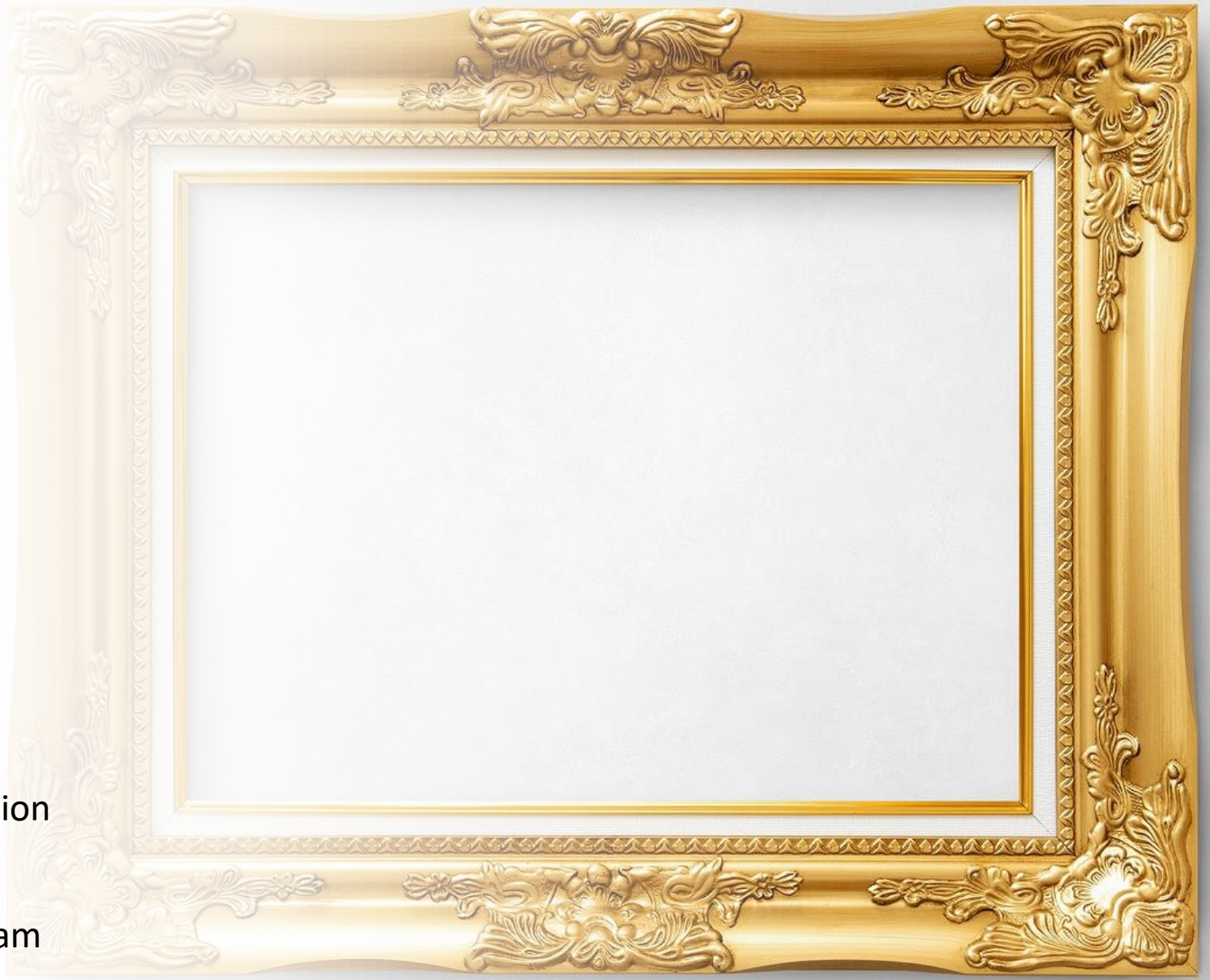
Shift the Narrative: Equity Based Language in Clinical Practice



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Session Goals

1

Describe how racism operates through the narrative ecosystem and bias to produce and reinforce health inequities

2

Identify examples of stigmatizing language and narratives that are prevalent in clinical practice

3

Recommend strategies to interrupt and replace stigmatizing and racialized narratives and language with equity based, race-conscious practices

Community Guidelines

- **I invite you to be present,** and to participate based on your level of comfort
- **I invite you to listen actively (empathy + curiosity)** -- respect others when they are talking.
- **I invite you to speak from your own experience** ("I“, “me” and “my” instead of "they," "we”, and "you").
- Although no one experience or example will prove accurate 100% of the time, **we will try to hear the truth in what is said** instead of looking for exceptions to the case.
- ***Assume everyone’s good intentions but also acknowledge the impact of saying something that hurts someone else, even if it is unintended.***

Racism & race

" But race is the child of racism, not the father. And the process of naming 'the people' has never been a matter of genealogy and physiognomy so much as one of hierarchy"

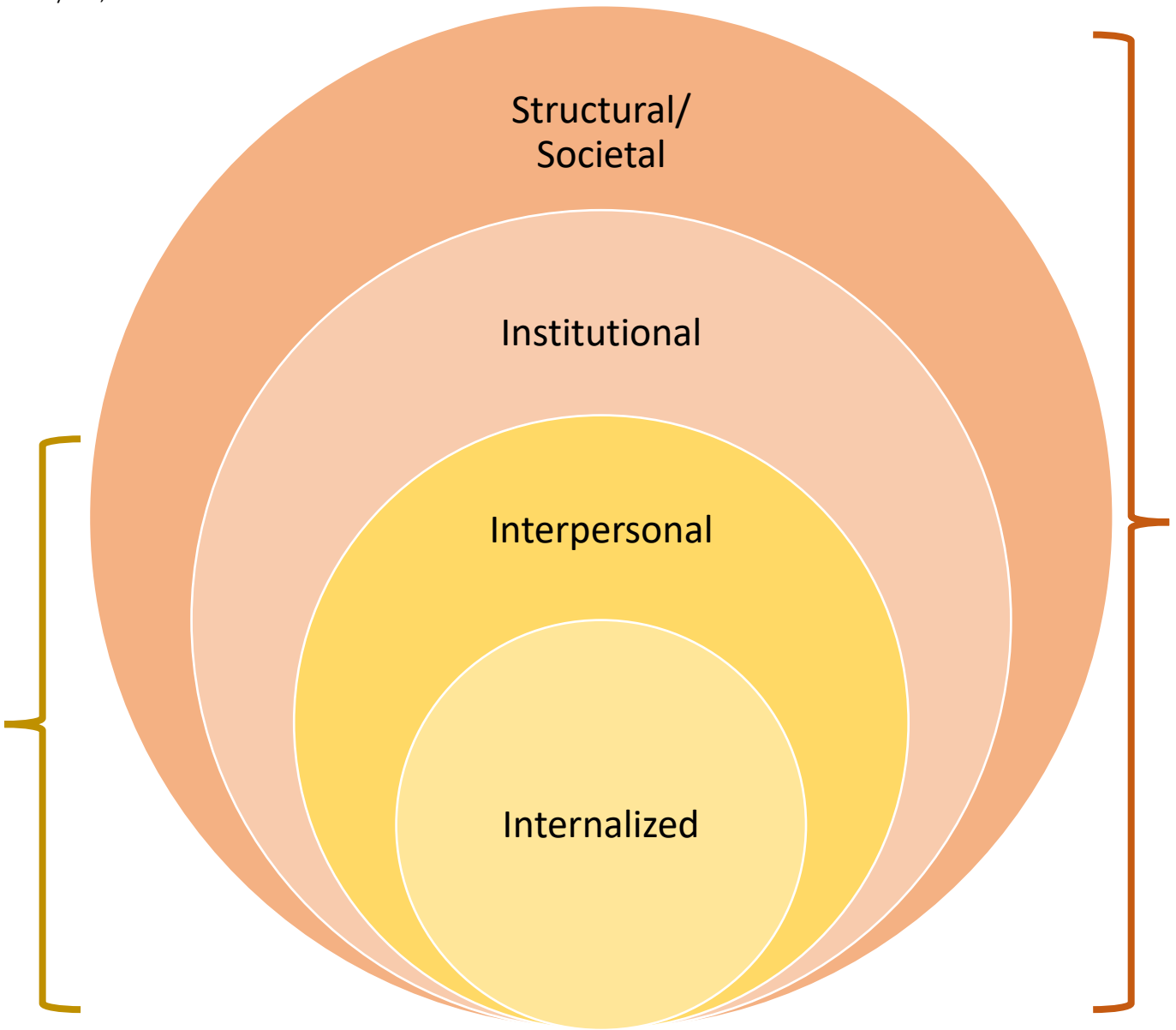
Ta-Nehisi Coates, author and journalist, Between the World and Me

Four Levels of Race-system

The AMA's strategic plan to embed racial justice and advance health equity. https://www.ama-assn.org/about/leadership/ama-s-strategic-plan-embed-racial-justice-and-advance-health-equity. Published 2021. Accessed July 20, 2022.

Interpersonal
The expression of racism between individuals. (e.g., prejudice, micro-aggressions)

Internalized
Acceptance by members of stigmatized races of negative message about their own abilities and intrinsic worth



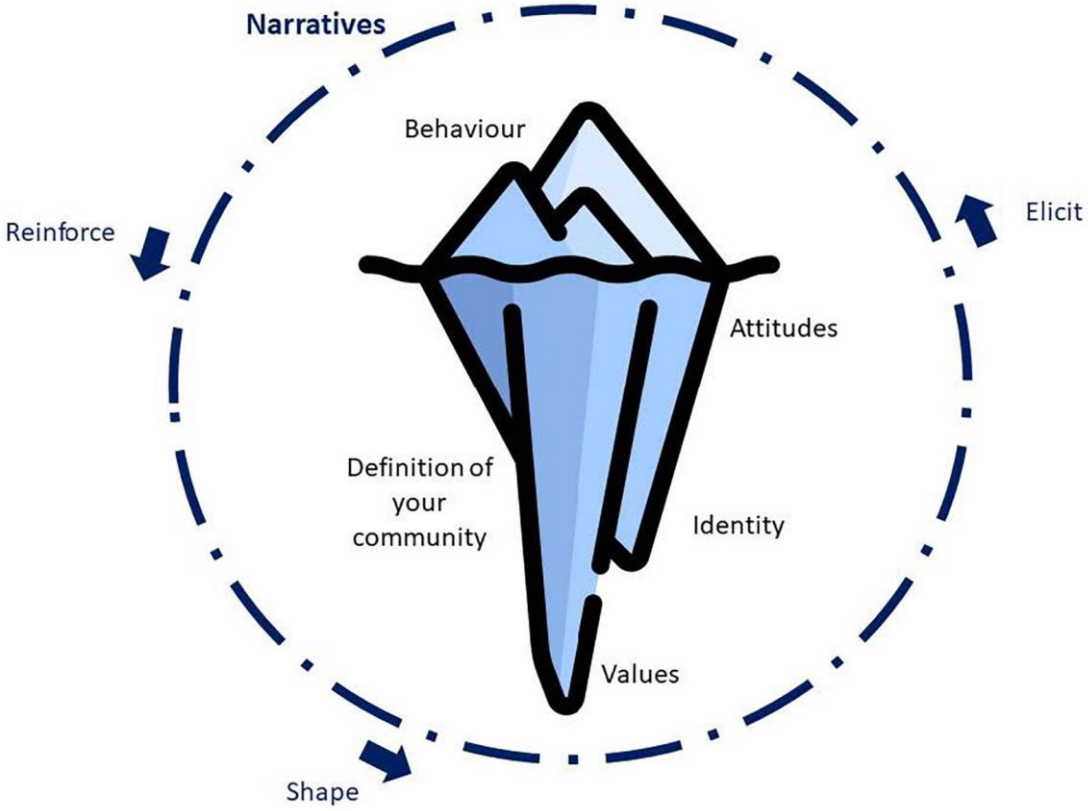
Structural/Societal
"Totality of ways in which societies foster racial discrimination through mutually reinforcing systems (e.g. housing, education, employment, credit, media, health care and criminal justice…"
Zinzi Bailey et al.

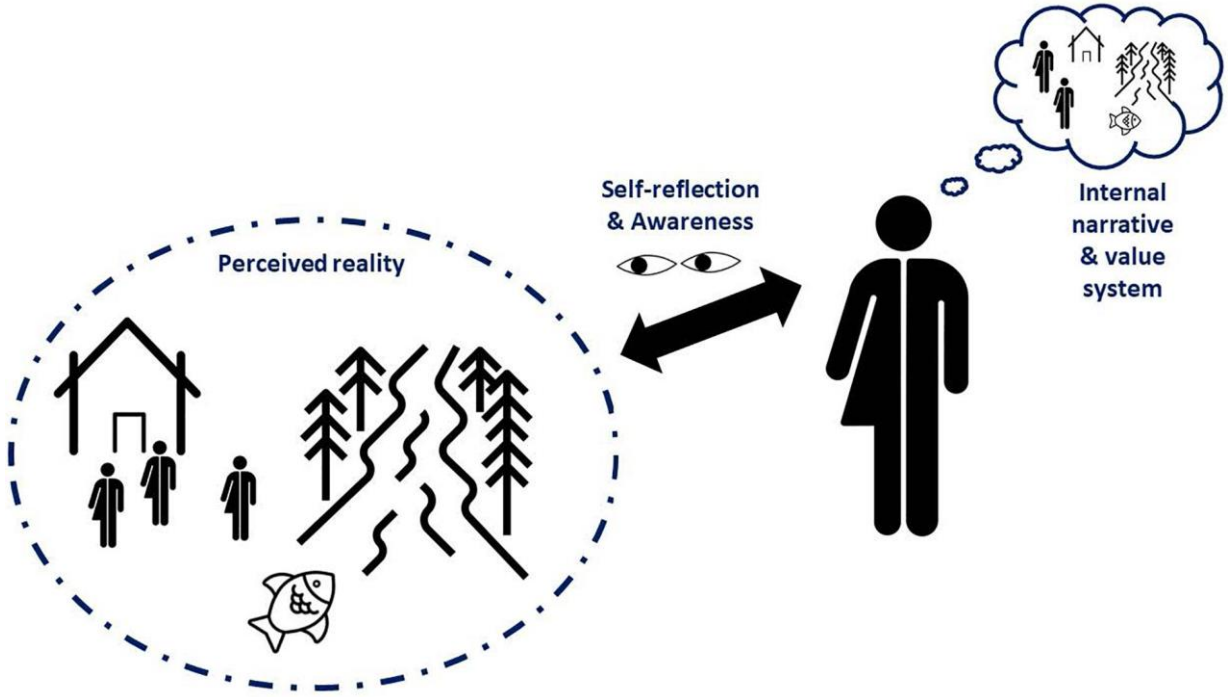
Institutional
Discriminatory treatment, unfair policies and practices, and inequitable opportunities within organizations and institutions based on race

“To be human is to have bias”

If you were to say ‘I don’t have bias’, you would be saying that your brain is not functioning properly”

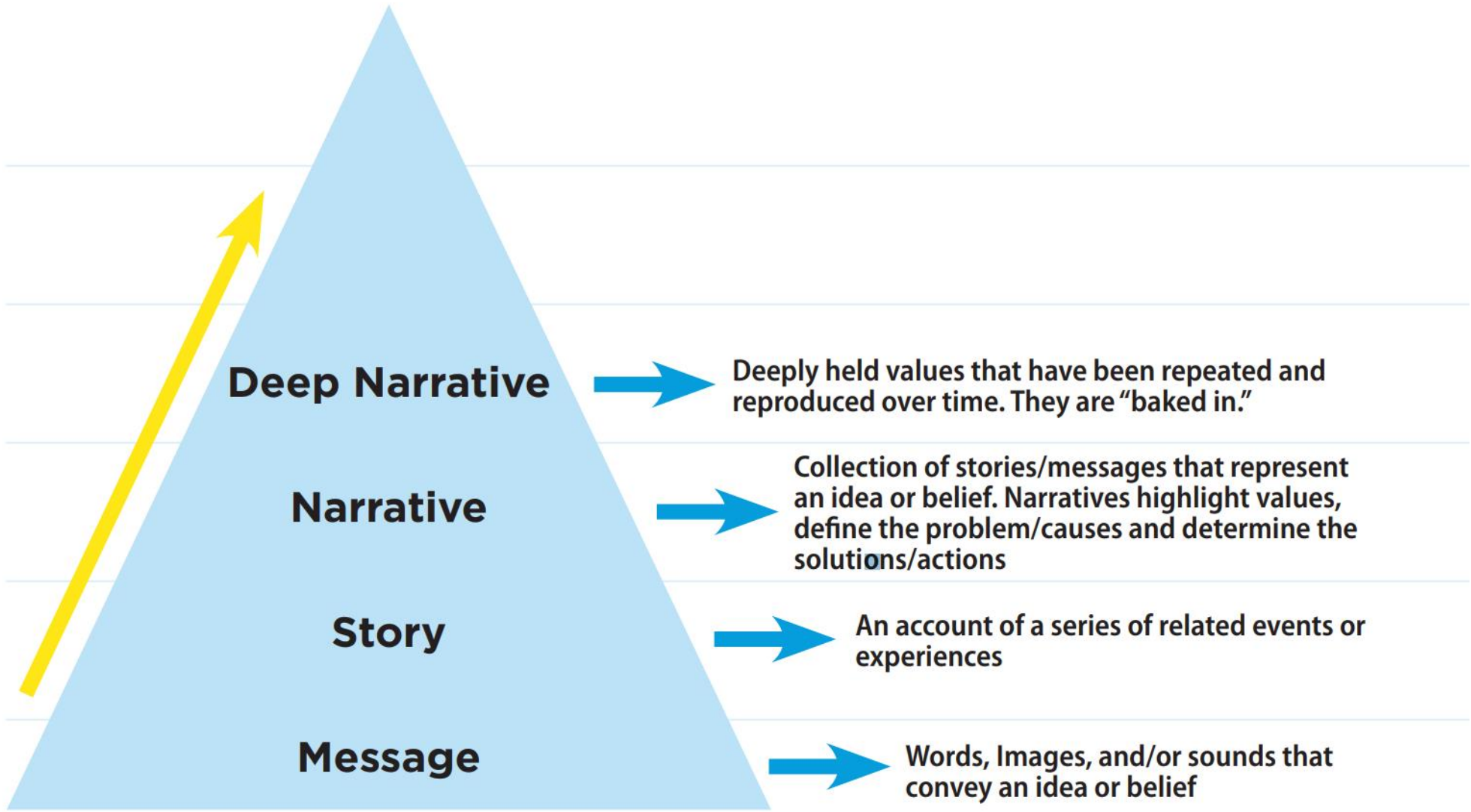
Biases shaped by Deep Narratives





https://www.frontiersin.org/articles/10.3389/fmars.2021.678796/full

Figure 1: The Narrative Ecosystem



Source: *Guide to Counter-Narrating the Attacks on Critical Race Theory.*[8]

AMA's Guide to Language Narrative and Concepts: https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf

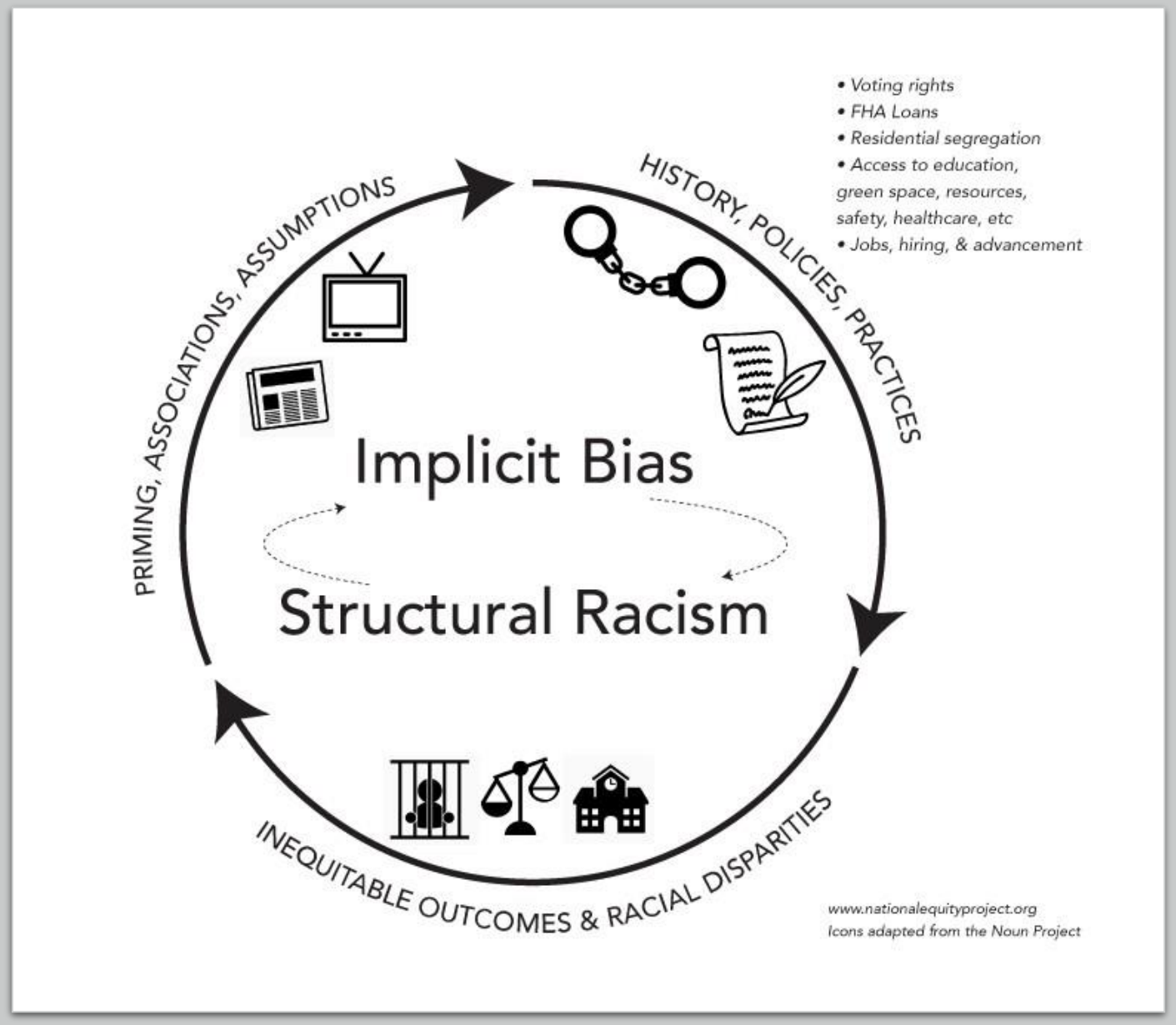
“Biases not only affect our perceptions, but our policies and institutional arrangements.

Therefore, these biases influence the types of outcomes we see across a variety of contexts: school, labor, housing, health, criminal justice system, and so forth….

These racialized outcomes subsequently reinforce the very stereotypes and prejudice that initially influenced the stratified outcomes.”

John Powell

[Home | Othering & Belonging Institute (berkeley.edu)]



https://medium.com/national-equity-project/implicit-bias-structural-racism-6c52cf0f4a92
https://www.nationalequityproject.org/frameworks/implicit-bias-structural-racialization

We are deeply and profoundly sorry: For decades, The Baltimore Sun promoted policies that oppressed Black Marylanders; we are working to make amends

Baltimore Sun Editorial Board

Baltimore Sun Feb 18, 2022 at 7:30 am

https://www.baltimoresun.com/opinion/editorial/bs-ed-0220-sun-racial-reckoning-apology-online-20220218-qp32uybk5bgqrcnd732aicrouu-story.html

Master my story: How does your identity, cultural and societal messaging influence your perception of others?

Prescription Approved Marvin Ferguson

- What messages, stories and/or narratives to you hear the pharmacist expressing through their actions towards the patients?
- What messages, stories and narratives about your patients have influenced you? The places they live? socioeconomic status? And how can this impact the patient care?
- How do these incidents of harm shape patients' perception of the healthcare system and their health behaviors?

$$\frac{\text{IMPACT}}{\text{INTENT}}$$

Stigmatizing Language in the Medical Record

Park J, Saha S, Chee B, Taylor J, Beach MC. Physician Use of Stigmatizing Language in Patient Medical Records. *JAMA Netw Open*. 2021;4(7):e2117052. Published 2021 Jul 1. doi:10.1001/jamanetworkopen.2021.17052

- Urban Academic Medical Center
- 600 encounter notes, 507 patients, 138 physicians
- Evaluated language, overall positive or negative attitude towards patient
- Results:
  - Patient demographics: 69% female, 80% African – American, 15% White
  - 5 themes negative language
  - 6 themes positive language

Park J, Saha S, Chee B, Taylor J, Beach MC. Physician Use of Stigmatizing Language in Patient Medical Records. *JAMA Netw Open*. 2021;4(7):e2117052. Published 2021 Jul 1. doi:10.1001/jamanetworkopen.2021.17052

Negative Language Categories	Description	Example
Questioning Patient Credibility	Implies physician disbelief of patient report of their own experience or behaviors	“supposedly”, “claims”, “insists”
Disapproval	Highlights poor reasoning, decision-making or self-care, usually in a way that conveys the patient is unreasonable	Reports that if she were to fall she would just “lay there” until someone found her
Racial or Social Class Stereotyping	Quoting incorrect grammar or unsophisticated English	Reports that the bandage got “a li’l wet”
Difficult Patient	Inclusion of details with questionable clinical significance that depict the patient as belligerent or otherwise suggests physician is annoyed	“the patient was adamant” “She will not consider taking it because ‘my heart is fine, I don't want you all messing with my heart.’”
Unilateral Decision Making	Language emphasizes physician authority over patient	“I have instructed her”, “she was told to discontinue”

Park J, Saha S, et al. *JAMA Netw Open*. 2021;4(7):e2117052.

Positive Language Categories	Description	Example
Compliments	Explicit adjectives to describe patient positively	“inspiring,” “pleasant,” and “kind.”
Approval	Highlighting patient knowledge, character, reasoning skills and self-care patient behaviors	“patient is very knowledgeable about her medication.”
Self-disclosure	Physician self-disclosure of their own positive emotions related to patient	“I am also encouraged by his new spirit to improve his health.”
Minimizing Blame	Reports reduced patient capacity or unhealthy behaviors with patient-centered reasons that convey understanding and minimize blame	“very pleasant male with multiple barriers to accessing healthcare.”
Personalization	Incorporation of details about the patient as an individual or particular person	“She is active, enjoys her independence, and likes to travel.”
Bilateral decision making	References to the incorporation of patient preferences into the treatment plan	He does not want to add a medication so I will increase the dose.

Park J, Saha S, et al. *JAMA Netw Open*. 2021;4(7):e2117052.

Stigmatizing Language and Impact on Pain Management

P Goddu A, O'Conor KJ, Lanzkron S, et al. Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record [published correction appears in J Gen Intern Med. 2019 Jan;34(1):164]. *J Gen Intern Med*. 2018;33(5):685-691.

- Vignette study two chart notes stigmatizing vs. neutral language 28-year-old patient with sickle cell disease
- 413 physician-in-training (PIT), urban academic medical center (54% response rate)
- Evaluated impact of language on PITs attitude toward patient and decision-making
- Stigmatized language more negative attitudes towards patient; associated with less aggressive management of the patient's pain

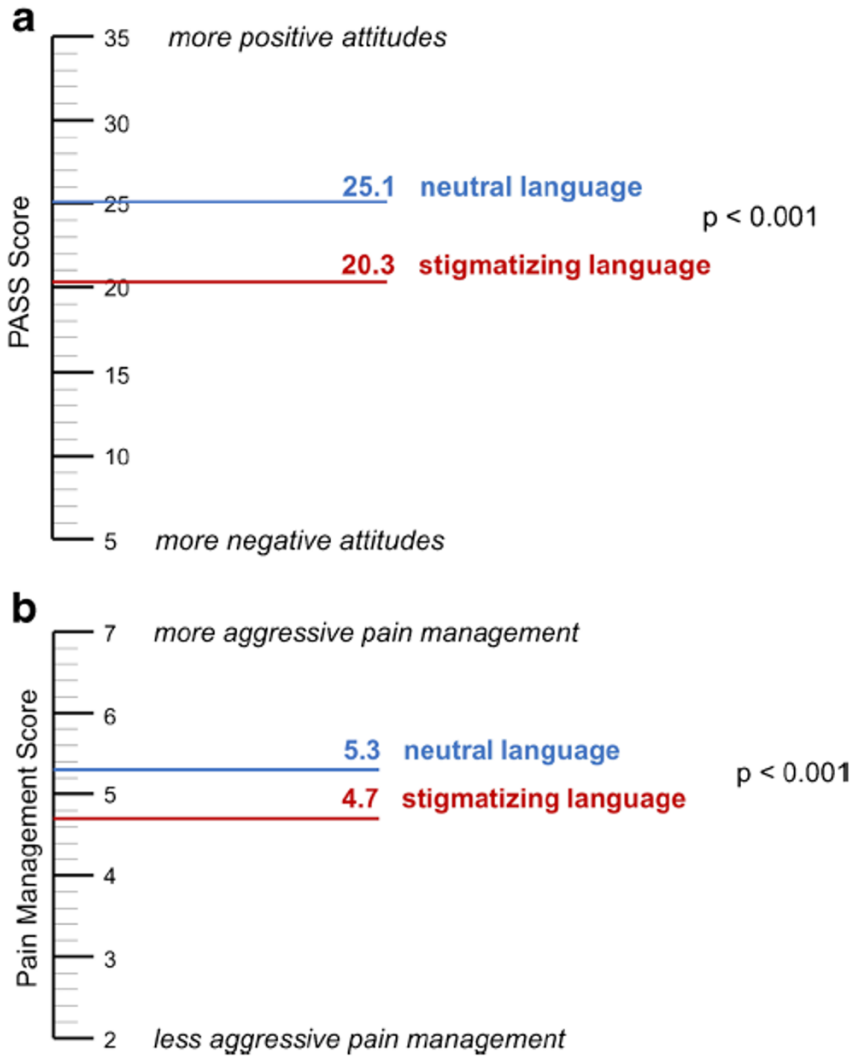


Figure 1 Effect of stigmatizing language on attitudes (Panel A) and on pain management (Panel B).

R-E-S-P-E-C-T: Patient Perceptions of Disrespect in the Healthcare Setting

Blanchard J, Lurie N. R-E-S-P-E-C-T: patient reports of disrespect in the health care setting and its impact on care. *J Fam Pract*. 2004;53(9):721-730.

Telephone Survey of 6722 Adults, Continental U.S. (53.1% response rate)

Languages: English, Spanish, Mandarin, Cantonese, Vietnamese, Korean

Demographics: 45% male, 69% White, 11% Black, 10% Hispanic, 4.2% Asian, ~11% 65+

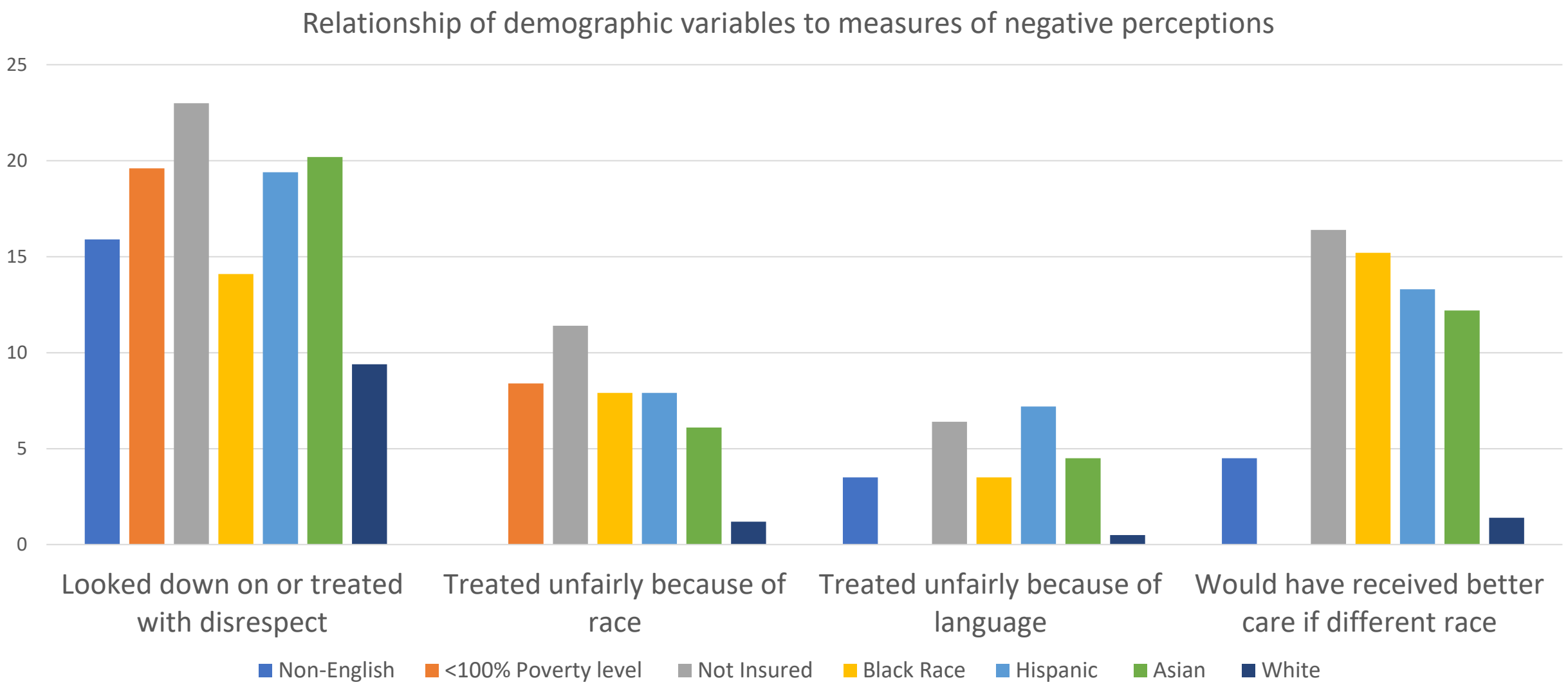
Perceptions: Gender (M/F), primary language, Income and percentage of poverty level, Insurance status, Race, Education

Healthcare utilization: exam within prior year, optimal chronic disease screening, optimal cancer screening, did not follow doctor's advice, delayed care

Example Questions:

- I often feel as if my doctor looks down on me and the way I live my life
- Do you think …you would have gotten better medical care if you had belonged to a different race or ethnic group?
- Was there any time when you had a medical problem but put off…or did not seek medical care when you needed to?
- Has there been a time…when you didn't follow the doctor's advice or treatment plan, get a recommended test, or see a referred doctor?

Negative Patient Perceptions Patient-Doctor Relationship



Blanchard J et al. *J Fam Pract*. 2004;53(9):721-730.

A New Lexicon: Health Equity Based, Person – First

CDC's 5 Guiding Principles for Inclusive Communication: https://www.cdc.gov/healthcommunication/Health_Equity.html
AMA's Guide to Language Narrative and Concepts: https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf

Using a health equity lens when framing information about health inequities.	• Instead of: Underserved communities and high-risk groups • Try: Communities underserved by/with limited access to (specific service/resource), groups with higher risk of (outcome)
Use person-first (humanizing) language	• Instead of: COVID-19 cases and disabled person • Try: Patients or persons with COVID-19 and people who are experiencing (condition or disability type)
Avoid generalizations Use preferred terms for select (sub)population groups.	• Instead of: Minorities, racial groups • Try: People from racial and ethnic minority groups, gender, religious minority group; People living with mobility/cognitive/vision/hearing/self-care disabilities
Avoid using military language or other terms with violent connotations	• Instead of: Target population, Combat (disease) • Try: Consider the needs of/tailor the needs of; Eliminate (disease)
Avoid unintentional blaming	• Instead of: People who do not seek healthcare, Person is non-compliance • Try: People with limited access to (specific service/resource), Person with nonadherence to (what) because (specific cause)

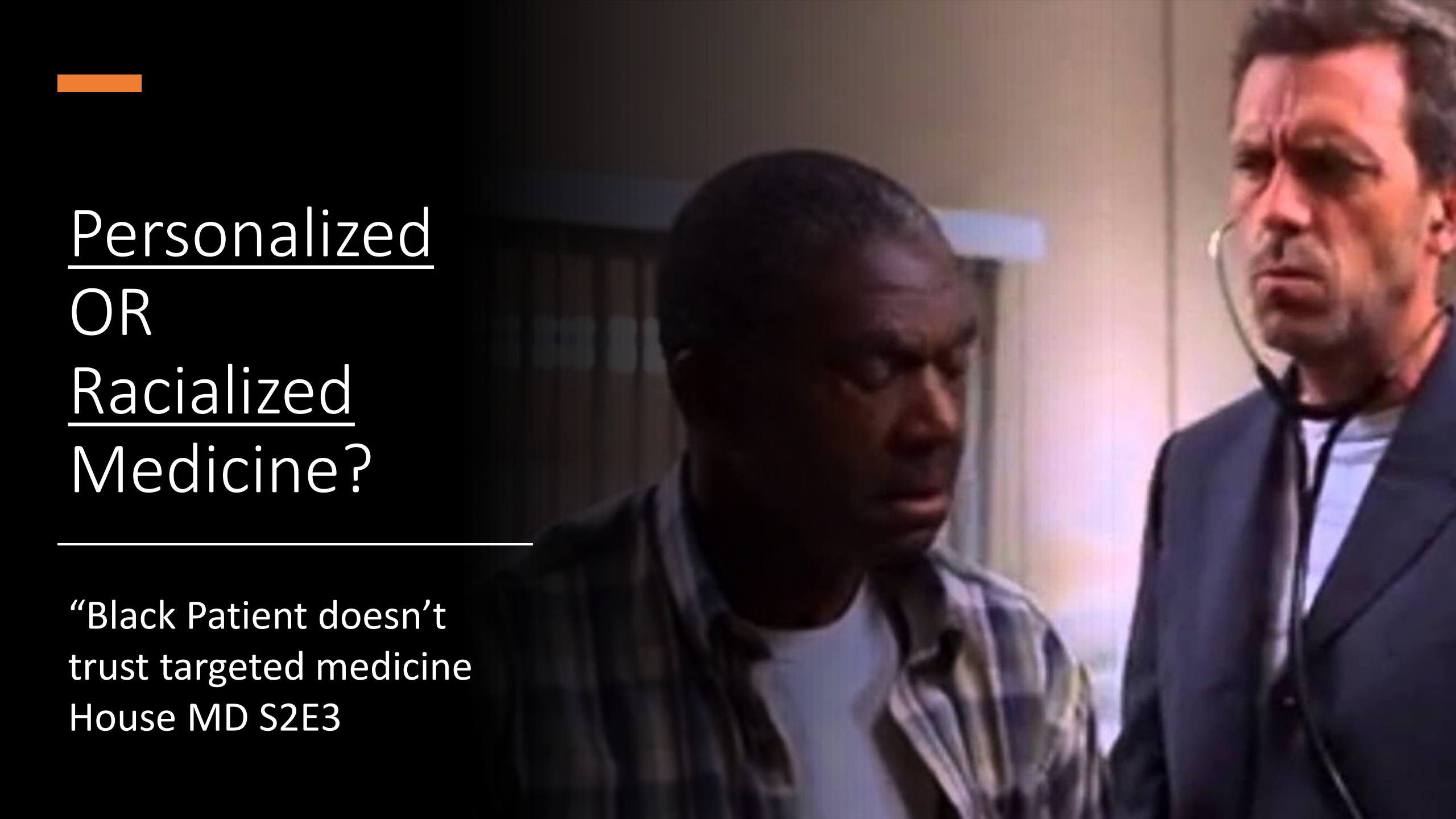
I have to go to work!

- 80-year-old white male that speaks with an accent is referred to the Nephrology Clinic for hyperkalemia. He was a no-show to several appointments over the last several months, despite his PCP urging him to be compliant to visits. Despite his advanced age, he reports working over 40 hours per week at a supermarket!

- Potassium level returns at 6.1 and it took repeated calls from 2 physicians and a pharmacist to reach him by phone. He was told to come into the emergency department ASAP to tackle this high level to avoid serious problems with his heart. However, he refuses because he says “I have to go to work!, I can come in on Wednesday (today is Monday)”

What messages, stories and/or narratives are expressed in this note?
How can you reframe this narrative to be health equity based and person first?

Personalized OR Racialized Medicine?



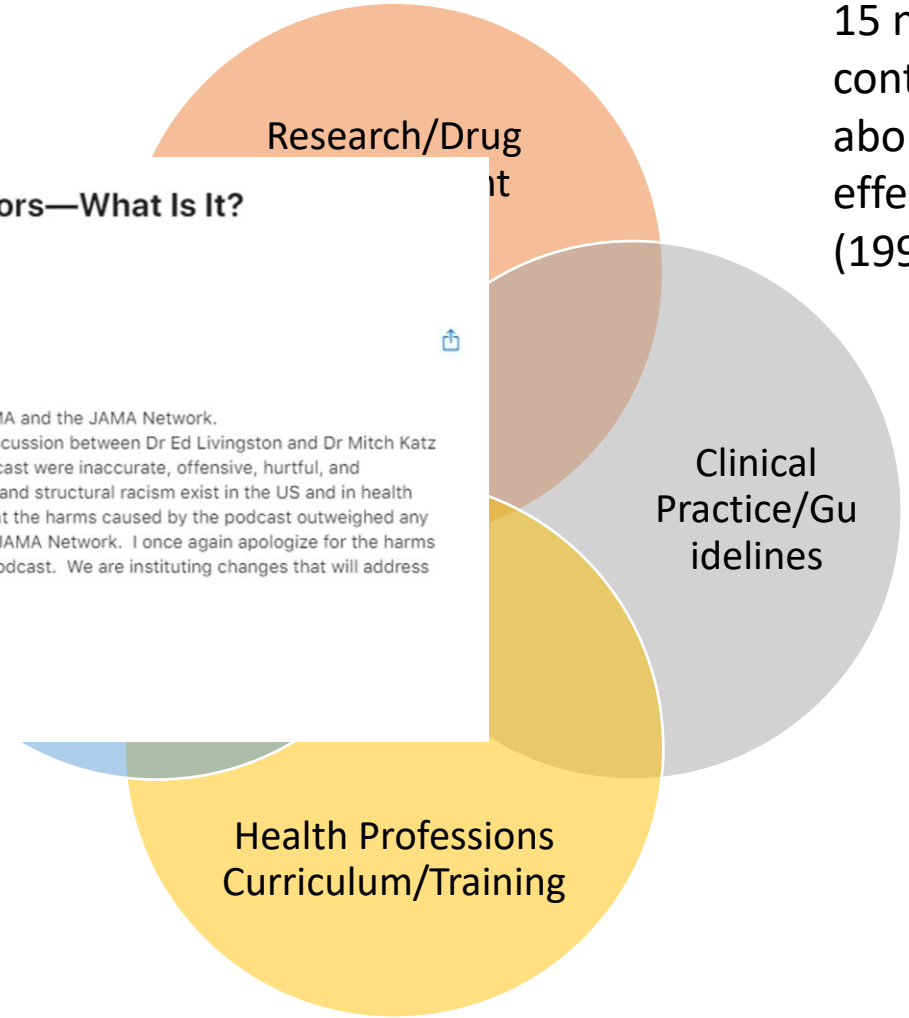
"Black Patient doesn't trust targeted medicine
House MD S2E3

Racialized Medicine

First FDA - approved racially targeted medicine BiDil® (2005),
15 new drug products, contained a statement about their differing effectiveness by race (1995 – 1998)

Structural Racism for Doctors—What Is It?
JAMA Clinical Reviews
Medicine
Listen on Apple Podcasts

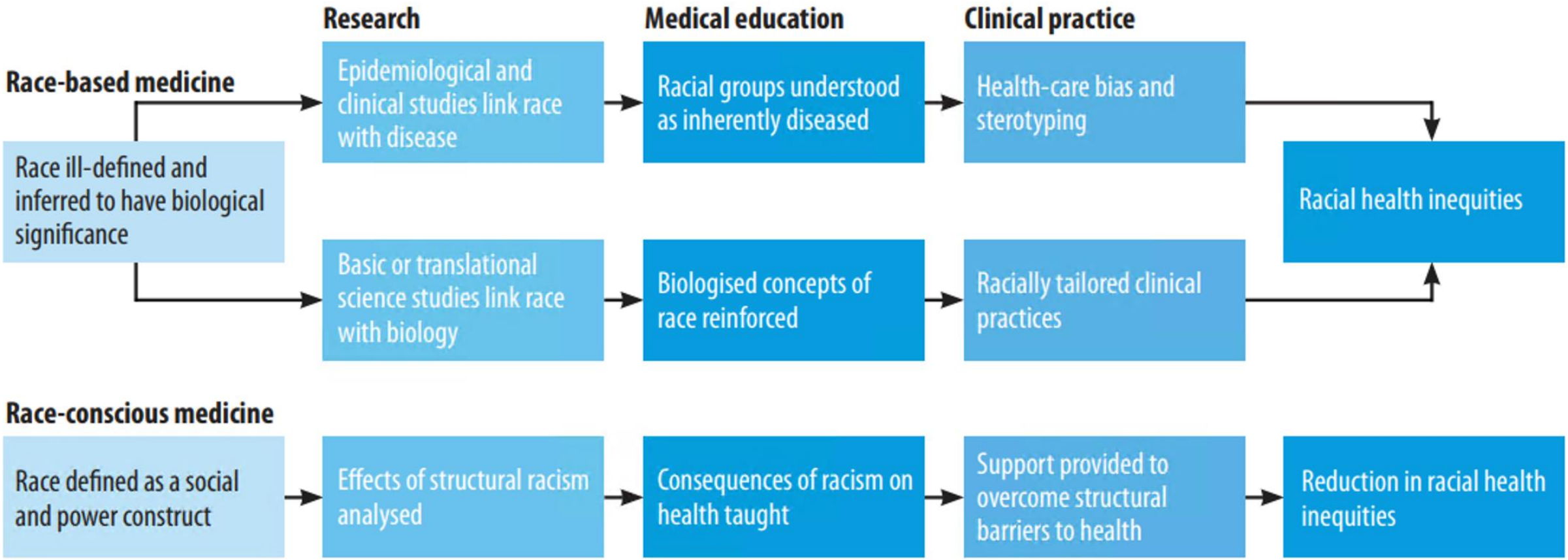
This is Dr Howard Bauchner, Editor in Chief of JAMA and the JAMA Network.
The podcast on structural racism based on the discussion between Dr Ed Livingston and Dr Mitch Katz has been withdrawn. Comments made in the podcast were inaccurate, offensive, hurtful, and inconsistent with the standards of JAMA. Racism and structural racism exist in the US and in health care. After careful consideration, I determined that the harms caused by the podcast outweighed any reason for the podcast to remain available on the JAMA Network. I once again apologize for the harms caused by this podcast and the tweet about the podcast. We are instituting changes that will address and prevent such failures from happening again.



Edition (8th ed):
31 statements about African-American Race as risk factor for disease. 20 statements (64%) unconfirmed or contradicted

Eur Respir J 2013;41(6):1362-70.
EMBO Rep. 2006 Mar; 7(3): 246–249.
Sheets et al. Academic Medicine86(10):1300-1303, October 2011.

Figure 2: How Race-based Medicine Leads to Racial Health Inequities Through Research, Medical Education and Clinical Practice



Source: Cerdeña, Plaisime, and Tsai, 2020. *The Lancet*.[35] Used with permission.

AMA's Guide to Language Narrative and Concepts: https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf

From Race – based to Race – conscious Clinical Care

	How Race Used	Rationale	Potential Harm	Race-Conscious Approach
eGFR	eGFR for Black patients is multiplied by 1·16–1·21 the eGFR for White patients	Black patients presumed to have greater muscle mass than patients of other races	Delayed dialysis, transplant referral Stigma and distrust of medical provider	National Kidney Foundation recommend removal of race modifier (Spring 2021) Use unadjusted eGFR equations (Nov 2021)
BMI (Diabetes)	Asian patients considered at risk for diabetes at BMI ≥23 *vs* 25 for patients of other races	Asian patients presumed to develop more visceral than peripheral adiposity than patients of other races at similar BMI levels, increasing risk for insulin resistance[7]	Asian patients screened for diabetes despite absence of other risk factors Stigma and distrust of medical provider	Screen patients with lower BMIs on the basis on indications of increased body fat, not race

Cerdeña JP, Plaisime MV, Tsai J *Lancet*. 2020;396(10257):1125-1128.
1. https://www.kidney.org/news/removing-race-estimates-kidney-function
2. JASN 2021;32 (6) 1305-1317

From Race – based to Race – conscious Clinical Care

	How Race Used	Rationale	Potential Harm	Race-Conscious Approach
FRAX	Probability of fracture is adjusted according to geography or minority status, or both	Presumed varied relative risks for fracture on the basis of epidemiological data (e.g., Black people differences in bone density)	Some population, including Black women, might be less likely to be screened for osteoporosis than other populations	Screen patients for osteoporosis on the basis of clinical risk criteria, rather than race Counteract existing biases
PFT	Reference values for pulmonary function are adjusted for race and ethnicity	Racial and ethnic minority groups are presumed to have varied lung function on the basis of epidemiological data (e.g., Black patients with differences in lung capacity)	Black patients might experience increased difficulty obtaining disability support for pulmonary disease[17]	Use unadjusted measures of lung function for all patients Counteract existing biases

Cerdeña JP, Plaisime MV, Tsai J *Lancet*. 2020;396(10257):1125-1128.

From Race – based to Race – conscious Clinical Care

	How Race Used	Rationale	Potential Harm	Race-Conscious Approach
JNC 8 Hypertension Guidelines	Algorithm with alternate pathways for "Black" and "non-Black patients"	ACE-inhibitor use higher risk of stroke and poorer control of blood pressure in Black patients than in patients of other races	Do not receive long term benefits of renal and CV Outcomes associated with ACEis	Consider first line antihypertensive options for blood pressure control based on long term cardiovascular and renal benefits
ASCVD risk estimation	Race-specific equations included to estimate ASCVD risk. Include equation	ASCVD events higher for Black patients than patients of other races with otherwise equivalent risk burden[24]	Black patients might experience more adverse effects from recommended statin therapy, including persistent muscle damage[25]	Preventive therapy on the basis of clinical metrics and comorbidities; consider pathways by which structural racism increase cardiovascular risk among Black patients

American Medical Association's Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity (2021 – 2023)

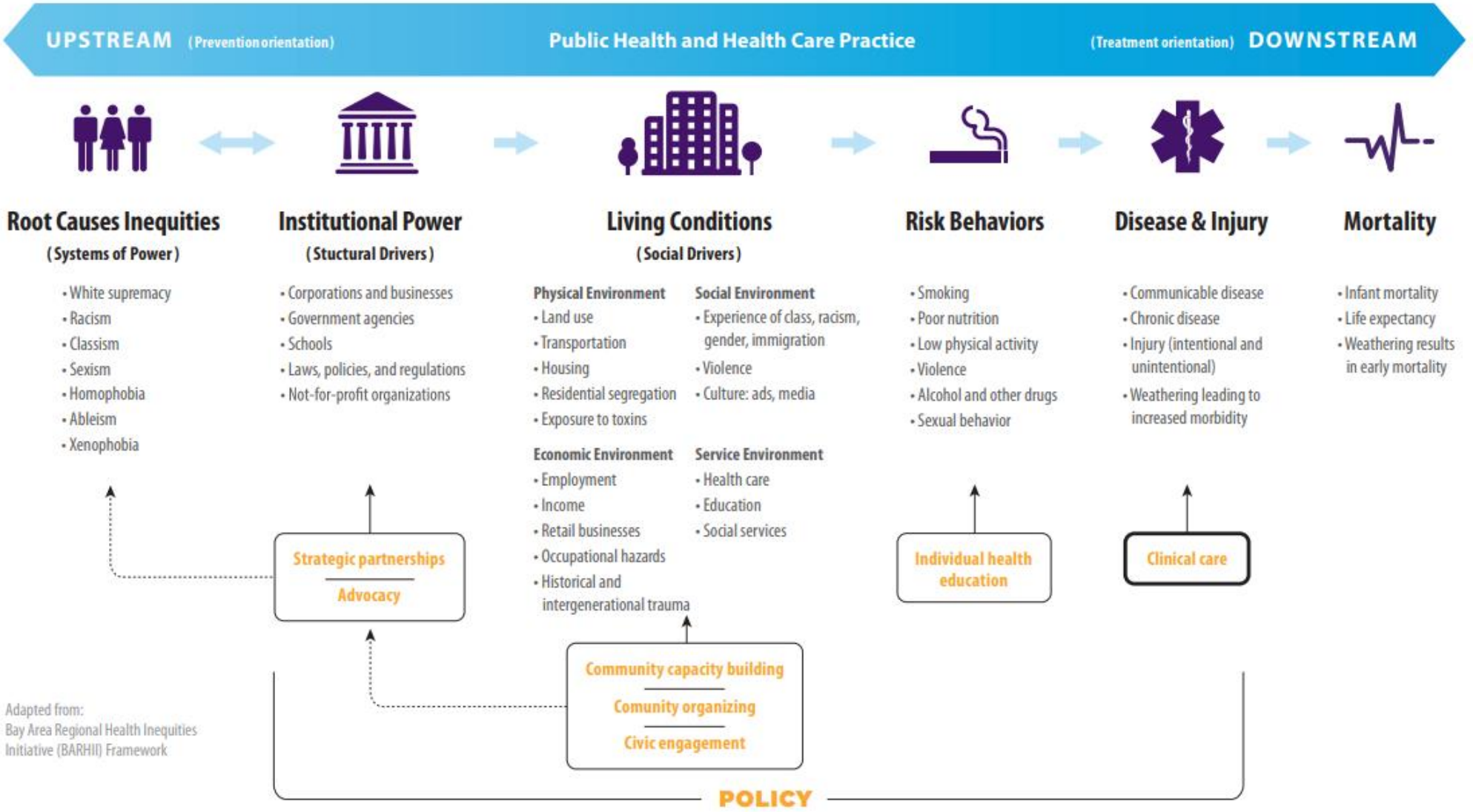
It is more appropriate and accurate that "clinicians and researchers focus on genetics and biology, the experience of racism, and social drivers of health inequities—and not race—when describing risk factors for disease."

https://www.ama-assn.org/system/files/2021-05/ama-equity-strategic-plan.pdf (accessed February 25, 2022)

Maybank A et al. Embedding Racial Justice and Advancing Health Equity at the American Medical Association. March 1, 2022

Strategies to Shift the Narrative

Figure 3. What Creates Health Framework



The AMA's strategic plan to embed racial justice and advance health equity. https://www.ama-assn.org/about/leadership/ama-s-strategic-plan-embed-racial-justice-and-advance-health-equity. Published 2021. Accessed July 20, 2022.
Bailey Z. *N Engl J Med*. 2021;384(8):768-773. doi:10.1056/NEJMms2025396

Strategies to mitigate unconscious bias

Be aware:
Deliberatively reflect

- Acknowledge specific biases that you might have
- E.g., implicit associations test – https://implicit.Harvard.edu/implicit/
- Phone an honest friend

Be systematic:
Assume nothing

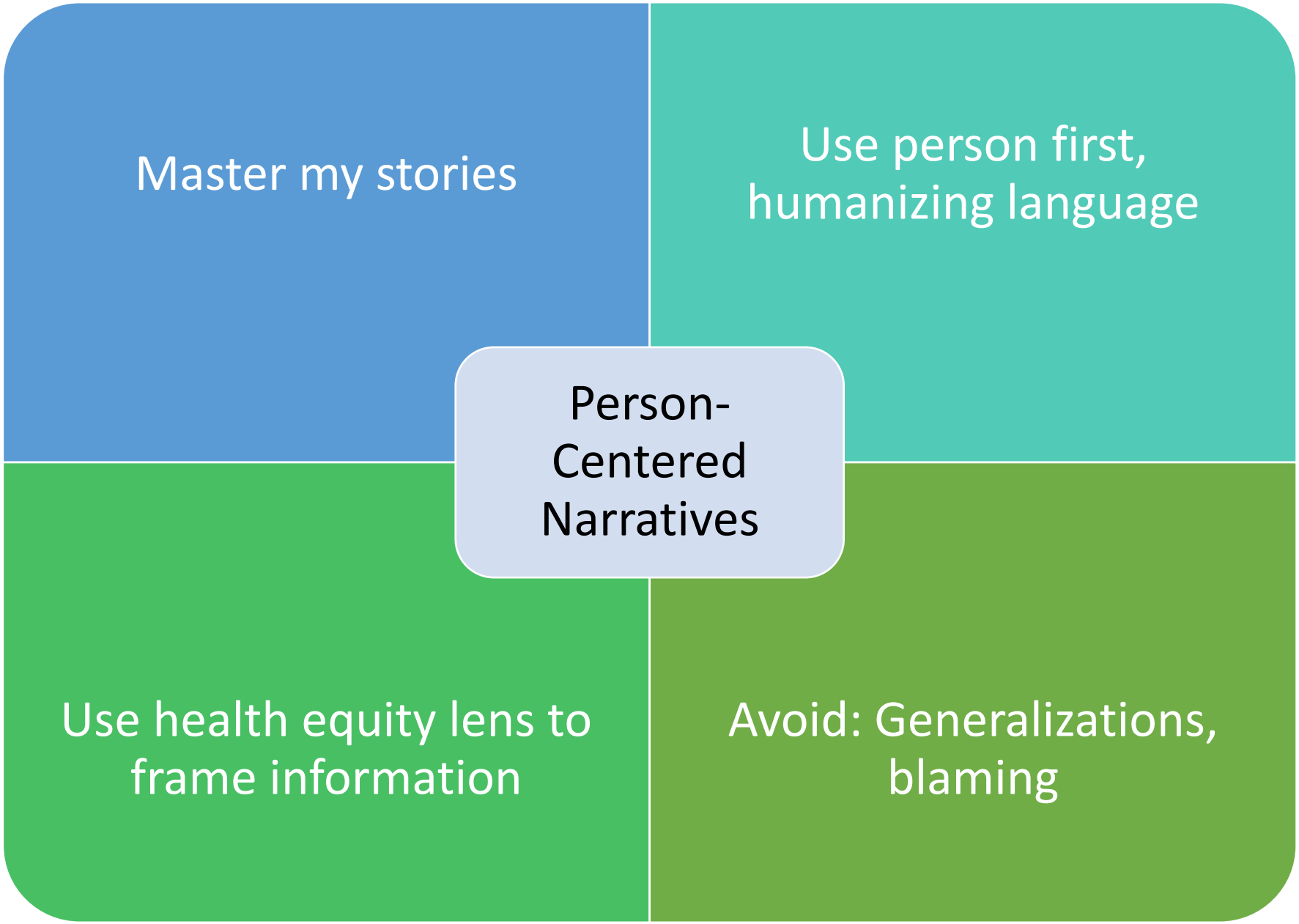
- Style guides
- Use/develop best practices as a team (e.g., documentation)
- Orient/train everyone

Be open:

to new experiences

- Learn about identities different than your own

Marcelin JR, Siraj DS, Victor R, Kotadia S, Maldonado YA. The Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate It. *J Infect Dis*. 2019;220(220 Suppl 2):S62-S73. doi:10.1093/infdis/jiz214


Master my stories
Use person first, humanizing language
Person-Centered Narratives
Use health equity lens to frame information
Avoid: Generalizations, blaming

Practicing Antiracism using Growth Mindset

Fixed Mindset	Actions to Foster Growth Mindset	Growth Mindset	Results of Growth Mindset
Feelings • Fearful • Shame • Avoidant • Dismissive • Detached	• Mindfulness: Pause, reflect on thoughts, feelings, behaviors, actions. • Sit with discomfort, uncertainty • What are the fears about? • How can I shift my focus from discomfort to action?	**Feelings** • Courage • Self-compassion in discomfort • Curious • Supportive • Change agent	• Personal awareness of bias, discrimination, racism
"I don't know where to start with this URiM learner so I will just do what I always do and hope it works" out."	• Active generous listening to understand learner • Avoid assumptions • Accept/address your bias and unconscious racism • Appreciate differences as strengths • Acknowledge the challenges the learner faces	"I need to listen, observe, ask questions to understand this learner's strengths and struggles. This person's differences are one of their contributions to healthcare."	• Learner centered growth fostering belongingness • Empowering the learner to be who they are and grow into their potential
"I don't want to do this wrong or get called out, so I will just pass this URiM along."	• Create SMART goals together • Use the Competency Based system in assessments • Create an accountability plan to follow up with the learner • Ask learner what you can do to support them and their needs • Look for and acknowledge growth and hard work of learner • Connect with educational leadership to create process for ongoing support and goals	"I will provide specific feedback and help this learner create next step goals. I will make mistakes as a teacher and coach, and will be grateful to learn from this learner and this experience. I will sit with discomfort and deepen my self-awareness around whiteness and racism"	• Learner centered growth • Teacher as learner • Connection fostered • Reinforcing a coaching relationship • Connecting to the overarching program and educational goals
"I can't make a difference on the racism in medical education."	• Learn about the history of racism in society, health care, science, and education • Learn about white supremacy and critical race theory • Join or create a white affinity or allyship group • Work on anti-racist policy for change	"I will take daily risks and be a part of the solution to change the system one learner at a time. I will encourage others to do the same. I will join a committee to change policies and practices."	• Systems change • Self actualization and connection • Able to connect differently • Collective Action
"I don't get involved in institutional politics on racism."	• Call out racism and call in colleagues, committees, and leadership for change • Set concrete institutional goals and hold each other and the institution accountable	"This is a human rights issue. Patients, health centers, and society will benefit from this learners growth and development as a healthcare professional. I am part of that solution as an educator."	• Societal and Culture change • Inclusive, connected and empowered educational community where everyone is growing

Fig. 1. Racism to Anti-racism using a Growth Mindset Framework: Dialogue and actions moving from fixed to growth mindset in medical education fostering an inclusive educational environment.

Raney J, Pal R, Lee T, et al. Words Matter: An Antibias Workshop for Health Care Professionals to Reduce Stigmatizing Language. *MedEdPORTAL*. 2021;17:11115. Published 2021 Mar 2. doi:10.15766/mep_2374-8265.11115

Reframe the Narrative on Health – related Risk Factors

Omit social identifiers from introductory remarks

Social identifiers reported as appropriate in Social History NOT Past Medical History
All "introductory remarks regarding and patients and their condition" (e.g., clinical presentation, question stems, templated notes)

Report social drivers of health in social history

Document "social drivers" of health and patients experience of racism, homophobia, other - isms in social history
Self-identification (e.g., race, ethnicity, gender) NOT provider/researcher identification

Race-conscious approach to clinical decision making

- Biological and clinical risk factors inform clinical decision making
- Avoid adjusting treatment strategies based on race

Establish inclusive language expectations and educate all team members

- Both a technical AND cultural shift – narrative ecosystem passed generationally through culture of pharmacy training
- Orientation and training programs as an expectation with accountability as it relates to function (e.g., faculty – classrooms/curriculum, clinicians – the patient experience/documentation)
- Develop a style guide for inclusive language and narratives within your unit, practice

What strategies or resources are available in your discipline, or organization to promote inclusion and antiracism in clinical practice?

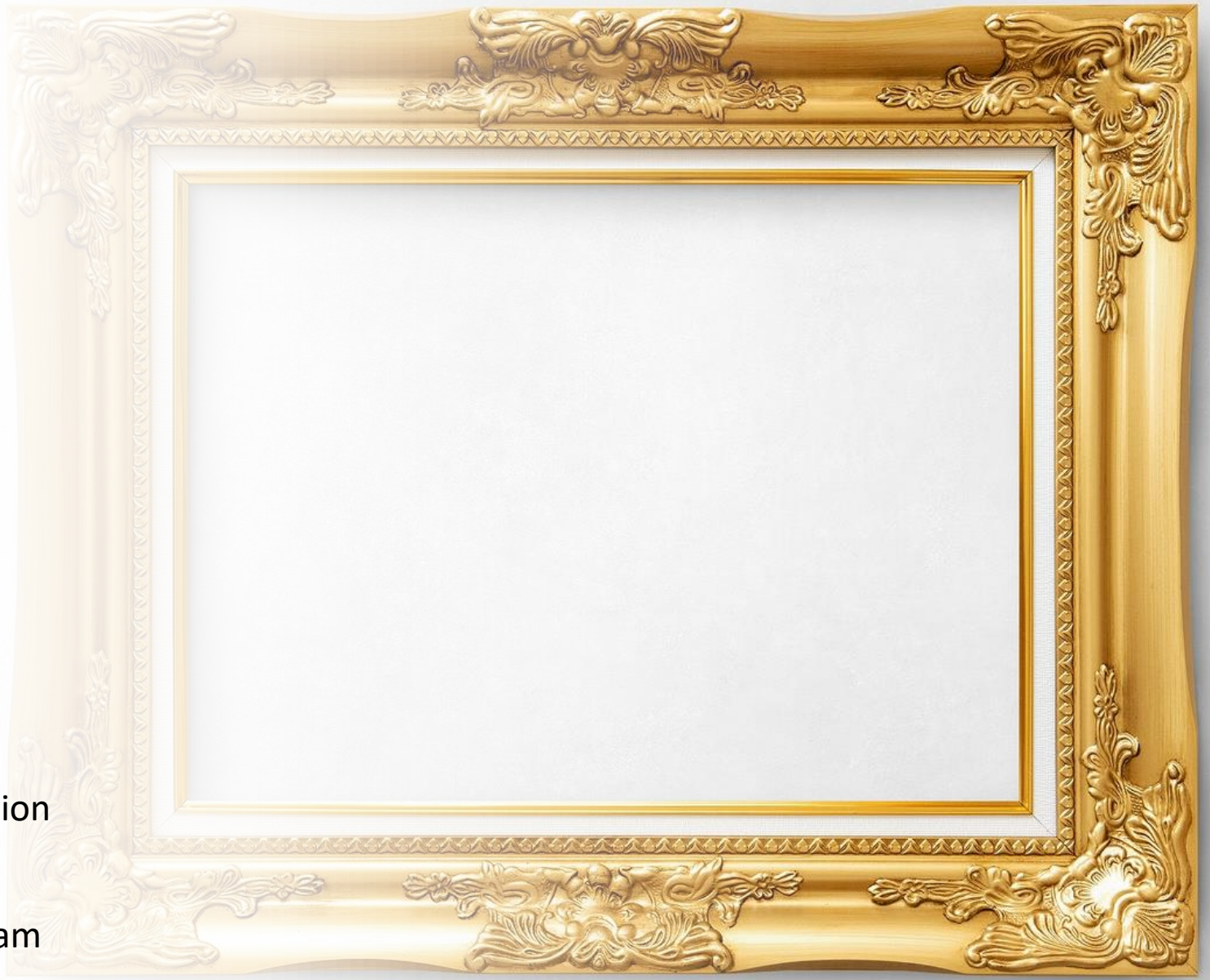
"There is no neutrality in the racism struggle…The *only way* to undo racism is to *consistently* identify and describe it – and then dismantle it. "

Kendi, I.X. (2019). How to be an Antiracist. Random House Publishing Group.

Deeper Dive

- **Narratives, language and implicit bias**
  - AMA's Guide to Language Narrative and Concepts: https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf
  - American Medical Association. The AMA's strategic plan to embed racial justice and advance health equity. https://www.ama-assn.org/about/leadership/ama-s-strategic-plan-embed-racial-justice-and-advance-health-equity. Published 2021. Accessed May 25, 2021.
  - Osta K, Vasquez H. National Equity Project. Implicit Bias and Structural Racialization. Available at: https://www.nationalequityproject.org/frameworks/implicit-bias-structural-racialization Accessed May 30, 2022.
  - Marcelin JR, Siraj DS, Victor R, Kotadia S, Maldonado YA. The Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate It. *J Infect Dis*. 2019;220(220 Suppl 2):S62-S73. doi:10.1093/infdis/jiz214
- **Structural racism in America**
  - Bailey ZD, Feldman JM, Bassett MT. How Structural Racism Works - Racist Policies as a Root Cause of U.S. Racial Health Inequities. *N Engl J Med*. 2021;384(8):768-773. doi:10.1056/NEJMms2025396
  - Mcghee H. *SUM of US : What Racism Costs Everyone and How We Can Prosper Together.* One World Ballantine; 2022.
  - Coates, Ta-Nehisi. "The Case for Reparations." The Atlantic, June 2014. https://www.theatlantic.com/magazine/archive/2014/06/the-case-for-reparations/361631/
  - NPR Codeswitch. Housing segregation and redlining in America https://youtu.be/O5FBJyqfoLM
  - Mapping inequality Redlining in New Deal America https://dsl.richmond.edu/panorama/redlining/#loc=5/39.1/-94.58

Shift the Narrative: Equity Based Language in Clinical Practice



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