

# Toward Health Equity

*Moving Beyond Disparities and Race*

Jennifer Edgoose, MD, MPH  
Health Equity Series  
September 3, 2020

# Objectives

- Review the current landscape of racial and ethnic health disparities
- Consider the impacts of social determinants of health including racism upon health
- Consider strategies to move toward health equity

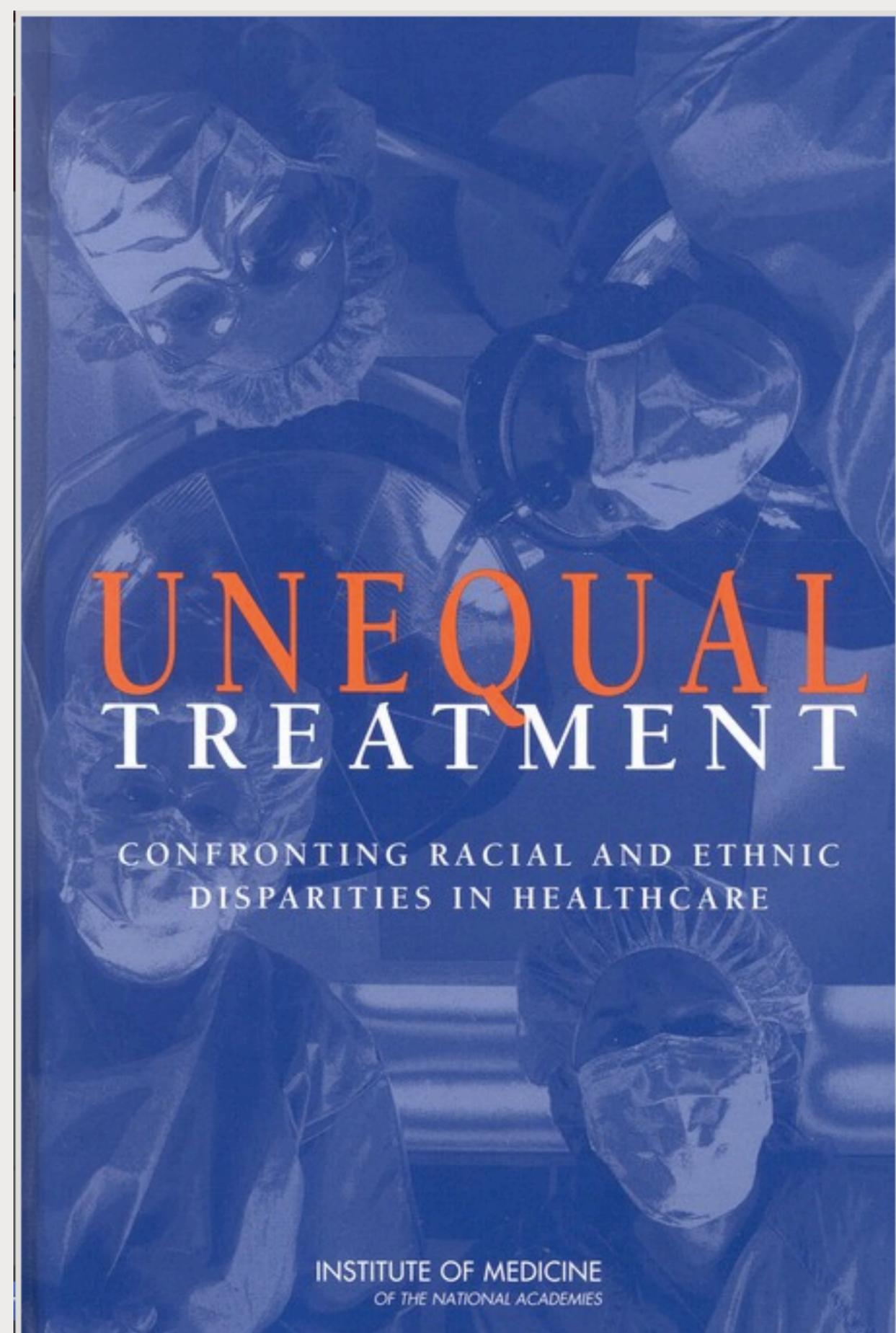


Health  
disparities  
plague the  
United States

**Racial and ethnic minorities receive lower quality health care than non-minorities**

*...even when income, insurance status and medical conditions are similar.*

Smedley, BD, Stith AY, Nelson AR (editors). Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: The National Academies Press, 2002.



# For example...

- African Americans are 4 times as likely to develop end stage renal disease yet only 70% as likely to be referred for renal transplantation than non-Hispanic (NH) whites.
  - Hispanics with fractures are 2 times less likely to receive pain meds in the ED than non-Hispanic whites.
  - Asian Americans have lower rates of colorectal and breast cancer screening than NH whites
- 
- Kandula NR, Wen M, Jacobs EA, Lauderdale DS. Low rates of colorectal, cervical, and breast cancer screening in Asian Americans compared with non-Hispanic whites: Cultural influences or access to care? *Cancer*.2006;107;184.
  - Todd KH, Samaroo N, Hoffman JR. Ethnicity as a risk factor for inadequate emergency department analgesia. *JAMA*.1993;269;1537.
  - Pletcher MJ, Kertesz SG, Kohn MA, Gonzales R. Trends in opioid prescribing by race/ethnicity for patients seeking care in US emergency departments. *JAMA*.2008;343:1537.
  - Morrison RS, Wallenstein S et al. “We don’t carry that”--Failure of pharmacies in predominantly nonwhite neighborhoods to stock opioid analgesics. *N Engl J Med*.342(14):1023-1026.

Volume I:  
Executive Summary

1985-2015

30

Years of  
Advancing  
Health Equity

Report of the  
Secretary's Task  
Force on

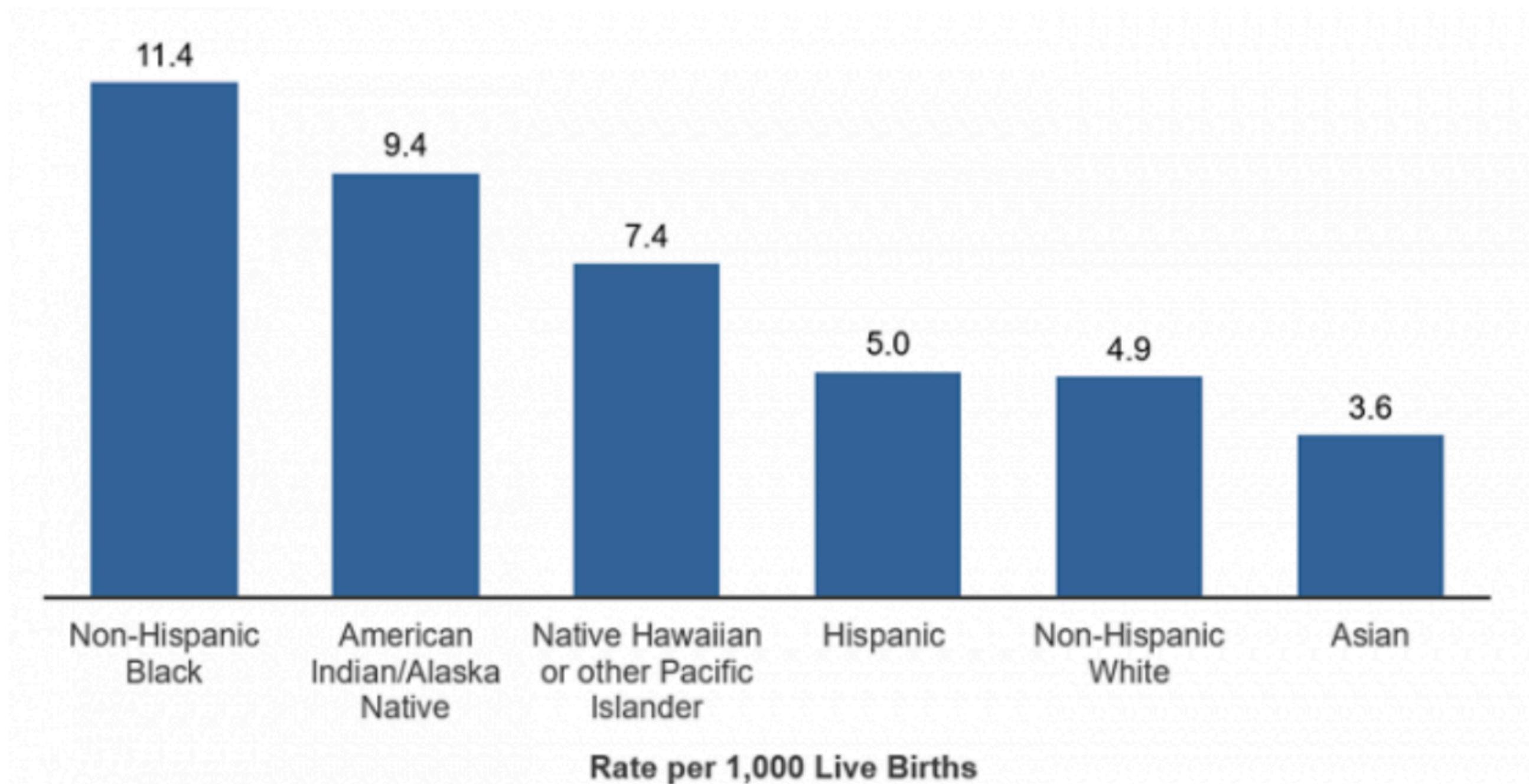
Black &  
Minority  
Health

Margaret M. Heckler  
Secretary

U.S. Department of Health and  
Human Services

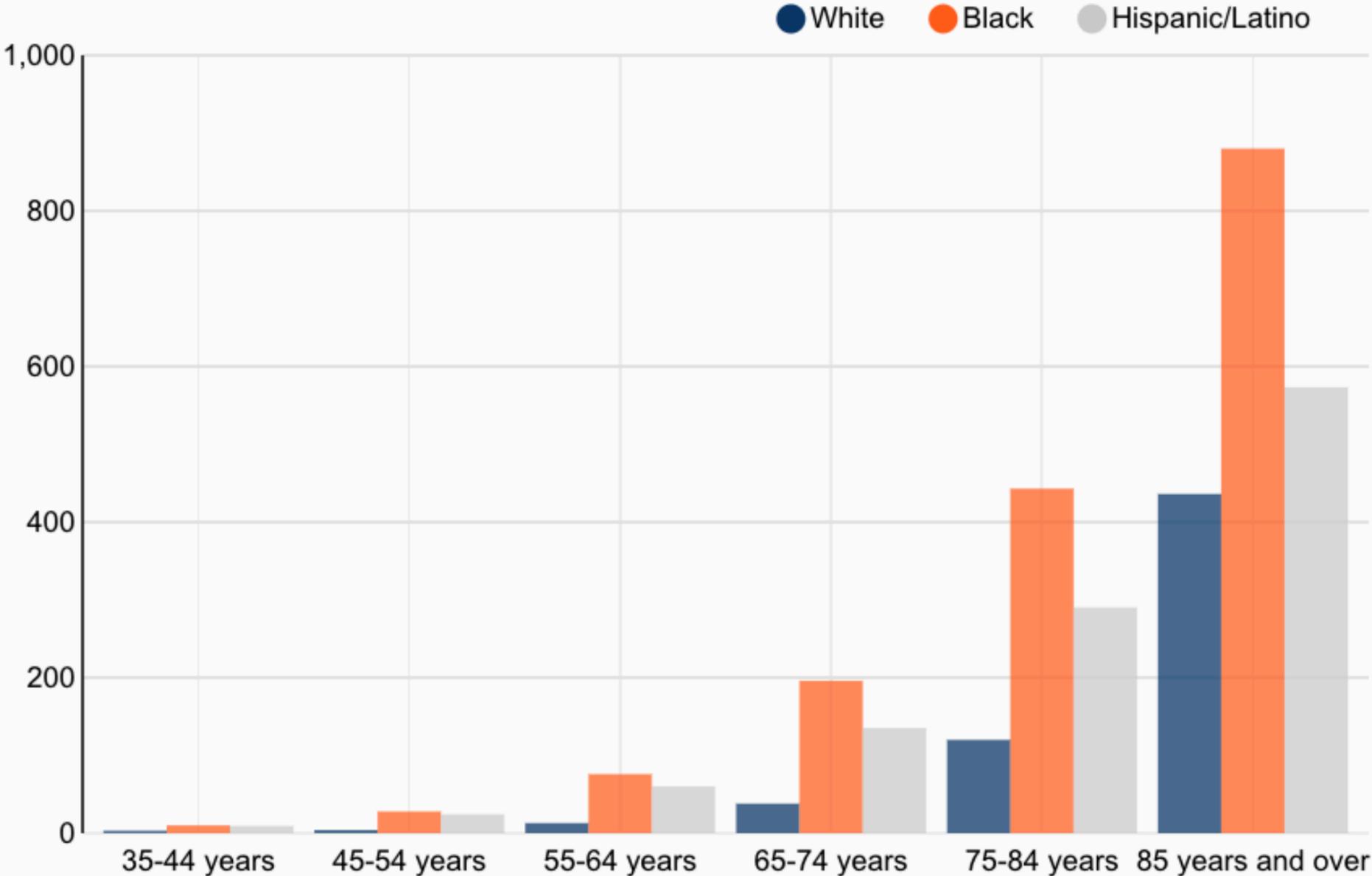


# Infant Mortality Rates by Race and Ethnicity, 2016



# Figure 1. COVID-19 death rates by age and race

Rates per 100,000



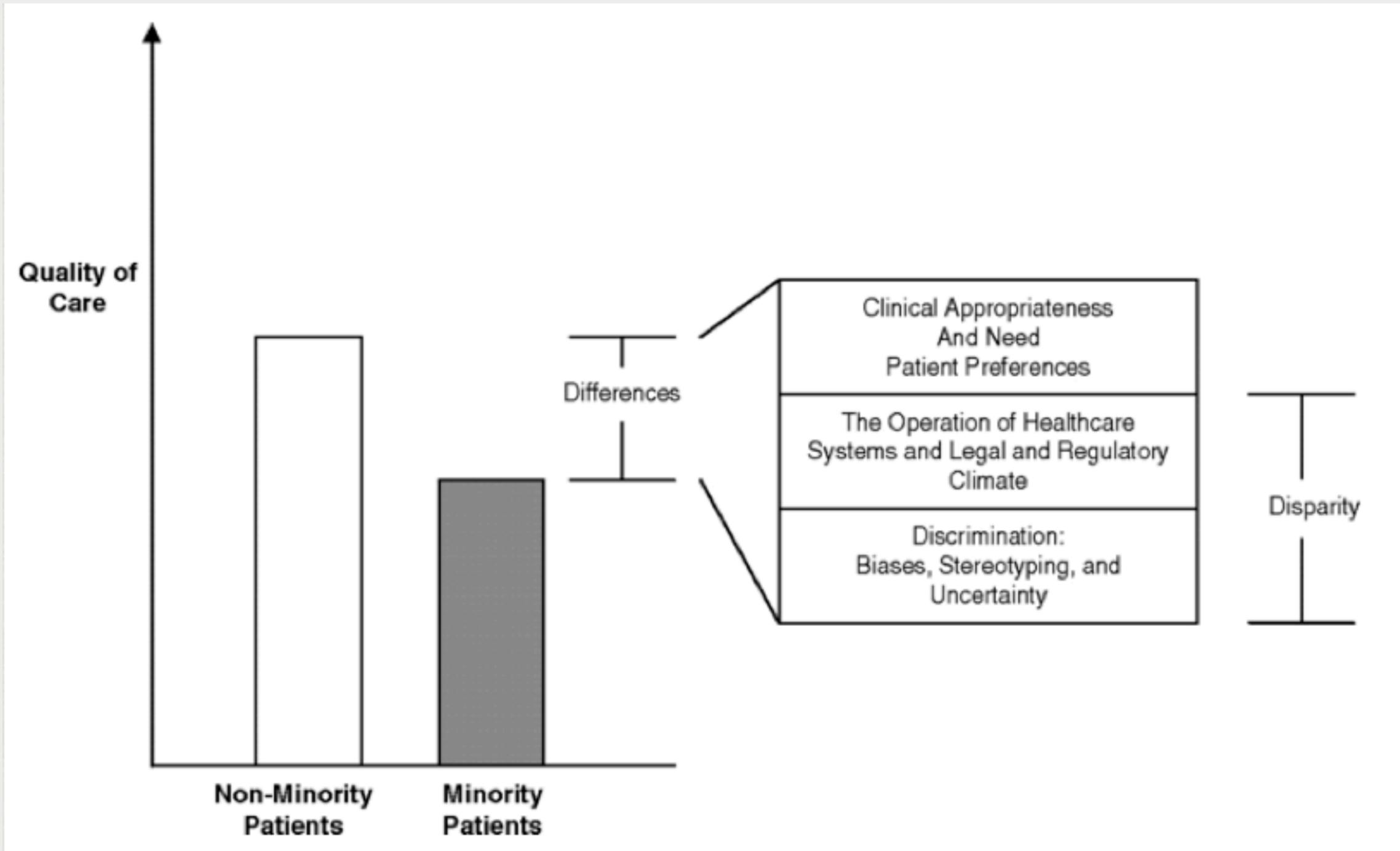
Source: CDC data from 2/1/20-6/6/20 and 2018

Census Population Estimates for USA

BROOKINGS

<https://www.youtube.com/watch?v=d5YB9cKJxpo>

# Refusal rates are small and don't fully account for disparities



Hannan EL, van Ryn M, Burke J, et al. Access to coronary artery bypass surgery by race/ethnicity and gender among patients who are appropriate for surgery. *Med Care*.1999 Jan;37(1):68-77.

# Our changing demographics make this issue imperative

The U.S. population will become minority white by 2043

## Public Schools in the United States Projected to Be Majority-Minority in 2014

Actual and projected share of enrollment in public elementary and secondary schools, by race/ethnicity



Note: Whites, blacks, Asian/Pacific Islander and American Indian/Alaska Native include only non-Hispanics. Hispanics are of any race. Prior to 2008, "two or more races" was not an available category. In 2008 and 2009, some students of both Asian origin and Hawaiian or Other Pacific Island origin were included in the two or more races category. In 2010 and 2011, all students of both Asian origin and Hawaiian or Other Pacific Islander origin were included in the two or more races category. In 2008, five states reported enrollment counts for students of two or more races. In 2009, 14 states reported enrollment counts for students of two or more races.

Source: National Center for Education Statistics, U.S. Department of Education.

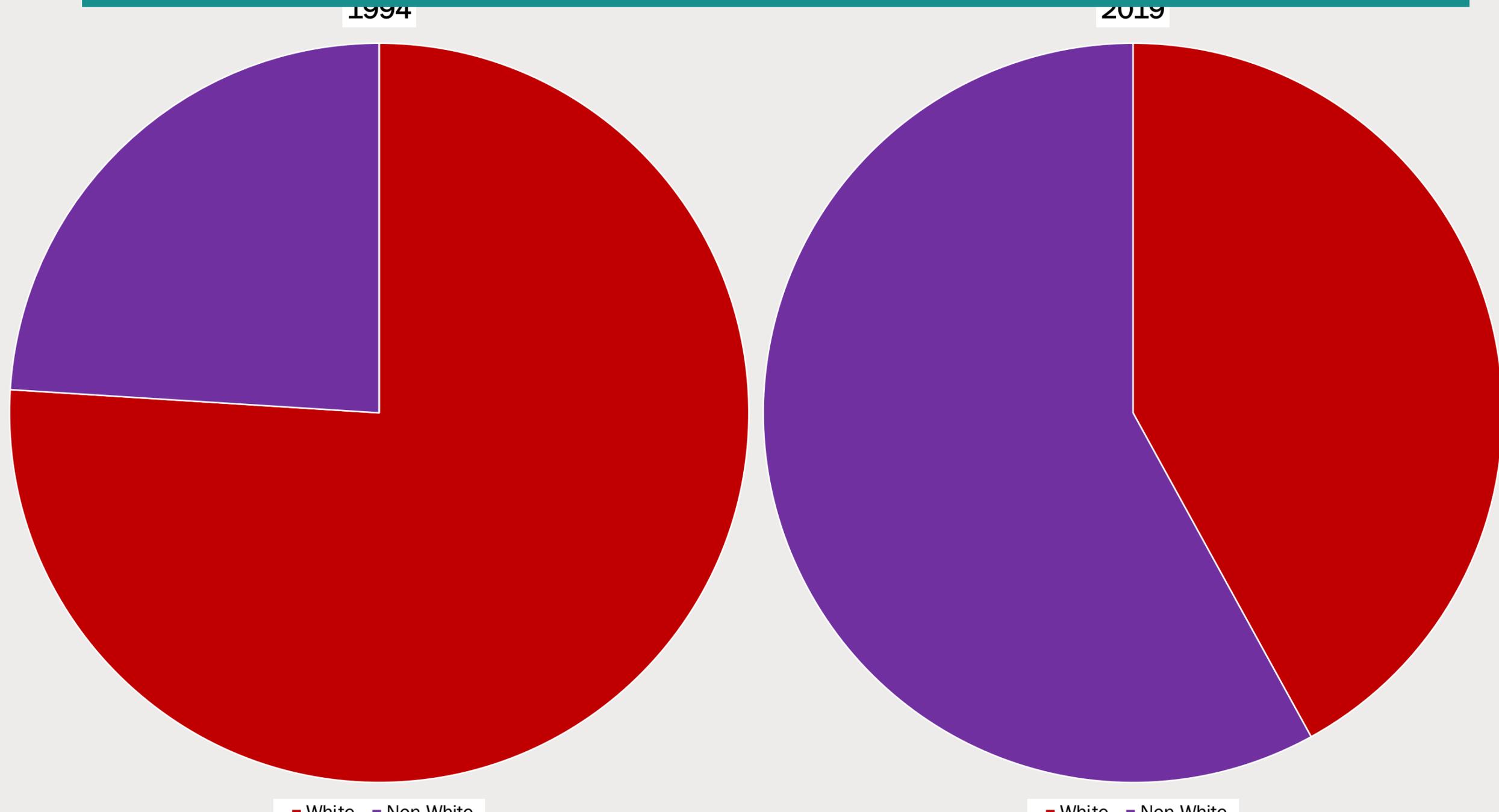
PEW RESEARCH CENTER

So what about our fair city?



# Madisonians think they live in a white, liberal town

## % White in Madison Metropolitan School District



# Wisconsin public school districts: %White not-Hispanic

City	2005-06	2019-20
Baraboo	91	81
Belleville	96	86
Madison	56	42
Verona	77	63
Wisconsin overall	78	69

# Rural versus urban life expectancy

(per 100,000 population)

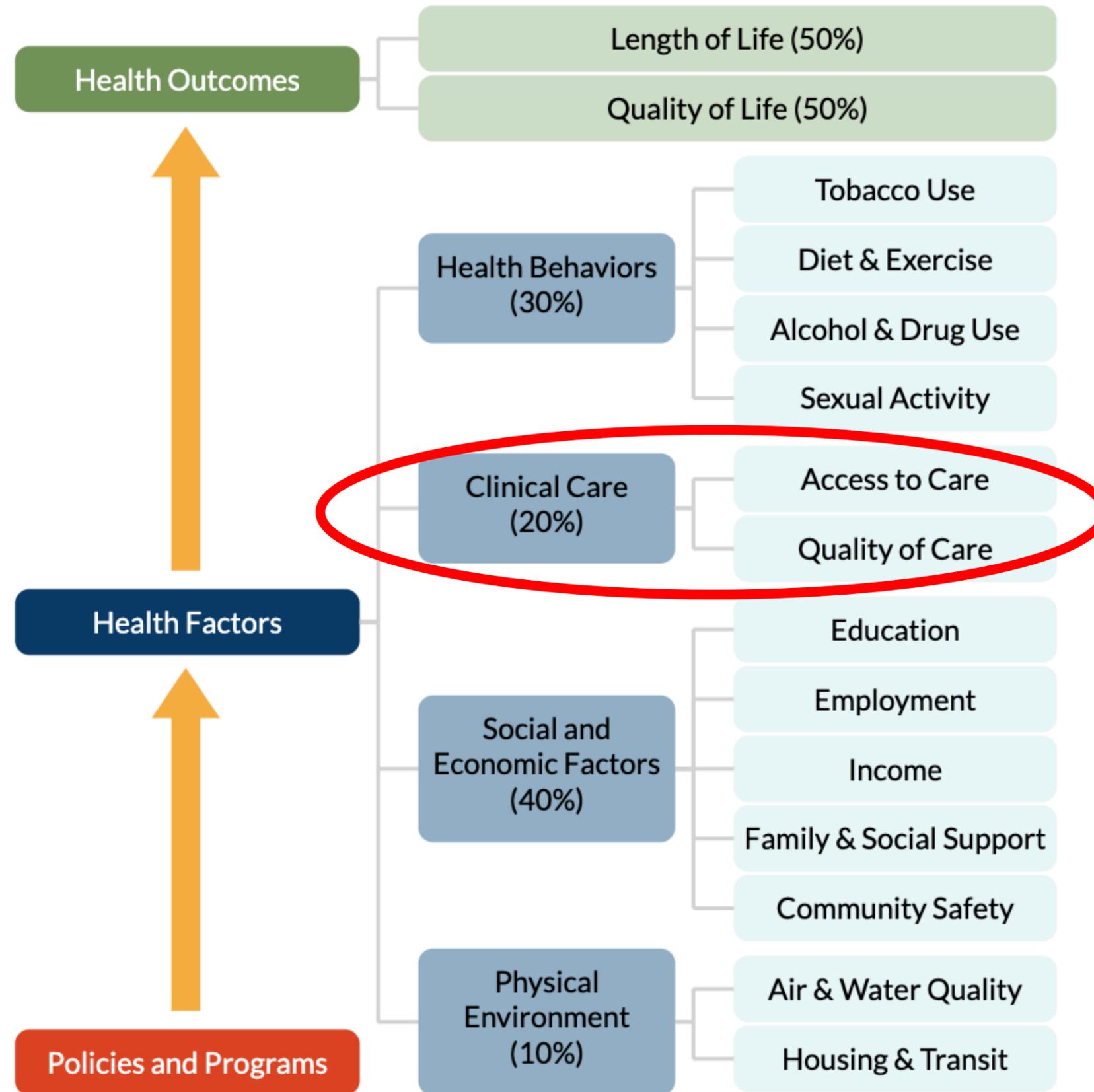
## Rural Life Expectancy Compared to Urban, 2005-2009, in Years of Age

<i>Life Expectancy</i>	<i>Nonmetro Counties</i>	<i>Metro Counties</i>
All	76.8	78.8
Male	74.1	76.2
Female	79.7	81.3
White	77.2	79.2
Black	72.8	74.2
American Indian and Alaska Native	74.8	85.8
Asian and Pacific Islander	84.9	86.9
Hispanic	82.2	83.1

Source: Singh, G.K., Siahpush, M. 2014. Widening Rural-Urban Disparities in Life Expectancy, U.S., 1969-2009. American Journal of Preventive Medicine, 46(2), 19-29. [Article Abstract](#)

WHAT REALLY DRIVES  
HEALTH OUTCOMES?





County Health Rankings model © 2014 UWPHI

# SOCIAL DETERMINANTS OF HEALTH (SDoH)

**SDoH are “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”**

Social Determinants of Health. HealthyPeople.gov website. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-ofhealth>

What is the strongest social determinant of health driving inequities?

**WEALTH  
GAP**

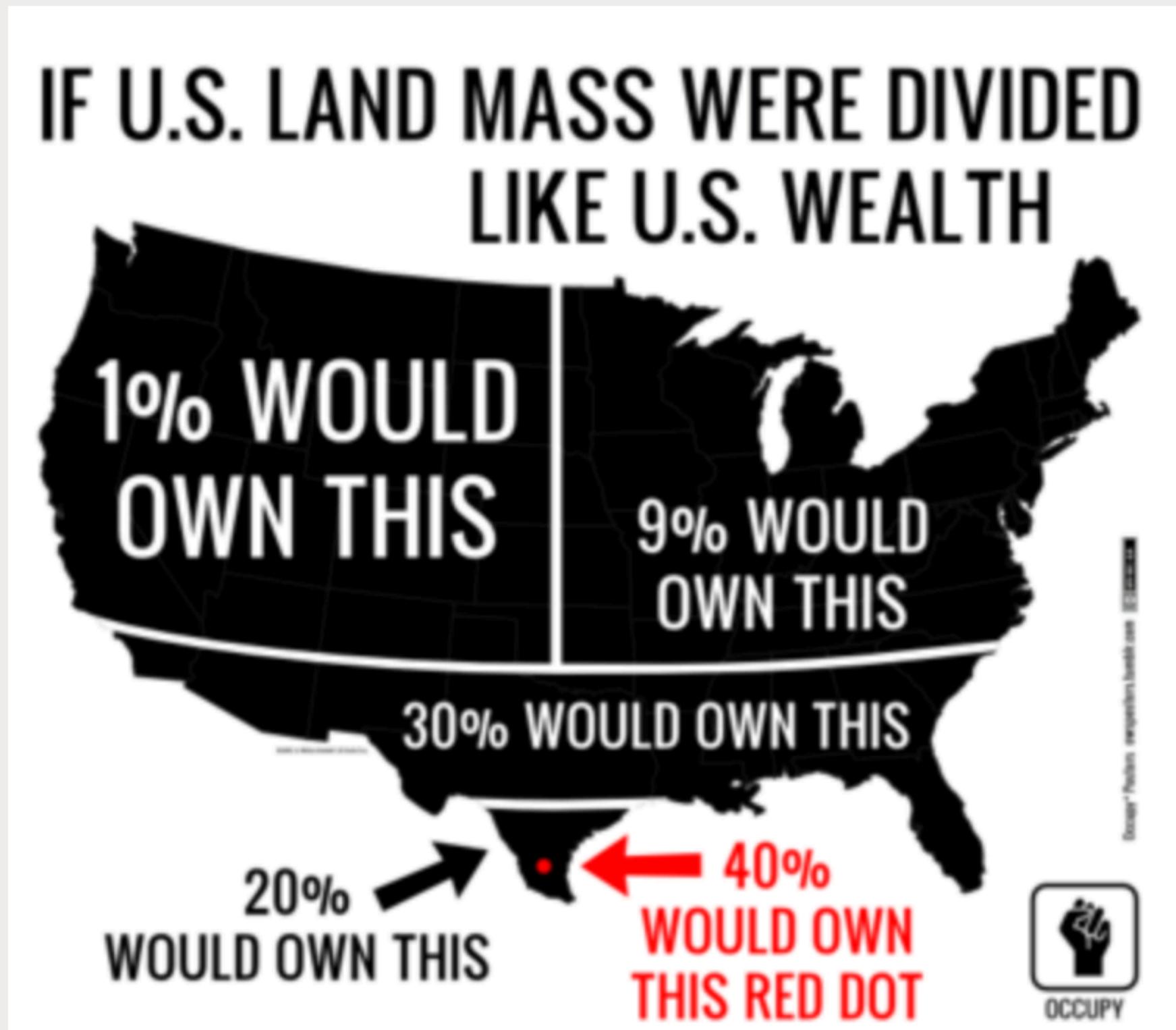
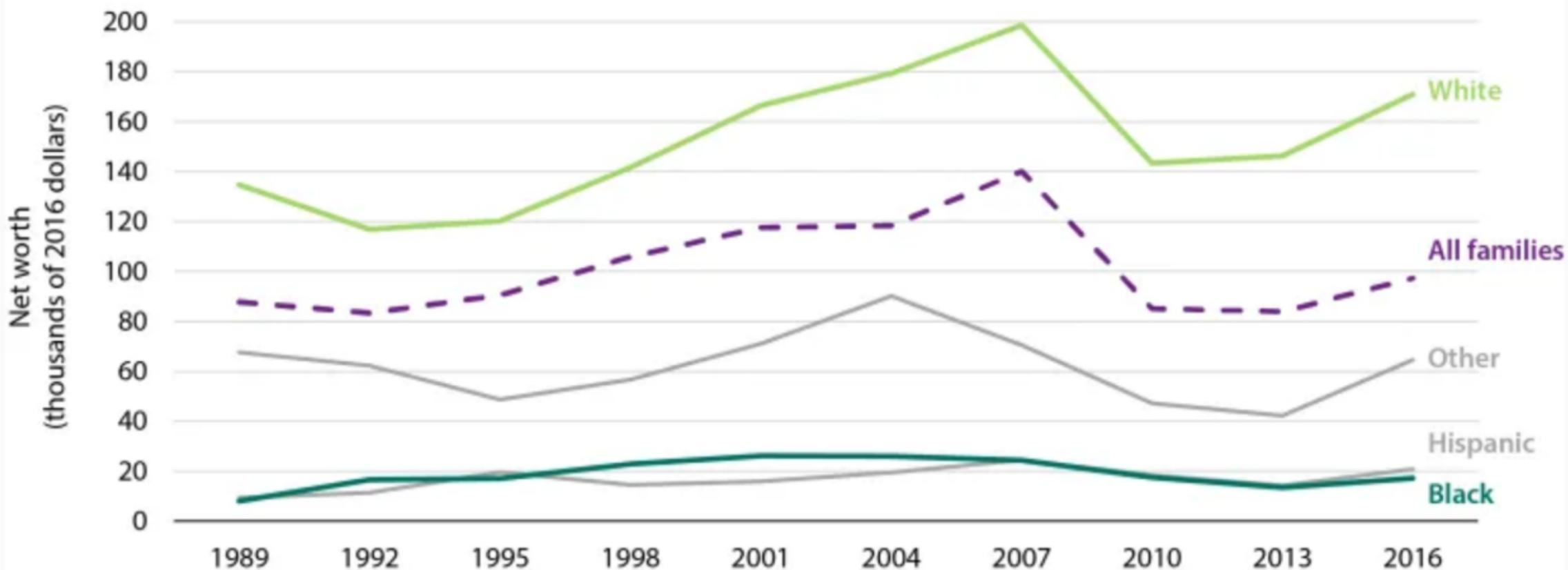


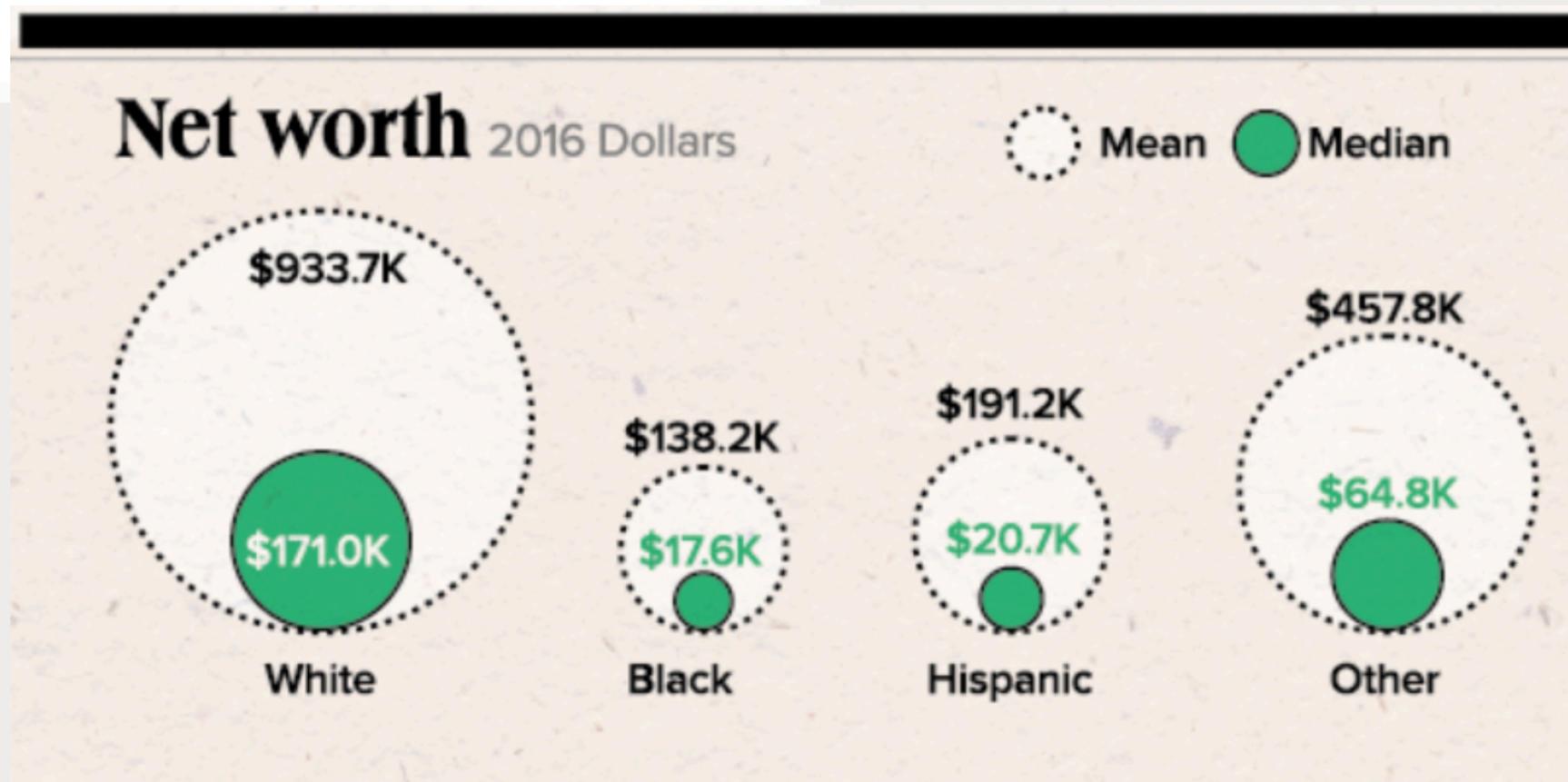
FIGURE 1.

### Median Net Worth by Race/Ethnicity, 1989–2016

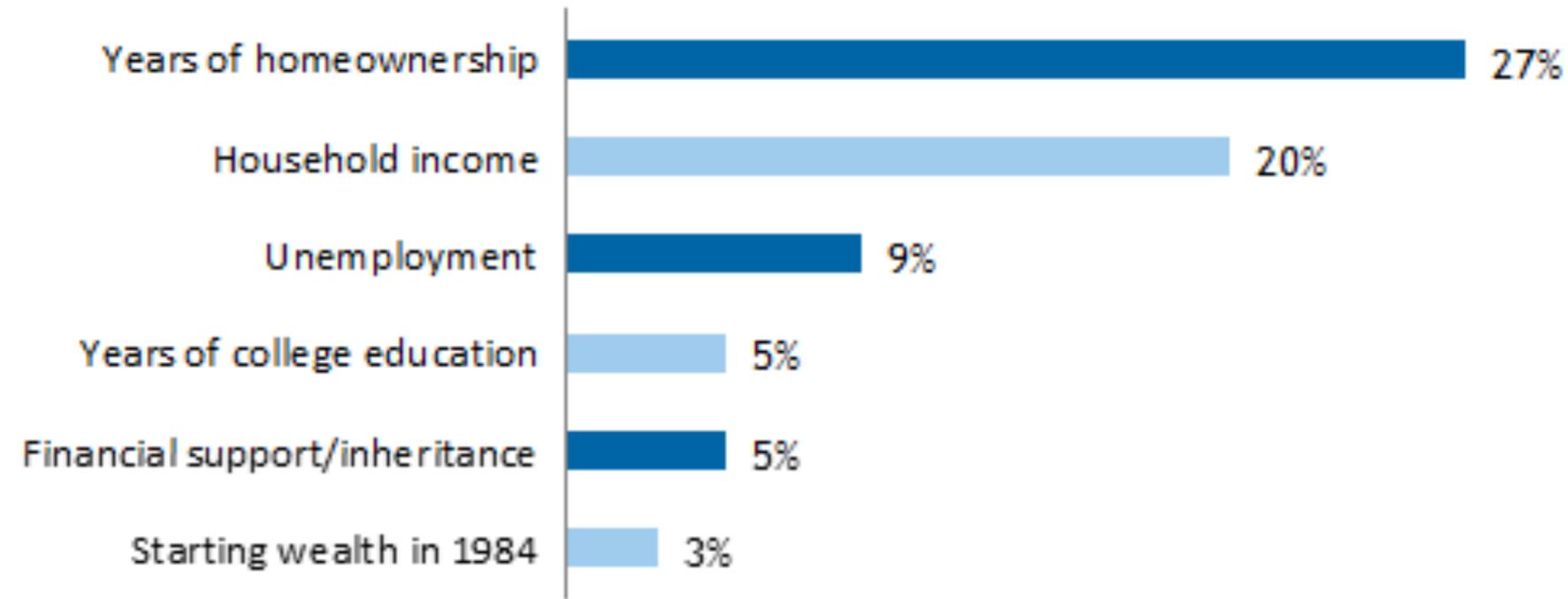


Source: Survey of Consumer Finances 1989–2016.  
Note: Net worth refers to the difference between assets and debt for a household head. Race and ethnicity are those of the survey respondent.

<https://www.brookings.edu/blog/up-front/2020/02/27/examining-the-black-white-wealth-gap/>



## Top factors driving the wealth gap between whites and blacks in a recent study of 1,700 working-age households from 1984 through 2009



Source: IASP 2013

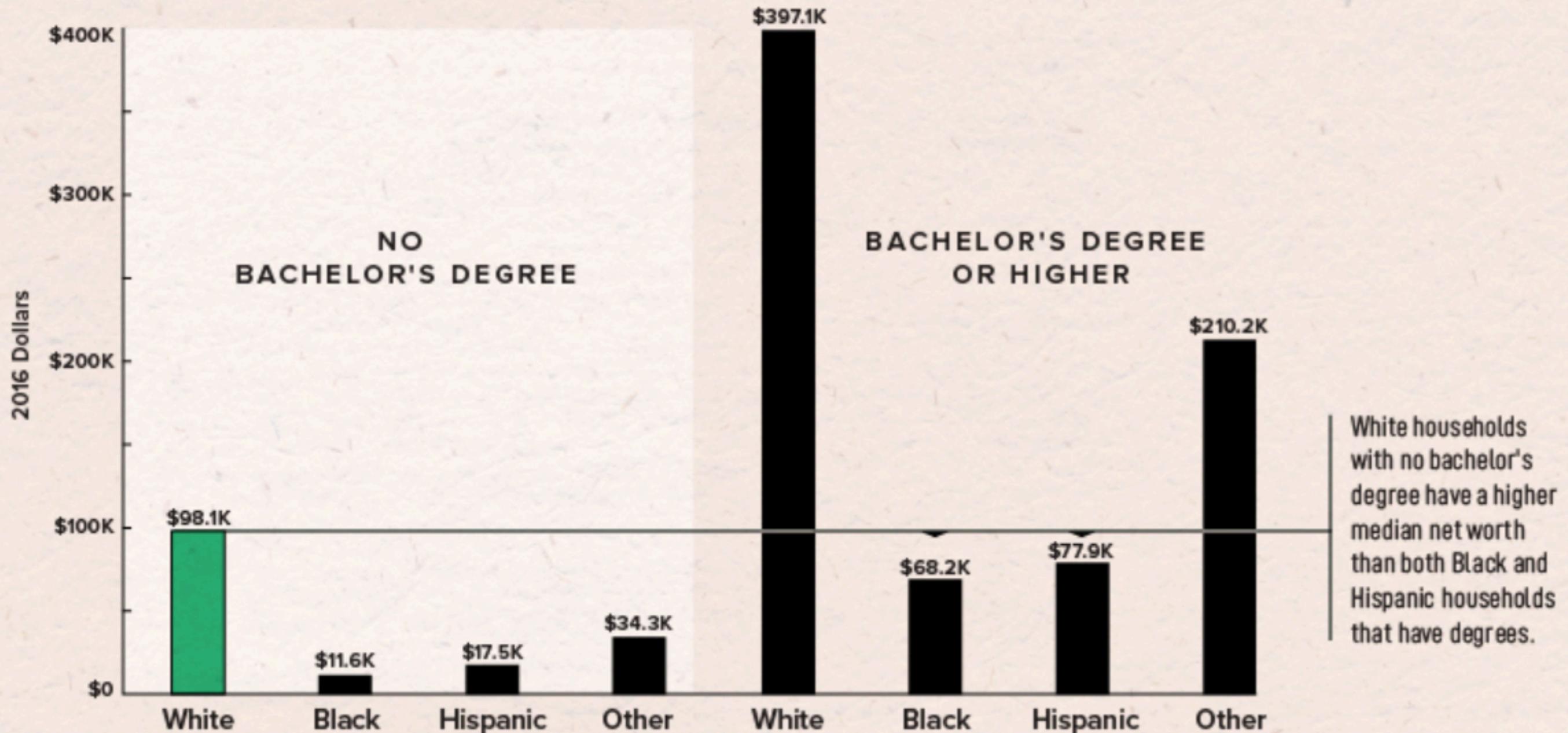


Homeownership is critical to the accumulation of wealth and a factor in the stark difference between the net worth of white families \$171,000 in 2016 versus Black Families who had a net worth of \$17,150 (a 10x difference).

<https://www.brookings.edu/blog/up-front/2020/02/27/examining-the-black-white-wealth-gap/>

# Median Net Worth

BY EDUCATION LEVEL OF HEAD OF HOUSEHOLD



White households with no bachelor's degree have a higher median net worth than both Black and Hispanic households that have degrees.

SOURCE: U.S. Federal Reserve Board, Survey of Consumer Finances. Based on the latest available data from 2016.



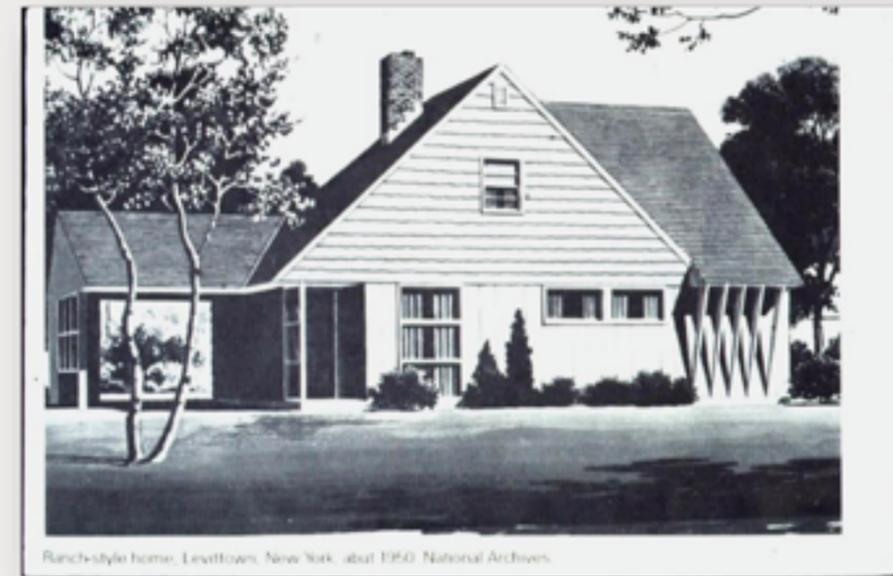
# Historical causes of inequity: Housing discrimination



Urban rental/public housing

*Bronx, NY*

30 miles



Suburban home ownership

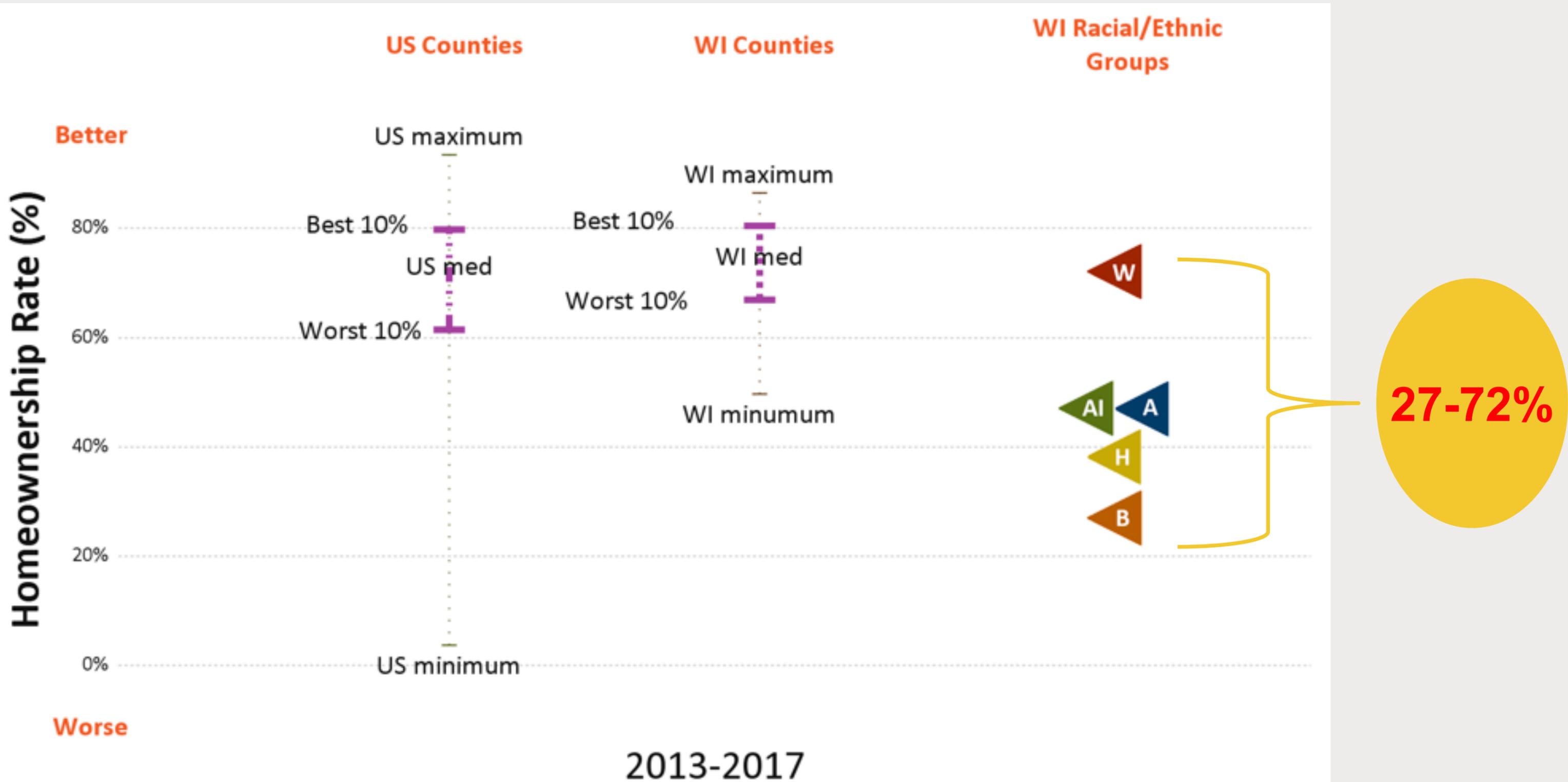
*Levittown, NY*

**Home Values:**

1947: sold \$8K (\$125K)

Today: sell \$500K+

# Homeownership in WI

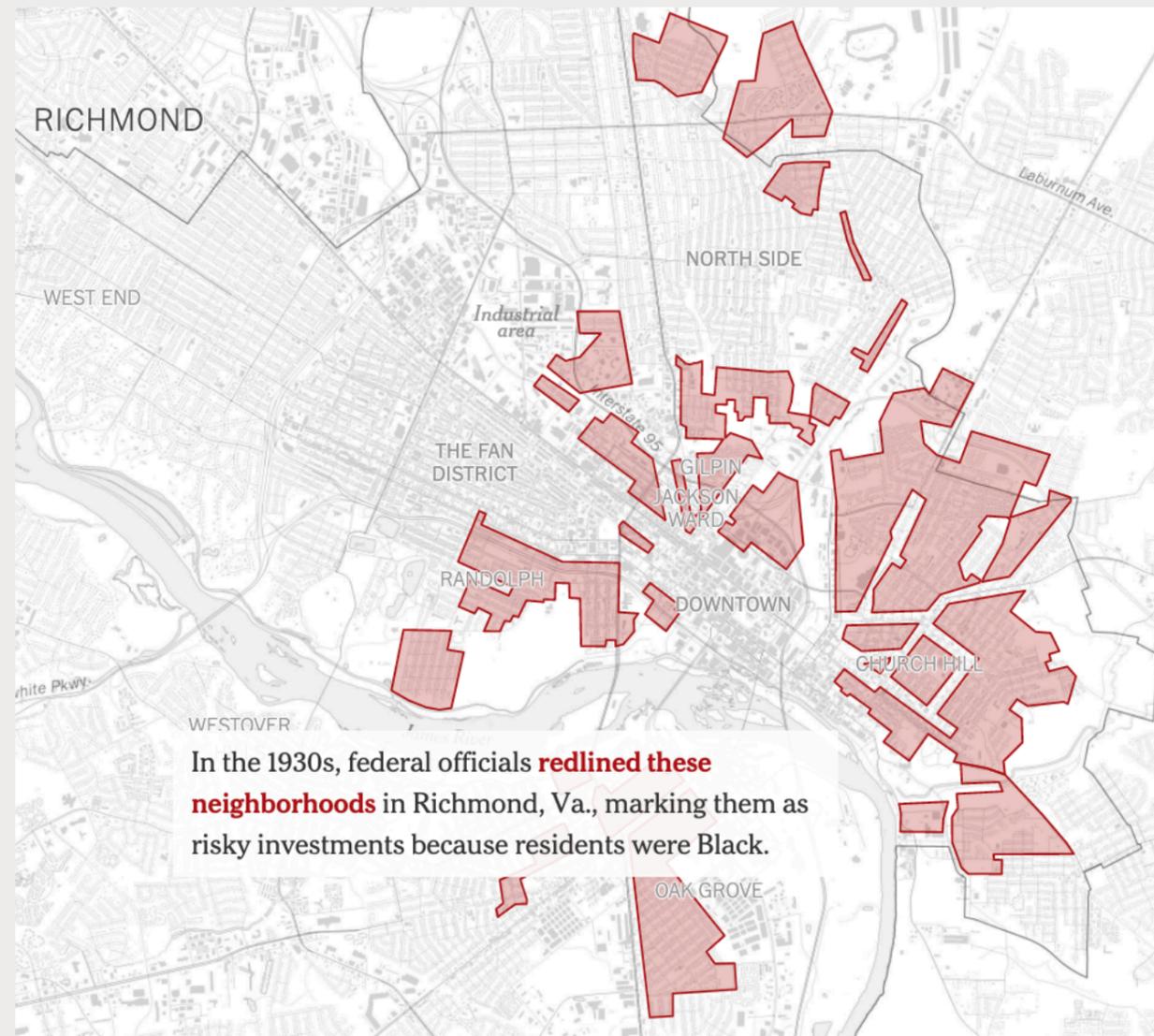




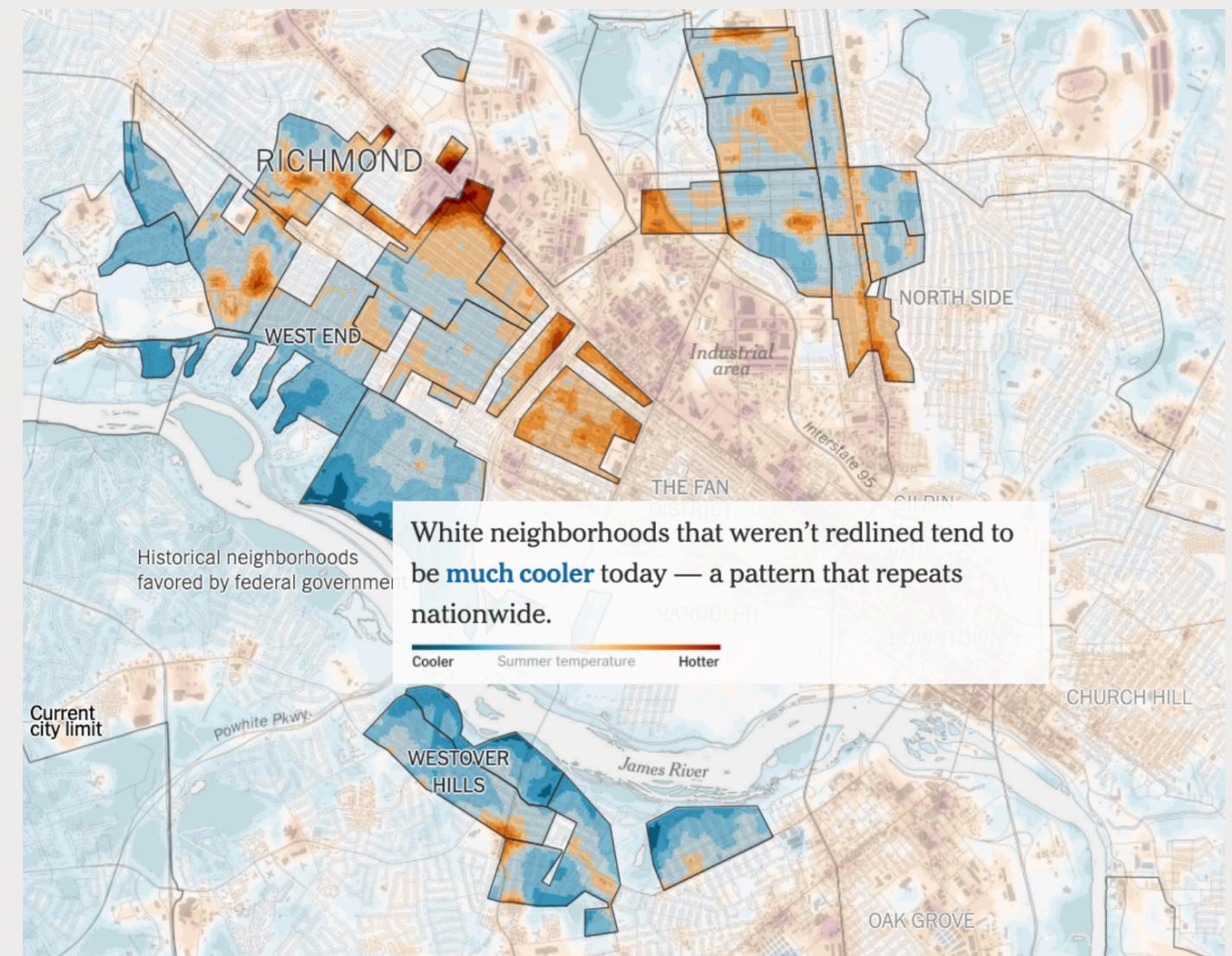
# How Decades of Racist Housing Policy Left Neighborhoods Sweltering

By Brad Plumer and Nadja Popovich  
Photographs by Brian Palmer Aug. 24, 2020

During a heat wave, every one degree increase in temperature can increase [the risk of dying](#) by 2.5 percent. Higher temperatures can strain the heart and make breathing more difficult, increasing hospitalization rates for [cardiac arrest](#) and [respiratory diseases like asthma](#). Richmond's four hottest ZIP codes [all have the city's highest rates](#) of heat-related emergency-room visits.



In the 1930s, federal officials **redlined these neighborhoods** in Richmond, Va., marking them as risky investments because residents were Black.

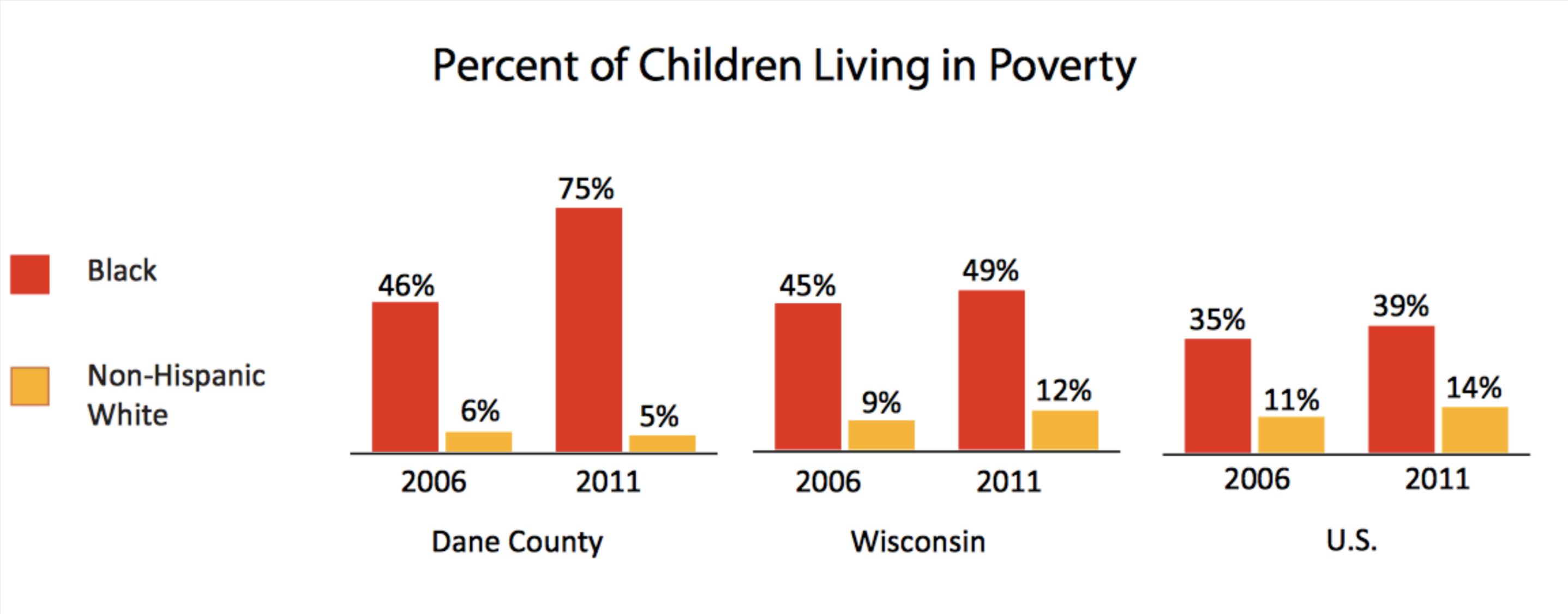


# RACE TO EQUITY

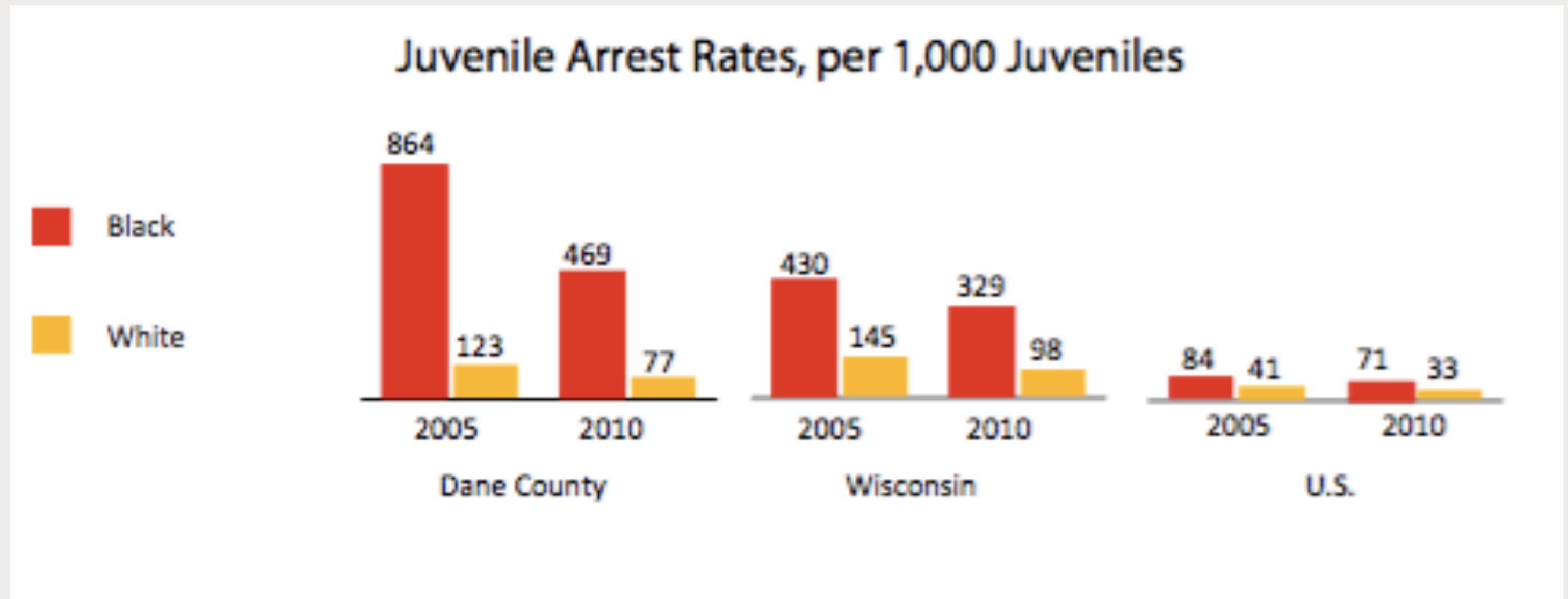
A Baseline Report on the  
State of Racial Disparities in Dane County



Black children are **13 times** more likely than white children to live in poverty. This is the **widest black/white child poverty gap** that the Census Surveys reported in the nation.

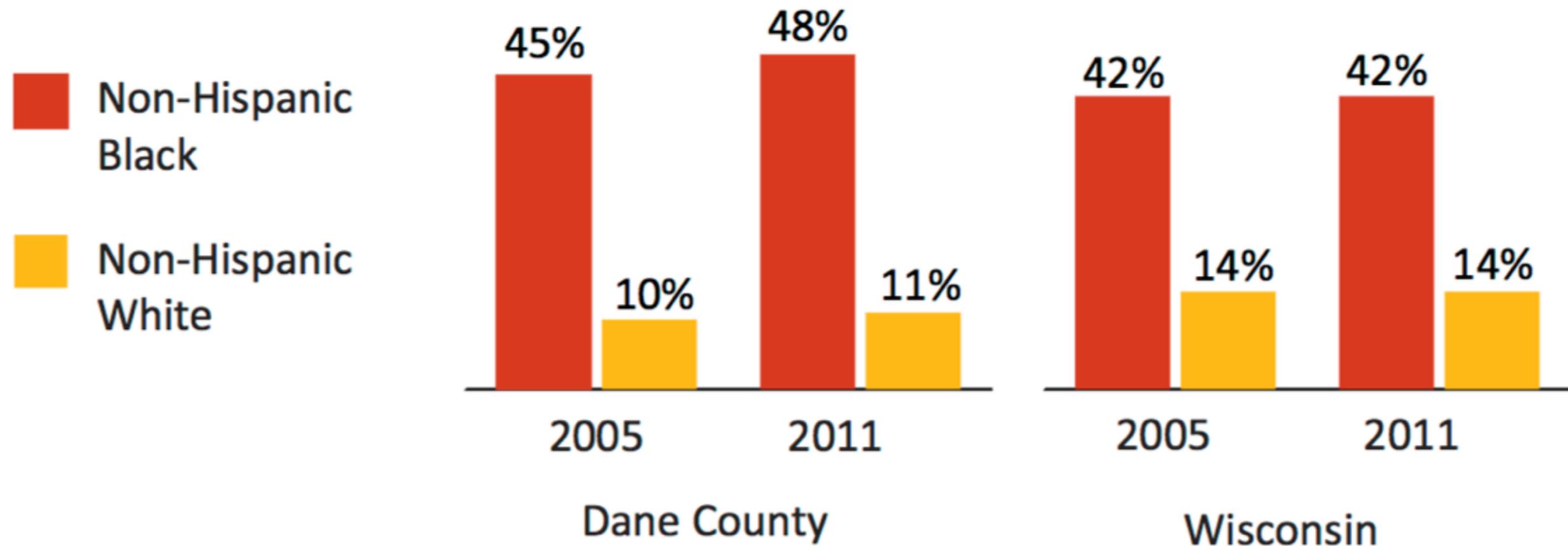


Black teens in Dane County in 2010 were **6 times** more likely to be arrested than whites, while black youth in the rest of the state were just 3 times as likely, and nationally only a little more than twice as likely.



Black third graders were **4.5 times** more likely not to meet reading proficiency standards than whites: **a wider gap than anywhere else in the state and in the nation.**

Percent of 3rd Graders Not Proficient at Reading



# Ranking Child Well-being in Wisconsin, by Race

Wisconsin's ranking for the indicators that make up the index,  
compared to children of the same race in other states

	Wisconsin's overall rank on index	High school graduation	Delayed childbearing	School or work	Low poverty areas	Normal birthweight	Two-parent families	Math proficiency	Assoc + degree	Above 200% of poverty	Family education	Preschool enrollment	Reading proficiency
WHITE Non-Hispanic	<b>10</b> of 50 states	1 of 50	9 of 50	9 of 50	10 of 50	11 of 50	12 of 50	15 of 50	17 of 50	17 of 50	19 of 50	28 of 50	30 of 50
BLACK	<b>46</b> of 46 states	30 of 50	49 of 49	50 of 50	44 of 50	33 of 44	50 of 50	35 of 38	45 of 45	48 of 50	44 of 50	16 of 50	39 of 42
LATINO	<b>17</b> of 47 states	11 of 50	23 of 49	13 of 50	25 of 50	15 of 47	31 of 50	29 of 45	31 of 47	29 of 50	26 of 50	17 of 50	39 of 47
ASIAN	<b>37</b> of 43 states	24 of 50	38 of 40	40 of 50	30 of 42	19 of 44	34 of 50	29 of 33	41 of 49	49 of 50	42 of 50	34 of 50	28 of 37
NATIVE AMERICAN	<b>12</b> of 25 states	11 of 50	36 of 41	39 of 48	N/A	5 of 31	35 of 48	N/A	24 of 28	31 of 45	17 of 50	9 of 41	N/A

## How Wisconsin ranks among the states

- Top quarter
- 2nd quarter
- 3rd quarter
- Lowest quarter

## Indicator descriptions

Average freshman high school graduation rate, 2009-10

Females age 15-19 who delay childbearing until adulthood, 2010

Young adults ages 19 to 28 who are in school or working, 2010-12

Children who live in low poverty areas (<20%), 2007-2011

Babies born at normal birthweight, 2011

Children who live in 2-parent families, 2010-12

8th graders scoring at least proficient in math, 2013

Adults age 25 to 29 who have completed at least an associate's degree, 2010-12

Children living above 200% of poverty, 2010-12

Children who live with someone who has at least a high school degree, 2010-12

3 to 5 year olds enrolled in preschool or kindergarten, 2010-12

4th graders scoring at least proficient in reading, 2013

N/A means information is not available for Wisconsin, due to small population size

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NEWS **Several businesses destroyed, damaged during overnight unrest**

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# Wisconsin named worst state for black Americans

Aug 5, 2016, 10:59am CDT Updated Aug 5, 2016, 5:28pm CDT

## 1. Wisconsin

- > **Pct. residents black:** 6.2% (24th lowest)
- > **Black homeownership rate:** 25.8% (10th lowest)
- > **Black incarceration rate:** 4,042 per 100,000 (3rd highest)
- > **Black unemployment rate:** 11.1% (9th highest)

WPR



Matt Slocum/AP Photo

## Wisconsin Has Widest Achievement Gap On Nation's Report Card

National Assessment Of Educational Progress Results Show No Significant Change From Results A Decade Ago

By Rich Kremer and The Associated Press

Published: Wednesday, October 30, 2019, 9:10am

Updated: Wednesday, October 30, 2019, 4:00pm

# Dane County

- 563 individuals
- 155 families
- 53% African American

# Disparities in opportunity for African- American children

State	Ratio of white opportunity index to black
Wisconsin	3.14
Michigan	2.73
Illinois	2.51
Ohio	2.46
Louisiana	2.43

*“For African-American children, the situation is dire. In general states in the Rust Belt and Mississippi Delta are places where opportunity for black children is poorest. **African-American kids face the greatest barriers to success in Michigan, Mississippi and Wisconsin.**”*

- Annie E. Casey Foundation

Paula Tran-Inzeo

Social determinants  
are stronger  
predictors for health  
outcomes than  
health access.

In Dane County in 2012,  
African Americans were more  
likely to have health  
insurance and to receive  
adequate prenatal care than  
their black peers nationally.

**National Center for Health Statistics**

**NCHS Data Brief ■ No. 295 ■ January 2018**

**State Variations in Infant Mortality by Race and Hispanic Origin of Mother, 2013–2015**

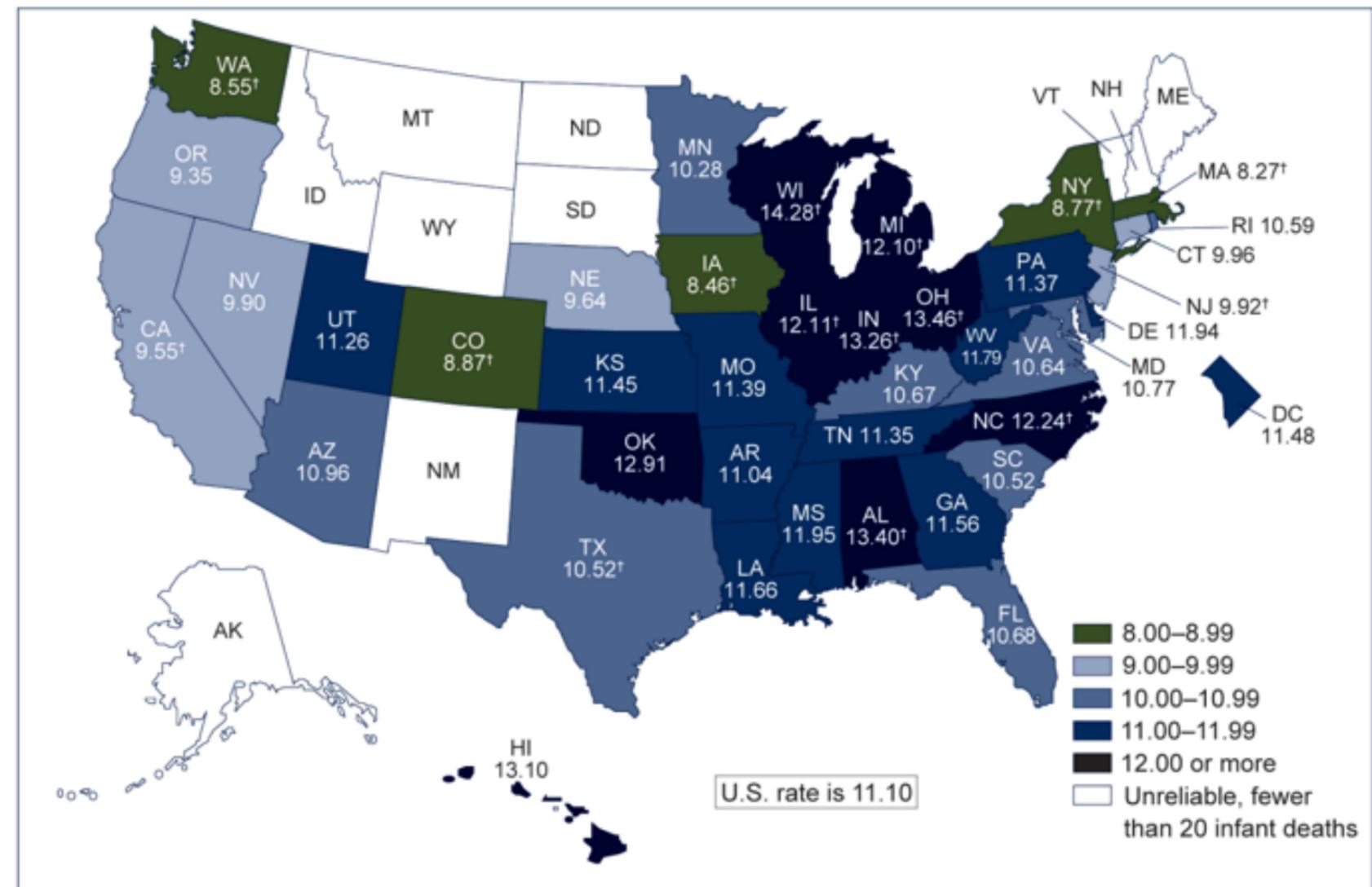
T.J. Mathews, M.S., Danielle M. Ely, Ph.D., and Anne K. Driscoll, Ph.D.

From 2013-2015, the infant mortality rate for blacks in Wisconsin was three times that for whites, which was the largest gap in the nation.

**In 2013–2015, five of the nine highest mortality rates for infants of non-Hispanic black women were in Midwestern states.**

- The highest state mortality rate for infants of non-Hispanic black women was 14.28 per 1,000 live births in Wisconsin, 1.7 times as high as the lowest rate of 8.27 in Massachusetts (Figure 3).
- Eight states had infant mortality rates significantly lower than the U.S. rate for infants of non-Hispanic black women (11.10): California, Colorado, Iowa, Massachusetts, New Jersey, New York, Texas, and Washington.
- Seven states had infant mortality rates significantly higher than the U.S. rate: Alabama, Illinois, Indiana, Michigan, North Carolina, Ohio, and Wisconsin.

Figure 3. Infant mortality rates for infants of non-Hispanic black women, by state: United States, 2013–2015



The journal *Health Affairs* published a report about life expectancy and the gap between black and white Americans.

**Wisconsin was the only state to see the gap widen [for women] between 1990-2009.**



Full Text

## Trends In The Black-White Life Expectancy Gap Among US States, 1990-2009

*Health Aff* August 2014 33:81375-1382



THE CAPITAL TIMES  
Madison, Wisconsin

News

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## U.S. life expectancy gap between blacks and whites shrinks, but not in Wisconsin

JESSICA VANEGEREN | The Capital Times | [jvanegeren@madison.com](mailto:jvanegeren@madison.com) Aug 9, 2014 36



FEATURED ON CAP TIMES

Bon Iver thrills crowd w  
on day one of Eaux Cla

Report details funding p  
Wisconsin's child care c

# COVID-19 in MILWAUKEE

African Americans make up **26%** of Milwaukee County (39% of the City of Milwaukee)

- On April 3rd 945 people tested positive for SARS-CoV-2 in Milwaukee County
  - **50% were African American**
- On April 3<sup>rd</sup> 27 people had died from COVID-19 in Milwaukee County
  - **81% were African American**

Support fearless journalism that makes a difference. [Donate to ProPublica.](#)



Fred Royal, the Milwaukee head of the NAACP, walks empty streets near his home in a largely black neighborhood hit hard by the coronavirus. He knows three people who have died. (Darren Hauck, special to ProPublica)

## CORONAVIRUS

**Early Data Shows African Americans Have Contracted and Died of Coronavirus at an Alarming Rate**

Johnson A and Buford T. *ProPublica* April 3, 2020

<https://www.propublica.org/article/early-data-shows-african-americans-have-contracted-and-died-of-coronavirus-at-an-alarming-rate>

# An interesting note on Dane County poverty

- Teenage births rates for African Americans (AA) in Dane County are slightly lower than the rates for AA teens in Wisconsin and nationwide.
- The percentage of AA mothers in Dane County who have earned at least a high school diploma is slightly higher than the elsewhere in the state and nationwide.

Usually lower teen birth rates and higher maternal education levels are often seen as factors that help deter high rates of child poverty, **but this is not the case in Dane County.**

***“The alarming truth is that our numbers, taken as a whole, suggest that the distance between whites and blacks (in terms of well-being, status and outcomes) is as wide or wider in Dane County than in any jurisdiction (urban or rural, North or South) for which we have seen comparable statistics...***

***...The one inescapable and pivotal finding that arises from all the numbers we have collected is the extraordinary degree to which poverty and “disadvantage” in Dane County have become correlated with color – or, to put it in even more stark terms, the extent to which economic deprivation has become profoundly racialized.”***

*“Conscious racism and color prejudice may not have been the primary cause of this extreme racialization of disadvantage, but allowing such a close link between color and disadvantage to persist can only serve to nurture stereotypes, foster profiling, and produce differential expectations for achievement within the community at large, while at the same time undermining motivation, aspiration, self-esteem, confidence, and hope among African American children and their families.”*

Wisconsin Council on Children and Families  
*Race to Equity*



More on the effects of  
racialization/racism in health care

# Infant mortality: An argument for the cumulative life-course effects of the social construct of race

UNNATURAL CAUSES ...is inequality making us sick?

<https://www.youtube.com/watch?v=FP Cp B8z ZP20>

- Lu MC, Halfon N. Racial and ethnic disparities in birth outcomes: A life-course perspective. *Maternal and Child Health Journal*. 2003;7(1):13-30.
- David R, Collins J. Disparities in Infant Mortality: What's Genetics Got to Do With It? *American Journal of Public Health*. 2007;97(7):1191-1197.

**...An argument for the cumulative effects of racism**

THE FOUNDATION FOR  
BLACK WOMEN'S  
WELLNESS | BLACK WOMEN'S  
WELLNESS DAY

## **Saving Our Babies**

Low Birthweight Engagement Final Report



**Advancing Black Maternal, Child & Family  
Well-Being in Dane County to Improve Birth Outcomes**

Submitted to the Dane County Health Council  
February 28, 2019

THE FOUNDATION FOR  
BLACK WOMEN'S  
WELLNESS



The Foundation for Black Women's Wellness · [www.ffbww.org](http://www.ffbww.org) · [info@ffbww.org](mailto:info@ffbww.org)

Ten consistent themes emerged from the engagement sessions with African American residents from across Dane County:

- *Racism, discrimination, and institutional bias*
- *Bias and cultural disconnect in health-care delivery experiences*
- *Economic insecurity*
- *Housing insecurity and high cost of living*
- *Poor access to health-supporting assets*
- *Inadequate social supports*
- *Gaps in health literacy, education, and support*
- *Disconnected and hard-to-navigate community resources*
- *Systemic barriers to individual and family advancement*
- *Chronic stress*

# BEYOND DISPARITIES AND RACE...



# Instead of “disparities” consider health “inequities”

*“When disparities are strongly and systematically associated with certain social group characteristics such as level of wealth or education, whether one lives in a city or rural area, they are termed inequities.”*

# What causes health inequities?

- Differences in the quality of care within the health care system
- Differences in access to curative and preventive health care services
- Differences in life opportunities, exposures, and stresses that result in differences in underlying health status

- Phelan JC, Link BG, Tehranifar P. Social conditions as fundamental causes of health inequalities. *J Health Soc Behav.*2010;51(S):S28-S40.
- Byrd WM, Clayton LA. *An American Health Dilemma: Race, Medicine, and health Care in the United States, 1900-2000.*New York, NY: Routledge,2002.
- Smedley, BD, Stith AY, Nelson AR (editors). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.* Washington, DC: The National Academies Press,2002.

# Discrimination versus Racism

## Discrimination

Discrimination: an action based on one's prejudice (to pre-judge/to be bias)

## Racism

Prejudice + Systemic Power

# Individual vs. Systemic

Anyone regardless of identity can experience discrimination based on bias/prejudice of others.

Only minority communities experience racism, sexism, etc. as these are systemic forms of discrimination.

**Inaccurate:** “reverse-racism”, or “reverse-sexism,” etc.

**Accurate:** racial discrimination, gender-based discrimination etc.

Shakil Choudhury @ShakilWrites  
Shakil@AnimaLeadership.com

## Systemic Racism

### In the US:

**Wealth** (2016)      Whites: \$140k      Black/Latino: ↓ \$7k

**Prisons** (2017)      Blacks = 33% (but 12% of US pop.)

**Police** (2014)      75% white in major cities



Chuck Collins et al. (2019) “Dreams Deferred How Enriching The 1% Widens The Racial Wealth Divide,” Institute For Policy Studies & Inequality.Org.

John Gramlich (2019) “The Gap Between The Number Of Blacks And Whites In Prison Is Shrinking,” Pew Research Center.

# Defining racism

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that

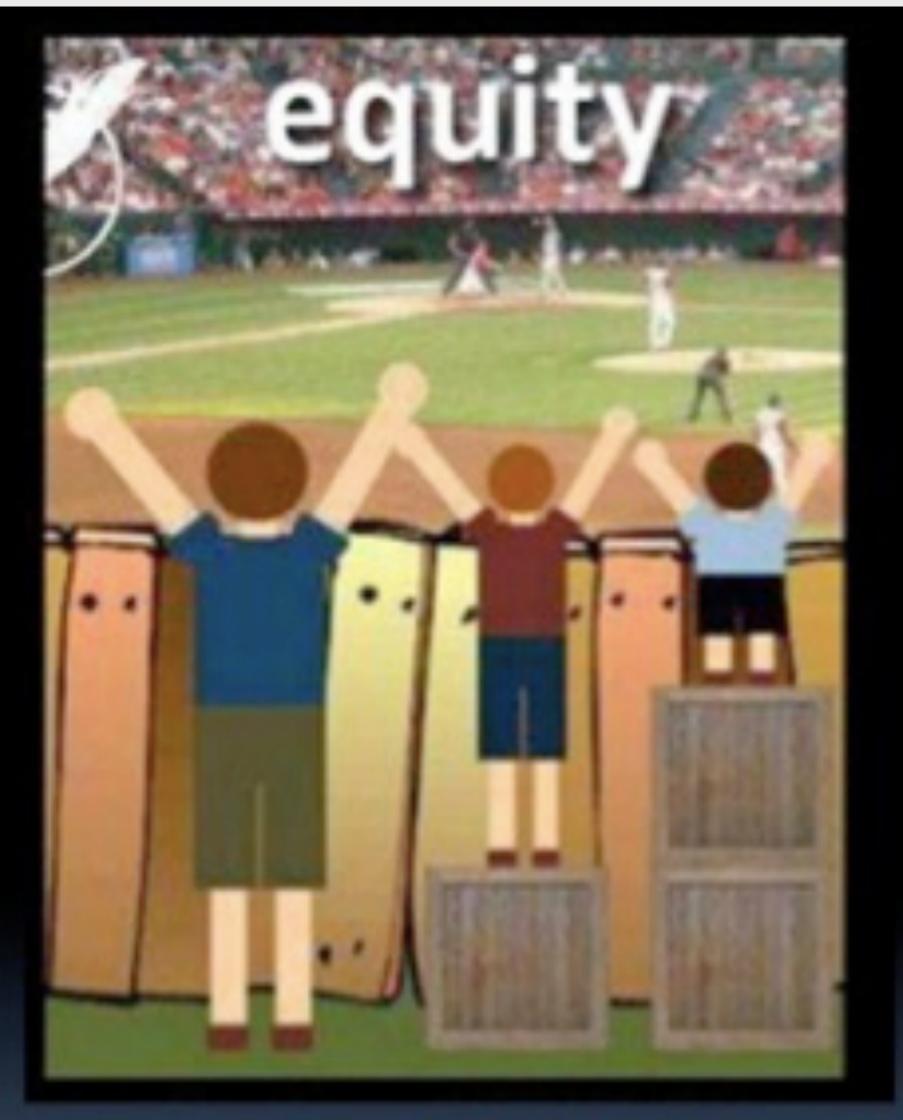
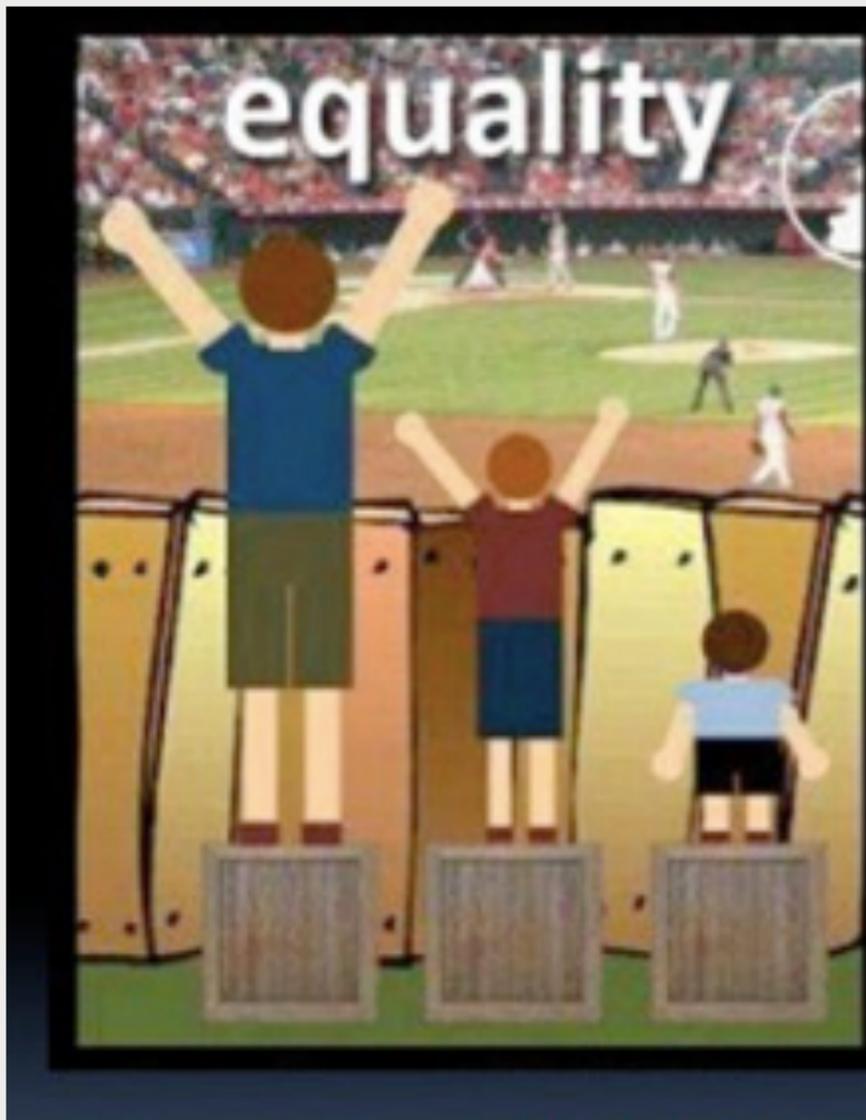
- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

# Types of racism

- **Personally-mediated racism** — prejudice (differential assumptions) and discrimination (differential action/treatment) by individuals towards others; and
- **Institutionalized racism** — differential access to the goods, services, and opportunities of society by race;
- **Internalized racism** — acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth.

SO WHAT CAN WE DO?





## **EQUALITY = SAMENESS**

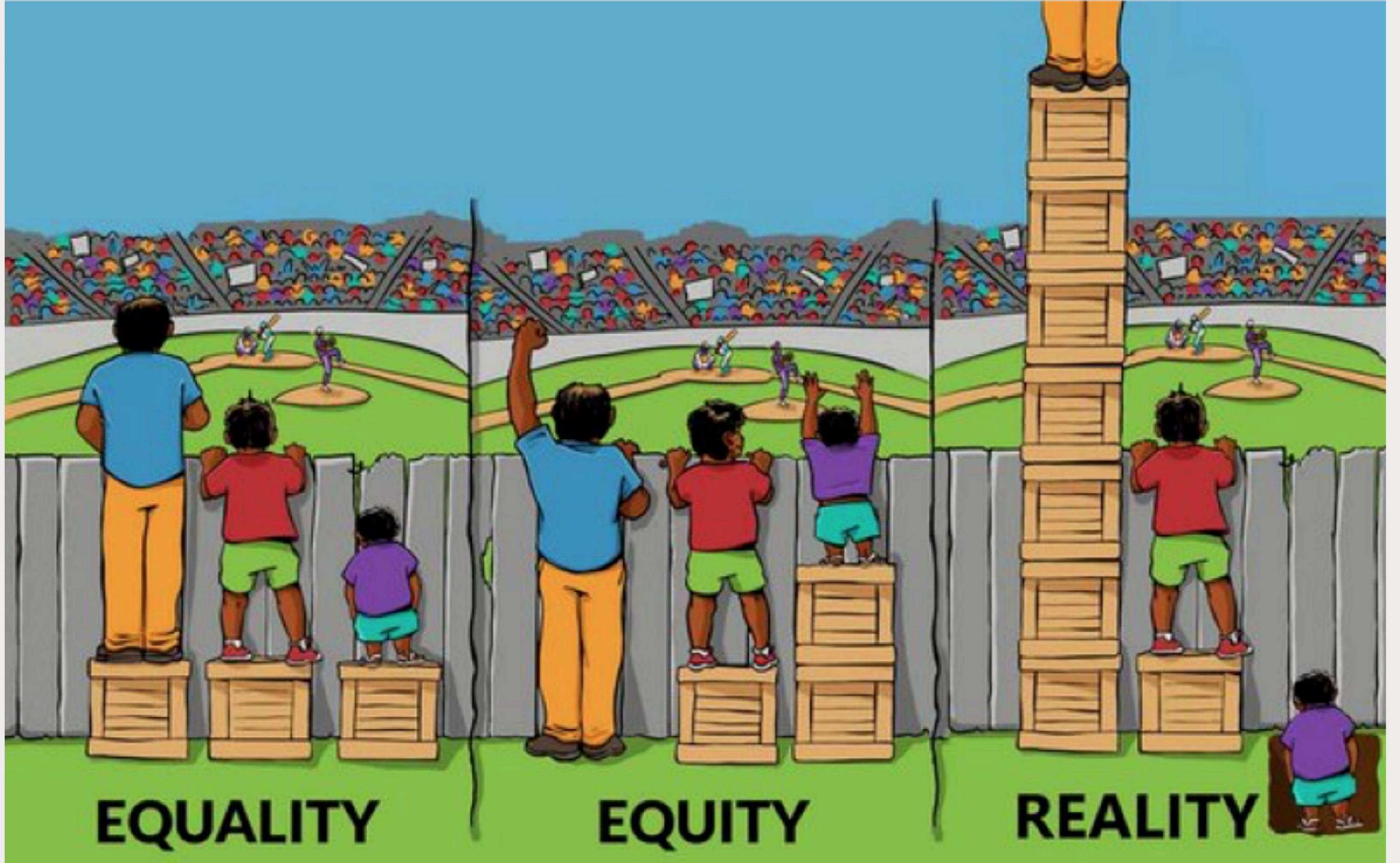
Give everyone the same thing

Only works if everyone starts from the same place

## **EQUITY = FAIRNESS**

Give everyone access to the same opportunities

**We must first ensure equity before we can enjoy equality**



**EQUALITY**

**EQUITY**

**REALITY**

# CONFRONTING PERSONALLY-MEDIATED RACISM



# BEYOND cultural competency...

## CULTURAL COMPETENCY

- Identifying cross-cultural expressions of illness and health, and counteracting the marginalization of patients by race, ethnicity, social class, religion, sexual orientation, or other markers of difference
- Developing communication, diagnosis, and treatment approaches that take into account culturally specific sources of stigma

## STRUCTURAL COMPETENCY

- Recognizing the structures that shape clinical interactions;
- Developing an extra-clinical language of structure;
- Rearticulating “cultural” formulations in structural terms;
- Observing and imagining structural interventions; and
- Developing structural humility

# BEYOND Social Determinants of Health

## SOCIAL DETERMINANTS OF HEALTH EQUITY

Systems of power (the -isms) that determine how socially defined populations are distributed in certain social contexts.

Addressing SDoE requires:

- *monitoring for inequities in exposures and opportunities, as well as for disparities in outcomes;*
- *examination of structures, policies, practices, norms, and values; and*
- *intervention on societal structures and attention to systems of power.*

Jones CP, Jones CY, Perry GS, Barclay G, Jones CA. Addressing the social determinants of children's health: A cliff analogy. *Journal of Health Care for the Poor and Underserved*. 2009; 20(4) 1-12. Jones C. Presentation at CDC. <https://minorityhealth.hhs.gov/Assets/pdf/Checked/1/CamaraJones.pdf>.

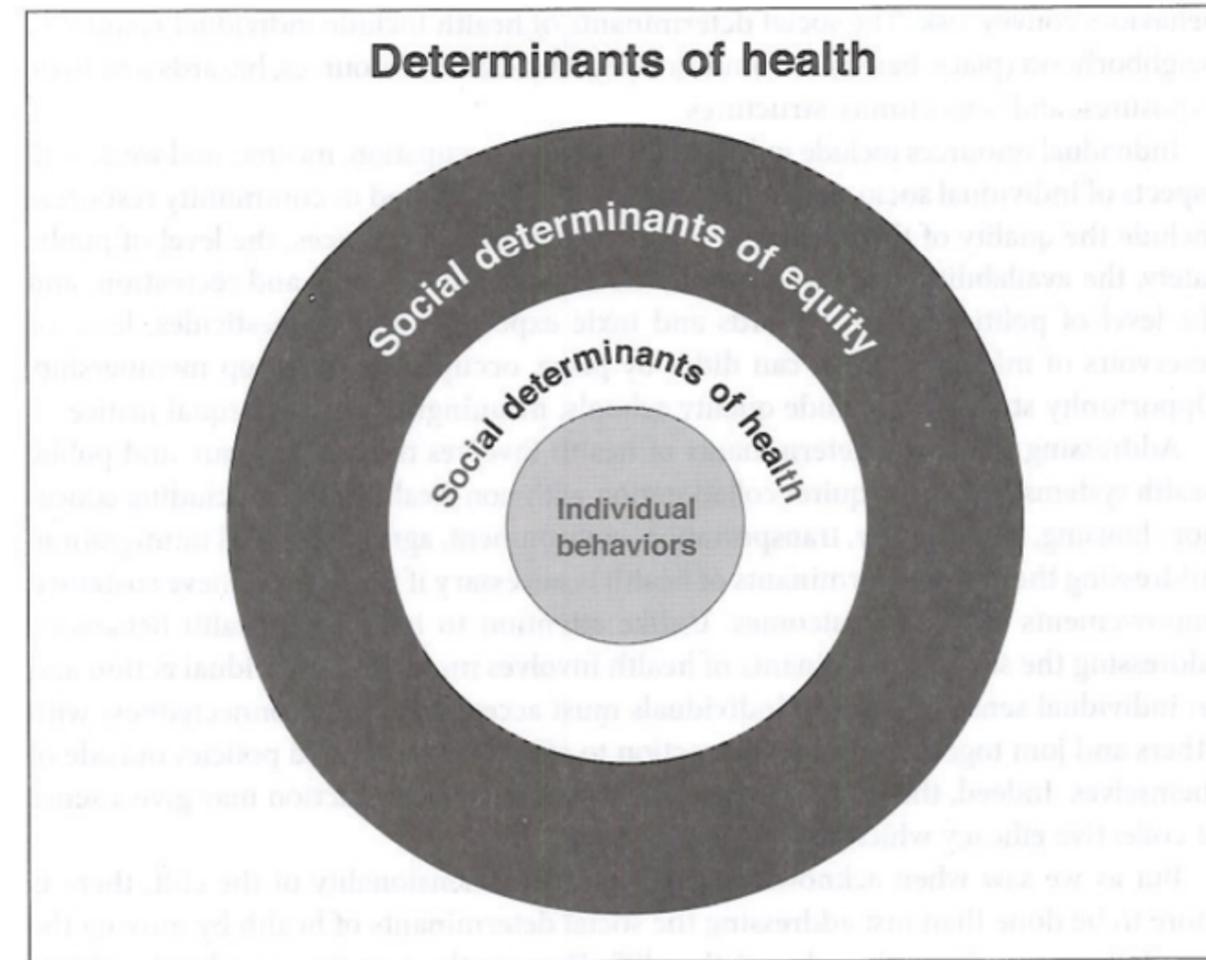


Figure 4. Determinants of health, including individual behaviors, the contexts in which the behaviors arise (social determinants of health), and the forces which create the range of contexts and differentially distribute populations into the contexts (social determinants of equity). We need to address all three levels of these determinants of health in order to improve health outcomes and eliminate health disparities.

*“Although myriad sources contribute to these inequities, some evidence suggests that bias, prejudice, and stereotyping on the part of healthcare providers may contribute to the differences in care...often despite providers' best intentions.”*

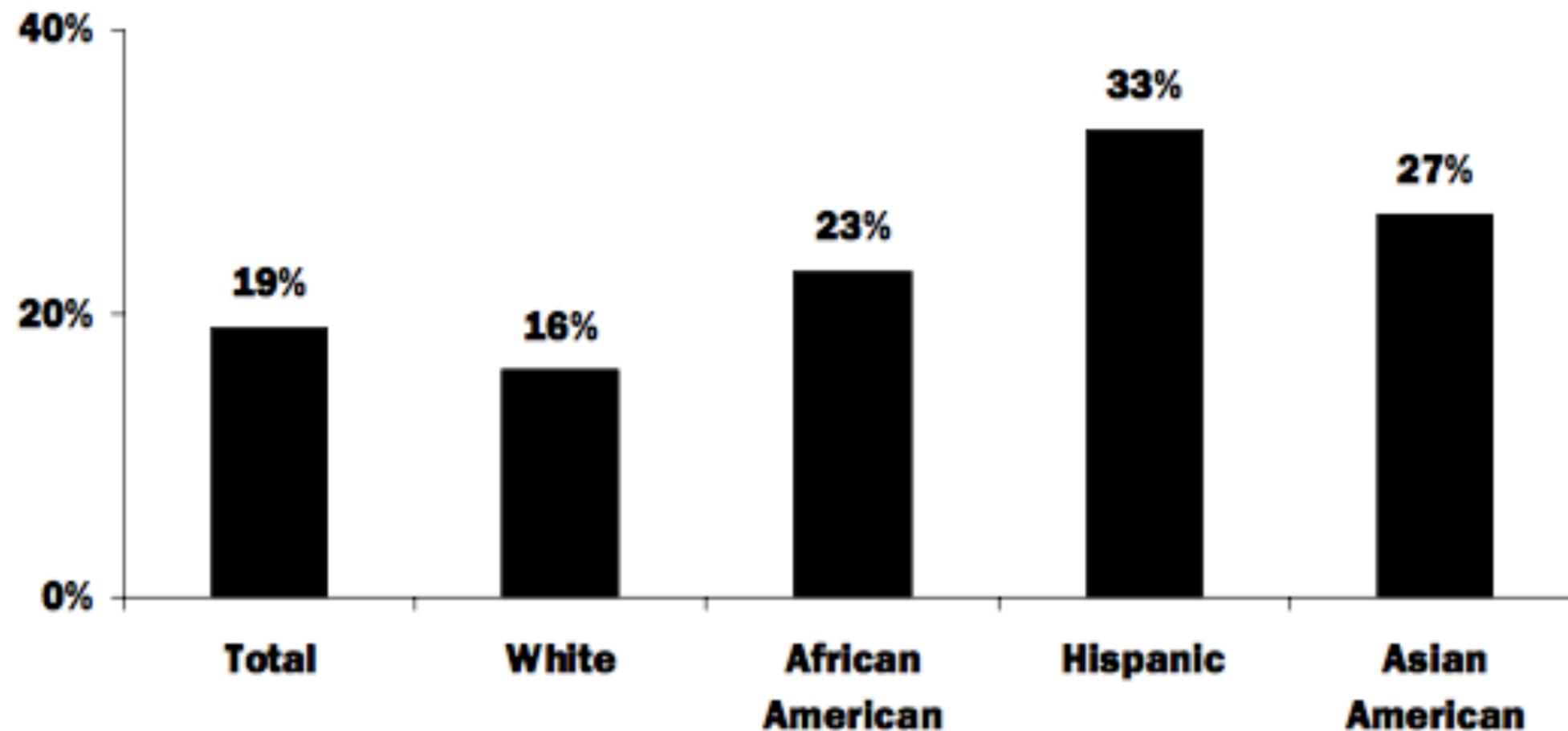
Smedley BD, Stith AY, Nelson AR. Unequal Treatment: Confronting racial and ethnic disparities in health care. Washington, DC: The National Academies Press, 2003



# Work on active listening and intentional communication

## Minorities Face Greater Difficulty in Communicating with Physicians

Percent of adults with one or more communication problems\*

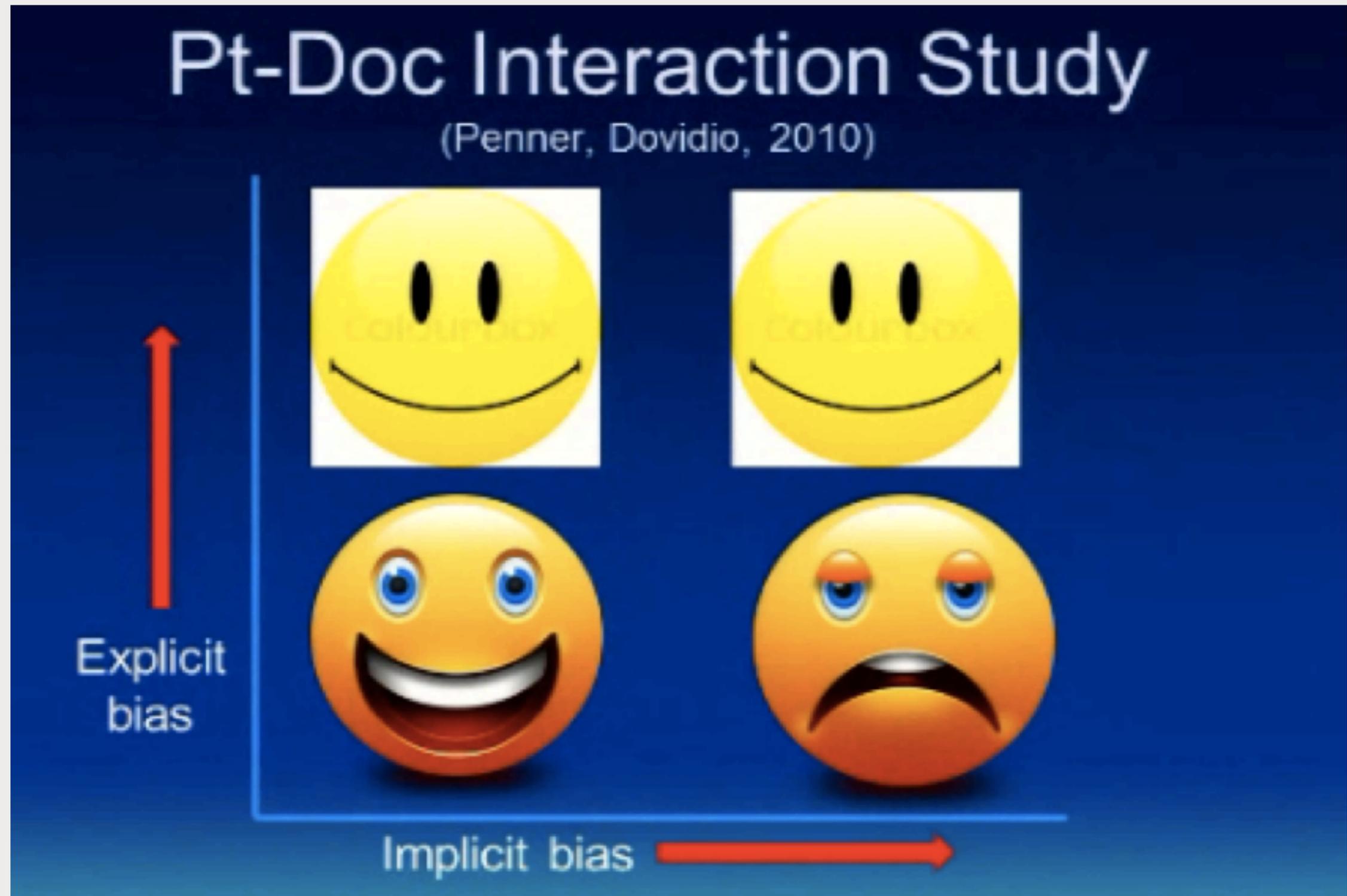


Base: Adults with health care visit in past two years.

\* Problems include understanding doctor, feeling doctor listened, had questions but did not ask.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.

# The effect of implicit bias



- Black patients had less positive reactions to medical interactions with physicians [who are] relatively low in explicit but relatively high in implicit bias.
- Penner LA, Dovidio JF, West TV et al. Aversive racism and medical interactions with Black patients: A field study. *J Experimental Social Psychology*.2009;46(2):436-440.

# Explore your implicit bias



<https://implicit.harvard.edu/implicit/>

# COMBATTING INSTITUTIONALIZED RACISM





# The NEW ENGLAND JOURNAL of MEDICINE

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## SPECIAL ARTICLE

### Racial Variation in the Use of Coronary-Revascularization Procedures — Are the Differences Real? Do They Matter?

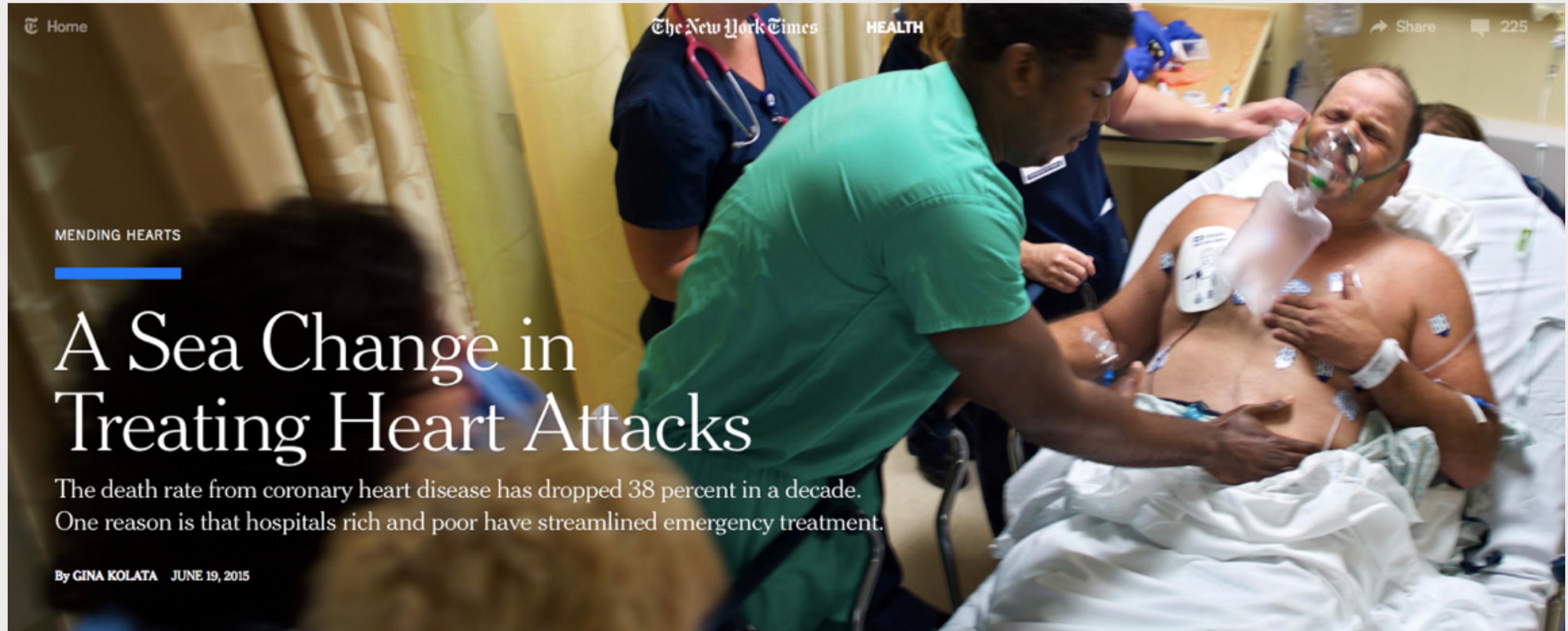
Eric D. Peterson, M.D., M.P.H., Linda K. Shaw, B.S., Elizabeth R. DeLong, Ph.D., David B. Pryor, M.D., Robert M. Califf, M.D., and Daniel B. Mark, M.D., M.P.H.

N Engl J Med 1997; 336:480-486 | February 13, 1997 | DOI: 10.1056/NEJM199702133360706

African Americans are 32% less likely to undergo bypass surgery and 13% less likely to undergo angioplasty than non-Hispanic whites for coronary artery disease.

**But hope for change exists...**

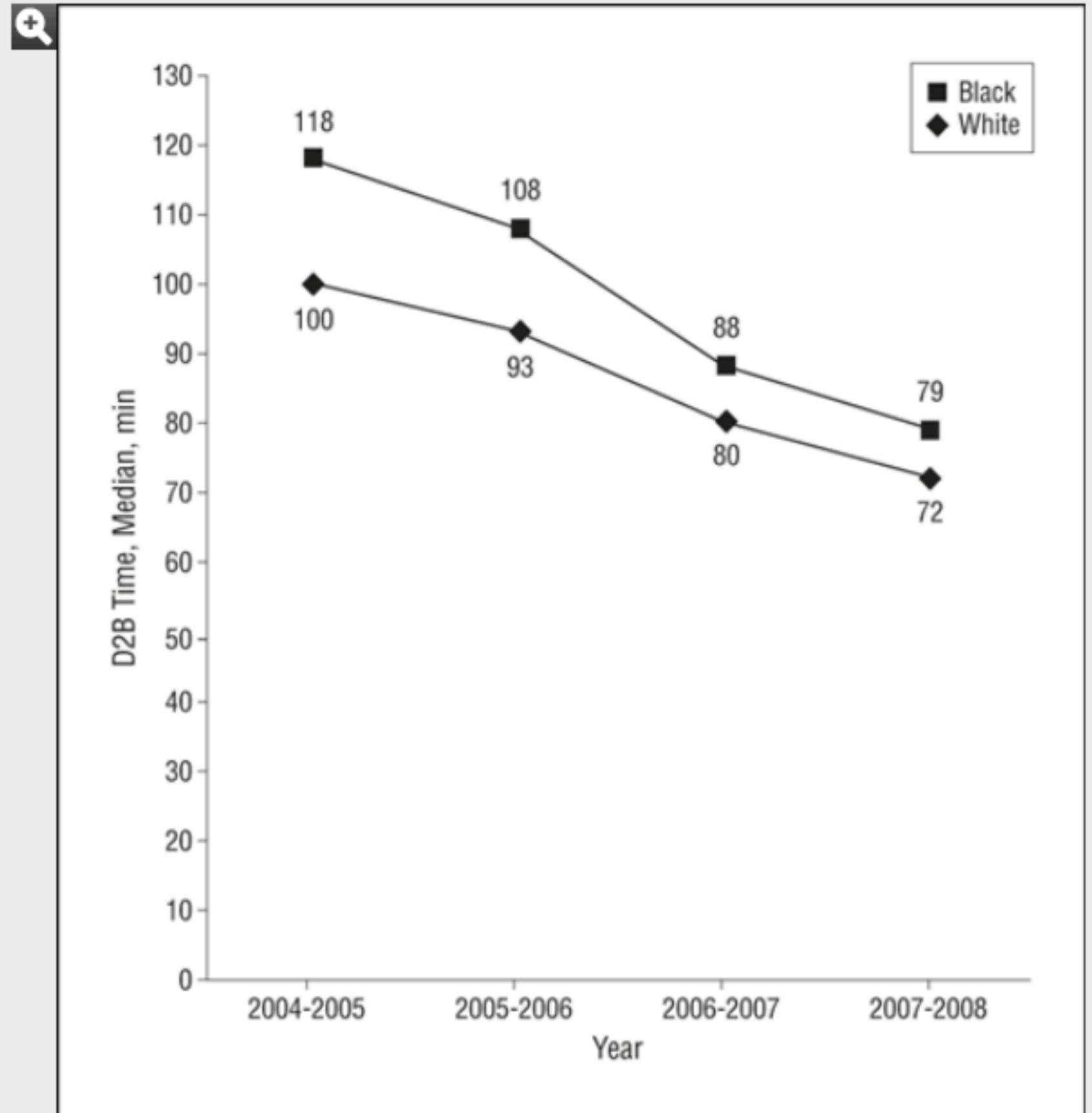
# Track data



Institutional racism can be overcome with intentional, non-racist institutional practices and policies

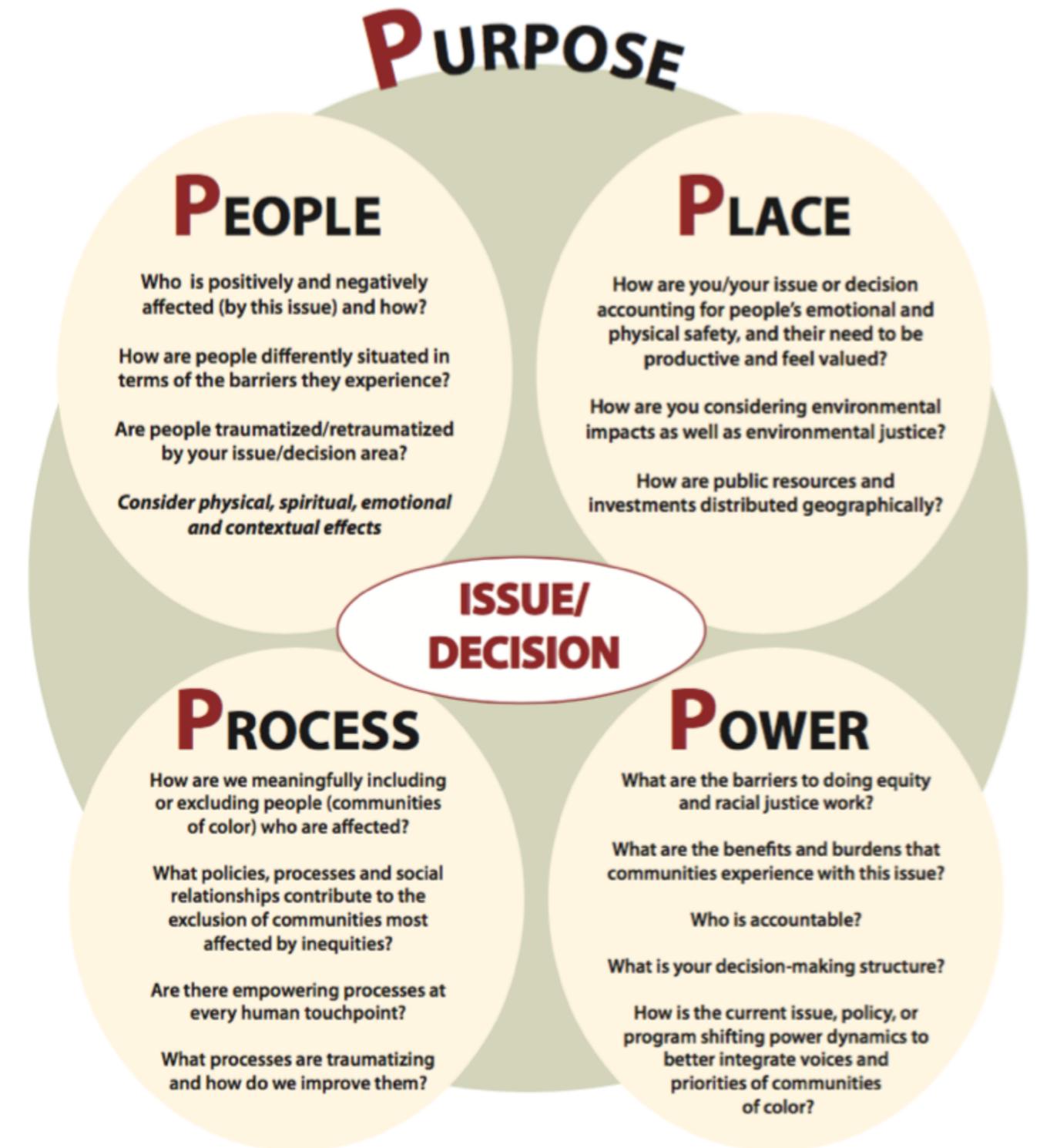
Curtis JP, Herrin J, Bratzler DW, Bradley EH, Krumholz HM. Trends in Race-Based Differences in Door-to-Balloon Times. *Arch Intern Med*. 2010;170(11):992-993.

Trends in door-to-balloon (D2B) times from 2004 to 2008 stratified by race.



# Apply an equity lens

[Application of the Equity and Empowerment Lens for Facilitators and Learners](#)



## Equity and Empowerment Lens

# A Qualitative Study of Undergraduate Racial and Ethnic Minority Experiences and Perspectives on Striving to Enter Careers in the Health Professions

Jennifer Y C Edgoose <sup>1</sup>, Lisa Steinkamp <sup>2</sup>, Kong Vang <sup>3</sup>, Adrienne Hampton <sup>4</sup>, Natalie Dosch <sup>3</sup>

Affiliations + expand

PMID: 31532929

[Free article](#)

## Abstract

**Background:** Diversification of the health care workforce by race and ethnicity offers a strategy for addressing health care disparities. This study explored the experiences with pathways programming and mentoring of minority undergraduates aspiring to health professions careers.

**Methods:** We interviewed 21 minority undergraduates in 4 focus groups. The interviews explored participants' backgrounds; perceptions of racial climate; exposure to health professions careers, mentors, and pathways programs; barriers to success; and desired support.

**Results:** Many participants described diminished confidence and feelings of isolation due to stereotyping and discrimination; some were empowered to pursue health care careers because of adversity. Common themes included desire for mentorship, earlier career exposure, and college readiness support.

**Discussion:** Minority students desire health career exposure, mentoring, pre-college advising, and a positive racial climate; unfortunately, these desires often go unmet.

CONSIDERING  
INTERNALIZED  
RACISM

# Stereotype threat

*Stereotype threat refers to being at risk of confirming, as self-characteristic, a negative stereotype about one's group*

Steele CM, Aronson J. Stereotype threat and the intellectual test performance of African Americans. *J Pers Soc Psychol* 1995;69(5):797-811.

# Reduce stereotype threat

- Acknowledge the complex systemic and systematic challenges that patients of color experience – acknowledge that race matters
- Make diversity visible and recruit and retain racial and ethnic minority providers and staff
- Don't talk only about health disparities

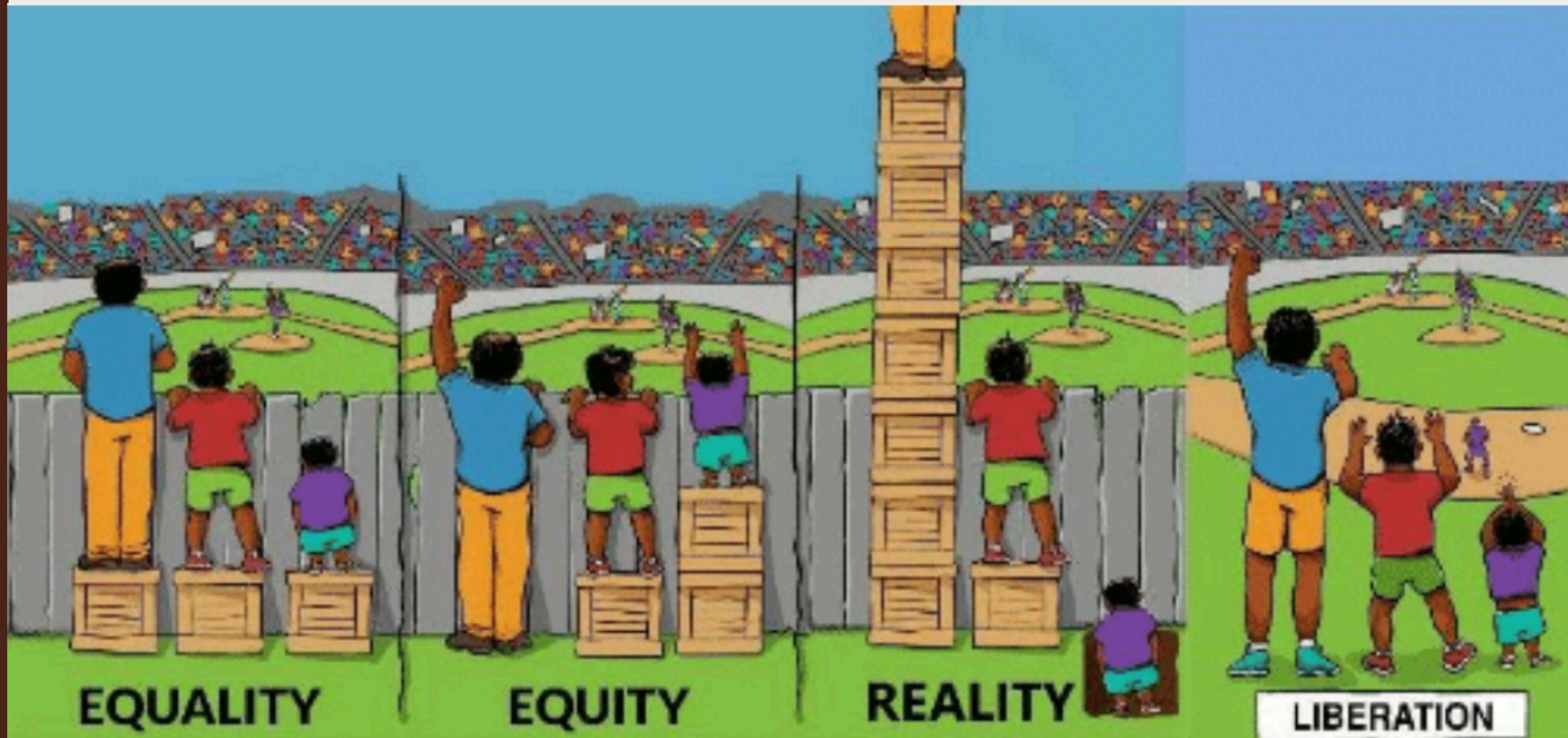
## The Health Impact of Resolving Racial Disparities: An Analysis of US Mortality Data

[Steven H. Woolf](#), MD, MPH, [Robert E. Johnson](#), PhD, [George E. Fryer, Jr](#), PhD, MSW, [George Rust](#), MD, MPH, and [David Satcher](#), MD, PhD

For 1991 to 2000, we contrasted the number of lives saved by medical advances with the number of deaths attributable to excess mortality among African Americans. Medical advances averted 176 633 deaths but equalizing the mortality rates of Whites and African Americans would have averted 886202 deaths.

**By eliminating health disparities for African Americans, five deaths could have been averted for every life saved by medical advances.**

**ACHIEVING EQUITY MAY DO MORE FOR HEALTH THAN PERFECTING THE TECHNOLOGY OF CARE.**



RECOMMENDATIONS FOR THE DEPARTMENT OF  
FAMILY MEDICINE AND COMMUNITY HEALTH

---

ON BECOMING AN ANTI-RACIST  
DEPARTMENT

---

**DFMCH Diversity Equity and Inclusion Committee**



Through modeling that another way is possible, we transform, support, and create systems and structures that are built around racial equity.

**UWHealth**



## Anti-Racism: A Vision for a New Normal

AUG 7, 2020

At UW Health we've worked hard to improve our diversity, equity and inclusion over the past few years. But we know that what we've done is not enough. We need to do more and we need to do better.

Departments & Programs › Programs and Initiatives › Diversity, Equity and Inclusion

**Employee Resource Groups**

- Visioning Organizational and Relationship Building
- Assessment Review
- Training and Capacity Building
- Racial Affinity Caucus Group Development
- Action Planning and Evaluation

<https://www.ninacollective.com/our-team-1>

# Other videos worth watching

- Camara Jones, MD, MPH, PhD
  - **Allegories on Race and Racism**  
<https://www.youtube.com/watch?v=GNhcY6fTyBM>
- Dorothy E. Roberts, JD
  - **The Problem with Race-Based Medicine**  
[https://www.ted.com/talks/dorothy\\_roberts\\_the\\_problem\\_with\\_race\\_based\\_medicine/discussion?nolanguage=en+](https://www.ted.com/talks/dorothy_roberts_the_problem_with_race_based_medicine/discussion?nolanguage=en+)
- Nadine Burke Harris, MD, MPH
  - **How Childhood Trauma Affects Health Across a Lifetime**  
<https://www.youtube.com/watch?v=95ovIJ3dsNk&app=desktop>

# QUESTIONS ?

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

*Rev. Martin Luther King, Jr.*

