

Mayo Clinic Podcast - Dr. Anjali Bhagra - 03 17 21 YouTube A...





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SPEAKERS

Dr. Halena Gazelka, Dr. Anjali Bhagra, Narrator

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-  **Narrator** 00:01
Coming up on Mayo Clinic Q&A:
 -  **Dr. Anjali Bhagra** 00:04
The goal with this is to really reach out to our people, and make sure as our motto says the needs of our patients and people come first. We ensure that we bring an equity lens to our practice, to the research that happens on the Mayo Clinic campus, education as well as the community efforts.
 -  **Narrator** 00:23
Equity, inclusion and diversity are important to Mayo Clinic's mission to provide excellent culturally relevant care to patients and to create a welcoming and inclusive environment to employees.
 -  **Dr. Anjali Bhagra** 00:35
Mayo has a very bold commitment, not just a monetary commitment, but operational

commitment, 100 million dollars from our board of trustees to be dedicated towards eradication of racism.

D Dr. Halena Gazelka 00:49

Welcome everyone to Mayo Clinic Q&A. I'm Dr. Halena Gazelka. In 2020, Mayo Clinic made a \$100 million commitment to end racism and promote health equity at Mayo Clinic and nationwide. The goal of this investment is to address health disparities and to improve equity and inclusion at all of Mayo Clinic's campuses. With us to discuss this today is the director of Mayo Clinic's Office of Equity, Inclusion and Diversity. Dr. Anjali Bhagra. Welcome back to the program, Dr. Bhagra.

D Dr. Anjali Bhagra 01:23

Thanks for having me, Dr. Gazelka. It's a pleasure.

D Dr. Halena Gazelka 01:26

We are so glad to welcome you back. You've been with us previously, and now you're going to give us some update on the work that's going on at Mayo Clinic.

D Dr. Anjali Bhagra 01:35

I am delighted to share that with you.

D Dr. Halena Gazelka 01:38

Dr. Bhagra, would you tell us first a little bit about yourself and your roles at Mayo Clinic?

D Dr. Anjali Bhagra 01:44

Sure. So, as you just shared Dr. Gazelka, I am privileged, honored and humbled to serve as the Medical Director of the Office of Equity, Inclusion and Diversity. This office brings alignment, provides strategic direction, connects, collaborates and creates the necessary training and delivery of all of our work around equity, inclusion and diversity at the Mayo Clinic campuses, which includes not just our national sites, but also our international sites. And the goal with this is to really reach out to our people. And make sure as our motto says, the needs of our patients and people come first. We ensure that we bring an equity lens to our practice, to the research that happens on the Mayo Clinic Campus of education, as well as the community efforts. And while this is a dedicated office, this work

by no means is done by the office alone, we have a lot of partners, we really have an ecosystem at Mayo Clinic when it comes to equity, inclusion and diversity, and several designated subgroups, committees, employee resource groups spread out across all of our sights. So, our goal is to bring alignment and make sure that we keep moving forward at the pace that we all wish to.

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Dr. Halena Gazelka 03:07

Well, that's wonderful, and before you go on, I'm going to ask you about the name of the office. So equity, diversity, inclusion, what do those terms mean, and why are they important as part of the work that's going on at Mayo Clinic?

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Dr. Anjali Bhagra 03:23

So, we have a little bit of history as far as naming the office goes. Approximately 10 years ago is when this office was formed, and it really started out as a diversity 1.0 at the time, keeping with what the theme of our efforts were. So, it started off as the Office of Diversity, morphed then into the Office of Diversity and Inclusion, and most recently renamed as the Office of Equity, Inclusion and Diversity, or the OEID. What do these terms mean, and I like to simplify how I think about these terms. So diversity would be inviting different individuals to a party. Inclusion would be when all those different individuals are invited to dance on the dance floor, and equity and belonging is when you choose the music. In other words, diversity is respecting all of our differences. Inclusion is making sure everybody has a voice, everybody belongs, and everybody contributes without any barriers. And inclusion and belonging go hand in hand with an equity lens. And when I think about equity, there is an organized framework for equity as well as what it means for me in day to day life. So, the CDC, or the Center for Disease Control, defines equity or health equity as achieved when every individual, every person has the opportunity to attain full health potential, and no one has disadvantaged from achieving this because of social position, or other socially determined circumstances. In other words, inequities and inequities, if we look at them, they seldom happen from random occurrence, but maybe a result of poverty, structural racism, and discrimination at multiple levels. So, that's where health equity goes. And equity to me is everyday life of having equal or equitable opportunities.

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Dr. Halena Gazelka 05:33

That's wonderful. I love the way you describe that. And I like the analogy to the party, which I think we can all understand. That was very beautiful, and simplistic. Thank you. I have a question about health equity. What sort of trends or practices do you see

developing within the United States? Or even at Mayo Clinic specifically, that are promoting health equity? Where do you see us going in the future?

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Dr. Anjali Bhagra 05:58

Yeah, that's a great question. And I think it really allows us to think and reflect on what all happened in our environment in the last one year, certainly in the midst of pandemic and dual pandemic of COVID, as well as racism and race based inequity. We've seen a lot of change around us, change that we needed to undertake, and some bold actions, or some directions that provide us a framework to do this work in an organized way. So, I'm excited about several things pertinent to equity, that are happening within Mayo, as well as outside Mayo. I would say one of the most exciting things that I get to participate in my role is partnerships, and partnerships across sectors outside of Mayo, not just within Mayo. One of the things that we are really looking forward to on that front is our recent assignment and how we've recently become the inaugural members or designatories for racial justice in business, which is a coalition by the World Economic Forum, where there is a coalition of over 48 organizations around 15 sectors, impacting approximately 5.5 million employees. I personally feel that this is how we need to do this work, not in silos, but really learning from each other. In the last year, I have heavily relied on our IT colleagues and how we've quickly changed literally how we provide care and health prevention to our patients and consumers, more and more reliance on digital tools, more and more reliant on utilizing data effectively in time to pivot and change how we are providing care. So, all of those are exciting opportunities both within and outside of Mayo, I would say nationally, and at all levels within our government. Federally there is emphasis on equity efforts. In terms of screening for COVID, we all saw the vaccine rollout, and how quickly our administration was nimble to a lot of groups to overlook equitable distribution of vaccine. We saw how vaccine hesitancy was tackled by different sectors and not just the healthcare professionals, but our social scientists, our life scientists, our political scientists. So, I feel like our ecosystem, as I like to think about it, really expanded. And we went across sectors. One thing that excites me about the racial justice in business is just how holistic the charge of this coalition is from recruitment of a diverse force, to development of inclusive products across industries, be it health,

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Dr. Halena Gazelka 09:02

Not just healthcare.

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Dr. Anjali Bhagra 09:03

Not just healthcare, this is across industries, IT at a global level, and really thinking about

how to tackle the social determinants of health. How do we make access to

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Dr. Halena Gazelka 09:18

I'm going to have you stop right there, Dr. Bhagra. There's a term, another term that we throw around so much, what are social determinants of health?

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Dr. Anjali Bhagra 09:26

Yes, so I like to simplify how I think about social determinants of health. So, you know, in healthcare, we love good outcomes for our patients. But it is seldom what I'm doing in the office with my, or for, or to my patients, but the determinants of their health outside of my office that ultimately impact their outcomes. So, things such as access to nutrition, good nutrition, safe and affordable housing, jobs, good health care, freedom from social stress, minority stress from racism. These are all examples of social determinants of health. They play a bigger role in whether or not individuals develop a disease in the first place, the severity of the disease, the outcomes of their treatments that we finally apply to them. So, all of these, not just the healthcare alone, but all of these combined impact individuals. And we all know that marginalized groups are more exposed. And it's these social determinants of health, such as crowded housing, no means to social distance, no private vehicle to get to your appointments, lack of transportation, affordability of health food. So, the problem is very complex that we are talking about, it is multifaceted. And so, the solutions are also very complex and need all these sectors coming together to provide the most meaningful outcome.

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Dr. Halena Gazelka 11:04

Another thing that was mentioned at a meeting that I was at this morning is social determinants for health or how people are impacted in receiving health care, was access to two major thoroughfares, highways to get to institutions, and broadband access for individuals. So, being more rural can be a difficulty for some patients as well.

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Dr. Anjali Bhagra 11:27

Absolutely, I know, we all are wrapping our heads and arms around, what is the possibility of remote unit? You know, what if our patients can't get to us, but what if providers get to those areas? But how do we ensure access to specialist care? And so broadband access is one of the biggest things I think we would personally need to tackle at a global level when we talk about access to healthcare. In other words, digital equity is a huge topic of discussion where we need allies, we need accomplices, we need advocacy, and we really

need strong, strong leadership to make it happen.

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Dr. Halena Gazelka 12:11

That's really interesting. The digital equity, that's a really interesting topic, because I can see that that's both access to information, but also access to specialists. So, we're doing a lot more virtual care here at Mayo Clinic, but if someone doesn't have access to the internet or a computer to use, or a phone so that they can visit with us, then they don't have that access.

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Dr. Anjali Bhagra 12:35

Absolutely. And you know, we talk about digital equity being the backbone of any effective, meaningful health equity intervention moving forward. And this is exactly where that cross sector partnership will be so critical, and why we need to approach this from a very collaborative intent.

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Dr. Halena Gazelka 12:58

Are there other aspects of data analytics, or of technology that are helpful in promoting health equity?

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Dr. Anjali Bhagra 13:06

So, data analytics is the way we utilize data, our ability to harness it, and our ability to use it for translation into care, I feel is pivotal, and key for us to address inequity. Data, in other words, is destiny. And it becomes really challenging. It's exciting, but it has pitfalls, it has no answers. Because anytime we utilize data, we need to make sure number one, that we are utilizing data that is free of bias. We are utilizing data that fully represents the population that we are considering rolling out interventions or studying. And then the teams that we use to work on these data are diverse and have inclusive approaches to not just harnessing data, but analyzing it and finally using it in forms of algorithms. So, there is a very, very deliberate movement I would say within Mayo for sure. And there are several partners that Mayo has where we want to make sure that we are debiasing datasets, that our data is inclusive, and we are using the best data to find the most meaningful solutions equitably for populations that we care for.

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Dr. Halena Gazelka 14:33

And another huge part of using data is protecting the individuals whose data is being

used as well.

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Dr. Anjali Bhagra 14:42

Thank you, Dr. Gazelka. Absolutely. Data privacy is the most important thing, and I think for our consumers that is a top concern. What are we doing to protect your data. Again, this is not something Mayo can do alone, we need partners and we want to be able to do an excellent job at this. And this is a strong area of our focus. As we mine big data, as we collect this data, we fully, fully respect the trust that our consumers have put into us, and we take this very seriously.

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Dr. Halena Gazelka 15:20

True. I'm getting the image that this is a huge, huge area of work both outside of Mayo, which we've been discussing and inside. Can we talk for a few minutes specifically about some of the activities that have been going on inside Mayo Clinic? And I'm thinking specifically about asking you about the everybody in campaign?

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Dr. Anjali Bhagra 15:40

Absolutely. So, Mayo has a very bold commitment, not just a monetary commitment, but operational commitment, 100 million dollars from our Board of Trustees to be dedicated towards eradication of racism. And for us to be able to build life around this commitment, we have several partners with OEID, our public affairs team, along with many other teams, for staff engagement. Most of the engagement efforts within our staff are related to increasing awareness, increasing ability to contribute meaningfully towards these efforts, and sharing those initiatives, not just within Mayo, but spreading this to our communities. And with these initiatives, we hope that our patients and consumers that either walk directly within the walls of Mayo Clinic, or we reach out digitally, we want to make sure that we are providing an equitable access to highest quality care to our patients. And as an example, one of the initiatives is a recent launch of an app called the Everbody Inclusion app. This is available to our colleagues at the bedside during meetings, and it really walks you through, what would I do, or what should you do if you're caught in a situation where you're not sure what's the right thing to do with a patient from a background that you don't fully culturally understand the barriers about certain aspects of care, not just within patients, it is also enabled for improved peer to peer interactions.

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Dr. Halena Gazelka 17:23

So, the app is describing various ethnicities or groups? Tell us a little bit more about how

the app actually works, or what's in it.

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Dr. Anjali Bhagra 17:36

So, the app actually has a list of trainings at the bedside, cultural competency trainings. So, there's education built into the app, it makes you aware of events happening close to your geographic area that you could participate in. It also walks you through specific examples of how to have a crucial conversation, how to have a safe conversation, what do you do for inclusive meetings? How do you care for a patient from a certain background of a certain faith? What are some do's and don'ts in a certain cultural background? So, it really allows for a lot of not just education, but in the moment action that would be culturally sensitive. And I hear this from my colleagues all the time, they all want to do the right thing. But many times, they're just not sure of what is the right thing to do, what's the right thing to say. So, it walks you through what are the right things to say in certain situations. I personally use that app several times a day, not just for how to interact with my patients, but believe it or not sometimes, how do I talk to my kids? How do you talk to teenagers, so I just find it so powerful, you know. I call it my inclusion buddy, and it gives you reminders every morning. Like now is the time for you to go over some module, you can bookmark. If there are things that I've needed to see often I can bookmark that. So, it's a very user friendly way of becoming an inclusionist.

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Dr. Halena Gazelka 19:13

I think I'm just having trouble visualizing the use of the term at the bedside. So, I'm picturing someone in the hospital standing at a patient's bedside going through things on an app. And I also think we have computers where we have our Epic record, and sometimes we have an interpreter in the room on an iPad, and so, is this just another way we're holding another piece of technology in front of the patient's face, or is it not really at the bedside?

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Dr. Anjali Bhagra 19:39

So, it can be at the bedside if you need to. The way I personally use it is before going in the room, I'll look up what I need to for the patient, but I am surprised by how savvy my patients are. Sometimes, you know, I've had my patients and myself learn together in their room, and they're just fascinated and they've told me how accurate it is. And they've actually wanted to download the app, because they feel like it's a great way to learn. So, you can use it in a variety of different ways. Just however you see best fit. I would say a lot of our consumers love it, you know, if the provider is making the effort to learn about them. Because in the short period of time that we have with our patients, you're absolutely

right. It's hard sometimes to do justice to everything, you know, you want to listen to them in a compassionate way. But also, you don't want to be distracted by another piece of technology in the room.

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Dr. Halena Gazelka 20:37

And how wonderful to have that information right at one's fingertips instead of having to Google and not know quite where you're compiling things from that's terrific.

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Dr. Anjali Bhagra 20:46

Right. Absolutely. And I do think there's quality control as well. You know, it is something that we deliberately picked, we are confident of the content that this app offers. So, we can be reassured that, you know, we are going to get the best information that we are looking for. Because there are a lot of sources of information, but not always the best sources.

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Dr. Halena Gazelka 21:11

Tell us how the use of personal pronouns relates to inclusion.

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Dr. Anjali Bhagra 21:17

Yeah, that's been actually personally a very fulfilling achievement by several groups within Mayo who've been rallying for user personal pronouns. But then Mayo, just as several other institutions, we have a dress and decorum policy, we want to make sure that, you know, we are consistent with our values, in expression of ourselves and in representation of Mayo and our values. One of the initiatives that was undertaken by many groups, including one of our employee resource groups, which we affectionately call MERGS, the Mayo employee resource groups, the LGBTQI MERG, along with our office and several other groups rallied for use of pronouns in email signatures and other means of identifying ourselves. And so, recently we unanimously had agreement to use pronouns in how we express ourselves. And this is done by our colleagues in several different ways, such as using pronouns in your email signatures, on your zoom accounts, using or wearing badges. So, we have very colorful and very inclusive badges, which allow individuals to identify themselves under the category that they feel is the most appropriate. Personally, I think this is a step in the right direction. We talk of inclusion, but here's when we walk the talk of respect and inclusion and make sure that we are creating an environment of openness of empowered belonging, where nobody has to explain themselves, where it's inclusive, and we respect all identities. We've had amazing feedback from our colleagues around this.

And personally, as I said, I'm thrilled with the fact that we could do this and roll it out institution wide.

D Dr. Halena Gazelka 23:17

I can imagine that some of our listeners are saying what is this about pronouns? We all know how to use personal pronouns. And so, I'm not sure that necessarily it's clear what what the intention is.

D Dr. Anjali Bhagra 23:30

So, the intention here is clarifying how you'd like to be addressed. For example, my pronouns are she, her, hers. And that's how I'd like to be addressed. That's the identity that I want individuals to use for me. There are other examples such as he, him, his, if you want to or wish to be identified as that. Otherwise, there are other examples such as they, them, or when you're not fully declaring one way or the other, it could be Z. So, personal pronoun use is how you wish to be identified, or not just gender expression, but gender identity.

D Dr. Halena Gazelka 24:21

Interesting. Well, thank you for that. What else do you have to share with us today Anjali?

D Dr. Anjali Bhagra 24:26

I am really delighted that we had an chance to sit down and talk about several initiatives. I'm personally energized by all the change around us, and really an opportunity for us to create an empowered belonging for everybody, irrespective of our explicit differences or our implicit diversities of thought and background. So, thank you for inviting me and having this great conversation today.

D Dr. Halena Gazelka 24:56

Well, we thank you and it's been a pleasure to speak with you today. Our thanks to Dr. Anjali Bhagra, the medical director of Mayo Clinic's Office of Equity, Inclusion and Diversity, for being with us today to discuss this important topic. I hope that you learned something, I know that I did. And we wish each of you a wonderful day.



Narrator 25:16

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