# Teaching About Racism in the Context of Persistent Health and Healthcare Disparities: How Educators Can Enlighten Themselves and Their Learners

## Toolkit

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## PREFACE

This toolkit was formed by the listed contributors who sought to explore how to teach health care providers to reduce health care disparities. 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.

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## ROLE OF A FACILITATOR

- **Do** listen attentively
- **Do** be prepared for the session. If you are feeling "off," that will reflect in the tone.
- **Do** practice empathy
- **Do** guide conversation back to focus
- **Do** refer to stories that people have shared (in a large group setting)
- **Do** be prepared that everyone will not agree with your points
- **Don't** take anything personally
- **Don't** teach
- **Don't** preach
- **Don't** cut people off
- **Don't** single anyone out
- **Don't** make anyone a spokes-person
- **Don't** monopolize the conversation
- **Don't** allow intolerant speeches

## SUGGESTED GUIDELINES FOR GROUP DISCUSSION

- What you share within the context of the conversation 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 experiences.
- Be honest and willing to share—if you tend to be quieter in groups, challenge yourself to share.
- Listen with curiosity and the willingness to learn and change, resist the desire to interrupt.
- Be mindful of the time—if you tend to share a lot, challenge yourself to listen more. Suspend judgment. Be open to the wisdom in each person's story.

## DEFINITIONS/DEVELOPING A COMMON LANGUAGE/SHARING UNDERSTANDING

**Race:** is a social construct. There is no biological basis for race, in fact there is more genetic variation (about 85%) within any given ethnic group than between ethnic groups, be they Swedes, Kikuyu or Hmong. In fact there are no characteristics, no traits, not even one gene that turns up in all members of one so called race yet is absent from others. Race was created as a social construct to divide people in order to prevent the majority of people from rising up against those with wealth and power. It has been woven into the very fabric of our society. While it is not a biological reality, it has a very real and profound social reality and impact on the lives of people of color.

**People of Color**: Peoples from the Americas, Africa, Asia, the Arab world and Asia Pacific Island Americans. People of color have chosen this term as an identity that unites different racial and ethnic groups that all share the experience of racial oppression. The term "people of color" is used in preference to minority because the term can be dehumanizing and because people of color are in fact the majority of the world's population. Also, nonwhite implies that white is the norm.

> *"Black Americans are not a monolith, the Borg, or a hive mind. They are individuals who have a shared experience of racialization in a society structured around both maintaining and protecting white privilege and white supremacy."* - Chauncey DeVega *,* Black America is so very Tired of Explaining and Debating*,* Salon, June, 2015

**White people**: People of European descent.

> *"White people did not exist in US law until 1681*" – Jaqueline Battalora, author Birth of a White Nation

**Prejudice**: A preconceived belief, usually based on limited information'

**Racism:** A system of structuring opportunity and assigning value based on the social interpretation of how one looks ("race). It 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, Phylon 2003

**Three levels of Racism:**

- **Personally-mediated/ Individual/Interpersonal**: Individual acts of discrimination and prejudice, stereotypes, hate
    - **Individual/Implicit Bias:** Unconscious attitudes and beliefs – example: white medical professional not looking an African American parent in the eye and only talking to her white partner while they are attending an ultrasound appointment.
    - **Individual/Explicit Bias:** Example: Police officer calling someone an ethnic slur while arresting them, a white woman locking her door when an African American man walks by, or clutching her purse in an elevator. A person of color perceiving they are being targeted based on race, or having to always wonder if they are being targeted based on

their race, because of this larger system that sees them as criminal; the way the media portrays people of color as criminal and the fear that that breeds in people.

- **Institutional/Structural:** The unfair policies, practices and procedures of particular institutions and systems that routinely produce racially inequitable outcomes for people of color and advantages for white people. According to this definition, racism is not just individual acts of hatred, bigotry, prejudice or stereotyping based on race that all people are capable of. Instead, institutional racism occurs when these prejudices are backed up with power. By power, we mean access to social, political, cultural, financial systemic power. In the United States at this time and throughout our history, white people have held the majority of dominance and power. White people control political and institutional power, cultural and social norms, and the vast majority of financial resources.
    - **Institutional/Implicit:** Policies that negatively impact a group unintentionally. Examples: Attendance policies are reinforced, and extenuating circumstances can't always be taken into consideration. Discipline policies carried out day to day in schools; extenuating circumstances or generational trauma cannot always be taken into consideration (teachers don't have time/skills/hands on deck) disproportionately targets students of color – 23X as likely to be suspended from school....leads to HS graduation rates – for AA students 54%, Latino students 65%
    - **Institutional/Explicit:** Policies which explicitly discriminate against a group. Example: Madison College nursing degree versus University of Wisconsin -Madison Nursing degree. Same curriculum, but UW carries a higher status and a greater number of hires after graduation. UW Madison is predominantly white. Madison College has a higher percentage of people of color in their programs.

- **Internalized**: The process by which people of color adopt racially prejudiced attitudes and behaviors that lead to discrimination and stereotyping of their own racial group. A form of systematic oppression where people and communities of color unconsciously support white privilege and power. *(Donna bivens, Amy Sun)*
    - *Example: The culture we live in values whiteness as the standard/norm; this can negatively affect the self esteem and self worth of people of color. Kids of color may choose a white doll to play with over a doll that is more aligned with their own skin color. Kids of color saying to one another 'you're acting white' or name calling Black kids 'oreo' or Asian kids 'banana'. People of color believing they have to assimilate into the dominant culture/be white, and erase the cultural parts of themselves. Black women feeling self conscious and straightening their hair.*

**Cultural Racism**: Aspects of society that overtly and covertly attribute value and normality to white people and whiteness and devalue, stereotype, and label people of color as "other" different, less than, or render them invisible.

**White Privilege:** "*White privilege refers to any advantage, opportunity, benefit, head start, or general protection from negative societal mistreatment, which persons deemed white will typically enjoy, but which others will generally not enjoy. These benefits can be material, social, or psychological"*

- Tim Wise

*"I have come to see white privilege as an invisible package of unearned assets which I can count on cashing in each day, but about which I was 'meant' to remain oblivious. White privilege is like an invisible weightless backpack of special provisions, maps, passports, codebooks, visas, clothes, tools and blank checks."* - Peggy McIntosh

**White supremacy:** An historically based, institutionally perpetuated system of exploitation and oppression of continents, nations and peoples of color by white peoples and nations of the European continent for the purpose of maintaining and defending a system of wealth, power and privilege.

-Challenging White Supremacy Workshops, San Francisco, CA

**Cultural Pluralism**: Recognition of the contribution of each group to society. It encourages the maintenance and development of different lifestyles, languages and convictions. It is a commitment to deal cooperatively with common concerns. It strives to create the conditions of harmony and respect within a culturally diverse society.

**Health Disparities:**

A *health disparity* is "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion." – National Partnership for Action to End Health Disparities. U.S. Department of Health and Human Services. www.hhs.gov. http://www.minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=34

**Healthcare Disparities:**

Health care disparities are "racial or ethnic differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention." — Smedley, BD, Stith AY, Nelson AR. Institute of Medicine. Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, Board on Health Policy, Institute of Medicine. Washington, DC: National Academy Press; 2002. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.

**Health Equity:**

Health Equity is "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities." – National Partnership for Action to End Health Disparities. U.S. Department of Health and Human Services. www.hhs.gov. http://www.minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=34

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Short PDF version: http://www.cookross.com/docs/everyday_bias.pdf

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## VIDEOS/PODCASTS available online:

- Allegories on race and racism by Dr. Camara Jones TEDxEmory: https://www.youtube.com/watch?v=GNhcY6fTyBM
- The legacy of segregation: http://pd.npr.org/anon.npr-mp3/npr/fa/2015/05/20150514_fa_01.mp3?dl=1
- Life course effects of race/racism: http://www.pbs.org/unnaturalcauses/video_player.htm?wbb_kim_anderson_story
- Implicit bias in health care, Dr. Michelle Van Ryn , PhD https://www.youtube.com/watch?v=igf3telOA5E
- TedTalk- The Problem with Race-Based Medicine. Dorothy Roberts, Critical Race Sociologist. Global Scholar, University of Pennsylvania civil rights sociologist, and law professor. http://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
- Documentary: *Unnatural Causes*- http://www.unnaturalcauses.org/
- Documentary: *Race the Power of Illusion* (excerpt): https://video.search.yahoo.com/video/play;_ylt=A2KLqIF65N1WuiAAFWc0nIlQ;_ylu=X3oDMTByZ2N0cmxpBHNlYwNzcgRzbGsDdmlkBHZ0aWQDBGdwb3MDMg--?p=Documentary+RACE+the+Power+of+An+Illusion%3A+the+story+we+tell&vid=9c522df1313454677c9acb3e962231cd&turl=http%3A%2F%2Ftse2.mm.bing.net%2Fth%3Fid%3DOVP.V1c9b539dc83b8fb9c10f8bd055b6c2e2%26pid%3D15.1%26h%3D206%26w%3D300%26c%3D7%26rs%3D1&rurl=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DV9YMCKp5myI&tit=Race+-+the+Power+of+an+Illusion&c=1&h=206&w=300&l=299&sigr=11b7rljka&sigt=10vgsk0o9&sigi=131i4mjj0&age=1238008459&fr2=p%3As%2Cv%3Av&fr=yhs-iry-fullyhosted_003&hsimp=yhs-fullyhosted_003&hspart=iry&tt=b
- Howard Ross: "Everyday Bias: Identifying and Navigating Unconscious Judgments" | Talks at Google https://www.youtube.com/watch?v=v01SxXui9XQ
- Overcoming Cultural Stereotypes https://youtu.be/MDw68BQxKEk
- Maintaining Cultural Humility https://www.youtube.com/watch?v=NLCSOZuhdJk]
- Neshoba: The Price of Freedom (2010) Documentary directed by Micki Dickoff and Tony Pagano. FILM

## WEBSITES:

- Apply an Equity and Empowerment lens to quality improvement interventions: https://multco.us/diversity-equity/equity-and-empowerment-lens
- "Talking about race toolkit" Center for Social Inclusion: http://www.centerforsocialinclusion.org/communications/talking-about-race-toolkit/
- The Perception Institute: http://perception.org/our-publications/the-science-of-equality-volume-1-addressing-implicit-bias-racial-anxiety-and-stereotype-threat-in-education-and-health-care/
- The People's Institute for Survival and Beyond: Undoing Racism. http://www.pisab.org/

## EXPLORING DISPARITIES (activity):

### WHY DO INEQUITIES CONTINUE?

**TIME: 35 Minutes**
**MATERIALS:** Distribute the handout.
**INSTRUCTIONS**: Invite volunteers from the group to take turns reading each view out loud. Or, ask the group to spend a few minutes looking over the views silently. Then, invite volunteers to read the heading of each view.
As participants read the views, ask them to think about these questions:

1. Which views come closest to your own way of thinking?
2. Which views seem most important?
3. Is there a viewpoint that's missing?
4. Is there anything that you don't agree with?

Give participants a chance to share their responses to the above questions with a partner. Then come back to the full group and discuss the questions.

**Facilitator Note**
People have many ideas about why inequities exist. We may agree with each other on some points, and disagree with each other on other points. Each view stated on the handout is in the voice of a person who thinks it is a very important idea. It is critical to identify people's perspective of the cause of the problem before trying to think of solutions.

*This is a sample module taken from YWCA Madison Race to Equity toolkit (explore others on their website)*:
http://www.ywcamadison.org/site/c.cuIWLiO0JqI8E/b.9208687/k.6E74/Race_to_Equity_Toolkit.htm

**Handout (next page):**

# Why Do Inequities Continue?

People have many ideas about why inequities exist. We may agree with each other on some points, and disagree with each other on other points. Each view stated below is in the voice of a person who thinks it is a very important idea. As you read the views, think about these questions:

1. *Which views come closest to your own way of thinking?*
2. *Which views seem most important?*
3. *Is there a viewpoint that's missing?*
4. *Is there anything that you don't agree with?*

**VIEWPOINT 1**

**Pop culture and the media show negative stereotypes of different groups.**

On TV or in the movies, we see Arab Americans as terrorists. We see Latinos as maids, gang members, or drug lords. African American males often play gangsta rappers or thugs. This is damaging. It makes people think these groups are problems. It feeds people's prejudice and makes us feel hopeless.

**VIEWPOINT 2**

**The effects of our history are still with us today.**

Racism has always been part of American life. When our country began, European settlers kept slaves. They took land that belonged to Native peoples. Our government made laws and policies against people of color. Even after slavery was ended, government favored whites. For example, after WW II, few homes were owned by nonwhites. Government housing loans were not given to people of color. Native peoples and African Americans have suffered most. They live with the effects of hundreds of years of racism.

**VIEWPOINT 3**

**Policies based on race are the problem.**

We must stop hiring and promoting people based on their race. We need to move to a color-blind society. We need policies based on merit and not on ethnic background. This is what's wrong with affirmative action. Some resent it when people of color get special treatment. People of color wonder if their success is tied to ability or to some hiring goal. This is bad for everyone.

**VIEWPOINT 4**

**Institutions have racist policies and practices.**

Many public and private institutions still exclude people of color. And privileges associated with "whiteness" are built into the cultures of our institutions. For example, people rarely think about the needs of different ethnic groups when they decide where to locate their businesses. Schools in poor neighborhoods lack resources. Banks make it hard for people of color to get loans. And racial profiling is a big problem in law enforcement. Even though we have new laws, the system really hasn't changed.

**VIEWPOINT 5**

**People of color lack economic opportunity.**

Without good jobs, people of color can't move up in society. When big business cuts jobs, it affects people of color more than whites. This is mostly true in our cities, where many people of color live.

Cities and neighborhoods with more poor people have a smaller tax base. This means less money for schools and other human services. It is hard to succeed without a good education, housing, and other basic services. Without skills and jobs, there is little to support a family.

**VIEWPOINT 6**

**The government often fails to enforce laws against discrimination.**

We have some good laws against discrimination. When they are not enforced, people suffer. For example, it is against the law to refuse to sell or rent a house because of skin color. But many people of color still have trouble when they try to rent, or buy housing. The government should make everyone obey the law.

**VIEWPOINT 7**

**People don't make the most of the chances they have.**

There are many programs that aim to level the playing field for everyone. For example, lots of schools and colleges use special admissions tests. They offer scholarships to students of color. Government and business have goals to recruit a diverse workforce. But they often have a hard time finding people to fill the jobs. Some people don't value these chances to succeed. On top of that, there are some people who think of themselves as "victims." They feel defeated by their race before they even try to succeed. The chances are there. People just don't take advantage of them.

**VIEWPOINT 8**

**White people have privileges just because of the color of their skin.**

White people don't face what people of color face every day. For example, people don't see whites as inferior or dangerous because of the color of their skin. They can shop in stores without being followed by salespeople. And they rarely fear that government might harass them, rather than help them. The culture and policies of many public and private institutions favor European Americans. Our system gives preference to "whiteness" and makes it harder for people of color.

Source:
http://www.ywcamadison.org/site/c.cuIWLiO0JqI8E/b.9208687/k.6E74/Race_to_Equity_Toolkit.htm

## EXPLORING IMPLICIT BIAS

| Explicit Bias | Implicit Bias |
|---|---|
| Expressed directly | Expressed indirectly |
| Aware of bias | Unaware of bias |
| Operates consciously | Operates subconsciously |
| Example: "I like Whites more than Latinos" | Example: One sits further away from a Latino than a White individual. |

**Resources**: Perception Institute: http://perception.org/research/implicit-bias/

**Activity:** (This exercise works best with learners who have already had some framing about concepts of implicit bias):

GO TO: **https://implicit.harvard.edu/implicit/**


**Evidence-based Personal Practical Tactics to combat implicit Bias: EPIC**

Molly Carnes, Eve Fine, and Jennifer Sheridan. *Breaking the Bias Habit: A workshop to promote racial equity in hiring and clinical practice.* Copyright © 2015 by WISELI and the Board of Regents of the University of Wisconsin System

**E:** Engage in perspective taking

- look at things from the other's point of view (Todd et al.,2011; Drwecki et al.,2011)

**P:** Practice the right message

- "The vast majority of people try to overcome their stereotypic preconceptions" (Duguid and Thomas-Hunt,2015)
- Promote multicultural NOT colorblind messaging (Wilton et al., 2015)
- State that clinic staff, physicians and patients are "working as a team" (Penner et al., 2013)
- Tell yourself "Empathy is malleable" (Schumann, Zaki, and Dweck, 2014)

**I:** Individuate

Prevent group membership from being diagnostic by:

- Obtaining more relevant information (Heilman, 1984; Gill, 2004)
- Increasing opportunities for contact (Allport, 1979)
- Imagining counterstereotype exemplars (Blair et al., 2001)
- Practicing situational attributions rather than dispositional (character) attributions (Stewart et al., 2010)

**C:** Challenge your stereotypes

- Recognize and label stereotypic thoughts or stereotypical portrayals. Examples:
  - Leaders are tall, White men
  - Asians are good at math
  - Blacks are good at sports
  - Minority physicians prefer to serve in minority communities
  - Hearing someone say: “Blacks are…” or “Hispanic women are…” or “you people are ...” about any group
- Identify precipitating factors. Examples:
  - Were stereotypes reinforced by information, pictures, or media images?
  - Were you fatigued or under time pressure?
- Challenge the fairness of the portrayal and replace it with data. Examples:
  - Studies do not find that gender or race are significant predictors of physician competence
  - Black patients assumed to be less educated than White patients despite comparable education (van Ryn and Burke, 2000)
  - Data show minimal differences in drug abuse among Blacks than Whites (DHHS, 2014)

Another great resource for understanding and combating implicit bias is the Perception Institute: http://perception.org/our-publications/the-science-of-equality-volume-1-addressing-implicit-bias-racial-anxiety-and-stereotype-threat-in-education-and-health-care/

# Trigger Video for Small Group Activity on Implicit Bias (activity)

https://www.youtube.com/watch?v=mKhjvxVKGY8

The video is recommended for facilitated small group discussions on the topic of implicit bias.
The activity should be discussed in a "safe environment" with specific ground rules. Facilitators are also encouraged to respectfully push participants to their "growing edges" regarding these difficult topics. Suggestions for framing the activity and questions to guide the discussion are below.

**Suggested Framing:**
*You have all just watched a video of an attending in a situation where he is precepting an intern in the presence of a senior resident. We also learned some things about the patient who is not in the video. The attending makes certain statements as he is reflecting on what the intern has said and trying to give advice. The intern and the resident react to the content of what the attending said and perhaps also react to the way he is saying it. We want to take some time to discuss this scenario in our small group and try to understand how issues of racism—institutional, internalized or implicit bias—might have manifested themselves in this video.*

**Ground rules:** *"I" statements are encouraged; everyone should be respectfully heard; be aware some may have emotional reactions or be uncomfortable; be brave and lean into your discomfort; leaders will try to maintain focus in the discussion.*

**Facilitation Questions:**
- *What did you observe about the interactions between the residents and attending in the video?*
- *What feelings did you experience as the scenario unfolded?*
- *What do you see in the scenario, or hear in the description of the patient, that is relevant to the tripartite definition of racism?*
- *How might the racially/culturally biased attitude that is displayed affect the treatment of the patient in the scenario?*
- *If you were the third year resident in a leadership position here, what could you do if you observed the rather bad behavior of this attending?*

# Unconscious Bias Power and Privilege
## Faculty Vignettes

Allyship through Step Up-Step Back Model
**Roles**: Facilitator, scribe, timekeeper, reporter

| **VIGNETTE 1:** | **Questions:** |
|---|---|
| You are a White female attending covering the labor and delivery ward one week into the start of a new academic year. Your White male medical student arrives and receives sign out from your Asian American senior resident about a patient who is in active labor.<br><br>The patient is a new immigrant from Eritrea who only speaks a few words in English, and mostly smiles and nods.<br><br>The senior resident is very excited to get the medical student his first delivery and asks that he introduces himself to the patient.<br><br>The medical student quickly gets the interpreter phone to introduce himself to the patient and explain that he will be checking her cervix. After 10 minutes of waiting on the line, her contractions become more closely spaced and she starts to look very uncomfortable.<br><br>The senior resident becomes frustrated and tells the medical student that the baby will already be here by the time they get connected to an interpreter.<br><br>The senior resident then proceeds to tell the patient very slowly and loudly while gesturing, "The medical student will check you now. | How do people feel when they read or hear this vignette?<br><br>What are the contexts of prejudice, power, and privilege that make this situation possible?<br><br>Based on your personality and style, how would you address this situation using the "Step Up/Step Back" Model?<br><br>**Discussion topics:**<br><br>How does this vignette speak to the struggle between Patient-centered care and trainee education/experience?<br>• Informed consent?<br>• Hospital/clinic policy around health care trainees?<br><br>How do certain patient populations (i.e. non-English speaking) disproportionately affected by this model of healthcare?<br>• Foreign-born Immigrant<br>• Non-English speaking |

| **VIGNETTE 2:** | **Questions:** |
|---|---|
| You are a straight cisgender Black male attending who is starting his first day on the inpatient service. On your first day of orientation, you are observing rounds. A straight cisgender Latino intern is presenting an admission note on a transgender male patient who was just transferred to the service. The patient had just undergone a laparoscopic appendectomy for acute appendicitis. When he gets to the past medical history, the intern states, "He has no surgical history.<br><br>The cisgender Latino attending on the other team interrupts asking, "Wait, did she get her surgery?" The intern responds, "Yes, *he* is postop day 2 status post an uncomplicated appendectomy."<br><br>"No," the attending responds, "is she surgically a male now? Did she get rid of them, or does she still have her female organs?" | How do people feel when they read or hear this vignette?<br><br>What are the contexts of prejudice, power, and privilege that make this situation possible?<br><br>Based on your personality and style, how would you address this situation using the "Step Up/Step Back" Model?<br><br>**Discussion topic:**<br>**How are transgender patients often misgendered?**<br><br>• Misgendering definition: Refer to someone, especially a transgender person, using a word, especially a pronoun or form of address, that does not correctly reflect the gender with which they identify (Oxford Dictionaries)<br>• It's a form of violence by harming them dehumanizing a transperson, delegitimizing a transperson's identity "Misgendering is Violence" by Lucian Clark http://genderterror.com/2014/01/30/misgenderingisviolence/<br><br>**Institutional Homophobia/Transphobia in Medicine**<br>• Homosexuality treated as a mental illness by medical institution<br>• Poor management of intersex patients or gender nonconforming patients<br>• Doctors are often unfamiliar with issues such as hormonal transition or gender reassignment surgery<br>• Worsens already disproportionate illness and death rates 47x; increase in suicide rates; increased risk for breast and cervical cancers; higher risk of CVD (increased smoking, obesity, stress)<br>• How can we be "trans affirming?"<br><br>**Terms**<br>https://www.ohio.edu/lgbt/resources/trans101.cfm |

| **VIGNETTE 3:** | **Questions:** |
|---|---|
| You are a mixed race male attending who is listening to your intern, an Asian American female, give a short presentation on hepatitis B to your team.<br><br>She has spent days working on it, and at the end of her presentation, you congratulate her on a job well done.<br><br>Awkwardly, the Asian American male resident jokes, "Well, we Asians are pretty good at homework." | How do people feel when they read or hear this vignette?<br><br>What are the contexts of prejudice, power, and privilege that make this situation possible?<br><br>Based on your personality and style, how would you address this situation using the "Step Up/Step Back" Model?<br><br>**Discussion topics:**<br><br>**How does the model minority myth play a part in this?**<br>• Dismisses real racism that Asian Americans receive in addition to invalidating their work, which results in Asian Americans not seeking help or accessing resources/services<br>• Neglects history and the role of selective immigration of Asian Americans with Immigration & Nationality Act of 1965.<br>• Uses Asian Americans as a wedge strategy to continue to promote oppression of other communities.<br>**What micro aggression can you identify?**<br>*"Well, we Asians are pretty good at homework."*<br>(example of microinvalidation)<br>• "Racial microaggressioncs 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."<br><br>Sue, D.W. et al., "Racial Microaggressions in Everyday Life: Implications for Clinical Practice," *American Psychologist*.2007:62(4):271-286. |

| **VIGNETTE 4:** | **Questions:** |
|---|---|
| You are an white female attending rounding with your team on the inpatient service. A Black male patient on the ward rolls by the team in a wheelchair, sees your Muslim female senior resident wearing a hijab, and proceeds to state loudly so that nearby nurses and providers can hear, "I can't believe they let these terrorists in the hospital. We should lock them all up." | How do people feel when they read or hear this vignette?<br><br>What are the contexts of prejudice, power, and privilege that make this situation possible?<br><br>Based on your personality and style, how would you address this situation using the "Step Up/Step Back" Model?<br><br>**Discussion topics:**<br><br>How would this be different if the patient was obviously delirious? or obviously of clear mental status?<br><br>**Define Islamophobia and discuss how it related to unconscious bias and allyship.**<br>• Islamophobia is closedminded prejudice against or hatred of Islam and Muslims. An Islamophobe is an individual who holds a closedminded view of Islam and promotes prejudice against or hatred of Muslims.<br>• Islamophobic rhetoric is socially acceptable, evident by 114 bills and amendments introduced in legislature in 2011- 2013 and 51 recorded antimosque acts 2011-2012.<br>• Prior to 9/11, Violent incidents against Muslims and their mosques are often triggered by national and international news items. For example, anti-Muslim hysteria followed the 1995 terrorist attack on the Murrah Federal Building in Oklahoma City, OK.<br><br>(Council on American-Islamic Relations) |

| **VIGNETTE 5:** | **Questions:** |
|---|---|
| You are an Asian American attending covering inpatient swing shift while a Black female medical student is taking post-call nighttime admissions with your team.<br><br>While you listen to the presentation, the white male senior resident "pimps" the medical student. He says, "You might not know the answer to this question, but give it a try." The medical student uncomfortably answers, and the resident is surprised that she is correct.<br><br>She then answers the next question incorrectly, and becomes more guarded and hesitant. Then she mutters, "I don't know" to the follow up questions. | How do people feel when they read or hear this vignette?<br><br>What are the contexts of prejudice, power, and privilege that make this situation possible?<br><br>Based on your personality and style, how would you address this situation using the "Step Up/Step Back" Model?<br><br>**Discussion topics:**<br>**How does imposter syndrome affect workplace dynamics?**<br>• Impostorism is characterized by chronic feelings of self-doubt and fear of being discovered as an intellectual fraud. Despite concrete evidence of their abilities, impostors are unable to internalize a sense of competence or skill.<br>• Imposter syndrome is a result of and fueled by socially determined "mainstream representations" of the role in question (e.g. white able bodied male) along with negative stereotypes of other demographics that make up the minority (e.g.. female, black, disabled).<br>• Henning et al. surveyed a sample of medical, dental, nursing, and pharmacy students and found that 30% scored as impostors.10 In their sample, impostorism was found to be the strongest predictor of general psychological distress.<br><br>**What microaggression can you identify?**<br>*"You might not know the answer to this question, but give it a try."* (example of an microinsult)<br>• "Racial microaggressioncs 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."<br><br>Sue, D.W. et al., "Racial Microaggressions in Everyday Life: Implications for Clinical Practice," *American Psychologist*.2007:62(4):271-286. |

| **VIGNETTE 6:** | **Questions:** |
|---|---|
| You are a Black attending rounding with your team in the ED discussing your new admission, a Black male. The patient is brought in while you are signing orders.<br><br>The White female RN walks past you, and you hear the RN and new patient exchanging words with each other loudly.<br><br>The RN storms by you, and says loudly so the patient can hear, "What a prick!" You balk because you feel that that was unprofessional, but you have also felt that patients can be very rude.<br><br>Peripherally, you notice her walking back to the patient, and now the conversation has quickly escalated within minutes.<br><br>She and the patient are yelling at each other. She yells loudly so the whole area can hear, "You can't call me that!" Then she walks by and states to you and another RN, "He was verbally abusive. I'm going to call the Sheriffs! I don't need to treat him." | How do people feel when they read or hear this vignette?<br><br>What are the contexts of prejudice, power, and privilege that make this situation possible?<br><br>Based on your personality and style, how would you address this situation using the "Step Up/Step Back" Model?<br><br>**Discussion topics:**<br><br>How do healthcare workers use power and intimidation tactics to achieve their goals with marginalized patients? |

## EXPLORING PRIVILEGE AND INTERSECTIONALITY

### PRIVILEGE WALK

To examine unearned privilege based on race, gender, sexual orientation, religion, ability, etc.

**OBJECTIVES:**
Participants will be able to:
- Recognize that privilege is unearned
- Recognize the diversity present within the group
- Explain different types of privilege
- Recognize the importance of not making assumptions
- Recognize the value of diversity

**TIME**: 45 minutes
Can be shortened if needed by using fewer statements
**GROUP SIZE**: 15 or more (ideally)
**MATERIALS:** List of Statements
**INSTRUCTIONS:**
**Setup:** Check the activity area for hazards, such as rocks, roots, logs etc. which may be tripping hazards as people are moving around. The ideal activity area will be quiet, away from distractions and in a large enough space for the group size you have. The circle formation requires less space than the line formation. By using an outside space an unfamiliar 'learning' environment is presented, which will allow participants to become alert and introduces sensual consciousness.
Introduction: It is important to create a safe environment, and establish ground rules. If the group is unfamiliar, spend time on introductions and ice breakers. Explain that once the activity and discussion are over, while the general activity may be discussed the specifics of the activity, and specific details of participants responses may not be discussed. Explain that everyone will stand in a circle (or line) holding hands with the people on either side of them. A series of statements will be read out to the group, and they will respond by either taking steps forwards, backwards or remaining stationary as each question pertains to them. As people begin to move forwards or backwards, they are to continue holding the hands with the people they are connected to for as long as possible, stretching out where necessary. However, eventually it may no longer be possible to stay connected, and at that point they need to break the connection and let go. Explain to participants that this activity is meant to challenge them - however, it is important that they feel safe, therefore participants may remain stationary if they are uncomfortable moving forward or backward on any question asked.
No one other than the facilitator may speak during the activity.
Activity:
Move participants to the space where the activity will take place. Create transition by asking them to remain silent as they move to the activity space. Participants form the circle (or line) holding hands. The facilitator will then begin reading the statements aloud, pausing for a few seconds after each statement.
Statements:
- If when you walk into a store, the workers sometimes suspect you are going to steal something because of your race, take one step back
- If you have attended private school, take one step forward
- If you studied the history and culture of your ethnic ancestors in elementary and secondary school, take one step forward

- All those who come from, or whose parents came from rural areas, take one step back
- All those who have been taken to art galleries or museums by their parents as a child, please take one step forward
- If you had negative role models of your particular identity (religious affiliation, gender, sexual orientation, class, ethnicity) when you were growing up, take one step back
- If school is not in session during your major religious holidays please take a step forward
- All those with immediate family members who are doctors, lawyers, or "professionals", take one step forward
- If you or your ancestors have ever learned that because of your race, skin color, or ethnicity, you are ugly or inferior, take one step back
- If you can turn on the television or open the front page of the paper and see people of your ethnicity or sexual orientation widely represented, please take one step forward
- All of those who ever got a good paying job because of a friend or family member, please take one step forward
- All those who have never been told that someone hated them because of their race, ethnic group, religion or sexual orientation, take one step forward
- If you have ever been afraid to walk home alone at night, please take one step back
- If there were times in your childhood when you went hungry because your family couldn't always afford food, please take one step back
- All those who were given a car by their family, take one step forward
- If you can walk down the street holding hands with your partner without fear, please take one step forward
- All those raised in homes with libraries of both children's and adult books, please take on step forward
- If you have difficulty finding products for your hair or someone to cut your hair, please take one step back
- All those who commonly see people of their race or ethnicity as heroes or heroines on television programs or in movies, take one step forward
- All those with parents who completed college, take one step forward
- All those who were told by their parents that you were beautiful, smart and capable of achieving your dreams, take two steps forward
- If your parents had to sit you down when you were young and explain to you "this is what people might call you, and this is how they may treat you, and this is how you should deal with it" because they knew you were going to encounter it and because it was an important issue in your family and community, take one step back
- If, prior to your 18th birthday you took a vacation outside the US, not including Mexico, take a step forward
- If you were raised in a home where the newspaper was read daily, take one step forward
- If one of your colleagues or students every wished you a Merry Christmas when you left for break, forgetting/or not knowing that you did not celebrate Christmas, please take one step back
- If you can easily find public bathrooms that you can use without fear, please take one step forward
- Hispanic children are three times more likely than White children to have no medical insurance. Even though African Americans are more likely than White children to be covered through publicly subsidized health care programs, they are still twice as likely to be uninsured as White children. All Latinos and African Americans, take one step back (S.F. Chronicle 10/6/92 report of

study by Institute for Health Policy Studies)

- If your parents spoke English as a first language, please take one step forward
- If you have ever had a crush on someone, but were unable to tell anyone because you were afraid that people would judge you, please take one step back
- If you can go into a supermarket and easily find staple foods which fit into your cultural traditions, please take one step forward
- If you were afforded the opportunity to attend summer prep courses at a local community college before going to university, please take one step forward
- All those who commonly see people of their identity (religious affiliation, gender, sexual orientation, class, ethnicity) on television or in movies in roles that you consider degrading, take one step back
- If you can arrange to be in the company of people of your identity (religious affiliation, gender, sexual orientation, class, ethnicity) most of the time on campus, please take one step forward
- All those who have ancestors who, because of their race, religion or ethnicity, were denied voting rights, citizenship, had to drink from separate water fountains, ride in the back of the bus, use separate entrances to buildings, separate restrooms, were denied access to clubs, jobs, restaurants, were precluded from buying property in certain neighborhoods, take one step back
- For every dollar earned by white men, women earn only 72 cents. African American women earn only 65 cents; and Hispanic women earn only 57 cents to the dollar. All white men please take 2 steps forward

Evaluation: Circle up (sitting or standing) and process the activity as a group. Questions to ask the group include:

- How did it feel to take part in the activity?
- What did you observe?
- What were you aware of?
- How did it feel to take steps forwards?
- How did it feel to take steps backwards?
- How did it feel to be left behind as people took steps away from you?
- How did it feel to move forward and leave others behind?
- How did it feel to be in the front?
- How did it feel to be in the back?
- What did it feel like when you had to let go of someone's hand?
- What was the point of this activity?
- How can you apply what you learned here?

Another great exercise to explore issues of privilege and intersectionality is Identity Signs from SafeZoneProject.com: http://thesafezoneproject.com/wp-content/uploads/2013/06/Identity-Signs-2.0-Instructor.pdf

## THEATER OF THE OPPRESSED FACILITATOR GUIDE

**Total Time:** 60-90 minutes
**Materials:** Facilitator for each group

Consider having participants review in advance the "Talking about race toolkit" (see next page)
http://www.centerforsocialinclusion.org/communications/talking-about-race-toolkit

**OPENING/INTRODUCTION**

**Theatre of the Oppressed** is a theoretical framework and set of techniques inspired by the work of Paulo Freire and developed by Brazilian director, artist and activist Augusto Boal. Theatre of the Oppressed engages people in discovery, critical reflection and dialogue and the process of liberation. Theatre of the Oppressed is a tool we can use to better understand ourselves, our communities and our world. There are several series of techniques, tools and expressions of Theatre of the Oppressed.

**Forum Theatre** is one method of the Theater of the Oppressed. It is a performance that functions to transform from spectator (one who watches) to a spect-actor (one who watches and takes 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. The show engages Forum actors and audience members in fun, entertaining and enlightening community dialogue.

**INSTRUCTIONS**

**Set-Up:** Divide into groups of 6-8 participants plus one facilitator. Ask participants to think of a time when they have an interaction in a clinical setting where race was involved and the situation did not go as well as it could have or as they hoped. After everyone shares, ask the group to choose one of the scenarios to act and then re-enact together.

Examples:

- Someone made a racist or inappropriate comment and no one intervened.
- An interaction with a patient where a clinician made an assumption about the patient because of their race.
- A patient requests a provider of a different race.

It can be helpful to use a specific framework to interrupt the racism. One such example is the Talking about Race ACT Framework from the Center for Social Inclusion (see next page). If you are using a specific framework, introduce before the actors start with the first scene.

**ACTIVITY**

**Round 1:** 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 on the racism, 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 of phrase that describes how each actor might be feeling at that moment (e.g. lost, frustrated, embarrassed, etc).

**Round 3:** If there are multiple groups, have two groups get together. Each group plays the scene as it originally occurred and then replays the revised scene. If the groups choose, they can re-enact the scenes a third time with new players having the chance to step in.

**CLOSING**

Form a circle. Go around the circle and ask each person to answer a check-out question.
What will you take away from this experience?
How will you use this experience after you leave this space?

# Talking About Race Toolkit


**WHAT IS THE TALKING ABOUT RACE TOOLKIT?**

To advance racial equity, it is critical that we are able to talk about race. Too frequently, race is a topic that is avoided, which means that we perpetuate inequitable outcomes. Other times, when race is talked about, but without an equity strategy, implicit bias is triggered and inequities exacerbated. How we talk about race matters. The good news is that there is a useful field of practice to inform effective communications about race. This toolkit is a collection of the key strategies that we have found are necessary in combating the race wedge and advancing racial equity. Effectively talking about race is an essential skill for advancing racial equity. We believe that this approach can help a variety of stakeholders to effectively talk about race and policy.

**HOW SHOULD THIS TOOLKIT BE USED?**

This toolkit should be used as a guide for your own strategic messaging. Please use the worksheet as a medium to try out your own messaging ideas. Please refer to the glossary at end of this toolkit for definitions. This toolkit contains critical strategies that advocates can use to fight the race wedge frame—but with a caveat that each of these messages must be customized based on issue, audience, and the intention of the message.

**WHEN SHOULD THIS TOOLKIT BE USED?**

This toolkit should be used not only for winning critical policy fights, but also for the bigger goal of changing our narrative on race. We have tested on issues of healthcare, subprime lending, immigration, and fiscal policies and firmly believe that the following strategies can apply to a broad variety of issues. Using our strategies together with multiple research-based messages can help bring about more racially equitable results. It's not enough to talk about race; we must act on new solutions.

*This toolkit is based on over five years of research, and collaboration with leading experts in the fields of messaging, framing, and implicit bias. To learn more about work, visit*
www.centerforsocialinclusion.org/talkingaboutrace


**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.)