

Eliminating Race-Based Medicine: Policy Implementation and Practice Implications

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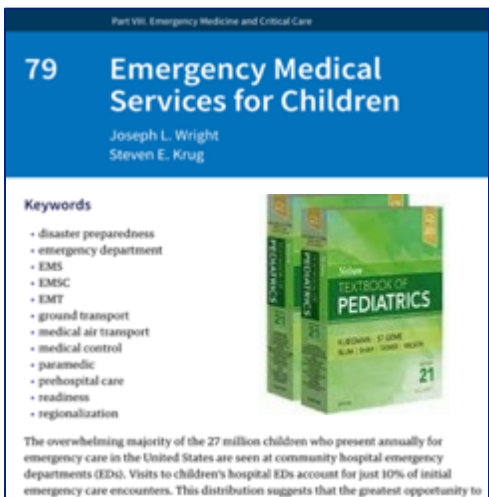
University of Maryland Medical System

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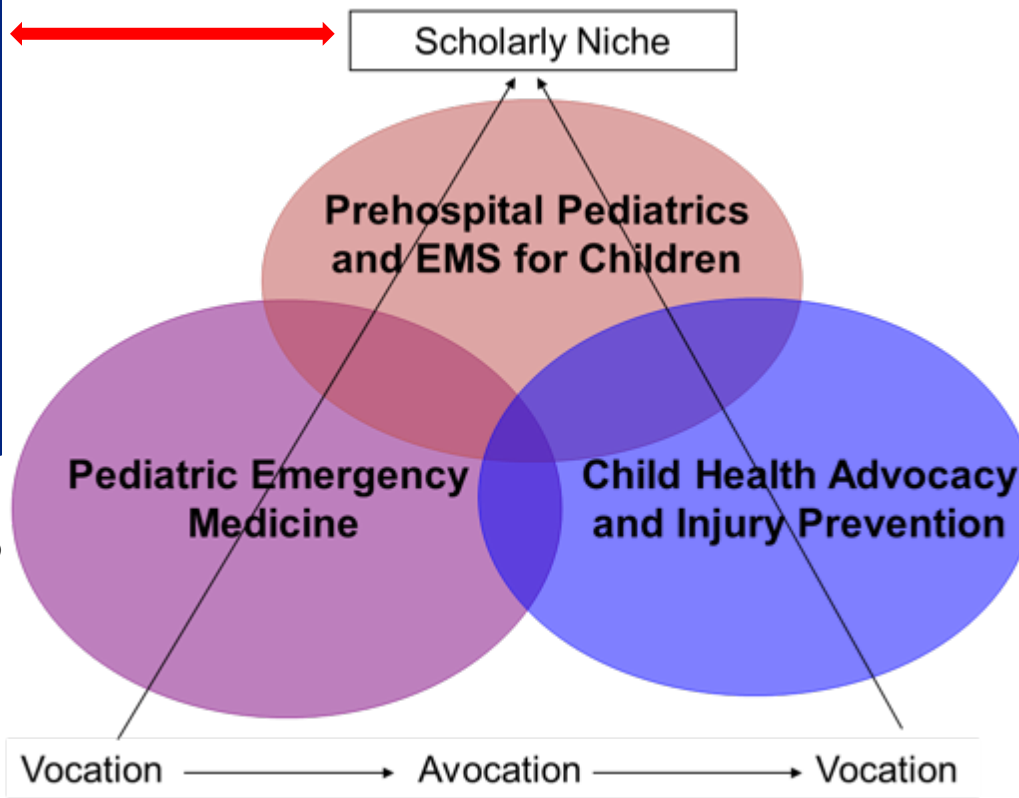
- In the past 12 months, I have not had a significant financial interest or other relationship with the manufacturer(s) of the products or provider(s) of the services that will be discussed in my presentation.
- This presentation will not include discussion of pharmaceuticals or devices that have not been approved by the FDA.



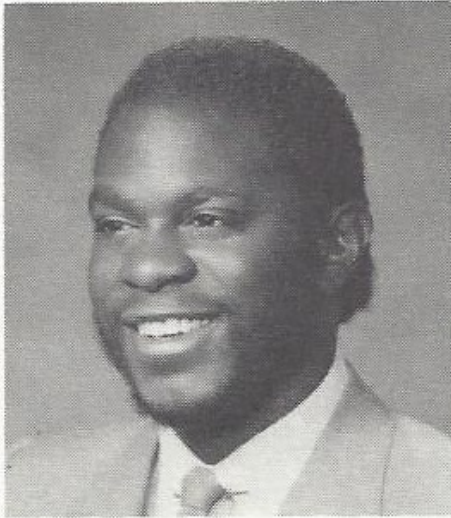
CONTEXT FOR PERSPECTIVE – PROFESSIONAL JOURNEY



Wright J. Nelson Textbook of Pediatrics, 19th, 20th and 21st editions,
Philadelphia: Elsevier, 2011, 2015, 2019

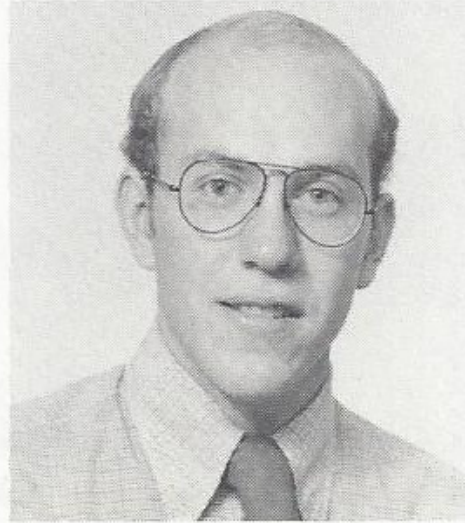


- Health Equity
- Career Development
- Faculty Sponsorship



Joseph Wright

M.D., Rutgers New Jersey
Medical School



Kurt D. Newman

M.D., Duke University
Residency, Peter Bent Brigham Hospital

INSTITUTIONAL LEADERSHIP MATTERS: CHILDREN'S NATIONAL ALUM



Harolyn M.E. Belcher, MD, MHS
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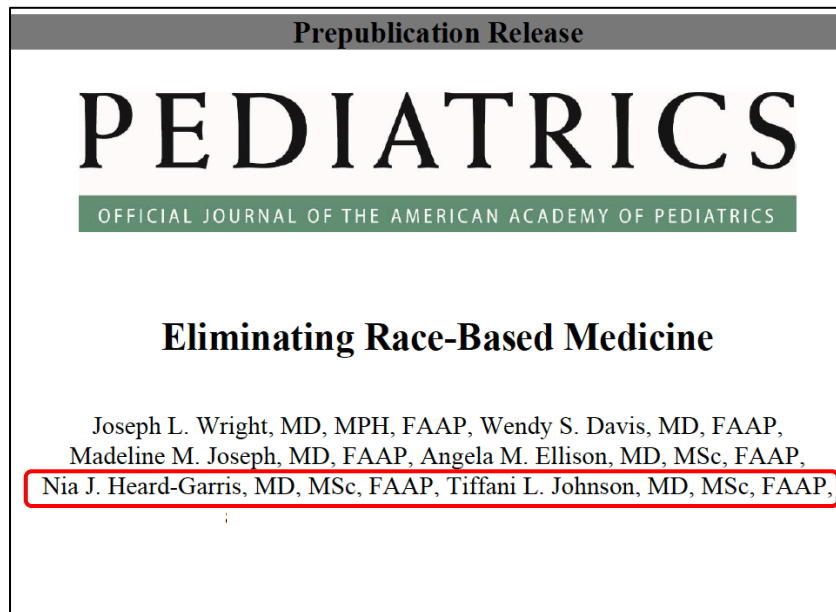


Maria E. Trent, MD, MPH
Associate Dean for
Diversity and Inclusion
Johns Hopkins

POLICY LEADERSHIP MATTERS: CNH COMMUNITY HEALTH TRACK ALUM



Tiffani Johnson, MD, MSc
University of California Davis



Pediatrics 2022;150(1):e2022057998



Nia Heard-Garris, MD, MSc
Northwestern/Lurie Children's



MEDICAL EDUCATION LEADERSHIP MATTERS

Factors That Influence the Choice of Academic Pediatrics by Underrepresented Minorities

Gabrina Dixon, MD, MEd,^{a,b} Jerry Kind, MD, MPH,^{a,b} Joseph Wright, MD, MPH,^c Nikki Stewart, MD, MPH, MBA,^d
Alexandra Sims, MD,^e Aisha Barber, MD^{a,b}

OBJECTIVES: Our objective for this study was to explore the experiences of faculty in academic pediatrics who are underrepresented minorities (URMs) at 2 urban medical centers, in particular, the experiences that influenced their pursuit of academic pediatrics.

METHODS: Three focus groups were conducted in 2016 with URM faculty from Howard University College of Medicine and Children's National Health System to explore how they were influenced to pursue academic pediatrics. Ten 1-on-1 interviews were also conducted in 2017 with URM faculty at Children's National Health System. Focus groups were coded and analyzed by the research team using standard qualitative methods. The 1-on-1 interviews were coded and analyzed by the primary investigator and verified by members of the research team.

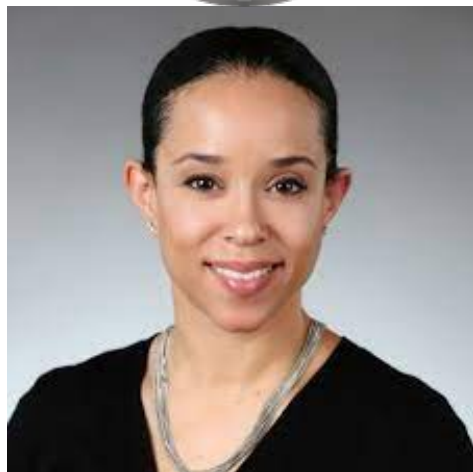
RESULTS: A total of 25 faculty participated in the study (15 in the focus groups and 10 in individual interviews). Eighteen of the faculty were women and 7 were men. Findings revealed that mentorship, family, and community influenced participants' career choices. Barriers for URMs in academic pediatrics included (1) lack of other URMs in leadership positions, (2) few URMs practicing academic pediatrics, and (3) the impact of racism and gender and implicit bias in the medical field.

CONCLUSIONS: Mentorship and family are major influences on why URMs become academic pediatricians. Lack of URMs in leadership positions, racism, gender bias, and implicit bias are barriers for URMs in academic pediatrics. More research should be conducted on ways to enhance the experience of URMs and to reduce barriers in academia.

abstract



Gabrina Dixon, MD, MEd
Director, Advancing Diversity in
Academic Pediatrics



Aisha Barber, MD, MEd
Director
Pediatric Residency Program

Pediatrics 2019;144:e20182759



CURRENT CONTEXT

- American Academy of Pediatrics (AAP) Board of Directors, At Large Member
- Chair, AAP Board Committee on Equity



CONGRATULATIONS DR. JOELLE SIMPSON!!

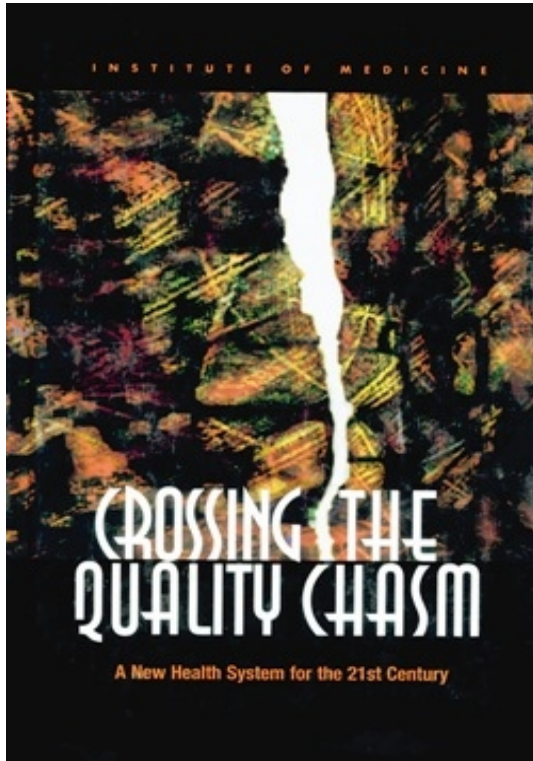


- Elected last month to at-large AAP Board of Directors seat; term begins 1/1/23

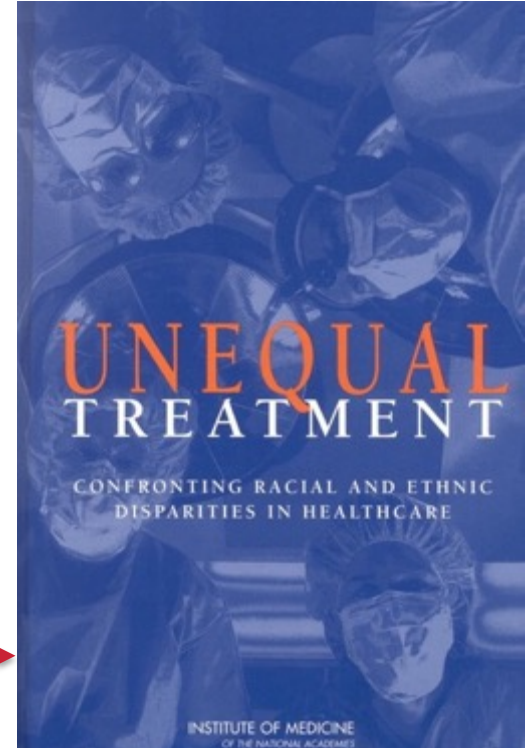


QUALITY CARE

Safe
Effective
Patient-centered
Timely
Efficient
Equitable



Committee on Quality of Health Care in America. Institute of Medicine, 2001



Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. Institute of Medicine, 2002

ACCREDITATION AND REGULATORY ENVIRONMENT



Joint Commission tackles health equity with new accreditation standards

Published Aug. 15, 2022

CMS Innovation Center Launches New Initiative To Advance Health Equity

[Dora Lynn Hughes](#)

MARCH 3, 2022 DOI: 10.1377/forefront.20220302.855616



Accreditation Council for
Graduate Medical Education

Education in Quality Improvement

A cohesive model of health care includes quality-related goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals.

Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities. (Core)



Methodology:

U.S. News & World Report
Best Children's Hospitals 2021-22



Trends of Racial/Ethnic Disparities in Pediatric Central Line–Associated Bloodstream Infections

Brittany L. Willer, MD,^a Joseph D. Tobias, MD,^a Markita L. Suttle, MD,^b Olubukola O. Nafiu, MD, FRCA, MS,^a
Christian Mpody, MD, PhD, MPH, MBA^a

- **5-year retrospective study of children < 18 years admitted to ED/inpatient ward (PHIS database); primary outcome = risk adjusted CLABSI rates**
- **A total of > 225,000 children in the study**
- **What we learn about minority children, compared to non-minority children:**
 - **Overall improvement in CLABSI rates over the course of the study**
 - **Black children: consistently higher CLABSI rates** (relative risk [RR], 1.27; 95% confidence interval [CI], 1.17–1.37; $P < .01$)
 - **Hispanic children: consistently higher CLABSI rates** (RR, 1.16; 95% CI, 1.08–1.26; $P < .01$)
- **Concerns arise for access to equitable care, and bias in nursing and clinical care.**

Pediatrics. 2022;150(3):e2021054955



IMPORTANT LEVEL SET

- The work of advancing equity and anti-racism is necessarily iterative and incremental. It requires commitment, courage, humility, introspection, and resolve.
- This is uncharted territory and moving forward can feel challenging, disruptive, frustrating and polarizing.
- We can't expect to immediately have all the answers. We're at unique places on our individual journeys and must embrace the opportunity to learn from our collective fits and starts.



PERSPECTIVE TRANSFORMATION



Head

- Logic
- Data
- Facts



- Fairness
- Justice
- Meaning

Heart



Adapted from N. Burke
CommonHealth Action

- Learning Objectives:

ELIMINATING RACE-BASED MEDICINE

- Recognize the fallacy of race as a biologic proxy.
- Identify inequities embedded in practice guidelines.
- Define the pathway for moving from race-based to race-conscious medicine



Pediatrics 2022;150(1):e2022057998

Elimination of race-based medicine: a call to action

In a recently published American Academy of Pediatrics (AAP) policy statement¹ on eliminating race-based medicine, the authors write about "...the elimination of race-based medicine as part of a broader commitment to dismantle the structural and systemic inequities that lead to racial health disparities". In this, we hear a cry for action. Extensive research and dialogue reaffirms the fact that race is a sociopolitical construct. Racism is a risk factor, induces trauma and epigenetic changes, and

remove race-based calculations in clinical guidelines. Addressing these inaccuracies will require a methodical approach to educating current and future clinicians and researchers. A comprehensive strategy to educate the next generation of the health-care workforce should begin with re-examining early childhood education and parental education, given research suggests that infants show preference for particular skin colours at as early as 3 months of age.⁶ Within



Lancet Child Adolesc Health 2022

Published Online

June 29, 2022

[https://doi.org/10.1016/S2352-4642\(22\)00166-3](https://doi.org/10.1016/S2352-4642(22)00166-3)

Bell S, Falusi O, Lindo E.

Lancet Child Adolesc Health.

2022 Jun 29: Epub ahead of print.



Skate to Where the Puck Is Going

American Academy of Pediatrics

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ELIMINATING RACE-BASED MEDICINE

- Presentation Outline

- Truth

- *What are we talking about?*
- *How did we get here?*

- Reconciliation

- *Why is this important?*

- Transformation

- *What is the task at hand?*

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

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of Pediatrics



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Truth, Reconciliation, and Transformation: Continuing on the Path to Equity

American Academy of Pediatrics Board of Directors

Pediatrics 2020;146(3):e2020019794

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Eliminating Race-Based Medicine:

Truth - What are we talking about?

➤ *Assumptions vs. Reality*



TRUTH: FLAWED ASSUMPTIONS

- Race is a biologic category
- Race is a construct for genetic difference
- Equivalency between genes that determine race and health



TRUTH: REALITY

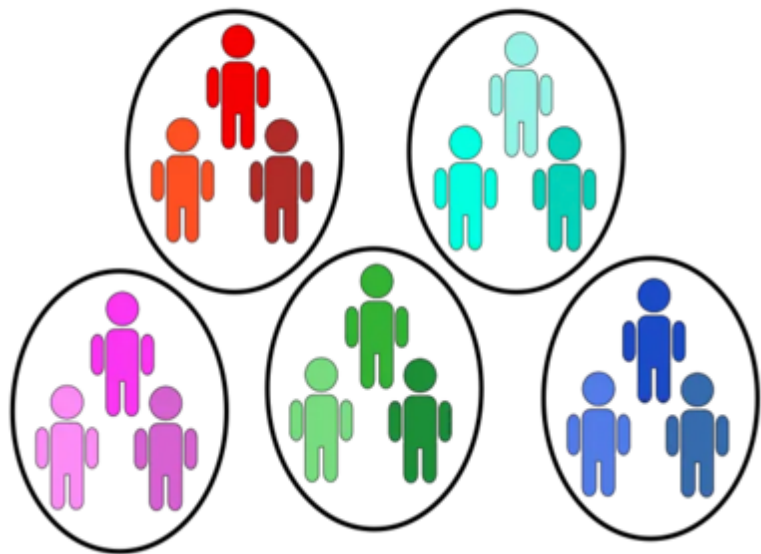
- **Race** is a not a biologic category based on innate differences. Rather, it is a social construct that reflects differential and often inequitable lived experiences and should not be used as a biologic proxy for disparities.



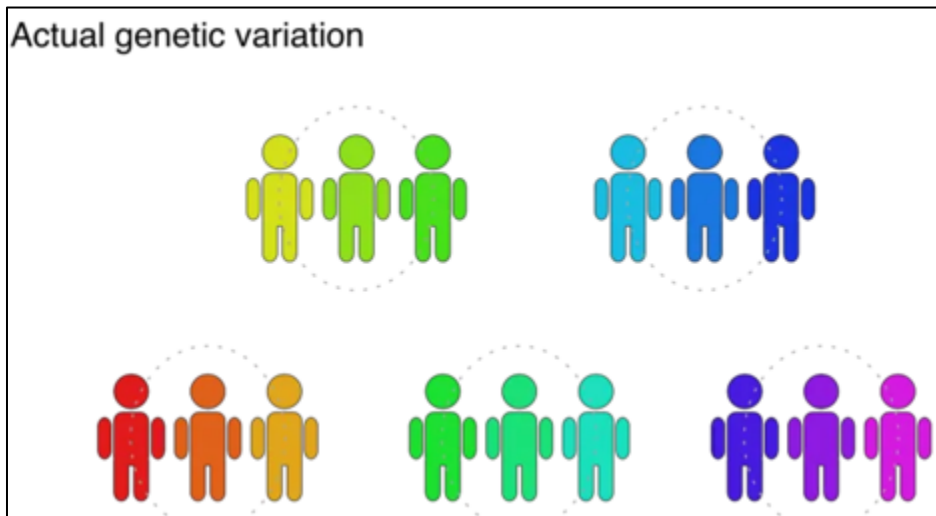
TRUTH: RACE, ANCESTRY, AND GENETIC VARIATION

The greatest fraction of genetic diversity is found within populations, rather than between them.

Popular conception of genetics



Actual genetic variation



Adapted from: <https://sitn.hms.harvard.edu/flash/2017/science-genetics-reshaping-race-debate-21st-century>

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- We share 99.9% of DNA with one another; only 0.1% varies between individuals.
- Stratification based on the minute portion of that 0.1% variation responsible for the phenotype of skin color has been used throughout history to justify a belief in human hierarchy.

TRUTH: BOTTOM LINE

Courtesy: Child Health Advocacy Institute, Children's National Hospital



RACE-BASED MEDICINE

- Inappropriate use of race as a corrective, risk-adjusting, or dichotomizing variable in algorithms, practice guidelines, or policies that influence the clinical decision-making process.



PEDIATRIC URINARY TRACT INFECTION

CLINICAL PRACTICE GUIDELINE

Urinary Tract Infection: Clinical Practice Guideline for the Diagnosis and Management of the Initial UTI in Febrile Infants and Children 2 to 24 Months

Pediatrics 2011;128(3):595 reaffirmed 2016

Individual Risk Factors: Girls	Probability of UTI	No. of Factors Present
White race Age < 12 mo Temperature $\geq 39^{\circ}\text{C}$ Fever ≥ 2 d Absence of another source of infection	$\leq 1\%$	No more than 1
	$\leq 2\%$	No more than 2

Individual Risk Factors: Boys	Probability of UTI	No. of Factors Present	
Nonblack race Temperature $\geq 39^{\circ}\text{C}$ Fever > 24 h Absence of another source of infection		Uncircumcised	Circumcised
	$\leq 1\%$	a	No more than 2
	$\leq 2\%$	None	No more than 3

FIGURE 2

Probability of UTI Among Febrile Infant Girls²⁸ and Infant Boys³⁰ According to Number of Findings Present. ^aProbability of UTI exceeds 1% even with no risk factors other than being uncircumcised.

Probability of UTI based on clinical characteristics

Enter child's clinical characteristics below (all fields are required)

Age < 12 months

☐ Yes ☐ No

Maximum temperature $\geq 39^{\circ}\text{C}$ (i.e., 102.2°F)

☐ Yes ☐ No

Self describes race as black

☐ Yes ☐ No

Female or uncircumcised male

☐ Yes ☐ No

Other fever source*

☐ Yes ☐ No

Probability of UTI

--

Calculate

Clear

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RACE ASSIGNMENT IS BINARY – OUR PATIENTS ARE NOT



Dr Nathan Chomilo

Executive Committee Member
AAP Section on Minority
Health, Equity, and Inclusion

- “I often use my own example of being a biracial Black man. My father’s family is from Cameroon and my mother’s family is from Norway. Are you going to assign my lungs or kidneys to my mom’s side or my dad’s side? That’s not at all clear in the way that we use race in medicine.”

- *How Racist is Your Algorithm? Medscape, July 1, 2022*



Eliminating Race-Based Medicine:

Truth - How did we get here?

- *Historical Transgressions*
- *American Academy of Pediatrics Equity Journey*



ROOTS OF RACE-BASED MEDICINE

- “On the dysfunction of the pulmonary apparatus in Blacks...among the real distinctions which nature has made is a lack of lung capacity.”
- Thomas Jefferson, 1781

Library of Congress

Notes on the state of Virginia.

582 382

NOTES ON THE STATE OF VIRGINIA.

BY THOMAS JEFFERSON.

LC

BOSTON: PUBLISHED BY LILLY AND WAIT.

<https://www.loc.gov/item/03004902/.pdf>

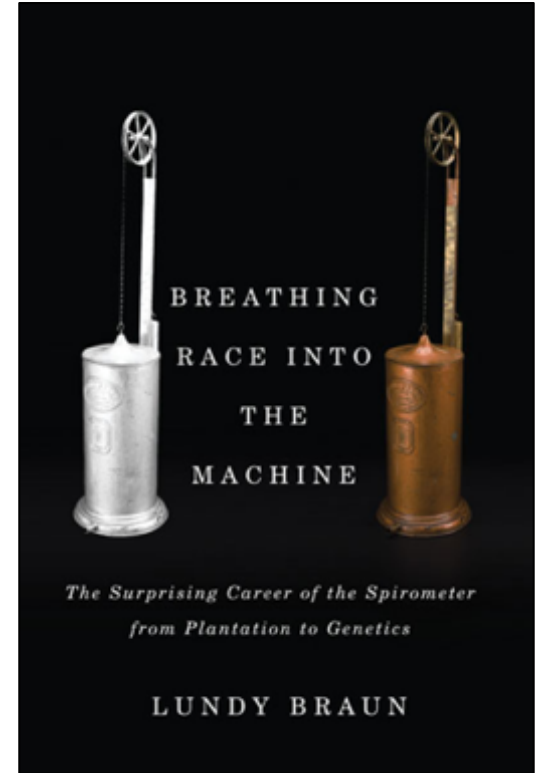


PSEUDOSCIENCE OF RACE NORMING IN LUNG FUNCTION ASSESSMENT

- "Lung capacity in the Negro is 20% deficient...because small lungs prevent Blacks from inhaling enough air forced labor is a way to vitalize the blood and correct the problem."

- Dr. Samuel Cartwright, 1851

Cartwright SA. Report on the diseases and physical peculiarities of the negro race. *New Orleans Medical and Surgical Journal*. 1851;VII:692-713.



Braun L. Race correction and spirometry: Why history matters. *Chest*. 2021;159:1670.

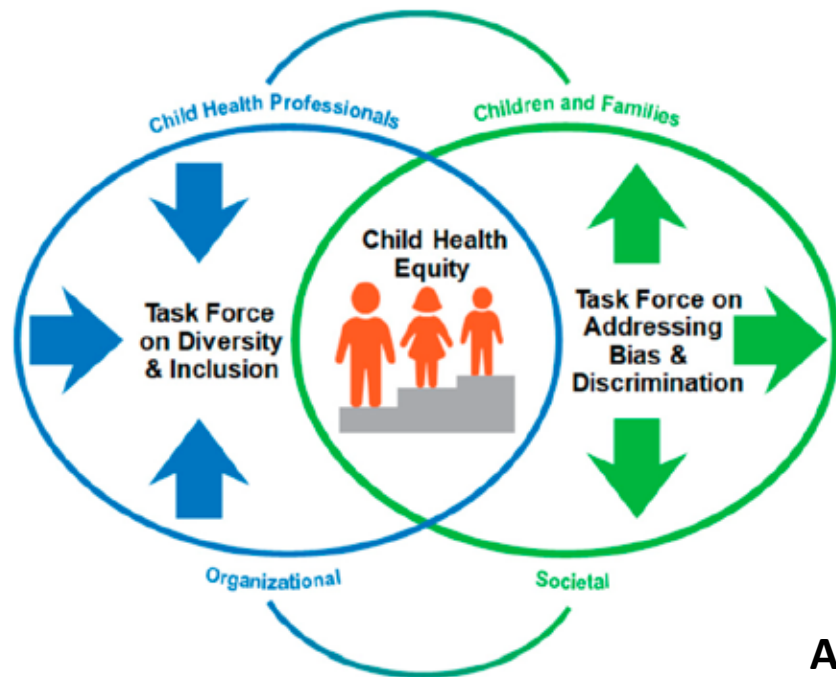
Eliminating Race-Based Medicine:

Truth - How did we get here?

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AAP EQUITY JOURNEY



AAP Task Force on Addressing Bias & Discrimination

PATH TO EQUITY AND ANTI-RACISM

Pediatricians must be equipped with knowledge, skills, and resources needed to create equitable systems of care and ultimately optimal health for all children.

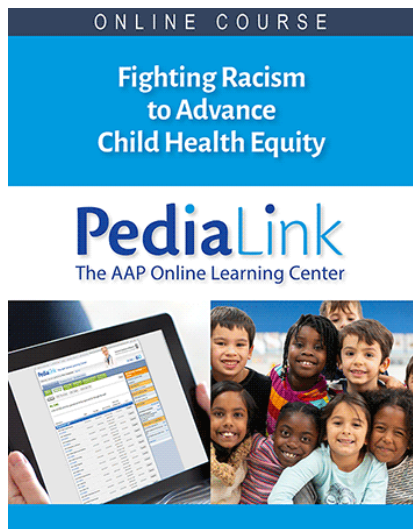


<https://services.aap.org/en/about-the-aap/american-academy-of-pediatrics-equity-and-inclusion-efforts/aap-equity-agenda>



EQUITY AND ANTI-RACISM RESOURCES

Three-hour program free to AAP members helps equip pediatricians to advance child equity by applying an anti-racist lens to systems that shape health and medicine



<https://shop.aap.org/fighting-racism-to-advance-child-health-equity/>

Words Matter

Guidance on Inclusive, Anti-biased Language

Words Matter: AAP Guidance on Inclusive, Anti-biased Language

The AAP encourages the use of inclusive, anti-biased language in all of its publications and communications in order to mitigate and combat bias, avoid stereotypes, remove stigma, and promote strengths. The use of inclusive, anti-biased language is consistent with the AAP Diversity and Inclusion statement, and supports the Academy's Equity Agenda by reflecting diverse lived experiences and acknowledging the experience systems, structures, and policies that create those experiences. Language has the power to change minds, hearts, behaviors, and relationships and to create narratives that shape our perceptions and beliefs. Thus, it is

“...not only do words matter but so does context – both social and situational. It is important to note that words do not exist in a vacuum. They are contextualized by history, politics, social position, geography, and other variables. Recognizing that these factors are dynamic, so too is language.”

than to ignore people and groups.

General Considerations

- Be as specific as possible when referring to groups or subjects. Specify provides clarity and avoids multiple interpretations or misinterpretations.
- Sometimes the “vulnerable” and “marginalized” groups as general descriptors. They can obscure meaning. For example, instead of using “vulnerable” consider using “people experiencing barriers or people with less resources” as a rule of thumb, these terms should be avoided if the word is not

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EQUITY AND ANTI-RACISM – AN EMERGING CORE COMPETENCY



Entrustable Professional Activities

EPA 14 for General Pediatrics

EPA 14: Use Population Health Strategies and Quality Improvement Methods to Promote Health and Address Racism, Discrimination, and Other Contributors to Inequities Among Pediatric Populations

An Entrustable Professional Activity Addressing Racism and Pediatric Health Inequities

Ndidi I. Unaka, MD, MEd,^{a,b} Ariel Winn, MD,^{c,d} Adiaha Spinks-Franklin, MD, MPH,^e Patricia Poitevien, MD, MSc,^f
Franklin Trimm, MD,^g Brenda J. Nuncio Lujano, MS,^h David A. Turner, MD^h

EQUITY AND ANTI-RACISM RESOURCES: PERIODICITY SCHEDULE UPDATE

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concerns. These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. American Academy of Pediatrics; 2017). The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

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AGE*	Prenatal ²	Newborn ²	3-5 d ²	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																																
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Weight for Length		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Body Mass Index ³													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure ⁴		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																																
Vision ⁵		★	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	★	●	★	●	★	●	★	●	★	●	★
Hearing		● ⁶	● ⁶	→	★	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	★	●	★	●	★	●	★	●	★	●	★
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																																
Maternal Depression Screening ¹¹				●	●	●	●																									
Developmental Screening ¹²								●			●		●																			
Autism Spectrum Disorder Screening ¹³												●																				
Developmental Surveillance		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Behavioral/Social/Emotional Screening ¹⁴		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment ¹⁵																						★	★	★	★	★	★	★	★	★	★	★
Depression and Suicide Risk Screening ¹⁶																						●	●	●	●	●	●	●	●	●	●	●

BEHAVIORAL/SOCIAL/EMOTIONAL

Footnote #14

The Psychosocial/Behavioral Assessment recommendation has been updated to Behavioral/Social/Emotional Screening (annually from newborn to 21 years) to align with AAP policy.

Applying an Equity Lens to Clinical Practice Guidelines: Getting Out of the Gate

Joseph L. Wright, MD, MPH,^{a,b} Maria E. Trent, MD, MPH,^{c,d}

Aug 2022

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

May 2022

American Academy
of Pediatrics



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Eliminating Race-Based Medicine

Joseph L. Wright, MD, MPH, FAAP;^{a,b} Wendy S. Davis, MD, FAAP;^c Madeline M. Joseph, MD, FAAP;^d Angela M. Ellison, MD, MSc, FAAP;^{e,f} Nia J. Heard-Garris, MD, MSc, FAAP;^g Tiffani L. Johnson, MD, MSc, FAAP;^h and the AAP Board Committee on Equity

Oct 2021

American Academy
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AAP Perspective: Race-Based Medicine

American Academy of Pediatrics Board of Directors and Executive Committee

FROM
POLICY TO
ACTION:

LAST 36 MONTHS

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

July 2019

American Academy
of Pediatrics



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The Impact of Racism on Child and Adolescent Health

Maria Trent, MD, MPH, FAAP, FSAHM;^a Danielle G. Dooley, MD, MPhil, FAAP;^b Jacqueline Dougé, MD, MPH, FAAP;^c SECTION ON ADOLESCENT HEALTH, COUNCIL ON COMMUNITY PEDIATRICS, COMMITTEE ON ADOLESCENCE

VIEWPOINT

Jan 2020

Rachel H. Kowalsky,
MD, MPH
Division of Pediatric

The Case for Removing Race From the American Academy of Pediatrics Clinical Practice Guideline for Urinary Tract Infection in Infants and Young Children With Fever

People are trapped in history and history is trapped in them.
-James Baldwin¹

should be used with care in pediatric research. R
based or ethnicity-based assessments about biologi
nerabilities to disease can reify disproven conce

RETIRED

May 2021

Clinical Practice Guideline: Urinary tract infection: clinical practice guideline for the diagnosis and management of the initial UTI in febrile infants and children 2 to 24 months. *Pediatrics*.

2011;128(3):595–610. Available at: <https://pediatrics.aappublications.org/content/128/3/595>.

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May 2022

AP

U.S. News World News Politics Sports Entertainment Business Technology Health Science Oddities Lifestyle

US pediatricians' group moves to abandon race-based guidance

Modern Healthcare

May 19, 2022 06:00 AM

How removing race-based guidance can benefit patients and clinical practice



WAMU 88.5
AMERICAN UNIVERSITY RADIO

May 5, 2022 · 5:14 PM ET

Heard on *All Things Considered*

NEWS CULTURE MUSIC PODCASTS & SHOWS SEARCH

CHILDREN'S HEALTH

Race can impact the medical treatment a person gets. Pediatrics wants to address



HEALTH

THE WALL STREET JOURNAL.

U.S. Pediatrics Group to Review Policies for Misuse of Race in Medical Care

Move by group representing 67,000 doctors is part of a process to improve healthcare disparities

Eliminating Race-Based Medicine: Reconciliation – Why is this important?



NEONATAL HYPERBILIRUBINEMIA

JAMA Pediatrics | Review

JAMA Pediatr. doi:10.1001/jamapediatrics.2020.1767

Combating the Hidden Health Disparity of Kernicterus in Black Infants A Review

Francesca Okolie, DO, MPH; Jeannette E. South-Paul, MD; Jon F. Watchko, MD

IMPORTANCE Kernicterus is a devastating, permanently disabling neurologic condition resulting from bilirubin neurotoxicity. Black neonates account for more than 25% of kernicterus cases in the US, despite making up only approximately 14% of all births. This is a largely overlooked health disparity.

Variables Used in Predictive Logistic Regression Model (2001):
ETCOc, feeding type, birth weight, **race**, parity, maternal diabetes, maternal blood type, and bruising.

TABLE 2. Risk Factors for Development of Severe Hyperbilirubinemia in Infants of 35 or More Weeks' Gestation (in Approximate Order of Importance)

2004 CPG

Major risk factors

- Predischarge TSB or TcB level in the high-risk zone (Fig 2)^{25,31}
- Jaundice observed in the first 24 h³⁰
- Blood group incompatibility with positive direct antiglobulin test, other known hemolytic disease (eg, G6PD deficiency), elevated ETCOc
- Gestational age 35–36 wk^{39,40}
- Previous sibling received phototherapy^{40,41}
- Cephalohematoma or significant bruising³⁹
- Exclusive breastfeeding, particularly if nursing is not going well and weight loss is excessive^{39,40}
- East Asian race³⁹

Minor risk factors

- Predischarge TSB or TcB level in the high intermediate-risk zone^{25,31}
- Gestational age 37–38 wk^{39,40}
- Jaundice observed before discharge⁴⁰
- Previous sibling with jaundice^{40,41}
- Macrosomic infant of a diabetic mother^{42,43}
- Maternal age ≥25 y³⁹
- Male gender^{39,40}

Decreased risk (these factors are associated with decreased risk of significant jaundice, listed in order of decreasing importance)

- TSB or TcB level in the low-risk zone (Fig 2)^{25,31}
- Gestational age ≥41 wk³⁹
- Exclusive bottle feeding^{39,40}
- Black race^{38*}
- Discharge from hospital after 72 h^{40,44}

* Race as defined by mother's description.

NEONATAL HYPERBILIRUBINEMIA — REVISED CLINICAL PRACTICE GUIDELINE

American Academy
of Pediatrics



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Clinical Practice Guideline Revision: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation

Alex R. Kemper, MD, MPH, MS, FAAP,^a Thomas B. Newman, MD, MPH, FAAP,^b Jon M. Jeffrey Maisels, MB BCh, DSc, FAAP,^d Jon F. Watchko, MD, FAAP,^e Stephen M. Randall W. Grout, MD, MS, FAAP,^f David G. Bundy, MD, MPH, FAAP,^g Ann R. Stark, Alison Volpe Holmes, MD, MPH, FAAP,^h Lori B. Feldman-Winter, MD, MPH, FAAP,ⁱ Steven R. Brown, MD, FAAP,^j Gabriela M. Maradiaga Panayotti, MD, FAAP,^o Kyrin Peter D. Rappo, MD, FAAP,^q Terri L. Russell, DNP, APN, NNP-BC^r

Pediatrics. 2022 Aug 5:e2022058859.
doi: 10.1542/peds.2022-058859.
Epub ahead of print.

“Family history or genetic ancestry suggestive of inherited red blood cell disorders, including G6PD”

TABLE 1 Risk Factors for Developing Significant Hyperbilirubinemia

Risk Factors

- Lower gestational age (ie, risk increases with each additional week less than 40 wk)
- Jaundice in the first 24 h after birth
- PredischARGE transcutaneous bilirubin (TcB) or total serum bilirubin (TSB) concentration close to the phototherapy threshold
- Hemolysis from any cause, if known or suspected based on a rapid rate of increase in the TSB or TcB of >0.3 mg/dL per hour in the first 24 h or >0.2 mg/dL per hour thereafter.
- Phototherapy before discharge
- Parent or sibling requiring phototherapy or exchange transfusion
- Family history or genetic ancestry suggestive of inherited red blood cell disorders, including glucose-6-phosphate dehydrogenase (G6PD) deficiency
- Exclusive breastfeeding with suboptimal intake
- Scalp hematoma or significant bruising
- Down syndrome
- Macrosomic infant of a diabetic mother



VIEWPOINT

Corinna J. Rea, MD, MPH
Division of General Pediatrics, Boston Children's Hospital, Boston, Massachusetts; and Harvard Medical School, Boston, Massachusetts.

Francisco J. Alvarez, MD
Lucile Packard Children's Hospital, Palo Alto, California; and Stanford University School of Medicine, Stanford, California.

Joel S. Tieder, MD, MPH
Seattle Children's Hospital, Seattle, Washington; and University of Washington School of Medicine, Seattle, Washington.

The Silent Crisis of Pediatric Clinical Practice Guidelines

Current State of Clinical Practice Guidelines

The number of Clinical Practice Guidelines (CPGs) has expanded tremendously over the past decade, and there have been parallel efforts to improve their development and ensure their quality. CPGs play an important role in improving care by synthesizing large volumes of evidence into concise, standardized recommendations for professionals and patients. However, the development and updating of CPGs are often slow and outdated, and the processes and outcomes of guideline development are often inconsistent.

The National Academy of Medicine's International Network for Patient-Centered Guidelines (INPCC) for guideline development, coordination efforts, and robustness of these standards, including (1) transparency of interest, (2) transparency of evaluation of evidence and strength of recommendations that are implemented, and (3) transparency of implementation, and (4) transparency of external stakeholders, and

JAMA Pediatrics | Review

Use of Race in Pediatric Clinical Practice Guidelines: A Systematic Review

Courtney A. Gilliam, MD; Edwin G. Lindo, JD; Shannon Cannon, MD; L'Oreal Kennedy, DNP, CNM, ARNP; Teresa E. Jewell, MLIS; Joel S. Tieder, MD, MPH

IMPORTANCE National clinical practice guidelines (CPGs) have the potential to positively affect patient care and health inequities.

OBJECTIVE To review the use of race in published pediatric clinical practice guidelines.

EVIDENCE REVIEW A literature search of PubMed, Medline, Institute Guidelines Trust, and MetaLib.gov was performed to identify guidelines addressing patients younger than 19 years of age. The study team systematically identified and evaluated the use of race and ethnicity terms and then used a critical race theory framework to assess the potential to either positively or negatively affect patient care and health inequities.

FINDINGS Of 414 identified pediatric clinical practice guidelines, 173 were included for full review because of the use of race or ethnicity terms. The use of a race term occurred 175 times (49.7%) across 173 CPGs and a positive effect on patient care was noted in 45 CPGs.

"A use of race with a potential negative effect occurred in 49.7% of CPGs"

Race in the Reading: A Study of Problematic Uses of Race and Ethnicity in a Prominent Pediatrics Textbook

Alice Li ¹, Andrea T Deyrup ², Joseph L Graves Jr ³, Lainie Friedman Ross ⁴

Affiliations + expand

PMID: 35294417 DOI: 10.1097/ACM.0000000000000466

Abstract

Purpose: Aspects of medical education and clinical practice that perpetuate racial and ethnic disparities in health care are a biologically valid distinction among individuals. This study analyzed the use of race and ethnicity in a popular pediatric textbook to determine if they were being used consistently and correctly.

Method: In May 2021, using the search function on the AAP eBooks platform, the authors searched for 29 race- or ethnicity-related terms (e.g., Black, race) in the AAP Textbook of Pediatric Care, 2nd Edition. The researcher extracted direct quotes containing at least one of the search terms, independently coded each quote as problematic or nonproblematic, and then used a critical race theory framework to analyze the search terms, excluding examples in which the terms were used in a nonproblematic way. The researchers then identified themes based on the problematic uses.

Results: The search produced 2,167 total results across the AAP Textbook of Pediatric Care, 2nd Edition. Problematic quotes were identified based on: (1) social variables; (2) conflated terminology (e.g., conflated race and ethnicity); (3) overgeneralized or made claims based on limited data; (4) exclusivity; (5) promoted racial stereotypes; or (6) made other problematic statements.

Conclusions: The use of race and ethnicity in the AAP Textbook of Pediatric Care, 2nd Edition, was not always appropriate, as demonstrated by examples that related to

UNDER THE MICROSCOPE

Are Black Girls Exhibiting Puberty Earlier? Examining Implications of Race-Based Guidelines

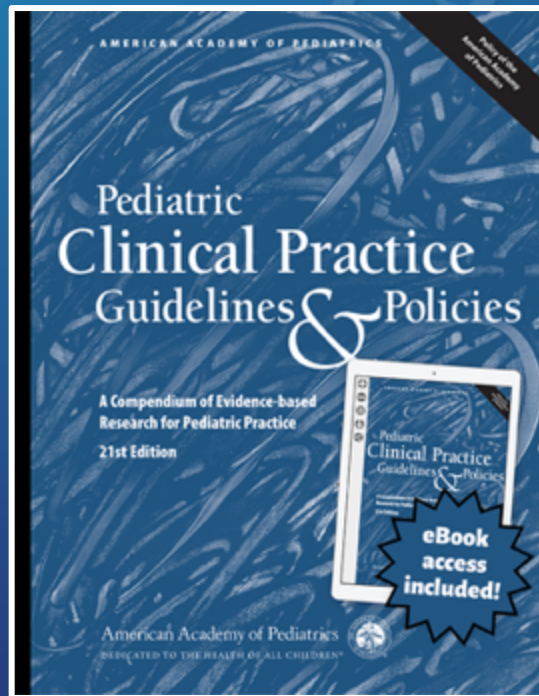
Adeyewunmi (Ade) Osinubi, MD,¹ G. Paula Lewis de los Angeles, MD, PhD,^{2,3} Patricia Poitevien, MD, MSc,^{4,5} Lisa Swartz Topor, MD, MMSc^{6,7}

From 1977 to 2013, the average age of thelarche, the first sign of puberty in girls, decreased by nearly 3 months per decade.¹ This trend, along with rising rates of precocious puberty in girls, has significant implications for girls' physical and psychosocial development, especially because early puberty has been linked to future health risks.^{2,3}

In 1997, the Pediatric Research in Office Setting study introduced race into the discourse surrounding pubertal timing

as a factor in the pubertal timing of girls and has been included in recent American Academy of Pediatrics (AAP) clinical reports⁴ and Pediatric Endocrine Society guidelines.⁷ As a result, many patients, caregivers, medical students, and physicians have been taught that Black girls experience puberty at earlier ages. In addition, in scientific and educational resources^{8,9} and the lay media,^{10,11} race continues to be associated with precocious puberty without considering the potential causes of this association, including the impact

Eliminating Race-Based Medicine: Transformation - What is the task at hand?



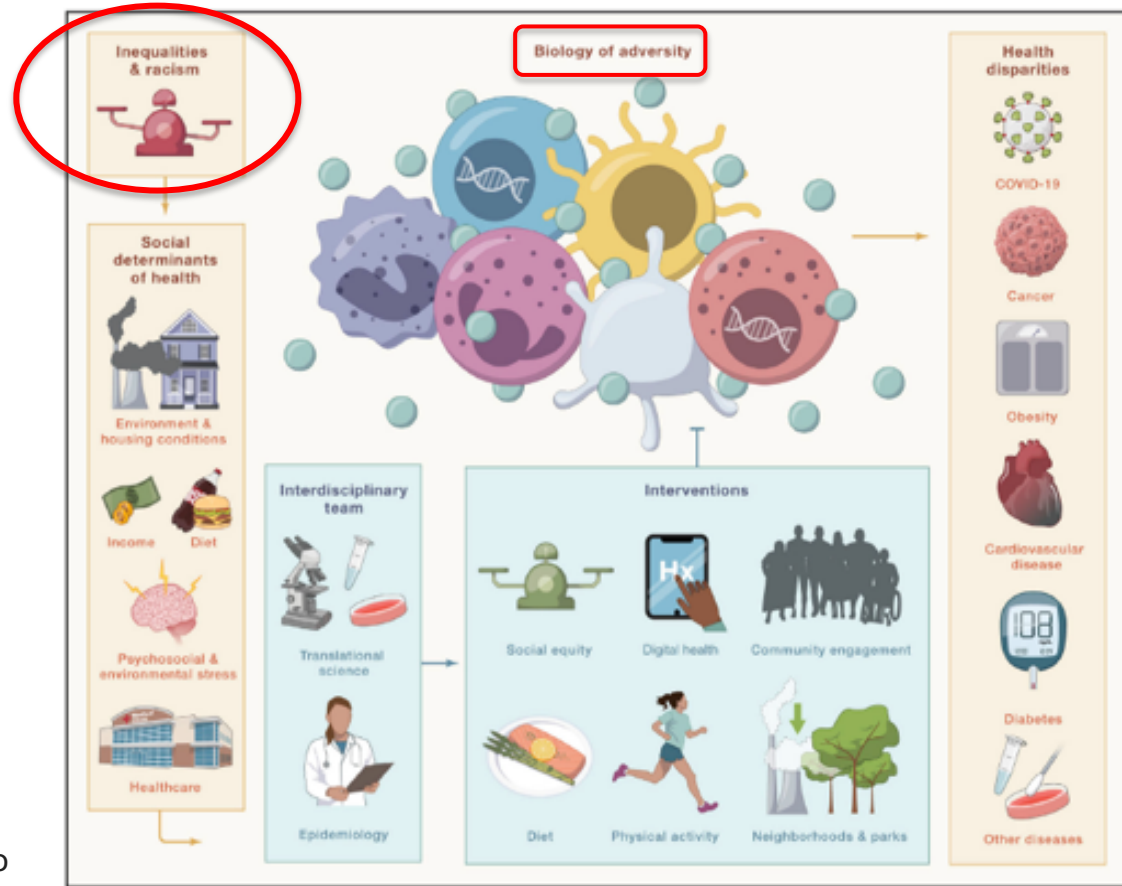
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MOVING TOWARDS ANTI-RACISM IN PEDIATRICS

- Recognize it
- Name it
- Oppose it
- Replace it

Ward JV. The Skin We're in: Teaching Our Teens to be Emotional Strong, Socially Smart, and Spiritually Connected. New York, NY: Free Press; 2002



Cell 2021;184(11):2797

MOVING FROM RACE-BASED TO RACE-CONSCIOUS MEDICINE

RACE-BASED MEDICINE

Race inferred to have biological significance

Epidemiological and clinical studies link race with disease

Basic or translational science studies link race with biology

Racial groups understood as inherently diseased

Biologized concepts of race reinforced

Healthcare bias and stereotyping

Racially tailored clinical practice

Health Disparities

RACE-CONSCIOUS MEDICINE

Race defined as a social construct

Effects of structural and systemic racism are analyzed

Health consequences of racism taught

Support provided to overcome structural and systemic barriers

Reduction in Health Disparities

Lancet 2020;396(10257):1125



US Law Week

Justice Jackson Takes Originalist Approach on Voting Rights

By Kimberly Strawbridge Robinson

Oct. 4, 2022, 4:06 PM



- The “framers themselves adopted the equal protection clause” reflected in the 14th and 15th amendments “in a race-conscious way,” Jackson said in countering the argument that redistricting – and particularly challenges to redistricting plans under the Voting Rights Act – must be race-blind.



“Until the lion tells the story, the
tale of the hunt will always glorify
the hunter”

- Zimbabwean proverb



INTRODUCING RACE-CONSCIOUS MEDICINE INTO DISCOVERY AND THE SCIENTIFIC LITERATURE

JAMA Pediatrics | [Original Investigation](#)

2022 Jun 1;176(6):569

Reassessment of the Role of Race in Calculating the Risk for Urinary Tract Infection A Systematic Review and Meta-analysis

Nader Shaikh, MD, MPH; Matthew C. Lee, BA; Lynissa R. Stokes, PhD; Elizabeth Miller, MD, PhD;
Marcia Kurs-Lasky, MS; Isabella Conway, BS; Timothy R. Shope, MD; Alejandro Hoberman, MD

IMPORTANCE A previously reported prediction model included a child's race to estimate risk of urinary tract infection (UTI), but race-conscious medicine encourages investigating how race is likely to be a proxy for other factors that should instead be used for risk prediction.

“...race-conscious medicine encourages interrogating how race is likely to be a proxy for other factors and that those factors should be considered for inclusion in decision making processes”





PEDIATRIC UTI: EQUITABLE CARE DELIVERY

Emergency Medicine I

External validation of the UTICalc predictive model for pediatric urinary tract infections

 Sunday, April 24, 2022  10:45 AM – 11:00 AM US MT

 Location: Convention Center: 708/710/712  Enduring CME: 0.25

Anna G. Smith, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, IL, United States;
Lindsay H. Boles, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, IL, United States;
Anisha Kshetrapal, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, IL, United States;
Norma-Jean E. Simon, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, IL, United States;
Timothy R. Shope, UPMC Children's Hospital, Gibsonia, PA, United States;
Nader Shaikh, University of Pittsburgh School of Medicine, Pittsburgh, PA, United States;
Sriram Ramgopal, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, IL, United States

- The variable ***race*** was replaced with ***history of UTI*** and ***duration of fever***. Accuracy compared to previous risk prediction models was similar.

UTICalc

Version 3.0

For children 2 to 23 months of age.

Probability of UTI based on clinical characteristics

Enter child's clinical characteristics below (all fields are required)

Age <12 months	<input type="radio"/> Yes	<input type="radio"/> No
Maximum temperature $\geq 39^{\circ}\text{C}$ (i.e., 102.2°F)	<input type="radio"/> Yes	<input type="radio"/> No
History of UTI*	<input type="radio"/> Yes	<input type="radio"/> No
Female or uncircumcised male	<input type="radio"/> Yes	<input type="radio"/> No
Other fever source**	<input type="radio"/> Yes	<input type="radio"/> No
Duration of fever ≥ 48 hrs	<input type="radio"/> Yes	<input type="radio"/> No
Probability of UTI		

CalculateClear

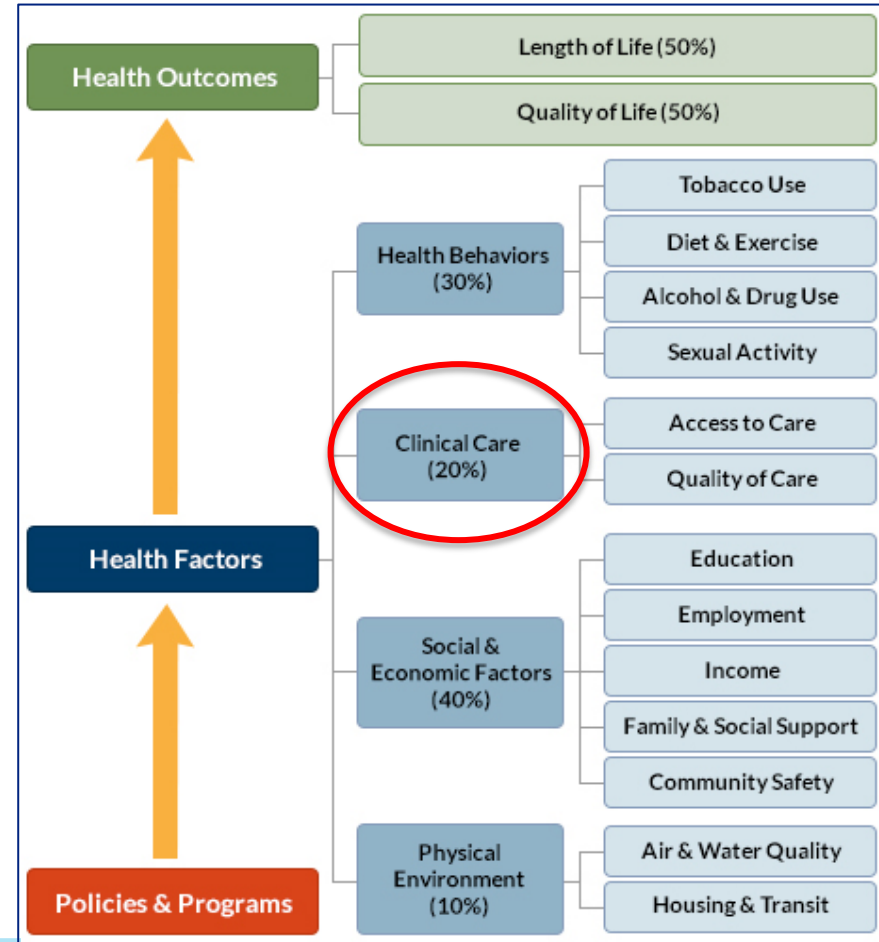
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CAN'T THROW THE BABY OUT WITH THE BATH WATER

- Even in the face of insurmountable evidence that race is not a biologic proxy, there is definitely a role for what race represents in terms of differential lived experiences and exposures.
- Rigorously incorporating socially determined factors that frame health status into clinical care guidelines is necessary to eliminate disparities and achieve more equitable outcomes.



RACISM NOT RACE

- “With no physiologic differences to explain the difference in drowning risk, race and ethnicity are likely a proxy for social and cultural differences...underlying reasons are not well understood, but may include historical (such as segregation and lack of access) and environmental influences”.

- Prevention of Drowning
Pediatrics 2021

The New York Times

‘Swimming Wasn’t for Us’

The nation’s first Black-owned pool club aims to teach hundreds of children to swim this summer, helping to close a dangerous racial gap in the process.



<https://www.nytimes.com/2022/07/04/us/segregation-nile-swim-club.html>



RACISM NOT RACE: RESTRICTIVE COVENANTS - REDLINING'S RESIDUAL ECHO AND ENVIRONMENTAL INJUSTICE

Attention White Home Buyers!

The Largest Restricted White
Community in Washington

Invites your attention
to the decision of

The U. S. Supreme Court

—that negroes cannot buy
in a restricted white section

Buy or Rent
in the section known as

Eckington High View
Bloomingdale Edgewood

For further information apply to:
Executive Committee of

Bloomingdale Owners'
P. W. Pritchett, Chairman
2651 North Capitol St.
W. T. Richardson, Secy.
78 S St. N.W.

North Capitol Citizens'
Association
Henry Gilligan, President
2304 1st St. N.W.
Jesse W. Morgan, Secy.
47 Seaton St. N.W.

Redlining means 45 million Americans are breathing dirtier air, 50 years after it ended

Boyle Heights, a heavily Latino area in Los Angeles singled out for its 'detrimental racial elements,' has one of the highest pollution scores in California

<https://www.washingtonpost.com/climate-environment/2022/03/09/redlining-pollution-environmental-justice/>

Historical Redlining Is Associated with Present-Day Air Pollution Disparities in U.S. Cities

Haley M. Lane, Rachel Morello-Frosch, Julian D. Marshall, and Joshua S. Apte*

Environ Sci Technol Lett 2022;9(4):345-350

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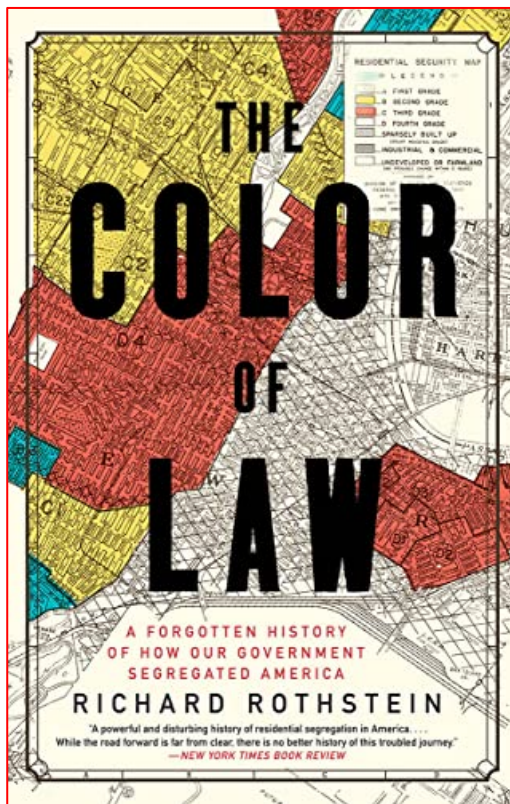
Home Appraised With a Black Owner: \$472,000. With a White Owner: \$750,000.

Nathan Connolly and his wife, Shani Mott, say an appraisal company undervalued their home based on their race. The couple has filed a lawsuit in Maryland.



“We had to have a conversation with our kids about why we’re pulling down all their drawings,” Dr. Connolly said. “It’s very humiliating to strip yourself of your own home.”

RACISM NOT RACE - RESOURCES



RACISM NOT RACE

ANSWERS TO FREQUENTLY ASKED QUESTIONS

JOSEPH L. GRAVES JR.
AND ALAN H. GOODMAN



APPLYING SCIENTIFIC INTEGRITY

Achieving equity through science and integrity: dismantling race-based medicine

Joseph L. Wright^{1,2,3}, Gary L. Freed^{3,4}, Karen D. Hendricks-Muñoz⁵, James N. Jarvis⁶, Yvonne A. Maldonado^{7,8}, Jean L. Raphael⁹, David Schnadower¹⁰, Brian Sims¹¹, Clifford W. Bogue¹², Mary B. Leonard^{7,13}, Tamera D. Coyne-Beasley^{11,14} and Committee on Diversity, Inclusion and Equity on behalf of the American Pediatric Society*

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Pediatric Research (2022) 91:1641–1644; <https://doi.org/10.1038/s41390-022-02041-8>

- Comprehensive
 - Collaborative
 - Transdisciplinary
- } Convergence Science



DISPARITIES IN THE PAIN MANAGEMENT OF CHILDREN

- African American children receive opioid analgesia significantly less frequently than white patients and are less likely to achieve optimal pain reduction.
- Provider implicit bias strongly implicated.

Original Investigation

Racial Disparities in Pain Management of Children With Appendicitis in Emergency Departments

Monika K. Goyal, MD, MSCE; Nathan Kuppermann, MD, MPH; Sean D. Cleary, PhD, MPH; Stephen J. Teach, MD, MPH; James M. Chamberlain, MD

IMPORTANCE Racial disparities in use of analgesia in emergency departments have been previously documented. Further work to understand the causes of these disparities is undertaken, which can then help inform the development of interventions to eradicate racial disparities in health care provision.

Racial and Ethnic Differences in Emergency Department Pain Management of Children With Fractures

Monika K. Goyal, MD, MSCE,* Tiffani J. Johnson, MD, MSCE,* J. Michael Webb, MS,* Amy L. Drendel, DO, MS,* Evaline Alessandri-Haber, MD, MS,* Robert W. Grundmeier, MD,* Elizabeth R. Alpern, MD, MSCE,* and the Pediatric Emergency Care Applied Research Network (PECARN) Registry Study Group

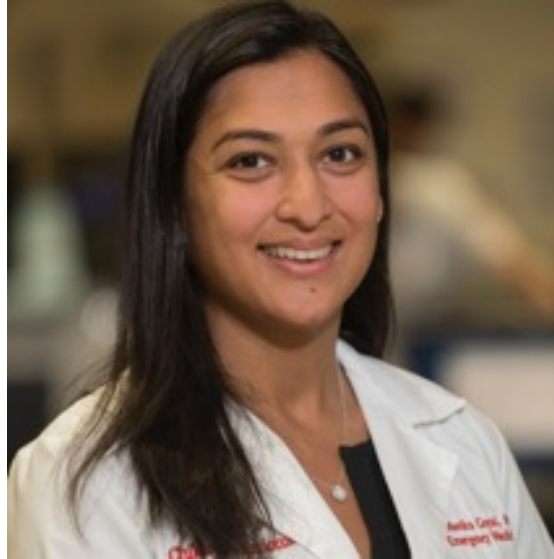
Racial/Ethnic Differences in ED Opioid Prescriptions for Long Bone Fractures: Trends Over Time

Monika K. Goyal, MD, MSCE,* Amy L. Drendel, DO,* James M. Chamberlain, MD,* Justin Wheeler, BS,* Cody Olsen, MS,* Robert W. Grundmeier, MD,* Larry Cook, PhD,* Lalit Bajaj, MD, MPH,* Lynn Babcock, MD, MS,* Joseph J. Zorc, MD, MSCE,* Tiffani Johnson, MD, MS,* and Elizabeth R. Alpern, MD, MSCE*
Pediatric Emergency Care Applied Research Network (PECARN) Registry Study Group

- *JAMA Pediatrics*. 2015;169:996
- *Pediatrics*. 2020; 145: e20193370
- *Pediatrics*. 2021;148(5):e2021052481



INVESTIGATORS MATTER



Monika Goyal, MD MSc
Endowed Chair of Women in Science and Health
Children's National Research Institute

COLLABORATIVE OPPORTUNITIES ON THE HORIZON

- *Race Norming in Spirometry*

Race- and Ethnicity-Based Spirometry Reference Equations

Are They Accurate for Genetically Admixed Children?

INTERPRETATION: Guideline-recommended spirometry reference equations yielded biased estimates of lung function in genetically admixed children with high variation of African ancestry. Spirometry could benefit from reference equations that incorporate genetic ancestry, either for more precise application of the current equations or the derivation and use of new equations.

CHEST 2022

- *Undetected (Occult) Hypoxemia in Pulse Oximetry*

The NEW ENGLAND JOURNAL of MEDICINE

CORRESPONDENCE

Racial Bias in Pulse Oximetry Measurement

Thus, in two large cohorts, Black patients had nearly three times the frequency of occult hypoxemia that was not detected by pulse oximetry as White patients.

NEJM 2021



IMPORTANT LEVEL SET – STRATEGIES AND TACTICS

- Skew to the evidence:
 - Appeal to the inherent scientist and life long learner in us to build fund of knowledge.
 - Expand awareness of surreptitiously hidden history.
- Emphasize lived experience:
 - Leverage collegial relationships to better understand the synergistic value of difference.



Wright JL, Johnson TJ. Child Health Advocacy: An Anti-Racism Journey. *Pediatric Clinics of North America* 2023; in press

March 1864



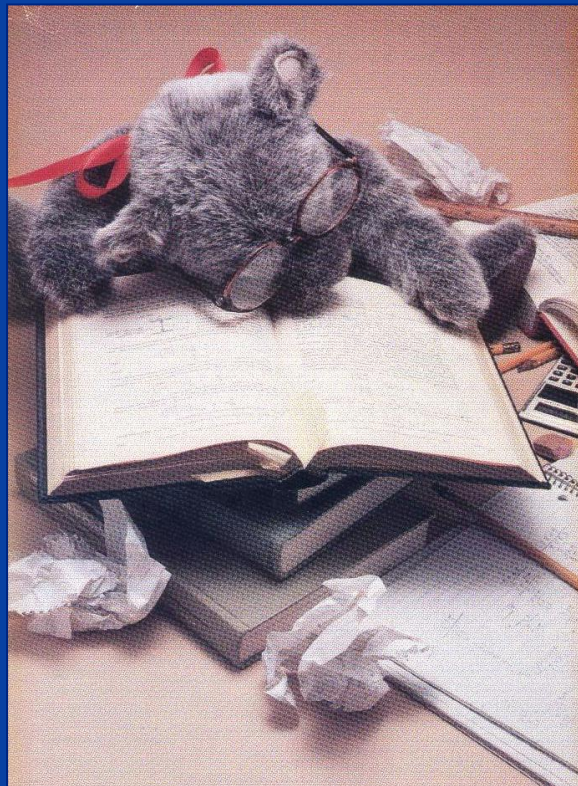
June 19th, 2022



August 2040

“The arc of the moral universe is long but bends towards justice.” - MLK

Differential Lived Experience Moment



Thank you !!