

Connecting the Dots: Health Equity and Racism

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Learning Objectives

1. Discuss the association between institutionalized racism and health equity
2. Communicate the positions and actions of the AAFP on issues of racial equity and health equity.
3. Describe actions to address institutionalized racism in family medicine



How does racism impact health?

What is Racism?

- A system that categorizes people based on race, color, ethnicity and culture to differentially allocate societal goods and resources in a way that unfairly disadvantages some, while without merit, rewards others.
- Permits the establishment of patterns, procedures, practices and policies within organizations that consistently penalizes and exploits people because of their race, color, culture or ethnic origin.
- Affects the attitudes, beliefs and behaviors of one individual towards another (personally-mediated) as well as how individuals perceive themselves (internalized).

A (Brief) History of Institutionalized Racism in America

- The 13th Amendment (1863)
- Separate But Equal Doctrine (1896)
- Homeowners Loan Corp a.k.a. redlining (1933)
- The Social Security Act (1935)
- The Flexner Report (1910)
- The Hill Burton Act (1946)
- Public Charge Rule (2019)
- Affordable Care Act



**STRUCTURAL DISCRIMINATION:
THE UNEQUAL
OPPORTUNITY RACE**

Racism and Health

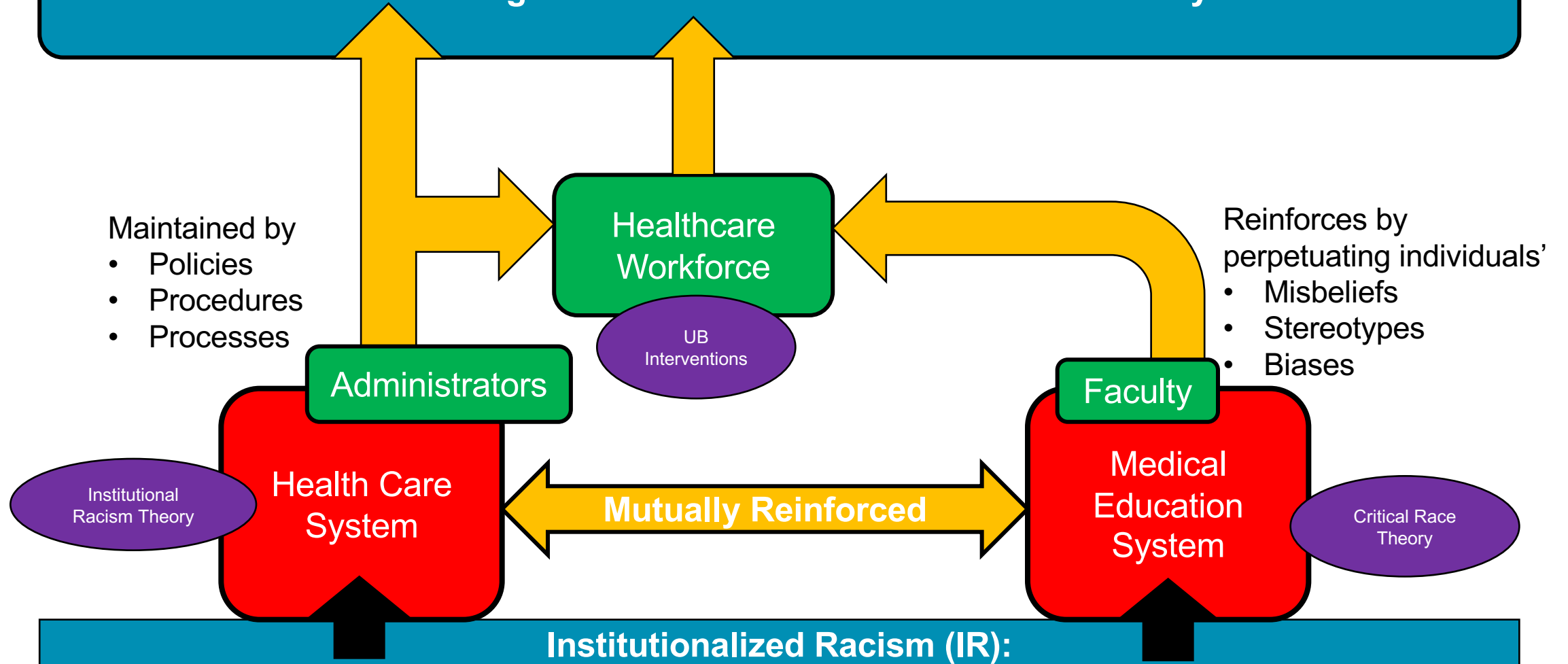
Mental Health

- Psychological/emotional distress
- Depression
- Obsessive compulsive
- Somatization
- Anxiety
- Stress

Physical Health

- Elevated b.p./hypertension
- Infant low b.w. and prematurity
- Heart disease
- Diabetes
- Increased BMI
- Tobacco use
- Alcohol and substance (mis)use

Differential diagnostic and treatment recommendations by race



Institutionalized Racism (IR):
A system in which whiteness is positioned as privileged, superior and central in considerations of the allocation of goods and services

Race Based Medicine

- By using race as a biological marker for disease states or as a variable in medical diagnosis and treatment, the true health status of a patient may not be accurately assessed, which can lead to racial health disparities.
- The AAFP opposes the use of race as a proxy for biology or genetics in clinical evaluation and management and in research.
- The AAFP encourages clinicians and researchers to investigate alternative indicators to race to stratify medical risk factors for disease states. (July 2020 BOD) (2020 COD)

In Practice

- For Blacks, HTN treatment should include a thiazide-type diuretic, calcium channel blocker, ~~ACEI, or ARB.~~
- For Asians, consider initiation of cholesterol therapy at lower doses.
- For Blacks, use a race-correction factor for assessing kidney and lung function

Black Former N.F.L. Players Say Racial Bias Skews Concussion Payouts

The players say doctors use two scales — one for Black athletes, one for white — to determine eligibility for dementia claims.



Najeh Davenport's 2019 neurocognitive exam found that his executive functioning was diminished enough to qualify for compensation. The N.F.L. appealed the award and said that when his scores were recalculated accounting for race, he was ineligible

SPORTS

NFL agrees to end race-based brain testing in \$1B settlement on concussions

Updated October 20, 2021 · 10:14 PM ET

THE ASSOCIATED PRESS



Norman, Marc A., et al. "Demographically corrected norms for African Americans and Caucasians on the hopkins verbal learning test–revised, brief visuospatial memory test–revised, stroop color and word test, and Wisconsin card sorting test 64-card version." *Journal of clinical and experimental neuropsychology* 33.7 (2011): 793-804.



Why is racism a focus at the AAFP?

Center for Diversity & Health Equity

The EveryONE Project™



AAFP Strategic Priorities

- Take a leadership role to train family physicians in addressing health disparities and social determinants of health as they impact individuals, families, and communities across the lifespan and to strive for health equity.
- **Develop a robust family medicine workforce that is inclusive and representative of those underrepresented in medicine.**
- **Position family physicians and the AAFP to be leaders in advancing racial equity in family medicine through focused work in research and education.**

Focus Areas

Policy

Education & Training

Practice

Diversifying the workforce

Strategic Partnerships

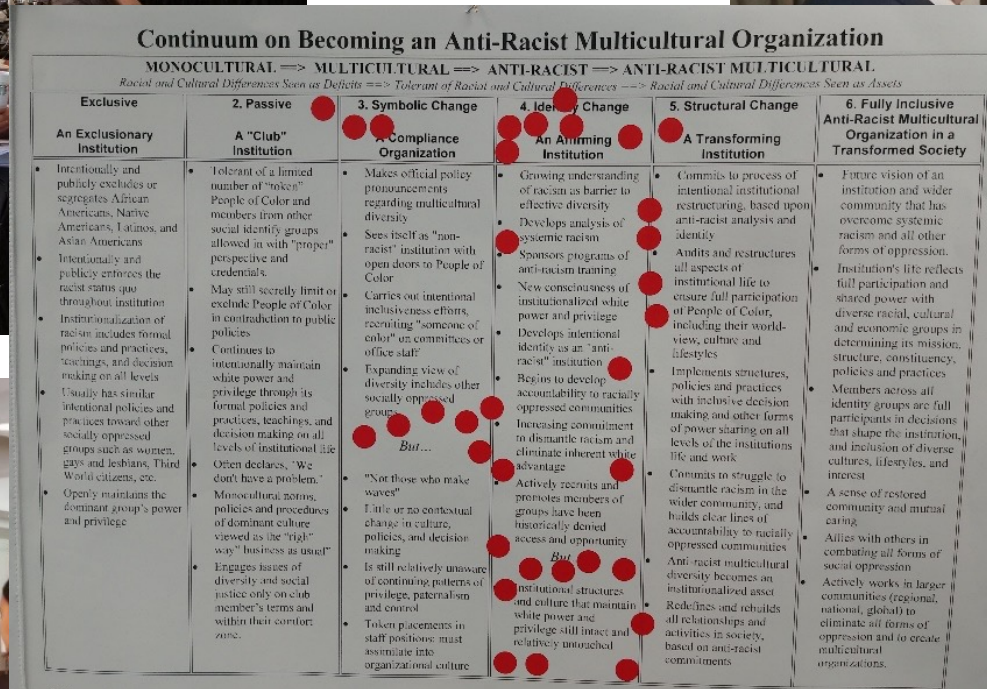
LEADING THE WAY

POLICIES & POSITIONS

- Implicit Bias
- Birth Equity
- Institutional Racism
- Race Based Medicine
- Discriminatory Policing
- Poverty and Health
- Policing and Public Health*

EDUCATION (Free for Members)

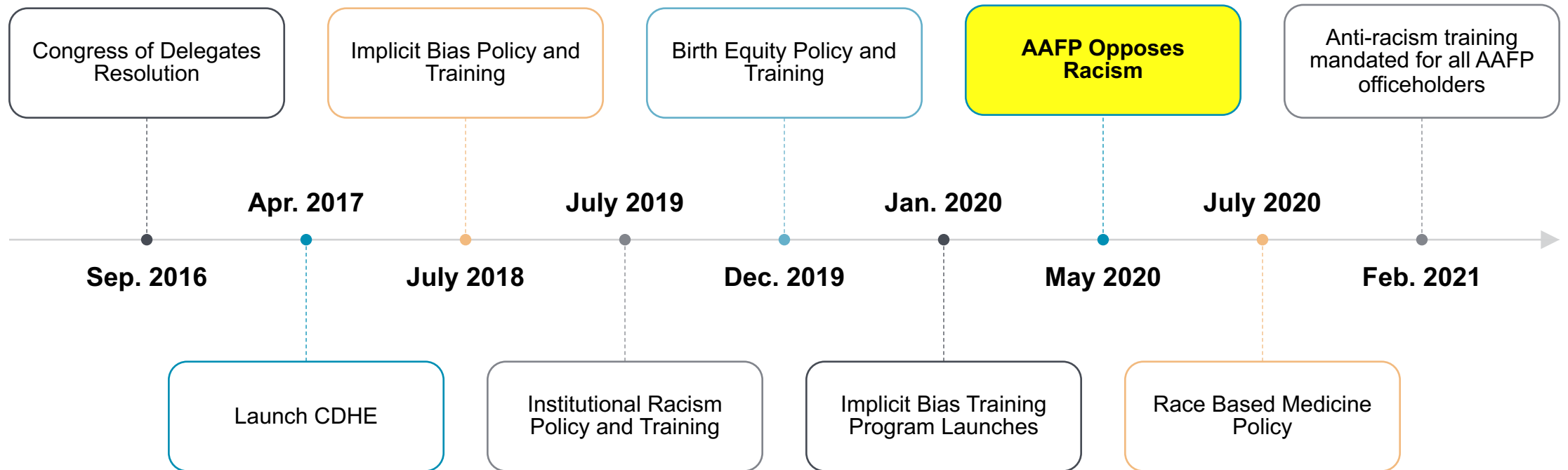
- Implicit Bias Training Program
- Striving for Birth Equity
- Racism in Healthcare
- Overcoming Imposter Syndrome
- Leading Change on Health Equity
- Weight Bias





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How We Got to Here



Survey to Inform AAFP's Work on Diversity, Equity, Inclusion

Watch for Link Soon as Part of Member Satisfaction Survey Email

February 24, 2021, 9:47 am [News Staff](#) – The AAFP is advancing its ongoing work to confront health disparities with a new effort next month that will help determine what family physicians need so they can address health disparities and social determinants of health in their exam rooms and communities.

The work will begin with a short Diversity, Equity and Inclusion survey to assess the AAFP's strengths and opportunities. The survey, administered by The Exeter Group, a health care equity consulting firm, should take only about seven minutes and will be anonymous. Focus groups will dig deeper into specific areas after initial findings are analyzed.

"The events of 2020 brought about heightened awareness of the inequities that continue to plague our nation," said AAFP President Ada Stewart, M.D., of Columbia, S.C. "From societal divisiveness to health disparities that were further exposed by COVID-19, it's an important time for us to build upon the work of the AAFP's [Center for Diversity and Health Equity](#) and evaluate what additional support the AAFP can provide family physicians to ensure that all of their patients feel valued and respected as equal members of society."



AAFP Forms Commission on Diversity, Equity and Inclusiveness

Applications to Serve Due Feb. 25

January 31, 2022, 1:26 p.m. [News Staff](#) – In 2021, the [AAFP partnered with a consulting firm](#) to assess our diversity, equity and inclusion efforts and identify new DEI opportunities. We will share details about the results with you in March, along with how we plan to integrate diversity, equity and inclusion throughout our strategic work.

To help inform our DEI work moving forward and to expand leadership opportunities for family physicians, the Board of Directors recently approved the formation of the Commission on Diversity, Equity and Inclusiveness in Family Medicine.

This commission will apply diversity, equity, inclusiveness and antiracism lenses to inform and guide the Academy's recommendations, policies and work addressing disparities in care, health and the workforce, and the commission will be led by Board Chair Ada Stewart, M.D., of Columbia, S.C. The commission will kick off June 4, 2022, with a meeting in Kansas City, Mo.

"Our Academy represents family physicians from all backgrounds and stages in our careers," said Stewart. "It is important that our policies and work are reflective of our members and the communities that we proudly serve. I am excited to lead the new Commission on Diversity, Equity and Inclusiveness in Family Medicine. Our





.....but what about
Critical Race Theory?

OPINION



Op-Ed: You know who really needs to be schooled on critical race theory? Your doctor



UCSD medical students at a June 2020 campus rally against racism.
(Teri Figueroa / The San Diego Union-Tribune)

BY TRISHA PASRICHA

SUBSCRIBERS ARE READING >

FOR SUBSCRIBERS

He thought it was a date. Instead, he walked into a deadly MS-13 trap

Can these Black business owners save the heart of Leimert Park from gentrification? ▶

Grandson: The twisted career path that leads from covering the NFL to denying systemic racism

Five Latino TikTokers traded 9-to-5s for a Hollywood Hills house. This is how they live

A Call for Critical Race Theory in Medical Education

To the Editor: Amidst national conversations and tensions about race, there is growing recognition that physicians have a responsibility to understand structural racism, its historical roots, and its implications for health disparities.¹ Despite increasing efforts, the existing methods employed to discuss racial inequality in physician training—health disparities, cultural competency, and implicit bias—are often incomplete or problematic. Contemporary medical education finds itself underequipped to address structural racism in medicine.

Though health disparities curricula have been amplified, these courses often provide only content on the existence of health inequities rather than teaching critical perspectives that illuminate the social, historic, and economic legacies that fundamentally generate health disparities and marginalize people of color. Well-intentioned cultural competency curricula, favored in the past, often mobilize stereotypes of people of color in efforts to cite behavioral choices as likely causes of health disparities. This pathologizes patient populations and omits instruction on systemic forces that create the environments within which people exert autonomy. While implicit bias curricula encourage increased recognition of personal prejudices, their pedagogical approaches fail to consider structural inequities that generate pervasive bias. Absent broader context, implicit bias training can normalize bias and neglect examination of differences in power that enable individuals and institutions to systematically enact prejudice. Lastly, despite research demonstrating that false

The Need for Anti-Racism Training in Medical School Curricula

To the Editor: We began medical school in Baltimore months after the death of Freddie Gray, in a grieving city whose confrontation with the violence of racism had sparked protest and conversation across the country. We hoped the same would be true within medicine, and that part of our professional development would include building the capacity to combat the racial injustice that so frequently undermines health.

In the last two years we have learned about health professional implicit bias, cultural competency, and health disparities through our preclinical curriculum. But as others have powerfully documented,¹ mere exposure to these lessons is insufficient to create a cohort of medical professionals who can transform understanding into action.

We need to expand our lessons beyond awareness of health inequity: Medical schools must develop, longitudinally reinforce, and evaluate skills that will equip their graduates to combat racism and structural oppression. Furthermore, competency in these areas should be enforced as thoughtfully and rigorously as our traditional clinical training is. Standardization and consistent evaluation of these structural and anti-racist competencies would serve not only to bolster skills and determine the effectiveness of the curriculum but would also signal that such teaching is fundamental, not supplementary, to our role as physicians.²

Critical Race Theory in Medical Education #MedCRT, #DEI4MED

- A tool for conducting research and practice
- Historical and contemporary influences on health disparities
- Medical education and the hidden curriculum
- Race-based medicine

CRT Legislation

AAFP Center for State Policy is monitoring legislation banning CRT instruction as it may have implications for student, residents and physicians across the medical education continuum.

Washington passed legislation mandating critical race theory training for medical students as a condition of graduating. This law discusses inequities in health outcomes and that future generations of healthcare professionals have an important role to play in mitigating these outcomes, and that this training will equip them with the knowledge, attitudes, and skills to understand and counteract racism and implicit bias in health care.

At least 16 states have considered bills to ban critical race theory in the classroom or signed them into law.

- Texas HB 3979
- Idaho
- Oklahoma HB 1775
- Tennessee SB 0623
- North Carolina HB 324
- Wisconsin
- Rhode Island
- Utah HR 901
- Arkansas SB 627
- Arizona SB 1532



What's happening across our specialty?



Governance



■ Yes ■ No

Advocacy



■ Yes ■ No

Research



■ Yes ■ No

Education



■ Yes ■ No

Pathway



■ Yes ■ No

Faculty



■ Yes ■ No

Practice



■ Yes ■ No

Governance – 8/8

Advocacy – 6/8

Research – 5/8

Education – 8/8

Pathway – 8/8

Faculty – 6/8

Practice – 6/8

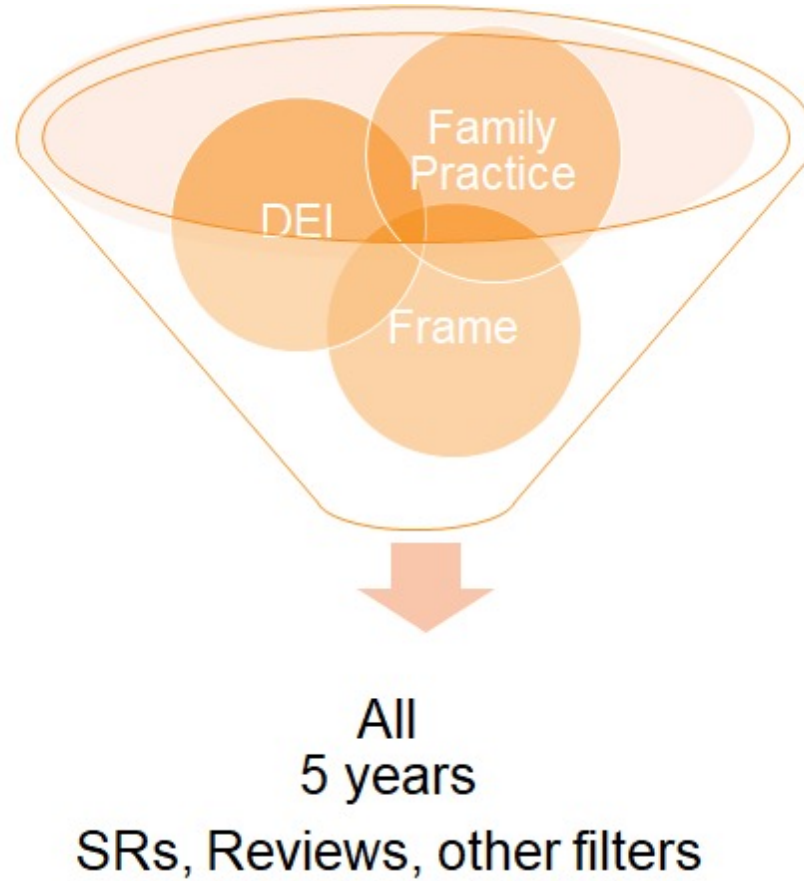
1

Literature Review & Gap Analysis

2

Review of 2021 Organizational Efforts & Activities

Literature Review Process

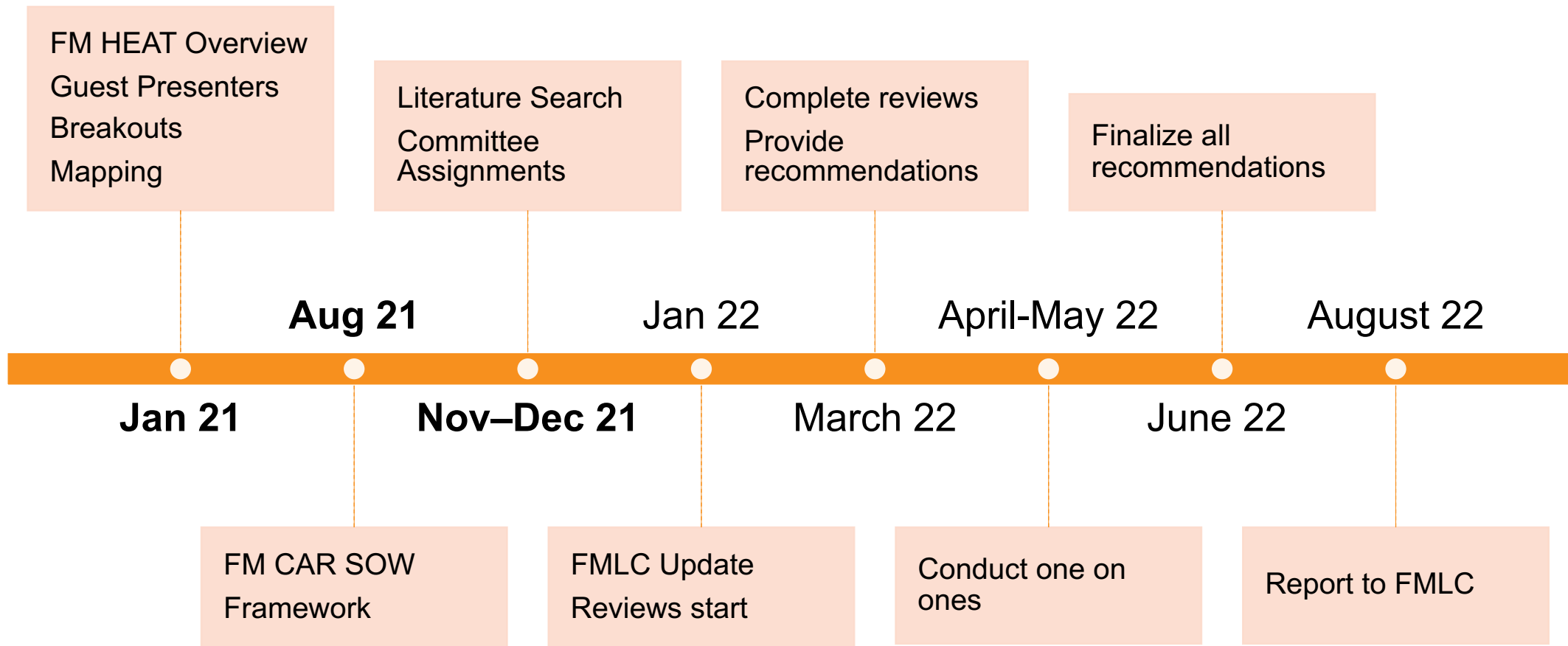


Key Search Terms

Family Practice

DEI

Frame



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Questions

Comments

Complaints

References

- Yin Paradies, A systematic review of empirical research on self-reported racism and health, *International Journal of Epidemiology*, Volume 35, Issue 4, August 2006, Pages 888–901,
- Dalton S, Villagran M. Minimizing and addressing implicit bias in the workplace: be proactive, part one. *College & Research Libraries News*. 2018;79(9):478.
- Crawford, C. (2020). From the American Academy of Family Physicians: THE EVERYONE PROJECT UNVEILS IMPLICIT BIAS TRAINING GUIDE. *Annals of Family Medicine*, 18(2), 182.
- Tsai, Jennifer; Crawford-Roberts, Ann A Call for Critical Race Theory in Medical Education, *Academic Medicine*: August 2017 - Volume 92 - Issue 8 - p 1072-1073
- Ahmad, N. J., & Shi, M. (2017). The need for anti-racism training in medical school curricula. *Academic Medicine*, 92(8), 1073.
- Bourke Christopher John, Marrie Henrietta, Marrie Adrian (2018) Transforming institutional racism at an Australian hospital. *Australian Health Review* 43, 611-618.
- American Public Health Association. "Racism is a public health crisis." (2021). Accessed July 26, 2021, at <https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations>

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