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Black History Month 2023: The role of Black Resistance in challenging healthcare's status quo

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The Buzz This Week:

The official theme for Black History Month this year focuses on “Black Resistance” and how, as the Association for the Study of African American Life and History (ASALH) notes, “African Americans have resisted historic and ongoing oppression, in all forms.” In the United States, health disparities due to structural racism and oppression are numerous: Black Americans face higher rates of hypertension, diabetes, and stroke. They have the highest maternal mortality rates. And they are less likely to have insurance coverage than white Americans. Black History Month is an opportunity to reflect on the progress that has been made by Black Americans, particularly through Black resistance movements. It also serves as a reminder that ongoing work is required to reach more equitable healthcare delivery and outcomes.

There is a long history of exclusionary or exploitive treatment of Black Americans within U.S. medical institutions. In response, Black Americans have led resistance movements to overcome oppression in healthcare. In 1915, the Tuskegee Institute, founded by Booker T. Washington, found significant health disparities in Black Americans. As a result, it started National Negro Health Week and the National Negro Health Movement focused on improving the status of Black health in America. The movement was one of the first to highlight the importance of Black medical professionals and led to a significant increase in Black Americans entering the nursing profession. In the 1970s, the Black Panther party established a network of free clinics and raised the issue of medical discrimination in traditional institutions. The party also focused on raising awareness of and creating screening programs for sickle-cell anemia, a disease predominantly found in Black Americans.

Black Resistance movements were vital to establishing clinics for Black patients and medical schools for the education of Black Americans. Numerous studies have shown that Black patients have better health outcomes when treated by Black providers. This was a key point in “Unequal Treatment,” which in 2003 examined how systemic racism leads to disparate health outcomes for people of color. While currently only 5% of doctors in the U.S. are Black, medical school enrollment data indicates that number is likely to grow in coming years. Admission data from the Association of American Medical Colleges (AAMC) shows that Black enrollees in U.S. medical schools for the 2022-2023 academic year grew 9% and that Black students now make up 10% of matriculants. Additionally, 2 Historically Black Colleges and Universities (HBCUs), Morgan State University in Baltimore and Xavier University in New Orleans, will be adding medical schools over the next few years, bringing the total to 6 HBCU medical schools. The 4 current HBCU medical schools have graduated nearly 10% of Black U.S. medical school alumni since 2019—with the additional 2 programs, they are certain to have an impact on future numbers of Black physicians.

Why It Matters:

Black Resistance has been a powerful model for hospitals and health systems to learn from in their disparity mitigation work. 58% of health systems consider health equity a priority, according to an Institute for Healthcare Improvement poll conducted in 2021—the second most important issue only after safety. Recent examples of systems focused on anti-racist initiatives include:

- Mass General Brigham started United Against Racism. This \$40 million initiative is intended to deliver antiracist care, including reducing uncontrolled hypertension by boosting social screening, enrolling patients into the patient portal, adding language data to patient records, reducing the use of restraints in psychiatric patients who present in the emergency room, and increasing prostate cancer screening through proactive calls with translation services. In only 5 months, the gap between Black and white patients with hypertension narrowed from 6.7% to 5.5%.
- WellSpan Health tracked data to look at health outcomes by race and identified disparities in maternal events and breast cancer screening. The health system now provides free blood pressure monitors and aspirin to patients. It was able to reduce the preeclampsia rate in Black patients from 0.2% to 0.08%. A mobile mammography bus increased screening rates for Black and Hispanic patients to 74%, nearly the same as the screening rate of 75% for the overall population.

Healthcare disparity mitigation is difficult, multi-faceted work. Even with increasing racial diversity of providers and improvements in certain health outcomes, many have noted their skepticism about what specific programs can achieve. Many inequities arise from systemic problems (including poverty, housing, and underinsurance) that cannot be adequately addressed through health system programming alone. Others have shared agreement with the objectives of health equity programs but frustration around lack of clarity on metrics for success and processes for implementation.

But health equity leaders say these objections are not new and are certainly not a reason to delay work on equity-informed organizational transformation. Strategies for changing the status quo include:

- **Getting started.** It can feel daunting to try to solve such an immense, important, and complicated problem, but starting is vital. As new root causes of inequities are uncovered, program solutions can expand. Don't wait to start.
- **Using data to identify inequities and engage leaders and providers on the issue.** First responses to inequities can often be denial that they exist within the health system. Data can help to provide evidence of gaps, clarity on opportunities to advance patient care, and support the development of a health equity strategic plan.
- **Preparing to engage in brave or courageous conversations about race.** Race can be a difficult topic to discuss, and leaders, clinicians, and staff should support uncomfortable conversations.
- **Placing accountability for improved outcomes throughout the organization—not just within diversity, equity, and inclusion teams.** Leaders should set strategic objectives with operational metrics for success across teams.
- **Ensuring support from the Board and leadership team.** Initiatives that are not prioritized by senior leaders and adequately funded are unlikely to be successful.

Black History Month is an important time to educate ourselves on the legacy and brave actions of resistance of Black Americans, share historical successes, acknowledge the inequities in social determinants of health that have arisen from systemic injustices, and focus on initiatives to mitigate disparities. This vital work must continue every month of the year, not just in February.

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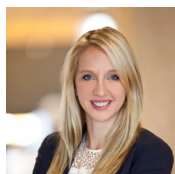
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