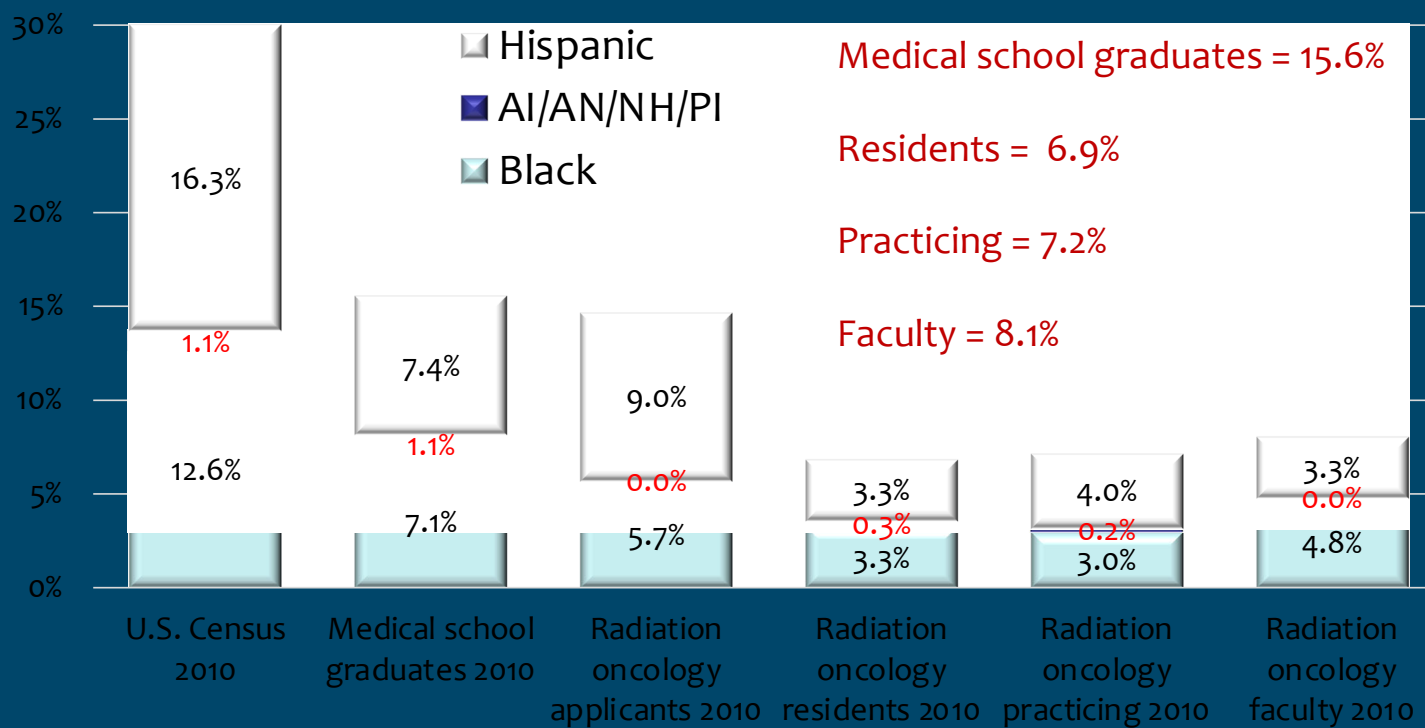
- Women were significantly more represented among radiology residents compared with practicing physicians.

Chapman, Radiology 2013

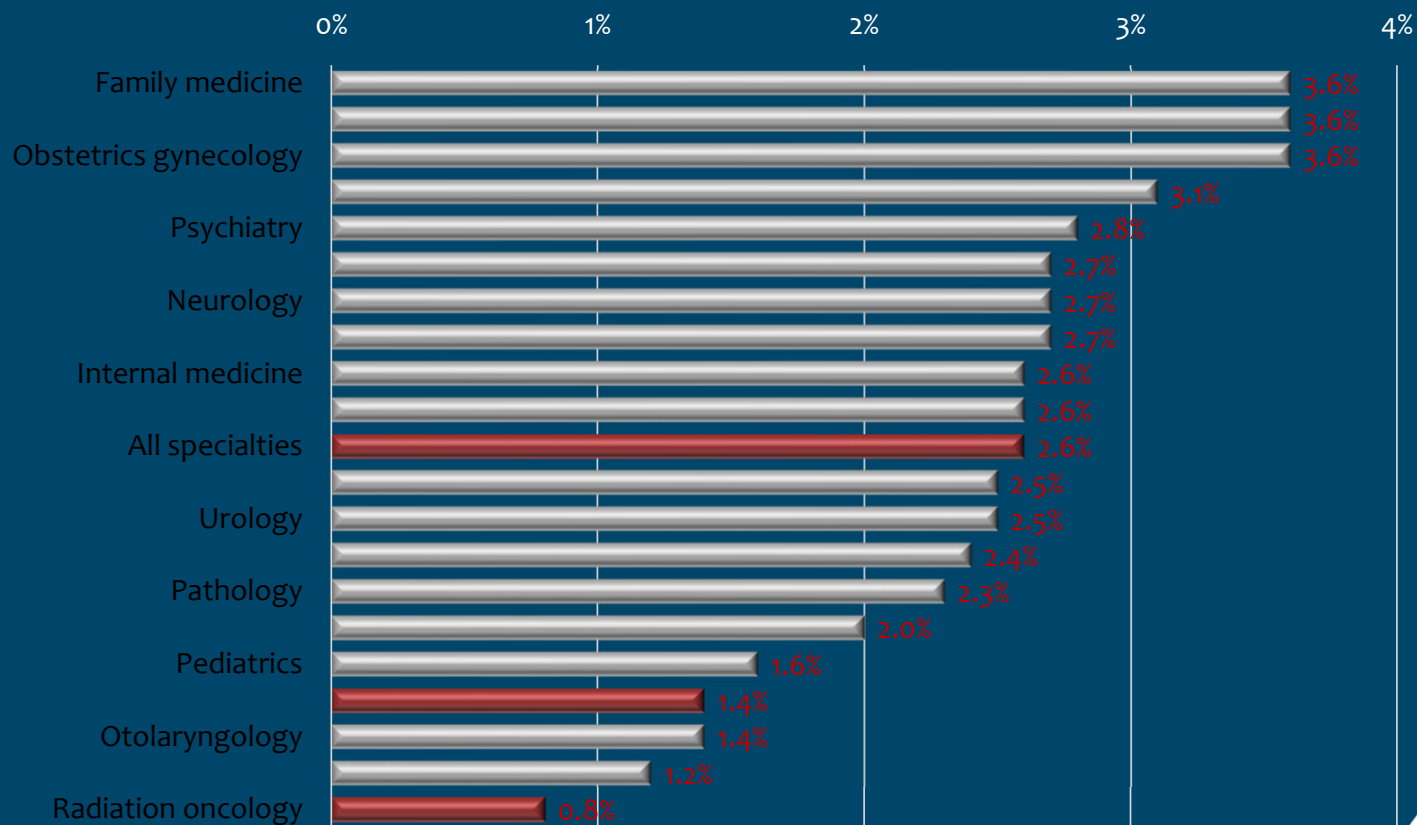
## Diagnostic Radiology: Underrepresented minorities



# Radiation Oncology: Underrepresented minorities



# All underrepresented minorities: change in representation in residency programs 1990-2012



Chapman Radiology 2013

# 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*

Limited entry into the medical school pipeline reduces downstream pool of URM

Disparity of URM and female representation in radiology and radiation oncology compared to other medical specialties

-Sieck, L.,Morgan G., et.al. Trailblazing a Path to Diversity.  
Voice of Radiology blog. ACR Bulletin, June 2020.



# Institute of Medicine report, *Confronting Racial and Ethnic Disparities in Health Care* (2002)

- 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

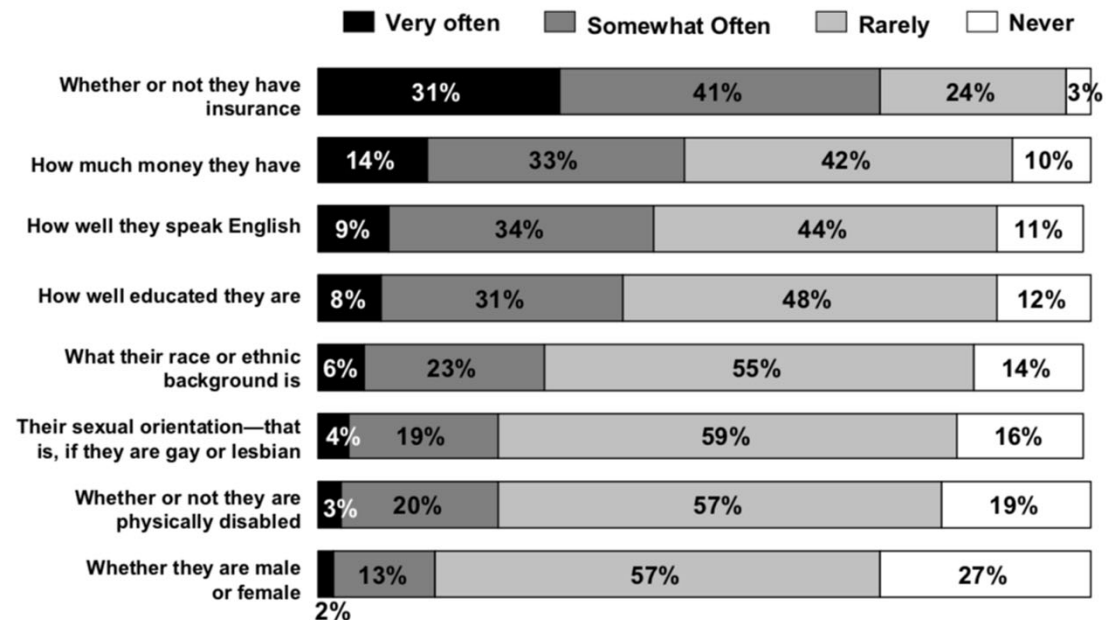
Majority say the health care system “rarely” or “never” treats people unfairly based on various characteristics

Physicians of different races and ethnicities perceive disparities differently

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

## Physicians on Disparities in the Health Care System

Generally speaking, how often do you think our health care system treats people unfairly based on ...

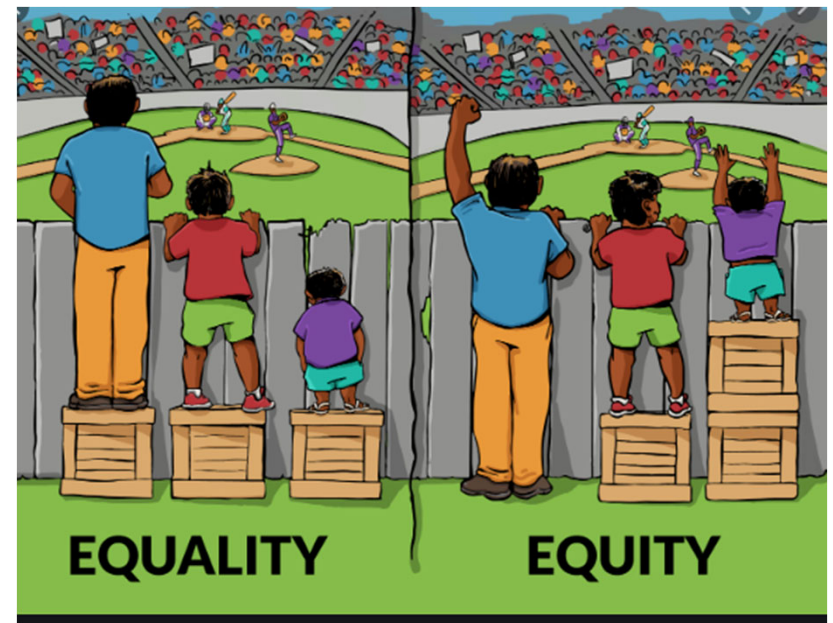


Note: “No answer” not shown

Source: Kaiser Family Foundation, *National Survey of Physicians*, March 2002 (conducted March-October 2001)

# Definitions

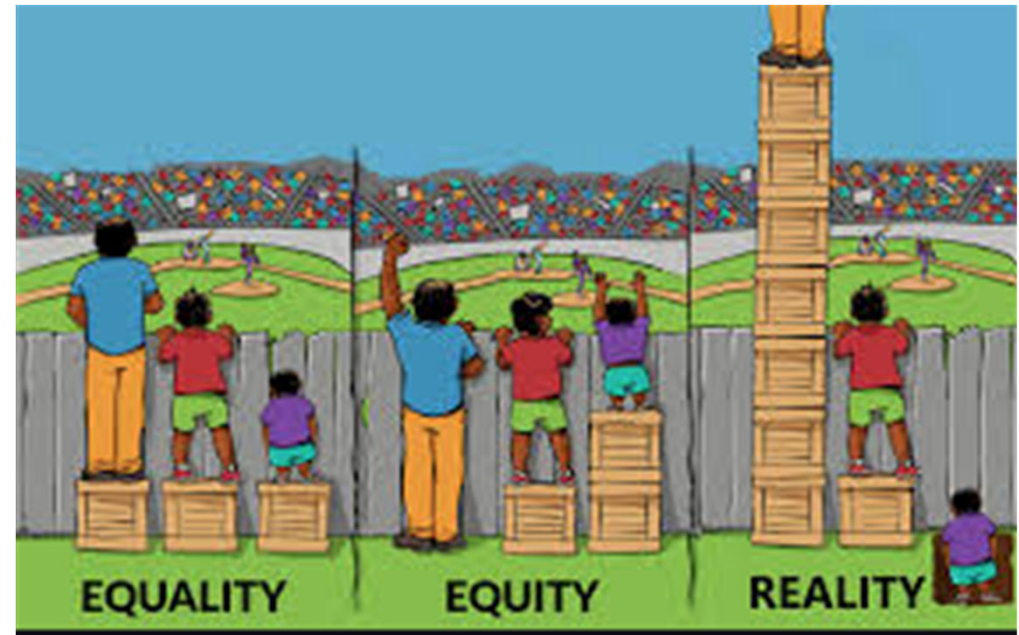
- **EQUALITY = Sameness**
  - Gives everyone the same thing to promote justice
  - Assumption: Everyone starts from the same place
- **EQUITY = Fairness**
  - Ensures that people get the same access to opportunity
  - Assumption: There are no barriers to participation
- **INEQUITIES = Disparities**
  - 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.



# Radiologists and our professional organizations

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

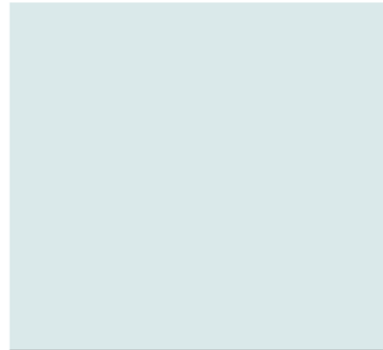
Are recently awakening to an understanding of health care disparities and their existence in imaging

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

REVIEWS AND COMMENTARY ■ EDITORIAL



Richard B. Gunderman, MD, PhD

## Addressing Racial and Ethnic Disparities in Health Care<sup>1</sup>

Radiology

*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

them, then we will fulfill our responsibility to promote the public interest.

What kind of U.S. health disparities are we talking about (3)? African American women are more than twice as likely as white women to die of cervical cancer and have the highest rate of breast cancer death of any racial or ethnic group (3). 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

*J Am Coll Radiol 2019;16:542-546. Copyright © 2019 American College of Radiology*



# 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






EDITOR'S CHOICE

## Breast Cancer Screening Recommendations: African American Women Are at a Disadvantage <sup>FREE</sup>

Murray Rebner, MD, FACR, FSBI ✉, Vidya R Pai, MD, FACR

*Journal of Breast Imaging*, Volume 2, Issue 5, September/October 2020, Pages 416–421,  
<https://doi.org/10.1093/jbi/wbaa067>

Published: 04 September 2020 **Article history** ▼

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### Abstract

Since 1990, breast cancer mortality has decreased by 40% in white women but only 26% in African American women. The age at diagnosis of breast cancer is younger in black women. Breast cancer diagnosed before age 50 represents 23% of all breast cancers in African American women but only 16% of all breast cancers in white women. White women have a higher incidence of breast cancer over the age of 60. Tumor subtypes also vary among racial and ethnic groups. The triple-negative (TN) subtype, which has a poorer outcome and occurs at a younger age, represents 21% of invasive breast cancers in black women but only 10% of invasive breast cancers in white women. The hormone receptor-positive subtype, which is more common in older women and has the best outcome, has a higher incidence in white women (70%) than in black women (61%). The *BRCA2* mutation is also more common in black women than in white women (other than those who are of Ashkenazi Jewish ancestry). There are also many barriers to screening. Major ones include the lack of contact with a primary health care provider as well as a decreased perceived risk of having breast cancer in the African American population. Given the younger age of onset and the higher incidence of the TN molecular subtype, following breast cancer screening guidelines that do not support screening before the age of 50 may disadvantage black women.

## Breast Cancer Screening: Drivers of long-standing disparities for African-American women

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

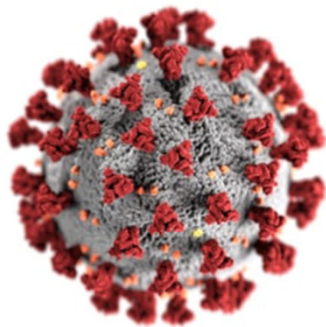
Socioeconomic  
factors and access  
to care

- 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

# 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**

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

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

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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?



Fig 1. Ways to promote health equity and reduce health disparities.

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

## 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

# What can radiologists and ACR chapters do?



Fig 1. Ways to promote health equity and reduce health disparities.

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

## 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”

## Strategies: Call to Action

Form	Form a task force in your state chapter to address health disparities in radiology
Facilitate	Facilitate education of patients and providers regarding disparities and current guidelines
Forge	Forge a coalition within your institution, practice, & local healthcare organizations
Advocate	Engage in advocacy for the needs of patients in your state



## Strategies: Call to Action

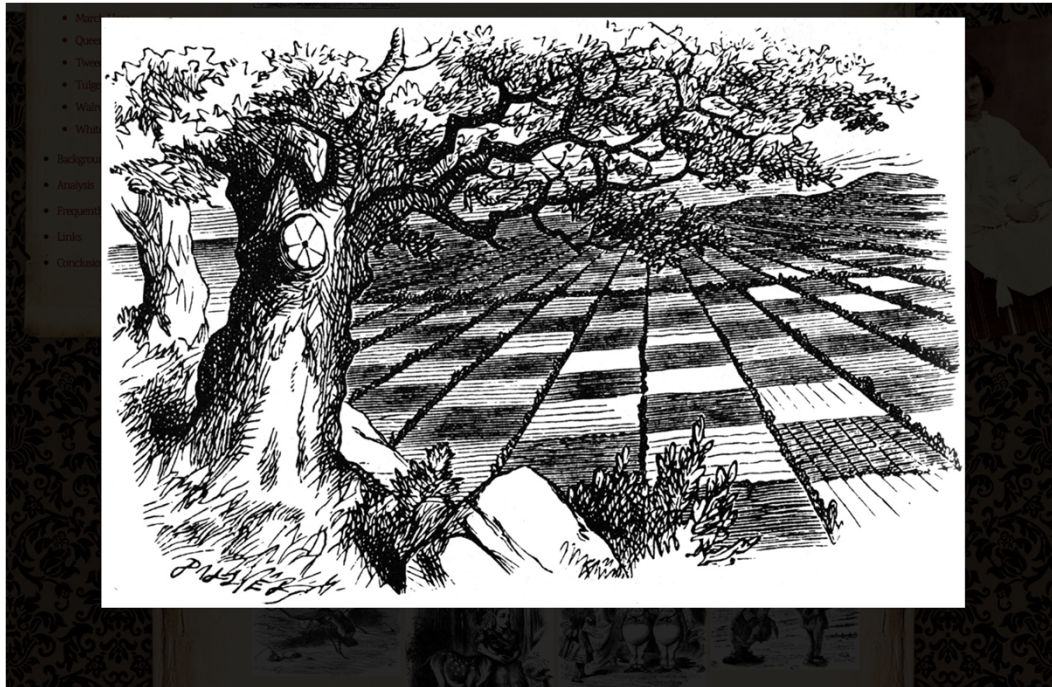
Commit	Commit to referring African-American women to annual screening mammography beginning at age 40
Develop	Develop patient navigation systems to ensure African-American women are promptly evaluated following an abnormal screening mammogram
Identify	Identify barriers at imaging encounter (e.g., transportation,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

Adapted from the Washington State Radiological Society

Breast Imaging Task Force (proposed)  
Disparities Initiative

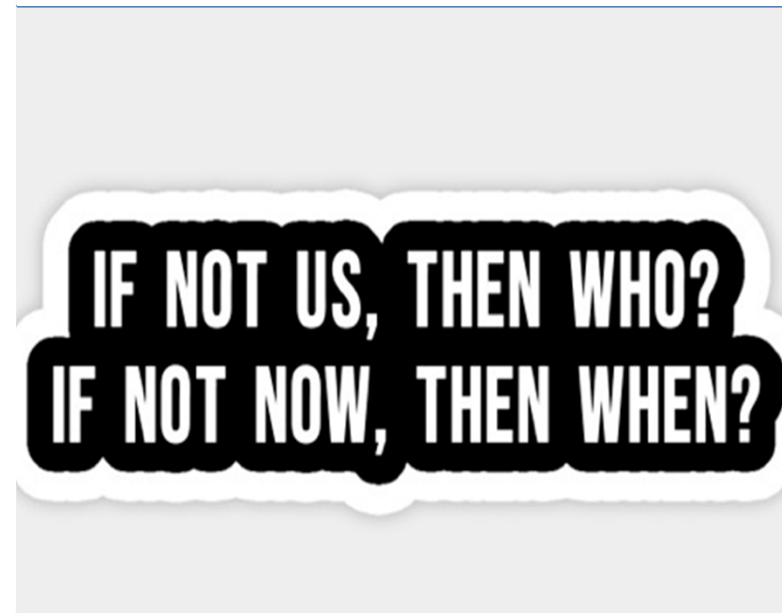
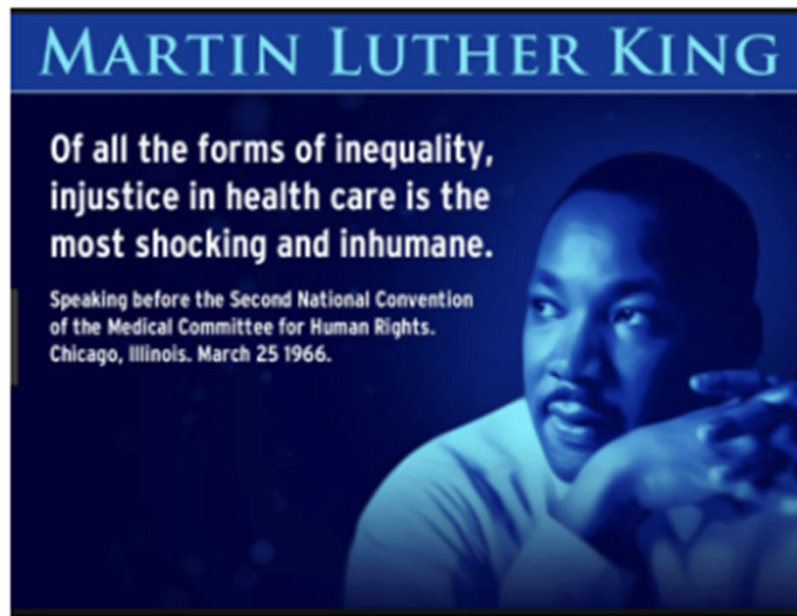
Courtesy of Robert Gutierrez

# The long journey to health equity...



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

# *The Charge*



-Congressman John Lewis