

Racism: A Societal Pathogen

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FCM Diversity, Inclusion & Equity Grand Rounds

Disclosures

- I have no relevant financial disclosures
- I disclose I identify as a Black cis-gender woman.
- I experience racism.

The learner will...

- Define and identify racism in all of its forms
- Describe the ways in which racism can act as a pathogen
- Explain best practices for interrupting and destroying the system of racism in health care

I am going to build an analogy.
Stick with me on this journey.

What is a Pathogen?

What is a Pathogen?

- An infectious microorganism that causes damage or disease in a living organism.
- Pathogens take many different forms
 - Bacteria
 - Viruses
 - Fungi
 - Parasites

Characteristics of a Pathogen

1. Requires a HOST to survive
2. Mode of TRANSMISSION
3. Mechanism of REPLICATION
4. Means of causing DISEASE
5. Elicits a RESPONSE in its host

How do Pathogens Infect?

1. A new **HOST** is exposed to infectious particles shed by an infected individual.
2. The number, route, mode of **TRANSMISSION**, and stability of a pathogen outside the host determines its infectivity.
3. A pathogen must establish a focus of infection in order to **REPLICATE**
4. Only when a pathogen has successfully established a site of infection in the host does **DISEASE** occur.
5. The immune system's **RESPONSE** can block or fail to block the pathogen at any of the above phases of infection.

What is Racism?

What is racism?

- Racism is a system of racial oppression based upon the idea that white people are superior and non-white people are inferior
- "Race" is a social construct that was established in the late 1600s after Bacon's Rebellion
- Racism is based upon the social construct of race and a hierarchy of racial privilege
- Racism has three levels
 - Institutional
 - Interpersonal
 - Internalized
- Racism has different forms
 - Colorblind racism
 - Cultural racism

Institutional Racism (Structural or Systemic)

- Codified in our institutions of customs, laws, policies, and practices that discriminate against specific racial groups
- Institutional racism can be normative, sometimes legalized, and often manifests as inherited disadvantage
- Can be through policies of omission and commission
- Differential access to the goods, services, and opportunities of society by race
 - Material conditions--education, housing, employment, healthcare, environment
 - Access to power--information, resources, political voice

Interpersonal Racism (Personally-Mediated)

- Defined as prejudice and discrimination experienced between members of the dominant racial group and members of a stigmatized racial minority
 - Can be intentional or unintentional
 - Includes acts of commission and acts of omission
- Implicit Bias plays a role in Interpersonal Racism
 - Lack of respect, suspicion, devaluation, scapegoating, dehumanizing
- Microaggressions are simple acts of racism that occur on a regular basis
 - "You speak so well," says a White professional to a Latinx professional
- **Impact** of actions is more important than the **intention**

Internalized Racism:

Acceptance of the racist notion that White people are superior and Non-White people are inferior

- Accepting limitations to one's own full humanity
 - One's spectrum of dreams
 - One's right to self-determination
 - One's range of allowable self-expression
- Embracing of "whiteness"
 - Use of hair straighteners and bleaching creams
 - Stratification by skin tone within communities of color
 - The "White man's ice is colder" Syndrome
- Self-devaluation
 - Using racial slurs as nicknames
 - Rejection of ancestral culture
 - Fratricide
 - Stereotype threat (Claude Steele)
- Self-devaluation
 - Using racial slurs as nicknames
 - Rejection of ancestral culture
 - Fratricide
 - Stereotype threat (Claude Steele)
- Resignation, helplessness, and hopelessness
 - Dropping out of school
 - Failing to vote
 - Engaging in risky health practices
- For Whites
 - Believe in one's own superiority
 - Entitlement to all that one aspires or desires
- Internalized racism is associated with depression and other serious psychological problems in African Americans, Latinx Americans, Asian Americans, American Indians, and Arab Americans; It is associated with depression, suicidality, and shorter life expectancy in Whites who espouse higher levels of internalized racist views

Internalized Racism: Racist Ideas

- Racist Ideas are "Any concept that regards one racial group as inferior or superior to another racial group in any way." (Kendi, 2016)
 - Historically, anti-African/Black racist ideas date back to the 1300s Portuguese writers
 - Racist ideas permeate religion, science, economics, law, education, and every other facet of US society
- Racist Ideas #1: **Segregationist Ideas**
 - Believe Blacks are inherently inferior and want to control and contain them. Distance themselves from Blacks and other members of lower racial caste in the US
 - Blame Black people themselves for racial disparities and racial oppression
- Racist Ideas #2: **Assimilationist Ideas**
 - Believe Blacks are inferior, but want to change Blacks and other members of lower racial caste to be more palatable to White people (e.g., natural hair laws; spoken language policies)
 - Blame Black people and racial discrimination equally for current racial disparities, as if Black people are as culpable for their position in the lowest racial caste as the system that placed them there
- **Anti-Racist Ideas**
 - Recognizing that the system of racism and White supremacy is inherently wrong and is the reason for racial disparities in this country.
 - There is nothing inherently wrong with Black people. There is something terribly wrong with the system of racism and White supremacy that has relegated Black people to the lowest racial caste in the US.
- We did not build this house of racism or create the racial caste system, but it is now ours to address. (Wilkerson, 2020)

Racism's Different Forms

- Colorblind Racism¹
 - Belief that racial group membership should not be taken into account, or even noticed as a strategy for managing diversity and intergroup relations
 - Whites deny and ignore the ongoing discrimination and oppression that stigmatized racial groups in the US experience daily
- Gendered racism²
 - The intersection between racism and sexism that women of color experience
- Environmental racism³
 - Policies that place non-White people at higher risk for poor environmental outcomes (e.g., Redlining, food deserts)
- Cultural racism⁴
 - The manner in which racist views are pervasive in society, where "White" is assumed to be the norm and non-White the anomaly
 - e.g., commercials with White actors; Moses, Jesus, Santa Clause and Tooth Fairy are White; toys and cartoon characters with White faces

1. Bonilla-Silva, Eduardo. "The Structure of Racism in Color-Blind, 'Post-Racial' America." *American Behavioral Scientist*, vol. 59, no. 11, Oct. 2015, pp. 1358–1376, doi:10.1177/0002764215586826.

2. Lewis, J. A., Williams, M. G., Peppers, E. J., & Gadson, C. A. (2017). Applying intersectionality to explore the relations between gendered racism and health among Black women. *Journal of Counseling Psychology*, 64(5), 475–486. <https://doi.org/10.1037/cou0000231>

3. Holifield, Ryan. "Defining environmental justice and environmental racism." *Urban geography* 22.1 (2001): 78-90.

4. Rodat, Simona. "Cultural racism: A conceptual framework." *Revista de Științe Politice. Revue des Sciences Politiques* 54 (2017): 129-140. .

What is "Race"?

- Race is a recent human invention that was established in the late 1600s (after Bacon's Rebellion) to create a social caste system in the United States based upon easily distinguishable phenotypic features of normal human variation
 - "Racial" categories change over decades and centuries
 - Those considered "White" today were not "White" 100 years ago (e.g., Italians, Jews, Polish)
- **Race is NOT BIOLOGICAL; "race" is a SOCIAL CONSTRUCT**
 - **"Race" is not a risk factor for disease; RACISM is the risk factor for disease**
- Humans have ancestry and normal phenotypic variation that go across human populations (e.g., height, pigmentation, ear lobe shape)
- As James Baldwin said, "White is a metaphor for power," it's not a race ("I Am Not Your Negro" documentary and book)

Racism is Society's Pathogen

In order for Racism to survive

1. Requires a **HOST** to survive
2. Mode of **TRANSMISSION**
3. Mechanism of **REPLICATION**
4. Means of causing **DISEASE**
5. It elicits a **RESPONSE** in its host
6. To destroy it, racism needs **TREATMENT**

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Racism requires a **HOST** to survive

- Governments
 - Laws, policies, practices, and traditions
- Institutions
 - Policies, practices, by-laws, strategic plans, traditions
- Organizations
 - Policies, practices, strategic plans, traditions, by-laws
- Groups
 - Traditions, practices, by-laws
- Families
 - Beliefs, traditions, practices
- Individuals
 - Believes, behavior

Is Your Institution a **HOST** for Racism?

- Institutional policies, practices, procedures, traditions, strategic plan
- Hiring practices
 - White-sounding names on resumes received 50% more call-backs than African American-sounding names, when controlling for resume quality and applicant qualifications.
- Recruitment and Retention
 - There is pro-White/anti-Black implicit racial bias among academic pediatricians in leadership
 - Report poor recruitment efforts, poor retention, lack of mentors for minority faculty
- Promotions
 - Lower rates of promotion of equally qualified Black and Hispanic medical school faculty compared to Whites
- Research Funding
 - NIH: R01 applications of Black scientists receive poorer impact scores, are less likely to be discussed by full study section, and are less likely to be funded based upon topic choice

Bertrand, M., & Mullainathan, S. (2004). Are Emily and Greg more employable than Lakisha and Jamal? A field experiment on labor market discrimination. *American economic review*, 94(4), 991-1013.

Johnson, T. J., Ellison, A. M., Dalembert, G., Fowler, J., Dhingra, M., Shaw, K., & Ibrahim, S. (2017). Implicit bias in pediatric academic medicine. *Journal of the National Medical Association*, 109(3), 156-163.

Nunez-Smith M, Ciarleglio MM, Sandoval-Schaefer T, et al. Institutional variation in the promotion of racial/ethnic minority faculty at US medical schools. *Am J Public Health*. 2012;102(5):852-858. doi:10.2105/AJPH.2011.300552

Hoppe TA, Litovitz A, Willis KA, et al. Topic choice contributes to the lower rate of NIH awards to African-American/black scientists. *Sci Adv*. 2019;5(10):eaaw7238. Published 2019 Oct 9. doi:10.1126/sciadv.aaw7238

Are You a **HOST** for Racism?

- **Internalized Racism**
 - Believing in the superiority of Whites and the inferiority of Non-Whites
- **Implicit racial bias**
 - Subconscious beliefs about people of various racial backgrounds
 - Commonly measured using the Implicit Associations Test (IAT) <https://implicit.harvard.edu/implicit>
 - Implicit racial bias is the engine that fuels interpersonal racist interactions
- **Americans show overwhelming pro-White/anti-Black and pro-light skinned/anti-dark skinned implicit racial bias**
 - Physicians and other health care providers overwhelmingly endorse pro-White/anti-Black bias
 - Implicit racial bias in health care providers contributes to disparities in how health care is differentially administered to patients of various racial backgrounds
- **Health care providers with pro-White/anti-Black implicit bias provided differential treatment for Black, Latinx, and American Indian patients**
 - Communication effectiveness
 - Treatment recommendations
 - Pain management
- **Medical Students and Residents with pro-White/anti-Black bias**
 - Reported at least one false health belief (e.g., Black feel pain less than Whites)
 - Make less appropriate treatment recommendations

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Modes of **TRANSMISSION**

- Vertical Transmission
 - Parent to child
 - Supervisor to worker
 - Teacher to student
 - Authority figure to person under authority
- Horizontal Transmission
 - Peer to peer
 - Co-worker to co-worker
 - Friend to friend
- Intergenerational Transmission
 - Racist ideals are passed down from generation to generation
- Interpersonal racism is means by which racism is transmitted

Vertical **TRANSMISSION** of Racism in Medicine

- Interpersonal Racism is the means by which racism is transmitted
 - Defined as prejudice and discrimination experienced between members of the dominant racial group and members of a stigmatized racial minority
- Doctor/Provider to Patient : Negative implicit pro-White/anti-Black racial bias of health care providers
 - Communication effectiveness
 - Dominate conversations, ask fewer questions; describe Black patients as "difficult" and "non-compliant"
 - Treatment recommendations
 - Differences in subspecialty referral rates, testing recommendations, and interventions;
 - Pain management
 - Less likely to prescribe appropriate pain medications to Black patients vs White patients
- Attending to Trainee:
 - Black and Asian medical students were less likely than their white counterparts to be members of AΩA, which may reflect bias in selection, even when controlling for Step 1 scores, research productivity, honors, and grades.
 - White residency applicants were more likely to be described using "standout" or "ability" keywords (including "exceptional", "best", and "outstanding") compared to Black, Hispanic and Asian residency applicants, even when controlling for Step 1 scores and other demographic factors.
 - A greater proportion of Asian, URM, and multiracial students compared with white medical students reported discrimination based on race/ethnicity
 - Clinical faculty give Black, Latinx, and Asian Medical Students lower clinical rotation grades than White Medical students even when controlling for Step 1 scores and individual demographic factors.
 - Trainees of color report microaggressions from educators (e.g., "You speak English really well!"; "Your name is so hard to pronounce.")

Maina IW, Belton TD, Ginzberg S, Singh A, Johnson TJ. A decade of studying implicit racial/ethnic bias in healthcare providers using the implicit association test. *Soc Sci Med*. 2018;199:219-229. doi:10.1016/j.socscimed.2017.05.009; Bloome D. Racial Inequality Trends and the Intergenerational Persistence of Income and Family Structure. *Am Sociol Rev*. 2014;79(6):1196-1225. doi:10.1177/0003122414554947; Boatright D, Ross D, O'Connor P, Moore E, Nunez-Smith M. Racial Disparities in Medical Student Membership in the Alpha Omega Alpha Honor Society. *JAMA Intern Med*. 2017;177(5):659-665. doi:10.1001/jamainternmed.2016.9623; Okechukwu, C.A., Souza, K., Davis, K.D. and de Castro, A.B. (2014), Discrimination, harassment, abuse, and bullying in the workplace: Contribution of workplace injustice to occupational health disparities. *Am. J. Ind. Med.*, 57: 573-586. doi:[10.1002/ajim.22221](https://doi.org/10.1002/ajim.22221); Daniel Low, Samantha W. Pollack, Zachary C. Liao, Ramoncita Maestas, Larry E. Kirven, Anne M. Eacker & Leo S. Morales (2019) Racial/Ethnic Disparities in Clinical Grading in Medical School, *Teaching and Learning in Medicine*, 31:5, 487-496, DOI: 10.1080/10401334.2019.1597724; increasing diversity within medical education leadership

Horizontal **TRANSMISSION** of Racism in Medicine

- American Indian, Asian, Black, and Latinx physicians report instances of racism and discrimination from patients, colleagues, and the institutional climate
 - More likely to experience racism from colleagues than patients
- Higher levels of discrimination among physicians who spoke English as a second language
- Forms of interpersonal racial discrimination
 - Assuming the personal of color was not a physician
 - Lack of respect from colleagues and nurses
 - Discounting the person's abilities or competence as a physician
 - Receiving inappropriate comments about their race
 - Structural biases within the institution that led to substantially fewer advancement opportunities

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Mechanism of **REPLICATION** of Racism in Medicine

- Historical Racism: Modern medicine was established and developed on the bodies of Black and Indigenous people via medical experimentation from slavery to the present
- Dr. J. Marion Simms--"Father of Gynecology"
 - Developed technique of repairing vesico-vaginal fistula on enslaved women in 1800s
- Tuskegee Study of Untreated Syphilis in the Negro Male
 - 600 Black men enrolled (399 RPR+) to study natural history of syphilis even when PCN available
 - No informed consent obtained
 - No proper treatment given for 40 years
 - Reparations were paid to men and families in 1974
- Eugenics Movement of US and forced sterilizations of women of color early 1900s to mid-2010s
 - 1960s and 1970s Indian Health Service (IHS) physicians sterilized at least 25% of Native American women ages 15-45 years
 - California prison system sterilized > 150 Mexican-American and Asian-American women inmates 2006-10 until outlawed in 2014
 - CA: USC Medical Center doctors sterilized Mexican-American women in the 1960s and 1970s at LA County Hospitals
 - African American girls and women in the South were forcibly sterilized through "Mississippi Appendectomies" by medical students
- Henrietta Lacks
 - 30-something year old Black mother who died from an unusually aggressive cervical cancer
 - Cells became known as HeLa cells; neither she nor her family were aware of use of HeLa cells used in countless research studies

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083115-022536; Ko, Lisa. "Unwanted Sterilization and Eugenics Programs in the United States." *PBS Independent Lens*, Public Broadcasting Service, 29 Jan. 2016,

www.pbs.org/independentlens/blog/unwanted-sterilization-and-eugenics-programs-in-the-united-states/.

Mechanism of **REPLICATION** of Racism in Medicine

- Racist views, theories and ideas are repeated throughout medical education and training
- Preclinical medical school curricula inaccurately present race as biological rather than a social construct
 - Most lectures presented race as a biological risk; noting explicit biological difference; implying biological difference
 - Rarely acknowledged social determinants of racialized disease disparities
 - Racial associations are used as diagnostic “hints” in medical school exams, reflecting standardized clinical assessments such as the United States Medical Licensing Examination Step 1.
- Study of medical students and residents (N=418)
 - ½ reported at least one false belief about biological differences between black and white individuals
 - Black people have less sensitive nerve endings, thicker skin, stronger bones, etc.
 - Those with false beliefs
 - Rated black patient’s pain as lower and made less appropriate treatment recommendations
- Researchers conflate SES with race and use SES as a proxy for race
 - Major inaccurate racist assumption that all Blacks and Latinx are poor and all Whites are affluent
- Race is NOT a risk factor for disease. ***Experiencing racism in all forms is a risk factor for disease***

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Racism has a Means of Causing **DISEASE**

- Racism impacts the lives of everyone it touches
- Contributes to disparities in experiences and outcomes
 - Housing
 - Education
 - Health care
 - Employment
- Contributes to discriminatory practices
 - Criminal system and law enforcement
 - Disciplinary practices in schools
 - Health care interventions
- Contributes to poor health outcomes and shorter life expectancies
 - Premature births and infant mortality
 - Differences in medical outcomes
 - Mental health outcomes

Racism has a Means of Causing **DISEASE**

- Numerous studies have found that all forms of racism contribute to poor health outcomes
- Institutional racism
 - Redlining limits access to materials, goods and services including health care
- Interpersonal racism
 - Perceived racism contributes to poor health outcomes
- Internalized racism
 - Believing in white superiority and non-white inferiority contributes to poor mental health outcomes

Institutional Racism Causes **DISEASE**: Redlining

- Part of the New Deal, in the 1930s, the federal Home Owners' Loan Corp (HOLC) "graded" neighborhoods into four categories, based in large part on their racial makeup.
- Neighborhoods with large racial minority residents were marked by drawing red ink around them and were designated as "hazardous"
- Redlining was outlawed 50 years ago but the effects remain today
- Racial housing segregation is associated with poor educational, economic, and health outcomes
 - Cancer
 - Heart disease
 - Asthma
 - Lead poisoning
 - Lower school funding
 - Lower rates of home ownership

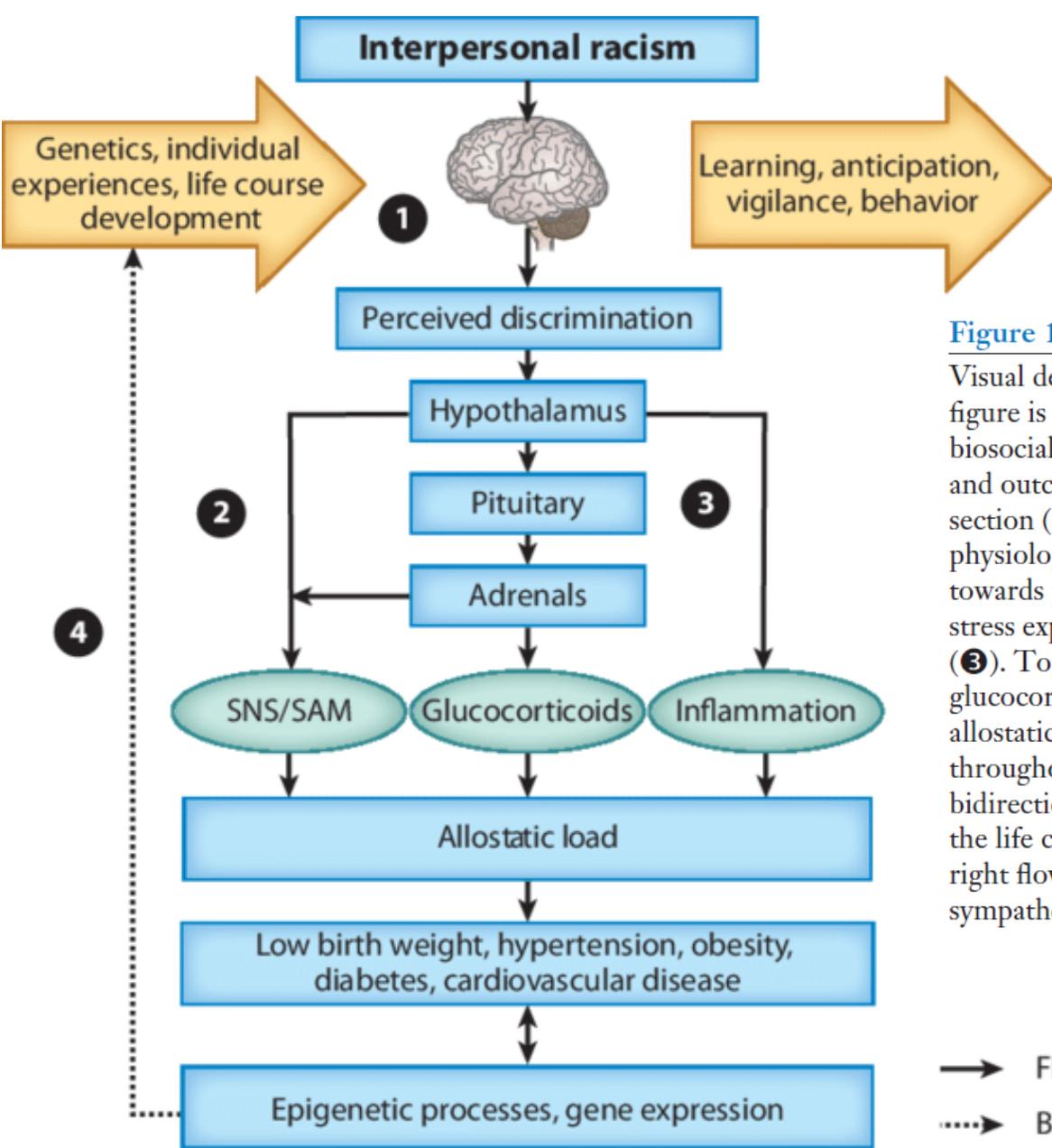


Figure 1

Visual description of the reviewed biosocial links between interpersonal discrimination and health. This figure is a visual abstract of the themes discussed in the paper and is not representative of all possible biosocial relationships. Arrow boxes indicate temporal processes, blue boxes capture a range of predictors and outcomes, and ovals indicate specific physiological response products that, over time, reduce health. In section (1) interpersonal discrimination is identified by the brain as a stressor requiring immediate physiologic response, and also, over time, it becomes a learned process that creates anticipation and vigilance towards possible future exposures. Sympathetic nervous system arousal occurs in response to discrimination stress exposure (2) and in concert with the upregulation of the hypothalamic-pituitary-adrenocortical axis (3). Together, these systems initiate stress activation including sympathetic-adrenal-medullary (SAM), glucocorticoid, and inflammatory responses. When stress exposure is chronic, these responses create allostatic load, or wear and tear on the body, and increase risks for a variety of adverse health outcomes throughout the life course. Epigenetic processes and gene expression (4) contribute to the process in a bidirectional manner. Social stress can potentially moderate gene expression and epigenetic processes over the life course and across biological systems. The temporal nature of this process is depicted in the left to right flow of Figure 1 and the epigenetic/expression feedback in Figure 1 4. Abbreviations: SAM, sympathetic-adrenal-medullary system; SNS, sympathetic nervous system.

→ Flow of external to internal processes

.....→ Bidirectional flow from internal to external

Racism has a Means of Causing **DISEASE**

US born Black women

- Infant mortality 11.4/1000
- Low birth weight 13%
- Pre-term birth 14%
- Maternal mortality 42.8/100K

US born White women

- Infant mortality 4.9/1000
- Low birth weight 8%
- Pre-term birth 9%
- Maternal mortality 13.0/100K

Racism has a Means of Causing **DISEASE**

- African-born Black women in the US and US-born White women had heavier babies than US-born Black women
 - Dispelled theory of genetics as cause of poorer birth outcomes
- Accumulative life course experiences interpersonal racial discrimination is associated with higher rates of pre-term birth
- Markers for stress [EBV virus capsid antigen immunoglobulin G (VCA IgG)] higher in Black women than White women
- Black women reporting most experiences with racial discrimination had highest titers of EBV VCA IgG
 - Marker of poorer cellular immunity

David, Richard J., and James W. Collins Jr. "Differing birth weight among infants of US-born blacks, African-born blacks, and US-born whites." *New England Journal of Medicine* 337.17 (1997): 1209-1214.; Collins Jr, James W., et al. "Very low birthweight in African American infants: the role of maternal exposure to interpersonal racial discrimination." *American journal of public health* 94.12 (2004): 2132-2138.; Christian, Lisa M., et al. "Epstein-Barr virus reactivation during pregnancy and postpartum: effects of race and racial discrimination." *Brain, behavior, and immunity* 26.8 (2012): 1280-1287.; Alhusen, Jeanne L., et al. "Racial discrimination and adverse birth outcomes: an integrative review." *Journal of midwifery & women's health* 61.6 (2016): 707-720

Racism has a Means of Causing **DISEASE** in Adults

American Indians, Blacks, Latinx, Arab American, and Asian American adults who report experiencing interpersonal and/or internalized racism are found to be at increased risk for:

- Poorer self-reported health status
- Obesity and increased waist circumference
- Hypertension and cardiovascular disease
- Poorer glucose regulation and metabolic control
- Increased risk of environmental carcinogen exposure, cancer, & worse cancer survival rates
- Shorter life expectancy
- Increased anxiety, depression, and poor self esteem
- Increased psychological distress
- Increased suicide ideations and suicide attempts

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Racism has a Means of Causing **DISEASE** in Children

American Indian, Asian American, Black American, Latinx American, and Arab American Children and adolescents of color who report experiences with perceived interpersonal racism or experienced vicarious racism report:

- Internalizing symptoms: increased depression, anxiety, somatization, withdrawal and low self-esteem
- Externalizing symptoms: anger, conduct problems, behavior adjustment
- Lower global self-worth scores
- Higher school stress and poor academic performance
- Low satisfaction with quality of health care
- Poorer metabolic control, poor dietary adherence, insulin resistance

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Racism has a Means of Causing **DISEASE** in Whites

White Americans who internalize the racist belief in white superiority and the inferiority of non-White people:

- Increased anxiety and poorer self-esteem
- 2-3X rates of suicide compared to all non-White Americans
- 2X rates of binge drinking among 12th graders compared to Blacks and Arab Americans
- Low level of “flourishing”--good mental health outcomes--compared to Blacks and Latinx
- Higher levels of mortality in Whites who reporter more prejudicial attitudes if they live in a low prejudice community
- Whites in US have poorer health outcomes and lower life expectancy compared to Whites in Europe and people of color in other nations
- Witnessing anti-black racism can lead to feelings of guilt and anxiety
- Whites’ unmet expectations for benefiting from being White contributes to poor health outcomes

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doi:10.1016/j.socscimed.2017.06.034; Blodorn, A. and O’Brien, L.T. (2011), Perceptions of Racism in Hurricane Katrina-Related Events: Implications for Collective Guilt and Mental Health Among White Americans. *Analyses of Social Issues and Public Policy*, 11: 127-140. doi:[10.1111/j.1530-2415.2011.01237.x](https://doi.org/10.1111/j.1530-2415.2011.01237.x);

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- ~~4. Means of causing **DISEASE**~~
5. It elicits a **RESPONSE** in its host
6. To destroy it, racism needs **TREATMENT**

Racism elicits a **RESPONSE** in its host

- Internalize racism
- Perpetuate racism
- Resist racism

Racism elicits a **RESPONSE** in its host

Internalized racism: believing in the racist notion of white superiority and non-white inferiority contributes to

- Poor mental health outcomes
- Poor educational outcomes
- Increased risk of internalized symptoms
- Poor reported overall health
- Poorer school and occupational performance

American Indians, Arab Americans, Asian Americans, Black Americans, Latinx Americans and White Americans

Racism elicits a **RESPONSE** in its host

White Americans who perpetuate racism:

- Poorer mental health outcomes
- Report increased levels of anxiety that are moderately correlated with anti-black explicit beliefs
- Report lower self-esteem
- Shorter life expectancy than European Whites

Racism elicits a **RESPONSE** in its host

Resist racism: actively working to interrupt and dismantle the system of racism and white supremacy through anti-racist actions

- Developing a healthy racial identity in youth and adults is protective against internalized racism and contributes to positive self-esteem
- Racial socialization is the process by which parents transmit both implicit and explicit messages about the meaning of one's race in a broader societal context.
 - Parents who racially socialize their children prepare their children to combat racist experiences and better cope with racism.
 - Racial socialization correlates with improved outcomes in racial identity, self-esteem, mental health, academic, and behaviors.
- Presenting the counter-narrative: acknowledging and recognizing there is more than one way to view the world; understanding phenomena in new and different ways

Pachter LM, Coll CG. Racism and child health: a review of the literature and future directions. *J Dev Behav Pediatr*. 2009;30(3):255-263. doi:10.1097/DBP.0b013e3181a7ed5a; Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. *PLoS One*. 2015;10(9):e0138511. Published 2015 Sep 23. doi:10.1371/journal.pone.0138511; Anderson RE, Stevenson HC. RECASTing racial stress and trauma: Theorizing the healing potential of racial socialization in families. *Am Psychol*. 2019;74(1):63-75. doi:10.1037/amp0000392; Anderson RE, Jones S, Anyiwo N, McKenny M, Gaylord-Harden N. What's Race Got to Do With It? Racial Socialization's Contribution to Black Adolescent Coping. *J Res Adolesc*. 2019;29(4):822-831. doi:10.1111/jora.12440; *African American Families as a Context for Racial Socialization*. In V. C. McLoyd, N. E. Hill, & K. A. Dodge (Eds.), *Duke Series in Child Development and Public Policy. African American family life: Ecological and cultural diversity* (p. 264–284). Guilford Press.

In order for Racism to survive

1. Requires a **HOST** to survive
2. Mode of **TRANSMISSION**
3. Mechanism of **REPLICATION**
4. Means of causing **DISEASE**
5. It elicits a **RESPONSE** in its host
6. To destroy it, racism needs **TREATMENT**

Racism needs **TREATMENT** in Health Care

- Institutional racism
 - Policies and practices
- Interpersonal racism
 - Check your biases and change your practice
- Internalized racism
 - Be aware of your own attitudes and how they affect provider-patient interactions
- Colorblind racism
 - Wake up and recognize that racism is real and kills people

Trent M, Dooley DG, Dougé J; SECTION ON ADOLESCENT HEALTH; COUNCIL ON COMMUNITY PEDIATRICS; COMMITTEE ON ADOLESCENCE. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. 2019;144(2):e20191765. doi:10.1542/peds.2019-1765

Williams DR, Lawrence JA, Davis BA. Racism and Health: Evidence and Needed Research. *Annu Rev Public Health*. 2019;40:105-125. doi:10.1146/annurev-publhealth-040218-043750

Institutional Racism needs **TREATMENT**

- Optimizing workforce development and professional education
 - Add competencies related to implicit bias, racism, and cultural humility in pre-clinical and clinical training curricula and teach effective patient-provider communication styles
 - Include anti-racists on selection committees and promotion committees
- Optimizing systems through community engagement, advocacy and public policy
 - Acknowledge that health equity is unachievable unless racism is addressed through interdisciplinary partnerships with other organizations that have developed campaigns against racism.
 - Actively work to eliminate racial disparities in education, healthcare, employment and environment
- Optimizing research
 - Increase funding for rigorous research that addresses the role of racism plays in health determination
 - Increased research on effective tools for decreasing negative racial bias in health care providers longitudinally

Interpersonal Racism needs **TREATMENT**

- Optimizing clinical practice to address racism with patients and make a culturally-respectful medical home
 - Providers must examine their own implicit and explicit biases
 - We should be prepared to discuss and counsel families of all races on the effects of exposure to racism as victims, bystanders, and perpetrators
 - Ongoing training of the front-desk and clinical staff, administrators and faculty on culturally respectful communication styles
- Addressing microaggressions in medical clinical education (teacher-learner)
 - All learners and educators receive formal education about explicit and structural racism and discrimination
 - We urge clinical educators to take responsibility within the clinical context to identify and address microaggressions in the moment, naming the behavior as inappropriate and refocusing the interaction to the professional context for the actor and any involved trainees
 - Educators should create spaces for trainees and educators alike to disclose experiences of microaggressions
 - Increasing diversity within medical education leadership

Internalized Racism needs **TREATMENT**

- Racial socialization for children, teens and young adults to help them build a healthy cultural identity and combat internalized racism and poor self-esteem.
- Longitudinal anti-racism and implicit bias training for health care professionals
 - No research to date has found effective long-term changes in provider behavior or patient outcomes based upon current training modules.
- University of Minnesota Family Medicine Residency Program (Sherman, et al., 2019)
 - 60-90 minute in-person resident and faculty training by national expert
 - They covered the topics of implicit bias race, racism, and “whiteness” (the overwhelming presence of white centrality and normativity in our society).
 - 6-month follow-up qualitative interviews with residents and faculty
 1. Increased awareness of and commitment to addressing racial bias
 2. Safe forum for sharing concerns
 3. Implementing new ways of addressing and managing bias
 4. Institutional Capacity Building: Iterative trainings and continued vigilance

Parental ethnic-racial socialization practices and the construction of children of color's ethnic-racial identity: A research synthesis and meta-analysis. *Psychol Bull.* 2019;145(5):437-458. doi:10.1037/bul0000187; Coard, S. I., & Sellers, R. M. (2005); Michael, Ali, and Mary C. Conger. "Becoming an anti-racist White ally: How a White affinity group can help." *Perspectives on Urban Education* 6.1 (2009): 56-60. Maina IW, Belton TD, Ginzberg S, Singh A, Johnson TJ. A decade of studying implicit racial/ethnic bias in healthcare providers using the implicit association test. *Soc Sci Med.* 2018;199:219-229. doi:10.1016/j.socscimed.2017.05.009; Sherman MD, Ricco J, Nelson SC, Nezhad SJ, Prasad S. Implicit Bias Training in a Residency Program: Aiming for Enduring Effects. *Fam Med.* 2019;51(8):677-681. doi:10.22454/FamMed.2019.947255

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 - www.pbs.org/race