

# Tufts Clinical and Translational Science Institute Breaking the Silence: Confronting Exclusion in Research

Dear Friends,

Thank you for attending [Breaking the Silence: Confronting Exclusion in Research](#) on Friday, March 6, 2020. Tufts Clinical and Translational Science Institute (CTSI) would like to share feedback from the event and next steps we hope to take. This update is very timely in the wake of the global COVID-19 pandemic shining a light on the pervasive health inequities in this country through the disproportionate impact of the disease on communities of color. The data is changing rapidly, but the fact remains that the inequities in outcomes are well documented. [The CDC reports disproportionately higher death rates among Black Americans than White Americans.](#)

We are also faced with the troubling and saddening news from Minnesota and other parts of the United States of more Black men and women murdered by law enforcement. Police-related violence and racism are public health crises that are only now getting nationwide attention, although these atrocities have persisted throughout our history. Since our symposium, an enormous movement has grown to address historical issues of racism and marginalization towards Black, Indigenous, and People of Color (BIPOC), and we hope the results of our event present a model and ideas for sustainable strategies for change.

Your participation in *Breaking the Silence* was critical for necessary and important conversations regarding exclusion in research and the inequities that persist in research, academia, and beyond. *Breaking the Silence: Confronting Exclusion in Research* came from the need to give voice to the lack of diversity throughout the research enterprise, including lack of representation and funding for research done by investigators of color and lack of inclusion of communities of color in clinical research.

Our keynote speaker, Camara Phyllis Jones, MD, MPH, PhD, shared with us critical points for addressing exclusion in research through the lens of systemic racism. Her allegories including *Dual Reality: A Restaurant Saga* and *Life on the Conveyor Belt* dive into how race and racism often handicap progress toward equitable change. In the post-survey feedback, it was clear that Dr. Jones's presentation provided eye-opening realizations for some and for others, confirmation of the deep-rooted impact of institutional and societal inequities. Dr. Jones talked about what we can do to address inequities as individuals and as institutions to make a transformative impact to move us toward inclusion of all people in research. The charge to all of us is to look for evidence of a "two-sided sign" where the reality of some may not be the reality of others; find where our common humanity intersects; and be interested in, believe, and join in the stories of others. In addition, Dr. Jones shared that we need to recognize who is absent at the table of opportunity and change and from there, reveal any inaction in the face of need and garner our collective power. Finally, we were charged to name racism, ask ourselves how racism is operating, and organize and strategize to act.

During our roundtable dialogues, several themes emerged including the necessity for naming racism, communicating with all people, mobilizing together, and having voices of leadership at the table. Feedback from participants showed that many felt empowered to take further action to make an impact after attending the event. Many resonated with Dr. Jones's suggestion of listening, believing, and joining in in the experiences of others, as they felt highly motivated to

continue the conversation started through dialogues that can lead to further action that will make research more inclusive.

The structure of these dialogues provided an opportunity for participants with diverse views and backgrounds to feel “safe enough” to speak openly about exclusion in research, and to seek a better understanding of their own views and the views and experiences of others.

The event closed with a call-to-action to senior leadership. Your responses to the final dialogue question, as well as post-event surveys, have provided insight and leverage to move the Tufts community forward.

Included with this letter is a more detailed summary of the event and your feedback. The following are the main takeaways, including a call-to-action we heard from you:

1. We should offer more events with speakers such as Dr. Jones who will talk about racism and provide tangible, achievable, and actionable strategies for addressing issues of racism in research and beyond. In addition, a call-to-action for participants not to be afraid to discuss these issues.
2. Participants in the event dialogue acquired new understandings of exclusion from research, thought differently about the challenges that arise from exclusion in research, and felt very motivated to take action to better meet these challenges. In addition, facilitated dialogue was seen as a meaningful tool to engage and learn from others from different backgrounds and diverse perspectives.
3. Leadership should be intentional about creating opportunities where they are engaging in conversation on racism with students, faculty, and others. Additionally, valuing the perspectives, experiences, and lives of students, staff, and faculty by creating a pipeline to increase and retain racial/ethnic diversity.

Thank you again for your attendance and participation. We look to you to continue sharing your ideas for other ways we can move forward and continue these important conversations. If there is anything you would like to share, please feel free to send us an email with your thoughts and ideas.

Sincerely,

The Breaking the Silence: Confronting Exclusion in Research Planning Committee

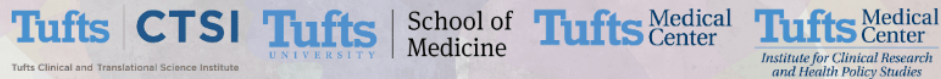
## **BREAKING THE SILENCE: CONFRONTING EXCLUSION IN RESEARCH**



*The evening will feature keynote speaker Camara Phyllis Jones, MD, MPH, PhD, past President of the American Public Health Association and Senior Fellow, Satcher Health Leadership Institute, Morehouse College. Dr. Jones is known for her contributions to critical race theory and her work in defining institutional racism, personally mediated racism, and internalized racism within the context of modern US race relations.*

**Friday, March 6, 5:15PM - 8:00PM**  
Tufts Center for Medical Education, Room 114  
145 Harrison Avenue, Boston

**For information and registration:**  
<https://bit.ly/2UPSz2i>



## **Tufts Clinical and Translational Science Institute Breaking the Silence: Confronting Exclusion in Research**

### **Summary Report**

### **Acknowledgements**

This event would not have been possible without the support and hard work of Tufts Clinical and Translational Research Institute (CTSI) and the Institute for Clinical Research and Health Policy Studies (ICRHPS) faculty, staff, and leadership (see Appendix 3 for full list of acknowledgements). A special thank you to Joyce Sackey, MD and her team for dedicating this year's event to the focus of research. We would also like to acknowledge Tufts Medical Center and Tufts University support from Vice Provost for Research Caroline Genco, PhD, MS and Tufts Medical Center (Tufts MC) Chief Human Resources Officer, Kara Greer, MA, PHR, SWP. An additional thanks to Camara Phyllis Jones, MD, MPH, PhD for her powerful keynote presentation and to the panelists, Dawn Sauma, MSW, LICSW and Sherry Reddix, MA, MPH for sharing their insights.

### **Introduction**

The event was held on Friday, March 6, 2020 in the Tufts University Center for Medical Education Building. The event included students, faculty, staff, and community members in and around the Tufts University Health Sciences campus and Tufts MC. Of 116 people registered for the event, 56 attended. The [keynote address](#) was given by [Dr. Camara Phyllis Jones](#), known for her contributions to critical race theory and her work in defining institutional racism, personally mediated racism, and internalized racism within the context of modern US race relations (see Appendix 5 for additional resources on her work). Linda Hudson, ScD, MSPH moderated a panel discussion with Sherry Reddix, a Tufts University School of Medicine medical student;

Dawn Sauma, Co-Executive Director and Clinical Director of Asian Task Force Against Domestic Violence (ATASK); and Dr. Jones. Dinner and a facilitated dialogue followed.

### *Focus and Intent*

*Breaking the Silence: Confronting Exclusion in Research* is the fourth in a series of symposia designed to address issues of bias and discrimination influencing the experiences of faculty, staff, and students. In alignment with the planning process of the first three symposia (which focused on bias against Muslim populations, Black Lives Matters, and Weight Bias), this event was planned and implemented by a diverse team of staff, faculty, researchers, and students interested in addressing bias and exclusion in the research process. In response to the challenge to create a symposium designed to explore these issues, the planning team articulated the opportunities where bias, exclusion, or discrimination may be apparent.

Tufts CTSI's goal was to help participants arrive at a deeper mutual understanding, provide an opportunity for self-reflection and community-building, and to inspire action around confronting the issue of deeply rooted biases that lead to exclusion in research. The feedback we received from participants' surveys from this event is being used to formulate a clear message to leadership on the actions participants would like Tufts to take to address this issue, and to generate mechanisms for continued dialogue and engagement at all institutional levels.

### *Background and Rationale*

The scientific literature provides evidence of biases in the research enterprise including, but not limited to, recruitment<sup>1</sup>, problem determination, and access to resources, publication preferences, and workforce development<sup>2</sup>. Our interdisciplinary planning team discussed issues designed to maximize utilization of the symposium and mobilize participants to consider personal and professional "calls to action." The exploration of specific challenges of discriminatory or biased behavior in research activities was grounded in an overarching concern of the influence of cultural and systemic bias in research along the continuum. We focused our discussion on systemic bias in research as evidenced by issues of:

- Underrepresentation of populations in clinical research trials due to ineffective recruitment and retention techniques.
- Top-down framing of the health problems research is intended to address and/or target communities.
- Lack of distribution or availability of funding for research with minority populations as the focus, or minority principal investigators.
- Bias in publication, specifically undervaluing subject matter of studies submitted for publication by minority researchers.
- Workforce development, including a lack of investment in activities designed to diversify the research workforce.

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<sup>1</sup> Konkel L. Racial and Ethnic Disparities in Research Studies: the challenge of creating more diverse cohorts, *Environmental Health Perspectives*. 2015 Dec; 123(12): A297–A302. doi: 10.1289/ehp.123-A297

<sup>2</sup> Ginther, D. K., et al. (2018). "Publications as predictors of racial and ethnic differences in NIH research awards." *PLOS ONE* **13**(11): e0205929.

- Development of disease treatments incongruent with the needs of the populations most at risk.

Through a deliberative process the planning team decided to focus on “Breaking the Silence: Confronting Exclusion in Research.” Our keynote speaker, Dr. Camara Phyllis Jones, set the tone for our discussion and the underlying foundation for subsequent structured dialogues that created a space for participants to share their views and to hear those of others.

As defined by Dr. Jones, racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks. This results in unfairly disadvantaging some individuals and communities, and unfairly advantaging other others. This results in diminishing the strength of the whole society through the waste of human resources. Within the call to action, Dr. Jones presented several key questions for consideration:

- Which research questions are funded?
- Who is doing the research?
- On whom is the research being done?
- Who receives and interprets the results?
- What actions follow?

The framework she provided for this symposium was designed to motivate a critical examination of how racism is operating as the driver of exclusion in research. She tasked us to identify and address the specific mechanisms of racism as it pertains to:

- **Structures:** limited demographic and experiential diversity of research faculties and members of NIH sections.
- **Policies:** academic hiring policies that do not recognize formal community-based faculty roles.
- **Practices:** use of existing or convenient networks for enrollment of patients into clinical trials.
- **Norms:** comfort with the current lack of diversity in research populations and topics; distinction between science and activism.
- **Values:** exaltation of ivory tower curiosity; devaluation of community-based research; deeming of some research questions as unworthy.

View the full video here:

[https://www.youtube.com/playlist?list=PLHuZNqypi87fg3PuPaSwzczDs\\_zzGL1IQ](https://www.youtube.com/playlist?list=PLHuZNqypi87fg3PuPaSwzczDs_zzGL1IQ)

### *Symposia Participants' Perspectives*

Attendee information and background included in Appendix 2. The following is a summary gleaned from surveys focused on Dr. Jones’s presentation and panel discussion (see Appendix 1 for the full evaluation). Respondents shared the following perspectives, thoughts, calls to action, and desires organized by themes:

*Response to open text question: What action would you hope to see the institution take in response to the issues raised related to exclusion in research?*

#### **Faculty/staff/leadership**

There were calls to:

- Assess the number of people of color and women professors and researchers, and to focus on increasing hiring opportunities at Tufts by creating positions. Participants voiced the desire to increase diversity and representation in faculty, which will increase research focused on communities of color and inclusion of diversity in research.
- Increase the presence of people of color and women at the leadership levels at Tufts University and Tufts CTSI.
- Increase the availability of resources and methods of communication for staff to facilitate their ability to contribute.
- Train more people of color as medical scientists.
- Have more people of color as board members.

### **Institutionalized training and professional development**

In addition to requests to continue these types of events where spaces are created for reflection, there were many comments regarding:

- The creation of space for students to continue the conversation regarding racism and institutional bias.
- Examining implicit bias, diversity, and inclusion across all levels.
- Providing consistent town halls to provide opportunities for open dialogue.
- Reviewing current curricula materials on Tufts Health Sciences Campus degree programs to identify areas of bias and marginalization based on historical inaccuracies.
- Funding more research studies involving communities of color.

The symposium was designed to inform educate, motivate, and mobilize, and to foster self-reflection and collective action. We asked questions about the next steps for individuals to take. Respondents said they would like to:

- Continue self-reflection; creating time to think and process; be more thoughtful in explicitly discussing issues of racism and other systems of injustice.
- Continue to mentor within their community and question research done by white people regarding people of color.
- Create and promote opportunities for direct conversations with organizations and their leadership.
- Create more opportunities where individuals can challenge the status quo [in the interest of bettering the academic community] without being penalized, e.g. talk to a PI about the issue of inclusion in her research.
- Be open to hearing a diversity of voices and commit support to their ideas.
- Move away from attitudes that do not give the benefit of the doubt to others that may think or live differently.
- Be more intentional in the steps to advance diversity and inclusion.

### **Background on Structured Dialogue**

In the second part of the event, facilitated dialogues were held to further explore the themes from the keynote presentation and panel discussion. We used the “Structured Reflective Dialogue” approach developed by [Essential Partners](#) that has been adapted at Tufts University and applied by Tufts CTSI in several community settings. The structure of these dialogues provided an opportunity for participants with diverse views and backgrounds to feel “safe enough” to speak openly about exclusion in research, and to seek a better understanding of their own views and the views and experiences of others. An important goal of these dialogues

was not to persuade, debate, or convince others of a particular idea; but rather to help participants share what they hold valuable by speaking about the experiences that inform their opinions and beliefs.

The design of the dialogues was developed by a committee that included Tufts graduate students, community members, researchers, clinicians, and Tufts CTSI and ICRHPS staff. A key role of the planning committee was to ensure representation of diverse participants in the dialogue including those that have felt excluded from participation in research in the past. Dialogues were held in small groups (six to eight individuals) and were facilitated by Tufts graduate students, community members, and Tufts CTSI staff, who were trained prior to the event.

The planning committee developed three dialogue questions:

1. Please share a specific experience in your life when you felt like an outsider that didn't belong and you didn't know the rules. How did that make you feel? What tensions came up for you as a result?
2. Think about an experience in your academic/research life where you felt comfortable, understood, and welcome. In that moment of feeling comfortable, did it occur to you that someone else might not feel as comfortable as you? What was challenging in that moment? What tensions arise as you think about taking action in the future?
3. When you think about increasing diversity and inclusion in your own research/academic life, what steps might you take to make yourself or others around you feel comfortable, visible, and included? What feels challenging for you when you think about taking these steps?

## Impact of the Dialogue

Surveys of dialogue participants revealed that these conversations created curiosity, empathy, and a greater understanding of other points of view. When asked what they hoped to continue to work on in the future, participants were highly motivated to continue the conversation and noted the following important needs for future action:

### *Systems level/Change*

- Not letting the conversation die but continuing the conversation and working to change the system.
- Rethink racism not from a personal level, but at a systems level. Racism is a system embedded in different spheres. In order to address racism you have to look beyond individuals to collective norms, structures, and systems.
- How can structures and policies facilitate listening and how can institutions and their belief systems endorse active listening?
- We need to be intentional in hiring people of color. We can't blame the "pipeline" for lack of workforce diversity.
- People in power who are making decisions may not be at the table and it is important to invite them to discuss these topics.
- How can we ensure that pipelines exist, particularly for marginalized or minority individuals and communities?

### *Continuing the Momentum/Call-to-Action*

- Being passive is being complacent. Actively move toward change. Chief diversity and inclusion is an important role, but it needs to be shared (the burden), which isn't just non-white people who are shouldering the burden.
- Start bringing people to the table in research and beyond. Continue actively engaging peers in these conversations.
- Focus on action steps/next steps, hoping to bring together groups to actively mobilize anti-racist actions by moving beyond just identifying the problem.
- There is power in numbers and connecting with, listening to, and understanding others' experiences and stories.
- Will encourage the community to share their stories to bringing to light systemic injustice and racism in the community.

### *Naming the “-isms”*

- Idea of naming racism and saying the word. Don't tiptoe around them. We put blinders on and don't say things because we are afraid of making others uncomfortable.
- Hopeful after hearing that people were willing to speak in a public area about racism and people talking about their experience with racism.
- Speaking about white privilege and continuing to point out why others may not understand it, and why it's important to continue discussing it.
- Encourage/promote discussions of racism to help people identify and not deny the existence of racism.

### *Creating Awareness/Calling out Privilege*

- Come out of your own bubble and avoid being comfortable. Need more reflection on the “Unearned advantage from racism got me where I am today.”
- We need to continue to be explicit and not rest on the “comfortable.”
- The power of the group/event impressed the importance of listening intently to others and being aware of how I think about an issue and how that may make others uncomfortable even when I am comfortable.
- One can't make assumptions about the comfort of others.
- Keep myself uncomfortable for the betterment of culture.
- Keep asking who is not at the table.

## **Summary of the Impact of the Dialogue**

It was clear from survey responses that Dr. Jones's presentation provided an important stimulus for the active listening that occurred in small group dialogues. Outcomes of the dialogue were summarized as follows:

1. **Emotion-oriented outcome:** Participants felt differently about exclusion from research and acquired new sensibilities to understand representation and exclusion from research.
2. **Knowledge-oriented outcome:** Participants said they could think differently about the challenges that arise from exclusion in research, and think about potential solutions.



- 3. Action-oriented outcome:** Participants said they acquired new understandings that motivated them to act differently as a result of identifying more of the barriers facing them and the need to continue to speak to these issues and take further action to begin to overcome those barriers.

## Conclusion

*Breaking the Silence: Confronting Exclusion in Research* came from the need to give voice to the lack of diversity throughout the research enterprise, including lack of representation and funding for research done by investigators of color, and lack of inclusion of communities of color in clinical research.

Reporting the impact of our event to the Tufts community is very timely in the wake of the global COVID-19 pandemic shining a light on the pervasive health inequities in this country through the disproportionate impact of the disease on communities of color. In addition, we are faced with a watershed moment of confronting police brutality and systemic injustice. More people are now talking about the disease of racism. This summary not only provides the thoughts and perspectives of those interested in addressing the issue of lack of diversity in research, but the effects of systemic structuring of opportunity and the values assigned to these opportunities have on people of color. This results in unfairly disadvantaging some individuals and communities, while advantaging others. It cannot be ignored that these devastating effects impact curiosity and participation in research, and trust in the institutions that drive these pursuits. Event participants acquired new understandings of exclusion from research and felt highly motivated to take action to better meet the challenges that we face as individuals and as a community.

## References:

Association for Prevention Teaching and Research. Role of Academia in Combatting Structural Racism in the United States; <https://www.aptrweb.org/page/antiracism>

Bassett, Mary T. (2015) #Black Lives Matter—A Challenge to the Medical and Public Health Communities, NEJM. [www.nejm.org/doi/full/10.1056/NEJMp1500529](http://www.nejm.org/doi/full/10.1056/NEJMp1500529)

Chakradhar, Shraddha (2019). Not only who but what: NIH funding disparity between black and white scientists partly driven by research topic. <https://www.statnews.com/2019/10/10/nih-grants-funding-racial-disparity-research-topic>

Ginther, D. K., et al. (2018). "Publications as predictors of racial and ethnic differences in NIH research awards." PLOS ONE 13(11): e0205929.

Konkel L. Racial and Ethnic Disparities in Research Studies: the challenge of creating more diverse cohorts, **Environmental Health Perspectives**. 2015 Dec; 123(12): A297–A302. doi: [10.1289/ehp.123-A297](https://doi.org/10.1289/ehp.123-A297)

## Appendix 1 [evaluation form]

1. Please tell us your primary role:  Faculty  Clinician  Student or trainee  Research staff  Community member  Other/Admin staff  Other stakeholder \_\_\_\_\_

2. Please indicate your level of agreement with each statement for the overall event

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I have become more aware and gained a deeper <i>understanding of the challenges related to overcoming exclusion in research.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have gained a deeper <i>understanding of potential solutions to exclusion in research.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have become more aware of the complexities of the issues related to exclusion in research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am motivated to act differently based on what I learned about exclusion in research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more prepared to take action using tools and/or strategies to overcome challenges related to exclusion in research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this kind of event to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please indicate your level of agreement for each statement for the dialogue portion of the event for the following statements

I am likely to raise up the voices and experiences of individuals who have been excluded from science/research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This dialogue helped me deepen my respect of people with different opinions, backgrounds, and perspectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt a sense of connection with my fellow dialogue participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt my opinions were heard, respected, and valued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using dialogue skills can help us understand each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that the experience of engaging across difference through dialogue will likely continue to impact me even after the dialogue session concludes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

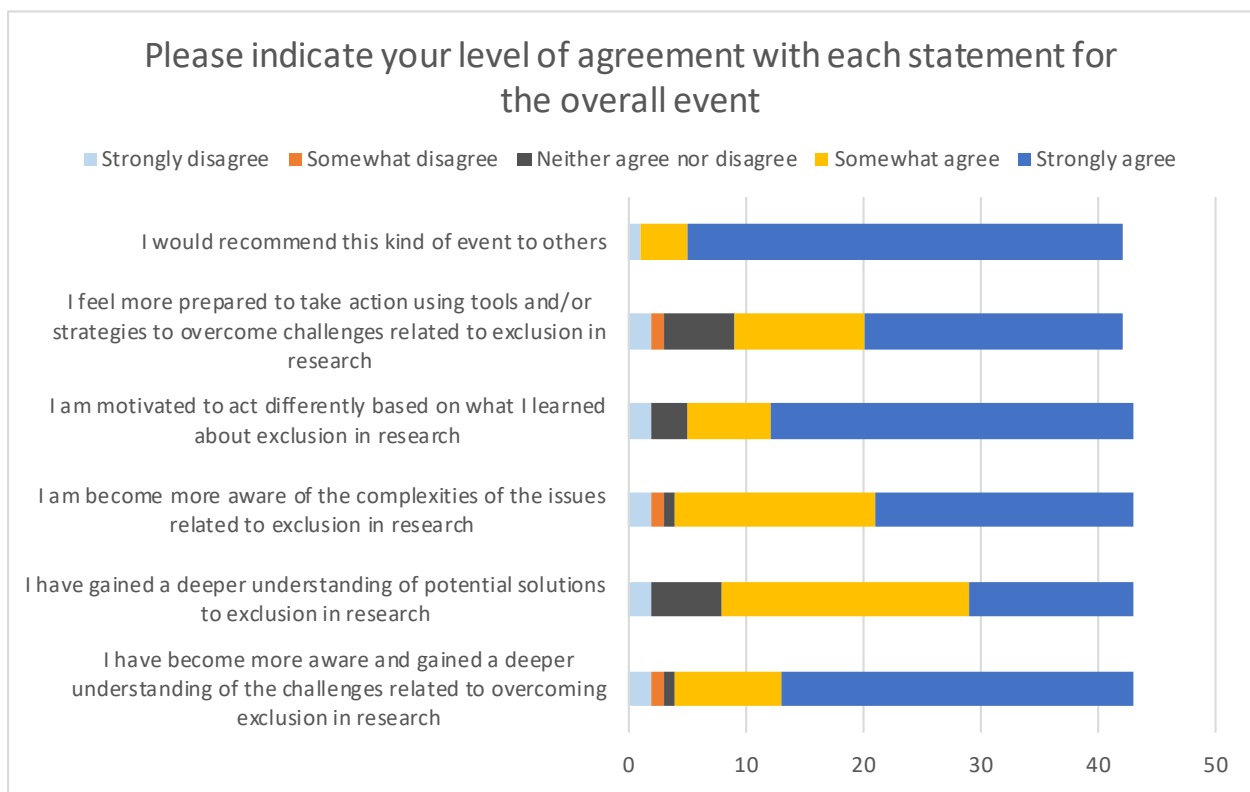
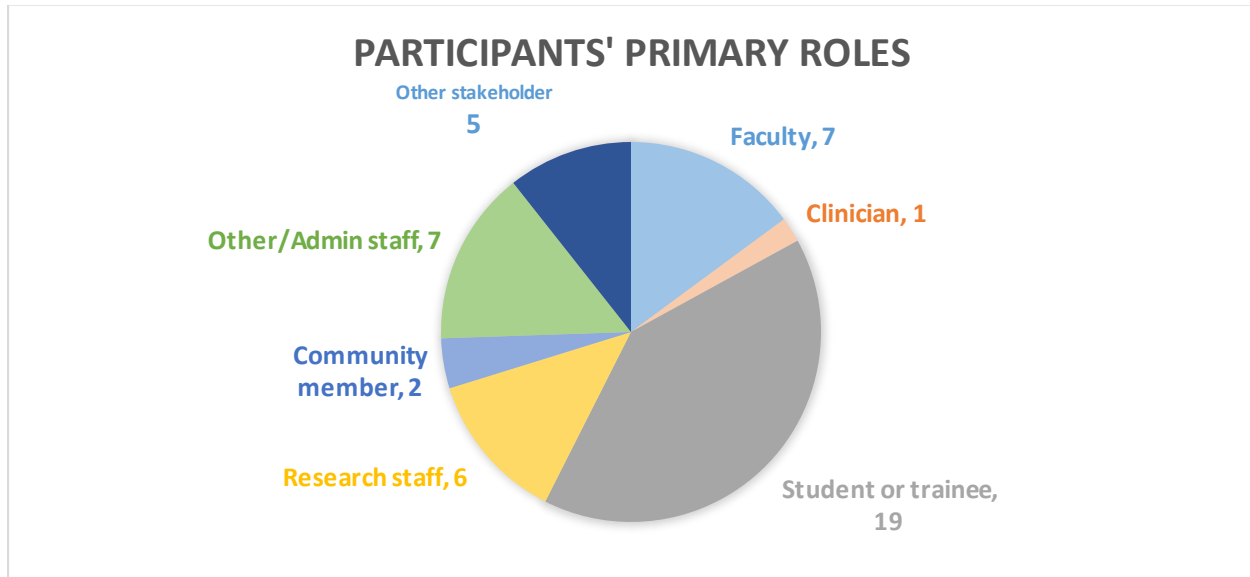
4. What was the most valuable part or content of this event?

**5. How do you envision or what are your ideas on how this event could have improved?**

**6. What action do you see yourself taking when you leave here? Would you need help and/or what would empower you to take this action?**

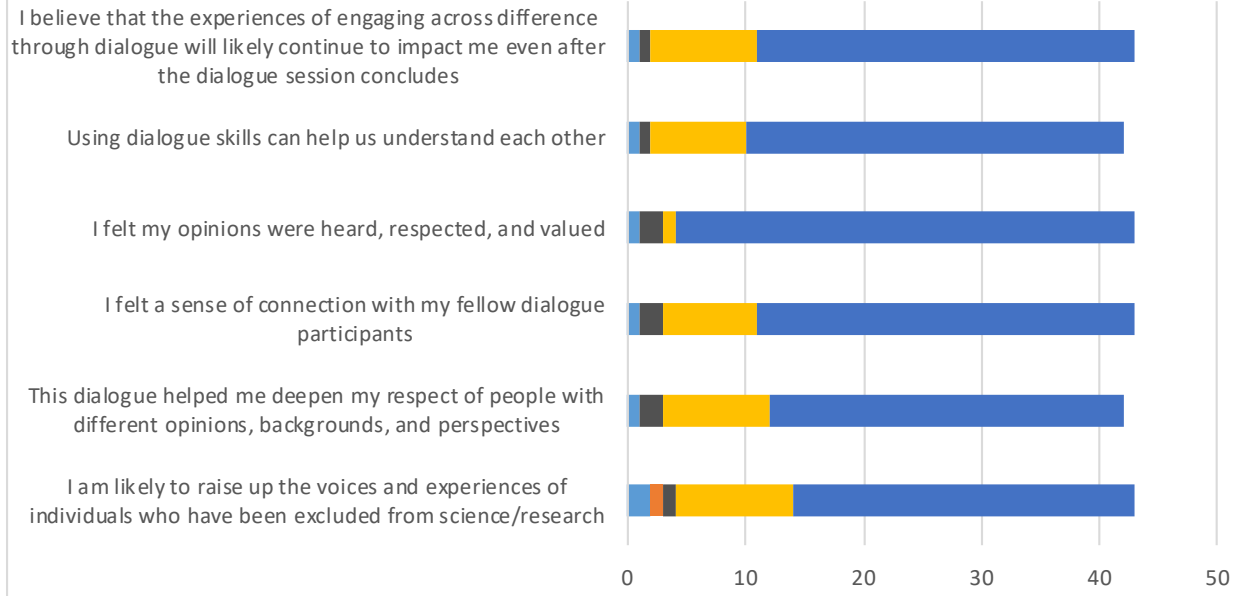
**7. What action would you hope to see the institution take in response to the issues related to exclusion in research?**

## Appendix 2 [evaluation summary graphs]



Please indicate your level of agreement for each statement for the dialogue portion of the event for the following statements

■ Strongly disagree 
 ■ Somewhat disagree 
 ■ Neither agree nor disagree 
 ■ Somewhat agree 
 ■ Strongly agree



## Appendix 3 [Acknowledgements]

Asha Ayub  
Bindu Agrawal  
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Lucyanna Gross  
Ashley Hicks  
Linda Hudson  
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Marlene Jreaswec  
Amy LeClair  
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Sherry Reddix  
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Nicole Savidge  
Dawn Sauma  
Robert Sege  
Carol Seidel  
Christine Sinclair  
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Maggie Towne  
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Lisa Welch  
Amy West  
Tanya Wright  
Julia Zubiago

## Appendix 4 [final question responses with themes]

Themes from Breaking the Silence: Confronting Exclusion in Research  
Final Question: What are you taking from what you have heard here that you want to continue to think about, speak to others about, or work on?

### Research

- **What research gets funded?**
- Research in Lawrence on unmet social needs. Continue to think about community perspective in a deep way
- Community originated research

### Systems level/change

- Not letting the conversation die- continuing the conversation and work to change the system
- Rethink racism not from a personal level but at a systems level
- How can structures and policies facilitate listening
- Listening is as important as output, and how can institutions and their belief systems endorse active listening?
- We need to be intentional in hiring people of color. Can't blame the pipeline.
- **Organize and strategize as a group but not as a single individual**
- **People in power who are making decisions may not be at the table and it is important to get them to discuss with**
- How can we ensure that pipelines exist particularly for marginalized or minorities individuals and communities
- Heterogeneity of work environments here at Tufts. Making the culture of inclusion uniform
- Racism is a system embedded in different spheres. In order to address racism you have to look beyond individuals to collective norms, structures, and systems
- Last slide (structures/ systems/values)
  - Where are pockets of what's going on? Mobilize energy among students to hold students accountable

### Conveyor belt analogy

- Conveyor belt. Keep turning around on the conveyor belt
- The last piece of the conveyor belt is organizing. There is power in numbers and connecting with, listening to, and understanding others is very important
- Understand others' experiences and stories, see perspective, conveyor belt analogy (move actively against it, don't thing about change)

### Open/closed sign analogy

- Images of open/closed sign and how to carry that forward
- **Continue talking about and sharing the open/closed door metaphor**
- The open & closed sign
- Culture, dual reality from Camara's talk- is the sign open or closed? What does that really mean and what side do I want to be on?

## Continuing the momentum/call to action

- **Being passive is being complacent.** Actively move toward change. Chief diversity and inclusion is an important role, but it needs to be shared (the burden), which isn't just non-white people who are shouldering the burden
- **Start bringing people to the table, both in research and beyond. To continue actively engaging peers in these conversations**
- Focus on action steps/next steps, hoping to bring together group to actively mobilize anti-racist actions
- 6-steps for action and 7 barriers were new ideas and want to take those ideas to implement in department
- Like the call for action, moving beyond just identifying the problem
- **Will encourage their community to share their stories to bringing to light systemic injustice racism the community**

## Naming the isms

- **Idea of naming racism and saying the word**
- Naming racism. We put blinders on and don't say things because we are afraid of making others uncomfortable
- Hopeful of what heard and that people were willing to speak in a public area about racism and people talking about their experience with racism
- Could relate to the panelist and solidified that you have to speak on white privilege and continue to point out why others may not it and why it's important to continue discussing it
- Name the -isms. Don't tiptoe around them
- Encourage/promote the use of the racism to help people identify but not deny racism as not existent
- Encourage/promote the use of the (discussions of) racism to help people identify but not deny racism as not existent

## Awareness/intent vs. impact

- Awareness that awareness is not enough; must take steps
- Work on awareness and be conscious of my own behavior, and how that may affect others
- Intent vs. Impact
  - Doesn't matter to person who was murdered (intent in murder charge makes a difference but the person is still dead)
  - Intent when saying something racists doesn't matter, person is still hurt
- **Better communicate about intent vs. impact**



## Calling out personal privilege/being okay with the uncomfortable

- Come out of your own bubble
- Avoid being comfortable
- “Unearned advantage from racism got me where I am today”
- We need to continue to be explicit and not rest on the “comfortable”
- The power of the group/event - impressed the importance of listening intently to others and be aware of how I think on an issue and how that may make others uncomfortable even as I’m comfortable
- One can’t make assumptions about the comfort of others

## Betterment of self and society

- Push myself to be better
- Collective responsibility that people are represented at the table. Why is it that no women are at the table?
- Push others to do better
- **Keep myself uncomfortable for the betterment of culture**

## Misc.

- **Keep asking who is not at the table**
- Pushed to give more people benefit of the doubt
- Enjoyed being here and listening to everyone
- Honest responses are founded in simplicity when not deflected by fear
- Asian – all lumped into one category
- Belonging
- Histories matter and make us more introspective to believing/bettering minorities and others
- Framework of mechanisms of decision making to diagnose here
- Everything Camara said. The way she broke it down
- The questioning and rethinking of the term “Diversity,” it suggests culture different than the norm, which means that the norm is white. Maybe replace the word diverse with cultural or something like that
- Tonight and 1619 podcast – moved by the importance of stories and they can inform everything we do

## Appendix 5 [Dr. Jones additional work and resources]

Jones CP, Levels of racism: a theoretic framework and a gardener's tale. (2000). *American journal of Public Health*, 90(8), 1212-1215. doi:10.2105/ajph.90.8.1212

Jones CP, Jones CY, Perry GS, Barclay G, Jones CA. Addressing the social determinants of children's health: a cliff analogy. *J Health Care Poor Underserved*. 2009;20(4 Suppl):1-12. doi:10.1353/hpu.0.0228

Jones CP. (2002). Confronting Institutionalized Racism. *Phylon (1960-)*, 50(1/2), 7-22. doi:10.2307/4149999

Invited Commentary: "Race," Racism, and the Practice of Epidemiology. *American Journal of Epidemiology*, 154(4), 299-304. doi:10.1093/aje/154.4.299

### Online offerings:

Cliff Analogy link (whiteboard video done with the Urban Institute): <https://www.youtube.com/watch?v=to7Yrl50iHI>

Gardener's Tale link (from CDC for CityMatCH Conference): <https://www.youtube.com/watch?v=1QFCcChCSMU>

TEDx Emory link ("Telling Stories: Allegories on 'Race' and Racism" with four allegories): <https://www.youtube.com/watch?v=GNhcY6fTyBM>