

REHABILITATION EQUITY SERIES™

Structural Racism in Rehabilitation Practice Understanding Systems and Advancing Equitable Care

Learner Toolkit & Clinical Reference Guide

A practical companion for recognizing system patterns and advancing equitable care.

Look beyond the individual event. Examine the pathway and the pattern.

How to use this toolkit

Use this guide to review key concepts, recognize how connected systems may shape care, reflect on who carries the burden, and respond at the level of the barrier.

Module 1	Understanding Structural Racism
Module 2	Systems That Shape Rehabilitation
Module 3	Structural Racism Across the Care Continuum
Module 4	Responding Through the 3Rs and Advancing Equitable Care

Understanding Structural Racism

Structural racism operates beyond individual prejudice or interpersonal bias. It is reflected in historical, cultural, and institutional structures that become normalized through policies, practices, and resource decisions.

Structural racism is the totality of ways societies foster racial discrimination through mutually reinforcing systems.

Related, but Not the Same

STRUCTURAL RACISM	INSTITUTIONAL PRACTICE	INTERPERSONAL BIAS
Connected systems and policies that repeatedly produce racial inequities.	Rules, workflows, or customary practices within an organization that shape care.	Attitudes, assumptions, or actions expressed between individuals.

Mutually Reinforcing Systems

Structural racism is sustained when systems interact. A policy in one area can influence the options available in another, and the effects may accumulate along the care pathway.

Housing and place	Home accessibility, neighborhood resources, environmental conditions, and proximity to care
Employment and income	Insurance, paid leave, scheduling flexibility, caregiving responsibilities, and ability to absorb costs
Healthcare systems	Coverage, referral, authorization, language access, appointment availability, equipment, and discharge policy

Shift the Question

Race and ethnicity do not determine rehabilitation potential. Ask what happened along the pathway to care.

Consider whether patients had the same opportunity to receive timely services, appropriate equipment, understandable information, and continued support. Differences in outcomes may reflect differences in what care and resources were available—not differences in potential.

The 3Rs of Equitable Rehabilitation™

The 3Rs offer a practical way to move from recognizing a system-level concern to taking action. They are a course-developed educational framework, not a diagnostic or validated clinical assessment instrument.

RECOGNIZE

What pattern or process am I noticing?

- Identify the policy, workflow, resource decision, or recurring practice connected to the concern.
- Look for repeated differences across racial or ethnic groups rather than attributing an outcome to identity.
- Trace where the difference enters the care pathway.

REFLECT

Who carries the burden?

- Ask who is more likely to experience the delay, denial, extra step, or loss of follow-up.
- Identify information, patient perspectives, or community knowledge that may be missing.
- Examine whether assumptions or a seemingly neutral process are shaping the plan.

RESPOND

What action matches the barrier?

- Support the patient's immediate pathway and remove avoidable obstacles when possible.
- Escalate recurring workflow problems and review the policy or resource decision involved.
- Measure whether the response improves access and reduces the recurring difference.

Support the patient now—and change the process that may recreate the inequity.

Structural Racism Pathway Review

Use this pathway when a plan seems difficult to carry out or a recurring racial difference appears in access, continuity, or outcomes. Review the full pathway rather than focusing on one encounter.

- 1. SOCIAL CONDITIONS**
What housing, transportation, employment, caregiving, or neighborhood conditions shape the recovery environment?
- 2. HEALTHCARE POLICIES**
Do coverage, authorization, network, documentation, language-access, equipment, or discharge rules narrow the available options?
- 3. ACCESS TO SERVICES**
Can the patient reach timely, appropriate, and accessible services across settings?
- 4. PARTICIPATION IN CARE**
Does the patient have understandable information, communication access, scheduling options, and a meaningful role in decisions?
- 5. REHABILITATION OUTCOMES**
How did delays, limited resources, or gaps in continuity shape function, participation, and recovery?

Clinical Team Lens

CLINICAL NEED	AVAILABLE PATHWAY	SYSTEM EFFECT
What care is clinically indicated?	What services, resources, and supports can the patient actually obtain?	Where does policy or process create delay, restriction, or loss of continuity?

From an Individual Event to a System Pattern

One difficult experience may reveal a concern, but structural racism is identified through the broader system: repeated differences, connected processes, and the historical or institutional conditions that sustain them.

AN INDIVIDUAL EVENT	A SYSTEM PATTERN
May signal a problem that needs attention, clarification, or immediate support.	Shows that the same policy, workflow, or resource decision repeatedly creates different burdens across racial or ethnic groups.

Pattern Check

REPETITION	Does the difference occur across multiple patients, encounters, settings, or time periods?
RACIAL OR ETHNIC DIFFERENCE	Does the process create a different burden or result across groups with comparable documented needs?
PROCESS CONNECTION	Which policy, workflow, resource allocation, or institutional practice is linked to the difference?
PERSISTENCE	Would the same process likely recreate the difference if nothing changes?

Respond at Three Levels

PATIENT CARE	TEAM AND PROCESS	ORGANIZATION AND POLICY
Make the immediate pathway safer, clearer, and more workable.	Address the referral, scheduling, communication, equipment, or transition workflow.	Review policy, allocate resources, examine data, and track whether inequities decrease.

Advancing Equity Across the Care Continuum

Structural racism may appear differently as patients move between settings. Review transitions as connected parts of one pathway—not as isolated episodes of care.

INPATIENT CARE	Referral and admission criteria; treatment intensity; interpreter and communication access; equipment planning; discharge destination
HOME	Home accessibility; caregiver assumptions; home health eligibility; equipment delivery; medication and self-management information
OUTPATIENT SERVICES	Network availability; wait times; transportation; appointment hours; authorization; referral-closure practices
COMMUNITY PARTICIPATION	Return to work or school; access to community programs; follow-up; technology; long-term supports

Equity-Focused Workflow Checklist

BEFORE FINALIZING THE PLAN

- Confirm the patient's priorities, communication needs, supports, and actual circumstances.
- Verify caregiver availability rather than assuming it.
- Identify authorization, transportation, scheduling, equipment, and language-access requirements.

DURING A TRANSITION

- Confirm that the receiving service is available, accessible, and prepared to continue the plan.
- Use a reliable communication process and provide information in an understandable format.
- Assign responsibility for unresolved equipment, referral, or follow-up needs.

WHEN A RECURRING DIFFERENCE APPEARS

- Review disaggregated data when appropriate and available.
- Engage affected patients, communities, and frontline staff in understanding the process.
- Change the workflow or policy and monitor whether the difference decreases.

Ask: What needs to change so the pathway works more equitably the next time?

Putting It into Practice

Use these prompts to identify practical changes you can carry into your role. Focus on actions within your influence and concerns that should be elevated to a team or organizational level.

One policy or routine process in my setting that deserves a closer equity review is:

One point in the care continuum where patients may experience avoidable delay or loss of follow-up is:

One question I can ask to better understand who carries the burden of a process is:

One way I can support the patient now while also addressing the recurring process is:

One measure that could show whether a change improved equity is:

Course Takeaways

- Structural racism operates through mutually reinforcing systems, policies, institutional practices, and resource decisions.
- Race and ethnicity do not determine rehabilitation potential; examine the conditions and pathway that shaped care.

- Structural racism may appear across inpatient care, home, outpatient services, and community participation.
- A repeated racial or ethnic difference connected to a recurring process deserves system-level review.
- The 3Rs—Recognize, Reflect, and Respond—support action at the patient, team, and organizational levels.
- Equity work includes measuring whether changes improve access, continuity, participation, and outcomes.

Recognize the pattern. Examine the process. Respond at the level of the barrier.

References

These references support key concepts addressed in the course and toolkit. The 3Rs of Equitable Rehabilitation™ is a course-developed educational framework.

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Course-Developed Frameworks

The 3Rs of Equitable Rehabilitation™—Recognize, Reflect, and Respond—and the Structural Racism Pathway Review are educational frameworks developed for the Rehabilitation Equity Series™. They are intended to support reflection and application of course concepts and are not presented as validated clinical assessment instruments.