

# Racism, Social Injustice, and Discrimination: How can Health Administration Education Make a Difference?

## *Questions and Answers*

### ***1. Do you see any movement from non-minority faculty to include these conversations [about racism, discrimination, structural inequities, etc.] in their classes?***

- **Rhonda BeLue:** Yes, non-minority faculty are willing to participate in conversations about race, but express that they don't necessarily know how to or what to do. We need to provide space and training for faculty to learn how to have these conversations.
- **Kimberly Enard:** Many non-minority faculty are still afraid or unwilling to say the word "racism." However, some do seem to be willing to include racial inequities as part of larger discussions regarding discrimination and structural inequities affecting other vulnerable groups (e.g., LGBTQ, disabled, immigrant). There also seems to be movement in the area of including discussions of racial inequities in discussions of social determinants of health.
- **Christopher King:** I have observed a motivation from nonminority faculty to address these issues in the classroom. However, many are reticent because they do not think they have the skills or capacity to engage in these conversations productively. They do not want to do further harm. Take away - universities should provide faculty with tools/resources and a supportive community to prepare them for productive and rich classroom conversations.
- **Dale Sanders:** Yes, there is great opportunities for non-minority faculty to engage in these conversations. White faculty members most explore the resources and adapt humanist methods to move this information into the classroom. They must be cognizant that this is uncomfortable and will not be easy. These faculty members must bridge relationship across campus to support their efforts with such sensitive topics. This will involve discussing the intersectionality of racism, discrimination, and structural inequities in other disciplines and how that impact health status, access to healthcare, and health outcomes.
- **Jacqueline Wiltshire:** Yes, non-minority faculty members are including conversations about racism, discrimination, structural inequities in their classes, which is great. However, it is often done through the framework which position Black people as the problem that has to be fixed; instead we have a supremacy system that has to be fixed.

### ***2. Do any programs have specific coursework on diversity, inclusion, and equity in healthcare?***

- **Kimberly Enard:** There are courses that focus on these topics (e.g., health disparities, social epidemiology) available within public health colleges and schools. There is also coverage of these topics within courses such as health policy, health care management, health care organization, human resources, health care ethics. However, I am not aware of any specific

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courses on diversity, inclusion, and equity in healthcare that are required in health care management programs.

- **Christopher King:** Yes. We (Georgetown) integrate these issues across the curriculum.
- **Rob Weech-Maldonado:** I have seen some programs include issues related to health disparities in courses on population health or managerial epidemiology. Whether it is a stand-alone course or integrated throughout the curriculum, it is important that students get exposed to the issues of racism and discrimination. But it also important to learn what health care organizations can do to proactively address these issues through diversity management and cultural competency training.

### ***3. What are the 2 to 3 things, actions, initiatives, that AUPHA must DO, from your perspectives, for AUPHA's new 3-year strategic plan?***

- **Rhonda BeLue:** Ongoing systematic inclusion of antiracism content in AUPHA programming.
- **Kimberly Enard:** 1) Collect and 2) disseminate data on faculty and student knowledge and attitudes on these issues and how these topics are being addressed in AUPHA programs.
- **Christopher King:** Work with CAHME to include this issue as criterium for accreditation, work with members to increase diversity on program leadership, develop a long-term continuing education plan at the intersection of systemic racism and healthcare administration.
- **Rob Weech-Maldonado:** I would emphasize two areas: 1) curriculum issues (in collaboration with CAHME)- to ensure our curriculum addresses issues of racism, discrimination, and cultural competency; and 2) leadership and faculty diversity- how can our programs improve the diversity of their leadership and faculty.

### ***4. Would your responses be different (the need to educate) if you were in the corporate environment? How can you educate your students to move into the corporate environment from the classroom? Are there simulations you recommend?***

- **Kimberly Enard:** I think that some, but not, health care organizations are ahead of academia on incorporating these topics into their ongoing employee trainings. Many are also beginning the need to address health inequities as a quality improvement imperative and as part of the Quadruple Aim.
- **Christopher King:** We use simulation exercises to help students articulate the relationship between systemic racism and top issues affecting the healthcare management agenda. Examples: readmissions, inappropriate use of healthcare services, avoidable ER visits.

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- **Rob Weech-Maldonado:** The biggest difference would be that I would emphasize the potential business case for diversity and inclusion, particularly in the context of value-based care. Given changes in reimbursement, health care organizations are increasingly paying attention to the social determinants of health and population health. So, this represents an opportunity to promote cultural competency and diversity as organizations tackle persistent health disparities.
- **Jacqueline Wiltshire:** No. In fact, the cooperate environment seem to be taking more progressive steps to addressing racism and discrimination than academia. I usually show and discuss the National Association of Colleges and Employers (NACE) competencies in my class. NACE competencies address career readiness and how we can successfully prepare college graduates to successfully transition into the workplace. One of the NACE competencies which relates to racism and discrimination is **Teamwork/Collaboration: Build collaborative relationships with colleagues and customers representing diverse cultures, races, ages, genders, religions, lifestyles, and viewpoints.** Many students are willing to “learn,” but employers are looking for people who are willing to “work” (and learn). Helping students understand the difference makes them better prepared for the reality of the workplace.

### ***5. There are so many people that believe structural racism does not exist. What are the best sources of socioeconomic data that can be used to convince people that the problem is real?***

- **Kimberly Enard:** I would start by reading the work of Paula Braveman, Nancy Krieger, David Williams, Michael Marmot, and their co-authors, (available via PubMed). The Commission on Social Determinants of Health also publishes compelling data on these issues.
- **Christopher King:** Wealth gap and homeownership traced back to the New Deal. *Redlining - The Color of Law* by Richard Rothstein
- **Rob Weech-Maldonado:** Presenting statistics on the racial/ethnic composition of governance and leadership of health care organizations.

### ***6. I have heard mixed things about unconscious bias training. Do you recommend any alternatives?***

- **Rhonda BeLue:** Unconscious bias training can be effective for certain groups of people. It is important to self-assess where you/your institution/colleagues are in your antiracism journey and identify appropriate training as well as follow-up actions to anti-bias training.
- **Christopher King:** To the best of my knowledge, the IAT is the most widely used tool. When using it, it's typical for students to be skeptical. And from my perspective, that's ok. I appreciate the dialogue and still use the experience as a teachable moment to recognize how the world shapes our thinking beyond our level of consciousness.

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- **Rob-Weech-Maldonado:** I believe implicit bias training is important because it raises awareness that unconscious bias is real and that it can affect our decision-making process. In one of our papers, we discuss some other potential areas to address such as racial/ethnic identity development and diversity climate (Weech-Maldonado, R., Dreachslin, J. L., Epané, J. P., Gail, J., Gupta, S., & Wainio, J. A. (2018). Hospital cultural competency as a systematic organizational intervention: Key findings from the National Center for Healthcare Leadership diversity demonstration project. *Health care management review, 43*(1), 30-41).

### ***7. Is AUPHA able to do anything to increase/ promote the number of faculty from minority backgrounds?***

- **Rhonda BeLue** Start promoting early. Start by engaging high school students.
- **Kimberly Enard:** AUPHA can collaborate with other organizations and programs that do this (e.g., McNair Scholars program) and specifically work to ensure that underrepresented minorities can get that first job and make it through the tenure process. One idea is to match new faculty from underrepresented minority backgrounds with senior faculty who can help to mentor them as they work toward tenure.
- **Christopher King:** Provide best practices tools and support services for members. Showcase programs that are successful in this space.
- **Rob Weech-Maldonado:** I can see some potential activities: 1) promote best practices related to recruitment and retention of minority faculty; 2) emphasize faculty diversity as a criteria for certification/accreditation (in collaboration with CAHME); 3) recognize programs that excel in the diversity of their leadership/faculty; and 4) establish some type of ranking on faculty diversity.

### ***8. Is diversity included as part of your university's new faculty orientation?***

- **Kimberly Enard:** Yes, very broadly.
- **Christopher King:** YES.
- **Rob Weech-Maldonado:** Yes, it is required training. But it is very brief and does not really address issues of racism and discrimination.
- **Jacqueline Wiltshire:** Yes, diversity is included. But the commitment to it is uncertain.

### ***9. My name is Mackenzie, a graduating senior at Alma College. My question for the panelists is as we look ahead in the next 5 or even 10 years, do you feel that it will be necessary and/or helpful to integrate a course for students that focuses***

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### ***on racism, social injustice, and discrimination from the healthcare administration perspective?***

- **Kimberly Enard:** I think that programs should integrate these topics across a range of courses across the curriculum and also provide experiential learning opportunities outside of the classroom. That said, I also believe that someone (perhaps professional development coordinator) needs to “own” this to make sure it gets done.
- **Christopher King:** Yes. We cannot eradicate racial differences in health outcomes until we understand our history and how the system was not designed for racial minorities to equally achieve life, liberty and the pursuit of happiness.
- **Dale Sanders:** Specific healthcare administration courses addressing racism, social injustice and discrimination were needed yesterday and today and will be needed in the future. However, I am optimistic that we will get to a place where these topics are covered in all courses (general education, healthcare administration and all other courses).
- **Rob Weech-Maldonado:** Mackenzie, congratulations on being a graduating senior! Yes, I believe there is a need to incorporate into the curriculum, training on racism, discrimination, and inclusion. In addition to raising awareness on these issues, it is important to train our students on what actions can be taken in addressing these issues, such as cultural competency training. This could be a standalone course, or there could be a systematic effort to integrate these competencies throughout the curriculum.

### ***10. IBM, Microsoft, and Johnson & Johnson recently announced they are tying the C-suite bonus/merit to diversity recruitment - do you see this happening within healthcare? How can we (as students and staff within healthcare) help develop diversity goals?***

- **Kimberly Enard:** Yes, it can and should happen within healthcare. I believe that setting ambitious goals and implementing transparent reporting is the key to making this happen. What gets measured gets done.
- **Rob Weech-Maldonado:** This can be an effective mechanism to increasing diversity, since it shows leadership is committed to diversity and inclusion. Health care organizations usually lag the corporate world in addressing issues of diversity, but I believe there will an increased adoption of these practices.

### ***11. Current environment is very unsafe for whites to attempt to have discussion with legitimate questions, let alone criticisms.***

- **Kimberly Enard:** I assume that by “unsafe” you mean that the responses you receive are in conflict with what you believe. Perhaps you even feel isolated or, that within the discussion, you

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feel like you are the outsider or are in the minority. If you are a white person in this country, you have a privilege that you may not acknowledge or understand. I'm not sure who said this (someone much smarter than I am), but when you have lived a life of privilege, equality must feel like oppression. Discussions about race and racism are hot button issues that are rooted in decades of experiences that form our beliefs and values. Engaging in these discussions is hard work. I would encourage you to start these discussions by being self-reflective about your beliefs and values and asking other to do so as well. Assume good will. Think carefully about the language you use. Don't give up – we need everyone to undertake this work.

- **Christopher King:** This is why many whites are reticent to broach this issue in the classroom. And it speaks to the importance of fostering a safe, non-judgemental academic culture for racial dialogue. Everyone needs to exercise humility.
- **Dale Sanders:** Yes, it is unsafe but let's try to gain some perspective on the safety of the environment for everyone. Now if we think this environment is unsafe for whites than imagine how unsafe this environment has been and still is for blacks, Latinx and others. Using a timeline, we would explore the 401 years of African American history and how the dominant culture (whites) hold institutional and social power over people of color. I would reference Lerone Bennett Jr. book *Beyond the Mayflower* that identified sixty documented lynchings in 1918 and seventy-six documented in 1919. I would discuss the lynching of Mary Turner, a black pregnant woman in Valdosta, GA and how her body was tied to a tree doused with motor oil and gasoline and burnt at the hands of good people who were scared. I would explain that this is a part of our history and share that after Mary Turner was burnt that a man used a pocket-knife to perform a crude Caesarean operation which followed with a bystander stumping the life out of the breathing baby. This example would bridge the discussion of the relativity of safeness today as Patti Rose's textbook *Health Equity, and Diversity and Inclusion* identifies that in 2008 black infants are two times more like to die than white infants. And this factor has minimal change with the education of the black mothers. I would make sure that students understand that they are not accountable for what happened 400 years ago or even 50 years ago, but that they are accountable to learn the history and how it impacts all of us today. This conversation would focus on critical thinking that create an environment for open dialogue.
- **Rob Weech-Maldonado:** Yes, I agree discussing these issues can be a sensitive topic. As a faculty member, we should create an environment where students can feel free to express their opinions while being respectful of others. Establishing the ground rules is important. May be helpful to start the conversation with less controversial topics and build students' trust.
- **Jacqueline Wiltshire:** I agree. Academia should be a safe environment to discuss racism and discrimination, but it is not. The Harvard Business Review (June 25, 2020) has an article by Tsedale M. Melaku and Angie Beeman on this issue entitled "Academia Isn't a Safe Haven for Conversations About Race and Racism." They talk about how people of color are silenced when they talk about discrimination by white colleagues who purport to be liberal progressives.

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Melaku and Beeman stated that based on their research, personal stories and experiences of many people; there is not much cause for optimism.

### **12. I want to be able to say this the correct way - how do you deal with minorities who have the mindset that they are always treated bad and "use" that to not let change happen.**

- **Kimberly Enard:** I would deal with them the same way that you deal with non-minorities “who have the mindset that they are always treated bad and ‘use’ that to not let change happen.” There are people with different beliefs, values, skills, talents, work ethic in all racial/ethnic groups. Self-reflect and then start a conversation.
- **Christopher King:** Just listen, empathize, and ask questions to get a better understanding of that person's lived experience. Whether this person's experiences are real or perceived, this is what happens when a racial group experiences 400+ years of unequal treatment. Just do your part and be an ally. Practice anti-racism each and every day. You are part of the solution. Thank you for this question.
- **Dale Sanders:** This is an interesting question that is often thought by many so I would begin by asking for more clarification. Asking the questioner to think about why would minorities have that mindset that they are being treated bad and use that to not let change happen? Once we articulate some baseline information, we would explore root causes with a series of historical questions. We would ask if 246 years of slavery could be considered bad? if 100 years of Jim Crow laws could be considered bad? We would inquire if the school to prison pipeline, housing and school segregation, and other social determinant inequities are considered bad? These questions would allow us to take a deeper dive into dismantling some assumptions. We would also discuss that many whites have similar thoughts about bad treatment towards themselves and are resistant to thinking about change. So, our goal would be to start the conversation, and begin talking about why it is so important for us to embrace change and all it has to offer.
- **Rob Weech-Maldonado:** After the long history of racism and discrimination in our country, it is understandable that many minorities may feel hopeless. Also, there may be personality differences, e.g. having an internal vs. external locus of control, which can affect our attitudes towards racism and discrimination. I believe as faculty members, we should assist our students in developing the proper mindset to succeed despite any challenges they may face. Minority faculty and diverse health care leaders can serve as powerful role models.
- **Jacqueline Wiltshire:** From the growth mindset perspective, one has to view a fixed mindset as having beliefs that can be changed. The first step is trying to understand how that fixed mindset was created. Research shows that our environment (and everyday practices like “labelling”) creates a fixed mindset. We can unknowingly reinforce a fixed mindset. “Change” can reinforce a fixed mindset if it is viewed as challenging and uncomfortable. Carol Dweck’s book on mindset (**Mindset: The New Psychology of Success**) can provide some insight into how one can

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understand and address a fixed mindset. Dr. Dweck also talks about a “false growth mindset” where one says they have it but does not understand what it really is.