

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.

Introduction to Anti-Racism

Key Terms and Concepts

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Disclosure Statement

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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.

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

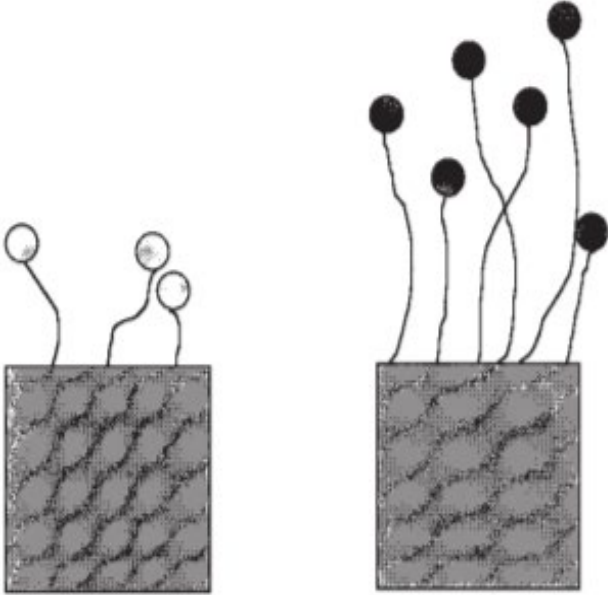
Racism: A system of structuring opportunity and assigning value based on the social interpretation of how one looks (“race”). It unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste 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

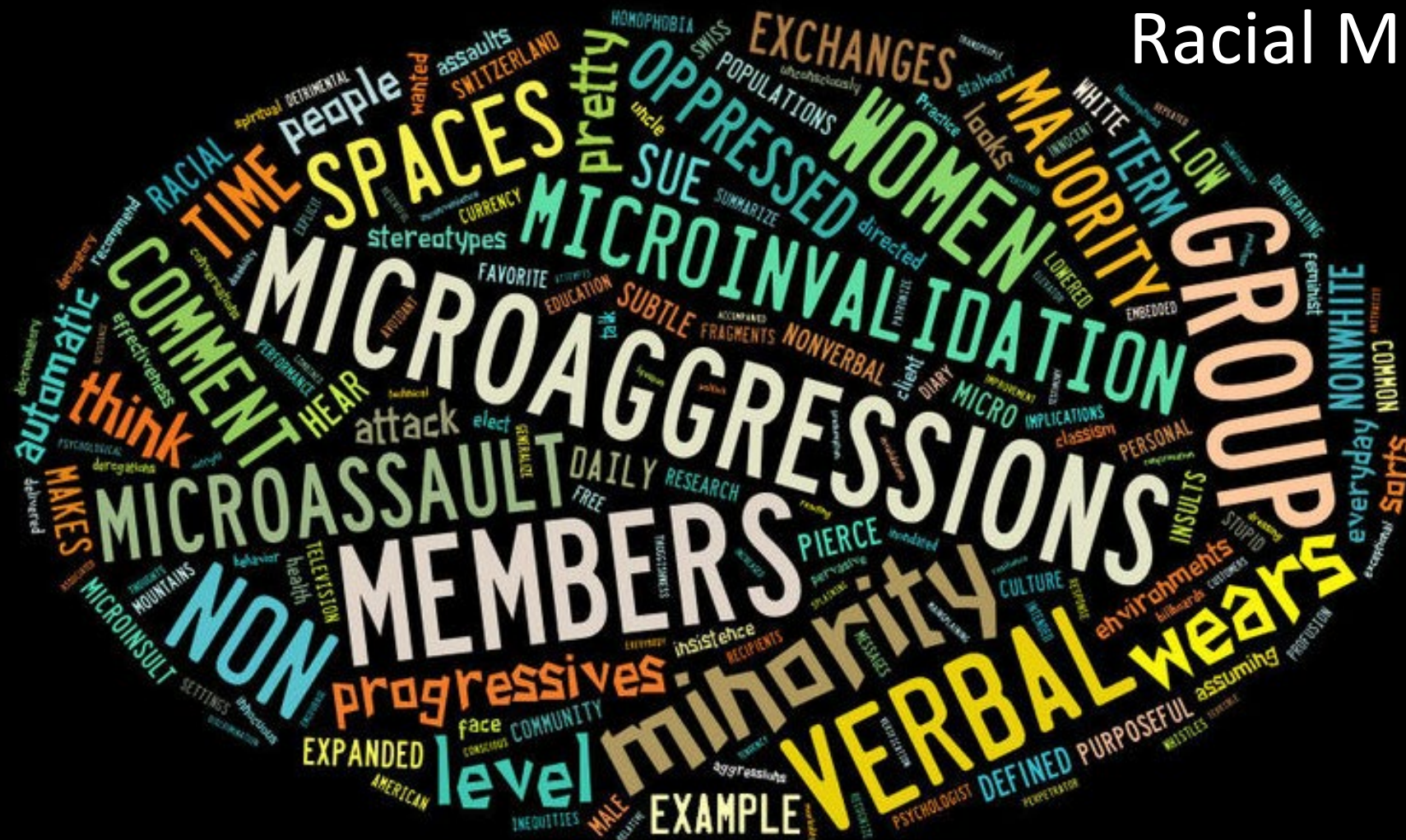
Dr. Camara P. Jones

Institutionalized racism



- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege

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.”

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.”

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

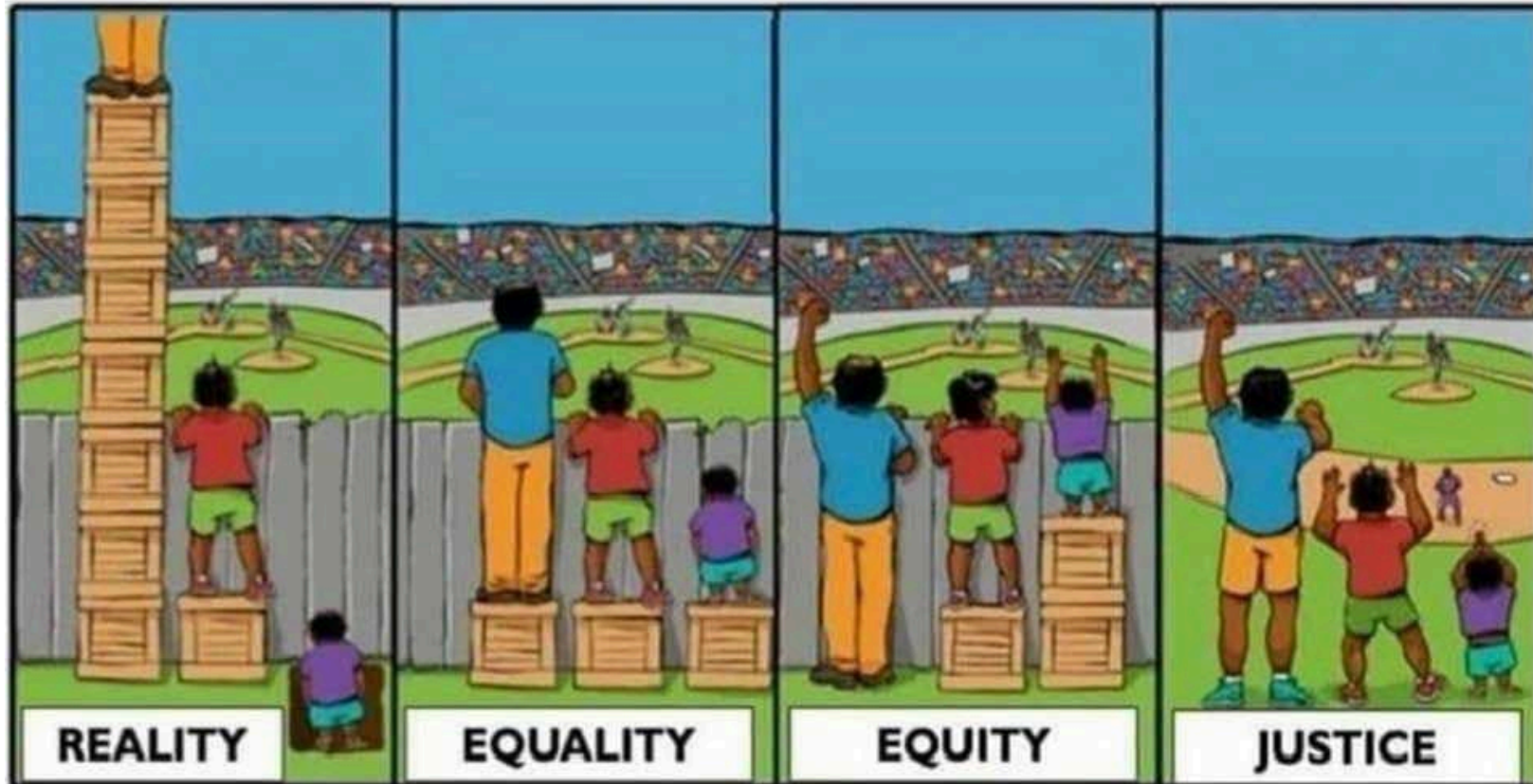
- **RACIST:** One who is supporting a racist policy through their actions or inaction or expressing a racist idea.
- **ANTIRACIST:** One who is supporting an antiracist policy through their actions or expressing an antiracist idea.

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 MULTICULTURAL <i>Racial and Cultural Differences Seen as Deficits ==> Tolerant of Racial and Cultural Differences ==> Racial and Cultural Differences Seen as Assets</i>					
Exclusive	2. Passive	3. Symbolic Change	4. Identity Change	5. Structural Change	6. Fully Inclusive Anti-Racist Multicultural Organization in a Transformed Society
An Exclusionary Institution	A "Club" Institution	A Compliance Organization	An Affirming Institution	A Transforming Institution	A Transformed Society
<ul style="list-style-type: none"> <input type="checkbox"/> Intentionally and publicly excludes or segregates African Americans, Native Americans, Latinos, and Asian Americans <input type="checkbox"/> Intentionally and publicly enforces the racist status quo throughout institution <input type="checkbox"/> Institutionalization of racism includes formal policies and practices, teachings, and decision making on all levels <input type="checkbox"/> Usually has similar intentional policies and practices toward other socially oppressed groups such as women, gays and lesbians, Third World citizens, etc. <input type="checkbox"/> Openly maintains the dominant group's power and privilege 	<ul style="list-style-type: none"> <input type="checkbox"/> Tolerant of a limited number of "token" People of Color and members from other social identify groups allowed in with "proper" perspective and credentials. <input type="checkbox"/> May still secretly limit or exclude People of Color in contradiction to public policies <input type="checkbox"/> Continues to intentionally maintain white power and privilege through its formal policies and practices, teachings, and decision making on all levels of institutional life <input type="checkbox"/> Often declares, "We don't have a problem." <input type="checkbox"/> Monocultural norms, policies and procedures of dominant culture viewed as the "right way" business as usual" <input type="checkbox"/> Engages issues of diversity and social justice only on club member's terms and within their comfort zone. 	<ul style="list-style-type: none"> <input type="checkbox"/> Makes official policy pronouncements regarding multicultural diversity <input type="checkbox"/> Sees itself as "non-racist" institution with open doors to People of Color <input type="checkbox"/> Carries out intentional inclusiveness efforts, recruiting "someone of color" on committees or office staff <input type="checkbox"/> Expanding view of diversity includes other socially oppressed groups <p style="text-align: center; margin: 10px 0;"><i>But...</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> "Not those who make waves" <input type="checkbox"/> Little or no contextual change in culture, policies, and decision making <input type="checkbox"/> Is still relatively unaware of continuing patterns of privilege, paternalism and control <input type="checkbox"/> Token placements in staff positions: must assimilate into organizational culture 	<ul style="list-style-type: none"> <input type="checkbox"/> Growing understanding of racism as barrier to effective diversity <input type="checkbox"/> Develops analysis of systemic racism <input type="checkbox"/> Sponsors programs of anti-racism training <input type="checkbox"/> New consciousness of institutionalized white power and privilege <input type="checkbox"/> Develops intentional identity as an "anti-racist" institution <input type="checkbox"/> Begins to develop accountability to racially oppressed communities <input type="checkbox"/> Increasing commitment to dismantle racism and eliminate inherent white advantage <input type="checkbox"/> Actively recruits and promotes members of groups have been historically denied access and opportunity <p style="text-align: center; margin: 10px 0;"><i>But...</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Institutional structures and culture that maintain white power and privilege still intact and relatively untouched 	<ul style="list-style-type: none"> <input type="checkbox"/> Commits to process of intentional institutional restructuring, based upon anti-racist analysis and identity <input type="checkbox"/> Audits and restructures all aspects of institutional life to ensure full participation of People of Color, including their world-view, culture and lifestyles <input type="checkbox"/> Implements structures, policies and practices with inclusive decision making and other forms of power sharing on all levels of the institutions life and work <input type="checkbox"/> Commits to struggle to dismantle racism in the wider community, and builds clear lines of accountability to racially oppressed communities <input type="checkbox"/> Anti-racist multicultural diversity becomes an institutionalized asset <input type="checkbox"/> Redefines and rebuilds all relationships and activities in society, based on anti-racist commitments 	<ul style="list-style-type: none"> <input type="checkbox"/> Future vision of an institution and wider community that has overcome systemic racism and all other forms of oppression. <input type="checkbox"/> Institution's life reflects full participation and shared power with diverse racial, cultural and economic groups in determining its mission, structure, constituency, policies and practices <input type="checkbox"/> Members across all identity groups are full participants in decisions that shape the institution, and inclusion of diverse cultures, lifestyles, and interest <input type="checkbox"/> A sense of restored community and mutual caring <input type="checkbox"/> Allies with others in combating all forms of social oppression <input type="checkbox"/> Actively works in larger communities (regional, national, global) to eliminate all forms of oppression and to create multicultural organizations.



One gets **more than** is needed, while the other gets **less than** is needed. Thus, a huge disparity is created.

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

Everyone gets the support they need, which produces equity.

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.

IHI Achieving Health Equity

Figure 3. A Framework for Health Care Organizations to Achieve Health Equity



Thank you!

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 - 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



The Challenge

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

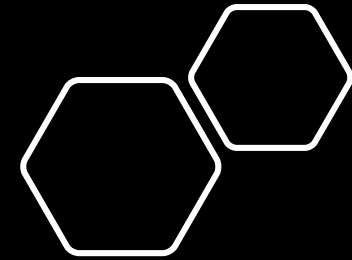
Health Equity Plan

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

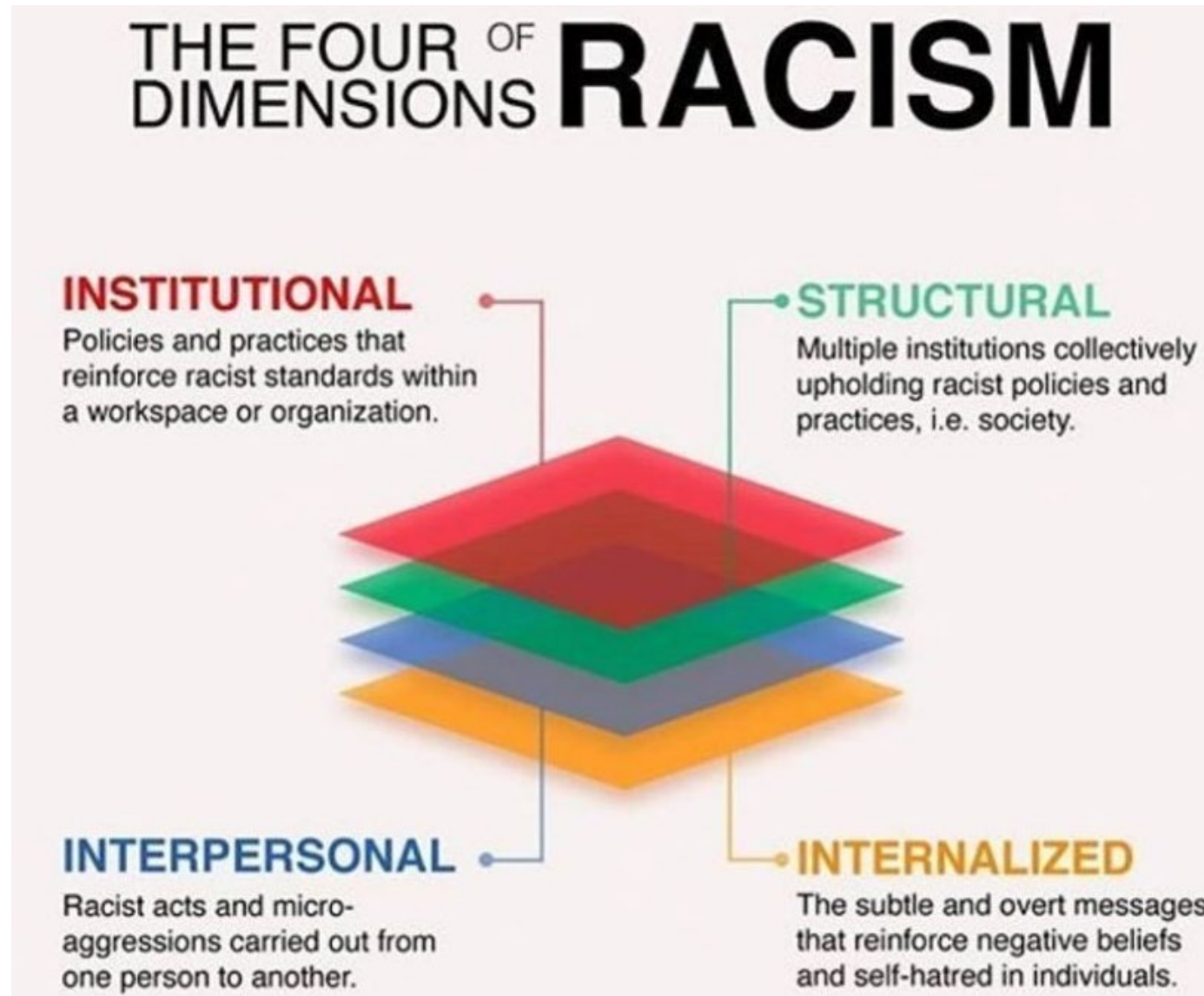
Disclosure Statement

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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

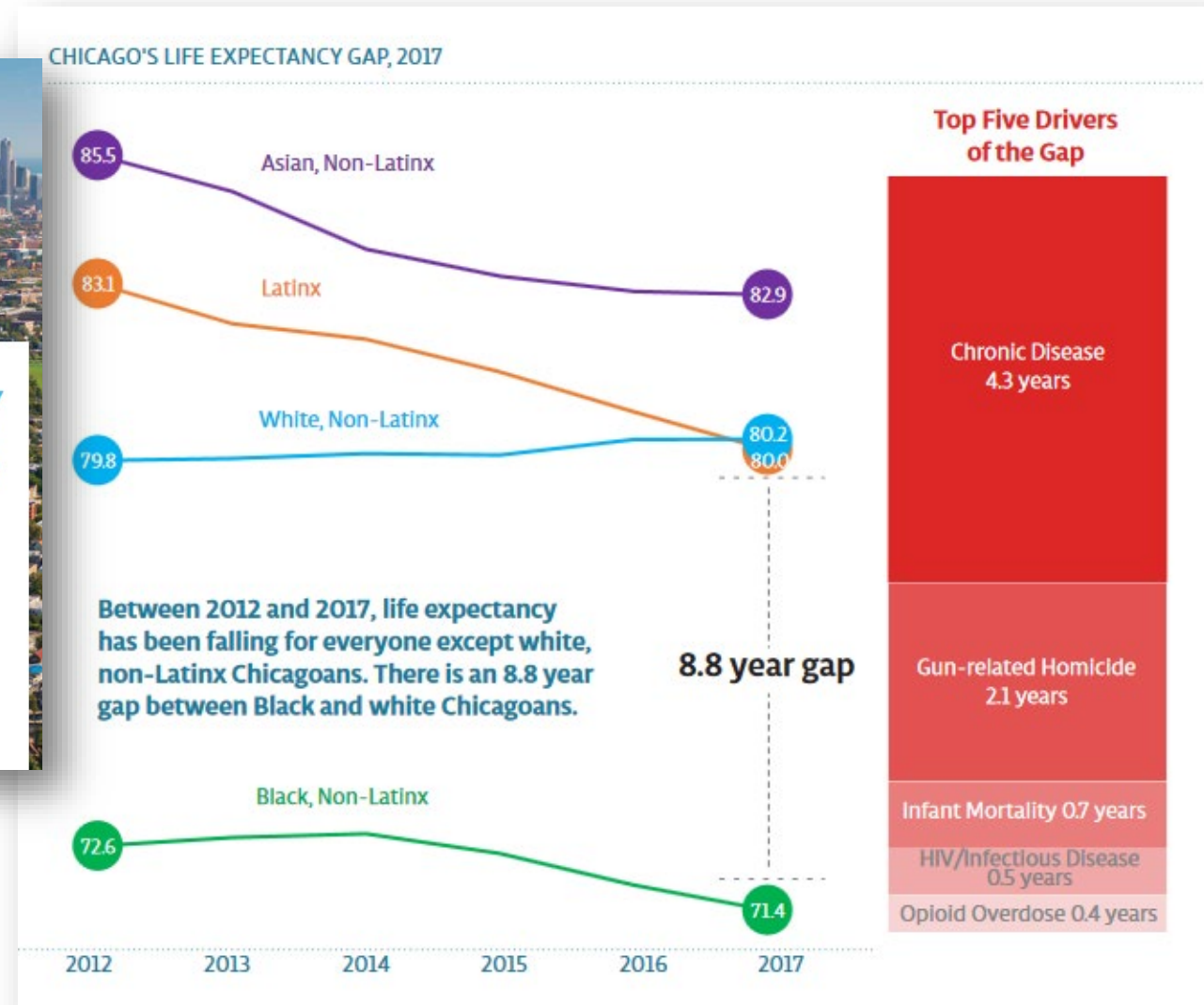
Background: Defining Four Dimensions of Racism



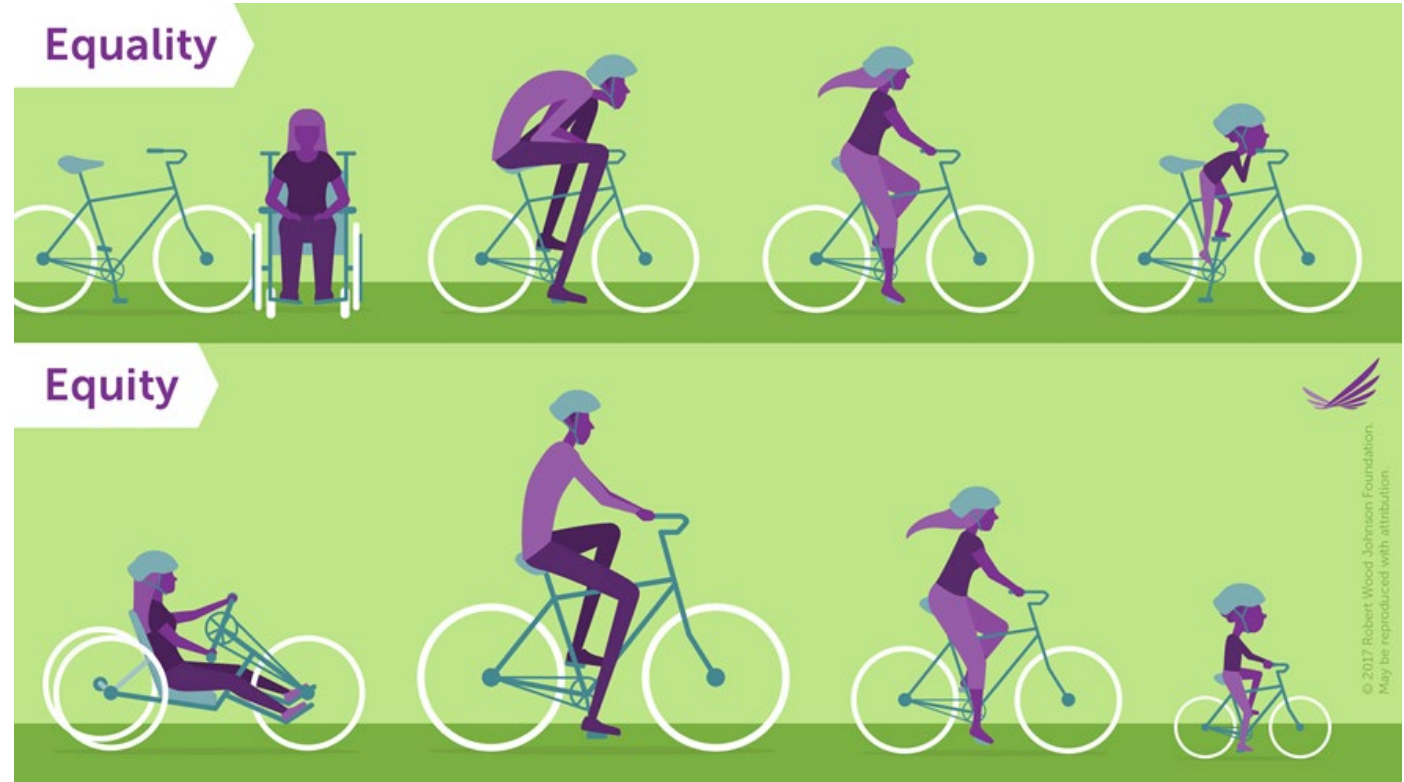
Background: Racism & Health Disparities

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?



Social Determinants of Health



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



SHARE NETWORK

Supporting Healthy Aging Resources & Education



South Side Chicago

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

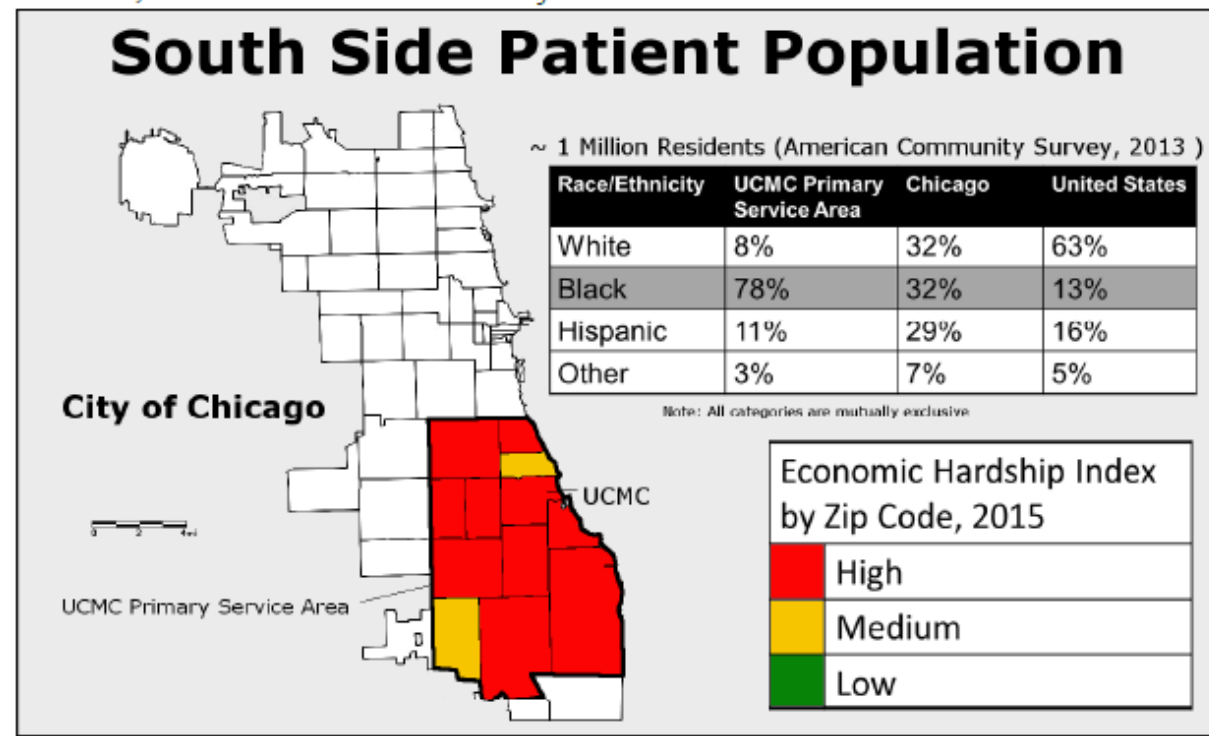
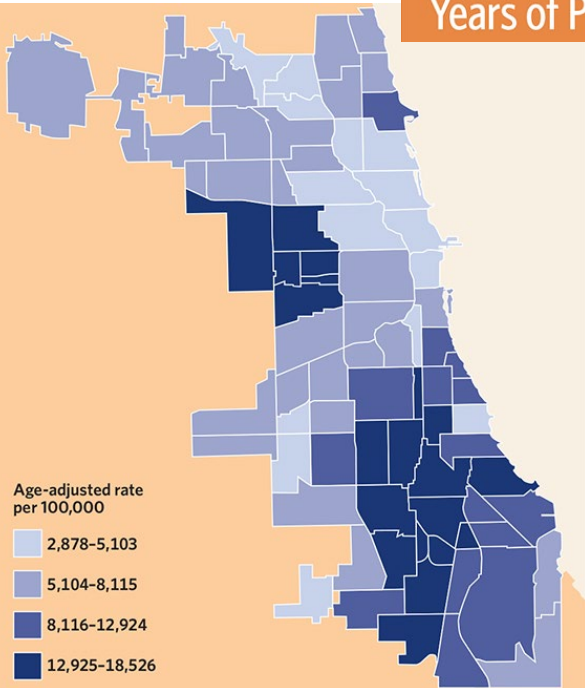


Figure 1: SHARE Network primary service area and demographics

Years of Potential Life Lost



	Chicago	South Side
PCP per 1,000	1.0	0.49

	Nation wide	South Side
65+ in Poverty	9%	18%

	Chicago	South Side
Percentage Age 65+	11%	14%

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





SHARE NETWORK

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

Supporting Healthy Aging Resources & Education



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



Communities
have **power**
to promote
health equity.

*Supportive policies and programs
help facilitate community action.*

#PromoteHealthEquity



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

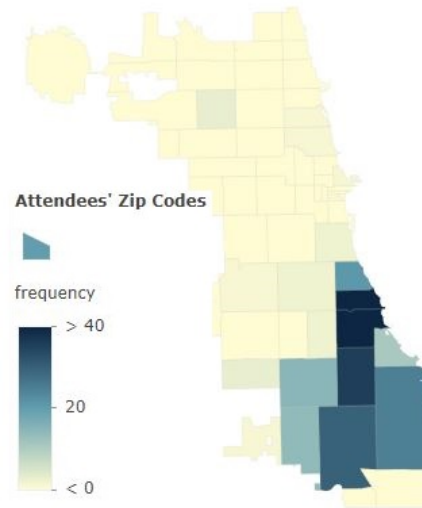
- Identified Need: Health Education Tailored to Older Adults on the South Side
- SHARE Network Response:
 - Healthy Aging Curriculum
 - Community Grand Rounds
 - 4M Forum Curriculum



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



Age	n	%
Less than 65 years	84	7.7%
65-74 years	469	42.7%
75-84 years	426	38.8%
85 years or greater	119	10.8%
Race		
American Indian or Alaska Native	4	0.4%
Asian	11	01.1%
Black or African American	733	73.3%
Native Hawaiian or Other Pacific Islander	5	0.5%
White	235	23.5%
Other	12	1.2%
Gender		
Female	970	81.0%
Male	211	17.6%
Other	14	1.2%

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.

Caregiver Support	>
Healthcare & Wellness	>
Help at Home	>
Housing	>
Legal	>
Medical Equipment	>
Memory Loss & Dementia	>
Mental Health	>
Miscellaneous	>
Personal Safety	>
Transportation	>

South Side Aging Resource Guide



An Online Hub for Older Adult Resources on the South Side of Chicago



Sharenetworkchicago/resources.org



Creating Inclusive Sustainable Programming

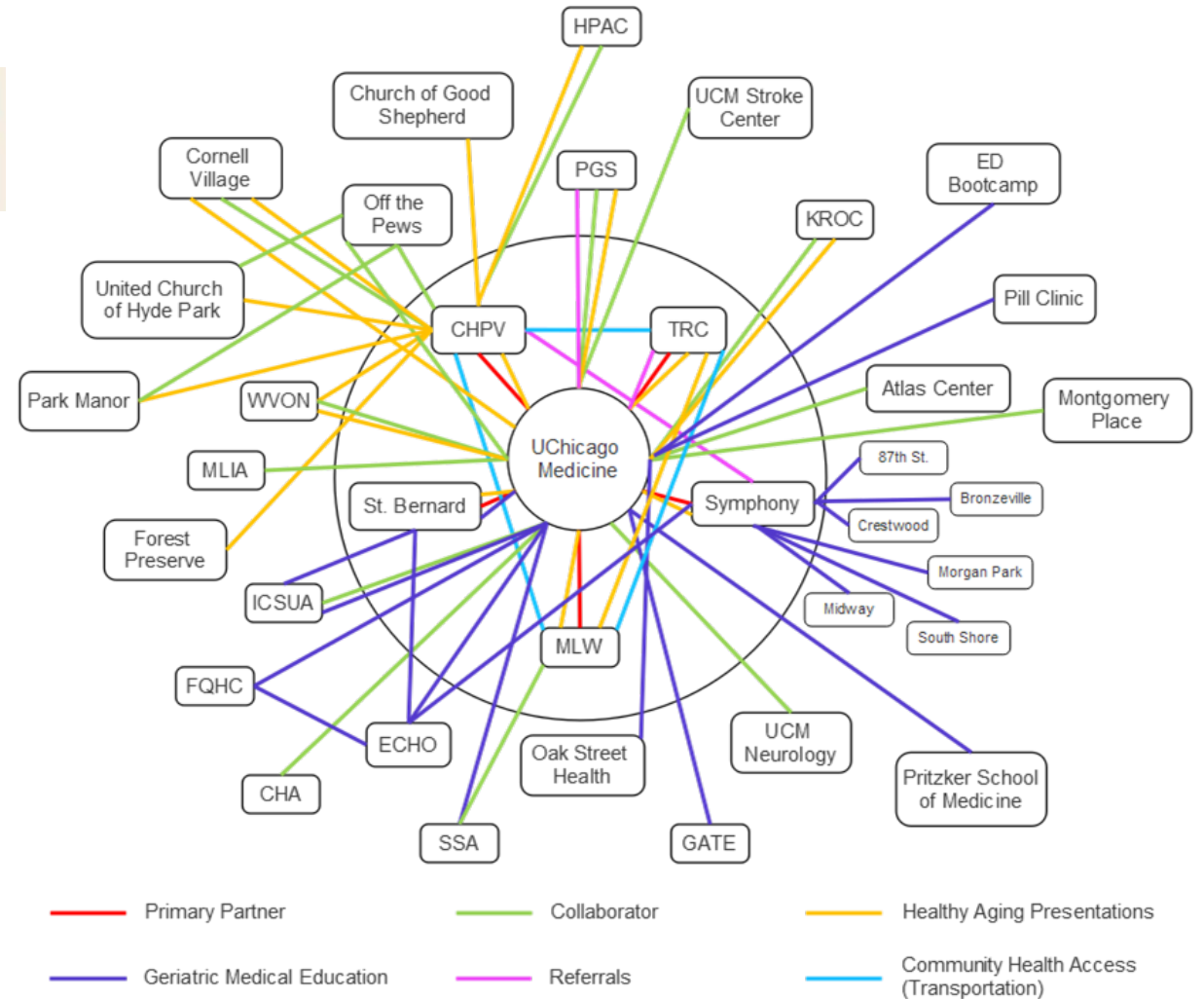
- Artful Aging
- Opioid Education & Awareness and Naloxone Training
- Creativity Circles: Combatting loneliness and social isolation
- Social Calls/COVID-19 program:
- First Dementia Friendly Neighborhood in Chicago (Hyde Park)



Hyde Park Named Chicago's 1st Dementia-Friendly Neighborhood



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

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Thank you for
participating in
today's webinar

- Diversity & Racial Equity Resources are available on the NAGE website <https://n-age.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.