It's time to have the Conversation . . .

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And that comment is even more relevant today. It is time to have the conversation! Most find racism, prejudice, and discrimination difficult topics at best and would rather avoid them or pretend that they don't exist: but they do exist. Each one may influence a person's access to care, treatment, and health outcomes. The authors of the documentary entitled *Unnatural Causes: Is Inequality Making Us Sick?* aired by PBS in 2009 believed that constant exposure to racism and discrimination increases stress and has a negative impact on one's health. The body's physiological response to stress is to release large amounts of cortisol from the adrenal glands. While this is helpful in a "fight or flight' situation," continuous release results in an elevation of blood pressure and blood sugar while lowering the immune system. So, yes, we need to talk about this subject, to identify biases and to eliminate prejudice, discrimination, and racism for many reasons including our own health.

Race . . . Why did it begin . . ?

Let's look at the word race from an historical perspective. The term was constructed in the mid to late 1800s during a time when all things were being categorized, thus systematically explaining the surroundings. Race is a social construct, not necessarily based on ethnicity, but more significantly on the color of one's skin (2006 American Anthropological Association). Scientists used the taxonomic system to classify humans during this period of time, positing that there were biological differences in capabilities and intellect. It provided the legitimacy for laws that promoted social inequalities, thus disenfranchising groups of people such as African Americans, American Indians, immigrants and others.

Racism and other uncomfortable subjects

Racism, unfortunately alive and well, is demonstrated through acts of prejudice and discrimination. It may be subtle. It may be overt. Think about a time when you experienced some form of racism. How did you feel? What did you do? How did it change your perspective of the individual or organization involved? Dr. Adewale Troutman, Public Health and Wellness Director in Louisville Kentucky, shares his story in the PBS series *Unnatural Causes . . .Is Inequality Making Us Sick*. He serves a county populated by Kentucky's poor and disenfranchised. Yet, as an African American, he has experienced racism where he lives and works. "There are times when I get on the elevator and the elderly white women clutches her purse . . . or every time I walk down the aisles of a certain store someone follows me to make sure I am not stealing anything. What they don't know about me is that I live in an affluent part of the city and hold two degrees," he said in the documentary previously cited. Many people face this every day and as HCPs our antennas must be attuned to incidents that occur in our workplace.

Let's review the following definitions and reflect on their impact on ourselves, our patients, and our colleagues.

- Race ~ a sociopolitical construct; refers to the genetic, biological differences such as skin color, or other outward physical appearances
- Racism ~ a belief that all members of each race possess certain characteristics or abilities specific to that race; especially to distinguish it as inferior or superior to another race or races
- Ethnicity ~ a group that shares a common history, culture, values and beliefs, linguistic or religious beliefs along with other characteristics that form a shared identity
- Prejudice ~ a set of rigid and unfavorable attitudes toward a particular individual or group that is formed without consideration of facts
- Discrimination ~ a set of attitudes that often leads to the differential treatment of individuals or groups based on categories such as race, ethnicity, gender, sexual orientation, social class, religious affiliation, immigrant status.
- Cultural bias ~ believing that one's personal beliefs and values are superior
- Cultural imposition ~ imposing one's cultural beliefs and values on another in an intrusive manner
- Ethnocentrism ~ the belief, assumption or perception that oneself or group is superior to another; an inherent superiority

Forming opinions . . . it begins early in life

We learn biases at a early age. Prior to one's ability to differentiate between races of people, observation and socialization with our family of origin lay the groundwork for establishing biases. Before the age of five a child learns attitudes and beliefs about the differences between people and the things in their environment. Recently, a five year old child whose mother is white and father is black, shared an 'aha' moment when he said to his mother, "I know who I am . . . it's kinda like ice cream. I am chocolate, because I am dark; you are vanilla

because you are white; and Sammy (his younger brother) is," and here he paused, "Sammy is marble fudge, because he is more white than black." He had selected something that he loved, ice cream, and used it to provide positive attributes to his mother and brother. By the age of ten this same child will likely form attitudes and beliefs – positive and negative about ethnic groups. This is what his world tells him about the "other" and he begins to believe it to be true. It is not until adulthood, however, that one has the opportunity to change previous biases, behaviors, and stereotypical opinions about others.

Bias . . . Naming it . . . Saying it . . .Dissolving it

Bias, negative or positive; conscious or unconscious, is a belief about a particular subject or people. This then translates into stereotyping – a firmly held belief that influences how one interacts with another.

Reflective exercise: List your first positive & negative thoughts . .
1. *African American - college - male - dreadlocks*
2. *Asian - math - herbs - driving*
3. *White - pregnant - poverty - alone*
4. *American Indian - overweight - casino - pride*
5. *Woman - executive - African American - new*
6. *Elderly - new hire - thrifty - organized*

What was the first thought that came into your head after reading each one? Did some of your responses surprise you? If this had been done in a group setting, different perspectives would have been presented. Those responses can help us to widen our views and open us to a new way of thinking, thus hopefully eliminating previously held biases and stereotypes.

Stereotyping as defined by Webster's 1950 Merriam Dictionary refers to the use of a mold to make a plate . . lacking originality or individuality . . to repeat without variation; to hackney. The 2009 version defines stereotyping as "oversimplification of the typical characteristics of a person or thing."   The difference of sixty years takes the term to a new level. Research in social

psychology indicates that stereotyping is a *universal cognitive function* (IOM 2002).   It is not unique to one group of people, one religious sect, or one socioeconomic group. It is universal and worldwide. On a recent trip to Costa Rica for a Spanish immersion program, mi madre (in Costa Rica) told me about the *Nicas* and the *Ticas*. Still not well versed in Spanish, I asked for clarification. She informed me, en Español, that the *Ticas* were Costa Ricans and the *Nicas* were Nicaraguans. The *Nicas* were coming across the border to use Costa Rica's health facilities, schools, and welfare system. Being naïve I asked "How can you tell the difference?" She adamantly shared "They all (she place great emphasis on the word all) look and talk the same." A recent documentary on immigrants entering Botswana from Zimbabwe depicted a similar view that these immigrants were taking jobs and using resources. How could they tell the difference between the those from Botswana and those from Zimbabwe? The response from one woman: "They smell different." In her worldview it was fact. What we see and what we know may be very different. .

Why do we do this? Initially, it may provide confidence in our ability to control the situation or possibly to be used to respond when facts are not readily available. Unfortunately it may create and promote validation of opinions which are prejudiced.   The Institute of Medicine (IOM) report *Unequal Treatment* (2002) states that research in cognitive psychology reveal that stereotypes:

- Are automatically activated ~ generated without conscious effort
- Are held by people who truly believe they do not judge others
- Affect how we process and recall information about others
- Guide our expectations and perceptions and shape our personal interaction

The Proverbial "Iceberg"

The proverbial "iceberg" is a frequently used image that helps us to understand that much of what we do not know about patients and colleagues is beneath the water line, yet to be discovered. Initial encounters may evoke positive and negative opinions. Our patients may have an iceberg perspective of us as well. Based on previous encounters with other health professionals, the patient may draw on her memory to form an opinion. It is vital that we as HCP's understand that our patients present to us with their biases as well.

The more knowledge HCPs have about cultural values, beliefs, healthcare practices of various ethnic groups, the more likely they are to have established respectful and trusting relationships with patients and colleagues.

- Knowledge replaces stereotyping
- Positive and respectful encounters replace stereotyping
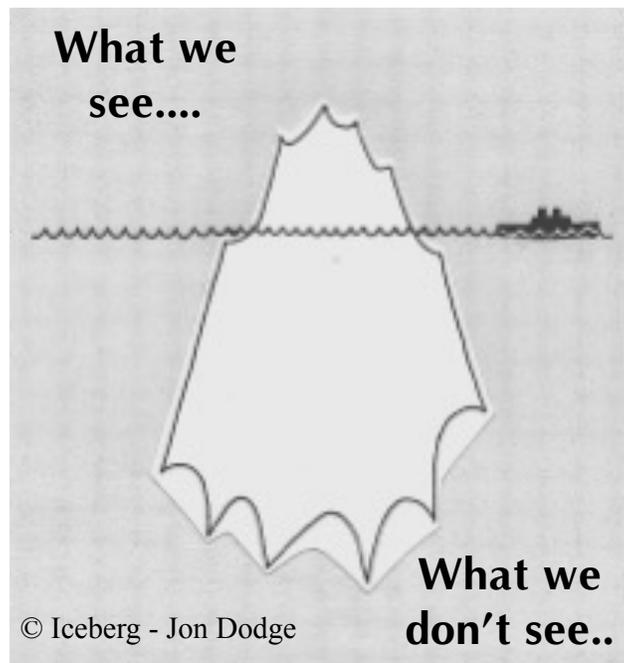- Welcoming environments replace stereotyping

Figure 4-Iceberg©

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Overcoming bias in the every day

Biases   can lead to   making decisions that negatively affect future encounters. So what are the steps one should take to elevate consciousness, address the bias, and then eliminate it? *Reducing Unconscious Bias* (2009)*,* an article by Sondra Thiederman, Ph.D. (copyright 2009 Sondra Thiederman/Cross-Cultural Communications; www.thiederman.com used with permission) offers the following suggestions:

- **Step 1: Become aware of your bias**
    - Identify that first thought that comes to mind when encountering someone different than yourself
    - What assumptions are you making?

- **Step 2: Examine your thoughts**
    - Look at your reaction and think ~ "would I feel the same way about the meaning of this incident if that person were from a different group?"
    - Is this related to a previous experience with the group involved?
    - If your assumption is incorrect?

- **Step 3: Dissect your bias to reveal its weak foundation**
    - Was the original source of my bias reliable?
    - Was it a self-fulfilling prophecy or the filter of expectation?

- **Step 4: Fake it until you make it**
    - Make a list of the things your bias about how people communicate is causing you to do; and consequence of these behaviors
    - Substitute behavior and visualize positive consequences
    - The more positive one views another, the better response from that individual and the more positive the experience for all concerned.

Thiederman suggests *Bias Spotter Partnerships* which is based on the following four principles: (1) awareness of our biases is the best first step toward resolution, (2) human beings resist identifying our own biases because we feel that having a bias means we are bad people, (3) the stress and rush of the workplace deprives us of the luxury of spotting the tiny clues to bias that our behavior and thoughts reveal, and (4) team members can serve as trusted aids in bringing about awareness of our biases. This approach can be used in the workplace and thus translates into a collaborative effort in which all members of the team/staff identify biases in the spirit of mutual support without being accusatory. Confidentiality is important as well. For the next couple of weeks, notice the first thought that comes into your mind when encountering someone different than yourself or that patient with a long history of negative encounters with HCPs. Use the four steps outlined to identify, examine, dissect and substitute previous behavior and thoughts. You will see new and positive outcomes. Attitude follows behavior.

Ethnocentrism & Cultural Acceptance

Juxtaposing these two terms may seem an oxymoron, but in reality one may actually lead to another. Ethnocentrism, according to W.G. Summer in the early part of the 20th century, was defined as "the view of things in which one's own group is the center of everything and all others are scaled and rated from it."[3] It is interesting to note that he suggests that persons hold onto these beliefs, values, and folkways in order to protect themselves from foreigners. It was a survival strategy to maintain one's identity.

Cultural values and practices learned as a child through observation, communication, and socialization can lead to ethnocentric beliefs. Becoming aware that one has beliefs of superiority over another individual or group, provides the first step in the journey to ethnorelativism, a belief that another's cultural beliefs, values, and ways of living in the world are on a equal par with one's own. This transition does not happen in a day, a week, or a year. It does not happen because of one incident, one encounter, or one "aha" moment. Opportunities to learn about others garners cultural knowledge and moves us from the unconscious ethnocentric thoughts to a conscious decision to make changes that will lead to culturally sensitive and competent healthcare.

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Our patients also may hold ethnocentric beliefs about us. Expectations may lead to misunderstandings, tension, and uncertainty. It is during these moments that we realize that this is an opportunity to dispel previously held biases and eliminate stereotyping of each other. When we persevere in difficult times, we learn something new about our patients and ourselves.

Now to assessment . . .

Where are you on the river of prejudice and discrimination. This activity allows recognition that a response may vary according to the situation. Visualize yourself in a canoe on a river. Yes, you have a life jacket on ~ a great metaphor for dealing in uncertainty. There are five potential answers, beginning with Level 1, promoting racism and discrimination, to Level 5 in which you are a constant voice speaking out against injustice. Where are you?
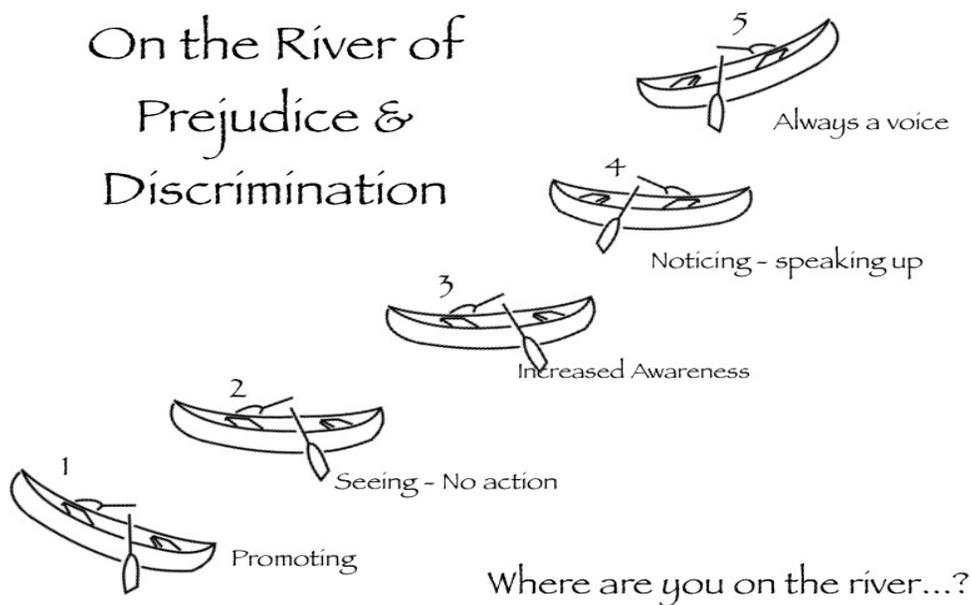
On the River of Prejudice & Discrimination

5 — Always a voice

4 — Noticing - speaking up

3 — Increased Awareness

2 — Seeing - No action

1 — Promoting

Where are you on the river...?

Figure 4-2: On the River

Reflective exercise: Where are you on the river . . . ?

1. *In the clinical setting:*   *1*   *2*   *3*   *4*   *5*

2. *In the staff meeting:*   *1*   *2*   *3*   *4*   *5*

3. *At the supermarket:*   *1*   *2*   *3*   *4*   *5*

4. *At a family gathering:*   *1*   *2*   *3*   *4*   *5*

Where to from here . . .

The process is ongoing. Take the opportunity to attend cultural awareness education seminars that address issues of prejudice, discrimination and racism in addition to cultural beliefs, values, and practices of various groups. Reviewing policies and procedures, orientation programs, staff evaluations, annual goals and objectives, and the mission statement of the organization can and should be part of this process. It's time to talk about all things uncomfortable!

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