



PLANETREE  
INTERNATIONAL

# SYSTEMIC RACISM AND THE IMPACT TO HEALTHCARE

JIM KINSEY,  
VP ENGAGEMENT STRATEGIES



# Why Are We Here

## MARTIN LUTHER KING

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

Speaking before the Second National Convention  
of the Medical Committee for Human Rights.  
Chicago, Illinois. March 25 1966.



# Implicit and Explicit Bias



## Implicit

Subconscious feelings, emotions, prejudices that have developed from previous mental imprints. Hostility does not need to exist to have implicit bias.



## Explicit

Aware of the prejudices, bias, and thoughts regarding an individual, a group of individuals, or situations based on our mental maps.

# Objectives

Recognize

Recognize historical milestones that have created and sustained racism in healthcare for persons of color.

Describe

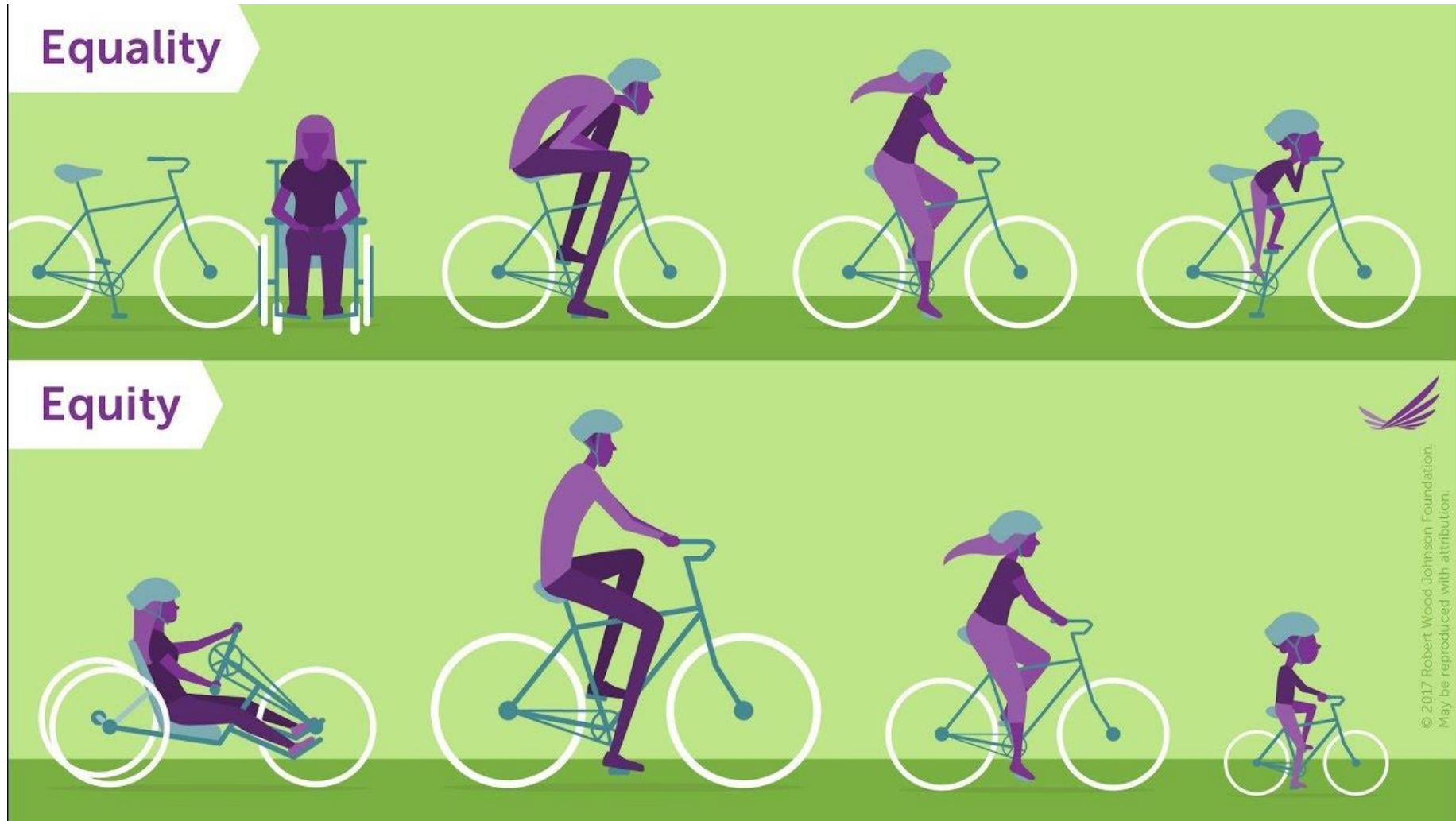
Describe how the function of systemic bias continues today in the care of and vaccination of individuals of color through the COVID-19 pandemic.

Explain

Explain the intersection of systemic racism and social determinants of health.



# Let's Begin with a Few Clarifications



# Systemic Racism

***Systemic Racism:*** is a form of ***racism*** expressed in the practice of social and political institutions. It can lead to such issues as discrimination in criminal justice, employment, housing, health care, political power and education, among other issues.

*Pager, D., & Shepherd, H. (2008).*



# Othering: A Foundation of Racism in Healthcare

“Othering is not about liking or disliking someone. It is based on the *conscious or unconscious assumption* that a certain *identified group poses a threat* to the favored group... Overwhelmingly, people don’t “know” those that they are Othering.”

Powell. Us vs them: the sinister techniques of ‘Othering’ – and how to avoid them, the Guardian, 2019



# Prominent Othered Groups and Their Healthcare Outcomes

## Persons of Color

- Experience 10X the likelihood of HIV
- Higher rates of maternal and fetal demise
- Assumptive care based on race and stereotypes
- High COVID rates secondary to essential work roles

## Native and Indigenous Persons

- Limited access
- High rates of alcoholism and drug use as self-medicating
- Promised funding for healthcare is decreasing in amount and availability.
- Higher percentage of those with health that is fair to poor.

## Asian & Pacific Islander Persons

- False perceptions prevent access to care
- Xenophobic based care during COVID lead to violence
- Challenges related to health literacy, access, language, and coordination of care.





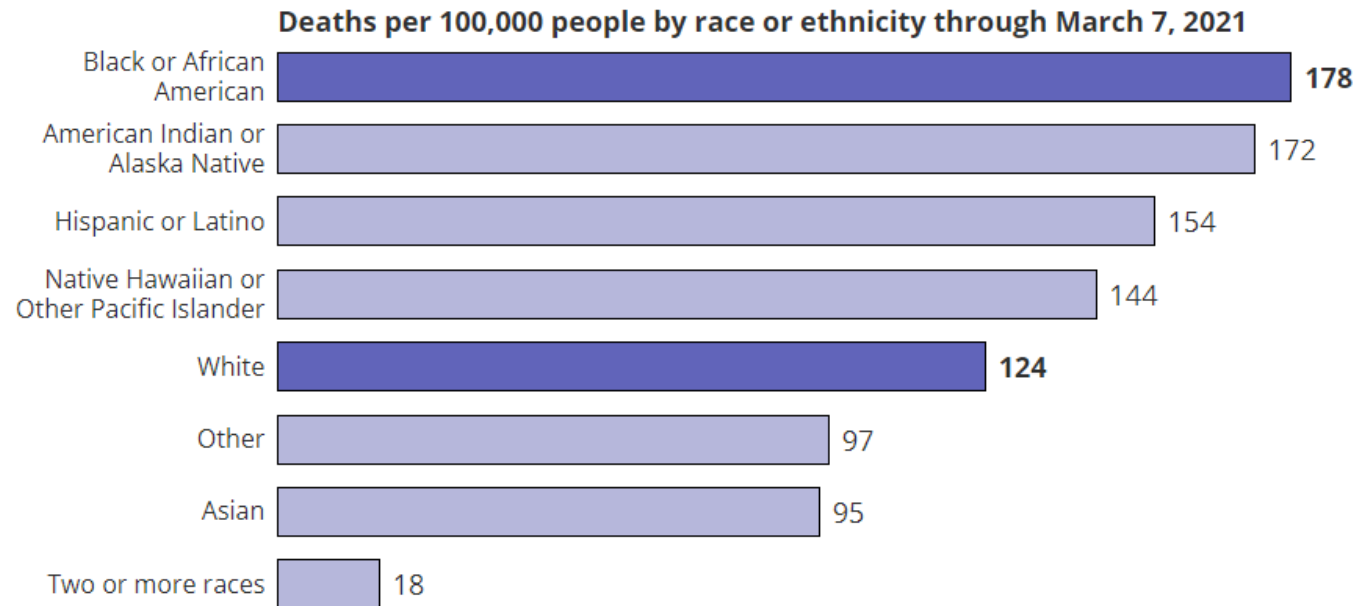
# Impact

***“Of all forms of inequity, injustice in health care is the most shocking and inhuman.” — Martin Luther King, Jr., National Convention of the Medical Committee for Human Rights, Chicago, 1966***

- Non-white patients receive fewer cardiovascular interventions and fewer renal transplants.
- Black women are more likely to die after being diagnosed with breast cancer.
- White non-Hispanics are ranked at 14.1% in fair to poor health, Native Americans ranked at 25.0%
- Black men are less likely to receive chemotherapy and radiation therapy for prostate cancer and more likely to have testicle(s) removed.
- Patients of color are more likely to be blamed for being too passive about their health care.
- Hispanics are about 50% more likely to die from diabetes or liver disease than whites.



## Nationwide, Black people have died at 1.4 times the rate of white people.



[Notes ↓](#)

We've lost at least 73,462 Black lives to COVID-19 to date. Black people account for 15% of COVID-19 deaths where race is known.

<https://covidtracking.com/race>



# In Their Own Words



# With Applied Controls to Variables

*“Even after controlling for age, gender, marital status, region of residence, employment status, and insurance coverage, **African Americans have worse health outcomes than whites in nearly every illness category.** Expanding healthcare coverage is more of a temporary Band-Aid than a long-term solution. Instead, **reducing racial health disparity requires acknowledging the effects structural racism has on health status and then working toward sweeping, transformative change in our society as a whole.**”*

*Niran S. Al-Agba, MD January 14, 2020*

*Kevin MD Blog*



# Othering Bias in Healthcare

## Access

- *Feeling unsafe, not validated, and unheard.*

## Interactions

- *Paternalistic, dismissive, and assumptive*

## Care

- *Poor outcomes, dismissive, non-inclusive often misdiagnosed due to assuming poor historian or assigning symptoms to mental illness.*



# Othering and Social Determinants

## Economic Stability

- Prohibitive cost of care, equipment, specialist care, employment opportunities, dependent insurance or under

## Neighborhood/Physical Environment

- Access, physical and psychological safety, transportation,

## Education

- Assumptions regarding education, access, financial ability to achieve higher education, often more informed than healthcare team

## Food Security/Insecurity

- Access, nutritional needs, support for preparation, procurement ease, dependent on economic stability

## Community and Social Context

- Supportive network, access, lack of inclusivity, perception of the person in the community and social context

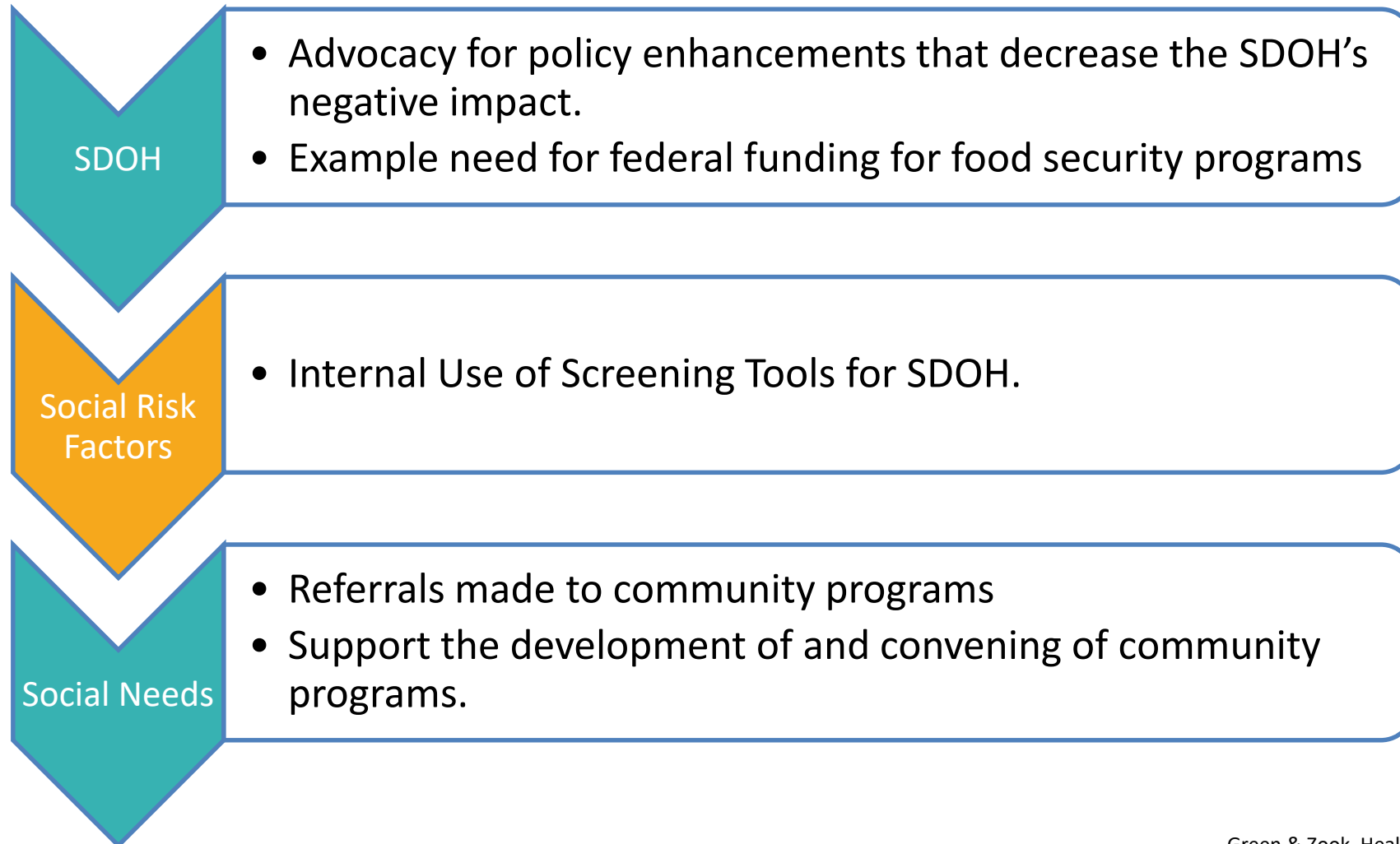
## Healthcare System

- Limited healthcare worker skill and understanding, lack of inclusion in public health, lack of representation in healthcare providers

World Health Organization 2021



# A Few Thoughts Regarding Social Determinants



Green & Zook, Health Affairs Blog, 2019 Precision Matters



# Actions to Take to Reduce Othering Bias

- Be comfortable being uncomfortable.
- Listen: don't fill space with nervous noise, avoid performative allyship.
- Understand the physical impact of sustained trauma.
- Avoid stereotyping your patients; individualize them.
- Understand and respect the magnitude of your implicit bias.
- Recognize situations that magnify stereotyping and bias.
- Practice evidenced-based medicine.
- Use techniques to reduce bias patient care, which include training, intergroup contact, perspective-taking, emotional expression, and counter-stereotypical exemplars.





# Action to Take: Be an Ally

1. Take on the struggle as your own.
2. Stand up, even when you feel scared.
3. Transfer the benefits of privilege to those who lack it.
4. Acknowledge that even though you feel pain, the conversation is not about you.
5. Be willing to own your mistakes and de-center yourself.
6. Understand that your education is up to you and no one else.





[This Photo](#) by Unknown Author is licensed under [CC BY](#)







PLANETREE  
INTERNATIONAL

## SYSTEMIC RACISM AND THE IMPACT TO HEALTHCARE

JIM KINSEY, VP ENGAGEMENT STRATEGIES  
[JKINSEY@PLANETREE.ORG](mailto:JKINSEY@PLANETREE.ORG)

