Why did I write this book?

**Black Man in a White Coat**

*Didn’t set out to write a book like this*

*However, during first year of med school ...*

For virtually every disease:

- “More common in blacks than in whites.”
- “Blacks who get the disease do much worse.”
Health Disparities

Focus on disease prevalence and outcomes
Comparison of black population to white population

- Higher infant mortality and lower life expectancy
- HTN and Diabetes: 50-60% higher prevalence in AA’s
- Heart disease and stroke: AA’s nearly twice as likely to die from these conditions before age 75
- List goes on . . . and . . . on
Health Disparities

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Message: “Being black is bad for your health.”

Didn’t say why or what could be done about it.
Personal Meaning

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My Grandmother

*Died at age 73, two months after I started medical school*

Cause of death

- Heart failure, multiple strokes
- Long history of hypertension
Personal Meaning

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Me

- Diagnosed with hypertension 6 months after grandmother’s death
- Early signs of kidney disease
Doctor-Patient Dynamic

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On Being a Black Doctor

Black Man in a White Coat

Perception, perception: two sides

Negative/Limiting
- “Are you here to fix the lights?”
- “I don’t want a n***** doctor”
- Basketball player, patient escort, food services

Positive
- “It’s so good to see a young brother in a white coat.” – black pt.
- “It’s great to see someone of your race doing so well.” – white pt.
On Being a Black Doctor

Black Man in a White Coat

Occupyng/navigating two worlds

- Black patients
- Predominately white doctors

A foot in both worlds, but don’t have two feet in either

“Double consciousness”
AAMC 2015 Report

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Key Finding
*Slightly fewer black men applied to and matriculated into medical school in 2014 than in 1978.*

- In 1978: 1,410 applicants and 542 matriculants
- In 2014: 1,337 applicants and 515 matriculants

Causes/Solutions
Educational opportunity, medical role models, community support/network, images/perceptions of black men
In 2012, black people comprised:

- 13% of U.S. population
- 6.8% of medical school graduates
- 5.8% of GME trainees (residents)
- 3.8% of practicing physicians
Why is this important?

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Common Scenario

- A 50-year old black man is referred to a mental health clinic by a general medical provider
- Referral for “stress” or “anxiety” or “depression”
- Request made for a “black doctor”
Why do I keep getting these requests?

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Patient Pool by Race

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2010 US Census Demographics

Caucasian/White
Black
Hispanic/Latino
Asian
Native American
2 or More Races

USA
NC
Durham
Patient Pool in Medical Center Areas

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African-American Population Percentage

- Baltimore: 64%
- Atlanta: 54%
- St. Louis: 49%
- Philadelphia: 43%
- Duke (Durham): 38%
- Chicago: 35%
- NYC: 25%
- Boston: 24%
- National Average: 13%
Race/Ethnicity: Physicians

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Black People Comprise
(AAMC, 2012)

- 6.8% of medical school graduates
- 5.8% of GME trainees (residents)
- 3.8% of practicing physicians
## Race/Ethnicity: Mental Health Providers

*Black Man in a White Coat*

<table>
<thead>
<tr>
<th>Discipline</th>
<th>% Black Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatry</td>
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<tr>
<td>Psychology</td>
<td>2</td>
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<tr>
<td>Master’s-level Social Work (MSW)</td>
<td>6</td>
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<tr>
<td>Marriage and Family Therapy</td>
<td>2</td>
</tr>
<tr>
<td>Advance Practice Nursing (NP)</td>
<td>3</td>
</tr>
</tbody>
</table>

AMA, Physician Characteristics and Distribution in the US, 2010
SAMHSA, Mental Health, United States, 2010

Limitations of data:
- Similar to prior data set, race of provider “unknown/not reported” in 10-20% of sample
- Excludes residents and federal practitioners
- Data drawn from multiple sources with different methodologies
- MSW data in report does not specify the number holding clinical licenses
Black Doctors and Black Patients

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Access to Care

- Black doctors served black patients at 6 times the rate as other physicians

- Black physicians were far more likely to treat patients covered by Medicaid

- The supply of physicians was lowest in areas with higher numbers of black and Hispanic patients

Black patients have more positive interactions with black physicians: “More participatory decision-making.”
(Cooper-Patrick et al. JAMA 1999; 282:583-589.)

Black patients more likely to rate black physicians as excellent and to describe feeling that their preventive care and other health needs had been met.
(Saha et al. Arch Intern Med 1999; 159: 997-1004.)

Same-race appointments were longer in duration and rated by black patients as more satisfying.
(Cooper et al. Ann Intern Med 2003; 139:907-915.)
What about in mental health?

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Meta-Analysis Findings of 154 Studies: 2011 review of client preferences, perceptions, and treatment outcomes

Of all groups, African-Americans most strongly:
- Preferred to be matched with African-American therapists
- Tended to evaluate such therapists more favorably
- Had “mildly better” outcomes when matched

(Smith & Cabral. J. Couns Psychol. 2011; 58:537)
Studies suggest black veterans may derive benefit from

- Having a black clinician
- Being in a treatment group with other black veterans

Saha 2007; Racial and Ethnic Disparities in the VA Healthcare System: A Systematic Review
Smith & Cabral. J. Couns Psychol. 2011; 58:537

VA Systematic Review

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Initial Feedback from Book Publishers

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These are all college-educated (many fancy colleges), typically self-described as “liberal” or “progressive.”

• “I’ve never heard about racial differences in health . . . unbelievable.”

• “I’ve interviewed a lot doctors about this subject and they all tell me that it [health differences] are all from the behavior of black people.”

• “I don’t think people would find this very useful or interesting.”
Negative Feedback from Physicians

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Actual Email Messages from Practicing Physicians

• “It is all about class. You are seeing a racial problem that doesn’t exist. And you above all as a Duke professor should know this!!”

• “You are grossly mistaken. The day when race or ethnicity had to do with the quality of patient care has been a relic for decades.”

• “You do the entire population of non-Black doctors a disservice by trying to convince the public of your misguided thoughts.”

• “The health problems of black people are solely the fault of black people.”
Encouraging Feedback (Vast Majority)

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Racial understanding (white readers)
• “I learned much about my own prejudices, which I didn't realize I had.”

Patient Empowerment (black patients)
• “As a black man myself, it teaches me the importance of my day-to-day decision making, especially when it comes to what I eat.”

The Next Generation of Black Physicians
• “As a young African-American male, your book has inspired me to take on the long, strenuous journey into the medical field.”

• “Thank you so much for writing a book that allows me to see that I can become an physician one day and help my community.”
Take-Home Points

System-level

Race remains an important issue in medicine: access to care, education and job options, residential segregation = all contribute to health disparities.

Doctor-patient perspective

- Physician bias and patient mistrust can both clearly impact health care.
- Try to understand context of the community where you work.
- Strive to see people as individuals by seeking commonality with them.

Individual/community lens

- Self-care is vital to improving health disparities.
- Patients and doctors must address reasons for less healthy choices.