MCS Selective
Structural Racism and Health Care

Short Description: On April 8th, 2021, Dr. Rochelle Walensky, Director of the Centers for Disease Control and Prevention (CDC), declared "Racism a serious public health threat."

In the United States, structural racism lays the foundation for the unequal and unfair distribution of opportunities that drive the social determinants of health and the health inequities experienced by racial and ethnic minorities. *If it were a country, the US Health Care Sector which includes insurers, hospitals, physician practices, and biopharmaceutical companies would have the fifth-highest GDP in the world(Weil, Health Affairs, 6/2020).* *Research has consistently demonstrated poorer health outcomes for Black and other ethnic populations, when compared to white populations.*

This Selective will define structural racism; evaluate the role of federal and state policies that limit access to high quality health care; explore microaggressions and bias in medical training and health care settings; examine diagnostic tests, Electronic Health Records and other innovative technologies, that have been reported to decrease the quality of health care delivered to minority populations.

Instructor

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Detailed Description

Racism is a global problem that impacts many populations in the world. The Aspen Institute defines structural racism as "a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity."
In the United States, structural racism lays the foundation for the unequal and unfair distribution of opportunities that drive the social determinants of health and the health inequities experienced by racial and ethnic minorities. Healthcare systems and organizations are aware of the role that racism plays in negatively affecting the mental and physical health of millions of people.
In 1985, the Heckler Report, by the former Secretary of Health and Human Services, "concluded that health disparities accounted for 60,000 excess death each year… among Blacks and other minority populations."
In 2001, The Institute of Medicine's report "*Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*", concluded that evidence suggests that bias, prejudice, and stereotyping on

the part of healthcare providers may contribute to differences in care. The report documented that racial and ethnic minorities received lower quality healthcare than non-minorities.
While the COVID-19 pandemic has further revealed the stark evidence of systemic health inequities and disparities in the US healthcare system, the long term public policy and behavior of healthcare systems and organizations, have helped to create and perpetuate a structure that disadvantages racial and ethnic minorities.
The medical profession's long tradition of historical narratives promoting the superiority of white racial groups above all others, has helped to preserve mechanisms that promote racial inequities. "The false notion that racial groups are biologically and genetically different (i.e., biological determinism) has been prominent in mainstream medical circles", as evidenced by the standardized medical presentation that is expected to describe a patient's race even when it has no relevance to their illness. Research has consistently demonstrated poorer outcomes for Black Americans and other ethnic populations, when compared to White Americans.

Educational Objectives

At the conclusion of this Selective, students will have the ability to:

1. Define Structural Racism in Health Care
2. Understand how Structural Racism and US Health Care Policy lead to healthcare inequality for minority populations.
3. Understand how microaggression and bias in the academic learning and work environment can negatively impact underrepresented minority students and residents.
4. Understand how diagnostic tests and the new technologies used in healthcare, can reinforce structural racism.

Syllabus

During the four 2-hour sessions of this Selective, students will examine and discuss the following topics:

Week 1: Systemic Racism in Society and in Health Care.
The United States continues to grapple with the depth and breadth of racial and social injustices in many of its institutions, including healthcare. Medical professionals need to explore and understand the historical context of race in health care and how racism and bias is expressed in clinical practice, biomedical research and medical education. This inequality has persisted despite the altruistic values expressed by the medical profession.

Preparation prior to class:

View: https://www.youtube.com/watch?v=eNP5bgIpn64
The House that Racism built: Consequences and Opportunities for Health Equity.

Listen: Health Podyssey: Racism and Health in US Medicine, A conversation with Harriet Washington, Health Affairs. Feb 2022; https://www.youtube.com/watch?v=PjSQSMaMdyo

Braveman et al. Systemic and Structural Racism: Definitions, Examples, Health Damages and approaches to Dismantling: Health Affairs (Millwood). 2022 Feb; 41(2):171-178. doi: 10.1377/hlthaff.2021.01394.
Read: https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01394

Week 2: The Impact of Federal and State Health Policy on minority populations.
For decades, federal and state policies that have limited access to both outpatient and hospital care in Black American and other minority communities. The negative impact of these policies, which adversely affected Black communities**,** exposed significant COVID-19 health disparities during the pandemic.

References:

1. https://www.washingtonpost.com/outlook/2020/09/16/racist-history-that-explains-why-some-communities-dont-have-enough-icu-beds/

2. Yearby et al. Structural Racism in Historical and Modern US Health Care Policy.
Health Aff. (Millwood). 2022 Feb; 41(2):187-194. doi: 10.1377/hlthaff.2021.01466.
Read: https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01466

3. The Amputation Epidemic in Black America
Fakorede F, Congress Must Act to Stop America's Amputation Epidemic, AJMC, 5/16/22.
Watch: https://www.youtube.com/watch?v=uAq_t5z-PR8t

Week 3: Addressing the low numbers of underrepresented minorities in Medicine and the microaggressions in health professional training.
Systemic racism impacts the health of our patients, but it also impacts the experiences of students, house staff and faculty, and the culture in which they learn and work. This session will define microaggression; provide examples of microaggressions in the health care setting and reflect on the importance of understanding its impact on underrepresented minorities in the medical school learning environment. Explore the possible reasons why there has been no significant increase in the numbers of underrepresented minority physicians in the past 35 years.

References:

1. Ackerman-Barger et al. seeking inclusion excellence: Understanding racial microaggressions as experienced by underrepresented medical and nursing students. Acad. Med. 2020; 95(5):758-763.

2.Montenegro RE, My name is not "Interpreter" *JAMA.* 2016; 315(19):2071-2072.

3. Hess L, Addressing and Undoing Racism and Bias in the Medical School Learning and Work Environment, Acad. Med., 2020 Vol. 95(12S), p.S44-S50.

Week 4: Population Healthcare Technological Advances and Structural Racism.

The US Health Care system uses diagnostic tests, commercial algorithms and electronic health records (EHR) to guide health decisions by both insurers and providers of care. Evidence shows that these systems incorporate racial bias and may perpetuate the decreased access to care.

References:

1. Goddu et al. Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record, J Gen Intern Med. 2018 May: 33 (5):685-691.

2. Obermeyer et al. Dissecting racial bias in an algorithm used to manage the health of populations: Science 2019 Oct 25; 366(6464):447-453. doi: 10.1126/Science.aax2342.

3. Vyas DA et al. Hidden in Plain Sight-Reconsidering the Use of Race Correction in Clinical Algorithms, N Engl J Med. 2020; 383: 874-882.

4. Sjoding MW et al. Racial Bias in Pulse Oximetry Measurement: N Eng. J Me. 2020 Dec17; 383(25):2477-2478.doi: 10.1056/NEJMc2029240.

5. Senator Elizabeth Warren et al. Letter to Dr. Janet Woodstock requesting review of the accuracy of pulse oximeters across racially diverse patients and consumers, January 25th, 2021.

Evaluation

Participation and attendance at all sessions is required. Grading is Pass/Fail.

To pass this selective, students will be required to:

1. Review assigned readings and media for every session.
2. Actively participate in all the sessions.
3. Recognize this Selective as a safe space, which allows all participants to respectfully explore and express their views.
4. Keep a reflection journal for all four weeks.

Class size

Minimum 6; Maximum 12