



Forum examines declining number of Black male physicians

In 1978, 1,410 Black men applied to U.S. medical schools. In 2014, that number was 1,337. Currently, only 2 percent of American physicians are Black men. What's going on?

More than 140 physicians and physicians-in-training gathered online in mid-April to try to answer that question while discussing the new documentary "Black Men in White Coats."

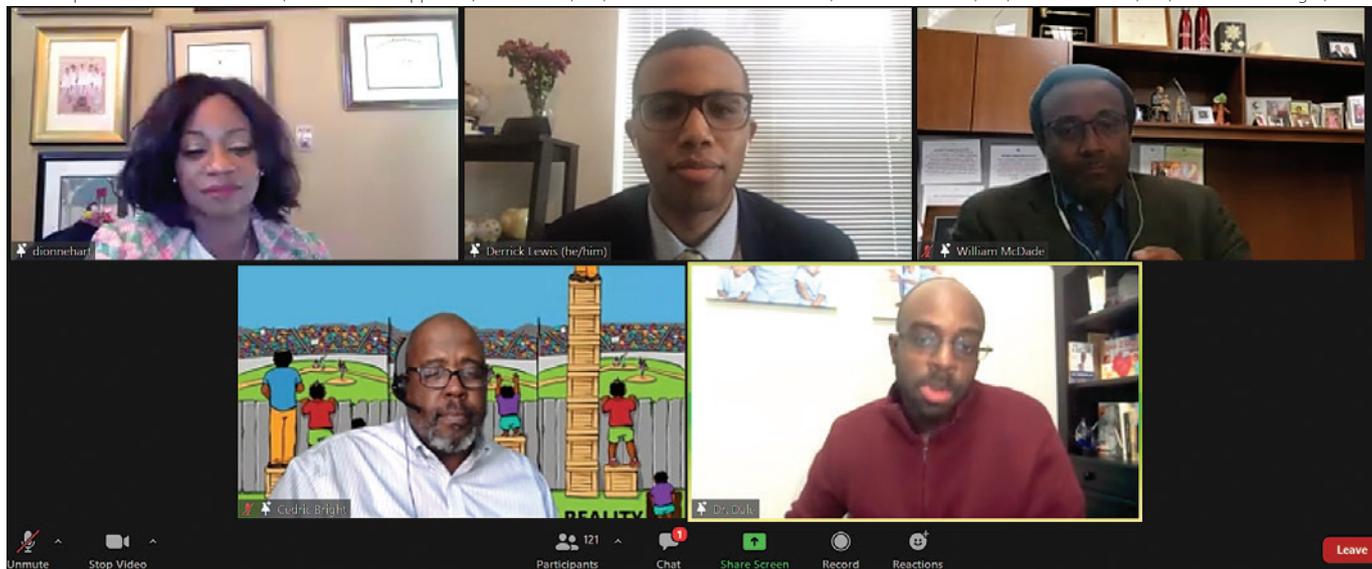
The 80-minute documentary, which came out in February, examines the systemic barriers preventing Black men from becoming medical doctors and the related health disparities in minority communities. Its aim is to educate those involved in accepting, educating, training and supervising medical students, residents, fellows and health staff about the barriers to increasing the number of Black men in medicine.

The film's creator, Dale Okorodudu, MD, a pulmonary and critical care physician and an assistant professor of internal medicine at University of Texas Southwestern Medical Center, led the panel discussion. He was joined by Cedric M. Bright, MD, FACP, associate dean for admissions and professor of medicine at the Brody School of Medicine, East Carolina University, and William A. McDade, MD, PhD, chief of diversity, equity and inclusion at the Accreditation Council for Graduate Medical Education (ACGME). Both Bright and McDade are featured in the documentary.

Moderators for the event include Dionne Hart, MD, MMA Trustee, and Derrick Lewis, medical student, Mayo Clinic Alix School of Medicine and MMA Medical Student Representative on the MMA Board of Trustees.

Along with the MMA, the forum's sponsors include: the Minnesota Association of African American Physicians, Minnesota Medical Association Foundation, Student National Medical Association (SNMA) chapters at Mayo Clinic Alix School of Medicine and the University of Minnesota Medical School, Twin Cities Medical Society and Zumbro Valley Medical Society. MM

Participants in the forum included (clockwise from upper left) Dionne Hart, MD, medical student Derrick Lewis, William A. McDade, MD, Dale Okorodudu, MD, and Cedric M. Bright, MD.



News Briefs

Nominations for MMA officers now open

The nominating process is open for MMA leadership; nominations will close in June. In particular, the MMA is seeking candidates for president-elect, the resident/fellow trustee position, and from the Southwest trustee district. A copy of the job descriptions and preferred skills/attributes can be found at: <https://www.mnmed.org/MMA/media/Hidden-Documents/MMA-Leadership-Job-Descriptions-2019.pdf>.

Please send any nominations to Shari Nelson (snelson@mnmed.org) by June 4.

The nominating committee will meet later in June to recommend a slate of candidates for each position. The member-wide election will begin in August and close 30 days later. Election results will be announced as soon as possible. New leadership will assume their roles following the Annual Conference in September.



PHOTO BY MIKE KRIVIT

Nominate a peer for one of MMA's awards

Members are encouraged to nominate their peers, medical students, residents/fellows and advocacy champions for one of MMA's annual awards. Visit the MMA website (<https://www.mnmed.org/about-us/MMA-awards>) to make a nomination by June 30.

Award categories include:

- *Distinguished Service Award.* Given to a physician who has made outstanding contributions in service to the MMA on behalf of medicine and the physicians of Minnesota during their career.
- *President's Award.* Designated for individuals who have made outstanding contributions in service to the goals of the MMA.
- *Medical Student Leadership Award.* Presented to a member of the MMA Medical Student Section who demonstrates outstanding commitment to the medical profession.
- *Resident & Fellow Leadership Award.* Presented to a member of the MMA Resident & Fellow Section who demonstrates outstanding commitment to the medical profession.
- *COPIC/MMA Foundation Humanitarian Award.* This award is presented each year to honor a physician for volunteer medical services and contributions to their community, specifically to MMA members who go above and beyond to help address the healthcare needs of underserved populations in Minnesota.

- *James H. Sova Memorial Award for Advocacy.* Given to a person who has made a significant contribution to the advancement of public policy, medical sciences, medical education, medical care or the socio-economics of medical practice. Sova was the chief lobbyist for the MMA from 1968 until the time of his death in December 1981.
- *Eric C. Dick Memorial Health Policy Partner Award.* This award shall be given to an individual, group of individuals, a project or an organization that demonstrates their commitment to pursuing sound public policy, building coalitions, creating and/or strengthening partnerships with the goal of improving the health of Minnesotans or the practice of medicine in Minnesota. Dick was the MMA's manager of state legislative affairs from 2010 until his untimely death in January 2021.

Awards will be given during the MMA's virtual Annual Conference in September.

TCMS to reorganize, cease role as MMA component medical society

Twin Cities Medical Society (TCMS) leadership announced in mid-April that the component medical society will separate from the MMA at the end of 2021, creating a new healthcare entity that will be committed "to engaging and supporting physicians in advancing public health initiatives."

This development does not affect how the MMA operates nor does it change MMA's ongoing commitment to making Minnesota the healthiest state and the best place to practice.

"We will continue to advocate on behalf of all of the state's physicians and physicians-in-training," said MMA President Marilyn Peitso, MD. "We wish TCMS well as it embarks on its new organizational strategy and look forward to collaborating in new ways in the future."

TCMS was launched on Jan. 1, 2010, following the merger of the East Metro Medical Society and the West Metro Medical Society.

MN youth still vaping at high rates, survey shows

A recent survey from the Minnesota Department of Health (MDH) shows that Minnesota youth are still vaping at high rates, with one in five high school students using e-cigarettes and 70 percent of high school and middle school users reporting signs of nicotine dependence.

The survey results, released in February, suggest public health efforts have slowed the rapid growth of e-cigarette use seen in recent years. E-cigarette use held steady in 2020 compared to 2017. Overall tobacco use declined to 20.5 percent of high school and 4.1 percent of middle school students hav-



ing used a tobacco product in the past 30 days, compared to 26.4 percent (high school) and 5.2 percent (middle school) in 2017.

The new Minnesota data also show nearly 80 percent of Minnesota students reported that the first tobacco product they ever tried was flavored.

The survey also provided insight into youth who vape marijuana. Among students who use e-cigarettes, 65.1 percent of high school and 71.7 percent of middle school students have vaped marijuana, a statistically significant increase from 2017.

The use of cigarettes and cigars dropped to the lowest rates ever recorded by the survey. Just more than 3 percent of high school students report smoking cigarettes over the last 30 days—a steep decline from 2017. Cigar use among high school students is now also just as low.



MHA releases report on Minnesota's healthcare workforce

The workforce diversity rate in Minnesota hospitals and health systems increased over the past 11 years by 110 percent—from 10 to 21 percent—in the Twin Cities metro area and 66 percent—from 3 to 5 percent—outside the metro area, according to a new report released March 3 by the Minnesota Hospital

Association (MHA) examining healthcare workforce demographics and turnover.

MHA member hospitals and health systems are asked to submit data annually on age, gender, race and ethnicity for 40 direct-patient-care jobs in their hospitals, clinics, laboratories and emergency response and outpatient services. The data in this report reflect workers employed on January 1, 2020, so do not include workforce data during COVID-19. The report represents a synopsis of healthcare workforce data collected by MHA to illustrate benchmarks and trends hospitals and health systems use to perform strategic workforce analysis and make decisions on how to support healthcare staff.

There were 52,263 (68 percent) healthcare workers in hospitals, 16,966 (22 percent) workers in clinics and 7,474 (10 percent) in other care settings participating in MHA's 2020 data collection. Most workers identify themselves as white/non-Hispanic (85 percent) and women (82 percent). They work full-time (57 percent) for a facility in the Twin Cities (62 percent).

Other key findings in the report include:

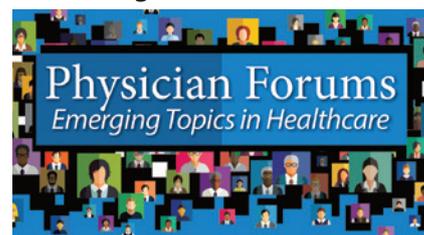
- In the Twin Cities, 29 percent of the population identifies as Black, Indigenous or people of color (BIPOC). Patients who received care at Twin Cities hospitals and health systems had a diversity rate of 25 percent. Outside the Twin Cities, the popu-

lation diversity rate is 12 percent, while that of the hospitalized patient population is 11 percent.

- Certified nursing assistants are the most diverse job category—approximately 45 percent of workers in that position identify as BIPOC—followed by pharmacy technicians, rehabilitation registered nurses and nursing station technicians, with BIPOC individuals making up between 29 percent and 30 percent of those positions.
- Minnesota hospitals and health systems onboarded 9,884 workers in 2019, 63 percent of whom were under the age of 35 and in the early stages of their careers. Two-thirds of the new workers hired in 2019 were in Twin Cities hospitals. BIPOC individuals represented 22 percent of the new hires by health systems statewide. Black and Asian workers comprised more than 71 percent of the BIPOC new hires.
- Nurses are the largest category of the healthcare workforce. Thirteen registered nurse (RN) specialties represent 42 percent of the healthcare workers reported. Physicians represent 7 percent of those reported. The remainder of those reported have a job other than an RN or physician.
- Healthcare positions are held predominantly by women. The only positions with more males than females are physician (58 percent male) and paramedic/EMT (61 percent) positions. The largest gender difference occurs in the labor and delivery RN positions, where females make up 99.4 percent of the reported workforce.
- Millennials make up the largest group of workers now. Five generations are actively working together in hospitals and health systems across Minnesota. The most recent data shows that millennials between the ages of 28 and 35 make up 46 percent of the workforce.

Noon Physician Forum recordings available online

If you are unable to attend a physician forum you're interested in, you can access the recordings on the MMA website (<https://www.mnmed.org/education-and-events/Physician-Forums/Previous-Forum-Recordings>) and earn CME credit. All forums and recordings are free to MMA members; \$15 for non-members.



MMA trustee wins U of M award on gender equity and inclusion

MMA Board of Trustee Rebecca Thomas, MD, was recently awarded the University of Minnesota Center for Women in Medicine and Science 2021 Leadership Award for Advancing Gender Equity and Inclusion in Medicine and Science. The award was developed to recognize individuals who have made significant contributions to the advancement of gender equity and inclusion at the University of Minnesota Medical School.



FROM THE CEO

Making lemonade out of lemons

As CEO of the MMA, I am fortunate in many ways. This is an organization with a long and distinguished history, of which my favorite fun fact is that MMA preceded Minnesota statehood by five years. The association's members are passionate, smart and from one of most well-respected professions. The organization's work makes a difference, is relevant and is interesting. The leaders are dedicated and thoughtful stewards. Most personally gratifying, however, is the opportunity to lead a team that is hard-working, professional and creative.

With 19 full-time employees plus a handful of consultants, the MMA staff is a modest but mighty crew. Like others

drawn to nonprofit work, many MMA staff were attracted by the organization's mission and purpose. The expertise of staff reflects the organization's core strategies—advocacy, communications, education, membership engagement, collaboration and internal operations.

As in other organizations, the MMA Board of Trustees sets the strategic direction that it believes will advance the mission and best meet the needs of members. Staff then implement the work needed to bring the strategic plan to life.

The late business management guru Peter Drucker famously said, "Culture eats strategy for breakfast." This maxim underscores the importance of investing in, supporting and caring about the people who work for an organization. An organizational culture under stress can be an almost tangible thing—tension in the air, chatter that is negative or distracting, low productivity, high turnover, cynicism and perhaps even distrust. Most importantly, a negative culture prevents organizations from being successful. Physicians know this all too well—consider the relationship between physician burnout and medical errors.

There are, of course, ways to assess organizational culture and employee well-being. In May of 2020, in the early days of the pandemic and with about six weeks of remote work under our belts, the MMA deployed the Q12, a validated and common employee engagement survey developed by Gallup. The results showed an overall mean of 4.37 (5 max), which placed the MMA in the 97th percentile. This outcome was gratifying and is something we hope to sustain, if not improve on.

Obviously, a lot has changed since May 2020. As a staff, we have been working remotely for more than one year and expect to continue doing so for up to an additional year. Like you, all of us have

pandemic fatigue. Some staff and their families have yet to obtain COVID vaccines; inconsistent school routines challenge staff with young children; and we continue to adapt our work to meet the evolving needs of a membership subject to the vagaries of virus variants.

Yet working remotely in the face of a pandemic has forced us to reimagine how we serve members and, as a result, creativity has blossomed. We have leveraged Zoom and other technology to deliver timely information and education at a pace not previously seen; we have dramatically increased our visibility in the media and over social media channels; we have made it easier for physicians and trainees from all corners of the state to participate and share their opinions; we have launched new initiatives and formed new partnerships; and we have focused our advocacy for greater impact and relevance.

As a professional association, we take seriously our responsibility to use membership dues efficiently and effectively. I hope this peek under the MMA hood offers you some assurance of that. Most importantly, I hope that you can be proud of the highly motivated, competent and dedicated group of professionals working on your behalf to help make Minnesota the healthiest state and best place to practice. **MM**

A handwritten signature in black ink that reads "Janet Silversmith".

Janet Silversmith
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VIEWPOINT

Taking 'The Pulse' of members on policy development

In late June, the MMA will celebrate the first anniversary of a valuable engagement tool that is quickly gaining favor with our members. Called The Pulse, it's an innovative online policy development and polling tool that is designed to capture the ideas and opinions of MMA members.

As a membership-supported association, we are continually looking for ways to make it as easy as possible for our more than 12,000 members to get involved in matters of policy in areas of their interest. We also know that the way physicians were involved in the past—attending in-person meetings, sitting on committees, attending a House of Delegates—are less appealing for those of us with increasingly busy lifestyles, and can no longer be the path for participation in a 21st Century medical association. We also know that the strength of the MMA is in the diversity of our members, their interests and opinions—an attribute we, as leaders, are committed to embracing. There is no other professional physician organization in Minnesota that does what MMA does in scope and scale—bring physicians and physicians-in-training together, regardless of specialty, geography, practice model or political philosophy. You've decided to become a member because you believe in the MMA's mission. You know the value of our work as being “the leading voice of medicine to make Minnesota the healthiest state and the best place to practice.”

The beauty of The Pulse is its simplicity. It is a tool to let every MMA member quickly, easily and on their own schedule influence the direction of MMA. Members can submit policy proposals for consideration by the MMA, vote prior to MMA Board action on policy proposals that have been submitted by other members or that have been proposed by MMA committees and provide feedback on decisions made

by the MMA Board of Trustees. So far, about a half-dozen policies have moved through The Pulse. MMA staff notify members via email about proposals open for your vote and comments. Members simply click on the email link and can immediately offer their input. We've been averaging about 110 members weighing in on each issue so far—input from 110 more members than in the past.

Once members have given a proposed policy their thumbs up or thumbs down (literally—it's that easy), the vote tally and member comments are shared with the Board. At our April Board meeting, we had a robust discussion over three proposed policies, one submitted by an individual member and two by our Policy Council. After voting, members can also see results and can filter results by member type (i.e., regular active members, resident/fellow, medical student, retired physicians) and by geography, based on the six MMA trustee districts.

The MMA benefitted from similar work launched by the Colorado Medical Society and we are now working to share The Pulse with other state medical associations who have shown a keen interest in it.

A successful association must listen to and reflect its membership. I'm excited that The Pulse allows us to readily hear from you, our members, capture your input and expand the range of voices to help us develop the best policy possible to achieve our mission.

Please raise your voice the next time you receive an email regarding a policy submitted via The Pulse. We want to hear from you!

Stay safe and thank you for all you do in service of our mission of making Minnesota the best place to practice medicine in our unending journey to make Minnesota the healthiest state. **MM**



Edwin Bogonko, MD, MBA
MMA Board Chair

PHOTO BY KATHRYN FORBES

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