These 'concrete steps' could help fight racism in health care

May 12 2021, by Michael Merschel

Doctors, hospitals and medical schools should take specific actions to

fight the structural racism that threatens the health of millions of Americans, according to a new report meant to help guide the medical establishment.

Among the recommendations, which are part of the 2020 American Heart Association and American College of Cardiology Consensus Conference on Professionalism and Ethics report:

- Medical schools should require first-year students to take a course on social justice, race and racism, and trainees should spend time immersed in the communities they serve.
- Education about national, local and institutional history related to race and racism should be a part of medical school curriculums and continuing education programs.
- Health care entities should conduct annual reviews that ask, "How is racism operating here?"

It's all part of a broader report, published simultaneously Tuesday in the AHA's journal *Circulation* and in the *Journal of the American College of Cardiology*. The report offers guidance for medical schools, physicians and other health care professionals.

It follows statements from several professional societies and the Centers for Disease Control and Prevention that acknowledge how racism threatens public health. But the report does more than just note the problem, said Dr. Camara P. Jones, who co-wrote the section on social justice and racism.

"These are concrete action steps that can equip people who are trying to move to action to know what we do first," said Jones, a family physician, epidemiologist and past president of the American Public Health Association.

Most aspects of a person's health are determined by factors outside of a health care setting, she said. Our health is "created by the conditions of our lives – by schooling, and by housing, and by access to fresh fruits and vegetables, and by living in a clean environment, and by income and wealth." In America, racism heavily influences all those conditions.

Dr. Willie E. Lawrence Jr., a cardiologist and co-chair of the task force that wrote the recommendations, said addressing racism is crucial to addressing all kinds of health problems, such as high blood pressure.

"If it is your goal as a medical institution to train physicians to provide better care to a broad range of people, then one of the things that you have to recognize is that it's not just what you learn in your pharmacology class that's going to lead to better management of hypertension," said Lawrence, medical director for health equity at Spectrum Health in Michigan.

Factors such as the ones Jones listed, known as the social determinants of health, "may have a bigger impact on whether you get that patient's blood pressure controlled, whether you get that patient to actually take that pill."

Building community is one of the cornerstones of fighting racism, Jones said, which is why getting medical trainees to do home visits or work in community settings is essential.

Lawrence agreed, saying doctors need to know how to reach patients where they are. That applies to medical professionals of all backgrounds, and he used himself as an example.

Lawrence, who was raised mostly in a single-parent home on the east side of Cleveland before attending Harvard University and training at Johns Hopkins Hospital, said it can be easy for any well-off doctor to

overlook the challenges of being poor, when something as simple as a $4 co-pay for a medication can put it out of reach.

There can be "an assumption that somehow because I'm Black, I automatically understand my poor Black patients," he said. "Well, that's not necessarily a safe assumption. Because the fact is, there are some things I was never taught in medical school."

He didn't learn about the infamous Tuskegee syphilis study until he was well into adulthood, for example, and was never taught about the history of discrimination against Asian Americans.

The knowledge of such things, he said, "makes us more compassionate. And I think it makes us better physicians."

That's the idea, Jones said.

The report's recommendation to require history lessons, she said, came out of work she did recently that proved to be "revelatory" for the schools and hospital systems that took part. For the participants, knowing the history of their workplaces – how the location was chosen, who wasn't allowed as patients, or who was or wasn't allowed as physicians – "opened their eyes" to how racism works.

She and Lawrence acknowledged the challenges ahead.

"I think that race is a very difficult subject to talk about," Lawrence said. "And if you want to quiet down a room, you walk in and you start talking about some issue related to race. It's uncomfortable."

But the recommendations are not radical, he said. They would have "a significant impact" on medical school curriculum. But at their core, they want to foster the idea of allyship – working in partnership with people

who are enduring structural racism or other systemic discrimination – and a greater understanding of patients.

"They're not really lofty goals," he said. "They're basic goals related to achieving health equity."

To succeed, Jones said, it will require support from and training for all levels of the medical establishment. "Because we certainly don't want the next generation to grow up still ill-equipped to deal with these broader issues" or to lack the understanding that anti-racism is a core part of their work as physicians.

"So what I'm saying is, we are all planting seeds" that eventually will bear fruit within the world of health care and throughout society, she said. "This is not the end of the story. This is the beginning."