

## Race and Race Based Discrimination

Good morning friends,

I wanted to share this article from the JAMA. My friends at the Hospital Library got it for me.

It addresses most of the issues we mentioned in our response to thr RFI. I wonder if we can somehow add it to what we submitted to NIMHD.

**Key Points:[Excerpts from the View Point Article in the JAMA by Williams. D.H., and Wyatt. R.]**

1. This View point discusses the potential contribution of societal racial bias to disparities in Health care and Health Status
2. The negative stereotypes of Black Individuals[violent, lazy, dangerous] reflect, in part, how often US Adults have seen these words paired with *black* over their lifetime
3. Implicit Bias by Clinicians has also been associated with poorer quality of patient- physician communication and lower patient ratings of the quality of the medical encounters.
4. Racial/ ethnic disparities in HC are costly to Society in terms of loss of life in the most productive years. **E.g. Black-White differences in mortality have been estimated to account for the premature deaths of 260 African Americans every single day.**
5. Although Racial disparities in access to care, as well as in the quality and intensity of care, contribute to racial/ethnic disparities in the severity and course of the disease, **most racial disparities in the onset of the illness occur prior to the presentation of patients to receive health care.** Racial Ethnic differences in SES are large and contribute to the racial/ethnic disparities in Health. In 2013, for every \$ of household Income white people earned , Hispanics earned 70 cents and Black households earned 59 cents. [Identical to the earnings Gap in 1978] SES whether measured by income, education, or occupational status in the US and globally is a central factor associated with variations in Health. [and access to, the quality and intensity of the health care. VM]
6. The opportunities to be healthy in the environments in which individuals live, learn, work, play and worship are key determinants of health. **In US Data, SES tends to be stronger factor related to variation in health than Race, and SES disparities in health are evident Within each Racial Group.**
7. When the health of black and white people are compared at equivalent levels of income and education, racial disparities are reduced but remain evident at all levels of SES. **A growing body of evidence suggests that societal racial bias contributes to these residual effects of race in multiple ways.**[especially important to check this research out. VM] Perceived discrimination has also been associated with lower levels of seeking Health care and adherence behaviors, and research in the US, South Africa, Australia and New Zealand has **revealed that discrimination makes an incremental contribution over SES in accounting for racial disparities in health.**
8. **Racial bias also affects health through Institutional mechanisms.** Segregation also leads to residence in poorer-quality housing and in neighborhood environments with elevated risk of exposure to toxic chemicals and reduced access to resources and amenities to enhance health, including medical care.
9. **Successfully addressing** the possibility of Clinician Bias begins with awareness of the pervasiveness, of disparities, the ways in which bias can influence clinical decision making and behavior, and a commitment to acquiring the skills to minimize these processes.[Some physicians are unaware that racial discrimination exist and there are others who question the evidence of disparities.]
10. **Medical Schools , HCO, and Credentialing bodies should pay greater attention to disparities in health and HC as a High National Priority.** Leadership on Racial Equity to address health disparities in the United States could have positive National effects and additional potential effects on Stigmatized Racial populations around the World.
11. The HC system cannot eliminate racial/ethnic disparities in health[ en toto.VM]. **HC professionals need to collaborate with other sectors of society to increase awareness about health implications of social policies in domains far removed from traditional medical and public health interventions.** Multi-level policies and interventions in homes, schools, neighborhoods, work places, and religious organizations can help remove barriers to healthy living and create opportunities to usher in a new culture of health in which the healthy choice is the easy choice[and I might add the default choice.VM]
12. **This is a key proposition to bear in mind. We need to improve the health status of all in an equitable, effective, efficient, sustainable and a compassionate manner. Focussing only on racial disparities in health, in which the health of white people is used as reference , obscures a major challenge that the US faces in improving Health Status.** A recent IOM [Wolf et al 2013] indicated that people in the US have poorer health than individuals residing in other high income countries and that even the most advantaged individuals had worse health than their peers in other affluent nations. Health policy initiatives in the US are needed to improve the Health of ALL [my emphasis.VM], even while those policies seek to enable those farthest behind to improve their health more rapidly than the rest fo the population so that the large gaps in health by Race and SES will ultimately be reduced.
13. Large social inequities in health are unacceptable in a nation founded on the principles of liberty, equality and justice for all, and there is inadequate recognition that **dismantling racial bias in all its forms is likely to a potent healthy intervention.**[my emphasis.VM]  
This review and excerpting enhanced my own learning process.

I welcome your responses.

Warm Regards, VM

Good morning,

I wanted to share this with all of you.

Chapter 11: The Architecture of Inequality [Quizlet]

**This chapter covers: \_Race and Ethnicity: More Than Just Biology, \_Histories of Oppression and Inequality, \_Racial and Ethnic Relations, \_Global Perspectives on Racism.**

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**Affirmative Action** : Program designed to seek out members of minority groups for positions from which they had previously been excluded, thereby seeking to overcome institutional racism.

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**Colorism**: Skin color prejudice within an ethno-racial group, most notably between light-skinned and dark-skinned Blacks.

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**Discrimination**: Unfair treatment of people based on some social characteristic, such as race, ethnicity, or sex.

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**Ethnicity**: Sense of community that derives from the cultural heritage shared by a category of people with common ancestry.

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**Institutional Racism**: Laws, customs, and practices that systematically reflect and produce racial and ethnic inequalities in a society, whether or not the individuals maintaining these laws, customs, and practices have racist intentions.

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**Pan-ethnic Labels**: General terms applied to diverse subgroups that are assumed to have something in common.

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**Personal Racism**: Individual expression of racist attitudes or behaviors.

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**Prejudice**: Rigidly held, unfavorable attitudes, beliefs and feelings about members of a different group, based on a social characteristic such as race, ethnicity, or gender.

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**Quiet Racism**: Form of racism expressed subtly and indirectly through feelings of discomfort, uneasiness, and fear, which motivate avoidance rather than blatant discrimination.

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**Race**: Category of people labeled and treated as similar because of some common biological traits, such as skin color, texture of hair, and shape of eyes. [It is a sociological and legal category- there is only one biological entity Homo-sapiens- represented by the human race.]

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**Racial Transparency**: Tendency for the race of a society's majority to be so obvious, normative, and unremarkable that it becomes, for all intents and purposes, invisible.

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**Racism**: Belief that humans are subdivided into distinct groups that are different in their social behavior and innate capabilities and the can be ranked as superior or inferior.

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**Stereotype**: Overgeneralized belief that a certain trait, behavior, or attitude characterizes all members of some identifiable group.

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