Brigham and Women's Hospital
Founding Member, Mass General Brigham

Emerging Topics for the Boards: Advancing Patient Equity in Medicine

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Clinical focus: Hospital Medicine

- Research focus: Health Equity

DISCLOSURES

I have no relevant financial relationships with ineligible companies.

Today's Presentation

- *Review frameworks for incorporating health equity into clinical practice*
  - **Definitions:** structural racism, disparities, inequities, social construction of race
  - **Topics:**
    - Race as a social construct, not an accurate shorthand for biology or ancestry
    - Identifying and redressing racism within health systems

Adapted from slide by Cheryl Clark MD ScD

Take Home Points

- Addressing health equity requires attention to structural forces, as well as social and institutional drivers of health and healthcare delivery and access
- Effective clinical care requires community and stakeholder engagement to address these determinants
- Strategies exist to meaningfully address racism and its health impacts in clinical settings

Adapted from slide by Cheryl Clark MD ScD

Definitions

- **Structural racism**
- **Disparities**
- **Inequities**
- **Social construction of race**

Question 1: Which of the following is an example of structural racism?

a) A Black patient is asked different social history questions than a White patient by the same physician
b) A White pediatric patient prefers playing with a White doll over a Black doll
c) Black Americans are disproportionately imprisoned in the US with longer average sentences
d) A Latinx physician has disproportionately more Latinx patients than his colleagues
e) None of the above

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a) A Black patient is asked different social history questions than a White patient by the same physician interpersonal racism

b) A White pediatric patient prefers playing with a White doll over a Black doll internalized racism

c) Black Americans disproportionately imprisoned in the US with longer average sentences structural racism

d) A Latinx physician has disproportionately more Latinx patients than his colleagues patient preference/concordance

e) None of the above

Structural Racism

A system of structuring opportunity and assigning value based on the social interpretation of how one looks that:

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. American Journal of Public Health. 2000; 90(8): 1212-1215.

Structural Racism

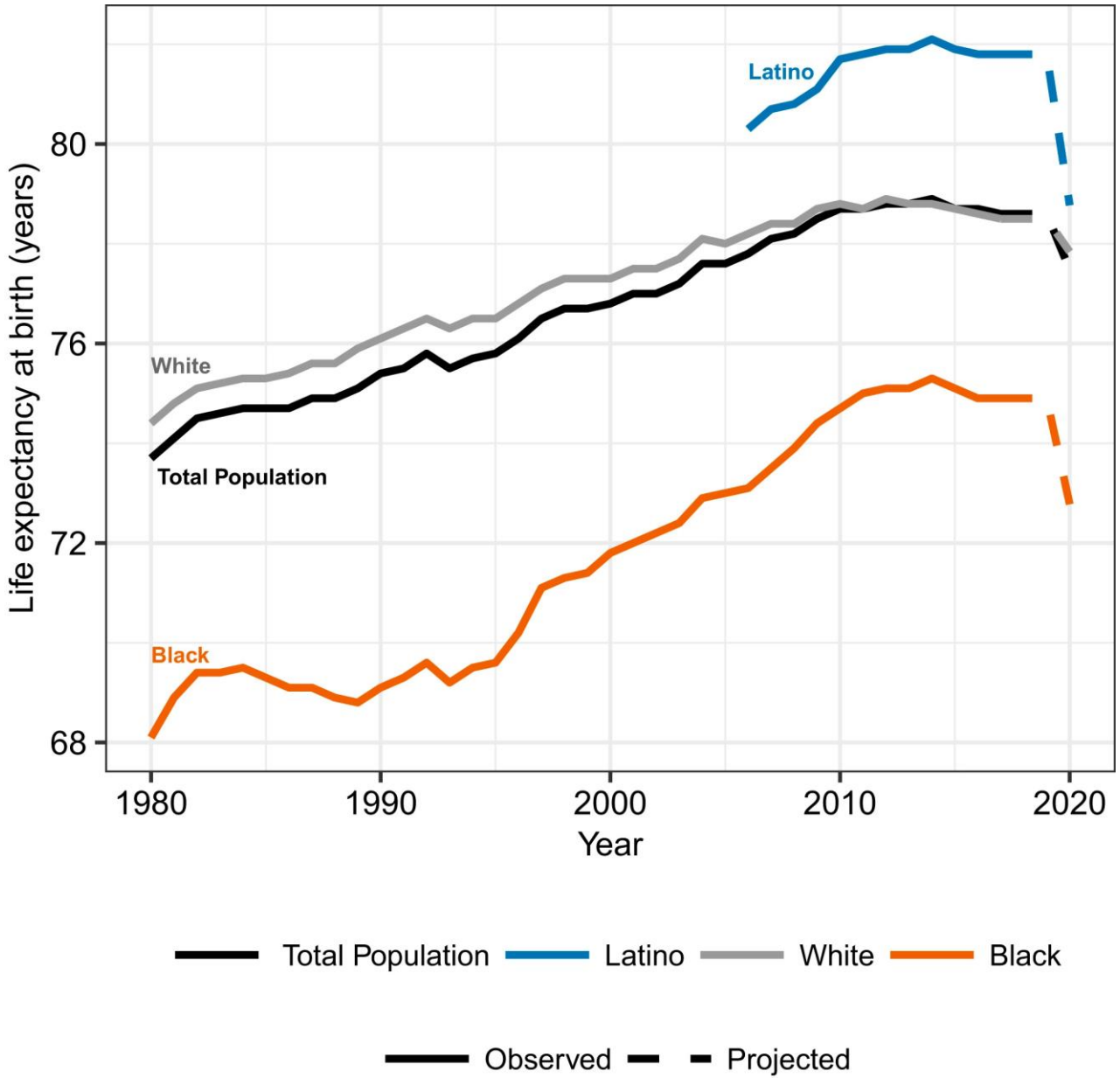
- Structural racism is “the totality of ways in which societies foster [racial] discrimination, via mutually reinforcing [inequitable] systems…(e.g. in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, etc.) that in turn reinforce discriminatory beliefs, values, and distribution of resources.”

Bailey ZD, Krieger N, Agénor M, *et al.* Structural racism and health inequities in the USA: evidence and interventions. Lancet. 2017;**389**:1453–63. doi:10.1016/S0140-6736(17)30569-X

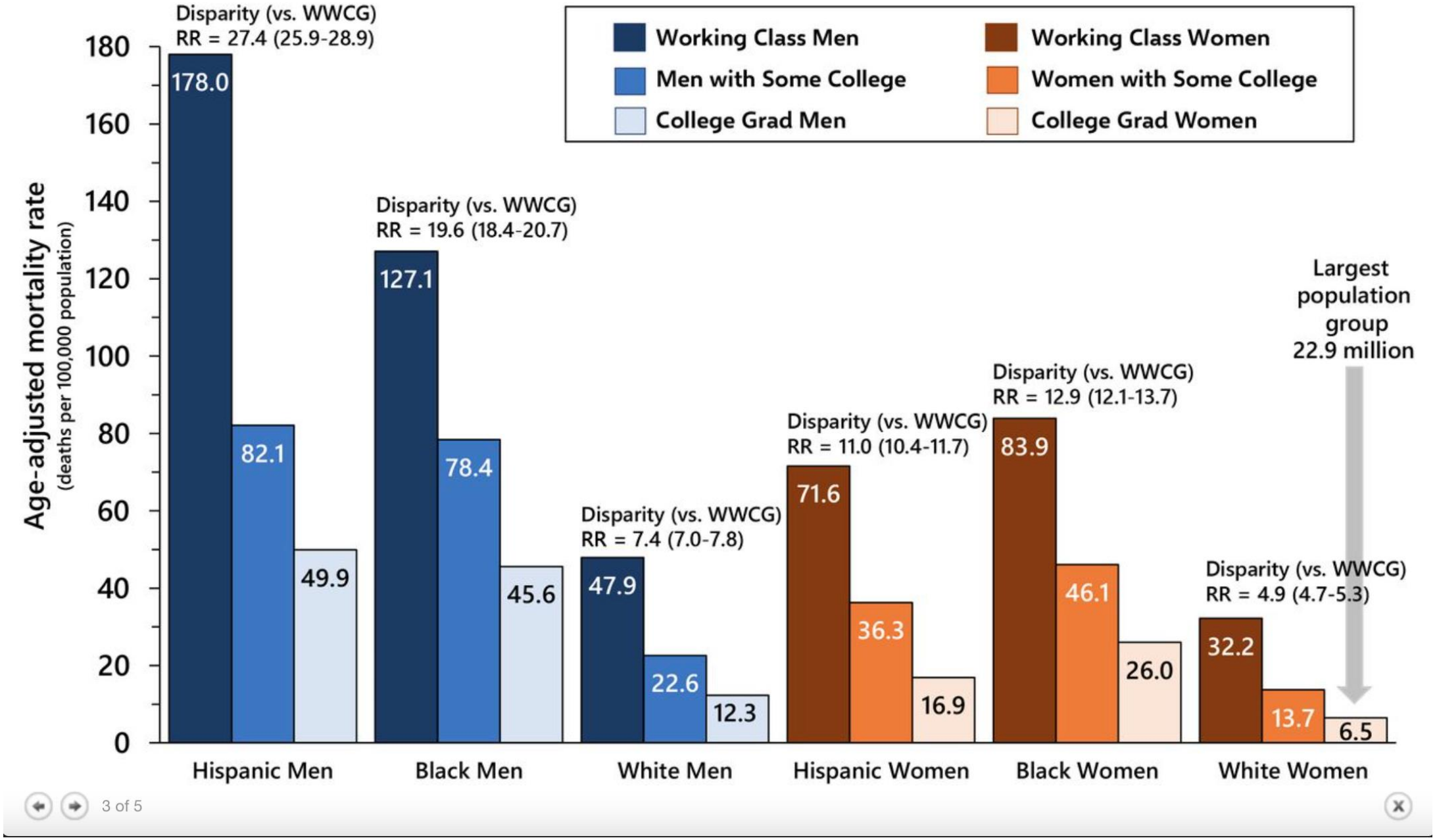
Reductions in 2020 US life expectancy due to COVID-19 and the disproportionate impact on the Black and Latino populations

Theresa Andrasfay and Noreen Goldman Authors Info & Affiliations

January 14, 2021 | 118 (5) e2014746118 | https://doi.org/10.1073/pnas.2014746118



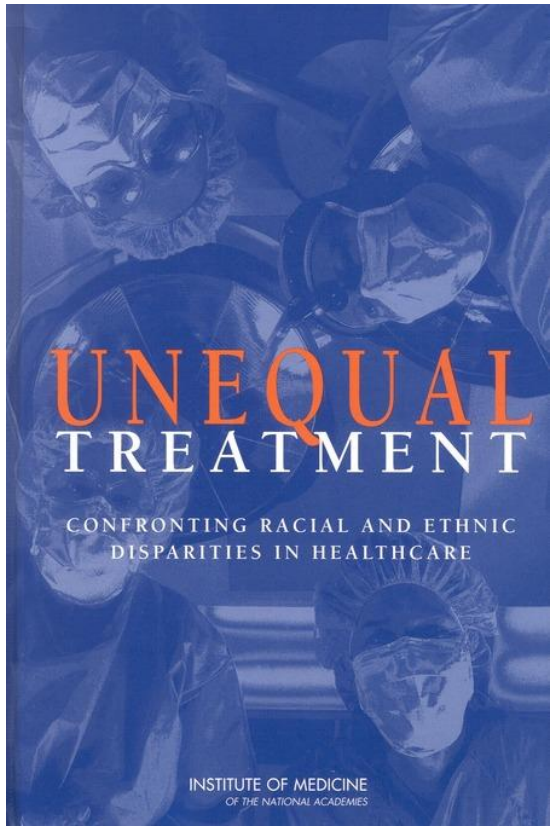
Source PNAS



Parthak et al. Social Class, Race/Ethnicity, and COVID-19 Mortality Among Working Age Adults in the United States, pre-print: https://www.medrxiv.org/content/10.1101/2021.11.23.21266759v1.full

Institutional Racism

Are we improving?



***New York Times* Opinion, March 2002:**

"…a disturbing new study by the Institute of Medicine has concluded that even when members of minority groups have the same incomes, insurance coverage and medical conditions as whites, they receive notably poorer care. Biases, prejudices and negative racial stereotypes, the panel concludes, may be misleading doctors and other health professionals."

Source: New York Times
https://www.nytimes.com/2002/03/22/opinion/subtle-racism-in-medicine.html

Institutional Racism

STAT+

SPECIAL REPORT

20 years ago, a landmark report spotlighted systemic racism in medicine. Why has so little changed?

By Usha Lee McFarling Feb. 23, 2022

https://www.statnews.com/2022/02/23/landmark-report-systemic-racism-medicine-so-little-has-changed/

But…

There is growing evidence for how we can address inequities in the hospital, starting with the social determinants that disproportionately impact marginalized groups.

Systematic Review | Open access | Published: 05 March 2025

Impact of hospital and health system initiatives to address Social Determinants of Health (SDOH) in the United States: a scoping review of the peer-reviewed literature

Pavani Rangachari & Alisha Thapa

BMC Health Services Research **25**, Article number: 342 (2025) | Cite this article

Question 2: Which of the following is a health disparity but not a racial health inequity?

a) Black Americans experienced higher COVID-19 mortality rates than White Americans
b) White Americans are more likely to have employer-based health insurance than Black or Latinx Americans
c) Black patients are less likely to have their pain adequately treated than White patients
d) American Indians have higher rates of vaccination against COVID-19 than White Americans
e) All of the above are both disparities and inequities

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Question 2: Which of the following is a health disparity but not a racial health inequity?

a) Black Americans have higher COVID-19 mortality rates than White Americans unfair, unjust, and avoidable

b) White Americans are more likely to have employer-based health insurance than Black or Latinx Americans unfair, unjust, and avoidable

c) Black patients are less likely to have their pain adequately treated than White patients unfair, unjust, and avoidable

d) American Indians have higher rates of vaccination against COVID-19 than White Americans difference **not** due to historical injustice and/or structural racism

e) All of the above are both disparities and inequities

Definitions

Health Disparities

- The differences between the health of one population and another in measures of who gets diseases, who has a disease, who died from disease, and other adverse health conditions that exist among specific population groups in the US.

Health Inequities

- The differences in health status or in the distribution of health determinants between different population groups, and ***these differences are systematic, avoidable, unfair and unjust, and are rooted in racial, social and economic injustice***, and are attributable to social, economic, and environmental conditions in which people live, work and play.

Bharmal, N., Derose, K. Felician, M. (2015) Understanding the upstream social determinants of health. *Encyclopedia of Public Health: RAND Health.* And "Fact File on Health Inequities." (2016). *World Health Organization*.

What can we do to address health inequities?

Traditional Approaches:

- Use population health data to identify differences and clinical needs
- Standardize care to minimize uncertainty
- Expand diversity of the care team to check bias and discrimination
- Incentivize change through payment models

Adapted from slide by Cheryl Clark MD ScD

The fallacy of race-blind or “equal opportunity” approaches is that they fail to account for historical and structural racism and thus can often exacerbate existing inequities by benefitting primarily those who have accrued advantages from centuries of policies and practices benefitting whites

https://pubmed.ncbi.nlm.nih.gov/34516269/

A race-conscious and reparative approach

Goals:

- Institutional accountability
- Broad education on racism and its clinical manifestations
- Input from impacted communities
- Redress for patients
- Reparative and restorative justice
- Enhance institutional trustworthiness

Why Repair?

As providers, we often take trust for granted.

Should we?

Commonwealth Fund:
https://www.commonwealthfund.org/publications/newsletter-article/2021/jan/medical-mistrust-among-black-americans

Medical Mistrust and Its Impacts

Trust in health care among Americans has declined in recent decades, and it's worse among Black Americans.

Black Americans are more likely than whites to say they don't trust their physician

In an October 2020 poll, 7 of 10 Black Americans say they're treated unfairly by the health care system and 55% percent say they distrust it.

Mistrust may prevent people from getting care.

People who say they mistrust health care organizations are less likely to take medical advice, keep follow-up appointments, or fill prescriptions.

People who say they mistrust the system are much more likely to report being in poor health.

A race-conscious and reparative approach

SPECIAL SERIES: HEALTH POLICY CATALYST

A Restorative Justice Project in Kidney Allocation—The Wait Time Modification for Black and African American Candidates Affected by the Race-Based eGFR Equation

Pavlakis, Martha

Author Information

Journal of the American Society of Nephrology 34(10):p 1618-1620, October 2023. | ***DOI:*** 10.1681/ASN.0000000000000198

JAMA Internal Medicine

Original Investigation | Health Equity

Wait Time Modifications for Black Transplant Candidates Affected by Race-Based Kidney Function Estimation

Rohan Khazanchi, MD, MPH[1,2,3]; Aaron Fleishman, MPH[3,4]; Nwamaka D. Eneanya, MD, MPH[5]; et al

» Author Affiliations | Article Information

Key Points

Question How did national kidney transplant rates change after the implementation of wait time modifications for Black candidates affected by race-based kidney function estimation?

Findings From January 2023 through June 2025, a total of 21 119 modification recipients were allocated 51 061 person-years of waitlist time. In interrupted time series analyses, policy implementation was associated with an increase of 5.3 transplants per 1000 Black candidate listings, with significant increases among preemptive and postdialysis candidates and without significant changes in living donor transplant rates or transplant rates among non-Black and/or Hispanic candidates.

Meaning A national policy intervention to retrospectively remedy the harms of race-based kidney function equations was associated with increased transplant rates among Black candidates.

Heart Failure Care at the BWH

- Patients admitted to the specialty Cardiovascular Center receive:
  - Specialty-trained nursing, pharmacy and discharge planning
  - Single, larger and nicer rooms

- Previous research indicates better outcomes for heart failure (HF) patients admitted to Cardiology vs GMS

- Shapiro cardiology remains a limited resource: ~2/3 CHF patients admitted here

Circulation: Heart Failure

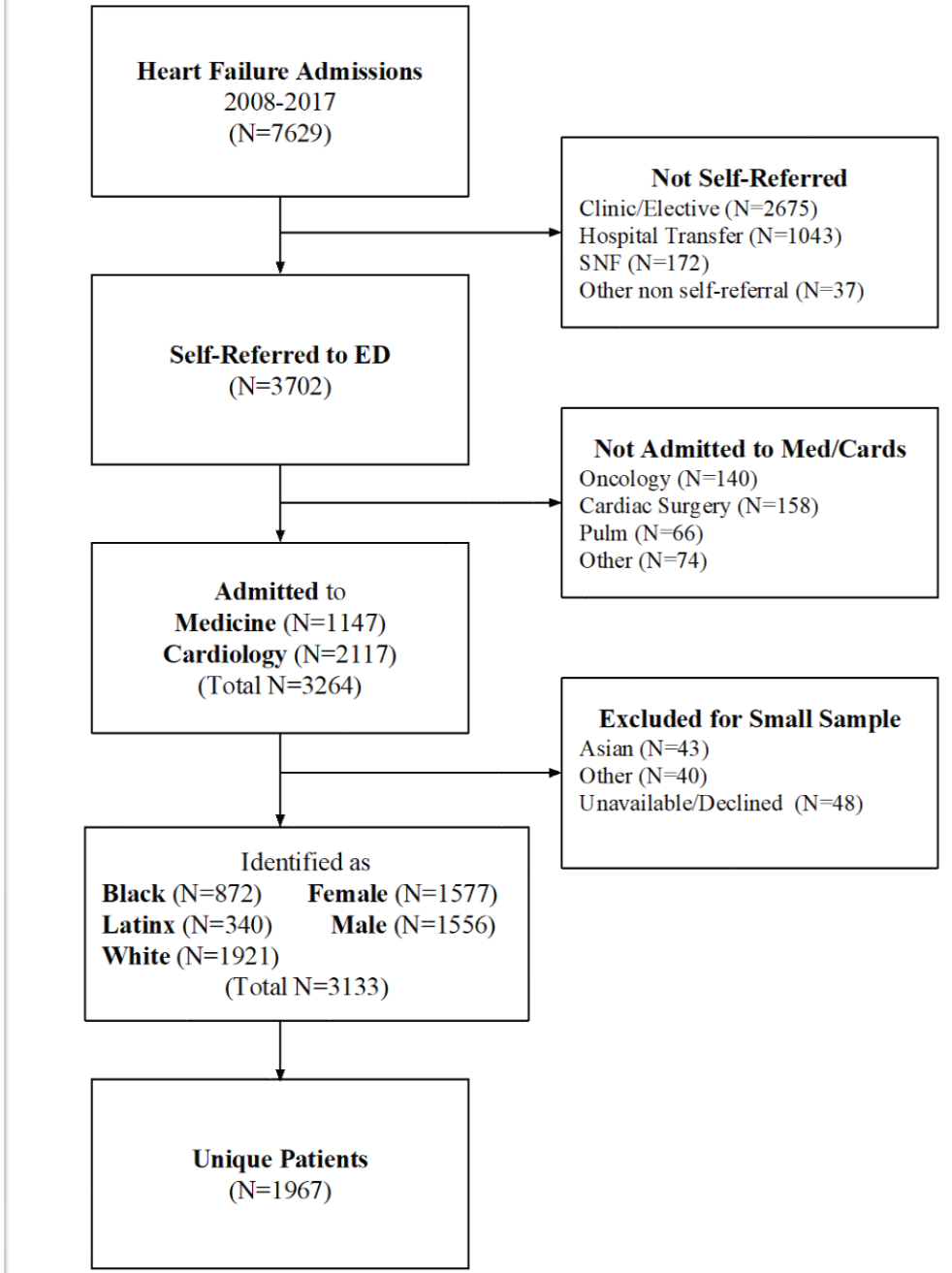
ORIGINAL ARTICLE

Identification of Racial Inequities in Access to Specialized Inpatient Heart Failure Care at an Academic Medical Center

- Guided by Public Health Critical Race Praxis
- Considered race to be a social construct
- Hypothesized that differences in HF outcomes were due to structural drivers rather than biological causes.

Study:

- All admissions, 2008-2017, with principal diagnosis of HF
- Only patients self-referred to ED and admitted to Medicine (GMS) or Cardiology
- Primary outcome: admission to Cardiology



What does ‘socially constructed’ mean?

Races can be understood as a “traces of history,” since racialization acts to reflect, justify, and reproduce—into the present—the unequal relationships engendered by specific historical agendas of colonization and domination.

E.g. racism may be redundant since *race is already an ‘ism’*

WOLFE, P. TRACES OF HISTORY: ELEMENTARY STRUCTURES OF RACE, VERSO, 2016

Definitions

Race

- A historically contingent, socially constructed means of hierarchically grouping people, linking physical characteristics to cognitive, moral, or cultural ones. Modern racial groups lack a genetic or biologic basis and were generated from specific forms of European colonialism. Race and racial groups change over time.

Wolfe P. Traces of History: Elementary Structures of Race. Verso. 2016.

Heart Failure: Study Outcomes

Raw data:

- 67% of White vs 53% of Black and Latinx patients admitted to Cardiology

Primary Outcome, multivariate analysis:

- Black and Latinx patients admitted to Cardiology less frequently than White peers

Characteristic	Multiply Imputed Analysis		
	Adjusted RR	95% CI	*P* Value
Race			
White	ref		
Black	0.91	0.84–0.98	0.015
Latinx	0.84	0.73–0.96	0.012

Secondary Outcomes, Cardiology admission associated with:

- Significantly decreased likelihood of hospital readmission (hazard ratio = 0.84, 95%CI 0.72-0.97)
- Increased outpatient Cardiology follow up (46% vs 25% for GMS)

	Rate Ratio of Admission to Cardiology	95% CI	*P* Value
Black vs white	0.74	0.63–0.87	0.0001
Latinx vs white	0.75	0.60–0.95	0.014
Female vs male	0.86	0.77–0.96	0.0055

Provider – Patient Interactions

ORIGINAL ARTICLE PEER-REVIEWED

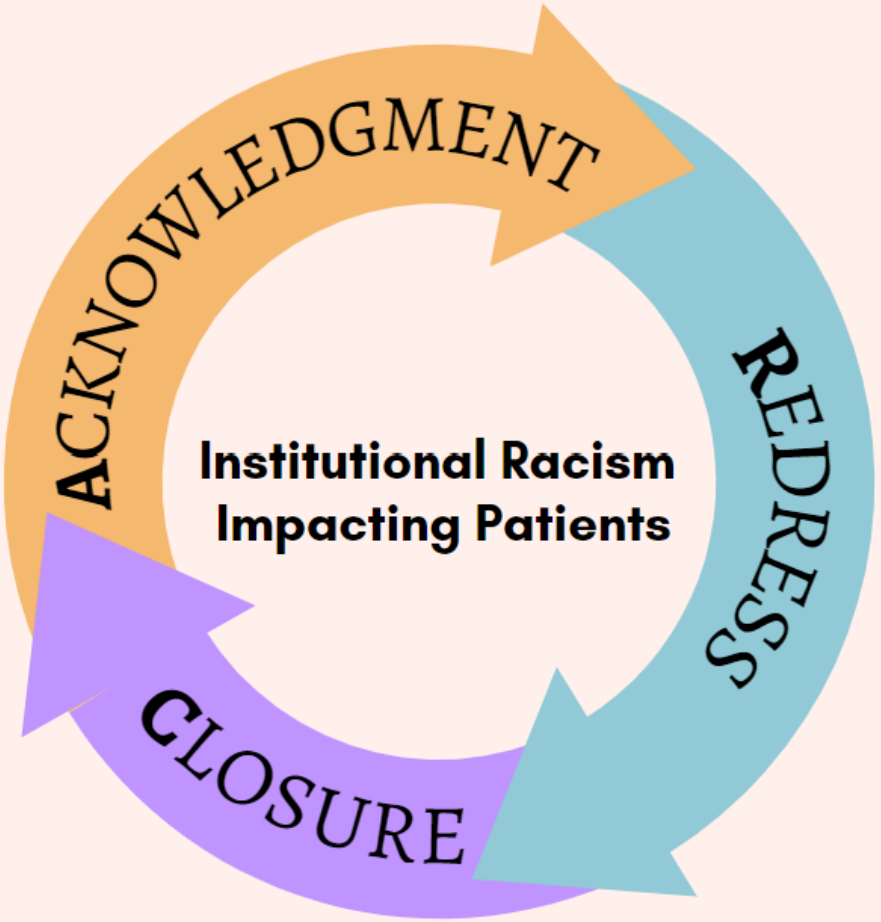
Heart Failure Admission Service Triage (H-FAST) Study: Racialized Differences in Perceived Patient Self-Advocacy as a Driver of Admission Inequities

Emily C. Cleveland Manchanda, Regan H. Marsh, Chidinma Osuagwu, Jennifer Decopain Michel, Julianne N. Dugas, Michael Wilson, Michelle Morse, Eldrin Lewis, Bram P. Wispelwey

Published: February 16, 2021

- White patients are perceived to advocate for specialty care more often and more strenuously, and providers are responsive to this.
- Clinicians were more likely to report having spoken with this outpatient provider for white patients than for Black or Latinx patients (24.3 vs 16.7%).

Healing ARC



A Reparative Approach

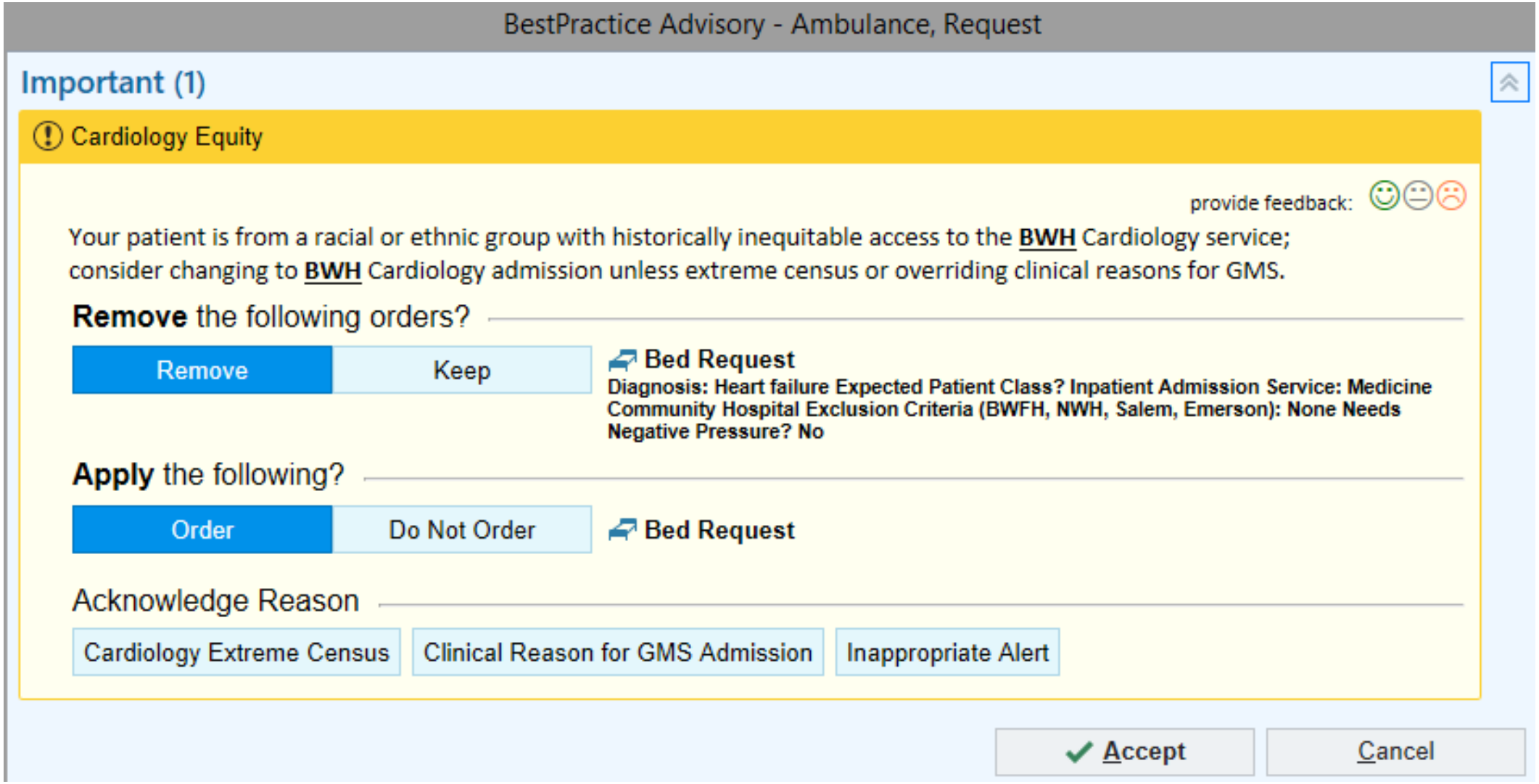
1. **Acknowledgment**
   Voice responsibility
2. **Redress**
   Take compensatory action
3. **Closure**
   Ensure community agreement and oversight

Wisdom Councils Guide Healing ARC Implementation for Institutional Accountability

This figure shows how the Wisdom Council facilitates the implementation of the Healing ARC model of addressing institutional racism.

Source: Content supplied by A. Kirsten Mullen, William A. Darity, and authors

Redress: through clinical decision support



Did the clinical decision support system work?

NEJM Catalyst | Innovations in Care Delivery

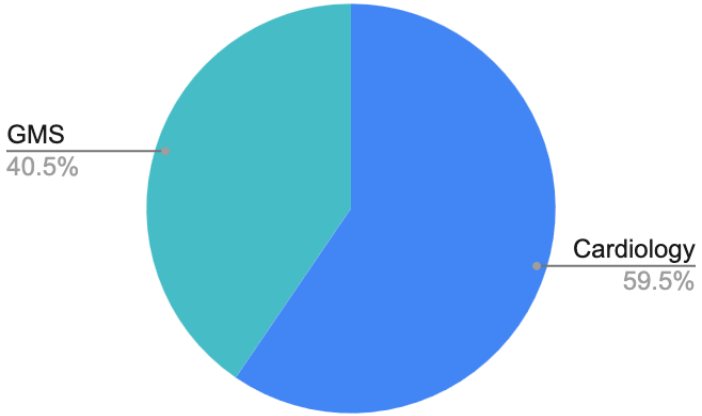
CASE STUDY

A Healing ARC for Institutional Trustworthiness: Evaluating a Clinical Decision Support System to Redress Racial Inequities

59.5% Black and Latine patients who were initially admitted to GMS were rerouted to Cardiology

Between Jan 2022 and Nov 2024, 125 patients were rerouted as a result of the CDSS, eclipsing the total group-based inequity from 2008-2017

Analysis of overall service inequity is ongoing, but preliminary data is encouraging



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