

# Racism: A Societal Pathogen

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Pediatric Grand Rounds Presentation

# Disclosures

- I have no relevant financial disclosures
- I disclose I identify as a Black/African American cis-gender woman.
- I experience gendered racism (racism + sexism).

# 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)
  - 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
- 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

**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 person 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

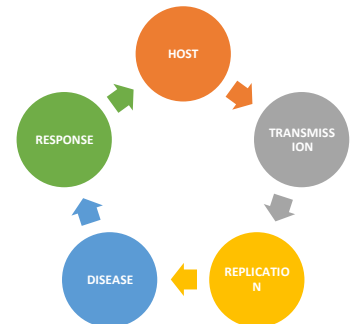
- Historical Racism: Modern medicine was established and developed on the bodies of Black and Indigenous people via medical experimentation from slavery to the present
- Dr. J. Marion Simms--"Father of Gynecology"
  - Developed technique of repairing vesico-vaginal fistula on enslaved women in 1800s
- 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
  - No proper treatment given for 40 years
  - Reparations were paid to men and families in 1974
- Forced sterilization of Native American women in 1960s and 1970s by Indian Health Service (IHS) physicians
  - IHS physicians allegedly sterilized at least 25% of Native American women ages 15-45 years in 1970s
- Henrietta Lacks
  - 30-something year old Black woman with an unusually aggressive cervical cancer
  - Cells became known as HeLa cells; neither she nor her family were aware of use of HeLa cells
  - Cells used in countless research studies

Ojanuga D. The medical ethics of the 'father of gynaecology', Dr J Marion Sims. *J Med Ethics*. 1993;19(1):28-31. doi:10.1136/jme.19.1.28

Washington, HA. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. Paw Prints, 2010.

Lawrence, Jane. "The Indian health service and the sterilization of Native American women." *American Indian Quarterly* 24.3 (2000): 400-419.

Beskow LM. Lessons from HeLa Cells: The Ethics and Policy of Biospecimens. *Annu Rev Genomics Hum Genet*. 2016;17:395-417. doi:10.1146/annurev-genom-083115-022536



# 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
  - 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
- Black is NOT a risk factor for disease. Experiencing racism in all forms is a risk factor for disease

Tsai J, Ucik L, Baldwin N, Hasslinger C, George P. Race Matters? Examining and Rethinking Race Portrayal in Preclinical Medical Education. *Acad Med*. 2016;91(7):916-920. doi:10.1097/ACM.0000000000001232

Hoffman KM, Trawalter S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proc Natl Acad Sci U S A*. 2016;113(16):4296-4301. doi:10.1073/pnas.1516047113

Williams DR, Priest N, Anderson NB. Understanding associations among race, socioeconomic status, and health: Patterns and prospects. *Health Psychol*. 2016;35(4):407-411. doi:10.1037/hea0000242

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# Racism has a Means of Causing **DISEASE**

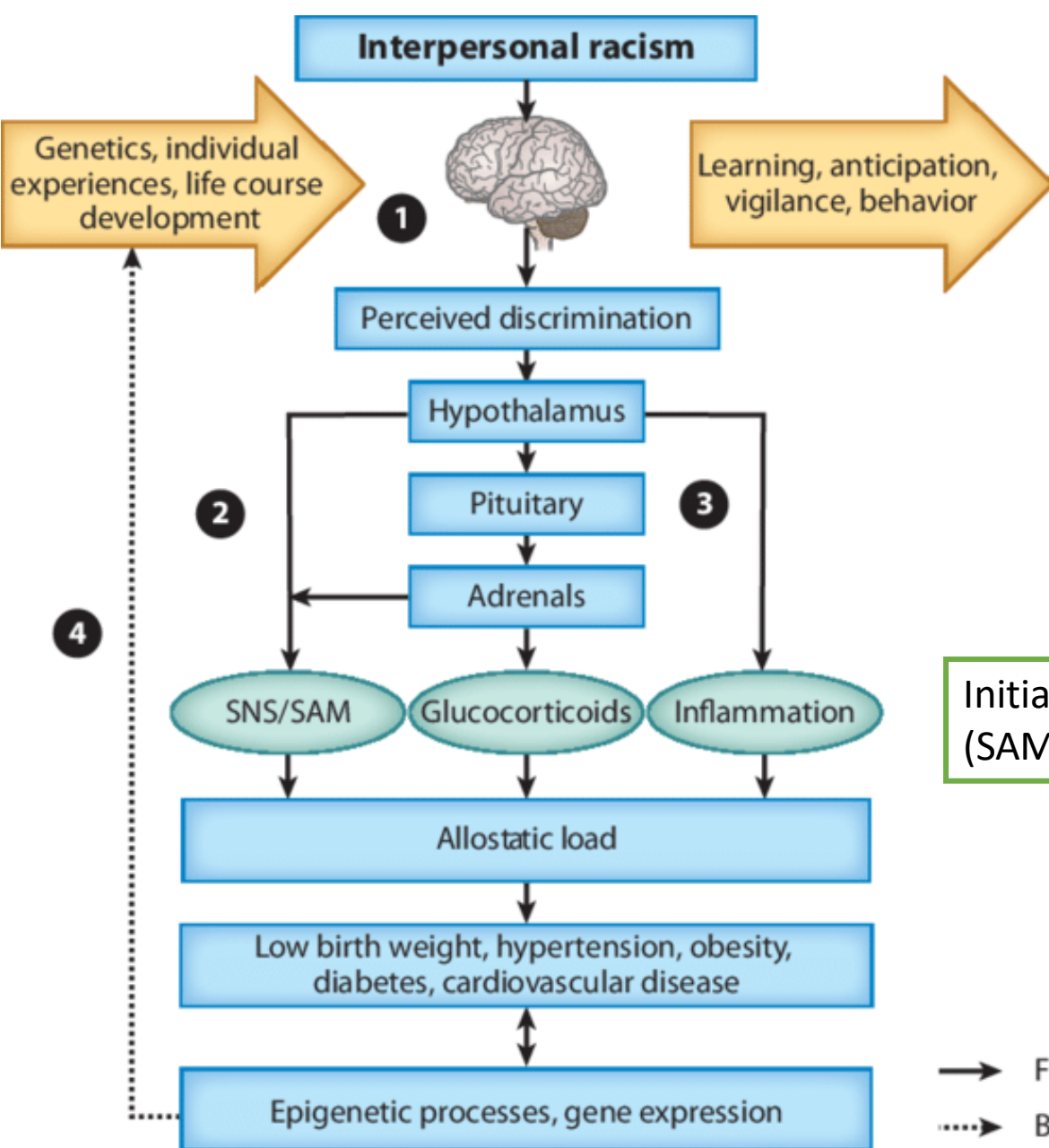
- Racism impacts the lives of everyone it touches
- Contributes to disparities in experiences and outcomes
  - Housing
  - Education
  - Health care
  - Employment
- Contributes to discriminatory practices
  - Criminal system and law enforcement
  - Disciplinary practices in schools
  - Health care interventions
- 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
- August 2019, Texas Dept of State Health Services found a cancer cluster in 10 census tracts in Houston in 5th Ward and Kashmere Gardens
- January 2020, IMPACT Houston survey found that 43% of 5th Ward Houston respondents reported having cancer
- 40 years living near Union Pacific Railroad railyard that produces a plume of cancer-causing chemical called creosote



**1** Interpersonal discrimination is identified by the brain as a stressor requiring immediate physiologic response, and over time becomes a learned process that creates anticipation and vigilance towards possible future exposures.

**2** Sympathetic nervous system (SNS) arousal occurs in response to discrimination stress exposure

**3** Experience upregulation of the hypothalamic-pituitary-adrenocortical axis

Initiates stress activation including sympathetic-adrenal-medullary (SAM), glucocorticoid, and inflammatory responses

**4** Epigenetic processes and gene expression contribute to the process in a bidirectional manner.

**African American men who experienced interpersonal and internalized racism had shorter leukocyte telomere length, a marker for chronic diseases, aging & earlier mortality.**

→ 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

Am Psychol. 1999;54(10):805-816; Annu Rev Psychol. 2007;58:201-25; Soc Sci Med. 2000;51(11):1639-53; Pharm Biochem Behav. 2007;86(2):246-62; Ann Behav Med. 2006;32(1):1-9; Am J Pub Health. 2003;93(2):243-8; Paradies Y, Ben J, Denson N, et al. 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; Grineski SE, W Collins T, Rubio R. Distributional Environmental Injustices for a Minority Group without Minority Status: Arab Americans and Residential Exposure to Carcinogenic Air Pollution in the US. *Int J Environ Res Public Health*. 2019;16(24):4899. Published 2019 Dec 4. doi:10.3390/ijerph16244899; Abuelezzam NN, El-Sayed AM, Galea S. Differences in health behaviors and health outcomes among non-Hispanic Whites and Arab Americans in a population-based survey in California. *BMC Public Health*. 2019;19(1):892. Published 2019 Jul 8. doi:10.1186/s12889-019-7233-z; Oh H, Stickley A, Koyanagi A, Yau R, DeVlyder JE. Discrimination and suicidality among racial and ethnic minorities in the United States. *J Affect Disord*. 2019;245:517-523. doi:10.1016/j.jad.2018.11.059

# 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

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; Becares L, Priest N, 2015; Anderson, et al., 2017; Johnson, et al., 2016; Maina, et al, 2017; Government Accountability Office, 2018; Heard-Garris NJ, Cale M, Camaj L, Hamati MC, Dominguez TP. Transmitting Trauma: A systematic review of vicarious racism and child health. *Soc Sci Med*. 2018;199:230-240. doi:10.1016/j.socscimed.2017.04.018; 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

# 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

Malat J, Mayorga-Gallo S, Williams DR. The effects of whiteness on the health of whites in the USA. *Soc Sci Med*. 2018;199:148-156.

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);

Utsey, S.O., McCarthy, E., Eubanks, R. and Adrian, G. (2002), White Racism and Suboptimal Psychological Functioning Among White Americans: Implications for Counseling and Prejudice Prevention. *Journal of Multicultural Counseling and Development*, 30: 81-95. doi:[10.1002/j.2161-1912.2002.tb00481.x](https://doi.org/10.1002/j.2161-1912.2002.tb00481.x)

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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

Utsey, S.O., McCarthy, E., Eubanks, R. and Adrian, G. (2002), White Racism and Suboptimal Psychological Functioning Among White Americans: Implications for Counseling and Prejudice Prevention. *Journal of Multicultural Counseling and Development*, 30: 81-95. doi:[10.1002/j.2161-1912.2002.tb00481.x](https://doi.org/10.1002/j.2161-1912.2002.tb00481.x); Malat J, Mayorga-Gallo S, Williams DR. The effects of whiteness on the health of whites in the USA. *Soc Sci Med*. 2018;199:148-156. doi:10.1016/j.socscimed.2017.06.034



# 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

# Summary: Racism is a Societal Pathogen

- Racism occurs at 3 levels: institutional, interpersonal and internalized
- Governments, institutions, organizations, and people **HOST** Racism
- Racism is **TRANSMITTED** via interpersonal racism vertically, horizontally and intergenerationally through people's behaviors
- Historically, the US Health Care System **REPLICATES** racism through mis-education of trainees and differential treatment of patients of color.
- Experiences with racism at all levels contributes to physical and mental health **DISEASE** and disparities in health outcomes.
- Targets, Bystanders and Perpetrators of racism **RESPOND** to interpersonal and institutional racism by perpetuating racist behaviors, internalizing racist views, or resisting racist standards
- **TREATMENT** for racism requires an overhaul of our individual behaviors and institutional policies, procedures, and practices.

# REFERENCES



# References: Defining Racism

- Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health*. 2000;90(8):1212-1215. doi:10.2105/ajph.90.8.1212
- Bonilla-Silva, E. (2015). The Structure of Racism in Color-Blind, “Post-Racial” America. *American Behavioral Scientist*, 59(11), 1358–1376. <https://doi.org/10.1177/0002764215586826>
- Apfelbaum, Evan P., Michael I. Norton, and Samuel R. Sommers. "Racial color blindness: Emergence, practice, and implications." *Current directions in psychological science* 21.3 (2012): 205-209.
- Heard-Garris NJ, Cale M, Camaj L, Hamati MC, Dominguez TP. Transmitting Trauma: A systematic review of vicarious racism and child health. *Soc Sci Med*. 2018;199:230-240. doi:10.1016/j.socscimed.2017.04.018

# References: Implicit Bias

- 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
- Johnson, Tiffani J., et al. "Implicit bias in pediatric academic medicine." *Journal of the National Medical Association* 109.3 (2017): 156-163.
- Sabin, Janice A., and Anthony G. Greenwald. "The influence of implicit bias on treatment recommendations for 4 common pediatric conditions: pain, urinary tract infection, attention deficit hyperactivity disorder, and asthma." *American journal of public health* 102.5 (2012): 988-995.
- Johnson, Tiffani J., et al. "Comparison of physician implicit racial bias toward adults versus children." *Academic pediatrics* 17.2 (2017): 120-126.
- Johnson, Tiffani J., et al. "Implicit bias in pediatric academic medicine." *Journal of the National Medical Association* 109.3 (2017): 156-163.

# References: Implicit Bias

- Johnson, Tiffani J., et al. "The impact of cognitive stressors in the emergency department on physician implicit racial bias." *Academic emergency medicine* 23.3 (2016): 297-305.
- Schnierle, Jeanette, Nicole Christian-Brathwaite, and Margee Louisias. "Implicit bias: what every pediatrician should know about the effect of bias on health and future directions." *Current problems in pediatric and adolescent health care* 49.2 (2019): 34-44.
- 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

# References: Institutional Racism in Health Care

- 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., Dalember, 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
- Serafini K, Coyer C, Brown Speights J, et al. Racism as Experienced by Physicians of Color in the Health Care Setting. *Fam Med*. 2020;52(4):282-287. <https://doi.org/10.22454/FamMed.2020.384384>.

# References: Racism and Pregnancy

- 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.

# References: Racism and Health

- 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
- Priest, Naomi, and David R. Williams. "Racial discrimination and racial disparities in health." (2018).
- 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
- 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

# References: Racism and Health

- Grineski SE, W Collins T, Rubio R. Distributional Environmental Injustices for a Minority Group without Minority Status: Arab Americans and Residential Exposure to Carcinogenic Air Pollution in the US. *Int J Environ Res Public Health*. 2019;16(24):4899. Published 2019 Dec 4. doi:10.3390/ijerph16244899
- Abuelezam NN, El-Sayed AM, Galea S. Differences in health behaviors and health outcomes among non-Hispanic Whites and Arab Americans in a population-based survey in California. *BMC Public Health*. 2019;19(1):892. Published 2019 Jul 8. doi:10.1186/s12889-019-7233-z
- Oh H, Stickley A, Koyanagi A, Yau R, DeVlyder JE. Discrimination and suicidality among racial and ethnic minorities in the United States. *J Affect Disord*. 2019;245:517-523. doi:10.1016/j.jad.2018.11.059
- Gee, Gilbert C. "A multilevel analysis of the relationship between institutional and individual racial discrimination and health status." *American journal of public health* 98.Supplement\_1 (2008): S48-S56.
- Williams DR, Priest N, Anderson NB. Understanding associations among race, socioeconomic status, and health: Patterns and prospects. *Health Psychol*. 2016;35(4):407-411. doi:10.1037/hea0000242

# References: Internalized Racism and Health

- Choi, Andrew Young, Tania Israel, and Hotaka Maeda. "Development and evaluation of the Internalized Racism in Asian Americans Scale (IRAAS)." *Journal of Counseling Psychology* 64.1 (2017): 52.
- Mouzon DM, McLean JS. Internalized racism and mental health among African-Americans, US-born Caribbean Blacks, and foreign-born Caribbean Blacks. *Ethn Health*. 2017;22(1):36-48. doi:10.1080/13557858.2016.1196652
- Laura M. Padilla, "But You're Not a Dirty Mexican": Internalized Oppression, *Latinos & Law*, 7 *Texas Hispanic Journal of Law and Policy* 61-113, 65-73 (Fall 2001)



# References: Racism as a Toxic Stressor

- Goosby, Bridget & Cheadle, Jacob & Mitchell, Colter. (2018). Stress-Related Biosocial Mechanisms of Discrimination and African American Health Inequities. *Annual Review of Sociology*. 44. 10.1146/annurev-soc-060116-053403
- Chae DH, Nuru-Jeter AM, Adler NE, et al. Discrimination, racial bias, and telomere length in African-American men. *Am J Prev Med*. 2014;46(2):103-111. doi:10.1016/j.amepre.2013.10.020

# References: Racial Socialization

- 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
- 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.

# References: Racism and White Americans

- Utsey, S.O., McCarthy, E., Eubanks, R. and Adrian, G. (2002), White Racism and Suboptimal Psychological Functioning Among White Americans: Implications for Counseling and Prejudice Prevention. *Journal of Multicultural Counseling and Development*, 30: 81-95. doi:[10.1002/j.2161-1912.2002.tb00481.x](https://doi.org/10.1002/j.2161-1912.2002.tb00481.x)
- Malat J, Mayorga-Gallo S, Williams DR. The effects of whiteness on the health of whites in the USA. *Soc Sci Med*. 2018;199:148-156. 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)
- 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.

# References: Racism in Medical Education

- Tsai J, Ucik L, Baldwin N, Hasslinger C, George P. Race Matters? Examining and Rethinking Race Portrayal in Preclinical Medical Education. *Acad Med*. 2016;91(7):916-920. doi:10.1097/ACM.0000000000001232
- Hoffman KM, Trawalter S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proc Natl Acad Sci U S A*. 2016;113(16):4296-4301. doi:10.1073/pnas.1516047113
- Young K, Punnett A, Suleman S. A Little Hurts a Lot: Exploring the Impact of Microaggressions in Pediatric Medical Education. *Pediatrics*. 2020;146(1):e20201636. doi:10.1542/peds.2020-1636