

# Racism in Health Care: Creating a More Equitable Health Care Experience

Imagine how it would feel to walk into a doctor's office and see that everyone else looks different from you.

he COVID-19 pandemic and high-profile police killings of Black citizens have recently called attention to the profound disparities in health between white people and people of color. COVID-19 has disproportionally affected people of color, killing higher percentages of Black and Latino people who contract the disease.1 And we have long known about racial disparities in outcomes of chronic medical conditions such as diabetes and hypertension.2 We also have evidence that people of color are treated differently by medical professionals. For example, one study looked at patients who presented to the emergency department with pain and found that Black patients' pain was treated less aggressively than that of white patients.3

Encouragingly, medical professionals are now discussing ways we can make doctors' offices and hospitals more welcoming to people of color, as one method of addressing health disparities caused by racism. Devoting time to learn about race and racism may also help us make the health care experience more equitable and rewarding for our patients of color.

One aspect of racism is the different set of experiences that people of color and white people have every day. The concept of white

# RESOURCES FOR CLINICIANS TO LEARN ABOUT RACIAL EQUITY

- The 21-Day Racial Equity Habit Building Challenge from Eddie Moore Jr., PhD, which offers a template to help people structure learning on the subject. https://www.eddiemoorejr.com/21daychallenge
- Peggy McIntosh's foundational papers on white privilege, which describe McIntosh's process for identifying her own privilege. https://nationalseedproject.org/Key-SEED-Texts/peggy-mcintosh-s-white-privilege-papers
- Toolkit for Teaching About Racism, a collection of materials from the Society of Teachers of Family Medicine. https://drive.google.com/ file/d/1Tw2J8Rdlw\_zmh3ZKxj\_jkhVgnq7K3x-5/view
- How to Identify, Understand, and Unlearn Implicit Bias in Patient Care, a recent *FPM* article that provides a step-by-step method to identify and address bias. https://www.aafp.org/fpm/2019/0700/p29.html
- In Focus: Reducing Racial Disparities in Health Care by Confronting Racism, an article from the Commonwealth Fund that provides an excellent overview of specific racial disparities in health care and discusses solutions for moving forward. https://www.commonwealthfund.org/publications/newsletter-article/2018/sep/focus-reducing-racial-disparities-health-care-confronting
- Social Determinants of Health, Health Equity, and Diversity, an FPM topic collection. https://www.aafp.org/fpm/topicModules/viewTopicModule. htm?topicModuleId=114

privilege is predicated on the fact that, in a majority-white culture, those with light skin do not typically think about how their skin color makes many life experiences easier. Peggy McIntosh, in her groundbreaking work "White Privilege and Male Privilege," describes white privilege as "an invisible weightless knapsack of special provisions, assurances, tools, maps, guides, codebooks, passports, visas, clothes, compass, emergency gear, and blank checks" that white people carry with them.4 This description helps conceptualize the benefits that having white skin confers and can stimulate thinking

about how people of color experience life.

Imagine how it would feel to walk into a doctor's office and see that everyone else looks different from you. Imagine how it would feel if the person you talked to seemed to be making a judgment about you, based on what you looked like. These are realities that many people of color experience when walking into a doctor's office. I have received feedback from patients about front-desk staff, nursing staff, and physicians making judgments about them before even hearing their stories.

This issue is ubiquitous when

talking to people of color about their experiences in the health care setting, whether at their primary care physician's office or the emergency department. Their personal stories, combined with the racial unrest we have witnessed this summer, underscore the importance of talking about racism and its effect on health care. Black lives matter. The FPM editorial staff and I commit to enhancing our content on race and racism within the journal. We are working to add content about improving the experience of people of color within the family medicine office and understanding the impact of race and racism on patients, staff, physicians, and the family medicine workforce. We are also working to recruit more peer reviewers, authors, and editorial board members from underrepresented minority groups. And we welcome feedback and article ideas from our readers.

As family physicians, we can help lead the change and make sure all of our

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patients feel welcome and receive the highest quality of care. FPM

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- 1. Health equity considerations and racial and ethnic minority groups. Centers for Disease Control and Prevention. July 24, 2020. Accessed July 29,2020. https://www. cdc.gov/coronavirus/2019-ncov/community/health-equitv/race-ethnicitv.html
- 2. Hostetter M, Klein S. Reducing racial disparities in health care by confronting racism. Commonwealth Fund. Sept. 27, 2018. Accessed July 29, 2020. https://www.commonwealthfund.org/publications/newsletter-article/2018/sep/ focus-reducing-racial-disparities-health-care-confronting
- 3. Hoffman KM, Trawalter S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between Blacks and whites. Proc Natl Acad Sci USA. 2016;113(16):4296-4301.
- 4. McIntosh P. White privilege and male privilege: a personal account of coming to see correspondences through work in women's studies (working paper 189). Wellesley Centers for Women. 1988. Accessed Aug. 19, 2020. https://nationalseedproject.org/Key-SEED-Texts/ white-privilege-and-male-privilege



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