Racism’s Roots in Medicine & How Implicit Bias Impacts Care

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Land Acknowledgement

I would like to begin by acknowledging that the land on which we gather is the seized territory of the Dakota People.

Our Road Map

- Review the different levels of racism
- Discuss how medicine has historically and currently reinforces structural racism and clinician education contributes to implicit racial bias
- Examine how implicit racial bias impacts the care patients receive
- Explore how Minnesota’s Medicaid program is using a racial equity framework to address birth outcome disparities

Things I won’t cover in-depth but recommend everyone become familiar with

- Microaggressions
- Stereotype threat
- White Privilege
  - White hegemony
  - White normativity
- White Fragility
- Weathering
“Disparities” = the SYMPTOM

Racial Health Disparities Persist at Hospitals Across the Country


RACISM

What Composes “Racism”

The Culture of White Supremacy: Collectively Known as “Racism”

Saul Loeb/AFP via Getty Images


Minnesota Department of Human Services | mn.gov/dhs
Racism – “system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call ‘race’) that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.”


Racial Bias – a form of *implicit bias*, which refers to the attitudes or stereotypes that affect an individual's understanding, actions, and decisions in an unconscious manner.
Racism, Racial Bias and Privilege

White privilege doesn't mean your life hasn't been hard.
It means that your skin color isn't one of the things making it harder.
7/11/18, 9:28 PM

“There has never been any period in American history where the health of blacks was equal to that of whites...Disparity is built into the system.”

- Evelynn Hammonds, historian of science at Harvard University

Structural Racism: Medicine’s Roots

Illustration of Dr. J. Marion Sims with Anarcha by Robert Thom, Pearson Museum, Southern Illinois University School of Medicine

Institutional Racism: Roots

The Journal of the American Medical Association

DISEASES OF THE EAR, NOSE AND THROAT IN THE NEGRO.

Dr. E. C. Ellott, Memphis, Tenn., offered these conclusions:
1. The negro enjoys a singular immunity from catarrhal inflammation. 2. He is prone to tuberculosis and syphilis. 3. He affords ample opportunity to study the natural history of disease without treatment.

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Structural Racism: Medicine’s Roots

- Medical Schools
- AMA
- Most hospitals and health clinics
- Federal health care policy
- Employer-based insurance
- Access

Structural Racism: the Hidden Medical School Curriculum


### Table 1. Percentage of white participants endorsing beliefs about biological differences between blacks and whites

<table>
<thead>
<tr>
<th>Item</th>
<th>Study 1: Online sample (n = 92)</th>
<th>Study 2: First years (n = 63)</th>
<th>Study 2: Second years (n = 72)</th>
<th>Study 2: Third years (n = 59)</th>
<th>Study 2: Residents (n = 28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blacks age more slowly than whites</td>
<td>23</td>
<td>21</td>
<td>28</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Blacks' nerve endings are less sensitive than whites'</td>
<td>20</td>
<td>8</td>
<td>14</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Black people's blood coagulates more quickly than whites'</td>
<td>39</td>
<td>29</td>
<td>17</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Whites have larger brains than blacks</td>
<td>12</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Whites are less susceptible to heart disease than blacks*</td>
<td>43</td>
<td>63</td>
<td>83</td>
<td>66</td>
<td>50</td>
</tr>
<tr>
<td>Blacks are less likely to contract spinal cord diseases*</td>
<td>42</td>
<td>46</td>
<td>67</td>
<td>56</td>
<td>57</td>
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<tr>
<td>Whites have a better sense of hearing compared with blacks*</td>
<td>10</td>
<td>9</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Blacks' skin is thicker than whites'</td>
<td>58</td>
<td>40</td>
<td>42</td>
<td>22</td>
<td>25</td>
</tr>
<tr>
<td>Blacks have denser, stronger bones than whites'</td>
<td>39</td>
<td>25</td>
<td>78</td>
<td>41</td>
<td>29</td>
</tr>
<tr>
<td>Blacks have a more sensitive sense of smell than whites</td>
<td>20</td>
<td>10</td>
<td>18</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Whites have a more efficient respiratory system than blacks</td>
<td>16</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Black couples are significantly more fertile than white couples</td>
<td>17</td>
<td>10</td>
<td>15</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Whites are less likely to have a stroke than blacks*</td>
<td>29</td>
<td>49</td>
<td>63</td>
<td>44</td>
<td>46</td>
</tr>
<tr>
<td>Blacks are better at detecting movement than whites</td>
<td>18</td>
<td>14</td>
<td>15</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Blacks have stronger immune systems than whites</td>
<td>14</td>
<td>21</td>
<td>15</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>False beliefs composite (11 items), mean (SD)</td>
<td>22.43 (22.93)</td>
<td>14.86 (19.48)</td>
<td>15.91 (19.34)</td>
<td>4.78 (9.89)</td>
<td>7.14 (14.10)</td>
</tr>
<tr>
<td>Range</td>
<td>0-100</td>
<td>0-81.82</td>
<td>0-90.91</td>
<td>0-54.55</td>
<td>0-63.64</td>
</tr>
<tr>
<td>Combined mean (SD) (medical sample only)</td>
<td>11.55 (17.38)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Personally-Mediated Racism: Implicit Bias

**Implicit bias:** the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

Physician Implicit Bias and Pain Management


[Link to implicit bias training](http://kirwaninstitute.osu.edu/implicit-bias-training/)
Physician Implicit Bias and Verbal Dominance


Physician Implicit Bias in Hospital Medicine

- **Cardiology Outcomes**
    - 220 EM/IM residents took the Implicit Association Test then randomized to respond to the same clinical vignette on a patient with ACS except:
      - No expressed EXPLICIT preference
      - Notable Implicit Bias for white preference
      - Notable Implicit Bias for black stereotypes as less cooperative generally & with medical procedures
      - The STRONGER one’s white preference the more LIKELY they would treat White patients & not Black patients with the standard of care
Physician Implicit Bias in Hospital Medicine

• **Cardiology Outcomes**

• **Paradox of Race Consciousness!**

• 30% of residents thought White patient was likely to have CAD,
40% thought Black patient was likely to have CAD

• 60% of residents very likely to offer treatment to White Patient
40% very likely to offer treatment to Black patient

4/07/2021

Physician Implicit Bias in Hospital Medicine


Fig. 1. Observed trend in severe maternal morbidity by race/ethnicity, California, 1997–2014. Non-Hispanic Black (---), Hispanic (---), Asian/Pacific Islander (----), non-Hispanic White (----).

Clinician Implicit Bias in Prenatal and Obstetric Care: Pain Management


Explicit Bias and Pregnancy

- LOWER birth weights have been found in babies born to Black, Hispanic & Arab-American mothers who experience explicit discrimination

- 30% of Black and Hispanic women report mistreatment during hospitalization for birth compared to 21% of White women

• Respondents who had negative encounters with the police, even if they perceived these encounters to be necessary, had higher levels of medical mistrust compared to those with no negative police encounters. Police brutality increased mistrust for all racial groups.

Structural Racism in Medicine: Where to Start

• **Institutions**
  - Are we applying a racial equity lens to ALL policies and decisions?
  - Where/How do we expend, expand or contract resources?
    - Ex. Buildings and clinics vs staff
  - What do we use as quality measures?
  - How do we prioritize reimbursement?
  - How do we support access?
Addressing Structural Racism: Bringing a Racial Equity Lens

• What does data tell you about existing racial inequities that influence people’s lives and should be taken into consideration?

• What are the root causes or factors creating these racial inequities?

• How will the policy, initiative, program, or budget issue increase or decrease racial equity?

• How will you address the impacts (including unintended consequences) on racial equity?

• How will you be held accountable for the impacts on communities?


Birth Disparities & Medicaid enrollment in Minnesota

• Preterm birth rates
  • Native American = 14.4%
  • Black = 9.3%
  • White = 8.6%

• Low birth weight rates
  • Native American = 8.8%
  • Black = 9.5%
  • White = 5.9%
Integrated Care for High Risk Pregnancies (ICHRP)

- 2015 - legislature directed the Department of Human Services (DHS) to implement the Integrated Care for High Risk Pregnancies (ICHRP) Initiative pilot program

- Through perinatal care collaboratives, grant funds promote integrated care and enhanced services to women at risk for adverse outcomes of pregnancy

Integrated Care for High Risk Pregnancies (ICHRP)

- Goal - decrease birth disparities by directly supporting African American and American Indian communities through a community co-created and co-led approach to perinatal care

- Collaboratives created perinatal care models that mitigate psychosocial risk and integrate and strengthen pathways and partnerships between mothers, community organizations, clinics, community health workers, and doulas
African American ICHRP and Tribal ICHRP

Healthy Black Pregnancies

African American ICHRP - A Public-Private Partnership serving Ramsey and Hennepin Counties

ICHRP’s Focus Areas

STRENGTHENING COMMUNITY
- Culturally responsive
- Community owned and driven
- Asset based approaches
- Community involvement and engagement in program planning and implementation
- Cultural networks
- Integrated care teams
- Collaborations and partnerships
- Strong access to culturally-based resources
- Community-based commissioning

ENHANCING PREGNANCY AND FAMILY SUPPORT
Culturally responsive:
- Pregnancy screening
- Prenatal support
- Peer support network
- Peer education and mentoring
- Family support resources
- Mom and family support groups
- Postpartum follow-up

INCLUDING FATHERS
Culturally responsive:
- Health screening for dads
- Father support resources
- Peer network
- Peer education and mentoring
- Father and family support groups

HEALTHY BABIES
- Full term
- Healthy weight
African American ICHRP

- Patient Care Navigator
- Cultural Connectors/Brokers
- Traditional OB visits (Internal/External) + group care
- Group Prenatal Care
- Case Management
- Home or Community-Based Visits
- Breastfeeding Support
- Labor Support/Doula Care
- DIVA Rounds at Regions
- Tele-Health Visits
African American ICHRP

External
- North Memorial Medical Center
- Broadway Family Medicine
- Whittier Clinic
- Outreach Events (Libraries, Schools, Outdoor Market, etc.)
- Black Men Healing – Mr. Sam Simmons
- Dr. LaVonne Moore – Chosen Vessels Midwifery Services

Internal
- African American’s Men Project
- Food Shelf
- OnPoint Program
- Gateway Program
- NorthPoint Clinic – Mama Mtoto

ICHRP’s tribal partners & Minnesota DHS adopted 3 program objectives for their initiatives:

• Screening & Assessment
• Joint Accountability & Shared Outcomes
• Services for pregnant women, substance-exposed infants & their family
"As the Mille Lacs ICHRP program director put it, “peer recovery coaches are so community-connected that it doesn’t even feel like a referral. It’s more like an invitation, or it happens the other way where the person in need knows how and who to ask for help.” In some of the tribal ICHRP programs, successful clients have later progressed to become peer recovery coaches and counselors.”

2019 ICHRP Legislative Report

Approaches varied by tribe as they set up collaboratives to maximize their resources & strengths. Essential features were:

- Ensuring that culture is at the core of policy, programming & daily interactions
- Utilizing peers with lived experience
- Keeping & treating families together as a unit, preventing trauma of family separation
- Eliminating stigma associated with SUDs
- Breaking down silos through improved coordination and collaboration
- Engaging the support of tribal leadership from the start

The Opportunity that ICHRP Presents

- A truly co-designed, community-led collaborative care model

  Model has demonstrated:
  - Success in mitigating psychosocial risks during pregnancy for African American women
  - Improved care models for women and spouses
  - Successful birth outcomes
  - Less family disruption
  - Authentic community engagement and awareness
**Personally Mediated Racism in Obstetrics: Where to Start**

“The **American College of Obstetricians and Gynecologists** is committed to addressing racial bias and discrimination and their impact on our patients. Below are examples of how women’s health care physicians can work to confront these issues:

- Be aware of one’s own biases when caring for patients
- Perform research on how biases, implicit and explicit, and discrimination are associated with health outcomes in women
- Conduct research with improved outcomes for women of color as a primary objective
- Integrate issues of racial injustice, including recognition of provider bias, into our teaching of students, residents, fellows, and practitioners
- Engage with activists and advocates within communities of color to foster communication about addressing health disparities
- Examine and address the ways health care systems perpetuate inequity in communities of color
- Encourage racial and ethnic diversity at all levels of our profession, from medical school to residency to practice to leadership positions at the American College of Obstetricians and Gynecologists
- Create an Alliance for Innovation on Maternal Health (AIM) disparity bundle for obstetrics”

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**My path to becoming Anti-racist**

- Applying a racial equity lens to all decisions that come across my desk
  - Encouraging others (in MN DHS & beyond) to do the same
- Advocating for anti-racism training
- Continuing to examine my own biases
• Addressing Implicit Bias alone is NOT enough

• There is no “Equity” without dismantling Structural Racism

“Racism...saps the strength of the whole society through the waste of human resources”

• Dr. Camara Jones