**Racial Justice Reframing Activity**

**Definitions[[1]](#footnote-1) and Guiding Principles:**

Racial Justice: The creation and proactive reinforcement of policies, practices, attitudes, and actions that produce equitable power, access, opportunities, treatment and outcomes for all people, regardless of race

Social Determinants of Health: the circumstances in which people are born, grow, live, work, play, and age that influence access to resources and opportunities that promote health. The social determinants of health include housing, education, employment, environmental exposure, health care, public safety, food access, income, and health and social services.

Health Disparities: Differences between the health of one population and another in measures of who gets disease, who has disease, who dies from disease, and other adverse health conditions that exist among specific population groups in the US

Health Inequities: Differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust. These differences are rooted in social and economic injustice, and are attributable to social, economic and environmental conditions in which people live, work, and play.

**Instructions:**

* This is an exercise in defining the problem. Do not think about the confines we must work within, but instead think in plain, simple terms when approaching this exercise.
* The traditional approach is often the status quo as defined long ago.
* Moving to a racial justice approach is not an abandonment of the way you work, but instead will help you change the way you think about how you work. This exercise is intended to help you see how linkages and intersections affect lives.
* As you define the Racial Justice approach, remember that this is not necessarily about what you can do personally and is not an individual workplan, as the final product is guaranteed to be macro and far broader than the traditional approach.
* Remember, there is no blueprint for racial justice work and the charge here is not to define each term for all situations.

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| **Framing Element** | **Traditional Approach** | **Racial Justice Approach** |
| 1. What’s the Problem? | This is often the problem as defined long ago and reinforced by education and access campaigns over years of programming and funding cycles. | Where is the injustice?  Are racial outcomes different?  What is the inequity of interest? |
| 2. What’s the Cause?  *What/Who’s Responsible?* |  | Think through the Social Determinants of Health (SDoH) as they pertain to the problem defined above. What are the *root* causes? Think bigger and more broadly about policies, opportunities within the healthcare system |
| 3. What’s the Solution? |  | How do you address the root causes identified above? What can be done about internal policies? What is the link between SDoH and larger policies? This can and should be multifaceted. |
| 4. What Action is Needed? |  | Now that you have solutions, what gets you there? Consider creative strategies. Where do you fit in this? Are you engaging the right partners? The community? Are you using racial justice language in your approach to partners? What processes are needed for engaging those partners? |
| 5. What Values are highlighted? | Given the problem and solution, what do you know to be true?  Traditional approaches often highlight personal responsibility, individual choice, etc. | Given the newly defined problem and solutions, what is now known to be true?  The Racial Justice Approach often highlights equity, fairness, shared responsibility, etc. |

**Racial Justice Reframing Example 1: Diabetes**

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| **Framing Element** | **Traditional Approach** | **Racial Justice Approach** |
| 1. What’s the Problem? | High rates of type II diabetes | Persistent racial inequities in diabetes rates |
| 2. What’s the Cause?  *What/Who’s Responsible?* | Poor nutrition  Lack of exercise  Overweight/Obesity  *Individuals* | Food deserts, income inequity, racial redlining in transit and zoning for green space, etc., in communities of color  Disinvestment in communities of color  Residential segregation  *Businesses; policy makers* |
| 3. What’s the Solution/Goal? | Improve nutrition  Increase physical activity | Food security in all communities  Economic investment in low income communities/communities of color  Accessible and affordable healthy foods in all communities, particularly communities of color |
| 4. What Action is Needed? | Nutrition education classes  Exercise classes | Food access policies that target roots of inequities  Economic policies that invest in communities of color  Partnerships across sectors and with community residents |
| 5. What Values are highlighted? | Individualism; Personal Responsibility; Choice; Individual Freedom | Equity; Justice; Fairness; Shared Responsibility |

**Racial Justice Reframing Example 2: Infant Safe Sleep**

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| **Framing Element** | **Traditional Approach** | **Racial Justice Approach** |
| 1. What’s the Problem? | Infant sleep mortality rates | Persistent racial inequities in infant sleep mortality rates. |
| 2. What’s the Cause?  *What/Who’s Responsible?* | Lack of caregiver education, social norms/cultural, substance abuse, mental health  *Individuals* | Black and Latino families are disproportionately affected by the structural causes that impact safe sleep environments.  *Businesses; policy makers* |
| 3. What’s the Solution? | Improve caregiver & provider awareness and education of safe sleep practices | Increase outreach and partnerships with Black and Latino communities.  Economic investment in low income communities/communities of color  Livable wages in all communities, particularly communities of color |
| 4. What Action is Needed? | Training (for professionals), education for parents, changing social norms, partnerships with hospitals, consistent messaging, communication and marketing tools. | Universal home support for new parents  Safe and affordable housing  Better parental leave policies |
| 5. What Values are highlighted? | Individualism; Cultural sensitivity | Equity; Justice; Fairness; Shared Responsibility |

Please watch Session 1 now and come back to complete the Session 1 Reframing Activity

**Session One: Racial Equity/Asthma**

Amber is a 16-year old Black student who lives in an apartment with her mom in the city.

She has a medical history significant for asthma. Asthma seems to run in her family - both her younger brother and cousin have asthma too.

In 2018, about one out of every ten people in Massachusetts currently has asthma — 10.2% of adults and 6.4% children.

About one out of eleven students at her school has asthma.

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| **Framing Element** | **Traditional Approach** | **Racial Justice Approach** |
| 1. What’s the Problem? | High pediatric asthma prevalence rates and health outcomes present at her school. |  |
| 2. What’s the Cause?  *What/Who’s Responsible?* | -Environmental risk  -Home triggers  -Parents/guardians  -School staff members |  |
| 3. What’s the Solution? | -Education  -Behavior Change |  |
| 4. What Action is Needed? | -Assess IAQ in schools  -Educate staff on safe cleaning practices to prevent triggering asthma symptoms  -Inform parents of fragrance-free policies |  |
| 5. What Values are highlighted? | Community responsibility  Personal accountability |  |

**Session One: Racial Equity/Asthma**

Please move on to watch Session 2 now and come back to complete the Session 2 Reframing Activity

**Session Two: COVID, Asthma, Indoor Air Quality (IAQ)**

Amber is a 16-year old Black student who lives in an apartment with her mom in the city.

Lately, she has been exhibiting asthma symptoms more frequently and it has caused her to miss some days at school.

Amber and her mom are worried about COVID-19 because they heard that it can be worse for people that have asthma. Amber’s mom has been using bleach and hand sanitizer regularly. Amber is currently attending her high school on a hybrid model and is in class in person twice a week.

**Session Two: COVID, Asthma, Indoor Air Quality**

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| **Framing Element** | **Traditional Approach** | **Racial Justice Approach** |
| 1. What’s the Problem? | Amber’s mom is cleaning and disinfecting surfaces more than usual using bleach to keep the apartment dust-free and to reduce the risk of getting COVID-19. |  |
| 2. What’s the Cause?  *What/Who’s Responsible?* | -Cleaning products  -Cleaning frequency  -Mom |  |
| 3. What’s the Solution? | -Education -Improve awareness  -Change in individual behavior |  |
| 4. What Action is Needed? | -Educate family on safe cleaning/disinfecting practices  -Encourage a fragrance-free household |  |
| 5. What Values are highlighted? | Personal responsibility |  |

Please move on to watch Session 3 now and come back to complete the session 3 Reframing Activity

**Session Three: Asthma Medical Management Part I**

Amber is a 16-year old Black student who lives in an apartment with her mom in the city.

Lately, she has been exhibiting asthma symptoms more frequently and it has caused her to miss some days at school.

She tries to remember to take her controller inhaler twice a day, but she usually forgets in the afternoon when she spends time with her grandparents after school. Amber recently missed an appointment with her pediatrician and can’t get her inhaler refilled without an updated prescription.

**Session Three: Asthma Medical Management Part I**

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| **Framing Element** | **Traditional Approach** | **Racial Justice Approach** |
| 1. What’s the Problem? | Amber’s asthma is getting worse. |  |
| 2. What’s the Cause?  *What/Who’s Responsible?* | - Amber’s asthma is exacerbated by her non-compliance  -Amber has many missed appointments.  -Amber  -Family (mom, grandparents) |  |
| 3. What’s the Solution? | -Education  -Behavior changes |  |
| 4. What Action is Needed? | -Go to doctor’s appointments regularly.  -Refill medications on time.  -Comply with medication guidance. |  |
| 5. What Values are highlighted? | Personal responsibility |  |

Please move on to watch Session 4 now and come back to complete the session 4 Reframing Activity

**Session Four: Asthma Medical Management Part II**

Amber is a 16-year old Black student who lives in an apartment with her mom in the city.

Lately, she has been exhibiting asthma symptoms more frequently and it has caused her to miss some days at school.

She tries to remember to take her controller inhaler twice a day, but she usually forgets in the afternoon when she spends time with her grandparents after school. Amber recently missed an appointment with her pediatrician and can’t get her inhaler refilled without an updated prescription.

**Session Four: Asthma Medical Management Part II**

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| **Framing Element** | **Traditional Approach** | **Racial Justice Approach** |
| 1. What’s the Problem? | Amber is experiencing environmental factors that are exacerbating her asthma. |  |
| 2. What’s the Cause?  *What/Who’s Responsible?* | -Mice and roaches in the home  -Poor ventilation => open windows  -Poor sanitation  -Mom  -Landlord |  |
| 3. What’s the Solution? | -Education  -Behavior change |  |
| 4. What Action is Needed? | -Go to doctor’s appointments regularly.  -Refill medications on time.  -Comply with medication guidance. |  |
| 5. What Values are highlighted? | Personal responsibility  Community responsibility |  |

1. Definitions from Boston Public Health Commission, Racial Justice and Health Equity Initiative Professional Development Series Glossary [↑](#footnote-ref-1)