Racism: A Societal Pathogen

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Disclosures for Adiaha Spinks-Franklin, MD, MPH, FAAP

- I am an Expert Consultant for Understood.org
- I identify as a Black/African American cis-gender woman.
- I experience gendered racism
  - racism + sexism = gendered racism
- I am a member of the lowest racial caste in US Society

Purpose: to plant a seed of anti-racism

The learner will...

- Define and identify racism in all of its levels and forms
- Describe the ways in which racism can act as a pathogen
- Explain best practices for interrupting and destroying the systems of racism in health care

BIPOC: Black, Indigenous, People of Color

I am going to build an analogy.
Stick with me on this journey.

What is a Pathogen?

What is a Pathogen?

- An infectious microorganism that causes damage or disease in a living organism.
- Pathogens take many different forms
  - Bacteria
  - Viruses
  - Fungi
  - Parasites

Characteristics of a Pathogen

1. Requires a **HOST** to survive
2. Mode of **TRANSMISSION**
3. Mechanism of **REPLICATION**
4. Means of causing **DISEASE**
5. Elicits a **RESPONSE** in its host

Janeway CA Jr, Travers P, Walport M, et al. Immunobiology: The Immune System in Health and Disease. 5th edition. New York: Garland Science; 2001. Infectious agents and how they cause disease. Available from: https://www.ncbi.nlm.nih.gov/books/NBK27114/

How do Pathogens Infect?

1. A new **HOST** is exposed to infectious particles shed by an infected individual.
2. The number, route, mode of **TRANSMISSION**, and stability of a pathogen outside the host determines its infectivity.
3. A pathogen must establish a focus of infection in order to **REPLICATE**
4. Only when a pathogen has successfully established a site of infection in the host does **DISEASE** occur.
5. The immune system's **RESPONSE** can block or fail to block the pathogen at any of the above phases of infection.

Janeway CA Jr, Travers P, Walport M, et al. Immunobiology: The Immune System in Health and Disease. 5th edition. New York: Garland Science; 2001. Infectious agents and how they cause disease. Available from: https://www.ncbi.nlm.nih.gov/books/NBK27114/

What is Racism?

What is racism?

- Racism is an organized and dynamic system in which the dominant racial group, based on a hierarchical ideology, develops and sustains structures and behaviors that privilege the dominant group, while simultaneously disempowering and removing resources from racial groups deemed inferior
- "Race" is a social construct that was established in the late 1600s after Bacon's Rebellion to stratify people into a social hierarchy based upon normal human variations.
- Racism is a caste system based upon the social construct of "race" that established a hierarchy of racial privilege and advantage
- Racism has three levels
  - Institutionalized (Systemic, Structural)
  - Interpersonal (Personally-Mediated)
  - Internalized
- Racism has different forms
  - Colorblind racism
  - Cultural racism
  - Gendered racism
  - Environmental racism
  - Medical Racism

Williams DR, Mohammed SA. Racism and Health I: Pathw; Gee GC, Hing A, Mohammed S, Tabor DC, Williams DR. Racism and the Life Course: Taking Time Seriously. Am J Public Health. 2019 Jan;109(S1):S43-S47. doi: 10.2105/AJPH.2018.304766. PMID: 30699016; PMCID: PMC6356137.ays and Scientific Evidence. *Am Behav Sci*. 2013;57(8):10

Institutionalized(Structural or Systemic) **Racism**

- Codified in our institutions of customs, laws, policies, and practices that discriminate against specific racial groups
- Institutionalized racism can be normative, sometimes legalized, and often manifests as inherited disadvantage
- Can be through policies of omission and commission
- Differential access to the goods, services, and opportunities of society by race
  - Material conditions--education, housing, employment, healthcare, environment
  - Access to power--information, resources, political voice

Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health*. 2000;90(8):1212-1215. doi:10.2105/ajph.90.8.1212

Interpersonal Racism (Personally-Mediated)

- Defined as prejudice and discrimination experienced between members of the dominant racial group and members of a stigmatized racial minority
  - Can be intentional or unintentional
  - Includes acts of commission and acts of omission
- Implicit Bias plays a role in Interpersonal Racism
  - Lack of respect, suspicion, devaluation, scapegoating, dehumanizing
- Microaggressions are simple acts of racism that occur on a regular basis
  - "You speak so well," says a White professional to a Latinx professional
- **Impact** of actions is more important than the **intention**

Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health*. 2000;90(8):1212-1215. doi:10.2105/ajph.90.8.1212

Internalized Racism: Acceptance of the racist notion that White people are superior and Non-White people are inferior

- Accepting limitations to one's own full humanity
  - One's spectrum of dreams
  - One's right to self-determination
  - One's range of allowable self-expression
- Embracing of "whiteness"
  - Use of hair straighteners and bleaching creams
  - Stratification by skin tone within communities of color
  - The "White man's ice is colder" Syndrome
- Self-devaluation
  - Using racial slurs as nicknames
  - Rejection of ancestral culture
  - Fratricide
  - Stereotype threat (Claude Steele)
- Resignation, helplessness, and hopelessness
  - Dropping out of school
  - Failing to vote
  - Engaging in risky health practices
- For Whites
  - Believe in one's own superiority
  - Entitlement to all that one aspires or desires

Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health*. 2000;90(8):1212-1215; Laura M. Padilla, "But You're Not a Dirty Mexican": Internalized Oppression, Latinos & Law, 7 Texas Hispanic Journal of Law and Policy 61-113, 65-73 (Fall 2001); Mouzon DM, McLean JS. Internalized racism and mental health among African-Americans, US-born Caribbean Blacks, and foreign-born Caribbean Blacks. *Ethn Health*. 2017;22(1):36-48.; Choi, Andrew Young, Tania Israel, and Hotaka Maeda. "Development and evaluation of the Internalized Racism in Asian Americans Scale (IRAAS)." *Journal of Counseling Psychology* 64.1 (2017): 52; Malat J, Mayorga-Gallo S, Williams DR. The effects of whiteness on the health of whites in the USA. *Soc Sci Med*. 2018;199:148-156. doi:10.1016/j.socscimed.2017.06.034

Internalized Racism: Racist Ideas

- Racist Ideas are "Any concept that regards one racial group as inferior or superior to another racial group in any way." (Kendi, 2016)
  - Historically, anti-African/Black racist ideas date back to the 1300s Portuguese writers
  - Racist ideas permeate religion, science, economics, law, education, and every other facet of US society
- Racist Ideas #1: **Segregationist Ideas**
  - Believe Blacks are inherently inferior and want to control and contain them. Distance themselves from Blacks and other members of lower racial caste in the US
  - Blame Black people themselves for racial disparities and racial oppression
- Racist Ideas #2: **Assimilationist Ideas**
  - Believe Blacks are inferior , but want to change Blacks and other members of lower racial caste to be more palatable to White people (e.g., natural hair laws; spoken language policies)
  - Blame Black people and racial discrimination equally for current racial disparities, as if Black people are as culpable for their position in the lowest racial caste as the system that placed them there
- **Anti-Racist Ideas**
  - Recognizing that the system of racism and White supremacy is inherently wrong and is the reason for racial disparities in this country.
  - There is nothing inherently wrong with Black people. There is something terribly wrong with the system of racism and White supremacy that has relegated Black people to the lowest racial caste in the US.
- We did not build this house of racism or create the racial caste system, but it is now ours to address. (Wilkerson, 2020)

Kendi, Dr Ibram X. *Stamped from the Beginning*. Avalon Publishing Group, 2016; Wilkerson, Isabel. *Caste: The Origins of Our Discontents*. Random House. 2020

Racism's Different Forms

- **Colorblind Racism**[1]
  - Belief that racial group membership should not be taken into account, or even noticed as a strategy for managing diversity and intergroup relations
  - Whites deny and ignore the ongoing discrimination and oppression that stigmatized racial groups in the US experience daily
- **Gendered racism**[2]
  - The intersection between racism and sexism that women of color experience
- **Environmental racism**[3]
  - Policies that place non-White people at higher risk for poor environmental outcomes (e.g., Redlining, food deserts)
- **Cultural racism**[4]
  - The manner in which racist views are pervasive in society, where "White" is assumed to be the norm and non-White the anomaly
  - e.g., commercials with White actors; Moses, Jesus, Santa Clause and Tooth Fairy are White
- **Medical racism**[5]
  - The historical abuse and maltreatment of people of color by health care providers and system that devalue them.

1. Bonilla-Silva, Eduardo. "The Structure of Racism in Color-Blind, 'Post-Racial' America." American Behavioral Scientist, vol. 59, no. 11, Oct. 2015, pp. 1358–1376
2. Lewis, J. A., Williams, M. G., Peppers, E. J., & Gadson, C. A. (2017). Applying intersectionality to explore the relations between gendered racism and health among Black women. *Journal of Counseling Psychology, 64*(5), 475–486. https://doi.org/10.1037/cou0000231
3. Holifield, Ryan. "Defining environmental justice and environmental racism." *Urban geography* 22.1 (2001): 78-90.
4. Rodat, Simona. "Cultural racism: A conceptual framework." *Revista de Științe Politice. Revue des Sciences Politiques* 54 (2017): 129-140
5. Byrd WM, Clayton LA. Race, medicine, and health care in the United States: a historical survey. *J Natl Med Assoc*. 2001;93(3 Suppl):11S-34S.. .

What is "Race"?

- Race is a recent human invention that was established in the late 1600s (after Bacon's Rebellion) to create a social caste system in the United States based upon easily distinguishable phenotypic features of normal human variation
  - "Racial" categories change over decades and centuries (see US Census Data)
  - Those considered "White" today were not "White" 100 years ago (e.g., Italians, Jews, Polish)
- **Race is NOT BIOLOGICAL; "race" is a SOCIAL CONSTRUCT**
  - **"Race" is not a risk factor for disease; RACISM is the risk factor for disease**
- Humans have **ancestry** and normal phenotypic variations that are found across human populations (e.g., height, pigmentation, ear lobe shape)
- As James Baldwin said, "White is a metaphor for power," it's not a race ("I Am Not Your Negro" documentary and book)

Racism is Society's Pathogen

In order for Racism to survive

1. Requires a **HOST** to survive
2. Mode of **TRANSMISSION**
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6. To destroy it, racism needs **TREATMENT**

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Racism requires a **HOST** to survive

- Governments
  - Laws, policies, practices, and traditions
- Institutions
  - Policies, practices, by-laws, strategic plans, traditions
- Organizations
  - Policies, practices, strategic plans, traditions, by-laws
- Groups
  - Traditions, practices, by-laws
- Families
  - Beliefs, traditions, practices
- Individuals
  - Believes, behavior

Is Your Institution a **HOST** for Racism?

- Institutional policies, practices, procedures, traditions, strategic plan
- Hiring practices
  - White-sounding names on resumes received 50% more call-backs than African American-sounding names, when controlling for resume quality and applicant qualifications.
- Recruitment and Retention
  - There is pro-White/anti-Black implicit racial bias among academic pediatricians in leadership
  - Report poor recruitment efforts, poor retention, lack of mentors for minority faculty
- Promotions
  - Lower rates of promotion of equally qualified Black and Hispanic medical school faculty compared to Whites
- Research Funding
  - NIH: R01 applications of Black scientists receive poorer impact scores, are less likely to be discussed by full study section, and are less likely to be funded based upon topic choice

Bertrand, M., & Mullainathan, S. (2004). Are Emily and Greg more employable than Lakisha and Jamal? A field experiment on labor market discrimination. *American economic review*, *94*(4), 991-1013.

Johnson, T. J., Ellison, A. M., Dalembert, G., Fowler, J., Dhingra, M., Shaw, K., & Ibrahim, S. (2017). Implicit bias in pediatric academic medicine. *Journal of the National Medical Association*, *109*(3), 156-163.

Nunez-Smith M, Ciarleglio MM, Sandoval-Schaefer T, et al. Institutional variation in the promotion of racial/ethnic minority faculty at US medical schools. *Am J Public Health*. 2012;102(5):852-858. doi:10.2105/AJPH.2011.300552

Hoppe TA, Litovitz A, Willis KA, et al. Topic choice contributes to the lower rate of NIH awards to African-American/black scientists. *Sci Adv*. 2019;5(10):eaaw7238. Published 2019 Oct 9. doi:10.1126/sciadv.aaw7238

Are You a HOST for Racism?

- **Internalized Racism**
  - Believing in the superiority of Whites and the inferiority of Non-Whites
- Implicit racial bias
  - Subconscious beliefs about people of various racial backgrounds
  - Commonly measured using the Implicit Associations Test (IAT) https://implicit.harvard.edu/implicit
  - Implicit racial bias is the engine that fuels interpersonal racist interactions
- Americans show overwhelming pro-White/anti-Black and pro-light skinned/anti-dark skinned implicit racial bias
  - Physicians and other health care providers overwhelmingly endorse pro-White/anti-Black bias
  - Implicit racial bias in health care providers contributes to disparities in how health care is differentially administered to patients of various racial backgrounds

Bécares L, Priest N. Understanding the Influence of Race/Ethnicity, Gender, and Class on Inequalities in Academic and Non-Academic Outcomes among Eighth-Grade Students: Findings from an Intersectionality Approach. *PLoS One*. 2015;10(10):e0141363. Published 2015 Oct 27. doi:10.1371/journal.pone.0141363
Johnson TJ, Winger DG, Hickey RW, et al. Comparison of Physician Implicit Racial Bias Toward Adults Versus Children. *Acad Pediatr*. 2017;17(2):120-126. doi:10.1016/j.acap.2016.08.010
Maina IW, Belton TD, Ginzberg S, Singh A, Johnson TJ. A decade of studying implicit racial/ethnic bias in healthcare providers using the implicit association test. *Soc Sci Med*. 2018;199:219-229. doi:10.1016/j.socscimed.2017.05.009

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Modes of **TRANSMISSION**

- Vertical Transmission
  - Parent to child
  - Supervisor to worker
  - Teacher to student
  - Authority figure to person under authority
- Horizontal Transmission
  - Peer to peer
  - Co-worker to co-worker
  - Friend to friend
- Intergenerational Transmission
  - Racist ideals are passed down from generation to generation
- Interpersonal racism is means by which racism is transmitted

Vertical **TRANSMISSION** of Racism in Medicine

- Interpersonal Racism is the means by which racism is transmitted
  - Defined as prejudice and discrimination experienced between members of the dominant racial group and members of a stigmatized racial minority
- Doctor/Provider to Patient : Negative implicit pro-White/anti-Black racial bias of health care providers
  - Communication effectiveness
    - Dominate conversations, ask fewer questions; describe Black patients as "difficult" and "non-compliant"
  - Treatment recommendations
    - Differences in subspecialty referral rates, testing recommendations, and interventions;
  - Pain management
    - Less likely to prescribe appropriate pain medications to Black patients vs White patients
- Attending to Trainee:
  - Black and Asian medical students were less likely than their white counterparts to be members of AΩA, which may reflect bias in selection, even when controlling for Step 1 scores, research productivity, honors, and grades.
  - White residency applicants were more likely to be described using "standout" or "ability" keywords (including "exceptional", "best", and "outstanding") compared to Black, Hispanic and Asian residency applicants, even when controlling for Step 1 scores and other demographic factors.
  - A greater proportion of Asian, URM, and multiracial students compared with white medical students reported discrimination based on race/ethnicity
  - Clinical faculty give Black, Latinx, and Asian Medical Students lower clinical rotation grades than White Medical students even when controlling for Step 1 scores and individual demographic factors.
  - Trainees of color report microaggressions from educators (e.g., "You speak English really well!"; "Your name is so hard to pronounce.")

Maina IW, Belton TD, Ginzberg S, Singh A, Johnson TJ. A decade of studying implicit racial/ethnic bias in healthcare providers using the implicit association test. *Soc Sci Med*. 2018;199:219-229. doi:10.1016/j.socscimed.2017.05.009; Bloome D. Racial Inequality Trends and the Intergenerational Persistence of Income and Family Structure. *Am Sociol Rev*. 2014;79(6):1196-1225. doi:10.1177/0003122414554947; Boatright D, Ross D, O'Connor P, Moore E, Nunez-Smith M. Racial Disparities in Medical Student Membership in the Alpha Omega Alpha Honor Society. *JAMA Intern Med*. 2017;177(5):659-665. doi:10.1001/jamainternmed.2016.9623; Okechukwu, C.A., Souza, K., Davis, K.D. and de Castro, A.B. (2014), Discrimination, harassment, abuse, and bullying in the workplace: Contribution of workplace injustice to occupational health disparities. Am. J. Ind. Med., 57: 573-586. doi:10.1002/ajim.22221; Daniel Low, Samantha W. Pollack, Zachary C. Liao, Ramoncita Maestas, Larry E. Kirven, Anne M. Eacker & Leo S. Morales (2019) Racial/Ethnic Disparities in Clinical Grading in Medical School, Teaching and Learning in Medicine, 31:5, 487-496, DOI: 10.1080/10401334.2019.1597724; increasing diversity within medical education leadership

Horizontal **TRANSMISSION** of Medical Racism

- Colleague-to-Colleague Interpersonal Racism in Medical Institutions
- American Indian, Asian, Black, and Latinx physicians report instances of racism and discrimination from patients, colleagues, and the institutional climate
  - More likely to experience racism from colleagues than patients
- Higher levels of discrimination among physicians who spoke English as a second language
- Forms of interpersonal racial discrimination
  - Assuming the personal of color was not a physician
  - Lack of respect from colleagues and nurses
  - Discounting the person's abilities or competence as a physician
  - Receiving inappropriate comments about their race
  - Structural biases within the institution that led to substantially fewer advancement opportunities

Serafini K, Coyer C, Brown Speights J, et al. Racism as Experienced by Physicians of Color in the Health Care Setting. Fam Med. 2020;52(4):282-287. https://doi.org/10.22454/FamMed.2020.384384.

Vertical & Horizontal **TRANSMISSION** of Medical Racism

- The COVID-19 Pandemic revealed numerous historical injustices including racism, poverty, and unequal access to quality health care.
- Anti-Asian racism and violence increased dramatically as government leaders referred to the coronavirus using racist terminology:
  - China Virus
  - Kung Flu
- Anti-Asian hate crimes escalated since the beginning of the COVID-19 pandemic in the U.S., March 2020
  - Hate crimes against Asian Americans escalated (2800 reported cases in 2020)
  - Asian Elders were attached and beaten in California
- Anti-Asian racism dates back centuries to Chinese and Japanese slaves in the US and to the Chinese Exclusion Act of 1882

A Rising Tide of Hate and Violence against Asian Americans in New York During COVID-19: *Impact, Causes, Solutions* Asian American Bar Association of New York, New York, NY: Paul, Weiss, Rifkind, Wharton & Garrison, LLC; 2021.

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Mechanism of **REPLICATION** of Historical Medical Racism

- Historical Racism: Modern medicine was established and developed on the bodies of Black and Indigenous people via medical experimentation from slavery to the present
- Dr. J. Marion Simms--"Father of Gynecology"
  - Developed technique of repairing vesico-vaginal fistula on 11 enslaved women in 1800s
- Tuskegee Study of Untreated Syphilis in the Negro Male
  - 600 Black men enrolled (399 RPR+) to study natural history of syphilis even when PCN available
  - No informed consent obtained
  - No proper treatment given for 40 years
  - Reparations were paid to men and families in 1974
- Eugenics Movement of US and forced sterilizations of women of color 1880s to mid-2010s
  - 1960s and 1970s Indian Health Service (IHS) physicians sterilized at least 25% of Native American women ages 15-45 years
  - California prison system sterilized > 150 Mexican-American and Asian-American women inmates 2006-10 until outlawed in 2014
  - CA: USC Medical Center doctors sterilized Mexican-American women in the 1960s and 1970s at LA County Hospitals
  - African American girls and women in the South were forcibly sterilized through "Mississippi Appendectomies" by medical students
- Henrietta Lacks
  - 30-something year old Black mother who died from an unusually aggressive cervical cancer
  - Cells became known as HeLa cells; neither she nor her family were aware of use of HeLa cells used in countless research studies

Ojanuga D. The medical ethics of the 'father of gynaecology', Dr J Marion Sims. *J Med Ethics*. 1993;19(1):28-31. doi:10.1136/jme.19.1.28; Washington, HA. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. Paw Prints, 2010.; Lawrence, Jane. "The Indian health service and the sterilization of Native American women." *American Indian Quarterly* 24.3 (2000): 400-419.; Beskow LM. Lessons from HeLa Cells: The Ethics and Policy of Biospecimens. *Annu Rev Genomics Hum Genet*. 2016;17:395-417. doi:10.1146/annurev-genom-083115-022536; Ko, Lisa. "Unwanted Sterilization and Eugenics Programs in the United States." *PBS Independent Lens*, Public Broadcasting Service, 29 Jan. 2016, www.pbs.org/independentlens/blog/unwanted-sterilization-and-eugenics-programs-in-the-united-states/.

Mechanism of **REPLICATION** of Racism in Medical Education

- Racist views, theories and ideas are repeated throughout medical ideas, education, and training
- Preclinical medical school curricula inaccurately present race as biological rather than a social construct
  - Most lectures presented race as a biological risk; noting explicit biological difference; implying biological difference
  - Rarely acknowledged social determinants of racialized disease disparities
  - Racial associations are used as diagnostic "hints" in medical school exams, reflecting standardized clinical assessments such as the United States Medical Licensing Examination Step 1.
- Study of medical students and residents (N=418) on false health beliefs
  - ½ reported at least one false belief about biological differences between black and white individuals
    - Black people have less sensitive nerve endings, thicker skin, stronger bones, etc.
  - Those with false beliefs
    - Rated black patient's pain as lower and made less appropriate treatment recommendations
- Researchers conflate SES with race and use SES is a proxy for race, which is a false equivalent
  - Major inaccurate racist assumption that all Blacks and Latinx are poor and all Whites are affluent
- Race is NOT a risk factor for disease. ***Experiencing racism in all forms is a risk factor for disease***

Tsai J, Ucik L, Baldwin N, Hasslinger C, George P. Race Matters? Examining and Rethinking Race Portrayal in Preclinical Medical Education. *Acad Med*. 2016;91(7):916-920. doi:10.1097/ACM.0000000000001232; Hoffman KM, Trawalter S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proc Natl Acad Sci U S A*. 2016;113(16):4296-4301. doi:10.1073/pnas.1516047113 ; Williams DR, Priest N, Anderson NB. Understanding associations among race, socioeconomic status, and health: Patterns and prospects. *Health Psychol*. 2016;35(4):407-411. doi:10.1037/hea0000242

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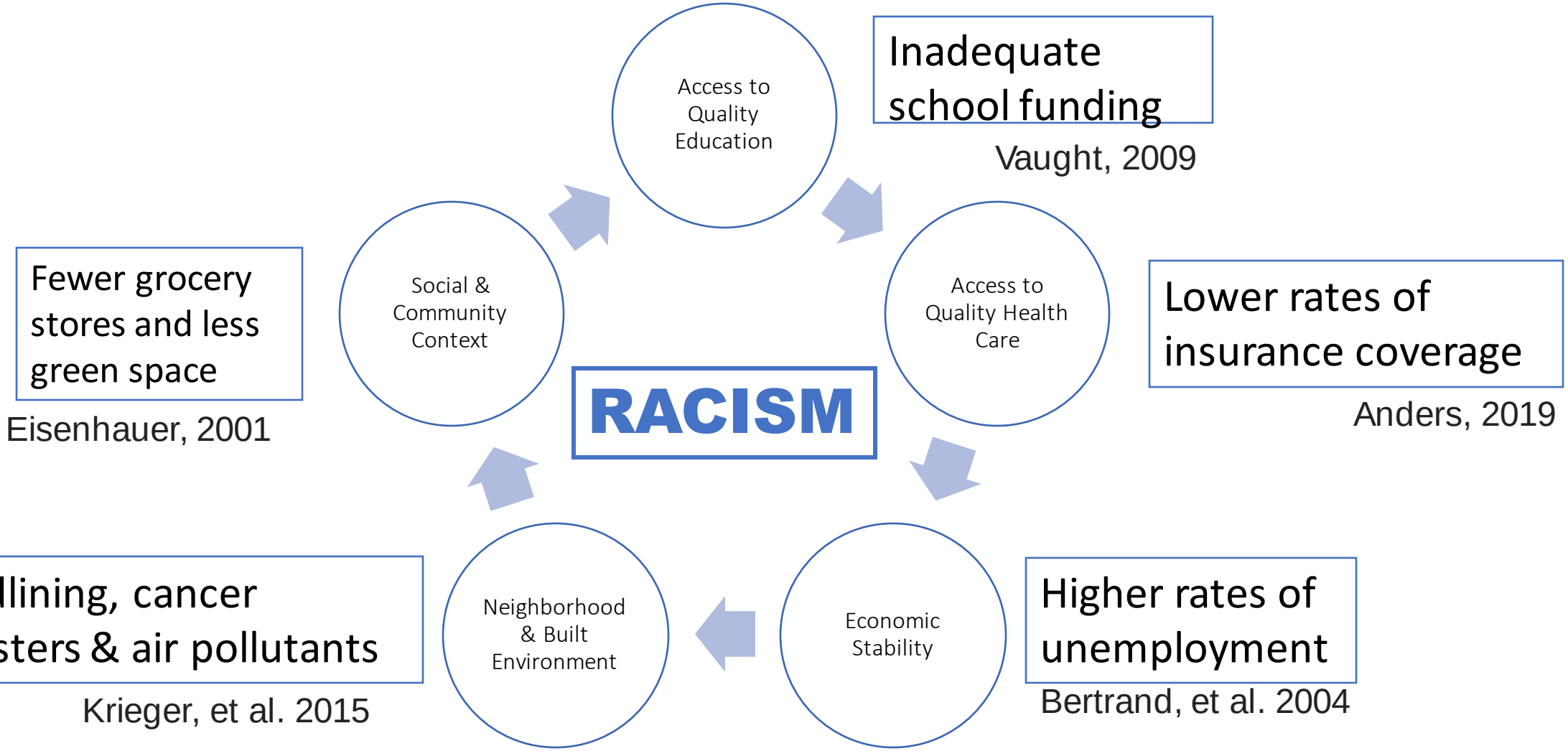
Racism has a Means of Causing **DISEASE**

- Numerous studies have found that all forms of racism contribute to poor health outcomes in both the targets and perpetrators of racist acts
- Contributes to disparities in experiences and outcomes
  - Housing
  - Education
  - Health care
  - Employment
- Contributes to discriminatory practices
  - Criminal system and law enforcement
  - Disciplinary practices in schools
  - Health care interventions
- Contributes to poor health outcomes and shorter life expectancies
  - Premature births and infant mortality
  - Differences in medical outcomes
  - Mental health outcomes

Caughy MO, O'Campo PJ, Muntaner C. Experiences of racism among African American parents and the mental health of their preschool-aged children. *Am J Public Health*. 2004;94(12):2118-2124. doi:10.2105/ajph.94.12.2118; Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health*. 2000;90(8):1212-1215. doi:10.2105/ajph.90.8.1212

Racism has a Means of Causing **DISEASE**

Social Determinant of Health (Paradies, 2015)



Paradies Y, Ben J, Denson N, Elias A, Priest N, Pieterse A, Gupta A, Kelaher M, Gee G. Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. PLoS One. 2015 Sep 23;10(9); Ramaswamy M, Kelly PJ. Institutional Racism as a Critical Social Determinant of Health. Public Health Nurs. 2015 Jul-Aug;32(4):285-6.; Johnson, Tiffani J. "Intersection of bias, structural racism, and social determinants with health care inequities." *Pediatrics* 146.2 (2020).

Racism has a Means of Causing **DISEASE:**

Weathering Hypothesis (Arline Geronimus, 1992)

- Weathering: The cumulative impact of repeated experience with social or economic adversity and political marginalization
  - Health of African-Americans may begin to deteriorate in early adulthood as a physical consequence of cumulative socioeconomic disadvantage
- Biomarkers of allostatic load (e.g., DBP, HbA1c, CRP) higher among
  - Non-poor Blacks than poor Whites
  - Black women than Black men and White women
  - Blacks 10 years younger than Whites
- Blacks have shorter life expectancy than Whites regardless of SES factors

Geronimus AT. The weathering hypothesis and the health of African-American women and infants: evidence and speculations. Ethn Dis. 1992 Summer;2(3):207-21. Geronimus AT, Bound J, Waidmann TA, Colen CG, Steffick D. Inequality in life expectancy, functional status, and active life expectancy across selected black and white populations in the United States. Demography. 2001 May;38(2):227-51. Geronimus AT, Hicken M, Keene D, Bound J. "Weathering" and age patterns of allostatic load scores among blacks and whites in the United States. Am J Public Health. 2006 May;96(5):826-33. doi: 10.2105/AJPH.2004.060749. Epub 2005 Dec 27. PMID: 16380565; PMCID: PMC1470581.

Racism has a Means of Causing **DISEASE:**
Life Course Perspective (Gilbert Gee, 2012)

- Life course is a perspective for understanding how human experiences unfold over time
- Racism's affects and its consequences vary over time and shape the life course based upon numerous factors
- **Age-patterned exposures** (including sensitive periods)--type, quantity and frequency of experiences with racism differ by age
- **Linked lives**—experiences of racism by one person affects another person in their network
- **Latency period**—time between exposure to racism and development of disease
- **Stress proliferation**—snowball effect of racial stress across life and social domains
- **Period effect**—effect of historical events and social change on health (e.g., Civil Rights Movement vs 9/11 on infant birth outcomes)
- **Cohort effect**—historical events and social change can effect the health of the cohort

Gee, Gilbert C., Katrina M. Walsemann, and Elizabeth Brondolo. "A life course perspective on how racism may be related to health inequities." *American journal of public health* 102.5 (2012): 967-974.; Gee GC, Hing A, Mohammed S, Tabor DC, Williams DR. Racism and the Life Course: Taking Time Seriously. Am J Public Health. 2019 Jan;109(S1):S43-S47..

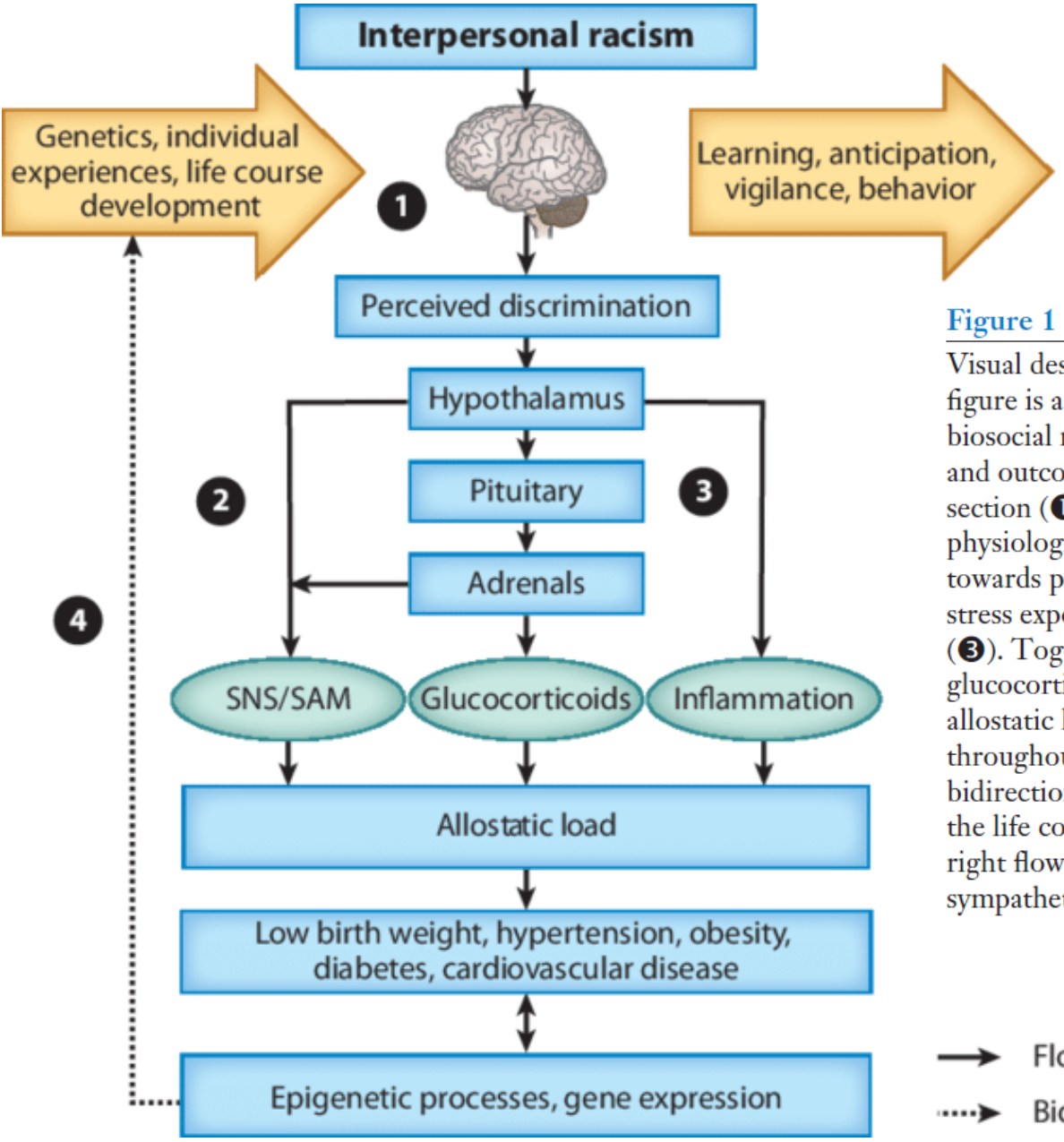


Figure 1

Visual description of the reviewed biosocial links between interpersonal discrimination and health. This figure is a visual abstract of the themes discussed in the paper and is not representative of all possible biosocial relationships. Arrow boxes indicate temporal processes, blue boxes capture a range of predictors and outcomes, and ovals indicate specific physiological response products that, over time, reduce health. In section (❶) interpersonal discrimination is identified by the brain as a stressor requiring immediate physiologic response, and also, over time, it becomes a learned process that creates anticipation and vigilance towards possible future exposures. Sympathetic nervous system arousal occurs in response to discrimination stress exposure (❷) and in concert with the upregulation of the hypothalamic-pituitary-adrenocortical axis (❸). Together, these systems initiate stress activation including sympathetic-adrenal-medullary (SAM), glucocorticoid, and inflammatory responses. When stress exposure is chronic, these responses create allostatic load, or wear and tear on the body, and increase risks for a variety of adverse health outcomes throughout the life course. Epigenetic processes and gene expression (❹) contribute to the process in a bidirectional manner. Social stress can potentially moderate gene expression and epigenetic processes over the life course and across biological systems. The temporal nature of this process is depicted in the left to right flow of **Figure 1** and the epigenetic/expression feedback in **Figure 1❹**. Abbreviations: SAM, sympathetic-adrenal-medullary system; SNS, sympathetic nervous system.

Goosby, Bridget & Cheadle, Jacob & Mitchell, Colter. (2018). Stress-Related Biosocial Mechanisms of Discrimination and African American Health Inequities. Annual Review of Sociology. 44. 10.1146/annurev-soc-060116-053403

Institutionalized Racism Causes **DISEASE**: Redlining

- Part of the New Deal, in the 1930s, the federal Home Owners' Loan Corp (HOLC) "graded" neighborhoods into four categories, based in large part on their racial makeup.
- Neighborhoods with large racial minority residents were marked by drawing red ink around them and were designated as "hazardous"
- Redlining was outlawed 50 years ago but the effects remain today
- Racial housing segregation is associated with poor educational, economic, and health outcomes
  - Cancer
  - Heart disease
  - Asthma
  - Lead poisoning
  - Lower school funding
  - Lower rates of home ownership
  - Death

Galea S, Tracy M, Hoggatt KJ, Dimaggio C, Karpati A. Estimated deaths attributable to social factors in the United States. Am J Public Health. 2011 Aug;101(8):1456-65. doi: 10.2105/AJPH.2010.300086. Epub 2011 Jun 16.

Racism has a Means of Causing **DISEASE**

US born Black women

- Infant mortality 11.4/1000
- Low birth weight 13%
- Pre-term birth 14%
- Maternal mortality 42.8/100K

US born White women

- Infant mortality 4.9/1000
- Low birth weight 8%
- Pre-term birth 9%
- Maternal mortality 13.0/100K

CDC data, 2020

Racism has a Means of Causing **DISEASE**

- African-born Black women in the US and US-born White women had heavier babies than US-born Black women
  - Dispelled theory of genetics as cause of poorer birth outcomes
- Accumulative life course experiences interpersonal racial discrimination is associated with higher rates of pre-term birth
- Markers for stress [EBV virus capsid antigen immunoglobulin G (VCA IgG)] higher in Black women than White women
- Black women reporting most experiences with racial discrimination had highest titers of EBV VCA IgG
  - Marker of poorer cellular immunity

David, Richard J., and James W. Collins Jr. "Differing birth weight among infants of US-born blacks, African-born blacks, and US-born whites." *New England Journal of Medicine* 337.17 (1997): 1209-1214.; Collins Jr, James W., et al. "Very low birthweight in African American infants: the role of maternal exposure to interpersonal racial discrimination." *American journal of public health* 94.12 (2004): 2132-2138.; Christian, Lisa M., et al. "Epstein-Barr virus reactivation during pregnancy and postpartum: effects of race and racial discrimination." *Brain, behavior, and immunity* 26.8 (2012): 1280-1287.; Alhusen, Jeanne L., et al. "Racial discrimination and adverse birth outcomes: an integrative review." *Journal of midwifery & women's health* 61.6 (2016): 707-720

Racism has a Means of Causing **DISEASE** in Adults

American Indians, Blacks, Latinx, Arab American, and Asian American adults who report experiencing interpersonal and/or internalized racism are found to be at increased risk for:

- Poorer self-reported health status
- Obesity and increased waist circumference
- Hypertension and cardiovascular disease
- Poorer glucose regulation and metabolic control
- Increased risk of environmental carcenogen exposure, cancer, & worse cancer survival rates
- Shorter life expectancy
- Increased anxiety, depression, and poor self esteem
- Increased psychological distress
- Increased suicide ideations and suicide attempts

Am Psychol. 1999,54(10):805-816; Annu Rev Psychol. 2007,58:201-25; Soc Sci Med. 2000,51(11):1639-53; Pharm Biochem Behav. 2007,86(2):246-62; Ann Behav Med. 2006,32(1):1-9; Am J Pub Health. 2003,93(2):243-8; Paradies Y, Ben J, Denson N, et al. Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. *PLoS One*. 2015;10(9):e0138511. Published 2015 Sep 23. doi:10.1371/journal.pone.0138511; Grineski SE, W Collins T, Rubio R. Distributional Environmental Injustices for a Minority Group without Minority Status: Arab Americans and Residential Exposure to Carcinogenic Air Pollution in the US. *Int J Environ Res Public Health*. 2019;16(24):4899. Published 2019 Dec 4. doi:10.3390/ijerph16244899; Abuelezam NN, El-Sayed AM, Galea S. Differences in health behaviors and health outcomes among non-Hispanic Whites and Arab Americans in a population-based survey in California. *BMC Public Health*. 2019;19(1):892. Published 2019 Jul 8. doi:10.1186/s12889-019-7233-z; Oh H, Stickley A, Koyanagi A, Yau R, DeVylder JE. Discrimination and suicidality among racial and ethnic minorities in the United States. *J Affect Disord*. 2019;245:517-523. doi:10.1016/j.jad.2018.11.059

Racism has a Means of Causing **DISEASE** in Children

American Indian, Asian American, Black American, Latinx American, and Arab American Children and adolescents of color who report experiences with perceived interpersonal racism or experienced vicarious racism report:

- Internalizing symptoms: increased depression, anxiety, somatization, withdrawal and low self-esteem
- Externalizing symptoms: anger, conduct problems, behavior adjustment
- Lower global self-worth scores
- Higher school stress and poor academic performance
- Low satisfaction with quality of health care
- Poorer metabolic control, poor dietary adherence, insulin resistance

Pachter LM, Coll CG. Racism and child health: a review of the literature and future directions. *J Dev Behav Pediatr*. 2009;30(3):255-263. doi:10.1097/DBP.0b013e3181a7ed5a; Becares L, Priest N, 2015; Anderson, et al., 2017; Johnson, et al., 2016; Maina, et al, 2017; Government Accountability Office, 2018; Heard-Garris NJ, Cale M, Camaj L, Hamati MC, Dominguez TP. Transmitting Trauma: A systematic review of vicarious racism and child health. *Soc Sci Med*. 2018;199:230-240. doi:10.1016/j.socscimed.2017.04.018; Trent M, Dooley DG, Dougé J; SECTION ON ADOLESCENT HEALTH; COUNCIL ON COMMUNITY PEDIATRICS; COMMITTEE ON ADOLESCENCE. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. 2019;144(2):e20191765. doi:10.1542/peds.2019-1765

Racism has a Means of Causing **DISEASE** in Whites

White Americans who internalize the racist belief in white superiority and the inferiority of non-White people:

- Increased anxiety and poorer self-esteem
- 2-3X rates of suicide compared to all non-White Americans
- 2X rates of binge drinking among 12th graders compared to Blacks and Arab Americans
- Low level of "flourishing"--good mental health outcomes--compared to Blacks and Latinx
- Higher levels of mortality in Whites who reporter more prejudicial attitudes if they live in a low prejudice community
- Whites in US have poorer health outcomes and lower life expectancy compared to Whites in Europe and people of color in other nations
- Witnessing anti-black racism can lead to feelings of guilt and anxiety
- Whites' unmet expectations for benefiting from being White contributes to poor health outcomes

Malat J, Mayorga-Gallo S, Williams DR. The effects of whiteness on the health of whites in the USA. *Soc Sci Med*. 2018;199:148-156. doi:10.1016/j.socscimed.2017.06.034; Blodorn, A. and O'Brien, L.T. (2011), Perceptions of Racism in Hurricane Katrina-Related Events: Implications for Collective Guilt and Mental Health Among White Americans. Analyses of Social Issues and Public Policy, 11: 127-140. doi:10.1111/j.1530-2415.2011.01237.x; Utsey, S.O., McCarthy, E., Eubanks, R. and Adrian, G. (2002), White Racism and Suboptimal Psychological Functioning Among White Americans: Implications for Counseling and Prejudice Prevention. Journal of Multicultural Counseling and Development, 30: 81-95. doi:10.1002/j.2161-1912.2002.tb00481.x

Racism has a Means of Causing **DISEASE** in Increased U.S. White Mortality Rates

(Dominant Group Status Threat, Siddiqi, et al., 2019)

- Between 1999 and 2013, morbidity and mortality rates of non-Hispanic White men and women ages 45-54 years rose sharply due to "Deaths of Despair"
    - Suicide
    - Alcohol and drug overdoses
    - Chronic liver disease and cirrhosis
  - All other racial groups ages 45-54 had improved mortality rates
  - Higher mortality than in similar European countries
- Dominant Group Status Threat: the perception that Whites' dominant social status is declining as traditionally marginalized groups make progress
  - Racial resentment—increasing among Whites
  - Happiness—decreasing among Whites
  - Subjective social class—declining among Whites
- Findings correlate with poor health outcomes and increased mortality

Siddiqi, Arjumand, et al. "Growing sense of social status threat and concomitant deaths of despair among whites." *SSM-population health* 9 (2019): 100449.; Case A, Deaton A. Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century. Proc Natl Acad Sci U S A. 2015 Dec 8;112(49):15078-83. doi: 10.1073/pnas.1518393112. Epub 2015 Nov 2. PMID: 26575631; PMCID: PMC4679063.; Case A, Deaton A. Mortality and morbidity in the 21st century. Brookings Pap Econ Act. 2017 Spring;2017:397-476. doi: 10.1353/eca.2017.0005. PMID: 29033460; PMCID: PMC5640267.

In order for Racism to survive

1. ~~Requires a **HOST** to survive~~
2. ~~Mode of **TRANSMISSION**~~
3. ~~Mechanism of **REPLICATION**~~
4. ~~Means of causing **DISEASE**~~
5. It elicits a **RESPONSE** in its host
6. To destroy it, racism needs **TREATMENT**

Racism elicits a **RESPONSE** in its host

- Internalize racism
- Perpetuate racism
- Resist racism

Racism elicits a **RESPONSE** in its host

Internalized racism: believing in the racist notion of white superiority and non-white inferiority contributes to

- Poor mental health outcomes
- Poor educational outcomes
- Increased risk of internalized symptoms
- Poor reported overall health
- Poorer school and occupational performance

American Indians, Arab Americans, Asian Americans, Black Americans, Latinx Americans and White Americans

Pachter LM, Coll CG. Racism and child health: a review of the literature and future directions. *J Dev Behav Pediatr*. 2009;30(3):255-263. doi:10.1097/DBP.0b013e3181a7ed5a;

Racism elicits a **RESPONSE** in its host

Individuals and Institutions that **perpetuate racism**:

- Poorer mental health outcomes
- Report increased levels of anxiety that are moderately correlated with anti-black explicit beliefs
- Report lower self-esteem
- Shorter life expectancy than European Whites

Utsey, S.O., McCarthy, E., Eubanks, R. and Adrian, G. (2002), White Racism and Suboptimal Psychological Functioning Among White Americans: Implications for Counseling and Prejudice Prevention. Journal of Multicultural Counseling and Development, 30: 81-95. doi:10.1002/j.2161-1912.2002.tb00481.x; Malat J, Mayorga-Gallo S, Williams DR. The effects of whiteness on the health of whites in the USA. *Soc Sci Med*. 2018;199:148-156. doi:10.1016/j.socscimed.2017.06.034

Racism elicits a **RESPONSE** in its host

Resist racism: actively working to interrupt and dismantle the system of racism and white supremacy through anti-racist actions

- Developing a healthy racial identity in youth and adults is protective against internalized racism and contributes to positive self-esteem
- Racial socialization is the process by which parents transmit both implicit and explicit messages about the meaning of one's race in a broader societal context.
  - Parents who racially socialize their children prepare their children to combat racist experiences and better cope with racism.
  - Racial socialization correlates with improved outcomes in racial identity, self-esteem, mental health, academic, and behaviors.
- Presenting the counter-narrative: acknowledging and recognizing there is more than one way to view the world; understanding phenomena in new and different ways

Pachter LM, Coll CG. Racism and child health: a review of the literature and future directions. *J Dev Behav Pediatr*. 2009;30(3):255 263. doi:10.1097/DBP.0b013e3181a7ed5a; Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. *PLoS One*. 2015;10(9):e0138511. Published 2015 Sep 23. doi:10.1371/journal.pone.0138511; Anderson RE, Stevenson HC. RECASTing racial stress and trauma: Theorizing the healing potential of racial socialization in families. *Am Psychol*. 2019;74(1):63-75. doi:10.1037/amp0000392; Anderson RE, Jones S, Anyiwo N, McKenny M, Gaylord-Harden N. What's Race Got to Do With It? Racial Socialization's Contribution to Black Adolescent Coping. *J Res Adolesc*. 2019;29(4):822-831. doi:10.1111/jora.12440; *African American Families as a Context for Racial Socialization.* In V. C. McLoyd, N. E. Hill, & K. A. Dodge (Eds.), *Duke Series in Child Development and Public Policy. African American family life: Ecological and cultural diversity* (p. 264–284). Guilford Press.

Racist elicits a **RESPONSE** in its host: **RESIST**
Racial Socialization (Diane Hughes, 2006)

- **Cultural Socialization**: parental practices that teach children about their racial or ethnic heritage and history, and racial and ethnic pride
- **Preparation for Bias**: Parents' efforts to promote their children's awareness of discrimination and prepare them to cope with it
- **Promotion of Mistrust**: practices that emphasize the need for wariness and distrust in interracial interactions
- **Egalitarianism and Silence About Race**: parents either explicitly encourage their children to value individual qualities over racial group membership or avoid any mention of race in discussions with their children

Hughes D, Rodriguez J, Smith EP, Johnson DJ, Stevenson HC, Spicer P. Parents' ethnic-racial socialization practices: a review of research and directions for future study. Dev Psychol. 2006 Sep;42(5):747-70. doi: 10.1037/0012-1649.42.5.747. PMID: 16953684.

Racism elicits a **RESPONSE** in its host: **RESIST**
Racial Literacy (Howard Stevenson, 2019)

- **Racial Literacy:** the ability to recognize and manage in-the-moment discriminatory racial encounters
- **Read**: Assess the discriminatory racial encounter or racially stressful event
  - **Primary Appraisal**: Determine whether an event is a threat.
  - **Secondary Appraisal:** Assessment of one's coping resources available to match the demands of the stressor.
- **Recast**: Use mindfulness strategies to de-escalate the situation by managing one's own racial trauma stress
- **Resolve**: Decide how to respond to the situation so as not to under-react or over-react

Anderson RE, Stevenson HC. RECASTing racial stress and trauma: Theorizing the healing potential of racial socialization in families. Am Psychol. 2019 Jan;74(1):63-75. doi: 10.1037/amp0000392. PMID: 30652900.

In order for Racism to survive

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4. ~~Means of causing **DISEASE**~~
5. ~~It elicits a **RESPONSE** in its host~~
6. To destroy it, racism needs **TREATMENT**

Racism needs **TREATMENT** in Health Care

- Decolonize health care in education, policies and health care delivery
- Institutionalized racism
  - Policies and practices
- Interpersonal racism
  - Check your biases and change your practice
- Internalized racism
  - Be aware of your own attitudes and how they affect provider-patient interactions
- Colorblind racism
  - Recognize that racism negatively impacts hiring, promotion and retention efforts; health care delivery, and research funding and study designs

Trent M, Dooley DG, Dougé J; SECTION ON ADOLESCENT HEALTH; COUNCIL ON COMMUNITY PEDIATRICS; COMMITTEE ON ADOLESCENCE. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. 2019;144(2):e20191765. doi:10.1542/peds.2019-1765

Williams DR, Lawrence JA, Davis BA. Racism and Health: Evidence and Needed Research. *Annu Rev Public Health*. 2019;40:105-125. doi:10.1146/annurev-publhealth-040218-043750

Institutionalized Racism needs **TREATMENT**

1. Optimizing workforce development and professional education
   - Add competencies related to implicit bias, racism, and cultural humility in pre-clinical and clinical training curricula and teach effective patent-provider communication styles
   - Include anti-racists on selection committees and promotion committees
2. Optimizing systems through community engagement, advocacy and public policy
   - Acknowledge that health equity is unachievable unless racism is addressed through interdisciplinary partnerships with other organizations that have developed campaigns against racism.
   - Actively work to eliminate racial disparities in education, healthcare, employment and environment
3. Optimizing research
   - Increase funding for rigorous research that addresses the role of racism plays in health determination
   - Increased research on effective tools for decreasing negative racial bias in health care providers longitudinally
4. Optimizing clinical practice to address racism with patients and make a culturally-respectful medical home
   - Providers must examine their own implicit and explicit biases
   - We should be prepared to discuss and counsel families of all races on the effects of exposure to racism as victims, bystanders, and perpetrators
   - Ongoing training of the front-desk and clinical staff, administrators and faculty on culturally respectful communication styles

Trent M, Dooley DG, Dougé J; SECTION ON ADOLESCENT HEALTH; COUNCIL ON COMMUNITY PEDIATRICS; COMMITTEE ON ADOLESCENCE. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. 2019;144(2):e20191765. doi:10.1542/peds.2019-1765; Williams DR, Lawrence JA, Davis BA. Racism and Health: Evidence and Needed Research. *Annu Rev Public Health*. 2019;40:105-125. doi:10.1146/annurev-publhealth-040218-043750; Wear D, Zarconi J, Aultman JM, Chyatte MR, Kumagai AK. Remembering Freddie Gray: Medical Education for Social Justice. *Acad Med*. 2017;92(3):312-317. doi:10.1097/ACM.0000000000001355

Interpersonal Racism needs **TREATMENT**

- Addressing microaggressions in medical clinical education (teacher-learner)
  - All learners and educators receive formal education about explicit and structural racism and discrimination
  - We urge clinical educators to take responsibility within the clinical context to identify and address microaggressions in the moment, naming the behavior as inappropriate and refocusing the interaction to the professional context for the actor and any involved trainees
  - Educators should create spaces for trainees and educators alike to disclose experiences of microaggressions
  - Increasing diversity and inclusion within medical education leadership

Trent M, Dooley DG, Dougé J; SECTION ON ADOLESCENT HEALTH; COUNCIL ON COMMUNITY PEDIATRICS; COMMITTEE ON ADOLESCENCE. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. 2019;144(2):e20191765. doi:10.1542/peds.2019-1765; Williams DR, Lawrence JA, Davis BA. Racism and Health: Evidence and Needed Research. *Annu Rev Public Health*. 2019;40:105-125. doi:10.1146/annurev-publhealth-040218-043750; Young K, Punnett A, Suleman S. A Little Hurts a Lot: Exploring the Impact of Microaggressions in Pediatric Medical Education. *Pediatrics*. 2020;146(1):e20201636. doi:10.1542/peds.2020-1636

Internalized Racism needs **TREATMENT**

- Longitudinal anti-racism and implicit bias training for health care professionals
  - No research to date has found effective long-term changes in provider behavior or patient outcomes based upon current training modules.
- University of Minnesota Family Medicine Residency Program (Sherman, et al., 2019)
  - 60-90 minute in-person resident and faculty training by national expert
  - They covered the topics of implicit bias race, racism, and "whiteness" (the overwhelming presence of white centrality and normativity in our society).
  - 6-month follow-up qualitative interviews with residents and faculty
    1. Increased awareness of and commitment to addressing racial bias
    2. Safe forum for sharing concerns
    3. Implementing new ways of addressing and managing bias
    4. Institutional Capacity Building: Iterative trainings and continued vigilance

Parental ethnic-racial socialization practices and the construction of children of color's ethnic-racial identity: A research synthesis and meta-analysis. *Psychol Bull*. 2019;145(5):437-458. doi:10.1037/bul0000187Coard, S. I., & Sellers, R. M. (2005); Michael, Ali, and Mary C. Conger. "Becoming an anti-racist White ally: How a White affinity group can help." *Perspectives on Urban Education* 6.1 (2009): 56-60. Maina IW, Belton TD, Ginzberg S, Singh A, Johnson TJ. A decade of studying implicit racial/ethnic bias in healthcare providers using the implicit association test. *Soc Sci Med*. 2018;199:219-229. doi:10.1016/j.socscimed.2017.05.009; Sherman MD, Ricco J, Nelson SC, Nezhad SJ, Prasad S. Implicit Bias Training in a Residency Program: Aiming for Enduring Effects. *Fam Med*. 2019;51(8):677-681. doi:10.22454/FamMed.2019.947255

Internalized Racism needs **TREATMENT**

- **Prejudice Habit-Breaking Training** (Patricia Devine)
- Participants completed measures implicit and explicit bias
- Taught information about impact of implicit biases on disparities in health, education, economics
- Provided strategies for un-learning biases
  - Stereotype replacement
  - Counter-stereotypic imaging
  - Individuation
  - Perspective taking
  - Increased opportunities for contact
- This intervention reduced negative implicit racial bias and increase participants' awareness and concerns about discrimination over time
- There is no evidence that participants' behaviors changed over time

Devine PG, Forscher PS, Austin AJ, Cox WT. Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. *J Exp Soc Psychol*. 2012;48(6):1267-1278. doi:10.1016/j.jesp.2012.06.003; Forscher PS, Mitamura C, Dix EL, Cox WTL, Devine PG. Breaking the prejudice habit: Mechanisms, timecourse, and longevity. *J Exp Soc Psychol*. 2017;72:133-146. doi:10.1016/j.jesp.2017.04.009

Racist Medical Education needs **TREATMENT**

ACGME 1998 Core Competencies

Current Systems-Based Practice

- Work within multidisciplinary hea lth care teams and systems
- Advocate for health care system improvements
- Incorporate cost, payment, and value considerations into patient care

ACGME Updated Competencies

Proposed Systems-Based Practice

- Structural competency (knowledge)
  - Understand how historical and structural marginalization and SDoH impact patient health outcomes
- Structural action (skills)
  - Incorporate direct interventions on patients' SDoH into all physician functions
- Social responsibility (attitudes)
  - Examine physician-patient power imbalance to deliver equitable care

Castillo EG, Isom J, DeBonis KL, Jordan A, Braslow JT, Rohrbaugh R. Reconsidering Systems-Based Practice: Advancing Structural Competency, Health Equity, and Social Responsibility in Graduate Medical Education. Acad Med. 2020 Dec;95(12):1817-1822. doi: 10.1097/ACM.0000000000003559. PMID: 32590465.

Medical Racism needs **TREATMENT**

Step 1: Wake up

- Build your racial literacy skills to improve your understanding of the complexity of issues of race and racism in US society
- Check your biases and unlearn them by decolonizing your thinking

Step 2: Get Woke

- Study the effect of racism on health
- Listen to your patients and decolonize your practice

Step 3: Stay Woke

- Become comfortable being uncomfortable

Spinks-Franklin, Adiaha I. A. MD, MPH, FAAP **Wake Up. Get Woke. Stay Woke!**, Journal of Developmental & Behavioral Pediatrics: September 2020 - Volume 41 - Issue 7 - p 501-503 doi: 10.1097/DBP.0000000000000858;

Anti-Black Medical Racism needs **TREATMENT**

"The Racist Foundation that Our House was Built on Must Be Dismantled"

1. Pediatric Clinical Practice
   - Identify and eliminate disparities
   - Acknowledge bias
   - Change policies that punish BIPOCs
   - Increase visibility of BIPOC staff
2. Pediatric Research
   - Name the problem
   - Diversify research teams
3. Pediatric Education
   - Create psychological safety
   - Recruit and retain
   - Redesign the curriculum
4. Pediatric Advocacy & Community Engagement
   - Rename and re-center activism
   - Become an anchor institution
5. Pediatric Workforce & Leadership
   - Restructure for success

Jindal M, Heard-Garris N, Empey A, Perrin EC, Zuckerman KE, Johnson TJ. **Getting "Our House" in Order: Re-Building Academic Pediatrics by Dismantling the Anti-Black Racist Foundation**. Acad Pediatr. 2020 Sep 3:S1876-2859(20)30495-2. doi: 10.1016/j.acap.2020.08.019. Epub ahead of print. PMID: 32891802.

Research & Journal Publications need **TREATMENT**

1. Provide guidance to authors and researchers on how to address racism as a the operational factor of race in their work.
2. Develop an informed peer review system that understands the potential role of racism in clinical, epidemiological, and health services research.
3. Develop a diverse editorial board and team that can help with the operational aspects of this transition to developing editorial guidelines and aids for authors, reviewers, and editors on what the expectations are for the inclusion and operational uses of racial and ethnic constructs.

Pachter, Lee M. DO **Racism, Discrimination, and Biomedical Research: The Role of the Academic Journal in Transforming Health Care**, Journal of Developmental & Behavioral Pediatrics: September 2020 - Volume 41 - Issue 7 - p 511-512

Duke Dept of Pediatrics **TREATMENT PLAN**

Priorities were developed for this academic year (2020-2021) in conjunction with input from department leaders and stakeholders

1. Develop confidential reporting system for microaggressions or other acts of racism/discrimination based on aspect of identity by Nov 1, 2020
2. Require a 2-day Racial Equity Institute(REI) training for division and department leaders by June 30, 2021
3. Perform an audit of internal inequities in salary, promotion, recruitment, and retention by race, ethnicity and gender for faculty and staff by Dec 31, 2020
4. Expect each division in the department to identify a health equity goal for fiscal year 2020-2021 by October 1, 2020

01/2021: COST for Black Faculty—Communication to Operationalize Sustainabilitv. Solidarity, Sponsorship, and Trust

Duke Dept of Pediatrics **TREATMENT PLAN:** COST for Black Faculty—We Can't Breathe!

Part 1: Representation, Recruitment, Retention, and Advancement

- Stagnant growth in the proportion of Black faculty in the SOM
- Inequitable mentorship, sponsorship, support (salaries, resources) and advancement and lack of consistent efforts to retain Black faculty
- Minimal inclusion of Black faculty in leadership roles in the SOM, Health System, or PDC

Part 2: Culture

- Discrimination and racism
- Lack of allyship and advocacy
- Pervasive demoralization and isolation

Part 3: Accountability, Administrative Structure, and Oversight

- Lack of clearly defined, mandatory, longitudinal metrics with processes of accountability across the Health System, PDC, and all SOM units (departments, divisions, centers, institutes) to combat racism and enhance diversity, equity, and inclusion
- Absence of accountability with corrective action for students, trainees, faculty, and staff who commit acts of aggression, discrimination, and racism
- Decentralized ineffective DEI leadership and siloed administrative structures without clear processes of accountability to ensure implementation of policies and practices

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