Northwest Participant and Clinical Interactions Network Annual Meeting

Race, Racism and Health

April 30, 2021

David Geffen School of Medicine | UCLA Health

Keith Norris, MD, PhD

Professor and Executive Vice-Chair for Equity, Diversity and Inclusion
David Geffen School of Medicine – UCLA
Director Investigator Core, UCLA RCMAR

Building.Belonging.Becoming.

Potential Conflicts of Interest*#

NIH[1]

Atlantis HealthCare[2]

* Activities within the last year

Grants: 1

Consulting: 2

None related to this talk

I believe in a society grounded in Equity & Justice

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A billionaire has donated ten million dollars to MLK Hospital and builds them a nice medical clinic. What are your thoughts about this billionaire?

Several months later you get a call. A request for a favor has been made - the billionaire has 2 kids and would love the son to get a high-level job at MLK Hospital - the son has no health care industry background. You are told a very important person wants you to join a “special committee” to create a job for the son.

What do you do?
What are your thoughts about this billionaire now?

Overview

- Better Understand Race and Racism and their Relation to Health & Health Disparities
- Understanding Structural Racism
- The Role of Provider Bias in Health
- A Way Forward

From UCLA Health Care Workers rally for Black Lives Matter – June 2020

Why Should we examine Race & Racism in Health Care

Major Inequities Exist in Society & in Medicine that lead to Disparities and Undermine the Optimal Care for All

Every system is perfectly designed to achieve the results it gets
- Dr. Don Berwick, former CMS director

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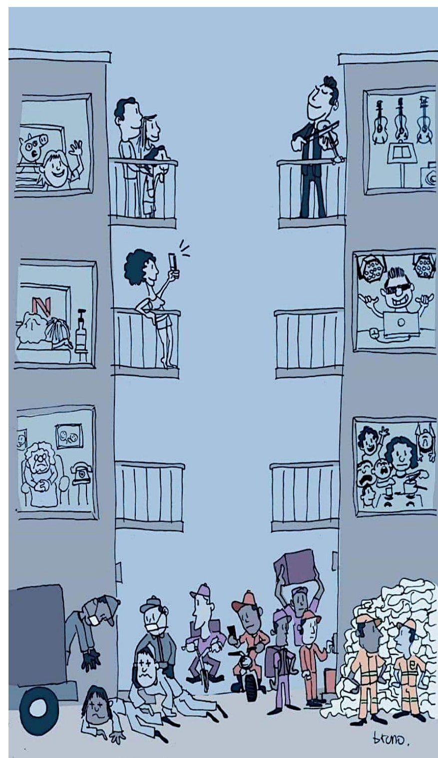
COVID: The Making of a Health Disparity

Structural Racism*
(e.g. residential segregation, underfunded school systems, employment, access to care, poverty, chronic discrimination – collectively for us the Social Determinants of Health)



Increase Risk of Exposure	Service Jobs	Poor housing conditions	Public Transportation
High Chronic Disease Burden	DM/CKD	HTN/CVD	Asthma/COPD
Lack of Access to Quality Care	Early testing shortage	Poor preventative care	Low quality hospitals

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Communities of Color are 2-4 times more likely to have COVID-19 Infection, Hospitalization & Death

Towards Achieving Equity

Education
Economic
Housing
Government
Mobility
Technology
Healthcare
Food
Investment

Social Determinants of Health

1.

EQUALITY imagines an equal world.

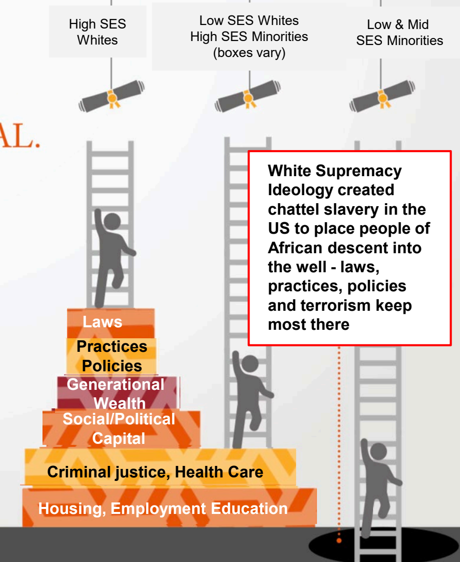
"I care about all students equally"

CENTER *for* URBAN EDUCATION

Center for Urban Education. © Copyright 2016. All Rights Reserved.

2.

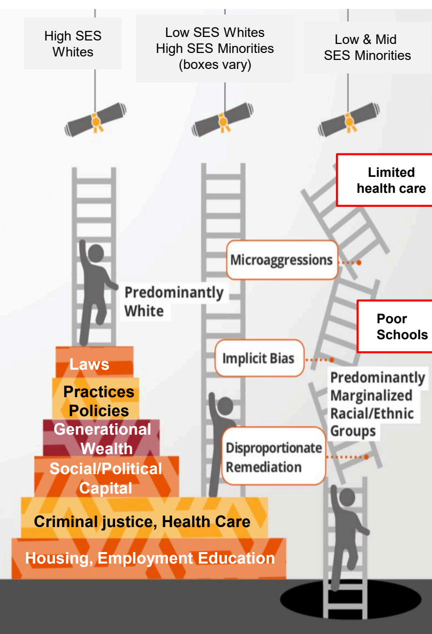
But the world ISN'T EQUAL.



Adapted from the USC Center for Urban Education

3.

And it has BIAS AND SYSTEMIC RACISM.



4.

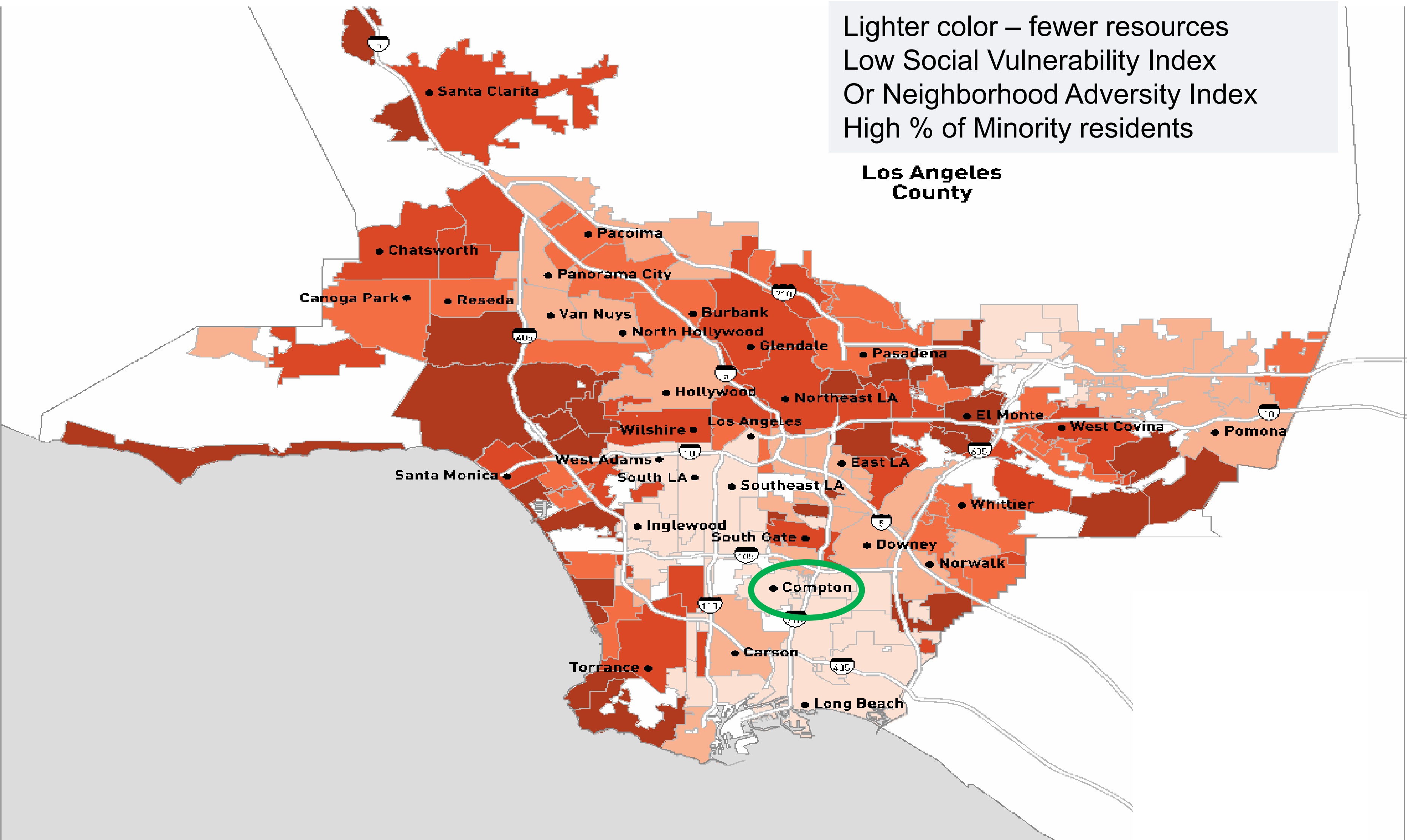
Within this same picture, a DIVERSITY lens focuses only on bringing more students into an unequal pathway.

5.

In contrast, EQUITY redirects resources to the pathways with greatest need to fix barriers and intentionally provide support.

& Justice closes the hole and starts adding some boxes

Structural Racism in Action- Health Care



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More accurate term might be Social Inequity Index
Or Neighborhood Oppression Index

Structural Racism in Action- Health Care

Los Angeles County

Santa Clarita
Pacoima
Chatsworth
Pan… a City
Canog… k
Reseda
Van Nuys
Burbank
North Hollywood
Glendal…
Pasadena
Hollywood
Northeast LA
El Monte
West Covina
Pomona
Wilshire
Los Angeles
West Adams
Santa Monica
South LA
Southeast LA
East LA
Whittier
Inglewood
South Gate
Downey
Norwalk
Compton
Carson
Torrance
Long Beach

U U U U U U U U U U U U U U U U U U U U

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Background and a Few Definitions

Race/Ethnicity

- Despite its official status in government, research and health professions, the term race is a misnomer
  - There is only one race, the human race or Homo sapiens - the only extant human species.
- The Pan American Health Organization/WHO holds the scientifically accurate view that there is a single human race and uses ethnicity to characterize different socio-cultural groups.
  - Share traditions, ancestry, language, history, culture, nation, religion, and/or social treatment within a society

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Marshall E. DNA studies challenge the meaning of race. *Science.* 1998;282(5389):654-655.
Ethnicity and Health. Pan American Health Organization/World Health Organization.
In “The race question” UNESCO (United Nations Educational, Scientific and Cultural Organization) **1950**

Race

- Modern idea not based on biologic or scientific fact
- Social interpretation of how one looks in a “race”-conscious society.
- Race does have biologic associations
  - Racism can affect health/illness & biology
  - Race is indirectly (**not directly**) related to biology/ancestry
    - Race is a guess of continental ancestry which is an estimate of varying prevalences of known and unknown polymorphisms that impact health through gene-gene and gene-environment

Race = How society sees you and thinks of you

Jones CP. Confronting Institutionalized Racism. *Phylon.* 2002;50(1/2):7-22.
Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health*. Aug 2000;90(8):1212-5.
Witzig R. The medicalization of race: scientific legitimization of a flawed social construct. Ann Int Med. 1996;125(8):675-9.

The Making of Race

Race was created via pseudoscience to justify and maintain chattel slavery & Native American/Indigenous People genocide/oppression

The "Scientific" Foundation for Racism

1735 - Carl Linnaeus, father of modern taxonomy

Americanus (American Indian): obstinate, merry, free, **regulated by customs**
Asiaticus (Asian): melancholy, avaricious, **ruled by opinions**
Africanus (Black): relaxed, crafty, negligent, **governed by caprice**
European (White): muscular, gentle, inventive, **governed by laws**

The idea of race was in fact a deliberate creation of an exploiting class which was seeking to maintain its privileges against what was profitably regarded as an inferior social caste.
(Montague Francis Ashley-Montagu (born Israel Ehrenberg) - Man's Most Dangerous Myth: The Fallacy of Race. Columbia University Press. 1942)

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Mohottige D, Diamantidis CJ, Norris KC, Boulware LE. Racism and Kidney Health: Turning Equity Into a Reality. Am J Kidney Dis. 2021 Feb 24:S0272-6386(21)00437-6.
In "The race question" UNESCO (United Nations Educational, Scientific and Cultural Organization) 1950

Race is not a risk factor for health outcomes but it is associated with health outcomes
Race is a risk factor for racism

Exposure to racism is risk factor for health conditions/outcomes and health disparities

Group level differences in gene allele frequencies may be exist due to continental ancestry, but not race (we wrongly call it race)

- Race is a fair guess of ancestry (non-scientific) which is an estimate of gene polymorphism of a person based on the prevalence distribution across a continent (zero chance to guess a person's biology with 99% of medical conditions and some slight idea on the other 1%)
    - Estimated that 85% of all possible human genetic variation occurs between two persons from the same ethnic group, 8% occurs between tribes or nations, and 7% occurs between the so-called major races

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Witzig R. The medicalization of race: scientific legitimization of a flawed social construct. Ann Int Med. 1996;125(8):675-9.
Rose S, Kamin U, Lewontin RC. Not in Our Genes: Biology, Ideology, and Human Nature. New York: Penguin; 1984:119-26.
Mohottige D, Boulware LE, Ford C, Jones C, Norris KC. Use of Race in Kidney Research and Medicine: Concepts, Principles and Practice (under review)

Racism: a system of structuring opportunity and assigning value based on race

1) unfairly disadvantages some individuals/communities,

2) unfairly advantages other individuals/communities, and

3) saps the strength of the whole society through the waste of human resources.

4) Racism is closely entangled with all the "isms"

- ***Structural or Institutionalized racism****; personally mediated, internalized*

Racism = What society does to you based on how it sees you

It's not what's wrong with you or them
it's what happened to you or to them

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Jones CP. Confronting Institutionalized Racism. *Phylon*. 2002;50(1/2):7-22.
Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health*. Aug 2000;90(8):1212-5.

Using race/ethnicity in medicine

- As social constructs R/E capture population level differences (mostly disparities - differences due to society inequitable) and we use **for public health & community messaging and health systems/policy work**
  - **May provide insights to explore risk polymorphisms (APOL-1)**
- We may identify a group has 25% higher prevalence of HTN and an average SBP that is 5mmHg higher
- ***We don't add or subtract xx mmHg as a modifier to their BP.*** *The individual's BP is what it is.*
  - Because they are a member of a group with an increased association with a given condition/outcome we may promote more aggressive prevention messages, explore/address SDoH and we may have them come back in 6 months rather than a year

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Kaufman JS, Cooper RS, McGee DL. Socioeconomic status and health in blacks and whites: the problem of residual confounding and the resiliency of race. Epidemiology. 1997;8(6):621-8.
Robinson, W.S. (1950). "Ecological Correlations and the Behavior of Individuals". American Sociological Review. **15** (3): 351–357.

The Biology of Racism

Society ◄► Structural Racism
Inequity in resources and opportunities
Personal Experiences with discrimination and racism
Health inequities and subsequent impact

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Biological "Weathering"

Weathering

"Blacks experience early health deterioration as a consequence of the **cumulative impact of repeated experience with social and/or economic adversity and political marginalization**. On a physiological level, persistent, high-effort coping with acute and chronic stressors has a profound impact on health"

Arline Geronimus

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Geronimus AT. The weathering hypothesis and the health of African-American women and infants: evidence and speculations. Ethn Dis. 1992;2(3):207-21.

Differential Weathering in the MIDUS Cohort (ages 35-85)

	Black participants (n-228; avg age=53)	White participants (n=942; avg age=58)	Race Difference
Fasting glucose (mg/dL)	**111.1±42.3**	99.9±23.4	<.001
HOMA-IR	**1.5±0.64**	1.3±0.55	<.001
CRP (ug/dL)	**1.34±0.80**	1.0±0.68	<.001
Il-6 (pg/mL)	**1.5±0.54**	1.2±0.51	<.001
E-selectin (ng/mL)	**52.1±28.9**	41.3±20.6	<.001
Waist	**101.4±18.1**	96.5±15.7	<.001
BMI	**32.8±8.6**	29.0±5.9	<.001

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Courtesy Dr. Teresa Seeman

Adverse Childhood Experience Questionnaire for Adults

1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?
2. Did you lose a parent through divorce, abandonment, death, or other reason?
3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?
4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?
5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?
6. Did you live with anyone who went to jail or prison?
7. Did a parent or adult in your home ever swear at you, insult you, or put you down?
8. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
9. Did you feel that no one in your family loved you or thought you were special?
10. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?

Adverse Childhood Experience Questionnaire for Adults

- 61% of adults had at least one ACE & 16% $\geq$ 4
  - Females and several racial/ethnic minority groups were at greater risk for experiencing $\geq$ 4 ACEs.
- Persons who had experienced $\geq$ 4 ACE compared to those who experienced none had:
  - 2-5 fold increase in obesity, cancer, diabetes, heart disease, drug abuse, depression, and suicide attempt independent of race/ethnicity, sex, and age

Again - It's not what's wrong with you or them
it's what happened to you or to them

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The Way Forward: Society

- We do not just have a police, education, employment, or housing problem….**We have a 400-year-old problem of Structural Racism**.
    - It is not a Black American Problem - it is an American Problem –yet its wrath is levied most heavily upon Black Americans
- Don't be afraid of names. No one on this zoom owned a slave or created Structural Racism (or White Supremacy ideology).
- But everyone can choose to support Structural Racism (actively or by doing nothing) or to help to dismantle it.
    - Many White people work to dismantle racism
    - Many non-White people can and do actively support/promote racism

From UCLA Health Care Workers rally for Black Lives Matter – June 2020

Does America have the will to embrace its founding and globally purported values of equity and justice for ALL AMERICANS?

Race, Racism, Bias & Health Institutions

Race Implicit Association Test (IAT)
Doctors, Researchers and Lawyers

	All	MD	JD	PhD
Cohen's D	0.81	0.89	0.68	0.70
N	344,469	2,535	6,144	7,952

D of 0.5 = medium effect
D of 0.8 = large effect

Cohen's D: standardized effect size, comparing the mean to M=0 (no bias),
D of 0.2 = small effect, D of 0.5 = medium effect, and D of 0.8 = large effect
Data from *Project Implicit*®, operated at Harvard University (https://implicit.harvard.edu/)

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Sabin J, et al. Physicians' implicit and explicit attitudes about race by MD race, ethnicity, and gender. *J Health Care Poor Underserved*. 2009;20(3):896–913.

Fiona White, MD

Dr. White can only be described as ***motherly****. You know that if you're going to be on call with her there you won't be hungry because she will bring lots of snacks. She is a very* ***kind****,* ***caring*** *person and it is reflected in how she treats her patients as well as her coworkers.*

- Keith Riggs, MD

Susan Nasab, MD

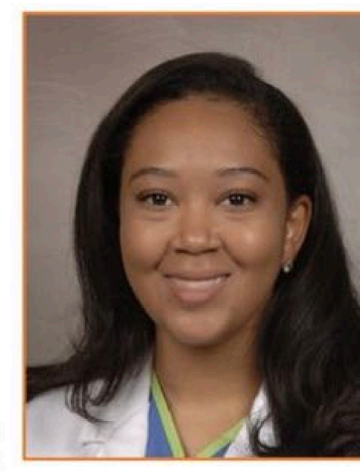
I learned so much from Dr. Nasab. She is so ***cool*** *to be with in the OR, always with a new technique or trick. I appreciated the time she took to teach us and make us better. She is a very* ***caring*** *person. Susan is also super* ***funny****, and has amazing stories. She is going to be an amazing REI!*

- Adekorewale (Wale) Odulate-Williams, MD

Chizaram Nwogwugwu, MD

Dr. Nwogwugwu makes her team feel loved by how she helps us and brings ***joy*** *to a stressful day. Her* ***small acts of kindness*** *show that she cares and is there for us. She is* ***direct*** *and* ***honest****. Not only is she tactful when giving feedback, but she also provides practical solutions and really* ***helps you to believe in yourself****. I wish I had more time to learn from her.*

- Kelcie Alexander, MD



Ivana Simpson, MD

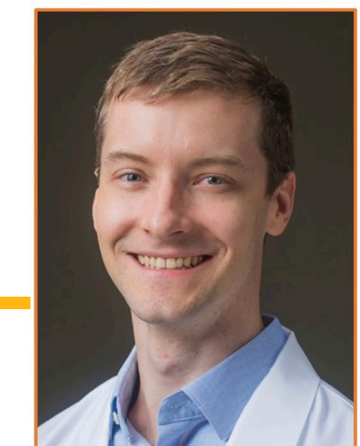
Dr. Simpson not only is a ***rockstar*** *in the OR, but also in the workplace where she jams to music. She is a* ***loveable*** *chief; her* ***easy-going*** *attitude makes her a great person to work with. She is also approachable. Her composure is one of the many qualities I hope to gain. Wish her all the best!*

- Aneesh Kothare, DO

Clifton O. Brock, MD

Dr. Brock is ***smart, friendly,*** *and* ***caring****. He is also* ***efficient*** *and* ***analytical****. His work has laid the foundation for large prospective studies that may answer critical questions to predict and prevent complications of monochorionic twins, including death or severe long term disability. He is an* ***exceptional talent*** *with* ***great potential*** *ahead. We are excited to have him join our Fetal Intervention family!*

- Dr. Ramesh Papanna , MD, MPH

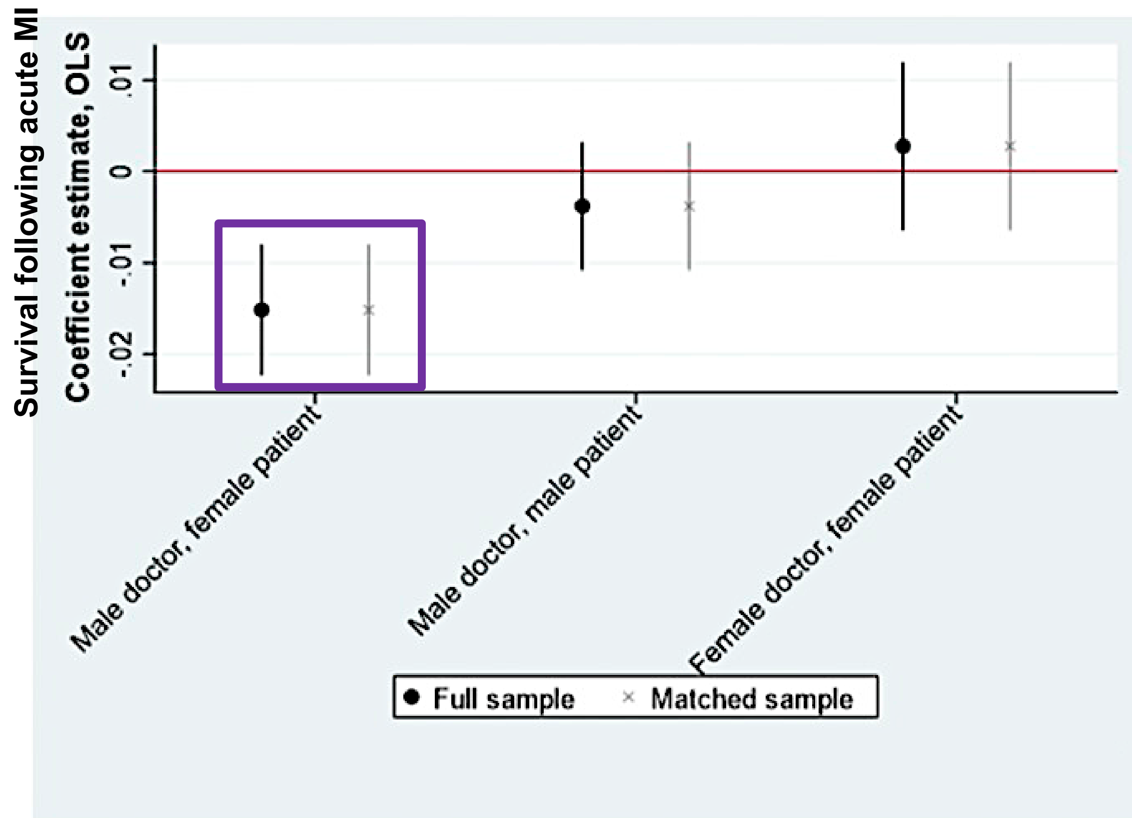


Eric Bergh, MD

Dr. Bergh is a ***compassionate and brilliant person*** *with a* ***passion for information technology****. During his Fetal Intervention fellowship, he has performed >250 procedures, guided by the best - Drs. Ken Moise & Tony Johnson. He has developed multiple novel studies, and continues to do research which will lay the foundation for developmental outcome studies in fetal disease. We are all proud of his accomplishments and thrilled to have him join the Fetal Center team as faculty.*

- Dr. Ramesh Papanna , MD, MPH

Patient-physician gender concordance and increased mortality among female heart attack patients



Gender concordance and patient survival: 90% confidence interval displayed. Estimates include controls and hospital quarter fixed effects.
Comparison group is male doctor, male patient.
n = 581,797 for full sample,
n = 134,420 for matched sample

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Greenwood BN, et al. Patient-physician gender concordance and increased mortality among female heart attack patients. PNAS. 2018;115(34):8569-74

Structural Racism: Poverty/Discrimination/More → ↑Psychosocial Stress → Poor Cognitive Processing

Evaluative Systems (VALUE)

Long-Term Memory (PAST)

Attentional Systems (FOCUSING)

Global Workspace

Perceptual systems (PRESENT)

Motor systems (FUTURE)

Stress (to survive) leads to realignment of workspaces that limits cognitive processing

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Dehaene S, et al. A neuronal model of a global workspace in effortful cognitive tasks. PNAS. 1998 24;95(24):14529-34.

What might happen if/when an "under-resourced/marginalized" patient makes it to their visit & then goes home?

Cost of food, housing, more

Inability to remember

Mistrust and Stress from social injustices (-isms)

Suboptimal Clinical Outcomes

Small margin for unforeseen events

Inability to implement

Fear, anxiety apprehension

Which ball(s) are your under-resourced/marginalized and disproportionately minority patients likely to drop
-Rent, food, electricity, childcare, elder care or
-Provider recommendations, f/u visit, meds/other?

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For Countering Bias & Racism

Empathy is

seeing with the eyes of another,
listening with the ears of another,
and feeling with the heart of another.

- Overcoming Unconscious or Implicit Bias
  - Recognize it could be you
  - Focus on treating patients/peers/staff as individuals and not as a category.
  - Practice Empathy, Caring, Respect
- Unraveling the Institutionalization of Racism
  - Revise health system policies
  - Recognize your role as a community resource and/or leader for health – Help change laws/policies that promote inequity and adverse social determinants of health
- Passivity is a choice – it is choosing to perpetuate structural racism and health disparities

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Adapted from Masters C, et al. Addressing Biases in Patient Care with The 5Rs of Cultural Humility, a Clinician Coaching Tool. *JGIM* 2019;34(4):627-630
Capers Q. How Clinicians and Educators Can Mitigate Implicit Bias in Patient Care and Candidate Selection in Medical Education. ATS Scholar. 2020;1(3):211-7

Caring for Marginalized Patients

What many "Marginalized" Patients have

- Discriminated Group
- Limited Income
- Under and Un-Insured
- Low Educational Attainment
- Limited Access to Care
- Impaired Cognitive Processing
- Adverse biologic profile
- Multimorbidity

What many "Marginalized" Patients need

- High Quality Care
- Treated with Respect
- Our Empathy
- Our Compassion
- Our Support
- To be given Hope
- ~~Judgement~~
- ~~Ire~~
- ~~Lecture~~

Tell your patients that you treat them like family
And then do it!

And remember: It's not what's wrong with them it's what did we do to them

The truth is that there is nothing noble in being superior to somebody else. The only real nobility is in being superior to your former self. – Whitney Young, Jr. adapted from Hemingway

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Photo: From UCLA Health Care Workers Rally for Black Lives Matter – June 2020

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