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
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.
Why is racism a focus at the AAFP?
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
March 2020

EVEN IF RACISM IS A PUBLIC HEALTH THREAT, I DON'T SEE OUR ORGANIZATION HAVING TO TALK ABOUT IT OR CHANGE ANYTIME SOON.
How We Got to Here

Congress of Delegates Resolution

Implicit Bias Policy and Training

Birth Equity Policy and Training

AAFP Opposes Racism

Launch CDHE

Institutional Racism Policy and Training

Implicit Bias Training Program Launches

Race Based Medicine Policy

Sep. 2016

Apr. 2017

July 2018

July 2019

Dec. 2019

Jan. 2020

May 2020

July 2020

Feb. 2021

Anti-racism training mandated for all AAFP officeholders
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, 12:06 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.”
…..but what about Critical Race Theory?
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 PASRIPA
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
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 – 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

All
5 years
SRs, Reviews, other filters
Key Search Terms

- Family Practice
- DEI
- Frame
FM HEAT Overview
Guest Presenters
Breakouts
Mapping

Aug 21
Literature Search
Committee Assignments

Jan 22
Complete reviews
Provide recommendations

April-May 22
Finalize all recommendations

Jan 21
FM CAR SOW
Framework

Nov–Dec 21
FMLC Update
Reviews start

March 22
Conduct one on one

June 22

Report to FMLC

August 22
Questions

Comments

Complaints

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References


• 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.


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