

Structural Racism in Healthcare

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Disclosures



None

Learning Objectives



- Review racial health disparities in Wisconsin
- Describe racism as a public health crisis
- Understand structural racism in healthcare
- Discuss what it means to be anti-racist
- Learn how to combat structural racism in healthcare

Racial Disparities in WI

WISCONSIN'S EXTREME RACIAL DISPARITY

VAST CHASM SEPARATES WHITES AND AFRICAN AMERICANS IN THE STATE
JANUARY 2017

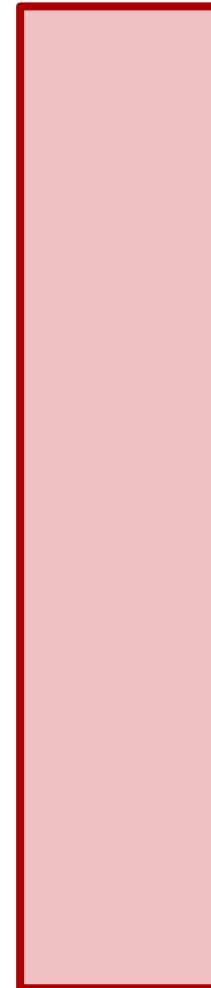
“Wisconsin has the regrettable distinction of ranking among the worst states in the nation in terms of racial equality. Various aspects of the disparity – from education to jobs and income to incarceration – have been documented consistently for more than a decade.”

WISCONSIN'S EXTREME RACIAL DISPARITY

VAST CHASM SEPARATES WHITES AND AFRICAN AMERICANS IN THE STATE
JANUARY 2017

Table 1

RACIAL DISPARITY IN ECONOMIC OPPORTUNITY 2015: WISCONSIN VS OTHER STATES

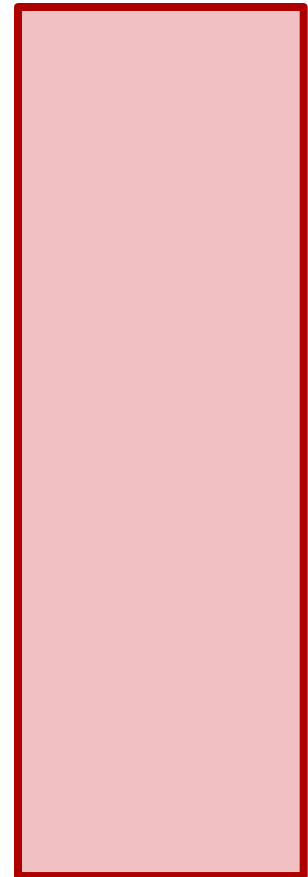


WISCONSIN'S EXTREME RACIAL DISPARITY

VAST CHASM SEPARATES WHITES AND AFRICAN AMERICANS IN THE STATE
JANUARY 2017

Table 2

RACIAL DISPARITY IN EDUCATION: WISCONSIN VS OTHER STATES



WISCONSIN'S EXTREME RACIAL DISPARITY

VAST CHASM SEPARATES WHITES AND AFRICAN AMERICANS IN THE STATE
JANUARY 2017

Table 3

DISPARITY IN INCARCERATION RATES, 2014

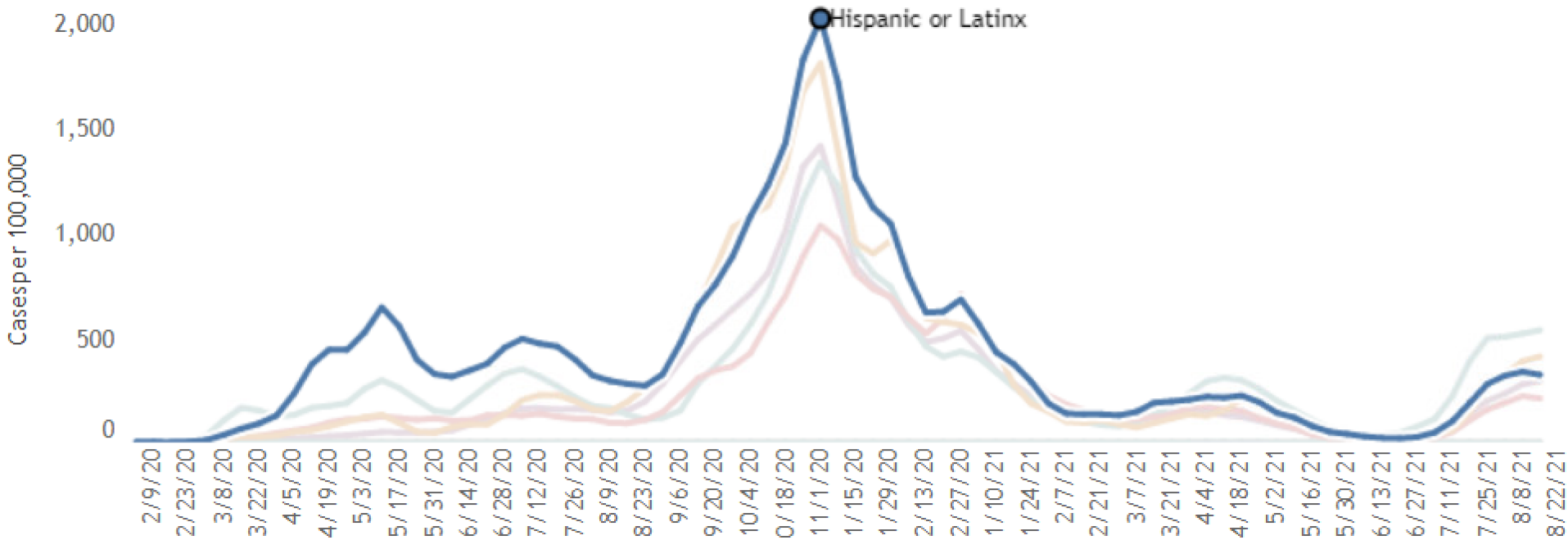


Health impact of COVID-19 by race and ethnicity

- Hispanic/Latinx: 1.7x greater case rates
- Black: 2.1x greater hospitalization rates
- American Indian: 1.5x greater death rates
- Black: 40% less vaccinated

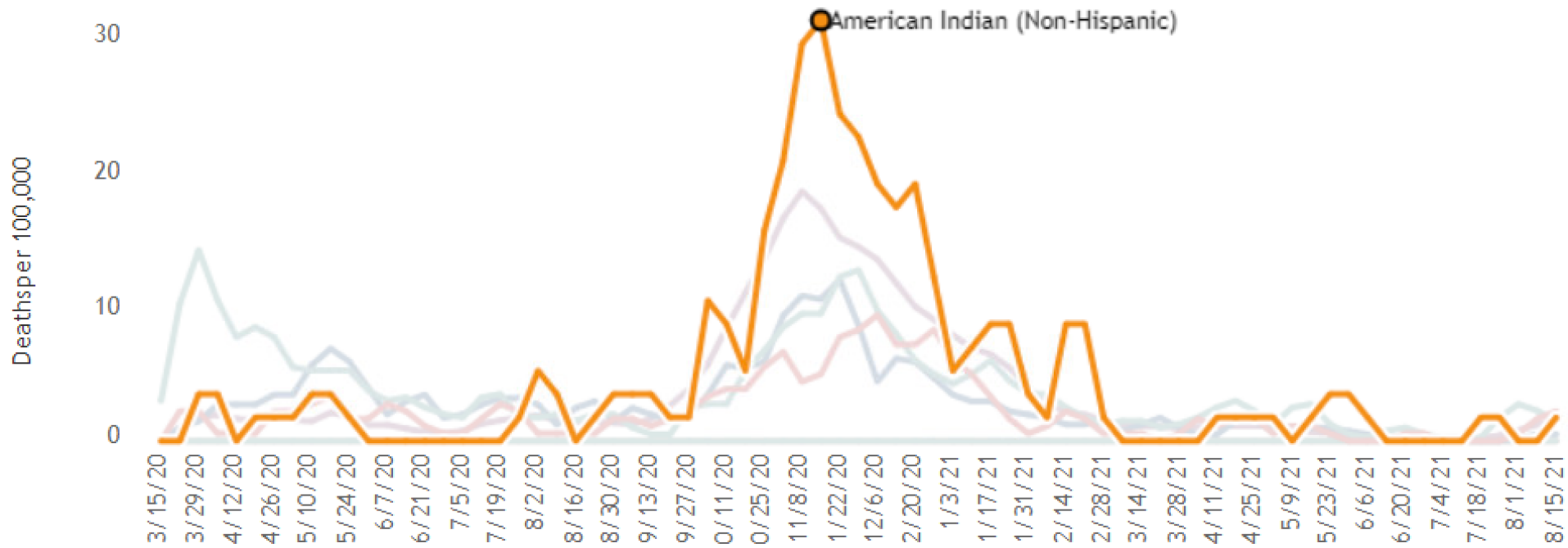
Health impact of COVID-19 by race and ethnicity

Case Rates

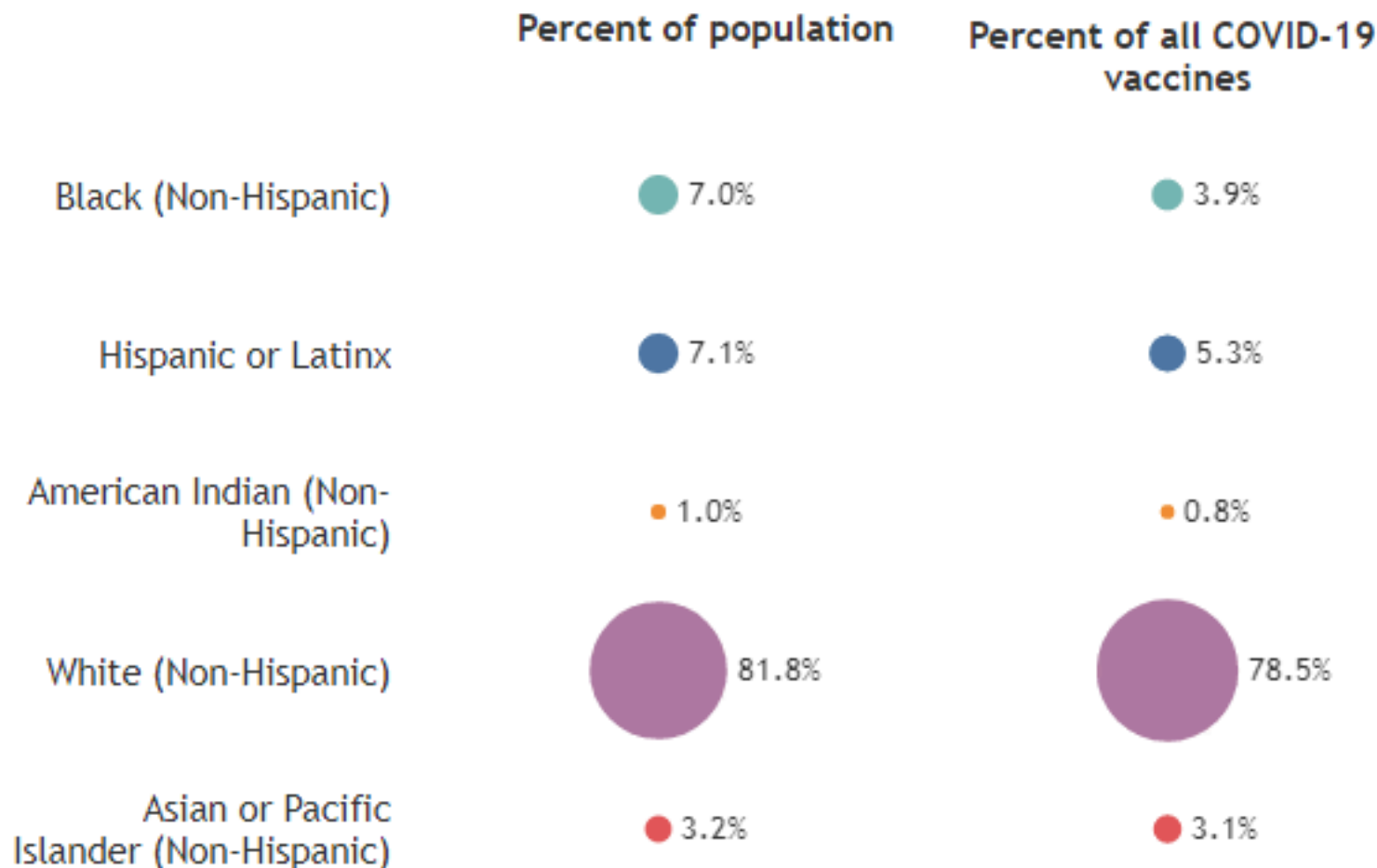


Health impact of COVID-19 by race and ethnicity

Death Rates



Health impact of COVID-19 by race and ethnicity



Racism as Public Health Crisis

Racism as a Public Health Concept

What we know is this: racism is a serious public health threat that directly affects the well-being of millions of American.

Statement from Rochelle P. Walensky, MD, MPH,
Director, Centers for Disease Control and Prevention

April 8, 2021

Racism as a Public Health Concept

*Racism is not just the discrimination against one group based on the color of their skin or their race or ethnicity, but the **structural barriers** that impact racial and ethnic groups differently to influence where a person lives, where they work, where their children play, and where they worship and gather in community.*

Statement from Rochelle P. Walensky, MD, MPH,
Director, Centers for Disease Control and Prevention

April 8, 2021

Racism as a Public Health Concept

Medical Journals Blind to Racism as Health Crisis, Critics Say

As a prominent editor steps down, the influential JAMA journals promise changes regarding staff diversity and more inclusive research.

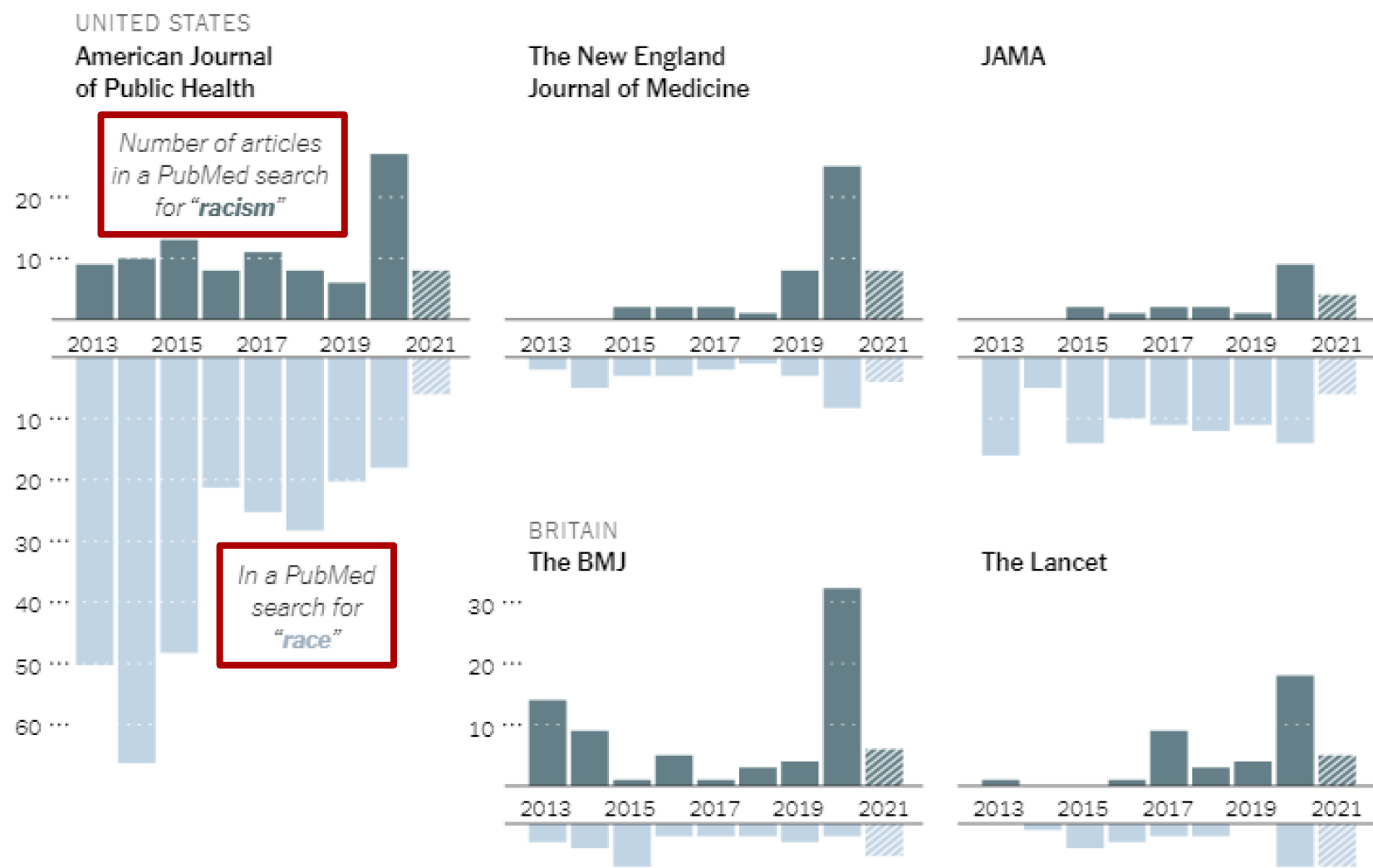
8/17/2021

Medical Journals Blind to Racism as Health Crisis, Critics Say - The New York Times

The New York Times

<https://www.nytimes.com/2021/06/02/health/jama-racism-bauchner.html>

Racism as a Public Health Concept



Racism as a Public Health Concept



PubMed Results by Year for
“Structural Racism”

Structural Racism in Healthcare

Structural Racism in Healthcare



Annals of Internal Medicine

POSITION PAPER

A Comprehensive Policy Framework to Understand and Address Disparities and Discrimination in Health and Health Care: A Policy Paper From the American College of Physicians

Josh Serchen, BA; Robert Doherty, BA; Omar Atiq, MD; and David Hilden, MD, MPH, for the Health and Public Policy Committee of the American College of Physicians*

• Vol. 174 No. 4 • April 2021

Structural Racism in Healthcare



*“Racial and ethnic minority populations in the United States experience disparities in their health and health care that arise from a combination of interacting factors, **including racism and discrimination**, social drivers of health, health care access and quality, individual behavior, and biology.”*

Structural Racism in Healthcare



“Although the reasons for such disparities are multifaceted, discrimination and biases, both explicit and implicit, are major contributors to lower rates of health care access and coverage, higher rates of mortality and morbidity, and poorer health outcomes and health care quality.”

Structural Racism in Healthcare



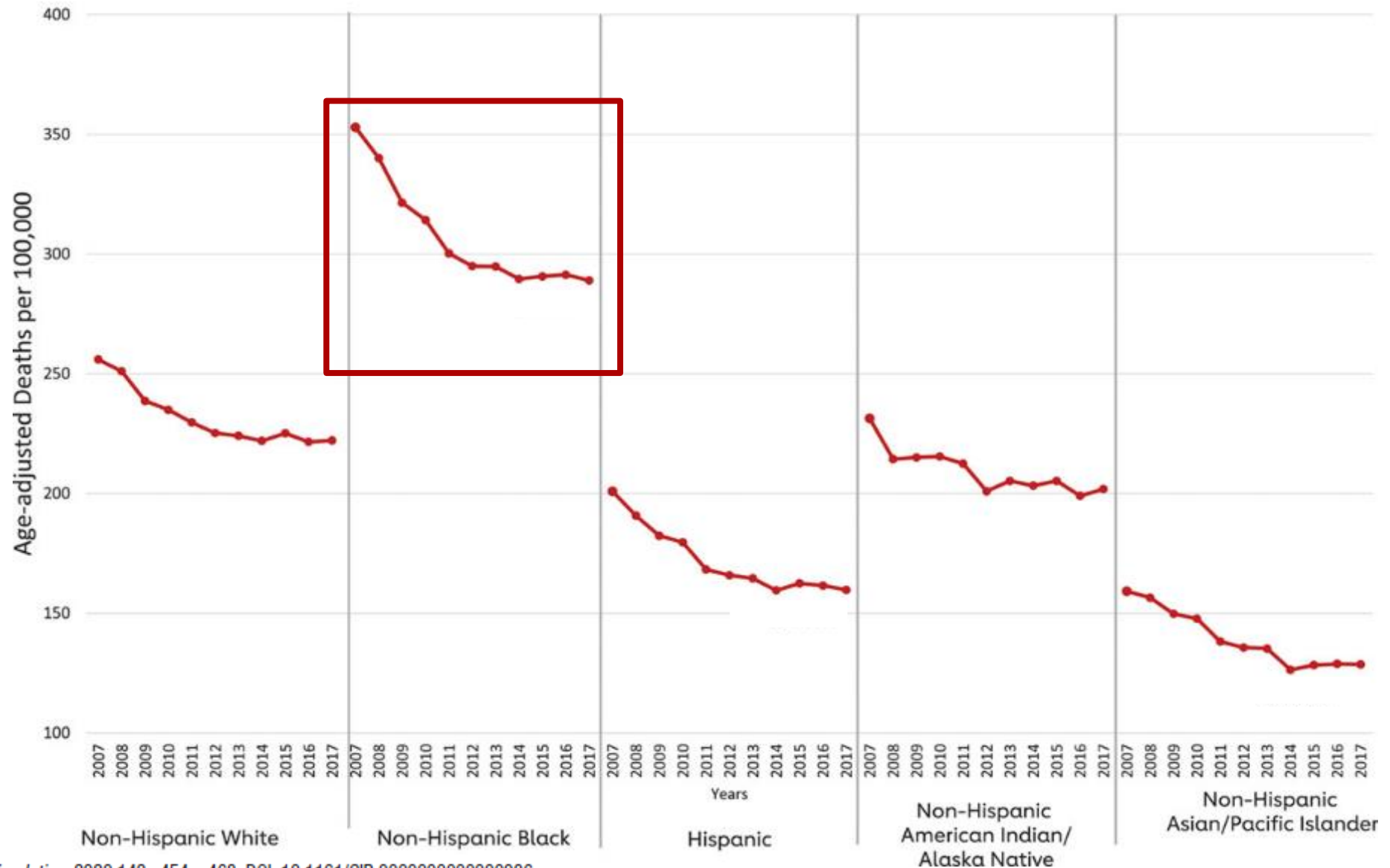
Circulation

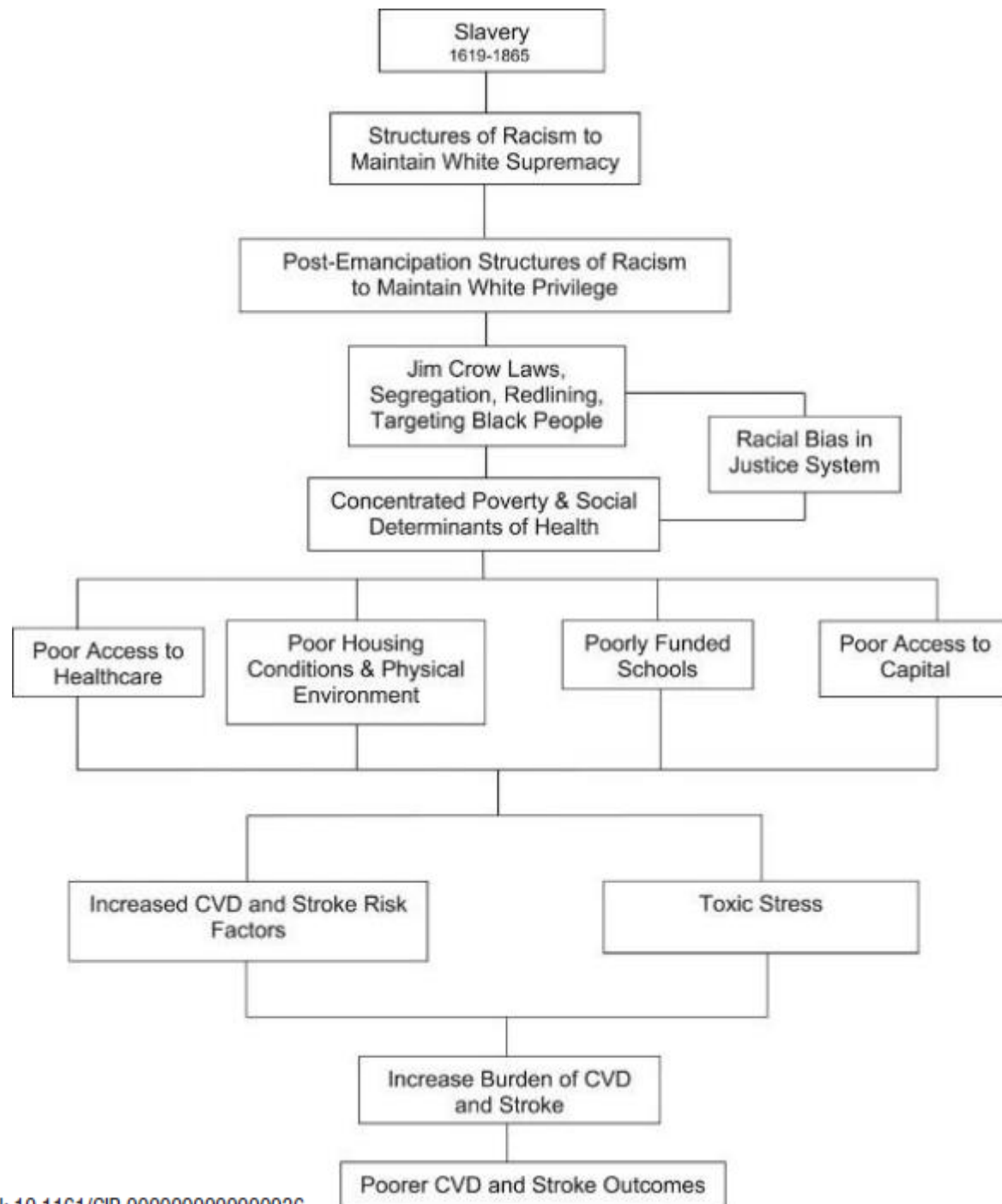
AHA PRESIDENTIAL ADVISORY

Call to Action: Structural Racism as a Fundamental Driver of Health Disparities

A Presidential Advisory From the American Heart Association

Age-Adjusted Total CVD Mortality Rates 2007-2017 by Race and Ethnicity





What is Antiracism?

Antiracism: An Introduction



Antiracism: *The intentional and conscious effort to take action to oppose racism and racial inequities in all realms of society*

Antiracism: An Introduction



Antiracism: The **intentional and conscious**
*effort to take action to oppose racism and
racial inequities in all realms of society*

Antiracism: An Introduction



Antiracism: An Introduction



*The opposite of “**Racist**” isn’t “**Not Racist.**”*

*It is “**Antiracist.**”*

Antiracism: An Introduction



Antiracist: *One who is supporting an antiracist policy through their actions or expressing an antiracist idea.*

Antiracism: An Introduction



Destigmatize the Conversation

What can I do to improve?

- Healthcare system level
- Clinic level
- Personal level

Healthcare Level



- Evidence based changes

Inclusive workforce

*“Recently, the discussion has increasingly shifted from “**diversity management**,” which has emphasized solving the challenges associated with diversity, to “**inclusion**,” which is focused on promoting the integration and value of diversity.”*

Education and Training of Implicit Bias



*“Implicit attitudes are thoughts and feelings that often exist **outside of conscious awareness**, and thus are difficult to consciously acknowledge and control. These attitudes are often automatically activated and can influence human behavior without conscious volition.”*

Challenge Race Based Medicine



Challenging Race Based Medicine



eGFR

Input Variables

- Serum Creatinine
- Age and sex
- Black vs White or Other

Effect of Factoring Race

- MDRD equation reports a higher eGFR by factor of 1.210 if patient black
- CKD-EPI equation reports a higher eGFR by factor of 1.159 if patient black

Equity Concern



Both equations report higher eGFR values
for **black patients**

- Falsely elevate eGFR
- Delay specialty care
- Delay listing for kidney transplant

Clinic Level



- Foster a culture of inclusion
- Hire diverse staff with equal pay
- Educate medical students and residents

Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record

Anna P. Goddu, MSc¹, Katie J. O'Connor, BA¹, Sophie Lanzkron, MD, MHS²,
Mustapha O. Saheed, MD³, Somnath Saha, MD, MPH^{4,5}, Monica E. Peek, MD, MPH, MSc⁶,
Carlton Haywood, Jr., PhD, MA², and Mary Catherine Beach, MD, MPH¹

¹Johns Hopkins University School of Medicine, Baltimore, MD, USA; ²Division of Hematology, Johns Hopkins University School of Medicine, Baltimore, MD, USA; ³Department of Emergency Medicine, Johns Hopkins University School of Medicine, Baltimore, MD, USA; ⁴Section of General Internal Medicine, VA Portland Health Care System, Portland, OR, USA; ⁵Division of General Internal Medicine and Geriatrics, Oregon Health and Science University, Portland, OR, USA; ⁶Section of General Internal Medicine, The University of Chicago, Chicago, IL, USA.

BACKGROUND: Clinician bias contributes to healthcare disparities, and the language used to describe a patient may reflect that bias. Although medical records are an integral method of communicating about patients, no studies have evaluated patient records as a means of transmitting bias from one clinician to another.

OBJECTIVE: To assess whether stigmatizing language written in a patient medical record is associated with a subsequent physician-in-training's attitudes towards the patient and clinical decision-making.

DESIGN: Randomized vignette study of two chart notes employing stigmatizing versus neutral language to describe the same hypothetical patient, a 28-year-old man with sickle cell disease.

PARTICIPANTS: A total of 413 physicians-in-training: medical students and residents in internal and emergency medicine programs at an urban academic medical center (54% response rate).

MAIN MEASURES: Attitudes towards the hypothetical patient using the previously validated Positive Attitudes towards Sickle Cell Patients Scale (range 7–35) and pain management decisions (residents only) using two

KEY WORDS: bias; stigma; language; disparities; medical record; communication; clinical decision-making.

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DOI: 10.1007/s11606-017-4289-2


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INTRODUCTION

It is well documented that patients are not treated equally in our healthcare system: some receive poorer quality of healthcare than others based on their racial/ethnic identity,^{1–4} independent of social class. Others, such as older adults^{5,6} and individuals with low health literacy,^{7,8} obesity,^{9,10} and substance use disorders¹¹ may also be viewed negatively by health professionals in a way that adversely impacts their healthcare quality. Implicit bias among clinicians is one factor that perpetuates these disparities.^{1,12,13} Implicit bias is the automatic activation of stereotypes derived from common cultural experiences, which may override deliberate thought

Personal level





*“Physicians and others in health care
and society do not need a leadership
title to be antiracist, but rather,
everyone can lead from where they
stand.”*

What you can do

- Talk openly about race
- Create a Diversity, Equity and Inclusion taskforce
- Investigate departures of minority staff

What you can do



- Focus research projects on antiracist ideas
- Donate to support antiracist activities
- Commit to recognizing race as a social construct
- Ensure that your organization has clear antidiscrimination policies

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Thank You

Questions?



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