Starfield Summit II: Health Equity Summit
Curriculum Toolkit

Racism, Sexism, and Unconscious Bias

IGNITE presentation by Denise Rodgers, MD,FAAFP, FAAFP

Module by Jennifer Edgoose, MD, MPH, Mansi Shah, MD, and Bailey Murph, MPH

Appropriate Audience: all learners
Related modules:

- Intersectionality —The Interconnectedness of Class, Gender, Race and other Types of Vulnerability
- Immigrant Populations in a Nation of Changing Policy
- Understanding HHealth EExperiences and VValues to AAddress SSocial DDeterminants of HHealth

Learning Objectives

After participating in this learning module, participants will be able to:

1. Define structural competency.
2. Understand the connections between structures of power and unconscious bias.
3. Consider ways that interventions can focus on multiple levels of oppression: from (a) personal interactions between patients and clinicians to (b) institutional practices and policies to (c) internalized persecution felt not only by patients but also by some members of the health care community that all contribute to inequities we see and experience today.
4. Connect personal lived experiences to examples of structural oppression.

Background

PProfound disparities in health outcomes exist in the United States. For example, African Americans continue to lag in life expectancy and have higher infant mortality rates when compared to their non-Hispanic white counterparts. While the causes of health and healthcare disparities are multifactorial, it is increasingly clear that the discussion needs to address not merely the differences in outcome between races and gender but more importantly,, the systems of oppression deeply embedded in our society that drive these inequities. In fact, Dr. Rodgerss begins her talk, not by by sharing disparity data but by talking about the “Middle Passage” when slaves were brought to the United States from Africa. In this complex and large topic about oppression, we will help you unpack a systematic way to consider structural forces that lie in the historical, political and cultural forces of our nation that shape inequities between

whole populations of people. Structural competency in medicine consists of training in competencies that: 1) recognize these historical, political and cultural structures that shape clinical interactions; 2) develop an extra-clinical language of structure; 3) rearticulate "cultural" formulations in structural terms; 4) observe and imagine structural interventions; and 5) develop and nurture structural humility.[1] This module will also provide an opportunity for you to consider the unconscious biases that shape not only systematic practices but the everyday lives we live.

Due to the complexity of this topic, we have provided a lot of supplemental material and have attempted to prioritize a few to enrich your discussions.

Ignite Video
Please follow the link below to view the full talk given by Dr. Rodgers (6 min):
https://www.youtube.com/watch?v=Z6Gy4xVmhYo

Accompanying Slides
IGNITE presentation slides:
http://www.starfieldsummit.com/s/23-Rodgers-Presentation.pdf

We also encourage you to supplement this module:

- WATCH
  - Jones CPP. Allegories on ""race"" and racism. Presented at TEDxEmory. July 10, 2014; Atlanta, GA. Presented at TEDxEmory. July 10, 2014; Atlanta, GA. https://www.youtube.com/watch?v=GNhcY6fTyBM. Accessed September 24, 2018. Accessed September 24, 2018.
    - Jones offers four allegories on race and racism to help people understand how we perceive race; how racism works; how racism can be understood; and how one can dare to confront the problem. (20.5 min) (20.5 min)
  - Reshamwala S. Who, Me? Biased? Peanut Butter, Jelly and Racism. Times Video. NYTimes.com website. Reshamwala S. Who, Me? Biased? Peanut Butter, Jelly and Racism. Times Video. NYTimes.com website. https://www.nytimes.com/video/us/100000004818663/peanut-butter-jelly-and-racism.html?playlistId=100000004821064 Accessed September 24, 2018.Accessed September 24, 2018.
    - This is one of a six part video series to help us think about unconscious or implicit bias produced by the New York Times.(1.5 min) (1.5 min)
- READ
  - Jones CP. Levels of racism: a theoretic framework and gardener's tale. *Am J Public Health*. 2000;90(8):1212-1215. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446334/pdf/10936998.pdf

        - Jones presents a theoretic framework for understanding three levels of racism: institutionalized, personally-mediated, and internalized.
    - Sharma M, Pinto AD, Kumagi AK. Teaching the ssocial ddeterminants of hhealth: A ppath to eequity or a rroad to nnowhere? *Acad Med..* 2018;; 93(1):25-30.
        - "Educators talk about poverty but not oppression, race but not racism, sex but not sexism, and homosexuality but not homophobia. The current approach to SDOH may constrain or even incapacitate the ability of medical education to achieve the very goals it lauds, and in fact perpetuate inequity." This article proposes moving toward structurally competent curricula which embraces concepts of power, privilege and inequities to move health care educators and their learners to an authentic commitment toward social justice.

Possible Questions for Group Discussion

After watching the talks and reading the material above, consider splitting your learners into smaller groups and facilitate discussion on the following questions.

General questions:

1. What does Dr. Rodgers mean by "epigenetic" effects of slavery and racism?
2. What is structural racism or structural oppression?
3. What is the difference between cultural competency and structural competency?
4. Describe the three levels of racism described by Dr. Jones and provide examples of each (you can broaden this to the three levels of oppression [e.g. sexism]).
5. Can you provide an example of a time you became aware of your own unconscious bias?

Applying an Equity Lens in Professional Practice

As you reflect on the material in this module, consider how you will apply it in your professional practice by asking questions based upon the Equity and Empowerment Lens' 5Ps:

Purpose: What is my purpose in recognizing, naming, and alleviating racism, sexism and/or unconscious bias at a personal and/or institutional level? *Propose a single intervention.* For example, consider an intervention that tries to increase recruitment of a more diverse student or resident applicant pool. Or you might propose introduction of a patient advisory committee to your clinic. Or you might suggest over the lunch hour that all the clinicians walk around the waiting room of the clinic and look for evidence of stereotype threat on the wall hangings or magazines in the room.

People: Which people or communities will be positively and negatively affected by my proposed intervention? Have I accounted for potential trauma to the people or communities I am trying to serve through this intervention?

Place: How might my intervention account for the emotional and physical safety of people or communities and their need to be productive and feel valued?

Process: Are there empowering processes at every human touchpoint of this intervention?

Power: Who are the stakeholders who need to be involved in the proposed intervention? Describe the kind of power that they hold.

Resources for applying an equity lens in practice:

- Human Impact Partners website. https://humanimpact.org/products-resources/ Accessed September 24, 2018.
- Racial Equity Tools website. https://www.racialequitytools.org/home Accessed September 24, 2018.
- Race Forward website. https://www.raceforward.org/ Accessed September 24, 2018.
- The Center for Media Justice website. http://centerformediajustice.org/ Accessed September 24, 2018.

For more in depth discussion read and refer to:

- Adichie CN.. The Danger of a Single Story. Presented at TEDGlobal: 2009. Oxford, UK. https://www.ted.com/talks/chimamanda_adichie_the_danger_of_a_single_story. Accessed April 21, 2018.
    - This TED talk can be used to further illustrate the point that unconscious biases are inextricable from cultural representations, which reflect power dynamics in society and history.
- Bailey ZD, Krieger N, Agenor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: Evidence and interventions. *Lancet.* 2017;389(10077):1453-1463.
    - This paper is part of a five-part series about inequity in America. This article explores the historical and contemporary issues of structural racism. Structural racism refers to the "totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice."
- Wear D, Zarconi J, Aultman JM, Chyatte MR, Kumagai AK. Remembering Freddie Gray: Medical education for social justice. *Acad Med*. 2017;92(3):312-317.
    - The authors propose that medical schools adopt anti-racist pedagogy and the concept of structural competency in order to construct a curriculum oriented toward appropriate care of patients victimized by extreme social and economic disadvantage and who manifest health concerns arising from these disadvantages.

Resources for further exploration

These resources are organized by topic area. The listings of macro, meso, or micro follow the socio-ecological framework laid out in the guidebook.

Macro: In Health Care Transformation

- Khullar D. Being a Doctor Is Hard. It's Harder for Women. December 7, 2017. The New York Times website. https://www.nytimes.com/2017/12/07/upshot/being-a-doctor-is-hard-its-harder-for-women.html. Accessed April 21, 2018.

- This article reminds us of how structures within the healthcare system including health care training lead to significant gender disparities.

- Krieger N, Rehkopf DH, Chen JT, Waterman PD, Marcelli E, Kennedy M. The Fall and Rise of US Inequities in Premature Mortality: 1960–2002. *PLoS Med.* 2008. 5(2): e46. https://doi.org/10.1371/journal.pmed.0050046. Accessed April 21, 2018.
    - Krieger, et. al, provide mortality data to illustrate that the social policy of the 1960s (including Medicare, Medicaid, civil rights legislation, and the "War on Poverty") decreased the mortality gap between blacks and whites. The rollback of these programs by the Reagan administration in the 1980s worsened the same mortality gap, even though overall mortality has improved between 1960 and 2002. This article can be used as a key discussion piece to highlight the role of social policy in health outcomes.
- Roberts D. The Problem with Race-Based Medicine. TEDMED. 2015. Palm Springs, CA. https://www.tedmed.com/talks/show?id=530900&utm_source=TED+MED+Mailing+List&utm_campaign=3651ae75c8-February+12%2C+2016_+DorothyRoberts_TalkRelease&utm_medium=email&utm_term=0_c6449cace5-3651ae75c8-25611745. Accessed April 21, 2018.
    - Roberts explores how the history of race-based medicine shapes the practice of medicine today. (14.5 minutes)
- Smedley BD. The lived experience of race and its health consequences. *Am J Public Health*. 2012;102(5):933–935.
    - This research illuminates the mechanisms through which racism and discrimination influence the health status of people of color and how racism operates on various levels throughout the course of life.

Meso: In Quality Improvement

- Antman K. Building on #MeToo to Enhance the Learning Environment for US Medical Schools. *JAMA.* 2018;319(17): 1759-1760. doi:10.1001/jama.2018.3812. https://jamanetwork.com/journals/jama/fullarticle/2677878?utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=040218. Accessed April 21, 2018.
    - Medical schools have developed in a deeply hierarchical and competitive environment. Harassment of clinical learners on the basis of sex, ethnicity, race, or gender identity is prevalent. This editorial challenges the medical academic community to join the #MeToo movement and address sexual harassment.
- Capers Q, Clinchot D, McDougle L, Greenwald AG . Implicit racial bias in medical school admissions. *Acad. Med.* 2017 Mar.92(3):365-369.
    - This article provides an example of an actionable item in medical education that can be done to improve representation in the physician trainee process and provides material for rich discussion about representation, micro-aggressions,
- Hatoum R. How This Pediatrician Is Working to Protect the Health of Incarcerated Kids. UCLA Health website. March 12,2018. http://connect.uclahealth.org/2018/03/12/how-

this-pediatrician-is-working-to-protect-the-health-of-incarcerated-kids/. Accessed April 21, 2017.
    - This article provides an example of a physician taking her clinical experiences to advocate for policies and research for vulnerable children.
- Thill Z, Abare M, Fox A. Thinking outside the box: Hospitals promoting employment for formerly incarcerated persons. *Ann Intern Med*. 2014;161:524–525.
    - This article provides an example of a healthcare-based intervention that counteracts the impacts of the prison system.
- Tsai J, Ucik L, Baldwin N, Hasslinger C, George P. Race matters? Examining and rethinking race portrayal in preclinical medical education. *Acad Med.* 2016;91(7):916-920.
    - This student-lead initiative critiqued how a medical school presented race in its curriculum as an essential component of epidemiology, risk, diagnosis, and treatment without social context. Their efforts, led to widespread curricular reform at their school.

Micro: In Clinical Encounters- Shared Decision Making

- DeGruy J. Cracking the Codes: A Trip to the Grocery Store. YouTube. https://www.youtube.com/watch?v=Wf9QBnPK6Yg. Published September 20, 2011. Accessed April 21, 2018.
    - Author and racial justice educator Joy DeGruy shares how her sister-in-law uses her white privilege to stand up to systemic inequity. This is a great example of how a one can use one's privilege to be an ally and move from being non-racist to an anti-racist. (3.75 min)
- Myers V. How to Overcome Our Biases? Walk Boldly Towards Them. TEDxBeaconStreet. 2014. November 15, 2014. Brookline, MA. https://www.ted.com/talks/verna_myers_how_to_overcome_our_biases_walk_boldly_toward_them Accessed September 23, 2017.
    - Myers describes the profound effects of implicit bias particularly upon the lives (and deaths) of black men and offers strategies to help us challenge our biases. (17.75 min)
- van Ryn M. Researching Unconscious Bias in Health Care. Mayo Clinic. Published April 2, 2015. https://www.youtube.com/watch?v=igf3telOA5E. Accessed September 23, 2017.
    - van Ryn describes how unconscious bias has enormous potential to impact daily interactions between clinicians and their patients, even despite the physician's best intentions. (2.5 min)

Words and Concepts Used in this Module that are Defined in the Guidebook

- Cultural Competence
- Health Disparities
- Health Equity

- Microaggression
- Minority
- Oppression
- Race
- Racism
- Sexism
- Stereotype Threat
- Structural competency
- Unconscious (Implicit) Bias
- Vulnerable Populations

References

1. Metzl JM, Hansen H. Structural competency: Theorizing a new medical engagement with stigma and inequality. *Soc Sci Med.* 2014;103:126-133.
2. Smedley BD, Stith AD, Nelson AR. Unequal Treatment Confronting Racial and Ethnic Disparities in Health Care. Washington D.C.: National Academy Press; 2002.
3. Andrulis DP, Siddiqui NJ, Purtle JP, et al. Patient Protection and Affordable Care Act of 2010: Advancing Health Equity for Racially and Ethnically Diverse Populations. Joint Center for Political and Economic Studies. Joint Center for Political and Economic Studies website. https://jointcenter.org/research/patient-protection-and-affordable-care-act-2010-advancing-health-equity-racially-and Published July 1,2010. Accessed September 24, 2018.
4. Chapman EN, Kaatz A,Carnes M. Physicians and implicit bias: How doctors may unwittingly perpetuate health care disparities. *J Gen Intern Med.*2013;28(11):1504-1510.

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