



# Racism, Health, & Healthcare A Diagnosis and Treatment Plan

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NJ Health Care Quality Institute  
May 21, 2019



## Racism

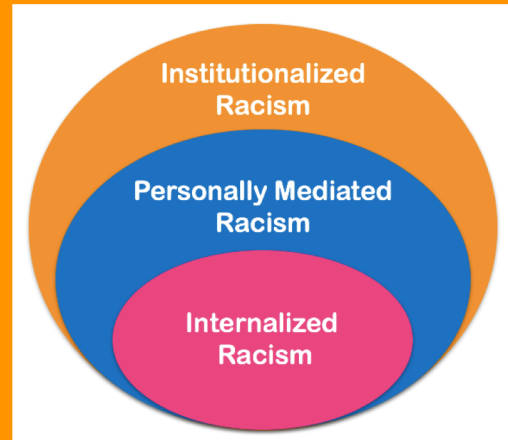
**“ A system of structuring opportunities and assigning value based on the social interpretation of how one looks that**

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources”

Jones CP. Confronting Institutionalized Racism. Phylon 2003

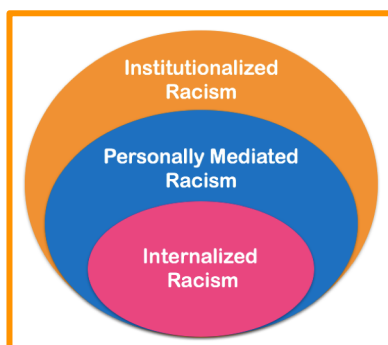
OVERVIEW

# INSTITUTIONALIZED RACISM



CH Children's Hospital  
of Philadelphia  
PolicyLab

## Institutionalized Racism



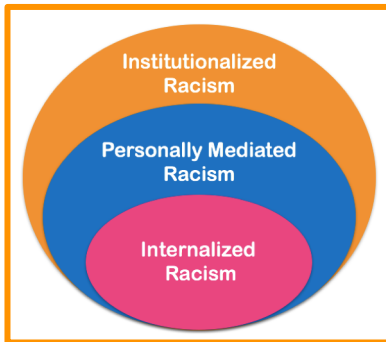
### Institutionalized racism

- Operationalizes itself through policies, laws, and regulations
- Results in differential access to goods, services, and opportunities of society by race

*Jones, AJPH, 2000; NCRC Redlining Maps*



## Institutionalized Racism

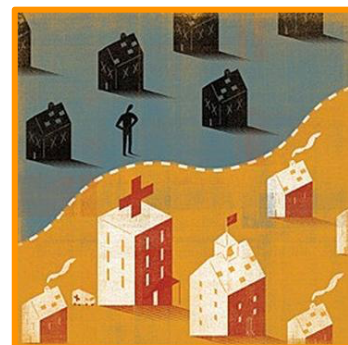
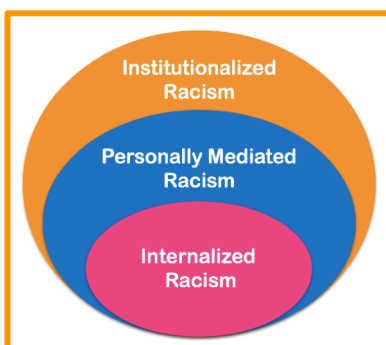


### Redlining

- Marking neighborhoods based on racial demographics as hazardous in red ink drawn by federal Home Owners' Loan Corp in the 1930's

*Jones, AJPH, 2000; NCRC Redlining Maps*

## Institutionalized Racism

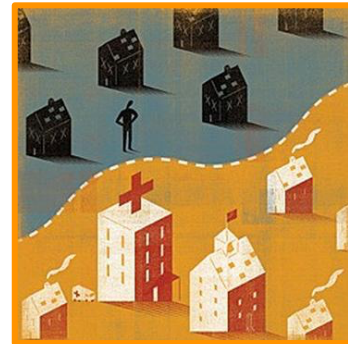
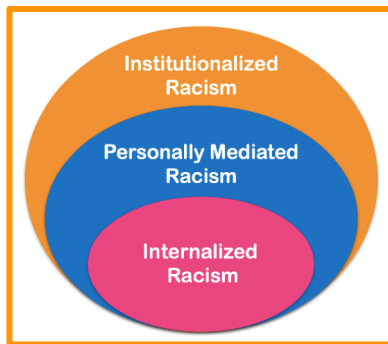


### Redlining led to

- Systematic denial of capital investments
- Denial of services such as mortgage lending, healthcare, supermarkets, and transportation

*NCRC Redlining Maps*

## Institutionalized Racism



Of neighborhoods redlined as “hazardous” 80 years ago

- 74% are low to moderate income neighborhoods today
- 64% are minority neighborhoods today

*NCRC Redlining Maps*



**Social Determinants of Health**



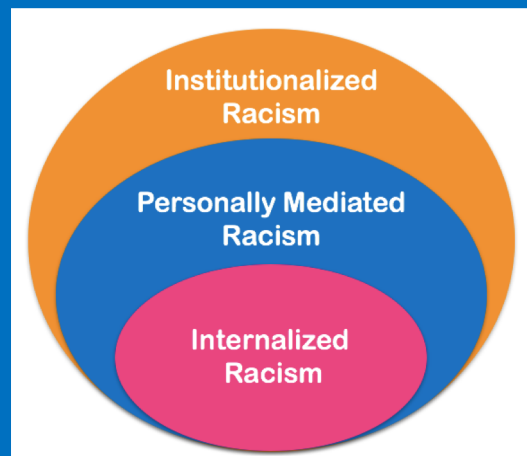
## Take a Closer Look at Your Organization



What policies, laws, procedures, and regulations are in place that may perpetuate inequities?

OVERVIEW

## PERSONALLY MEDIATED RACISM



## Personally Mediated Racism in Healthcare



## Overt Discrimination

“The practice of unfairly treating a person or group of people differently from other people or groups of people.”



US Commission on Civil Rights, 1970

## Implicit Bias

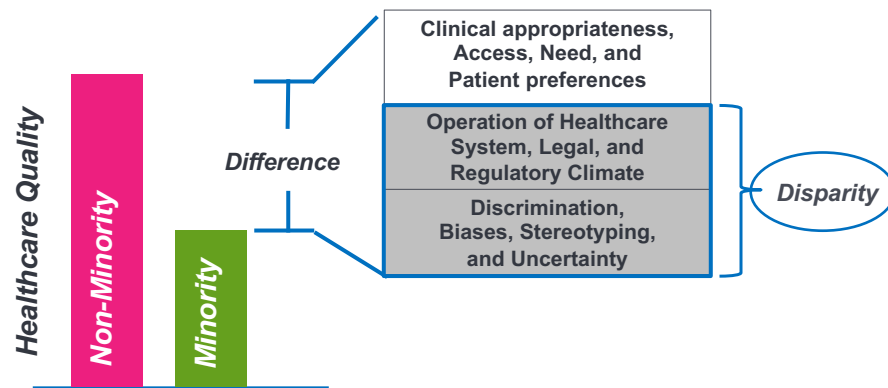
“A tendency to believe that some people, ideas, etc, are better than others that usually results in treating some people unfairly.”



**Explicit Bias:** Conscious attitudes that can be self-reported

**Implicit Bias:** Unconscious attitudes that lie below the surface, but may nevertheless influence behaviors

## Healthcare Disparities



“Bias, stereotyping, prejudice and clinical uncertainty on the part of health care providers may contribute to racial and ethnic disparities in health care.”

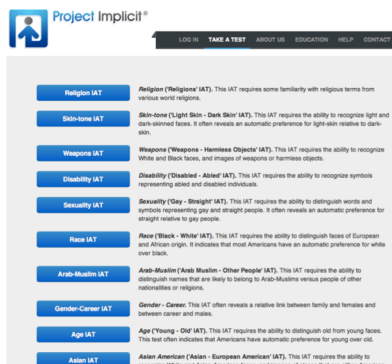
*Smedley, Stith, Nelson, Unequal Treatment, 2002*

## Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

- Study of medical students and residents
- 1/2 reported at least one false belief about biological differences between black and white individuals
  - Less sensitive nerve endings
  - Thicker skin
  - Stronger bones
- Those with false beliefs
  - Rated black patient's pain as lower
  - Made less appropriate treatment recommendations

Hoffman, *Proceedings of the Nat'l Academy of Sciences*, 2016

## Measuring Implicit Bias: The Implicit Association Test (IAT)



Black						
White						
Good	Joy   Love   Wonderful   Pleasure   Laughter   Happy					
Bad	Terrible   Horrible   Evil   Awful   Aaony   Hurt					

-2

+2

Strong pro-black	Moderate pro-black	Slight pro-black	No Bias	Slight pro-white	Moderate pro-white	Strong pro-white
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## Cognitive Load

Johnson, *Acad Emerg Med*, 2017

Academic Emergency Medicine  
Official Journal of the Society for Academic Emergency Medicine

### ORIGINAL CONTRIBUTION

## The Impact of Cognitive Stressors in the Emergency Department on Physician Implicit Racial Bias

Tiffani J. Johnson, MD, MSc, Robert W. Hickey, MD, Galen E. Switzer, PhD, Elizabeth Miller, MD, PhD, Daniel G. Winger, MS, Margaret Nguyen, MD, Richard A. Saladino, MD, and Leslie R. M. Hausmann, PhD

### Abstract

**Objectives:** The emergency department (ED) is characterized by stressors (e.g., fatigue, stress, time pressure, and complex decision-making) that can pose challenges to delivering high-quality, equitable care. Although it has been suggested that characteristics of the ED may exacerbate reliance on cognitive heuristics, no research has directly investigated whether stressors in the ED impact physician racial bias, a common heuristic. We seek to determine if physicians have different levels of implicit racial bias post-ED shift versus preshift and to examine associations between demographics and cognitive stressors with bias.

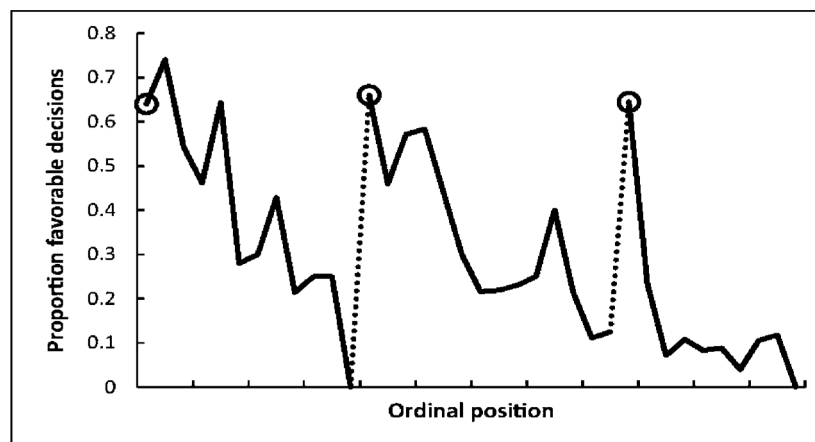
**Methods:** This repeated-measures study of resident physicians in a pediatric ED used electronic pre- and postshift assessments of implicit racial bias, demographics, and cognitive stressors. Implicit bias was measured using the Race Implicit Association Test (IAT). Linear regression models compared differences in IAT scores pre- to postshift and determined associations between participant demographics and cognitive stressors with postshift IAT and pre- to postshift difference scores.

**Results:** Participants ( $n = 91$ ) displayed moderate prowhite/antiblack bias on preshift (mean  $\pm$  SD =  $0.50 \pm 0.34$ ,  $d = 1.48$ ) and postshift (mean  $\pm$  SD =  $0.55 \pm 0.39$ ,  $d = 1.49$ ) IAT scores. Overall, IAT scores did not differ preshift to postshift (mean increase =  $-0.05$ , 95% CI =  $-0.02$  to  $0.14$ ,  $d = 0.13$ ). Subanalyses revealed increased pre- to postshift bias among participants working when the ED was more overcrowded (mean increase =  $0.09$ , 95% CI =  $0.01$  to  $0.17$ ,  $d = 0.24$ ) and among those caring for  $>10$  patients (mean increase =  $0.17$ , 95% CI =  $0.05$  to  $0.27$ ,  $d = 0.47$ ). Residents' demographics (including specialty, fatigue, busyness, stressfulness, and number of shifts) were not associated with postshift IAT or difference scores. In multivariable models, ED overcrowding was associated with greater postshift bias (coefficient =  $0.11$  per 1 unit of NEDOCS score, SE =  $0.05$ , 95% CI =  $0.00$  to  $0.21$ ).

From the Division of Pediatric Emergency Medicine, PolicyLab, and Center for Perinatal and Pediatric Health Disparities Research, Children's Hospital of Philadelphia, and the Department of Pediatrics, University of Pennsylvania School of Medicine (TJ), Philadelphia, PA; the Division of Pediatric Emergency Medicine, Department of Pediatrics (RW), University of Pittsburgh Medical Center, Pittsburgh, PA; the Division of General Internal Medicine, Department of Medicine (GES, LMH), the Division of Adolescent and Young Adult Medicine, Department of Pediatrics (EM), and Clinical and Translational Science Institute (DGW), University of Pittsburgh, Pittsburgh, PA; the Department of Emergency Medicine, Rady Children's Hospital San Diego (MN), San Diego, CA; and the Veterans Affairs Pittsburgh Healthcare System, Center for Health Equity Research and Promotion (GES, LMH), Pittsburgh, PA.

Received July 20, 2015; revision received October 9, 2015; accepted October 17, 2015. Findings reported in this article were presented as an oral abstract at the Eastern Society for Pediatric Research Annual Meeting, Philadelphia, PA, April 2014, and the Pediatric Academic Societies Meeting, Vancouver, British Columbia, Canada, May 2014. No complete reports or full data in the form of tables or figures have been distributed to conference attendees or journalists. This research was conducted while Dr. Johnson was a fellow at the Children's Hospital of Pittsburgh and supported by a grant from the Agency for Healthcare Research and Quality (T32 HS 017367). Data analysis and manuscript preparation was completed while Dr. Johnson was funded by the National Heart, Lung, and Blood Institute (K12 HL109099). The project was also supported by the University of Pittsburgh Clinical and Translational Science Institute (CTSI) through the National Institutes of Health through grant UL1-TR-000005. The sponsoring agencies had no role in the design and conduct of the study, in the collection, management, analysis, and interpretation of the data, or in the preparation, review, or approval of the manuscript. The content of this article is

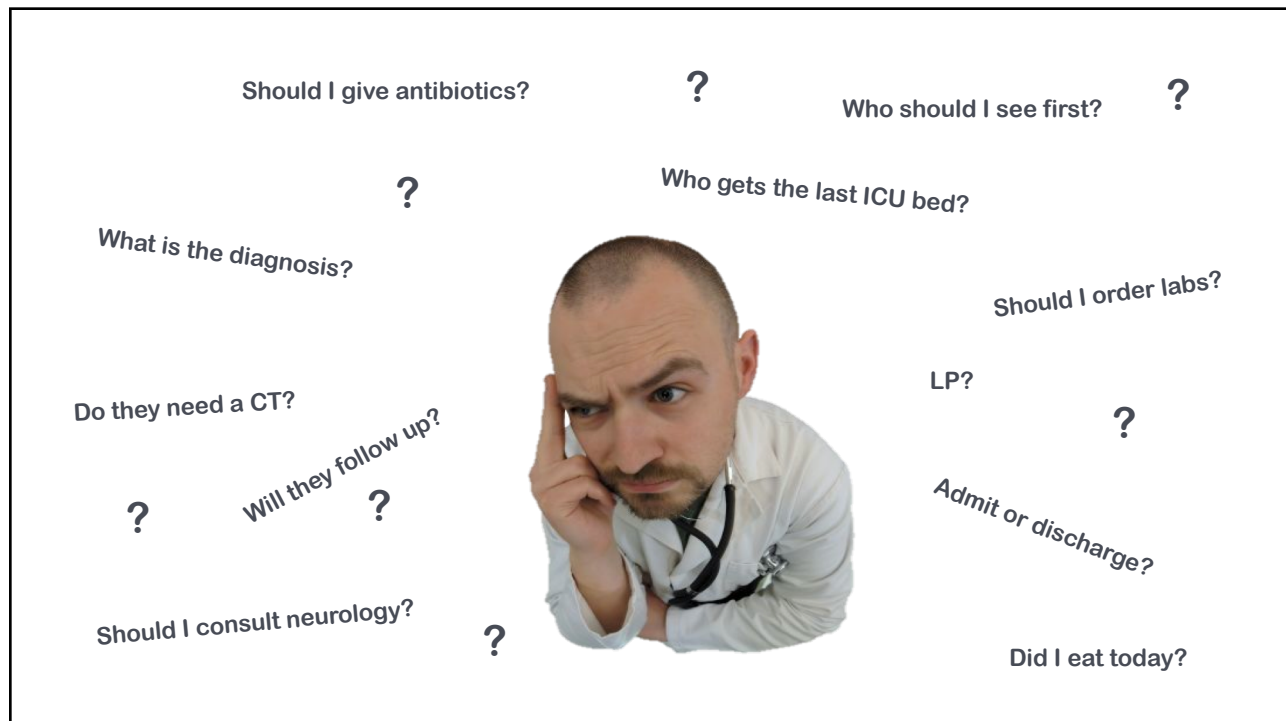
## Decision Fatigue



Israeli Parole Board rulings in favour of the prisoners by ordinal position

Danzinger, PNAS, 2011





## Results

### Among Participants caring for >10 patients

Before Shift		After Shift		Change (After-Before)			
Mean	SD	Mean	SD	Mean	95% CI	P value	Cohen's D
0.46	0.33	0.63	0.39	0.17	0.05,0.27	0.006	0.47

### Among participants working when ED overcrowded

Before Shift		After Shift		Change (After-Before)			
Mean	SD	Mean	SD	Mean	95% CI	P value	Cohen's D
0.48	0.34	0.57	0.35	0.09	0.15,0.17	0.03	0.24



## Bias Towards Children

Johnson, *Acad Ped*, 2017

### DISPARITIES

#### Comparison of Physician Implicit Racial Bias Toward Adults Versus Children



Tiffani J. Johnson, MD, MS; Daniel G. Winger, MS; Robert W. Hickey, MD; Galen E. Switzer, PhD; Elizabeth Miller, MD, PhD; Margaret B. Nguyen, MD; Richard A. Saladino, MD; Leslie R. M. Hausmann, PhD

From the Division of Pediatric Emergency Medicine (Drs Johnson, Hickey, Nguyen, and Saladino), Division of Adolescent and Young Adult Medicine (Dr Miller), Children's Hospital of Pittsburgh, Clinical and Translational Science Institute, University of Pittsburgh (Dr Winger), and Division of General Internal Medicine, University of Pittsburgh, and Veterans Affairs Pittsburgh Healthcare System, Center for Health Equity Research and Promotion (Drs Switzer and Hausmann), Pittsburgh, Pa. Conflict of Interest: The authors declare that they have no conflict of interest. Address correspondence to Tiffani J. Johnson, MD, MS, Children's Hospital of Philadelphia PolicyLab, 3635 Market St, Room 1425, Philadelphia, PA 19104 (e-mail: tjohnson@chop.edu). Received for publication March 23, 2016; accepted August 23, 2016.

#### ABSTRACT

**BACKGROUND AND OBJECTIVES:** The general population and most physicians have implicit racial bias against black adults. Pediatricians also have implicit bias against black adults, albeit less than other specialties. There is no published research on the implicit racial attitudes of pediatricians or other physicians toward children. Our objectives were to compare implicit racial bias toward adults versus children among resident physicians working in a pediatric emergency department, and to assess whether bias varied by specialty (pediatrics, emergency medicine, or other), gender, race, age, and year of training.

**METHODS:** We measured implicit racial bias of residents before a pediatric emergency department shift using the Adult and Child Race Implicit Association Test (IAT). Generalized linear models compared Adult and Child IAT scores and determined the association of participant demographics with Adult and Child IAT scores.

**RESULTS:** Among 91 residents, we found moderate pro-white/anti-black bias on both the Adult (mean = 0.45, standard

deviation = 0.34) and Child Race IAT (mean = 0.55, standard deviation = 0.37). There was no significant difference between Adult and Child Race IAT scores (difference = 0.06,  $P = .15$ ). Implicit bias was not associated with resident demographic characteristics, including specialty.

**CONCLUSIONS:** This is the first study demonstrating that resident physicians have implicit racial bias against black children, similar to levels of bias against black adults. Bias in our study did not vary by resident demographic characteristics, including specialty, suggesting that pediatric residents are as susceptible as other physicians to implicit bias. Future studies are needed to explore how physicians' implicit attitudes toward parents and children may impact inequities in pediatric health care.

**KEYWORDS:** implicit bias, pediatric, health care disparities, physician implicit attitudes, racial bias, racial disparities

**ACADEMIC PEDIATRICS** 2017;17:120-126

#### WHAT'S NEW

Physicians have similar levels of implicit racial bias toward children and adults. With growing evidence of pediatric health care disparities, it is important to explore physicians' implicit attitudes toward both parents and their children, which may impact health care equity.

ACHIEVING HEALTH EQUITY is a universal principle of the American Academy of Pediatrics. Yet a large body of research has documented that racial/ethnic disparities in pediatric health care are "quite extensive, pervasive, and persistent."<sup>1</sup> Investigating attitudes that physicians have toward black children, including implicitly activated attitudes, is important to advance our understanding of


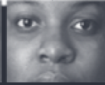




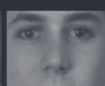
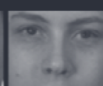
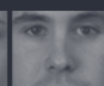
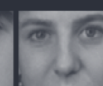
factors that contribute to inequities in the care and outcomes of children.

Implicit biases are unconscious attitudes and beliefs that may influence behaviors such as nonverbal communication, physician perceptions and clinical assessments about patients, and decisions about patient management.<sup>2</sup> The Implicit Association Test (IAT) is a validated and reliable tool that has been used to measure implicit racial bias in hundreds of studies across a range of participants.<sup>3-6</sup> Research in the general population shows that most Americans have an implicit pro-white/anti-black bias.<sup>7,8</sup> Research conducted on over 4000 health care students, trainees, and attending physicians using the Adult Race IAT demonstrates that most health care providers also have pro-white/anti-black implicit racial bias, similar to the general population.<sup>3-5</sup> While studies show that

ACADEMIC PEDIATRICS  
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## Approach

Black	     
White	     
Good	Joy   Love   Wonderful   Pleasure   Laughter   Happy
Bad	Terrible   Horrible   Evil   Awful   Annoy   Hurt

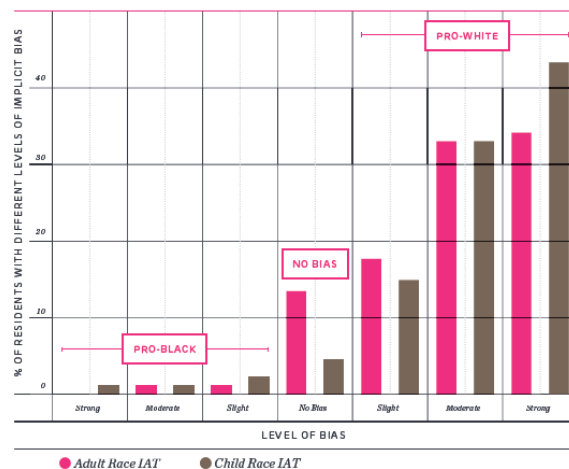
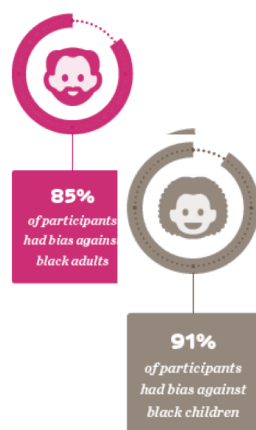
## Hypotheses

- H1: Resident physicians would have less bias on the Child Race IAT compared to the Adult Race IAT
- H2: Adult and Child Race IAT scores would be lower among pediatric residents (vs other specialties)

AKA: Everyone Loves Brown Babies!



## Results



IAT scores did not vary by resident demographics characteristics

## Systematic Review *Soc Sci Med*, 2017



### A decade of studying implicit racial/ethnic bias in healthcare providers using the implicit association test

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Health disparities

#### ABSTRACT

Disparities in the care and outcomes of US racial/ethnic minorities are well documented. Research suggests that provider bias plays a role in these disparities. The implicit association test enables measurement of implicit bias via tests of automatic associations between concepts. Hundreds of studies have examined implicit bias in various settings, but relatively few have been conducted in healthcare. The aim of this systematic review is to synthesize the current knowledge on the role of implicit bias in healthcare disparities. A comprehensive literature search of several databases between May 2015 and September 2016 identified 37 qualifying studies. Of these, 31 found evidence of pro-White or light-skinned-Black, Hispanic, American Indian or dark-skinned bias among a variety of HCPs across multiple levels of training and disciplines. Fourteen studies examined the association between implicit bias and healthcare outcomes using clinical vignettes or simulated patients. Eight found no statistically significant association between implicit bias and patient care while six studies found that higher implicit bias was associated with disparities in treatment recommendations, expectations of therapeutic bonds, pain management, and empathy. All seven studies that examined the impact of implicit provider bias on real-world patient-provider interaction found that providers with stronger implicit bias demonstrated poorer patient-provider communication. Two studies examined the effect of implicit bias on real-world clinical outcomes. One found an association and the other did not. Two studies tested interventions aimed at reducing bias, but only one found a post-intervention reduction in implicit bias. This review reveals a need for more research exploring implicit bias in real-world patient care, potential modifiers and confounders of the effect of implicit bias on care, and strategies aimed at reducing implicit bias and improving patient-provider communication. Future studies have the opportunity to build on this current body of research, and in doing so will enable us to achieve equity in healthcare and outcomes.

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## Implicit Bias & Communication

### Physicians with higher implicit bias demonstrate:

- Higher verbal dominance
- More anxiety related words
- Less interpersonal treatment
- Less supportive communication
- Less patient centered communication
- Poorer patient ratings of satisfaction
- Greater patient reported difficulty with following recommendations

## Implicit Bias & Disparities in Treatment Decisions

- Thrombolysis recommendations for chest pain (Green, 2007)
- Treatment for TIIDM (Charles 2009)
- Expectations of therapeutic bonds (Katz 2014)
- Pediatric post operative pain (Sabin 2016)

## Microaggressions in Healthcare

- Patients report experiencing microaggressions during the clinical encounter, and this was associated with
  - reports of hospitalization
  - history of heart attack
  - depressive symptoms

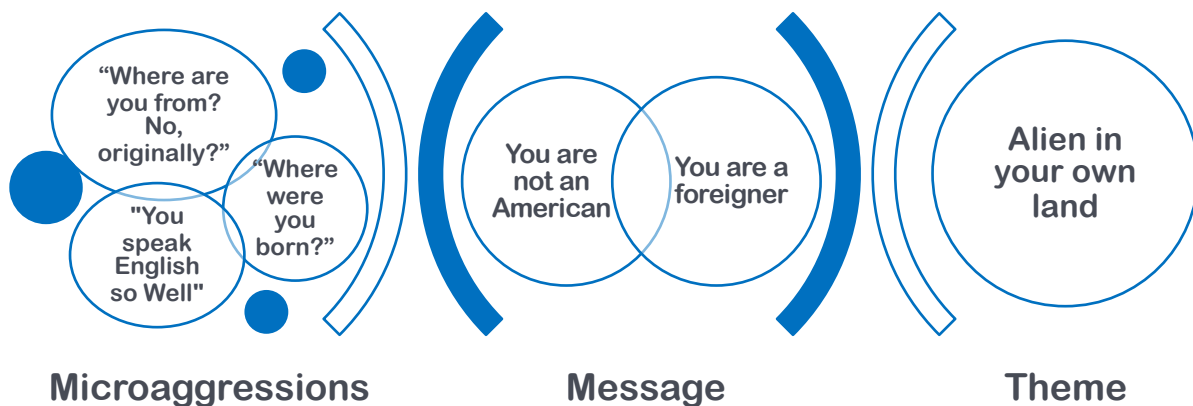
*Walls, J Amer Board Fam Med, 2015*

## Racial Microaggressions

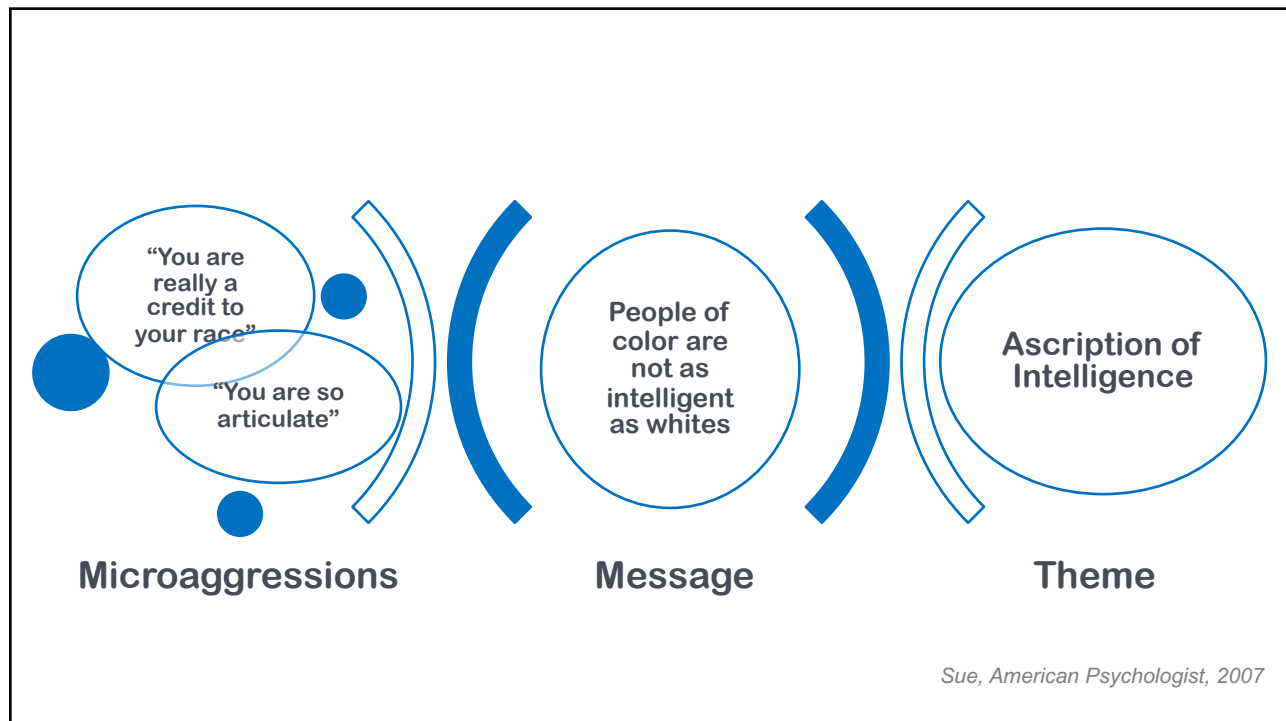
“Brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative racial slights and insults towards people of color.”



*Sue, American Psychologist, 2007*

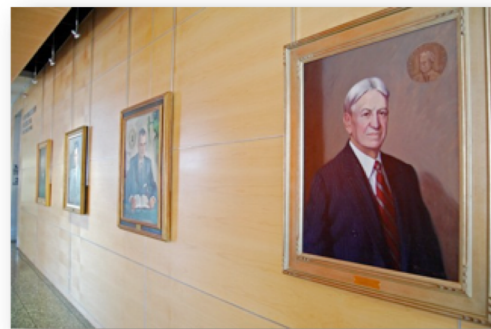


*Sue, American Psychologist, 2007*



## Environmental Microaggressions

"Racial assaults, insults, and invalidations which are manifested on systemic and environmental levels."



You are an outsider

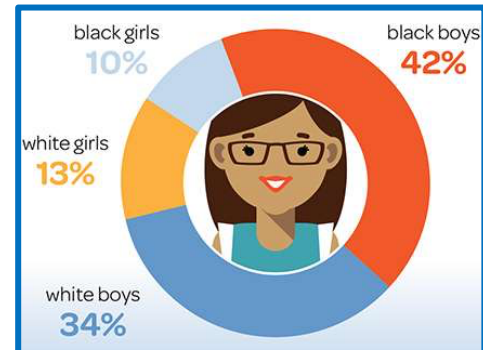
You don't belong here

You won't succeed here

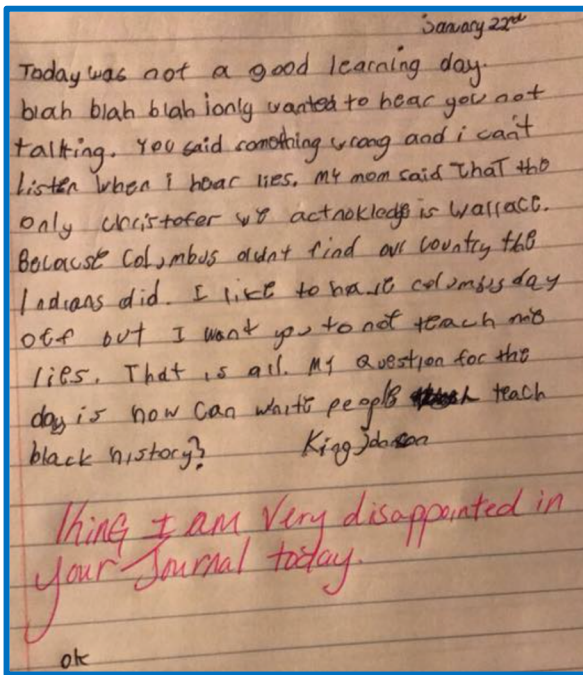
*Sue, American Psychologist, 2007*

## Personally Mediated Racism in Education

Eye tracker study on educators shown video clips of children engaging in typical activities demonstrates longer gazes at black boys



Gilliam, Yale Child Study Center, 2016

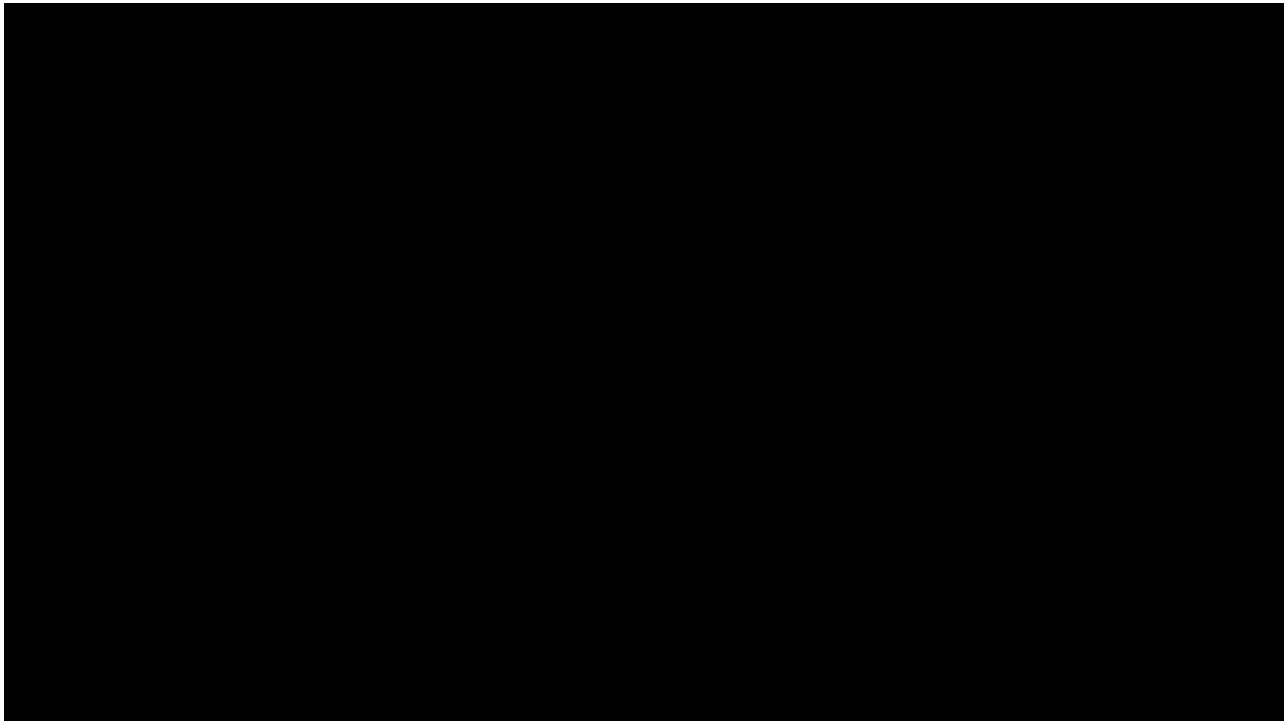
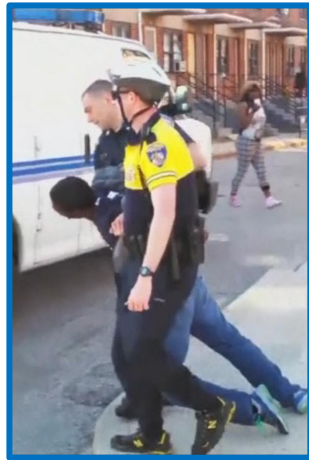


## Youth Perceptions of Bias in Curriculum

- Whitewashing of history
- Limited acknowledgement of the heritage and contributions of people of color
- Experiences of bias and discrimination in school are associated with
  - Poor school engagement
  - Poor academic motivation

Dotterer, Appl Dev Sci, 2009; Wong, J Pers, 2003

## Personally Mediated Racism in the Criminal Justice System

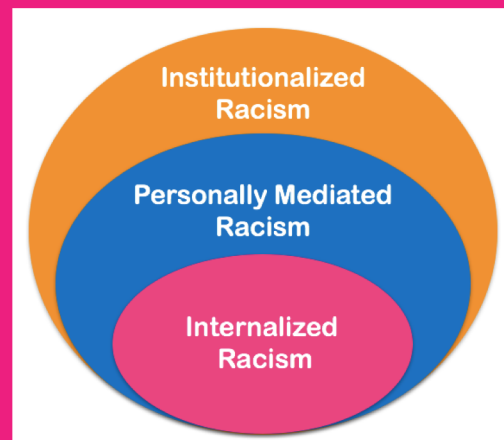




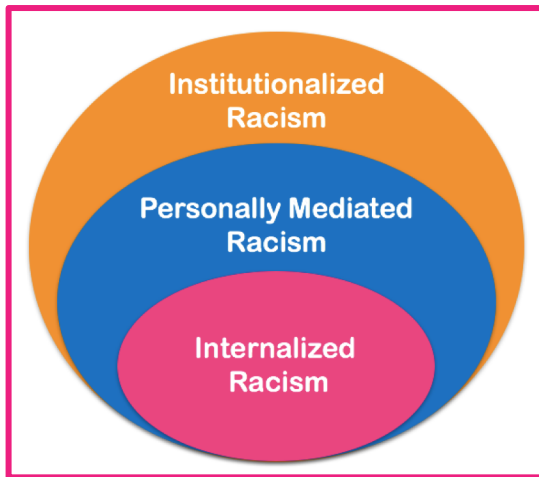


OVERVIEW

# INTERNALIZED RACISM



## Internalized racism



- When members of stigmatized groups accept negative messages about their own abilities and self-worth
- May be manifested as
  - Poor school/job performance
  - Engagement in high risk behaviors

*Jacoby-Senghor, J Exp Soc Psychol, 2016*

## Clark Doll Studies

- 1939 study: 67% of black children preferred the white doll over black doll
- CNN Replication 2010



Clark & Clark. J Soc Psychol. 1939;591-599

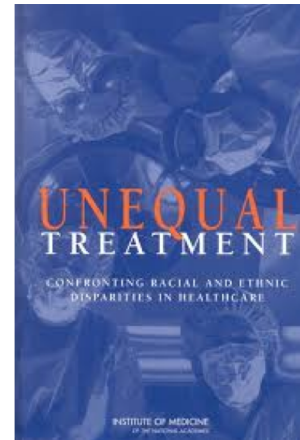


OVERVIEW

# IMPACT OF RACISM ON HEALTHCARE & HEALTH OUTCOMES

## Unequal Treatment: Disparities in Healthcare

- Evidence of racial disparities:
  - Cardiovascular care
  - Cancer testing, treatment, and analgesia
  - HIV care
  - Diabetes care
  - End-stage renal disease and kidney transplant
  - Mental health



Smedley, Stith, Nelson, *Unequal Treatment*, 2002

## Pediatric Disparities: Systematic Review



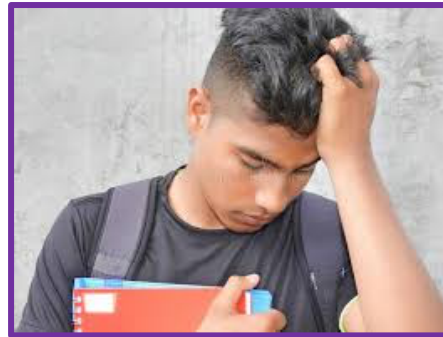
- Mortality
- Prevention and Access
- Health status
- Adolescent health
- Chronic diseases
- Quality of care
- Organ transplant

“Racial/ethnic disparities in children’s health and healthcare are quite extensive, pervasive, and persistent”

Flores and The Committee on Pediatric Research, *Pediatrics*, 2010

## Emotional Outcomes

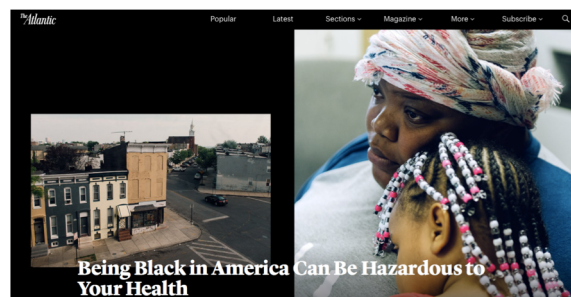
- Emotional distress
- Depressive symptoms
- Stress
- Anxiety
- Hopelessness & powerlessness



J Pers. 2003, 71(6):1197-1232; Devel and Psychopathology 2002,14(2):371-393;  
J Adolesc. 2004, 27(2):123-137; Int J Epidemiol. 2006,35(4):888-901

## Health Outcomes

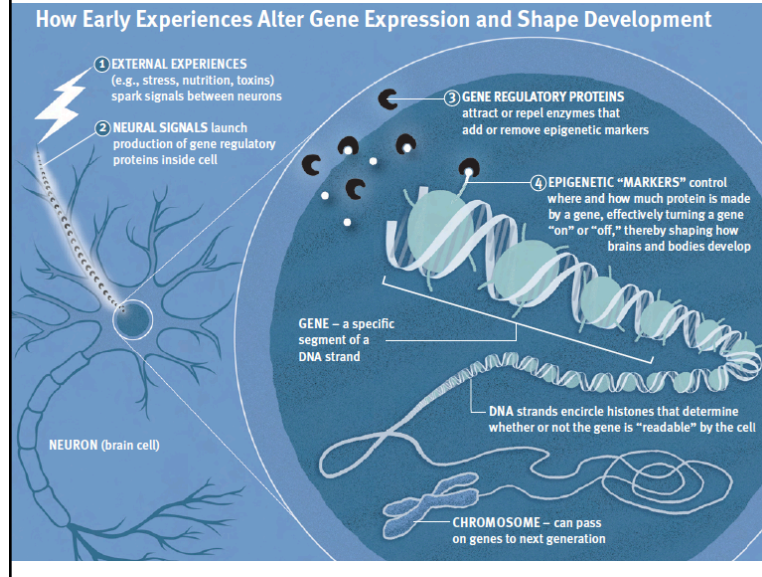
- Poor self-reported health status
- HTN and cardiovascular disease
- High cortisol → obesity, increased waist circumference
- Poor glucose regulation
- Inflammatory response
- Weakened immune system
- Difficulties with memory/concentration



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.



## Epigenetics



Racism/bias spark neuronal signaling

Production of gene regulatory proteins

Enzymatic impact on epigenetic markers

Turning 'on or off' of gene expression

DNA/chromosome incorporation

Adapted from the Harvard Center on the Developing Child

## Maternal & Infant Mortality

### Infant morbidity and mortality

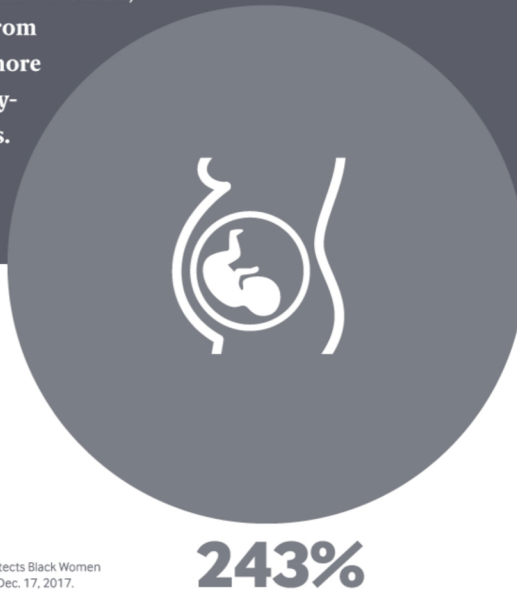
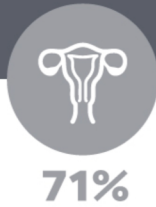
- Lifelong accumulated experiences of racial discrimination by black women is a risk factor for preterm delivery

### Maternal morbidity and mortality



Collins, AJPH, 2011  
Kramer and Hogue, 2009

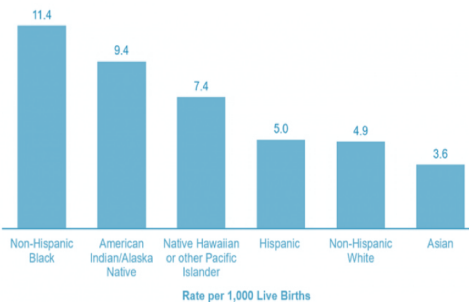
**A black woman is 22% more likely to die from heart disease than a white woman, 71% more likely to perish from cervical cancer, and 243% more likely to die from pregnancy- or childbirth-related causes.**



Data: Nina Martin and Renee Montagne, "Nothing Protects Black Women from Dying in Pregnancy and Childbirth," ProPublica, Dec. 17, 2017.

## Maternal & Infant Mortality

CDC Infant Mortality Rates, 2016



Villarosa, 2018

OVERVIEW

# THE TREATMENT PLAN:



CH Children's Hospital  
of Philadelphia  
PolicyLab

EQUALITY

VS.

EQUITY



**EQUALITY = SAMENESS**  
**GIVING EVERYONE THE SAME THING**  
It only works if everyone starts from the same place



**EQUITY = FAIRNESS**  
**ACCESS TO SAME OPPORTUNITIES**  
We must ensure equity before we can enjoy equality

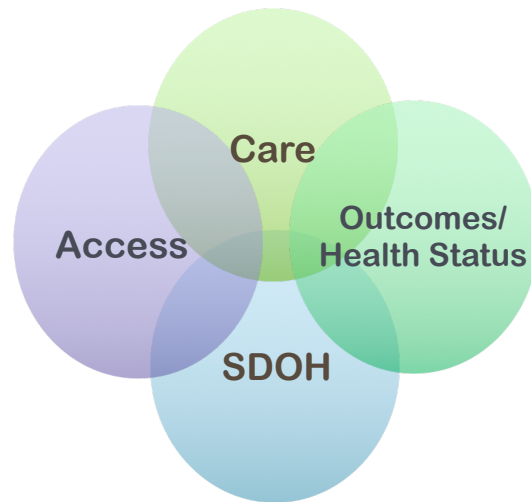
Health equity implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.



## Health Equity

Attaining the highest level of health for all requires

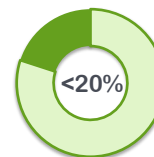
- Valuing everyone equally
- Elimination of health and healthcare disparities
- Measuring health not only by lack of disease, but also by access to opportunities
- Addressing SDOH



## Using Quality Improvement Strategies to Address Health Equity



78% of hospitals  
collect information on patient race



<20% use this info to evaluate for  
disparities in the quality of care

*Regenstein, Race, ethnicity and language of patients: hospital practices  
regarding collection of information to address disparities in healthcare, 2006*

ONLINE FIRST

## Equality-in-Quality in the Era of the Affordable Care Act

Matthew M. Davis, MD, MAPP

Jennifer K. Walter, MD, PhD

**U** HEALTH CARE RECEIVED BY PATIENTS IN THE UNITED States is of inadequate quality.<sup>1</sup> As part of the fed-

in philosophical theory and provide a framework for addressing these issues. One prominent argument, presented most thoroughly by Daniels et al.,<sup>2</sup> is an extension of the theory of "justice as fairness" originally proposed by Rawls.<sup>6</sup> Through the principle of fair equality of opportunity, Daniels et al defend the role of medicine and public

" The AHRQ and IOM have indicated that reducing disparities is an unambiguous priority in working to improve quality in health care. This approach is consistent with analyses suggesting that reducing disparities based on social factors may improve health care quality more than would marginal improvements in overall medical care"

Davis, M. et al. JAMA, 2011

## Addressing Equity in Quality Improvement

REaL Data: ensure race, ethnicity, and preferred language data is documented consistently and accurately across the organization

All QI data should be stratified by race/ethnicity, language, insurance, and SES

Reducing inequities in care should be an *integral* component of QI efforts, not an afterthought

Partnerships between QI and disparities researchers are needed to reduce inequities in care

## Diversity Among Physicians: Intervention To Address Disparities

- URM physicians tend to be more likely to practice in underserved areas and to have patient populations with a higher percentage of minorities.
  - Moy 1995, Cantor 1996, Gray 1997, Davidson 1997, Rabinowitz 2000
- Minority patients who have a choice are more likely to select health care professionals of their own ethnicity.
  - Porter 1994, Kaplan 1995, Cooper 1999, Saha 2000, LaVeist 2002

Institute of Medicine, *Enhancing Diversity in the Health Professions*, 2001

## The Case for Diversity: Good for Medical Training

ORIGINAL CONTRIBUTION

### Student Body Racial and Ethnic Composition and Diversity-Related Outcomes in US Medical Schools

*JAMA* 2008; 300:1135-1145

Somnath Saha, MD, MPH  
Gretchen Guiton, PhD  
Paul F. Wimmers, PhD  
LuAnn Wilkerson, EdD

**Context** Many medical schools assert that a racially and ethnically diverse student body is an important element in educating physicians to meet the needs of a diverse society. However, there is limited evidence addressing the educational effects of student body racial diversity.

- Greater student body diversity and institutional climate associated with:
  - Endorsement of health equity
  - Enhanced self-efficacy among all students

## Lessons Learned from Medical School Experiences & Implicit Racial Bias

- **Decreased racial bias**
  - Self-efficacy regarding care for black patients
  - Favorable contact with black faculty



Van Ryn. JGIM 2015

## Confronting Implicit Racial Bias

- Perspective taking (*Galinsky 2000*)
- Focusing on common identities (*Hall 2009*)
- Using counter-stereotypical exemplars (*Lai 2015*)
- Multicultural training (*Castillo 2007*)
- Individuation (*Devine 2012*)
- Increased Opportunity for cross-cultural contact (*Castillo 2007*)
- Mindfulness meditation (*Lueke 2015, Leuke 2016, Kang 2014, Keng 2016, Parks 2014, Stell 2015*)

## “I Am Not a Racist” is Not Enough Advocating for Anti-Racism and Social Justice



## Confronting Institutionalized Racism

- Make racial equity a strategic priority
- Acknowledge past and present policies that fuel social determinants of health
- Address systems in place in your organizations that perpetuate inequities
- Develop solutions for addressing social determinants
  - Medical-legal partnerships
  - Nutrition initiatives
  - Addressing barriers to housing and transportation
  - Employment opportunities
- Build partnerships to enable patients, families, and community members to play a meaningful role in developing solutions

Hostetter, The Commonwealth Fund, 2018

## Confronting Institutionalized Racism: Anti-Racism Policies

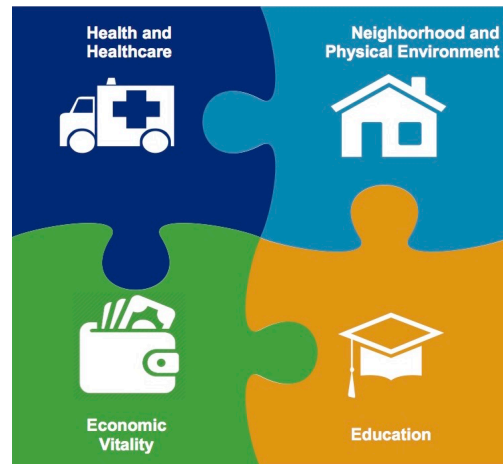
- **Live:** fair housing, healthy food markets
- **Learn:** equitable education systems
- **Work:** support economic vitality, employ from disadvantaged communities
- **Play:** safe playgrounds

## Addressing Law Enforcement Violence as a Public Health Issue

1. Eliminate policies and practices that facilitate disproportionate violence against specific populations (including laws criminalizing these populations)
2. Institute robust law enforcement accountability measures
3. Increase investment in promoting racial and economic equity to address social determinants of health
4. Implement community-based alternatives to addressing harms and preventing trauma
5. Work with public health officials to comprehensively document law enforcement contact, violence, and injuries

## Examples of Confronting Institutionalized Racism: West Side United in Chicago

- **Mission:** To build community health and economic wellness on Chicago's West Side and build healthy, vibrant neighborhoods
- **Hospital Partners:** Rush University Medical Center, Ann & Robert H. Lurie Children's Hospital of Chicago, AMITA Health, Cook County Health, Sinai Health System, and the University of Illinois Hospital & Health Sciences System



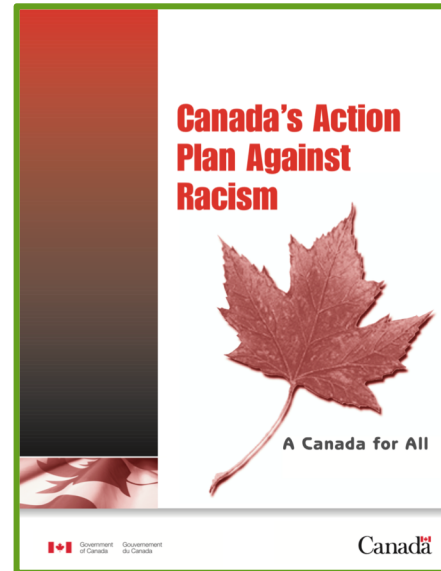
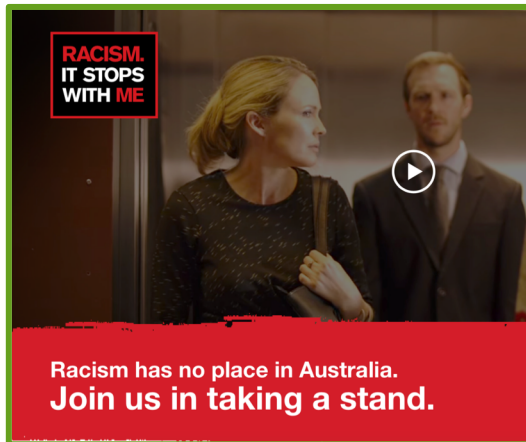
## Examples of Confronting Institutionalized Racism: Purpose Built Communities


- Developing mixed-income housing
- Investing in education systems to ensure student success
- Promoting community wellness through facilities and services that reflect community priorities and promote healthy lifestyles
- Healthcare industry has partnered to invest in consumer neighborhoods (ex: AdventHealth, Orlando)






## Anti-Racism Activism





## QUESTIONS AND COMMENTS?



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