

# FOSTERING DIVERSITY, INCLUSION, ACCESSIBILITY & BELONGING IN OUR COMMUNITIES

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# Contributors

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*"This is a critically important time for us all to continue our collective efforts towards making IU Medical Center a safe and welcoming place for everyone regardless of race, color, ethnicity, religion, gender identity, sexual orientation or anything else that makes you unique."*

**Jerrihlyn L. McGee, DNP, RN, CNE** Former Vice Chancellor for Diversity, Equity and Inclusion & Chief Diversity Office

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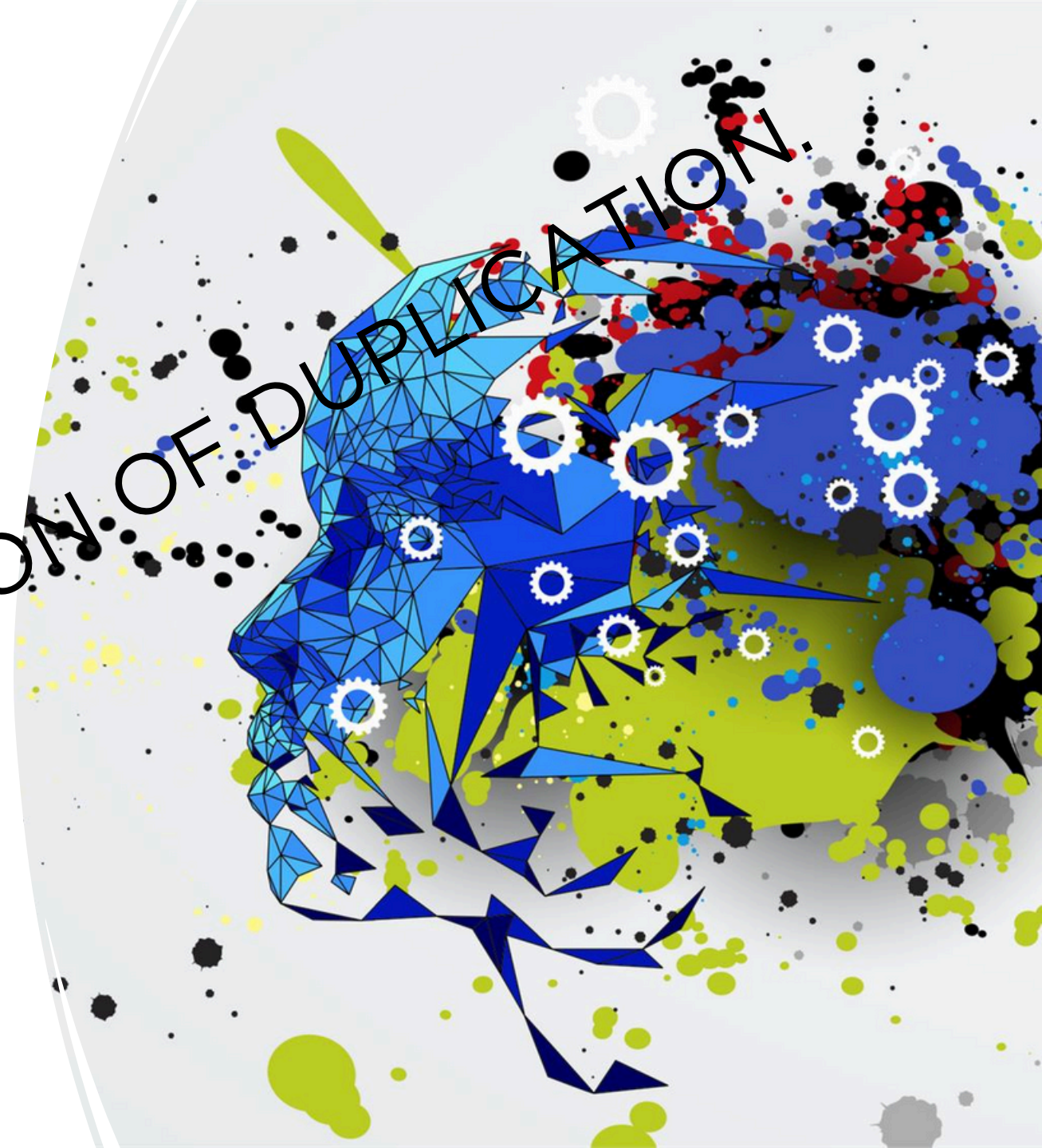
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# Learning Objectives

- To build a shared language and engage in conversations around bias, racism and isms
- To discuss how our biases, stereotypes and prejudices influence our interactions and decision-making processes
- To understand how our biases operate within larger social structures To explore ways we can mitigate our biases at the interpersonal and organizational levels
- To develop a plan of action to address bias at KUMC

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# Invitation to Engage

We invite you to:

- Keep your cameras on. Participate as fully as you can.
- Approach with a spirit of curiosity and willingness to learn
- Practice Active Listening. Ask questions. Take notes
- Give each other grace
- Create brave spaces by embracing transparency and discomfort
- Be open to the wisdom in each person's lived experience. Be affirming
- Remember religious and political views are highly diverse and deeply personal - discussions should be approached with sensitivity and respect
- Use "I" statements do not speak for another or an entire group
- Notice your emotions. Reflect upon them
- Take opportunities for continuous learning
- Disclaimer: Soley for educational and informational purposes

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This training is divided into three modules:

Module 1:  
Connection

Why is this relevant to me?

Module 2:  
Understanding  
Why is this happening?

Module 3:  
Action  
What can I do about it?

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# Our Guiding Assumptions

- Whether or not we bear responsibility for societal/institutional isms (i.e., racism, sexism, ableism, transphobia, homophobia), it is our responsibility to eradicate it
  - Challenging isms and privilege is everybody's work
  - We all have implicit biases - they can be unlearned but it requires continual and intentional self-work
  - Societal/Institutional isms can be addressed through continual and intentional organizational and community work
  - It takes sustained efforts to change systems. We will not naturally evolve towards greater equity
  - Building relationships across difference is ~~not the same~~ as confronting systems of oppression. Both are needed
- Adapted from Hollins and Govan 2015

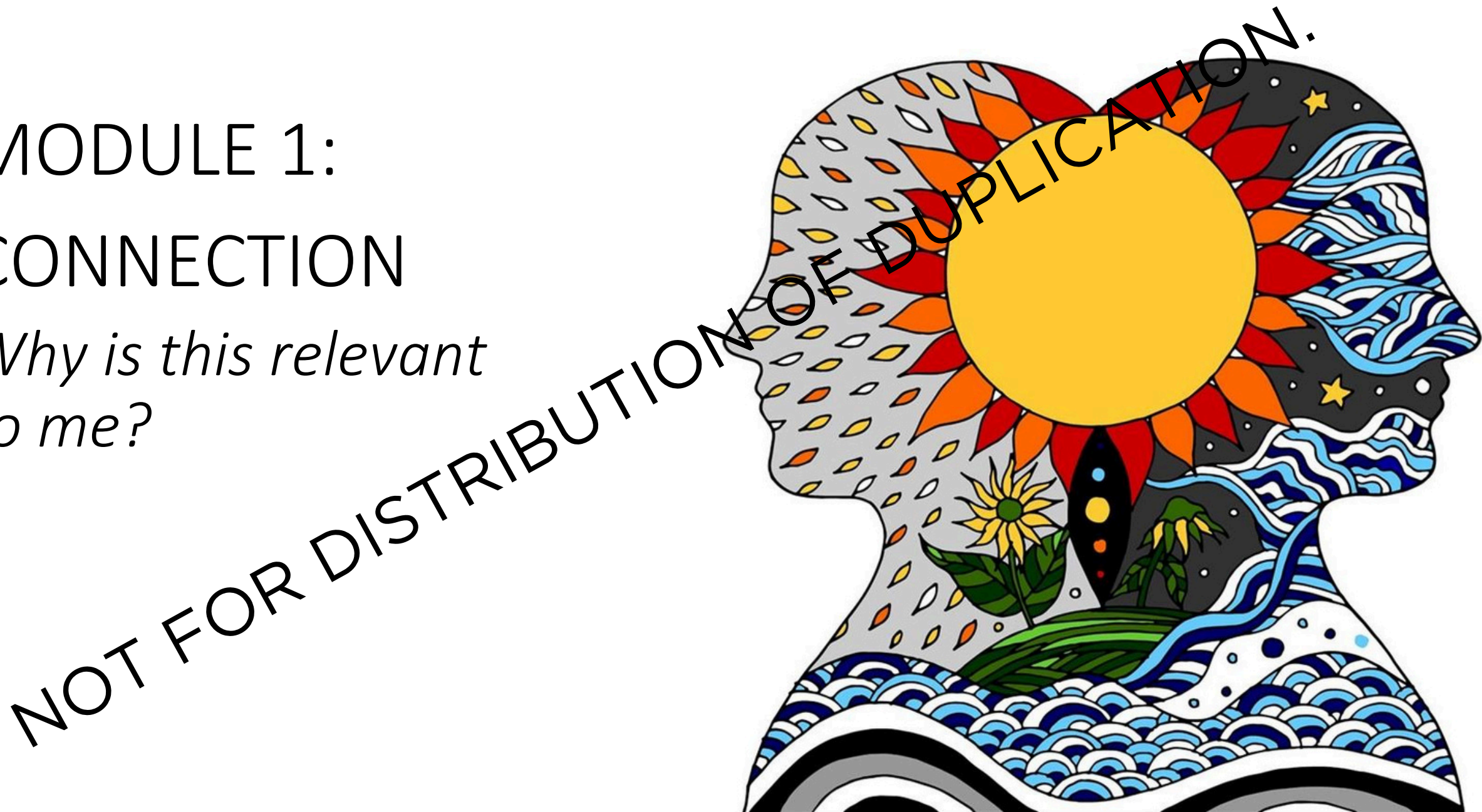


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# MODULE 1: CONNECTION

*Why is this relevant  
to me?*



# Why are we talking about Fostering Diversity, Inclusion, Accessibility, and Belonging?

1. Core part of KUMC's mission and vision
2. Essential to promote health equity, build healthy communities, and improve the lives of Kansans





# 1. Core Part of KUMC's Mission

## **University Mission**

"To educate leaders, build healthy communities and make discoveries that change the world."

## **Office for Impact & Belonging Mission**

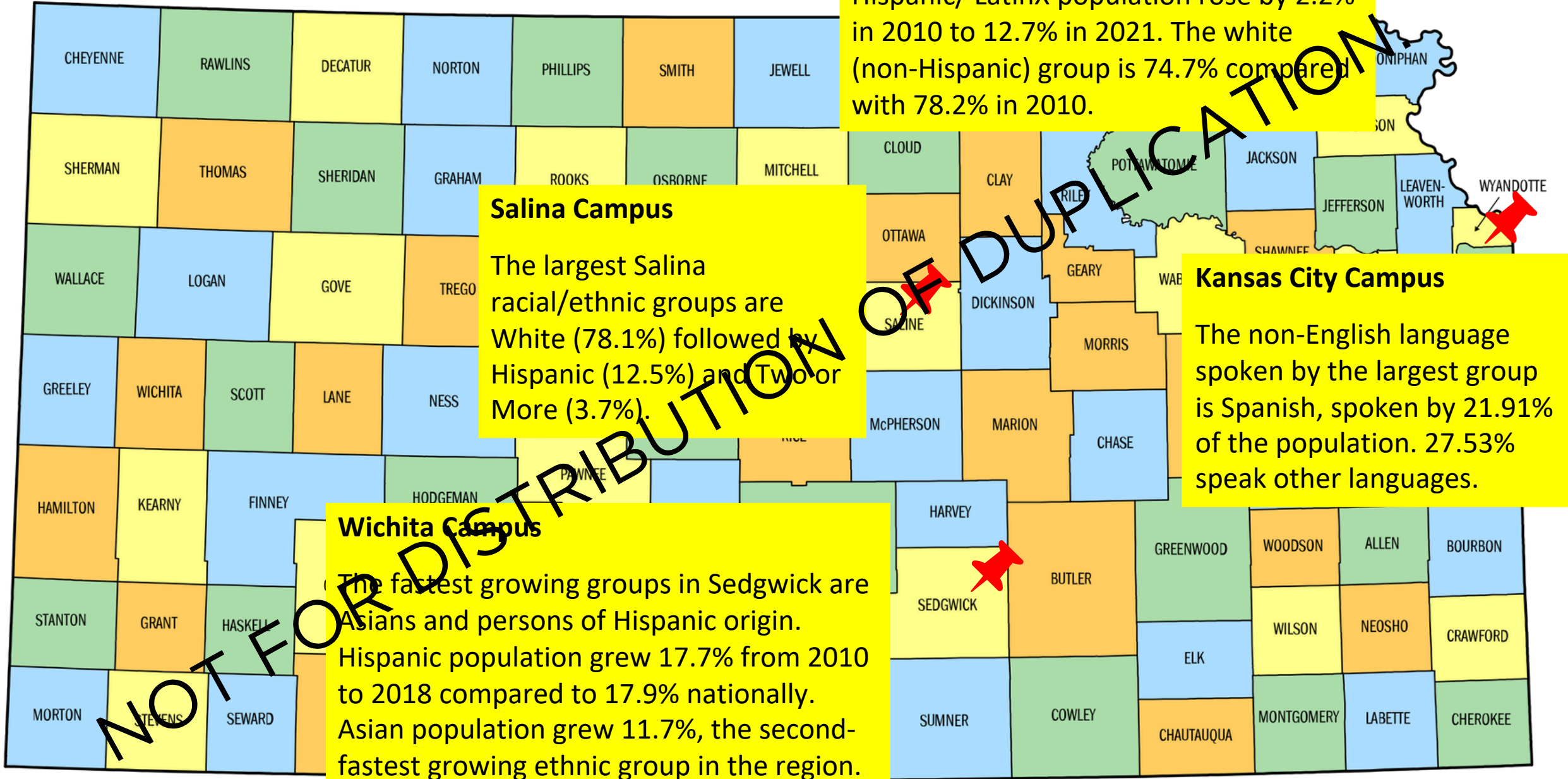
By embracing diversity, we attract and retain skilled and talented students and employees who provide unique cultural and personal perspectives.



# KUMC CAMPUSES

# KANSAS

2021 Kansas more diverse than 2010. The Hispanic/ LatinX population rose by 2.2% in 2010 to 12.7% in 2021. The white (non-Hispanic) group is 74.7% compared with 78.2% in 2010.



## Salina Campus

The largest Salina racial/ethnic groups are White (78.1%) followed by Hispanic (12.5%) and Two or More (3.7%).

## Wichita Campus

The fastest growing groups in Sedgwick are Asians and persons of Hispanic origin. Hispanic population grew 17.7% from 2010 to 2018 compared to 17.9% nationally. Asian population grew 11.7%, the second-fastest growing ethnic group in the region.

## Kansas City Campus

The non-English language spoken by the largest group is Spanish, spoken by 21.91% of the population. 27.53% speak other languages.



## 2. Promote Health Equity

*"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human*

- Research shows that there are groups who experience adverse health differences and systemically greater obstacles to achieving their best health based on their socioeconomic status; gender; age; race; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location etc.



# The Ten Most Trusted

On a piece of paper jot down the name or initials of six to ten people that you trust the most.

As much as possible please don't write the name of family members. Think of people you work with or are friends with.

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First and last name	Gender	Race/ Ethnicity	Age	Sexual Orientation	Education	Disability Y or N?	Marital Status	Other

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First Name

- Gender
- Race
- Ethnicity
- Age
- Sexual Orientation
- Education
- Disability
- Marital Status
- Other?

What do you notice about the people you listed in relation to you?



Disability



Race



Body Type



Gender



Age



Culture

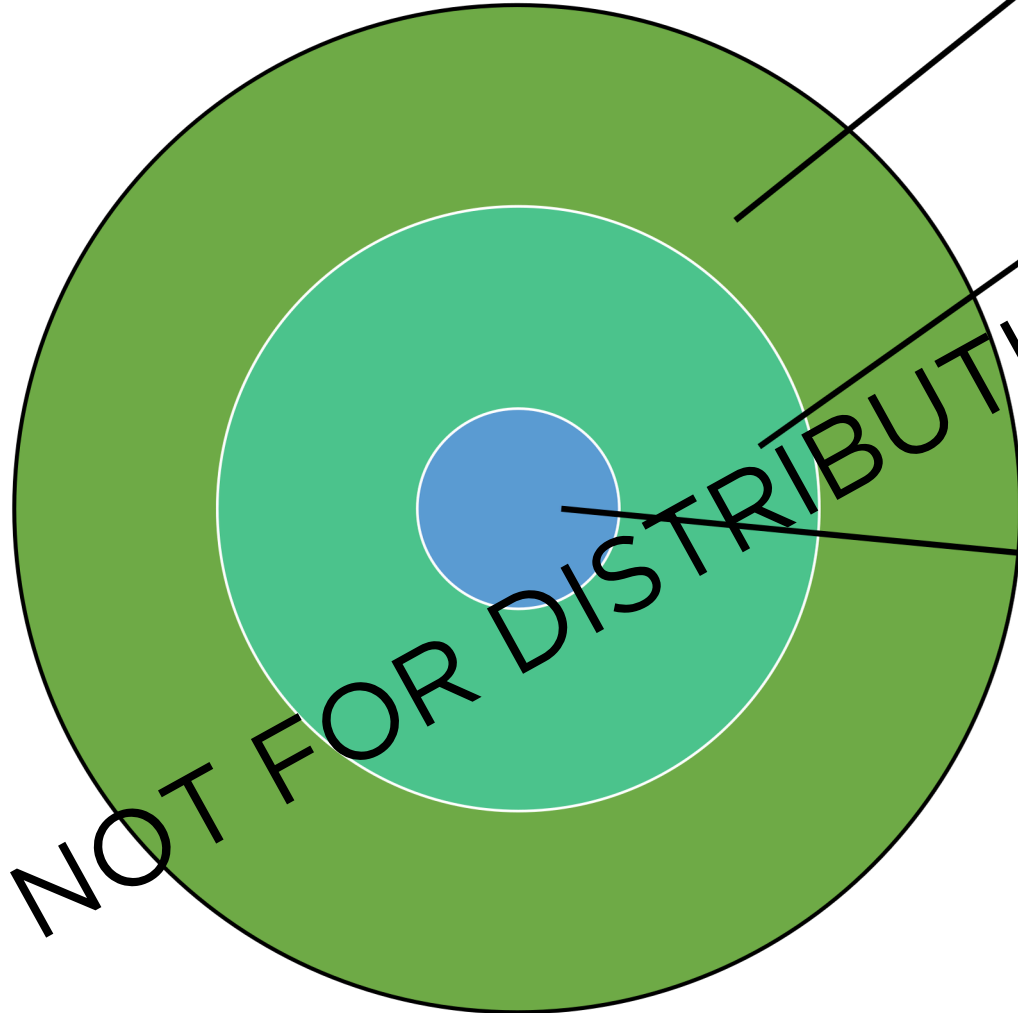


Sexual Orientation

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# The Ten Most Trusted



## Level 1: Acquaintances

“Hiya!”

Lots of people at this level & most diverse

## Level 2: C.O.M.F.Y

“come over to my front yard”

10% of people from Level 1 move into this level

Diversity thins out

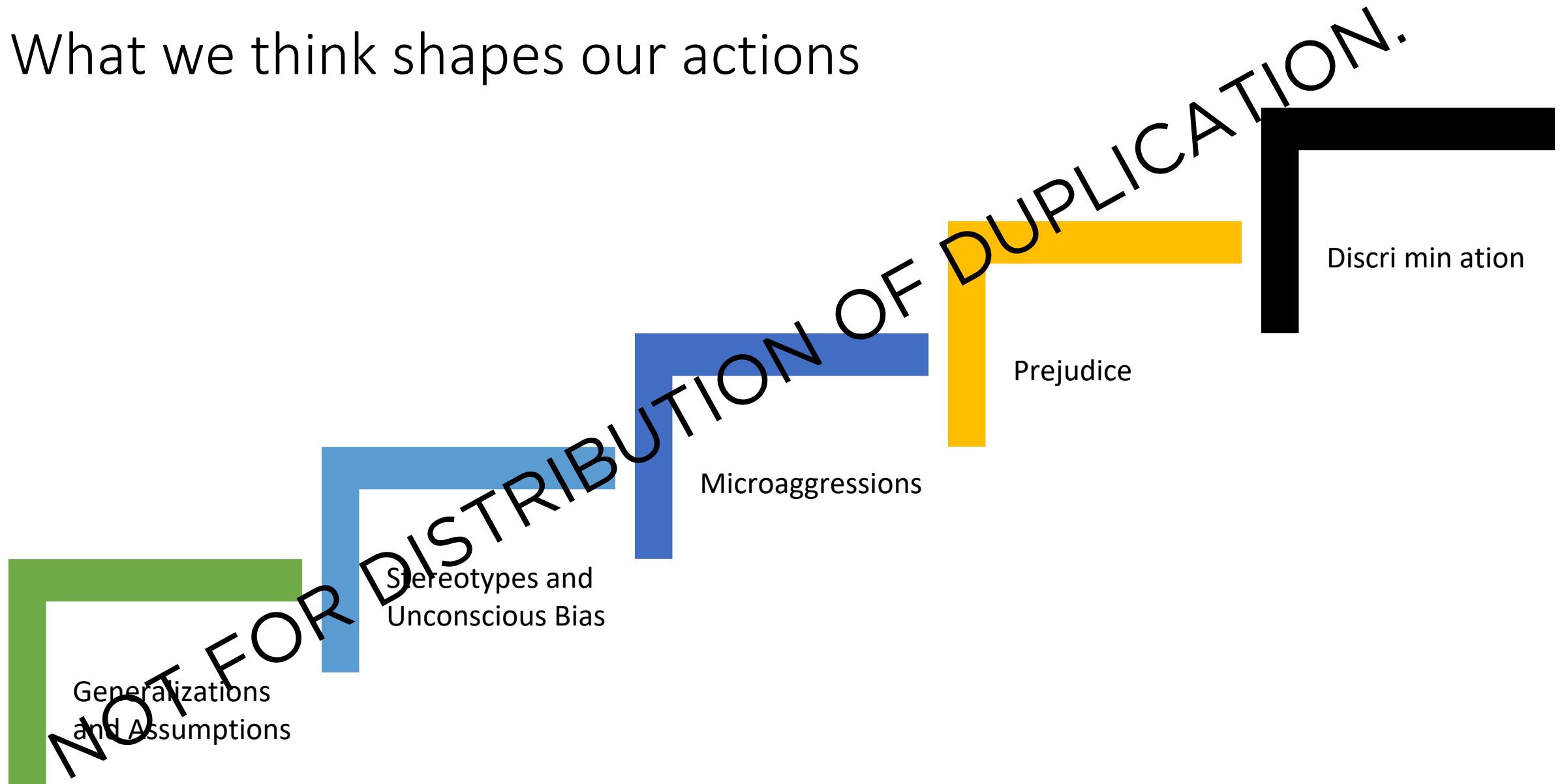
## Level 3: TRUST

“my inner circle”

Least amount of diversity

Relationships get closer and less diverse  
as we get to Level 3

# What we think shapes our actions





*"We do not  
see things  
as they are,  
we see things  
as we are."*

Anais Nin

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**A**



**B**



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**A**



**B**



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**A**



**B**



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**A**



**B**



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MODULE 2:  
UNDERSTANDING

*Why is this happening?*

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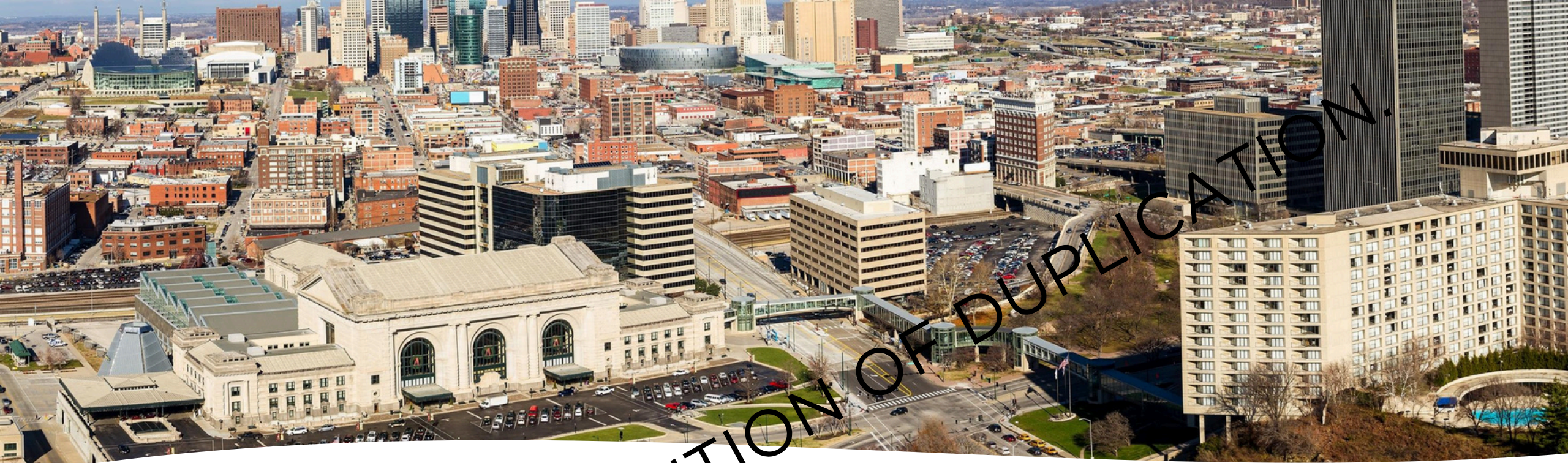
# Socialization Process

Socialization is the process by which a society culture or group teaches individuals to become functioning members of society who internalize their values and norms.

- **Primary Socialization** begins in infancy the key agents of socialization are our parents, siblings etc.
- **Secondary Socialization** begins in later years as we interact with those beyond our family circle







Agents of  
socialization

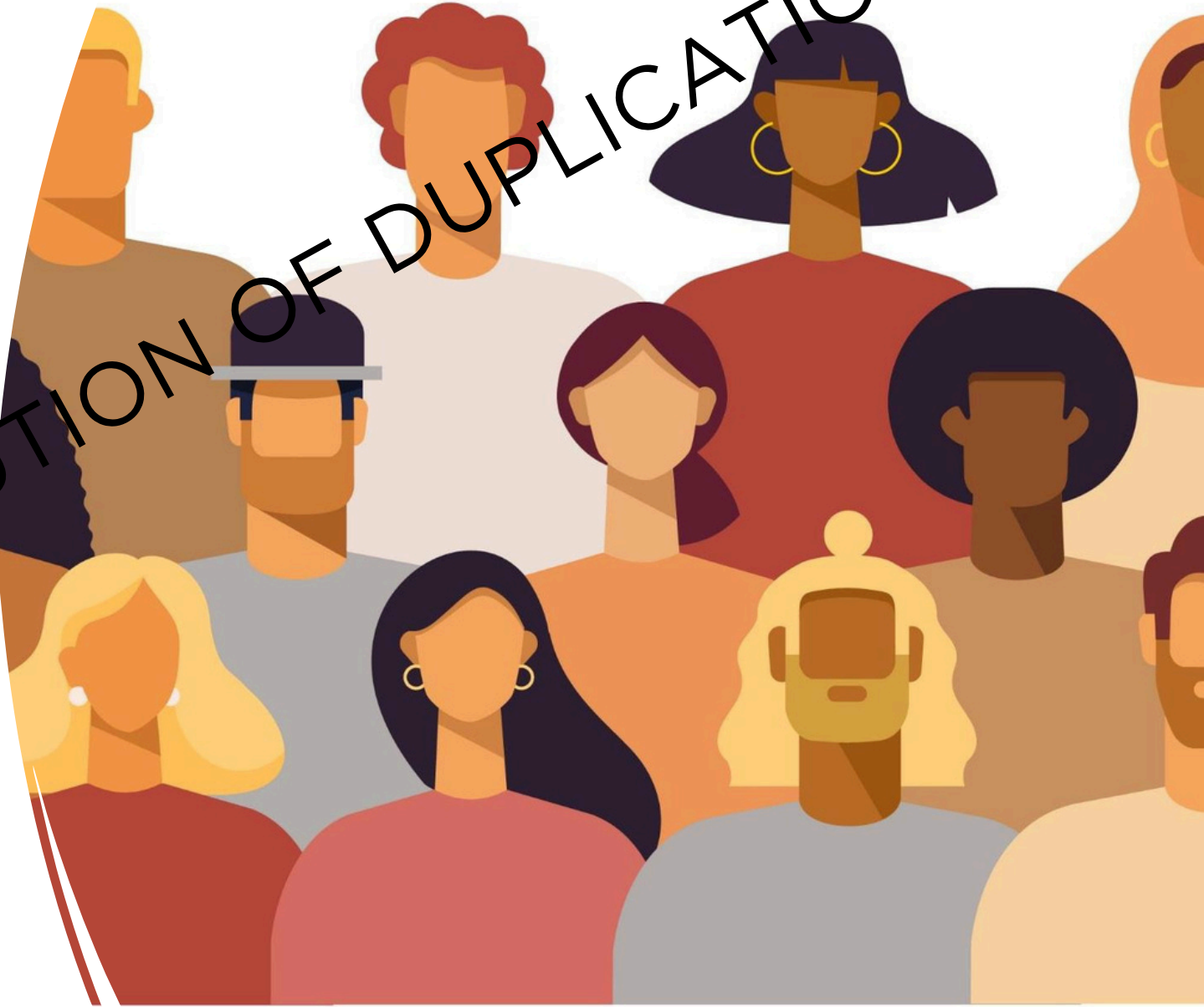
- **Social groups** (family, local religious community, sports team)
- **Institutions** (education systems, mass media, healthcare systems, religious denominations, political parties etc.)
- **Individuals** (teachers, pastors, media personalities, politicians) that provide structured situations within those institutions where socialization takes place)



Socialization → Identity formation.

Identity describes:

- In group – Who am I as part of a group?
- Who we are – who am I separate from others? Is there a true me?
- Self concept – beliefs about yourself and your attributes including self image, self-ideal and self esteem





# Personal Identity



A Person's unique characteristics, focuses on individual differences  
E.g., Being studious, sociable, goofy, hobbies etc.

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## SOCIAL IDENTITY

The consequence of membership in a particular social group and category-focuses on similarities you have to others.

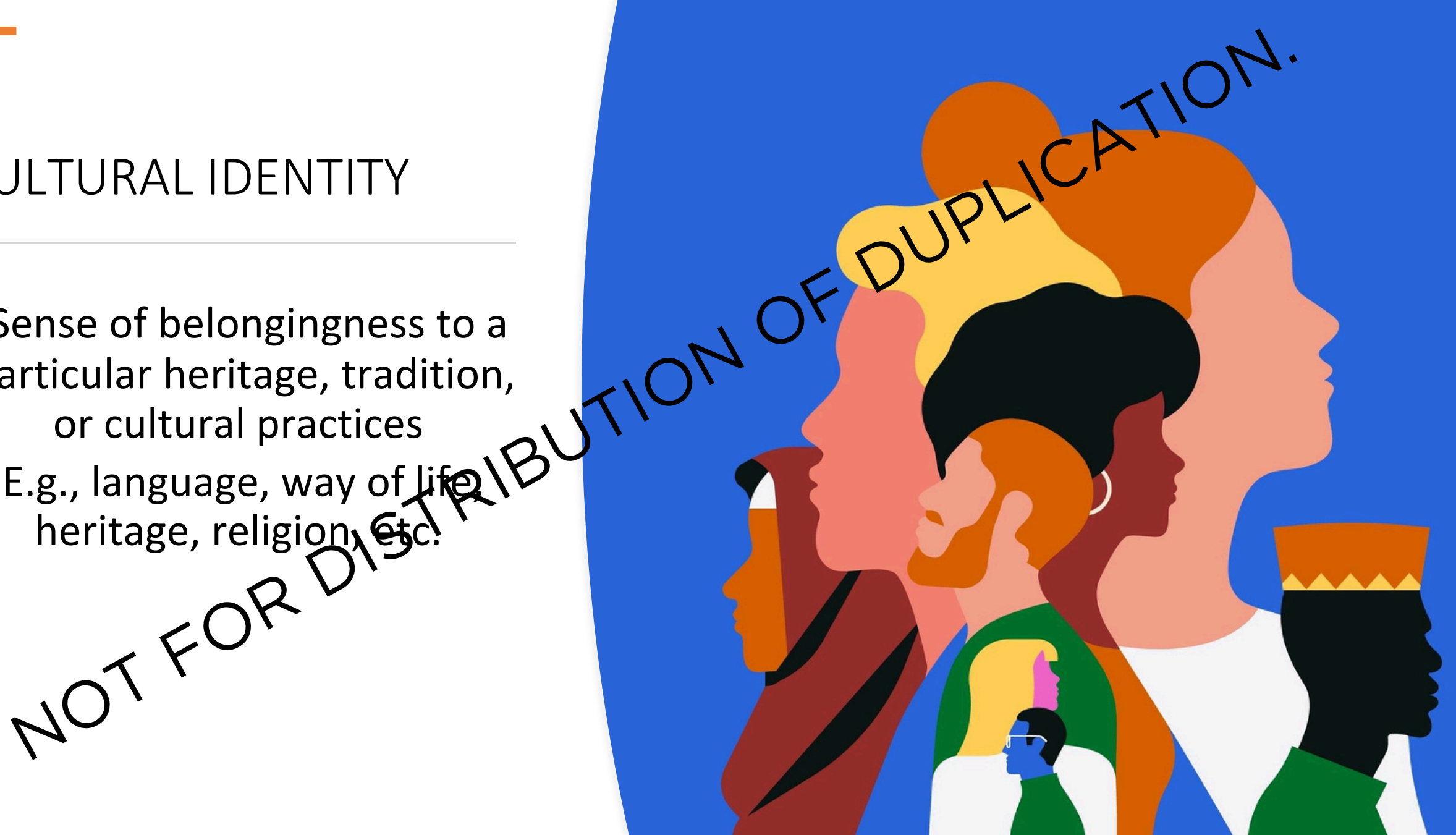
E.g., age, gender, sexuality, etc.



## CULTURAL IDENTITY

Sense of belongingness to a particular heritage, tradition, or cultural practices

E.g., language, way of life, heritage, religion, etc.





# WHEEL OF POWER/PRIVILEGE

Other identities?  
 Religion  
 Marital status  
 Child status  
 Urban/rural  
 Political  
 Affiliation

Some identities are visible  
 others invisible  
 Changeable  
 unchangeable



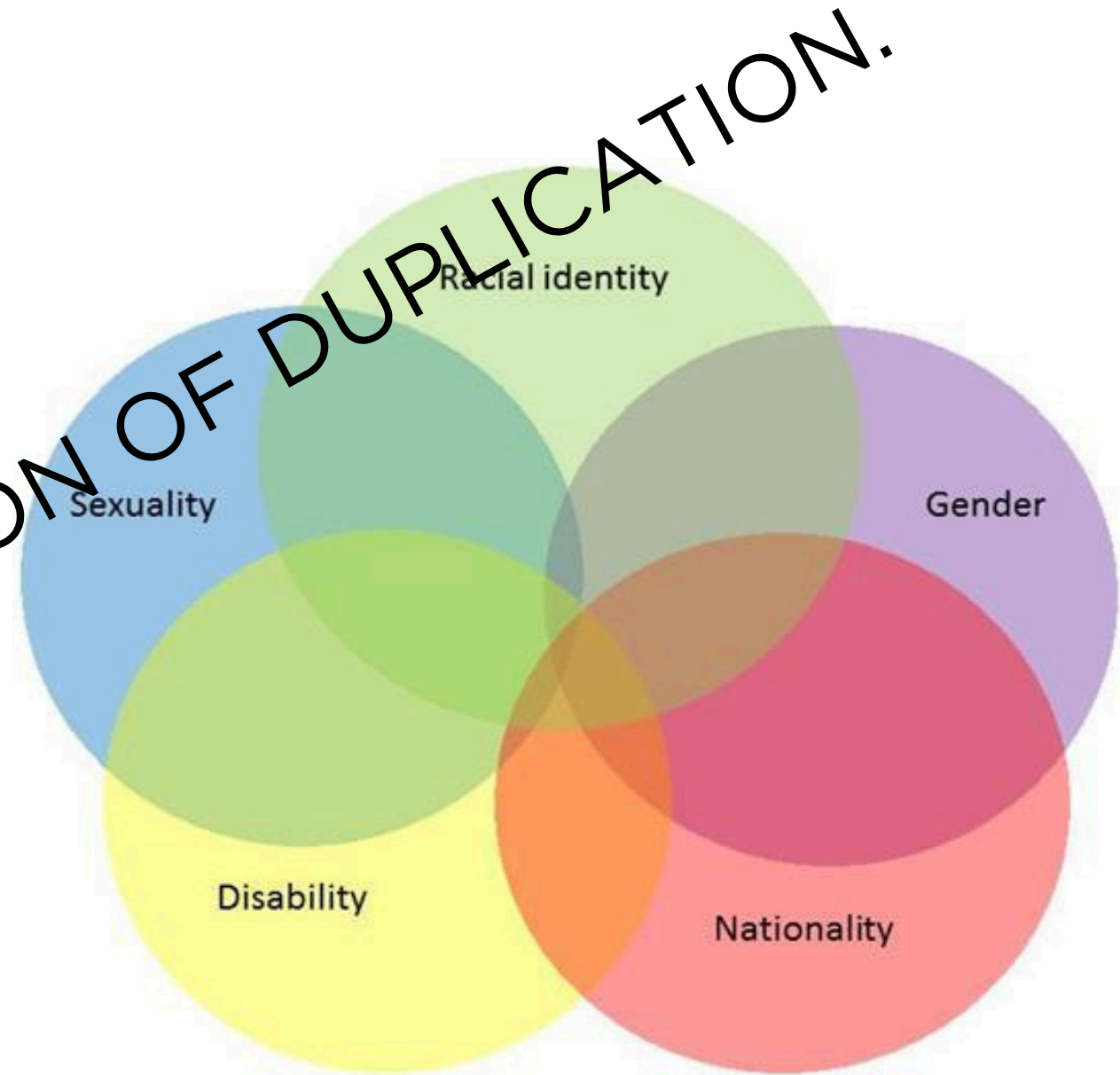
Holding power/privilege is not inherently problematic  
 It however may cause us to have blind spots

Adapted from ccrweb.ca

@sylriaduckworth

# Intersectionality

Intersectionality is the complex, cumulative way in which the effects of multiple forms of discrimination — such as racism, ableism, sexism, classism — combine, overlap, or intersect especially in the experiences of marginalized individuals or groups.





An allegory on privilege, race and racism

Dual Reality: A restaurant saga



Dr. Camara Jones



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Cognitive Dissonance the discomfort experienced when two cognitions or pieces of knowledge, a belief are incompatible with each other

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**BELIEF**  
smoking  
cigarettes is  
unhealthy



**COGNITIVE  
DISSONANCE**

unpleasant  
tension state,  
awareness that  
belief and action  
are inconsistent

solution

I smoke  
cigarettes

**ACTION**

**CHANGE ACTION**  
smoking  
cigarettes is  
unhealthy

I don't smoke  
cigarettes  
anymore

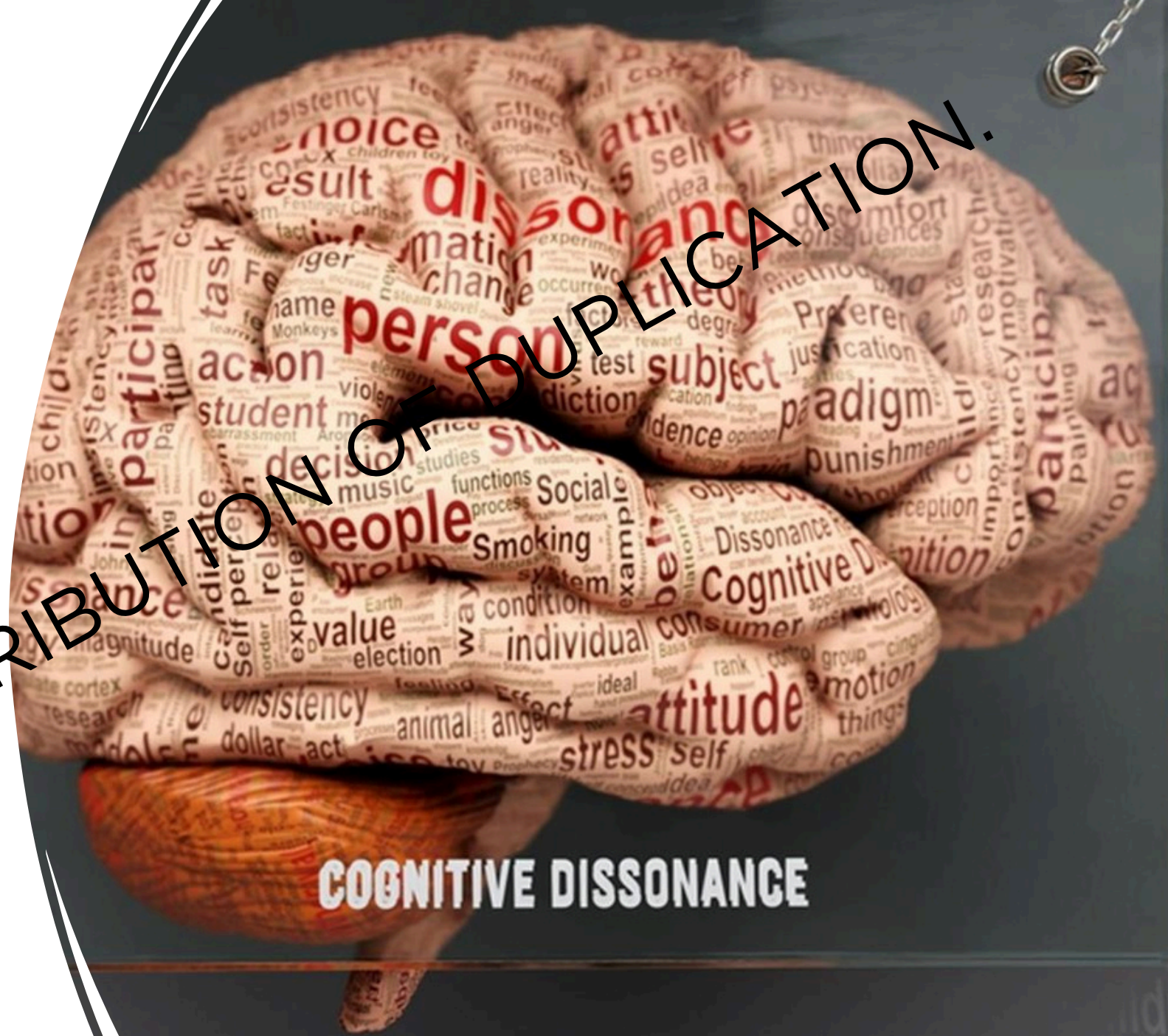
**CHANGE BELIEF**  
the research  
on smoking is  
not conclusive

I continue to  
smoke  
cigarettes

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What happens  
to the brain  
when  
experiencing  
Cognitive  
dissonance?



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**COGNITIVE DISSONANCE**

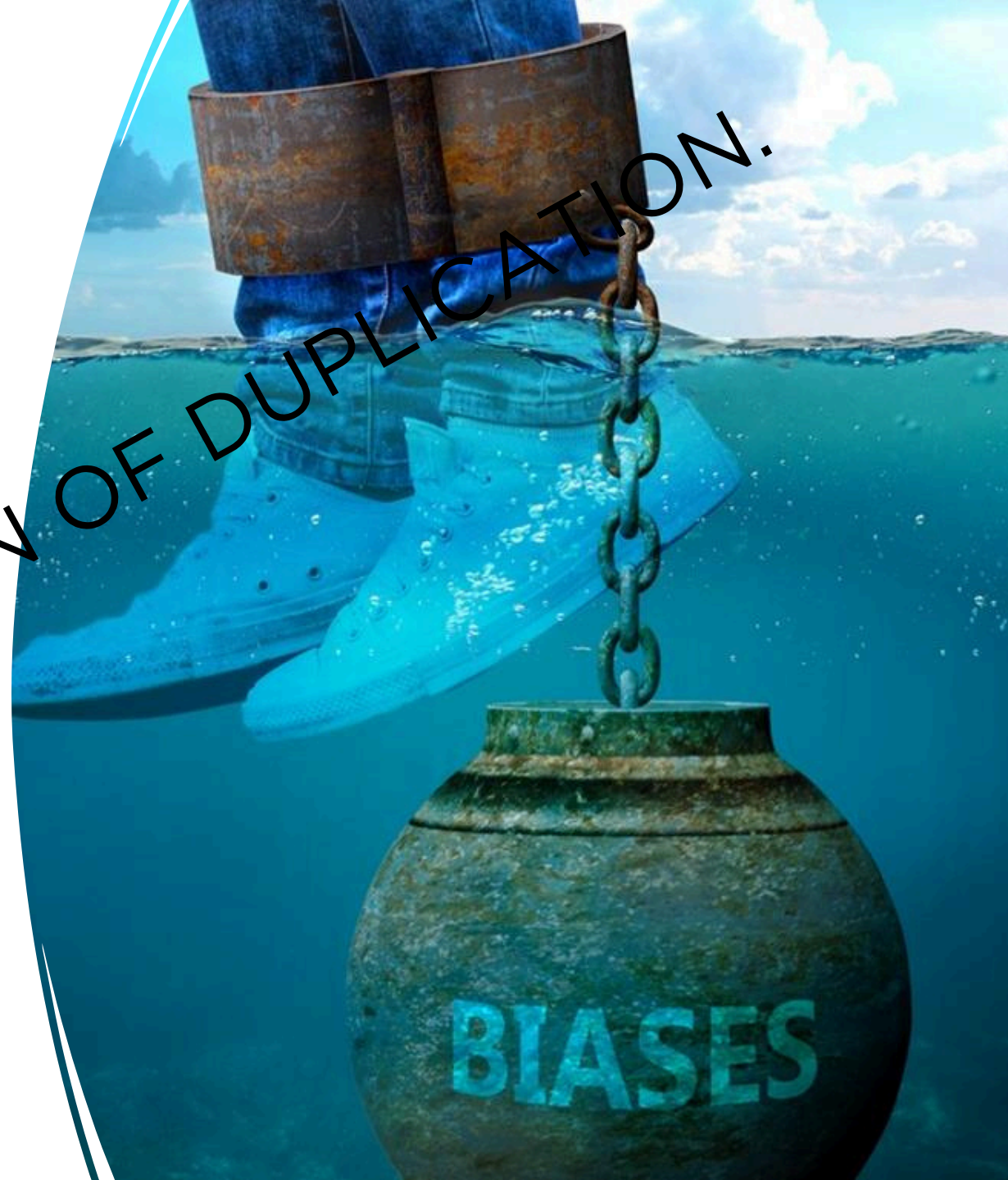


# What is Implicit Bias?

“The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.”

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## Implicit Bias

Our implicit biases may run counter to our conscious beliefs without us realizing it.

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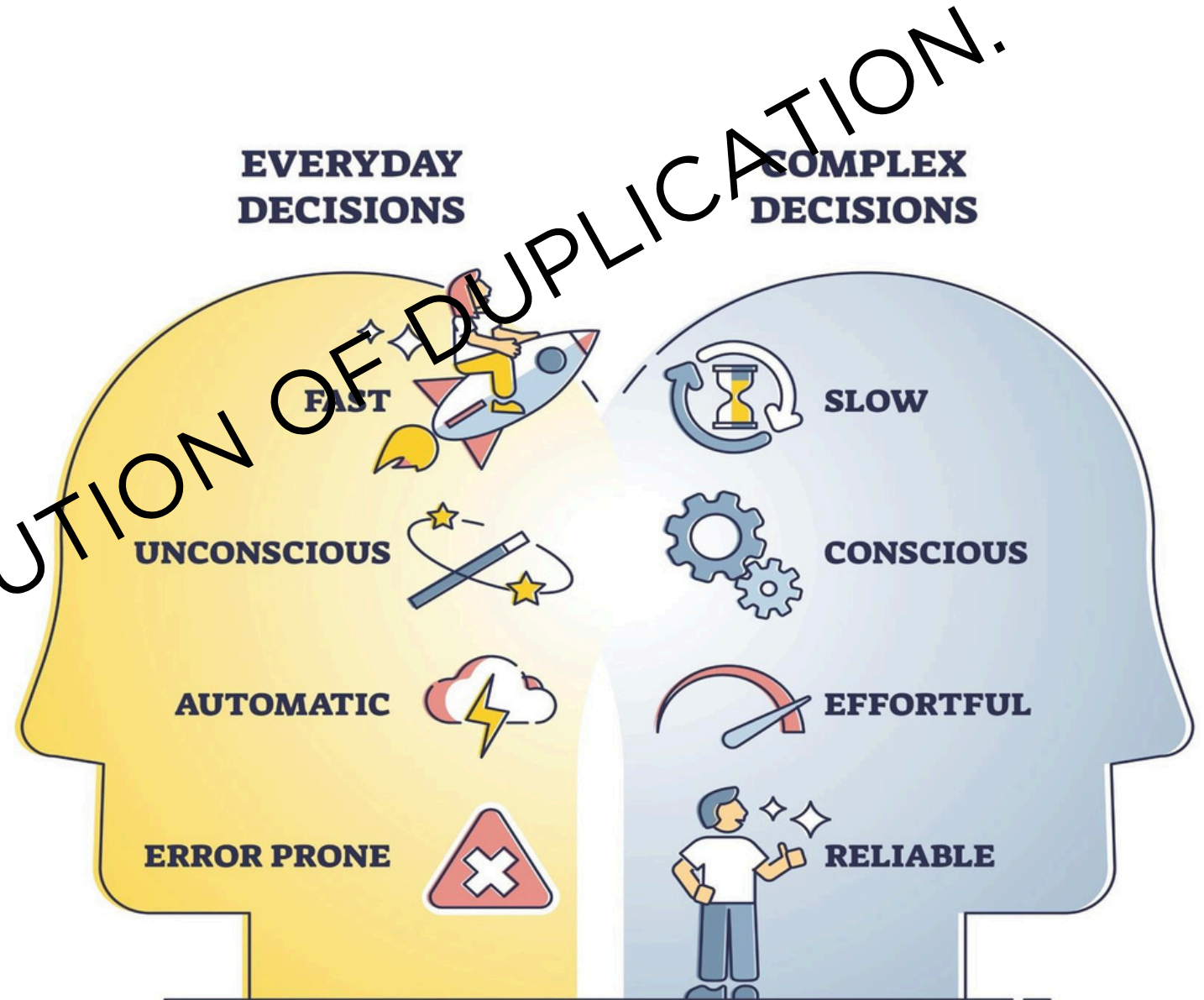
# Fast and Slow Thinking Brain

**SYSTEM ONE: 95%**

Intuition and Instinct

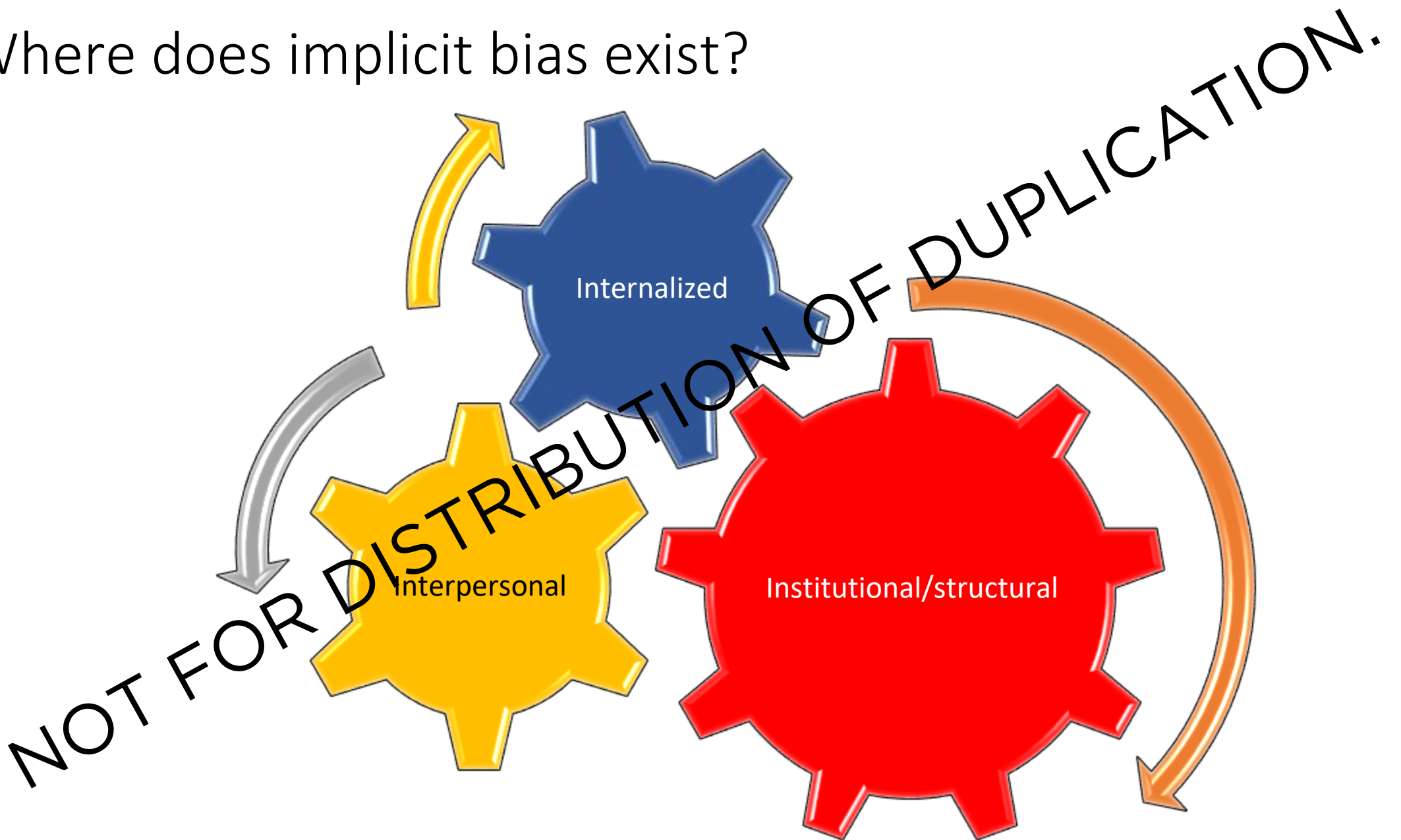
**SYSTEM TWO: 5%**

Rational Thinking

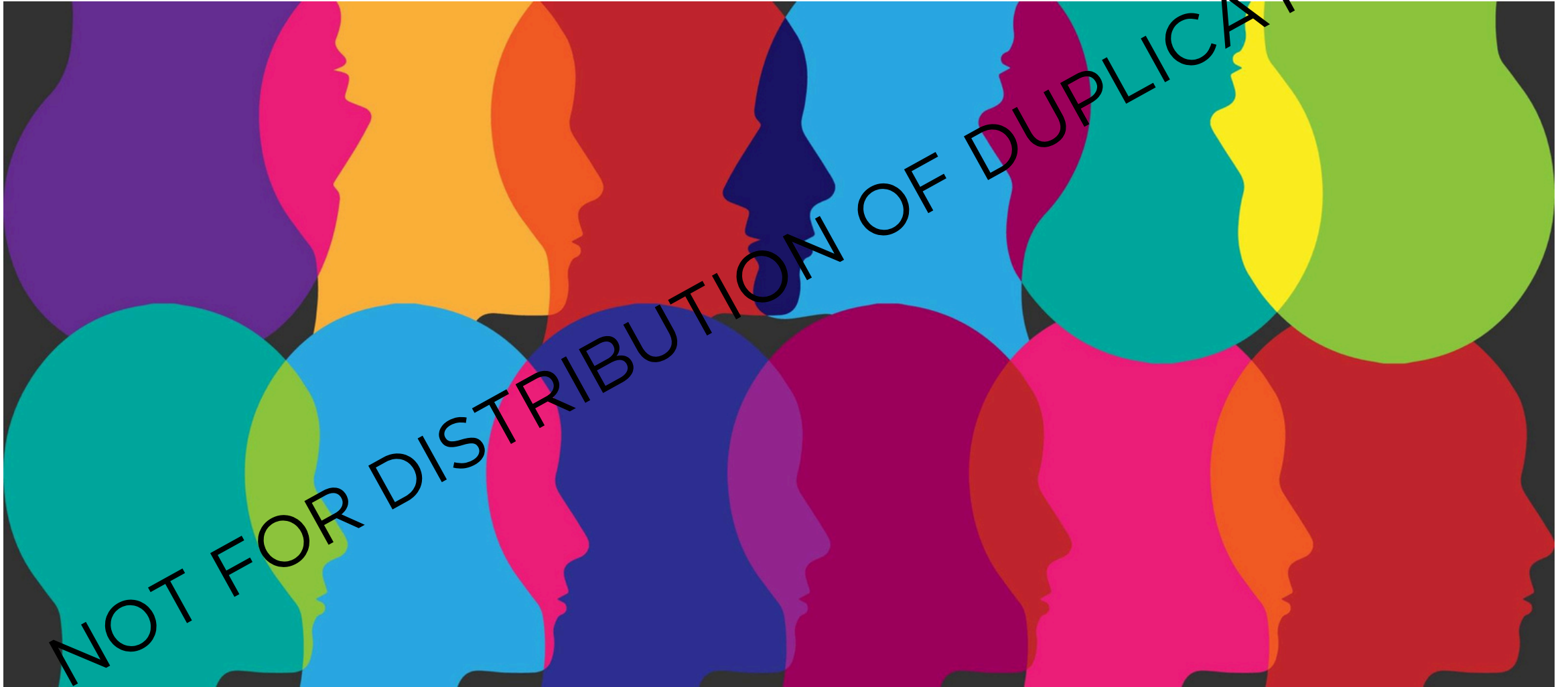




Where does implicit bias exist?



How do our biases manifest in our interpersonal interactions?





In the past year, have you experienced or observed a comment or interaction that made you uncomfortable or was inappropriate?

Did anyone intervene?

If people chose not to intervene, what are some potential reasons?

- Fear of safety
- Fear of judgment
- Did not know what to do or say
- Did not feel comfortable intervening
- Other?



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# Implicit Bias: Interpersonally





# Our biases can leak into Microaggressions

Communications that subtly send **hurtful** or **dismissive** messages toward an individual due to their group identity, often automatically and unconsciously. Usually committed by **well-intentioned folks** who are unaware of the hidden messages being communicated

*“brief and commonplace daily verbal, behavioral and environmental indignities, **whether intentional or unintentional** that communicate hostile, derogatory or negative slights and insults that potentially have harmful or unpleasant psychological impact on the target person or group”*

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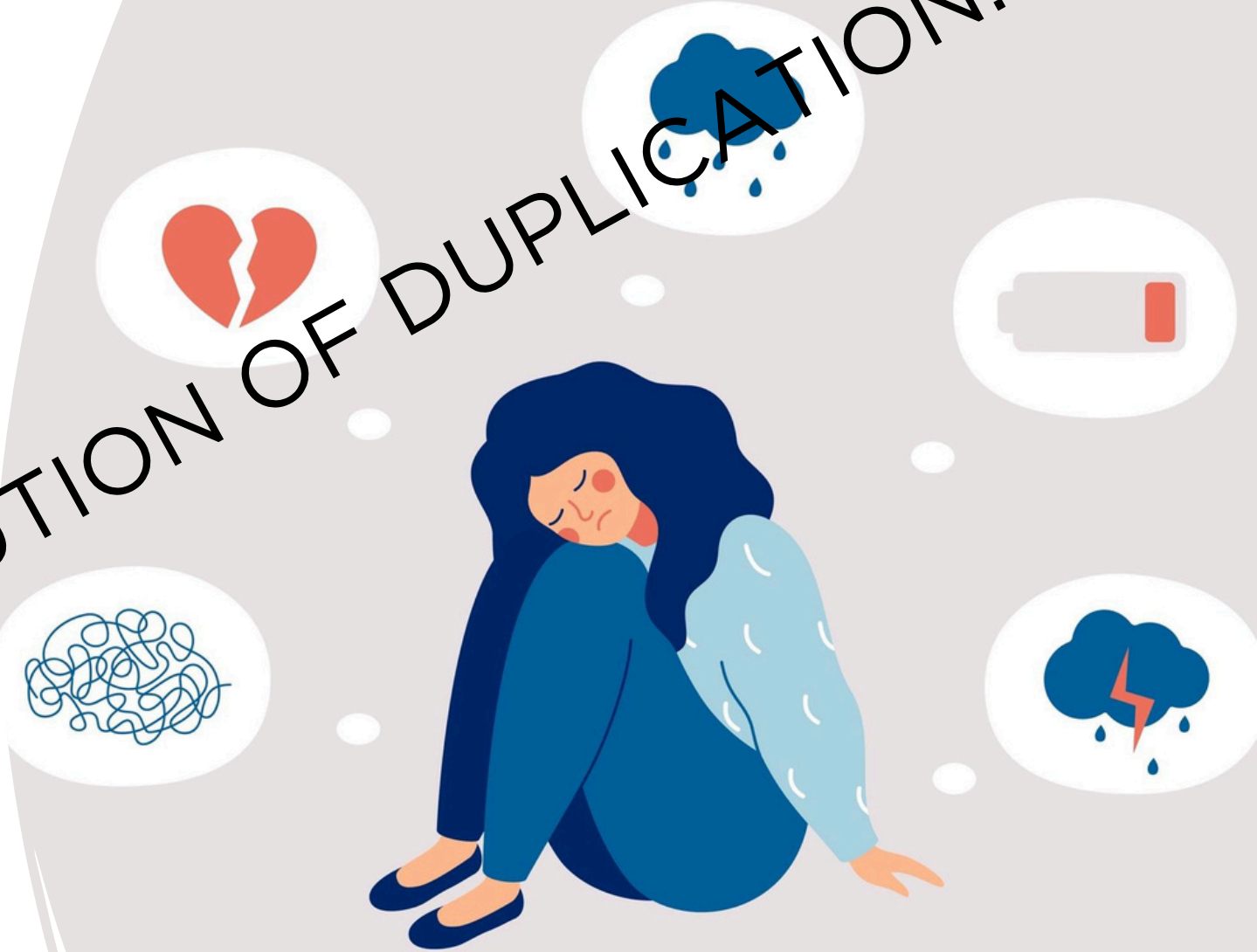
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# Impact of Microaggressions

- Biological – accumulation of stress
- Emotional – diminished self confidence, mental health problems
- Cognitive – spend lot of brain energy making meaning of incidents
- Behavioral – hypervigilance, anger, fatigue

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# Implicit Bias: Institutional/Structural





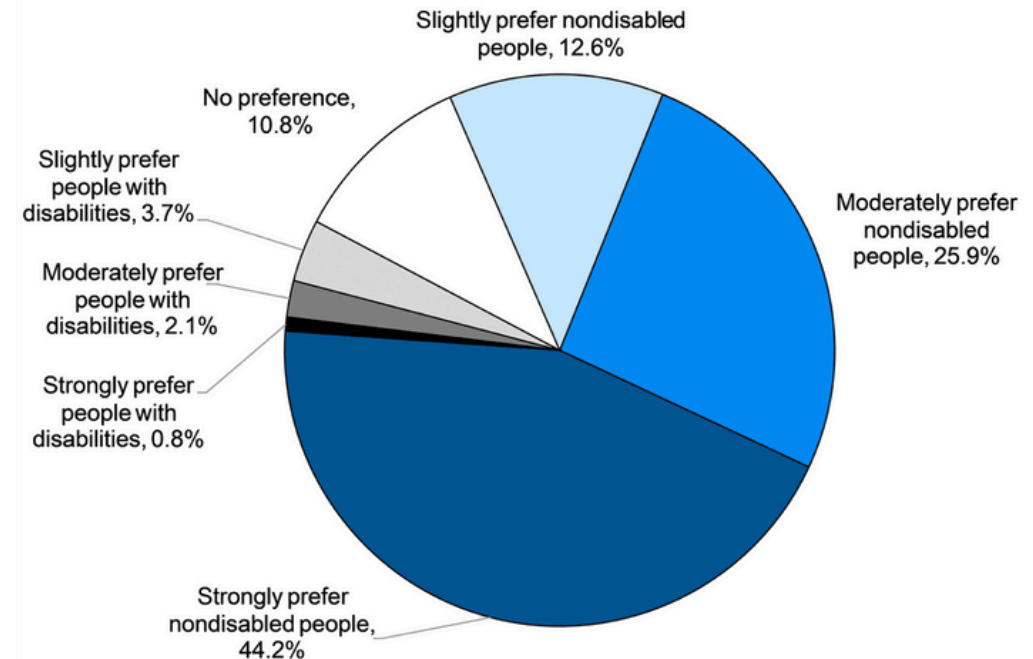
# Implicit Bias in Healthcare

- Mental health
- Gender Identity
- Transgender care
- Disability

- Anke et al (2018) found that doctors view men with chronic pain as “brave” or “stoic,” but view women with chronic pain as “emotional” or “hysterical”
- Zhang et al (2021) found that doctors still don’t take pain reported by females seriously, prescribing psychotherapy instead of pain medication

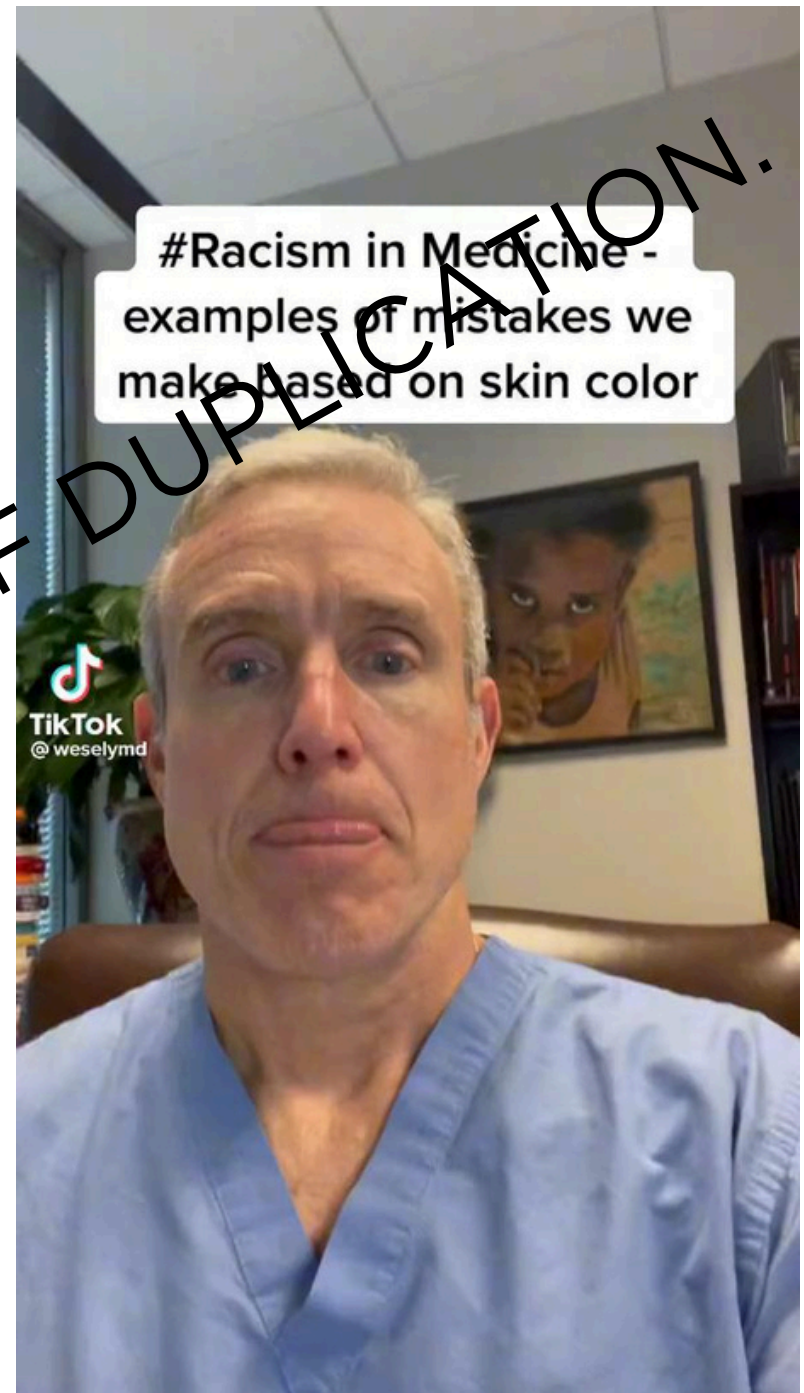
Mental health conditions (e.g., depression and anxiety) are more likely to go undiagnosed in men

- Almost ½ of transgender adults have experienced discrimination or other negative treatment from a healthcare professional
  - 2 out of 3 transgender adults worry that negative judgment and discrimination from healthcare professionals will affect their health evaluations
  - 1 out of 3 transgender adults say they’ve had to provide education about trans people to their doctor
- Center for American Progress 2020



# Implicit Bias in Health Care: Race and Ethnicity

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# Implicit Bias in the Workplace: Recruitment and Hiring “Culture Fit”



## Implicit Bias in the Workplace: Retention & Promotion

1. Women in higher education exist in a “double bind”
2. Only 6% of all faculty nationwide are black despite representing 13% of population
3. Full time tenure women earn less than men at all ranks





# Implicit Bias: Education



# Implicit Bias in Education: Is Education the great equalizer?

- Less than 16% of registered nurses in the United States are Black
- The number of Black male med students has gone down from 3.1% in 1978 to 2.9% in 2019
- The racial educational debt gap continues to widen. On average, Black students owe \$25,000 more in debt than white counterparts
- 12.4 % of black college graduates are unemployed compared to 5.6 % of all graduates



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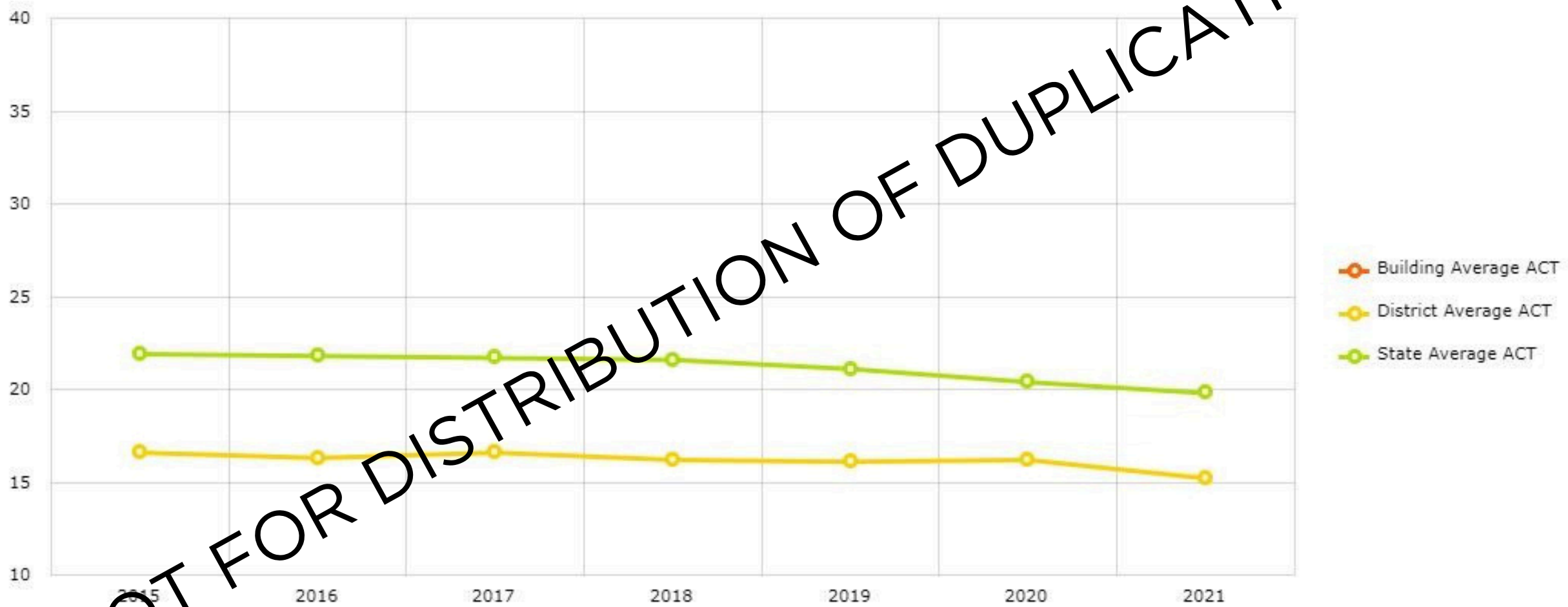
# Implicit Bias in Education: Is Education the great equalizer?

- Black boys are 18% of the male preschool enrollment, but 41% of male preschool suspensions
- 35% of Native Hawaiian or other Pacific Islander students attend schools but >50% of teachers were absent for more than 10 days, compared to 12% of white students
- 65 % of students with disabilities graduate from high school compared to 86 % of students without disabilities
- There is no gender gap in math when students enter kindergarten, but a gap of nearly 0.25 standard deviations by 2nd or 3rd grade
- Only 24% of all 8th graders were enrolled in Algebra I, and only 12% of African American boys



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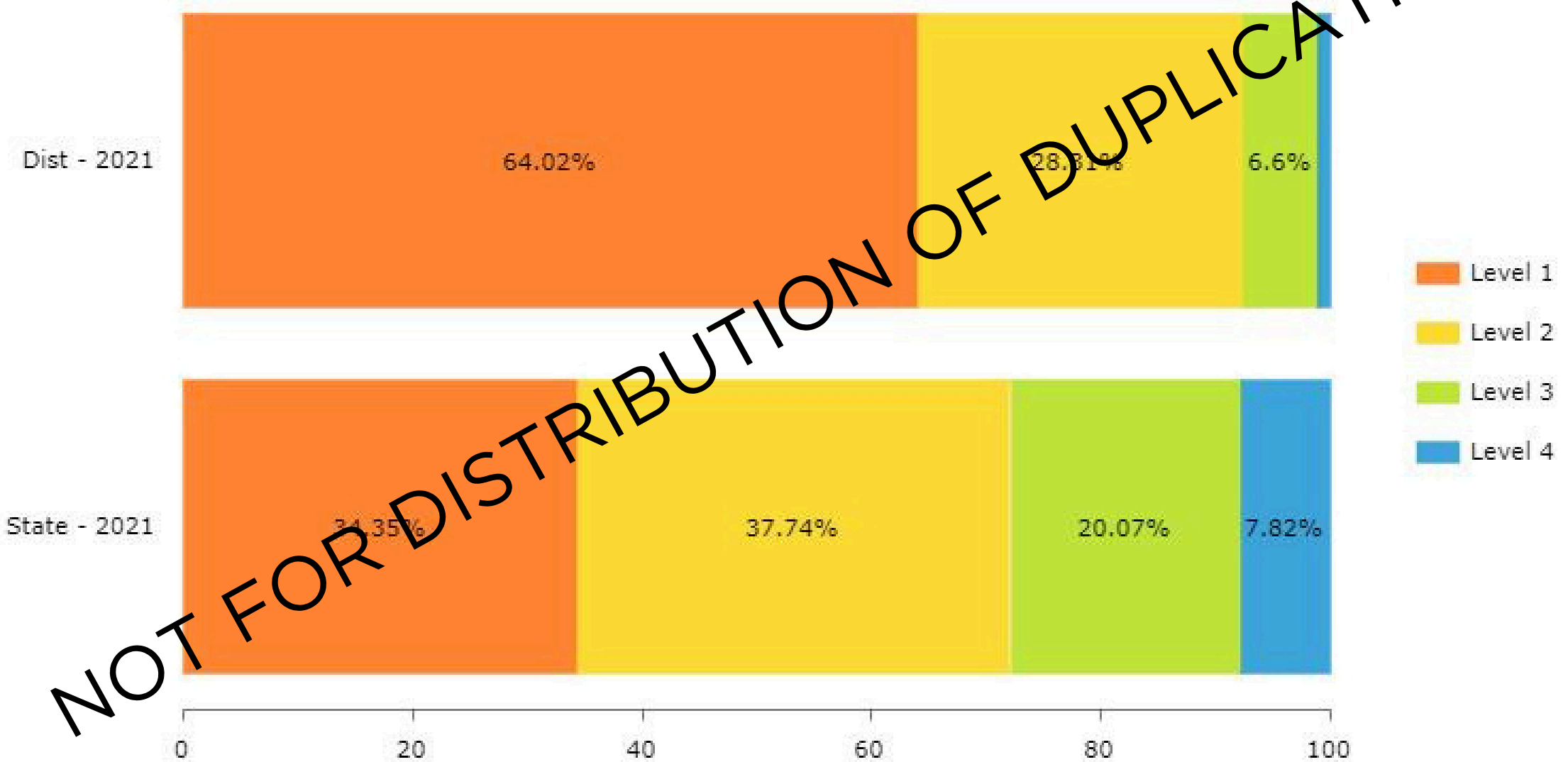
# ACT Average Composite Results: Kansas vs USD 500



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# Math Assessment Results: Kansas vs USD 500



MODULE 3:

ACTION

Addressing bias,  
microaggressions &  
racism/isms

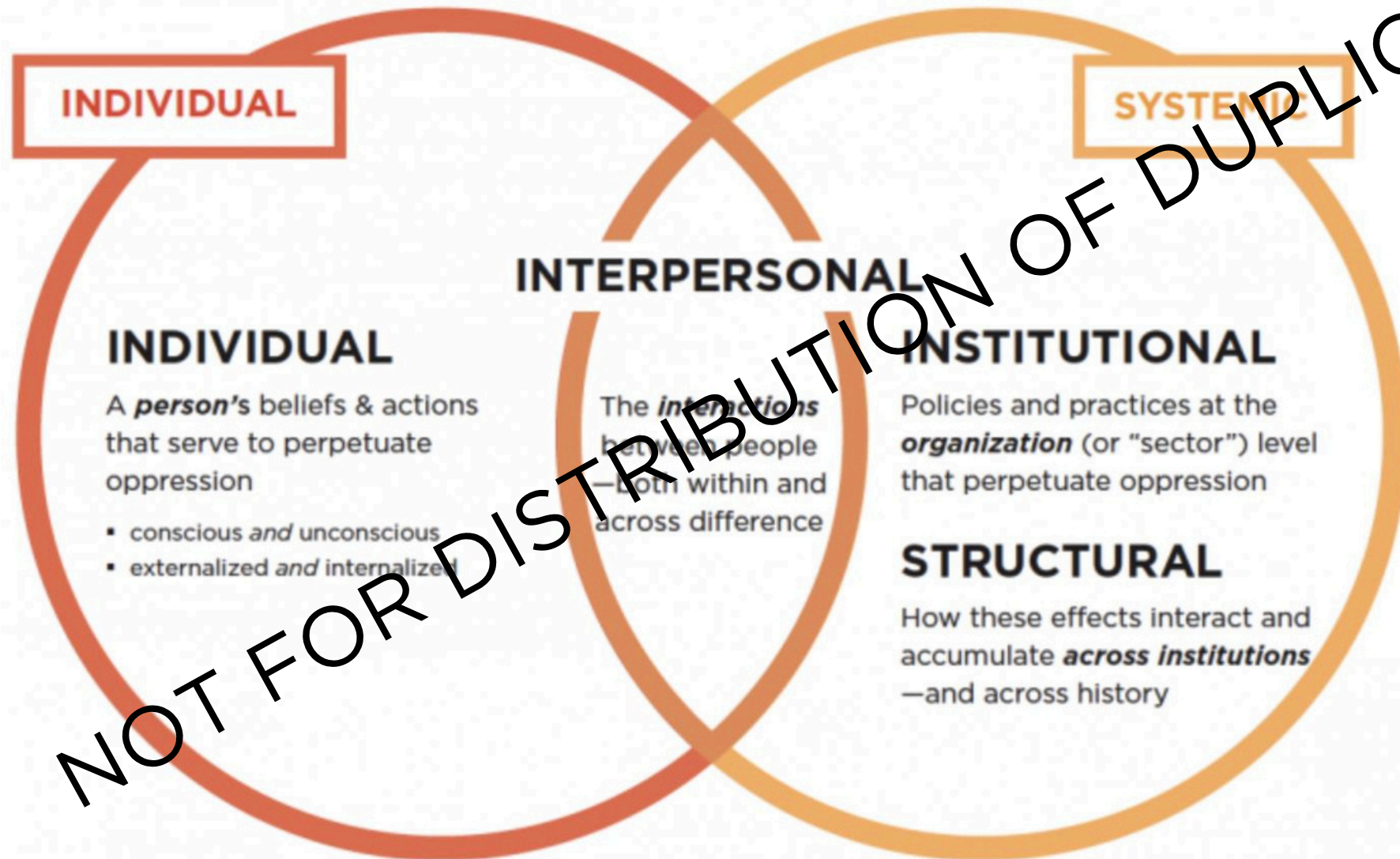
**C'MON EVERYBODY!**

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Bias, racism/isms must be addressed at ALL levels



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# Interrupting Bias: Interpersonal



Tell

Tell the truth to yourself



Gather

Gather Data about yourself



Notice

Notice what influences your decisions



Turn off

Turn off the pause control – interrupt bias before it happens



Shift

Shift from seeking information to seeking insight



Engage in

Engage in COURAGEOUS conversations



View

View bias as a habit that can be broken

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# Interrupting Bias: Organizational

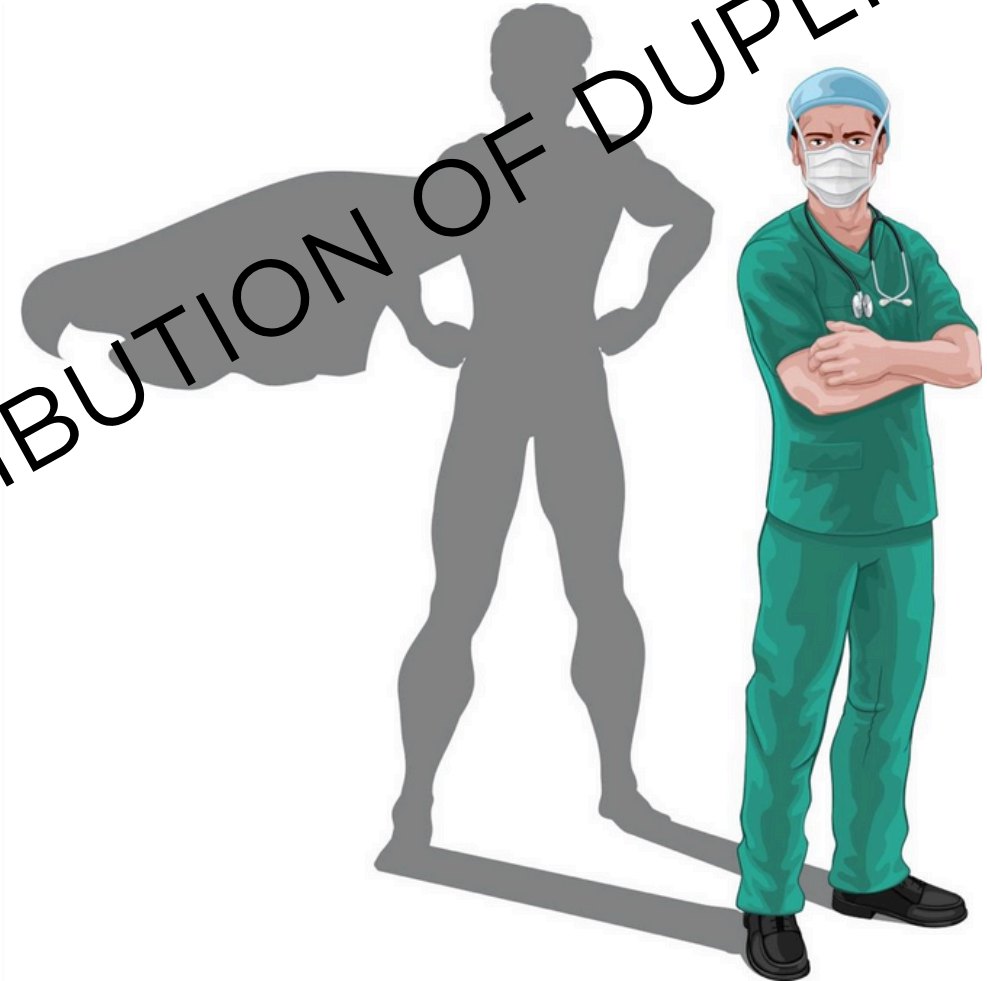
- Ensure what an organization says and does aligns
- Is the public/media image representative of the institution?
- Language is Power: Culture
- Provide Bias Literacy Opportunities
- Inclusive vs. Exclusive Decision Making
- Hold people accountable and responsible for basing decisions on concrete information
- Equal does not equate fair

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# CALL TO ACTION!

Be a Defender: Interpersonal & Structural Levels



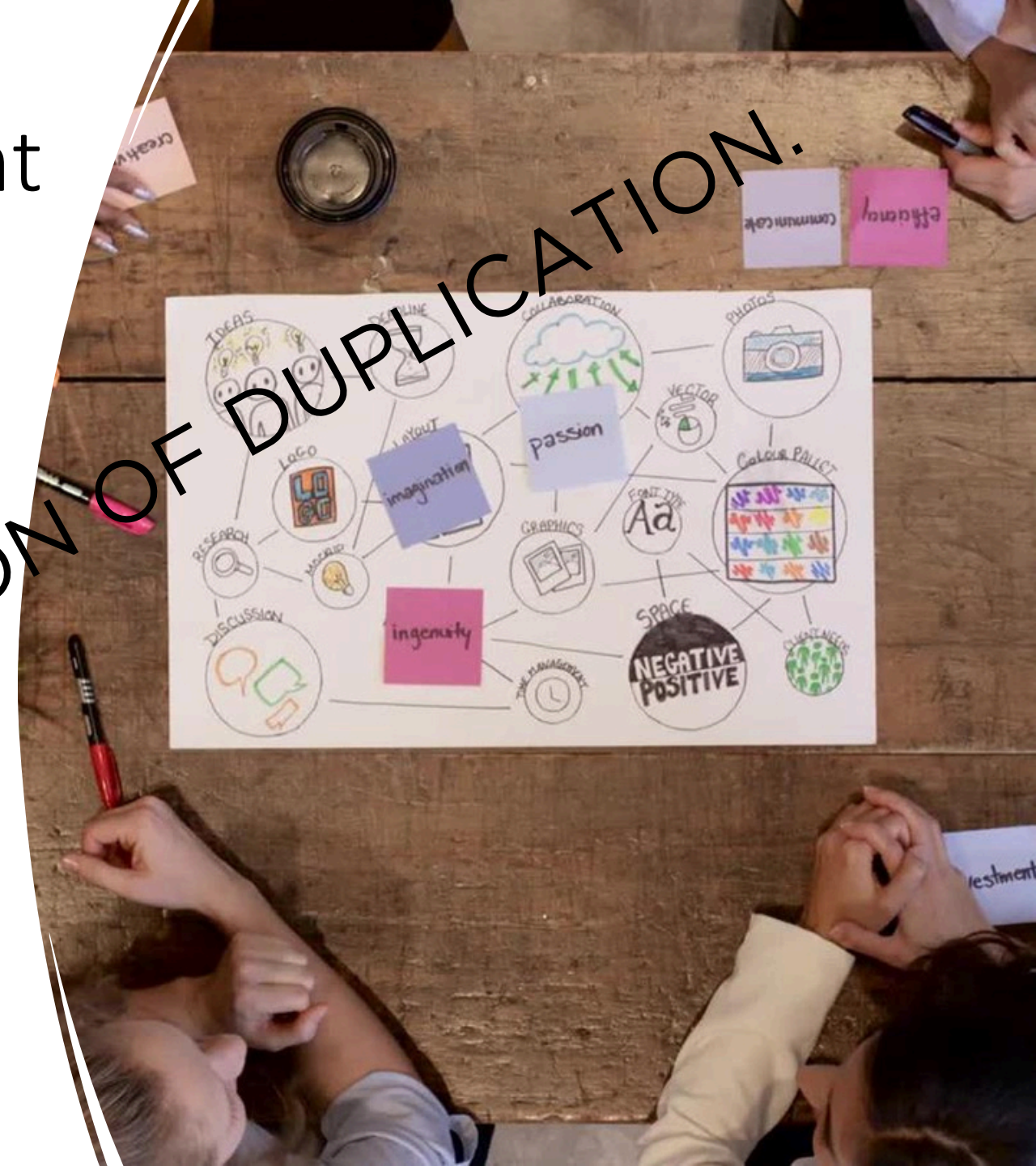
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# Action Plan Development

- Get into groups of 3 or 4
- Individually, in pairs, or as a group
  - Identify a priority(ies)
  - **7 minutes to work, 3 minutes to share**  
Identify relevant factors to your priority
  - develop long term goal(s)
    - **7 minutes to work, 3 minutes to share**
  - Develop short term goal(s)
  - Develop action step(s) to achieve those goal(s)
- Get back together and share
  - **7 minutes to work, 3 minutes to share**

<https://www.dropbox.com/scl/fi/wm4tu29326rf3pu a0w2wx/implicit-Bias-worksheets-2022.docx?dl=0&rlky=i96af1ikssijlqz3v9wtd5f0>



# What We Covered Today

- How our socialization plays a role in forming our identities and world view
- Understanding that we have intersectional identities that afford us power privilege and/or oppression
- Defined implicit bias, and how we come to form them
- Examined how bias racism and other isms show up on the intrapersonal, interpersonal and institutional spheres of life
- Developed a plan of action on how to become ally's/defenders

