**Part 1: Grounding:**
**Exploring the Impact of Racism on Health**

As we begin this journey, it is important that we lay the foundation for addressing the impact of racism on health and explore social constructs, ways of thinking that were socially created and accepted but don’t reflect reality (i.e., race). Part 1 of this journal is designed to help frame your work and prepare you for the rest of this journey. In this section, you will receive insight from several thought leaders on this topic and begin to understand how racism has been a driving factor in creating and perpetuating health inequities in this country.

As we seek to achieve health equity together, we commit to and ask that you also be committed to:

* Considering and acknowledging the traumatic impact the nation’s history has had on the health of certain groups within our society.
* Challenging ourselves by examining how our beliefs, biases, and ideologies may be impacting our work within some communities.
* Uprooting systems and policies at local, state, and national levels that are creating or intensifying disparities.
* Holding ourselves and others accountable to the work of advancing health equity.

Before getting started, take a moment to contemplate and complete the statement below. We will ask you to complete it again later in this journal.

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| Health equity is important to me because:*Click in the box to start typing.* |

**1.1 Racism: A Public Health Threat**

**Time Needed: 45 minutes**

We will begin to explore the concept that racism is a public health issue and learn how the Centers for Disease Control and Prevention (CDC) is working to build a healthier country by addressing **systemic racism** and its impact on health. This will provide a solid foundation and fresh perspective for the work that is to come.

One step in working toward equity is to critically examine the pervasive ways inequities have been perpetuated. This section looks at how systemic racism is impacting the health of people living in the communities we are charged with serving and challenges us to stand ready to address it as a root cause of health inequities, health disparities, and poor health outcomes for racialized populations. If we come to a place of acknowledgment about the role racism has played in the systems where we live, work, and play, we will be better equipped to find the solutions needed to eliminate its adverse impact on people, families, and communities.

**Watch:** [TIME 100 Talks Health Summit: CDC Director Dr. Rochelle Walensky on Health Equity (https://www.facebook.com/time/videos/cdc-director-dr-rochelle-p-walensky-on-health-equity/494864391826911/)](https://www.facebook.com/time/videos/cdc-director-dr-rochelle-p-walensky-on-health-equity/494864391826911/), (3:05 minutes)

**Read:** [Director’s Commentary (https://www.cdc.gov/healthequity/racism-disparities/director-commentary.html)](https://www.cdc.gov/healthequity/racism-disparities/director-commentary.html), by Dr. Rochelle Walensky, MD, MPH, Director of CDC (5 minutes)

**Read:** [Racism and Health: Racism is a Serious Threat to the Public’s Health (https://www.cdc.gov/healthequity/racism-disparities/index.html)](https://www.cdc.gov/healthequity/racism-disparities/index.html) (5 minutes)

**Reflect:**

1. How can your organization align with the CDC’s identified role of addressing the impact of racism on the public’s health?

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1. Across the country, local and state leaders are declaring racism a public health emergency. These declarations are an important first step in the movement to advance health equity, racial equity, and **social justice**.
	1. Do you believe that racism is a public health emergency? What evidence supports your position?

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* 1. What effects do these declarations have on public health practice in general?

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* 1. Think about what these declarations mean for you. What are the implications for your work? How might your work need to change to address racism more explicitly?

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1. Identify who, within your organization needs to support and have buy-in to advance racial equity strategies?

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1. List your current network of partner organizations (or possibly individual champions) that address health inequities, advance racial equity, or support priority populations.
	1. Which partner organizations are missing that could strengthen your network, improve your work, and increase your reach?

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**Resonance:**

An Instance of Challenge:

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An “Aha!” Moment:

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An Inspiration:

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**Going Deeper:** To learn more about race and health, explore the following resources. *Suggested time allocation: Up to 3 hours*

1. [Impact of Racism on our Nation’s Health — CDC](https://www.cdc.gov/healthequity/racism-disparities/impact-of-racism.html) (https://www.cdc.gov/healthequity/racism-disparities/impact-of-racism.html)
2. [Social Vulnerability Index — CDC (https://www.atsdr.cdc.gov/placeandhealth/svi/index.html)](https://www.atsdr.cdc.gov/placeandhealth/svi/index.html)
3. [Race Equity and Public Health — American Public Health Association (https://www.apha.org/-/media/Files/PDF/advocacy/SPEAK/210825\_Racial\_Equity\_Fact\_Sheet.ashx)](https://www.apha.org/-/media/Files/PDF/advocacy/SPEAK/210825_Racial_Equity_Fact_Sheet.ashx)
4. [Racism: The Ultimate Underlying Condition — American Public Health Association](https://www.apha.org/events-and-meetings/apha-calendar/webinar-events/2020/racial-equity-part-1) (https://www.apha.org/events-and-meetings/apha-calendar/webinar-events/2020/racial-equity-part-1)

**1.2 Race Toward Health**

**Time Needed: 45 minutes**

We have learned that racism is a public health issue, and we explored the ways in which CDC is addressing systemic racism within public health. Now, we will explore more deeply the concepts of race and racism as barriers to achieving health equity for racialized populations. We acknowledge that racism hurts the health of our nation by preventing some people the opportunity to attain their highest social, economic, educational, and political potential. As public health professionals, historically, we have focused heavily on **downstream strategies** that focus on individuals. However, more recently we have begun to understand the importance of moving toward **upstream strategies**—policy and systems change—in our efforts to improve the public’s health. The Race Toward Health podcast series examines a broad range of topics on achieving health equity, including discussions on the impact of racism on our nation’s health.

**Listen:** [Race is the Greatest Predictor of Health (https://chronicdisease.org/race-toward-health-health-and-race-in-america-will-this-time-be-different/), by Dr. Thomas LaVeist (30:38 minutes)](https://chronicdisease.org/race-toward-health-health-and-race-in-america-will-this-time-be-different/)

**Reflect:**

1. LaVeist defines racism as the ways in which systems within society have been established to produce racially differential outcomes. Therefore, he ascertains that racism is not solely about individual thoughts, behaviors, and attitudes toward different racial groups, but about the systems that inherently produce different experiential realities for different racial groups.
	1. How is the definition of racism explained by Dr. LaVeist different than or the same as your understanding of racism?

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1. If racism is a root cause of health disparities and inequities, what is the role of public health in mitigating the impact of racism?

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1. What public health policies, practices, or programs can you think of that have contributed to health inequities?

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**Resonance:**

An Instance of Challenge:

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An “Aha!” Moment:

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An Inspiration:

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**Going Deeper:** To hear more about systems leading to racial inequalities, visit the following links. Suggested time allocation: Up to 3 hours

1. [‘What is a Racial Equity Culture?’ (https://chronicdisease.org/race-toward-health-what-is-a-race-equity-culture/)](https://chronicdisease.org/race-toward-health-what-is-a-race-equity-culture/), with Dr. Kristine Andrews (13:37 minutes)
2. [The Political Determinants of Health (https://chronicdisease.org/race-toward-health-political-determinants-of-health-how-to-address-equity-through-a-political-lens/)](https://chronicdisease.org/race-toward-health-political-determinants-of-health-how-to-address-equity-through-a-political-lens/), with Daniel Dawes (50:58 minutes)
3. [Impact of Unresolved Trauma on American Indian Health Equity (https://www.youtube.com/watch?v=CBKiKuVtrtg)](https://www.youtube.com/watch?v=CBKiKuVtrtg), by Donald Warne, MD, MPH (1 hour, 27 minutes)

**1.3 Racism and Public Health Practice**

**Time Needed: 45 minutes**

Now we will explore the levels of racism and their intersection with and impact on our work in public health through a theoretical framework developed by Dr. Camara Phyllis Jones. Dr. Jones, a former CDC Medical Officer and Research Director on Social Determinants of Health and Equity, is a family physician and epidemiologist whose work focuses on naming, measuring, and addressing the impacts of racism on the health and well-being of the nation. To broaden the national health debate beyond just universal access to high-quality healthcare, Dr. Jones challenges public health professionals to meaningfully address the **social determinants of health** (including poverty) and the **social determinants of equity** (including racism) in our work.

The framework developed by Dr. Jones helps us understand racism on three levels: institutionalized, personally mediated, and internalized. Her framework raises more comprehensive and thoughtful questions about the origin of race-based differences in health outcomes.

**Read:** [Levels of Racism: A Theoretic Framework and a Gardener’s Tale (https://www.health.state.mn.us/communities/practice/resources/equitylibrary/docs/jones-allegories.pdf)](https://www.health.state.mn.us/communities/practice/resources/equitylibrary/docs/jones-allegories.pdf), by Dr. Camara Phyllis Jones  (15 minutes)

**Reflect:**

1. Jones states in her article, “What we really have to do to set things right in this garden is address institutionalized racism.” Reflect on what that statement means to you both personally and professionally. Write down your thoughts.

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1. Jones mentions “the gardener” and defines it as the person with the power to decide, the power to act, and the power to have control over the resources. Think about the power that you have as a public health professional. How can you use your power to help create and maintain “rich soil” in this country?

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1. How can the Levels of Racism framework influence strategies to promote racial and health equity within your service delivery area?

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**Resonance:**

An Instance of Challenge:

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An “Aha!” Moment:

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An Inspiration:

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**Going Deeper:** To hear more on racism and public health, watch the following videos. Suggested time allocation: Up to 3 hours

1. [How Racism Makes Us Sick (https://www.ted.com/talks/david\_r\_williams\_how\_racism\_makes\_us\_sick)](https://www.ted.com/talks/david_r_williams_how_racism_makes_us_sick) by David R. Williams (17:19 minutes)
2. [Asian Americans and Health Equity: Dismantling Stereotypes (https://www.youtube.com/watch?v=vbjMv7wAtnY)](https://www.youtube.com/watch?v=vbjMv7wAtnY) by Simona C. Kwon (45 minutes)
3. [If Racism is a Public Health Crisis, What Does that Mean for My Work? (https://www.youtube.com/watch?v=y0hhtIrul5U&t=3354s)](https://www.youtube.com/watch?v=vbjMv7wAtnY) by Dr. Camara Phyllis Jones (1 hour, 48:31 minutes)

**Terminology List**

**Ableism**

Ableism is a set of beliefs or practices that devalue and discriminate against people with physical, intellectual, or psychiatric disabilities and often rests on the assumption that disabled people need to be ‘fixed’ in one form or the other.

Center for Disability Rights
(<https://cdrnys.org/blog/uncategorized/ableism/>)

Why You Need to Stop Using These Words and Phrases
(<https://hbr.org/2020/12/why-you-need-to-stop-using-these-words-and-phrases/>)

**Bias**

Bias is an inclination of temperament or outlook. Bias is also a personal and sometimes unreasoned judgment.

(<https://www.merriam-webster.com/dictionary/bias>)

Health Care Has a Bias Problem: Here’s how to fix It Podcast
(<https://www.commonwealthfund.org/publications/podcast/2019/nov/health-care-has-bias-problem-heres-how-fix-it?gclid=CjwKCAjw95yJBhAgEiwAmRrutIpB6J8cXFKcgr_E7l0mOsCbSlfzIsfLcqUosZLwVMVdhKVTVodZFRoCGAsQAvD_BwE>)

**Classism**

Classism is differential treatment based on social class or perceived social class. Classism is the systematic oppression of subordinated class groups to advantage and strengthen the dominant class groups. It’s the systematic assignment of characteristics of worth and ability based on social class.

What is Classism?
(<https://classism.org/about-class/what-is-classism/>)

Health inequalities by class and race in the US: What can we learn from the patterns?
(<https://scholar.harvard.edu/files/davidrwilliams/files/2010-health_inequalities_by-williams.pdf>)

**Downstream Strategies**

Downstream strategies are interventions which often involve individual-level behavioral approaches for prevention or disease management.

Measuring the Impact of Public Health Policy
(<https://www.cdc.gov/pcd/issues/2010/jul/09_0249.htm>)

**Elitism**

Elitism is when a group of individuals who may be of higher intellect, wealth, power, and/or special skills and experiences higher influence in society.

Elitism in Medicine
(<https://healthcare.utah.edu/the-scope/shows.php?shows=1_sbf643ky>)

The Unintended Elitism of Health Care Policy
(<https://insidesources.com/unintended-elitism-health-care-policy/>)

**Ethnicity**

Ethnicity is a state of belonging to a social group that has a common national or cultural tradition.

The Difference Between Race and Ethnicity
(<https://www.verywellmind.com/difference-between-race-and-ethnicity-5074205>)

**Fair**

Fair is marked by impartiality and honesty: free from self-interest, prejudice or favoritism.

Merriam-Webster Dictionary
(<https://www.merriam-webster.com/dictionary/fair#:~:text=(Entry%201%20of%205),importance%20%3A%20due%20a%20fair%20share>)

Health Disparities and Health Equity: The Issue is Justice
(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222512/>)

**Genderism**

Genderism is the systematic belief that people need to conform to their gender assigned at birth in a gender-binary system that includes only female and male.

Effects of gender discrimination on health
(<https://www.medicalnewstoday.com/articles/effects-of-gender-discrimination>)

**Health Disparity**

Health disparities are differences in health among groups of people that are linked to social, economic, geographic, and/or environmental disadvantage.

Reaching for Health Equity
(<https://www.cdc.gov/minorityhealth/strategies2016/>)

**Health Equity**

Health equity is when everyone has the opportunity to be as healthy as possible.

Paving the Road to Health Equity
(<https://www.cdc.gov/minorityhealth/publications/health_equity/index.html>)

Reaching for Health Equity
(<https://www.cdc.gov/healthequity/features/reach-health-equity/index.html>)

**Health Inequity**

Health inequitiesare systematic differences to opportunities leading to unfair and avoidable differences in health outcomes.

Health Inequities Exposed by the COVID-19 pandemic
(<https://uihc.org/news/health-inequities-exposed-covid-19-pandemic>)

**Heterosexism**

Heterosexism is prejudice against any non-heterosexual form of behavior, relationship, or community, particularly the denigration of lesbians, gay men, and those who are bisexual or transgender. Whereas [homophobia](https://dictionary.apa.org/homophobia) generally refers to an individual’s fear or dread of gay men or lesbians, heterosexism denotes a wider system of beliefs, attitudes, and institutional structures that attach value to heterosexuality and disparage alternative sexual behavior and orientation.

APA Dictionary of Psychology
(<https://dictionary.apa.org/heterosexism>)

What Is Heterosexism and What Can I Do About It?
(<https://www.adl.org/education/resources/tools-and-strategies/what-is-heterosexism-and-what-can-i-do-about-it>)

Definitions:
Homophobia, Heterosexism, and Sexual Prejudice
(<https://lgbpsychology.org/html/prej_defn.html>)

**Implicit Bias**

Implicit bias is unconscious, automatic, and relies on associations that we form over time. We can form bias toward groups of people based on what we see in the media, our background, and experiences. Our biases reflect how we internalize messages about our society rather than our intent.

Implicit Bias
(<http://kirwaninstitute.osu.edu/implicit-bias-training/#:~:text=Implicit%20bias%20is%20unconscious%2C%20automatic,society%20rather%20than%20our%20intent>)

**Intersectionality**

Intersectionality is the interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

Kimberlé Crenshaw on Intersectionality, More than Two Decades Later
(<https://www.law.columbia.edu/news/archive/kimberle-crenshaw-intersectionality-more-two-decades-later>)

**Just**

It is acting or being in conformity with what is morally upright or good.

Merriam-Webster Dictionary
(<https://www.merriam-webster.com/dictionary/just>)

Health Disparities and Health Equity: The Issue is Justice
(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222512/>)

**Oppression**

Oppression is the systematic subjugation of one social group by a more powerful social group for the social, economic, and political benefit of the more powerful social group.

Oppression = Power + Prejudice

“What Is Racism?” − Dismantling Racism Works web workbook.
(<https://www.dismantlingracism.org/racism-defined.html>)

**Power**

Power is a special right, advantage, or immunity granted or available only to a particular person or group.

Sources: Intergroup Resources, “Power” (2012)
(<https://www.intergroupresources.com/power/>)

“Racism and Power” (2018)
([http://web.archive.org/web/20181218143252/http:/www.aclrc.com/racism-and-power](http://web.archive.org/web/20181218143252/http%3A/www.aclrc.com/racism-and-power))/

“CARED Glossary” (2020)
(<http://www.aclrc.com/glossary>).

**Privilege**

Privilege refers to certain social advantages, benefits, or degrees of prestige and respect that an individual has by virtue of belonging to certain social identity groups.

<https://www.arteachingcollective.com/privilege.html>

García, Justin D. 2018. “Privilege (Social Inequality).” Salem Press Encyclopedia.

<https://guides.rider.edu/privilege>

**Race**

In practice, the designation of race is based on socially defined visual traits as seen through the filter of individual and social perspective, while ethnicity is a category determined by genes, culture, and social class, a product of social evolution.

Use of Race and Ethnicity in Public Health Surveillance Summary of the CDC/ATSDR Workshop
(<https://www.cdc.gov/mmwr/PDF/rr/rr4210.pdf>)

**Racism**

Racism is a system consisting of structures, policies, practices, and norms that assigns value and determines opportunity based on the way people look or the color of their skin. This results in conditions that unfairly advantage some and disadvantage others throughout society.

Racism is not just the discrimination against one group based on the color of their skin or their race or ethnicity, but the structural barriers that impact racial and ethnic groups differently to influence where a person lives, where they work, where their children play, and where they gather in community.

Racism and Health
(<https://www.cdc.gov/healthequity/racism-disparities/index.html#:~:text=Racism%20is%20a%20system%20%E2%80%94consisting,and%20disadvantage%20others%20throughout%20society>)

CDC Director’s Commentary
(<https://www.cdc.gov/healthequity/racism-disparities/director-commentary.html>)

**Sizeism**

Sizeism is prejudice or discrimination on the grounds of a person’s size or weight.

Obesity Stigma: Important Considerations for Public Health
(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2866597/>)

**Social Construct**

A social construct is an idea that has been created and accepted by the people in a society.

Social Constructionism
(<https://www.youtube.com/watch?v=5dp56gUQr4s&t=26s>)

Social Construction
(<https://www.youtube.com/watch?v=gVCkJ7jLnz0>)

**Social Determinants of Equity**

The social determinants of equity are quality experiences in the early years, education and building personal and community resilience, good quality employment and working conditions, having sufficient income to lead a healthy life, healthy environments, and priority public health conditions.

The Social Determinants of Equity
(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4151898/>)

Social Determinants of Equity and Social Determinants of Health
(<https://minorityhealth.hhs.gov/Assets/pdf/Checked/1/CamaraJones.pdf>)

**Social Determinants of Health**

The social determinants of health are the non-medical factors that influence health outcomes. Social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. The state social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.

World Health Organization
(<https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1>)

**Social Identity**

Social identity is a person’s sense of who they are based on their group membership. The groups that people belong to can be a source of pride and self-esteem.

Social Identity Theory
(<https://www.simplypsychology.org/social-identity-theory.html>)

**Systemic Racism**

Systemic racism is what happens when cultural institutions and systems reflect that individual racism.

The Aspen Institute
(<https://www.aspeninstitute.org/wp-content/uploads/files/content/docs/rcc/RCC-Structural-Racism-Glossary.pdf>)

What is systemic racism? [Videos]
(<https://www.raceforward.org/videos/systemic-racism>)

Systemic racism
(<https://www.today.com/parenting-guides/how-talk-kids-about-race-racism-t179138>)

**Unearned Access**

Unearned access is access based on an identity someone holds traditionally associated with privilege.

Understanding Race and Privilege
(<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/diversity-and-social-justice/social-justice/understanding-race-and-privilege>)

**Upstream Strategies**

Upstream interventions involve policy approaches that can affect large populations through regulation, increased access, or economic incentives. For example, increasing tobacco taxes is an effective method for controlling tobacco-related diseases (7). Midstream interventions occur within organizations. Downstream interventions would be the rate of self-reported exposure to secondhand smoke (downstream).

Measuring the Impact of Public Health Policy
(<https://www.cdc.gov/pcd/issues/2010/jul/09_0249.htm>)

**Xenophobia**

Xenophobia is fear of people from another country or group.

What Is Xenophobia—And How Does It Affect a Person’s Health? Here’s What Experts Say
(<https://www.health.com/mind-body/health-diversity-inclusion/what-is-xenophobia>)