Yale Talk: Conversations with Peter Salovey

Episode 7: Yale experts on the parallel crises of COVID-19 and systemic racism

**Peter Salovey**: Welcome to Yale Talk. I'm Peter Salovey. Today I would like to speak with you about racial disparities in our country and explore ways forward. The killing of George Floyd by the Minneapolis police showed us once again that anti-Black violence, racism, and injustice are all too ubiquitous in our nation today and throughout history, despite our society's commitment to freedom and equality. George Floyd's killing also reminded us of the many other lives that have been taken.

According to the CDC, the fatality rate among Black individuals by police officers is 2.8 times higher than that of white people. Such inequality puts immense weight on Black members of the Yale community, of our home city, and of communities around the nation. As people across the country grieved and called for actions to solve this national plight, we faced another crisis. Over 100,000 people have died of COVID-19 in the United States. The pandemic has revealed striking health disparities. Hospitalization and death rates from COVID-19 are higher among Black and brown individuals than among white or Asian people. It is clear that Yale and other universities have a role to play in moving our society past these entrenched problems through our mission of education, research, and scholarship.

Today, I'm joined by two Yale experts to discuss how our university studies and teaches about these challenges and how we can help improve society. Elijah Anderson, Sterling Professor of Sociology and of African American Studies. Marcella Nunez-Smith, Associate Professor at the Yale School of Medicine and at the Yale School of Public Health. She is the Director of the Equity Research and Innovation Center. Elijah and Marcella, thank you for joining me.

**Marcella Nunez-Smith:** Thank you, Peter. I can't miss this opportunity to say to Elijah how grateful I am for your scholarship and all of your many contributions, really, here at Yale, and beyond. You know I'm sure you do not remember, but I was a fellow in the Robert Wood Johnson Foundation Clinical Scholars Program, and you came and spent some time with us, and it's had really just an immense influence, I think, on my career and my thinking.

**Peter:** I am so delighted to hear you say that.

**Elijah Anderson:** Thank you.

**Peter:** We will discuss the way forward shortly, but first I think we need to understand the problem. Elijah, let me start with you. You studied the lives of Black individuals in cities across the United States. What are the structures and policies that contribute to systemic racial inequality in society?

**Elijah**: Well broadly speaking Peter, systemic racism has resulted in persistent racial inequality which is rooted in the institution of slavery. Over the years, Black people have protested and petitioned our government to address these issues. Probably the most important protest was The Civil Rights Movement. This was then followed by what I've called a “racial incorporation process,” during which many Black people were able to make their way from the ghetto into the larger society. This has resulted in the largest Black middle class in American history. Around the same time the nation's economy shifted from manufacturing to service in high technology.

As these changes occurred, great numbers of Black people, especially those living in the ghetto, found it difficult to adjust. Many lacked the required human capital, including education and skills that are now so necessary to make a decent living. But they also lacked the social capital or receptive workplace that welcome them as Black people. Structural racialized poverty followed as the inner-city communities became increasingly distressed, many of these Black residents coped in any way they could. Many of them worked in low paying service jobs, while others resorted to the underground economy, hustling, bartering, begging, and street crime. An important side effect of which, is increasing levels of violence in so many of these neighborhoods.

In this context, white society became increasingly wary of and offensive against Black people of the urban ghetto whose most distinctive feature is their Blackness. So have the police, who often confuse the law-abiding Black people with the criminal element. In fact, the white people of the wider society including potential employers have become increasingly fearful and defensive towards anonymous Black people. In fact, when Black people are present in white spaces, they occasionally experience acute disrespect. For many of them this discrimination represents the new American color line, as I point out in my forthcoming book, *Black and White Space*.

**Peter**: Thank you Elijah. Some of what you mentioned also would worsen the effect of COVID-19 on Black communities.

Marcella, this pandemic has shined a light on longstanding health disparities in our country. You’ve created a tool to assess patient reported experiences of discrimination in health \care and developed patient reported measurements of healthcare quality. What do your studies reveal about our healthcare systems? In what ways does it create unequal access to needed treatment?

**Marcella:** Thank you so much Peter for the question. We have known for decades through experimental and observational research that healthcare biases exist at the interpersonal level, as well as at systemic levels. For example, patients of color or less likely to be referred to and to receive specific therapies, such as renal or kidney transplantation. We also knew that patients who felt discriminated against when seeking care were less likely to continue in care or to suggest that their loved ones seek care. But from our perspective the measurement approaches to capture healthcare discrimination were limited, and our team sought to address that gap.

Unfortunately, our findings have been very consistent with prior research. We found several examples of differential healthcare experience by subgroup. One example, if we think about the risk of stereotyping within the healthcare setting, we found that patients of color, immigrants, and patients from lower socioeconomic status groups were asked about whether they could afford their medications at a much higher rate compared with others. And the reality is that we should be asking all our patients this very important question.

Just to share another example from our research. We use the aversive racism construct that was co-developed by Jack Dovidio here at Yale, to guide some of our item development. This construct recognizes how the expression of bias has generally become less overt overtime. Avoiding eye contact is one behavior that illustrates this phenomenon. When we asked patients about whether providers made eye contact with them we saw the same pattern along subgroup lines. In our sample, this reporting of limited eye contact was associated with not adhering to discharge instructions after controlling for a host of other variables, which is very important and has significant implications in terms of cost and healthcare utilization.

More recently, we've had a chance to partner with the African American Research Collaborative and the NAACP to conduct a national survey of African Americans regarding the impact of COVID-19 on their lives. Within that national poll an overwhelming majority, upwards of 60% of participants said that they expected racial bias when seeking healthcare in terms of access to testing for COVID-19, access to hospitalization, access to experimental therapies, and even access to lifesaving intervention if they're in the hospital. These are all very grave data. But I think overall capturing these kinds of data are critically important for us to chart our progress overtime.

**Peter:** A very sobering analysis. Let me talk a little bit about what we can do, and again I'll start with Elijah. You obviously contribute immensely to the study of inequality, particularly in urban settings, but you've also put your knowledge into practice. You've been a consultant to the White House, to Congress, to the National Academy of Sciences, The National Science Foundation. As members of research universities, I think we have obligations both to create knowledge but also to use that knowledge and try to influence policies and law. From your own experience Elijah, with government agencies and other organizations, how can universities inform policy change? How can we persuade lawmakers to make policy based on research findings? Are we doing enough? Are we doing enough generally? Are we doing enough at Yale?

**Elijah:** Of course, Peter, we need answers to these pressing issues. The nation is in need of a new moral education to underscore and reinforce the inherent strengths of our diversity as a nation. To paraphrase Dr. King's words “the nation must make good on the promissory note the framers wrote in the U.S. Constitution.” The protests that we now see occurring around the nation represent the unfinished business of the Civil Rights Movement, in my opinion.

We must also look for guidance through illuminating social science research. The ethnographer observes people up close, listening to what they say and watching what they do, theorizing about them from the ground up. And tries to figure out not only what their everyday lives are like, but also what might be effective solutions to the issues they face in their everyday lives. We need more faculty, we need postdocs, to carry on this work.

In terms of public policies, as a society and economy, I think we must acknowledge that we are presently moving through a period of great transition from an economy based on manufacturing to one based increasingly on service and high technology. As this occurs, there is great dislocation, including a new form of structural poverty and great numbers of minority people are increasingly desperate as their communities have become distressed. Public policies need to address these issues. They need to be refocused to help these distressed communities and their residents. Policies need to be developed that would provide the young people of these communities with better job skills and education that will allow them to make a decent living. Furthermore, police reform is needed now more than ever. We need new legislation that would make the police absolutely accountable. Additionally, the stressed communities must be much more strongly supported with enhanced schooling mixed with readily available opportunities for decent jobs.

Also, I have to believe that education is part of the answer, or the solution to many of these issues we face. Awareness of the community of the populace of the citizenry is very important. Here I am thinking of the need for a new moral education in which we redouble our support for a civil society and the fairness that comes along with that, for the least of us. I must say that I am heartened by the presence of so many white people joining young Black people at the protests and the marches. And this is a very important show of moral support.

**Peter:** Thank you, Elijah. There's no doubt that both quantitative work and qualitative work, such as the kind you do, when packaged together, when combined together, when synthesized in some way, provide a very persuasive picture. At least that's my view. Getting our policy makers to really pay attention to both of those forms of research in creating public policy rather than, I don't know what, doing it from the gut or being completely partisan or political about it, would be a wonderful change in policy making, lawmaking in our country. I think it's something we can hope for.

Marcella, in addition to being a public health researcher and working on a program of research in health disparities, you're also a physician and in many ways you can apply findings from research to practice every day in what you do. And you also influence the practice of those who you mentor, and of colleagues at Yale, and in the surrounding community as well. These are all critical contributions and there's no doubt that healthcare systems across the nation need reform. How can our country make policy changes based on the kind of data driven research you and your colleagues are conducting?

**Marcella:** The question, Peter, about how we make policy change based on data driven research is really the heart of the matter. You know, for the work that we did in measuring healthcare discrimination we partnered with courageous hospitals across the country to both develop and test that patient reported measure of healthcare discrimination. And I say courageous, quite frankly, because the majority of hospitals eligible to participate declined. They cited reasons such as legal concerns and expectations actually of poor performance. So, this question is really critical. I see an opportunity for us to align incentives for healthcare systems to promote policy change, this is a, I think, a very important moment we’re in.

A few years ago, I served on a national committee that really considered how to best operationalize equity as an essential domain of quality, which is the recommendation of the National Academy of Medicine. Our proposal was that we really advance quality of care measures that would incentivize hospitals to both collect and respond to the relevant health equity data. And whether that is looking at the quality measures that are already in place, to be sure there aren't care gaps between subgroups within the same hospital, or within the same healthcare system; that's certainly one approach. But also, it's important for us to create new quality measures that are specific to equity, such as, the patient care experience tool that our team created and that we've been talking about today.

And I think very importantly, we also see signals from the federal government and others that we as healthcare systems will need to expand our notion of what is in scope for us, and that the social and structural determinants of health such, as access to basic need resources; food, housing, and opportunity. Those are drivers of health and cost. We will increasingly need to see addressing the health-related social needs as part of what we do in healthcare.

**Peter**: Elijah, as Marcella and I both noted, you've been an influential and inspiring teacher, and you've done that for nearly half a century. Your students have gone on to serve and lead in so many different sectors. I think that's one of the most meaningful things we can do as faculty members, educate the next generation so that they can see the future that they wish to see. They can take what you've taught them into their careers, they can create change in places where they work, in the businesses that they start, or in the policies that they introduce as lawmakers themselves. So how do you teach your students to approach a problem like inequality? What wisdom do you want them to remember as they move on in life?

**Elijah**: I try to teach my students the methods of urban ethnography, the study of urban culture. Ethnography, as I've mentioned, is defined as the systematic study of culture. A culture is a set of shared understandings developed by people of a particular community as its members go about meeting the demands of everyday life. As the people solve their problems and everyday issues, they develop local knowledge and understandings. Which they share with other people, especially those they care for. Empathy is one of the ethnographers most important requirements and strengths really. Being able to put oneself in the place of people we study, to try to see the world from their point of view. As ethnographers our goal is to apprehend this knowledge, to comprehend it, and then to represent it as accurately as we can in our work, to paint an ethnographic picture of the settings we study. This allows our readers who are the consumers of our work, the chance to be so edified.

This is the methodology that I try to make accessible and available to my students and they carry this approach, on the way they think along with them, into their careers, professions and becoming more sensitive to the human condition as a result, and hopefully better human beings. This is what I try to teach my students, and many of these students go on to be social scientists. Some of them going into their profession, that they carry with them a certain sensitivity, I hope. And this is what I try to impart.

**Peter**: I love your emphasis on empathy. I think that's right. It's such an interesting interplay you have to be empathic and yet have a certain objectivity too. And how that works together to understand the culture, and to understand its tacit rules and understandings. Your work has revealed it for decades.

Marcella, earlier this week I had the honor of welcoming the second cohort of the Pozen-Commonwealth Fund Fellows to Yale, and you're the director of this wonderful program. In it we admit to Yale midcareer healthcare practitioners and leaders to come to Yale for 22 months of study for an MBA. The idea is by teaching practicing nurses, doctors, physician assistants, and others the Yale School of Management’s core MBA curriculum and some other courses in healthcare management, we’re helping to create a new generation of multidisciplinary leaders in health.

I know this program is designed for healthcare practitioners who are committed to improving healthcare access and outcomes for minorities, for socio-economically disadvantaged groups, and for other kinds of vulnerable populations. How are you guiding these fellows to address racial inequalities and health disparities of the kind we've been talking about?

**Marcella:** Peter we are so appreciative of the time that you spent with us earlier this week. It was a really great session and thank you for finding the time and really engaging with our amazing fellows. They are a constant source of inspiration for me. You know they're already changing the world, these midcareer leaders. Dr. Howard Forman, and I both feel incredibly honored to have launched this fellowship program at Yale with support from the Commonwealth Fund and now endowed through a generous gift from Bob Pozen.

Through this program, fellows are gaining the skills of the executive MBA. They can really use those skills and that toolbox to leverage change from within their organizations and beyond. We work very hard to expand their knowledge network through enhanced social connection with other leaders across sectors. The reality is addressing health disparities is a multi and cross sectoral endeavor. And they are poised to lead coalitions and teams that will transform the healthcare landscape towards equity and justice. It's a unique program, and it really is a shining point of light and source of deep optimism.

**Peter**: It sounds like a program that if you're going to house it in a school of management, you would house it at the Yale School of Management.

**Marcella:** Absolutely, at the Yale School of Management. It’s been great.

**Peter Salovey**: Before I conclude, I just want to see, Elijah or Marcella, was there anything you wanted mention that you didn't get a chance to today?

**Elijah**: You know what? I just am appreciative of the opportunity to express some of these ideas to a more general audience. I think that our country is at a very tough time right now. We need the information, we need understanding. And I think this is an opportunity to spread some of that, hopefully.

**Peter**: I agree with you and certainly the kind of empathy you talk about as required by the ethnographer is going to be required by all of us, if we're going to over the next months, and in the fall, actually use this moment to advance our society, rather than just be in turmoil. Marcella?

**Marcella**: Thank you. No one can say it more beautifully of course, and more poignantly. I think it's just important for everyone to recognize that there are parallel pandemics right now that we're facing. While many are focused on sort of the acute disparities in COVID-19, we fully recognize that the pandemic just exposed what was already there and really the consequences of longstanding structural racism, disinvestment, BIPOC communities. And so, I think it is often a false proposal sometimes when I speak with media and they say, you know shouldn't people stay home and not protest because of the risk of contagion from COVID-19? And I said; you know the risk is for their loss of life and opportunity from police brutality and injustice. People need to be out fighting for their lives in many different ways, and we can protest safely, and we give that guidance. But I could not agree more. The moment now has deep potential and as we come to the great reckoning, I really want to hold optimism that we will emerge on the other end of this in full recovery from both of these pandemics.

**Peter**: I think universities and our focus on light and truth, our focus on research and teaching, can offer a particular perspective that entertains lots of points of view but teaches students to be powerfully critical while at the same time motivated to try to improve the world.

To friends and members of the Yale community, thank you for joining me for Yale Talk. Until our next conversation, best wishes and take care.

The theme music, “Butterflies and Bees,” is composed by Yale Professor of Music and Director of University Bands Thomas C. Duffy and is performed by the Yale Concert Band.