

## Legacy Quiz

Below is a copy of the quiz that will need to be completed using the Google Forms link you received in your email. This copy is designed for you to use as you are reading along. You can mark the answers down after each chapter if you prefer.

- For the following 41 questions, please select the best answer according to the book *Legacy: A Black Physician Reckons with Racism in Medicine* and author Uché Blackstock, MD. The author is referred to in the questions as Dr. Uché Blackstock, due to the many Dr. Blackstock's in her family.
- Legacy was published in 2024. So any reference to "recent studies" is referring to that timeframe.
- You will need a score of 80% to pass and receive CEU credit. You will have 3 attempts to pass. If you do not pass an attempt, use the same link and start the quiz again.
- You also need to complete the evaluation (which is a separate google form) before your CEU request is submitted.
- Contact [brittany@theCEUshop.org](mailto:brittany@theCEUshop.org) with any questions.

### **Introduction**

1. Dr. Uché Blackstock describes the way that her mother, Dr. Blackstock, practiced medicine by considering "the entire complex nature of the patient's background and the social context in which they live, work, love, and pray." This is now known as:
  - a. Structurally competent and culturally responsive care
  - b. Wholistic and functional medicine
  - c. Individualistic primary care
  - d. Eastern medicine
2. Currently \_\_\_\_\_ of physicians are Black males which is \_\_\_\_\_ than there were in 1940.
  - a. 13%; less
  - b. 13%; more
  - c. 2.6%; less
  - d. 2.6%; more
3. We are in the midst of a maternal mortality crisis in the US, largely driven by the deaths of Black birthing people who are \_\_\_\_\_ times more likely to die than their white peers. This maternal mortality rate had gone down for years but began to rise again around the year \_\_\_\_\_.
  - a. 2; 1950
  - b. 2; 2000
  - c. 3 to 4; 1950
  - d. 3 to 4; 2000

### **Chapter 1**

4. When Dr. Uché Blackstock describes her mother's time at Harvard Medical School in the 1970's, what percentage of her classmates were Black students?
  - a. 2%
  - b. 5%

- c. 10%
  - d. 25%
5. The Flexner Report was a report on the state of medical education published in 1910. What impact did it have on medical schools?
- a. Provided guidelines for instruction on culturally competent care in medical schools.
  - b. Led to five of the seven Black medical schools in America being forced to close.
  - c. Led to the University of Virginia adopting the first affirmative action guidelines for medical school admission.
  - d. It became easier to open a medical school in America.

## Chapter 2

6. Dr. Uché Blackstock's father, Earl Llewellyn Blackstock, stated that he didn't have his first direct experience with racism until he was 21 years old. This was because:
- a. He grew up in Jamaica and he did not experience anti-Black messaging until he moved to the United States when he was 17 years old.
  - b. He grew up in the Crown Heights neighborhood in Brooklyn, New York, where Black people were the majority.
  - c. He grew up in the Crown Heights neighborhood in Brooklyn, New York, in a proudly Black family that celebrated their culture.
  - d. He grew up in Southern California in a very liberal community where he did not experience racism.
7. Dr. Uché Blackstock's parents started looking for a house in 1977 but were told they wouldn't qualify for a conventional Federal Housing Administration-backed mortgage or a homeowner's insurance policy. This was because:
- a. Redlining policies were still formally in place.
  - b. They didn't have high enough salaries.
  - c. They wanted to buy in Crown Heights which was considered a risky investment.
  - d. The Fair Housing Act had not gone into place and banned housing discrimination based on race yet.
8. Which of the following statements about the discriminatory practice of "redlining" in housing is FALSE:
- a. Redlining was the practice of marking neighborhoods according to the race of its inhabitants and the "riskiness" for mortgage lenders.
  - b. Neighborhoods that were considered the highest risk were redlined and banks were alerted it was not a good idea to lend money to people in those areas.
  - c. Redlining is considered one of the main reasons that Black communities have been systematically shut out of the wealth-building opportunity of home ownership.
  - d. Once Redlining technically became illegal in 1968, it no longer had a negative impact on communities.
9. Research conducted in 2020 compared areas that were redlined in the 1930's to areas that were not redlined. This research showed much higher rates of which of the following in residents of the formerly redlined areas:
- a. Hypertension, high cholesterol & strokes

- b. Infant mortality & mental health problems
- c. Asthma & diabetes
- d. All the above

### Chapter 3

10. When Dr. Uché Blackstock's mother was diagnosed with acute myelogenous leukemia (AML), one of her doctors said it seemed as if she had been exposed to high doses of radiation at some point in her life. Dr. Uché Blackstock has since learned more about environmental radiation exposure and "Superfund" sites. Which of the following statements is FALSE about "Superfund" sites:
- a. "Superfund" sites are locations the Environmental Protection Agency has marked as polluted by hazardous waste and in need of cleanup.
  - b. Two "Superfund" sites in New York City are radioactive dumping grounds, both largely in Black and Latinx communities where Dr. Uché Blackstock's mother had lived.
  - c. There are four total "Superfund" sites in New York City.
  - d. There are no longer any "Superfund" sites in New York City.
11. Recent studies have pointed to the continued overrepresentation of white patients in clinical oncology trials. This finding \_\_\_\_\_.
- a. may be one reason for the unfavorable outcomes we see for Black cancer patients.
  - b. is not a cause for concern because we have strong evidence that findings from white patients can be accurately applied to all races and ethnicities.
  - c. is due to white people having much higher rates of cancer than Black people.
  - d. is likely due to flaws in the designs of those studies.
12. The National Cancer Institute's database shows that Black patients with AML have a \_\_\_\_\_ % increased with for mortality compared with white patients who have the disease.
- a. 0
  - b. 5
  - c. 12
  - d. 24

### Chapter 4

13. Dr. Uché Blackstock reflects on her education at Harvard Medical School in the early 2000's and discussed stunning omissions and flaws in her education. These included no discussion of:
- a. Racial health inequities in medicine.
  - b. The glaring discrepancy in outcomes between Black and white patients.
  - c. Nuances of how to competently care for patients of different racial and ethnic backgrounds.
  - d. All the above
14. Dr. Uché Blackstock uses the term "institutional *untrustworthiness*" to describe why some Black people are perceived to be reluctant to interact with a medical system that has historically perpetrated abuses upon them. Which of the following is an example of the historical abuse that she discusses:

- a. The US Public Health Service's Tuskegee Study of Untreated Syphilis in the Negro Male
  - b. The vaginal speculum was invented by a doctor (who became the president of the American Gynecological Society) while he was conducting research and performing excruciatingly painful surgeries on enslaved women without their consent or anesthetic.
  - c. During the time of slavery, Northern and Southern medical schools employed grave robbers to dig up the recently deceased from Black cemeteries to use for education and research.
  - d. All the above
15. There are many fallacies about "biological differences" between Black and white people that are based on racist histories and are often perpetuated in medicine. One such example is "race-correcting" pulmonary function testing. This can lead to:
- a. Favoring white patients for lung transplants earlier in their disease over Black patients, creating dangerous inequities in outcomes.
  - b. Favoring Black patients for lung transplants earlier in their disease over white patients, creating dangerous inequities in outcomes.
  - c. A fair and equitable practice in deciding when patients get lung transplants.
  - d. "Color blindness" in regards to when patients get a lung transplant.

#### Chapter 5

16. When Dr. Uché Blackstock ends up in the ER during medical school with intense abdominal pain, the attending physician examined her very briefly and she heard him tell the resident:
- a. The patient stated she was in a lot of pain so let's prioritize managing her pain.
  - b. We aren't going to send her home until we have a diagnosis.
  - c. I'm ruling out appendicitis because she doesn't seem to be in that much pain.
  - d. Did you know the patient is a student at Harvard Medical Student right now?
17. When Dr. Uché Blackstock reflects on her delayed diagnosis of appendicitis and complications, she wonders if the color of her skin was a factor in her misdiagnosis. In reflecting on it, she DOES NOT write about which of the following:
- a. I'll never know if racism was a factor or not. This is part of the problem.
  - b. It's easier to explain blatant acts of racism than it is to explain unconscious bias in medical settings.
  - c. Racism clearly played a part in the missed diagnosis.
  - d. Sometimes you just don't know if that's [racial bias] what's going on – and you waste hours of your life trying to figure it out.

#### Chapter 6

18. Prior to the Civil Rights Act passage in the year \_\_\_\_\_, the vast majority of hospitals in the United States were segregated by race and many Black communities in the South simply had no access to hospitals at all.
- a. 1923
  - b. 1950
  - c. 1964
  - d. 1975

19. Dr. Uché Blackstock writes about how while she was at Harvard Medical School, she often was the only Black person in the room. And in those situations, she felt she was under a microscope, always hyperaware of how she spoke, the way she dressed, and feeling the need to project confidence. She now can see that what she was doing is known as:
- “Stereotype threat”
  - “Fawn or freeze”
  - “Minority projection”
  - “Microscope response behavior”
20. Dr. Uché Blackstock writes about the lack of affordable housing, quality education, and employment opportunities as major factors in the root cause of:
- Blindness
  - Gun violence
  - Sickle cell anemia
  - Hearing loss

### Chapter 7

21. In a recent study, what percentage of nurses surveyed held the belief that many patients with sickle cell disease are addicted to opioids?
- 10
  - 15
  - 50
  - 63
22. When comparing federal research funding per person with cystic fibrosis and sickle cell disease, the following is true:
- Federal research funding per person with cystic fibrosis is about the same as sickle cell disease.
  - Federal research funding per person with cystic fibrosis is 2 times higher than sickle cell disease.
  - Federal research funding per person with cystic fibrosis is 3-4 times higher than sickle cell disease.
  - Federal research funding per person with sickle cell disease is 2 times higher than cystic fibrosis.
23. Since the start of the COVID-19 pandemic, it is estimated that \_\_\_\_\_ US health-care workers have quit their jobs.
- 1 in 5
  - 1 in 10
  - 1 in 15
  - 1 in 20

### Chapter 8

24. When Dr. Uché Blackstock was hired at the at New York University (NYU) in 2009 she was the \_\_\_\_\_ Black woman faculty member in her department.
- 1st
  - 3rd
  - 10th

- d. 50<sup>th</sup>
25. In Chapter 8, "A Tale of Two Emergency Rooms," Dr. Uché Blackstock writes about Bellevue ER and Tisch ER. Which of the following statements did Dr. Uché Blackstock NOT write about these two ER's:
- They are located next door to one another.
  - Doctors were called before the arrival of "VIP" patients at Tisch. These patients were labeled VIP's due to needing the most urgent care.
  - The two ER's felt segregated in regards to insurance status and race.
  - Dr. Uché Blackstock shares stories of being treated with disrespect at both ERs.

### Chapter 9

26. In New York City, the Black maternal mortality rate is \_\_\_\_\_ times higher for Black birthing people than white birthing people.
- Two
  - Three
  - Six
  - Nine
27. Making the choice to breastfeed can be a complex choice for Black birthing people for many reasons, including:
- Fewer baby friendly hospitals to offer lactation support in Black neighborhoods.
  - Black women are more likely to be uninsured and out-of-pocket costs for lactation consultants can be prohibitive.
  - Black bodies have historically been sexualized or commodified, including enslaved women were forced to wet-nurse their enslavers' babies.
  - All the above
28. Which of the following is NOT discussed in terms of helping address the Black maternal health crisis:
- Increasing access to doulas
  - Increasing access to midwives
  - Increasing the number of Caesarean sections (C-sections)
  - Increasing the number of community-based birth centers

### Chapter 10

29. Black and Latinx people currently make up \_\_\_\_\_ of the population and on average around \_\_\_\_\_ of first-year medical students.
- 31%; 30%
  - 31%; 15%
  - 50%; 31%
  - 50%; 15%
30. Dr. Uché Blackstock was often asked to lead or be involved in diversity and inclusion efforts at NYU. In return:
- She was left overwhelmed and with less time to do her other work.
  - She was typically compensated monetarily.
  - She was typically compensated with increased protected time.
  - B & C

### Chapter 11

31. When Dr. Uché Blackstock took on the role of faculty director for recruitment, retention, and inclusion in the Office of Diversity Affairs at NYU, the role included all of the following, EXCEPT:
- Recruitment and retention of Black faculty and other faculty of color.
  - Addressing gender disparities within the school.
  - Having full editorial control of the content sent out to the NYU community in a newsletter she spearheaded.
  - Oversight from the university to make sure that speakers she invited did not say anything “too polarizing.”
32. Dr. Uché Blackstock realized that if she really wanted to address racial health inequities and systemic racism, she:
- Needed to be promoted from assistant to associate professor at NYU.
  - Needed to be able to be free to say and think what she knew to be true.
  - Needed to be promoted to dean in the Office of Diversity Affairs at a prestigious university such as NYU.
  - Needed the support of all her colleagues.
33. University of Georgia professor Dr. Kecia Thomas describes the workplace phenomenon Black women sometimes face as “pet to threat.” In this context, “pet” refers to:
- Early in their careers when Black women are encouraged, mentored, and supported.
  - Early in their careers when Black women are more likely to be touched or “pet” by others.
  - Early in their careers when Black women are more likely to be patronized than others.
  - Early in their careers when Black women are more likely to be left out than others.

## Chapter 12

34. Dr. Uché Blackstock writes about how after the initial influx of patients during the COVID-19 pandemic, her patients’ demographics shifted to being overwhelmingly Black and Latinx New Yorkers. Which of the following DID NOT contribute to this demographic shift:
- White affluent New Yorkers had disproportionately fled the city in the early months of the pandemic.
  - Most of her patients were essential and service workers.
  - Many of her patients lived in crowded multigenerational housing.
  - Black and Latinx patients have been found to have a significantly higher genetic predisposition for contracting COVID-19.
35. Dr. Uché Blackstock writes about how the initial COVID-19 testing criteria from the CDC (when tests were very limited and rationed) was to give priority to people who had recently traveled to countries where COVID-19 rates were the highest. This policy was:
- Fair
  - Biased against low-income New Yorkers
  - An example of what happens when you don’t see healthcare through an equity lens.

- d. B & C
- 36. The COVID-19 pandemic illustrated that structural racism was and is a key driving factor of the social determinants of health. One statistic that illustrates racial inequities is at the beginning of the COVID-19 pandemic, Black people ages forty-five to fifty-four were \_\_\_\_\_ times more likely to die of COVID-19 than similarly aged white Americans.
  - a. Two
  - b. Five
  - c. Seven
  - d. Ten

### Chapter 13

- 37. Which of the following is NOT TRUE about pulse oximeters?
  - a. Throughout the COVID-19 pandemic they were considered the gold standard for detecting low oxygen levels and assessing the need for more aggressive medical care for patients.
  - b. They *overestimate* blood oxygen levels in patients with darker skin tones, making those patients seem healthier than they actually are.
  - c. Bias in pulse oximeter readings is something researchers have been concerned about for decades, but the vast majority of physicians did not know they were unreliable until two years into the COVID-19 pandemic.
  - d. As soon as concern over bias in pulse oximeter readings was identified, an adjustment was applied to their readings to allow for more equitable access to more aggressive treatment.

### Chapter 14

- 38. Which of the following is NOT TRUE about the problematic development of the first vaccines?
  - a. An enslaved man known as Onesimus (which he was renamed by his enslaver) introduced the principal of the variolation method of vaccination to his enslaver Cotton Mather, who enlisted a local doctor to test this theory.
  - b. An enslaved Black man known as Onesimus introduced the idea of vaccines in the United States and he was asked to lead the effort of vaccinating troops during the Civil War.
  - c. When smallpox broke out during the Civil War there were not enough vaccines available and so army medics deliberately infected enslaved babies and children to harvest vaccine matter from them.
  - d. The variolation method of vaccination had long been practiced in Africa and sub-Saharan countries before it was introduced in the United States.
- 39. In 1945, President Harry S. Truman called on Congress to consider his plan for a system of national health insurance that would increase the number of health-care professionals, expand public health services, increase funding for medical research and education, and lower the cost of medical care. Which organization spent millions of dollars to stop this plan?
  - a. The American Medical Association (AMA)
  - b. The Democratic Party
  - c. American Dental Association (ADA)

- d. Aetna Health Insurance Company
40. In 2018, which industry spent the most on lobbying, at nearly \$568 million dollars?
- a. Health-care companies
  - b. Gun companies
  - c. Pharmaceutical companies
  - d. Patient advocacy organizations

**Chapter 15**

41. Who was the quote, "Of all forms of discrimination and inequalities, injustice in health is the most shocking and inhuman," spoken by?
- a. Barack Obama
  - b. Dr. Martin Luther King Jr.
  - c. Maya Angelou
  - d. Shirley Chisolm