AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

June 10, 2020

Ms. Brooke Rollins
Director
Domestic Policy Council
Eisenhower Executive Office Building, Room 464
17th Street and Pennsylvania Avenue, NW
Washington, DC 20504

Dear Ms. Rollins:

The American Academy of Family Physicians (AAFP), an organization representing 136,700 family physicians and medical students across the country, supports the attainment of the highest level of health for all people without exception and stands opposed to the systemic racism that persists in our society and many of our institutions, including health care. Racism is a public health issue that dramatically impacts mental health, chronic diseases, maternal and infant mortality rates, and overall health outcomes and life expectancy. It is time for the United States to officially recognize racism as a public health issue and declare a public health emergency to address the negative impacts racism is having on the physical and mental wellbeing of millions of people.

Family physicians are woven through the fabric of our communities and see firsthand how pervasive racial inequalities are and how they continue to contribute to poor health outcomes. Our members have been deeply troubled by recent events. It is estimated that roughly 84,000 people of color die annually[1] due to health disparities, and the current COVID-19 pandemic has further underscored the problem[2]. In addition to being morally wrong, health disparities are estimated to cost the United States nearly $93 billion in excess medical care costs and $42 billion in lost productivity each year.[3] Racism itself contributes to higher risk, unhealthy behaviors such as smoking and substance use[4]. It also leads to delay of recommended in

1 Satcher, D., et al., What if we were equal? A comparison of the black-white mortality gap in 1960 and 2000. Health Affairs, 2005. 24(2): p. 459-464.

2 Hooper, M., et al., COVID-19 and Racial/Ethnic Disparities. JAMA, May 11, 2020. Accessed online at https://jamanetwork.com/journals/jama/fullarticle/2766098.

3 Turner, A., The business case for racial equity. National Civic Review, 2016. 105(1): p. 21-29.

4 Borrell, L. N., Jacobs, D. R., Jr, Williams, D. R., Pletcher, M. J., Houston, T. K., & Kiefe, C. I. (2007). Self-reported racial discrimination and substance use in the Coronary Artery Risk Development in Adults Study. American Journal of Epidemiology, 166, 1068–1079. doi:10.1093/aje/kwm180.

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preventive services such as mammograms and cholesterol testing[5]. These delays are widely accepted as contributing to worse health outcomes and accelerating untimely deaths. Even separate from that, exposure to racial discrimination on an ongoing basis has been found to lead to increased levels of C-Reactive Protein (CRP) which is a marker for poor cardiovascular outcomes.[6]

Structural racism cuts across socioeconomic and geographic factors and contributes to disparate health outcomes. The AAFP is committed to doing all we can to engage in an honest dialogue to eradicate these differences that have caused harm to generations of Americans and their communities. We are redoubling our efforts in the following ways:

- *Striving for Health Equity*. To empower family physicians to advance health equity and advocate on behalf of their patients, the AAFP launched The EveryONE Project. The project provides policies and information related to diversity, social determinants of health (SDOH), and health equity, along with tools and resources to help with advocacy at the community level. The AAFP has also created an online tool, the Neighborhood Navigator, to help physicians identify social services and community resources to respond when SDOH arise at the point of care.
- *Inclusive Curriculum*. The AAFP is dedicated to developing a family medicine workforce as diverse as the U.S. population and endorses inclusive curriculum guidelines for family medicine residents. Since the 2018 Starfield Health Equity Summit, the AAFP has encouraged the education of family physicians to address racism and implicit bias to prevent them from causing the pernicious health disparities described in the May 2018 issue of Family Medicine.
- *Continuing Education – Implicit Bias.* The AAFP has developed an Implicit Bias Training Guide to address the bias demonstrated as pervasive among health care professionals and having harmful effects on patient health. The AAFP's Implicit Bias Training Guide promotes awareness of implicit bias among the entire health care team and provides resources for instructing health care professionals on how to reduce its negative effects on patients. This year, a dozen AAFP state chapters will offer implicit bias training to AAFP members and other primary care partners. It is incumbent upon all of us to look across programs and institutions to identify ways that we can reduce the prevalence of racism and address current policies that may be contributing to the problem.

Recognizing that racism effects and is affected by all sectors, **the AAFP recommends that the Domestic Policy Council convene an interagency task force comprised of program experts from across the federal government as well as state and local government officials, the private sector, medical professionals and community-based organizations to develop a federal response to address systemic racism.** The task force should identify opportunities and strategies to ensure that government resources are put to use in a way that is equitable and effective and advances the health, safety and wellbeing of all members of society without exception. As a first step, the task force should examine ways that federal programs

[5] Hausmann, L. R., Jeong, K., Bost, J. E., & Ibrahim, S. A. (2008). Perceived discrimination in healthcare and use of preventive health services. Journal of General Internal Medicine, 23, 1679–1684.

[6] Lewis T.T., Aiello A.E., Leurgans S., Kelly J., Barnes L.L. Self-reported experiences of everyday discrimination are associated with elevated C-reactive protein levels in older African-American adults. Brain, Behavior, and Immunity. 2010

inadvertently perpetuate or exacerbate racism and make actionable recommendations to improve or discontinue them.

In 1964, the U.S. Surgeon General issued the first report on the health impact of smoking. This signaled an Administration-wide effort to reduce tobacco use and led to subsequent actions taken by various agencies, Congress and, ultimately the public, to make meaningful and lasting strides toward that goal. Today, those efforts are viewed as among the most influential of all public health campaigns. The AAFP believes that the Administration has the opportunity to spearhead a similar national effort to address the pervasive racism in this country now.

The AAFP stands ready to assist the federal government and other stakeholders and provide input and resources as they engage in this important work. Please contact Stephanie Quinn, Senior Vice President of Advocacy, Practice Advancement and Policy at squinn@aafp.org if you would like to discuss this further.

Sincerely,

John Cullen, MD

Board Chair

Cc: The Honorable Alex Azar, Secretary, Department of Health and Human Services