Advancing Health Equity

Lessons from the past and present leading toward an inclusive future

Karen L. Smith, MD, FAAFP

An Engaged Rural Family Physician

Learning Objectives

- Identify equity-oriented healthcare delivery challenges faced by patients, physicians, and systems—from the past and now.
- 2. Understand downstream efforts motivating policy and advocacy towards community health.
- 3. Recognize the value of sustaining equity-oriented initiatives and the powerful impact of health determinants.

The African American Doctor Story



Joe Weaver Public Forum Video

1996 Oral history interview with Joseph Dudley Weaver, M.D.

Public forum interview with Dr. Joseph Weaver. This forum was part of the North Carolina Humanities Council grant for "The Black Physician Experience in Eastern North Carolina" project conducted from February-March 1996. Call number: LL02.72.04.05 https://digital.lib.ecu.edu/60618#details

WEAVER CLINIC

111 N, MAPLE STREET AHOSKIE, NORTH CAROLINA

March 11, 1964

ARERICAN ACADE IN

Control Sections

Mr. Roger Tusken, Director Kemberehip Service Division The American Academy of General Practice Volker Boulevard at Brookside Kansas City, Missouri 64,112

Dear Mr. Tusken:

This reply to your letter of February 28, 1964, is primarily an effort to get more correct information to you concerning Membership in the Medical Society of North Carolina. I am enclosing a copy of a letter from Dr. W. T. Arastrong, Secretary of the North State Medical Society, which I think explains the fact that the Medical Society of North Carolina does have bare involving race.

I, as an individual, am most ancious to support and be a constructive part of the organizations concerned with my profession. It was this genuine desire that allowed me to make my recent application for membership in the American Academy of General Fractice. Actually, I guess I was hoping that the A.A.G.P. would be able to accept up through our membership in the Old North State Medical Society.

I feel sure that you would agree that the humiliation associated with the special type of membership offered Negro Physicians by the Medical Society of North Carolina is more than most of us could endure.

I have hope without malice that the honorable profession of medicine is going to take its proper place in the struggle to make all of the United States the type of Democracy that it was designed to be.

I appreciate your invitation to membership in the A.A.G.P. and thank you for listening to my troubles.

Sincerely,

Joseph D. Weaver, M. D.

The American Academy of Family Physicians Historical Archives Leawood, Kansas

Hospitals and Professional Advancement





- The importance of hospital staff integration, and relationship to integration in organized medicine
 - Board certification important for pursuing medical specialties and honing skills
 - Specialty training took place in hospitals
 - Hospitals often required their staff to be members of a medical society and/or AMA
 - Thus, racial bars to society membership were barriers to specialty training and professional advancement

Source: IR Clark Collection (right) http://www.oldnorthstatemedicalsociety.org/virtualMuseum/Main%20-%20ONSMS%20Virtual%20Museum.html http://www.american.edu/bgriff/H207web/civrights/coloredwaitingroom.jpg (left)

Picketing the AMA

- NMA found AMA inaction to be "totally inadequate"
- NMA, Medical Committee for Human Rights, and others picketed AMA meetings in 1963, 1965, 1966, and 1968
- AMA responded in 1963:
 - "[The Picketing serves only] to obscure the achievements in medical science being reported at the meeting"

Photos- Members of the NMA, MCHR, and others picket AMA meetings in 1965 (above) and 1966 (below). John L. S. Holloman, Jr. (1919-2002) (above left)



AMA Reaffirms Jim Crow Segregation

- 1939 AMA appointed committee to consider problems "inimical to the welfare of colored physicians"
- AMA decried racial discrimination in state/local society membership
- AMA noted that a "large number of colored physicians were AMA members
- But every "medical society has the right of self governance in...membership"

AMA Policies on Discrimination in State and Local Societies

1940-1964, many attempts to change discriminatory membership policies were rebuffed

Policy Proposal	AMA Action
 1944 – NMA members requested "associate membership" in AMA 	Denied
 1952 – Old North State Medical Society requested to be a "constituent association" of AMA 	Denied
 1963 – Exclude societies with discriminatory membership 	Denied

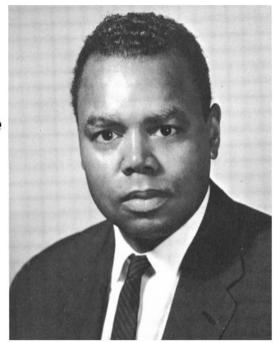
Key Events Since 1968

- 1968 AMA first expressed need to increase number of African American physicians
- 1989 First AMA report on "Black-White Disparities in Health Care"
- 1992 AMA's Minority Affairs Consortium created
- 1994 Lonnie Bristow becomes first African American AMA President
- 2004 Commission to End Health Care Disparities created, with NMA and NHMA
 - Doctors Back to School
 - Minority Scholar Awards
 - Cultural Competence work, etc...

Dr. Arthur H. Coleman JNMA Legal Correspondent

In 1964 says the AMA is acting like:

"[a] man who is standing on the shoreline watching a fellow-man floundering in the sea and proclaiming to the world and to his God that he does not believe in drowning. This alone does nothing for the man in the sea....Their conscience may be eased so that they can sleep at night to 'take a stand against discrimination,' but, it takes a concerted effort of positive action to rescue those caught in the sea of discrimination."



Arthur H. Coleman (1920-)

Powerful Effects of this Legacy

African Americans make up

- 12.3% of the US population (2006)
- 2.2% of physicians and medical students (2006)
 - As compared to 2.5% in 1910, at the time of the Flexner Report
- 1.8% of AMA members (2006)
- What are the effects of this lack of diversity?
 - What happens when a group is under-represented in a democratic organization?
- Ongoing segregation, and mistrust of medicine, are key drivers of disparities

Summary

- •In the US, organized medicine emerged from a society deeply divided over slavery, but largely accepting of racial inequities and theories espousing black inferiority.
- •Emblematic of existing societal values and practices, medical schools, residency programs, hospital staffs and professional societies largely excluded African Americans.
- •For more than 100 years, many medical associations, including the AMA, actively reinforced or passively accepted this exclusion.
- •Throughout this history, vocal groups of physicians—black and white, and within and outside these associations challenged segregation and racism.
- •This history is still being written ...

https://www.ama-assn.org/media/14041/download

Diversity in the Medical Society

In 1950, the issue of memberships for physicians of all races was brought before the NCMS House of Delegates by President Westbrook Murphy, MD. He

suggested the Society issue limited memberships like several other states had done. In April of 1951, the Old North State Medical Society, made up of African American physicians in North Carolina, requested that they either be admitted as a constituent to the American Medical Association separate from the NCMS or that the NCMS lift its racial barriers and admit black physicians to the Society. The AMA refused the request to include the Old North State as a constituent separate from the current Medical Society. The issue was raised again in 1954 when the Guilford County Medical Society passed a resolution that urged the NCMS to delete the word "white" from its bylaws. The House of Delegates refused. The House did, however, vote to allow each county society to admit black physicians as "scientific members."



Joseph Grover Gordon, MD

1950: President of the Medical Society, Westbrook Murphy, MD, brings the issue of providing memberships for all races before the House of Delegates. No action is taken at this time to amend the Constitution and Bylaws.

1955: A resolution is passed in the NCMS House of Delegates to admit black physicians as voting "scientific members," without social privileges.

Scientific members were allowed to attend all scientific and business sessions and had the right to vote and hold office, but they were not allowed to attend

social functions. In January of 1955, at the annual meeting in Kinston, a resolution was brought forward that recommended that the NC Medical Society admit black physicians as scientific members with the same rights and stipulations as the county societies had placed on them. In May of that year, after much spirited discussion, the amendment passed by a vote of 104 to 37. In 1957, the first two black physicians, Joseph Gordon, MD, and Joseph Walker, Jr., MD, were admitted to the Society as scientific members.

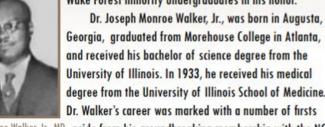
Dr. Joseph Grover Gordon was born in Jamaica but spent most of his early years in New York City. After attending St.

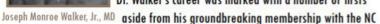
1957: Doctors Joseph Gordon and Joseph Walker become the first African American members of the North Carolina Medical Society admitted under the "scientific member" status. May 1965: The House of Delegates votes to remove the words "white" and "scientific members" from the Constitution and Bylaws, opening full membership to all physicians within the state.

Augustine's College in Raleigh, he was drafted into the US Army during World War II. Dr. Gordon then graduated from the University of Chicago and received his medical degree from Meharry Medical College in Nashville, Tennessee, in 1948. During the Korean War, Dr. Gordon served in the medical corps, and upon returning to civilian life, he served as chief of the Department of Radiology at Kate Bitting Reynolds Memorial Hospital, where he developed the School of Radiologic Technology. In 1967, he became assistant professor of radiology at Wake Forest University's Bowman Gray Medical School, a position he held until

the first African American to be elected as a trustee of the Z. Smith Reynolds Foundation in 1970. The Foundation later created a scholarship program for Wake Forest minority undergraduates in his honor.

his retirement in 1988. Dr. Gordon was also an active civic leader, becoming







Dr. Gordon at work

Medical Society. He was the first African American practicing surgeon in North Carolina to be named a fellow of the American College of Surgeons in 1951, and he was the first black physician named to the courtesy staff of the old City Hospital. He passed away at age 64, ending his esteemed run as president of the Kate Bitting Reynolds Memorial Hospital professional staff.

The Old North State Medical Society again requested full unrestricted membership for black physicians in 1961. In

1964, George Paschal, MD, asked the House to approve a Constitution and Bylaws change that would remove the words "white" and "scientific members." On May 2, 1965, the House voted 117 to 28 to allow all physicians equal membership. On June 17, 1989, Dr. Paschal was honored by the Old North State

Medical Society with a plaque that read, "Dr. George



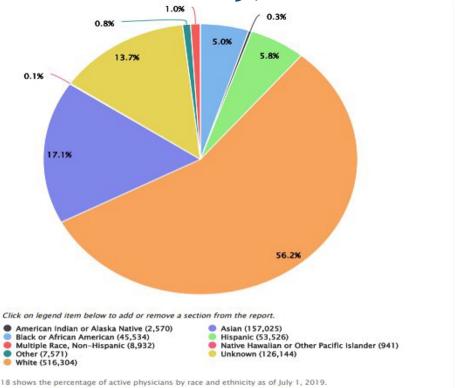
George Paschal, Jr., MD

Paschal, Jr., of Raleigh, in the face of strident criticism by his peers in the North Carolina Medical Society, was one of the few who openly aided these efforts. Dr. Paschal courageously broke the tradition of medical segregation during his presidency of the North Carolina Medical Society in 1964."

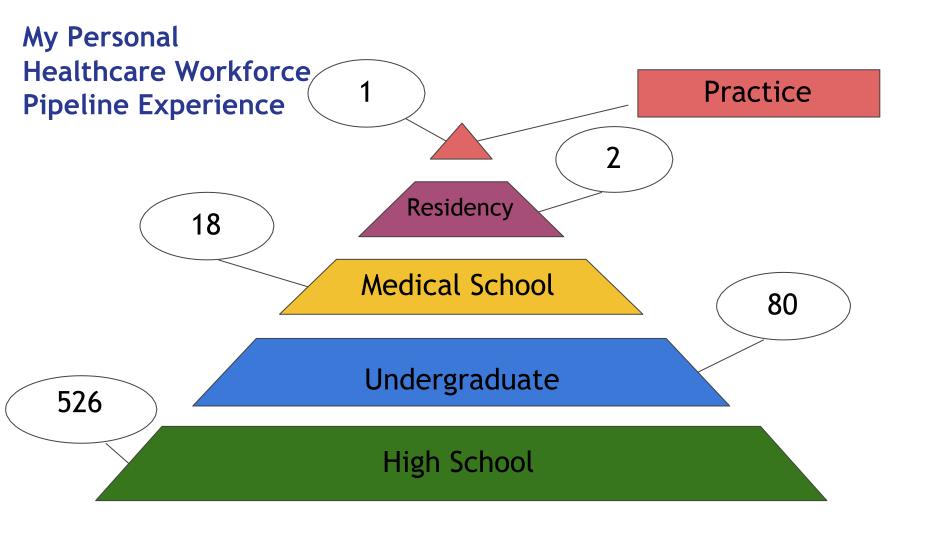
National Demographics 2021 Census Data

Race and Hispanic Origin	
1 White alone, percent	△ 75.8%
Black or African American alone, percent (a)	△ 13.6%
American Indian and Alaska Native alone, percent (a)	△ 1.3%
Asian alone, percent (a)	▲ 6.1%
Native Hawaiian and Other Pacific Islander alone, percent (a)	▲ 0.3%
1 Two or More Races, percent	▲ 2.9%
Hispanic or Latino, percent (b)	△ 18.9%
1 White alone, not Hispanic or Latino, percent	₫ 59.3%

Percentage of all Active Physicians by Race/Ethnicity, 2018



Note: Figure 18 shows the percentage of active physicians by race and ethnicity as of July 1, 2019.







Nine and One Half Minutes Sacrifice



People & Policymakers together in one setting: The Funeral of George Floyd



Words Advocating for End of Racism and Change

Physicians on the Move





Physician Led Initiatives





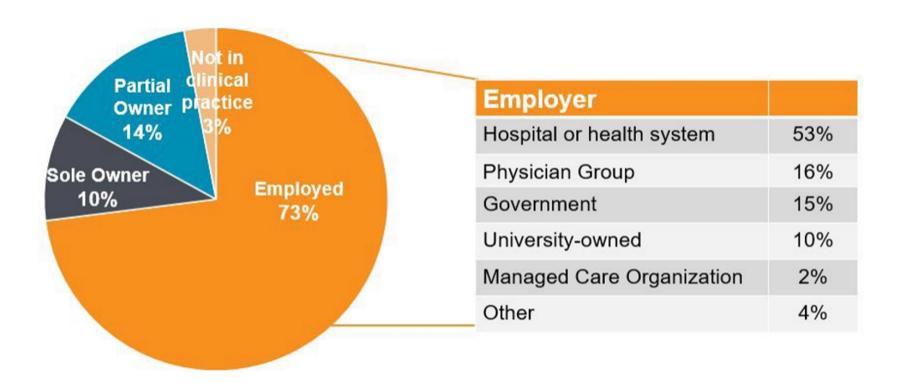
Eminent Domain: A Blast from the Past

Elevate the Importance of Family Medicine

AAFP Strategic Plan 2022 - 2025

Vision: Transform health care to achieve optimal heath for everyone Mission: Improve the health of patients, families, & communities Member Value Statement: Advance the specialty of family medicine, enhance health, strengthen member voices Ensure family physicians Increase family physician Strengthen the pathway of can practice family physicians payment comprehensively Established Be the most trusted source by AAFP Develop & diversify family Protect the well-being of of family physician physician leadership family physicians Board of education Directors Be the most effective Understanding, adopting, & Reduce administrative Influencer on family leveraging technology in physician priority issues in complexity medicine government advocacy Elevate the Importance Women's health Public health Clinical topic priorities of Family Medicine

Practice Environments



Develop & Diversify Family Physician Leadership

Diversity, Equity and Inclusion

Our approach...Integrate DEI through all AAFP's focused work

New DEI commission

 Updated structure for commissions to increase engagement and remove barriers to participation

Primary Care for America (PCfA)

- Primary Care for America is a diverse collaboration of key partners focused on educating policymakers and health policy influencers about the value of comprehensive, continuous and coordinated primary care.
- Primary Care for America is committed to educating policymakers, their constituents, and influencers on the collective value and understanding of primary care to ensure legislative and regulatory action.



www.primarycareforamerica.org

Create new/equal opportunities for family physicians to lead

- Commission on Diversity, Equity & Inclusiveness in Family Medicine
- Health Equity Fellowship expansion
- · Leading Physician Well-being
- Faculty & Member Liaison/Volunteer



Strengthen the Pathway of Family Physicians to Best Care for our Communities

Education Approach: Pillars



Equity Oriented Primary Care

PRACTICE SURVEY

PRELIMINARY FINDINGS

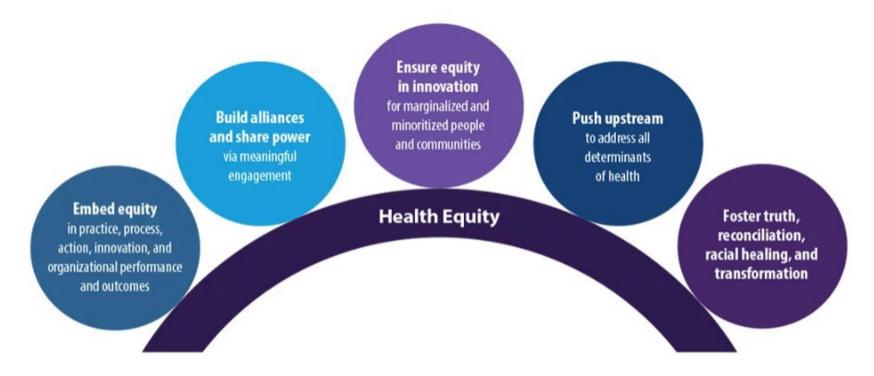
RACISM FINANCIAL TRANSPORTATION COMMUNICATION

Faculty Diversity & DEI Education

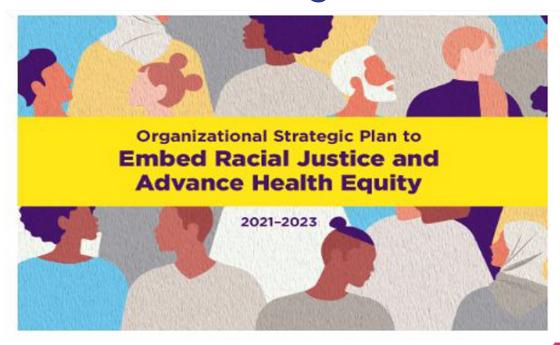
- Insure inclusion in our family medicine faculty
- Increase access to DEI and antiracism education content



AMA Strategic Approaches to Advance Health Equity



AMA Strategic Plan



The Use of Timing for Successful Change







A horse smiles while walking into the paddock on Saturday, May 7, 2022, at Churchill Downs. GRACE HOLLARS, COURIER JOURNAL

Resources

https://www.aafp.org/membership/initiatives/diversity-equity-and-inclusion.html

https://www.ama-assn.org/education/medical-school-diversity

https://www.ama-assn.org/about/leadership/ama-s-strategic-plan-embed-racial-justice-and-advance-health-equity

Resource List from Dr. Karen Edwards on behalf of the NCMS Racial Reconciliation Committee

Select Bibliography

https://docs.google.com/document/d/1yWL3i0UJvUPS63NNeN-FkVqRrhCcpkTE/edit?usp=sharing&ouid=118254192649757863449&rtpof=true&sd=true

Antiracism Toolkit - North Carolina Medical Society

https://docs.google.com/document/d/1X367PrPPFqorM297d5tZ3x5TTo9LIB7U/edit?usp=sharing&ouid=118254192649757863449&rtpof=true&sd=true



Thank You

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"The Power of Touch: Physical, Emotional, and Spiritual"