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Navigating Bias and Systemic Racism in Academic Medicine & Victim Services

2022 AVA Clinical Health Services

Allison M. Jackson, MD, MPH
Division Chief, Child & Adolescent Protection
CHAI Affiliate Faculty
Washington Children's Foundation
Children's National Hospital
Associate Professor

I have no financial or commercial conflicts of interest.

DISCLOSURES



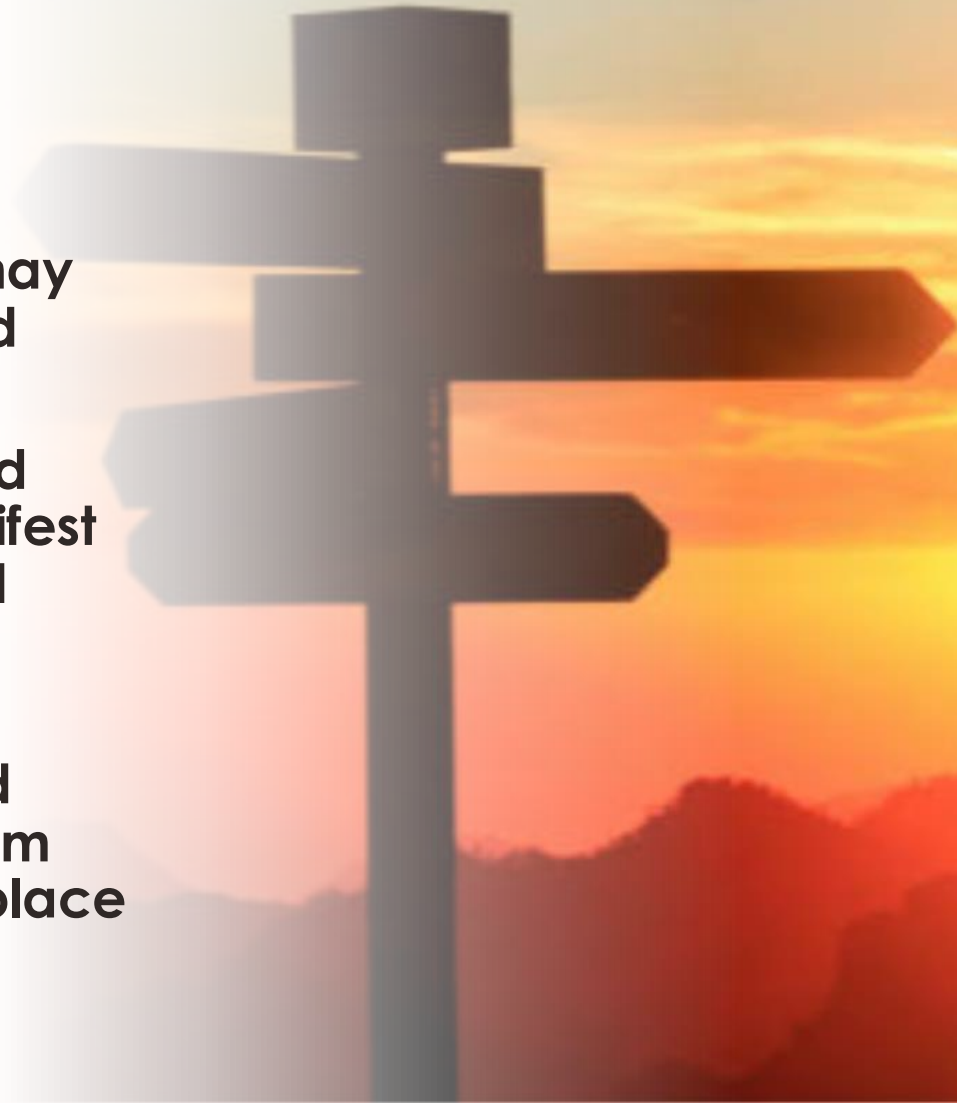
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Acknowledgments

I want to acknowledge the Wichita, Comanche, Caddo, Cherokee tribes who inhabited and passed through what is now known as the Dallas Fort Worth area. I honor their reverence and stewardship of the land. I also want to acknowledge the enslaved Africans who later toiled this land and created wealth for their oppressors.

LEARNING OBJECTIVES

- Recognize cultural characteristics that may contribute to bias and systemic racism
- Illustrate how bias and systemic racism manifest in victim services and academic medicine
- Formulate ways to navigate through and disrupt systemic racism and bias in the workplace



Trauma-Informed Systems of Care Require Cultural Humility

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

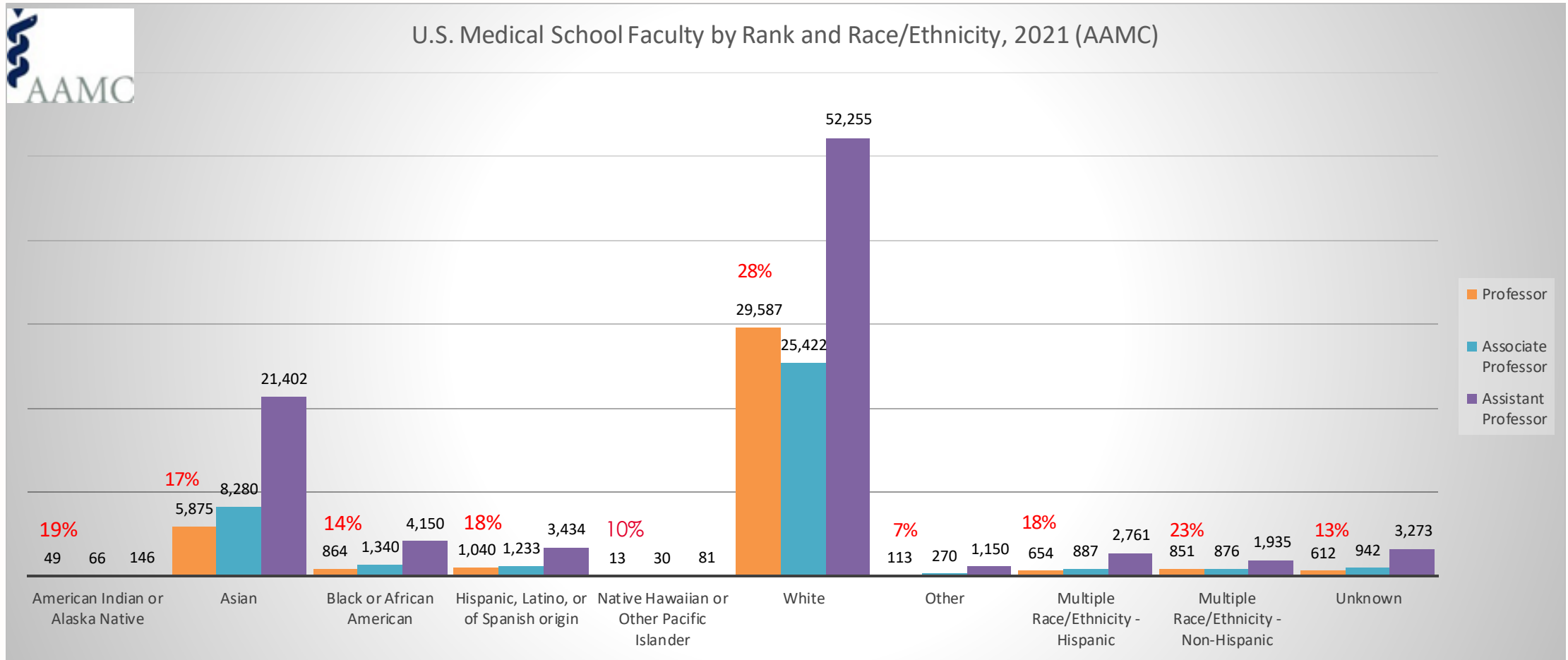
The CDC's [Center for Preparedness and Response \(CPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.

Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [CPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

Diversity in Academic Medicine



Diversity in the Non-Profit Sector

The diversity of nonprofit leadership in 2019

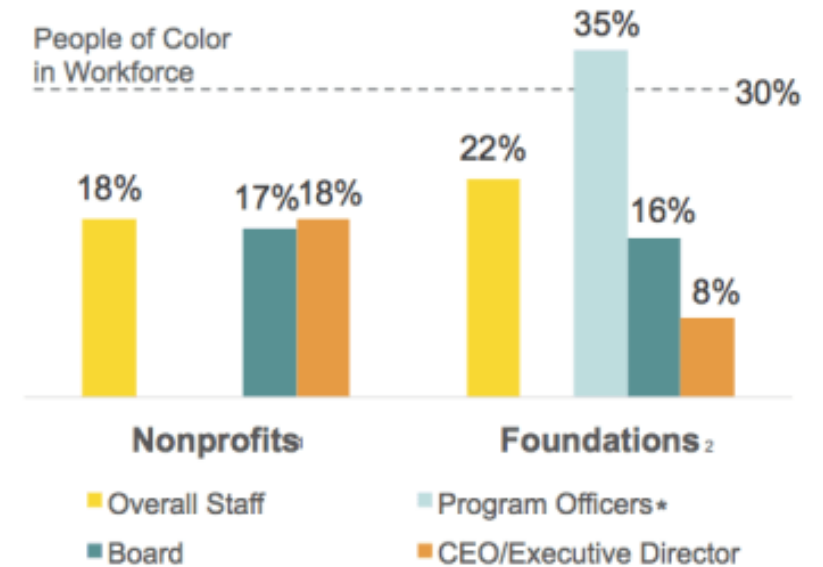
87% of U.S. nonprofit chief executives, 83% of board chairs and 78% of board members were white, versus 60.1% of the country's population, according to the most recent data. Underrepresentation is more severe for some communities of color than others.

	Chief executive	Board chair	Board member	U.S. population
White	87.0%	83.0%	78.0%	60.1%
Black	5.0%	6.0%	10.0%	13.4%
Multiracial/multiethnic	3.0%	2.0%	1.0%	2.6%
Latino	3.0%	5.0%	5.0%	18.5%
Asian-American/Pacific Islander	2.0%	2.0%	4.0%	5.9%
Native American and Alaska native*	0.3%	0.4%	1.0%	1.3%

Census data for whites exclude people who identify as being Latino and white.

Chart: The Conversation, CC-BY-ND • Source: BoardSource, U.S. Census Bureau

Representation of People of Color by Role

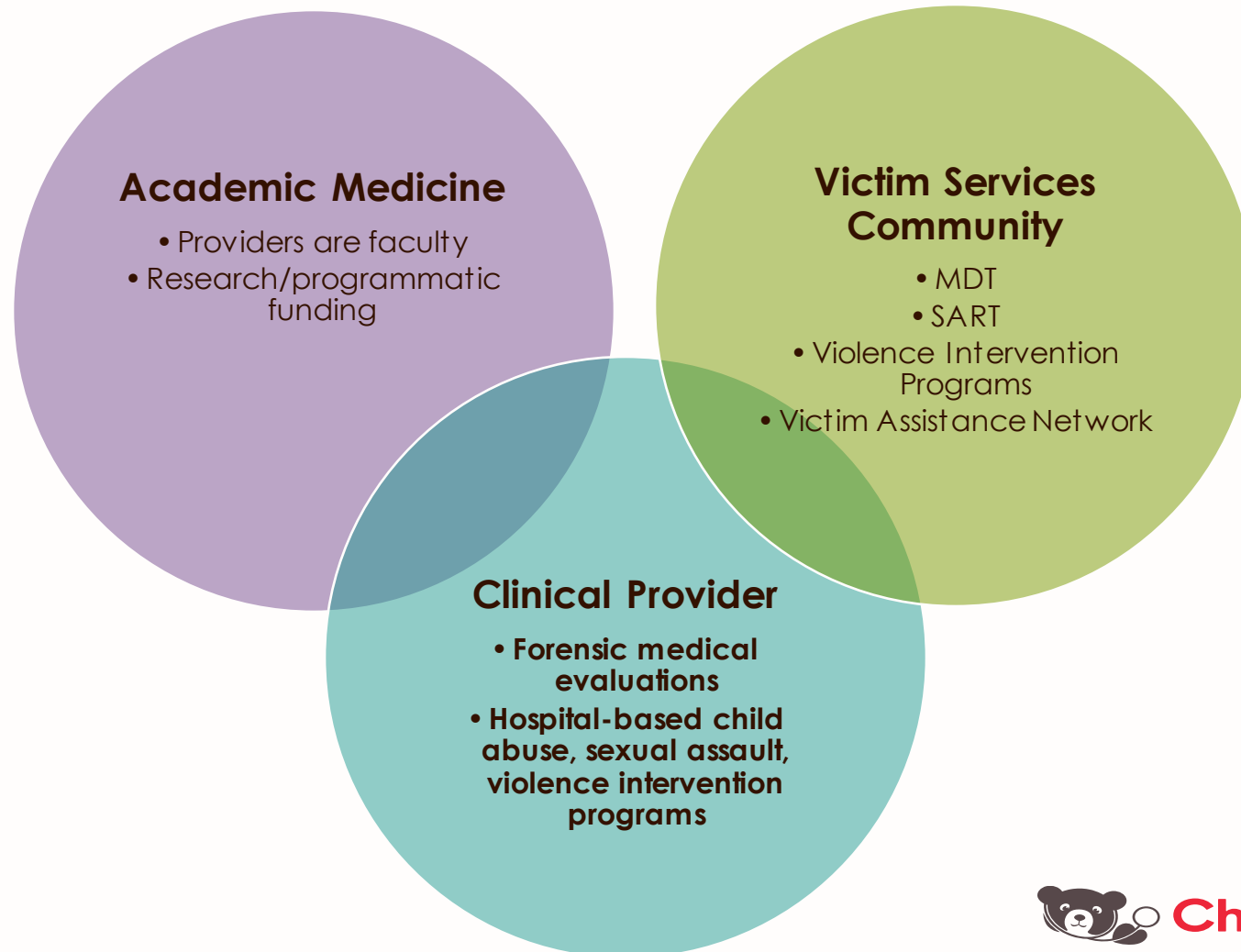


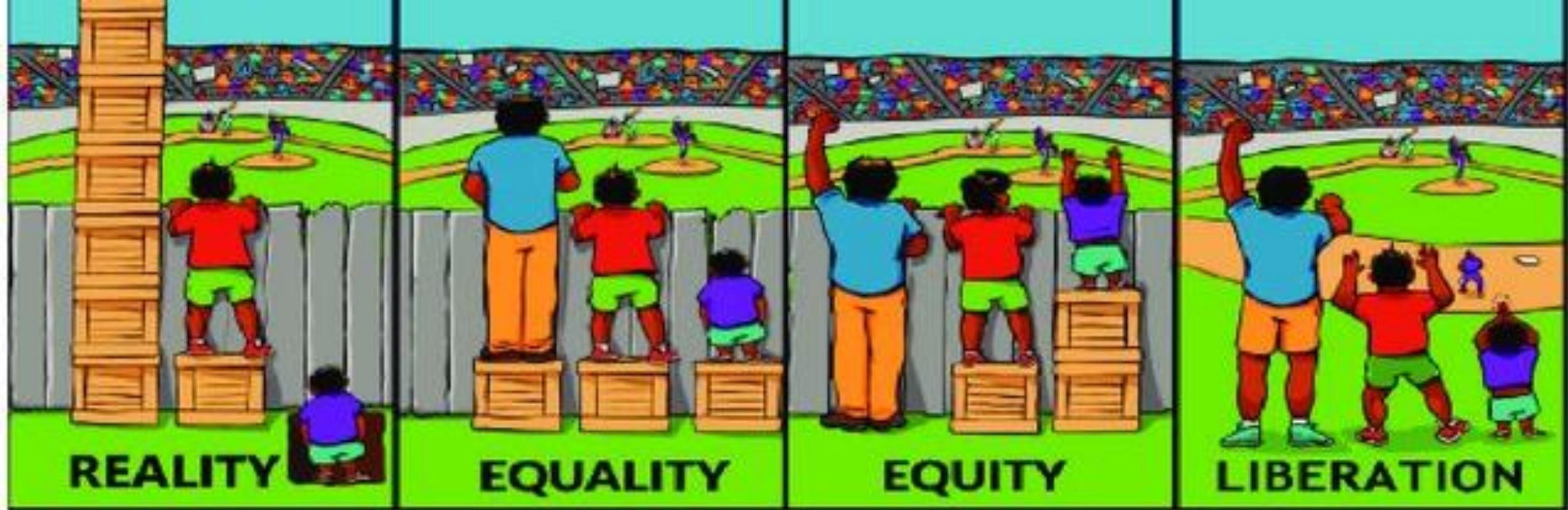
* Program Officer defined as programming related staff (does not include administrative roles)

¹ Diversity Journal. "Is the Nonprofit Sector Doing Enough for Diversity?" (overall); BoardSource, 2010. Nonprofit Governance Index (board); CompassPoint, 2006. "Daring to Lead" (CEO/Executive Director)

² D5, 2014. "State of the Work."

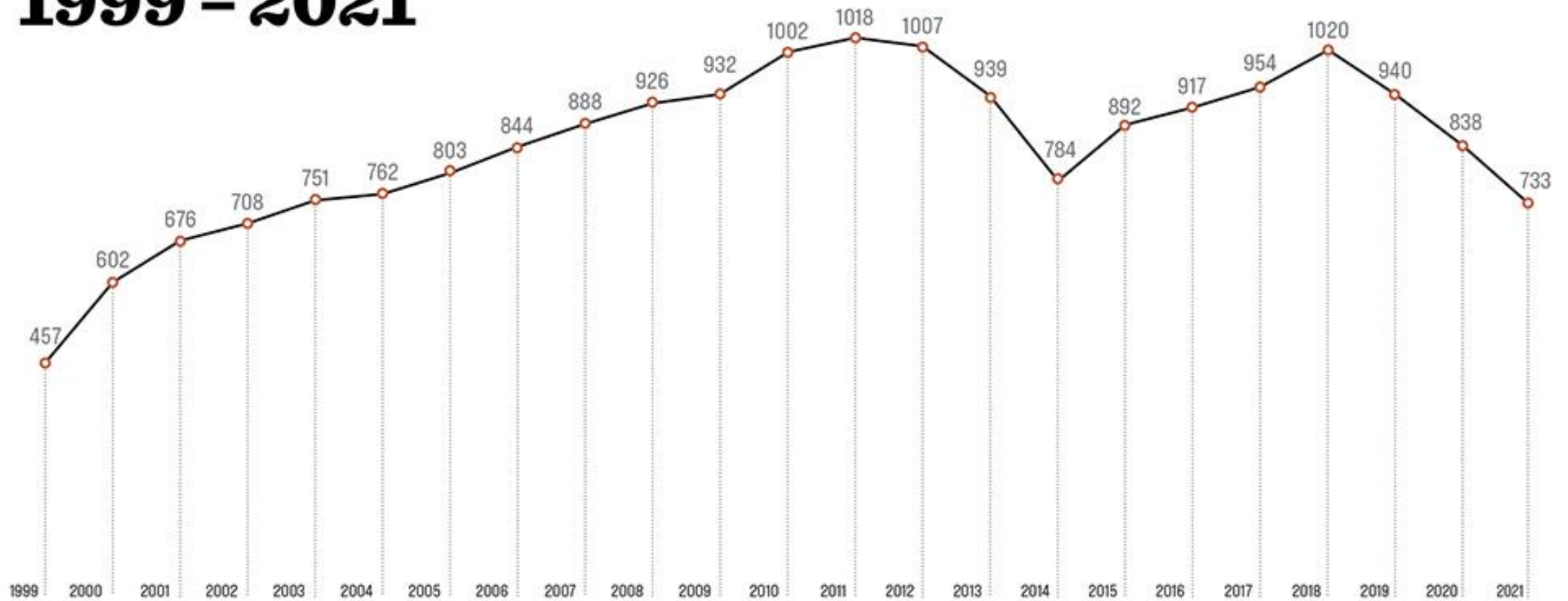
How do Academic Medicine & Victim Services Intersect?





The difference between the terms equality, equity, and liberation, illustrated; © Interaction Institute for Social Change | Artist: Angus Maguire

Hate Groups 1999 - 2021



<https://www.splcenter.org/sites/default/files/splc-2021-year-in-hate-extremism-report.pdf>

Culture

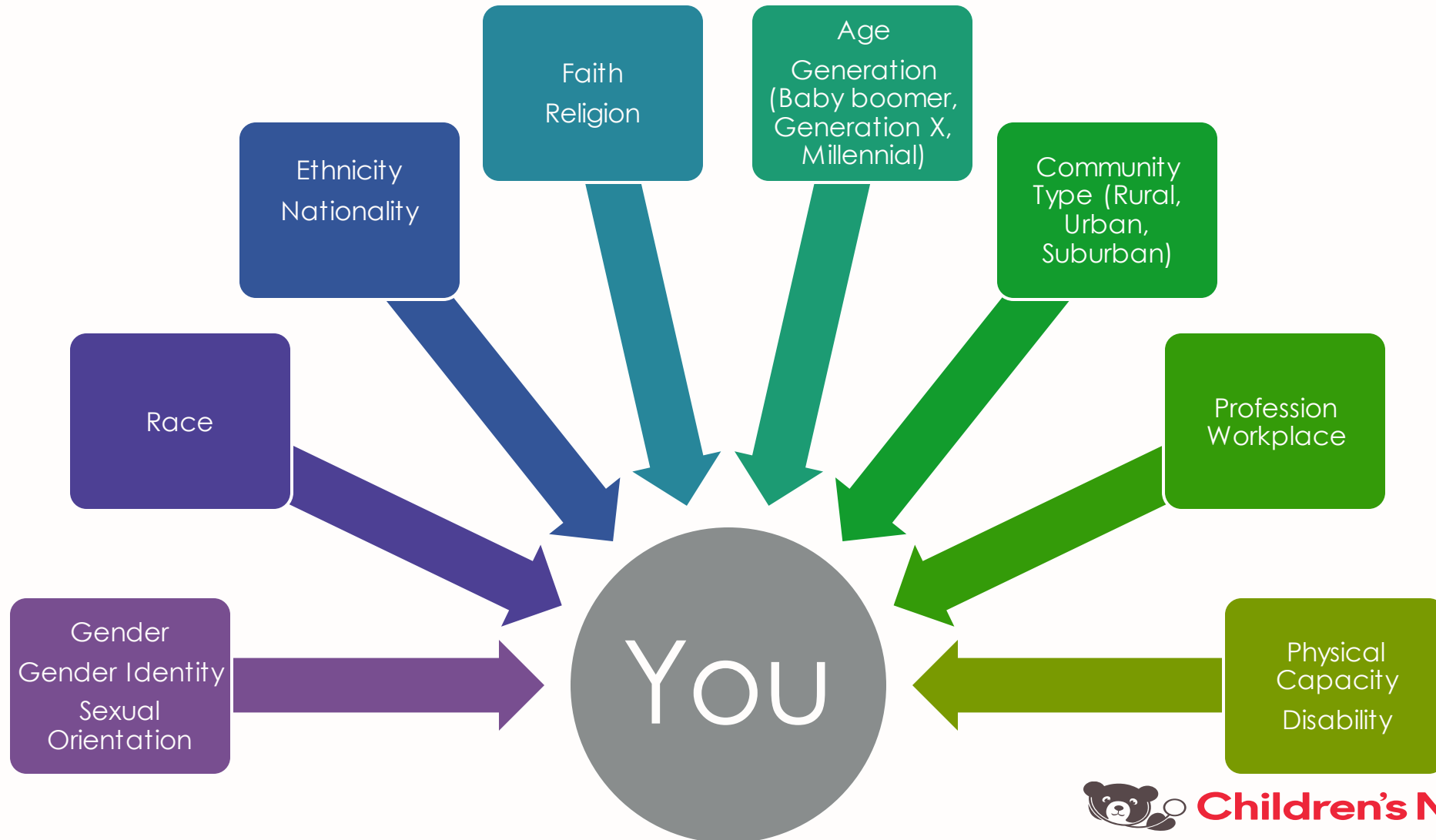


What is culture?

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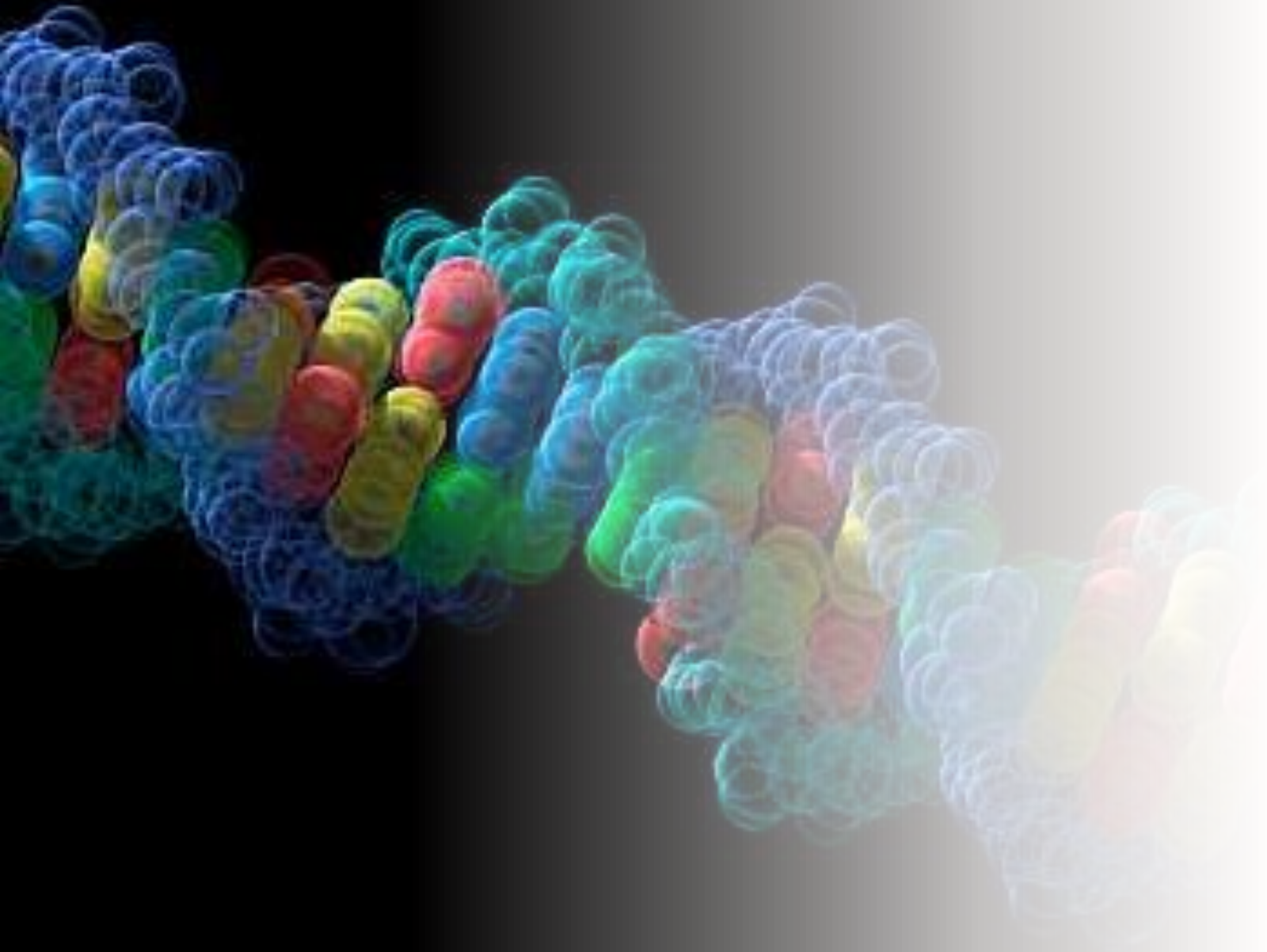
What's your cultural context?



Activity

1. List your cultural context.
2. Circle those things that your co-workers, or the person sitting next to you may not know about you
3. Underline those things that might be assumed based on your appearance





Race: What meets the eye

- Race is not biological
- No genetic coding for race or ethnicity
- Race is social construct
- Appearance can be deceiving (ethnically ambiguous)

Racism

- Institutional
- Personally Mediated/Interpersonal
 - Explicit
 - Implicit/Microaggressions
- Internalized

Racism is a “system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call ‘race’) that 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.”

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy
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The Impact of Racism on Child and Adolescent Health

Maria Trent, MD, MPH, FAAP, FSAHM,* Danielle G. Dooley, MD, MPhil, FAAP,² Jacqueline Doug , MD, MPH, FAAP;³ SECTION ON ADOLESCENT HEALTH, COUNCIL ON COMMUNITY PEDIATRICS, COMMITTEE ON ADOLESCENCE

The American Academy of Pediatrics is committed to addressing the factors that affect child and adolescent health with a focus on issues that may leave some children more vulnerable than others. Racism is a social determinant of health that has a profound impact on the health status of children, adolescents, emerging adults, and their families. Although progress has been made toward racial equality and equity, the evidence to support the continued negative impact of racism on health and well-being through implicit and explicit biases, institutional structures, and interpersonal relationships is clear. The objective of this policy statement is to provide an evidence-based document focused on the role of racism in child and adolescent development and health outcomes. By acknowledging the role of racism in child and adolescent health, pediatricians and other pediatric health professionals will be able to proactively engage in strategies to optimize clinical care, workforce development, professional education, systems engagement, and research in a manner designed to reduce the health effects of structural, personally mediated, and internalized racism and improve the health and well-being of all children, adolescents, emerging adults, and their families.

STATEMENT OF THE PROBLEM

Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call ‘race’) that 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.¹ Racism is a social determinant of health² that has a profound impact on the health status of children, adolescents, emerging adults, and their families.^{3–8}

Although progress has been made toward racial equality and equity,⁹ the evidence to support the continued negative impact of racism on health and well-being through implicit and explicit biases, institutional structures, and interpersonal relationships is clear.¹⁰ Failure to address racism will

abstract

*Division of Adolescent and Young Adult Medicine, Department of Pediatrics, School of Medicine, Johns Hopkins University, Baltimore, Maryland; ²Division of General Pediatrics and Community Health and Child Health Advocacy Institute, Children’s National Health System, Washington, District of Columbia; and ³Medical Director, Howard County Health Department, Columbia, Maryland

Drs Trent, Dooley, and Doug  worked together as a writing team to develop the manuscript outline, conduct the literature search, develop the stated policies, incorporate perspectives and feedback from American Academy of Pediatrics leadership, and draft the final version of the manuscript, and all authors approved the final manuscript as submitted.

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Address correspondence to Maria Trent, MD, E-mail: mtrent2@jhu.edu

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Trent et al. 2010



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Intersecting Axes of Privilege, Domination and Oppression

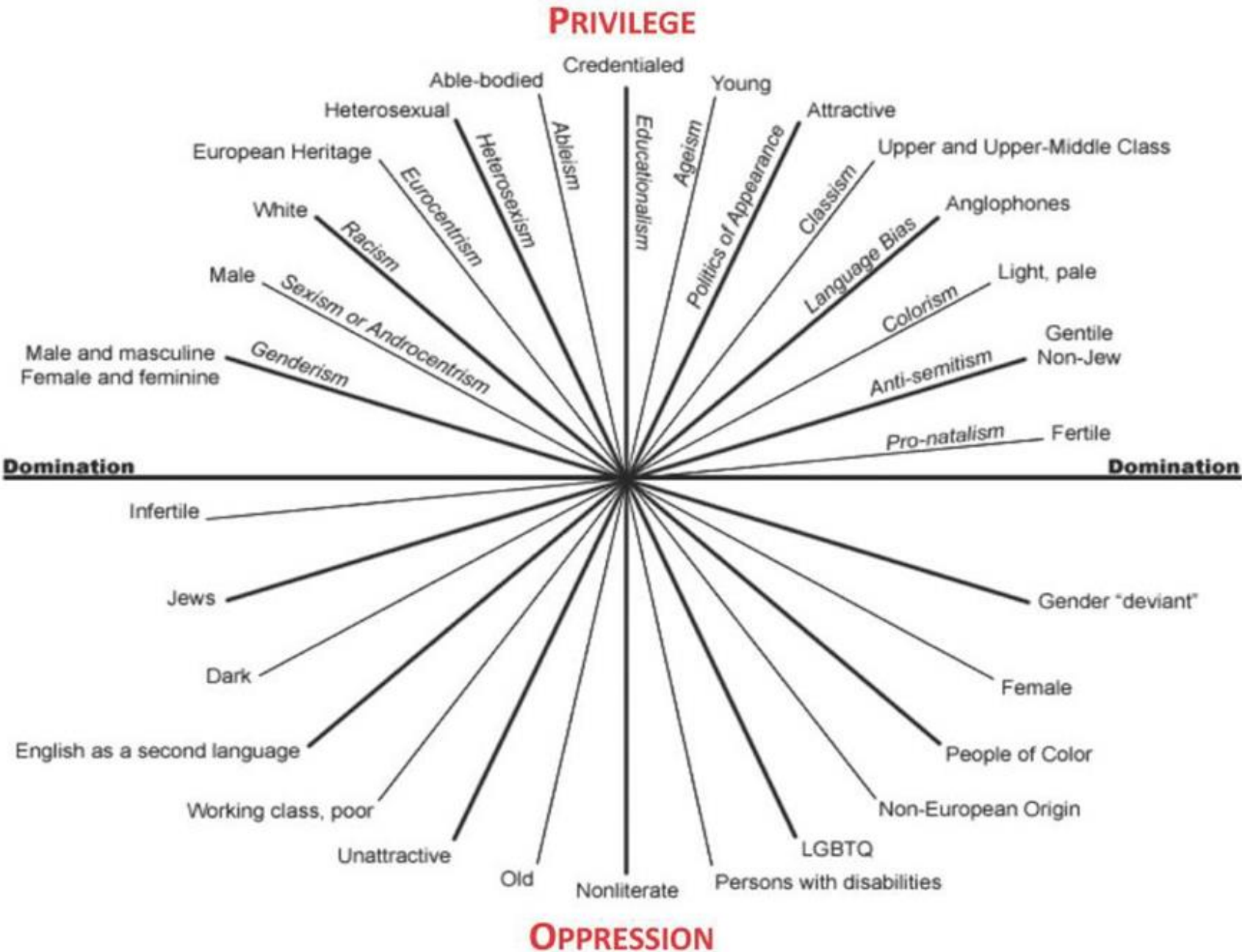
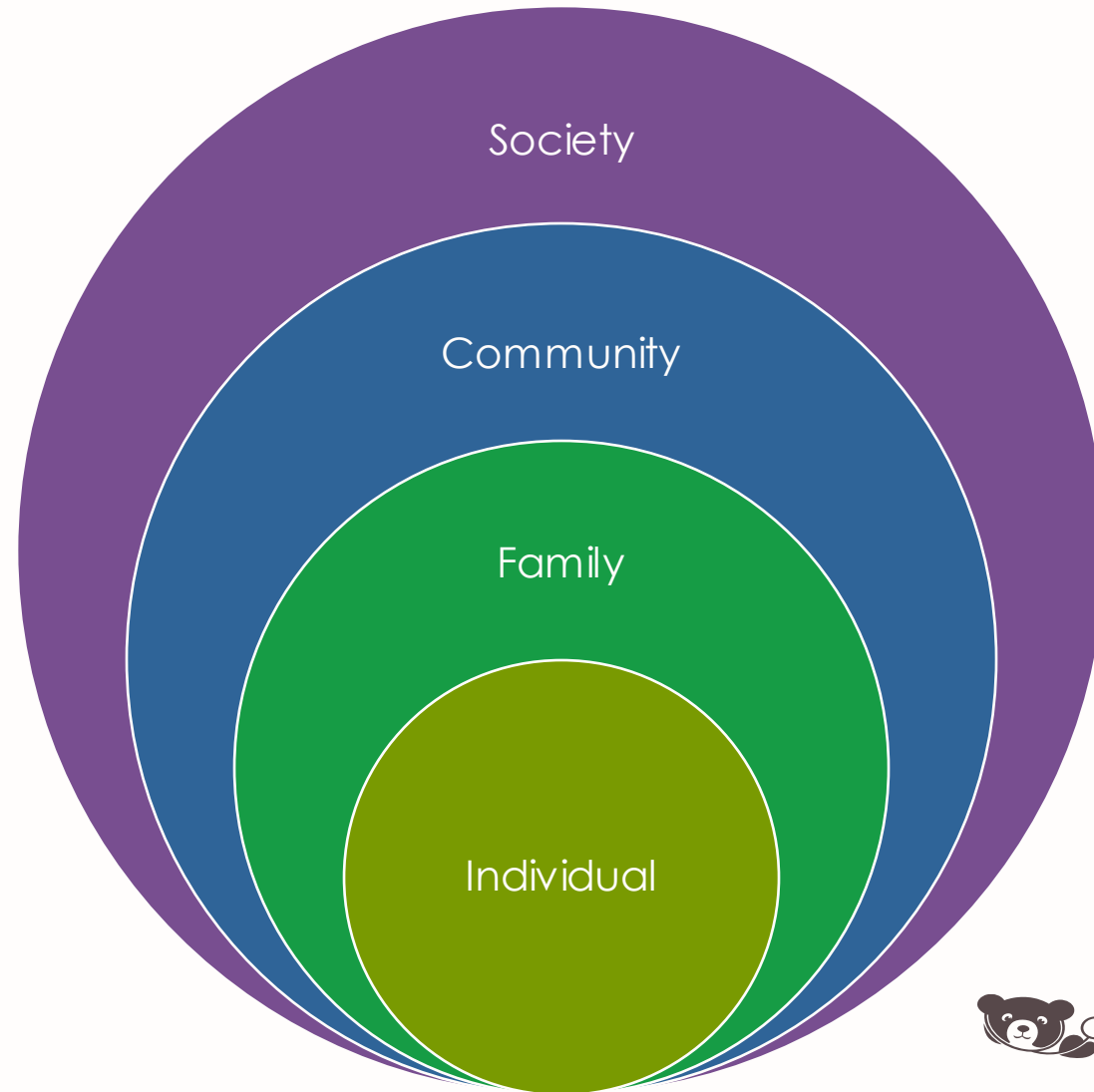
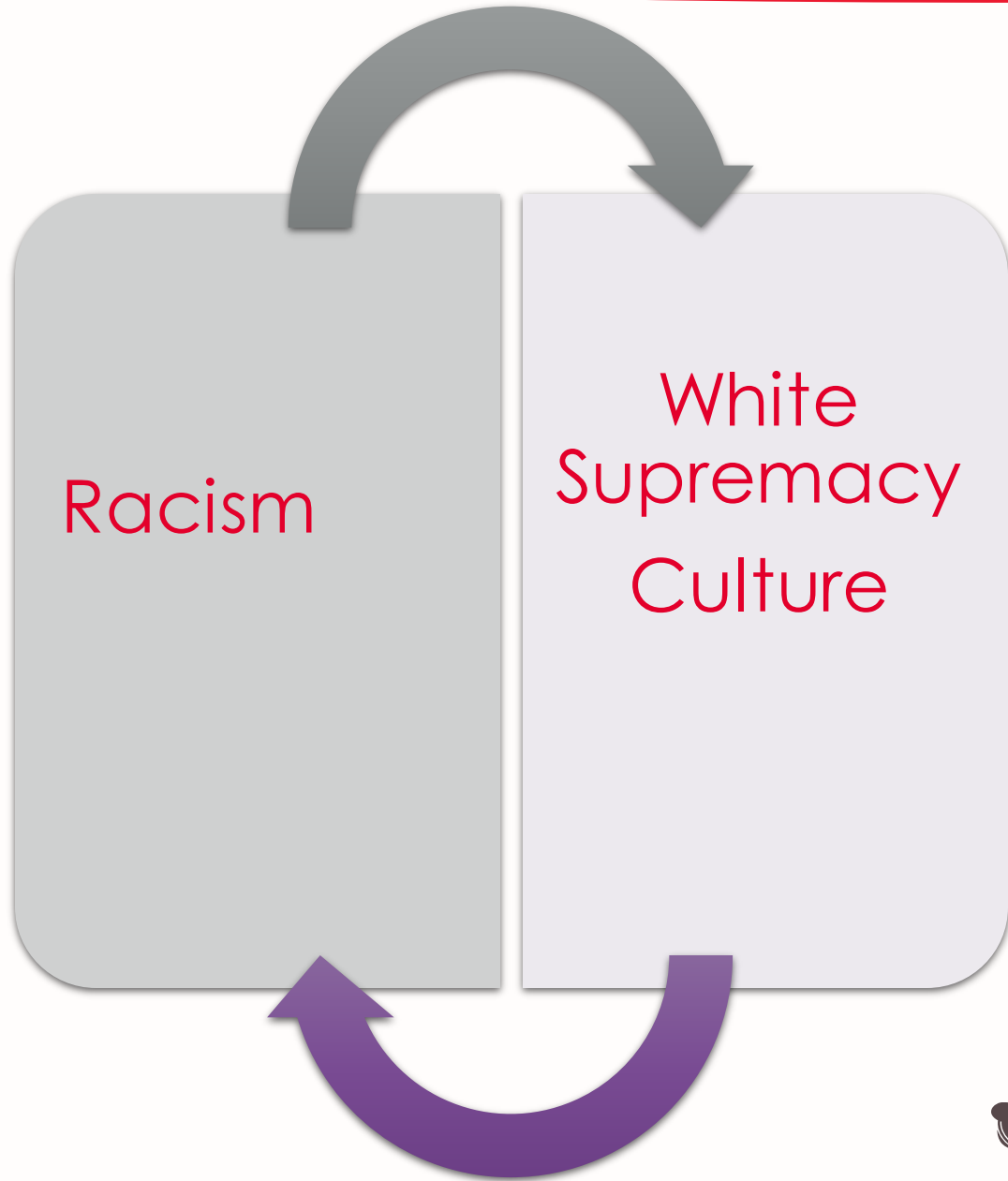


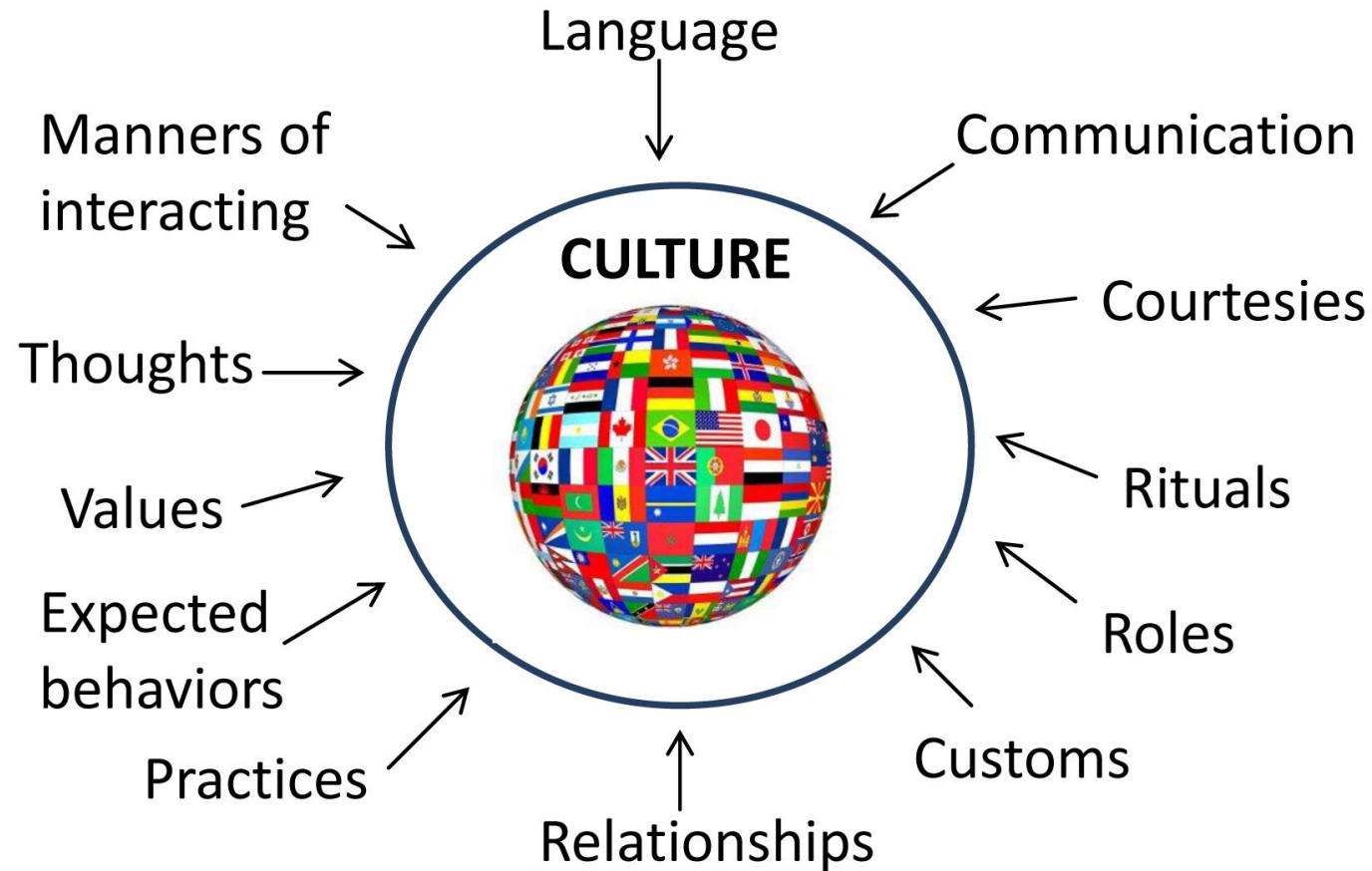
Figure from Roberts, JD et al Between Privilege and Oppression: An Intersectional Analysis of Active Transportation Experiences Among Washington, D.C. Area Youth. *International J of Environ Res and Pub Health* (2019)

Ecological Context for Development of Racism and Bias





Cultural Characteristics



<https://dfwhcfoundation.org/cultural-and-linguistic-competence-in-patient-care/>

Characteristics of White Supremacy Culture

Okun, Tema (2021) White Supremacy
Culture – Still Here
<http://www.whitesupremaculture.info/>

Continued Sense of Urgency	Defensiveness	Denial	Either/Or Thinking
Fear	Fear of Open Conflict	I'm the only one	Individualism
One Right Way	Objectivity	Paternalism	Perfectionism
Power Hoarding	Progress is Bigger/More	Qualified	Quantity over quality
	Right to Comfort	Worship of the written word	

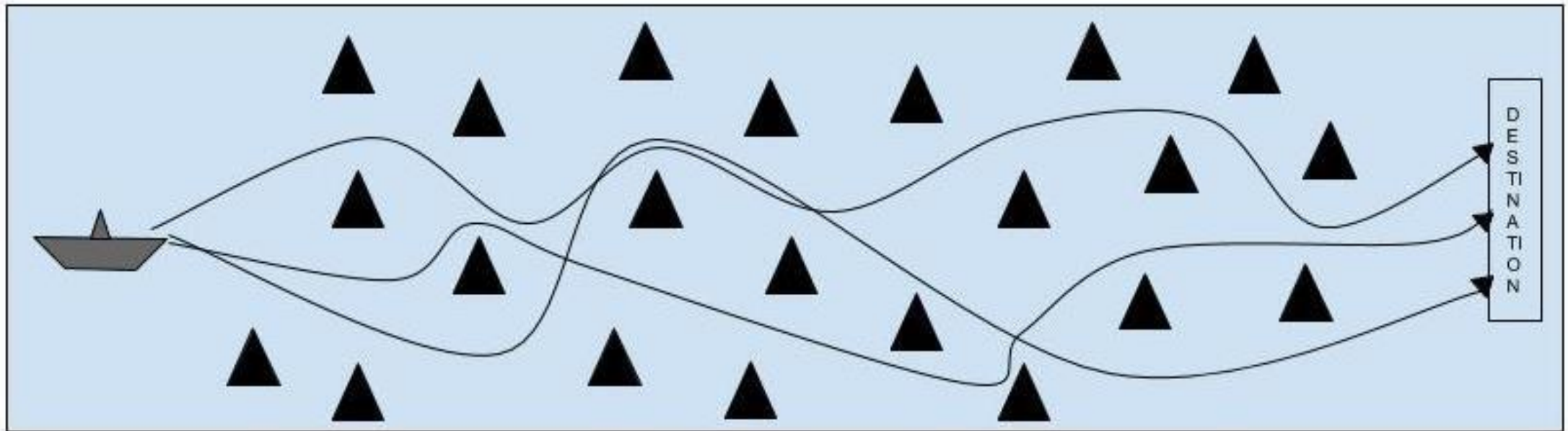
Worship of the Written Word

- Honoring only what is written
- Discounts or devalues other forms of communication or scholarship



Only One Right Way

“The belief there is one right way to do things, and once people are introduced to the right way, they will see the light and adopt it. When they do not adapt or change, then something is wrong with them (the other, those not changing), not us (those who know the right way).”





Power Hoarding

There is “little, if any value around sharing power,” and “those with power assume they have the best interests of the organization [system] at heart and assume those wanting change are ill-informed (stupid), emotional, inexperienced.”

Fear of Open Conflict

- “People in power are afraid of expressed conflict and try to ignore it or run from it”
- “When they equate the raising of difficult issues with being impolite, rude or out of line”
- When there is “emphasis on being polite at the surface (while often deeply offensive); insisting on politeness as terms for conversation or negotiation (i.e. requiring people to ‘check’ their anger, particularly when it is a logical response to what is happening.”



“I suppose I’ll be the one to mention the elephant in the room.”

Right to Comfort

“The belief that those with power have the right to emotional and psychological comfort and scapegoating those who cause discomfort”



Poll Question

Continued
Sense of
Urgency

Defensiveness

Denial

Either/Or
Thinking

Fear

Fear of Open
Conflict

I'm the only
one

Individualism

One Right
Way

Objectivity

Paternalism

Perfectionism

Power
Hoarding

Progress is
Bigger/More

Qualified

Quantity
over quality

Right to
Comfort

Worship of
the written
word

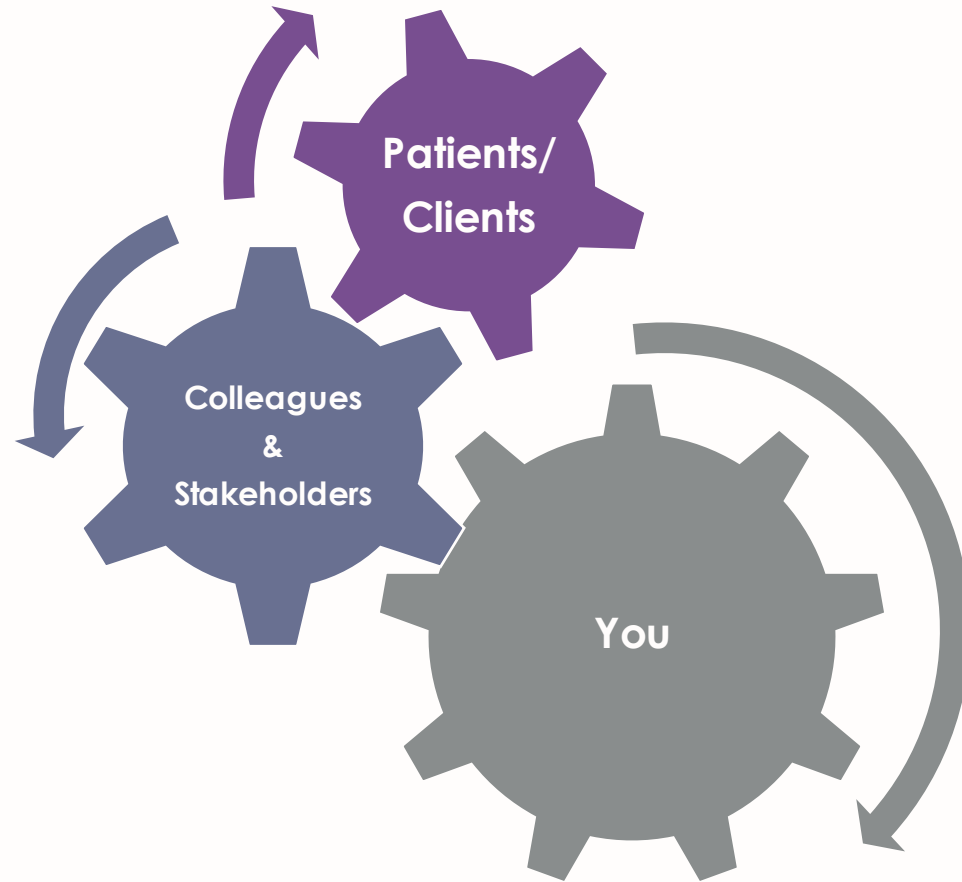
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I've experienced/observed characteristics of white supremacy culture in academic medicine or victim services

True

False

Does White Supremacy Culture Show Up in Academic Medicine & Victim Services?



The process of determining position
and planning and following
a route to a destination



Navigation

From White Supremacy Culture to a Culture of Diversity, Equity, Inclusion and Belonging

Lessons Learned

- Seek help (institution, coach/mentor/sponsor)
- Speak up
- Educate Stakeholders and Build Coalitions
- Be persistent
- Don't sacrifice your health/wellbeing

Microaggressions: Privileged Observers' Duty to Act and What They Can Do

Jamilah M. Hackworth, EdD,^{1,4} Meera Kotagal, MD, MPH,^{2*} O.N. Ray Bignall, II, MD,¹ Ndidi Unaka, MD, MEd,^{4*} Armand H. Matheny Antonmaria, MD, PhD^{2,4}

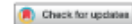
Racism and sexism that manifest as microaggressions are commonly experienced by members of minoritized groups. These actions and comments erode their subjects' vitality and sense of belonging. Individuals from minoritized groups are often left in a quandary, weighing the potential benefits and risks of addressing the comments. Placing the burden to interrupt bias on our marginalized colleagues is unjust. In part, it is inappropriate to expect them to dismantle a system that they did not create. It is essential for individuals with privilege who observe microaggressions to address the speaker and support their colleagues. In this Ethics Rounds, we present 2 cases in which individuals from minoritized groups experience racism and sexism that manifest as microaggressions. The first case involves a Black female physician making recommendations in a business meeting being characterized by a male colleague as emotional. The commentators analyze how both gender and race constrain the range of acceptable emotions one may exhibit and the harm that this causes. The second case involves a Black intern being identified by a parent as a custodian. Commentators describe how such microaggressions can harm trainees' performance and sense of belonging. In both cases, observers did nothing or only spoke to the subject in private. Commentators provide specific guidance regarding actions that bystanders can take to become upstanders and how they can decenter themselves and their discomfort and leverage their privilege to interrupt microaggressions. By becoming upstanders, individuals have a responsibility for addressing

abstract

¹Division of Adolescent and Transition Medicine, ²Pediatric General and Thoracic Surgery, ³Hospital Medicine, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio; ⁴Departments of Pediatrics, ⁵Surgery, College of Medicine, University of Cincinnati, Cincinnati, Ohio; and ⁶Department of Pediatrics, Nationwide Children's Hospital and School of Medicine, The Ohio State University, Columbus, Ohio

Drs Hackworth, Kotagal, Bignall, and Unaka have all contributed significantly to this work through concept and design, analysis, and interpretation of the literature, drafting portions of the initial manuscript, revising the manuscript, and critically reviewing it for vital content; Dr Matheny Antonmaria made substantial contributions to the conception of the work and revising it critically for important intellectual content; and all authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

TEACHING AND LEARNING IN MEDICINE
2020, VOL. 32, NO. 1, 110-116
<http://dx.doi.org/10.1080/10401334.2019.1670665>



OBSERVATIONS

An Institutional Approach to Fostering Inclusion and Addressing Racial Bias: Implications for Diversity in Academic Medicine

Tomas Diaz^a , J. Renee Navarro^b , and Esther H. Chen^c

^aDepartment of Emergency Medicine, University of California – San Francisco, San Francisco, California, USA; ^bDiversity and Outreach, University of California – San Francisco, San Francisco, California, USA; ^cDepartment of Emergency Medicine, University of California – San Francisco, San Francisco, California, USA

ABSTRACT

Issue: While an increasingly diverse workforce of clinicians, researchers, and educators will be needed to address the nation's future healthcare challenges, underrepresented in medicine (UIM) perspectives remain relatively absent from academic medicine. **Evidence:** Prior studies have identified differential experiences within the learning environment. Lack of

KEYWORDS

education; diversity; inclusion; implicit bias; racial bias

Strategies for Success

- Cultivate institutional environment of inclusion
- Teach/learn cultural humility
- Build collaboration and trust
- Recognize the impact of implicit bias
- Be an ally and a disruptor

Microaggressions are everyday nonverbal, and environment snubs, invalidations, or insult send hostile, derogatory, or messages to individuals sole basis of their marginalized group membership.¹ The term is a misnomer; "micro" refers to nature of microaggressions; many people often dismiss a small or insignificant in their however, they are anything or insignificant to the individual repeatedly experience them.



1. Get to know us

“People-give money to who they know, and it’s one of the reasons why we see white led organizations getting more money. It’s not that their work is any more important than ours. They have the relationships.”

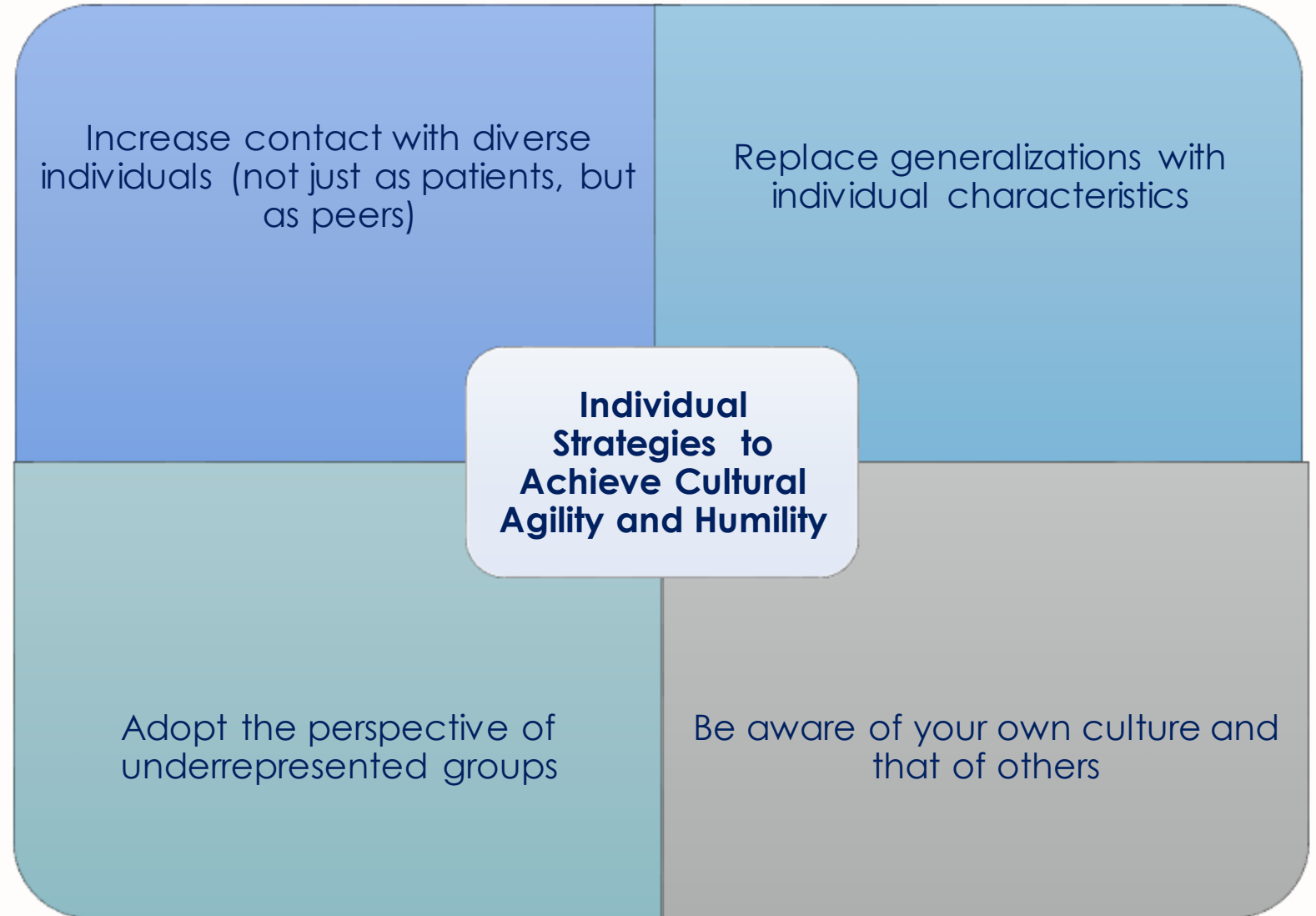
2. Embrace trust-based philanthropy


- General operating support
- Multi-year, unrestricted and transformational gifts

3. Trust Black Leaders

“Stop treating black leaders & black-serving organizations as incompetent and a risk”

Lifelong Process





Inclusivity means not 'just we're allowed to be there,' but we are valued. I've always said: smart teams will do amazing things, but truly diverse teams will do impossible things.

~ Claudia Brind-Woody

Resources

- For more information and antidotes for White Supremacy Culture www.whitesupremacyculture.info/
- Project Implicit (Implicit Association Test) <https://implicit.harvard.edu/implicit/takeatest.html>
- Toolkit for Interrupting Oppression, Oregon Coalition Against Domestic & Sexual Violence (2018)
- Protocol for Culturally Responsive Organizations (Center to Advance Racial Equity Portland State University (2014)
- Transformational Collaboration: Considerations to Apply a Racial Equity Lens National Resource Center for Reaching Victims, Caminar Latino, Latinos United for Peace and Equity (2020)
- Experiences of Advocates of Color Working in the Field of Domestic Violence Strategies for Change American University Community-Based Research Scholars program and Maryland Network Against Domestic Violence and (2021)

