



NATIONAL ASSOCIATION OF  
Community Health Centers®



# Ground Work Facilitation Guide



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*Thank you to [Johnson & Johnson's Our Race to Health Equity](#) for providing the necessary financial support to make the Ground Work eLearning curriculum and this guide possible. Johnson & Johnson aspires to help eradicate racial and social injustice as a public health threat by eliminating health inequities for people of color.*

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**OUR RACE TO  
HEALTH  
= QUILTY**

# Ground Work: Racial Justice and Cultural Humility Training for Health Centers Facilitation Guide

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## FACILITATION OVERVIEW

This facilitation guide is a companion piece to the eLearning course, [Ground Work: Racial Justice and Cultural Humility Training for Health Centers](#). It is meant to provide guidance for discussion groups around the topics raised in the online course, namely identity, systemic racism, implicit bias, and cultural humility.

### Why Discussion Groups

Discussion groups offer the chance for learners to further explore and reflect on the topics in Ground Work and, most importantly, engage in collective learning. Collective learning is a process in which a group of people develop a deeper understanding of a topic by sharing their experiences, insights, and knowledge with one another. Through discussion together, each person gets the chance to hear other perspectives on the topic, expand their awareness, and build empathy.

### Suggested Use

We recommend that people participate in Ground Work discussion groups on a voluntary basis. Compelling staff to participate in a discussion group on race with colleagues could create harmful situations, especially for staff of color. The goal of these discussion groups should be to foster honest, but psychologically safe, conversations. The power dynamics of a work environment may make this impossible to achieve. When considering if a discussion group is appropriate for your organization, take stock of the current culture, existing level of tolerance for diversified expression, and who might participate in the groups. To mitigate the effects of power dynamics, we recommend hosting separate discussion groups for staff of disparate authority levels.

We recommend that discussion groups be led by a person or persons who are well-versed in racial justice issues, including societal privilege, historical and current-day structural racism, and race in interpersonal relationships including implicit bias, microaggressions, etc. The facilitator(s) should also have experience in creating psychologically safe discussions on sensitive issues. An effective facilitator should be able to foster active participation from group members on uncomfortable and often avoided topics, respond to hurtful or insensitive comments with accountability and gentleness, and balance the natural course of conversation with adherence to relevant topics. It is especially important that the facilitator addresses insensitive or hurtful remarks as these comments can undermine the intention of the discussion and cause harm to the subjects of such remarks. We also recommend that the facilitators be representative of different racial and ethnic identities. If your health center does not have internal staff with these skill sets or experiences, consider contracting a facilitation consultant.



## Meeting Schedule

We recommend that discussion groups meet at least eight times for at least an hour either on a weekly, bi-weekly, or monthly basis. Ahead of each meeting, group members will complete one session of the eLearning Ground Work course individually. The discussion will reflect on the content of the eLearning session. To illustrate how the Ground Work eLearning material relates to the discussion groups, think of the online learning sessions as the book in a book club and the group meetings as the book club discussions. It is important that each group member completes the eLearning session before the group discussion so that everyone can fully participate in the discussion.

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## CURRICULUM OVERVIEW

NACHC's Ground Work training is designed to help the health center field level-set on the concepts of racial identity, privilege, bias, and structural and institutional racism. Ground Work provides the background information and the tools for any health center staff to engage in health equity and anti-racism work in their community.

Learning Objectives:

Ground Work learners will...

- Gain an understanding of the concepts of social identity, race, and ethnicity.
- Gain an understanding of systemic racism and how it affects the health of patients.
- Identify ways to recognize and address implicit bias and microaggressions in interactions with patients and colleagues.

Ground Work is appropriate for all health center roles including, but not limited to administrative staff, providers, outreach staff, and social service teams.

### Session 1: Roots of the Health Center Movement

The session reviews the history of the health center movement and the connection to the civil rights movements of the mid-20<sup>th</sup> century.

Learning Objectives:

- Learners will have an improved understanding of the connection between health centers and racial justice.
- Learners will have an introductory understanding of the connection between health inequities and racial justice.

### Session 2: Identity and Privilege

The session explores how our membership to certain social groups influence our lives, shape our perspective, and convey unearned advantages and disadvantages. This session will help learners realize the ways in which they hold (or don't) a sense of belonging or power through uncontrollable characteristics, and consequently empathize with people who may hold more non-dominant identities.

Learning objectives:

- Learners will have a working definition of dominant social identities, privilege, and intersectionality.
- Learners will reflect on their own social identities.
- Learners will analyze ways in which they are part of dominant and non-dominant identities.
- Learners will understand the definition of 'race' and the ways in which racial identity is tied to privilege.



### Session 3: Systemic Racism

The session defines systemic racism in detail and explains how current day racial inequities are the result of a long history of discriminatory law, policy, and culture.

Learning objectives:

- Learners will understand how the law and policy created a racial hierarchy in the United States.
- Learners will make connections between current day inequities and systemic racism.

### Session 4: How Racism Affects Health

The session connects systemic inequities to the health inequities observed at the patient level.

Learning objectives:

- Learners will understand how health is tied to racial injustice.
- Learners will examine the work on social drivers of health at their own health centers and systemic issues in their communities.

### Session 5: Implicit Bias and Culture Humility

The session has learners examine their own implicit racial biases and learn practical skills to interrupt those biases.

Learning objectives:

- Learners will examine their own implicit racial biases.
- Learners will learn tools for addressing implicit racial biases.
- Learners will be introduced to the principles of cultural humility.

### Session 6: Interpersonal Relationships and Micro-aggressions

The session examines the impracticality and harm in pursuing a "race neutral" approach (sometimes called "color-blind approach") in our everyday interactions and relationships. The session also examines the subtle, often unintentional, offensive comments and actions directed toward people of color. The session provides examples of such remarks and strategies for addressing them.

Learning objectives:

- Learners will recognize "color-blindness" is not the goal.
- Learners will understand micro-aggressions and how to respond to them.



### Session 7: Pride, Culture, and Resiliency

The session serves to highlight the connection, meaning, and pride people find in their racial and ethnic identities. The session demonstrates the dimensions and the range of the Black, Hispanic, Latino, and Asian experience as articulated by a diverse group of health center professionals. The session also reviews how communities of color have endured in the face of adversity and contributed, by self-determination, to American culture and history.

Learning objectives:

- Learners will recognize the joy and positivity of racial identity.
- Learners will understand the accomplishments and self-efficacy of communities of color in the United States.

### Session 8: Wrap-up, What We Have Learned

The session is a review of the curriculum content and re-emphasizes cultural humility strategies.

Learning objectives:

- Learners will review content from previous modules.
  - Learners will affirm strategies for cultural humility in the context of the health center.
  - Learners will recognize the life-long journey of cultural humility.
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## FACILITATION GUIDE

For each session, we have provided a brief overview of the session, selected content from the eLearning we recommend reviewing with the group, and suggested prompts to spark discussion. It is the role of the facilitator to balance the natural course of conversation with the session topic. Facilitators can use their own discretion to adopt or skip prompts as they see fit to guide meaningful conversation in the time allotted for each discussion session.

Some of the eLearning sessions include technical information or key strategies so in the facilitation guide, we outline those important concepts for the facilitator to review in the discussion. These reviews are important to ensure participants' understanding and reiterate the importance of certain concepts. When reviewing dense concepts, we recommend writing or displaying terms for participant reference. These reviews do not diminish the need for participants to complete the corresponding eLearning session before each discussion.

The facilitation guide is not an exact script. Facilitators need to have the ability to respond to questions and comments as they arise naturally in discussions. As noted above, an effective facilitator should be able to foster active participation from group members on uncomfortable and often avoided topics and respond to hurtful or insensitive comments with accountability and gentleness. It is especially important that the facilitator addresses insensitive or hurtful remarks as these comments can undermine the intention of the discussion and cause harm to the subjects of such remarks.

### **Session 1: Roots of the Health Center Movement**

#### **Session Description**

This session will connect the mission of the health center movement to racial justice. Participants are encouraged to bring their unique viewpoints to the forefront, enriching the discussion and deepening the collective understanding.

#### **Learning Objectives**

- Learners will have an improved understanding of the connection between health centers and racial justice.
- Learners will have an introductory understanding of the connection between health disparities and racial justice.



## Discussion Guide

### Introductions

Facilitators introduce the purpose of the discussion group and themselves. Next, invite participants to introduce themselves.

### Grounding

At the start of the session, gauge participants' initial sentiments and apprehensions as they approach this challenging conversation series. This helps reinforce that it is normal to be nervous about these conversations and establishes the type of openness that is welcome in the discussion series. It also offers facilitators a glimpse into the group's collective mindset and alerts them to topics that may need to be approached with special care.

Prompts:

- What is motivating you to participate in this discussion group? Why did you sign up?
- What apprehensions do you have about participating in the group?
- What is an expectation or hope you have for your participation in the group?

### Meeting Norm Setting

Facilitators should establish expectations of participant behavior, otherwise known as 'norms', either by stating the expected norms, inviting participants to establish norms, or some combination of both. Facilitators should make it clear that they are committed to upholding these norms but also invite participants to share in upholding the norms.

Suggested norms:

- Active engagement from all members of the group. If you notice yourself speaking a lot- consider stepping back. If you notice yourself not sharing- consider speaking up.
- Embrace productive discomfort.
- Listen with the intention to understand the speaker, rather than waiting to insert your own thoughts.
- Recognize when there may be a need to 'call in' or to 'call out' harmful behaviors. See this guide to 'calling in and calling out' from Harvard University's Office for Equity, Diversity, Inclusion, and Belonging: <https://edib.harvard.edu/calling-and-calling-out-guide>.



Suggested prompts:

- What norms do we want to uphold in the way we carry ourselves and engage with each other?
- As we identify times that we may stray from these norms, what strategies can we all use to help hold this group accountable and reset?

### Civil Rights History and the Health Center Movement

Ground Work Session 1 reviews how the health center movement was started in the wake of Civil Rights organizing.

Prompts:

- What were you taught about the Civil Rights movement and by whom?
- Some common misconceptions about the Civil Rights movement are that only a handful of people were responsible for the movement, like Dr. King, or that it was only to end racism in the South. From the short history reviewed in the Ground Work, did you learn anything new or were reminded of an interesting piece about the Black Civil Rights Movement? What was it?
- In the Ground Work course, we learned about how Dr. Hatch organized residents of Bolivar County into community committees which eventually became the health center's governing board. How does our health center carry on the legacy of patient involvement established by Dr. Hatch?
- How do you think patient involvement relates to racial justice?
- The course also reviews how the first health centers created a farm co-op, brought lawsuits against the state for waste and water facilities, and wrote prescriptions for food in grocery stores. How does our health center respond to the socio-economic issues that contribute to poor health?
- How does this relate to racial justice?
- What about this session did you find challenging?
- Do you have remaining questions or things you want to know more about?
- How does it feel to learn about the health center movement's history?



## Closing

To close the session, ask the participants to reflect on how they answered the questions at the start of the session. Ask participants to silently consider if they feel different about their answers or if they have any new insights after this first session.

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## **Session 2: Identity and Privilege**

### **Session Description**

Session 2 explores how our membership to certain social groups influence our lives, shape our perspective, and convey unearned advantages and disadvantages. This session will help learners realize the ways in which they hold (or don't) a sense of belonging or power through uncontrollable characteristics, and consequently empathize with people who may hold more non-dominant identities.

#### Learning Objectives:

- Learners will have a working definition of dominant social identities, privilege, and intersectionality.
- Learners will reflect on their own social identities.
- Learners will analyze ways in which they are part of dominant and non-dominant identities.
- Learners will understand the definition of 'race' and the ways in which racial identity is tied to privilege.

### **Discussion Guide**

#### Opening

Welcome participants back to the group and express enthusiasm for continuing the conversation. Facilitators can review the meeting norms established in the last session to reinforce the norms. Remind participants that the facilitators will help ensure the meeting norms are followed but that participants are also encouraged to help ensure the norms are practiced. Introduce the session topics and transition into an overview of personal identity.

Ground Work Session 2 gives us a way to think about our identity, how we personally see ourselves and define ourselves, and also how we belong to major social categorizations of people. Sometimes our personal identity and social identities overlap, sometimes they don't.



## Personal Identity

During the online session you were asked to write down your personal identity. Personal identity is how we see ourselves and how we describe ourselves to others. Our personal identity could be our hobbies, interests, personality traits, life experiences, significant relationships, our political beliefs, or our membership in certain groups like a generation (age), gender or sexual identity, etc.

Prompts:

- Invite participants to share their own personal identity reflections as they are comfortable. The facilitator(s) could share their own personal identities to encourage sharing in the group.

## Social Identities

The online session also talked about social identities. Social identities are our memberships to the major social categorizations of people. Membership to these groups results in common and distinct societal experiences and can shape how we see ourselves and how others treat us. Group members can feel a sense of belonging or reliability to one another because of their shared experiences or shared values. However, membership to these groups doesn't determine a person's life experience, their personal identity, their beliefs, or behaviors.

Social scientists have identified social identities that, in general, have a significant impact on us.

*Note: we suggest having this list written on a piece of poster board, blackboard, or on individual sheets of paper.*

- Race/ethnicity
- Gender and sex
- Sexual orientation
- Religion
- Age
- Nationality (citizenship to a country)
- Language
- (Dis)Ability
- Social class

When looking more closely at social identity and society, we find that there are both dominant and non-dominant groups in society and culture. Dominant groups are social groups with the most power, resources, and those whose values, beliefs, practices are most influential on society at large. Often the dominant group is the largest in size but that is not always the case. Conversely, non-dominant groups or marginalized groups are those within a society that have fewer resources and whose values and practices have less influence on society at large.



The dominant groups' power and influence over society grants members of those groups advantages over non-dominant groups. The unearned advantages granted based on membership to dominant groups are called privileges. The flip side of privilege are unearned disadvantages or oppressions.

Many of us are members of both dominant and non-dominant groups at the same time.

Prompts:

- As an English speaker, what are some ways in which you can navigate society and your life easier than a non-English speaker?
- If English is your first language and at least one of your childhood guardians spoke English fluently, what are some of the ways in which you are advantaged over someone who had to learn English, or their childhood guardians did not speak English?
- In what ways do you identify with the dominant culture in the United States? What advantages may be conveyed by this membership?
- What does it feel like to reflect on your membership to dominant groups and the accompanying advantages?
- In what ways do you not identify with the dominant culture? How do you feel this has or does affect your life experience?
- What does it feel like to reflect on your membership to non-dominant groups?
- Why is it crucial to listen to and trust the experiences of non-dominant social groups?

### Intersectionality

The online session reviewed the concept of intersectionality. The aspects of our identities that are privileged can also affect the aspects that are oppressed. Privilege and oppression overlap — but they don't cancel one another.

Prompts:

- What do you think that privilege and oppression don't cancel each other out?

### Race as a Social Identity

The online course concludes with a review of one of the most influential forms of social identity: race and ethnicity. Race and ethnicity are not scientific or genetic terms; they are used to categorize people based on a handful of observable variations in appearance- chiefly skin color, eyes, and hair. Although race has no genetic or scientific basis, the invented concept of race has real consequences. Societies use race or ethnicity to justify conferring privilege and power to some, while oppressing others.



Prompt:

- Can you think of some ways that race has been used in the United States to grant privileges and oppress others?

*Note: Use the answers to the above prompt to provide a segway into the next session topic. Point out the examples of systemic racism that they name and state that the next session will explore how laws and policies create a racial hierarchy in the United States.*

### Closing

Ask participants to reflect on how they can use the information shared today to recognize how identity, privilege, power, and race impact us.

Prompt:

- How might it change our behavior or perception of the world?

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## **Session 3: Systemic Racism**

### **Session Description**

The session defines systemic racism in detail and explains how current day racial inequities are the result of a long history of discriminatory law, policy, and culture.

Learning Objectives:

- Learners will understand how laws and policies created a racial hierarchy in the United States.
- Learners will make connections between current day inequities and systemic racism.

### **Discussion Guide**

#### Opening

Facilitators should review that it is important for health center professionals to understand how racial inequities came to be and how they affect the health of our patients. With this understanding, health center staff can become better advocates for patients and practice care with more empathy.

Remind participants that as in the previous session, we will be exploring topics that may provoke feelings of discomfort, anger, or shame. Encourage participants to consciously acknowledge discomfort and get curious about the discomfort. The intent of the conversation is not to cause shame. It is meant to raise awareness of how systems that perpetuate racism negatively impacts individual patients and groups of patients.

Reflect on the previous session's content, addressing any lingering questions or challenges.



Prompts:

- How has your understanding of intersectionality evolved?
- Last week, several folks shared that they were challenged by the idea of \_\_\_\_\_. As you've had more time to digest that discussion, can you identify any shifts in your perspective?

### Systemic Racism

Session 3 of the online course is about how systemic racism has created racial hierarchies in the United States.

Prompt:

- Can someone define systemic racism?

### Systemic Racism in Housing

The course reviewed how American homeownership grew between 1940 and the 1960s, helping to build wealth for America's middle class. At the time homeownership was growing for White people, people of color were denied the chance to purchase their homes.

Prompts:

- What are some ways that people of color were blocked from homeownership at this time?

*Note: If the participants are not able to identify the systems from the course, help review the following:*

- *The government agencies, the FHA and VA, denied people of color's home loan applications.*
- *New suburban developments, both in the North and the South, were built for White people only.*
- *Government and real estate agencies would mark integrated neighborhoods or neighborhoods with majority residents of color as not appropriate for private or public financial investment or services, called redlining.*
- How do you think the fact that people of color were blocked from buying homes as a government policy affects us today?
- The Ground Work session reviews how even today people of color face systemic barriers to home ownership and reaping the full benefits of home ownership. What are some of those systemic barriers?





*Note: If the participants are not able to identify the systems from the course, help review the following:*

- *Banks systemically denying home loans to Latino and Black mortgage applicants.*
- *Banks intentionally avoiding business in majority Black or Latino neighborhoods.*
- *Homes owned by Hispanic/Latino families or Black families are more likely to be appraised below contract prices.*
- Can we think of other ways in which systemic racism affects us? For example: in our education system, in government, in healthcare?

### Closing

Ask participants to reflect on how they can use the information shared today to recognize how privilege, power, and race impact us.

Prompt:

- How might it change our behavior or perception of the world?

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## **Session 4: How Racism Affects Health**

### **Session Description**

Session 4 explains how systemic inequities are connected to the health inequities observed at the patient level. The course material defines social drivers of health, social risk factors, and social needs.

Learning Objectives:

- Learners will understand how health is tied to racial injustice.
- Learners will examine the work on social drivers of health at their own health centers and systemic issues in their communities.

### **Discussion Guide**

#### Opening

Ask participants to reflect on the previous session's content and how systemic racism creates barriers for people of color in housing, education, and government.

Reflect on the previous session's content, addressing any lingering questions or challenges.



Example prompts:

- How are you feeling or thinking about our discussion on systemic racism? Do you have questions?
- Last week, several folks shared that they were challenged by the idea of \_\_\_\_\_. As you've had more time to digest that discussion, can you identify any shifts in your perspective?

### Review of Terms

The session starts with defining several concepts; invite the group to summarize the content with the following.

Prompts:

- What are social drivers of health?

*Note: If the participants are not able to correctly define the term, review the formal definition. Social drivers of health are the conditions in which we live and work that can affect our health. They can be things that influence our ability to access care, impact our ability to engage in healthy behaviors, affect our mental health, or environmental factors that directly impact our bodies. (It is a common mistake to define social drivers of health as conditions that negatively affect our health.)*

- Can someone name a social driver of health?

*Note: If the participants are not able to name a social driver of health, provide examples such as, a person's occupation, a person's social support system, a person's neighborhood, etc.*

- What are social risk factors?

*Note: If the participants are not able to correctly define the term, review the formal definition. Social risk factors are specific adverse social conditions that are associated with poor health, for instance food insecurity or housing instability.*

- What are examples of a social risk factor?

*Note: If the participants are not able to name a social driver of health, provide examples such as food insecurity, lack of access to green space, exposure to mold/mildew, lack of air conditioning, living under a high degree of stress.*

### SDOH and Systemic Racism

People of all races have conditions that can positively or negatively affect their health. But because of systemic racism, structurally marginalized racial and ethnic groups, such as African American/Black, Indigenous and Native Hawaiian, Hispanic/Latinx, and Asian & Pacific Islander people are more likely to be negatively affected by social risks.



Prompts:

- What are some of the top health conditions that we see here at our health center?
- What are some large-scale socio-economic or environmental factors that could drive these health conditions?
- How might systemic racism have created these socio-economic or environment factors?

### SDOH Data

Session 4 discusses the need to identify social risks and social needs of patients and collect it in a way to turn that information into data.

Prompts:

- How might collecting all this information from patients make patients feel?
- How does asking about social needs/risk help patient care? How does it help the health center?
- How can we refine our data collection processes to be both comprehensive and compassionate?

### Closing:

Prompt:

- How does it feel to think about how many things affect people's health outside of direct healthcare and health behaviors?
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## **Session 5: Implicit Bias and Cultural Humility**

### **Session Description**

Session 5 has learners examine their own implicit racial biases and learn practical skills to interrupt those biases.

Learning Objectives:

- Learners will examine their own implicit racial biases.
- Learners will learn tools for addressing implicit racial biases.
- Learners will be introduced to the principles of cultural humility.



## Discussion Guide

### Opening

Remind learners that the last sessions have been on the topic of societal level racism and oppression, the next two sessions will be about how race shows up in our interpersonal relationships. Discussing the large-scale forces that create barriers for people of color is certainly a heavy topic and discussing race issues at the interpersonal level may present new challenges and feelings. This would be a good time to revisit the established meeting norms and re-emphasize the goals of the group.

### Review of Terms

Ground Work Session 5 reviewed the concepts of known and implicit biases.

**Known/Conscious bias** are those inclinations and beliefs we have for or against groups, experiences, or other traits of people, places, and things that we are aware of and actively hold. Most would agree that holding a conscious bias based on race is unacceptable and inhumane.

**Implicit/Unconscious biases** are those attitudes or stereotypes that *unconsciously and involuntarily* alter our perceptions or understanding of our experiences. Implicit biases can be in direct contradiction with our stated beliefs and values. Because of that, implicit biases may be less forgiving and inclusive than we seek to be. Many people, especially those of us in the health center field, are horrified by the idea of explicit racial bias or the idea that someone would be treated differently based on their race. And because we believe in racial equity, it can be disturbing to acknowledge that we have implicit racial bias. However, we are all affected by our brain's quick processing and categorization ability and the only way to correct our brain's unconscious, biased assumptions are to recognize them.

Prompts:

- What are some of the things that could be shaping your implicit biases without your explicit awareness? Consider your personal experiences, your relationships with those alike and different than yourself, and the messages you receive from the news or media.
- Why are people of color more likely to be harmed by implicit biases?

*Note: If the responses do not surface the idea that the dominant culture makes it more likely that our implicit biases will mirror the negative stereotypes about people of color, introduce that concept with the following prompt: While bias does not look the same for everyone because each person has their own unique relationships and experiences, we all receive common messages from our shared history and the dominant culture. What are some examples of common messages that we get from society?*



- How might implicit bias show up in the way patients are treated? You can use examples from the Ground Work content.
- How could this contribute to health inequality?
- How might implicit bias show up in the workplace between co-workers? You can use examples from the Ground Work content.

### Strategies for Addressing Biases

Steps can be taken to manage your implicit bias and mitigate the harm it can cause others. To do so, you must be aware of it, motivated to change it, and have a strategy for replacing it. Let's examine some strategies for doing that.

1. Identify your biases through assessments- Reflect and take implicit association tests. Collect data to help you audit your behavior or associations. For example, you could time our patient visit times across racial groups or you could ask someone you trust to observe you.
2. Slow Down- Because we are more reliant on our implicit biases when we are under stress or trying to move too quickly, we must take time to slow down. Organizations should also make efforts to mitigate pressure-filled environments and to institutionalize policies that rely less on individual, subjective decision making.
3. Challenge your brain to think differently- Visualize situations before they happen and question and expand your mental picture about what is possible.
4. Learn more about other cultural contexts through cultural humility. It means entering a relationship with another person with the intention of honoring their beliefs, customs, and values. This requires acknowledging differences and accepting the person for who they are, as well as trying to understand the ways in which they identify instead of how you might automatically categorize them.

Prompts:

- Which of these strategies resonate with you?
- Have you ever used a strategy or process to address your implicit biases? What was or wasn't effective about it?

### Closing

Prompts:

After today's conversation, what personal commitment do you set to combat implicit bias?



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## Session 6: Interpersonal Relationships and Micro-aggressions

### Session Description

Session 6 examines the impracticality and harm in pursuing a "race neutral" approach (sometimes called "color-blind approach") in our everyday interactions and relationships. The session also examines the subtle, often unintentional, offensive comments and actions directed toward people of color. The session provides examples of such remarks and strategies for addressing them.

### Learning Objectives:

- Learners will recognize "race neutral" is not the goal.
- Learners will understand micro-aggressions and how to respond to them.

### Discussion Guide

#### Opening

Summarize the last session's discussion and key learning points. Remind participants that this session is also focused on racial dynamics at the interpersonal level and how we can take personal action. Reflect on the previous session's content, addressing any lingering questions or challenges.

#### Prompts:

- How is our discussion about implicit bias sitting with you? Are there things that you are still thinking about?
- Last week, several folks shared that they were challenged by the idea of \_\_\_\_\_. As you've had more time to digest that discussion, can you identify any shifts in your perspective?

#### Review of "Race Neutral"

The online session opens by discussing how some people may attempt to avoid implicit bias or racially offensive behavior by claiming they 'don't see race' or they 'don't see color'. The implication is that if we attempt to act as though we are unaware of the concept of race, racism and bias will end.



Prompts:

- Have you observed this 'race neutral' mindset within other people or in yourself?
- Why is this an ineffective attempt to end racism or bias?
- Why might telling someone that you 'don't see' their racial identity be hurtful?
- How might a patient's racial and/or ethnic identity be important to the way they experience healthcare?

### Review of Micro-aggressions

The second part of the online session was about microaggressions. The session defined microaggressions as every day, subtle, intentional, or unintentional interactions or behaviors that send an offensive or hurtful message to people of marginalized groups.

Prompts:

- Can you think of a time you may have felt to be a target of a microaggression (doesn't necessarily have to be a racial microaggression)? What was the underlying message you got from the comment?
- Can you think of a time you may have inadvertently committed a microaggression what was the comment and what message might you have signaled with this comment?

### Strategies in Response to Microaggressions

The session concludes with a review of strategies for responding to microaggressions.

*Note: We recommend displaying the strategies (replicated below) in text on a board or paper handouts for the group to reference. Review all the strategies together.*

#### How to Respond When You Have Committed a Microaggression

1. Begin by taking a moment to sit with the notion that you have committed a microaggression.
2. Remember to keep the focus on the impact of the microaggression on the target of the microaggression, rather than on your intent.
3. Listen to understand the target of the microaggression and demonstrate your understanding by summarizing their statements. "What I hear you saying is..." or "I understand what I said was hurtful because..."
4. Recognize and respect that it may be very uncomfortable for the target to bring it to your attention.



5. Offer a sincere apology, state your understanding of why it was hurtful, and commit to doing better.
6. Research and educate yourself.
7. Continue to engage in dialogue with people who do not share your identities.

#### Prompts:

- For those who have been told they have committed a microaggression, what was that experience like? How was it hard not to be defensive?
- For those that have been a target of a microaggression and told the person who committed the microaggression, what was that experience like? How did they respond?

#### Strategies to Respond to a Microaggression as a Bystander

##### Direct Strategies

1. **Challenging a stereotype.** As an example, should someone make a statement that is a negative overgeneralization about a Black colleague, you might interrupt and say “I believe that is a stereotype, it has been my experience that...”
2. **Grounding yourself in your (or your organization’s) values** is a direct way to let the offender know that you are not in support of their comment or behavior. When grounding yourself in your values you might tell the offender that what they are saying or doing is not in alignment with your values and you will not engage that type of behavior (talk).
3. **Raising Awareness** means taking the time to explain to the offender why what they said or did was hurtful or harmful to the person or group of people at whom the microaggression was aimed.

##### Indirect Strategies

1. **Requesting Clarification:** When someone has said something that is offensive, even if intended as a joke, one strategy is to ask the offender to explain their comment further as if you do not understand what they are saying or suggesting. In doing so, you may bring awareness to the offender that their joke was not received as they intended, putting them in the uncomfortable position of having to explain it. For example, should someone tell a racial joke, you might ask them “Why is that funny?” or “I don’t get how that is funny, please explain.”
2. **Paraphrasing:** By paraphrasing an offender’s statement, you are asking them to listen to what they have suggested and then confirm that is what they meant. For example, you might respond to a verbal microaggression with “I think I heard you say... (use a paraphrased version), am I hearing that correctly?”





3. **Acknowledging targets of microaggressions** is another way to interrupt a microaggression. Studies have shown that when in meetings, Black employees are more likely to feel as if their ideas or comments are credited to other White colleagues. As an indirect strategy, the witness to such an incident might say “Thank you to the (White speaker) for your additional thoughts and thank you to (Black speaker) for starting the conversation off with such a great suggestion”.
4. **Report the incident:** If microaggression occurred in a setting with an established code of conduct (e.g., a workplace or school), consider reporting it, especially if such behavior is persistent.
5. **Check in with the targeted individual:** After the incident, approach the person who was targeted and offer support. Simply letting them know that you noticed and that you're there for them can be comforting.

#### Strategies for Responding to Microaggression as a Target

1. **Recognize Your Feelings:** Understand and validate your emotions. You might feel a mix of emotions, including anger, confusion, sadness, or even numbness. It's okay to feel upset or hurt.
2. **Choose Your Battles:** Decide if you want to address the issue. Sometimes, it may be more beneficial for your well-being to let it go, while other times you might feel the need to confront the individual.
3. **Seek Support:** Talk to friends, family, or colleagues. Sharing your experiences can be therapeutic and can also provide different perspectives on the situation.
4. **Educate (If You Choose):** If you decide to address the microaggression, you can use it as an opportunity to educate the person. However, remember that you are not obligated to educate anyone about your lived experiences or about why a comment was inappropriate.
5. **Set Boundaries:** Make it clear what behavior is unacceptable to you. This is especially important if the microaggression comes from someone you interact with regularly, like a coworker or a family member.
6. **Practice Self-Care:** After encountering a microaggression, it's essential to take care of your mental and emotional well-being. This could include activities like meditation, seeking therapy, journaling, or engaging in hobbies.
7. **Consider Formal Reporting:** If the microaggression occurs in a setting where there's a code of conduct (like a workplace or school), you might consider reporting the incident, especially if it's a recurring issue.
8. **Document the Incident:** Keeping a record of microaggressions can be useful, especially if they are ongoing and you decide to report or address them in the future.



Prompts:

- Which strategies resonate with you? Is there a time when you have used one? What was it like to use that strategy?
- Is there another strategy not listed here that you think would be helpful?

Closing

Prompts:

- Ask participants to identify one strategy to practice from today's discussion.
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## **Session 7: Pride, Culture, and Resiliency**

### **Session Description**

Session 7 serves to highlight the connection, meaning, and pride people find in their racial and ethnic identities. The session demonstrates the dimensions and the range of the Black, Hispanic, Latino, and Asian experience as articulated by a diverse group of health center professionals. The session also reviews how communities of color have endured in the face of adversity and contributed, by self-determination, to American culture and history.

Learning Objectives:

- Learners will recognize the joy and positivity of racial identity.
- Learners will understand the accomplishments and self-efficacy of communities of color in the United States.

### **Discussion Guide**

#### Collective Action

Throughout the Ground Work series, we have discussed the ways in which people of color are hurt by the systemic racism, bias, and everyday invalidations. But identifying as Black, Indigenous, Native Hawaiian, Hispanic, Latino, Asian, or another person of color is more than the experience of oppression. As with many social identities, it is also about connection, meaning, and pride in shared culture and understanding. And for communities of color, it is also about celebrating the community's self-efficacy and resiliency in the face of adverse conditions. At the start of the session, we heard the different ways communities of color in the United States have organized collective action.



Prompt:

- In those brief histories, did you learn something new? Or is something sticking out to you?

*Note for facilitator: If you need help encouraging discussion, ask about specific parts of the session. Example prompts:*

- Were you previously aware of Black mutual aid societies? How does the popularity of mutual aid societies refute stereotypes or misconceptions about Black history?
- Were you aware that people who speak Spanish have lived on land that is now part of the United States for longer than English-speaking colonists? How does that contradict the perception of Spanish speaking people or people who identify as Latino or Hispanic?
- What did you learn about civil activism within the Asian American community? How is this in contradiction to messages we are told about the Asian American communities?

### Review of Celebrating Pride and Culture

In the second half of the session, we heard from health center professionals of color about the pride they feel in their racial and ethnic identities, the things they love about their cultures, and how their identities influence their work at the health center.

*Note for facilitator: This can be an opportunity to invite people to share their pride and their cultures (do not single anyone out and ask them to share).*

Prompts:

- How did what was shared resonate with your own experiences?
- Would anyone like to share the pride they feel in their culture or racial/ethnic identity?
- What is an object, celebration, or practice from your culture that you feel a particular connection to?

In the session, Dr Leon Harris mentions how he takes pride in seeing Black culture influence mainstream American and how elements of Black culture are celebrated in all aspects of life. However, Black culture can be used by certain people and then dropped when it is no longer beneficial to engage in the culture.



Prompts:

- What do you think he meant by this?
- How do we engage and celebrate other cultures with respect and authenticity?

### Closing

Prompts:

- Why does this matter to the work in our CHC?
  - What opportunities do you see to enrich your own cultural competence and humility?
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## **Session 8: Conclusion**

### **Session Description**

Session 8 culminates the progression of our discussions by revisiting the essence of previous sessions and emphasizing the perpetual nature of cultural humility. It's a session about reflections, retrospection, and forward momentum considering both personal and organizational avenues for growth. At its core, Session 8 underscores the importance of translating newfound awareness, or existing insights into actionable commitments.

Learning Objectives:

- Learners will review content from previous modules.
- Learners will affirm strategies for cultural humility in the context of the health center.
- Learners will recognize the life-long journey of cultural humility.

### **Discussion Guide**

#### Opening

Review the key takeaways and reflections from the previous session at a high level. Introduce the session's objectives and anticipated flow, focusing on affirming the cumulative journey and setting the tone for the day.

#### Reflecting on Growth

An immersive deep dive into personal reflections, this segment encourages participants to articulate their evolutions and the impact of the shared learning community.

Prompts:

- Which pivotal moments or discussions from our sessions remain with you?



- Consider how other people in this learning community have furthered your growth - is there anything you want to share appreciation for?
- In reflecting upon your anti-racist journey, what shifts in mindset or behavior do you see and feel in yourself?

### Planning for Change

This segment focuses on concrete actions, prompting participants to envision and strategize systemic shifts within the health center. Facilitate discussion with an emphasis on identifying actionable changes and supporting participants to think through an intersectional lens.

Prompts:

- What should the health center do to serve patients of color with more dignity, equity, and cultural sensitivity?
  - What community partnerships should we make?
- What should the health center do to foster a diverse, inclusive, and equitable workplace?

### Closing

Bring the series to a powerful close by emphasizing individual commitments, ongoing growth, gratitude, and accountability.

