

Healthcare Reimagined: An Introduction to Antiracism in Medicine

Kari-Claudia Allen, MD, MPH

Department of Family & Preventive Medicine

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UNIVERSITY OF

SOUTH CAROLINA

School of Medicine

PRISMA HEALTH®

Disclosures

- No financial disclosures

Disclaimers

- Perspective
- Abbreviation
- Introduction

Objectives

By the end of this discussion, participants will be able to:

1. Discuss the history and current practices of racial injustice in American healthcare
2. Define race, racism, and antiracism
3. Name and implement antiracist behaviors in educational and clinical practice





Why am I here?





Home > Personal Finance

Black people are up to 6 times more likely to be killed by police, Harvard study says

Published: June 28, 2020 at 3:39 p.m. ET

By [Meera Jagannathan](#)

A new study finds 'wide geographic variation in the incidence of fatal police violence across the U.S.'



The Black Lives Matter movement has prompted new attention to police killings "as an urgent public health and racial justice problem" over the past decade, write the authors of a new study.
KEREM YUCEL/AFP VIA GETTY IMAGES

Black and Indigenous mothers and birthing people are 3-4x's more likely to die from causes related to pregnancy and childbirth than their White counterparts.



<https://www.usatoday.com/series/deadlydeliveries/>

Black newborns more likely to die when looked after by White doctors

By [Rob Picheta](#), CNN

🕒 Updated 4:40 AM ET, Thu August 20, 2020



In the United States, racial disparities in human health can impact even the first hours of a person's life, according to new research.

African-Americans are
30% more likely than
whites to die prematurely
from heart disease.

African-American men
are twice as likely as
whites to die prematurely
from stroke.



Health and Human Services. 2016. Stroke and Americans.

Why are you here?





Now that we're
here together,
where are we
going?



END
RACISM

1619

The New York Times





Illustration of Dr. J. Marion Sims with Anarcha by Robert Thom. Anarcha was subjected to 30 experimental surgeries. Pearson Museum, Southern Illinois University School of Medicine

RESEARCH ARTICLE



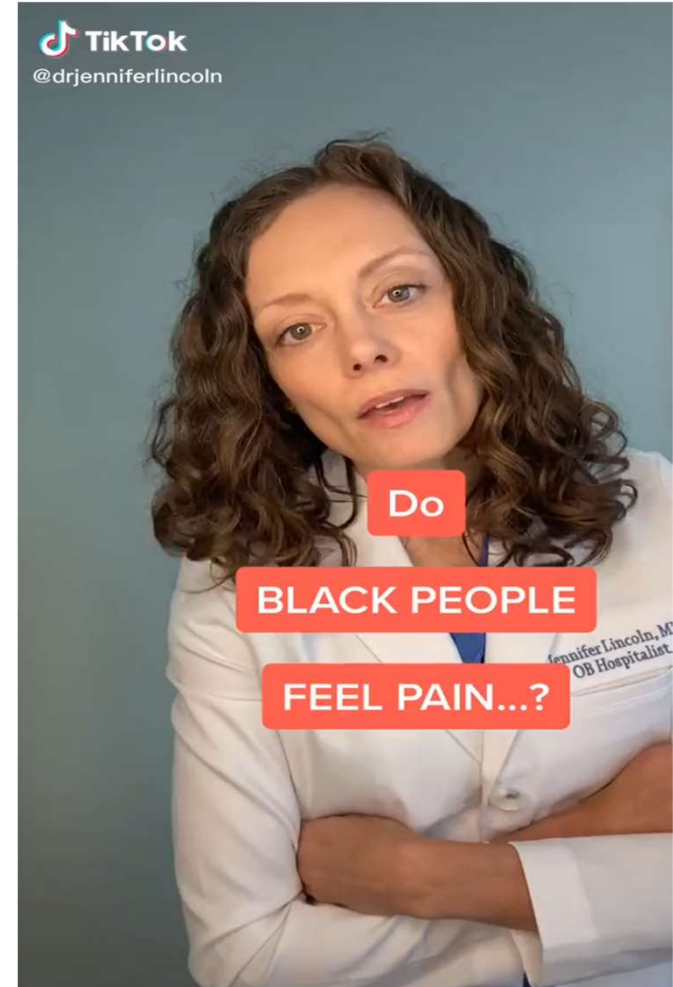
Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

Kelly M. Hoffman, Sophie Trawalter, Jordan R. Axt, and M. Norman Oliver

PNAS first published April 4, 2016 <https://doi.org/10.1073/pnas.1516047113>

Abstract

Black Americans are systematically undertreated for pain relative to white Americans. We examine whether this racial bias is related to false beliefs about biological differences between blacks and whites (e.g., “black people’s skin is thicker than white people’s skin”). Study 1 documented these beliefs among white laypersons and revealed that participants who more strongly endorsed false beliefs about biological differences reported lower pain ratings for a black (vs. white) target. Study 2 extended these findings to the medical context and found that half of a sample of white medical students and residents endorsed these beliefs. Moreover, participants who endorsed these beliefs rated the black (vs. white) patient’s pain as lower and made less accurate treatment recommendations. Participants who did not endorse these beliefs rated the black (vs. white) patient’s pain as higher, but showed no bias in treatment recommendations. These findings suggest that individuals with at least some medical training hold and may use false beliefs about biological differences between blacks and whites to inform medical judgments, which may contribute to racial disparities in pain assessment and treatment.



SOUTH CAROLINA

Statue of gynecologist who experimented on slaves removed from NYC, but remains in Columbia

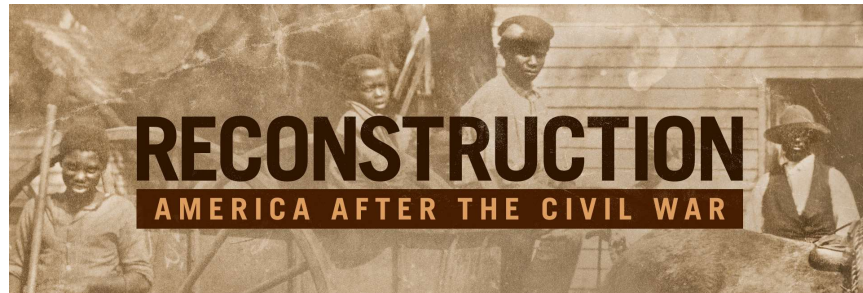
BY NOAH FEIT

APRIL 17, 2018 11:39 PM



A worker tosses a strap over the 19th century statue of Dr. J. Marion Sims, Tuesday, April 17, 2018, in New York's Central Park. Sims was known as the father of modern gynecology, but critics say his use of enslaved African-American women as experimental subjects was unethical. The statue is being moved to Green-Wood Cemetery in Brooklyn, where Sims is buried.







Jim Crow South

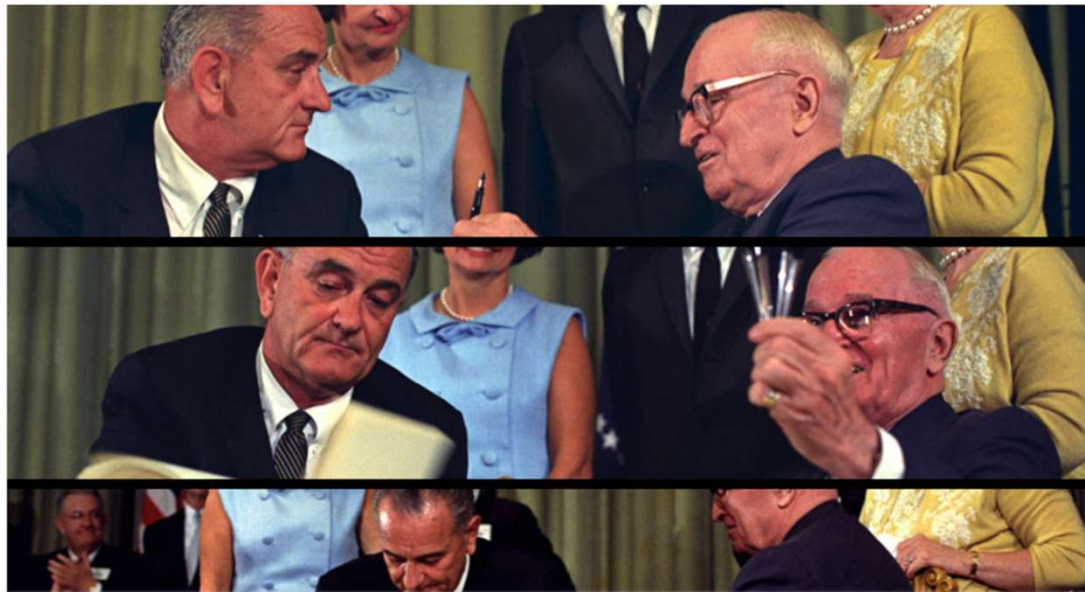


1965: The Year That Brought Civil Rights To The Nation's Hospitals

By Michelle Andrews

AUGUST 9, 2016

REPUBLISH THIS STORY



The Tuskegee Experiment
1932-1975







What is racism?



Racism.

1. A belief that race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race.
2. Policies and practices that create unfair disparities between majority and minority groups.
3. A legacy of unequal treatment on the basis of race that has led to unequal outcomes in housing, education, generational wealth, and life expectancy.

implicit bias (noun):

The unconscious activation of prejudice notions (of race, gender, ethnicity, age, etc.) that influences our judgment and decision-making.

“Even if people don’t believe racist stereotypes are true, those stereotypes, once absorbed, can influence people’s behavior without their awareness or intent.”

Patricia Devine, 1989
The Prejudice Lab



Culture or Teacher Bias? Racial and Ethnic Variation in Student–Teacher Effort Assessment Match/Mismatch

Educational Longitudinal Study (2002)

Abstract:

“Black and Hispanic students are more likely than white students to believe they are working hard when their teacher disagrees, but, consistent with cultural capital theory, socioeconomic background and academic skills account for all of their effort misalignment.

Lastly, white and Asian students seem to benefit from positive teacher bias. Black and Hispanic students are less likely than white and Asian students to receive positive teacher effort assessment when they admit to not working hard.”

Kozlowski, K.P. Culture or Teacher Bias? Racial and Ethnic Variation in Student–Teacher Effort Assessment Match/Mismatch. *Race Soc Probl* 7, 43–59 (2015).



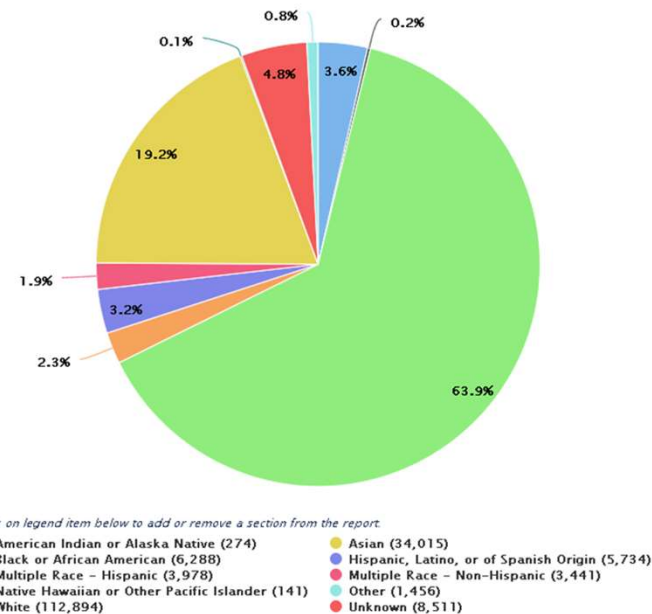
How does bias show up in medical education?

- Medical School Admissions
- Curriculum
- Faculty composition: pre-clinical and clinical years
- Board examinations
- Clinical rotation evaluations
- Residency Admissions

Figure 15. Percentage of full-time U.S. medical school faculty by race/ethnicity, 2018

Figure 15 displays the percentage of full-time U.S. medical school faculty by race/ethnicity. The largest proportions of faculty were White (63.9%) and Asian (19.2%). Only 3.6% of full-time faculty in 2018 were Black or African American, and 5.5% were Hispanic, Latino, or of Spanish Origin (alone or in combination with another race/ethnicity).

Figure 15. Percentage of full-time U.S. medical school faculty by race/ethnicity, 2018. ≡



Diversity in Medicine: Facts and Figures 2019. Association of American Medical Colleges.

The JAMA Internal Medicine study of more than 27,500 medical students in 2016 and 2017 found that **38%** of students nationwide from racial and ethnic groups that are under-represented in medicine reported mistreatment. That's compared to only **24%** of white students across the U.S. who said they had been mistreated during medical school. (AAMC Graduation Questionnaire)

Source: NPR

Racial/Ethnic Disparities in Clinical Grading in Medical School

Daniel Low ¹, Samantha W Pollack ², Zachary C Liao ³, Ramoncita Maestas ⁴, Larry E Kirven ⁵, Anne M Eacker ⁶, Leo S Morales ⁷

Affiliations + expand

PMID: 31032666 DOI: 10.1080/10401334.2019.1597724

Findings: Students who identified as White or female, students who were younger in age, and students with higher United States Medical Licensing Examination Step 1 scores or final clerkship written exam scores consistently received higher final clerkship grades. Non-URM minority students were more likely than White students (Adjusted Odds Ratio = 0.53), confidence interval [0.36, 0.76], $p = .001$, to receive a lower category MSPE summary word in analyses adjusting for student demographics (age, gender, maternal education), year, and United States Medical Licensing Examination Step 1 scores.

Similarly, in four of six required clerkships, grading disparities ($p < .05$) were found to favor White students over either URM or non-URM minority students. In all analyses, after accounting for all available confounding variables, grading disparities favored White students.

How does bias show up in clinical practice?

- Did you hear what they named it? How's that kid ever going to get a job?
- All these Hispanic moms come over here and pop out baby after baby, that we taxpayers end up paying for.
- You can walk past an Asian woman's room and not hear a peep the whole time they're in labor. They are just so stoic.
- I will never understand these drug addicts. How little do you have to care about your baby to keep shooting up while you're pregnant? And then you're mad at me for drug screening your baby? Maybe if you had just stopped doing drugs, I wouldn't be doing this test.



How do we heal?



What can we do as a School of Medicine?

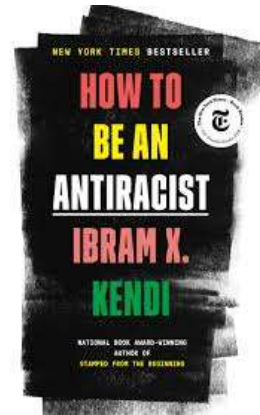
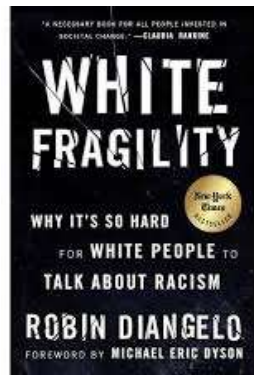
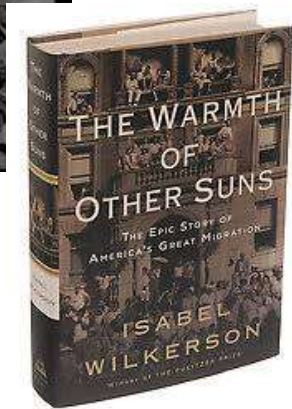
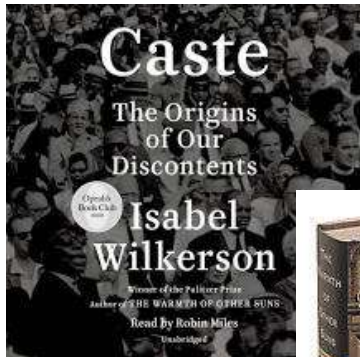
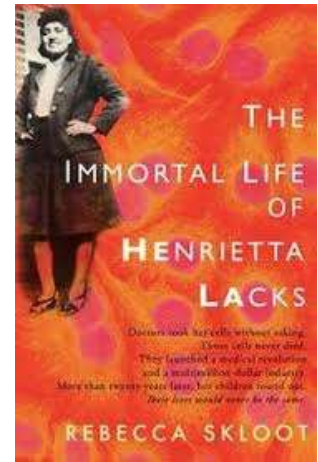
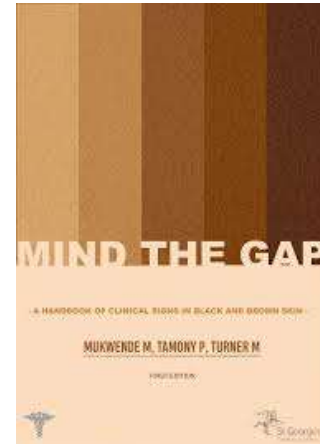
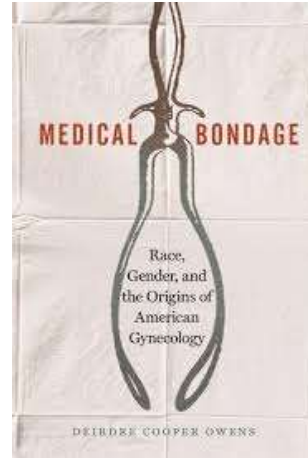
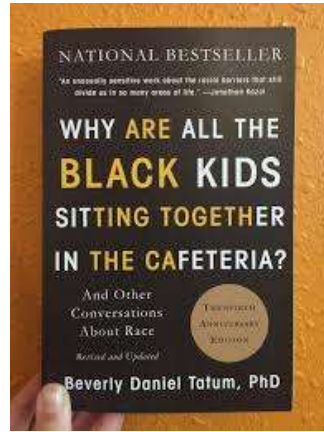
- Face the reality that we have all gotten it wrong
- Have the crucial conversations
- Ask hard questions
- Allow ourselves to feel whatever we feel, including shock or grief
- Be gracious with ourselves and one another as culture change occurs
- Educate ourselves and others
- Commit to personal and institutional change



A photograph of a protest on a city street. A large white banner with black text is held by a group of people. The banner reads "TOGETHER WE'LL NEVER BE DIVIDED!". The word "TOGETHER" is on the top line, and "WE'LL NEVER BE DIVIDED!" is on the bottom line. A red heart symbol is placed between the two lines of text. To the right of the banner, there is a list of seven bullet points. The background shows palm trees and buildings under a clear sky. The text "Starting the Process of Antiracism" is overlaid on the left side of the image.

Starting the Process of Antiracism

- Denounce and deconstruct pillars of racism
- Foster a culture of accountability
- Incorporate bias discussion into clinical care & debriefs
- Think critically about information being presented, even when it comes from sources or institutions we trust
- Mandate bias training for all staff
- Practice cultural rigor
- Build an equity & racial justice curriculum





The EveryONE Project

The EveryONE Project Toolkit



Advancing Health Equity through Family Medicine

As the primary health care provider for underserved populations, you see the impact of social determinants of health (SDH) every day. The AAFP's **EveryONE Toolkit** promotes diversity and addresses SDH to balance health equity in all communities.

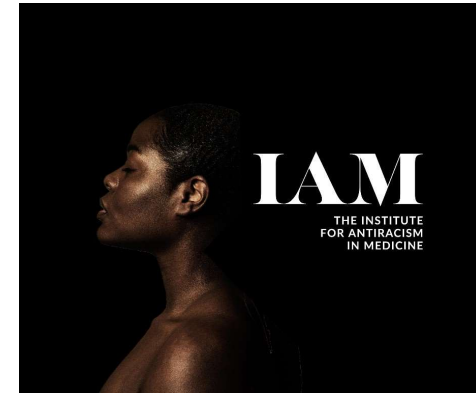
This toolkit offers strategies for use in your practice and community to improve your patients' health and help them thrive.



Implicit Bias Training



Practice Leadership for Health Equity



What are others doing?



CHAPTERS

Active White Coats for Black Lives chapters are listed below, along with contact information. Want to start a chapter at your medical school or hospital? Check out the resources below for more information.

- Baylor University (Kenmore, WA) - bukwo4bl@gmail.com
- Beth Israel Deaconess Medical Center (Boston, MA) - bidmcwc4bl@gmail.com
- Burrell College of Osteopathic Medicine (University Park, NM) - boomwc4bl@gmail.com
- Chicago Health Coalition for Black Lives (Chicago, IL) - chc4bl@gmail.com
- Chicago Medical School at Rosalind Franklin University (North Chicago, IL) - rfuwc4bl@gmail.com, <https://sites.google.com/myrfums.org/fumsalliesforblacklives/home>
- College of Human Medicine at Michigan State University (East Lansing, MI) - msuchmwc4bl@gmail.com
- College of Osteopathic Medicine at Kansas City University (Kansas City, MO) - KCUCW4bl@gmail.com
- Creighton University School of Medicine (Omaha, NE) - creightonwc4bl@gmail.com
- East Carolina University Brody School of Medicine (Greenville, NC) - brodywc4bl@gmail.com
- Eastern Virginia Medical School (Norfolk, VA) - evmswc4bl@gmail.com
- Florida State University College of Medicine (Tallahassee, FL) - fsuwc4bl@gmail.com
- Frank H. Netter School of Medicine (North Haven, CT) - netterWC4BL@gmail.com
- Geisel School of Medicine at Dartmouth (Hanover, NH) - dartmouthwc4bl@gmail.com
- Georgetown University School of Medicine (Washington, D.C.) - georgetownwc4bl@gmail.com
- CW School of Medicine and Health Sciences (Washington, D.C.) - gwuwc4bl@gmail.com
- Kaiser Northern California (CA) - kaisernorcalwc4bl@gmail.com
- Kansas University School of Medicine (Kansas City, KS) - KUMCwhitecoats4blacklives@gmail.com
- Lincoln Memorial University DeBusk College of Osteopathic Medicine (Harrogate, TN) - lmudcomwc4bl@gmail.com
- Louisiana State University School of Medicine (New Orleans, LA) - lsu.nola.WC4BL@gmail.com

THE 2018 U.S. MEDICAL SCHOOL RACIAL JUSTICE REPORT CARD

OVERALL GRADE

1. GOWN REGENERATION
2. ANTI-RACISM TRAINING
3. GOWN RECOGNITION
4. GOWN RECOGNITION
5. GOWN RECOGNITION
6. GOWN RECOGNITION
7. ANTI-RACISM CURRICULUM
8. GOWN RECOGNITION
9. GOWN RECOGNITION
10. GOWN RECOGNITION
11. MARGINALIZED PATIENT PROTECTION
12. EQUITY ACCESS FOR ALL PATIENTS
13. IMMIGRANT PATIENT PROTECTION
14. STAFF COMPENSATION & PROTECTION
15. ANTI-RACISM POLICIES

SCHOOL	OVERALL GRADE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
RAHWARD	B-	C	B	C	B	B	B	B	B	C	B	C	C	C	C	B
STONY BROOK UNIVERSITY	C+	C	C	B	B	C	B	B	C	B	C	A	C	C	C	C
MT SINAI (IUMC)	B-	C	B	C	B	B	B	B	B	B	B	C	C	B	C	C
UNIVERSITY OF PENNSYLVANIA (PERLMAN)	C	C	C	C	B	C	C	B	C	B	C	C	C	C	C	C
THOMAS Jefferson University (JOSEPH KIMMEL)	C	C	C	C	B	B	C	B	C	B	C	C	C	C	C	C
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	B-	C	A	B	B	B	B	B	B	B	B	C	C	C	B	C
UNIVERSITY OF MICHIGAN	B-	C	B	A	B	B	C	A	C	B	B	C	C	C	C	C
UNIVERSITY OF PITTSBURGH	B-	C	B	C	B	B	C	B	C	B	C	B	B	C	A	B
WASHINGTON UNIVERSITY IN ST. LOUIS	B-	C	B	C	B	B	B	A	C	A	C	C	B	C	C	C
YALE	C	C	C	B	B	C	C	A	C	B	C	B	C	C	C	C

The full 2018 Racial Justice Report Card document and more information on the RJC initiative can be found on whiteworkinthebooks.org



Grade your medical school or hospital

Join the 2020-2021 Racial Justice Report Card to fight racism at your institution

Feinberg Academy of Medical Educators

Search Feinberg Academy of Med

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Feinberg Home > Home > Education Resources > Anti-racism in Medicine Collection

Education Resources

Faculty Development Learning Modules

Medical Educator Certificate Program

McGaw Medical Education Clinical Scholars Program

Searle Faculty Fellowships

Clinical Faculty Educator Consult Service

Grand Rounds Teaching Request Form

Anti-racism in Medicine Collection

External Open Access Resources

TIME Lecture Series

After-TIME Workshops

Anti-racism in Medicine Collection

Below please find a collection of resources to provide educators with practice-based, peer-reviewed content to teach anti-racist knowledge and clinical skills and elevate the educational scholarship of anti-racist curricula. The new resources will support a community of collaborators dedicated to the elimination of racism in medical education. Some of these resources were curated by the [Association of Medical Colleges](#).

[Educational Materials for Educators on Social Determinants of Health | NCEAS](#)

[Building a Tool Kit for Medical and Dental Students: Addressing Microaggressions and Discrimination on the Wards](#)

April 3, 2020

[Structural Competency: Curriculum for Medical Students, Residents, and Interprofessional Teams on the Structural Factors That Produce Health Disparities](#)

March 13, 2020

[ERASE-ing Patient Mistreatment of Trainees: Faculty Workshop](#)

December 27, 2019

[Tools for Discussing Identity and Privilege Among Medical Students, Trainees, and Faculty](#)

December 20, 2019

[Health Equity Rounds: An Interdisciplinary Case Conference to Address Implicit Bias and Structural Racism](#)



■ Education • October 8, 2020

UCSF Expands Courses on How to Be an Anti-Racist Scientist or Clinician

By [Nina Bai](#)

In most hospitals around the country, an estimation of a patient's kidney function, known as the eGFR, is adjusted higher if the patient is Black. This "race correction" is built into electronic health records and taught in medical schools, but traces its origins to the racist assumption that Black people have more muscle mass. In practice, this race-based adjustment risks overestimating a Black person's kidney function and delaying referrals to specialists, treatments and even transplants.

This year, UC San Francisco hospitals and Zuckerberg San Francisco General Hospital ended eGFR reporting by race, becoming some of the first hospitals in the country to do so.

The change is part of a growing awareness of racism in medicine and health research, and a movement to train





Search

Resources | Anti-Racism

ARTICLES / NEWS

(In chronological order)

Misrepresenting Race — The Role of Medical Schools in Propagating Physician Bias
The New England Journal of Medicine | January 6, 2021

Revising the a Priori Hypothesis: Systemic Racism Has Penetrated Scientific Funding
Cell | Vol. 183, Issue 3, pp.576-579, October 29, 2020

In the name of justice: In the battle against systemic racism, these alumni chart different courses for change
October 28, 2020

Addressing racism in medicine: Experts call on colleagues to turn talk into action
Healio | October 14, 2020

From a small town in North Carolina to big-city hospitals, how software infuses racism into U.S. health care
STAT | October 13, 2020

Exploring the North's long history of slavery, scientific racism
The Harvard Gazette | October 9, 2020

Addressing and Eliminating Racism at the AAMC and Beyond
AAMC | October 2020

Making Anti-Racism A Core Value In Academic Medicine
by J. Nwando Olayiwola, Darrell M. Gray, II, et al.
Health Affairs | August 25, 2020

The Performance of "Antiracism" Curricula

DICP Programs

[K-12](#)

[College](#)

[Medical and Graduate](#)

[Postdoc and Fellow](#)

[Faculty](#)

[LGBT](#)

[Mentoring](#)

Anti-racism Resources

Systemic racism anywhere is unacceptable, and particularly in a medical school dedicated to the principles of equity and to providing care without exception. We are committed to working together to become an institution that is anti-racist, diverse, and equitable, building on our rich history of inclusion and commitment to social justice.



Here are offices, resources and programs that may be helpful to you as we move forward with this important work.

Resources for students, staff and faculty

About

[Office of the Dean](#)

[Strategic Plan](#)

[BUSM Organizational Chart](#)



References

- AAFP EveryOne Project – Implicit Bias Series
- The State Newspaper, Columbia, SC
- Lecture Series: National Birth Equity Collaborative
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