Race and Racism in Medicine

ACP-MN Conference
“Medicine in the Margins”

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Nothing to Disclose
Quality Care (IOM)

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Patient-centered
Equality ≠ Equity
Race Matters: Perceptions of Race and Racism in a Sickle Cell Center

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Background. Health care disparities based on race have been reported in the management of many diseases. Our goal was to identify perceptions of race and racism among both staff and patients/families with particular attention to provider attitudes as a potential contributor to racial healthcare disparities. Procedure. A confidential survey addressing issues of race and health care was given to all patients with sickle cell disease and their families upon arrival to clinic. The survey was made available online to all staff in the hematology/oncology program. Free text comments were obtained. Results. We received completed surveys from 112 patients/families. Surveys were completed by 135 of 158 staff members (85% return rate). The majority (92.6%) of patients/families identified as black, while 94.1% of staff identified as white (P < 0.001). More patients/families felt that race affects the quality of health care for sickle cell patients (50% vs. 31.6%, P = 0.003). More staff perceived unequal treatment of patients, especially in the inpatient setting (20.9% vs. 10.9%, P = 0.03). Conclusions. Provider attitudes contribute to continued racial health care disparities. We propose training health care providers on issues of race and racism. Training should provide critical thinking tools for improving medical providers’ comfort and skills in caring for patients who are of a different race than their own. Pediatr Blood Cancer 2013;60:451–454. © 2012 Wiley Periodicals, Inc.

Key words: health care disparity; race; sickle cell disease
“It is less useful to continue to characterize an insidious problem if these efforts do not result in the design and implementation of interventions that lead to meaningful change.”

Pediatr Blood Cancer 2013;60:349–350

HIGHLIGHT

by Alexis A. Thompson, MD, MPH*

Sickle Cell Disease and Racism: Real or False Barriers?
Figure 1. Life expectancy, by race and sex: United States, 1999–2013

Racial/Ethnic and Socioeconomic Disparities in Survival Among Children With Acute Lymphoblastic Leukemia in California, 1988–2011: A Population-Based Observational Study

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Fig 1. Overall survival by race/ethnicity among children (0–19 years old) diagnosed with acute lymphoblastic leukemia in California, 1988–2011.
Barriers to Equity

- **System**
  - Whiteness/lack of diversity
  - Poor access
  - Social Determinants of Health
  - transition to adult care
  - research and support money
  - Racism

- **Patients**
  - Poor health literacy
  - Fear and mistrust
  - Internalized racism

- **Community**
  - advocacy
  - public awareness

- **Providers**
  - Implicit bias/stereotyping
  - Power
Implicit Bias

• What is it?
• How do I know?
• Does this really affect care?
• How do I avoid it?
Implicit (Unconscious) biases

• Common (Normal)
• Rooted in stereotyping
  - cognitive process where we use social categories to acquire, process, and recall information about people
• Helps us organize complex information
• Heavy cognitive load
  - rely on stereotyping to process information
  - consciously reducing this is hard work
“The problem with stereotypes is not that they are untrue, but that they are incomplete. They make one story become the only story.”

-Chimamanda Ngozi Adichie
Nigerian American novelist
Implicit Bias

• What is it?
• How do I know?
• Does this really affect care?
• How do I avoid it?
Implicit Bias

- Human
- Implicit Association Test
  - https://implicit.harvard.edu
Power/Bias

- Gender/Identity
- Race
- Language
- Religion
- Sexuality
- Education
- Income
- Obesity
- Smoking
- Ability/Disability
- Deaf/Hard of hearing
Implicit Bias

• What is it?
• How do I know?
• Does this really affect care?
• How do I avoid it?
Case

• 17 yo male with Hb Sβ⁰ thal
• AVN of shoulder
• Frequent pain crises
  – 5 admissions per year
• Hb 8.9 gm/dl, MCV 72 fl, WBC 10-13 K/μL
• 8 transfusions
• No surgeries
• Normal TCDs through age 16 years
• ECHO- trivial tricuspid regurgitation
• What about Hydroxyurea??
Provider Barriers to Hydroxyurea Use in Adults with Sickle Cell Disease: A Survey of the Sickle Cell Disease Adult Provider Network

Sophie Lanzkron, MD; Carlton Haywood Jr., MA; Kathryn L. Hassell, MD; and Cynthia Rand, PhD
• What about Hydroxyurea??
“Crisis”

• http://www.youtube.com/watch?v=FuelQDBOxXI

• CRISIS: Experiences of people with sickle cell disease
Implicit Bias

- What is it?
- How do I know?
- Does this really affect care?
- How do I avoid it?
Provider Training

• Diversity Training
  − Awareness
  − Appreciation

• Cultural Competency Humility
  − Cross-cultural communication
  − Information gathering
  − Skills training
Provider Training

- Social Justice
  - Oppression
  - Power
  - Societal resources
  - Structural barriers
  - Race/racism/whiteness
  - Implicit bias
Tools

• Recognize
  – Critical race lens
  – Cognitive dissonance
  – Aversive racism
  – Catch yourself seeking alternate explanations
  – Discomfort

• Health Equity Timeout
  – Emotional regulation
  – Be in the moment
  – Lean in to the discomfort
Action Items

• Equity Lens
  – Policies
  – Patient cases (levels of racism)
• Read a book
  – Book list
• Listen to a podcast
  – Seeing White- John Biewen
  – Hidden Brain-Shankar Vedantam
• Take a timeout
  – Be. Here. Now.
  – Humanism
• Keep Learning/Keep Talking
  – Training opportunities
“Of all forms of inequity, injustice in healthcare is the most shocking and inhumane.”

Martin Luther King, Jr.
National Convention of the Medical Committee for Human Rights
Chicago- 1966

“Not everything that is faced can be changed. But nothing can be changed until it is faced”

James Arthur Baldwin
novelist, essayist, playwright, poet
(August 2, 1924 – December 1, 1987)