O. N. Ray Bignall II, MD, FAAP, FASN | @DrRayMD | he/him
Director, Kidney Health Advocacy and Community Engagement, Nationwide Children’s Hospital
Assistant Professor of Pediatrics, The Ohio State University College of Medicine
Association of Medical School Pediatric Department Chairs Annual Meeting – March 6, 2021

Until Earth and Heaven Ring:
How Pediatric Departments Can Recognize & Help Dismantle Systemic Racism
Objectives

- **Define Racism**, and overview its historical context in the United States
- Briefly highlight a few of the *racial/ethnic health disparities* we see in pediatrics, **link them to structurally racist and unjust systems** that perpetuate these disparities.
- Discuss **changes pediatric department chairs, administrators, and leaders can make to help dismantle systems of inequality** and promote health equity and justice.
Disclosures

• I have no relevant financial relationships with any commercial interests.
“Justice will not be served until those who are unaffected are as outraged as those who are.”

Photo collage source: Instagram user @kenreallyedits @kenslerb
Quote attributed to: Benjamin Franklin
Racism is the most significant and pervasive cultural paradigm in the United States of America.
Racism and Structural Inequality in America

STRUCTURAL INEQUALITIES
Racism and Structural Inequality in America

STRUCTURAL INEQUALITIES

- Residential Segregation
- Housing and Shelter
- Income Inequality
- Education
- Food Insecurity
- Environmental Justice
- Policing
- Health Inequities
STRUCTURAL INEQUALITIES

Residential Segregation
Housing and Shelter
Income Inequality
Education
Food Insecurity
Environmental Justice
Policing
Health Inequities
The myth of “de facto” segregation

The most historically segregated cities are in the Northeast and Midwest

This segregation was legally enforced and federally directed through “red-lining” and “restrictive covenants”

Historically red-lined communities remain those with disproportionate poverty and municipal disinvestment

Black families forced to rent en masse

Mapping Inequality (University of Richmond); Richard Rothstein, *The Color of Laws*

Racism and Systemic Inequality in America
The myth of “de facto” segregation

The most historically segregated cities are in the Northeast and Midwest

This segregation was legally enforced and federally directed through “red-lining” and “restrictive covenants”

Historically red-lined communities remain those with disproportionate poverty and municipal disinvestment

Black families forced to rent en masse

Mapping Inequality (University of Richmond); Richard Rothstein, The Color of Laws
New Deal Era housing policies often replaced integrated neighborhoods with segregated housing projects. “Not-in-my-backyard” movement thwarts expansion of low-income housing to address housing crisis. African Americans: 17.7% less likely to be offered rental property.
New Deal Era housing policies often replaced integrated neighborhoods with segregated housing projects.

“Not-in-my-backyard” movement thwarts expansion of low-income housing to address housing crisis.

African Americans: 17.7% less likely to be offered rental property

Marge Turner, The Urban Institute; Richard Rothstein, The Color of Law
• Structural barriers prevent wealth-building in Black communities:
  – Wage inequality
  – 3x unemployment rate
  – Banking and lending discrimination
  – Racial disparities in home ownership
  – Little intergenerational wealth

The Economic Policy Institute; The United States Census Bureau;
• Structural barriers prevent wealth-building in Black communities:
  – Wage inequality
  – 3x unemployment rate
  – Banking and lending discrimination
  – Racial disparities in home ownership
  – Little intergenerational wealth
THE GEORGE FLOYD KILLING IN MINNEAPOLIS EXPOSES THE FAILURES OF POLICE REFORM

Speri, et al., The Intercept; Angenette Levy, WKRC

The Currency of Racism and Structural Inequality in America
STRUCTURAL INEQUALITIES

Segregation
Housing
Food
Income
Education
Environment
Policing
Health


Racism and Structural Inequality in America
Racism – A Practical Definition

“I define racism as a 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.”

-- Dr. Camara Jones, Past President American Public Health Association
Race Is a Social Construct, Scientists Argue

Racial categories are weak proxies for genetic diversity and need to be phased out

By Megan Gannon, LiveScience on February 5, 2016

- There exists no biological basis for race
  - Weak proxies for genetic diversity (including between continental populations)
  - Poorly defined categories, based on social norms
  - Population studies demonstrate greater variation amongst racial groups than between racial groups.

“... modern genetics research is operating in a paradox, which is that race is understood to be a useful tool to elucidate human genetic diversity, but on the other hand, race is also understood to be a poorly defined marker of that diversity and an imprecise proxy for the relationship between ancestry and genetics.”


Racism: the Common Thread Connecting Disparity with Despair
Race Is a Social Construct, Scientists Argue

Racial categories are weak proxies for genetic diversity and need to be phased out

By Megan Gannon, LiveScience on February 5, 2016

- There exists no biological basis for race
  - Weak proxies for genetic diversity (including between continental populations)
  - Poorly defined categories, based on social norms
  - Population studies demonstrate greater variation amongst racial groups than between racial groups.

“… modern genetics research is operating in a paradox, which is that race is understood to be a useful tool to elucidate human genetic diversity, but on the other hand, race is also understood to be a poorly defined marker of that diversity and an imprecise proxy for the relationship between ancestry and genetics.”


Racism: the Common Thread Connecting Disparity with Despair
Racism has been used to justify medical practice for centuries:

- Plantation physicians used spirometers to prove the “weak” lungs of “Full Blacks” or “Mulattoes” compared to “Whites”
- Thomas Jefferson’s *Notes on the State of Virginia* remarked that this data was valuable to prove that Black bodies were “fit for the field and little else.”
- Notion reinforced as recently as early 21st century medical literature (*JAMA*, 1922)
- To this day, race-based estimates of lung capacity have their basis in this history, and remains accepted practice
Systematic anthropometric differences between the races have long been recognized. Among the most noteworthy for our purposes are differences in skinfold thicknesses. As stated previously, lower average values have been reported in both Black adults and youths, especially at limb sites (Steinkamp et al. 1965; Malina, 1969; Johnston et al. 1972). The same observation holds for the population from which this volunteer sample was drawn (Foster et al. 1977). Given the high negative correlations usually found between skinfold thickness and density, one might predict greater densities among Blacks relative to Whites of the same sex. Such was precisely the case in this study. Within each sex, Blacks tend to have thinner skinfolds and higher corporal densities than Whites.
How might racism and structural inequality influence Pediatrics?
Association of Food Insecurity and Acute Health Care Utilization in Children With End-stage Kidney Disease

Michelle C. Starr, MD, MPH1,2,3; Aaron Wightman, MD, MA2,3; Raj Munshi, MD2,3; et al

• Food insecurity is found in ~20% of US households.
• 28 of 44 children (64%) with ESKD were food insecure
  – Higher healthcare utilization
  – Increased infection rate
  – Lower health related quality of life
Association of Food Insecurity and Acute Health Care Utilization in Children With End-stage Kidney Disease

**Structural Inequalities**

<table>
<thead>
<tr>
<th>Housing</th>
<th>• Housing status can impact dialysis options; housing insecurity is a major risk factor for food insecurity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>• Nutrition and CKD-ESKD are inextricably linked; growth impairment; impact on transplant readiness</td>
</tr>
<tr>
<td>Income</td>
<td>• Ability to purchase nutritious food; caregivers who work multiple, low-wage jobs are unavailable to assist with care</td>
</tr>
<tr>
<td>Segregation</td>
<td>• Residential segregation and the historical legacy of redlining often correlates with food deserts</td>
</tr>
</tbody>
</table>

- Increased infection rate
- Lower health related quality of life

**Policing**

• Over-policed neighborhoods are less desirable for investment, less likely to attract supermarkets/fresh food vendors

**Health**

• Increased health care utilization in the context of ESKD is a burden to subsidized safety net programs

Racism, Structural Inequality, and Pediatrics
Neighborhood socioeconomic deprivation is associated with worse patient and graft survival following pediatric liver transplantation

- Only 1/3 of pediatric liver transplant recipients enjoy an optimal outcome
  - Could race and “neighborhood deprivation” (ND) be to blame?
- 2,530 children underwent liver transplant
  - Black children = 41% increased hazard of graft failure
- Each 0.1 increase in ND is associated with:
  - 12% increased hazard of graft failure
  - 13% increased hazard of death
Neighborhood socioeconomic deprivation is associated with worse patient and graft survival following pediatric liver transplantation

• Only 1/3 of pediatric liver transplant recipients enjoy an optimal outcome
  – Could race and “neighborhood deprivation” (ND) be to blame?

• 2,530 children underwent liver transplant
  – Black children = 41% increased hazard of graft failure

• Each 0.1 increase in ND is associated with:
  – 12% increased hazard of graft failure
  – 13% increased hazard of death
Neighborhood socioeconomic deprivation is associated with worse patient and graft survival following pediatric liver transplantation

| Income | Economic inequality deprives these communities of the ability to build and transfer wealth to weather health crises |
| Segregation | The legacy of redlining exerts insurmountable downward pressure on economic viability of these neighborhoods |
| Environment | Communities with high neighborhood deprivation scores are more likely to have unclean air, water, and soil |
| Policing | Over-policed neighborhoods are less likely to receive municipal investment and development |

- Only 1/3 of pediatric liver transplant recipients enjoy an optimal outcome
- Black children = 41% increased hazard of graft failure
- Each 0.1 increase in neighborhood deprivation (ND) is associated with:
  - 12% increased hazard of graft failure
  - 13% increased hazard of death

Economic inequality deprives these communities of the ability to build and transfer wealth to weather health crises. The legacy of redlining exerts insurmountable downward pressure on economic viability of these neighborhoods. Communities with high neighborhood deprivation scores are more likely to have unclean air, water, and soil. Over-policed neighborhoods are less likely to receive municipal investment and development.
but related social constructs. Mainly, we posit that race serves as a measure of inequitable race relations. As such, we hypothesize that differences on the basis of race might be a reflection of interpersonal or institutional discrimination, bias, mistrust in the healthcare system, or increased exposure to adversity over time, as examples. In contrast, neighborhood deprivation serves as a measure of inequitable class relations. As such, we hypothesize that any differences on the basis of neighborhood deprivation may be due to financial strain (e.g., unable to make ends meet), transportation challenges, diminished access to primary care, or difficulty in accessing a pharmacy, as examples. In the present study, we demonstrate that neighborhood socioeconomic deprivation and black race are important predictors of adverse outcomes. Future studies are needed to identify why black children are at increased risk of graft failure and death after liver transplantation to realize equitable outcomes.
How do you use race in your research or clinical practice?
IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have tremendous affect on an individual’s health regardless of age, race, or ethnicity.

Systems of inequality that inhibit the attainment of wealth and opportunity.

Chronic under-investment and shady real estate practices that cause displacement.

Unhealthy behaviors which are actively promoted/marketed to vulnerable communities; weathering and despair.

Medical distrust; un- and under-insured status; poor health literacy.

Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014 Graphic designed by ProMedica

Racism, Structural Inequality, and Pediatrics
IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have tremendous affect on an individual’s health regardless of age, race, or ethnicity.

- Medical distrust; un- and under-insured status; poor health literacy.
- Systems of inequality that inhibit the attainment of wealth and opportunity.
- Chronic under-investment and shady real estate practices that cause displacement.
- Unhealthy behaviors which are actively promoted/marketed to vulnerable communities; weathering and despair.

Racism, Structural Inequality, and Pediatrics

Ray Bignall, MD
@DrRayMD
A brief word on medical distrust among African Americans...

“...not simply untrusting – we remember...”
The Struggle to Trust

• We all know about Tuskegee...
• ... but it’s the more contemporary examples that should concern us!
  – Black maternal mortality
  – Countless anecdotes regarding physicians not believing minority patients

“...not simply untrusting – we remember...”
The Struggle to Trust

• We all know about Tuskegee...
• ... but it’s the more contemporary examples that should concern us!
  – Black maternal mortality
  – Countless anecdotes regarding physicians not believing minority patients

“...not simply untrusting – we remember...”
The Struggle to Trust

- **Myths and conspiracy theories** about the health care industry’s approach to Black communities are **reinforced by personal experience!**
  - Lack of access to testing and vaccination sites for COVID-19
  - Physicians and health care staff ignoring the cries for help from Black Americans with COVID-19

“...not simply untrusting – we remember...”
The Struggle to Trust

- Myths and conspiracy theories about the health care industry’s approach to Black communities are reinforced by personal experience!
  - Lack of access to testing and vaccination sites for COVID-19
  - Physicians and health care staff ignoring the cries for help from Black Americans with COVID-19

"...not simply untrusting – we remember..."
The Struggle to Trust

• Myths and conspiracy theories about the health care industry’s approach to Black communities are reinforced by personal experience!
  – Lack of access to testing and vaccination sites for COVID-19
  – Physicians and health care staff ignoring the cries for help from Black Americans with COVID-19

Kristin Jordan Shamus, Detroit Free Press, April 20, 2020; The Indianapolis Star; The New York Times

“...not simply untrusting – we remember...”
"Acknowledging every aspect of the barriers for Black Americans to enrollment in clinical trials is critical to moving forward. We are not simply untrusting—we remember. And there is still far too much evidence of Black lives not mattering in society."

How can child health professionals work to dismantle systems of inequality and racism in Pediatrics?
• **Racism is a core social determinant of health** that is a driver of health inequities in children and adolescents.
  – Pervasive and persistent evidence of the impact of racism in all aspects of child physical, mental, and behavioral health

“Rather than focusing on preventing the social conditions that have led to racial disparities, science and society continue to focus on the disparate outcomes that have resulted from them, often reinforcing the posited biological underpinnings of flawed racial categories.”
The Impact of Racism on Child and Adolescent Health

Racism is a core social determinant of health that is a driver of health inequities in children and adolescents.

- Pervasive and persistent evidence of the impact of racism in all aspects of child physical, mental, and behavioral health

“Rather than focusing on preventing the social conditions that have led to racial disparities, science and society continue to focus on the disparate outcomes that have resulted from them, often reinforcing the posited biological underpinnings of flawed racial categories.”

Dismantling Systems of Inequality and Injustice
# The Impact of Racism on Child and Adolescent Health

Maria Trent, MD, MPH, FAAP, FSAHM, Danielle G. Dooley, MD, MPhil, FAAP, Jacqueline Dougé, MD, MPH, FAAP

## Clinical Practice
- Culturally safe medical homes
- Teach youth to counter racism
- Antiracism and antibias for clinical staff
- Routinely assess for social determinants of health

## Workforce Development and Professional Education
- Competencies in pediatric training programs
- Promoting cultural humility
- Active learning (including simulations)
- Workforce diversity programs

## Engagement, Advocacy, and Public Policy
- Acknowledge and address racism!
- Engage policymakers regarding structural racism
- Advocate for equity in education
- Alternatives to incarceration for nonviolent youth

## Research
- Study the impact of perceived discrimination on health
- Study the impact of workforce diversity on outcomes
- Study impact of dismantling structural inequality
- Study accurate alternatives to race for human classification

## Dismantling Systems of Inequality and Injustice

- Acknowledge and address racism!
- Study the impact of perceived discrimination on health
- Promote cultural humility
- Advocate for equity in education
- Engage policymakers regarding structural racism
- Study impact of workforce diversity on outcomes
- Study accurate alternatives to race for human classification
How Can We Respond in Our Institutions?

• **Acknowledge with Black colleagues(and patients!) the racism we seen in the world around us.**
  – LISTEN: our colleagues and patients need to know that they are **seen, valued and heard**
  – Acknowledging what is happening in the world around us is an important first step in healing
  – DO THE WORK: study the deep well of sophisticated scholarship on how to develop antiracist teams and practice

• **Champion workforce diversity & inclusion** through intentional recruitment, mentorship, and partnership
  – Enough with the cute and hollow diversity and inclusion statements, and “pretty pictures”
  – Develop relationships with undergraduate and medical school diversity offices

• **Screen for the social determinants of health** in pediatric encounters.
  – Many institutions have incorporated this into the check-in screening process through the electronic health record
  – Have a plan for what to do if patients screen positively

• **Educate yourself by engaging with new voices**
  – Social media engagement (esp. via Twitter) affords the opportunity to remarkably expand your professional network

• **Encourage implicit (and explicit) bias training** for faculty and staff
  – This is especially important for clinic-facing staff (e.g. nurses and medical assistants)
  – Talk with minority staff to develop additional strategies

---

Dismantling Systems of Inequality and Injustice
A Systematic Approach to Increasing Resident Workforce Diversity

Monica L. Hoff, MD, Nancy N. Liao, MD, Claudia A. Mosquera, MD, Alex Saucedo, MD, Rebecca G. Wallihan, MD, Jennifer R. Walton, MD, MPH, Rebecca Scherzer, MD, Elizabeth M. Bonachea, MD, Lorina W. Wise, JD, Olivia W. Thomas, MD, John D. Mahan, MD, John A. Barnard, MD, O. N. Ray Bignall II, MD.

**Aim:** increase the percentage of URM residents who matched into our pediatric residency program from a baseline of 4.5% to 35%, achieving demographic parity with our patient population.

**Results:** increased 3-year average percentage of URM residents matched from 4% to 20%

<table>
<thead>
<tr>
<th>Support</th>
<th>Recruitment</th>
<th>Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minority housestaff organization</td>
<td>Visiting student elective program</td>
<td>Resident education curriculum</td>
</tr>
<tr>
<td>Connecting URM residents with URM faculty across the institution &amp; city</td>
<td>Multiple points of contact with URM residents during interview season</td>
<td>Faculty training in implicit and explicit bias, and microaggressions</td>
</tr>
<tr>
<td>Connecting with residents during social gatherings (“Family Dinner”)</td>
<td>OSUCOM ODI Second Look Weekend</td>
<td>Pipeline programming with student groups (e.g. SNMA and LMSA)</td>
</tr>
</tbody>
</table>

Hoff et al., under review; PRESENTED AT TODAY’S POSTER SESSION BY DRS. BECKY WALLIHAN AND NANCY LIAO
How Can We Respond in Our Institutions?

• Acknowledge with Black colleagues(and patients!) the racism we see in the world around us.
  – LISTEN: our colleagues and patients need to know that they are seen, valued and heard
  – Acknowledging what is happening in the world around us is an important first step in healing
  – DO THE WORK: study the deep well of sophisticated scholarship on how to develop antiracist teams and practice

• Champion workforce diversity & inclusion through intentional recruitment, mentorship, and partnership
  – Enough with the cute and hollow diversity and inclusion statements, and “pretty pictures”
  – Develop relationships with undergraduate and medical school diversity offices

• Screen for the social determinants of health in pediatric encounters.
  – Many institutions have incorporated this into the check-in screening process through the electronic health record
  – Have a plan for what to do if patients screen positively

• Educate yourself by engaging with new voices
  – Social media engagement (esp. via Twitter) affords the opportunity to remarkably expand your professional network

• Encourage implicit (and explicit) bias training for faculty and staff
  – This is especially important for clinic-facing staff (e.g. nurses and medical assistants)
  – Talk with minority staff to develop additional strategies

Dismantling Systems of Inequality and Injustice
Dismantling Systems of Inequality and Injustice
“...efforts to advance ‘representation’ without also redefining institutional norms and practices that defer to white professional voices simply alter the appearance of an institution without changing how it functions, distributes power, assigns resources, and orients to community. This prevents ‘inclusion’ from affecting population health inequities because it stymies equitable systems transformation.”

Rhea Boyd, MD, MPH, FAAP
@RheaBoydMD
The case for desegregation. *Lancet*. 2019
How Can We Respond with Our Society?

• **Listen first**, and don’t be afraid to ask questions
  – Do not assume or extrapolate; spend time understanding those begging to be heard
• Develop **sincere empathy** for those who are crying to be heard and helped
  – The community is looking to us to fulfill the role of “healers” we claim to be
  – Anti-bias strategies may work here (e.g. counter-stereotypical exemplar, common identity formation)
• Be an “**active bystander**” when confronting racist or intolerant language/behavior
  – Confrontation is uncomfortable, but key
• Build trust through **dynamic, “back bench” community partnership**
  – Resist the urge to “colonize” marginalized and minoritized populations
  – Invest in the partnership – money, time, energy
• Institutional statements must be **backed by action and accountability**
  – Many organizations have made statements denouncing “racism and inequality” in recent weeks, but talk is cheap!
  – Equity and inclusion must be **encouraged within the academy** (e.g. FTEs, grand rounds, basic research)
How Can We Respond with Our Society?

• **Listen first**, and don’t be afraid to **ask questions**
  – Do not assume or extrapolate; spend time understanding those begging to be heard

• **Develop sincere empathy** for those who are crying to be heard and helped
  – The community is looking to us to fulfill the role of “healers” we claim to be
  – Anti-bias strategies may work here (e.g. counter-stereotypical exemplar, common identity formation)

• Be an **“active bystander”** when confronting racist or intolerant language/behavior
  – Confrontation is uncomfortable, but key

• **Build trust through dynamic, “back bench” community partnership**
  – Resist the urge to “colonize” marginalized and minoritized populations
  – Invest in the partnership – money, time, energy

• **Institutional statements must be backed by action and accountability**
  – Many organizations have made statements denouncing “racism and inequality” in recent weeks, **but talk is cheap!**
  – Equity and inclusion must be **encouraged within the academy** (e.g. FTEs, grand rounds, basic research)
Lift Ev’ry Voice and Sing – James Weldon Johnson

Ethan Frazier, son of Dr. Josh Frazier (Critical Care Medicine), takes in our conversation on racism. These kinds of early influences for our children feel vitally important in our journey to end racism.
Lift ev’ry voice and sing,  
’Til earth and heaven ring,  
Ring with the harmonies of Liberty;  

Let our rejoicing rise  
High as the list’ning skies,  
Let it resound loud as the rolling sea.

Sing a song full of the faith that the dark past has taught us,  
Sing a song full of the hope that the present has brought us;  

Facing the rising sun of our new day begun,  
Let us march on ‘til victory is won.

*Lift Ev’ry Voice and Sing* – James Weldon Johnson
Thank You – Let’s Keep in Touch!

Ray.Bignall@nationwidechildrens.org

@DrRayMD

@DrRayMD