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and by the UMMS Department of Family Medicine and Community Health.

- The MassAHEC Network collaborates to provide community-based training experiences for students in the health profession, continuing education opportunities for health care professionals, and health careers recruitment programs for underserved, underrepresented, and economically and educationally disadvantaged populations.

Note: these slides were submitted in advance and are subject to change, as the context in which we live and practice, as well as the roles we see for ourselves within it, shift and shape us every day.

Neither I nor any member of my immediate family has a financial relationship or interest with any proprietary entity producing health care goods or services.
Goal: decrease health disparities

based on Institute of Medicine Unequal Treatment
Cook et al. Health Serv Res. 2012

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Learning objectives

By the end of this session, learners will:

- report increased awareness of internal and structural biases with the potential to affect patient care.
- be able to identify common micro-aggressions experienced in the medical education pipeline.
- report greater comfort with participation in discussions of race, power and privilege in clinical settings.
Learning objectives

By the end of this session, learners will:

- Develop a framework to support increased awareness of internal and structural biases with the potential to affect patient care.
- Be able to identify common micro-aggressions experienced in the medical education pipeline.
- Report greater comfort with participation in be more willing to engage in discussions of race, power and privilege in clinical settings.
We learn by connecting new information to our existing frameworks. If raised in the US, these have been shaped by an environment of racism and bias.

Leads to the Racism Paradox: System full of well-intentioned people still has disparate outcomes. People believe in equality yet discrimination persists. Many suffer racial anxiety.

We experience **cognitive dissonance** when information conflicts with our current framework. Common responses to cognitive dissonance are to:
- Deny
- Avoid
- Explain away
- Attack
Holding space for discussion and reflection

- Establish safe space > brave space
- Assume good will
- Use discussion guidelines
- Clarify terms with definitions
- Center racism while recognizing other oppressions

Burchell & Dyson 2007
Arao & Clemens 2013
Tochluk 2009 handout shared
About you:

- How many have taken the IAT?
- How many are familiar with Camara Jones’ Gardener’s Tale?
- How many have witnessed discrimination in clinical setting in the last year?
- How many have discussed racism, power or privilege with learners in the last year?
- How many are feeling racial anxiety?
Initial context:

- Population Health Clerkship – Determinants of Health
- Changes to my own understanding
- Relevance of topic demonstrated by students and in community
I want to prepare learners to:

- Engage new communities with humility
- Approach care in a way that allows them to see impact of social determinants
- Advocate effectively for the patients and communities they serve
- Recognize and interrupt racism and intersecting oppressions at all levels
Frameworks to consider

- Undoing Racism® Principles for Anti-Racism
- Camara Jones
  Three Levels of Racism
- UMass Medical School Diversity Competencies
Undoing Racism® =
- Learn from History
- Understand, Share and Celebrate Culture
- Develop Leadership
- Maintain Accountability
- Network
- Analyze Power
- Reshape Gatekeeping
- Undo Internalized Racial Oppression
- Identify and Analyze Manifestations of Racism

http://pisab.org/our-principles
Camara Jones’ Three Levels of Racism

**Institutional racism:** differential access to the goods, services, and opportunities of society by race

**Personally-mediated racism:** prejudice and discrimination by individuals towards others

**Internalized racism:** acceptance by members of stigmatized races of negative messages about their own abilities and intrinsic worth.
Institutional racism: differential access to the goods, services, and opportunities of society by race

Example: System level factors like geographic segregation by race and income
...which restricts some patients’ access to

- Quality schools
- Choice of clinics
- Transportation options
- Healthy foods
- Areas for physical activity
- Preventive care

And increases the same patients’ exposure to:

- Crime
- Police/justice system
- Environmental hazards
- Trauma
- Poor treatment within a range of systems, including ours
What we’re doing about it now isn’t working, as Healthy People 2010/2020 shows:

In last decade,
- 80% of the disparity measures have stayed the same;
- 13% have gotten worse
- Regional differences increasing – worse in southern states
- Research suffers from “Lifestyle drift” – most interventions aimed at influencing individual lifestyle choices – easiest to measure but smallest impact

CDC 2013
Some hope in sight...

- ACA prompted practice redesign
- Tracking and increased accountability systems
- Individual practice changes:
  - Collaboration with community agencies to catalog services and improve referral
  - Programs embedded in practice (HealthLeads, MLP, Reach Out and Read)
  - Collaboration with home visiting programs

(Fieman et al 2016)
Personally-mediated racism: prejudice and discrimination by individuals towards others

Providers are people, raised in social settings, and so they have developed stereotypes and internal bias about race, sex, age, body type, and other factors.

Assumptions based on stereotypes influence interpretation of symptoms and behaviors, clinical and practice decision-making, and shape:

- level of patient education provided
- post-op pain management decisions, even with children
- estimation of patient ability to comply with complex med regimen
- recommendations for tests and treatment options (inhaler vs nebulizer)

Can also impact access—some providers less likely to:

- accept insurance providers who serve a diverse or low-income patient base
- accept new patient with Black-sounding name

Blair et al. 2011
Sabin & Greenwald 2012
Lieu et al. 2002
Internal and structural biases with the potential to affect patient care.

Figure 1. Conceptual model of the influence of implicit bias on hypertension control.
Internal and structural biases with the potential to affect patient care

Figure 1. Conceptual model of the influence of implicit bias on hypertension control.

Blair et al 2011
Reducing Racial Bias Among Health Care Providers: Lessons from Social-Cognitive Psychology

Burgess et al 2007
Internalized racism: acceptance by members of stigmatized races of negative messages about their own abilities and intrinsic worth

How we make it worse:
- Ignoring or glossing over racism from patients to/about clinicians of color
- Showing disrespect for members of the medical team or staff who are positioned lower in the hierarchy
- Holding lower expectations of patients or learners based on stereotypes of their race or culture
- Ignoring or contributing to micro-aggressions experienced by our learners
Microaggression

Definition: brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group.
Learners share local examples:
(which I wish were hard to find, but they are not)

- “He is so articulate,” said with surprise.
- “It’s rude to speak Spanish in front of people that only speak English.”
- Students sharing that they volunteered in an underserved city to “pump up” their resumes because they worked in a dangerous setting. I shared that I had grown up in this city and the students were shocked. One asked, “you don’t know anyone who has been shot?”
- “You’re so pretty for a Black girl”.
- A student of color was struggling in a class I was taking and the professor asked me to talk to her because I am also a student of color. I had to tell her we weren’t really friends and she was shocked and explained that she thought we all were friends with each other.
- “That is retarded.”
- “I think I have OCD. I’m such a perfectionist.”
"You’re LUCKY to be black... so easy to get into college!"
-old classmate

"I don’t see COLOR. ... Does that mean you don’t see me?"

"You aren’t black on the inside."
-Childhood friends

#itooamharvard
White People "FIND"

Two residents wade through chest-deep water after finding bread and soda from a local grocery store after Hurricane Katrina came through the area in New Orleans, Louisiana.

(AFP/Getty Images/Chris Graythen)

Black People "LOOT"

A young man walks through chest deep floodwaters after looting a grocery store in New Orleans Tuesday, Aug. 30, 2005. Flood waters continued to rise in New Orleans after Hurricane Katrina caused extensive damage when it hit.

These stories and pictures both appeared online August 30, 2005.

Yahoo! News

http://news.yahoo.com/photo/050830/480/1adm1

http://news.yahoo.com/photo/050830/photos_ts_aps/050830071
How we help:

- Acknowledge that people of color are constantly called upon to educate those more privileged and thank them.
- Make clear that they are not expected to carry that burden in this situation.
- Value their expertise – LISTEN when they share and do not QUESTION their lived experience.
New Context:
UMMS Diversity Competencies

- Holding multiple realities/perspectives
- Balancing intention and impact
- Using privilege as a clinical skill
- Moving from certainty to curiosity
- Making quality decisions
Defining Diversity at Our Academic Medical Center: Four Layers of Diversity

- As presented on UMMS Diversity and Inclusion website September 2016
- Source: From Lee Gardenswartz and Anita Rowe, Diverse Teams at Work, Irwin Professional Publishing, 1994
- *Internal Dimensions and External Dimensions are adapted from Marilyn Loden and Judy B Rosener, Workforce America! Homewood
Race, Power and Privilege: An Opportunity for Deeper Exploration

Learning Objectives for RPP session:
By the end of this session, learners will:

- Explore dynamics of power and privilege
- Recognize micro-aggressions in a range of settings
- Develop strategies to build relationships & trust
- Demonstrate skills for
  - listening deeply
  - addressing / mitigating (raising to consciousness - reducing racial bias among...)

Identity wheel – multiple social positions & intersectionality
Ground rules and introductions
Power analysis
Why are people poor?
What is bias?
Microaggressions
Role of privilege and power in health inequity
Making whiteness visible
I Remember When
Action – what can we do?
Year 2: Silent curriculum
Resources available for sharing

- **STFM Teaching about Racism Toolkit**
- **People’s Institute for Survival and Beyond**: [http://pisab.org/programs](http://pisab.org/programs)
- **Showing Up for Racial Justice (SURJ)**: [http://www.showingupforracialjustice.org/about](http://www.showingupforracialjustice.org/about)
References


- Kleinman, Arthur. Kleinman Nine. Taken from HRSA Training Module. [http://pilot-train.hrsa.gov/uhc/pdf/modules/03/Module03/opAdModelKleinman.pdf](http://pilot-train.hrsa.gov/uhc/pdf/modules/03/Module03/opAdModelKleinman.pdf) The content for this was excerpted from the U.S. Department of Health and Human Services, Office of Minority Health. A Physician’s Practical Guide to Culturally Competent Care. Available at: [https://ccc.m.thinkculturalhealth.hhs.gov/](https://ccc.m.thinkculturalhealth.hhs.gov/)

