

# Rethinking how race contributes to a patient's health

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Physicians have been trained to think about race as a demographic factor that may influence a patient's health, but understanding how race influences health is evolving. One medical school is attempting to expand the way future physicians think about race in the exam room.

Jennifer Tsai and Bryan Leyva, medical students at Warren Alpert Medical School of Brown University, shared how students at their school succeeded in changing how race is addressed in their curriculum in a presentation titled, "Moving past diversity toward decolonization: Bringing critical race theory to the Warren Alpert Medical School of Brown University."

The talk was held during the AMA's Accelerating Change in Medical Education Consortium student-led meeting on health equity and community-based learning at the University of California, Davis, School of Medicine in early August. The Warren Alpert Medical School of Brown University is a member of the consortium, but this work on race theory is not a part of their consortium project.

## What is race?

Race is socially and politically constructed, Tsai told those gathered at the meeting. Racial categories on the U.S. Census have changed every decade since 1790, showing just how vulnerable they are to the current political climate, she said.

"Race becomes a poor surrogate for family history," she said. For example, a physician could say, "You're from Africa, so you have a higher rate of this disease.' .... But Africa is a whole continent."

With that in mind, Brown medical students went through lecture slides at their medical school to find examples of how race is used as a biological factor. They found that of the 102 slides that mentioned race, 96 percent of them suggested a biological risk. Just 4 percent of the slides acknowledged social determinants of disease disparities among people of different races.

Tsai said the results were “surprising.” The students’ findings were published in *Academic Medicine*.

In addition, she said, “A school-wide survey of 180 students showed 90 percent of students supported curriculum reform on race and when it came to race and about 80 percent felt inadequately prepared to use and talk about race in the clinic.”

## What did Brown do with the findings?

Medical students in December 2014 sent a letter detailing their concerns on teaching race as biology. From there, a task force of students and administrators worked to implement changes.

For example, the medical school designated an elective for first year medical students. The 10-session class includes lectures, discussions and case studies. Students address topics such as the health of minorities, race and segregation, Leyva said.

The program encourages developing a healthy skepticism of research. For example, students looked at a study that found there was no genetic difference among racial groups, yet the study’s abstract said there were differences.

Students in the class also address how racism is prevalent in structures in society. They talk about the historical structural and political forces that created problems and then propose solutions, Leyva said.

The students talk about restrictive covenants that prohibited African-Americans and other racial and ethnic minorities from buying homes in certain neighborhoods—and redlining—where insurance companies and banks decided which communities would receive money for insurance and loans and which would not.

“Segregation... did not happen on its own,” Leyva said. “It is intentional, driven at the local, state and federal level, and it has an impact on people’s lives today.”

Tsai said students also discuss the idea of medical authority and how it has been used through history when discussing race and health.

## How the discussions are making a difference

Leyva said surveys and focus groups have shown that students appreciate the discussions and new ways of thinking. Students also said they have a better understanding of bias and institutional racism, as well as have the skills to talk about race and racism in clinical and non-clinical contexts.

Tsai asked those gathered how medical school leaders can hold themselves accountable, noting that they need to think about things such as admissions, research dollars and community interaction “so we can be committed to and practice equity in ways that critical race theory works.”

Other topics discussed at the recent Accelerating Change in Medical Education consortium meeting included:

- How zip code impacts patients' health more than genetics
- Learning to treat the community as your patient
- What it means to work upstream to achieve the quadruple aim