

Looking Inward: AD as an Intervention for Antiracist Health Care

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November 9, 2022

Disclosure statement

I have no relevant financial or nonfinancial relationships to disclose.

Health Care Provider Initiatives Unit (HCPIU) Detailing Program



- HCPIU operates New York City Department of Health and Mental Hygiene's (DOHMH) detailing program focusing on **large-scale, citywide public health detailing campaigns**
- Since 2016, HCPIU has conducted **7 campaigns** reaching more than **12,000 health care providers and staff**
- Serve as **detailing mentors** for public health detailing programs in other jurisdictions nationwide
- Health Department **priority to implement antiracist public health practice**

- **Racism** is a **public health crisis** in New York City
- Experiencing **racism impacts physical and mental health** by increasing allostatic loads
 - **Chronic stress** increases the risk of anxiety, depression, smoking, and substance use
 - **Chronic inflammation** can cause premature aging and organ damage, raising the risk of diabetes, dementia, heart disease, and high blood pressure
- **Impact of racism** on those perpetuating racist language and situations
- As part of the City's response to this public health crisis, the NYC DOHMH is working with health care providers (HCPs) and communities to **expand awareness about risks associated with experiencing racism**

2017: Campaign conceptualization

- Recommendation to develop public health detailing campaign the **impact of racism on health and health care**
- **Leadership reluctance** to engage in what some then considered a “controversial” topic

2018-2019: Conveying the universality of the influence of white supremacy

- Health Department **leadership support, funding,** and collaborative **outreach**
- External and internal **collaborators**
- **Systematic literature reviews**
- **City Health Information (CHI)** development

Campaign development cont.

- **2020: Campaign development paused due to COVID-19 emergency activation**
- **2021: Development resumes**
 - Provider **qualitative interviews** to inform campaign development
 - Campaign **purpose and goals**
 - Key **recommendations**
 - **Action kit** materials

Qualitative interviews

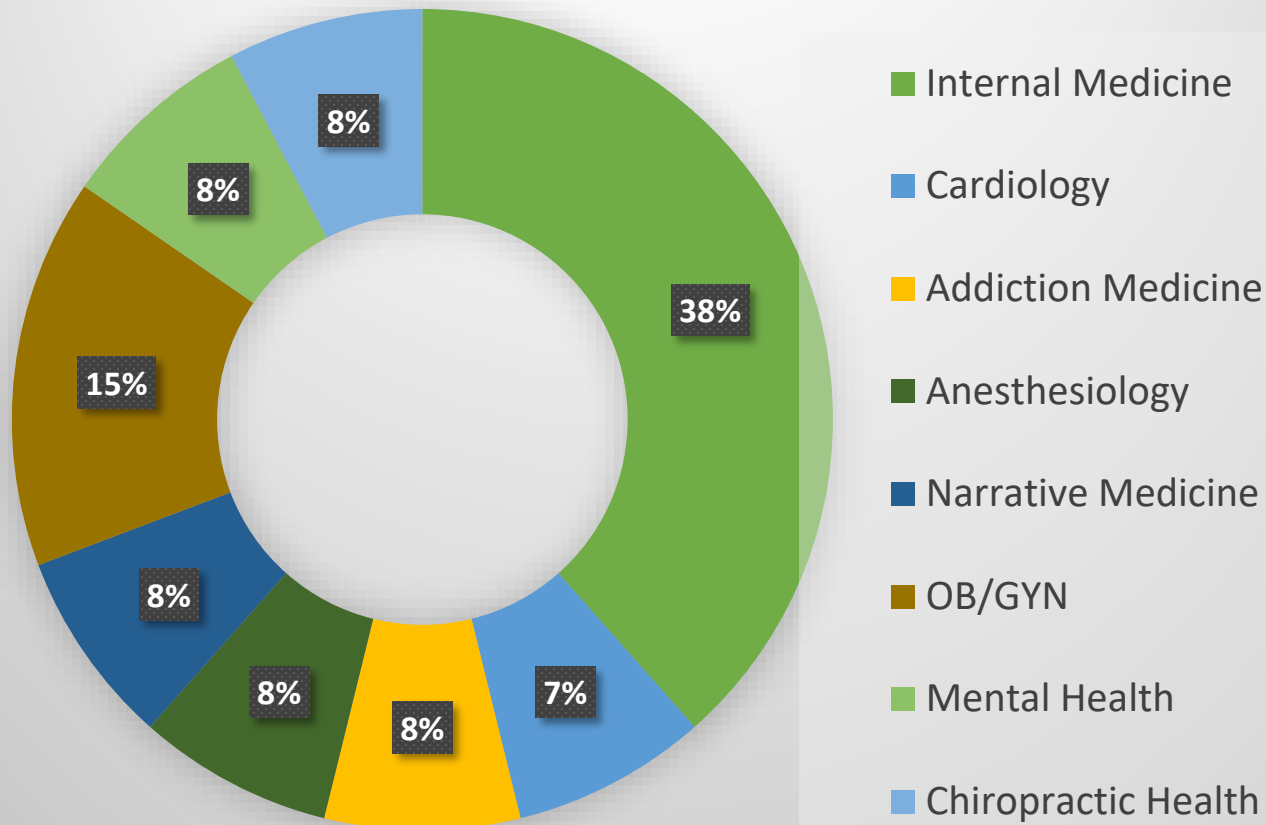
- Assess **knowledge of the impact** of racism on health
- Assess HCP **current practices on engagement** with patients about experiencing racism and associated stress
- To identify **tools and resources** desired for addressing the impact of racism on patient health
- Identify **platforms most useful for disseminating information** on addressing the impact of experiencing racism on health and promoting health equity

- Are HCPs aware of the **impact of experiencing racism on health**?
- Do HCPs **assess patients for experiences with racism** and the **chronic stress** associated with experiencing racism?
- What **materials and resources** are most **useful to HCPs** to empower HCPs to address the impact of racism on health with their patients?

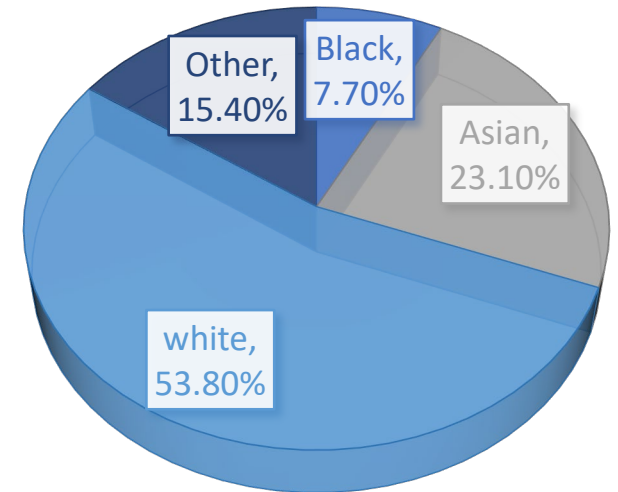
- **Recruitment**
 - Previous DOHMH program involvement
 - Snowball sampling
- **Eligibility**
 - Two years of clinical experience or more
 - Experience involves direct patient / client care in the US
- **Mode of interview**
 - Phone or in-person interviews
- **Focus of assessment**
 - HCPs awareness and knowledge of the impact of racism on health disparities and outcomes
 - Desired materials to address racism's impact on health
 - Desired platforms for delivering recommendations
- **Thematic analysis was conducted using Dedoose 9.0**

Sample characteristics

HCP specialty



HCP race/ethnicity



Response overview

- Knowledge that racism and are intertwined and are motivated to take action but lack the tools and support to do so
- Frequently requested information:
 - **Strategies to incorporate** into their practice (e.g., if a patient using an assessment/screening tool reports experiences of racism to ensure to be on the lookout for signs of chronic inflammation, impact on sleep, etc.)
 - **Historical background on racism** in the US and materials on “busting myths” about racism and health (e.g., myth that poor health outcomes are due to race not experiences of racism)
 - **Personal stories/cases** to further highlight the importance of addressing the impact of racism on health—providers felt their colleagues needed to be educated on the experience of coping with racism and the hypervigilance associated with this coping

Response overview cont.

- **Frequently requested resources:**

- How to **initiate conversations** about the impact of racism on health (e.g., recommended language and phrasing)

- **Avoiding a “savior” environment**, benefits to HCPs and health care sites

- Practice **guidelines** related to health equity

- Provider **self-assessment tools** to help elucidate awareness

- Assessment **tools for patients** to identify frequency and magnitude of experiences of racism

- **Online resources**

- **One-pagers** and “office reminders”

- **CME/CNE** opportunities regarding racial trauma and health care

- Providers appreciated the **collaborative nature** of this pre-campaign information gathering and felt as “we’re in this together” in terms of addressing the impact of racism on health; providers expressed that “**silence kills**” and we need to work together to ensure we address the impact of racism on health

How would addressing white supremacy and promoting antiracist practices benefit your professional relationships?

Are you aware that racism impacts health and health care?

*“Yes of course. For example, the numbers in eGFRs, lung volumes, tidal volumes, etc., that tells you whether this patient is at high risk. I am not going to sign on to that, until you **show me there are no racial implications in both the data itself and how it plays out.**”*

*I am fortunate to be in a position to catch that and be cautious about that. Not to mention **how racism affects the way we take care of patients**, the death rates, e.g., maternal death rates of black vs white women. It is all over the place.”*

Participant quotes

Do you offer your patients of color recommendations for mitigating the impact of racism on their health?

“This is less often discussed. Perhaps I should take more opportunities to talk about it when there is a chance. For example, I have a patient who is part-Japanese, part-Jamaican, and is a woman. She gets it from three ends. She gets racist comments from how people view her dark skin, then she got comments like ‘Oh you’re Asian, you guys caused COVID’, and she is a woman, so nobody listens to her as a result of sexism.

These color her experiences and her outlook and her experiences in society are like trauma. It affects her psyche and her health, as it will raise her cortisol levels and stress hormones, that have negative effects on her health. She always has to activate her sympathetic nervous system, and always has to worry and be anxious, not knowing if something is going to happen. I recommended that she maintain her exercise routine and to consider tools such as meditation. I would love to have a pamphlet or other item to give patients about this. People do not want to talk about this unless someone else initiates it, and the suppression affects the next generation.”

What tools and resources would be most helpful when talking to patients about how experiencing racism impacts health?

“One thing that perplexed me is how to make everything not sound so serious. Humor may not be the right way, but ‘we can do this’, ‘we are in this together’ – that kind of approach. A togetherness – something that brings people together – that should be a key part of the message.”

- **Detailing expertise**
 - Structure content into **actionable form**
 - Create materials suited to **ease of use**
 - Ensure **broad dissemination** of key campaign recommendations and messaging
 - **Implement and manage** detailing campaign and field work
 - Conduct campaign **evaluation**
 - Disseminate **results**
- **Subject matter expertise**
 - Assist in **identifying main topics** to address
 - Assist in **drafting key recommendations**
 - Validate **content for accuracy**
- **Community expertise**
 - Ensure inclusion of **community's unique needs, values, priorities, and preferences**
 - Assist in **review** of drafted provider and patient materials

Detailing campaign purpose and goals

Purpose: Increase awareness of the **impact of racism on health outcomes** and **promote health equity** within New York City

Goal(s):

- Educate health care providers and patients on how **experiencing racism impacts physical and mental health** (e.g., higher allostatic loads and “weathering”)
- Support health care sites on acknowledging that **exposure to racism has devastating biological and health consequences¹** and provide opportunities to advance health equity
- Promote communication best practices to **actively and empathetically engage patients who have been negatively impacted by racism**
- **End the inclusion of race adjustments/race norming** in clinical algorithms

¹Chokshi DA, Foote MMK, Morse ME. How to Act Upon Racism—not Race—as a Risk Factor. *JAMA Health Forum*. 2022;3(2):e220548.doi:10.1001/jamahealthforum.2022.0548

Key recommendation development

- Improve clinical knowledge and decision making with the aim of enhancing health care and improving patient outcomes
- **Reflect the purpose and goals of the detailing campaign**
 - Action-oriented
 - Tangible
 - Evidence based or evidence-informed
- **Backbone of the detailing action kit**
 - Patient materials
 - Provider materials
- **Basis for survey questions**

Focus of key recommendations

- How **white supremacy and racism** impact health
- **Normalizing discussion of racism** and associated physical and mental health outcomes
- How **race adjustments in clinical algorithms** guide poor decision-making