Dismantling Institutional Racism in Health Care

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Amy Reid, MPH, Director, IHI

December 10, 2018
8:30 am – 4:00 pm

#IHIFORUM
Nothing to Disclose

- The presenters Laura Botwinick, Donald Berwick, Amy Reid, and Ron Wyatt, have no relevant financial or nonfinancial relationship(s) within the services described, reviewed, evaluated, or compared in this presentation.
Welcome & Plan
Martin Luther King Jr. said, “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.” The time is past due to address the moral imperative and practical necessity of achieving health equity.

In its fourth year at the IHI National Forum, this session has been updated to include new content and new case examples. This session focuses deeply on institutional racism, one pillar of change identified in the IHI paper on Achieving Health Equity, and the learning of IHI's Pursuing Equity initiative.
Session Objectives

• Recognize institutional racism in health care organizations and learn ways to change these structures and processes
• Examine how to discuss racism and unconscious bias within an organization, build will for discovering how they manifest, and identify ways to address them
• Apply lessons from case studies and concepts from the IHI paper on Achieving Health Equity, and develop an action plan for next steps
Presenters and Panelists

- **Donald Berwick, MD, MPP**, President Emeritus and Senior Fellow, IHI
- **Ronald M. Wyatt MD MHA**, Chief Quality Officer, Director, Cook County Health and Hospital System, Chicago, Illinois
- **Laura K. Botwinick, MS**, Director, Graduate Program in Health Administration & Policy, University of Chicago, Chicago, Illinois
- **Amy Reid, MPH**, Director, IHI, Cambridge, Massachusetts
- **Shannon Ladner-Beasley, MPH**, Program Manager/ Youth Engagement Strategist, Contra Costa Regional Medical Center, Health Centers and Detention Health, Martinez, California
- **Greg Sawin**, Residency Director, Tufts Family Medicine Residency, Cambridge Health Alliance, Cambridge, Massachusetts
Design of this Session

• Bring “heart” into the room
• Review how racism operates in health care
• Present IHI Framework for health care organizations to achieve health equity and a new expanded version of the pillar on eliminating institutional racism
• Reflect on lessons learned from the Pursuing Equity collaborative
• Feature case studies to illustrate work being done
• Tools for implementing equity work at home
• Reflection and visioning
Plan for the day

Welcome & Plan for the day
Ice Breaker
What is racism and how does it operate in health care?
  10:00 – 10:30am Break
A framework to address racism & lessons learned
Case Study 1: Contra Costa
  12:00 – 1:00pm Lunch
Case Study 2: Cambridge Health Alliance
Panel on discussing racism in organizations
What can you take home?
  2:30 – 3:00pm Break
Open Discussion, Visioning & Reflection
Next Steps
Pause & Get Present
Working Agreements

- Be present
- Step up, step back
- All voices are needed, all have a role
- Be willing to “try on”
- Be willing to challenge and be challenged
- All teach, all learn
- Don’t personalize the critique of systems
- Hold tension in life-giving ways
- What else would you add?
Story of Self & Table Share

The story of self, us, and now is a technique originated by Marshall Ganz used in community organizing to connect with others in a common cause.

What is your ‘story of self’ as it relates to equity. Why are you here? Why does equity matter to you?
What is Health Equity?

Health Equity

When all people have the opportunity to attain their **full health potential** and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.

Health Inequity

A difference or disparity in health outcomes that is **systematic, avoidable, and unjust** that is tied to social, economic, or environmental disadvantage.

What is Racism?

4 level of racism: internalized, interpersonal, institutional, structural

Differential access to goods, resources, and opportunities of society by race.

A system of advantage based on race.

Phyllis-Jones. Levels of Racism: a theoretical framework and a gardeners tale. AJPH
David Wellman, Portraits of White Racism
What is Diversity & Inclusion?

Diversity
The presence of differences that make each person unique that can be used to differentiate groups and people from one another.

Inclusion
Organizational effort and practices in which different groups or individuals having different backgrounds are culturally and socially accepted, welcomed, and able to thrive.
What is Implicit Bias?

Attitudes and stereotypes that influence judgment, decision-making, and behavior in ways that are outside of conscious awareness and/or control.

- Normal cognitive process
- Impact our behavior and we’re unaware
- Result of how we are socialized
- Shapes expectations, how information is shared, how we act, how we communicate verbally and nonverbally, and what we recommended
- *But be careful! Don’t let racism off the hook!"
What is racism & how does it operate in health care?

Ronald Wyatt MD MHA | Merck Fellow IHI 2009-2010
Don Berwick MD MPP | President Emeritus and Senior Fellow, IHI

#IHIFORUM
Session Objectives

1. Learn
2. Feel Uncomfortable
3. Share Knowledge
4. Be Courageous
Cook County Health

- Opened in 2002
- Joint Commission accredited
- 450 beds
  - 228 medical/surgical
  - 80 intensive care
    - MICU, CCU, Neurosurgical ICU, Burn, Neonatal
  - Level I Trauma Center
  - Emergency Department with 120,000+ annual visits
- >1000 attending physicians
- Training programs with 400 resident and fellow physicians
A Conceptual Framework – Looking Upstream

The Death Gap: Chicago
Counties with the largest decreases in life expectancy from 1980 to 2014:

- Owsley County, Kentucky (-3%)
- Lee County, Kentucky (-2%)
- Leslie County, Kentucky (-1.9%)
- Breathitt County, Kentucky (-1.4%)
- Clay County, Kentucky (-1.3%)
- Powell County, Kentucky (-1.1%)
- Estill County, Kentucky (-1%)
- Perry County, Kentucky (-0.8%)
- Kiowa County, Oklahoma (-0.7%)
- **Perry County, Alabama (-0.6%)**
Where Health Care Won’t Go

A tuberculosis crisis in the Black Belt

By Helen Ouyang

It was a miserable January morning in Marion, Alabama, last year, with temperatures twenty degrees below average and freezing rain that sliced sideways. But that did not dissuade the people lining up outside the Perry County Health Department. The first appeared at the door when the sun had barely risen, then a couple more arrived, and soon they came by the hundreds. Some brought their children, others showed up with cousins; there were families four generations deep. By nine o’clock, the line had lassoed around the building, with its tail pitching into the parking lot. People held umbrellas in one hand and with the
Uniontown Alabama: “Visit at your own risk”

- Uniontown has been framed by advocates as one the most egregious examples of environmental racism in the US, where a largely poor and black population has had a polluting facility foisted upon it with little redress.

- Uniontown, located in Alabama’s Black Belt region west of Montgomery and south of Tuscaloosa, has struggled with its sewer system for years.
The Stuff that Kills Us

- “Race”
- Gender
- Ethnicity
- Labor roles and social class markers
- Nationality, language, and legal status
- Sexual orientation
- Disability status
- Geography
- Religion
- Incarceration history
- Age
- Size

These are independent risk MARKERS

Adopted from Camara Jones MD
Ten Things Everyone Should Know about Race

1. Race is a modern idea.
2. Race has no genetic basis.
3. Human subspecies don’t exist.
4. Skin color really is only skin deep.
5. Most variation is within, not between, “races.”
7. Race and freedom were born together.
8. Race justified social inequalities as natural.
9. Race isn’t biological, but racism is still real.
10. Colorblindness will not end racism.

What is racism?

“Racism is a system of power that structures opportunity and assigns value, and which can occur via acts of commission or acts of omission (such as inaction in the face of need).”

Camara Jones, M.D., M.P.H., Ph.D.
Racism and Health

The USPHS Defended The Ethics Of The Study

In 1972 the Tuskegee Study was brought to public and national attention by a whistleblower, who gave information to the Washington Star and the New York Times.

Heller of PHS, who in later years of the study led the national division, defended the ethics of the study, stating: "The longer the study, the better the ultimate information we would derive."

Dr. Heller in charge of on-site medical operations in the Tuskegee Study for many years before he became director of the venereal disease section of PHS (1943-48). Heller’s leadership coincides with the years when penicillin was introduced as routine treatment for syphilis in PHS clinics, and when the Nuremberg Code to protect the rights of research subjects was formulated. Heller stoutly defended the ethics of the study and claimed that he saw no association whatever between the unethical experiments performed by the Nazis and the Tuskegee Syphilis Study.
Structural Racism

A confluence of institutions, culture, history, ideology, and codified practices that generate and perpetuate inequity among racial groups

Normative, sometimes legalized, and often manifests as inherited disadvantage.

Rachel Hardeman PhD
Structural Racism and Health

“White men in leadership need to name structural racism as a structural cause” of inequities across the delivery system” – David Ansell MD October 2018

Modern Healthcare, 2018
U.S. "most dangerous" place to give birth in developed world, USA Today investigation finds
Between 2011-2013, white women had a maternal mortality rate of 12.7 deaths per 100,000 live births, while black women had a rate of 43.5 deaths per 100,000 live births. Differences in education or income cannot explain the difference.

- A 2016 study of data from New York City showed that college educated black women had a higher risk of severe maternal morbidity than a white woman without a high school diploma.

- The study found that black women were 2-3 times as likely to die as white women with the same diagnoses.

- The causes of maternal morbidity include:
  1. Maternal health before pregnancy,
  2. Access to care and quality of care during pregnancy and childbirth
  3. Recovery, support, and access to care after childbirth

- Black women are more than twice as likely as white women to initiate prenatal care late in pregnancy, which may relate to access barriers such as insurance status and geography.

"No, and this is gonna be hard to hear: we believe black women less when they express concerns about the symptoms they're having, particularly around pain. And that's the common thread in all of the stories we've been hearing in the media, including Serena Williams."
- Dr. Neel Shah Harvard Obstetrician

Sources: CDC, Health and Place, New York City Department of Health and Hygiene
Racism still a problem in healthcare's C-suite

Efforts aimed at boosting diversity in healthcare leadership fail to make progress

By Shelby Livingston | February 24, 2018

"It may not always be a black person that I put in a role, but I'll feel good knowing I put the right person in that role, and I didn't put them in that role because they were white or because they were black. I think that's what we're all asking for—just be treated fairly, and to just be seen on the same playing field regardless of the color of your skin."
Why leaders **must** address racism

- Racial inequities deep, pervasive and persistent
- Racial anxiety is on the rise
- Learning an institutional and structural approach can be used across the organization
What leaders **must** do to address racism

- **Put racism on the agenda.** Name racism as a force determining the social determinants of health.
- **Ask “How is racism operating here?”** Identify how racism drives past and current policies, practices, norms and values that create the inequitable conditions in which we are born, grow, live, learn and age.
- **Organize and strategize to act.** Promote and facilitating conversation, research and intervention to address racism and its negative impact on the health of our nation.
- **Redefine** race as a social process and value race skills among leadership team members.

*Journal of Health Administration Education*
I am only one person...what can I do?

STUBBORN OUNCES

(To One Who Doubts the Worth of Doing Anything If You Can’t Do Everything)

You say the little efforts I make
Will do no good; they will never prevail
To tip the hovering scale
Where Justice hangs in balance
I don’t think
I ever thought they would.
But I am prejudiced beyond debate
In favor of my right to choose which side
Shall feel the stubborn ounces of my weight

Allan G. Johnson, “What Can We Do? Becoming a Part of the Solution” excerpt from the Gender Knot: Unraveling Out Patriarchal Legacy Copyright© 1997
Take Aways

1. Is equity a strategic priority for your organization? Does it show?

2. Make equity the way we work where you are.

3. Address structural racism.

4. Organize and strategize to act.
THANKS!
What is racism & how does it operate in healthcare?

Ronald Wyatt MD MHA | Merck Fellow IHI 2009-2010
Don Berwick MD MPP | President Emeritus and Senior Fellow, IHI
Plan for the day

Welcome & Plan for the day
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Next Steps
BREAK 10:00 - 10:30am
Reflection & Pair Share

Share your reflections in the context of advancing equity as they relate to this quote:

“It’s impossible,” said pride.
“It’s risky,” said experience.
“It’s pointless,” said reason.
“Give it a try,” whispered the heart.

-Unknown
Frameworks & Lessons Learned
Framework for health systems

- Health equity is mission critical
- Develop structure and processes to support health equity work
- Deploy specific strategies to address the multiple determinants of health
- Eliminate institutional racism and other forms of oppression
- Partner with community organizations

Eliminate Institutional Racism and other forms of Discrimination

Understanding History
- Understanding History of racism and discrimination in US, in the community in which the health care organization is located, and of the health care institution itself.
- Understanding communities of color the organization serves or could be serving: customs, culture, and experience of the community and reflecting that in practice.
- Building Trust with patients, partners, and the community
- Personal Journey

Culture & Communication
- Normalize discussions about Racism
- Have discussion about power and whose voices are heard
- What images are displayed in facilities (e.g., photos, décor)?
- Is it a White dominant culture within the organization?
- Communications: dominant narratives - racialized narratives on which this nation was conceived, which drive attitudes and behavior
- Important role of leaders in setting tone and priorities
- Deeply listen to patients, partners and the community

Human Resources
- Hiring, promotions, pay equity, diversity at all levels of the organization, expanding networks for recruitment; for medical schools and other health professional schools: admissions practices.
- You can’t address institutional racism only by talking about diversity, inclusion & equity – you have to change systems
- Policy and procedure development: racial equity impact assessments
- Decisions about where to locate facilities
- What insurance is accepted by the health care organization
- Investing in the community: procurement practices, local hiring, etc
- Using organization money that is part of the investment portfolio to participate in community investment, Housing for example
- Taking what we have learned into practice

Business Practices
- Data systems: collection and analysis of clinical data using race, ethnicity and language attributes to find disparities
- Choosing clinical conditions that have disparities and using quality improvement to help those with the greatest disparity
- Organizational silos between quality and diversity departments

Clinical Operations
- % of clinical board measures that are analyzed for differences using REaL data
- % clinical equity gaps narrowed

Metrics
- Analyze employee surveys by race, ethnicity, language and pay looking for differences
- % of board that is white versus community
- % C-suite white versus community
- Staff reported experience – experienced harm/discrimination
- Employee jobs stratified by race ethnicity
- Staff involved in retirement plan by race
- Employees sent to collection for health care by race and income
- % of people of color in management positions
- Formerly incarcerated hiring policy (check the box)
- % Medicaid treated by hospital/% state Medicaid average
- % Procurement of supplies from minority owned businesses in your community
- % of clinical board measures that are analyzed for differences using REaL data
- % clinical equity gaps narrowed
Reflect on the frameworks

- Process individually
- Table share
- Comments in large group
My Racial Identity Development

~Greg Sawin, MD, MPH
Social Determinants of Health Inequities

Racism
- Education
- Job Opportunity
- Socioeconomic Status
- Environmental Exposure
- Health Behaviors
- Access to Health Services
- Safe & Affordable Housing
- Violence

Health
Cambridge Health Alliance - Tufts FMR Path to Grow Health Equity; some pieces of the foundation

- Public Safety Net Hospital System
- History of service to immigrant and underserved patients
- Judy Fleishman PhD Fellowship at IHI. 2009-10
- Honor MacNaughton, MD, Associate Program Director
  - RHEDI Grant 7/2013
  - Repro Health & Advocacy Fellowship 8/2015
  - Dr. MacNaughton becomes National Program Director, 8/2017
TuftsFMR Quest for Health Equity Begins . . .

2015

- 2015 Match (class of 2018) 5/8 residents are people of color (first time in history of residency to have majority minority residents).
Classes 2015-17 People of Color = 3 (13%)

Classes 2018-20 People of Color = 13 (57%)
Family Medicine Residency moves toward equity

- **Suboxone Group Visits started.** (now treating ~100 patients with MAT)
- **Website Update:** rewrite web site to lead with Health Equity Mission
- **Gwoup Sante (Haitian Wellness Group Visit Started)** In response to recognition that disproportionate # of uncontrolled Diabetics are Haitian.
- **Wellbeing of Malden published with the City of Malden and CHA** (49% of Malden residents are foreign born), 26 native languages spoken in our local school.
gender, religion,
straight, LGBT+, race, ethnicity,
life experiences, background, job,
nationality, favorite sport, favorite TV show,
car, education, what languages you speak,
sober or addicted, favorite food, what you
like on your pizza, hairstyle, favorite movies,
favorite authors, pets, vegetarian, meat-eater, or
vegan, tie or no tie, heels or flats, dogs or cats,
favorite drink, gym or no gym,
age, anxious or calm,
etc...

We accept you.
When you know better . . . do better

● 2016 Applicant Cycle: started "screening in" for people of color in our residency application process (in 2017-18 cycle 67% of our applicant interviews were with people of color matched 6/8 people of color).
● "Hot Mess" residency retreat of 10/2016
● 4/17 - 1/18 - Needs assessment (Aims 2)
● 7/2018: All preceptors required to be buprenorphine waivered
Race & Equity Work Continues at Tufts FMR @ CHA

- September 2017: 25th Anniversary Gala fundraiser "to support our work in Health Equity" - raised $10,000
- "Health Equity Minute" - in weekly All-Residency Meeting, strategy to train and also keep on weekly radar to help build culture.
- H.E. Minute/Micro-aggression report box in residency room
Expanding Diversity and Inclusion in Hiring (one-pager)

Recommendations:

- Create a strategic plan for increasing diversity
  - Assess current workforce diversity and department needs
  - Engage senior leaders, other department chiefs and medical directors
  - Disseminate plan so managers and employees involved in interviewing are on same page

- Recruitment
  - Include a statement on diversity on the CHA and/or CHA Department of Family Medicine website
  - Create a transparent workflow for the recruitment and hiring process
  - Expand advertising in minority and underrepresented medical associations

- Reviewing applicants
  - Assess job candidates on level of commitment to working with diverse populations and language skills

- Interview
  - Ensure diversity of interviewers and hiring committee(s)
  - Provide guidance for interviewers to focus on CHA’s mission

- Post-hiring support
  - Establish mentoring for all new providers, to address the challenges of balancing work demands and navigating institutional policies and politics
Poco a poco, building a culture of equity

- Launch of Quality Equity and Safety Rounds replacing prior M&M's lead by:
  a. Laura Sullivan, MD, Chief of Family Medicine
  b. Abbie Love, MD, MPH, FM Maternity Director and Windsor Street Medical Director

- Health Equity group presents at 2018 STFM Annual Conference

- June 2018 commitment to "50% of our residents people of color" posted publicly on our web site as program goal
Dismantling institutional racism

- June 2018 New Updated: CHA Guidelines on Cannabis Use in Pregnancy and Breastfeeding (took cannabis OUT of other drug screening protocol) -- included Racial Equity Statement

**Racial Equity Impact Statement:** A preponderance of research shows that cannabis enforcement disproportionately impacts people of color despite similar drug consumption rates across demographics. Studies have demonstrated bias in prenatal drug testing due to patient race, socioeconomic status, occupation, and education status. Many women use alcohol, tobacco, or cannabis while pregnant, but only those using cannabis are reported to the state. We are enforcing laws not for those drugs shown to pose greater possible risk to fetal health, such as alcohol or tobacco, but for those like cannabis that we have decided to criminalize largely because of the populations of people who are stereotyped as using them.
Share our story. Make the implicit explicit.

- Youtube channel launch (and links on web page) of residency videos including 1 on Health Equity
- 2018-19 cycle: Increased focus on URM (Blacks, Latinos, Native Americans)
- Bystander Intervention Training
- Sharing more broadly
  a. IHI Forum - Annual Health Equity Pre Conference Workshop since 2015-2018 so far . . .
  b. 2018 AAFP Program Directors’ Workshop
  c. UVA Grand Rounds
  d. Camden Coalition “Care at the Center” 12.2018
  e. This !! IHI Forum 12.2018
Plan for the day

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Next Steps
Lunch 12:00 - 1:00pm
Case Studies
Dismantling Institutional Racism to Achieve Health Equity
From Classroom to College to Career

Shannon Ladner-Beasley, MPH
Manager, Career Pathways
Contra Costa Health Services
Racial Equity as shared power
Who Are We?

- 4,400 employees
- Coverage and care of 200,000 people
- $1.8 billion budget
- Health care delivery in a variety of settings – hospital, clinics, schools, detention facilities and homes
- Special attention on the most vulnerable
Public Health

Contra Costa Health Plan

Behavioral Health

Emergency Medical Services

Health, Housing & Homeless

Hazardous Materials & Environmental Health

Regional Medical Center, Health Centers & Detention Health
• Statutory obligation to protect the health of Contra Costa residents

• Special commitment to supporting our most vulnerable populations
Addressing Our Most Vulnerable

Integration of health services focused on overcoming health obstacles of our most vulnerable populations
Richmond: Mortality Rates

**Chart 4: Cause Specific Death Rates (per 100k), Richmond and Contra Costa**

- **Heart Disease**: Richmond - 14.6, Contra Costa - 19.4
- **Cancer**: Richmond - 16.9, Contra Costa - 19.4
- **Stroke**: Richmond - 4.3, Contra Costa - 4.3
- **Chronic Lower Respiratory Disease**: Richmond - 4.1, Contra Costa - 3.9
- **Unintentional Injury**: Richmond - 2.7, Contra Costa - 3.4
- **Diabetes**: Richmond - 1.8, Contra Costa - 3.2
- **Homicide**: Richmond - 2.6, Contra Costa - 0.8
- **Alzheimers**: Richmond - 2.5, Contra Costa - 3.5
- **Hypertensive Disease**: Richmond - 2.4, Contra Costa - 1.2
- **Influenza**: Richmond - 1.6, Contra Costa - 1.3
- **Liver Disease**: Richmond - 1.3, Contra Costa - 1.0
- **Suicide**: Richmond - 1.1, Contra Costa - 1.1

**Annual Mortality Rate per 100,000**

*Source: California Death Statistical Master Files, 2008-2012*
A Demand for Diverse Health Professionals

- By 2020, nearly 2/3 of U.S. jobs will require post-secondary education & training
- California is projected to need nearly 450,000 new health workers by 2020
- Aging and racially and ethnically diverse require culturally responsive prevention and treatment strategies
Health Equity

Achieving health equity =

• Acknowledging institutional racism as a root cause of generational poverty

• Creating fair opportunities for ALL to experience and maintain optimal health

• Collaborating with internal and external partners to improve the societal sectors that influence health and self-sufficiency (e.g. employment, education)
Education: The Equalizer

College-and-Career Preparedness ➔ a multi-sectoral approach to address racial inequities in the health care system

Education Is A Key Social Determinant of Health

- College eligibility AND readiness
- Career options and mobility
- Earning potential and access to health insurance
- Health literacy skills
- Individual/family lifestyle choices
- Quality of life and life expectancy
AA students experienced the lowest outcomes in both English (24% on-level) and math (6% on-level) compared to peers from other ethnic backgrounds.

By 3rd grade, Latino and AA were the only students performing below the overall average in meeting English standards for both low-income and non-low-income groups.

AA students make up only 18 percent of students but consist of nearly one-half of all suspensions.

Fewer than half of WCCUSD HS graduates were University of CA / CA State University eligible, less were college-ready.
2013 - Richmond Public Health Solutions Project

CCHS Goal – Develop career pathway from a community disproportionately affected by health inequities, racism, poverty, and incarceration to ensure a patient-centered health workforce that reflects the racial and lived experience of the communities served.

- High School Health career curriculum and project-based learning
- Paid CCHS, community-based summer internships & clinical shadowing
- Healing-centered youth and adult trainings
- Mentorship, Prof development, college readiness workshops/field trips
- Young Men of Color Pilot – EMS Exposure
- CCHS employment application assistance
Years of Life Lost, By Race (Males)

CCHS Richmond Health Equity Report (2015)
CCHS: A System Challenged by Institutionally Racist Norms

- Program sustainability and integrity of staffing threatened by biased leaders and decision-making

- Limited initial interest from Caucasian department leaders in favor of supporting college volunteers, staff’ children

- Internships threatened by unfair and inconsistent on-boarding protocols, headquarter bias, and subjective dress codes.

- Undocumented and formerly incarcerated students get sidelined. URMs marketed as “cheap labor” instead of valuable learners and contributors.

- CCRMC Equity Team –focused only on hospital service and culture, doctor privilege vs, step-children
Results and Accomplishments

• 1000+ students reached, 150 placed in internships

• Intern Demographics: 52% Hispanic, 24% Asian American, 21% African American, and 3% Caucasian; 70% female

• 75% demonstrated increased K+ on SDOH and -isms impact on their health

• 80% reported increased interest in public health careers

• CCHS launched interdepartmental Career Pathways Workgroup and invited to convene WCCUSD Health Advisory Board
Education and Employment Wins

• Interns surveyed in senior year (2016): 100% planned to attend college; 11% planning AA degree; 37% planning Bachelor’s degree; and 52% Graduate degree or higher

• Interns met WCCUSD math standards (32%) and English standards (66%) at double the rate of those without internships

• Twelve interns were hired at their summer placements

• 3 EMS Exposure Pilot participants went on to complete EMS Corps Training and are nationally certified EMTs

• 2018 Change-Maker CCHS Intern Project Winners: Increasing HS Graduation Rates for AA males; Increasing Diversity in EMS Careers

• PHS is endorsed by HSD Director as a racial and economic equity strategy addressing SDOH with a plan to scale up!
“As we light a path for others, we naturally light our own way.”

-Mary Anne Radmacher
Discussing racism in our organizations
Your take aways

What can you take home from what you’ve heard today so far?
BREAK 2:30-3:00pm
Group Share

- Next Steps
- Worries
- Vision/Aspiration
Plus/Delta

- Plus: what worked well about today’s session?
- Delta: what can we do to improve the session for next time?