

# WELCOME!

## Addressing Race, Power and Privilege in Clinical Settings

Heather-Lyn Haley, PhD

March 21, 2017

3:00pm-4:00pm



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# HEATHER-LYN HALEY, PhD

ASSISTANT PROFESSOR OF FAMILY MEDICINE & COMMUNITY HEALTH



Heather-Lyn Haley, PhD, is an assistant professor in the department of Family Medicine and Community Health at the University of Massachusetts Medical School, where she leads the inter-professional Population Health Clerkship, a required community immersion service-learning course for medical and graduate nursing students. She is the co-chair of the Worcester Partnership for Racial and Ethnic Health Equity and leads work on the Racism and Discrimination priority area of the Greater Worcester Community Health Improvement Plan. Dr. Haley also serves as a consultant to the Academic Health Collaborative of Worcester, coordinating the strengths of Worcester's higher education sector in service to the city's public health needs.



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# Addressing Race, Power and Privilege in Clinical Settings



**Heather-Lyn Haley PhD**

UMass Medical School Dept. of Family Medicine and Community Health  
Worcester Partnership for Racial and Ethnic Health Equity  
Board of Directors, MassAHEC Network



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This information should not be construed as the official position or policy of, nor any endorsements be inferred by HRSA, HHS or the US Government.

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

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

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

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



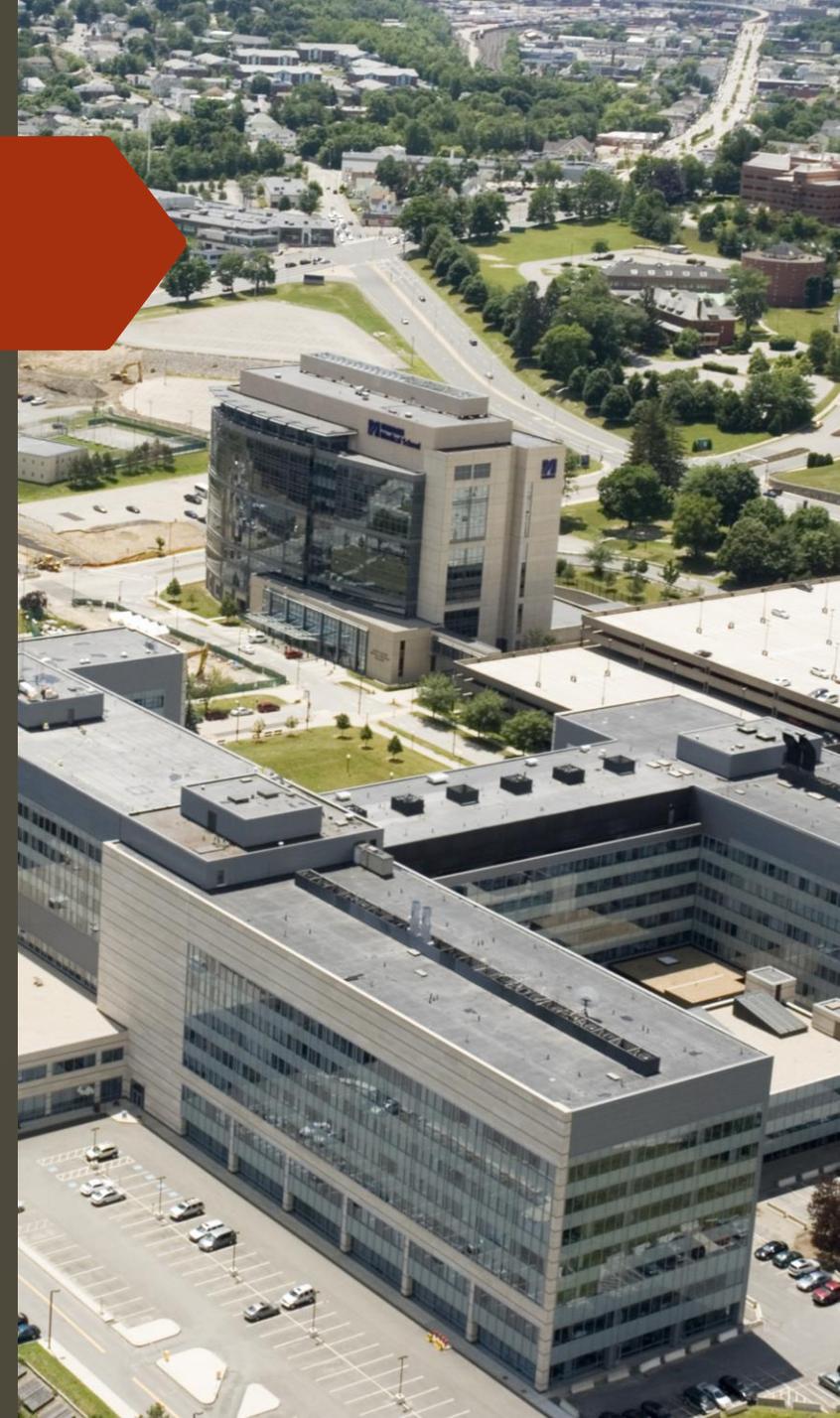
# Learning objectives

By the end of this session, learners will:

- be able to name three levels of racism and mechanisms through which they function
- report increased awareness of the ways in which internal and structural biases may affect patient care.
- be more willing to engage in discussions of race, power and privilege when teaching in clinical settings.

# Initial Context

- ▶ Inter-professional training in community settings through the MassAHEC Network
- ▶ Student attention to the issue's growing relevance
- ▶ Changes to my own understanding
- ▶ Faculty requests
- ▶ General discomfort



We learn by connecting new information to our existing framework.

We experience **cognitive dissonance** when information conflicts with our current framework. Common responses to cognitive dissonance are to:

- *Deny*
- *Avoid*
- *Explain away*
- *Attack*

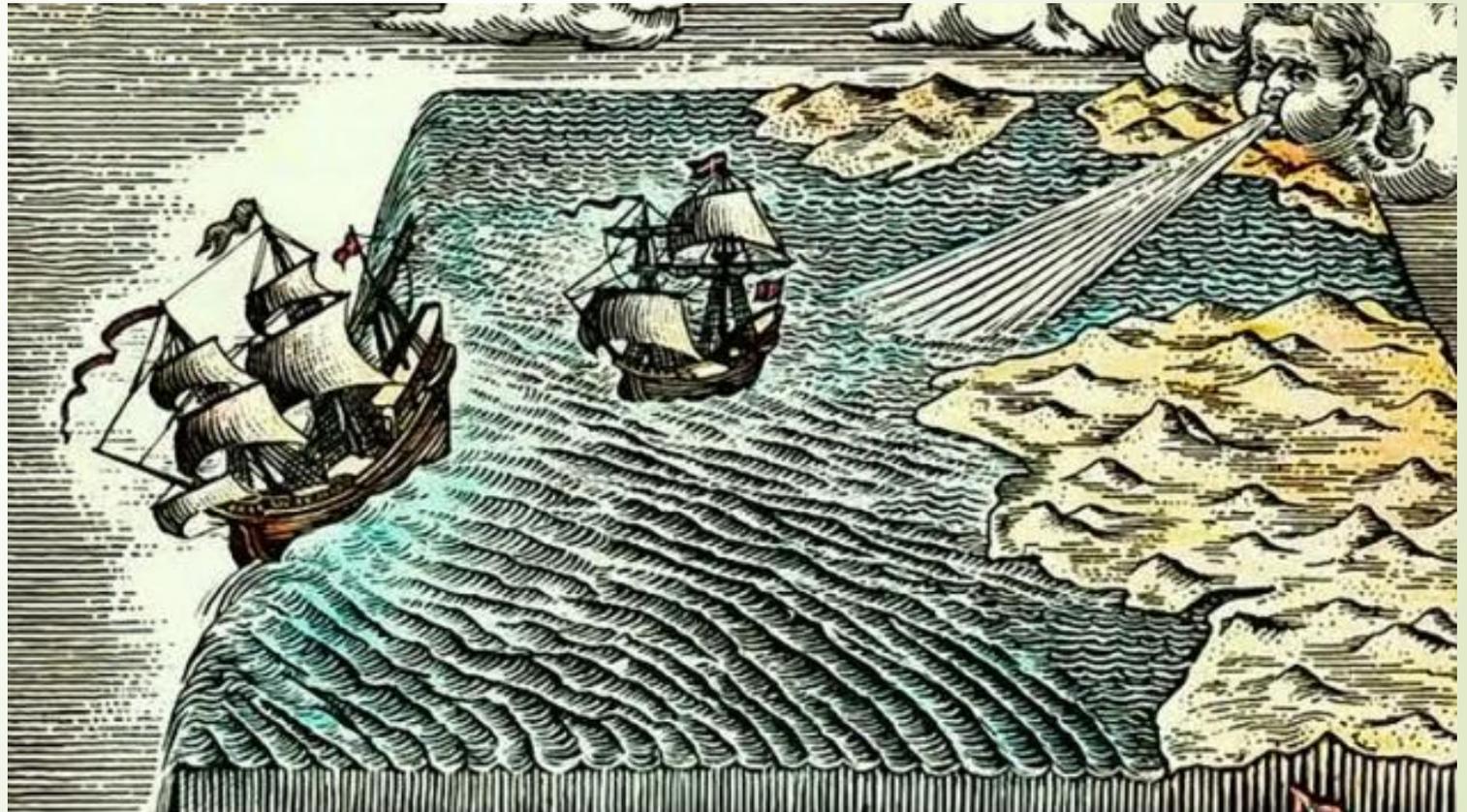
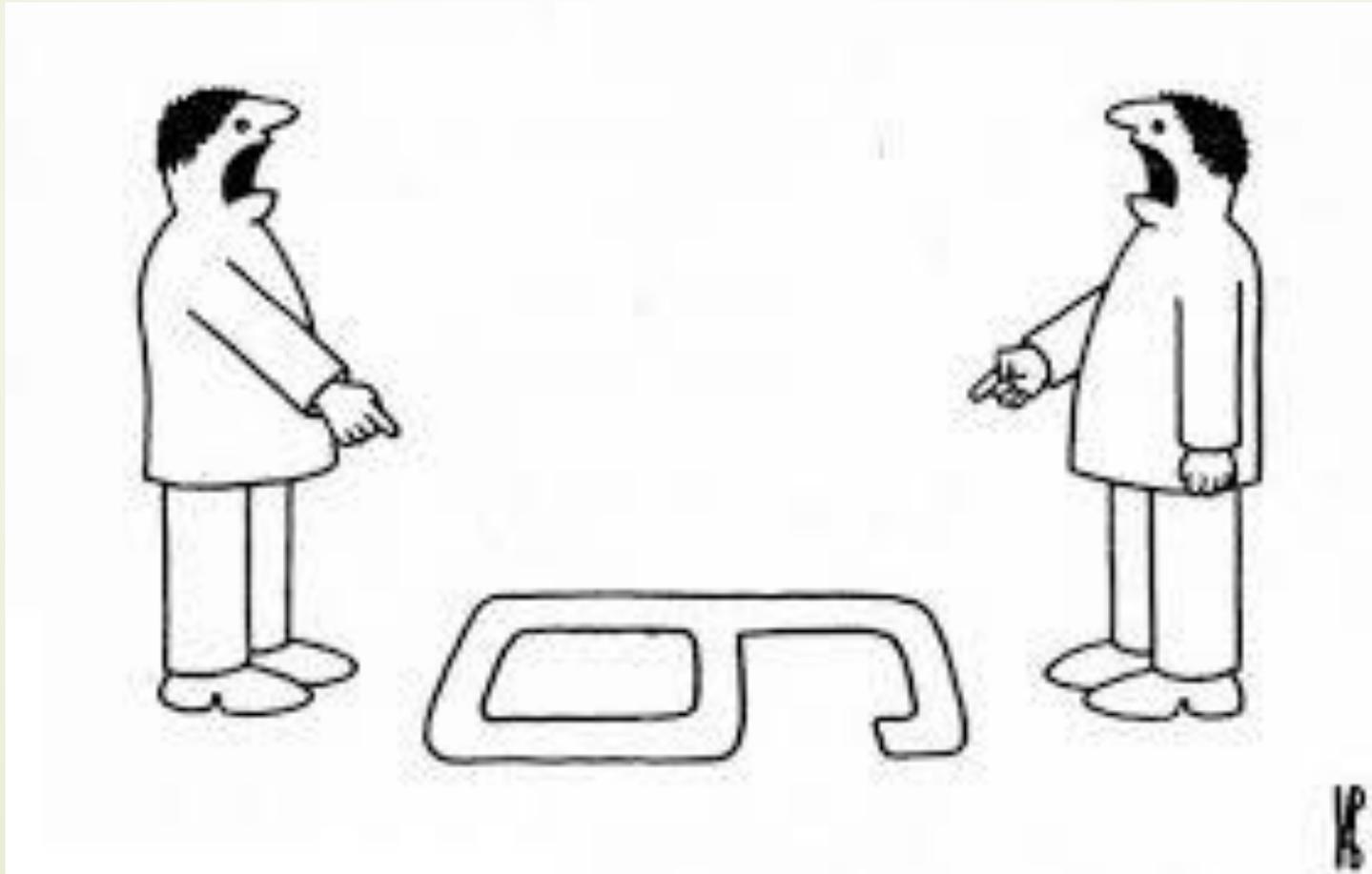


Image courtesy of Flat Earth Society

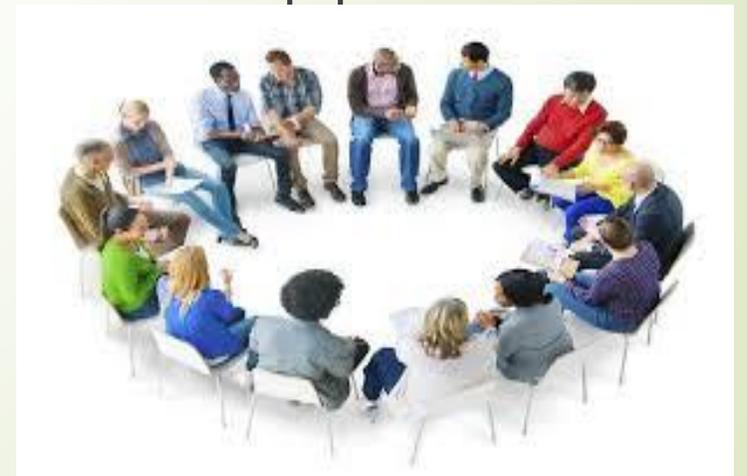
It's worth taking a step back to see the other's perspective.



# Holding space for discussion and reflection

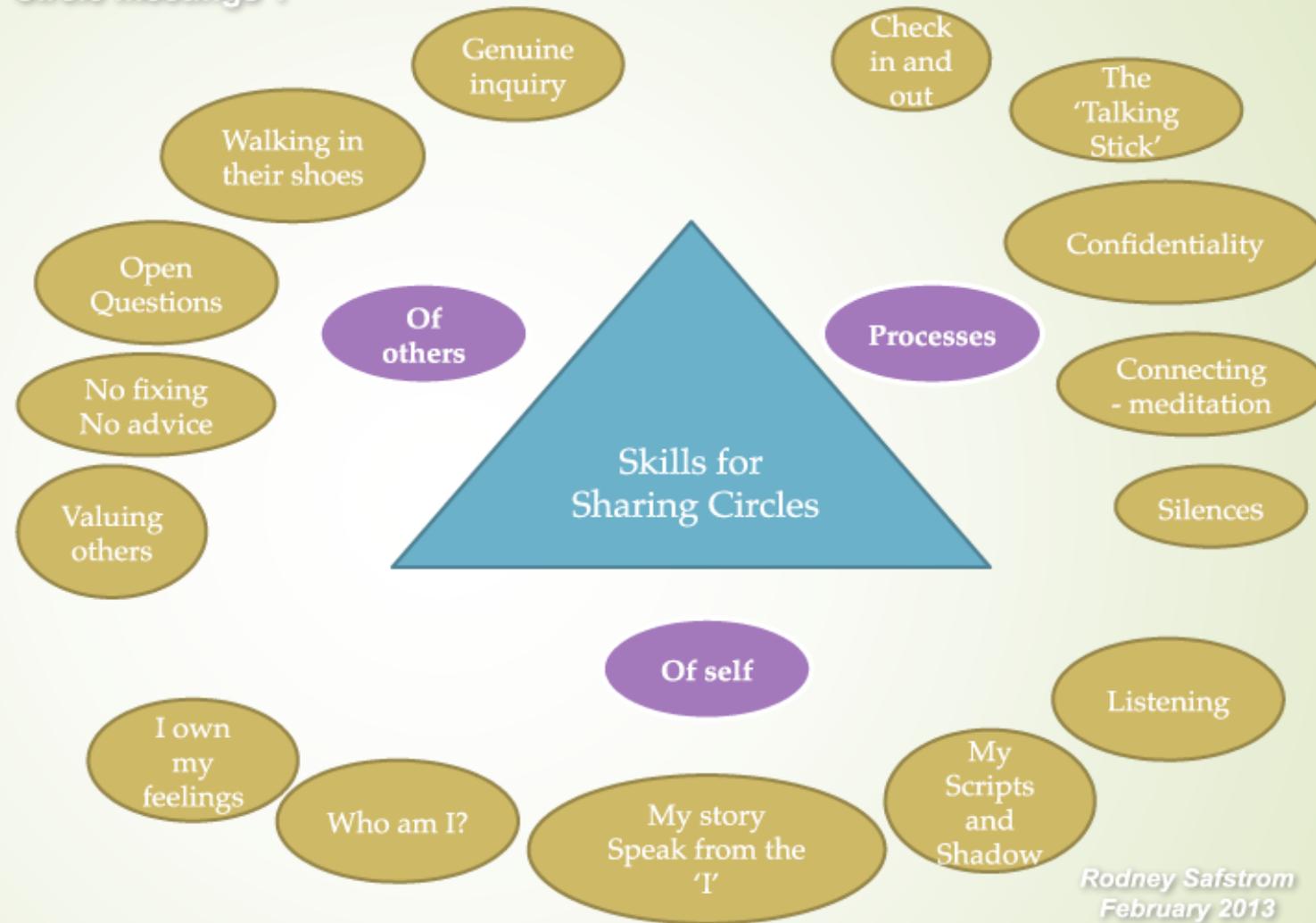
- Establish safe space > brave space
  - Assume good will
  - Use discussion guidelines
- Clarify terms with definitions & examples
- Center racism while recognizing other oppressions

Burchell & Dyson 2007  
Arao & Clemens 2013  
Tochluk 2009 handout shared



Discussion guidelines help set expectations

Circle meetings 1





# Discussion guidelines

1. Speak from your own experience – Recognize the difference between your truth (with a little t) and the idea of the Truth (with a big T). Speak from little t. Be respectful that my experiences may be different from yours.
2. It's a process. Remember that not everything is obvious to everyone. We may be on a similar journey, but the journey is not linear and we are all at different points. Not everything we say has to be perfectly well formulated.
3. Consider that issues may be both/and rather than either/or.
4. Step up – Take risks to grow and push past your barriers.
5. Step back – Share speaking time and try to speak after others who have not spoken.

▀ (adapted from Tochluk 2009)



# Discussion guidelines

6. Listen and hear actively, but discuss civilly and sincerely.
7. Expressing strong feelings is okay, and when strong feelings are expressed, work at not taking it personally. It is okay to ask for a few moments of personal time to regroup when you are experiencing strong emotion or hurt.
8. Impact matters more than intent.
9. Be open to notice and explore moments when defensiveness and denial emerge and be willing to be engaged about these moments.
10. Allow that biases aren't our fault. They don't reflect our character, just the messages we've consumed.

(adapted from Tochluk 2009)

## Clarification of terms

Racism is “A system of structuring opportunity and assigning value based on the social interpretation of how we look (‘race’)”

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- **Saps the strength of the whole society through the waste of human resources”**
- Often manifests as inaction in the face of need

Source: Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

Health equity is “assurance of the conditions for optimal health for all people.”

- Achieving health equity requires
  - Valuing all individuals and populations equally
  - Recognizing and rectifying historical injustices
  - **Providing resources according to need**

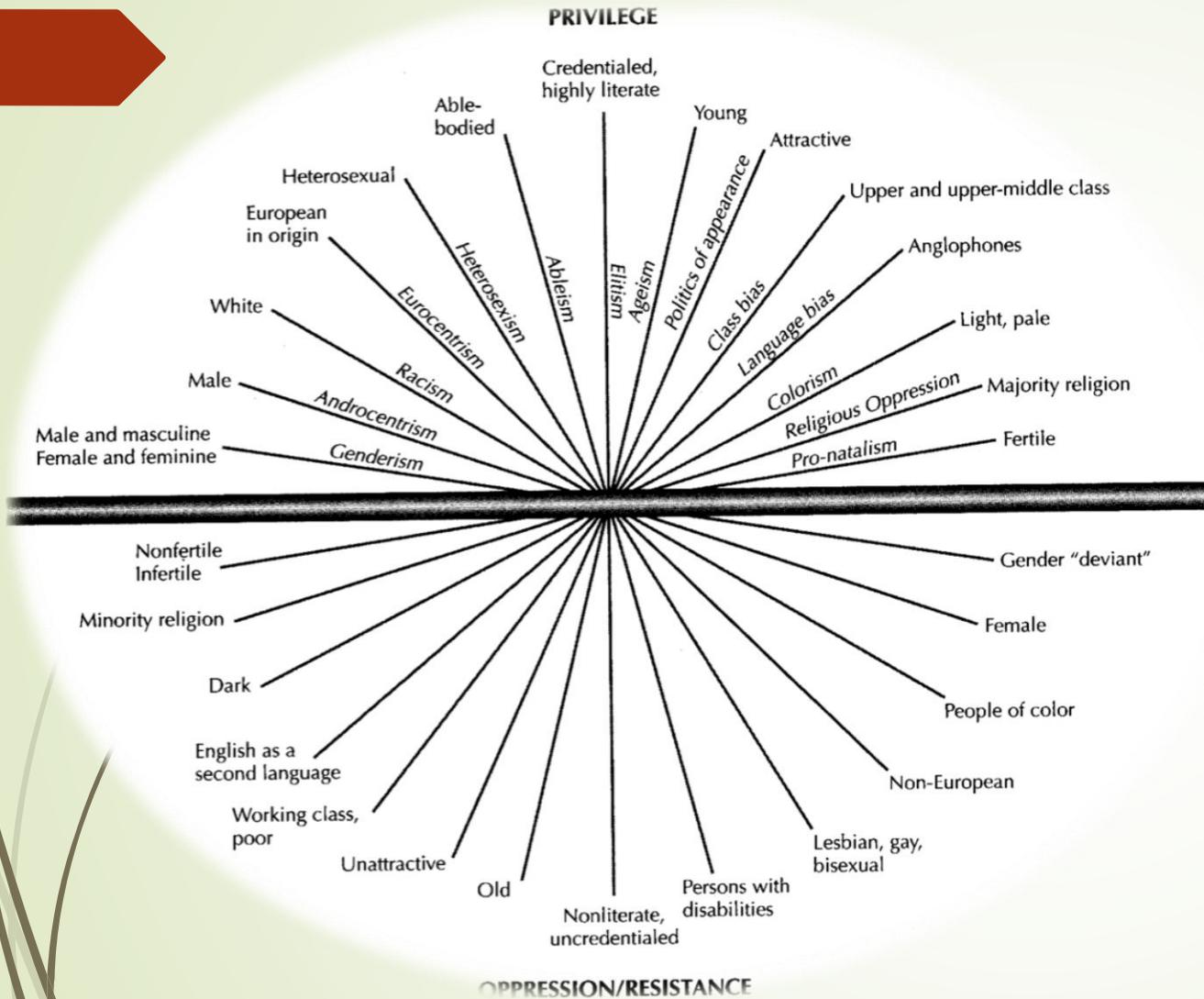
Source: Jones CP 2010, adapted from the National Partnership for Action to End Health Disparities.

# Intersectionality

Intersectionality is an analytical tool for studying, understanding and responding to the ways in which gender intersects with other identities and how these intersections contribute to unique experiences of oppression and privilege.

Intersectional web of oppression

My focus is on making space for centering RACE.



Graphic from Mary Crawford, 2006, *Transformations: Women, Gender, and Psychology*



## 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

## Frameworks to consider:

- ▶ Undoing Racism<sup>®</sup> Principles for Anti-Racism
- ▶ Camara Jones Three Levels of Racism, Five Metaphors
- ▶ UMass Medical School Diversity Competencies



# UNDOING RACISM

The People's Institute  
For Survival and Beyond

An effective, broad-based movement for social transformation must be rooted in the following Anti-Racist Principles:

- Learn from History
- Understand, Share and Celebrate Culture
- Develop Leadership
- Maintain Accountability
- Network
- Analyze Power
- Reshape Gatekeeping
- Undo Internalized Racial Oppression
- Identify & Analyze Manifestations of Racism

## Social Determinants of Health Disparities in a Series of Metaphors from Dr. Camara Jones

- ▶ People Walking Toward a Cliff
- ▶ The Gardener's Tale
- ▶ Japanese Lanterns
- ▶ Dual Reality: A Restaurant Saga
- ▶ The Conveyor Belt: How Can We Act?

Highly recommended: Watch the TED Talk!



Dr. Jones sharing metaphors at Georgetown Univ, 2016

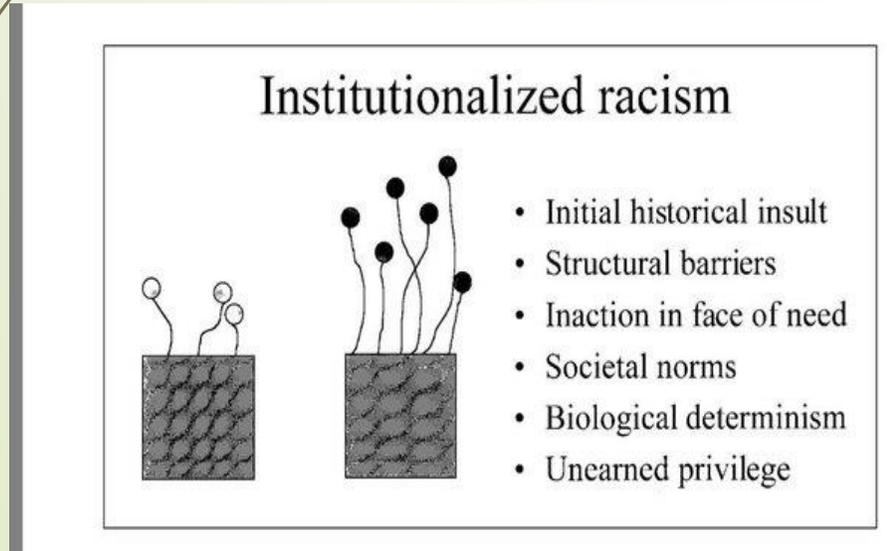
# Camara Jones' Three Levels of Racism

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

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

**Internalized racism:** acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth

Jones 2000





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

**Example: System level factors** like geographic segregation by race and income

Which restricts some patients' access to

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

And increases the same patients' exposure to:

- Crime
- Police/justice system
- Environmental hazards
- Trauma
- Poor treatment within a range of systems, including ours



# What we're doing about it now isn't working, as Healthy People 2010/2020 shows:

In last decade,

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

CDC 2013



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

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

Assumptions based on stereotypes influence interpretation of symptoms and behaviors, clinical and practice decision-making. Influences care through:

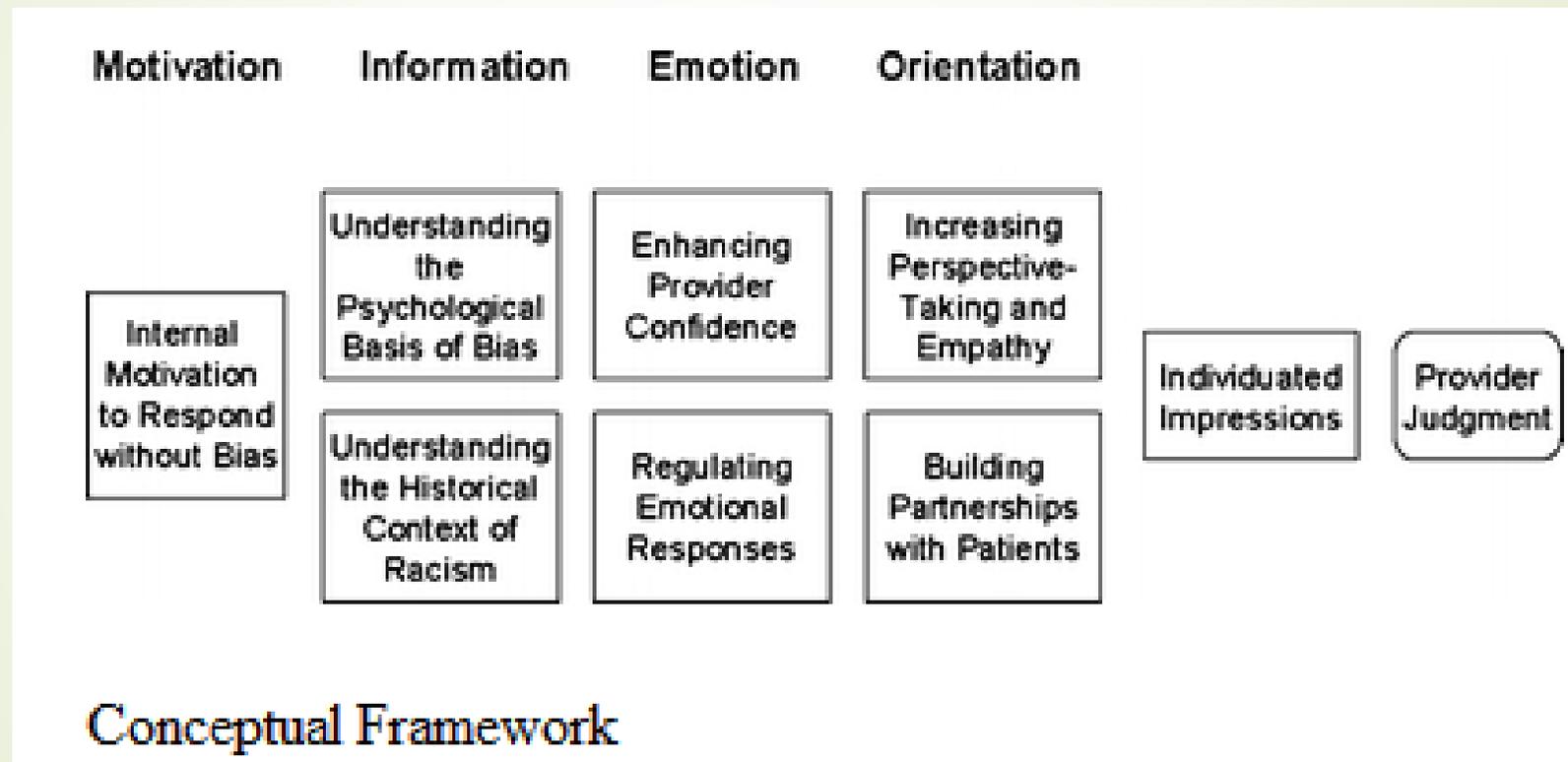
- level of patient education provided
- post-op pain management decisions, even with children
- estimation of patient ability to comply with complex med regimen
- recommendations for tests and treatment options (inhaler vs nebulizer)

Can also impact access:

- some providers less likely to accept new patient with unique or ethnic-sounding names
- can choose not to accept insurance providers who serve a diverse or low-income patient base

Blair et al. 2011  
Sabin & Greenwald 2012  
Lieu et al. 2002

# Reducing Racial Bias Among Health Care Providers: Lessons from Social-Cognitive Psychology



Burgess et al 2007

# Internal and structural biases with the potential to affect patient care

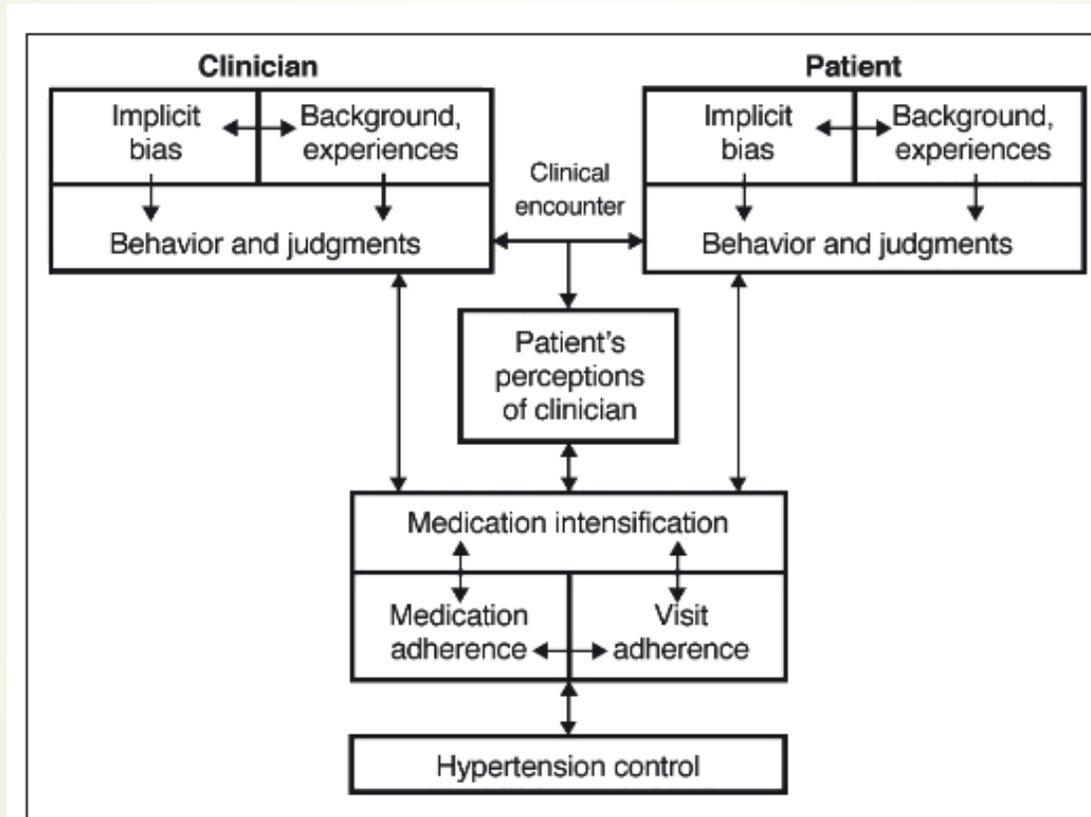


Figure 1. Conceptual model of the influence of implicit bias on hypertension control.

# Internal and structural biases with the potential to affect patient care

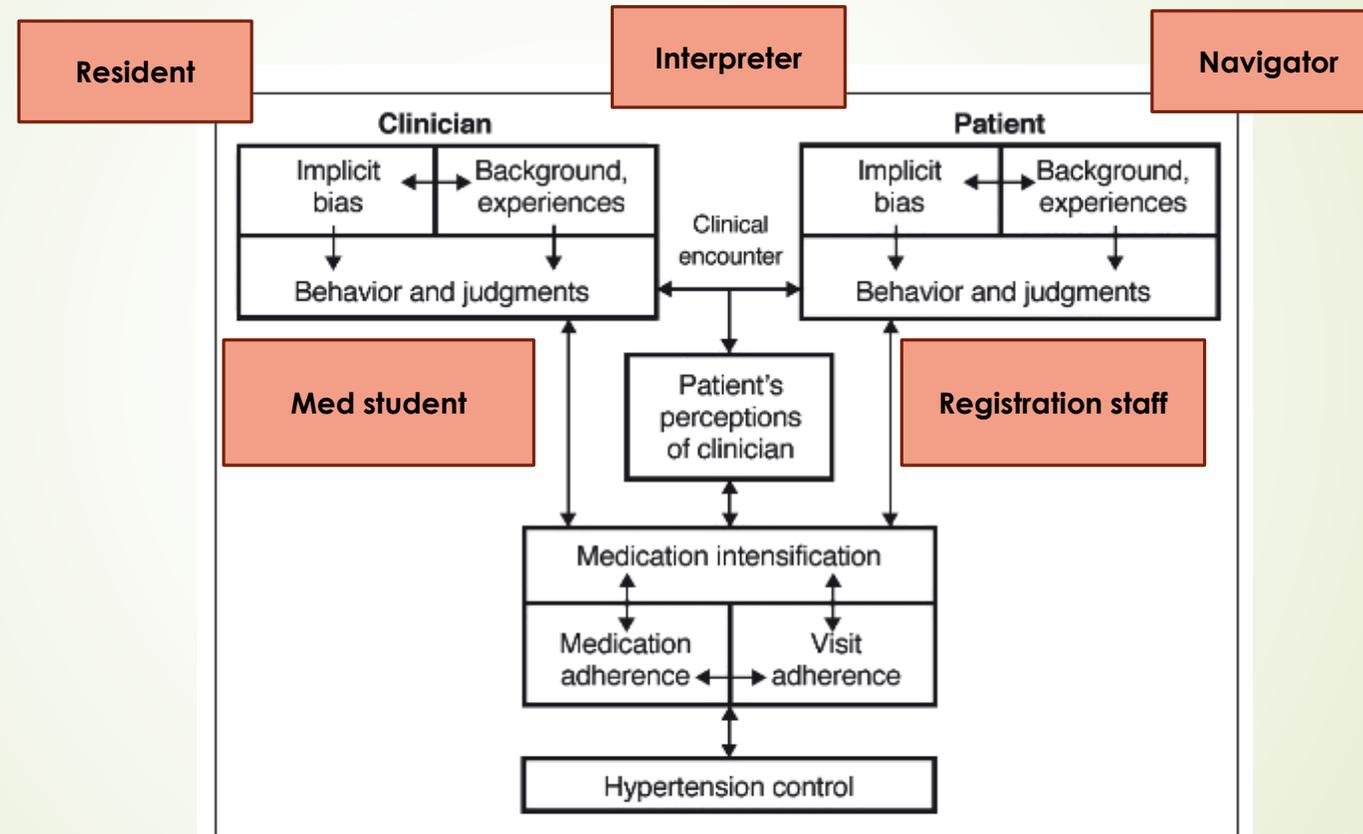


Figure 1. Conceptual model of the influence of implicit bias on hypertension control.



## A Tool for Clinicians to Reduce Negative Impact of Unconscious Bias

### **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>



**Internalized racism:** acceptance by members of the 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 or ignoring 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.

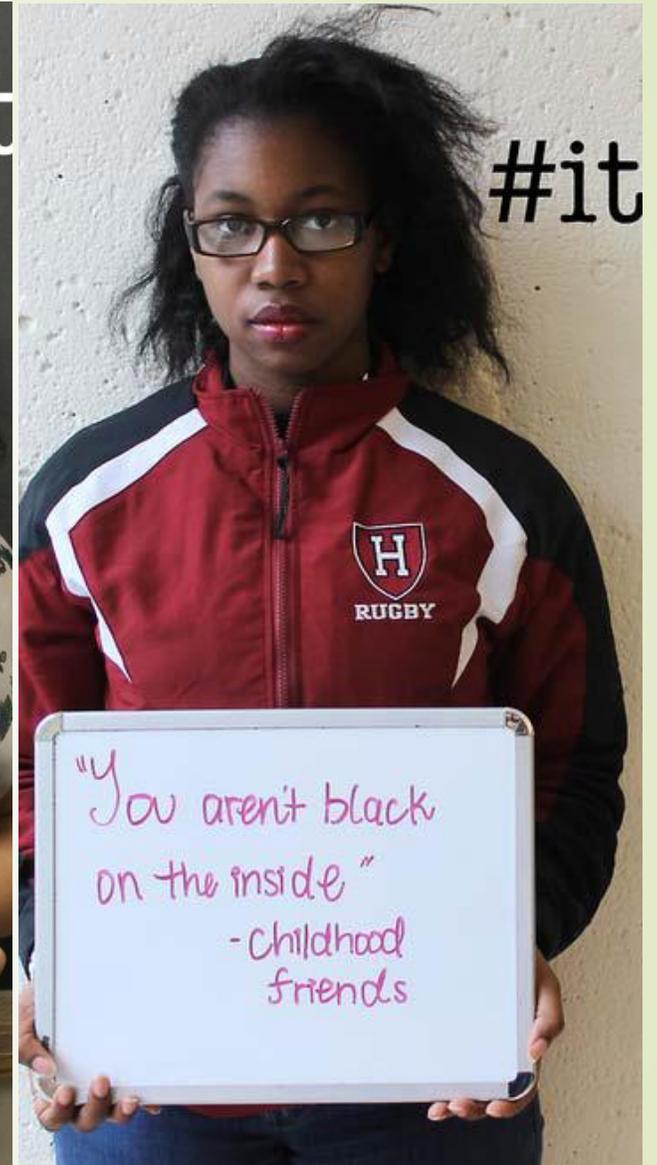
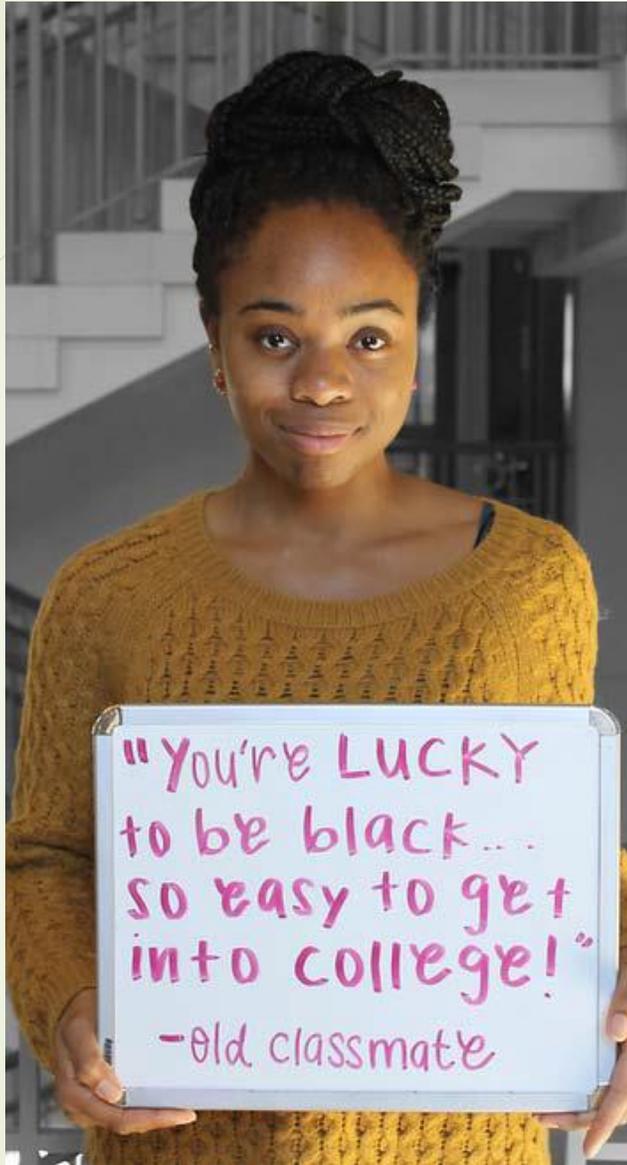
How we help:

- ▶ 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 the sharing of expertise – LISTEN and do not QUESTION someone's lived experience



**Exploring microaggressions:** 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.

- ▶ Unexamined privilege is often the base on which micro-aggressions are formed
- ▶ I ask engaged learners if they'd like to share local examples: (which I wish were hard to find, but they are not)
  - ▶ "He is so articulate," said with surprise.
  - ▶ Students sharing that they volunteered in an underserved city to "pump up" their resumes by working in a dangerous setting. I shared that I had grown up in this city and the students were shocked. One asked, "you don't know anyone who has been shot?"
  - ▶ "You're so pretty for a Black girl".
  - ▶ A student of color was struggling in a class I was taking and the professor asked me to talk to her because I am also a student of color. I had to tell her we weren't really friends and she was shocked and explained that she thought we all were friends with each other.
  - ▶ "Women who tighten their grip on their purse straps whenever we pass in the hall. They see me every day. Do they really think I'm going to take it?"
  - ▶ "I think I have OCD. I'm such a perfectionist."



#itooamharvard

## White People "FIND"



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

(AFP/Getty Images/Chris Graythen)

## Black People "LOOT"



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

These stories and pictures both appear on **YAHOO! NEWS** August 30, 2005

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

[http://news.yahoo.com/photo/050830/photos\\_ts\\_afp/050830071](http://news.yahoo.com/photo/050830/photos_ts_afp/050830071)



# Disrupting White Privilege and Racism

## Within your personal, daily lives

- ▶ Notice when you talk and when you don't. Take a step back when you dominate conversations. Slow down and make room for others to speak. Invite other dominant voices to do the same. Been pretty quiet? Challenge yourself to speak up if it's not clear to others which position you support in a discussion.
- ▶ Approach people who have made remarks based on stereotypes and engage them in conversation about why that type of speech is a problem. It's not about winning an argument. It's about letting the person know that prejudice and racism is unacceptable to you.

## Within your communities

- ▶ Learn about local community groups of color, what they are doing, and how you can support their work. Be a megaphone – add volume to the messages coming from communities of color.
- ▶ Help create a network of people who are working to spread an understanding of privilege and racism.
- ▶ If your primary social groups are segregated, ask why this is so and how the group could become more open, welcoming and relevant to others
- ▶ Consider the leverage and power you hold in various institutions. Might you be a potential change agent? What gates are you keeping?

Call to action:  
What is your  
sphere of  
influence?





# New Context: UMMS Diversity Competencies

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

Deborah Plummer MD, UMass Medical School

Dept of Family Medicine and Community Health is working on a

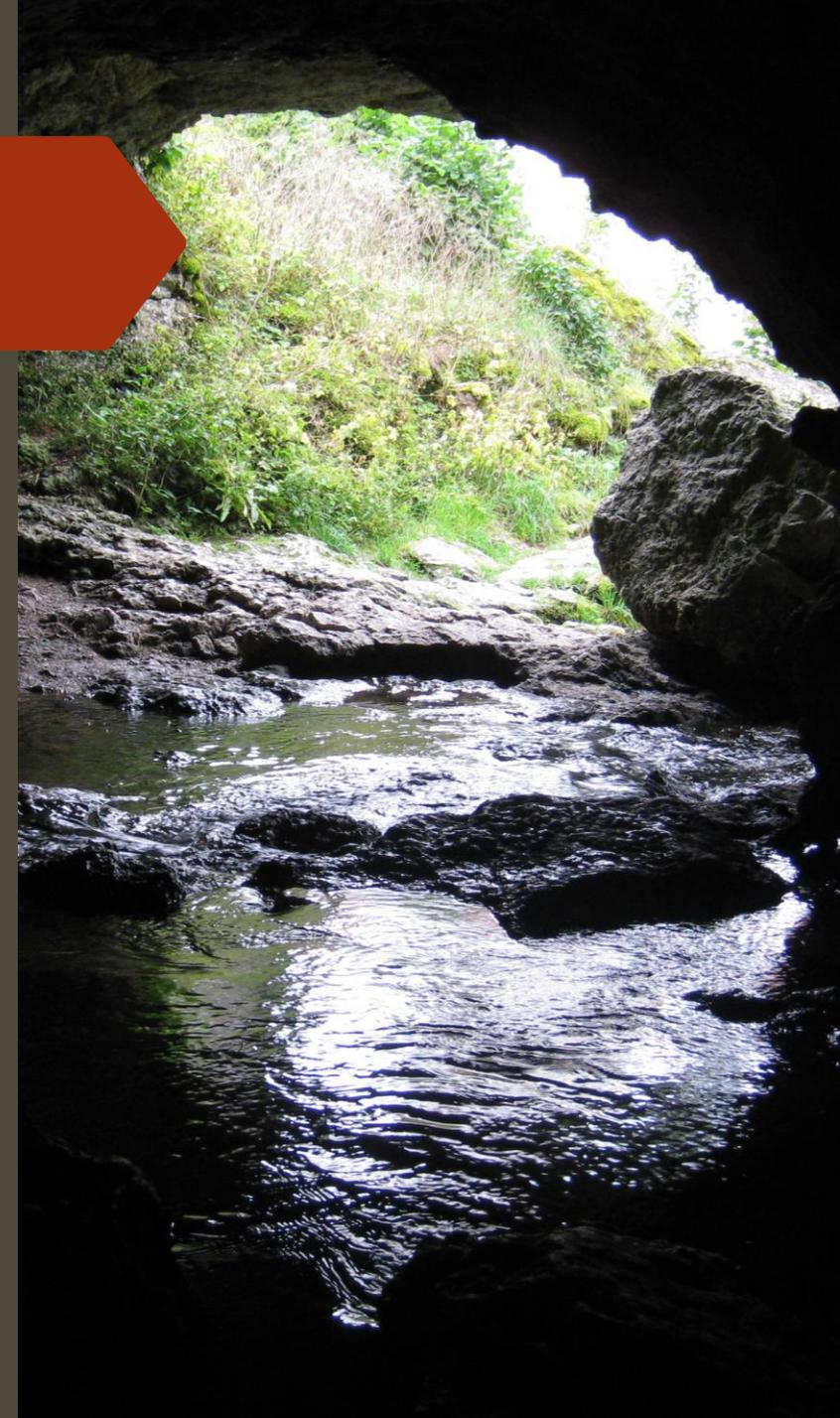
**Zero Indifference Policy –  
The worst thing you can say is nothing**

# Race, Power and Privilege: An Opportunity for Deeper Exploration

Learning Objectives for RPP session:

By the end of this session, learners will:

- ▶ Explore dynamics of power and privilege
- ▶ Recognize micro-aggressions in a range of settings
- ▶ Develop strategies to build relationships & trust
- ▶ Demonstrate skills for
  - ▶ listening deeply
  - ▶ addressing / mitigating





# Race, Power and Privilege: An Opportunity for Deeper Exploration

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

# Future Directions

- ▶ UMass Public Service Grant with Jennifer Bradford MD and Ivonne McLean MD: Addressing Patient Racism as a Barrier to Care
- ▶ UMass Family Medicine Residency Curriculum Development: Unconscious Bias and Allyship
- ▶ Worcester Regional Community Health Improvement Plan Priority Area One: Racism and Discrimination
- ▶ Training for Family Medicine physicians, chief residents, labor and delivery nurses, city leadership council



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# Resources available for sharing

- ▶ Race, Power, and Privilege workshop – slides and links to video clips: <http://www.umassmed.edu/fmch/communityhealth/pophealth/racepowerprivilegeUMMS/>
- ▶ Witnessing Whiteness discussion guidelines & small group exercises: <http://witnessingwhiteness.com/wp-content/uploads/2014/08/struct-process-commguide2nd1.pdf>
- ▶ People's Institute for Survival and Beyond: <http://pisab.org/programs>
- ▶ Showing Up for Racial Justice (SURJ): <http://www.showingupforracialjustice.org/about>
- ▶ Nothing to Add: A Challenge to White Silence in Racial Discussions: <http://www.wpcjournal.com/article/view/10100/Nothing%20to%20add%3A%20A%20Challenge%20to%20White%20Silence%20in%20Racial%20Discussions>
- ▶ World Trust films and tools for dialogue toward racial justice: <https://world-trust.org/>
- ▶ Movement for Black Lives Platform Statement <https://policy.m4bl.org/platform/>

Questions?

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