

SHARE:



[Join Our Email List](#)



October 25, 2021



## HOMERuN Collaborative: Anti-racism, Health Equity, and Justice Survey Findings

The Hospital Medicine Reengineering Network (HOMERuN) is a national network of Hospital Medicine investigators at 12 academic medical centers (AMCs) and 50 affiliated sites.



**Organizers and Facilitators:** Archna Eniasivam, Sirisha Narayana, Yalda Shahram, David Sterken, Sneha Daya, Kendall Rogers, Sumant Ranji, Amira Del Pino Jones, Any Solotskaya, Sarah Hartigan, Naomi Shike, Dan Cabrera, Taressa Willis, Obsinet Merid, Khaalisha Ajala, Di'Reon Lowry, Andrew Auerbach, Tiffany Lee

**Background:** The HOMERuN Anti-racism, Health Equity, and Justice Working Group surveyed division chiefs and frontline hospital providers to benchmark current impressions and efforts regarding anti-racism, health equity, and justice within hospital medicine. Next steps include individualized institutional reports with guiding questions around data interpretation and identification of next steps along with focus groups to further explore specific initiatives and their effectiveness to identify best practices.

[Summary](#)

Few Divisions have positions focused on health equity or DEI (diversity, equity, and inclusion) efforts and even fewer are funded. There is a discrepancy between Division Chiefs and frontline providers regarding prioritization of DEI efforts, inclusivity, and readiness for change. Having divisional infrastructure and support for DEI efforts is desired in addition to aligning with institutional and departmental initiatives.

## Current State

### Demographics

- Of the 30 Division Chiefs who responded, 20 (67%) were white, 9 (30%) were Asian, and 1 (3%) was Black; 73% identified as male, 27% as female, and none identified as nonbinary.
- Of 541 frontline provider respondents, 59% were white, 24% were Asian, 6% were Black, and 1% or less were multiracial or American Indian. Forty-three percent of those surveyed identified as male, 48% identified as female, 0.4% as nonbinary, and 8% declined to respond or did not wish to state.
- Of note, in the survey we utilized the race categories used by the US Census Bureau. We realize that ethnicity and specific subcategorization within those larger categories would have afforded additional information that unfortunately was not obtained with this survey.

### Culture

There is a disparity between Division Chiefs' prioritization of DEI efforts and the perception of those efforts among frontline providers.

How does your group prioritize issues around diversity, equity, inclusion, social justice?	Chiefs (n=30)	Frontline providers (n=434)
Essential	14 (47%)	78 (18%)
High priority (top 25% of priority areas)	12 (40%)	128 (30%)
Moderate priority (middle 50% of priority areas)	3 (10%)	140 (32%)
Low priority (lower 25% of priority areas)	0 (0%)	57 (13%)
Not yet prioritized	1 (3%)	31 (7%)

*"We don't have a formal infrastructure or position for this. Our efforts rely on volunteerism of motivated and committed hospitalists."*

### DEI Readiness

More than 80% of Division Chiefs report preparation for and action toward DEI. Among hospitalists who responded, only 75% rated their division's activities similarly.

What is your division/group's readiness to change regarding DEI efforts?	Chiefs (n=30)	Frontline providers (n=429)
Precontemplation: has not been addressed formally	1 (3%)	35 (8%)
Contemplation: acknowledgement that there is a need to address DEI, although there is no identified champion of these efforts, formal infrastructure, or centralized efforts.	3 (10%)	74 (17%)
Preparation: initial steps toward addressing DEI mostly centered on single-instance efforts such as a task force meeting and making recommendations for action or individual projects.	13 (43%)	146 (34%)
Action: definitive action has taken place including investment in leadership and infrastructure/funding for continued efforts.	12 (40%)	157 (37%)
Maintenance: well established efforts are measured, known throughout the division/group, and are funded.	1 (3%)	17 (4%)

*"A lot of talk but no plans, let alone measurable achievements. And despite there being some talk there is still hidden resistance — people don't feel comfortable speaking up yet."*

### Sense of Inclusion

The majority of Division Chiefs (90%) and frontline providers (77%) felt their divisions were moderately or extremely inclusive, although there are 7% of frontline providers that feel little to no inclusivity or belonging.

How much does your division/group currently foster a sense of belonging/inclusivity?	Chiefs (n=30)	Frontline providers (n=432)
Not at all inclusive	0 (0%)	10 (2%)
Slightly inclusive	0 (0%)	22 (5%)
Somewhat inclusive	3 (10%)	70 (16%)
Moderately inclusive	14 (47%)	197 (46%)
Extremely inclusive	13 (43%)	133 (31%)

*"I think we try and do our best, but with not much racial or ethnic diversity it's hard to say if it's because we're not inclusive, or just chance."*

### Other Key Findings

#### Alignment between Divisional Efforts and the Institution:

From the Division Chief surveys, > 75% institutions, departments, and divisions have DEI efforts focused on: faculty development (93%), learner education (93%), and increasing

UIM recruitment and retention (87%). Frontline providers commented that there is a strong desire to be part of and/or build on departmental, medical school, and institutional efforts while still investing in divisional level efforts. There are some concerns that despite good intentions, current efforts feel performative or limited to discussion and that more concrete action is needed.

**Infrastructure:**

Only 30% of surveyed divisions have a position dedicated to DEI, and of those, only 56% of those positions are funded.

**Challenges:** The biggest barriers identified by Division Chiefs include lack of data (77%), time (70%), and resources (70%).

**Future directions:** Opportunities for programmatic growth based off Division Chief surveys include equity efforts focused on: patient experience (0%), incident reporting for discrimination (43%), mentorship/sponsorship (47%), QI (50%), clinical guideline development avoiding race-based medicine (63%), advocacy (67%), disparities data (70%), and social determinants of health (70%).

---

## Potential Research Opportunities

### Research opportunities related to work Vanderbilt University Medical Center has been doing with COVID-19.

#### **COVID19 Data Repository**

Since March of 2020, we have maintained a Vanderbilt COVID19 datamart that includes patients tested for COVID (positive or negative), positive COVID diagnosis, or respiratory symptoms. The database includes demographics, ICD codes, procedural codes, labs, medications, covid vaccinations and other information for both adult and pediatric inpatients and outpatients that have been seen in the Vanderbilt System. We are one of ~40 datamarts across PCORnet that maintain a database like this, and are sharing de-identified query results regularly with the CDC. There is the possibility of using this data to access identifiable information, link to geocoded social data, claims or other data sources, or contact patients (with appropriate regulatory and governance approvals). If anyone has an interest in looking at the VUMC data, or potentially looking at national data from PCORnet sites, please reach out to [Russel Rothman](#).

#### **HERO Registry ([www.heroesresearch.org](http://www.heroesresearch.org) )**

We now have over 50,000 health care workers (HCW) and members of their community enrolled in the HERO Registry. HCW are typically surveyed monthly about issues related to mental health and wellness, COVID19 exposures and illness, and other issues. We also have information about HCW job type, race/ethnicity, age, sex, and other demographics. The current data dictionary of what items have been asked is available here: [https://heroesresearch.org/projects\\_pubs/](https://heroesresearch.org/projects_pubs/). If anyone has an interest in analyzing this data for a manuscript, please reach out to [Russel Rothman](#).

#### **HERO and HERO Together Research Projects**

We have over 50,000 HCWs and community members in the main HERO registry, and 20,000 that are enrolled in HERO-Together, which is an active surveillance project for safety outcomes after COVID19 vaccination. If anyone is interested in using either of these cohorts for a new study proposal (either for observational or interventional research), please reach out to [Russel Rothman](#) to discuss. PCORI is very interested in seeing additional studies (funded by PCORI, NIH, or other sources) that leverage the HERO registry.

---

**Our next meeting will be on November 12, 2021.**

Check out the [HOMERuN COVID-19 Knowledge Base](#) for more details.  
If you would like to join the HOMERuN Collaborative calls, please reach out to  
Tiffany.Lee@ucsf.edu.