Welcome to the ACEND Webinar Series on Diversity, Equity and Inclusion

WE WILL BEGIN SHORTLY

If you have questions or comments, **Use the chat feature** and post a chat to ALL PANELISTS

Lines have been muted

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Strengthening the Patient Connection: Deconstructing the Complexity of Racism and Food

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No Conflicts of Interest
No Disclosures
Objectives:

1. By unpacking the complexities between racism and food, we will identify blind spots that alter patient relationships and outcomes.
2. By exploring the use of cultural humility, we will strengthen our patient partnerships.
3. Through the lens of the dietary field, we will shape a diverse, inclusive vision for our role as equity change agents.

Nine essential qualities of mindfulness

- Focus on the present moment
- Being fully present
- Openness to experience
- Non-Judgmental
- Acceptance of things as they are
- Connection
- Non-Attachment
- Peace and equanimity
- Compassion

- Jon Kabat Zinn

Dr. Brene Brown Wisdom

- “When we own our stories, we get to write a brave new ending…
- When we push down hurt or pretend that struggle doesn’t exist, the hurt and struggle own us
- We have to choose courage over comfort.

Only in still waters can you see your true reflection.
Thich Nhat Hanh

Glossary

- Active bystander
- Bias
- Cultural humility
- Intent vs. impact
- Microaggression
- Prejudice
- Stereotype
- Unconscious bias
- Underrepresented minority
- Intersectionality
- Conscious inclusion
Rules of Engagement

• Listen with Respect
• Be Honest
• Push your Growing Edge
• Confidentiality – Liberated Zone
• Participate
• No Quick Fix
• Working through Discomfort
• Disconnect from technology

Culturally Responsive Interactions

• Clients are seen, valued, cared for and respected as their full selves
• Requires authentic, holistic evaluation
• Personal self-assessment of anti-bias behavior (antidefamation League)
• When other people use biased language and behavior, I feel comfortable speaking up, asking them to refrain and stating my reasons
• I demonstrate my commitment to social justice in my personal life by engaging in activities to achieve equity
• Learners will respectfully express curiosity about the history and lived experiences of others

Psychological Safety and Nonviolent Communication

• Life alienating communication
• Certain ways of communicating alienate us from our natural state of compassion
• “Out beyond ideas of wrongdoing and right doing, there is a field. I will meet you there.” by Rumi

Building a vocabulary for Feelings

NonViolent Communication - Marshall Rosenberg PhD

• Encouraged
• Expansive
• Gratified
• Inquisitive
• Invigorated
• Relaxed

Needs not being met

• Aggravated
• Alarmed
• Arrogated
• Broken hearted
• Chagrined
• Distressed
• Fatigued
• Hostile
• Shocked and surprised

Sphere of influence

• Who are you most proximate to?
• Who do you need to listen more to?
• Qualitative and quantitative data
• Dinner table
• Challenging conversations at meetings
• When was your last blind spot pointed out?
Tools

- Growth mindset
- Post Traumatic Growth
- Deep Listening
- Vulnerability
- Curiosity
- Openness/ premature closure
- Shift in behavior
- Framing
- Deconstruct the dominant narrative
- Personalize the patient
- Generate alternative narrative

The Power of Microaffirmations

- Personal story from a past conversation
- Validation
- Posture of learning
- What are you most proud of?

Liberation Literature: teaching Tolerance

- Celebrates the strengths of the family as a cultural institution and vehicle for survival
- Bears witness to people’s struggle for freedom, equality, and dignity
- Nurtures learners by reflecting back to them, both visually and verbally, the beauty and competencies of their cultural group
- Situates itself, through language and content

Tolerance.org

Emergency Medicine and Dietetics

- Transparency
- Vulnerability
- Transforming
- Thinking outside of the box
- Taking risk
- Playing
- Speaking my truth and searching for the truth of others

Dietetics on the Granular level

- Listening to what is not being said
- Searching for what is not being addressed
- Creating opportunities and reaching for a vision I have never seen
Leading causes of death

- Heart disease
- Cancer
- Diabetes
- Stroke

Challenges

- What are key components of your ecosystem?
- Who can you engage and partner with to strengthen relationships?
- Who needs to be supported in order to reach diverse populations?
- How can you be supportive of diverse patients?
- How can you engage with diverse communities?
Kareem Abdul-Jabbar Quote

“Racism in America is like dust in the air. It seems invisible – even if you are choking on it – until you let the sun in. Then you see it everywhere. As long as we keep shining the light, we have the chance of cleansing it.”

Deconstructing

Entry Point

Anatomy of a Patient/Dietitian

Meet your clients where they are
Speak their language
Celebrate the Success

Coaching Questions

- How are you able to relate to your patients using the coaching method?
- Who are your health role models?
- What are your personal goals for this session?
- What do you think is important for me to know about you?
- Tell me about a success you have had?
- What are you passionate about?
- Is there a barrier to your success?
- What has been your experiences with dietitians in the past?

Racism

Denial is the heartbeat of racism.

Trauma response

- Flight
- Fight
- Freeze
- Submit
Distrust

- Experimentation on enslaved persons
- Prisoners and members of military
- Tuskegee Syphilis Study
- Minority focused sterilization initiatives
- Treated unfairly in the health care system

Creating a Courageous Space

- Courageous space:
  - respect, take responsibility, trauma informed, create space for multiple voices

Guiding principles in the Dietitian/patient relationship

- Collaboration
- Cura Personalis
- Cultural Humility
- Cultivating Resilience

The 7 C's of Resilience

- Competence
- Confidence
- Connection
- Character
- Contribution
- Coping
- Control

Factors that affect food choices and selection

- Religion
- Who makes the food?
- What time of day do they eat?
- Occupation
- Mood
- Personality
- Geography
- Generational essential foods
- Eating styles
- Holidays
- Finances
- Education
- Household dynamics
Building upon legacies

Isadora’s Gumbo: An Asset Driven acronym
- Grounded in a Growth mindset
- Unify approach for navigating unchartered territory
- Merge solutions to create meaningful metrics
- Build bridges and balancing built environment
- Open to Opportunities

Cultural Concerns with Nutrition
- Chinese culture hot and cold foods
- Religious beliefs – dietary restrictions
- Islamic and Jewish faith- pork
- Hindusm- beef
- Does your family follow any religious traditions or holidays that create modifications to their traditional diet
- Scientifically backed connections between the nutrients they consume

What is racism?
Jones CP. Confronting Institutionalized Racism Phylon
A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”) that:
- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

“How is Racism Operating Here?”
- Identify Mechanisms
  - Structures: the who?, what?, when?, and where?
  - Policies: the written how?
  - Practices and norms: the unwritten how?
  - Values: the why?
Levels of Racism

- Institutionalized
- Personally-mediated
- Internalized

Institutionalized Racism

- Differential access to the goods, services, and opportunities of society, by “race”
- Examples:
  - Housing, education, employment, income
  - Medical facilities
  - Clean environment
  - Information, resources, voice

"THE SPRINGFIELD RIOT OF 1908"

- Illinois highly segregated today
- Not due to natural migration, market forces, preferences
- Formal and informal policies segregate
- History of forced segregation (1890-1940)
- Springfield 1908 Riot
- "Sundown Towns" = "No coloreds after dark"
  - (James Loewen, 2005)

Source: University of Richmond

Americans Still Live in Food Deserts

Food Deserts

How the Food Desert Become a Form of Urban Inequality

How Food Deserts Affect Healthcare

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How Food Deserts Affect Healthcare
Built Environment

- Racially segregated
- High-poverty areas
- Fast food chains
- Dearth of grocery stores
- Sociohistorical factors

Personally-Mediated Racism


- Differential assumptions about the abilities, motives, and intents of others, by “race”
- Differential actions based on those assumptions
- Prejudice and discrimination
- Examples
  - Police brutality
  - Physician disrespect
  - Shopkeeper vigilance
  - Waiter indifference
  - Teacher devaluation

Deconstructing your Implicit Biases—“personalizing the patient”

- I am going to ask you questions to get a better understanding of your background, I ask this of all of my patients.
- I don’t want to assume anything about your identities so I am going to ask you a few questions so that I can best take care of you.
- How would you best describe your race or racial identity
- Many of my patients experience racism in their healthcare. What has been your experience with racism if you seek out healthcare
- What have been your experiences in the healthcare system?
- Have you had any experiences that have caused you to lose trust in the healthcare system or your doctor?

Discriminatory Patient Encounters at the bedside during clinical teaching

- “I need a real dietitian”
- “You speak so well”
- “Where are you from”

Discriminatory Patient Encounters at the bedside during clinical teaching

Goldenberg et al

- Expect the mistreatment will happen
- Recognize when mistreatment occurs
- Address the situation in real time
- Support the trainee
- Establish a positive culture

Whitgob et al

- Standardized approach to empower educators
- Assess illness acuity
- Cultivate a therapeutic relationship
- Depersonalize the event
- Ensure safe learning environment for trainees

Internalized racism


- Acceptance by stigmatized “races” of negative messages about our own abilities and intrinsic worth
- Examples
- Self devaluation
- Resignation, helplessness, hopelessness
Strategies addressing Diet Related Disparities

Individual Level Approaches
- Nutritional Education and dietary interventions
- Address cultural and environmental attributes
- Innovative approaches for delivering education and interventions
- Health D.E.P.O.T.S.
- Identify strategies for improving recruitment/retention in intervention

“Hearing the Voices”: African American Nutrition Educators Speak about Racism in Dietetics

Critical Race Theory (racism, storytelling to challenge oppression, role of power)
- Critical pedagogy, social class, class and power, race, language, literacy
- Need for new nutrition education models
- AACORN, Kumanyika, (2005) African American Collaborative Research Network acknowledged, validated, incorporated belief system
- Racism on the job
- Needed changes to increase diversity in the field of Dietetics
- Counterstory to embrace cultural wealth, memory, and resistance

Keena Small
Professional Strategist, Educator, and Coach

According to the Behavioral Risk Factor Surveillance Survey, only 21.3% of AA consume fruits and vegetables more than 5 times a day
- Access
- Education
- Transportation
- Finances
- Built Environment
- Exposure
Commitment to reflection

Starting early

Culinary role models

The Need for Culturally Relevant Community Nutrition Education

Barriers to Becoming Registered Dietitians Identified by African American Students and Practitioners

J. White Ed D. RD

Culture and family context are well recognized as the most important factor in determining nutritional practices (Davis & Northington, 2000)

Disparities in Dietetics

Recommendation

- Promote the evidence-based teaching of cultural competency
- Emphasize the use of clinic decision tools that standardize the approach to reduce subject bias
- Support targeted education programs that serve communities
- Promote targeted health literacy programs
- Develop pipeline and mentoring programs

"One either allows racial inequities to persevere, as a racist, or confronts racial inequities, as an antiracist. There is no in-between safe space of "not racist." The claim of "not racist" neutrality is a mask for racism."

—Herman X. Renfro
How to Be an Antiracist
**Factors that worsen implicit bias**

- Stress and stressful situations
- Time constraints
- Complex decisions
- Vogue or ambiguous clinical scenario
- Mood states (tense, anxious, happy)
- Circadian awkward

**Individual Strategies to Defeat Bias**

- Awareness
- Individuate
- Perspective-taking
- Cultivate common ground
- Intergroup Contact and Counter-stereotyping
- Microaffirmations

**Phelps et al. in 2000 → amygdala drives racial bias against the outgroup.

- Slower response time pairing dark-skinned and white-privileged vs other way around (bias on Race IAT)
- Increased amygdala activation for white subjects taking the Race IAT when looking at black faces vs white faces
- Statistically significant correlation between differences in amygdala activation and scores on Race IAT; white participants with the most negative implicit attitudes toward blacks who led the greatest difference in amygdala activation times to black and white faces.


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