



JOSIAH MACY JR. FOUNDATION

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

April 7, 2021



Macy Conference

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Macy Conference

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>

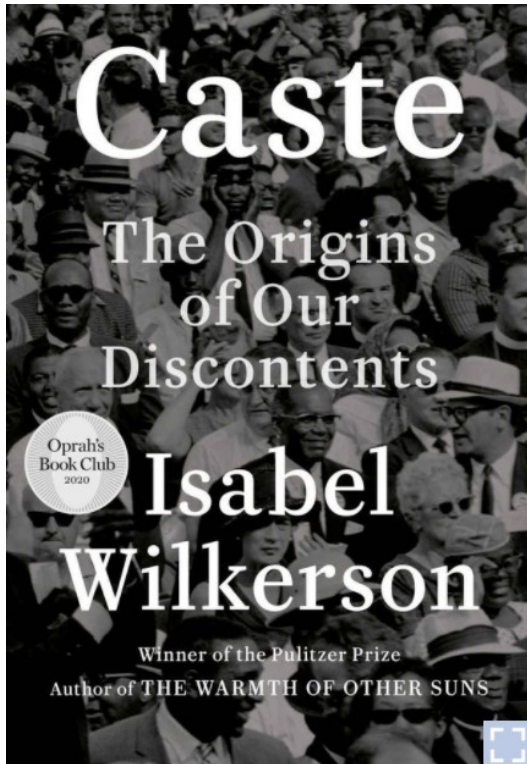
Conference Vision Statement

*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.



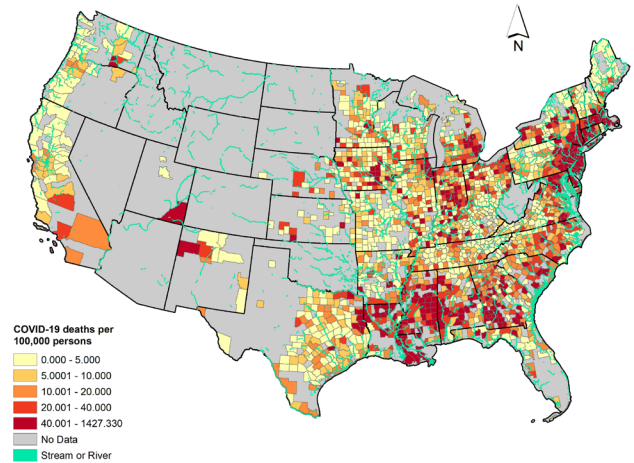
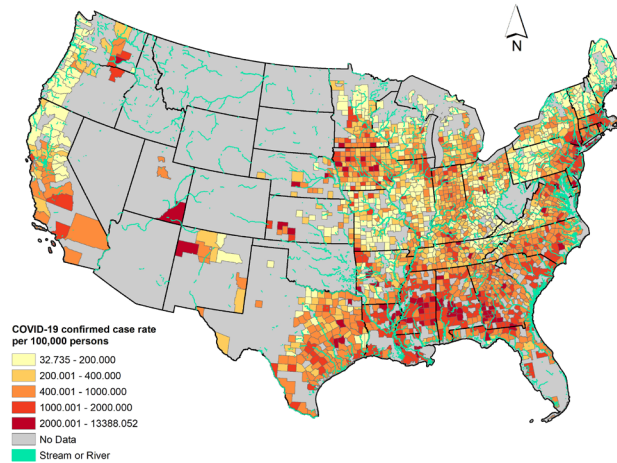
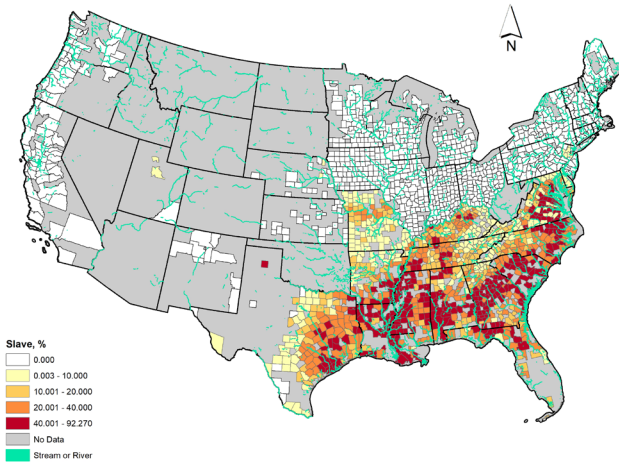
Caste

- 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

2017 there were approx. 2.38M Black men, ages 18-24, living in the United States

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

59% AA males high school graduation rate (2012-2013 school year)¹²

33% college enrollment rate for AA males (2017)

National college graduation rates for Black males is 30.1% in 2017

1,779 Black males med school applicants in 2018-2019

466 Black males med school matriculants (26.2%); 257 US-born AA

Approx. 72% of AA male undergraduates received Pell Grant (using 2015-2016 cohort)

Prison Incarceration Rate for AA males 456,300. Of which, 55,669 are 18-24 years of age.

13,112 AA males under 18 are held in juvenile detention.

Of those, 387 are awaiting criminal trial.

1 While 1 in 8 Americans are African American (AA); 1 in 24 doctors are AA; 1 in 6 Americans identify as Hispanic/Latino compared to 1 in 22 doctors

Prison Incarceration Rate (2017)

Hispanic: 317,100

White: 387,400

College Enrollment

Hispanic: 31%

White: 38%

Medical School Applicants (Male)

Hispanic: 1,595

White: 14,590

Medical School Matriculants

Hispanic: 557 (35% of applicants)

White: 5,995 (31% of applicants)

Sources:

1. AAMC (2019) *Applicants and Matriculants Data*. Retrieved from <https://www.aamc.org/data/facts/applicantmatriculant/>
2. AAMC (2015) *Current Trends in Medical Education*. Retrieved from <https://www.aamcdiversityfactsandfigures2016.org/report-section/section-3/>
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4. AAMC (2014) *Diversity in the Physician Workforce: Facts & Figures 2014*. Retrieved from <http://www.aamcdiversityfactsandfigures.org>
5. Annie E. Casey Foundation (2017) *Children in single-parent families in the United States*. Retrieved from <http://blackboysreport.org/tables/106-children-in-single-parent-families?loc=1&loc=1#detailed/1/any/false/871/any/429>
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8. Census (2019) *Annual Estimates of the Resident Population*. Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages>
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11. Office of Juvenile Justice and Delinquency Prevention (2017) *Statistical Briefing Book*. Retrieved from <https://www.ojjdp.gov/ojstatbb/corrections/faqs.asp#1>
12. Schott Foundation (2015) *Black Lives Matter: The Schott 50 State Report on Public Education and Black Males*. Retrieved from <http://blackboysreport.org>

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

<https://macyfoundation.org/publications/conference-summary-eliminating-bias-discrimination>

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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