

Family Medicine: Anchoring Patients and Communities

October 13-15, 2023

#fmec2023

2023 FMEC Annual Meeting



October 13 - 15 | Providence, RI

Family Medicine: Anchoring Patients and Communities

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Hesitant to Teach About Racial Health Disparities? Start here!

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Forbes Family Medicine Residency Program

October 13-15, 2023

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The structure of today's session is a demonstration of the lecture-discussion we use for our interns during orientation at the Forbes Family Medicine Residency Program. After experiencing in the lecture-discussion, there will be time for participants to reflect on the experience, hear about the learning theory behind the session, and consider how to adapt this lecture-discussion for use at their home institutions. Thinking about where to start when teaching about racial health disparities can be intimidating—we hope that participating in this simulated lecture-discussion will give you a place to start!

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All faculty in a position to control content for this session have indicated they have no relevant financial relationships to disclose.

The content of this material/presentation in this CME activity <u>will not</u> include discussion of unapproved or investigational uses of products or devices.

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Ground Rules

- What is discussed here stays within this group
- · We all have different life experiences
 - Use "I" statements
 - Listen with curiosity
- · Sit with discomfort, but step away if you need to
- Step up, step back
- · "Ouch" and "Oops"

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#fmec202

Edgoose J, Anderson A, Speights JB, et al. Toolkit for Teaching About Racism in the Context of Persistent Health and Healthcare Disparities. STFM 2017.

Talking about race and racism can bring up strong feelings in all of us. Ground rules can help when navigating difficult topics.

- What is discussed here stays here.
- Be mindful that we all have different life experiences.
 - Speak to your own experiences using "I" statements—avoid speaking on behalf of others.
 - Listen with curiosity—suspend judgement and avoid critiquing the experiences of others.
- Be willing to sit with discomfort. And give others the space to do the same. I will
 cover some difficult material—if this becomes overwhelming and you need to
 leave the room, please do so. If your colleague leaves the room, please allow
 them that space and resist the temptation to follow them.
- If you tend to speak up in groups, sit back and let others share. If you tend to be quiet in groups, challenge yourself to share.
- Finally, the Oops:Ouch protocol may be helpful. If a person feels hurt by something that was said, they can say "ouch." This gives the speaker the opportunity to say "oops," and reflect on the impact of their words.

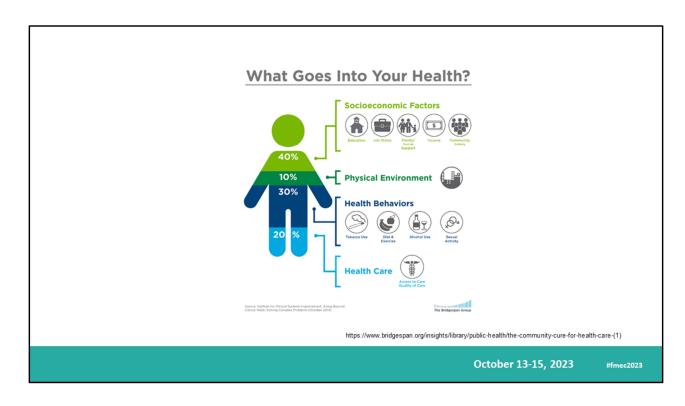
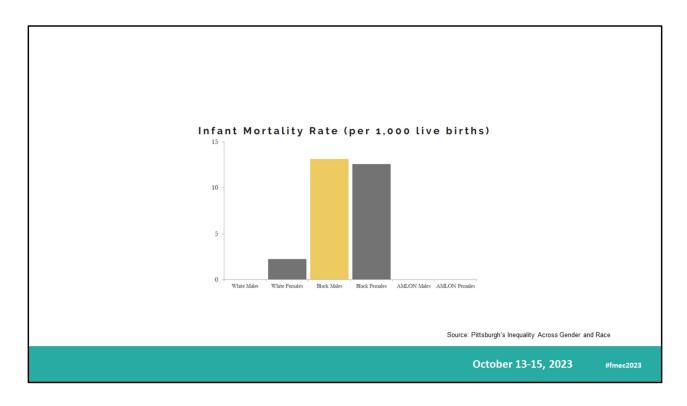


Image: https://www.bridgespan.org/insights/library/public-health/the-community-cure-for-health-care-(1) – Creative Commons Attribution 4.0 International License

A person's health is heavily influenced by the social determinants of health—which occur outside of the health care setting. Our goal is to empower family physicians to advocate for changes outside of the clinical space to improve the health of their communities.



Howell J, Goodkind S, Jacobs LA, Branson D, Miller L. Pittsburgh's Inequality Across Gender and Race. *Gender Analysis White Papers*. City of Pittsburgh's Gender Equity Commission. 2019.

A health disparity is a PREVENTABLE difference in health outcomes between groups. Thirteen out of 1,000 Black babies born in Pittsburgh dies before their first birthday, compared with 1 out of 1,000 White babies born in the same city.

A racial health disparity is a preventable difference in health between racial groups. Race is not the only factor associated with health disparities. Gender, religion, socioeconomic status, sexual orientation, and physical disability can all be associated with health disparities. In the United States, the largest disparities exist between racial groups—so this is why we focus on race. We do not intend to downplay the importance of other inequities, but to use race as the framework for understanding health disparities.

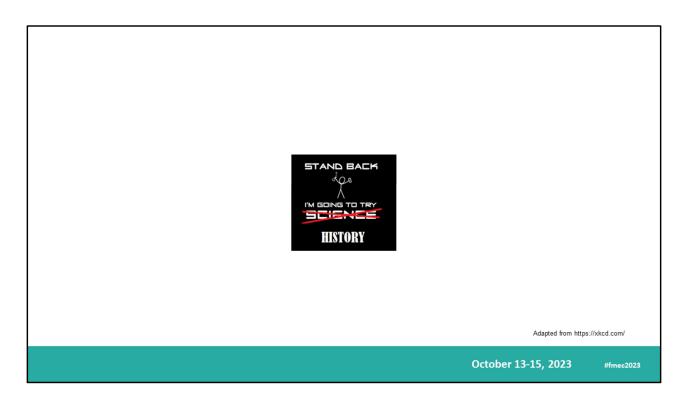


Image: adapted from https://xkcd.com/

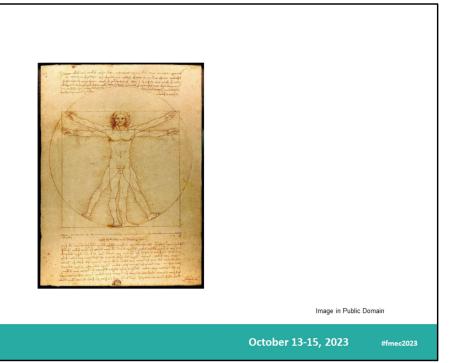


Image: Public Domain.

https://upload.wikimedia.org/wikipedia/commons/2/22/Da_Vinci_Vitruve_Luc_Viatour.jpg

18th century European explorers and academics used themselves as the index against which all other groups were compared. Observations of people from outside of Europe would have been viewed through a Eurocentric lens.

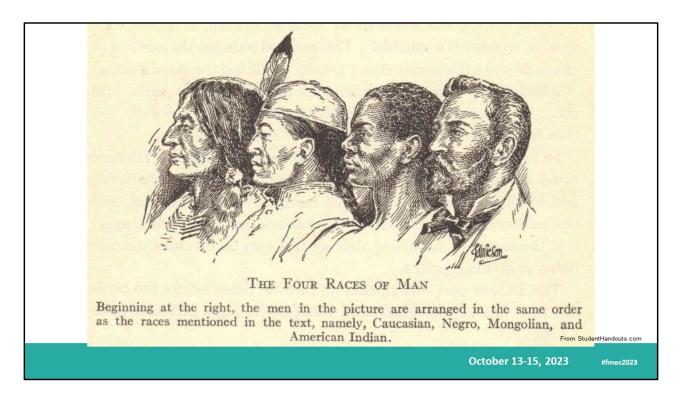


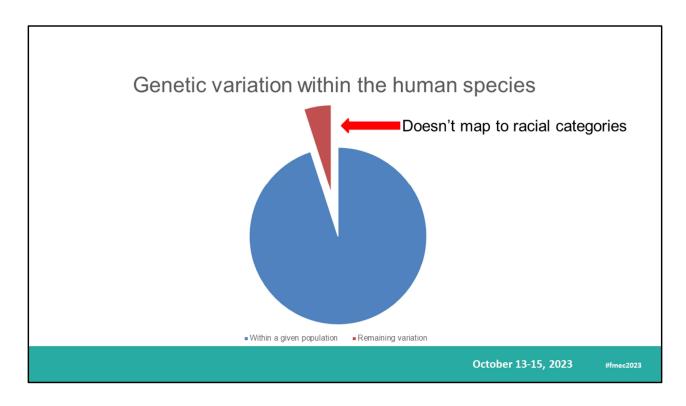
Image:

https://www.studenthandouts.com/00/200904/FourRacesofManasConceivedinthe192 0s.jpg

Saini A. Superior: The Return of Race Science. Boston, MA: Beacon Press, 2019.

During the 18th century, the Swedish botanist Carl Linnaeus devised 4 categories (or races) of humans. These were red (Americans), white (Europeans), yellow (Asians), and black (Africans). These racial categories were based on superficial, observable characteristics such as skin color, eye color, and hair texture.

Analysis of the human genome has demonstrated that 95% of the genetic variation within our species exists within populations. And the other 5% does not fall into racial categories.



Saini A. Superior: The Return of Race Science. Boston, MA: Beacon Press, 2019.

Take any continental population of people: North American, European, African etc—that population will hold 95% of the genetic variation within our species. The other 5% of variation does not align with the racial categories. The human genome project taught us that the racial categories created by Linneaus were in fact arbitrary from a biological and genetic perspective.

In our research and in the US Census, we continue to use racial categories defined by the Office of Management and Budget standards on race and ethnicity: White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander.

"Race and races are products of social thought and relations.

Not objective, inherent, or fixed, they correspond to no biological or genetic reality; rather, races are categories that society invents, manipulates, or retires when convenient. People with common origins share certain physical traits, of course, such as skin color, physique, and hair texture. But these constitute only an extremely small portion of their genetic endowment, are dwarfed by that which we have in common, and have little or nothing to do with distinctly human, higher-order traits, such as personality, intelligence, and moral behavior."

Delgado R, Stefanic J

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Delgado R, Stefanic J, Harris A. *Critical Race Theory: An Introduction*. 3rd ed. New York, NY: New York University Press, 2017.

So if race does not have a true biological basis, why do racial health disparities exist?



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https://www.aoc.gov/sites/default/files/images/artwork/70226-600w-us-capitol-rotunda-painting-vanderlyn-landing-columbus.jpg. Use of this image does not imply endorsement by the Architect of the Capitol or the United States Congress of a product, service, or point of view.

Saini A. Superior: The Return of Race Science. Boston, MA: Beacon Press, 2019.

The false premise of biological determinism: The presumption that differences in culture and intelligence can be explained by heredity. This false premise was used to justify slavery, colonialism, opposition to immigration, segregation, Nazi "racial hygiene," eugenics, and White nationalism.

In the book Superior: The Return of Race Science, Angela Saini observes, "It is no accident that modern ideas of race were formed during the height of European colonialism, when those in power had already decided on their own superiority... The truth—that European nations were motivated by economic greed or power—was harder to swallow than the suggestion that the places they were colonizing were too uncivilized and barbaric to matter, or that they were actually doing the savages a favor."



Used with permission of Meadowcroft Rockshelter and Historic Village

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Image: Meadowcrof Rockshelter and Historic Village. https://www.heinzhistorycenter.org/visit/meadowcroft/

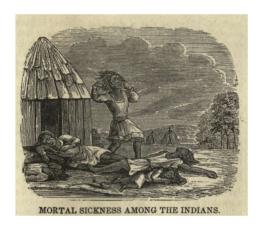
Meadowcroft Rockshelter and Historic Village: 19,000 Years of History, All in One Day. Senator John Heinz History Center. Accessed September 18, 2023. https://www.heinzhistorycenter.org/visit/meadowcroft/

Erdeljac C. American Indians of the Allegheny Valley: An Introduction. Oakmont Historical Society Lecture Series. Accessed September 18, 2023. https://www.youtube.com/watch?v=fQXZyRrnpkc

In far southwestern Pennsylvania, the Meadowcroft Rockshelter holds the oldest known evidence of human activity in the region—as long as 19,000 years ago.

Our focus today is on the use of the concept of race as a tool for gaining and holding on to power through dehumanization. We're skipping over thousands of years of Native American history to focus on European colonization.

At the time when European explorers were arriving, the people living in North America were not monolithic. Groups living in the area that is now called western Pennsylvania included the Allegewi "mound builders," Seneca, Delaware (Leni-Lenape), Shawnee, and Mingo.



"We look upon them with Scorn and Disdain, and think them little better than Beasts in Human Shape"

Source: https://archive.org/details/historicalpoetic00barbuoft, copyright AlexAitke

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Image: https://archive.org/details/historicalpoetic00barbuoft, copyright AlexAitken

National Humanities Center. National Humanities Center Resource Toolbox. Becoming American: The British Atlantic Colonies, 1690-1763. Accessed September 28, 2023. http://nationalhumanitiescenter.org/pds/becomingamer/peoples/text3/indianscolonis ts.pdf

In speaking of the conflicts between European colonizers and Native Americans, the British naturalist and explorer John Lawson wrote in 1709, "We look upon them with Scorn and Disdain, and think them little better than Beasts in Human Shape; though, if well examined, we shall find that for all our Religion and Education we possess more Moral Deformities and Evils than these Savages do... We reckon them Slaves in Comparison to us, and Intruders, as oft as they enter our Houses, or hunt near our Dwellings. But if we will admit Reason to be our Guide... so far from being Intruders upon us, that we have abandon'd our own Native Soil to drive them out and possess theirs. Neither have we any true Balance in Judging of these poor Heathens... We trade with them, it's true, but to what End? Not to show them the Steps of Virtue and the Golden Rule, to do as we would be done by. No, we have furnished them with the Vice of Drunkenness, which is the open Road to all others, and daily cheat them in

everything we sell... Besides, I believe it will not appear, but that all the Wars which we have had with the Savages were occasion'd by the unjust Dealings of the Christians towards them."

This is an example of the false premise of biological determinism: the prevailing attitude that Native Americans were savages, little better than "beasts in human shape."

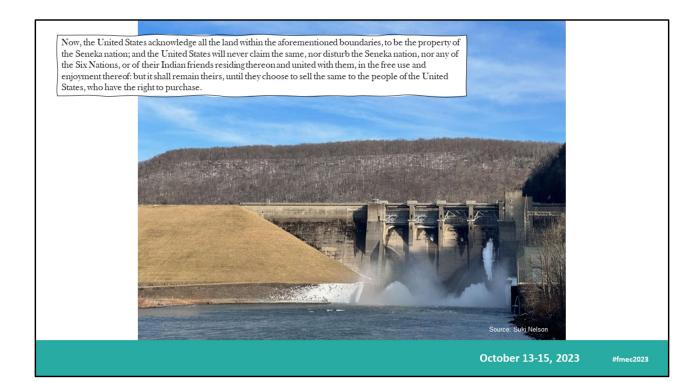


Image: Suki Nelson

Smithsonian. National Museum of the American Indian. Treaty of Canadaigua, 1794. Accessed September 28, 2023. https://americanindian.si.edu/nationtonation/treaty-of-canandaigua.html

Diaz-Gonzalez M. The complicated history of the Kinzua dam and how it changed life for the Seneca people. Environmental Health News. Accessed September 28, 2023. https://www.ehn.org/seneca-nation-kinzua-dam-2644943791.html

The only self-governing Native American community in Pennsylvania after the Revolutionary War was a small group of Senecas in the northwestern part of the state—living on a reservation established by the Treaty of Canandaigua.

In the 1950s, Congress approved a plan to build a dam on the Allegheny River. The resulting reservoir flooded 10,000 acres of Seneca land. Nine communities were lost; 600 Seneca people were displaced from their homes; and thousands of graves were relocated. There are no longer federally recognized Native American lands in Pennsylvania.



Image: Cumberland County Historical Society: Carlisle Indian School History. Available http://carlisleindian.historicalsociety.com/images/. Creative Commons 4.0 International License

Carlisle Indian School Project. Accessed September 28, 2023. https://carlisleindianschoolproject.com/

In Pennsylvania, the Carlisle Indian School was founded with the purpose of forcing Native American children to assimilate to White Christian culture. These are before and after photographs taken by the school to highlight successful assimilation—in this case of Souix children.

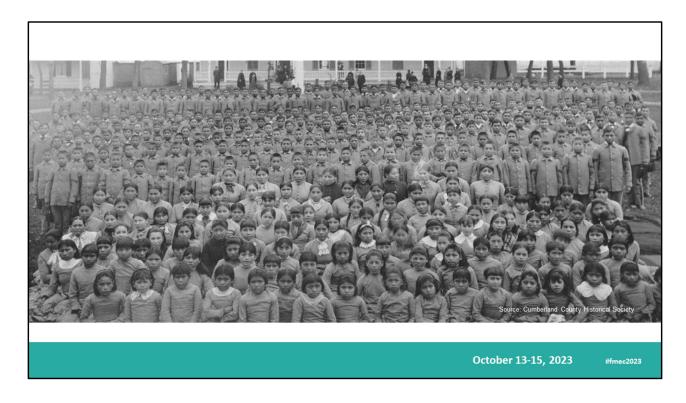


Image: Cumberland County Historical Society: Carlisle Indian School History. Available http://carlisleindian.historicalsociety.com/images/. Creative Commons 4.0 International License

Carlisle Indian School Project. Accessed September 28, 2023. https://carlisleindianschoolproject.com/

Over its four decades of operation, thousands of children were taken to the school from more than 140 tribes across the country.



Image: Council of Three Rivers American Indian Center Inc

United States Census Bureau. Accessed September 28, 2023. https://www.census.gov/

Council of Three Rivers American Indian Center. Accessed September 28, 2023. https://www.cotraic.org/

As of the 2020 census, 195,000 Pennsylvanians identified as Native American [alone or in combination with other racial groups].

One example of a local Native American organization is The Council of Three Rivers American Indian Center, which describes its mission as "to promote the socioeconomic development of the Native American community and others who experience similar types of economic difficulties in the Greater Pittsburgh metropolitan area."

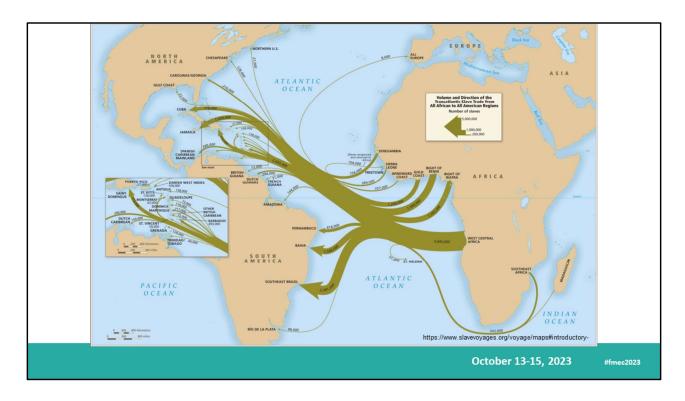


Image: https://www.slavevoyages.org/voyage/maps#introductory-

Schick JH. Slavery in Pennsylvania. Friends Journal. Accessed September 28, 2023. https://www.friendsjournal.org/slavery-in-pennsylvania/

Senator John Heinz History Center. From slavery to freedom. Accessed September 28, 2023. https://www.heinzhistorycenter.org/fromslaverytofreedom/index.html

Hundreds of thousands of Africans were brought to North America through the trans-Atlantic slave trade. While slavery is often remembered as a southern institution, Pennsylvanians participated in the slave trade, and even some Quakers were slave owners. Philadelphia was one of the ports for disembarkation of enslaved Africans.

Just as with the east coast of North America, the west coast of Africa was inhabited many distinct language and cultural groups. Those orchestrating the slave trade made efforts to mix ethnic groups and strip the cultural identities of those who were enslaved. This was a means of stripping the Africans of their humanity and ability to organize.

"It is unknown to our medical authorities, although its diagnostic symptom, the absconding from service, is well known to our planters and overseers... The cause in the most of cases, that induces the negro to run away from service, is as much a disease of the mind as any other species of mental alienation, and much more curable... With the advantages of proper medical advice, strictly followed, this troublesome practice that many negroes have of running away, can be almost entirely prevented..."

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WGBH. Diseases and peculiarities of the negro race. Africans in America. Accessed September 28, 2023. https://www.pbs.org/wgbh/aia/part4/4h3106t.html

The false premise of biological determinism was used to justify treating Native Americans, Africans, and African Americans as less than human. One southern physician (Samuel Cartwright) went so far as to invent a medical condition called drapetomania.

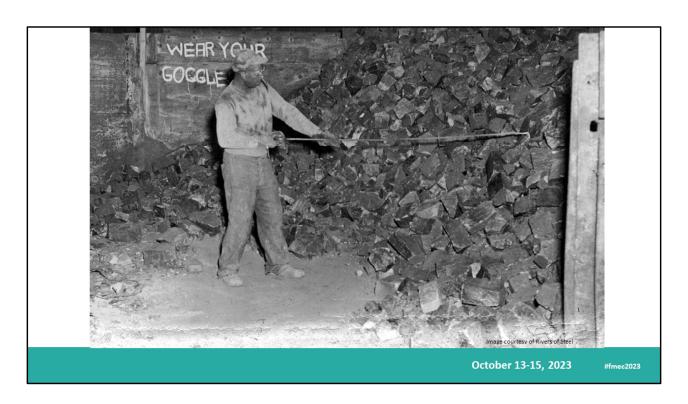


Image: Courtesy of Rivers of Steel

Henderson R. John Hughey and the legacy of Black workers at the Carrie Furnaces: A segregated workplace and a segregated city. Rivers of Steel. Accessed September 28, 2023. https://riversofsteel.com/black-workers-at-carrie/

WQED Pittsburgh. Jim Crow Pennsylvania. Accessed September 28, 2023. https://www.youtube.com/watch?v=-nbGUCDdS88

Following the Civil War, the 13th amendment ended the institution of slavery, "except as a punishment for crime." During the period of reconstruction, there was a growth in the African American middle and business classes. Through a combination of the draw of jobs and social mobility, and the pressures of rising White terrorism in the South, there was a large influx of African Americans to Pittsburgh and other northern cities referred to as the Great Migration.

The 1896 Supreme Court Case Plessy vs Ferguson ruled racial segregation constitutional. Defacto segregation was the norm throughout the US, including Pittsburgh.

Segregation in the workplace shunted Black steelworkers to the most dangerous jobs without safety equipment afforded White steelworkers. Black workers were excluded from unions until the 1950s.

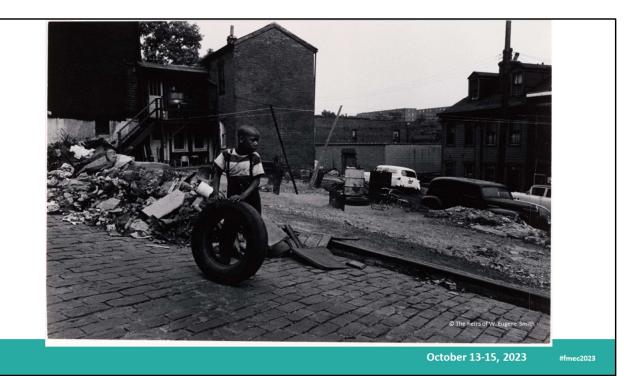


Image: 82.123.63 © The Heirs of W. Eugene Smith, W. Eugene Smith Archive

Reynolds P. In Harold CN, Nelson LP, ed. *Charlottesville 2017: The Legacy of Race and Inequity*. Charlottesville, VA: University of Virginia Press, 2018.

Levine M. Pitt in the making: Eugenics professor made a name for himself in early 1900s. University Times. University of Pittsburgh. Accessed September 28, 2023. https://www.utimes.pitt.edu/news/pitt-making-eugenics

Racial segregation was upheld by academic and medical institutions through the study of eugenics—the idea that the human race could be improved through selective breeding.

The physician historian Dr. Preston Reynolds writes about the belief of eugenicists that "blacks, because of their biological inferiority, were unable to fight off disease. Consequently... significantly higher rates of morbidity and mortality among blacks in cities throughout America ... were unrelated to their housing, neighborhoods, or work environments (which were usually horrific) but could be attributed instead to their genetic susceptibility to disease, especially syphilis and other contagious

illnesses... The 'Negro problem' was more than a political problem. Blacks, simply by living in proximity to whites, created a massive public health threat for white persons."

Eugenics was the "scientific" manifestation of the false premise of biological determinism. Eugenics was not limited to the South--the University of Pittsburgh had a eugenics program in the early 1900s.

MEDICAL EDUCATION IN THE UNITED STATES AND CANADA

A REPORT TO
THE CARNEGIE FOUNDATION
FOR THE ADVANCEMENT OF TEACHING
BY
ABRAHAM FLEXNER

"The negro must be educated not only for his sake, but for ours ... ten million of them [negroes] live in close contact with sixty million whites. Not only does the negro himself suffer from hookworm and tuberculosis; he communicates them to his white neighbors."

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Image: Public Domain.

https://upload.wikimedia.org/wikipedia/commons/thumb/7/77/Carnegie_Flexner_Report.djvu/page1-761px-Carnegie_Flexner_Report.djvu.jpg

Laws T. How should we respond to racist legacies in health professions education originating in the Flexner Report? AMA Journal of Ethics. Accessed September 28, 2023. https://journalofethics.ama-assn.org/article/how-should-we-respond-racist-legacies-health-professions-education-originating-flexner-report/2021-03

The 1910 Flexner report was commissioned by the Carnegie Foundation to improve the quality of medical education. At the time, Black medical schools had less funding and less updated equipment than White medical schools. Following the report, 5 of the Black medical schools in the US closed their doors—leaving only 2 Black medical schools in the country.

The report included a description of the role of Black physicians, "The negro must be educated not only for his sake, but for ours ... ten million of them [negroes] live in close contact with sixty million whites. Not only does the negro himself suffer from hookworm and tuberculosis; he communicates them to his white neighbors."

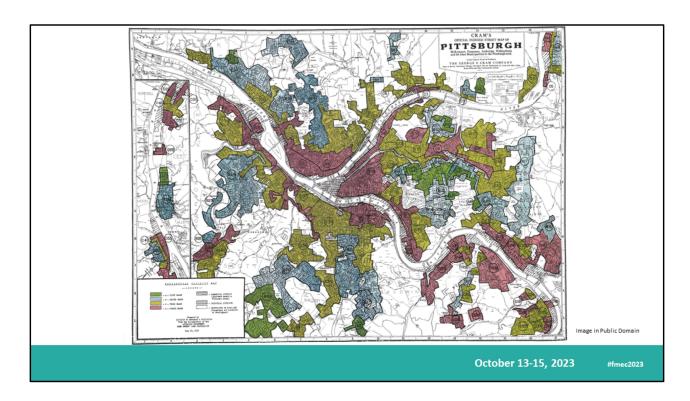


Image: Public Domain

Robert K. Nelson, LaDale Winling, Richard Marciano, Nathan Connolly, et al., "Mapping Inequality," *American Panorama*, ed. Robert K. Nelson and Edward L. Ayers. Accessed September 15, 2023. https://dsl.richmond.edu/panorama/redlining/

In the 1930s, the Home Owner's Loan Corporation assessed neighborhoods in cities across the country to assign grades A through D to indicate the desirability of a neighborhood (with A being the best and D being the worst and therefore highest financial risk). In this map of Pittsburgh form the 1930s, the most desirable or "A" neighborhoods are shaded blue, B is green, C is yellow, and D (or the least desirable) is red. These grades were used by private mortgage companies to determine whether to issue a mortgage in a given neighborhood. Factored into the grades were terrain, age of the buildings, and sales demand--but if any "negroes" were living in the neighborhood, it was assigned a D grade.

This practice of redlining, was combined with racial covenants in deeds--which prohibited the sale of property on the basis of race with language such as, "No property in this subdivision shall be sold to any person not of the Caucasian race."

Cities across the US became heavily segregated by race. African Americans were less likely to be able to buy property—and what they were able to purchase was in areas neglected by city planning. Redlining and its sequelae limited the ability of African American families in the US to acquire wealth.

The US continues to have extremely high levels of racial housing segregation. Public schools in the US are funded through property taxes. It follows that segregated neighborhoods produce segregated schools with inequitable funding.

	FORM-8 AREA DESCRIPTION 26-37
	NAME OF CITY (Sub-) Fitteburgh-Breddock SECURITY GRADE D AREA NO. 14 DESCRIPTION OF TERRAIN. Sloping up from the river
3.	FAVORABLE INFLUENCES. Near employment-very good local shopping center
4.	DETRIMENTAL INFLUENCES. Old houses, Overcrowded. Topography.
5.	INHABITANTS: a. Type Steel mill workers ; b. Estimated annual family income \$1500-3000
	c. Foreign-born Mixture-Polish 60 %; d. Negro Yes ; 30 %;
	e. Infiltration of Polish ; f. Relief families Heavy ;
	g. Population is increasing; decreasing; static.
6.	BUILDINGS: a. Type or types Singles-duplexes- ; b. Type of construction 1200-2500 ; c. Average age 40-50 yrs; d. Repair Poor some fair
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Image: Public domain

Robert K. Nelson, LaDale Winling, Richard Marciano, Nathan Connolly, et al., "Mapping Inequality," *American Panorama*, ed. Robert K. Nelson and Edward L. Ayers. Accessed September 15, 2023. https://dsl.richmond.edu/panorama/redlining/

This is an example of a 1937 HOLC neighborhood assessment from a Pittsburgh suburb called Braddock (where Dr. Johnson and Dr. Miller work).

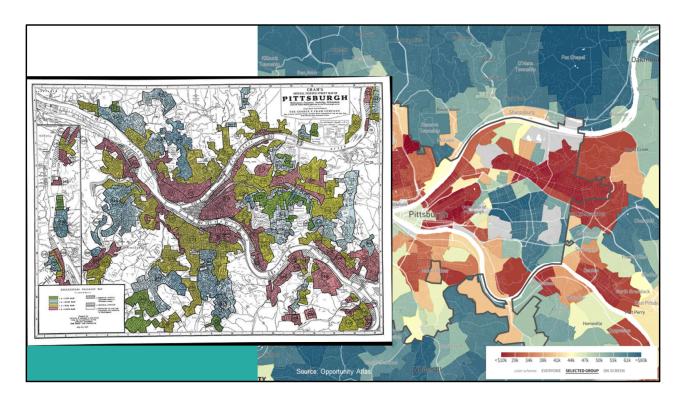


Image: www.opportunityatlas.org | Opportunity Insights and the US Census Bureau

Opportunity Atlas. Accessed September 28, 2023. https://opportunityatlas.org/

The image on the left is the Home Owner's Loan Corporation map from the 1930s. The image on the right from the Opportunity Atlas indicates median household income from 2010 tax records (<\$29k in dark red to >\$80k/year in dark blue). The median income in the traditionally redlined suburb of Braddock is \$25k/year, compared to \$73k/year in the traditionally "blue lined" suburb of Squirrel Hill.

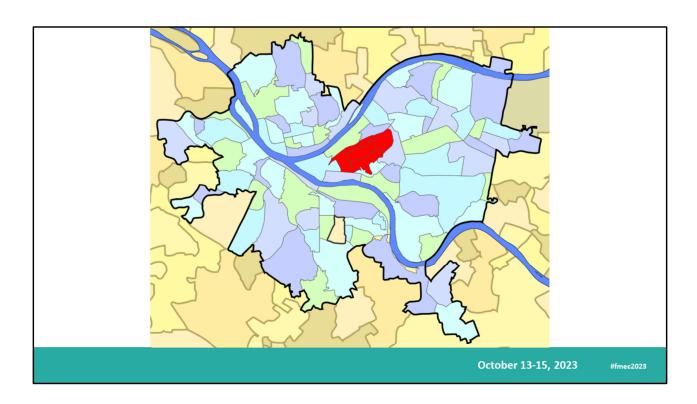


Image: T. Cadwallader Phloog from map created by User:Brighterorange - modified from File:Pgh locator middle hill.svg. No copyright. https://upload.wikimedia.org/wikipedia/commons/d/da/Pgh locator hill district.svg

Whitaker M. *The Untold Story of Smoketown: The other great black renaissance.* New York, NY: Simon and Schuster, 2018.

The Glassblock. Food systems: systemic racism and urban renewal in the Hill District. Accessed September 28, 2023. https://www.youtube.com/watch?v=9J5gkCWzgbo

Doyen KS. Representations of the lower Hill District. University of Pittsburgh Digital Scholarship Services. Accessed September 28, 2023. https://storymaps.arcgis.com/stories/c5066f95b9cb45ccb11b01135e515807

Pittsburgh's Black population increased during the Great Migration. Because of housing segregation, Black residents of Pittsburgh were concentrated in a few areas of the city, including the Hill District. Throughout the early 1900s, Hill District—pictured here in red—was the center of the African American economy in the city. Housing segregation caused the area to be predominantly Black, and segregation of businesses and services

created a market for Black entrepreneurs. The Hill was a major cultural center, going through a "second Harlem Rennaissance" in the 1930s and 40s, when the area produced a large number of jazz musicians, sports teams, and the most widely circulated Black newspaper in the country.

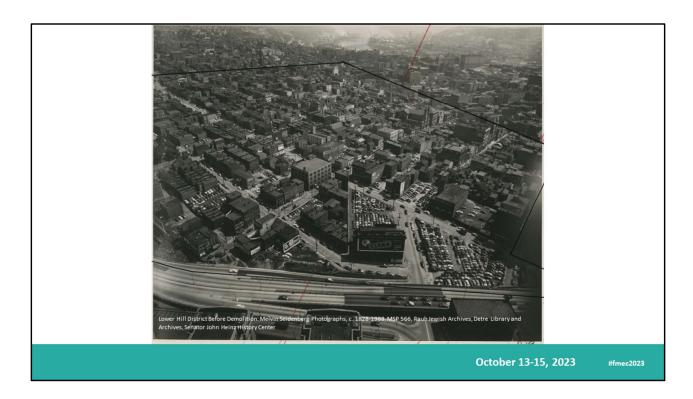


Image: Lower Hill District Before Demolition: Melvin Seidenberg Photographs, c. 1828-1988, MSP 566, Rauh Jewish Archives, Detre Library and Archives, Senator John Heinz History Center

Whitaker M. *The Untold Story of Smoketown: The other great black renaissance.* New York, NY: Simon and Schuster, 2018.

The Glassblock. Food systems: systemic racism and urban renewal in the Hill District. Accessed September 28, 2023. https://www.youtube.com/watch?v=9J5gkCWzgbo

Doyen KS. Representations of the lower Hill District. University of Pittsburgh Digital Scholarship Services. Accessed September 28, 2023. https://storymaps.arcgis.com/stories/c5066f95b9cb45ccb11b01135e515807

The practice of redlining would have prevented residents of the Hill from securing loans. Unsurprisingly, large swaths of the Hill District were found to be "blighted," and were thus subject to Urban Renewal. This photograph is of the Hill District in 1951.



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Image: Lower Hill District clearance near Completion: Allegheny Conference on Community Development Photographs, 1892-1981, MSP 285, Detre Library and Archives, Senator John Heinz History Center

Whitaker M. *The Untold Story of Smoketown: The other great black renaissance.* New York, NY: Simon and Schuster, 2018.

The Glassblock. Food systems: systemic racism and urban renewal in the Hill District. Accessed September 28, 2023. https://www.youtube.com/watch?v=9J5gkCWzgbo

Doyen KS. Representations of the lower Hill District. University of Pittsburgh Digital Scholarship Services. Accessed September 28, 2023. https://storymaps.arcgis.com/stories/c5066f95b9cb45ccb11b01135e515807

This photograph is from the same area of the Hill District in 1957. In the 1950s, the City of Pittsburgh relocated 1500 Black families, which constituted 8,000 people, from the Hill to public housing. In the process, 1300 buildings were destroyed and 400 Black business were lost. In their place, the city build the Civic Arena and highways.

As with redlining, urban renewal had the effect of disrupting the ability of African American families to acquire wealth and convey that wealth to descendants. This is one of many examples of urban renewal in Pittsburgh.

The legacy of racism is that Black Americans were seen as subhuman, a threat to Whites, and less deserving of equal rights of citizenship.

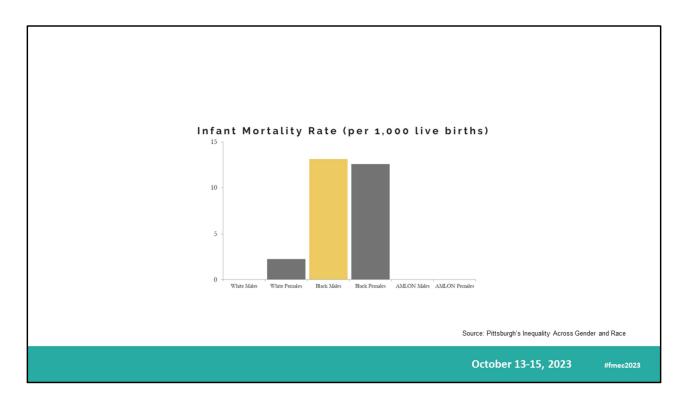


Image: Pittsburgh's Inequality Across Gender and Race

If race does not have a true biological basis, why do racial health disparities exist?

Hopefully by now it is clear that the answer is racism. Health disparities between racial groups in the US are the biological consequences of racism. There is not a genetic reason why Black children are more likely to die as infants. Inequities brought about through racism create racial health disparities.

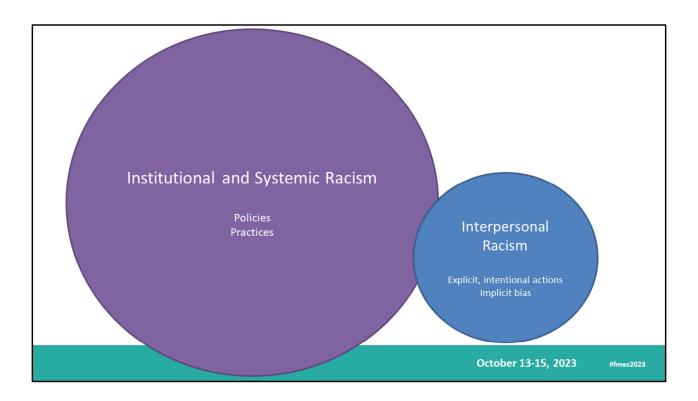


In observing racial health disparities, it is possible to falsely propose genetic differences between races as the cause of disparities. Like the eugenicists of several decades ago, we continue to make this mistake in health care.

The spirometer is a device used to calculate lung function, which aids in the diagnosis of many lung conditions including emphysema and asthma. Take a close look at the screen of this spirometer; what do you see? If race is a social construct, why is it being used on a spirometer?

Can you think of other places where the false premise of biological determinism shows up in medicine?

What we really mean when we are trying to describe a person's risk of a genetic disease like sickle cell disease, for example, is ancestry—a person's genetic and geographic lineage which is based on biology and disease incidence, as opposed to race which is a social construct that bears no true relation to genetics.



Jones CP. Levels of racism: A theoretical framework and a gardener's tale. American Journal of Public Health. 2000; 90(8):1212-1215.

The term "racism" is often defined narrowly as inter-personal discrimination. This narrow definition can cause defensiveness whenever the term "racism" is used. Camara Jones proposed a broader and more nuanced definition of racism.

Much of this presentation focused on systemic and institutional racism.

We all carry implicit bias because it is a product of how our brains are wired to create shortcuts to interpret the world; without this ability we would cease to function. Being aware of our own implicit bias can help us act mindfully in ways that promote equity rather than inequity. To become aware of your own implicit bias, consider checking out Project Implicit through Harvard: https://www.projectimplicit.net/



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Tatum BD. Why are all the black kids sitting together in the cafeteria? And other conversations about race. 20th ed. New York, NY: Basic Books, 2017.

The psychologist and educator Beverly Daniel Tatum writes, "I sometimes visualize the ongoing cycle of racism as a moving walkway at the airport. Active racist behavior is equivalent to walking fast on the conveyor belt...Passive racist behavior is equivalent to standing still on the walkway. No overt effort is being made, but the conveyor belt moves the bystanders along to the same destination as those who are actively walking. Some of the bystanders may feel the motion of the conveyor belt, see the active racists ahead of them, and choose to turn around...But unless they are walking actively in the opposite direction at a speed faster than the conveyor belt – unless they are actively antiracist – they will find themselves carried along with the others."

The social construct of race was used by White people to gain and hold on to power, and that resulted in health disparities between races--and the false conclusion that those disparities are based in genetics rather than racism. Racism is anything that increases the disparity between racial groups, whether intentional or not

Just like race, other factors have been used to marginalize folks: gender, religion, sexual orientation, cultural group etc.

What do we do about this as health care professionals?

Advocacy & Activism

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Advocacy = helping someone navigate a system Activism = changing the system

What are ways that you can [or do] act like an advocate or activist?

- · What struck you most today?
- How might your inner response to today's workshop be shaped by your positionality? How might people who hold identities different from yours have experienced the workshop? How do you know?
- What was most meaningful for you as a family physician?
 Why?
- What would you want to further investigate, ponder, or explore?

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Adapted from Teaching Race at UVA Faculty Development Seminar, 2018.

Questions for written self-reflection.

End of Simulation



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Simulation over!

IV.B.1.b).(1).(a).(vii) apply the biopsychosocial model of health to patients, specifically to assess behavioral, community, environmental, socioeconomic, and family influences on the health of patients, and integrate those with biomedical influences, appropriately acknowledging racial categories as social constructs as opposed to biologically distinct determinants of health; (Core) Specialty-Specific Background and Intent: Family physicians simultaneously attend to the biological, psychological, and social dimension of illness. This includes the competence necessary to address racial and ethnic health disparities experienced by their patients. Family physicians should understand that race is a social construct, that racism is a fundamental cause of health inequities, health disparities and disease, and the sources of these disparities include differences in geography, lack of access to adequate health coverage, communication difficulties between patient and clinician, cultural barriers, clinician stereotyping, and lack of access to care. An example of this maybe understanding that common skin cancers present differently across the spectrum of skin types. Competence would include knowledge that racial and ethnic minority groups experience higher rates of illness and death across a wide range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease; that Black, indigenous, and other people of color experience inequitable access to health care services; and that race-based care guidelines are not biologically based. Family Medicine ©2023 Accreditation Council for Graduate Medical Education (ACGME) Page 26 of 63 October 13-15, 2023

ACGME Program requirements for Graduate Medical Education in Family Medicine include "appropriately acknowledging racial categories as social constructs as opposed to biologically distinct determinants of health"



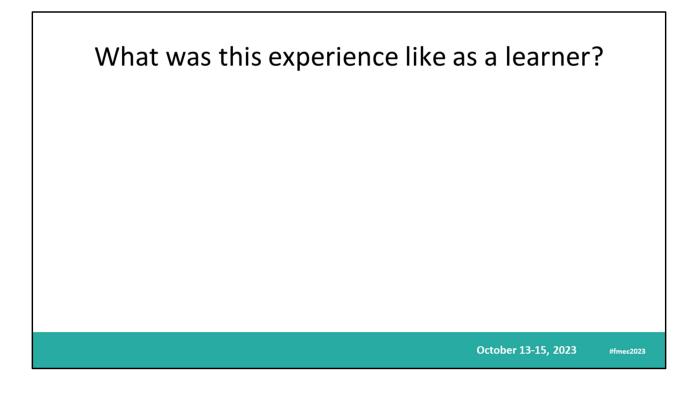
Image: Kristina Johnson

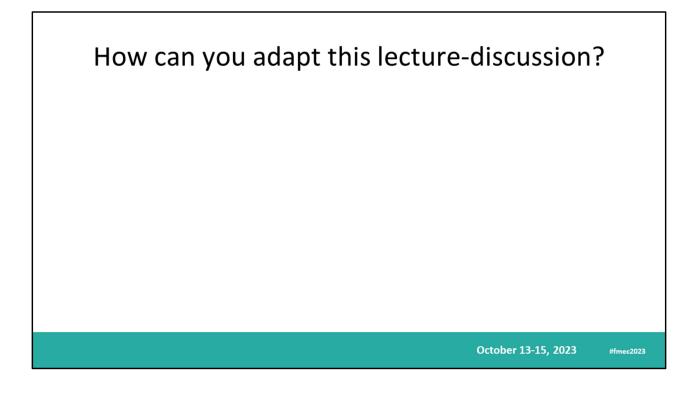
Freire P. Pedagogy of the Oppressed. 50th ed. New York, NY: Bloomsbury Publishing Inc, 2018.

The goal of a critical pedagogy is to raise critical consciousness: an ability to see the social forces that create and sustain social hierarchies, the role of the learner within those hierarchies, and how this shapes the learner's interactions with patients and colleagues.

Today's presentation made use of cognitive disequilibrium—information that does not fit with our existing view of the world, thus forcing a change in how we view the world. In this case, racial health disparities exist—but race is a social construct without a biological basis—so the common assumption that racial health disparities can be explained by genetics is called into question.

This lecture-discussion is only the beginning!





Summary

- Local racial health disparities
- · Origin of the social construct of race
- · Local impact of racism through history
- · Definitions of racism
- · Discuss examples of advocacy and activism
- · Reflect
- Debrief

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The structure of the simulated lecture-discussion.

Broader curricular learning objectives (to be built upon after this introductory lecture-discussion):

Race is a social construct

- Race vs ancestry
- Racism generates health disparities
- False premise of biologic determinism
- Conceptual models of racism

Implicit bias

- Inextricably human trait
- Exploration of own bias
- Advocacy: steps to mitigate impact of implicit bias

Microaggressions

- An extension of implicit bias
- We all do it
- Appreciate the impact on the target
- Recognize microaggressions
- Responding after:

- Witnessing (allyship)
- Committing
- Receiving

Advocacy

- First-person language
- Correct use of pronouns
- Use of language interpreter
- Racial Impact Assessment

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Questions?

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