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April 25, 2024

Majority Leader Lena Gonzalez
1021 O Street
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Speaker Robert Rivas
1021 O Street
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Minority Leader Brian Jones
1021 O Street
Suite 7460
Sacramento, CA 95814

Minority Leader James Gallagher
1021 O Street
Suite 4740
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Dear Majority Leader Gonzalez, Minority Leader Jones, Speaker Rivas, and Minority Leader Gallagher,

The American Academy of Neurology (AAN) is the world's largest association of neurologists and neuroscience professionals, with over 40,000 members. The AAN's mission is to enhance member career fulfillment and promote brain health for all. A neurologist is a doctor with specialized training in diagnosing, treating, and managing disorders of the brain and nervous system such as Alzheimer's disease, stroke, concussion, epilepsy, Parkinson's disease, multiple sclerosis, headache and migraine.

The AAN is committed to intentional action to be a fully inclusive, deliberately diverse, and anti-racist organization that respects and values our membership, our staff, and the communities we serve. To that end, we work to actively promote equity and social justice in neurology and the neurosciences to ensure patients receive the highest quality care possible. It is for that reason we write to express the importance of Diversity, Equity, and Inclusion (DEI) in medical programs in California.

DEI programs help ensure that our members have the tools they need to effectively care for diverse populations. Several neurologic conditions have different rates of disease by demographic factors, such as gender, race, ethnicity, age, and geographic location. For example, older Black and Latino Americans are much more likely than White Americans to be affected by Alzheimer's and other dementias. The incidence, prevalence, treatment, and outcomes in stroke vary greatly across all dimensions of diversity. LGBTQI+ people have a higher risk of stroke^{i,ii}, and higher stroke recurrenceⁱⁱⁱ compared with non-LGBTQI+ people. There are also well described disparities in sleep^{iv,v}, headache^{vi,vii}, and functional neurologic disorders^{viii,ix}, in the LGBTQI+ community. Understanding the factors that contribute to health inequity is an important part of providing quality, culturally competent care to patients with neurologic conditions.

Encouraging diversity, equity, and inclusion in medical school, residency, and fellowship ensures our members are prepared to treat all populations as soon as they finish their training. Research indicates that medical students who train with a diverse student body feel more prepared to care for persons from minoritized racial and ethnic groups^x. It has also been shown that racial concordance between patients and clinicians leads to improved patient outcomes and satisfaction^{xi}.

By creating a diverse pipeline of future neurologists and members of the neurology care team, DEI programs in medical settings help ensure all patients in California will receive the best possible care and have the best possible health outcomes. In support of this effort, the AAN is committed to increasing the number of US neurologists who are currently underrepresented in neurology.

It is for those reasons that the AAN wishes to state our opposition to any legislative efforts in California to remove DEI programs from medicine or medical education. To ensure that our members are prepared to promote optimum health care to people with neurologic disease, we must continue to foster a diversity of experience and breadth of perspective among medical students, residents, fellows and practicing clinicians. We ask that California not pass any legislation that would harm these efforts and harm patients in California.

If you have any questions about our stance on DEI in medicine, please contact Grant Niver, Senior State Affairs Program Manager, at gniver@aan.com. We look forward to continuing to work with you to ensure patients have access to quality neurologic care.

Sincerely,



Carlayne E. Jackson, MD, FAAN
President, American Academy of Neurology

ⁱ Getahun et al. <http://annals.org/article.aspx?doi=10.7326/M17-2785>

ⁱⁱ Trinh et al. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-017-4937-9>

ⁱⁱⁱ Diaz et al. <http://cp.neurology.org/lookup/doi/10.1212/CPJ.000000000200106>

^{iv} Segovia M, Sparks PJ. Sexual minorities and sleep health: How does discrimination and stigma influence a sleep disorder diagnosis? *Sleep Health*. Epub 2023 Dec.:S2352721823002644.

^v Eom Y-J, Lee H, Kim R, Choo S, Yi H, Kim S-S. Discrimination keeps transgender people awake at night: A nationwide cross-sectional survey of 583 transgender adults in South Korea. *Sleep Health* [online serial]. Epub 2022 Aug 30. Accessed at: <https://www.sciencedirect.com/science/article/pii/S2352721822001115>. Accessed September 7, 2022.

^{vi} Nagata JM, Ganson KT, Tabler J, Blashill AJ, Murray SB. Disparities Across Sexual Orientation in Migraine Among US Adults. *JAMA Neurol* [online serial]. Epub 2020 Sep 28. Accessed at: <https://jamanetwork.com/journals/jamaneurology/fullarticle/2771029>. Accessed September 28, 2020.

^{vii} Rosendale N, Guterman EL, Obedin-Maliver J, et al. Migraine, Migraine Disability, Trauma, and Discrimination in Sexual and Gender Minority Individuals. *Neurology*. Wolters Kluwer Health, Inc. on behalf of the American Academy of Neurology; 2022;99:e1549–e1559.

^{viii} Bradlow RCJ, Meyer B, Kanaan R. Research Letter: Functional neurological disorder in transgender people: A case series. *Aust N Z J Psychiatry*. SAGE Publications Ltd; Epub 2023 Nov 27.:00048674231216358.

^{ix} Lerario MP, Fusunyan M, Stave CD, et al. Functional neurological disorder and functional somatic syndromes among sexual and gender minority people: A scoping review. *Journal of Psychosomatic Research*. Epub 2023 Sep.:111491.

^x Saha S, Guiton G, Wimmers PF, Wilkerson L. Student Body Racial and Ethnic Composition and Diversity-Related Outcomes in US Medical Schools. *JAMA*. 2008;300(10):1135–1145. doi:10.1001/jama.300.10.1135

^{xi} Jetty A, Jabbarpour Y, Pollack J, Huerto R, Woo S, Petterson S. Patient-Physician Racial Concordance Associated with Improved Healthcare Use and Lower Healthcare Expenditures in Minority Populations. *J Racial Ethn Health Disparities*. 2022 Feb;9(1):68-81. doi: 10.1007/s40615-020-00930-4. Epub 2021 Jan 5. Erratum in: *J Racial Ethn Health Disparities*. 2021 Feb 24;; PMID: 33403653