

## 4<sup>th</sup> Annual Racism Pre-Conference Session

### SPONSORS

#### Palladium

**FUTURE OF NURSING™**  
Campaign for Action

  
Robert Wood Johnson Foundation  
**AARP** Foundation

#### Platinum



#### Gold

*Lisa Campbell, DNP, RN, APHN-BC*



#### Silver

*Julie Kruse, PhD, RN*

*Mary (Molly) J. McLaughlin, BSN, MS, RNC*



#### Supporters

*Debra Gay Anderson, PhD, PHCNS, BC*  
*Derryl E. Black, RN, PhD*  
*Karen M. Butler, DNP, RN*  
*Susan Valeria Coleman, BSN, MPH, RN*  
*Jennifer L. Collins, PhD, RN*  
*Kathy Downey, PhD, MBA, MSN*  
*Rebecca Shasanmi Ellis, MPH, BSN, RN*  
*Tom Engle, RN, MN*  
*Rita Munley Gallagher, PhD, RN*  
*Lorie Smith Goshin, PhD, RN*  
*Shawn Marie Kneipp, MS, ARNP, PhD*  
*Glynnis M. LaRosa, MPH, MSN, RN, PHNA-BC, CPHQ*  
*Rita Lourie, MPH, RN*  
*Nonceba Lubanga, RN, MPH*  
*Karen S. Martin, RN, MSN, FAAN*  
*Mary Sylvesta Marston-Scott, PhD MPH*  
*Mary McKenzie, EdM MS, RN*  
*Sarah Oerther, MSN, MEd, RN, FRSPH*  
*Sonda Oppewal, PhD, RN*  
*David J. Reyes, DNP, MPH, RN*  
*Cynthia L. Stone DrPH, RN*  
*Torrey Wasserman, MBA, MHA*  
*Susan Zahner, DrPH, MPH, RN*



**APHA 2019**  
ANNUAL MEETING & EXPO  
PHILADELPHIA | NOV. 2 – 6  
CREATING THE HEALTHIEST NATION  
FOR SCIENCE. FOR ACTION. FOR HEALTH.

---

# **ACTIVATING AWARENESS ABOUT RACISM AND LEVERAGING CHANGE TO ALLEVIATE OPPRESSIVE HEALTH PRACTICES**



**Roberta Waite, EdD, PMHCNS, ANEF, FAAN**  
Professor of Nursing  
Associate Dean for Community-Centered Health & Wellness and Academic Integration

# OBJECTIVES

Discuss the main activities I have undertaken to address racism and health inequities

Discuss outcomes to date of activities undertaken to tackle racism and health inequities

Discuss ways that APHA professionals can engage in addressing racism and advance health equity

Identify the effectiveness of ally-like behaviors—moving from being an ally to a coconspirator by taking concrete action to address racism

Discuss and provide tools and resources to speak race to power and address racism

---

**“Racism still occupies the  
throne of our nation.”**

-Dr. Martin Luther King, Jr.

**Racism is a driving force of the social  
influencers of health  
and is a impediment to achieving health equity.**

America is a racist country. We have got to face the fact that racism still occupies the throne of our nation. I don't think we will ultimately solve the problem of racial injustice until this is recognized, and until this is worked on  
Laws and policies can't cleanse America of racism because they can't change hearts. What can? One possible answer: more basic human interaction between people of different races.

---

MY JOURNEY:  
ACTIVITIES I HAVE UNDERTAKEN TO  
ADDRESS RACISM AND HEALTH INEQUITIES



## PIVOTAL : UNPACKING IS NECESSARY

Let's get started.....

Knowledge = power

Understanding how health disparities arise  
goes a long way towards taking action.

Striving to achieve health equity will mitigate disparities and  
oppressive practices

~Adapted Camara Jones

## BACKDROP

- In general, healthcare professionals are educated/trained to understand biological and behavioral inputs into health and sickness. However, we are not trained to consider the health impacts of structural factors such as social hierarchies, global markets, or domestic or transnational policies. At the same time, these structural factors significantly affect the health and well-being of our patients (Guthnam, 2014).
- Social justice (SJ) has been a dominant normative position for nursing for as long as we have been professionalized.
- Even if SJ is at the core of the nursing discipline, it is generally absent or may operate as mere rhetoric in the nursing curriculum (Canales & Drevdahl, 2014).

Color blind

## BACKDROP

- Because inequities and injustices are hypervisible for racialized groups, the translation of SJ in nursing practice and education has been dominated focusing on cultural sensitivity, drawing on many theories and models orienting nursing practice and education towards culturally congruent care (Canales & Drevdahl, 2014).
- The pervasive focus on culture allows nursing education to gloss over and ignore systems of oppression. This turns a blind eye to America's and other Western powers' historical and contemporary acts of colonization, exploitation, and violence.
- Identifying and understanding systems of oppression, which may be ugly are avoided by most nurses who choose not to see they are, to a large degree, responsible for the development and perpetuation of health disparities in this country and other parts of the world.

## THROUGH THE LENS OF THE GROUNDWATER METAPHOR

- **"The fish, the lake and the groundwater:** If you have a lake in front of your house and one fish is floating belly-up dead, it makes sense to analyze the fish. What is wrong with it?
- Imagine the fish is one student failing in the education system. We'd ask:
  - Did the student study hard enough?
  - Is he/she getting the support they need at home?
  - But if you come out to that same lake and *half* the fish are floating belly-up dead, what should you do?

(Racial Equity Institute, 2019)

## GROUNDWATER METAPHOR

- This time you've got to analyze the lake. Imagine the lake is the education system and *half* the students are failing. This time we'd ask: might the system itself be causing such consistent, unacceptable outcomes for students?
  - If so, how? Now, picture five lakes around your house, and in *each and every* lake half the fish are floating **belly-up dead!** What is it time to do? We say it's time to analyze the groundwater."
- This helps individuals at all levels better understand and internalize the reality that society is racially structured; and the foundational structure of racism is what causes racial inequity.

(Racial Equity Institute, 2019)

## Understanding What Creates Health?



- The conditions in which people are born, live, learn, work, play, and age greatly shape health. These social and economic factors, are closely connected to the physical environments, which also play an important role in shaping health
- It is not enough to treat everyone equal in healthcare. Healthcare must understand the underlying inequalities each faces from the start and tailor care toward equal health outcomes.
- When these factors are positively (job security, good housing) afforded to others, and overly burdensome on some (unemployment, rent burden), it produces social inequities, most inhumane of which is health.
- As such, when considering what impacts health, we must think more expansively from what is typically thought of, such as access to healthcare or health education. At the Center for Health Equity, we seek to expand the narrative around what impacts health.

six distinct pathways through which racism impacts health:  
Economic and social deprivation

Toxic substances and hazardous conditions

Discrimination and other forms of socially inflicted trauma (mental, physical, and sexual, directly experienced or witnessed, from verbal threats to violent acts

Targeted marketing of harmful commodities (examples include 'junk' food, tobacco, alcohol, as well as legal and illicit drugs)

Inadequate or degrading medical care

Degradation of ecosystems, including as linked to systemic alienation of Indigenous populations from their lands and corresponding traditional economies.

## RECOGNIZING WHY PLACE MATTERS

Where you live determines access to:

- High-quality schools
- Job opportunities
- Safe, affordable & healthy housing
- Fresh produce & nutritious food
- Safety- exercising, walking or playing outside
- Nearby nature
- Toxins (from highways, factories etc.)
- Quality primary care and good hospitals
- Affordable, reliable, public transit
- Social cohesion and social capital



Invisible walls  
between communities



## EFFECTS OF OPPRESSION

- “Home isn’t just a place to sleep and hang your clothes; it is also a state of being, a sense of intrinsically fitting into the community around you and being welcomed, invited, accepted and free to be complete...
- Home is the spirit we hope to find in others; an end to being pushed out in the cold because of some difference that is deemed unacceptable.”

*~Dr. Ken Hardy*

Oppression-give example

## HEALTH DISPARITY VS HEALTH EQUITY

- My education focused on health disparities (HD) – health difference that is closely linked with economic, social, or environmental disadvantage (Braveman, 2014). But how do they arise?
- HD are inequitable, even when we do not know the causes, because they put an already economically/socially disadvantaged group at further disadvantage with respect to their health (Braveman, 2014).
- Health disparities reflects widely held social values (Braveman, 2014).
- Health disparities will be eliminated when health equity is attained (American Academy of Family Physicians, 2019).
- Health equity means social justice in health (Braveman, 2014)
- Structural racism must be addressed to set things right and tilt the country toward attaining health equity (American Academy of Family Physicians, 2019).

Health disparities happen due to differences in quality of care, differences in access to care, and differences in the conditions of our lives

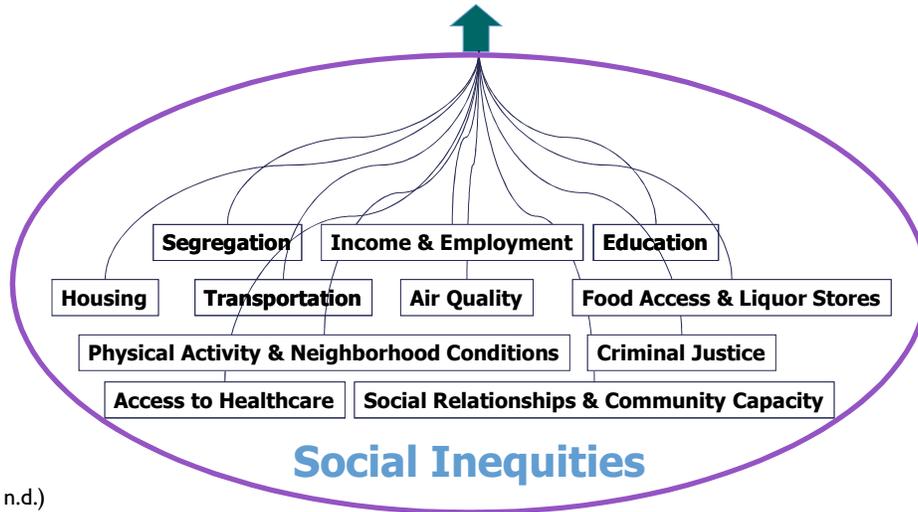
## HEALTH DISPARITIES

- Are not:
  - acts of God
  - random events
  
- Reflect successful execution of social policies that create all types of systems of unbalanced power and privilege.
- Are produced by historical practice of exclusion & discrimination across the life course.
- Create a stronghold of concentrated poverty in geographic locations and pervasive practices of segregation.



# Social Inequities Root Causes of Health Inequities

## Health Inequities



(Brown et al., n.d.)

## FOCUS ON PROMOTING HEALTH EQUITY

- An assurance of the conditions necessary to achieve optimal health for all people.
- Obstacles- a historical nature; US detaches the present from the past.
  - *It is necessary to talk about history and explore the system of power that is core to racism in the US. Denial persists sustaining its continued presence and deep impact on the health and well-being of the entire nation.*
- To realize health equity, the US/ its people must:
  - value all people and populations equally
  - identify and remedy historical injustices
  - provide resources based on need (American Academy of Family Physicians, 2019).

## CULTURAL COMPETENCE vs. STRUCTURAL COMPETENCE

- Cultural competence – people treating individuals in a way that makes them feel that their ideas, values, traditions, or behaviors are acknowledged and respected.  
(Jowsey, 2019)
  - Problem- lacks focus on societal structures that inform individual positionality and agency
- Structural competence is the skillful awareness of how social, political, and economic structures may affect clinical interactions and an ability to envision and implement structural interventions—should be integrated into health professional education and practice as foundational to reducing health inequities.  
(Ford-Gilboe et al., 2018)

## STRUCTURAL VIOLENCE

“Structural violence is one way of describing social arrangements that put individuals and populations in harm’s way...

The arrangements are structural because they are **embedded in the political and economic organization** of our social world; they are violent because they **cause injury to people.**”

*(Farmer et al., 2006)*



**What elephant?**

Tomassi

---

## MAIN ACTIVITIES I HAVE UNDERTAKEN TO ADDRESS RACISM AND HEALTH INEQUITIES & OUTCOMES



---

There are functionally two ways of existing in a society that is organized around racialized inequality. You either abide the status quo or you oppose it.....

**“You can’t be neutral  
on a moving train.”**

~Howard Zinn

Antiracism in Action: Ibram Kendi Offers Hard Truths and Real Solutions

AMERICAN UNIVERSITY  
WASHINGTON, DC

COMMUNICATIONS & MARKETING > NEWS > Antiracism in Action: Ibram Kendi Offers Hard Truths and Real Solutions

### YOU CAN'T BE NEUTRAL ON A MOVING TRAIN

Kendi explicitly defines what we mean by "racism," essentially a marriage of racist ideas and racist policies. "A racist idea is any idea that suggests one racial group is inferior or superior to another racial group in any way," he writes. A racist policy is "any measure that produces or sustains racial inequity between racial groups." A key component of Kendi's argument is that you cannot have a "race-neutral" policy.

"The most threatening racist movement is not the alt-right's unlikely drive for a White ethnostate but the regular American's drive for a 'race-neutral' one," he writes.

President Donald Trump sometimes defensively calls himself the "least racist person" ever. Despite what one thinks about Trump's language and policies,

BACK TO TOP ^

10:54 PM  
9/20/2019

**ROBERTA WAITE**

**DO WHAT I DO BECAUSE IT ENERGIZES ME. I AM PASSIONATE ABOUT IT. I LIKE TO SEE INTENTIONAL WORK THAT CAN MAKE AND CREATE A POSITIVE IMPACT ON OUR SOCIETY.**

**TRANSFORMING STUDENTS INTO LEADERS**

Roberta Waite, LBS, was selected in 2010 as one of only two nurses nationwide for the first class of participants Joseph Macy Faculty Fellows, a program designed to identify and nurture the success of promising educational resources in medicine and nursing.

For her Faculty Scholar project, Waite created the Macy Undergraduate Leadership Fellows Program at Saint. Elizabeth's, a leadership certificate program consists of three one-semester, and year-long fellowships with an exceptional mentor who is either on faculty or leads an organization in the community.

The Macy program focuses on developing leadership skills, engaging from modeling and leading teams to understanding your personal strengths and weaknesses. "In colleges and programs for next generation of students, we need to be very intentional," says Waite, who is a psychiatric and clinical mental health specialist in addition to a professor and assistant dean.

**PROMOTING A CULTURE OF HEALTH**

In August 2018, Waite was named director of the newly formed Stephen and Sandra Stuber 116 Street Health Center which delivers primary care, behavioral health, dental services, and health and wellness programs to more than 2,500 adult patients annually.

Waite has been involved in various degrees with 116 Street since 2003. "Our goal is to continue to engage our cross-sector partners in the community to promote a culture of health," Waite says.

**LEARNING FROM OTHERS**

Despite her advanced degrees and many impressive accomplishments, Waite is not about to rest on her laurels. "Seeking learning is a lifelong investment," she says. "I'm always open, because I'm always absorbing and learning from other people."

As I learn about them, I actually gain more insight about myself. I truly believe the learning never stops.

PROFESSOR AND ASSISTANT DEAN OF ACADEMIC AND COMMUNITY INTEGRATION

**College of Nursing and Health Professions**

## ACADEMICALLY

- Content in courses taught across levels- assigned and guest lecture across disciplines
- Macy Undergraduate Leadership Fellows Program
- Share views and strategy with other faculty and leadership in executive faculty and other meetings
- Person of Purpose

## PEDAGOGY

- Anti-racist pedagogy in nursing curricula is basically nonexistent, preferring instead to focus more narrowly on culture.
  - This allows nurses to depoliticize discussions of race and other social differences, ignoring the influence that systems of oppression, imperialism, and historical trauma have had on health in marginalized populations.
  - I started using an anti-racist pedagogy educating students in ways that make racialized power relations explicit, deconstruct the social construction of race, and analyze interlocking systems of oppression that serve to marginalize and exclude some groups while privileging others.

---

## PEDAGOGY

- If SJ is a goal of nursing, an approach is required that takes into account multiple intersecting forms of structural and interpersonal discrimination, with an emphasis on racism.



## THE REAL CHALLENGE

*Making visible the empathy gap.....*

"The most difficult social problem in the matter of Negro health," DuBois concluded, "is the peculiar attitude of the nation toward the well-being of the race. There have, for instance, been few other cases in the history of civilized peoples where human suffering has been viewed with such peculiar indifference."

~ W.E. B. Du Bois (1899 [1967], p.163).



Especially the indifference toward the well-being of blacks, and to a larger extent, people of color in the United States, particularly in how the media& many people in society frame the struggles of whites who are suffering from suicide and drug abuse at record rates



### Nursing colonialism in America: Implications for nursing leadership

Robert Waite <sup>a,\*</sup>, Deena Nardi <sup>b</sup>

<sup>a</sup> Academic Integration and Evaluation of Community Programs, Doctoral Nursing Practice Department, College of Nursing and Health Professions, Drexel University, Philadelphia, PA, United States  
<sup>b</sup> Doctor of Nursing Practice Program, University of St. Francis, Joliet, IL, United States

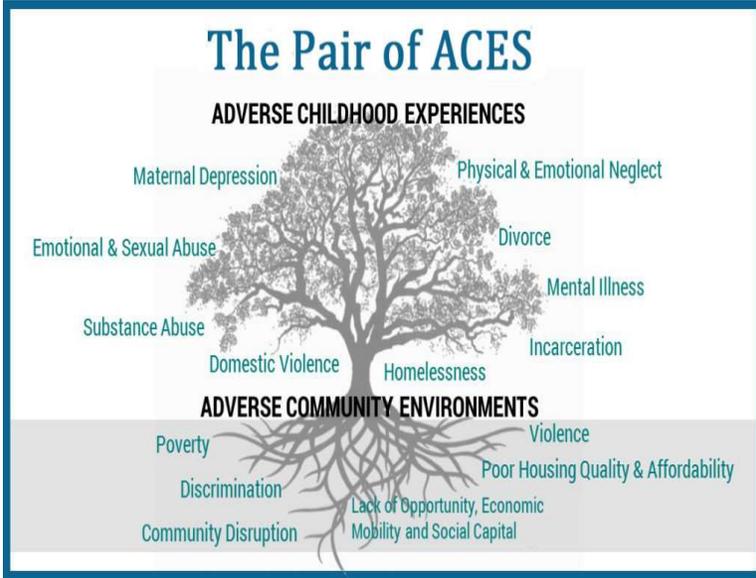
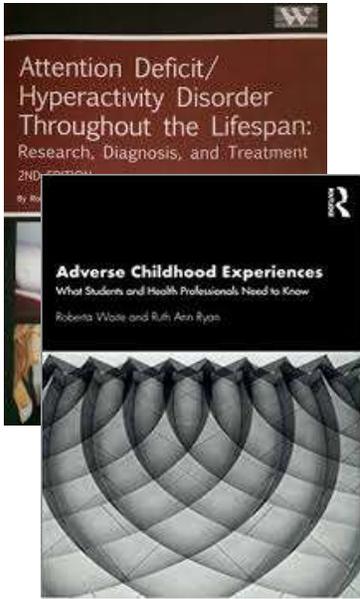
**ARTICLE INFO**

*Article history:*  
Received 22 April 2017  
Revised 4 December 2017  
Accepted 20 December 2017  
Available online xxxxx

*Keywords:*  
American colonialism  
Racism  
Nursing leadership

**ABSTRACT**

The purpose of this paper is to explore the nurse leader's role in understanding the impact of American colonialism – specifically racism, a product of colonialism – as a key determinant in shaping the education of nursing students and its influence on practicing nurses. American values have been grounded in its colonialism and continue to be influential in shaping beliefs, attitudes, behaviors, and policies within the United States. Like racism, American colonialism depends on its perceived death for its survival – this is its paradox. Historic roots of the nursing profession evolved within this context of American colonialism which has shaped the lens of individuals who are the leaders and practitioners in our profession. Therefore, it is important to examine strategies that challenge and decolonize the nursing profession and to become an accomplice, clarifying and addressing inclusion/exclusion in our profession's leadership machine including: hiring/promotion practices, confrontation of White silence, critiquing design and dissemination of knowledge development, and fostering widespread change in nursing education/cur-





---

## SCHOLARLY



## SCHOLARLY

### IBX Foundation celebrates National Nurses Week

Their evolving role now includes battling health inequity, Drexel prof says

BY BAILEY KING  
PHILLYVOICE STAFF



## SERVICE



S.E.P.A.B.N.A.

### Philadelphia ACE Task Force

**THE PHILADELPHIA** In April 2012, the Institute for Safe Families (ISF) formed the Philadelphia Adverse Childhood Experiences (ACE) Task Force to develop policies, practices, and research within pediatric settings that mitigate conditions arising from toxic stressors and ACEs (adverse childhood experiences) and that increase the health and wellbeing of children and their families. The Philadelphia ACE Task Force is now housed through the **Health Federation of Philadelphia®** (HFP). As many are now aware, the ACE Study demonstrates that toxic stress and traumatic childhood experiences can lead to significant social, emotional and cognitive impairments, as well as chronic diseases and unhealthy behaviors across the life span. The Philadelphia ACE Task Force is a collaboration and partnership between practitioners and public health leaders.



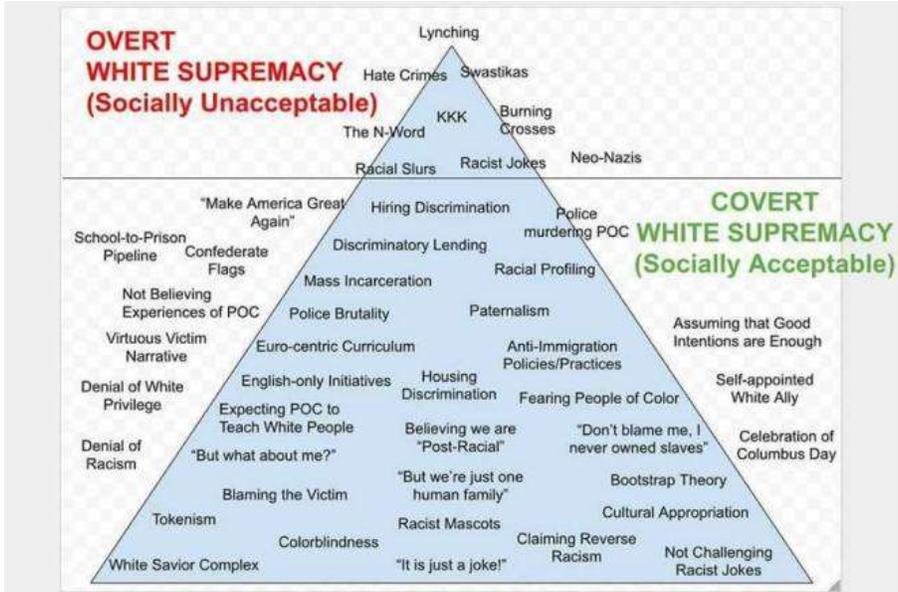
## ADMINISTRATIVE & SCHOLARSHIP



- Working with a great team of interdisciplinary colleagues
  - Community-based FQHC certified as a Level III NCQA patient-centered medical home (Drexel CNHP & FPCN)
  - Uses an integrated approach to provide integrative services
  - Sanctuary trauma-informed practice
  - Undoing Racism
  - Focus on social health
  - CHCS-*Advancing the Action of Trauma-Informed Care through Antiracist Practices and Collective Healing*

*Foster an anti-racist culture of health using trauma-informed approaches to mitigate health barriers influenced by white supremacy. Creating health equity requires understanding racial oppression as an obstacle to mental, physical, and social wellness.*

We isolated race while acknowledging the broader scope of diversity  
We stay engaged, Speak our truth, and experience discomfort



(Stuart Center, n.d.)

## Steps towards Promoting Health Equity at 11<sup>th</sup> St

Striving to become a racial justice and multi-cultural organization

**INTENTIONAL CHANGE**

Make injustices evident using data and storytelling

**CALL OUT**

Fund employment for community members and support optimizing social health through place-based and collaborative efforts

**GOAL**

Develop a practice to advance health equity in all policies approach

**ACTIVATE**

Cultivate strategies to empower community & 11<sup>th</sup> st staff by education and collective action

**LEVERAGE CHANGE**

---

## INTENTIONAL CHANGE

- Taking a racial justice approach to our work is not a witch hunt
  - It is a remedy for a nationwide pathology from which none of us is immune.

■ ~Mary T. Bassett

---

EFFECTIVENESS OF ALLY-LIKE BEHAVIORS:

MOVING FROM BEING AN ALLY TO A  
CO-CONSPIRATOR  
BY TAKING CONCRETE  
ACTION TO ADDRESS RACISM



---

■ *If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then **let us work together.***

~Lilla Watson (2012)

*“I can’t believe what you say, because I see what you do.”*

~James Baldwin



An ally is someone who works with you toward a mutually beneficial goal (Jones, 2018).

it is the degree to which whites put their ideas, actions, and bodies out for social justice. may not work towards disrupting the heteropatriarchy; may cycle through and maintain systems of privilege and oppression.



Allyship can be claimed without taking any meaningful action on behalf of oppressed folks contributing to guilt spirals and/or self-congratulatory posturing.



Allies may believe equality is great, believing alone won't make a change.



Allies may look for pats on the back when decency is displayed toward oppressed folks; the humanity in everyone should be valued.



In actuality, the fight should occur to make sure those whose humanity is compromised get recognized for who they are; Allies support them in those efforts to live free (Jones, 2018).

ALLY

## CO-CONSPIRATOR OR ACCOMPLICE



A fundamental belief that separates white allies from white accomplices is risk



Co-conspirator – individuals who conspire to shut down entire systems of oppression.

Intentional plotting and planning the ways in which privileged persons can tear those systems down (Greenier, 2018).



Co-conspiracy is about what people do in constant, consistent action, not just in language (Knittel, 2018).

understanding that the work of undoing racism *involves* you white co-conspirators must identify and interrogate the ways in which they seek to preserve comfort and center their own whiteness (Greenier, 2018).

## ACTION WITH INTENTION

- As antiracist co-conspirators, voices must be raised against inequitable systems, not seek to “help” victims of racism (Tatum, 1994).
- Deliberately and literally moving out of your comfort zones will enable this to occur.
  - Sit in different places.
  - Move out of white neighborhoods.
  - Change where you worship.
  - Volunteer in different spaces.
  - Shop in different places.
  - Switch hobbies.
  - Make new friends.

## WHITE CO-CONSPIRATORS SHOULD REFLECT ON.....

- What is at stake for **you** in dismantling white supremacy?
- Who are your people? To what communities do you belong?
- What continues to be true in the world if you are not actively involved in dismantling white supremacy? What injustice does your complicity perpetuate?
- When choosing to not challenge white supremacy, what hidden commitments do your actions reflect?
- How is your work accountable to black and brown raced individuals? Are these lines of accountability explicit? If not, how will you establish accountability?
- Did a black or brown raced person ask you to get involved in the anti-racist work you're doing? If not, how is what this person is asking of you accountable to this population?

(Greenia, 2018)

## WHITE CO-CONSPIRATORS SHOULD REFLECT ON.....

- Are you using materials developed by black or brown raced individuals in your work? If so, are you giving credit to whomever created these materials?
- How are you expressing your personal understanding of white privilege and white fragility given your lived experience as a white person? If not, what characteristics of white supremacy culture are present in preventing you from doing so?
- How are you elevating black and brown raced individuals understanding of white privilege and white fragility in ways that white people are unable to given their lived experience? Are you acknowledging this explicitly? If not, how will you?

(Greenia, 2018)

---

APHA PROFESSIONALS:

ADDRESSING RACISM AND  
ADVANCING HEALTH EQUITY

+

TOOLS AND RESOURCES

---

---

## Seeing, Being and Doing.....

“So often, we move to the ‘doing’ part because it feels good and necessary. Yet Hardy emphasizes that we need ‘deep work’ around seeing the connections and how the problem(s) manifest around us and the self-awareness (being) of how that problem lives inside of us.”

~Dr Ken Hardy



Leverage our positions of influence and consistently contribute from these positions.



Display leadership with long-term, sustained, and relentless vigilance holding issues of interest in the forefront.



We know current approaches to teaching and learning often perpetuate stereotypes, propagate misinformation, fail to delve into the complex predisposing factors that underlie disparities, and inadequately challenge structural inequities.

## APHA PROFESSIONALS: ADDRESSING RACISM

## APHA PROFESSIONALS

- We must commit to critical inquiry, try new approaches to achieve racial justice in our disciplines, and study the impact of our efforts.
- We must join students, patients and community members in holding leaders of our academic and health care institutions and public policy accountable to prioritize inclusivity, social and racial justice, and respect for differences when allocating resources and defining the core values of these establishments.
- Student/Patient voices must be included as a strategy to address discrimination and promote health equity.

## ADDRESSING HEALTH EQUITY



Make health equity a leader-driven priority: articulate, act on, and build the vision in decisions.



Develop structures and processes that promote health equity: dedicate resources and establish a governance structure to oversee this work.



Intentional actions that tackle social influencers of health: ID health disparities, needs and assets of people confronted with disparities—act to close the gaps.



Confront institutional racism and discriminatory practices within the organization: ID, address, and dismantle structures, policies, and norms that perpetuate race-based advantage.



Partner with community organizations (Schoonover, 2018).

## LEADERS IN HEALTH ARENA

- Screen for nonmedical factors influencing health
  - Aunt Bertha
  - NowPow
- Commit support for low-income and non-English-speaking patients to get the care needed.
- Activate awareness for potential biases that influence health care/health outcomes.
- Ensure adequate representation in clinical trials (e.g., race/ethnicity, age, gender).
- Understand the effects of adverse childhood experiences and use trauma-informed care (Schoonover, 2018)

## BROADENING EQUITY'S SCOPE

- Dismantle biased hiring practices (name/ school)
- Provide training and growth opportunities for all employees:
  - Educate employees to ensure they can provide care using an anti-racist approach.
  - Support employees career growth- create pathways and financial support for those in entry level positions to progress to higher wage positions.
  - Pay employees living wages.
- Build facilities in underserved communities
- Contractor and supplier diversity
- Extend community benefit and invest back into the community
  - Grant monetary support to increase community spaces (e.g., parks, walkable trails).
  - Invest in the pipeline of school education programs that prepare students for careers in the health professions and provide them with high school and college credit. Higher education translates to higher wages (Schoonover, 2018.)

## ADDRESSING RACISM

- We must lead explicitly — however not exclusively — with race.
- Enhance racial literacy of leadership and employees.
- Prioritizing workforce development and hiring practices to promote racial justice.
- Integrating racial justice in all communication channels-policy, vision, mission and dedicate resources to carry out essential activities and evaluation.
- Anti-racist policies and pedagogy in health professional education:
  - CRT, privilege, our country's history and the history of nursing, structural racism
  - Inclusion of the topics of racism and colonial oppression within health professional training
- Learn and practice framing your organizations own issues and approaches with a racial justice approach using Racial Equity Impact Assessment and other tools from RaceForward and Government Alliance on Race and Equity, and from leaders such as Drs. Camara Jones and Ken Hardy

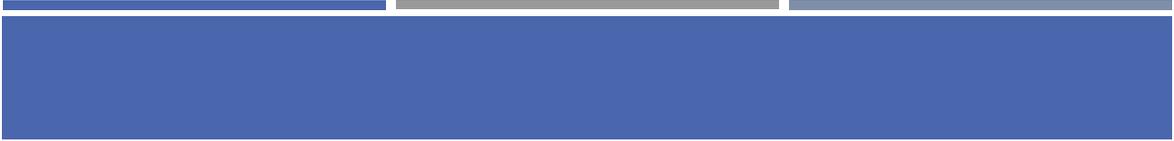
Racial inequities persist in every system across the country, without exception—  
Health, Education, Criminal Justice, Employment, etc..

Baked into the creation and ongoing policies of our government, media, and other institutions — unless otherwise countered — racism operates at individual, institutional, and structural levels and is therefore present in every system we examine.

Anti-racist pedagogy is an approach to teaching which seeks to identify, challenge and transform those aspects of a system that maintain, power, privilege and racism [19,20]. Race and social difference are explicitly named as issues of power and equity rather than cultural or ethnic matters

## RESOURCES

- Center for Social Inclusion's [Talking About Race Toolkit](#)
- Organizational Assessment on racism <http://www.njln.org/uploads/digital-library/Western%20States%20Rubric.pdf>
- Hardy, K. (2015) How to talk about race <http://traumatransformed.org/wp-content/uploads/Effectively-Talk-About-Race-Dr.-Ken-Hardy.pdf>
- Racial equity tools <https://www.racialequitytools.org/act/strategies/training-and-popular-education>
- Racial Equity Institute curated list of racial equity tools and resources <https://www.racialequitytools.org/plan/informing-the-plan/organizational-assessment-tools-and-resources>
- W.K. Kellogg Foundation's [Racial Equity Resource Guide](#)



“Not everything that is faced can be  
changed; but nothing can be  
changed until it is faced.”

~ James Baldwin

## REFERENCES

- American Academy of Family Physicians. (2019). Achieving Health Equity: Tools for a National Campaign Against Racism. Retrieved from <https://www.aafp.org/news/inside-aafp/20170428nccl-jonesplenary.html>
- Braveman P. (2014). What are health disparities and health equity? We need to be clear. *Public health reports (Washington, D.C. : 1974)*, 129 Suppl 2(Suppl 2), 5–8. doi:10.1177/00333549141291S203
- Brown, J., Santana, D., Galvez, S., & Schaff, K. (n.d.). Module IV: Social & Health Equity. Public Health 101.
- Canales, M. K., & Drevdahl, D. J. (2014). Social Justice: From educational mandate to transformative core value. In P. N. Kagan, M. C. Smith, & P. L. Chinn (Eds.), *Philosophies and Practices of Emancipatory Nursing: Social Justice as Praxis* (pp. 153- 174): Routledge.
- Du Bois W. (1967/1899). *The Philadelphia Negro: A Social Study*. Schocken Books; New York.
- Farmer, P. E., Nizeye, B., Stulac, S., & Keshavjee, S. (2006). Structural violence and clinical medicine. *PLoS medicine*, 3(10), e449. doi:10.1371/journal.pmed.0030449
- Ford-Gilboe, M., Wathen, C., Varcoe, C., Herbert, C., Jackson, B...Brownw, A. (2018). How equity-oriented health care affects health: Key mechanisms and implications for primary health care practice and policy. *The Milbank Quarterly*, 96(4) 635-671.

## REFERENCES

- Guthman, J. (2014). Fresh fruit, broken bodies: An interview with Seth Holmes, *Gastronomica*, 14(1), 1-4.
- Jones, F. (2018). Feminista Jones doesn't think you're an ally. CBS. Retrieved from <https://www.cbc.ca/radio/outintheopen/allies-1.4850186/feminista-jones-doesn-t-think-you-re-an-ally-1.4850215>
- Jowsey T. (2019). Three zones of cultural competency: surface competency, bias twilight, and the confronting midnight zone. *BMC medical education*, 19(1), 306. doi:10.1186/s12909-019-1746-0
- Knittel, M. (2018). Making The Transition from Ally to Co-conspirator. Medium. Retrieved from <https://medium.com/@knit0371/making-the-transition-from-ally-to-co-conspirator-cc28a5752af7>
- NHCHC. (2013). Tool for Organizational Self-Assessment Related to Racial Equity. Retrieved from [https://nhchc.org/wp-content/uploads/2019/08/organizational-self-assessment-related-to-racial-equity\\_oct-2013.pdf](https://nhchc.org/wp-content/uploads/2019/08/organizational-self-assessment-related-to-racial-equity_oct-2013.pdf)
- Racial equity institute (2019). Racial Equity Institute Releases 'Groundwater Approach' Whitepaper To Educate Organizations About Systemic Racism. Retrieved from <https://www.prnewswire.com/news-releases/racial-equity-institute-releases-groundwater-approach-whitepaper-to-educate-organizations-about-systemic-racism-300823007.html>
- Schoonover, H. (2018). Health Equity: Why it Matters and How to Achieve it. Health Catalyst. Retrieved from <https://www.healthcatalyst.com/health-equity-why-it-matters-how-to-achieve-it>

**Discussion  
Questions**

