Identifying and Responding to Racism in the Healthcare Environment

**Panel Discussion**

- **Cathy Brown**, Director of Victim Services, Kalamazoo YWCA
- **Cheryl Dickson**, MD, MPH, Associate Professor, Pediatric and Adolescent Medicine, Associate Dean for Health Equity and Community Affairs – WMU Homer Stryker School of Medicine
- **Beth Washington**, Director, Diversity and Inclusion, Bronson Healthcare Group

**Table Talk**

- What did you feel?
- What happened?

**How Racism Hurts Patients of Color**

- Judgements & decisions about patient care
- Disparities in health
- Provider implicit bias
- Communication and trust with patients
- Patients' engagement & adherence to treatment

**Significant increase in:**

- Physical symptoms
- Depression
- Anxiety

*During my internal medicine rotation, a patient called me a “colored girl” three times in front of the attending physician. The doctor did not correct the patient, nor did she address the incident with me privately…. I wondered if she thought of me as a “colored girl” too.*

How Racism Hurts Everyone
Perceived racism by healthcare providers significantly:
- Lower job satisfaction
- Lower commitment
- Higher turnover [Rober & Niles, 2015]

Understand the Bystander Effect
- Challenge perceived authority.
- Stand up to group think.
- Understand the vocal minority (false consensus) and the silent majority (pluralistic ignorance).
- Be the one to lead!

Be the ONE to lead
Diffusion of Responsibility
Bystanders assume someone else will do something
- If you are alone you will help 80% of the time
- If you are in a group you will help 20% of the time
- Do not rationalize away responsibility
- Verbalize your intentions
- Engage others

Discussion
- Health equity
- Micro-agression
- Your role

Acknowledgments – Contributors
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References