

# COMBATING RACISM IN HEALTHCARE

---

Bonzo Reddick, MD, MPH

*Boca Regional Hospital Grand Rounds*

*June 30, 2020*

# Objectives

---

At the end of the session, the participant will be able to:

- Define and differentiate the following terms:
  - implicit bias, explicit bias, stereotyping, prejudice, individual racism, systemic racism
- Describe how racism can affect patients' healthcare and contribute to health disparities
- Describe at least one way in which you, as an individual, can lessen the impact of racism on health outcomes
- Describe at least one system change that you can make to create an anti-racist environment in healthcare



# Ground Rules

---

1. Keep an open mind. Relax!
2. Be honest in discussions but avoid knowingly hurtful language.
3. If someone inadvertently says something offensive, wait until they are finished and then relay your feelings to them.
4. Only 1 person speaks at a time (please use the “hand raise” or “chat” function). If multiple participants have comments at a particular moment, we will try our best to keep track of who is next. We will also try to monitor all comments and address them as time permits.
5. Although educational content can be shared, the discussion portion of this session is **CONFIDENTIAL**. You should *not* share personal things that specific individuals said during these sessions.



**KEEP  
CALM  
AND  
DON'T GET  
MAD**

[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)



# Introduction – A Silent Curriculum<sup>1</sup>

- Highly publicized race-related news stories (2014-2015) rarely mentioned on med school campus.
- 
- “It wasn’t that I didn’t receive any education on race...Since first year, I’ve been inundated with lecture PowerPoint slides that list diseases with higher rates among minorities. But few of them delved into explanations as to *why* these disparities exist. Many electives boasted discussions of health inequalities between communities, but rarely did we discuss how skin color played a role...As soon as racism was mentioned, conversations fizzled, highlighting the palpable discomfort in the room.”

# *DEFINITIONS*

---

- Unconscious bias?
- Implicit bias?
- Explicit bias?
- Stereotyping?
- Prejudice?
- Racism?

# IMPLICIT BIAS<sup>2</sup>

---

- “Unconscious stereotypes that grow from our personal and cultural experiences.”
- “These implicit beliefs may also stem from a lack of day-to-day interracial and intercultural interactions.”
  - Includes an unconscious preference for a particular group



# Implicit Bias<sup>3</sup>

---

- Impact on healthcare:
  - Influences diagnostic & treatment decisions
  - Interferes with perception of patient preferences
  - Lowers patient satisfaction



# Bonzo's Bungle of the Month (Implicit Bias)

---

- Young Black men and academics
- Younger generations and electronics
- Cigarette smokers

# Google\*

Wilmington, N.C., police officers x professional hairstyles men - Google x


https://www.google.com/search?source=hp&ei=2v\_3XuyAcAaHggewq4rlAQ&q=professional+hairstyles+men&oq=professional+hai&gs\_l=... ☆ ☆ Not syncing

All Images News Shopping Videos More Settings Tools

About 453,000,000 results (0.51 seconds)

### Images for professional hairstyles men

medium short wavy curly hair classy trendy thick >



→ More images for professional hairstyles men Report images

Type here to search

10:27 PM 6/27/2020



# Google\*

Wilmington, N.C., police officers x unprofessional hairstyles men - x +


https://www.google.com/search?ei=6v\_3XpfqJ62f\_QacvZboDQ&q=unprofessional+hairstyles+men&oq=unprofessional+hairstyles+men&... ☆ Not syncing

Google unprofessional hairstyles men

Jun 10, 2020 - Google explains why an image search for "unprofessional hairstyles" will mostly turn up pictures of black men and women in its systems.

### Images for unprofessional hairstyles men

medium length long hair classy handsome professional bus >



→ More images for unprofessional hairstyles men Report images

Type here to search 10:28 PM 6/27/2020



# GIRLS' LIFE

girlslife.com

**FALL  
FASHION  
YOU'LL  
LOVE**

**100+ ways to SLAY on the first day**

Wake up pretty!

Because mornings  
are rough...

**Best. Year. Ever.**

How to have fun, make friends and get all A's

**Confessions!**

## MY FIRST KISS

## Real girls smooch and spill

**OLIVIA HOLT**  
steal her style  
secrets!

# YOUR DREAM HAIR

## Next-level tips & trends

## Bye, drama

The friendship rules #squads swear by

## THE \*NEW\* DENIM CHECKLIST

Get ready to hear  
"I love your jeans!"

August/September 2008  
Vol 23, Issue 1

1000

**QUIZ!**  
Are you  
ready

NO

# Boys' Life®

FOR ALL BOYS

SEPTEMBER 2016

**FOR ALL BOYS**

SEPTENBER 2014

# EXPLORE YOUR FUTURE

ASTRONAUT? ARTIST? FIREFIGHTER? CHEF? HERE'S HOW TO  
BE WHAT YOU WANT TO BE.

210  
209  
0230  
187

0 CONTINUED P. 11  
NGWS CITY MO 64155-2437

008FLS 000001000SCH 5-DIGIT 64116 FSS  
110000009435628230 JMW179 16 1182  
WITH OWK 88

FIGHTING FIRES ON THE  
RUNWAY ... TRUE STORIES  
OF SCOUTS IN ACTION ...  
PLUS COMICS, JOKES

## GIRLS LIFE

## HIGHLIGHTS



## Bias-reducing Strategies<sup>3,4</sup>

---

- Perpetual self-assessment & reflection
- Spend time with people from different backgrounds than yours
- Learn about common health disparities in your field

# EXPLICIT BIAS<sup>5</sup>

---

- Attitudes and beliefs about a certain group that are at the conscious level and deliberately formed.
- Conscious positive or negative feelings & thoughts about a group or identity characteristics



This billionaire paid \$0.00 in taxes for 3 years!  
They come to you asking if you can help their son  
get into FAU. What explicit bias do you have?

---



# VIDEO CLIP (Explicit Bias)





- 
- <https://www.youtube.com/watch?v=Zm4hZaEqawk>

(IOM)<sup>3</sup>

---

- **Survey research suggests that among white Americans...50-75% believe that relative to whites, minorities—particularly African Americans—are less intelligent, more prone to violence, and prefer to live off of welfare.**



## Bias-reducing Strategies<sup>3,4</sup>

---

- Perpetual self-assessment & reflection
- Spend time with people from different backgrounds than yours
- Learn about common health disparities in your field

# STEREOTYPING

---

- An ending point of a generalization
- A standard mental picture that represents an oversimplified opinion, a prejudiced attitude, and/or an uncritical judgment
- Does not consider whether or not the statement fits the individual



# RACISM<sup>6</sup>

(Camara Jones)

- 
- *RACISM (Systemic Racism)* – a system of structuring opportunity and assigning value based on the social interpretation of how one looks.
  - *Individual Racism:* A belief that a certain group is inherently inferior to another group, whereas others are inherently superior (either biologically or culturally) based on the social interpretation of how one looks.





[https://www.youtube.com/watch?v=Jw\\_OxNk\\_BbkQ](https://www.youtube.com/watch?v=Jw_OxNk_BbkQ)

---

- “...the traffickers, these aren’t people that take drugs. These are guys that are named ‘D-Money,’ ‘Smoothie,’ ‘Shiftee,’ these type of guys. They come from Connecticut and New York. They come up here, they sell their heroin, and then they go back home. Incidentally, half the time they impregnate a young white girl before they leave...which is a real sad thing, because then we have another issue that we got to deal with down the road.”

## Governor of Maine – Second Quote

---

- “When you go to war, if you know the enemy and the enemy dresses in red and you dress in blue, then you shoot at red. You shoot at the enemy. You try to identify the enemy and the enemy right now, the overwhelming majority of people coming in, are people of color or people of Hispanic origin.”



# FBI Crime Statistics<sup>7</sup>

---

Maine, 2014

- Blacks accounted for 14% of a total of 1,211 drug sale & manufacturing arrests
- Blacks accounted for 7.4% of 5,791 total drug arrests

# Wilmington, NC Police Officers

(Tim Elfrink, *Washington Post*)

---

- Wilmington police officers predicted Black Lives Matter protests would soon lead to civil war
- “I’m ready...We are just going to go out and start slaughtering them f----ng n----rs.”
- “Wipe 'em off the f----ng map...That’ll put 'em back about four or five generations.”



## Wilmington Police (continued)

---

- “Soon, Piner turned the conversation to his belief that a civil war was imminent and his intention to buy high-powered weaponry. After saying he was ready to ‘slaughter’ black people, he added, ‘God I can’t wait.’”
- All 3 were hired in 1997-1998 (>20 years on the job)

# Officers' Response

---

- Admitted it was their voices on the video
- Didn't deny any of the content
- **Denied that they were racists**



# RACISM<sup>6</sup>

(Camara Jones)

- 
- *RACISM (Systemic Racism)* – a system of structuring opportunity and assigning value based on the social interpretation of how one looks.
  - Multifactorial

## Acute Low Back Pain<sup>8</sup>

---

- Blacks had worse functional status on presentation & f/u but received less radiographs or advanced imaging studies
- Blacks perceived by providers to have less severe pain & be less likely to receive radiographs
- Same even after controlling for income, education, baseline severity of LBP, & insurance status



# Opioid Use for Chronic Pain<sup>9</sup>

---

- White patients more likely than black patients to be treated with opioids for similar injuries and similar reported pain scores.

# Potential Origins

---

- University of Virginia School of Medicine
- Study of 222 medical students<sup>10</sup>
- >45% believed a number of myths, including that black people have less sensitive nerve endings



# Other Examples

---

1. Schulman KA, Berlin JA, Harless W, et al. The effect of race and sex on physicians' recommendations for cardiac catheterization. *NEJM* 1999; 340(14): 618-26.
2. van Ryn M, Burke J. The effect of race and socio-economic status on physicians' perceptions of patients. *Soc Sci Med* 2000; 50(6): 813-28.
3. Abreu JM. Conscious and nonconscious African American stereotypes: Impact on first impression and diagnostic ratings by therapists. *Journal of Consulting and Clinical Psychology* 1999; 67(3): 387-93.

# *WHAT WE CAN DO*

---

1. KNOWLEDGE (literature & experiential)
2. ATTITUDES (cultural sensitivity & awareness)
3. SKILLS (cross cultural approach, cultural humility)



# 1. Measure Institutional Racism

---

# Camara Jones

---

- “White” social experience associated with better health
  - Even within the same self-identified ethnic group
  - Even with the same educational level
- **Measuring institutionalized racism**
  - Scan for evidence of racial disparities
  - Identify mechanisms
  - Policies that allow segregation of resources & risks



## 2. Consensus on Defining Race

---

- Biological vs. social construct?

# James McCune Smith<sup>11</sup>

---

- First university-trained black physician in the U.S., 1859
- Argued against belief that poorer health status among blacks reflected their innate inferiority
  - rickets had similar rates in blacks & poor whites; richer whites had less)



# Race-Based Medical Decision Making

---

1. Cardiovascular Disease
2. Hypertension
3. GFR
4. Spirometry

### 3. Address the System & Individual

---



# INDIVIDUAL

---

# Implicit Bias-Reducing Strategies<sup>3,4</sup>

---

## 1. Increase physician awareness

- Get to know the disparities that exist for your specialty

## 2. Individuating

- Conscious effort to focus on specific information about an individual (instead of their social category)

## 3. Perspective-taking

- Conscious attempt to envision another person's viewpoint



# Knowledge

---

- Every one of your biases have the potential to harm someone in the affected/applicable group.

# Attitudes

---

- Embrace diversity!!!
- Must be intentional



# Skills

---

- Avoid media & settings that foster/encourage negative stereotypes
- Spend time with people that are different than you! (*repeat from last session*)
- **While being aware of cultural differences/trends, focus on the individual patient! (*repeat*)**

# SYSTEM

---

# AAMC Institutional Diversity Paradigm<sup>12</sup>

Exhibit 1.2. The Alignment Between Medical School Mission and Diversity: An Institutional Paradigm<sup>7</sup>





# AAMC Institutional Diversity Paradigm

---

- STRATEGIC PLAN: align medical school/institutional mission & diversity

# AAMC Institutional Diversity Paradigm

- **GOALS**

---

- serve diverse populations of {Florida}
- expand health care research agenda
- prepare effective/culturally competent physicians who will care for the underserved people of {Florida}

# AAMC Institutional Diversity Paradigm

- **OBJECTIVES**

---

- critical mass of underrepresented/historically marginalized groups
- create and support structural/compositional diversity
- enhance learning & professional development



# AAMC Institutional Diversity Paradigm

- **STRATEGIES**

---

- Holistic admissions process
- Financial aid/scholarship support
- Outreach/pipeline programs
- Curriculum
- Clinics
- Research initiatives

# SUMMARY

---

- Systemic racism > Individual racism
- While changing systems, still need to hold individuals accountable
- Follow bias-reducing strategies
  - Individuating, perspective-taking, awareness of disparities
- Use an institutional paradigm to develop meaningful, system change
  - Integrate this with your institution's mission

# References

1. Brooks KC. A silent curriculum. *JAMA* 2015; 313(19): 1909-10.
2. Ansell DA, McDonald EK. Bias, Black lives, and academic medicine. *NEJM* 2015; 372(12): 1087-9.
3. Smedley BD, Stith AY, Nelson AR (eds). Unequal treatment: confronting racial and ethnic disparities in healthcare. Washington, DC: National Academy Press, 2002.
4. Chapman EN, Kaatz A, Carnes M. Physicians and implicit bias: How doctors may unwittingly perpetuate health care disparities. *J Gen Intern Med* 2013; 28(11): 1504-10.
5. Harrison LE, White BAA, McIntosh D. Explicit bias among fourth-year medical students. *Proc (Bayl Univ Med Cent)* 2019; 32(1): 50-3.
6. Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2): 7-22.
7. Sharp D. Stats on drug trafficking, race don't back up Maine governor. <https://apnews.com/3c501232c9e14fcfb0fe65267a1c34a0/Stats-on-drug-trafficking,-race-don%27t-back-up-Maine-governor> (AP News: last accessed June 23, 2020).
8. Carey TS, Garrett JM. The relation of race to outcomes and the use of health care services for acute low back pain. *Spine* 2003; 28: 390-4.
9. Chen I, Jurz J, Pasanen M, et al. Racial differences in opioid use for chronic nonmalignant pain. *J Gen Intern Med* 2005; 20: 593-8.
10. Samuels A. U.Va. report:: Med students believe black people feel less pain than whites. <http://college.usatoday.com/2016/04/05/uva-report-med-students-black-people-feel-less-pain/> (last accessed August 12, 2016).
11. Kriger N, Rowley DL, Herman AA, Avery Bylye A, Phillips MT. Racism, sexism, and social class: implications for studies of health, disease, and well-being. *Am J Prev Med* 1993; 9(6 Suppl): 82-122.
12. Coleman AL, Lipper KE, Taylor TE, Palmer SR, Education Counsel LLC (AAMC). Roadmap to Diversity and Educational Excellence: Key Legal and Educational Policy Foundations for Medical Schools. 2<sup>nd</sup> ed (2014).