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Diversity, Inclusion, and Social Justice Digest

Department of Psychiatry and Behavioral Sciences Vanderbilt
University Medical Center

*Race and Patient
Documentation*

Does Race Belong in the First Line of the Patient History?

The JAMA Internal Medicine Editorial Board recently wrote *“Hospital admission notes are intended to communicate relevant information in a predictable sequence, with key elements such as age and sex prioritized to facilitate efficient communication and formation of a differential diagnosis and plan. Race, however, is a social construct that explains minimal genetic or physiologic difference between 2 people.”* Indeed, VUMC as an institution has taken many recent steps to eliminate ill-justified use of race in many aspects of medical practice including laboratory reference standards. The Department of psychiatry has organized a small working group to address this issue and we discuss some aspects of this issue below via review of two relevant articles. The first provides important data identifying bias in race reporting in medical documentation. The second, highlights an alternative approach to enable clinicians to address negative health outcomes imposed by social determinants of health via assessment of important structural vulnerabilities of our patients including financial security, food access, legal status, discrimination, and education, for example. Such an approach could allow for richer understanding of our patients’ individual vulnerabilities as they relate to risk and prognosis for mental illnesses, that go far beyond noting race in an opening line of a patient history.

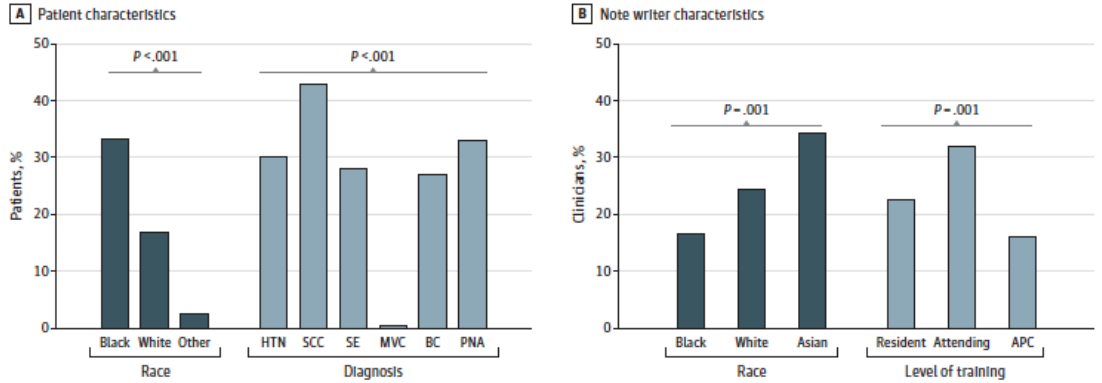
*Educational
Forum: Article
Review*

Differential Documentation of Race in the First Line of the History of Present Illness

In a recent article by Bladerston et al., the rates of race documentation were analyzed in an urban medical center in patients with sic representative diagnoses (see Figure 1 below). They analyzed records from 1200 patients and found race was documented in in the HPI in ~27% of charts. Interestingly, documentation of Black race occurred significantly more often than white race (33% vs. 16%, $p < 0.001$). They also found attending physicians were more likely to document race than residents and then Black clinicians were less likely than White clinicians to document the patient’s race. The authors conclude by stating *“Further study is needed to examine whether differential documentation of race is associated with subsequent care of the patient. If so, it would provide a simple way to identify those clinicians who might benefit from additional training in racial awareness. Removing race from the history of present illness*

altogether may further our goal of providing exceptional care to all patients regardless of race.” A link to the full article can be found [here](#).

Figure. Race Documentation by Patient Characteristics and by Note Writer Characteristics



A, Race documentation by patient characteristics; B, Race documentation by note writer characteristics. APC indicates advanced practice clinician; BC, breast cancer; HTN, hypertensive emergency; MVC, motor vehicle collision; PNA, pneumonia; SCC, sickle cell crisis; SE, status epilepticus.

*Educational
Forum: Article
Review*

Structural Vulnerability: Operationalizing the Concept to Address Health Disparities in Clinical Care

Structural vulnerability*: An individual's or a population groups' condition of being at risk for negative health outcomes through their interface with socioeconomic, political and cultural/normative hierarchies.⁴⁵ Patients are structurally vulnerable when their location in their society's multiple overlapping and mutually reinforcing power hierarchies (e.g., socioeconomic, racial, cultural) and institutional and policy-level statuses (e.g., immigration status, labor force participation) constrain their ability to access healthcare and pursue healthy lifestyles. (*see table of definitions below)

Education of medical students in cultural competency was initially aimed at ameliorating racial and ethnic disparities in health outcomes. Subsequently, Paul Farmer brought to clinical attention the ways in which policies, market forces, and institutional arrangements disproportionately shorten the lives of the poor. Because of these and other efforts, many clinicians have become aware of the negative health effects of political and economic forces outside the clinic. To allow for a more systematic incorporation of these issues into clinical practice the authors designed a clinical assessment tool to operationalize the concept of structural vulnerability, by highlighting the pathways through which specific local hierarchies and broader sets of power relations may exacerbate an individual patient's health problems. The assessment tool is provided below and the original manuscript can be found [here](#). Understanding the structural vulnerabilities faced by patients with mental illness may be especially pertinent. The attached tool could enable clinicians to address negative health outcomes imposed by social determinants of health via assessment of important structural vulnerabilities of our patients including financial security, food

access, legal status, discrimination, and education, for example. Such an approach could allow for richer understanding of our patients’ individual vulnerabilities as they relate to risk and prognosis for mental illnesses.

Domain	Screening questions and assessment probes ^b
Financial security	<p>Do you have enough money to live comfortably—pay rent, get food, pay utilities/telephone?</p> <ul style="list-style-type: none"> • How do you make money? Do you have a hard time doing this work? • Do you run out of money at the end of the month/week? • Do you receive any forms of government assistance? • Are there other ways you make money? • Do you depend on anyone else for income? • Have you ever been unable to pay for medical care or for medicines at the pharmacy?
Residence	<p>Do you have a safe, stable place to sleep and store your possessions?</p> <ul style="list-style-type: none"> • How long have you lived/stayed there? • Is the place where you live/stay clean/private/quiet/protected by a lease?
Risk environments	<p>Do the places where you spend your time each day feel safe and healthy?</p> <ul style="list-style-type: none"> • Are you worried about being injured while working/trying to earn money? • Are you exposed to any toxins or chemicals in your day-to-day environment? • Are you exposed to violence? Are you exposed regularly to drug use and criminal activity? • Are you scared to walk around your neighborhood at night/day? • Have you been attacked/mugged/beaten/chased?
Food access	<p>Do you have adequate nutrition and access to healthy food?</p> <ul style="list-style-type: none"> • What do you eat on most days? • What did you eat yesterday? • What are your favorite foods? • Do you have cooking facilities?
Social network	<p>Do you have friends, family, or other people who help you when you need it?</p> <ul style="list-style-type: none"> • Who are the members of your social network, family and friends? Do you feel this network is helpful or unhelpful to you? In what ways? • Is anyone trying to hurt you? • Do you have a primary care provider/other health professionals?
Legal status	<p>Do you have any legal problems?</p> <ul style="list-style-type: none"> • Are you scared of getting in trouble because of your legal status? • Are you scared the police might find you? • Are you eligible for public services? Do you need help accessing these services? • Have you ever been arrested and/or incarcerated?
Education	<p>Can you read?</p> <ul style="list-style-type: none"> • In what language(s)? What level of education have you reached? • Do you understand the documents and papers you must read and submit to obtain the services and resources you need?
Discrimination	<p>[Ask the patient] Have you experienced discrimination?</p> <ul style="list-style-type: none"> • Have you experienced discrimination based on your skin color, your accent, or where you are from? • Have you experienced discrimination based on your gender or sexual orientation? • Have you experienced discrimination for any other reason? <p>[Ask yourself silently] May some service providers (including me) find it difficult to work with this patient?</p> <ul style="list-style-type: none"> • Could the interactional style of this patient alienate some service providers, eliciting potential stigma, stereotypical biases, or negative moral judgments? • Could aspects of this patient’s appearance, ethnicity, accent, etiquette, addiction status, personality, or behaviors cause some service providers to think this patient does not deserve/want or care about receiving top quality care? • Is this patient likely to elicit distrust because of his/her behavior or appearance? • May some service providers assume this patient deserves his/her plight in life because of his/her lifestyle or aspects of appearance?
<p>^aThis tool should be used along with common questions regarding intimate partner violence, alcohol/substance use, diet, and exercise.</p>	
<p>^bThe questions in bold function as initial screens that could potentially be quantified. They are followed by assessment probes to elicit more detail and context.</p>	

*Annual Harold
Jordan Award*

2020-2021 Harold Jordan Lecture and Award Recap

Harold Jordan Diversity & Inclusion Lecture and Award Presentation Announcement:

On Friday, February 5, 2021, the Psychiatry and Behavioral Sciences Department hosted the third annual Harold Jordan Diversity and Inclusion Lecture. The series was established in 2019 to honor Dr. Harold Jordan, who was the first African American resident at VUMC (see the Hidden Figure profile featuring Dr. Jordan, published in *Medicine* 2017; <https://medschool.vanderbilt.edu/vanderbilt-medicine/hidden-figure/>). This year's invited speaker was Ruth Shim, MD, MPH, the Luke and Grace Kim Endowed Professor in Cultural Psychiatry at the University of California, Davis. There was significant interest in Dr. Shim's lecture, which is best reflected by the fact that it was the highest attended virtual lecture hosted by the department – with nearly double the number of unique viewers compared to the previously most attended event!

Dr. Shim's lecture shared the title of the recently published book that she co-edited with colleague Sarah Vinson, MD, *Social (In)Justice and Mental Health*. The lecture focused on definitions of key concepts in social justice and mental health (e.g., mental health disparities and inequities; structural racism), the evidence base of the impact of social injustice on relevant outcomes (e.g., disparate access to treatment and cost), and solutions to dismantle social injustice in the discipline (e.g., education and self-reflection; enforcement of social norms of inclusion and equity). In addition to the lecture, Dr. Shim met with the various Diversity, Inclusion, and Social Justice Department Committees, as well as faculty from Meharry Medical College and trainees. These conversations focused on the ways in which the department had taken actionable steps thus far, as well as suggestions for our path forward. As an extension of these important conversations, and in keeping with the goals of the department, the Harold Jordan Lecture Committee and Social Forums will be co-hosting a book club series centered around Dr. Shim's recently published book (see announcement below for details).



In addition to the lecture, the Harold Jordan Diversity and Inclusion Award was also established in 2019 to recognize a resident physician who has contributed to the diversity and inclusion goals of the Department of Psychiatry and Behavioral Sciences. It is one of only three named awards in the department. This year's recipient was **Patrick McGuire, MD**, inpatient chief resident, nominated by Maja Skikic, MD. The nomination and ultimate selection of Dr. McGuire as the recipient of this award stemmed from his current research project investigating the impact of race on inpatient psychiatric treatment here at Vanderbilt, which is supervised by Gilbert Gonzalez, PhD, in the Center for Medicine, Health, and Society.

*Social Forum:
Book Club May
4, 2021 12-1PM*

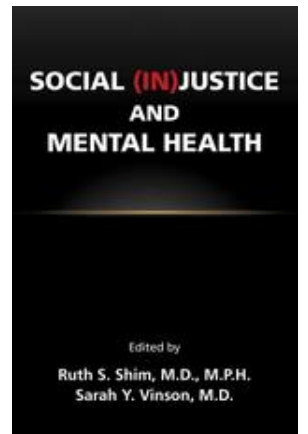
Book Club Discussion

The Diversity, Inclusion and Social Justice Committee invites you to discuss:

“Social (In)Justice in Mental Health”

Eds. Ruth Shim MD MPH and Sarah Vinson MD

The Community Forum and the Harold Jordan Lecture Committee will be co-hosting a book club discussion of Dr. Ruth Shim's recent book, ***Social (In)Justice and Mental Health***. The first meeting, scheduled for Wednesday, **May 5, 2021 from 12-1PM**, will focus on Part I: Foundations of Social Injustice, which covers concepts including social determinants of mental health, mental health inequities, and structural racism. In future meetings, the discussion will center on the concept of social injustice in specific systems (Part II) and/or disorders (Part III), as well as brainstorming ideas for advocacy and action within our department (Part IV). In line with the authors' recommendation, we encourage participants in the book club to engage with the content slowly and reflectively, for which the group discussion will allow further dialogue about these diverse perspectives. It is also our goal to invite outside speakers as discussants in future sessions, which we believe will foster greater discussion. If you are interested in participating in this series, please fill out the following form, as this will assist us in ensuring everyone has been provided a copy of the book (to be purchased by the department): [\[link to form\]](#).



**Diversity,
Inclusion and
Social Justice
Committee**

Committee Chairs: Edwin Williamson, Terako Amison, Sachin Patel

Group Leaders: Reid Finlayson, Kathy Gracey, Jeff Stovall, Abhi Saxena, M.E. Wood

Members: Elise Scott, Sonia Matwin, Jessica Diehl, Ryan Oakley, Devin Greene, Jessica Schwartzman, Pat McGuire, Kelly Hill, Amy Gorniak, Sharee Light, Claire Ryan, Elizabeth Shultz, Alex Bettis, Sharee Light, Andrew Molnar, Alexandra Moussa-Tooks, Jennye Woolf