Diversity, Equity and Inclusion Committee Newsletter

December 2022

Achieving Health Equity: Departmental Efforts

Acute Care / Trauma Surgery

Dr. Stey works to mitigate health disparities

Through a collaboration between the Department of Dermatology, Department of Medicine, and Community Based Organizations, Trauma is leading a project to provide 1) comprehensive primary care services for victims of violence so they get necessary preventative health care as well as assistance with social determinants of health and 2) case management and victim services for victims of violence and their families.

Dr. Tatebe identifies targets to reduce health inequities

Through a multidisciplinary project funded by the EAST Templeton Injury Prevention Scholarship, Dr. Tatabe and colleagues are working to identify targets for intervention to stem firearm violence. Read more here.







Cardiac Surgery

Cardiac Surgery is intentionally focused on serving code aorta patients in underserved areas. They are also working to identify hypertrophic cardiomyopathy patients based on diagnostic surrogates via artificial intelligence with an emphasis on addressing late diagnosis in patients who experience difficulty accessing care.





What is Health Equity?

CDC Definition: Health equity is achieved when every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or otherwise.

Why Does it Matter?

Persistent and enlarging gaps in access to care and healthcare outcomes affect members at all levels of our society. The Department of Surgery is actively working to address these gaps each and every day; however, there remains much work to be done.

Achieving Health Equity: Departmental Efforts continued...

Surgical Oncology

Bariatric chairs are being added into exams rooms for Surgical Oncology and Endocrine Surgery. Dr. Dina Elaraj has been a champion of this and says, "All patients deserve to be treated with dignity and this starts with something as simple as a chair they can fit in comfortably."



Dina M Elaraj, MD

NQUIRES

A number of health equity focused projects will be featured at the upcoming 19th Annual Academic Surgical Congress in Houston, TX on February 7-9.

- Catherine Valukas, MD, CONSORT T32 Postdoctoral Research Fellow: Those Left Behind: Disparities in Penetrance of Immunotherapy in Small Cell Lung Cancer. Senior Author: David D. Odell, MD
- Gwyneth Sullivan, MD, Postdoctoral Research Fellow: Race, Ethnicity, and Neighborhood Resources as Determinants of Pediatric Trauma Access in Chicago. Senior Author: Mehul Raval, MD
- John Slocum, MPH, Research Project Manager, NQUIRES: TheGap between Hospital-Based Violence Intervention Services and Client Needs: A Systematic Review. Senior Author: Anne M. Stey, MD

Surgical Education

Charles Logan (trainee), with mentors Drs. Odell, Bentrem, Halverson, and Feinglass examine health disparities in lung cancer, with particular attention to patients living in rural settings:

- The group found that <u>rural residents</u> are less likely than urban residents to receive surgery for resectable lung cancer. There were several reasons for this disparity. First, rural residents are more likely to be recommended less effective first line treatments. Second, rural residents are more likely to be deemed "too high risk" for surgery even when controlling for age, cancer stage, and comorbidities.
- Even when rural residents do receive surgery for lung cancer, they have worse overall survival compared with surgically treated urban residents, and that survival disparity persists at every stage.
- They also investigated the <u>association between travel distance</u> and receipt of adjuvant therapy for patients who received surgery for lung cancer. They found that patients who travel long distances for surgery are much less likely to receive adjuvant therapy- at any location.
- One key finding that was most surprising was that large, high-volume hospitals, which typically have extensive resources and institutional experience, had a "blind spot" when it comes to deficiencies in care coordination for rural residents and long-distance travelers.





Charles Logan, MD

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Perspectives on Health Equity

"My family comes from a town thirty minutes off exit 141 on I-75 in Tennessee called Huntsville. The closest family medicine doctor is in Oneida thirty minutes away, and the closest ER and hospital is in Knoxville about an hour and a half away. Growing up in Chattanooga, I had easy access to any medical care I wanted. Those options just aren't available in Huntsville. It puts a burden on the community. It decreases their primary care and access to care overall because it is prohibitive to drive that far, and it takes time to get there. Appalachia has issues that are unique, but many of the issues are common with marginalized groups. There is continued trouble with access to care, access to resources, and access to nutrition."

-Alyssa Brown, MD, PhD – Categorical General Surgery Intern

"Amidst the pandemic, I helped form a partnership with a community clinic to increase access to healthcare and social services to communities highly affected by the pandemic. We targeted patients with high-risk medical conditions to help them access medical services as well as connect them with social services. We created a standard script which was structured to evaluate patients mental and physical health, provide space for COVID-19 questions and concerns, inquire about the need for prescription refills, and assess their access to food and water. If this screening was positive, we were able to offer patients telehealth visits, behavioral health appointments, and food pantry locations."

-Jessica Colin Escobar, MD – Categorical General Surgery Intern

Want to Learn More?

Watch to these TED Talks:



Jessica Colin Escobar, MD



Alyssa Brown, MD, PhD

