

Striving to Become an Anti-Racist Department: Strategies for Sustained Engagement and Transformation

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Department of Family Medicine and Community Health

2021 Diversity, Equity and Inclusion Committee including UW Health and nINA Collective Partners



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Disclosures

We have no conflicts of interest.

Anti-racism work is hard and requires time and money. Our department has invested \$50,000 to obtain consultative services from the nINA Collective.

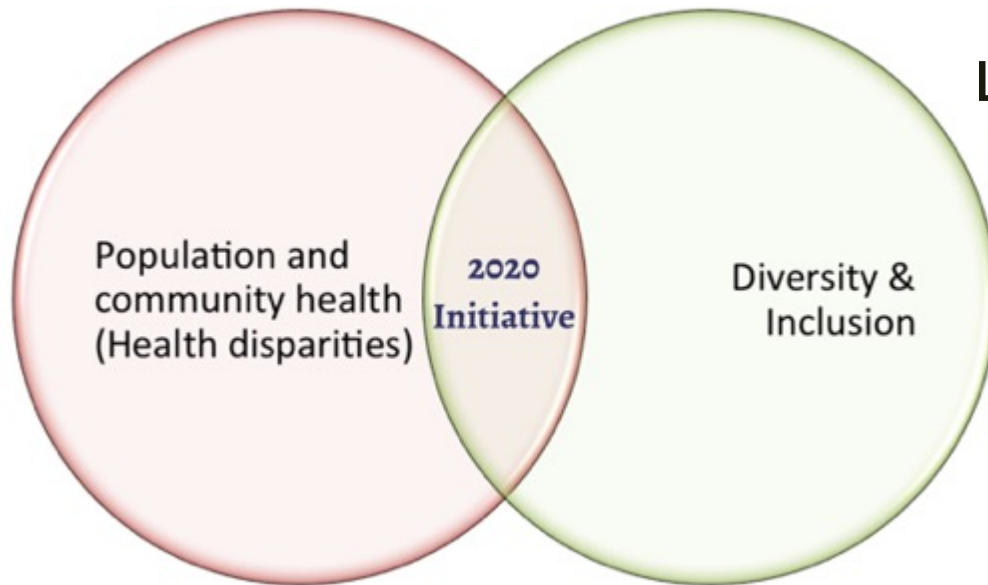
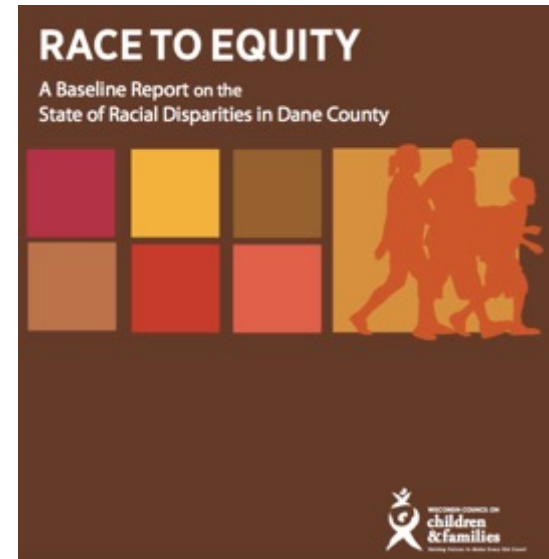
Objectives

Participants will be able to:

- Assess the racial climate of an organization
- Develop strategies for engaging an organization in anti-racism work
- Discuss opportunities to engage in anti-racism work in participants' organizations

Beginnings: *The 2020 Initiative*

- October 2013: Race to Equity Report
- March 24, 2014: Match Day
- July-December 2014: Launch of the 2020 Initiative



Lives lost during the 2020 Initiative

- 7/14/14: Eric Garner (age 44)
 - “I can’t breathe”
- 9/9/14 Michael Brown, Jr (age 18)
- 11/22/14 Tamir Rice (age 12)

Diversity, Equity and Inclusion Committee

DIVERSITY, EQUITY AND INCLUSION

Diversity Home

Diversity Activities >

Committee and Partners

Diversity Events

A Message from the Chair of the
Diversity Committee

UW School of Medicine and
Public Health Diversity Page

UW Health Diversity Page

Black Lives Matter

In 2018 the Wisconsin Public Health Association passed a resolution *Racism is a Public Health Crisis in Wisconsin*. As employees of UW Health and UW SMPH, we belong to organizations that have signed-on to this declaration.

We must breakdown systemic policies and practices that fuel the current state of affairs and we must do that together with people of color in our own department and in our own communities. Now is the time to not only invite, but also center the perspective of voices that have not been included at the decision-making tables.

We must take the time to look both outward and inward. Madison-based organization Nehemiah and Justified Anger has created this helpful graphic as a starting point: *Racial Justice: What you can do!*

Let us actively engage in opportunities to be better, more inclusive, more loving, more forgiving, more just. Let us rise together as a department to strive to become anti-racists.

Jennifer Edgoose and Shelly Shaw
DFMCH Office of Community Health



Contact Info

Jennifer Edgoose, MD, Chair,
DFMCH Diversity, Equity and
Inclusion Committee

Mentoring

DFMCH Mentorship Toolkit

Reducing Bias

Reducing Bias in Hiring
Checklist

Publications

A Commitment to Health
Equity: Reflections on Why,
One Journey Toward How

May 25, 2020

Between 2014 and 2020, police in the United States killed at least 7680 people.

Al Jazeera

Names of 164 Black people killed by police Jan-Aug 2020

Jamarri Daiwon Tarver Tina Marie Davis Tyree Davis Brandon Dionte Roberts Kwame Jones Miciah Lee Claude Washington Fain III Earl Facey Ryan Simms Henry Isaac Jones Keenan McCain Zyon Romeir Wyche Aaron T. Booker Kanisha Necole Fuller Alvin Cole Renard Antonio Daniels Albert Lee Hughes Jasman Washington Harold Spencer Kelvin White Samuel David Mallard Marquis Golden Andrew J. Smyrna Michael J. Rivera Marc Dominic Neal Deandre Lee Seaborough-Patterson Darius J. Tarver Mubarak Souleman Leonard Charles Parker Jr. William Howard Green Jr. D'ovion Semaj Perkins Reginald Leon Boston Jr. Gamel Antonio Brown Manuel "Manny" Elijah Ellis Etonne T. Tanzymore Joshua James Brown Ronnell Mouzon Bobby Joe Gibbs Jaquyn Oneill Light Keith Dutree Collins Abdirahman Salad Kevin Aldophe Dominique Antwon Anderson Kenneth Laneal Sashington Joseph C. Jewell III Jeremy Grayson Devan Austin Twilley Tyler M. Jones Justin Lee Stackhouse Desmond Hayes Anthony Taylor Barry Gedeus Darrell William Mobley Sr. Donnie Sanders Zachery Anderson Jr. Lebarron Ballard Tyrell "Rex" Fincher William Dion Tolbert Simpkins Alvin Lamont Baum II Desmond Franklin Goldie Bellinger Breonna Taylor Kamaal Koby Edwards Mychael Johnson Tommie Dale McGlothen Jr. Idris Abdus-Salaam Dewayne Curtis Lafond Nathan R. HodgeDerick L. Powe George Floyd Joel Acevedo Ruben Smith III Steven Demarco Taylor Brent D'Andrew Martin Virgill Thorpe Skyleur Young Joshua Johnson Elmer L. Mack Kelvin D. Shaw Jonas Joseph Shaun Lee Fuhr Malcolm "Milky" Xavier Ray Williams Jonathan Lee Adams Brandon Gardner Qavon Webb Jah'Sean Iandie Hodge Demontre Bruner William Lamont Debose Dreasjon "Sean DaDon" Reed Finan H. Berhe McHale Rose Adrian Medearis Yassin Mohamed David Tylek Atkinson Rayshard Scales Randy Roszell Lewis Robert Johnson Jr. Tobby LaRon Wiggins William Johnson Jr. Dion Johnson Willie Lee Quarles Sr. Joshua Dariandre Ruffin Maurice S. Gordon Chase Rosa Tony McDade Jarvis Sullivan Modesto "Marrero Desto" Reyes Terrell Mitchell Momodou Lamin Sisay Derrick Thompson David McAtee Terron Jammal Boone Donald Ward Michael Thomas Phillip Jackson Kamal Flowers Lewis Ruffin Jr. Rayshard Brooks Said Joquin Kanavis Dujuan Glass Robert D'Lon Harris Caine Van Pelt Rasheed Mathew Moorman Vincent Harris Darius Washington

REFLECTIONS

Dear White People

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ABSTRACT

We are living in unprecedented times. While the world is grappling with COVID-19, we find the horrors of racism looming equally large as we, yet again, confront lurid deaths in the center of the news cycle of Black and brown people from police bias and brutality. Those of us who have been championing anti-racism and justice work and bearing the burden of the "minority tax" have been overwhelmed by sudden asks from our well-intentioned White colleagues of how to best respond. In the tone of the Netflix series, "Dear White People," we further emphasize that we are not alone in trying to reach out to you, our White colleagues and leaders. Please hear our story and heed our call to action.

Ann Fam Med 2021;19:66-68. <https://doi.org/10.1370/afm.2634>.

D

ear White People,

We come to you as family physicians on the frontline caring for the most vulnerable in our communities; as educators teaching the best and brightest; as scientists seeking novel ways to achieve health equity; as parents of children of all different hues; as survivors of an unjust world; and as leaders who have been fighting for social justice for decades.

We are tired.

Foster KE, Johnson CN, Carvajal DN, Piggott C, Reavis K, Edgoose JYC, Elliott TC, Gold M, Rodríguez JE, Washington JC. Dear White People. *Ann Fam Med*. 2021 Jan-Feb;19(1):66-69. doi: 10.1370/afm.2634. PMID: 33431395; PMCID: PMC7800738.

Responding to the “Urgency”


- Internal work
- Leveraging resources

Anti-Racist Educational Resources: A starting point

- [Anti-Racism Resource List: Well-being, Educational, and Community Resources](#)
- [21 Day Racial Equity Challenge](#) – by Eddie Moore
- [DFMCH Groundwork Resources](#)



“Soaring Toward Change” paper cranes folded by members of the DFMCH in December 2014, marking a departmental commitment to diversity, inclusivity and health equity.



"We can't provide clinical care, or teach learners, or do research, or address community health without having an operational awareness of how structural racism is present and a framework for confronting it."

Bill Schwab

Interim Chair January 2020-June 2021

June 18, 2020

LEADERSHIP



Beth Potter
1968-2020

Leadership Principles

1. Don't just do something, stand there



Leadership Principles

1. Don't just do something, stand there



2. Sustain the conversation

Leadership Principles


1. *Don't just do something, stand there*



2. *Sustain the conversation*

3. **Put your money where your values are**

Leadership Principles

**“A leader is not a searcher for
consensus but a molder of
consensus.”**

- Dr. Martin Luther King, Jr.

RECOMMENDATIONS FOR THE DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH

ON BECOMING AN ANTI-RACIST DEPARTMENT

DFMCH Diversity Equity and Inclusion Committee

Released July 2020

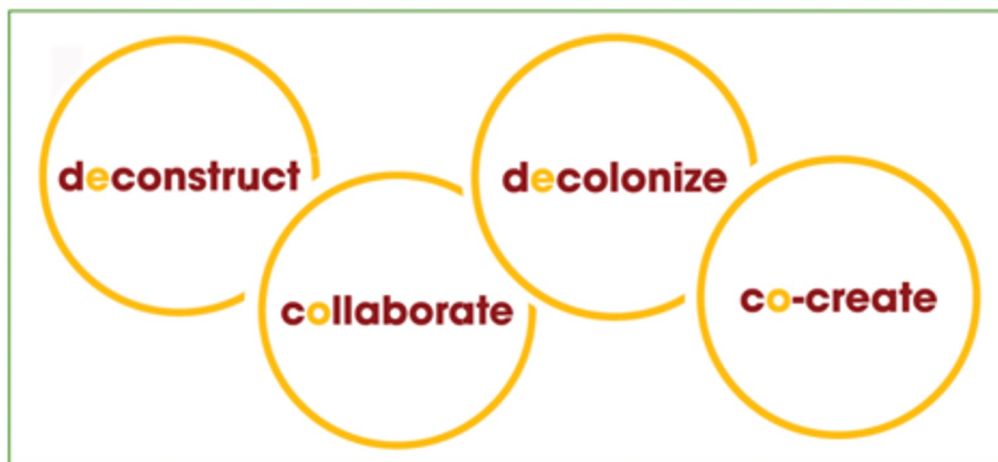
DEI 2.0: From DEI to Anti-racism

Expanding the capacity of the DEI Committee



Through modeling that another way is possible, we transform, support, and create systems and structures that are built around racial equity.

Our Philosophy



DFMCH - nINA Partnership: 2021

Phase I: Visioning and Relationship Building (Jan - March)

Deliverables: Scope, agreements, vision & results statements, session materials

Phase II: Organizational Assessment Review (Jan - March)

Deliverable: Summary assessment report

Phase III: Training and Capacity Building (Feb - Aug)

Deliverables: Training curricula and materials, evaluation summaries

Phase IV: Racial Identity Caucus Group Development (April - Oct)

Deliverables: Caucus group charters, curricula/agendas/materials

Phase V: Action Planning and Evaluation (Oct - Dec)

Deliverables: Strategy session materials, recommendations for further action

Assessment



Departmental DEI Survey (August 2020)

- **PURPOSE:**

- To gauge the attitudes, behaviors, experiences and needs of the DFMCH members pertaining to diversity, equity and inclusion (DEI) issues
- To provide guidance for the Department's Anti-Racism Initiative including the upcoming departmental partnership with the nINA Collective

Maddie Batzli, BA (co-editor)
Bri Deyo, MPH (senior editor)
Jennifer Edgoose, MD, MPH
Rose Hennessey Garza, PhD
Ellen Goldstein, PhD
Linda Park, PhD



Mixed method survey

- Types of questions
 - 16 questions about attitudes, behaviors, experiences and needs (some with open text response options)
 - 12 demographic questions
- Distributed via email and through the DFMCH *In Brief* bi-weekly newsletter in August 2020 to:
 - DFMCH staff (clinical and non-clinical), faculty, clinicians, residents, and fellows

DEI Survey	
2014	2020
181	420

Unable to meaningfully compare 2014 to 2020 data due to a different sampling of departmental members and a significant change in awareness in DEI issues from 2014 to 2020



Key Takeaways

Wide range of viewpoints and needs expressed by members of department

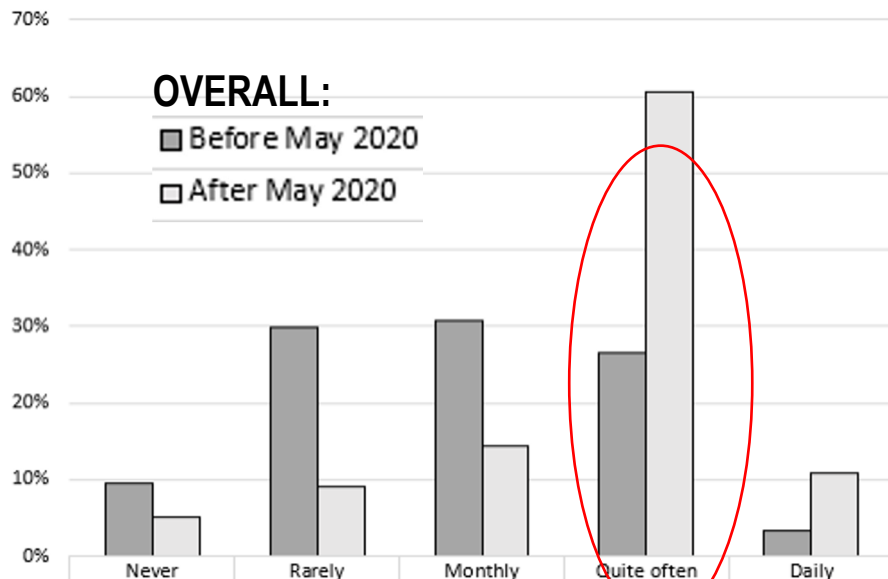
- Many participants express **concern about DEI issues** and **need for more departmental resources and support**
- Some **believe that racism is not a problem** in dept. or that reverse-racism exists
- Some **equity/inclusivity** concerns other than racism
- **Experiences, beliefs, and priorities differed by race**

DEMOGRAPHICS (n=420)

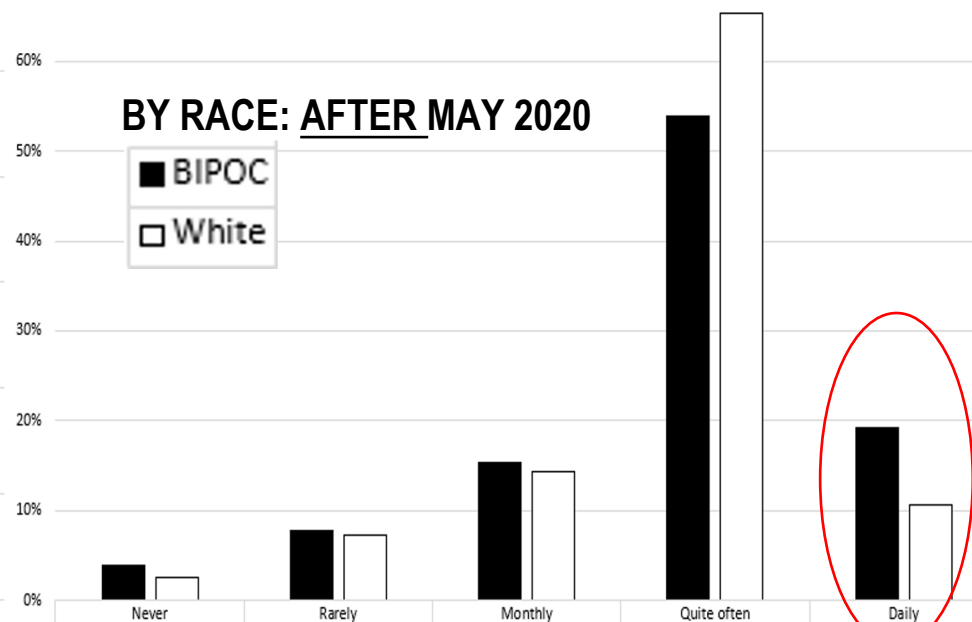
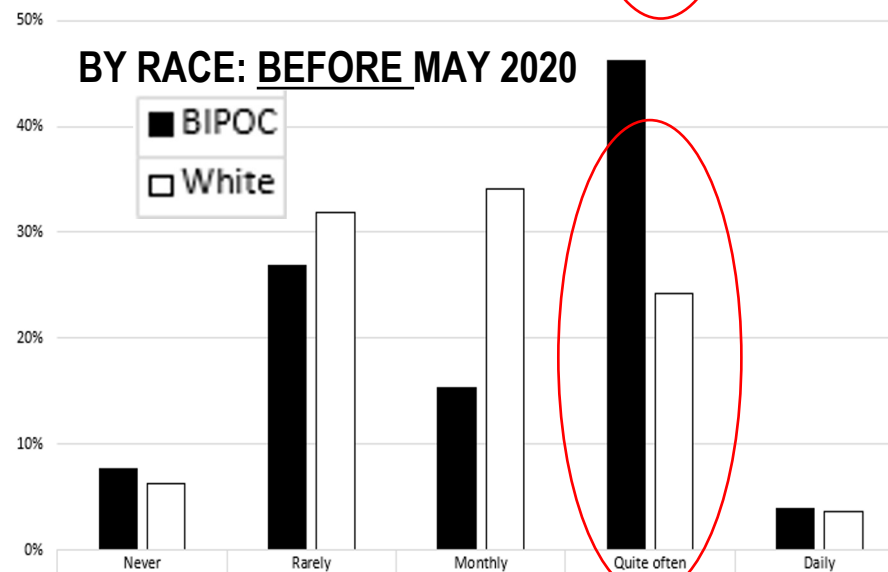
- **RACE:** 81.2% White; 7.7% non-White or 2 or more races
- **PROFESSIONAL ROLE:** Clinic staff 32.3%; Admin staff 24.9%; Faculty 28.2%; Residents 5.2%



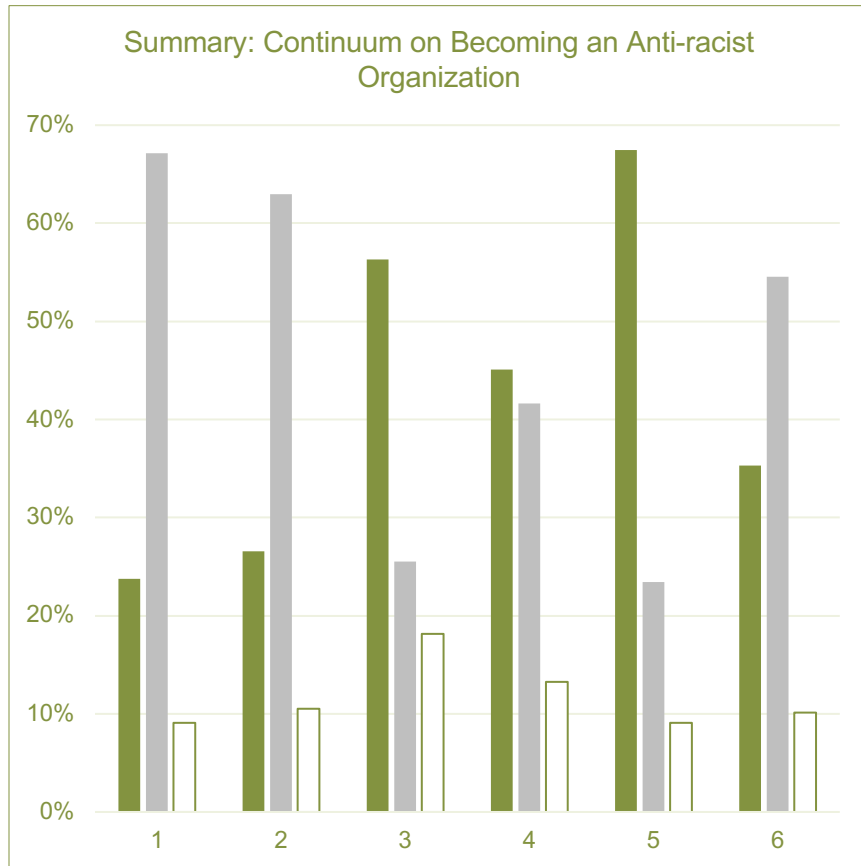
Participant engagement with issues of racism and racial inequality increased after Black Lives Matter protests in May 2020



- BIPOC were already engaged in conversations about racism more frequently than their white colleagues before May 2020.
- Frequency of conversation increased in both groups after May 2020
- More BIPOC are having conversations about racism daily than white employees, proportionally



How do EMPLOYEES RANK DFMCH on the multicultural organization continuum?



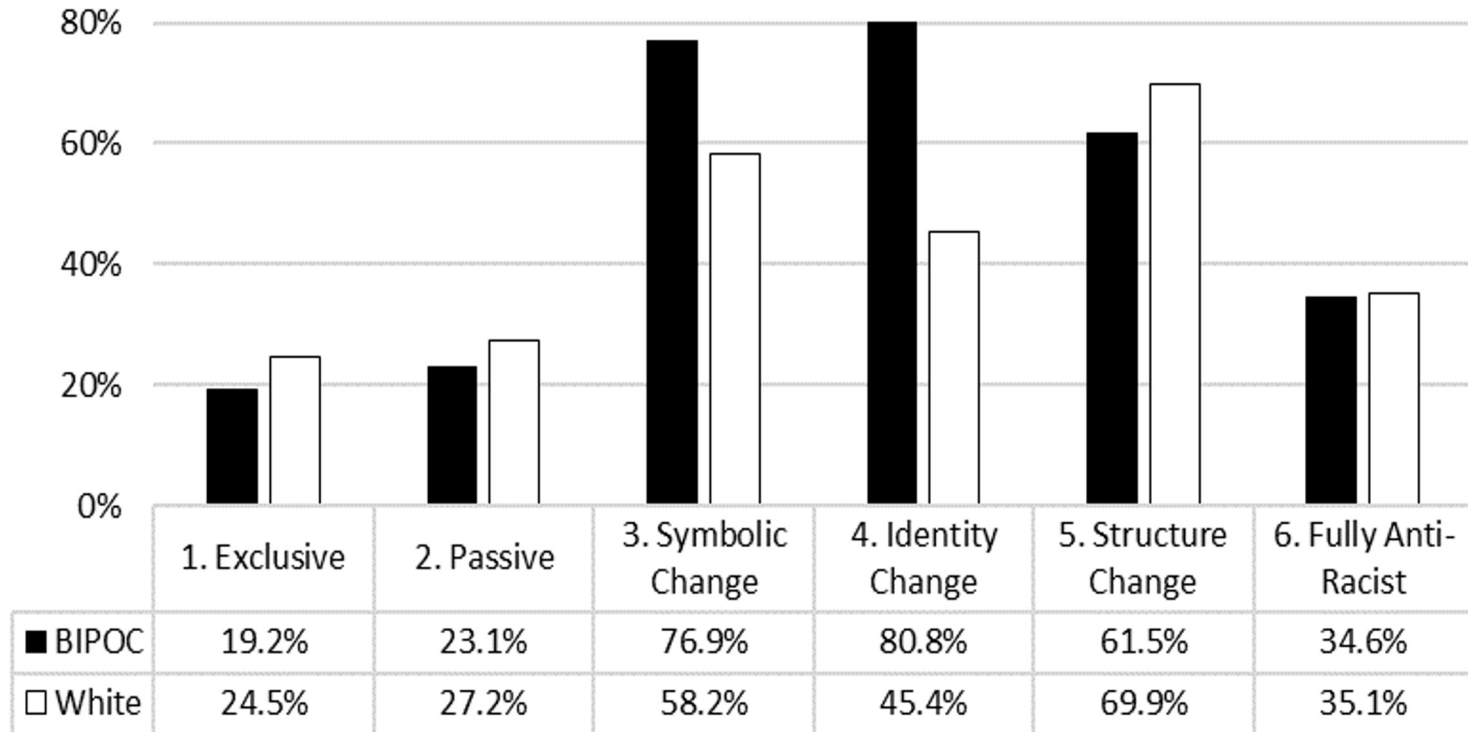
KEY:

AGREE DISAGREE DON'T UNDERSTAND THE QUESTION

Overall, the most agreement appears in the level **3-5 range**, with the highest number of employees ranking DFMCH as level 5

- Level 3: “Symbolic change: DFMCH publicly carries out efforts to address diversity, equity and inclusion but does not address institutional status quo of privilege.”
- Level 4: “Identity Change: DFMCH has a system that supports antiracism but culture prevents Black, indigenous, and people of color from holding leadership positions.”
- Level 5: “Structural Change: DFMCH is committed to anti-racist restructuring and ensures that the voices of Black, indigenous, and people of color contribute to structural change.”

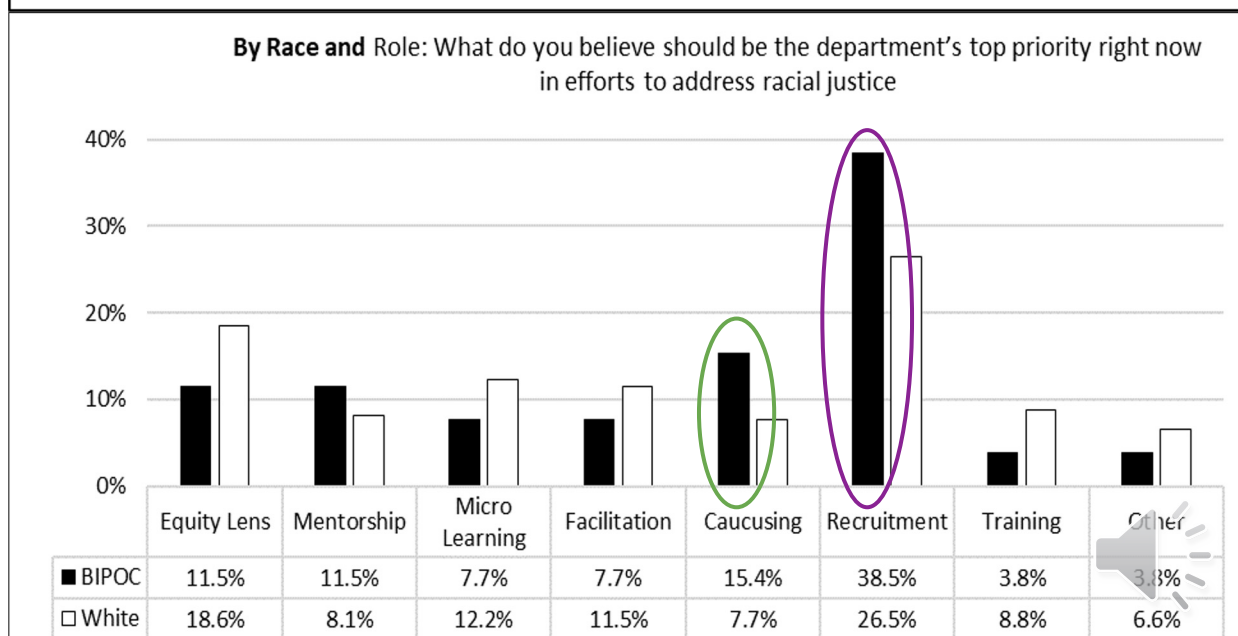
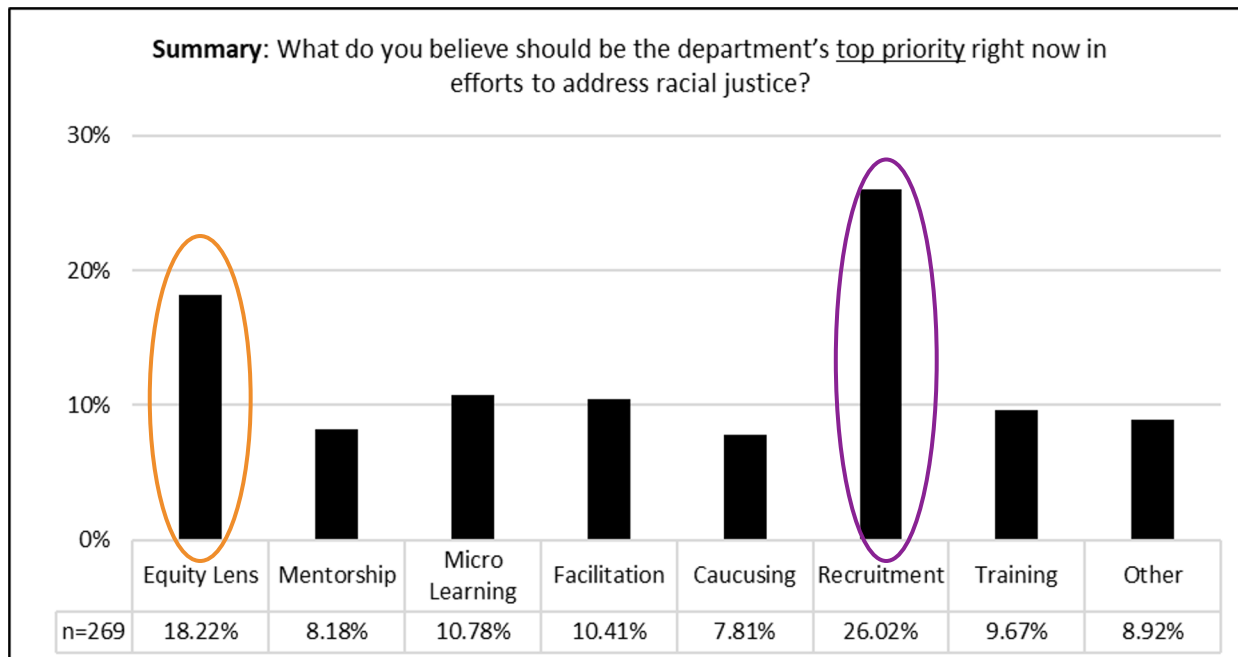
Summary: Continuum on Becoming an Anti-racist Organization, Agreement with statements, by RACE



BUT When **disaggregated by race**, the majority of **BIPOC** employees rank DFMCH as a **level 3-4 organization** on the multicultural organizational spectrum, while most **white** employees rank DFMCH as **level 3-5**, with the highest number ranking DFMCH as level 5.

Recruitment: a top priority

- **Recruitment** and applying an **equity lens** across dept. named as top priorities for anti-racist work
- When **broken out by race**, **recruitment** still listed as top priority by far, particularly by **BIPOC**. **Racial affinity caucusing** named as top priority by second largest percentage of **BIPOC** respondents



nINA Assessment Methods

Policy & Practice Review

- Administration and Governance
- Communications and Marketing
- Community Outreach and Engagement
- Mission, Vision, Values, and Priorities
- Program Planning and Delivery (including data and metrics)
- Workforce Equity: Organizational Climate and Culture
- Workforce Equity: Human Resources and Personnel Management

Focus Groups, Formal and Informal Discussions

- BIPOC employees
- Residency leadership
- Family/Patient Advisory Committee
- Climate Committee
- Executive Team members



Findings/Themes (focus groups & interviews)

- **Organizational priority & commitment - higher than ever**
 - *"This is a conscious effort; more than we have accomplished in the past."*
 - *"We shouldn't just be doing this because it's popular or to avoid looking bad."*
- **Organizational identity and complexity - structure & interwovenness of institutions**
- **Organizational readiness for transformation - a long way to go**
 - *"Generally I think there are a lot of people who care about the issue...but we don't necessarily have confidence to know how to move things forward or have a coordinated effort in place."*
- **Organizational climate & culture - embedded whiteness**
 - *"...we have to get a handle on what wisdom looks like. All people have something to offer, not just those at the highest tier."*
- **Workforce equity - representation and power dynamics**
 - *"I answer to all white people, everybody."*

Findings/Themes (policy & practice review)

- Emerging infrastructure; policy and widespread practice still in formation
- Lack of diversity, especially in leadership -- with some recent improvement
- Lack of race-explicit language in key documents
- Expand from “diversity” to “workforce equity”
- Opportunities for communication, engagement, and alignment
 - DEI Committee role and ways to engage
 - Shared language and analysis (e.g., root causes of health inequity)
 - Use of racial equity tools in policy & practice
 - External communications
 - Community partnerships



Strategies

Recommendations from nINA

1. Develop and internalize equitable and inclusive practices before, and along with, work toward diversity.
2. Build and support DFMCH infrastructure for racial equity/anti-racism/DEI work.
3. Review and update guiding documents, policies, and practices to reflect racial equity priorities.
4. Create an annual learning plan that reinforces core concepts and allows for discussion, exploration, and application to the specific work of individuals and teams.
5. Solidify internal infrastructure to support honest, integrous, and mutually beneficial external partnerships.
6. Elevate and incorporate BIPOC voices, both in the department and in community partnerships.
7. Establish department-wide practices for use of racial equity tools to conduct systematic reviews of policies and practices.
8. Communicate the imperative of racial equity/anti-racism/DEI work widely, clearly, and often.



A pair of black-rimmed glasses is positioned over a background of a grid of letters. The letters are in a sans-serif font and are arranged in a pattern that is slightly blurred, suggesting a focus on the letters seen through the lenses. The letters visible include 'E', 'M', 'U', 'C', 'O', 'K', 'L', 'S', 'V', 'M', 'J', 'X', '4', 'M', 'K', 'L', 'K', 'L', 'K', 'M'.

VISIONING TRANSFORMATION

Toward Belonging



Belonging or being fully human means more than having access. Belonging entails being respected at a basic level that includes the right to both co-create and make demands upon society.

– John A. Powell, Director,
Haas Institute

DFMCH's *Emerging* Racial Equity Vision

DFMCH is a place where everyone feels engaged, included, and has a sense of belonging; a place that reflects the community we serve at all levels.

To achieve this vision, we will disrupt and redefine professional culture that is currently defined by whiteness. We will model a new normal for what academic medicine looks like and how it works.

Developed by DEI Committee, early 2021

DFMCH DEI Committee: TRUST

MISSION Our committee exists to disrupt and redefine professional culture that is defined by whiteness . We will model a new normal for what academic medicine looks like and how it works in order to promote and practice health equity, diversity, inclusion, and anti-racism.

VISION Our department is a place where everyone feels engaged, included, and has a sense of belonging; a place that reflects the community we serve at all levels.

TRANSFORMATION We will create and sustain systems of shared power and equitable allocation of resources that supports health equity, diversity, inclusion, belonging, and anti-racism. Our new narrative will be one of disrupting professional culture defined by whiteness.

RECRUITING We will develop and support intentional systems for recruiting and selecting more diverse leadership, faculty, staff, and residents. We will actively identify and support pathways to more diverse clinical, research, and educational teams and leadership.

UNLEARNING AND LEARNING We will provide access to educational curriculum, tools, and resources that help faculty, staff, and clinical learners to unlearn behaviors and practices that support exclusion and replace these with those that support inclusion and belonging.

SUSTAINING AND RETAINING We will establish and maintain institutional policies and practices, including systems of mentorship, that support belonging and an inclusive climate for all, especially for pioneers and champions of inclusion.

TRACKING AND TELLING We will develop and test clear metrics that help us assess and refine our work. We will share stories and strategies of building trust and shared power to support health equity, diversity, inclusion, belonging, and anti-racism in academic medicine.

TRUST: Transformation

Transformation requires activity of sustained and sustainable commitment to change. Examples beyond visioning include,

- Expansion of the DFMCH Office of Community Health
- Investment in anti-racism and health equity activities
- Diversity in leadership
- Application of an equity lens to current and new policies and practices
 - e.g. Cultural and religious inclusivity working group

TRUST: Recruiting

We have formed working groups to address recruitment strategies across our department (faculty, staff and learners) but our residency has been leading the way for years.

- Holistic reviews
- Intentional recruitment of BIPOC students
- Launching of a pathway program to promote mentorship of URM students interested in family medicine led by URM residents
- **Our residency class was 0% BIPOC on Match Day in 2014 and was 50% BIPOC in 2021**

TRUST: Unlearning and Learning

In order to engage our large department and to increase our own capacity, we have worked on providing various learning and training opportunities

- DEI 101 Training Sessions
- Facilitation of Courageous Conversations Workshop
- Leadership Development Equity Workshop
- Black History Course Sessions presented by Nehemiah Urban Center for Leadership Development
- DEI Microlearning Sessions developed by UW Health
- Racial Affinity Caucusing
- DEI 1:1 Coaching Sessions

TRUST: Sustaining and Retaining

“In order to be a mentor, and an effective one, one must care...Know what you know and care about the person, care about what you know, and care about the person you’re sharing with.”

— Maya Angelou

“A mentor is someone who allows you to see the hope inside yourself.”

— Oprah Winfrey

<https://www.fammed.wisc.edu/files/webfm-uploads/documents/diversity/Mentorship-Toolkit.pdf>

Mentorship Toolkit

Supporting Mentors and Mentees

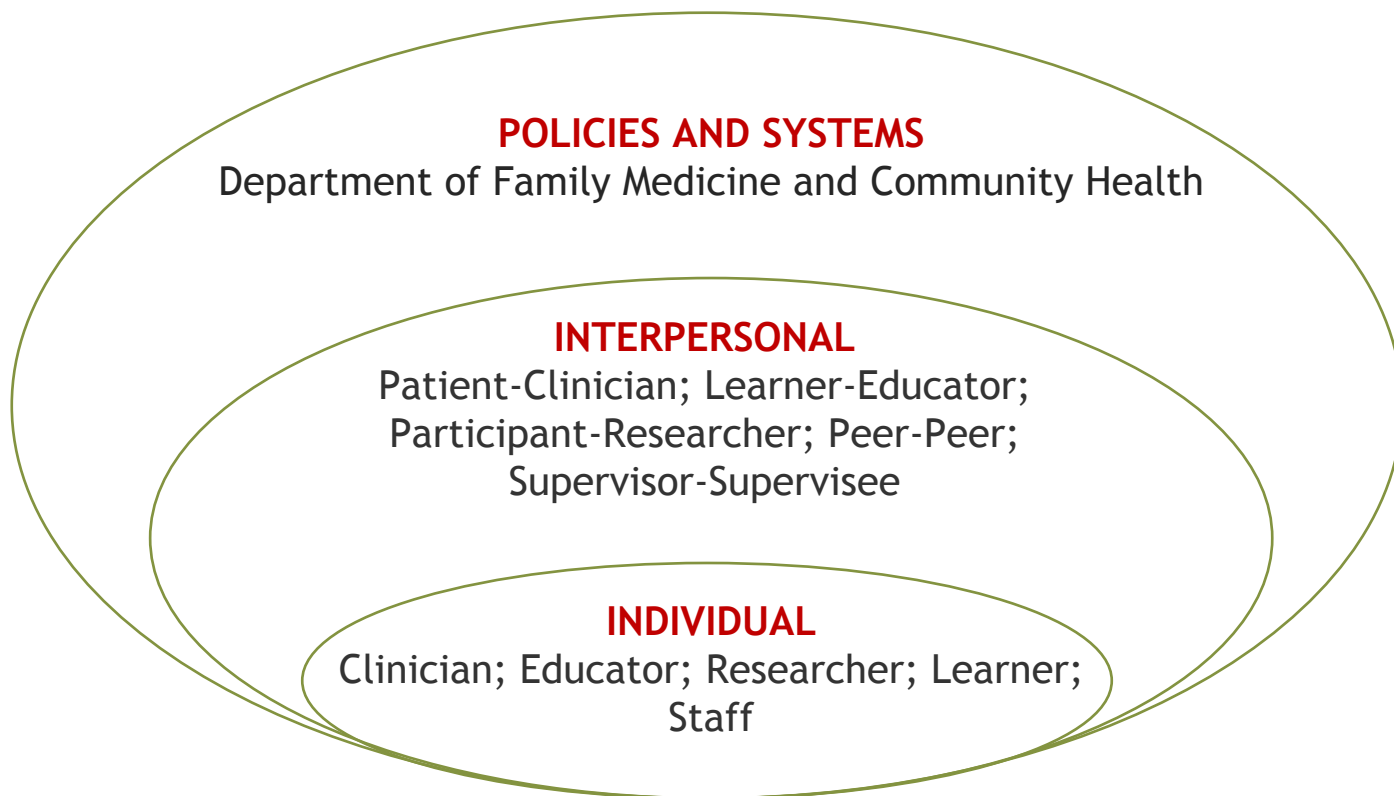
Diversity, Equity and Inclusion Committee
Department of Family Medicine and Community Health
University of Wisconsin School of Medicine and Public Health
August 2017

TRUST: Tracking and Telling

- We have formed a DEI Dashboard working group and are developing metrics for our department
- With expanded infrastructure we have expertise in
 - participatory-based community research
 - qualitative research
 - community organizing
- We anticipate greater inclusion of community voices in this work

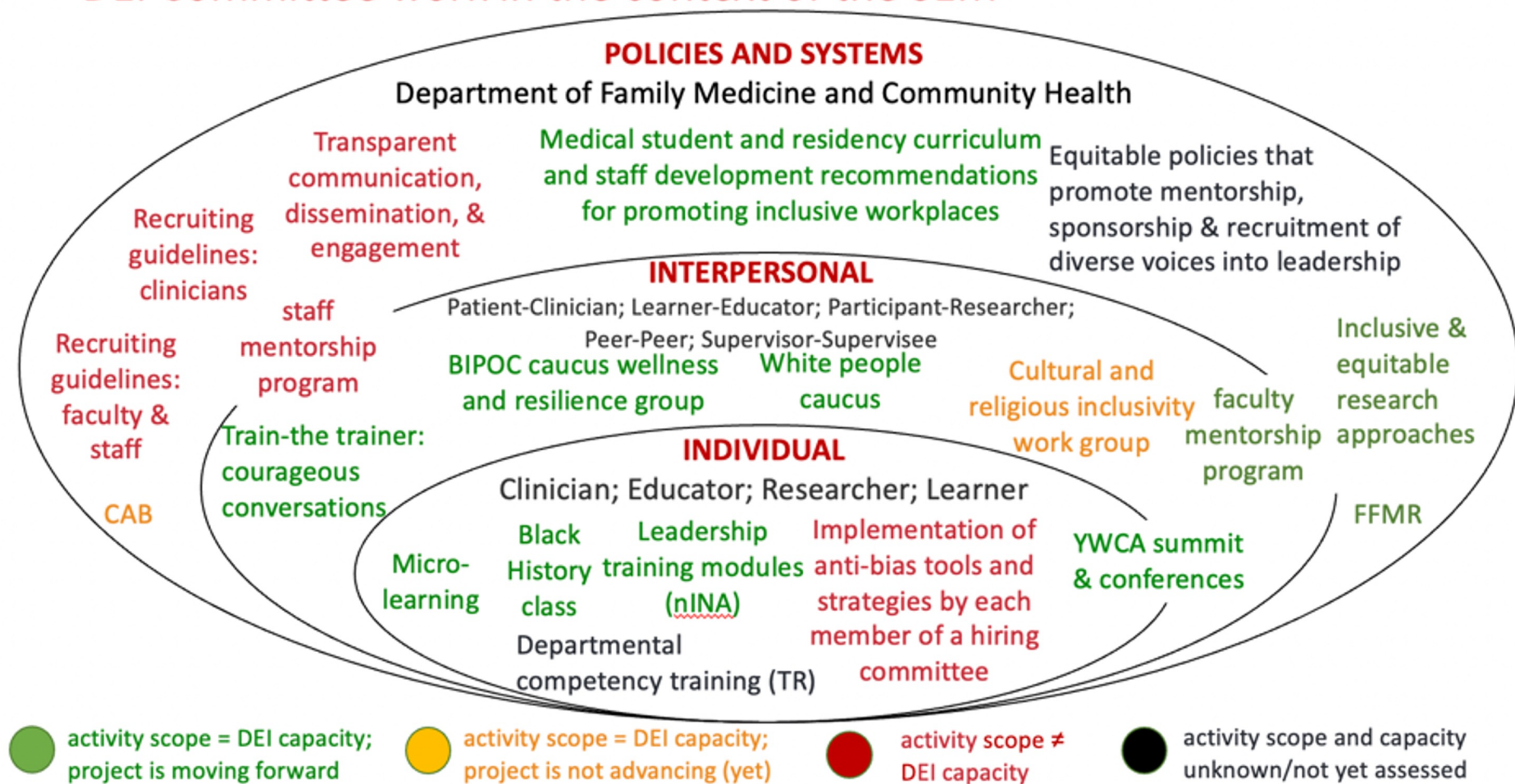
Communicating a multilevel approach

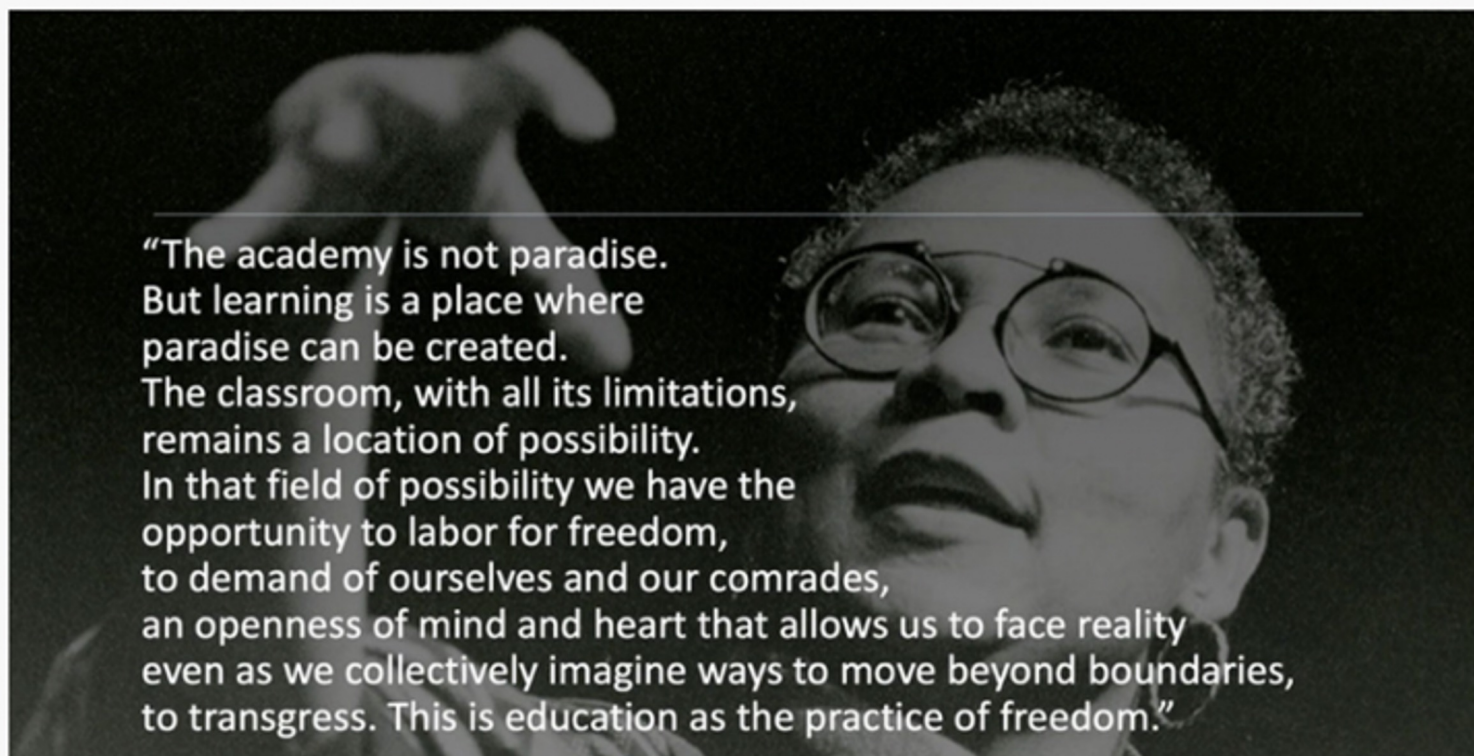
The **SOCIAL ECOLOGICAL MODEL** assumes humans are a product of their **individual** characteristics, **interpersonal** relationships, **organizational** entities, and **community** structures, systems, and **policies** to which they are exposed.



Adapted from: Edgoose JYC, Carvajal DN, Reavis KMP, Yogendran L, Echiverri AT, Rodriguez JE. Interrogating Race and White Supremacy: A Socioecological Framework for Academic Medicine. *JABFM* (in review)

DEI Committee work in the context of the SEM





“The academy is not paradise.
But learning is a place where
paradise can be created.
The classroom, with all its limitations,
remains a location of possibility.
In that field of possibility we have the
opportunity to labor for freedom,
to demand of ourselves and our comrades,
an openness of mind and heart that allows us to face reality
even as we collectively imagine ways to move beyond boundaries,
to transgress. This is education as the practice of freedom.”

Quote by [bell hooks](#) | Slide by Dr. Christy Clark-Pujara, via Nehemiah and Justified Anger

Thank You

In memory of Beth Potter – dear friend, colleague, and social-justice advocate

For questions contact: Jennifer Edgoose: Jennifer.edgoose@fammed.wisc.edu or
Maddie Batzli: Maddie.batzli@fammed.wisc.edu

Small group breakouts

Select a topic

- **Leadership**

How do assure sustained systems-level change? (as a leader or how do you engage and/or work with your leadership)

- **Development of broad partnerships**

How do you reach out and build partnerships? Who could you reach out to? Explore opportunities for reciprocity/co-creation/alignment

- **Needs assessment and evaluation**

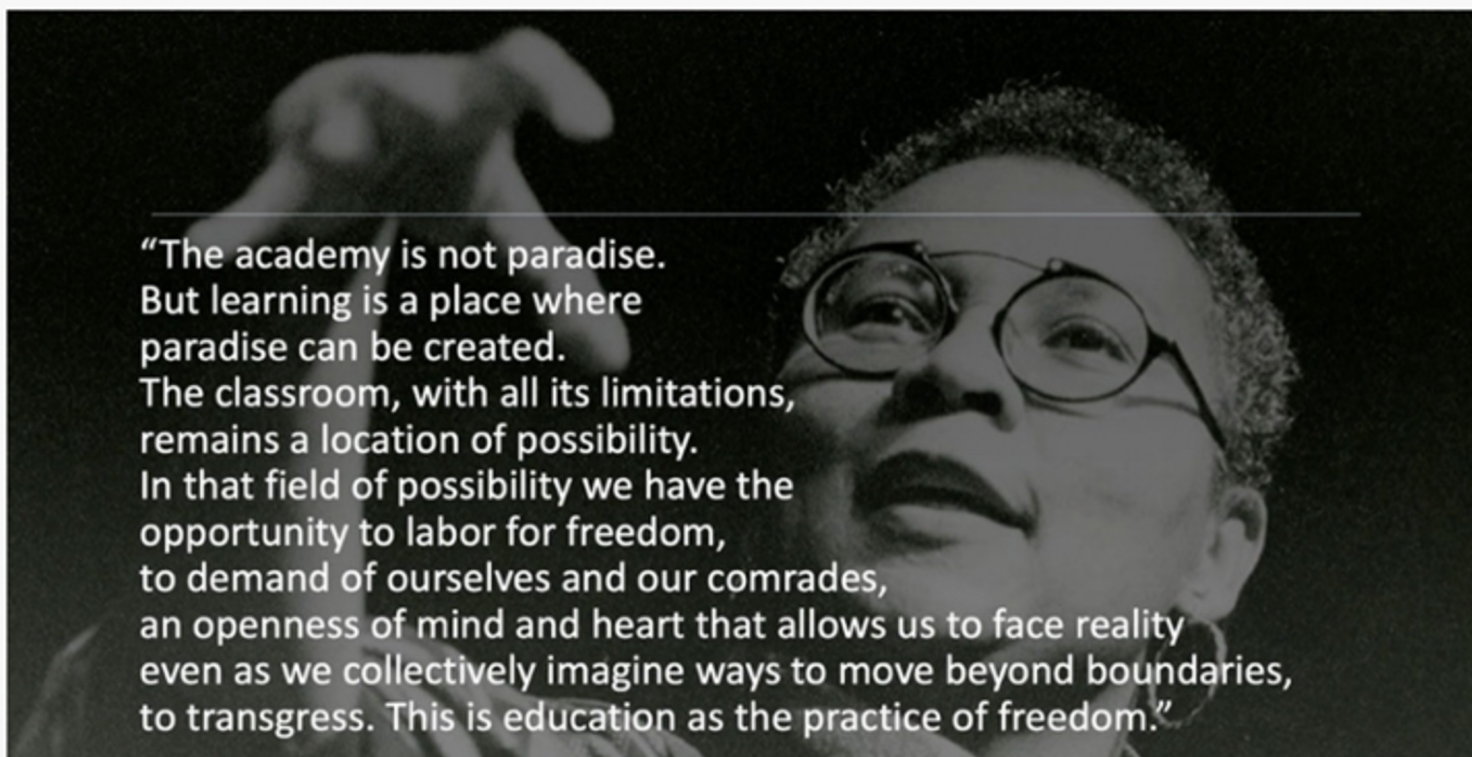
How do you engage and assess your members; How can an organization hold itself accountable?

- **Antiracism education and training**

What are opportunities for unlearning and learning? Who should/could you engage?

Task

- Introduce yourself, where you're from, and your role
- Discuss:
 - **What barriers have you faced and/or what successes have you had?**
 - **What would you like to learn?**



Quote by [bell hooks](#) | Slide by Dr. Christy Clark-Pujara, via Nehemiah and Justified Anger

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