

RACISM IN HEALTHCARE

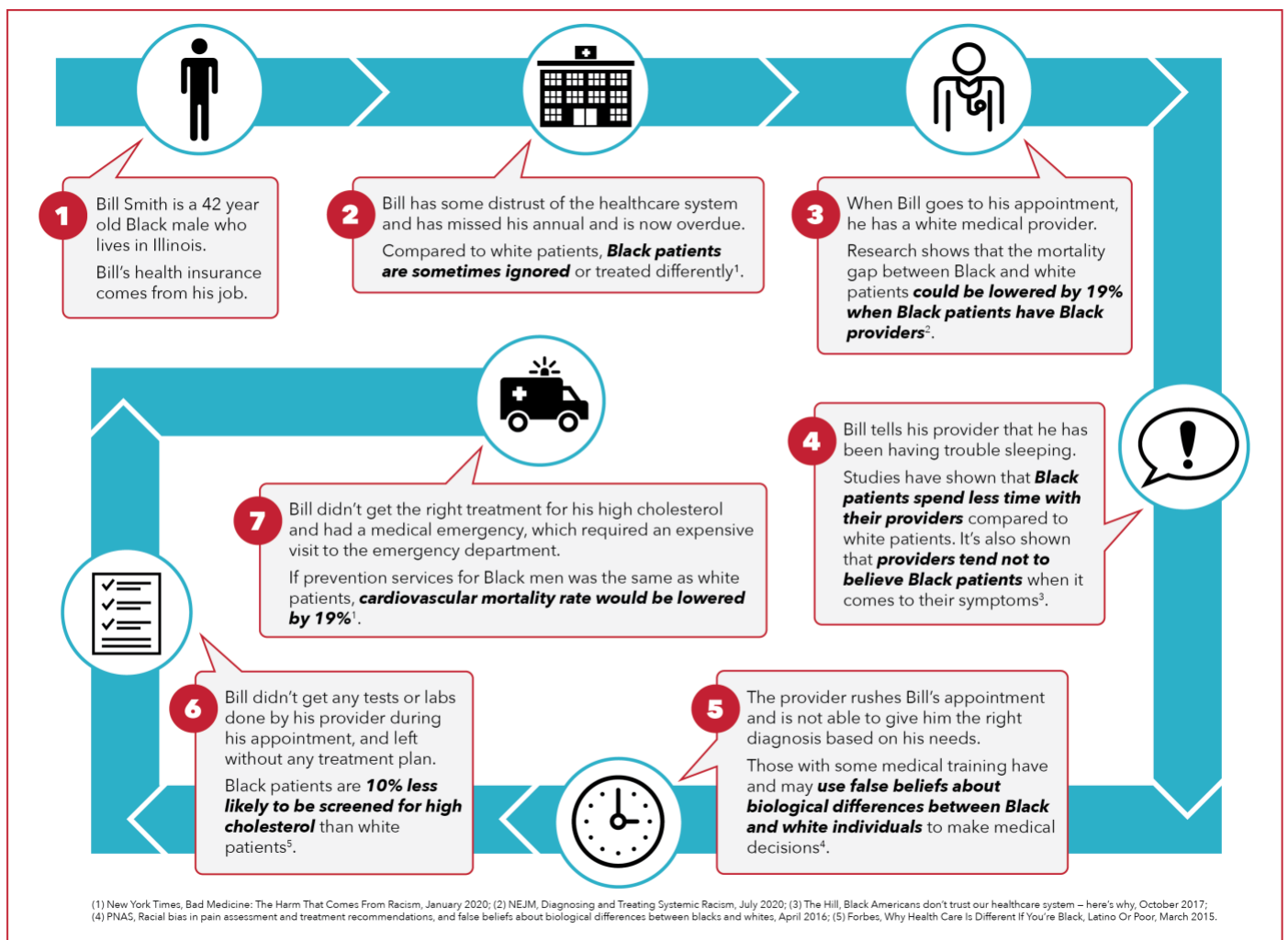
Notice, Understand and Act

Impact of Racism in Healthcare



Practices in healthcare often focus on the equal treatment of all patients. Yet, research tells us that Black, Hispanic, Asian, American Indian, and other minoritized patients encounter greater barriers to accessing adequate care, harm due to bias and stereotypes, and less favorable clinical outcomes. Even when factors such as socioeconomic status, income and education level are the same, these differences are still present. This means that poorer outcomes are not caused by external forces, but instead by process, procedures and communication within healthcare entities and structures.

The below example follows a fictional patient, “Bill Smith” on this healthcare journey to demonstrate some of the barriers and disparities Black, Hispanic, Asian, American Indian, and other minoritized patients encounter in healthcare.



While the vast majority of providers and caregivers Bill encounter may not have intended to provide a lower level of care, unconscious bias, outdated medical training and long-established processes result in poorer outcomes for Bill.

HERE ARE SOME WELL-DOCUMENTED EXAMPLES OF HOW RACISM IMPACTS HEALTHCARE:

- The eGFR equation used to diagnose kidney conditions is used differently with Black patients than with white patients resulting in inequitable or delayed care.
- Pulse oximeters do not work as effectively on dark skin resulting in the tool failing to identify below normal blood oxygen levels in Black patients.
- Textbooks and training that only show dermatological conditions on white skin making it more difficult for clinicians to identify issues on darker skin tones.
- A 2016 study found that medical students hold false beliefs about racial differences in pain tolerance, skin thickness and blood coagulation.
- Black and Hispanic patients are less likely to receive pain relief in the ED than white and non-Hispanic patients.

HOW CAN I LEARN MORE?

<u>Read</u> the statistic which demonstrates disparities in healthcare and access to insurance. Consider ways the two could be related.	How Structural Racism Affects Healthcare (stkate.edu) (8 min read time)
<u>Read</u> about ways race and racism has impacted medical education.	What Doctors Aren't Always Taught: How to Spot Racism in Health Care (7 min read time)
<u>Listen</u> to this perspective and consider your most vulnerable moment. How could that have been or how was that amplified if you didn't trust those around you to help?	Facing Racial Bias in the ER (9 min read/6 min watch)
<u>Read</u> and consider the lack of diversity in medicine and other professions. Think about how adding diversity to those professions could impact and advance healthcare.	Black Engineers Work to Fix Long Ignored Bias in Oxygen Readings (11 min read)

WHAT COMES NEXT?

- Evaluate processes within your department.
 - Identify areas where some patient groups may require additional or different support to reach equitable outcomes. Are team members and providers empowered to help those that need additional support and resources?
 - Identify processes that may inadvertently invite bias to impact clinical decision-making.
- Don't believe everything you were taught. When you know better, you do better. The medical body of knowledge continues to change and grow. Identify how you can change with it.
- Create a culture of acceptance and foster inclusion. Think about ways you and your department can be welcoming and accepting to those who may be different from you. You don't have to be friends with everyone you work with, but you should respect their stories, experiences, and perspectives.
- Speak Up! If you see something you think may inadvertently be biased, assume good intentions, but ask the questions to help others reconsider a process or communication. "What do you mean by that?" can be a starting point for that reconsideration.