JEDI Advocacy -
Be A “Force” for Justice, Equity, Diversity, Inclusion for Health Equity

Elisa Choi, MD, FACP, FIDSA (She/Her)
Chair, ACP Board of Governors
(Views represented in this talk are my own unless explicitly noted otherwise.)

South Carolina ACP Chapter Meeting
Saturday October 22, 2022
Disclosure of Financial Relationships

Elisa Choi, MD, FACP, FIDSA

No commercial, financial, or IP interests to disclose.
Learning objectives

• Discuss JEDI (Justice, Equity, Diversity, Inclusion) concepts

• Discuss ACP JEDI advocacy efforts

• Discuss JEDI advocacy and impact on health equity & health disparities

• Discuss JEDI opportunities for individual ACP members
Membership Growth and Engagement

Goal: Engage more members in College activities and increase ACP membership, value and pride through a focus on members within 5 years of residency graduation.

Valued Professional Identity

Goal: Increase enthusiasm and pride about being an internist, and about the value IM specialists and subspecialists bring to healthcare, through increased visibility.

Innovation and Strategic Alignment

Goal: Align activities and resources with strategic priorities to leverage and enhance ACP’s potential to deliver new, valuable and relevant programs and products.

Diversity, Equity and Inclusion

Goal: Achieve a just, equitable and inclusive culture at ACP by promoting and advancing DEI values through intentional initiatives, policies and actions to be anti-racist.

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What is “JEDI”?

- **Diversity** – “is the broad representation of varied identities and differences”
- **Equity** – “is about fairness. Fair treatment, access, and resources and equal opportunity.”
- **Inclusion** – “means engaging with our diversity. Inviting the contribution and participation of everyone, which adds value and balance to all we do.”
- “ACP's Commitment to Being an Anti-Racist, Diverse, Equitable and Inclusive Organization” – video [https://youtu.be/KVSeSOTKJ28](https://youtu.be/KVSeSOTKJ28)
- **Justice** – (dictionary.com) - ”just (guided by truth, reason, fairness) treatment of all members of society with regard to a specified public issue, including equitable distribution of resources and participation in decision-making (usually used in combination)”

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What is “Antiracism”? 

- **Racism** - “a belief or doctrine that inherent differences among the various human racial groups determine cultural or individual achievement, usually involving the idea that one's own race is superior and has the right to dominate others or that a particular racial group is inferior to the others.”

- **Antiracism** –
  
  1) “a belief or doctrine that rejects the supremacy of one racial group over another and promotes racial equality in society.”
  
  2) “a belief or practice that recognizes pervasive racism in society, and actively combats racial prejudice and discrimination in order to promote racial justice and equality”
What is “Advocacy”? 

- **Advocacy** – “the act or process of supporting a cause or proposal: the act or process of advocating (“to support or argue for (a cause, policy, etc.) : to plead in favor of”) something”

- “ad vocare” – “to call”

- For our community, for our profession, for our patients
ACP’s DEI Journey

• **Fall 2016 - Developing Policy to Address the Gender Pay Gap within the Field of Medicine**
  • Resolution Sponsored by the Council of Resident/Fellow Members
  • Resulted in policy development

• **Spring 2017 - Diversity and Inclusion Task Force**
  • Established by Sue Hingle as Chair of the BOR April 2017
  • Chaired by Sue Bornstein; report to the ECBOR July 2017
  • Recommendations:
    • Conduct internal research
    • Help chapters identify best practices
    • Identify underrepresented groups and prioritize their engagement
    • Consider formal constituency groups
    • Consider DEI training for governance
    • Develop membership goals and metrics
    • Consider forming standing committee

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ACP’s DEI Journey

• **Spring 2018 – Diversity and Inclusion Subcommittee**
  • Reported to the Governance Committee
  • Began foundational work

• **July 2020 – Diversity, Equity and Inclusion Committee**
  • Standing Committee reporting to the BOR
  • Expanded its size from 10 to 16 members
    • Including Council reps, President, BOR Chair and additional at-large member
ACP Resources – acponline.org/dei

DIVERSITY, EQUITY AND INCLUSION POLICY
EFFECTIVE DATE: JULY 20, 2019

RATIONALE:
The ACP embraces diversity, inclusion and equity as key strategies for strengthening our organization. Diversity and inclusion improve engagement, innovation, productivity, and organizational growth while promoting new ways of thinking. A diverse, inclusive and equitable organization is characterized by mutual respect, compassion, open communication, and collaboration because it develops skills among its leadership and membership enabling effective and respectful interaction among individuals who hold a broad range of views. Such skills foster the ability to connect and build relationships, creating respect, empathy and understanding of colleagues and patients, and enables better organizational outcomes. This approach improves patient care and aligns with ACP core values.

POLICY:
The American College of Physicians’ membership comprises a diverse population of internal medicine professionals and trainees, and welcomes all prospective members inclusive of diverse individual and group characteristics. Additionally, the College welcomes diversity of opinion, and respects, values and considers all opinions when formulating policy.

The College works to ensure members from diverse groups participate in all activities, decision-making and positions of leadership. The ACP believes that a commitment to diversity, inclusion and equity strengthens the organization’s capacity to respond to the needs of its members, patients, the profession and the public.

When engaging and recognizing expertise and accomplishments in a wide variety of areas, including the practice of medicine, teaching, research, public service, and volunteer service, the College will implement strategies to engage, recognize and award people from diverse groups.

The College recognizes the importance of cultural humility and competency in the delivery of health care to diverse groups of patients. The College will seek ways to promote and develop these values and skills in its members.

To achieve diversity, inclusion and equity, the College will strive to:

- Increase diversity across the College by focusing on strategies that foster inclusion and create accountability.
- Enhance inclusion and engagement of members from diverse backgrounds in all chapter activities.
- Enhance coaching, mentorship and sponsorship of members from diverse groups to attain decision-making and leadership positions within the College at all levels.
- Increase College awards and recognition to members of diverse groups.
- Encourage, incentivize, support, and reward Chapters that pursue and recognize diversity and inclusion.
- Implement training in diversity, inclusion, and equity across the College.
- Encourage collaboration within and outside the College of diverse stakeholders.
Diversity, Equity, and Inclusion (DEI)

ACP is committed to being an anti-racist, diverse, equitable and inclusive organization dedicated to policy, advocacy and action to confront and eliminate racism, racial disparities, discrimination, bias and inequities in health and health care and within our own organization.

ACP’s ongoing efforts and policies reflect and demonstrate the College’s commitments to:

- Ensuring the diversity, equity and inclusion
  https://youtu.be/KVSeSOTKJ28
Lead On ACP - Diversity, Equity and Inclusion

• Established Diversity, Equity, Inclusion Committee

• Updated “Diversity, Equity and Inclusion” policy

• Co-sponsored a grant program, Building Trust through Diversity, Health Care Equity, and Inclusion in Internal Medicine Training, with the ABIM, ABIM Foundation, AAIM, and the Josiah Macy Jr. Foundation. Awarded funding to support projects that incorporate DEI into the fabric of IM education and training, promote trust and health equity, and benefit both medical professionals and the diverse patients they serve.

• Established Anti-Harassment policy and reporting process, including approach to professional behavior at ACP events

• Surveyed current/past leaders to help assess DEI needs

• Supported ACP Chapters establishing local DEI/Women in Medicine committees and programming

Visit ACP’s Diversity, Equity and Inclusion page to watch our video, detailing ACP’s activities around DEI.
ACP DEI Initiatives – What We’ve Accomplished

• Reflected DEI more prominently in definitional components of the organization
  • Vision, College Goals, and Core Values, Priorities for FY 2020-22 and DEI Policy

• Established Anti-Harassment policy and reporting process, including approach to professional behavior at ACP meetings and events

• Conducted initial research to help assess DEI needs

• Supported Chapters establishing local DEI/WIM committees and programming

• Created DEI-focused programming, including annual meeting content, webinar series, etc.

• Developed pilot for establishing affinity groups

• Developed speaker diversity and inclusion principles

• Revised national award and Mastership descriptions to remove biased language and potential barriers to nominations

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Slide courtesy Joanne Ey
ACP DEI Initiatives – What We’ve Accomplished

• Policy and Advocacy
  • Predicated on seeing racial disparities, discrimination, harassment and violence as public health issues.
  • Advocate for evidence-based solutions to combat the social determinants of health (disproportionately harm racial and ethnic communities and exacerbate health disparities)
  • ACP’s Vision for Health Care calls for systemic reform that addresses social determinants of health and reduces barriers to care.
  • Promote gender equity and elimination of inequities in compensation and career advancement
  • Issued Commitment to Being an Anti-Racist, Diverse, Equitable and Inclusive Organization
  • Policy development on Racial Health Disparities, Prejudice and Violence

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Slide courtesy Joanne Ey
ACP Recent Activities

• **Equity Matters Program**
  - CMSS and ACGME collaboration to provide continuous learning and process improvement in DEI and anti-racism practices.
  - Uses shared multi-modal educational tools, resources, and a peer advisory approach to create shared learning within communities; access to an online library of DEI and anti-racism resources for CME credit.
  - Sue Bornstein and Adrienne White-Faines are ACP’s representatives.

• **Member Demographic Questions**
  - Updated demographic questions around race, ethnicity and gender
  - Removed from applications and added to the Member Profile
  - Transitioning members are being asked to complete
  - Developing implementation plans to reach renewing and new Members
ACP Recent Activities

- Engaged Council of Subspecialty Societies

- DEI Coalition of Marginalized Physician Identities
  - Convened to advance mutual goals for DEI to network, share best practices and collaborate.

- Women’s Wellness Through Equity and Leadership Program & WiMS Inclusive Learning Lab
  - Sponsored 10 members to participate in these programs

- DEI Grant Program
  - Sponsored by AAIM, ACP, ABIM/F and the Macy Foundation: Building Trust through Diversity, Health Care Equity, & Inclusion in Internal Medicine Training

- New => IMG (International Medical Graduate) Task Force

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Characteristics of Organizational Culture to Cultivate at ACP

• Mutual respect
• Compassion
• Open communication
• Welcome a broad range of views
• Interact effectively and respectfully
• Build relationships
• Supporting respect, empathy and understanding

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2024 Desired State Goal:
We will achieve a just, equitable, inclusive, and anti-racist culture at ACP, through promotion and advancement of DEI values, intentional initiatives, policies, and actions, as measured by the:

Organizational Objectives:
• Completion of an Assessment of ACP’s Culture that includes a focus on Diversity, Equity, and Inclusion (DEI), including an anti-racism lens.
• Establishment of a long-range plan for advancing DEI, anti-racism, and non-discrimination, with measurable objectives, that focus broadly on ACP staff, governance, and membership
• Influencing and advocating for ACP affiliate and other external organizations in healthcare, to adopt policies and approaches to advance D/E/I and anti-racism practices.

Key 2021-22 Sponsorship Team Activity Focus:
1. Focus Strategy and outline a plan to enhance DEI values, initiatives, policies & actions College-wide
2. Design Education and organization training foundation to expand individual and organization capacity
3. Assess, coordinate and support infrastructure for appropriate current initiatives which advance overall plan design (from #1)
ACP - Looking Ahead

• Continue to keep DEI at the forefront and integrated into College operations

• Develop guidelines for assuring diversity and inclusion are part of the selection process for leadership selection and appointments

• Continue to develop policy to affect change in the areas of DEI

• Conduct implicit bias and anti-racism trainings

• Implement processes that ensure all policies and positions are written with inclusive language and DEI principles

• Develop leadership development programs and opportunities for those with marginalized and excluded identities in medicine
ACP’s Commitments

- Increasing diversity across the College by fostering inclusion and creating accountability.

- Enhancing inclusion and engagement of members from diverse backgrounds in all chapter activities.

- Enhancing coaching, mentorship and sponsorship of members from diverse groups to attain decision-making and leadership positions within the College at all levels.

- Increasing College awards and recognition to members of diverse groups.

- Encouraging, incentivizing, supporting, and rewarding Chapters that pursue and recognize diversity and inclusion.

- Implementing training in diversity, inclusion, and equity across the College.

- Encouraging collaboration within and outside the College of diverse stakeholders.

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ACP Core Values

Core values answer the question: "How do we want to act as we move toward achieving our vision?" Core values are consistent with the mission of the College and help people make daily decisions about how to act.

- **Excellence**
  We strive for excellence and maintain the highest ethical and professional standards.

- **Professionalism**
  We work with expertise, commitment, integrity, and humility.

- **Leadership**
  We recognize and inspire leadership that upholds the highest standards of patient care, professionalism, education, policy development, and advocacy.

- **Compassion**
  We respect the dignity of others and are sensitive and empathic to their needs.

- **Inclusion**
  We embrace diversity and inclusion to foster engagement, belonging, and respect in all that we do.

- **Equity and Justice**
  We create a just and equitable culture without barriers or limits to our members, patients, and the profession.

- **Well-being**
  We cultivate a culture of caring for and about each other, and we advocate for and create systems changes that promote personal and professional fulfillment.
ACP’s Organizational Commitment to be Anti-Racist, Diverse, Equitable, and Inclusive

• ACP has made an organizational commitment to being an anti-racist organization dedicated to policy, advocacy and action to confront and eliminate racism, racial disparities, discrimination, bias and inequities in health and health care and within its own organization.

• ACP strives to embody a diverse, inclusive and equitable organization that facilitates effective and respectful interaction among individuals who hold a broad range of views, and respect, empathy and understanding of others.

• ACP is studying, listening, and developing evidence-based solutions to create an equitable and inclusive organizational culture, and to guide its interactions with members, staff, and others.

www.acponline.org/dei

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ACP Resources – acponline.org/dei

The American College of Physicians’ Commitment to Being an Anti-Racist, Diverse, Equitable, and Inclusive Organization

Approved by the Executive Committee of the Board of Regents on behalf of the Board of Regents on September 28, 2020.

Racism, racial disparities, discrimination, harassment and violence are public health issues. The American College of Physicians (ACP) has long fought against discrimination due to race, ethnic origin, nationality, cultural background and other personal characteristics. ACP policies have examined the prevalence of racism and discrimination in U.S. society and their role as a social determinant of health while calling attention to the public health impact of hate crimes and discrimination and the harmful consequences of racial, ethnic and gender disparities in health and health care.

Physicians, as members of the profession of medicine, have an ethical duty to care for all. Physicians and the profession must work to maintain the trust of patients and society every day. It is imperative that all people, including physicians, speak out against hate and discrimination. To correct racial injustices, it is also imperative that organizations, institutions and individuals address sources of prejudice, racism, structural barriers to access to health care, discrimination and harm through transparency and accountability. The profession and practice of medicine has a history of racism and discrimination. Examples include the segregation of hospital wards and the infamous Tuskegee Syphilis Study, where 600 Black men were enrolled in order to observe the natural course of syphilis without their informed consent, a major violation of ethical standards.

ACP, too, must reconcile and be accountable for its own historical organizational injustices and inequities. ACP acknowledges and regrets its past racism, discrimination and exclusionary practices throughout its history, whether intentional or unintentional, by act or omission. In the first half of the 20th century, College membership was limited to English-language speakers in North America. There was not a Black member until after 1947, and the first record of formal ACP activity to study and develop recommendations on diversity wasn’t until 1971.

We can and will do better.

ACP pledges to be an anti-racist organization dedicated to policy, advocacy and action to confront and eliminate racism, racial disparities, discrimination, bias and inequities in health and health care and within our own organization. ACP strives to embody a diverse, inclusive and equitable organization that facilitates effective and respectful interaction among individuals who hold a broad range of views, and respect, empathy and understanding of others. ACP is studying, listening, and developing evidence-based solutions to create an equitable and inclusive organizational culture, and to guide our interactions with members, staff, other organizations, policymakers, and society.

The following overarching principles, policies and ongoing efforts provide an important foundation upon which all ACP diversity, equity, inclusion and anti-racism initiatives will be built, and serve as critical value statements to guide the College’s work and the actions of staff and governance. Advancing
BOG Representation of all ACP Members

Excludes Medical Student and Resident/Fellow Members
1982 ACP Board of Governors
ACP Membership Characteristics

Location | Gender | Age
---|---|---
Race/Ethnicity | IMG Status | Specialty
Professional Activity | In/Out Patient Focus

Slide courtesy Wayne Bylsma
Governors represent members well in these areas

- Location
- Gender
- Age

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Governors under represent members in these areas

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<td>US Resident International Medical Graduates</td>
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ACP Leadership

Darilyn Moyer, MD, FACP, FRCP, FIDSA
Executive Vice President and Chief Executive Officer

Adrienne White-Faines, MPA, FACHE
Chief Strategy Officer

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ACP Leadership

Susan Thompson Hingle, MD, MACP
Past Chair, Board of Regents
2017-2018

Ana Maria Lopez, MD, MPH, MACP
Past President
2018-19

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ACP Leadership

Jacqueline Fincher, MD, MACP
Past President
2020-2021

Heather Gantzer, MD, MACP
Past Chair, Board of Regents
2020-2021

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ACP Leadership

Sue Bornstein, MD, FACP
Chair, Board of Regents
2022-2023

Janet Jokela, MD, MACP, FIDSA
Treasurer 2022-2023

Eileen Barrett, MD, MPH, MACP
Chair Elect, Board of Regents
2022-2023

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ACP Leadership

George Abraham, MD, MPH, MACP
Immediate Past President
2021-2022

Ryan Mire, MD, FACP
President
2022-2023

Omar Atiq, MD, FACP
President Elect
2022-2023

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ACP Leadership

Rebecca Andrews, MD, MS, FACP, Immediate Past Chair
Board of Governors
2021-2022

Elisa Choi, MD, FACP, FIDSA
Chair
Board of Governors
2022-2023

Priya Radakrishnan, MD, FACP
Chair Elect
Board of Governors
2022-2023

Angela Johnson, MD, FACP
Chair Elect Designee
Board of Governors
2022-2023

Heather Brislen, MD, FACP
Parliamentarian
Board of Governors
2022-2023

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ACP Leadership

Thomas Cooney, MD, MACP
Immediate Past Chair, Board of Regents
2021-2022

Gregory Kane, MD, MACP
Immediate Past Treasurer
2021-2022

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JEDI Progress since 1982

Slide courtesy Dr. Darilyn Moyer
JEDI Progress - BOG Virtual Town Halls: July-August 2022

ACP BOG Community
Justice, Equity, Diversity & Inclusion Committee (JEDI) - Massachusetts ACP Chapter

Committee Chairs

Committee Members

- Dr. Sarita Bajracharya
- Dr. Aditya Chandrasekhar
- Dr. Elisa Choi (She/Her)
- Dr. Petal Elder
- Dr. Jorge Rodriguez
- Dr. Clyde "Lanny" Smith
- Dr. Carole Vincent

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Justice, Equity, Diversity & Inclusion Committee (JEDI) - Massachusetts ACP Chapter

Massachusetts Chapter, American College of Physicians
Justice, Equity, Diversity & Inclusion Policy (JEDI)
(approved March 2021)

The Massachusetts Chapter, American College of Physicians (MA ACP) membership comprises a diverse population of Internal Medicine specialists and sub-specialists, fellows, residents, and medical students. The chapter welcomes prospective members regardless of race, ethnicity, gender, gender identity, religion, age, sexual orientation, nationality, disability, appearance, geographic location, and professional activity, such as private practice, research, or academic medicine.

MA ACP is committed to providing opportunity for Internal Medicine specialists and sub-specialists, fellows, residents, and medical students from diverse groups to join the College, participate in chapter activities, and attain positions of leadership. In doing so, we ensure a welcoming professional home for all.

MA ACP recognizes that justice, equity, diversity, and inclusion are the foundations to eliminate structural, systemic, and institutional racism, in addition to other forms of marginalization. We pledge commitment to these four pillars (JEDI) which enhance physician wellbeing, mitigate sources of health disparities, and promote health equity.
MA ACP - Justice, Equity, Diversity & Inclusion Survey
“How To Be An Antiracist” By Ibram X. Kendi

Book Discussion

sponsored by the

Massachusetts ACP Chapter Justice, Equity, Diversity & Inclusion (JEDI) Committee

Thursday, January 13, 2022
Tuesday, February 15, 2022
Podcasts by Internists, for Internists

Focusing on internal medicine-related topics, free podcasts offer CME and MOC.

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Dr. Elisa Choi, ACP MA governor and Chair-Elect of the ACP Board of Governors, and Dr. Carole Vincent, general internal medicine specialist and founding member of the ACP MA Chapter JEDI Committee, reflect on a previous episode of The DEI Shift, Antiracism in Healthcare Education (Season 2, Episode 3). In the previous episode, The DEI Shift Senior Producers, Dr. Maggie Kozman and Dr. DJ Gaines, interviewed Dr. Ryan Mire, ACP President-Elect, about what anti-racism means in healthcare education and how to bring about needed change in our learning and work environments.

- Being anti-racist is being proactive against racism and racist ideas; in contrast, being non-racist is a passive stance.
- Beware of biological anchoring of medical concepts that lack an appropriate evidence base: race is a social construct, not a biological construct.
- Being anti-racist as a general internal medicine specialist means to listen to the patient’s story without judgment or preconceived ideas or biases.
- Medical students and learners at all stages of general internal medicine specialty careers can be empowered and engaged in making change towards anti-racism in medicine and healthcare education.

The conversation continues on Twitter with the #PTBGIM. For this episode, be sure to tag @theDEIShift @ACPMAChapter and @MAACPGovernor. Tell us why you’re #ProudToBeGIM and share your perspectives, experiences, or tips on how being anti-racist is essential as a general internal medicine specialist or trainee.

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Justice, Equity, Diversity & Inclusion Committee (JEDI) - Massachusetts ACP Chapter

NAVI GAT ING MEDI CINE: the LGBTQIA+ Experience

Thursday, October 6th
7:00 p.m. - 8:30 p.m.
via Zoom
To register:
https://bit.ly/3PyqVQs

Free - Open to ACP Members only
March 19, 2021

Statement on the Atlanta shootings – March 2021

The Massachusetts ACP Chapter expresses its heartfelt and deepest condolences to the families and loved ones of the victims of the Atlanta shootings earlier this week - Daoyou Feng, Paul Andre Michel, Hyeon Jeong Park, Julie Park, Xiaojie Tan, Delaina Ashley Yaun, and 2 as yet unidentified victims. While details surrounding the shootings continue to emerge, it is confirmed that the shooting victims were murdered by a 21-year-old white man who targeted Asian owned massage and spa businesses. Six out of the eight shooting victims were of Asian descent, and four of the eight were of Korean descent. All but one of the victims were women. This violence happened in the context of markedly increased incidence of anti-Asian racism, discrimination, bias, harassment, and violence, that has emerged with the COVID-19 pandemic. The shootings of earlier this week did not happen in a vacuum. Massachusetts ACP Chapter condemns racism, racially motivated violence, and hatred based on race, gender/gender identity, or any other self-identifying characteristic of individuals.

ACP has denounced anti-Asian racism in the wake of COVID-19, has addressed hate crimes as a public health issue, and supports anti-racism approaches to health.

Racism and Health in the United States: A Policy Statement From the American College of Physicians | Annals of Internal Medicine:
https://www.acpjournals.org/doi/full/10.7326/M20-4195

ACP Letter of Support for H Res 908:

Internists Say Harassment Based on Race or Ethnic Origin Is Never Okay | ACP Newsroom | ACP:
https://www.acponline.org/acp-newsroom/internists-say-harassment-based-on-race-or-ethnic-origin-is-never-okay

Respiratory Disease and Racism Have Reared Their Ugly Heads With COVID-19:

Massachusetts ACP Chapter stands with and supports our Asian/Asian American/pan-Asian community members, patients, colleagues, and physicians. We stand against racism and hatred. We commit to anti-racism. Together, supporting each other and our patients with compassion and empathy, we will be stronger.

Dr. Elisa Choi, MD, FACP, FIDSA
Governor, Massachusetts Chapter, American College of Physicians

@DrElisaChoi
Massachusetts ACP & Other ACP Chapters

Statement on Anti-Asian Racism, Violence, and Bias

In light of increasing anti-Asian attacks, violence, and hate crimes, the ACP California Southern Region I, California Southern Region II, California Southern Region III, California Northern, North Dakota, and Hawaii Chapters condemn and denounce all forms of racism, violence, and bias against all races and ethnic groups in the strongest possible terms.

We stand in solidarity with all victims of violence and their families as well as any fellow Pan Asian community members facing anti-Asian attacks or discrimination.

These acts have escalated during the COVID-19 pandemic, and have targeted seniors, women, and children in particular.

There has been a long history of discrimination and exclusion against members of Pan Asian community, but these horrific events must not be viewed as separate from the hate and violence against any and all communities. Doing so contributes to the “invisibility” of the Pan Asian community within the broader dialogue and the chance to align in solidarity and allyship with other stakeholder communities.

Moreover, the Pan Asian communities are extremely diverse, and patients within these communities are among some of the most vulnerable and marginalized due to xenophobia as well as language and cultural barriers. We strongly advocate for culturally responsive and linguistically accessible resources, and for individuals to be treated with dignity, respect, and equity.

Health is about more than those who receive care; it is also about those who provide it. Pan Asian physicians comprise over 2% of the U.S. physician workforce and over 2.2% of medical students in U.S. medical schools. Many Pan Asian members of the health care team encounter microaggressions, xenophobia, and bias in the course of their duties, putting their mental health and safety at risk. We support additional bystander intervention and de-escalation training; we support prioritizing the creation of safe spaces to mitigate these effects; and we encourage open discussion.

The ACP considers hate crimes and discrimination to be public health issues, and has committed to further exploring discrimination and racism in health care, medical education, and society. In particular, the ACP condemns all forms of anti-Asian sentiment related to the Coronavirus (COVID-19) pandemic.

May is Asian American and Pacific Islander Heritage Month, as we commemorate it, let us reaffirm our commitment to creating a climate of deeper understanding between different cultures and of mutual respect within our workplaces and communities. Also our commitment to building a more just, equitable, diverse, and inclusive space within medicine for patients and all members of the health care team.

Most importantly, let it be a time of healing for all.

Publication Date: May 2021

ACP has a Pan Asian Affinity Group for ACP members that identify as Pan Asian and members that share an affinity to, an allyship towards, or have a vested interest in collaborating and networking with Pan Asian members to create a wide variety of professional, personal, and career development opportunities. More information about the ACP Pan Asian Affinity Group, including how to join, is available here.

Footnotes
1. Pan Asian: all people of Asian birth or descent; of, relating to, representing, or involving all the countries of Asia (including the South Asian subcontinent) as well as Native Hawaiians and non-Hawaiian Pacific Islanders.
3. AACP Diversity in Medicine: Facts and Figures 2019
6. Internists Say Harassment Based on Race or Ethnic Origin is Never Okay | ACP Newsroom: https://www.acp.org/en/acp-newsroom/internists-say-harassment-based-on-race-or-ethnic-origin-is-never-okay

Related statements from other ACP Chapters

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Massachusetts ACP & Virginia ACP & SoCal2 ACP

maacpgovernor Congratulations @acpvirginia & co-hosting @acpsocalregion2 and @ACMAChapter (Twitter) for an amazing multi-chapter Town Hall today on anti-Asian racism and discrimination. Looking forward to future collaborations! Happy Asian Pacific American Heritage Month #IMProud #StrongerTogether #NoMoreAntiAsianRacism #NoMoreRacism #RacismIsAVirus #APAHM

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Health and Public Policy Committee (HPPC) – Massachusetts ACP Chapter
Massachusetts ACP Chapter - ACP Leadership Day (Virtual) 2021

maacpgovernor @acpinternists @ACPMAChapter (Twitter) ready to roll with our full day of meeting with federal elected officials, for all-virtual 2021 ACPLD! PhysicianAdvocacy Advocating for our patients, InternalMedicine, and our profession. IMProud

38w

aishaasj What a great crew!

38w  Pinned 1 like Reply

maacpgovernor @aishaasaj We missed you!

38w Reply

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Massachusetts ACP Chapter - ACP Leadership Day (in “3D”) 2022

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Leadership Development for Women In Medicine Committee

The MA ACP Leadership Development for Women in Medicine Committee presents:

Closing the Leadership Gap: Action Planning

Date: Tuesday, June 29, 2021
Time: 6:30 – 7:30 pm

Click Here to Register

Welcome & Program Introduction including a recap of the December 2020 program*
Elisa I. Choi, MD, FACP, FIDSA, Governor, MA Chapter, ACP

maacpgovernor @acpinternists & @ACPMACluster (on Twitter)
Leadership Development for Women in Medicine (LDWIM) Committee presents its ongoing programming “Closing the Leadership Gap: Action Planning” next Tuesday June 29, 6:30pm-7:30pm. Register here: https://bit.ly/3wNvQV2 (link in Instagram bio). This is a FREE member benefit with your ACP membership. Registration is free and open to ACP members only. (if you are a medical student, membership is free). Join ACP at this link: https://www.acponline.org/membership). #IMProud The time for action to eliminate the “leadership gender gap” is now! #ACPMA21 #WomenInMedicine #SheForShe #HeForShe

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MA ACP Women In Medicine Leaders
Call for MA Chapter Award Nominations

Deadline - August 19th
****Confidential process - please keep the nomination confidential

Helen Taussig Award for Outstanding Contributions to Advancing the Careers of Women in Medicine

Established: 2019
In honor of Helen Taussig MD, pioneer in medicine and ACP member born and raised in Massachusetts, who paved the way for women interested in pursuing professional careers in medicine.

Established: 2021
Bestowed upon a Massachusetts ACP Chapter member for outstanding contributions in advancing diversity, equity, and inclusion in clinical medicine or research and/or access to care in relation to diverse populations. Diverse populations are understood to include patient populations and groups underrepresented in the healthcare workforce.
Massachusetts ACP Chapter - IMG (International Medical Graduate) Council
ACP Pan Asian Affinity Group (APAAG)

The ACP Pan-Asian Affinity Group (APAAG)

This affinity group is for ACP members that identify as Pan-Asians and members that share an affinity to, an allyship towards, or have a vested interest in collaborating and networking with Pan-Asian members to create a wide variety of professional, personal, and career development opportunities.

Join Pan-Asian Affinity Group

https://www.acponline.org/user?destination=forum/832

ACP Pan-Asian Affinity Group aims to:

- Build community, collaboration, and networking among Pan-Asian members and other constituencies to enhance their ACP experience through mentorship, leadership, connection, and visibility.
- Create opportunities for engagement, education, discourse, and advancement related to anti-racism, justice, equity, diversity, and inclusion, with particular attention to the Pan-Asian community.
- Promote the recruitment and sponsorship of Fellows, Masters, and other recognition of Pan-Asian members, mentors, and leaders.
- Sponsor and share education, resources, and scholarship about the specific interests of Pan-Asians.
- Advocate for improved health outcomes in Pan-Asian populations to eliminate health disparities and promote health equity.
- Lead discussion and communication that promote academic and non-academic collaboration.
- Foster mentorship, sponsorship, and coaching opportunities that support personal, professional, and career development with a commitment to excellence and Internal Medicine.

Pan-Asian Affinity Group Steering Committee

Steven Chen, BS
Elisa Choi, MD FACP, FIDSA
R. Dobbin Chow, MD MACP (Chair)
Daniel Kim, MD MBA FACP
Mary Lee, MD MACP
Tiffany Leung, MD, MPH, FACP, FAMIA (Secretary-Treasurer)
Joshua Liao, MD MSc FACP
Tammy Lin, MD MPH FACP
Daniel Kim, MD MBA FACP
Mukta Panda, MD MACP FRCP-London
Teresa Roth (Comptroller)

@DrElisaChoi
Respiratory Disease and Racism Have Reared Their Ugly Heads With COVID-19

Elisa Choi, MD; Tammy Lin, MD, MPH; Tiffany I. Leung, MD, MPH; and Joshua M. Liao, MD, MSc 3/18/2020

As physicians, we affirm the view articulated in a recent Annals article, penned in support of the ACP’s New Vision for U.S. Health Care, that “achieving health equity ... necessitates intentionally addressing underlying structural drivers, such as individual and structural racism and discrimination” (1).
ACP Pan Asian Affinity Group (APAAG) - Webinar

Implicit Bias, Microaggressions, and the Health of Pan-Asian Physicians and Trainees

Jun 2, 2021 03:00 PM
Eastern Time (US and Canada)

Moderator:
Elisa Choi, MD, FACP, FIDSA

Panelists:
George M. Abraham, MD, MPH, FACP, FIDSA
Tiffany I. Leung, MD, MPH, FACP
Joshua M. Liao, MD, MS, FACP
Mukta Panda MD, MACP, FRCP

https://www.acponline.org/meetings-courses/acp-courses-recordings/acp-leadership-academy/acp-leadership-academy-webinars/implicit-bias-microaggressions-and-the-health-of-pan-asian-physicians-and-trainees
ACP Pan Asian Affinity Group (APAAG) Networking

• At ACP IMM 2022 in Chicago, IL - **April 29 Friday, 3 PM to 4:30 PM**.

• Hotel Marriott Marquis Chicago – Room CC (McCormick Place) 475 (check final program for confirmation of location)
Join ACP for Internal Medicine Meeting 2023: Mastering Medicine Together

Internal Medicine Meeting 2023
San Diego, CA

April 27-29, 2023
Pre-courses April 25-April 26

To find out more information on the 2023 meeting and to register go to: https://annualmeeting.acponline.org/

@DrElisaChoi
Advocacy in Action – Racism Is A Virus

@DrElisaChoi
Advocacy in Action –
Glass/Bamboo Ceilings & “The Model Minority Myth”

In the first part of this two part series, we discuss the intersectionality of what it's like to be an Asian American female physician, leader, mentor, and some of the joys and challenges involved in getting there, such as the model minority myth, the glass and bamboo ceilings, and cultural stereotypes and biases.
Advocacy in Action – COVID-19 & Anti-Asian Racism
Health Equity - CDC

Reducing health disparities brings us closer to reaching health equity.

http://www.cdc.gov/minorityhealth/strategies2016/
Health Disparities & Health Equity - CDC

• What Are Health Disparities?

• Health disparities are differences in health outcomes and their causes among groups of people.

• What is Health Equity?

• Health equity is when everyone has the opportunity to be as healthy as possible.
Health Equity (WHO)

- **Equity** is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.

- **Health inequities** therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms.

- A characteristic common to groups that experience health inequities—such as poor or marginalized persons, racial and ethnic minorities, and women—is lack of political, social or economic power. Thus, to be effective and sustainable, interventions that aim to redress inequities must typically go beyond remedying a particular health inequality and also help empower the group in question through systemic changes, such as law reform or changes in economic or social relationships.
Social determinants of health (SDH)

• Social determinants of health – WHO (World Health Organization)

• “The social determinants of health (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.”

• Racism & discrimination is a SDH

• Race is a social construct
ACP – Disparities and Discrimination in Health & Health Care

A Comprehensive Policy Framework to Understand and Address Disparities and Discrimination in Health and Health Care: A Policy Paper From the American College of Physicians

Josh Serchen, BA, Robert Doherty, BA, Omar Atiq, MD, David Hilden, MD, MPH,
Author, Article and Disclosure Information

https://doi.org/10.7326/M20-7219

https://www.acpjournals.org/doi/10.7326/M20-7219
ACP Advocacy Highlights for 2021

Here’s how ACP advocated on behalf of You and Your patients throughout the challenging year of 2021:

• Championed initiatives to advance the value of internal medicine and primary care.

• Supported Internists’ needs throughout the pandemic.

• Committed to combatting racial disparities and promoting diversity, equity, and inclusion.

• Focused on improving board certification policies and procedures.

• ACP recommendations reflected in positive CMS 2022 Physician Fee Schedule changes and in new federal programs.

@DrElisaChoi

Read the ACP Advocates Highlights for 2021 graphic flyer

ACP Advocacy Through Policy

ACP advocates for changes that will make a difference in the daily lives of internists and our patients’ health in a variety of ways. Recent policies include:

• Health Care for Our Nation's Veterans: A Policy Paper From the American College of Physicians

• Financial Profit in Medicine

• Health Information Privacy, Protection, and Use in the Expanding Digital Health Ecosystem

• Policy Recommendations to Promote Prescription Drug Competition

• Policy on Racism and Health: A Comprehensive Policy Framework to Understand and Address Disparities and Discrimination in Health and Health Care

• Policy on Racism and Health: Understanding and Addressing Disparities and Discrimination in Education and in the Physician Workforce

• Prescription Drug and Public Health: Racism and Health in the United States

Visit acponline.org/advocacy for more about how ACP is working for you
South Carolina demographics

Race and Hispanic Origin

- White alone, percent
  - South Carolina: 68.6%
- Black or African American alone, percent
  - South Carolina: 26.7%
- American Indian and Alaska Native alone, percent
  - South Carolina: 0.6%
- Asian alone, percent
  - South Carolina: 1.9%
- Native Hawaiian and Other Pacific Islander alone, percent
  - South Carolina: 0.1%
- Two or More Races, percent
  - South Carolina: 2.1%
- Hispanic or Latino, percent
  - South Carolina: 6.4%
- White alone, not Hispanic or Latino, percent
  - South Carolina: 63.4%

Population Characteristics

- Veterans, 2016-2020
  - South Carolina: 360,355
- Foreign born persons, percent, 2016-2020
  - South Carolina: 5.2%

Families & Living Arrangements

- Households, 2016-2020
  - South Carolina: 1,961,481
- Persons per household, 2016-2020
  - South Carolina: 2.53
- Living in same house 1 year ago, percent of persons age 1 year+, 2016-2020
  - South Carolina: 86.2%
- Language other than English spoken at home, percent of persons age 5 years+, 2016-2020
  - South Carolina: 7.4%

Census.gov
JEDI & Patient care

@DrElisaChoi

#RepresentationMatters
#RepresentASIAN
"While the number of Black doctors has increased since that time, today, in 2022, Black people comprise almost 14% of the US population, only 5% of US physicians...so the number of Black physicians is still starkly disproportionate to the number of Black people in this country."

AAMC Physician Workforce Data Report
https://store.aamc.org/downloadable/download/sample/sample_id/506/
JEDI & Patient care

As with most health disparities, dermatologic disparities in POC have multiple contributing factors, including patient education and perception, physician perceptions, and access to care. The lower incidence of skin cancer in people of color may dually serve as a strength as well as an Achilles heel. Variability in clinical appearance of skin cancer in POC is common and may contribute to the increased rates of morbidity and mortality in this population.

Education is key to reduce health disparities in POC. Direct education of POC has been shown to be an effective method to increase knowledge and awareness of skin cancer. Education of primary care colleagues and inclusion of POC in medical research and in dermatology careers can also help.

the bottom line


@DrElisaChoi

#RepresentationMatters
Use of Straighteners and Other Hair Products and Incident Uterine Cancer

Che-Jung Chang, PhD, Katie M O’Brien, PhD, Alexander P Keil, PhD, Symielle A Gaston, PhD, Chandra L Jackson, PhD, Dale P Sandler, PhD, Alexandra J White, PhD, MSPH

JNCI: Journal of the National Cancer Institute, djac165, https://doi.org/10.1093/jnci/djac165
Published: 17 October 2022

Results
Over an average of 10.9 years of follow-up, 378 uterine cancer cases were identified. Ever vs never use of straightening products in the previous 12 months was associated with higher incident uterine cancer rates (HR = 1.80, 95% CI = 1.12 to 2.88). The association was stronger when comparing frequent use (>4 times in the past 12 months) vs never use (HR = 2.55, 95% CI = 1.46 to 4.45; \( P_{\text{trend}} = .002 \)). Use of other hair products, including dyes and permanents or body waves, was not associated with incident uterine cancer.

Conclusion
These findings are the first epidemiologic evidence of association between use of straightening products and uterine cancer. More research is warranted to replicate our findings in other settings and to identify specific chemicals driving this observed association.
JEDI & Patient care

Supporting the Health and Well-Being of Indigenous Communities: A Position Paper From the American College of Physicians

Josh Serchen, BA, Suja Mathew, MD, David Hilden, MD, MPH, Molly Southworth, MD, MPH, and Omar Atiq, MD, for the Health and Public Policy Committee of the American College of Physicians

Author, Article, and Disclosure Information

https://doi.org/10.7326/M22-1891

@DrElisaChoi #RepresentationMatters
JEDI & Patient care

Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians

Hilary Daniel, BS and Renee Butkus, BA, for the Health and Public Policy Committee of the American College of Physicians*

Author, Article, and Disclosure Information

https://doi.org/10.7326/M14-2482

@DrElisaChoi

#RepresentationMatters
Asian “superpower” = Invisibility

Figure 6. Trends in Colorectal Cancer Incidence (1975-2013) and Mortality (1970-2014) Rates by Race/Ethnicity, US

Rates are age adjusted to the 2000 US standard population. Incidence rates are adjusted for reporting delays. White and black race are not mutually exclusive from Hispanic ethnicity. Hispanic death rates exclude data from Louisiana, New Hampshire, and Oklahoma.


© 2017 American Cancer Society, Inc., Surveillance Research

H/T @you2nice2me (Twitter)
Asian “superpower” = STILL Invisible in October 2022

That is a gigantic gap

In the last 30 days, how often, if at all, have you worn a protective mask indoors in public places?

- Every time
- Most of the time
- Some of the time
- Never

<table>
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<th>Race/Ethnicity</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
</tr>
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<td>23%</td>
<td>29%</td>
</tr>
<tr>
<td>Black</td>
<td>61%</td>
<td>20%</td>
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<td>24%</td>
</tr>
<tr>
<td>White</td>
<td>18%</td>
<td>21%</td>
<td>34%</td>
</tr>
</tbody>
</table>

7:16 PM · 10/14/22 · Twitter Web App

2,376 Retweets 321 Quote Tweets

@DrElisaChoi

Dr. Elisa Choi, MD, FACP, @DrElisaChoi

Replies to @kff .@KFF Where is data on #PanAsian & #Indigenous communities? In 2022, there is no excuse to omit any racial/ethnic category. #RepresentationMatters for all communities. @ACPInternists #Inclusion not exclusion.

9:39 PM · 10/14/22 ·

#RepresentationMatters #RepresentASIAN
"I have tried to stop using the word #minority because people who look like us are actually the majority in the world."

-- @MAACPGovernor
Justice Equity Diversity Inclusion

- **Diversity asks:** “Who’s in the room?”
**Equity responds:** “Who is trying to get in the room but can’t? Whose presence in the room is under constant threat of erasure?”

**Inclusion asks:** “Has everyone’s ideas been heard?”
**Justice responds:** “Whose ideas won’t be taken as seriously because they aren’t in the majority?”

Diversity asks: “How many more of [pick any minoritized identity] group do we have this year than last?”
**Equity responds:** “What conditions have we created that maintain certain groups as the perpetual majority here?”

**Inclusion asks:** “Is this environment safe for everyone to feel like they belong?”
**Justice challenges:** “Whose safety is being sacrificed and minimized to allow others to be comfortable maintaining dehumanizing views?”

-Dafina-Lazarus Stewart
Health Equity & Justice

**EQUALITY VERSUS EQUITY**

In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.
Health Equity & Justice - updated

@DrElisaChoi
How to get involved – Be a “Force” for JEDI

• Find and get to know your elected officials – local, state, federal

• Become involved with your ACP Chapter (South Carolina ACP Governor Steve Saunders)

• Join Chapter Committees, Leadership Day Delegation for your ACP Chapter

• Draft ACP Resolutions for the Board of Governors meeting (next deadline to submit drafts to Governors is November 30, 2022)
How to get involved – Be a “Force” for JEDI

• If you are a “first”, be sure you are not the “last”

• Champion those who are unseen, who have no voice, who have not been heard

• When blazing a trail, clear the path for those who follow

• Remember that you are a “voice” for ALL your patients to achieve health equity

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How to get involved – Be a “Force” for JEDI

Internal Medicine Unites Against Racism

Across the country, internists and other health care professionals, hospitals, and medical schools have joined in expressing the importance of racial justice and equity in healthcare by participating rallies to draw attention to the cause.

Members can submit images for inclusion in this gallery through photos@acponline.org.
Becoming a “JEDI” expert – Follow the I’s

• Inquisitive

• Intentional

• (overcome) Implicit Bias

• Inclusive

• D&I + E&J ➔ JEDI

@DrElisaChoi
What can you do? – Advocate & become a “JEDI expert”

• "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.“ – Margaret Mead
Health Equity & Justice

• “Injustice anywhere is a threat to justice everywhere.”
• “Of all the forms of inequality, injustice in health is the most shocking and inhuman.”

@DrElisaChoi
Justice Equity Diversity Inclusion

• “We have to build things that we want to see accomplished, in life and in our country, based on our own personal experiences ... to make sure that others ... do not have to suffer the same discrimination.” – Patsy Takemoto Mink
We’ll be together again!
South Carolina ACP represents!
Thank you – South Carolina ACP Chapter

Steve P. Saunders, MBBS, FACP

Charles S. Bryan, MD, MACP, FRCP
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Thank You

• Elisa Choi, MD, FACP, FIDSA (She/Her)

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