



Public Health Antiracism Forum

Racism as a Public Health Crisis

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Lawmakers Across The Country Declare Racism A Public Health Crisis

<https://www.youtube.com/watch?v=DZRjIpxYEts>



What would this mean systemically?

<https://www.youtube.com/watch?v=9oKg-870R3I>



Racism and Sexism:

Racism and sexism can be both **overt** and **covert**, and take three closely related forms:

- **Individual racism/sexism:** Overt acts by individuals that cause death, injury, destruction of property, or denial of services or opportunity.
- **Institutional racism/sexism:** Policies, practices, and procedures of institutions that have a disproportionately negative effect on racial/gender minorities' access to and quality of goods, services, and opportunities.
- **Systemic racism/sexism:** The basis of individual and institutional racism/sexism; it is the value system that is embedded in a society that supports and allows discrimination.



Health Disparity vs. Health Equity

Health Disparity: Differences in health conditions and healthcare provided among socially disadvantaged people and, in particular, members of disadvantaged racial/ethnic groups, and economically disadvantaged people within any racial/ethnic group.

Health Equity: Commitment to the highest level of health for everyone, but taking heed of those at higher risk of poor health, based on socioeconomic conditions.

Types of Health Disparities

Health insurance coverage – Ex. Latinx individuals are two and a half times more likely to be uninsured than whites.

Access to and use of care – Ex. Individuals living below the poverty line are four times more likely to be uninsured than those not living below the poverty line, limiting their access to and use of care.

Quality of care – Ex. Non-elderly people of color are less likely to seek preventable care than whites.



***Clinician Bias* is a documented contributor to health care inequalities. (individual racism/sexism)**

- › Question-asking in clinical interviews (and thus information gained)
- › Diagnostic decision-making
- › Symptom management
- › Treatment recommendations
- › Referral to specialty care
- › Interpersonal behavior predictive of patient trust, satisfaction and adherence



What does institutional racism look like in healthcare?

- **Lack of Economic Access to Health Care** Example: Welfare reform enacted in 1996 resulted in a reduction in the use of Medicaid by those who qualify, due to an unawareness of eligibility requirements, resulting in a disparate impact on women and minorities
- **Deficits in Hospitals and Health Care Institutions** Example: The adoption, administration, and implementation of policies and funding practices that restrict admission, closure, relocation, or privatization of hospitals that primarily serve the minority community
- **Lack of Physicians and Other Providers** Example: As a result of discrimination in post-secondary education, racial biases in testing, and quality-of-life issues affecting school performance, minorities are seriously underrepresented in health care professions



What does institutional racism look like in healthcare?

- **Discriminatory Policies and Practices** Example: Medical redlining, excessive wait times, unequal access to emergency care, deposit requirements as a prerequisite to care, and lack of continuity of care, which all have a negative effect on the type of care received
- **Lack of Language and Culturally Competent Care** Example: The failure to use bilingual, professionally and culturally competent, and ethnically matched staff in patient/client contact positions results in lack of access, miscommunication and mistreatment for those with limited proficiency in English.
- **Racial Disparities in Medical Treatment** Example: Research has shown that 50% of Black people in the USA only use about 10% of the hospitals in the country, and that those hospitals, termed “minority serving institutions,” tend to be of lower quality. This trend is a direct result of our country’s history of racial redlining and the resultant racial and economic segregation of communities.



Systemic Racial Discrimination in Medicine

- A survey conducted by *WebMd* and *Medscape* found that 59% of physicians had heard offensive discriminatory remarks about a personal characteristic in the past five years — chiefly about a doctor's youthfulness, gender, race or ethnicity (by both patients and colleagues).
- A study published in the *Journal of the American Medical Association* found that despite maintaining a normal productivity rate, black and other minoritized doctors gained promotion at a much slower rate than white colleagues.
- African American doctors reported being called racial epithets and being asked to relinquish care for white patients by family members — and even colleagues.
- Asian American identified physicians reported being demeaned with longstanding cultural and racist stereotypes (by both patients and colleagues).



Systemic Gender Discrimination in Medicine

- Despite there being more women in medicine than ever before, female physicians have a higher rate of depression than women with doctorate degrees in other fields.
- In 2017, a survey questioned 6,000 women physicians about workplace discrimination. 78% experienced some type of discrimination while working. Gender discrimination was reported by 66% while maternal discrimination was recognized by 35% of the women.
- Female doctors are paid significantly less than their male counterparts
- Females doctors are less likely to report sexual harassment for fear of retaliation.
- Female doctors reported being sexually harassed by patients during physical exams.
- Doctors of color and women reported being mistaken for nurses or attendees by patients.



What Can You Do, *Individually*

- Know your rights
- Have more frequent conversation about equity and healthcare
- Confront your implicit bias
- Ask a subject matter expert for help if you do not know where to begin
- Become a co-conspirator for health equity



Being an Active Bystander

- ▶ Often implicit bias and microaggressions occur when supervisors are not around. In these situations, intervention by bystanders becomes indispensable to creating a healthy school and work environment. Bystanders can be effective through:
 - ▶ Stepping in and diffusing an uncomfortable, inappropriate, and/or escalating situation
 - ▶ Reducing offensive and hurtful behavior in the workplace by refusing to laugh or participate
 - ▶ Notifying supervisors of problems



Encouraging Bystanders

There may be various blocks that prevent victims and bystanders from acting. Being an active bystander requires several steps.

- Recognizing that something happened that is worthy of a response
- Feeling responsibility for responding to it
- Choosing how to act
- Taking action



Office of Diversity, Equity and Inclusion

UCR prides itself on the excellence of its diverse student body. However, there are many ways in which the campus culture can hurt and invalidate those from minority groups. The resources below are provided to give an introduction to the kinds of harms we might commit when we allow implicit biases to govern our actions. Feel free to share this page and print and distribute the information sheets provided here.

Inclusive Organizations

We value diversity at UCR, however, there are subtle ways that organizations can culturally undermine efforts supporting diversity and inclusion. Below are just four of the characteristics to look out for in your units and some suggestions to help counter these characteristics.

[READ THE FULL RESOURCE](#)

[DOWNLOAD A TEXT-ONLY VERSION OF "INCLUSIVE ORGANIZATIONS"](#)

Perfectionism

Signs of perfectionism include: constant identification of mistakes and shortcomings, conflation of a person with their mistake, and consistent failure to address issues with individuals directly.

Antidotes include: developing a culture of appreciation, focusing on creating a learning environment where mistakes are expected and can be corrected, reflecting on past practice in order to improve future processes as a whole.

Sense of Urgency

Signs of a sense of urgency include: decisions are rushed and non-inclusive, "quick wins" are prioritized over long-term goals, too few resources are allocated for the work expected.

Antidotes include: creating inclusive workplans that include both realistic timelines and opportunities for inclusive decision-making, creating transparent plans for decisions that must be made quickly.

Inclusive Conversations

A "call out" is a public announcement to an individual or organization that their speech or behavior has negative implications or consequences for marginalized groups. Call out culture developed on social media as an opportunity for community learning. The tips below will help you make the most of the opportunity to learn if you are "called out"

[READ THE FULL RESOURCE](#)

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Do Own Your Feelings

If you do feel defensive, consider why. Do you feel bad because your self-perception has been challenged? Work on that feeling yourself rather than trying to make your interlocutor responsible for your emotions.

Don't Lash Out

It's normal to feel defensive or threatened, but remember that you are the one who has inflicted harm. It is not actually harmful if someone points that out.

Don't Demand a Free Education

Of course, be open to a discussion with the person who has critiqued your behavior, but don't insist on a detailed explanation of the nature of the harm you've caused. There are lots of free resources online to learn more. Such demands are also often ways to distract or undermine the other person.

RACIAL MICROAGGRESSIONS: COMMENTS THAT STING
MICROAGGRESSIONS IN THE CLASSROOM
IMPLICIT BIAS: REAL WORLD CONSEQUENCES
IMPLICIT BIAS: COUNTERMEASURES





Learning Management System

› UC MANAGING IMPLICIT BIAS SERIES

- › What is Implicit Bias?
- › The Impact of Implicit Bias
- › Managing the Influence of Implicit Bias – Awareness
- › Common Forms of Bias
- › Managing the influence of implicit bias - mindfulness and conscious de-biasing
- › Managing Implicit Bias in the Hiring Process



Learning Management System

- **UC PEOPLE MANAGEMENT CERTIFICATE**
 - Building Collaborative Relationships
 - Crucial Conversations
 - Franklin Covey's Leaders and Change
 - Leverage Your Strengths and Avoid Derailing Behaviors
 - UC Managing Corrective Action



Institutional Initiatives To Reduce Disparities

Organizations are paying attention to health care equity issues because it's no longer an optional moral "judgment call." There are financial incentives, legal requirements, and reconsideration of such ***policies and processes*** should be part of every organization's strategic plan.



Upcoming Events

Promoting Conversations about Systemic Antiracism

August 20

**Public Health
Antiracism Forum**

1:00-3:00pm

[More information
here](#)



August 26

**White Fragility
Forum**

12:00-1:30pm

[More information
here](#)



**September
8-11**

**DEI Graduate
Summit**

9:00am-1:00pm
daily

[More information
here](#)

**September
15**

**DEI Climate
Council Forum**

12:00pm-1:00pm

[More information
here](#)



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