

Discrimination and Health Outcomes

Second, I want to welcome everyone and thank you all for joining. My name is Lauren Korshak and I lead translation activities for VA's office of HealthEquity, the Office of HealthEquity champions, the advancement of HealthEquity and reduction of health disparities and veterans. My job means that I get to tell stories about the data that we have about our veterans and their health today will be discussing racism and discrimination and how it can negatively impact veterans health. But first, I want to introduce today's speakers. Doctor Leslie Hausman is an associate professor of medicine at the University of Pittsburgh and a core investigator at the VA Pittsburgh Healthcare System Center for Health Equity Research and Promotion. As director of the equity Capacity building core within. Chirp Dr Hausman also spearheads the development and dissemination of tools and education to support innovative HealthEquity research and equity focused, quality improvement and experimental social psychologist. Dr Hausman has devoted her research career to improving the health and health care of marginalized veteran populations. Her primary research interests include understanding how issues of discrimination and bias contribute to health and health care disparities, especially with regards to pain management. Duck Juliet McClendon is a psychologist in the Women's Health Sciences division of the National Center for PTSD at VA, Boston and an assistant professor of psychiatry at Boston University School of Medicine. Doctor McClendon is a clinical psychologist who studies the role of discrimination and shaping racial and ethnic mental health disparities. She also studies the evaluation and implementation of intervention approaches that can mitigate the impact of racism related stress and trauma and health. So I want to begin. By saying that, I think we can all agree that racism and discrimination or bad for a multitude of reasons and the topic for discussion today, is specifically the impact of racism on health. So I'm wondering if Doctor McClendon you could start with giving us an idea of some of the ways of experiencing racism and discrimination can affect someone's health. Well, racism is a stressor very basically and so it causes a lot of the same body reactions that any other stressor may cause. The difference is that racism is really a stressor that exclusively impacts people of color. But what racism does? Because it's a stressor causes the body to go into fight or flight mode, and that changes our biology. And so when people are experiencing chronic, sustained, racist experiences over the course of their lifetime, it causes changes to our biology and changes to our bodies to adapt to that chronic stress which our bodies really weren't made for and that leads to chronic diseases like hypertension or heart disease or. Type 2 diabetes, to name just a few. And we know that those diseases and many other diseases are more common among people of color and so in other words, racism contributes to racial health disparities. And you know what's really important? Also to note is that oftentimes people have more than one marginalized identity, so they may be experiencing discrimination for multiple reasons. So Leslie and I and other colleagues. We recently have a paper published where we were looking at. Older adult veterans with osteoarthritis and what we found was that as the number of marginalized identities increased, so we looked at race, gender, education and disability status and as the number of those marginalized identities increased, so did the amount of discrimination people reported experiencing and so did their level of depression symptoms and their pain severity, and we found that discrimination actually partly accounted for that relationship. Between having multiple marginalized identities and higher depression and higher pain severity, so that's just an example showing that discrimination has a very serious impact on health and racism also impacts mental health. So in my research, primarily with Doctor Don vote who's at the Women's Health Sciences Division, we looked at a sample of nearly 10,000 recent veterans. And we found that there were significant racial disparities and post traumatic stress disorder with black latinxs and multiracial veterans showing the highest rates of PTSD. And we've also found that experiencing discrimination had a significant impact on worsening PTSD

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symptoms overtime. So people who experienced more discrimination, they saw their PTSD, or they reported that their PTSD symptoms were getting worse over time, and we found that that. Impact was largest among black women specifically, so again seeing how the intersection of multiple identities has a particular impact on who and how people experience discrimination, and therefore on their health structure, Hausman can you shed some light on how discrimination manifests in healthcare settings? Absolutely so a lot of the work that I've done over the years has examined discrimination that specifically occurs in healthcare. And the importance of this is that too. Disrupt the cycle of discrimination on health. One approach to disrupting the impact of discrimination on health is to reduce the exposure to discrimination in the first place and as health care providers, it's important that we are aware of how we may be contributing to in our behavior may be contributing to experiences of discrimination in our patients. What we found in our research examining patient experiences of discrimination in health care, is that it happens more often than we may think. So in a recently published study we found in a sample of veterans drawn from over 25 VA medical centers, with the sample being primarily white, Hispanic and African American veterans, both men and women, we found that nearly 40% of them had. Reported that they experienced discrimination while seeking health care, specifically in VA healthcare settings. And so this number of patients reporting that discrimination suggests that we. Need to do a better job of paying attention to the experiences patients are having and in the work in that same paper we examine specifically the kinds of experiences that patients may be attributing to discrimination, and what we found was that. Specifically, interactions with staff, both clinicians and non clinicians were the primary domain of healthcare satisfaction that was associated with perceived to discrimination. So it underscores the importance of when we are interacting with our patients, really making sure that we are being respectful and treating them fairly. I have a follow up question of Doctor Hausman. Do you have from your research some thoughts about? Things that those of us who are health care providers can do to help ensure veterans have a positive health care experience when they walk into a VA healthcare setting. I think you had mentioned, you know listing is it is it about you think honoring stories? So one pattern that we have found in the literature is that perceived discrimination is often very subtle and it is more often manifest in ways that isn't so much blatant mistreatment. So much as other patients getting extra positive treatment if you will, and so it's not necessarily the so making sure that we are going above and beyond for every patient and not just some patience, is one. One way to really make sure that our subtle behaviors are not contributing to perceptions of discrimination. So for example, in one study conducted outside of the VA health care system with African American. Patients, they noted instances where patients of other races were getting extra friendly, extra attentive behavior from clinicians, and so it wasn't that they were, you know, being mistreated. It was that other patients were kind of receiving extra positive care, and so it's it's sort of the difference between giving the standard of care and the bare minimum versus really establishing a deep rapport. And camaraderie with patients, and sometimes that that extra step is what may be lacking and contributing to perceptions of discrimination among minority patients. I have thoughts about this too. Yeah, face Dr McClinton. Well, I think what Doctor Hausman is saying is such a wonderful point because often I think that clinicians can interpret this idea of. Unequal treatment, meaning that people are being treated poorly or more poorly than another win. You know, like she said, it's really about some patients are treated sort of an extra special way, or there's more effort put behind helping them, and I think that's such a good point. But I also think that health care professionals have to have an awareness of the ways in which racism may function within their health care system and also understand their own personal biases. So we all have biases. In different ways, and it's important to really be aware of those and every

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time we interact with the patient to really take a step back and take a moment and think about the ways in which either are bias ease or the biases of others may be impacting the way that we relate to this patient, or the recommendations that we give, or the ways that we interpret their symptoms, and so that takes a lot of personal work, but that personal work is really crucial because we live in a society where. We are very much bombarded with a lot of messages and images that promote stereotypes about people who are from marginalized groups, and we internalize those things all of us do, and so it's important to really start to think about, well, where have I internalized that? And each time I interact with somebody, how can I make sure that those biases are not getting in the way of how I'm treating them? I think that's really thoughtful advice. Thank you both. I have one other question for Doctor McClendon, how do we help people, including our veterans who've experienced discrimination, try to prevent these experiences from having a negative impact on their health. Like you know, we talked about the increased risk of all kinds of comorbidities. What is there something that we can do to try to prevent that from happening or reduce their severity? So this is an ongoing area of research. There's a lot of conceptual and theoretical work and some empirical work. Looking at how can we better serve individuals who have experienced racism and discrimination and how can we target the stress caused by those experiences to improve health and HealthEquity? And so, as I said earlier, experiences of discrimination based on race in particular are forms of racial stress and racial stress can sort of move into racial trauma when that stress of racism that a person. Has experienced brings them to a point where they can no longer cope. So. Research is has shown us a lot of research has shown us that as I said earlier, racism has a broad impact on health effects, physical health and mental health in many different ways, and so This is why I'm currently working on evaluating an intervention that directly targets racial stress and trauma, and this intervention really focuses on building knowledge about the types of racism that people experience, how those experiences affect health intervention also really fosters. Social support and empowerment and enhance his stress coping skills and now the literature and the research really shows that. Some things that really help people who are marginalized sort of cope or manage the stress they experience from discrimination or things like mindfulness and prayer and social support. Those are really important concepts and things that help people better cope with those experiences, and I think that there really does need to be more research really understanding. What are some of the STR base or positive mechanisms that. Decrease the negative impact of discrimination on health, and I think a lot of that work is really ongoing right now. But you know another thing that's really important to think about is how do we approach helping people cope with discrimination in a way that really focuses on strength and empowerment? Because I think that people of color have a lot of resilience and have developed a lot of ways of coping with their experiences of racism because this is something that. People of color have been experiencing for hundreds of years and we're still here, so we understand how to cope with these things to a certain extent, but I think that there are ways to enhance those skills and there are ways to really focus on OK. In addition to coping. How can we find ways to really maintain hopefulness? And as French and colleagues, they recently published a paper and the counseling psychologist where they talk about radical healing and they talk about envisioning a future. Of justice and liberation, while at the same time acknowledging the oppression that that people of color experience, and so how do we maintain that hopefulness? And how do we really envision a future of justice and liberation? And what is our personal work as individuals to move towards that vision? And the truth is, at the end of the day, people of color alone can't dismantle racism. If that were the case, then it would be over so. I think that really, in addition to helping people cope with racism, what we really needs to happen is that racism needs to end. But that's going to

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require concerted effort on the part of also of white people and of institutions. Dr Hausman. What have you learned from your work about how we might be able to help people stay healthy or try to reduce their risk of developing these chronic diseases when they've experienced discrimination? A lot of my work in recent years. Has focused on the latter point that Doctor McClendon made, which is shining a light on how our institutions and the bigger structures in which we're operating can work to reduce disparities that are caused in part by discrimination and racism. So I want to go back just briefly to the point that Doctor McClendon made that, you know, we all have biases and that we we need to. We have a lot of personal work to do to examine our own contributions. To discrimination we all have individual roles to play, but then we are part of a bigger society where racism is everywhere and it really is insidious. And so making individual changes. It's it's hard to sustain those individual changes when the the broader system is is all racism is so prevalent in the broader system. So one way to begin to dismantle racism is to build, examining inequities and disparities into the existing quality improvement structures that we have and within the VA, we are very vigilant about paying attention to quality and making sure we're delivering. High quality care and so I have been working in large part with the office of HealthEquity to develop tools that take the quality measures that VA is already focused on and ensuring that the data gets stratified by race and ethnicity as well as gender and to start examining our quality metrics by race. Because one of the biggest barriers to making lasting changes within our clinical structures. Is that quality measures or not? Currently being examined for disparities in an ongoing basis, and so figuring out how to reduce disparities. The very first step is figuring out where those disparities exist and then examining or clinical structures to determine how we can change them to better meet the needs of our minority patients. So, I think examining our everyday way of doing business and examining how disparities are happening on an ongoing basis will lay the groundwork for fine tuning our process or overhauling our process. To really ensure that equity is woven into the fabric of what we are doing every day in our clinical work and in our research is also going to help to begin to dismantle the effects of racism on health. Thank you both. It's it's really fun to be a part of a group of colleagues who are working to try to empower veterans to be the healthiest versions of themselves and and targeting interventions to really address their needs. That might be getting in the way of. If unmet to to be healthy, I want to thank everyone for joining and I hope that you will join us at our next episode. Thank you, thank you.