



Racism in American Medicine

Thank you for joining us.
We will begin the webinar shortly.

This slide deck and webinar recording
will be sent to you in about a week.

**“Of all the forms of inequality,
injustice in health care is the
most shocking and inhumane.”**

DR. MARTIN LUTHER KING, JR.



Learning objectives

1 Evaluate inequities in health outcomes research

2 Describe how social determinants of health impact health inequities

3 Recognize why Black women feel apprehensive about doctor's office visits and how intersectionality compounds health care inequities

4 Identify ways to avoid patient grievances



Today's speakers



Tina K. Sacks, PhD
Associate Professor
School of Social Welfare
University of California, Berkeley

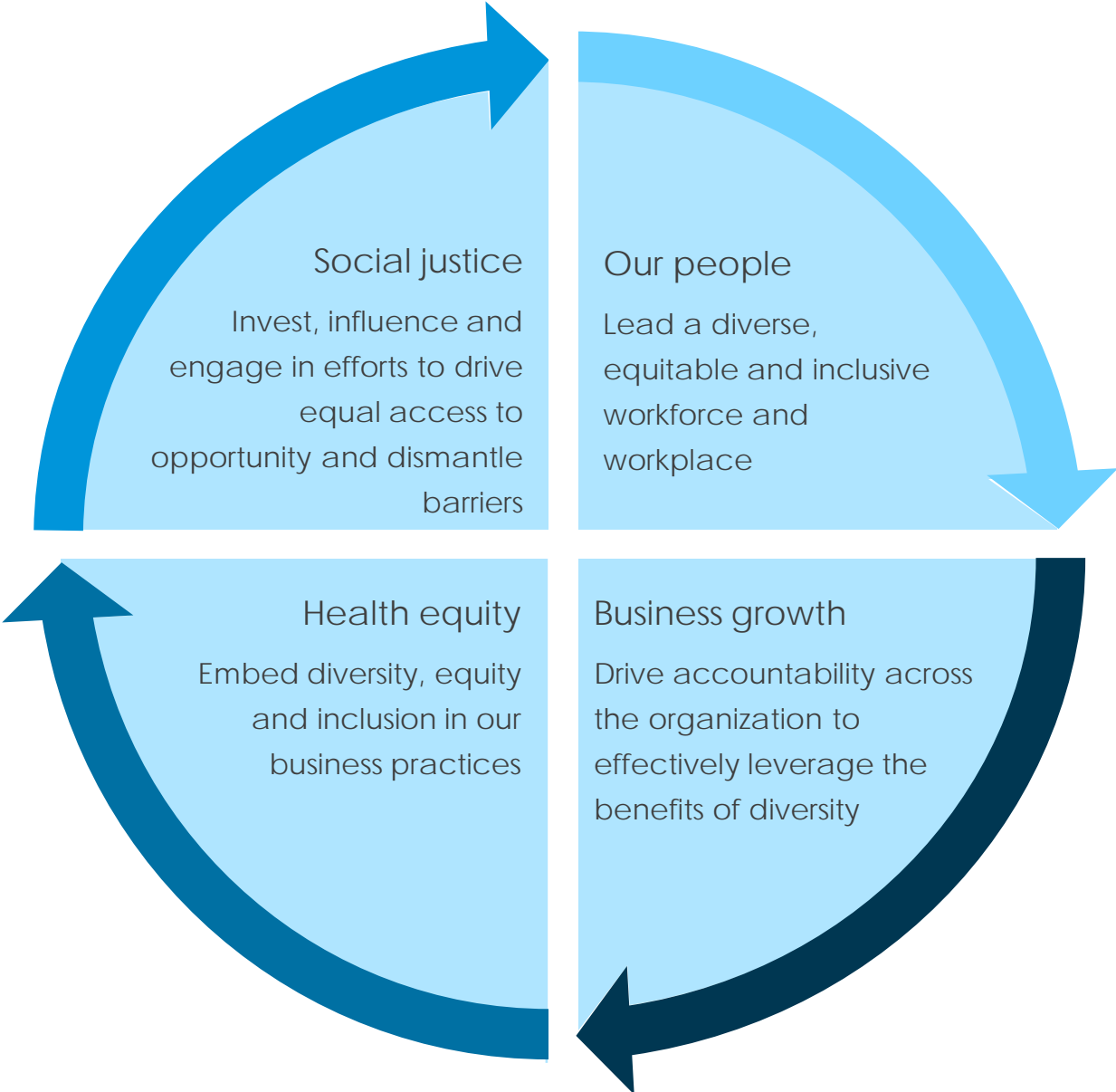


Lily Lamboy, PhD
Director
Diversity, Equity, and Inclusion
Blue Shield of California



Blue Shield's diversity, equity and inclusion strategy

Our diversity, equity and inclusion strategy is one comprehensive, holistic approach



Numerous studies show stark disparities in health outcomes



2+X

The statewide rate of Black infant low birthweights is over two times higher than white infant birthweights.

2-3X

The statewide mortality rate of Black infants is two to three times higher than other ethnic groups.

4+X

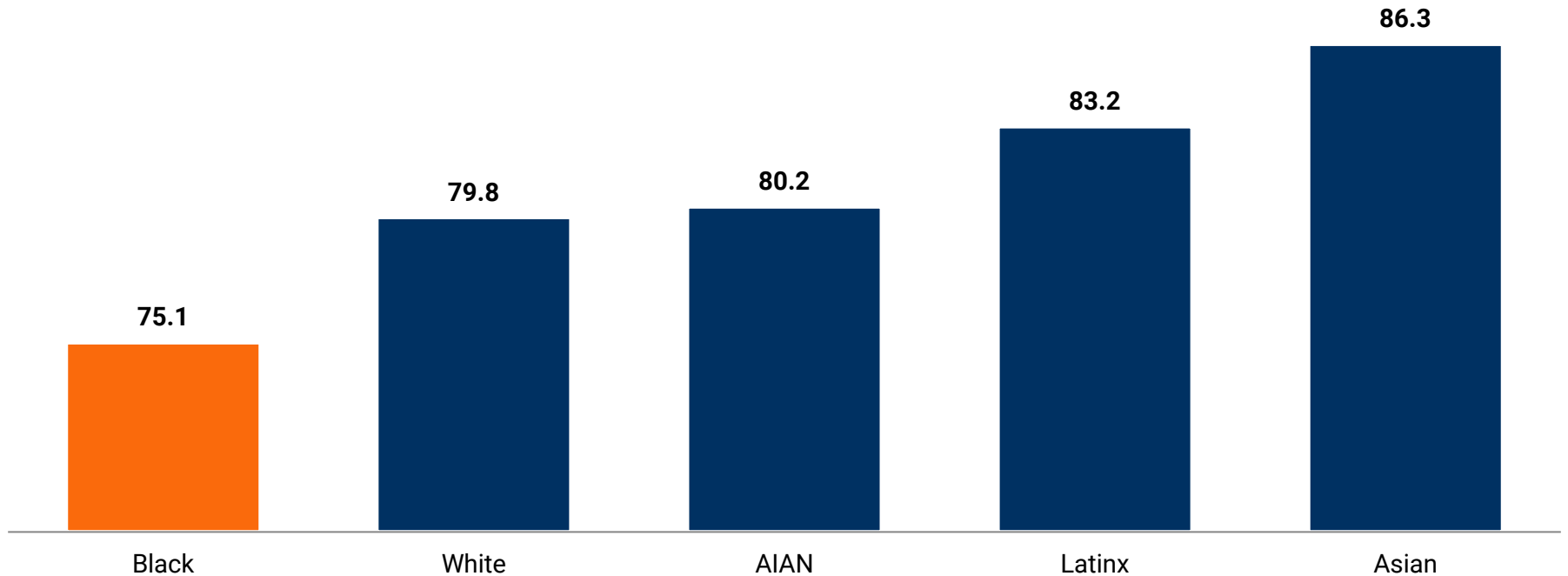
Black adult asthma hospitalizations are over four times higher than for whites.

6X

Black people experience homelessness six times more than white people.

Life Expectancy by Race/Ethnicity

Black people die younger

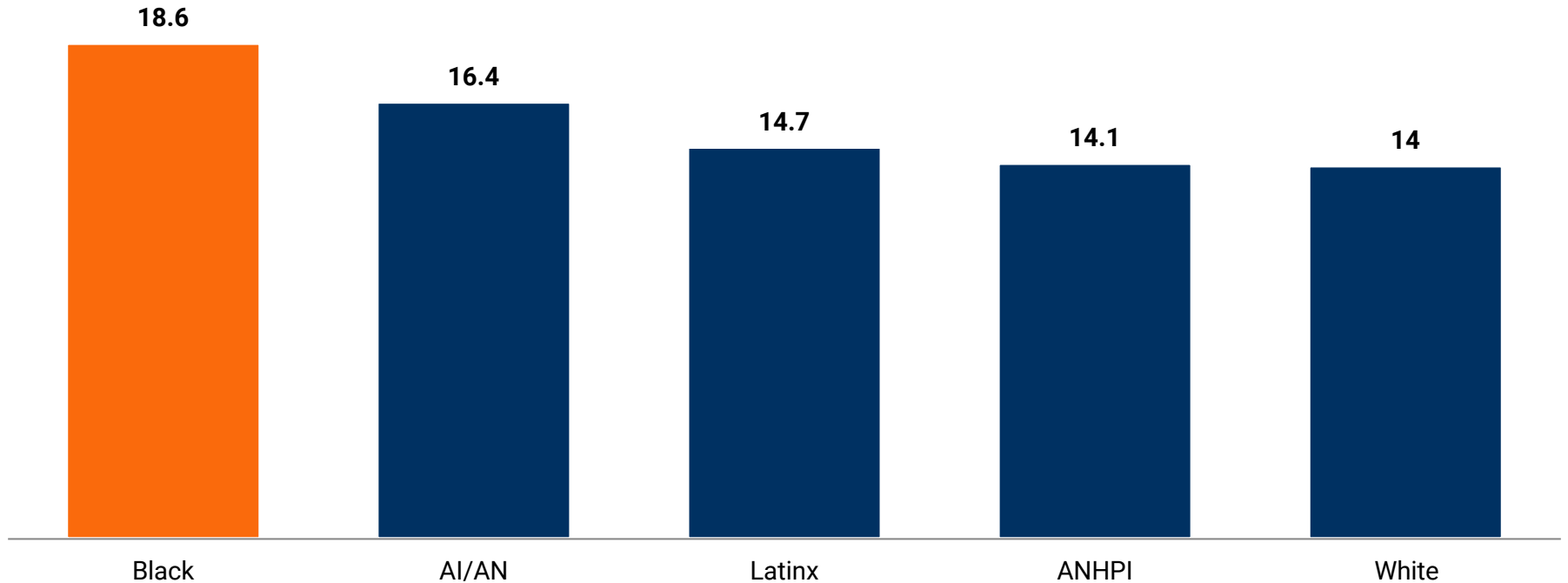


AIAN is American Indian and Alaska Native

California Health Care Foundation, 2021

Hospital Readmissions by Race/Ethnicity

Black people have the most hospital readmissions



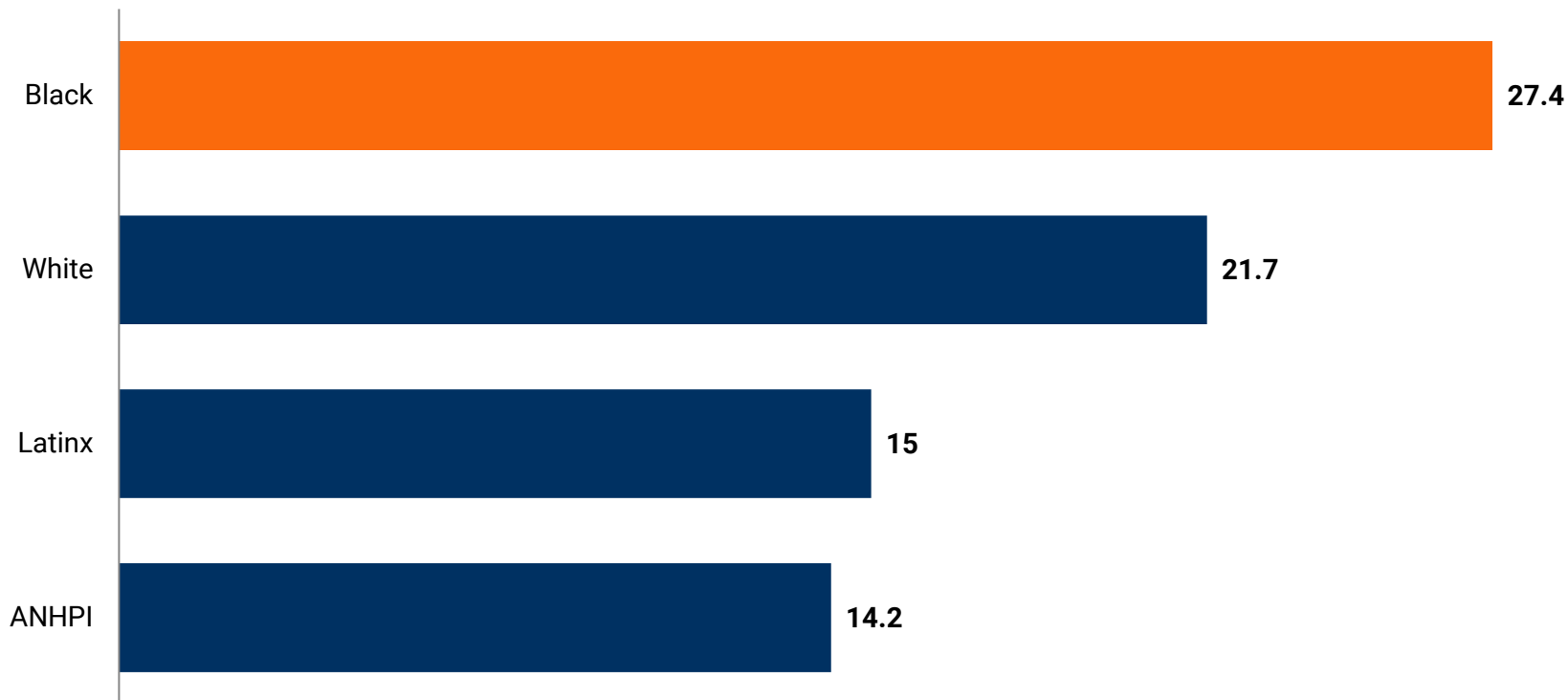
AIAN is American Indian and Alaska Native
ANHPI is Asian, Native Hawaiian, and Pacific Islander

California Health Care Foundation, 2017 adult rates of unplanned hospital readmissions within 30 days of discharge

Cancer Deaths by Race/Ethnicity

Black people have the most cancer deaths

Breast - Female



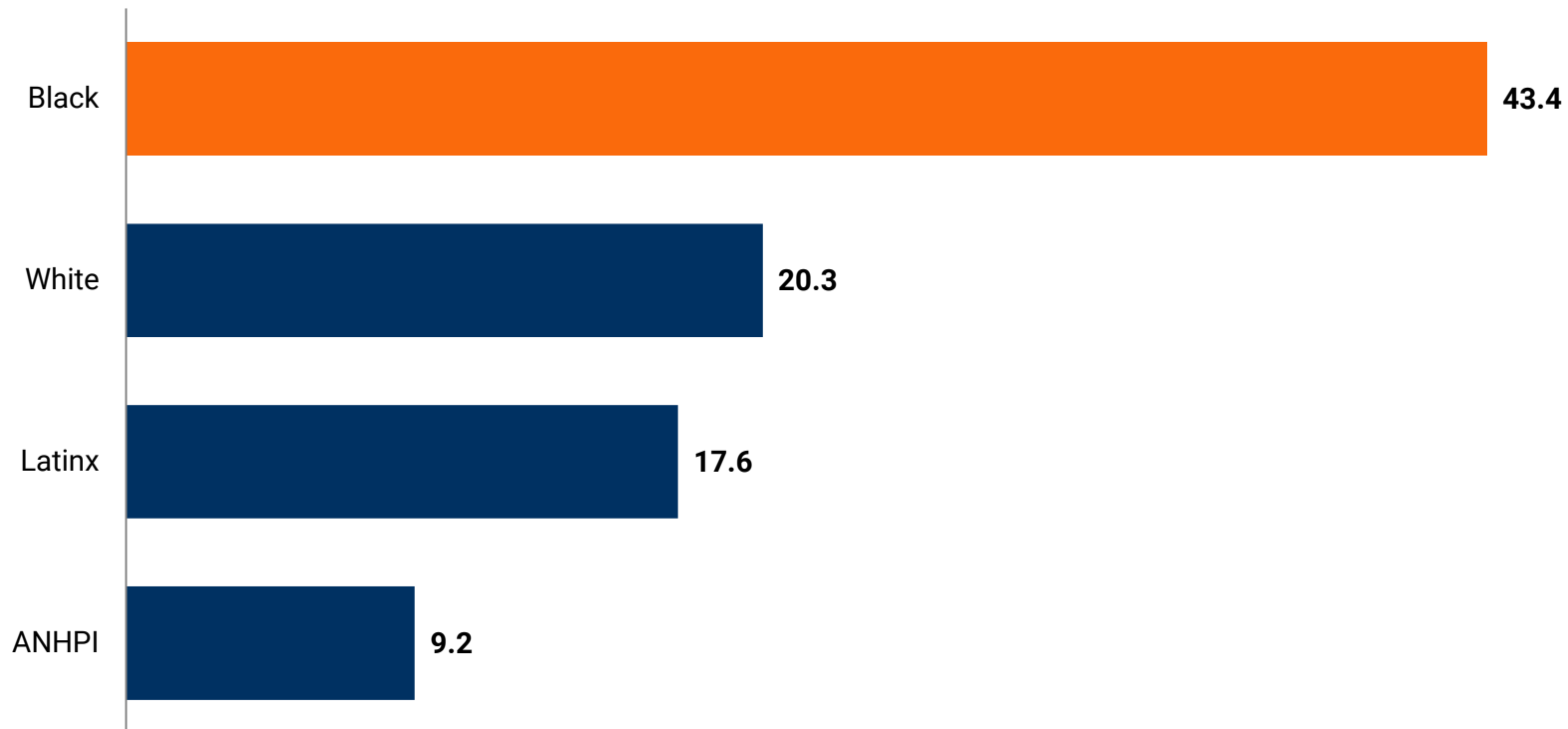
ANHPI is Asian, Native Hawaiian, and Pacific Islander

California Health Care Foundation, 2017 age-adjusted rate per 100,000 population

Cancer Deaths by Race/Ethnicity

Black people have the most cancer deaths

Prostate



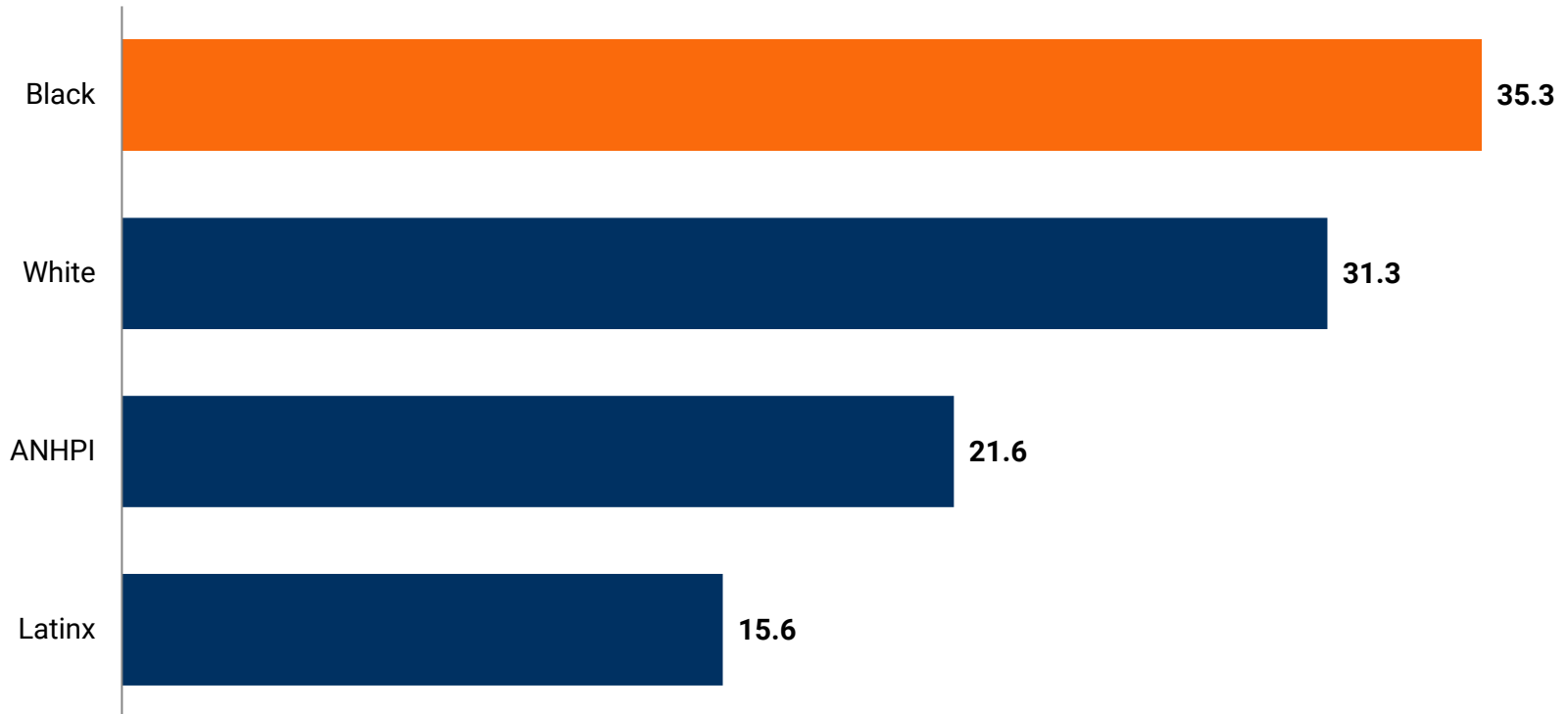
ANHPI is Asian, Native Hawaiian, and Pacific Islander

California Health Care Foundation, 2017 age-adjusted rate per 100,000 population

Cancer Deaths by Race/Ethnicity

Black people have the most cancer deaths

Lung



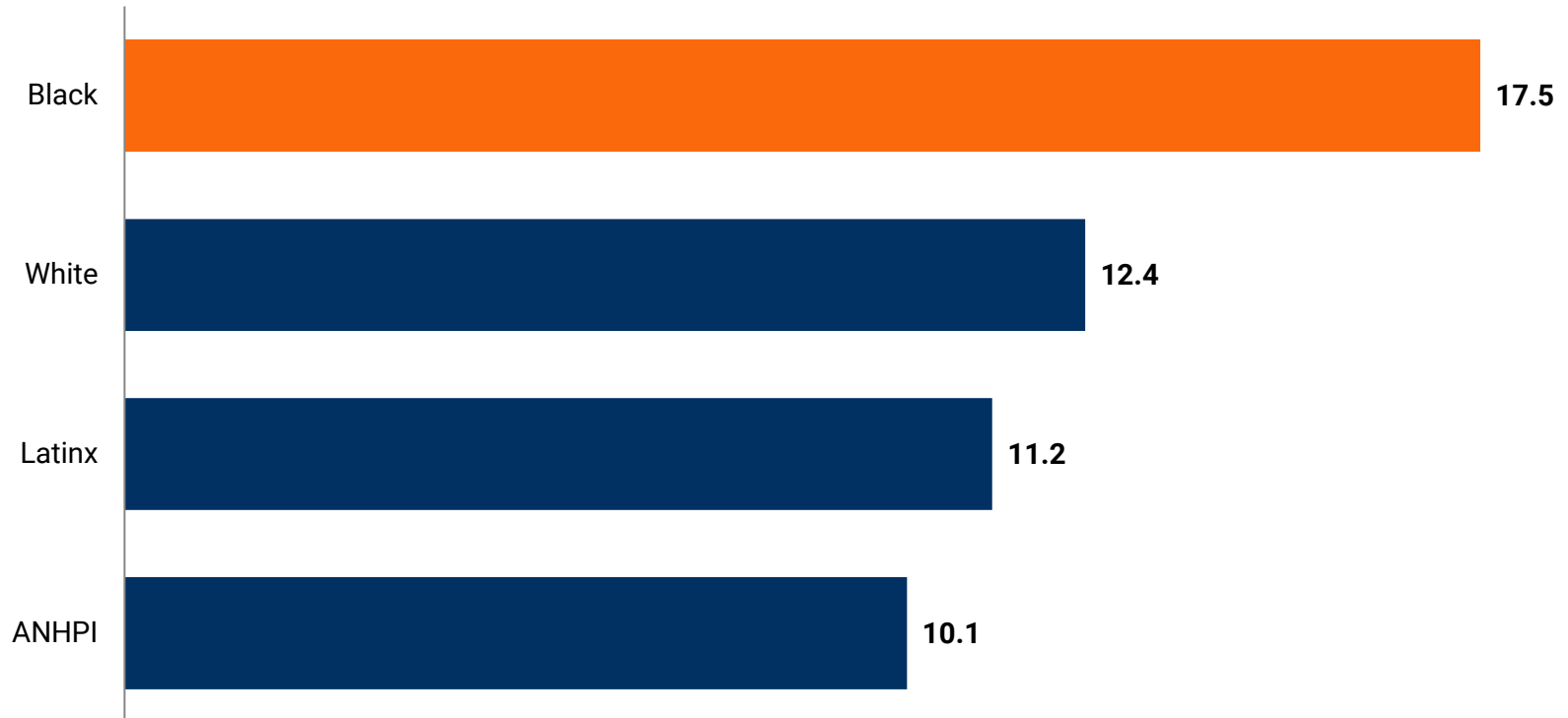
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California Health Care Foundation, 2017 age-adjusted rate per 100,000 population

Cancer Deaths by Race/Ethnicity

Black people have the most cancer deaths

Colorectal

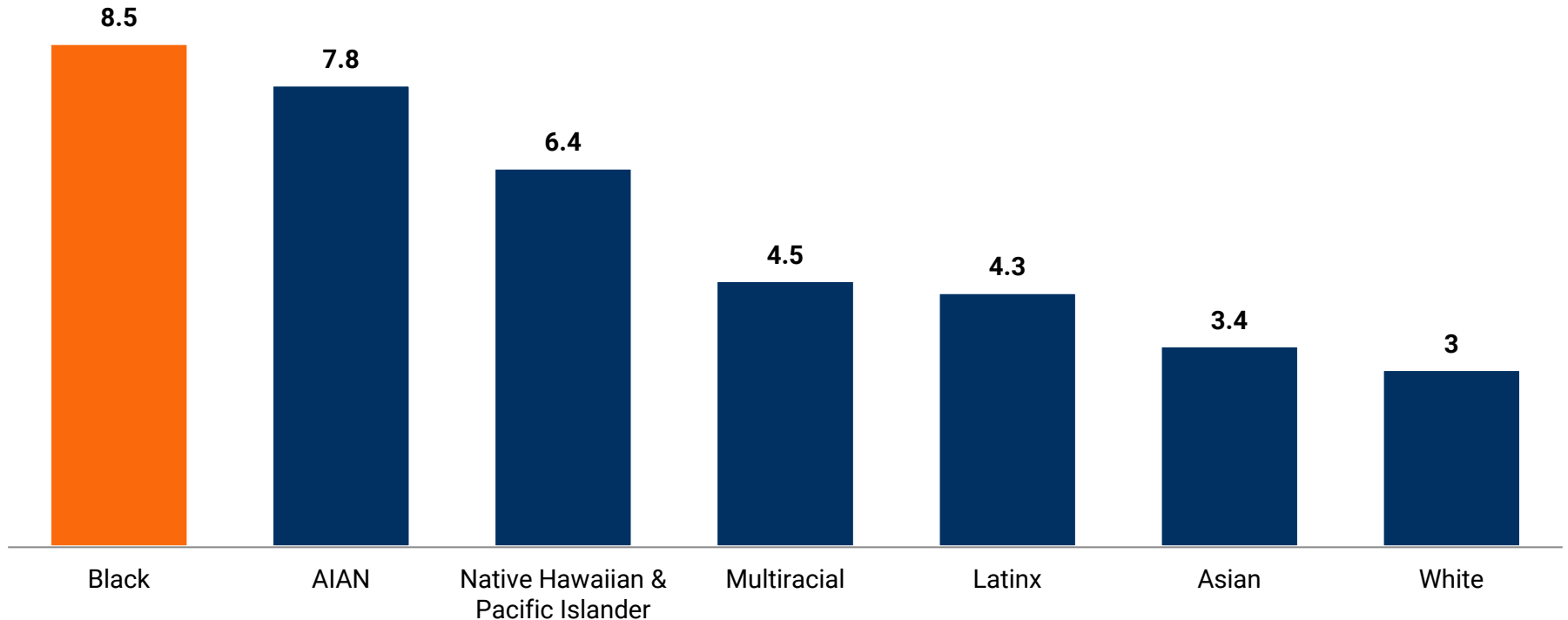


ANHPI is Asian, Native Hawaiian, and Pacific Islander

California Health Care Foundation, 2017 age-adjusted rate per 100,000 population

Infant Mortality by Birthing Person's Race/Ethnicity

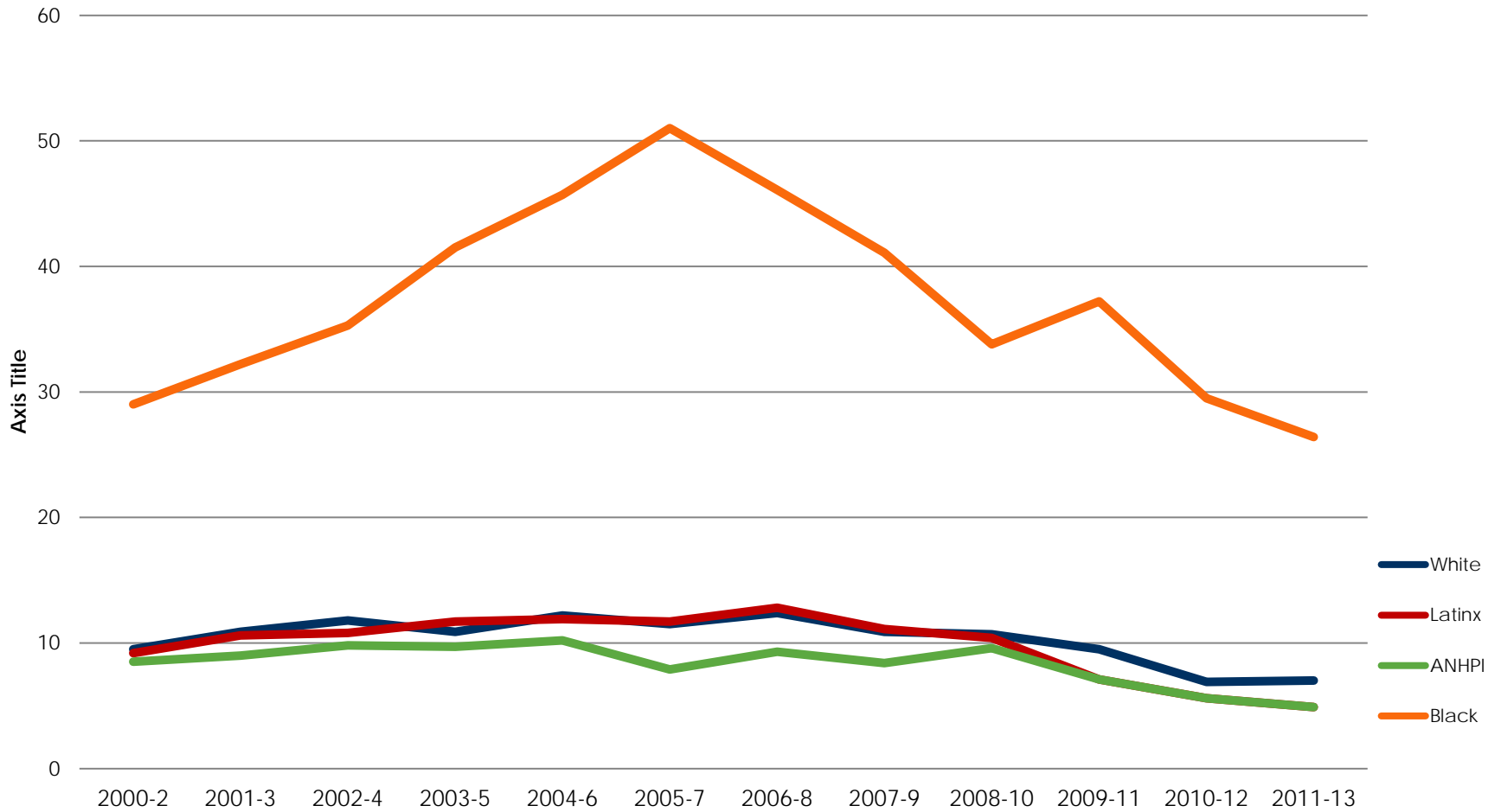
Black people have the highest infant mortality



AIAN is American Indian and Alaska Native

California Health Care Foundation, 2018 rate per 100,000 live births

Maternal Mortality by Race/Ethnicity



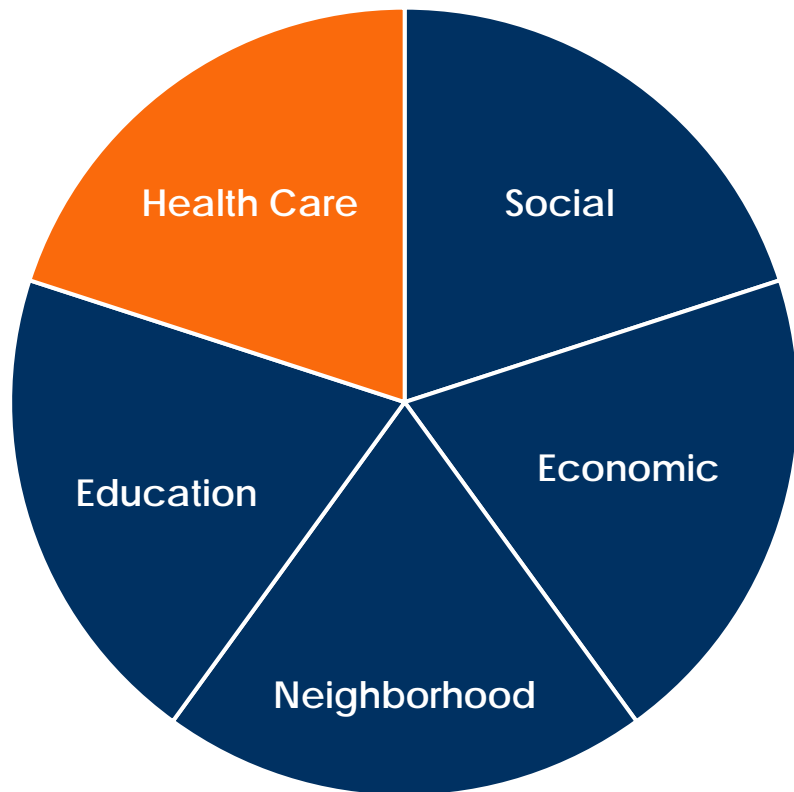
ANHPI is Asian, Native Hawaiian, and Pacific Islander

California Health Care Foundation, maternal deaths per 100,000 live births

Social Determinants of Health

Social determinants of health are conditions that affect a wide range of quality-of-life outcomes and risks. They contribute to heightened disparities, poor health outcomes, and increased health care costs.

The U.S. Office of Disease Prevention and Health Promotion groups SDOH into five domains:



Health care access & quality

- Primary care
- Health insurance
- Health literacy

Social & community context

- Discrimination
- Workplace conditions
- Incarceration

Economic stability

- Poverty
- Food security
- Housing stability

Neighborhood & built environment

- Housing quality
- Neighborhood crime
- Transportation access

Education access & quality

- Education level
- Language & literacy
- Childhood development

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

Health inequities at the point of service

Racial disparities and bias

- Over 500 peer-reviewed studies have found racial disparities in medical care (e.g., IOM report).
- Even after controlling for SES, physicians tend to view Black patients less favorably compared to white patients, e.g., more likely to abuse drugs , less likely to be compliant with medical recommendations, less pleasant and less rational (van Ryn and Burke, 2000).

Pain management

- A large body of evidence indicates that Black people are systematically undertreated for pain compared to white people (Hoffman, Trawalter, Axt and Oliver, 2016; Meghani, et. al 2012).
- A study of over 400 medical students and residents found that differences in pain management could be explained by the fact that they believe Black people are different biologically entities than white people (Hoffman, et al. 2016; Goyal, 2015).

Intersection of race and gender

Why black women dread the doctor's office



Pain ignored



Perceptions discounted



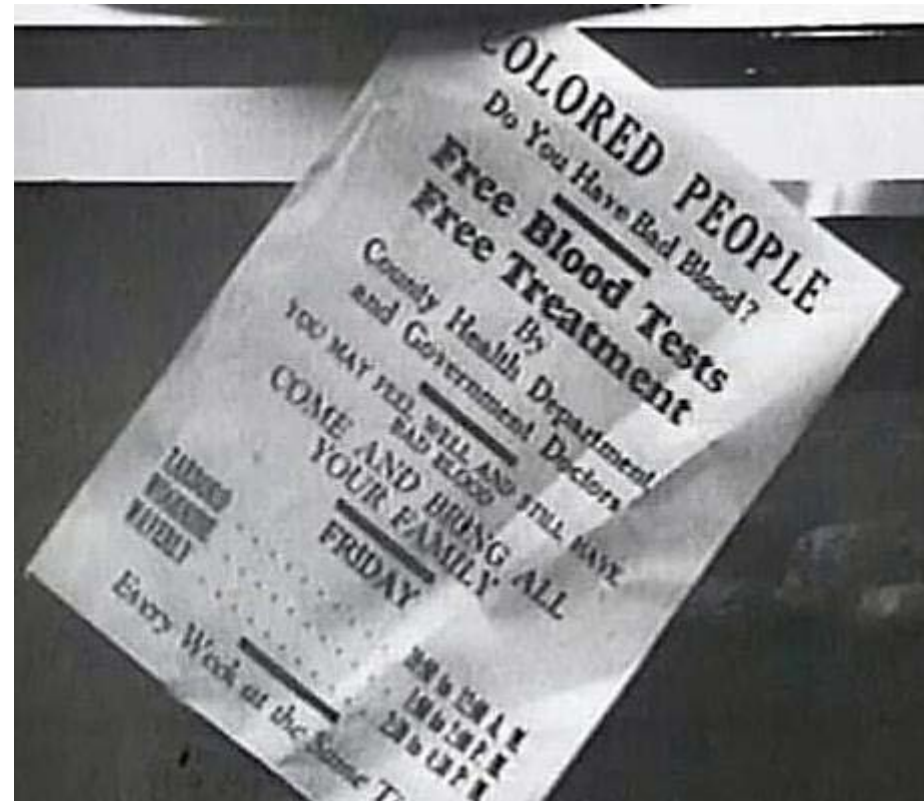
Weight blamed

Covid-19

“You can’t get a shot. I’ve never gotten a shot by a white person ever . . . they had me terrified.”

Her concerns stemmed from her understanding that her great-grandfather died as a result of the Tuskegee Syphilis Study.

The US Public Health Service began the “Study of Syphilis in the Untreated Negro Male” in 1932.



Blue Shield Promise grievances



60%

discrimination related



Examples

1. Member reported she was denied being taken to the hospital because she's black.
2. Member reported that the provider rudely told the member's mother to talk to her daughter in English, not Spanish.
3. Member is unable to find a Black provider.
4. Member of color reported that the physician requested an HIV test due to his race and tattoos.



Member of color grievance case study

- Ambulance waited in hospital parking lot for more than 20 minutes and then she taken to an empty tent without explanation
- A doctor and nurse talked about member in front of her and not to the member
- Humiliated when her shirt was taken off her without closing the curtains
- Nurse did not ask for her health history and tossed the clipboard with paperwork onto the bed instead of handing it to her
- Doctor talked aggressively to her wanting to know the name of a medication she could not remember
- When she told him it was prescribed by the Rheumatologist, he asked why she was taking it and when she stuttered out of nervousness, he imitated her stutter
- She requested another doctor



Resources

[Black Middle-Class Women in the American Healthcare System](#) by Tina K. Sacks, PhD

[Diversity and Health Disparities Cluster of the Othering and Belonging Institute at UC Berkeley](#)

[Health Disparities at the Point of Care](#)

[Guide to Inclusive Language](#)



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