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Topic: Introduction to the significance of cultural care navigators to improve

the perceptions about palliative care among Black patients

**Learning Objectives** **(Each objective below is equivalent to 1 hour of learning)**

* + 1. What is palliative care?
    2. What is a cultural care navigator?
    3. The importance of culture in healthcare decisions and discussions.
    4. Black patients and the perceptions of mistrust in healthcare and palliative care.
    5. Introduction to advocacy and allyship

**Challenges your thinking**

* Review and understand concepts of palliative care,

culture, cultural care navigators, mistrust in health care.

* Become an ally to advocate for equity in health care for

Black patients.

1. **Day Two (Credit: 5 Hours)** ………………………………………………………………………. 15

Topic: Health disparities and structural racism

**Learning Objectives** **(Each objective below is equivalent to 1 hour of learning)**

1. Brief overview of previous day’s learnings. (15 minutes of credit).
   1. Take health equity quiz, and review materials from previous day.
2. Discuss the prevalence of health disparities among Blacks, and why healthcare advocacy is needed.
3. Discuss the influence of structural racism and how it contributes to health disparities

and social determinants of health.

1. What are the social determinants of health?
2. Gain insight into how structural racism has a downstream affect to influence

social determinants of health, leading to health disparities for Black communities.

1. **Day Three (Credit: 5 Hours)** …………………………………………………………………………. 19

Topic: Historical trauma for Blacks in Healthcare

**Learning Objectives (Objective 1 = 1 hour; Objective 2 = 3 hours; Objective 3 = 1 hour)**.

1. Brief overview of previous day’s learnings.
2. In-depth historical context about trauma that has been experienced by Blacks during the 19th century slave-era, and 20th century public health experiment.

* Slavery: Racial categories were born – Blacks considered inferior race while Whites were the superior race.
* Examples of medical experiments on slaves.
* The Tuskegee Experiment: Traumatic medical experiments were imposed on Blacks without informed consents and without legal consequences for U.S. government officials.

1. Due to historical examples of racism that have occurred towards the Black community, how can we leverage social justice, trust, and compassion in caring for Black patients?

**Challenge your thinking**

* Interview an elder in the Black community who has experienced structural racism and listen to their storytelling of their experiences. Write 5 key learning points about the interview.

1. **Day Four (Credit: 5 Hours)** ……………………………………………………………………………… 23

Topic: Further discussion on Cultural care navigators to bring cultural humility to bridge communication and trust.

**Learning Objectives** **(Each objective below is equivalent to 1 hour of learning)** ……

1. Brief overview of previous day’s learnings.
2. The role of cultural care navigators in reducing health disparities, building trust, and improving communication with providers.
3. Advocacy for preventative care and treatments.
4. Cultural humility to be shared with providers.
5. Improve perceptions of palliative care with Black patients once communication improves.

**Challenge for the day**

* Volunteer at a low-income health clinic within predominantly Black neighborhoods and interact with Black patients to assess their views of healthcare.

**V. Day Five (Credit: 5 hours, 2.5 hours for each theory discussion)** …………………………. 26

Topic: Supporting theories that can help understand the daily struggles with structural racism among Blacks, and the need to find allyship from leaders that can impact change in reducing health disparities.

**Learning Objectives** **(Each objective below is equivalent to 2.5 hour of learning)**

* Critical Race Theory (CRT) (Delgado & Stefancic, 2017).
* Tenets: Interest convergence
* Race is a social construct
* Racism is a normal occurrence.
* Transformational leadership – Crucial in finding transformational leaders to help achieve results in reducing health disparities.

**Challenge for the day**

* Read about CRT that was written by the original scholars and the purpose in developing this theory to bring awareness to the structural racism that continues to remain prevalent in society.

1. **References** ………………………………………………………………………………………… 30
2. **Appendix** …………………………………………………………………………………………… 42
   1. **Health Equity Quiz**
   2. **Discrimination Scale**
   3. **Survey**
   4. **Links to PowerPoint slide training with audio, training website, and teaching demonstration video.**
   5. **Certificate of Completion**

1 Overview of Topic

Cultural care navigators have gone through many terminology changes and may have been labeled as care navigators, patient liaisons, and/or healthcare advocates. In healthcare, it can be difficult to maneuver through the medical system and coordinate care that is needed for those who are diagnosed with terminal illness. Palliative care is a specialty that provides services to lessen the burden of serious illnesses and help patients receive comfort care during their most fragile state in their lives. The combination of having a care navigator that shares in the patient’s cultural beliefs and practices becomes an important bridge to help patients who are diagnosed with a terminal illness. It is important to incorporate culture into this care navigator role to build trust and community for vulnerable groups. Black patients will be the focus throughout this course as a vulnerable group who have endured historical medical trauma, and hardships in healthcare due to structural racism which have led to perceptions of mistrust towards healthcare professionals.

2 Training Purpose

This training manual is design to empower further discussions on the importance of dismantling health disparities among vulnerable patient groups such as Black patients who have endured racism in healthcare. It is important to understand the need for compassion during end-of-life care regardless of a patient’s race, gender, or sexuality. To help dismantle health disparities, there needs to be an understanding of the historical context of how Black patients were mistreated and how generational trauma, slavery, structural racism has affected health equity for Blacks. By incorporating cultural care navigators that share in the same cultural background as Black patients, there is hope in advocating for the necessary medical treatments and appropriate medical care that are needed for Black patients who experience mistrust in healthcare.

3 Minimum Requirements

Every healthcare professional is welcome to attend this training. Each healthcare professional is encouraged to come into this training with an open mind, unbiased opinion, and willingness to learn about cultural care navigators, palliative care, and how to support Black patients towards health equity and care.

4 Target Groups

All healthcare providers and professionals who are willing to help dismantle health disparities among vulnerable patient groups.

5 Attendance and Completion

All participants are to complete 5 hours of training per day for 5 days. Participants are expected to review all readings, videos, handouts, and turn in reflection papers at the end of each training session. Participants are encouraged to email the facilitator for any questions or concerns related to the training.

6 Technology

All patients should have a PC or laptop that has internet capabilities. If participants are having a tough time linking into the readings or videos, please email the facilitator. There should be links on the slide deck, the written manual, and the through the website.

7 Mission

For the community: To raise awareness and knowledge of culture, equity, and diversity in enhancing the lives of vulnerable patients using advocacy and allyship in improving the quality of life for those living with serious illness.

For healthcare professionals: To provide compassion, trust, and elevate knowledge and skills about palliative care and cultural care navigators who are essential partners in helping the most vulnerable patients obtain equity during end-of-life care.

Reminders

* As you follow along in the written manual, please check each box after the learning objective’s activities are completed. There will be learning objectives that are 1-2.5 hours long and will have activities and information to review. Each day will have 5-6 hours of learning activities. Each article is approximately 15-20 minutes of reading, and the length of the videos are located next to the video’s references.
* If you would like to listen to the key takeaways of each module, please go to the power point slides where you can listen to the facilitator speak about the topics. The link to the power point slides is below.

<https://www.canva.com/design/DAF6lWTYhl0/H38yrtC9ayvshkObOpk5jw/edit?utm_content=DAF6lWTYhl0&utm_campaign=designshare&utm_medium=link2&utm_source=sharebutton>

* Also, if you would like to take your training on your mobile phone, there is a website that guides you through the same topics as the manual, so you won’t lose your place in the training. Below is the link to the training website.

<https://shufferconsulting.com/start>

* Please take breaks as needed to re-group and re-fresh yourself and remember that this is a self-pace learning webinar.



Day One

**Topic: Introduction to the importance of cultural care navigators to improve the perceptions about palliative care among Black patients.**

This module will introduce participants to the definitions of palliative care, cultural healthcare navigators and explore the benefits of both services. The healthcare industry is a difficult system to understand and maneuver through the various layers of services that are available to patients. When patients struggle in obtaining equity in care, it is our duty as social workers and healthcare professionals to help patients and families through difficult tasks. However, this is not always the case. Healthcare professionals need to do better. We need to ensure that we are helping all patients regardless of race, background, or need. It is important to highlight the historical background of Blacks and the reasons for their wariness of the medical field. The medical field has not been supportive or fair towards the Black community when it comes to historical context of using Blacks as medical experiments and participants in unethical studies.

Please keep in mind that the facilitator has selected articles for participants to read and review. The literature selected is peer-reviewed to support the topics that are presented in each learning objective. The videos are also selected to provide an alternative for participants to view and learn about the topics that are presented in each learning objective. **The “question of the day” and the “reflection questions” require the participants to email the facilitator the answers for credit towards the training.**

**Question for the day: Has your race caused others to dislike you, create suspicion, and treat you differently? If yes, please share your thoughts. If your answer is no, write about your privileges and please consider using your privilege to help those who struggle with equity.**

** Learning Objective 1: What is palliative care? (1 hour)**

This section introduces the understanding of palliative care, and the benefits of how these services provide compassionate discussions and guidance in understanding a serious diagnosis. The articles highlight the depth of the services that are provided under palliative care and analyze how these services can provide patients with quality of life.

**Here are some literatures to review and understand palliative care. Please click on the links below the title of the article to direct you to the websites:**

* According to the National Institute on Aging, palliative care is a specialty in the field of medicine that provides symptom management for people with serious illness and provides care that focuses on enhancing quality of life for patients and their families.
* [What Are Palliative Care and Hospice Care? | National Institute on Aging (nih.gov)](https://www.nia.nih.gov/health/hospice-and-palliative-care/what-are-palliative-care-and-hospice-care#palliative).Wontonoro, W., Suryaningsih, E. K., Anita, D. C., & Nguyen, T. V. (2022). Palliative Care: A Concept Analysis Review. SAGE open nursing, 8, 23779608221117379. <https://doi.org/10.1177/2377960822111737>.

[Palliative Care: A Concept Analysis Review - PubMed (nih.gov)](https://pubmed.ncbi.nlm.nih.gov/35966230/)

**Please view the YouTube videos on palliative care to gain further understanding of the services:**

* [The Human Connection of Palliative Care: Ten Steps for What To Say and Do (youtube.com)](https://www.youtube.com/watch?v=7kQ3PUyhmPQ)

<https://www.youtube.com/watch?v=7kQ3PUyhmPQ> (5:52)

* [Hospice vs Palliative Care: What's the Difference? (youtube.com)](https://www.youtube.com/watch?v=9at-ZOtZHPc)

<https://www.youtube.com/watch?v=9at-ZOtZHPc> (12:19)

* [Why palliative care is essential in the face of serious illness (youtube.com)](https://www.youtube.com/watch?v=rfeqVGf_PB0)

<https://www.youtube.com/watch?v=rfeqVGf_PB0> (19:26)

** Learning objective 2:**

**What is a cultural care navigator? This section will provide insight into the roles of a cultural care navigator and the advocacy that they bring to patient care. (1 hour)**

* A cultural care navigator can be labeled as a liaison, advocate, or healthcare navigator who will provide guidance to healthcare patients who need assistance in navigating conversation and trust with their doctors. Please take some time to read about care navigator roles in healthcare. The research articles highlight the benefits of care navigators in the guidance towards helping vulnerable patients within the healthcare industry.

**Here are some literatures to review and understand palliative care. Please click on the links below the title of the article to direct you to the websites:**

* Natale-Pereira, A., Enard, K. R., Nevarez, L., & Jones, L. A. (2011). The role of patient navigators in eliminating health disparities. *Cancer*, *117*(15 Suppl), 3543–3552. <https://doi.org/10.1002/cncr.26264>.
* Phillips, S., Villalobos, A. V. K., Crawbuck, G. S. N., & Pratt-Chapman, M. L. (2019). In their own words: patient navigator roles in culturally sensitive cancer care. *Supportive care in cancer: Official Journal of the Multinational Association of Supportive Care in Cancer*, *27*(5), 1655–1662. <https://doi.org/10.1007/s00520-018-4407-7>.
* **Please view YouTube videos on healthcare navigators. Note: Pay attention to the cultural aspect that is embraced by the healthcare navigators and how some of them share the same cultural background and advocate for equity in healthcare for their patients:**
* [Patient Navigators: A Step in the Right Direction (youtube.com)](https://www.youtube.com/watch?v=z_s_8jHcDGc)

<https://www.youtube.com/watch?v=z_s_8jHcDGc> (7:17)

* [These patient navigators in Florida are saving lives by increasing equality in women’s healthcare. (youtube.com)](https://www.youtube.com/watch?v=V1kbvOdQKxo)

<https://www.youtube.com/watch?v=V1kbvOdQKxo> (6:16)

* [Meet our Community Navigators (youtube.com)](https://www.youtube.com/watch?v=mPnSnmRYV4o)

<https://www.youtube.com/watch?v=mPnSnmRYV4o> (6:09)

** Learning Objective 3:**

**The importance of culture in healthcare decisions and discussions.** This section will discuss culture and how culture shapes an individual, their beliefs, practices, and decisions towards their medical care. The articles and videos highlight the benefits of palliative care, but many minority patients, such as Black patients, have differing views of healthcare in general, especially palliative care.

**Here are some literatures to review and understand palliative care. Please click on the links below the title of the article to direct you to the websites:**

* + - [Cultural Diversity in Healthcare: Strategies for Culturally Appropriate Patient Care (thedoctors.com)](https://www.thedoctors.com/articles/cultural-diversity-in-healthcare-strategies-for-culturally-appropriate-patient-care/)

<https://www.thedoctors.com/articles/cultural-diversity-in-healthcare-strategies-for-culturally-appropriate-patient-care/>

* + - [Family, fear, and faith: Helping Black patients with end-of-life decisions | AAMC](https://www.aamc.org/news/family-fear-and-faith-helping-black-patients-end-life-decisions)

<https://www.aamc.org/news/family-fear-and-faith-helping-black-patients-end-life-decisions>.

* Wicher, C. P., & Meeker, M. A. (2012). What influences African American end-of-life preferences? *Journal of health care for the poor and underserved*, *23*(1), 28–58. <https://doi.org/10.1353/hpu.2012.0027>

**Please view YouTube videos on culture humility in healthcare decision-making and discussions.**

* [**What is Cultural Humility? (youtube.com)**](https://www.youtube.com/watch?v=c_wOnJJEfxE)

<https://www.youtube.com/watch?v=c_wOnJJEfxE>

* [make REAL change in 2024 with therapy (youtube.com)](https://www.youtube.com/watch?v=Ww_ml21L7Ns)

<https://www.youtube.com/watch?v=Ww_ml21L7Ns>

* [Cultural Humility in Clinical Settings (youtube.com)](https://www.youtube.com/watch?v=PfeKt1X0zi8)

<https://www.youtube.com/watch?v=PfeKt1X0zi8>

** Learning Objective 4:**

**Black patients and the perceptions of mistrust in healthcare and palliative care.**Please take some time to read about the perceptions of mistrust towards the healthcare field and professionals when working with Black patients. Please keep in mind historical content of reasons for mistrust.

**Here are some literatures to review and understand palliative care. Please click on the links below the title of the article to direct you to the websites:**

* Johnson K. S. (2013). Racial and ethnic disparities in palliative care. *Journal of palliative medicine*, *16*(11), 1329–1334. <https://pubmed.ncbi.nlm.nih.gov/24073685/>.
* Bazargan, M., & Bazargan-Hejazi, S. (2021). Disparities in Palliative and Hospice Care and Completion of Advance Care Planning and Directives Among Non-Hispanic Blacks: A Scoping Review of Recent Literature. The American journal of hospice & palliative care, 38(6), 688–718. <https://doi.org/10.1177/1049909120966585>.
* Elbaum A. (2020). Black Lives in a Pandemic: Implications of Systemic Injustice for End-of-Life Care. *The Hastings Center report*, *50*(3), 58–60. <https://doi.org/10.1002/hast.1135>.
* Rhodes, R. L., Batchelor, K., Lee, S. C., & Halm, E. A. (2015). Barriers to end-of-life care for African Americans from the providers' perspective: opportunity for intervention development. *The American journal of hospice & palliative care*, *32*(2), 137–143. <https://doi.org/10.1177/1049909113507127>.
* Coats, H., Crist, J. D., Berger, A., Sternberg, E., & Rosenfeld, A. G. (2017). African American Elders' Serious Illness Experiences: Narratives of "God Did," "God Will," and "Life Is Better". *Qualitative health research*, *27*(5), 634–648. <https://doi.org/10.1177/1049732315620153>.
* Harrison R. W., 3rd (2001). Impact of biomedical research on African Americans. *Journal of the National Medical Association*, *93*(3 Suppl), 6S–7S.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2593959/>.

** Learning Objective 5:**

**Advocacy and allyship.** This is an important section to promote advocacy and allyship with people who are in privileged positions of society to those who are struggling with breaking down barriers in care because of their racial backgrounds.

**Here are some literatures to review and understand palliative care. Please click on the links below the title of the article to direct you to the websites:**

* [Unlocking the Power of Allyship: Giving Health Care Workers the Tools to Take Action Against Inequities and Racism (nejm.org)](https://catalyst.nejm.org/doi/pdf/10.1056/CAT.21.0358)

<https://catalyst.nejm.org/doi/pdf/10.1056/CAT.21.0358>

* Martinez, S., Araj, J., Reid, S., Rodriguez, J., Nguyen, M., Pinto, D. B., Young, P. Y., Ivey, A., Webber, A., & Mason, H. (2021). Allyship in Residency: An Introductory Module on Medical Allyship for Graduate Medical Trainees. *MedEdPORTAL : the journal of teaching and learning resources*, *17*, 11200. <https://doi.org/10.15766/mep_2374-8265.11200>.
* Sonnenberg, L. K., Do, V., LeBlanc, C., & Busari, J. O. (2021). Six ways to get a grip by calling-out racism and enacting allyship in medical education. *Canadian medical education journal*, *12*(4), 111–115. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8463236/>.
* **Please view YouTube videos on allyship and how we can apply this to healthcare when working with Black community who are marginalized.**
  + [What is Allyship and Why is Allyship Important? (youtube.com)](https://www.youtube.com/watch?v=hmN1_Bsb0FE)

<https://www.youtube.com/watch?v=hmN1_Bsb0FE>.

* + [Your journey to true allyship | Talisa Lavarry | TEDxSeattleWomen (youtube.com)](https://www.youtube.com/watch?v=MoHrlonr8wc)

<https://www.youtube.com/watch?v=MoHrlonr8wc>.

* + [Allyship is the Key to Social Justice | Whitney Parnell | TEDxHerndon (youtube.com)](https://www.youtube.com/watch?v=xJm7hIAZ3BY)

<https://www.youtube.com/watch?v=xJm7hIAZ3BY>.

* + [What if white people led the charge to end racism? | Dwinita Mosby Tyler | TEDxMileHigh - YouTube](https://www.youtube.com/watch?v=VQSW5SFBsOg)

<https://www.youtube.com/watch?v=VQSW5SFBsOg>.

**Reflection questions for Learning Objective 1:**

1. In the YouTube videos on healthcare navigators, the common theme highlighted the importance of healthcare navigators in assisting vulnerable patients through the medical field. Think of ways that a healthcare navigator can help patients who are less fortunate. Write down 5 ideas that cultural care navigators can help support your patients and organization.
2. There is a bond that occurs when patients realize that they have a healthcare advocate that understands their culture, their wishes, their emotions during their medical journey. What other ways can other professionals create a healthy relationship with their patients? Write 5 different ways that would help you build trust with your patients.

**Day Two**

**Topic: Health disparities and structural racism**

In today’s module, participants will be reviewing the previous day’s learning by taking a quiz on health disparities and learn about the current healthcare system and it’s impact on Black patients and other patients who are also marginalized. The learnings will expose participants to how structural racism contributes to health disparities which is part of social determinants of health. Participants will learn about social determinants of health and how this has caused many Black communities to continue to remain oppressed within society. The goal of this module is to bring awareness to the larger problem of structural racism and how it was created, and how it has influenced biased practices in the medical field.

Please keep in mind that the facilitator has selected articles for participants to read and review. The literature that is selected is peer-reviewed to support the topics that are presented in each learning objective. The videos are also selected to provide an alternative for participants to view and learn about the topics that are presented in each learning objective. **The “question of the day” and the “reflection questions” require the participants to email the facilitator the answers for credit towards the training. Also, remember to email responses for the health disparities quiz, and perceived discrimination survey.**

**Question for the day: Do you live in a neighborhood that lacks access to good schools, grocery stores, or medical clinics? If your answer is no, why do you think your neighborhood has good access to the above necessary services? If your answer is yes, please share recommendations for your community leaders. Write a 1-page response and email the facilitator your response for credit.**

** Learning Objective 1: Overview of previous day’s learnings.**

Please take some time during the first hour to complete a quiz on health disparities to continue the discussions from yesterday’s training. We will discuss how structural racism impacts health disparities:

\*\*\* The quiz and the link to the answers to the quiz are attached in the Appendix at the end of the

manual. (10 minutes). Please email the facilitator your thoughts on this quiz and if it can be useful to other organizational trainings with health disparity topics.

**Please view the following videos to review health disparities.**

* + [What Is Health Equity, and Why Does It Matter? (Full Interview) - YouTube](https://www.youtube.com/watch?v=NWNgUXyvDuo)

<https://www.youtube.com/watch?v=NWNgUXyvDuo> (33:35)

* + [Living in Disadvantaged Neighborhoods is Bad for Your Health (youtube.com)](https://www.youtube.com/watch?v=pzafgHG7EFE)

(3:38)

* + [Health Disparities in the Black Community: Past & Present (youtube.com)](https://www.youtube.com/watch?v=7zK2yzvi5rs)

https://www.youtube.com/watch?v=7zK2yzvi5rs (12:32)

** Learning Objective 2: What are health disparities and how do they affect Black patients?** This section will further discuss how health disparities impact the lives of Black patients and their access to care.

Please take some time to read about the prevalence of health disparities.

[Race, Socioeconomics Are Largest Barriers to Hospice and Palliative Care - Hospice News](https://hospicenews.com/2021/01/19/sociodemographic-barriers-to-hospice-and-palliative-care/)

<https://hospicenews.com/2021/01/19/sociodemographic-barriers-to-hospice-and-palliative-care/>.

Wen, Y., Jiang, C., Koncicki, H. M., Horowitz, C. R., Cooper, R. S., Saha, A., Coca, S. G., Nadkarni, G. N., & Chan, L. (2019). Trends and Racial Disparities of Palliative Care Use among Hospitalized Patients with ESKD on Dialysis. *Journal of the American Society of Nephrology: JASN*, *30*(9), 1687–1696. <https://pubmed.ncbi.nlm.nih.gov/31387926/>.

**Please view YouTube videos on health disparities when working with the Black community who are marginalized.**

* + [With a history of abuse in American medicine, Black patients struggle for equal access (youtube.com)](https://www.youtube.com/watch?v=ye4EsUrPxHg)

[**https://www.youtube.com/watch?v=ye4EsUrPxHg**](https://www.youtube.com/watch?v=ye4EsUrPxHg) **(12:25)**

* + [Black Health Disparities Go Back To Slavery | Discovered Truth: Full Documentary (youtube.com)](https://www.youtube.com/watch?v=bz00gbEGfho)

[**https://www.youtube.com/watch?v=bz00gbEGfho**](https://www.youtube.com/watch?v=bz00gbEGfho) **(26:09)**

** Learning Objective 3: What are the social determinants of health?**

This section will help participants understand structural racism in society and how it impacts where certain socio-economic and cultural groups live, go to school, have access to medical care, and access to necessities such as grocery stores. The social determinants of health are non-medical factors that contribute to the health of many underserved, lower socioeconomic status groups.

Please take some time to read about the prevalence of health disparities.

Daniel, H., Bornstein, S. S., Kane, G. C., Health and Public Policy Committee of the American College of Physicians, Carney, J. K., Gantzer, H. E., Henry, T. L., Lenchus, J. D., Li, J. M., McCandless, B. M., Nalitt, B. R., Viswanathan, L., Murphy, C. J., Azah, A. M., & Marks, L. (2018). Addressing Social Determinants to Improve Patient Care and Promote Health Equity: An American College of Physicians Position Paper. Annals of internal medicine, 168(8), 577–578.

<https://pubmed.ncbi.nlm.nih.gov/29677265/>

* **Please view YouTube videos on social determinants of health.**
  + Combating Racism and Place-ism in Medicine | J. Nwando Olayiwola | TEDxKingLincolnBronzeville

<https://www.youtube.com/watch?v=0bnm__UPTRM> **(11:24)**

* + [What Makes Us Healthy? Understanding the Social Determinants of Health (youtube.com)](https://www.youtube.com/watch?v=8PH4JYfF4Ns)

<https://www.youtube.com/watch?v=8PH4JYfF4Ns> (6:27)

* + [Social and Behavioral Determinants of Toxic Stress (youtube.com)](https://www.youtube.com/watch?v=eCeAzhKobk8)

<https://www.youtube.com/watch?v=eCeAzhKobk8> (18:50)

\*\*\* Handout to complete: Perceived Discrimination Survey (located in appendix).

<https://d.docs.live.net/33c4a2158bc237ce/Documents/Perceived%20Discrimination%20Scale.docx>

\*\*\* This survey is to help you understand how you view discrimination. The higher the score indicates the more instances of discrimination that you experienced in your lifetime. Is discrimination influenced by society’s trends and media? Please share your thoughts and email the facilitator your response after you completed the survey.

** Learning Objective 4: Discuss the influence of structural racism and how it contributes to health disparities.**

**Pease take some time to read the following articles.**

Geneviève, L. D., Martani, A., Wangmo, T., & Elger, B. S. (2022). Precision Public Health and Structural Racism in the United States: Promoting Health Equity in the COVID-19 Pandemic Response. *JMIR public health and surveillance*, *8*(3), e33277. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8900917/>

Bailey, Z. D., Feldman, J. M., & Bassett, M. T. (2021). How structural racism works—racist policies as a root cause of US racial health inequities. *New England Journal of Medicine*, *384*(8), 768-773.

<https://www.nejm.org/doi/10.1056/NEJMms2025396>

Priest, N., & Williams, D. R. (2021). Structural Racism: A Call to Action for Health and Health Disparities Research. *Ethnicity & disease*, *31*(Suppl 1), 285–288. <https://pubmed.ncbi.nlm.nih.gov/34045829/>

* **Please view YouTube videos.**
  + [How racism makes us sick | David R. Williams (youtube.com)](https://www.youtube.com/watch?v=VzyjDR_AWzE)

<https://www.youtube.com/watch?v=VzyjDR_AWzE> (17:27)

* + [Racism's health effects on Black Americans (youtube.com)](https://www.youtube.com/watch?v=IpHj7EyJMJ8)

<https://www.youtube.com/watch?v=IpHj7EyJMJ8> (0:26)

* + [Health inequity: America’s chronic condition? | Esteban López | TEDxSanAntonio (youtube.com)](https://www.youtube.com/watch?v=56ZKfSNkcJc)

<https://www.youtube.com/watch?v=56ZKfSNkcJc> (12:01)

** Learning Objective 5: Gain insight into how to change healthcare to increase equity in care for Black patients.**

**Please take some time to read the following articles.**

van Roode, T., Pauly, B. M., Marcellus, L., Strosher, H. W., Shahram, S., Dang, P., ... & MacDonald, M. (2020). Values are not enough: qualitative study identifying critical elements for prioritization of health equity in health systems. *International Journal for Equity in Health*, *19*(1), 1-13.

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-020-01276-3>

Centers of Disease Control and Prevention. (2022, July 1). *What is health Equity?* Centers for Disease Control and Prevention. <https://www.cdc.gov/healthequity/whatis/index.html>

* **Please view YouTube videos.**
  + Health Equity- Changing Systems Not Victims | Dr. Alvin Powell | TEDxRaleigh

<https://www.youtube.com/watch?v=vsAVOT9YenA> (10:57)

* + Tackling ethnic health disparities: Lisa Cooper at TEDxBaltimore 2014

<https://www.youtube.com/watch?v=CBNWaQM2JrE> (20:49)

* + [Hiding in Plain Sight: What's Missing in Health Equity | Keri Norris | TEDxEmory (youtube.com)](https://www.youtube.com/watch?v=-3BXF2aY3Ys) <https://www.youtube.com/watch?v=-3BXF2aY3Ys> (19:12)

**Day Three**

**Topic: Historical Trauma for Blacks in Healthcare**

In this module, participants will have an in-depth look into the historical context of the treatment of Blacks in medical experiments and studies that were considered unethical and harmful. These historical events have created hesitation, mistrust, and fear for many Blacks in which the stories that are documented have been passed down to the next generation to learn about how Black lives were devalued. It is important to highlight the history of the medical field’s treatment of Black patients. Hopefully, these types of exposure and education can help create needed changes on how medical professionals are trained, and what is needed to bring cultural humility to their educational pathways.

Please keep in mind that the facilitator has selected articles for participants to read and review. The literature selected is peer-reviewed to support the topics that are presented in each learning objective. The videos are also selected to provide an alternative for participants to view and learn about the topics that are presented in each learning objective. **The “question of the day” and the “reflection questions” require the participants to email the facilitator the answers for credit towards the training.**

\*\* Objective 1 = 1 hour; Objective 2 = 3hours; Objective 3 = 1 hour. Each article is approximately 20-25 minutes of reading, and the length of the videos are located next to the video’s references. Please email (located on title page of the written manual) me your answers to the reflection questions for credit.

** Learning Objective 1: Overview of previous day’s learning objectives. Please write a reflection paper by answering the following questions after reading the statement: Look back at your experience when you were in elementary school through high school, and when you were hired for your first job. Please email the facilitator with your responses (**[**sirivanh.shuffer@simmons.edu**](mailto:sirivanh.shuffer@simmons.edu)**) to questions 1-5 and question of the day for credit towards training. (1 hour)**

1. Was your race an issue in being picked on at school?
2. Did anyone verbally abuse you with racial slurs?
3. Did people treat you with respect or did you feel you had to earn your respect?
4. Were you threatened or harassed most days during school or at the workplace?
5. Did you feel that you had to defend yourself against people?

If you did answer “yes” to any of these questions, please share with us your experiences and how you were able to overcome these negative treatments. Consider writing a one-page reflection.

If you answer “no” to any of these questions, please share recommendations on how to reduce bias against certain groups of people. Consider writing a one-page reflection.

**Question for the day:**

There needs to be strong allies to advocate for vulnerable groups, and address discrimination and microaggressions. What other necessary steps should leaders take to create a solid allyship with vulnerable communities? Please email the facilitator your response to receive credit. [Sirivanh.shuffer@simmons.edu](mailto:Sirivanh.shuffer@simmons.edu).

** Learning Objective 2: In-depth historical context about trauma for Black patients. (3 hours)**

Slavery: Racial categories were created – Blacks considered inferior race; Whites were superior race.

* Müller-Wille S. (2014). Race and History: Comments from an Epistemological Point of View. *Science, technology & human values*, *39*(4), 597–606. <https://doi.org/10.1177/0162243913517759>.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4326670/>

* Ifekwunigwe, J. O., Wagner, J. K., Yu, J. H., Harrell, T. M., Bamshad, M. J., & Royal, C. D. (2017). A Qualitative Analysis of How Anthropologists Interpret the Race Construct. *American anthropologist*, *119*(3), 422–434. <https://doi.org/10.1111/aman.12890>

[A Qualitative Analysis of How Anthropologists Interpret the Race Construct - PMC (nih.gov)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6075721/)

Please view videos:

* + [The Origin of Race in the USA (youtube.com)](https://www.youtube.com/watch?v=CVxAlmAPHec)

<https://www.youtube.com/watch?v=CVxAlmAPHec> (10:15)

* + [Enough with Race Already, It's Time for a NEW Social Construct | Glodean Champion | TEDxWestMonroe (youtube.com)](https://www.youtube.com/watch?v=8RAte5P4SOw)

<https://www.youtube.com/watch?v=8RAte5P4SOw> (10:03)

* + [Lecture on the Social Construction of Race (youtube.com)](https://www.youtube.com/watch?v=AAGxR2CMq-c)

<https://www.youtube.com/watch?v=AAGxR2CMq-c> (37:47)

Examples of medical experiments on slaves.

* Ojanuga D. (1993). The medical ethics of the 'father of gynaecology', Dr J Marion Sims. *Journal of medical ethics*, *19*(1), 28–31. <https://doi.org/10.1136/jme.19.1.28>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1376165/>

* Wall L. L. (2006). The medical ethics of Dr J Marion Sims: a fresh look at the historical record. *Journal of medical ethics*, *32*(6), 346–350. <https://doi.org/10.1136/jme.2005.012559>

<https://pubmed.ncbi.nlm.nih.gov/16731734/>

**Please read the following article on how to teach implicit bias recognition and management. After reading the article, please answer the questions below and email your responses to the facilitator for credit towards training:**

* Gonzalez, C. M., Lypson, M. L., & Sukhera, J. (2021). Twelve tips for teaching implicit bias recognition and management. *Medical teacher*, *43*(12), 1368–1373. <https://doi.org/10.1080/0142159X.2021.1879378>

1. What other opportunities can we teach implicit bias in our organizations?
2. Do you believe that instructors who teach implicit bias should be of an ethnic background or is it applicable for White instructors to teach implicit bias?
3. Can people be free of implicit bias today? Why or why not?
4. In what ways can we teach future generations about racism?
5. How can we influence change to become anti-racist?

The Tuskegee Experiment:

Please read the following articles:

* Alsan, M., & Wanamaker, M. (2018). TUSKEGEE AND THE HEALTH OF BLACK MEN. *The quarterly journal of economics*, *133*(1), 407–455. <https://doi.org/10.1093/qje/qjx029>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6258045/>

* Scharff, D. P., Mathews, K. J., Jackson, P., Hoffsuemmer, J., Martin, E., & Edwards, D. (2010). More than Tuskegee: understanding mistrust about research participation. *Journal of health care for the poor and underserved*, *21*(3), 879–897. <https://doi.org/10.1353/hpu.0.0323>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4354806/>

* Gamble V. N. (1997). Under the shadow of Tuskegee: African Americans and health care. *American journal of public health*, *87*(11), 1773–1778. https://doi.org/10.2105/ajph.87.11.1773

<https://pubmed.ncbi.nlm.nih.gov/9366634/>

* Wall L. L. (2006). The medical ethics of Dr J Marion Sims: a fresh look at the historical record. *Journal of medical ethics*, *32*(6), 346–350. <https://doi.org/10.1136/jme.2005.012559>

<https://pubmed.ncbi.nlm.nih.gov/16731734/>

Please watch video:

* + [NLM’s Collection on the US Public Health Service Syphilis Study at Tuskegee (youtube.com)](https://www.youtube.com/watch?v=O1LE6gED9LI)

<https://www.youtube.com/watch?v=O1LE6gED9LI> (3:11)

* + [The Government EXPERIMENTED on 400 African Americans (Tuskegee Syphilis Experiment) #onemichistory (youtube.com)](https://www.youtube.com/watch?v=Vity2y7F5-s)

<https://www.youtube.com/watch?v=Vity2y7F5-s> (30:19)

 **Learning Objective 3:** **How can we leverage social justice, trust, and compassion in caring for Black**

**patients? (1 hour)**

Please read the following articles:

* Leitch, S., Corbin, J. H., Boston-Fisher, N., Ayele, C., Delobelle, P., Gwanzura Ottemöller, F., Matenga, T. F. L., Mweemba, O., Pederson, A., & Wicker, J. (2021). Black Lives Matter in health promotion: moving from unspoken to outspoken. *Health promotion international*, *36*(4), 1160–1169. <https://doi.org/10.1093/heapro/daaa121>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7953963/>

* Noonan, A. S., Velasco-Mondragon, H. E., & Wagner, F. A. (2016). Improving the health of African Americans in the USA: an overdue opportunity for social justice. *Public health reviews*, *37*, 12. <https://doi.org/10.1186/s40985-016-0025-4>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5810013/>

* Miller, F., & Miller, P. (2021). Transgenerational trauma and trust restoration. *AMA Journal of Ethics*, *23*(6), 480-486.

[Transgenerational Trauma and Trust Restoration | Journal of Ethics | American Medical Association (ama-assn.org)](https://journalofethics.ama-assn.org/article/transgenerational-trauma-and-trust-restoration/2021-06)

<https://journalofethics.ama-assn.org/article/transgenerational-trauma-and-trust-restoration/2021-06>

Please watch the following videos on how to bring humility when working with Black patients:

* + [How to Provide Better Care to African American Patients (youtube.com)](https://www.youtube.com/watch?v=YYQoYX_1AkA)

<https://www.youtube.com/watch?v=YYQoYX_1AkA> (3:40)

* + [Why African-American seniors are less likely to use hospice (youtube.com)](https://www.youtube.com/watch?v=dypoYEvBfs4)

<https://www.youtube.com/watch?v=dypoYEvBfs4> (7:39)

* + [Faculty Talks: Working with African American Clients and Families (youtube.com)](https://www.youtube.com/watch?v=N9ERv_QJbBM)

<https://www.youtube.com/watch?v=N9ERv_QJbBM> (8.00)

* + [Why black patients don’t trust the healthcare system | Bayo Curry-Winchell | TEDxReno (youtube.com)](https://www.youtube.com/watch?v=1U1P9bkcO-A)

<https://www.youtube.com/watch?v=1U1P9bkcO-A> (13:05)

**Reflection Questions:**

1. Was there a time where you felt uncomfortable working with certain people because of their race?

What are some ways to assess your implicit biases towards certain groups of people?

Please write a paragraph explaining how you can achieve this goal.

1. Do you believe that there can be equity in healthcare and in society?

Write down why you feel there is hope for equity or if you feel there is never a

possibility for this to occur in society. Why or why not? Please write a couple paragraphs about your answer.

Please email the facilitator your responses for credit towards training.

[Sirivanh.shuffer@simmons.edu](mailto:Sirivanh.shuffer@simmons.edu).

**Day Four**

**Topic: Cultural Healthcare Navigators to Bridge Communication and Cultural Humility with Healthcare Professionals**

In today’s module, you will take an in-depth look into the importance of cultural healthcare navigators. The readings and videos will also provide ways cultural healthcare navigators can help advocate for Black patients and bring cultural humility to physicians when discussing goals of care with Black patients who are struggling with a serious illness. Many physicians do not have competence or humility when it comes to understanding culture, beliefs, or racial struggles of Black patients. It is important to learn from patients by listening to their needs, their beliefs, and their decisions on how they want to be cared for when it comes to end-of-life care.

Please keep in mind that the facilitator has selected articles for participants to read and review. The literature selected is peer-reviewed to support the topics that are presented in each learning objective. The videos are also selected to provide an alternative for participants to view and learn about the topics that are presented in each learning objective. **The “question of the day” and the “reflection questions” require the participants to email the facilitator the answers for credit towards the training.**

**Question for the day:**

Does your organization support various programs that help marginalized or underrepresented groups become successful and independent in their daily living, and healthcare needs? If not, why? Email me your answers to receive credit.

** Learning Objective 1:**

**Overview of previous learning objectives.** Write a 1-page reflection paper and email your responses for question 1-3. Then watch the videos on medical ethics to become aware of the responsibilities of the medical professional.

1. Please list and reflect on 5 emotions that you can identify when learning about slaves as being medical experiments?
2. Please list and reflect on 5 key takeaways from the Tuskegee Experiment.
3. Please list and reflect on 5 ways the medical field can encourage ethics and how do we ensure that ethics are followed by our doctors and other healthcare providers?

Please watch this video to become aware of ethics and responsibilities as a healthcare provider.

* + [Millennials in Medicine: Doctors of the Future | Daniel Wozniczka | TEDxNorthwesternU (youtube.com)](https://www.youtube.com/watch?v=Kykj3k2wBXg)

<https://www.youtube.com/watch?v=Kykj3k2wBXg> (16:21)

* + [A Call for Change: Fixing A Broken Medical Training System | Jake Goodman | TEDxUGA (youtube.com)](https://www.youtube.com/watch?v=2lNk4Svcazw)

<https://www.youtube.com/watch?v=2lNk4Svcazw> (18:45)

** Learning Objective 2:**

**The role of cultural care navigators in reducing health disparities, building trust, and improving communication with providers.** Let’s discuss how to build trust and communication with providers**.**

Please read the following article:

* Zane, D. (2021, May 3). A Matter of Trust: Race Concordance, Diversity, and Interventions for the Provider-Patient Relationship | Healers and Patients in North Carolina. Healersandpatients.web.unc.edu. <https://healersandpatients.web.unc.edu/2021/05/a-matter-of-trust-race-concordance-diversity-and-interventions-for-the-provider-patient-relationship/>

Please watch the following videos on trust and communication with providers.

* [Making Room for Trust in the Doctor/Patient Relationship | Miri Lader, MD | TEDxDayton (youtube.com)](https://www.youtube.com/watch?v=6W55slJJ0ig)

<https://www.youtube.com/watch?v=6W55slJJ0ig> (10:12)

* Improving Doctor-Patient Communication | Lizzie Cremer | TEDxTrumanStateUniversity

(youtube.com) <https://www.youtube.com/watch?v=RZT9Yr4X4_I> (12:56)

* How The Human Connection Improves Healthcare | Anthony Orsini | TEDxGrandCanyonUniversity (youtube.com) <https://www.youtube.com/watch?v=7zk_AJBO60Y> (10:12)
* [BUILDING TRUST: Serving Underserved Communities - Kyle Christiason & Donald Wesson (youtube.com)](https://www.youtube.com/watch?v=e5vua51I7u8)

<https://www.youtube.com/watch?v=e5vua51I7u8> (23:47)

** Learning Objective 3: Advocacy in healthcare is needed for marginalized groups.** Healthcare leaders and workers are encouraged to combat the trend of health disparities among marginalized groups to alleviate unnecessary hospitalizations and contribute more efforts to preventative home care such as palliative care.

Kuehne, F., Kalkman, L., Joshi, S., Tun, W., Azeem, N., Buowari, D. Y., Amugo, C., Kallestrup, P., & Kraef, C. (2022). Healthcare Provider Advocacy for Primary Health Care Strengthening: A Call for Action. *Journal of primary care & community health*, *13*, 21501319221078379. <https://doi.org/10.1177/21501319221078379>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8928351/>

Howell, B. A., Kristal, R. B., Whitmire, L. R., Gentry, M., Rabin, T. L., & Rosenbaum, J. (2019). A Systematic Review of Advocacy Curricula in Graduate Medical Education. *Journal of general internal medicine*, *34*(11), 2592–2601. <https://doi.org/10.1007/s11606-019-05184-3>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6848624/>

McDonald, M., Lavelle, C., Wen, M., Sherbino, J., & Hulme, J. (2019). The state of health advocacy training in postgraduate medical education: a scoping review. *Medical education*, *53*(12), 1209–1220. <https://doi.org/10.1111/medu.13929>

<https://pubmed.ncbi.nlm.nih.gov/31430838/>

Please view the following videos:

* + [The Urgent Fight for Health Equity | Yolandra Hancock | TEDxFoggyBottom - YouTube](https://www.youtube.com/watch?v=jz6GSVUYtsE)

<https://www.youtube.com/watch?v=jz6GSVUYtsE> (12:41)

* + [Five steps to becoming an advocate | Joseph R Campbell | TEDxAdelaide - YouTube](https://www.youtube.com/watch?v=nIo31mMB4P8)

<https://www.youtube.com/watch?v=nIo31mMB4P8> (7:00)

* + [Advocacy + Action for Health Equity (for APHA TV 2018) (youtube.com)](https://www.youtube.com/watch?v=225JQgQ0eTM)

<https://www.youtube.com/watch?v=225JQgQ0eTM> (5:20)

* **Challenging your thinking:** When you think about advocacy, what is the first thing that comes to mind and how would you practice advocacy for marginalized groups in your organization? (\*\* Please email the facilitator your answer for credit).

** Learning Objective 4: Educating providers on cultural humility, and implicit bias.** All patients need to have a sense of trust with their doctors and healthcare service workers, and healthcare providers hold an oath to care for the most vulnerable patients who are requiring medical services, regardless of their ethnicity or background. Please consider having humility when working with patients who are different than you.

Please review this great resource from the University of Illinois Urbana-Champaign on cultural humility.

[Master-Learner-Workbook-Cultural-Humility-1.pdf (illinois.edu)](https://socialwork.illinois.edu/app/uploads/2021/09/Master-Learner-Workbook-Cultural-Humility-1.pdf)

<https://socialwork.illinois.edu/app/uploads/2021/09/Master-Learner-Workbook-Cultural-Humility-1.pdf>

Please take the Implicit Bias Test that reports attitudes and beliefs about certain topics. It will take you about 10 minutes to complete and will provide you with a deeper self-understanding. The test is also located in the appendix section of this manual.

[Take a Test (harvard.edu)](https://implicit.harvard.edu/implicit/takeatest.html) <https://implicit.harvard.edu/implicit/takeatest.html>

**Please email the facilitator the outcome of your Implicit Bias Test, and answer the following questions:**

1. What was your outcome, and do you feel that the test was accurate in identifying how you are viewed based on this test. Why or why not?
2. Do you feel that you are biased towards certain groups of people and why do you think that it is normal to have biases?
3. Do you feel that biases are dangerous in the healthcare industry? Provide examples how it can be dangerous or harmful to patients.

Please view the following videos on cultural humility and how we should promote humility with ethnic groups:

* + [Examining Bias and Practicing Cultural Humility (youtube.com)](https://www.youtube.com/watch?v=Jze6Hil5SyI)

<https://www.youtube.com/watch?v=Jze6Hil5SyI> (7:36)

* + [A Culture of Humility for a Culture of Health | Sean Valles | TEDxMSU (youtube.com)](https://www.youtube.com/watch?v=OHYWhWcTq9I)

<https://www.youtube.com/watch?v=OHYWhWcTq9I> (11:29)

* + [The Importance of Cultural Humility (youtube.com)](https://www.youtube.com/watch?v=cVmOXVIF8wc)

<https://www.youtube.com/watch?v=cVmOXVIF8wc> (12:49)

** Learning Objective 5: Improve perceptions of palliative care with Black patients with cultural humility, awareness, and competency.** By bringing humility and awareness into healthcare practices we will gain better understanding and perceptions of our patients so that they can trust and share their honest decisions with their providers.

* Shepherd S. M. (2019). Cultural awareness workshops: limitations and practical consequences. *BMC medical education*, *19*(1), 14. <https://doi.org/10.1186/s12909-018-1450-5>

<https://pubmed.ncbi.nlm.nih.gov/30621665/>

* Foronda, C., Baptiste, D. L., Reinholdt, M. M., & Ousman, K. (2016). Cultural Humility: A Concept Analysis. *Journal of transcultural nursing: official journal of the Transcultural Nursing Society*, *27*(3), 210–217. <https://doi.org/10.1177/1043659615592677>

<https://pubmed.ncbi.nlm.nih.gov/26122618/>

* McGregor, B., Belton, A., Henry, T. L., Wrenn, G., & Holden, K. B. (2019). Improving Behavioral Health Equity through Cultural Competence Training of Health Care Providers. *Ethnicity & disease*, *29*(Suppl 2), 359–364. <https://doi.org/10.18865/ed.29.S2.359>

<https://pubmed.ncbi.nlm.nih.gov/31308606/>

* + Chavez, V. (2012). Cultural Humility. In YouTube. <https://www.youtube.com/watch?v=SaSHLbS1V4w> (29:28)

**Reflection questions:**

1. Was there a time in your life when you were seeking assistance from a trusted professional, and you felt dismissed, not important, or invisible? Looking back at the experiences you endured, write a letter to the person with your recommendations for them.
2. What is cultural humility to you and how would you teach it to others? Write a paragraph or two and list some ways you can show your understanding of culture humility.

Please email the facilitator your responses for credit towards your training.

**Day Five**

**Topic: Topic: Supporting theories that can help understand the daily struggles with structural racism among Blacks, and the need to find allyship from leaders that can impact change in reducing health disparities.**

**Each learning objective is approximately 2.5 hours of activities, and videos length of time are listed next to the title of the video.**

In today’s module, participants will be learning about Critical Race Theory and Transformational leadership framework. CRT is an important framework that provides an in-depth understanding about structural racism and how certain systems in society was created to oppress the Black community. It brings to light the need for CRT curriculum to be included in medical education in order to provide awareness and humility about racial categories and the use of race to create clinical tests and algorithms that may be harmful to Black patients.

Please keep in mind that the facilitator has selected articles for participants to read and review. The literature selected is peer-reviewed to support the topics that are presented in each learning objective. The videos are also selected to provide an alternative for participants to view and learn about the topics that are presented in each learning objective. **The “question of the day” and the “reflection questions” require the participants to email the facilitator the answers for credit towards the training.**

**Question of the Day:**

What is your understanding of Critical Race Theory? Write about it and hold on to your responses until the end of the training to assess if you are right. Please email me your response prior to the start of Day 5 of training.

** Learning Objective 1: Critical Race Theory (CRT).**

Please take some time to read over the tenets of Critical Race Theory and please use the book by Delgado & Stefancic as your guide in this learning objective. There have been many different thoughts and projections about CRT in the current political arena that does affect our society’s thoughts on how to treat Black and minority groups. Please read the article that discusses CRT from the perspectives of the original scholars and what CRT was originally intended for when it was created.

**Book to use as reference:** Delgado, R., & Stefancic, J. (2023). *Critical race theory: An introduction* (Vol. 87). NyU press.

[Critical Race Theory: An Annotated Bibliography on JSTOR](https://www.jstor.org/stable/1073418). <https://www.jstor.org/stable/1073418>

By using the above reading as a guide on CRT by Delgado & Stefancic (2023). Please read and review the following tenets:

1. Social construction of race
2. Racism is normal and an ordinary experience for Blacks.
3. Interest convergence – Blacks serve the interests of dominant White groups.
4. Blacks undergo differential racialization.
5. Intersectionality – no individual can be identified into only one group.

* [WATCH: What is critical race theory? (youtube.com)](https://www.youtube.com/watch?v=_gdxrkwpPKc)

<https://www.youtube.com/watch?v=_gdxrkwpPKc> (2:50)

* [Why Race Matters: Critical Race Theory (youtube.com)](https://www.youtube.com/watch?v=IKwPPGQDRH8)

<https://www.youtube.com/watch?v=IKwPPGQDRH8> (26:48)

* [The Battle Over Critical Race Theory (feat. Kimberlé Crenshaw) | The Daily Show (youtube.com)](https://www.youtube.com/watch?v=6mGohbqdcT8)

<https://www.youtube.com/watch?v=6mGohbqdcT8> (1:06:22)

* [Parents skeptical of critical race theory talk to experts: Drawing Conclusions PART 1 FULL INTV (youtube.com)](https://www.youtube.com/watch?v=mmRO3J6IJC8)

<https://www.youtube.com/watch?v=mmRO3J6IJC8> (1:00:01)

** Learning Objective 2: Transformational leadership –** It is crucial for more transformational leaders to help achieve results in reducing health disparities. There needs to be allyship and advocacy from transformational leaders who believe and are compassionate towards the reduction of health disparities and providing equity in access to medical care.

Korejan, M. M., & Shahbazi, H. (2016). An analysis of the transformational leadership theory. *Journal of fundamental and applied sciences*, *8*(3), 452-461.

<https://www.researchgate.net/publication/323732677_An_analysis_of_the_transformational_leadership_theory>

Pawar, A. (2016). Transformational leadership: inspirational, intellectual and motivational stimulation in business. *International Journal of Enhanced Research in Management & Computer Applications*, *5*(5), 14-21.

[B14\_Transformational20200317-35158-1sn1iul-libre.pdf (d1wqtxts1xzle7.cloudfront.net)](https://d1wqtxts1xzle7.cloudfront.net/62393609/B14_Transformational20200317-35158-1sn1iul-libre.pdf?1584530578=&response-content-disposition=inline%3B+filename%3DTransformational_Leadership_Inspirationa.pdf&Expires=1706338949&Signature=ecqTMq90UlwMXtKOYJiPr~TCm8faTx~VqJtj5tiYO6NBJeeayyG4k5WttPN1mNkSCenDwX5FSBCy0Y2-UEm57BE0f6BuJp6Bb1UlRiCMMxin7i-jNoYX2eGL9~ZyAyoZEU9vFxyhDVyI9F9ydWjDgAVpi7h1ipOr3oEgtXz5XypcOgDtDIS7ZTJLFwoLolR2JA7TXgMGNNDOQeDt6FQb3mjkSTqQauO9Uzepu75p19zIAPhN7YN7qGbFfyM6yzH5p84ObIksvsvPnoM7z0fMKBmhznX1EWtBnTaeTh1RDCTzIGuB0O6uliA37xgXCNrDmnJ3Po7Aoq6kpIS5qQFptg__&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA)

Steinmann, B., Klug, H. J. P., & Maier, G. W. (2018). The Path Is the Goal: How Transformational Leaders Enhance Followers' Job Attitudes and Proactive Behavior. *Frontiers in psychology*, *9*, 2338. <https://doi.org/10.3389/fpsyg.2018.02338>

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* **Challenging your thinking:** After learning about CRT, write about why certain communities oppose the teaching of CRT in higher learning?
* What kind of leader are you and how can you help impact reducing health disparities?
  + Do you think your colleagues would appreciate your leadership style? Why or why not?

**Reflection questions:**

1. After learning about Critical Race Theory, has your understanding changed? How can you implement CRT into your organization’s training towards Black patients and other groups who have struggled with structural racism?
2. How can you become a transformational leader? Write down some ways you can show your support as a transformational leader.

**Please write down your answers to “challenge your thinking” section and “reflection questions” and email them to the facilitator for credit. The email address is located on the title page of this written manual.**

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**Appendix**

**Day 2 - HEALTH EQUITY QUIZ**

**1. How does U.S. life expectancy compare to other countries?**

**A. #1**

**B. in the top 5**

**C. in the top 10**

**D. 20th place**

**E. 29th place**

**2. Where did the U.S. rank in life expectancy 50 years ago?**

**A. #1**

**B. in the top 5**

**C. in the top 10**

**D. 20th place**

**E. 30th place**

**3. How much does the U.S. spend per person on health care compared to the average of the**

**other industrialized countries?**

**A. Three quarters (75%) of the average**

**B. The same**

**C. One and a half times (150%) as much**

**D. Two and a half times as much**

**E. Four times as much**

**4. How do U.S. smoking rates compare to those of other wealthy countries?**

**A. #1 (highest smoking rates)**

**B. top 5**

**C. top 10**

**D. 11-20th place**

**E. below 25 (lowest smoking rates)**

**5. What is the greatest difference in life expectancy observed between U.S. counties?**

**A. 4 years**

**B. 7 years**

**C. 15 years**

**D. 22 years**

**E. 33 years**

**6. Between 1980 and 2000, how did the life expectancy gap between the least deprived and most deprived counties in the U.S. change?**

**A. Narrowed by 1%**

**B. Narrowed by 12%**

**C. Remained the same**

**D. Widened by 28%**

**E. Widened by 60%**

**7. On average, how many more supermarkets are there in predominantly white neighborhoods**

**compared to predominantly Black and Latino neighborhoods?**

**A. about the same**

**B. 1.5 times as many**

**C. 2 times as many**

**D. 4 times as many**

**E. 6 times as many**

**8. The predominantly white neighborhoods in west Los Angeles contain approximately 31.8**

**acres of parking space per 1,000 residents. How many acres of park space exist per 1,000**

**residents in the predominantly Black and Latino neighborhoods of south-central L.A.?**

**A. 28.7 acres**

**B. 17.2 acres**

**C. 14.6 acres**

**D. 5.8 acres**

**E. 1.7 acres**

**9. How much does chronic illness cost the U.S. each year in lost work productivity?**

**A. $105 million**

**B. $601 million**

**C. $2.2 billion**

**D. $153 billion**

**E. $1.1 trillion**

**10. African American men in Harlem have a shorter life expectancy from age five than which of**

**the following groups?**

**A. Japanese**

**B. Bangladeshis**

**C. Cubans**

**D. Algerians living in Paris**

**E. All of the above**

**11. On average, which of the following is the best predictor of one’s health?**

**A. whether or not you smoke**

**B. what you eat**

**C. whether or not you are wealthy**

**D. whether or not you have health insurance**

**E. how often you exercise**

**Please click on the link below to check your answers. Thank you for taking this quiz.**

*HEALTH EQUITY QUIZ*. (n.d.). https://unnaturalcauses.org/assets/uploads/file/quiz.pdf

[**Microsoft Word - quiz-FINAL.doc (unnaturalcauses.org)**](https://unnaturalcauses.org/assets/uploads/file/quiz.pdf)

**Day 2 - Perceived Discrimination Scale**

This survey accompanies a measure in the SPARQTools.org Measuring Mobility toolkit, which provides practitioners curated instruments for assessing mobility from poverty and tools for selecting the most appropriate measures for their programs.

Age: Adult

Duration: 3-5 minutes

Reading Level: 6th to 8th grade

Number of items: 20

Answer Format: This survey uses multiple answer formats. Please see the scoring instructions below for more information.

Scoring:

The Lifetime Discrimination subscale items are Q1, Q2, Q3, Q4, Q5, Q6, Q7, Q8, Q9, Q10, and Q11. The answer format for these items is fill in the blank. The Daily Discrimination subscale items are Q12, Q13, Q14, Q15, Q16, Q17, Q18, Q19, and Q20. The answer format for these items is: 1 = often, 2 = sometimes, 3 = rarely, 4 = never.

Lifetime Discrimination: To calculate the score for this subscale, sum the number of items to which the respondent answered that it occurred one or more times.

Daily Discrimination:

Q12, Q13, Q14, Q15, Q16, Q17, Q18, Q19, and Q20 should be reverse scored. Reverse-scored items are worded in the opposite direction of what the scale is measuring. The formula for reverse-scoring an item is:

((Number of scale points) + 1) - (Respondent’s answer)

For example, Q12 is a 4-point scale. If a respondent answered 2 on Q12, you would re-code their answer as: (4 + 1) - 2 = 3.

In other words, you would enter a 3 for this respondents’ answer to Q12.

To calculate the score for this subscale, sum all responses for a score ranging from 0 to 36.

**INSTRUCTIONS**

**The 20-item Perceived Discrimination Scale has two subscales: The Lifetime Discrimination Scale and the Daily Discrimination Scale. Respondents complete the 11-item Lifetime Discrimination scale by indicating how many times they have been treated unfairly over the course of their lives (e.g., “You were discouraged by a teacher or advisor from seeking higher education”). To score this scale, researchers add the number of events that happened at least once for the respondent. Higher scores on this scale mean more experiences of lifetime discrimination**

How many times in your life have you been discriminated against in each of the following ways because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics? Write the number of times each event occurred next to each statement for questions 1-11 and circle your response for questions 12-20.

1. You were discouraged by a teacher or advisor from seeking higher education. \_\_\_\_

2. You were denied a scholarship. \_\_\_\_

3. You were not hired for a job. \_\_\_\_

4. You were not given a promotion. \_\_\_\_

5. You were fired. \_\_\_\_

6. You were prevented from renting or buying a home in the neighborhood you wanted. \_\_\_\_

7. You were prevented from remaining in a neighborhood because neighbors made life so

uncomfortable. \_\_\_\_

8. You were hassled by the police. \_\_\_\_

9. You were denied a bank loan. \_\_\_\_

10. You were denied or provided inferior medical care. \_\_\_\_

11. You were denied or provided inferior service by a plumber, car mechanic, or other

service provider. \_\_\_\_

12. You are treated with less courtesy than other people.

Often Sometimes Rarely Never

13. You are treated with less respect than other people.

Often Sometimes Rarely Never

14. You receive poorer service than other people at restaurants or stores.

Often Sometimes Rarely Never

15. People act as if they think you are not smart.

Often Sometimes Rarely Never

16. People act as if they are afraid of you.

Often Sometimes Rarely Never

17. People act as if they think you are dishonest.

Often Sometimes Rarely Never

18. People act as if they think you are not as good as they are.

Often Sometimes Rarely Never

19. You are called names or insulted.

Often Sometimes Rarely Never

20. You are threatened or harassed.

Often Sometimes Rarely Never

Sources:

Williams, D. R., YU, Y., Jackson, J. S., & Anderson, N. B. (1997). Racial differences in

physical and mental health: Socioeconomic status, stress and discrimination. Journal of

Health Psychology, 2, 335-351.

**Please click on link below to answer survey questions:**

[**https://www.surveymonkey.com/create/preview/?sm=irxlF3K8aB\_2FwhAbqeDdcB5qx0kqKvuaiHuLS8bwEXhQ\_3D**](https://www.surveymonkey.com/create/preview/?sm=irxlF3K8aB_2FwhAbqeDdcB5qx0kqKvuaiHuLS8bwEXhQ_3D)

**1. How would you rate the overall content of the training?**

**A. Excellent**

**B. Very Good**

**C. Satisfactory**

**D. Poor**

**E. Unacceptable**

**2. How would you rate the Universal Design format of the training?**

**A. Excellent**

**B. Very Good**

**C. Satisfactory**

**D. Poor**

**E. Unacceptable**

**3. How would you rate the activities (readings, videos, quiz, etc.)?**

**A. Excellent**

**B. Very Good**

**C. Satisfactory**

**D. Poor**

**E. Unacceptable**

**4. What was the most intriguing Module in the training?**

**A. Module 1**

**B. Module 2**

**C. Module 3**

**D. Module 4**

**E. Module 5**

**5. What part of the training did you find unsatisfactory in applying it to your practice?**

**6. What recommendations do you have for future training on topics of interest?**

**Link to Implicit Bias Test:**

Project Implicit. (2011b). *Implicit Association Test*. Harvard; Project Implicit. <https://implicit.harvard.edu/implicit/takeatest.html>

**Links to PowerPoint Slides with Audio and to Training Website:**

POWER POINT WEBSITE LINK FOR AUDIO POWER POINT SLIDES:

<https://www.canva.com/design/DAF6lWTYhl0/Y_nWOd0pUn_6EQEzpCULrg/view?utm_content=DAF6lWTYhl0&utm_campaign=share_your_design&utm_medium=link&utm_source=shareyourdesignpanel>.

WEBSITE:

<https://shufferconsulting.com/>

DEMONSTRATION VIDEO FOR TRAINING

<https://zoom.us/rec/share/CH3P4foCpG2vsKu4O3jFY3x7R3nrUrNAJHoqkztRW-0xwu-EhvoAas-LEEfB9UZc.uWHIeFccOwoNwjYs?startTime=1707466029000>

Certification of Training will be emailed to all participants who have completed their training hours. Facilitator will email participants the certificate once survey is completed. Survey located in appendix.

**A certificate of completion with black text

Description automatically generated**