Race, Racism and Health
UCLA Department of Medicine Grand Rounds
July 1, 2020

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“Few people are capable of expressing with equanimity opinions which differ from the prejudices of their social environment.”
- Albert Einstein

Christina Harris, MD
Teresa Seeman, PhD
Keith Norris, MD, PhD

UCLA Department of Medicine Office for Equity, Diversity and Inclusion
Good morning! Today’s QR Sign-In will be displayed before and after the presentation.

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The following speakers have indicated that they do not have affiliations with organizations which have interest related to the content of this program:

Dr. Keith Norris
Dr. Christina Harris
Dr. Teresa Seeman
Potential Conflicts of Interest

Our Personal Biases Based on our Life Experiences
Overview

• COVID-19 Pandemic and the Unmasking of Racial/Ethnic Disparities
• Race and Racism
• The Biology of Racism
• The Endemic: Police Brutality and Racism
• The Way Forward

Every system is perfectly designed to achieve the results it gets - Don Berwick
U.S. CORRECTIONAL FACILITIES REPORT STEEP RISE IN CORONAVIRUS INFECTION RATE

‘They’re Death Pits’: Virus Claims at Least 7,000 Lives in U.S. Nursing Homes

More than six weeks after the first coronavirus deaths in a nursing home, outbreaks unfold across the country. About a fifth of U.S. virus deaths are linked to nursing facilities.

COVID-19: a potential public health problem for homeless populations

Native American Deaths Rising at Alarming Rate from COVID-19

Covid-19’s devastating toll on black and Latino Americans, in one chart

The US health system has failed black and Latino populations for decades. Now they’re paying the price.

By Dylan Scott | @dylaniscott | dylan.scott@vox.com | Apr 17, 2020, 4:10pm EDT
Figure 2. Huge race gaps in COVID-19 death rates, especially in middle age

Ratio of death rates
The Makings of a Disparity

Structural Racism*
(e.g. residential segregation, underfunded school systems, poverty, chronic discrimination)

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
The Making of Race – The "Scientific" Foundation for Racism

1735 - Carl Linnaeus, father of modern taxonomy: Socially-constructed, hierarchal groupings with specific personal attributes establishing the foundation for racism ("Systema Naturae").

<table>
<thead>
<tr>
<th>Americanus (American Indian)</th>
<th>Obstinate, merry, free, regulated by customs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asiaticus (Asian)</td>
<td>Melancholy, avaricious, ruled by opinions</td>
</tr>
<tr>
<td>Africanus (Black)</td>
<td>Relaxed, crafty, negligent, governed by caprice</td>
</tr>
<tr>
<td>European (White)</td>
<td>Muscular, gentle, inventive, governed by laws</td>
</tr>
</tbody>
</table>

Still taught in leading Universities in the 1970s

Blumenbach- 1795

Caucasian - “to describe the variety of mankind in south of Mount Caucasus”; He claimed it was the “original” race and therefore the most “beautiful.”
The Making of Race

Race is a modern idea.
Race is not based on biologic or scientific fact.
Race and American freedom were born together.
Race is a political construction which shifted over time.

Race was created via pseudoscience as a classification to give power to whites, to legitimize dominance, and to justify slavery.

“No one was white before he/she came to America. It took generations and a vast amount of coercion, before this became a white country.” -James Baldwin
1845
“Manifest Destiny”
To justify colonization and dominance

1899
“The White Man’s Burden”
The moral imperative to govern inferior people

black wall street
1845
Manifest Destiny
To justify colonization and dominance

1899
The White Man’s Burden
The moral imperative to govern inferior people

WHITE SUPREMACY:
A historically based, institutionally perpetuated system of exploitation and oppression of continents, nations and peoples of color by white peoples; for the purpose of maintaining and defending a system of wealth, power and privilege.

We must all learn about, understand and accept United States’ racist roots
Individual Racism - Bigotry or discrimination by an individual based on race.

Institutional Racism - Discriminatory treatment, unfair policies and inequitable opportunities and impacts, based on race, produced and perpetuated by institutions.
Structural Racism- The system which perpetuates racial inequities

White Supremacy

Exclusion

Culture

Marginalization

National Values

Exploitation

Inequities

Education

Health Care

Employment

Criminal Justice

Housing

It’s as ubiquitous as the air we breathe, for those allowed to breathe.
Structural Racism- The system which perpetuates racial inequities

White Supremacy

Education

Exclusion

Marginalization

Criminal Justice

Housing

It’s as ubiquitous as the air we breathe, for those allowed to breathe.
Structural Racism - The system which perpetuates racial inequities

It’s as ubiquitous as the air we breathe, for those allowed to breathe.

White Supremacy

Cultural Inequities

National Values

Criminal Justice

Housing

Education

Exclusion

Marginalization

Exploitation

WHITE PRIVILEGE: Inherent advantages possessed by a white person on the basis of their race in a society characterized by racial inequality and injustice.
FDR New Deal created Homeowners’ Loan Act in 1933:
Billions of dollars in low-interest loans for home ownership

• Black Americans were systematically excluded because of redlining practices

FHA Underwriting Manual 1935:
“Important among adverse influences are the following: infiltration of inharmonious racial or nationality groups; the presence of smoke, odor, fog, etc.”
Structural Racism in Action – Health Care
The Biology of Racism

https://www.cdc.gov/nchs/hus/contents2017.htm#015
“Blacks experience early health deterioration as a consequence of the cumulative impact of repeated experience with social and/or economic adversity and political marginalization. On a physiological level, persistent, high-effort coping with acute and chronic stressors has a profound impact on health”

Arline Geronimus
Black vs White Differences in Childhood Adversity

- Family received public assistance
- Parental education < HS
- Low status parental occupation
- Parental death
- Sibling death

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Blacks (N=228)</th>
<th>Whites (N=942)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family received public assistance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental education &lt; HS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low status parental occupation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental death</td>
<td></td>
<td></td>
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<tr>
<td>Sibling death</td>
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</tbody>
</table>
Differential Weathering in the MIDUS Cohort (ages 35-85)

<table>
<thead>
<tr>
<th></th>
<th>Blacks (n=228; avg age=53)</th>
<th>Whites (n=942; avg age=58)</th>
<th>Race Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fasting insulin (uIU/mL)</td>
<td>16.5 ± 15.4</td>
<td>12.7 ± 12.2</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Fasting glucose (mg/dL)</td>
<td>111.1 ± 42.3</td>
<td>99.9 ± 23.4</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>HOMA-IR</td>
<td>1.5 ± 0.64</td>
<td>1.3 ± 0.55</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>CRP (ug/dL)</td>
<td>1.34 ± 0.80</td>
<td>1.0 ± 0.68</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Il-6 (pg/mL)</td>
<td>1.5 ± 0.54</td>
<td>1.2 ± 0.51</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>E-selectin (ng/mL)</td>
<td>52.1 ± 28.9</td>
<td>41.3 ± 20.6</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Waist</td>
<td>101.4 ± 18.1</td>
<td>96.5 ± 15.7</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>BMI</td>
<td>32.8 ± 8.6</td>
<td>29.0 ± 5.9</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>
Allostatic Load – a cumulative index of multi-systems biological aging
Black vs. White differences in Allostatic Load over the Life-course

**Allostatic Load** = count of parameters with values in highest quartile of risk.

- Systolic BP (>127 mmHG)
- Diastolic BP (>80 mmHG)
- BMI (>30.9)
- Glycated hemoglobin (HgA1c > 5.4%)
- Albumin (<4.2g/dL) *
- Creatinine clearance (<66 mg/dL)*
- Triglycerides (>168 mg/dL)
- C-Reactive Protein (>0.41 mg/dL)
- Total Cholesterol (>225 mg/dL)

*bottom 25% for albumin & creatinine clearance
FIGURE 1—Probability of having an allostatic load of 4 or higher, as predicted by race (a)
Note. PIR = poverty income ratio.

FIGURE 2—Probability of having an allostatic load of 4 or higher, as predicted by poverty income ratio (a) and poverty income ratio and race (b).
Perceived Discrimination & Blood Pressure: Chicago Health & Aging Study

Figure 3. Predicted diastolic blood pressure (DBP) by PERCEIVED DISCRIMINATION scores in older African Americans and whites.
Lifetime Discrimination & Inflammation Burden* in Adults: Mid-Life in the US (MIDUS)

Sum top 25%: CRP, IL-6, fibrinogen, E-selectin, intracellular adhesion molecule-1 (ICAM-1) (Ong et al, 2019)
C-Reactive Protein & COVID Severity

Endemic

Police Brutality & Racism in America through the lens of a Black American Faculty

"That's not a chip on my shoulder. That's your foot on my neck."

Malcolm X

Quotes Creator
Lynching/Dying in Police Custody

- Many police departments began as slave patrols
- Post slavery/Jim Crow lynching, often led by or supported by police, was the ultimate expression of racism (fear & oppression)
- Practice of police sanctioned killing of Blacks is considered a modern-day lynching
  - For White America police = safety
  - For Black America police = fear
- Over 200 Anti-Lynching Bills since 1918 – still not passed

Message to Black Americans has been and remains clear
Values of White Supremacy & Structural Racism Rule this Nation

- Equal Justice Initiative
You might be looking through a lens of more subtle White Supremacy narratives if……

• I don’t see color
  • Please do. Please see everyone as they are but judge them on the content of their character. Then you’re starting to practice anti-racism

• What do you mean White Privilege I worked hard……
  • Many work hard and we all have different levels of privilege. The #1 founding principle of inequity & disadvantage in America is anti-Blackness which permeates every system, determined at birth and cannot change under a system of White Supremacy.

  • White Privilege is to not have the additional burden of being Black in America.
  • White Privilege ends when Structural Racism ends.
  • Until then ask – am I using my Privilege to advance equity and justice?
White America

? 1/4 still yearns for Jim Crow past
? 1/4 – 1/2 are ok where we are (why are you complaining)
? 1/4 – 1/2 believe in equity and justice but don’t know how or it’s too uncomfortable to try to make it happen

Black America*

Still has a dream that one day we will live in a nation-where people will not be judged by the color of their skin, but by the content of their character

Reality of America

Caste System
Race < (Sex, Religion, Gender Identity, SES)
But America has more lottery tickets and a higher baseline standard of living than other caste societies

* Where are the purported American values of justice and equity? Many other marginalized Americans are asking the same
From UCLA Health Care Workers rally for Black Lives Matter – June 2020
National Structural Racism Scorecard For Treating a Sick Nation

Equity & Anti-racism mindset (like an antibiotic)

1. Policing reform
2. Education inequities
3. Wealth inequities
4. Lifetime judges with a lens of equity & justice vs. racism/sexism
5. Case law with a lens of equity & justice vs. racism/sexism
6. Political Campaign/Lobbying reform
7. And more

DOM EDI- https://edi.med.ucla.edu
Cost Paying for the Elimination of Racism vs. The Cost of Keeping Racism

• Racism undermines realization of the full potential of the whole society through the waste of human resources.
  • >$2T/yr lost GDP
    • $1-1.5T less revenue generation
    • $200-400B in excess health care costs
  • And More

The money is there, but do we have the will to Dismantle Structural Racism?

The Way Forward: Society

• Trainings are needed, but not sufficient. Compassion and caring are needed but are not sufficient.
• We do not just have a police problem or an education problem or employment problem or housing problem – we have a 400-year-old systemic problem of Structural Racism.
• It is not a Black American Problem - it is an American Problem – but its wrath is levied upon Black Americans
  • The solution requires a dismantling and major reformation of our judicial and legislative system and more. The complexity of the problem and the solution can be overwhelming and cloud any way forward.

Does America have the will to embrace its founding and globally purported values of equity and justice for ALL AMERICANS?
Some Tools to Better Understand Racism

- Dr. Camara Jones: Achieving Health Equity
  - [https://www.youtube.com/watch?v=3aXoBf mSBNQ&t=2s](https://www.youtube.com/watch?v=3aXoBf mSBNQ&t=2s)
- Akala on Linking Knife Crime to Race
  - [https://www.youtube.com/watch?v=QvS78 MIAQAQ&t=35s](https://www.youtube.com/watch?v=QvS78 MIAQAQ&t=35s)
- Eye of the Storm
  - [https://www.youtube.com/watch?v=6gi2T0 ZdKVC&t=309s](https://www.youtube.com/watch?v=6gi2T0 ZdKVC&t=309s)
- The Truth About the Confederacy in the United States
  - [https://www.youtube.com/watch?v=QOPGp E-sXh0](https://www.youtube.com/watch?v=QOPGp E-sXh0)
- Reverse racism –
  - [https://www.youtube.com/watch?v=dw_mR alHb-M](https://www.youtube.com/watch?v=dw_mR alHb-M)

- Akala - Race and Class in the Ruins of Empire
- Eduardo Bonilla-Silva – Racism without Racists
  - I’m not a racist but…….
- Robin DiAngelo - White Fragility
- Ibram X. Kendi - How to Be an Antiracist
- Ijeoma Oluo - So You Want to Talk About Race
- Michelle Alexander - New Jim Crow

See DOM EDI- [https://edi.med.ucla.edu](https://edi.med.ucla.edu)
Race, Racism & Health
The Way Forward

Individual
DOM EDI Office
Medicine

From UCLA Health Care Workers rally for Black Lives Matter – June 2020
What can I (we) do right now?

• Racism is an American Problem
• The “work to do” is not work
  • Learn History: Black American History and White American History and **not White Supremacy informed** American History which is commonly taught in America
  • Always ask might racism be acting here?
  • Reflect: is there justice and equity at play - and if not why not? & what is my role?
  • Americans with awareness of racism – we must keep well intentioned conversations going – do not ostracize our peers - educate our peers
    • EDI will provide forums for these dialogs

Speak Up – Use your Voice Vote, Vote, Vote !!!
• But what are you voting for?
• Self interest or justice/equity

“The most important thing to remember is this: To be ready at any moment to give up what you are for what you might become” - WEB DuBois
The Way Forward: Individual Efforts

Why Anti-Racism? - to overcome racism

• Learn about and how historical events, ideologies, and social structures inform modern day beliefs, bias, and perceptions.
• Analyze concepts of and reflect on one’s own racial identity, bias, privilege, and prejudice
• Identify strategies to engage in difficult conversations
• Reflect on ways to integrate anti-racism work into one’s daily lives

Anti-racism and anti-White Supremacy is not anti-White people
It is anti the pseudo-scientific ideology (and structures informed by that ideology) that White people are genetically superior to people of other races and thus should be dominant over them
If you are a researcher:

- Are journals you publish in working towards more equitable structures that highlights and prioritizes marginalized voices in their publication.

- Examine how racism/anti-Blackness is endemic to admissions and hiring criteria and how that may affect your group.

- Give everyone a task to learn something about challenging structural racism and bring to the group.

- Make sure you are being inclusive and anti-racist in your communications to your group.

See https://www.shutdownstem.com/for-researchers
If you are part of department leadership

• Define transparent hiring and admission processes that dismantle systemic and structural racism in the academic hierarchy

• Allocate funds to advance equity in your department, working to ensure “boxes” for all who need, and just and equitable practices for the use of limited resources

• Listen to criticism and implement appropriate change

See https://www.shutdownstem.com/for-department-leaders
#ShutDownAcademia #ShutDownSTEM

Resources - I am...

...still new to discussions about race
...looking to dig deeper in my reading about race
...looking for resources about anti-Black racism specifically in academia
...looking for existing compilations of resources
...a Black person looking for healing & self-care resources
...looking to amplify Black voices
...looking for organizations to join and/or support
...looking for graphics and other shareable info on #ShutDownSTEM and #ShutDownAcademia
Equity, Diversity and Inclusion DOM Office at UCLA

Necessary but not sufficient

• URM ”Pipeline Programs”
  • Needed to increase diversity in the workforce
    • NIH Diversity Program Consortium, STEP-UP, PRIDE, South Central Scholars, Allied Healthcare Careers Program, Gen-Ex, etc.

Listening Tour

• Culturally Sensitive mentor training – NRMN
  • National Research Mentoring Network
• Strategies for becoming an Equity-Minded Educator
• How to minimize implicit biases; Anti-racism tools
• Making Space for difficult conversations
• Providing support (career, emotional, other)

Office launched January 2020
The Way Forward: The Dept of Medicine

**Faculty/Mentors/Leaders**
- Get to know people
- **Get to know people**
- Start looking through a lens of equity and justice
- What types of boxes do your trainees/mentors/constituents need to reach their apple?
What do Trainees and Faculty Need Now

• Kindness, Compassion, Understanding, Flexibility
• Mental health resources – PTSD and more
• A dedicated physical safe space (Virtual for COVID)
• Recurring Town Halls/Healing Circles
• Regular listening hours
  • More than an open door – Be pro-active, schedule meetings
The Dept of Medicine

Health Equity

Clinical
Education
Research
Community

Equity-Mindedness
- Anti-racism knowledge, awareness and skill
- Re-examining existing policies and procedures
- Workforce diversity
- Inclusive excellence
- Support – (including boxes)
- Dialogue
- Metrics
- Accountability
UCLA Chancellor’s Office Commitment

• Faculty advisor in the chancellor’s office to advise on issues of concern to Black faculty, staff and students.

• Expand the intellectual community devoted to Black life and racial equity issues across the entire campus.
  • 10 Faculty positions, 10 summer graduate fellowship & 5 postdocs
  • $250,000 in seed research grants on racial inequities and racial justice, including campus climate issues.
  • Dedicated staff member in External Affairs and strategic communications
UCLA Health

• New Chief Diversity Officer for the UCLA Health.
• Funding management & staff training programs
• Supporting scholarship funding for the UCLA medical assistant training program.
• Increasing efforts to recruit and retain a diverse workforce.
• Completing a Community Benefits Assessment to identify areas of underserved populations
1. Adding new actions, improving existing actions or stopping ineffective actions;
2. Increasing the quality and coverage of data available to monitor progress towards commitments made and actions taken;
3. Improving reports to better inform reviews of progress; improving review processes, such as by making them more high-level, more independent, more transparent and with wider participation;
4. Ensuring that the results of reviews have meaningful consequences for action (e.g. bonuses, 5-year reviews).
   - This forces leaders to not only ensure commitments are met but to hopefully understand the issues.

Institutional Justice & Equity Accountability Framework

Have measurable EDI metrics been met? Patient outcomes including sub-groups, Local community reinvestment, implicit bias & anti-racist training, ACGME/LCME metrics for EDI including opportunity to care of under-resourced patients

Adapted From Multisectoral Accountability Framework WHO 2019 ©
https://www.who.int/tb/WHO_Multisectoral_Framework_web.pdf?ua=1
The truth is that there is nothing noble in being superior to somebody else. The only real nobility is in being superior to your former self. - Whitney Young, Jr.
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