Why inclusion should be part of every conversation in health care

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Emergency physician John Paul Sánchez, MD, MPH, was drawn to medicine because he had witnessed health inequity in his community. Growing up in the 1980s during the HIV/AIDS crisis, Dr. Sánchez remembers going to the funeral of a family member who had passed away from the disease. But it wasn’t just about the experience of hearing of this family member who died. It was also the taboo nature of discussions around HIV and AIDS and seeing how people were uncomfortable talking about the disease.

“Most concerning was the heightened discrimination that individuals who had become infected were facing, and incredible isolation from family, their loved ones, their community, and unfortunately dying by themselves. Even the health care system struggled to provide compassionate care for those people who had become infected,” said Dr. Sánchez, executive associate vice chancellor at the University of New Mexico Health Sciences Center (HSC) Office for Diversity Equity and Inclusion. “I couldn’t imagine what that experience was like, but I knew—even at an early age—I feared becoming infected and dying in that same fashion very quickly, alone and isolated.

John Paul Sánchez, MD, MPH
“And it drew me to not only get my MD to think about treatment modalities to keep people from dying, but also to concurrently get my MPH and explore what factors were contributing to people becoming infected and for certain communities to be disproportionately impacted by HIV and AIDS,” he added, noting “not only those individuals who identified as men who have sex with men or those individuals who identified as gay, but all communities.”

In a Q&A interview with the AMA, Dr. Sánchez discussed his work and experienced approach to implementing change and aligning with diversity, equity and inclusion at an organizational level. Listen to more of this conversation with Dr. Sánchez on Apple Podcasts, Spotify or anywhere podcasts are available.

AMA: How has your work in diversity, equity and inclusion influenced your approach to patient care?

Dr. Sánchez: The great thing about diversity, equity and inclusion is that it gives you a better appreciation of inequities in communities that we live in or communities that we’re a part of. It’s those same communities that our patients come from. So, by getting a better understanding of various inequities in chronic disease, infectious diseases, or even living conditions, we could provide more holistic care for our patients.

For me, as an emergency medicine practitioner, that’s extremely important. We’re not only trying to stabilize a patient in the emergency room, but really also trying to understand the support network or system that will be in place for the patient after discharge. And as we think about that, we need to consider social determinants of health.

AMA: How have you promoted diversity and inclusion within the medical field throughout your career?

Dr. Sánchez: I am a proud product of many pipeline and pathway programs, even starting as early as a college level student. For me, just as I’ve benefited from a variety of these programs that have enabled me to explore not only a career in medicine but also in public health, it’s been really important for me to be a part of those programs and give back.

Even after benefiting from certain programs, I continued to serve in some capacity as a medical student, during residency and fellowship, and currently as a faculty member. In my current role within the HSC Office of Diversity, Equity and Inclusion, we have a number of pathway programs, K through 20, similar to other academic health centers across this country. And I encourage everyone to even take a couple of hours to be a part of these programs, either serving as a teacher or an educator of an interactive workshop.

Today, I actually spent an hour with high school students teaching them how to splint. It could be as simple as that, or being involved in helping them with their CVs, their personal statements as they apply to their next educational level or aspiring to run a program as a director or even as an assistant
AMA: What motivated you to focus on pre-faculty development?

Dr. Sánchez: I can think back to my early days of attending medical school, and how excited and honored I was to be able to attend medical school in the Bronx where I grew up at the Albert Einstein College of Medicine. I knew it was going to be heavy in science, molecular and cell biology, anatomy, histology.

And as I was going through the coursework in the first couple of months, I also expected that we would be talking about many of the things … that drove me to medicine, understanding why there were health inequities in my community in the Bronx and New York City and similar communities across the country, communities of color.

What I noticed while sitting in the classroom were two things. One, that wasn't the case. Very rarely, if at all, did we talk about those conditions, those ailments, those diseases that were disproportionately impacting Hispanics, Latinos, individuals of LGBTQ identity in the Bronx or anywhere in the country. And that was really disheartening because what drove me to medicine was to have an impact on those inequities.

There wasn't a space in the classroom through the curriculum to discuss that on a day-to-day basis, even sometimes in a month. The second thing that I think was really surprising is that many of the people who were teaching weren't from the community.

I was hoping to have lecturers who would bring those topics up, engage the students, and have a robust discussion of what's going on and how we could be more effective—what are the best practices? What could we do in the future to change those health inequities? So it wasn't in the curriculum, it wasn't being taught in the classroom, and it didn't seem like the individuals who were teaching the materials were ready or prepared to have those discussions.

That really inspired me to think about: How can we diversify the academic medicine workforce? How do we move to further bring in greater representation and diversity of lecturers, faculty, researchers and leaders? And that really helped shape my interest in diversifying academic medicine.

AMA: What are some key findings or insights from your publications that have highlighted the experiences of people from historically excluded racial and ethnic groups in health care?

Dr. Sánchez: Back in 2008 with colleagues, I was able to form an initiative titled Building the Next Generation of Academic Physicians, also known as BNGAP. And the focus of BNGAP has been to work with medical students who are leaders of various organizations, such as the Medical Student Section of AMA, the Latino Medical Student Association, the Student National Medical Association ...
to think about what are the factors, the facilitators and the barriers that influence their interest or career intent towards becoming a future faculty member, or senior leader within our academic health centers, or more specifically, our medical schools.

I went around and I did focus groups and surveys with students of all these great organizations. And we picked these organizations because students who are part of these organizations have declared that they want to be leaders. They want to be leaders in addressing health inequities. So, I really wanted to understand: How do we keep them within our academic medicine workforce to become faculty and senior leaders.

And what we learned is that they were really knowledgeable about the steps to becoming an ob-gyn, a pathologist, a surgeon, an ER practitioner, but they didn't even know that they were good enough or smart enough to become a future faculty member, or to be a dean, or a vice chancellor of an institution. No one had called on them to think about those positions, no one had defined or described those positions to them, no one had explained the importance.

So fundamentally, it was about initially creating materials just to give them a definition and an explanation of what is a faculty member, or what it means to be a dean of student affairs, or a dean of education, or dean of diversity, equity and inclusion. So, knowledge is key.

**AMA:** What steps do you believe health care organizations should take to create a more inclusive and equitable environment for both patients and medical professionals?

**Dr. Sánchez:** Health care institutions are responsible for everyone that they serve and that's a part of their community—our patients, our medical professionals—but I would also say all of our employees, our entire team, that is there to support our patients. And when I think about the overall team, it's not only our learners or the physicians or the faculty. It is also those people who register the patients, those people who staff the garage, security, the cafeteria, everyone who helps create a space for patients to receive care.

One of the ways that we help create a more inclusive and equitable environment for all is to keep our eyes and ears open, see how situations play out, listen to conversations, ensure that they're respectful, that there's a space for everyone to feel like they belong, collect ongoing data from everyone to see how they perceive the environment—both the social and the physical environment—in which they are providing and receiving care and services. And pretty much do it on a frequent basis, but then use that data to drive change.

As new policies and procedures and activities are done, evaluate that work and see if it's really making a difference. We're really good at keeping charts and monitoring outcomes based on lab work. We need to do a better job of taking the same approach to ensuring a more inclusive and equitable environment. And collecting data, evaluating and holding ourselves accountable is critical.
AMA: What advice would you give to aspiring medical professionals from historically excluded racial and ethnic groups who may face barriers or obstacles in their journey?

Dr. Sánchez: What I want to remind people is to pause and take a moment. Take a moment of what it means to be a historically excluded racial or ethnic individual today. It's hard, but can you imagine how hard it was 10, 20, 30, 40, 50, 100 years ago?

We still have a ways to go. I know it's still hard, but if anything, our ancestors taught us that we're strong enough, we're smart enough, we're resilient to succeed, that we have the assets to succeed. And if we really want to honor their contributions, if we want to honor ourselves, if we want to create a better space for ourselves and future generations, then we just have to keep on going forward. That's it. We just keep going forward.

This isn't the first time or the last time, but we can learn every time and share that information with prior generations and let them know and reassure them that we've been through this, and we got through it, and we're better for it, and we're stronger, and we're smarter, we're more resilient, and we're going to keep going. Whether it's in the community or within our medical schools or academic medicine, it's no different. You could apply the same knowledge and skills to not only survive, but to thrive.

But that has to be the focus. You sit down, you cry, you shake it off, you hug each other, you hold someone's hand, and you keep moving forward. That would be my final message.