Black/African American Health Initiative
- the Provider role  April 25, 2018

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DATA DRAWN FROM SFHIP CHNA, OUR CHILDREN OUR FAMILIES COUNCIL, SFUSD
My goal today

- Describe bias [Not prove the existence of bias]
- Intro to BAAHI
- What role do providers play? [Implicit Bias]
- What can you do about it? [cultural humility and anti-bias strategy]
- Knowing the community: Black Health Status
The Black/African American Health Initiative (BAAHI)

2014 BAAHI Charter: PHD and SFHN agree to work together to improve the health of the African American residents of San Francisco, focusing on 4 health indicators. Two additional workforce factors were soon added.

- Heart Health
- Behavioral Health
- Women’s Health
- Sexual Health
- Cultural Humility
- Workforce Development
BAAHI Structure

Director of Health

Steering Committee

Backbone Support
3 staff + HR
Guides strategy
Supports activities
Establishes shared measurement
Builds public will
Advances policy
Mobilizes resources

Heart Health
Alcohol Use
Sexual Health

Cultural Humility
Workforce Development

Women’s Health

= staff from clinics, HR, etc impacted by the work
What role do medical staff play?

**Power:** The ability to act or decide

**Provider power:**
- Control of access
- Quality of care
- Patient experience
- Direct authorities

**POC outcomes:**
- Worst access
- Receive lower quality care
- Experience racism/disrespect
- Targets of punitive policy

- Money
- Education
- Prescription
- Gender
- Race

- Complaint
- Behavior
Meet “Ben”

Ben is a 6 yr old African American boy

Ben lives in the Bayview area of SF with his parents and grandmother

Ben’s family is very worried because Ben has asthma which has been hard to control

Every 3 months, Ben’s mother misses work to take him to the pulmonologist. On the bus, it takes 1.5 hours in either direction to get there.
I was calling to let you know that Ben got admitted for an asthma exacerbation...

His parents did not pick up his controller med refill last week and he’s missed a lot of school recently because of wheezing.

His father was arrested last month for drugs!

I called CPS. These parents need to learn to get serious about their son’s health.
Documented Medical Staff Bias:

Bias: preconceived or unreasoned belief

- More limited question-asking in clinical interview
- Poorer diagnostic decision-making
- Less symptom management
- Non-standard treatment recommendations
- Fewer referrals to specialty care
- Interpersonal behavior – less approach, less touch, and less expressed concern
What if the pulmonologist knew...

I cannot afford to pick up his refill until I get paid next week.

Median incomes for Blacks in San Francisco is $27,000 compared with $89,000 for Whites, a disparity twice as large as the national average.

(New York Times, 2016)
I usually give him his medicine everyday but he still can’t stop wheezing.

-The Bayview district has more Black residents than any other SF neighborhood. (City-data.com)

- Because of it’s proximity to freeways and industrial sites, it has the highest concentration of air and surface pollutants in SF. (Environmental Defense Scorecard, 2005)
His father just had a little weed in his pocket. The police are always harassing us.
I cannot believe that doctor called CPS on us. I don’t want to bring my son to her any more.

- Black children are 3 times more likely to enter foster care compared to white families with the same characteristics.

- Families of color receive fewer services than White families do and experience lower rates of reunification.

Cultural Humility  Tervalon and Murray Garcia (1998)

**Humility**: a modest opinion of one's own importance [*in relation to others*]
What can you do: Anti-bias strategies

**Self-critique (Humility)**
- **Stereotype replacement** — Recognizing that a response is based on stereotype and consciously adjusting the response
- **Counter-stereotypic imaging** — Imagining the individual as the opposite of the stereotype
- **Perspective taking** — “Putting yourself in the other person’s shoes”

**Correct Power Imbalances/Partner (Respect)**
- **Individuation** — Seeing the person as an individual rather than a stereotype
- **Know the community**— Learn about the culture/population/area
- **Partnership building** — Reframing the interaction as one between equals
- **Change policy** — Make patient decisions central to systems. Remove discretion.
“Individuating” our Black/African American patients
Know the community: History is health
Access to healthy, diverse food sources

55% vs. 45%
Fast food eaten in the past week: B/AA residents vs all SF

82% vs. 69%
B/AA high-school students had a higher rate of soda consumption vs all students
Access to recreation/activity spaces

Map 2: Open space and natural areas
- Natural area
- Open space


Map 3: Population within half a mile of a public recreation facility
- City-operated recreation facilities
  - Recreation center/community pool
  - Meeting spaces/activity center
  - Performance spaces
  - Athletic fields
  - Within a half mile walk

Data source: San Francisco Planning and Recreation & Parks Department, January 2015.
“Between 2010 and 2013, median household income increased for all race/ethnic groups except for Black/African Americans...in 2013, Whites earned more than three times the amount earned by Black/African Americans.”
What history has bought us: Health Status
B/AA Mortality

9 of 10

B/AA are 1st in leading causes on death in San Francisco
B/AA deaths from heart attacks

Down by >50%

The adjusted rate of death for ischemic heart disease for blacks between 2005-2007 and 2014-2016 decreased by more than a half.

Nationally, overall B/AA death rate down by 25%, mostly due to
Infant Mortality

5x higher
B/AA: white

This is partly explained by the high rate of preterm birth and low birth weight; African Americans have rates twice that for White infants in both measures.

10 maternal deaths in 10 years, 5 of them were B/AA women

SF Infant mortality per 1,000 births (2009-13)
Access to Healthcare

98% vs 86%
B/AA: citywide

San Francisco has a very low rate of uninsured compared to national rates, including in the Black/African American community. However, insurance coverage has not eliminated all barriers to access and delayed care and unnecessary emergency room use persist.
Fitness in Children

13% vs. 30%
5th grade B/AA vs. citywide who are physically fit

Percentage of physically fit children within the SFUSD who score 6 of 6 on the California Fitness-gram test (CDE and SFUSD)
Asthma

5:1
B/AA vs. citywide adult asthma hospitalizations

3.25:1
B/AA vs. citywide child asthma hospitalizations
Hypertension and Heart Disease

5:1
B/AA vs. citywide hypertension hospitalization

3.9:1
B/AA vs. citywide heart disease hospitalization

Figure: An age-adjusted hospitalizations due to hypertension in San Francisco adults age 18 plus 2006–14
Violence and Injury

6:1
B/AA vs. citywide
Annual violent injury incidence (per ZSFG)
Sexual Health

2.5:1
B/AA vs. citywide gonorrhea rates

6:1
B/AA vs. citywide youth chlamydia rates

Black/African Americans have higher rates of chlamydia, gonorrhea, early syphilis and HIV than other San Francisco residents.
Cancer in men

70% higher
B/AA vs. citywide lung cancer rate

160% higher
B/AA vs. citywide prostate cancer rate

Cancer incidence rates higher for many cancers.
Cancer death rates higher for all of the leading cancers.

Figure E: Age-adjusted mortality rate for males by cancer site, 2009–12.

Data source: CDC/Death Statistical Master Files.
Cancer in women

90% higher
B/AA vs. citywide mortality for most leading cancers

Death rates are elevated among Black/African American women even for cancers for which they do not have elevated incidence rates.
What role *can* providers play?

The Power of Humility: The ability to act or decide to *give up some power*
I was calling to let you know that Ben got admitted for an asthma exacerbation...

His parents did not pick up his controller ...

His father was arrested ...

I called CPS...
What can you do to decrease disparities?

**Work to provide equitable care**
- Work to notice your own biases
- Practice techniques that decreases bias (pause and trick yourself)
- Speak up about policies/practices that worsen inequity

**Know the history of the people and populations you care for**
- Recognize that patients experience racism in all healthcare settings
- Actively counter distrust with reassurance and transparency
- Ask “why” things are as they are – presume practical and historic reasons exist

**Collaborate**
- CBOs or other groups may offer culturally relevant services you can’t provide
- **Hear others** notice the inequities around you
Shift to connection in 3 breaths – SIYLI + Devine, et al

1st breath: settle your mind
   → bias is worsened by *even unrelated* hurry, anxiety or anger
   → decisions are more biased when you are distracted

2nd breath: see a similarity (to yourself or a loved one)
   → *individuating, stereotype replacement*

3rd breath: offer kindness (ask about comfort, make a social offer)
   → hospitality is an exercise in *perspective taking*