



# Advancing Racial Equity Webinar Series

**DISCUSSION GUIDE**

March 2021



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>

The Advancing Racial Equity webinar series is led by the following staff and interns in APHA's Center for Public Health Policy:

**Tia Taylor Williams, MPH, CNS**

Director

**Surili Sutaria Patel, MS**

Deputy Director

**Kate Robb, MSPH**

Senior Program Manager, Environmental Health

**Kelly Hilovsky, MPH**

APHA-Bloomberg American Health Initiative Policy Fellow

**Olubukolami "Mimi" David, MPH**

Program Associate

**Bianca Shah**

Intern

**Sandhya Kalavacherla**

Intern

**Mirielle Pyram**

Intern

**Ruby Samim**

Intern

## Acknowledgements

A special thanks to the following APHA staff for their contributions to the series:

Regina Davis Moss, PhD, MPH, MCHES

Mighty Fine, MPH, CHES

Charlene Bright, MA

All series materials were designed by Abdullahi Abdulgader and edited by Donya Currie and Joe Bremner.

APHA gives special appreciation to all of the webinar speakers and viewers. Thank you for your commitment to doing the learning and unlearning necessary for us to make meaningful progress toward eliminating racism and advancing 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.*

### **Affordable housing**

Housing that a household can pay for, while still having money left over for other necessities like food, transportation and health care.<sup>1</sup>

### **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.<sup>2</sup>

### **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.<sup>3</sup>

### **Cost-burdened**

Those who pay more than 30% of their income for housing and may have difficulty affording necessities such as food, clothing, transportation and medical care.<sup>4</sup> Severe rent burden is defined as paying more than 50% of one's income on rent.<sup>5</sup>

### **Cumulative impact**

The combined, incremental effects of human activity and their consequences for human health.

### **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.<sup>6</sup>

### **Environmental justice**

Both a set of principles and policies and a social movement that seeks to eliminate the disproportionate impacts of environmental health hazards on communities of color, Indigenous communities, and low-income communities, including foreign-born populations.<sup>7</sup>

## **Environmental justice communities**

Composed of marginalized racial/ethnic, low-income/poor, rural, immigrant/refugee, and Indigenous populations that live in areas disproportionately burdened by environmental hazards, unhealthy land uses, psychosocial stressors and historical traumas, all of which drive environmental health disparities.

## **Gentrification**

A sociocultural phenomenon in which neighborhoods that have been historically underinvested in become renovated, leading to a rise in property values and taxes that results in displacement of lower-income residents, who can no longer afford to live there.<sup>8</sup>

## **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.<sup>9</sup>

## **Health equity**

Attainment of the highest level of health for all people.<sup>10</sup>

## **Health inequity**

The uneven distribution of social and economic resources that impact an individual's health.<sup>11</sup>

## **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.<sup>12</sup>

## **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.<sup>13</sup>

## **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.<sup>14</sup>

## **Racial healing**

Recognizing the need to acknowledge and tell the truth about past wrongs created by individual and systemic racism and address the present consequences. Racial healing is a process and tool that can facilitate trust and build authentic relationships that bridge divides created by real and perceived differences.<sup>15</sup>

## **Racial residential segregation**

The intentional physical separation of racial and ethnic groups by enforced residence in certain areas. This mechanism of structural racism is a fundamental cause of racial disparities in health.<sup>16</sup>

## **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.<sup>17</sup>

## **Redlining**

The systematic practice of denying or limiting private, public and government services to certain neighborhoods based on racial and ethnic composition, with neighborhoods of color being within the “red lines.”<sup>18</sup> This practice, deemed illegal by the Fair Housing Act of 1968, has had lingering ramifications, as historically redlined neighborhoods are still significantly more likely to house low-income, people of color today.<sup>19</sup> Redlined communities also are likely to have lower access to job opportunities and basic services such as banking, health care and transportation.

## **Residential segregation**

The degree to which two or more groups live separately from one another.<sup>20</sup>

## **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.<sup>11</sup>

## **Structural racism**

The normalization and legitimization of an array of dynamics – historical, cultural, institutional and interpersonal – that routinely advantage white people, 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.<sup>22</sup>

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

# Webinar #1

## Racism: The Ultimate Underlying Condition

Recording and slides of webinar #1 are available at: <http://www.apha.org/racial-equity>.

*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*

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. Later in the webinar, 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.

Amani Allen, *PhD, MPH, Executive Associate Dean, UC Berkeley School of Public Health*

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.

## 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

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](#) (AJPH)
- [Health Disparities and Stress](#) (APA)

### Anti-Racism Resources for Organizations

- [Awake to Woke to Work: Building a Race Equity Culture](#) (Equity in the Center)
- [Organizational Race Equity Toolkit](#) (JustLead Washington)
- [Taking Back the Work: A Cooperative Inquiry into the Work of Leaders of Color in Movement-Building Organizations](#) (Research Center for Leadership in Action)
- [Moving Past The Silence: A Tool For Negotiating Reflective Conversations About Race](#) (Effective Communities)
- [Implicit Association Test](#) (Project Implicit)



## Activity

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

How is racism operating here?	Potential solutions to address this
<p><b>Structures:</b> <i>the who?, what?, when? and where?</i> of decisionmaking <i>e.g. Composition of Board, senior leadership, managers, school deans, etc.</i></p>	
<p><b>Policies:</b> <i>the written how?</i> <i>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?</i></p>	
<p><b>Practices and Norms:</b> <i>the unwritten how?</i> <i>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?</i></p>	
<p><b>Values:</b> <i>the why?</i> <i>e.g. Is there a hierarchy of valuation by race or ethnicity, work role, education level or discipline?</i></p>	

## Webinar #2

### A Path to Reproductive Justice: Research, Practice and Policies

Recording and slides of Webinar #2 are available at: <http://www.apha.org/racial-equity>.

*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

Ndidiyama Amutah-Onukagha, *PhD, MPH, CHES, Associate Professor, Department of Public Health and Community Medicine, Tufts University School of Medicine*

Dr. Amutah-Onukagha highlights statistics relating to 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, Department of Obstetrics and Gynecology, Perelman School of Medicine, University of Pennsylvania*

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, National Birth Equity Collaborative*

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, Black Maternal Health Caucus*

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

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

1. Why has the maternal mortality rate in the U.S. risen over the last 15 years while decreasing in other developed or industrialized countries?
2. Why don't higher education levels and economic status affect maternal health outcomes for Black women?
3. Why is data collection important for maternal health?
4. How does limited diversity within the medical profession contribute to overall worse 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 \(NBEC\)](#)
- [Raising Our Voices for Maternal Health \(Moms Rising\)](#)
- [A Guide for Advocating for Respectful Maternity Care \(Health Policy Project\)](#)
- [New York City Standards for Respectful Care at Birth \(NYC Health\)](#)
- [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.

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 policies, practices and programs - or lack thereof - 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)
- [Natality Information: Live Births](#) (CDC)

State/Locality: \_\_\_\_\_

Maternal Health Factor	Data
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 rate	

### **Policy/Practice/Program**

*Examples are listed below of policies and programs at the governmental and organizational level that support positive maternal and infant health outcomes.*

### **In Your Community**

*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 care at birthing sites

## Webinar #3

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

Recording and slides of Webinar #3 are available: <http://www.apha.org/racial-equity>.

*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, Saint Louis University College for Public Health and Social Justice; Co-Founder of the Institute for Healing Justice and Equity*

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, The Brookings Institution; Professor of Sociology, University of Maryland, College Park*

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, RYSE Center; Adjunct Faculty, San Francisco State University

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, JustLead Washington, Clinical Faculty, University of Washington School of Public Health

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

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 re-imagine 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](#) (New Directions for Evaluation)
- [Systemic Racism & Policing Issue Brief](#) (The Network for Public Health Law)

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

## Activity

Using the framework provided below, think about the role of racism in police killings of unarmed Black men. In the first column, identify how racism operates in relevant structures, policies, practices, norms and values. One example for each has been provided for you. Next, use the second column to brainstorm potential solutions to address each of these mechanisms.

*Ex: Police killings of unarmed Black men*

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

**BONUS**

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.

## Webinar #4

# Racial Healing: For Ourselves, Our Communities and Our Future

The Webinar #4 recording and slides are available at: <http://www.apha.org/racial-equity>.

*Pre-webinar questions:*

Before watching the webinar, reflect on the following questions:

- What (positive and negative) beliefs do you hold (or are perpetuated by your culture or community) about other racial and ethnic groups? What influence do those beliefs have on your thoughts and actions?

## About

This webinar begins by paying homage to National Hispanic Heritage Month and highlighting the role of connection to culture and cultural identity as necessary for racial healing. Presenters speak in detail about racial healing as essential for dismantling racism and advancing racial equity.

## Moderator

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

## Presenters

Paulina Sosa, MPH, DrPH (c), *APHA Health Policy Coordinator, COVID-19; Assistant Editor, AJPH*

Ms. Sosa provides an overview of the efforts of Latinx Voces in Salud in honor of National Hispanic Heritage Month.

Ernesto Quintero, Director and Producer

Mr. Ernesto describes the importance of storytelling and connection to culture for racial identity and healing.

Gail Christopher, DN, *Executive Director, National Collaborative for Health Equity*

Dr. Christopher discusses the urgency for racial healing and dismantling the false belief in a hierarchy of human value in order to address structural racism. Dr. Christopher also details the Truth, Racial Healing and Transformation framework.

Mapuana Antonio, DrPH, *Assistant Professor and Native Hawaiian & Indigenous Health Specialization Head, Office of Public Health Studies, University of Hawai'i at Mānoa*

Kaiwipunikauikawekiu “Punihei” Lipe, *PhD, Native Hawaiian Affairs Program Officer, University of Hawai‘i at Mānoa*

Drs. Antonio and Lipe describe the efforts to promote racial healing and implement the TRHT framework at the University of Hawai‘i at Manoa.

## Learning Objectives

- Describe the Truth, Racial Healing and Transformation (“TRHT”) framework.
- Explore how Indigenous values can guide racial healing within and across communities.

## Discussion Questions

1. How does racial trauma impact individual and community health?
2. What role does racial healing play in advancing racial equity?
3. How can we advocate for and implement racial healing in our education system and curriculums?
4. The TRHT framework begins with changing our narrative as a nation and discovering the truths of our history and cultural backgrounds. How would this narrative change look in your city or county?
5. What connection does racial healing have with our surrounding relationships, including with other people and with our land?

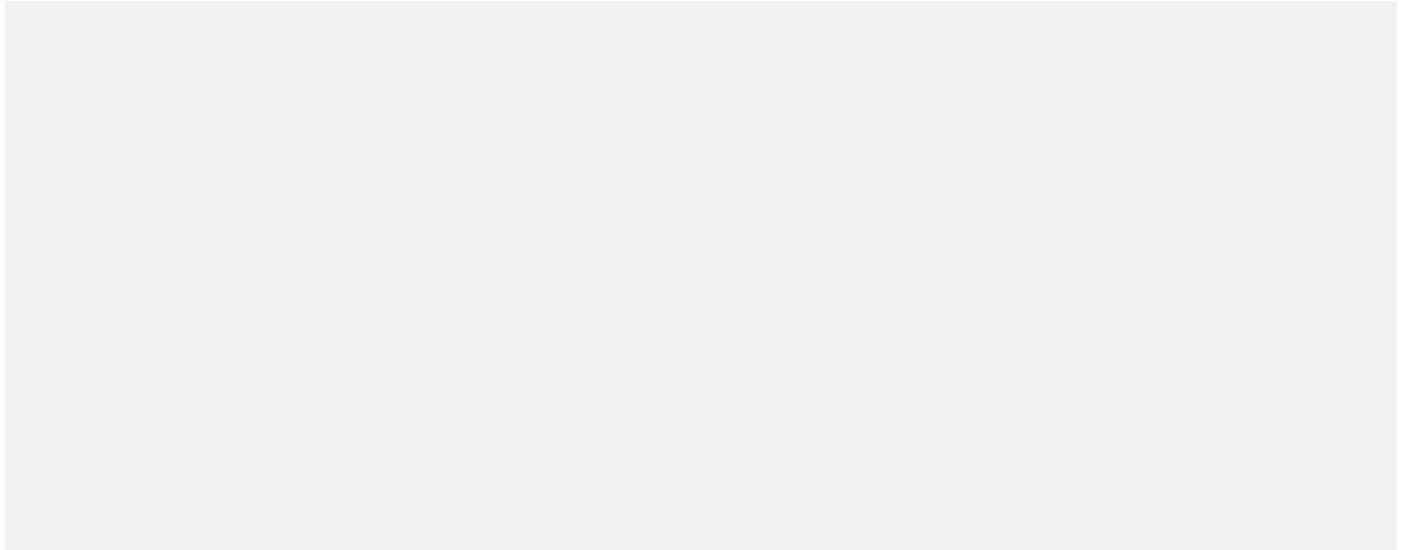
## Resources

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

- [Congresswomen Are Banding Together Seeking Racial Healing](#) (Zora)
- [Truth, Racial Healing, and Transformation: Creating Public Sentiment](#) (National Civic League)
- [What we can learn from how a doctor’s race can affect Black newborns’ survival](#) (Science News)
- [Segregation in the United States](#) (History.com)
- [Inhabiting Change: Roles for Philanthropy in Reducing and Redressing Housing Segregation](#) (The Heller School for Social Policy and Management at Brandeis University)
- [Pervasive Inequality in the Health Care System Sustains Discrimination and Poor Health Outcomes](#) (National Health Law Program)
- [Stamped from the Beginning](#) (Ibram X. Kendi)
- [2020 Institute on Truth, Racial Healing & Transformation Campus Centers: Opening Plenary Session with Dr. Christopher](#) (AAC&U)
- [UH Mānoa initiative underway to advance truth, racial healing and transformation](#) (University of Hawai‘i News)
- [Critical Race Theory, Race Equity, and Public Health: Toward Antiracism Praxis](#) (AJPH)

## Activity

During the webinar, Dr. Lipe emphasizes the importance of imagining our future. She invites us to reimagine our society and picture a future without racism. For this activity, allow yourself to imagine a world without racism. Describe your vision below.

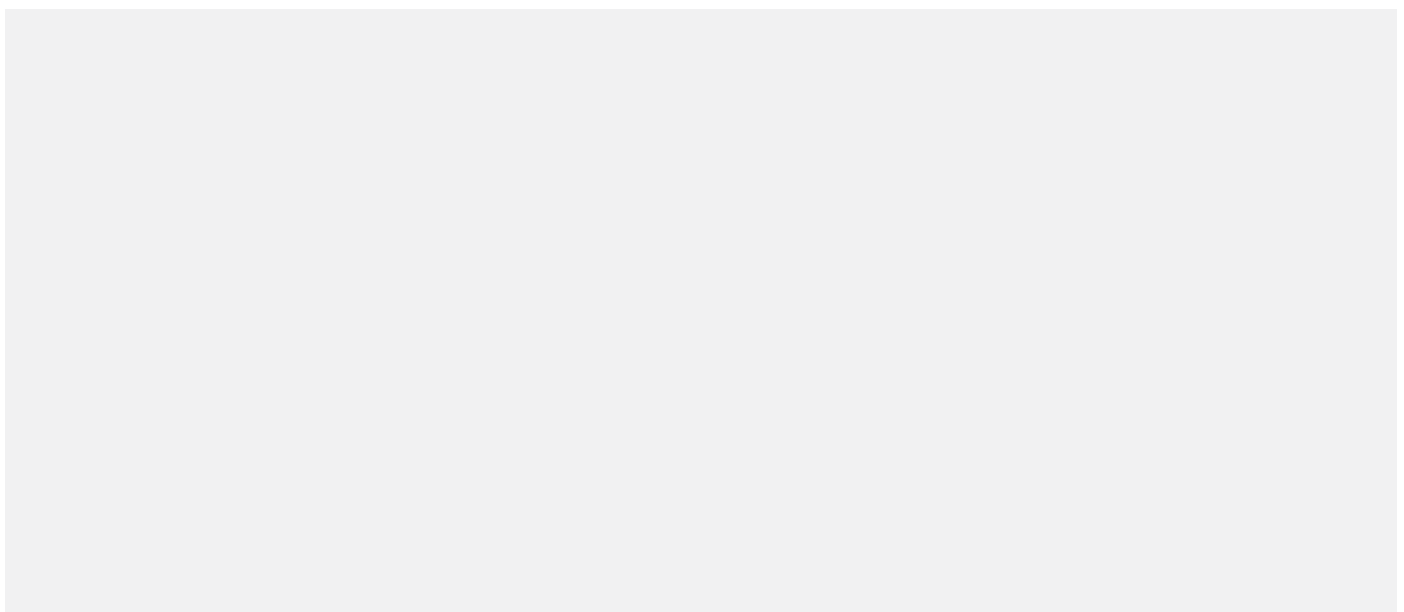


## BONUS

We have seen how racism is ingrained in the structure, systems, practices and narrative of the U.S. Think about a sector representing a social determinant of health (e.g. housing, health, education, environment, etc). Draft a vision for how that sector would look if racism is dismantled.

**Social Determinant:** \_\_\_\_\_

**Vision Statement for the Sector/Social Determinant**



## Webinar #5

### Housing is a Human Right.

The Webinar #5 recording and slides are available at: <http://www.apha.org/racial-equity>.

*Pre-webinar questions:*

Before watching the webinar, reflect on the following questions:

- Have you (or someone you're close to) ever experienced housing instability? If so, what were the circumstances? If not, what personal privileges can you identify that have allowed you to avoid housing instability?
- What impacts, positive and negative, has housing had on your health and well-being?

### About

This webinar explores structural racism and racial disparities in housing practices and policies before and after COVID-19. It also proposes possible solutions to move forward and revitalize our housing systems to advance health equity.

### Moderator

*Adrienne Todman, CEO, National Association of Housing and Redevelopment Officials*

As the moderator, Ms. Todman underscores and echoes the importance of considering housing as a human right and creating solutions that promote the health and success of all, especially for BIPOC individuals who have been historically marginalized.

### Presenters

*Kamilah Wood, MD, MPH, FAAP, Community Pediatrician; Former White House Fellow, U.S. Department of Transportation*

Dr. Wood highlights the history of discriminatory housing policies and the housing disparities faced by BIPOC, especially Black and Latinx households. She explains how generations of oppressive historical policies allow current injustices like 'Not In My Back Yard' movements to flourish. Dr. Wood demonstrates that the system was never designed to assist BIPOC individuals and explains that many structures must be dismantled to allow progress.

*Kim Johnson, MPP, Housing Policy Analyst, National Low Income Housing Coalition*

Ms. Johnson provides context for the affordable housing crisis before COVID-19, especially for BIPOC and low-income renters. She also explains how COVID-19 has exacerbated and accelerated the pre-COVID-19 housing affordability crisis. Ms. Johnson emphasizes the need for long-term solutions and resources post-pandemic, instead of simply postponing COVID-19 evictions.

Amelie G. Ramirez, *DrPH, Director, Salud America! and Chair and Professor of Population Health Sciences and Director, Institute for Health Promotion Research, UT Health San Antonio*

Dr. Ramirez discusses the affordable and safe housing challenges faced by the Latinx community and how this affects health. Dr. Ramirez proposes possible solutions to the housing crisis, such as transit-oriented development and rental repair programs.

Amina Kirk, *JD, Senior Legal and Policy Advocate, Detroit People's Platform*

Ms. Kirk explains affordable housing challenges and opportunities, with a focus on Detroit. She discusses equitable development, funding for affordable housing, and healthy and accessible housing. Ms. Kirk encourages the housing justice movement with a focus on organizing, a racial equity lens, policy protections, investment in solutions, and viewing housing as a human right.

## Learning Objectives

- Examine the racist structures and policies that established housing inequality.
- Identify the health impacts of racism in housing on communities of color.
- Describe pre- and post-COVID legislation related to housing.
- Discuss ways to advocate for housing equity at the city and state levels.

## Discussion Questions

1. How does housing affect health?
2. What historical policies and practices shaped the current state of housing in the U.S? How are these historical practices observable in modern-day housing issues?
3. What communities and groups of people are most at-risk of experiencing housing instability (e.g. by being cost-burdened, likely to face eviction, etc.)?
4. What role does gentrification play in the housing affordability crisis? Who is most affected?
5. What policies have emerged from the COVID-19 pandemic to address housing affordability? What housing needs remain unaddressed?
6. How can we reimagine housing policies and practices to be more equitable? What policy steps can be taken at the federal, state and local levels?

## Resources

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

- [The Racial Origins of Zoning in American Cities](#) (Urban Planning and the African American Community: In the Shadows)
- [Mapping Inequality: Redlining in New Deal America](#) (Digital Scholarship Lab)
- [The Gap: A Shortage of Affordable Rental Homes](#) (National Low Income Housing Coalition)
- [Housing and Homelessness as a Public Health Issue](#)
- [The State of Latino Housing, Transportation, and Green Space: A Research Review](#) (Salud America!)



- [Housing And Health: An Overview Of The Literature](#) (Health Affairs)
- [The COVID-19 Eviction Crisis](#) (National Low Income Housing Coalition)
- [Racism, Homelessness, and COVID-19 Fact Sheet](#) (National Law Center on Homelessness & Poverty)
- [Strategies for Increasing Affordable Housing Amid the COVID-19 Economic Crisis](#) (The Brookings Institution)
- [The Framework for an Equitable COVID-19 Homelessness Response](#)
- [Housing Justice Platform](#) (APHA)

# Activity

## Background Information

The Kinder Institute of Urban Studies at Rice University identified the following cities as the “most segregated” cities in the U.S. Pick one of these cities to compare with your hometown or a city of your choosing.

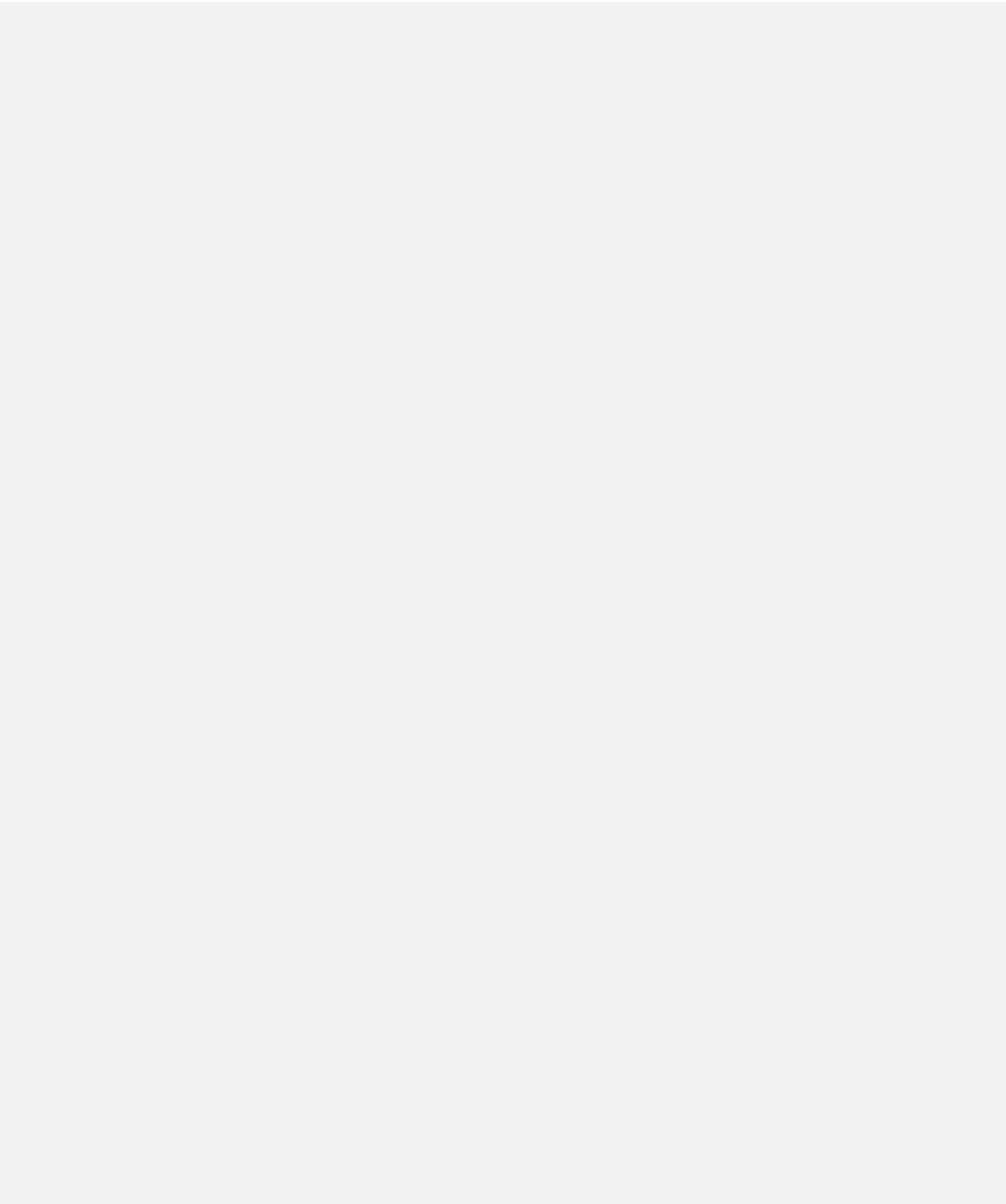
- Detroit, Michigan
- New Orleans, Louisiana
- Philadelphia, Pennsylvania
- Buffalo, New York
- Milwaukee, Wisconsin

Use the table below to guide you in researching the similarities and differences between one of the “most segregated” cities and the city you chose. Use [Mapping Inequality](#) to answer the first two questions below.

	<b>“Most Segregated” City</b>	<b>Your City</b>
What percentage of areas in this city are graded as “D” or “hazardous”? Who lives there?		
What is the history of redlining or discriminatory housing practices in this city?		
What are the current governmental policies in place, such as housing voucher use?		
Are there any other affordable housing challenges in this cities?		
What housing policies would you advocate for in this city to improve outcomes for residents?		

**BONUS**

Much of housing policy occurs at the local level. Research local housing organizations (advocates, government groups, etc.) in your city to determine how they've responded to the COVID-19 pandemic and how you may be able to get involved and apply lessons learned from this series.



## Webinar #6

# Mobilizing Public Health to Achieve Environmental Justice

The Webinar #6 recording and slides are available at: <http://www.apha.org/racial-equity> .

*Pre-webinar questions:*

Before watching the webinar, reflect on the following questions:

- Think about a place you lived during middle school. Describe the surrounding environment both inside your home and in your community. Consider building structure, water and air quality, sidewalks and spaces for play, location of school, libraries, major roadways, etc.
- When did you first become aware of the environmental justice movement? What do you consider your role in combatting environmental racism?

## About

This webinar raises awareness of the ongoing impact of environmental racism on the health and well-being of BIPOC in the U.S.

## Moderator

Crystal Dixon, MPH, MCHES, NBC-HWC, Assistant Professor, Department of Public Health Education, UNC Greensboro

Ms. Dixon opens the webinar by discussing how environmental racism is a public health crisis that historically and currently assaults BIPOC lives. She references the birth of the environmental justice movement through grassroots efforts.

## Presenters

Donna Chavis, Senior Fossil Fuels Campaigner, Friends of the Earth

Ms. Chavis provides a brief overview the environmental justice movement and references such seminal reports as “Toxic Wastes and Race” — the first report to demonstrate that race, not income, was the single most important factor where waste was cited — and the First National People of Color Environmental Leadership Summit held in 1991, where advocates adopted 17 principles of environmental justice. Ms. Chavis also shares her current work in stopping the Atlantic Coast pipeline and the lessons learned from that work.

Donele Wilkins, Founder and CEO, Green Door Initiative

Ms. Wilkins discusses how her community in Detroit is disproportionately impacted by environmental racism and speaks to the ways racial profiling and implicit bias ignore the systems that have created the environmental injustices and associated health disparities.

Sacoby Wilson, *PhD, MS, Associate Professor and Director, Community Engagement, Environmental Justice, and Health, Maryland Institute for Applied Environmental Health, School of Public Health, University of Maryland-College Park*

Dr. Wilson describes the roles institutions and science play in perpetuating racism. He stresses the need for asset-based, solution-oriented science that is active and not extractive. Moreover, Dr. Wilson advocates for uplifting cultural knowledge from front-line and fenceline communities to ensure science is impactful.

Michele Okoh, *JD, Senior Lecturing Fellow of Law, Duke Environmental Law and Policy Clinic*

Ms. Okoh reviews the APHA policy statement “Addressing Environmental Justice to Achieve Health Equity,” highlighting the 15 recommendations we can take toward environmental justice and health equity.

## **Learning Objectives**

- Identify historic and systemic issues (e.g. redlining, toxic waste siting, zoning policies) that have disproportionately impacted communities of color, including social, economic and health implications of these practices.
- Describe the importance of environmental justice initiatives to mitigate inequity and how public health professionals can address environmental racism.
- List strategies and frameworks to address environmental racism, (e.g. health-in-all-policies, just transition and cumulative impacts policies) to curtail future health disparities

## **Discussion Questions**

1. What are some examples of environmental injustices (historic and present-day) faced by BIPOC and their associated health impacts?
2. What can public health professionals do to advance environmental justice within their own communities?
3. How do our colleges, universities and other research institutions contribute to environmental injustice?
4. What actions can researchers take to create asset-based, solution-oriented science? How do we build capacity in communities to be engaged?

## **Resources**

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

- [Achieving Environmental Justice in the 21st Century: The Way Forward](#) (APHA)
- [Health Equity Considerations and Racial and Ethnic Minority Groups](#) (CDC)
- [Creating the Healthiest Nation: Environmental Justice for All](#) (APHA)
- [From the Ground Up: Environmental Racism and the Rise of the Environmental Justice Movement](#) (Luke W. Cole and Sheila R. Foster)

- [Let's Talk About Scientific Racism, Colonialism, and Imperialism](#) (CEEJH Lab)
- [Leaking Talent: How People of Color are Pushed Out of Environmental Organizations](#) (Green 2.0)
- [Noxious New York: The Racial Politics of Urban Health and Environmental Justice](#) (Julie Sze)
- [Racial Disparities in Access to Community Water Supply Service in Wake County, North Carolina](#) (AJPH)
- [Root Shock: How Tearing Up City Neighborhoods Hurts America, and What We Can Do About It](#) (Mindy Thompson Fullilove)
- [The New Jim Crow: Mass Incarceration in the Age of Colorblindness](#) (Michelle Alexander)
- [The Greensboro Health Disparities Collaborative](#)
- [The Wrong Complexion for Protection: How the Government Response to Disaster Endangers African American Communities](#) (Robert D. Bullard and Beverly Wright)
- [Toxic Wastes and Race](#) (Commission for Racial Justice, United Church of Christ)
- [Toxic Wastes and Race at Twenty](#) (Justice & Witness Ministries, United Church of Christ)
- [We Could Have Saved Thousands of Lives](#) (CEEJH Lab)

## Activity

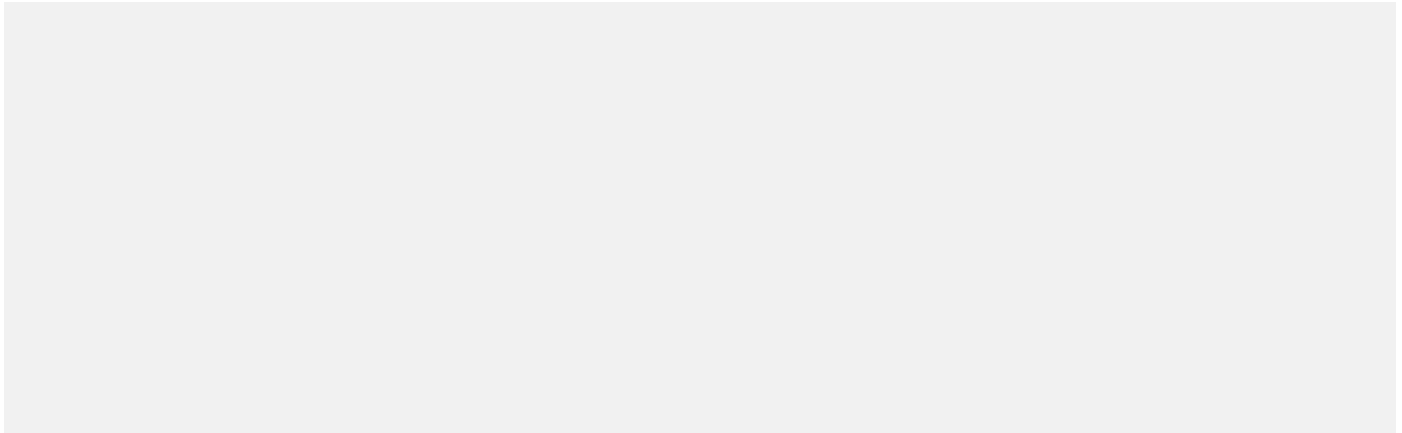
Search for your local and state environmental health agency. These agencies might have any of the following names: [Name of State, County or City] Department of Environmental Quality, Department of Energy and Environment, Department of Environmental Management, Department of Environmental Conservation, Department of Health and the Environment or Department of Environmental Protection.

Explore the agency website and answer the following questions.

Does the website contain:

- A definition of environmental justice and/or environmental racism? To what extent does the definition align with or reflect the [Principles of Environmental Justice](#) developed by the First National People of Color Environmental Leadership Summit?

- A plan that addresses environmental justice issues? What are some of the key recommendations? How does the plan describe involving and engaging impacted groups?

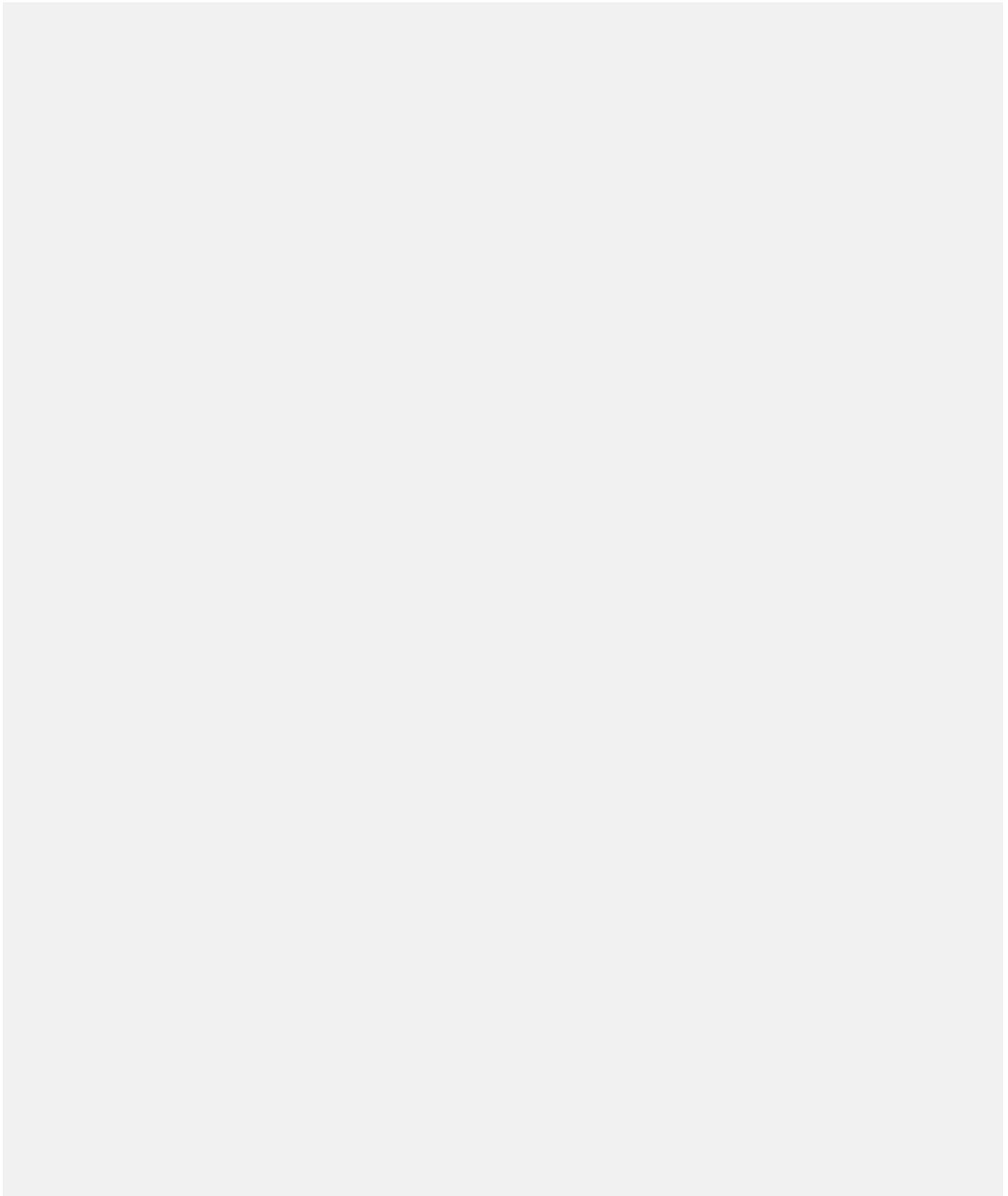


- Information about key environmental justice issues, how those problems are being addressed and local resources for residents to learn more, report a concern or get involved?

EJ Issue	General Information	Strategies/Solutions	Local Resources
Air quality + disparities			
Brownfields			
Concentrated animal feeding operations (CAFOs)			
Industrial zoning			
Water quality + disparities			

## **BONUS**

Quantitative data doesn't always exist for environmental justice concerns and it is vital to partner with communities to work toward asset-based solutions. What are some examples of using qualitative data and working with the community in your area to address environmental justice concerns?





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- <sup>2</sup> Kendi, I. (2019). *How to be an Antiracist*. Random House.
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- <sup>4</sup> US Department of Housing and Urban Development. Accessed 01/27/2021 from: [https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/aboutfheo/history](https://www.hud.gov/program_offices/fair_housing_equal_opp/aboutfheo/history)
- <sup>5</sup> HUD User. Rental burdens: Rethinking affordability measures. Accessed 1/27/2021 from: [https://www.huduser.gov/portal/pdredge/pdr\\_edge\\_featd\\_article\\_092214.html#:~:text=HUD%20defines%20cost%2Dburdened%20families,of%20one%27s%20income%20on%20rent](https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html#:~:text=HUD%20defines%20cost%2Dburdened%20families,of%20one%27s%20income%20on%20rent)
- <sup>6</sup> 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).
- <sup>7</sup> <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2020/01/14/addressing-environmental-justice-to-achieve-health-equity>
- <sup>8</sup> American Public Health Association. (2020). *Creating the healthiest nation: Health and housing equity*. Accessible at: [https://www.apha.org/-/media/files/pdf/topics/equity/health\\_and\\_housing\\_equity.ashx](https://www.apha.org/-/media/files/pdf/topics/equity/health_and_housing_equity.ashx)
- <sup>9</sup> 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 findings and recommendations. [http://www.healthypeople.gov/sites/default/files/PhaseI\\_0.pdf](http://www.healthypeople.gov/sites/default/files/PhaseI_0.pdf) Accessed May 10, 2018.
- <sup>10</sup> U.S. Department of Health and Human Services. Healthy People 2020. Disparities. Retrieved from: [www.healthypeople.gov/2020/about/foundation-health-measures/Disparities](http://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities)
- <sup>11</sup> Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. [https://www.cdc.gov/nchs/ppt/nchs2010/41\\_klein.pdf](https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf)
- <sup>12</sup> Adapted from Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* 2000;90(8):1212-1215.
- <sup>13</sup> Lamaze International (2018). [What Is Obstetric Violence and What if it Happens to You?](#)
- <sup>14</sup> [Center for Assessment and Policy Development](#)
- <sup>15</sup> Restoring to Wholeness: Racial Healing for Ourselves, Our Relationships and Our Communities. W.K. Kellogg Foundation. Accessed 1/27/2021 from: <https://www.wkkf.org/resource-directory/resources/2018/02/restoring-to-wholeness--racial-healing-for-ourselves--our-relationships-and-our-communities--trht>
- <sup>16</sup> Williams, D. R., & Collins, C. (2001). Racial residential segregation: a fundamental cause of racial disparities in health. *Public health reports* (Washington, D.C.: 1974), 116(5), 404–416. <https://doi.org/10.1093/phr/116.5.404>
- <sup>17</sup> Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.
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- <sup>19</sup> Dannenberg, A. L., Frumkin, H., & Jackson, R. (2011). *Making healthy places: Designing and building for health, well-being, and sustainability*. Washington, D.C.: Island Press.
- <sup>20</sup> Massey, D., & Denton, N. (1988). The dimensions of residential segregation. *Social Forces*, 67(2), 281-315. doi:10.2307/2579183
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