Welcome! Please take a clipboard and some paper for the day. Complete an identity wheel and discuss with a neighbor as you enjoy lunch. We’ll begin the session promptly at 1:00.
Race, Power and Privilege in Clinic and Community

Heather-Lyn Haley PhD
Carla Carten PhD
Population Health Clerkship October 2018
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 institutional racism and intersecting oppressions
Learning Objectives

By the end of this training, participants will be able to:

• Describe Dr. Camara Jones’ three levels of racism

• Reflect on personal and peer experiences with bias, prejudice, and racism

• Gain skills and confidence interrupting implicit bias and racism
Guidelines for Diversity Learning

- Communicate clearly, directly, honestly, and respectfully
- Listen for understanding and not rebuttal
- Release the need to be right
- Be willing to feel uncomfortable at times
- Challenge your self to new ways of thinking
- Be fully present: head, heart, soul
FREE WRITING EXERCISE

• What is free writing?
• Write for 10 minutes without stopping about:
  “My earliest memory of learning about race is…”
VOLUNTEERS TO SHARE THOUGHTS?
"Nice try, Billy, but dogma is not a puppy’s mother!"
Definitions
Definitions of Race

- a person's self-identification with one or more social groups... [This is] a social definition of race recognized in this country and not an attempt to define race biologically, anthropologically, or genetically. (US Census)
- Physical differences that groups and cultures consider socially significant (ASA)
- False classification of people that is not based on any accurate biological or scientific truth (Dismantling Racism Resource Book)
Don’t just tell a different version of the same story.
Change The Story!
Racism =
a system of power
that structures opportunity and assigns value

based on the social interpretation of how one looks
(which is what we call “race”),

that unfairly disadvantages some individuals and communities,

unfairly advantages other individuals and communities,

and saps the strength
of the whole society

through the waste
of human resources.

-Camara Jones
Camara Jones’ Three Levels of Racism

https://www.youtube.com/watch?v=GNhcY6fTyBM

**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 the stigmatized races of negative messages about their own abilities and intrinsic worth

Jones, 2000
YOUR BRAIN ON DIVERSITY
**Thalamus:**
“Air Traffic Controller”
Translates signal into brain language

**Visual Cortex**
Analyzes and interprets brain language

**Amygdala**
“Emotional Center”

**Fight or Flight Response:**
Heart rate and blood pressure increase.
Large muscles prepare for quick action.
Challenges vs. Threats

Physiological Responses:
more blood sent to muscles and brain
enhancing physical and cognitive performance
Energizing!

Physiological Responses:
Blood flow restriction, cortisol release, digestion halt
Diminishing!
What is Implicit (Unconscious) Bias?

- **Unconscious perception**
  that influences
  understanding, actions and
decisions

- **Activated involuntarily**
  beyond awareness or
  intentional control

- **Favorable or**
  unfavorable evaluations
  toward groups of people

- **Normal human**
  processes that occur on
  an unconscious level
How do we develop implicit bias?

Implicit Bias

Brain Associations (innate)

Social Loadings (culture, media)

Activated Quickly and Unconsciously
Implicit Association Test (IAT)

https://implicit.harvard.edu/implicit/takeatest.html
**Microaggressions**

*Microaggressions* are the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their race, gender, ethnicity, national origin, ability.
Microaggression Videos

How microaggressions are like mosquito bites
https://www.youtube.com/watch?v=hDd3bzA7450

If microaggressions happened to white people
https://www.youtube.com/watch?v=KPRA4g-3yEk
Not created equal

Disparities challenge docs in diverse community

By Susan Spencer
Telegram & Gazette Staff

Health outcomes in the United States are not created equal, statistics have times that of whites, with 725-4 per 100,000.

Hypertension, renal disease, diabetes and cardiovascular disease are among the most notable areas in

<table>
<thead>
<tr>
<th>Health status of adults</th>
<th>2011-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall</td>
</tr>
<tr>
<td></td>
<td>White</td>
</tr>
<tr>
<td>White</td>
<td>30.4%</td>
</tr>
<tr>
<td>Black</td>
<td>29.1%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>26.8%</td>
</tr>
</tbody>
</table>

Cancer death rates

<table>
<thead>
<tr>
<th>Cancer death rates</th>
<th>Per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All ages</td>
</tr>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
<td>192.9</td>
</tr>
<tr>
<td>Female</td>
<td>138.1</td>
</tr>
</tbody>
</table>
How about now?
Bringing it closer to home:
The silent curriculum in medical education
Setting the stage for action planning

What can we do?

If every single one of us does every single thing we can think of, every single day...
Context for Action at UMMS

Diversity competencies:

- Holding multiple realities/perspectives
- Balancing intention and impact
- Using privilege as a clinical skill
- Moving from certainty to curiosity
Moving Toward Action at UMMS

Curricular initiatives:
- Adding a diversity video to orientation
- Improving the DCS session on Pt. Care in a Diverse Society in Year 1
- This workshop in Year 2
- Interstitial on “Sociodemographic Challenges” in Year 3
- Examining the racial cues in case studies across curriculum
- Clarifying messages around race and genetics
Moving Toward Action at UMMS

- Non-curricular student resources
  - SNMA
  - White Coats for Black Lives UMMS
  - Mentoring circles

- Initiatives open to faculty, staff and students
  - Employee Resource Groups
  - Diversity Events Calendar

- Faculty Development
  - Executive Council statement
  - Faculty Council event
  - FMCH Major Initiative
  - Gold Foundation panel
  - Public Service grant
Resources available for sharing

- Race, Power, and Privilege - slides and links to video clips: https://umassmed.edu/fmch/communityhealth/sep/pophealth/racepowerprivilegeUMMS/
- People’s Institute for Survival and Beyond: http://pisab.org/programs
- Showing Up for Racial Justice (SURJ): http://www.showingupforracialjustice.org/about
References


• Kleinman, Arthur. Taken from UPenn's Kleinman’s 8 Handout. http://www.med.upenn.edu/gec/user_docs/PDF/Health%20Equity%20and%20Literacy/Kleinman_s_8_Questions.pdf

Following this placeholder are extra slides-

in case conversation goes

this way or that way
Reducing Racial Bias Among Health Care Providers: Lessons from Social-Cognitive Psychology

Conceptual Framework

Burgess et al 2007
Internal and structural biases with the potential to affect patient care

Blair et al 2011
Kleinman Nine:
A model for exploring a patient’s relevant health beliefs

1. What do you call your problem? What name does it have?
2. What do you think caused your problem?
3. Why do you think it started when it did?
4. What does your sickness do to you? How does it work?
5. How severe is it? Will it have a short or long course?
6. What do you fear most about your disorder?
7. What are the chief problems that your sickness has caused for you?
8. What kind of treatment do you think you should receive?
9. What are the most important results you hope to receive from the treatment?

http://pilot.train.hrsa.gov/uhc/pdf/modules/03/Module03JobAidModelKleinman.pdf
Structural inequities to inequities in health outcomes

Graham 2007 modified

Inequities in the Labor Market
Inequities in the Education System
Inequities in the Safety Net

Social economic inequities
Gender inequities
Race/ethnic inequities
Inequities linked to sexuality

Environmental inequities
Behavioral inequities

Inequities in health

From Bloyd 2016
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
  • 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.

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
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)