DREXEL UNIVERSITY
Center for
Professionalism and
Communication in Health Care
*College of Medicine*

# Antiracism in Health Care Overview

The Antiracism Curriculum to Promote Diversity, Equity, and Inclusion in Health Care Education was made possible by a generous grant from the Josiah Macy Jr. Foundation in 2021. The Antiracism module contains the following sections.

**Medicine and the Myth of Race**
Although it is widely recognized that race is a social construct, biases and stereotyping based on outdated notions of biological differences persist in medical practice. Throughout U.S. history, prominent physicians have conducted pseudoscientific studies and contributed writings to "racial science" that have supported notions of the inferiority of people of color. Physicians and organizations, such as the American Medical Association, have been openly racist in the past. Today's health care students and providers can lead the way in providing just and equitable care to all. This section details when slavery began and highlights transgressions against Black people, some in the name of health care. The section concludes with our moral responsibility to recognize the trauma that our patients have faced and work to create effective therapeutic approaches to care.

**Racial Disparities in Healthcare**
Structural, cultural, and individual racism takes a severe toll on the health of Black, Indigenous, and people of color communities. This toll includes increased morbidity and mortality when compared to White communities due to many factors, including wide disparities in wealth, the ability to afford and access care, and inadequate health care delivery. This section reviews the many causes of these disparities from government and private policies and the adverse psychophysiological effects of the stress of racism.

**The Roots of Racism: A Biopsychosocial Formulation**
Since our country's founding, there has been systematic oppression and the creation of vast inequities between White people and people of color. A biopsychosocial approach can shed light on how racism and other biases have flourished. Racism is multidetermined and has complex origins. This section summarizes a few key features of its origins in biology, psychology, and the way we construct our societies.

**Critical Race Theory, Intersectionality, Colonialism, Structural Racism**
This section defines critical race theory, intersectionality, colonialism, and structural racism and explains how each has manifested itself in the U.S.

**Clinical Ethics and the Mandate for Antiracism**
Foundational concepts, principles, and duties guiding contemporary clinical ethics provide a clear mandate for antiracist action in the care of patients and communities. This section covers key points for understanding the

social contract, human rights, guiding ethical principles, essentials of caring, and virtue as a personal commitment.

**Ethical Dimensions of Racism**
Medical ethics have been heavily influenced by racism, specifically through the false assumption of race as a biological difference rather than a social construct. It is the responsibility of health care clinicians to understand the impact of structural racism and implicit bias as they relate to their own ethical decision-making. This section looks at how historical has had an impact across generations and has resulted in a high level of mistrust of patients toward clinicians, which have shaped treatment decisions.

**Race Consciousness and Antiracism**
Race consciousness is an explicit acknowledgment of the workings of race and racism in social contexts or in one's personal life. In health care, this means acknowledging that racial health inequities are the result of racism, not the result of genetics. Applying race-consciousness to health care requires an appreciation of the complex historical journey of Black people and/or persons of color, knowledge of disparities in health that may facilitate or inhibit optimal levels of care for these individuals and their families, and the self-appraisal of one's attitudes, feelings, beliefs, and biases towards Black people and/or persons of color. This section describes the privilege wheel and White fragility.

**Racial Conflict**
Racial conflict is a type of social conflict that results in threatened or actual harm to the targeted racial group based on perceived racial differences. Racial conflict is inextricably linked to stereotypes, bias, privilege, discrimination, racism, and inequities. This section includes the nature of racial conflict and contributing factors.

**Confronting Our Biases**
Biases are learned beliefs and attitudes about others that may be positive or negative, like prejudice and stereotypes. Being targeted on a daily basis leads to heightened watchfulness or even vigilance, which has serious implications for chronic stress and health. This section explains how Black people and other non-White racial groups regularly face discrimination from health care providers. Since conscious and unconscious bias involve learned stereotypes, values, and behaviors, it is believed that they can be unlearned and reduced through conscious attention.

**Diversity and Cultural Humility**
Leaders in various disciplines are increasingly realizing the importance of recognizing diversity and applying cultural humility for successful outcomes. encouraged educators to shift away from the goal of achieving cultural competence to that of cultural humility, which is self-evaluation in addressing the power imbalances of the patient-clinician dynamic. This section describes cultural humility, the behaviors to adopt cultural humility, and the alignment of cultural humility with diversity to support positive outcomes.

**Microaggressions**
Microaggressions are defined as verbal, nonverbal, and/or environmental slights, snubs, or insults that are either intentional or unintentional. They convey hostile, derogatory, or otherwise negative messages to target persons based on their membership in a structurally oppressed social group. Individual microaggressions may appear small or insignificant, but part of the harm is the day-to-day accumulation of being targeted repetitively

in a variety of different contexts over time. This section provides examples of microaggressions and appropriate responses.

**Discrimination**
Discrimination is behavior arising from shared cultural stereotypes and other mistaken beliefs about groups of people based on one aspect of their social identity, such as race, age, or gender. There are three different types of discrimination: direct, indirect, and intersectional. This section defines discrimination, offers some examples of racial discrimination throughout history, explains the impact it can have on health, and discusses how discrimination is a systemic issue.

**Advancing Racial Equity**
This section defines health and health care equities, inequities, and disparities; social and structural determinants of health; and racism as a determinant of health. We also examine how each of five social determinants likely impact overall health and explain how lack of access to oral health contributes to health disparities.

**Racial Equity in Research, Policy, Procedures, and Practices**
The pervasive impact of racism is systemic in its deepest and broadest roots. To achieve racial equity, we must explore and address oppressive policies, procedures, and practices. Medical and scientific research that informs health care policies, procedures, and practices must be intentional to use an inclusive approach that promotes health equity. This section covers structural racism and competency, racial equity in research, race as a social construct, race norming, and race-based protocols.

**Antiracist Approaches to Clinical Care**
Increasing diversity in the health care workforce is accepted as an effective strategy for addressing access to care and health disparities in vulnerable populations. This section discusses racial and ethnic representation, cultural competence and cultural humility, effective teams and communication, and racist patient responses.

**Antiracism in Action**
One of the most effective ways to combat racism is allyship, defined as a willingness to be an activist on racial issues. This section explains performative allyship, describes how to be an effective ally, and demonstrates examples via videos.

**Advocacy**
What must we all do about inequities as clinical students and practitioners within our own sphere of work? There are specific opportunities in the care of our patients for interrupting and repairing inequities. This section outlines what learners can do at various advocacy levels, including patient interaction, the care team, the institution, the community, and the public policy level.

***For more information about the free antiracism module, contact Bruce Wartman at bdw27@drexel.edu.***