

1 2020-##-AHPAC Title: Anti-Racism Values Statement

2 2020-\_- Resolved

3

4 AAPA recognizes that racism, in its systemic, structural, institutional, and interpersonal forms, is an ongoing urgent threat to  
5 public health, the advancement of health equity, and excellence in the delivery of medical care.

6

7 AAPA affirms its commitment to anti-racism values, defined as the intent to change institutional culture, policies, practices,  
8 and procedures to remove systemic, structural, institutional and interpersonal racism.

9

10 AAPA supports the elimination of all forms of racism.

11

12 **Rationale/Justification**

13

14 The resolved is intended to fill a gap in our profession's values and philosophies, reflect current understanding of the topic, and  
15 complement existing AAPA policy. A search of the AAPA Policy Manual was pursued to identify references to the terms: Race,  
16 Racial and Racism.

17

18 This analysis can be summarized as follows:

- 19 ● **racism was not mentioned in the policy manual,**
- 20 ● race was mentioned regarding recruitment and retention of PA students, faculty, and staff,
- 21 ● racial minorities were defined,
- 22 ● racially-appropriate implementation of clinical preventive services, and
- 23 ● respect for values and diversity of all individuals, irrespective of race.

24

25 Executive summaries of policy papers contain references to nondiscrimination in the provision on policies that discriminate against  
26 patient care on the basis of race, and health disparities affiliated with race. AAPA’s policy papers go into additional detail. However,  
27 readers are reminded that papers “lose nuance” when content is cherry-picked. The topics covered within the body include: race-  
28 based discrimination in the workplace, education, and healthcare access, coverage, and delivery; acknowledging that American  
29 bioethics are based on values that are predominantly white and may differ from those of other races, as well as “dealing with racial  
30 conflict in a sensitive manner.” (HX-4600.1.8, HP-3500.3.3, HP-3700.1.4, BA-2300.1.3, HP-3700.1.2, HX-4600.1.7, HP-3200.6.3).

31

32 Scientists and scholars define racism as encompassing economic, political, social, and cultural structures, actions, and beliefs that  
33 systematize and perpetuate an unequal distribution of privileges, resources, and power between white people and people of color.

34

35 Once the gap was identified - that there was no mention of racism in the AAPA policy manual, the positions taken by other medical  
36 associations were explored. An illustrative sample is as follows:

37

38 ● The American Medical Association (AMA): *“The AMA recognizes that racism in its systemic, structural, institutional, and*  
39 *interpersonal forms is an urgent threat to public health, the advancement of health equity, and a barrier to excellence in the*  
40 *delivery of medical care. The AMA opposes all forms of racism. The AMA denounces police brutality and all forms of racially-*  
41 *motivated violence. The AMA will actively work to dismantle racist and discriminatory policies and practices across all of*  
42 *health care.”*

43

44 ● The American College of Physicians (ACP): *“ACP condemns the injustices and harm that Black and indigenous communities*  
45 *and other people of color experience as a result of pervasive overt and covert systemic institutional racist policies, practices,*  
46 *and discrimination in the United States. ACP commits to being an antiracist organization dedicated to action and policy to*  
47 *confront and eliminate racism. ACP condemns and opposes racist policies and actions that perpetuate injustices and inequities*  
48 *in medicine and throughout all aspects of U.S. society. Urgent actions to remedy historical institutional injustices and*  
49 *inequities include eliminating discrimination, bias, and racism in the U.S. health care delivery system and in medical*  
50 *education. ACP commits to developing new policies and expanding existing ones toward these goals.”*

51

- 52 ● The American Academy of Family Physicians (AAFP): *“As a healthcare organization, the AAFP considers racism a public*  
53 *health crisis. The elimination of health disparities will not be achieved without first acknowledging racism’s contribution to*  
54 *health and social inequalities.”*
- 55
- 56 ● The American Nurses Association (ANA): *“Racism is a public health crisis that impacts the mental, spiritual, and physical*  
57 *health of all people. The Code of Ethics for Nurses with Interpretive Statements obligates nurses to be allies and to advocate*  
58 *and speak up against racism, discrimination, and injustice. Consistent with this obligation, ANA has taken positions against*  
59 *racism, discrimination and health care disparities and advocating for human rights.”*
- 60
- 61 ● The American Academy of Pediatrics (AAP): *“The American Academy of Pediatrics is committed to addressing the factors*  
62 *that affect child and adolescent health with a focus on issues that may leave some children more vulnerable than others.*  
63 *Racism is a social determinant of health that has a profound impact on the health status of children, adolescents, emerging*  
64 *adults, and their families. Although progress has been made toward racial equality and equity, the evidence to support the*  
65 *continued negative impact of racism on health and well-being through implicit and explicit biases, institutional structures, and*  
66 *interpersonal relationships is clear.”*
- 67

- 68 ● The American Psychiatric Association (APA): *“Supports current and future actions to eliminate racism and racial*  
69 *discrimination by fostering a respectful appreciation of multiculturalism, diversity, and efforts of greater inclusion.*  
70 *Encourages mental health professionals to be mindful of the existence and impact of racism and racial discrimination in the*  
71 *lives of patients and their families, in clinical encounters, and in the development of mental health services. Supports member*  
72 *and public education on impacts of racism and racial discrimination, advocacy for equitable mental health services for all*  
73 *patients, and further research into the impacts of racism and racial discrimination as an important public mental health issue.*  
74 *Recognizes the detrimental effects that racism has on the mental health of people of color and supports policies and laws*  
75 *which would reduce further harm.”*  
76
- 77 ● The American Public Health Association (APHA): *“Racism is a longstanding systemic structure in this country that must be*  
78 *dismantled, through brutally honest conversations, policy changes and practices. Racism attacks people’s physical and mental*  
79 *health. And racism is an ongoing public health crisis that needs our attention now! We see discrimination every day in all*  
80 *aspects of life, including housing, education, the criminal justice system and employment. And it is amplified during this*  
81 *pandemic as communities of color face inequities in everything from a greater burden of COVID-19 cases to less access to*  
82 *testing, treatment, and care.”*

83

84 ● The American College of Obstetrics and Gynecology: *“We condemn racism and discrimination in any form, including in*  
85 *systems such as law enforcement and health care. As the nation's leading organization of physicians dedicated to women's*  
86 *health, we know that words are not enough. With respect to our specialty, the unacceptable racial inequity in the delivery of*  
87 *health care led us this past fall to launch our Commitment to Changing the Culture of Medicine and Eliminating Racial*  
88 *Disparities in Women's Health Outcomes. Our work spans clinical, advocacy, and policy contexts and, importantly, requires*  
89 *self-reflection and examination of our own biases and prejudices so that we can then address them.”*

90

91 ● The American College of Cardiology: *“We cannot fully achieve our mission without also tackling underlying factors that*  
92 *literally discriminate against those providing or receiving care.”*

93

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125

126

127 **Related AAPA Policy**

128 HX-4100.1.3

129 AAPA opposes all forms of sexual harassment and gender discrimination.

130

131 HX-4100.1.4

132 AAPA supports equal rights for all persons and supports policy guaranteeing such rights.

133

134 BA-2200.1

135 The AAPA's definition for racial and ethnic minorities shall be persons who are Black or African American, Hispanic or Latino,  
136 Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, or two or more races.

137

138 HP-3200.6.1

139 In order to ensure the age, gender, racial, cultural and economic diversity of the profession; AAPA strongly endorses the efforts of PA  
140 educational programs to develop partnerships aimed at broadening diversity among qualified applicants for PA program admission.  
141 Furthermore, the Academy supports ongoing, systematic and focused efforts to attract and retain students, faculty, staff, and others  
142 from demographically diverse backgrounds.

143

144 HP-3300.1.3

145 "...PAs should routinely implement recommended clinical preventive services appropriate to the patient's age, gender, race, family  
146 history and individual risk profile. Preventive services offered to patients should be evidence-based and demonstrate clinical efficacy.  
147 PAs should be familiar with the most current authoritative clinical preventive service guidelines and recommendations.

148

149 HX-4100.1.10

150 AAPA is committed to respecting the values and diversity of all individuals irrespective of race, ethnicity, culture, faith, sex, gender  
151 identity or expression and sexual orientation. When differences between people are respected everyone benefits. Embracing diversity  
152 celebrates the rich heritage of all communities and promotes understanding and respect for the differences among all people.

153

154 Policy paper: Promoting the Access, Coverage and Delivery of Health Care Services

155 Cited at HX-4600.1.8 – paper on page 95

156 “...AAPA opposes policies that discriminate against patients on the basis of pre-existing conditions, health status, race, sex, age, socio-  
157 economic status or other discriminatory demographic or geographic factors...”

158 “...AAPA’s guiding principles promote policies that protect patients from discrimination based on pre-existing conditions, health  
159 status, race, sex, socio-economic or other discriminatory demographic or health-related factors...”

160 “...AAPA opposes policies that discriminate against patients on the basis of pre-existing conditions, health status, race, sex, age, socio-  
161 economic status or other discriminatory demographic or geographic factors...”

162

163 Policy paper: Guidelines for Updating Medical Staff Bylaws: Credentialing and Privileging PAs

164 Cited at HP-3500.3.3 – paper on page 107

165 ”Discrimination

166 The fundamental criteria for medical staff membership or clinical privileges should be directly related to the delivery of quality  
167 medical care, professional ability and judgment, and community need. Medical staff membership or particular clinical privileges  
168 should not be denied on the basis of color, creed, race, religion, age, ethnic or national origin, political beliefs, disability,  
169 socioeconomic status, sex, sexual orientation, or gender identity.”

170

171 Policy paper: End-of-Life Decision Making

172 Cited at HP-3700.1.4 – paper on page 167

173 “...The major premises of American bioethics are based on values that are predominately western, white, and middle class. The values  
174 and beliefs of other races and cultures may differ significantly. For example, the perception and expression of pain is significantly  
175 influenced by cultural and racial factors.

176

177 Policy paper: Guidelines for Ethical Conduct for the PA Profession

178 Cited at BA-2300.1.3, and HP-3700.1.2 – paper on page 188

179 ...Nondiscrimination of Patients and Families

180 PAs should not discriminate against classes or categories of patients in the delivery of needed health care. Such classes and categories  
181 include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic

182 status, physical stature, body size, gender identity, marital status, or sexual orientation.

183

184 Nondiscrimination in the Workplace and Classroom

185 It is unethical for PAs to engage in or condone any form of discrimination. Discrimination is defined as any behavior, action, or policy  
186 that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile,  
187 inequitable or intimidating work or learning environment. This includes, but is not limited to, discrimination based on sex, color,  
188 creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature,  
189 body size, gender identity, marital status, or sexual orientation.

190 *See also, the sections on Nondiscrimination of Patients and Families, and Sexual Harassment*

191

192 Policy Paper: Improving Children’s Access to Health Care

193 Cited at HX-4600.1.7 – paper on page 219

194 “...Like other professional medical associations, AAPA has endorsed the goals of the Healthy People 2010 project, which is “firmly  
195 dedicated to the principle that “regardless of age, gender, race or ethnicity, income, education, geographic location, disability, and  
196 sexual orientation-every person in every community across the nation deserves equal access to comprehensive, culturally competent,  
197 community- based health care systems...” (Healthy People 2010, 2000)...”

198

199 Policy paper: Affirmative Action in PA Education

200 Cited at HP-3200.6.3 – paper on page 227

201 “...The court found that the undergraduate admissions policy, which awarded points to underrepresented minority applicants solely  
202 because of race, was insufficiently “narrowly tailored to achieve the interest in educational diversity that respondents claim justifies  
203 their program.” Justice O’Connor explained that race can be considered a “plus” factor in admissions if that factor is considered in the  
204 context of a “highly individualized, holistic review of each applicant’s file, giving serious consideration to all the ways an applicant  
205 might contribute to a diverse educational environment...”

206 “...The challenge remains for all institutions to determine the type of plan that will consider race in such a way as to achieve that  
207 critical mass but does not utilize a point or quota system...”

208 “... A more diverse health care force may also improve both access to health care as well as the health status of minority populations.  
209 Research has shown that minority physicians are more likely to practice in medically underserved areas. Patients also express strong  
210 preference for racial/ethnic concordance with their health care provider. One study of the effect of race and gender on the physician-  
211 patient partnership showed that patients who saw physicians of their own race rated the decision making style of the provider as more  
212 participatory and involved...”

213 “...The majority of students agreed with published reports of many investigators that the medical profession should represent the  
214 country’s racial and ethnic composition to a larger degree. (5)

215 In January 2004, the Institute of Medicine released a report entitled In the Nation’s Compelling Interest: Ensuring Diversity in the  
216 Healthcare Workforce. The report reinforces the importance of increasing racial and ethnic diversity among health professionals.  
217 Greater diversity among health care professionals is associated with improved access to care for racial and ethnic minority patients,  
218 greater patient choice and satisfaction, better patient-provider communication, and better educational experiences for all students  
219 while in training.”  
220 “...Recruitment and retention of diverse student populations allows individuals to educate each other about cultural differences in  
221 health beliefs and experience of illness, to confront prejudice and prior assumptions, and to experience dealing with racial conflict in a  
222 sensitive manner. PAs must strive to develop cultural competence as one aspect of professional competence...”

223

224 **Possible Negative Implications**

225 None.

226

227 **Financial Impact**

228 None.

229

230 **Attestation**

231 I attest that this resolution was reviewed by the submitting organization’s Board and/or officers and approved as submitted

232

233 **Signature**

234 Camille Dyer, MS, PA-C, AACCC, DFAAPA

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237

238 (Cosponsoring COs listed in attached Appendix)

239

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