

Building Capacity for Transformation: Understanding Structural Racism

Purpose:

Washington University School of Medicine is located in St. Louis, Missouri. The city has long been defined by its legacy of segregation and structural racism resulting in significant differences in outcomes related to health, healthcare access, and overall life expectancy. St. Louis is the 7th most racially segregated city in the U.S.¹ Life expectancy differs between 18-40 years between zip codes that are predominantly white and predominantly Black yet only a few miles apart.² With a mission of advancing human health, Washington University School of Medicine is committed to achieving healthy equity in our region. A critical part of that goal is to understand the impact of the racism in our community, on the delivery of healthcare, the larger healthcare system, and on medical education. This proposal seeks to support the Curriculum Build Team's capacity to identify and address racism and bias in healthcare and medical education. Building curriculum and developing skills to provide medical education that aims to dismantle structural racism in healthcare and prepare students to provide culturally responsive and equitable patient care.

Learners will:

- Utilize a shared language for the work of diversity, equity, and inclusion.
- Develop a greater understanding of individual, institutional, and structural racism.
- Describe the historical context and present-day structural racism and its impact on the healthcare system and medical education.
- Reflect on individual identity and socialization and its impact on behavior.
- Practice strategies for reducing and managing bias in the classroom, clinical encounters and interprofessional relationships.
- Apply an equity lens to their work.
- Develop action plan to continue applying learning after initial training sessions.

Outline for Training: (times are approximate)

- I. Introductions/Icebreaker/Goals for Sessions – 2 hrs.
 - a. Goals/Framing: Restorative Justice and transformational values
 - b. Activity - Personal timelines
- II. Utilizing a Shared Language for the work of diversity, equity, and inclusion³ – 1.5 hrs.
 - a. Activity – Post-it definitions
 - b. Application to work
- III. Understanding of individual, institutional, and systemic racism^{4,5, 7} – 3 hrs.
 - a. Using a Restorative Justice Framework:
 - i. Terms and concepts
 1. Understanding oppression – trauma, disparities, social determinants of health
 - ii. Historical Timeline – STL/Med Campus
 1. Gallery walk
 2. Circles

- IV. Identify how various forms of racism impact health outcomes and healthcare access.⁵ – 2 hrs.
 - a. Connecting Past to Present through COVID-19
 - b. Disparity Information – nationally, locally
 - c. Trauma Informed Care as an equity tool⁶
- V. Reflect on individual identity and socialization and its impact on behavior.⁴⁻⁵ – 2 hrs.
 - a. Practice strategies for managing implicit bias
- VI. Apply an equity lens to the work on the curriculum. – 3 hrs.
 - a. What is an equity lens?
 - b. Case studies for application
- VII. Action Planning – 1.5 hr.
 - a. The action planning will start early in the training as we ask learners to think about the application to their roles and work at the beginning of the process. We will provide a template for action planning.
 - b. The session will end with learners sharing parts of their action plans.
- VIII. Potential topics for follow up sessions – (1 hr./topic)
 - a. Mentoring/coaching across culture/identities
 - b. Microaggressions/behaviors – what they are and how to address them
 - c. Stereotype Threat and Implications
 - d. Navigating patient bias
 - e. Upstander/Speaking up

Timeline for Training: (approx. 15 hrs.)

- I. We recognize and will work with the group's needs for scheduling. We offer the following considerations:
 - a. Sessions should be at least 2-4 hours in length to ensure an opportunity for depth of discussion.
 - b. Sessions should be close together.
 - c. Learning should be on-going. We would like to deliver the initial training in a condensed period of time followed by monthly or quarterly sessions to provide supplemental training, practice tools, debrief/troubleshoot, provide feedback, etc.

Assessment:

- I. Using Kirkpatrick's Model of Learning Evaluation, we will reach level 3 Assessment – Behavior Evaluation to assess the impact and effectiveness of the training program.⁸
 - a. We will utilize pre/post evaluations to measure Level 1- Reactions to the training and Level 2 - Learning from the training.
 - b. Within 3-6 months of completion of the first part of training, we will follow up to assess Level 3 – Behavior change as a result of the training. We hope to do at least 2 follow-up assessments throughout the first year after the beginning of the training program. This can be done with surveys, focus groups or 360 evaluations.

Resources needed:

- I. Journals for notes and reflection throughout training.
- II. Guest trainers/facilitators/presenters for various topic/sessions.
- III. Basic training supplies.

Budget:

Item/Need:	Cost:
Journals/manuals for each participant	\$15 x # of participants (ex. 13 coaches) = \$195
Guest facilitators	\$500/session (approx. 7 hours) = \$3500
Training supplies (articles printed, easel paper, timeline lamination, SWAG items, etc.)	\$305
Total	\$4000

References:

1. <https://www.brookings.edu/blog/the-avenue/2018/12/17/black-white-segregation-edges-downward-since-2000-census-shows/>
2. https://cpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/3/1454/files/2018/06/FSOA_report_2-17zd1xm.pdf
3. <https://www.aspeninstitute.org/blog-posts/structural-racism-definition/>
4. https://www.mededportal.org/doi/10.15766/mep_2374-8265.10858
5. https://www.mededportal.org/doi/10.15766/mep_2374-8265.10888
6. <https://dmh.mo.gov/media/pdf/missouri-model-developmental-framework-trauma-informed-approaches>
7. https://www.mededportal.org/doi/10.15766/mep_2374-8265.10783
8. Kirkpatrick, D. L. (1994). Evaluating training programs: the four levels. San Francisco: Berrett-Koehler