Advancing Racial Equity Webinar Series

APHA
AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

The Advancing Racial Equity webinar series takes an in-depth look at racism as a driving force of the social determinants of health and equity in the United States. The series explores efforts to address systems, policies and practices designed to limit and shape opportunities for people of color. The presenters highlight collective and individual actions we can take to advance racial equity and justice.

About this Guide

This guide is to be used in conjunction with viewing the webinar series and includes a webinar summary, pre- and post-webinar questions, an activity and resources for each webinar in the series. Primarily designed for public health students and professionals, this guide can be used by anyone interested in having meaningful discussions about racism and racial equity.

The guide is designed to help viewers recap the content of the webinars as well as to provide a framework to invoke meaningful conversations about racism and its connection to health inequities in the United States. All recordings and slides are available at: **https://apha.org/racial-equity**

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Glossary

The following are terms and concepts referred to throughout this series. Definitions are provided for context as you watch the webinars and for your reference as you use this guide to generate conversations within your networks.

Anti-racist

Someone who is supporting an antiracist policy through their actions or expressing antiracist ideas. This includes the expression of ideas that racial groups are equals and do not need developing and the support of policies that reduce racial inequity.[1]

BIPOC

An acronym for Black, Indigenous, People of Color. It is meant to unite all people of color, while intentionally acknowledging that Black and Indigenous people experience worse consequences of discrimination, racism, classism and colonization.[2]

Discrimination

Treating someone more or less favorably based on the group, class or category they belong to resulting from biases, prejudices and stereotyping. It can manifest as differences in care, clinical communication and shared decisionmaking.[3]

Health disparity

A particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their: racial or ethnic group; religion; socioeconomic status; gender; mental health; cognitive, sensory, or physical disability; sexual orientation; geographic location; or other characteristics historically linked to discrimination or exclusion.[4]

Footnotes

[1] Kendi, I. (2019). How to be an Antiracist. Random House.

[2] Sunrise Movement. What is BIPOC? Accessed 8/25/2020 at: https://www.sunrisemovement.org/bipoc-gnd/

[3] Adapted from Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, Smedley, B. D., Stith, A. Y., & Nelson, A. R. (Eds.). (2003). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. National Academies Press (US).

[4] U.S. Department of Health and Human Services. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I report: Recommendations for the framework and format of Healthy People 2020. Section IV: Advisory Committee fndings and recommendations.

Health equity

Attainment of the highest level of health for all people.[5]

Health inequity

The uneven distribution of social and economic resources that impact an individual's health.[6]

Interpersonal racism

Discriminatory interactions between individuals resulting in different assumptions about the abilities, motives and intentions of others and different actions toward others based on their race. Interpersonal racism can be conscious as well as unconscious, and it includes acts of commission and acts of omission. It manifests as lack of respect, suspicion, devaluation, scapegoating and dehumanization.[7]

Obstetric violence

The physical, sexual and/or verbal abuse, bullying, coercion, humiliation and/or assault that occurs to laboring and birthing people by medical staff, including nurses, doctors and midwives.[8]

Racial equity

The condition that would be achieved if one's racial identity no longer predicted how one fares in society. When we use the term, we are thinking about racial equity as one part of racial justice, and thus we also include work to address root causes of inequities, not just their manifestation.[9]

Racism

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.[10]

Footnotes

[5] U.S. Department of Health and Human Services. Healthy People 2020. Disparities. Retrieved from: www. healthypeople.gov/2020/about/foundation-health-measures/ Disparities

[6] Klein R, Huang D. Defning and measuring disparities, inequities, and inequalities in the Healthy People initiative.National Center for Health Statistics .Cemter for Disease Control and Prevention. https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

[7] Adapted from Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. Am J Public Health 2000;90(8):1212-1215.

[8] Lamaze International (2018). What Is Obstetric Violence and What if it Happens to You?

[9] Center for Assessment and Policy Development

[10] Jones CP. Confronting Institutionalized Racism. Phylon 2003;50(1-2):7-22.

Social determinants of health

The conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.[11]

Structural racism

The normalization and legitimization of an array of dynamics – historical, cultural, institutional and interpersonal – that routinely advantage Whites, while producing cumulative and chronic adverse outcomes for people of color. Structural racism encompasses the entire system of white domination, diffused and infused in all aspects of society including its history, culture, politics, economics and entire social fabric.[12]

Find more terms and definitions at **Racial Equity Tools.**

Footnotes

[11] Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Defnition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017. https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf437393. Accessed May 10, 2018.

[12] Structural Racism for the Race and Public Policy Conference, Keith Lawrence, Aspen Institute on Community Change and Terry Keleher, Applied Research Center http://www.intergroupresources.com/rc/Definitions%20of%20Racism.pdf

Webinar #1

Racism: The Ultimate Underlying Condition

Recording and slides of webinar #1 are available **here**.

Pre-webinar questions:

Before watching the webinar, reflect on the following questions:

- When did you first become aware of your race or ethnicity?
- When was the first time you had a teacher of your same race or ethnicity? What impact do you think that had on your racial identity?

About

This webinar sets context for the series by exploring definitions, and examining racism and its historic and present-day impact on health and well-being. The webinar also identifies ways to recognize how racism operates in our systems, organizations and communities. APHA Executive Director Georges Benjamin, MD, provided opening remarks alongside an introduction by APHA President-Elect José Ramón Fernández-Peña, MD, MPA, Director of Health Professions Advising at Northwestern University.

Moderator

Tia Taylor Williams, Director, *Center for Public Health Policy, Center for School, Health and Education*, APHA

Presenters

Camara Phyllis Jones*, MD, MPH, PhD, APHA Past President, 2019-2020 Evelyn Green Davis Fellow, Radcliffe Institute for Advanced Study, Harvard University* (10:00-20:40)

In this presentation, Dr. Jones uses an allegory of an 'open/closed' sign in a restaurant to symbolize the dual reality of racism in our society. She demonstrates that those at the table of opportunity may not even recognize the system of inequity that privileges them and excludes others.

Amani Allen*, PhD, MPH, Executive Associate Dean, UC Berkeley School of Public Health* (20:40 – 48:01)

Dr. Allen summarizes the physiological impacts of racism and toxic stress on the physical body by citing a multitude of evidence suggesting that racial discrimination is harmful to one's health. This concept is further exemplified by her description of differences in allostatic loads and telomere lengths, in connection to racism.

Camara Phyllis Jones (48:01–1:19:57)

Dr. Jones provides a framework to recognize how racism operates in an organization through its structures, policies, practices, values and norms. She also presents an Anti-Racism collaborative, which includes eight key collective action concepts to be used to support the work of activists.

Learning Objectives:

- Identify the multiple levels on which racism operates.
- Describe the physiological impacts of racism and discrimination on health.
- Explore the principles for and barriers to achieving health equity.

Discussion questions:

After watching the webinar, answer and discuss your responses to the following questions.

1. What is the difference between health disparities and health inequities?
2. Name two health conditions that have been associated with chronic stress and racism.
3. How can we support training around issues of racism, and anti-racism in organizations, agencies and institutions of all levels?
4. How can we ensure history is considered in all decisionmaking processes?
5. How is racism connected to higher stress levels?
6. What tools and strategies are needed to start community conversations on racism?
7. What are current policies and legislative strategies to address and dismantle racism?
8. What anti-racism work is happening in your community?

Resources

The following resources further explore the topics discussed in the webinar.

Understanding Allostatic Load

- Racial/Ethnic Disparities in Hypertension Prevalence: Reconsidering the Role of Chronic Stress
- American Psychological Association Fact Sheet: Health Disparities and Stress

Anti-Racism Resources for Organizations

- Awake to Work to Work: Building a Race Equity Culture
- Organizational Race Equity Toolkit
- Taking Back the Work: A Cooperative Inquiry into the Work of Leaders of Color in Movement-Building Organizations
- Moving Past The Silence: A Tool For Negotiating Reflective Conversations About Race
- Implicit Association Test (IAT)

Activity

Dr. Jones outlines a framework for understanding how racism operates in situations based on the structures, policies, practices and norms, and values. Approach this activity through your perspective as a student analyzing racism at your school, a professional evaluating racism in the workplace, as member of a community organization or as a resident of your community. Then, use the table below to identify the specific mechanisms of the organization that perpetuate racism, and thus health disparities. Finally, brainstorm a solution to address each mechanism.

How is racism operating here?	Potential solutions to address this
Structures: *the who?, what?, when? and where?* of decisionmaking *e.g. Composition of Board, senior leadership, managers, school deans, etc.*	
Policies: the written *how?* *e.g. Is there alignment of organizational policies and stated values/mission? Are there inherent biases within policies? Is there transparency about how policies are made and enforced?*	
Practices and Norms: the unwritten *how?* *e.g. Who is leading anti-racism or racial equity efforts? Is the practice of anti-racism or racial equity ongoing and embedded across the organization? Is there a system for accountability?*	
Values: the *why?* *e.g. Is there a hierarchy of valuation by race or ethnicity, work role, education level or discipline?*	

Webinar #2

A Path to Reproductive Justice: Research, Practice and Policies

Recording and slides of Webinar #2 are available **here**.

Pre-webinar questions:

Before watching the webinar, reflect on the following questions:

- What do you know about maternal health disparities? Where were you taught this information?
- Black women are at the intersection of race and gender. What do you think is the impact of this intersection, in regards to maternal health disparities?

About

This webinar explores racial disparities in maternal mortality and highlights innovative research, practice and policies that aim to achieve reproductive justice and birth equity.

Moderator

Monica R. McLemore, *PhD, MPH, RN, FAAN, Associate Professor, University of California, San Francisco*

As moderator, Dr. McLemore echoed the importance of building power and reallocating resources in terms of maternal health and reproductive justice.

Presenters

Ndidiamaka Amutah-Onukagha, *PhD, MPH, CHES, Associate Professor in the Department of Public Health and Community Medicine, Tufts University School of Medicine* (7:10 – 26:40)

Dr. Amutah-Onukagha highlights statistics relating to the U.S. maternal mortality rates and explains that Black birthing people are disproportionately affected, regardless of income or education level. She also provides historical context surrounding Black women's health and demonstrates racial disparities in federal research funding.

Elizabeth Howell, *MD, MPP, Chair of the Department of Obstetrics and Gynecology , Perelman School of Medicine, University of Pennsylvania* (27:50 – 43:55)

Dr. Howell demonstrates racial and ethnic disparities in severe maternal morbidity rates and the multiple factors that influence these outcomes. She further recommends levers to reduce these disparities.

Joia Adele Crear-Perry, *MD, FACOG, Founder and President of the National Birth Equity Collaborative* (45:10 – 1:04:24)

Dr. Crear-Perry identifies respectful care as a global maternal health concept to be adopted by the United States. She articulates levers, wins and barriers to provider advocacy and examines the Black Mamas Matter Alliance platform for racial equity through reproductive justice.

U.S. Rep. Lauren Underwood, D-Ill., *Founder and Co-Chair of the Black Maternal Health Caucus*
(1:05:40 – 1:09:18)

> Representative Underwood tells a story that inspired her to create the Black Maternal Health Caucus and introduces the Black Maternal Health Momnibus Act of 2020, a comprehensive act that addresses many aspects of maternal health disparities and was proposed in the 116th Congress in March 2020.

Learning Objectives:

- Provide context of racism in reproductive care across multiple impacted groups.
- Examine current advocacy approaches to advancing reproductive health equity.
- Identify current federal legislation that addresses the barriers to achieving reproductive justice.

Discussion questions:

After watching the webinar, answer and discuss your responses to the following questions.

1. Why has the U.S. maternal mortality rate risen over the last 15 years, while it is decreasing in other developed or industrialized countries?
2. Higher education levels and higher socioeconomic status in Black women does not affect maternal health outcomes. Why?
3. How is data collection important in regards to maternal health?
4. How does limited diversity within the medical profession contribute to overall worse birthing outcomes for birthing people of color?

Resources

The following resources further explore the topics discussed in the webinar.

- The Birth Equity Agenda: A Blueprint for Reproductive Health and Wellbeing
- Raising Our Voices for Maternal Health
- A Guide for Advocating for Respectful Maternity Care
- New York City Standards for Respectful Care at Birth
- Congressional Black Maternal Health Caucus
- Black Mamas Matter toolkit

Activity

Dr. Crear-Perry highlights the necessity of analyzing root causes of maternal health disparities in order to identify systems vulnerabilities that impact patient outcomes and recognize measurable systems-based corrective actions. These root causes include health, family support, economic, criminal justice and data collection policies.

Now, apply what you have learned to your community by researching the infant and maternal mortality rates in a city/state of interest to you and the lack or presence of certain policies, practices and programs that have influenced these statistics. Fill in the boxes below with your findings to see how your locality measures up on the policies recommended by the panelists.

Research tools for initial data collection:

- America's Health Rankings, United Health Foundation
- CDC Natality Information: Live Births

State/Locality: _____

Maternal Health Factor	Data
Maternal/Pregnancy-related deaths per 100,000 live births	
Pregnancy-related mortality ratio for Black non-Hispanic women	
Pregnancy-related mortality ratio for American Indian/Alaskan Native women	
Pregnancy-related mortality ratio for Hispanic women	
Infant mortality rate	
Neonatal mortality	

Policy/Practice/Program	In Your Community
Examples are listed below of policies and programs at the governmental and organizational level that support positive maternal and infant health outcomes.	*Which of the listed policies are in place in your community? Are there additional policies in place in your city/state that contribute to better or worse infant and maternal health outcomes?*

Maternal Health Care

a. Extend postpartum Medicaid coverage to one year

b. Fund maternal mortality review boards

c. Implement patient safety bundles at birthing sites

Family Support

a. Require employers to offer paid maternity leave

b. Provide flexible, affordable childcare options

c. Require employers to offer paid sick/family leave

Economic

a. Require employers to pay a living wage

b. Implement policies and procedures for wage transparency

c. Provide economic protections during COVID-19 response

Criminal Justice

a. Eliminate solitary confinement for incarcerated birthing people

b. Provide birth education and parenting supports for incarcerated birthing people

c. Eliminate police brutality and excessive use of force

Data Collection & Accountability

a. Collect self-identified race/ethnicity/ language data

b. Implement disparities dashboard

c. Utilize quality improvement collaboratives to address identified gaps in care

d. Institute mechanisms for reporting patient experiences of biased, delayed and/or substandard maternity

Webinar #3

Reborn Not Reformed: Re-Imagining Policing for the Public's Health

Recording and slides of Webinar #3 are available **here**.

Pre-webinar questions:

Before watching the webinar, reflect on the following questions:

- Does having police or other forms of law enforcement officials in your community make you feel safe? Why, or why not?
- If you have had mostly positive interactions with the police, what personal privileges can you identify that may have minimized your interactions with law enforcement? Or changed the nature of these interactions?

About

This webinar explores the detrimental and lethal effects of over-surveillance and over-policing on communities of color. It also stresses the urgency to reframe police violence as a matter of public health and provides suggestions on methods to re-imagine policing for the public's health.

Moderator

Daniel Webster, *ScD, MPH, Bloomberg Professor of American Health, Johns Hopkins Bloomberg School of Public Health*

As moderator, Dr. Webster highlights the ways police can serve as protectors of privilege and as a tool of oppression for people of color by citing statistics of police killings by race. He further demonstrates the role of firearms in perpetuating police violence.

Presenters

Keon Gilbert, *DrPH, MPA, Associate Professor of Behavioral Science and Health Education at Saint Louis University College for Public Health and Social Justice and Co-Founder of the Institute for Healing Justice and Equity* (12:49 – 31:02)

Dr. Gilbert provides context for the violence and criminalization of Black people in the U.S. to explain the origins of modern policing. He shares findings from various studies to illustrate trends of racialized and gendered police violence and the associated health effects.

Rashawn Ray, *PhD, David M. Rubenstein Fellow at The Brookings Institution, and Professor of Sociology at the University of Maryland, College Park* (31:24 – 44:17)

Dr. Ray encourages a shift from police department insurance being used for civilian payouts for police misconduct toward having taxpayer money fund education equity and gainful employment opportunities. He also uses evidence to assert the magnitude of harm that over-surveillance and police violence cause for Black and Latinx people.

Kanwarpal Dhaliwal*, MPH, Co-founder and Associate Director of the RYSE Center and has served as Adjunct Faculty at San Francisco State University* (45:46 – 1:06:10)

> Ms. Dhaliwal provides a community-oriented perspective by discussing the origin, mission and services of the RYSE Center. She emphasizes the need to recognize and break down the ways established systems and institutions are compliant to white supremacy in burdening, harming and working against BIPOC.

Omid Bagheri Garakani*, MPH, Director of Equity and Community Partnership at JustLead Washington and Clinical Faculty at the University of Washington School of Public Health* (1:06:37 – 1:24:40)

> Mr. Garakani outlines the APHA policy statement "Addressing Law Enforcement Violence as a Public Health Issue" that highlights the effect of police violence on public health. The statement provides recommendations for governments to build new systems of community safety and take structural approaches to prioritize health.

Learning Objectives:

- Describe how racism operates in policing and the limitations of reform efforts.
- Discuss the acute and chronic health impacts of over policing on Black and Latinx communities.
- Explain what "Re-Imagining Policing" means for public safety, public health and society overall.
- Identify and address the ways in which policing occurs in public health and other sectors.

Discussion questions:

After watching the webinar, answer and discuss your responses to the following questions.

1. What are the historical origins of modern policing? How does this influence current policing structures and practices?
2. What are the health effects of living in a heavily-surveilled neighborhood?
3. What are examples of community approaches to the issue of police violence?
4. How have recent events surrounding police violence shaped your views on police and policing?
5. How often do you see police in your neighborhood? Do you feel comfortable interacting with law enforcement? Considering this, how do you personally feel the impacts of policing in your community?
6. If you had to reimagine the role of police or how they operate, how would that look? How do we get there?

Resources

The following resources further explore the topics discussed in the webinar.

- The Ryse Center's Listening Campaign
- Radical Inquiry — Liberatory Praxis for Research and Evaluation
- The Network for Public Health Law: Systemic Racism & Policing Issue Brief

- Mapping Police Violence
- Campaign Zero
- **APHA Policy Statement:** Addressing Law Enforcement Violence as a Public Health Issue
- Public Health is a Strategy for Abolition: Fighting for Healthy and Safe Communities
- Police Use of Force Project

Activity

Using the framework provided below, identify how racism operates in structures, policies, practices, norms and values as it relates to police violence. One example for each has been provided for you. Then, brainstorm potential solutions to address each of these mechanisms.

Context: Police killings of unarmed Black men

How is racism operating here?	Potential solutions/alternatives
Structures: *the who?, what?, when? and where?* of decisionmaking *e.g. Presence or absence of Civilian Review Boards*	
Policies: the written *how?* *e.g. Use of Grand Jury system to indict police officers*	
Practices and Norms: the unwritten *how?* *e.g. Blue Code of Silence*	
Values: the *why?* *e.g. View of Black men as inherently threatening*	

* Bonus Activity *

Policing, especially of BIPOC, is not limited to law enforcement. List the ways in which other sectors or professions carry out policing to control the behaviors of BIPOC, and provide alternatives to these norms and practices.