

Definitions

Ally – Someone who makes the commitment and effort to recognize their privilege (based on gender, class, race, sexual identity, etc.) and work in solidarity with oppressed groups in the struggle for justice.

Compassion - Means “to suffer together.” The feeling that arises when you are confronted with another’s suffering and feel motivated to relieve that suffering. Empathy with action.

Cultural Humility - Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and nonpaternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations. (From: Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education:<https://www.ncbi.nlm.nih.gov/pubmed/10073197>)

Implicit bias - Negative associations people knowingly or unknowingly hold that are expressed automatically, without conscious awareness.

Institutional racism - the ways in which institutional policies and practices create different outcomes for different racial groups. The institutional policies may never mention any racial group, but their effect is to create advantages for whites and oppression and disadvantage for people from groups classified as non-white.

Intersectionality - overlapping or *intersecting* social identities and related systems of oppression, domination, or discrimination.

Microaggression - brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicates hostile, derogatory, or negative racial slights and insults toward people of color.

Privilege - A right that only some people have access or availability to because of their social group memberships (dominants).

Race - There is no scientific evidence for the concept of Race. In fact, humans are all much more similar, biologically speaking, than we are different. So, Race is a *construction* that is social, historical and political in nature. It serves to concentrate power and privilege within certain groups of people, primarily those who are white or are perceived to be white. The nature and level of this power and privilege is also dependent on the intersections of a person’s perceived social identities. Important: *Although Race itself is not a real thing, the consequences of the construction of Race: the disparities in healthcare, education, etc., and the discrimination, suffering, ignorance and violence it perpetuates certainly are.*

Racism – a system of power established by racial prejudice, bias or discrimination plus institutional and systemic power. Interpersonal racism is when racism is enacted between individuals by the means of private beliefs (conscious or unconscious) influencing interaction with others.

Unpacking Medical Privilege

Mark the box next to the statements that apply to you:

- If I should need medical care, I can be pretty sure that my needs can be met at a care facility accessible to me within an hour from my home.
- I don't have to worry about my medical providers second-guessing my need for pain medication.
- If I ask to talk to the person in charge, I will be facing a person similar to me.
- I don't have to worry about finding an appropriate place to practice my faith at the medical center.
- If I walk into an emergency room I can expect to be treated with dignity and respect.
- If I walk through a parking garage at night I don't have to feel vulnerable.
- I can easily trust that anyone I'm speaking to will understand the meaning of my words.
- I can feel confident that my patients feel that I am qualified upon first impression.
- When a patient asks where I'm from, I trust that it's not because of my race.
- I don't have to worry finding a provider who respects my culture or gender identity.
- I can come to work early or stay late whenever needed and know that my children will be cared for.
- I can speak in a roomful of hospital leaders and feel that I am heard.
- I can go home from most meetings feeling somewhat engaged, rather than isolated, out-of-place, or unheard.
- I can look at the cafeteria menu and expect to see that the special of the day reflects my culture's traditional foods.
- I don't have concerns about being able to pay for the medical care I need.
- I can be sure that if I need legal or medical help, my race will not work against me.
- I can take a job with an affirmative action employer without having coworkers on the job suspect that I got it because of race or gender.
- I feel confident that if I don't understand something then it wasn't written clearly enough for most others to understand.
- I have no medical conditions or cultural/religious dietary restrictions that require special arrangements or that makes others see me as different.
- I don't worry about my ability to physically access public spaces and my workplace.
- If I were admitted to the hospital, I feel confident that my loved ones will be welcomed at my bedside and treated respectfully.
- I feel certain that my wishes for decision-making (how I want to receive information about my health, who I want involved, and my preferences for care) will be respected.

Total Number of Boxes Checked: _____

Interrupting Bias Conversation Tool

Conversation Framework	Dialogue Skills
<ol style="list-style-type: none">1. Ground yourself: Take a deep breath before responding to activate your "slow brain" and access your dialogue skills.2. Seek understanding/elaboration:<ul style="list-style-type: none">• What do you mean when you say ____?• Can you help me understand how you came to that conclusion?• Can you give me some more background on this situation?• What were you feeling when....?3. Acknowledge and validate their experiences/intent when possible. (Build trust and rapport)<ul style="list-style-type: none">• I can hear that you are trying to....• It seems you have had a negative experience with your care in the past....• I can see why you might have said/thought ____.4. Describe the impact of the behavior: Name your feelings; talk about what assumptions underlie the comment and why it is harmful (Depersonalize the situation)<ul style="list-style-type: none">• I felt uncomfortable when you said ____ and it made me (impact on you)____.• When we say ____ it can make others feel ____.• I don't believe you intended to offend, but that statement made me feel uncomfortable because ____.5. Discuss possible solutions<ul style="list-style-type: none">• What do you think we can do?• What do you see as next steps?6. Reflection and reinforcement of mutual goal	<ul style="list-style-type: none">• Suspend assumptions; be curious• Attribute positive intent & logic• Find common ground• Call out the behavior, not the person• Approach the conversation from a place of respect & empathy• Educate & advocate.• Remember that people can have pure intent and have harmful impact

Adapted from : UW Medicine, Organization Development and Training, "Using Dialogue Skills in Conversation" and

https://academicaffairs.ucsc.edu/events/documents/Microaggressions_InterruptHO_2014_11_182v5.pdf

Interrupting Racism in Healthcare Institutions

Pacific Northwest Palliative Care Conference

April 22, 2019

Tracy Hirai-Seaton (thirai@uw.edu) and Tracy Ng (tmng@bwh.harvard.edu)

Strategizing Implementation of Interrupting Racism at Your Institution

Goals/Objectives:	Challenges:
Resources:	Actions:

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Further Learning and Reading

Diversity and Social Justice Glossary
(https://www.tacoma.uw.edu/sites/default/files/sections/Diversity/diversity_glossary.pdf.pdf)

Under Our Skin – Seattle Times (<https://projects.seattletimes.com/2016/under-our-skin/#>)

Cultural Humility (Film) (<https://www.youtube.com/watch?v=SaSHLbS1V4w>)

Implicit Association Test (<https://implicit.harvard.edu/implicit/>)

Race and Equity Reading List (<https://www.washington.edu/raceequity/files/2016/04/Greg-Taylor-Workshop-RBD-Book-List.pdf>)

Microaggressions: Power, Privilege, and Everyday Life (<http://www.microaggressions.com/>)

Implicit Bias and Microaggressions: The Macro Impact of Small Acts - Derald Wing Sue, Columbia University (<https://www.youtube.com/watch?v=Nrw6Bf5weTM>)

Racial Microaggressions in Everyday Life: Implications for Clinical Practice (<https://world-trust.org/wp-content/uploads/2011/05/7-Racial-Microaggressions-in-Everyday-Life.pdf>)

Innovative Methods & Sustainable Health Approaches to Historical Trauma – Karina Walters, MSW, PhD (<https://www.youtube.com/watch?v=kqQ9InPuEzE>)

White Fragility - Robin DiAngelo (<https://www.youtube.com/watch?v=ktVaZVVgJyc>)

Everyday Bias: Identifying and Navigating Unconscious Judgements – Howard Ross (<https://www.youtube.com/watch?v=v01SxXui9XQ>)

The Culture Inside – Invisibilia podcast from NPR
(<http://www.npr.org/podcasts/510307/invisibilia>)

Feagin, J. & Bennefield, Z. (2013). Systemic racism and U.S. health care. *Social Science & Medicine*, 103, 7-14.

Gee, G.C. & Ford, C.L. (2011). Structural racism and health inequities: Old issues, new directions. *Du Bois Review*, 8, 115-132.

LaVeist, T.A. and Issac, L.A., Eds. (2012). Race, Ethnicity, and Health – A Public Health Reader.

Roberts, D. (2012). Fatal Invention: How Science, Politics, and Big Business Re-Crete Race in the 21st Century.