

Getting Real About ‘The Talk’ (GReAT) Project – A Patient-centered Evaluation Of The Factors For Successfully Having ‘The Talk’ And Implementation Of ‘The Talk’ For Physicians

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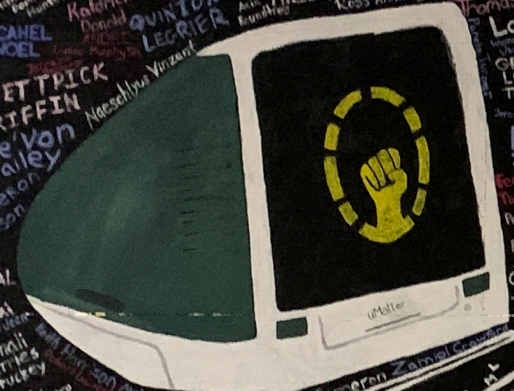
Background

Say their names...

- Countless Black men and women have been killed at the hands of police
- 1,134 deaths in 2015 were at the hands of law enforcement officers with Black men between the ages of 15-34 accounting for more than 15% of these deaths comprising a death rate five times higher than white men aged 15-34 ¹
- Unarmed Black men are 3x more likely to be shot than unarmed white men². And there are some estimates that Black men are 21 times more likely to be fatally shot by a police officer than White men.³

SAY THEIR NAMES

DONTRE HAMILTON
MICHAEL SABBIE
DARREN PELLOCHOTTI
PETER GAINES
KEVIN MATTHEWS
BRIAN PICKETT
RAYSHARD BROOKS
DANTE PARKER
ALTON STERLING
LORENZO HAYES
BREONNA TAYLOR
JEROME REID
PHILLIP WHITE
TYISHA MILLER
QUINTONIO LECRIER
MICHAEL NOEL
D'ETTRICK GRIFFIN
De'Von Bailey
Kameron Jackson
Paul O'Hall
Levi
Dante Berry
Stacy
Zachary
Liam
Johanna Metzger
Tyree Crawford
TERRANCE FRANKIE
LAYLA PELAEZ
SANJAY
DOMINIQUE FELLIS
JUSTIN
DARIUS
MARCO LOUD
DeMarcus
Semer
Cameron
Zachary
Dante
Paris
Porter
Elio
Mare
Washtack
Cameron
Tillman
Benjamin
Noel
DOE
Johanna
Metzger
Tyree
Crawford
TERRANCE
FRANKIE
LAYLA
PELAEZ
SANJAY
DOMINIQUE
FELLIS
JUSTIN
DARIUS
MARCO
LOUD
DeMarcus
Semer



BLACK LIVES MATTER.

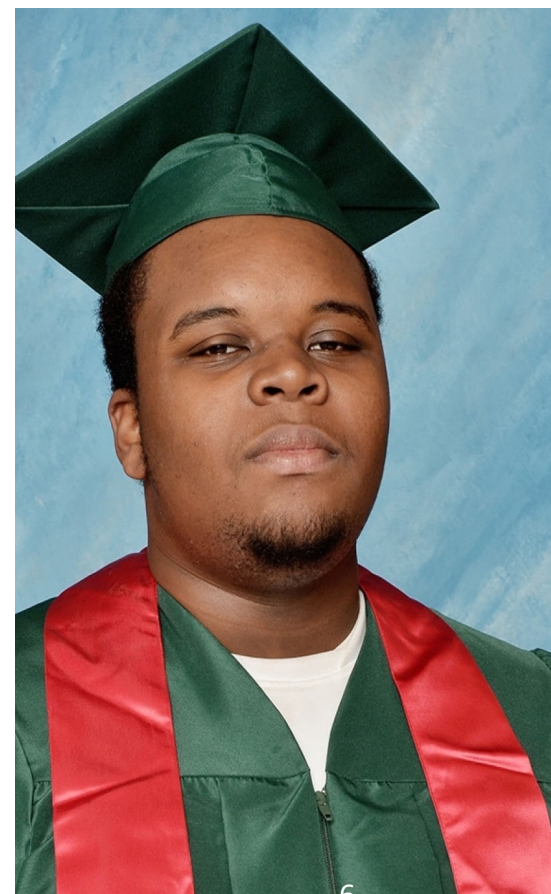
TO THE BLACK COMMUNITY—
WE SEE YOU. YOU MATTER &
YOUR LIVES MATTER.

Spencer Terry
Christopher
McCorvey
Eric
Garnier
Lalandre
Ellington
Eric
Reason
CHRISTOPHER
JONES
Donald
Ty
Helle
Jae
O'Kean
Ryan
Tynman
David
Smith
Yahira
Nesby
Lawrence
Allen
Jonathan
HART
Victo
Larosa
Jamar
Clark
Corey
Levent
Tanner
Cedric
Stanley
Eula
Love
Samuel
Tyrone
Davis
William
Green
LARRY
JACKSON
Elijah
McClain
Sandra
Bland
Willie
Tillman
Shirley
Smith
Ezell
Keith
Dillard
Darius
St.
Yvonne
Small
Christopher
Oliver
Domingo
Jarrod
Gregoire
Kevin
Garten
Domingo
Nathaniel
Harrison
Pharrell
Roberson
Dangelo
Stallworth
Anthony
William
Bryan
Overst
Jonathan
HART
Victo
Larosa
Jamar
Clark
Corey
Levent
Tanner
Cedric
Stanley

Robert
Storay
Eric
Harris
Deborah
Danner
Bernard
Moore
M. Begbu
Junior
Prosper
PALADINE
CALE
TRUXILLO
Kevin
Bajic
MARKUS
CLARK
DAVID
Loggins
MONTEZ
DEWINE
HATFIELD
DUSTIN
KEITH
GLOVER
TAKA
WILLIE
CHRIS
JONES
DANDRE
LLOYD
KENDRICK
JOHNSON
Julius
Johnson
Benjamin
Weber
Jimmy
Machison
Sean
Reed
Freddie
Gray
Michael
Harris
Jason
Moland
Nathaniel
Harris
Pickett
Rayshaun
Cole
Sameel
Harrell
Tiera
Thomas
Eric
Ricks
#BLM

Say their names...

- Intrusive encounters with police officers are linked to symptoms of anxiety and post-traumatic stress disorder with a greater number of intrusive police encounters occurring in Black and Latino populations.⁴
- Pediatricians have an opportunity to contribute to prevention efforts, advocacy, and research that can effect equitable changes in police violence prevention and associated poor mental health outcomes from being a victim of police violence or witnessing police violence⁵



‘The Talk’

- ‘The Talk’ is conversation that many Black parents or caregivers have with youth acknowledging the horrid racial discrimination in policing and associated police violence
- ‘The Talk’ is guidance to provide to youth on safely navigating encounters with the police

Get Home Safely: 10 Rules of Survival



The 'Call to Action'

PEDIATRICS' PERSPECTIVES

“The Talk,” Physician Version: Special Considerations for African American, Male Adolescents

Terry Maroney, JD,^{a,b,c} Barry Zuckerman, MD^{c,d}

Education and training of providers is necessary as the need for training has been cited by pediatricians in providing effective anticipatory guidance around violence prevention⁸

The 'Call to Action'

- There is no published script developed as guidance for healthcare practitioners to facilitate 'The Talk'
- There is no study assessing the acceptability among youth and caregivers of the 'The Talk' being facilitated by healthcare practitioners
- There is no study eliciting guidance from youth and caregivers on the messages that should be included in a conversation about safely navigating encounters with police, in the pediatric practice context
- There is no study exploring with physicians their acceptability, and key barriers and facilitators for incorporating a discussion on safely navigating police encounters into clinical practice

Research Questions

What is the acceptability of Black youth and their caregivers of having physicians discuss safely navigating encounters with police?

What key messages would Black youth and their caregivers like to hear from their physician regarding safely navigating encounters with police?

What is the acceptability of physician's and the key barriers and facilitators for incorporating a discussion on safely navigating police encounters into clinical practice?

Specific Aims

Aim 1:

To explore key messages with youth and their caregivers about safely navigating encounters with police and acceptability of health care providers facilitating discussions about safely navigating encounters with police in the primary care setting.

Aim 2:

To explore key factors to incorporate a discussion on safely navigating encounters with police into clinical practice as anticipatory guidance

Study Design

Study Design

- Qualitative study
 - Semi-structured interviews
 - Focus groups
- Participants
 - Black males, 13-18 years old and their caregiver (separate interviews)
 - Resident physicians
 - Attending physicians
- Study Site
 - Black male patients and their caregivers at Philadelphia CHOP Care Network sites
 - Resident and attending physicians practicing at Philadelphia CHOP Care Network sites

Sample Questions for Caregiver Interview

- Please describe the conversations you have had with your child or children about police profiling, police discrimination, and police brutality. Tell me a little bit about those conversations. When was it? Who started it? What were the precipitating events?
- What are your goals when having a conversation with your child on interactions with the police?
- How would you feel if your pediatrician talked with you and your son about interacting with the police?
- How would the race of the pediatrician make a difference in how you receive the messages on interacting with the police?

Sample Questions for Youth Interview

- What do you think your parent/caregiver is “going for” or trying to accomplish when having a conversation with you on interactions with the police?
- How would you feel if your pediatrician talked with you and your parent/caregiver about interacting with the police?
- How would the race of the pediatrician make a difference in how you receive the messages on interacting with the police?
- What are the most important messages you were told by your parent/caregiver about how to “get home safely” if stopped by police?

Sample Questions for Physician Focus Groups

- Describe your feelings about facilitating a conversation with a patient and family on how to safely navigate interactions with the police.
- If you have had a conversation about interacting with police and police bias with a patient and/or family, please share your experience in having this conversation.
- What are your feelings about discussing racism with patients in the clinical setting ?
- What are your feelings about discussing police brutality with Black patients in the clinical setting ?
- How could you integrate a conversation with a patient and family on how to safely navigate interactions with the police within your practice?

Progress to date...

- 5 focus groups moderated
- 3 focus groups transcribed
- 3 youth interviews completed and transcribed
- 3 caregiver interviews completed and transcribed

What are we learning so far...?

- **First do no harm**

- “... how much trauma do we do to them? We don't want to hurt them. I know for example with depression it can be just as harmful to talk about depression when you don't have any resources or any way to help them, as it is to not talk about it and just let them go on their merry way”

- **Physicians thoughtfulness about racism and its impact on patients**

- “I think it's important because we know it affects our patients lives so I think it's something that we need to develop, the right questions to ask and we know that it affects so many aspects of our families' life so our patients, I think that it is very important that we bring it up in the right setting and at the right times. And I think it's... Especially when I think about some of our adolescents and some of their, just of their overall health but we know that it affects so many aspects of their health”
- I'm a physician of color and it comes up all the time just because I think they expect me to understand it so it just comes up. But I think either way, I think it's not even necessarily about what questions you're asking it's just that you're acknowledging that this is actually an issue that can impact them and more just in general you can just ask, "Has this impacted you? Have you experienced this?" Which has nothing to do with your vantage point, it's just a general question and I think it's part of that humanism piece that's really important for physicians and for that relationship.

What are we learning so far...?

- **Physician thoughtfulness about racism and its impact on patients (cont.)**

- I feel like we should really be talking to all of our patients about racism, not just those that have been victims, but even talking to parents, "How do you talk to your child about race?" Regardless of what race you are I feel like how to have that conversation across a lot of different ages, races, backgrounds, that becomes an important discussion as well.
- And honestly I think it can't be the first time you've brought up something related to race, I think that's the other thing. And I think that's when people start to feel targeted is when you're only bringing it up race in a negative situation and you've never talked about race ever since birth and so that's going to make you feel targeted. But if it's like, this is just part of a conversation and someone had said earlier race should be part of the conversation for everyone not just the people who are on the oppressed side, it should be a conversation. That way there'd be less oppression in the end I think, if more people talk about it.

What are we learning so far...?

- **Tools are helpful to prompt a conversation**

- “the adolescent screening questionnaire adding in the question I believe it says, "Have you had any difficulty with the police or other members of law enforcement," I think it says something like that in the adolescent screening questionnaire. I think that's opened up some conversations for me with talking to patients. I found it to be a little bit more, it came up a little bit more naturally after George Floyd was murdered, I felt like it was something that I felt like families wanted to and needed to talk about and so I think that made it a little bit easier to bring up. But I think that for me, I think that question has helped me a little bit because it sort of opens up a window like, "Are you okay with talking about what happened, your interaction that you had with law enforcement and if you're okay sharing with me, what happened? And what sort of discussions have you had with your parents about this.... I think that adolescents have been pretty, they come out and are truly honest sometimes on those questionnaires to a point where there's so many things to talk about but I think that question in particular helped open up a little bit. (White physician)

- **Cultural humility**

- “I did have one experience where the parent was like, "I'm glad you're reinforcing this," and asking permission. Is it okay if we talk about this a little bit and then kind of like other anticipatory guidance things, and especially this one. Trying to get them to tell me what they think the right, not the right answers, what they think they can do to help themselves stay safe in that situation.” – (White physician)

What are we learning so far...?

- **Societal impetus**

- “Definitely in light of everything that’s happening now...initially my oldest son, I felt that he wasn't taking me serious until the media started exposing all of these things. So initially when I shared my stories, I don't think they really believed or they could relate to it. So once the media started sharing their stories, I would immediately, Hey, let's look at this news. I saw this happen, let's check it out. And that was always like a good common piece for me with both of them. Like Hey, I want to show you this, what I just saw on TV. And then we'll start talking about it. And like Fruitvale Station, that was really a movie that I had all of them come and sit... --(Mother)
- “over the summer, when all the protests were happening, I was also in clinic and I was seeing a lot of the college kids who were there for their last appointments before they were about to go to college. And as part of their SHADDESS, I would ask them, "How are you doing" And they would bring it up. They'd be like, "Oh, me and my friends have been talking about what's been going on a lot." I think it was a cop-out because they would bring it up and then I would respond to what they were saying. But I realized that it wasn't something that I was discussing usually or that I had been doing for the past two years during my SHADDESS. And so then I felt it was something that I needed to incorporate more moving forward. And so when I started seeing the younger adolescents in clinic moving forward, it would be something that I would bring up... --(Asian Physician)

What are we learning so far...?

- **Compliance with law enforcement**

- “And you do have rights, but if there is some type of interaction, to be respectful, first and most importantly. And to speak clearly, answer questions that they're asking, any questions to answer the questions and to try to go along with the process....If you feel like you're treated fairly, and even if not, but if you could continue to go along with the process until you're able to get help or get around other individuals. But just not to try and escalate the situation when it's not necessary at that moment. --(Mother)

- **Caregiver and youth concordance in messages**

- “She would tell me, if they tell me to do something, "Just do it, don't show no signs of aggression or nothing. Just stay calm and just do what they tell you to do.” --(Youth)
- “...for the most part don't get out of character with them because you don't want it to escalate unnecessarily”-- (Mother)

What are we learning so far...?

- **Race matters**

- “...ultimately, I would prefer someone that is black” (Mother)
- “I think there's a shared experience there when I talk to difficult interactions with my black, brown patients. And I think there's a comfort level for me because we have a shared experience. So I actually take a lot of pride in having those discussions with my patients because it's something that's very much talked about in our homes and very much talked about in our community. And so from my lens, it's a little bit easier, but I think it's because I have this shared experience” (Black physician)
- I'm not saying that Caucasian people don't got any experience with the police... But I guess I can if I'm with-, a black person but would probably make me more aware or listen more; because they probably had experience with the police before, so they'd probably tell me about their experience. Caucasian people, I don't really know”(Youth)

What are we learning so far...?

- **Hopelessness that this is a greater systemic issue beyond healthcare context**

- The cops, for example, we brought it in and stuff for George Floyd, all that. Did all that and they're still doing the same thing. Regardless, what the pediatrician telling me, and telling me what they could do for me, they're still going to do it regardless, because they don't care.... Really they can do about, the pediatricians can do about it. I mean they can talk. Of course, you can keep talking about it. I'm not saying you can't talk about it, but they [police] not gonna listen. In the past, we had previous people talk about police brutality, inequality, and police discrimination. They did a lot of stuff but the police don't listen. They still didn't listen. There's really nothing we could do. If they really want to police to stop the violence, take away their guns... Their actual guns not the tasers, of course, because they're going to need something to defend themselves with. I mean even if you do it, regardless, they're still... I mean I doubt they 're gonna do anything because it's the police They're with the government and the government got more power. (Youth)
- I just feel in many ways hopeless, like what I do is keep your eyes on the prize, you're good, you're worth it and that kind of thing but other than that I don't, like the affirmation, like I don't know what more that really won't be harmful (Black physician)

What are we learning so far...?

- **Affirmation is key**

- “I think there are data and perhaps other people know more about this that like protective factors for resilience especially with violence. It's about self-esteem and role modeling and strengths and so I would be interested in some of the anticipatory guidance about affirmation and strength building because that does feel like something one could do in a minute that doesn't have to have lot of longevity of a relationship though that's really lovely and probably better...” –(White physician)
- I feel like it's important having a conversation like that, that could be potentially uncomfortable, is saying I don't know what this is like for you. I am white... I have had privileges in my life that I can't change what happened and who I am but I want to support the things that you are going through. For me it has been asking, "Is it okay if I talk to you about this?" ...And also just acknowledge what I am and that I will never understand where they're coming from but I'm here to listen and if there's anything I can do to be supportive I'm happy even just to hear your experience. I feel like for the most part that has gone over pretty well.. --- (White physician)

Plan for Analysis

- The recorded (via teleconferencing) interview and focus group transcripts will each be analyzed separately to identify themes.
- Content analysis will be conducted by the study team to identify emerging themes from the interviews and focus groups.
- External coders will participate as well to determine validity. As themes emerge, a codebook will be iteratively developed based on emerging themes. Interviews will continue until there is thematic saturation which is estimated to be 15-20 interviews each for caregiver and youth participants.
- Focus groups will continue until there is thematic saturation which is estimated to be 3-6 focus groups. Qualitative analysis software (NVivo) will be utilized for analyses.

Limitations

- Recruitment: scheduling
- Recruitment: Race/ethnicity considerations in recruiting and scheduling focus groups
- Gender: participants are only Black male youth
- Study setting: three sites in one large urban city; generalizability?

PROJECT ACKNOWLEDGEMENTS

I am very grateful for all of the encouragement, support, mentorship, team-work, and participation. My fellowship experience has been a dream come true. I am very thankful for the opportunities to be a part of this work. I am excited for the journey ahead.

Principal Investigator and Project Mentor

- ❖ George Dalembert, MD, MSHP

Project Mentors

- ❖ Katherine Yun, MD, MHS
- ❖ Judy Shea, PhD

Study Team Members

- ❖ James Aye
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- ❖ Emma Edmondson, MD
- ❖ Tina Herrera, MD
- ❖ Nicole Jaffe, MD
- ❖ Mixed-Methods Research Lab
 - ❖ Andrea Bilger
 - ❖ Maria Nelson
 - ❖ Rebecca Neergaard

Study Participants

Financial Support

- ❖ ACGME Back to Bedside Initiative
- ❖ Leonard Davis Institute of Health Economics (LDI)

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Research in Progress...

- Reflections
- Recruitment challenges
- Thoughts on dissemination
- Thoughts on advocacy

