



Racism is a Public Health Crisis Toolkit

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They are basing prison population off our third-grade reading scores.

I always made a promise to myself, that whenever I got into a position to talk to youth, our teens, that's affected by gun violence, I was going to do the research on why our community inside of Central was the way it was and why are the communities in the suburban areas are not the way ours is, like why there's less violence in the suburban communities and more violence in the inner cities. I wanted to know that because I was losing friends rapidly at 17. I lost three friends at the age of 17 to gun violence.

I wanted to do the research on why our communities were so violent and not the suburban communities, and the first thing I found was something called redlining.

In 2018, we had a 22 percent infant mortality rate inside of the Central community.

The average resident in Lyndhurst lives 24 years more than us in Central and in the Hough community due to our structured living conditions.

There's one high school in this community, and there's three schools, middle schools and elementaries, so there's four schools total, but surrounding these four schools...is eight prison-based facilities...These are all 5-10 minutes around this high school, driving.

There are more prisons than schools in this environment.

Central was directly impacted, and still to this day, we are impacted by Public Works Administration, with no grocery store,

and the St. Vincent Charity Hospital closed down and the majority of the resources that we use there, one high school...so these things are happening every day in the Central community.

The reason I created Ghetto Therapy was this Public Works Administration in these redlined communities. My target is those residents who live in similar environments to Central, that's why we provide Reiki, sound bowl, traditional meditation, yoga all for free because, it's not until we know the problem to where we can create solutions.

I always say it's not our fault when we are put in this situations due to our financial stability, but it becomes our fault when we learn this information and choose to become destructive.

These are the conditions that we are living in, this is from Public Works Administration, laws and legislation wrote in the 1930s that still affect us.

We landed a partnership with Langston Hughes facility in Cleveland Clinic and that first night, we got over 100 residents to attend a therapy session.

I hear is that Blacks don't go to therapy, when in reality we do. A lot of times we don't know these resources exist, so to bring Black therapists inside of Black communities that look like us, live like us is a very important thing.



Racism is not some amorphous thing, it is a system of violence, it is taking lives, it is taking our friends and families.

Stop thinking about that disproportionate representation of black and brown youth as something accidental, and be very honest about what are something, what's the root cause here.

We can't possibly continue to talk about youth and their experiences of adversity, trauma and chronic stress and not talk about racism, and that means we have to interrogate our organizational practices, our institutional practices, and we have to surface those things that we might need to be addressing in the immediate so that we are not creating conditions that re-traumatize young people and further their experiences with racism and anti-blackness.

Folks need community when we're talking about anti-racism. We need community when we try to move forward anti-oppressive practices, as we are trying to lift up the ways that anti-blackness or white-supremacy are manifesting in the system.

Let folks who are closest to the pain get closest to the power.

...how do we help young people and their family members get closer to power, get closer to the levers of change, we have to do the work of self-regulation and making sure that our systems are capable of creating that space even as there's distress, even as there's anxiety or fear and actual harm in the system.

We have our work cut out for us in the behavioral health and mental health and education spaces. There's so much distress happening that is being created by the pandemic, but also young people are dying in our community...we can't lose sight of the bigger picture because we're so focus on the immediacy of safety.

For those who have some privilege, who consider ourselves allies, co-conspirators, advocates, community leaders, champions for equity and justice...stay the course, stay ready, be willing to put some of your social, political, economic resources on the line.

We have to stay the course, in spite of the fear that's being stoked, in spite of the zero-sum perspectives that persists, in spite of the notion that only white voices matter.

We have to begin to understand how racism is sitting inside of us.

Creating space for dialogue in my organization which is predominately white in terms of the staff, the professionals and predominantly Black in terms of who's being served, and so addressing the needs to have these conversations has been a victory.

We have to start with conversations where folks can be with the discomfort before we can take additional action that is race conscious.

There are folks legislating that I could lose my licensure for talking about [racism]. Some of us are going to have to put our lives and livelihoods on the line even more if we continue the work. That is something that I see as a huge, potential barrier.

We share in our collective humanity by sharing our stories.



Habeeba Grimes, PEP

We don't talk enough about economic justice and economic equity and how that plays into health outcomes and social determinants of health.

Clark-Fulton has the largest density of Latino residents in the state of Ohio. For too long the Hispanic community has been invisible, folks don't know where they're at.

A lot of micro businesses, mom and pop stores as we call them, are in the poverty-line, are low to moderate incomes.

Dismantling all of those barriers that would prevent them from having a viable business in our economic system.

We fall into this Black and white conversation and really teasing out and finding our space in the conversation of racism and discrimination and social determinants of health and factors that affect our community.

We still face significant barriers, we don't have a grocery store, we have a lot of challenges around health, lead in our children, and we face a lot of morbidities that a lot of black community face as well.

When we talk about racism as a public health crisis and some of the misconception related to that, we are talking about an ism, we are talking about racism, not just race how that, the factor of racism plays into your accessibility to just about everything: healthcare, social supports, economics, education, it's all determined.

I think that's one of the most important things about legislation around as a public health factor is that now this is a powerful tool for us to be able to use that and say 'hey, you know there's legislation behind calling it out,' ...calling for action and that's really what policy does for us and how do we leverage policy.

We can't continue to ignore racism and the implications it has on our communities, and we have to lead from wherever corner we're leading on and creating a more just community for everyone.

The perfect storm around the legislation and the racial tensions has given us a platform to have these conversations that we didn't have before. We're getting invited to meetings we weren't invited before and are able to tell our story that we've been here for a long time.

How do we use policy to empower communities to get to an equitable phase?

Something as simple as just having space, and creating spaces for people, something that Walter is doing in Central, we are doing the same thing in the Clark-Fulton neighborhood.

Coming up with our own solutions, leveraging legislation, leveraging leadership, diversifying the leadership and the folks that are representing us in every level matters.

If it's not *your* calling, support the people who are called to serve people who look like us.



**Jenice Contreras,
Northeast Ohio Hispanic Center
for Economic Development**

To talk about racism if you have not been on the receiving end requires a lot of self-reflection and depth of honesty that is difficult. It's hard to talk about.

It's like if you have a friend who's an alcoholic, who struggles with alcoholism and you know when you struggle with alcoholism, sometimes...really the first step is to acknowledge that you have a problem, to say it, to say that you have a problem.

Keep doing the program, hold your legislators accountable. If you don't hear anything else coming out of the Black maternal health caucus, if you don't hear anything else coming out of the caucus that you support, call them and tell them that they need to revisit those policies.

...you have to look at the policy you write and how does that continue the legacy that racism has in our structures and in our systems. How does your policy promote continuation of it, expand it even into places we didn't think about it.

Call them and say 'whatever happened to the resolution on declaring racism and a public health crisis, can you all reintroduce that?' Can you all keep pushing?

That's all democracy is, you just keep pushing, you can't stop. You see what happens when we stop. If we all stop, democracy falls, so you can't stop.

Everything that our ancestors fought for, we have to continue to fight for. There is no final victory dance, you have to keep doing it.

Hold your legislators accountable, be supportive...because it is hard out here when you really care and you're trying to do right.

Good, balanced policy takes time because you have to build consensus, you have to hear from people, you have to put their input in the policy where you can and then you have to bring it forth, and you have to deal with the people that never wanted you to bring it forth.

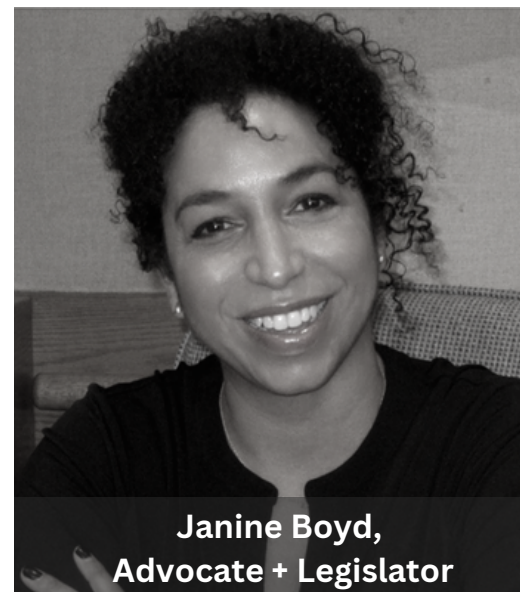
There is definitely a palpable opposition to talking about racism, and how it has provided so much gain to so many at the demise of so many others.

You have to try to train yourself to read between the lines.

People who are not Black and brown, when they think of poverty, they might think of Appalachia, of people who look like them, but when they think of programs that help people in poverty, they do not think of people who look like them, they only think of people who look like me.

When you see policy that's being introduced, you think about who it's going to adversely impact the most and then you pursue advocacy without ceasing to counter, to replace, or to stop all together.

You learn something when you listen to people.



**Janine Boyd,
Advocate + Legislator**

Racism—especially systemic and interpersonal racism—places barriers on people of color from achieving the healthiest versions of themselves.

+ The pregnancy-related mortality ratio for Black women with college degrees or beyond was 6 times higher than their white counterparts with less than a high school diploma. ➤

We have to recognize that trauma is a form of racism.

+ American Indians/Alaskan Natives (AI/AN)—compared to other races or ethnic groups—have the highest smoking tobacco rate. **The smoking rate for AI/AN individuals was 21.9% compared to 16.6% among non-Hispanic whites.** ➤

+ Compared to non-Hispanic whites, **Latinos(as) and Hispanics were 3 times more likely to die from diabetes in 2018.** ➤

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Major cultural barriers that hinder health equity ➤

Individualism: Cultural individualism can dilute impact of current systems until they are virtually invisible, making it easier to believe that inequities are not a symptom of these systems.

Disconnecting history of racism from current symptoms: refusing to acknowledge the connection between racism and the inequities that are present today, and believing that the societal advantages that were intentionally codified generations ago are coincidental.

Endorsing myth of meritocracy: The idea that those who work hard will be rewarded for their efforts, and that those who are ahead of others have earned their place based on their own skills and accomplishments.



In Cuyahoga County, white residents outlive Black residents by

6

years. ➤

Exploring the systems: racism within our cultural institutions

Education

Racism and biases within the education system lead to disparities in testing and class placement, especially when it comes to the over identification of BIPOC children in special education. ➤

Black school-aged girls are 6 times more likely to be suspended from school than their white counterparts.

Housing: Redlining

The Public Works Administration was created by Franklin D. Roosevelt in 1933, which took business in home loans and banks from Black communities. This gutted the financial stability of Black communities and neighborhoods. ➤

Redlining impacted many neighborhoods, especially in the Central neighborhood of Cleveland. **Redlining ripple effects impact health outcomes and can lead to increased risk of hypertension, high blood pressure, and diabetes.**

Facts compiled by Kyle Thompson, Policy Assistant

Health care

+ **Racism might be passively perpetuated by leaving mental health symptoms undiagnosed and untreated**, which increases the likeliness that a child will end up in the juvenile justice system, which might:

+ Create a 'revolving door' phenomenon where children who are diagnosed receive more and more restrictive placements, eventually often including incarceration. ➤

Racism isn't mentioned much in medical journals. In the top four medical journals in the world, less than 1 percent included the word "racism." ➤



Lack of diversity in health care workforce

56 percent of physicians identified as white, 17 percent as Asian, 6 percent as Hispanic, 5 percent as Black or African American, and less than 1 percent as either American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander. ➤

Placing blame on an individual patient for dying are racist diversions that allow for disparities to remain intact without acknowledging the role of systemic discrimination.

1

Name racism.

Acknowledge racism as the root cause of disparities and adverse outcomes for Black and Brown individuals in health and ALL socioeconomic issues. Understand that it is systematized, built with intention, and that **systems are not broken, but work as they were intended to.** Anyone—even the oppressed—can perpetuate racism, because we have been conditioned to live and interact within its confines.

2

Ask “how is racism operating here?”

Remember that racism operates through mechanisms—structures, policies, practices and norms, and values—that are identifiable and act as the “who, what, when, where, why, and how” in decision-making. It operates on “auto-pilot” to benefit White Americans above all groups, even when they are not actively being racist towards others. **We all must be vigilant learning about the experiences of others** in systems that are different than our own, and then look at which mechanisms are operating to uphold this “dual reality.”

3

Organize and strategize to act.

Create space for, center, and partner with groups that are most impacted by adverse outcomes in systems and *listen* to them. Invest in necessary tools and resources to do the work well, whether it be classes, workshops, consulting, etc. **Initiate your own learning in this process, and be willing to try and fail,** or get it wrong. Use your creativity to help develop solutions to symptoms of racism. Make the effort to find a balance in listening to the experiences of impacted groups and working *with* them to do the work. Using the excuse of “not knowing how” and leaving the work to those who are oppressed is unfair and is a form of privilege.

