

Racism and Brain Injury: A Call to Action for Healthcare Professionals

By Arin Jayes

In these unprecedented times, it is imperative that we think critically about how racism impacts the services we provide and the people we serve. Many of us have begun the work of deconstructing our own biases. However, the uprising of Black Americans in response to racist police violence is an important reminder to professionals in the field of brain injury: *the work of anti-racism is never-ending*.

Racism stems from the concept of [race](#), which is a socially constructed category of identity with no biological basis that was created by white people to justify superiority over those considered to be non-white, most notably in the forms of colonization and slavery. Racism is a social determinant of health because it contributes substantially to social inequalities such as poverty, unequal job access, and living conditions. Racism impacts health behaviors, access to health care, and interactions with health-care professionals ([Omar et. al, 2020](#)). When we think of race as a social determinant of health, we are better able to situate ourselves within the healthcare system and the powerful role that we play in either uplifting or diminishing Black lives.

There are well-documented and significant disparities in brain injury mortality, service delivery, and recovery for Black Americans. [Past studies indicate that](#) Black Americans have a greater risk of experiencing a traumatic brain injury than any other minority group and non-minorities. Black Americans are more likely to sustain a violence-related traumatic brain injury and a traumatic brain injury that results in death. Black Americans have lesser rates of return to the level of lifestyle that they had in the community before injury, including a lesser rate of employment. Additionally, [Sorani et. al \(2009\)](#) found that TBI mortality is associated with race, age, and Injury Severity Score and [Arango-Lasprilla et al. \(2009\)](#) found that Black Americans rate themselves as being less satisfied with life than Caucasians and Asians one year after TBI.

Brain injury professionals – from occupational therapists, to social workers, to emergency responders – can all take part in the fight to improve brain injury service delivery and outcomes for Black Americans. While it may seem like an insurmountable task to develop holistic, equitable care pathways for Black people living with a TBI, there are steps that you can take now to incorporate anti-racism into your service delivery and way of life.

Here are 7 ways all professionals working in brain injury can commit to anti-racism:

1. Educate yourself.

Learn about and recognize the impacts of history and systemic racism. Do not rely on people of color to educate you about your own (and institutional) racism. Here is a [scaffolded resource guide](#) that recommends resources based on your level of awareness about race and racism. You can also check out the TED Talks of [anti-bias educator Liz Kleinrock](#). Ibram X. Kendi's book [How To Be Antiracist](#) is also an important resource. Additionally, [The New York Times](#) has compiled a list of books to help parents explain racism to their kids.

2. Look inward.

Committing to embodying anti-racism in your everyday life can stir up intense feelings. Oftentimes our defensive reactions to conversations about race originate from these intense feelings. Make space for yourself to process those feelings on your own – whether it is through journaling, reading, meditation, or prayer. When we deconstruct our own feelings about race through careful self-reflection, we are better able to fully commit to and show up for anti-racism in our everyday lives.

3. Listen.

Be present emotionally when people of color express their feelings about racism to you. Never tell a person of color how to feel, protest, or mourn. Make it a habit to fully listen to what they are saying before you respond. Listen carefully in order to understand their needs instead of emotionally reacting. Use [reflective listening](#) techniques in order to ensure that you understand what was said.

4. Model and support honesty and authenticity.

It provokes anxiety to call yourself out in any situation, particularly when it involves race. However, when you are able to call yourself out among your white peers, you are modeling humility and honesty about race in your workplace. [If you are ever called out for being racist](#), see it as a valuable opportunity to listen, understand, express gratitude, and get to work.

5. Organize with your coworkers to combat racism.

Organize at your workplace to identify and dismantle unequal practices and policies. Talk to fellow coworkers about racism and call out racist organizational policies where you see them. Here is a useful tool about [Building a Multi-Ethnic, Inclusive, and Antiracist Organization](#).

6. Accept and uplift Black leadership in your workplace.

By prioritizing Black leadership in our organizations, we are better equipped to serve the health and service needs of Black communities. In her compelling case for Black female leadership in medicine, [Bridgette L. Jones](#) asserts that Black physicians and medical professionals shape the medical environment through personal insights, knowledge, and unique perspectives that provide true equity in healthcare.

7. Integrate anti-racism into your life as a constant effort.

Anti-racism is not a goal or data metric to be achieved at your organization. Anti-racism is *never-ending*. It cannot stop next month, next year, or when the news cycle moves on. Today, white people are thinking about racism and police violence because they are stuck at home and inundated with media about the ongoing protests. Our solidarity needs to last longer than

the current news cycle. Instead of something that we think about when it is convenient, anti-racism is a lifelong commitment.

By raising your own awareness about race and racism, you can rethink how your service environment combats or reinforces racism. Any medical service delivery system can have a power differential, and if we think critically about that power differential, we can create and support safe environments for the Black individuals living with brain injury, their family members, and caregivers.

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