Teaching & Learning with an Intersectional Lens
Jasmyne Jackson MD MBA
Ramya Ramadas MD MPH
Boston Children’s Hospital Education Academy Seminar
February 16th
Disclosures

The speakers do not have any financial relationships to disclose.
Materials Needed
Goal 1: Boston Children’s Hospital is committed to being an inclusive environment that does not tolerate any form of racism, discrimination, or bias.

Goal 2: Boston Children’s Hospital is committed to recruiting, developing and retaining a diverse workforce.
Journey Towards More Inclusive and Anti-Racist Environment
Objectives

- Review Intersectionality as a framework for conceptualizing how a person/group of people are affected by a number of systemic advantages and disadvantages.
- Examine our own identities and how they influence interactions with learners, co-workers and patients.
- Discover strategies that can improve inclusion within the learning environment.
Principles

We will engage actively and respectfully with the aim of understanding others' views and experiences

We will trust that people are always doing the best they can

We will remember the learnings while respecting confidentiality

We will avoid blaming or shaming

We will embrace discomfort
Derrick Bell, Kimberlé Crenshaw, Cheryl Harris, Richard Delgado, Patricia Williams, Gloria Ladson-Billings, Tara Yosso
Derrick Bell, Kimberlé Crenshaw, Cheryl Harris, Richard Delgado, Patricia Williams, Gloria Ladson-Billings, Tara Yosso
Intersectionality

The examination of identities and how their combination influences how we experience the world

Crenshaw 1989
Central Tenets of Intersectionality

Patterns of Discrimination are Interlocking

Identities in the Context of Power Dynamics

Reveal Unique Strengths to Improve Outcomes

Eckstrand 2016
Please participate in this activity-
tyysm Ramya & Jasmyne
Your turn
4 Tools for an Intersectional Learning Environment

1. Acknowledge Identities without Assumptions
Reflection

- Circle which identities have historical power
- Underline which identities have historical oppression
- How are your identities reflected in:

  - Patients
  - Nursing
  - OT
  - Environmental Services
  - Trainees
  - RT
  - Clinical Assistants
  - PT
  - Leadership
4 Tools for an Intersectional Learning Environment

1. Acknowledge Identities without Assumptions
2. Recognize Power Differentials
Why does this all matter?

- Caste is the infrastructure of our divisions
- Racism → US caste system → our institutions (health, housing, education, carceral) → inequities in who we see in them
- Our other intersecting identities → our standing in the system
- We must dismantle these unjust systems
## Racial/Ethnic Diversity in Medicine

<table>
<thead>
<tr>
<th>Racial/Ethnic Identity</th>
<th>Census Data</th>
<th>UME</th>
<th>Medical Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>60.1%</td>
<td>49.9%</td>
<td>63.9%</td>
</tr>
<tr>
<td>Black</td>
<td>13.4%</td>
<td>7.1%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Hispanic, Latino, or Spanish Origin</td>
<td>18.5%</td>
<td>6.2%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>5.9%</td>
<td>22.1%</td>
<td>19.2%</td>
</tr>
<tr>
<td>Native American or Alaska Native</td>
<td>1.3%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Multiple Race/Ethnicity</td>
<td>2.8%</td>
<td>9.4%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

AAMC 2019
# Racial/Ethnic Diversity in Nursing

<table>
<thead>
<tr>
<th>Racial/Ethnic Identity</th>
<th>Census Data</th>
<th>Nursing staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>60.1%</td>
<td>80.8%</td>
</tr>
<tr>
<td>Black</td>
<td>13.4%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Hispanic, Latino, or Spanish Origin</td>
<td>18.5%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>5.9%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Native American or Alaska Native Native</td>
<td>1.3%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Multiple Race/Ethnicity</td>
<td>2.8%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

AACN 2019
The chart shows the share of respiratory therapists and the United States population for various racial and ethnic groups from 2014 to 2019. The groups include White, Black, Asian, Other, Two or More Races, American Indian Native Hawaiian and Other Pacific Islander, Other Native, and Alaska Native. The data indicates a significant difference in representation between respiratory therapists and the general population.
Diversity in Undergraduate Medical Education

39. Gender Identity:
Note: The results are derived from two questions: “What sex were you assigned at birth?” (response options “Male” or “Female”) and “What is your current gender identity?” (response options “Male,” “Female,” “Trans male/trans man,” “Trans female/trans woman,” “Genderqueer/gender non-conforming,” or “Different identity”).

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same gender identity as the sex assigned at birth</td>
<td>99.3</td>
<td>99.3</td>
<td>99.2</td>
</tr>
<tr>
<td>Different gender identity from the sex assigned at birth</td>
<td>0.7</td>
<td>0.7</td>
<td>0.8</td>
</tr>
<tr>
<td>Number of respondents</td>
<td>14,426</td>
<td>14,463</td>
<td>15,887</td>
</tr>
</tbody>
</table>
## Diversity in Undergraduate Medical Education

### AAMC 2020 Matriculating Student Questionnaire

40. How do you self-identify?

<table>
<thead>
<tr>
<th>Identity</th>
<th>Percent</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisexual</td>
<td>4.4</td>
<td>5.0</td>
</tr>
<tr>
<td>Gay or lesbian</td>
<td>3.3</td>
<td>3.8</td>
</tr>
<tr>
<td>Heterosexual or straight</td>
<td>92.2</td>
<td>91.1</td>
</tr>
</tbody>
</table>

Number of respondents

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14,254</td>
<td>14,278</td>
</tr>
</tbody>
</table>
Examples of intersectionality in Patient Outcomes

- Brigham Health and Intersectional COVID-19 outcomes (Sivashanker 2020)
  - Latinx non-english speaking patients vs. Latinx english speaking patients
  - Historically segregated/red-lined neighborhoods vs. affluent white neighborhoods

- Access to mental health services in LGBTQ Youth of Color

![Image: Unmet Mental Health Care Needs by Race/Ethnicity]
Mari Matsuda’ Asking the Other Questions

When I see something that looks **racist**, I ask, “Where is the **patriarchy** in this?”

When I see something that looks **sexist**, I ask, “Where is the **heterosexism** in this?”

When I see something that looks **homophobic**, I ask, “Where are the **class** interests in this?”
4 Tools for an Intersectional Learning Environment

1. Acknowledge Identities without Assumptions
2. Recognize Power Differentials
3. Practice Perspective Taking
Perceptions of Inclusiveness by Job

Lee 2021
Intersectionality in Healthcare Workforce

- Dearth of data on how different identities are represented
- Healthcare is not as diverse as the population we serve
- Lack of intersectional framework hurts workforce (us!), hurts patients
  - Does not consider history of discrimination and how that has ultimately impacted opportunities, presentation
4 Tools for an Intersectional Learning Environment

1. Acknowledge Identities without Assumptions
2. Recognize Power Differentials
3. Practice Perspective Taking
4. Value Authenticity
Learner Case 1

14 year old Latinx cisgendered female admitted for suicidal ideation has a behavioral escalation while awaiting inpatient psychiatric placement. The multidisciplinary team including various students and trainees arrives at bedside. The teen is becomes visibly upset with the presence of male security guards and says a number of offensive terms during the outburst.

What do you do as the team enacts her behavioral plan?
A. Call attention to inappropriate language during de-escalation using bystander Ask, Communicate, Tell Why
B. Discuss with learner individually
C. Debrief with team
D. All of the Above
Learner Case 1

14 year old Latinx cisgendered female admitted for suicidal ideation has a behavioral escalation while awaiting inpatient psychiatric placement. The multidisciplinary team including various students and trainees arrives at bedside. The teen is becomes visibly upset with the presence of male security guards and says a number of offensive terms during the outburst.

What identities may have played a role in the patient’s response?
A. Age and mental health status
B. Racialized identity and ethnicity
C. Gender and ethnicity
D. Past experiences
E. All of the Above
Learner Case 2

Tyler is a non-binary Black learner on your service for the next few weeks. They often try to answer group questions first and seem stressed to do well. You also notice that they are often alone during downtime.

What do you do to support your learner?
A. Mention letting other students answer during the next learning session
B. Plan to provide feedback on teamwork in their evaluation
C. Wait a few days to see the pattern of behavior
D. Practice perspective taking
4 Tools for an Intersectional Learning Environment

1. Acknowledge Identities without Assumptions
2. Recognize Power Differentials
3. Practice Perspective Taking
4. Value Authenticity
Why I Left Boston Residency Program

How inclusive are we, really?

Leslie Neal-Boylan, Michelle Miller

* Solomont School of Nursing, University of Massachusetts Lowell, 113 Wilder St, Lowell, MA 01854, United States
b College of Arts and Sciences, Quinnipiac University, Hamden, CT, United States

BMJ Open ‘I decided not to go into surgery due to dress code’: a cross-sectional study within the UK investigating experiences of female Muslim medical health professionals on bare below the elbows (BBE) policy and wearing headscarves (hijabs) in theatre

Why Black doctors like me are leaving faculty positions in academic medical centers

By Uché Blackstock Jan. 16, 2020

Original Investigation | Medical Education

February 2, 2021

Association Between Sexual Orientation, Mistreatment, and Burnout Among US Medical Students

Neo-Nazis target anti-racist doctors at Brigham and Women's Hospital, calling them 'anti-white'
Action Steps

- Patient Care
- Teaching
- Research/QI
- Recruitment
- Culture Change
Objectives

- Review Intersectionality as a framework for conceptualizing how a person/group of people are affected by a number of systemic advantages and disadvantages
- Examine our own identities and how they influence interactions with learners, co-workers and patients
- Discover strategies that can improve inclusion within the learning environment
Journey Towards More Inclusive and Anti-Racist Environment
References

https://www.youtube.com/watch?v=w6dnj2iYjYc


https://disorient.co/teaching-intersectionality-activity/

https://www.jci.org/articles/view/130900#B7
https://www.aamc.org/media/50081/download
https://datausa.io/profile/soc/physical-therapists#about
https://www.americanbar.org/groups/crs/publications/human_rights_magazine_home/civil-rights-reimagining-policing/a-lesson-on-critical-race-theory/
https://www.academicpedsini.net/article/S1876-2899(20)30495-2/fulltext
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2837428
https://www.statnews.com/2020/01/16/doctors-leaving-faculty-positions-academic-medical-centers/
https://datausa.io/profile/soc/physical-therapists#demographics
https://www.census.gov/quickfacts/fact/table/US/PST045219
https://www.youtube.com/watch?v=DQj4xkTTOXA
https://stateraarts.org/blog/2018/11/16/new-frontiers-for-organizational-culture
Appendix
## Definitions of Public Health and Selected Concepts of Critical Race Theory

<table>
<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public health</td>
<td>The art (i.e., practice) and science (i.e., research) of protecting and improving the health of communities</td>
</tr>
<tr>
<td>Centering in the margins</td>
<td>Making the perspectives of socially marginalized groups, rather than those of people belonging to dominant race or culture, the central axis around which discourse on a topic revolves</td>
</tr>
<tr>
<td>Critical consciousness</td>
<td>Digging beneath the surface of information to develop deeper understandings of concepts, relationships, and personal biases</td>
</tr>
<tr>
<td>Experiential knowledge</td>
<td>Ways of knowing that result from critical analysis of one's personal experiences</td>
</tr>
<tr>
<td>Ordinariness</td>
<td>The nature of racism in post-civil rights society: that is, integral and normal rather than aberrational</td>
</tr>
<tr>
<td>Praxis</td>
<td>Iterative process by which the knowledge gained from theory, research, personal experiences, and practice inform one another</td>
</tr>
<tr>
<td>Primacy</td>
<td>Prioritizing the study of racial influences on outcomes</td>
</tr>
<tr>
<td>Race consciousness</td>
<td>Explicit acknowledgment of the workings of race and racism in social contexts or in one's personal life</td>
</tr>
<tr>
<td>Social construction of race</td>
<td>The endowment of a group or concept with a delineation, name, or reality based on historical, contextual, political, or other social considerations</td>
</tr>
</tbody>
</table>

*Ford, 2010*