

MCS Selective Structural Racism and Health Care

Short Description: In the United States, structural racism lays the foundation for the unequal and unfair distribution of opportunities that drive the social determinants of health and the health inequities experienced by racial and ethnic minorities. *If it were a country, the US Health Care Sector which includes insurers, hospitals, physician practices, and biopharmaceutical companies would have the [fifth-highest GDP in the world](#). Research has consistently demonstrated poorer health outcomes for Black and other ethnic populations, when compared to white populations. The Selective will define structural racism; assess the role of federal and state policies that limit access to high quality health care; examine the Electronic Health Record and other innovative technologies that may decrease healthcare delivery for minority populations; explore microaggressions and bias in medical training and health care settings.*

Instructor



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Detailed Description

Racism is a global problem that impacts many communities in the world. The Aspen Institute defines structural racism as “a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity.”

In the United States, structural racism lays the foundation for the unequal and unfair distribution of opportunities that drive the social determinants of health and the health inequities experienced by racial and ethnic minorities.

The Institute of Medicine (IOM), in its 2001 report *“Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare”*, concluded that evidence suggests that bias, prejudice, and stereotyping on the part of healthcare providers may contribute to differences in care. The report documented that racial and ethnic minorities received lower quality healthcare than non-minorities.

The medical profession’s long tradition of historical narratives promoting the superiority of white racial groups above all others, has helped to preserve mechanisms that promote racial inequities. “Throughout history, the false notion that racial groups are biologically and genetically different (i.e., biological determinism) has been prominent in mainstream medical circles” (Shim, R), as evidenced by the standardized medical presentation that is expected to describe a patient’s race even when it has no relevance to their illness. While the COVID-19 pandemic has further revealed the stark evidence of systemic health inequities and disparities in the US healthcare system, long term public policy and the behavior of healthcare organizations, have helped to create and perpetuate a structure that disadvantages racial and ethnic minorities.

If it were a country, the US Health Care Sector which includes insurers, hospitals, physician practices, and biopharmaceutical companies would have the [fifth-highest GDP in the world](#) (Weil, *Health Affairs*, 6/2020). However, research has consistently demonstrated poorer outcomes for Black Americans and other ethnic populations, when compared to white Americans.

Educational Objectives

At the conclusion of this Selective, students will have the ability to:

1. Define Structural Racism in Health Care
2. Understand how Structural Racism and US Health Care Policy leads to healthcare inequality for minority populations.
3. Understand how innovative technologies used in healthcare, can reinforce structural racism.
4. Define and provide examples of microaggression in health care settings.
5. Understand how microaggression and bias in the academic learning and work environment can impact underrepresented minority students

Syllabus

During the four 2-hour sessions of this Selective, students will examine and discuss the following topics:

Week 1. Systemic Racism in Society and in Health Care.

As the United States grapples with the depth and breadth of racial and social injustices in so many of its institutions, including health care. Healthcare professionals want to learn more about the historical context of race in health care and how racism and bias in clinical practice, biomedical research and medical education leads to the acceptable, but unequal treatment of racial and ethnic minorities. This inequality has persisted despite the stated values of the medical profession.

References

<https://www.youtube.com/watch?v=eNP5bgIpn64>

Braveman et al. Systemic and Structural Racism: Definitions, Examples, Health Damages and approaches to Dismantling: *Health Aff.* (Millwood). 2022 Feb; 41(2):171-178. doi: 10.1377/hlthaff.2021.01394.

Week 2. The Impact Federal and State Health Policy on minority populations.

For decades, federal and state policies that have limited access to both outpatient and hospital care in Black American and other minority communities. These policies have adversely affected these communities.

References:

1.<https://www.washingtonpost.com/outlook/2020/09/16/racist-history-that-explains-why-some-communities-dont-have-enough-icu-beds/>

2. Yearby et al. Structural Racism in Historical and Modern US Health Care Policy. *Health Aff.* (Millwood). 2022 Feb; 41(2):187-194. doi: 10.1377/hlthaff.2021.01466.

Week 3. Population Healthcare Technological Advances and Structural Racism.

The US Health Care system has adopted commercial algorithms and electronic health records to guide health decisions by insurers and providers of care. Evidence shows that these systems incorporate racial bias and may perpetuate the decreased access to care.

References:

- 1.Goddu et al. Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record, J Gen Intern Med. 2018 May;33 (5):685-691.
- 2.Sun et al. Negative Patient Descriptors: Documenting Racial Bias in the Electronic Health Record: Health Aff (Millwood) 2022 Feb; 41(2):203-211. doi: 10.1377/hlthaff.2021.01423. Epub 2022 Jan 19.
- 3.Obermeyer et al. Dissecting racial bias in an algorithm used to manage the health of populations: Science 2019 Oct 25; 366(6464):447-453. doi: 10.1126/science.aax2342.

Week 4: Addressing Microaggressions in Health Professional Training.

Systemic racism impacts the health of our patients, but it also impacts the experiences of students, house staff and faculty, and the culture in which they learn and work. This session will define microaggression; provide examples of microaggressions in the health care setting and reflect on the importance of understanding its impact on underrepresented minorities.

References:

- 1.Ackerman-Barger et al. Seeking inclusion excellence: Understanding racial microaggressions as experienced by underrepresented medical and nursing students. Acad Med. 2020; 95(5):758-763.
- 2.Montenegro RE, my name is not “Interpreter” JAMA. 2016; 315(19):2071-2072. doi:10.1001/jama.2016.

Evaluation

Participation and attendance at all sessions is required. Grading is Pass/Fail.

To pass this selective, students will be required to:

1. Review assigned readings and media for every session.
2. Actively participate in all the sessions.
3. Recognize this Selective as a safe space, which allows all participants to respectfully explore and express their views.
4. Keep a reflection journal for each week.

Class size

Minimum 6; Maximun 12