Practicing Antiracism:

a curriculum for the HIV health care workforce

Aminta H. B. Kouyate, MS, MD 2024
UCSF- UC Berkeley Joint Medical Program, Program in Medical Education for Urban Underserved (PRIME-EUS)

Monica U. Hahn, MD MPH MS AAHIVS
Associate Clinical Professor, UCSF Department of Family & Community Medicine and Department of OBGYN
Clinical Director and Co-PI, PAETC

No Disclosures

Aminta Kouyate and Monica Hahn have no relevant financial interests to disclose.

Disclosure will be made when a product is discussed for unapproved use. This continuing education activity is managed and accredited by AffinityCE, in collaboration with the Health Resources and Services Administration (HRSA), LRG, and AffinityCE. AffinityCE, LRG and HRSA staff, as well as planners and reviewers, have no relevant financial interests to disclose. AffinityCE adheres to ACCME's Standards for Integrity and Independence in Accredited Continuing Education. Any individuals in a position to control the content of a CME activity, including faculty, planners, reviewers, or others, are required to disclose all relevant financial relationships with ineligible entities (commercial interests). All relevant conflicts of interest have been mitigated prior to the commencement of the activity. Commercial support was not provided for this activity.

History, labor, and land acknowledgement

Agenda

- HIV Healthcare Landscape
- Defining Terms
- Past & Current Frameworks
- Workforce Historical Context
- Curriculum Development
- Q&A

Learning Objectives

- Describe historical examples of structural racism in healthcare and how they have shaped the patterns of health inequities amongst historically oppressed groups disproportionately impacted by HIV.
- Examine the ways in which racism operates to maintain inequities in the delivery of HIV care, and identify strategies to mitigate structural barriers to care from a cultural humility-informed framework.
- Identify strategies to support continued engagement in practicing antiracism for the HIV provider workforce, and consider the utilization of this curriculum and related resources and activities for the education and development of HIV providers nationwide.

Reflection Questions

How have we accepted and participated in upholding racist narratives in the way we evaluate and interact with patients in our work in HIV care?

What commitments can we make to ourselves and to each other to address the harm caused historically and today?

How will we ensure that we hold ourselves accountable to supporting dignity -centered culturally -affirming, antiracist, stigma -free care moving forward in the future?

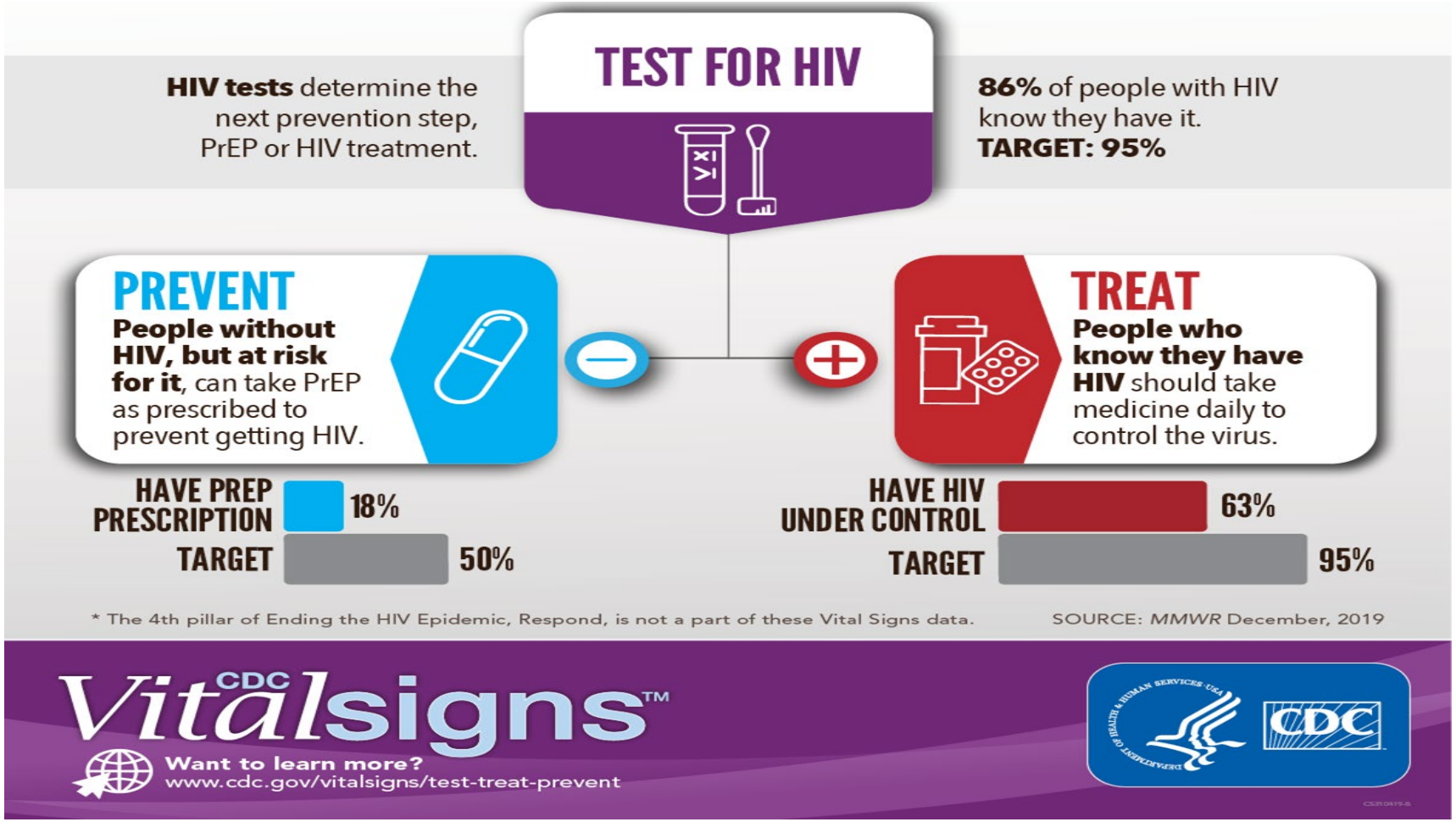
How will we require systems change to disrupt systems of oppression in the HIV care landscape?

HIV Healthcare Landscape

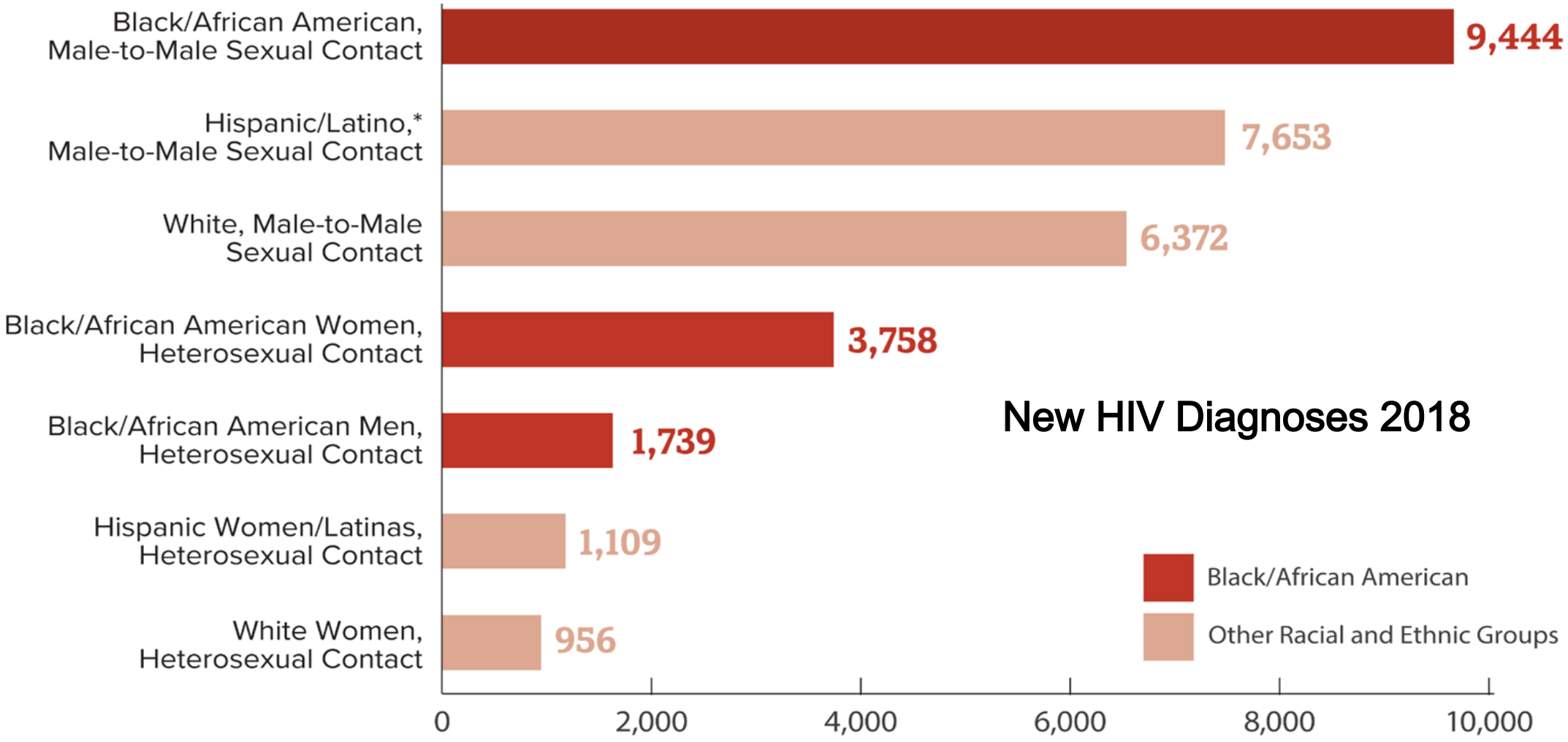
& Current Disparities

Legacy of HIV Advocacy:
Historical Lessons in Social Justice

Key actions to help end the HIV epidemic

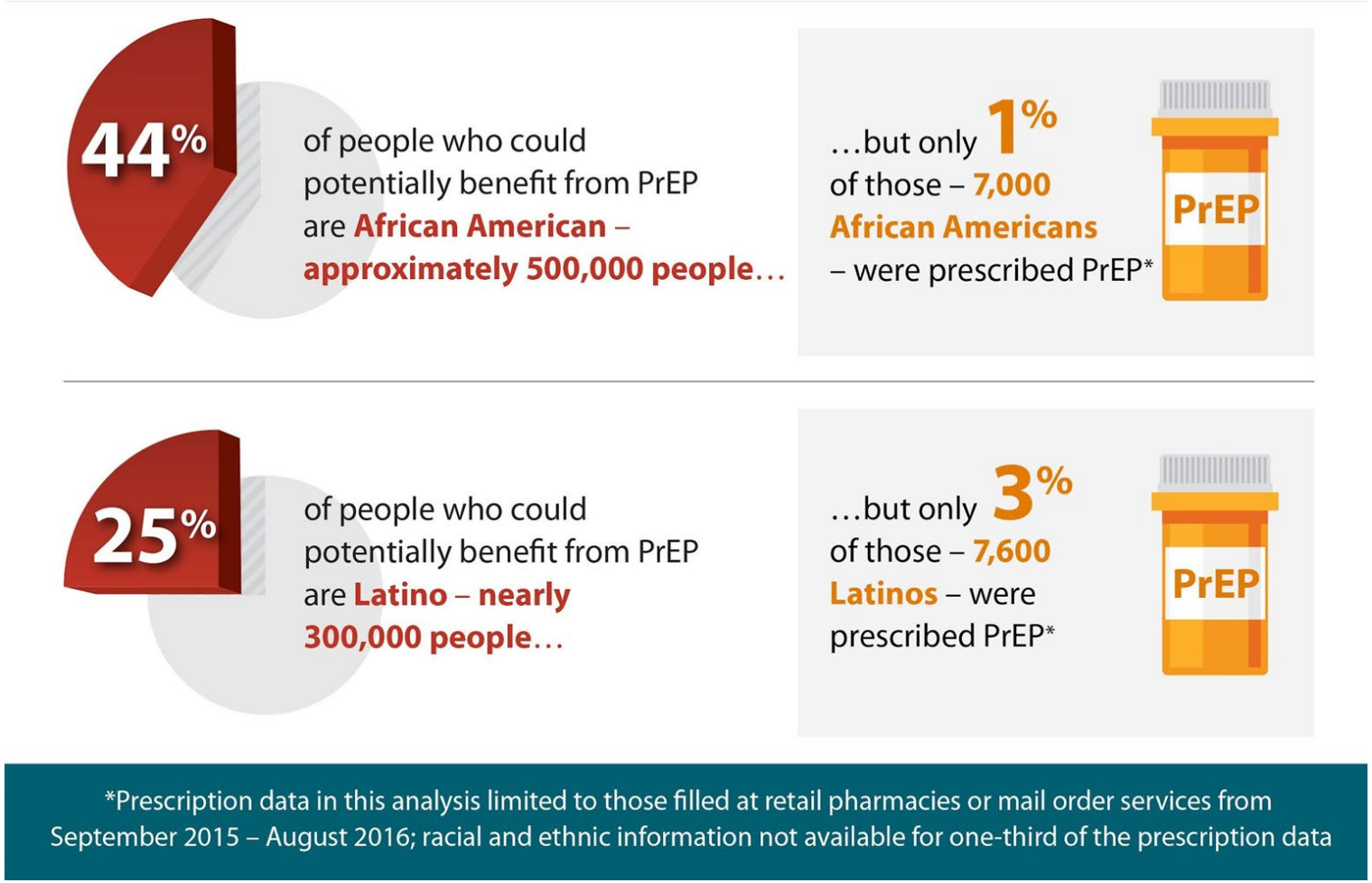


Disparities in HIV Diagnoses

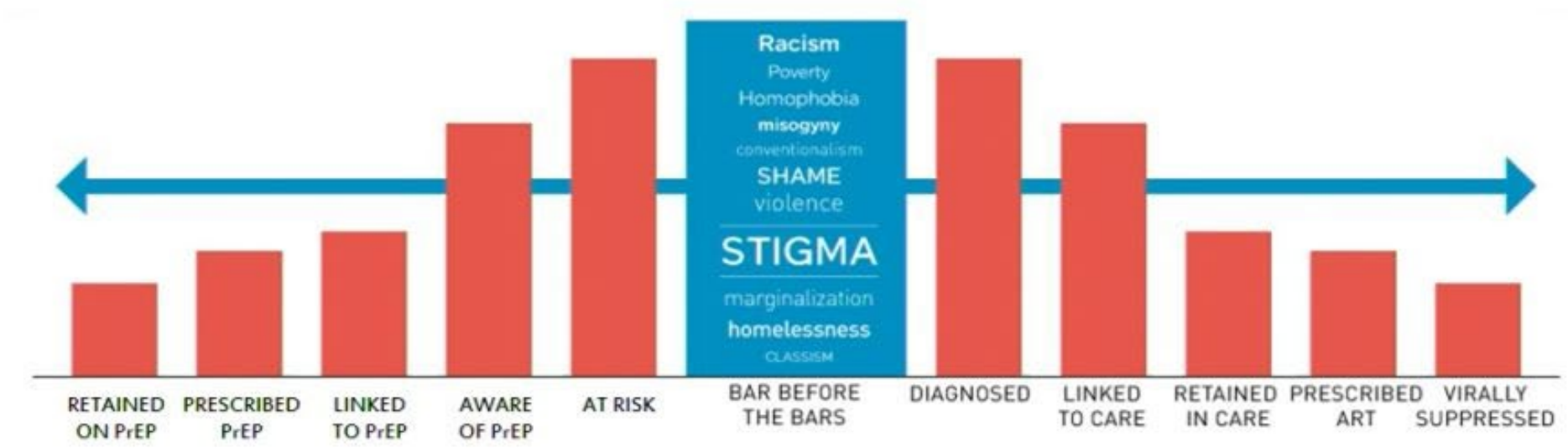


https://www.cdc.gov/hiv/group/racialethnic/aian/index.html

HIV Prevention pill is not reaching those who could potentially benefit – especially African Americans and Latinos

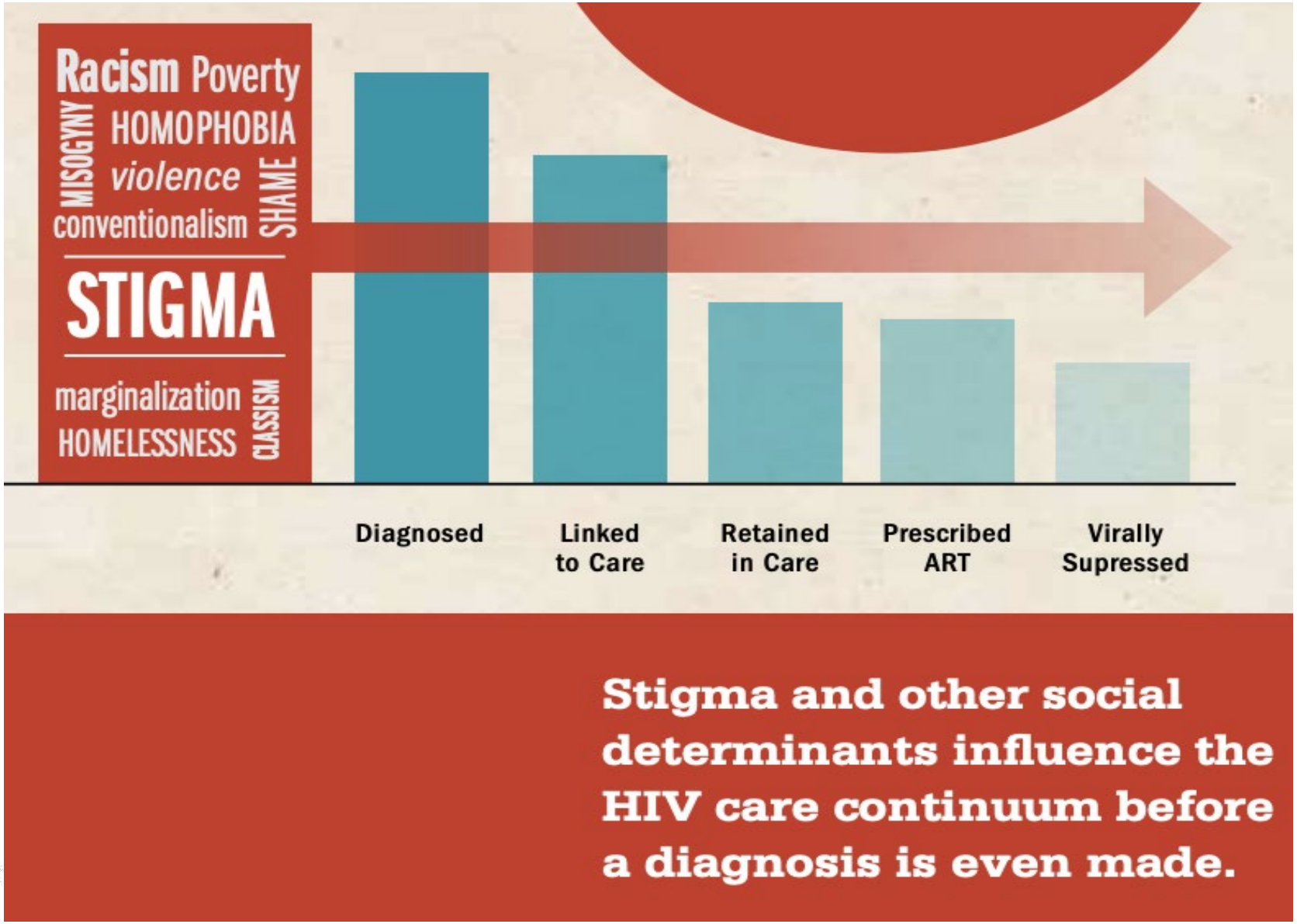


The Status Neutral Continuum



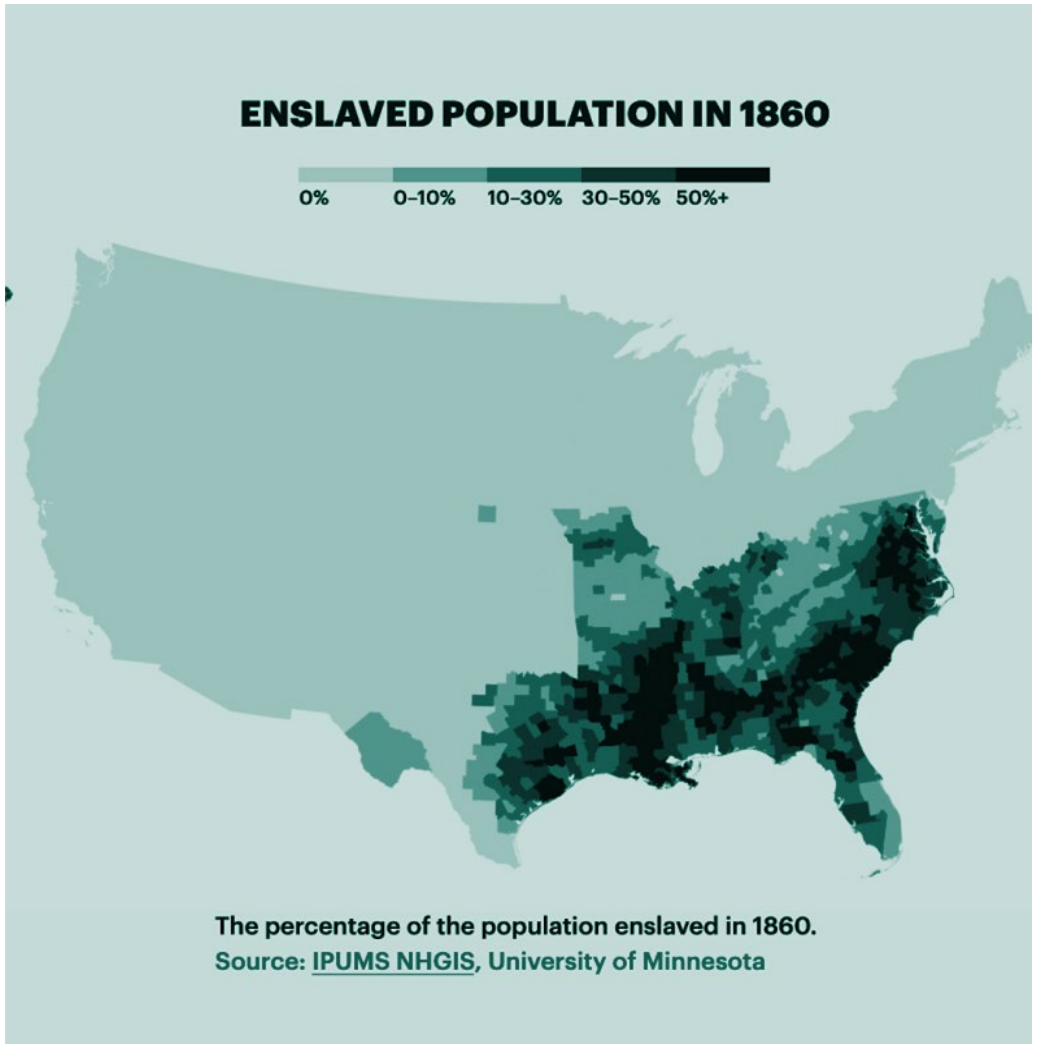
Adapted from https://www.nastad.org/domestic/hiv-prevention-health-equity

The Bar Before the Bars

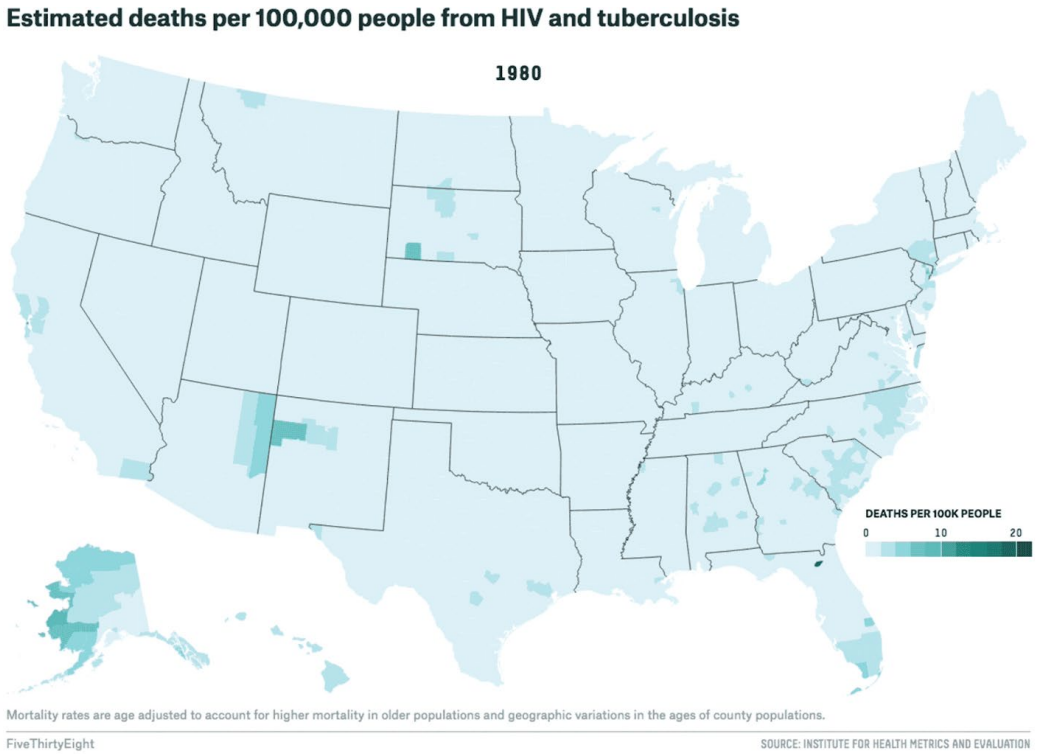


Adapted from https://www.nastad.org/domestic/hiv-prevention-health-equity

Health Inequity Roots: HIV landscape



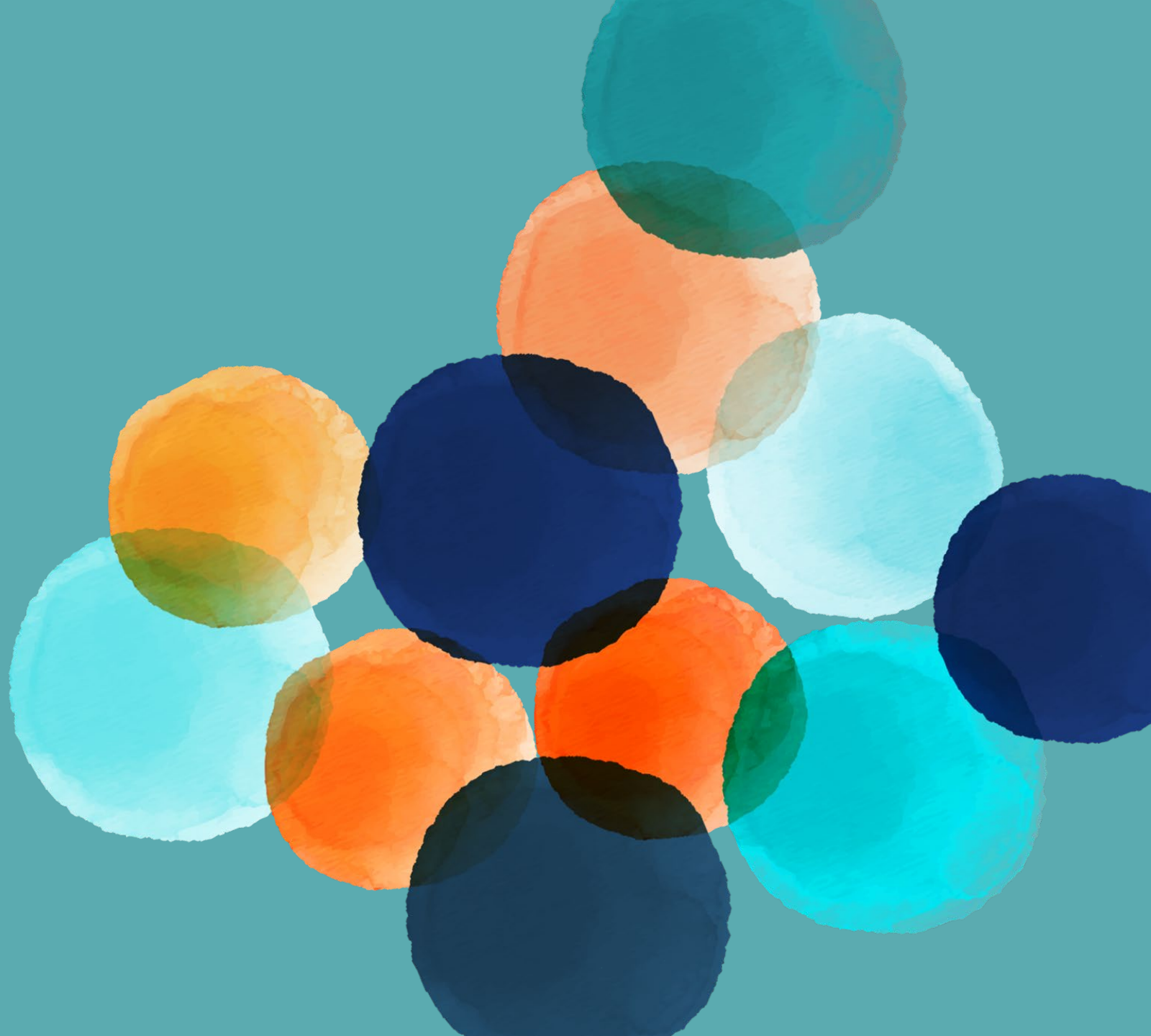
Modern-day HIV & TB deaths



AETC AIDS Education & Training Centers Program Pacific

Defining Terms

The linguistics of antiracism



AETC AIDS Education & Training Center Pacific

Race

Practicing Antiracism

Race is a social construct that was invented as a tool of power and oppression

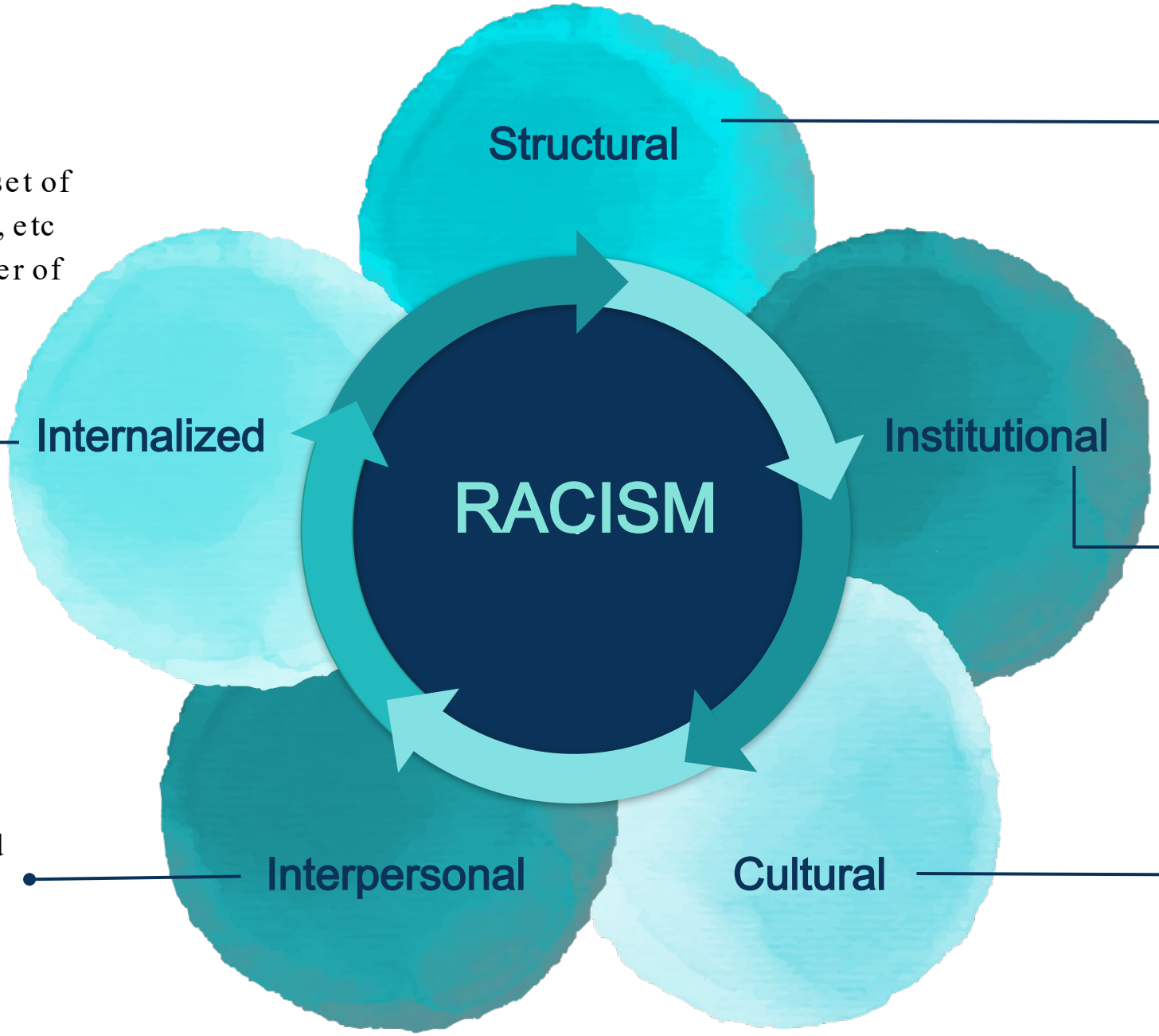
It is NOT equivalent to ancestry or genetics

Racial categories were created arbitrarily

Photo source: National Geographic

Racism

Maintaining or participating in the set of attitudes, behaviors, etc supporting the power of the dominant group



Creation and perpetuation of systemic disparities via mutually reinforcing societal norms (stigma, etc) and overarching structures that together shape society's fabric (e.g., capitalism determines income & wealth distributions)

Creation and perpetuation of disparities via discriminatory policies and practices by institutions

Behavior and communication between individuals based on unfounded negative attitudes about one's race

Belief that there are generalized intrinsic cultural differences belonging to individuals of one race or ethnicity

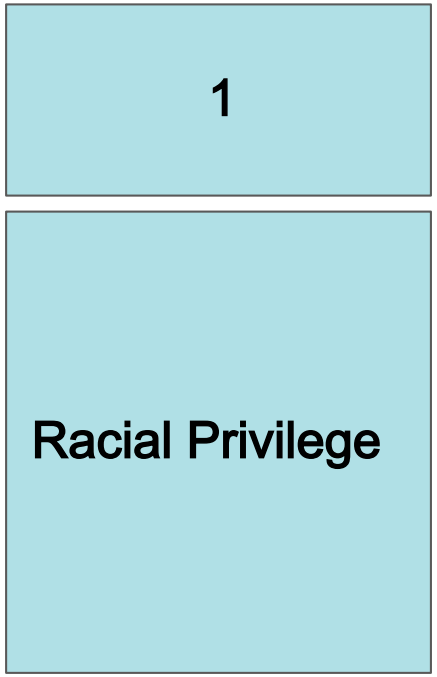
AETC AIDS Education & Training Center Pacific

Figure adapted from the Institute for Healing & Justice In Medicine Report. Definitions adapted from many scholars including Bailey Z et al (2017). Full report available on instituteforhealingandjustice.org

Medical Racism

Practicing Antiracism

"Medical racism is prejudice and discrimination in medicine and the medical/healthcare system based upon perceived race."

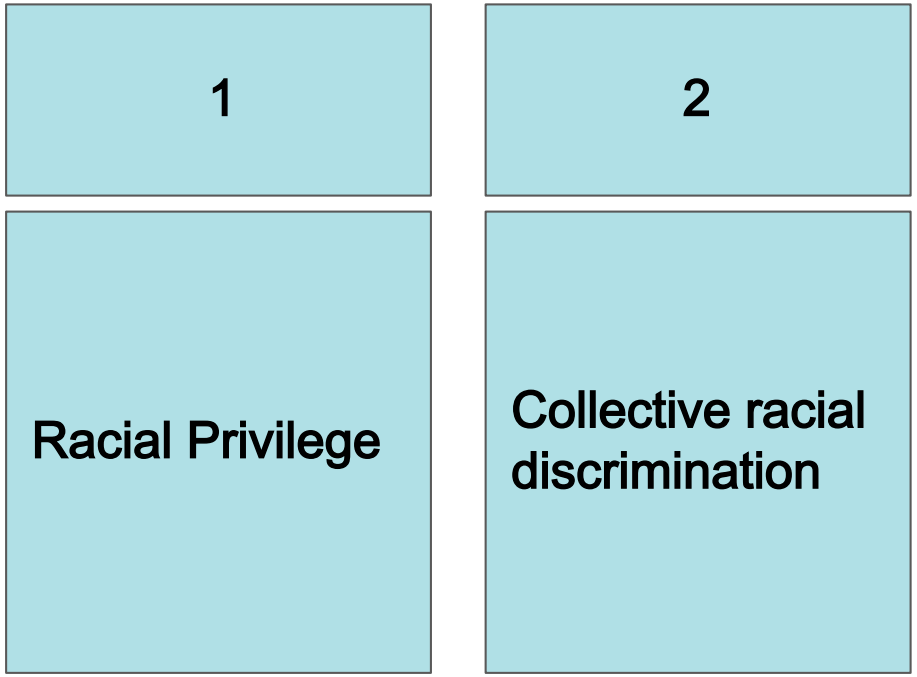


*https://www.encyclopedia.com/social-sciences/encyclopedias-almanacs-transcripts-and-maps/medical-racism

Medical Racism

Practicing Antiracism

"Medical racism is prejudice and discrimination in medicine and the medical/healthcare system based upon perceived race."



*https://www.encyclopedia.com/social-sciences/encyclopedias-almanacs-transcripts-and-maps/medical-racism

Medical Racism

Practicing Antiracism

"Medical racism is prejudice and discrimination in medicine and the medical/healthcare system based upon perceived race."

1	2	3
Racial Privilege	Collective racial discrimination	Experiences of racism increases stress

*https://www.encyclopedia.com/social-sciences/encyclopedias-almanacs-transcripts-and-maps/medical-racism

Medical Racism

Practicing Antiracism

"Medical racism is prejudice and discrimination in medicine and the medical/healthcare system based upon perceived race."

1	2	3	4
Racial Privilege	Collective racial discrimination	Experiences of racism increases stress	Institutional racism impacts quality of care

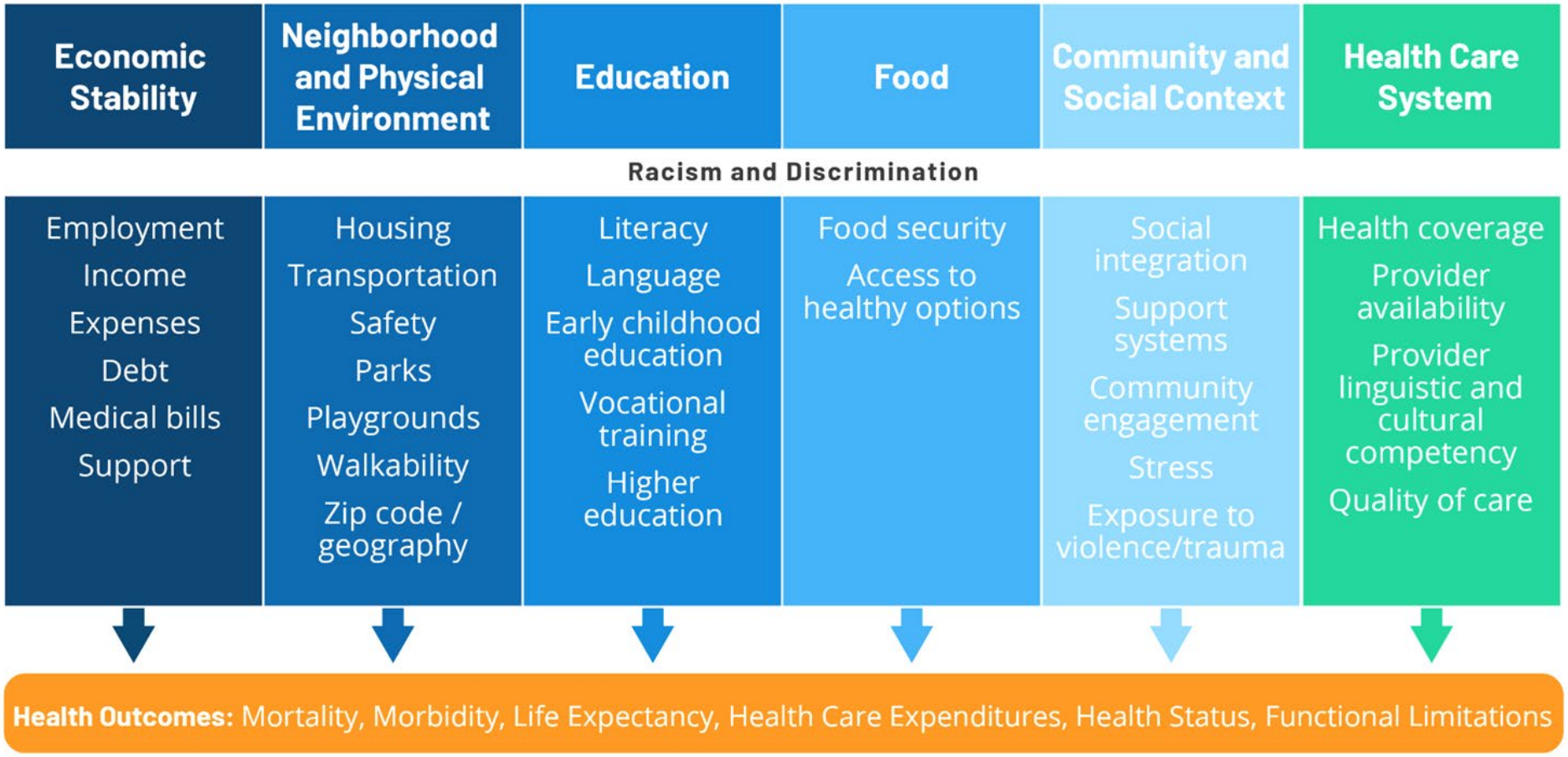
AETC AIDS Education & Training Center Pacific

*https://www.encyclopedia.com/social-sciences/encyclopedias-almanacs-transcripts-and-maps/medical-racism

Health Disparities

Practicing Antiracism

Social and Economic Factors Drive Health Outcomes



AETC AIDS Education & Training Center Pacific

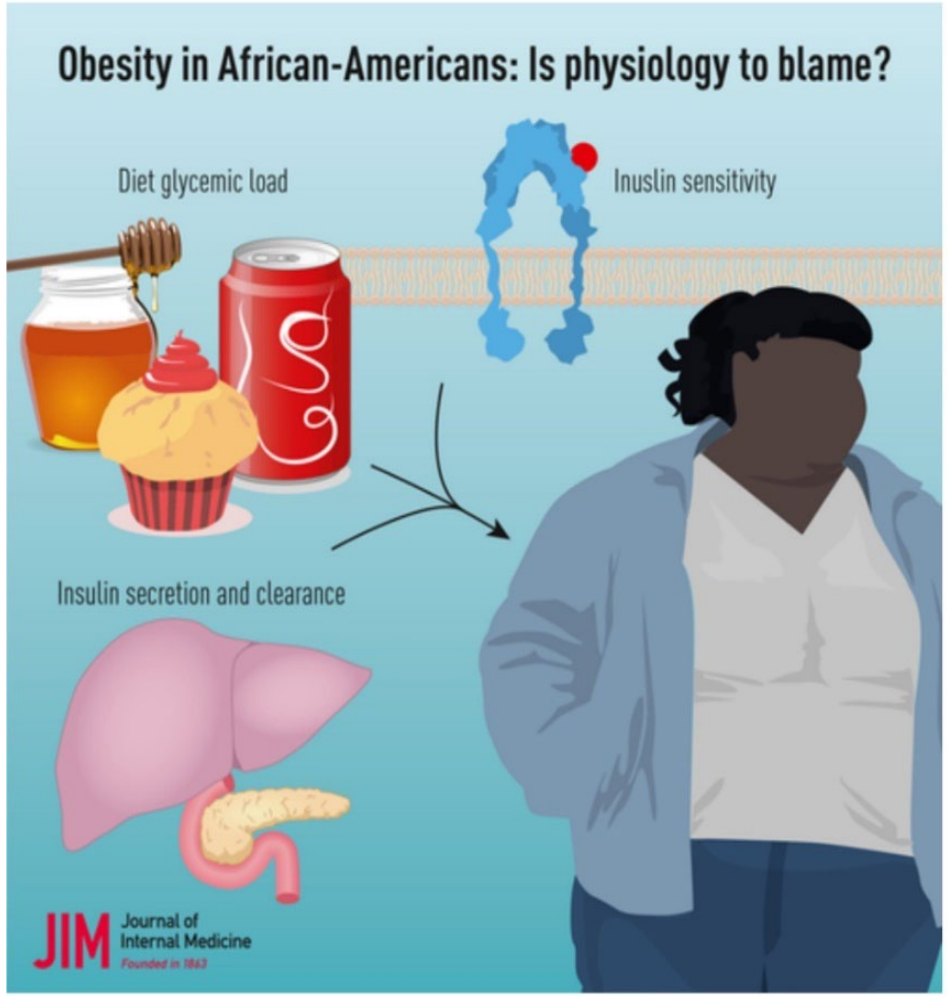
https://www.kff.org/policy-watch/health-disparities-symptom-broader-social-economic-inequities/

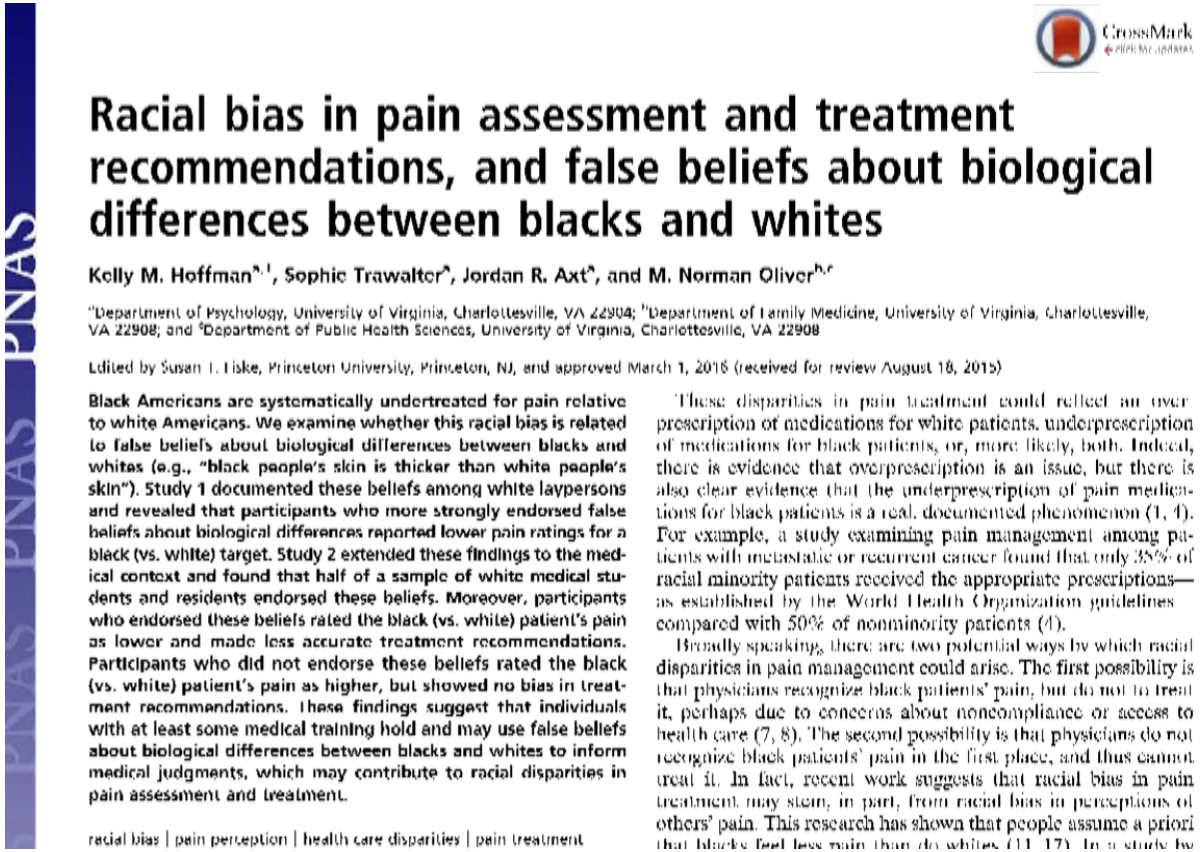
To be clear...

Practicing Antiracism

Racism, NOT race is the cause of these disparities!

False Belief in Biological Differences in Racial Groups





PNAS PNAS PNAS

Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

Kelly M. Hoffman[a,1], Sophie Trawalter[a], Jordan R. Axt[a], and M. Norman Oliver[b,c]

[a]Department of Psychology, University of Virginia, Charlottesville, VA 22904; [b]Department of Family Medicine, University of Virginia, Charlottesville, VA 22908; and [c]Department of Public Health Sciences, University of Virginia, Charlottesville, VA 22908

Edited by Susan T. Fiske, Princeton University, Princeton, NJ, and approved March 1, 2016 (received for review August 18, 2015)

Black Americans are systematically undertreated for pain relative to white Americans. We examine whether this racial bias is related to false beliefs about biological differences between blacks and whites (e.g., "black people's skin is thicker than white people's skin"). Study 1 documented these beliefs among white laypersons and revealed that participants who more strongly endorsed false beliefs about biological differences reported lower pain ratings for a black (vs. white) target. Study 2 extended these findings to the medical context and found that half of a sample of white medical students and residents endorsed these beliefs. Moreover, participants who endorsed these beliefs rated the black (vs. white) patient's pain as lower and made less accurate treatment recommendations. Participants who did not endorse these beliefs rated the black (vs. white) patient's pain as higher, but showed no bias in treatment recommendations. These findings suggest that individuals with at least some medical training hold and may use false beliefs about biological differences between blacks and whites to inform medical judgments, which may contribute to racial disparities in pain assessment and treatment.

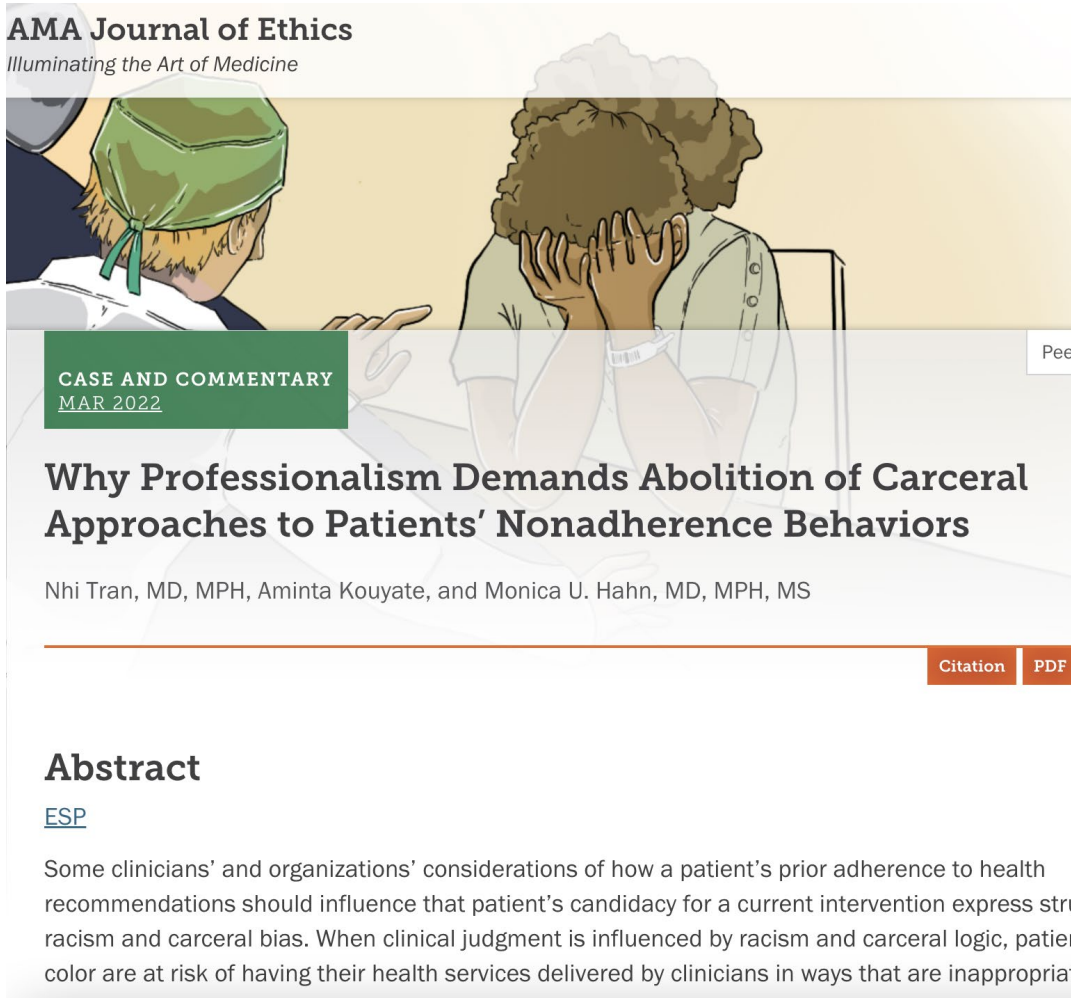
racial bias | pain perception | health care disparities | pain treatment

These disparities in pain treatment could reflect an overprescription of medications for white patients, underprescription of medications for black patients, or, more likely, both. Indeed, there is evidence that overprescription is an issue, but there is also clear evidence that the underprescription of pain medications for black patients is a real, documented phenomenon (1, 4). For example, a study examining pain management among patients with metastatic or recurrent cancer found that only 35% of racial minority patients received the appropriate prescriptions—as established by the World Health Organization guidelines—compared with 50% of nonminority patients (4).

Broadly speaking, there are two potential ways by which racial disparities in pain management could arise. The first possibility is that physicians recognize black patients' pain, but do not to treat it, perhaps due to concerns about noncompliance or access to health care (7, 8). The second possibility is that physicians do not recognize black patients' pain in the first place, and thus cannot treat it. In fact, recent work suggests that racial bias in pain treatment may stem, in part, from racial bias in perceptions of others' pain. This research has shown that people assume a priori that blacks feel less pain than do whites (11, 12). In a study by

Stigmatization, Racialization and Criminalization in Medicine

1974 Haldol advertisement,*Archives of General Psychiatry*



Current Frameworks

Social Determinants of Health

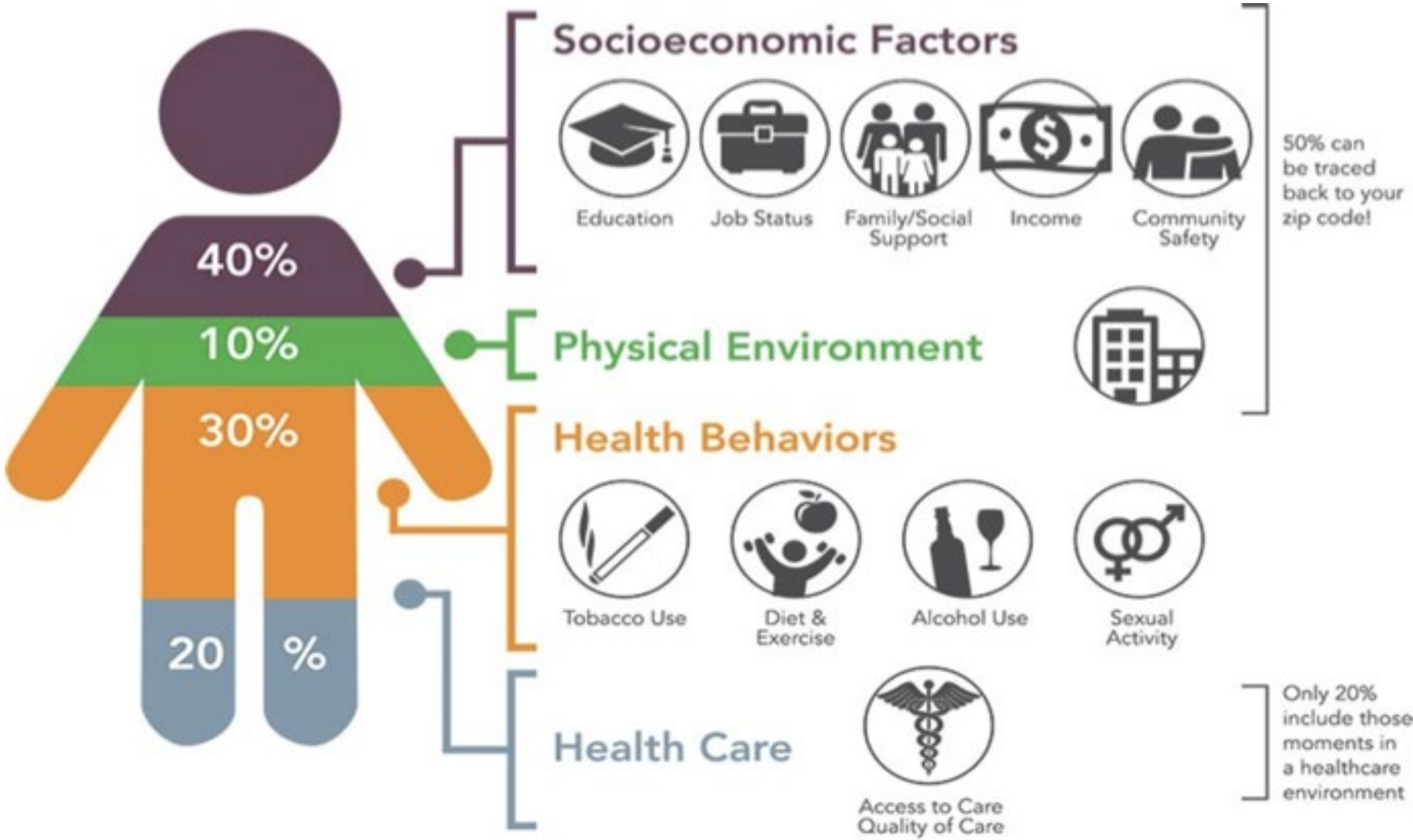
Practicing Antiracism

The various social and ecological factors that contribute to the health and wellbeing of individuals and communities.

“Social determinants of health (SDOH) are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.”
-CDC

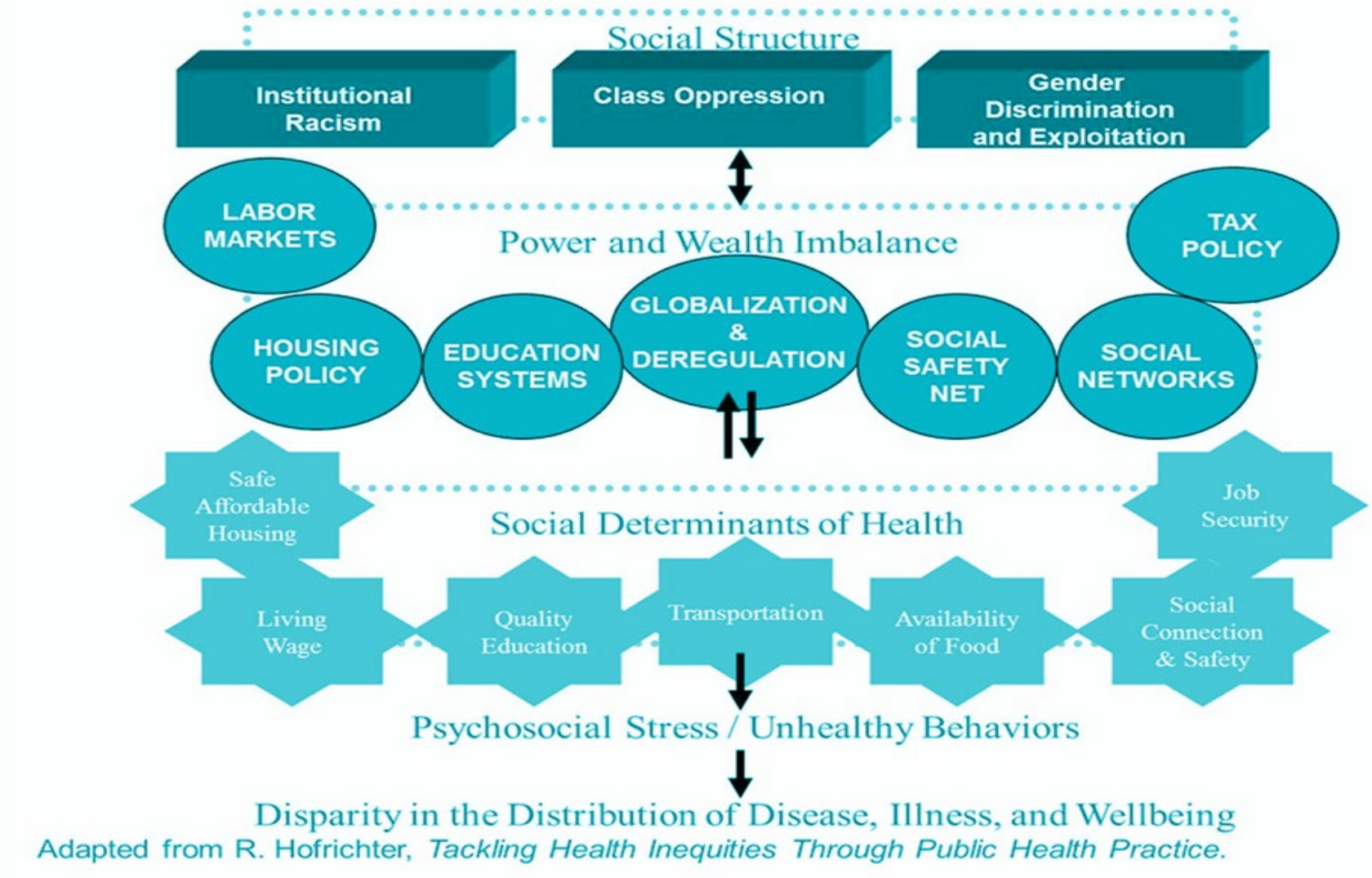
https://www.cdc.gov/visionhealth/determinants/index.html

Social Determinants of Health



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Disparity in the Distribution of Disease, Illness, and Wellbeing



Practicing Antiracism

Shortcomings of the Current Curricula in HIV Medical Education/Training

- Focus on medication management
- Focus on individual-level behaviors rather than systems
- Lack of critical examination of root causes of inequities

Practicing Antiracism

Shortcomings of the Cultural Competency Model

Communities/cultures are not a monolith

Reductionist approach

Culture is not a "technical skill"

"Competency, in this formulation, implies the trained ability to identify cross-cultural expressions of illness and health, and to thus counteract the marginalization of patients by race, ethnicity, social class, religion, sexual orientation, or other markers of difference."
-Metzl and Hansen

Metzl JM, Hansen H. Structural competency: Theorizing a new medical engagement with stigma and inequality. *Soc Sci Med 1982*. 2014;103:126-133. doi:10.1016/j.socscimed.2013.06.032

Cultural Humility

Practicing Antiracism

"Cultural humility incorporates a **lifelong commitment** to self-evaluation and self-critique, to **redressing the power imbalances** in the patient-physician dynamic, and to developing **mutually beneficial** and non-paternalistic clinical and advocacy **partnerships** with communities on behalf of individuals and defined populations."

-Tervalon & Murray-Garcia

Tervalon M, Murray-García J. Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. J Health Care Poor Underserved. 1998 May;9(2):117-25. doi: 10.1353/hpu.2010.0233. PMID: 10073197.

Anti-Racism Framework

Anti-racism: The conscious decision to make frequent, consistent, equitable choices daily. These choices require ongoing self-awareness and self-reflection as we move through life.

(Source: Talking About Race, National Museum of African American History & Culture)

Medical Education: The Flexner Report

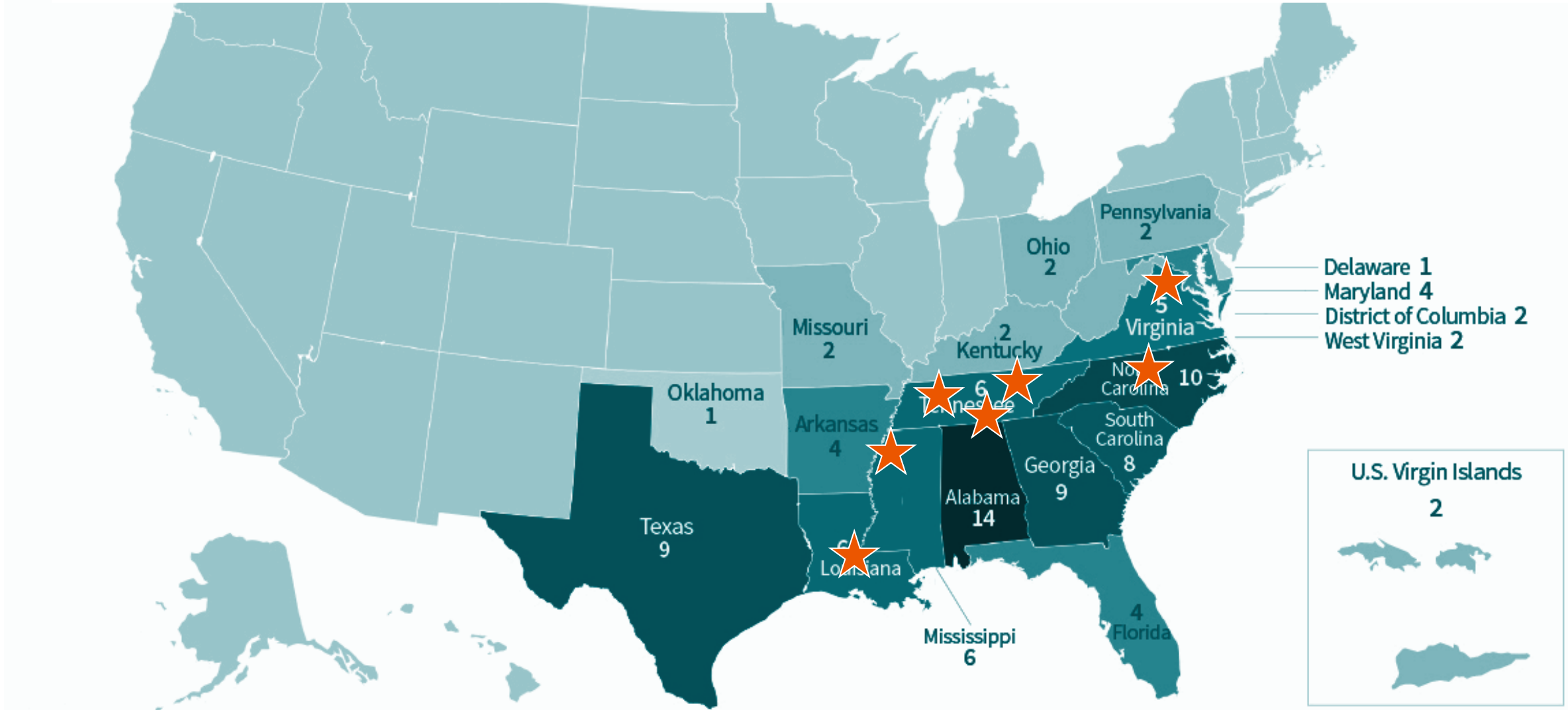
MEDICAL EDUCATION
IN THE
UNITED STATES AND CANADA

A REPORT TO
THE CARNEGIE FOUNDATION
FOR THE ADVANCEMENT OF TEACHING

BY
ABRAHAM FLEXNER

WITH AN INTRODUCTION BY
HENRY S. PRITCHETT
PRESIDENT OF THE FOUNDATION

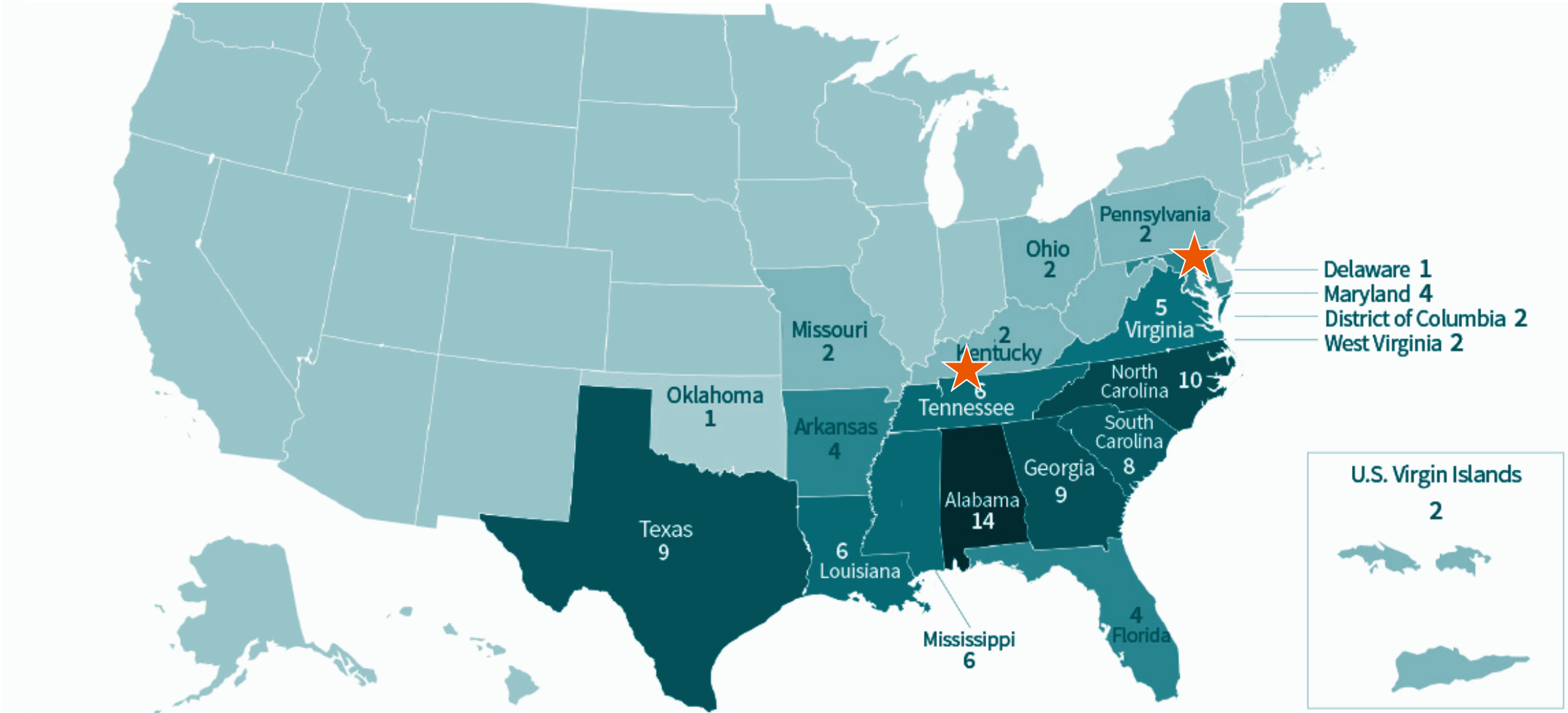
Number of HBCUs in each state and territory



★ Site of a Historically Black Medical College or University

https://guides.mclibrary.duke.edu/blackhistorymonth/education tps://www.medpagetoday.com/publichealthpolicy/medicaleducation/87171

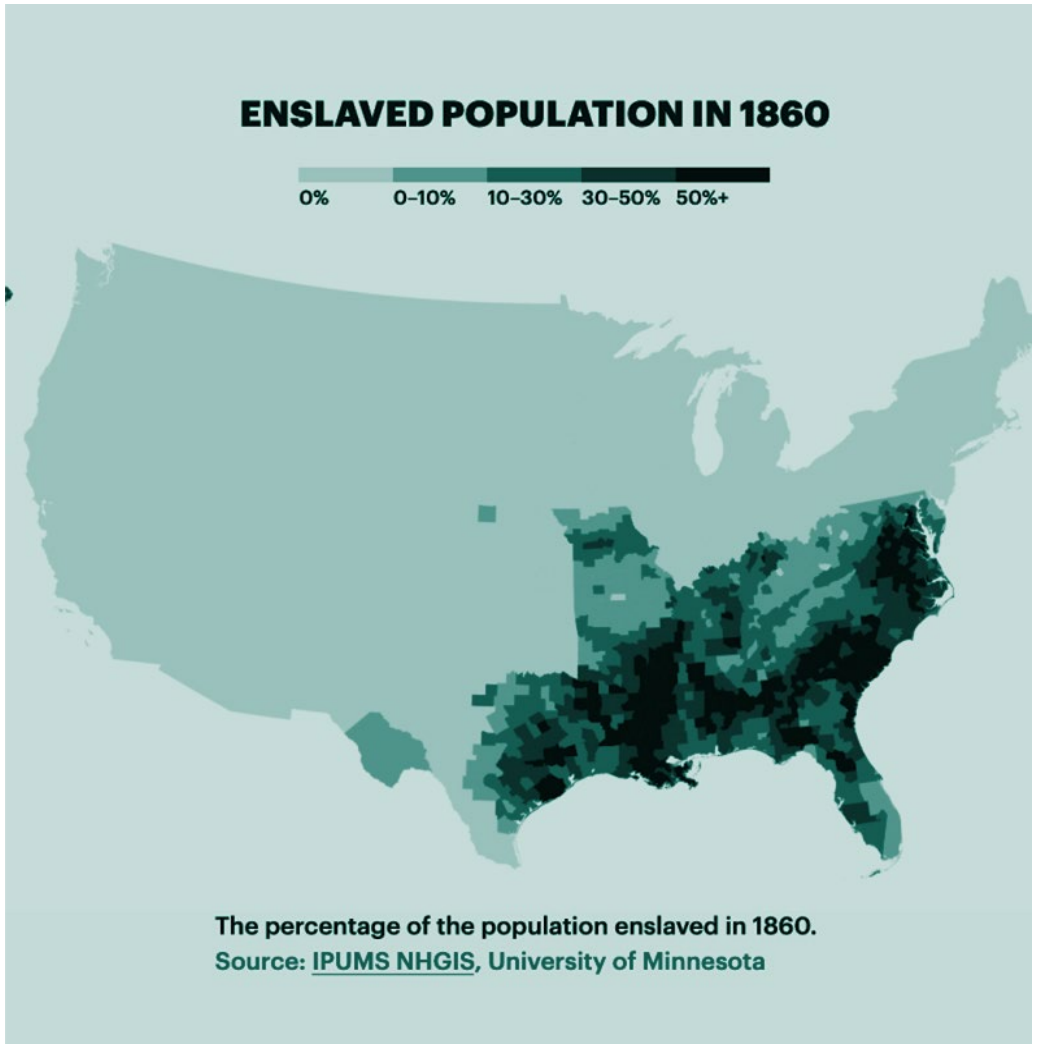
Number of HBCUs in each state and territory



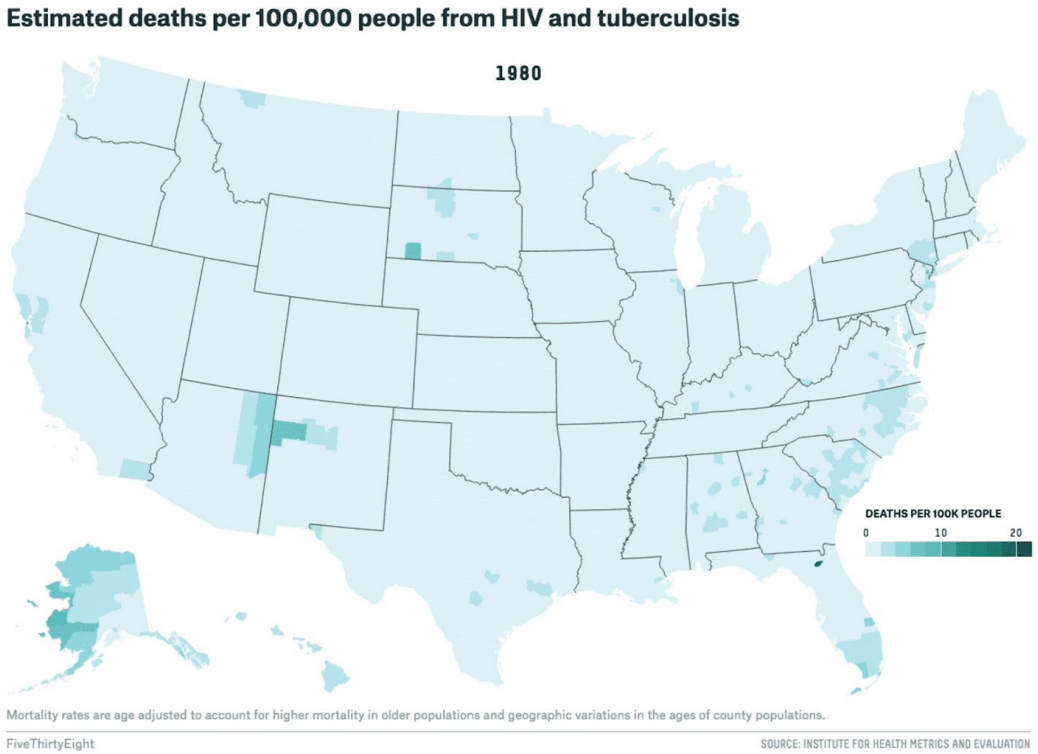
★ Meharry & Howard

https://guides.mclibrary.duke.edu/blackhistorymonth/education tps://www.medpagetoday.com/publichealthpolicy/medicaleducation/87171

Health Inequity Roots: HIV landscape



Modern-day HIV & TB deaths



AETC AIDS Education & Training Centers Program Pacific

Outcomes

35,315 more Black physicians today if the Flexner report did not come out.

In the AAMC's 2015 report, "Altering the Course: Black Males in Medicine" it was shown that the number of Black men enrolled in medical school has decreased between 1978 and 2014.

Black women are only 0.7% of US medical school faculty.

https://www.aamc.org/system/files/2021-01/2019Table11.pdf

Conferences

Practicing Antiracism:

a curriculum for the HIV health care workforce

Aminta H. B. Kouyate, MS 2021, MD 2024*expected*
UCSF- UC Berkeley Joint Medical Program, PRIME-US

Monica U. Hahn, MD MPH MS AAHIVS
Associate Clinical Professor, UCSF Family & Community Medicine
Clinical Director & Co-PI, Pacific AETC

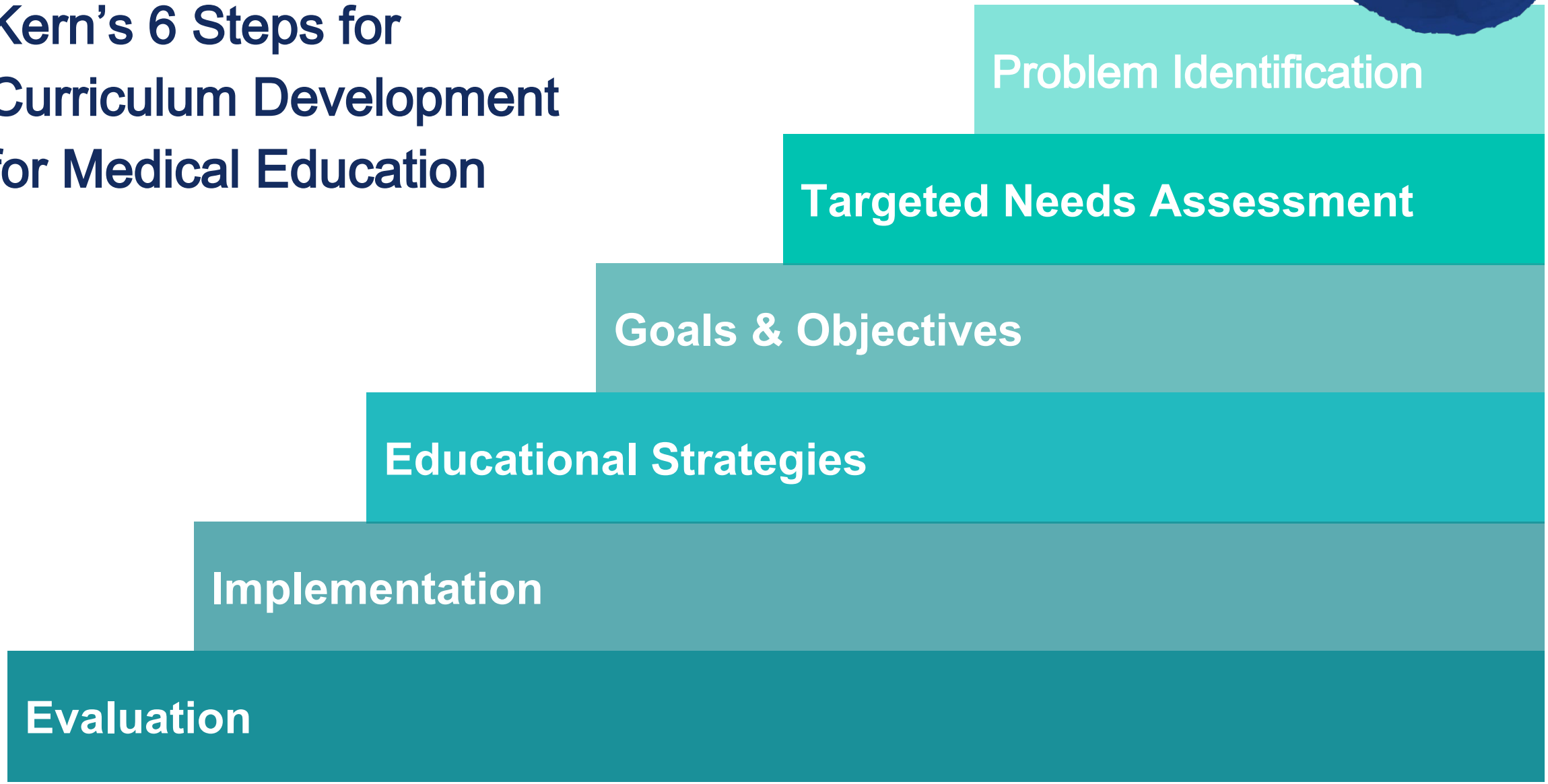
AETC AIDS Education & Training Center Pacific

Curriculum Development

Aminta H. B. Kouyate, MS
MS3, PRIME-US
UCSF- UC Berkeley Joint Medical Program

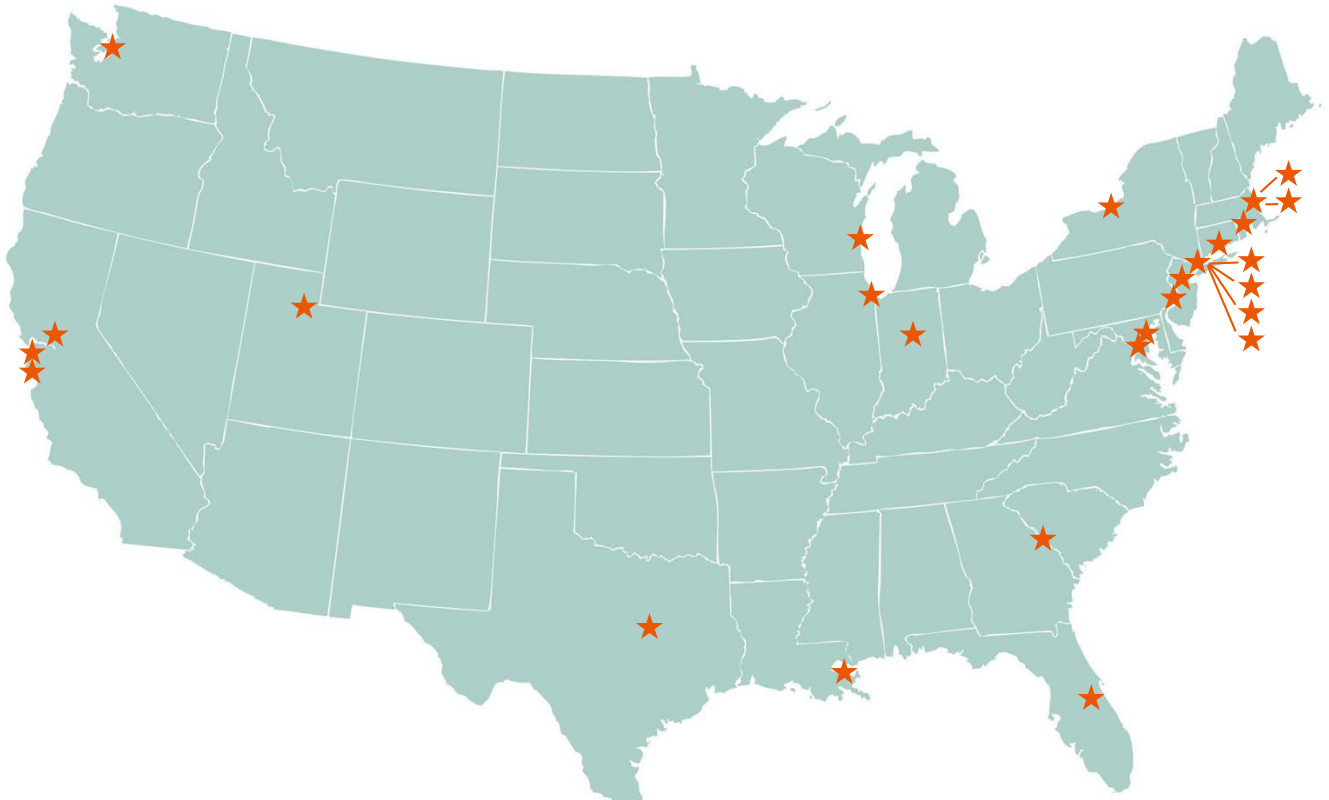
Practicing Antiracism

Kern's 6 Steps for Curriculum Development for Medical Education



Problem Representation & Needs Assessment: *Step 1 & 2*

- 36 different curricula reviewed
- Search terms: racism + antiracism
- **As of June 1, 2021 only 1 curriculum published with search term "antiracism"**



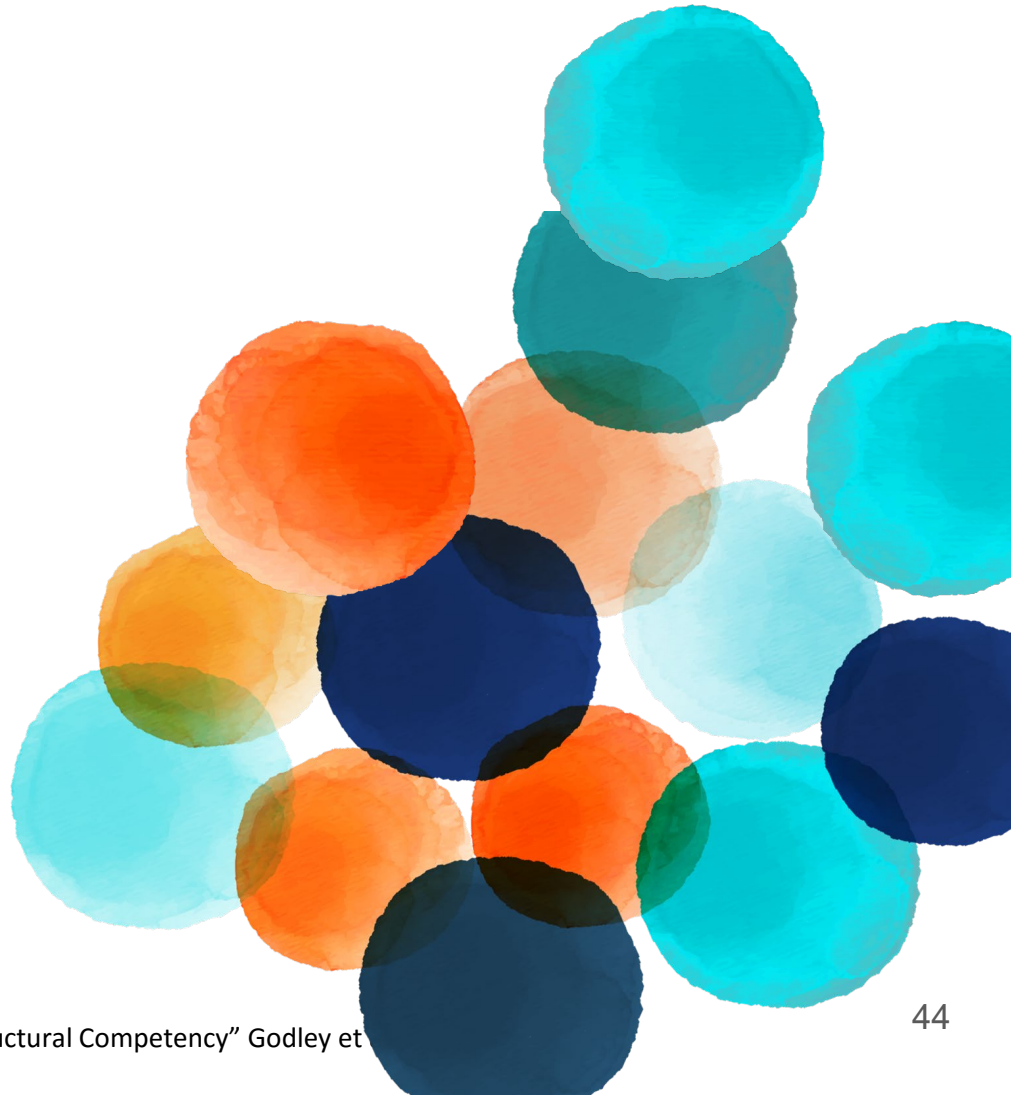
Academic Institutions:

Rutgers New Jersey Medical School
Massachusetts General Hospital/
Indiana University School of Medicine
Boston Medical Center
Brown University
NYU School of Medicine
Brigham and Women's Hospital
University of California, at Davis (UCD)
University of California, at San Francisco (UCSF)
Harvard Medical School
Howard University- HBCU
University of Rochester
University of Chicago
Stanford
Brooklyn Hospital
University of Utah
George Washington University
LSU Health New Orleans School of Medicine (LSUHNOSOM)
University of Central Florida College of Medicine
Medical College of Georgia at Augusta University
Medical College of Wisconsin
Yale University
Baylor College- texas
Tilaria Inc
Albert Einstein College of Medicine- New York
Weill Cornell Medical College
Johns Hopkins
Sidney Kimmel Medical College at Thomas Jefferson University
SUNY Downstate

Antiracism Curriculum Goals

What does an antiracism in healthcare curriculum aim to accomplish?

"The active process of identifying and eliminating racism by critically evaluating and reforming systems, institutional structures, policies, and language, with the goal of redistributing power equitably."



Toward an Anti-Racist Curriculum: Incorporating Art into Medical Education to Improve Empathy and Structural Competency" Godley et

Practicing Antiracism

Implementation & Evaluation:
Step 5 & 6

AETC AIDS Education & Training Center
Pacific

Learning Objectives

- Describe historical examples of institutional racism in history, sciences, and medicine and how they have impacted health.
- Describe the historical context of racism within HIV care and service provision.
- Examine how implicit and explicit racism are present in the delivery of provider education.
- Challenge misconceptions about antiracism praxis and abolition framekworks for healthcare providers.
- Develop critical perspective for healthcare providers to enable them to dismantle racism from an interpersonal to a systems level.
- Identify resources to support continued engagement in critical self-reflection and development of critical consciousness.

Practicing Antiracism

Modules

- Critical Race Theory
- Disability Studies
- Black Feminist Epistemology
- Critical Consciousness
- Abolitionist Praxis
- Cultural Humility

#1 Antiracism 101: introduction to terms and critical theories

#2 History of race & racism in the United States

#3 Impacts of race -based medicine

#4 Challenging Misconceptions & dismantling mythology

#5 Antiracism in Action: the path forward

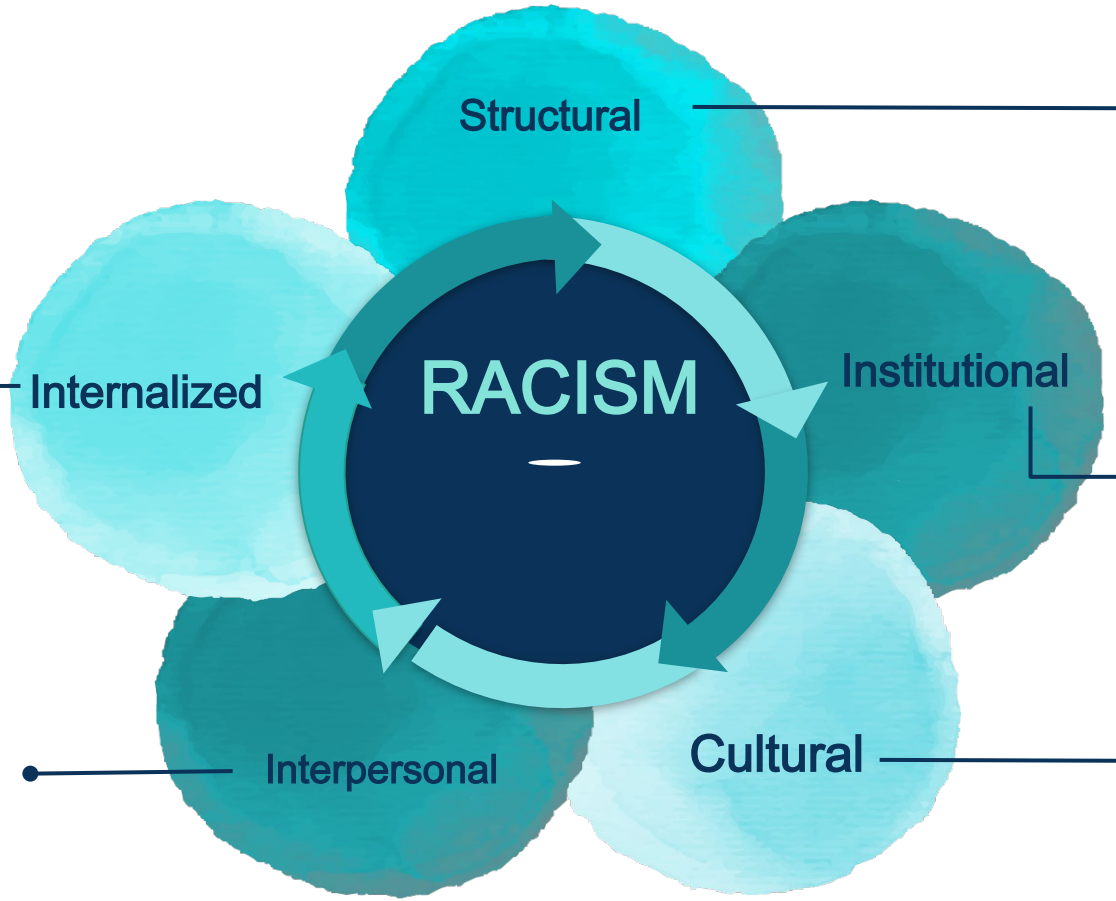
Module 1

Antiracism 101: introduction to terms and critical theories

- Defining terms
- Healing centered antiracism training
- Antiracism praxis
- Abolition Praxis
- Lessons learned- leaders in antiracism

Module 1

Antiracism 101: introduction to terms and critical theories



Maintaining or participating in the set of attitudes, behaviors, etc supporting the power of the dominant group

Creation and perpetuation of systemic disparities via mutually reinforcing societal norms (stigma, etc) and overarching structures that together shape society's fabric (e.g., capitalism determines income & wealth distributions)

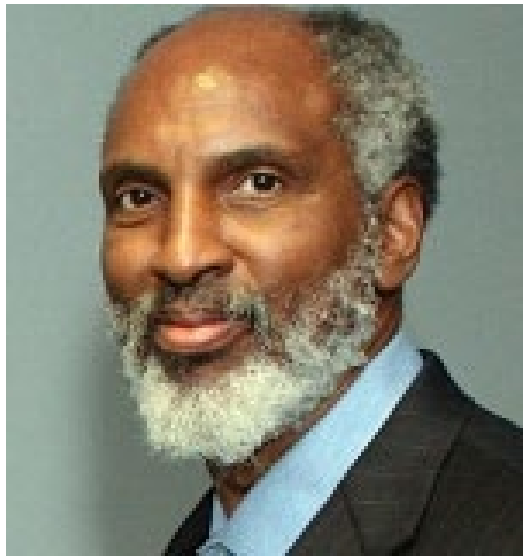
Creation and perpetuation of disparities via discriminatory policies and practices by institutions

Behavior and communication between individuals based on unfounded negative attitudes about one's race

Belief that there are generalized intrinsic cultural differences belonging to individuals of one race or ethnicity

Definitions adapted from many scholars including Bailey Z et al (2017). Full report available on instituteforhealingandjustice.org

Practicing Antiracism



“It is not enough to know what you are against, you must also know what you are for.”

john a. powell, Ph.D., is the director of the Haas Institute for a Fair and Inclusive Society at UC Berkeley, where he is a Professor of Law, African American, and Ethnic Studies.

What is praxis?

Lessons
+
Theory
+
Action
+
Evaluation

=

Praxis

“Praxis is the process by which a theory, lesson, or skill is enacted, embodied, or realized. "Praxis" may also refer to the act of engaging, applying, exercising, realizing, or practicing ideas.”

What is antiracism praxis?

Lessons
+
Theory
+
Action
+
Evaluation
+
Accountability

Antiracist Praxis

Antiracist praxis requires constant learning, critical perspective and reflection, abolition frameworks, continual growth and experimentation, resilient imagination, and redress of past and future harms.

-Kouyate, 2021

What is antiracism praxis?

Lessons
+
Theory
+
Action
+
Evaluation
+
Accountability

Antiracist Praxis

Antiracism praxis is about immediately changing the material lives and healthcare outcomes for communities that have experienced racial trauma and harm across history.

-Kouyate, 2021

Developing Critical Perspective

Academic foundations of Antiracism Praxis

What is critical perspective?

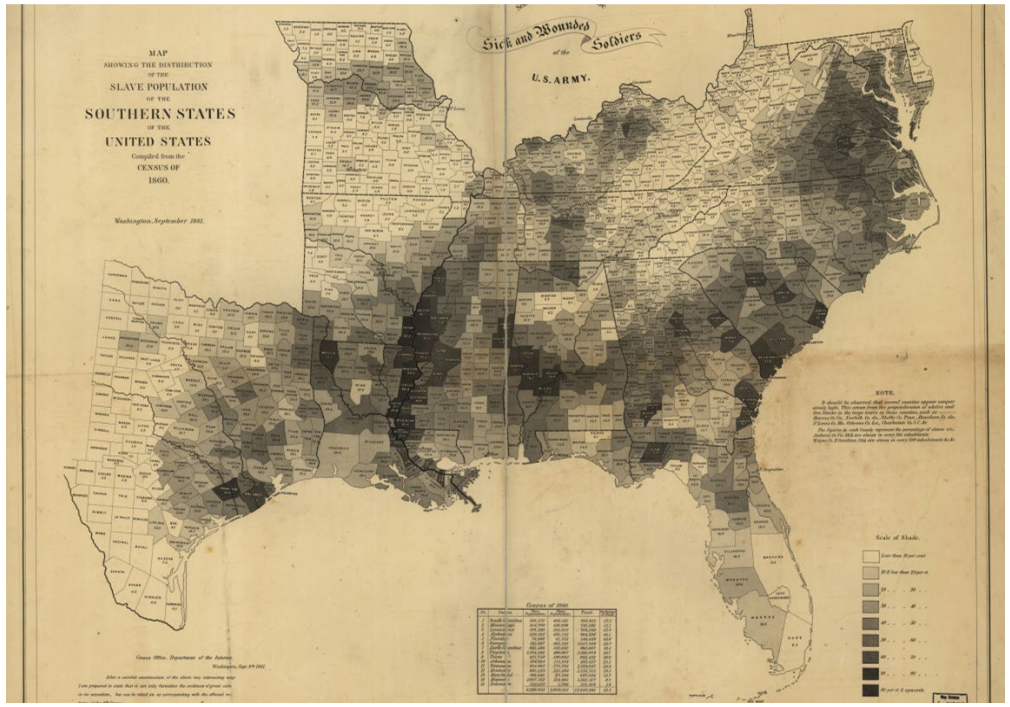
CRITICAL PERSPECTIVE

Critical Reflection	Critical Evaluation	Critical Consciousness	Critical Theory
examining deeply held beliefs in response to a disorienting dilemma; allows transformational learning to occur	an approach to evaluation that values data transparency and all sources of knowledge	a persistent orientation toward a critically reflective understanding of oneself, others, and the world	a set of theories that analyze power relations to make social structures visible AND creates emancipatory potential

Adapted from MedEdModels

Module 2

History of race & racism in the United States



- Invention of race and racism
  - Anti-Black racism
- Race in education
  - Primary education
  - Medical education
- Medical racism & race based medicine
- Case study 2- identifying race-based medicine
- Clinical pearls

Module 3

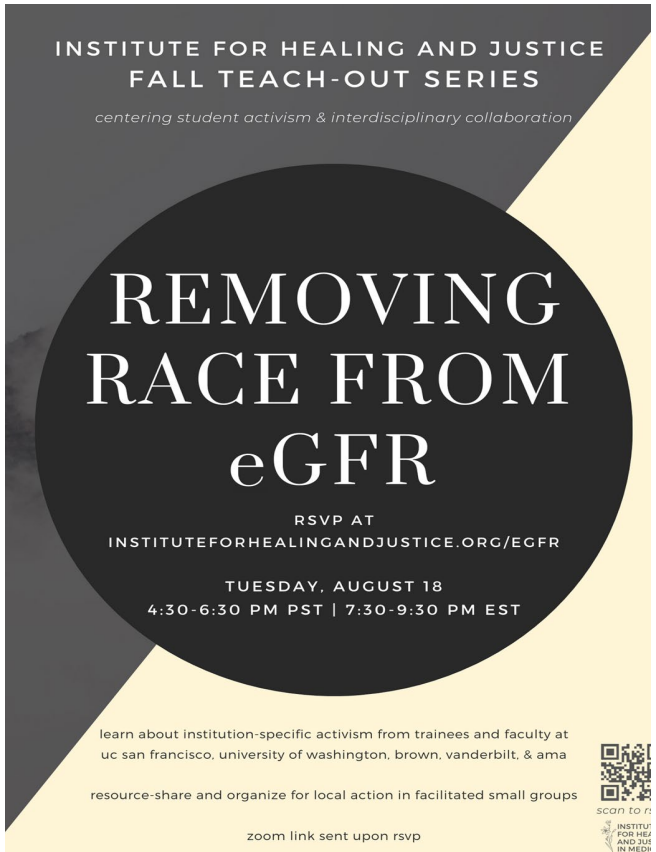
Impact of race-based medicine

- Medical anti-Blackness
- Racism in algorithms and clinical decision-making
- Race-based medicine in health disparities
- HIV care continuum and disparities
  - Racism in HIV healthcare
- Clinical pearls

Practicing Antiracism

INSTITUTE FOR HEALING AND JUSTICE IN MEDICINE

THE HUB



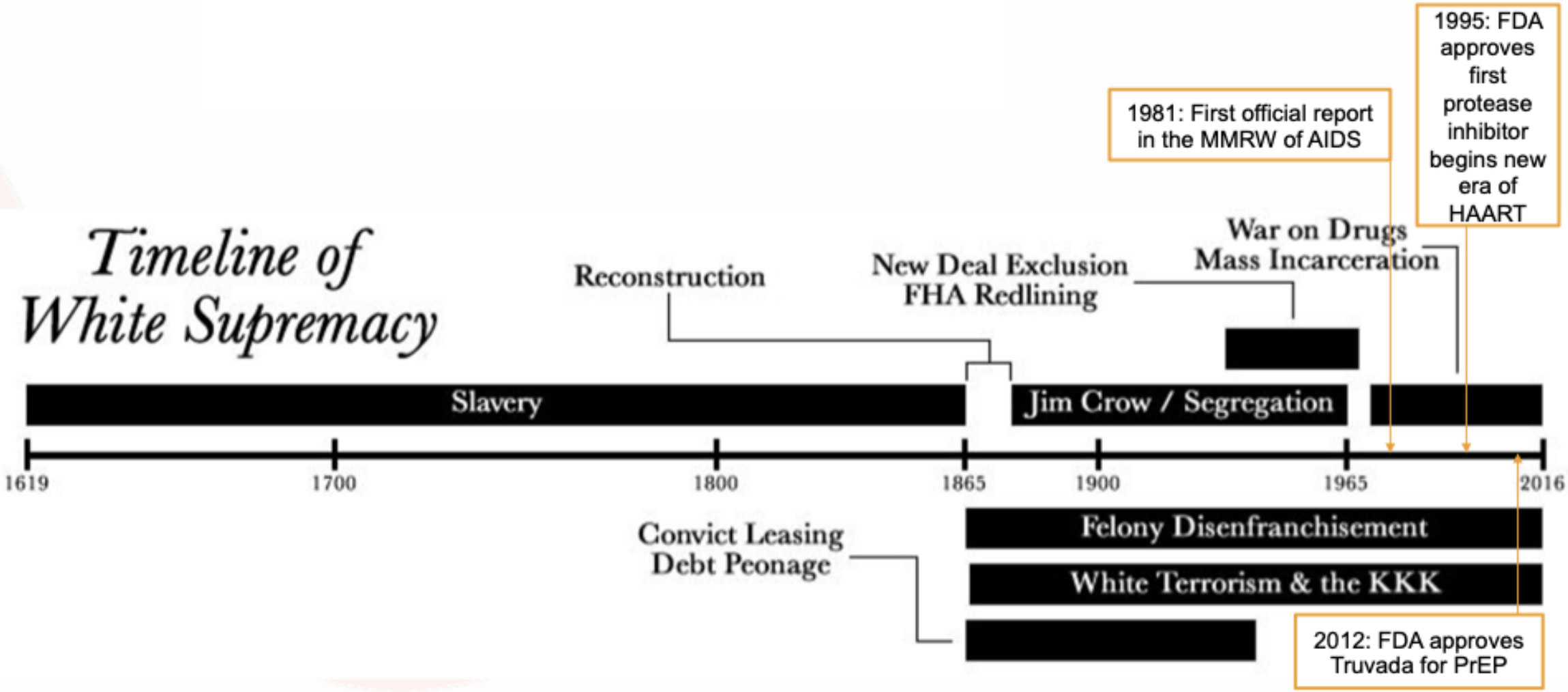
Practicing Antiracism

Module 4

Challenging misconceptions & dismantling mythology

- Defining mythology
- Timeline of white “supremacy”
- Objectivity & colorblind medicine
- The “standard patient”
- Impacts of a racist system
- Biological race & racism as a risk factor
- Confounding variables
- Reframing medical mistrust
- Reparations

Timeline of White Supremacy



https://medium.com/the-new-standard/black-history-a-history-of-permanent-white-oppression-from-1619-to-2016-8bcfa38dfce

https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline

CRT in Medicine Lens: Critical Reflection Tool

Practicing Antiracism

CRT Key Concept	Definition/Significance	Critical Questions for Med Educators
Social Construction of Race	The endowment of a group with a delineation, name, or reality based on historical,contextual, political, or other social considerations	• Is race defined as a sociopolitical construct and used consistently as such throughout? • Is it made clear that race has no biological nor genetic basis?
Structural Determinism	How structures, institutions and power determine social and health outcomes	• Are structural forces beyond the individual level acknowledged as contributing to health? • If social determinants of health are mentioned, are the POWER dynamics in structural forces addressed?
Race Consciousness	Explicit acknowledgment of the workings of race and racism in social contexts or in one's personal life	• Is the level of racism and mechanism leading to health inequities identified? • Is racism explicitly defined and named as a root cause?
Contemporary Mechanisms	Contemporary manifestations of racism, such as in clinical calculators with race correction factors	• If your teaching includes any clinical tools that integrate race correction factors in their algorithms, is discussion around what the origins and rationale for using these tools addressed?
Challenging Ahistoricism	CRT challenges ahistoricism by stressing the need to understand racism within its social, economic, and historical context	• If health disparities are mentioned, is the relevant history and context that led to the inequitable conditions that underlie these disparities referenced and addressed?

AETC AIDS Education & Training Center Pacific

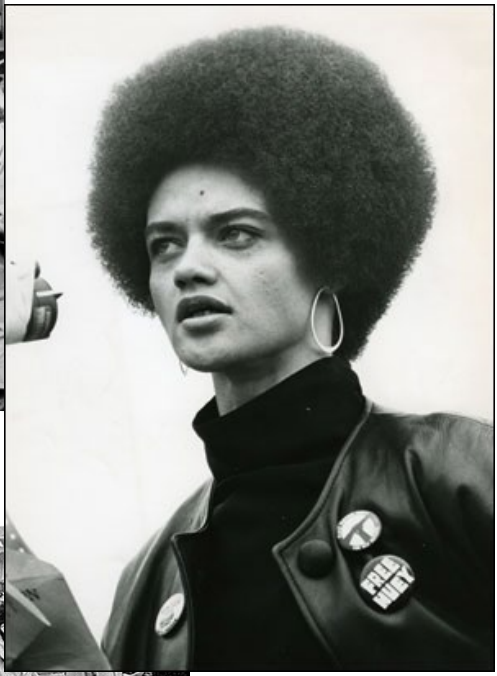
Definitions adapted from Delgado and Stefancic, 2001. Figure created by Monica Hahn, 2020.

Practicing Antiracism

Module 5

Antiracism in action: the way forward

- Case studies
- Antiracism in HIV & medicine
- Race consciousness in medicine
- Frameworks
  - RRC- Racism as a root cause
  - ARC- Acknowledgement, Redress, Closure
  - Reparations Modeling- Case for reparations



Practicing Antiracism

Module 5

Antiracism in action: the way forward

- Wellbeing and rest
- Addressing fatigue
- Addressing rage and grief
- Burnout prevention
- Joy in liberation

“Hope is a discipline”

- Mariame Kaba

Thank you!

Let’s keep growing together!

Aminta.Kouyate@ucsf.edu
@AmintaKouyate

Monica.Hahn@ucsf.edu
@MonicaHahnMD

How to Claim CE Credit

If you would like to receive continuing education credit for this activity, please visit: ryanwhite.cds.pesgce.com