



UCSF Department of Medicine ZUCKERBERG SAN FRANCISCO GENERAL

ADVANCING EQUITY AT ZSFG

While ZSFG has always been dedicated to serving vulnerable populations, in recent years the institution and the ZSFG Department of Medicine have deepened their commitment to creating an environment that goes beyond equality to equity.

“Equality is ensuring that everyone gets the same support, resources and care – while equity is a recognition that some populations need more, not equal, support to attain the same goals as everyone else,” said Tosan Boyo, MPH, FACHE, chief operating officer for ZSFG.

“For example, if you live under a bridge, we will find you and bring you medicines,” said Jeffrey Critchfield, MD, professor of medicine in the ZSFG Division of Hospital Medicine and chief medical experience officer for ZSFG. “We meet people where they are, identify their needs, and think creatively about ways to optimize their health and well-being.”



Dr. Jeffrey Critchfield

Marlene Martin, MD, is assistant clinical professor in the ZSFG Division of Hospital Medicine and founding director of the Addiction Care Team, a new specialty service that provides addiction care to hospitalized patients with substance use disorders. She recalls caring for one of her patients, a pregnant woman struggling with homelessness, mental illness and a heroin addiction.

“She really wants her baby to be born healthy, and is engaging in treatment,” said Dr. Martin. “The heroin addiction is a chronic disease, just like

diabetes. And as soon as that baby is born, he will need a lot more help than someone who is born in Silicon Valley with two parents who are professors at Stanford.”

“In health care, if you create a system for the most disenfranchised person, everyone benefits,” said Mr. Boyo. “I want ZSFG to be a health system where a transgender person of color shows up and feels safe – no one calls them the wrong pronoun, treats them poorly because of their housing status or how they look, and they don’t have to ask more than once to get what they need. I want them to have the best experience possible, every single time, and to love coming here.”



Dr. Marlene Martin

Measuring Equity

To make tangible progress towards this vision, ZSFG established the Equity Council in 2017, whose mission is to eliminate disparities and promote inclusion. Its members include both front-line staff and hospital leaders, including Mr. Boyo and Dr. Critchfield. One of its first steps was to find out what was already being done at ZSFG.

“We have 47 departments that report quality metrics to the health commission, but only 6 percent were collecting information that allowed them to stratify those metrics by race, ethnicity and language,” said Mr. Boyo. “Before we could make any assessment, we needed to establish a baseline to assess if there were disparities, and if so, what we could do about them.”

Two years later, 58 percent of departments now have quality metrics stratified by race, ethnicity and language, with a goal of reaching 85 percent by 2022.

Like any quality measure, the numbers allow ZSFG to improve in tangible ways. For example, this data is now being used to tailor appointment reminders to patients’ preferred language, assess why Latino patients leave the emergency department without being seen at higher rates compared to other patients, and increase the percentage of Black/African American hypertension patients with controlled blood pressure. ZSFG is working to collect information about patients’ sexual orientation and gender identity to support additional improvement efforts.

The Equity Council also conducted an employee survey about equity which revealed vastly different perceptions and experiences, associated with respondents’ race and ethnicity, length of service, and role.



Tosan Boyo, MPH

equity would actually create problems. We have to get all three groups to understand why having conversations about equity is critical, because if we ignore this long enough, it grows and can become

“As we dug deeper, we identified three groups,” said Mr. Boyo. “One felt that ZSFG was the most progressive place to work, while another described experiencing bias and racism every day, and a third thought everything was fine – that talking about



volatile. We need to talk about it.”

Courageous Conversations

ZSFG is helping its workforce more skillfully engage in these difficult discussions. “Two years ago, I would have said that our goal was to create a safe place for people to bring forward their ideas and emotions – but I’ve realized that ‘safe’ only gets you so far,” said Dr. Critchfield. “We have to be prepared to have respectful, uncomfortable, courageous conversations.”

He is the executive sponsor for Relationship-Centered Communication (RCC) trainings, which recently have expanded to include frameworks to talk about race. The trainings are led by Angelica Cardenas, MPH, health educator at the San Francisco Department of Public Health, Denise Davis, MD, professor in the San Francisco Veterans Affairs Medical Center Division of General Internal Medicine, Mary Mercer, MD, associate professor in the ZSFG Department of Emergency Medicine, and Kara Myers, CNM, MS, professor in the ZSFG Department of Obstetrics, Gynecology and Reproductive Sciences.

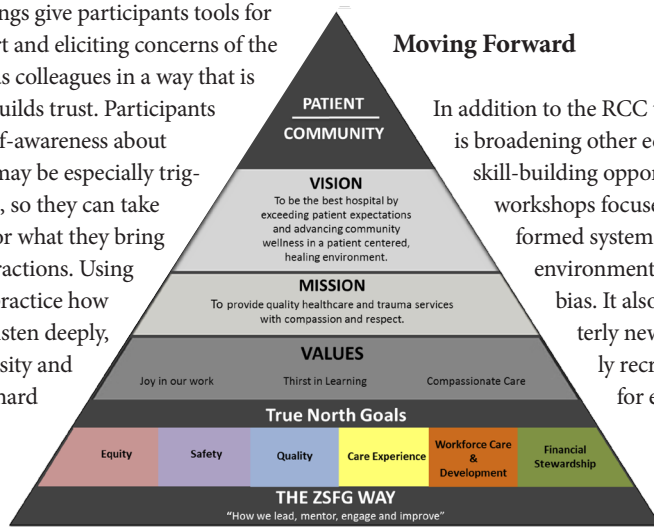
The RCC trainings give participants tools for building rapport and eliciting concerns of the patient as well as colleagues in a way that is empathic and builds trust. Participants also develop self-awareness about situations that may be especially triggering for them, so they can take responsibility for what they bring to charged interactions. Using role play, they practice how to slow down, listen deeply, and bring curiosity and compassion to hard conversations.

Dr. Martin recently applied her learnings from the RCC training to a challenging clinical encounter. “The patient fired me, and it felt horrible – but the training allowed me to process it,” said Dr. Martin. “I had to understand that she was dealing with a lot of systemic factors, and it wasn’t about me. In the room, I didn’t get defensive, cry, or make it about

me, which I might’ve done before the training”

The training also reinforced her work as founding director of the Addiction Care Team, which seeks to improve care for hospitalized patients with substance use disorders. “In medical school, we’re trained to solve problems,” said Dr. Martin. “But with equity, it’s not about coming up with solutions. It’s about asking open-ended questions, reflecting, and empathizing. If you provide time and space, people tell you what they need and want.”

These skills also help her in other situations, such as when she is the only woman, or person of color, in the room and patients assume she is anything except a physician. “I’m able to nicely say, ‘Mr. so-and-so, I’m the supervising doctor,’” said Dr. Martin. “Because we’re having these conversations and training our workforce, I’ve seen things change. Sometimes my interns have responded for me, saying ‘Dr. Martin is the boss.’ It’s important to train as many people as possible, and to be an ally – to be equipped to respond when you see inequities happen. These conversations have to be at the forefront, and something we talk about regularly, at all levels.”



Equity is one of the six pillars of the True North Goals that is part of The ZSFG Way

Moving Forward

In addition to the RCC trainings, ZSFG is broadening other equity-related skill-building opportunities, including workshops focused on trauma-informed systems, creating inclusive environments, and unconscious bias. It also publishes a quarterly newsletter, and recently recruited a manager for equity strategy.

Building on the work done to collect patient data about race, ethnicity and language, ZSFG is now asking departments to step up from just identifying disparities to closing these gaps. ZSFG is also collaborating with the San Francisco Department of Public Health to establish a policy on respect with specific codes of conduct, and to create rapid response teams which

SPOTLIGHT

Congratulations to our employees who have completed the **UCSF Diversity and Inclusion Staff Certificate Program**:

- Yazmin Carrasco**, Division of General Internal Medicine
- Jena Desai**, Division of Hospital Medicine
- Justin Moore**, Division of Experimental Medicine
- Kay Wallis**, Division of Pulmonary and Critical Care
- Edward Wiedemann**, Central Administration

This Certificate Program focuses on exploring foundational concepts essential to enhancing an inclusive work environment through lecture, experiential and independent activities. Participants may explore their own backgrounds to deepen their understanding on stereotypes and biases and learn the tools to support a more inclusive climate.

You may learn more about this program at: <https://diversity.ucsf.edu/dicp>

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R - Respect: To treat all others as you wish to be treated, being courteous and kind, acting with utmost consideration of others.

I - Integrity: To be honest, trustworthy and ethical, always doing the right thing, without compromising the truth, and being fair and sincere.

D - Diversity: To appreciate and celebrate differences in others, creating an environment of equity and inclusion with opportunities for everyone to reach their potential.

E - Excellence: To be dedicated, motivated, innovative and confident, giving your best every day, encouraging and supporting others to excel in everything they do.

SPOT Awards recognize significant employee achievements and contributions, as they occur, for a specific project or task over a relatively short period of time. A SPOT Award lets employees know that someone has noticed their noteworthy contribution. Learn more at: <https://great.ucsf.edu/star-program>

can provide extra support to employees who feel their voices are not heard or who experience workplace bias.

“As influential as the General has been in advancing progressive perspectives on populations that have been historically overlooked or underserved, we still have great opportunity to be more respectful and caring of the people who work here and visit our campus,” said Dr. Critchfield. “And if not us, who will be the leaders in creating an environment that cultivates diversity, equity and inclusion as the essence of who we are? Just as San Francisco General imagined different care models to address HIV/AIDS in the 1980s, we can be the national model of how to address race and health disparities, a devastating epidemic of today.”

Elizabeth Chur

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