



From Awareness to Action: Strategies for Combating Racism in Health Systems

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Welcome



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Objectives

1. Understand and contextualize the three levels of racism:
 - Internalized
 - Interpersonal
 - Institutionalized/structural
2. Apply a **racial equity lens** to collective impact-based health improvement initiatives using **six guiding questions**
3. Identify key strategies for designing intentional, action-oriented, and strengths-based approaches to **start and sustain an equity-focused organizational culture shift**

Meet NICHQ

NICHQ is a mission-driven nonprofit dedicated to **driving dramatic and sustainable improvements** in the complex issues facing children's health.



What Motivates Us

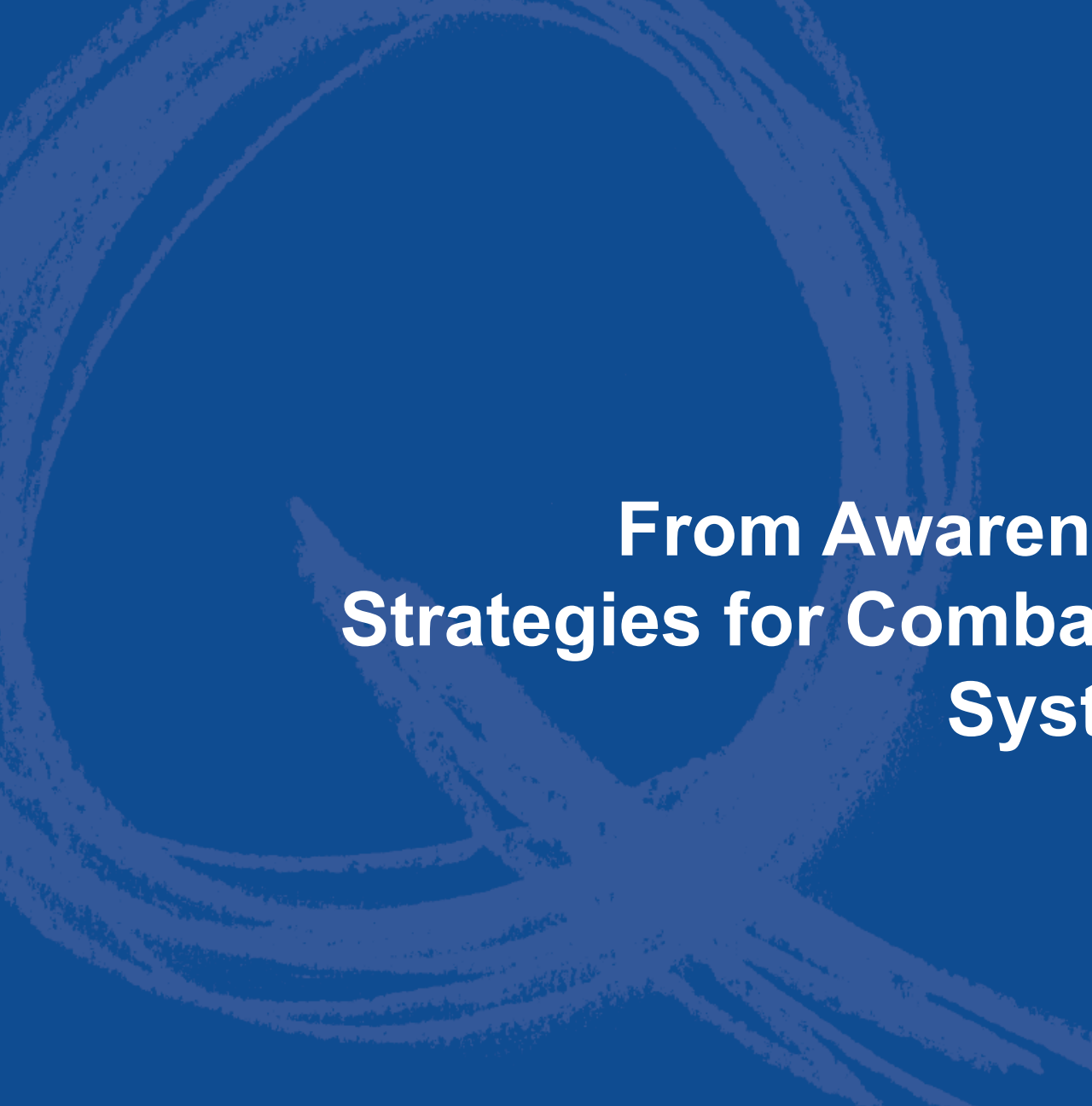


Mission

Driving change to
improve children's health

Vision

Every child achieves
optimal health



From Awareness to Action: Strategies for Combating Racism in Health Systems

Disclosure

These slides were developed by the Global Infant Safe Sleep Center.



Norms for Participation



Ask questions in the chat!



Use “I” statements



Understand intentions are different from impact when sharing ideas in the chat box



Your participation is valued

Avery: Why Am I Here?

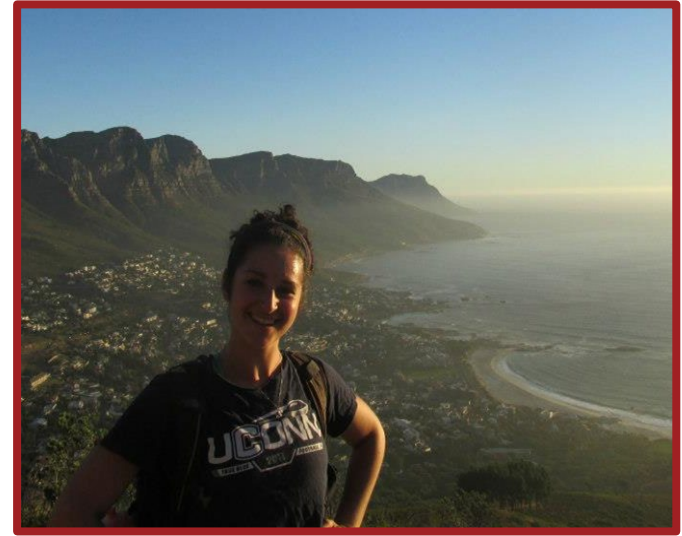


Stacy: Why Am I Here?



Defining White Privilege

- I have the luxury to disregard my skin color and use my race as a social advantage.
- I have the luxury to ignore or “take breaks” from thinking about racism.
- I see many examples of people representative of my race in positions of power across institutional, legal, or social systems.
- I feel at ease in most business, academic, and social institutions where it is easy to find peers representative of my racial group.
- I am given the benefit of a doubt if I make a mistake, and do not having my own personal shortcomings attributed to my race.



Defining Black Resilience

- I don't have the luxury to disregard my skin color and use my race as an advantage.
- I don't have the luxury to be able ignore the concept of race.
- I see many examples of people representative of my race who are constantly marginalized across institutional, legal, or social systems.
- I feel isolated in most business, academic, and social institution settings where it is not always easy finding peers representing my racial group.
- I am not given the benefit of the doubt if I make a mistake and have my own personal shortcomings attributed to my race.
- Race is a constant worry and it is an accepted part of my culture.



Identifying Privilege and Oppression

Are you aware of your various identities?

Which of your identities are you most aware of in a typical day?

Which of your identities are you least aware of in a typical day?



Age

Ability

Citizenship / Nationality

Educational Status

Gender Identity

Literacy

Primary Language Spoken

Race / Ethnicity

Religion

Sexual Orientation / Sexuality

Sex

Size or Physical Appearance

Socioeconomic Status

Others?



Objective 1

**Understand and contextualize
the three levels of racism:**
internalized, interpersonal, and
institutionalized/structural racism

Racism in its Many Forms

Institutional Racism

Embedded into custom, policy, or practice. Often not a single identifiable perpetrator.

Personally Mediated

Prejudice or discrimination which leads to **differential treatment of others** based on race. This can be explicit or implicit.

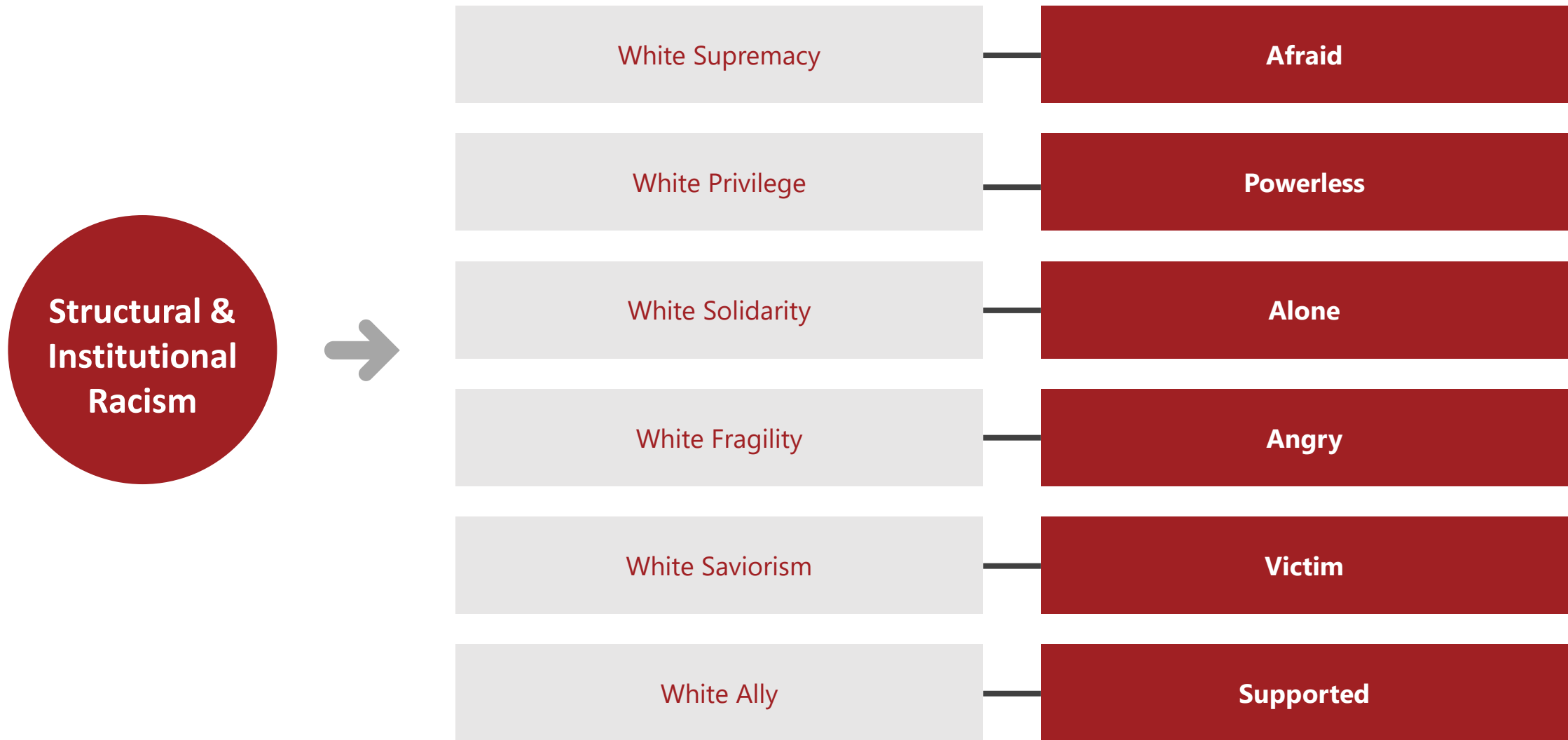
Internalized

Acceptance by members of the stigmatized group of the negative messages about their own intrinsic worth.

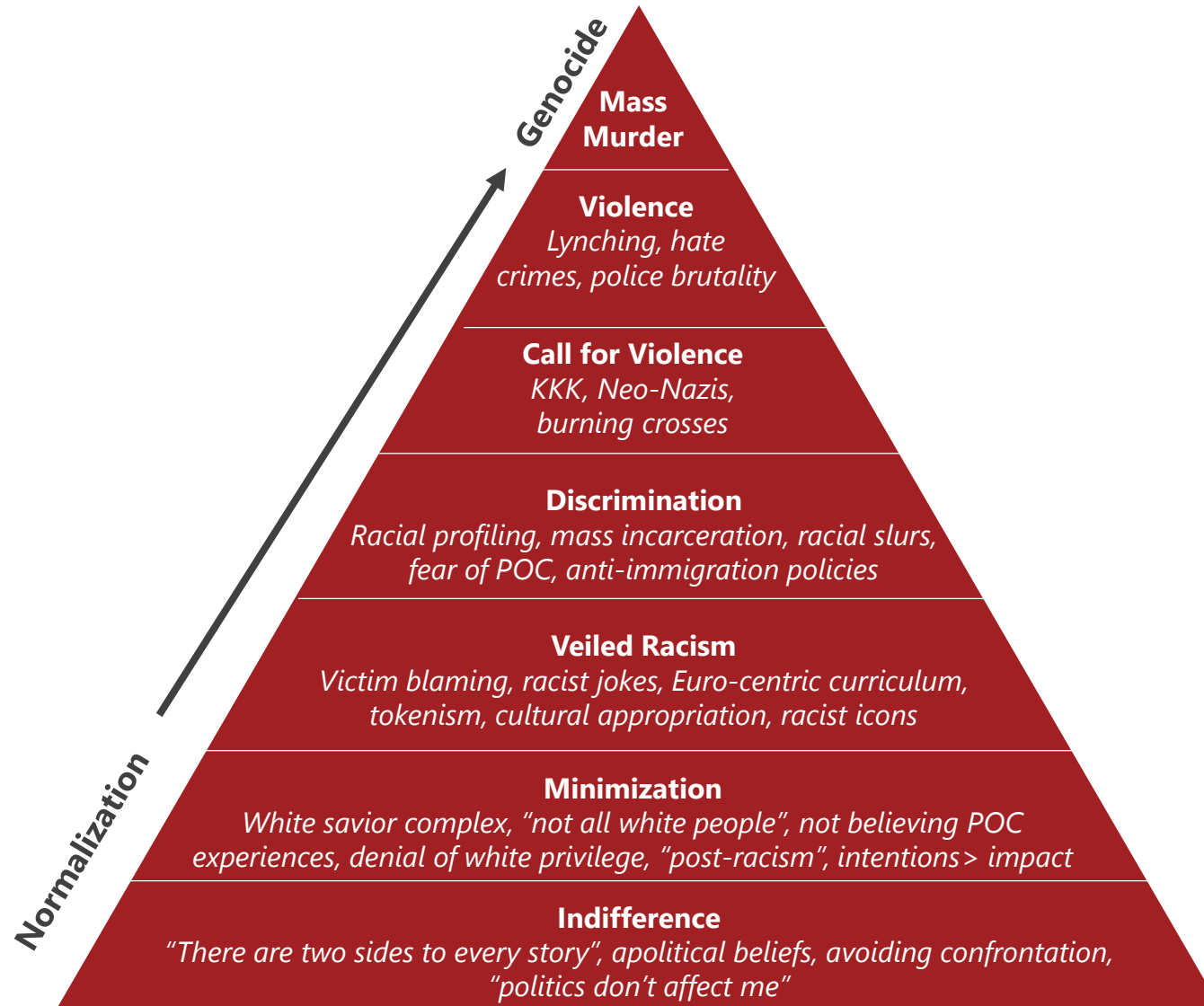
We want to hear from you!

Use the chat box to add your own examples of each level of racism.

Systems of Oppression and Their Impact



The Pyramid of White Supremacy



Source: Salisbury University



Objective 2

Apply a racial equity lens to collective impact-based health improvement initiatives using six guiding questions

How might we confront the status
quo of **how our healthcare
systems are designed?**

Savior-Designed Systems

- Originally designed to rescue, save, or deliver services to “vulnerable” communities by members of the oppressing community.
- These systems do not consider the root causes and institutions that make that population “vulnerable” in the first place.
- Systems where policies and practices harm specific racial groups, while benefiting or centering others.
- Systems that are difficult to navigate with or on behalf of disparity group.
- Systems that are impacted by segregation and division often resulting in habits, policies, and institutions that are not explicitly designed to discriminate.

Residual Impact of Savior-Designed Systems

- **Top-Down Expertise:** In many cases, individuals' lived experiences are less valued than professional opinions when it comes to their care.
- **Victim-blaming:** Disregarding the contexts that contribute to what has impacted the decisions and survival mechanisms of the person seeking care.
- **Gate-keeping:** Criticizing and instructing an individual in what to do, without taking their lived experience into account.
- **Labeling:** Seeing an individual as non-compliant, difficult, or rude rather than empathizing with the struggle of seeking care in systems not designed for them to succeed.

Ally-Designed Systems

- Acknowledging limitations of the overall understanding of disparity groups' experiences but does not use these experiences as a reason not to act.
- Reflects on lived experience, points of privilege, and oppression to inform additional perspectives needed "at the table".
- Intends to identify and challenge institutional and systematic oppression.
- Unites with disparity groups who are being treated unjustly as a means to create a system dedicated to dignity, respect, and equality.

Residual Impact of Ally-Designed Systems

- **Paternalism:** Those with power might take input from but are not accountable to those who are affected by the decisions being made.
- **Monological (one-sided) Approaches:** Relying on experts despite being well intentioned resulting in a failure to include voices of disparity groups. Work is not reciprocal, reflective, or truly participatory.
- **Tokenism:** Creating a perfunctory or symbolic effort to be inclusive of members of disparity groups, especially by recruiting and/or objectifying smaller numbers in order to give the appearance of diversity and inclusion.

Equity Empowered-Systems

- System are built and governed to center on experience of disparity groups.
- Accept racism and other forms of oppression that adversely impact systems of care and place specific emphasis on addressing unique needs and root causes of inequitable outcomes.
- Deconstruct institutional racism and systematic oppression and reconstruct systems that are rooted in and advance equity of the historically marginalized group.
- Share power, ensure diversity representation, and redistribute resources to establish equitable decision-making, design, and implementation processes.

Residual Impact of Equity-Empowered Systems

- **Provide trauma and bias reducing care:** Active awareness of personal identity to provide care that equitably affirms race, culture, language, and identities.
- **Amplify lived experiences:** Experts are regarded as those with lived experience, whose voices can be amplified (while avoiding exploitation) to inform improvements and dismantle racism and other types of oppression.
- **Unapologetically name root causes:** Actively name and address root causes and barriers of navigating challenging systems to achieve the highest-quality health outcomes.
- **Prioritize wellness:** Understand the importance of balancing healthcare services with wellness practices that affirm individuals' needs and desires.
- **Promote economic equity:** Employment opportunities cultivate and support leaders from the community to have decision-making power and representation.

Equity Evolution Framework



We need your input

Please complete the survey you will receive after this call.

Where do we begin.....

Six Critical Questions

1

Have the root causes of inequity that are at play been named?

2

What would be different if systems centered on lived experiences instead of conducting “business as usual”?

3

What would it look like if power in decision making, planning, implementation and evaluation was distributed equitably?

Six Critical Questions

4

Are your systems collecting data (e.g., stratified by race & ethnicity)? Are practices implemented to measure equitable changes?

5

How will the system assess whether any groups are unintentionally impacted in a negative way by the policy or practice?

6

What are some key-ways that members of the community can inform, lead, or sustain the positive impacts of the program, policy, or team norm?



Objective 3

Identify key strategies for designing intentional, action-oriented, and strengths-based approaches to start and sustain an equity focused organizational culture shift

Traditional Collective Impact

- Common agenda
- Shared measurement
- Continuous communication
- Mutually reinforcing activities
- Backbone technical assistance organization

Applying a New Lens

- **Common Agenda** co-created by communities most impacted that mobilizes action around root causes and system change.
- **Shared measurement** with collection of data disaggregated by race / ethnicity; measures are also targeting root causes rather than symptoms of inequities.
- **Continuous communication** through platforms that reach centered population and by champions that are representative of that community.
- **Mutually reinforcing activities** include diverse partnerships tapping into non-traditional partners from community level organizations, which can guide activities through an equity lens to reach a common aim.
- **Backbone organization** with leadership and voices representative of the communities served.

The reality of it...

It is complicated.

Questions to Spur Action

- What can a system or individuals within it do to deconstruct oppression?
- What can a system or individuals within it do to reconstruct with equity as the foundation?
- What steps can we take to shift the way decisions are made as we work to create an equity-empowered system?
- What can we do to heal and transform our structures, our environments, and ourselves?





Thank You!

Please don't forget to complete the survey!