BUILDING NARRATIVE POWER FOR RACIAL JUSTICE AND HEALTH EQUITY

OPEN SOCIETY
FOUNDATIONS

Acknowledgements

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Narrative Illustrations

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FORWARD

To bring about real and lasting social change, and confront racism, white supremacy, and the systems of power that weaken and curtail the lives of oppressed populations, we need to challenge deeply held assumptions, values, practices, and mindsets. **We need to change culture.**

In September 2018, the Open Society Public Health Program in collaboration with The New York City Department of Health and Mental Hygiene's (DOHMH) Center for Health Equity (CHE), and The National Association of County and City Health Officials (NACCHO) brought together an unlikely combination of health practitioners, academics, activists, race theorists, community organizers, and cultural and media strategists to reflect, learn, and share ideas for how to collectively disrupt the narratives that perpetuate racism and inequality and harm people's health.

We share this summary report with the hope of opening up wider conversations, inspiring ideas and mobilizing people and resources in order to advance popular narratives that promote racial justice and health equity, and expand health and well-being as a human right and inclusive public good for all.

Brett Davidson and **Bisola Falola**

Public Narrative

Public narrative is a form of social reproduction in all societies, invisibly woven into the fabric of everyday life. These shared systems of meaning, mostly taken for granted and unremarked, exist as themes or stories in our consciousness. They give coherence to group experience, particularly how the world works. Expressed in legal codes, the arts, mass media, and corporate discourse, core narratives provide the necessary mental models, patterns, and beliefs to make sense of the world and explore our place within it.

INTRODUCTION

We are in a moment of crisis in the United States as democratic institutions experience unprecedented assaults, along with an expanding level of direct and explicit forms of racism. The mainstream press and social media normalize as common sense openly racist expression and laws intended to diminish the power of communities of color. A resurgence in organizing by white supremacists and a rise in hate crimes have occurred. Limits on legal immigration and border policies are explicitly xenophobic and inhumane, and violent, harassing, misogynist and anti-LGBTQ discourse increases. Attempts to deny and ignore racism have also taken on new forms, as more openly racist practices within many institutions become more virulent and violent.

Simultaneously, in the last four decades, coordinated policies and budget cuts have restricted public benefits and the social welfare system. Public sector control over public resources has been weakened through strategic privatization. The legitimacy of science and the idea of truth itself have become targets. Sustaining these transformations is the ongoing subordination of populations—in the workplace, schools, churches, political parties, and even the family. Beyond managing chaos and remedial policy proposals, core institutions in civil society fail to offer a compelling *public narrative* that satisfactorily explains the cause of rising inequality and continuing racialization that sustains white privilege.

Core public narratives advance the interests of dominant social groups, often divide populations with common concerns, and obscure opposing visions of society's possibilities. Today's core public narratives include, but are not limited to, possessive individualism, racism, gender inequity, free self-regulating markets, and weakening democracy through anti-government rhetoric. These narratives reinforce existing relations of power and often render social injustice as natural and inevitable.

Much is at stake in whose narratives dominate, receive traction, and adapt without significantly changing. Narratives grounded in structural racism and sustaining white supremacy, for example, perpetuate cumulative advantage and unearned benefits for whites.[1] As a result, "official" or acceptable antiracism emphasizes attention to moral and psychological issues, resolved by assimilation and education. These efforts rarely challenge or provide accountability for material forms of oppression,[2] and in so doing continue to conceal the realities of racism and its ubiquity. Unlearning and dismantling core public narratives will take more than conventional education.

How can we transform public narratives to create health equity?

What are the stories that need to be told?

What kinds of alliances and infrastructure are necessary?

Narrative, Racism, and Health Inequity

The historical legacies of racism and their perpetuation through structures of power produce outcomes that are detrimental to health and well-being. For example, devaluing people's humanity as well as enforcing segregation through land use policy and red-lining results

What venues and spaces can be used to shift cultural consciousness?

How do we learn to become more self-conscious, as agents of cultural transformation?

in denial of resources and services; stereotypes and seemingly innocuous classifications (nonwhite) can result in biased caregiving and medical research and unacceptable standards of care; criminalizing poverty and rationalizing police violence diverts attention from the social protections necessary to support people where they live and throughout the course of their lives. These dimensions of racism, coupled with narratives associated with individualism (responsibility) and free markets (denial of corporate responsibility) produce disadvantage over time, slowly, dynamically, in undetectable ways. These disadvantages remain unobserved, ongoing forms of violence, e.g., the permanent effects of polluting sites, the daily representations of racist stereotypes, burdens of poverty, and systematic neglect of social infrastructure.

Public health is often imprisoned in the values and frames of these dominant narratives. Its unremarked public narrative themes center on managing individual diseases and technocratic remedial responses to public health crises. Its target of intervention is often "factors" or "forces," thereby addressing the consequences instead of the root causes that generate health inequity. While these public health responses are necessary and undertaken for many legitimate reasons, they are ultimately insufficient for engaging with health inequity. Furthermore racism, seeped within the framework of biomedical paradigm, creates a public narrative that not only blames the individual for making wrong "lifestyle" choices, but also suggests that the cultures of oppressed racial and ethnic groups are responsible for their own poorer health outcomes.

In short, public health needs a compelling story of itself that renders the social and political determinants of health visible and rooted in health inequity. Public health needs a public narrative that is based on principles and values of social justice. It needs to advance the health and well-being of the constituencies it serves—especially those oppressed, excluded, marginalized populations that are dispossessed and exploited by corporate interests and public policies that perpetuate a racialized inequitable society.

What Is Needed

Shifting dominant public narrative patterns (not merely thoughts but practices) are central to reclaim public health's social justice legacy in at least two ways. The first includes creating closer ties between public health and social movements for racial, economic, and social equality, and mobilizing a population for transformation. The second is by telling its story in ways that move and motivate both constituents and colleagues. The purpose is to make racial and social injustices that perpetuate health inequity visible, and to support cultural and political change for social justice. An effective, compelling public narrative is essential to transform power, end white privilege, and provide meanings that will galvanize possibilities for equitable cultural change.

Apart from political courage and imagination, success requires a well-resourced network to explore how images and cultural representations can expand space for critical thought with different values. The objective is to grasp and present ideas outside of the institutionalized

Narrative[3]

Narratives are often described as a collection or system of relate stories that are articulated and refined over time to represent a central idea or belief. Unlike individual stories, narratives have no standard form or structure, they have no beginning or end...narratives infuse stories with deeper meaning.

Narrative Power

Narrative builds power for people, or it is not useful at all...narrative power is the ability to create leverage over those who set the incentives, rules, and norms that shape society and human behavior...narrative power is not merely the presence of our issue or issue frames on the front page. Rather, it is the ability to make that presence powerful—to be about to achieve presence in a way that forced changes in decision making and in the status quo, in real, material, value-added terms.

Narrative Intelligence

Also referred to as "narrative consciousness," is the ability to understand narrative power and see the world through multiple narrative lenses. Thaler Pekar explains, narrative intelligences as "an ability to see the world through a narrative lens, able to recognize, elicit, learn from, and share stories in support of organizational goals and identity, and in catalyzing change."

Additional resources in Appendix B

systems of research, analysis, norms, and discourse. Richard Healey, co-director of the Grassroots Policy Project, describes a fundamental prerequisite for beginning to reclaim a narrative: "A strategy... with a clear political direction and values connected to health equity and not only a more compelling *worldview* connected to social justice, but an *infrastructure to support it*."[4]

The time is ripe because the pace of social disintegration is increasing thereby making dominant narratives more incoherent and abstract.

The Report

In the following pages, we present narratives and core themes that surfaced alongside ideas about how disrupting or countering particular narratives could advance health equity. The following report is not meant to be instructive or decisive but rather an exploratory, groundwork piece upon which further, deeper narrative strategy can be built. This two-day convening moved participants through a sequential but iterative process. Participants first discussed narratives that countered and advanced racial justice, then examined how these and other narratives impacted health equity, and continued to examine the intersections between public narratives, racial justice, and health equity. This process produced extensive content from panels and work groups and this report is not a conclusion of any sorts, instead we intend to present major themes, challenges, and opportunities that emerged over the convening. The summary will allude to, but not be able to fully capture the complexity, depth, and idiosyncrasies discussed.

THE IMPORTANCE OF NARRATIVE POWER IN RACIAL JUSTICE

To start, participants discussed experiences of racism, specifically when they first became aware of racism and what they remembered. Differences arose between whether participants remembered experiencing racism on an interpersonal or systemic level, while commonalities within their varied identities and histories reinforced racism as a global experience and enterprise. Many struggled finding just one salient experience because racism, as they described, is an insidious and pervasive injustice. As one participant highlighted, racism is felt, and in the knowing was the proof of its existence.

A presentation by Alvin Starks, of the Open Society Foundations, contextualized and defined structural racism and how racism distributes opportunity. Starks reviewed contemporary issues such as the 2016 election, NFL protests, hate crimes, and the fact that 60 percent of Americans believe racism has gotten worse due to the current administration. How we think


NARRATIVE POWER
and RACIAL JUSTICE
RACISM
HOW WE THINK ABOUT IT INFORMS IDEAS & WHAT WE DO
NARRATIVE
TAKE ROOT IN HISTORICAL CONTEXT
EXAMPLE:
THE AMERICAN DREAM
- OPPORTUNITY
- PROGRESS
- WORTH
INDIVIDUALISM
to
FROM JUSTICE & CIVIL RIGHTS
A SHARED STORY
HARD to HOLD FACTS
DATA AND HOW ITS FRAMED SUPPORTS NARRATIVES
RACIALIZED NARRATIVES are EVERY WHERE
BELONGING
OTHERING
WELCOME
INSERT RACIAL GROUP NOT ALLOWED
DETERMINING HOW OPPORTUNITY IS DISTRIBUTED in SOCIETY
HOW DO WE DISRUPT TOXIC NARRATIVES?
IMPORTANT to UNDERSTAND the PAST!
WE NEED to TELL PEOPLE What we are for!
AFFIRMING
INTRINSIC VALUE(S)
EMBODIMENT
ACKNOWLEDGE THAT RACISM & OPPRESSION AFFECT OUR BODIES & HEALTH
POC
INDIGENOUS FOLKS
ACKNOWLEDGE WHO IS NOT INCLUDED
WHAT NARRATIVES ARE HIDDEN?
STRUCTURES
...and CHANGING BOTH
NARRATIVES
IDENTIFY SYSTEMS DRIVING THE NARRATIVES of OPPRESSION
INTELLECTUALIZATION
HOW DO WE BRING PEOPLE IN & MAKE ACCESSIBLE?
SHIFTING FROM VIEW OF OPPRESSED & LOOK AT OPPRESSOR - STRUCTURES
WATCH for EUPHEMISM
EX. TALKING ABOUT GEOGRAPHY VS. RACE
POOR
RICH
RACIAL JUSTICE NEEDS AN EXPOSE of
POWER
LABOR
CAPITAL
A NARRATIVE of MORAL IMPERATIVE ON HOW WE SUPPORT PEOPLE to THRIVE

Racism

Historically rooted system of power hierarchies based on race—infused in our institutions, policies and culture—that benefit White people and hurt people of color. Racism isn't limited to individual acts of prejudice, either deliberate or accidental. Rather, the most damaging racism is built into systems and institutions that shape our lives.

Racial Justice

The systematic fair treatment of people of all races, resulting in equitable opportunities and outcomes for all. Racial justice—or racial equity—goes beyond "anti-racism." It is not just the absence of discrimination and inequities, but also the presence of deliberate systems and supports to achieve and sustain racial equity through proactive and preventative measures.

Definitions borrowed from Race Forward. (2015). Race Reporting Guide: A Race Forward Media Reference. Retrieved from: https://www.raceforward.org/sites/default/files/Race%20Reporting%20Guide%20by%20Race%20Forward_V1.1.pdf

about racism, the future of racial relations in our country, potential solutions and ideas, are all informed by the narratives we hold.

As we considered narrative power to either advance or hinder racial justice, the session progressed to an open discussion surrounding the function of dominant narratives in our white supremacist culture. We named how assimilationist narratives of cultural inferiority—that black and brown people are seen as the "problem" to "fix"—impede racial justice. Similarly, bootstrapping narratives hinder our ability to locate the problem in structures and systems because they impart a neoliberal approach that people need to *pull themselves up* in order to succeed.

The discussion also elevated concepts around how dominant narratives hold power and hide truths. They prevent us from thinking about who's missing from narratives, whose view is held as the norm. For example, racial justice narratives should be more inclusive of native peoples and indigenous communities given the history of genocide, enslavement and dispossession in advancing white supremacy and American imperialism. Participants discussed methods to uncover problematic dominant narratives such as (1) reckoning with labor, land, and capital relations as root causes and (2) naming injustice directly instead of using coded language to conceal and ignore structural racism; i.e., using geography as a proxy for race in public health and many fields, and using and working within neoliberal frameworks instead of those compelling social good and universal human rights.

Additionally, in looking at how these dominant narratives obscure power responsibility, participants suggested focusing on the actors and institutions creating narratives around who's driving the systems and who's causing harm to whom. Surfacing actors in our narratives would help debunk the myth that systems operate in isolation. Thus necessitating a shift from focusing on the oppressed to naming the oppressor, i.e., institutions that forced sterilization versus women who have been sterilized.

Inspired by discussions around which narratives to advance, participants emphasized notions of good government, inherent worthiness, and collectivism over capitalism. The framing of Afro-futurism presented an opportunity to envision alternative futures outside of oppression for those of African descent. These conversations sparked synthesis around embracing the arts to help envision alternatives and a participant elegantly stated, "you don't get to the civil rights movement without the Harlem Renaissance." The connection between art and political change incited participants to question if narrative was enough. We questioned: how do we move from the theory of narrative to its use for racial justice? How do we move away from hyper-intellectualizing public narratives, and separating the issues from the frontline and grassroots groups? This discussion emphasized the fierce urgency of now[6]—the need to collectively craft narratives and operationalize narratives in ways that change both worldviews and structures.

> **"We have not done a great job at knowing, sharing, and dealing with how history and politics informs what we understand about health...and even more specifically, how our history built systems and structures to sustain and hold the values and interests of white supremacy."**
>
> Karen Aletha Maybank[5]

"Our inherent worth comes from being alive—regardless of criminal record, nationality or legal status, race/ethnicity, gender, income, sexual orientation, ability, education, age, or geography...A just and fair society nurtures the conditions for everyone to live a long, healthy life"

Jonathan Heller[8]

HOW NARRATIVE STRATEGIES IMPACT AND ADVANCE HEALTH EQUITY

Participants deeply examined the relationship between health equity and racial justice. A key aim was to surface a range of practices, spaces and images that show how health is made inequitable or equitable.

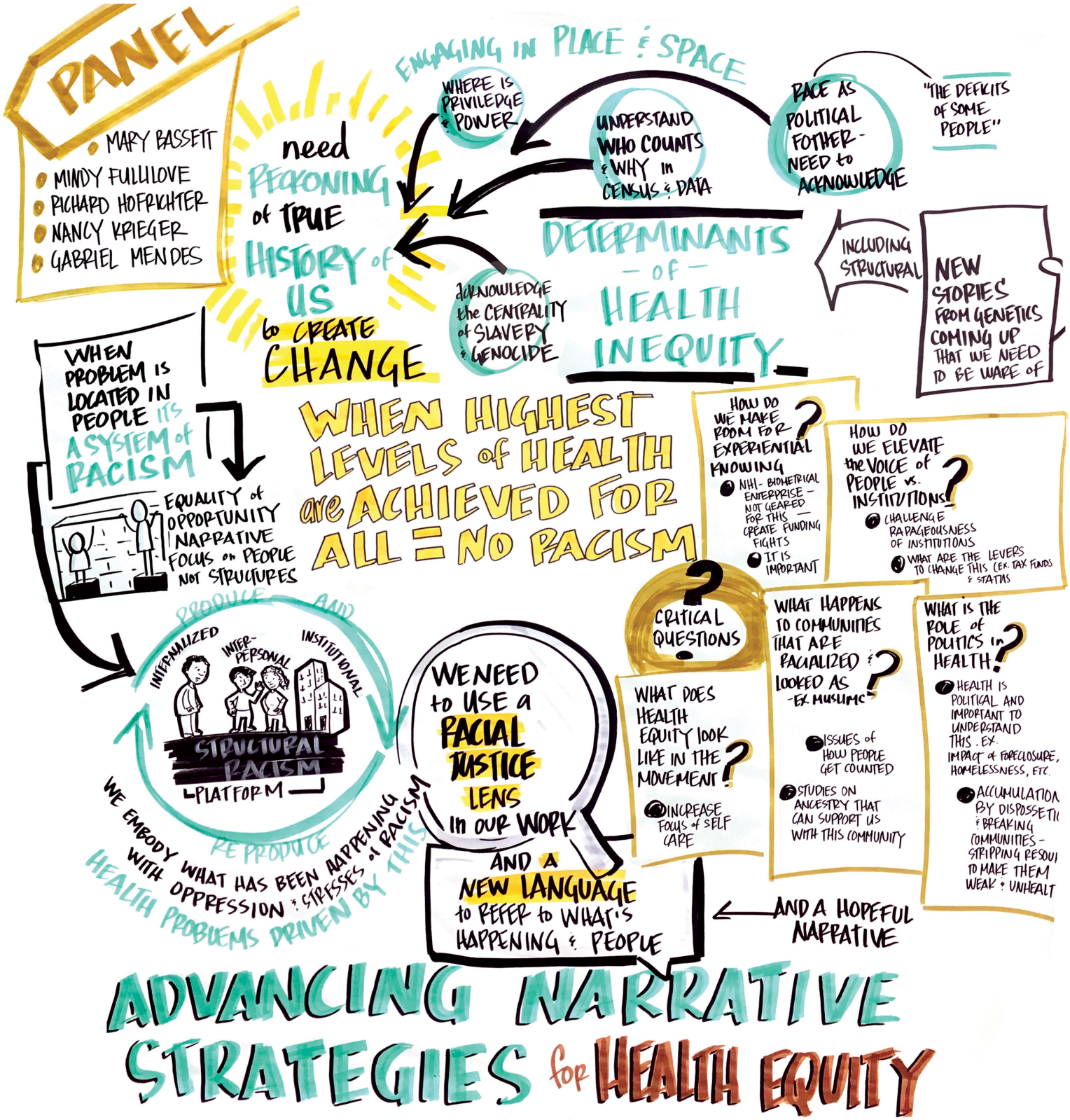
Based on recent publications on structural racism and health inequities,[7] the session opened with a presentation by Dr. Mary Bassett, who further defined the relationship between race, racism and health. The presentation gave a broad definition of health, grounding health inequities as rooted in structural racism and further explicating health status as a function beyond clinical interventions and hospital settings. It was instructive to expand the view of health beyond healthcare settings and access to healthcare, diving into this grounding question of "What Creates Health?"

The presentation solidified racism as a root cause of health inequity. And a narrative of health solutions emerges, not around individuals' behavior or cultural variance, but on addressing the problem of social and political inequalities. Racial injustice and health equity require action on a structural level, if the value of inherent equality and worthiness is shared. A solution cannot be individually based, because again, the root of the inequity does not lie with individuals.

A panel discussion with Mary Bassett, Mindy Fullilove, Richard Hofrichter, Nancy Krieger, and Gabriel Mendes illuminated public health practices and people's lived realities through a health equity lens, and pinpointed changes that would stem from advancing narratives rooted in health equity. There was consensus around creating space in public health for catalytic conversations on race, history, politics, and systems. They also repeatedly spoke to how operationalizing a health equity lens would require a true reckoning with U.S. history, specifically that of native genocide, enslavement, and political power. The needs for reckoning were twofold:

- **Internal – Institutional reckoning with racism:** Participants agreed that institutions generally fail to look inward and people avoid talking about the "angry word" racism. Public health practice, for example, is often steeped in methods, models, and standard practices that ignore root causes and reinforce biomedical models. People also shy away from naming and discussing racism from acting on the implications that stem from identifying it as a root cause. However, it is key to center in our practice that racism isn't a "health factor," a problem, or a variable; it's an injustice.

- **External – Cultural reckoning with racism:** If stories are to narrative what tiles are to mosaics,[9] we will need to gather, share, and uplift new, alternative stories to reckon with history and political power. Narrative change for health equity would require many stories to dissect racism and illuminate the health effects of historical inequities. For example, Mindy Fullilove's *400 Years of Inequality: A People's Observance for a Just Future* seeks


PANEL
MARY BASSETT
MINDY FULLILOVE
RICHARD HOFRICHTER
NANCY KRIEGER
GABRIEL MENDES
need RECKONING of TRUE HISTORY of US to CREATE CHANGE
ENGAGING IN PLACE & SPACE
WHERE IS PRIVILEDGE & POWER
UNDERSTAND WHO COUNTS & WHY in CENSUS & DATA
RACE AS POLITICAL FOTHER - NEED to ACKNOWLEDGE
"THE DEFICITS OF SOME PEOPLE"
ACKNOWLEDGE the CENTRALITY of SLAVERY & GENOCIDE
DETERMINANTS - OF - HEALTH INEQUITY
INCLUDING STRUCTURAL
NEW STORIES FROM GENETICS COMING UP THAT WE NEED TO BE WARE of
WHEN PROBLEM is LOCATED IN PEOPLE ITS A SYSTEM of RACISM
EQUALITY of OPPORTUNITY NARRATIVE FOCUS on PEOPLE NOT STRUCTURES
WHEN HIGHEST LEVELS of HEALTH are ACHIEVED FOR ALL = NO RACISM
HOW DO WE MAKE ROOM FOR EXPERIENTIAL KNOWING
NIH - BIOMETRICAL ENTERPRISE - NOT GEARED - FOR THIS - CREATE FUNDING FIGHTS
IT IS IMPORTANT
HOW DO WE ELEVATE the VOICE of PEOPLE vs. INSTITUTIONS?
CHALLENGE RACIALIZEDNESS OF INSTITUTIONS
WHAT ARE THE LEVERS TO CHANGE THIS (EX. TAX FUNDS & STATUS
CRITICAL QUESTIONS
WHAT DOES HEALTH EQUITY LOOK LIKE IN THE MOVEMENT?
INCREASE FOCUS of SELF CARE
WHAT HAPPENS TO COMMUNITIES THAT ARE RACIALIZED & LOOKED AS - EX. MUSLIMS?
ISSUES of HOW PEOPLE GET COUNTED
STUDIES ON ANCESTRY THAT CAN SUPPORT US WITH THIS COMMUNITY
WHAT IS THE ROLE of POLITICS in HEALTH?
HEALTH IS POLITICAL AND IMPORTANT TO UNDERSTAND THIS. EX. IMPACT of FORECLOSURE, HOMELESSNESS, ETC.
ACCUMULATION BY DISPOSSETI & BREAKING COMMUNITIES - STRIPPING RESOU TO MAKE THEM WEAK & UNHEALT
PRODUCE AND
INTERNALIZED
INTER-PERSONAL
INSTITUTIONAL
STRUCTURAL RACISM
PLATFORM
REPRODUCE
WE EMBODY WHAT HAS BEEN HAPPENING WITH OPPRESSION & STRESSES of RACISM
HEALTH PROBLEMS DRIVEN BY THIS
WE NEED to USE a RACIAL JUSTICE LENS in OUR WORK
AND A NEW LANGUAGE to REFER to WHAT'S HAPPENING & PEOPLE
AND A HOPEFUL NARRATIVE
ADVANCING NARRATIVE STRATEGIES for HEALTH EQUITY

Health Equity

Dr. Amartya Sen suggests health equity "cannot be understood in terms of the distribution of Healthcare" but is realized when all people have the opportunity to achieve their full capabilities and potential for health and well-being.[10]

Dr. Camara Jones, Morehouse College, states that "Health equity is assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need."[11]

Root Causes

Root causes, such as structural racism, class oppression, and gender inequity refer to the political and economic determinants of health inequity. They interact with other core systems of social exclusion, marginalization, and exploitation in society. Root causes function through processes and mechanisms associated with political power imbalances within decision-making networks that generate and reproduce social and economic inequities.[12]

Additional resources on health equity are referenced in Appendix B

to promote healing through honoring stories that uplift collective resilience and reckon with the 400 year history of Africans sold into bondage. Similarly, reckoning with the impact of housing segregation on health, can operate through narrating the effects of redlining[13] and of banks and developers perpetuating displacement. Redlining was not an accretion of 1000 personal prejudices;[14] and the health solutions will not be individual but structural.

Participants also highlighted how seemingly routine practices perpetuate inequity when not critically analyzed. For instance, census data, specifically who is counted and how, is used in health research and policy, and is tied to how populations and places are viewed in terms of interventions and assumptions about well-being. This surfaces how public health is embedded in policitized ways of counting people and distributing resources and social support. A suggested disruption was to use language to shift perspectives. Instead of "people living in poverty," a structural racism lens would name history and power dynamics: "people dispossessed of land and culture," "people forced into poverty."

It was not enough to speak on the multiple ways individuals, communities and institutions interface with dominant narratives without considering how they functioned on the bodies of those on the front line of social justice who face high cases of suicides, severe mental health issues, chronic anxiety and physical health issues. Participants named healing resources such as the Black Women's Health Imperative, cited practices of collective self care and healing-the-healers service days. They also agreed that a serious national conversation on reparations might produce healing through an acknowledgment of history or by countering the narrative that civil rights solved all racial ills and further inequity is due to individual deficiencies. Countering notions such as "niggerization of poverty," in which race becomes political fodder for inequities, would therefore also stem from advancing radical health equity narratives.

Other problematic features of dominant narratives in public health concerned categorization of genes and people. Genetic companies such as 23andme were criticized for presenting ancestry data and history out of context, and moreso, for unintentionally or not, advancing genetic determinism by layering a framing of personalized medical care atop age old racist notions of race and biology. Others questioned how to bridge conversations of racial inequities in communities that aren't formally racialized, but are discriminated against— i.e., Muslims. Where do Muslims fit in this conversation? What does health equity and countering dominant narratives look like in this community?

In looking forward, participants also wondered how past social movements such as the Black Panther movement, which wedded health to Black liberation and used accessible language to link racial justice and health equity, could be instructive. These ideas, questions, and debates laid the groundwork for further exploring the power of racial justice and health equity narratives.

EXPLORING THE INTERSECTION

This session explored the intersection of narrative strategies for racial justice and health equity. As panelists, Rita Charon, Morgan T. Dixon, Darrick Hamilton, and Kemi Ilesanmi, described their work, they focused on the possibilities for change at this intersection, starting with how we can use narrative practices for the healing of self and community? Panelists described two grassroots efforts for collective healing. The first, GirlTrek, is a movement for black women and girls to walk, advocate, paint murals, and reclaim their health through trekking their streets. Founder, Morgan T. Dixon, outlined the ethos of the organization as being steeped in the Tubman Doctrine, which she describes as an urgency to begin where you are, a responsibility to help fellow community members and a call to find joy. The second, the Laundromat Project, engages creatives in placekeeping, which employs the "active care and maintenance of a place and its social fabric by the people who live and work there."15 Kemi Ilesanmi, highlighted how the Laundromat Project aims to create ripple effects of healing as artists, neighbors, and networks create change across their own communities.

Interrogating this intersection of racial justice and health equity also presented personal reflections and reckoning, from participants, who spoke about how they have either bought in or resisted dominant narratives. This internal unpacking, reflected in the below experiences, stimulated deep emotional responses.

Who sets values or standards for people: White supremacy constantly tests the worthiness of "others" and we can all get caught up in using these standards to validate ourselves and each other. This experience of proving and proving oneself becomes a burden and there is fear that women of color, specifically Black women, have equated worth with their work.

Critique of bootstrapping: There is an inherent danger in the "we arrived" narrative of "successful" bootstrappers because individual achievement does not heal systemic injustice. This sacrifice for personal achievement can result in feelings of isolation and continuous death: "I felt like I was constantly dying year after year for this education." As panelist Darrick Hamilton reiterated, this paradox of bootstrapping shows up in research that argues that many high achieving Black Americans still exhibit large health disparities.16 In overstating the functional role of education, we place it within neoliberal norms and overlook its role in perpetuating health inequities.

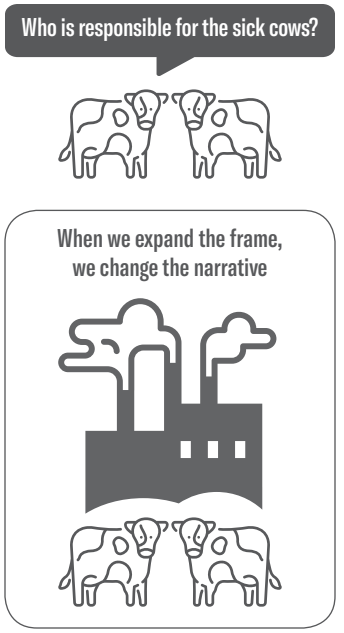
Fighting whiteness: Many faced an intentional struggle to liberate themselves from narratives of whiteness, sharing that "fighting whiteness [was] something I had to battle in my own soul." This battle involved finding oneself outside of whiteness while facing white fragility and being labeled as an enemy for being critical.

Black women saving themselves: Racial trauma manifests in the body and the intergenerational effect of such can be consider the root cause of the emotional and physical ailments Black women face: "I learned fear with my mother's milk." Many echoed the feeling that the time is now for Black women to save themselves: "I can't be traumatized anymore, I can't be in the space of a victim anymore."

By moving fluidly from the personal to the structural and systemic, these conversations highlighted what is at stake from uncovering and disrupting dominant narratives. The emotional vulnerability and complex stories around race and health inequity integrated with a focus on intersectionality and narratives.

Through an intersectional lens, Kimberle Crenshaw, who developed the theory of intersectionality, used a very effective image of cows in a field to show how the framing of an issue determines possible solutions. “The cows are sick. Who is responsible?” she asked people. “Do the cows need to exercise more, change their behavior, is it the music they listen to?” She then widened the frame from the cows to show a factory belching smoke, just behind the field, and talked about how the narrative of individual responsibility places blame on people for their own health problems when the problems are systemic and structural.

Using the cow predicament as an analogy for modern institutional approaches steeped in individualism: regardless of behavior, one cannot responsible their way out of a toxic environment. In parallel, those struggling for equity have to learn to detect, disrupt, and open up new, different narratives: “Our desire isn’t enough when the dominant narratives don’t give us the info we need to understand the scope of the problem...the narratives we have access to don’t fully tell our stories.” A case study on the mothers of *women* killed by police highlighted

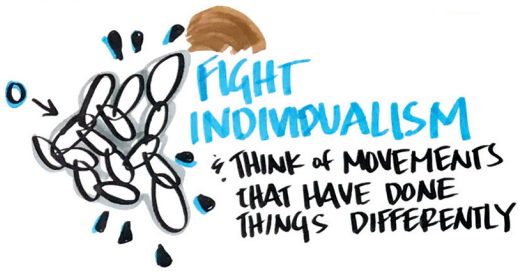


Intersectionality

A metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that often are not understood within conventional ways of thinking about antiracism, feminism, or whatever social justice advocacy structures we have.[17,18]


NARRATIVE
RACIAL JUSTICE
TUBMAN DOCTRINE
BLACK WOMEN RECLAIMING their HEALTH
REJECTING RACISM & NOT BE IN A PLACE of VICTIM
BLACK WOMEN
RESILIENCE OF BLACK WOMEN
WHEN WE HAVE SYSTEMS PLAYING AGAINST US WE MUST COME FORTH W/ OUR OWN POWER FOR OURSELVES !
-and STOP TRYING to PROVE ANYTHING TO ANYONE ELSE
IMPORTANT to HAVE SPACES to TALK ABOUT RACISM
In EDUCATION. INSTITUTIONS HEALTH
ADDRESS INCREASING INEQUALITY
from NEO LIBERAL FRAME
to ECONOMICAL RIGHTS FRAME
WITH MARKET AS SOLUTION TO ALL PROBLEMS & DISCRIMINATION to MAINTAIN HIERARCHY
GUARANTEEING BASE LINE RESOURCES FOR ALL to HAVE AGENCY
WHERE THE MOST VULNERABLE ARE THOSE WHO ARE TRYING TO CHANGE THEIR LIVES
DATA MUST VALIDATE WHAT'S HAPPENING ON THE GROUND
-BUT WE SHOULDN'T LOOK TO MEASSURE OURSELVES AGAINTS SOMEONE ELSE'S NARRA
HONORING STORIES
LISTEN
RECEIVE
DECODE
In WRITING PEOPLE HAVE LEARNED ABOUT their RELATIONSHIP to PACE
BECAME A SUBVERSIVE EFFORT
CONNECT & EMPOWER
through
• MULTI-GENERATION
• MULTI-DISCIPLINE
• MULTI-IDENTITY EFFORTS
TRANSFORMING PEOPLE'S STORIES INTO ART W/in COMMUNITIES OF COLOR and getting them involved
INVEST IN THE THINGS THAT BREAK STATUS QUO
INCLUSIVITY
IN HEALTH & HEALTH NARRATIVE
INCLUDE
HEALERS
ACTIVISTS
HEALTH PRACTITIONERS OF COLOR

ES that ADVANCE E and HEALTH EQUITY



FIGHT INDIVIDUALISM & THINK of MOVEMENTS THAT HAVE DONE THINGS DIFFERENTLY

PARTICULARLY PEOPLE of COLOR WHO EXPERIENCE IT.

IDENTIFYING & PRIORITIZING intersections

KIMBERLÉ CRENSHAW & ALVIN STARKS

TELLING OUR OWN STORIES AS A WAY TO CONFRONT STIGMA, BE EMPOWERED & DISRUPT OTHERS' NARRATIVE

ALL OUR STORIES WILL COMPOUND & CHANGE NARRATIVE

LAW HELPS PRODUCE THE OUTCOMES THAT IT THEN OBSCURES

...and DOMINANT NARRATIVE DOESN'T GIVE US ACCESS to the FULL SCOPE of ISSUES

SO

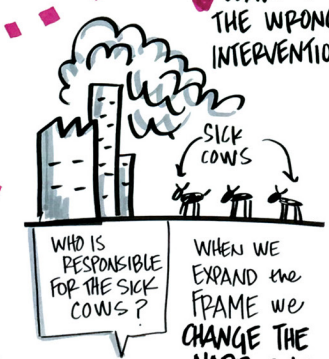
LEADS TO THE WRONG INTERVENTIONS

WE CAN'T ADDRESS FULL DIMENSIONS of PROBLEM

PEOPLE DON'T KNOW THEY ARE NOT ALONE

CREATING STIGMA & SHAME

HAVING HEALTH CONSEQUENCES FROM TRAUMA



...AND REMEMBER INTERSECTIONALITY IS MEANT TO BROADEN CONVOS ABOUT RACE

NOT TO DEVIATE OR INTERRUPT THEM

OR TO MAKE IT A PROBLEM of IDENTITY POLITICS

HOW CAN THE PROCESS WITH FUNDERS BE LESS of A BURDEN of PROVING OURSELVES.

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how the dominant narrative of police brutality invisibilized the pain and solitude families of these women face. The "say her name" campaign was an example of advancing a counter narrative to expand the public's consciousness of the scope of this issue.

Participants also explored racial and economic justice intersections, particularly how the frame of an "opportunity gap" puts the onus on the individual to succeed and absolves the public of responsibility for inequity. When this framework intersects with racial tropes of "lazy" people of color, the system effectively upholds itself through our various forms of consent and buy-in. All the while, the wealthy can continue to hoard resources. Rashad Robinson suggests "it is only by believing that poverty is unjust—and that a just system will be good for everyone—that people will give consent to change.[19]"

Through emotional accounts, participants also spoke to these dominant narratives. With stress protests,[20] for example, Black women actively relax because "the most radical thing we can do is slow our asses down and stop trying to prove ourselves to anyone [else] ever again." After repeatedly confronting stigma in medical settings, one participant found liberation by telling their story of living HIV positive and refusing to be defined through other's fears: "I decided that the only freedom for me was to tell the story...only I owned my story...[and] I want to lift up the power for patients, people, and humans to release through narrative." A discussion on process and the approach of Narratology followed, spearheaded by Rita Charon, the founder of narrative medicine, spoke about how the process of Narratology engages people in narrative acts of discovery—storytelling and sharing—to honor experiences and interrogate assumptions and biases. In clinical settings, using Narratology shifts practice from framework that asks "what's the matter" to one asking "what matters to you."

These challenging group conversations also led to silences and tensions in the room, some of which were palpable. For example, this idea of what narratives count also transpired within our discussions. When one participant corrected another on a point of data in a group discussion, it shifted the conversation away from the speaker's intention, which was an articulation of trauma, resilience, and liberation. Many experienced this correction as an unnecessary and poorly timed act of invalidating a shared experience of Black women. This contention was met with resounding solidarity, and led to a focus, throughout the rest of the convening, on striving to name and challenge dominant narratives within the room.

NARRATIVE CHANGE STRATEGIES AND APPROACHES

The second day began by exploring narrative strategies and possibilities. Jee Kim, highlighting his work mobilizing grassroots efforts for social change, explained how narrative power can be definitional when used consciously as a means to tell stories and refutes lies. Narrative power can also be reproductive, consistently repeated and culturally embedded such that they are unconsciously accepted and reproduced.

Engaging pop culture and new/alternative platforms has potential to move beyond funding an individual story here and there and instead catalyze systems that continuously produce stories. Creating an ecosystem of stories, a depth of narrative immersion, is needed to truly change social norms and cultural practices. Bridgit Antoinette Evans also encouraged participants to identify strategists who can activate narratives and begin building networks inclusive of these diverse stakeholders.

Discussion also turned to examples of countering narratives in people's daily lives and everyday spaces. Through her work, panelist Alexandra Bell compels her audience to engage in reckoning with biases and assumptions about race and gender. In her popular project "Counternarratives," Bell rewrote *New York Times* articles to disrupt unconscious reads and question racist narratives.

Akin to the process of disrupting and changing cultural landscapes to reflect more inclusive narratives, Tom Finkelpearl provided an example of narrative disruption through explaining the struggle to remove the statue of J. Marion Sims, the father of modern gynecology who performed non-consensual medical experimentation on black women. The removal of this deeply controversial figure recognized and challenged how objects in our cultural space reproduce dominant narratives, and perpetual racial and health inequity.

Participants raised questions about differences between narrative change and cultural change and if unified "we" narratives ignored critical attention to absent voices and experiences. When participants questioned the panelists on how to do this work, actionable steps included developing a library of practice to disseminate tools and research and the need for investing in narrative infrastructure and strategic network building, especially solidarity across global borders. Empathy, social connection, and the process of "breaking bread" with one another also emerged as foundations for creating the human centered network necessary for narrative change. (See Appendix B for additional resources)


SHIFTING PUBLIC NARRATIVE
INNOVATIVE APPROACHES & STRATEGIES
NARRATIVE
IS COLLECTIVE MEANING MAKING
- NOT JUST ABOUT WHAT WE SAY IS PART of a
STRATEGY
CULTURE CHANGE
CONNECTED to
SHARP ATTUNEMENT to NARRATIVE POWER
to WHAT'S RENDERED VISUAL
to WHAT WE UNKNOWINGLY REPRODUCE
a MEANS of ALIGNING ORGS & PEOPLE
SOCIAL CONTACT w/ DIVERSE PEOPLE IS VERY IMPORTANT TO COUNTER NARRATIVES
we need a UNIFYING VISION that BRINGS us TOGETHER
MULTIPLE STORIES
MOVING FROM SINGLE STORIES
CREATE & CATALYZE STORIES of MANY PEOPLE
NARRATIVE IMMERSION is REQUIRED for CHANGE
TELL A TRUE STORY of the PAST and TALK ABOUT SETTLER COLONIALISM & RACISM
FROM THIS PLACE START TO IMAGINE the NEW
TAKE SPACE
NEWS
TO COUNTER NARRATIVE CHANGE PERSPECTIVE
ACKNOWLEDGE THE UNTOLD PERSPECTIVES
"some FACTS" DON'T ESTABLISH the TRUTH.
IMPORTANT to CREATE SPACES for PEOPLE to MEET, CONNECT & ENGAGE w/ STORIES
FIND the SOURCES & STORYTELLERS & SUPPORT THEM to IMAGINE in a BOLD WAY
FUND them too!
and CREATE A PIPELINE FOR STORIES TO REACH PEOPLE
HOLDERS of NARRATIVE in CONCERT
RADICAL COLLABORATION
THERE ARE WAYS & TOOLS to THINK CRITICALLY ABOUT NEWS
ASK: WHAT'S MISSING?
NEWS IS NOT NEW. THERE IS INFO IN THE PAST
VALUABLE to TALK to OTHERS ABOUT NEWS

THEMES AND NARRATIVE CORNERSTONES

Working groups formed around key topics and narratives that surfaced over the two day period. The following main themes emerged:

Bodies and Embodiment

Influenced by how bodies of people of color have been racialized, traumatized, commodified, devalued, and categorized and exploited by the medical system,[21] [22] one conversation focused on the body as an anchor for narratives of justice and the complexities of change. Participants explored how the medicalized and diseased body is accepted as the problem, and how changing narratives about Black and brown bodies can help us understand why they really hurt, and how they also carry joy, thrive, create abundance.

Medical payment systems, pharmaceutical companies and health/wellness/beauty industry profit from pain, illness, and distortion. Participants discussed the need to counter this **business of the body** and disrupt narratives of the privatized and medicalized body, along with medical authority and the hierarchy of Western biomedicine. This disruption also includes reckoning with the history of **medical exploitation** along racial fault lines. Examples ranged from the Tuskegee experiment to similar traumas such as those by J. Marion Sims. The previous reference to the removal of the Sims statue is an example of a reckoning movement to counter the white supremacy in public narrative.

Advancements in healing were also critiqued through how the medicalized body and racism further narratives and practices of **biological determinism**. While it has facilitated some important advances, genetic testing is troublesome from a health equity perspective. The notion that DNA tests create better personal/personalized health is steeped in racism, that it is our genome that produces ill health. The Pima Indian case study[24] provides evidence of this faulty logic. The Pima Indians of Northeastern Arizona have the highest rates of diabetes in the world. The National Institutes of Health studied their genetics, searching for biological indicators predisposing them to diabetes but found no significant biological differences. A biological deterministic approach overlooked that when the Pimas were displaced during the Coolidge dam construction, they were dispossessed of the ancestral land and agricultural practices connected to the river. Their previously seasonal and stable diet was disrupted only to be highly supplemented by packaged government rations. Biological determinism absolves the medical community from reckoning with the health effects of dispossession and this reductionist way of looking at the body should be reconsidered.

Additional conversations highlighted the history of **racial trauma** beyond the medical institution, such as the intergenerational impact of racism. Specifically, that experienced by

> "Black people are misdiagnosed, mistreated and ill-treated because there is a lack of empathy, love and respect for Black bodies. Studies have shown the fact that doctors and medical practitioners fail to adequately listen to Black patients...[and] there are assumptions that Black people can deal with greater amounts of pain. This is not empathetic, it is tragic and brutal and racist and leads to higher rates of misdiagnosis."
>
> Rashid Shabazz[23]

"At the intersection of racial justice and health is healing from centuries of Black bodies being used for medical experiments. It is the reconciliation and repair of the relationship with Black communities from the health field to ensure that there is reason to trust that our lives will be equally cared for in the hands of doctors."

Rashid Shabazz[23]

Black women in the form of state-sanctioned rape as captured by Audre Lorde in her poem, A Litany for Survival.

...For those of us
who were imprinted with fear
like a faint line in the center of our foreheads
learning to be afraid with our mother's milk
for by this weapon
this illusion of some safety to be found
the heavy-footed hoped to silence us
For all of us
this instant and this triumph
We were never meant to survive...
- Audre Lorde

This complex history prompted a conversation on healing. Participants suggested looking to indigenous communities' healing ceremonies, self care as an act of political resistance and countering trauma with the joy and pleasures experienced in the body.

Individualism

Challenges to the dominant narrative of individualism were referenced throughout the convening. There were calls to critique *assimilationist* racism and the framing of inequity through "cultural," call out quality of *opportunity perspectives* that focus on people and obscure structures, power, and responsibility. In addition to how the notion of "personalized medicine," vis-à-vis DNA testing, weaves together dominant narratives of racism and individualism into a biological determinism, behaviorism in the form of biomedical approaches was also discussed (e.g., how obesity is depicted as a lifestyle change modification, and human interest stories about this population and community can become resilient to this harm or deficiency, without a structural analysis of how that harm came to be).

Market Ideology

Challenges to the dominant narrative of the free market were referenced throughout the convening in efforts to disrupt how poverty is conceptualized as the result of bad personal decisions and how the status quo is maintained through utilizing economic rationales over moral imperatives. In particular, the framing of the market as a solution to all problems, and to health, was challenged. This included the need to disrupt the framing of healthcare

as a commodity (rather than a public good), racist austerity policies that favor "market mechanisms" over viable public health options and that magnify or create health disasters (e.g., hurricanes Katrina and Maria).

Suggested processes to counter this narrative include setting the story of today's economic inequality and gains in the historic-and-ongoing legacy of racist policies (slavery, massive theft, white privilege), and telling the economic reality of America's wealth, by starting with the creators of wealth, not those marginalized by it: "Wealth is not natural. But we have this idea that people have sort of made themselves poor." These shifts would include viewing material oppression such as low wages and dispossession as causes of health inequity, discussing public options to resources like education and banking, and more broadly moving from a neoliberal frame to economic rights frame and facilitating honest conversations about money and poverty. Reckoning with market ideology could also further illuminate how racial and economic harms intertwine and can therefore result in the creation of multiracial and multiclass progressive coalitions to address economic pain, racial resentment and racial fears.[25]

Honoring Stories

Rather than dissecting the problems of dominant narratives, equal attention was paid to envisioning narratives that advance racial justice and health equity. Through honoring stories that direct attention to a different, more equitable future, and through elevating the voices of people over institutions, we begin to create the foundational tiles for new mosaics of society. Participants reiterated the essentialness of sparking imagination for transformative narratives and of pursuing collective liberation by considering not only what people are saying but also what it is like to live in each other's lives. Suggested practices to honor alternative stories included: (1) advancing stories of coalition struggles for equality, (2) surfacing histories not often told and stories that enable us "to heal from the harm that racism had done to all of us," (3) telling stories about the planet and those that honor history across generations and timescales and (4) connecting and empowering communities through multigenerational, multidisciplinary, and intersectional efforts.

The process for envisioning an equitable future is also key since dominant narratives inhibit imagination about social transformation. Dominant narratives deflect attention from critically analyzing power structures and popular culture often references the future in dystopian ways, and in ways that mimic current racialized inequalities. Creating the artistic and cultural power for alternative narratives will take investment, collaboration, experimentation, and a deep unpacking of our current realities. This need and challenge was reflected in a participant's pre-convening survey, in which they stated "I realize I have narratives about what is wrong — about injustice. But not so many about what racial justice looks like." In this way, a goal of the convening seemed to have come full circle.

"There's nothing wrong with black people that ending racism won't solve."

Andre Perry

"If the problem is located in the people, that's a racist idea and should be interrogated at the structural level."[26]

MOVING FORWARD: CHALLENGES AND OPPORTUNITIES

In agreement about the need for and potential of this work, participants also raised the following key challenges and opportunities:

Funding: There was resounding agreement that the benefits of racial justice and health equity are not easily quantifiable or directly aligned with return on investment models. Change is not linear. True wellness also has very little to do with healthcare or with health when it's viewed as a commodity. Funders are hesitant to invest in work explicitly named as antiracist and often prefer to support efforts seen as economic, environmental, or geographic. Funding also tends to fund inequity, not solutions. Discussed opportunities included:

- Shift funding infrastructure to fund bodies of work instead of issue-specific projects or organizations. There's an opportunity to be more creative, intersectional and adaptable.
- Invest in solutions that break and challenge the status quo; support and trust those closest to the problem; fund infrastructure and pipelines that engage folks in radical collaboration.
- Move from return on investment models to models that reward wellness. How can the process with funders be less of a burden of proving ourselves?
- Challenge biomedical frames and start with factors outside of healthcare and with root cause frames.
- Examine the economics and profit driving investment decisions and decision-making process.
- Create opportunities for community-driven decision making to determine resource allocation and funding priorities.

Process: Many convening conversations circled back to a notion of the personal as political. Abstract engagement in social justice initiatives without deep personal reflection and reckoning is short sighted and ineffective. In that vein, participants critiqued personal practices that maintain the status quo. This included questioning the language (often alienating) used by intellectuals and academics and asking: "How is language used purposely to build borders or conceal truths? How can progressive approaches move from well-intended to explicitly self-aware and in pursuit of intersectional inclusivity?" Discussed opportunities included:

- Build language by asking what narratives are missing? What stories do we gravitate to? What narratives do we endorse? Whose stories do we hear?
- Use language that is truthful and evokes emotion. Ex: Settler colonialism.
- Create language collectively, and as a way to encourage a sense of belonging.

- Don't build empathy without building deep relationships.
- Become more self-conscious about our mental models and predetermined beliefs by being transparent and accessible

Network: Network challenges existed at the conclusion of the convening as many raised questions surrounding the continuity of energy and connections from the event. More broadly, some participants stressed the intersection of this work with other movements, specifically the climate change movement and how global Black and brown communities will be most impacted by climate shifts. Discussed opportunities included:

- Create intentional spaces for reflection, exploring strategies and process, hearing and learning from community.
- Critique existing models but leverage what works, specifically models used to mobilize community in other settings.
- Create new models for conceptualizing intersectionality and accounting for root causes as we move away from reductionist biomedical models.
- Tap into other movements and partners (local and global) as there are shared groups with intersectional experiences and interests.

CONCLUSION AND NEXT STEPS

Narrative is a form of social reproduction, either upholding inequity or challenging the status quo. This unique convening brought together a multitude of thinkers and doers to discuss strategies, processes, and possibilities for using narrative change to facilitate a more just future. It reinforced the urgency for narrative change to move agendas, mobilize populations, shape consciousness, and realize cultural change.

There has been an extraordinary production of analysis on narrative in a dozen fields over the last two decades, and multiple understandings of how to develop and implement narrative approaches. Rather than instruction and definitiveness, we aimed to provide space to capture ideas and strategies on narrative change for racial justice and health equity. As organizers we concluded with three commitments to this work.

By countering dominant narratives across various mediums, we aim to collaborate with others to advance a social justice narrative at the multiple intersections of racial justice and health equity. We aim to shift our colleagues attention to the power of narrative for transformational change. By advancing people's capacity to see their everyday lives through narrative consciousness, we stimulate imagination to inspire action and help build the growth of narrative strategists. At this writing, we are working on the next steps of facilitating the creation of networks and infrastructure and mobilizing for change.

Our Commitments

OPEN SOCIETY FOUNDATIONS

Commitment to support this work, amplify conversations, and elevate this approach.

CENTER FOR HEALTH EQUITY

Open doors for courageous leadership and hold each other accountable to concrete ideas and action.

NACCHO

Find ways to socialize people in public health about narratives, and help create networks.

Based on insights and reflections from this convening, we suggest aligned efforts based around (1) eliminating the deep, pervasive white racial frame and its denial, which shapes us in creating hierarchies and ideas of worthiness of peoples and limits our ability to advance justice and equity, (2) supporting a sense of possibility to both reckon with historical inequality and envision a more equitable future, (3) making visible narratives that generate and sustain structural racism and the racial narratives that impact health equity (4) employing an intersectional lens to build on and learn from past movements such as the muralist movement, political theater, civil rights, labor, BlackLivesMatter, Occupy Wall St., environmental justice.

During and after the convening, participants underscored the importance of future initiatives and collaborations, and reiterated their commitment to this work. We conclude this report with questions and goals to consider in the next stages of this collective initiative.

Questions:

FOR FURTHER REFLECTION

Where do public narratives come from? Whose history? How do we analyze them—from what point of view?

How do narratives aid in strengthening the imagination to transform society, and overcome its injustices by making them visible?

How does narrative change build power?

How does narrative inform strategy for realizing racial and health equity? How do advance and scale, from ground up, social justice public narrative?

How do communities take control of their own narrative without cooptation, without censorship? What kind of organizing is necessary? What ways of uplifting and disseminating these often suppressed voices are necessary?

What is the current narrative around race/racism and health in the media and pop culture, and what does this mean for justice? What recommendations would help elevate racial narratives integrated with a health lens?

What kind of knowledge and narrative practices, grounded in values of equity and strong democracy, are necessary?

Goals:

MOVING FROM CONCEPT TO ACTION, TRANSFORMING CULTURE

Prioritize network thinking, working in concert and developing narrative strategists.

Name white supremacy in our work to directly challenge power structures.

Step back, aside or up to create more possibilities for new narratives to emerge, question default modes of operating and work to create better-informed practices. Process matters.

Engage those historically silenced or excluded in imagining a socially just future and a process to get there.

Seek out diverse partners - —identify and explore multiple openings for change.

Acknowledge and explore complexity of collective and individual narratives.

Reinterpret the past in order to connect to today and reformulate the future.

Interrogate public health practice and its paradigms.

Continue investing in a field of practice that highlights culture as a field of struggle and socially just possibilities.

APPENDIX A: LIST OF PARTICIPANTS

Andre Perry
The Brookings Institution

Andrew Maisel
Open Society Foundations

Alexandra Bell
Multidisciplinary artist

Arthur Frank
University of Calgary; VID Specialized University, Norway

Azzi Momenghalibaf
Open Society Foundations

Betsy Theobald Richards
The Opportunity Agenda

Bridgit Antoinette Evans
Pop Culture Collaborative

Causten Rodriguez-Wollerman
Demos

Cinthia De La Rosa
NYC Department of Health and Mental Hygiene

Darrick Hamilton
The New School

Denise Herd
UC Berkeley; Haas Institute for a Fair and Inclusive Society

Deroy Peraza
Hyperakt

Diana Hernandez
Columbia University

Edwin Torres
Grantmakers in the Arts

Gloria Wilder
Centene Corporation

Jamie Wood
Open Society Foundations

Jasmine Graves
NYC Department of Health and Mental Hygiene

Jee Kim
The Narrative Initiative

Joia Crear Perry
National Birth Equity Collaborative

Jonathan Heller
Human Impact Partners

Josephine Johnston
The Hastings Center

Kemi Ilesanmi
The Laundromat Project

Kimberlé Crenshaw
The African American Policy Forum; UCLA; Columbia University

Kimberly Seals Allers
Narrative Nation

L. Anton Seals Jr.
Grow Greater Englewood

Lina Srivastava
CIEL - Creative Impact and Experience Lab

Linda Sarsour
Organizer, Civil Rights Activist

Linda Villarosa
New York Times Magazine

Margareta Matache
Harvard University

Mary Bassett
Harvard University

Michelle Morse
EqualHealth; Soros Equality Fellowship

Mik Moore
Moore + Associates

Mike de la Rocha
Revolve Impact

Mindy Fullilove
The New School

Nancy Krieger
Harvard University

Nayantara Sen
Race Forward: The Center for Racial Justice Innovation

Nicholas Freudenberg
CUNY School of Public Health

Nicole Bronzan
Robert Wood Johnson Foundation

Paul Browde
Narativ Inc.

Peggy Sheppard
WE ACT for Environmental Justice

Rachel Davis
Prevention Institute

Rashid Shabazz
Color of Change

Rashida Bumbray
Open Society Foundations

Richard Healey
Grassroots Policy Project

Rita Charon
Columbia University

Ryan Senser
It's Not Safe Out Here

Seth Holmes
UC Berkeley

Stephanie Boarden
Open Society Foundations

T. Morgan Dixon
GirlTrek, Inc.

Terry Marshall
Intelligent Mischief

Thaler Pekar
Thaler Pekar & Partners

Tom Finkelpearl
NYC Department of Cultural Affairs

Zinzi Bailey
University of Miami Miller School Of Medicine

CONVENERS

Karen Aletha Maybank
NYC Department of Health and Mental Hygiene

Alvin Starks
Open Society Foundations

Anna Segelman
Open Society Foundations

Bisola Falola
Open Society Foundations

Brett Davidson
Open Society Foundations

Richard Hofrichter
National Association of County Health Officials

Steffie Kinglake
NYC Department of Health and Mental Hygiene

APPENDIX B: SELECTED RESOURCES

NARRATIVE

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