

# BLACK MAN IN A WHITE COAT



**A DOCTOR'S REFLECTIONS  
ON RACE AND MEDICINE**

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# Goals/Objectives:

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During this presentation, we will:

- Recount this author's formative experiences with racial inequity in primary care and mental health settings.
- Investigate the potential benefits of African-American medical providers in the clinical care setting through demographic data.
- Highlight representative updates in medical education and clinical practice to combat racial inequity in health.

# Opening Thoughts

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- **“Not everything that is faced can be changed, but nothing can be changed until it is faced.”**

-- James Baldwin



# Inequality and Medicine

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“Of all the forms of inequality, injustice in health is the most shocking and the most inhumane.”

--- Dr. Martin Luther King, Jr., 1966

# My Journey

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# Health Disparities

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**Message = “*Being black is bad for your health.*”**

- ***But why?***
- ***What could be done about it?***
- ***Is race a proxy for something else?***

# Personal Meaning

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## **My Grandmother**

Died during my first year of med school

## **Cause of death**

- Heart failure, multiple strokes
- Long history of hypertension

## **Background**

- Raised in rural VA in 1930s-1940s
- Housekeeper, single mother



# Personal Meaning

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**Damon Tweedy – First-year med student**

Diagnosed with hypertension 6 months after grandmother's death

Early signs of kidney disease



# NC Student Rural Health Coalition

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# A Small Town

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# A Smaller Clinic

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# Health Departments and Lincoln

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GRANVILLE VANCE  
public health



# A State Psychiatric Hospital

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# System-Level Factors: Psychiatry

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## Race and Mental Health Care

African Americans:

More likely to use emergency services, higher lifetime prevalence of psychiatric hospitalization, more likely to be involuntarily committed.



# Similar Stories

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*Two **20-something women** present to the ED following intentional overdoses*

- Both recently broken up with their boyfriends
- Both need inpatient psychiatric services

# Different Outcomes

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## **Patient A (insured) admitted to university unit**

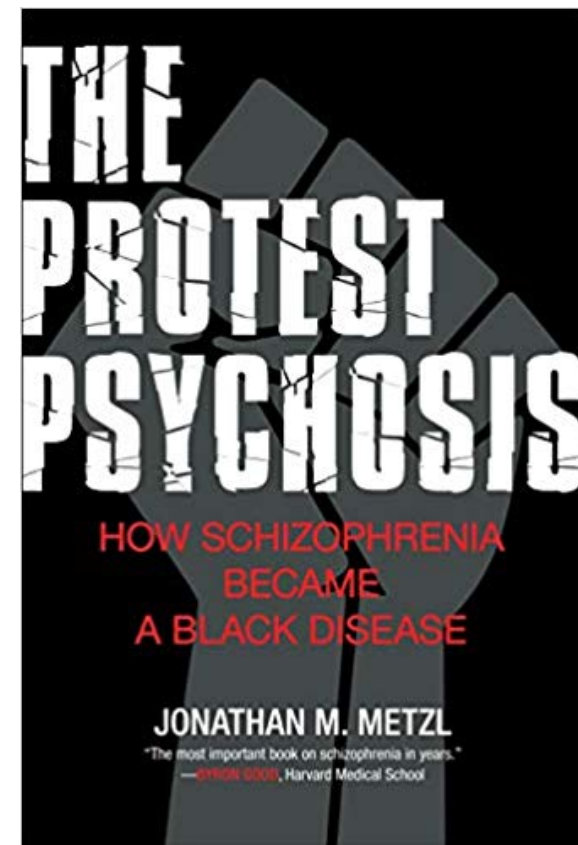
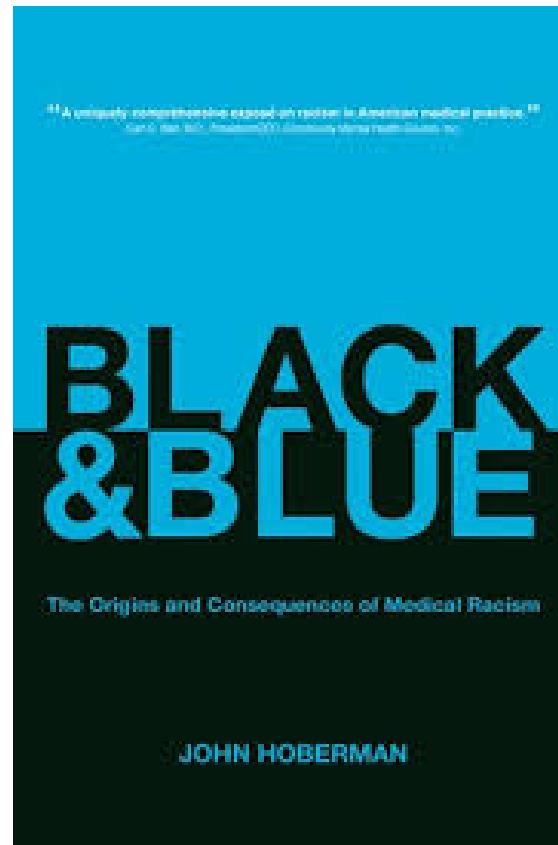
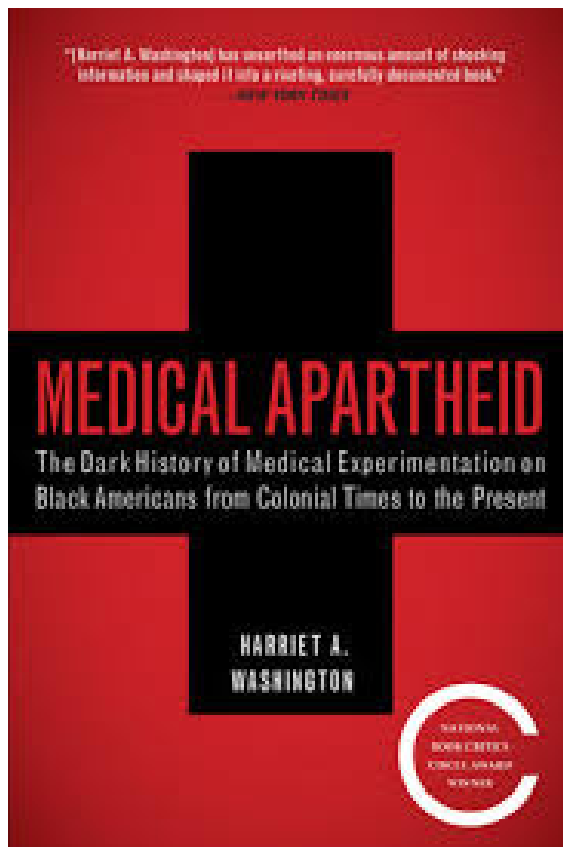
- Most patients on unit have depression and anxiety
- Daily visits with treatment team for psychotherapy

## **Patient B (uninsured) transferred to state hospital**

- Most patients have mania, psychosis, or antisocial PD
- Less frequent visits of shorter duration with treatment team

# Bias and Mistrust

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# Demographics

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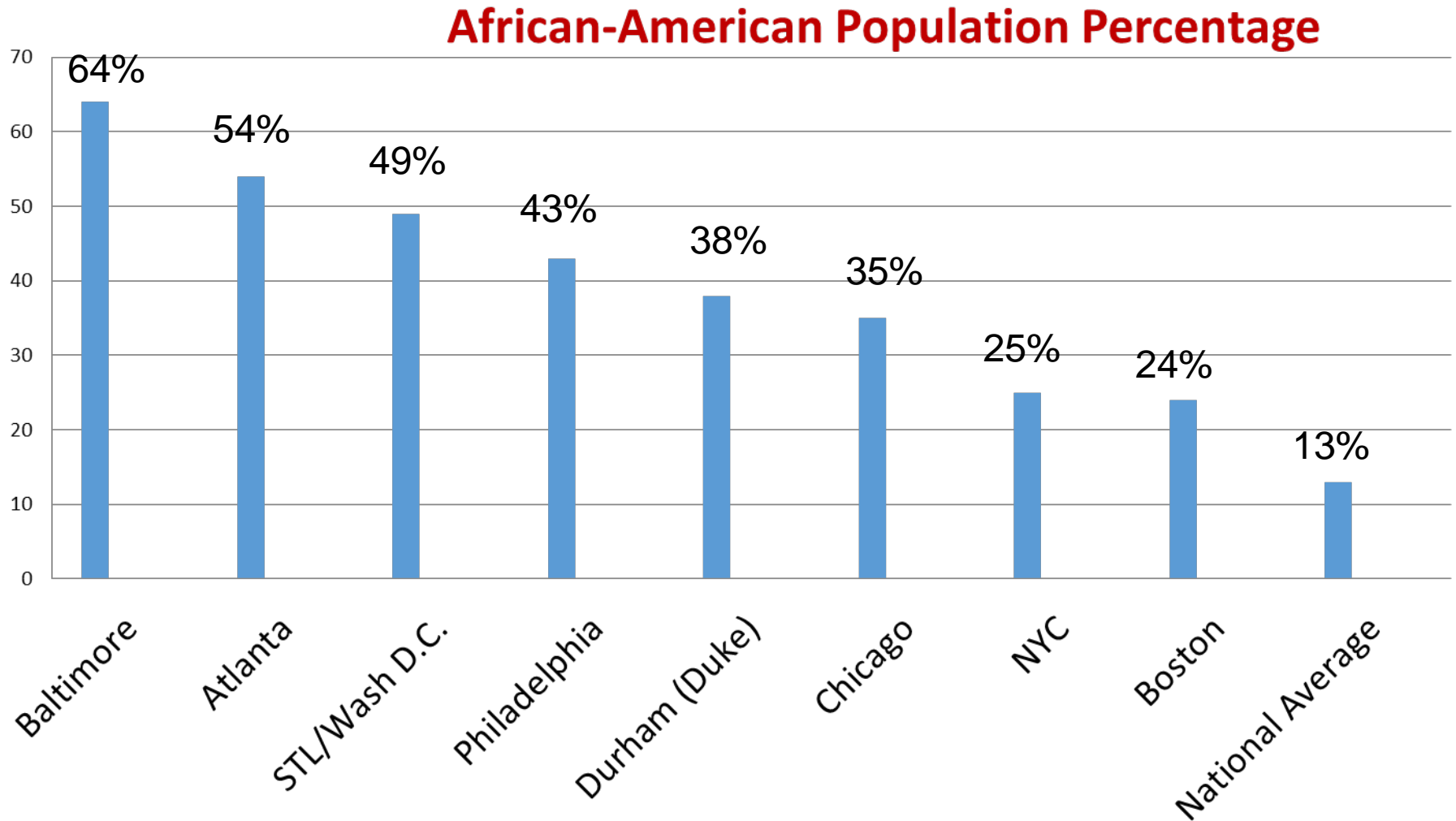


## **Black people comprise:**

- 13% of U.S. population
- 3.8% of practicing physicians

# More Demographics

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# 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”
- Requests a “black doctor”



# Race/Ethnicity: Mental Health Providers

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<b>Discipline</b>	<b>% Black Providers</b>
Psychiatry	5
Psychology	2
Master's-level Social Work (MSW)	6
Marriage and Family Therapy	2
Advance Practice Nursing (NP)	3

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

# Does Race Matter?

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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)

# VA Systematic Review

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Studies suggest that 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



# Primary Care Leadership Track

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# A New Approach to Medical Education

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2019 BOYARSKY LECTURE & SYMPOSIUM



## Advancing an Anti-Racism Curriculum for Health Professional Education

*Putting Knowledge into Practice* • January 24-25, 2019

Great Hall • Trent Semans Center for Health Education • Duke University



# A Better Future in NC?

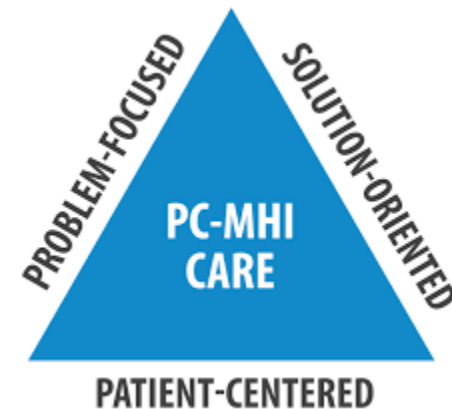
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Atrium Health, Wake Forest Baptist Health and Wake Forest University Announce Intent to Create a Next-Generation Medical School in Charlotte and a Transformative Academic Healthcare System for the Broader Region.

# Integrated Mental Health and Primary Care

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# Tackling Lingering Problems

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- [MEDICAL EXAMINER](#)
- **Your Medical Chart Might be Biased. Here's What Doctors Should Do About It.**
- Racial disparities in health outcomes are complicated, but this is one place to start.
- By Danielle Ofri
- May 30, 2018



# Tackling Lingering Problems

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- [J Gen Intern Med.](#) 2018 May;33(5):685-691.
- **Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record.**
- [Johns Hopkins University School of Medicine](#)



# Parting Thoughts

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**“If I cannot do great things, I can do small things in a great way.”**

--- Dr. Martin Luther King, Jr.



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