Race, Racism, and Medicine

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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.”
Health Care and Medical Education

Biology -> Behavior -> Society -> Structure

DOWNSTREAM

UPSTREAM
Health Equity Barriers

- **System**
  - insurance
  - poverty
  - geography
  - transition to adult care
  - research and support money

- **Patients**
  - lack of knowledge
  - fear
  - trust

- **Community**
  - advocacy
  - public awareness

- **Providers**
  - unconscious bias/racism
  - stereotyping
  - attitudes/expectations
Stereotypes Are A Real Time-Saver
Unconscious Biases

- 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
“Unequal Treatment”

- **Institute of Medicine**
- **March 2002**
- **Findings**
  - Racial disparities exist and are unacceptable
  - These exist within broader social inequalities
  - Multifactorial
  - Bias, stereotyping and prejudice on the part of health care providers contribute to racial and ethnic disparities
  - Small number of patients refuse therapy, this does not fully explain disparities
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IOM Recommendations

- Raise awareness of disparities
- Legal, regulatory and policy changes
- Health systems changes
- Help patients navigate the system
- Cross-cultural education for providers
- Collect data on race, SES, language
- Research sources of disparities and interventions
Provider Training

- Diversity Training
  - Awareness
  - Appreciation

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

- Social Justice
  - Oppression
  - Power
  - Societal resources
  - Structural barriers
  - Race/racism/whiteness
Health Care and Medical Education

Biology  Behavior  Society  Structure

DOWNSTREAM  UPSTREAM

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Provider Training
Racism

- 138 employed physicians
- 56 completed survey
- 1222 person-years of practice
- 295 hours “racism training”
  - 5.3 hours per person or 14.5 minutes/person-year
- 130 hours were actually “diversity/cultural competency training”
- 29 hours of specific racism training
  - 52 minutes per person or 1.4 minutes/person-year
Provider Training
Racism

- The amount of race/racism training that physicians receive is very low.
- Twenty-seven (48%) of the physicians reported no specific instruction on issues of race/racism.
- An understanding of racism was lacking as almost one half of physicians reporting some training confused racism training with diversity and cultural competency trainings.
Provider Training

- Address the definition of race/racism and history of the social construction of race
- Differentiate among diversity, cultural competency, and social justice
- Explore our current health care system (racial make-up of providers, how insurance became tied to employment, what we’re taught/not taught in school, evidence-based medicine, racial disparities)
- Examine racism/whiteness in our society, including examples of racism/whiteness in medicine
- Examine how race affects each of the Institute of Medicine's six measures of quality care, and provide trainees tools for understanding these effects
- Introduce critical thinking tools for improving medical providers’ comfort and skills in caring for patients of color
Pilot Training

- N=19, Family Medicine residents
- 5 M, 14 F
- 10 white, 7 Asian, 2 black
- Mean age 31.9 years
  - M= 32.8 yrs
  - F= 31.6 yrs
- Hours of prior racism training
  - 24 hrs total
  - 1.26 hrs/person
  - 13 of 19 had NO training (68%)
  - One person reported 10 hrs of racism training
Assessment

1. My awareness level of issues of racism in the U.S. is:

2. The impact of racism on health care delivery is:

3. I am as effective at caring for white patients as I am at caring for patients of color.

4. I feel well equipped to care for patients of color.

5. The impact of racism on my ability to deliver quality care is:
## Results

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<th>Pre</th>
<th>Post</th>
<th>P</th>
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POC=person of color
Discussion

- Awareness of racism and its impact on delivering quality care increased significantly in all participants.
- Deconstructed white providers’ previously held beliefs about race and racism.
  - first step in working on our own racism and unconscious biases.
- This was a small cohort.
- Further study is warranted to define and refine the best training methods.
April 15, 1912
Table 1: Titanic Dataset

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Total 2,201 711 32.2
April 15, 1912

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“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)