Interventions to address Racism and Health: Draft Background Paper

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Introduction

This background paper provides an overview of anti-racism interventions that operate in the health sector both in New Zealand and Internationally. This paper builds on and is informed by the report *Racism and Child Health: A strategic review of possible interventions for the health sector* (Cormack et al. 2018) which was part of a broader project on understanding racism as a determinant of child health and subsequent future health in adulthood. For a full discussion of definitions of racism and the link between experience of racism and poorer health outcomes - see Cormack et al. (2018) and Talamaivao et al. (2020).

The aim of this background paper is to highlight interventions that are situated within the health sector particularly at the organisational level and discuss anti-racism interventions at different levels with a few examples from New Zealand and a scan of interventions available Internationally.

A search of literature was undertaken to identify relevant interventions that address racism and health from 2018 – February 2020, as an update to Cormack et al. (2018). The methods used to identify and present anti-racism interventions for the health sector were informed by Cormack et al. (2018) and used the same search strategy. Literature databases searched included Ovid databases and Web of Science. Searching was also conducted using google, google scholar and relevant websites (as not all interventions are featured in academic publications). Appendix 1 presents international health sector interventions presented in Cormack et al. (2018) with additional interventions identified since highlighted.

Aotearoa New Zealand; anti-racism health interventions

As detailed in Cormack at al. (2018), there are minimal examples of interventions that are explicitly framed as 'anti-racism interventions' in Aotearoa New Zealand. There have been minimal anti-racism interventions since – and the few that are identified are mainly focussed at the organisational and health practitioner level. Interventions are not always specifically identified as anti-racism interventions in their titles (for example, they can be presented as a health equity approach) but can be interpreted to contribute towards identifying and acting against racism.

Health system and organisations level

There are some examples of wider anti-racism action at a more system level in New Zealand as identified in Cormack et al. (2018) with recognition of racism and its deleterious impacts on wellbeing stretching back to the 1980's (with the release of *Pūao-Te-Ata-Tū* report for example, Department of Social Welfare, 1988). In regards to capacity and capability in an organisation, organisation practise in employment can be a site of anti-racism initiatives. An example of anti-racism action in New Zealand is the employment hiring policy at Auckland DHB. In 2018, Auckland DHB implemented a 'straight to interview policy'[1] (also supported by the Public Sector Association), where Māori and Pacific candidates meeting core criteria for a role were progressed straight to interview. If not hired, managers must give specific feedback to HR, so the unsuccessful candidate can be coached to improve their chances in future

[1] https://healthcentral.nz/maori-pacific-straight-to-interview-policy-likely-to-be-copied-expert/

interviews. Auckland DHB also offer free onsite Te Reo Māori courses for staff and whānau, along with other DHBs (Auckland DHB, 2019).

Health practitioner level

Cormack et al. (2018) outline a number of interventions which have an anti-racism focus at the health practitioner level in workforce training/education and work in cultural safety (Papps and Ramsdon, 1996). In Aotearoa New Zealand, there is also dedicated teaching about racism and anti-racism at both undergraduate and postgraduate health sciences programmes and a focus on Indigenous framed learnings (e.g., Meihana Model (Pitama et al., 2014)). There are also well embedded targeted admission schemes in health education and training which have successfully increased the representation of Māori in health professional programmes (refer to Cormack et al. 2018 for more detail).

Examples of other activities at the health practitioner level, in 2019, the Health Safety and Quality Commission (HQSC), as part of their Patient Safety week campaign, released a series of video talks focussed on understanding 'bias' and explore via three presentations 1) understanding and addressing implicit bias 2) Tiriti o Waitangi, colonisation and racism 3) experiences of bias. Here racism is discussed more in the context of 'implicit bias'.

International anti-racism health interventions

Anti-racism health interventions internationally show that many focus on single level interventions or initiatives, and are centred around training of staff in healthcare providers and/or training in health education institutions.

Appendix 1, presents details of health sector interventions that address racism at an international level and are sorted by interventions operating at the single level (e.g., are more one off initiatives) or are multi-level and operate at a system level reaching further than just one setting (e.g., provider and organisational). Interventions identified from Cormack et al. 2018 are reproduced in these tables along with any further interventions that have been identified from 2018 – February 2020.

Single level interventions

Single level interventions are often one-off staff training or educational initiatives operating at a provider level, or could be education based learning modules or courses located in Universities. As in Cormack et al. (2018), there were varied theoretical frameworks that underpinned interventions (e.g., cultural competence, equity and antiracism approaches) and most were located in the United States and the United Kingdom (further details are described in Appendix 1).

Additional interventions identified since 2018, included an intervention that was a one-off student organised conference on anti-racism in the US, it was found that such an approach could be a useful educational intervention for health care professionals (Adelekun, 2019)

Multi-level interventions

When looking at structural racism it is useful to focus in on what is happening at the organisational level (health entities and providers) and for the health system more broadly. These interventions are more likely to be multi-level and as Cormack et al. (2018) found,

there are less interventions that have been implemented or focussed in this way when looking at the range of interventions over time. We know from literature that multi-level interventions are posited to have the biggest impact on reducing the negative effects of racism on health (with the aim of eliminating racism entirely), although more research needs to be conducted to explore this further (Williams, 2019).

Cormack et al (2018) in a summation of multi-level interventions, identified that some interventions had activities located in different levels of the health system including both at the health provider and organisational level (e.g., Bekaert, 2000; Boston Public Health Commission, 2015; Griffith et al., 2010).

Several interventions were located in the US and located within health departments such as the Boston Public Health Commissions (BPHC) 'Racial Justice and Health Equity Initiative' which also included setting up an anti-racism advisory committee, and a health equity framework along with anti-racism focussed training. Another intervention that included the development of an action plan to address racism across the organisation, coupled with training was the Rural Country Public Health Department (Griffith et al., 2010). White Coats for Black Lives (WC4BL) provides an example of an intervention that while run at a health provider level also operates at a more national level though the WC4BL organisation run by medical students. It focusses on addressing racism and spearheading change within the health system. The organisations mission statement is "..to dismantle racism in medicine and promote the health, well-being, and self-determination of people of colour (WC4BL, 2018). WC4BL developed and implemented a 'racial justice report card' for medical institutions which can be used to score against 13 indicators to assess areas for action in addressing racism in both medical schools and more widely in the health system. Some examples of the indicators include; anti-racism curriculum, discrimination reporting, anti-racism training, minority under-representation and marginalised patient protection (WC4BL, 2018).

An intervention set in a hospital setting in Australia utilised an external assessment tool to measure institutional racism. This tool, a 'Matrix for Identifying, Measuring and Monitoring Institutional Racism' is made up of 5 indicators 1) inclusion in governance, 2) policy implementation, 3) service delivery, 4) employment and 5) financial accountability. The matrix works as a desktop tool using publicly available information. A recent literature review assessment by Bourke et al. (2018) assessed change within hospital health services in Queensland, Australia using the matrix tool. Initial scoring using the matrix in 2014 found a very high level of institutional racism within the pilot of the matrix at one Cairns hospital and health service (Marrie & Marrie, 2014). Testing again in 2016/17 showed some improvement in scoring (improvements in governance and service delivery) however the institutional racism level still deemed to be 'high' with some areas still to be addressed such as financial accountability, policy implementation and increasing employment levels of Aboriginal and Torres Strait Islanders in the organisation. Bourke et al. (2018) concluded that an external assessment tool to measure institutional racism in an organisation had the capability to begin a transformation journey.

The EQUIP intervention is an organisational intervention to promote equity in health and was first rolled out within a primary care setting (Browne et al 2018) and has since been adapted for emergency departments within three ED's in Canada. The Equip intervention aims to

deliver a 'health-equity enhancing framework' which will present interventions tailored for ED's with diverse populations (specifically Indigenous and non-Indigenous).

Training using a reflective capacities approach within the midwifery and nursing professions was the focus of an intervention situated in two varied hospital settings in the US. While working with the workforce, the goal was also to have an impact on the system and in particular structural racism by creating and encouraging leadership to ask the questions and spur change in the wider health system (Silverman 2019).

Discussion

As outlined in Cormack et al. (2018), a scan of available anti-racism interventions or initiatives show that many interventions or initiatives are one-off, single level approaches and they are often located at health practitioner or provider level. Research indicates that interventions are most effective when they are multi-level. Smedley (2019), for example, states that interventions need to be comprehensive and coordinated to operate at multiple levels in order to 'reshape policy and practice as well as individual attitudes and behaviours' and undo the entrenched systems of racial hierarchy.

Bailey (2017) points out that health professional training (for example, training around cultural safety) have value in increasing knowledge of structural racism in context on 'encouraging a lifelong commitment to self-reflection and mutual exchange in engaging power imbalances along the lines of cultural differences' but cautions that short, one off training courses would not suffice in reaching this goal. Bourke (2018) sees a need for focus on training in particular for non-Indigenous staff to understand the 'complexity and harmfulness of institutional racism', equitable outcomes and the need for organisational change. They also note that training in a cultural or anti-racism context will be ineffective on its own 'given that the effect of institutional racism is driven by factors beyond the behaviour of individual staff'.

A few studies outlined their approach to recognising the context of colonisation and inclusion of indigenous voices in their intervention approach. For example, Vercoe et al. (2019) outline a tripartite approach which includes an indigenous community focus, practice and research team membership, with Indigenous representation across all along with an advisory panel. Bourke (2018) emphasises the need for redistribution of political power to account for the ways in which current laws and structures serve to privilege the dominant white population in Australia.

Cormack et al. (2018, p. 15) notes 'it is important to have interventions that address racism at the levels of health organisations and health systems if change is to be sustainable and long term'. It is important that organisational policy changes require mandatory programmes with authorship, accountability and monitoring mechanisms and backed by organisational leadership have been effective in reducing discrimination in employment settings (Williams, 2019). Williams (2019) also note that when looking at employment, HR policies can minimise discrimination (for example, by removing identifiable names from employment applications). This is where actions such as those implemented for instance by Auckland DHB may be effective.

Organisational accountability and vigilance in leadership is seen as a vital and effective strategy for reducing institutional racism (Paradies, 2009; Bourke, 2018). Smedley (2019) states that success of interventions is hinged on 'vigorous leadership' and that is grounded in public health and incorporates meaningful inclusion and engagement of community leaders. Brown et al. (2019) also comment on how organisation size and structure can be relevant in how structural racism is addressed. They note that highly centralized organizations with top-down review and approval mechanisms may have mandate and levers that can be adopted to require that all staff "adopt the lens of structural racism, apply appropriate data and analytic methods, and adhere to language guidelines". Staff can be required to complete anti-racism training and can implement a centralized review of proposals, work plans, research designs, and research products to ensure all work takes an anti-racism lens (Brown et al., 2019, p. 6).

Conclusion

There are a range of interventions working within New Zealand and more globally that recognise the deleterious impact of experience of racism on health outcomes and seek to reduce or eliminate racism. Interventions can be drawn from a spectrum of intervention points, from 'calls to action', statements and claiming of intentions (in health and more broadly across society) to more specific programme initiatives around certain health conditions (e.g., programmes to eliminate racism along a cancer care pathway) or a particular part of the health system (e.g., workforce capacity building).

The naming of racism as a key determinant of health and/or a public health crisis, can be a powerful statement that the state, leaders and organisations can make. This however, needs to be backed up with political will and the call to action evidenced through plans, frameworks, tools, and interventions and grounded in evidence. Realistic and secure funding and governance structures are also a vital part of the picture. Bourke (2018) states that 'lasting change only occurs within the health systems by examining processes of power imbalance' and this means that leadership and actions must include Indigenous peoples and those communities impacted most by racism. It is important that leadership and governance structures are oriented and mandated to both recognise institutional racism and also commit to actions to work towards eliminating its entrenched and destructive power in both the organisation and then as a result the health system it serves. Bailey (2017) asserts that it is vital and indeed possible for government (and the public) to support 'large scale initiatives to counter structural racism' and that an anti-racism lens would actually improve an organisations effectiveness and that 'removing racism from institutions is essential to protect and promote the health of our increasingly diverse communities'.

Interventions should be designed as multi-level and support action at all levels of the health system from organisations to health practitioner level. As Cormack et al. (p. 16), state, in the Aotearoa New Zealand context this translates to "strong leadership and commitment from the Ministry of Health, DHBs, PHOs and other key health organisations, including investment in the development and evaluation of anti-racism initiatives in the health sector".

"There is an acute need for increased attention to identifying the optimal interventions to reduce and eliminate the negative effects of racism on health" (Willams et al., 2019, p. 15).

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Appendix 1: Summary of Internationally based interventions to address Racism in the Health Sector

The following tables present an overview of interventions to address racism in the health sector internationally. They include interventions identified in Cormack et al. (2018)[2] along with additional interventions identified since 2018 to April 2020, these have been included at the start of each table and highlighted in blue.

The summaries are categorised by interventions at the health system/organisational/provider level (Table 1), provider level (Table 2) and medical training (Table 3). Note that the contents in these tables are taken directly from original documents.

Table 1: Interventions at organisation/provider level (multi-level)

Intervention	Setting & participants	Theoretical approach	Intervention type	Overview	Outcomes or evaluation
Matrix for Identifying, Measuring and Monitoring Institutional Racism within Public Hospitals and Health Services – Queensland Health Australia	Organisational Australian hospital and health service (HSS)	Institutional Anti-racism	Literature review to assess change in the implementation of a intervention tool - *Matrix for Identifying, Measuring and Monitoring Institutional Racism within Public Hospitals and Health Services*	External assessment tool to measure institutional racism using publicly available information for criteria selection and assessment. Matrix used to audit 16 HHS in 2017 and measured, monitored and reported on institutional racism. Literature review assessment to assess management of institutional racism in HSS compared with initial Matrix case study (from 2014) across 5 key areas of institutional racism 1)	Transformative change was observed in the areas of governance, service delivery and employment at an Australian HSS. No change in financial accountability or policy implementation was detected. The use of an external assessment tool seen as useful in change in hospital and health services settings. Need for further investigation is noted.

[2] See Cormack et al. (2018) for full references for interventions identified for that review.

(Bourke et al 2018, Marrie and Marrie 2014)				inclusion in governance, 2) policy implementation, 3) service delivery, 4) employment and 5) financial accountability.	
Accountability for Cancer Care through Undoing Racism and Equity (ACCURE) (Black et al, 2019) United States	Cancer centres	Systems change anti-racism	ACCURE interventions study designed to deliver a training programme over two years to medical and admin staff to address system level issues of racism and inequity in health-related organisations – specifically cancer centres in this intervention.	Community-academic-medical partnership with the aim 'to interrupt pathways where structural racism impacts on cancer care' for (stage 1 or 3 breast and lung cancer patients). ACCURE developed four system level interventions; specially training nurse navigator, real time registry of patient medical records, clinical performance reports to physicians and Healthcare Equity Education and Training (HEET) sessions HEET session were held at two cancer centre sites (one an academic hospital and the other a regional hospital). Focus on system level factors. HEET delivered via 'grand rounds', 'lunch and learns' or as stand alone as educational trainings and also via webcast. Training is targeted at mostly structural and institutional areas for change and equips participants with comprehensive, data based framework to understand and engage the causes of inequity.	The ACCURE team conducted participant and process evaluations for each HEET session. Evaluations from HEET participants showed increased awareness of 'race specific' health outcomes for patients, improved understanding of the role of the institution in equity, understandings of implicit bias. Overall changed the way clinical care and professional responsibilities 'as gatekeepers' was thought about. HEET regarded as a flexible model that could be adapted to a variety of settings, the key being to fit into an organisations current training delivery mode.
EQUIP Emergency: study protocol for an organizational	Hospital Organisational	Equity	Staff training Mixed methods multi-site design to	EQUIP Emergency is an organizational intervention tailored to hospital emergency department settings. It is a three-way collaboration among health researchers, health	There is a planned process evaluation for EQUIP Emergency process which will use patient surveys, staff surveys, administrative surveys, observations,

intervention to promote equity in health care Varcoe et al (2019) United States			assess changes in key outcomes.	care staff and Indigenous/community leaders aimed at developing an evidence-based intervention framework to promote equity for Indigenous and non-Indigenous people in diverse EDs. Staff training via • self-led working groups (paid, over 6 months) • online modules and tools • data resources • workbooks (which include 5 steps: orienting themselves to equity oriented health care, planning how to work together, assessing their department, planning change initiatives, and evaluating and monitoring). • Access to two types of 'coaches' (a change coach and content coach).	qualitative interviews and scans of documents and policies. Patient survey includes measurements of discrimination in everyday life as well as discrimination during ED visit. The process evaluation matrix has the following phases; pre-intervention (assessing readiness and engagement), Phase 1 (working group engagement), Phase II (establishing a sustainable working group), Phase IIB (working group beings action), Phase III (working group implementation).
Equipping Primary Health Care for Equity (EQUIP) intervention; Canada (Browne et al 2018)	Health providers Organisational	Equity	Staff training Intervention designed to build capacity within a health organisation for the staff to provide "equity-oriented care"	Included staff education and training around: Trauma- and Violence- Informed Care; Contextually-Tailored Care; and, Cultural Safety The Cultural Safety dimension included "…understanding the impacts of inequitable power relations, racism, discrimination, colonization, and historical and current inequities on health and health care" (2018: 4). The programme included in-person workshops, group discussions and online modules. Activities were also undertaken to promote change at the level of the organisation.	Evaluated with survey of staff, interviews and observations. Staff reported positive changes as a result of the intervention, and in relation to the cultural safety component The study noted that staff changes in relation to awareness, understanding and competencies around racism were an important outcome of EQUIP.

Racial Justice and Health Equity Initiative; Boston Public Health Commission; United States	Organisational; Health providers	Anti-racism	Multi-strategy intervention at different levels within the Boston Public Health Commission. Described as a, "broad organizational transformation process, which aims to integrate health equity and racial justice principles and practices into all of the health department's work, both internal and external, to measurably reduce inequities in Boston.	Led by an anti-racism advisory committee that "reviews, assesses and develops recommendations on internal policies, practices, structures and systems using a racial justice and health equity framework". Actions include internal policy development (e.g. in employment practices), provision of staff training, language justice, equity goals, quality improvement and performance management system.	Upcoming
Horton General Hospital (UK) Multicultural Consultation Group; United Kingdom (Bekaert 2000)	Organisational; Health providers	Health equity	Multi-level strategy aimed at equality of treatment and service for minority groups within a hospital setting This intervention is more explicitly	Multi-cultural consultation group Implementation: -Record keeping and monitoring -Information and communication -Religious and cultural needs -Training -Complaints -Human resources	Limited evaluation Audit forms filled out by staff, informal visits to wards and random questioning Problems identified included: Some initial staff objection to 'special provisions' for minority groups. Poor ethnicity data collection.

			focussed on improving care for ethnic minorities although measures to address institutional racism are discussed as part of programme and providing services that are not racially discriminatory are included in the justification	NB: institutional racism explicitly considered in HR including (staff training on cultural diversity, recruitment and selection, equal opportunities, monitoring staff performance)	Patient mistrust and uptake of service. Ongoing inappropriate use of families for translation (including children) by staff. Patient privacy in ethnic specific clinics e.g. running into relatives.
Rural County Public Health Department; United States (Griffith, Yonas, Mason & Havens 2010)	Health providers; Orgainisational	Anti-racism	Dismantling Racism focussed on individual and organisational levels.	Two-day dismantling racism workshop conducted by specialised organisational consultants. Workshop designed to address institutional racism at individual level via - development of a common language and concpetualisation of racism - highlighting the role of institutional gatekeepers Practical examples used to help participants refine their understanding between who has power and control over community resources and social/health outcomes of communities of colour Follow-up opportunities include caucusing where people from specific identity groups come together to provide support and address issues particular to their group	Qualitative evaluation process included staff and board of health members. Identified that policies and practices, decision-making processes and leadership structure were contributing to disparities via institutional racism. Changes since then include - mandatory participation in the Dismantling Racism workshop for all staff - increasing membership on Change Team - changing recruitment and hiring processes - revising staff and client grievance procedures

				Organisational "Change Team" coordinates and guides the intervention process within the organisation, develops the organisational vision and goals for dismantling racism and health mode people toward actively supporting the changes required. Change team included reps from each caucus, health department administrators, the consultants and community residents. Change Team designed an action plan to address institutional racism at multiple levels within the organisation and also collected an analysed data for the evaluation.	- development of a tool to assess perceptions of institutional racism on an annual basis Creation of data monitoring system to track organisational progress and community health and health care disparities currently underway
Southern City's Health Disparities Collaborative (HDC); United States; (Griffith, Yonas, Mason & Havens 2010) – see above	Individual; organisational; system-level	Anti-racism	Structural intervention to identify, illustrate and address institutional racism and other sources of health and health care disparities. Intervention members included community members, medical professionals, academics, and representatives from local community-based organisations.	HDC members participated in 2-day "undoing racism" workshop (similar to the Dismantling Racism workshop). Facilitated small-group story-telling sessions to explore the institutional dynamics perceived to be associated with racial health care disparities in their community. This led to the HDC collaborating, designing and submitting a research proposal which examined the quality of care provided to African American and White women using cancer registry records and patient perspectives. This was funded by National Institutes of Health. Study is ongoing but will form the basis of a system-level intervention that will incorporate the partnerships expertise to promote change using the Dismantling Racism approach.	None available

Localities Embracing and Accepting Diversity (LEAD) program; Victorian Health Promotion Foundation; Australia (Ferdinand et al 2014; Ferdinand et al 2013; Ferdinand et al 2017; VicHealth 2014)	Place-based; local government, educational, employment and retail settings Run in conjunction with the Victorian Health Promotion Foundation, Australia	Building on our Strengths framework – an evidence-informed approach to addressing systemic and interpersonal racism	Multi-strategy intervention designed to reduce race-based discrimination and support cultural diversity. Councils have responsibilities for areas where discrimination may occur and have potential to develop pro-diversity organisational environments. Educational, employment and retail settings chosen as known sites of discrimination and because promotion and prevention interventions are easily introduced.	Governance including LEAD Program Advisory Group & Program Operational Group; Project and Funding partners. Mix of common and locality specific activities, including the following: Community assessment Organisational audit Policy reform Pro-diversity and cultural awareness training Work experience and mentoring Internal organisation communication strategies Awareness-raising activities Connections with media Social marketing campaign (*See Beyond Race*)	Three components involving both quantitative and qualitative methods and program specific tools developed by the project team: 1. Community assessment 2. Process evaluation 3. Impact evaluation Overall, evidence suggests that LEAD had a positive impact on individuals, organisations and communities, including for example: - Increased pro-diversity attitudes in council and workplace settings, although no change in attitudes in educational and retail settings - Greater support for inclusive policies and positive change in attitudes towards cultural diversity Greater connections between council, local media and communities, including improved media coverage of Aboriginal and CALD communities and significant events
White Coats for Black Lives (WC4BL); United States	Health providers; Organisational; Health System	Anti-racism	Campaign at all levels of the health system (physicians,	National organisation run by medical students in the United States	Activities not formally evaluated A report on the Racial Justice Report Card is available (WC4BL 2018b)

(WC4BL 2018a; 2018b)			medical schools, health system)	Promotes and engages in a number of anti-racism activities and initiatives (e.g. protest, advocating for anti-racism in health care, advocating for recruitment and retention of Black, Latinx and Native American medical students and doctors) Recently piloted a Racial Justice Report Card across 10 'academic medical centers', assessing the centers against 13 criteria	

Table 2: Health provider interventions (single level)

Intervention	Setting & participants	Theoretical approach	Intervention type	Overview	Outcomes or evaluation
Reflective Capacity: An Antidote to Structural Racism Cultivated Through Mental Health Consultation (Silverman and Hutchinson, 2019)	Healthcare provider	Social Justice, Human rights, Anti-racism	Ongoing staff training/programme - University of California mental health consultants working in partnership with two nursing & midwifery programs, and apply an infant mental health approach to programs caring for expecting and new parents.	Nurse-Family partnership nurses and hospital midwifes undertake a training approach which uses reflective practice capacities and 'use-of-self' patient-provider relationships tools to apply reproductive justice. Consultants helps providers process their experiences so that they are less likely to interfere with providing optimal care. Midwives Consultant joins midwifery monthly staff meetings, individual and group formats looking at systemic and case-specific needs. Public health nurses	Evaluative observations were reported eg, Nurses found that they were able to develop a therapeutic relationship with patients and deal with challenging topics The method of obtaining evaluation and data collection on the approach is not outlined.

			Training aims to address issues of race, class and culture and to combat structural racism.	Nurse is paired with first time low income mothers up to child is age two as part of a home visiting program. Consultant joins bimonthly case conferences.	
Race equality training and values-based practice Milton Keyes Joint Adult Mental Health Services, United Kingdom (Dodd, Hunkins-Hutchinson & Fulford 2011)	Mental health ward staff	Values Based Practice model to address race equality	Staff training program aimed to supporting ward staff to discuss issues of race and race equality and to understand different values of people from diverse cultural backgrounds so staff can be more confident and sensitive when making service-user assessments and devising care plans	Voluntary participation in training program Project overseen by a Steering Group which consisted of study authors, independent evaluator, a Care Services Improvement Partnership representative, ward managers and former member of ward staff. Equality training delivered by a race equality trainer across 1.5 days. Content not provided by the authors. Values Based Practice (VBP) delivered by the Primary Author of the study across 1.5 days. These sessions included discussion of VBP theory and demonstrations of how it can be applied in practice.	Participant evaluation focussed on staff experiences of the training programmes. Data collected via focus group discussions led by the independent evaluator and a two-day observation period when participants could reflect on what they had learned in the focus groups and the independent evaluator observed how the training programmes and focus groups had changed practice. Staff reported that the theoretical sessions of VBP were difficult to follow and that the race equality sessions were more personally challenging than the VBP sessions. VBP principles provided a structure to the race equality sessions that enabled participants to discuss issues of concern to them. Authors did not provide information regarding how training changed practice. Concluded that talking about race equality is achievable via continual discussion vs a few training sessions and that discussions should be continued despite discomfort of the participants.

					NB: this study was a brief report therefore it is difficult to assess the robustness and/or validity of the findings using the limited information provided.
"Health Equity Action Training (HEAT)", Hartford Department of Health & Human Services; United States; (D'Angelo et al 2013)	Staff of a health department	Health equity	Staff training intervention Single training across modules; part of a broader Health Equity Alliance project	Mandatory training project designed with partners at the Hispanic Health Council (12 hours, across three modules); Three modules were: 'Social & Health Equity', 'Undoing Racism', and 'Stereotyping & Bias'; Included both 'didactic' and 'experiential' components in the training	Assessed with satisfaction survey (72/85 participants), as well as pre- and post-test assessments with 42 participants Overall, satisfaction with the training was high and training felt to be useful Assessments demonstrated an increase in knowledge about racism and discrimination
Equal Rights Equal Access (EREA) training; United Kingdom; (Webb & Sergison 2003)	Professionals working with children in child health services	Cultural competence; Anti-racism	Staff training; Training course on cultural competence and antiracism	One-day training course, developed by facilitators Six sessions covered, including sessions on racism, stereotyping and discrimination	Evaluated informally with satisfaction questionnaires and formally with two evaluations Authors report training generally well received, with behaviour changes reported

Table 3: Medical/academic training interventions

Intervention	Setting & participants	Theoretical approach	Intervention type	Overview	Outcomes or evaluation
Recognising Racism in Medicine: A Student-Organized and Community-	Medical training : Racism in Medicine Conference,	Anti-racism	Implementation of a student-led educational intervention designed to train health	To address deficiencies in training, medical studies sought alternative means of educating, one response is a student directed conference with the objective of forming anti-racist professional networks to	Participants were asked to complete a survey assessing perceptions of conference content and impact. 47.7% respondents reported they were more comfortable discussing how racism affects health, 36.4% had better understanding of the impact of racism on an

Engaged Health Professional Conference (Adelekun at al, 2019)	United States, 2017		professionals on the impact of racism in health care and provide tools to mitigate it	recognise and address racism in health care. Attendees were surveyed online. Survey respondents were medical students, nursing students, and social work students.	individual's health and 54.5% felt more connected to other health professionals working to recognize and address racism in medicine.
The Medical Student Cognitive Habits and Growth Evaluation Study (CHANGES); United States; (van Ryn et al 2015)	Medical schools non-African American medical students	Implicit racial bias and inequities in medical care	Education intervention Study examining predictors of changes in medical student implicit racial bias.	Formal activities (eg, cultural competence, quality of care) Informal activities and organisational culture and climate	No formal evaluation available. Data available
Implicit bias and its relation to health disparities: A teaching programme and survey of medical students Albert Einstein College of Medicine, Bronx, New York United States (Gonzalez, Kim, & Marantz 2014)	Medical students	Health Equity	Education intervention Required medical students to examine own experiences and explore their own biases.	Teaching program designed to address health disparities and physician bias. All content was delivered in a single session, with data collected over 2-year period	Limited Evaluation at end of teaching session via self-report questionnaire (~69% response rate) Authors conclude that teaching medical students about their own biases and its role in health inequities is valuable but that it cannot be taught in a single session.

The influence of multicultural training on perceived multicultural counselling competencies and implicit racial prejudice. Study based in two "predominantly White universities in the southern and western regions of the United States". (Castillo et al 2007)	University; Graduate counselling students	Cultural competence	Staff training This study sought to investigate the effect of multicultural training on counsellors implicit racial bias and multicultural counselling competencies. Research participants included 84 graduate students involved in the 1st year Masters level course. 40 students enrolled in multicultural counselling classes, with 44 students enrolled in counselling foundations class (the 'control' group).	Multicultural counselling classes: 3-hours, once a week for 15 weeks. Objectives: 1. increase self-awareness of culturally-learned assumptions, of racial attitudes towards racial or ethnic minorities and of racial identity 2. develop knowledge and appreciation of African American, Asian American, Latino and Native American cultures 3. develop ability to skilfully match appropriate interventions with clients from culturally different backgrounds. Methods included lectures, videotaped demonstrations, required attendance at cultural events, guest speakers. Included "control" classes which were similar in format but differed in terms of the required text book and course objectives. Instructors for multicultural counselling classes were Latina assistant professors with expertise in multicultural counselling. Instructors for control classes were White American professors.	Multicultural Counseling Inventory (MCI) and IAT delivered pre- and post-course. Overall, enrolment in a multicultural counselling class significantly increased cultural self-awareness and reduced implicit racial bias. Participants in both classes increased their levels of cultural knowledge and skills. NB: based on self-report and maybe influenced by social desirability attitudes. Also, participants were not randomised which impacts validity of the effectiveness of the training.

The deconstruction exercise Flinders University, Australia (Sjoberg & McDermott 2016) Has been incorporated by Te Kupenga Hauora Maori, University of Auckland as part of Maori health curriculum. New Zealand	Health providers; health professional students Target group are non-indigenous health professionals and health profession students. Sometimes used by and with indigenous students and academics as an anti-racism and decolonial tool with peers and the academy.	Decolonisation Anti-racism Indigenous knowledge	Education and training intervention The paper describes an individual level deconstruction exercise as one tool in the indigenous health curriculum. The exercise has dual objectives: as an anti-racism strategy and a criticality-extending exercise.	The deconstruction exercise involves an assessment piece whereby students are required to deconstruct the language from questions about indigenous people. As described by the authors the deconstruction exercise involves a "structured, assessed paper wherein students articulate the sociological space from which the question is asked, rather than *answer the question* itself. In their analysis, students are required to identify assumptions, racialised language and/or approaches, and to identify omissions. A successful analysis will identify whiteness, institutional racism and an understanding of the social determinants of Indigenous health" (p30) The exercise is undertaken in a context of wider teaching and facilitation to assist students in engaging with issues of racism, colonisation, history and social determinants of health in critical ways enabling them to understand and uncover the underlying assumptions and stereotypes in the ways in which indigenous people are negatively framed.	Student evaluations. The authors are involved in the development and validation of a tool to assess attitude change among students and faculty following aboriginal health and cultural safety training programme. This has not yet been applied to the intervention.
Cross-cultural care and antidiscrimination curriculum; Australia	Undergraduate nursing students	Social constructivist model of health; transcultural nursing	Education intervention Curriculum intervention developed through	Includes a combination of lectures, tutorials and labs, with a total of 72 hours across 8 weeks. The course includes components that focus on racism and discrimination.	Pre- and post-assessment done to measure change using the Transcultural Self-Efficacy Tool (TEST) and the Quick Discrimination Index (QDI); There was a significant difference in TEST scores, but no significant difference in QDI pre- and post-intervention;

(Allen, Brown, Duff, Nesbitt & Hepner 2013			literature search and consultation		Only 22 (of 251) students completed both surveys, so generalisability of findings is limited
"Race Matters: Addressing Racism as a Health Issue" seminar; United States; (Garrison, McKinney-Whitson, Johnston & Munroe 2018)	Physician residents	Racism and health; implicit bias and patient care	Training; Single seminar	One-of 90-minute seminar developed for underserved residency program; Facilitated seminar with discussion and activities	Reports that evaluations of the seminar were positive (No formal pre- and post-testing reported)
Antiracism coursework in midwifery curriculum; United States; (Gordon, McCarter & Myers 2016)	Midwifery students; [Midwifery faculty]	Cultural competence; Antiracism	Education intervention; 12-week course	A 12-week course was developed for midwifery students, based on feedback from students and experiences with a 2-day anti-racism workshop); The 'Power and Privilege in Midwifery" course aimed to make antiracism teaching more integrated into the curriculum; Mandatory programme for all students A programme was also developed for faculty, as students identified needs in faculty	Evaluated through anonymous student feedback Authors report positive feedback from students, although the feedback also indicated that different student groups had different experiences of the course (i.e. White students compared to minoritised students) Feedback also led to the development of a course to address faculty competence in the area
Pilot of physician training module	Physicians	Race; racism; whiteness	Training intervention;	The intervention involved 6-hours of modules (3 2-hour sessions over 3 months);	Participants completed 5-point Likert questions pre-and post-training; 19 participants completed the training;

on race and racism; United States; (Nelson, Prasad & Hackman 2015)			Single training across modules	The modules covered topics of race, racism and whiteness	Awareness of racism increased significantly, as did feelings of being able to deliver care; White participants, however, felt less able to deliver equitable care effectively following training, which authors suggest relates to them having to reflect on racism and whiteness
"Anti-racism Public Health Curriculum Competency"; University of Washington; United States; (Hagopian et al 2018)	Public health students Organisational	Anti-racism	Education intervention Multi-strategy; paper focuses on curriculum competency but activities also occurred at organisational levels	A racism competency was developed to apply as a 'schoolwide' competency within the public health curriculum Each degree programme is required to incorporate the anti-racism competency into their course	No formal evaluation Paper outlines the development and processes around the curriculum competency as well as impacts at the organisational level