

A model for anti-racist transformation: How academic medical centers can advance racial equity

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BACKGROUND

- The double pandemic of COVID-19 and systemic racism exposed the built-in prejudices of America's health education and medical infrastructure, manifested in the vast disparities and disproportionate burden of disease marginalized population experience (CDC, 2020).
- The dominant culture that centers whiteness at the expense of Black, Indigenous, People of Color (BIPOC) is especially pervasive throughout academic medical centers (AMCs) (Redford, 2020). Here, learnings tend to exclude issues of racism and racial inequity leading to biased treatment of BIPOC patients by AMC-trained providers and exacerbated racial disparities (NMAAHC, 2020).
- Recognizing the role AMCs play in combatting America's racial disparities, the Anti-Racism Coalition (ARC) was launched in July 2020 as a collaborative effort across The George Washington (GW) medical entities: School of Medicine and Health Sciences, Hospital, Children's National Hospital, and Medical Faculty Associates. ARC is committed to the "implementation of an anti-racist academic community to identify and eradicate all forms of racism and ethnic oppression" (ARC, 2020).
- This goal necessitates the development of a model for anti-racist change that can be applied within any organization or small-group setting.

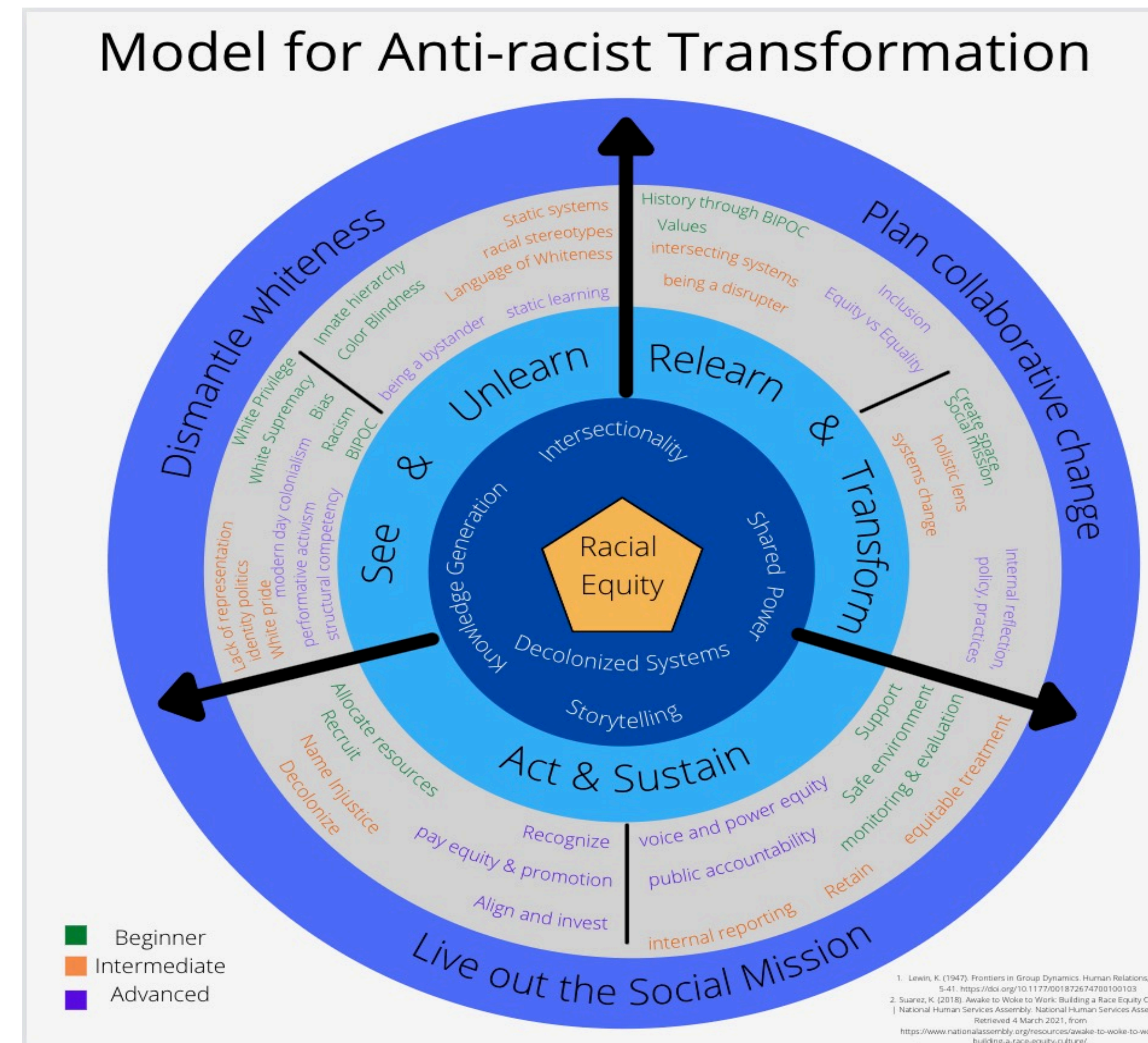
SIGNIFICANCE

- Racism is embedded throughout institutional culture, including GW medical infrastructure's cultural fabric. In applying the necessary lens of Critical Race Theory (CRT), the roots of racism, rather than surface level manifestations of racism, will be addressed and disrupted (Delgado & Stefancic, 2001).
- The Model for Anti-Racist Transformation provides an iterative anti-racist framework for continued examination and improvement of any institutional or group-level change.
- Currently, there is no other model for anti-racist organizational that attends to power imbalances, historical inequities, and community partnerships.
- This model aims to guide any group or organization at any competence level to progress towards anti-racism.

OBJECTIVES

- Identify and understand concepts related to anti-racism to actively transform AMCs.
- Name the steps of the iterative **Model for Anti-Racist Transformation**.

MODEL DEVELOPMENT



This model was created from

- a literature review of 48 articles (1999-2021) related to AMCs, organization change models (Lewin's Stages of Change model and the Awake-Woke-Work model), Critical Race Theory (CRT), Participatory Action Research (PAR), and racial equity (Delgado & Stefancic, 2001).
- Five case studies (2 organizational change, 2 PAR, and 1 organizational change for racial equity) were critiqued using a CRT lens for omission of achieving sustainable racial equity. In doing so, the following key terms came up: **intersectionality**, **white privilege**, **storytelling**, and **shared power**, which are reflected in the proposed model.
- The model recognizes that learners have different level of knowledge and capacity for anti-racism:
 - Beginners are new to anti-racist commitment,
 - Intermediates understand key concepts but do not know how to actualize them
 - Advanced learners are deeply committed to antiracism and recognize it as a lifelong journey.
- Regardless of level, our model offers three stages: a) **See & Unlearn**: to acknowledge and replace constructs with decolonized ways of knowing; b) **Relearn and Transform**: to engage and plan collaborative change with a range of stakeholders; and c) **Act and Sustain**: to align the social mission with ongoing quality improvement.
- To further contextualize the model, a written narrative will accompany the visual.

NEXT STEPS

- The model's feasibility will be tested as an IRB-approved mixed methods PAR case study entitled, "Exploring the relationship between racial equity and health equity through an antiracism demonstration project" (IRB #NCR203072), in GW's Health, Human Function, and Rehabilitations Sciences (HHFRS) Department. This case study involves three key steps:
 - Study Part One: Validate Survey**
 - Interpret and validate our survey instrument that aims to assess the readiness and capacity of faculty, staff, and students to engage in anti-racism efforts.
 - Focus groups are being conducted within the Health Sciences department to ensure the wording and instructions of survey are clear.
 - The demographic and survey response data collected during focus groups will be used to validate tool using a cluster analysis via the Advanced Metrics Lab.
 - Study Part Two: Mixed Methods Data Collection and Analysis**
 - Collect quantitative and qualitative data on the knowledge, attitudes and capacity of HHFRS faculty, staff, and students to be anti-racist and engage in anti-racist efforts.
 - Mixed methods data will come from climate surveys, interviews, demographics, and pre/posttest data.
 - Study Part Three: Participatory Action Research**
 - All students, staff and faculty who participated in research by completing the survey, interview and/or pre/posttest data will be invited to take on a research role as a member of the "change team." One major task of the team is to decide how to disseminate and use the survey and interview data to inform department efforts (i.e. workshops, trainings, decision-making, priority-setting).
 - Document the processes and outcomes of the anti-racist change model to replicate and scale in other GW departments and programs.

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