



PARTICIPANT HANDOUTS

Racism in Healthcare: Why does it matter and what is mine to do?

Thank you for attending today's training. By doing so you are strengthening the ability of your community-based and patient-directed health center to deliver comprehensive, culturally competent, high-quality primary health care services.

Presented by:

Nadia Ali, Executive Consultant and JEDI Co-Lead; Integrated Work
Mickayla Branz, Consultant; Integrated Work

Live Broadcast Date/Time:

Wednesday, August 31, 2021, 12:00–1:15PM MT / 1:00–2:15PM CT

Target Audience:

The presentations in the series are intended for health center and PCA staff from various positions including clinical and non-clinical. Please see the registration information sent out prior to each training for more information about learning objectives and other details.

Event Overview:

There is a long history of racism in the United States healthcare system that creates unequal access to quality healthcare. Racism in the healthcare system, together with unequal access to the social determinants of health, leads to health disparities in outcomes from chronic disease to mental health to infant mortality. How can we move towards anti-racism in healthcare? What are the steps needed at the individual and systems level to cultivate greater equity in our healthcare system?

Learning Objectives:

By the end of this session, participants will be able to:

1. Define race and racism
2. Describe historical examples of institutional racism in healthcare
3. Differentiate the levels of racism and how they can affect health
4. Utilize tools to address racial bias in the health care setting

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CCHN/CHAMPS ARCHIVES

This event will be archived online. This online version will be posted within two weeks of the live event and will be available for at least one year from the live presentation date.

For information about all CCHN archives, please visit:
www.CCHN.org/webinar-archive.

For information about all CHAMPS archives, please visit:
www.CHAMPSonline.org/events-trainings/distance-learning.

DESCRIPTION OF CCHN

The Colorado Community Health Network (CCHN) represents the 20 Colorado Community Health Centers that together are the backbone of the primary health care safety-net in Colorado. For more information about CCHN, please visit www.CCHN.org.

DESCRIPTION OF CHAMPS

Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally funded Community, Migrant, and Homeless Health Centers they can better serve our patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. For more information about CHAMPS, and the benefits of CHAMPS Organizational Membership, please visit www.CHAMPSonline.org.

SPEAKER BIOGRAPHIES



Nadia's depth of experience spans program management, coalition building, leadership and workforce development, community outreach, health care reform and diversity, equity and inclusion (DEI) training and consulting. She is passionate about health and racial equity and her work has primarily centered around increasing access to care in underserved populations, creating leadership opportunities for underrepresented minorities, and increasing awareness and dialogue around health and racial equity. Additionally, Nadia has worked on programs focused on complex care, health information technology, health disparities research and outreach in immigrant communities. Nadia's academic background includes studies in health policy and management, public health, and Spanish.

Mikayla is passionate about systems change to make health as accessible and equitable as possible. With experience in the non-profit, academic, and government sectors, she is skilled at solving problems by facilitating communication among stakeholders, synthesizing information, and highlighting racial equity. Mikayla has experience leading diversity, equity, and inclusion (DEI) dialogues and trainings. She enjoys building deep relationships and facilitating authentic conversations that catalyze growth in individuals and organizations.

Mikayla began her career as a family support counselor and grassroots community organizer, so she always tries to center the people most impacted by decisions. Mikayla's academic training includes a bachelor's degree in psychology and Spanish, and two master's degrees in social work and public health from The Brown School at Washington University in St. Louis.



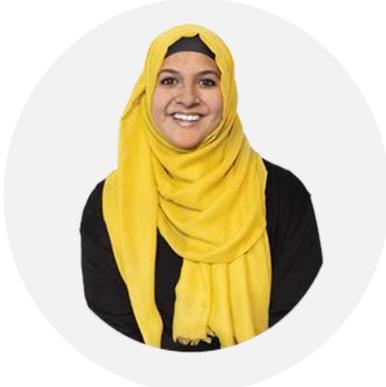


**Racism in Healthcare:
Why does it matter and what is
mine to do?**

CCHN Equity Webinar Series
August 31, 2022
Integrated Work

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Our Team



Nadia Ali, MPA



Mikayla Branz, MPH, MSW

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Agenda

- Overview of terms
- Historical examples of racism in healthcare
- Levels of racism and how they can impact health
- A path towards health equity
- Tools to address racial bias in a healthcare setting
- Small Group Discussions
- Q & A

Poll Question

How many people including yourself are watching this at your computer?

Poll:

I can describe multiple ways that
racism affects people's health.

Definitely
Not sure
Not really

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Defining Race

Race is a social construct
based on
perceived physical
differences

“There is no such things as race”...
"Racism is a construct; a social
construct. And it has benefits.
Money can be made off of it.
People who don't like themselves
can feel better because of it. It can
describe certain kinds of behavior
that are wrong or misleading. So
[racism] has a social function. But
race can only be defined as a
human being”
-Toni Morrison

From Ford & Kelly (2005)

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Defining Racism

“**Personally mediated racism** is defined as prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others according to their race, and discrimination means differential actions toward others according to their race”

“**Institutionalized racism** is defined as the structures, policies, and norms resulting in differential access to goods, services, and opportunities of society by "race." Institutionalized racism is normative, sometimes legalized, and often manifests as inherited disadvantage.”



Dr. Camara Phyllis Jones

Defining Racial Equity

Racial equity is a process of eliminating racial disparities and improving outcomes for everyone. It is the intentional and continual practice of changing policies, practices, systems, and structures by prioritizing measurable change in the lives of people of color.

*<https://www.raceforward.org/about/what-is-racial-equity-key-concepts>

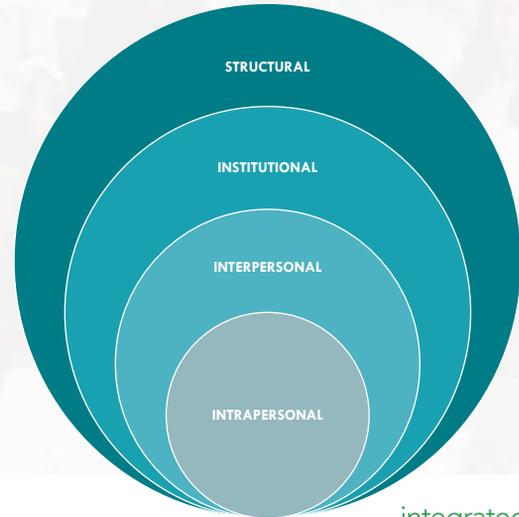
Impacts of racism at different levels

Structural- Policies, practices, and connections existing across institutions or sectors

Institutional- Policies and practices intrinsic to the culture and functions of an organization

Interpersonal- Behaviors (actions and words) demonstrated with others

Intrapersonal- Deeply held beliefs and feelings, and their supposed origin



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Racial health disparities

Health and Human Services (HHS) defines a **racial or ethnic health disparity** as “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.”

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Black/African American people 51-55 were **28% more likely** to have a chronic illness compared to their White counterparts



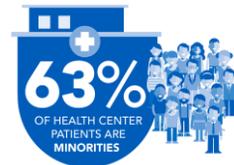
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Infant Mortality
Black “1 in 1,000” compared to White+Latinx “5 in 1000”



Life Expectancy in Years: Hispanic/Latino Male 79.2 years. Black, not Hispanic Male 72.0 years. Hispanic or Latino female 84 years. Black, not Hispanic female 78.1 years



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Historical examples of structural racism in healthcare

- Hill-Burton Act of 1946
- National Labor Relations Act of 1935
- Nursing homes: Medicare and Medicaid

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Examples of racism in healthcare

- White male physicians are less likely to prescribe pain medication to black patients than to white patients.
- Doctors assume their black or low-income patients are less intelligent, more likely to engage in risky behaviors, and less likely to adhere to medical advice.
- Pregnant women face discrimination from healthcare providers on the basis of their ethnicity and socioeconomic background.

<https://www.qualityinteractions.com/blog/unconscious-bias-in-healthcare>

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Pathways from racism to health outcomes

- Residential segregation
- Knowledge and information
- Cumulative stress
- Immigration policy
- Medical care



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A path towards health equity



“Health equity means that everyone has a **fair and just opportunity to be as healthy as possible**. This requires **removing obstacles** to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Robert Wood Johnson Foundation

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Evidence-Based Strategies

1. Communities of opportunity
 1. Early Childhood Development Initiatives
 2. Reducing Childhood Poverty
 3. Enhancing Income and Employment Opportunities among Youth and Adults
 4. Improving Neighborhood and Housing Conditions
2. Build more Health into the Delivery of Medical Care
 1. Ensuring Access to Care for All
 2. Emphasize Primary Care
 3. **Eliminating Inequities in the Receipt of High Quality Care**
 4. **Addressing Patients' Social Risk Factors and Needs**
 5. **Diversifying the Healthcare Workforce**
3. Raising Awareness of Inequities and Building Political Will to Address them
 1. Increasing Awareness that Racial Inequities Exist
 2. Increasing Public Empathy
 3. Enhancing Individual and Community Capacity
 4. Dismantling Racism

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Time to “Break Out”

Logistics

- 15-20 minutes in small groups
- Groups of 4-5
- Small groups report out to capture learnings within each group

Instructions

- Select a group spokesperson and a group notetaker.
- Each person in small group quickly shares their insights and responses to the group questions.
- Spokesperson is prepared to share highlights from the group for ~1 minute

“Break Out”

- Introduce yourselves.
- What inequities do you notice when it comes to patient care? What can you do to make patient care more racially equitable?
- What do you do to help address patient’s social needs (ie housing, education, transportation) that impacts their health?



Debrief

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Mentimeter:

What's one thing you want to try to create more health equity in your community?

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Join us for our next events!

JEDI! Burn-Out and Self-Care!

September 14, 2022, 12:00 – 1:15 MT | 1:00 – 2:15 CT

“If you are not well, you cannot do well.” This webinar will explore the dynamics between social and cultural value systems and burn out. The institutional beliefs between our ideals and what is attainable or healthy both influences how we do JEDI (Justice, Equity, Diversity, and Inclusion) work and how we care for ourselves while doing this important work. We will also explore how we can address these dynamics in ways that can impact people differently.

Creating Safe Spaces in Healthcare for LGBTQ+ People

September 28, 2022, 12:00 – 1:15 MT | 1:00 – 2:15 CT

The webinar will address the many barriers LGBTQ+ individuals face within healthcare, highlight patient testimonials, and ultimately help create plans to make spaces within healthcare that are inclusive and welcoming for LGBTQ+ patients.

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Thank you!

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