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Diversity, Equity, and Inclusion in Healthcare: Mandating a Medical Equity Course for Graduate Programs

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# Diversity, Equity, and Inclusion in Healthcare: Mandating a Medical Equity Course for Graduate Programs

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## I. ABSTRACT

Healthcare disparities persist due to systemic barriers such as socioeconomic inequality, discrimination, and limited access to care. This proposal emphasizes the need for local, state, and national reforms to address these inequities by prioritizing targeted policies and sustained efforts to ensure equal healthcare opportunities for all. The proposed solution mandates a medical equity course for all individuals enrolled in a graduate level healthcare institution. Key features on the course include: cultural competence, communication skills, historical context, and structural and social determinants. Included in the course are next steps given successful implantation and results. Fiscal impact will be different for various institutions, with an option to petition for state funding. The implementation of this course fosters respect for different communities within future healthcare providers.

## II. BACKGROUND

The COVID-19 pandemic served as a shocking reminder of the deep-rooted health inequities that persist in our country, highlighting how systemic factors such as socioeconomic status, ethnicity, health-care workforce, and geography contribute to disparities in health outcomes. Marginalized communities were disproportionately affected by the pandemic, sustaining significantly higher rates of morbidity and mortality due to COVID in comparison to the general population. These inequities are essentially the result of outdated policies and a lack of political will to challenge the status quo.

To create a more equitable healthcare system, it is essential to prioritize systemic reforms at all levels—local, state, and national. This requires a commitment to addressing the root causes of health disparities, including socioeconomic inequality, discrimination, under-represented workforce, and geographic barriers to care. By implementing sound and targeted policies and persistent efforts over time, we can begin to close the gaps in healthcare access and therefore treatment outcomes. The goal is to ensure that everyone, regardless of their background, has equal opportunities for preventive and therapeutic care. Health equity should not just be aspirational but rather a reality for all.

## III. PROBLEM

Despite significant advancements in healthcare, systemic inequities persist in access to care, treatment outcomes, and representation within the workforce. These disparities disproportionately affect marginalized communities across racial, ethnic, gender, and socioeconomic lines. This shortcoming has contributed to worsening health outcomes and

perpetuating cycles of disadvantage for these communities. The ongoing lack of diversity in healthcare providers and leadership further exacerbates these issues, limiting the capacity of the system to meet the needs of diverse populations effectively.

1. Health Disparities and Inequitable Access to Care

Marginalized groups—such as black, indigenous, and people of color (BIPOC) or individuals with disabilities—often face significant barriers to accessing quality healthcare. As a result, these groups are more likely to experience delayed diagnoses, inadequate treatment, and lower-quality care, leading to higher rates of morbidity and mortality. For example, black Americans are more likely to suffer from chronic conditions such as hypertension and diabetes, yet often receive lower quality of care for these conditions compared to their white counterparts.

2. Underrepresentation in the Healthcare Workforce

The long-standing legacy of discrimination within healthcare systems contributes to unequal health outcomes. Studies have consistently shown that certain populations experience higher rates of preventable diseases, poorer health outcomes, and shorter life expectancy. The root causes of these disparities are multifaceted, including structural racism, economic inequality, and implicit biases within medical practice. For example, research has highlighted that BIPOC patients are often undertreated for pain or are subject to racial profiling by healthcare providers, which can compromise the quality of their treatment.

3. Implicit Bias and Discrimination

Implicit biases and overt discrimination continue to influence clinical decisions, patient-provider relationships, and organizational practices. Healthcare professionals may hold unconscious biases that affect their interactions with patients, sometimes leading to misdiagnosis, unequal treatment recommendations, and poor patient outcomes. Addressing these biases is critical for improving patient care and ensuring that all individuals are treated with dignity and respect.

#### **IV. SOLUTION**

The health disparities that are exacerbated by historical discrimination and the underrepresentation of marginalized communities contribute to the risk of lower quality care and unjust treatment. Healthcare providers that are culturally competent are crucial in the diagnosis and addressing of the needs of every individual patient. It is important that the patient's needs and their individual situations are understood to the fullest, to be able to move forward with the correct treatment for an individual patient. This ensures that the care they will receive is well suited for their situation and individual life. Through the implementation of a mandatory medical equity course, educating future healthcare professionals will fully prepare them to address the unique needs of their patients, especially those from marginalized communities.

This proposal mandates that public medical institutions implement a mandatory medical equity course as a degree requirement for all graduate healthcare students to complete before they graduate.

The course curriculum would include, but not be limited to, the following requirements and components:

1. Cultural competence: Allows medical students to gain the skills and tools to be able to identify with patients as well as reduce biases in healthcare.
2. Communication skills: Practical skills that will allow for engagement with diverse patients from different backgrounds
3. Historical context of health inequity: Allows for exposure and understanding of discrimination against marginalized communities within the healthcare system
4. Structural and Social Determinants of Health: Explores components such as race, ethnicity and gender and how those factors intersect and can influence the health of patients, their experiences and outcomes.

The public medical institutions shall allocate the resources and funds to be able to provide faculty and courses, with ensurement that instructors are properly qualified to educate in medical equity, cultural competence and health inequities/disparities. The effectiveness of the course should be evaluated regularly through feedback and tracking of the impact it has on healthcare delivery.

The implementation of a mandatory medical equity course as a degree requirement will improve diversity, inclusiveness, and equity in healthcare which. This may lead to improved outcomes in patient health, especially those from marginalized communities.

## **V. PRECEDENT**

Several legislative bills have previously been passed to implement analogous legislation. A variety of these bills are subsequently listed below:

- SB-395 (Approved October 2021)
  - This bill requires the Department of Health Care Access and Information to maintain a Health Professional Career Opportunity Program to implement pipeline programs at colleges and universities to provide comprehensive academic enrichment, career development, mentorship and advising to support students from underrepresented regions and backgrounds to pursue health careers.
  - The pipeline programs shall include internships and fellowships to enable students to be competitive applicants for graduate school or employment in the health field. This specifically includes paid summer internships at community health centers, public health departments, public behavioral health settings and with geriatric providers as well as community-based initiatives that promote health equity. Additionally, one-year post undergraduate fellowships for in-depth pre graduate school experience in primary care and prevention, behavioral health and geriatric health.
- AB 1460 (Approved August 2020)
  - This bill requires the California State University to provide for at minimum, one 3-unit course in ethnic studies as an undergraduate graduation requirement at each of its campuses
  - “It is the intent of the Legislature that students of the California State University acquire the knowledge and skills that will help them comprehend the diversity and

social justice history of the United States and of the society in which they live to enable them to contribute to that society as responsible and constructive citizens.”

- “Studies have found that both students of color and white students benefit academically as well as socially from taking ethnic studies courses. Ethnic studies courses play an important role in building an inclusive multicultural democracy.”

## **VI. FISCAL ANALYSIS**

Due to the nature of the proposal, there are minimal to no costs to the state as new requirements would be an additional regulation applied to Graduate and post-secondary education institutions. Institutions may choose to allocate new funds or restructure existing funds to incorporate the new course. If needed, the graduate programs may request funding from the state.

## WORKS CITED

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- Abrahamowicz, A. A., Ebinger, J., Whelton, S. P., Mensah, Y. C., & Yang, E. (2023). Racial and ethnic disparities in hypertension: Barriers and opportunities to improve blood pressure control. *Current Cardiology Reports*, 25(1), 17–27.  
<https://doi.org/10.1007/s11886-022-01826-x>
- Bill Text - AB-1460 California State University: graduation requirement: ethnic studies.* (n.d.). [Leginfo.legislature.ca.gov](https://leginfo.ca.gov/).  
[https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201920200AB1460](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB1460)
- Bill Text - SB-395 Excise tax: electronic cigarettes: Health Careers Opportunity Grant Program: Small and Rural Hospital Relief Program.* (2021). [Ca.gov](https://leginfo.ca.gov/).  
[https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=202120220SB395&search\\_keywords=diversity+%23%23equity%23%23%23medicine](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB395&search_keywords=diversity+%23%23equity%23%23%23medicine)
- Bulatao, R. A., & Anderson, N. B. (2019). *Understanding Racial and Ethnic Differences in Health in Late Life: A Research Agenda*. [Nih.gov](https://www.ncbi.nlm.nih.gov/); National Academies Press (US).  
<https://www.ncbi.nlm.nih.gov/books/NBK24693/>