



# Project ECHO<sup>®</sup> RACISM IN NURSING

Health Equity Focus | CNE Available



National Commission to Address  
Racism in Nursing





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# HOW CAN CULTURAL INTELLIGENCE BE THE CATALYST THAT PERPETUATES HEALTH EQUITY?

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# SDOH

## ECONOMIC STABILITY

- **GOAL:** HELP PEOPLE EARN STEADY INCOMES THAT ALLOW THEM TO MEET THEIR HEALTH NEEDS

## EDUCATION ACCESS AND QUALITY

- **GOAL:** INCREASE EDUCATIONAL OPPORTUNITIES AND HELP CHILDREN AND ADOLESCENTS DO WELL IN SCHOOL

## HEALTH CARE ACCESS AND QUALITY

- **GOAL:** INCREASE ACCESS TO COMPREHENSIVE, HIGH-QUALITY HEALTH CARE SERVICES





# SDOH

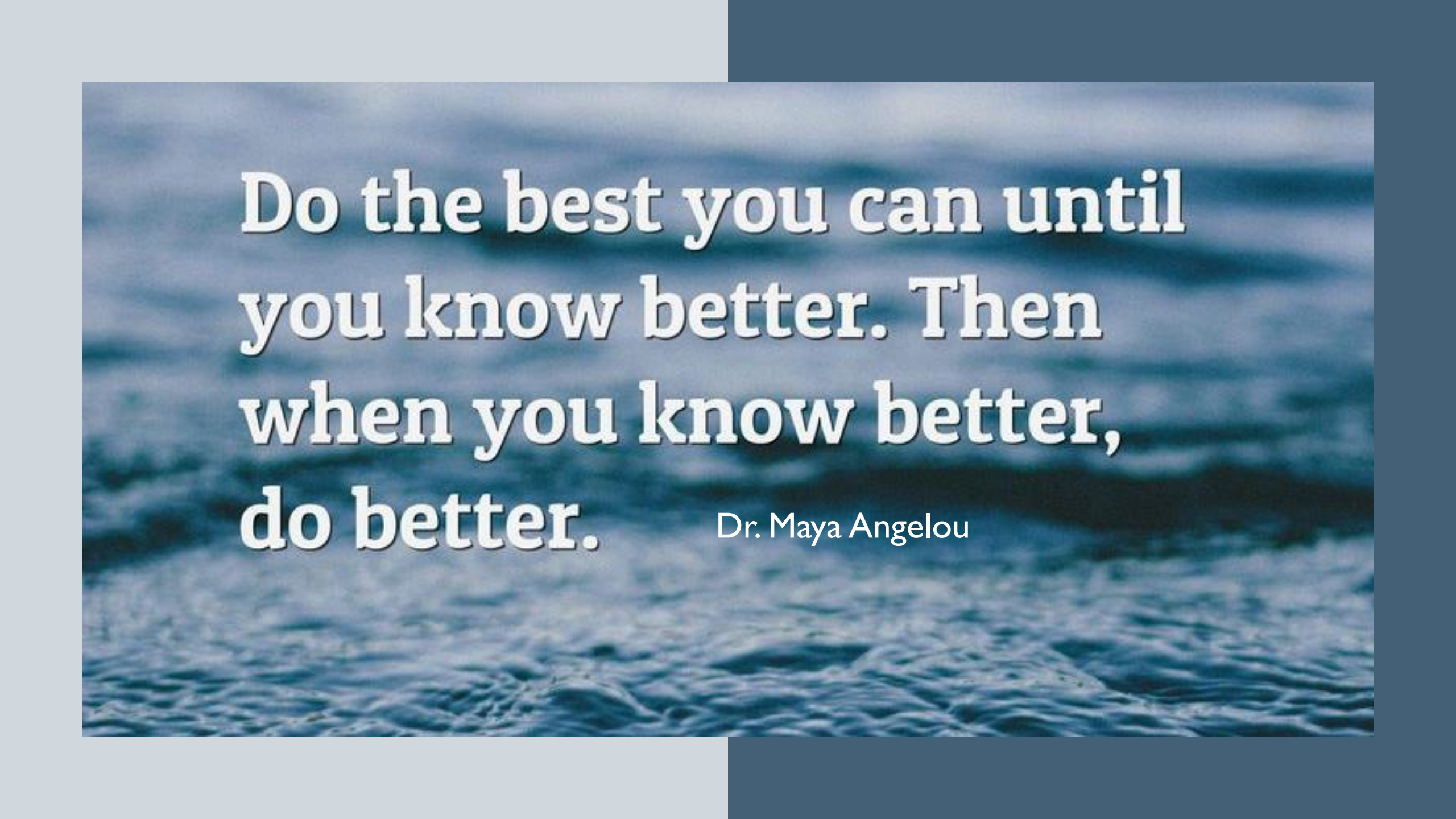
## NEIGHBORHOOD AND BUILT ENVIRONMENT

- **GOAL:** CREATE NEIGHBORHOODS AND ENVIRONMENTS THAT PROMOTE HEALTH AND SAFETY

## SOCIAL AND COMMUNITY CONTEXT

- **GOAL:** INCREASE SOCIAL AND COMMUNITY SUPPORT





**Do the best you can until  
you know better. Then  
when you know better,  
do better.**

Dr. Maya Angelou





# WHY?

## DENIAL INACTION



### AAN Key Take-Aways:

- **Racism** is a social determinant of health.
- **Diversity and inclusion advance equity** and help organizations to thrive.
- Critically examine **ability to relate** to the populations served.
- **Commit, take steps to ensure a less racist future, MUST move beyond words to action.**

LGBTQ2S  
Islamaphobia  
GenderFluidity  
Ableism Colonization Harassment  
Discrimination FNMI  
Creed Homophobia  
SystemicDiscrimination Unlearn Identity  
Racism  
**HumanRights**  
Learn  
Transphobia Race religion Gender  
AntiBlackRacism Sexism MentalHealth  
IndigenousEducation Wellness  
AntiOppression  
ReligiousAccommodations



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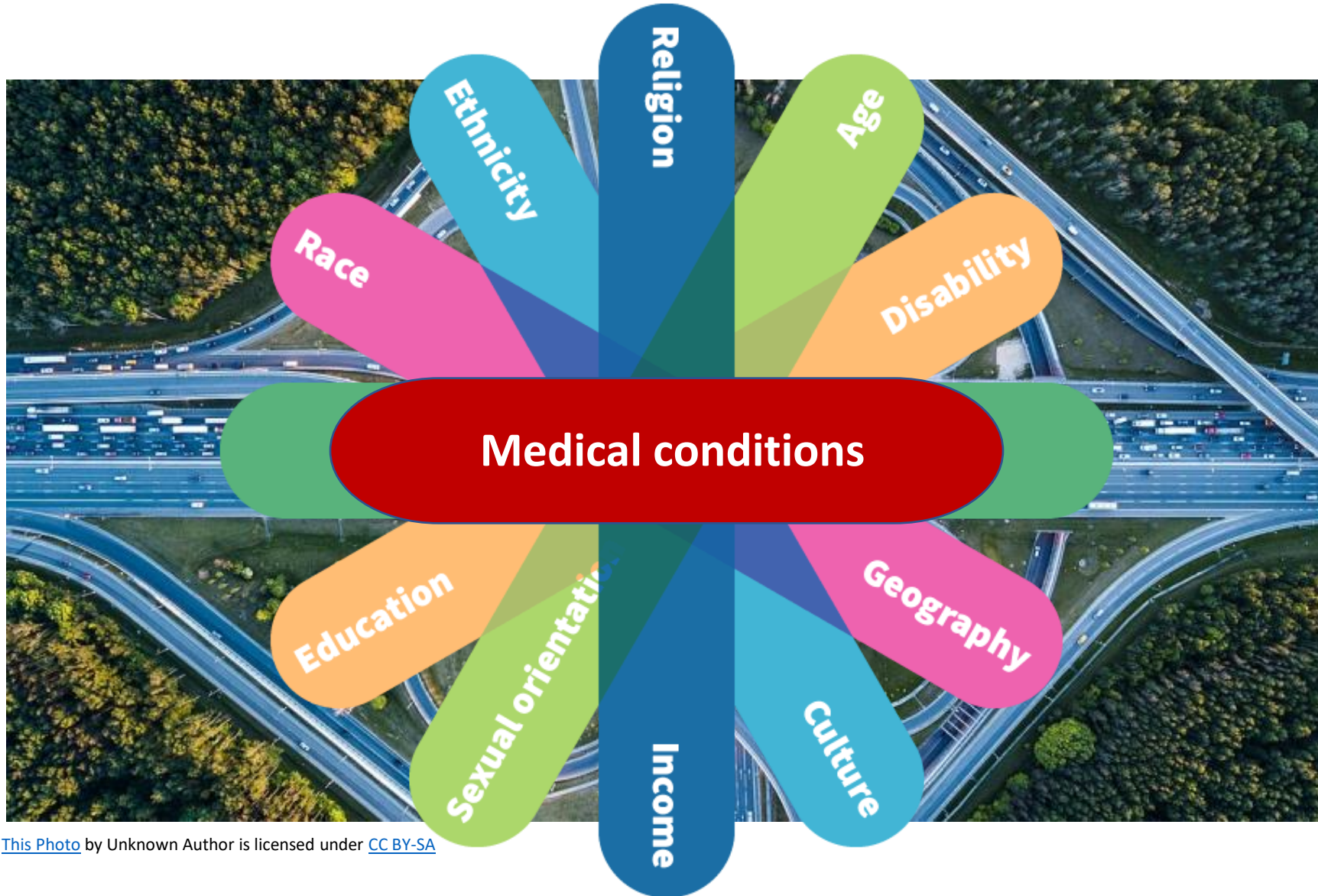


A black and white photograph of a hand with fingers spread, set against a dark background. The word "STOP" is written in white, bold, capital letters across the palm of the hand. The hand is positioned diagonally, with the fingers pointing towards the upper right. The lighting highlights the texture of the skin and the individual fingers.

**STOP**



# INTERSECTIONALITY



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# ACHIEVING HEALTH EQUITY

integrity  
commitment  
community  
service  
teamwork  
trust  
excellence  
professionalism  
caring  
ethics  
respect  
honesty  
responsibility  
friendly  
quality  
accountability  
adaptability  
cooperation  
innovation  
legal  
education  
proactive  
collaboration  
knowledge  
visionary  
performance  
creativity  
transparency  
equally  
social  
smart  
local  
employees  
value  
work/life  
stability  
fun  
fairness  
confidentiality  
credibility  
subtle







# RACIAL BIAS

- May lead people to misperception of reality and seeing things differently than they are—such as attributing stereotypical characteristics to BIPOC people as compared with White people
- **Racial biases and attitudes are strong predictors of behavior**
- Displays of bias and racial insensitivity from role models/leaders may perpetuate racial insensitivity



# WHY DO CULTURE & PERSPECTIVE MATTER?

WE DON'T SEE  
THINGS AS  
**THEY ARE**

WE SEE  
THEM AS  
**WE ARE**

- ANAIS NIN



**THEY SHAPE THE WAY WE VIEW EVERYTHING!**



# RACIAL BIAS MITIGATION

- Habituation of the humanitarian ethos and egalitarianism may help to mitigate bias
- Exposure to counter-stereotypical exemplars
- Improved self-awareness
- Build positive association to others by fostering and supporting inclusion and belonging
- Develop empathy through developing perspective taking skills
- Develop CQ through structured training & intentional application
- Name and interrogate the issues



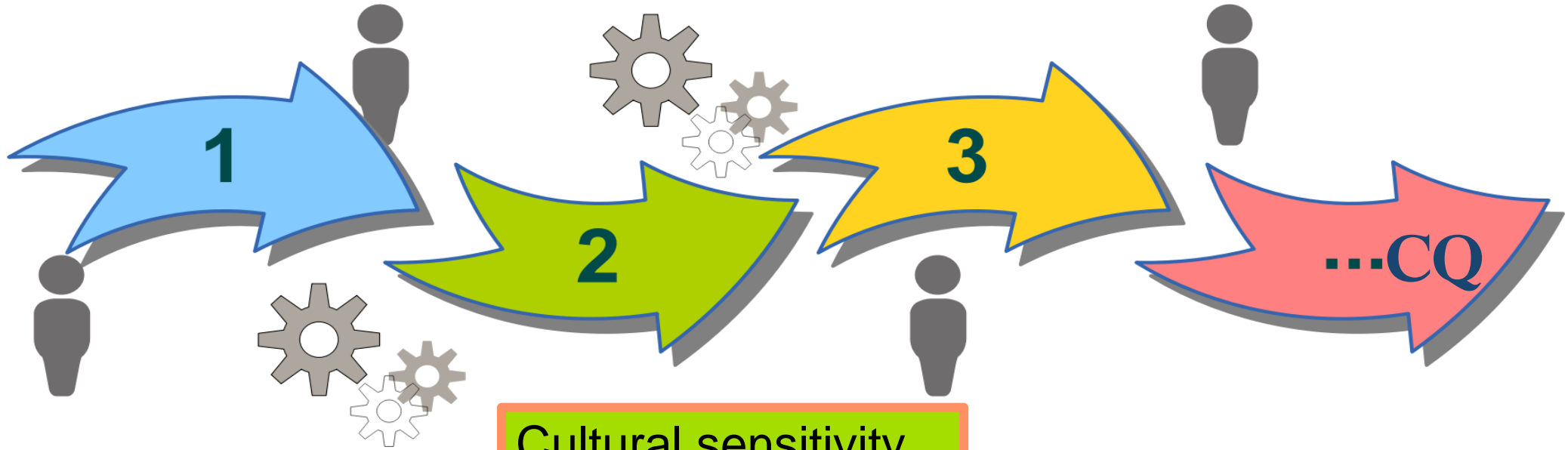


# SIGNIFICANCE OF NAMING

- Language has power
- Not naming can privilege dominant groups and disadvantage non-dominant
- Impacts outcomes
- Impacts research priorities
- Systems change (i.e., policy and culture shifts)



# BUILDING CULTURAL INTELLIGENCE (CQ)



## Cultural humility

1. Maintaining an interpersonal stance that is other perspective oriented in relation to cultural identities that are most important to the other [person] (apa.org, 2021)

## Cultural sensitivity

2. Awareness/appreciation of values, norms, and beliefs characteristic of a cultural, ethnic, racial, or other group that is not one's own; willingness to adapt one's behavior accordingly (apa.org, 2021)

## Cultural competence

3. Congruent behaviors, attitudes, and policies that come together in a system that enable effective work in cross-cultural situations

(CDC.gov, 2021)



# CULTURAL INTELLIGENCE



The ability to relate and work effectively in culturally diverse/cross-cultural situations and settings



A globally recognized and respected evidence-based approach to ways of assessing and improving effectiveness in culturally diverse situations



# CULTURAL INTELLIGENCE FRAMEWORK



## Drive

Interest in and enthusiasm about interacting with people from cultures that are different from one's own

## Knowledge



Personal understanding of specific multicultural similarities and differences

## Emotional Intelligence



## Strategy

Personal awareness and planning for interactions with people from cultures that are different from one's personal cultural affiliations

## Action



Adaptability and flexibility during multicultural interactions



# CQ DRIVE/MOTIVATION

Interest in multicultural perspectives



Motivation to make the effort required to interrupt and manage bias-influenced decisions



# CQ KNOWLEDGE

Knowing & understanding cultural similarities and differences



# CQ STRATEGY/METACOGNITION

Ability to understand culture and plan for multicultural interactions



Ability to plan for multicultural interactions with a person or a group that you may have a bias against



# CQ ACTION/BEHAVIOR

(Behavior) Adaptability & flexibility in culturally diverse situations and interactions; action taken to manage biases





# BENEFITS OF CQ



- ✓ Encourages respectful curiosity
- ✓ Promotes a deeper, more meaningful understanding of others
- ✓ Improves understanding of why you and other people do things a certain way; expands perspective
- ✓ Positively impacts ability to work effectively & successfully with others
- ✓ Increases productivity and positive outcomes
- ✓ Improves relationships (i.e., patient-provider, trust in the system)



# CQ APPLICATION TO BIAS MITIGATION & MANAGEMENT

## Focus Within:

- Tune into your emotions
- Recognize how your experience has shaped your perspective
- Stick to facts, and don't make assumptions.
- Turn frustration into curiosity.

## Learn about others

- Recognize how their experiences have shaped their perspective
- Consider how they might see the situation and what is important to them
- Think about how your actions may have impacted them

## Engage in dialogue

- Ask open-ended questions
- Listen to understand, not to debate
- Offer your views without defensiveness or combativeness
- Disentangle impact from intent
- Avoid blame, think contribution

## "eXpand" the options

- Brainstorm possible solutions
- Be flexible about different ways to reach a common goal
- Experiment and evaluate
- Seek out diverse perspectives



CQ Drive

CQ knowledge

CQ Strategy

CQ Action

**Solution**



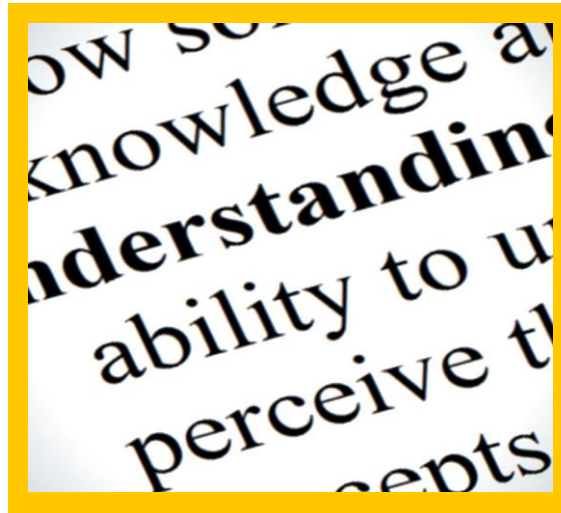


# CHANGE THE NARRATIVE



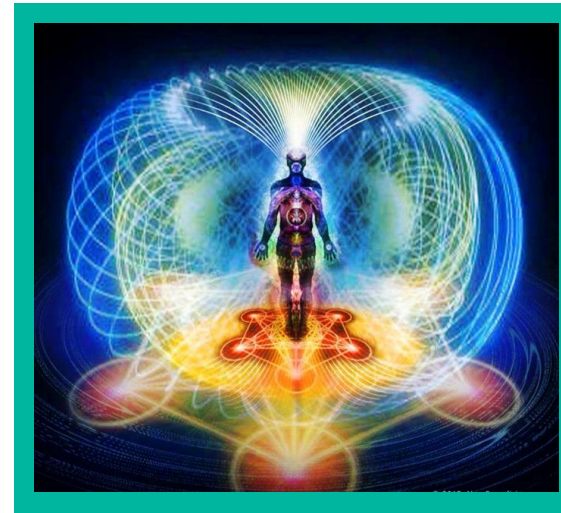
## SELF- EDUCATION

Recognizing and understanding origins and implications of personal views



## INFORMATION LITERACY

Recognizing the need for, locating, and critically evaluating, and effectively using information



## CRITICAL CONSCIOUSNESS

Advancing from superficial to deep understanding of historical perspectives, concepts, relationships, and biases



## UPSTANDER

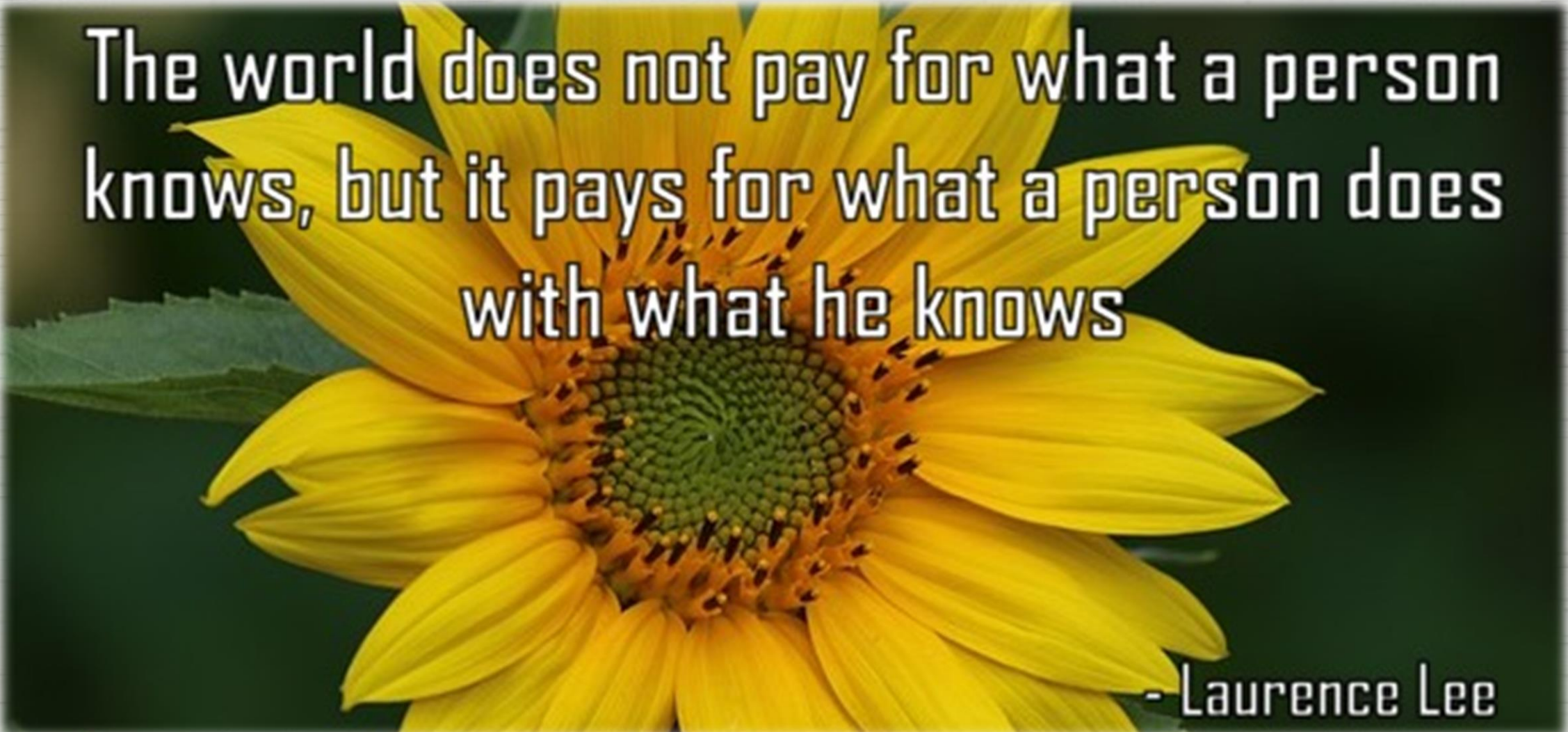
**Acting** in support of; intervening in ALL instances of actual or potential injustices



"When you see something that is not right, not fair, not just, you have a moral obligation, a mission and a mandate, to stand up, to speak up and speak out, and get in the way, get in trouble, good trouble, necessary trouble."







The world does not pay for what a person  
knows, but it pays for what a person does  
with what he knows

- Laurence Lee



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A 72 y/o African American woman presents to the ER with N&V, dizziness, and headaches. The results of a CT scan are negative. She is discharged to home with a diagnosis of Vertigo. Three days later, she is found minimally responsive with a temp of 105°. EMS is activated, and she is admitted to a different hospital where she undergoes a battery of diagnostic tests. An MRI reveals a lesion of the right brain. She has no history of CA; however, she is told that the lesion looks like metastasis. At discharge, the neurologist tells her that she needs to see a neurosurgeon ASAP for a definitive diagnosis. She visits the PCP, who refers her to a neurosurgeon, and tells her that someone would call her in the next two days, as this is a serious concern. After not hearing from them in two days, she called the neurosurgeon and the PCP and left messages. After two weeks, she still has not heard from the neurosurgeon she was referred to. She goes to her scheduled visit with the neurologist at the two-week mark and communicates that she had not heard from the neurosurgeon. He tells her that it is not his responsibility, that she must discuss that with the PCP. As she tries to communicate with the neurologist, he cuts her off before she can complete any statements. A family member who was present and happens to be a health care provider advocates on her behalf, and the neurologist then decides to contact a neurosurgeon.



Of note, all the physicians are men, the PCP is African American, the neurologist is Indian, and the neurosurgeon is White.

### QUESTIONS:

1. Based on this scenario, what “isms” might be present?
2. Considering the whole and the sum of its parts, was this a systems issue or individual issue?
3. How might bias have contributed to each of the experiences the patient had within the healthcare system?
4. How did bias impact the quality of care this patient received?
5. How does bias affect the way healthcare professionals diagnose and treat patients?
6. How do these types of patient experiences impact engagement with the healthcare system?

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