

## **Module III: Undoing Racism**



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CAPE Unit**

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### GUIDE:

- *Example talking points are italicized.*
- Background information or instructions are in normal text.
- Action items have a check box.

SAMPLE AGENDA FOR UNDOING RACISM  
MODULE III

**MODULE III - Undoing Racism**  
**November 18, 2008**

12:30-1:00pm	<b>Sign In, Refreshments</b>
1:00-1:20	<b>Introductions, Background and Ground Rules</b>
1:20-2:30	<b>Video 1 and 2 (<i>The Difference Between Us &amp; The Story We Tell</i>)</b>
2:30-2:40	<b>Reflections: Dyads</b>
2:40-2:50	<b>Short Break</b>
2:50-3:15	<b>Discussion of Video 1 and 2</b>
3:15-3:20	<b>Introduction to Video 3 (<i>The House We Live In</i>)</b>
3:20-4:00	<b>Video 3</b>
4:00-4:15	<b>Reflections: Dyads</b>
4:15-4:40	<b>Video 3 Discussion</b>
4:40-4:50	<b>Personal Commitments</b>
4:50-5:00	<b>Conclusion and Evaluation</b>

## SUPPLY LIST

- Laptop
  - If you are using CAPE's laptop, reserve laptop 1. If you are not using CAPE's laptop, please test your laptop to make sure the DVD plays.
- LCD Projector
- Speakers
- Race: The Power of an Illusion* DVD
- Tape
- Name tags
- Participant list
- Markers
- Ground rules (a few pre-written then ask the group for any additions)
- Evaluation forms (regular and CEUs)
- Sign in sheet (regular and CEUs)
- Handouts (Camara Jones and Footsteps of my Ancestors)

### SET UP AND REFRESHMENT INFORMATION (30 MINUTES PRIOR TO START OF TRAINING)

- Arrive early to set up the laptop, LCD projector, speakers, and flip charts. Also, please make sure that the food has arrived.

### INTRODUCTIONS/BACKGROUND AND GROUND RULES

- Welcome everyone. Let them know where the restrooms are; make sure everyone signs in (regular & CEU); gets food, etc.
- Trainer asks participants to say their NAME, WHAT PROGRAM/DIVISION THEY WORK IN, WHAT THEY WOULD LIKE TO OTHERS TO KNOW ABOUT THEM (that they might not know already). Trainer goes first to set an easy example. To save time, just go in order around the room instead of asking for volunteers.
- This is a sensitive topic to discuss so you want to convey to participants that it is 1) an important part of moving forward in achieving our mission of optimal well-being for all Alameda County residents; 2) take care of yourself. The facilitators are can talk to you during breaks if you need to talk.

## BACKGROUND INFORMATION

- *The focus of this module is on racism because we see such glaring health inequities in Alameda County that are rooted in historical and present day racism. In our county, African-Americans, Latinos, Native Americans, and Asian populations all face various health inequities which are rooted in racism. There are many other isms that we will also seek to address as a health department, but because racism greatly prevents us from achieving our mission of ensuring the optimal health and well-being of all people, we must face it.*
- *The department is working in many ways to tackle the issue of institutional racism. However, even with all of the great work we are doing, in many areas inequities are increasing because of forces like racism.<sup>1</sup> (you don't have to use this particular talking point, but be able to briefly convey the connection between racism → social inequities → health inequities and this is an essential part of our work as a health department.)*
- *PH 101 is also an important part of ACPHD's work to achieve our mission to work in partnership with the community to ensure the optimal health and well being of all people. The PH 101 modules directly relate to the ideas, themes, and concepts in our new [Strategic Plan](#), which focuses on eliminating health inequities. Many staff, partners, and community residents brought up racism, and specifically institutional racism, as a key issue that needs to be addressed in order to impact health inequities. Our goal today is to provide background and context for discussions about racism that will continue on and lead to action within the department.*
- *Also, please note that the goal of PH 101 education and to provide a context for work that will continue in the health department. We know we can't solve the problem of racism in 4 hours, but this can lay the foundation for continued work on this topic, both formally and informally throughout the department. There are also many more aspects of the problem of racism that we don't fully delve into today and we want to acknowledge that things are missing.*

Share these learning objectives:

- Identify the underlying social, economic, and political conditions that disproportionately privilege some groups while disadvantaging others.
- Identify how institutional racism impacts Alameda County residents, especially in relation to health outcomes.
- Create a safe environment where public health department staff can discuss concerns about and ideas for addressing institutional racism and its impact on staff, the health department, and the broader community.
- Identify possible next steps to address institutional racism at the agency level.

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<sup>1</sup> Iton, A. (2006). Tackling the Root Causes of Health Disparities through Community Capacity Building. In R. Hofrichter (Ed.), *Tackling Health Inequities through Public Health Practice: A Handbook for Action* (pp. 115-123). Washington, DC: National Association of County and City Health Officials.  
[http://www.naccho.org/topics/justice/documents/NACCHO\\_Handbook\\_hyperlinks\\_000.pdf](http://www.naccho.org/topics/justice/documents/NACCHO_Handbook_hyperlinks_000.pdf)

### GROUND RULES:

- ❑ Pre-write a few ground rules and have them in the front on the room on a flip chart.
  - *Cell phones off or on vibrate*
  - *Confidentiality*
  - *We all make the training*
  - *No side conversations*
  - *Step up; step down (if you are normally talkative, give others room to talk. If normally don't speak up much, try to offer your ideas and thoughts).*
- *Since we will be spending several hours together and talking about sensitive issues, we want to make sure we have some ground rules in place so that everyone feels more comfortable.*
- *Think back to some teams you have worked with that have worked well together. What ground rules did they follow?*
- *Let the participants know that if needed, they can propose additional ground rules throughout the day.*
- *If someone is violating a ground rule (such as having side conversations), gently remind them that the group put forth the ground rules and that we should all try to respect them.*

### VIDEOS ONE AND TWO (APPROXIMATELY 1 HOUR AND 5 MINUTES)

9:30-10:35

### VIEWING THE DIFFERENCE BETWEEN US AND THE STORY WE TELL:

- ❑ Start with viewing the first part of the series, *The Difference Between Us*.
  - Please note: there are two versions on the DVD. For video 1, **use the shortened 37 minute version (excerpted version)**. Please locate this version on the DVD before the day of the training.
  - **To switch modes on the laptop (from viewing the movie only on the monitor to having the movie projected), press the Function Key while pressing F5.**
- ❑ After finishing video 1, start video 2 (*The Story We Tell*)
  - Please note: there are two versions on the DVD. For video 2, **use the shortened 37 minute version. (excerpted version)** Please locate this version on the DVD before the day of the training.

REFLECTIOSN(PAIRS/DYADS)

10 MINUTES TOTAL (2 MIN/PERSON 1<sup>ST</sup> QUESTION, 6 MINUTES DISCUSSION)

- Please note that discussion questions follow the Technology of Participation format called “ORIDs.”
- This helps move the group through analyzing what they saw, how it makes them feel, what it means to them, and how they can act on this new information in a manner that mirrors the natural psychological process of processing information.
- To learn more about ORIDs, please talk to one of the PH 101 trainers who has attended a ToP training.
- At this point, **switch to the PowerPoint and show slides 2 & 3.**
- Let people know that after the partner discussion, they will have a break (or people may start leaving at this point).

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**O**—*Thinking back to the two films, try to remember a few of things that really stood out to you. Think about what you saw and heard. As you talk with your partner, share about one thing that stood out to you. For example:*

- *What images or scenes from the videos really stood out for you?*

**R**—

- *What surprised you?*
- *What concerned you?*

SHORT BREAK: 10 MINUTES

- Let participants know that this is one of two short breaks and it's important to come back to the group as scheduled.

DISCUSSION OVERVIEW

3 MINUTES

- Note: Invite participants to get ready for the discussion. Remember that sometimes it takes extra effort to bring people back from break.
- The following are some questions we have used in discussions about the video.

- Please note, you may need to modify these based on the responses of the group. For groups that are very talkative, you might need to skip questions. For groups that are quiet, you might want to add more questions.

VIDEOS ONE AND TWO: DISCUSSION QUESTIONS: 20 MINUTES

- Welcome everyone back.
- Take 5 minutes to ask if a few people want to share what came up for them with one of the first 3 questions.

I—You won't have time to ask all of these. Based on how the conversation is going, you can select the most appropriate questions.

- **What were the key points that were expressed?**
  - This is a good question to summarize what the group has learned and to make sure everyone takes home the key points.
- *What parts of the film shifted your thinking in a major way?*
  - They will probably have already started talking about this in last question, but if you didn't get answers with much depth, you can try this question.
- **In the film, they pointed out that colonial white American invented the story of "race" story to justify the oppression of African-Americans, Native Americans, and others. What stories are used to mask or cover up oppression today?**
  - This question starts getting at institutional racism. Participants might mention things like racism towards immigrants. If you only have time for one question, you may want to focus on this question.
- *Why are these stories created?*

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- **What connections can you see with these stories and your work at the health department?**

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## VIDEO THREE

37 MINUTES

### VIEWING THE HOUSE WE LIVE IN:

- ❑ Play the third video, *The House we Live In*.
  - Please note: there are two versions on the DVD. For video 3, **use the 37 minute version**. Please locate this version on the DVD before the day of the training.
  - Immediately after the video, have the group pair up to debrief for 10 minutes what they just watched.

### REFLECTIONS: 10 MINUTES TOTAL

- At this point, **switch to the PowerPoint and show slides 4 & 5**.
- Let people know that after the partner discussion, they will have a break.

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○—Thinking back to the third video, try to remember a few of things that really stood out to you. Think about what you saw and heard. As you talk with your partner, share about one thing that stood out to you. For example:

- What images or scenes from the videos really stood out for you?
- R—
- What surprised you?
  - What concerned you?

### VIDEO THREE: DISCUSSION QUESTIONS: 20 MINUTES

- Please note, you may need to modify these based on the responses of the group. For groups that are very talkative, you might need to skip questions. For groups that are quiet, you might want to add more questions.
- You won't have time to ask all of these. Based on how the conversation is going, you can select the most appropriate questions.

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- **What was different about this video than the first two?**
- What were the keys points that were expressed?
- What parts of the film shifted your thinking in a major way?
- **John a. Powell observed that in a racist system, privilege is often conveyed, not earned. “Most of the benefits can be obtained without ever doing anything personally. For whites, they are getting the spoils of a racist system, even if they are not personally racist.”**
  - **What is the difference between personal racism and institutional racism?**
    - **Be able to talk about this difference in your own words to summarize or bring the group back to this point.**
  - We all like to think we made it because of our own grit, merit, and hard work. How have whites benefited from the perception of their race in ways that others have not?
  - We like to think that anyone can “pull themselves by their own bootstraps” in America. What difference does access to financial and other resources make?
- **What opportunities do we have to address institutional racism as a health department?**

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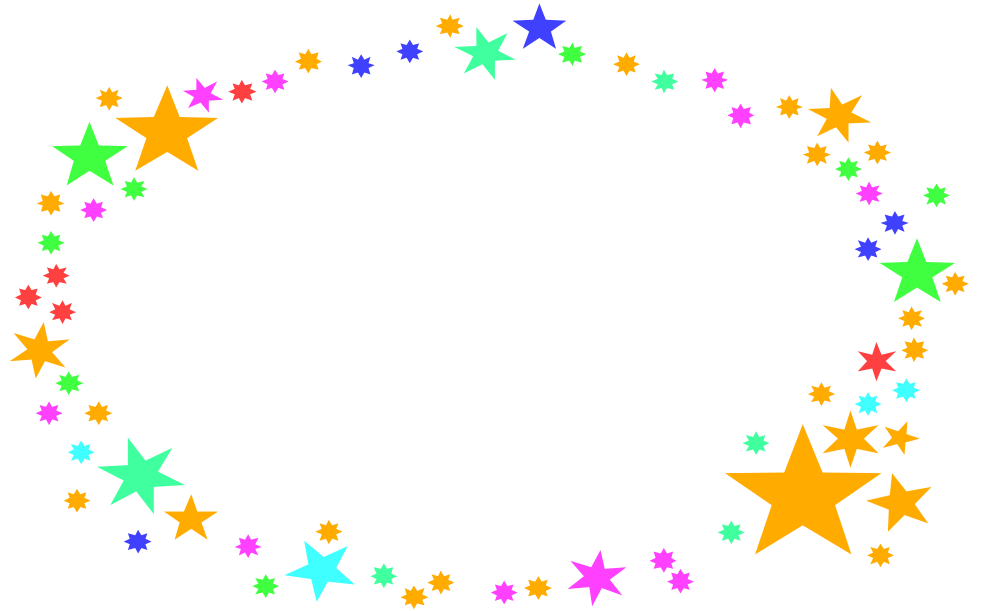
- **GIVE HANDOUT:** Individual activity that participants can do: two actions you could take in the next month to address some of the issues of racism that have come up today.



Individual then large group (ask for volunteers to share (1-5 people))

**INDIVIDUAL ACTIVITY: Creating a personal commitment to addressing racism**

**Write 2 things you can do from now on to learn and experience more about addressing racism. Describe in detail how you will do these things:**



## CONCLUSION AND EVALUATION

- Let people know they can go to [www.pbs.org/race](http://www.pbs.org/race) if they want more information on the series, background readings, interactive activities, etc.
- Pass out evaluations to everyone. There will be space for them to write in Trainer 1, Trainer 2, etc. Write who this is on a flip chart so that people can write it on their evaluation. They do **not** need to put their name on it. The evaluations are very helpful and were continuously modify the modules based on feedback.
- For those who are receiving CEUs, they need to fill out the 2<sup>nd</sup> evaluation form and **must** put their name on it.
- Remind everyone to sign in or they will continue to be notified about the module.
- Pass out handouts (see below) and briefly let them know what each one is.
- Thank everyone.
- As you gather things up, people may have questions. If you don't feel you can answer them, take down their name and contact info and pass the question to Mia and Kathi ([mia.luluquisen@acgov.org](mailto:mia.luluquisen@acgov.org) and [katherine.schaff@acgov.org](mailto:katherine.schaff@acgov.org))
- If possible, all the trainers should take a few minutes to debrief. What went well? What could be changed/improved? If you have suggestions or feedback, please email Mia and Kathi ([mia.luluquisen@acgov.org](mailto:mia.luluquisen@acgov.org) and [katherine.schaff@acgov.org](mailto:katherine.schaff@acgov.org)).

## HANDOUTS

- *Footsteps of My Ancestors*. Related to Video 1.
- *Levels of Racism: A Theoretic Framework and a Gardener's Tale*. By Camara Jones from the Centers for Disease Control and Prevention. Looks at internalized, personally mediated, and institutionalized racism.
- *Resources handout*. Could include many more things on the list, but this is a start in looking at some of things we didn't cover here today and can be helpful if you are interested in learning more, starting book or film clubs, using these resources in your program/division, etc.

## DEFINITIONS

These terms have been defined in multiples ways by different organizations & people. The follow definitions are taken from the work of Dr. Camara Jones from the Centers for Disease Control and Prevention.

### **Racism**

- A system of structuring opportunity and assigning value based on the social interpretation of how we look (“race”)
- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

### **Internalized Racism**

- Acceptance by the stigmatized “races” of negative messages about our/their own abilities and intrinsic worth.
- It is characterized by their not believing in others who look like them, and not believing in themselves. It involves accepting limitations to one’s own full humanity, including one’s spectrum of dreams, one’s right to self determination, and one’s range of allowable self-expression.
- Examples
  - Self-devaluation
  - White man’s ice is colder
  - Resignation, helplessness, hopelessness
- Accepting limitations to our full humanity

### **Personally-mediated racism**—sometimes called “interpersonal racism”

- Differential assumptions about the abilities, motives, and intents of others, by “race”
- Prejudice and discrimination
- Examples:
  - Police brutality
  - Physician disrespect
  - Shopkeeper vigilance
  - Waiter indifference
  - Teacher devaluation

### **Institutional Racism**—sometimes called “structural racism.”

- Differential access to the goods, services, and opportunities of society, by “race”
- Institutionalized racism is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator. Indeed, institutionalized racism is often evident as inaction in the face of need.
- Examples:
  - Housing, education, employment, income
  - Medical facilities
  - Clean environment
  - Information, resources, voice

- Explains the association between SES and “race”

**Disparities:** differences in outcomes. The National Institutes of Health define health disparities as “differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.”

--National Institutes of Health (US). *NIH strategic research plan to reduce and ultimately eliminate health disparities*. 2000 Oct. 6. Available from <http://www.nih.gov/about/hd/strategicplan.pdf>.

**Inequity/equity:** the conditions the differences in health outcomes. **Health inequities** are “differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust.”

--Whitehead M. The concepts and principles of equity in health. *Int J Health Serv* 1992; 22: 429-445.

**White Privilege:** an invisible package of unearned assets, which I can count on cashing in each day, but about which I was .meant. to remain oblivious. White privilege is like an invisible weightless knapsack of special provisions, maps, passports, code books, visas, clothes, tools, and blank checks. (McIntosh, 1989). White privilege exists when racism exists.

### **Stereotype:**

- A generalization about a person or a group of persons.
- When people are unable or unwilling to obtain all of the information needed to make fair judgments
- Assigning identical characteristics to any person in a group, regardless of the actual variation among members of that group
- Can be positive or negative (Elder siblings are always more responsible).
- Ex: Older people are less competent than younger people.

### **Prejudice:**

- An opinion formed against/for a person or group based on a stereotype.
- An attitude toward the members of a group based solely on their membership in that group
- Bias: a partiality that prevents objective consideration of an issue or situation
- Bias for or against someone or something that fails to take true account of their characteristics
- Ex: I don't like working with older people because I don't think they will be able to get the job done.

### **Discrimination**

- Actual negative actions towards the objects of prejudice
- Unfair treatment of a person or group on the basis of prejudice
- Unequal treatment or behavior toward members of different groups
- Ex: When I am in a hiring position, I make sure we do not hire anyone over 55.

### **The “isms”**

- Ism = system
- A system of structuring opportunity and assigning value based on the social interpretation of “isms” such as racism, sexism, classism, ageism, able-ism, heterosexism, etc.
- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources.
- Ex: Legislation, decisions by judges, company policies, etc. that unfairly advantage younger workers while disadvantaging older workers.