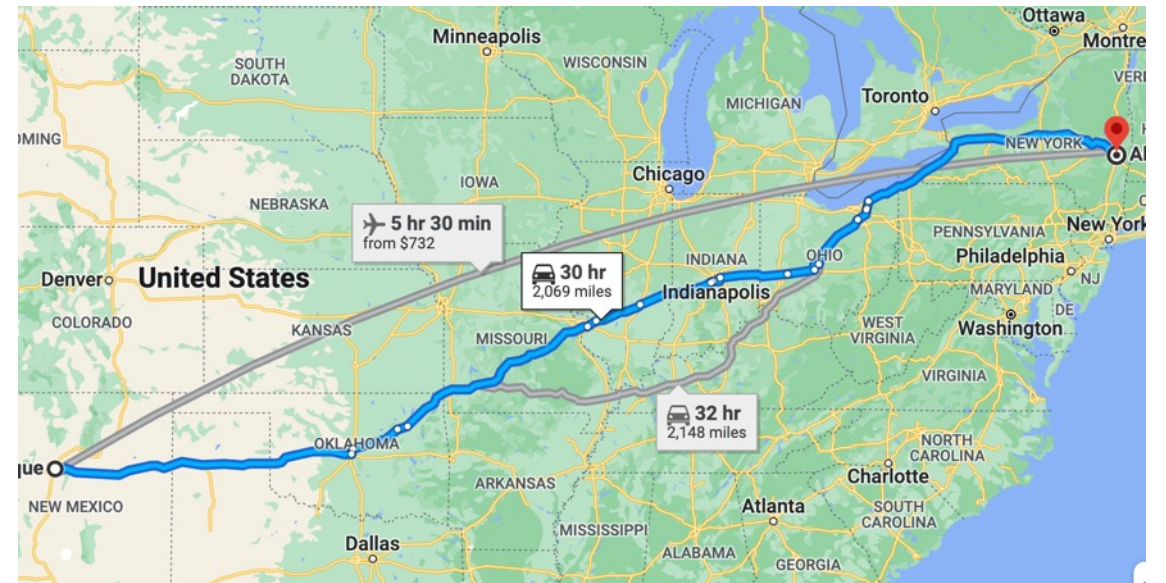


# A win for them and a win for you: Getting started with physician advocacy

Eileen Barrett, MD, MPH, MACP, SFHM, FAMWA

@EileenBarrettNM

- Low hanging fruit
- Advocacy in your workplace
- Small but broad actions
- Turning passion to QI to advocacy
- Going big



- You have the skills necessary to be an advocate
- You also have the experience
- We can't separate advocacy from our wellbeing or JEDI work

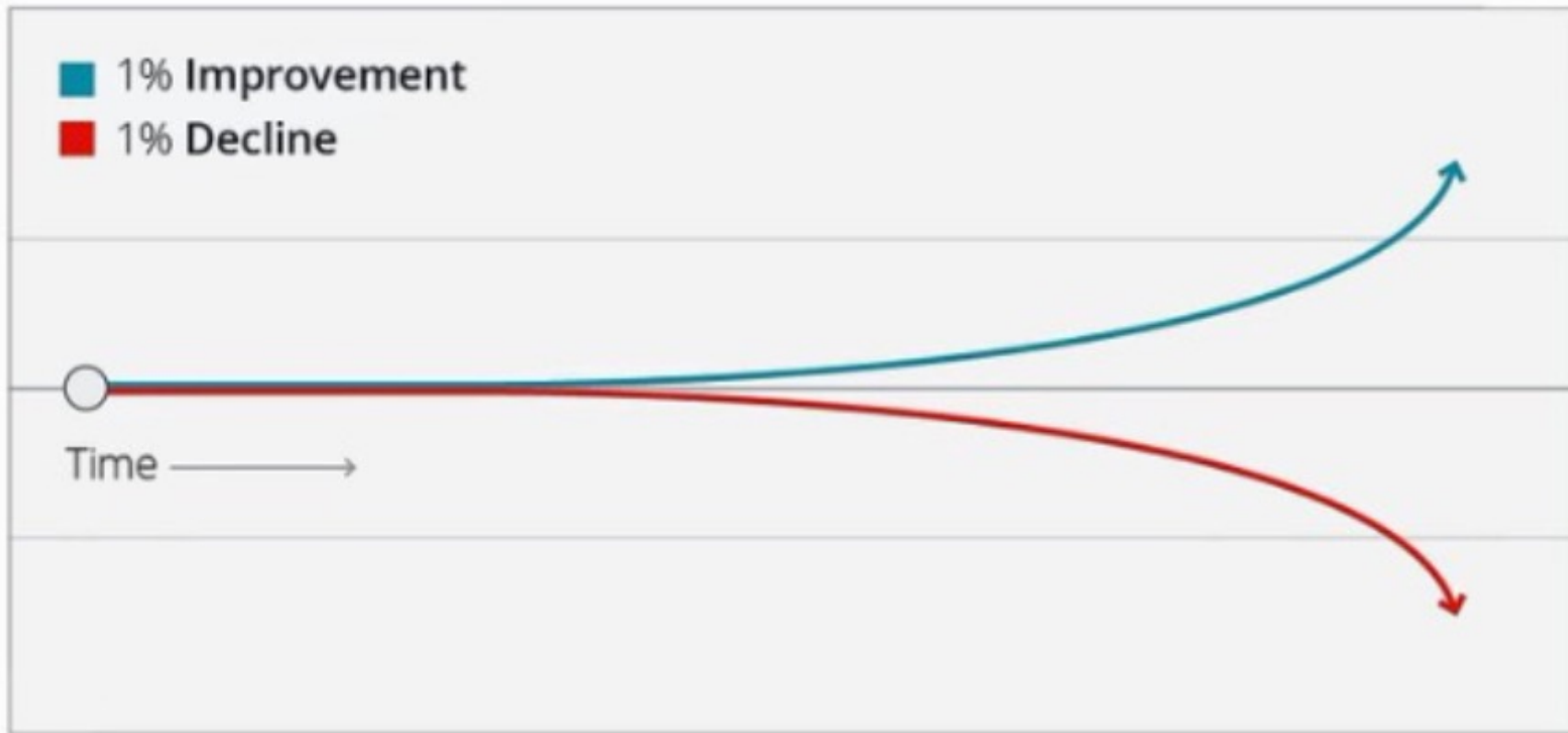


# Aggregation of Marginal Gains

- 1% Improvement
- 1% Decline



Time →



# Write, tweet, call

board president using his position to carry out his illegal activities. How is this business contributing to the economy of the Shiprock community?

Sincerely,  
Wilford R. Joe  
Shiprock

**Take collective action to protect each other**

To the editor:  
There is so much to think about, grieve for, and reflect on in recent events including racism, health inequities, pandemic preparedness, violence, and how to create a more just New Mexico, that it can be easy to overlook the significance of having heavily armed civilians in public spaces (Gallup protests police brutality in name of George Floyd, June 5, 2020, Man shot during ABQ protest over Oñate statue, June 16, 2020). Specifically, the risk to all people present at public gatherings could be decreased by adopting common sense legislation that restricts carrying firearms in public.

Scientific studies show that visible firearms may increase aggressive behaviors and limit the ability to publicly carry

addition to causing confusion for law enforcement officers — affecting public safety for officers, gun carriers, and the general public.

Many states have legislation that restrict the ability to carry a firearm in public without the Second Amendment rights. But that step, requiring a permit to hold a firearm in public, requiring firearms in public to be unloaded, and severely limiting locations where carrying firearms are still steps in the right direction — and all should be implemented.

I practice medicine in Albuquerque and previously did so in Gallup, so am sensitive to that people can have very different feelings about firearms. And as a physician who has taken care of countless patients affected by firearms violence, as a person whose own family has been repeatedly affected by firearms violence, and as the daughter, niece, cousin, and goddaughter of police officers, I implore us to take collective action to protect each other.

Sincerely,  
Eileen Barrett, MD, MPH, SFHM, FACP  
Albuquerque

## Temporary removal will save lives

I AM WRITING in response to the Wednesday article on the governor asking lawmakers to approve an extreme risk protection order law, "Governor asking lawmakers to approve red flag law." As is highlighted in the article, multiple other states have passed so-called "red flag laws" or, more accurately, extreme risk protection orders.

Rural New Mexico in particular is experiencing an epidemic of suicide, and the majority of these deaths are by firearm. Being able to temporarily remove a firearm from someone at risk to themselves may help us save their life without encroaching on their civil liberties.

Extreme risk laws create a fair process for law enforcement officers, families or household members to ask a court to temporarily restrict a person's access to firearms. A scientific study published in the Annals of Internal Medicine showed that these laws can prevent mass shootings because they allow a process to disarm someone who could be a danger to themselves or others. This is why these laws are supported by law enforcement and physicians organizations across the country, including the American College of Physicians, which has more than 159,000 members. They have been determined by the American Bar Association to be legal.

As a physician who still takes care of individuals and families affected by gun injury and deaths in both rural and urban New Mexico — and as a daughter, cousin, niece and friend of law enforcement officers — I hope that we can all support these laws.

EILEEN BARRETT, M.D.  
Regent, American College of Physicians  
Albuquerque

## Step up

Commonsense gun laws can help reduce suffering. As has happened in several recent shootings, many shooters show warning signs and threatening behaviors before their attacks. Extreme risk laws allow family members and law enforcement to petition a court to remove guns temporarily from individuals demonstrating risky and dangerous behavior. This has been shown to save lives in other states, because it allows a process to disarm someone who could be a danger to themselves or others. It is supported by law enforcement and physicians organizations across the country. We don't yet have these laws in New Mexico — but we could if we work together.

As a physician who takes care of people affected by gun violence, and as a daughter, cousin and niece of law enforcement officers, I hope that as responsible citizens, we can all step up and support our elected leaders doing the same.

Eileen Barrett, M.D., MPH  
Albuquerque

## Protect each other

There is so much to think about, grieve for and reflect on in recent events, including structural racism, health inequities, pandemic preparedness, police brutality and how to create a more just New Mexico, that it can be easy to overlook the significance of having heavily armed civilians in public spaces ("Man shot at Albuquerque demonstration over Oñate art piece," June 15; "Former council candidate charged in protest shooting," June 16). Specifically, the risk to all people present at protests and public gatherings could be decreased in the future by adopting commonsense legislation that restricts carrying

## NRA's education program ineffective

THANK YOU for your coverage of the high school students pushing for the APS Board of Education members to make a decision not to accept funding from the National Rifle Association (Journal, May 4). In covering the debate, the Journal noted that supporters argue that the NRA "helps teach gun safety through programs such as Eddie ... Eagle GunSafe Program." An important fact often overlooked is that this program has been demonstrated as ineffective.

The scientific journal of the American Academy of Pediatrics published research studying the Eddie ... Eagle GunSafe Program where children enrolled in the program and completed it. The researchers found that although the children were able to repeat the gun-safety messages they were taught, the children who received Eddie ... Eagle training were not able to perform gun-safety skills during supervised role play or when they were in real-life situations when a firearm was present. In short: no matter what they were taught in the Eddie ... Eagle GunSafe Program, guns were still a danger to them.

I applaud the students who are leading this discussion and who organized March for Our Lives, as well as our elected leaders who have adopted universal background checks in New Mexico. I hope that APS and other groups can follow their lead in helping make children's lives safer.

DR. EILEEN BARRETT, MPH  
Albuquerque

## NRA has shown its commitment to safety

that might reduce gun communities and school safety training — (with the) Eddie Eagle Program — and adults provides its School Safety Program free to school districts in partnership with law enforcement to evaluate and formulate recommendations that doesn't make sense to students of funding by the Foundation since JRC provide leadership training development and community programs.

Regarding the competition, the NRA opposes expanded background checks, which are now required on every retail sale of a gun. Multiple studies including the Department of Justice show that criminals overwhelm their guns from theft at gun market sales, with gun flea markets being the most than 1% of the cases, so background checks were effective in depriving guns. If seriously interested in safety, read the report by Stoneman Douglas (Florida Public Safety) Commission that Florida is permitting and trained teachers to be armed, as are several states, and that there are or no casualties in schools armed resource officers responded to the students.

## 'Good guys' narrative trope misses the point

I AM so tired of repeating the worn-out trope that the need for good guys is what saves us in a crisis.



# Reducing Firearm-Related Injuries and Deaths



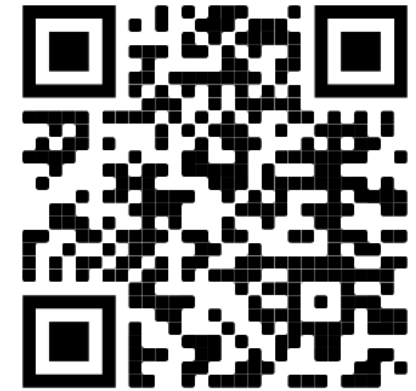
# Advocacy Toolkit: Addressing Rising Workplace Violence Against Physicians and Health Care Workers





# Advocacy Toolkit: Period Poverty





# Addressing a pain point for you and patients





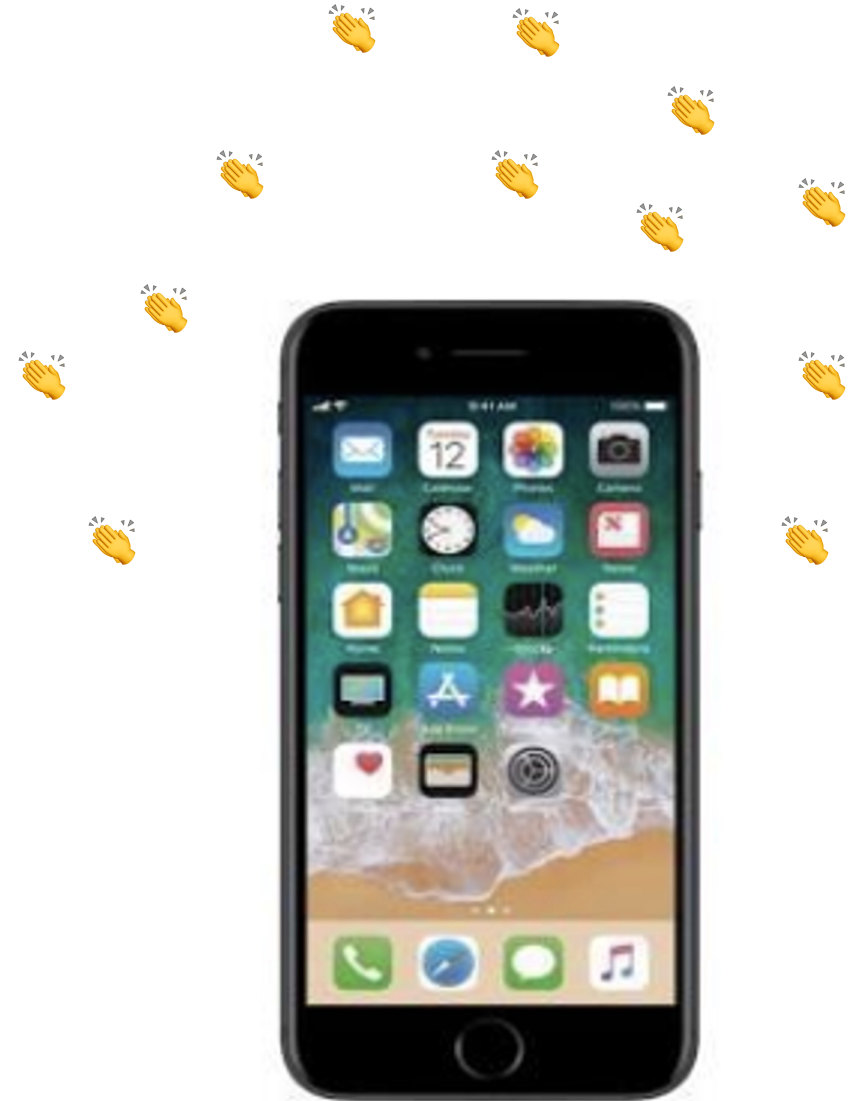
STEPS*forward*<sup>™</sup>

# Adult Vaccinations: Team-Based Immunization

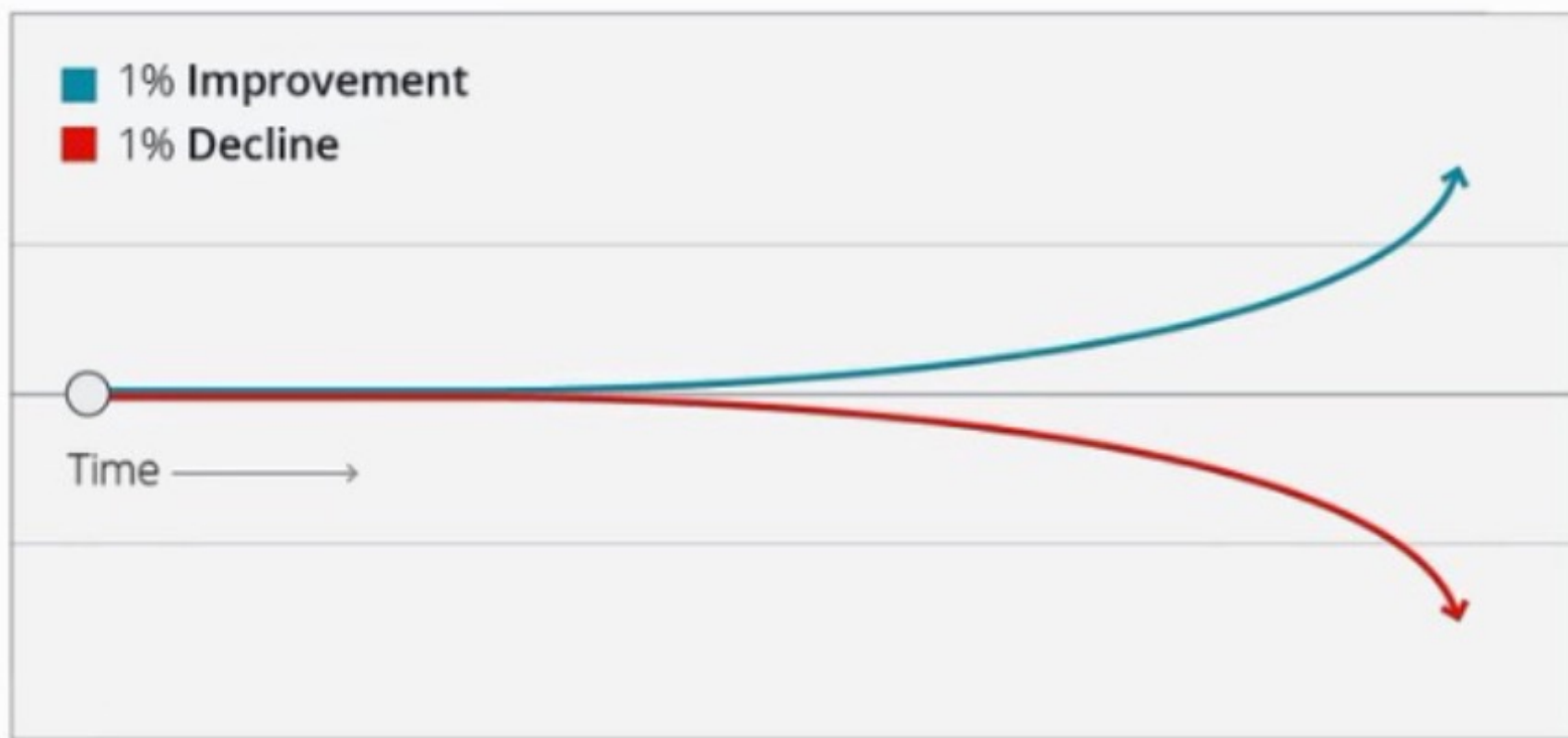
Save time and prevent disease with an immunization program



Send a thank you  
text to a colleague  
or friend who has  
had your back



# Aggregation of Marginal Gains

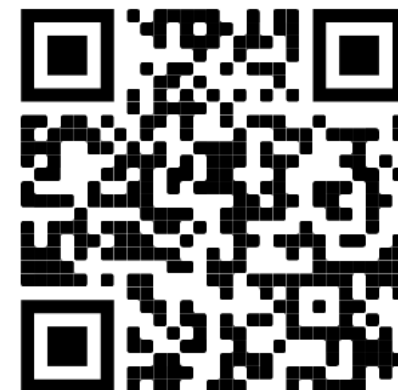


**Annals of Internal Medicine**

IDEAS AND OPINIONS

# Improving How State Medical Boards Ask Physicians About Mental Health Diagnoses: A Case Study From New Mexico


Eileen Barrett, MD, MPH; Elizabeth Lawrence, MD; Daniel Waldman, MD; and Heather Brislen, MD



# Advocacy Toolkit: Revising License and Credentialing Applications to Not Ask About Mental Health



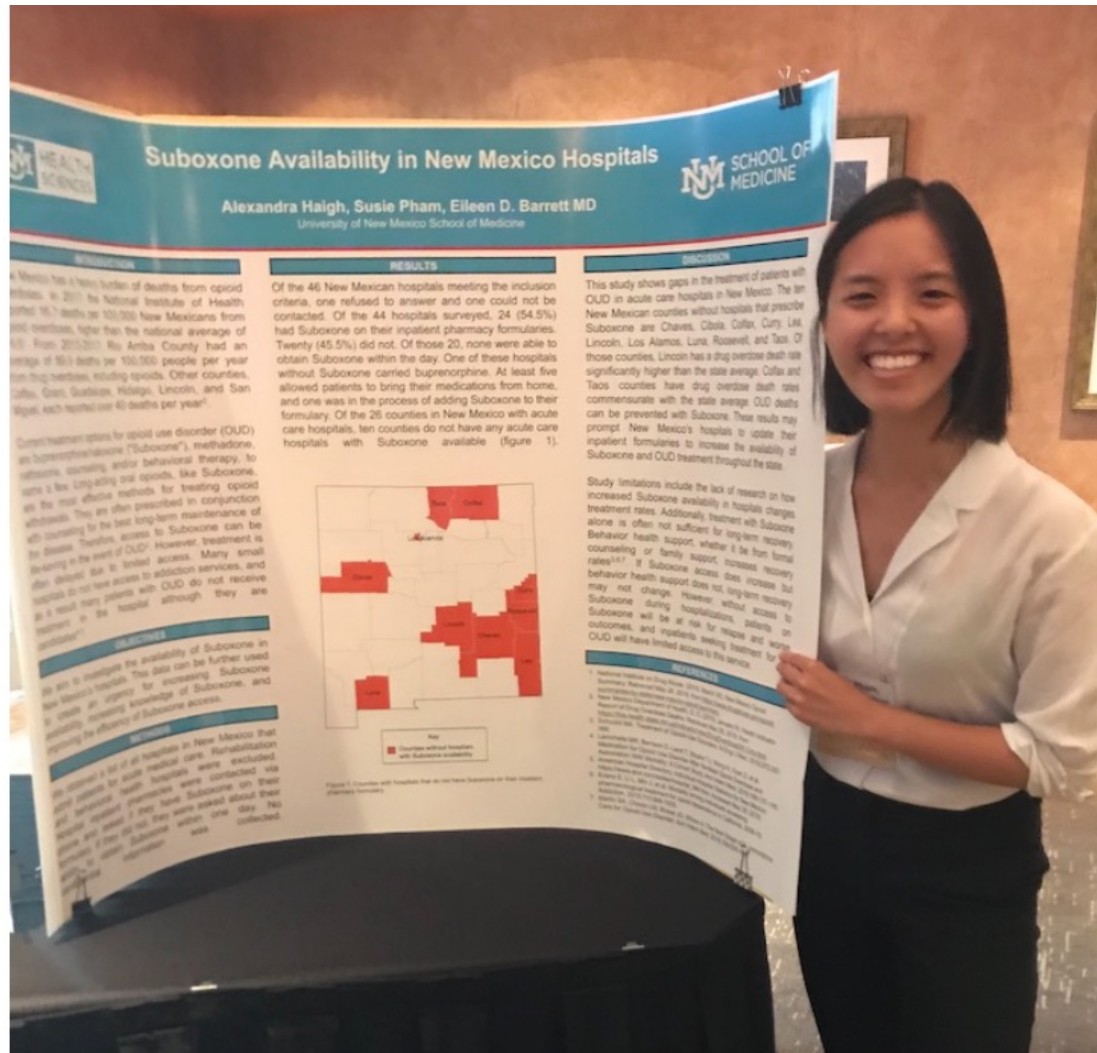




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## BRIEF REPORT

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# Statewide Availability of Buprenorphine/Naloxone in Acute Care Hospitals

*Susie Pham, BS, Alexandra Haigh, BS, and Eileen Barrett, MD, MPH*





89.9 FM Live From The University Of New Mexico

# Nearly Half Of N.M. Hospitals Lack Medication For Opioid Addiction

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Going big



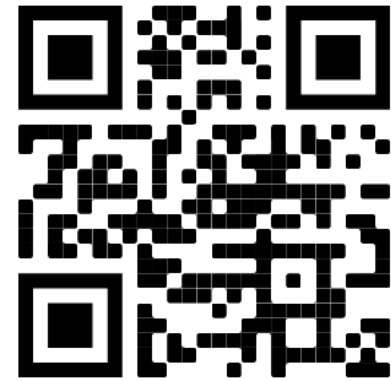


**CIVIC  
HEALTH  
ALLIANCE**

AS A PART OF YOUR ONBOARDING  
CHECKLIST, REMEMBER TO

**Register to Vote:**





- You have the skills necessary to be an advocate
- You also have the experience
- We can't separate advocacy from our wellbeing or JEDI work





**if you get tired,  
learn to rest,  
not to quit.**

**+ Banksy**





# Accessibility of Resources for Women’s Personal Care Needs in a Large Academic Hospital

Martha Gallegos, MS III, Anusara Carolyn Ice, MS I, Eileen Barrett, MD

Department of Internal Medicine; Albuquerque, New Mexico

## Introduction

Women comprise over ¾ of the healthcare workforce. There is no available data for the number or percentage of hospital visitors who are female.

This study aimed to determine the accessibility of resources for women’s personal care needs, where resources are defined as public access to a restroom, dedicated lactation stations, menstrual hygiene products, and diaper changing stations in a large academic medical facility.

## Methods

Visual inspection was performed on every floor and in every building of a large academic hospital and evaluated for available, public resources and ease of access on a weekday during business hours.

Restrooms were considered accessible if they did not require badge access and were located in a public area.

Upon entering the restroom, it was noted if the restroom had a diaper changing station, sanitary napkin/tampon dispenser, and/or if the restroom was a family/non-gender specific restroom. A diaper changing station would only be considered a resource if the area was specifically designated and appropriate signed.

The availability of a publicly accessible lactation station was also noted.

## Results

In three buildings with 17 clinical areas (floors or wards), there were 14 female restrooms that did not require badge access on a weekday. Of those 14 restrooms, 10 were inaccessible on weekends after 5 PM, requiring a badge to access. None had tampon/sanitary napkin dispensers and 5 of 14 had diaper changing tables. Two lactation rooms were found, and both required badge access to use.

Resource	Quantity (n)
Lactation stations	0
Female-designated restrooms	14
Family/non-gender specific restrooms	0
Tampon/sanitary napkin dispensers	0
Diaper changing stations	5

## Conclusion

There is limited access to resources for women’s personal care needs in this large academic hospital.

## Discussion

This study suggests there are inadequate resources to meet the personal care needs of female visitors, and possibly also female healthcare workers.

The United States Breastfeeding Committee Guideline recommends at least one lactation station for employees, but does not include details on accessibility, access to lactation stations for non-employees, or for the number of stations per employee. This can have implications for infant nutrition and mothers returning to work. Some states have legislation mandating changing stations in male and female restrooms, and some are considering mandating access to tampons/sanitary napkins in public spaces.

Further research can assess:

- Implications of these findings on patient satisfaction and employee recruitment and retention
- Additional personal care needs for male employees besides family restrooms and diaper changing stations

## References

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<https://www.nmlegis.gov/Legislation/Legislation?Chamber=H&LegType=B&LegNo=205&year=19>

# Diversity and Inclusion in Institutional Leadership Portraiture

Michelle Thomas, MSIV and Eileen Barrett, MD

University of New Mexico School of Medicine, Department of Internal Medicine

## Introduction

Commonly, institutions display portraits of past and present department leaders or distinguished faculty on the walls of lecture halls, hallways, or patient waiting rooms. Inadequate visual representation of marginalized groups can perpetuate implicit biases and internalized racism. This study aimed to assess diversity among displayed portraits of department leaders in various departments of the University of New Mexico Hospital (UNMH).

## Materials and Methods

In 6 programs, visual information was assessed for portraits of previous and current leaders that were prominently displayed in hallways. Portraits were then categorized into “white or person of color” and “male or female” based on visual impression.

## Results

Department	Non-POC Women	Non-POC Men	POC Women	POC Men
Pediatrics	2	5	1	0
Internal Medicine (Gastroenterology)	0	2	0	1
Orthopedics	0	2	0	1
Obstetrics/Gyn	2	3	0	0
Psychiatry	0	3	0	0
Dermatology	1	0	0	0

Table 1. The number of portraits within 6 departments at UNMH based on visual impression of diversity.

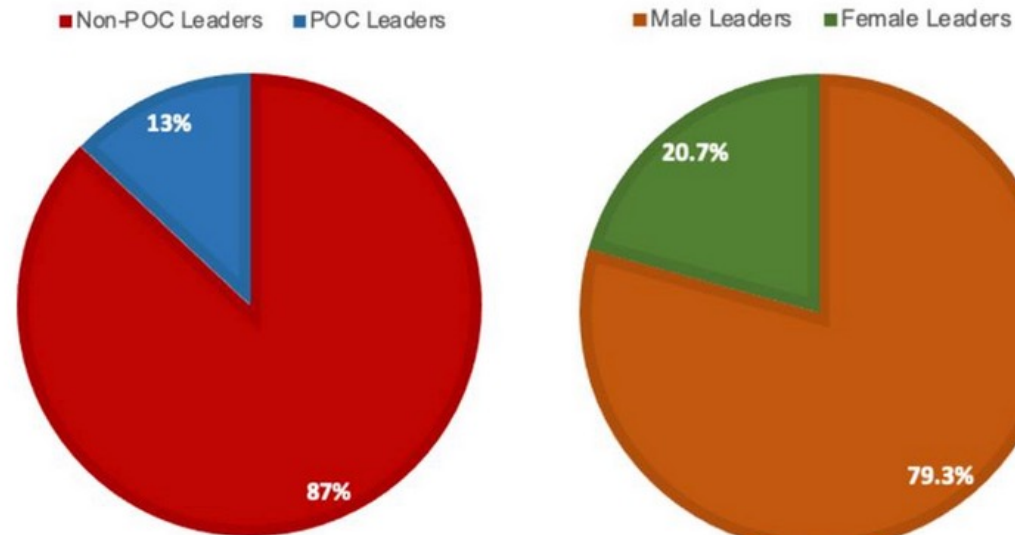


Figure 1. Of 23 visible portraits in 6 departments at UNMH, 87% of portraits were of white leaders.

Figure 2. Of 23 visible portraits in 6 departments at UNMH, 79.3% of portraits were of men.

## Discussion

Overall, far fewer portraits seen of POC or women - and only one of a female POC. This may have implications for learners, patients, and providers. Inadequate representation of POC in medical school portraiture can reinforce exclusion and the idea that medicine is not a place for them. Henceforth, where diversity in leadership does not yet reflect learner or patient diversity, images and portraiture may be revised to be more inclusive - such as by including portraits of learners or faculty who are not yet department leaders.

## Take Home Message

Patients and learners can have an initial perception of whether their provider is a POC or a non-POC, and may not feel represented in these settings, perpetuating the implicit message that they do not fit the model of the ideal physician. Healthcare institutions should evaluate formalized portraits for diversity and inclusion to help learners and patients feel welcome.

# Availability of Medications for Substance Use Disorders in State Prisons in New Mexico



Eileen Barrett, MD, MPH, Husayn Bin Bilal, MPAS

## Introduction

The US is long enduring a substance use disorder (SUD) epidemic. Hospitalization presents a unique opportunity to prevent negative consequences of SUD, and it is important for hospitalists to offer and encourage use of medications for SUD (MSUD) when indicated. One barrier to doing so, however, is not knowing if that medication will be continued when the patient is discharged from the hospital, or for inmates if it will be available in prison.

In this study, we sought to determine what medications for SUD are available in the prisons throughout New Mexico.

## Methods

An audit survey was performed where each of 11 prisons in New Mexico was contacted in August 2021 to determine what medications may safely be started in the hospital and continued in prison. The caller requested connection to the medical unit and asked 'does the prison have a formulary they can share via email?' and if yes it was asked to be sent. If there was not a formulary that could be shared, the caller asked:

- is buprenorphine/naloxone (Suboxone) available?
- is methadone available?
- is buprenorphine (Sublocade) shot available?
- is the naltrexone shot available?
- are naltrexone pills available?
- isacamprosate available?
- is bupropion with a naltrexone shot for methamphetamine use disorder available?

Up to 3 attempts were made to obtain responses.

## Results

No one could be reached in 3 of 11 state prisons despite 3 attempts. No prisons had all recommended treatments for SUDs. No prison had recommended medical treatment for methamphetamine use disorder available of dual therapy with intramuscular naltrexone and bupropion.

Prison name	Buprenorphine /naloxone	Methadone	Buprenorphine IM	IM NTX	Oral NTX	Acamprosate	Bupropion & NTX IM
Central New Mexico Correctional Facility	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Northeast New Mexico Correctional Facility	Yes*	No	No	No	No	No	No
Penitentiary of New Mexico	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Roswell Correctional Center	Yes*	No	No	No	No	No	No
Springer Correctional Center	No	No	No	No	No	No	No
Southern New Mexico Correctional Facility	Yes	No	Yes	No	No	No	No
Western New Mexico Correctional Facility	Yes*	No	No	Unknown	Unknown	Unknown	Unknown
Guadalupe County Correctional Facility	No	No	No	Yes	Yes**	No	No
Lea County Correctional Facility	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Northwest New Mexico Correctional Center	No	No	No	No	No	No	No
Otero County Prison Facility	No	No	No	No	Yes	No	No
<b>Prisons known to have treatment available</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>

U=unknown/unable to get data  
 Yes\* = Buprenorphine monotherapy (Subutex) is available  
 Yes\*\*=may be ordered, but not routinely available  
 NTX = naltrexone  
 IM = intramuscular

## Discussion

Medications for substance use disorders (MSUD) are first line treatments, and hospitalists are increasingly involved in starting these medications during admissions. In our state, there were barriers to determining what MSUD are available in prisons and there was wide variability between MSUD availability. Furthermore, standard treatments hospitalists would recommend and order were infrequently available.

Hospitalists may wish to collaborate with interprofessional teams to determine MSUD availability in prison, and also cultivate relationships with prison health officials to improve communication about treatments and access to care. Where similar challenges exist, hospitalists may wish to join advocacy efforts to enact legislation and regulatory changes that ensure MSUDs are available in prisons.

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We appreciate the assistance provided by Daya Choudhrie in data collection

# Representation of Women versus Men Speakers at an Internal Medicine Professional Society's Conferences

Alicia DeLeon-Dowd, MSII, Michelle Thomas, MSIII & Eileen Barrett, MD  
University of New Mexico School of Medicine, Department of Internal Medicine

## BACKGROUND

Female faculty are underrepresented as speakers at national conferences. In this study, we examined gender equity in presenters at an internal medicine professional society's conferences using a compendium of meeting materials. We aim to determine how the number of female presenters has changed over time and if having a female as chapter leader correlates with having more female speakers.

## MATERIALS AND METHODS

We reviewed a collection of meeting brochures from 2016-2019 for the American College of Physicians representing the US states and military branches for numbers and frequencies of female versus male speakers and the chapter governor's gender. We also assessed for content specifically directed toward underrepresented and historically marginalized and excluded groups in medicine. The determinations of gender were based off traditional assignments of name to gender. If gender was difficult to determine by inference, an internet search was undertaken. Chapters with both male and female governors were left out of calculations for simplicity. Data is missing from ID ('16), LA ('16), MA ('16), NE ('19), NJ ('16), NV ('19), NY ('19), PA ('16-17, '19), RI ('16), SD ('19), TX ('19), VA ('16), WA ('19), WV ('19), WY ('16), US Navy ('16).

## RESULTS

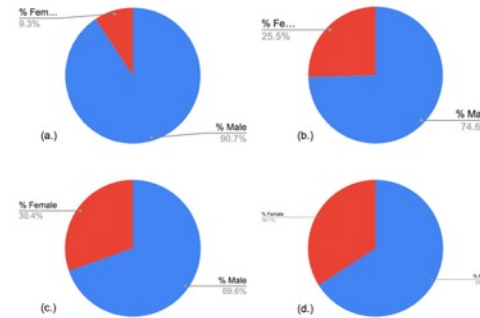


Figure 1. (a) 39 of 43 conferences had more male speakers in 2016 (b) 41 of 55 conferences had more male speakers in 2017 (c) 39 of 56 conferences had more male speakers 2018 (d) 29 of 44 conferences had more male speakers 2019.

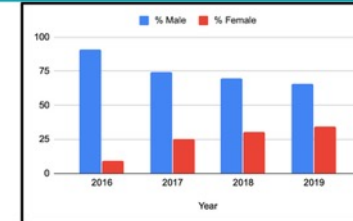


Figure 2. Distribution of male versus female speakers from 2016-2019.

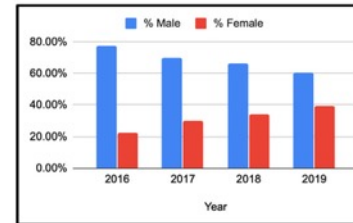


Figure 3. Percentage of male versus female governors from 2016-2019. Some chapters have multiple governors. Some chapters governor gender could not be determined.

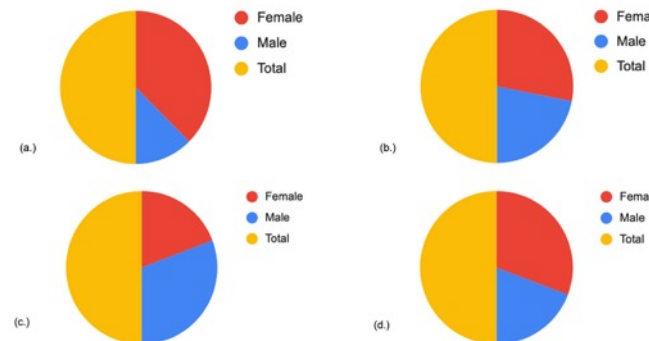


Figure 4. The governor gender and number of conferences with equal number or more female speakers. Yellow is the total number of conferences with more female speakers. (a) 4 total conferences, 3 female governors and 1 male governor in 2016 (b) 13 total conferences, 8 male governors and 5 female governors in 2017 (c) 16 total conferences, 9 female governors and 7 male governors in 2018 (d) 13 total conferences, 8 female governors and 5 male governors in 2019.

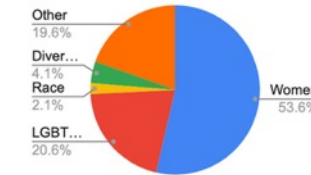


Figure 5. 39% of total conferences had content for historically underrepresented and marginalized groups for 2016-2019.

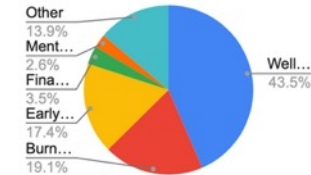


Figure 6. 46.7% of total conferences had content for professional development, wellness, etc for 2016-2019.

## DISCUSSION

Overall, a majority of the speakers were male compared to female from 2016-2019. Of the conferences with more female speakers, the chapter governor was more likely to be female. The exception is 2017. Individual chapter governors are more likely to be male; there is an increasing trend in the number of female governors.

Content for historically marginalized and underrepresented groups is largely focused on women and LGBTQ+. Other content includes human trafficking, cultural diversity, immigrants, and social determinants of health. Content for professional development and wellbeing is largely focused on wellness and burnout.

These results highlight the benefits of gender equity in leadership, but they also highlight the necessity of including more women in leadership positions as well as presenting at these types of conferences.

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