

Racial Disparities in Healthcare

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Tamora Lewis MD, PhD

Michelle Wimes, JD

7th Annual Regional Neonatal Conference

Friday, June 4, 2021



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Disclaimer

- The information shared in this panel discussion and resources shared on today serve as examples of how NICUs, providers and healthcare workers can eradicate systemic racism in their practices and support Black mothers and neonates. We understand that the views expressed today may be uncomfortable but are based in historical fact. In order to achieve health equity for our Black infants, we must have a shared understanding of this historical context and how to move forward to create more equitable and just perinatal care.
- As such, some of the recommendations presented will take an intentional and collaborative effort to be applied to your hospital setting. Guidelines and recommendations should be adapted to best fit your patient population and local community needs.

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Disclosures

JC Cowden – Consultant for American Board of Pediatrics

T Lewis – Consultant for MITRE Corporation

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Today's Panelists

John "JC" Cowden, MD, MPH

Culture and Language Coaching Program Director
Health Equity Integration Project Leader
Children's Mercy Kansas City
Professor of Pediatrics
UMKC School of Medicine

Tamora Lewis, MD, PhD

Associate Professor, Department of Pediatrics
Divisions of Neonatology & Pediatric Clinical Pharmacology
Children's Mercy Kansas City
UMKC School of Medicine

Michelle P Wimes, JD

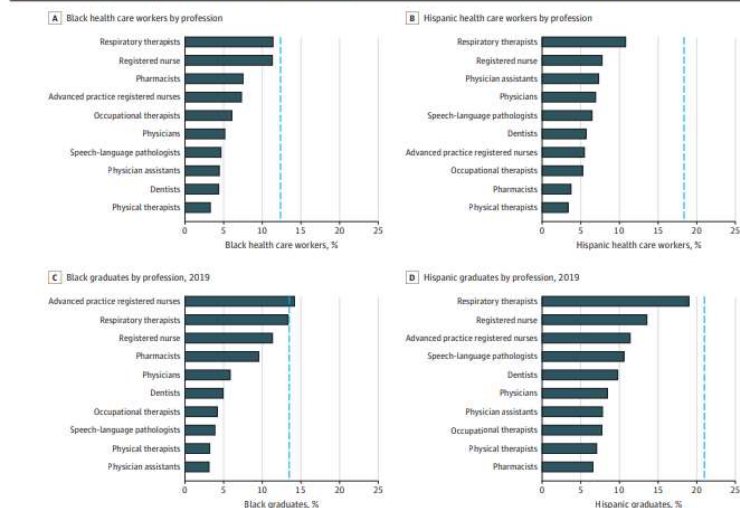
Senior Vice President & Chief Equity & Inclusion Officer
Children's Mercy Kansas City

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Figure. Representation of Black and Hispanic Individuals in the Health Care Workforce and Health Care Profession Graduates in 2019



A and B. For the current workforce, the vertical line represents the percentage of the working-age population who are Black or Hispanic individuals. In 2019, Black individuals comprised 12.1% and Hispanic individuals comprised 18.2% of the US health care workforce. C and D. For the educational pipeline of 2019 graduates, the vertical line

represents the percentage of the general population between the ages of 20 and 35 years who are Black or Hispanic individuals. In 2019, 13.7% of the US population aged 20 to 35 years was Black (non-Hispanic), and 21.3% of the population was Hispanic.

JAMA Network Open. 2021;4(3):e213789. doi:10.1001/jamanetworkopen.2021.3789

March 31, 2021 5/10



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The Washington Post
Democracy Dies in Darkness

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Health

Mortality rate for Black babies is cut dramatically when Black doctors care for them after birth, researchers say

Rachel Hardeman has dedicated her career to fighting racism and the harm it has inflicted on the health of Black Americans. As a reproductive health equity researcher, she has been especially disturbed by the disproportionately high mortality rates for Black babies.

In an effort to find some of the reasons behind the high death rates, Hardeman, an associate professor at the University of Minnesota School of Public Health, and three other researchers combed through the records of 1.8 million Florida hospital births between 1992 and 2015 looking for clues.

They found a tantalizing statistic in the Florida births. Although Black newborns are three times as likely to die as White newborns, when **Black babies were cared for by Black doctors after birth** — primarily pediatricians, neonatologists and family practitioners — their mortality rate was cut in half. They found an association, not a cause and effect, and the researchers said more studies are needed to understand what effect, if any, a doctor's race might have on infant mortality.

(Dora Kozlowski for The Washington Post)

SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF MINNESOTA

Physician-patient racial concordance and disparities in birthing mortality for newborns
Greenwood, Hardeman, Huang, Sojourner et al 2020. PNAS



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The Paper in One Slide

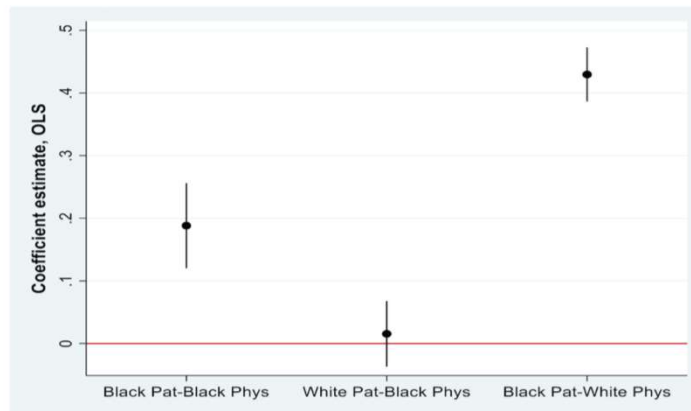


Figure 1. Effect of Racial Concordance on Patient Survival, Disaggregated based on Column 4 of Table 1. Patient White - Physician White serves as the baseline. Estimates displayed in the absence of the physician fixed effect to allow comparison across physician race. Includes controls, hospital fixed effect, and time fixed effects. 95% CI Displayed.

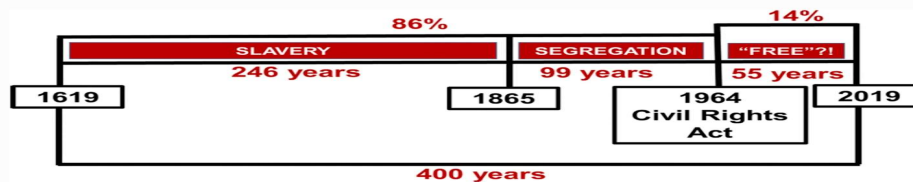


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History of African-Americans in the US

Fig. 1

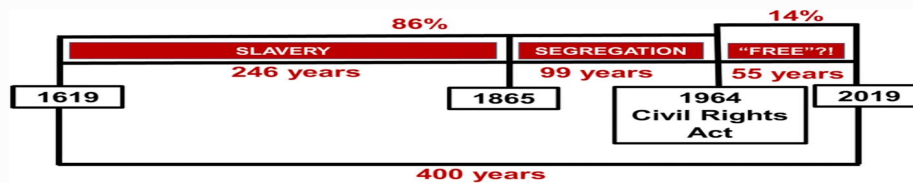
From: *Neighborhood-Level Mass Incarceration and Future Preterm Birth Risk among African American Women*



400-Year history of African Americans in the USA (1619-2019)

Fig. 1

From: *Neighborhood-Level Mass Incarceration and Future Preterm Birth Risk among African American Women*



400-Year history of African Americans in the USA (1619-2019)

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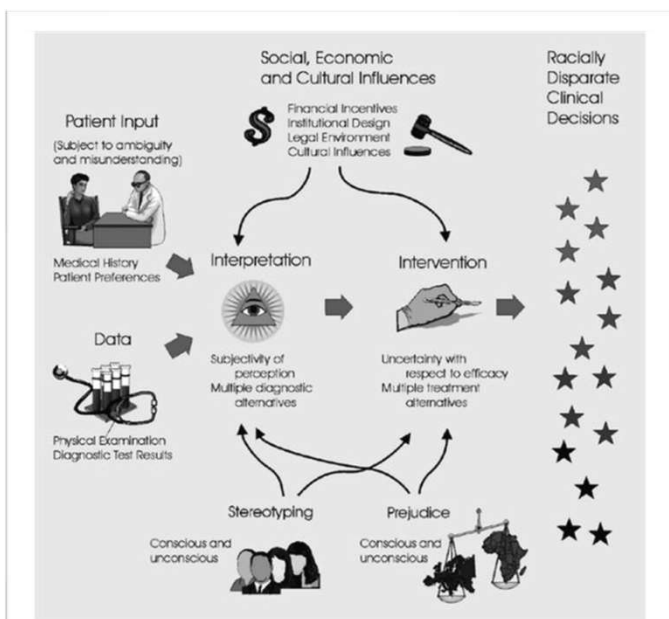


FIGURE 3-1 An integrated model of healthcare disparities.

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In February 2020 *The BMJ* published a [themed issue in Racism on Medicine](#) which was guest-edited by Victor Adebowale and Mala Rao. It aimed to highlight the discrimination and health inequalities related to race and ethnicity experienced by patients and doctors.

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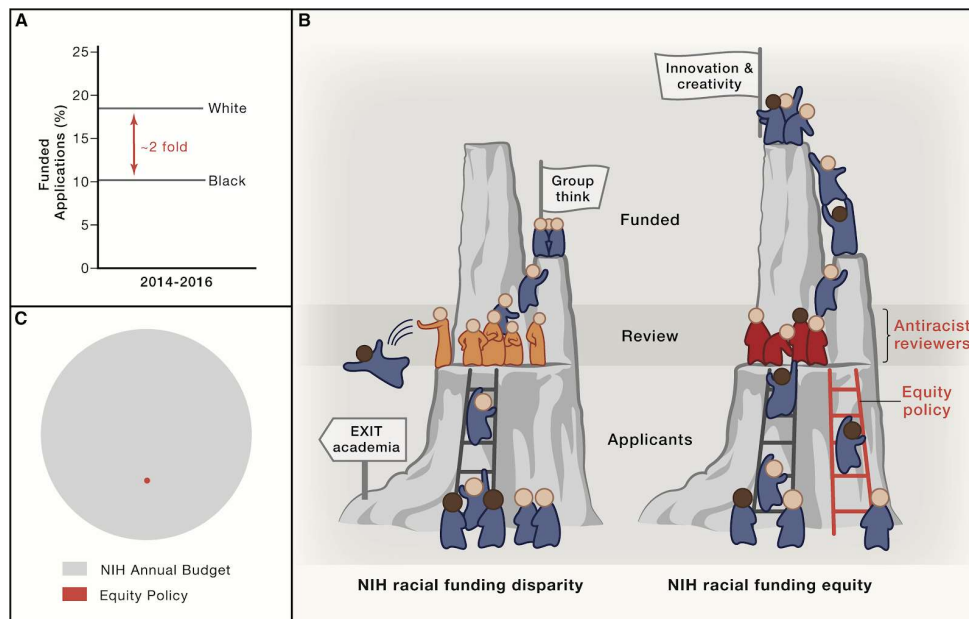
Epistemic Injustice

CONDITION	DESCRIPTION	ASPECT OF (IN)JUSTICE
The disadvantage condition	Suffer epistemic and/or socioeconomic disadvantages and inequalities as a result from the discrimination	Unfair outcome
The prejudice condition	Discrimination must involve prejudiced (i.e., unfair) sentiments about the speaker	Unfair judgment about epistemic capacity
The stakeholder condition	Must be somehow affected by the decisions that they are excluded from influencing	Unfair denial of stakeholder rights
The epistemic condition	Possess knowledge that is relevant for the decision that they are excluded from	Unfair denial of knowledge
The social justice condition	At the same time also suffer from other social injustices	Unfair existing vulnerability

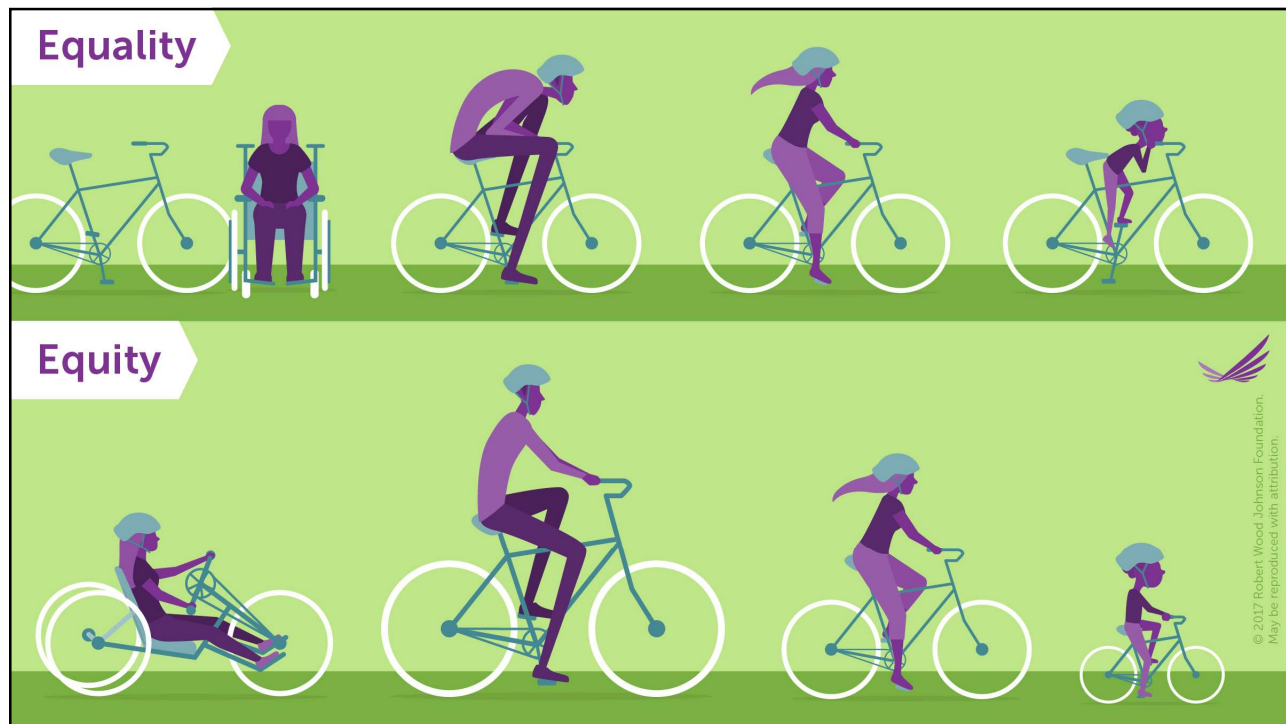
Modified from Table 1; Byskov, *Journal of Social Philosophy*, 2020



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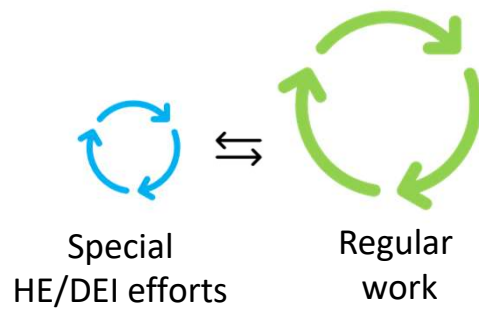


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Health Equity Integration Project

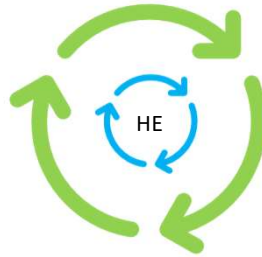


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Health Equity Integration Project



Regular work

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Health equity, like safety, is everybody's work.



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Health equity, like safety, is everybody's work.

HEALTH EQUITY
IS OUR
RESPONSIBILITY
EACH AND EVERY
ONE OF US

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Primary Tools... standard questions that we always ask

1. DEI Checklist
2. Universal Question(s)

Children's Mercy
KANSAS CITY

Team: _____

Diversity, Equity, and Inclusion (DEI) Checklist

☐ **STEP 1. Get into a "Diversity, equity, and inclusion" frame of mind.**
Review these concepts that should be considered while discussing your team's work.

Equity	attention of the highest level of organizational leadership for all
Equity/Inequity	disclosure of organizational inequities based on the location of individual or group diversity
Diversity	the various attributes and experiences within our team and the broader community that we serve
Inclusion	ensuring all people in our team feel welcome and provided a supportive environment for their growth
How Inequity is explicit	ensuring all people in our team feel welcome and provided a supportive environment for their growth
Reason	ensuring all people in our team feel welcome and provided a supportive environment for their growth
Act reason	ensuring all people in our team feel welcome and provided a supportive environment for their growth
Cultural humility and competency	ensuring all people in our team feel welcome and provided a supportive environment for their growth
Social determinants of health	ensuring all people in our team feel welcome and provided a supportive environment for their growth

☐ **STEP 2. Think about diversity broadly.**
There are many characteristics of diversity known to contribute to disparities in opportunity, engagement, and health in our communities and our workplaces. These include:
Age, education, job role, income, neighborhood/ZIP code, disability, gender identity, sexual orientation, race/ethnicity, language preference, literacy, religion, immigrant status, acculturation, [and many others](#)

☐ **STEP 3. Ask at every turn.**
When discussing these areas, observation gathering, and tactics, explore how concepts and characteristics listed in STEPS 1 & 2 relate to the questions your team is addressing.

☐ **STEP 4. Keep track of your thoughts.**
Please use the worksheet on the next page to record how the concepts above do or don't apply to each step of your process.

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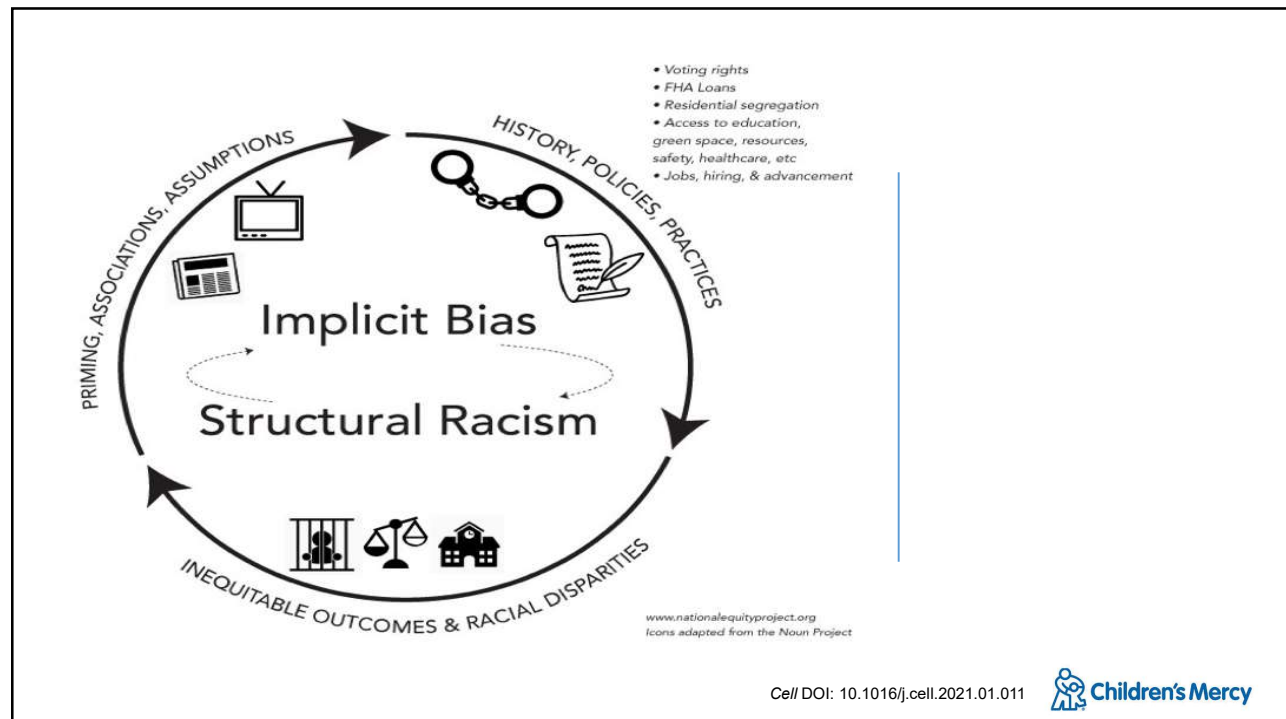
Social Determinants of Health

In many ways, the current approach to the SDOH within medical education positions them as “facts to be known” rather than as “conditions to be challenged and changed.” Educators talk about poverty but not oppression, race but not racism, sex but not sexism, and homosexuality but not homophobia.

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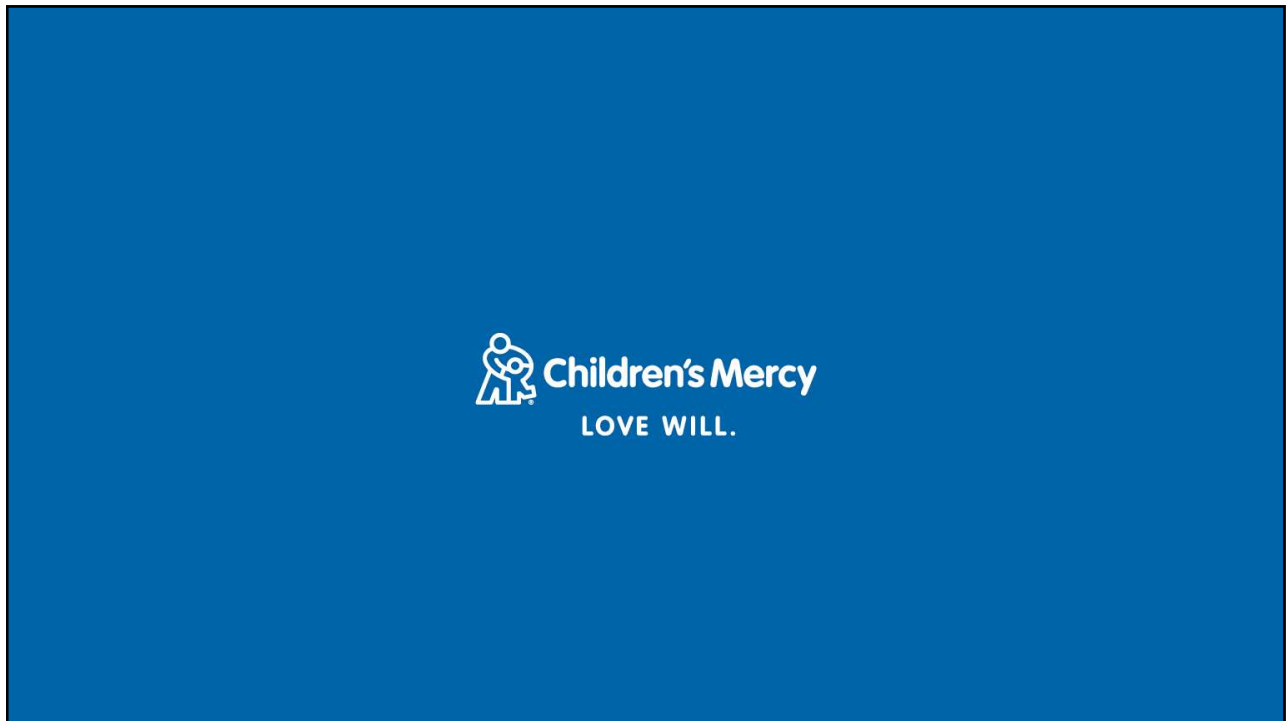
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