

# Building Bridges: The Strategic Imperative for Advancing Health Equity and Racial Justice

Executive Summary

July 2020



*By Manal J. Aboelata, Roxan Rivas, La'Quana Williams, and Elva Yañez*

*In efforts to advance health equity, aligning with groups working toward racial justice can yield power and improve effectiveness; however, alignment is no simple task. It takes effort and intentionality. This executive summary outlines a rationale and five strategic opportunities for building bridges between the fields. For the full concept paper, see the [Prevention Institute website](#).*

Health inequities are a recurring and predictable outcome of policies, practices, and procedures that have segregated many people—in particular, low-income communities of color—from resources and opportunities to be healthy.<sup>1</sup>

So how do we move toward a more racially just and equitable society?

We assert that people working to advance health equity and those working to achieve racial justice share common ground. By working together, we can better overcome shared obstacles and challenges to healthy, equitable, and racially just communities and society.

This is a time in our history when we stand to make significant strides by aligning for greater impact.

*"Naming race is not the same as articulating a racial justice strategy."*

*Rinku Sen, author and activist*

## **Principles for Aligning & Advancing Health Equity and Racial Justice**

Efforts to concurrently achieve health equity and racial justice recognize that:

*Health equity means that everyone has a fair and just opportunity to attain their full health potential and that no one is disadvantaged, excluded, or dismissed from achieving this potential. Health equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined by race/ethnicity, sex, socioeconomic status, national origin, or other means of stratification.*

*Racial justice would be attained if racial factors (skin color and appearance are often a proxy for this) no longer served as reliable predictors of health, safety, economic stability, educational attainment, or other important societal outcomes. Achieving racial equity means closing gaps between racially defined groups and engaging in processes that lead toward truth and reconciliation, justice, and fairness—as well as redistribution and sharing of power and resources—to rectify the compounding effects of race-based policies and practices rooted in discrimination, exclusion, and dominance.*

- We need to go beyond documenting disparities. Acknowledging the array of inequities, disparities, and injustices on their own is insufficient to simultaneously achieve health equity and racial justice.
- Not everyone starts from the same place when it comes to understanding the intersection of health equity and racial justice, given differences in lived experience, knowledge of historic and present-day practices, and skill level engaging with these macro-social issues, among other factors.
- Simultaneously advancing health equity and racial justice necessitates a process with actionable strategies and clear milestones that embed equity and justice from the start.
- Achieving health equity and racial justice outcomes requires a strong focus on centering the experiences, perspectives, and approaches of people of color in articulating the problems *and securing solutions*.

## Exploring the Relationship Between Health Equity and Racial Justice

On the most basic level, the relationship between health equity and racial justice is evidenced by data demonstrating a striking pattern of health inequities among the diverse racial and ethnic groups in the US. These inequities are evident across a multitude of health conditions inside and outside the healthcare system; persist regardless of economic strata; and are not tied to inherent differences in genetics. An example of racially unjust outcomes is maternal and infant mortality, with African American mothers and babies being two to three times more likely to die than their white peers, even when controlling for factors like educational achievement, income, prenatal care, or health status. These inequities are the result of the cumulative effects of racism on maternal and infant health, compounded by poor quality and biased healthcare services.<sup>2</sup>

Health inequities are not coincidental or accidental, nor are health inequities a matter of poor choices or a lack of access to quality healthcare. At its core, health equity in relation to racial equity means that improvements in health outcomes for people of color would be quantifiable, sustained, and ultimately result in no observable, patterned differences in health outcomes between groups based on racial categories.

Health equity and racial equity are not synonymous. Bringing these two perspectives together means acknowledging that we cannot accomplish one without the other. Working towards health equity without intentionally addressing racism and the multiple forms of discrimination associated with it thwarts

successful racial justice and health equity partnerships and outcomes.

Another important step in bringing these two approaches together is recognizing and respecting *both* similarities *and* differences between health equity and racial justice approaches, better understanding the relevant data from both arenas, and establishing and nurturing relationships that are grounded in multisector collaboration best practices.

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

*James Baldwin, author*

### Tensions in Aligning Health Equity and Racial Justice

In theory, health equity and racial justice seem naturally—even inextricably—linked. Nonetheless, efforts to move them forward simultaneously have not been the norm. The ways health equity and racial justice initiatives have developed over time; their visions, perspectives, and focus; leadership and staffing; funding streams and directives; language; and theories of change have at times created tension and disconnection between the two approaches.

For example, universal language frequently used by proponents of health equity—such as “all communities deserve,” “everyone benefits when,” and “no one should be left out”—has sometimes alienated those who recognize the value in explicitly naming and centering racial justice linkages to health equity.

On the other hand, some advocates fear that explicitly elevating racial justice fails to underscore that there are also other forms of inequity. Because centering racial justice in health equity ultimately requires shifts in power, leadership, funding, and decision-making, this shift can feel threatening to those who typically frame their work from the perspective of what they know and currently do well.

### Five Strategic Opportunities to Advance Health Equity and Racial Justice

Drawing upon the strengths of the fields of health equity and racial justice, we explore five practical opportunities to elevate or prioritize racial justice in health equity initiatives and strategically leverage health equity partnerships in racial justice initiatives around data collection and analysis, framing and strategic communications, cross-sector collaboration, community organizing/power building, and resource allocation.

#### **#1: Synergistic Data Creation and Analysis**

People working toward health equity often analyze gaps in health data and leverage their skills, partnerships, expertise, and training to narrow disparities in health outcomes. Working together, racial justice and health equity practitioners can

identify the most impactful data and metrics to demonstrate where their efforts best intersect, leading to increased synergy, enhanced strategy, and equitable outcomes for people of all races.

### **#2: Aligned Framing and Strategic Communications**

Naming the existence and source of racial inequities in health brings up difficult issues for a lot of people. Speaking persuasively about racially unjust health inequities is challenging but gets easier with practice and guidance from those who are knowledgeable and skillful around strategic framing and communications. When health equity and racial justice converge, the potential for strong framing and persuasive communications representing two disciplines, fields, or constituency groups, is greatly enhanced.

### **#3: United Multisector Partnerships**

All sectors have critical roles to play in achieving health equity and racial justice outcomes, particularly around community-wide changes that improve government policies and institutional practices. Developing shared terminology early on can avert misunderstandings about language and objectives down the road. Cross-sector engagement and collaboration becomes an engine that generates new ways to catalyze and sustain change.

### **#4: Blended Approaches to Power Building, Policy, and Systems Change**

Public health funders and practitioners are increasingly recognizing the importance of power building to achieve health equity through policy, systems, and environmental change. Health equity practitioners can look to the legacy of power building by racial justice advocates and organizations for inspiration and guidance. Community organizing and power building are where health equity and racial justice come together in practice: we can't achieve health equity without racial justice, and we can't achieve racial justice without health equity.

### **#5: Transformative Resource Investment for Racially Just Health Equity**

A true commitment to health equity and racial justice means realigning funds and other resources to make change possible and incentivize working across sectors and perspectives. These kinds of investments must include protections for impacted groups, especially when it comes to community reinvestment initiatives that may displace people of color if such protections are not in place.

*A true commitment to health equity and racial justice means realigning funds and other resources to make change possible.*

## Conclusion

Racial justice and health equity are formidable societal goals, and we must push forward in our effort to achieve both. Recent and historic events have animated a robust national conversation about the role of structural racism in law enforcement, criminal justice, public health, and healthcare. For this reason, it is crucial that health equity and racial justice practitioners find common ground and build strong and constructive ties to achieve a shared vision of a just, fair, healthy, and inclusive society. Achieving equitable health and safety outcomes benefits us all.

## REFERENCES

<sup>1</sup> *Countering the Production of Health Inequities: A Framework of Emerging Systems to Achieve an Equitable Culture of Health, Extended Summary*. Oakland, CA: Prevention Institute, December, 2016. Accessed at: <http://www.preventioninstitute.org/publications/countering-production-health-inequities-extended-summary>

<sup>2</sup> Novoa, C and Taylor, J. "Exploring African Americans' High Maternal and Infant Death Rates." Center for American Progress, February 1, 2018. Accessed at: [https://cdn.americanprogress.org/content/uploads/2018/01/29114454/012918\\_MaternalInfantMortalityRacialDisparities-brief.pdf](https://cdn.americanprogress.org/content/uploads/2018/01/29114454/012918_MaternalInfantMortalityRacialDisparities-brief.pdf)