STARFIELD SUMMIT

...where primary care research inspires policy and practice

STARFIELD HEALTH EQUITY SUMMIT ISSUE BRIEF

Theme: Vulnerable Populations

Title of IGNITE Presentation Topic:

Racism, Sexism and Unconscious Bias

Why This Is an Important Topic to Address (brief description):

For many decades it has been consistently shown that African-Americans have shorter life expectancies than any other racial/ethnic group in the United States. While other racial/ethnic groups have disparities in health outcomes when compared to non-Hispanic whites, the outcomes of other groups are not as consistently bad as that of blacks. For over three decades, significant efforts have been made to decrease and ultimately eliminate health disparities by race/ethnicity. While some progress has been made, African Americans are still more likely to die from heart disease, breast, cervical, prostate, and colon cancers, stroke, diabetes, homicide, HIV/AIDS and infant mortality when compared to their non-Hispanic white counterparts. Hispanics are more likely to die from cervical cancer, diabetes, homicide and HIV/AIDS when compared to whites. While the causes of health and healthcare disparities are multifactorial, it is increasingly clear that racism and unconscious bias are significant contributors to poor outcomes. It is also clear that sexism has contributed to a delay in understanding differences in disease prevalence, presentation, course, treatment and outcomes when comparing women to men. The role of sexism in contributing to increased rates of chronic pain, depression and anxiety in women is poorly defined.

What We Think We Know (Bulleted evidence + Seminal references):

- In 1985, the Report of the Secretary's Task Force on Black and Minority Health documented six main causes of excess mortality; cancer, cirrhosis, diabetes, heart disease and stroke, homicide and accidents, and infant mortality. Soon after the report was issued HIV/AIDS was added to this list.
- In the three decades since the report was issued a multitude of studies have documented persistent disparities in health and healthcare outcomes between non-Hispanic whites and blacks in particular.
- In 2003, the Institute of Medicine Report entitled Unequal Treatment: Confronting Racial and Ethnic Disparities identified racism and discrimination as contributors to disparity.
- Unconscious bias is increasingly being recognized as a contributor to health care disparities.
- The role of sexism as a contributor to health disparities has not been clearly identified.

- *Health, United States 2015 with Special Feature on Racial and Ethnic Health Disparities NCHS*
- *Smedley BD, Stith AD, Nelson AR. Unequal Treatment Confronting Racial and Ethnic Disparities in Health Care. Washington D.C.: National Academy Press; 2002.*
- *Andrulis DP, Siddiqui NJ, Purtle JP et al. Patient Protection and Affordable Care Act of 2010: Advancing Health Equity for Racially and Ethnically Diverse Populations. Joint Center for Political and Economic Studies. 2010.*
- *Chapman EN, Kaatz A,Carnes M. Physicians and Implicit Bias: How Doctors May Unwittingly Perpetuate Health Care Disparities. JGIM 2013;28(11):1504-1510*

Questions for Group Discussion

Questions to Address in Group Discussion:

1. Can health disparities by race/ethnicity be eliminated in the face of a widening income and wealth gap in the United States?
2. How can we better understand the specific contributions of poverty, low literacy, racism and unconscious bias to persistent health disparities by race/ethnicity?
3. Does the recognition of unconscious bias result in less bias or conscious bias?
4. Do Hispanic blacks suffer similar levels of disparity in outcomes as non-Hispanic blacks? Is it important to answer this question?
5. Could epigenetics play a role in increased susceptibility to disease and poorer outcomes in African Americans?
6. Does sexism contribute to worsened health outcomes in women in general? In women of color in particular?
7. What new challenges to the quest to eliminate health disparities are presented by the current administration?
8. How do we more effectively partner with communities to eliminate health disparities?
9. How do we more effectively address racism, sexism and unconscious bias in academic health centers and in society as a whole?

Implications for Action (In Research, Education, Policy, Practice and Organizational and Community Action):

1. There is a need to develop effective methods of educating health professions and social science students, faculty and staff about the adverse effects of implicit bias on the health outcomes of a variety of patient categories including those who are: racial/ethnic minorities, poor, LGBT, obese, women, intellectually challenged, and from minority religious groups.
2. More research should be done examining the adverse effects of poverty on health outcomes regardless of race.
3. Research should be conducted to measure disparities in health outcomes in Hispanic patients by race.
4. Policies and laws against discrimination based on race/ethnicity, gender, religion, and sexual orientation need to be strengthened and enforced.
5. The impact of the mass incarceration of black men on black families and communities needs to be further examined.
6. All communities should be encouraged to engage in anti-racist, anti-sexist, anti-homophobic organizing.