Assessing Perspectives on Systemic Racism in an Academic Hospital Medical Group: The ARCH Project

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ABSTRACT

Background: Wisconsin residents experience significant racial inequities in health outcomes.

Objectives: The University of Wisconsin School of Medicine and Public Health Division of Hospital Medicine wanted to assess providers' perspectives on systemic racism and gauge their receptiveness to participating in anti-racism training, in conjunction with development and implementation of anti-racism curriculum.

Methods: Existing anti-racism curriculum was adapted to be delivered remotely. Division providers were asked to complete a 9-question survey at the beginning of the curriculum.

Results: At baseline, a majority of respondents believed that racial health disparities exist and should be discussed through employer-sponsored training. Respondents generally did not feel confident in their abilities to address racism.

Conclusions: Providers were supportive of anti-racism training in the workplace and feel it is congruent with the public health mission of hospital medicine physicians.

BACKGROUND

Structural racism exists in every part of American society, and Wisconsin's health care system is not exempt. Wisconsin has some of the worst health inequities in the country, including the highest infant mortality rate for Black babies and some of the largest life expectancy gaps between Black and White residents.[1,2] Not all of the disparities can be attributed to health care system operations, though differences in how care is provided certainly contribute. According to the Institute of Medicine's 2003 report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care," reducing bias, stereotyping, and discrimination at the patient-provider level should be a target for improving health equity.[3]

Some members of the Department of Medicine (DOM) at the University of Wisconsin School of Medicine and Public Health (UWSMPH) have received anti-discrimination training through voluntary participation in the Bias Reduction in Internal Medicine (BRIM) initiative. BRIM studies the implementation of a pro-diversity intervention in academic departments of medicine. Providers who chose to take part in BRIM participated in a 3-hour Breaking the Bias Habit workshop in February 2019, followed by 3 surveys intended to assess their perceptions of the DOM's diversity climate.[4]

The Division of Hospital Medicine at UWSMPH committed to addressing racial health inequities at the patient-provider level by developing and implementing the Anti-Racism Curriculum for Hospitalists (ARCH). In the early stages of ARCH, a division-wide survey was sent to identify the baseline beliefs, interest in participation, and needs of the group. The purpose of this brief report is to describe the survey responses and provide an introduction to ARCH.

METHODS

At the time of ARCH development, the division consisted of 54 physicians and 10 advanced practice providers (APPs). Of the 54 physicians, 63% were men and 37% were women. All 10 APPs were women. Of the 64 total providers, 83% were White; the remaining 17% represented South Asian, Latinx, and other ethnic backgrounds. In order to protect the privacy of the individuals in this latter group, we have chosen not to further break down this category. In terms of gender, our hospital medicine

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workforce was generally reflective of the UWSMPH DOM physicians and APPs, who were 57% men and 95% women, respectively. Likewise, our division mirrored the reported racial/ethnic makeup of the department, which was 84% White. Demographic data for patients cared for by the hospital medicine division from July through December 2019 show that 90% of patients self-identified as White, 7% as Black, 2% as Asian, and 1% as American Indian/Alaskan Native. Of these patients, 3% identified as Hispanic/Latino.

The Office of Diversity, Equity, and Inclusion (DEI) at UW Health had previously created a "microlearning" series of modules with the goal of increasing employee support for and involvement in DEI initiatives. This curriculum was designed to be delivered in group settings to promote discussions among colleagues but had not yet been adapted to a virtual format since the beginning of the COVID-19 pandemic. Topics covered by the curriculum include racial health inequities; lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) health care; history of racism in American health care; intersectionality; and implicit bias.

This 30-module curriculum was adapted by a member of the division to create ARCH. It was modified to be delivered remotely in the wake of the COVID-19 pandemic. The division-specific structure includes delivery of 1 to 3 modules embedded within monthly emails over a 10- to 12-month period. Subjects covered include racial health outcome disparities, intersectionality, implicit bias, and history of racism in American health care. Modules include publicly available videos online and documents created by the UW Health office of DEI. Time is set aside at monthly division meetings for discussion of that month's topics; discussion also occurs on an ongoing basis through a voluntary secure messaging platform, in which 44% of providers participate.

In order to obtain a baseline understanding of our providers' knowledge about and perspectives on these issues, all providers were asked to complete a 9-question survey at the beginning of the curriculum. Questions were designed by all 5 members of the research team and are provided in the Results section. The survey remained open for 21 days. This project was deemed exempt as a quality improvement initiative by the University of Wisconsin Health Sciences Institutional Review Board.

Descriptive statistics were used to summarize yes/no or multiple-choice responses. Free-text responses were evaluated collaboratively by the entire study team using a conceptual content analysis approach.

Table 1. Responses to Yes/No/Maybe Survey Questions (N = 21)

	Yes N (%)	No N (%)	Maybe N (%)
Do you think your employer should teach about issues of health inequities, racism, sexism, and homophobia?	18 (86%)	3 (14%)	NA
Have you received training on these issues in the past? If so, where/how did it occur? If yes, where did you receive this training and what was the general delivery format? Did you find it useful?	17 (81%)	4 (19%)	NA
Do you believe that there are disparities in health outcomes between different racial/ethnic groups that can be attributed to systemic discrimination? If applicable, please draw on personal observations or experiences.	17 (81%)	0	4 (19%)
As a hospitalist, do you think that knowing about and understanding the roots of racial/ethnic disparities would help/helps you perform your job? Why or why not?	14 (67%)	2 (10%)	5 (23%)
	Very	**Slightly**	**Not**
How confident are you in your ability to address issues of race, racism, and/or discrimination in your job when they occur (such as comments about patients, trainees, colleagues, etc)? Please elaborate on your degree of confidence addressing these issues at work.	0	15 (71%)	6 (29%)

RESULTS

Out of 58 providers (providers involved in the design of the survey were excluded), 21 responses were received, for a 36% response rate. Table 1 presents responses to 5-survey questions that had Yes/No/Maybe options. Table 2 provides a summary of free-text responses to relevant questions, along with representative quotes. The Figure is a visual depiction of the single survey question that had multiple answer choices. Some questions appear in more than 1 Table/Figure as they offered multiple response types.

A majority (81%) of respondents believed that racial health disparities exist and can be attributed, at least in part, to systemic discrimination. A similar number (86%) also felt it was appropriate and important for their employer to take an active stance on these issues by offering provider education. A smaller majority (67%) of respondents felt that understanding the roots of racial health disparities would make them better providers. Despite broad recognition of the critical nature of this issue, none of the respondents felt very confident in their abilities to address overt acts of racism in the workplace.

DISCUSSION

The results of this qualitative survey provide valuable insight into our division members' attitudes regarding racial health inequities. Overall, our results suggest that providers in our division acknowledge the existence of racial inequities and systemic racism, as well as the need for employer-sponsored training in this area. Our group's exposure to the BRIM initiative may partially explain its broad support for engaging in these interventions in the workplace. Unfortunately, and despite previous training through BRIM and other programs, our providers expressed a need for further

Table 2. Responses to Free-Text Survey Questions

Summary	Illustrative Quotations
Do you think your employer should teach about issues of health inequities, racism, sexism, and homophobia?	
• Majority of respondents were receptive to this type of training in the workplace, and felt that these topics were directly relevant to the practice of medicine. • Some expressed that this type of training should not be mandatory, and had concerns about how differing viewpoints would be received.	"I think that all of these issues apply to the practice of medicine…I also think that it is important for education to come directly from our employer because I think they need to be involved and that it sends an important message." "Yes, this should be taught as long as views other than the liberal Madison physician viewpoint are accepted in discussion."
Have you received training on these issues in the past? If so, where/how did it occur? If yes, where did you receive this training and what was the general delivery format? Did you find it useful?	
• Majority had received some form of training on these topics, mostly during medical school or by an employer. • Several responses mirrored concerns about being forced to undergo trainings, and voiced that many of these experiences did not create durable changes in their behavior or worldview.	"BRIM training[a] at UW was an effective training with group participation…I think training and education in this space must be made more mainstream such that it becomes an expectation and viewed as part of being a UW Health provider." "Yes, via click as you go online modules. These are usually mandatory…Of course that isn't useful in the least and merely breeds resentment at another requirement."
Do you believe that there are disparities in health outcomes between different racial/ethnic groups that can be attributed to systemic discrimination? If applicable, please draw on personal observations or experiences.	
• Majority felt that systemic racial discrimination played a significant role in observed inequities. • Some expressed skepticism about the existence or impact of systemic racism on the health of individuals. • Some conveyed ambivalence, citing too much complexity between socioeconomic status, race, and ethnicity to form an opinion.	"Believe? I believe in facts. The disparities are facts. I have long had a sense that people of color are treated differently here and everywhere, really." "It is impossible to answer this question as a blanket statement…Systematic discrimination (via implicit bias or explicit legal/social structures) may explain part of the difference in medical outcomes. However, it is over-simplistic, misleading, and highly dangerous to infer evidence of systemic racism from every observed difference in outcomes between different groups. Difference does not always equal discrimination."
As a hospitalist, do you think that knowing about and understanding the roots of racial/ethnic disparities would help/helps you perform your job? Why or why not?	
• Many respondents believed this knowledge to be critical to providing optimal care. • Several other respondents questioned if this knowledge was relevant to the individual provider and expressed powerlessness at addressing systemic racism.	"I think understanding what people's social situation is outside of the walls of the hospital, allows us to better care for patients and understand unique challenges they face." "I would like to think that all of us consider our mission as healthcare providers to provide optimal care to everyone regardless of ethnicity. Thus, I don't think knowing about and understanding the roots of racial disparity will help me perform my job (I see this as something political leadership needs to be aware of and address) but we do have to be aware of barriers to patients receiving health care based on their ethnicity."
How confident are you in your ability to address issues of race, racism, and/or discrimination in your job when they occur? Please elaborate on your degree of confidence addressing these issues at work.	
• Respondents cited a lack of experience in calling out racism and uncertainty in how to do so. • Many respondents described addressing racist comments as inherently delicate and requiring of a confrontational personality type.	"I am always worried about saying the wrong thing and making a situation worse." "I think the anger and content of the situations make it difficult to engage in adequate, well meaning, intentioned conversation."
What actions, in your personal and/or professional life, have you taken to address discrimination, either locally or nationally? Are there any actions you would like to undertake but have not? What has kept you from taking those actions?	
Actions taken (no. of respondents):[b] • Personal education (5) • Engaging with children/family (4) • Speaking up for others experiencing discrimination (3) • Showing/voicing support for social movements (2) • Misc: voting, marches/social demonstrations, involvement in local organizations, involvement in local government, writing to Congress, volunteer medical care, providing medical opinions for public defenders representing incarcerated individuals, curricular planning (1 each)	"I have started uncomfortable conversations with family members who I know do not share the same ideas about racial disparities and police violence against black people. I am sometimes shocked by the lack of empathy and understanding by others. I have given money to specific charities that are helping others of color in our area." "What has kept me from tackling this huge issue? Time, time and time. There are other issues to address in society for which I'm better equipped!" In response to *What has kept you from taking those actions?:* "Sometimes endured overt discrimination in the interest of self-preservation and to avoid making the discriminatory behavior worse from someone higher up in the power hierarchy."
What else would you like to see our organization do?	
• A number of respondents wanted their employer to provide opportunities for community engagement, particularly to underserved groups. • A few respondents wanted their employer to provide opportunities for more discussion of these issues within the organization and across health care professions.	"[S]upport putting our resources where impoverished people can access [them]." "If I could check the box in front of outreach to underserved communities 5 times I would do it. These are the people right in front of us who need us now." "Allow students, faculty, [and] visiting faculty the intellectual space to have nuanced discussions about complex social phenomena without the risk of ostracization."
Is there any topic or issue in this area that you wish you knew more or would like to learn more about?	
• Many respondents wanted to learn more about the history of discrimination and health disaprities, especially within their own communities.	"I want to learn more about the history of racial and SES [socioeconomic] status discrimination within Dane [C]ounty." "[I]nvite a panel of patients that can speak of their own experiences." "More articles/talks about health disparities, as well as issues related to women and minority providers."

[a] See Discussion section for more information on Bias Reduction in Internal Medicine (BRIM).
[b] These phrases were abstracted from free-text responses.

help with how they can positively contribute to antidiscriminatory actions.

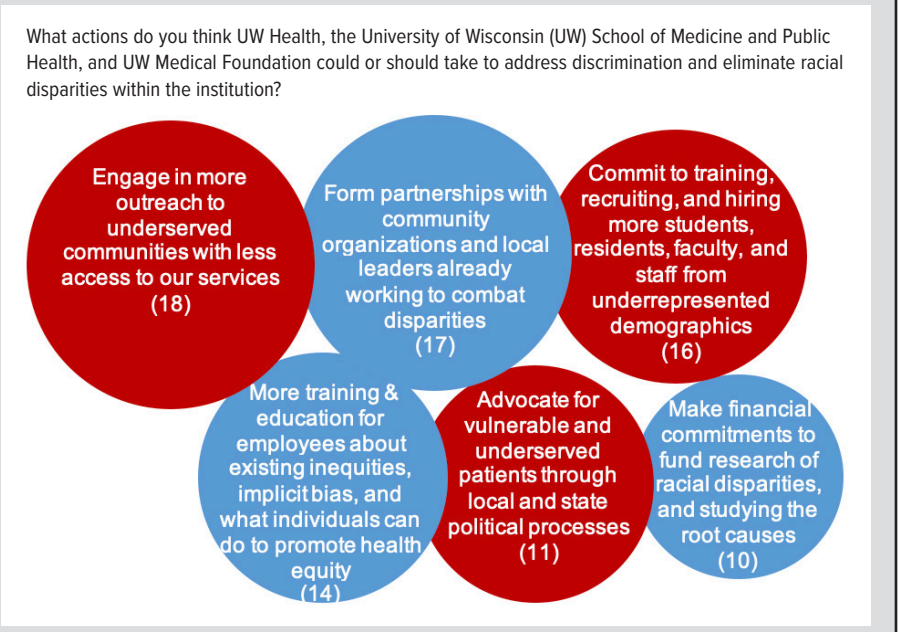
Some respondents voiced concern about being "forced to engage" in these training sessions and that any additional required tasks may breed resentment. This perspective should be considered when designing and delivering the curriculum but should not be a deterrent to moving forward with the program. Individuals who feel uncomfortable when presented with information on health inequities are arguably those who may benefit the most from receiving this information.

While the authors of this report feel that anti-racism training is necessary to combat systemic racism, we also recognize that it is not enough. If we focus all our energy on external displays of support for racial equity rather than on doing the necessary and uncomfortable work of identifying our own implicit biases and discriminatory institutional policies, we run the risk of paradoxically blinding ourselves to racism within our own institution, as was recently pointed out.[5]

The UWSMPH and UW Health recently have taken some concrete steps in this area. Following the lead of a number of other institutions across the country, our institution eliminated race-based adjustments in estimated glomerular filtration rate.[6] In October 2020, the leaders of UW Health, UnityPoint-Meriter, and SSM Health penned an editorial stating, "Racism is a public health crisis" and announced new policies stating that discrimination from patients directed at employees will not be tolerated.[7,8] In June 2020, the DOM launched a Diversity, Equity, and Inclusion committee, made up of providers, trainees, APPs, researchers, and administrative staff. This committee is currently finalizing its first round of recommendations, including specific suggestions in the areas of trainee and faculty recruitment, workplace environment, and underrepresented minority faculty development.

Within our own division, we acknowledge there is work to be done. The most obvious, though admittedly superficial, examples include the facts that we have only 1 provider from an underrepresented minority group and that the gender ratio is unbalanced. We hope that ARCH will encourage our providers to think more critically about racial inequities within our division, our institution, and our state, and to develop and support initiatives that improve equity at all levels. We gained important insight that our providers do not feel equipped to confront instances of discrimination when they occur in the workplace, and this has prompted us to modify ARCH to provide some training on potential strategies to use when overt discrimination does occur. Finally, we hope that this program will become 1 piece of a broader and ongoing vision supported by UWSMPH and UW Health aimed at combating systemic racism in our health care system and our communities.

Figure. Responses (n) Selected From 6 Presented Responses



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