Bridge Over Troubled Waters:

Crossing the Cultural Divide To Talk About Race & Racism in Academic Medicine

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Chief Diversity & Inclusion Officer
Crossing the Cultural Divide:
Crossing the Cultural Divide: Why Is It So Difficult?

The Undiscussible

The Discussable
Crossing the Cultural Divide: Why Is It So Difficult?

The Undiscussible

- Exposes vulnerabilities
- Triggers emotions (emotional turbulence)
- Provokes defensive posturing
- Fear of bringing out underlying biases
Analyse the imperatives for dialoguing and teaching about race and racism in academic medicine.

Identify potential faculty development that might build on and expand knowledge & skills.

Explore innovative resources that can provide the necessary skills for interracial dialogue.

Explore AAMC initiatives addressing the issues.
Why talk about race & racism?

Institute of Medicine, 2003
White nationalist flyers reportedly found at Drexel University

Addressing this Week's Anti-Semitic Incident on Campus, May 15, 2015

As you may have heard, on Tuesday evening, May 12, a Jewish Drexel student arrived home to his dormitory to find anti-Semitic vandalism (a swastika and the word “Jew”) written out in duct tape on his interior room door in his suite. The
George Washington University Medical Students Stage ‘Die-In’

Free speech at FSU shown with Milo Yiannopoulos visit, Black Lives Matter protest

UC Davis medical students hold ‘White Coats for Black Lives’ demonstration

Black Lives Matter flag unfurled during Marching Chiefs halftime performance
Mission

• To eliminate racial bias in the practice of medicine

• Recognize racism as a threat to the health & well-being of people of color

http://www.whitecoats4blacklives.org/about
Goals

1. Raise awareness of racism as a public health concern

2. End racial discrimination in medical care

3. Prepare future physicians to be advocates for racial justice.

http://www.whitecoats4blacklives.org/about
“…if we refuse to deeply examine and challenge how racism and implicit bias affect our clinical practice, we will continue to contribute to health inequities in a way that will remain unaddressed in our curriculum and unchallenged by future generation of physicians.”


JAMA 2015; 313(19):1909-10
“Every one of us needs to own the principles that protect us and our patients from racism and bias. That means learning to see prejudice and speaking up against it.”

“Silence in the face of injustice not only kills any space for productive conversations, but also allows cancerous ideas to grow.”
Breaking the Silence: Time to Talk About Race and Racism
David Acosta, MD, and Kupiri Ackerman-Barger, PhD, RN

Abstract

Recent events in the United States have catalyzed the need for all educators to begin paying attention to and discovering ways to dialogue about race. No longer can health professions (HP) educators ignore or avoid these difficult conversations. HP students are now demanding them. Cultural sensitivity and unconscious bias training are not enough. Good will and good intentions are not enough. Current faculty development paradigms are no longer sufficient to meet the educational challenges of delving into issues of race, power, privilege, identity, and social justice.

Engaging in such conversations, however, can be overwhelmingly stressful for untrained faculty. The authors argue that before any curriculum on race and racism can be developed for HP students, and before faculty members can begin facilitating conversations about race and racism, faculty must receive proper training through intense and introspective faculty development. Training should cover how best to engage in, sustain, and deepen interracial dialogue on difficult topics such as race and racism within academic health centers (AHCs). If such faculty development training—in how to conduct interracial dialogues on race, racism, oppression, and the invisibility of privilege—is made standard at all AHCs, HP educators might be poised to actualize the real benefits of open dialogue and change.
“Faculty don’t think it’s their problem or issue.”

“Faculty feel too vulnerable to talk about such a sensitive topic.”

“Faculty fear that they will say the wrong thing and sound like a racist or a bigot.”

“Faculty don’t know how to talk about racism.”

“Faculty worry that they will become defensive.”

“Faculty don’t want to be found out.”

• Witnessing discrimination and openly discussing racism can be overwhelmingly stressful for untrained faculty

• “…who quickly leverage their authority to divert awkward dialogue opportunities to less threatening, more safe ground, role modeling the very avoidance behavior we are trying to identify and transform in trainees.”
“Sometimes a simple, almost insignificant gesture on the part of a teacher can have a profound formative effect on the life of a student.”

- Paulo Freire
“What do I say? What can I say? I was at the pinnacle of my celebration, and with one swift action, I was dismissed. I was made invisible. I was negated…my body, however, fully defined me in that moment – I was lumped into a category based on my appearance, my ethnicity… but I was left with one thought: Will I ever be good enough?”
"Too sad to cry, too hurt to feel, too paralyzed to move, too embarrassed to come out of the room...Racism had just completely and tectonically shifted the power away from me. Racism stripped me of my white coat, my stethoscope, my doctor’s badge, my degrees and credentials, my title, my skills and my determination to serve.”
• Must be deliberate & intentional
• Requires interaction
• Stimulate deep introspection
• Willingness to be honest
• Commitment to change
Next Generation of Work for AAMC Diversity Policy & Programs

• Faculty development
• Curricular standards
• Research agenda
• Advocacy
Next Generation of Work for AAMC Diversity Policy & Programs

• Faculty development:
  • Targeted education & skill building
  • Identifying promising practices
Next Generation of Work for AAMC Diversity Policy & Programs

- Faculty development: education & training; best practices

Knowledge
- Structural racism - understanding history & political/social constructs
- Levels of racism – how these can be operational in AHC:
  - Teaching
  - Curriculum development
  - Patient care delivery & clinical decision making
  - Research questions

- Power & privilege
- Internalized dominance & oppression
- Prejudice
- Discrimination
- White fragility
Next Generation of Work for AAMC Diversity Policy & Programs

• Faculty development: education & training; best practices

Skill-Building
• Interracial dialogue
• Implicit bias
• Microaggressions
There are many approaches....


- People’s Institute for Survival and Beyond: *Undoing Racism* - http://www.pisab.org/who-we-are

- Crossroads Anti-Racism Organizing & Training - http://crossroadsantiracism.org/
Race Talk Approach

1. Make the invisible visible – understand one’s racial & cultural identity
2. Admitting one’s racial biases – we are products of the cultural conditioning of society
3. Developing the courage to experience discomfort and vulnerability
4. Deconstructing the symbolic meaning of our emotions that are triggered
5. Unmask the hidden meanings of difficult dialogue
6. Unlocking the blockage
7. Deconstruct differences in communication styles
8. Encourage & validate authenticity
Confronting Racial Bias in Academic Medicine
Webinar Series

January 2018
How to Have Productive Conversations about Race, Racism, and Prejudice

February 2018
How to Confront Explicit and Implicit Racism

March 2018
How to be an Effective Active Bystander

April 2018
Restorative Justice for Academic Medical Centers

Register at www.aamc.org/diversity in the coming months.
Next Generation of Work for AAMC Diversity Policy & Programs

• Faculty development: education & training; best practices

Skill-Building
• Interracial dialogue
• Implicit bias
• Microaggressions
Unconscious Bias (UB) Training

- Co-sponsorship with Cook-Ross
- Everyday Bias Training – 1-day
- Train-the-Trainer Certification Training – 4-day
Next Generation of Work for AAMC Diversity Policy & Programs

- Medical School Curriculum & GME
  - Curricular standards focusing on
    - Understanding & addressing structural & institutional racism
    - Mitigating racial inequities and their impact on health care delivery
  - Identifying core competencies and milestones from pre-health students → medical students → residents → practice
Next Generation of Work for AAMC Diversity Policy & Programs

- Research agenda
  - Research in Medical Education (RIME)
    - Focus on structural racism
    - Health effects (acute & chronic) of racism
    - Impact of structural & institutional racism on health care delivery
  - National Institute on Minority Health and Health Disparities – funding to support this research
Next Generation of Work for AAMC Diversity Policy & Programs

• Proactive health advocacy
  • Faculty development – education & skill building on how to work effectively with both State & Federal legislators
  • Understanding faculty’s role in impacting health policy and workforce development
  • Building & enhancing working relationships with institution’s government affairs and community relations office (AAMC GRA)
“Without a vision of health equity and the commitment to tackle structural racism, health inequities will persist, thwarting efforts to eliminate health disparities and improve the health of all...”
Equity-minded Academic Health Centers...

- Are aware of the historical context of exclusionary practices in higher education & recognize the impact of this history.
- Reject the ingrained habit of blaming inequities in access, opportunity and outcomes on students, faculty & staff’s own social, cultural and educational backgrounds.
- Recognize the need for systemic transformation → shift to an investment model with specific focus on student, faculty & staff success + holding ourselves accountable for institutional effectiveness.

Equity-minded Academic Health Centers...

- Recognize that the elimination of entrenched biases, stereotypes and discrimination in institutions of higher education requires *intentional critical deconstruction* of structures, policies, practices, norms and values assumed to be race neutral.

- *Invest* time, effort and political capital into discussing these issues and *mobilizing institution-wide efforts and community partnerships* to address them.

## Continuum on Becoming an Anti-Racist Multicultural Organization

### MONOCULTURAL --- MULTICULTURAL --- ANTI-RACIST --- ANTI-RACIST MULTICULTURAL

Racial and Cultural Differences Seen as Defects --- Tolerance of Racial and Cultural Differences --- Racial and Cultural Differences Seen as Assets

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<td>Intentionally and publicly excludes or segregates African Americans, Native Americans, Latinos, and Asian Americans</td>
<td>Tolerant of a limited number of &quot;tokens&quot; People of Color and members from other social identity groups allowed in with &quot;proper&quot; perspective and credentials.</td>
<td>Makes official policy pronouncements regarding multicultural diversity</td>
<td>Sees itself as &quot;non-racist&quot; institution, opens doors to People of Color</td>
<td>Continues to intentionally maintain white power and privilege through its formal policies and practices, teachings, and decision making on all levels of institutional life. Often declares, &quot;We don’t have a problem.&quot; Monocultural norms, policies and procedures of dominant culture viewed as the &quot;right&quot; way to do business as usual. Engages issues of diversity and social justice only on club member’s terms and within their comfort zone.</td>
<td>But... &quot;Not those who make waves&quot; Little or no contextual change in culture, policies, and decision making. Is still relatively unaware of confusing patterns of privilege, paternalism and control. Token placements in staff positions must assimilate into organizational culture.</td>
<td>Growing understanding of racism as barrier to effective diversity</td>
<td>Develops analysis of systemic racism</td>
<td>New consciousness of institutionalized white power and privilege</td>
<td>Develops intentional identity as an &quot;anti-racist&quot; institution</td>
<td>Begins to develop accountability to racially oppressed communities</td>
<td>Increasing commitment to dismantle racism and eliminate inherent white advantage</td>
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“The challenge is great, but rising to this challenge lies at the heart of our mission and commitment, as health professionals, to prevent avoidable suffering, care for those who are unwell, and create conditions in which all can truly thrive.”

- Z.D. Bailey
“As a nation, will you choose the path that we have always traveled, a journey of silence that has benefited only a select group and oppressed others....or will you choose the road less traveled, a journey of racial reality that may be full of discomfort and pain, but offers benefits to all groups in our society?”

- Derald Wing Sue