



DISMANTLING RACISM AND STRUCTURAL RACISM IN ACADEMIC PUBLIC HEALTH: A FRAMEWORK

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ASPPH ASSOCIATION OF
SCHOOLS & PROGRAMS
OF PUBLIC HEALTH

INTRODUCTION

The Association of Schools and Programs of Public Health (ASPPH), and our member Council on Education for Public Health (CEPH) accredited schools and programs, guided by principles of social justice, are committed to dismantling racism and ending the cultural and structural conditions that enable racism in academic public health institutions.

Achieving this long-sought goal will require new approaches, because **racism is a public health crisis that demands bold action on many fronts, including in academic public health**. Here in the United States, we often think about the challenge in the context of the long march to integration in education, which began in 1954 with the landmark Supreme Court ruling in *Brown v. Board of Education* that called out the racial exclusionary practices towards Blacks that had existed since the nation's founding at U.S. institutions of higher education (The Long, Ugly History of Racism at American Universities, The New Republic, Leslie M. Harris, March 26, 2015). Schools and Programs of Public Health were no exception, having traditionally operated under the umbrella of that structural racism, which effectively maintained control in the hands of the few (namely cisgender, heterosexual White males), limited opportunities and impacted outcomes in our field.

However, the historical record of racism goes back much further, to the notion of “race” that arose with the slave trade in the 1600s. Despite having been scientifically debunked for many years, the notion that “race” describes fundamental biological differences among populations has become deeply rooted in our society, from its culture and social structures to how public records are maintained. The fact is ‘race’ is a social construct, yet in official U.S. classifications, ‘Hispanic/Latinx’ is an ‘ethnicity’ while African American/Black, American Indian/Alaska Native, Asian/Pacific Islander, and European American/White are still considered ‘races’ (Abandon “Race.” Focus on Racism, *Frontiers in Public Health*, Paula Braveman and Tyan Parker Dominguez, September 7, 2021). The time has come to remedy this historic error, as Braveman and Dominguez argue, by using “ethnicity” and “ethnic groups” while keeping “racism” to define the crisis in public health disparities we now must confront.

As such, **we begin by being intentional and authentic with an acknowledgement of the long history of cultural and structural racism, along with other forms of discrimination, that have shaped our schools and programs of public health** and impacted the health and well-being of our communities and populations.

In June 2020, the ASPPH Board of Directors requested that the Task Force on Zero Tolerance of Discrimination and Harassment recommit to efforts focused on the elimination of cultural and structural racism in academic public health through development of a framework which ASPPH and member institutions can use as a blueprint to dismantle the conditions that enable racism in academic public health institutions. Since that time, and building on the original work of the Task Force on Zero Tolerance of Discrimination and Harassment, the ten members of the Task Force, co-chaired by Dr. Linda Alexander (West Virginia) and Dr. Perry N. Halkitis (Rutgers), have worked to incorporate guidance from several sources: our collective expertise and training; critical voices from the field; and more recent initiatives in social justice, equity, and inclusion contained in the work of the ASPPH Framing the Future: Education for Public Health 2030 and Scholarship of Teaching and Learning.

The result is this single, comprehensive document that builds on all our past and current efforts around inclusion, diversity, equity, and antiracism. **Our intention is to set out a strategic framework as a model to follow, one that begins with our shared understandings, collective vision and roles, and initial recommendations for a Strategic Approach for members and partners to build upon.**

These shared understandings about the challenge of dismantling racism and how we should approach it must be based on a common language, beginning with agreement on key definitions concerning race and ethnicity, structural racism, and antiracism. Throughout our Framework, we use these guiding terms consistently for clarity of reference and purpose and have provided more sources on their origins and use in the Appendix.

VISION

Our long-term shared vision is to protect and promote the health of all people in all populations. To achieve this vision, we are committed to working collectively and individually to take urgent and bold actions to end racism and structural racism in our institutions. This framework serves as a blueprint outlining the major changes needed to rethink and rebuild processes, procedures, and policies to dismantle the conditions that enable racism in academic public health institutions, and empower all our faculty, staff, and students to succeed in the 21st century.

Together, we are uniquely positioned to serve as the leader and national convener for the wider academic public health community in advancing public health justice in all populations by training the next generation of leaders who are committed to a bold **IDEA of Inclusion, Diversity, Equity, and Antiracism**. Our IDEA focuses the good work already underway in diversity, equity and inclusion, with the growing call to adopt antiracism as the path to the desired future state we are seeking for schools and programs of public health. This is our **IDEA for Academic Public Health Justice**. This is the foundation of our vision: Prepare a 21st century public health workforce that is equipped to achieve the ultimate vision for public health – the protection and promotion of health of all people across all populations.

THE ROLES OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH

Schools and Programs of Public Health have the power to reinvent themselves as national models of our IDEA for Academic Public Health Justice, as inclusive, diverse, equitable, and antiracist organizations. In addition to an assessment of and appropriate changes to **school curricula, training and education support for faculty**, this also will require an assessment and redesign of **administrative policies to support antiracist initiatives**, including but not limited to:

- Training school and program leaders (including executives and trustees) to better understand the impact of racism on public health education and outcomes.
- Establishing a senior staff position that includes antiracism alongside current inclusion, diversity, and equity responsibilities.
- Identifying anachronistic promotion and tenure practices that fail to embrace inclusive excellence under the false notion of lowering standards and replacing them with practices that support all on their multiple paths to success and to promotion and tenure.
- Addressing pay equity gaps affecting faculty and staff; conducting regular engagement and climate surveys, including the state of diversity and inclusion efforts.
- Implementing steps to improve college and campus climate.
- Updating admission policies and hiring practices that ensure diversity of faculty, staff, and students.

THE ROLE OF ASPPH

As the leading voice for academic public health, **ASPPH must be visible, assertive, and supportive of Schools and Programs of Public Health as we seek to dismantle barriers that have prevented or hindered inclusion, diversity, equity, and antiracism in academic public health.** This is crucial because without such change in academic public health, we cannot hope to attract and train the diverse, antiracist public health workforce that this nation needs to advance the cause of public health justice. ASPPH is committed to the following approach in support of this goal:

- Advocate for inclusive excellence in education, research, and practice.
- Gather, analyze, and report demographic data including gender identity and ethnicity of faculty, staff, and students.
- Offer leadership development opportunities to foster the advancement of people of color and other underrepresented populations across the professional academic lifespan.
- Coordinate efforts with other professional public health organizations.
- At the heart of ASPPH's commitment will be the establishment of a **Center for Academic Public Health Justice** to serve as a national clearinghouse for research, resources, and recognition to support faculty, staff, and students on their journey to achieving our IDEA for Academic Public Health Justice. The Center will:
 - Organize forums that enable leadership, faculty, and staff to consider how best to pursue the domain strategies described below.
 - Recognize and showcase case studies of institutional success in enacting changes.
 - Establish awards to recognize faculty and staff for their efforts to challenge racism and its associated inequities.
 - Support research and researchers dedicated to achieving the goals of our IDEA for Academic Public Health Justice, including improving the dissemination of research findings into practice by strengthening relationships among academic public health institutions, public health departments, and healthcare providers.

COORDINATION WITH PROFESSIONAL PUBLIC HEALTH ORGANIZATIONS

ASPPH also will engage with our partner professional organizations, including the **Council on Education for Public Health (CEPH)** and the **National Board of Public Health Examiners (NBPHE)**, to consider how **accreditation standards, competencies, and guidelines should reflect the IDEA goals of inclusion, diversity, equity, and antiracism.**

Working with our academic and practice partners, ASPPH will share strategies aimed at a **coordinated, comprehensive review and assessment effort of structural barriers and promising approaches to enact changes.**

Based on the Strategic Approach described below, the Task Force will develop proposals for changing accreditation, policies, and procedures to align teaching, research, and practice domains with the goal of dismantling structural racism. Immediate actions include collaborating with CEPH to begin the process of examining CEPH Accreditation Criteria through applying principles of antiracism and developing exemplar policy recommendations. Additionally, a series of webinars and technical assistance reports will be developed to help communicate these changes to member organizations.

Long-term goals include collaborative partnerships with organizations that are vested in the success of a 21st century public health workforce, and the inclusion of health equity competencies in criteria as part of accreditation guiding principles.

STRATEGIC APPROACH

In 2019, the previously appointed **ASPPH Task Force on Zero Tolerance of Harassment and Discrimination** released five tenets for schools and programs of public health to develop zero-tolerance strategies towards harassment and discrimination. Building on that work, the Task Force developed a framework outlining concrete actions in three domains: (1) Education, Pedagogy & Training; (2) Practice; and (3) Research.

Within each of the three domains, strategies are proposed in relation to five key groups and timelines: Faculty, Staff, Students and Alumni, Populations Served, and the Public Health Workforce; and in terms of Immediate Strategies (1-2 years), Intermediate Strategies (3-4 years), and Long-term Strategies (5 years or longer). The strategic approaches for each domain mirror the same fundamentals that are core to our vision and therefore, share many of the same recommendations for implementation. However, it is necessary to repeat them in each domain to ensure that teams focused on only one domain have all the necessary guidance at their disposal.

Domain 1: Education, Pedagogy & Training

The Task Force now presents a set of pedagogical approaches to guide teaching and transform learning to promote our IDEA for Academic Public Health Justice. **The Framework supports the work of the ASPPH Framing the Future 2030 and the Scholarship of Teaching and Learning initiatives with the common goal of collaboration for educational excellence.** The Task Force focuses on educational programming that prepares students as public health professionals and provides professional development learning opportunities for faculty, staff, students and alumni, and community-based organizations to dismantle racism and advance health equity.

The Task Force also recommends that all schools and programs develop policies and trainings regarding inclusion, diversity, equity, and antiracism for the professional development of faculty, staff, and students. These trainings should apply principles of antiracism to counter behaviors such as implicit bias, microaggressions, and stereotype threats. Trainings also should utilize a common set of definitions and articulate planned measures of success. The policies should explicitly connect participation in trainings as a required component of the annual review and be included in the Promotion & Tenure (P&T) process. In addition, the Task Force acknowledges that for education and training to be successful, administrative and faculty leaders must collaborate broadly with the academic community in guaranteeing that the institution will be accountable for needed change.

Immediate Strategies

Faculty

Adopt and adapt public health curricula to highlight the ways racism and other forms of discrimination impact the health and well-being of populations and individuals. Evaluate institutional culture and climate surrounding the education mission; hold listening sessions for faculty and staff to respond to events of racism and other discriminatory injustice; develop competencies and curricula in all areas of equity as core to public health professional training. Develop teaching evaluations to assess faculty practices in inclusion, diversity, equity, and antiracism. Create IDEA-focused teaching, practice, and research awards, including awards to recognize excellence in faculty teaching that address the impact of racism and eradicate structural barriers to attaining equitable health outcomes.

Students & Alumni

Review and revise student evaluation materials to assess competencies in public health that advance goals of inclusion, diversity, equity, and antiracism; offer networking/mentoring opportunities for students with alumni and public health practitioners; audit scholarship awarding process to ensure fairness.

Staff

Create evaluations to assess culture and climate of programs; hold listening sessions to respond to racial justice events; require inclusion excellence training; mandate holistic application review training; provide training focused on antiracist admissions and hiring practices.

Populations Served and Public Health Workforce

Develop partnerships for continuing education opportunities with evidence-based practices that promote excellence in inclusion, diversity, equity, and antiracism.

Intermediate Strategies

Faculty

Identify antiracist intercultural and trauma-informed teaching competencies; examine theory, structure, and practice of antiracism; establish and require an **Inclusion, Diversity, Equity, and Antiracism (IDEA) Certificate** program; establish and fund inclusion, diversity, equity, and antiracism trainings with a mix of faculty, staff, and community members.

Students & Alumni

Engage students and alumni in conversations about inclusion, diversity, equity, and antiracism topics to address curricular gaps and workforce needs; establish or expand postdoctoral fellowship programs for underrepresented students.

Staff

Evaluate and assess the culture and climate of programs; hold listening sessions for faculty and staff to respond to racial justice events; establish and require an **Inclusion, Diversity, Equity, and Antiracism (IDEA) Certificate** program; establish and fund trainings with a mix of faculty, staff, and community members.

Populations Served and Public Health Workforce

Identify gaps in inclusion, diversity, equity, and antiracism training and collaboratively develop workforce trainings.

Long-Term Strategies

Populations Served and Public Health Workforce

Collaborate with governmental public health and community-based organizations to establish **Inclusion, Diversity, Equity, and Antiracism (IDEA) Certificate** workforce programs.

Domain 2: Practice

The Task Force identifies aspects of student practice-based learning opportunities as well as approaches to engage with members of the public health community and the populations they serve. The proposed strategies emphasize the importance of collaborating with local, state, tribal, and global partners and with faculty from other fields of study to find innovative solutions to structural racism and its impact on health and well-being across all populations. In addition, the Task Force emphasizes the obligation of academic public health to recognize and promote the value of diverse practice-based scholarship.

Immediate Strategies

Faculty

Engage community partners to understand health equity; engage with community members to identify solutions to dismantle structural racism in order to attain health equity and social justice; review, assess, and institute P&T guidelines to reflect an equitable weight for practice-based scholarship, particularly for inclusion, diversity, equity, and antiracism service. Monitor student mentoring and advising workloads for faculty who tend to get assigned officially or unofficially as advisors for students from ethnic populations they represent; and monitor advising loads for underrepresented faculty to ensure that they are able to invest time in activities that are conducive to their promotion and tenure. Also, ensure practice-based faculty offer training in best practices for community engagement and community-based participatory research for colleagues.

Students & Alumni

Engage students in antiracist activism/advocacy; expose all students to practice situations in which they will interact with diverse populations and with diverse preceptors in supervisory roles; expose students to a wide spectrum of practice experiences. Activate and engage alumni to serve as guest lecturers, featured speakers, and adjunct faculty on issues of inclusion, diversity, equity, and antiracism; engage alumni to serve on advisory boards, as well as mentors for current students. Support the antiracist work of students; add appropriate weight to practice experience and/or potential for excellence in practice settings – especially in underserved populations – in MPH admissions decisions.

Staff

Ensure that appropriate recognition is given to the work that staff do in advancing IDEA initiatives; review guidelines for hiring of staff for community practice-based projects, using the same inclusion, diversity, equity, and antiracism considerations we are putting in place for faculty; increase recruitment of staff who are Black, Indigenous, and people of color from local communities; establish effective mentoring support for staff to thrive.

Populations Served and Public Health Workforce

Establish community advisory boards to guide IDEA efforts; engage community members to find innovative solutions to achieve excellence in inclusion, diversity, equity, and antiracism;

ensure that the school/program's practice portfolio calls for work among underserved populations; provide opportunities for community members to engage with faculty, students, and staff; engage community members in conducting program reviews; appoint community-based practitioners as visiting faculty and IDEA scholars.

Intermediate Strategies

Faculty

Create equitable faculty compensation policies and practices for faculty engaged in community-based service, teaching and research; create a set of best practices for faculty as they partner with diverse populations and best practices to develop and maintain meaningful community partnerships.

Students & Alumni

Provide opportunities for students and alumni to share their experiences of best practices being used by public health professionals; invite alumni who have chosen the practice area to engage as guest lecturers, featured speakers, adjunct faculty, and advisory board members, as well as mentors for current students; and, improve access to public health education and training for people from marginalized populations, particularly those who are Black, Indigenous, and people of color.

Staff

Encourage the participation of staff in practice initiatives, recognizing the value and lived experiences that they bring to that work.

Populations Served and Public Health Workforce

Populations Served and the Public Health Workforce: Include representatives from underserved, historically underrepresented and marginalized populations in advisory boards, stakeholder conversations and decision-making processes, and compensate them appropriately for their time and effort; provide workforce development opportunities for training in IDEA principles to overcome structural racism and its harmful impact on health, well-being and healthcare; include smaller community-based organizations (CBOs) in workforce development plans.

Long-Term Strategies

Faculty

Revise faculty appointment, promotion, and tenure policies to demonstrate value placed on inclusion, diversity, equity, and antiracism service.

Populations Served and Public Health Workforce

Collaborate with governmental public health and community-based organizations to establish **Inclusion, Diversity, Equity, and Antiracism (IDEA) Certificate** workforce programs.

Domain 3: Research

The Task Force recognizes that public health research has been historically underfunded, and requires more leadership attention, resources and focus on identifying both the underlying correlations between racism and populations by ethnicity and the underlying causations of health disparities across populations. The Task Force now focuses on strengthening and expanding opportunities for faculty research, with an emphasis on supporting more engagement by students, staff, and community members to reduce health inequities and address the impacts of racism and social injustice on public health outcomes. In addition, the **Center for Academic Public Health Justice** that we recommend be created by ASPPH and its members and partners will serve to nurture and amplify our IDEA-based research strategies aimed at achieving health equity across all populations.

Immediate Strategies

Faculty

Identify resources to support research on structural barriers to inclusion, diversity, equity, and antiracism, and to support research to address racial and social injustice; develop and study community-based interventions that address racism; support research focused on the association between measures of structural racism and health outcomes; support adoption and implementation of mentoring programs for early-career underrepresented faculty.

Students & Alumni

Train students on principles of community-engaged research; require students to participate in community-engaged research; expand funding to support underrepresented students for research and research-related activities.

Populations Served and Public Health Workforce

Ensure that underrepresented populations are involved in all aspects of research focused on IDEA principles along the continuum of the research process, including publications and assessments of projects; train workforce on principles of community-engaged research; expand stakeholder engagement from underserved populations to inform research priorities, implementation, and dissemination; build stronger relationships between academic public health institutions, public health departments, and healthcare providers.

IDEA-Focused Research

Expand research paradigms from primarily disease-focused studies to studies of the multifactorial, complex health issues that integrate individual, interpersonal, community, and

environmental risk and protective factors. Form new partnerships with government agencies, community-based organizations and the private sector to research the complex interactions among policy, poverty, geographical determinants, and environmental factors in their impact on the health of populations. Build consensus on appropriate categorizations of populations in research studies, because using only ethnicity without considering other variables feeds bias and stereotyping and is of limited scientific and practice value.

Intermediate Strategies

Populations Served and Public Health Workforce

Ensure appropriate investment in science that advances health among all populations and that reduces historical health equity gaps, including undertaking transformative realignment of research funding priorities with the aim of improving health equity across all populations.

IDEA-Focused Research

Invest in the modernization of public health data systems, with a focus on how to better collect, analyze, and share data on factors that have contributed to historical bias and health disparities among populations, and ensure secure access to these data.

Long-Term Strategies

Populations Served and Public Health Workforce

Advocate for the **creation of a health equity research center** program, funded jointly by NIH/CDC/HRSA, which includes a robust training grant program to seed the field.

IDEA-Focused Research

Invest in research that informs and advances public health policies that will support and improve health equity across all populations.

CONCLUSION

This Framework is a model intended to create momentum for ASPPH and its individual member institutions and partners to articulate and advance a shared commitment: To apply the principles of social justice to dismantle racism in public health education, and the social and structural conditions that have enabled broad health inequities across generations of populations in the United States.

It is now up to each of our institutions, and its leaders, to take the next critical steps toward advancing the vision of our IDEA for Academic Public Health Justice. We believe there are three immediate tasks for each institution:

- First, ensure your leadership agrees that joining with ASPPH and its member institutions and partners in pursuit of our goals of inclusion, diversity, equity, and antiracism (IDEA) is critical to achieving this shared vision for public health justice, and report your institution's commitment to the Association.
- Second, guided by the Framework, develop the strategic approaches, objectives, and timelines in the domains of education, practice, and research that best meet the needs of your institution and create an internal implementation plan.
- Third, develop and deploy measurement tools to monitor progress at the institutional level toward achieving strategic objectives.
- Fourth, challenge policies and norms that perpetuate racism and structural racism.

The Task Force has pledged to continue its work with ASPPH and participating members and partners to conduct research and issue periodic evaluations of progress toward our shared commitment, identify and share best practices, solicit case studies, and recognize successes as we work to dismantle racism and end the cultural and structural conditions that enable racism in academic public health institutions and programs.

APPENDIX A: DEFINITIONS GUIDING DOCUMENT

This guiding document presents definitions of racism and antiracism outlined by Dr. Kauline Cipriani on June 17, 2020 at the 202 ASPPH Sections Retreat opening plenary session, “**Public Health Crisis: Structural and Systemic Racism.**”

Race is...

“Ashley Montagu proposed substituting ethnicity for race in the field of physical anthropology in the 1940s. Bradby argued that in the face of the dangers of using ‘race,’ the most helpful strategy is to reject the terms ‘race,’ but to retain the words ‘racism’ and ‘racialization’ and to use the term ‘ethnicity.’ ... (I)n much of Europe today the words ‘race’ or ‘racial’ rarely appear and official statistics do not report on ‘race.’” – **Paula Braveman**, Department of Family and Community Medicine, Center for Health Equity, University of California, San Francisco; **and Tyan Parker Dominguez**, Suzanne Dworak-Peck School of Social Work, University of Southern California, Los Angeles, from “Abandon ‘Race.’ Focus on Racism,” *Frontiers in Public Health*, September 7, 2021

Racism is...

“A system of structure and 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 weight of human resources.” – **Camara P. Jones**, MD, PhD, MPH, 2016

Structural and Systemic Racism is...

“A system in which public policy, institutional practices, cultural representation, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with ‘whiteness’ and disadvantages associated with ‘color’ to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead, it has been a feature of the social, economic, and political systems in which we all exist. In many ways, ‘systemic racism’ and ‘structural racism’ are synonymous. If there is a difference between the terms, it can be said to exist in the fact that a **structural racism analysis pays more attention to the historical, cultural, and social psychological aspects of our currently racialized society.**” – **The Aspen Institute**, 2016

Antiracism is...

“The opposite of ‘racist’ isn’t ‘not racist.’ The opposite of ‘racist’ is ‘antiracist,’ and antiracist is active. Not racist is passive. Silence and passivity in a racist society is ultimately racist.

“To be antiracist is to think nothing is behaviorally wrong or right – inferior or superior – with any of the racial groups. Whenever the antiracist sees individuals behaving positively or negatively, the antiracist sees exactly that: individuals behaving positively or negatively, not representatives of whole races. To be antiracist is to deracialize behavior, to remove the tattooed stereotype from every racialized body. Behavior is something humans do, not races do.” – **Ibram X. Kendi**, PhD

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