Fostering Equity, Diversity & Inclusion

Two Stories of Change

Sponsored by the:
NAGE Diversity and Equity Workgroup
September 16, 2021
NAGE Diversity and Equity Workgroup

• A NAGE working group committed to improving diversity and equity within health professions educational programs, healthcare organizations, and communities caring for older adults.
  • Founded in 2020
  • Membership includes GWEP and GACA recipients
  • Our call-to-action statement can be found at https://n-age.org/diversity-and-racial-equity-resources/
FOSTERING EQUITY, DIVERSITY, & INCLUSION IN GERIATRICS:
TWO STORIES OF CHANGE

An Introduction to Anti-racism and Terminology Presented by
Anna Goroncy, MD

Examples of Institutional Change and Community Impact
Presented by
Monica Long, MSN-Ed, CDP, RN &
Barbara Gordon, M.A.
Disclosure Statement

Dr. Goroncy is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number K01HP33453. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Stereotypes - oversimplified generalizations about groups of people

Prejudice - Pre-judgment. Beliefs, thoughts, feelings, and attitudes someone holds about a group

 Discrimination - action against an individual or group based on age, religion, race, health etc.

(Cornell & Hartman, 2006)
Race vs Ethnicity?

Race:
A social construct that has evolved over time in the US based on the political climate, used to group individuals together based on shared physical traits, historically used to place value and give privileges to certain groups and oppress others. Whereas ethnicities are defined by perceived common ancestry, history, and cultural practices, which are seen as more fluid and self-asserted rather than assigned by others.

Ethnicity:
defined by perceived common ancestry, history, and cultural practices, which are seen as more fluid and self-asserted rather than assigned by others.

(Cornell & Hartman, 2006)
What Is Implicit Bias?

• Implicit bias is defined as “the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.”

• It is a contributing factor to health disparities.

• Family physicians should make an effort to explore their own implicit biases to identify unconscious decisions and actions that may negatively affect the communities they serve.

• The AAFP recommends educating physicians about implicit bias and strategies to address it to support culturally appropriate, patient-centered care and reduce health disparities.

Racism: A system of structuring opportunity and assigning value based on the social interpretation of how one looks (“race”). It 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. – Dr. Camara Jones, *Phylon* 2003

Racism is a marriage of **racist policies** and **racist ideas** that produces and normalizes **racial inequities** - Ibram X. Kendi
“A Gardener’s Tale”
Definitions of the Levels of Racism

Dr. Camara P. Jones

Racial Micro-aggressions

“….. are brief and commonplace daily verbal, behavioral, or environmental indignities, **whether intentional or unintentional**, that communicate hostile, derogatory or negative racial slights and insults towards people of color.”

_Sue, American Psychologist, 2007_
Types of Microaggressions

• Psychologist Derald Wing Sue and colleagues defined 3 types of microaggression:
  • Microassaults: a person intentionally behaves in a discriminatory way while not intending to be offensive.
    • Example: telling a racist joke then saying, “I was just joking.”
  • Microinsults: a comment or action that is unintentionally discriminatory.
    • Example: telling a person of color “You speak English so well.”; “You’re so pretty for a black girl.”
  • Microinvalidations: a person’s comment invalidates or undermines the experiences of a certain group of people.
    • Example: a white person telling a black person that “Racism does not exist in today’s society.”

Sue, American Psychologist, 2007
Intersectionality

• **Intersectionality** promotes an understanding of human beings as shaped by the *interaction of different social locations*.

• These interactions occur within a context of *connected systems* and structures of power.

• Through such processes, *interdependent* forms of privilege and oppression are created.
Anti-Racism

• **RACIST**: One who is supporting a racist policy through their actions or inaction or expressing a racist idea.

• **ANTIRACIST**: One who is supporting an antiracist policy through their actions or expressing an antiracist idea.

Ibram X. Kendi, “How to be an Antiracist”
Anti-Racism and Structural/Institutional Racism

• A **racist policy** is any measure that produces or sustains racial inequity between racial groups.

• An **antiracist** policy is any measure that produces or sustains racial equity between racial groups
## Continuum on Becoming an Anti-Racist Multicultural Organization

**MONOCULTURAL --- MULTICULTURAL --- ANTI-RACIST --- ANTI-RACIST CENTERS --- ANTI-RACIST MULTICULTURAL**

### Racial and Cultural Differences Seen as Deficits --- Institutional Practices of Racial and Cultural Differences Seen as Assets

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Intentionally and publically excludes or segregates African Americans, Native Americans, Latinas, and Asian Americans</td>
<td>Tolers a limited number of &quot;token&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>Grows understanding of racism as barrier to effective diversity</td>
<td>Commits to process of intentional institutional restructuring, based upon anti-racist analysis and identity</td>
<td>Future vision of an institution and wider community that has overcome systemic racism and all other forms of oppression.</td>
</tr>
<tr>
<td>Institutionally racism includes formal policies and practices, teaching, and decision making on all levels</td>
<td>May still secretly limit or exclude People of Color in contradictions to public policies</td>
<td>Continues to intentionally maintain white power and privilege through its formal policies and practices, teaching, and decision making on all levels of institutional life</td>
<td>Sees itself as &quot;multi-racial&quot; institution with open doors to People of Color</td>
<td>Audits and restructures all aspects of institutional racism to ensure full participation of People of Color, including their world-view, culture and lifestyles</td>
<td>Institution's identity reflects full participation and shared power with diverse race, cultural, and economic groups in determining its mission, structure, constituency, policies and practices.</td>
</tr>
<tr>
<td>Usually has similar institutional policies and practices toward other socially oppressed groups such as women, gays and lesbians, Third World citizens, etc.</td>
<td>Often declares, &quot;We don't have a problem.&quot;</td>
<td>Carries out intentional inclusiveness efforts, recruiting &quot;someone of color&quot; on committees or office staff</td>
<td>Carries out intentional inclusiveness efforts, recruiting &quot;someone of color&quot; on committees or office staff</td>
<td>Develops institutional identity as an &quot;anti-racist&quot; institution</td>
<td>Members across all identity groups are full participants in decision making that shape the institution, and inclusion of diverse cultures, lifestyles, and interest.</td>
</tr>
<tr>
<td>Endorses diversity and sees justice only on personal and cultural level</td>
<td>&quot;Not those who make waves.&quot;</td>
<td>Expanding view of diversity includes other socially oppressed groups</td>
<td>Expanding view of diversity includes other socially oppressed groups</td>
<td>Began to develop accountability to racially oppressed communities</td>
<td>A sense of restored community and mutual caring</td>
</tr>
<tr>
<td>Engages issues of diversity and social justice only on club member's terms and within their comfort zone</td>
<td>&quot;Little or no contextual change in culture, policies, and decision making&quot;</td>
<td>Sees itself as &quot;multi-racial&quot; institution with open doors to People of Color</td>
<td>&quot;Little or no contextual change in culture, policies, and decision making&quot;</td>
<td>Commits to struggle to dismantle racism in the wider community, and builds clear lines of accountability to racially oppressed communities</td>
<td>Allies with others in challenging all forms of social oppression.</td>
</tr>
</tbody>
</table>

© Crossroads Ministry, Chicago, IL. Adapted from original concept by Bailey Jackson and Rita HARDMAN, and further developed by Andrea AVAZIAN and RONICE BRANDING, further adapted by Melia LaCour, PSESIO.
REALITY: One gets more than is needed, while the other gets less than is needed. Thus, a huge disparity is created.

EQUALITY: The assumption is that everyone benefits from the same supports. This is considered to be equal treatment.

EQUITY: Everyone gets the support they need, which produces equity.

JUSTICE: All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.
## Figure 3. A Framework for Health Care Organizations to Achieve Health Equity

1. **Make health equity a strategic priority**
   - Demonstrate leadership commitment to improving equity at all levels of the organization
   - Secure sustainable funding through new payment models

2. **Develop structure and processes to support health equity work**
   - Establish a governance committee to oversee and manage equity work across the organization
   - Dedicate resources in the budget to support equity work

3. **Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact**
   - Health care services
   - Socioeconomic status
   - Physical environment
   - Healthy behaviors

4. **Decrease institutional racism within the organization**
   - Physical space: Buildings and design
   - Health insurance plans accepted by the organization
   - Reduce implicit bias within organizational policies, structures, and norms, and in patient care

5. **Develop partnerships with community organizations**
   - Leverage community assets to work together on community issues related to improving health and equity
Thank you!

• Anna Goroncy, MD, MEd
  • goroncar@ucmail.uc.edu
  • Twitter: @agoroncy

• GACA acknowledgement
Resources

• Being Anti-racist https://nmaahc.si.edu/learn/talking-about-race/topics/being-antiracist
• How to Be an Anti-Racist by Ibram X. Kendi
• Racial Healing Handbook: Practical Activities to Help You Challenge Privilege, Confront Systemic Racism, and Engage in Collective Healing by Anneliese A. Singh, PhD, LPC
• How the Word Is Passed by Clint Smith
• IHI Achieving Health Equity: A Guide for Health Care Organizations
• IHI section on Health Equity
• Teaching about racism Toolkit STFM
• Racism in medicine resources Google Drive, assembled by Dr. Goroncy
• Dr. Camara P. Jones Ted Talk mentioned - https://www.youtube.com/watch?v=GNhcY6fTyBM
Examples of Institutional Change

A Never-Ending Journey of Intentional and Deliberate Action

Barbara Gordon, M.A.
University of Louisville
Trager Institute Optimal Aging Clinic
Our Purpose

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

—Dr. Martin Luther King
The Journey Begins and Continues

- Acknowledgement
- Action (Intentional & Deliberate)
- Accountability
The Trager Institute’s Leadership Team’s Statement of Commitment

The leadership team at the Trager Institute are deeply concerned by the violence brought upon Black communities across America.

The Trager Institute acknowledges that the struggle against racism is one that requires our own participation.

We pledge that we will do as much work as we have to do to ensure that race is not a barrier to receiving the health care every person deserves, to receiving the opportunities every person deserves, to receiving the protections every person deserves, and to receiving the education every person deserves.

We pledge that we will address racial justice, and we will research and develop strategies on how we can undo the structural elements in our society that sustain the disparities we see every day.

We pledge that we will strive towards providing access to resources and services to all our community members to promote human flourishing.

We pledge to create a healthy work environment where we acknowledge the pain and suffering of our Black colleagues and Black learners.
“To transform health care we must acknowledge the trauma of systemic racism and work together to solve it.”

Peggy Maguire

President, Cambia Health Foundation:
Corporate Social Responsibility and Palliative Care
We Aspire to be an Anti-Racist Organization

"IN A RACIST SOCIETY IT IS NOT ENOUGH TO BE NON-RACIST, WE MUST BE ANTI-RACIST."

ANGELA Y. DAVIS

"The heartbeat of racism is denial and the sound of that heartbeat is "I'm not racist."

- Dr. Ibram X. Kendi
The Work Necessary To meet the challenge and influence change at the Trager Institute

Commitment to competent patient care also means a commitment to all staff at the Trager Institute

• Organizational change
• Focus on Health Equity
• Focus on Competent Patient Care

"Health equity supersedes the consideration of you and me. It's the ability to tackle disparities widely and innovatively."
Shanah Taylor
Northwestern University
Becoming an anti-racist organization is not a static achievement; it is life-long work that you and your colleagues must commit to each and every day.
The Challenge

• Defining the problem(s), setting clear goals and objectives
• Incorporating explicit and shared anti-racism language
• Establishing leadership buy-in and commitment
• Investing dedicated funding and resources
• Bringing in the right support and expertise
• Establish ongoing, meaningful community and patient partnerships

The Challenge

Policy Level

Organizational Level

Community Level

Interpersonal Level

Individual Level
Towards Progress

Health Equity Plan

Health Literacy Plan

Continued Advocacy

Continued Review and Assessment
Diversity is having a seat at the table, inclusion is having a voice, and belonging is having that voice be heard.
Addressing Racism & Health Disparities:
Promoting Initiatives to Positively Impact Communities

Monica Long MSN-Ed, CDP
UChicago Medicine/Share Network
9/16/2021
Disclosure Statement

The SHARE Network is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP28728. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Objectives

• Define The Four Dimensions of Racism

• Discuss the importance of leading with equity in discussions within diverse populations

• Introduce SHARE Network as a case study for working in the community

• Explore educational initiatives that promote equity, diversity and inclusion in geriatric populations
Background: Defining Four Dimensions of Racism

INSTITUTIONAL
Policies and practices that reinforce racist standards within a workspace or organization.

STRUCTURAL
Multiple institutions collectively upholding racist policies and practices, i.e. society.

INTERPERSONAL
Racist acts and micro-aggressions carried out from one person to another.

INTERNALIZED
The subtle and overt messages that reinforce negative beliefs and self-hatred in individuals.
Health Disparities

- Mortality
- Life Expectancy
- Chronic Disease
- Mental Health
- Lack of Access to Care
- Opioid Misuse
- Undiagnosed Dementia
Background: Promoting Healthy Equity
The Challenges

• How can we better recognize racism and its effects in the communities we work with?

• How can we positively impact health inequities?
A Case Study: The SHARE Network in the Community

• Overview:
  • South Side Chicago
  • SHARE Network Community Initiatives

• Key Lessons Learned:
  1. Listen First
  2. Identify Gaps to Meet Needs
  3. Partner with Trusted CBOs
South Side Chicago

- Large disparities between South and North sides of Chicago, especially for vulnerable older adult populations

<table>
<thead>
<tr>
<th></th>
<th>Chicago</th>
<th>South Side</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP per 1,000</td>
<td>1.0</td>
<td>0.49</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Nation wide</th>
<th>South Side</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+ in Poverty</td>
<td>9%</td>
<td>18%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Chicago</th>
<th>South Side</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage Age 65+</td>
<td>11%</td>
<td>14%</td>
</tr>
</tbody>
</table>

**Figure 1: SHARE Network primary service area and demographics**

---

Smith, JD. et al, Community-Driven Health Solutions on Chicago’s South Side
https://ssir.org/articles/entry/community-driven-health-solutions-on-chicago-south-side
Healthcare Equity in Illinois

Governor Pritzker Signs House Bill 158

- Reduce structural racism
- Blacks, Hispanics, low-income
- Enhance Mental Health Services

Healthcare is a right, not a privilege
~ Pritzker
My Story

• Grew up on the South Side of Chicago
• Worked over 2 decades as a nurse in Chicago
• Observations of the four dimensions of racism
• Created pilot programs for Share Network since 2015
Who are we?

- Established 2015- Katherine Thompson MD
- Geriatric Workforce Enhancement Program (GWEP)
- University of Chicago
- Located in Hyde Park Chicago
- Multi-racial South Side community

The Share Network brings older adults, caregivers, and geriatric specialists together to share knowledge and resources with a goal of ultimately reducing health disparities.
DIVERSITY & INCLUSION

Who do we serve?

Regardless of race, gender, socioeconomic status:

• Underrepresented/Underserved
• Geriatric Populations
• Senior Housing Organizations
• Trusted Houses of Faith
• Community Members
• (patients, families, caregivers)

• Chicago’s South Side has a distinct identity and have diverse populations but have been-and remain- underrepresented minorities.
Building Trust within the Community: Key Lessons Learned

1. Listen first
2. Identify Gaps to Meet Needs
3. Partner with trusted CBOs
1. Listen First

- Community Health Needs Assessments
- Focus Groups & Interviews
- Caregiver Community Advisory Board
- Health Presentation Surveys
  - “Suggest a Topic”
2. Identify Gaps to Meet Needs

- **Identified Need:** Health Education Tailored to Older Adults on the South Side

- **SHARE Network Response:**
  - Healthy Aging Curriculum
  - Community Grand Rounds
  - 4M Forum Curriculum
2. Identify Gaps to Meet Needs

Healthy Aging Curriculum
- Community-based health education for lay older adults
  - Memory Loss, Nutrition, Mobility, etc.
- Attendance
  - 230+ presentations
  - 4,094 Attendees
  - 2,063 Surveys Collected
- Outcomes
  - 88% Rated “Very Good” or “Excellent”
  - 87% Commit to a healthy behavior change

<table>
<thead>
<tr>
<th>Age</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 65 years</td>
<td>84</td>
<td>7.7%</td>
</tr>
<tr>
<td>65-74 years</td>
<td>469</td>
<td>42.7%</td>
</tr>
<tr>
<td>75-84 years</td>
<td>426</td>
<td>38.8%</td>
</tr>
<tr>
<td>85 years or greater</td>
<td>119</td>
<td>10.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>4</td>
<td>0.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>11</td>
<td>0.1%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>733</td>
<td>73.3%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>5</td>
<td>0.5%</td>
</tr>
<tr>
<td>White</td>
<td>235</td>
<td>23.5%</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>970</td>
<td>81.0%</td>
</tr>
<tr>
<td>Male</td>
<td>211</td>
<td>17.6%</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>1.2%</td>
</tr>
</tbody>
</table>
Dementia Resource Champions (DRC)

• **Need:** Caregiver Support Groups in Faith Communities
• **Participants:**
  • 25 Champions from 12 Churches
• **Intervention:**
  • “Train the trainer” model
  • 5 weeks, 2 hour weekly sessions dementia education, community resources & stress reduction
  • Education & mentorship to create caregiver support group
• **Outcomes:**
  • 5 Caregiver Support Groups created, + Virtual Support Group
South Side Aging Resource Guide

**Need:** Access to information about older adult resources

- Collected hundreds of health and services resources accessible to South Side older adults
  - 17,000+ copies distributed
  - 3rd Edition coming in October
  - Categories:
    - Caregiver Support
    - Help at Home
    - Life Enrichment
    - Etc.

[Sharenetworkchicago/resources.org](https://sharenetworkchicago/resources.org)
Creating Inclusive Sustainable Programming

• Artful Aging
• Opioid Education & Awareness and Naloxone Training
• Creativity Circles: Combatting loneliness and social isolation
• Social Calls/COVID-19 program:
• First Dementia Friendly Neighborhood in Chicago (Hyde Park)
3. Partner with Trusted Community-Based Organizations (CBOs)
Reflections

• What is one way you can combat the different dimensions of racism in your organizations and communities?
• How does your organization approach a new community?

Take Aways:
• Listen First
• Identify Gaps to Meet Needs
• Partner with Trusted CBOs
Thank You!

Acknowledgements

Katherine Thompson, MD Principal Investigator / Program Director
katherine.thompson@uchospitals.edu

Stacie Levine, MD Co-Investigator and Educational advisor
slevine@medicine.bsd.uchicago.edu

Shellie Williams, MD Co-Investigator ADRD Educational advisor
swillia@medicine.bsd.uchicago.edu

Lauren Gleason, MD, MPH Educational Advisor
Lgleason@medicine.bsd.uchicago.edu

Jason Molony, AM Program Manager
Jmolony@medicine.bsd.uchicago.edu

Jeff Graupner, MPH Evaluation Specialist
Jgraupner@medicine.bsd.uchicago.edu

Monica Long MSN-Ed,CDP Clinical Research Nurse Educator
Mlong1@medicine.bsd.uchicago.edu

Taylor Phillips, MPH Research Specialist
tphillips5@medicine.bsd.uchicago.edu

Jenil Bennett B.A Community Health Worker
Jbennett@medicine.bsd.uchicago.edu
Thank you for participating in today’s webinar.

- Diversity & Racial Equity Resources are available on the NAGE website https://nage.org/diversity-and-racial-equity-resources/.
  - Login using Member username and password
  - Guest Username: Visitor
  - Password: Access4Nagec!

- Interested in joining the NAGE Equity and Diversity Workgroup? Contact Jennifer Severance jennifer.severance@unthsc.edu

- Please complete the evaluation survey for today’s webinar that will be emailed shortly. It includes questions about how the Diversity and Equity Workgroup can support your work.