Creating a Culture of Social Justice to Improve Healthcare for Students on College Campuses

Michael D. Shutt PhD
Emory University
mshutt@emory.edu
@MichaelDShutt
THANK YOU!

- American College Health Association Foundation
- Health Promotion in Higher Education Fund
- Ayers/Battle/Thomas Diversity Fund
- YOU!
OBJECTIVES

• Define diversity, inclusion, access, equity, social justice, cultural competence, and cultural humility.

• Differentiate diversity, inclusion, access, equity, social justice, cultural competence, and cultural humility in healthcare settings.

• Explain three ways in which dynamics of oppression influence quality of healthcare.

• Explain three ways that healthcare professionals can incorporate social justice understanding in their provision of health care or health programming as a result of this session.
What this session...

• IS NOT...
  – Overview of the literature exploring the impacts of oppression on health outcomes
  – A review of best practices for creating a socially just health and wellness centers
  – A place where you will not be challenged

• IS...
  – A space for us to collectively ground ourselves in this work
  – A look at ways to challenge ourselves and our institutions
  – An opportunity for us to identify areas for improvement for ourselves and institutions
WORKING DEFINITION
SOCIAL JUSTICE

Connotes both a process and a goal. The goal is full and equal participation of all groups in a society that is mutually shaped to meet their needs. The vision of such a society promotes (a) equitable distribution of resources, (b) physical and psychological safety and security, responsibility to society as a whole. The vision of a socially just process includes practices and procedures that are democratic and participatory, inclusive and affirming of human capacities for working collaboratively to create change.

This is Difficult!

• If it was simple, we would have a process to make this work
• This is not a ONE TIME “fix”
  – HIPPA training
  – Bloodborne pathogen training
I think a hero is any person really intent on making this a better place for all people.

Maya Angelou
WORKING DEFINITION
OPPRESSION

The systematic, institutionalized, pervasive, and routine mistreatment of individuals on the basis of their membership in groups that are disadvantaged by the imbalances in social power in society. Oppression must have societal or institutional power and prejudice (power + prejudice = “ism”).

Why does this matter?

- Oppression creates barriers to access to and quality of healthcare and health outcomes.
- We are part of the systems and institutions that create and maintain oppression.
- Systems and institutions are made up of individuals.
- Individuals MAY BE positioned to dismantle systems that create and maintain oppression.
- Communities ARE positioned to dismantle systems and institutions that create and maintain oppression.
WORKING ASSUMPTIONS

• None of us in this room caused racism, sexism, hetersosexism, classism, ableism, or any of the systems of institutionalized oppression.
• Some of benefit from systems of institutionalized oppression, whether we want to or now.
• Some of us are oppressed by systems of institutionalized oppression.
• All of us can take responsibility for challenging institutionalized oppression.
• These systems of oppression compromise everybody’s lives.
• Every one of us is willing and wanting to learn.
WORKING ASSUMPTIONS

• People are basically good. We have a core that strives for loving, cooperative relationships with others. It is with pain, fear, and shame that we learn to participate as oppressors. We all resist this learning.

• People are basically worthy. We learn to internalize oppression over an inner core of self-pride and self-love.

• We can reach back to the core of pride, self-love, caring, and cooperation to find the wisdom that will unlearn oppression.
WORKING ASSUMPTIONS

• People may say things in the course of this program that sound or feel oppressive and ignorant. This may be part of the learning process. In this session we will deal with the comment and the idea it represents, not the character of the person. We all lean misinformation about race, gender, sexuality, class, religion, ability, and other identity categories.

• This session assumes a commitment on the part of the people assembled to work together toward the common goal of eliminating violence. It assumes that we want to learn together, in spite of each other’s imperfections.

Adapted from LGBT Campus Center at the University of Wisconsin-Madison and the Northwest Network.
Definitions

- Diversity
- Inclusion
- Access
- Equity
- Cultural competence
- Cultural humility
- Multiculturalism
- Equality
- Polyculturalism
Groups

Definition

• Diversity is...

Action in a healthcare setting to increase/create/be...

• To increase diversity in a healthcare setting, we should increase/create/be...
<table>
<thead>
<tr>
<th><strong>DIVERSITY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>definition:</strong></td>
</tr>
<tr>
<td>- differences</td>
</tr>
<tr>
<td>- equality</td>
</tr>
<tr>
<td>- communicate across differences</td>
</tr>
<tr>
<td>- on a continuum</td>
</tr>
<tr>
<td>- not just about people - for policies/procedures services</td>
</tr>
<tr>
<td><strong>action:</strong></td>
</tr>
<tr>
<td>- it exists</td>
</tr>
<tr>
<td>- raise awareness</td>
</tr>
<tr>
<td>- encourage/embrace tolerance to acceptance</td>
</tr>
<tr>
<td>- give everyone a seat at the table</td>
</tr>
<tr>
<td>- learn about others where gaps exist in other actions</td>
</tr>
</tbody>
</table>
ACCESS

Availabilty, perception vs reality

Equal opportunity
Equity vs fairness

Universal design
Creating implementing systems
Meeting individual needs
Meeting the student where they are

Culture, understanding
<table>
<thead>
<tr>
<th><strong>Equality</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Representativeness</strong></td>
</tr>
<tr>
<td>Even out playing field</td>
</tr>
<tr>
<td>Getting what need to be at same pt.</td>
</tr>
<tr>
<td>Equal rights/value</td>
</tr>
<tr>
<td>All bringing something of equal value but not same</td>
</tr>
</tbody>
</table>

| **Accessability** |
| Physical |
| Sensory |
| Treat each pt as equals |
| Reduction of barriers to care |
| Spirit of openness |
| B |

| **Each person as individual perspectives have equal value** |
| Equity |
| Inclusive |

<p>| <strong>Be inclusive</strong> |
| EHR terminology change |
| Intake form modification |
| Create opportunities for equality |</p>
<table>
<thead>
<tr>
<th>Awareness of your lens</th>
<th>Actions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of other cultures</td>
<td>educating yourself</td>
</tr>
<tr>
<td>How this colors our interactions</td>
<td>institutional/organizational value</td>
</tr>
<tr>
<td>Continuous process</td>
<td>creating opportunities for others to learn/expectation</td>
</tr>
<tr>
<td></td>
<td>safe space to examine if org is/isn't</td>
</tr>
<tr>
<td></td>
<td>org represents diversity in membership</td>
</tr>
<tr>
<td></td>
<td>ongoing skills training</td>
</tr>
<tr>
<td></td>
<td>listen assumption-free</td>
</tr>
<tr>
<td></td>
<td>ask!</td>
</tr>
<tr>
<td></td>
<td>acknowledge our own deficits</td>
</tr>
</tbody>
</table>
INCLUSION

Def:
- Room For ALL
- Everyone is welcome & has a voice representing the experience.
- All voices are RESPECTED & HEARD
- Feeling safe
- Access, equity, equality, etc.

Action:
- Creating an open space for a robust conversation
- Challenge power dynamics to equal opportunities to all
- Identify barriers to equal & access to resources, etc.
- Inspiring community
- Modify/Evolve
- Respond
- Educate/Cultivate awareness
## Multiculturalism

<table>
<thead>
<tr>
<th>Definition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>System of belief</td>
<td>At HC there are lots of belief systems</td>
</tr>
<tr>
<td>Blending different cultures while maintaining your identity</td>
<td>respect + acknowledge + understand different cultures</td>
</tr>
<tr>
<td>Feeling comfortable working with others</td>
<td>Create an environment where people feel comfortable with their background + culture</td>
</tr>
<tr>
<td>Fruit Salad</td>
<td>Moving from tolerance to acceptance</td>
</tr>
<tr>
<td></td>
<td>Having our staff be diverse + represent (as much as possible)</td>
</tr>
<tr>
<td></td>
<td>Challenging people to re-think “What is Culture”</td>
</tr>
</tbody>
</table>
# Polyculturalism

## Definition
- Retaining integral identity, resisting assimilation → multiple identities
- Multiple cultures existing together
- "Salad instead of melting pot"
- Recognizing different identities and not making judgments based on that
- Can have multiple cultures existing → don't have to assimilate into dominant
- Identities constantly evolving

## Action
- Cultural & ethnic pride
- Recognizing & celebrating
- Intake forms → not having to prioritize identity; comprehensive (med. history)
- Complementary medicine
- Not to make assumptions → ask questions
- Mindful of magazines + posters → any images
EQUITY

Def:
- Related to access
- Fairness w/recognition of individuality
- Recognition of disadvantages + privileges (people at different places)

Act:
- Raising awareness - priority talking points
- Challenging assumptions
- Equity in rules applied to insurance/services
- Offer outreach to heterogeneous groups (employment/ internships)
CULTURAL HUMILITY

Definition

- Understanding that you will never fully understand another's culture
- Knowing you will never be fully competent in another culture
- Realizing "my way" of thinking may not always be the correct
- Admitting faults
- Not assuming that one's culture or identity is not the dominant
- Recognizing that there are many intersecting cultures/identities
- Acknowledging that all cultures have good and bad qualities (spectrum)

Action

- Listen to others about their cultural beliefs, instead of assuming
  - Ask! & Listen!
- Talking about if recognizing staff deficits
-  Let down your guard
- Learn your privilege
A trans-identified student is seen in a clinic because of a persistent sore throat. While talking with the student, the clinician asks, “Have you had any surgery? I am working with another student who is having surgery soon.”
An Asian student comes to the acute care clinic with stomach pains. The clinician begins asking about her grades and if she is feeling stressed out. The clinician asks if she has taken advantage of the wonderful counseling resources.
A student is seen in the Women’s Clinic for her annual exam. The clinician notes that the student indicated sexual activity on her intake form but did not indicate using any form of birth control. The clinician asks why?
In a presentation to the Muslim Student Association, a health educator decided not to include your material on sexual pleasure and sexual health. A member of the MSA wonders why your presentation was different than the one you gave last week for the Black Student Association.
Several male students are seen in your clinic and test positive for HIV. The students do not identify as gay/bi/queer/same-gender-loving. They used sex cruising apps to meet other men. Some were assaulted. Members of your clinical team want the university to stop students from using these apps.
A student comes to meet with you. You grab coffee in your favorite cup and invite the student into your office. The student seems uncomfortable.
Oppression & Quality of Care

Provide examples of how dynamics of oppression influenced quality of healthcare in your setting.
Institutional Work

Justice

Equity

Equality

Inclusion

Diversity

Access
• Move from a “Diversity Committee” model to a social justice team. Move from party planners to a team of assessors and strategizers.

• Remember that the choir is not done practicing.
Individuals Make Up Institutions
Individual Work

<table>
<thead>
<tr>
<th></th>
<th>Aspiring Ally for Self-Interest</th>
<th>Aspiring Ally for Altruism</th>
<th>Ally for Social Justice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Motivation</strong></td>
<td>Selfish-For the people I know and care about</td>
<td>Other-I do this for them</td>
<td>Combined selfishness &amp; altruism-we do this for us</td>
</tr>
<tr>
<td><strong>Ally to</strong></td>
<td>A person</td>
<td>Ally to target group</td>
<td>Ally to an issue</td>
</tr>
<tr>
<td><strong>Relationship with target group</strong></td>
<td>Working <em>over</em> members of the target group</td>
<td>Working <em>for</em> members of the target group</td>
<td>Working <em>with</em> members of the target group</td>
</tr>
<tr>
<td><strong>Victims of oppression</strong></td>
<td>Individuals with personal connection are or could be victims</td>
<td>They are victims</td>
<td>All of us are victims-although victimized in different ways.</td>
</tr>
<tr>
<td><strong>Focus of the problem</strong></td>
<td>Individuals-overt perpetrators</td>
<td>Others from the agent group</td>
<td>System</td>
</tr>
<tr>
<td><strong>View of Justice</strong></td>
<td>These incidents of hate are exceptions to the system of justice</td>
<td>We need justice for them</td>
<td>We need justice for all</td>
</tr>
<tr>
<td><strong>Relationship to the system</strong></td>
<td>Not interested in the system-just stopping the bad people</td>
<td>Aims to be an exception from the system, yet ultimately perpetuates the system</td>
<td>Seeks to escape, impede, amend, redefine, and destroy the system</td>
</tr>
<tr>
<td><strong>Privilege</strong></td>
<td>Doesn’t see privilege-but wants to maintain status quo</td>
<td>Feels guilty about privilege and tries to distance self from privilege</td>
<td>Sees illumination of privilege as liberating</td>
</tr>
</tbody>
</table>
Incorporating Social Justice

**Individual**
- Continuing education
- Challenging self
- Noticing
- Advocating

**Institutional**
- Needs assessments
- Climate surveys
- Policy assessment
- Document assessment
  - Surveys
  - Intake forms
- Space assessment
Institutional Examples

Division of Campus Life Social Justice Framework
- Committee of senior staff in student affairs
- Self work + examination of need + mission + vision = SJ Framework
- Pillar for the division’s strategic plan

Advisory Committee on Community and Diversity
- Dismantled Presidential Commissions (identity based)
- Developed an enterprise-wide reporting system
- Identified recommendations for campus
- Role of the ACCD expanding
ACHA Cultural Competency Statement

INDIVIDUAL
Culturally competent individuals have a mixture of beliefs, attitudes, knowledge, experience, and skills that help them to establish trust and rapport in effective communication with others. The following are representative of culturally competent individuals:

• Beliefs and attitudes that demonstrate…
• Knowledge and experience that demonstrate…
• Skills that demonstrate…
ACHA Cultural Competency Statement

INSTITUTIONAL
Each member institution should commit to the cultural competency of campus health professionals by implementing, strengthening, and supporting a variety of activities including but not limited to the following:

• Promote a diverse and inclusive campus through…
• Provide campus health professionals with meaningful opportunities to enhance their cultural competency skills and opportunities.
• Add cultural competency as one of the essential skills reviewed in performance evaluations.
• Ensure compliance with all appropriate federal, state, and local legislation.
• Build strong connections throughout the campus to promote college health by…
Standards of Practice for Health Promotion in Higher Education

STANDARD 4
Cultural Competency

Effective practice of health promotion in higher education requires professionals to demonstrate cultural competency and inclusivity.

- 4.1 Acknowledge and understand the social, cultural, political, and economic disparities that influence health.
- 4.2 Design health promotion initiatives that are proactive, responsive, and sensitive to the needs and preferences of a diverse and changing population.
- 4.3 Design health promotion initiatives that are guided by values of cultural inclusion, respect, equality, and equity.
- 4.4 Create opportunities to further understanding of the connections between culture, identity, and social justice as determinants of health.
Resources: Books

Diversity and cultural competence in health care a systems approach
Janice L Dreachslin; M Gilbert; Beverly Malone
San Francisco : Jossey-Bass 2013

Advancing Social Justice: Tools, pedagogies, and strategies to transform your campus.
Tracy Davis; Laura M. Harrison
San Francisco : Jossey-Bass 2013
Resources: Articles


Conferences and Training Opportunities

- Social Justice Training Institute
- National Conference on Race and Ethnicity in Higher Education
- National Conference on LGBT Equality: Creating Change
- National Coalition Building Institute
- Association of Higher Education and Disability Conference
We cannot change the past, but we can change our attitude toward it. Uproot guilt and plant forgiveness. Tear out arrogance and seed humility. Exchange love for hate, thereby, making the present comfortable and the future promising.

Maya Angelou