The Power of Place: Travel to Explore Structural Racism and Health Disparities

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Abstract

Problem

Dismantling structural racism is essential to achieving health equity, but there is little guidance for medical educators who wish to teach learners to recognize and confront structural racism.

Approach

Critical consciousness provides a framework to identify and dismantle structural racism. Using a critical consciousness approach, the authors developed a novel 5-day travel experience to the American South for medical residents and faculty to explore the history and legacy of structural racism and the Civil Rights Movement. The purpose of the travel was to examine the connection between structural racism, especially anti-Black racism, and health disparities to better address health inequities within the participants’ own home environment. Throughout the trip, faculty leaders applied principles of cultural humility and techniques from critical pedagogy, including recognizing the value of everyone in the room, creating cognitive disequilibrium, and promoting authentic dialogue.

Outcomes

End-of-week surveys revealed that the trip was well received. Organizers learned important lessons related to faculty and resident dynamics, race-based affinity group meetings, and the respectful use of stories as a tool for learning. Post-trip surveys at 1, 6, and 12 months revealed 3 major themes: participants experienced (1) transformed understanding of systemic racism, (2) increased motivation and bravery to act when witnessing interpersonal and structural racism, and (3) increased practice of cultural humility.

Next Steps

Cultural humility and critical pedagogy can be used with travel to support learners in recognizing and confronting structural racism. The application of such techniques should be explored in local learning environments to foster commitment and action toward dismantling structural racism. In teaching structural racism, medical educators must be willing to consider new ways of teaching and learning.

Problem

The COVID-19 pandemic and its disproportionate impact on Black and Brown people, along with the murders of George Floyd, Ahmaud Arbery, Breonna Taylor, and so many others, have again made clear the enormous and tragic effects of structural racism. Structural racism manifests in the “institutions, culture, history, ideology, and codified practices that generate and perpetuate inequity among racial and ethnic groups.”

Society experiences the results of structural racism in the legacy of redlining and housing discrimination, in the disproportionate incarceration of Black people, in the victims of police violence, and more. Structural racism has a profound influence on the health of Black/African American, Indigenous, and People of Color (BIPOC). Health professionals should not only recognize structural racism as a core driver of health disparities but also actively confront and work to dismantle it. To foster these capacities, educators should include structural racism in medical curricula. While some guidance is available for educators who want to teach learners to recognize and confront structural racism, educational tools are lacking, especially in graduate medical education. Using Critical Consciousness (CC) Theory, we developed a novel travel experience for residents and faculty to foster a deeper understanding of structural racism and explore strategies to dismantle it in our own community.

CC, developed by educator Paulo Freire,4 is a useful framework for teaching learners to recognize and confront structural racism. Learners analyze how structural racism perpetuates injustice, consider their own capacity to change, and take action to confront injustice. CC has received little attention in medical education, in part because fostering CC requires that educators prioritize space for this type of learning and reflection. Protecting time for reflection during residency training is challenging given the competing demands on trainees’ time and on their physical and emotional energy.

Literature on transformative travel explains how travel offers a unique opportunity to develop CC. When learners travel, the intellectual distance they place between themselves and the subjects they are learning about narrows, and for some, disappears altogether. Tuan identified the connection between physical environment and human perception, such that being in new environments can make one think differently.5 Morgan notes, “undertaking an actual journey involving a profound engagement with unfamiliar places and experiences, a person may experience a degree of disruption ... sufficient to engender transformative learning.”6

Sitting in discomfort, surfacing tensions...
that are often ignored, and creating new spaces for healing and change are the real opportunities of travel. Travel is admittedly an unusual learning strategy in medical education; however, medical educators cannot dismantle structural racism by continuing to conduct business as usual. We must be open to new models of teaching and learning.

In a novel approach to confronting structural racism locally, faculty and residents from the University of California, San Francisco (UCSF) Pediatric Leaders Advancing Health Equity (PLUS) residency program traveled to the American South to explore not only the historical drivers of structural racism but also the resistance mounted by the Civil Rights Movement. Although structural racism has relevance to many different racial groups in the United States, given the scale and impact of systemic oppression on Black/African American people, we specifically sought to deepen our understanding of the historical underpinnings of anti-Black racism. We anticipated that participants would emerge with strategies to recognize and dismantle structural racism in their own home environment.

**Approach**

**A trip to Georgia and Alabama**

In April 2019, 16 residents and 12 faculty members spent 5 days visiting historical sites and meeting with civil rights and community leaders in the American South (Table 1). Of these participants, 17 (61%) identified as being from racial/ethnic groups that are underrepresented in medicine (Black/African American, Latinx, Native American). The trip, funded through an anonymous grant, took place during a call-free rotation to allow residents to attend with minimal effect on clinical service. We developed learning objectives for the trip that aligned with the residency program’s curricular goals: to recognize and value the history and knowledge that communities bring to health and wellness, to apply a structural competency lens in patient interactions, to gain skills to recognize and dismantle systems of oppression, to embody cultural humility, and to reflect upon and further develop adaptive leadership skills.

We recognize that travel is not necessary to bear witness to the impact of structural racism and anti-Black racism. Black residents of the San Francisco Bay Area are twice as likely to die from COVID-19, have a life expectancy that is 7 years lower than White people, experience homelessness at a higher rate, are more likely to die at the hands of police, and are disproportionately incarcerated.7 Racism is always proximate, whether one chooses to acknowledge it or not. We anticipated that traveling to the American South—the birthplace of the Civil Rights Movement—would, given its unique concentration of monuments and museums, allow us to deepen our understanding of the context of structural racism, anti-Black racism in the United States, and the power of social movements. We aimed to apply this knowledge to addressing structural racism in the San Francisco Bay Area upon our return.

**Educational approach**

In designing the trip, we used the critical pedagogy techniques identified by Halman and colleagues to foster a CC of structural racism. These include creating cognitive disequilibrium, recognizing the value of everyone in the room, promoting authentic dialogue, sharing and inviting stories, questioning the status quo, and challenging the power hierarchy.3 Examples of how we applied some of these techniques follow.

**Create cognitive disequilibrium.** Led by an experienced local tour guide, we traveled by bus to 10 sites over 5 days. Visiting new places, talking with local leaders, and hearing stories from community members allowed participants to build upon existing knowledge and take in new information while experiencing the disruption of unfamiliar places. We used discussion and writing prompts to encourage participants to reflect on their experiences and consider how they might apply insights from the trip to work in the Bay Area.

**Recognize the value of everyone in the room.** We used cultural humility, “the practice of lifelong critical self-reflection and self-critique while redressing the power imbalances”4 as a foundational practice. Most participants participated in cultural humility training before the trip. We intentionally established that all participants, faculty members and residents alike, were learners, and we encouraged open sharing of ideas and experiences. We held 2 dinner meetings before the trip to build relationships, create group agreements, and gather input on the planned activities.

**Promote authentic dialogue.** We implemented a unique approach to promoting authentic dialogue through race-based affinity group meetings, facilitated spaces for participants to gather by self-identified racial/ethnic

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Table 1

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<tr>
<th>Day</th>
<th>Activities</th>
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| 1   | Arrive in Atlanta, Georgia; greeted by tour guide Charles Alphin Sr  
Social gathering with UCSF alums in Atlanta, Georgia |
| 2   | Meeting with Dr. Bernard Lafayette Jr, Chairman, Southern Christian Leadership Conference, Atlanta, Georgia  
Tour Tuskegee University Legacy Museum, Tuskegee, Alabama  
Tour Rosa Parks Museum, Montgomery, Alabama  
Walk across Edmund Pettus Bridge, Selma, Alabama  
Dinner at Martha’s Restaurant with community leader, Montgomery, Alabama |
| 3   | Breakfast with senior staff, Southern Poverty Law Center, Montgomery, Alabama  
Tour National Memorial for Peace and Justice, Montgomery, Alabama  
Tour Equal Justice Initiative Legacy Museum, Montgomery, Alabama  
Tour Birmingham Civil Rights Institute, Kelly Ingram Park, and 16th St. Baptist Church, Birmingham, Alabama  
Meeting with pediatric residents from local training program, Birmingham, Alabama |
| 4   | Meeting with director and staff from the Office of Minority Health and Health Equity, Centers for Disease Control and Prevention, Atlanta, Georgia  
Free afternoon |
| 5   | Tour King Center, Atlanta, Georgia  
Closing Appreciation Circle |

**Abbreviation:** UCSF, University of California, San Francisco.

*Participants were faculty and residents from the UCSF Pediatric Leaders Advancing Health Equity (PLUS) residency program. The trip occurred in April 2019.*
groups to discuss their experiences. Creating space for BIPOC to gather without White people is an important strategy in acknowledging racial harm. These spaces are essential for supporting people of color and for working toward racial justice. We created 3 groups: for Black/African American participants, for non-Black/non-African American people of color, and for White participants. The groups allowed participants to engage in self-reflection and self-critique through the gaze of their own racialized experiences.

**Outcomes**

**Evaluation approach**

We collected feedback on the trip through open-ended surveys administrated at the end of the trip. We also collected data from open-ended surveys 1, 6, and 12 months after our return. The University of California, San Francisco Institutional Review Board (IRB) approved gathering and reporting the data below (IRB #17-22695, reference #244120).

**End-of-week surveys**

The end-of-week surveys had a 96% completion rate (27/28). Overall, the trip was well received, garnering an average net promoter score (how likely would you be to recommend this trip to a friend/colleague?) of 9.6/10 (standard deviation [SD]: 0.87). Using a scale of 1 to 3, where 1 signifies “did not contribute” and 3 signifies “contributed a lot,” participants reported learning directly from national/local leaders (average: 2.88, SD: 0.33). They also reported that being in the physical space where events occurred contributed greatly to their understanding of structural racism (average: 2.92, SD: 0.28) and that the trip greatly helped to strengthen their practice of cultural humility (average: 2.92, SD: 0.27) (see Table 2). Thematic analysis of open-ended survey responses revealed the following 3 areas for improvement: clarity around faculty role, the need for skilled facilitators for race-based affinity groups, and a need to emphasize that stories belong to the storytellers.

**Clarity around faculty role.** Before we left, we established that both the faculty and resident participants were learners. However, assigned faculty leadership roles and the high faculty-to-resident

<table>
<thead>
<tr>
<th>Survey question</th>
<th>Response*: Average score (SD) [no. of respondents]</th>
<th>Illustrative quotations*</th>
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<tbody>
<tr>
<td>To what degree did learning directly from local/national leaders contribute to your understanding of structural racism?</td>
<td>2.88 (0.33) [24]</td>
<td>Speaking directly with Civil Rights leaders like Bernard Lafayette and Non-violence educators such as Charles. Their personal experiences provided me ideas I could think about later and lessons I could seek to emulate. It’s one thing to read about the events of the Civil Rights Movement and the tenants (sic) of Non-violent direct action and Civil Disobedience, and it’s something else completely different to hear the experiential practice-based wisdom from the masters themselves.</td>
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<tr>
<td>To what degree did the PLUS Trip contribute to you strengthening your practice of cultural humility?</td>
<td>2.92 (0.27) [25]</td>
<td>Hearing individual stories made me reflect on assumptions I have about my patients and power imbalance.</td>
</tr>
<tr>
<td>To what degree did the PLUS Trip contribute to you recognizing the history and knowledge that communities bring to health and wellness?</td>
<td>2.71 (0.45) [25]</td>
<td>At the Tuskegee Museum I was exposed to the knowledge the community had and was able to be taught. I was able to explicitly hear and absorb community ideals, concerns, tensions. It was painful and beautiful and humbling. It drove home the importance of REALLY listening and sitting at the feet of those we claim to serve.</td>
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<tr>
<td>To what degree did being in the physical places and visiting spaces that memorialize people and events contribute to your understanding of structural racism?</td>
<td>2.92 (0.28) [25]</td>
<td>[At the Edmund Pettus Bridge] The ability to be in the physical space where such brutality occurred allowed me to connect structural racism on a deep emotional level.</td>
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<td>To what degree did the PLUS Trip contribute to building or expanding your interpersonal connections with others working to advance health equity?</td>
<td>2.84 (0.37) [25]</td>
<td>Seeing this [National Memorial for Peace and Justice] is something that I will never forget. … Being there with my PLUS community was that more meaningful, because it felt like a way to memorialize and honor injustice that has affected each of us differently, but also united us in our desire to engage with it.</td>
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<tr>
<td>Overall experience†</td>
<td>9.60 (0.87) [24]</td>
<td>There are of course areas that could be improved (like any initiative) but there was resounding success, positive change, and a deep reflection on race that I have never before experienced.</td>
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ratio left residents feeling they were under scrutiny. In the future, we would create more opportunities for resident leadership on the trip itself.

Race-based affinity groups provide a space for healing and require skilled facilitators. Race-based affinity group meetings provided an important space for processing and healing, particularly for Black/African American participants. While the Black/African American group and the people of color group each had experienced facilitators, the White affinity group did not. This limited the White affinity group participants’ ability to explore concepts of fragility, privilege, and allyship. We reinforce the importance of racial affinity groups for processing and healing and note the importance of engaging experienced facilitators to lead discussions.

**Stories belong to the storytellers.** Black pain was ubiquitous as we confronted anti-Black racism and White supremacy through learning about the history of slavery, the terrorism of lynching, and the Jim Crow laws in the South. We heard painful stories of suffering, as well as inspiring stories of resistance. In encouraging storytelling, educators and facilitators must be mindful to avoid the exploitation of pain and suffering for the purpose of teaching. Consistent with the principles of cultural humility, we recommend explicitly reminding participants to remain conscious of whose stories are told, who tells the stories, and how stories are used.

### Table 3

**Thematic Analysis of Responses to 1-, 6-, and 12-Month Post-Trip Surveys Evaluating Trip to the American South Experienced by 16 Residents and 12 Faculty/Staff Members**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Illustrative quotations</th>
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<tr>
<td>1: Transformed understanding of systemic racism</td>
<td>Tremendously shaped my understanding of race in all aspects of healthcare and all realms of life in the US. I feel gratitude for everyone involved in this trip. I also feel that I have a much understanding of the complex history, after effects, and how much more work needs to be done. (1-month post-trip survey) The trip continues to be an important reference for me as I go about my work. The intense, deep feelings I felt during the trip have been resurfacing lately. The disparities and inequities surfacing from the pandemic bring me back to the trip and how injustice, particularly in face of a medical crisis, continues to be rooted in structural racism. (12-month post-trip survey) There was a significant shift in my psyche. This trip wholly altered my understanding and perception of racism, structural racism, and injustice in a way that I didn’t know I needed. (12-month post-trip survey)</td>
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<tr>
<td>2: Greater commitment to speaking up and acting</td>
<td>In many ways the trip taught me about the ways in which we need to continue to reflect on issues of race on a daily basis. It is worthwhile having those difficult conversations with friends and colleagues, AND family member. I’ve also developed skills and a language to really tackle these conversations on a day to day basis. The trip has also pushed me to really get out there, organize, and act. It gave me energy and a community of solidarity to do this with, make mistakes, and learn with. It gave me conviction about using my skills for good, and truly walking the path of justice day in and day out. (6-month post-trip survey) As I see how things are NOT changing for black and brown people, I am becoming more vocal. I find myself reflecting more and more on the courage required to create movements and physical places of resistance that were explored on this trip. (12-month post-trip survey) It continues to be a framework for my commitment to challenging and disrupting systems of oppression. I dialogue about the trip regularly with colleagues, friends, and family (12-month post-trip survey) I’m speaking up more now when I see/hear disrespectful behaviors towards patients or co-workers. I’m also advocating more stubbornly when involved in policy-making. (12-month post-trip survey) I’ve been braver and bolder in speaking up. I have been willing to take more chances in addressing racism explicitly. I have found that I step up to and volunteer for more leadership opportunities. (12-month post-trip survey)</td>
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<td>3: Cultural humility</td>
<td>I am now more committed to servant-leadership and leading as part of a coalition. I take the time to ensure that those who are least heard, have a voice in the space and I am more careful to ensure that our language demonstrates that our cause is against injustice not against those who carry it out. (1-month post-trip survey) I focus even more than previously on coalition building and empowering others as the most sustainable strategy of high-impact leadership. (6-month post-trip survey) I center the community or person I am trying to work with more. I feel that the process of listening, empathizing, and including those who I intend to help has become vital in my style and approach. (12-month post-trip survey) I have a deeper desire to look directly at the black experience, especially our past. As opposed to focusing on our future and the relatively more optimistic present. The strength of today was built upon the blood of the past. (12-month post-trip survey)</td>
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*Participants were faculty and residents from the University of California, San Francisco Pediatric Leaders Advancing Health Equity residency program. The trip occurred in April 2019.

*Quotations not edited.
understanding of structural racism shared that the trip helped them see their work in a new way. Participants’ responses at the 12-month survey suggest that, for many, structural racism became an important, transformative lens through which to view inequities and disparities.

Theme 2: Commitment to speaking up and acting. Participants described a deeper calling and more bravery to denounce interpersonal and structural racism. Actions included initiating conversations with colleagues about racism, advocating for patients, and advancing their own learning around concepts of privilege and allyship.

Theme 3: Cultural humility. Improved commitment to and practice of cultural humility both with patients and in community work emerged as a third theme. Participants reported listening more and that they more often saw patients as whole people in the context of their communities. They noted actively seeking community input and elevating and amplifying community voices in their work.

Next Steps
Our experience demonstrates that using principles of cultural humility and critical pedagogy during travel can help learners recognize and confront structural racism in their local environments.

We recognize that travel may not feel feasible for every medical educator seeking to teach structural racism. Some of the key components of this trip—being in the physical space where historical events occurred, learning directly from local and national leaders, and being in community with others working toward health equity—can be replicated in sites closer to home. Visiting nearby locations of historical significance can help learners deepen their understanding of structural racism and its ongoing legacy. Meaningful and equitable relationships with community partners, in which community members’ experience and knowledge are valued, can help learners practice cultural humility. Learners have much to gain from engaging in dialogue and listening to community members in their own settings who are willing to share their experiences of racism and its effects on their health. Creating intentional opportunities for reflection through spaces like race-based affinity group meetings can help learners better understand their own racial identities and their potential to enact change. More research is needed to help educators apply these techniques in local learning environments.

Dismantling structural racism is essential to achieving health equity. This trip demonstrated the power of stepping outside of the traditional learning environment to deepen participants’ understandings of structural racism. Teaching structural racism requires that we medical educators embrace new and potentially uncomfortable educational approaches. We need to invest in developing more strategies to address structural racism in medical education. Until we do, we risk perpetuating the same systems we are hoping to dismantle.

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