



**Michigan State Medical Society
Health Equity Roadmap for Change**

CONTENTS

CREATING A ROADMAP FOR CHANGE	3
INTERNAL STRATEGIC GOALS	
OVERVIEW	4
GOAL #1	5
GOAL #2.....	6
GOAL #3.....	7
EXTERNAL STRATEGIC GOALS	
OVERVIEW	8
GOAL #1	9
GOAL #2.....	10
GOAL #3.....	11

The Michigan State Medical Society (MSMS) acknowledges the history of racism in medicine, as well as the biases that perpetuate harm, inequity, and structural racism. Achieving health equity requires an acknowledgement of racism as a public health threat, as well as focused, purposeful, and ongoing efforts to address avoidable inequalities, historical and contemporary injustices, and social determinants of health.

The MSMS Health Equity Roadmap provides a framework to address interpersonal and structural racism. Through the identification and adoption of internal and external goals for which MSMS is uniquely positioned to impact, MSMS can advance equitable and inclusive organizational policies, as well as strategies to designed to eliminate racism and health disparities.

It is imperative that physicians have the resources necessary to establish trust with their patients, engage with community partners, and enable all individuals an equitable opportunity to thrive. MSMS is committed to implementing high-impact approaches that provide our organization and Michigan's physicians with tools to combat racism in all segments of medicine.

CREATING A ROADMAP FOR CHANGE

In 2021, the MSMS Board of Directors formally adopted the elimination of health disparities and promotion of health equity as a long-term strategic priority. One of the initial outcomes was the formation of the MSMS Task Force to Advance Health Equity. Former MSMS Board Member and Speaker of the House, Theodore B. Jones, MD, was recruited for and accepted the position as Chair. The initial purpose of the Task Force was to advise the organization regarding actionable strategies to eliminate health disparities, implicit bias, and structural racism in health care. As the members of the Task Force continued to meet, the main areas of emphasis were focused on creating a more diverse physician workforce, fostering greater cultural awareness, mitigating social determinants of health, and building community partnerships.

The work of the Task Force received reinforcement through MSMS's acquisition of a two-year planning grant awarded by the W.K. Kellogg Foundation. This grant supported the MSMS "Partnering to Advance Health Equity" initiative, which was established to address the ongoing health equity crisis facing Michigan residents. With this funding and the planning and direction of the Task Force, MSMS hosted three regional health equity summits in the spring of 2023. The summits encouraged interprofessional learning, sharing, and networking to reduce health disparities, while also addressing racial healing through a relational approach within the medical community. Each summit provided a unique perspective to the needs of the region. Some the topics covered included, but were not limited to food security and access, maternal and infant mortality, access to health care, cultural nuances, implicit bias, and various social determinants of health.

The wealth of knowledge gathered during the regional summits was invaluable. One of the desired outcomes from the discussions around common concerns and goals and strategies for change, is the development of meaningful relationships with community partners, organizations and individuals. To continue forward momentum, MSMS is holding itself accountable through the creation of the MSMS Health Equity Roadmap for Change, which is a multi-year strategic plan. The Roadmap includes specific internal and external goals, objectives, and recommendations to guide our efforts to eliminate racism and health disparities and advance health equity.



INTERNAL STRATEGIC GOALS

In order to advance health equity and systemic change, MSMS must be introspective and examine its own history, current culture, and opportunities to implement organizational policies and practices that reflect the values necessary to be part of the solution. Intentionality in expanding and embedding diversity, equity, and inclusion (DEI) into the fabric of the organization is critical for proactive, long-term, sustainable change.

INTERNAL STRATEGIC GOALS

GOAL #1:

EQUITABLE AND INCLUSIVE ORGANIZATIONAL POLICIES

MSMS is committed to anti-discrimination, inclusion, and health equity as essential principles for policy development, physician education, and advocacy. As an organization, MSMS recognizes the importance of leading by example in order to facilitate change internally and beyond. Of utmost importance is the ability to foster a culture of empathy where each person is recognized, treated equitably and with cultural sensitivity and humility.”

OBJECTIVES:

- A culture that promotes trust, values diverse opinions and experiences, and supports inclusion and belonging.
- Policies and practices that support racial equity.
- Diversity, equity, and inclusion principles are permanently entwined in the organization as a whole.
- Structural racism is recognized as a public health issue.

RECOMMENDATIONS:

- Create and implement staff-led diversity, equity, and inclusion plan.
- Utilize the MSMS Health Equity Task Force to develop policy and communications promoting the use of inclusive language.
- Direct the MSMS Policy Manual Review Committee to review the MSMS Policy Manual to identify and correct stigmatizing language.
- Implement a health equity “time-out” template by which to evaluate resolutions, strategic priorities, programs, operational decisions, etc. through a culturally responsive and racial equity lens.
- Place health equity issues under the jurisdiction of the MSMS Liaison Committee with Michigan’s Public Health in order to ensure they remain a priority beyond the tenure of the MSMS Task Force to Advance Health Equity.
- Adopt bi-annual reporting to MSMS Membership on progress towards achieving the internal and external goals outlined in the MSMS Health Equity Roadmap for Change.

INTERNAL STRATEGIC GOALS

GOAL #2:

MSMS DIVERSITY IN LEADERSHIP, GOVERNANCE, AND WORKFORCE

MSMS is heavily invested in diversifying our leadership, governance, and workforce. We are committed to engaging, understanding, promoting, and fostering a variety of perspectives. We affirm our similarities and value our differences. Diversity refers to all aspects of human difference, social identities, and social group differences, including but not limited to race, ethnicity, creed, color, sex, gender, gender identity, sexual identity, socio-economic status, language, culture, national origin, religion/spirituality, age, mental or physical ability, learning styles, military/veteran status, and political perspectives.

OBJECTIVES:

- MSMS Board of Directors, committees, staff composition, and membership is diverse and representative of varied cultures, backgrounds, and life experiences reflective of Michigan's population.
- MSMS's history and evolution related to discriminatory practices and policies is acknowledged.
- DEI professional development training and resources are available on all levels of the organization on an ongoing basis.
- Funded infrastructure needs to support ongoing and future work.
- DEI is an integral component of MSMS's "DNA."

RECOMMENDATIONS:

- Develop and implement workforce diversity, recruitment, and retention strategies (i.e., career ladder support and encouragement; diverse employee engagement and support, mentoring networks, safe discussion and learning spaces, etc.)
- Develop relationships with physicians, residents, and medical students of different backgrounds and perspectives throughout the state to build a more diverse membership.
- Institute DEI training for MSMS leadership and employees.
- Encourage the MSMS Foundation Board to incentivize applications for projects focused on achieving health equity.
- Identify one or more staff members to serve as the content expert(s) on issues involving health disparities and health equity.

INTERNAL STRATEGIC GOALS

GOAL #3:

ADVOCACY FOR LEGISLATIVE AND REGULATORY INITIATIVES THAT ADVANCE HEALTH EQUITY

When assessing the value of legislative and regulatory proposals it is imperative to ensure those initiatives advance the goals of eliminating health disparities and unjust outcomes, repealing constructs that enable structural racism to exist, and embedding racial justice and equity principles in future policies. MSMS must continually ask, “Does this initiative move our state and the medical profession towards a health care delivery system and community environment that provides the supports and services necessary to ensure all individuals have the opportunity to live their healthiest lives?”

OBJECTIVES:

- Equitable and affordable access to health care for all persons.
- The elimination of systemic racism and other barriers in health care through policy change.
- Federal and state funding to address clinical and health care career opportunities in historically disadvantaged communities.
- Payer policies that support the formation of and access to physician-led care teams.
- Defined definitions of resourced populations.

RECOMMENDATIONS:

- Establish health equity principles by which to evaluate legislative and regulatory proposals.
- Advocate for health care delivery payment and practice models that improve patient’s health and social needs.
- Continue to work toward health care reform that provides adequate, accessible, and affordable health insurance and quality medical care for all individuals.
- Advocate for a standardized health literacy K-12 curriculum.
- Advocate for policies that eliminate barriers to telehealth access such as payment parity and broadband availability.
- Advocate for the expanded utilization and payment of allied health professionals including, but not limited to, lactation professionals, community health care workers, birth, and postpartum doulas to support physician-led team-based care.
- Actively support legislation that eliminates structures that perpetuate historical inequities.
- Advocate for evidence-based health care equity and health equity performance measures and metrics focused on addressing health care gaps, disparities in care, and social determinants of health especially that have been under-resourced including, but not limited to post-partum depression screening, lack of access to transportation, moving from food deserts to food oases, etc.
- Promote policies that increase access to capital in order for communities to thrive, individuals to support one’s daily life, and the cycle of poor health exacerbated by poverty to be reversed.



EXTERNAL STRATEGIC GOALS

Dismantling inequities in medicine necessitates confronting and disrupting existing practices and policies that exclude and devalue trainees, physicians, faculty, staff, and patients who have been historically disadvantaged. Health inequities within the health care system reflect longstanding structural and systemic racism and discrimination resulting in unfair and unjust differences in health outcomes. Research and data have documented gaps in health coverage, access and use of care, quality of care received, disease incidence and prevalence, life expectancy, and mortality based on race and ethnicity. MSMS believes the implementation of equity-centered approaches, policies, and expectations is critical to reverse these findings. To disrupt this historical cycle, education, collaboration, and innovation amongst health professionals and community partners is essential.

EXTERNAL STRATEGIC GOALS

GOAL #1:

TRUST WITH OUR PATIENTS AND COMMUNITIES

In the face of exclusive differential power, MSMS strives to aid in the creation of balance between patients and communities. MSMS has identified that both establishing and repairing trust is of the utmost importance. In a study of MSMS-acquired data on perceived implicit bias understanding and knowledge pre- and post-participation in MSMS's implicit bias training courses, it was shown that there is an increased level of agreement about the importance in devoting extra time to the needs of historically disadvantaged patients, as well as an increased awareness of stereotypes that may result in lower quality of care for these patients.

OBJECTIVES:

- MSMS engagement with the public is intentional; ensuring community voices are invited, heard, respected, and valued.
- Racial healing is supported.
- Transgenerational trauma is acknowledged and understood by clinicians.
- Race-based medicine and related affective health outcomes are explicitly addressed.
- The role of racism and biases that have led to the widening of health inequities between individuals who have been historically marginalized and white individuals is widely understood by physicians, other health care professionals, and the general public.
- Subject matter experts, including those with lived experience, are recognized as the most appropriate to lead initiatives intended to close various health equity gaps and compensated for their efforts and intellectual knowledge.

RECOMMENDATIONS:

- Expand organizational network and build and maintain relationships with community-based organizations dedicated to addressing and dismantling health inequities and injustices.
- Encourage and promote individual physician engagement in efforts such as the Michigan Department of Health and Human Services Community Influencer Ambassador program and the W.K Kellogg Foundation's Truth Racial Healing circles local to the communities in which they are practicing.
- Amplify efforts made by local community members and organizations by:
 - » Highlighting efforts and events through MSMS's e-newsletter Medigram.
 - » Sharing widely on MSMS social media channels.
 - » Partnering with local organizations to ensure all of Michigan is supported in a manner specific to their unique needs.
 - » Partnering with national organizations to identify, share, and replicate best practices.
 - » Addressing systems, policies, and practices that are not providing culturally appropriate patient care.
 - » Creating, implementing and promoting curriculum to address race-based medicine in partnership with the End Race-Based Medicine Task Force.
 - » Creating and implementing a health literacy campaign to bridge the gap between patients and physicians.
 - » Identifying and/or developing a Health Equity Transformation Readiness Assessment tool to help physicians understand their current position on the health equity journey.
 - » Formulating a speakers' bureau list for speakers specializing in implicit bias, health disparities, and racism in health care.

EXTERNAL STRATEGIC GOALS

GOAL #2:

PHYSICIAN PATHWAYS THAT LEAD TO A DIVERSE WORKFORCE

Despite growing evidence of improved communication, health management, health outcomes, and satisfaction when patients and doctors share the same racial or ethnic background, there remains an underrepresentation of BIPOC physicians in the United States. This lack of diversity in the physician workforce “hampers efforts to provide high quality and equitable care to our increasingly diverse patient population.” Reported statistics show that more than 30 percent of the U.S. population is Hispanic, Native American, or African-American, but only 11 percent of physicians identify with one of these groups. And, the speed, or lack thereof, at which the physician workforce is diversifying is troubling. MSMS agrees that increasing physician diversity must be part of the solution for improving quality of care and eliminating health disparities.

OBJECTIVES:

- Medical profession reflects the diversity of communities served.
- Medical school curriculum and faculty reflect DEI values.
- Bias in the admission process to medical school and residency programs is removed.
- Cost is not a barrier to becoming a physician.

RECOMMENDATIONS:

- Engage with directors of medical education and medical schools within Michigan to identify best practices for the recruitment and retention of diverse candidates.
- Create, share, and/or promote programs for elementary, middle, and high school students to nurture their dreams of becoming a physician.
- Support the elimination of discriminatory selection criteria during the medical school admissions process (e.g., legacy status, etc.).
- Establish diverse mentoring opportunities.
- Review impact of membership fees on the participation of medical students and physicians in training, particularly BIPOC individuals, and investigate strategies to eliminate barriers and promote participation.
- Advocate for the availability of financial resources to support incoming and established medical students and residents.

EXTERNAL STRATEGIC GOALS

GOAL #3:

DATA DRIVEN ACCOUNTABILITY

In order to hold health systems, health care professionals, researchers, and government accountable to historically marginalized and institutionally underserved communities, reliable, accurate, evidence-based data must be available to all parties. Physician input on quality measures and metrics promoting social determinants of health is critical. Also, physicians and other team members must be aware of how their practice impacts the communities they serve, as well as how their practice is evaluated by payers, physician organizations, and other key players.

OBJECTIVES:

- Payer policies and quality metrics are aligned.
- SDOH quality reporting is incentivized.
- Michigan's community information exchange system is robust.
- Medical documentation is free of stigmatizing language.
- Best practice and lessons learned are widely available.

RECOMMENDATIONS:

- Disseminate information, education, etc. (public-facing and clinical-facing)/Member and Community Education
- Compile information on and share ongoing payer and government activities (i.e., BCBSM initiative, state, federal, etc.)
- Educate physicians on how the language in their medical documentation may perpetuate biases, influence quality of care, and erode patients' trust.
- Offer CME programming to help physicians and health team members utilize data related to SDOH, value-based reimbursement, etc. to improve outcomes and maximize reimbursement.
- Create a webpage on the MSMS website to serve as a health equity resource library for members including information on implicit bias, health disparities, and racism in health care which is designed to meet people where they are in the continuum of learning.
- Provide resources for independent practices and Physician Organizations to align with payer incentives (i.e., practitioner's guide to using payers' Quality Improvement initiatives to achieve equitable services and outcomes).
- Provide input into the development and utilization of payer quality initiatives.

CONCLUSION

“Of all the forms of inequality, injustice in health care is the most shocking and inhuman.” While often ascribed to Martin Luther King, Jr. in 1966 at the Medical Committee for Human Rights, what Dr. King actually said was slightly but significantly different: “We are concerned about the constant use of federal funds to support this most notorious expression of segregation. Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death.”

As celebrated as the first quote is, the more accurate second quote represents the challenge that the Michigan State Medical Society Task Force to Advance Health Equity accepted from its Board of Directors. The quotation embraces the reality that health inequity and disparities in outcome are products of structural racism and the implicit bias of individuals. It also recognizes the increasingly important contribution of social determinants of health, such as housing instability, lack of access to fresh fruits and vegetables, disproportionate education resources, and lack of employment, among others. The Task Force also embraced the contribution of the disturbingly low number of black and brown physicians, a number that has not increased in nearly a half a century. Lastly, this quote recognizes the need for any organization that aspires to make meaningful change to accept its contribution to these disparities and the need for medical society staff and members to commit to the goal of being part of the solution rather than the problem.

To this end, the Task Force has created a document that used information from thought leaders in the field along with documents that presented best practices for achieving health equity. It also included critical input from members of the community state-wide that assisted the Task Force in prioritizing issues and potential solutions.

We understand that every organization has multiple strategic priorities and that they may not have the resources to accomplish all of the opportunities to make substantive impact in achieving our goals that we have identified. The Task Force will continue to assist the organization in identifying goals that are achievable and impactful. It will also continue to identify content experts that will provide on-going education for members regarding the ways that they can improve their caregiving in a way that increases their awareness of race-based trauma and the contribution of social determinants of health that perpetuate continued disparities in health outcomes for many Michiganders solely because of their zip code and color.

In conclusion, the creation of this report would not have been possible without the participation and contributions of the Task Force members who contributed their time, knowledge and insights to its content. Lastly, this report would not have been possible without the phenomenal staff of the medical society. We are grateful for their efforts in the composition of this thoughtful and comprehensive document.

MEMBERS OF THE MSMS TASK FORCE TO ADVANCE HEALTH EQUITY

Theodore Jones, MD, FACOG, Chair

Mary Finedore, MD Candidate

Keow M. Goh, MD

Cedric Mutebi, MD Candidate

Ijeoma Nnodim Opara, MD, FAAP, FAIM

Amit Sachdev, MD, MS

Asha Shajahan, MD, MHSA

Herbert Smitherman, MD, MPH, FACP

Bryanne Standifer, MD

Jennifer Swearingen, MD

Rev. Donald Tynes, MD, FACP

Susanna Wang, MD Candidate

MSMS STAFF SUPPORT

Dara Barrera

Rebecca Blake

Beth Elliott

Mikayla Ewalt

Stacey Hettiger

Anne'ka Marzette

Shatoria Townsend



PARTNERING TO ADVANCE HEALTH EQUITY