

# FRAMING MATTERS: *how to read research findings with a racial justice lens*

*Jennica Allen*

*Ben Wood*

*Jessica del Rosario*

*W.W. Sanouri Ursprung*

Excerpted and adapted from the Massachusetts Department of Public Health *COVID-19 Community Impact Survey (CCIS) Preliminary Analysis of Results* slides, 9.8.21 release

Racism is...

A system of advantage based on race.

*-David Wellman, Portraits of White Racism*

# RACIAL JUSTICE

Racial Justice  $\neq$  Diversity  
(Diversity = Variety)

Racial Justice  $\neq$  Equality  
(Equality = Sameness)

Racial Justice = Equity  
(Equity = Fairness, Justice)

# DISPARITIES, INEQUALITY, & INEQUITY

DISPARITY = INEQUALITY, and implies differences between individuals or population groups (UN-equal)

INEQUITY refers to differences which are unnecessary and avoidable, but in addition, are also considered unfair and unjust

# LEVELS OF RACISM

INTERNALIZED



INTERPERSONAL



INSTITUTIONAL



STRUCTURAL



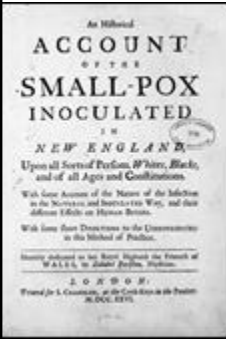
MICRO-LEVEL

MACRO-LEVEL

# KEY TAKEAWAYS

- Lead with race and racism explicitly, but not exclusively.
- Keep your analysis structural.
- **Don't personalize critiques of systems.**
- The analysis is the tool.
- **Racial justice work is not work done FOR people of color.**
- Systems that are failing communities of color, are actually failing all of us.

Period	Years (% of History)	Characteristics	Health Systems	Example
Chattel Slavery	1619 - 1865 (62%)	Abolition of Atlantic Slave Trade (1808) – Black influx stopped; Black immigration since: scant	Disparate/inequitable treatment; poor health status and outcomes; “Slave health deficit” and “Slave health subsystem” in effect	1721 Cotton Mather and Zabdiel Boylston conduct first large-scale smallpox inoculation in the English-speaking world – inspired by enslaved African man, Onesimus
Jim Crow Segregation	1865 – 1965 (25%)	13 <sup>th</sup> , 14 <sup>th</sup> , and 15 <sup>th</sup> Amendments virtually nullified; legal segregation implemented in 1896	Absent or inferior treatment and facilities; <i>de jure</i> segregation / discrimination in South, <i>de facto</i> throughout most of the health system; health system recreates racial ideology	1875 and 1915 Johnson and Graves on negro health are example of how health professions are place where racial ideology is created
Structural Racism	1965 – Today (13%)	School desegregation (1954), Civil Rights Act (1964), Voting Rights Act	Southern medical school desegregation (1948), hospital desegregation in federal courts (1964), disparate health status, outcome, services, discrimination in effect	1999 NEJM study is example of clear physician bias present across health systems



# Racial inequity persists in every system across the country without exception.

System	Term	Definition
Child welfare	Disproportionality	Refers to the proportion of ethnic or racial groups of children in child welfare compared to those groups in the general population. <sup>1</sup>
Health	Health disparity	Healthcare disparities refer to differences in access to or availability of facilities and services. Health status disparities refer to the variation in rates of disease occurrence and disabilities between socioeconomic and/or geographically defined population groups. <sup>2</sup>
Juvenile justice	Disproportionate minority contact ("DMC")	Refers to the disproportionate number of minority youth who come into contact with the juvenile justice system <sup>3</sup>
Education	Achievement gap	When one group of students (such as, students grouped by race/ethnicity, gender) outperforms another group and the difference in average scores for the two groups is statistically significant. <sup>4</sup>
Housing	Housing discrimination	Housing discrimination is discrimination in which an individual or family is treated unequally when trying to buy, rent, lease, sell or finance a home based on certain characteristics, such as race, class, sex, religion, national origin, and familial status. <sup>5</sup>
Economic Development	Historically underutilized businesses	Businesses that are disadvantaged and are deemed in need of assistance to compete successfully in the marketplace. <sup>6</sup>



# SOCIAL DETERMINANTS OF HEALTH INEQUITIES



# Addressing the Health Inequity Pathway: Groundwater, Upstream, Midstream, and Downstream

## Interconnected Systems

Address policies and interconnected systems to change unjust systems at the macro level and include global forces and governmental policies.

## Policies & Environment

Address policies and environments to change these unjust systems *ex: housing policies, land trusts, etc.*

## Increased Risk

Mitigate the impact of the increased risk caused by these unjust systems *ex: supportive housing, new development, stabilization initiatives*

## Health-Related Social Needs

Address the immediate health related social needs caused by these unjust systems *ex: air conditioner vouchers*

[Emerging Public Health Practice]

[Current Public Health Practice]

## GROUNDWATER

## UPSTREAM

## MIDSTREAM

## DOWNSTREAM



# UNDERSTANDING FRAMES

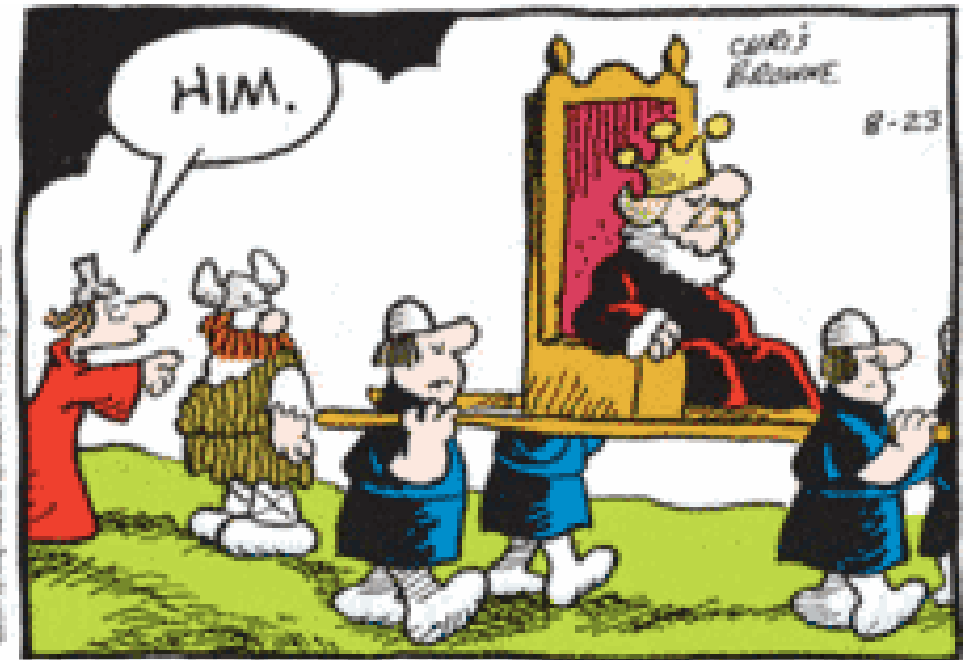
# WHAT ARE FRAMES?

“Frames are mental structures that shape the way we see the world. As a result, they shape the goals we seek, the plans we make, the way we act, and what counts as a good or bad outcome of our actions...frames shape our social policies and the institutions we form to carry out policies.” *George Lakoff*

# DOMINANT FRAMES

- Dominant frames are ideas, attitudes and beliefs that are shared collectively
- They evoke *certain* standards, values and morals that are reinforced and continued throughout society and across time
- Examples?
  - Bootstrap Theory

# BOOTSTRAP THEORY







**AP** Associated Press AP - Tue Aug 30, 11:31 AM ET

A young man walks through chest deep flood water after looting a grocery store in New Orleans on Tuesday, Aug. 30, 2005. Flood waters continue to rise in New Orleans after Hurricane Katrina did extensive damage when it

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3:47 AM ET

Two residents wade through chest-deep water after finding bread and soda from a local grocery store after Hurricane Katrina came through the area in New Orleans, Louisiana. (AFP/Getty Images/Chris Graythen)

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“We will not go back to normal. Normal never was. Our pre-corona existence was not normal other than we normalized greed, inequity, exhaustion, depletion, extraction, disconnection, confusion, rage, hoarding, hate and lack. We should not long to return, my friends. We are being given the opportunity to stitch a new garment. One that fits all of humanity and nature.”  
- Sonya Renee Taylor



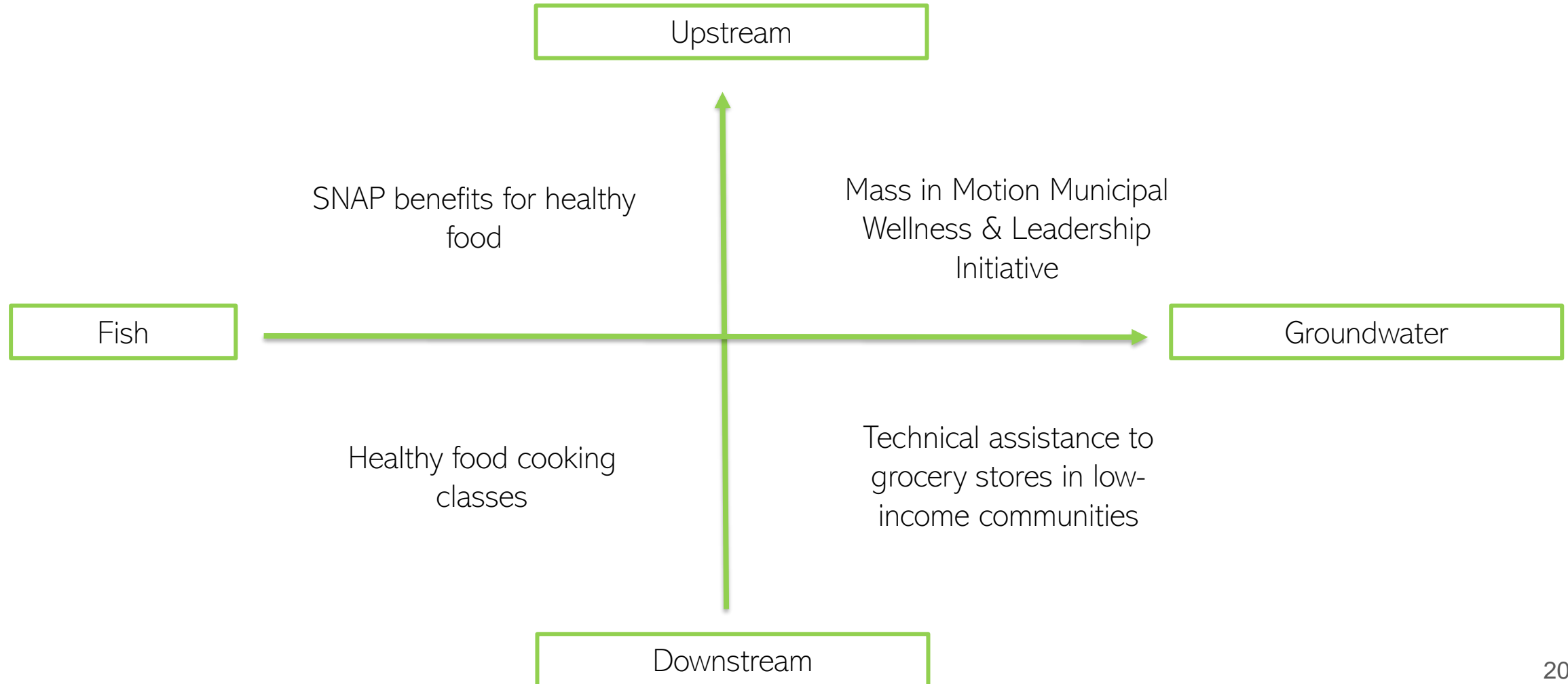
# RACIAL JUSTICE REFRAMING AND A CALL TO ACTION

# How should we interpret these findings?

Framing Element	Traditional Approach	Racial Justice Approach
1. What's the Problem?		
2. What's the Cause? What/Who's Responsible?		
3. What's the Solution?		
4. What Action is Needed?		
5. What Values are highlighted?		

<b>Framing Element</b>	<b>Traditional Approach</b>	<b>Racial Justice Approach</b>
<b>1. What's the Problem?</b>	High rates of diabetes	Persistent racial inequities in diabetes rates
<b>2. What's the Cause?</b> <b>What/Who's Responsible?</b>	<ul style="list-style-type: none"> <li>- Poor Nutrition</li> <li>- Lack of Exercise</li> <li>- Overweight/Obesity Individuals</li> </ul>	<ul style="list-style-type: none"> <li>- Food deserts, income inequity, racial redlining in transit and zoning for green space, etc., in communities of color</li> <li>- Disinvestment in communities of color</li> <li>- Residential segregation Businesses; policy makers</li> </ul>
<b>3. What's the Solution?</b>	<ul style="list-style-type: none"> <li>- Improve nutrition</li> <li>- Increase physical activity</li> </ul>	<ul style="list-style-type: none"> <li>- Food security in all communities</li> <li>- Economic investment in low-income communities/communities of color</li> <li>- Accessible and affordable healthy foods in all communities, particularly communities of color</li> </ul>
<b>4. What Action is Needed?</b>	<ul style="list-style-type: none"> <li>- Nutrition education classes</li> <li>- Exercise classes</li> </ul>	<ul style="list-style-type: none"> <li>- Food access policies that target roots of inequities</li> <li>- Economic policies that invest in communities of color</li> <li>- Partnerships across sectors and with community residents</li> </ul>
<b>5. What Values are highlighted?</b>	Individualist; Personal Responsibility; Choice; Individual Freedom	Equity; Justice; Fairness; Shared Responsibility

# GROUNDWATER MATRIX TOOL: *what solutions should we propose?*

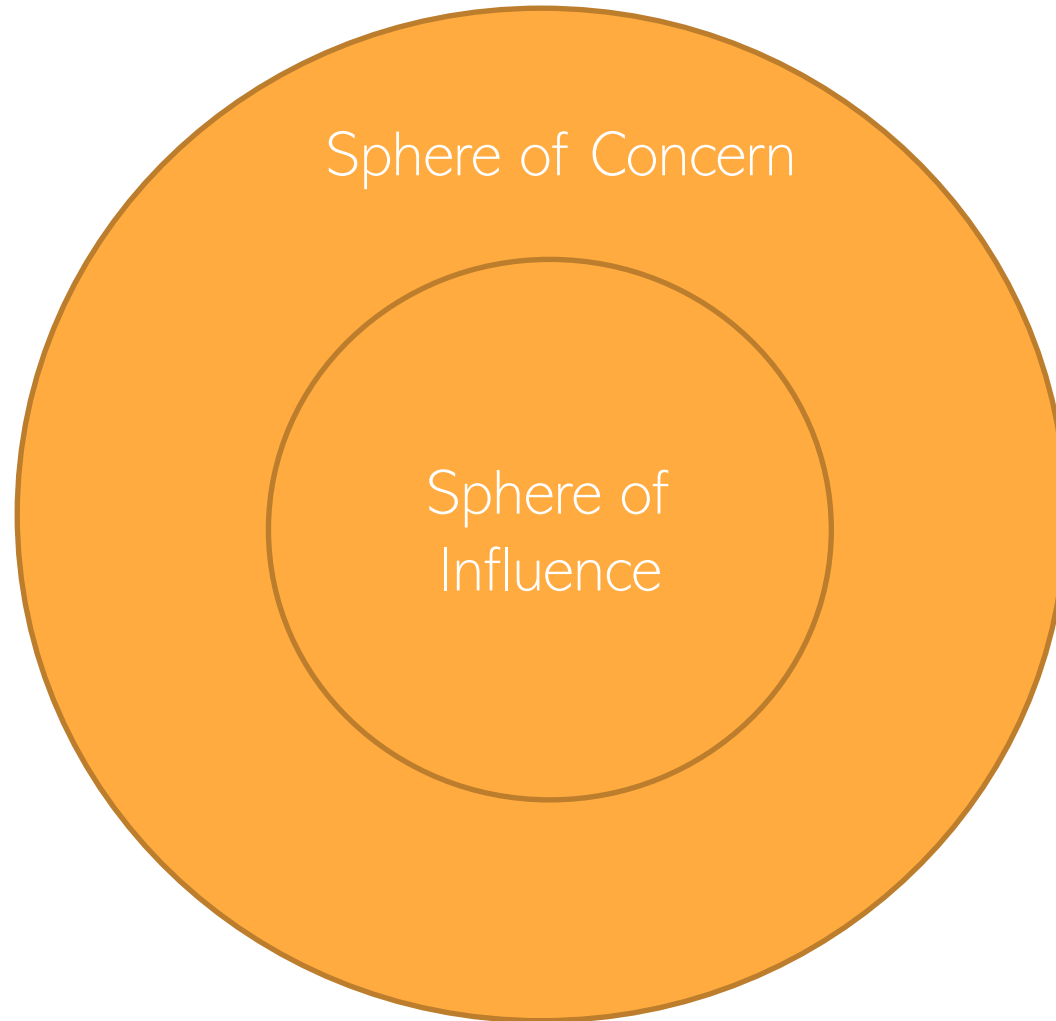


# GROUNDWATER MATRIX TOOL: *diagnosing your current and potential actions*

With your partners ask these questions...

- Can you identify the system(s) at play?
- Can you identify the systems failure?
- Does the proposed solution ask people to adjust to fit the system (fixing fish), or require changes to the systems in operation (groundwater)? Where is the burden of change falling?
- Can you name how systems are interacting to impact outcomes? And what are you doing about those interactions?
- How do you and other stakeholders and gatekeepers understand the role you play in dismantling the systems?

# Where are your opportunities to influence action?



# Who can take this data to action? You.

- MA Department of Public Health & other state agencies
- Local government, boards of health, health departments
- Community advocates & community-based organizations
- Quasi-public entities like regional planning agencies, regional transit agencies, regional councils of government

# Steps from Data to Action

1. Get the data
2. Identify your partners
3. Identify actions with partners
  - Short-term/immediate actions
  - Long-term/actions to change systems & policies
4. Make a plan & keep checking in with partners
5. Repeat!

Racial Justice Reframing at EVERY STEP!





## Racial Equity Considerations:

WHO BENEFITS?

WHO IS HARMED?

WHO INFLUENCES/WHO DECIDES?

WHAT MIGHT BE UNINTENDED CONSEQUENCES?

# STEP 1: Get the Data

- 1) To access the PCEs & ACEs Data Dashboard: <https://www.mass.gov/info-details/positive-and-adverse-childhood-experiences-pces-aces>
- 2) To access results and data tables from the 2020 COVID-19 Community Impact Survey (CCIS): <http://mass.gov/covidsurvey>
- 3) (Coming soon) To access results from the 2023 Community Health Equity Survey (CHES): <https://www.mass.gov/info-details/about-the-community-health-equity-survey->

Racial Justice Reframing  
Remember the  
DISCRIMINATION  
& POPULATION  
SPOTLIGHTS data

# STEP 2: Identify Your Partners

Who are the partners that  
can help you take action?  
Which voice have you  
heard from?  
Who has been left out of  
the conversation so far?

+

Racial Justice Reframing  
Who benefits?  
Who is harmed?  
Who influences?  
Who decides?

= Your Data to Action partners!

# STEP 3: Identify Actions With Your Partners

What are some possible causes for the issues this data highlights?

What are possible solutions?

What is the underlying system issue?

Are there actions you are already taking or could take that relate to this finding?

Are there actions you can take right now?

Actions you can take soon? When?

Are there actions someone else can take? Who?

How can you engage others in data to action conversations? Who should see the data?

Racial Justice Reframing

Who benefits?

Who is harmed?

Who influences?

Who decides?

What might be unintended consequences?

## STEP 4: Make a plan, check-in with partners

- Turn your answers into a work plan & share it
- Follow the plan - act with partners now and later
- Include the actions in funding opportunities to increase capacity
- Check in with partners about progress on the work plan
- Relate short-term change to long-term solutions

Ask the Racial Justice Reframing questions  
EVERY time you revisit your work plan!

## STEP 5: Repeat!

Each time you access or review these data, repeat steps 1-4.