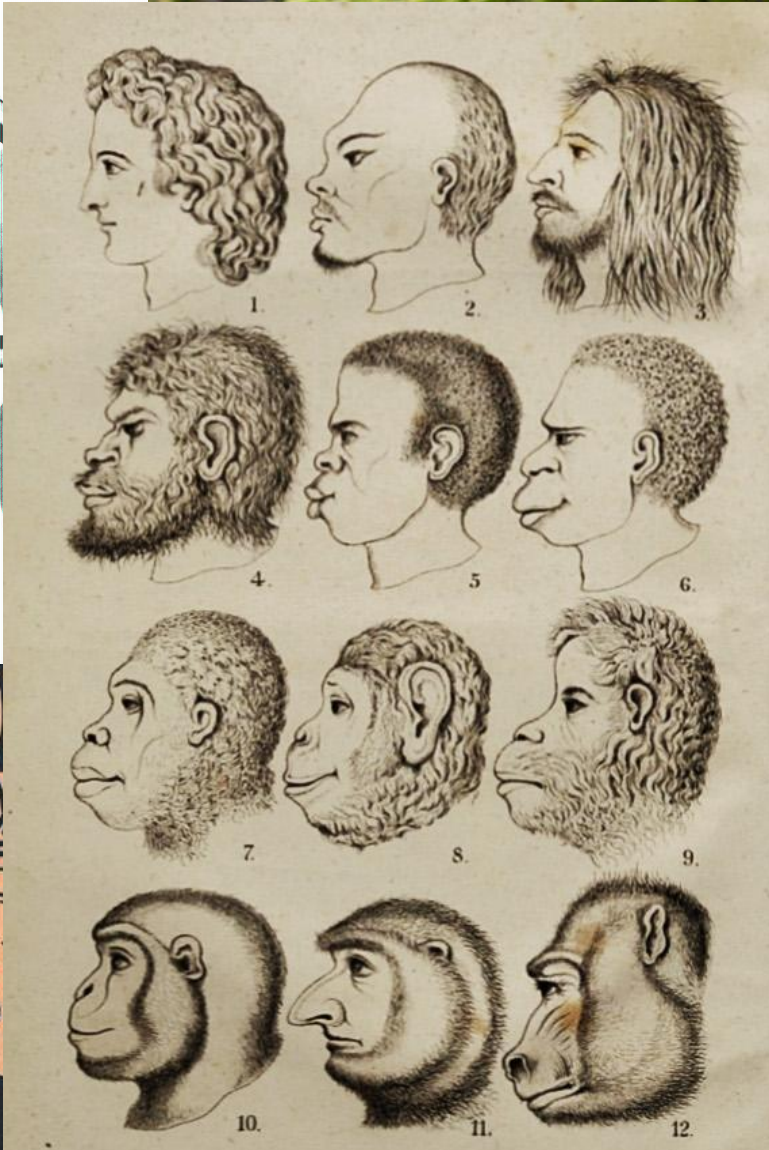
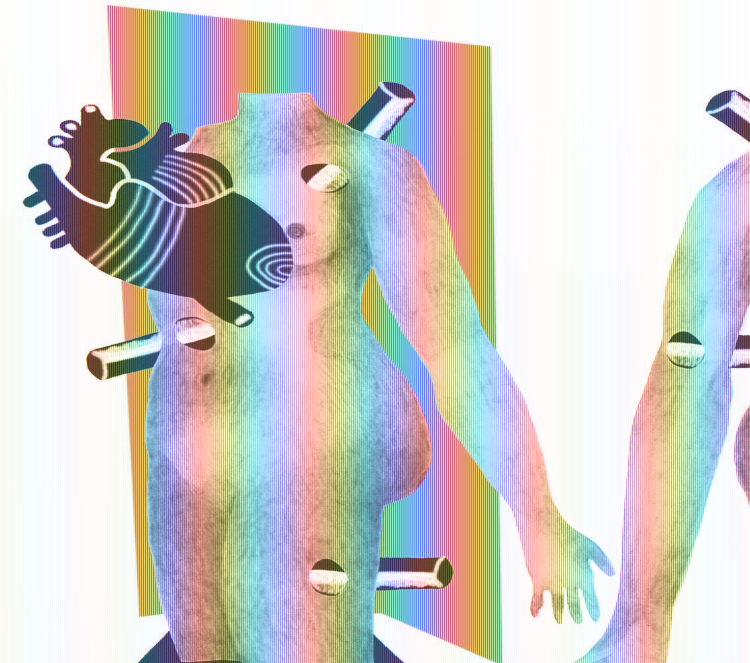


Building a REPAIR Project with Your Community – An Implementation Primer



Jason E. Glenn, Ph.D.

Associate Professor
Department of History and Philosophy of Medicine

KU MEDICAL
CENTER
The University of Kansas



Domains of **Systemic Racism** in Medicine

1. Cultivating, propagating and upholding the idea of **race as an indicator of biogenetic difference**
 - a. 18th – 19th century efforts to place religious and natural philosophical theories of race into a discourse of biology
2. **Racialization of standard allopathic medical practice**
 - a. Generation of racialized biomedical knowledge
 - b. Race “corrections” in clinical algorithmic decision-making
 - c. Bias in the clinical encounter
3. **Exploitation** and abuse of racialized “Others” in **the production of biomedical knowledge**
 - a. Experimentation on slaves
 - b. On prisoners
 - c. On poor people of color
 - d. On poor people from other countries
4. The mechanisms by which **structural racism impacts clinical care**

“The **Racialization of medical thinking** is the process that translates the racial folklore circulating in the larger society into a medical doctrine of perceived (and usually imaginary) racial differences.”

John Hoberman, *Black and Blue: The Origins and Consequences of Medical Racism*

Racialization in Medicine at Work

Racialization has all the following impacts on our lives:

1. Pervasive socially and structurally-determined health inequities.
2. Lack of universal healthcare
3. High and *increasing* infant and maternal mortality rates





How do we *repair* the harms caused by centuries of **neglect, exploitation and abuse** in clinical encounters, and by biomedical systems of knowledge that have justified this mistreatment of POC by **propagating** and **upholding** theories of race, racial difference, and racial inferiority?

The National REPAIR Network

REPAIR = **Theoretical framework** for coordinating **institutional trainings, community collaboration** and **anti-racism** curriculum throughout the university.

The logo for the University of California San Francisco (UCSF), featuring the letters 'UCSF' in a bold, dark blue, sans-serif font.

University of California
San Francisco
advancing health worldwide

The logo for the KU Medical Center, featuring the letters 'KU' in a large, blue, serif font, followed by 'MEDICAL CENTER' in a smaller, grey, serif font, and 'The University of Kansas' in a blue, sans-serif font below a horizontal line.

JOHNS HOPKINS
SCHOOL *of* MEDICINE

Institutional Buy-in: Leadership Team

Implementation Committee:

- Jerrihlyn McGee (Vice Chancellor for DEI; Clinical Assistant Professor, SON)
- Carrie Francis (Associate Dean, Workforce Innovation and Empowerment, Faculty Affairs & Development; Otolaryngology, Head and Neck Surgery)
- Margaret Smith (Associate Dean, Office of Diversity and Inclusion, SOM; Family Medicine and Community Health)
- Joe Fontes (Assistant Dean of Foundational Sciences, Office of Medical Education; Department of Biochemistry and Molecular Biology)
- Leslee Taylor (Vice Chair, Program Director, Physical Therapy and Rehabilitation Science)
- Maria Alonso Luaces (Director, Office of Diversity and Inclusion; Department of Family & Community Medicine [Education Division])
- Danielle Binion (Office of DEI Project Director)
- Jill Peltzer (Associate Professor, SON)
- Erin Corriveau (Associate Professor, Department of Family Medicine and Community Health)
- Kristina Bridges (Assistant Professor, Family Medicine Research)
- Elizabeth Muenks (Assistant Professor, Department of Psychiatry and Behavioral Sciences)
- Scott Moser (Associate Dean of Curriculum, Vice Chair for Education, (SOM) Wichita Campus)
- Olivia Veatch (Assistant Professor, Department of Psychiatry and Behavioral Medicine)
- Julie Galliard (Associate Dean, Faculty Affairs and Development, Wichita)
- Julius Leary (Assistant Dean for Graduate Medical Education – Curriculum)
- Natabhona Mabachi (Director of Evaluation and Research Investigator at the American Academy of Family Physicians)

Community Reps:

- Rev. Tony Carter, Guietta Payne, Geri Sanders, Carmaletta Williams, Kim weaver

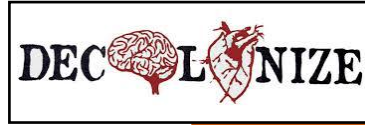
Institution-Level Theoretical Framework

Institution-wide programs organized around four main pillars of understanding:



Pillar 1

- The **history** of how biomedicine **perpetuates racism** and reinforces theories of racial difference



Pillar 2

- **Decolonizing the health sciences** from bench to bedside



Pillar 3

- **Action:** Strategies to address structural racism and other isms from a socio-ecological perspective



Pillar 4

- **Accountability:** **Envisioning** how the field of biomedicine can **repair** these harms.

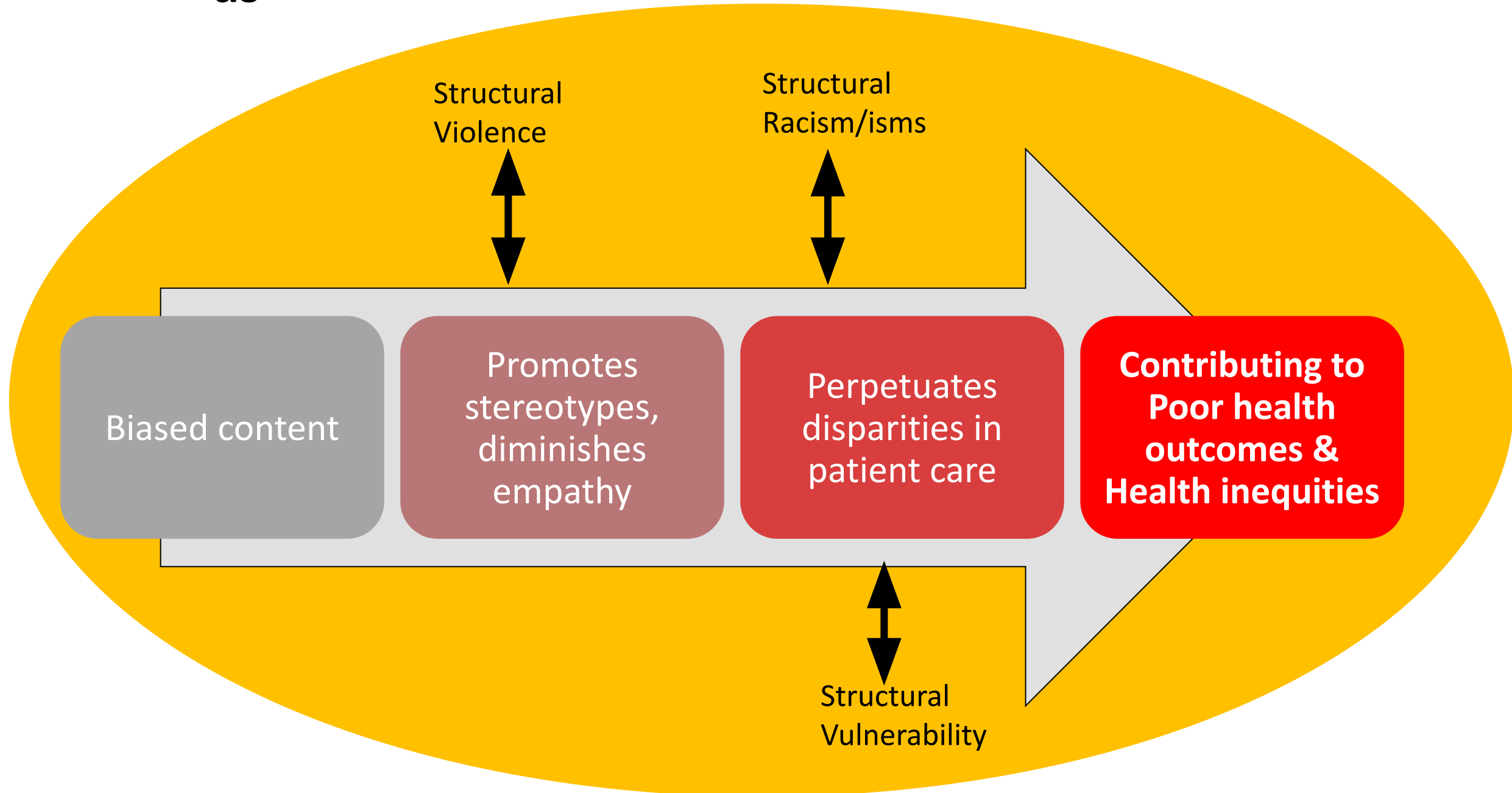
REPAIR Project Initiatives



Decolonizing Curriculums: Foundations in History

Pillar 1: History of Systemic Racism in Medicine

Why is this important? Bias & isms in content costs us



Curriculum Development Team



Maria Alonso Luaces, PhD

(Director, Office of Diversity and Inclusion; Department of Family & Community Medicine [Education Division])



Erin Corriveau, MD, MPH

(Department of Family Medicine and Community Health, Deputy Health Officer for Wyandotte County, KS.)



Jason Glenn, PhD

(Department of History and Philosophy of Medicine)

Year 1: History, Structures and Health

Goal: To build historical understanding and a shared language around structures that promote inequity, their effects on health, and frameworks for exploring health outcomes.

- Understand the history of systemic racism in biomedicine
- Identify structures that promote inequities and understand their influence on health and the provision of care.
- Define structural violence and structural vulnerability and identify how they influence health outcomes and care
- *Identify the processes through which inequality is naturalized and examine three implicit frameworks: culture/ stereotypes, individual implicit bias, institutional bias.*

Year 2: Structural Competency Framework

Goal: To adopt a structural competency framework as a tool to unveil the influences of structures that promote inequity on patient health and healthcare practice

- Understand and use the structural competency framework to recognize and respond to health and illness as the downstream effects of broad social, political, and economic structures.
- Provide health care professionals with the concepts and vocabulary necessary to fully engage in informed conversations and advocacy around structural violence and vulnerability.

Year 3 and Year 4: Identifying and Imagining Structural Interventions

Goal: To be able to identify and use tools that help practitioners take action to address health and illness as the downstream effects of broad social, political, and economic structures.

- To identify six levels of intervention that we can use to recognize and implement action steps that respond to structural violence, structural vulnerability, and the naturalization of inequality.
- To describe at least one historical and/or contemporary national or local example of an intervention that addressed structural violence and vulnerability.

Curriculum Development under REPAIR Project



Identify and remove all instances where race is used as proxy for biogenetic difference.

2



Write new set of objectives for Diversity, Health Equity and Inclusion aligned with REPAIR Project pillars

Develop new learning modules on history of systemic racism in medicine and structural competency, aligned with new objectives.



Examine all PBL cases for missed opportunities to teach about social and structural determinants of health.



Rewrite PBL cases aligned with new DHEI objectives, where considerations of SSDoH are regularly a part of diagnostic thinking and treatment considerations.



Assessment of learners and evaluation of implementation

Faculty Development

Pillar 2: Decolonizing the Health Sciences



Lessons learned

- Students continue to see missed opportunities & long for meaningful integration across the whole curriculum
- Inclination by faculty to strip or “whitewash” content rather than make change
- Faculty have knowledge gaps & general discomfort with concepts and ideas around bias, race/racism, structural competency, structural racism/isms
- Faculty concerns about workload/time, being judged (by students & peers), content becoming less rich
- Faculty appreciated scaffolded nature of intervention (INFORMATION, REFLECTION, ENACTION)

ANTIRACISM BOOK CLUB

2019 - 2023



Kristina Bridges, Ph.D.
(Department of Family Medicine,
Research)



Jason Glenn, Ph.D.
(Department of History and
Philosophy of Medicine)



UNIVERSITY OF KANSAS MEDICAL CENTER

COMMUNITY CONVERSATIONS

TURNING THE PAGE

A discussion of books about systemic racism and its impact on health care, bio-medical research and health disparities in America.
Led by Kristina Bridges, Ph.D.

1ST THURSDAYS, 12-12:45 P.M.
HR CONFERENCE ROOM (1051 WESCOE)
Light refreshments served. Please feel free to come and go as your schedule allows.
All sessions available through Zoom.

SEPTEMBER 5, 2019
*White Fragility: Why It's
So Hard for White People
to Talk About Racism*
Robin DiAngelo

OCTOBER 3, 2019
*Battling over Birth: Black
Women and the Maternal
Health Care Crisis*
Julia Chinyere Oparah,
Helen Arega, Danita Hudson,
Linda Jones & Talita Oseguera

NOVEMBER 7, 2019
*Stamped from the Beginning:
The Definitive History of
Racist Ideas in America*
Ibram X. Kendi

DECEMBER 5, 2019
*Medical Apartheid:
The Dark History of
Medical Experimentation
on Black Americans
from Colonial Times
to the Present*
Harriet Washington

JANUARY 2, 2020
*The New Jim Crow:
Mass Incarceration in the
Age of Colorblindness*
Michelle Alexander &
Cornel West

FEBRUARY 6, 2020
*Just Medicine: A Cure for
Racial Inequality in
American Health Care*
Dayna Bowen Matthew

MARCH 5, 2020
*Borderlands/La Frontera:
The New Mestiza*
Gloria E. Anzaldúa

APRIL 2, 2020
Between the World and Me
Ta-Nehisi Coates

MAY 7, 2020
*You, me and them: Experiencing
Discrimination in America*
NPR special series

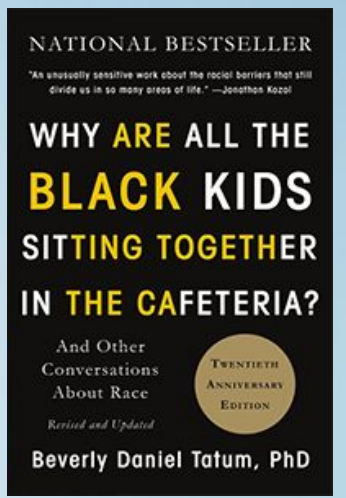
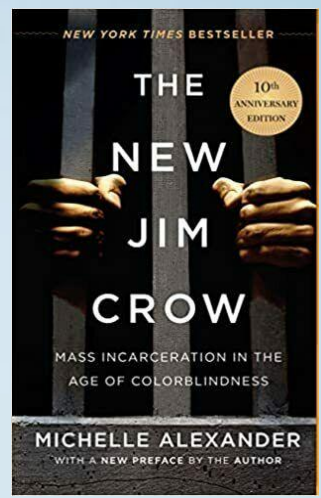
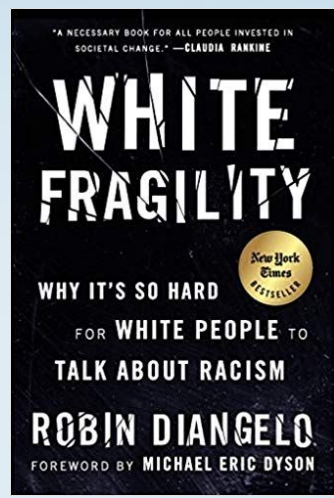
FOR MORE INFORMATION
For more information: Alexa Smith, 913.588.1480 or asmith5@kumc.edu

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Diversity and Inclusion Cabinet Programming Sub-Committee, Counseling and Educational Support,
Department of Family Medicine Research Division, Facilities Management,
Frontiers, Juntos, Landscape Services, Office of International Programs, Student Life

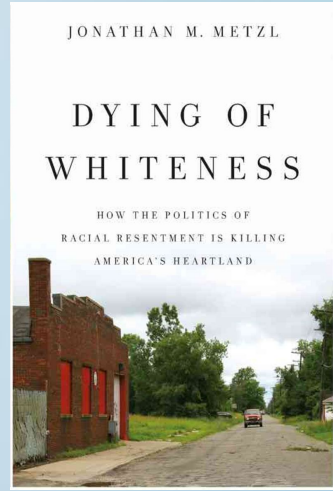
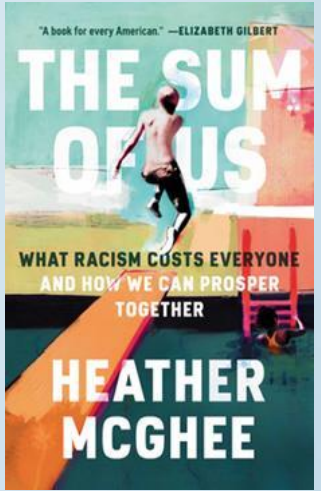
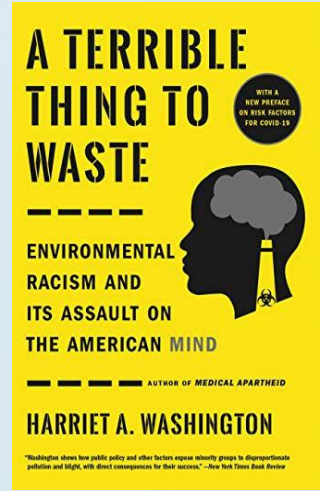
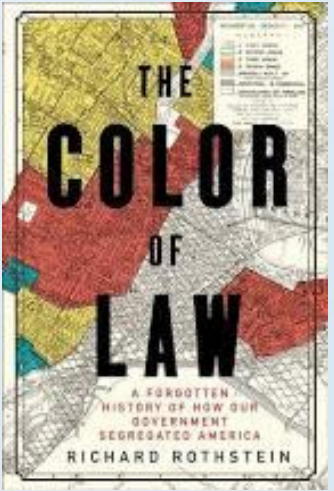
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Community
Conversations



Anti-Racism Book Club



Short documentary - conversation with the filmmakers



IMPLICIT/UNCONCIOUS BIAS



Natabhona Mabachi,
Ph.D. MPH (Director of Evaluation
and Research Investigator at the
American Academy of Family Physicians)



Maria Alonso Luaces, Ph.D.
(Director, Office of Diversity and
Inclusion; Department of Family &
Community Medicine [Education
Division])

- Newly developed training at KUMC improves on the Cook-Ross[®] training previously offered to focus more on structural determinants.
- Two-hour sessions offered monthly and open to all
- Advertised via broadcast emails, DEI website, institution calendar, and new employee orientation
- CE credit offered (free for KUMC and TUKHS)
- From 2018-2020, 1,408 employees currently around 2,500
- Post evaluation on RedCap, 923



K U M E D I C A L C E N T E R
DIVERSITY, EQUITY & INCLUSION

Goal: deconstruct and de-naturalize the idea of race for an increased understanding of the systemic nature of racism and how it impacts health

**SIX-PART EDUCATIONAL
SERIES:**

*HOW DID WE GET HERE? A
HISTORY OF RACISM AND
HEALTH INEQUITIES IN THE
UNITED STATES*

SEPTEMBER 2021 –
FEBRUARY 2022

- The Birth of Race: Genocide of Indigenous Peoples & Colonization of the Americas ([Jason Glenn, History of Medicine](#))
- The Transatlantic Slave Trade and the Evolution of Racial Thinking ([Jason Glenn, History of Medicine](#))
- The Civil War and Reconstruction ([David Roediger, Dept. of History, KU Lawrence](#))
- The Jim Crow Era ([Kristina Bridges, Family Medicine, and Shawn Leigh Alexander, Chair, African and African American Studies](#))
- The Civil Rights Movement ([Jason Glenn and Kristina Bridges](#))
- Stress and Allostatic Load ([Jill Peltzer, School of Nursing; Kakra Boye-Doe](#))



SIX-PART EDUCATIONAL SERIES

- 75-minute sessions with a follow up debrief
- CE credit offered (free for KUMC) at a nominal cost of \$60 for non-KUMC and TUKHS
- 675 participants (113 average per session)
- Pre-poll within zoom and post evaluation on RedCap
 - Trended higher in last session and post-poll
 - Room for improvement in Q2 and Q3



Vice Chancellor
Dr. Jerrihlyn McGee



Dr. Jill Peltzer,
SON



Dr. Danielle Binion
Director of DEI



Dr. Kristina Bridges,
Family Medicine



Dr. Shawn Alexander
Chair, Af-Am



Dr. Jason Glenn
History of Medicine






SIX-PART EDUCATIONAL SERIES

GROUNDING

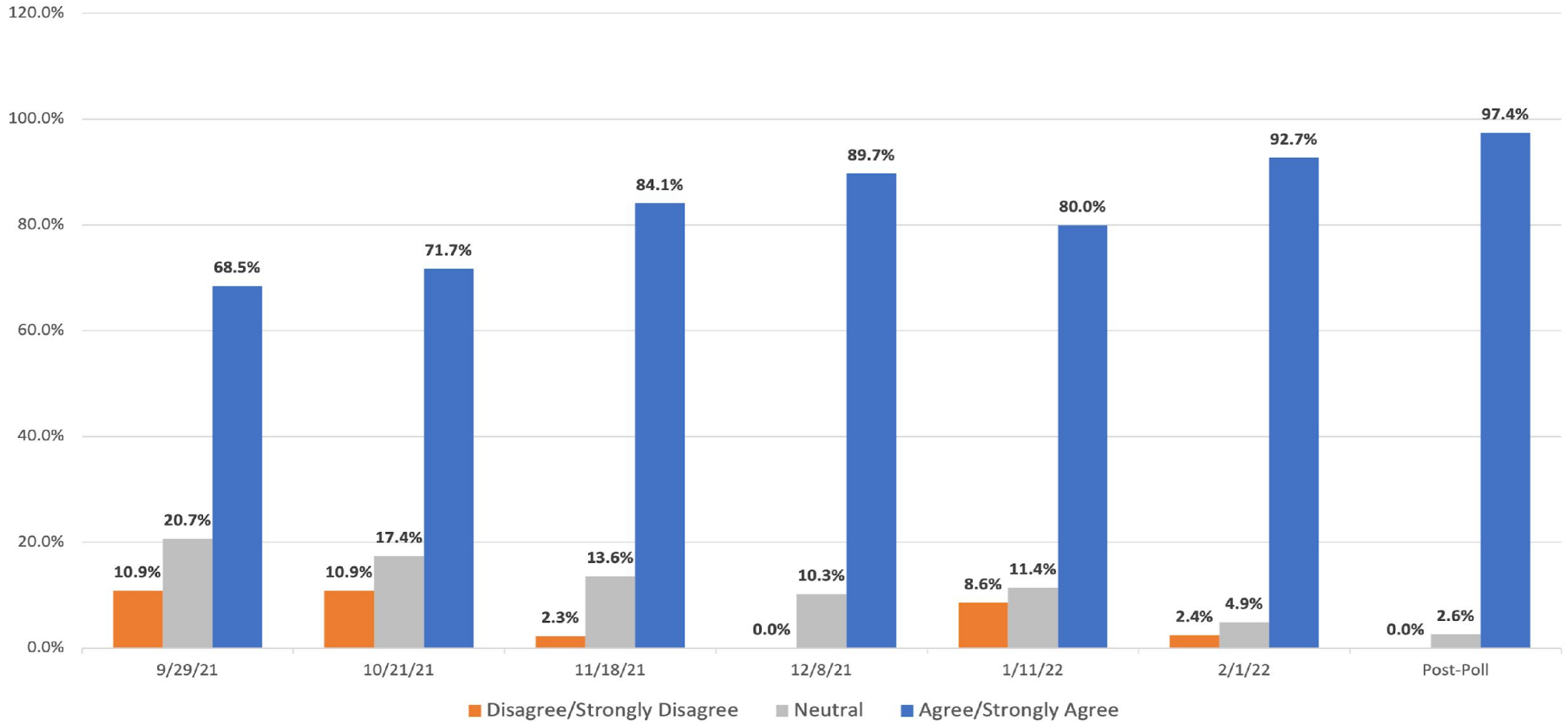
Pillar 1: The history of how biomedicine perpetuates racism and reinforces theories of racial difference

- Series Objectives:

1. Describe and discuss race as a social construct versus race as a genetic factor
 2. Describe and discuss: Decolonization of health sciences and health care
 3. Describe and discuss: The history of systemic racism and structural violence from a socio-ecological perspective.
 4. Describe and discuss: Reconciliation and repair in biomedicine.
- Pillar 2: Decolonizing the Health Sciences from bench to bedside
 - Pillar 3: Action - Strategies to address structural racism and other isms from a socio-ecological perspective
 - Pillar 4: Accountability - Envisioning how the field of biomedicine can repair these harms.
- 

EVALUATING THE SIX-PART EDUCATIONAL SERIES

Q1. I can describe and discuss: Race as a social construct versus race as a genetic factor



n=92

n=46

n=44

n=39

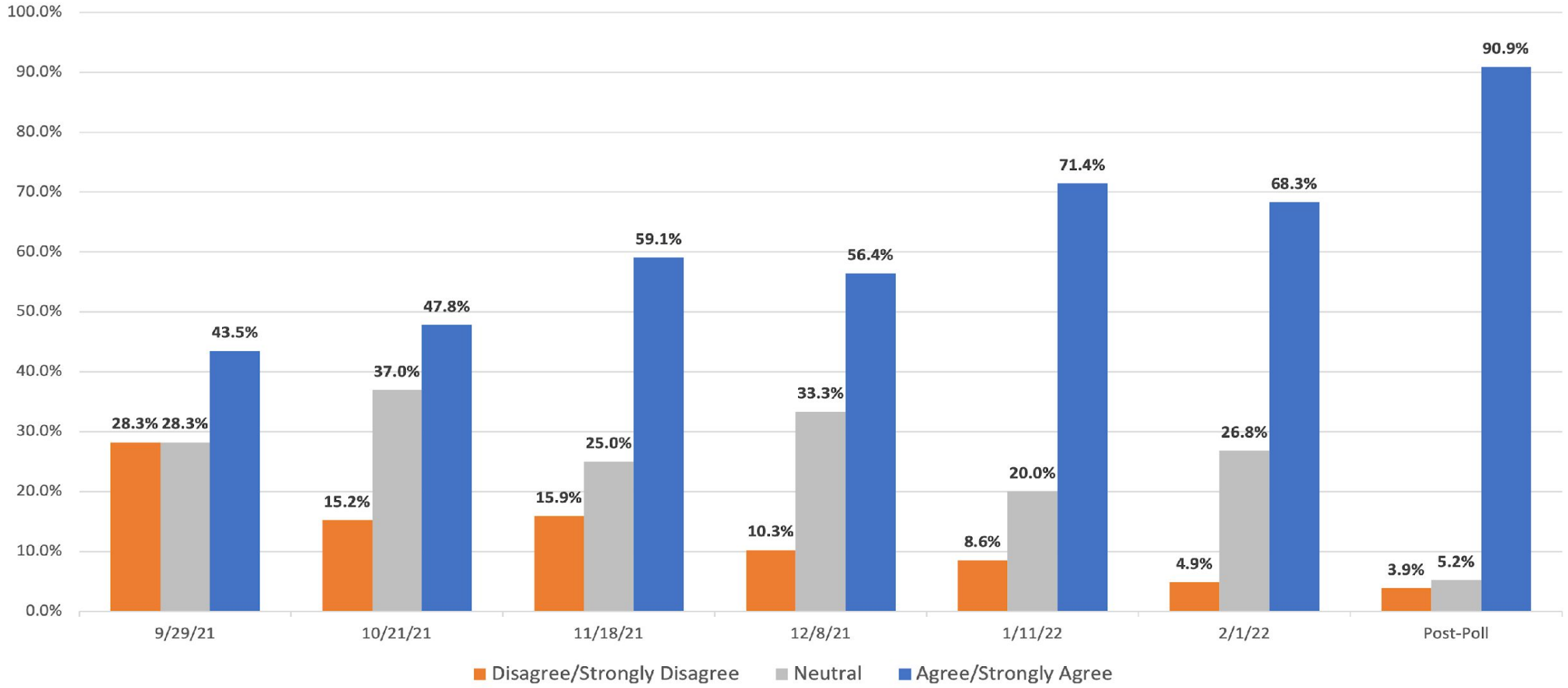
n=35

n=41

n=77

EVALUATING THE SIX-PART EDUCATIONAL SERIES

Q3. I can describe and discuss: The history of systemic racism and structural violence from a socio-ecological perspective



n=92

n=46

n=44

n=39

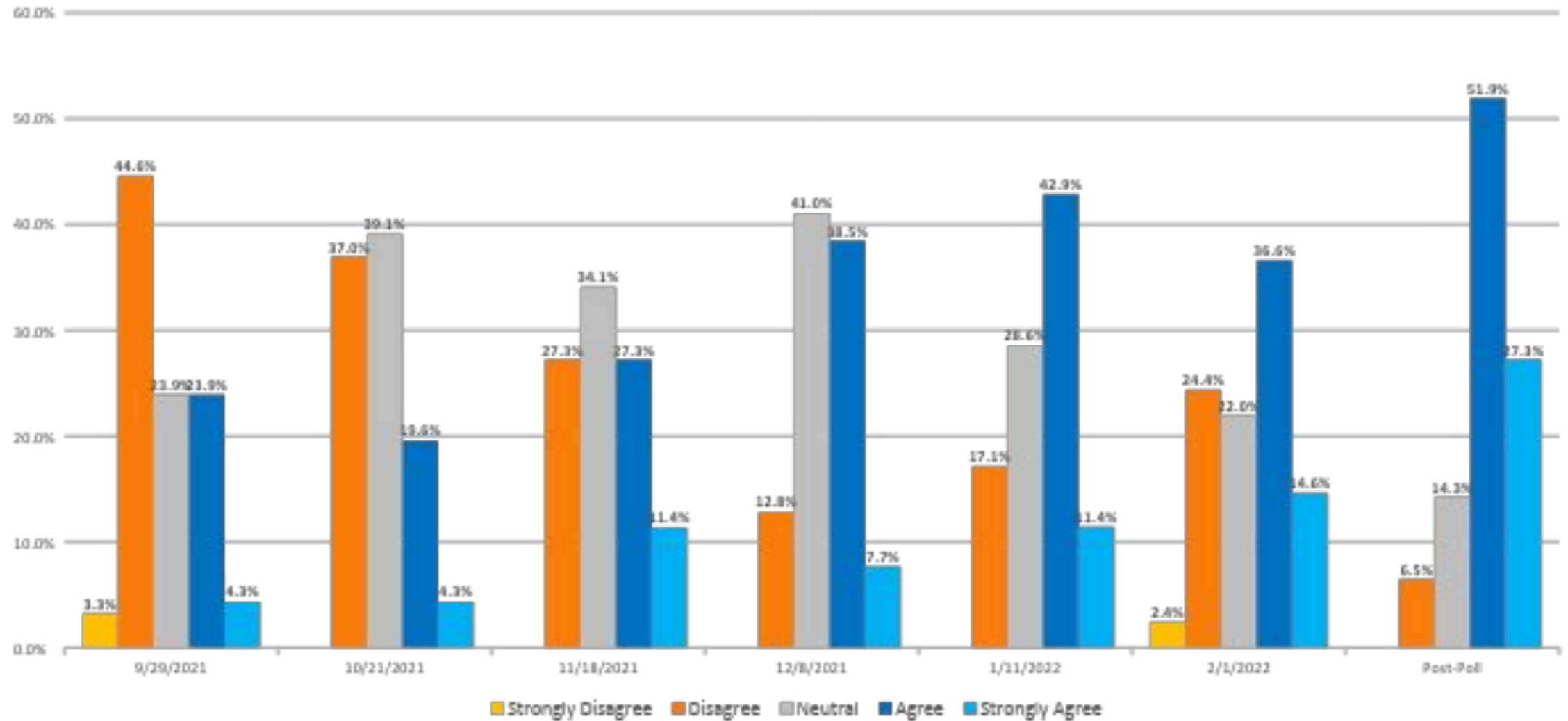
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n=41

n=77

EVALUATING THE SIX-PART EDUCATIONAL SERIES

Q2. I can describe and discuss: Decolonization of health sciences and health care



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n=44

n=39

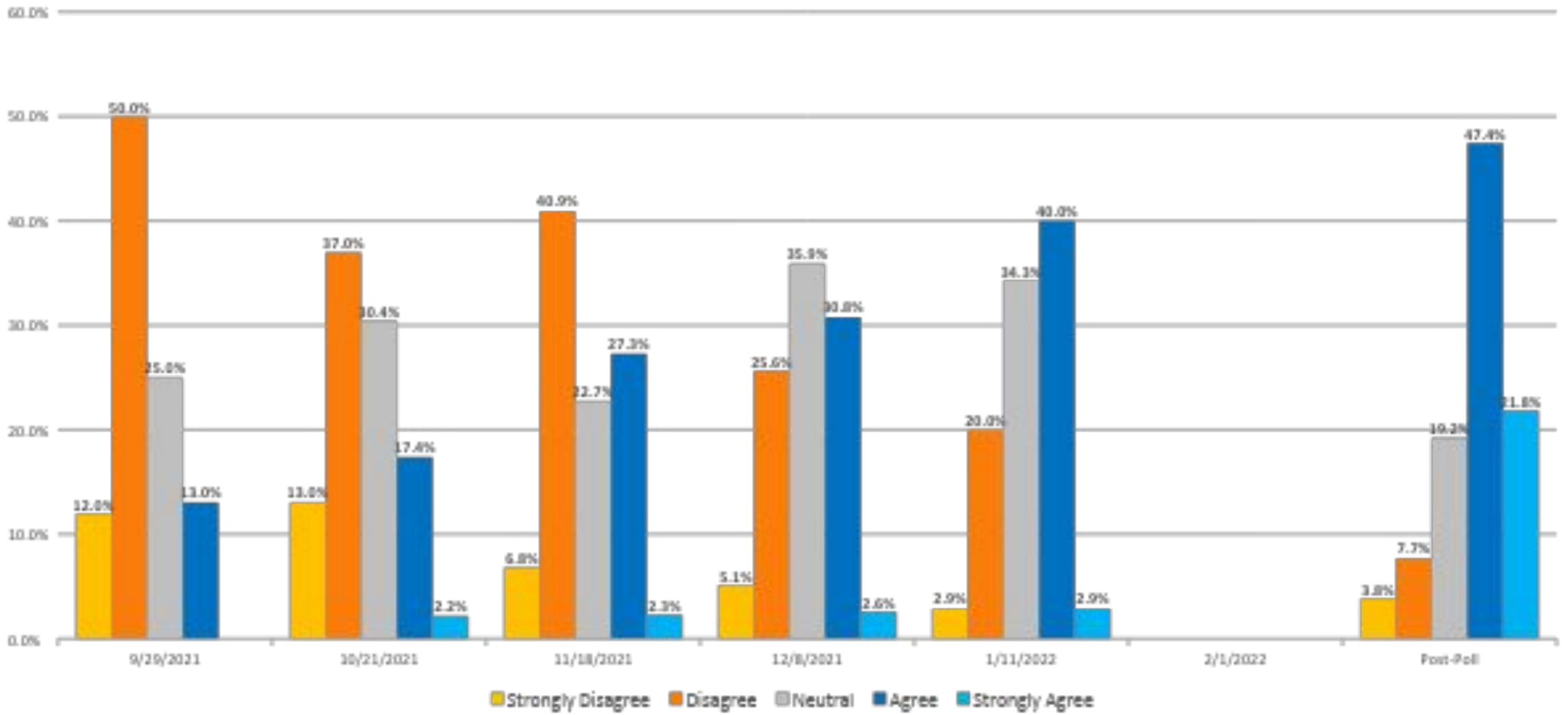
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EVALUATING THE SIX-PART EDUCATIONAL SERIES

Q4. I can describe and discuss: Reconciliation and repair in biomedicine



n=92

n=46

n=44

n=39

n=35

n=41

n=77

Clinical Interventions: Health Equity Accountability Dashboards

Pillar 3: Action Strategies

Step 1: Review Health Inequity Literature for all Clinical Fields

> [Front Med \(Lausanne\)](#). 2020 Jun 25;7:300. doi: 10.3389/fmed.2020.00300. eCollection 2020.

Trends of Racial/Ethnic Differences in Emergency Department Care Outcomes Among Adults in the United States From 2005 to 2016

Xingyu Zhang ¹, Maria Carabello ², Tyler Hill ³, Sue Anne Bell ¹, Rob Stephenson ¹, Prashant Mahajan ⁴

> [Pediatrics](#). 2002 Jan;109(1):E1. doi: 10.1542/peds.109.1.e1.

Impact of site of care, race, and Hispanic ethnicity on medication use for childhood asthma

Alexander N Ortega ¹, Peter J Gergen, A David Paltiel, Howard Bauchner, Kathleen D Belanger, Brian P Leaderer

Review > [Curr Urol Rep](#). 2017 Aug 14;18(10):81. doi: 10.1007/s11934-017-0724-5.

African-American Prostate Cancer Disparities

Zachary L Smith ¹, Scott E Eggener ², Adam B Murphy ³

Meta-Analysis > [Am J Emerg Med](#). 2019 Sep;37(9):1770-1777.

doi: 10.1016/j.ajem.2019.06.014. Epub 2019 Jun 5.

Racial and ethnic disparities in the management of acute pain in US emergency departments: Meta-analysis and systematic review

Paulyne Lee ¹, Maxine Le Saux ², Rebecca Siegel ³, Monika Goyal ⁴, Chen Chen ⁵, Yan Ma ⁶, Andrew C Meltzer ⁷

> [Pediatrics](#). 2019 Aug;144(2):e20183114. doi: 10.1542/peds.2018-3114.

Racial/Ethnic Disparities in Neonatal Intensive Care: A Systematic Review

Krista Sigurdson ^{1 2 3}, Briana Mitchell ^{4 3}, Jessica Liu ^{4 3}, Christine Morton ⁵, Jeffrey B Gould ^{4 3}, Henry C Lee ^{4 3}, Nicole Capdarest-Arest ⁶, Jochen Profit ^{4 3}

> [Pediatrics](#). 2000 Oct;106(4 Suppl):942-8.

Variation in hospital discharges for ambulatory care-sensitive conditions among children

J D Parker ¹, K C Schoendorf

Comparative Study > [JAMA](#). 2004 Oct 6;292(13):1563-72. doi: 10.1001/jama.292.13.1563.

Racial and ethnic differences in time to acute reperfusion therapy for patients hospitalized with myocardial infarction

Elizabeth H Bradley ¹, Jeph Herrin, Yongfei Wang, Robert L McNamara, Tashonna R Webster, David J Magid, Martha Blaney, Eric D Peterson, John G Canto, Charles V Pollack Jr, Harlan M Krumholz

Step 2: Identify and Differentiate by Field

Health Outcomes

- Maternal and Infant health
- Cardiovascular disease
- Metabolic diseases
- Asthma
- Cancer
- Kidney disease
- Liver disease
- Organ Transplant

Process Outcomes

- Door-to-drug /procedure times
- Screening and referral rates for asthma, cancer, diabetes
- Pain assessment and management decisions
- Prescription decisions
- Screening, diagnosis, management of disease
- Surgery referrals

Step 3: Prioritize CEIs (Critical Equity Indicators)

Collaborate with Community to Prioritize top five critical equity indicators (CEIs) in each field

Identify measures with the greatest disparity across race, ethnicity, and language, for each department

Inequities of top community priority will be implemented into a dashboard

HEED App

- **Heath Equity Extraction Data (HEED) App**
- Data Modeling tool built into KUMC REDCap - secure web application for building databases
- Healthcare Enterprise Repository for Ontological Narration (HERON)
- Translated outcomes from literature search into EHR codes
- Analyze system-wide health equity performance for clinical departments at KUMC



Implementation



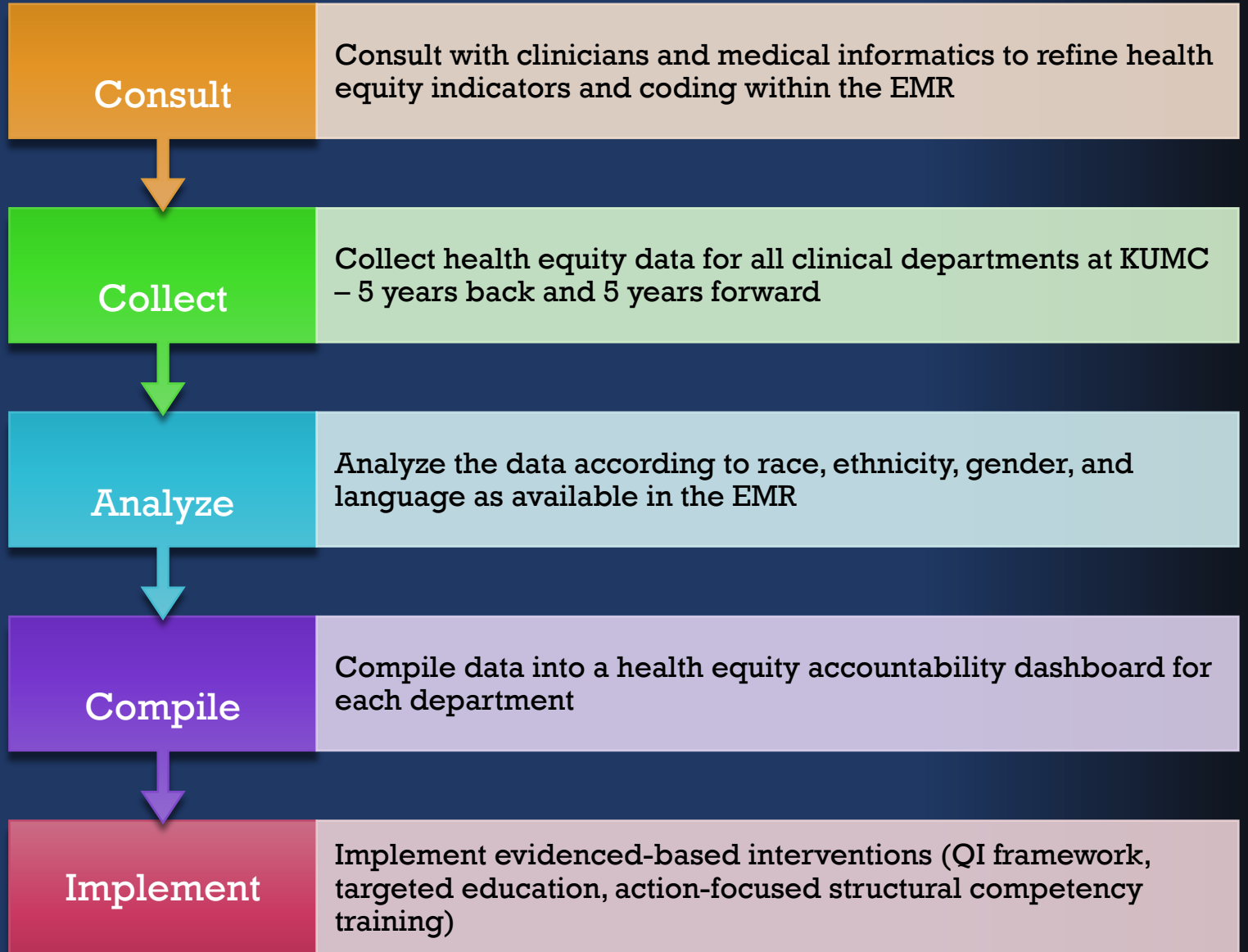
Kristina Bridges, Ph.D.
(Department of Family Medicine,
Research)




Olivia Veatch, Ph.D.
(Department of Psychiatry and
Behavioral Sciences)



Jason Glenn, Ph.D.
(Department of History and Philosophy of
Medicine)





Envisioning Racism and Repair

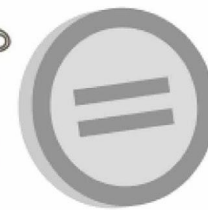
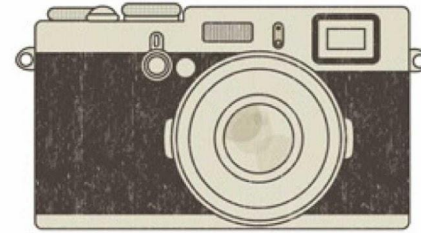
**Pillar 4:
Community
Accountability**

Purpose

Engage the KC community in an oral history project to better understand the individual, family, and community harm caused by racism and identify what we need to repair.

- 1) What are the harms that local community members carry with them?
- 2) What are their inherited memories and lived experiences of harm at the hands of biomedicine?
- 3) What restorative actions would it take to repair those harms?
- 4) How should KUMC and other area institutions work with communities to design and implement its restorative work?

Methods: Oral History and Photovoice





Interdisciplinary Team

Community Partners

Reverend Tony Carter

Ms. Evelyn Cooper

Ms. Geri Sanders

Ms. Kim Weaver



History of Medicine	Dr. Jason Glenn (PI)
Nursing	Dr. Jill Peltzer (Co-PI)
Health Communications	Dr. Crystal Lumpkins (Co-PI)
Black Archives of Mid America	Dr. Carmaletta Williams (Co-PI)
Social Work	Ms. Kortney Carr (Co-I)
Office for DEI	Ms. Danielle Binion

Part 1: Community Listening Sessions

- 15 small groups of ten participants
- Held at community centers, churches, & other community spaces
- Moderated by a trained community partner using an Interview Guide designed in a trauma-informed care format and a researcher

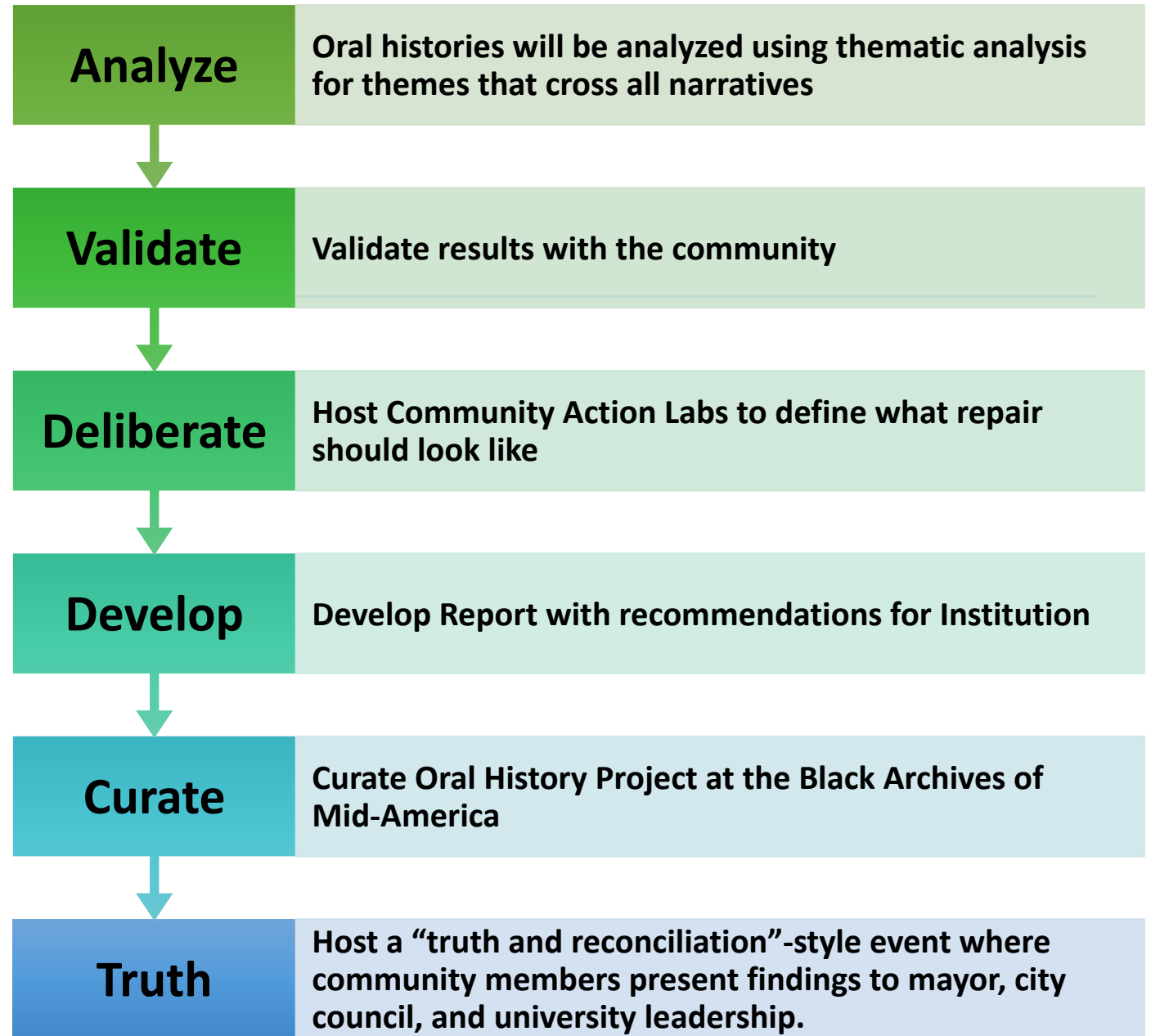


Part 2: Individual Interviews

- Identify 30 individuals with the most salient stories
- Part 2A: One-on-one recorded interview @ Black Archives.
 - Give photovoice assignment: 10 – 15 photos that represent past harms and repair.
- Part 2B: Return for second interview to narrate photos taken.



Next Steps



Preliminary Findings



“Just listen. Listen to us when we tell you that something is wrong with us.”

- Many participants reported that when they go to the doctor, medical professionals assume that they **are not intelligent enough to know what, if anything, is wrong with them.**
- Consequently, they do not do a thorough history/assessment or order all necessary lab work to make an accurate diagnosis.
- Instead, assumptions are made based on racial profiling, e.g., assuming the patient is suffering from diabetes, hypertension, an STI/pregnancy, or is drug seeking and not really suffering at all.
- As a result, they prescribe medications or recommend procedures based on these assumptions.





“Don’t just treat my symptoms, care enough to find out what’s wrong with me.”

- Many participants reported that going to the doctor is a constant struggle to be seen and treated as if their lives mattered.
- Participants report needing to pay special attention to their dress, their speech, and overall demeanor in order to be treated like “someone worth saving.”
- Many participants are haunted by memories of loved ones who died too young because they feel like medical professionals did not treat them as if their life was worth saving.





MISSISSIPPI APPENDECTOMY THE AMERICAN EUGENICS ANSWER

- Black women report that healthcare providers are **overly eager** to give them hysterectomies, even for benign conditions where one is not warranted.
- One participant was subjected to a hysterectomy when she was pregnant, and her healthcare provider did not bother to give her a pregnancy test before the procedure .
- She was told offhand by a nurse afterward, “By the way, it turns out you were pregnant when we took your uterus out.”



Black women are at least twice as likely to have their uterus removed compared to white women.

“I believe that in a university setting there should be classes taught on what different cultures have had to go through in medical history.”

- Participants voiced that all health professions curricula should include a required course that explores local histories of medical mistreatment as the primary method to prevent future healthcare providers from replicating these harms.
- Participants also advocated for courses to be structured in a way that centers the voices of marginalized groups where students learned from the community – flipping the classroom and challenging power differentials that perpetuate antiquated models of person-provider relationships.





“I breathe a sigh of relief whenever my doctor is Black.”

- More African American doctors, more Black nurses, and more Black patient advocates.
- Wanted Black patient advocates who are able to help navigate the clinical encounter, especially when dealing with a chronic and/or life-threatening illness.
- With respect to the dire situation of maternal and fetal health outcomes, participants said they wanted to see more Black doulas and midwives.

Affirmative Action

MALADJUST THREAT

NON-COMPLIANT HYPERTENSIVE

VIOLENT

**Drug
Seeking**

DYSFUNCTIONAL

HIV

**Less
Sensitive
to Pain**

Wretched

HIGH CHOLESTEROL

Risky Behaviors

Unevolved

PROMISCUOUS



GANG MEMBER

**DIABETIC
UNSTABLE**

CRIMINAL

Missing Link

ABNORMAL

Pathological

Malingering

LAZY

WELFARE

High Sodium

LOW INTELLIGENCE



Jason E. Glenn

Department of history and philosophy of Medicine

jglenn4@kumc.edu

