

A Moment of Racial Reckoning? How Pediatricians Can Be Part of a Movement, Not a Moment

Monique Jindal MD

@DrMoJindal





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- Completed internal medicine & pediatrics residency and chief residency at University of Cincinnati / Cincinnati Children's Medical Center 2013-2018
 - Completing a General Academic Fellowship with Masters in Public Health at Johns Hopkins 2018-2021
 - Received the Academic Pediatric Association's Young Investigator Award in 2018 to study the impact of a curriculum addressing racism
 - Faculty Position at University of Illinois Chicago starting in July 2021

Disclosures

- I have no financial disclosures

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- I am a daughter of immigrant parents.
- I was born and raised in a racialized society (the United States).
- My mother was an elementary school teacher in a predominantly Black neighborhood.
- I grew up in a predominantly white neighborhood.
- I ADORE my patients.
- I am capable of being racist.

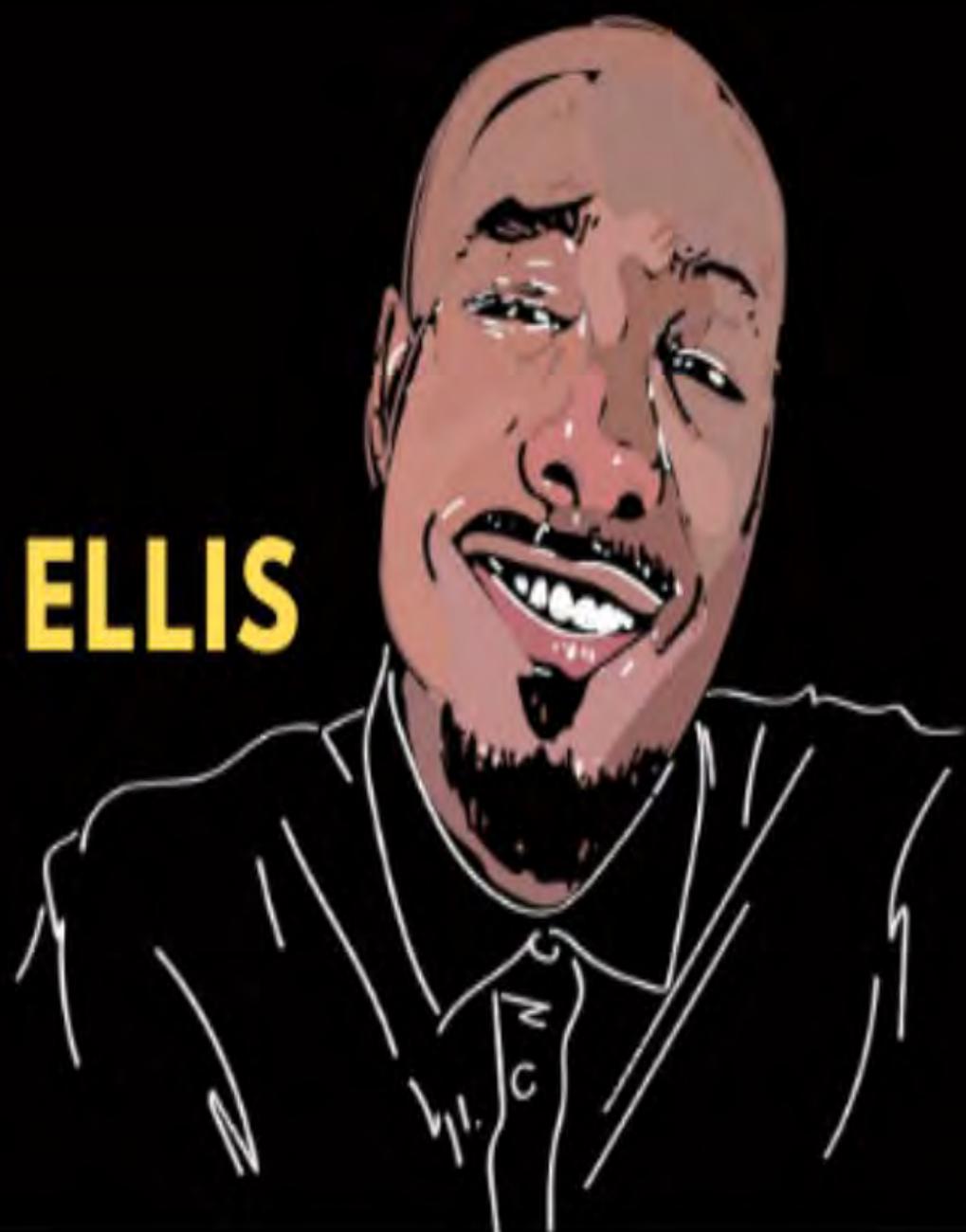
Learning Objectives

- Recognize your/your institution's potential role in perpetuating racism and reflect on where you lie as an individual on the anti-racism continuum.
- Understand that race is a social construct, not a biological one.
- Apply a simple framework for addressing racism in the clinical setting.
- Recommend at least two potential strategies to mitigating the detrimental impact of racism within healthcare.

It's been a year.



#JUSTICE FOR MANUEL ELLIS







JUSTICE FOR TONY MCDADE

accountability for tallahassee police department now!

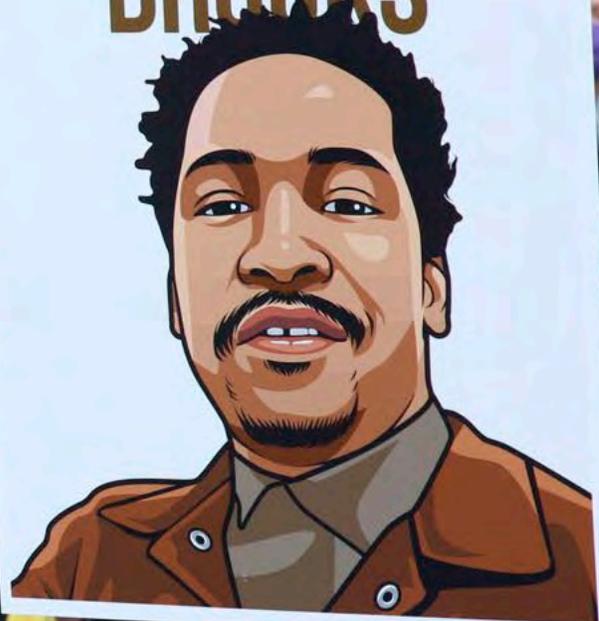


WHITE
SILENCE
↓
VIOLENCE

END
21ST
CENTURY
LYNCHING

BLACK LIVES
MATTER ALWAYS
Love Another

JUSTICE FOR
RAYSHARD
BROOKS









ALI WE MUST I
OURSELF
MURDE
BY THE
AMERIC
GESTOI

THERE
G
AL

POLICE
BRUTALITY
MUST
GO

NOT

RACIST,

BUT...

ANTI-RACIST



#WHITECOATS FOR BLACK LIVES



**ACADEMIC
PEDIATRIC
ASSOCIATION**

Tulane's first Black woman program director was dismissed. It's sparking a national outcry.

Princess Dennar had filed a lawsuit against Tulane, alleging discrimination, months before her dismissal



JAMA

@JAMA_current

No physician is racist, so how can there be structural racism in health care? An explanation of the idea by doctors for doctors in this user-friendly podcast from the great [@DrKatzNYCHH](#) and [@ehIJAMA!](#)
ja.ma/3pG4wne



**Structural Racism for Doctors
– What Is It?**

edhub.ama-assn.org



Jane Mount

**CHANGE
STARTS
WITH**

YOU



#WHITECOATS FOR BLACK LIVES

What is Race?

- A socially constructed system that divides people into groups based on physical characteristics
- Race has been historically used to divide, rank and control populations
- No scientific or biologic basis for racial categories
- ~95% of physical variation lies within racial groups



A · M · E · R · I · C · A · N
A N T H R O P O L O G I C A L
A S S O C I A T I O N



BREATHING
RACE INTO
THE
MACHINE



*The Surprising Career of the Spirometer
from Plantation to Genetics*

LUNDY BRAUN

to be best in any
point of view.

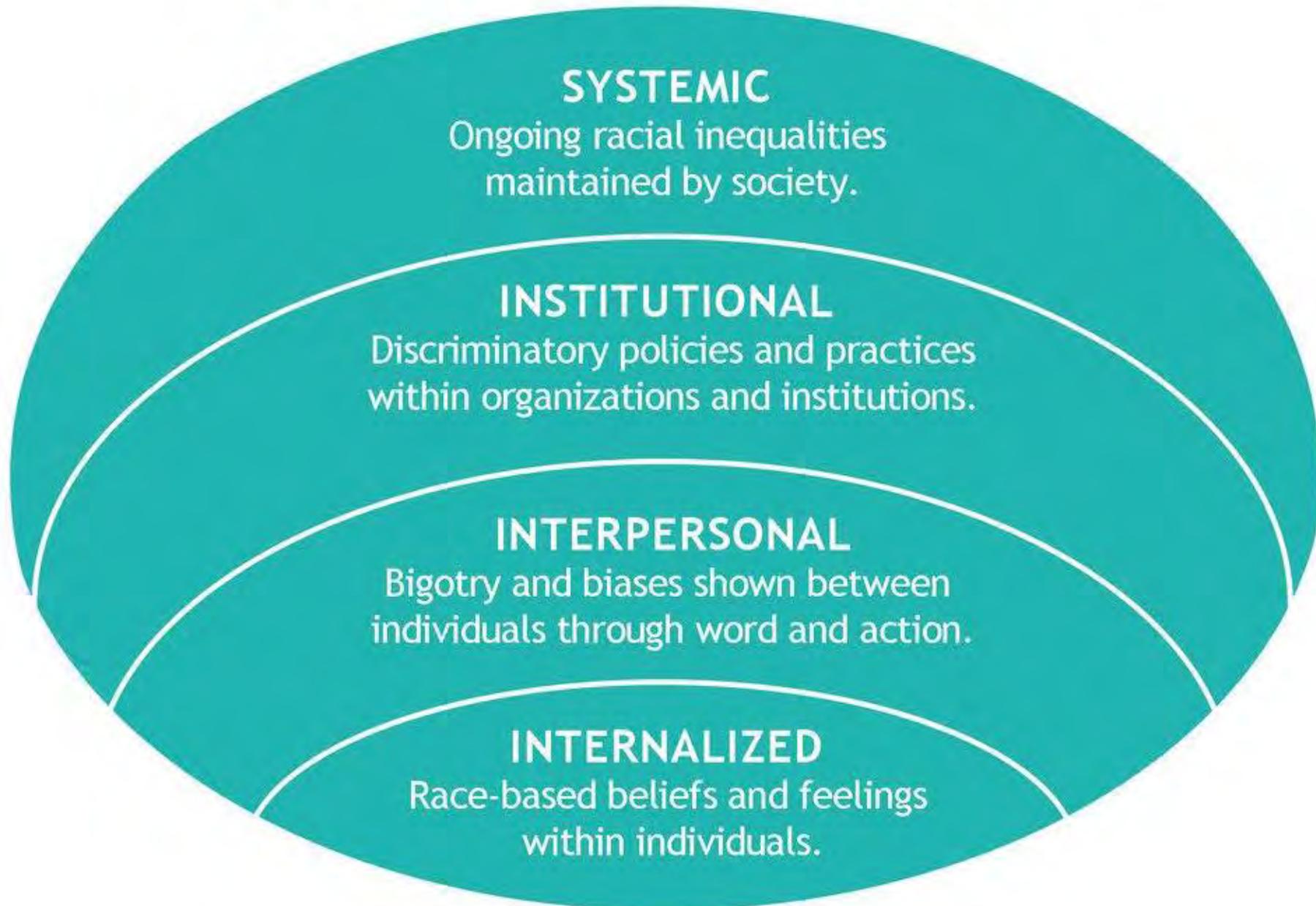
Racism [

unfair treatment
different race fro
better than othe
what is thou

Racism is a 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.

~ Dr. Camara Jones

LEVELS ON WHICH RACISM EXISTS



Implicit or unconscious bias is a form of interpersonal racism.

Close Your Eyes

So, what is going on here?

Rock

Paper

Dog

Pencil

Cat

Smile

Hat

Winner

Table

Phone

Car

Heart

Green

Blue

Purple

Red

Black

Yellow

Purple

Green

Red

Black

Yellow

Blue

Our brain makes associations without us realizing...



FEMALE

Caring
Warm
Delicate
Family

MALE



Strong
Powerful
Decisive
Accomplished

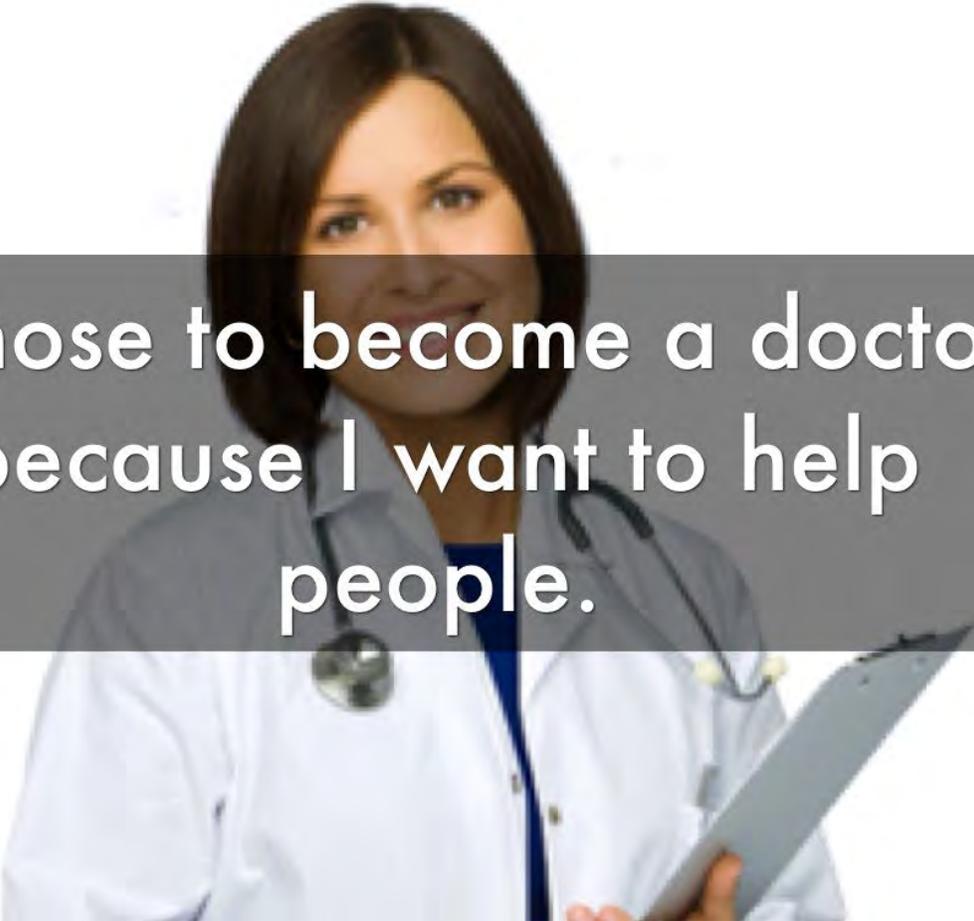
Who is poor? Who is most likely to adhere to a treatment plan?



Is it possible we also make associations with race?



IN ONLY A MATTER OF SECONDS...



I chose to become a doctor
because I want to help
people.

Implicit Bias among Physicians and its Prediction of Thrombolysis Decisions for Black and White Patients

Alexander R. Green, MD, MPH¹, Dana R. Carney, PhD², Daniel J. Pallin, MD, MPH³, Long H. Ngo, PhD⁴, Kristal L. Raymond, MPH⁵, Lisa I. Iezzoni, MD, MSc⁶, and Mahzarin R. Banaji, PhD²

- Clinical vignette + photo of patient
 - 50 year old male presenting to ED with chest pain and ECG suggestive of AMI. Primary angioplasty is not an option + no CI to thrombolysis.
 - Rate likelihood that pain was 2/2 CAD
 - Yes/No to thrombolysis + strength of this recommendation
 - Explicit bias questions – preference, level of cooperativeness
 - Implicit bias questions – Race preference, Race cooperativeness, Race Medical Cooperativeness

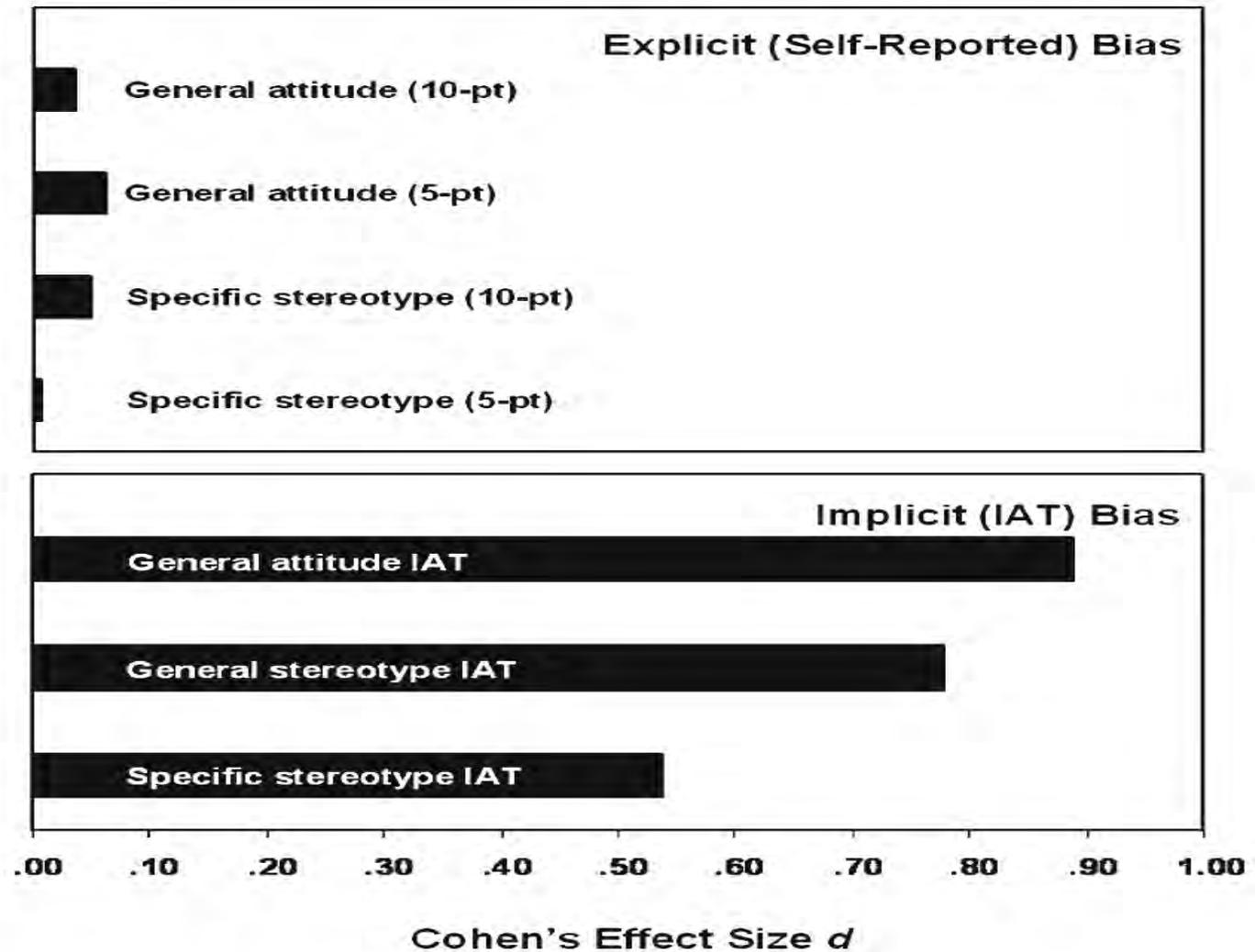
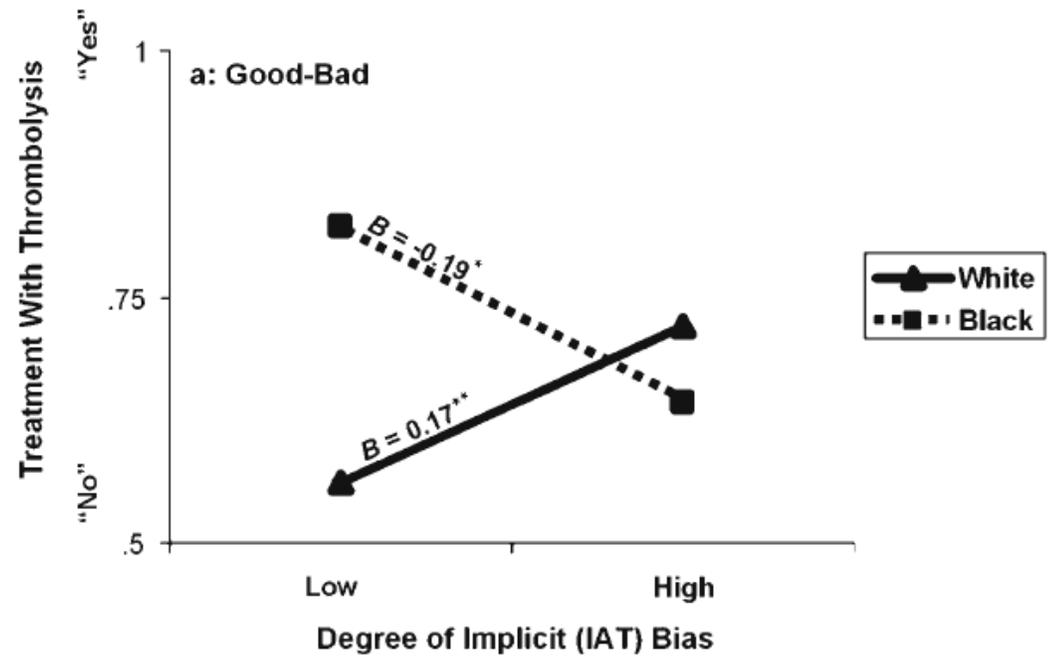
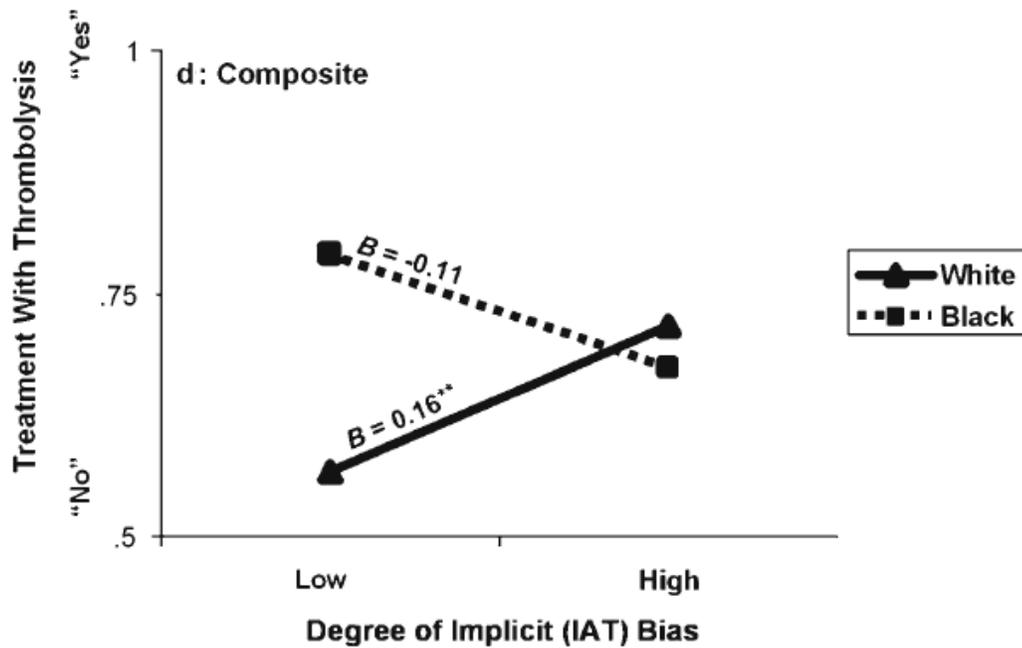


Figure 2. Magnitude of physicians' explicit (self-reported) and implicit (Implicit Association Test) race bias on a standardized scale—Cohen's effect size d



Implicit Bias Predicts Thrombolysis Decisions

NIH: The Association between Perceived Provider Discrimination, Health Care Utilization, and Health Status in Racial and Ethnic Minorities

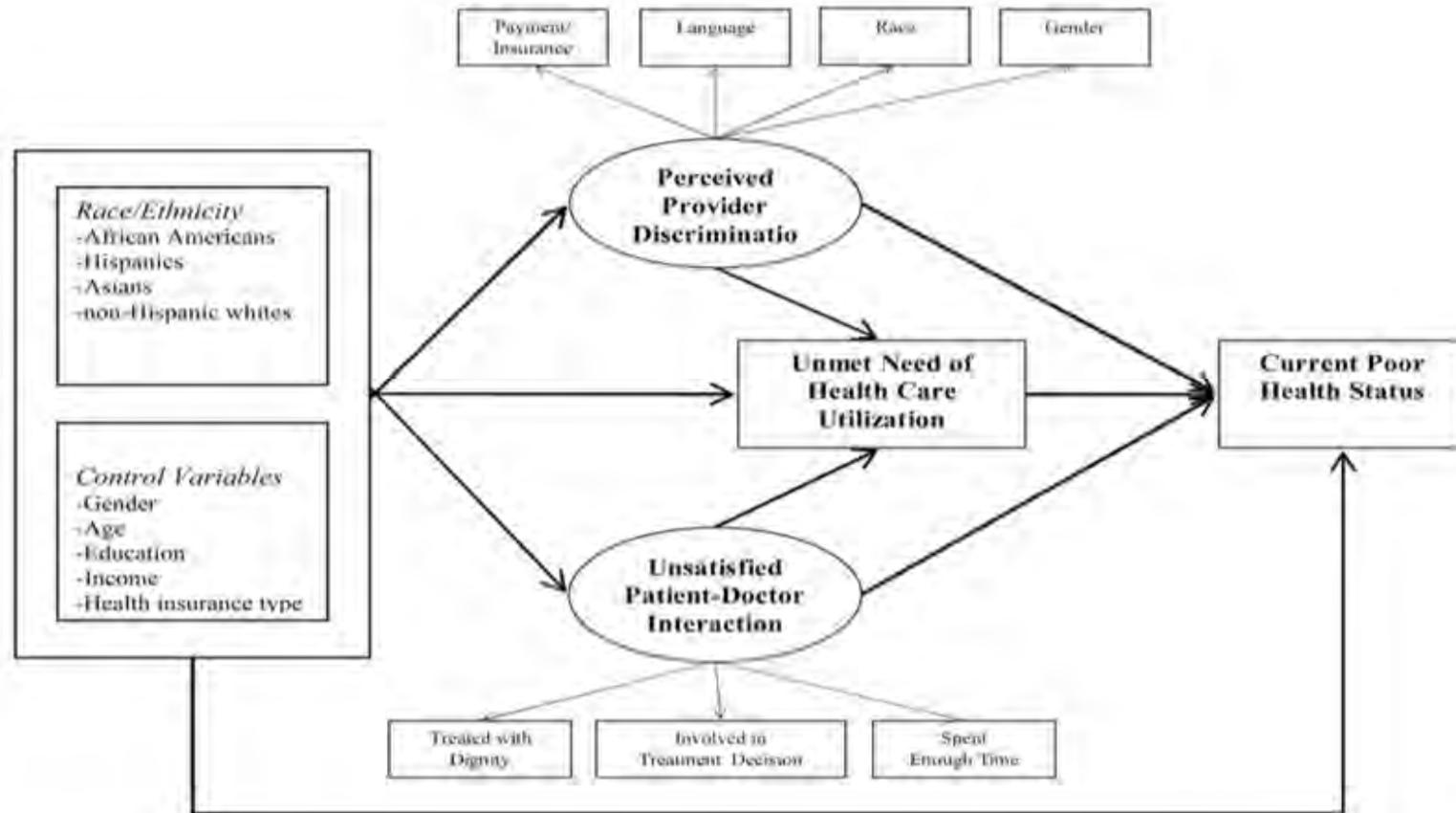


Figure 1. Theoretical model of provider discrimination, unsatisfying interaction with a doctor, and current poor health through unmet need of health service utilization.

What if you went to the doctor and felt like there was no way he/she could understand your reality? Would you return?

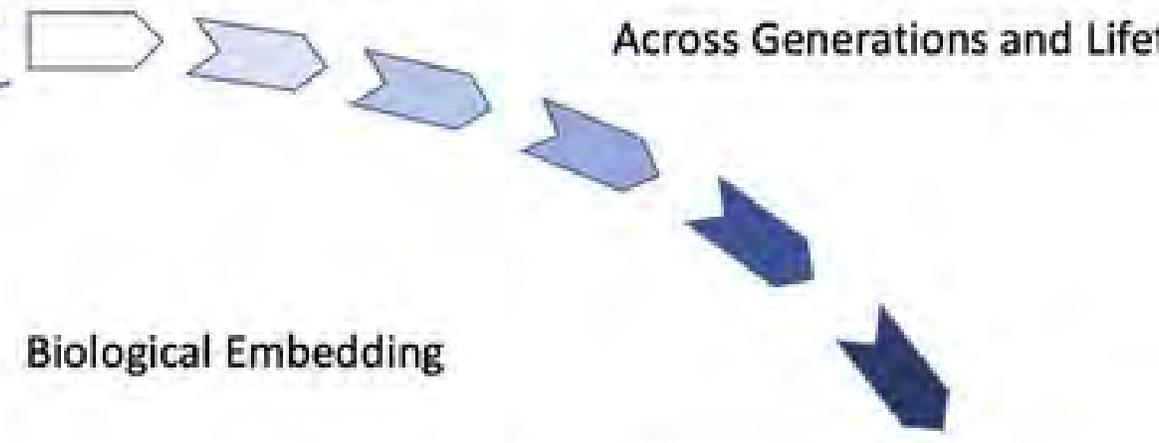
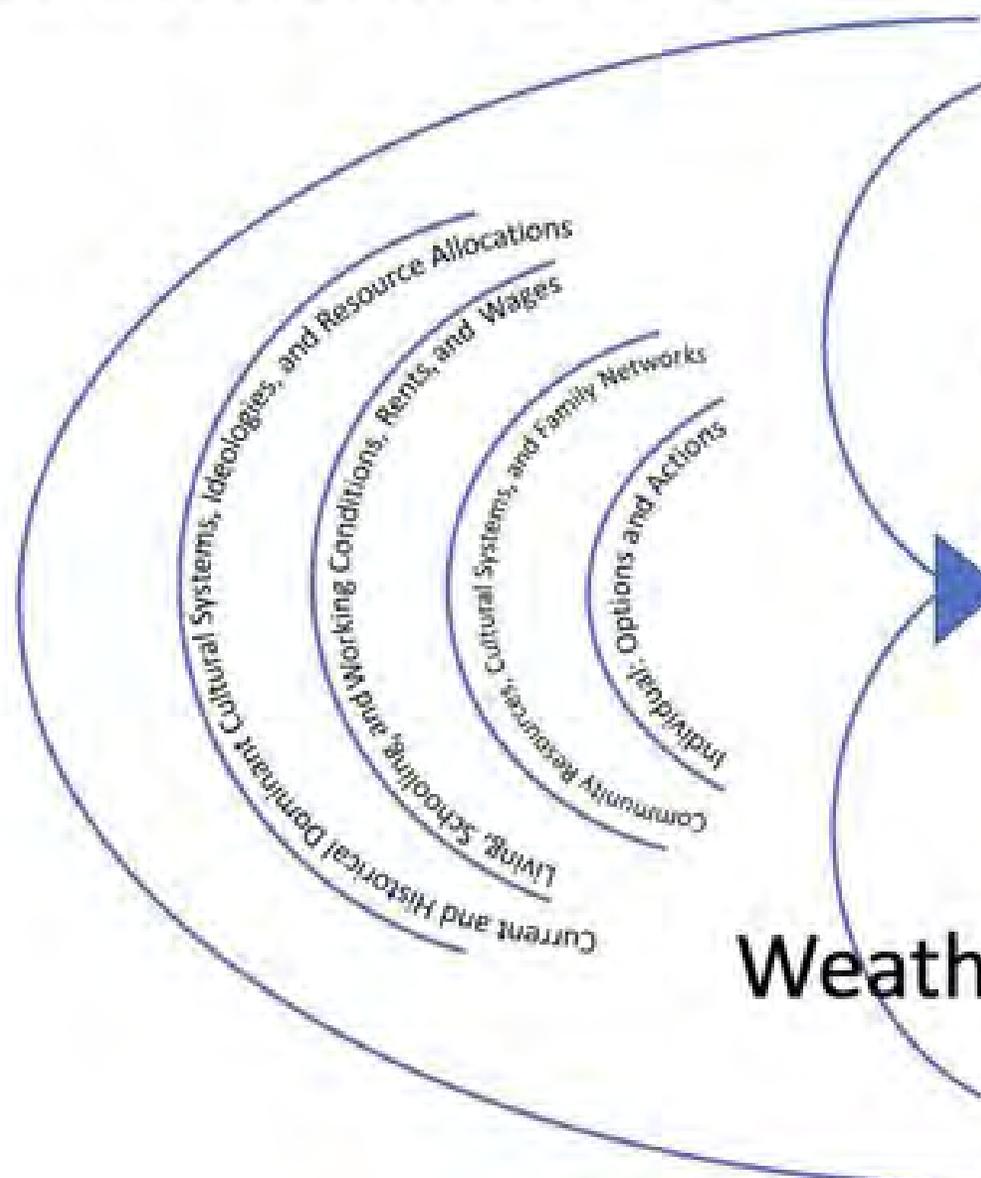
- Black patients perceived physicians who had more implicit bias as less warm and friendly in their encounter
- When a physician has greater implicit bias, black patients feel
 - less respected by the physician,
 - like the physician less, and
 - have less confidence in the physician

Systemic Inequality

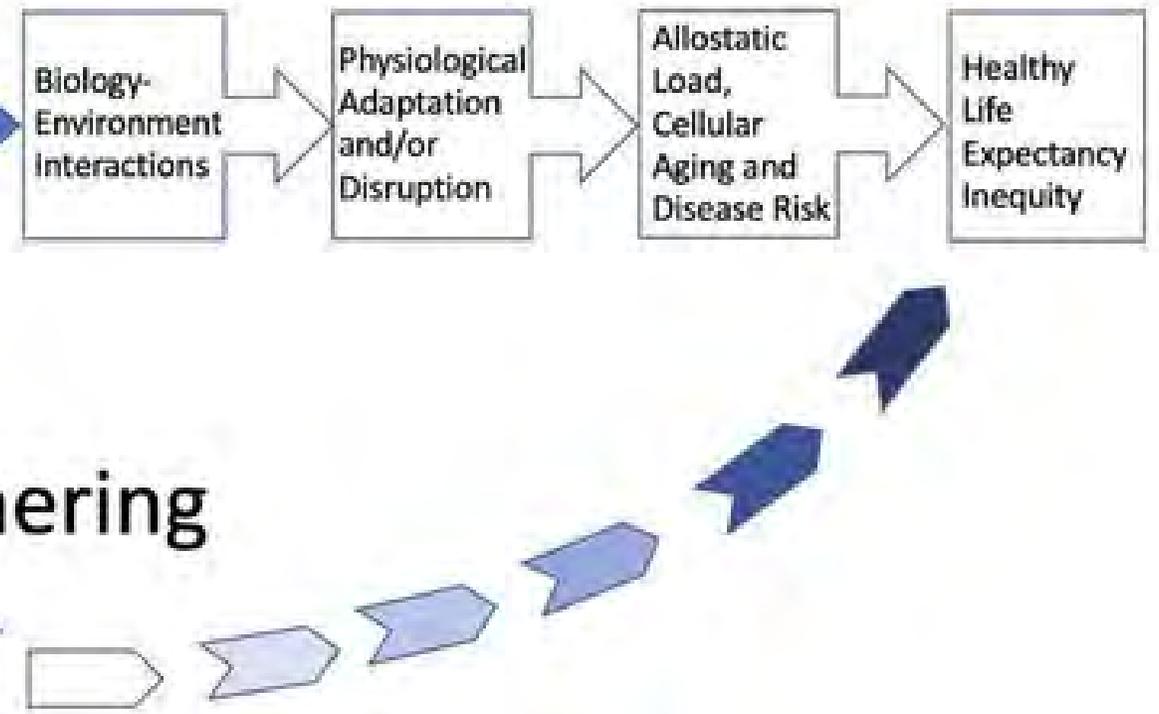
Structural Influences

Cumulative Effects over Time

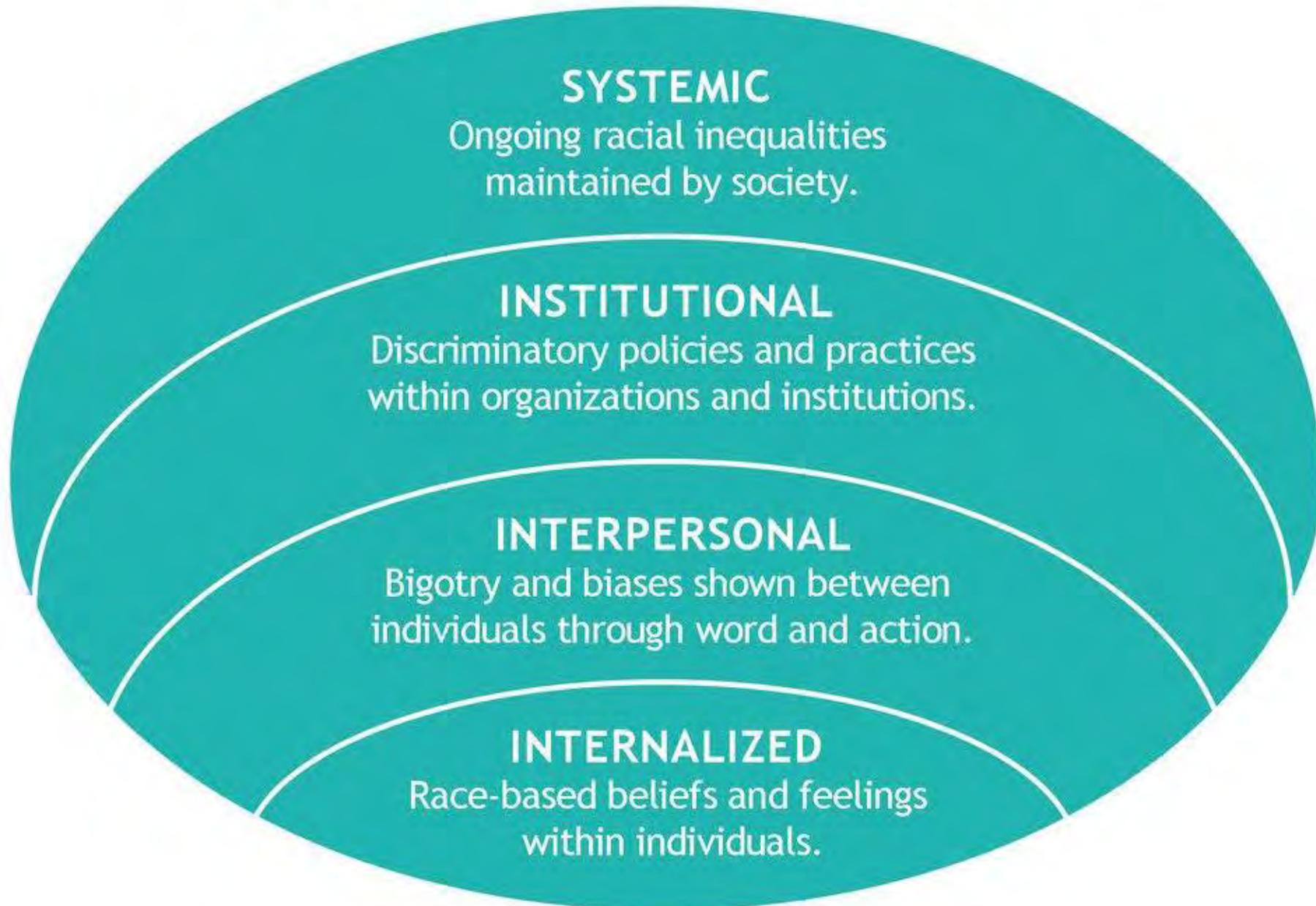
Across Generations and Lifetimes

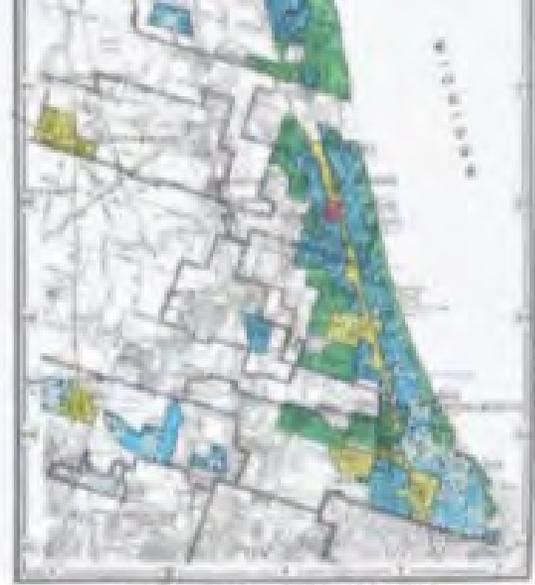
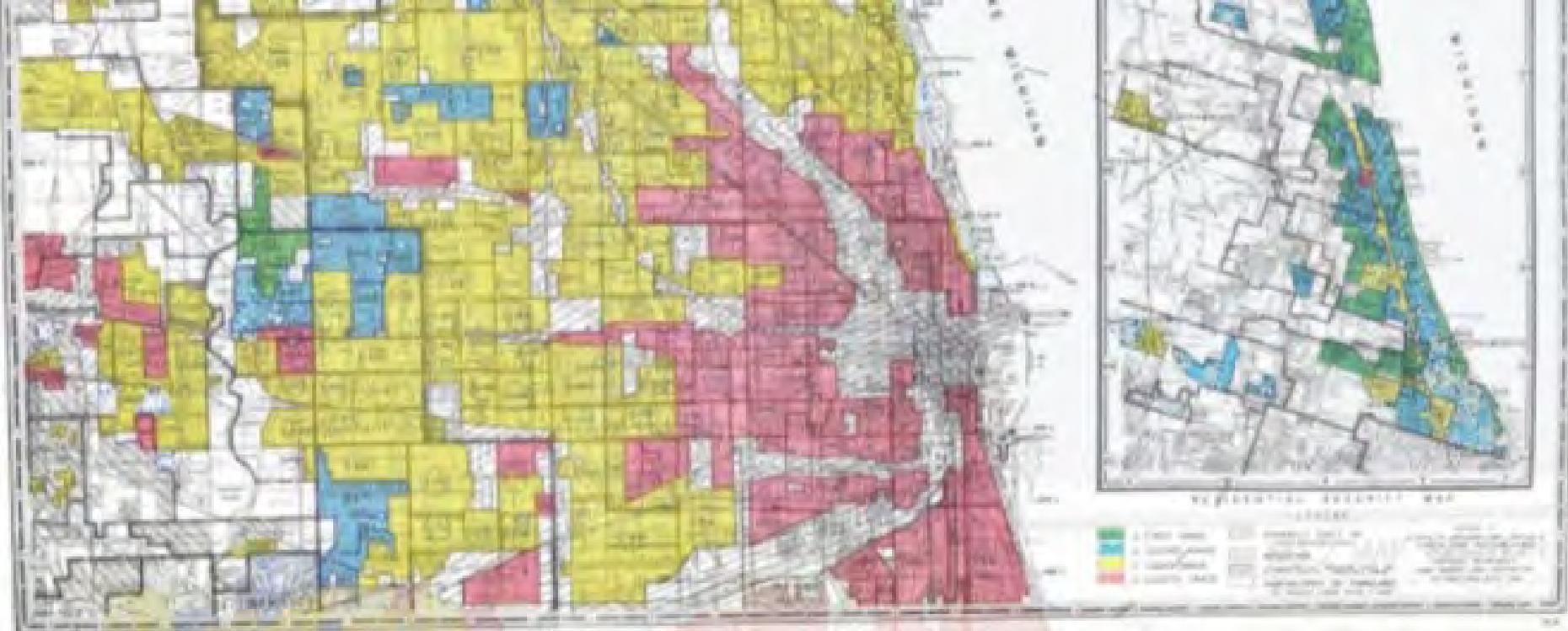
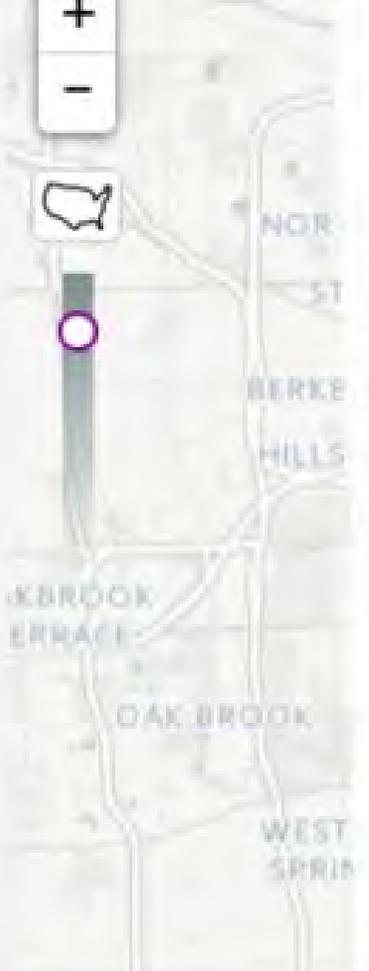


Weathering

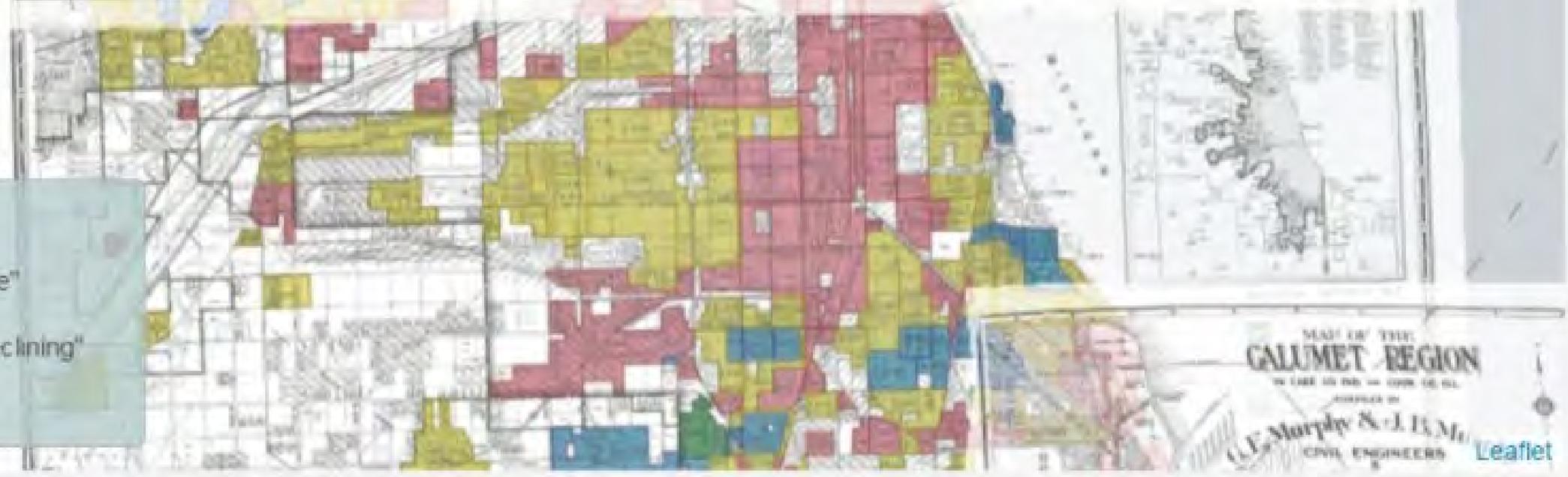


LEVELS ON WHICH RACISM EXISTS

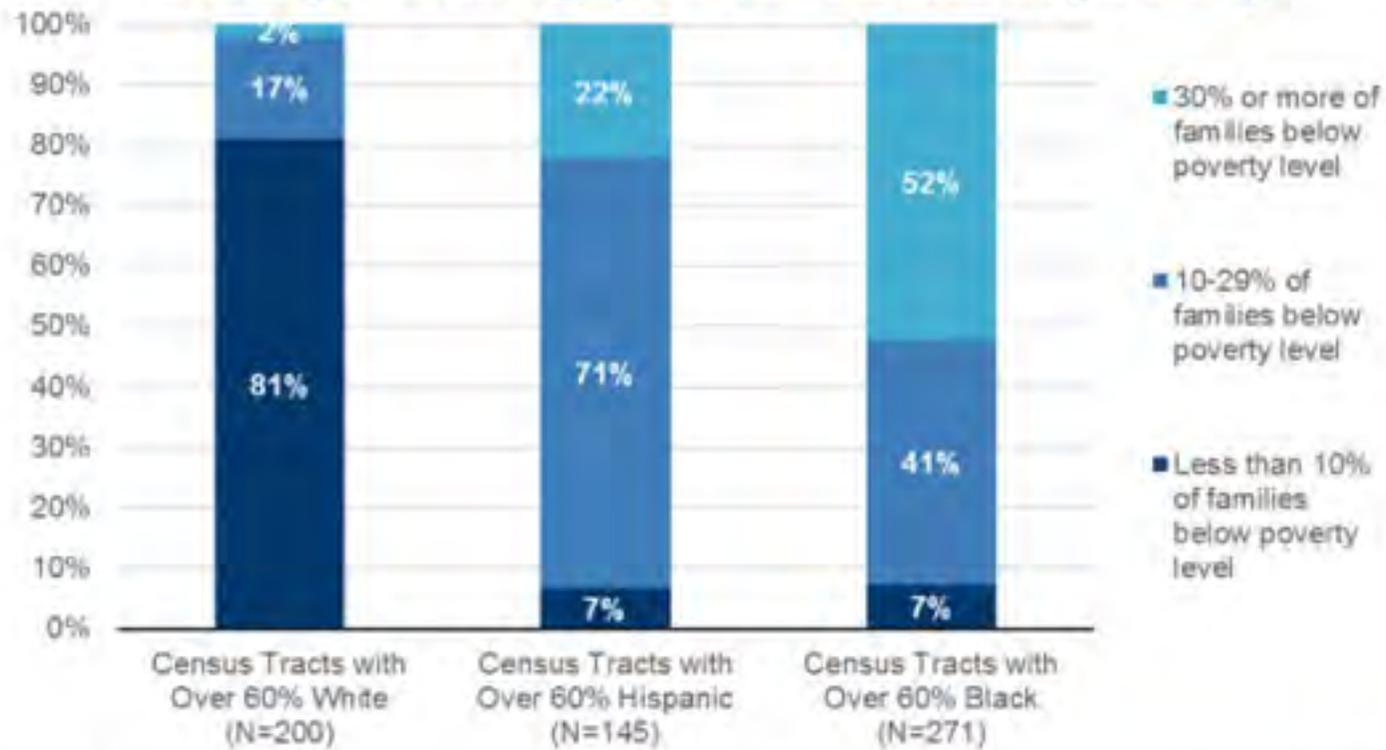




- A "Best"
- B "Still Desirable"
- C "Definitely Declining"
- D "Hazardous"



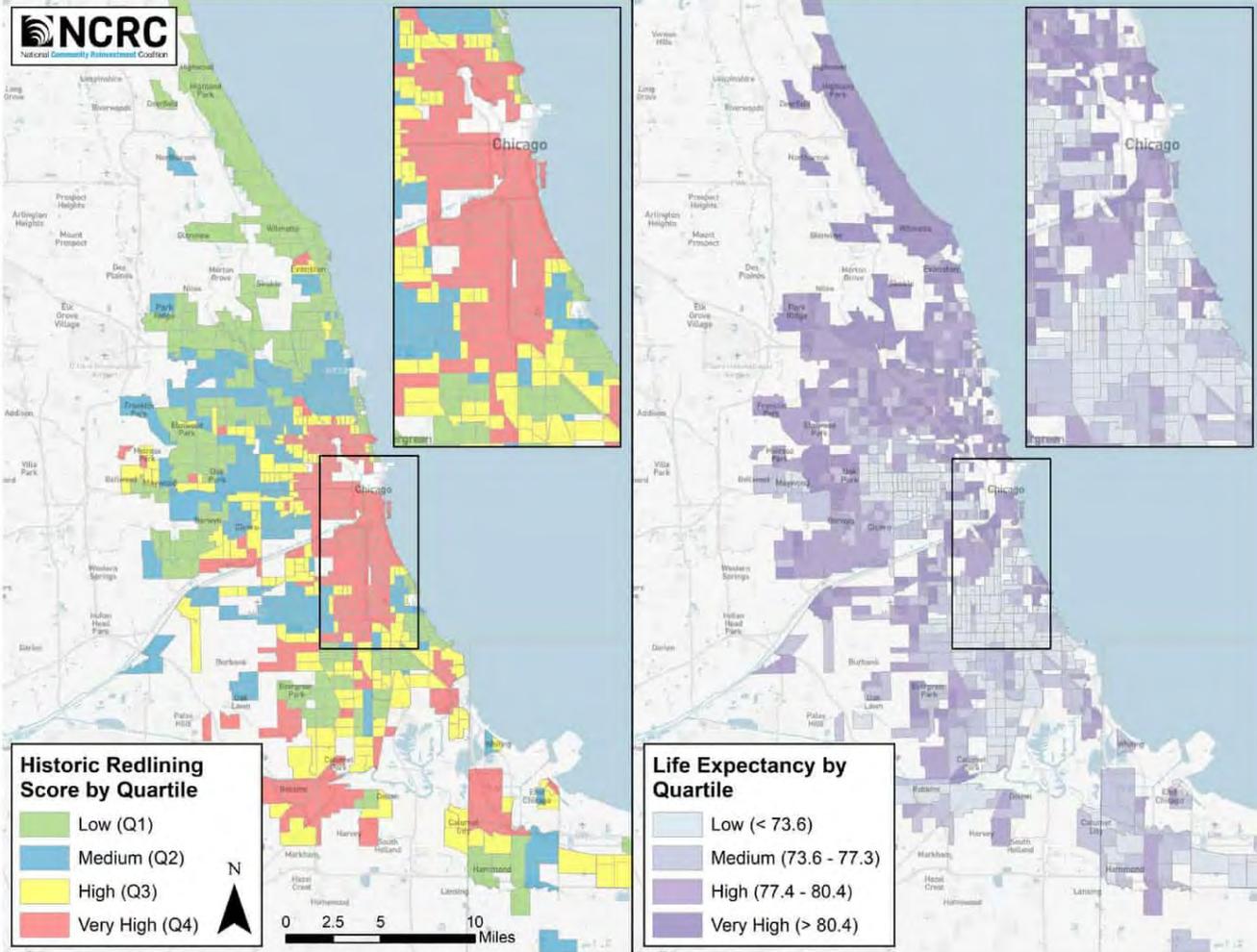
Chicago's race gap in concentrated poverty



Source: American Community Survey, 2009-2013. Unit of analysis: census tract.

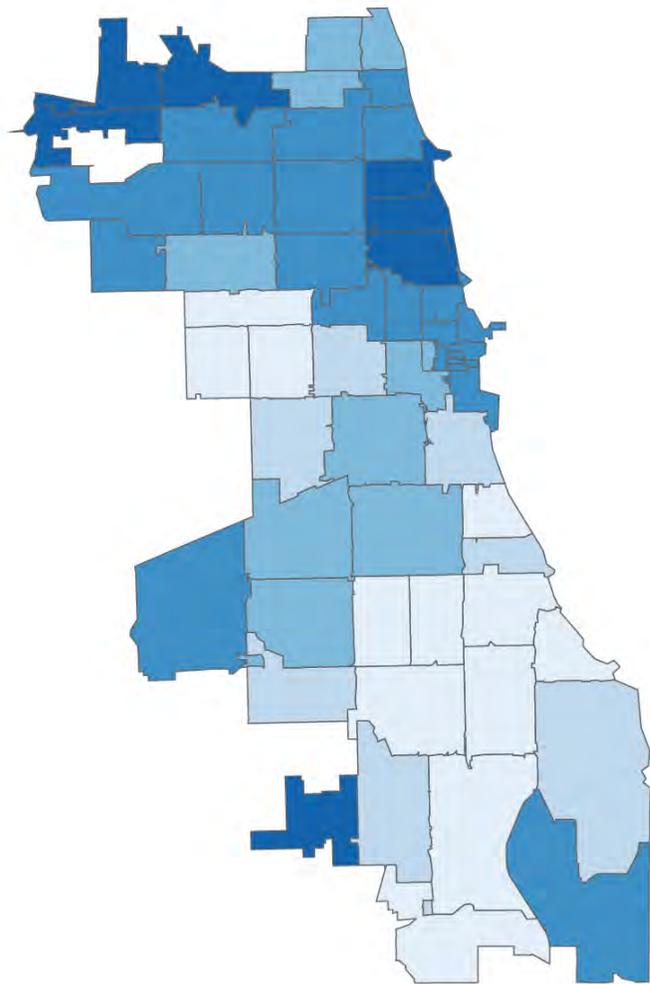
BROOKINGS

Chicago, IL: Life Expectancy in Relation to Redlined Areas

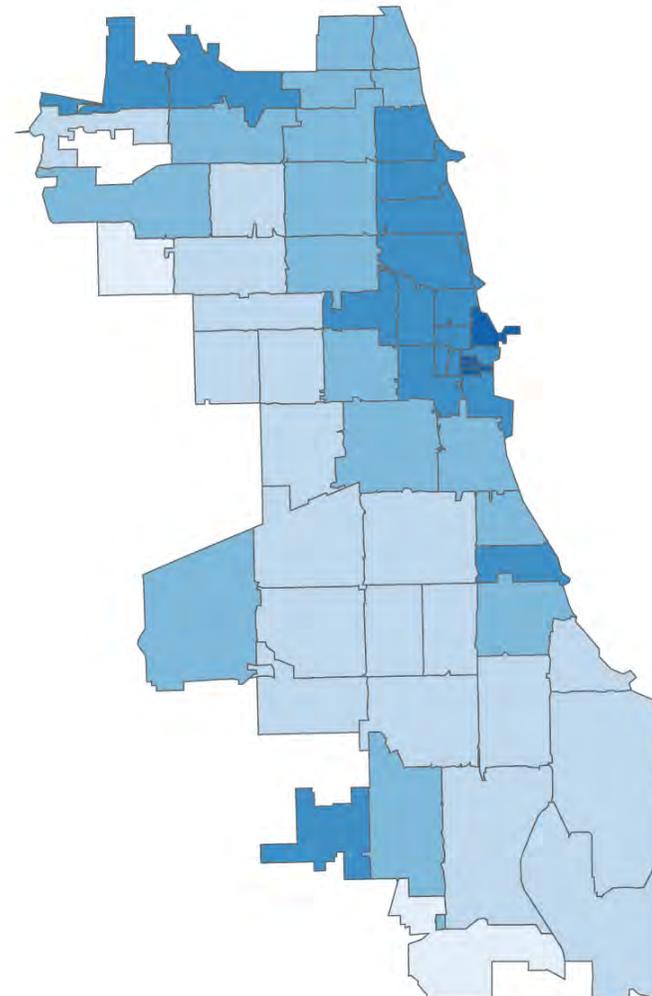


A-5a & 5b: Chicago, IL historical redlining score derived from HOLC map, and life expectancy at birth (2010-2015) by quartile.

Percent of population that is white



Percent of population that has received first dose

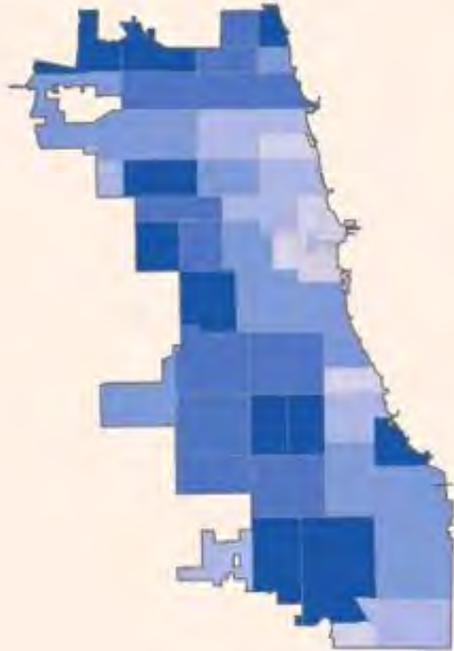


Chicago's South and West sides lag behind in vaccination rates despite being disproportionately affected by the virus

Zip codes in Chicago

Covid-19 deaths are concentrated in the city's South and West sides ...

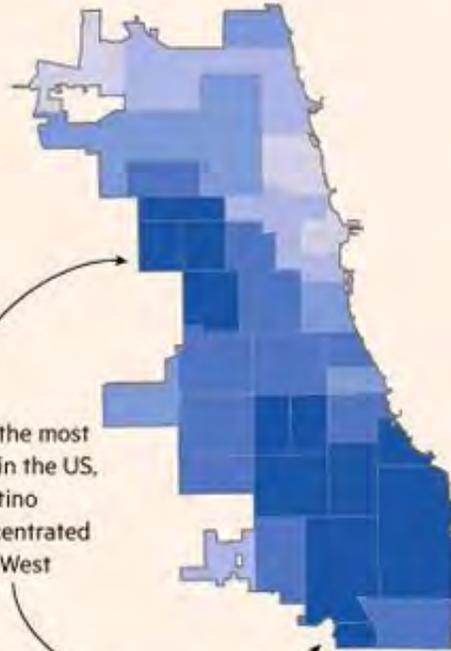
Mortality rate (per 100k residents)



Bottom 20% <79 deaths per 100k
Top 20% 223+ deaths per 100k

... which are predominantly black and Latino

Population that is black or Latino (%)



Chicago is one of the most segregated cities in the US, with black and Latino communities concentrated on the South and West sides

Bottom 20% <15% black or Latino
Top 20% 92%+ black or Latino

Yet these neighbourhoods have some of the lowest vaccination rates ...

First dose (%)

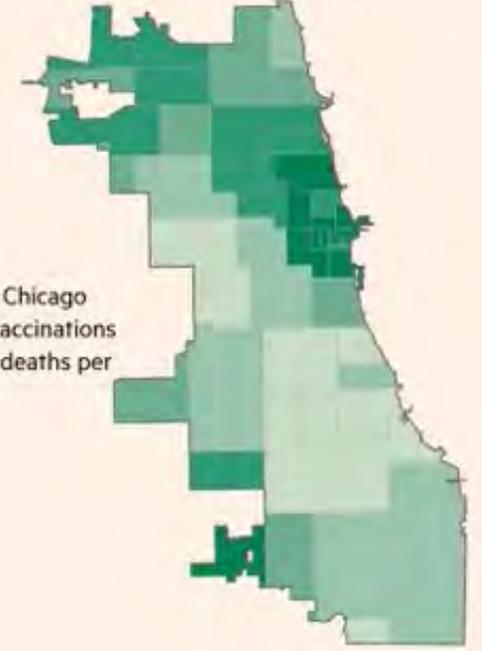


These areas are being vaccinated at a slower rate while experiencing higher death rates

Bottom 20% <6.8% vaccinated with a first dose
Top 20% 14.3%+ vaccinated with a first dose

... as first doses continue to go to the wealthier North Side and downtown areas

Median household income (\$000s)



Wealthy downtown Chicago has enjoyed rapid vaccinations while enduring few deaths per capita

Bottom 20% <\$38.6k
Top 20% \$102k+

RESEARCH ARTICLE

HEALTH AFFAIRS > VOL. 33, NO. 11: COLLABORATING FOR COMMUNITY HEALTH

Housing Code Violation Density Associated With Emergency Department And Hospital Use By Children With Asthma

Andrew F. Beck, Bin Huang, Raj Chundur, and Robert S. Kahn



Home

Articles

Authors

Subscripti

Home » American Journal of Public Health (AJPH) » December 2004

Very Low Birthweight in African American Infants: The Role of Maternal Exposure to Interpersonal Racial Discrimination

James W. Collins, Jr MD, MPH, Richard J. David MD, Arden Handler DrPH, Stephen Wall MD, and Steven Andes PhD

PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

ELECTRONIC ARTICLES

Cultural Competence Policies and Other Predictors of Asthma Care Quality for Medicaid-Insured Children

Tracy A. Lieu, Jonathan A. Finkelstein, Paula Lozano, Angela M. Capra, Felicia W. Chi, Nancy Jensvold, Charles P. Quesenberry and Harold J. Farber

Pediatrics July 2004; 114 (1) E102-E110; DOI: <https://doi.org/10.1542/peds.114.1.e102>

DEPRESSION

ANXIETY

SELF ESTEEM

ANGER

CONDUCT DISORDER

ALCOHOL USE

TOBACCO USE

DRUG USE

PREMATURE DELIVERY

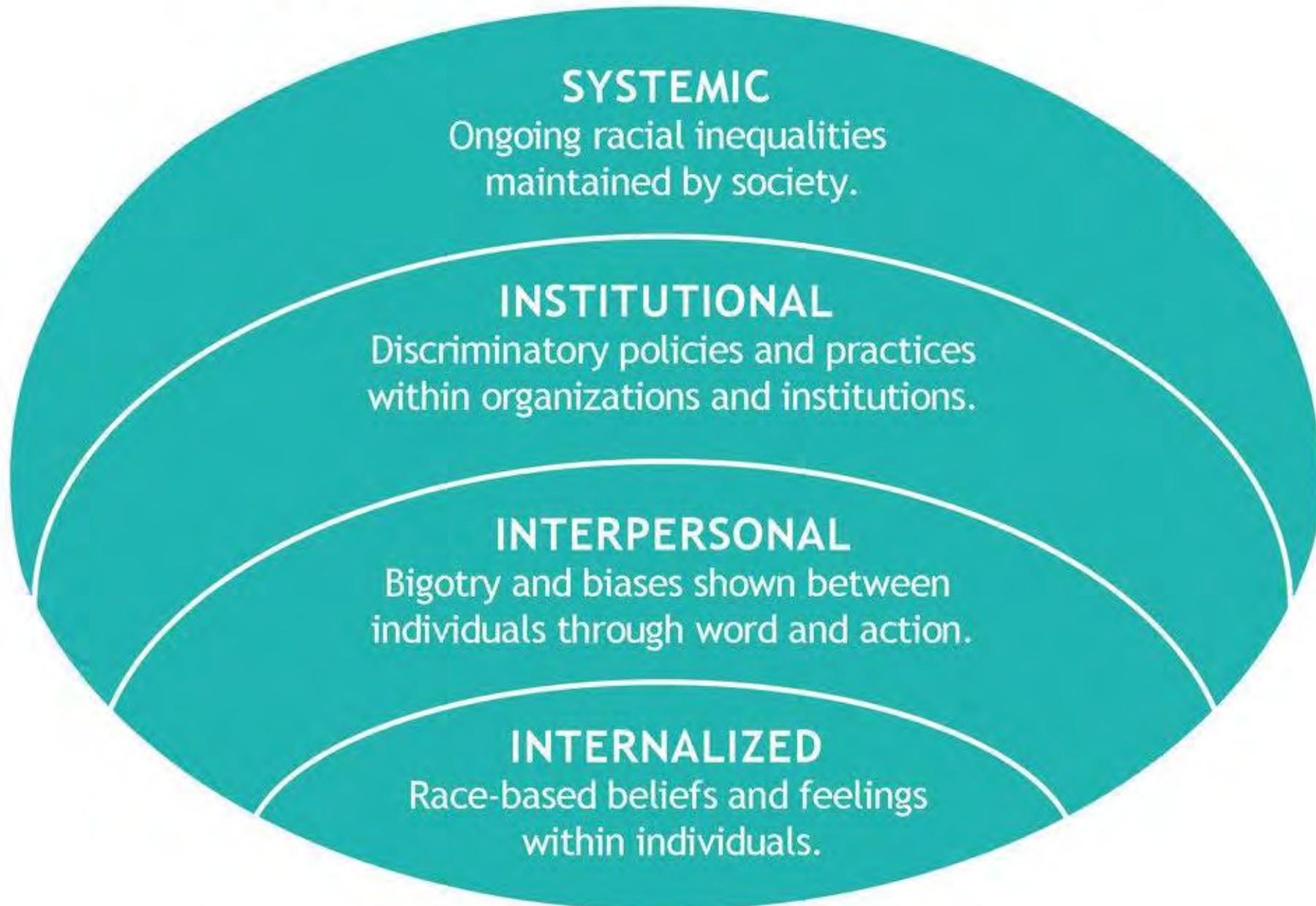
LOW BIRTH WEIGHT

LOW SATISFACTION OF CARE

Exposure to police
is a critical
determinant of
health.



LEVELS ON WHICH RACISM EXISTS





Racial Identity Development

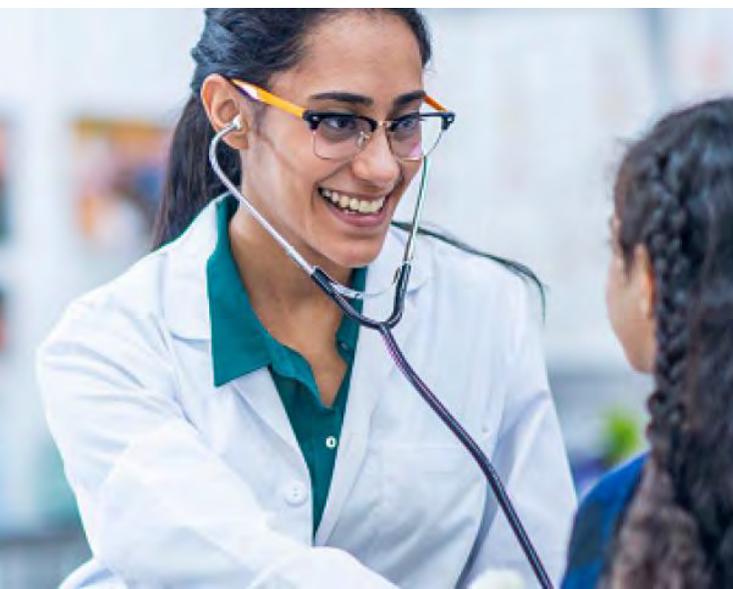
- **As early as 3 months**, a baby's brain can notice race-based differences.
- **By age 3**, children can express explicit forms of racial bias.
- **By age 5**, children of color are conscious of existing stereotypes of their group.
- **By age 8**, children are aware of social norms and begin to develop implicit forms of bias.
- **By age 12**, many children become set in their beliefs.

Racial Ethnic Socialization (RES)



Verbal and non-verbal messages children receive about the existence of racism and the meaning of race

- Personal identity
- Group identity
- Intergroup / interindividual relationships
- Position in social hierarchy



- 60% of white parents of kindergarten aged children have never talked to their child about race
- 70% of white mothers report using a colorblind approach



MARGARET A. HAGERMAN

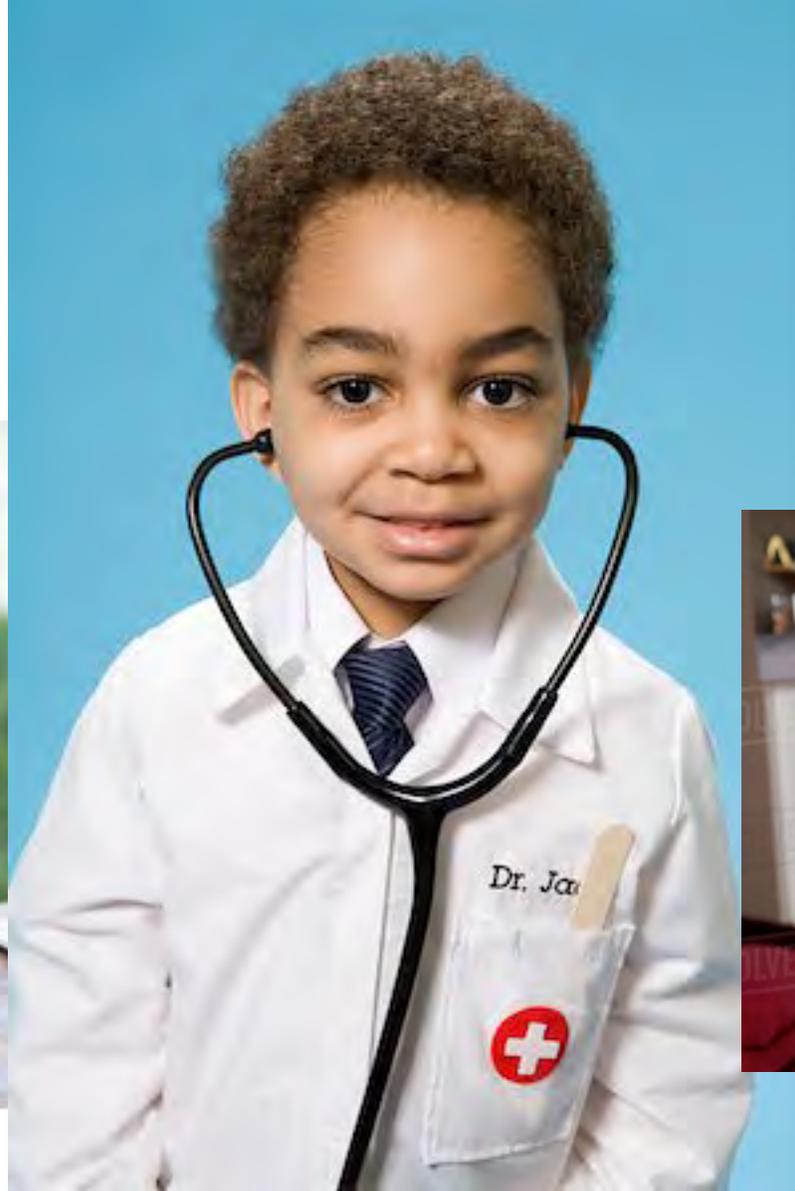
GROWING UP WITH
PRIVILEGE IN A
RACIALLY DIVIDED AMERICA

WHITE KIDS



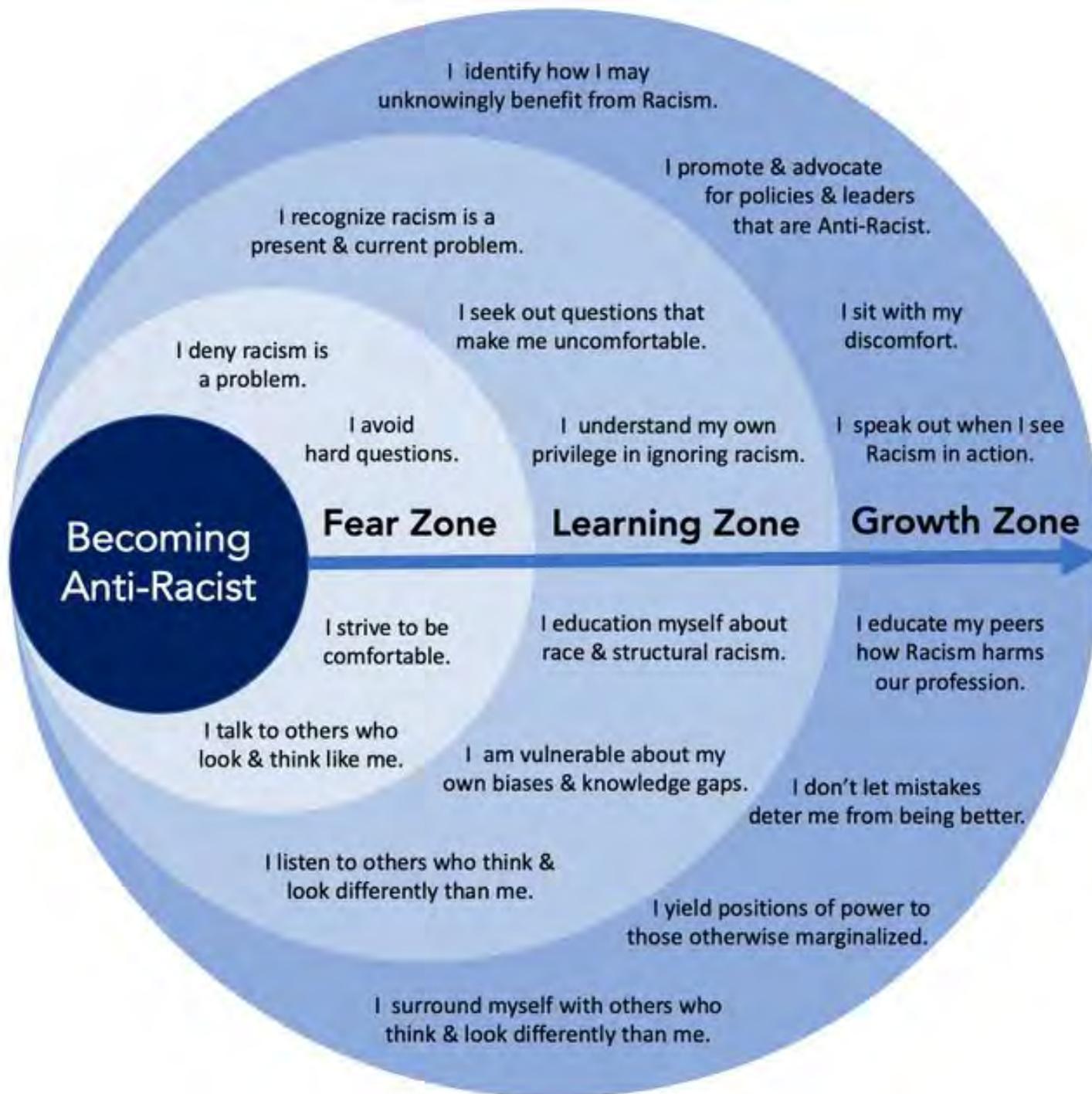
Racial Ethnic Socialization Matters for All Kids

- Racial/ethnic identity development
- Intergroup attitudes
- Inclusionary behaviors
- Response to diversity and racism



**CHANGE
STARTS
WITH**

YOU



Growth mindset vs fixed mindset



SUCCESS



FRUSTRATION

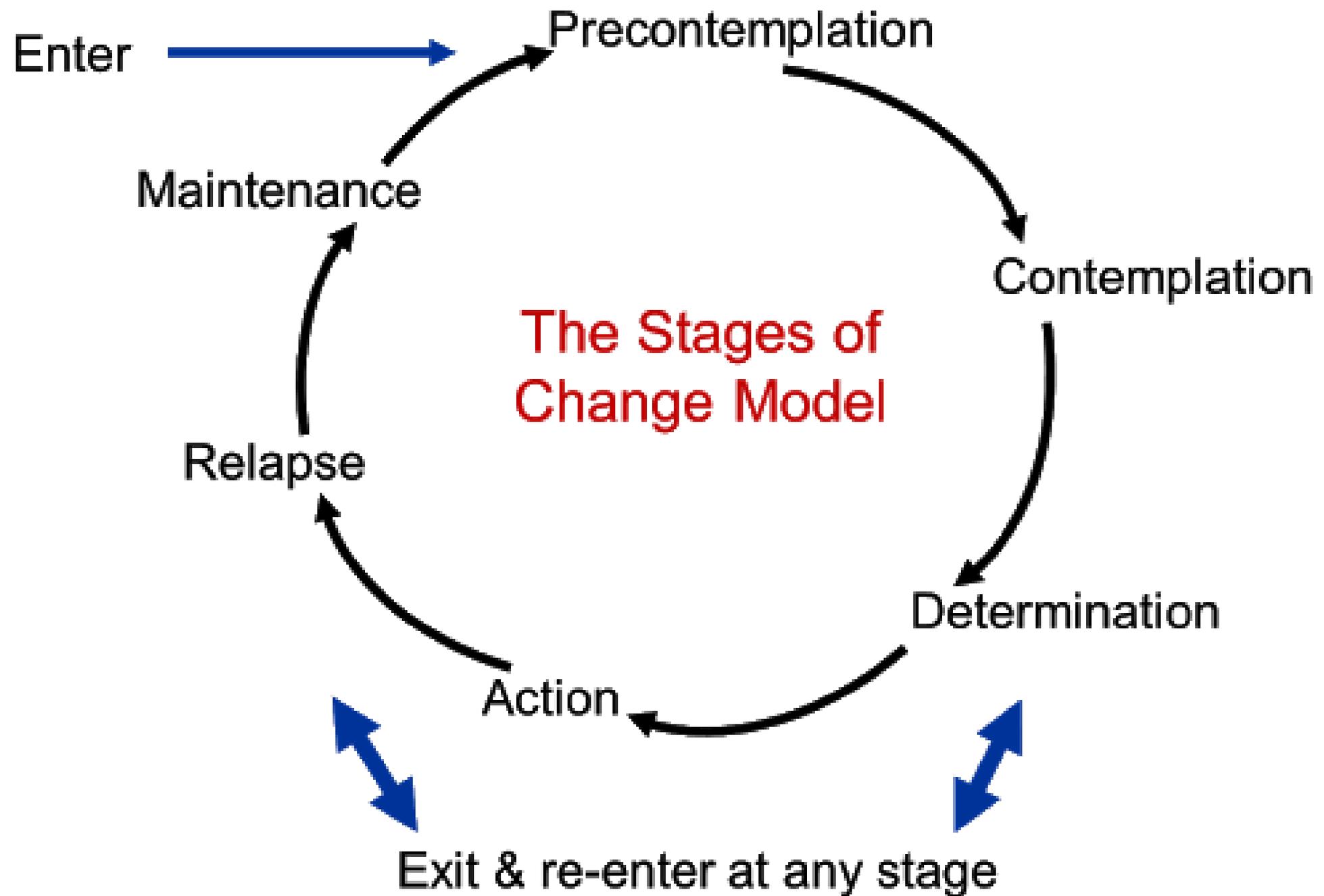
1. I can learn anything I want to.
2. When I'm frustrated, I persevere.
3. I like to challenge myself.
4. When I fail, I learn.
5. I like being told that I try hard.
6. If my classmates succeed, I'm inspired.
7. My effort and attitude determine everything.

1. I'm either good at it, or I'm not.
2. When I'm frustrated, I give up.
3. I don't like to be challenged.
4. When I fail, I'm no good.
5. I like being told that I'm smart.
6. If my classmates succeed, I feel threatened.
7. My abilities determine everything.

GRIT



Learned helplessness





LEARN
TO
UNLEARN

Change Culture

Supervising physician's possible introductory statement to faculty or learners:

- “I believe that to care for patients to the best of our abilities, we all need to feel comfortable and supported in our work environments. I wish that expressions of bias/racism never occurred; but we know this is not the case, sadly. Patients and families may say things that reveal their biases, and sometimes I myself may be the source. I want to know when you are not feeling comfortable or supported. I hope you will teach me as I teach you.”

Interrogate Racism, not Race in Your Research

HEALTH AFFAIRS BLOG

RELATED TOPICS:

[RACISM](#) | [HEALTH DISPARITIES](#) | [HEALTH OUTCOMES](#) | [DISEASES](#) | [ACCESS TO CARE](#)

On Racism: A New Standard For Publishing On Racial Health Inequities

Rhea W. Boyd, Edwin G. Lindo, Lachelle D. Weeks, Monica R. McLemore

[JULY 2, 2020](#)

[10.1377/hblog20200630.939347](https://doi.org/10.1377/hblog20200630.939347)

Shift from
Patient Mistrust
to Provider
Trustworthiness



Racial Equity Dashboard

Collect

Collect data by race, ethnicity, and primary language

Embed

Embed with current reporting systems

Review

Review this data regular and often



Advocate for Structural Change

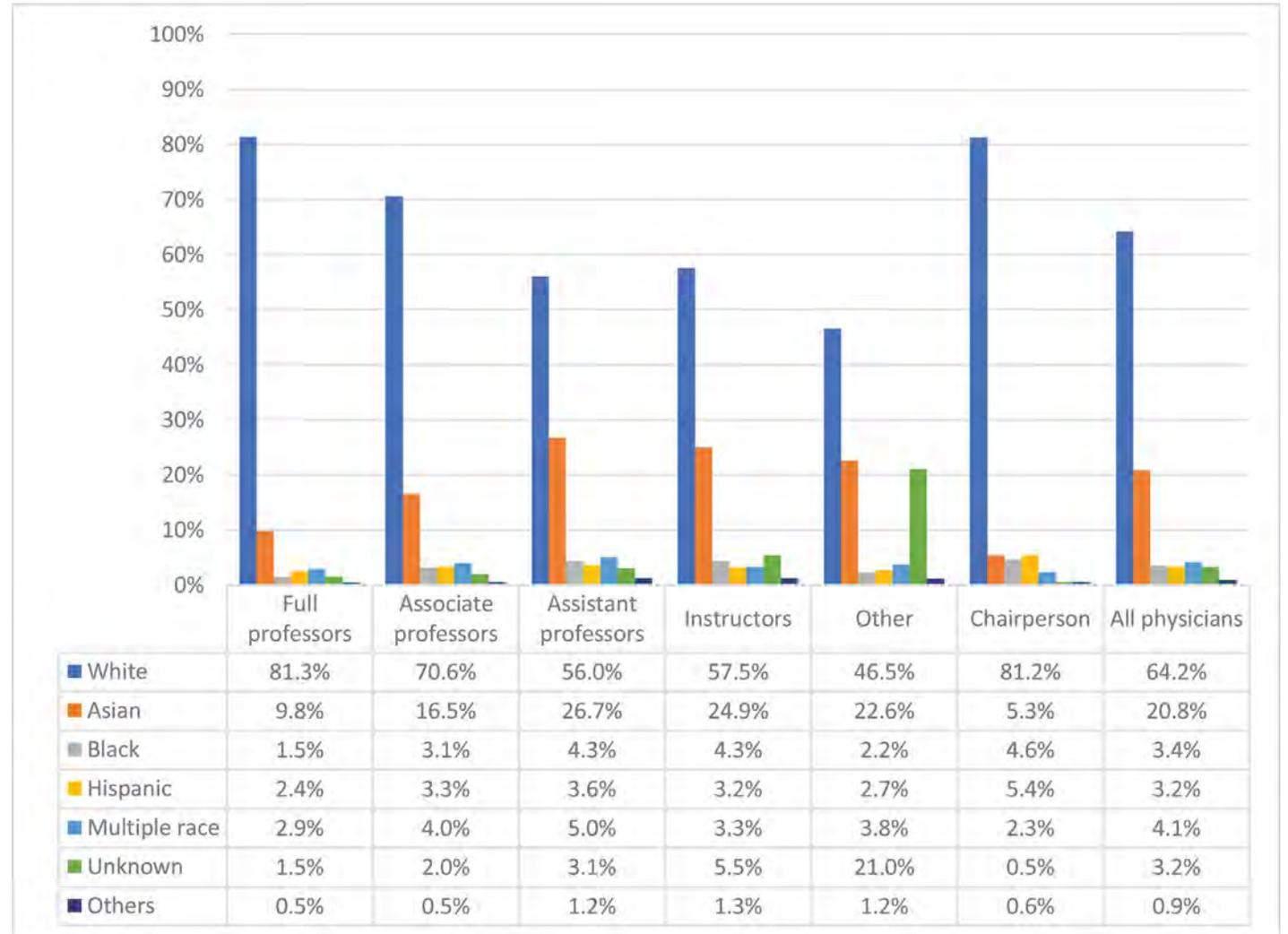
Patients

- Rethink no-show / late arrival policies
- Reexamine campus policing presence
- Advocate for the abolition of race-based medicine
- Become an anchor institution

Healthcare Workforce

- Ensure outlet for discrimination reporting
- Redesign the curriculum
- Align racial equity work with promotion criteria

Recruit & Retain



Anti-racist Recruitment & Holistic Review

- Redistribute Power
 - Interviews by non-physicians
 - Using stakeholders such as leaders in the community / community-based organizations
- Mitigate Institutional Racism
 - Blind AOA
 - Rethink Step 1 cutoff, if you have one
- Mitigate Interpersonal Racism
 - Blind photo, race, sex, age
 - Anti-racism training

The Minority Tax

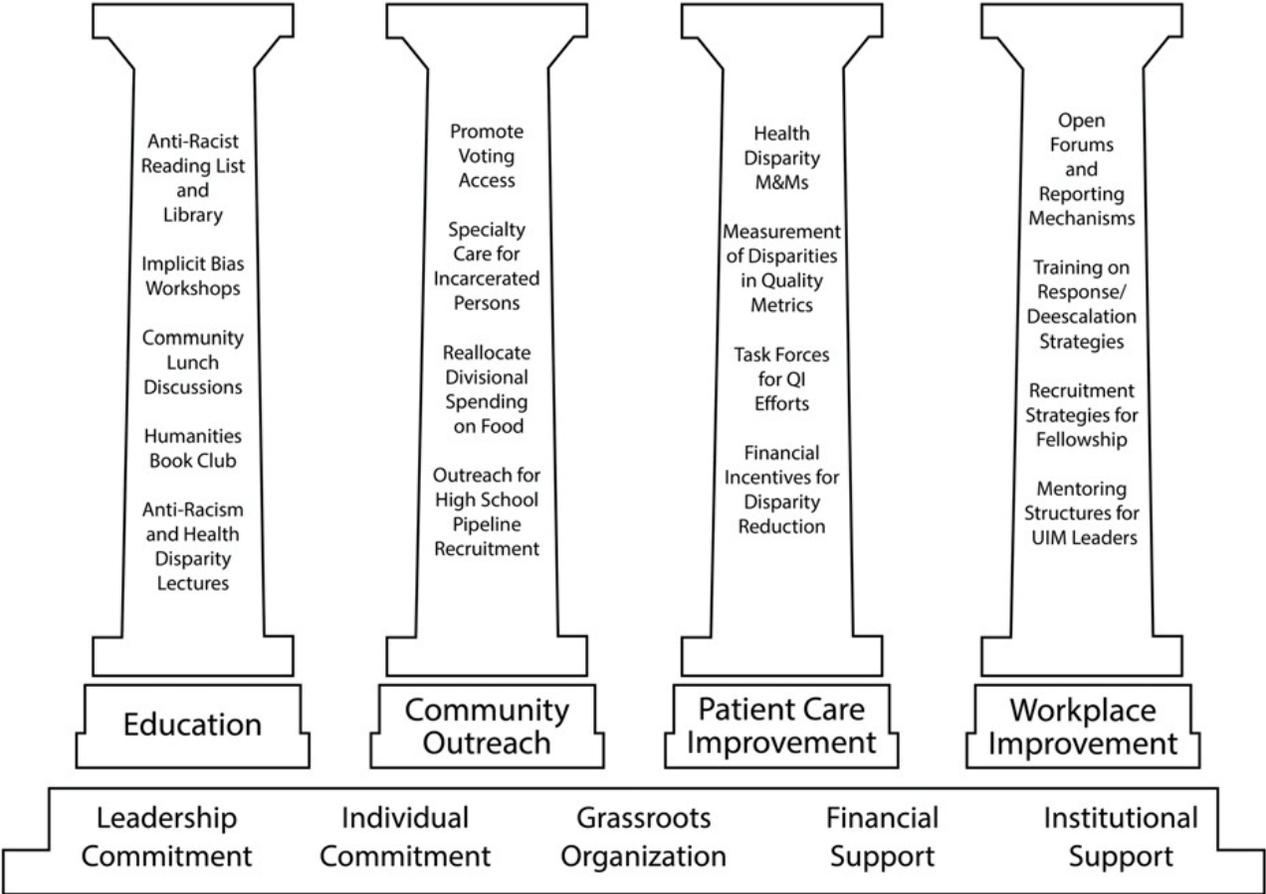
“No. I do so much already. I can’t. That’s the minority tax right there...it’s great that it’s happening, but it’s just not plausible for me. I need my space. I need to hang out with my dog. I need to spend time with my girlfriend. I need to read and learn to become a better doctor. I need to do all these other things, so it’s just tiring sometimes.”



“You want to make sure you're good, and that you're smart and that you're brilliant, and they they aren't able to say anything about you.”

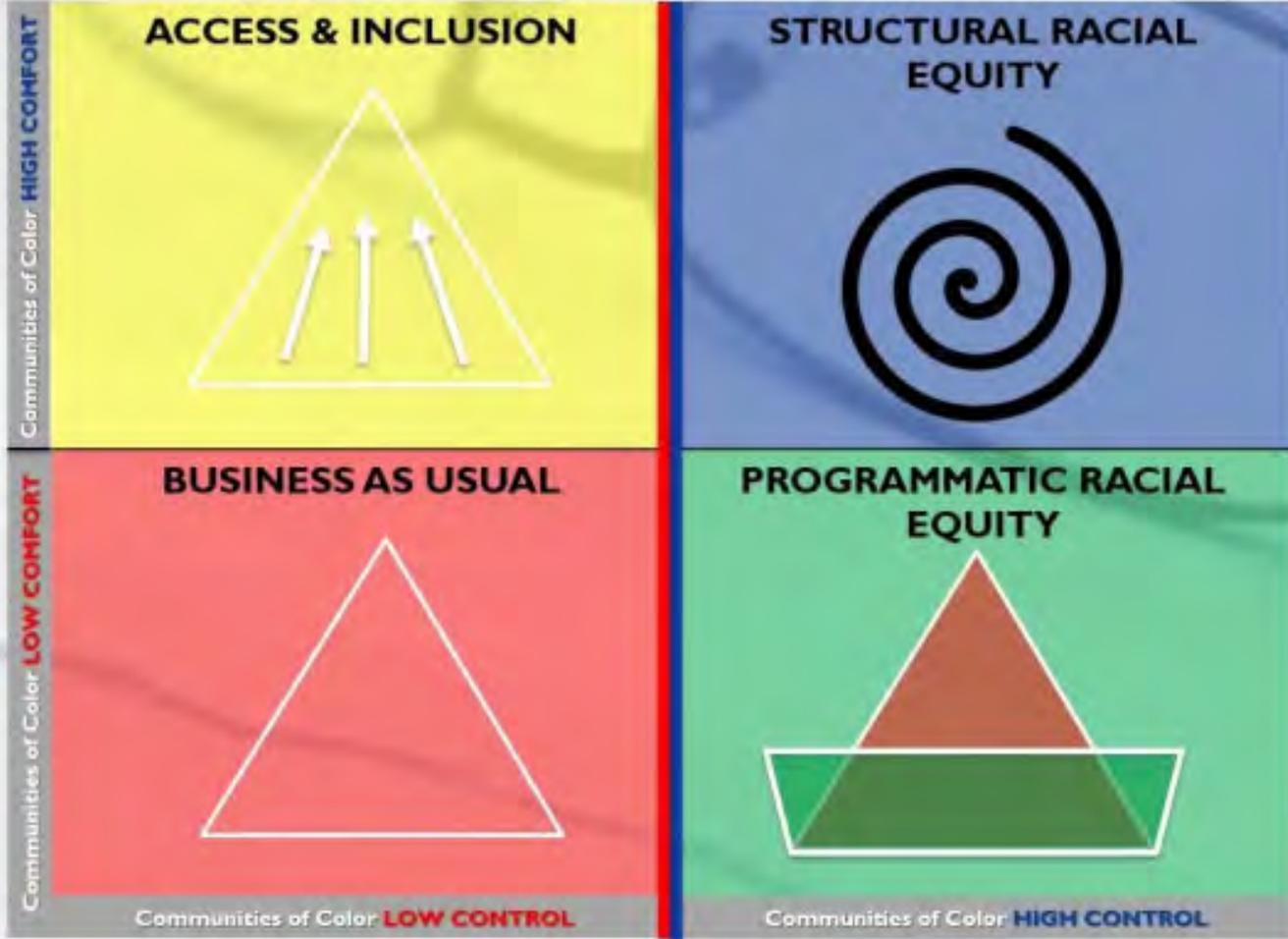
Equity and Anti-Racism

Divisional Commitment to Social Justice



RACIAL EQUITY MAPPING TOOL

Developed by Equity Matters * www.equitymattersnw.com * www.facebook.com/equitymatters



“We must learn to be vulnerable enough to allow our world to turn upside down in order to allow the realities of others to edge themselves into our consciousness.”

“I have no idea what it’s like to be a Black woman. I have no idea what it’s like to be a gay man. I have no idea what it’s like to be a police officer. I have no idea what it’s like to be a single parent in poverty raising kids. But if I can take a moment and just be vulnerable and think about what those things might be like, what my reality might be like on a daily basis, allow that to seep itself into my consciousness, maybe then I can have the empathy that’s necessary to embrace others where they are. Not try to change them, not fully accept it, but at least embrace them.”



people may not remember
exactly what you did,
or what you said.
but they will always
remember how
you made them feel.

MAYA ANGELOU





Keep this conversation going...

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- Cell: 513-417-4477