

HEALTH EQUITY/DIVERSITY - RACIAL DISPARITIES IN HEALTH CARE

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April 18, 2022



OBJECTIVES

Upon completion of this lecture, participants should be able to:

1. Identify examples of racial health disparities
2. Identify barriers to health equity
3. Understand implicit bias and how it affects patient outcomes



Pediatr Blood Cancer 2013;60:451-454

Race Matters: Perceptions of Race and Racism in a Sickle Cell Center

Stephen C. Nelson, MD^{1*} and Heather W. Hackman, EdD²

Background. Health care disparities based on race have been reported in the management of many diseases. Our goal was to identify perceptions of race and racism among both staff and patients/families with particular attention to provider attitudes as a potential contributor to racial healthcare disparities. **Procedure.** A confidential survey addressing issues of race and health care was given to all patients with sickle cell disease and their families upon arrival to clinic. The survey was made available online to all staff in the hematology/oncology program. Free text comments were obtained. **Results.** We received completed surveys from 112 patients/families. Surveys were completed by 135 of 158 staff members (85% return rate). The majority (92.6%) of patients/families

identified as black, while 94.1% of staff identified as white ($P < 0.001$). More patients/families felt that race affects the quality of health care for sickle cell patients (50% vs. 31.6%, $P = 0.003$). More staff perceived unequal treatment of patients, especially in the inpatient setting (20.9% vs. 10.9%, $P = 0.03$). **Conclusions.** Provider attitudes contribute to continued racial health care disparities. We propose training health care providers on issues of race and racism. Training should provide critical thinking tools for improving medical providers' comfort and skills in caring for patients who are of a different race than their own. *Pediatr Blood Cancer* 2013;60:451-454. © 2012 Wiley Periodicals, Inc.

Key words: health care disparity; race; sickle cell disease

Pediatr Blood Cancer 2013;60:349–350



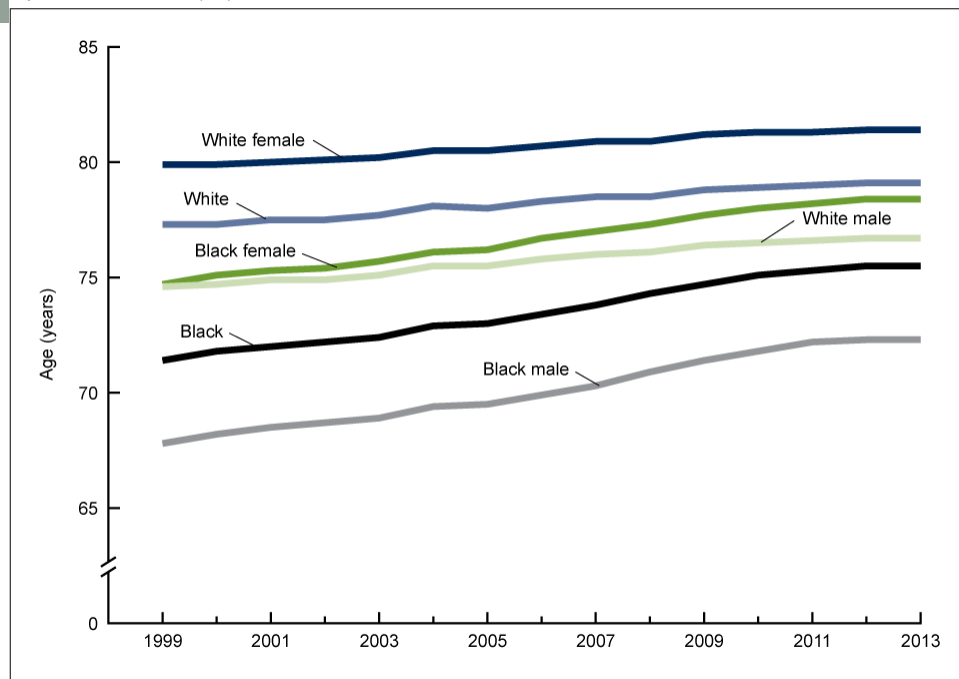
HIGHLIGHT

by Alexis A. Thompson, MD, MPH*

Sickle Cell Disease and Racism: Real or False Barriers?

“It is less useful to continue to characterize an insidious problem if these efforts do not result in the design and implementation of interventions that lead to meaningful change.”

Figure 1. Life expectancy, by race and sex: United States, 1999–2013



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.

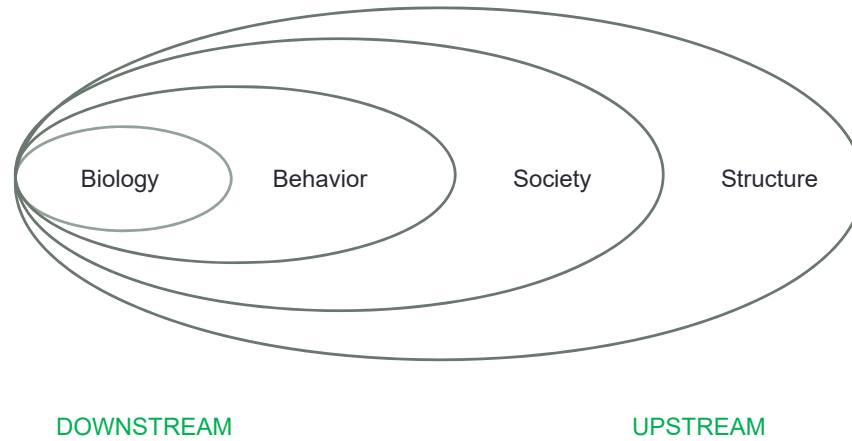
Why?

- Genetics
- SES, insurance, access, education

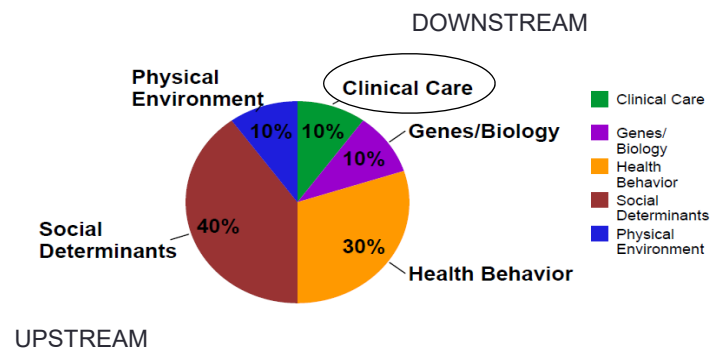
- Race, Racism, Whiteness
- Unconscious bias, Stereotypes



Health Care and Medical Education



Factors that affect health



Why?

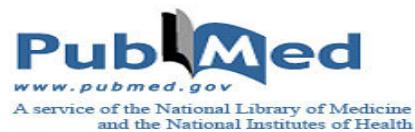
- Genetics

Human Genome Project

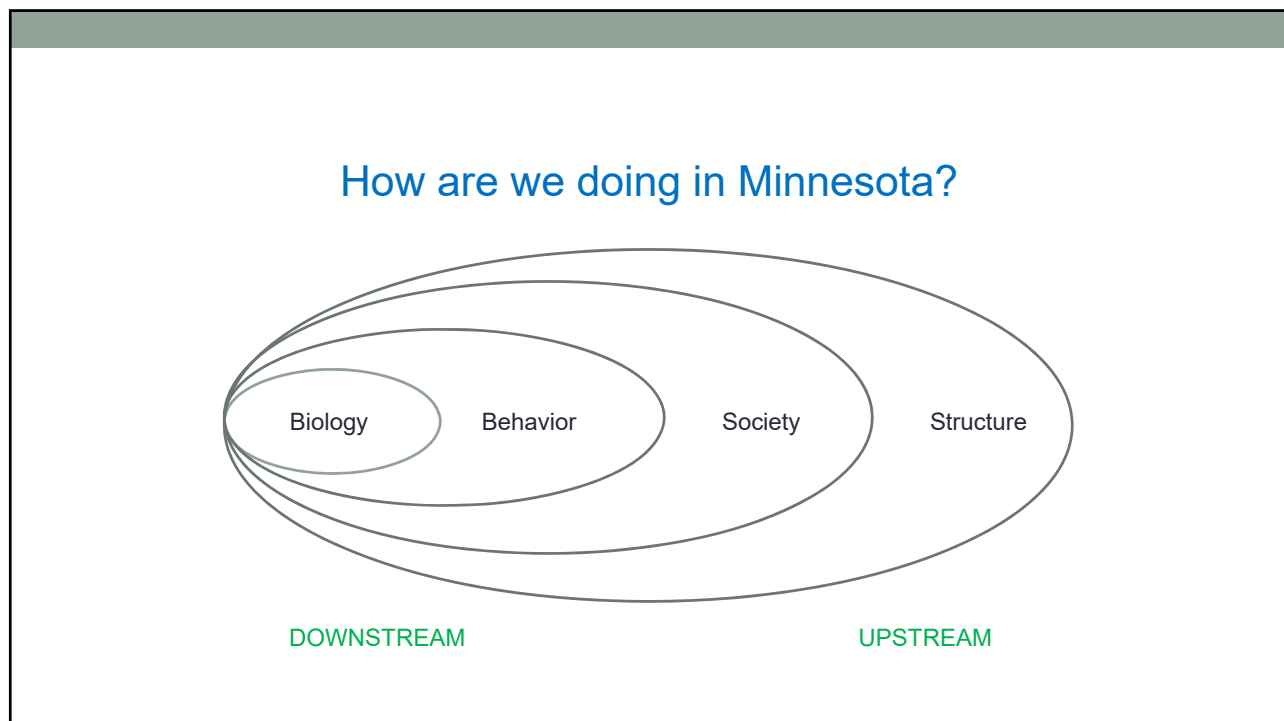
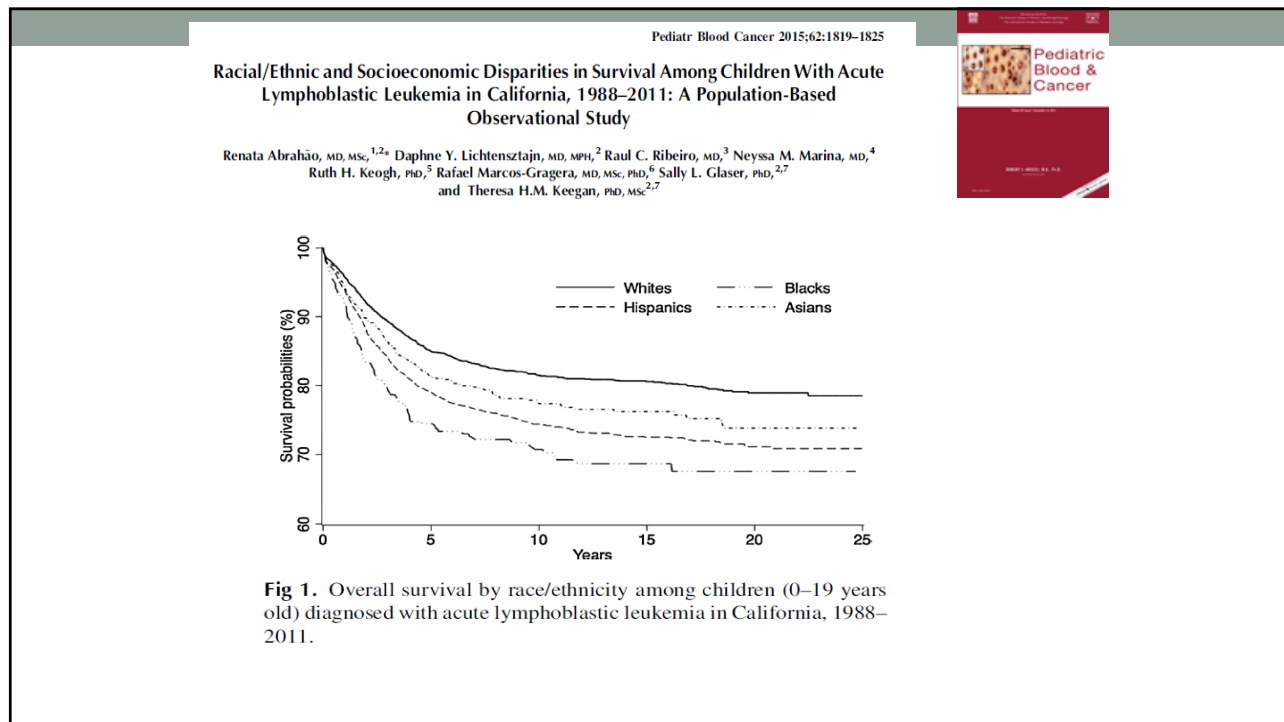
- 1990s
- > 60 families' genes analyzed
- NO people of African descent
- Howard University belatedly invited
- Race has no genetic basis
- Human subspecies do not exist
- Most variation is within, not between "races"
- www.understandingrace.org

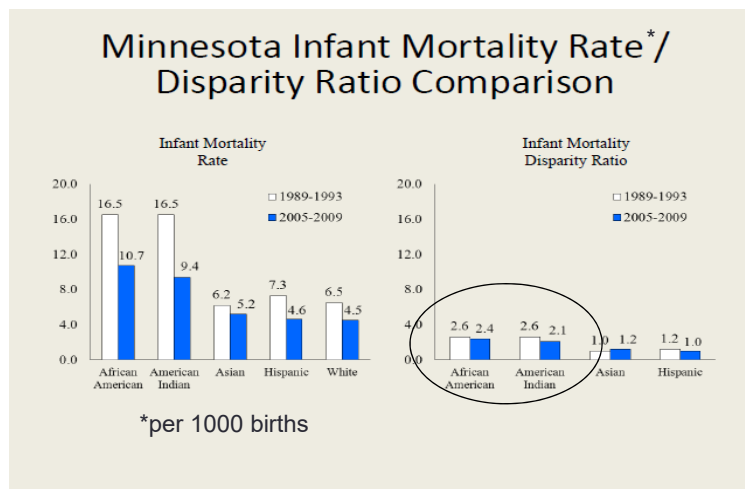
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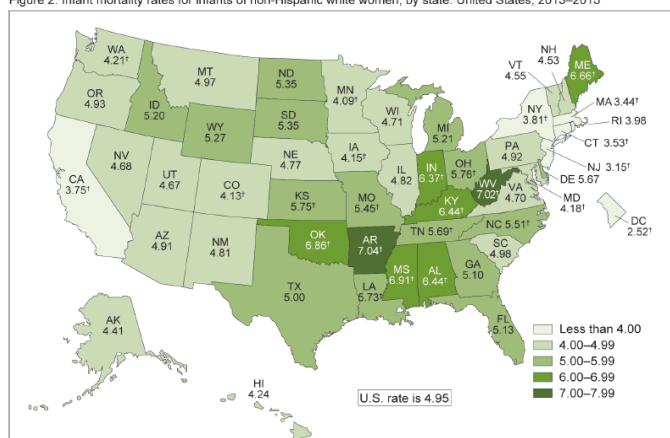
- “racial disparities”
- 2003- present
- 17,136 citations!!
- 926 per year
- 18 articles per week





NCHS Data Brief ■ No. 295 ■ January 2018

Figure 2. Infant mortality rates for infants of non-Hispanic white women, by state: United States, 2013–2015

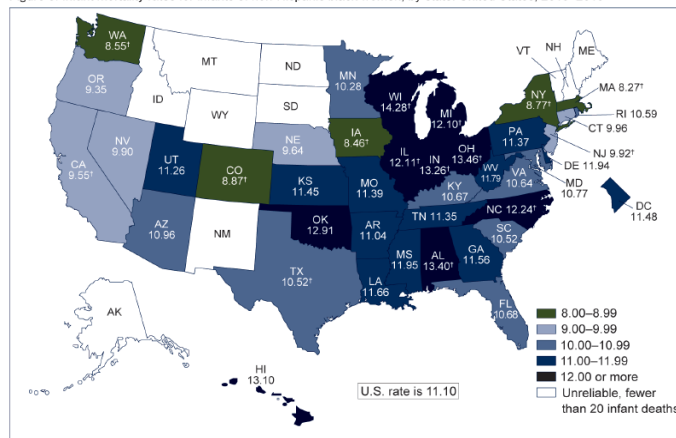


*Significantly different from the U.S. rate.
 NOTES: Rates ranged from 2.52 to 7.04 per 1,000 live births.
 Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db295_table.pdf.
 SOURCE: NCHS, National Vital Statistics System.



NCHS Data Brief ■ No. 295 ■ January 2018

Figure 3. Infant mortality rates for infants of non-Hispanic black women, by state: United States, 2013–2015



* Significantly different from the U.S. rate.
 NOTES: Rates ranged from 8.27 to 14.28 per 1,000 live births.
 Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db295_table.pdf.
 SOURCE: NCHS, National Vital Statistics System.

Pediatric Emergency Care

Volume 28, Number 11, November 2012



- Children with long bone fracture
- ED 1-yr period
- N=880 with pain scores
- Time from injury to arrival in ED
 - White 8.3 hours
 - Black 10.7 hours $p=0.014$
 - Biracial 11.9 hours $p=0.004$
 - Native American 18.4 hours $p=0.025$

Pediatric Emergency Care • Volume 28, Number 11, November 2012



- 76,931 ED encounters
- Mar 2, 2009- Mar 31, 2010
- Wait Times

• White	32 minutes	\rangle $P < 0.001$
• Black	37 minutes	
• Native American	41 minutes	
• Hispanic	39 minutes	

Pediatric Emergency Care • Volume 28, Number 11, November 2012



- 76,931 ED encounters
- Mar 2, 2009- Mar 31, 2010
- Odds Ratio of LWCET

• Black	2.04	\rangle $P < 0.001$
• Native American	3.59	
• Hispanic	2.15	
• Biracial	2.77	

Pediatric Emergency Care

Volume 29, Number 4, April 2013



- Children with long bone fracture
- ED 1-yr period
- N=878
- Opioid-containing prescription

• White	67.4%	
• Black	47.1%	RR 0.59
• Hispanic	47.9%	RR 0.61
• Native American	58.3%	RR 0.93
• Biracial	40.3%	RR 0.45

**NACHRI**National Association of
Children's Hospitals
and Related Institutions**NACHRI October 2011**

- Chart review long bone fractures
- Jan 1 2008-Dec 31 2010
- 2206 patients
 - 1386 M 820F
- Bone

• Radius/ulna	1116
• Humerus	566
• Ankle	189
• Tib/fib	173
• Femur	162



NACHRI
National Association of
Children's Hospitals
and Related Institutions

NACHRI October 2011

- Mean time to getting pain med 50.3 min
- Black 64 minutes
- White 45 minutes
- IV narcotics
 - White 57.8%
 - Black 48.4% $p < 0.001$
- Conclusions
 - Racial and cultural differences need study to identify:
 - Variable tolerance to pain
 - Hesitation to reporting pain based on culture or poor health care literacy

Long Bone Fracture-time to analgesia

- Jan 2016-Jan 2018
- n=1308
 - 398 Black kids
 - 910 White kids
- Average time to pain meds

• Black kids 75.9 minutes	>	$p=0.039$
• White kids 60.9 minutes		



Barriers to Equity

- System
 - Whiteness/lack of diversity
 - Poor access
 - Social Determinants of Health
 - transition to adult care
 - research and support money
 - Racism
- Patients
 - Poor health literacy
 - Fear and mistrust
 - Internalized racism
- Community
 - advocacy
 - public awareness
- Providers
 - Implicit bias/stereotyping
 - Power

Implicit Bias

- What is it?
- How do I know?
- Does this really affect care?
- How do I avoid it?

 **the ONION** Store
America's Finest Shopping Experience



Implicit (Unconscious) biases

- Common (Normal)
- Rooted in stereotyping
 - cognitive process where we use social categories to acquire, process, and recall information about people
- Helps us organize complex information
- Heavy cognitive load
 - rely on stereotyping to process information
 - consciously reducing this is hard work

The Cost of Technology

Elizabeth Toll, MD



JAMA, June 20, 2012—Vol 307, No. 23

“THE PROBLEM WITH STEREOTYPES IS NOT THAT THEY ARE UNTRUE, BUT THAT THEY ARE INCOMPLETE. THEY MAKE ONE STORY BECOME THE ONLY STORY.”



-Chimamanda Ngozi Adichie
Nigerian American novelist

Implicit Bias

- What is it?
- How do I know?
- Does this really affect care?
- How do I avoid it?

Implicit Bias

- Human
- Implicit Association Test
 - <https://implicit.harvard.edu>

Power/Bias

- Gender/Identity
- Race
- Language
- Religion
- Sexuality
- Education
- Income
- Obesity
- Smoking
- Ability/Disability
- Deaf/Hard of hearing

Implicit Bias

- What is it?
- How do I know?
- Does this really affect care?
- How do I avoid it?

How does implicit bias by physicians affect patients' health care?

Research is exploring how specific factors affect patients' perception of treatment

By Tori DeAngelis
March 2019, Vol 50, No. 3

- IAT-limitations
- Aversive Racists
- Trust → Better Outcomes
- How to Intervene



The Effects of Race and Racial Concordance on Patient-Physician Communication: A Systematic Review of the Literature

Megan Johnson Shen¹ • Emily B. Peterson² • Rosario Costas-Muñiz³ •
Migda Hunter Hernandez⁴ • Sarah T. Jewell⁵ • Konstantina Matsoukas⁵ •
Carma L. Bylund^{3,6,7}

Received: 18 October 2016 / Revised: 2 February 2017 / Accepted: 6 February 2017

J. Racial and Ethnic Health Disparities
DOI 10.1007/s40615-017-0350-4

JOURNAL OF
RACIAL AND ETHNIC
HEALTH DISPARITIES
An Official Journal of the Society for Health Disparities Research



- 40 studies between 1995-2016
- Effect of Black race and racial concordance on patient/physician communication
 - Communication quality
 - Information giving
 - Patient participation in decision-making
 - Satisfaction
 - Partnership building
 - Length of visit
 - Talk-time ratio
- Black patients experienced poorer communication compared to white patients
- Racial concordance = Better communication

“Crisis”

- <http://www.youtube.com/watch?v=FueIQDBOxXI>
- CRISIS: Experiences of people with sickle cell disease



Implicit Bias

- What is it?
- How do I know?
- Does this really affect care?
- How do I avoid it?

Provider Training

- Diversity Training
 - Awareness
 - Appreciation
- Cultural Competency Humility
 - Cross-cultural communication
 - Information gathering
 - Skills training

Pediatr Blood Cancer 2015;62:915-917


BRIEF REPORT

Training Providers on Issues of Race and Racism Improve Health Care Equity

Stephen C. Nelson, MD,^{1,2*} Shailendra Prasad, MD, MPH,³ and Heather W. Hackman, EdD²

Race is an independent factor in health disparity. We developed a training module to address race, racism, and health care. A group of 19 physicians participated in our training module. Anonymous survey results before and after the training were compared using a two-sample t-test. The awareness of racism and its impact on care increased in all participants. White participants showed a decrease in self-efficacy in caring for patients of color when compared to white patients. This training was successful in deconstructing white providers' previously held beliefs about race and racism. Pediatr Blood Cancer 2015;62:915-917. © 2015 Wiley Periodicals, Inc.

Key words: health care disparity; race; unconscious bias





Provider Training

- Social Justice
 - Oppression
 - Power
 - Societal resources
 - Structural barriers
 - Race/racism/whiteness
 - Implicit bias

Tools

- Recognize
 - Cognitive dissonance
 - Aversive racism
 - Catch yourself seeking alternate explanations
- Discomfort
 - Emotional regulation
 - Be in the moment
- Lean in

Action Items

- Equity Lens
 - Policies
 - Patient cases ("A Gardener's Tale"-levels of racism)
- Read a book
 - Book list
- Listen to a podcast
 - Seeing White- John Biewen
 - Hidden Brain-Shankar Vedantam
- Take a timeout
 - Be. Here. Now.
 - Humanism
- Keep Learning/Keep Talking
 - Training opportunities

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- A Gardener's Tale. Camara P. Jones. <https://www.youtube.com/watch?v=GNhcY6fTyBM>
- <http://weeklysift.com/2012/09/10/the-distress-of-the-privileged/>
- https://www.youtube.com/watch?v=dw_mRaIHb-M reverse racism
- https://www.ted.com/talks/baratunde_thurston_how_to_deconstruct_racism_one_headline_at_a_time deconstructing racism/whiteness

Thank you



"Of all forms of inequity, injustice in healthcare is the most shocking and inhumane."



Martin Luther King, Jr.
National Convention of the
Medical Committee for Human
Rights
Chicago- 1966

"Not everything that is faced can be changed. But nothing can be changed until it is faced"



James Arthur Baldwin
novelist, essayist, playwright,
poet
(August 2, 1924 – December 1,
1987)

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