Racial Inequity and How to Dismantle It

Examine the Issue. What is causing this inequity?

We believe that within academia, there is a lack of racial consciousness.   A culture of race aversion is considered the norm. There is a strong need to be explicit about the relationship between race and health. The barriers we experience when doing equity work include but are not limited to: 1) personal baggage; 2) fear and 3) proximal/distal nature of outcomes.

Our public health work is housed in an institution that incubates –isms and the protection of privilege. We are immobilized by the measurement of intermediate and long term outcomes for indicators are not yet measurable in a standardized way.

Marmot & Wilkinson (2006) suggests the relationship between socioeconomic determinants of health (the conditions that contribute to health, such as income and education) and health outcomes is one of the most robust and well documented findings in social science.

Social epidemiologist, Nancy Krieger, purports that racial classification follows one across the lifecourse and with this classification comes the potential for exposure to racism and health inequities.

The seminal definition of "health inequity" comes from Margaret Whitehead (1990): "differences in health across population groups that are systemic, unnecessary and avoidable and therefore considered unfair and unjust." Whitehead asserts that equity in health is when everyone has a fair opportunity to attain full health potential. Whereas, racial justice is the systemic fair treatment of all people that results in equal opportunities and outcomes for everyone.

What do you want to change about the situation? What impact/outcome are you seeking?

The desired change would be a raised awareness and critical analysis of racial consciousness—the articulation of power and difference at the institutional level. The outcome would be the application of the four characteristics of "**Public Health Critical Race praxis (PHCR) [Ford & Airhihenbuwa, 2010]**

- **1) racialization –** describes how socially constructed racial and ethnic categories are used to order groups in society; **2) Race Consciousness** – must account for non-racial factors while taking into consideration the way in which racialization may contribute to disease distribution; **3) Social location** – refers to an individual or a group's position within a social hierarchy and informs the perspectives from which one views a problem; **4) Action -** Understand inequities and try to eliminate them

Gulati-Partee and Potapchuk (2014) have identified that in order for an institution to work towards racial equity through their philanthropic investments and leadership, they must shine light on white privilege and white culture both internally and externally. The application of public health critical race

praxis would impact the cycle of socialization and liberation. We can interrupt the cycle at the point of instructional and cultural socialization by using four tools:

Tool No. 1: Create a Container with Intentional Group Norms

Tool No. 2: Explore Accumulated Advantage and Disadvantage

Tool No. 3: Reflect on White Culture

Tool No. 4: Caucus by Racial Identity

What actions/strategies could help you achieve your impact/outcome? What system do you want to impact (institution, personal, internalized, structural)?

- **Adoption of a Racial Justice Framework**
  - Consensus on the definition of racial justice
  - Understanding of Implicit Bias on an individual and institutional level
  - Understanding of Implicit Bias and Public Policy
  - Practicing equity-mindedness

- **Identification of Choice Points**
  - **5 Step Process**
    - **Identify a Choice Point:** what is one of your points of opportunity to make or influence a decision that may affect equitable outcomes?
    - **Assess Impacts:** what are the impacts of current decisions and actions that may be unintentionally reinforcing bias, barriers or inequities?
    - **Generate Options:** what are some alternative action options that could produce different outcomes?
    - **Decide Action:** which option will generate the most leverage, momentum or gain towards advancing equity and inclusion?
    - **Change habits:** what reminders or "equity primers" can be structured into your routine practices and protocols to make equity an ongoing priority and habit? What relationships, supports, incentives or accountability measures could help?
- **Developing mutually beneficial partnerships with communities**
  - The goal is to seek understanding
  - Acknowledge/address inherent power imbalances
  - Assume & convey we (the institution) have something to learn
- **Lifelong commitment to self-evaluation & self-critique**
  - Redressing power imbalances
- **Advocating for and maintaining institutional consistency**

- o Look at policies with an equity lens
- **Action-Oriented Public Health**
  - o Creating positive community change
    - Trust → communication → shared vision → action

What resources do you need to carry out your activities/actions?

- Co-learning

- Community interest (buy-in) through awareness & education

- Local and national expertise

What input do you need from this group in order to successfully address your issue?

- Help us identify areas for potential intervention

References

Ford, C. L., & Airhihenbuwa, C. O. (2010). The public health critical race methodology: Praxis for antiracism research. *Social Science & Medicine, 71*(8), 1390-1398.

Gulati-Partee, G. & Potapchuk, M. (2014). Paying Attention to White Culture and Privilege: A Missing Link to Advancing Racial Equity. *The Foundation Review*, 6(1):25-38.

Krieger, N. (1999). Embodying inequality: a review of concepts, measures, and methods for studying health consequences of discrimination. *Int J Health Services*. 29(2):295-352.

Marmot, M., & Wilkinson, R.G. (2006). Social determinants of health, *2nd Edition*. Oxford: Oxford University Press, 1-376.

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