Racial Issues in Healthcare

LEARNING ACTIVITY

Description

Utilize the following two scenarios to engage in role-play and generate class discussion to heighten student awareness of racism within healthcare delivery. Case #1 Healthcare Facility Scenario and Case #2 Dental Care Facility Scenario are examples that will challenge the student to integrate patient sensitivity with effective and equitable patient treatment planning.

Competencies

C1. Health Equity and Cultural Competency

- C1.1 Health Equity
  - Describe the following terms: prejudice, ethnocentrism, white privilege, discrimination (individual, institutional, structural), racism (individual, institutional, structural), aversive racism (unconscious bias), microaggression, microassault, microinsult, and microinvalidation.
  - Explain aversive racism (unconscious bias), institutional and structural racism, and white privilege in the context of oral health care service delivery and health outcomes (physical, psychological, and behavioral), and strategies to redress at the provider level and within systems and organizations.
  - Name the six plain language principles and recognize them in written materials produced by others.
  - Recognize the oral health provider-patient power imbalance and strategies for correcting the imbalance.
  - Speak slowly and clearly at a moderate pace with patients.
  - Discuss integrated health care in the context of oral health service delivery and strategies for promoting integrated health care teams.
  - Express attitude that eliminating health inequities is important for population health.
  - Express attitude that acknowledging aversive racism (unconscious bias), institutional, and structural racism is important for the quality of oral health service delivery and to address health equity.
  - Explain how workforce diversity impacts population health.
  - Recognize the importance of workforce diversity for the quality of oral health service delivery and to address health equity.
Learning Outcomes

- Integrate health equity principles when diagnosing and treatment planning effective patient-centered care.
- Encourage best practices to deliver unbiased health care.

Activity

Role-play and discuss the following scenarios:

Case #1 Racism/Discrimination in Healthcare in America


Dr. Ron Wyatt stepped into an award-winning hospital in the west Chicago suburbs last July after developing a concerning fever. He had just returned from a week volunteering to spend time with orphaned children in Zambia, Africa, and his temperature had risen to nearly 104 degrees that day.

Wyatt is the patient safety officer and medical director in the Division of Healthcare Improvement at The Joint Commission, an organization that accredits and certifies health care providers throughout the country. The nonprofit, which is based in Oakbrook Terrace, Illinois, wields significant power in the health industry. But that day Wyatt was not on official business. He was a patient. In addition, the treatment he received was substandard at best.

It began with a nurse telling his wife, who has power of attorney that Wyatt would have to provide his own information, despite his wife's request that she be able to do so because he wasn't feeling well. "No, he will have to come sit right here," Wyatt recalls the nurse saying, ordering him to sit next to her, where she took his temperature. “Then she holds the thermometer really close to my face and says, ‘See! It’s only 99.6. OK?’” He had just taken Tylenol, so his fever had come down. The physician-now-patient would experience chills and see his temperature return above 100 degrees before the visit ended. However, before that, the nurse placed a nametag on him after he gave her his information and let him know the doctor was ready to see him. “Then she walks off – not with me, but in front of me. ... She never looked back.”

In the exam room, he meets another nurse who treats him well, but then a person comes in to get his insurance, and she pulls up another patient’s name on her computer. He tells her it is not his name, and she says that – yes, in fact, it is, Wyatt laughs, incredulously. "No, that’s not me," he insisted. “So, she then asks me, ‘Can you show me your ID?’ So I show her my ID.” A physician comes in, and after a less-than-thorough exam and never looking Wyatt in the face, he orders IV fluids and tells Wyatt that his labs are "mostly normal," Wyatt says, noting that he had to press him for more information. “But what struck me most was he had one foot in, one foot out of the door."
Later, despite experiencing chills, his temperature rising, again, to above 100 and a nurse making it clear to the doctor that more should be done, Wyatt overhears the doctor say: "Tell him he can just take some Tylenol when he gets home," Wyatt recalls. "I never saw him again."

Having grown up in the segregated South in Alabama, Wyatt, 61 – who is African-American – has no doubt that what he encountered was more than simply lackluster care. Aside from an accommodating administrative staffer they encountered in the waiting room who was black – and who told Wyatt’s wife in an aside, after the nurse curtly denied her request to provide Wyatt’s information: "Don’t let it bother you," which Wyatt translated to mean, “We see this all the time” – all those he encountered at the hospital, which he declined to name, were white.

Case #2 Racism/Discrimination in Oral Healthcare in America


Tonya Battle had been working as a dental hygienist in the Community Care Clinic in her hometown for 24 years. Her employment record was spotless — by all accounts, she was one of the most knowledgeable and capable care providers in the dental community. Even so, it wasn’t so surprising when, in the fall of 2012, one patient asked to speak to Battle’s supervisor: Health is extremely personal, and no matter how skilled a health care provider, there will be times when communication with a patient breaks down. It is common for a patient to ask for another clinician.

What was shocking, however, was the note posted on the dental clinic assignment clipboard the next day: “NO AFRICAN AMERICAN DENTAL PROFESSIONAL TO PROVIDE SERVICES TO THIS PATIENT.”

Here is how the incident unfolded, according to allegations made by Battle in a lawsuit that followed: After she had finished her clinical day before, the patient had come to the clinic’s office manager demanding that no black clinicians attend to his needed dental services. To punctuate his point, he rolled up his sleeve to show off a swastika tattoo. The office manager then approached the clinic’s lead dentist, to ask what she should do. The lead dentist said to reassign the patient to another dental hygienist.

A staff meeting followed, in which the dental clinicians were told that Community Care Clinic had decided not to allow any African-American employees to provide care to this particular patient. The note was posted on the assignment clipboard for everyone to see.

The next day, the office manager called Battle at home to inform her that the patient’s request would be granted. Later that day, Battle reported to work, where one of her co-workers showed her a photo of the offensive note (which had since been removed).

Battle would go on to sue the Community Care Clinic for employment discrimination, settling out of court for an undisclosed amount, and with the lead dentist agreeing to hire an “employee advocate” whose role would be to forestall similar misadventures in the future.
Student Assessment

Assess student knowledge, skills and attitudes with the following questions through discussion points and clinical application/reflection.

Discussion Questions for Racial Issues in Healthcare

1. Define implicit bias.
   How do you think implicit bias toward minority groups plays out in clinical interactions?

2. Can you think of any examples of assumptions or how American society characterizes people of color or other minority groups?

3. Do you think you personally have any unintentional prejudices?
   How do you feel about the possibility that you are a prejudiced person?

4. Have you learned any strategies to reduce the effect of implicit bias on quality of care?
   What do you think might help?

5. How do you perceive workforce diversity and its impact on healthcare outcomes?

Clinical Application Reflection Log

6. Reflect on clinical experiences that challenged your best practices of health equity principles related to racism. What did you learn about yourself? Consider your reactions and actions, were they appropriate and how might you have responded more appropriately.

Resources

  Preface, Chapters 1-5, Chapters 13 and 15

Rose, P. (2013). *Cultural competency for the health professional*. Jones and Bartlett Learning
  Chapter 11

Suggested Placement within Curriculum

Incorporate this learning activity in didactic and clinical content areas related to Health Assessment and Oral Diagnostic Reasoning, plus Healthcare Leadership and Teaming.