PLEASE NOTE: THIS RESOLUTION WILL BE DEBATED AT THE 2020 COUNCIL MEETING. RESOLUTIONS ARE NOT OFFICIAL UNTIL ADOPTED BY THE COUNCIL AND THE BOARD OF DIRECTORS (AS APPLICABLE).

RESOLUTION: 26(20)

SUBMITTED BY: District of Columbia Chapter

SUBJECT: Addressing Systemic Racism as a Public Health Crisis

PURPOSE: Requests ACEP to reaffirm the importance of recognizing and addressing the social determinants of health, including systemic racism, continue to explore models of health care that would make equitable health care accessible to all, and continue to support ACEP members who seek to dismantle systems of discrimination and advocate for policies promoting social determinants of health within historically disenfranchised communities at an institutional, local, state, and national level.

FISCAL IMPACT: Budgeted committee and staff and resources.

1 WHEREAS, ACEP advocates for tolerance and respect for the dignity of each individual and opposes all
2 forms of discrimination against and harassment of patients;[1] and
3
4 WHEREAS, Minorities in America disproportionately suffer from income inequality, debt, barriers to
5 housing and home-ownership, discrimination from financial institutions, decreased access to education, barriers to
6 employment, workplace discrimination, barriers to accessing health care, disparities in the quality of health care, over-
7 policing, and many other forms of injustice due to historical and ongoing structural racism; and
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9 WHEREAS, ACEP acknowledges the causal link between these persistent disadvantages (collectively known
10 as the social determinants of health) and poor health outcomes; and
11
12 WHEREAS, ACEP's mission includes the promotion of health equity within the communities we serve;[2] and
13 therefore be it
14
15 RESOLVED, That ACEP reaffirm the importance of recognizing and addressing the social determinants of
16 health, including systemic racism; and be it further
17
18 RESOLVED, That ACEP continue to explore models of health care that would make equitable health care
19 accessible to all; and be it further
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21 RESOLVED, That ACEP continue to use its voice as an organization and support its members who seek to
22 dismantle systems of discrimination and advocate for polices promoting the social determinants of health within
23 historically disenfranchised communities at an institutional, local, state, and national level.

Background

The resolution requests ACEP to reaffirm the importance of recognizing and addressing the social determinants of health, including systemic racism, continue to explore models of health care that would make equitable health care accessible to all, and continue to support ACEP members who seek to dismantle systems of discrimination and advocate for policies promoting social determinants of health within historically disenfranchised communities at an

[1] https://www.emergencyphysicians.org/press-releases/2020/5-30-20-acep-statement-on-structural-racism-and-public-health
[2] https://www.emergencyphysicians.org/press-releases/2020/5-30-20-acep-statement-on-structural-racism-and-public-health

institutional, local, state, and national level.

Over the last several years, health researchers and medical professionals have focused greater attention on social determinants of health and health disparities that exist for minority communities in the United States, with increasing awareness of the impact of systemic or institutional racism as a social determinant in particular. Recent events, including nationwide protests that occurred in the wake of the deaths of George Floyd and Breonna Taylor, have also brought the issue of structural racism further into the collective American public consciousness.

Systemic or "structural" racism refers to the systems, structures, or institutions that disadvantage minority populations. Though much of the recent attention has centered around structural racism within law enforcement, it also manifests in housing policies, employment and economic opportunities, educational systems, politics, health care, geography, and numerous other factors.

Discrimination also occurs in institutional health care experiences, e.g., disparities that result from a lack of access to the same or comparable high-quality health care options and facilities as those available to white Americans, implicit (or explicit) biases on the part of providers, or provider ignorance of culturally- or racially-sensitive health care needs.

Racism also has a causal link to health outcomes. The American Psychological Association (APA) notes that chronic stress resulting from "…factors such as poverty, family dysfunction, feelings of helplessness and/or traumatic early childhood experience" can disrupt nearly all the body's physical processes.[3] Chronic stress is linked to greater risk for numerous diseases, such as heart disease, obesity, diabetes, and immune disorders, as well as premature aging that can accelerate or exacerbate many of these diseases. The APA further notes that "[s]tudies examining the role of social and biological stress on health suggests a link between socioeconomic status and ethnic disparities in stress and health (Warnecke et al, 2008). Some ethnic/racial groups are more economically disadvantaged and may be more susceptible to SES-related stress."

Additionally, there are a number of chronic health issues that disproportionately affect certain racial or ethnic groups, and care and treatment for these populations may be affected. Sickle cell disease (SCD), for example, is the most common genetic blood disorder affecting about 100,000 Americans, predominantly occurring in those of Black or African-American (1 in 365) or Hispanic (1 in 16,300) descent. Patients with SCD often present in the emergency department with severe pain, and due to limited SCD treatment options, opioid treatment is frequently the only effective option (though new evidence-based clinical guidelines have been developed). However, in the wake of the nation's response to the opioid epidemic and a push to reduce or avoid opioid treatments, patients with SCD have experienced new challenges in treating the pain so often associated with this disease. These difficulties have been aggravated by unintentional outcomes of federal guidelines like the Centers for Disease Control and Prevention (CDC) *Guideline for Prescribing Opioids for Chronic Pain*. Despite clarifications that the guideline is not intended to deny clinically-appropriate opioid therapy to patients with conditions such as SCD or cancer, emergency physicians have continued to receive reports that patients with SCD are unable to access these appropriate medications.[4]

In March 2018, ACEP, as a recommendation of the Diversity and Inclusion Task Force, ACEP launched the Unconscious Bias in Clinical Practice one-hour, accredited CME course. This course focuses on:

- Defining unconscious/implicit bias and its manifestations, based on metacognition and brain function.
- Discuss the link between social determinants of health, cultural competence, bias, and patient care.
- Review evidence on effects of implicit bias on clinical practice and disparities in patient care and outcomes
- Identify strategies to protect against and minimize the impact of implicit bias on patient care

ACEP's policy statement " Non- Discrimination and Harassment" advocates for tolerance and respect for the dignity for all individuals and opposes all forms of discrimination against and harassment of patients and emergency medicine staff on the basis of an individual's race, age, religion, creed, color, ancestry, citizenship, national or ethnic origin,

[3] https://www.apa.org/topics/health-disparities/fact-sheet-stress
[4] https://www.acep.org/globalassets/uploads/uploaded-files/acep/by-medical-focus/hematology---edsc3/5---ash-acep-scdaa-letter-re-pain-management-in-scd_june-2019.pdf

language preference, immigration status, disability, medical condition, military or veteran status, social or socioeconomic status or condition, sex, gender, identity or expression, sexual orientation, or any other classification protected by local, state, or federal law. ACEP's goal is to attain a diverse, well-qualified physician workforce that truly reflects our multicultural society. Discrimination and bias can serve as major drivers of influence on the quality of care provided in the emergency department toward individuals of underrepresented populations.

ACEP's policy statement "Cultural Awareness and Emergency Care" supports that cultural awareness is essential to the training of healthcare professionals in providing quality patient care. It also confirms ACEP's position that resources be made available to emergency departments and emergency physicians to ensure they properly respond to the needs of all patients regardless of background. This is important to the subject of implicit bias, as cultural awareness helps combat negative assumptions and associations. Implicit Bias is recognized by the individual and mitigated through education recalling stereotypical thought processes.

As referenced, ACEP issued a statement on structural racism and public health on May 30, 2020.
ACEP's Social Emergency Medicine has as one of its objectives "to propose, evaluate, and critique health policies that affect the social determinants of health of our communities, especially as they pertain to marginalized and vulnerable populations that frequently present to EDs for their care."

Demonstrating the ongoing importance of this issue, 14 of ACEP's committees will work on objectives during the 2020-21 committee year to address health care disparities and health equity.

ACEP Strategic Plan Reference

Goal 1 – Improve the Delivery System for Acute Care
Objective C – Promote the value of emergency medicine and emergency physicians as essential components of the health care system.

Goal 2 – Enhance Membership Value and Member Engagement
Objective G – Promote/facilitate diversity and inclusion and cultural sensitivity within emergency medicine.

Fiscal Impact

Budgeted committee and staff and resources.

Prior Council Action

Amended Resolution 14(19) Implicit Bias Awareness and Training adopted. Directed ACEP to develop and publicize a policy statement that encourages implicit bias training for all physicians and continue to create and advertise free, CME-eligible, online training related to implicit bias.

Substitute Resolution 41(05) Non-Discrimination adopted. The resolution expressed ACEP's opposition to all forms of discrimination against patients on the basis of gender, race, age, creed, color, national or ethnic origin, religion, disability, or sexual orientation and against employment discrimination in emergency medicine on the same principles as well as physical or mental impairment that does not pose a threat to the quality of patient care.

Prior Board Action

April 2020, approved the revised policy statement "Cultural Awareness and Emergency Care;" reaffirmed April 2014; revised and approved April 2008; originally approved October 2001.

Amended Resolution 14(19) Implicit Bias Awareness and Training adopted.

June 2018, approved the revised policy statement "Non-Discrimination and Harassment;" revised and approved April

2012 with the current title; originally approved October 2005.

November 2017, approved the revised policy statement "Workforce Diversity in Health Care Settings;" reaffirmed June 2013 and October 2007; originally approved 2001.

October 2017, reviewed the information paper "Disparities in Emergency Care."

April 2017, reviewed the information paper "Unconscious Bias and Cultural Sensitivity and their Effects on Clinical Practice Management."

Substitute Resolution 41(05) Non-Discrimination adopted.

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