1) Define Racial Disparities and Implicit Bias

2) Identify implications of racial disparities in health care and racial bias

3) Identify resolutions to address racial disparities in health care in accordance with the NASW Code of Ethics

4) Describe the role of the social worker within supporting the medical team involving racial disparities and implicit bias

Learning Objectives
Trigger Warning
Many people come to the practice of mindfulness in the hopes of becoming more present, more compassionate, and less judgmental.

Some join to heal their traumas, fears, and stress, while others use mindfulness to enhance their personal potential, become mindfulness teachers, or to make a living.
Fewer use the practice to challenge one’s own racism or as a means to dismantle the systemic racism that is deeply embedded in America.
Western mindfulness support an individualistic practice, and it is crucial to challenge such beliefs and values to support changing the person to fit society, rather than changing society to fit all individuals.
How we are includes how we show up, how present we can be, how aware we are of what we are bringing within our relationships with children and families.

What we bring to our work includes our implicit biases and unexamined beliefs, attitudes, and behavior.
Mindfulness has been disseminated in the west by predominantly White people, and thereby has been introduced in ways that perpetuate colonizing values.
Mindfulness has also been criticized for pacifying people. For example, teaching employees ways to deal with stressful work environments, instead of changing the environment itself. Changing systemic oppression cannot be done through pacifying.
HOW DO YOU SHOW UP?
Race as a social construct.

“"Racism’ refers to an organized system, rooted in an ideology of inferiority that categorizes, ranks and differentially allocates societal resources to human population groups (Bonilla-Silva, 1996). It may or may not be accompanied by prejudice at the individual level.”
• “A 2016 study found many white medical students wrongly believe Black people have a higher pain tolerance than white people. Of all the participants, 73% held at least one false belief about the biological differences between races.”

• “In a previous study, Black children with appendicitis were less likely to receive appropriate pain medication than white children. The same was true in research on people with recurring cancer.”

• [Racism in healthcare: Statistics and examples](medicalnewstoday.com)
Racial Disparities

• "the proportion of a racial/ethnic group within the control of the system is greater than the proportion of such groups in the general population."

• “racial or ethnic differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.”
Implications of Racial Disparities in healthcare:

- Access to health care based on geographical location
- Patient preference by racial differences
- Pathophysiology/ Disorders/ Disease
- Economic status
- Insurance coverage
- Trust, knowledge, and familiarity with medical procedures
- Health Literacy
Henrietta Lacks
## Access to Healthcare:

<table>
<thead>
<tr>
<th>Uninsured:</th>
<th>Medicaid/ Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 10.6 % of African Americans/ Black</td>
<td>• 89.4 % of African Americans/ Black</td>
</tr>
<tr>
<td>• 16.1 % Hispanics</td>
<td>• 83.9% of Hispanics</td>
</tr>
<tr>
<td>• 14.9% of American Indians and Alaska Natives</td>
<td>• 93.7% of white Americans</td>
</tr>
<tr>
<td>• 5.9% of non-Hispanic whites</td>
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</tbody>
</table>
Chronic Health Conditions:

**Reported Poor Health**
- 13.8 percent of African Americans
- 10% Hispanics
- 17.4% of American Indians and Alaska Natives
- 8.3% of non-Hispanic whites

**Diabetes**
- 21% of Hispanics over the age of 20yo
- 13% of white Americans
- American Indians and Alaska Natives 3x more likely to have diabetes and 2.5 more likely to die from diabetes
<table>
<thead>
<tr>
<th></th>
<th>Access to Mental Health Services</th>
<th>Psychotropic Medications</th>
<th>Reported Serious Psychological Distress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8.7 % of African Americans</td>
<td>6.2 % of African Americans</td>
<td>3.8 % of African Americans</td>
</tr>
<tr>
<td></td>
<td>8.8 % Hispanics</td>
<td>6.8 % Hispanics</td>
<td>4.6 % Hispanics</td>
</tr>
<tr>
<td></td>
<td>14.1 % of American Indians and Alaska Natives</td>
<td>11.6 % of American Indians and Alaska Natives</td>
<td>4.5 % of American Indians and Alaska Natives</td>
</tr>
<tr>
<td></td>
<td>18.6 % of non-Hispanic whites</td>
<td>15.4 % of non-Hispanic whites</td>
<td></td>
</tr>
<tr>
<td>Heart disease, Cancer, accidents</td>
<td>Infant Mortality</td>
<td>Completed Suicides</td>
<td></td>
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<td>---------------------------------</td>
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<td></td>
</tr>
<tr>
<td>• Leading mortality rates</td>
<td>• 11/1000 deaths among Black Americans</td>
<td>• 11.4/100,000 of African Americans males</td>
<td></td>
</tr>
<tr>
<td>• African Americans</td>
<td>• National Average- 5.8% for other ethnicities</td>
<td>• 2.8 / 100,000 of African Americans females</td>
<td></td>
</tr>
<tr>
<td>• Hispanics</td>
<td>• 40% higher for Puerto Ricans than non-Hispanic whites</td>
<td>• Second-leading cause of death among American Indian and Alaska Natives ages 10 to 34</td>
<td></td>
</tr>
<tr>
<td>• American Indians/Alaska Natives</td>
<td>• 5.1/1000 deaths among Hispanic/Latinx</td>
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</tbody>
</table>
Implicit Bias

• Bias “occurs when someone consciously rejects stereotypes and supports anti-discrimination efforts but also holds negative associations in their mind unconsciously.”

• Affinity Bias is the unconscious tendency to associate with those we see ourselves most like.
HOW DO YOU RESPOND?
Addressing Racial disparities in healthcare:

- Requires a multi-sector approach including addressing:
  - Housing
  - Education
  - Employment
  - Criminal Justice
  - Policy
  - Access to resources
Taking it a step further...

• Treating patients with dignity and respect
• Improving provider-patient communication
• Addressing technology issues as a barrier to healthcare
• Creating a positive experience for those with low SES
• Addressing concerns in the moment
• Develop opportunities to educate colleagues and the institution
• Be aware, and acknowledge our own bias
It is not enough to “sit on our cushions.”

(Rendón, 2009, p. 9)
Questions?
References:


• Medical News Today. Racism in healthcare: Statistics and examples (medicalnewstoday.com)


