MAYO CLINIC

RISE for Equity: Reflect, Inspire, Strengthen & Empower 2021

November 4-6, 2021
Minneapolis, MN

CONFERENCE REPORT

RISE FOR EQUITY: REFLECT, INSPIRE, STRENGTHEN AND EMPOWER

Enclosed is a detailed summary of the presentations and panel discussions that were included at the "RISE for Equity: Reflect, Inspire, Strengthen and Empower 2021" conference. The conference was held in Minneapolis, Minnesota, Nov. 4-6, 2021.

The purpose of the conference was to inspire a national health care dialogue on prioritizing and addressing diversity, equity, and inclusion in workforce development and organizational culture and to explore evidence-based solutions and innovative initiatives to accomplish this.

The learning objectives included:

1) identify practical strategies to implement equity, inclusion, diversity (EID) and anti-racism in one's work environment;

2) summarize best practices to address health equity in health care; and

3) recognize strategies to integrate innovation and technology to advance their equity, inclusion, diversity and anti-racism initiatives.

Conference presenters included experts from Mayo Clinic, DiversityInc., Stanford, The University of Vermont, Emory University, Experience for Optum Care, Change Healthcare, Minnesota Justice Research Center, Coalition of Asian American Leaders, Minnesota Council on Disability, Unite US, Sports Mentorship Academy and Barbershop & Social Services, Diversity Crew, and Target Corporation.

There were more than 300 attendees from across the U.S. with 83% comprised of Mayo Clinic employees and students and 17% external to Mayo Clinic. The largest proportions of attendees were allied health professionals, physicians, healthcare executives, nurses, and scientists/researchers, respectively. Other roles of attendees included advanced practice providers, students, residents/fellows, and psychologists.

The course directors are in the process of planning the next RISE for Equity conference, which is scheduled for July 21-23, 2022 at the InterContinental Chicago in Chicago. It is our intention that the distribution of this document will engender conversations regarding innovative methods to prioritize and address diversity, equity, and inclusion in the healthcare sector and beyond.

A MESSAGE FROM THE COURSE DIRECTORS

On behalf of the course directors for the inaugural RISE for Equity Conference 2021, we are very pleased to share this conference report with you.

The report is a concise, yet comprehensive reference guide to the presentations, discussions, and overall themes of the conference.

Presented in a chronological manner, this narrative description of the conference is designed to showcase the alignment of the actual program to the overall goals that were originally defined for the conference.

Those goals included engaging participants in presentations, interactive feedback opportunities, real time questions and review of abstracts to:

1) address diversity, equity, and inclusion in workforce development,

and 2) showcase ways in which organizational culture is essential to providing optimal patient care, achieving health equity, and attracting and engaging the workforce of the future.

It is our hope that making this summary of the 2021 conference broadly available, we can aid in catalyzing, or in some cases adding to, ongoing conversations across health care and other intersecting business sectors about the imperative for eliminating disparities now.

Only then will we be able to achieve the goal of providing the best patient care to every patient every day.

COURSE DIRECTORS

Anjali Bhagra, M.D.
Cathy H. Fraser, M.B.A.
John D. Halamka, M.D., M.S.
Barbara L. Jordan, M.A.

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EID FRAMEWORKS, JUSTICE, INNOVATION

Thursday November 4, 2021

WELCOME AND KICK-OFF TO RISE

The conference started with the welcoming remarks of Dr. Bhagra and Ms. Fraser. Acknowledging palpable energy and connectivity in the conference, both expressed their heartfelt gratitude to the more than 300 participants attending in-person and virtually. They introduced the other course directors, Ms. Barbara Jordan, the administrative lead of the Office of Education, Diversity, Equity, and Inclusion, along with the Academic Appointment and Promotion Committee at Mayo Clinic. They also introduced Dr. John Halamka, who was another co-director.

Dr. Bhagra in her opening remarks presented the importance of the RISE (Reflect, Inspire, Strengthen and Empower) framework, which could allow Mayo Clinic to identify the existing gaps in DEI practice and to explore potential opportunities for fulfilling its commitment to eradicating racism.

She recognized that the task of eradicating all forms of racism is challenging because people have many viewpoints, many lived experiences, and many realities around the notion of equity and justice. Dr. Bhagra stated that a framework-based approach with multiple perspectives embedded in it would allow us to understand, reflect and act in the right direction to surmount the difficult task.

Dr. Bhagra highlighted that the conference starts with one of the major themes of RISE, reflection, on the first day, then discussions go on to inspiration and strengthening. She further explained that after discussing these concepts the conference will

explore all possibilities to build tools, resources, communities, networks, and social relations that are essential for the empowerment of people. She also emphasized that the work of RISE should be carried out as a network of us coming together to join hands to build a better community and society.

The conference was designed to bring people together from various professions or specialities ranging from healthcare, social sciences, business administration to social innovation. Dr. Bhagra and Ms. Fraser declared that they are working across sectors at Mayo Clinic to get a better understanding of diversity, equity, and inclusion (DEI). Emphasizing the overall objective of the conference, they encouraged all participants to engage in discussion using the Vevox app, which could allow participants to ask questions or give their feedback anonymously. The aim of the interactive session format was to enable open and bold conversations that could break silence and silos to promote DEI. After expressing their gratitude for sponsors and supporters, Dr. Bhagra and Ms. Fraser started the conference with an inspiring message from Dr. Gianrico Farrugia, the CEO of Mayo Clinic.

MESSAGE FROM GIANRICO FARRUGIA, M.D.

President & CEO, Mayo Clinic

Hello and welcome to RISE for equity 2021. We're so glad you're here. Your presence alone is proof of your commitment to prioritizing diversity, equity, and inclusion in your organizations. This is important everywhere, and it is especially important for the health care sector, as you well know. Mayo Clinic is truly committed to addressing these issues, starting within our walls and expanding across the communities we serve and more broadly. We recognize that for us to be true to our mission and values we must improve diversity, inclusion, and equity.

Last year, in the middle of a summer of social unrest, we rededicated ourselves to ending racism at Mayo Clinic and committed $100 million to accomplish it. That money is being used to support our staff and to support our present and future patients. On the staff front, we're doubling down on recruiting and retaining a diverse workforce and have made significant progress since we announced our commitment. For our current patients, we are addressing disparities in care and opportunity for care and access to clinical trials.

Also, a new center for digital health and the Mayo Clinic platform are enabling us to scale medical knowledge to serve patients anywhere in the world, overcoming traditional obstacles to access by geographical location or language barriers.

For our future patients, we're working to ensure that discoveries and eventual cures that happen in our research labs and in our clinic's scale to those who can benefit. We're focusing on curating increasingly diverse datasets so that our data can better predict risks and outcomes for our diverse patient populations.

Working with partners, we are developing new ways to avoid and identify bias, including bias in AI [artificial intelligence] algorithms to influence new research models. These models actively involve the participants, especially those participants disproportionately impacted by the diseases the research hopes to address. With these brief examples of what we are doing to address equity, diversity and inclusion, we need to and will do more. The benefits to our patients and our organization are clear.

We all know that we are much better when our teams bring unique experiences and perspectives, and diverse teams also meet needs of our diverse patients.

With these brief examples of what we are doing to address equity, diversity and inclusion, we need to and will do more.

Looking ahead, you have a great program over the next few days, including opportunities to network and learn from each other. I know you leave with an evolved roadmap for progress and a growing network of support.

So, thank you for your active participation in the conference. And thank you once again for being here to work together on diversity, equity, and inclusion.

ANTI-RACISM AND RACIAL JUSTICE. IS YOUR ORGANIZATION READY?

Carolynn Johnson – CEO, DiversityInc

In her talk, Ms. Johnson mentioned that the conference theme resonates with the work she has been doing for the past 25 years. She recognized the importance of such conferences in the times in which we live and work together. She also mentioned that talking about racism and sexism is not easy. It is painful; it hurts, but we must do it together. She defined diversity, equity and inclusion before relating them to anti-racism.

Historically, organizations focused only on diversity. This one-term represented different problems for organizations and institutions, such as exclusionary practices, unfair policies, discrimination, and microaggressions. This resulted in inequality. They are now captured in terms of diversity, equity and inclusion. The word diversity refers to how people vary in their social identities and cultural backgrounds in an organization or institution.

Equity is the degree to which policies and practices of an organization or institution consider the varying needs of its members to thrive and succeed. Historically, equality has been the focus in terms of establishing laws that mandate equal treatment. Racism is reflected in every institution and organization in the United States.

The disparities that exist in communities of color today can directly be traced. Policies, programs, and institutional practices are inherited from the brutal legacies of slavery, displacement, exclusion, and segregation. Racism has less to do with what is in your heart and mind, and more to do with your actions or inaction.

Ms. Johnson says it takes courage to identify the problem. Otherwise, we intentionally ignore it. Thus, first, we have to identify that the problem is real and then decide to be part of the solution.

Ms. Johnson quotes scholar and author Dr. Ibram X. Kendi to clarify characteristics of racists and anti-racists. Racists are the people whose actions or inactions allow racist ideas to proliferate without opposition. Anti-racists are those who worked to understand how racism has shaped our beliefs.

These dominant ideologies should be dismantled at an individual, interpersonal, and institutional level.

> *Being an anti-racist is distinct from just being non-racist.*

The term anti-racist refers to people who actively seek to raise their consciousness about race and racism and act when they see racial power inequities in everyday life.

Being an anti-racist is distinct from just being non-racist. Being a non-racist means you can have beliefs against racism. However, when it comes to events like police brutality, you can watch them unfold on TV and do nothing about it. Being an anti-racist means developing a different moral code, one that pairs a commitment to action to protest and end the racist things you see and feel in the world, whether it is directed toward you or not. You need the intentional mindset.

Ms. Johnson outlined five steps one must take for creating the intentional mindset in organizations.

First, read and educate yourself on the impact of structural racism.

Second, reflect on what that education means to you as someone developing an anti-racist identity, such as identifying new ways to challenge everyday racism and work on racial justice initiatives.

Third, remember how you participate in the thoughts, beliefs, and actions that uphold racism, whether you intend to or not, and how you forget, sometimes conveniently, that racism exists.

Fourth, take risks to challenge racism when you see it or realize when you are participating in it. Interrupt racial stereotypes when you hear them and support people of the under-represented groups, whether they be people of color, whether it is about gender orientation, differently-abled individuals, veteran status, or individuals that are part of the LGBTQI community.

Fifth, you reach out to other leaders to build consensus around whether employees believe racism exists in the organization.

Ms. Johnson says the anti-racist journey starts with an individual's mindset shift. However, organizations subsequently respond to these initiatives by understanding the underlying conditions of racism, then by developing genuine concern, and finally, by focusing on correcting the problem.

STRENGTHENING THE FRAMEWORK FOR ORGANIZATIONAL JUSTICE:

ANJALI BHAGRA, M.D, MODERATOR

Professor of Medicine, Medical Director of Equity, Inclusion and Diversity, Mayo Clinic

CHRIS MORELAND

Chief Diversity Officer, Diversity Crew

JUSTIN TERRELL

Executive Director, Minnesota Justice Research Center

CAROLYNN JOHNSON

CEO, DiversityInc

In this panel discussion, Dr. Bhagra asked the panelists to reflect on the frameworks of justice: How do we understand social justice? Mr. Terrel, the first panelist to respond, is an experienced social worker and founder of a non-profit organization called the Minnesota Justice Research Center. He mentioned that adding the concept of justice to the DEI framework is brilliant. He further elaborates that there are four basic types of justice.

One, procedural justice, which talks about how things get done. What is the process? Is it fair?

Two, distributive justice, which emphasizes on how we are sharing resources. In organizations and companies, this includes the question of fair distribution of resources.

Three, punitive justice, which cautions that when someone causes harm, especially in the workplace, there would be natural consequences.

Four, restorative justice, which comes into picture when harm is caused and consequences happened, focuses on how to restore people's lives, and bring them back into the community.

Dr. Bhagra asked the second panelist, Mr. Moreland, to describe organizational justice from a corporation point of view. He categorically mentioned that in his experience working in several organization diversity diminishes as we move up in the organizational structure.

There is something wrong with the way policies and practices unfold at the organizational level. Sometimes we get into positions where we cannot be ourselves. Or, we must hide a valuable, intimate part of ourselves in order to fit into the structure of an organization.

Due to those constraints, oftentimes we talk ourselves out of things and we begin to show up as something or someone that we are not. Mr. Moreland further explained that to fit into the structures and the dominant culture of organizations, BIPOC individuals and those with other marginalized identities begin to start modifying themself. They do it without realizing that the true value that they bring is all the difference that they bring to the organization. In this context, Mr. Moreland mentioned the idea of the mindset shift at the individual level is very important because that is where the change comes from.

On the question of resources for people who want to be courageous and get involved to enact change, the panelists suggested any change does not happen quickly or overnight. They elaborated that there are so many resources that are available at our fingertips in this digital age. Intentional activities such as regular reading and listening to podcasts can provide constant influx of information that can enhance curiosity and knowledge about the subject matter. The second thing is reach out to experts who have information, knowledge, and education on the topic you are interested in. The third thing is to put yourself out in your organization and just step into a position where people will look up to you for knowledge, advice, and leadership. Finally, don't try to do or be someone that you're not and never stop the quest for knowledge and the thirst for new ideas.

TRANSFORMATION OF GLOBAL DIVERSITY

Chris Moreland – Chief Diversity Officer,
Diversity Crew

Giving his personal and professional account of diversity, Mr. Moreland explained how achieving DEI is not an easy task. He said the whole process requires disruptive ideas and actions for growth and progress.

Diversity in essence is everything that lives below the surface, and that is where the value is. Different experiences that we have had in life make us who we are. When we think about this from a global perspective, we should also think about the gap that exists without having access to different experiences.

Explaining the impact of globalization, Mr. Moreland said if you think about the global economy over time, we are more advanced today versus 40 or 50 years ago. Our access to information, people and culture, and differences has has grown tremendously.
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> *The diversity of knowledge exist far beyond our boundaries.*

In today's globalized economy, the diversity of knowledge exist far beyond our boundaries. The value of it is when we can utilize it in a way that not only benefits us, but also benefits those individuals that are outside of our boundaries. We are all connected in some way, shape, or form.

EQUITY CONSIDERATIONS WHEN LEVERAGING TECHNOLOGY TO ADVANCE INCLUSION AND BELONGING

Sonoo Thadaney Israni – Executive Director, Presence, Stanford

Unpacking the language of diversity, equity, inclusion and justice, Ms. Israni explains these concepts in a dialogic manner. Diversity asks, “who is in the room?” Equity responds, “who was trying to get into the room but can't.” Inclusion asks, “have everyone's idea has been heard?” Justice responds, “whose ideas won't be taken seriously because they're not in the majority.” It's a number game. Then the question comes to be what conditions perpetuate the position of certain groups at the majority.

Ms. Israni further explained that the work of restorative justice requires people to be brave. However, we cannot expect bravery unless we create safe environments. She referred to an op-ed in the New York Times, titled, “ ‘Cancel Culture’ Isn’t the Problem. ‘OK Culture’ Is.” The article pointed out that in order for the world to function the way it has, we have allowed a lot of things to be okay: Sexism, racism, homophobia, and other. Thus, there is a big need

> *The work of restorative justice requires people to be brave.*

ato speak up with humility to create a change.

To address the structural determinants of health, which are distinct from the social determinants of health, we need to address structural issues. Ms. Israni problematized the term social determinants of health because it assumes that someone can do something on their own. In her skeptical remarks on new innovations such as AI, she says that technology or innovation that is not subject to proper regulatory scrutiny, does not deserve public trust; nor should we ever allow it to be deeply integrated in our work. She concluded her talk with a provocative question: “how AI can help healthcare be human again?”

INNOVATIVE SOLUTIONS TO ADVANCE EQUITY, INCLUSION AND BELONGING

CATHRYN H. FRASER, M.B.A.
MODERATOR

Chief Human Resource Officer, Mayo Clinic

AJAI SEHGAL

Chief Data & Analytics Officer, Mayo Clinic

RITA G. KHAN

Chief Digital Officer, Mayo Clinic

SONOO THADANEY ISRANI

Executive Director, Presence, Stanford

STEVE R. OMMEN, M.D.

Professor of Medicine, Mayo Clinic

The panel discussion starts off with a question related to innovation in healthcare. Ms. Fraser asked all panelists to reflect on the status, pace and direction of technological change that is happening in their respective disciplines. Ms. Khan explains that in the public health emergency situations such as COVID, most of us are accessing some healthcare via a video visit. That is incremental innovation. This still requires us to schedule the doctor's visit the same way we do with in-person visits.

Other technologies, such as sensors that monitor patients in their homes, allow healthcare teams to see whether a patient is on an improving or deteriorating pathway. With digital technologies one nurse can monitor hundreds of patients and one doctor can monitor and supervise several nurses. Now we have changed the scale and we have gone to predictive analytics rather than just replacing an office visit with a different type of office visit.

That would be something that the Center for Digital Health at Mayo Clinic has on its portfolio of services.

Other panelists mentioned that the cost of health care in the past 10 years has risen dramatically, but outcomes have not changed at the same rate.

Thus, there is a need to take advantage of other ways other than clinical experimentation to improve healthcare delivery. One of those ways is through technology. There are patterns in the data that humans cannot recognize. If we can take advantage of detecting those patterns in the data, there will be great patient outcomes.

A great example would be a research project that was done at Mayo Clinic by the cardiovascular team, where they were able to detect the ventricular flow in the heart from a common ECG. Prior to that, it required an echo, which is much more expensive. The patterns within the data, humans could not recognize, but through machine learning, they were able to recognize them. It is now going into the next phase for FDA.

Panelists emphasized that we must make sure that as we make innovations in AI, we do not further increase the disparities we already have. Machine learning is not a mystery. One example of this is the optimum study in the UK, which revealed how the police were detained people on the street using facial recognition technology. This study clearly revealed the possibilities of encoded bias. In developing such technologies, we must be very conscious and open.

Moreover, we should have an integrated quality management system that not only checks whether the algorithm is working, but also provides details about what went into that algorithm. Unlike a traditional computer program, machine learning algorithms are not explicitly programmed. They learn from the data that we feed them. Thus, we must document the data and we must make that data selection for a diverse population as appropriate as possible.

> *We should do some truth-telling and then be able to listen.*

Another panelist remarks that the public acceptance of any innovation is dependent on their trust in the scientific community, the reality of racism, and historical injustices. She further said that we have been horrific with the powers of colonialism, slavery and oligarchy.

We should do some truth-telling and then be able to listen. If we are going to serve the underserved, we should understand why they are underserved. We need to listen to people and hear what they think the answer is. We need to recognize that healthcare in our country needs to be democratized.

DATA, HEALTH CARE DISPARITIES, WORKFORCE

Friday November 5, 2021

MEDITATION

Shivani Mukkamala, M.D. –
Assistant Professor, Division of Pediatric Anesthesiology, Emory University School of Medicine & Children's Healthcare of Atlanta

Dr. Mukkamala spoke about what mindfulness is and how to practice it in our daily lives. She suggested to identify times when intentional pauses are needed, and to discover how mindfulness can be used to increase compassion, positivity, and happiness.

Mindfulness has been the eastern practice for centuries, but it was brought in the 1970s to the Western world. Mindfulness is nothing but paying attention to body and mind in a particular way with a purpose.

There are four components to mindfulness: Attention, intention or having a purpose, being in the present and being non-judgmental. Trying to stop thinking about the past and the future is one of the harder components of mindfulness to be in the present.

When we practice mindfulness, it is very important to show compassion to ourselves. There are several studies that show benefits of mindfulness, including a recent study of mindfulness that shows increases in positive emotions and reduction in negative emotions.

There are several MRI functional studies that show brain morphology increases in gray matter, and a shrinking of the amygdala, which is a stress center of the brain, by practicing mindfulness. Dr. Mukkamala says, “we are what we practice.” If we practice negativity, if we practice judgment, if we practice anxiety, that is what will become. If we practice joy, if we practice gratitude, if we practice positivity and compassion, slowly but surely, that is who we are going to become.

BRINGING DIVERSE PERSPECTIVE TO THE BOARDROOM

Tiffany Love, PhD, FACHE, GNP, ANP-BC –
Associate Vice President and Chief Nursing Officer,
The University of Vermont Health Network, Porter Medical Center

Dr. Love spoke about how to bring a diverse perspective to the boardroom. She proposes that when we create equity for all, we all thrive. Thus, people in the leadership in organizations should identify different forms of discrimination and harassment based on one's social and gender identities, and they should be addressed. Dr. Love said it is unethical not to close gaps (such as the pay gap) that perpetuate inequality. She further says that leaders should aim at creating a shared governance environment where people feel empowered.

She also mentions that in the age of great resignation, there are predictions that there is a 1.1 million shortage of registered nurses. There is already a shortage of physicians, and many hospitals are providing care at crisis standards of care because of staff shortages. Crisis Standards of care should not be the norm, but the question that needs to be addressed is: why people are leaving and who are they? Dr. Love refers to several studies that report that women are the bulk of the people who are leaving.

The reasons for the wave of the resignation of women workforce in health care are unsafe workload and increased mental health issues. In Dr. Love's opinion, these problems can be fixed with proper institutional interventions. She also recognizes how vulnerable women leaders, particularly women of color, can be in the boardrooms to discuss and come up with appropriate measures to address issues related to DEI.

Dr. Love also mentioned that a leader's job is to facilitate his or her employees' success. Currently, our country is experiencing post-traumatic growth. After the murder of George Floyd and the pandemic, people found themselves in a place where they started making some very serious life-changing decisions. One of those decisions is, "am I happy where I'm working? Do I really want to be here and stay here? What do I bring to the table? Does this organization take a stand to be an anti-racist employer?" In this context, it is important for organization leaders to read the literature and to know everyone's perspective in organizations so that they can

understand what is happening in their workplace and communities.

Dr. Love further elaborated that there was a point in time in our country when it was acceptable to deny that there was structural racism, but that day has passed.

People who refused to acknowledge this, now they are in jeopardy of losing their jobs because our country is in a place where we will no longer tolerate denial. It is important to remember that when we are trying to address structural racism, it needs to be a national healthcare system intervention. We talk about bias, racism, microaggressions, but the thread that runs through all of them is discrimination.

LEVERAGING DATA AND AI FOR HEALTH EQUITY

John D. Halamka, M.D., M.S. –
President, Mayo Clinic Platform

Tim Suther –
Senior Vice President and General Manager, Data Solutions for Change Healthcare

The panel discusses how big data and AI can be used to understand and address equity issues in the healthcare system. Dr. Halamka and Mr. Suther emphasized that data should be used in fair and ethical manner. Both appreciated Mayo Clinic's $100 million commitment for eradicating racism and reducing disparities in care, and they addressed very pertinent questions, "what interventions does Mayo Clinic develop? How does it measure the effectiveness of those interventions?" They talked about a tailored approach to capture information about individuals. This may help meeting people where they are.

Dr. Halamka described the Housing-Based Socioeconomic Status (HOUSES) Index, which is Mayo's unique approach in understanding social determinants of health. This approach is a way of taking non-traditional data sources to understand social determinants of health from the place people live. It is hard to understand social determinants of health based on the electronic health record data because they are not necessarily

> *The place where people live determines many variables that could influence their health.*

categorical or not well recorded. The place where people live determines many variables that could influence their health. For example, what is their access to public transportation, the internet, good schools, healthy food, clean water, and air? Many studies have shown that the odds ratio of those with socioeconomic status in the highest quartile and the lowest quartiles are completely different.

At Mayo Clinic, data scientists and physicians are working together to create AI algorithms for better predicting diagnostic as well as treatment outcomes.

Addressing the question of how Mayo Clinic and other organizations are planning to address disproportionately white data because of the lack of equitable access, both panelists agree that the current data that they work with are not as diverse as they would prefer to be.

They mentioned that this problem can be addressed through federated learning.

What this means is the pooling of data from different institutions such as Mayo Clinic, Emory, Stanford, Hopkins, and others for building algorithms. In such a huge dataset, we can have enough diverse data to address the issue of racial domination in algorithms. However, creating such a dataset is not an easy task. It requires advanced technology, and policies and procedures to ensure transparency and trust among institutions.

Both panelists agreed that any AI advancements do not replace humans in diagnosis and treatment but augment the decision-making process through testing.
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CONNECTING AND COLLABORATING: SHIFTING OUR POWER

Chyke A. Doubeni, M.B.B.S., M.P.H. – Director of Health Equity & Community Engagement Research, Mayo Clinic

LaPrincess C. Brewer, M.D., M.P.H. – Assistant Professor of Medicine, Mayo Clinic

Community engagement is perceived and understood differently from different angles by different people. It is often seen as a method by which academic institutions work with communities for a collaborative purpose. To engage with a community, one should understand the community and find a way by which you understand what a community is about. In understanding a community, one should look at what defines a community, what are its structures of power, culture, and values.

Dr. Doubeni mentions that community engagement is an ongoing process of collaboration between the academic world and the community. She outlines a few characteristics of community engagement, which include: flexibility, humility, adaptability, transparency, trust, and shared values.

> *Community engagement is an ongoing process of collaboration between the academic world and the community.*

Dr. Brewer talked about how to build trust in community engagement research and what value it brings to back to the community. Elaborating on her work with African American churches in the Twin Cities, she mentioned that before going into the community researchers must understand the community's values and culture.

Additionally, the goals, priorities and perspectives of the researcher should be made clear to community members. This approach helps build trust. She further explains that African Americans in Minnesota have the worst cardiovascular health despite Minnesota as the consistent designation is one of our nation's healthiest states. African Americans in Minnesota are two times more likely to die at younger ages than their white counterparts.

Moreover, they also are less likely to have their hypertension under control, which places them at an even greater risk of developing cardiovascular disease in the first place. This made her consider partnering with Black churches, which have been one of the longstanding institutional backbones of the African American community.

She also argues that it is the first social network within the African American community. Her intervention program yielded significant results. Participants had improvements in cardiovascular health from baseline to post-intervention. They had six reductions in both systolic and diastolic blood pressure after the intervention and blood pressure came under control. Also, participants had increased fruit and vegetable intake and they doubled the amount of physical activity.

COLLABORATING WITH COMMUNITY: SHIFTING OUR POWER

This panel discussed whether and how community engagement enables shifts in power relations in healthcare. All panelists expressed that the community engagement approach helps to understand health inequities and social determinants of health.

However, they also mentioned that healthcare institutions are not the ones who can go out and fix affordable housing, which can impact health equities. But healthcare institutions can be part of the solution. They can be part of coalitions that help to address structural issues and help to bring resources and expertise to those problems.

All panelists expressed a common point that building trust with the community is an important aspect of community engagement. When we approach communities for sharing their information or for their participation in clinical trials, they often doubt whether they should trust organizations that approached them.

ANJALI BHAGRA, M.D., MODERATOR

Professor of Medicine, Medical Director of Equity, Inclusion and Diversity, Mayo Clinic

BARBARA L. JORDAN, M.A.

Assistant Professor of Health Care Administration, Mayo Clinic

CHYKE A. DOUBENI, M.B.B.S., M.P.H.

Director of Health Equity & Community Engagement Research, Mayo Clinic

ANDRE CROCKETT

Recipient of EverybodyIN community grant

ERIN C. SEXTON

Director of Enterprise Community Engagement, Mayo Clinic

LAPRINCESS C. BREWER, M.D., M.P.H.

Assistant Professor of Medicine, Mayo Clinic

There is a historical background for their distrust in the system. Thus, it is important for organizations and researchers to build relationships with communities with transparency, respect, and responsibility.

One way of doing this is by making communities co-designers of projects. This empowers the community and enables researchers to be more culturally curious.

SYSTEMATICALLY ELIMINATING HEALTHCARE DISPARITIES

Claudia F. Lucchinetti, M.D. – Chair for Department of Neurology, Dean for Clinical and Translational Science, Mayo Clinic

Dan Brillman – CEO, Unite Us

In this session, Dr. Lucchinetti spoke about various approaches in advancing health equity in clinical trials. She mentioned that the lack of diverse representation in clinical trials is a key driver of health inequities. Today's clinical trials continue to represent largely white populations and fail to represent or reflect the rich diversity of this country.

She suggests that we need to move beyond talking about this. There is a need to make concrete and tangible changes to have an opportunity to address and advance health equity. In Dr. Lucchinetti's opinion, racism and discrimination are also the social determinants of health and are key factors of health care disparities.

Dr. Lucchinetti elaborated the differences between concept of race and racism, and its implications for health disparities. It is that racism, not race, causes health disparities. In science we continue to construct race as a biological entity. When in fact race is a social construct. Why is that important? We continue to make associations between race and disease mechanisms that inform how patients are selected for transplant or for certain medications.

Dr. Lucchinetti argued that we continue to confound these two in such a way that even precision research in individualized medicine or genetic research continues to use race as a proxy for specific biological factors.

We must recognize that race and having these phenotypic race categories are grounded in eugenics. It was used to legitimize discrimination, and at this point, the evidence that science drives these differences between races is limited at best.

> *Race is a social construct, not a scientific classification.*

Race is a social construct, not a scientific classification. When you think about the genome across social races, in fact, it is similar between 99.5 to 99.9% across all races. The actual genetic variation occurs within a given race. When one looks at genome-wide association studies, for example, less than 19.6% of those studies are reflecting non-European ancestry.

In genetic or clinical trials, rather than thinking about race as a biological race or phenotypic race, one really needs to be thinking about genetic ancestry. Dr. Lucchinetti said diversity in clinical trials is not just a matter of biology, it is a matter of health equity, fairness, and public trust.

Mr. Brillman mentioned that when we talk about transforming the healthcare delivery ecosystem, we should stay core to our mission and vision. This can only be possible by providing the best technology and solutions that improve health across communities. Community-based organizations should be connected to build a strong network. In addition to community partnership, there is a great need to have systematic shifts in state and federal healthcare policies.

HEALTHCARE DISPARITIES AND HEALTH EQUITY

JOHN D. POE, MODERATOR

Chair of Quality & Affordability, Mayo Clinic

ELIZABETH B. HABERMANN, PH.D.

Professor of Health Services Research, Mayo Clinic

CLAUDIA F. LUCCHINETTI, M.D.

Chair for Department of Neurology, Dean for Clinical and Translational Science, Mayo Clinic

DAN BRILLMAN

CEO, Unite Us

BO THAO-URABE

Founder and Executive Director of the Coalition of Asian American Leaders

JOHN M. KNUDSEN, M.D.

Medical Director for the Office of Health Equity, and Inclusion, Mayo Clinic

Discussion started with a question to all panelists to reflect on some of the challenges that may come when a large racial category lumps people with very different life experiences into monolithic groups.

Panelists expressed a general agreement that to better understand people, we need to look at nuances that really matter for finding solutions.

However, in practice, if we lump people together, then we don't create ways for us to see those nuances. In this context, Dr. Knudsen, the Medical Director of the Office of Health Equity, and Inclusion, Mayo Clinic, shared how the Clinic is positioning itself to use the data to improve identifying, reporting and addressing health disparities.

He said that although he has led his team since 2013, a large part of their work in the first five to eight years was dedicated to bringing awareness to the idea that health equities exist in our care.

In the early phase of his leadership, as he explained, they took the key hospital metrics around the length of hospital stay, mortality, and readmissions. Then they stratified them along with race, ethnicity, language, and gender. What they found was statistically significant disparities in one or more of these metrics. He says that things have changed and a transformation is underway now. However, the biggest challenge is taking the data that we have and creating something that is meaningful and actionable.

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The panelists also mentioned that the pandemic is shedding a light on glaring disparities. It's not a question of having ignored these disparities as much as it is a question of focus and deliberate action. They expressed optimism that if we can continue to build on our renewed energy and turn that energy into action, we should continue to be holding ourselves accountable at all levels.

GETTING TO THE HEART OF INCLUSION: PATHWAYS FOR WORKFORCE DIVERSITY

Elizabeth (Liz) M. Valencia, M.D., J.D. – Tri-site Associate Dean for Diversity, Equity and Inclusion, Mayo Clinic Alix School & Assistant Professor Department of Radiology, Division of Breast Imaging & Intervention, Mayo Clinic

Shannon K. Laughlin-Tommaso, M.D., M.P.H. – Division Chair of Gynecology, Associate Dean for Education Diversity, Equity, and Inclusion, Mayo Clinic

In this session, Dr. Laughlin-Tommaso and Dr. Valencia talked about different pathways to increase workforce diversity in the field of medical education at Mayo Clinic. In their presentation, they talked about the Pathways Program which covers all five schools on three of Mayo campuses with about 3000 learners. They mentioned that Mayo Clinic has more than 20 pathway programs. They view pathways as an investment in the long run. The objective of the pathways program is to expose students to medical and biomedical fields even before they enter high school, as the students get to meet the leaders across different fields and specializations.

The students also learn about different activities within healthcare that they could potentially pursue. The Undergraduate Plummer Scholars program is designed for undergraduate students who are under-represented in medicine or who have made a significant commitment to health equity. The nine-month program allows students to receive MCAT preparation, learn about application procedures, interview processes, and finally about the medical school experience as they are paired with current medical students.

The Native American Pathway program has two features: a high school program and an undergraduate program. The program is open to Native Americans, Alaskan natives, and the original peoples from North, Central and South America. In the program, students learn about what they are going to experience when they go to medical school and how to navigate difficult transitions. Dr. Laughlin-Tommaso highlighted that Mayo Clinic offers several summer programs that allow students to come on campus and learn about research.

She further emphasized that these programs are very useful for students who want to apply to graduate school or medical school. She also talked about the Mayo Clinic Summer Research Fellowship Program is funded by the NIH. Mayo graduate school also supports students in these programs and encourages them to get into laboratories and do translational and clinical research. The students who are brought onto campus live in housing together. Mayo Clinic pays the students a stipend through a diversity scholarship. At the end of the summer program, the students prepare an abstract and present a poster to learn how to translate their data to other people.

Dr. Valencia explained about how they developed anti-racism curriculums for medical college. She gave credit to Mayo's medical students because 90 percent of them petitioned to develop such a curriculum.

The curriculum discusses inclusion, diversity, anti-racism, and equity. They began piloting the curriculum in the medical school, and then expanded to other schools at Mayo Clinic. They have created the socio-ecological model to teach diversity, equity and inclusion. Through this curriculum, students learn about recognizing and dealing with microaggressions, unconscious biases, and discrimination.

Dr. Valencia also talked about the patient conduct policy and their faculty development course to provide the foundation of DEI. Dr. Valencia mentioned that for a comprehensive solution, we should allow others an opportunity to share their stories. Additionally, Dr. Valencia said we should be able to lift each other up, bear witness, and build trust to really ignite change on the frontlines.

> *We should be able to lift each other up, bear witness, and build trust to really ignite change on the frontlines.*

WORKFORCE CLIMATE AND CULTURE

Kiera Fernandez – Chief Diversity & Inclusion Officer,
Senior Vice President HR, Target

Ms. Fernandez began her presentation saying that since we all come from different walks of life, all forms of privileges and all forms of ignorance exist. She further added that for those of us who have a choice to understand where we have gaps in our knowledge and where we need to deepen our own acumen, we should act with a sense of social responsibility. Ms. Fernandez explained some of the challenges Target faced in 2020 and how they plan to overcome them.

While acknowledging the role they must play to create a more equitable world, she mentioned that Target had a longstanding commitment to diversity, equity, and inclusion. These values are fundamental to their business and they shape their work culture. She emphasized that any work related to DEI must start with caring behavior questions: How do we take care of each other? How do we ensure that everyone has seen, valued, and heard? How do we grow? These caring questions are about winning together, not just for our individual aspirations, but for the collective good of all of us.

Ms. Fernandez elaborated on how the coming together culture is cultivated and sustained. She said that the first value that you see is inclusivity, which is how we all come together from different walks of life. When we come together, we think about how to get connected to each other. That second is about connection. As human beings, we are designed to be in a relationship with one another. But we all have different identities and values, which influence our interpersonal connections.

Transformation in the sphere of race, ethnicity, and gender discrimination does not happen overnight. It takes time to learn from experiences. It takes time to make mistakes. It takes time to learn from them. It is about learning, looking at the data, recalibrating, listening to people that have the experiences, taking that human interaction into a human-centered design and going back at it every year. She mentioned that that is what Target has been striving towards for 16 years.

Ms. Fernandez highlighted that it is about diversity and understanding the differences of dimensions that bring us together. It's about equity and understanding that not everybody starts at the same position.

Thus, this is about making sure that when you engage with anybody in an organization your interactions are equitable by making sure that everyone feels seen, valued, heard and represented. Ms. Fernandez also spoke about how work in the field of DEI can change the culture at Target. She also suggested some of strategies to implement DEI initiatives. She shared that it is important to drown out opinions. Additionally, she mentioned needing to listen to the voice of teams, gather demographic data, and create goals that can change people's lives.

Listen to the voice of teams, gather demographic data, and create goals that can change people's lives.

WORKFORCE DEVELOPMENT: CLIMATE, CULTURE AND CONTROVERSY

This panel focused on the dynamics of the changing climate, interpersonal relationships and conversations in organizations in recent times. The panel also addressed the question of what additional resources organizations need to make them an active learning organization. The panelist unanimously agreed that the work of organizations should be intentional to recognize biases and to overcome them.

They also mentioned that first, we need to look at the processes of admissions and academic promotion and tear down the usual practices to overcome biases to make a vibrant diverse workforce. The second aspect they discussed was the ways of building an inclusive learning environment. They emphasized that we, not just individuals but also institutions, should have a growth mindset. This mindset allows us to make mistakes, learn from those mistakes, and try not to make them

JERRI IRBY, M.S., M.B.A , MODERATOR

Chair of Human Resources, Mayo Clinic

PRISCILLA R. GILL, ED.D.

Assistant Professor of Health Care Administration, Director Programs-HR, Mayo Clinic

SHANNON K. LAUGHLIN-TOMMASO, M.D., M.P.H.

Division Chair of Gynecology, Associate Dean for Education Diversity, Equity, and Inclusion, Mayo Clinic

JOSHUA B. MURPHY, J.D.

Chief Legal Officer, Mayo Clinic

SHIVANI MUKKAMALA, M.D.

Assistant Professor, Division of Pediatric Anesthesiology, Emory University School of Medicine & Children's Healthcare of Atlanta

KIERA FERNANDEZ

Chief Diversity & Inclusion Officer, Senior Vice President HR, Target

again. They noted this kind of mindset will not happen overnight.

The panelists also discussed whether empathy can be taught to learners. They expressed their opinion that we can teach empathy because it is a learned behavior. They mentioned that grit, resilience, and agility can also be taught. To incorporate all these behavioral aspects, there is a need to change the curriculum in schools. We need to make sure that students receive not just the core competencies academically, but also are exposed to social and behavioral experiences.

Reflecting on the 2020-2021 climate in the workforce, the panelists recognized that over the last year and a half, there has been unprecedented activity in the sphere of diversity, inclusion, equity, and belonging in the workplace. These activities were renewed and accelerated after the murder of George Floyd. In this context, they also posed a question on how ethnic and racial minorities have been sounding an equity alarm for many years, but only now are seeing more responses to anti-racism efforts in the workplace.

As a response to this complicated question, Mr. Murphy mentioned that there are three important factors that may have influenced the whole society and organizations.

The first was the brutal killing of George Floyd and the disdain for human life that we all saw. He thought it was a collective visceral shock across the country.

Second, he mentioned that racial-based killings were happening in a political and social climate that was producing intolerance and bigotry.

> *The injustice and threat to our sense of human decency were just so obvious and inescapable.*

Third, the injustice and threat to our sense of human decency were just so obvious and inescapable. All these beg the question if not now, then when? He also noted that younger generations place a higher priority on racial and social justice than their elders, and those young people who are now entering the workforce are important and valuable employees. Thus, business leaders recognized that making a change was not just the right thing to do, but a business necessity.

Dr. Laughlin-Tommaso mentioned that the pandemic exposed the embedded inequalities in our society. She mentioned that it was grossly unfair how mortality and morbidity are so different within racial groups

in our country. She said we have reached a stage where such inequalities are not acceptable anymore and we cannot wait 100 more years for women to have equal pay. This is the time for change, but the question is whether this is a sustained movement we are in.

The panelists also talked about the responsibilities of organizational leaders in promoting and sustaining an inclusive culture. They clearly pointed out that for under-represented identity groups, certain roles often place the onus on them to solve problems associated with a lack of representation and upward mobility.

Underrepresented groups are told to double down on education, training, certifications, work experience and performance. They are also told to get a mentor, take leadership courses, identify their advocates and their sponsors and work harder, longer, assimilate, and dress to fit in. Essentially these employees are asked to prove themselves repeatedly.

In this context, it is important to think about the responsibilities and accountabilities that leaders have for creating and ensuring a culture where we all can realize our fullest potential. The panel concluded with a statement that leaders should take the burden of changing culture because it is their duty.

SEXUAL HARASSMENT: MOVING THE NEEDLE ON POLICY AND PROCEDURE

Charanjit (Chet) S. Rihal, M.D. – Professor of Medicine, Mayo Clinic

Cathryn (Cathy) H. Fraser, M.B.A. – Chief Human Resource Officer, Mayo Clinic

Erin A. Collins, J.D. – Legal Division Chair, Mayo Clinic

The panelists started the session explaining their journey together for the past few years at Mayo Clinic, and how they refined the goal of eliminating racism and sexual harassment. They also discussed about how to cultivate and reinforce the culture of respect through intentional earning programs. The panelist mentioned that many studies indicated the prevalence of sexual harassment in medical schools or hospitals throughout the history.

However, in 2018, the 'Me Too' movement inspired and gave courage to many women to voice their experiences. Organizations also came forward to increase the awareness around sexual harassment and to make organizational policies and practices transparent.

> *The 'Me Too' movement inspired and gave courage to many women to voice their experiences.*

The year 2018 became a watershed moment where the entire society and organizations alike had to respond to the issue of sexual harassment.

The panelists highlighted the work of Mayo Clinic to address various forms of sexual harassment. Mayo Clinic has developed many policies and procedures to deal with any behavior that is considered sexual harassment. They published them openly on their Intranet to make them accessible for everyone in the organization. Explaining how Mayo Clinic has been dealing with sexual harassment allegations, Dr. Rihal mentioned that after the 'Me Too' movement there was a flood of complaints in the organization.

He mentioned that with the 'Me Too' movement people in general are now more comfortable expressing themselves when they are victims of not just sexual harassment, but other inappropriate behaviors at the workplace.

He also presented the data about sexual harassment allegations at Mayo Clinic. . Between 2019-2021, the committee received 153 allegations, of which 43 involve physicians or scientists. Of those 43 physicians and scientists against whom allegations were raised, the committee was able to substantiate 22 of them. Ten of them were fired, three of them receives final written warning, and nine received formal coaching and written documentation for lesser degrees of infraction. In other categories of employees, allied health staff, 103 cases were surfaced. Of these 103, 66 were substantiated, 25 were terminated, 19 received final written warning, and 22 received formal coaching programs. Seven allegations were from patients or vendors and these employees were dismissed from clinical practice. More than 80 of the accused were male, and most of them are in a power position.

Ms. Collins, Mayo Clinic's Legal Division Chair, mentioned that when the 'Me Too' movement hit, they brought in a sexual harassment policy but did not have a robust structure for responding to sexual harassment allegations. Thus, Mayo Clinic placed a significant amount of time, resources, and energy behind putting together a solid team and framework to ensure that staff have many avenues to report concerns. Moreover, when they do report concerns, they can expect consistency and a response so they can feel safe when they come to work.

They also developed standardized guidelines for investigation and corrective action decisions, and they made the entire process transparent. Although there are always nuances and unique circumstances to consider, they wanted to be guided by the same principles every single time.

With this in mind, they are providing due process to everyone who is involved. They also ensure confidentiality and transparency throughout the investigative process and later. The panelists finally asserted that Mayo Clinic's policies and practices are reinforcing the culture of respect and the cases of sexual harassment are dwindling.

INNOVATIVE FRAMEWORKS TO PROMOTE WORKFORCE EQUITY AND BELONGING: GENDER, ABILITY, GENERATIONAL

Alanna M. Rebecca, M.D. – Associate Professor of Surgery, Chair of Diversity Subcommittee, Mayo Clinic

Kenneth G. Poole Jr, M.D., M.B.A., FACP, CPE – Senior Medical Director, Experience for Optum Care

This session started with a conceptual discussion about adding "belonging" to the diversity, equity and inclusion framework. The presenters acknowledged the growing movement of social justice and people's courage to protest police brutality. They also mentioned because of these social movements our understanding of inequality has dramatically changed.

Dr. Rebecca pointed out that diversity is situated in data. Diversity is demographics and the unique characteristics that make a person different from others. Thus, whether it is gender, sexual identity, physical ability, age, national origin, socio-economic backgrounds, religions, or anything else that we may think, or the intersectionality of those identities coming together, the data that we obtain from diversity produces measurable metrics.

> *When we look at our workforce and who is sitting at our table, we want that table to be reflective of the community around us and around our surroundings.*

When we look at our workforce and who is sitting at our table, we want that table to be reflective of the community around us and around our surroundings. That is really working toward diversity and inclusion. In other words, an international company workforce should really represent the global workforce.

A national company should represent the country's workforce and a local organization should represent the local workforce and the people that are surrounding them. That's what we should talk about when we talk about diversity and inclusion. Inclusion is an environment that we build for our candidates and our employees. It is the environment that we foster for those employees to feel welcomed and included in their jobs.

Dr. Rebecca mentioned that equity is about resources. As we talk about strategies around resources and equity, equity is the practice of meeting the unique needs of individual employees. Implementing equitable actions in organizations has the potential to make employees feel more satisfied and improve productivity and retention. Equity is not about getting everybody the same thing, but it is about everybody getting what they need to be successful in their job.

Dr. Rebecca argued belonging is the emotional state, and the goal of diversity, equity, and inclusion efforts. Inclusion is a process that makes everybody feel welcome. However, for someone to feel truly welcome, they really need to be able to be themselves and be authentic when they come to work.

Drs. Rebecca and Poole reiterated that belonging can be created through intentional connections. We can bring people together and think about the environment that we have created. When we put teams together, checking in on people is an important aspect of belonging.

Employees have reported on their employer surveys that when their colleagues check in with them, whether it's about work or about their home life, they feel more belonging in the work environment. Thus, checking in on colleagues to just ask how they are is an important part of belonging. They recapped that diversity is related to data, inclusion is about the environment, equity is about our resources, and belonging is the emotion of being truly welcome. So, a sense of belonging is what unlocks the power and value of diversity.

WOMEN IN MEDICINE EMPOWER: SPOKEN ART

ANJALI BHAGRA, M.D.

Professor of Medicine, Medical Director of Equity, Inclusion and Diversity, Mayo Clinic

HILAL IBRAHIM

Founder and CEO, Henna and Hijabs

NICOLE A. NFONOYIM-HARA, M.S.

Program Director Diversity, Equity & Inclusion, Mayo Clinic

TOLULOPE (TOLU) O. KEHINDE, M.D., M.B.A.

Anesthesiology Resident, Mayo Clinic

ESEOSA T. IGHODARO, M.D., PH.D.

Neurology Resident, Mayo Clinic

This session was interactive and the presenters showed their creative work in their respective fields. They presented their perspectives of diversity, equity and inclusion in the form of poetry, personnel narratives, accounts of life journeys, and creative artifacts. After the presentation of their work, they interacted with the audience to make their stories more contextual and relevant for all.

MODERATED POSTER SESSION – SKYBRIDGE

Faculty Lead: Shannon K. Laughlin-Tommaso, M.D., M.P.H. – Division Chair of Gynecology, Associate Dean for Education Diversity, Equity, and Inclusion, Mayo Clinic

All presented poster abstracts are included in this report (see appendix 1).

ALLYSHIP, ADVOCACY

Saturday November 6, 2021

COURAGE OVER AVOIDANCE, BUILDING INCLUSIVE TEAMS

Matthew (Matt) W. Horace –
Chief Security Officer, Mayo Clinic

Mr. Horace talked about how to deal with discrimination, harassment, prejudices, stereotypes and biases in organizations. He said that to eradicate racism one must choose courage over avoidance, since it is easy to avoid. When we notice any kind of discrimination we should speak up.

He defined an inclusive workforce as a work environment that makes every employee feel valued while also acknowledging their differences and how these differences contribute to the organization's culture and business outcomes. He says that is an aspirational goal for Mayo Clinic. But the question is, what are the barriers to achieve the goal? He admits that he has not found the answer to the question, but he thinks that discussion will continue to happen until everybody is valued in organizations.

Mr. Horace referred to a Gartner study that revealed that employee performance in diverse organizations was 12 percent higher than in companies with no inclusivity efforts. DEI improves employee engagement, which in turn increases retention by 90 percent and collaboration by 57 percent. Research shows that inclusiveness directly enhances organizational performance in several keyways.

Teams with inclusive leaders are 70 percent more likely to report that they are high-performing, and 20 percent more likely to make high-quality decisions.

> *Building inclusive teams requires inclusive leadership.*

Mr. Horace emphasizes that building inclusive teams requires inclusive leadership. Inclusive leaders require to reach back and speak to people and get to know about where they have been and where they might want to go.

Furthermore, building a culture of inclusiveness requires leaders' commitment and a sense of intentionality. Leaders need to lean in and ask tough questions.

He also elaborated on six traits or behaviors that distinguish inclusive leaders from others. They are visible commitment, humility, awareness of bias, meritocracy, curiosity about others, and cultural intelligence.

Inclusive leaders should also pay attention to not just diverse team members, but also the diversity of thinking, psychological safety, and team cohesion.

GETTING REAL: ALLYSHIP AND ADVOCACY

Renaldo C. Blocker, Ph.D. – Associate Professor of Health Care Systems Engineering, Mayo Clinic

Gladys B. Asiedu, Ph.D. – Assistant Professor of Health Services Research, Mayo Clinic

Dr. Blocker began his presentation with a personal note that he wants to get real because he was exhausted and tired of talking about diversity, equity and inclusion. He wants to move to a place where we are going towards actions and solutions. In his presentation,

Dr. Blocker, along with Dr. Asiedu, described and discussed crowdsource, an approach to collect stories of inequality in allyship. They also discussed how to operationalize allyship by highlighting real-world examples. They presented their reflections on stories of inequality that they collected at Mayo Clinic following the social unrest of 2020.

They talked about how African Americans feel suffocated in the workplace because of racism and discrimination.

Dr. Blocker clearly mentions that biases are embedded in processes, procedures, rules, expectations, governance questions of our society. They manifest itself as discrimination in areas such as empowerment, promotions, opportunities, and day-to-day interactions.

> *To address the root cause of racism, we must dismantle the system in the individuals.*

He mentioned that to address the root cause of racism, we must dismantle the system in the individuals. By analyzing stories of inequalities, Drs. Blocker and Asiedu present how frequently discriminations occur and how often they go unaddressed at Mayo Clinic. They used the crowdsource platform to build awareness and empathy and provide a repository for experiences that will allow us to create impactful input, and to create impactful solutions.

They say that the repository is not just a collection of stories, but the collective voice of people, who are most impacted. It's not a top-down approach, but a bottom-up approach, and it allows us to be impactful in the lives of minority people. This initiative also helps us to understand the current situation in order to prepare us for what we want to be in the future.

PRIDE, PRIVILEGE AND PRONOUNS

Denise M. Dupras, M.D., Ph.D. – Associate Professor of Medicine, Mayo Clinic

John M. Knudsen, M.D. – Medical Director for the Office of Health Equity, and Inclusion, Mayo Clinic

In this panel, all the panelists took the story telling approach to explain their lives because they believe that stories get to the heart.

They helped us understand the human side of life that data often leave out. The panelists described their experiences as members of LGBTQ communities.

hey shared their fears, hardships, humiliations, and discriminations in the process of coming out with their sexual identity.

They also highlighted how being part of Mayo's employee resource group (MERG) has helped them claim their identity and true self.

They also discussed the importance of support groups and institutional resources for their physical and mental health.

HEALING THE HURTS OF -ISMS: BUILDING ORGANIZATIONAL SUPPORT

KOLANDA L. DOUGLAS, M.S.
MODERATOR

Equity, Inclusion & Diversity Advisor, Mayo Clinic

ANJALI BHAGRA, M.D.,
MODERATOR

Professor of Medicine, Medical Director of Equity, Inclusion and Diversity, Mayo Clinic

DARREN W. BROWNLEE

Instructor in Health Care Administration, Sr. Division Chair, Education, Mayo Clinic

OLAYEMI (YEMI) SOKUMBI, M.D.

Associate Professor of Dermatology and Laboratory Medicine and Pathology, Mayo Clinic

The panel discussion started off with Ms. Douglas remarks on the process of healing the hurts of isms. She mentioned that it is circular as well as an ongoing process for people who are impacted by isms.

> *They do not want pity, instead they want action.*

She also emphasized that she does not like to use the word “victims of isms” because they do not want pity, instead they want action. She also highlighted how this process is a circular and ongoing. She invited all the panelists to share their life stories, how they got impacted by isms and how they built their resilience in the process of healing.

All shared moving stories and life changing experiences.

This session ended with an inspiring note that our voices, our experiences, our help behind the scenes, will shift the institution into a direction where we will have better days.

BEING AN UPSTANDER: RECOGNIZING AND ADDRESSING MICROAGGRESSIONS

Sulaimon (Wale) A. Elegbede, M.B.A., PMP – Instructor in Health Care Administration, Director Strategy Management Services, Mayo Clinic

Erin O'Brien, M.D. – Associate Professor of Otolaryngology, Rhinology Division Chair, Mayo Clinic

Mr. Elegbede began the session quoting Nelson Mandela and how his relentless struggle has changed the direction of South Africa. Taking a historical lesson from a real-world struggle, he mentioned that social transformations will not happen right away.

> *Change often takes time, and it rarely happens all at once.*

Change often takes time, and it rarely happens all at once. He further mentioned that we do not know how it is going to play out, but it is important to take a stand when you face or witness discrimination.

He also talked about how microaggressions impact people in everyday life and highlighted micro assaults as a sub-category of microaggressions. Micro assaults are more conscious or deliberate, as they are a discriminatory action or verbal exchange.

For example, if a patient says, "I would rather have a white surgeon," that is a conscious and deliberate action. That is a micro assault.

The other sub-category of microaggression is a micro insult, which is a little more subtle.

For example, calling a female doctor by her first name.

Another sub-category of microaggression is micro invalidation, whereas after a microaggression occurs and someone tries to speak up they are thus invalidated. If your experience is excluded or nullified, it is nothing but micro invalidation.

The presenter clarified that it is important to understand that when you are thinking about microaggressions, implicit bias, stereotypes, these are all part of the same package.

While thinking about these aspects, it is also important to understand social justice. He mentioned justice means fairness in the way people are treated.

Social justice applies to all aspects of society. It applies to race, gender, and health care. They ended the presentation with an appealing statement that “don't be a bystander, don't just watch it happen.”

SOCIAL INNOVATION: DETERMINATION, DISABILITY AND EMPLOYMENT

This panel exclusively focused on ableism, a form of discrimination based on differential physical and mental abilities. The panelists mentioned that when you are labeled as disabled, oftentimes people look at you as something that needs to be fixed, and they clearly mentioned that the fix-it model is oppressive.

They all shared a common point that disability is a perspective, and further that organizations should hire people with disabilities because they will diversify how we look at society and the world. They also shared their life stories and experiences of microaggressions and discriminations.

> *Organizations should hire people with disabilities because they will diversify how we look at society and the world.*

DAWN M. KIRCHNER, MODERATOR

Human Resource Diversity Recruitment Specialist, Mayo Clinic

BEN COCKRAM, MODERATOR

Disability Awareness Speaker & Educator

MARISSA M. LARSON

Clinical Research Coordinator, Mayo Clinic

KATE EIFRIG

Disability Rights Advocate & Communications Professional

BRITTANIE WILSON

Communication Officer for the Minnesota Council on Disability

BRINGING IT TOGETHER: BUILDING AN ENVIRONMENT OF EMPOWERED BELONGING

Anjali Bhagra, M.D. – Professor of Medicine, Medical Director of Equity, Inclusion and Diversity, Mayo Clinic

In this closing session, Dr. Bhagra readdressed the major objectives of the conference and thanked all who supported the event logistically, and by participating in the three-day stimulating discussions.

APPENDIX 1

FULL ABSTRACTS OF POSTER PRESENTATIONS SELECTED FOR ORAL PRESENTATIONS

SHANNON K. LAUGHLIN-TOMMASO, M.D., M.P.H.
MODERATOR

Division Chair of Gynecology, Associate Dean for Education Diversity, Equity, and Inclusion, Mayo Clinic

A PRIMER ON SURGICAL SCRUBBING AND ATTIRE IN THE OR AND ICU: CULTURAL & RELIGIOUS HEAD COVERINGS, HIJAB, BEARDS, AND NATURAL HAIR

Rewan Abdelwahab, B.A.; Aisha Aden, B.S.; Brenda Bearden, D.H.A., M.S.N., R.N.; Alaa Sada, M.D.; J Michael Bostwick, M.D.

Abstract

In response to the challenges faced as diverse students when first encountering the intricacies of scrubbing into the operating room (OR), we have prepared a rudimentary surgical skills guide to supplement the knowledge of all students, medical professionals, and educators alike.

The guide was developed after conducting a miniature literature review, analyzing our institution's (Mayo's) current sterility and surgical protocols, and interviewing various medical professionals working in operating rooms and critical care units. It addresses some of the personal protective equipment (PPE) needs of those practicing Islam and Orthodox Judaism among other cultural or religious practices.

We intend this guide to serve as a foundation upon which educational and institutional practices are updated in line with the increased diversity of the medical professionals. This can occur without compromising patient safety in the OR and intensive care unit.

This guide also highlights COVID-specific changes in PPE and seeks to open up a conversation about the basis and necessity of currently held surgical practices. Our previous work on this topic prompted the Association of periOperative Nurses to update national guidelines to address religious head coverings in the OR.

Opportunities to promote diversity, equity, and inclusion (DEI) start in the locker room, hallways, and OR and end with changes in educational and institutional policies and practices. Some of the suggested changes are as simple as the strategic placement of scrub attire and PPE already found in hospitals which address some of the DEI needs of their current and future medical professionals

EMPLOYEE RESOURCE GROUPS SUPPORT DURING THE COVID-19 PANDEMIC

Sumedha G. Penheiter, Ph.D., Jagadeesh Babu (Jag) Subramanian, M.B.A., Himakshiba (Himakshi) Jhala, M.P.H., M.B.A., Unnikrishnan (Unni) Gopinathan, M.S.
Rochester India Mayo Employees Resource Group (MERG) members

Abstract

COVID-19 pandemic was devastating to all citizens of the world. It highlighted the inadequacies and absolute collapse of the medical systems, especially in India, where the death toll increased dramatically over a short period of time due to lack of basic medical necessities. Additionally, travel restrictions to India led to the inability of employees of Indian origin in the US to help families in India, adding to the grave concerns for the well-being of their families and loved ones back home. This made the Indian community across the US (several of them Physicians and Scientists) feel helpless and overwhelmed.

This work outlines how the 'India' Mayo Clinic Employee Resource Group (MERG) contributed to building and strengthening its community members by providing support through multipronged approaches aimed at mitigating the grave concerns caused by the COVID-19 crisis in India.

These approaches included facilitation of telephone consults, sharing of best practices and opportunities for crowdfunding for medical necessities and those financially impacted by the pandemic, arranging for special listening sessions to share member concerns and personal experiences related to the crisis in India and to find support and learn more about how they can help.

This multitude of efforts provided the much-needed safe space for employees of Indian origin to voice their concerns, share their stressors, contribute to legitimate fundraising efforts, and obtain first-hand information regarding medical needs and situations in India. This contributed greatly to mitigating stress levels of these employees and in turn enhanced their well-being.

EQUAL INTERNSHIP PROGRAM

Amrita N. Prakaashana, M.Ed.
DLMP-MCS

Abstract

Studies have shown that Black, Indigenous, and students of color are underrepresented in paid internships, reluctant to apply and limited from seeking opportunities due to several systemic barriers. The Empower Qualified Underrepresented Administrative Leaders (EQUAL) Internship Program was created by the Department of Laboratory Medicine and Pathology (DLMP) in partnership with Florida Agriculture and Mechanical University (FAMU), a historically Black university, to ensure the department is providing equitable opportunities for minority students with interest in administrative positions.

A targeted approach was developed to identify six minority students offering them a 10-12- week hands-on internship opportunity to explore careers in Healthcare Administration with mentorship by senior administrative leaders. To mitigate common barriers, each intern will receive paid travel and housing. A dedicated Internship Program Coordinator was identified to work closely with FAMU, students, and mentors, ensuring a successful experience for all.

This mutually beneficial program will provide the students an educational experience, raise awareness of career opportunities in DLMP and Mayo Clinic Laboratories, allow the department access to diverse top talent before they enter the job market, and help diversify our workforce to better represent the communities we serve. Diversity of thoughts and perspectives increase creativity and innovation, providing our organization a competitive advantage as the demographics of our population continue to evolve.

The EQUAL Internship Program was created in alignment with Mayo Clinic's commitment to eliminate systemic racism and improve equity, diversity, and inclusion in the workplace. The hope is to expand the program to include other Historically Black Colleges and Universities (HBCUs) in the future.

EVERYBODYIN CONVERSATIONS – CORNERSTONE FOR CULTURAL SHIFT

Kara Saliba, Diana Kohrt, Lori Mickelson, Kabuika Kamunga, M.S.J., M.B.A., Kolanda Douglas, M.S., Andre Koen, M.S., Anjali Bhagra M.D., Lor Lee, M.S.

Abstract

Racial injustice is a deep-seated disease that disproportionately affects minority patients and employees and obstructs the ability to carry out our institutional mission and values.

EverybodyIN conversations were created by team members at the enterprise Office of Equity, Inclusion and Diversity (OEID) of Mayo Clinic to support employees who seek subject matter expertise regarding convoluted topics.

PLANNING INCLUSIVE UNIVERSALLY DESIGNED SPACES

Ann Rivard, Deborah Hagen Moe, M.Ed., and Martha Yiglletu

Abstract

The purposeful addition of inclusive spaces ensures that employees feel included, respected, and demonstrates commitment to support and retain an increasingly diverse workforce.

Spaces that were designed more than 20 years ago did not take into consideration an increasing number of employees with disabilities (visible and invisible, permanent, or temporary), new parents returning to work and employees of diverse religious backgrounds.

Meditation/prayer rooms, universal bathrooms, and accessible lactation rooms are additions that make the workplace more equitable and inclusive for all employees. Universally designed spaces meet the needs of a diverse group of people, including those with disabilities.

The recommendations below take into consideration hearing, visual, speech and mobility impairments, size, and age, gender fluidity and religious beliefs.

1. Meditation/prayer room large enough for 2-4 participants, and a nearby location with drain to wash hands and feet

2. Universal bathrooms, with appropriate inclusive signage

3. Accessible lactation rooms, considering proper ratio of staffing to availability As new and remodeling of spaces are planned, measurements to ensure inclusive, universal spaces should be considered prior to finalize building plans. The DLMP Diversity, Equity, & Inclusion Team worked closely with the Mayo Employee Resource groups to create a proposal for inclusive spaces, for consideration by the teams responsible for remodeling and addition of new laboratory spaces. The hope is that these recommendations will be reviewed and accepted for all future developments across Mayo Clinic.

RACISM EXPERIENCED BY HEALTH CARE WORKERS

Elizabeth Anh-Trinh Stulac, R.N., B.S.N.

Abstract

The purpose of this poster presentation is to share the various perceptions and experiences of racism endured by 10 healthcare workers employed within a large teaching hospital in the Midwest, all who are identified as “people of color”.

Data includes 10 total interviews with 10 staff members from diverse ethnic backgrounds, belief systems, and age, working in various locations within the hospital. In this presentation, the interviewer recognizes and compares their own personal experiences with racism as a person of color working within healthcare, and identifies themes and patterns related to the phenomenon.

The phenomenological question explored was: Tell me about your experiences with racism while being a person of color.

RESEARCH RESPONSE TO RACISM: EQUITY, INCLUSION, & DIVERSITY EDUCATION USING A CONTENT, REFLECTION, ACTION MODEL

Heidi Dieter, Audrey Elegbede, Ph.D, M.A., and Rebecca Kottschade, M.A.

Abstract

In July of 2020, Mayo Clinic committed to eradicate racism and eliminate health disparities. Aligned with this commitment, Mayo Clinic's research leadership launched a campaign to educate and prepare administrative leaders with the new skills necessary to engage and develop strategic equity, inclusion, and diversity (EID) initiatives.

Research leadership began Stage 1 by partnering with outside consultation to develop a unique EID curriculum addressing systemic racism, colorblindness, and white privilege and white fragility. Central to this curriculum was advancement of a Content/Reflection/Action model, with specific attention to the critical yet oft overlooked component of reflection within equity work.

The educational series was coupled with facilitator trainings and small group dialogue sessions to process content and support reflection before development of action plans. Within Stage 2, research leadership leveraged the mandatory training created by the institution, facilitated meaningful application and reflection of their content using the existing Content/Reflection/Action model, and employed transformational learning models that support adult learning, content retention, behavior change, and problem-solving skills.

This session will outline steps taken by research leadership in development and implementation of a scaffolded learning approach towards EDI education using external and internal vendors, reflect on lesson learned, and consider opportunities for continued engagement. Participants will leave with an understanding of the components of the educational plan, examples of how to measure impact, and the ability to draft key components of a plan for their own organization.

TO BE RACIST OR ANTIRACIST: A STUDENT-LED, THEATER-BASED WORKSHOP FOR PRECEPTOR TRAINING

Nahae Kim, M.P.H., Shashank Sandu, Anjali Mehta, Melissa Chen, M.D.

Abstract

The medical education landscape has prioritized addressing racism and health inequities to a greater extent in 2021. One promising method to encourage discussion on racism and health inequities utilizes theater-based principles in near-peer facilitation settings and faculty-driven preceptor development.

Kumagai et al. demonstrated that generating “cognitive disequilibrium” among participants would lead to more effective training outcomes. We propose an innovative approach wherein students lead faculty preceptors in training sessions using theater-based principles.

This training was used as part of a new longitudinal health equity course for medical school students that incorporates faculty-led small group discussions.

To simulate student-preceptor interactions, preceptors were exposed to scripted vignettes in which students were silent, in need of compassion, or made racist remarks. A moderated panel discussion took place at regular intervals, allowing for preceptors and students to reflect on effective strategies to address nuanced topics such as implicit biases or racism.

Preliminary qualitative analysis revealed that the training allowed for preceptors to recognize the importance of setting expectations and mirroring vulnerability to generate meaningful conversations, incorporate more empathy in preceptor-student interactions, and practice techniques to interrupt racist dialogue in productive, non-threatening ways. A more quantitative evaluation of workshop outcomes is underway.

Ultimately, we echo the need for critical consciousness in medical education, and we posit that the bidirectional nature of student-faculty workshops is crucial for both improving medical curricula and for the future of medical education.

APPENDIX 2

ADDITIONAL ABSTRACT TITLES/AUTHORS SELECTED FOR POSTER PRESENTATIONS

ADOPTING AN AGILE MINDSET FOR EFFECTIVE I-DARE CURRICULUM INNOVATION

James Gross, Ph.D., Amy Seegmiller Renner, Ph.D., Sierra Tollefson, M.S., Metta Kuehntopp, M.S., Barbara Jordan, M.A., Shannon Laughlin-Tommaso, M.D., M.P.H.

ADVANCING DIVERSITY, EQUITY AND INCLUSION WITHIN ACADEMIC APPOINTMENT AND PROMOTIONS AT MAYO CLINIC

Barbara Jordan, M.A.
Mayo Clinic College of Medicine and Science
Office for Education Diversity, Equity, and Inclusion

AN EQUITABLE APPROACH TO ADDRESS RACIAL DISPARITIES IN EDUCATION AND EMPLOYMENT OUTCOMES

Amy M. Seegmiller Renner, Ph.D., M.S., Valeria D. Thomas, P.M.P., C.S.M.2, Sulaimon (Wale) A. Elegbede, M.B.A., P.M.P., C.S.M., Office for Education Diversity, Equity, and Inclusion, Robert D. and Patricia E.
Kern Center for the Science of Health Care Delivery
3DLMP Strategy Management Services

BENCHMARKING TO LEARN AND GROW TOGETHER

Aniket Ramekar, M.S., Janine Kamath, M.A., M.B.A., Anjali Bhagra, M.D., Rita Khan, M.B.A.
Mayo Clinic Strategy Department (previously ME&C),
Mayo Clinic International
General Internal Medicine
Center for Digital Health

CREATING A SUCCESSFUL DEI COMMITTEE

Amie Fonder, PA-C; Joselle Cook, M.D.; Martha Lacy, M.D.; Rahma Warsame, M.D.; Miriam Hobbs, APRN, CNP, DNP; David Inwards, M.D.; Sophie Bice; Lynette DeRaad; Alexandra Wolanskyj-Spinner, M.D.; Lionel Aurelien Kanekeu Fonkoua, M.D.; Yi Lisa Hwa, APRN, CNP, DNP; Casey Aitken; Jordan Krull; Tammy McCarty; Georgianna Schultz; Mohamad Adada, M.D., Ph.D.; Amber Derr; Bittina Perry; Jessica Zemke; Joshua Pritchett, M.D.; Jessica Shelly, APRN, CNP; Dianne Tucker; Pam Bowman.
Division of Hematology

CREATING UPSTANDERS NOT BYSTANDERS: HOW TO USE SIMULATION AS A PLATFORM TO RECOGNIZE AND RESPOND TO MICROAGGRESSIONS

Dana Herrigel, M.D., Andrew Austin, M.H.A., Amy Lannen, Maryane Dinkins, M.S., DPT, Eboné Hill, M.D., Pedro Perez Barbieri, M.D., Ricardo Pagan, M.D., Larry Johnson, M.S.N, R.N., SCRN, Beth Ladlie, M.D., MPH2,
Department of Hospital Internal Medicine
Office of Equity, Inclusion, and Diversity
Experiential Learning Center
Department of Anesthesiology and Perioperative Medicine
Mayo Clinic Florida, Jacksonville, FL

DEI CURRICULUM: PRIVILEGE AND DISPARITY IN HEALTHCARE

Amie Fonder, PA-C; Joselle Cook, MD; Martha Lacy, M.D.; Rahma Warsame, M.D.; Miriam Hobbs, APRN, CNP, DNP; David Inwards, M.D.; Sophie Bice; Lynette DeRaad; Alexandra Wolanskyj-Spinner, M.D.; Lionel Aurelien Kanekeu Fonkoua, M.D.; Yi Lisa Hwa, APRN, CNP, DNP; Casey Aitken; Jordan Krull; Tammy McCarty; Georgianna Schultz; Mohamad Adada, M.D., Ph.D.; Amber Derr; Bittina Perry; Jessica Zemke; Joshua Pritchett, M.D.; Jessica Shelly, APRN, CNP; Dianne Tucker; Pam Bowman.
Division of Hematology

DIVERSE INITIATIVES TO PROMOTE INCLUSION AND WELL BEING WITHIN THE WORK ENVIRONMENT

Casey Aitken, CCRP
Division of Hematology

DIVERSITY AND REPRESENTATION IN MEDICINE: ARE NATIONAL MEDICAL SOCIETIES ANSWERING THE CALL?

Lyndsay A. Kandi, B.S.; Jacob B. Hammond, M.D.; Tyler L. Jarvis, B.S.; Chad M. Teven, M.D.; Alanna M. Rebecca, M.D., Division of Plastic and Reconstructive Surgery, Department of Surgery, Mayo Clinic, Phoenix, AZ; Department of Surgery, Mayo Clinic, Phoenix, AZ;
Mayo Clinic Alix School of Medicine, Scottsdale, AZ

EDUCATION EQUITY & INNOVATION IN THE VIRTUAL SPACE: STRATEGIES FOR DIVERSITY PATHWAY PROGRAMMING DURING THE COVID-19 PANDEMIC

Nicole Nfonoyim-Hara, M.S.; Barbara Jordan, M.A., Chara Pruszynski, M.P.H.; Maria Molina, M.S.; Sharon Torres.
Mayo Clinic College of Medicine and Science, Office for Education Diversity, Equity, and Inclusion

ENGAGING STAFF THROUGH FIVE INITIATIVES TO PROMOTE THE UNDERSTANDING AND SUPPORT OF EQUITY, INCLUSION, AND DIVERSITY WITHIN GENERAL INTERNAL MEDICINE

Larson, L.,
Wight, E. M.D.

ESTABLISHING AN EQUITY, INCLUSION, AND DIVERSITY COUNCIL FOR A DEPARTMENT OF NURSING

Amber Charleville, MAN, R.N., Holly Burkhartzmeyer, MAN, R.N., Habiba Haji, M.S.N., R.N., PMH-BC, Kayla Simiele, DNP, R.N., Amy Storsveen, M.S.N., R.N., NEA-BC, & Dawn E. Nelson, M.S.N., R.N.

EQUITY+ INCLUSION= DIVERSITY

Ruth Bello M.A., Margaret Dougherty M.B.A., David Ausejo M.B.A., Vicki Hochstetler M. Ed, Ryan Prigge M. Ed.
Mayo Clinic School of Health Sciences

GENDER EQUITY AT MAYO MICROSITE

Kara Saliba, Alanna Rebecca M.D., M.B.A., Katie Noe M.D., Ph.D., Barb Pockaj M.D., Tamara Kary, Henry Tazelaar M.D., Alyx Porter M.D.

IGNITE: INNOVATION TO ADDRESS GENDER-SPECIFIC TOPICS NOT USUALLY COVERED IN A TRADITIONAL MEDICAL SCHOOL CURRICULUM

Natalie Strand, M.D.
Anesthesiology, Mayo Clinic Arizona

LEADERSHIP IN PHD (LEAP): LONGITUDINAL LEADERSHIP SKILL BUILDING FOR UNDERREPRESENTED (UR) BIOMEDICAL RESEARCH TRAINEES

Jason Doles, Ph.D., Ji Yung Kang, Ph.D., and Linda Scholl, Ph.D.

LEANING IN AT MAYO CLINIC

Betty Hutchins, M.B.A.
Information Technology, Mayo Clinic

LONGITUDINAL ANALYSIS OF DIVERSITY OFFICES AND EXAMINING THEIR IMPACT ON GENDER PARITY IN GASTROENTEROLOGY GRADUATE MEDICAL EDUCATION LEADERSHIP

Chung Sang Tse, M.D., Nancy Xiong,*, Anjali Bhagra, M.D.
*Presenter Affiliations:
Gastroenterology Fellow, University of California, San Diego, San Diego, CA;
Undergraduate Student, Rhode Island College, Providence, RI;
Professor of Medicine, Mayo Clinic, Rochester, MN

MAYO CLINIC ROCHESTER DIVISION OF HEMATOLOGY - EFFORTS TO FOCUS ON DIVERSITY AND INCLUSION

Amber Derr, M.B.A.; Pamela Bowman, M.B.A.; Kenneth Aggen, M.S., R.N.; Casey Aitken, CCRP; Sophie Bice; Emily Brigham, N.P.; Demetria Clark, P.A.; Joselle Cook, M.B.B.S.; Lynette DeRaad; Amie Fonder, P.A.; Miriam Hobbs, N.P.; Yi Lisa Hwa, N.P.; David Inwards, M.D.; Lionel Kankeu Fonkoua, M.D.; Martha Lacy, M.D.; Bittina Perry; Rahma Warsame, M.D.; Alexandra Wolanskyj-Spinner, M.D.; Jessica Zemke

P-TECH PARTNERSHIP OFFERS NEW AND DIVERSE TALENT PIPELINE FOR PRACTICAL NURSING

Guy Finne, Director of Workforce Development; Jess Anderson, Workforce Programs
Division of Human Resources

PROMOTING DIVERSITY, EQUITY, AND INCLUSION THROUGH A CURRICULAR REVIEW PROJECT

Derrick Lewis, Ewoma Ogbaudu, Johanny Lopez-Domingues, Rewan Abdelwahab, Amit Shah, Amy Seegmiller Renner, Audrey M. Elegbede, Marcia Andresen Reed, Mira Keddis, Joseph J. Maleszewski, Taylor Thomas, Sarah J. Atunah-Jay.
Mayo Clinic Alix School of Medicine
Vanderbilt Pediatrics Residency

STRATEGY MANAGEMENT SERVICES (SMS) EQUITABLE INTERVIEW PRACTICES

Wale Elegbede, M.B.A.Terri Knudson, Jodi Lee, Amrita Prakaashana, M.Ed. Lauren Baker, Liz Daugherty
Department of Laboratory Medicine and Pathology and Mayo Clinic Laboratories

STRIVING TO SUSTAINABLY EMBED DIVERSITY, EQUITY AND INCLUSION IN OUR WORK

Sarah R. Dhanorker, M.S., M.H.A.; Heidi L. Borgwardt, M.A., M.H.A.; Rachel L. Martin, PMP, CPHMS, Janine (Coelho) Kamath, M.A., M.B.A.
Mayo Clinic Strategy Department
Mayo Clinic International

THE CREATION OF A DIVERSITY, EQUITY AND INCLUSION CHAMPIONS PROGRAM IN THE DEPARTMENT OF LABORATORY MEDICINE AND PATHOLOGY AT MAYO CLINIC

Martha M. Yiglletu, Fazlollaah (Fazi) Amirahmadi, Ph.D., Roeun Im, Maria A. V. Willrich
Department of Laboratory Medicine and Pathology and Mayo Clinic Laboratories

THE RISE LEADERSHIP PROGRAM: STRATEGIES AND LESSONS LEARNED

Ivana T. Croghan, Ph.D.; Tammy R. Monson, M.A.; Erin M. Pagel, M.S.; Karthik Ghosh, M.D.; Anne A. Schletty, M.B.A.; Ji Yun Kang, Ph.D.; Karen M. Fischer, M.P.H.; Darrell R Schroeder, M.S.; Laura E. Raffals, M.D.; Anjali Bhagra, M.D.
Mayo Clinic, Rochester

“THE TIME IS ALWAYS RIGHT TO DO THE RIGHT THING.” -MARTIN LUTHER KING JR.

Ajay Jayakumar, M.S.
Kern Center for the Science of Health Care Delivery

USE OF AN IMPLEMENTATION SCIENCE FRAMEWORK TO DESIGN AN ANTI-RACISM CURRICULUM AT AN ACADEMIC MEDICAL CENTER

Gmerice Hammond, M.D., M.P.H., Erin Stampp, MPP, Jessica Pittman, M.D., MPH1, and Sherree Wilson, Ph.D.

"WHERE I'M FROM": A SIMPLE, POWERFUL, POETIC TOOL FOR DIVERSITY EDUCATION

Scott Anderson, Christopher Poyorena, Ewoma Ogbaudu, Keldon Lin, Shannon Laughlin-Tommaso M.D., M.P.H., Adebisi Alli D.O., MS, Amit Shah M.D.
Mayo Clinic Alix School of Medicine

WORKFORCE INITIATIVES TO PROMOTE DIVERSITY AND INCLUSION EFFORTS FOR PATIENTS AND STAFF

Pamela J. Bowman, M.B.A., Amber N. Derr, M.B.A., David J. Inwards, M.D., Mohamad M. Adada, M.D., Ph.D., Georgianna (Gina) R. Schultz, R.N.