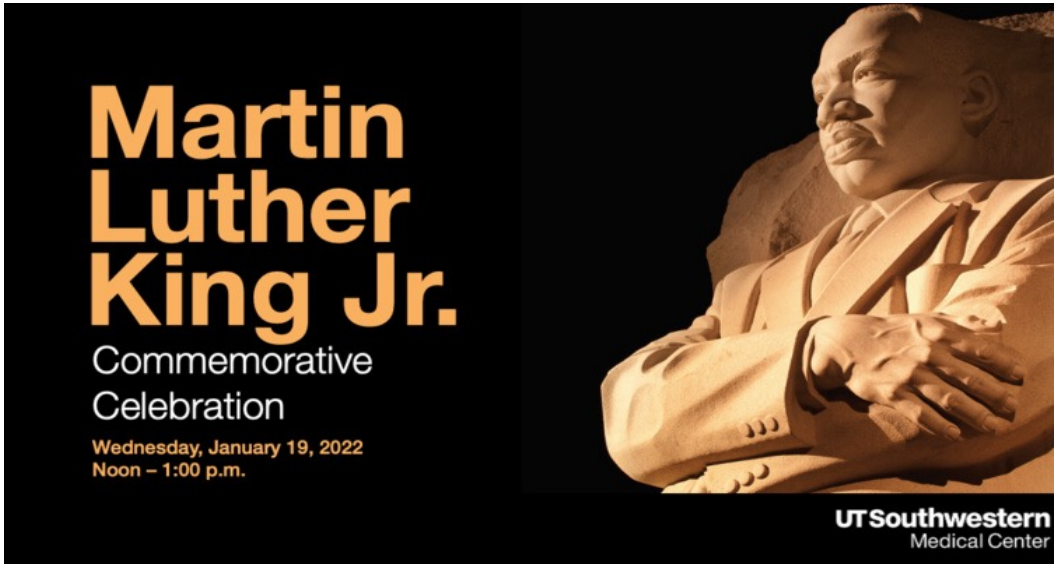
Race, Race Consciousness and Health Equity

UT Southwestern Medical Center MLK Commemorative Celebration 2022



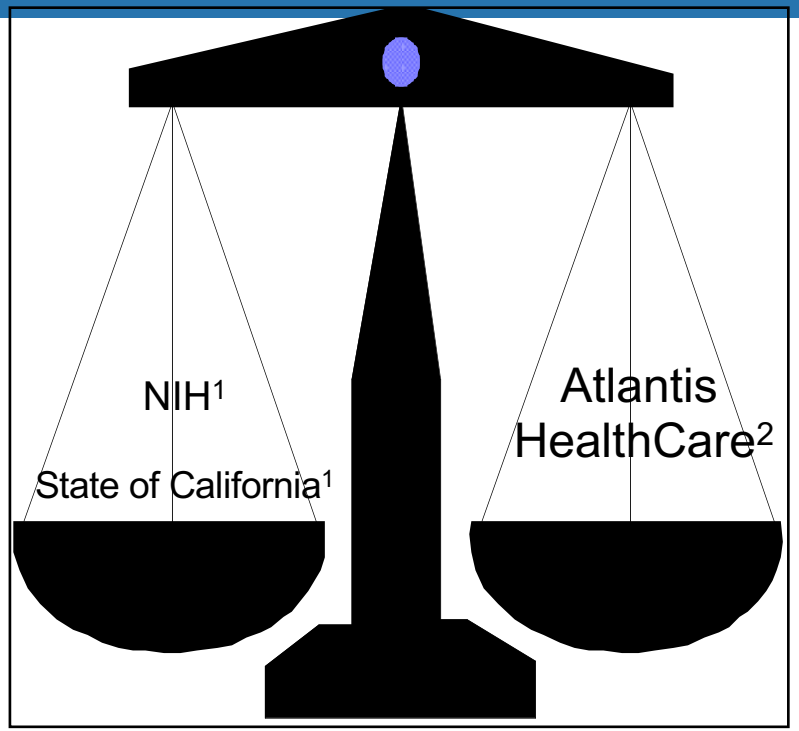
Keith C. Norris, MD, PhD

Professor and Executive Vice-Chair for Equity, Diversity and Inclusion

David Geffen School of Medicine - UCLA

UCLA Health | David Geffen School of Medicine

Disclosures/Potential Conflicts of Interest*#



* Activities within the last year

Grants: 1

Consulting: 2

None related to this talk

I believe in a society grounded in Equity & Justice

I am not an expert in anything

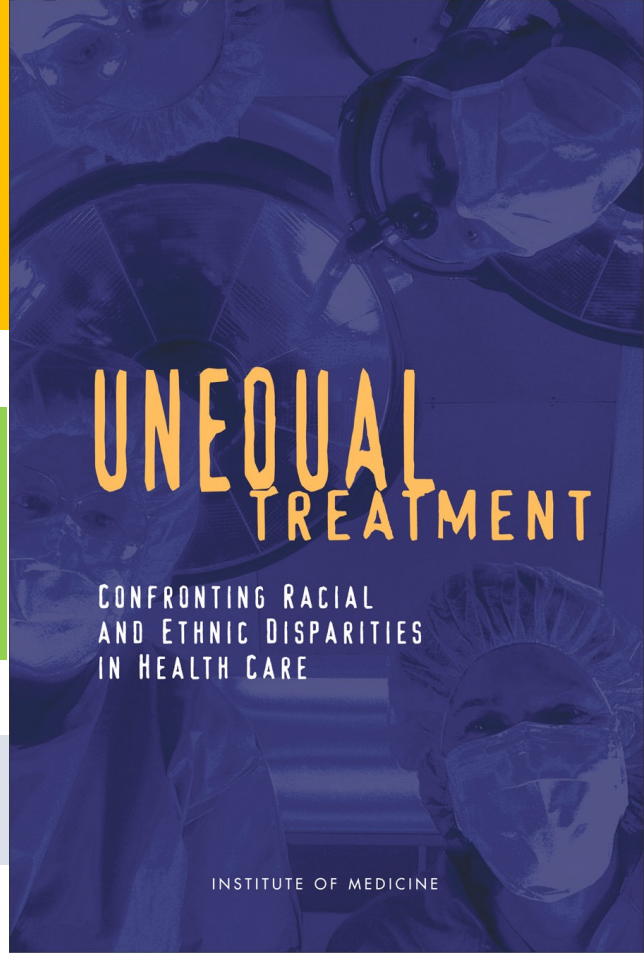
Outline

- **Understanding Race/Ethnicity and how to use in Medicine**
- **Why Race Consciousness Medicine and not Race-Based Medicine or Race-Blind Medicine**
- **The Way Forward for Health Equity**

Major Race-Based Inequities Exist in Society & in Medicine that lead to Health Disparities and Undermine the Research Advances and Optimal Care for All

Health disparities are group differences that would not exist in a just & equitable society

"Injustice Anywhere is a Threat to Justice Everywhere"
- Dr. Martin Luther King, Jr. Letter from Birmingham Jail – 4/16/63

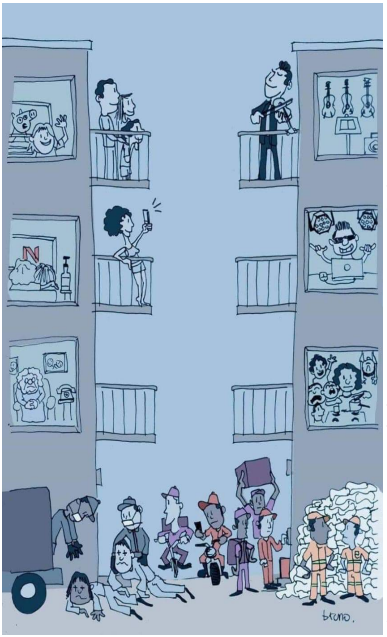


COVID-19: The Making of a Health Disparity

Minoritized R/E groups are 2-4 times more likely to be hospitalized or die from COVID-19

Structural Racism*

(e.g. residential segregation, underfunded school systems, chronic discrimination, poverty, un/underinsured)



Increase Risk of Exposure	Service Jobs	Poor housing conditions	Public Transportation
High Chronic Disease Burden	DM/CKD	HTN/CVD	Asthma/COPD
Lack of Access to Quality Care	Early testing shortage	Poor preventative care	Low quality hospitals

UCLA Health | David Geffen School of Medicine

Every system is perfectly designed to achieve the results it gets – Dr. Don Berwick

What is Race?

Race/Ethnicity

- Despite its official status in government, research and health professions, the term race is a misnomer
  - There is only one race, the human race or Homo sapiens - the only extant human species.

- The Pan American Health Organization/WHO holds the scientifically accurate view that there is a single human race and uses ethnicity to characterize different socio-cultural groups.
  - Share traditions, ancestry, language, history, culture, nation, religion, and/or social treatment within a society

Marshall E. DNA studies challenge the meaning of race. *Science (New York, NY).* 1998;282(5389):654-655.
Ethnicity and Health. Pan American Health Organization/World Health Organization.

Race – as commonly used is a modern idea not based on biologic or scientific fact

- Socio-political construct to control power based on how people look
  - *Derived from white supremacy ideology of innate racial superiority to justify and maintain American Indian genocide/oppression & chattel slavery*
  - *The ideology persists & a major role of Medicine/Science has been to prove race is biologic and reify the superiority of the White race*
- Race is **not directly** related to continental/population ancestry
- Race is **not directly** related to any medical condition
  - **As a research or clinical variable: race is a poor indicator of biology and strong indicator of exposure to racism**

Race is socially assigned = How society sees you and thinks of you

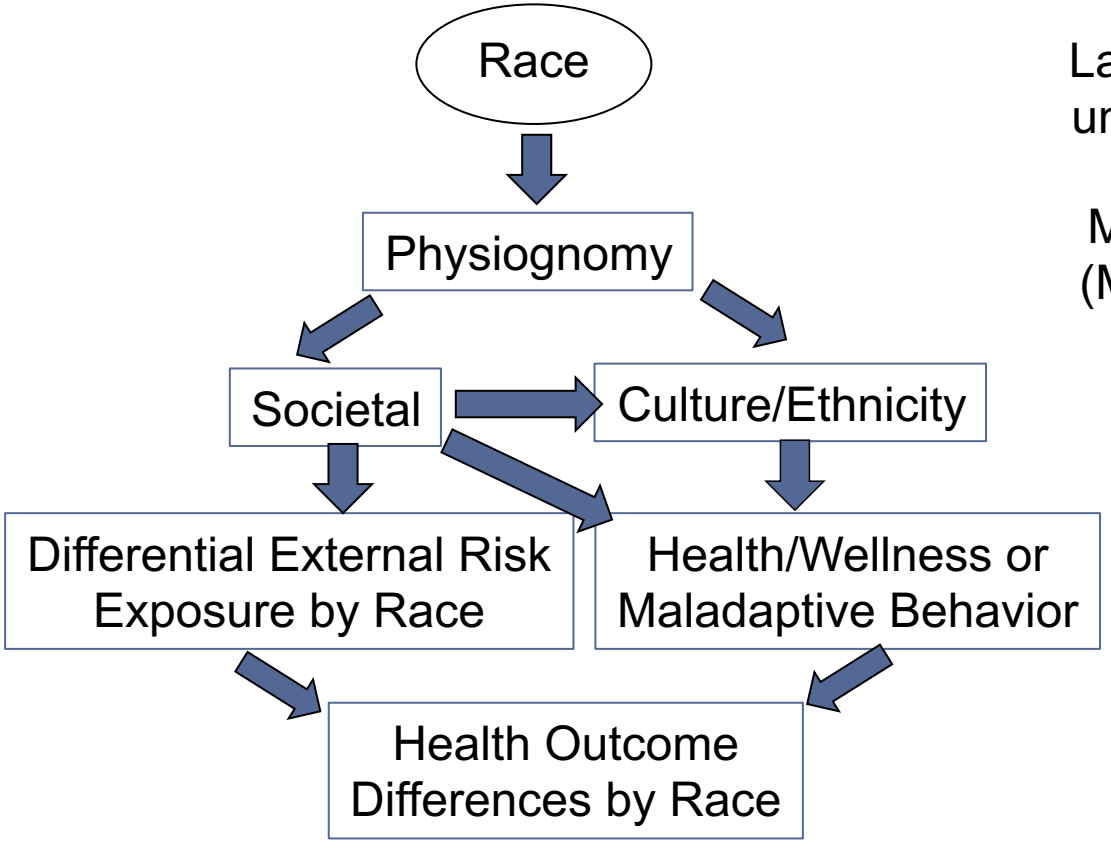
Jones CP. Confronting Institutionalized Racism. *Phylon.* 2002;50(1/2):7-22.
Bailey ZD, et al. How Structural Racism Works — Racist Policies as a Root Cause of U.S. Racial Health Inequities. NEJM. 2020.

Race does not = Ancestry

- Persons from East Africa, Northern Africa, Aboriginal Australia, U.S. slave descendent, etc. – likely labelled as Black or African American.
- Persons from China, India, Japan, Thailand, Korea - likely labelled Asian
  - Yet these individuals have very distinct population ancestral characteristics.
- **Population or Continental Ancestry is <u>not directly</u> associated with an individual's race or health condition**
- **Gene polymorphisms/biomarkers may have a direct health association**
  - Use them and not race or population ancestry
  - You should not guess a gene polymorphism/biomarker by looking at someone or their "continental ancestral markers"
  - Sickle cell is not directly linked to being labelled a member of the Black race, it is linked to family ancestry in an area with endemic malaria

Mohottige D, Boulware LE, Ford C, Jones C, Norris K. Use of Race in Kidney Research and Medicine. CJASN 2021.

Conceptual Model of Race in Research



Latent (unobserved & unmeasurable factor)

Manifest indicator (Mostly Skin Color)

Categorization into risk/behavior groups

Risk Exposure

Health Outcome

Adapted from La Veist TA. Why we should continue to study race...but do a better job: an essay on race, racism and health. Ethnicity & Disease. 1996;6(1-2):21-9.

Use of Racial and Ethnic Disparities in Medicine

- Race/ethnicity are **latent and complex population-level** social variables. **They tell us about groups not individuals**
- Research data on **race/ethnicity** is critical for **population-level** assessments that inform public health and community messaging, screening, monitoring progress in addressing disparities, modifying systems, creating policy recommendations, etc.
- It does not tell us about individuals. We start chemotherapy based on tumor markers, not race.

Jones CP. Race, racism, and the practice of epidemiology. Am J Epi. 2001;154(4):299-304.

Mohottige D, Boulware LE, Ford C, Jones C, Norris K. Use of Race in Kidney Research and Medicine. CJASN 2021.

So, if Racial groups are not “real” (there is only the human race) why do we still use it?
Why not just drop it?

Different ways to think about Race in Medicine

Race-Based Medicine	Race-Blind Medicine	Race-Conscious Medicine
Uses race as a key element to define a person's health and care	Race no longer relevant	Each group is conscious of race as set by society
Reifies innate racial group differences	Erases the impact of a discriminatory race-based society on health	Aware that there are no innate group differences
Views race as being genetically defined	Would be fine in a race-blind society that has created equity for any past injustices.	Aware that society has created structures & systems to differentially allocate resources & opportunities by racial group creating health disparities

What is meant by Race-Consciousness

Race should be recognized and understood in medicine

Not because it is a fixed trait approximating a biologic characteristic but because it is a **latent group concept** that **helps to capture group-level health outcomes** that are **linked to racism**, which **selectively and differentially exerts its effects** on individuals' health on the **basis of their racially stratified social status**

Mohottige D, Boulware LE, Ford C, Jones C, Norris K. Use of Race in Kidney Research and Medicine. CJASN 2021.

Equity Based Race-Consciousness

Having such consciousness embraces three commonly espoused core principles needed for achieving health equity:

1. Valuing all individuals and populations equally (equality)
2. Recognizing and rectifying historical/contemporary injustice (justice)
3. Provision of resources according to need (equity)

Jones CP. Systems of power, axes of inequity: parallels, intersections, braiding the strands. Medical care 2014;52(10 Suppl 3):S71-5.

Racism: a system of structuring opportunity and assigning value based on race

Racism by design

- 1) unfairly disadvantages some individuals/communities,
- 2) unfairly advantages other individuals/communities, and
- 3) saps the strength of society through the waste of human resources.
  - ***Structural or Institutionalized racism****; personally mediated, internalized*

While Race is how society sees you and thinks of you

Racism = What society does to you based on how it sees you

Race is a risk factor for Racism, Racism is a risk factor for poor health

For our Patients: think first not what's wrong with them, but what happened to them

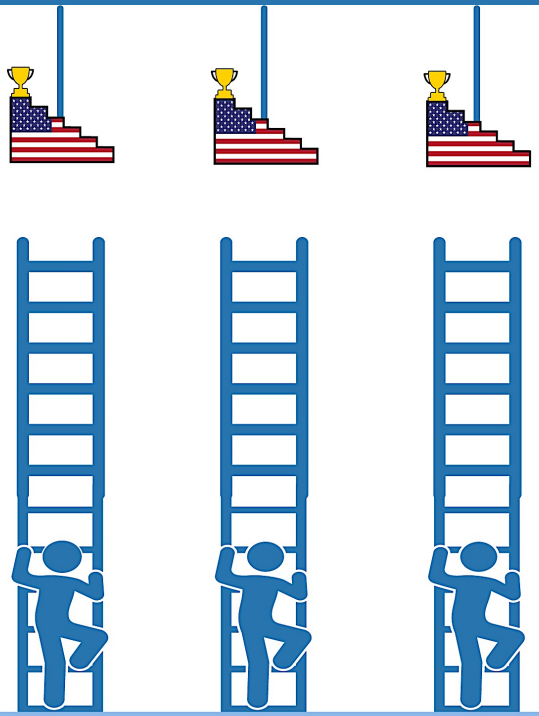
Jones CP. Confronting Institutionalized Racism. *Phylon.* 2002;50(1/2):7-22.
Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health*. Aug 2000;90(8):1212-5.

Structural Racism

- An American Problem – levied most heavily on Black Americans
- Don’t be afraid of names. No one on this zoom owned an enslaved person or created structural racism or white supremacy ideology
- But everyone can and does choose to support Structural Racism (actively or by doing nothing) or help to dismantle it.
  - It is not your identity that is important – it is your actions
  - Many White people work to dismantle racism
  - Many non-White people actively support/promote white supremacy narratives and policies

UCLA Health Care Workers rally for Black Lives Matter – June 2020

Towards Achieving Equity and Justice to Eliminate Disparities



1. **Equality** imagines a world that is fair.

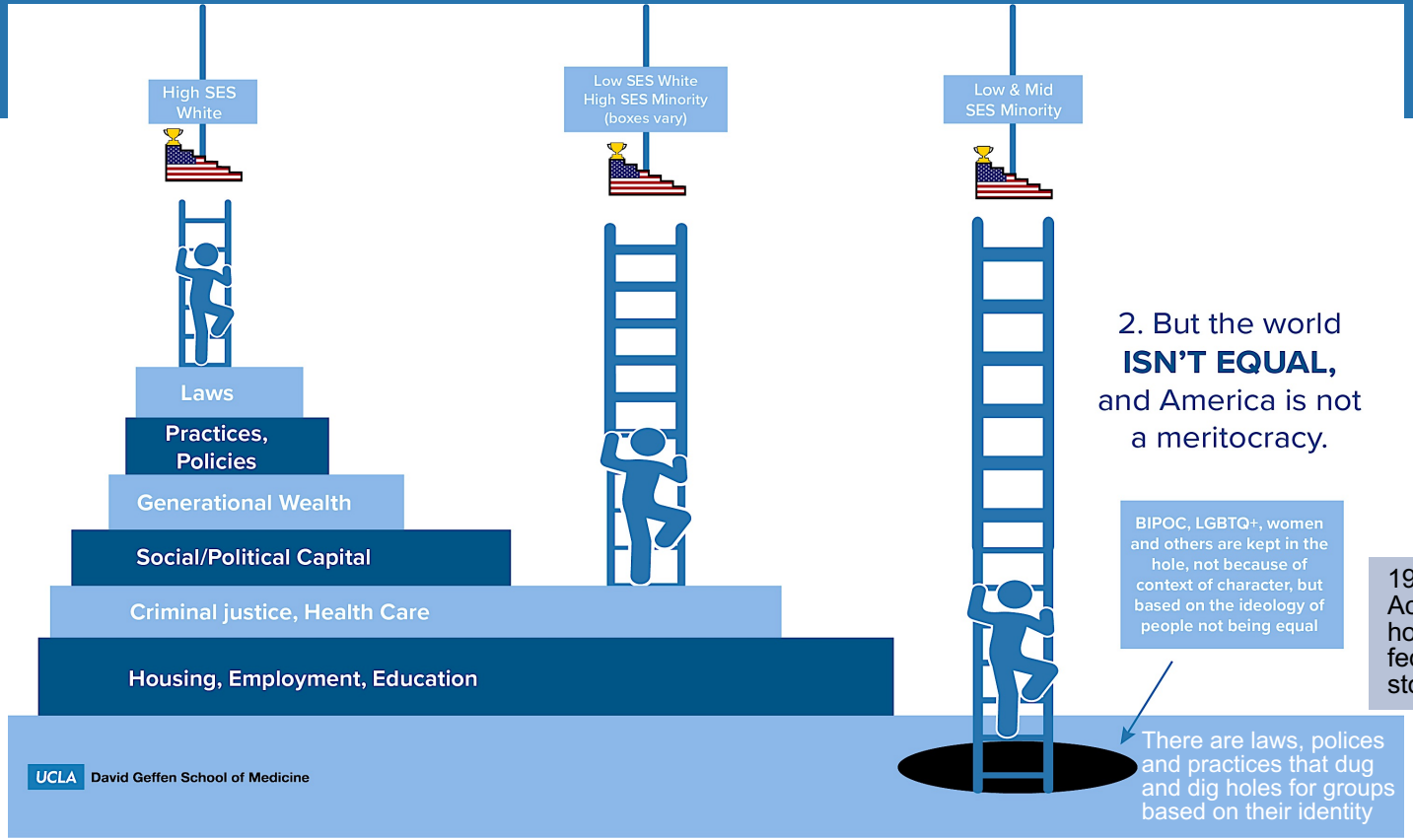
America has a **powerful** narrative–that it is a true meritocracy.

We hold these Truths to be self-evident that all Men are created equal, that they are endowed by their Creator with certain unalienable Rights that among these are Life, Liberty, and the Pursuit of Happiness.

UCLA David Geffen School of Medicine

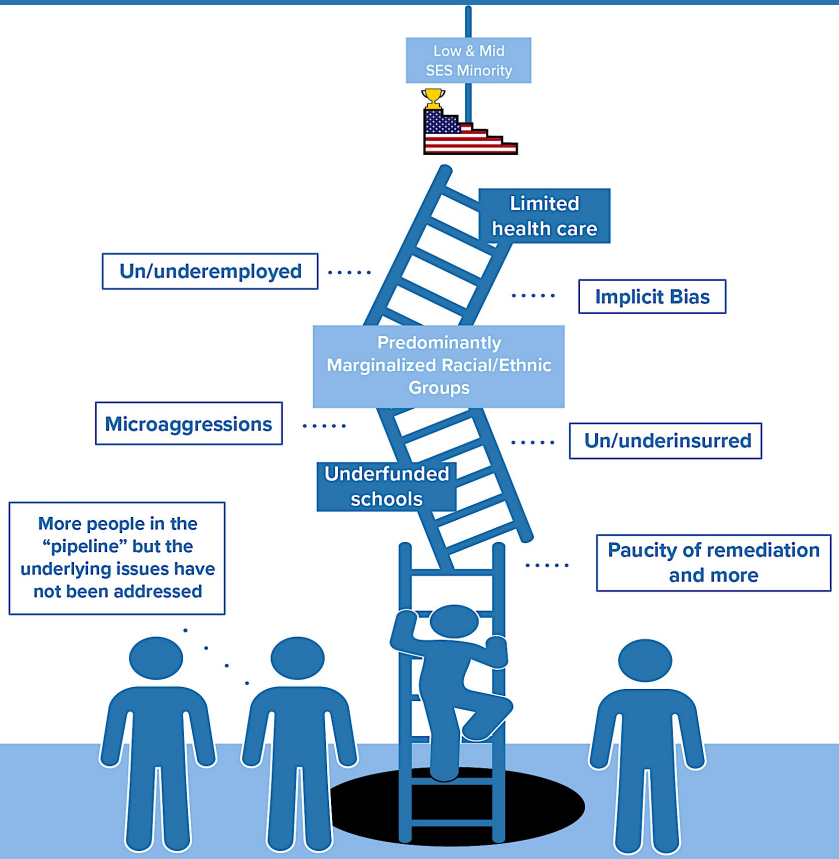
Norris K, Harris C, Seeman T. Adapted from the USC Center for Urban Education

Towards Achieving Equity and Justice to Eliminate Disparities



Norris K, Harris C, Seeman T. Adapted from the USC Center for Urban Education

Towards Achieving Equity and Justice to Eliminate Disparities



3. And it has **BIAS AND SYSTEMIC RACISM.**

4. **DIVERSITY** only places more people from marginalized groups into an unequal pathway.

UCLA David Geffen School of Medicine

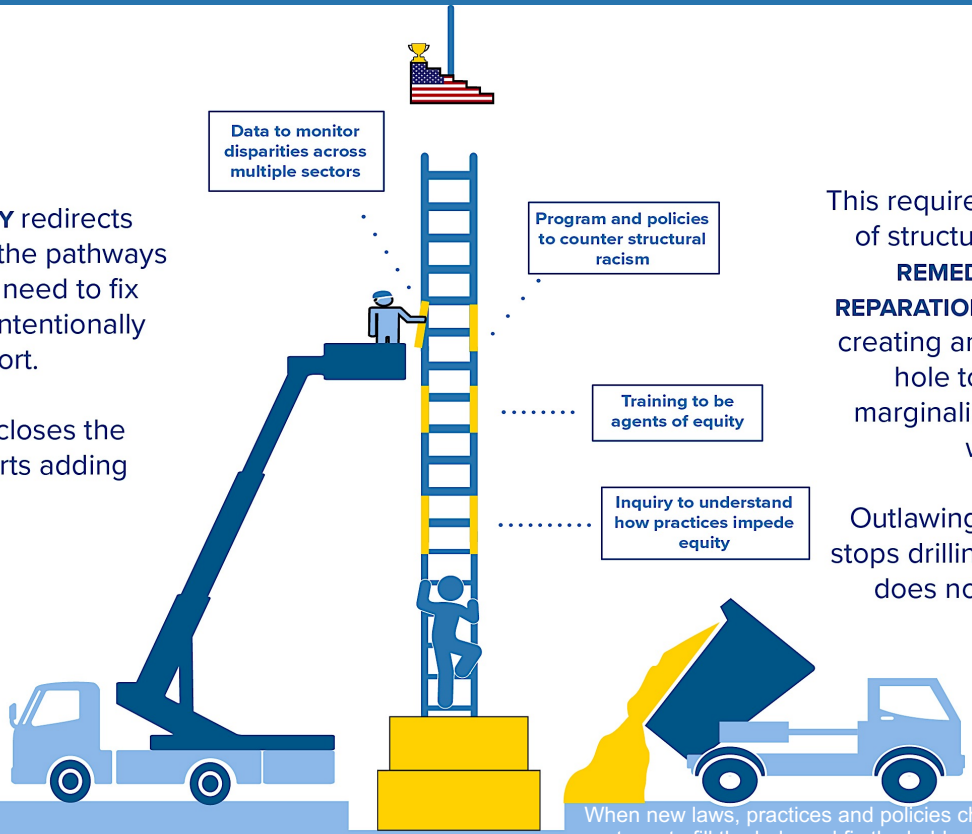
UCLA Health | David Geffen School of Medicine

Norris K, Harris C, Seeman T. Adapted from the USC Center for Urban Education

Towards Achieving Equity and Justice to Eliminate Disparities

5. True **EQUITY** redirects resources to the pathways with greatest need to fix barriers and intentionally provide support.

And **JUSTICE** closes the holes and starts adding some boxes.



This requires the elimination of structural racism, and **REMEDIATION** and **REPARATIONS** to move from creating and maintaining a hole to making all marginalized Americans whole.

Outlawing discrimination stops drilling the hole, but it does not fill the hole.

UCLA David Geffen School of Medicine

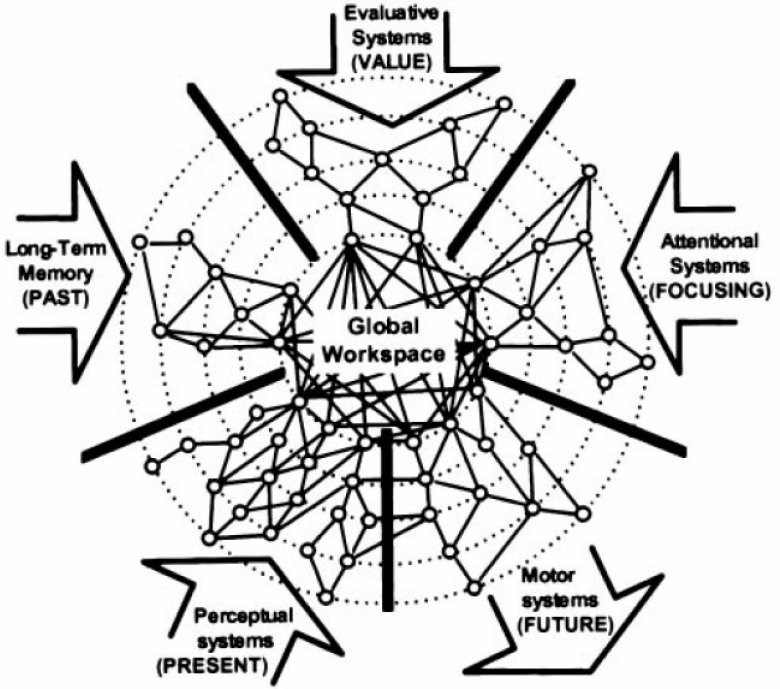
When new laws, practices and policies change structures and systems to fill the hole and fix the ladder then we can say structural racism is essentially over and reasonable equity has been achieved

Norris K, Harris C, Seeman T. Adapted from the USC Center for Urban Education

So what do we do for our patients today while we work to dismantle structural racism?

Psychosocial Stress (Poverty/Discrimination/More) & Cognitive Processing

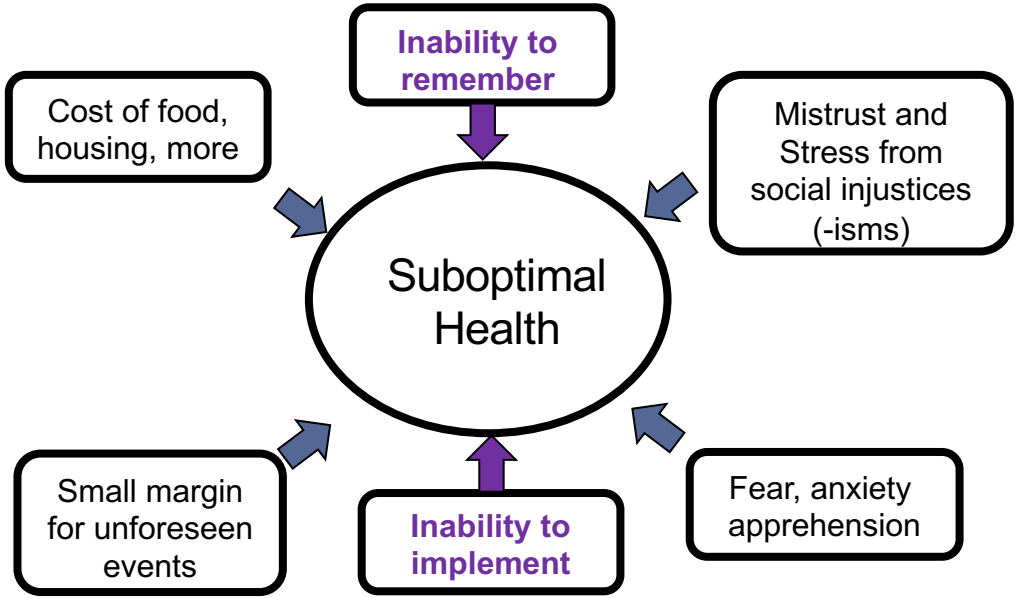
R/E disparities data says on average different groups are juggling more or fewer balls but not who is juggling which ones



Stress (to survive) leads to realignment of workspaces that limits cognitive processing: such as our ability to remember and to implement tasks

Dehaene S, et al. A neuronal model of a global workspace in effortful cognitive tasks. PNAS. 1998 24;95(24):14529-34.

What might happen if/when an “under-resourced/ marginalized” patient makes it to their visit & then goes home?



Which ball(s) are your under-resourced/marginalized and disproportionately minority patients/study participants likely to drop
-Rent, food, electricity, childcare, elder care or
-Provider recommendations, f/u visit, meds/other?

You can’t assign a single group number to each member as they each have different balls to juggle

Caring for Marginalized Patients

What many "Marginalized" Patients have

- Discriminated Group status (reinforced by race modifiers)
- Limited Income
- Under and Un-Insured
- Low Educational Attainment
- Limited Access to Care
- Impaired Cognitive Processing
- Adverse Biologic Profile
- Multimorbidity

What many "Marginalized" Patients need

- High Quality Care
- Treated with Respect
- Our Empathy
- Our Compassion
- Our Support
- To Be Given Hope
- ~~Judgement~~
- ~~Ire~~
- ~~Lecture~~

Remember: It's not what's wrong with them - it's what did we do to them

How/When do we use race when caring for a patient?

- We use **objective data** to assess and treat medical conditions
- **Social history** assesses potential structural drivers that may complicate disease severity, response to treatment and ability to follow recommendations.
- **Family history** informs us of likelihood of hereditary conditions.
- **Understanding what we as a nation do to groups because of their race** in our society or knowledge of "associated group level polymorphisms (rare)" allows us to use racial group membership to **prioritize or delve more deeply** into certain risk factors **when clinical presentation and/or response to treatment don't add up**

How/When do we use race when caring for a patient?

- If I get my BP checked (let's say it's normal), because of my race I don't need xx mmHg added to or subtracted from my BP. It is what it is.
- Because of group membership, social and family history I may be recommended to be monitored more frequently and/or recommended for preventive lifestyle actions earlier.
- If it's elevated don't say Black people respond to diuretics better and start with a diuretic. There is about a 6-8% difference in response rate. ~ 92-94% of Black and White patients will respond the same and you can't tell by looking at someone who will and who will not respond. **Use the agent best suited for their medical profile.**

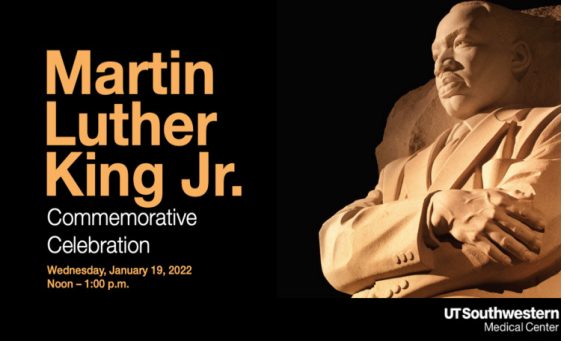
Summary: What Values might lead to Health Equity in an "Enlightened" Nation?

1. **Valuing all individuals and populations as innately equal (equality)**

2. **Recognizing and rectifying group-level historical and contemporary injustice (justice)**

3. **Provision of resources according to need (equity)**

Adapted from Jones CP. Systems of power, axes of inequity: parallels, intersections, braiding the strands. Medical care 2014;52(10 Suppl 3):S71-5. & Mohottige D, Boulware LE, Ford C, Jones C, Norris K. Use of Race in Kidney Research and Medicine. CJASN 2021.



Kindness matters

But kindness does not = justice

Civility counts

But civility is not the humane response to injustice

Justice is

Love is essential

But love is not a passive, weeping bystander

Love puts in work.

Bernice King, youngest child of civil rights leaders Martin Luther King Jr.