
THE GEORGE
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WASHINGTON, DC

Orientation and Kickoff for Diversity, Equity, Inclusion Justice Task Forces



Mandi L. Pratt-Chapman, PhD

GW Cancer Center

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Cancer Center

Agenda

- Welcome and Introductions
- Benefits and Expectations
- Technical Assistance Approach
- Planned Activities and Timeline
- Definitions
- Assessment

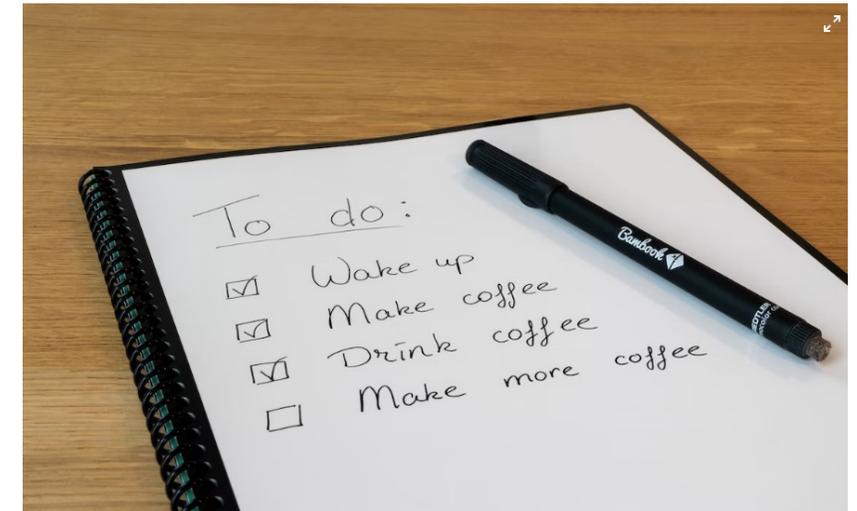


Photo credit: Unsplash: Thomas Bormans

Welcome & Introductions

- Name, Institution, Role/ Discipline
- Why did you join the DEIJ task force?
- What you most want your task force to achieve?



Benefits and Expectations

Benefits

- Be a champion for change
- Learn from peers and subject matter experts

Expectations

- Participate in all program components, including assessments, data collection, and required meetings
- Stay engaged and present
- Candidly share insights, opinions, advice, ideas, opportunities, and/or feedback with project team and peers
- Develop and implement action plan to improve diversity, equity, inclusion and justice at your institution and improve patient care

Approach

- Synchronous with team-initiated internal meetings for progress on your assessment and implementation plan
- 3 months, approximately every other week sessions
- Optional touchpoints following 3-month assessment process
- Required 6- and 12-month reports





What to Expect

- Guided organizational assessment
- 5 Required meetings
- Action plan implementation
- Team interview
- Follow up at 6 and 12 months
- Optional readings, learning modules and TA checkpoints

- OUR COMMITMENTS:**
- To deliver equitable and inclusive care to eliminate health disparities and improve health outcomes for patients and communities.
 - To approach our patient-centered care with humility that is culturally responsive to all who seek our services.
 - To improve patient experiences and health outcomes by applying health equity concepts in how services are organized and delivered.
 - To address social and economic conditions in collaboration with patients and partners to strengthen communities and promote health and well-being.

Foundation

MITIGATE BIAS

Create a culture and environment of inclusion that mitigates implicit bias and protects staff and patients, with Board/leadership support.

INTERNAL STRATEGY

- Create a culture of inclusion through consistent communication from leadership (president/CEO) and through other identified best practices.
- Provide ongoing curriculum-based education/training on implicit bias and cultural humility competence for all associates, progressing in complexity of discussion areas over time.
- Audit the environment (art, photos, building names, etc.) for inclusivity and to ensure it is representative of the community and is culturally competent.
- Evaluate and improve policies and procedures to ensure they are unbiased toward patients and community, eliminating racial and economic disparities.
- Address associates' bias based on comparison of public vs private insurance (e.g., balance billing, stigma, level and types of care offered).

EXTERNAL STRATEGY

- Elevate awareness of ways history of the hospital has impacted public opinion and trust in health care, and incorporate these perceptions into training, communications and delivery of care.
- Review community perception survey results to implement strategies to elevate the voice of the patient around the delivery of care.

OUTCOMES

- Within one year, begin building the infrastructure to support a culture of equity by performing environmental evaluations and needs assessments and identifying key metrics for tracking and measuring success modeled after national multicultural distinction programs.
- Within three years, leverage the tools and structure developed to achieve measurable improvements in the identified outcomes to support a culture of equity.

ADDRESS SOCIAL NEEDS

Address SDOH and trauma among patients and staff and integrate ongoing SDOH measurement tools into regular practice.

INTERNAL STRATEGY

- Develop mechanisms for hospitals to invest in the community (e.g., hospital with farmer's market, child care, renovated housing).
- Develop process to implement tools to assess and communicate SDOH (e.g., PRAPARE, Z-codes).

EXTERNAL STRATEGY

- Select specific SDOH/preventive care areas for initial focus (e.g., meals/food access, transportation, violence).
- Strengthen the capacity of the CBO non-profit sector through board service, volunteering, and capacity building.

OUTCOMES

- Within one year, review community health needs assessments and similar tools to understand current state, achieve consensus on select common priorities for action, and map existing resources (e.g., non-profits) to support addressing these priorities.
- Within three years, leverage collective impact of the hospitals to begin implementing a city-wide strategy, with consensus across hospitals, to address social needs.

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 • Within three years, leverage collective impact of the hospitals to begin implementing a city-wide strategy, with consensus across hospitals, to address social needs.

Updated February 8, 2022

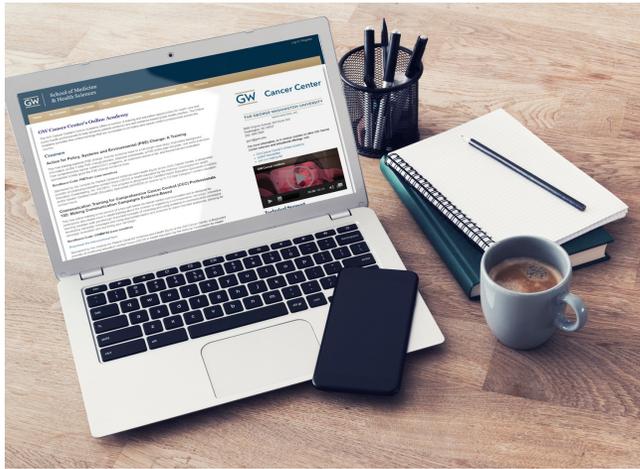


How to access:

<https://cme.smhs.gwu.edu/gw-cancer-center-/content/together-equitable-accessible-meaningful-team-training#group-tabs-node-course-default2>

Optional Online TEAM Modules

- Determinants of Inequity
- Intersectionality
- Inequities among sexual and gender minorities
- Normalizing Implicit Bias
- Strategies for health care professionals to promote equitable care
- Strategies for institutions to create equitable care



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Optional Online TEAM Modules

- Patient Engagement in Research
- Patient Engagement in Clinical Care
- Inequities among Black and African American individuals
- Inequities among Latino individuals
- Aids in communication
- Patient Self-Advocacy

Timeline	TA Sessions and Touchpoints
Due: 3/31/2023	IAT (pre-intervention)
April 5	Kickoff & Orientation with teams
April 26	Culturally Appropriate Care
May 10	Overview of Healthy, Equitable Communities and Community Engagement
May 24	Communicating Equity to Stakeholders and Inclusive Governance
June 7	Action Planning for Health and Equitable Communities
1 st Wednesday of Month x 10	TA checkpoints (optional)
December 6	6-month report (required)
June 5	12-month report (required) IAT (post-intervention)

All about the data

- Select a data entry person for your team – one assessment per team
- Research assessments to be entered in REDCap
 - Organizational assessment
 - Action plan updates at 6 and 12 months

Action Plan

CREATE YOUR ACTION PLAN				
GOAL:				
SPECIFIC MEASURABLE ACHIEVABLE RELEVANT TIMEBOUND INCLUSIVE AND EQUITABLE (SMARTIE) OBJECTIVES/ ACTIVITIES TO ACCOMPLISH YOUR GOAL	PERSON RESPONSIBLE FOR THIS ACTIVITY	WHAT RESOURCES OR HELP DO YOU NEED TO ACCOMPLISH THIS ACTIVITY	DATE TO BE COMPLETED	HOW WILL YOU MEASURE PROGRESS?
Objective 1:				
Objective 2:				
Objective 3:				

Progress Report (6 and 12 months)

PROGRESS REPORT ON ACTION PLAN				
GOAL:			ACHIEVEMENT OF GOAL TO DATE (FROM 0%=NO PROGRESS TO 100%=GOAL ACHIEVED:	
SPECIFIC MEASURABLE ACHIEVABLE RELEVANT TIMEBOUND (SMART) OBJECTIVES/ ACTIVITIES TO ACCOMPLISH YOUR GOAL	WHAT HAS HELPED YOU MAKE PROGRESS	WHAT BARRIERS HAVE YOU ENCOUNTERED	WHAT ARE YOUR NEXT STEPS?	TO WHAT EXTENT DID YOU COMPLETE THIS ACTIVITY/ OBJECTIVE?
Objective 1:				
Objective 2:				
Objective 3:				

Definitions

- Implicit Bias
- Diversity
- Equity
- Inclusion
- Justice

Definitions

- Implicit Bias: Negative attitudes we are not aware of consciously having
- Diversity: Full spectrum of lived experiences, accounts for differences in advantages and opportunity
- Equity: Allocating resources based on need (not treating everyone the same)
- Inclusion: Belonging for those historically excluded
- Justice: Dismantling barriers and creating opportunities so that all people can live a full and dignified life

What Causes Cancer Health Disparities?



Social Processes

Transphobia
Heterosexism
Ableism
Racism
Classism
Sexism



Social Structural Consequences

Health inequities



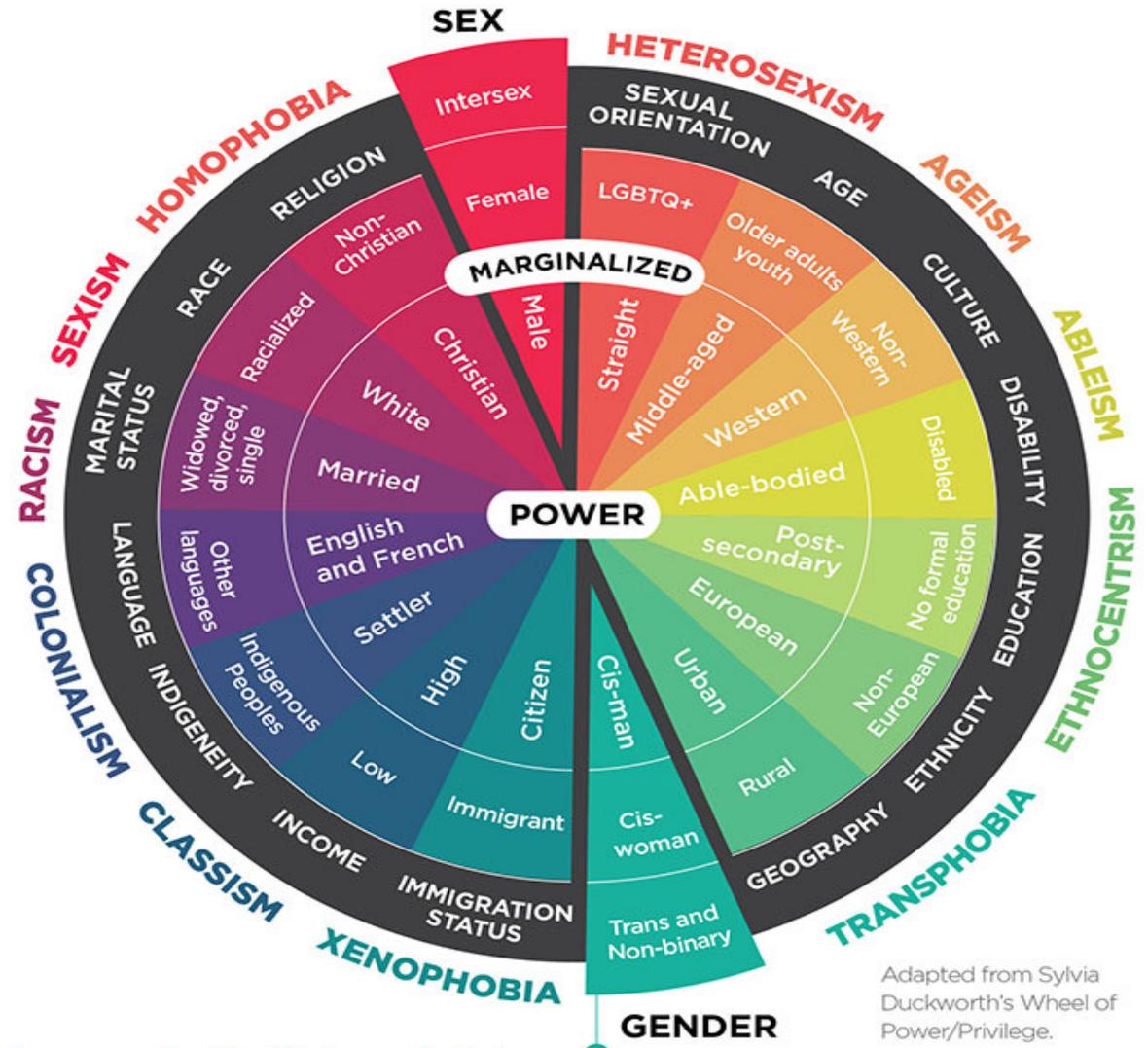
Intersectionality

We all experience power and disempowerment in different parts of our lives

In what ways do you have power?

In what ways do you feel vulnerable to others?

How does your positionality affect your health?



New Standards from the Joint Commission

- The [organization] designates an individual(s) to lead activities to reduce health care disparities for the [organization's] [patients].
- The [organization] assesses the [patient's] health-related social needs and provides information about community resources and support services.
- The [organization] identifies health care disparities in its [patient] population by stratifying quality and safety data using the sociodemographic characteristics of the [organization's] [patients].
- The [organization] develops a written action plan that describes how it will address at least one of the health care disparities identified in its [patient] population.
- The [organization] acts when it does not achieve or sustain the goal(s) in its action plan to reduce health care disparities.
- At least annually, the [organization] informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to reduce identified health care disparities.
- The [medical] record contains information that reflects the [patient's] care, treatment, and services.

Joint Commission R3 Report 2022

What the IAT means

How did you decide what IAT feedback I got?

The Implicit Association Test (IAT) measures the strength of associations between concepts (e.g., Flowers, Insects) and evaluations (e.g., good, bad) or stereotypes (e.g., safe, dangerous). The test is built around the idea that making a response is easier when two things that are related to each other in a person's mind share the same response key.

For example, we would say that you showed evidence of an implicit preference for Flowers relative to Insects if you responded faster during trials when Flowers were paired with Good (and Insects with Bad) compared to trials when Flowers were paired with Bad (and insects with Good).

My IAT showed an implicit preference for one group over another; am I “prejudiced”?

Most academic psychologists use the word ‘prejudice’ to describe people who report negative attitudes toward a social group. By this definition, showing an implicit preference for one group over another does not mean that a person is prejudiced. Some people who show this preference would also report prejudiced attitudes, while others would not. The point is that the IAT cannot indicate whether a person is or is not prejudiced because it is not an explicit or self-report measure.

The IAT attempts to assess biases that are not necessarily personally endorsed and that may even be contradictory to what one consciously believes. For this reason, we would say that your behavior on the IAT indicates that you may have an implicit preference, which may or may not be the same as the attitude you would report on an explicit measure.

In brief, taking an IAT showing that one might hold biases against, or stereotypes about, people from different groups can provide the opportunity to reflect on how to best mitigate or challenge these associations.

What can I do about an implicit preference that I don't want?

This is an important open question that many researchers are currently working on. Based on current research, here are some approaches to consider.

Creating new associations and challenging biases.

There is a large body of evidence suggesting that information that we encounter in the moment (for example, reading a story about a heroic Black person and an immoral White person) can, at least temporarily, shift implicit preferences. However, whether these momentary changes can translate into long-term change in implicit bias is not yet well-established.

If you want to durably change implicit preferences, a quick five-minute intervention may not be enough. Instead, you may have to become more selective about the types of information you consume in your daily life. For example, this could mean going out of your way to watch television programs and movies about people who are from groups that might be less familiar to you, or that depict people in roles that don't fit with societal biases or stereotypes. In addition, you can work to learn more about systemic barriers that can serve to perpetuate stereotypes, biases, and inequalities in our society.

Changing the impact of biases on behavior.

An additional strategy involves changing the way that you make decisions. As a first step, it is worth reflecting on the fact that we hold biases that can influence the way we process information and how we make decisions. Instead of getting rid of these biases, we can try to make sure that they have less influence on our decisions.

For example, when making hiring decisions, you might want to blind yourself to certain types of information about candidates. If you don't have information about the person's gender and race, these factors cannot bias your decisions. However, this type of blinding strategy might not always work well. It is possible that you recognize the value of adding diverse voices to your organization. Therefore, instead of blinding yourself to demographic information about candidates, you might want to have access to the person's race and gender.

Another, potentially useful, strategy can include committing to decision criteria in advance. This can help eliminate the tendency to select candidates based on gut feelings (which can be based on stereotypes about who would "fit" the role the best) and then shift the criteria to match the qualifications of that candidate. For example, studies find that those with gender biases tend to rely on whatever factor favors the male candidate — if the male candidate is more experienced, experience seems more important to them, but if the male candidate went to a more prestigious school, then that factor seems more important to them. This type of problem can be avoided by deciding in advance which of these factors is more important to you.

In addition, collecting and assessing information in systematic ways can help ensure that you don't simply go with the person that immediately comes to mind. In fact, we followed this same procedure when we expanded the Scientific Advisory Board at Project Implicit. Instead of sending invitations to the people who were easy for us to think of (our friends and collaborators), we sent out an open call and received many applications from qualified individuals who were not on our initial list.

Tasks for the Week

- Organizational assessment questions for first session: <https://redcap.link/DEIJOrgAssessment>
- Optional: TEAM Training: <https://cme.smhs.gwu.edu/gw-cancer-center-/content/together-equitable-accessible-meaningful-team-training#group-tabs-node-course-default2>

Starting the assessment: Breakouts

Questions for team discussion – if you don't know the answer, you can come back:

- How does your cancer center use patient demographics and health outcomes data stratified by race/ethnicity and/or neighborhood?
- How does your cancer center track racial equity performance, monitor progress and ensure accountability to advance DEIJ?
- How are institutional goals to reduce barriers to opportunity and racial disparities reflected in resource allocations?
- What are your cancer center's protocols regarding collection of race, ethnicity, preferred language, sexual orientation, gender identity, and disability status for patients/clients. Do these protocols ensure systematic data collection for all patients? How are data used?
- How does your cancer center address formal grievances and complaints from patients? Is the process inclusive and affirming of all patients?

REDCap: How to Access

<https://redcap.link/DEIJOrgAssessment>

Task Force: Organizational Assessment

AAA



Why am I being invited to take part in this survey?

We are asking you to participate in this survey because you are part of a leadership team that has been designated for diversity, equity, inclusion, justice and anti-racism work for your cancer center.

What is the purpose of this survey?

We are doing a research study that aims to improve patient-centered care in U.S. cancer centers for minoritized patients and to improve cultural competency. We would like you to participate in this study.

If you choose to participate in the survey, we will ask you to complete a series of surveys about the program and your views. You will be asked questions about your organization and your knowledge about providing culturally-affirming care.

Organizational Assessment in REDCap

Task Force: Organizational Assessment AAA
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Session 1: Overview of Task Force and Technical Assistance

Today's Date M-D-Y
** must provide value*

1 How does your cancer center use patient demographics and health outcomes data stratified by race/ethnicity and/or neighborhood?
** must provide value*

[Expand](#)

2 How does your cancer center track racial equity performance, monitor progress and ensure accountability to advance DEIJ?
** must provide value*

[Expand](#)

REDCap: How to Save Your Assessment & Return to it Later

redcap.research.gwu.edu/surveys/?s=irdizqkRgkxHHTf

Your survey responses were saved!

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need to return to this survey.

Survey link for returning
You may bookmark this page to return to the survey, OR you can have the survey link emailed to you by providing your email below. If you do not receive the email soon afterward, please check your Junk Email folder.

* Your email address will not be associated with or stored with your survey responses.

Or if you wish, you may continue with this survey again now.

Powered by REDCap

Survey partially completed  Inbox x



REDCap Administrator (864-337-3175) <RedCap@gwu.edu>

to mandi ▾

[This message was automatically generated.]

Thank you for partially completing the survey 'Task Force: Organizational Assessment'.

[Task Force: Organizational Assessment](#)

If the link above does not work, try copying the link below into your web browser:

https://redcap.research.gwu.edu/surveys/?s=irdizqkRgkxHHTf&__return=1

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Thank you! Questions?



PI: Mandi Pratt-Chapman

PA: Ruta Rangel

Questions?: mandi@gwu.edu & rbraz@gwu.edu