Anti-Racism and Health Equity Webinar Summary and Call to Action

PARTNERS for ADVANCING HEALTH EQUITY

Webinar Focus

The Partners for Advancing Health Equity Collaborative hosted the webinar, *Anti-Racism and Health Equity,* on April 16, 2024. Panelists engaged in discussions about the role of anti-racism for the advancement of health equity, highlighting the need to dismantle unjust, racist systems that perpetuate health disparities. This report provides a synthesis of key takeaways, solutions, and action steps identified from the webinar.

Webinar Voices

> Caryn Bell, Associate Director, P4HE, Tulane School of Public Health & Tropical Medicine

> Sheryl Evans Davis, Executive Director, San Francisco Human Rights Commission

> Derek Griffith, Founding Co-Director, Georgetown Racial Justice institute

> Chris Pernell, Director, NAACP Center For Health Equity

Key Resources

▪ Levels of Racism: A Theoretic Framework and a Gardener's Tale
▪ Community Strategies to End Racism
▪ Necessary Conversations: Understanding Racism as a Barrier to Achieving Health Equity

Your Voice

P4HE values collaboration. If there is a resource on this topic that you would like to share with us, provide it here.

Key Takeaways

Systemic racism is a fundamental cause of racial health inequities. Confronting anti-Blackness and dismantling systems of oppression through anti-racism will foster racial health equity. Organizations across sectors should collaborate to develop, implement, and champion anti-racist policies and practices that will improve health outcomes for historically disadvantaged populations.

Webinar participants described what anti-racism looks like in their work: **centering marginalized voices and experiences, policy change, collaboration, open and honest conversations, accountability, inclusion and power sharing with historically excluded groups, and education on the history of racism and the systems that perpetuate inequity.** Participants also shared how we should do anti-racist work for health equity: **engaging and listening to communities, valuing lived experiences, education and advocacy, assessing unjust systems and practices, and inclusion of those impacted in the design and implementation of solutions.**

Call To Action

"Anti-racism, to me, is about creating and implementing a vision for what you're actually trying to achieve while you're trying to also dismantle the structures that are getting in the way." Derek Griffith, Founding Co-Director, Georgetown Racial Justice institute

Below, we've summarized immediate action steps shared by the panelists and identified by webinar participants to be taken to advance health equity.

› Recognize the legacy of racism and how it shapes society.

"Anti-racism is about [acknowledging] that we must address the fact that racism is real and that it is actually being perpetuated by the systems, policies, and programming that we've had over the years. [We must] shine light on that fact and be intentional about how we dismantle it." Sheryl Evans Davis, Executive Director, San Francisco Human Rights Commission

In the United States and elsewhere in the world, White populations have asserted themselves as the superior race and integrated such racial discrimination and prejudice into all aspects of society.

Black people, Indigenous people, and other people of color have been the targets of this oppression and have been deprived of various rights, privileges, and their humanity as a result. To commit to anti-racism, we must first recognize the legacy and continued prevalence of racism and how it has shaped society, leaving detrimental consequences for many groups.

Defining Racism

The belief that "race is a fundamental determinant of human traits and capacities" in which people of certain races are deemed to be inherently superior to others.

We must be intentional about acknowledging the ways that racism has been reinforced in policies, places, and practices that have lasting, negative health effects for marginalized groups. Everyone can start by studying and learning about the history of racism in the United States and in their local communities. Identify the identities, beliefs, and actions of both the victims and oppressors to fully understand how structural oppression operates. Make efforts to engage with people of marginalized racial groups to learn about their lived experiences with health injustice and inequity due to systemic racism and their perspective and expertise for how to make transformational change that will uplift their needs.

› Call out the misrepresentation of equity focused education and DEI programs.

Supporters of bans on Critical Race Theory (CRT) and of housing Diversity, Equity, and Inclusion (DEI) programs in various schools and universities, have redefined the goals of these lessons and programs, claiming that CRT indoctrinates students into thinking that White people are oppressors and that DEI programs attempt to disadvantage White people. Call out these bans for misrepresenting the actual aims of such lessons and programs: to teach about systemic racism and to foster welcoming spaces for marginalized racial groups in schools and organizations.

› Promote "anti-racism" by calling out institutionalized racism in systems that perpetuate injustice and inequities.

Historian and activist Ibram X. Kendi has argued that being "not racist" is not enough – we must be anti-racist. He defines anti-racism as *"a powerful collection of antiracist policies that lead to racial equity and are substantiated by antiracist ideas,"* and to be anti-racist is to be *"one who is supporting an antiracist policy through their actions or expressing an antiracist idea."* Use these definitions as starting points for understanding anti-racism and examine how anti-racism can be applied to organizations and future work and organization. Openly denounce the structures that directly and indirectly discriminate and demand change. Achieving racial equity not only requires dismantling the systems that have long perpetuated injustice and inequity for marginalized groups but also calls for efforts to envision, create, and implement a vision for a better, more equitable world. Form collaborations with organizations from various sectors to brainstorm ways to build on the assets, strengths, and expertise of communities execute anti-racist initiatives for health equity. Leverage funding from philanthropies and foundations with shared anti-racist values. Amplify the existing anti-racist work of grassroots groups in marginalized communities. Eliminating systemic racism will not happen overnight, so everyone must work together to acknowledge racism and commit to anti-racism for marginalized racial groups to have a chance to lead healthy, prosperous lives.

> *"Institutionalized racism is often evident as inaction in the face of need."*
> – Dr. Camara Phyllis Jones

› Change the narratives and retell the stories of inequities experienced by marginalized racial groups to make change.

"We haven't put enough attention on narrative change…We've allowed others to redefine the key terms that are fundamental to the work that we're doing. [They have] redefined and co-opted the ways that we operationalize and define [our goals]…How do we think about the narratives that decide what's important to consider putting on the agenda and therefore, what actually gets decided?" Derek Griffith, Founding Co-Director, Georgetown Racial Justice institute
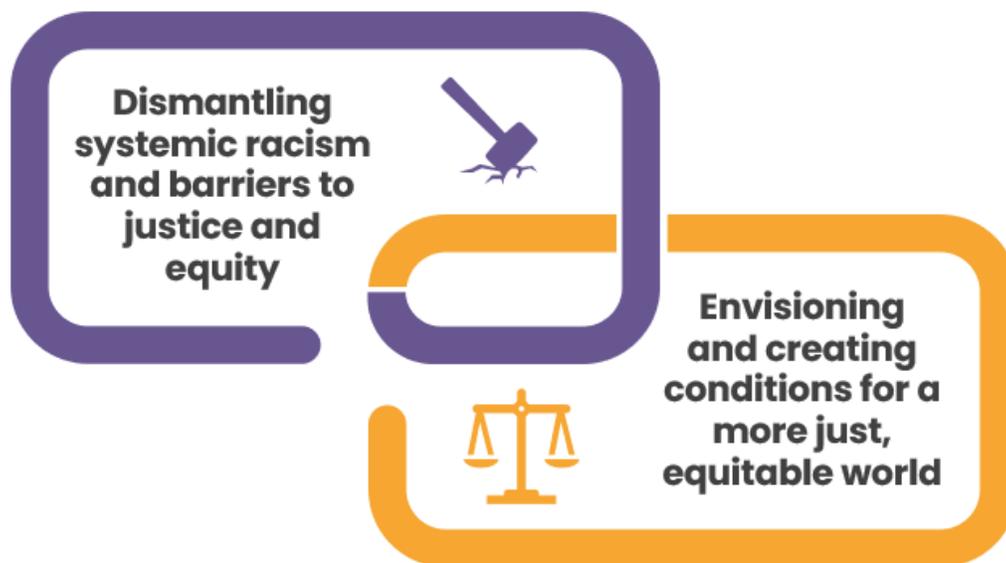
Historically marginalized racial groups have long had their stories told for them. Those in power, White people, have been in control of the narratives surrounding marginalized communities, casting them in a negative light based on unfair preconceived beliefs informed by racism. Such narratives have influenced the systems, policies, and practices that continue to devalue their lives and ignore

their pressing needs. When marginalized groups try to bring light to racism as a cause for inequity and to push for change to address it, they receive pushback from White groups. It is crucial for people of marginalized racial groups to be empowered through collective anti-racist efforts that allow them to change the narratives surrounding their lives and claim power over decision-making in pursuit of equity. To change the narratives for historically disadvantaged races, people from different sectors must collaborate on anti-racist initiatives to uplift and publicize these groups' lived experiences with racism and thereby, inequity. Actively listen to communities to gain insight into why the existing negative narratives about them are harmful to their livelihoods overall and how those who spread such misinformation often do so for their own benefit. Do not allow the redefining or co-opting of ideas and proposals that marginalized groups put forward to address systemic racism and oppression as the roots of inequities. Elevate people of marginalized races to positions of power so they may retell their story on a larger scale and participate in decision-making accordingly. Narrative change from a position of power can enlighten others to support the agenda items put forth to address the priorities of disadvantaged groups. Work alongside advocacy groups that promote anti-racism by portraying and endorsing the authentic narratives, including through an intersectional lens, about these populations and their health needs. It's time for people to collectively support marginalized racial groups in the retelling of their stories about their experiences with inequity, in a way that accurately and compassionately centers their voices and humanity in pursuit of change.

Anti-Racism Involves...

Dismantling systemic racism and barriers to justice and equity

Envisioning and creating conditions for a more just, equitable world

› Reimagine what it means to share power and commit to the practice in anti-racism work.

As discussed in a previous P4HE webinar on shifting power to communities, power imbalances have been shaped by a legacy of systemic racism and oppression. Historically, White people have held most positions of power and instituted barriers to exclude marginalized racial groups from opportunities to claim power. These barriers have persisted and taken on new forms, continuing to suppress the voices and roles of marginalized racial groups today. To advance equity and practice anti-racism, we must reimagine our approach to sharing power with people of disadvantaged races. This requires authentically engaging and involving members of these communities in conversations to inform and conduct decision-making. Acknowledge that lived experience is as informative and as important as subject matter expertise.

"Do we want to be right, or do we want to be effective? We can be right and righteous all day long [and not] have the impact or the outcomes that we want. I really see sharing power as the best way to move things forward." Sheryl Evans Davis, Executive Director, San Francisco Human Rights Commission

It is not enough for communities to only share information and their insights on particular issues if organizations proceed to make decisions as they would without community input. Shared power allows communities to have a seat at the decision-making table. Academic institutions, health care organizations, and policymakers have a particularly challenging time doing this as they are usually unwilling to give up power. Use your voice to push these organizations to create a culture of co-learning and inclusive spaces so that underrepresented groups can be thoughtfully and actively involved in program and policy design, incorporating their communities' desires. For example, academic institutions can support and expand community-based participatory research, a strategy that should be central to anti-racism work for health equity. In an anti-racism context, community-based participatory research offers marginalized communities the opportunity to be equal partners in research projects, such as investigations into the associations between the health issues plaguing their communities and racism, enhancing the quality of research by providing their perspectives and expertise. Pursue additional activities to build relationships with communities to learn about the problems, strategies, and solutions that resonate with them. Advocate for people of historically marginalized races who have never had the chance to make their voices heard. Cross-sector collaborations aimed to advance equity must intentionally share power with marginalized racial groups to center their priorities and implement anti-racist initiatives that will best serve them.

> Utilize various strategies and arguments that present the larger societal impacts of racism on everyone's health and well-being.

"The challenge that we are all faced with is when to flex one approach, one lens, or one tool as opposed to another…I think we have to flex different muscles at different times – to think about an economic argument, a societal argument, a collectivist understanding…There is something within American culture that is so drunk off the wine of rugged individualism that we fail to be introspective around what allows the group to thrive." Chris Pernell, Director, NAACP Center For Health Equity

Some may think that racism only affects the specific groups being discriminated against and oppressed, making them less inclined to engage in anti-racist efforts. White populations historically have also benefited from racism where their issues and desires are prioritized and protected in policies and systems over marginalized racial groups. This has allowed for White communities to lead healthy lives while Black people, Indigenous people, and other people of color have endured a lack of access to quality health care, resulting in disproportionately poor health outcomes. However, when you consider the societal impacts of systemic racism, it puts all communities at a disadvantage. Consider and publicize the economic arguments that demonstrate the glaring, unnecessary costs we incur as a nation by not addressing systemic racism and its effects on health and other outcomes. From a morality standpoint, admit and assert the simple fact that racism and the systems that perpetuate it are wrong and unjust. Unfortunately, it's evident that these arguments have not been enough to make widespread change, so we must strategize to present other evidence that will persuade people to join the anti-racism movement. Involve creatives who can create products and media that incorporate storytelling to portray the lived experiences of racism and inequity for disadvantaged groups. Leverage the expertise of researchers to conduct further studies on the societal costs and consequences of ignoring racism. In partnership with advocacy groups, converse with policymakers on why current or proposed policies and programs will not only reinforce the harm experienced by marginalized populations but also inhibit the potential of the country overall.

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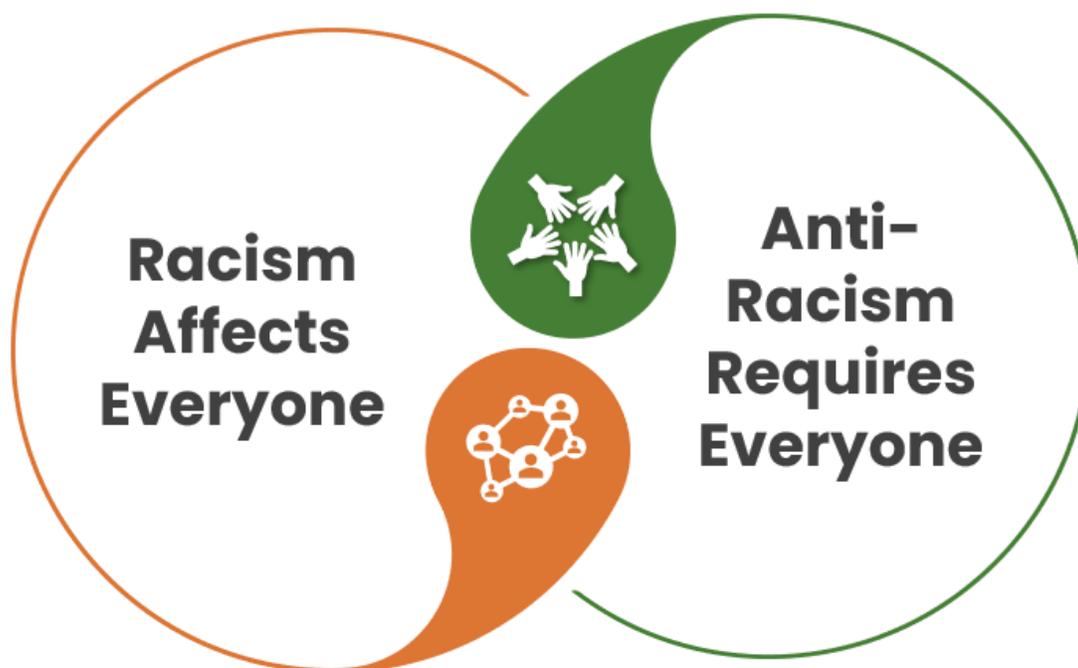
As important, acknowledge the reciprocal and communal nature of life and humanity that calls for us to work together. The COVID-19 pandemic put this idea into perspective because everyone was at risk of contracting the virus, so we had to rely on each other to follow shutdowns and mask mandates for everyone's health and safety. If we continued to employ a collectivist mindset, we could see the value in collective impact and uplift marginalized communities from adverse health disparities, rooted in systemic racism. People and organizations from various sectors must collaborate to dismantle systemic racism in pursuit of equity and prosperity for all. Since systemic racism affects everyone, anti-racism efforts must involve everyone.

Deeper Dive

National Negro Health Week

National Negro Health Week was a public health campaign, founded in 1915, designed by African Americans that aimed to offer information and resources to Black communities to help improve their health status. The initiative started as a local camapign led by Booker T. Washington to educate formerly enslaved Black individuals in Tuskegee, Alabama how to live. Then, Washington collaborated with his successor, Robert Moton, to publicize the initiative throughout the rural South. In 1921, Robert Moton gained the support of the U.S. Public Health Service to institute National Negro

Health Week as a national campaign, leveraging their network of health professionals and other connections throughout the country to expand the campaign beyond the South. Over the years, National Negro Health Week proved to be very successful in reaching Black communities, with the support of various Black organizations and their local programs across the country, in improving health outcomes of the Black population, and in closing health gaps between Black and White populations. In response to the Great Depression, the U.S. Public Health Service took over the campaign in 1932, resulting in a shift in focus from the health empowerment of Black communities to the mostly White medical establishment as the arbiter of Black health. Even with improved health outcomes for Black communities during this time, National Negro Health Week faced a loss of support and resources due to World War II and a shift in priorities among national Black organizations to civil rights and integration, ultimately leading to the end of the campaign in 1950. National Negro Health Week is an example of an initiative that aimed to promote the health of Black communities but lacked the infrastructure to sustain itself due to racist and oppressive systems. Today, cross-sector collaborations should reflect on the lessons learned from National Negro Heath Week to employ sustainable anti-racist strategies that will dismantle systemic barriers to achieving health equity for marginalized groups.

Black Representation in the Primary Care Physician Workforce and Its Association with Population Life Expectancy and Mortality Rates in the U.S.

In a 2023 study, the researchers investigated the effects of Black representation in the primary care physician workforce in the United States on health outcomes among Black individuals. The researchers conducted a cohort study in which they assessed the association of county-level Black representation in the primary care physician workforce with Black life expectancy, Black mortality rates, and disparities in mortality rates between Black and White individuals during three time periods. Using a sample of 1,618 U.S. counties that had at least one Black primary care physician during at least one of the data collection periods, the researchers found that Black workforce representation was positively associated with life expectancy among Black individuals and was inversely associated with both Black mortality rates and disparities in mortality rates between Black and White populations. The findings of this study highlight the importance of diversifying the health workforce to provide high-quality, culturally competent care to meet the health needs of Black communities. The fact that having even just one Black physician in the county can improve health outcomes for Black communities suggests great potential for progressing toward health equity as more Black individuals are employed in the health care field. Organizations from various sectors should work together to invest in education and employment resources and initiatives that will remove the systemic barriers to entry for Black individuals to pursue careers in health care.

Levels of Racism: A Theoretic Framework and a Gardener's Tale

Dr. Camara Phyllis Jones offers a theoretic framework and allegory for understanding racism and its implications on health outcomes. Within the framework, she defines three levels for understanding racism: (1) institutionalized, (2) personally mediated, and (3) internalized. She uses a gardening allegory to help illustrate the relationship between these three levels of racism. The allegory involves a gardener planting flowers in two flower boxes, one with old, poor soil and one with rich, fertile soil, and in each box, the flowers will either have pink blossoms or red blossoms. The gardener prefers the red flowers over the pink flowers, so they choose to plant the red flower seed in rich, fertile soil and the pink flower seed in the old, poor soil. Year after year, the flowers are planted this way, perpetuating the gardener's view that the red flowers are better than the pink flowers as they are more vibrant and healthier. Through this allegory, Dr. Jones depicts how the preference for red flowers (racism) is institutionalized, personally mediated, and internalized by the gardener (the government or another powerful decision making and resource controlling institution). The gardening allegory demonstrates the process in which systemic racism perpetuates health disparities for historically marginalized racial and ethnic groups. Anti-racism work for health equity, conducted by cross-sector collaboratives, can utilize this theoretic framework and allegory to guide their understanding of the effects of systemic racism on health and their design of interventions aimed to eliminate racial health inequities.

About P4HE

The P4HE Collaborative harmonizes goals, advances learning, and facilitates collaboration to improve health equity. It is led by the Tulane University School of Public Health and Tropical Medicine and is part of the Tulane Institute for Innovations in Health Equity. Support for this program is provided by ICF. Funding is provided by a grant from the Robert Wood Johnson Foundation.

Foster
the co-creation and spread of knowledge.

Sharpen
our research tools to focus on solutions, facts and stories.
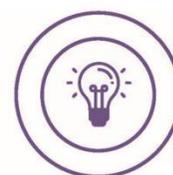
Disrupt
traditional research approaches.

Harmonize
our voices.

Challenge
the status quo.

Shine
light on practices that are indefensible, irrational and inconsistent.

To learn more about these issues, or Partners for Health Equity's calls to action, a resource library including a full recording of this, and all previous P4HE Webinars, can be found on the P4HE website.

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