

STFM **50** annual spring **2017**  
ANNIVERSARY conference

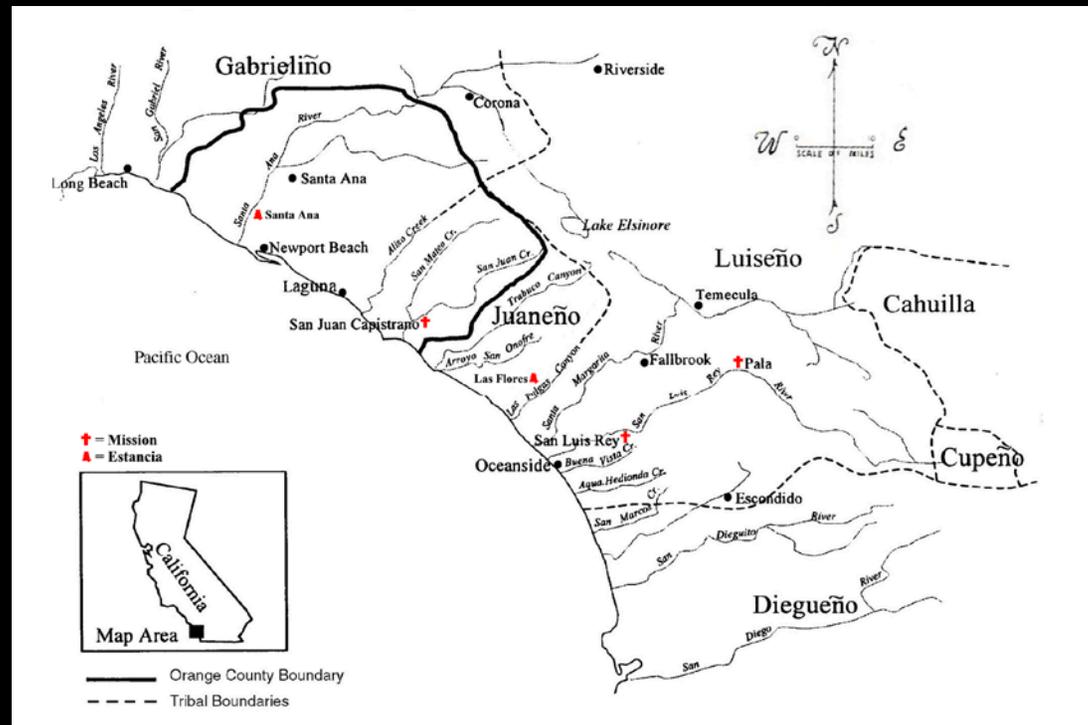
TEACHING ABOUT RACIAL JUSTICE:  
A Train-the-Trainer Faculty  
Development Workshop

**BLACK  
LIVES  
MATTER**

Preconference  
May 5, 2017

# A Recognition that we are on native land

- Kumeyaay, Ipai-Tiai (Diegueño)
- Luiseño
- Cahuilla
- Cupeño



# Collaborators/Facilitators

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**Teaching About Racism in the Context of Persistent Health and Healthcare Disparities:  
How Educators can Enlighten Themselves and Their Learners  
Workshop STFM Annual Spring Conference, Minneapolis May 3, 2016**



WELCOME

# Disclosures

- National Institutes of Health- National Institute on Minority Health and Health Disparities - R13MD011260-0.
- National Institutes of Health-National Institute of Mental Health- R01MH104423.
- *Quality Mentorship Through Society of Teachers of Family Medicine* Foundation Grant.

# OBJECTIVES

1. Define implicit bias, privilege, intersectionality and microaggression in the setting of healthcare.
2. Gain skills and confidence in facilitating difficult conversations about racism through structured activities.
3. Apply individualized strategies to implement curricular changes around racial justice in your departments, residencies, and clinical environments.

Toolkit for  
**TEACHING ABOUT RACISM**  
in the Context of Persistent Health and Healthcare Disparities

This toolkit was formed by the listed contributors who sought to explore how to teach health care providers to reduce healthcare inequities. Our discussions have focused on race and racism but include a larger critical dialogue on bias, identity, intersectionality, and privilege. This toolkit provides examples of resources and activities that many of us are using in our attempts to teach these topics. We acknowledge that there are many other useful resources out there and we continue to seek them out. We hope that you will find this information useful in creating your own learning activities and that you will join us in our efforts to develop innovative, challenging and thoughtful ways to teach beyond disparities.

*"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."*  
Martin Luther King, Jr.

STFM Annual Spring Conference  
May 2017

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An opportunity to contribute to an  
IRB- approved study

- Consent Form
- This study will include 4 surveys.
- This study is confidential. We will be collecting your email address on the consent form which is not linked to the survey responses. You will provide a number based on the last two numbers of your zip code and cell phone to keep surveys linked.



# FOUNDATIONAL PRINCIPLES

1. Institutional racism is not our fault but it is our responsibility to eradicate.
2. Challenging racism and white privilege is everyone's work.
3. Diversity is a benefit to everyone, not just minorities.
4. Implicit bias and racism were taught to all of us without consent.
5. Implicit bias can be unlearned but requires continual and intentional self work.
6. Institutional racism can be addressed through continual and intentional community work.
7. It takes sustained effort to change systems. We will not naturally evolve toward greater equity.
8. Building relationships across difference is not the same as confronting systems of oppression.
9. Race means a lot and a little all at the same time.

# GROUND RULES

- What you share is confidential, honored, and respected.
- Use “I” statements – avoid speaking for another or for an entire group.
- Avoid critiquing others’ experiences; focus on your own.
- Be honest and willing to share—if you tend to be quieter in groups, challenge yourself to share.
- Resist the desire to interrupt. Suspend judgment. Be open to the wisdom in each person’s story.
- Be brave and reflect on discomfort.
- Address differences intentionally.
- Be mindful of time.



MARGARET BOURKE WHITE, 1946. TIME LIFE PICTURES/GETTY IMAGES

*"Be the change that you wish to see in the world."*

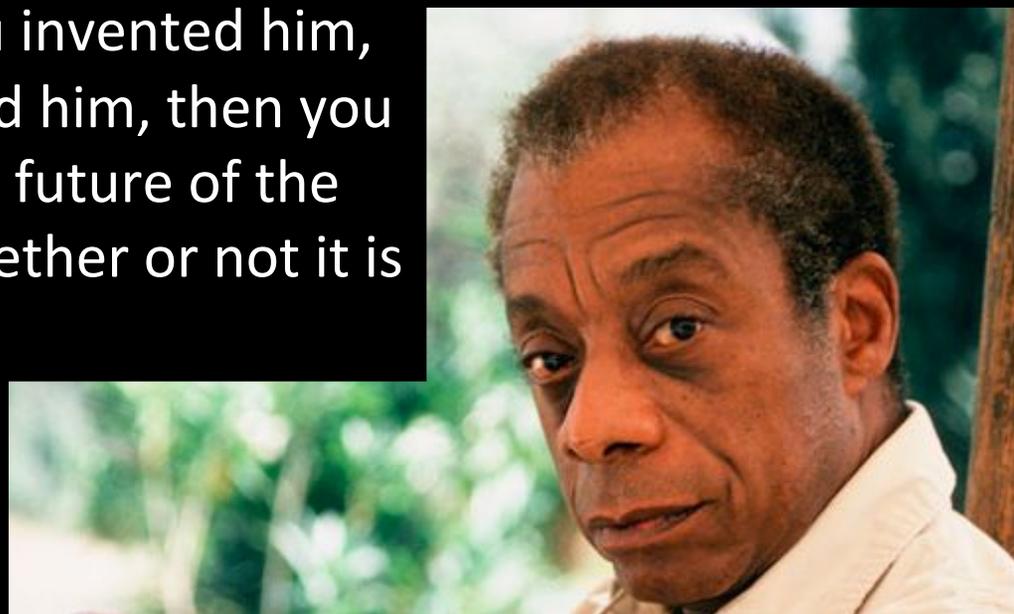
Mahatma Gandhi



*The most  
important  
thing is  
to dare.*

Maya Angelou

“What white people have to do is try to find out in their hearts why it was necessary for them to have a n\*\*\*r in the first place. Because I am not a negro. I'm a man. If I'm not the negro here, and if you invented him, you the white people invented him, then you have to find out why. And the future of the country depends on that. Whether or not it is able to ask that question.”



# **TEACHING ABOUT RACISM: WHY DOES IT MATTER?**

**Denise V. Rodgers, MD, FAAFP**

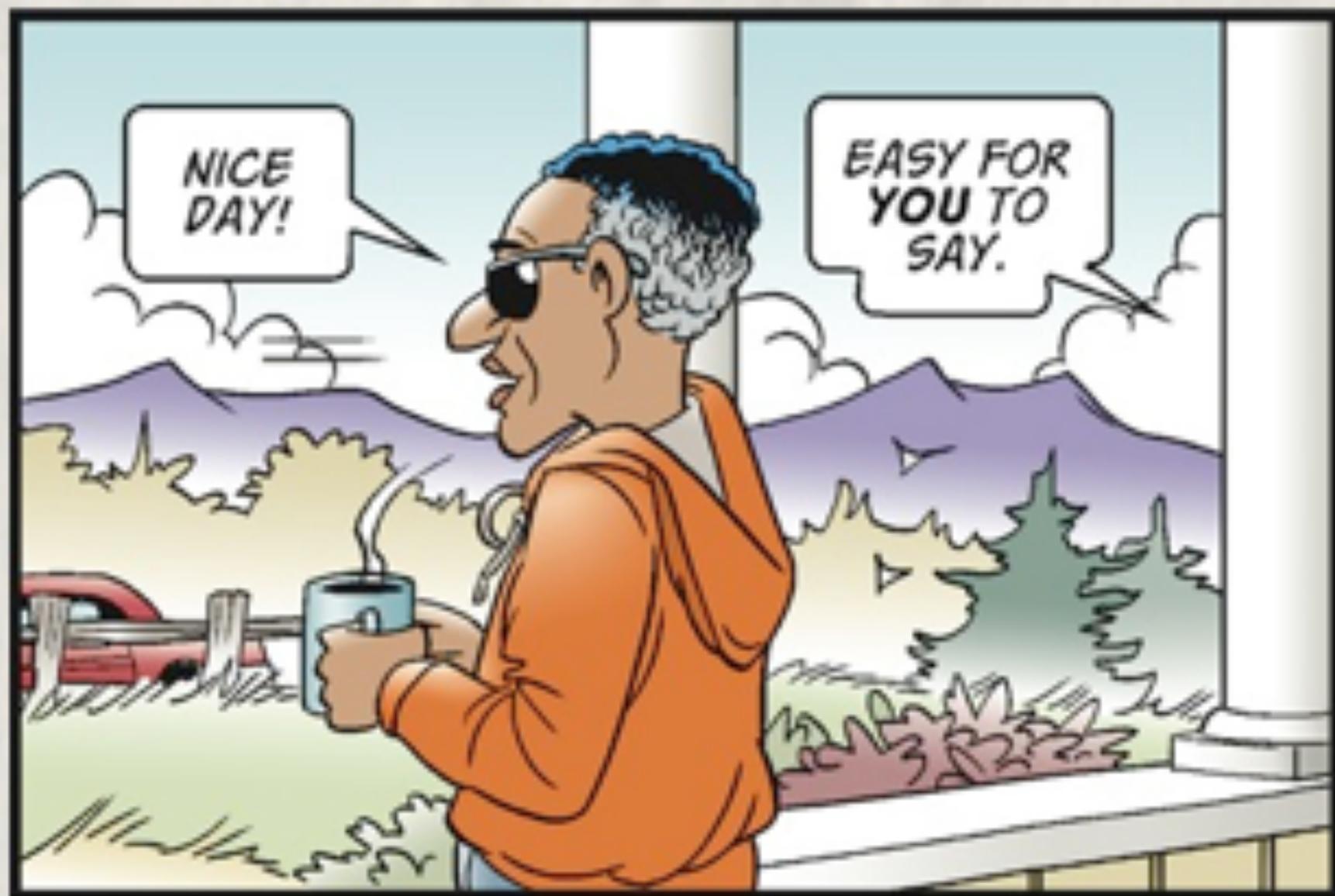
Vice Chancellor for Interprofessional Programs

Rutgers Biomedical and Health Sciences

Professor, Dept of Family Medicine and Community Health

Rutgers – Robert Wood Johnson Medical School

# Doonesbury





BUT NOT  
FOR YOU?

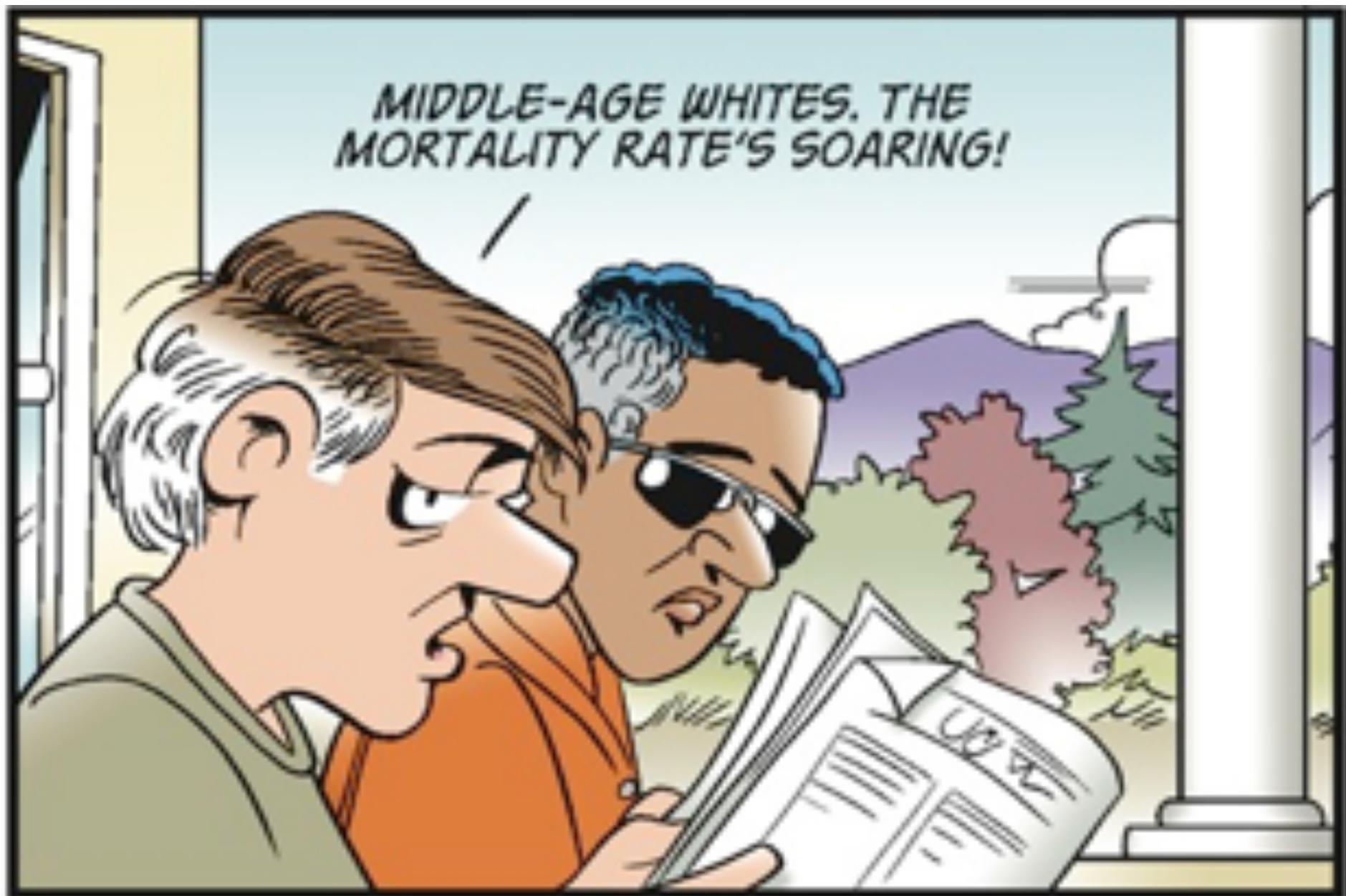
NO. MY  
KIND IS  
DYING  
OFF.



MAN, MY PEER  
GROUP'S SURE  
GETTING  
HAMMERED  
LATELY...

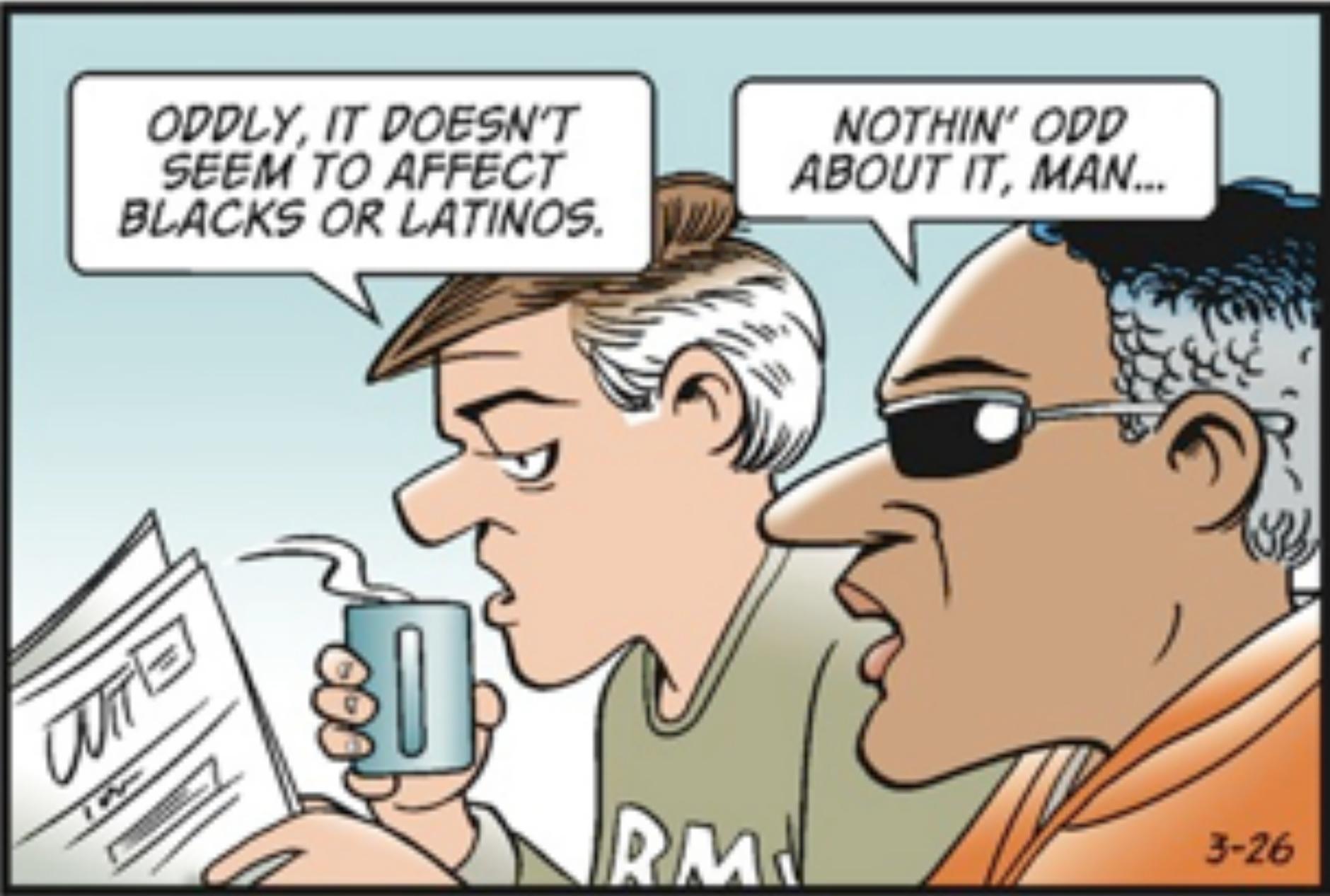
WHAT  
PEER  
GROUP'S  
THAT?

MIDDLE-AGE WHITES. THE MORTALITY RATE'S SOARING!



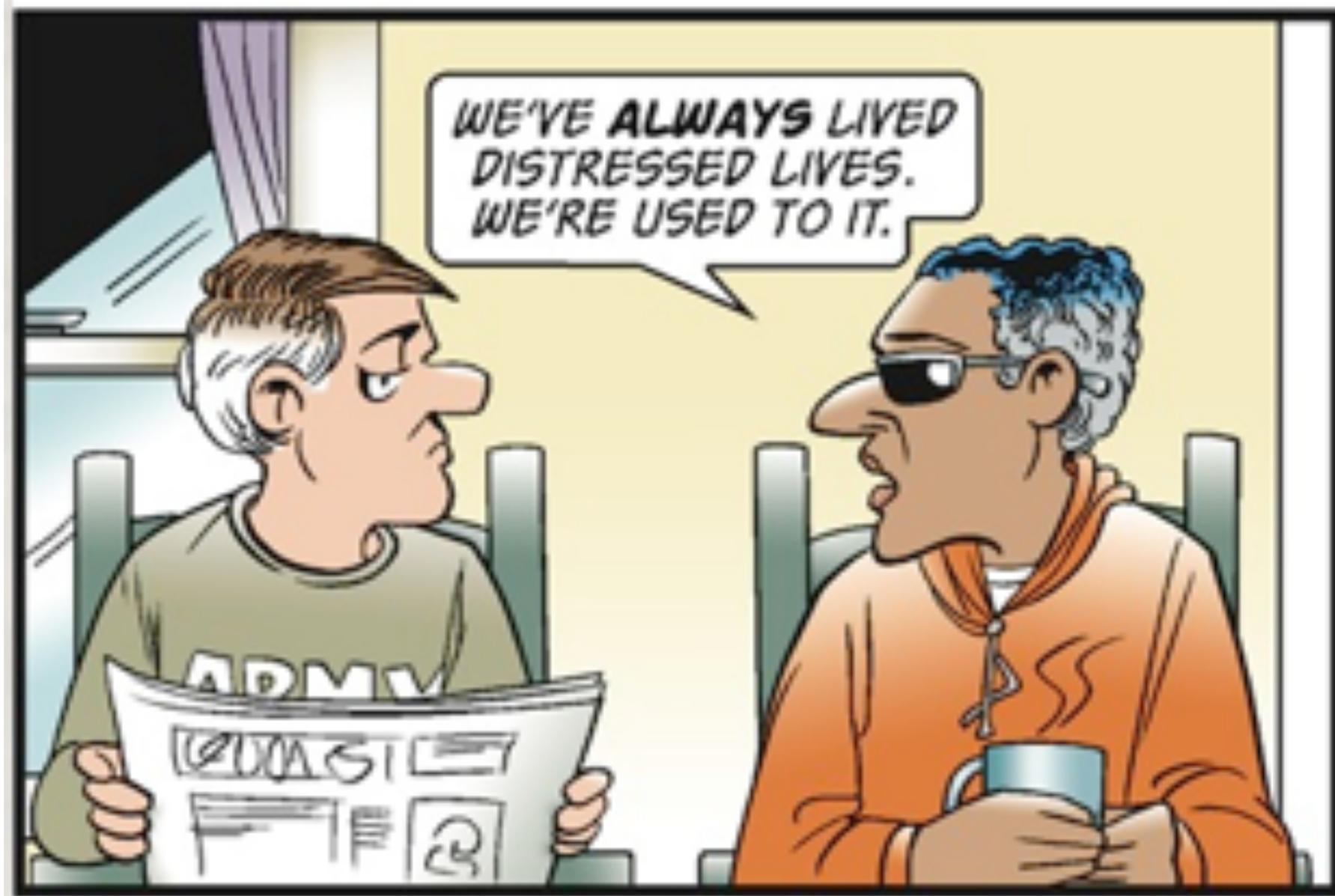
THEY'RE CALLED DEATHS OF  
DESPAIR - FROM DRUGS, ALCO-  
HOL OR SUICIDE - DRIVEN BY  
ECONOMIC AND SOCIAL DISTRESS.

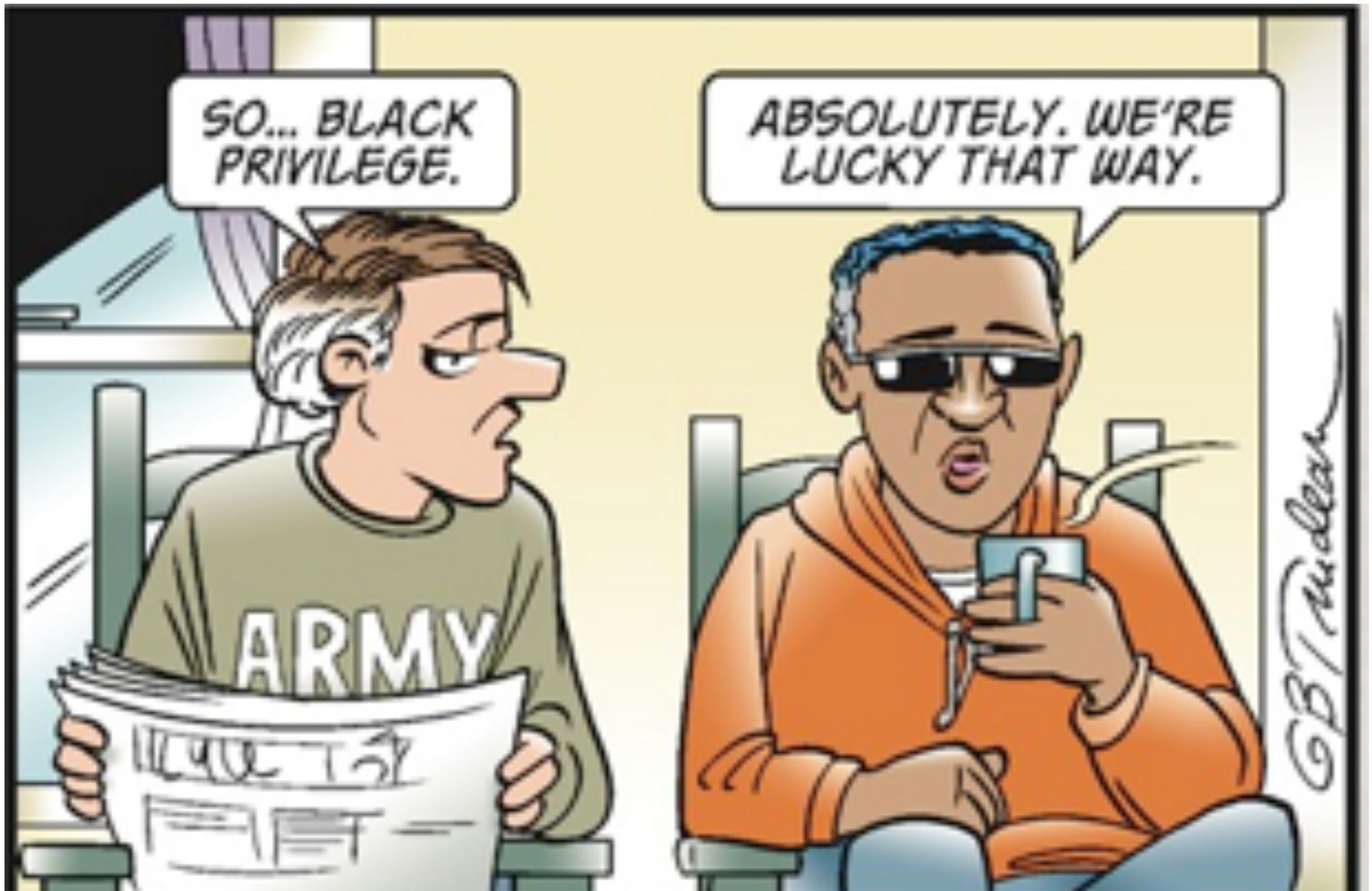




ODDLY, IT DOESN'T  
SEEM TO AFFECT  
BLACKS OR LATINOS.

NOTHIN' ODD  
ABOUT IT, MAN...





**U.S.**

# **THE U.S. IS IN THE GRIP OF A HEROIN EPIDEMIC—AND WHITE MEN ARE MOST VULNERABLE**

BY **MIRREN GIDDA** ON 3/30/17 AT 11:18 AM

<http://www.newsweek.com/us-opioid-epidemic-heroin-white-men-overdoses-576651>

# Greatest rise in heroin use was among white people, study says

By Nadia Kounang

🕒 Updated 2:50 PM ET, Wed March 29, 2017



## Top stories



Section of I-85 collapses in Atlanta



Fire causes highway collapse



Original Investigation

ONLINE FIRST

March 29, 2017

# Changes in US Lifetime Heroin Use and Heroin Use Disorder

## Prevalence From the 2001-2002 to 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions

Silvia S. Martins, MD, PhD<sup>1</sup>; Aaron Sarvet, MPH<sup>1</sup>; Julian Santaella-Tenorio, MSc<sup>1</sup>; [et al](#)

» [Author Affiliations](#)

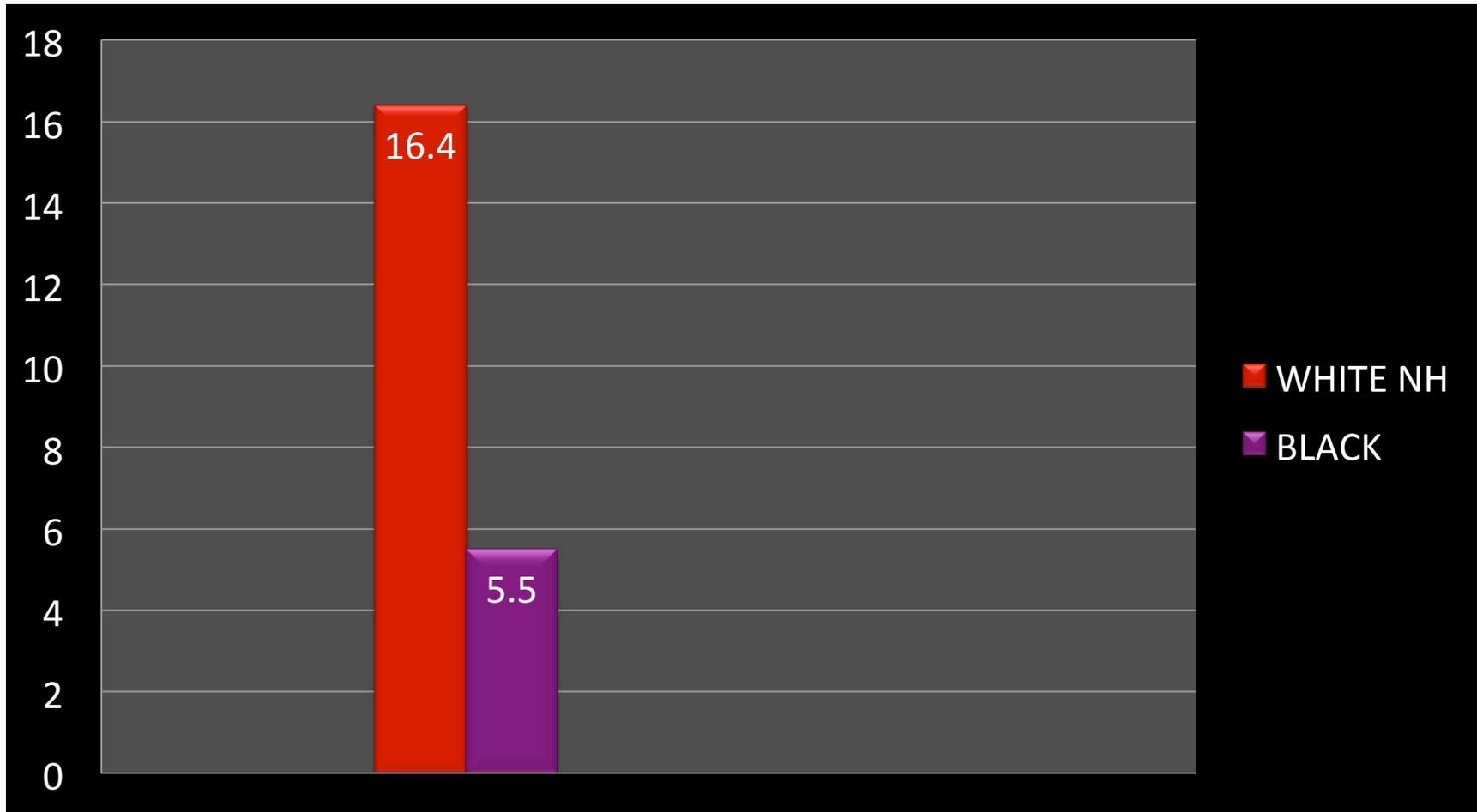
*JAMA Psychiatry*. Published online March 29, 2017. doi:10.1001/jamapsychiatry.2017.0113

**Conclusions and Relevance** The prevalence of heroin use and heroin use disorder increased significantly, with greater increases among white individuals. The nonmedical use of prescription opioids preceding heroin use increased among white individuals, supporting a link between the prescription opioid epidemic and heroin use in this population. Findings highlight the need for educational campaigns regarding harms related to heroin use and the need to expand access to treatment in populations at increased risk for heroin use and heroin use disorder.

JAMA Psychiatry. Published online March 29, 2017. doi:10.1001/jamapsychiatry.2017.0113

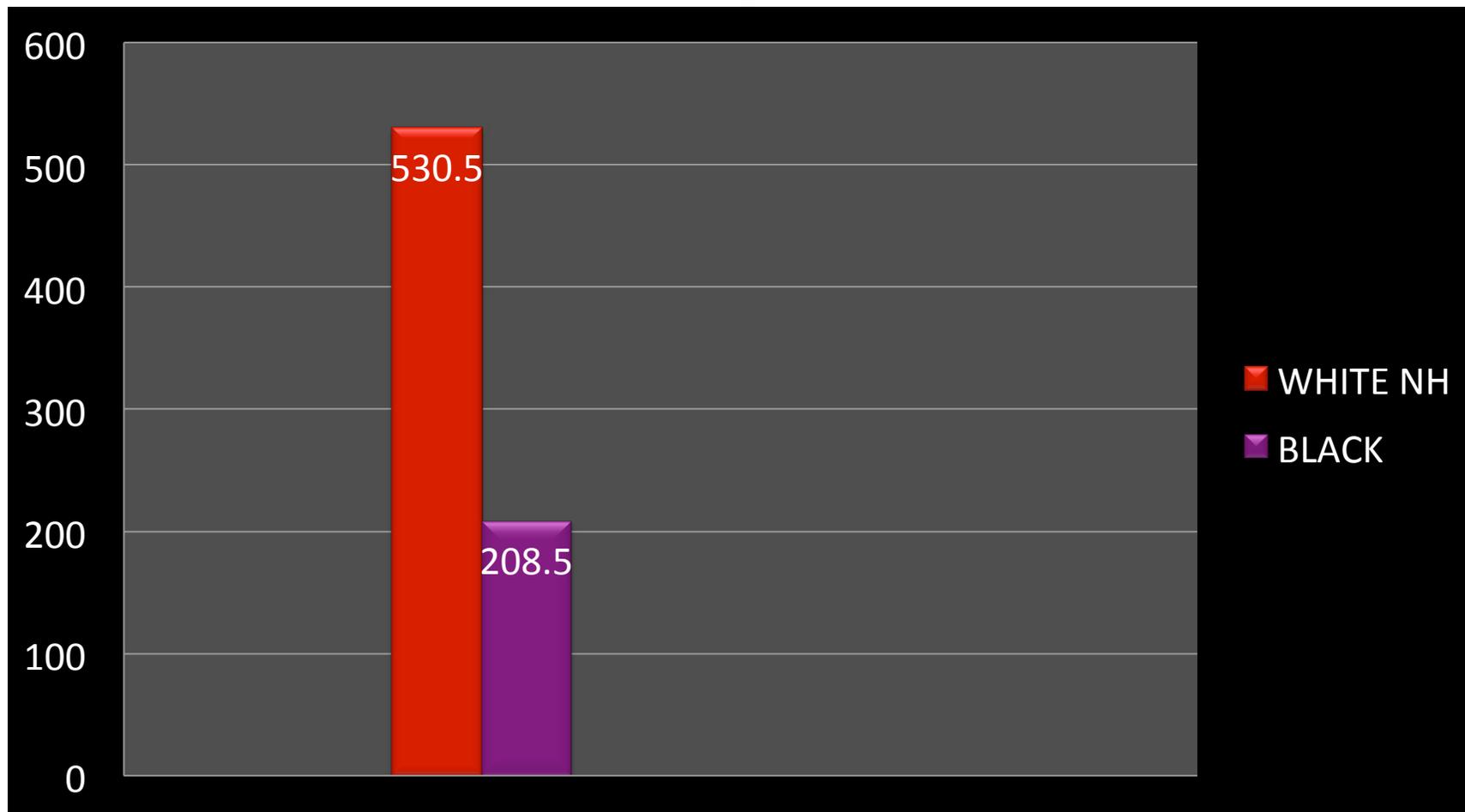
# AGE ADJUSTED DEATH RATE FOR SUICIDE BY RACE – 2014

PER 100,000



# YPLL at age 75 FOR SUICIDE BY RACE

## 2014



## TOP 10 CAUSES OF DEATH FOR WHITE MEN - 2014

All causes . . . . .	1,128,993
Diseases of heart . . . . .	277,921
Malignant neoplasms . . . . .	266,137
Unintentional injuries . . . . .	72,884
Chronic lower respiratory diseases . . . . .	62,989
Cerebrovascular diseases . . . . .	45,505
Diabetes mellitus <sup>1</sup> . . . . .	32,920
Suicide . . . . .	29,971
Alzheimer's disease . . . . .	25,937
Influenza and pneumonia . . . . .	22,643
Chronic liver disease and cirrhosis . . . . .	21,781

**“There is nothing new about poverty.  
What is new is that we now have  
the techniques and the resources  
to get rid of poverty.  
The real question is  
whether we have the will.”**

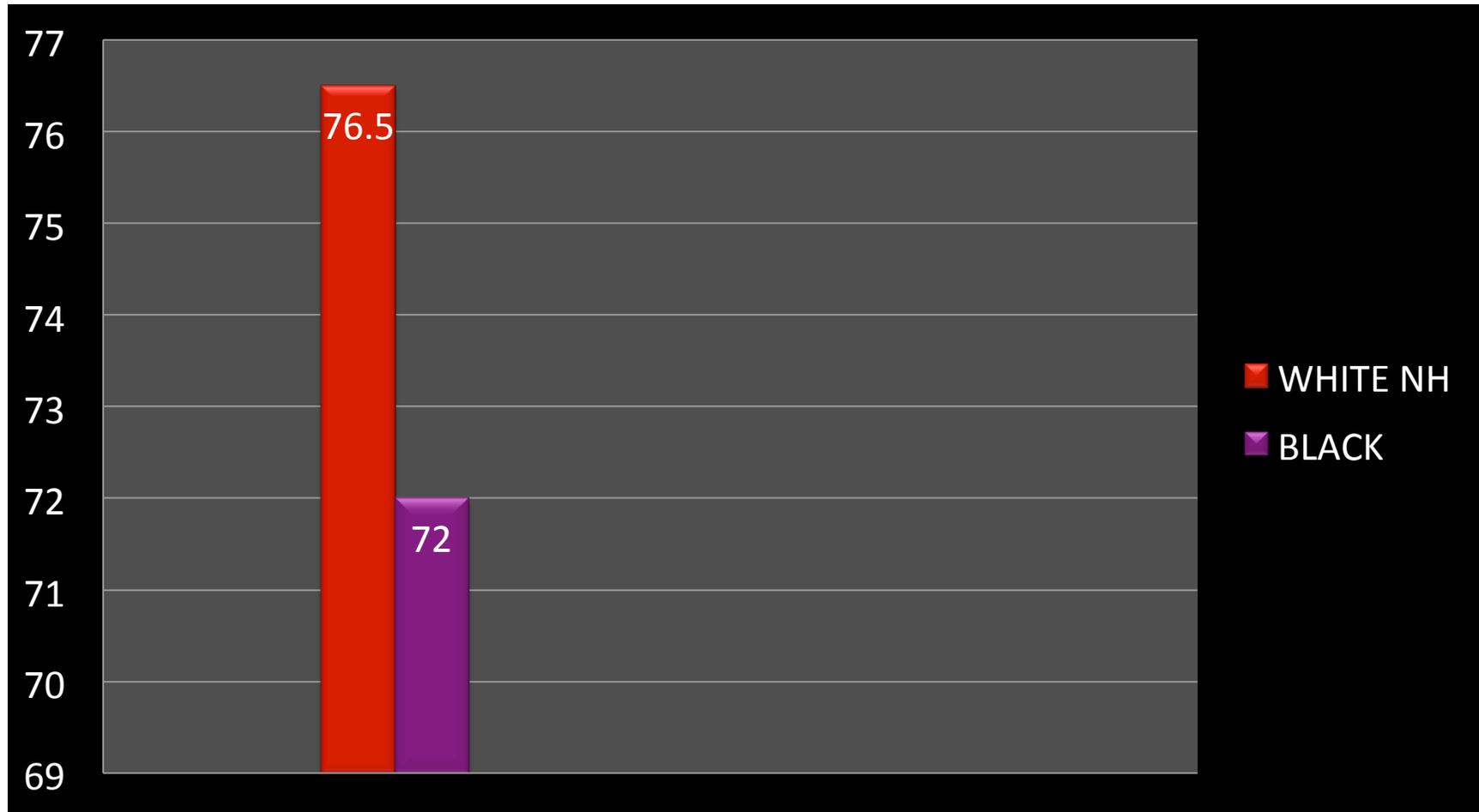
*Rev. Dr. Martin Luther King, Jr.*

*“Remaining Awake through the Great Revolution”  
Speech delivered 31 March 1968, 4 days before his death*

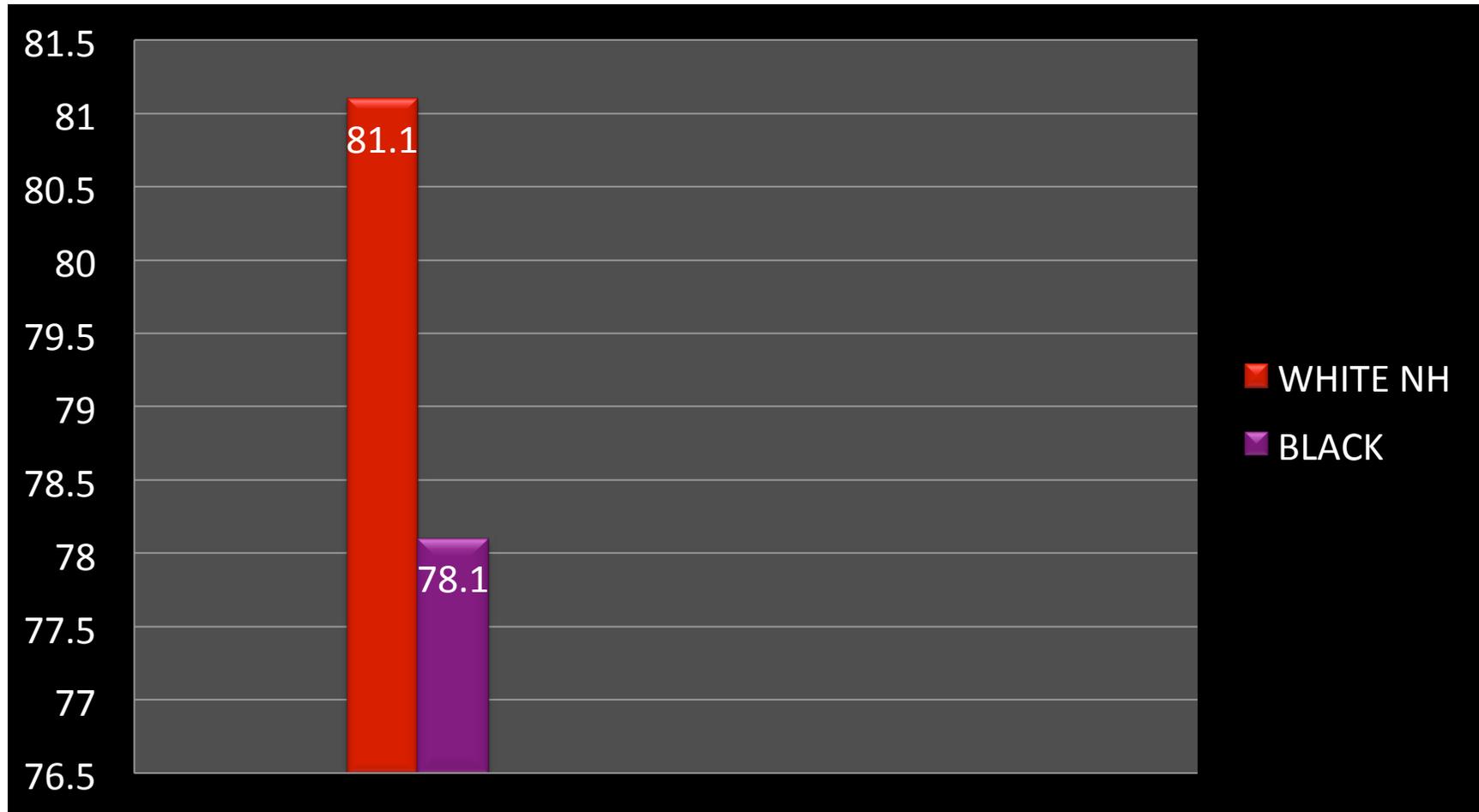
[monologuesofdissent.blogspot.com](http://monologuesofdissent.blogspot.com)

**THIS IS WHAT  
BLACK PRIVILEGE  
LOOKS LIKE**

# LIFE EXPECTANCY AT BIRTH FOR MALES BY RACE – 2014

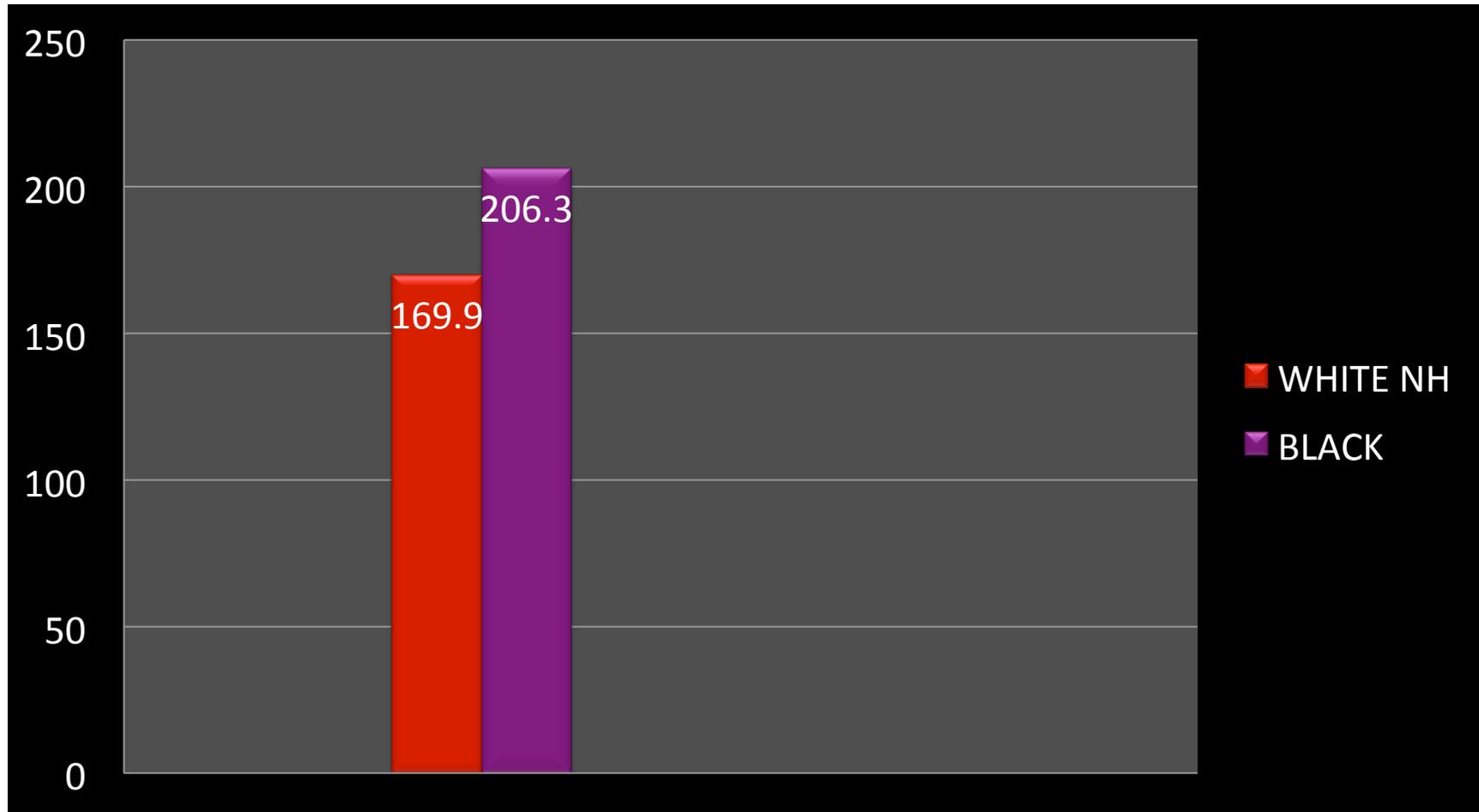


# LIFE EXPECTANCY AT BIRTH FOR FEMALES BY RACE – 2014

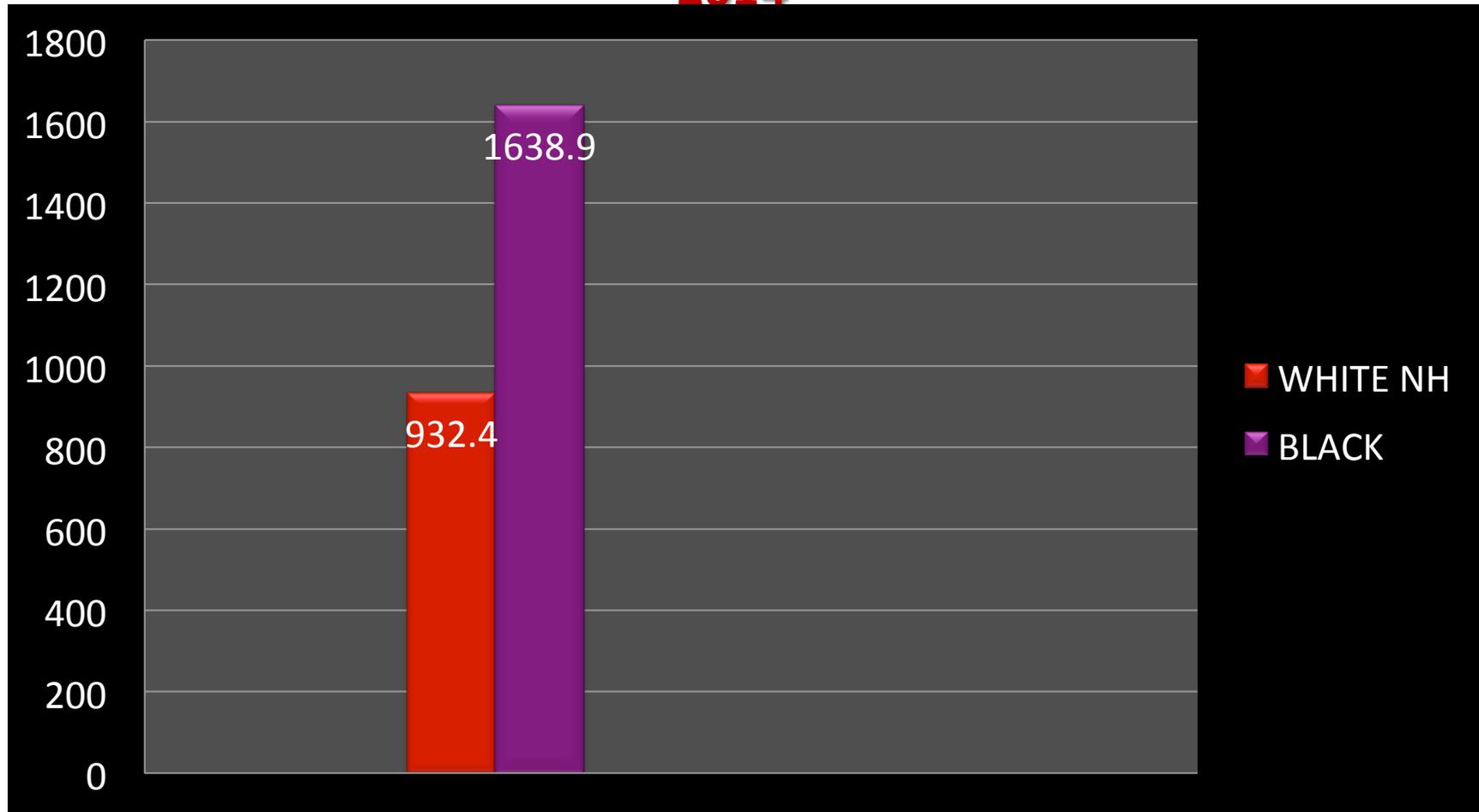


# AGE ADJUSTED DEATH RATE FOR HEART DISEASE BY RACE – 2014

PER 100,000

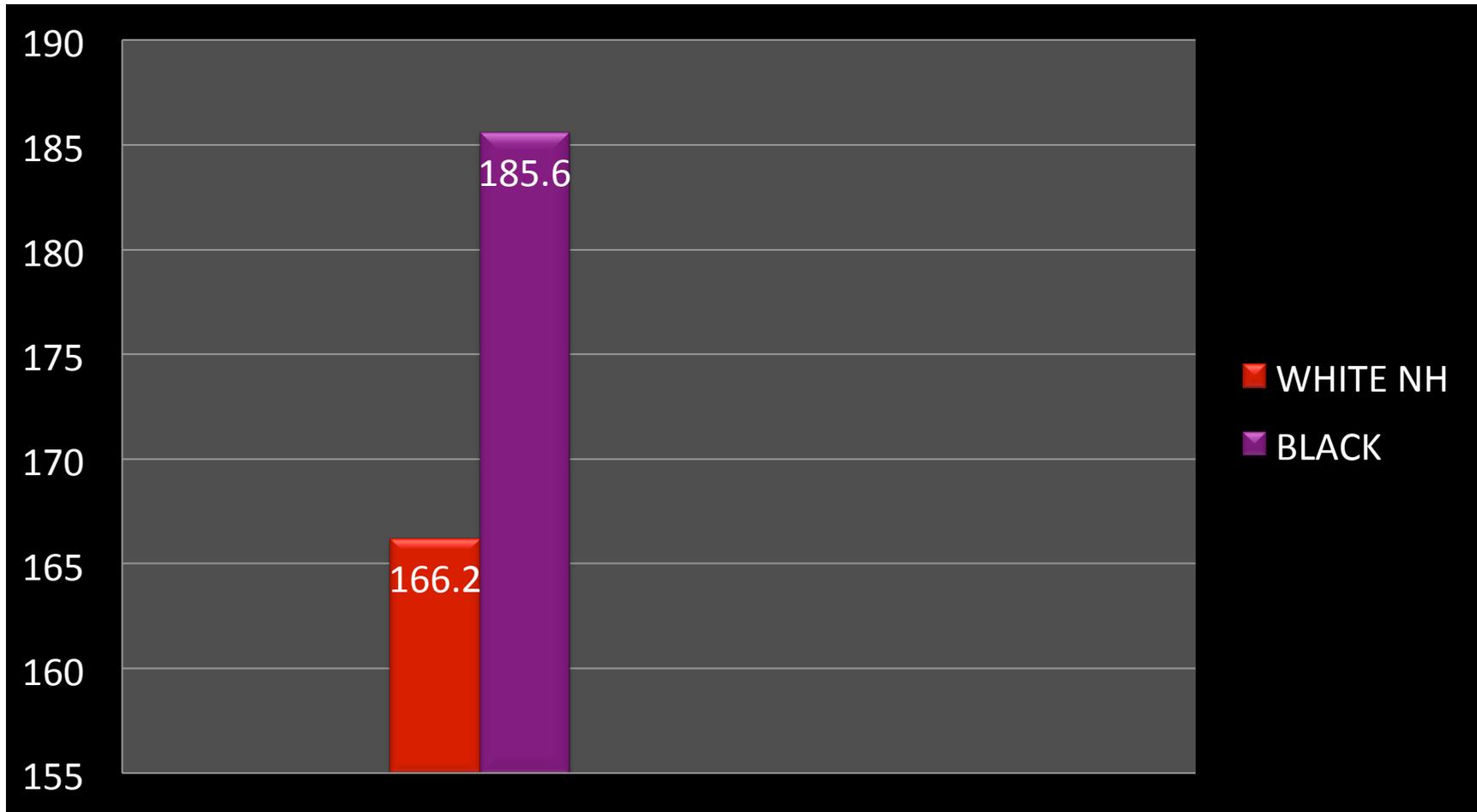


# YPLL after age 75 for HEART DISEASE BY RACE 2014



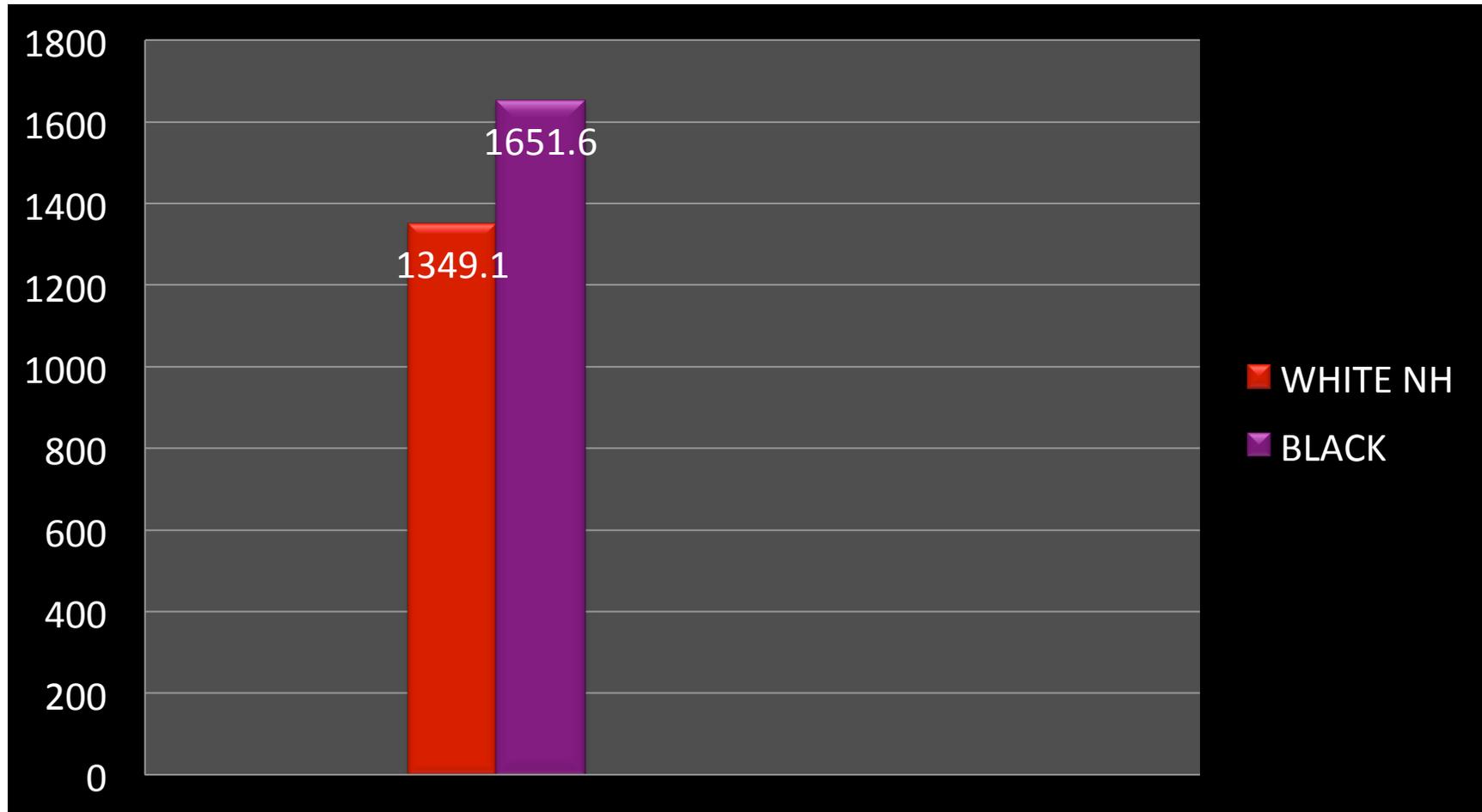
# AGE ADJUSTED DEATH RATE FOR CANCER BY RACE – 2014

PER 100,000

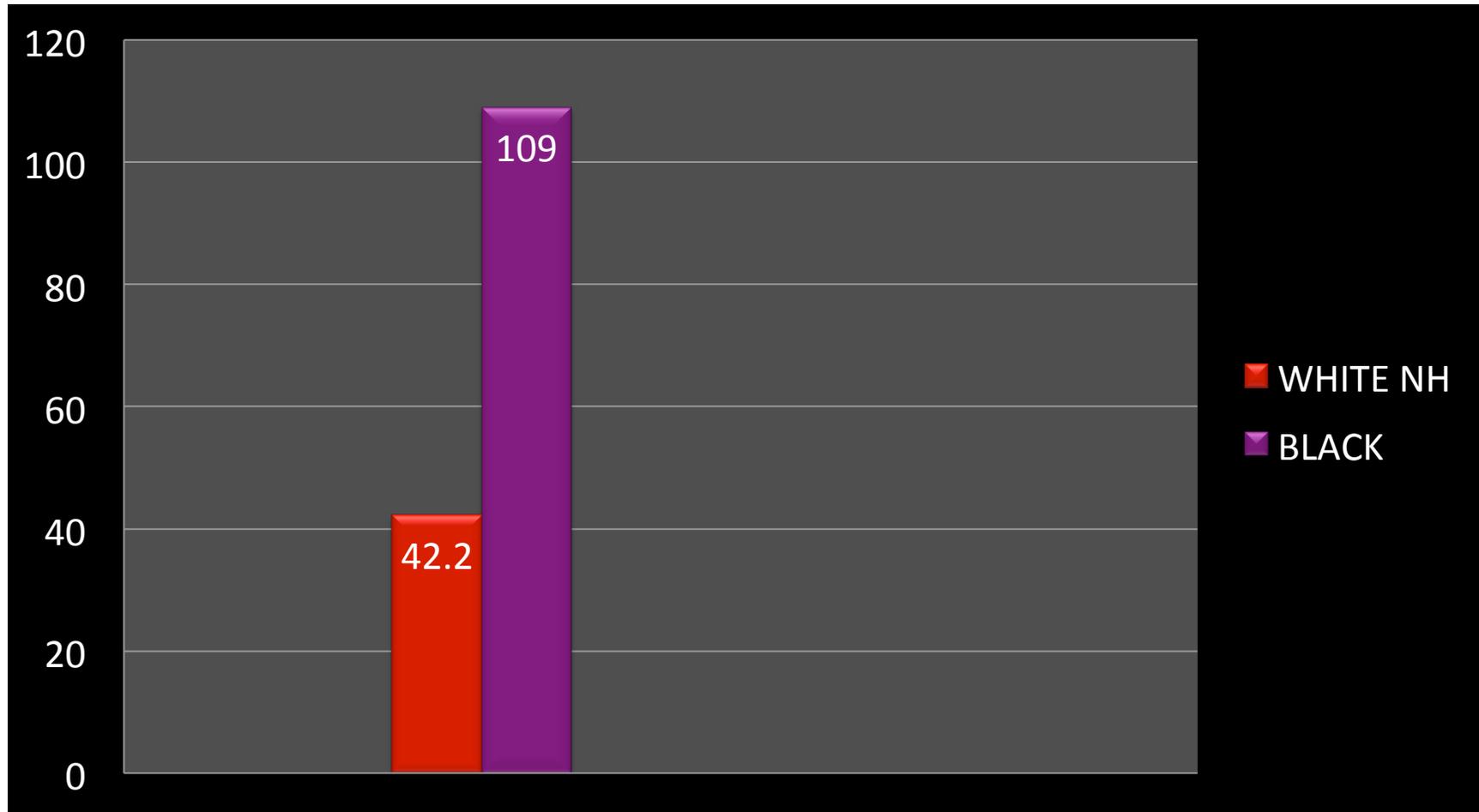


# YPLL at age 75 FOR CANCER BY RACE

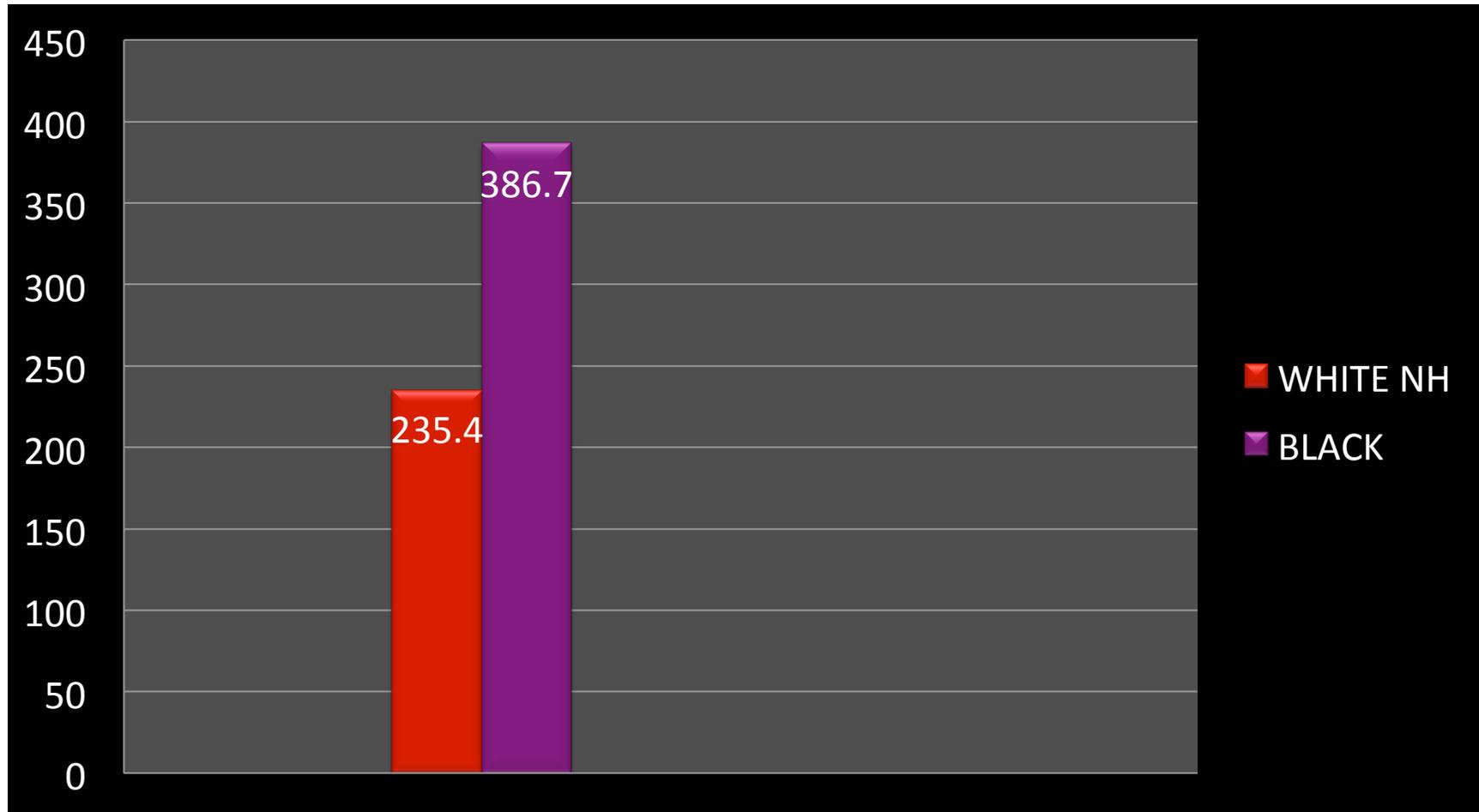
—2014



# YPLL at age 75 FOR PROSTATE CANCER BY RACE –2014

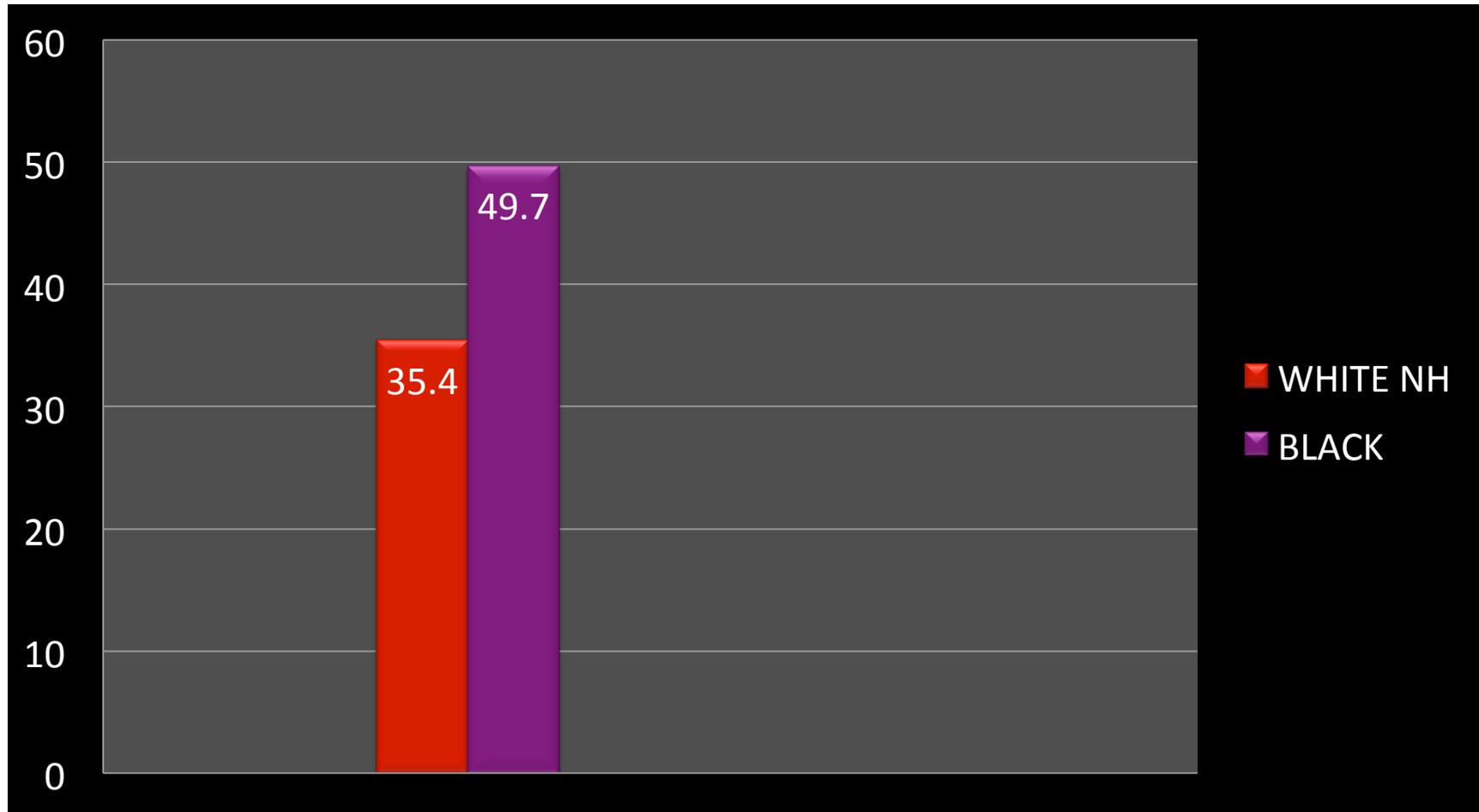


# YPLL at age 75 FOR BREAST CANCER BY RACE –2014

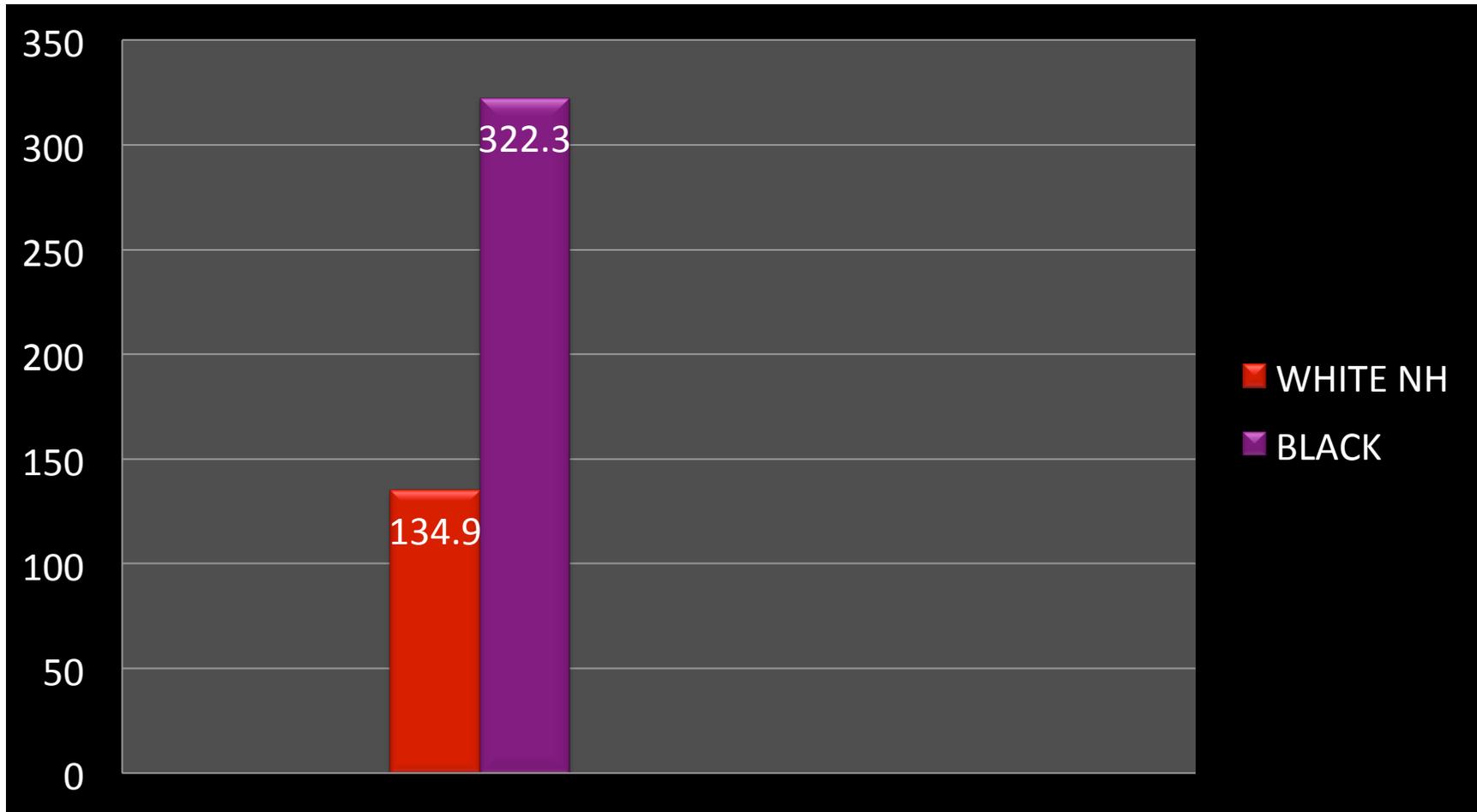


# AGE ADJUSTED DEATH RATE FOR STROKE BY RACE – 2014

PER 100,000

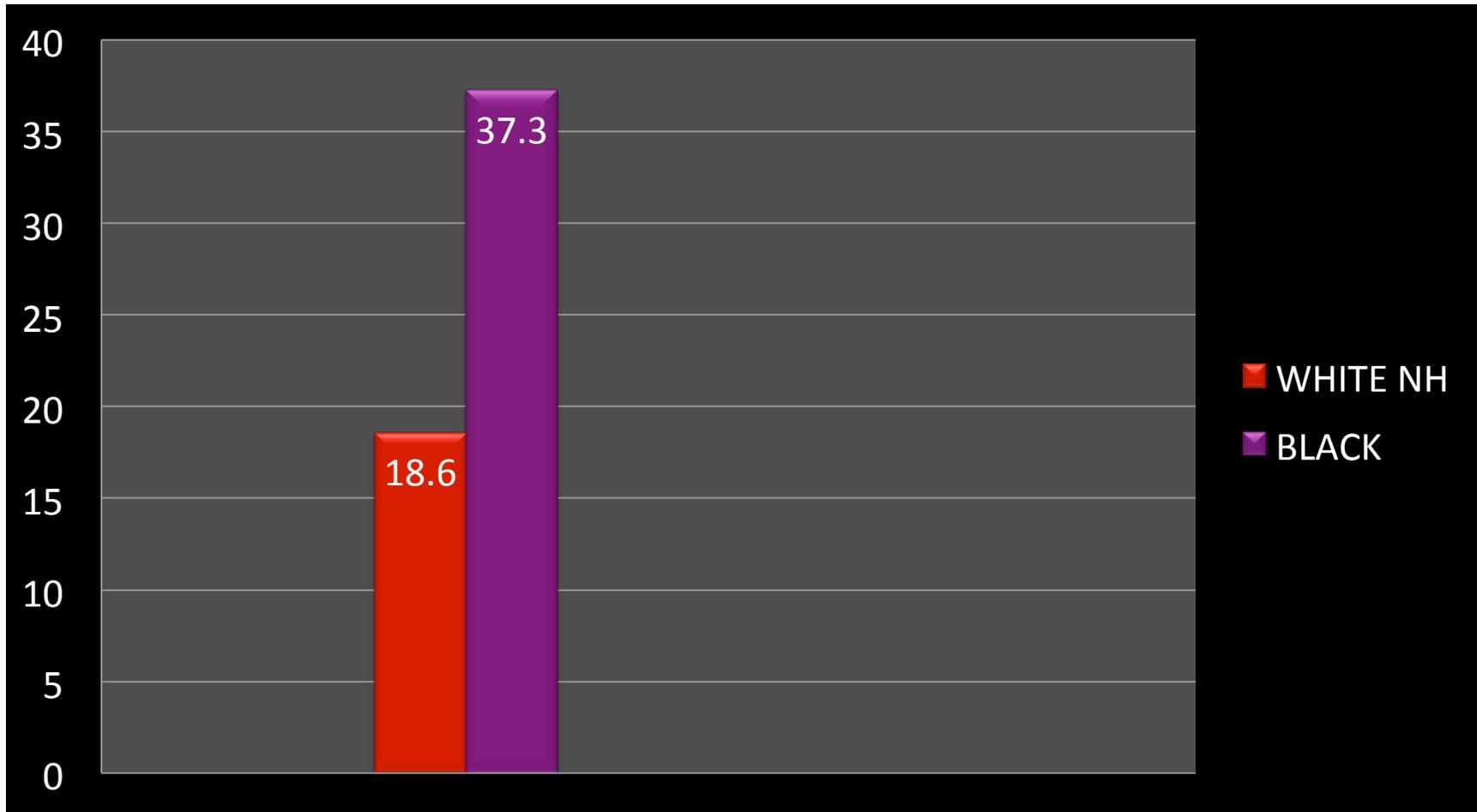


# YPLL at age 75 FOR STROKE BY RACE – 2014



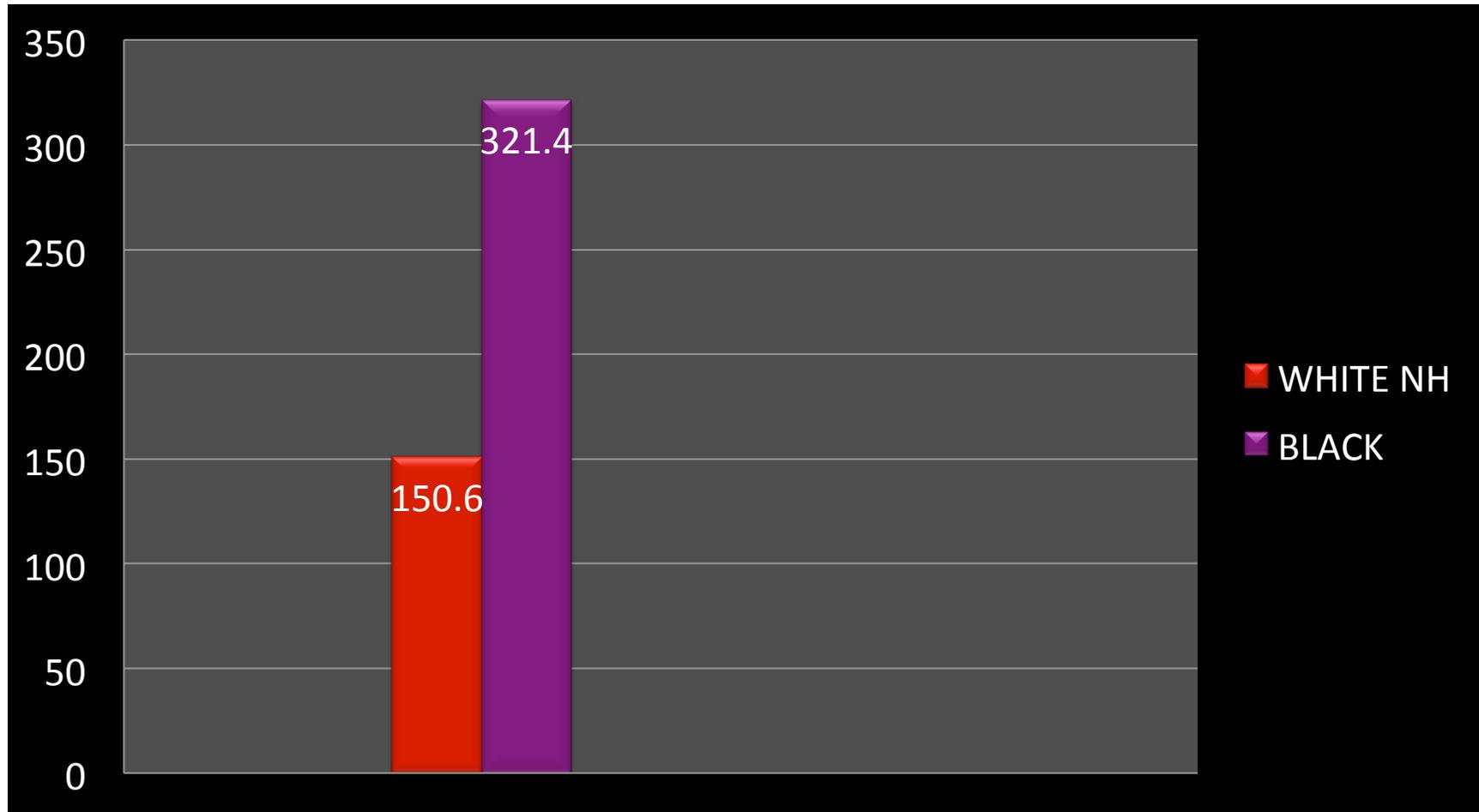
# AGE ADJUSTED DEATH RATE FOR DIABETES BY RACE – 2014

PER 100,000



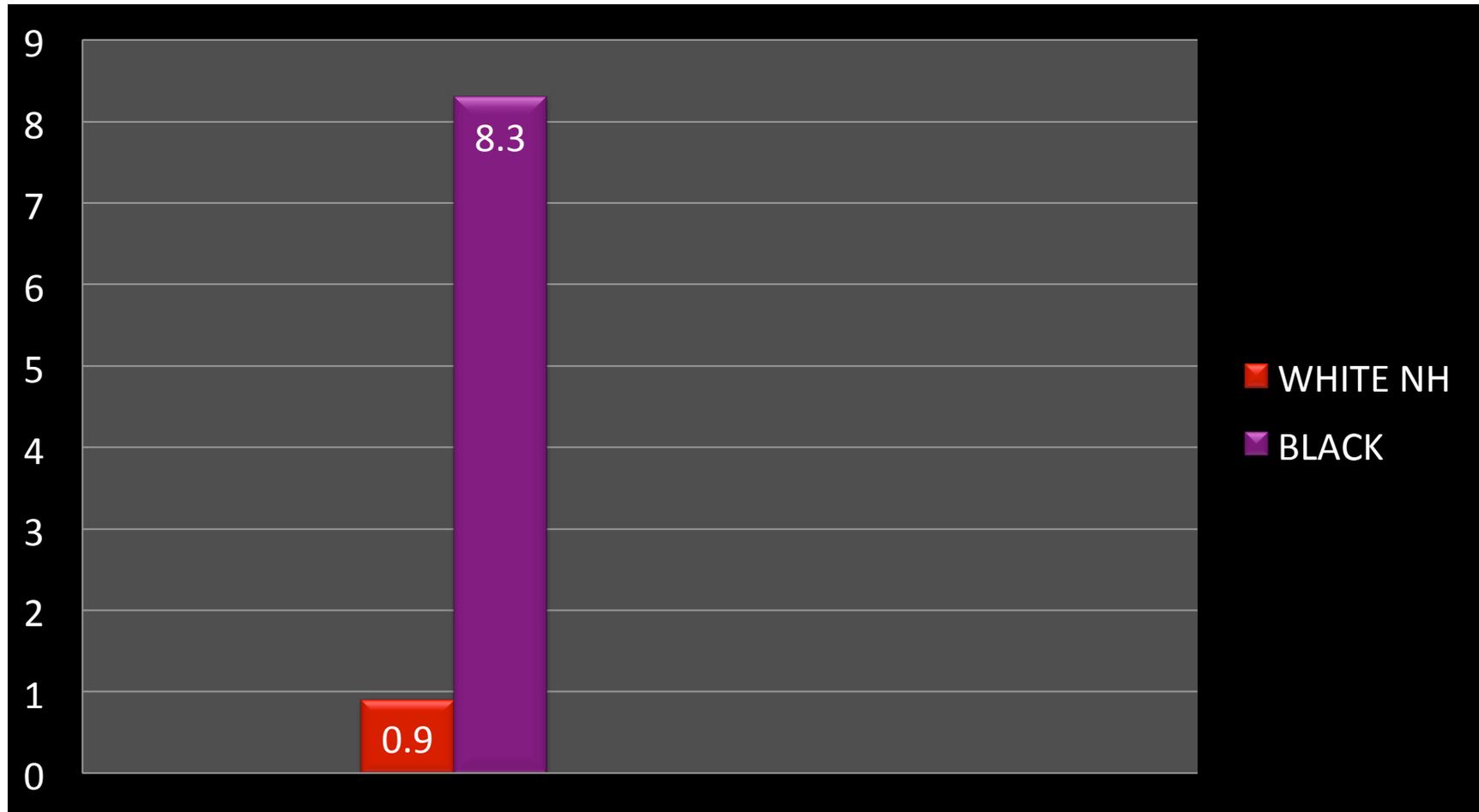
# YPLL at age 75 FOR DIABETES BY RACE

—2014



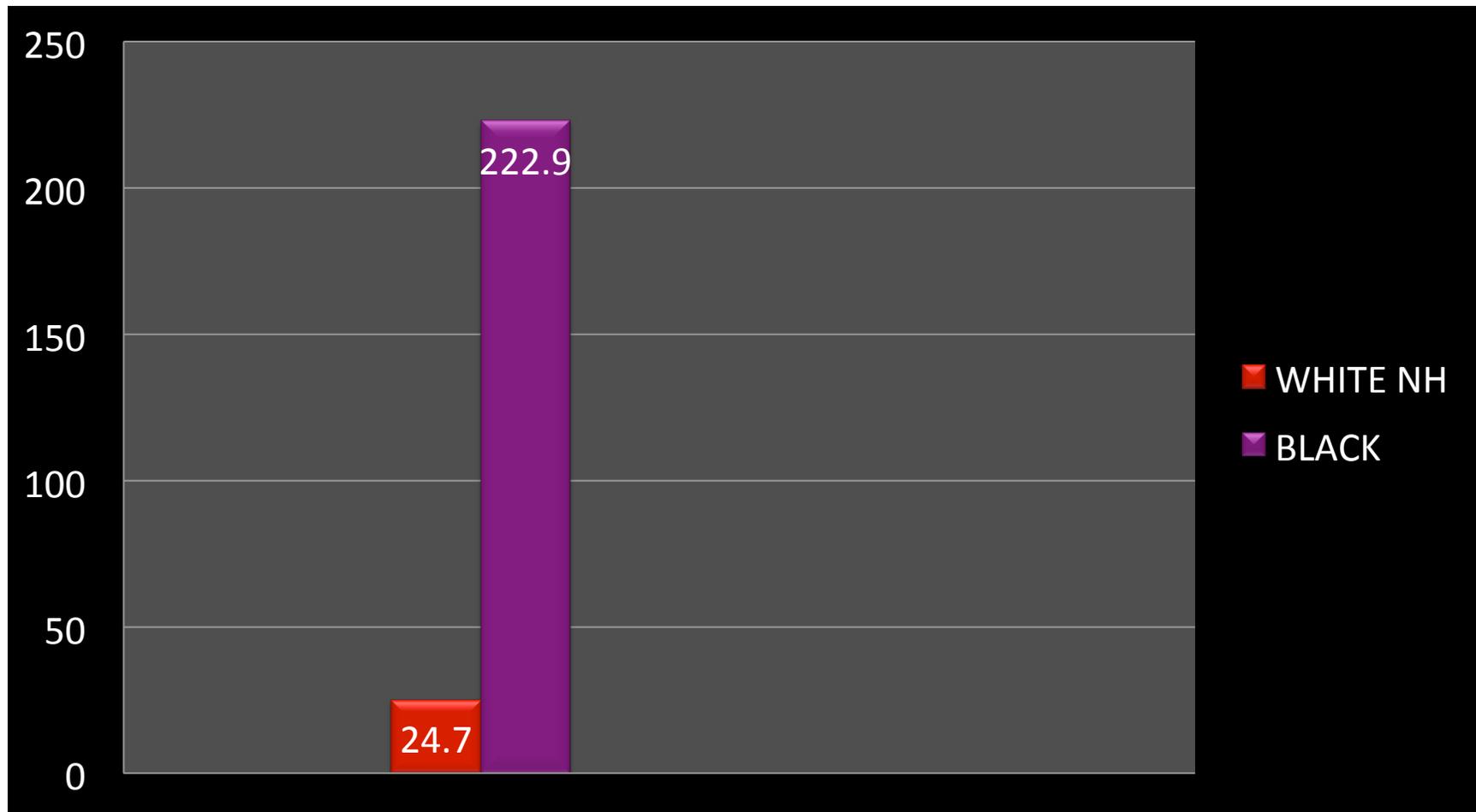
# AGE ADJUSTED DEATH RATE FOR HIV BY RACE – 2014

PER 100,000



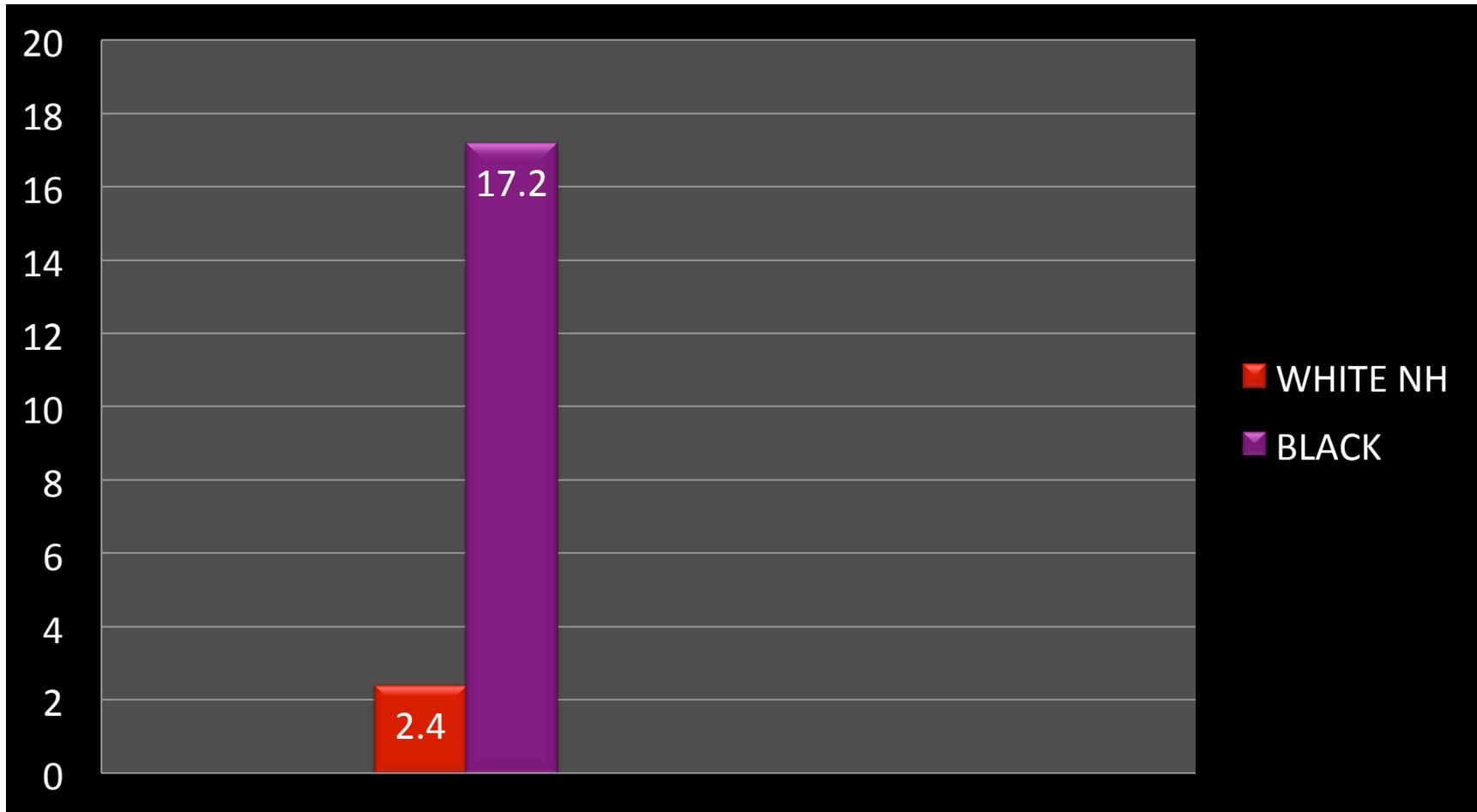
# YPLL at age 75 FOR HIV BY RACE

## 2014

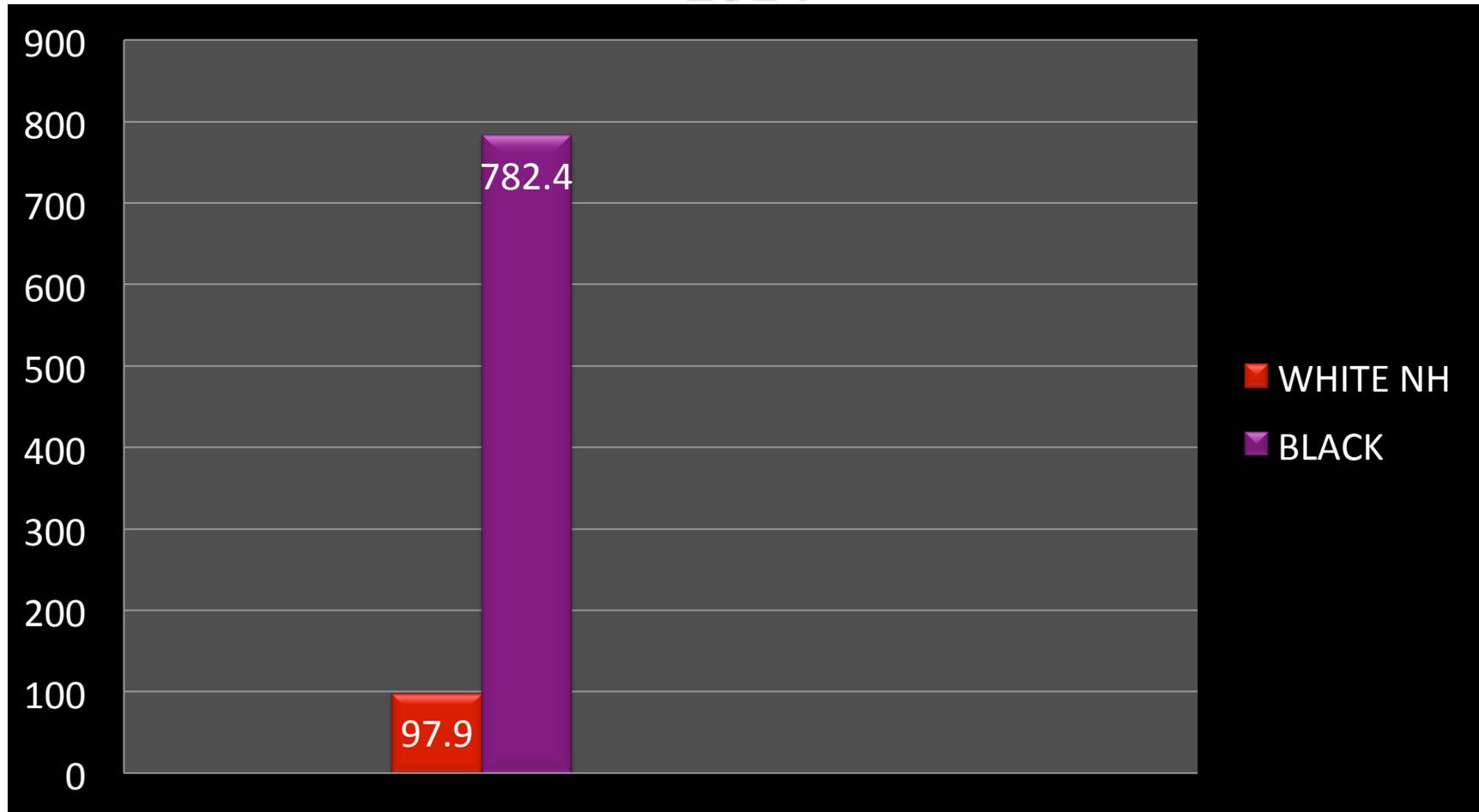


# AGE ADJUSTED DEATH RATE FOR HOMICIDE BY RACE – 2014

PER 100,000



# YPLL at age 75 FOR HOMICIDE BY RACE 2014



## TOP 10 CAUSES OF DEATH FOR BLACK MEN - 2014

All causes . . . . .	157,733
Diseases of heart . . . . .	37,962
Malignant neoplasms . . . . .	35,061
Unintentional injuries . . . . .	9,567
Cerebrovascular diseases . . . . .	7,747
Homicide . . . . .	6,798
Diabetes mellitus <sup>1</sup> . . . . .	6,452
Chronic lower respiratory diseases . . . . .	5,035
Nephritis, nephrotic syndrome and nephrosis <sup>1</sup> . . . . .	4,034
Septicemia . . . . .	2,969
Influenza and pneumonia . . . . .	2,736

**THERE IS SOME  
GOOD NEWS**

**The Washington Post**  
*Democracy Dies in Darkness*

To Your Health

# Life expectancy improves for blacks, and the racial gap is closing, CDC reports

By **Joel Achenbach** May 2 at 1:51 PM 

[https://www.washingtonpost.com/news/to-your-health/wp/2017/05/02/cdc-life-expectancy-up-for-blacks-and-the-racial-gap-is-closing/?utm\\_term=.b155e05615ea](https://www.washingtonpost.com/news/to-your-health/wp/2017/05/02/cdc-life-expectancy-up-for-blacks-and-the-racial-gap-is-closing/?utm_term=.b155e05615ea)

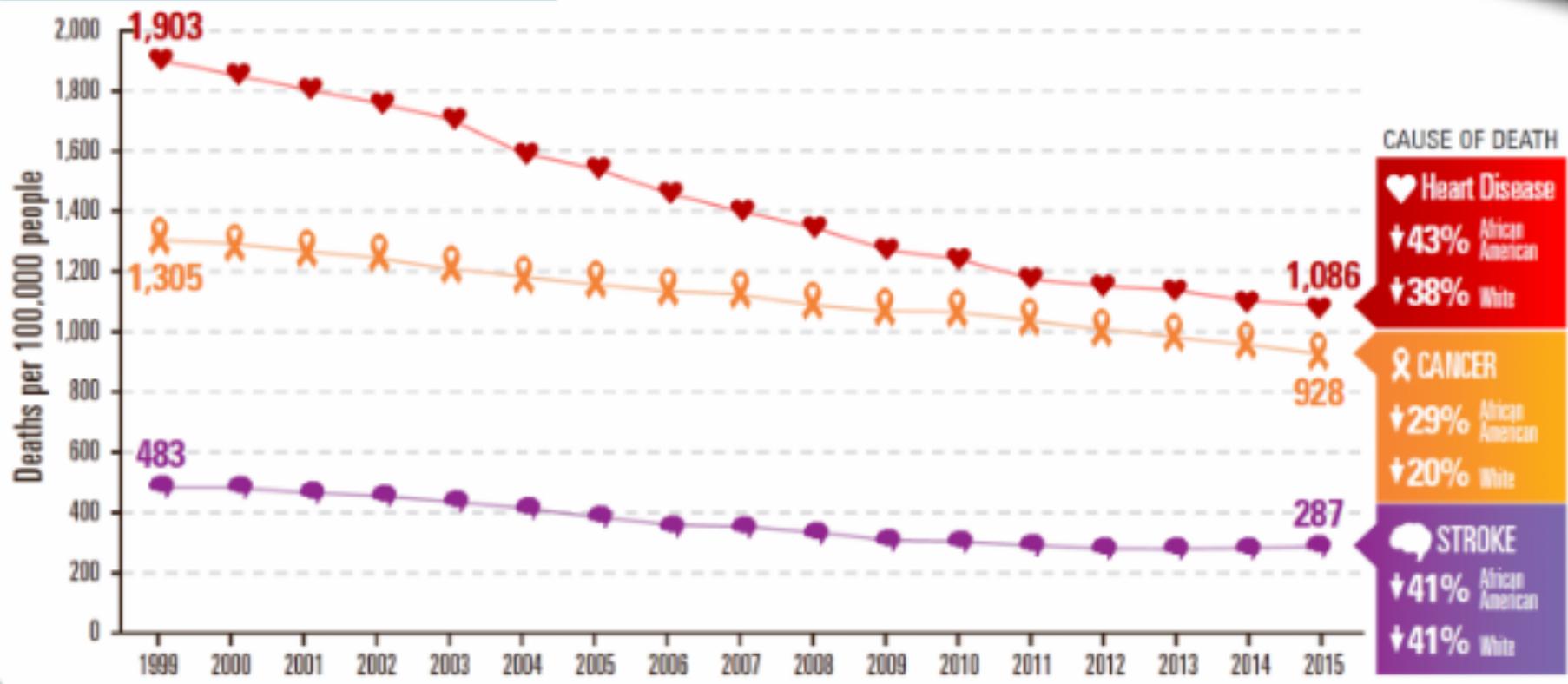
MAY 2017

CDC  
*Vital*signs™

# African American Health

Creating equal opportunities for health

## Deaths in African Americans ages 65 years and older



SOURCE: US Vital Statistics, 1999–2015.

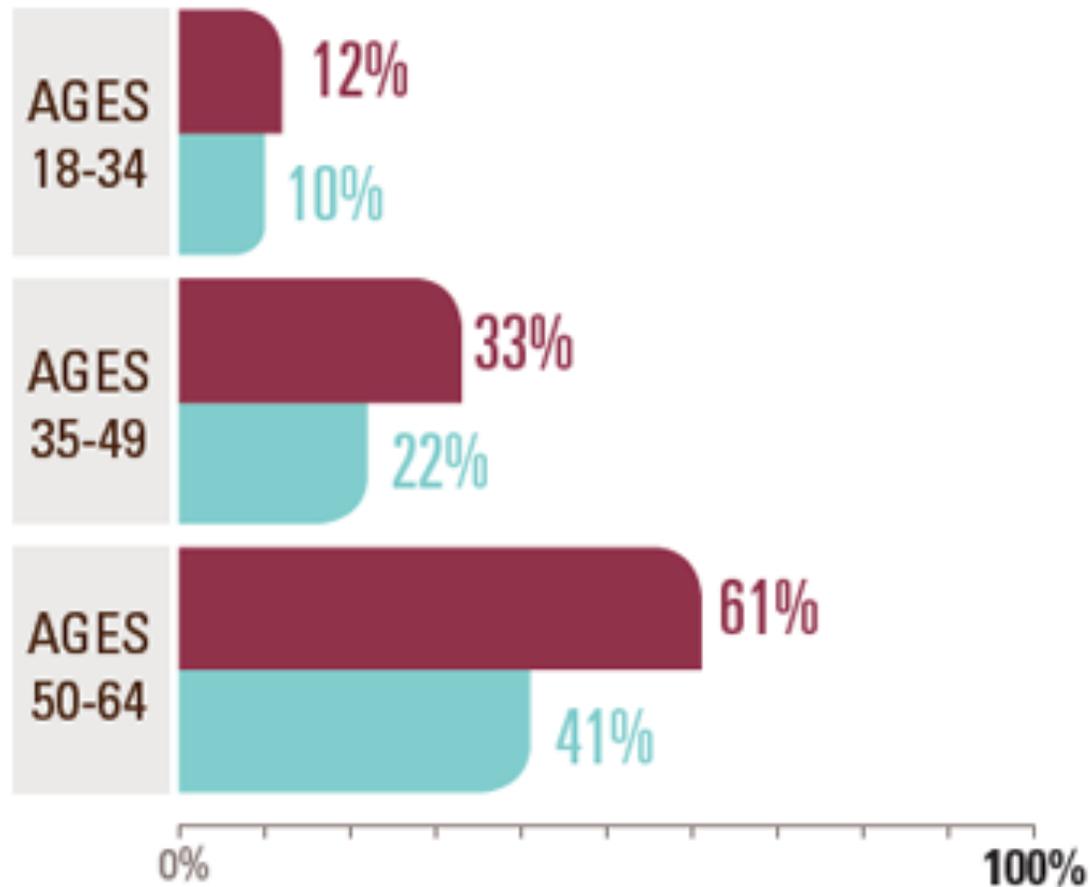
[https://www.washingtonpost.com/news/to-your-health/wp/2017/05/02/cdc-life-expectancy-up-for-blacks-and-the-racial-gap-is-closing/?utm\\_term=.b155e05615ea](https://www.washingtonpost.com/news/to-your-health/wp/2017/05/02/cdc-life-expectancy-up-for-blacks-and-the-racial-gap-is-closing/?utm_term=.b155e05615ea)

**HOWEVER.....**

Young African Americans are living with diseases more common at older ages.



# High Blood Pressure



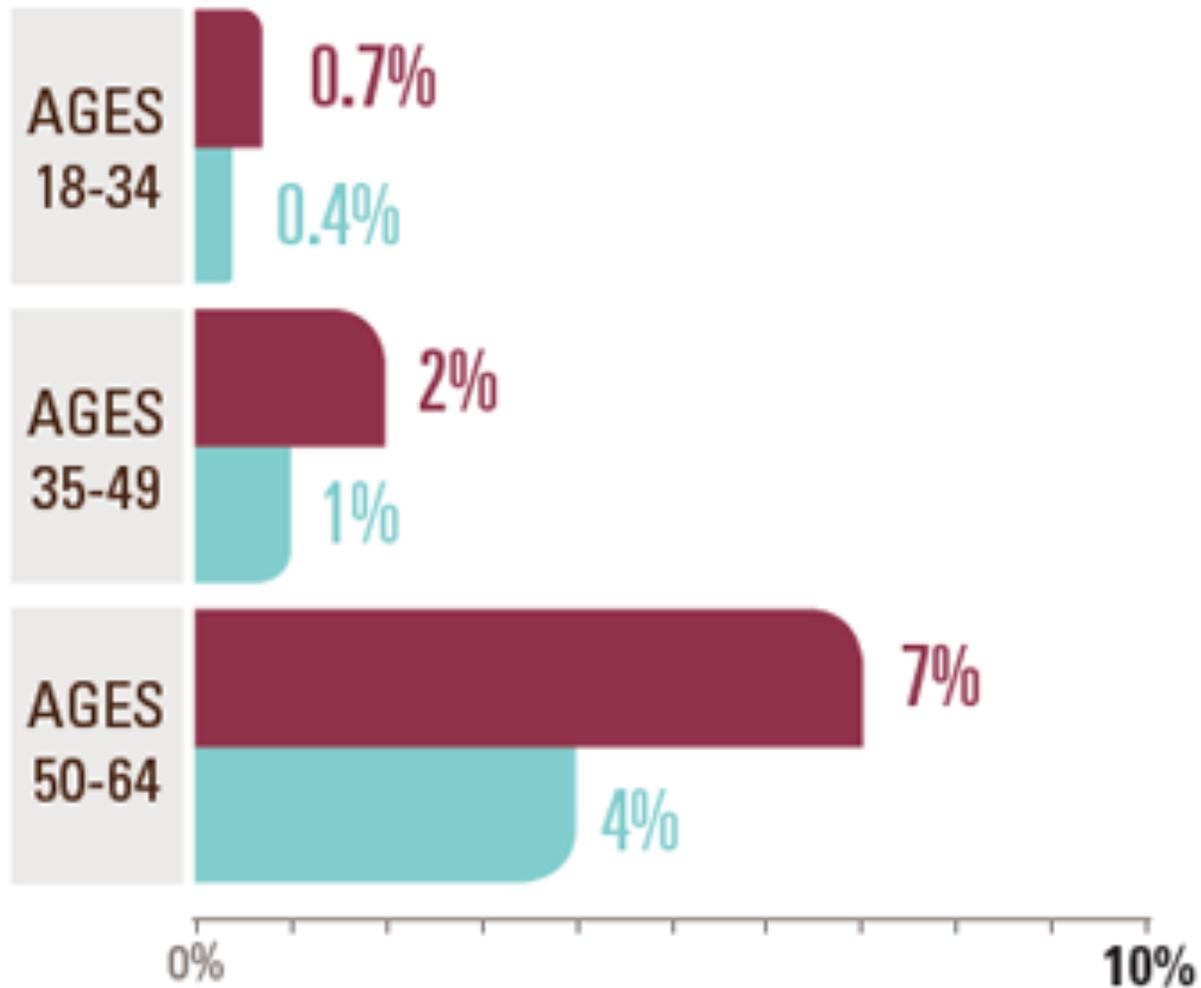
**African American**

**White**

<https://www.cdc.gov/vitalsigns/aahealth/infographic.html#graphic>



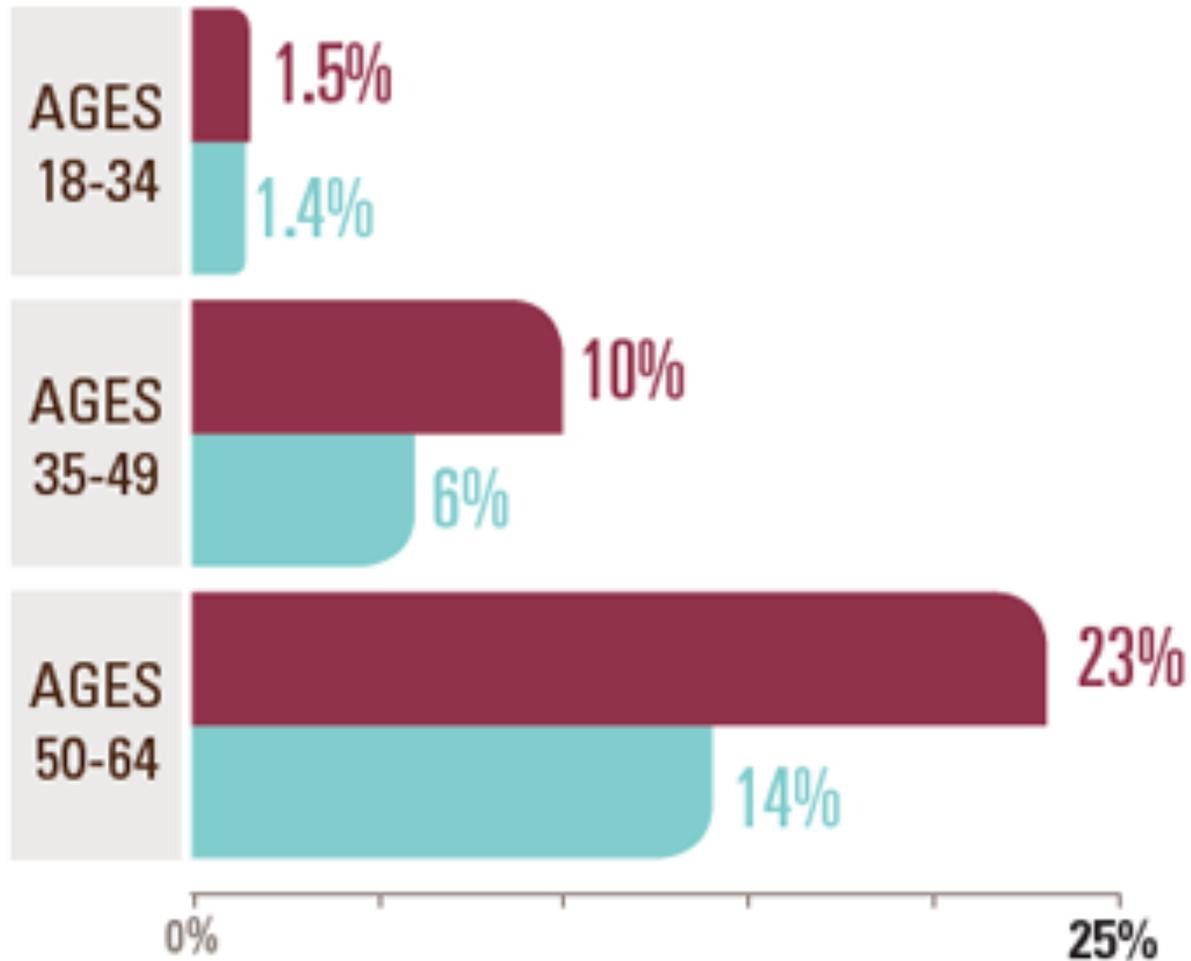
# Stroke



<https://www.cdc.gov/vitalsigns/aahealth/infographic.html#graphic>

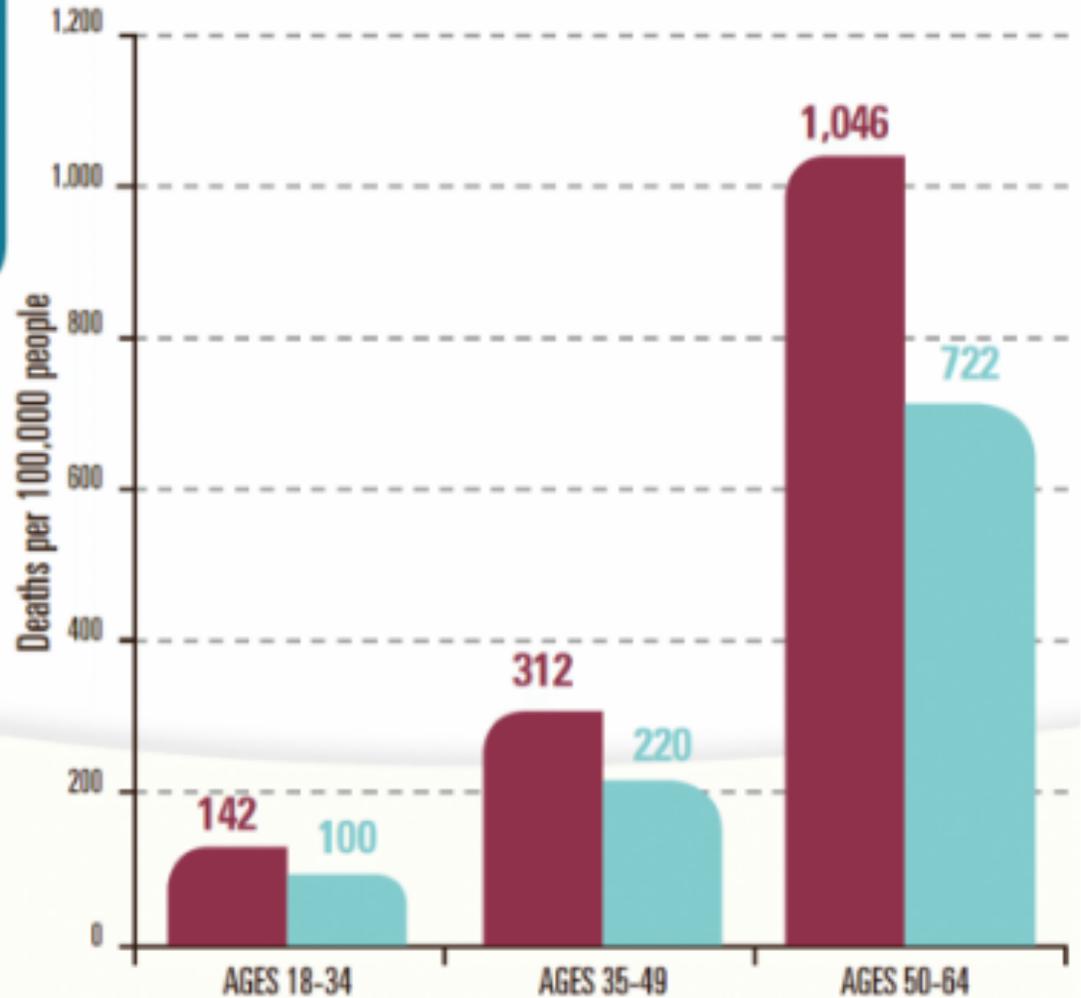


# Diabetes



<https://www.cdc.gov/vitalsigns/aahealth/infographic.html#graphic>

African Americans are more likely to die at early ages from all causes.



US Vital Statistics, 2015

[https://www.washingtonpost.com/news/to-your-health/wp/2017/05/02/cdc-life-expectancy-up-for-blacks-and-the-racial-gap-is-closing/?utm\\_term=.b155e05615ea](https://www.washingtonpost.com/news/to-your-health/wp/2017/05/02/cdc-life-expectancy-up-for-blacks-and-the-racial-gap-is-closing/?utm_term=.b155e05615ea)

**Some social factors and health risks affect African Americans at younger ages.**

**African American**

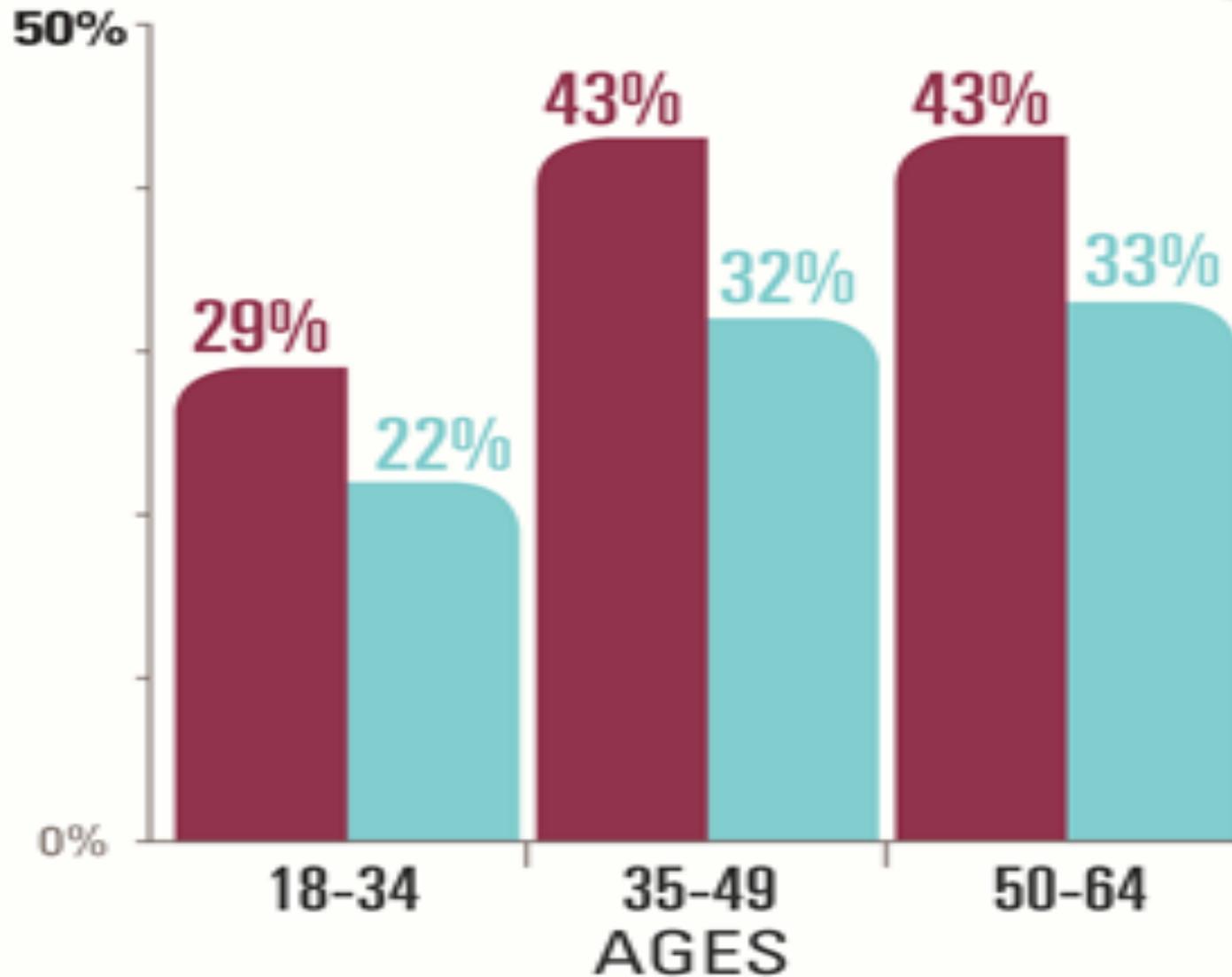


**White**





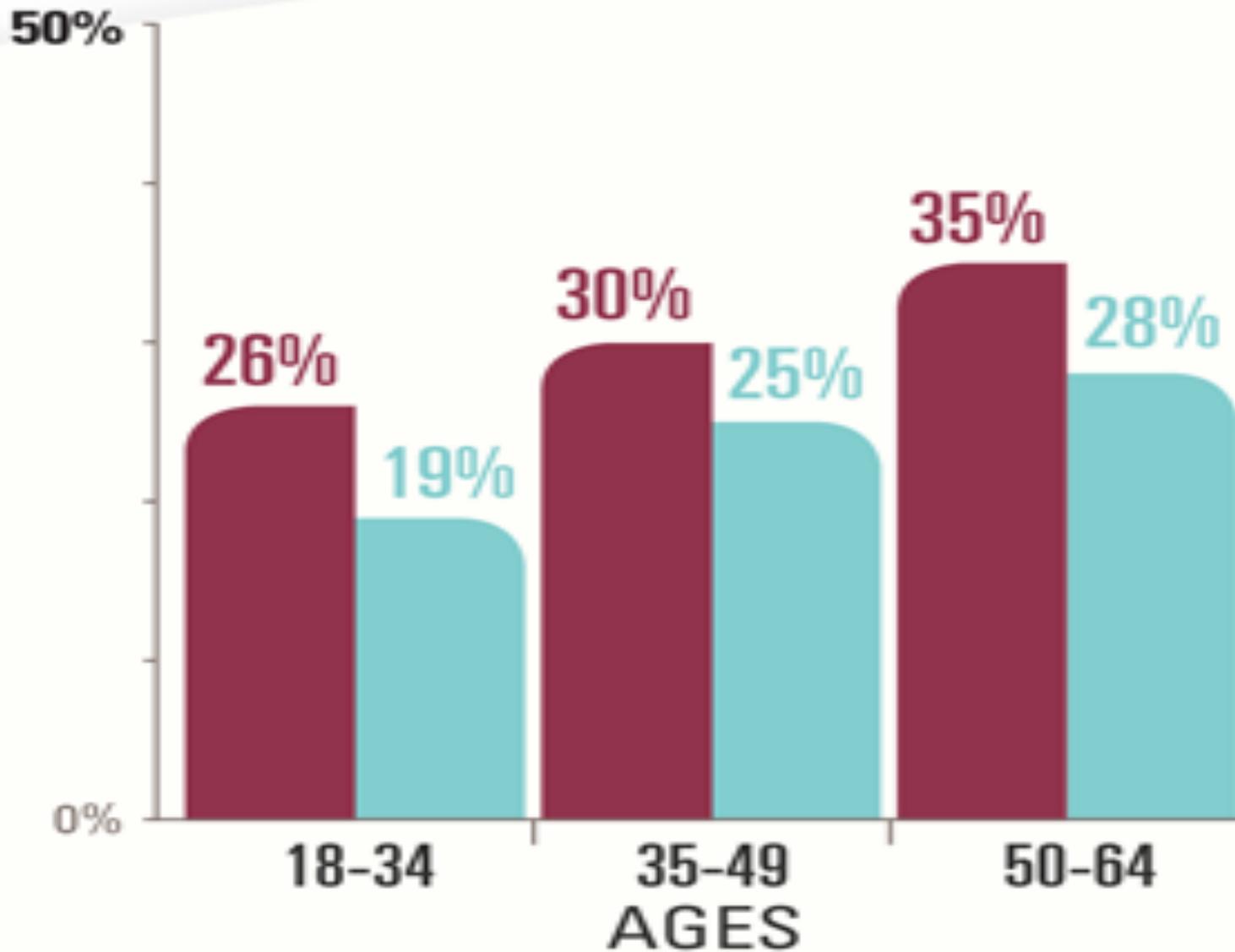
# Obesity



<https://www.cdc.gov/vitalsigns/aahealth/infographic.html#graphic>

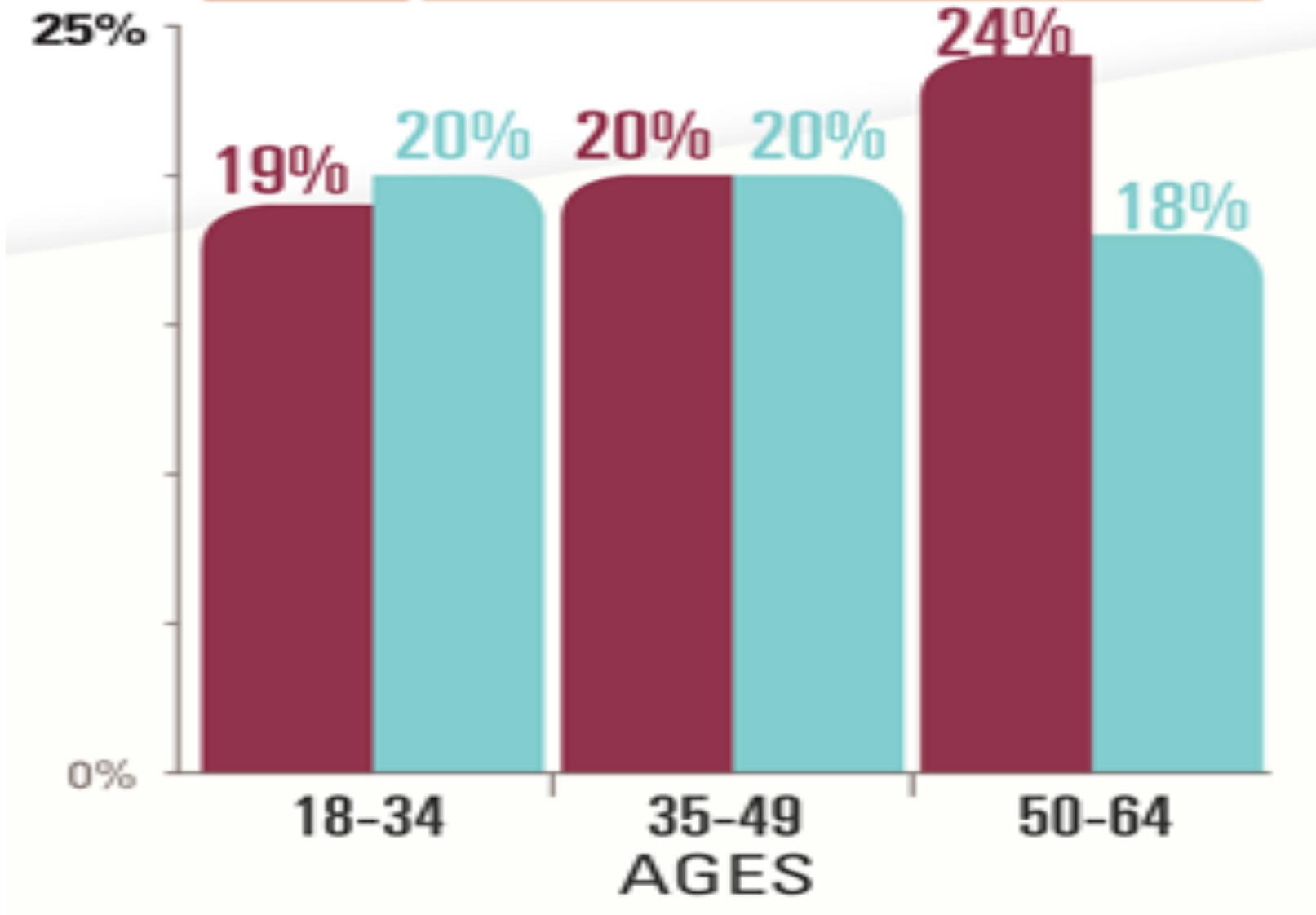


# Not active



<https://www.cdc.gov/vitalsigns/aahealth/infographic.html#graphic>

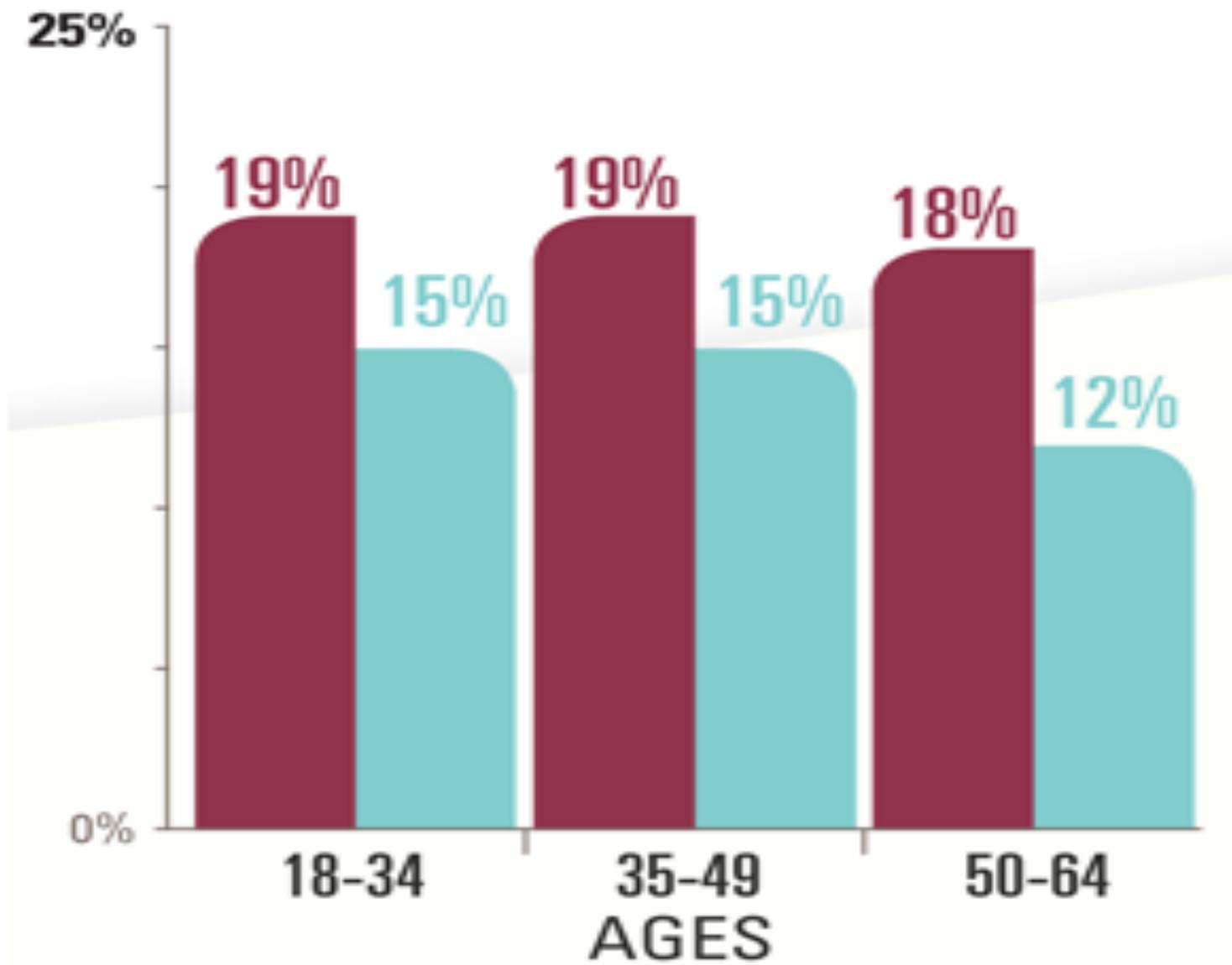
# Smoking



<https://www.cdc.gov/vitalsigns/aahealth/infographic.html#graphic>

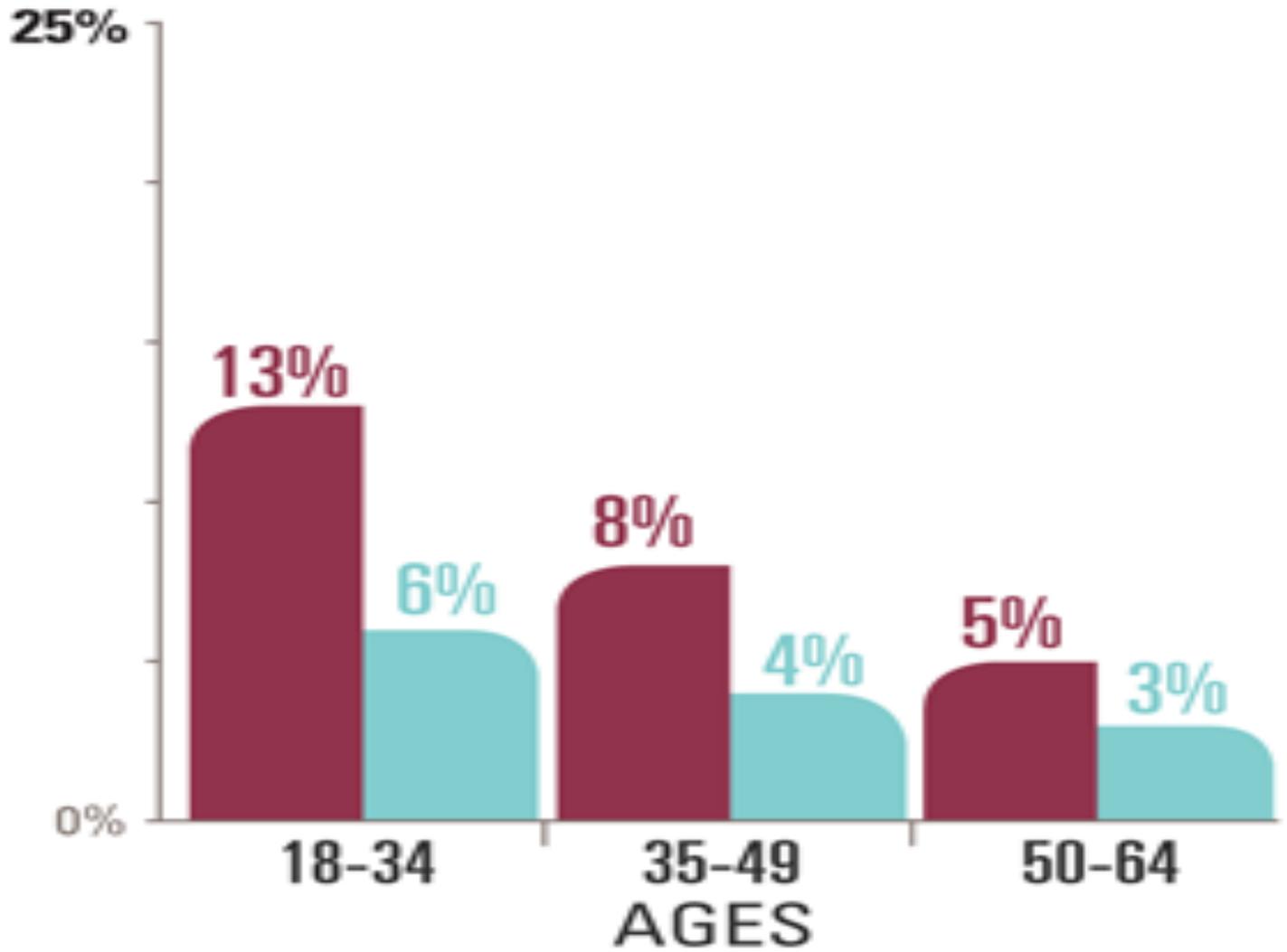


# Could not see an MD because of cost



<https://www.cdc.gov/vitalsigns/aahealth/infographic.html#graphic>

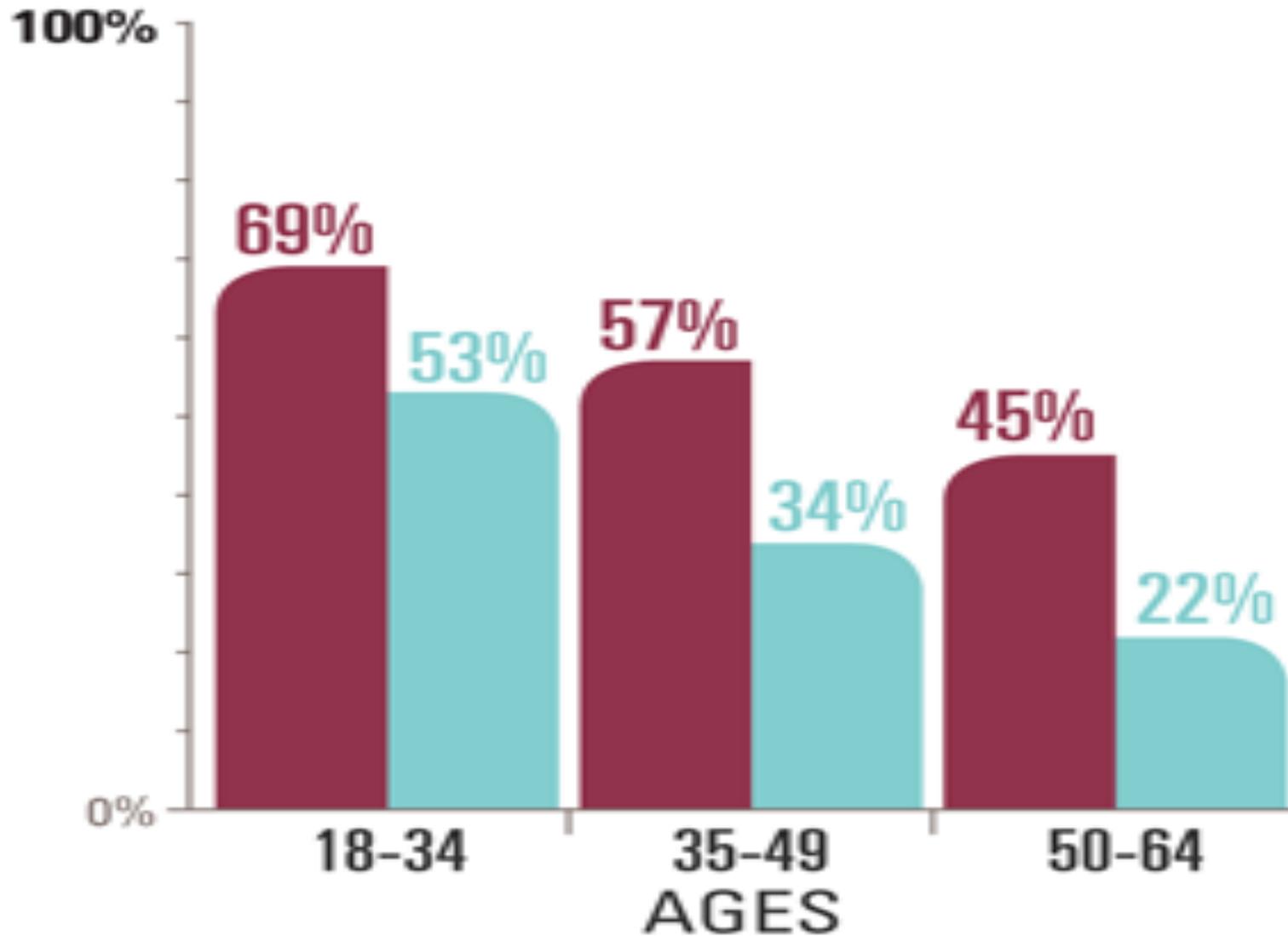
 **Unemployment**



<https://www.cdc.gov/vitalsigns/aahealth/infographic.html#graphic>

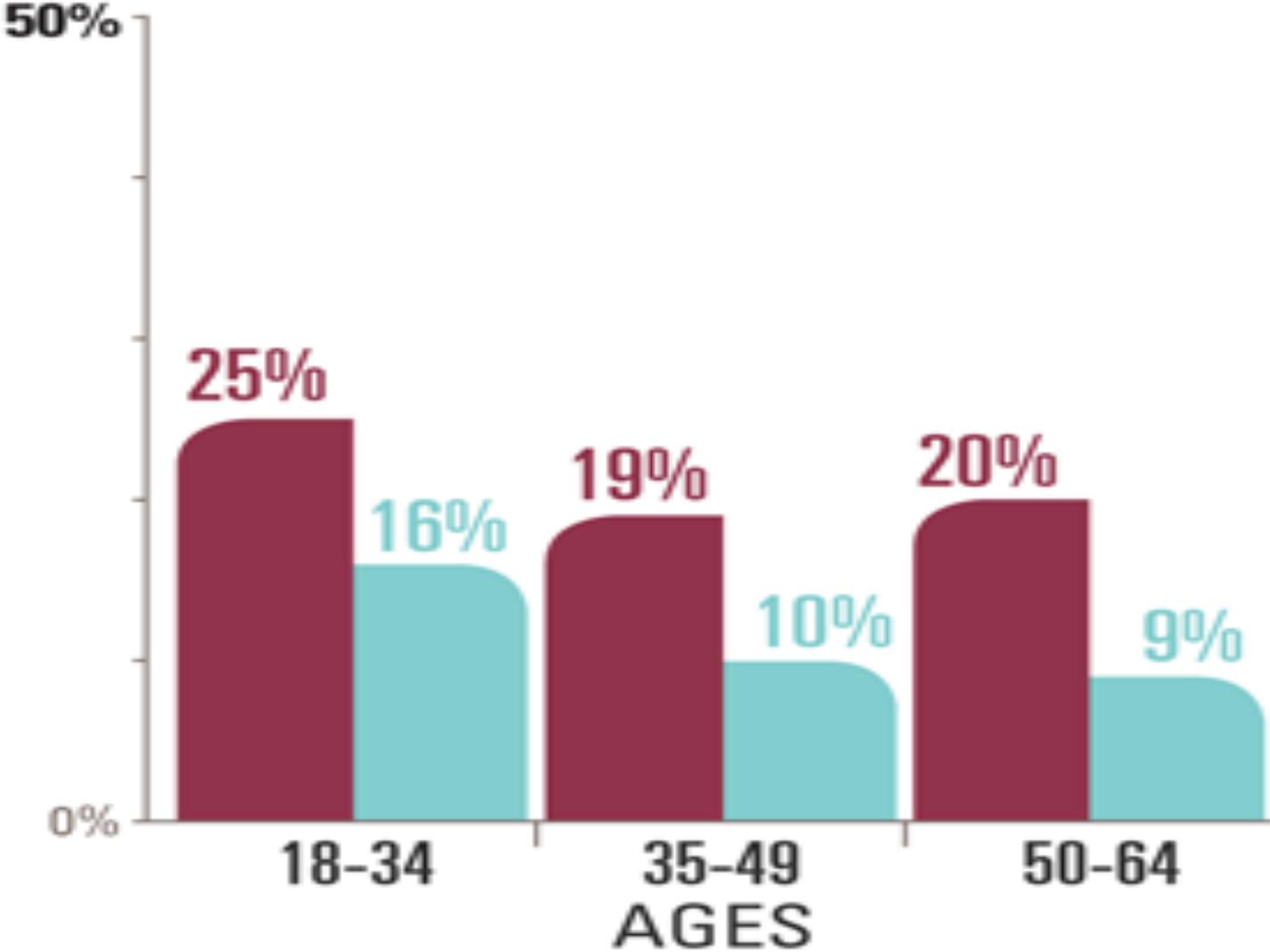


## No home ownership



<https://www.cdc.gov/vitalsigns/aahealth/infographic.html#graphic>

**\$ Living in poverty**



<https://www.cdc.gov/vitalsigns/aahealth/infographic.html#graphic>

# Healthcare providers can

- Work with communities and healthcare professional organizations to eliminate cultural barriers to care.
- Connect patients with community resources that can help people remember to take their medicine as prescribed, get prescription refills on time, and get to follow-up visits.

<https://www.cdc.gov/vitalsigns/aahealth/infographic.html#graphic>

- Learn about social and economic conditions that may put some patients at higher risk than others for having a health problem.
- Collaborate with primary care physicians to create a comprehensive and coordinated approach to patient care.
- Promote a trusting relationship by encouraging patients to ask questions.



*"But suppose God is black? What if we go to Heaven and we, all our lives, have treated the Negro as an inferior, and God is there, and we look up and He is not white? What then is our response?"*

*Robert Kennedy*

**“White brothers and sisters have been medicalized in terms of their trauma and addiction. Black and brown people have been criminalized for their trauma and addiction.”**

**Michael Eric Dyson**

<http://www.sfchronicle.com/news/article/Largely-white-opioid-epidemic-highlights-black-11043175.php>



Superpredator?

<https://pics.onsizzle.com/predator-super-predator-superpredator-10604273.png>

# Cheaper, More Addictive, and Highly Profitable: How Crack Took Over NYC in the '80s

BY ALBERT SAMAHA

TUESDAY, AUGUST 12, 2014 AT 7:30 A.M.



<http://www.villagevoice.com/news/cheaper-more-addictive-and-highly-profitable-how-crack-took-over-nyc-in-the-80s-6664480>

The *Post* notes that “a lot of misinformation surfaced” about the “crack baby” phenomenon, and cites an often-quoted column by Charles Krauthammer who in 1989 wrote:

Washington Post, August 1989

**“Theirs will be a life of certain suffering, of probable deviance, of permanent inferiority.”**

<https://mediamythalert.wordpress.com/2010/04/18/skirting-the-medias-role-in-the-crack-baby-scare/>

Krauthammer also wrote in that column:

**“The inner-city crack epidemic is now giving birth to the newest horror: a bio-underclass, a generation of physically damaged cocaine babies whose biological inferiority is stamped at birth.”**

<https://mediamythalert.wordpress.com/2010/04/18/skirting-the-medias-role-in-the-crack-baby-scare/>

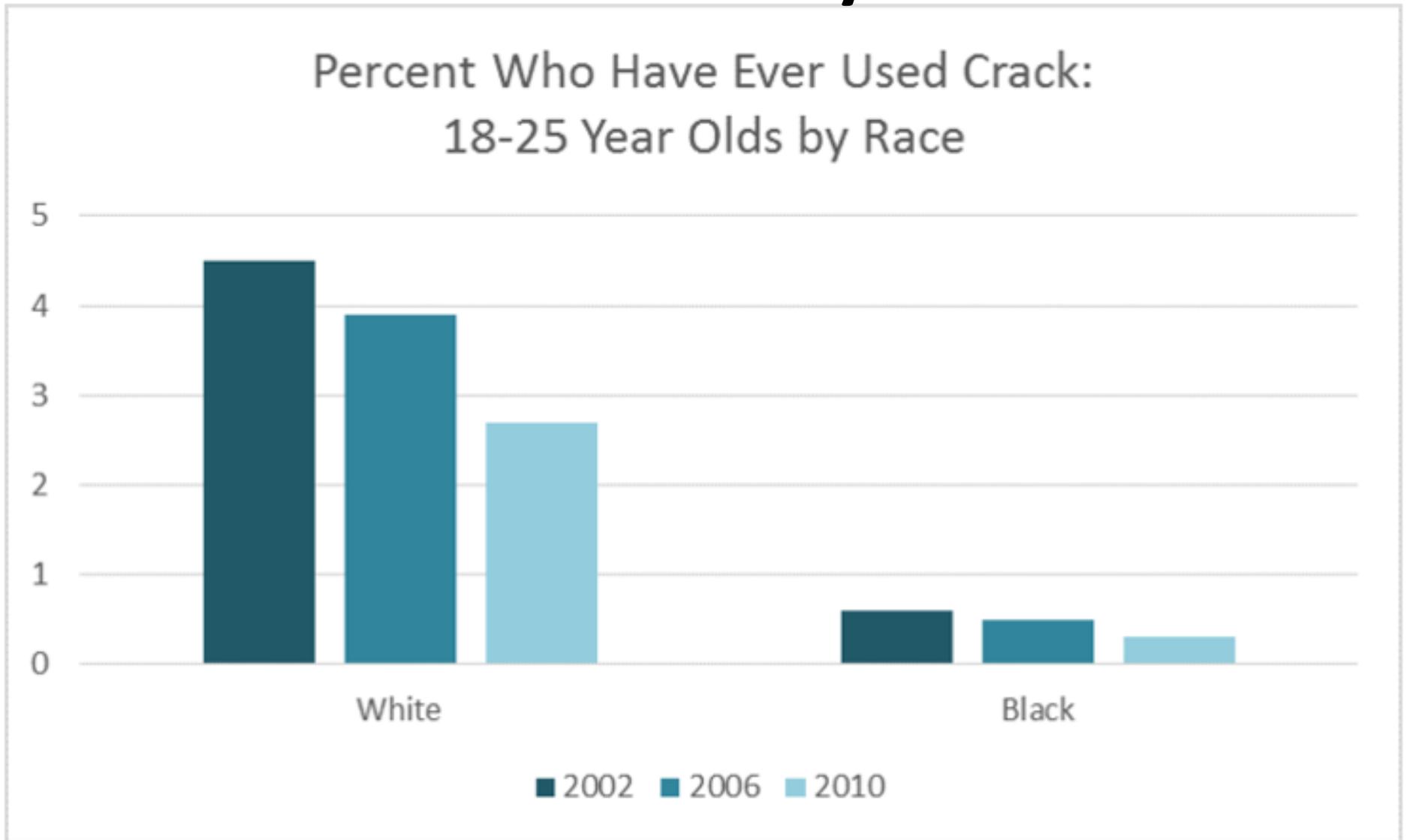
**The New York Times**  
NYTIMES.COM

## **The Epidemic That Wasn't**

By SUSAN OKIEJAN. 26, 2009

But now researchers are systematically following children who were exposed to cocaine before birth, and their findings suggest that the encouraging stories of Ms. H.'s daughters are anything but unusual. So far, these scientists say, the long-term effects of such exposure on children's brain development and behavior appear relatively small.

# Criminal Justice Policy Foundation



<https://www.cjpf.org/who-uses-crack-cocaine-and-why/>



▶ AdChoices



# More Americans say race relations deteriorating: Reuters poll

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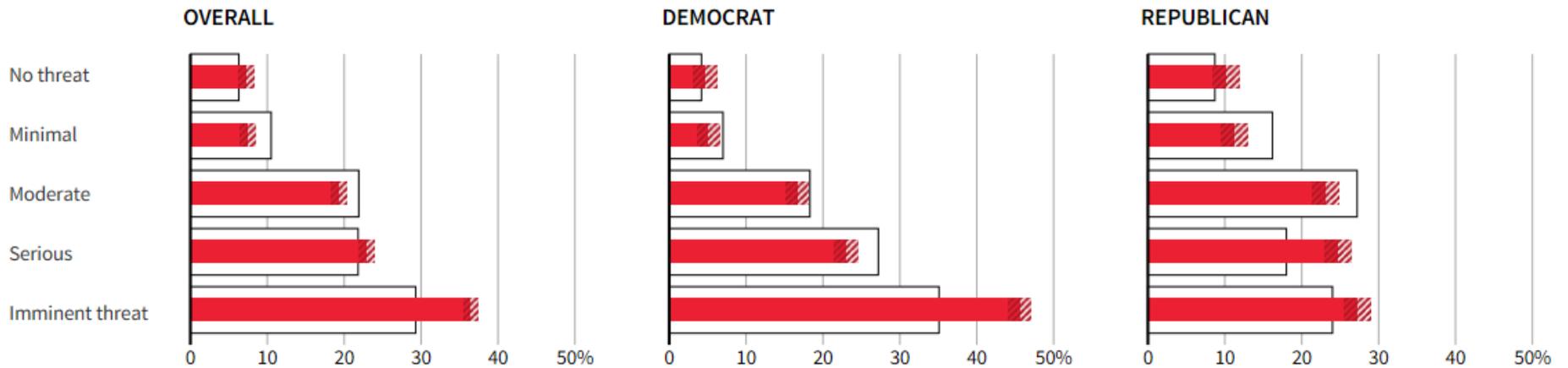
By **John Whitesides** 3 hrs ago

<http://www.msn.com/en-us/news/us/more-americans-say-race-relations-deteriorating-reuters-poll/ar-BBAAtAHK?li=AA4ZnC&ocid=spartanntp>

# HOW MUCH OF A THREAT DOES RACISM AND BIGOTRY POSE TO THE UNITED STATES? 2015 vs 2017

□ 2015 ■ 2017

How much of a threat does racism and bigotry pose to the United States?



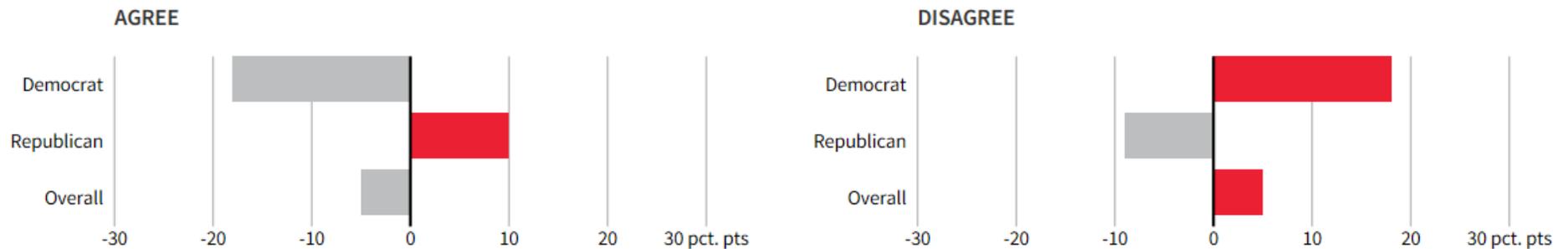
<http://fingfx.thomsonreuters.com/gfx/rngs/USA-TRUMP-POLL-RACE/010040W71X6/index.html>

# AMERICA INCREASINGLY IS A PLACE WHERE I FEEL FREE TO SAY WHAT I REALLY THINK?

Change, 11/8/16 vs 03/28 - 04/03/17

America increasingly is a place where I feel free to say what I really think?

CHANGE, NOVEMBER 8, 2016 VS. MARCH 28-APRIL 3, 2017



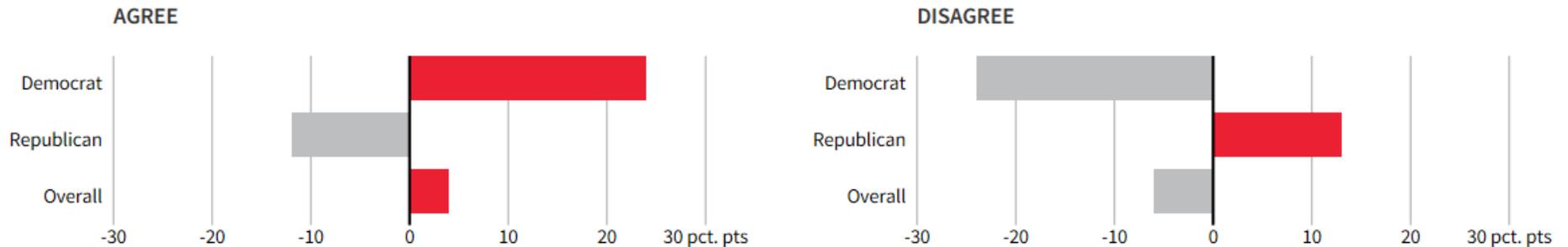
<http://fingfx.thomsonreuters.com/gfx/rngs/USA-TRUMP-POLL-RACE/010040W71X6/index.html>

# THESE DAYS I FEEL LIKE A STRANGER IN MY OWN COUNTRY ?

Change, 11/8/16 vs 03/28 - 04/03/17

## These days I feel like a stranger in my own country?

CHANGE, NOVEMBER 8, 2016 VS. MARCH 28-APRIL 3, 2017



<http://fingfx.thomsonreuters.com/gfx/rngs/USA-TRUMP-POLL-RACE/010040W71X6/index.html>

the signal and the noise  
the noise and the signal  
why so many predictions fail—  
but some don't

**Nate Silver** ✓

@NateSilver538

 Follow



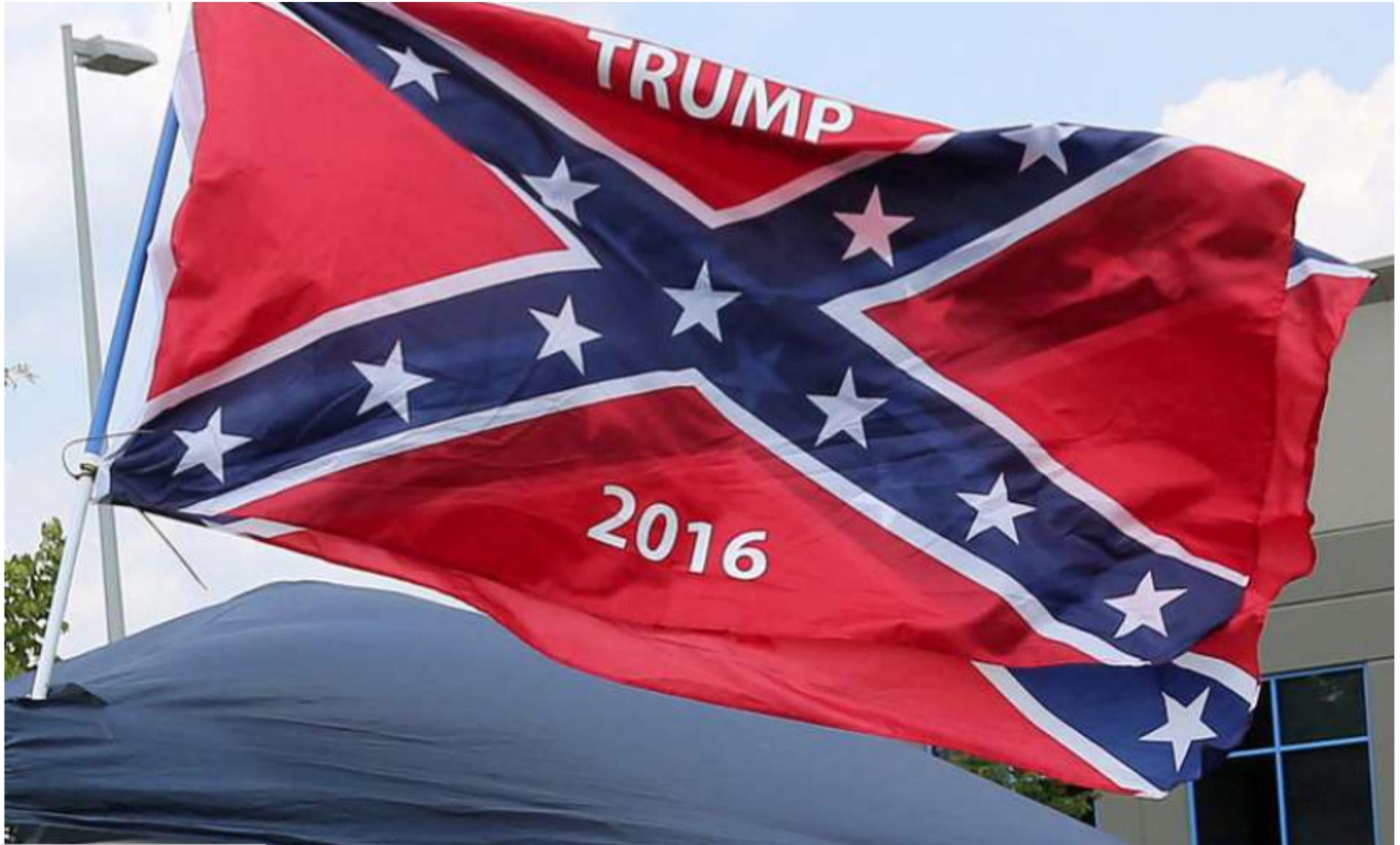
Strongest correlate I've found for Trump support is Google searches for the n-word. Others have reported this too:



**Donald Trump's Strongest Supporters: A Certain Kind of D...**

In a survey, he also excels among low-turnout voters and among the less affluent and the less educated, so the question is: Will they show up to vote?

[nytimes.com](https://www.nytimes.com)



TRUMP

2016



The plague of racism is insidious, entering into our minds as smoothly and quietly and invisibly as floating airborne microbes enter into our bodies to find lifelong purchase in our bloodstreams.

(Maya Angelou)

[izquotes.com](http://izquotes.com)

# PRO PUBLICA/ CONSUMER REPORTS

## APRIL 21, 2017



PHOTO: ALYSSA SCHUKAR

## **Car Insurance Companies Charge Higher Rates in Some Minority Neighborhoods**

<http://www.consumerreports.org/consumer-protection/car-insurance-companies-charge-higher-rates-in-some-minority-neighborhoods/>

**SPORTS ILLUSTRATED MAY 2, 2017**

**Sports Illustrated**

# Why Boston's sports teams can't escape the city's racism

---

Sean Gregory 12 hrs ago

<http://www.msn.com/en-us/sports/more-sports/why-bostons-sports-teams-cant-escape-the-citys-racism/ar-BBAEZjh?li=BBmkt5R&ocid=spartanntp>

# Orioles' Adam Jones says he was called N-word multiple times at Fenway Park



<http://www.msn.com/en-us/sports/more-sports/why-bostons-sports-teams-cant-escape-the-citys-racism/ar-BBAEZjh?li=BBmkt5R&ocid=spartanntp>

Boston Red Sox, Fenway

# Orioles' Adam Jones Says Racial Slurs, Peanuts Hurled at Him at Fenway Park

The all-star outfielder called it one of the worst experiences of his career.

By Kyle Scott Clauss | Boston Daily | May 2, 2017, 9:40 a.m.

f | 2 | t | 1 | p | 0 | r | 5 | e | 5



**PIKEVILLE, KENTUCKY**  
**APRIL 29, 2017**



People made Nazi-style salutes during a white nationalist rally in downtown Pikeville. Protesters gathered to protest the rally. **Alex Slitz** - [aslitz@herald-leader.com](mailto:aslitz@herald-leader.com)



HATE, IT HAS CAUSED  
A LOT OF PROBLEMS IN  
THE WORLD, BUT HAS  
NOT SOLVED ONE YET.

MAYA ANGELOU (1928-2014)

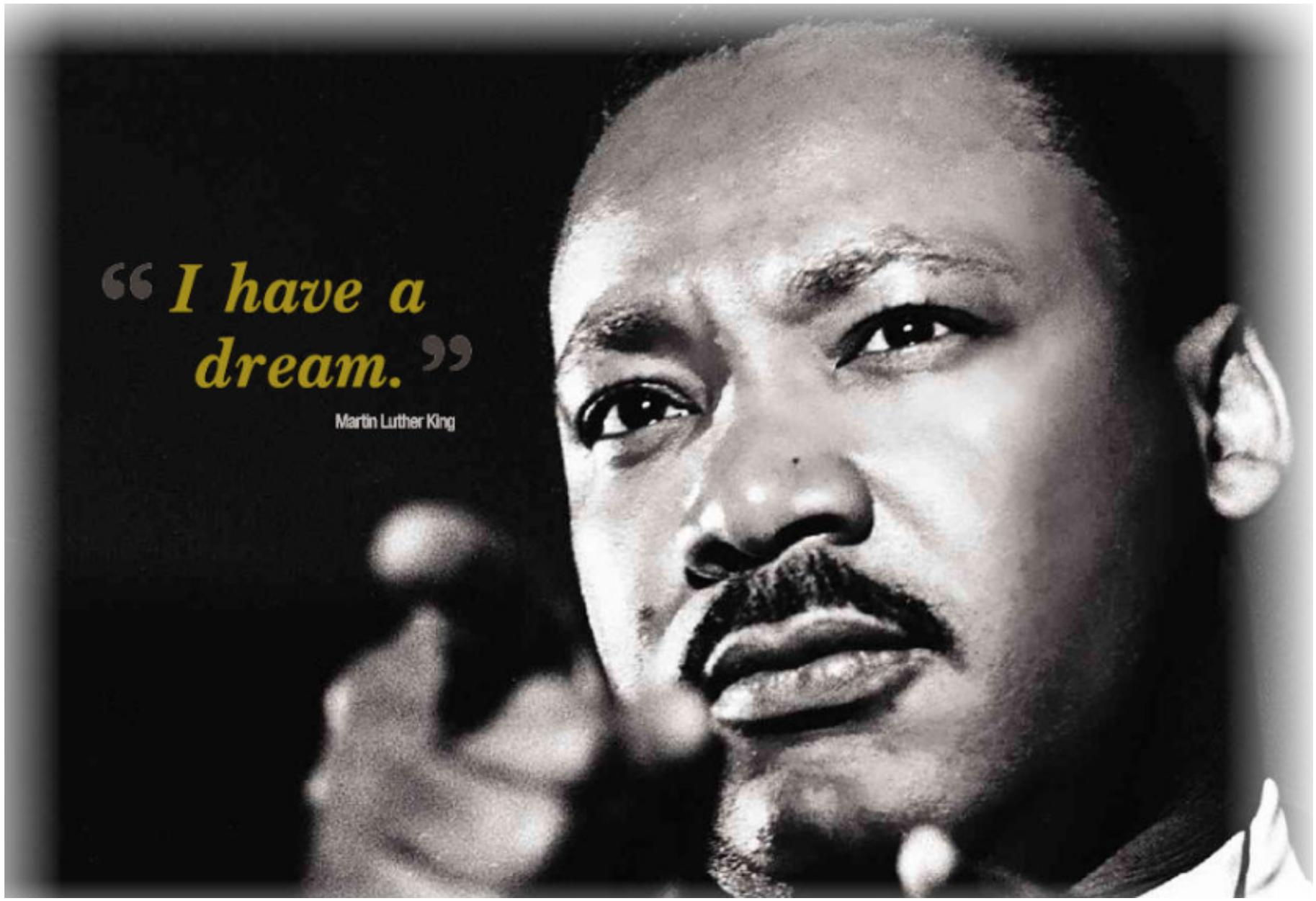
**@911WELL**

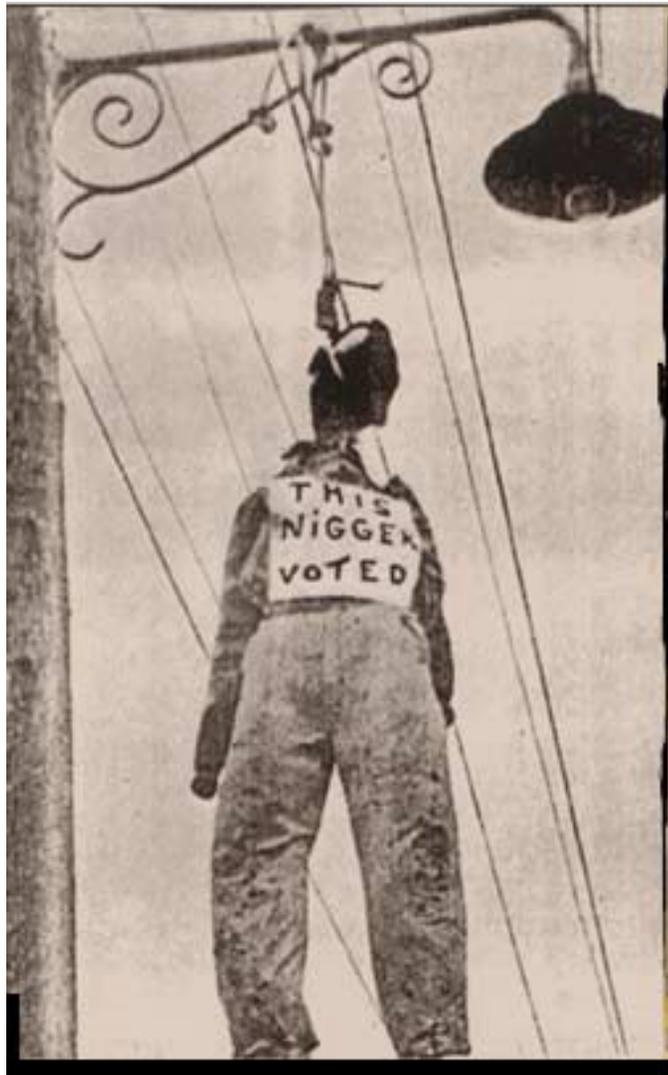


Anti-facist protesters gather Saturday, April 29, 2017, to counter a white nationalist rally in Pikeville, Ky.  
**John Flavell** - The Herald-Leader

*“ I have a  
dream. ”*

Martin Luther King





**YOU ARE A U.S. CITIZEN.**  
It is the Jim Crow era.  
**You want to vote.**

But as an African American  
in the American South, you  
face **overwhelming** challenges.  
Try to register to vote  
and cast your ballot.

**ENTER** 



**"NO ONE IS BORN HATING ANOTHER PERSON  
BECAUSE OF THE COLOR OF HIS SKIN, OR HIS  
BACKGROUND, OR HIS RELIGION. PEOPLE MUST  
LEARN TO HATE, AND IF THEY CAN LEARN TO  
HATE, THEY CAN BE TAUGHT TO LOVE, FOR LOVE  
COMES MORE NATURALLY TO THE HUMAN HEART  
THAN ITS OPPOSITE."**

**-NELSON MANDELA**

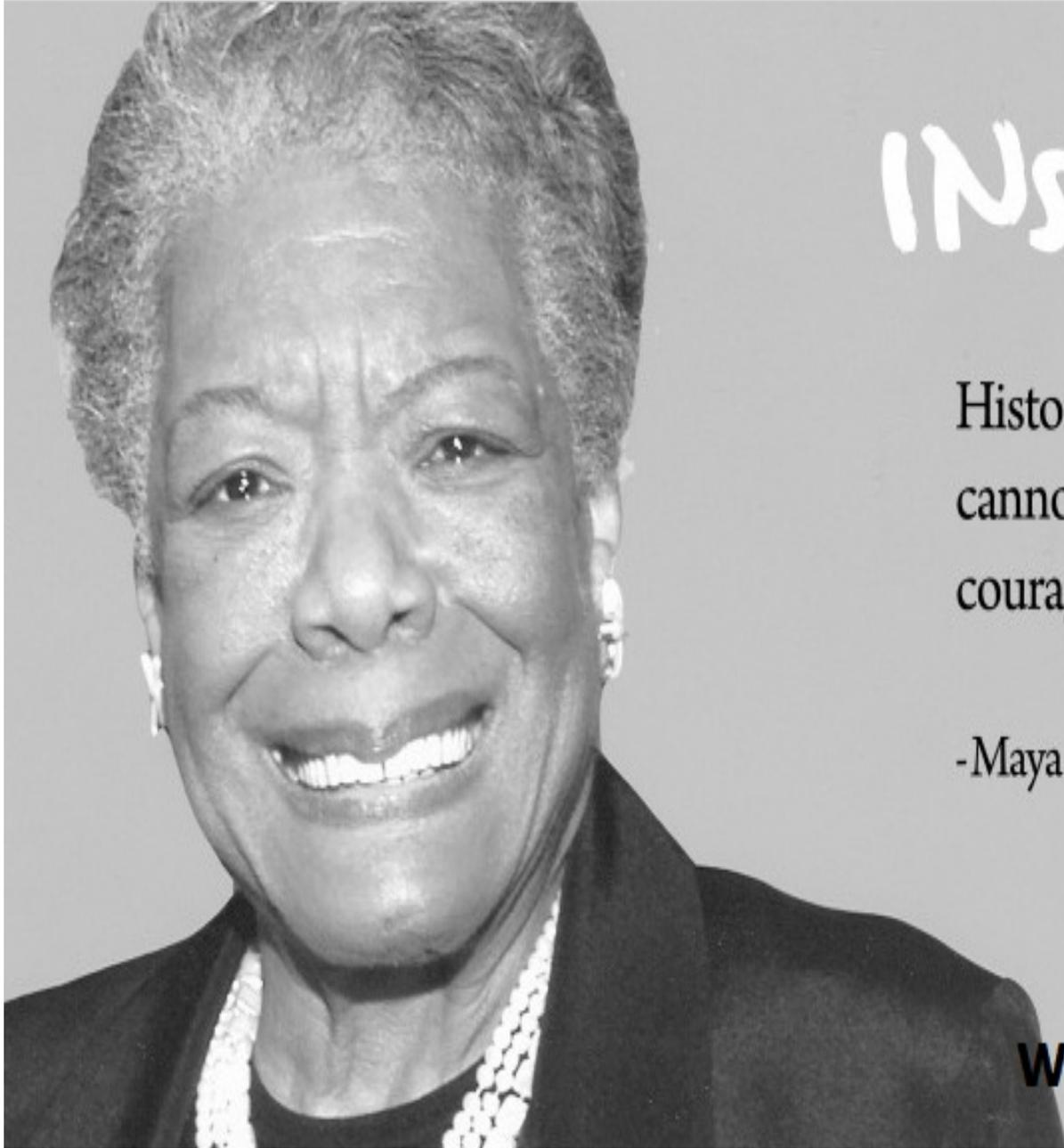










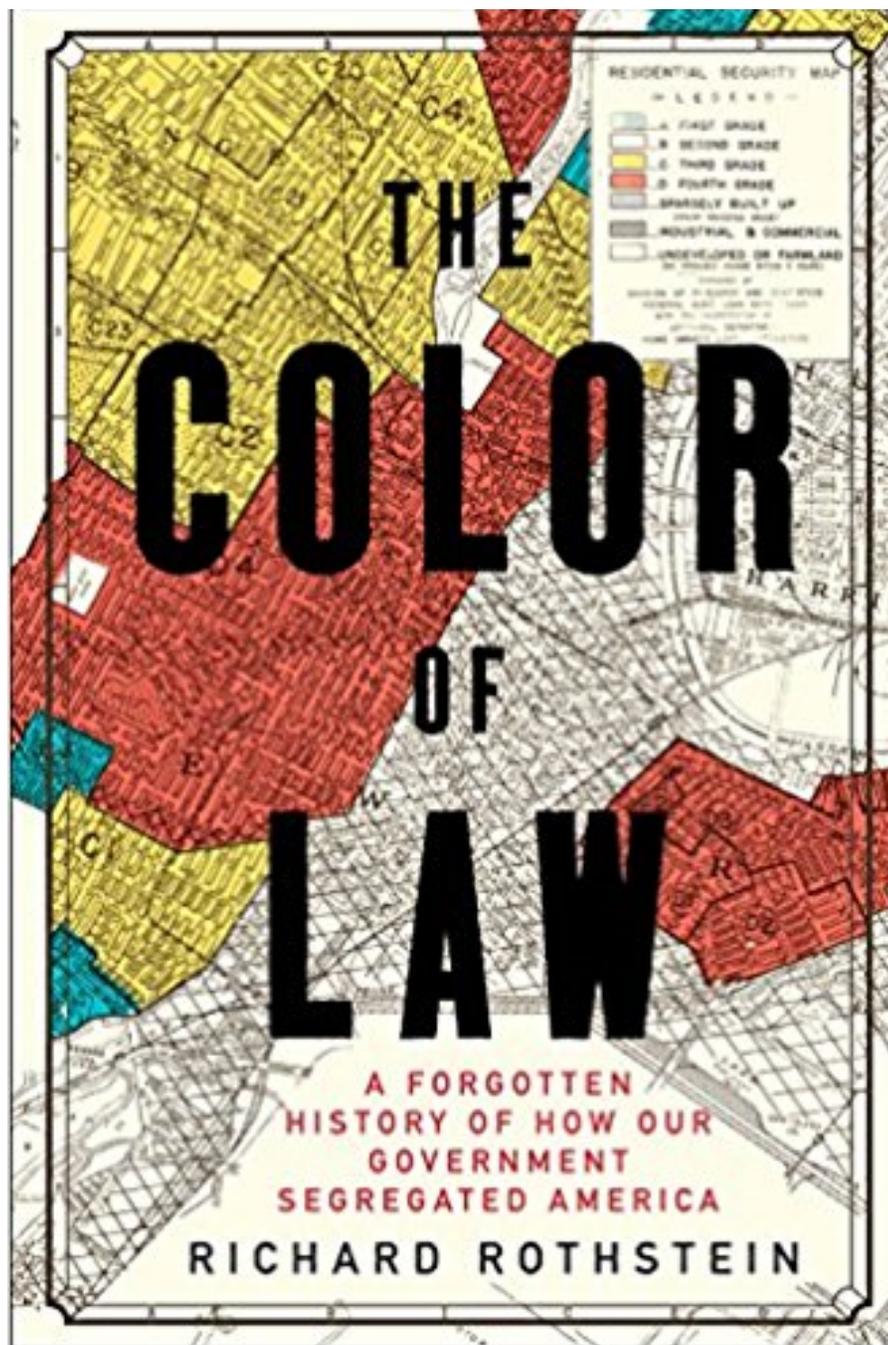


# INsightful

History, despite its wrenching pain,  
cannot be unlived, but if faced with  
courage, need not be lived again.

-Maya Angelou

[www.quotes160.com](http://www.quotes160.com)



THE  
**COLOR**  
OF  
**LAW**

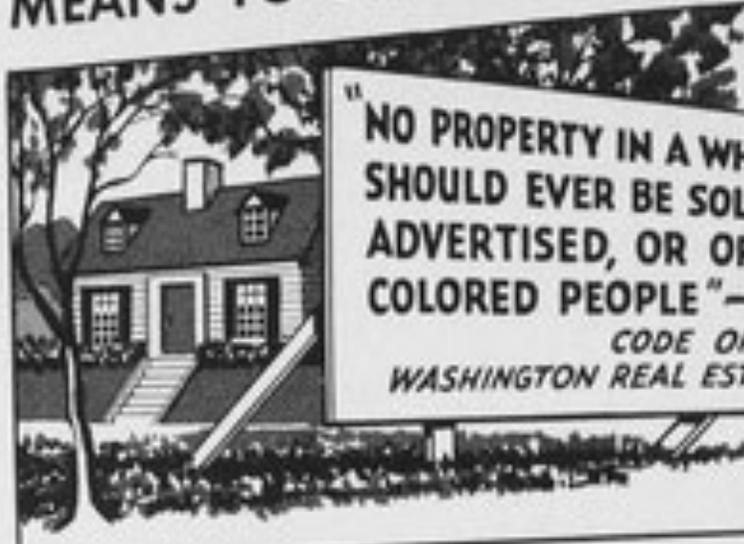
A FORGOTTEN  
HISTORY OF HOW OUR  
GOVERNMENT  
SEGREGATED AMERICA

RICHARD ROTHSTEIN



**WE WANT WHITE  
TENANTS IN OUR  
WHITE COMMUNITY**

# WHAT HOUSING SEGREGATION MEANS TO THE CAPITAL'S NEGROES



**"NO PROPERTY IN A WHITE SECTION  
SHOULD EVER BE SOLD, RENTED,  
ADVERTISED, OR OFFERED TO  
COLORED PEOPLE" —**

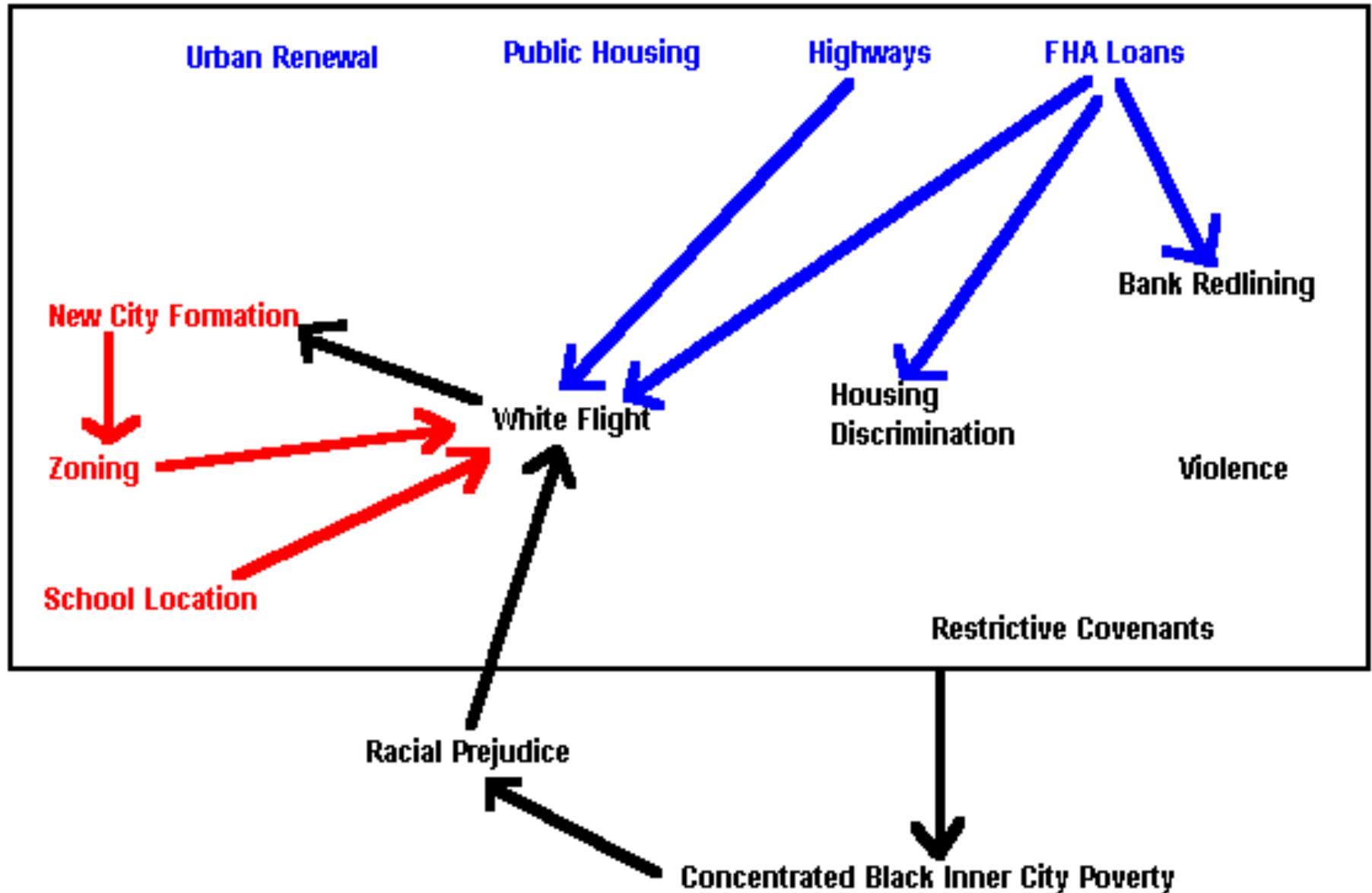
*CODE OF ETHICS —  
WASHINGTON REAL ESTATE BOARD*

The segregated Negro  
has little hope of  
leaving his racial en-  
closure.





## Causes of Residential Racial Segregation



***“...RESIDENTIAL SEGREGATION IS ASSOCIATED WITH ADVERSE BIRTH OUTCOMES, INCREASED EXPOSURE TO AIR POLLUTANTS, DECREASED LONGEVITY, INCREASED RISK OF CHRONIC DISEASE AND INCREASED RATES OF HOMICIDE AND OTHER CRIMES”***

***“RESIDENTIAL SEGREGATION ALSO SYSTEMATICALLY SHAPES HEALTH-CARE ACCESS, UTILISATION, AND QUALITY AT THE NEIGHBOUROOD, HEALTH-CARE SYSTEM, PROVIDER AND INDIVIDUAL LEVELS”***

Some men see the world as it is and  
say 'Why?' I see the world as it could  
be and say, 'Why not?'

— *Robert Kennedy* —





EXCEPT FOR A FEW  
OUTLIERS... RACISM  
IS OVER!

SUPREME  
COURT

STOP  
AND  
FRISK

STERLING

CLIVEN  
BUNDY

TRAYVON  
MARTIN

PAULA  
DEEN

RACISM  
IN AMERICA

4/30  
DARKO  
COWARD  
DAILY TRIBUNE  
CARTOONS.COM  
© 2014

Nothing in the world is more dangerous than a sincere ignorance and conscientious stupidity.

Martin Luther King Jr.





 **BAMA-GARE**

Coming soon to a clinic near you

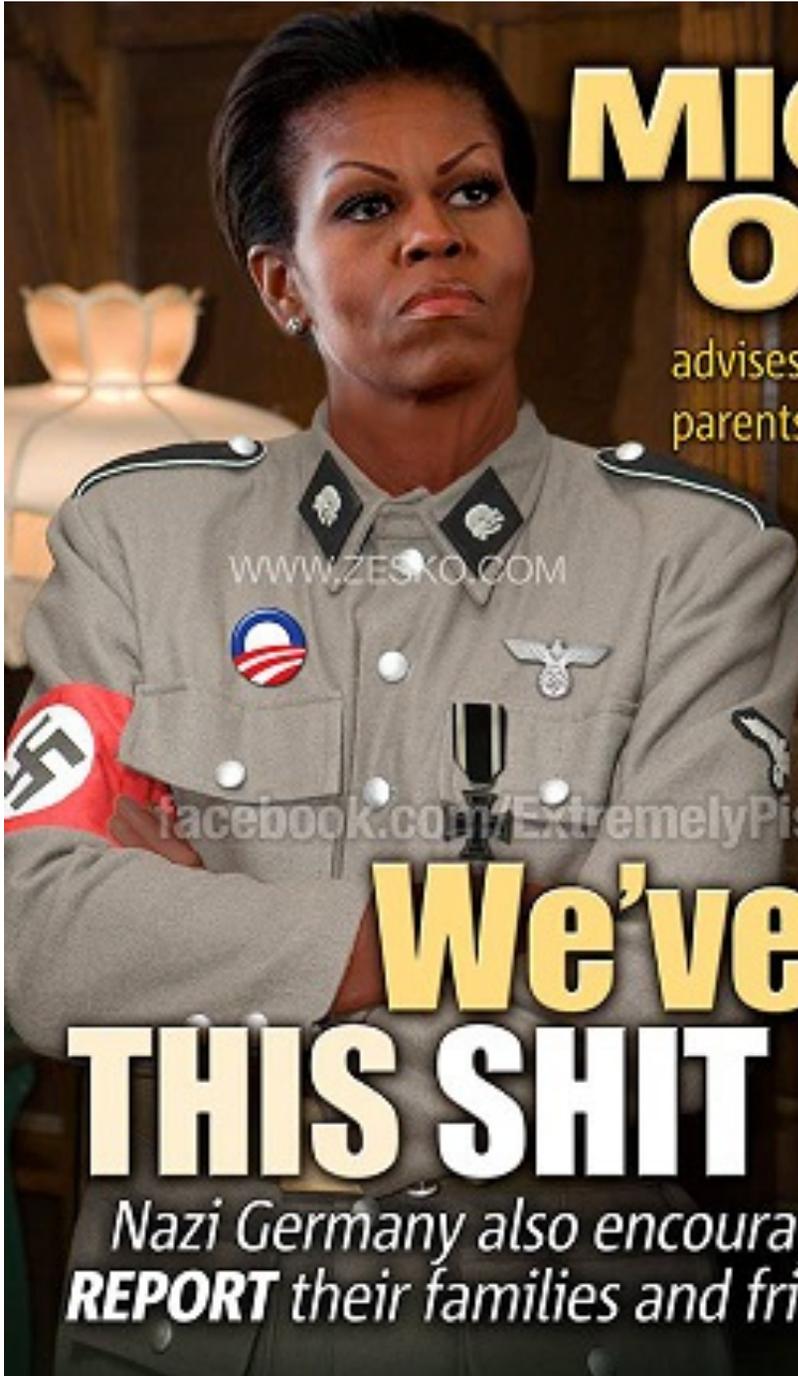


**TEN  
DOLLARS  
OBAMA  
BUCKS**

**UNITED STATES FOOD STAMPS**

**TEN  
DOLLARS  
OBAMA  
BUCKS**

**OBAMA BUCKS**

A photograph of Michelle Obama dressed in a grey Nazi-style uniform. She has a serious expression and her arms are crossed. The uniform features a red armband with a white swastika, a circular badge with the Obama 'O' logo, and a winged eagle emblem on the chest. The background is dark and out of focus, showing a lamp.

# MICHELLE OBAMA

advises students to **"DRAG"** their parents and grandparents down the path of racial tolerance by

**MONITORING FREE SPEECH**

in their homes, schools, and places of employment.

[www.zesko.com](http://www.zesko.com)  
[facebook.com/ExtremelyPissedOffRightWingers2](https://facebook.com/ExtremelyPissedOffRightWingers2)

# We've HEARD THIS SHIT BEFORE

Nazi Germany also encouraged young people to **REPORT** their families and friends to the **Gestapo**.

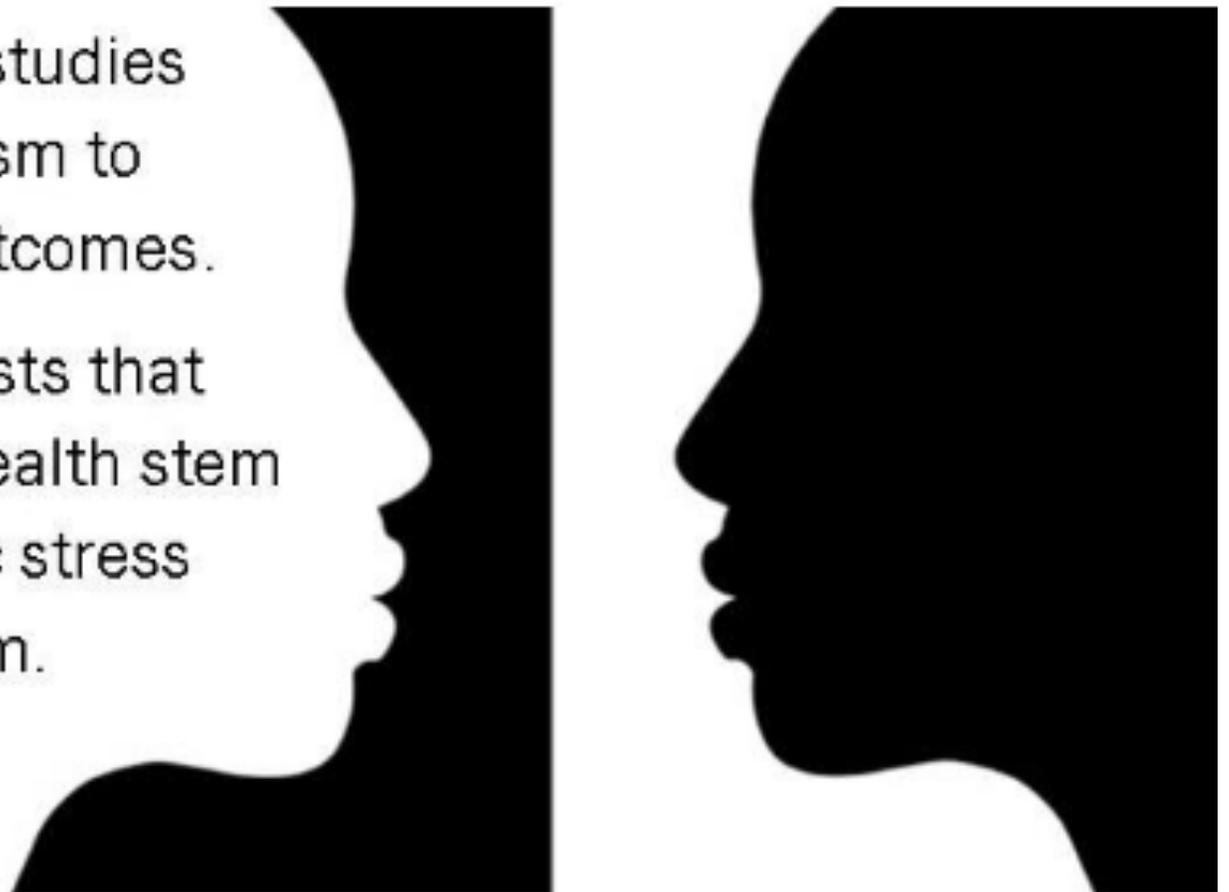
**“WE HAVE FLOWN THE AIR LIKE  
BIRDS AND SWUM THE SEA LIKE  
FISHES. BUT HAVE YET TO  
LEARN THE SIMPLE ACT OF  
WALKING THE EARTH LIKE  
BROTHERS.”**

**MARTIN LUTHER KING, JR.**

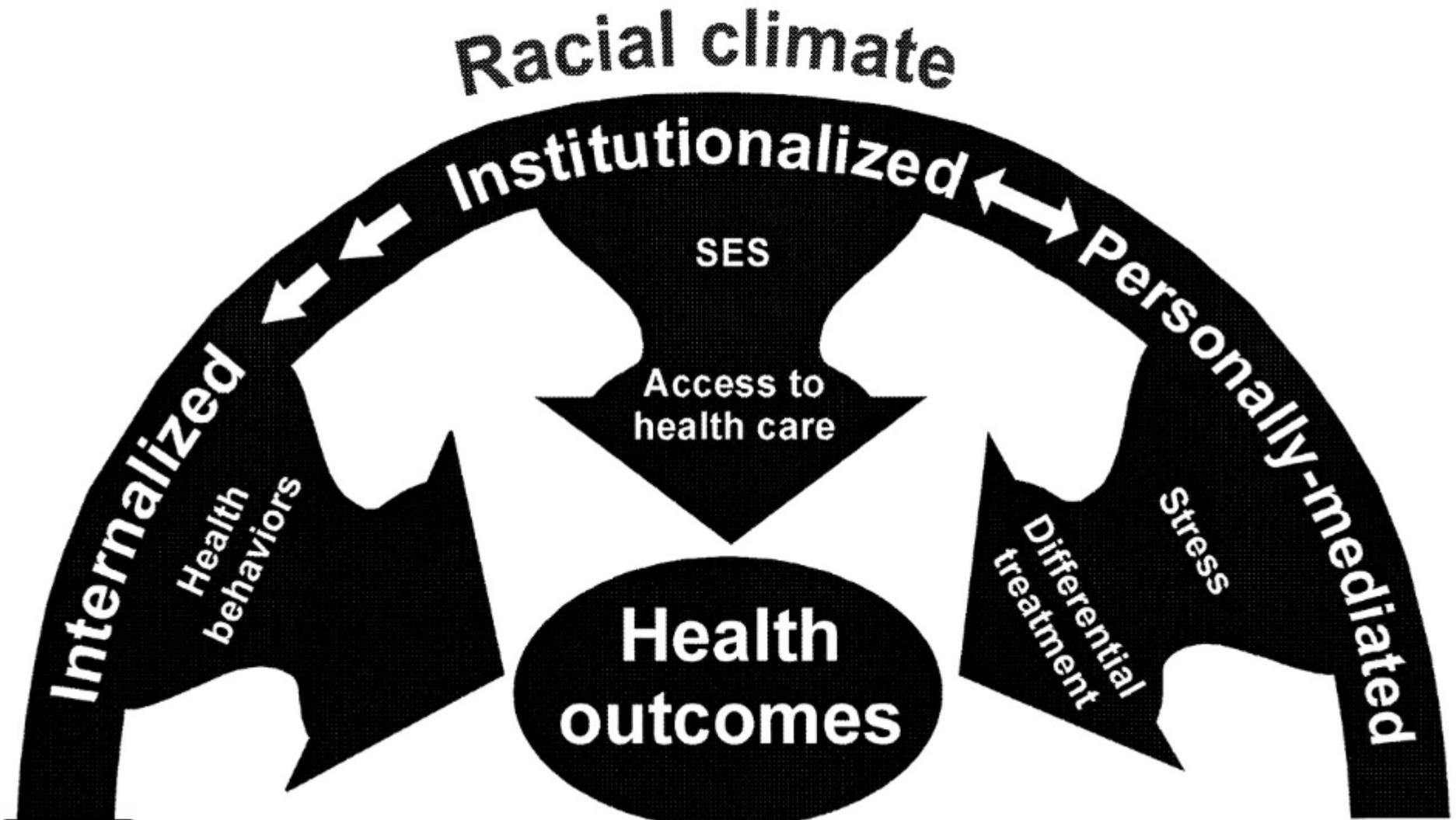
# HOW RACISM MAKES US SICK

More than 100 studies have linked racism to worse health outcomes.

Research suggests that differences in health stem from the chronic stress caused by racism.



# The Impacts of Racism on Health



**WHAT IS THE IMPACT OF BEING  
RACIST ON HEALTH?**

**"Beloved community is formed not by the eradication of difference but by its affirmation, by each of us claiming the identities and cultural legacies that shape who we are and how we live in the world."**

**— bell hooks**

***killing rage: Ending Racism***

[apiasrepresent.tumblr.com](http://apiasrepresent.tumblr.com)



Sankofa

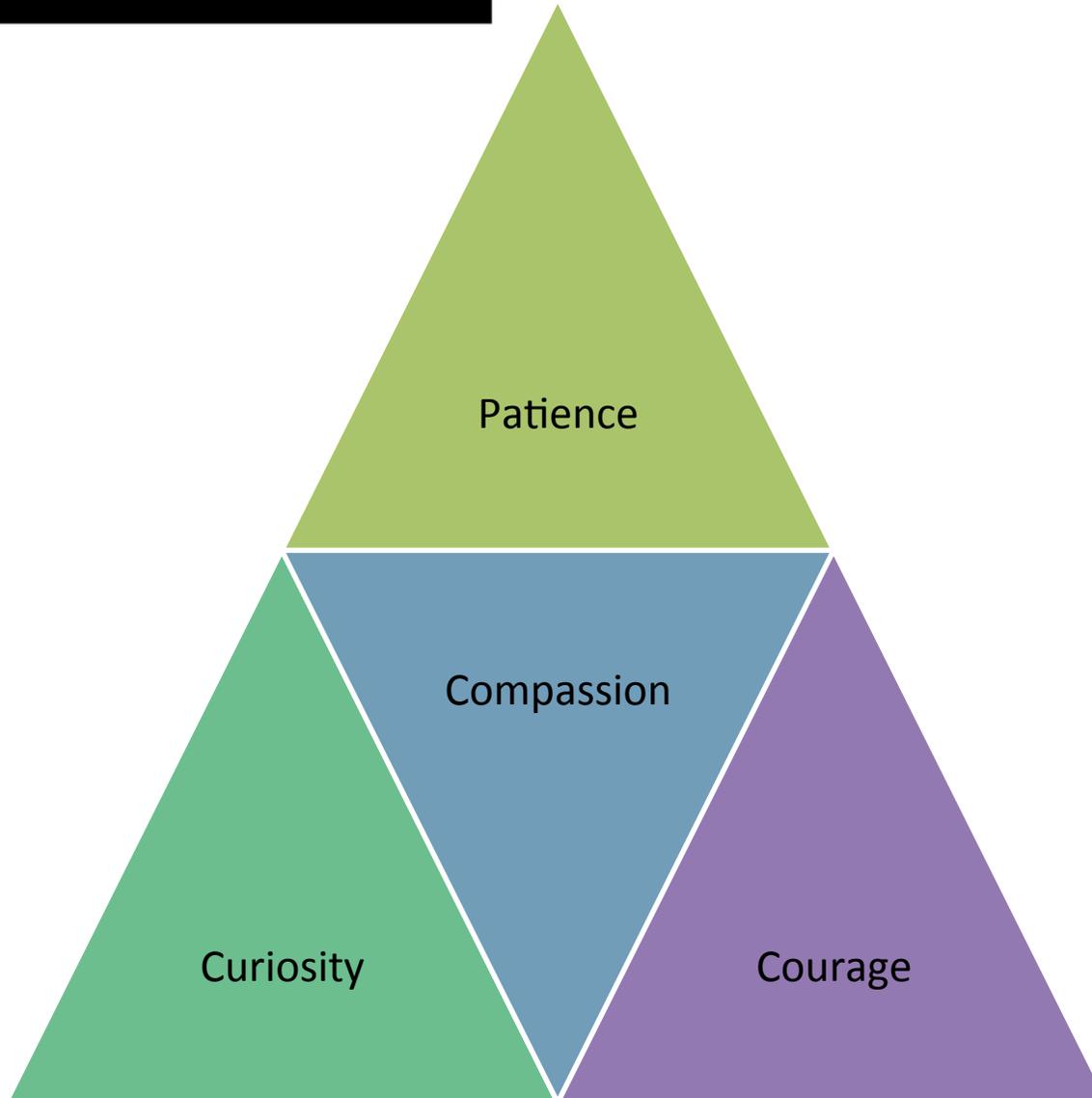
# **REFLECTIONS ON CREATING THIS TALK**

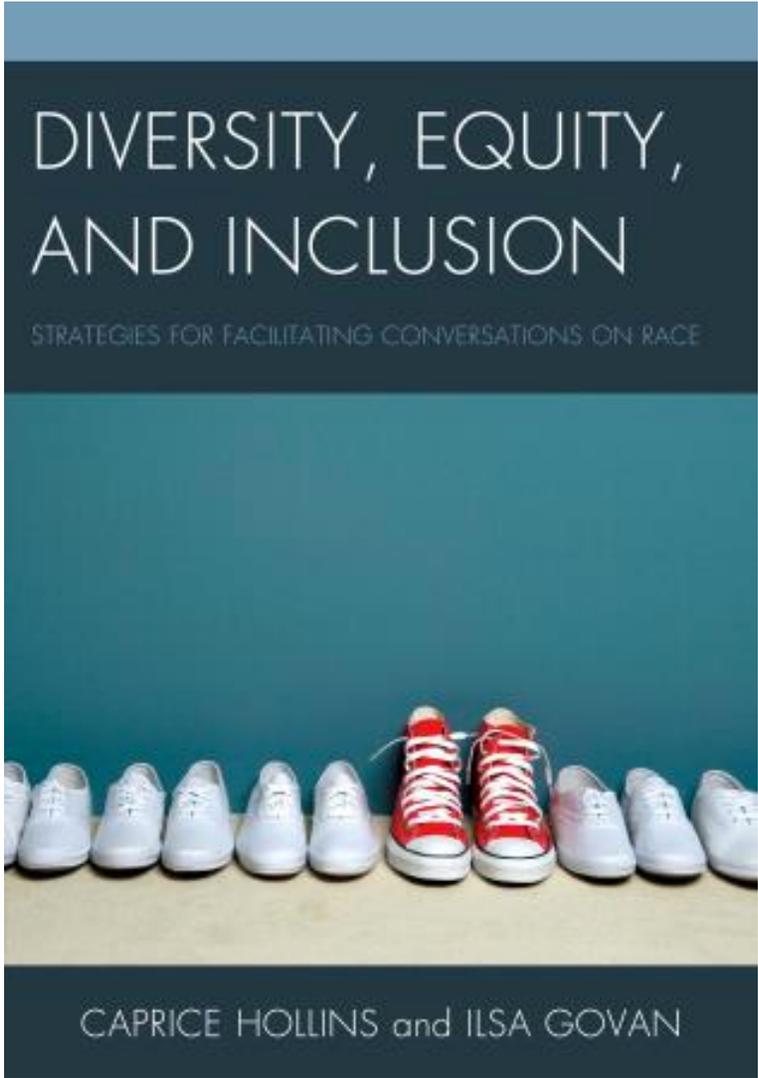


# Facilitating Courageous Conversations

*Jessica Guh, MD*  
*she/her/hers*

Join the conversation on Twitter: #STFM50th

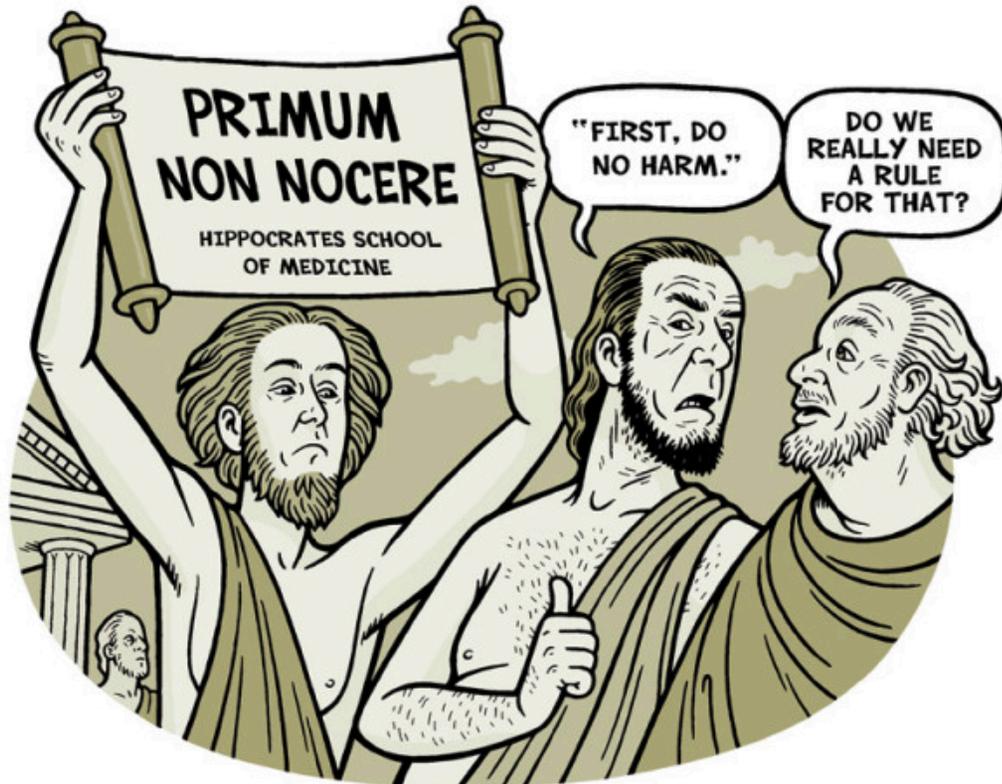






## Lessons from Teaching Past

- You can't teach to the furthest behind
- This is a process and journey
- Credibility is possible without expertise
- Content + behavior



- Understand systems of oppression
  - bigotry v racism
  - implicit bias
  - tone policing
  - microaggression
  - colorism
  - white fragility
  - intersectionality
  - creation of race
  - model minority myth
- Comfort w conflict
- Self reflective and resilient



# PREGAME

Join the conversation on Twitter: #STFM50th



## Self Reflection

- What are your triggers?
- What kind of style do you have?
- What are you hoping to accomplish?
- What are you afraid of?
- What identities do you have?



## Some Strategy

- What are others hoping the workshop will accomplish?
- What are the identities of those in the workshop?
  - Are your plans appropriate?
  - Are you appropriate for this?
- What voices are missing?

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## Racial Identity Caucusing: A Strategy for Building Anti-Racist Collectives

### *Acknowledgements*

*This essay was developed by Crossroads to assist Anti-Racism Teams confront internalized racist oppression and internalized racist superiority. Crossroads does not exercise any proprietary claim to the thoughts and ideas expressed in this essay, rather is honored to provide a vehicle to communicate the learnings shared by several collectives who are committed both to the principles of anti-racism and to co-creating new ways of being and behaving that are anti-racist and anti-oppressive. Crossroads Ministry gratefully acknowledges these collectives: The People of Color Caucus of Crossroads Ministry, The White Caucus of Crossroads, The Peoples Institute for Survival and Beyond, Diverse & Revolutionary Unitarian Universalist Multicultural Ministries (DRUUMM), and European Dissent. In addition, particular individuals contributed their writing skills and acted as conduits for these thoughts and ideas: Robette Ann Dias, Emily Drew, and William Gardiner. Any errors or omissions are the sole responsibility of Crossroads which may be contacted at: PO Box 309, Matteson IL 60443-0309, Ph: 709.503.0804, [info@crossroadsantiracism.org](mailto:info@crossroadsantiracism.org)*

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Racial identity in the United States is not shaped in a neutral environment. The identities of People of Color form in response to racial oppression, and the identities of Whites form in response to racial superiority. These two identity dynamics manifest in a complex range of attitudes and behaviors that support and perpetuate the racist paradigm in this country. In order to work together to dismantle individual, institutional, and cultural racism, People of Color and Whites must understand how these identity dynamics operate in specific institutional settings, and devise strategies to overcome the barriers and oppression that are created by them.

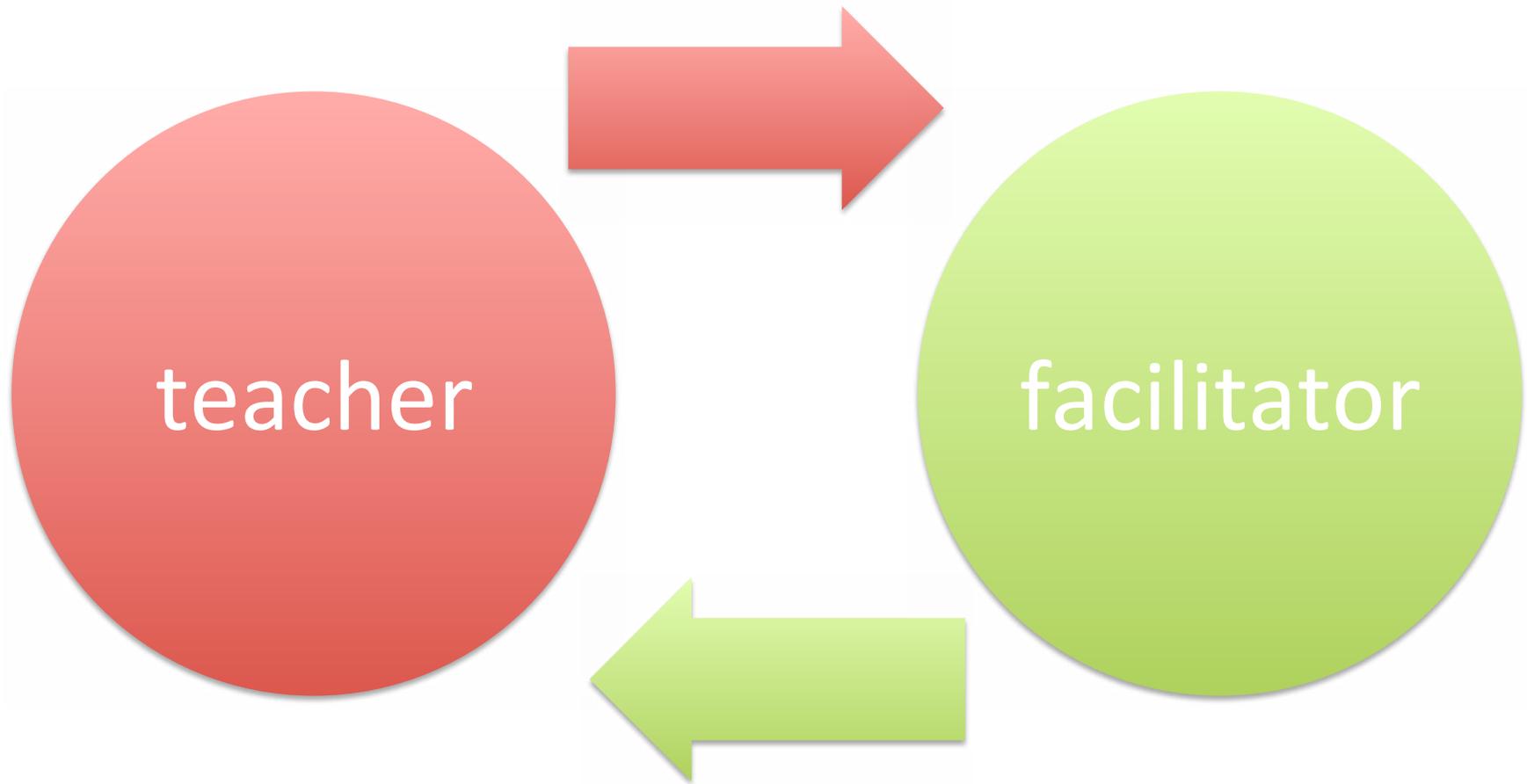
Crossroads Ministry builds and equips teams within institutions to dismantle institutional and cultural racism. Identity caucusing is one strategy we use to confront the effects of internalized racist oppression and internalized racist superiority. Team members work in their respective racial identity groups, either as People of Color or White People. In this context People of Color work as a racially mixed group struggling together to understand and confront the effects of internalized racist oppression and to experience

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# SHOWTIME

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## Common Pitfalls

- rescuing white people
- convincing
- turning to POCs as experts
- not directly addressing conflict/tension
- indulging oppression olympics
- not having faith in your participants
- privilege and power appearing in the conversation

## Power and Privilege

- dominating the conversation
- invalidating/reframing experiences of people of color
- tone policing
- people with privilege distancing themselves from that group
- ignoring intersectionality



# When Conflict Arises!!!



Jess's Emergency Parachute

1) Take a deep breath and slow your pulse

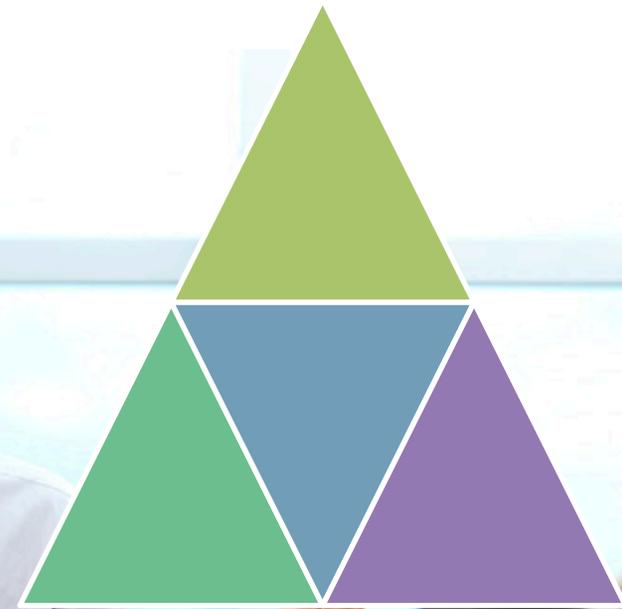
2) Jump in!

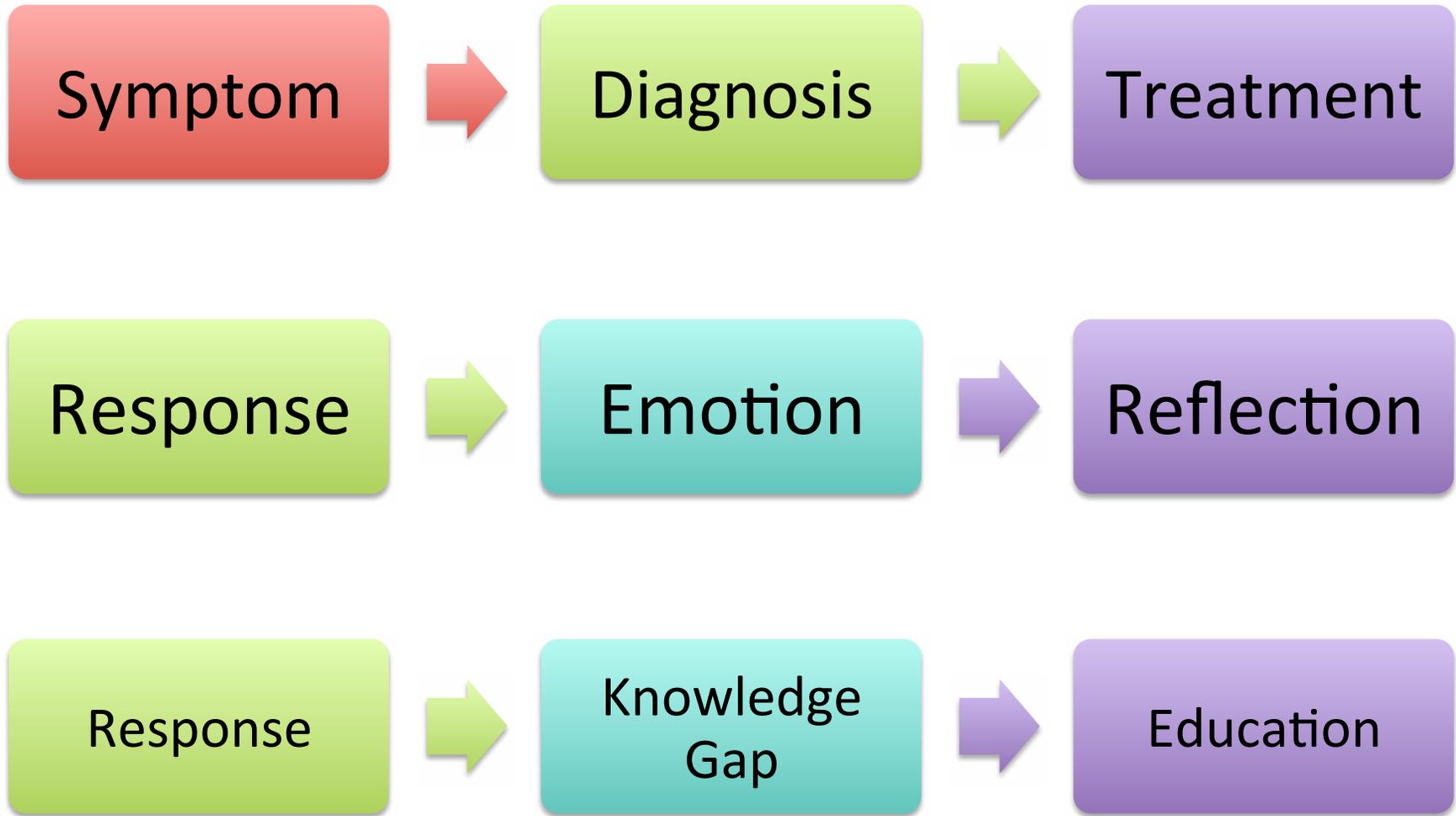
3) Talk soft, low, and slow

7% words, 40% tone, the rest is body language

4) Slow down the conversation and go step-by-step

5) Get meta!!

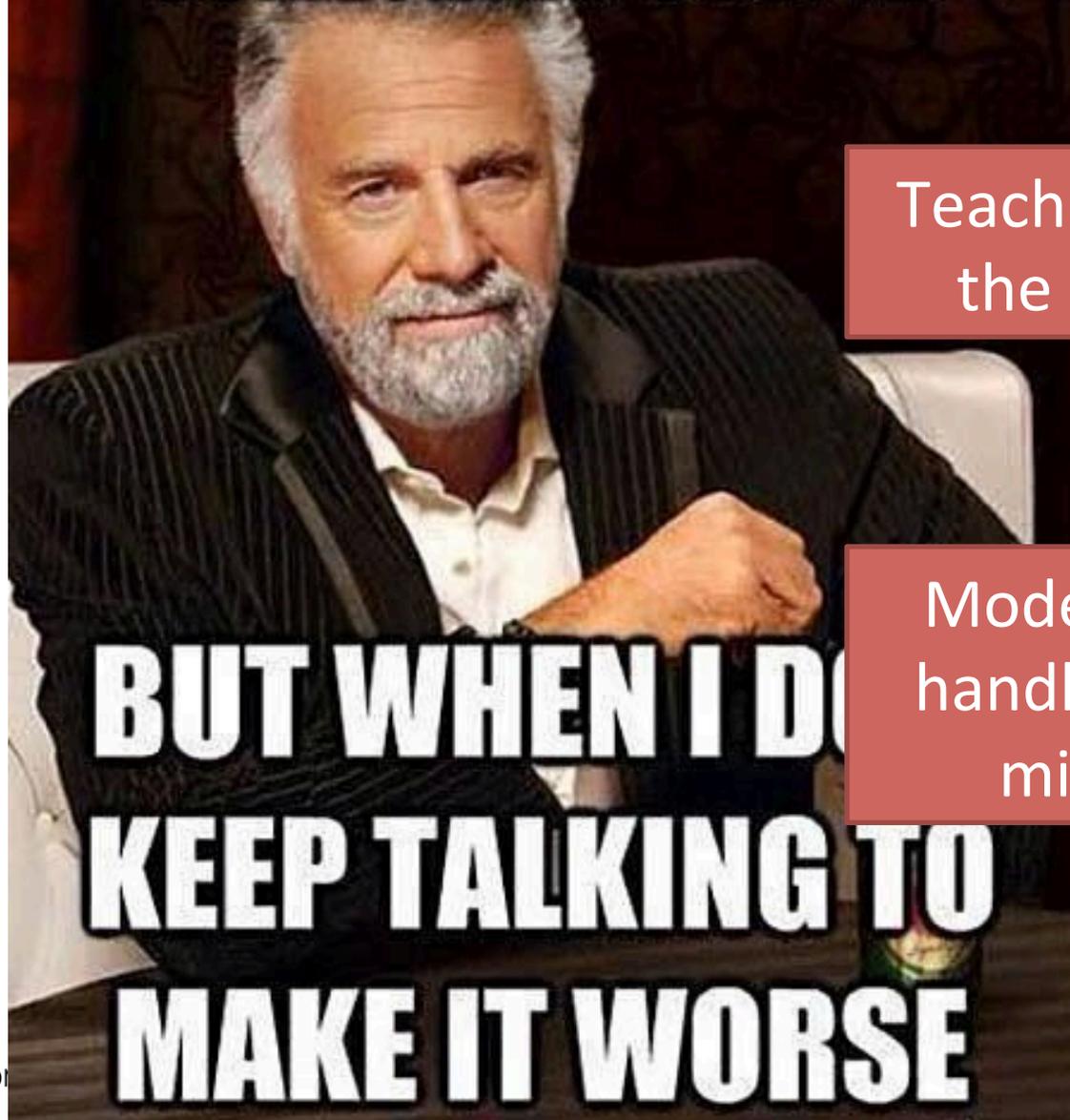






- Reframe to the norms. Engaging > Attacking
- Thank the individuals for taking risks and being vulnerable – encourage others to do so
- Paraphrase back statements
  - make sure no one is misunderstanding
  - confirm that you hear their experience
  - help them reframe/paraphrase what they are saying – couple this with genuine curiosity
- Pause to name and explore emotions
- Make sure they talk to each other and not to you
- Make space to invite/allow others into the conversation
- Be present – don't just be planning what you will say next. It models thoughtfulness
- Take a break – just be intentional about how to come back together. Suggestion: paired debrief

**I DON'T ALWAYS SAY  
SOMETHING STUPID**

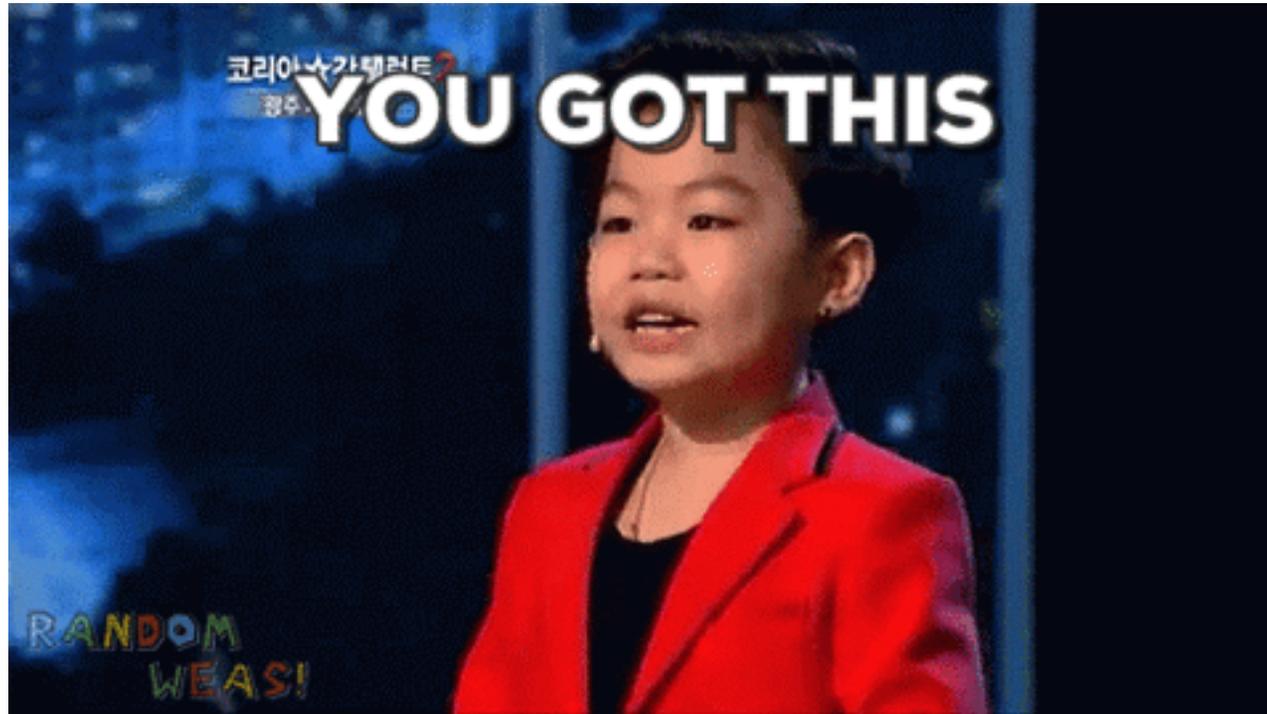
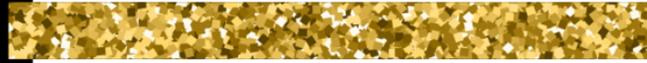


Teach and learn  
the mistake

Model how to  
handle making  
mistakes



# DEBRIEF

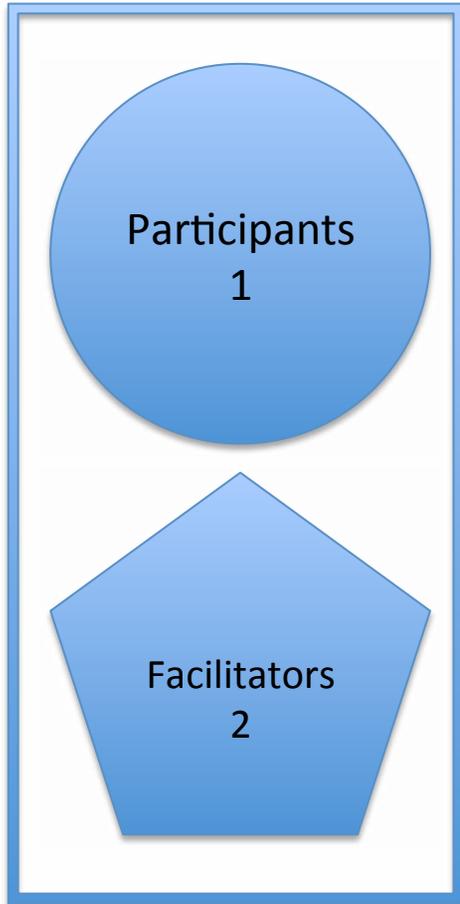


## EVERYBODY LOVES ROLEPLAYING

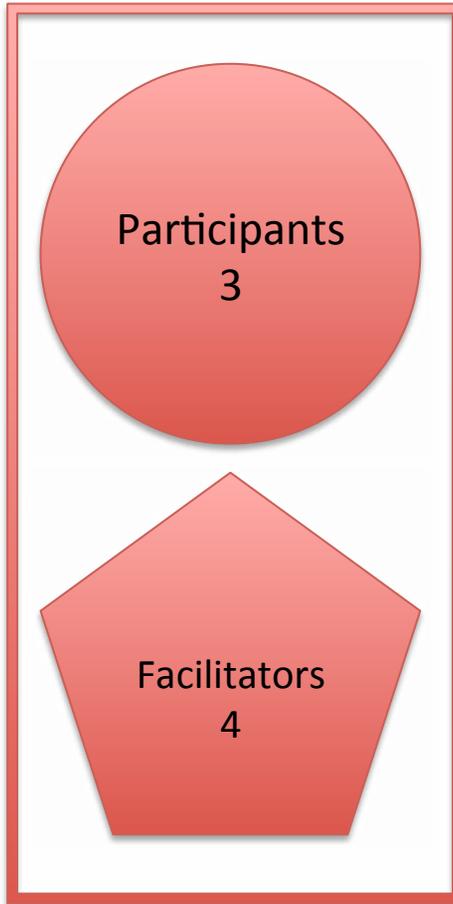
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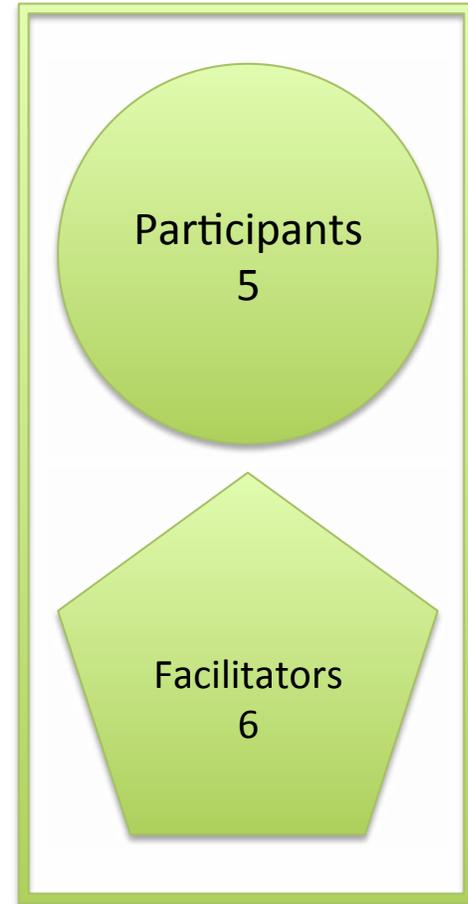
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Denise



George



Jennifer

## Scenario #1

You are leading a discussion on racism and a white resident raises his/her hand. They voice that they are tired of hearing about about white privilege because they grew up really poor. She had to work really hard and all of the black people she knows are doing better than her.



## Scenario #2

You are the attending on the inpatient service and the resident reports that overnight there was an issue between the patient and nursing.

He asked the nurse to stop coming into the room so much and turning the lights on. Things escalated and the nurse felt threatened and had to call security as well as the overnight time to setup a behavior agreement.



## Scenario #2

You idly wonder how much race might have influenced things. The senior resident cuts in and says, “I don’t think it had anything to do with it. I’ve worked with that nurse, Nicole, a lot and she doesn’t have a racist bone in her body. Everybody is just tired and overworked. The patient is sick and frustrated to be in the hospital. Things just got a little out of hand.”



## Scenario #3

You are facilitating a rank list session and someone notes that there are no candidates of color in the top 20 of the rank list. Another person speaks up and states that while diversity is important, we don't want to have reverse racism either. It would be better to be "colorblind."



# Implicit Bias

*Adrienne R Hampton, MD*

*Assistant Professor*

*Department of Family Medicine and Community Health*

*University of Wisconsin School of Medicine and Public Health*

*Joedrecka S. Brown Speights, MD, FAAFP*

*Associate Professor and Associate Chair*

*Department of Family Medicine and Rural Health*

*Florida State University College of Medicine*

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## Financial Disclosures

- National Institutes of Health- National Institute on Minority Health and Health Disparities - R13MD011260-0.
- National Institutes of Health-National Institute of Mental Health- R01MH104423.
- *Quality Mentorship Through Society of Teachers of Family Medicine* Foundation Grant.



# What is Implicit Bias?

“An unconsciously triggered belief in the inferiority of, or negative attitude toward, a group(s).”

Clair, Matthew, and Jeffrey S. Denis. 2015. [“Sociology of Racism”](#) edited by James D. Wright. The International Encyclopedia of the Social and Behavioral Sciences 19:857-863.



# Characteristics of Implicit Bias

- Ordinary
- Learned from culture
- Pervasive
- Often conflicting with conscious beliefs
- Consequential

Molly Carnes et al. *Breaking the Bias Habit.*® Copyright 2015 by WISELI and the Board of Regents of the University of Wisconsin System. Used with permission.



# Implicit Bias is Ordinary

- Automatic mental operations used continuously to navigate various situations.





# Implicit Bias is Learned from Culture

- Reflects larger society's biases and stereotypes

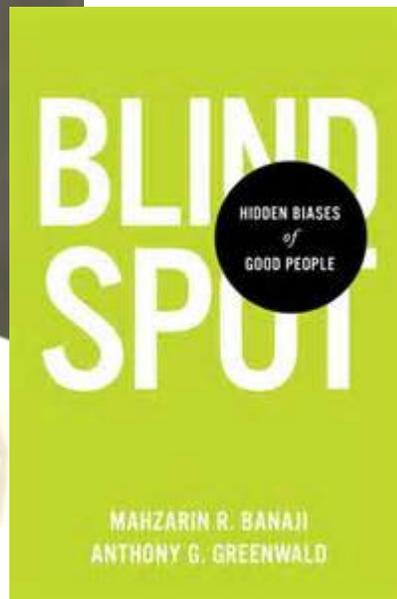


# Implicit Bias is Pervasive

- Affects all age groups, races, ethnicities, genders
- Members of a group often hold negative biases against their own group
- "There is nothing more painful to me at this stage in my life than to walk down the street and hear footsteps . . . then turn around and see somebody white and feel relieved." Rev. Jesse Jackson



# Implicit Bias Often Runs Contrary to Consciously Endorsed Beliefs



- “You come face to face with the fact that you are not the person you thought you were.”
  - Mahzarin Banaji, PhD and author of *Blindspot: Hidden Biases of Good People*



# Implicit Bias Results in Death

- Black men were 21 times as likely as their white peers to be killed by police.
- In 77% of the cases where circumstances around the shooting were “undetermined” the victim was black.

[Gabrielson R](#), [Jones RG](#), [Sagara E](#). 2014. ProPublica Investigation: Deadly Force, in Black and White.

<https://www.propublica.org/article/deadly-force-in-black-and-white>

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## Jordan Edwards

15 year old freshman,  
Mesquite High School. Balch Springs, Texas  
"He was an amazing young man that had a way to make  
everyone around him feel better," ~Coach Jeff Fleener

"Jordan was a loving child,  
with a humble and sharing  
spirit. The bond that he  
shared with his family,  
particularly his siblings,  
was indescribable,"

~ Charmaine and Odell Edwards (Jordan's parents)



## Bottom Line on Implicit Bias

- Routine, unconscious, automatic process
- It can help us be decisive about situations
- But can also have very negative consequences.

- The good news:

“We can overrule our mental habits and gut reactions. It’s not inevitable these biases have to control our behavior”

~Dr. Jennifer Raymond in Pederson (2015)



## Reflective Writing Activity

- What did your IAT results suggest about your biases?
- Is this congruent with your stated beliefs?
- How did this information affect you?

*Pair & Share*

*(optional at the end of the writing activity)*

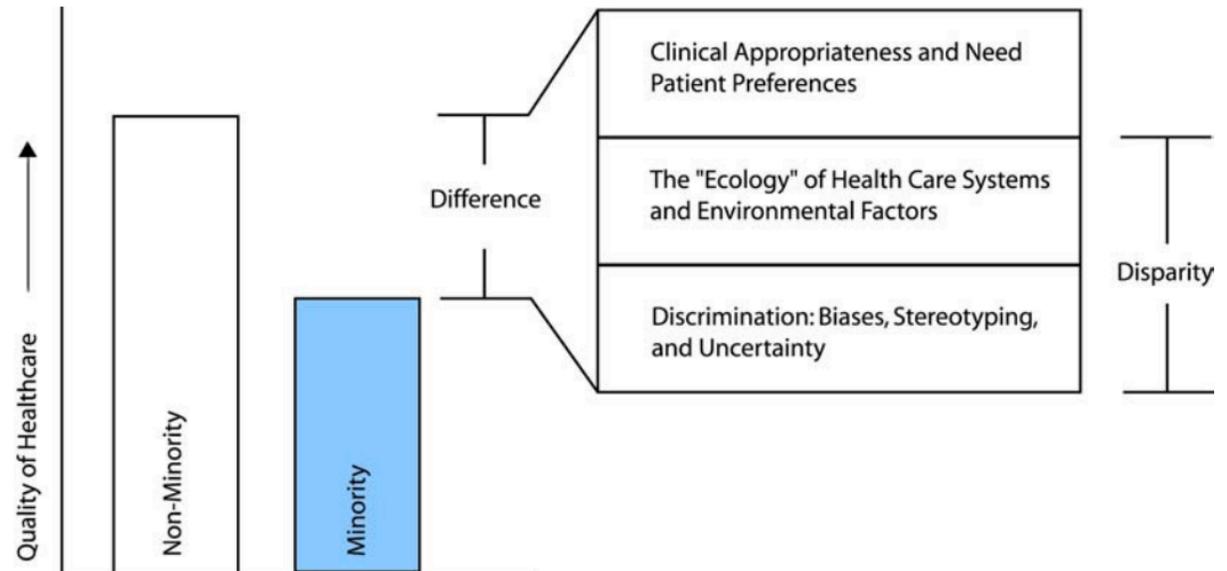
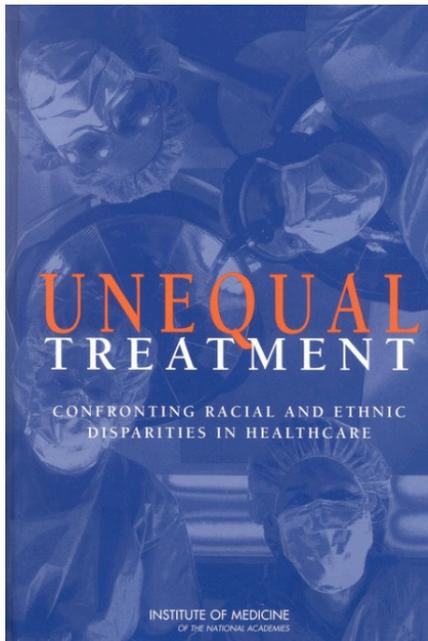


# Implicit Bias Affects Healthcare

- “The evidence indicates that healthcare professionals exhibit the same levels of implicit bias as the wider population.”
- Provider bias “likely to influence”
  - Diagnosis
  - Treatment
  - Levels of care

FitzGerald C, Hurst S. Implicit bias in healthcare professionals: a systematic review. *BMC Medical Ethics*. 2017;18:19. doi:10.1186/s12910-017-0179-8.

# Healthcare Disparities



Differences, Disparities, and Discrimination: Populations with Equal Access to Healthcare.  
SOURCE: Gomes and McGuire, 2001

- Differential access to **health care services**
- Differential **quality** of health care:
  - Medical uncertainty and variation (Provider Level Factors)
  - Lack of inclusion in clinical trials and evidence-based
  - Discrimination, bias, stereotyping



## Implicit Bias Affect Healthcare

- “Most health care providers appear to have implicit bias in terms of positive attitudes toward Whites and negative attitudes toward People of Color.”
- Provider bias “significantly related to”
  - Patient-provider interactions
  - Treatment decisions
  - Treatment adherence
  - Patient health outcomes

Hall et al. Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review. American Journal of Public Health 2015 105, 12, e60-e76



# Implicit Bias and Differential Treatment

- Doctors with a pro-White bias were more likely to recommend thrombolysis treatment to White vs Black males with acute MI. (catheterization, bypass surgery not available)

Green AR, Carney DR, Pallin DJ, et al. Implicit Bias among Physicians and its Prediction of Thrombolysis Decisions for Black and White Patients. *Journal of General Internal Medicine*. 2007;22(9):1231-1238. doi:10.1007/s11606-007-0258-5.



**SPECIAL ARTICLE**

[A Correction Has Been Published >](#)

## The Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization

Kevin A. Schulman, M.D., Jesse A. Berlin, Sc.D., William Harless, Ph.D., Jon F. Kerner, Ph.D., Shyrl Sistrunk, M.D., Bernard J. Gersh, M.B., Ch.B., D.Phil., Ross Dubé, Christopher K. Taleghani, M.D., Jennifer E. Burke, M.A., M.S., Sankey Williams, M.D., John M. Eisenberg, M.D., William Avers, M.D., and José J. Escarce, M.D., Ph.D.

*N Engl J Med.* 2007 May;62(5):1259-62; discussion 1262-3.

## Black children experience worse clinical and functional outcomes after traumatic brain injury: an analysis of the National Health and Medical Research Council Study of Australian Children

Haider AH<sup>1</sup>, Efron DT, Haut ER



PNAS

## Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

Kelly M. Hoffman<sup>a,1</sup>, Sophie Trawalter<sup>a</sup>, Jordan R. Axt<sup>a</sup>, and M. Norman Oliver<sup>b,c</sup>

<sup>a</sup>Department of Psychology, University of Virginia, Charlottesville, VA 22904; <sup>b</sup>Department of Family Medicine, University of Virginia, Charlottesville, VA 22908; and <sup>c</sup>Department of Public Health Sciences, University of Virginia, Charlottesville, VA 22908

Edited by Susan T. Fiske, Princeton University, Princeton, NJ, and approved March 1, 2016 (received for review August 18, 2015)



# Patients May Experience Stereotype Threat

- “The threat of being judged by or confirming negative group-based stereotypes.”
- Abdou and Fingerhut 2014
  - Black and white women in a simulated healthcare encounter.
  - One condition was neutral, the other highlighted racial identity and racial stereotypes
  - Black women in the stereotype threat condition experienced more anxiety during the simulated encounter.

Stereotype threat among Black and White women in health care settings. Abdou, Cleopatra M.; Fingerhut, Adam W. *Cultural Diversity and Ethnic Minority Psychology*, Vol 20(3), Jul 2014, 316-323.

Join the conversation on Twitter: #STFM50th



# What about our students?

## Implicit Racial Bias in Medical School Admissions

- Ohio State University College (OSUCOM) of Medicine admissions committee took the black-white implicit association test (IAT) prior to the 2012-2013 cycle.
- Men, women, students, faculty displayed significant levels of implicit white preference
- The class that matriculated following the IAT exercise was the most diverse in OSUCOM's history at that time.

[Capers Q 4th<sup>1</sup>](#), [Clinchot D](#), [McDougle L](#), [Greenwald AG](#). Implicit Racial Bias in Medical School Admissions. [Acad Med](#). 2017 Mar;92(3): 365-369. doi: 10.1097/ACM.0000000000001388.

Join the conversation on Twitter: #STFM50th



## What about our Faculty and other interactions? Implicit Bias Can Lead to Racial Microaggressions

“Racial microaggressions are brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color.”





## Disrupting Biased Attitudes and Behaviors

**E**ngage in perspective-taking

**P**ractise the right message

**I**ndividuate

**C**hallenge your stereotypes

Christine Kolehmainen, Anne Stahr and Molly Carnes *Breaking the Bias Habit*®: A Workshop for Medical Residents. Copyright 2015 by the University of Wisconsin Department of Medicine and the Board of Regents of the University of Wisconsin System. Used with permission.



# Engage in Perspective Taking

- 5 experiments comparing perspective-taking vs objectivity or no instruction
- Perspective-taking
  - Weaker pro-white bias on IAT
  - More awareness of racial oppression
  - Warmer feelings toward Blacks
  - Less physical distance when asked to sit across from a black person
  - Behavior rated more positively by black interviewer

Todd, AR et al. Perspective taking combats automatic expressions of racial bias *Journal of Personality and Social Psychology*, Vol 100(6), Jun 2011, 1027-1042.  
Molly Carnes et al. *Breaking the Bias Habit*.<sup>®</sup> Copyright 2015 by WISELI and the Board of Regents of the University of Wisconsin System. Used with permission.



# Practice the Right Message

## Self-talk

- “The vast majority of people try to overcome their stereotypic preconceptions.”
- “Empathy is malleable.”

## Team-talk

- “We value multiculturalism.”
- “Clinic staff, providers, and patients are all working as a team.”

Molly Carnes et al. *Breaking the Bias Habit.*® Copyright 2015 by WISELI and the Board of Regents of the University of Wisconsin System. Used with permission.



## Micro-affirmations

- micro-affirmations— *apparently small acts, which are often ephemeral and hard-to-see, events that are public and private, often unconscious but very effective, which occur wherever people wish to help others to succeed.*

Mary Rowe: Micro-affirmations & Micro-inequities, Rowe, M. Journal of the International Ombudsman Association, Volume 1, Number 1, March 2008.

Join the conversation on Twitter: #STFM50th



# Individuate

- Learn details
- Increase contacts
- Practice situational attributes vs dispositional attributes
  - Situational attributes: Patient is requesting pain medicine because her pain is debilitating
  - Dispositional attributes: Patient is requesting pain medicine because she is a drug-seeker.

Molly Carnes et al. *Breaking the Bias Habit.*® Copyright 2015 by WISELI and the Board of Regents of the University of Wisconsin System.



# Challenge Your Stereotypes

- Recognize stereotypic attitudes
- Consider how these have developed
- Replace the stereotypic attitude with data
- Imagine counter-stereotype exemplars

Molly Carnes et al. *Breaking the Bias Habit*.<sup>®</sup> Copyright 2015 by WISELI and the Board of Regents of the University of Wisconsin System. Used with permission.



## Disrupting Biased Attitudes and Behaviors

**E**ngage in perspective-taking

**P**ractise the right message

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**C**hallenge your stereotypes

Christine Kolehmainen, Anne Stahr and Molly Carnes *Breaking the Bias Habit*®: A Workshop for Medical Residents. Copyright 2015 by the University of Wisconsin Department of Medicine and the Board of Regents of the University of Wisconsin System. Used with permission.

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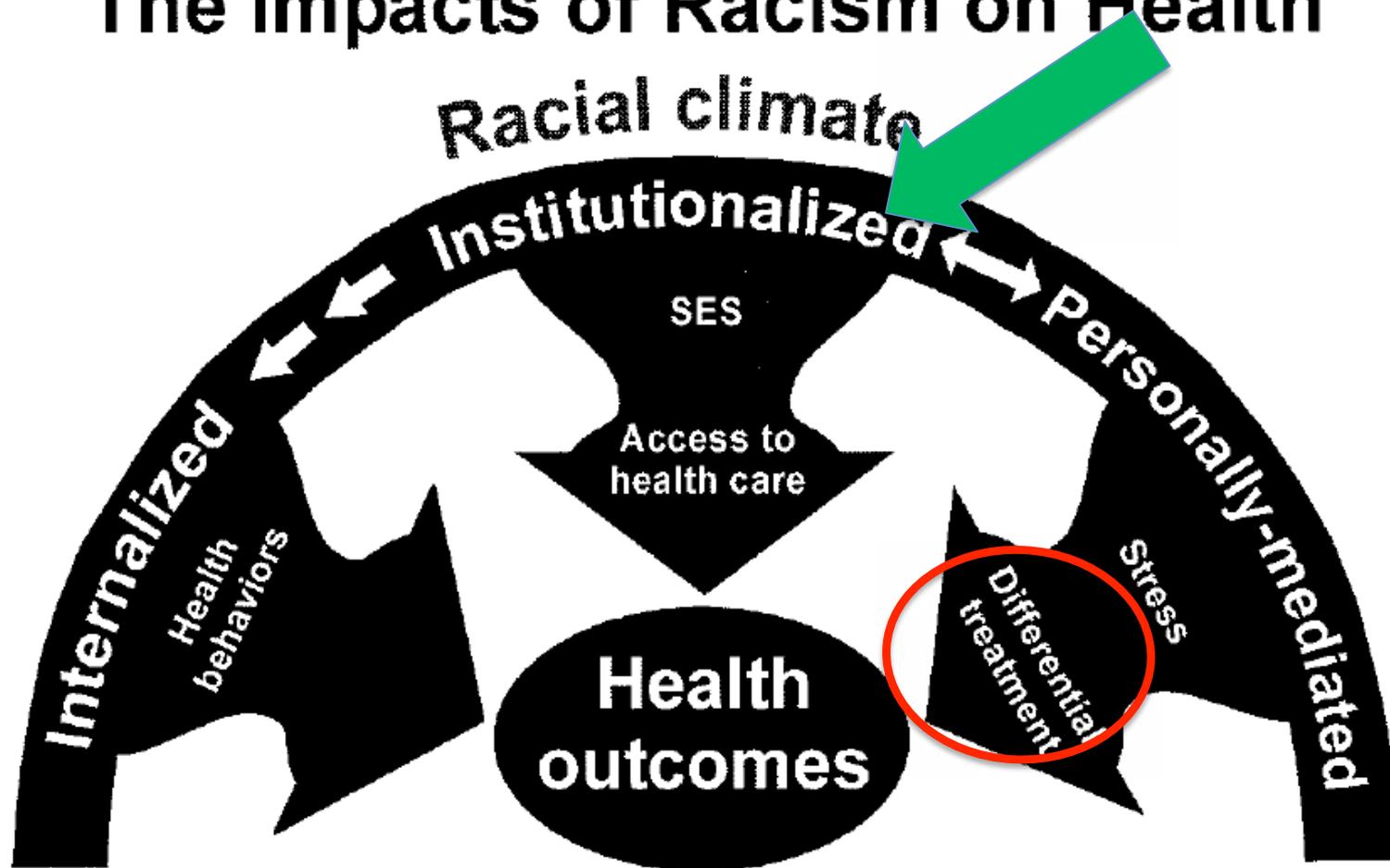


“If we swim against the “current” of racial privilege, it’s often easier to recognize, while harder to recognize if we swim with it.”

~Robin DiAngelo



# The Impacts of Racism on Health





# Systems Change

- Perpetual learning
- Name it (IAT, Cultural Climate, Could it be operating here?)
- Address it (How? Policies, Practices?)
- Measure it (Metrics of Accountability)



“The time to break the silence and embrace our vulnerability is now.”

~Dr. David Acosta, et al

# THEATER OF THE OPPRESSED

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FORUM THEATER



# OBJECTIVES

---

- To explore a tool to help us explore and counter microaggressions.
  - By sharing our awkward and unsettling stories that continue to haunt us today.
  - And acting our way out.

# FRAMING

---

- Setting the stage
- Becoming comfortable with uncomfortable

# THE OUTLINE

---

- Introduction to the background of Theater of the Oppressed and Forum Theater
- Sharing of practical skills for interrupting oppression
- Centering
- Story sharing
- Warm Up
- Forum Theater
- Debrief

# THEATER OF THE OPPRESSED

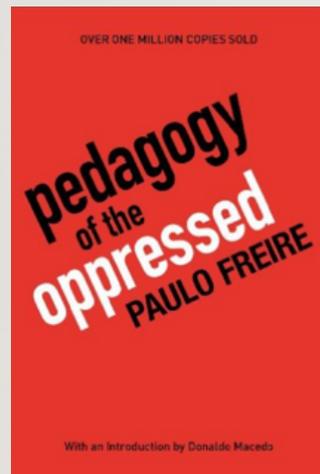
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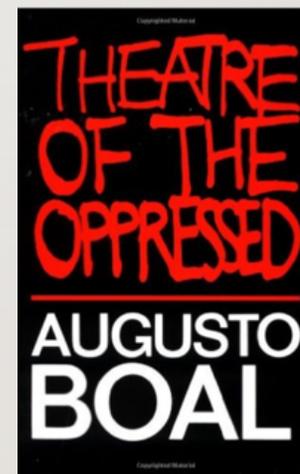
# ORIGINS

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PAULO FREIRE (1921-1997)

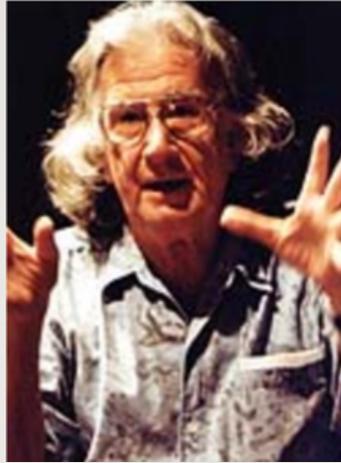


AUGUSTO BOAL (1931-2009)



## THEATER OF THE OPPRESSED

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Theatre is a form of knowledge; it should and can also be a means of transforming society. Theatre can help us build our future, rather than just waiting for it.

— *Augusto Boal* —

AZ QUOTES

- It is a form of participatory theater where the audience becomes active and can intervene and change the story
- It allows people to tackle sensitive issues such as cultural conflicts and gender based violence in a safe and nonjudgmental environment..
- It is a tool we can use to better understand ourselves, our communities and our world.

# FORUM THEATER

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- It is one method of the Theater of the Oppressed.
- It is a performance that functions to transform participants from
  - **spectators — who watch** to
  - **spect-actors — who watch and take action.**
- A short scene by Forum actors presents an issue of oppression and represents the world as it is—the anti-model. Audience members are then encouraged to stop the play and take the stage to address the oppression, attempting to change the outcome through action.



## FORUM THEATER

- **Round 1:** Select one of the stories share in the set-up activity. The person whose story was chosen is the director of the original scene. Players volunteer to be actors for each of the parts/people involved in the story. The director retells the story as the actors physically move through the scene while it is being described. The director can have them move and give directions about where to stand. The director is not one of the actors in the scene.
- **Round 2:** The players re-enact the scene with the same initial situation or trigger statement but they attempt to turn the situation around by intervening during a racist act or behavior, calling attention to what happened or checking assumptions and engaging in a productive discussion. Anyone can step into the scene by tapping an actor on the shoulder and taking over their role. Practice the revised scene 2-3 times until the group feels positive about the interaction. When a player gets stuck consider freezing the scene and have audience members stand behind each player and think about a word or phrase that describes how each actor might be feeling at that moment (e.g. lost, frustrated, embarrassed, etc).



# TOOLS

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Source:

<http://www.centerforsocialinclusion.org/communications/talking-about-race-toolkit/>

# ACT

Affirm

Counter

Transform



**Affirm**– Start off the dialogue by mentioning phrases and images that speaks to audience’s values. The key is to hook and engage your audience.

1. *Start with the heart*
  - Start your message with an emotional connector to engage your audience in the message (e.g., We work hard to support our families and all our contributions help make America great)
2. *Explain why we are all in this together*
  - Explain “shared fate” in racially-explicit terms (e.g., It hurts the same to lose a home or job, whether we are White or Black, male or female, a single parent or a two-parent family...)



**Counter**– Lead the audience into the discussion of race with a brief snapshot of the historical context. The key is to open audience’s minds to deeper explanations about racial inequities.

1. *Explain why we have the problem*
  - Give a very brief explanation of what has happened in the past and explain why we have a problem today. (e.g., Public dollars for schools, bus service, health care and a hundred more things we need, helped create jobs in the past. Cutting them now is not the answer to our problems, it will be the cause of more pain and misery.)
2. *Take on race directly*
  - Take on the race wedge by declaring it and dismissing it by naming institutional opportunities and actions (e.g., This is not about immigrants or welfare. This is about whether Americans will see their children off to college...)



**Transform**– Leave the audience with an engaging solution. The key is to present a solution so that the audience feels committed and feel as though they are progressing forward.

1. *Reframe “makers” and “takers”*
  - Change and define who the real good guys and bad guys are in this fight (e.g., And while oil company and bank CEOs are getting richer, some are laying off workers and fighting for tax loop holes to avoid paying taxes, instead of investing in our nation’s future...)
2. *End with heart and solution*
  - Present solution in emotional terms (e.g., They [corporations ] can and should do their fair share so we the people can invest in schools, health care, transit and services that help us all make a bright future for our country.)

# CENTERING

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# STORY SHARING

---

- Share an interaction in a clinical setting where you were part of a microaggression.
  - Victim
  - Witness (complicit)
  - Perpetrator (unwitting)

WARM UP

---



## REMEMBER IN FORUM THEATER:

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- The protagonist has options.
- The antagonist can change.
- An ally can change the course of action.



Cracking the Codes Joy DeGruy, A Trip to the Grocery Store

## FORUM THEATER

- **Round 1:** Select one of the stories share in the set-up activity. The person whose story was chosen is the director of the original scene. Players volunteer to be actors for each of the parts/people involved in the story. The director retells the story as the actors physically move through the scene while it is being described. The director can have them move and give directions about where to stand. The director is not one of the actors in the scene.
- **Round 2, 3, 4...:** Now an audience member may volunteer to take on one of the characters (“I will be the senior resident”). The play is replayed with this new actor and the other actors respond spontaneously to the new actor; if an actor gets stuck freeze the play and ask an audience member to step behind the person and share an adjective as to how he/she may be feeling (e.g. frustrated, embarrassed, angry etc. ). Multiple solutions can be offered by different audience members. This is a great opportunity for someone to learn how to be an ally.



# DEBRIEF

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# REFER TO “COUNTERING MICROAGGRESSIONS”

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Sample trigger story

<https://youtu.be/FPg5bJVN8Wo>

Produced by David Henderson

## Toolkit for TEACHING ABOUT RACISM in the Context of Persistent Health and Healthcare Disparities

This toolkit was formed by the listed contributors who sought to explore how to teach health care providers to reduce healthcare inequities. Our discussions have focused on race and racism but include a larger critical dialogue on bias, identity, intersectionality, and privilege. This toolkit provides examples of resources and activities that many of us are using in our attempts to teach these topics. We acknowledge that there are many other useful resources out there and we continue to seek them out. We hope that you will find this information useful in creating your own learning activities and that you will join us in our efforts to develop innovative, challenging and thoughtful ways to teach beyond disparities.

*“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”*  
Martin Luther King, Jr.

STFM Annual Spring Conference  
May 2017

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# **Institutional Transformation:**

## **Becoming An Anti-Racist Multicultural Environment**

Join the conversation on Twitter: [#STFM50th](https://twitter.com/STFM50th)



# Institutional Racism

- Institutional racism refers to the policies and practices within and across institutions that, intentionally or not, produce outcomes that chronically favor, or put a racial group at a disadvantage. Poignant examples of institutional racism can be found in school disciplinary policies in which students of color are punished at much higher rates than their white counterparts, in the criminal justice system, and within many employment sectors in which day-to-day operations, as well as hiring and firing practices can significantly disadvantage workers of color.

(Taken from *Glossary for Understanding the Dismantling Structural Racism/Promoting Racial Equity Analysis*, from The Aspen Institute.)



# Context of Institutional Racism

- < 5 decades ago, the American healthcare system was legally segregated by race and class.
- Structures were created to provide inferior treatment to People of Color
- Exemplifies how racism became institutionalized in the science and practice of medicine

(Griffith, D. et.al., 2007)



# Assessing for Change



## A Multicultural Organization by Bailey Jackson and Rita Hardiman

1. Clear **commitment** to creating an inclusive organization
2. Seeks, develops, and values the **contributions and talents of all members**
3. Includes **all members as active participants** in decisions that shape the organization
4. **Members reflect diverse social and cultural groups** throughout all levels of the organization; and **demonstrate the multicultural competencies** to serve the increasingly diverse populations
5. **Acts** on its commitment to **eliminate** all forms of **exclusion and discrimination** within the organization, including classism, racism, sexism, heterosexism, ageism, ableism, religious oppression, etc.
6. Follows through on **broader social and environmental responsibilities**



## **Anti-Racist Multicultural Organization**

- Anti-racism: the advocacy of individual conduct, institutional practices, and cultural expressions that promote inclusiveness and interdependence and acknowledgement and respect racial differences (Jones JM, 1997)



**CONTINUUM ON BECOMING AN ANTI-RACIST MULTICULTURAL INSTITUTION**

MONOCULTURAL		MULTICULTURAL		ANTI-RACIST		ANTI-RACIST MULTICULTURAL	
<i>Racial and Cultural Differences seen as Deficits</i>		<i>Tolerant of Racial and Cultural Differences</i>				<i>Racial and Cultural Differences seen as Assets</i>	
1. <b>EXCLUSIVE</b> A SEGREGATED INSTITUTION	2. <b>PASSIVE</b> A 'CLUB' INSTITUTION	3. <b>SYMBOLIC CHANGE</b> A MULTICULTURAL INSTITUTION	4. <b>IDENTITY CHANGE</b> AN ANTI-RACIST INSTITUTION	5. <b>STRUCTURAL CHANGE</b> A TRANSFORMING INSTITUTION	6. <b>FULLY INCLUSIVE</b> A TRANSFORMED INSTITUTION IN A TRANSFORMED SOCIETY		
<p>Intentionally and publicly excludes or segregates African Americans, Latinos, and Asian Americans</p> <p>Intentionally and publicly enforces the racist status quo throughout institution</p> <p>Institutionalization of racism includes formal policies and practices, teachings, and decision making on all levels</p> <p>Usually has similar intentional policies and practices toward other socially oppressed groups such as women, disables, elderly and children, lesbian and gays, Third World citizens, etc.</p>	<p>Tolerant of a limited number of People of Color with "proper" perspective and credentials</p> <p>May still secretly limit or exclude People of Color in contradiction to public policies</p> <p>Continues to intentionally maintain white power and privilege through its formal policies and practices, teachings, and decision-making on all levels of institutional life</p> <p>Often declares "we don't have a problem."</p>	<p>Makes official policy pronouncements regarding multicultural diversity</p> <p>Sees itself as "non-racist" institution with open doors to People of Color</p> <p>Carries out intentional inclusive efforts, recruiting "someone of color" on committees or office staff</p> <p>Expanding view of diversity includes other socially oppressed groups such as women, disabled, elderly and children, lesbian and gays, third World citizens, etc.</p> <p><b>BUT...</b></p> <p>"Not those who make waves"</p> <p>Little or no contextual change in culture, policies, and decision-making</p> <p>Is still relatively unaware of continuing patterns, privilege, paternalism and control.</p>	<p>Growing understanding of racism as barrier to effective diversity</p> <p>Develops analysis of systemic racism</p> <p>Sponsors a program of anti-racism training</p> <p>New consciousness of institutionalizes white power and privilege</p> <p>Develops intentional identity as an "anti-racist institution"</p> <p>Begins to develop accountability to racially oppressed communities</p> <p>Increasing commitment to dismantle racism and eliminate inherent white advantage</p> <p><b>BUT...</b></p> <p>Institutional structures and culture that maintain white power and privilege still intact and relatively untouched</p>	<p>Commits to process of intentional institutional restructuring, based upon anti-racist analysis and identity</p> <p>Audits and restructures all aspects of institutional life to ensure full participation of People of Color, including their world-view, culture and lifestyles</p> <p>Implements structures, policies and practices with inclusive decision-making and other forms of power sharing on all levels of the institution's life and work</p> <p>Commits to struggle to dismantle racism in the wider community, and builds clear lines of accountability to racially oppressed communities</p> <p>Anti-racist multicultural diversity becomes an institutionalized asset</p> <p>Redefines and rebuilds all relationships and activities in society, based on anti-racist commitments</p>	<p>Future vision of an institution and wider community that has overcome systemic racism</p> <p>Institution's life reflects full participation and shared power with diverse racial, cultural, and economic groups in determining its mission, structure, constituency, policies and practices</p> <p>Full participation in decisions that shape the institution, and inclusion of diverse cultures, lifestyles, and interests</p> <p>A sense of restored community and mutual caring</p> <p>Allies with others in combating all forms of social oppressing</p>		

Used with permission of Crossroads Ministry. Adapted from original concept by Bailly Jackson and Rita Hardiman & further developed by Andrea Avazian & Ronice Branding.

The People's Institute for Survival and Beyond

Join the conversation on Twitter: #STFM50th



# PRE-CONFERENCE ACTIVITY

- Groups of 5
  - Describe:
    - (10 minutes, 2 min per person)
    - Which number/column best reflects the current state of your institution in relation to diversity, equity, and inclusion? Why? What specific programs, policies, and practices impact your institution?
    - Where do you think patients/the community would place your institution? Why?
  
    - (10 minutes, 2 min per person)
    - What is one concrete step that could be done to move your institution toward being an Anti-Racist Multicultural institution?
    - Who needs to be involved to make the change?
    - What might be a barrier?
    - What might facilitate this change?
- Commitment: (write on index cards)
- What is one thing you could do toward this step?



# Dismantling Racism Approach

(Griffith et.al, 2007)

## Dismantling Racism-

- “A systems change intervention designed to change the underlying infrastructure within an institution to be more fair, just, and equitable.”



# Objectives of Approach

- Increase accountability
- Reorganize power
- Develop a common language and analytic framework
- Create opportunities for individual growth and professional development



# Increase Accountability

- **Create a team** of racially and professionally diverse leaders representing all levels in the system that guide the development, implementation and evaluation of the processes and outcomes
  - Charged with critical examination of institutions policies and procedures
  - Efforts are focused on making overall organizational system and culture shifts
  - Ensure transparency through collection, analysis, and dissemination of data



# Develop a Common Language and Analytic Framework

- Core element in dismantling racism in institutions: wide-spread dedicated training
  - ex. An “Undoing Racism” workshop provided by trained anti-racism organizations
- Designed to provide common language, conceptualization of racism, and vocabulary to facilitate communication and understanding.
- Key to institutions: analysis of power and role of gatekeepers



# Reorganize power by strengthening relationships

- Allow for “caucusing” following the workshop for people from a specific identify group
  - White people and People of Color participate in separate caucuses, which are then brought together
- Team conducts one-on-one meetings with key members of the organization and community
  - Serves to establish or build on individual relationships
  - Assess perceptions of the intervention from those who are part of the intervention, but also from those who are not



# Create opportunities for individual growth

- Commitment to creating individual-level change
  - Increase an individual's awareness of how their personal experiences, histories, beliefs and values may influence the provision of healthcare or other services
- Foster and develop new organizational leaders

# **CLOSING THOUGHTS**

## America: Equity and Equality in Health 3

# Structural racism and health inequities in the USA: evidence and interventions

Zinzi D Bailey, Nancy Krieger, Madina Agenor, Jasmine Graves,  
Natalia Linos, Mary T. Bassett

[www.thelancet.com](http://www.thelancet.com) Vol 389 April 8, 2017

**I believe that many of you understand that the moral arc of the universe is long, but it bends toward justice. That we cannot be full evolved human beings until we care about human rights and basic dignity. That all of our survival is tied to the survival of everyone. That our visions of technology and design and entertainment and creativity have to be married with visions of humanity, compassion and justice.**

**Bryan Stevenson, Civil Rights Attorney and Founder and Director of Equal Justice Initiative (EJI)**

Each time a person stands up for an ideal, or acts to improve the lot of others, they send forth a tiny ripple of hope... These ripples build a current which can sweep down the mightiest walls of oppression and resistance.

Robert F. Kennedy



Without courage we cannot practice  
any other virtue with consistency.  
We can't be kind, true, merciful,  
generous, or honest.

*Maya Angelou*

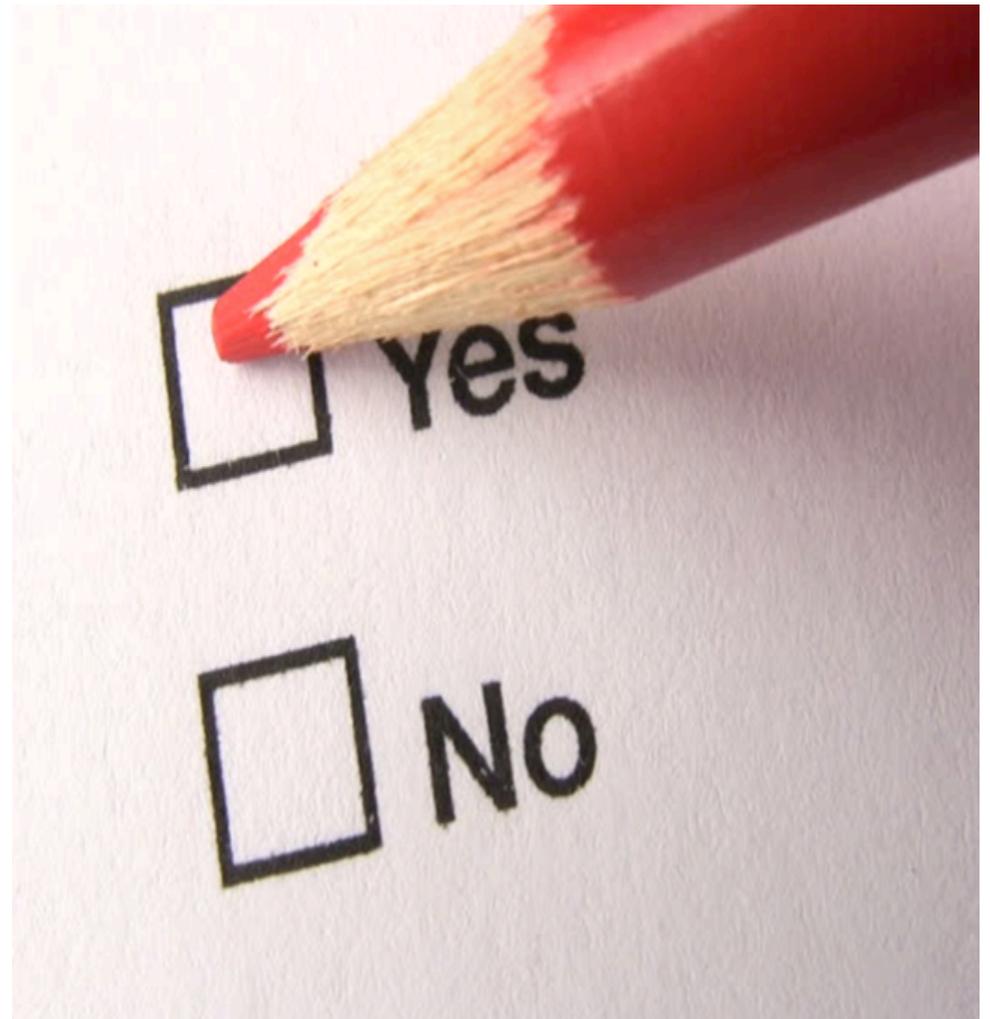
# IN SUMMARY

We hope you:

1. Have acquired strategies for addressing implicit bias, privilege, intersectionality and microaggressions.
2. Have gained skills and confidence in facilitating difficult conversations about racism.
3. Are inspired and committed to implement some of these strategies to promote racial justice in your departments, residencies, and clinical environments.

## POST-TEST

We will be sending a follow up survey by Qualtrics in 2 months and in 6 months.



**THANK YOU FOR JOINING US!**

**Never forget that justice is  
what love looks like in public.**

Cornel West