



# Racism's Roots in Medicine & How Implicit Bias Impacts Care

Nathan Chomilo, M.D. FAAP (he/him/his)

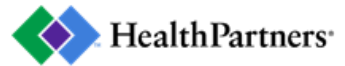
Medicaid Medical Director | Minnesota Department of Human Services

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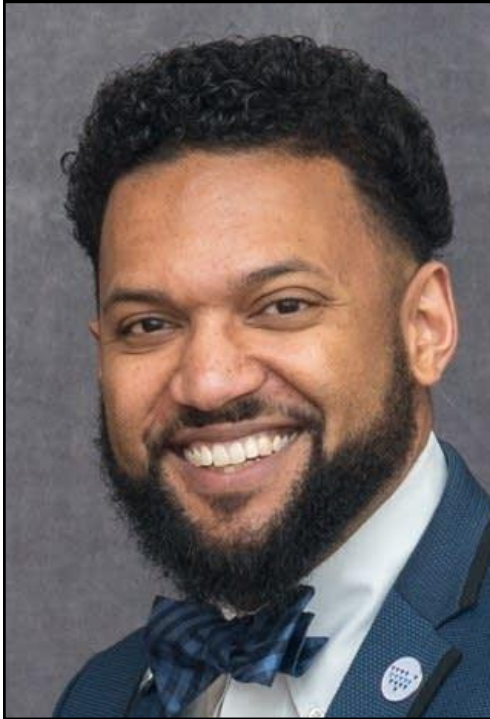
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## MN Health Plans Collaborative



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# Dr. Nathan T. Chomilo

Dr. Chomilo is Medical Director for the State of Minnesota’s Medicaid and MinnesotaCare programs. He practices as a General Pediatrician and an Internal Medicine Hospitalist with Park Nicollet Health.

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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.

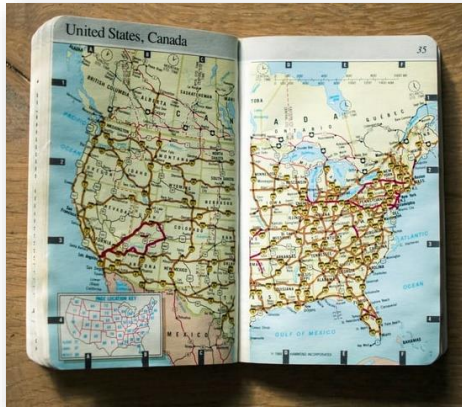


The Seven Council Fires of the Dakota, Nakota, and Lakota. Courtesy of <http://www.ndstudies.org>. Graphic by: Cassie Theuer North Dakota Studies Project State Historical Society of North Dakota Minnesota Department of Human Services | [mn.gov/dhs](http://mn.gov/dhs)

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## Our Road Map



@revolt via Unsplash

- 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

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## 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

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### RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE, UPDATED 2010

“Disparities” = the SYMPTOM

### Racial Health Disparities Persist at Hospitals Across the Country

### The Costs of Racial Disparities in Health Care

Article • February 15, 2016

John Z. Ayanian, MD, MPP

Institute for Healthcare Policy and Innovation, University of Michigan

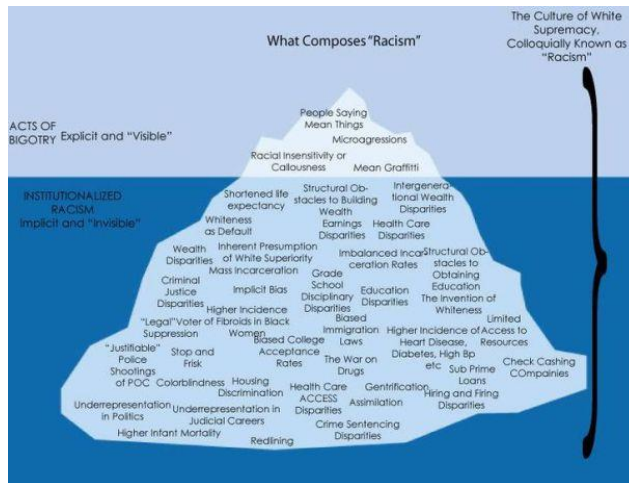
### What Causes Racial Health Care Disparities? A Mixed-Methods Study Reveals Variability in How Health Care Providers Perceive Causal Attributions

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# RACISM



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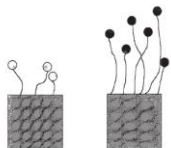
Welderbeth. (2017, August 16). There Is An Answer to Racism. Retrieved from <https://welderbeth.com/2017/08/16/there-is-an-answer/>

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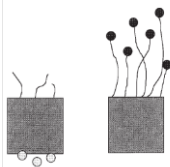
## Racism, Racial Bias and Privilege

### Institutionalized racism



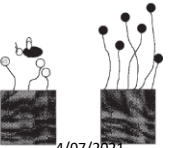
- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege

### Personally mediated racism



- Intentional
- Unintentional
- Acts of commission
- Acts of omission
- Maintains structural barriers
- Condoned by societal norms

### Internalized racism



- Reflects systems of privilege
- Reflects societal values
- Erodes individual sense of value
- Undermines collective action

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.”


Jones, C. P. (2000). Levels of racism: a theoretic framework and a gardeners tale. *American Journal of Public Health, 90*(8), 1212–1215. doi: 10.2105/ajph.90.8.1212

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Wang, M. C., & B. J. (2009). The Impact of Racism on Child and Adolescent Health. *Pediatrics, 144*(2). doi:10.1542/peds.2019-1765

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## Racism, Racial Bias and Privilege



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.

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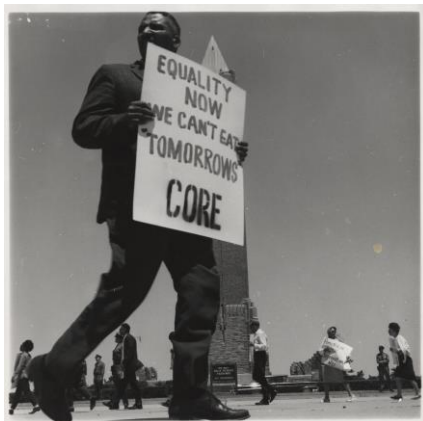
## Racism, Racial Bias and Privilege



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“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.”

- Evelyn Hammonds, historian of science at Harvard University

Interlandi, J. (2019, August 14). Why Doesn't America Have Universal Health Care? One Word: Race. Retrieved from <https://www.nytimes.com/interactive/2019/08/14/magazine/universal-health-care-racism.html?smid=nytcore-ios-share>

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## Structural Racism: Medicine's Roots



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



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## Institutional Racism: Roots

### The Journal of the American Medical Association

Vol. XXXIII

CHICAGO, ILLINOIS, JULY 1, 1899.

No. 1

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

DR. E. C. ELLETT, 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.

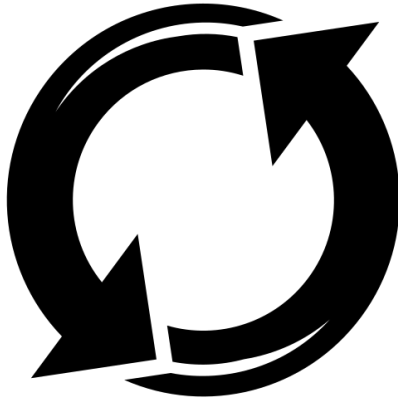
catarrhal inflammation. Few chronic diseases of the negro occur, hypertrophied tonsils are rare, tonsillitis is not common, and adenoids do not occur in the negro. He is an unwieldy, unwilling, unsatisfactory patient.

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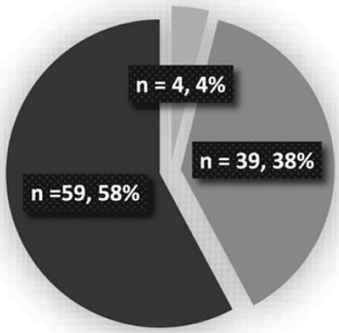
# Structural Racism: Medicine's Roots



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

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# Structural Racism: the Hidden Medical School Curriculum



■ Social & Structural Causes ■ Explicit Biological Difference ■ Implied Biological Difference

4/07/2021 Tsai J, Ucik L, Baldwin N, Hasslinger C, George P. Race Matters? Examining and Rethinking Race Portrayal in Preclinical Medical Education. *Academic Medicine*. 2016;91(7):916-920 Minnesota Department of Human Services | [mn.gov/dhs](#)

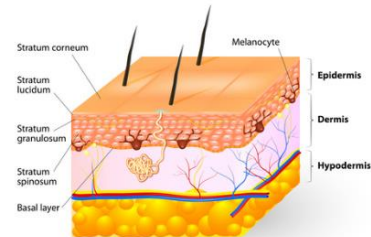


# Structural Racism → Implicit Bias: the Hidden Medical School Curriculum

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.** *Proceedings of the National Academy of Sciences of the United States of America.* **2016**;113(16):4296-4301.



THE LAYERS OF HUMAN SKIN



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# Structural Racism → Implicit Bias: the Hidden Medical School Curriculum

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

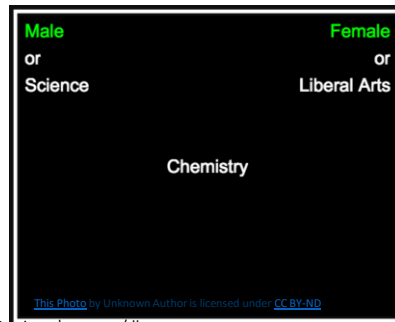
Item	Study 1: Online sample (n = 92)	Study 2			
		First years (n = 63)	Second years (n = 72)	Third years (n = 59)	Residents (n = 28)
Blacks age more slowly than whites	23	21	28	12	14
Blacks' nerve endings are less sensitive than whites'	20	8	14	0	4
Black people's blood coagulates more quickly than whites'	39	29	17	3	4
Whites have larger brains than blacks	12	2	1	0	0
Whites are less susceptible to heart disease than blacks*	43	63	83	66	50
Blacks are less likely to contract spinal cord diseases*	42	46	67	56	57
Whites have a better sense of hearing compared with blacks	10	3	7	0	0
<b>Blacks' skin is thicker than whites'</b>	<b>58</b>	<b>40</b>	<b>42</b>	<b>22</b>	<b>25</b>
Blacks have denser, stronger bones than whites*	39	25	78	41	29
Blacks have a more sensitive sense of smell than whites	20	10	18	3	7
Whites have a more efficient respiratory system than blacks	16	8	3	2	4
Black couples are significantly more fertile than white couples	17	10	15	2	7
Whites are less likely to have a stroke than blacks*	29	49	63	44	46
Blacks are better at detecting movement than whites	18	14	15	5	11
Blacks have stronger immune systems than whites	14	21	15	3	4
False beliefs composite (11 items), mean (SD)	22.43 (22.93)	14.86 (19.48)	15.91 (19.34)	4.78 (9.89)	7.14 (14.50)
Range	0-100	0-81.82	0-90.91	0-54.55	0-63.64
Combined mean (SD) (medical sample only)			11.55 (17.38)		

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. *Proceedings of the National Academy of Sciences of the United States of America.* 2016;113(16):4296-4301.

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# Personally-Mediated Racism: Implicit Bias

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

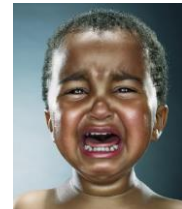
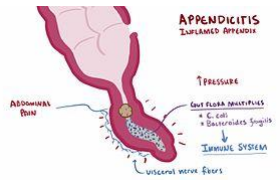
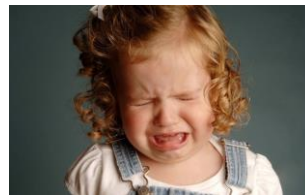


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Kirwan Institute for the Study of Race, (n.d.). Implicit Bias Module Series. Retrieved from <http://kirwaninstitute.osu.edu/implicit-bias-training/>

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# Physician Implicit Bias and Pain Management



Todd KH, Deaton C, et al. Ethnicity and analgesic practice. *Ann Emerg Med.* 2000; Jan;35(1):11-6.

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Goyal MK, Kuppemann N, Cleary SD, Teach SJ, Chamberlain JM. Racial Disparities in Pain Management of Children With Appendicitis in Emergency Departments. *Minnesota Department of Human Services | [mn.gov/dhs](http://mn.gov/dhs)*

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## Physician Implicit Bias and Verbal Dominance

Cooper LA, Roter DL, Carson KA, et al. **The Associations of Clinicians' Implicit Attitudes About Race With Medical Visit Communication and Patient Ratings of Interpersonal Care.** *American Journal of Public Health.* 2012;102(5):979-987.



**DR. PHIL  
KNOWS BEST**



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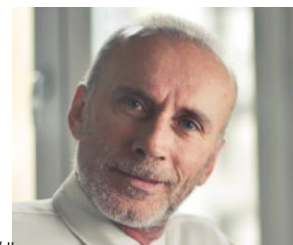
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## Physician Implicit Bias in Hospital Medicine

### • Cardiology Outcomes

- Green AR, Carney DR, Pallin DJ, et al. **Implicit Bias among Physicians and its Prediction of Thrombolysis Decisions for Black and White Patients.** *Journal of General Internal Medicine.* 2007;22(9):1231-1238.
  - 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



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## Physician Implicit Bias in Hospital Medicine

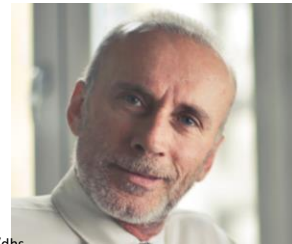
- Cardiology Outcomes

- Green AR, Carney DR, Pallin DJ, et al. **Implicit Bias among Physicians and its Prediction of Thrombolysis Decisions for Black and White Patients.** *Journal of General Internal Medicine.* 2007;22(9):1231-1238.



- 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

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## Physician Implicit Bias in Hospital Medicine

- **Cardiac Catheterization** - Ayotte BJ, Kressin NR. **Race Differences in Cardiac Catheterization: The Role of Social Contextual Variables.** *Journal of General Internal Medicine.* 2010;25(8):814-818.

- **Cardiac Stents** - Federspiel JJ, Stearns SC, Reiter KL, et al. **Disappearing and Reappearing Differences in Drug-Eluting Stent Use by Race.** *Journal of evaluation in clinical practice.* 2013;19(2):256-262.

- **CABG** - Angraal S, Khera R, Wang Y, et al. **Sex and Race Differences in the Utilization and Outcomes of Coronary Artery Bypass Grafting Among Medicare Beneficiaries, 1999–2014.** *Journal of the American Heart Association: Cardiovascular and Cerebrovascular Disease.* 2018;7(14):e009014.

- **tPA in Stroke** - Hsia AW, Edwards DF, Morgenstern LB, et al. **RACIAL DISPARITIES IN TPA TREATMENT RATE FOR STROKE: A POPULATION-BASED STUDY.** *Stroke; a journal of cerebral circulation.* 2011;42(8):2217-2221.

- **Standard of Care in CAP** - Mortensen EM, Cornell J, Whittle J. **Racial variations in processes of care for patients with community-acquired pneumonia.** *BMC Health Services Research.* 2004;4:20.

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# Clinician Implicit Bias in Prenatal and Obstetric Care

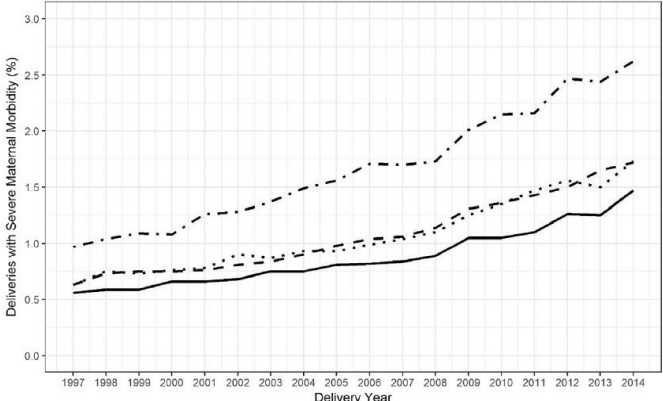


Fig. 1. Observed trend in severe maternal morbidity by race/ethnicity, California, 1997–2014. Non-Hispanic Black (· - ·), Hispanic (- -), Asian/Pacific Islander (· ·), non-Hispanic White (-).

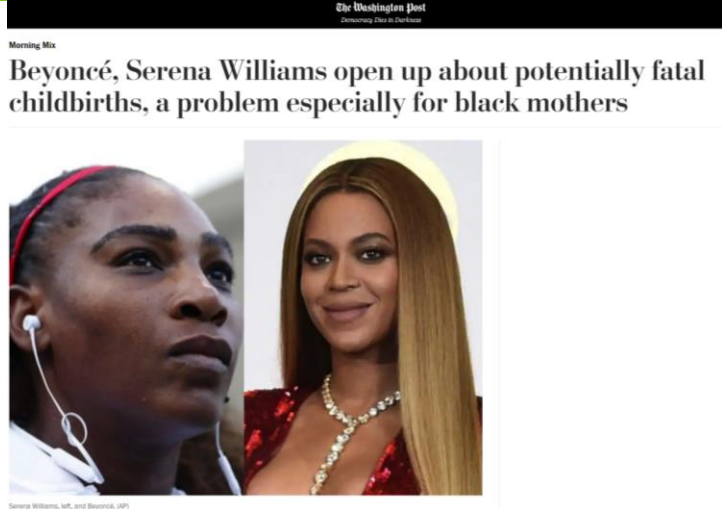
Leonard, S. A., Main, E. K., Scott, K. A., Profit, J., & Carmichael, S. L. (2019). Racial and ethnic disparities in severe maternal morbidity prevalence and trends. *Annals of epidemiology*, 33, 30–36. <https://doi.org/10.1016/j.annepidem.2019.02.007>

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# Clinician Implicit Bias in Prenatal and Obstetric Care



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## Clinician Implicit Bias in Prenatal and Obstetric Care: Pain Management



Johnson JD, Asiodu IV, McKenzie CP, Tucker C, Tully KP, Bryant K, Verbiest S, Stuebe AM. Racial and Ethnic Inequities in Postpartum Pain Evaluation and Management. *Obstet Gynecol.* 2019 Dec;134(6):1155-1162. doi: 10.1097/AOG.0000000000003505. PMID: 31764724.

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## 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

Vedam S, Stoll K, Taiwo TK, Rubashkin N, Cheyney M, Strauss N, McLemore M, Cadena M, Nethery E, Rushton E, Schummers L, Declercq E; GVTM-US Steering Council. The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. *Reprod Health.* 2019 Jun 11;16(1):77. doi: 10.1186/s12978-019-0729-2. PMID: 31182118; PMCID: PMC6558766.



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# Structural/Explicit Racism, Police Violence & Maternal Health

Alang S, McAlpine DD, Hardeman R. **Police Brutality and Mistrust in Medical Institutions**. J Racial Ethn Health Disparities. 2020 Aug;7(4):760-768. doi: 10.1007/s40615-020-00706-w. Epub 2020 Jan 27. PMID: 31989532.

- 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.

## How Police Violence Could Impact The Health Of Black Infants

November 13, 2020 · 5:01 AM ET  
Heard on Morning Edition



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# 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?

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## Addressing Structural Racism: Bringing a Racial Equity Lens

**Racial Equity Toolkit**  
to Assess Policies, Initiatives, Programs, and Budget Issues

RACE & SOCIAL JUSTICE  
INITIATIVE



LOCAL AND REGIONAL  
GOVERNMENT ALLIANCE ON  
**RACE & EQUITY**

- 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?

4/07/2021 Minnesota Department of Human Services | mn.gov/dhs  
Chomilo, N. (2020, April 30). The Harm Of A Colorblind Allocation Of Scarce Resources. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hblog20200428.904804/full/>

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## 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%

**~8 in 10 of MN's Black birthing persons are insured by MHCPS**



**~9 in 10 of MN's Indigenous birthing persons are insured by MHCPS**



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## 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



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## 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



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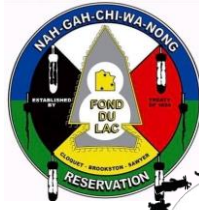
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# African American ICHRP and Tribal ICHRP



## Healthy Black Pregnancies



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# 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

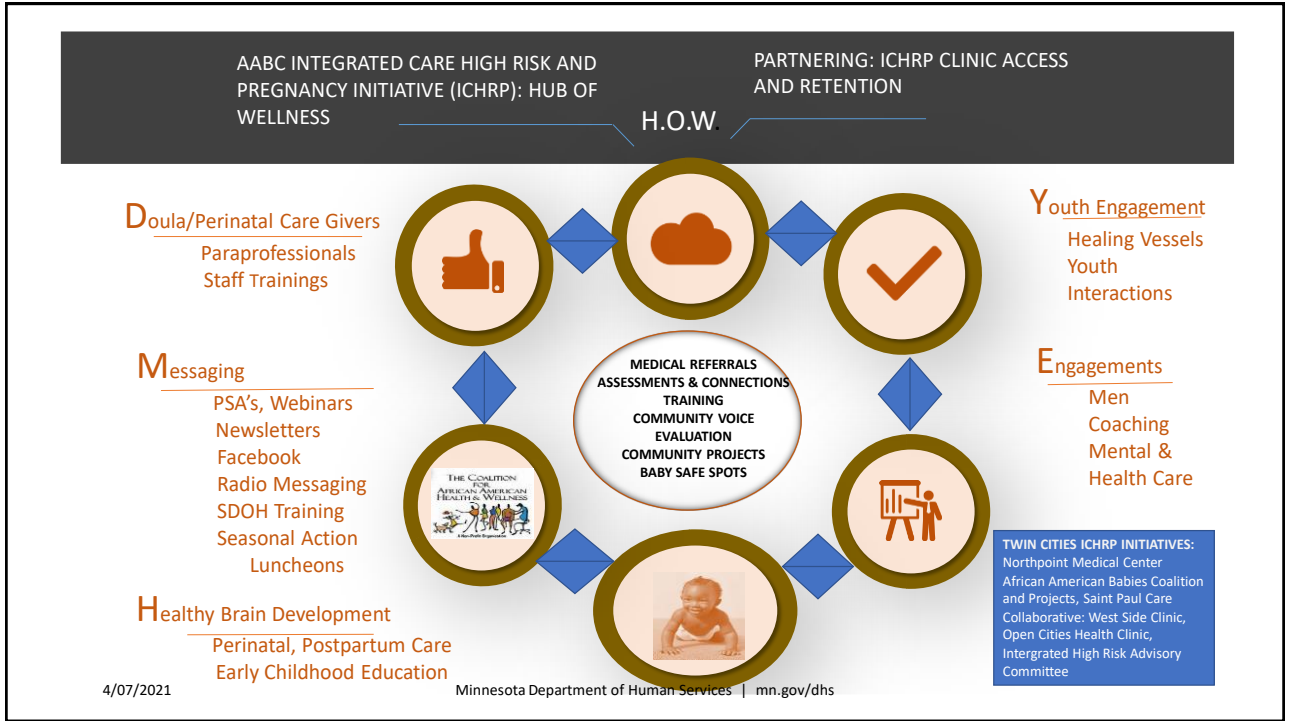
### HEALTHY BABIES

- Full term
- Healthy weight

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## African American ICHRP

**WHAT IS DIVA MOMS?**

**WHO WE ARE**

D.I.V.A. Moms stands for Dynamic, Involved, Valued, African-American Moms! We offer a free, culturally reflective prenatal program where you can learn about nutrition, labor, birth, breastfeeding, and newborn care. We believe that motherhood should be a JOY for Black women, as it is for others, without FEAR that their race will threaten their lives.

**OUR MISSION**

This program supports Black (and Brown) sisters sojourning towards wellness, evident by improved maternal & fetal outcomes, and lived experiences. Through telehealth, group prenatal care, home visits, sharing of health information in Drop-In support groups, we will ignite women and families ready to reclaim their health, rebuild trusting relationships, and THRIVE in their community!

**OUR SERVICES**

- Access to a Personal Navigator/Doula/Community Health Worker
- Access to Culturally Congruent Care Teams
- Access to Prenatal and Postnatal Risk assessments
- Access to Community Resources/Allies/Referrals
- We offer Nu'D.I.V.A. Drop-In support circles that we host with Open Cities Nubian Moms
- Home and community-based visits
- Breastfeeding support and so much more!

**WHO IS ELIGIBLE?**

- U.S. born African American women who are pregnant or post-partum
- Child delivered within the last two years
- Ready to engage and willing to participate

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Nu'D.I.V.A. Partnership

MN Community Care D.I.V.A. Moms & Open Cities Nubian Moms

- 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

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# 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

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# Tribal ICHRP



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

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## Tribal ICHRP

***“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

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## 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



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## 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”

Racial bias: American College of Obstetricians and Gynecologists Executive Board Resolves to Address Racial Bias and Discrimination | American College of Obstetricians and Gynecologists from <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2017/racial-bias>

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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

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- Voting rights
- FHA Loans
- Residential segregation
- Access to education, green space, resources, safety, healthcare, etc
- Jobs, hiring, & advancement

**Implicit Bias**  
**Structural Racism**

PRIMING, ASSOCIATIONS, ASSUMPTIONS

HISTORY, POLICIES, PRACTICES

INEQUITABLE OUTCOMES & RACIAL DISPARITIES

www.nationalequityproject.org  
Icons adapted from the Noun Project

4/07/2021 Don't Talk about Implicit Bias Without Talking about Structural Racism. (2019, June 14). Retrieved July 14, 2020, from <https://blog.nationalequityproject.org/2019/06/14/dont-talk-about-implicit-bias-without-talking-about-structural-racism/>  
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• 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

mn DEPARTMENT OF HUMAN SERVICES

# Thank You

**EVALUATION LINK**  
<https://www.cvent.com/d/djqdww>

**CERTIFICATE OF PARTICIPATION**  
UPON COMPLETION OF  
EVALUATION

**RECORDING & TOOLKIT -**  
<https://stratishealth.org/health-plan-performance-improvement-projects-pips/health-start-for-minnesota-children/>

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