

Toolkit for TEACHING ABOUT RACISM

in the Context of Persistent Health and Healthcare Disparities

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

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

STFM Annual Spring Conference
May 2017

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NOTES ON FACILITATING CONVERSATIONS AND TEACHING ABOUT RACE

Though the teacher and facilitator can be (and frequently are) the same person, it's important to remember that they are separate roles and to be intentional about which role you are playing at any given moment.

Facilitating conversations on such a deeply personal and significant topic such as racism can be incredibly inspiring and fulfilling. It can also be intimidating and deflating. Like medicine, facilitation is an art that one develops through trainings and experience. While many of might not consider ourselves experts, it's important that you don't undermine your own authority. You do not have to be an expert to still have credibility.

BEFORE THE EVENT:

- Take some time to self-reflect.
 - What are comments, situations, and feelings that trigger you? How will you handle it if they come up during the session that you are leading?
 - What is your style of communication and interaction? Being an extrovert/introvert, silent/verbal processor, confrontational/avoidant, cerebral/emotive, strict/flexible with agenda timing, is important to know so that you can facilitate intentionally.
 - What are you hoping to accomplish during the session? This is not only important for planning but also so you can be aware if you are projecting/forcing your own goals onto the conversation ineffectively. This is just one step in the process. Furthermore, you cannot teach to the furthest behind.
 - Consider the impact of your own identity. What might white facilitators need to be sensitive of? What might POC facilitators need to be sensitive of?

- Prepare the space. Make sure your technology works in the space you will be in. Make sure the room is setup to facilitate the type of activity and discussion that you are planning (small groups? lecture? movable chairs and tables?). Details such as music, lighting, and resources, can help create a curious space.

DURING THE EVENT:

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 and be vulnerable.
- “Step Up, Step Back”- if you tend to be quieter in groups, challenge yourself to share. If you tend to share, make sure there is space for others to share.
- Listen with curiosity and the willingness to learn and change, resist the desire to interrupt.
- Suspend judgment. Be open to the wisdom in each person’s story.
- Be brave and lean into discomfort.
- Address differences intentionally.
- Accept non-closure.
- Reflect upon the emotions that you are feeling and what might be causing them.

General Do’s and Don’ts of Facilitating

- **Do** listen attentively
- **Do** be prepared for the session.
- **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
- **Do** explore emotions in addition to content
- **Don’t** take anything personally
- **Don’t** teach/preach
- **Don’t** cut people off
- **Don’t** single anyone out
- **Don’t** make anyone a spokesperson
- **Don’t** monopolize the conversation
- **Don’t** allow intolerant speech
- **Don’t** rescue or reassure white people
- **Don’t** turn to POCs as experts
- **Don’t** ignore conflict/tension

Ways that Privilege Presents Itself and Common Defense Mechanisms

- Dominating the conversation
- Invalidating/reframing experiences of POC
- Focusing on action rather than process and listening to the experiences of others
- Tone policing
- People of privilege distancing themselves from their group (i.e. a white person talking about the way other white people behave in an attempt to separate themselves as exceptional)
- Focusing on ways in which one has been oppressed other than race (i.e. bringing up class or a white woman focusing on her identity as a woman rather than her white privilege)

Things to Remember If Things Get Tense

- Take a deep breath and check your pulse
- Don’t panic
- Call the tension out and name it - trying to diffuse it without directly addressing frequently makes things worse, causes a loss of trust/engagement, and can be dismissive

- Take a break from the content of the conversation to explore the emotions that are being felt
- Return to the group discussion norms to guide the conversation back to engaging rather than attacking
- Help folks clarify what they are saying and thinking with genuine curiosity
- Slow down the conversation and take things step-by-step

The most important thing to remember is that your behavior is just as instructive as any content you provide. You are modeling the patience, compassion, curiosity, and courage that you would like your participants to practice.

- Use your own mistakes as a transparent learning session. Apologize and recognize why what you said or did was painful or ignorant. Openly discuss the mistake you made and what biases reveals in your own self. Model that it's ok to make mistakes; what's most important is what we do afterwards.
- Be present. Don't just plan what you're going to say next. You are allowed to think after someone speaks and it models that other people should be thoughtful in this way as well.

DEFINITIONS/DEVELOPING A COMMON LANGUAGE/SHARING UNDERSTANDING

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.

Cultural Racism: Aspects of society that overtly and covertly attribute value and normality to one's own race and devalue, stereotype, and label a different race as "other" different, less than, or render them invisible.

Health Disparities:

A *health disparity* is a preventable excess morbidity and mortality that impacts a group of people. It 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>

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

Prejudice: A preconceived belief, usually based on limited information.

Race: 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.

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:

1. **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.
2. **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, now 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 who are 23 times as likely to be suspended from school. This leads to high school 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.
3. **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 must assimilate into the dominant culture/be white, and erase the cultural parts of themselves. Black women feeling self-conscious and straightening their hair.*

Tone policing: When the content of someone's statement is dismissed due to the emotion that comes with it. This enforces dominant culture expectations as well as undermines valid emotions (anger, pain, fear) that accompany experiencing racism.

- Example: *"I can't hear your message because it has too much anger."*

White people: People of European descent.

"White people did not exist in US law until 1681" – Jaqueline Battalora, author [Birth of a White Nation](#)

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: A 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

ARTICLES/BOOKS

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VIDEOS/PODCASTS available online

- *RACE - The Power of an Illusion*
Ten Things Everyone Should Know About Race (California Newsreel)
<http://newsreel.org/guides/race/10things.htm>
- 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
- TedTalk - How to Overcome Our Biases? Walk Boldly Towards Them. Verna Myers.
https://www.ted.com/talks/verna_myers_how_to_overcome_our_biases_walk_boldly_toward_the_m
- Documentary: *Unnatural Causes*:
<http://www.unnaturalcauses.org/>
Kim Anderson story (excerpt from *Unnatural Causes*) exemplifies the life course effects of race/racism
http://www.unnaturalcauses.org/video_clips_detail.php?res_id=210
- Documentary: *Race the Power of Illusion* (excerpt)
https://video.search.yahoo.com/video/play;_ylt=A2KLqIF65N1WuiAAFwC0nllQ;_ylu=X3oDMTByZ2N0cmxpBHNIYwNzcgRzbGsDdmlkBHZ0aWQDBGdwb3MDMg--?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%3DV9YMCKp5myl&tit=Race+-+the+Power+of+an+Illusion&c=1&h=206&w=300&l=299&sigr=11b7rljka&sigt=10vgsk0o9&sigi=131i4mj0&age=1238008459&fr2=p%3As%2Cv%3Av&fr=yhs-iry-fullyhosted_003&hsimp=yhs-

[fullyhosted_003&hspart=iry&tt=b](#)

- Documentary: *The Thirteenth*
https://video.search.yahoo.com/yhs/search;_ylt=A0LEVi.0aPpYiIIA.2InnIIQ;_ylu=X3oDMTByMjB0aG5zBGNvbG8DYmYxBHBvcwMxBHZ0aWQDBHNiYwNzYw--?p=The+Thirteenth&fr=yhs-mozilla-004&hspart=mozilla&hsimp=yhs-004#id=1&vid=11efc02790b0e97c053f78cd975f5844&action=view
- 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=NLCZOZuhdJk>
- Neshoba: The Price of Freedom (2010) Documentary directed by Micki Dickoff and Tony Pagano.
FILM
- Crystal Valentine's poem: "Black Privilege" <https://www.youtube.com/watch?v=7rYL83kHQ8Y>
- New York Times video series "Who, Me? Biased?" <https://www.nytimes.com/video/who-me-biased>
 - Peanut Butter, Jelly and Racism (2:27 min)
 - Check Our Bias to Wreck Our Bias (3:00 min)
 - The Life Changing Magic of Hanging Out (2:09 min)
 - Why We're Awkward (2:42 min)
 - Snacks and Punishment (2:05 min)
 - High Heels, Violins, and a Warning (1:23 min)

WEBSITES:

- Apply an Equity and Empowerment lens to quality improvement interventions: <https://multco.us/diversity-equity/equity-and-empowerment-lens>
- FierceHealthcare http://www.fiercehealthcare.com/healthcare/studies-find-racial-gender-bias-still-pervade-medical-academia?utm_medium=nl&utm_source=internal&mrkid=28204525&mkt_tok=eyJpIjoiTXpabU1ERm1NbU5qWVdVeSIsInQiOiI1djhDTGhnNXp4dk5jUnlHYjNZVjhZMnNBTjBtdWtZeGtobm1XQXA3Ris1cjNXMnh3Z3ZKaFhIQWIOWjY3YXlZVk1DNE93OXE5XC9wcWduXC96TzcyYlZPNUxQb3k5Y1VqMmRBeEY0RFhUSzhGKytiQ0U4VitSVVpRTzlGNG92QUNQIn0%3D
- “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

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.culWLiO0JqI8E/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.culWLiO0JqI8E/b.9208687/k.6E74/Race_to_Equity_Toolkit.htm

EXPLORING IMPLICIT BIAS

Many health care professionals are not aware of their own racism and are sometimes confused or defensive when they are called on to “own” behaviors which are offensive and viewed as biased. They may view racism as a conscious stereotyping or prejudice which often fuels malicious intention. Including education and exercises that teach to implicit bias helps to address this problem.

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.

ACTIVITY:

Project Implicit: *Harvard has developed several self-directed tests that provide an individual with feedback for their affinity to one group or another. This exercise works best with learners who have already had some framing about the concepts of implicit bias. The tests do take about 15-20 minutes and an interpretation of the results follows. These take several minutes to read. We believe that 1-2 Implicit Tests are best done on an individual basis and then followed by a reflective exercise soon thereafter.*

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)

Other resources for understanding and combating implicit bias is the Perception Institute:

- <https://perception.org/>
- New York Times video series “Who, Me? Biased?” <https://www.nytimes.com/video/who-me-biased>

For implicit bias training specific to recruitment of faculty or residents, this is another resource:

<https://www.aamc.org/video/t4fnst37/index.htm>

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

<https://youtu.be/FPg5bJVN8Wo>

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:

- *Have you experienced or witnessed what you saw in this video?*
- *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?*

EXPLORING PRIVILEGE AND INTERSECTIONALITY

Social Identity and Privilege

TIME: 50-90 Minutes (depends on group size)

MATERIALS: Handout “Social Identity Groups” (following 2 pages)

INSTRUCTIONS:

- Distribute the handout to each participant.
- Provide some framing discussion including a brief description of intersectionality and privilege (5 min)
- Have participants quietly fill out the “Social Identity Groups” document by themselves. The first page is a reference and the second page is what they complete. In the first blank column, they should name what their group membership is for each social identity category (for example, gender: male; race: Asian; ethnicity: Taiwanese; sexual orientation: bisexual, etc.) then they answer which social identity answers the questions for the remaining columns (5-10 min)
- Then have them work in groups of 2-3 people and share their experience completing the form (10 min)
 - What was were you most surprised about in doing this exercise?
 - What surprised you the least?
 - What does this make you think about?
- Have everyone come together and do a quick debrief (10 min)
- Then do a privilege exercise (a couple examples are given in this booklet pp.24-25): 40 min
- Provide a group debrief. Sample questions:
 - What was were you most surprised about in doing this exercise?
 - What surprised you the least?
 - What does this make you think about?
 - How does this exercise affect you personally?
 - How does this exercise inform you in your work professionally?

Please note that privilege exercises can be hard on those who generally don't have privilege. Please consider this when you are teaching a group with few underprivileged members who may find they learn little in this exercise and are simply having to teach their peers a point obvious to them as they keep walking into the circle. If you have two facilitators (particularly with one who is a person of color and another who is white) you could consider holding a

- *People of Color Caucus (a post-exercise debrief only with people of color who were participants)*
- *While People Caucus (a post-exercise debrief only with white participants)*

If this is still a concern, 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>

Social Identity Groups

Social identity groups are based on the physical, social, and mental characteristics of individuals. They are sometimes obvious and clear, sometimes not obvious and unclear, often self-claimed and frequently ascribed by others. For example, racial groupings are often ascribed as well as self-claimed. Government, schools, and employers often ask an individual to claim a racial identity group or simply ascribe one to an individual based on visual perception. Other social identities are personally claimed but not often announced or easily visually ascribed such as sexual orientation, religion, or disability status.

For the purpose of this self-examination please identify the memberships you claim or those ascribed to you. Below are examples of social identity groupings.

Examples	(Feel free to use your own language for your identities.)
Gender	Woman, Man, Transgender, Post-Gender
Sex	Intersex, Female, Male
Race	Asian Pacific Islander, Native American, Latin@, Black, White, Bi/Multiracial
Ethnicity	Irish, Chinese, Puerto Rican, Italian, Mohawk, Jewish, Guatemalan, Lebanese, European-American
Sexual Orientation/ Attractionality	Lesbian, Gay, Bisexual, Pan-Attractional, Heterosexual, Queer, Questioning
Religion/Spirituality Faith/Meaning	Hindu, Muslim, Buddhist, Jewish, Christian, Pagan, Agnostic, Atheist, Secular Humanist
Social Class	Poor, Working Class, Lower-Middle Class, Upper-Middle Class, Owning Class, Ruling Class
Age	Child, Young Adult, Middle-Age Adult, Elderly
(Dis)Ability	People with disabilities (cognitive, physical, emotional, etc.), Temporarily able-bodied, temporarily disabled
Nation(s) of Origin and/or Citizenship	United States, Nigeria, Korea, Turkey, Argentina
Tribal or Indigenous Affiliation	Mohawk, Aboriginal, Navajo, Santal
Body Size/ Type	Fat, Person of Size, Thin

Target Group: social identity groups that are disenfranchised and exploited

Agent Group: social identity groups that hold unearned privileged in society

Social Identity Profile

SOCIAL IDENTITY	GROUP MEMBERSHIP	You are most aware of	You think about least	Have greatest effect on how others see you (positive or negative)	Have strongest effect on how you see yourself as a person	Have an effect on your decision making	Give you Power and Privilege in society	Have the earliest memories of...
Gender								
Sex								
Race								
Ethnicity								
Sexual Orientation/ Attractionality								
Religion/ Spirituality/Faith/ Meaning								
Social Class								
Age								
(Dis)Ability								
Nation(s) of Origin and/or Citizenship								
Tribal or Indigenous Affiliation								
Body size/type								
Additional								

Source: The National Intergroup Dialogue Institute | The Program on Intergroup Relations | University of Michigan

Privilege Exercise

Form a circle (consider holding hands). Take a step in the circle if the statement applies to you. After you are in the circle for a moment you may return to the main circle (and consider holding hands each time the circle reforms). Keep a mental note of your thoughts and feelings during this activity. Please try to remain quiet during this activity and we will have time at the end to discuss. If you do not fully understand a statement that's okay just answer the best you can. Some of these statements may be challenging to answer. While it is encouraged to push yourself, and challenge yourself, if you do not feel comfortable sharing you may abstain from moving for certain statements.

❖ Race:

- If, growing up, you could find dolls or action figures with skin color like yours, take one step forward.
- If English is your first language take a step forward
- If you grew up with parents of the same race take a step in
- If you ever lived in a neighborhood where you were the same race as the majority of people living there, and it was considered "a good neighborhood", take one step forward.
- If you are guaranteed to have your religious holidays off from school/work without request, please take one step forward
- If because of your race, people automatically assumed you weren't American, take a step back.

❖ Gender:

- If you feel that you have to work harder than others to succeed, take a step backward.
- If you think that society would look down on you for having multiple sexual partners, take a step backward.
- If you have ever been worried about leaving your glass unattended at a party, take a step backward.
- If you have ever felt pressured to lose weight, take a step backward.
- If the waiter usually hands you the bill, take a step forward.
- If your strong emotions or anger are often attributed to PMS, please take one step back.
- If you can walk in a patient's room and people will assume you are their doctor take a step forward.

❖ Sexual Orientation

- If you could be legally married and recognized, throughout the U.S. to your life partner, please take one step forward.
- If you cannot hold hands, touch, and dance with the person you love in public without fear of others' reactions, take a step back.
- If you feel safe displaying affection in public to a romantic partner, take a step forward.
- If you've never been asked "are you the boy or the girl in your relationship," please take a step forward.

❖ Social Class

- If you grew up with enough food to eat, take one step forward.
- If no primary caregiver in your family ever lost their job, take one step forward.
- If you grew up with all the clothes you needed, take one step forward.
- If you and your primary caregivers/family ever took periodic or regular vacations, take a step forward.
- If you were able to travel internationally, take one step forward.
- If your family expected you to go to college, take one step forward.

Source: The National Intergroup Dialogue Institute | The Program on Intergroup Relations | University of Michigan; Modified by Dr Kartik Sidhar

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 ever 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?

COMBATTING MICROAGGRESSION

There are three types of microaggression:

- **Microassault:** a blatant verbal, nonverbal or physical attack intended to convey biased sentiments. Although there is nothing “micro” or subtle about this, this can be considered a microaggression because it is committed in a private situation allowing some anonymity and/or no just intervention/response is taken
 - e.g. In 2014 an African American student at San Jose State University was tormented by his white roommates physically and mentally and the perpetrators were only charged a misdemeanor and not a hate crime.
 - e.g. “He got that job because of affirmative action.”
- **Microinsult:** unintentional behavior or speech that conveys rudeness or insensitivity, or demeans a person’s race, ethnicity, gender, sexual orientation, or other aspects of their social or cultural identity.
 - e.g. “You’re too pretty to be a lesbian.””
- **Microinvalidation:** comments or behaviors that exclude, negate, or dismiss the thoughts, feelings, or experiences of the target group.
 - e.g. On a document respondents are asked to identify themselves as male or female (negating other gender constructs).

Sue, D.; et al. (2007). "Racial Microaggressions in Everyday Life: Implications for Clinical Practice". *American Psychologist*. **62** (4): 271–286. doi:10.1037/0003-066x.62.4.271.

To start the conversation consider have a group watch:

- “The little things that people say”

<https://www.google.com/search?client=safari&rls=en&q=microaggressions+the+little+things+people+say&ie=UTF-8&oe=UTF-8>

- What kind of Asian are you?

<https://www.youtube.com/watch?v=DWynJkN5HbQ>

- A great example of what allies can do is exemplified in a story told by Dr. Joy DeGruy, author of *Post Traumatic Slave Syndrome*:

<https://www.google.com/search?client=safari&rls=en&q=cracking+the+codes&ie=UTF-8&oe=UTF-8#q=cracking+the+codes+grocery+store>

Talk about ways to interrupt microaggressions:

- Repeat back what is said;
- Ask for more information (*can you elaborate on that?*);
- Play dumb; challenge the stereotype (e.g. *I don't understand your joke. Can you explain it to me?*);
- Promote empathy;
- Express your feelings;
- Share your process;
- Separate intent from impact;
- Tell them they're too smart to say something like that;
- Appeal to values and principles;
- Point out what they have in common with the other person;
- Point out policy/law that prohibits such conduct.

Teach the **AFFIRM, COUNTER AND TRANSFORM** tactic on the next two pages (pp 31-32)

Talking About Race Toolkit

AFFIRM

COUNTER

TRANSFORM

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.)

THEATER OF THE OPPRESSED FACILITATOR GUIDE

Total Time: 120 minutes

Materials: Facilitator for each group

Consider having participants review in advance the “Talking about race toolkit”

<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 were involved in a microaggression 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 comment and no one intervened.
- 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 apply a specific framework to interrupt the racism. One such example is the Talking about Race ACT Framework from the Center for Social Inclusion (included after this section). If you are using a specific framework, introduce it before the actors start with the first scene.

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

Warm-Up: Get people in the mood for acting. Below are 3 sample warm-up activities.

Listening to what we hear: From Boal’s Games for Actors and Non-Actors

In this series, the actors should understand that it is important to find ‘inner’ rhythms and not to seek to make portraits of people or, even worse, caricatures. If I try to show the rhythm of love, hate, fear, I don’t have to make faces, contortions or other grimaces, or show ways of walking that are characteristic of particular people.

- **A round of rhythm and movement:**

The actors form a circle. One of them goes into the middle and makes any kind of movement, as strange or unusual as she likes, accompanied by a sound and in a rhythm of her own invention. All the others imitate her, trying to reproduce exactly her movements and sounds, in time with her. Then, still making her movement and sound, this leader approaches and stands opposite someone in the circle, challenging them to take her place; this person goes into the middle and slowly changes the movement, the rhythm and the sound in any way she likes. Everyone follows this second leader, who then challenges a third person and so on. The person who goes into the middle can create any rhythm of body and sound she likes, as long as it isn't something she does in her daily life. There must be no fear of the ridiculous, the grotesque, or the strange. If everybody is ridiculous, no one is! Everyone else must try to reproduce everything they see and hear, as precisely as they can – the same movements, the same voice, the same rhythm. What is happening here? What mechanism? Simple – in the act of trying to reproduce someone else's way of moving, singing, etc., we begin to undo our own mechanizations. By our reproduction, we are usefully relaying to that person our vision of her, but more importantly we are working to restructure our own way of being, in many different fashions (since many actors will go into the middle). We do not do a caricature, because though that would lead us to do different things, we would be doing them in the same way (our own). We try to understand and make an exact copy of the exterior of the person in the middle, to gain a better sense of their interior.

- **Without leaving a single space in the room empty**

All the actors must walk around very quickly (not running) trying to ensure that their own bodies are always more or less equidistant from everyone else's, and that they are all spread out over the whole floor-space of the room. From time to time the Joker says 'Stop'. At that moment, everyone must immediately come to a halt – it should not be possible to see a significantly empty space in the room. The main thing is not to come to a halt before the 'Stop'. Whenever anyone sees an empty space, they go and fill it with their body, but they can't stay there, so a moment later it is empty again, except that someone comes to fill it, but he can't stop there either.

- **Add a Freeze Stagemilk.com**

This game works as a great warm up for more extensive improvisations.

- a. Get the students into pairs.
- b. Student A must create a pose (a frozen image with his or her body).
- c. Student B must then, without thinking about it too much, create their own pose that compliments Student A's pose. For example, Student A may have posed doing a karate chop, and student B may then freeze in a scared/defensive pose.
- d. Student A then unfreezes and creates a new pose that compliments Student B's pose that they are still holding.
- e. This then continues in the same way until you feel the group begin to tire.

ACTIVITY

Round 1: Select one of the stories share in the set-up activity. The person whose story was chosen is the director of the original scene. Players volunteer to be actors for each of the parts/people involved in the story. The director retells the story as the actors physically move through the scene while it is being described. The director can have them move and give directions about where to stand. The director is not one of the actors in the scene.

Round 2: Now an audience member may volunteer to take on one of the characters (“I will play the senior resident”). The play is re-enacted with this new actor and the other actors respond spontaneously to the new actor; if an actor gets stuck freeze the play and ask an audience member to step behind the actor and share an adjective as to how the character may be feeling (e.g. frustrated, embarrassed, angry, etc.). Multiple solutions can be offered by different audience members. This is a great opportunity for someone to learn how to be an ally.

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?

INSTITUTIONAL TRANSFORMATION

Becoming an Anti-Racist Multicultural Environment

Historical Context

To dismantle racism, we must look at the relationship the systems around us have had to racism and its transmission through time. As little as 5 decades ago the American healthcare system was legally segregated by race and class. The creation of structures to provide inferior treatment to People of Color exemplifies how racism became institutionalized in the science and practice of medicine (Griffith, D et. al, 2007). The policies, research, and provision of care within medicine frequently excluded groups from exquisite standards of care, exploited and/or even harmed groups for purposes of advancing the medicine, and promoted the idea of biological basis for discrimination. Below is a timeline of historical examples of these disparities.

Below you will find one example of explicit actionable elements of an organization that is defined as a *multicultural institution*.

A Multicultural Organization - by Bailey Jackson and Rita Hardiman

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

Dismantling Racism Approach (Griffith et. al, 2007)

Dismantling Racism-

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

Objectives of Approach:

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

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

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

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

- **Create opportunities for individual growth and professional development:**
 - Commitment to creating individual-level change
 - Increase an individual’s awareness of how their personal experiences, histories, beliefs and values may influence the provision of healthcare or other services
 - Foster and develop new organizational leaders

Toward Institutional Transformation: Considering Dismantling Racism

Facilitator's guide (Taken from teachings from *People's Institute for Survival and Beyond*)

TIME: 30 min.

MATERIALS: Each participant should be given a copy of the "Continuum on Becoming an Anti-racist Multicultural Institution" grid adapted from original concepts by Bailey Jackson and Rita Hardiman and provided by the People's Institute for Survival and Beyond (see last page). Each participant should also be provided with an index card.

OPENING/INTRODUCTION (5 min.)

To dismantle racism we must take a look at the relationship the systems around us have had to racism and it's transmission through time. As little as 5 decades ago the American healthcare system was legally segregated by race and class. The creation of structures to provide inferior treatment to People of Color exemplifies how racism became institutionalized in the science and practice of medicine (Griffith, D et. al, 2007). The policies, research, and provision of care within medicine frequently excluded groups from exquisite standards of care, exploited and/or even harmed groups for purposes of advancing the medicine, and promoted the idea of biological basis for discrimination.

INSTRUCTIONS

Divide participants in groups (5-8 people per group). Each group should have a designated scribe and time keeper.

Part 1. (~10 min.)

Each group will be provided with a handout of the following discussion questions. Each person in the group will be given approximately 2 minutes to discuss with their group their answers to the following questions. Members of the group will discuss the following questions and try and elicit a consensus for each of the questions.

- Which number/column best reflects the current state of your institution in relation to diversity, equity, and inclusion?
- What are the factors that make this number an appropriate estimate for your institution?
- What specific programs, policies, and practices impact your institution?
- What number/column do you think patients/the community would place your institution? Why?

Part 2. (~10 min.)

Each group should discuss together their answers to the following questions. If members are from differing institutions, allow approximately 2 minutes per person to discuss the answers. The designated scribe should record possible themes/strategies that emerge.

- What is one concrete step that could be done to move your institution toward being an Anti-Racist Multicultural institution?
- Who needs to be involved to make the change?
- What might be a barrier?
- What might facilitate this change?

Commitment Card (~5 min.)

Each participant should write and fill in the blank to the following statement on their index card previously provided. Participants will take cards home with them.

“One thing can do to move my department/institution toward becoming an anti-racist Multicultural Institution is _____.”

OR, Debrief (~5 min.)

It is recommended that groups come together in a large group debrief of the session. Debrief could focused on highlighting helpful and not helpful themes from each group, as well as eliciting next steps from a few participants.

CONTINUUM ON BECOMING AN ANTI-RACIST MULTICULTURAL INSTITUTION

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

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