Racial and Ethnic Health Care Inequities: What Have We Learned in the Past Two Decades?

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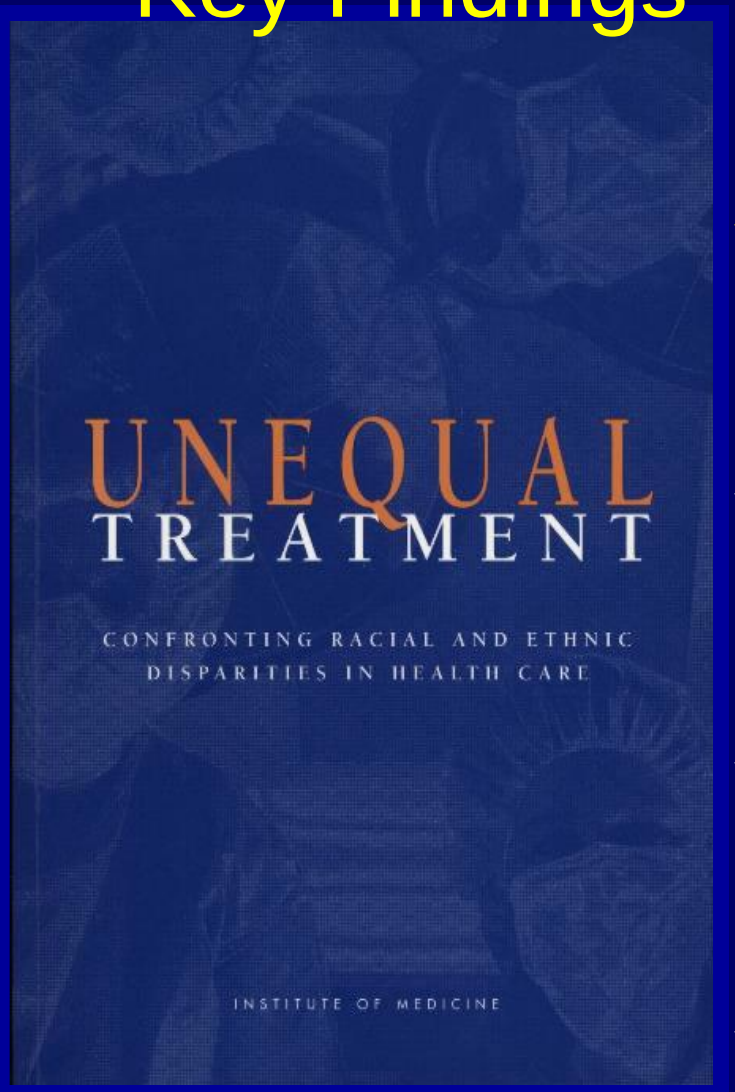
Key Findings

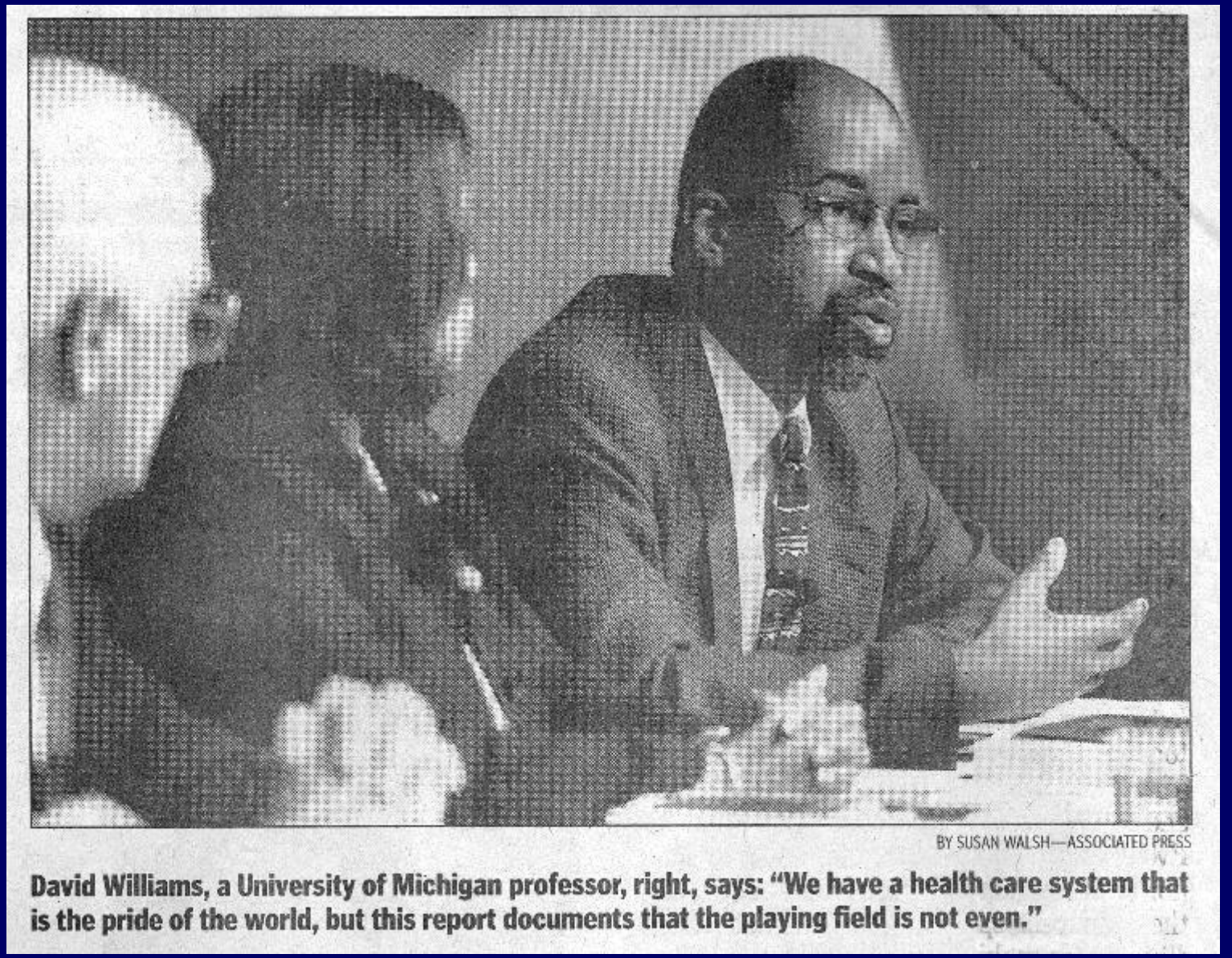


- Racial and ethnic disparities in healthcare exist. They are unacceptable because they are linked to worse outcomes
- They occur in the context of broader historical and contemporary inequality and the persistence of racial/ethnic discrimination in American life
- Many sources including health systems and healthcare providers and managers may contribute to these inequities in health care
- Bias, stereotyping, prejudice and clinical uncertainty on the part of healthcare providers may contribute to these disparities in health care
- Differences in treatment refusal rates between racial and ethnic minority and white patients are small and do not fully account for these disparities

Impact of the Report

Media Coverage

- Coverage on TV and newspaper news outlets
- Many articles in popular media reviewing the findings
- Many professional organizations reported on, and developed programs to raise awareness of their members to the findings



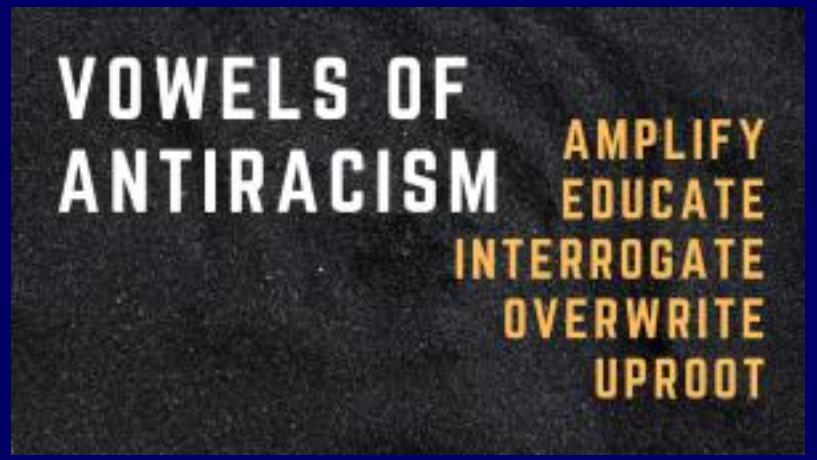
BY SUSAN WALSH—ASSOCIATED PRESS

David Williams, a University of Michigan professor, right, says: "We have a health care system that is the pride of the world, but this report documents that the playing field is not even."

Washington Post, 2002

Awareness Raising: Practice, Research, Policy

- Spurred the design and implementation of anti-racism work in medical care
- Led to an increase in implicit bias and diversity training in health care contexts and medical schools
- Fostered improvement in monitoring and performance measurement using racial metrics
- Stimulated increased research on the topic



Example of Research:

Evidence that Implicit Bias Matters in Health Care

Implicit Bias and the Quality of Patient/MD Interaction for Blacks

- More Implicit bias associated with:
  -- more clinician verbal dominance*
  -- less patient-centered dialogue
  -- lower patient positive affect*
  -- lower perception of respect from clinician*
  -- less patient liking of clinician*
  -- lower trust and confidence in clinician
  -- less likely to recommend clinician to others*
  -- less perception of clinician as participatory*
  -- longer visits and slower speech (compensation for mistrust?)

Lisa Cooper

Lisa Cooper et al., AJPH, 2012; * = significant interaction with race

What are Studies Finding 20 Years Later?

Race of MD & Newborn Survival

- Study of 1.8 million hospital births in Florida from 1992 to 2015
- When cared for by white doctors, black babies are 3 times more likely than white newborns to die in the hospital
- Disparity cut in half when black babies are cared for by a black doctor
- Biggest drop in deaths in complex births and in hospitals that deliver more black babies
- No difference between MD race & maternal mortality

Brad Greenwood, et al. PNAS, 2020

Fewer Prescriptions for Cancer Patients

- Study of 318, 549 Medicare Patients
- Older Black and Hispanic patients with advanced cancer are less likely than white patients to get opioid medications for pain in the last weeks of life
- When Black and Hispanic patients received opioids, they tended to receive lower doses
- Black patients were also more likely to undergo urine drug screening
- Black men experienced the greatest inequality for both opioid access and urine drug testing

ANN Enzinger at al, J of Clinical Oncology, 2023

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Need for Greater Emphasis on Interventions in Research

Example: Racial Inequities in Emergency Medicine

- Review found 221 studies on 28 topic areas of EM
- Harmful consequences in almost every facet of the literature (access, utilization, diagnosis, treatment, outcomes)
- Only 6 studies evaluated an intervention aimed at reducing racial inequities

Anna Darby at al., Academic Emergency Medicine, 2022

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And What Our Society is Doing is not Working

In Isolation, Diversity Training is Not Effective

Our Diversity Training Programs Don’t Work

- Research studies reveal little positive effects of diversity training programs on the careers of women and minorities
- In a review of over 900 studies of antibias interventions, Paluck & Green found little evidence that diversity training reduces bias
- Yes, training can increase knowledge about diversity and attitudes toward diversity, but to the extent that it triggers positive changes, they are small and short-term

Pixabay.com

Dobbin & Kalev, Anthropology Now, 2018

Limits of Implicit Bias Training

Before and after scores on the IAT test from over 400 studies found:

- Observed effects of the IAT on reducing implicit bias were small
- There were even weaker effects on reducing explicit bias
- Other evidence also suggests that some participants learn to game the test

Unsplash.com

Dobbin & Kalev, Anthropology Now, 2018

Implicit (unconscious) Bias

Can be reduced under certain conditions

Propranolol Intervention?

- Propranolol is a beta blocker that reduces emotional conditioning and amygdala responses to visual emotional stimuli (e.g. facial expressions)
- Randomized double blind, parallel group, placebo controlled design of a single oral dose of Propranolol (40mg) of 36 whites in the U.K.
- Compared to placebo, propranolol eliminated implicit bias and reduced heart rate, but had no effect on explicit bias (measured by feeling thermometer: warmth to blacks, whites, homosexuals, Muslims, Christians, drug addicts)

Terbeck et al, Psychopharmacology, 2012

Reducing Racial Bias Among Health Care Providers: Lessons from Social-Cognitive Psychology

Diana Burgess, PhD[1,2], Michelle van Ryn, PhD, MPH[1,3], John Dovidio, PhD[4], and Somnath Saha, MD, MPH[5]

Multiple Prejudice-reducing Strategies:

- Stereotype replacement
- Counter-stereotype imaging
- Individuation
- Perspective taking
- Increasing interracial contact

Diana Burgess et al., JGIM, 2007

The Devine Solution

- Implicit biases viewed as deeply engrained habits that can be replaced by learning multiple new prejudice-reducing strategies
- Non-black adults were motivated to:

✓ Increase their awareness of bias against blacks

✓ Increase their concerns about the effects of bias

✓ Implement multiple strategies

✓ These were effective in producing substantial reductions in bias that remained evident three months later

Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. L. 2012 *J Exp Soc Psych*

Model Program

- Patricia Devine's Model
- Extensive 12-week curriculum
- Homework exercises to complete
- Observed effects were stronger for persons concerned about discrimination
- Effects stronger for those who completed the homework exercises

Unsplash.com

Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. L. 2012 *J Exp Soc Psych*

Other Strategies to Reduce Inequities

Diversifying the Workforce to meet the Needs of all Patients

Physician Race & Health Care

- A RCT of 1,300 Black men
- Recruited from barbershops and flea markets
- Given a coupon for a free health care screening at a Saturday clinic for
  -- blood pressure,
  -- body mass index,
  -- cholesterol,
  -- diabetes

- Men randomized to see black doctors or not
- $50 incentive for clinic attendance
- Free Uber rides if need for transportation

Alsan, Garrick, Graziani, American Economic Review, 2019 Black Illustrations

Black Doctors and Black Health

Men who saw a Black Doctor

- ✓29% more likely to talk about other health problems
- ✓47% more likely to do screening for diabetes
- ✓56% more likely to get a flu vaccine
- ✓72% more likely to do screening for cholesterol

Alsan, Garrick, Graziani, American Economic Review, 2019

MS Online Pictures; Photo by Unknown Author

Progress (or lack thereof) in Medicine

- In 2014, there were 27 fewer African American males in the first year of Medical School than there had been in 1978 (36 years earlier)
- In the mid-1960s, 2.9% of all practicing physicians in the US were black
- In 2019, 5% of MDs were black (6% were Hispanic; 0.3% Indigenous)

MS Online Pictures; Photo by Unknown Author

AAMC, Altering the Course, 2015; Deville et al. JAMA Internal Med, 2015; AAMC, 2019

Provider Cultural Competence

- Study of 437 people living with HIV/AIDS and 45 providers
- Created 20-item scale, self-rated cultural competence
- Racial disparities were found in the receipt of ARVs, self-efficacy and viral suppression among patients of low cultural competence providers
- Minority patients whose providers were high (vs low) on cultural competence, more likely to be on ARVs, have high self-efficacy and report complete ARV adherence
- When cultural competence was high, no racial disparities

Somath Saha et al., Journal General Internal Medicine, 2013 pixabay

Cultural Competence Scale (Selected)

- Family & friends as important to health as doctors
- Social history contributes to how I care for patients
- I am familiar with lay beliefs my patients have
- I ask my patients about alternative therapies they use
- I find out what patients think is cause of their illness
- I involve patients in decisions about their health care

S. Saha et al., Journal General Internal Medicine, 2013

What Drives Large Racial Inequities in Health?

The Centrality of Segregation in Creating Racial Inequities

VIEWPOINT

Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health

DAVID R. WILLIAMS, PHD, MPH[a]
CHIQUITA COLLINS, PHD[b]

SYNOPSIS

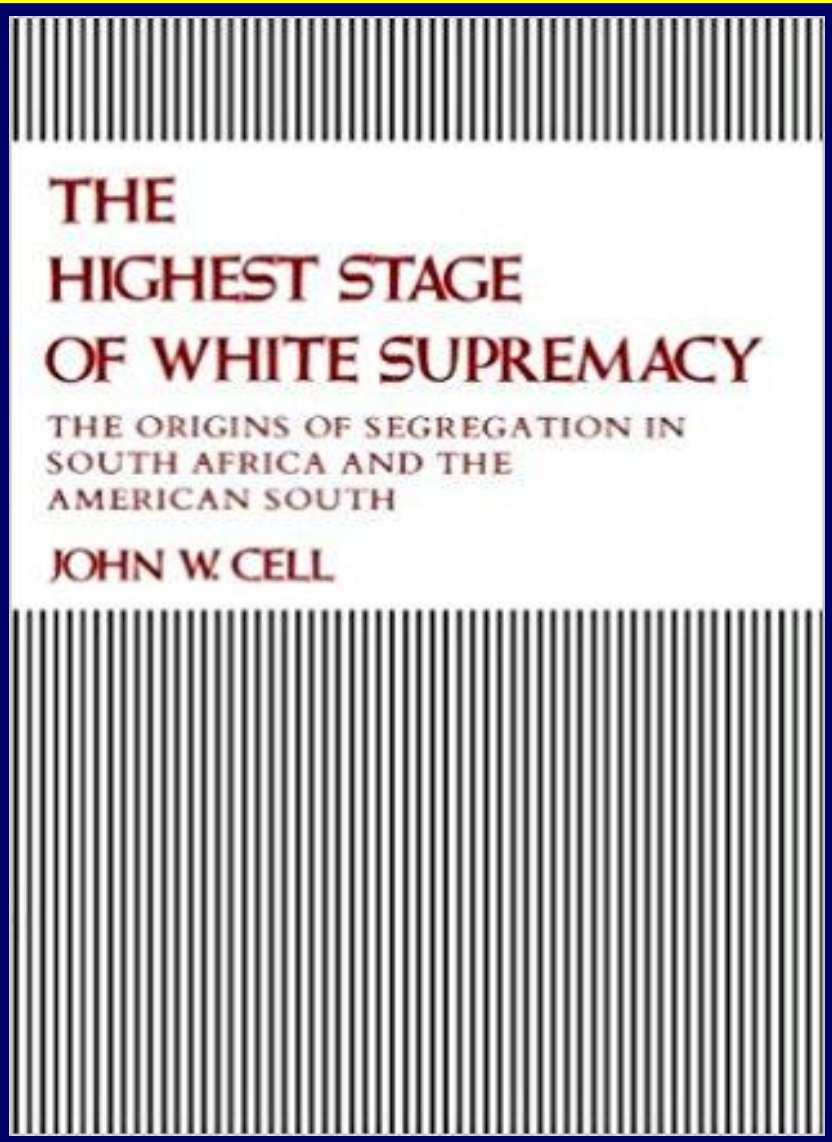
Racial residential segregation is a fundamental cause of racial disparities in health. The physical separation of the races by enforced residence in certain areas is an institutional mechanism of racism that was designed to protect whites from social interaction with blacks. Despite the absence of supportive legal statutes, the degree of residential segregation remains extremely high for most African Americans in the United States.

- Segregation refers to restricted residence to particular areas based on race
- It includes the forced removal and relocation of indigenous peoples
- Reflects institutionalized isolation & marginalization of racial populations

David R Williams & Chiquita Collins, Public Health Reports, 2001

Racial Segregation Is …

- One of the most successful domestic policies of the 20th century
- "the dominant system of racial regulation and control" in the U.S



John Cell, 1982

How Segregation Works

Segregation is like a burglar at mid-night. It slips into the community, awakens no one, but once it shows up, valuables disappear:

- Quality Schools
- Safe playgrounds
- Good jobs
- Healthy environment
- Safe housing
- Transportation
- Healthcare

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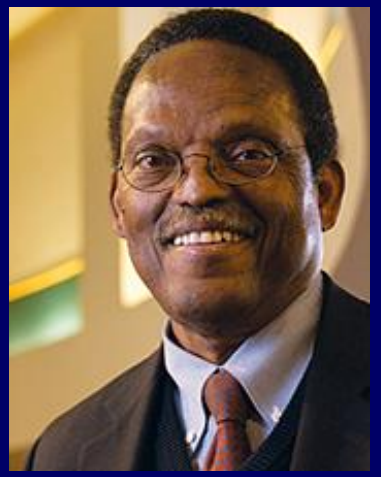
Racial Differences in Residential Environment

In the 171 largest cities in the U.S., there is not even one city where whites live in equal conditions to those of blacks



"The worst urban context in which whites reside is considerably better than the average context of black communities."

Sampson & Wilson 1995

Segregation is the central driver of the Large Racial/Ethnic Differences in SES

Residential Segregation and SES

A study of the effects of segregation on young African American adults found that the elimination of segregation would erase black-white differences in:

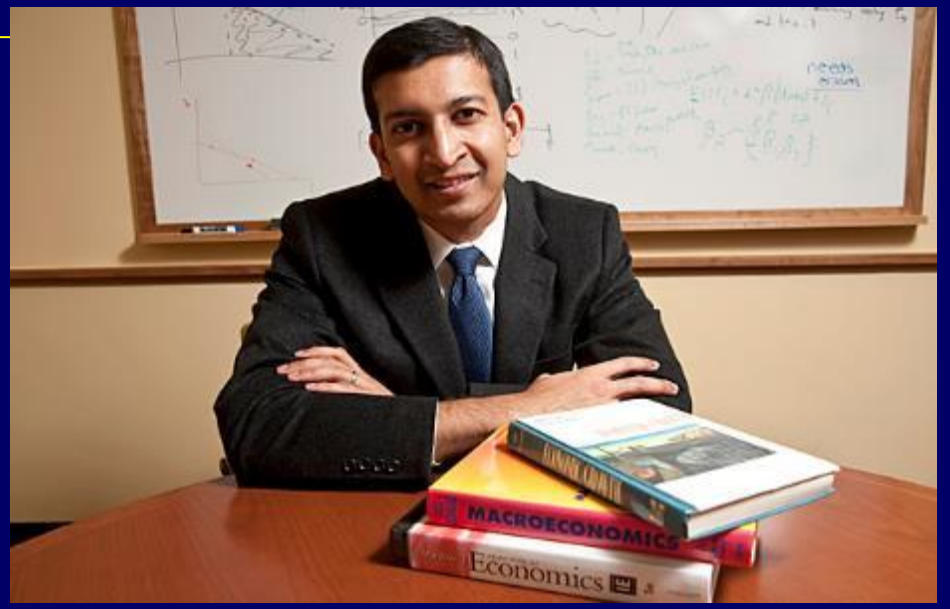
- Earnings
- High School Graduation Rate
- Unemployment

And reduce racial differences in single motherhood by two-thirds

David Cutler & EL Glaeser, Quarterly J Economics, 1997

An Intergenerational Study

- Inequity usu. studied in one generation
- Intergenerational analysis, linking parents & kids, US pop,1989-2015
- Black boys have lower earnings than white boys in 99% of Census tracts in America (controlling for parental income)



- Why? They live in neighborhoods that differ in access to opportunity
- Black boys do well in neighborhoods with good resources (low poverty) *and* good race-specific factors (high father presence, less racial bias)
- The problem: there are essentially no such neighborhoods in America

Raj Chetty et al, "Race & Econ Opportunity" NBER Working Paper, 2018

Median Household Income and Race, 2018

Racial Differences in Income are Substantial:

U.S. Census Bureau, Semega et al., 2019; * For 2017; US Census Bureau, ACS, 2017

Reducing Racial Inequity in Income is on a Treadmill: A Lot of Talk: Little Progress

- In 1978, Black households earned 59 cents for every dollar of income that White households earned

- In 2018, the gap is still 59 cents to the dollar

Median Wealth and Race, 2016

For every dollar of wealth that Whites have,

Blacks have 10 cents

Latinos have 12 cents

Other Races have 38 cents

Dettling et al., FEDS Notes, Federal Reserve Board (SCF), 2017

What Low Economic Status Means

We are in the same storm but in different Boats

Inequities by Design

- Racial inequities in SES that matter for life & health do not reflect a broken system
- Instead, they reflect a carefully crafted system, functioning as planned – successfully implementing social policies, many of which are rooted in racism
- They are not accidents or acts of God
- Racism has produced a truly “rigged system”

Long-term Strategy

Create Communities of Opportunity to minimize, neutralize and dismantle the upstream systems of racism that create inequities in health

Reducing Inequities
Address Place-Linked Determinants of Health

- Enrich the quality of neighborhood environments
- Increase economic development in poor areas
- Improve housing quality and the safety of neighborhood environments

Shutterstock; Pixabay

Health Equity needs to be linked to the normal functioning of health care institutions

Rush University Medical Center Equity Framework

Example of a Comprehensive Approach to Reducing Inequities in Socioeconomic Status and Health by an Academic Medical Center

David Ansell et al. NEJM Catalyst, May, 2021

MS Free Photo: Photo by Unknown Author

Reduce Life Expectancy Gap by 50% by 2030

David Ansell et al, NEJM Catalyst, May, 2021

Rush Anchor Mission Initiative: Increase Local Hiring

Hire locally and develop talent

- Employment Preference Initiative
- Career ladder development

David Ansell et al. NEJM Catalyst, May, 2021

Rush Anchor Mission Initiative: Use Local Labor

- Local labor for capital projects
- Apprenticeship
- Diversity hiring and contracts

David Ansell et al. NEJM Catalyst, May, 2021

Rush Anchor Mission Initiative: Buying Local

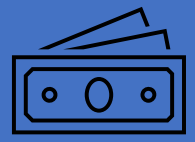
Buy and source locally

- Local purchasing program
- Prime vendor engagement

David Ansell et al. NEJM Catalyst, May, 2021

Rush Anchor Mission Initiative: Increase Local Investments

Invest locally and retirement readiness



- Impact investing in local communities
- 403(b) plan auto-escalation and enrollment
- Working credit
- Payroll card
- Fifth Third eBus (financial education)

David Ansell et al. NEJM Catalyst, May, 2021

Rush Anchor Mission Initiative: Employees Volunteering Locally

- Employee engagement in local communities
- Leveraging employee expertise (e.g., teaching skills class)

David Ansell et al. NEJM Catalyst, May, 2021

Criticism of Research on Unequal Treatment

Then and Now

Criticism of the Report: 20 Years Ago


Project MUSE

THE INSTITUTE OF MEDICINE REPORT

too quick to diagnose bias

SALLY SATEL* AND JONATHAN KLICK*†

ABSTRACT The Institute of Medicine report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, claims that medical studies document a systematic causal relationship between race and disparities in health inputs and outcomes among individuals of different races. This article argues that the majority of studies are not powerful enough to establish a causal link, since they do not sufficiently control for differences among patients that happen to correlate with race, and it outlines a powerful audit study that could isolate any effect of race on health care decisions. Even if there are race-based disparities in health inputs, evaluations of welfare and policy prescriptions should be based on health outcomes, since the relationship between care and health is, at least in some cases, weak.

- The view that bias, prejudice, and discrimination by MDs is one reason is premature
- *"Words such as prejudice, bias and discrimination represent charged and divisive language that is needlessly provocative and potentially counterproductive"*
- Most studies reviewed were not powerful enough to establish a causal link and there are alternative research approaches that could isolate any effect of race on health care decisions
- The relative importance of discrimination contributing to health disparities is unclear, especially when compared to factors such as access to care, quality of care, and health literacy
- Race based remedies pose a divisive distraction from more constructive solutions

Sally Satel & Jonathan Klick, FSU College of Law Working Paper no. 110, 2004

20 Years Later: Keep Politics Out of Doctor's Office

- "Healthcare is being profoundly damaged by a radical and divisive ideology"
- At the heart of the problem is the claim that healthcare is systemically racist

- Prominent medical journals are compliant in the crusade against medical professionals
- Medical Schools are preparing MDs for social activism at the expense of medical science
- MDs are being pushed to discriminate: "Preferential care base on race"
- Accusations of racism are contributing to MD burnout and early retirement

Golfarb Stanley, Wall Street Journal, April 18, 2022

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"True compassion is more than flinging a coin to a beggar; it understands that an edifice which produces beggars needs restructuring.”