Anti-Black Racism: Taking Action on Harmful Bias and Discrimination in Clinical Learning Environments

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Preview of Webinar

• Background
• Historical Overview of Anti-Black Racism
• Structural Barriers
• Conference Recommendations
• Discussion
Conference Overview

• 44 leaders in health professions education, health care delivery, learners, and educational accreditors

• Four commissioned papers and three case studies

• Four recommendations based on established consensus recommendations, then refined by the planning committee and approved by all conferees

• Conference Recommendations: https://macyfoundation.org/publications/conference-summary-eliminating-bias-discrimination
Conference Vision Statement

Our nation’s health professions learning environments—from classrooms to clinical sites to virtual spaces—should be diverse, equitable, and inclusive of everyone in them, no matter who they are. Every person who works, learns, or receives care in these places should feel that they belong there.
Left Bootless on GPS: Heeding Martin Luther King’s Words in 2020

The Origins of Anti-Black Racism and Its Effects

• Caste – granting or withholding of respect, status, honor, attention, privileges, resources, benefit of the doubt, and human kindness to someone per their perceived rank or standing in the hierarchy.

• Racism and casteism overlap.

• Caste, while a global occurrence, achieves its most violent manifestation in the treatment of American Blacks, maintained through systems of law and order.
Caste

• All Americans, Black, White, everyone, are placed in specific roles in society, and subliminally blinded and conditioned into NOT seeing a person’s full potential.

• This ensures inequity and racism are built into every system we have: healthcare, education, housing, the economy.
The American Caste System: The Foundation of Health Disparities in the US

- Medical experiments
- Refusal of care
- Substandard care
- Lack of access to healthcare
- Substantial cost of healthcare
Proportion Enslaved Persons in a County in 1860

COVID-19 Cases and Deaths per 100,000 persons up to September 20, 2020
Addressing Patient Bias at the Institutional Level

For patients
- Guidelines for patient conduct

For clinicians
- Education on rights and responsibilities
- Training on how to respond when facing or witnessing patient bias

For organizations
- Clear policies to protect clinicians
- Reporting mechanisms
- Systems to adjudicate blame

Culture change to normalize reporting and support clinicians
Systematic research on patient bias against clinicians

In 2017 there were approximately 24,001,000 (34% US Population) single parent households; est. 65% AA live in single parent households.
Recommendation I

Build an institutional culture of fairness, respect, and anti-racism by making diversity, equity, and inclusion top priorities.
Recommendation II

Develop, assess, and improve systems to mitigate harmful biases and to eliminate racism and all other forms of discrimination.
Recommendation III

Integrate equity into health professions curricula, explicitly aiming to mitigate the harmful effects of bias, exclusion, discrimination, racism, and all other forms of oppression.
Recommendation IV

Increase the numbers of health professions students, trainees, faculty, and institutional administrators and leaders from historically marginalized and excluded populations.
Questions & Responses

Please use the Q & A function to ask questions

Upcoming Webinars on Harmful Bias and Discrimination 2021

• Anti-Asian Racism
• Anti-Black Racism – Continuing the Conversation
• People with Disabilities
• Nursing in the Clinical Learning Environment
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