

The Time is Now: Racism and the Responsibility of Emergency Medicine to Be Antiracist

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Background

The COVID-19 pandemic has shed light on the ongoing pandemic of racial injustice. In the context of these twin pandemics, emergency medicine organizations are declaring that “Racism is a Public Health Crisis.” Accordingly, we are challenging emergency clinicians to respond to this emergency and commit to being antiracist. This courageous journey begins with naming racism and continues with actions addressing the intersection of racism and social determinants of health that result in health inequities.

Methods

The socio-ecological model is a public health tool that considers the intersection of causes of violence at multiple levels and how factors at one level influence factors at another level. We propose that emergency clinicians and organizations apply this tool to consider the intersection of causes of the trauma of racism and implement antiracist actions for emergency clinicians to follow at the individual, organizational, community, and policy levels.

Results

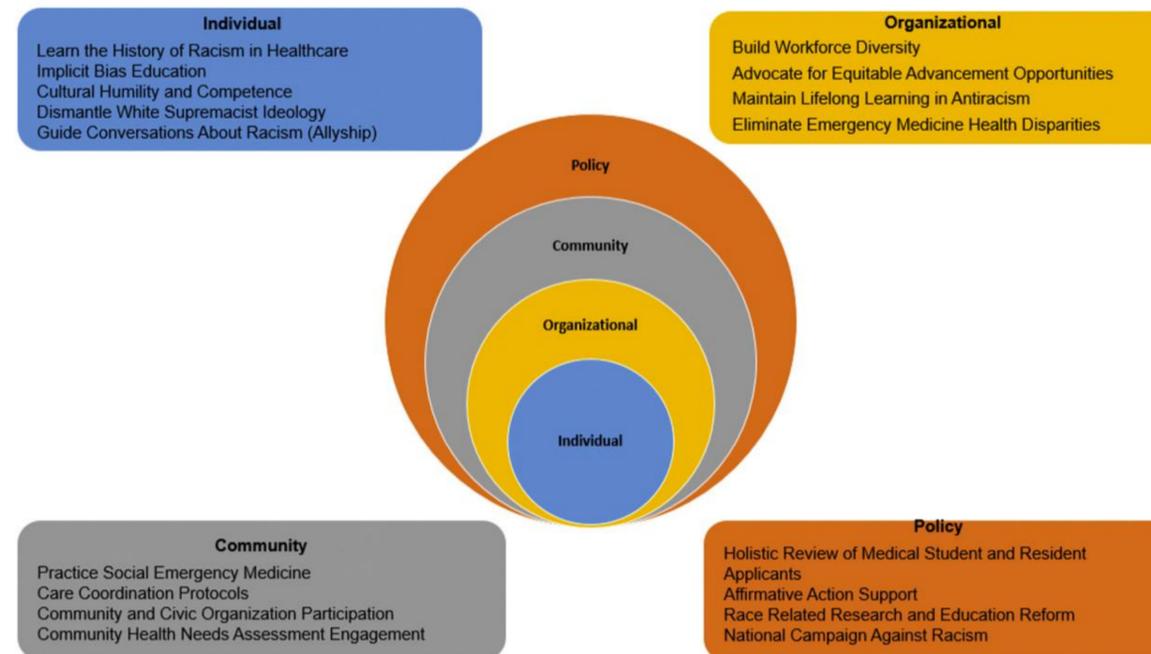


Figure. The social-ecological model for antiracism in emergency medicine.

Franks et al

Racism and the Responsibility of Emergency Medicine to Be Antiracist

Table 1. The social-ecological model for antiracism in emergency medicine.

Focus	Individual	Organizational	Community	Policy
Audience	EM clinicians (physicians, advanced practice providers, paramedics, nurses, learners)	Academic medicine, ACEP, SAEM, AAEM, ABEM, CORD, AAMC, ACGME, EM clinician practice groups, hospitals	EM practice groups, EM supported clinics (free standing, urgent care), emergency medical services, hospitals	EM supported advocacy groups, medical schools, EM practice groups, research institutions
Attention	Personally mediated racism, Internalized racism	Systemic racism	Systemic racism	Systemic racism
Action	Learn the history of racism in health care Implicit bias education Cultural humility and competence Dismantle white supremacist ideology Guide conversations about racism (allyship)	Build workforce diversity Advocate for equitable advancement opportunities Maintain lifelong learning in antiracism Eliminate EM disparities	Practice social EM Care coordination protocols Community and civic organization participation CHNA engagement	Holistic review of medical school and residency applicants Affirmative action support Race-related research and education reform National campaign against racism

AAEM, American Academy of Emergency Medicine; AAMC, Association of American Medical Colleges; ABEM, American Board of Emergency Medicine; ACEP, American College of Emergency Physicians; ACGME, American Council for Graduate Medical Education; CHNA, Community Health Needs Assessment; CME, Continuous Medical Education; CORD, Council of Residency Directors in Emergency Medicine; EM, emergency medicine; SAEM, Society for Academic Emergency Medicine; SDoH, Social Determinants of Health.

Conclusions

- Leveraging a framework, like the socio-ecological model, structures and guides responsible action for addressing the complexities of racism and being antiracist.
- Naming racism and beginning a journey at the individual level to become antiracist is achievable.
- Intentional diversity, equity and inclusion practices, cultural development of the workforce and elimination of health disparities are antiracist tactics that directly translate to advancing health equity for all patients.
- Understanding social needs and social risks, effective care coordination protocols and community engagement are critical to impact social determinants of health that have been framed by systematic racism.
- Clinicians and Organizations can be effective advocates for policy change that impacts selection and advancement of medical providers, eliminates race-related medical research and medical education and broadens trauma and injury prevention to dismantle structural racism beyond the clinical environment.

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