

## **Advancing Racial Equity:**

### **Leading, Learning and Unlearning**

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It feels odd to write this in the middle of a pandemic, but now is an exciting time to be both an employee and member of the American Public Health Association (APHA). I am in a moment where the back- and heart-breaking work of all of those who came before me is finally getting the attention, recognition and action it merits. In my first few years on staff at APHA, we, like many others, danced around addressing racism as a core part of our work, despite its seemingly obvious connections to our mission and values.

APHA's mission is to improve the health of the nation and achieve equity in health status. Health equity is a guiding principle and core value of the Association. Our engagement in explicit advocacy for racial equity dates back to 1965 with the passage of a resolution, *The Health of Minorities and the Relationship of Discrimination Thereto*. Over the past 30 years APHA's work has broadened from reducing disparities, with the launch of a national campaign in 1998 with the U.S. Department of Health and Human Services to *Eliminate Racial and Ethnic Health Disparities*, to adopting "Creating Health Equity" as a strategic priority in 2011.

Still, like many others we were reluctant to take consistent and meaningful actions in naming and addressing racism and the role it plays in the inequities and disparities in health and life outcomes.

Today, thanks to a core group of dedicated and passionate staff, our staunch members and Affiliates, the national discourse on racism fueled by the inequities in the COVID-19 pandemic and the uprising over police violence, we have been afforded another opportunity to act on our values. We are leading while learning (and unlearning) as we work to dismantle racism to achieve our vision of creating the healthiest nation.

## **Where are we leading?**

### **Naming and addressing racism as a driving force of health inequities<sup>1</sup>**

APHA was among the first national public health organizations to be explicit about naming racism as a driving force for social determinants of health. Our efforts on racism began to increase in momentum about five years ago. In the summer of 2015, prompted by a mass shooting in Charleston, SC, the Black Lives Matter Movement rising out of Ferguson, MO, and other racism-fueled violent attacks, APHA launched a four-part webinar series, entitled, *The Impact of Racism on the Health and Well-Being of the Nation*. The series highlighted the intersection between racism and various social determinants, including violence, health care and education. At the time, it was APHA's most successful series, attracting over 10,000 live participants with over 40,000 replays to date.

In addition, the 2016 APHA President, Dr. Camara Jones, made a national campaign against racism the focus of her presidency and galvanized APHA members, affiliates and partners to

name and address racism as a driving force of the social determinants of health. While these efforts lacked the financial or resource support required for broad scale impact and reach, they made an indelible impression on the Association staff, members, affiliates and partners. In a 2016 survey, 65% of APHA leaders and 74% of general members who responded ranked addressing racism as very important for a member of APHA. An average of 43% of survey respondents also reported being involved in racial equity efforts outside of APHA.

Over the past four years, we've seen an uptick in programming from our member components and affiliates on the topic of racism and racial equity. This includes scientific sessions and other activities at our annual meeting, National Public Health Week activities, research projects, advocacy activities and book publishing.<sup>2</sup>

Meanwhile, staff have continued to strengthen capacity to apply a racial equity lens through training, grant proposals, and member and Affiliate engagement. Given the popularity of the 2015 series, we knew we wanted to launch another webinar series that would focus more explicitly on advancing racial equity and elevating strategies.

## **Developing tools and resources to galvanize action**

### **Producing the Advancing Racial Equity webinar series<sup>3</sup>**

Our advancing racial equity webinar series had been in the works for some time. However, in an odd case of *déjà vu*, the launch of the webinar series was aptly timed with the Summer 2020 uprising and the Black Lives Matter movement. Once again, the timing is ripe for open, honest and uncomfortable conversations about the insidious ways in which racism operates within all aspects of our society. APHA is pleased to provide a platform for frank discussions that lift up the voices and experiences of people of color.

The intention with the series is to explore historical policies and practices and their present-day impact and implications. The planning committee felt it imperative that participants have a sense that current inequities are not happenstance, or the result of bad luck, or worse, bad “choices” among communities of color. We deemed it essential that the webinars explore how the belief in white superiority and Black inferiority guided the founding of the United States and permeate all of its institutions, policies, norms and values.

These webinars allow us to both serve our members and broader audiences who are especially hungry for solutions right now. In addition to the webinars, we developed discussion guides to help walk viewers through prompts and activities to deepen their thinking on the various subjects.

### ***Tracking racism declarations across the country.*<sup>4</sup>**

As governors, county and city officials declared racism a public health crisis, we realized it would be important to track and monitor these declarations, and provide this as a resource to our members and the greater public health community. While some may view these declarations as purely symbolic, there is significance in naming racism. For far too long the U.S. has denied and avoided talking about racism and the belief in racial hierarchy as the key drivers of inequities. Explicitly naming racism as the root cause for the inequities in opportunities, access, and outcomes is an important step towards creating systems of accountability and taking meaningful action towards change.

APHA will also be monitoring what actions state and local leaders are taking in alignment with these declarations. We will work with our members, affiliates and partners to help hold leaders accountable for meaningful policy and practice changes to dismantle structural racism and create new systems, policies, practices and norms. Over the next year, we will be hosting mini-webinars to walk participants through various tools and processes that they can use to deepen their understanding of structural racism, and for practical application of a racial equity lens to policies and programs.

## **What are we learning (while unlearning)?**

We approach this work with intention and an understanding that, as professionals educated by and indoctrinated in systems built on the belief in racial hierarchy, white supremacy culture<sup>5</sup> influences how we approach and execute our work. As a result, we are simultaneously learning and unlearning as we work to dismantle racism and advance racial equity.

*When to lead and when to follow.* As a national organization representing nearly 50,000 individual, organizational and affiliate members, we know that we have an incredible reach, responsibility, and influence. There are many cases in which we are not the leaders or experts, and our role is to amplify voices that are often silenced or unheard.

*Walking the talk is required.* To serve our members and the greater public health community with integrity, we have to do the work internally. We are taking steps to create an organizational culture of race equity among APHA staff and members. Organizationally, APHA has worked to build awareness and capacity of staff, leadership and affiliates through mandatory trainings on equity, diversity and inclusion; brown bag presentations; and film screenings and discussion. We are in the process of exploring how we can apply what we're learning about racial equity across all aspects of the organization including procurement, hiring and recruitment, professional development, and membership.

*We have to be explicit about centering voices of color.* We are becoming more comfortable and confident in acknowledging that there are some conversations for which people who are White should be listeners. We are also becoming more direct in asserting that certain topics and discussions should center Black voices given the strong anti-Black sentiment that undergirds racism and discrimination across systems, cultures and communities. This is a divergence from an (unspoken) norm to not alienate our White staff, members and partners.

*Lived experience is as important as work experience.* When considering who to invite to speak or present on a topic, there are often intense debates about what voices and perspectives to include: the researcher or clinician with name recognition and accolades; or the community organizer or member of an impacted community? All perspectives are necessary and we are more intentional about ensuring that the community voice is highly valued and sought out.

*Silence equals complicity.* There is no longer room for neutrality on this topic. We are either actively anti-racist or complicit with maintaining and perpetuating racism and a belief in racial hierarchy.

This work is not easy to do. As a Black woman who is helping to lead these efforts, it can be downright exhausting. As an organization, we don't always get it right and will likely continue to make flubs along the way. We also operate from a place of humility and curiosity with a firm commitment to doing better and deepening our practice of anti-racism.

It also must be acknowledged that, quite frankly, not everyone in the Association is on board or has bought into anti-racism and racial equity as priorities. We continue to encounter active resistance internally and externally from those who fail to see (or choose to ignore) the connections between racism and discriminations and the outcomes they wish to achieve. But for those of us who live and breathe this work, we are forging ahead so that those coming behind us will have a less steep hill to climb.

## References

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