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Summer Institute on Race and Health: Racial Inequities in Health

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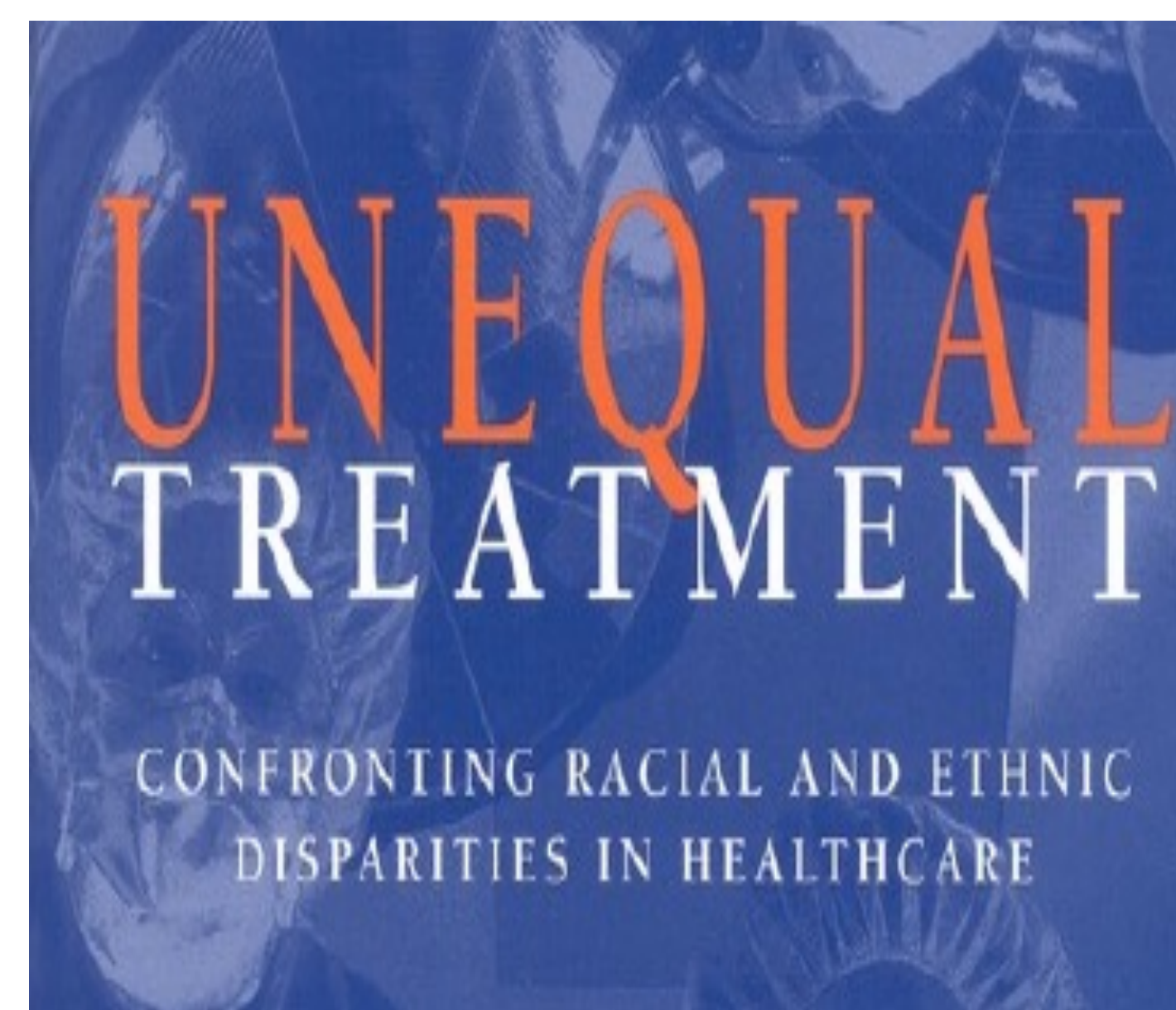
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Abstract

Racial inequities in medicine have impacted health outcomes in various communities. These inequities have been documented in journals to highlight racial inequities in health status, racial inequities in clinical algorithms, and racial identity and health. We conducted a review of literature and selected 95 articles to analyze and summarize in an annotated bibliography. The annotated bibliography was sorted into four categories: racial inequality in health status, racial inequality in clinical algorithms, racial identity and health (ex. mental health, development, schooling, etc.) including biracial and multiracial individuals, and the impact of racism on health. These articles highlight a theme of racial inequities in policy making, racial perceptions which influence clinical decision making, and the use of race as a sole indicator for diagnosis and treatment options in clinical algorithms. Racist perceptions against non-white patients were found to negatively influence clinical decision making in emergency settings.

Introduction

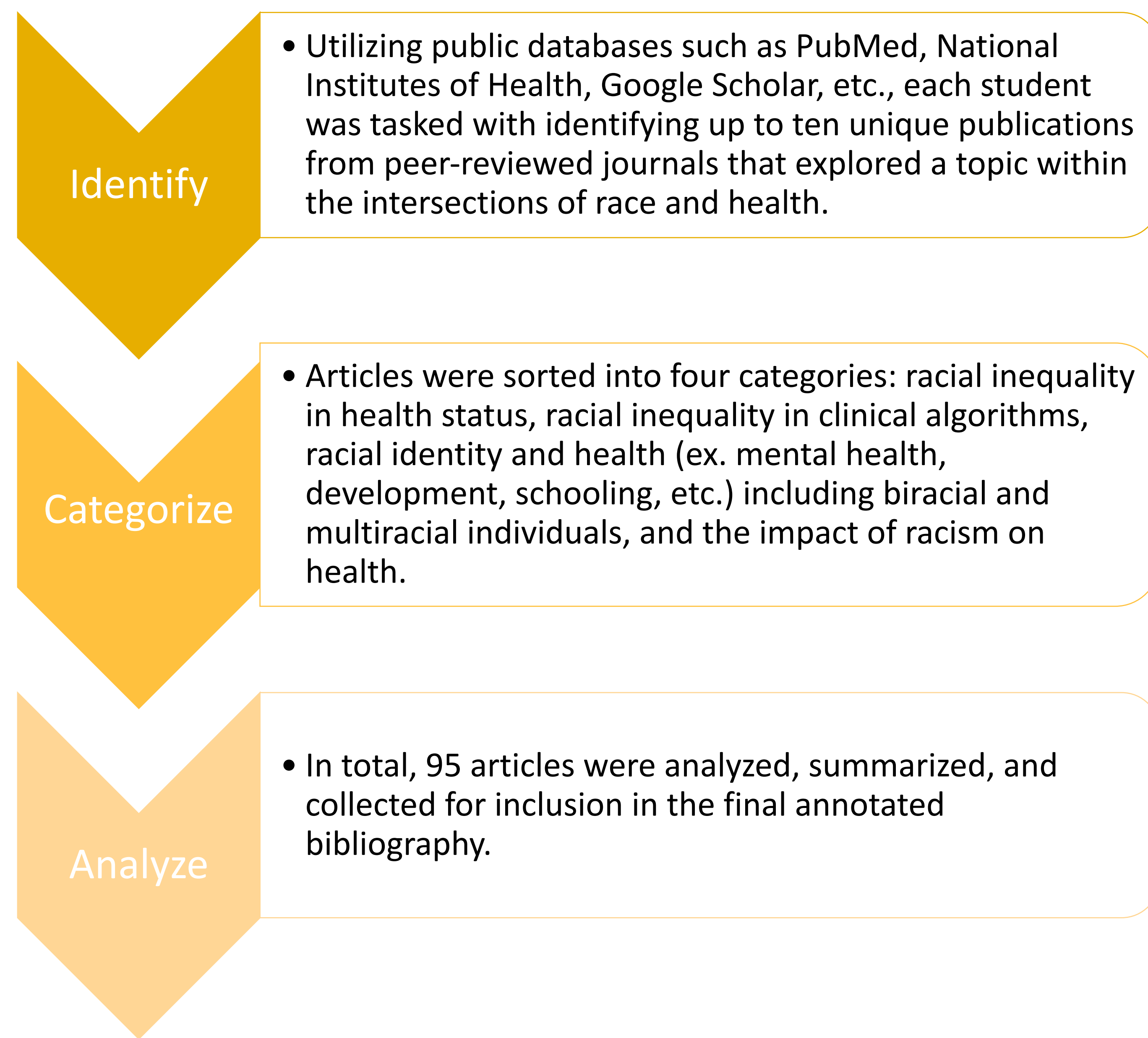
- In 2011, Dr. Jann Murray-Garcia founded the Summer Institute on Race and Health, a cohort-based, 4-week intensive summer program that allows students to explore their racial identity through a historical lens.
- The Institute challenges medical students to think about the racial inequities in various communities and how it impacts health outcomes.
- In 2021, 11 students from the TEACH-MS and RURAL PRIME tracks participated in the summer program due to their desire to serve diverse communities and advocate for systemic change.
- The annotated bibliography stems from Dr. Murray-Garcia's vision to create a centralized source of information that shows existing racial inequities in medicine and highlight ongoing efforts and potential solutions to address them.



Objective

To conduct a review of literature on racial inequities in health status, identity, clinical algorithms and the impact of racism on health outcomes.

Methods



Results

Racial Inequality in Health Status

- Disproportionate health outcomes according to race, immigration status, zip code and SES. Outcomes improve with having a language concordant PCP, measures of appropriately classifying heterogeneous groups to improve health management are still needed.
- Black patients are at higher risk of death due to pregnancy related causes, yet also have inadequate pain control provided during cesarean births. Zip codes with a majority Black population have increased rates of asthma and it has been noted that Black individuals disproportionately had occupations associated with contracting COVID-19.
- Other occupations assessed include farmworkers, who have higher odds of developing AKI. In terms of the impact of immigration status, Vargas and Ybarra note that undocumented families are less likely to report optimal physical health. Other factors reviewed such as lower SES demonstrate a higher prevalence of childhood obesity.

Impact of Racism on Health

- The history of racism in the United States, including segregation of healthcare, medical experimentation on people of color, and medical literature has created modern health disparities.
- Structural racism in healthcare access and implicit bias of healthcare professionals also results in health inequities.
- Decreasing racial inequities in social determinants of health including healthcare access, housing, education, neighborhood crime rates, and employment can decrease health inequities.

Results

Racial Identity and Health

- Articles explored topics on racial identity and health. This included topics such as the impact of exclusionary immigration policy on the Latinx community, the impact of western superiority and acculturation on mental health in specific Asian subgroups.
- Studies have demonstrated a persistent health disparities for the Black community even in higher socioeconomic subgroups.
- Additionally, one study explored the relationship between appearance congruence and internalized transphobia on transgender and gender non-conforming youth mental health.

Racial Inequality in Clinical Algorithm

- In the absence of robust guidelines in disease treatment and follow-up, non-White patients are at risk for receiving substandard healthcare.
- It is important that the data used to create modern instruments in healthcare, such as AI or genomics, stem from a representative population, as it has been found that many are devoid of data from those of Non-European descent.
- Race-based clinical algorithms lead to clinical mismanagement. The Vaginal Birth After Cesarean tool is a notable example that was only removed in 2021. Many rheumatologic diseases still utilize race for diagnosis and treatment, as well, with many recommendations based on questionable research.

Conclusion

Key Findings

- Racist policies in residential, legal, and healthcare settings are the foundation of health inequalities seen among different races in the United States today.
- Racist perceptions against non-white patients negatively influence clinical decision making in emergency settings.
- While race is used as an approximation for genetics, it is often used as the only indicator for genetic variance in clinical diagnosis and treatment plans.

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