Title:
Delivery of Care in Controversial Times: When the Police Are Involved and Communication Is Strained

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Evidence-Based Practice Posters Session 1

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References:
Cooper, E. (2016). Why Goldman Sachs is Encouraging Employees to talk about race at work and why as a black woman I think this is so important. Retrieved from http://www.businessinsider.com/edith-cooper-goldman-sachs-on-talking-about-race-at-work-2016-9


Abstract Summary:
Security is valuable if there is fear of beliefs being challenged when we go beyond the columns and lines...venturing out of the cage. When the police arrive with a victim who claims he/she was racially targeted, how do you check your feelings?

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>The learner will be able to discuss crucial conversations on racism and policing in the health care environment</td>
<td>In today’s society, fraught with racial tensions over recent unarmed people of color having fatal contact with law enforcement, there has to be concern for health care provider strain. In the wake of what certainly appears to be a quickening of racial tensions due to these recent events it could be asked “...how do I as a health care worker mitigate or what do I say to the families”. In order to answer these questions, there may be a need to share some</td>
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<td>history on how we perceive ourselves as a caregiver and personally 'check ourselves' if we are culturally safe to practice in these perhaps emotionally charged environments.</td>
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The learner will in a 5 minute scenario apply knowledge gained from discussing how a community's Police Department partnered with health care professionals to support the community in navigating uncomfortable and difficult spaces. |

In a local Utah Community, a Police Chief developed a Community Advisory Board where the law enforcement and their community can share many concerns. One of these concerns includes community relationships. Particularly of concern are minority relationships and law enforcement. This is a safe place where monthly meetings are held in addition to community symposia which involve local university minority programs and health care providers. These symposia have been well received and further expand the landscape of safe spaces where people challenge their own beliefs and explore successful strategies for navigating difficult spaces. |

**Abstract Text:**

In today's society, fraught with racial tensions over recent incidents of peace keeping having fatal contact within communities, there has to be concern for health care provider strain. In the wake of what certainly appears to be a quickening of racial tensions due to these recent events it could be asked..."how do I as a health care worker mitigate or what do I say to the families?". In order to answer these questions, there may be a need to share some history on how we perceive ourselves as a care giver and ponder if we are culturally safe to practice in these environments. Living accordingly in any society will provide columns and lines or guidelines. Living between columns and lines provides security but it would not be good to live as in a caged society. Health care providers are without cultural boundaries and must embrace a practice of altruism on a daily bases inside and outside of the lines. This implies checking any social brain conflicts and biases at the door. Health care providers would never develop any scope of experience to share if they were not branching out beyond their assigned spaces. Life's experiences will challenge beliefs; thus, the brain requires a check at the door, informed opinions and structure with focus on how to provide care in difficult spaces where unsafe emotional climates are abound. A local Police Chief in Utah County developed a Community Advisory Board to discuss issues occurring in unsafe emotional climates, to build healthy community relationships with local minorities and to foster education in areas of daily living where conflict is conflated with the unknown. Ongoing conversations on minority and community relationships involve health care providers, social workers, law enforcement, community stakeholders and local academia. These educational conversations continue to invite discomfort; yet, they converse into safe spaces. How to introduce crucial conversations, keep the conversations going as well as how to move to safer places (when the conversation is strained) is the focus of a conversation about health care delivery in controversial times.