Health Equity Training Journal

Part 2: Unpacking:
Examinging Biases and Challenging Self

This journal was authored by the National Association of Chronic Disease Directors.

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To work toward health equity, we need to understand the systemic drivers that are either facilitating or impeding health. Part 1 of this journal was designed to help us understand race as a social construct, the implication of racism on poor health outcomes, and the responsibility of public health to address systemic barriers to health.

Part 2 of this journal will focus on us as individuals. It provides an opportunity to look within to examine and challenge the thoughts, ideas, beliefs, and behaviors that drive our work. This is where the hard work begins. In 1963, Martin Luther King Jr. challenged the citizens of this country to take “vigorous and positive action” toward change. He stated, “This is no time for apathy or complacency.” Consider the next section of this journal the impetus for action that will move us closer to a more equitable and just society in which every person can achieve and maintain their optimal health potential. Racism is embedded in the systems and structures around us. The revelation is that those systems and structures are run by people just like us—each with their own biases, backgrounds, beliefs, and behaviors. To be agents of change within the communities we are charged with serving, we must examine ourselves and be challenged to lead, govern, allocate resources, and develop programs with equity and justice as the solid foundation.

In this section of the journal, we will discuss **bias, privilege and power, and intersectionality**. There are many more concepts to understand while we are on this journey, but these were selected because of the importance of **social identities** and their implications on our ability to advance health equity.

# 2.1 Implicit Bias

## Time Needed: 45 minutes

Implicit biases are defined as the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. Everyone has biases. Our biases determine our actions, but because they live in our subconscious, we are not always aware of them and may not have a full understanding of how they impact our work. A part of unpacking is doing the challenging work of uncovering these biases, acknowledging their existence, and overcoming them so we can ensure that our thoughts, beliefs, and attitudes about another person or groups of people are unbiased, fair, and not unintentionally causing harm.

Watch:

 [How Do We Overcome Our Biases—Walk Boldly Towards Them (https://www.youtube.com/watch?v=uYyvbgINZkQ)](https://www.youtube.com/watch?v=uYyvbgINZkQ), by Verna Myers (*Time: 17:40 minutes*)

### Reflect:

1. Myers gives three ways to overcome our biases: (a) Look for evidence that the stereotype you have is untrue, (b) Walk in the direction of your discomfort and fear, and (c) When you see something, say something. Which have you already done? Which appear to be the most challenging?

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1. Name one thing you plan to do to uncover any subconscious biases that you have.

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1. Were you and your staff already aware of these types of biases?

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1. Are there policies within your organization that enable these biases as the norm or culture?

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1. What information or resources do you need to work on this area?

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### Resonance:

An Instance of Challenge:

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An “Aha!” Moment:

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An Inspiration:

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### Going Deeper:

Suggested time allocation: Dependentupon the number of tests that you choose to take*.*

To explore more about implicit biases, take the [Harvard Implicit Association Test (https://implicit.harvard.edu/implicit/takeatest.html)](https://implicit.harvard.edu/implicit/takeatest.html). Please note: There are 14 separate association tests, each with several questions.  No one at CDC, NACDD, or your organization has access to your test results should you choose to complete any of the Harvard Implicit Association Tests.

## 2.2 Power, Privilege, and Oppression

## Time Needed: 45 minutes

Power means having influence, authority, or control over people and resources and the ability to freely take action over or against them based upon your beliefs. Racism, and other root causes of health inequities, cannot be understood without acknowledging that power is experienced individually and culturally. This means that people can have power over other people, and certain cultures and groups can have power over other cultures and groups.

Privilege refers to certain social advantages, benefits, and degrees of prestige and respect that an individual has by virtue of belonging to certain social identity groups. Within American and other Western societies, these privileged social identities include whites, males, cis-gendered males and females, Christians, the able-bodied, young people, and the wealthy. Some are rooted in historically occupied positions of dominance.

Oppression is the systematic marginalization of one group by a group with more power for societal, economic, and political benefit or gain. Oppression is intricately connected to health and is embedded into systems. Because experiencing oppression significantly influences a person’s or a group’s well-being, it is important to address, analyze, and uproot systemic forces that uphold the oppressive practices if we want to improve poor health outcomes.

Having power and privilege is not a bad thing. If you have privilege or are in a position of power, the questions you should begin to ask yourself are, “What am I doing with the power and privilege I possess?” and “How am I using my power and privilege to help advance health equity and create opportunities for those without power and privilege to be heard, seen, and served?”

When considering privilege, think about accessibility to resources. Many people with privilege and in positions of power generally have unearned access to things that those without power—typically members of groups that have been historically traumatized and marginalized—do not have. How easy is it for you to access resources? How easy is it for those in the communities you serve to access resources? If there is a difference in your ability to access resources compared to those living in the communities you are serving, what is the cause of that difference?

## Unfolding Power and Privilege

* + Privilege is contextual; identities held can provide an advantage or a disadvantage based on how people are perceived by others.
	+ Privilege does not mean that people in privileged categories have not experienced struggles.
	+ Privilege does not mean that a person in a privileged category did not work hard for the things they have.
	+ Privilege does mean that access is granted based on an identity or position of power. This unearned access is where the inequities lie.
	+ Privilege has historically been a taboo subject, not acknowledged as existing, therefore not acknowledged as a potential problem.
	+ Privilege can enable oppression.
	+ Privilege is fluid; it can change throughout life.

****Read:****

[Unpacking the Invisible Knapsack of Privilege (https://psychology.umbc.edu/files/2016/10/White-Privilege\_McIntosh-1989.pdf)](https://psychology.umbc.edu/files/2016/10/White-Privilege_McIntosh-1989.pdf) by Peggy McIntosh Suggested time allocation: 30 minutes

****Reflect:****

1. We have all experienced privilege. In what ways have you experienced and benefitted from privilege?

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1. Brainstorm three ways you can use the privilege you have to improve the lives of others and advance health equity in your work.

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Resonance:

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An “Aha!” Moment:

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An Inspiration:

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****Going Deeper:****

To explore privilege and power further, visit the following. *Suggested time allocation: 50 minutes*

[UCA Privilege Exercise Worksheet (https://uca.edu/training/files/2017/11/Privilege-Exercises-Action-Steps-Handout.pdf)](https://uca.edu/training/files/2017/11/Privilege-Exercises-Action-Steps-Handout.pdf)

[How We’re Priming Some Kids for College—and Others for Prison (https://www.youtube.com/watch?v=-2Dj9M71JAc)](https://www.youtube.com/watch?v=-2Dj9M71JAc), by Alice Goffman (Time: 16:11)

# 2.3 Intersectionality

## ****Time Needed: 45 minutes****

Intersectionality is the acknowledgment that **everyone has multiple social identities which overlap and create different combinations of privilege and oppression. These combinations can lead to heightened advantages or disadvantages.**

As public health professionals, it is important that we consider intersectionality when planning, implementing, and evaluating programs. We serve people with complex lived experiences that belong to multiple social identity groups. Therefore, we must be thoughtful as we do our work, so we do not cause unintended harm, especially to those most in need of our services. When developing public health programs, services, and interventions, we should consider the intersection of oppressions that certain social identity groups experience. It is also important to note that for some the social identity groups to which they belong may not be visibly evident but belonging to those groups still has a profound impact on how they engage with the world around them and how they should be engaged.

****Watch:****

1. [Kimberlé Crenshaw: What is Intersectionality](https://www.youtube.com/watch?v=ViDtnfQ9FHc)
<https://www.youtube.com/watch?v=ViDtnfQ9FHc>  (*Time: 2 minutes*)
2. [Kimberlé Crenshaw at Ted + Animation (https://www.youtube.com/watch?v=JRci2V8PxW4)](https://www.youtube.com/watch?v=JRci2V8PxW4) (*Time: 6 minutes*)
3. [Intersectionality and health explained (https://www.youtube.com/watch?v=rwqnC1fy\_zc)](https://www.youtube.com/watch?v=rwqnC1fy_zc) (*Time: 4 minutes*)

****Reflect:****

1. Think about the social identities of the people most impacted by chronic disease. Note all the social identities to which you think they could belong.
	1. How might the intersection of the social identities you just identified impact a person’s ability to achieve or maintain health, comply with medical directives from a healthcare professional, or receive preventive care?

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1. What are the conditions that contribute to making screening inequitable for groups that you serve that have been historically burdened with poor health outcomes? They can be social, political, economic, or environmental.

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1. As a public health professional, what is your role in ensuring that preventive care is available for people with intersecting social identities? How can you make it likely that care is culturally relevant and addresses multiple relevant aspects of their lived experiences?

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1. What information, tools, and resources do you and your team need to help you develop strategies to promote optimal health for all people with intersecting social identities?

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Resonance:

An Instance of Challenge:

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An “Aha!” Moment:

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An Inspiration:

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 ****Going Deeper:****

To explore the concept of intersectionality further, visit the following. Suggested time allocation: 60 minutes

1. [Missing and Murdered Indigenous Womxn, Girls, and Two Spirit](https://www.csvanw.org/mmiw/) ([https://www.csvanw.org/mmiw](https://www.csvanw.org/mmiw/)) by the Coalition to Stop Violence Against Native Women
2. [The Urgency of Intersectionality (https://www.youtube.com/watch?v=akOe5-UsQ2o)](https://www.youtube.com/watch?v=akOe5-UsQ2o), by Kimbrelé Crenshaw (*Time: 18:49 minutes*)