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Transforming Ourselves for Health Equity

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The conference room at any given health department is a place where epidemiologists crunch data from death certificates, leaders map spending on municipal budgets, and staff plan interventions to address pressing public health issues. Increasingly, as health departments across the country commit to advancing equity, staff talk about the impacts of racism on public health — writing SMART objectives and designing community-based programs. And there is, of course, training intended to widen the conversation about health inequity.

Often, the energy, thoughts, and feelings stirred in these trainings (or other mixed-race group conversations about racism) fade or get stuffed away as we settle back into the pace and culture of well-intentioned under-resourced organizations. Individually and organizationally, we are steeped in white supremacy culture — narratives, beliefs, and values, that dictate a constant sense of urgency, a demand for perfection, and the assertion that emotions are irrational and inherently have no place in the workplace (Tema Okun). Culture holds great power over whether or not we can or will change our behavior — we can strategize and implement policies all day, but culture determines whether those plans stick. Said another way: "culure eats policy for breakfas" (Peter Drucker). In the cultural context of our organizations, it's easier to academize inequity and racism and devise strategies from a place of intellectual understanding. It's much harder to recognize how each of us (White people as well as Black, Indigenous and other People of Color) in US society has internalized the beliefs, values, and narratives of a man-made racial hierarchy and to examine how it manifests as culture in the spaces we occupy.

"So many of our efforts to address inequities, and violence, and hatred, and dead and broken bodies in our streets, have been conceptual—and they have failed. If we're going to make any progress, we need to start with the body."[2]
Resmaa Menakem

If we believe everyone has the right to the conditions for optimal health, then we are duty-bound to work towards equity by addressing the trauma of structural racism and how we carry it in our bodies. I'm fortunate to be growing in my public health practice under the mentorship of social workers and embodied practitioners and have come to know, with certainty, that if we are going to get to equity in health, we need healing and the reintegration of the head and heart[3].

In my experience, when we deeply engage in understanding power and inequity, our bodies have a sympathetic response — the nervous system prepares the body to react to the stress of threat or injury by contracting muscles and increasing the heart rate. Sometimes the energy swirling in the body manifests as stomach pain, sweaty palms,

[2] My Grandmother's Hands, Resmaa Menakem, MSW, LICSW, SEP, www.resmaa.com/books
[3] Dennie Butler Mac-Kay, LICSW, www.racialrec.org

trembling hands, pressing a pencil harder to paper, or pressure building behind the eyes. I recall one instance so vividly — in a training-of-trainers a White woman was crying, reeling at the assertion that she benefits from structural advantage. And I, a Black woman, was trembling in my response to the group's silent acceptance of her personal relationship with a Black person as absolution of her structural advantage. (Which went unchecked, because organizationally we did not have a shared understanding of racism as a system of advantage[4] and the inherent benefits afforded to White people regardless of their proximate relationships with Black people.) On that February afternoon, she and I, and undoubtedly others, were hyper aroused — our emotional brains (limbic system) were hyper actively engaged. There was no precedent or container for these feelings in the workplace, and the tension was uncomfortable for most people so we quickly wrapped up the day's workshop. In the days and weeks that followed, our training initiative was essentially stalled because this group of committed and well-intentioned health equity leaders kept approaching the next steps from our heads. We could not find our way back to explicitly name and heal from how badly we handled that shift in energy (the hyper arousal) back in that initial moment or the hurt that resulted in the months of not directly addressing it.

Quite often acknowledging (to one's self) and naming (to others) the experience of hyper (or hypo) arousal, especially in conversations about racism and power inequity, is unfamiliar, or actively dissuaded. We must move towards a commitment to engage the body, center the heart, and deepen our connection to others. And recognize that this is the work itself.

Creating a Container for Healing and Growth: Health Equity Awakened

In my role at Human Impact Partners (HIP), I get to engage this hypothesis, designing and facilitating a program for health department leaders. Health Equity Awakened (HEA) is HIP's radical experiment to influence public health by curating a community of governmental leaders willing to interrupt the common practice of working in service of "the most vulnerable populations" and deepen their own understanding of self and their bound liberation.

Our theory of change at HIP is grounded in confronting the systems of advantage and unequal distribution of power, that maintain racially inequitable outcomes across systems. Racism is a system of institutional policies, laws, practices intentionally designed to create and maintain White advantage. We have all internalized experiences, values, and narratives of White-bodied-supremacy (Menakem), though they play out differently for White people, and for Black, Indigenous, and other People of Color. Without allowing the body to respond to both the traumas of what we have internalized and the feeling of liberation, of what healing from these traumas feels like — then the default

[4] Wellman, D. (1993). Portraits of White Racism. Cambridge: Cambridge University Press. doi:10.1017/CBO9780511625480

response to racial inequity is a focus on diversity (essentially mixing people up) and inclusion (making "diverse" people feel welcome in a space that wasn't designed with or by them). To advance equity, we must do more than simply diversify the workforce or "service" people and communities of color through public health programs while doing little to expose or address the system that was historically created to intentionally advantage a small group of people who became White.

Health Equity Awakened is centered on the belief that to advance equity, public health practitioners must reintegrate the heart into their work and transform the relationships, practices, policies, and systems that maintain inequities, beginning in our own practice and extending across institutions and systems. Through this 12-month long initiative, we invite a cohort of leaders from health departments across the country to co-create a learning community through which they root their analysis about health inequity in an understanding of history. Using racial identity development theory, they examine how they racialize in the world, deepen their understanding and relationship to power, and build social capital to impact systems-level work.

Through individual, small group, and large circle work across three in-person gatherings and monthly video calls, HEA Fellows explore how power imbalances and various systems of advantage drive health inequity and inequities in the social determinants of health. Guided by a group of mentors, they explore how their ability to be effective leaders relies on their ability to be in deep relationship with one another. They are invited to explore what their own liberation and freedom feels like and how they might translate the "unique" experiences of the learning community experience into regular practices back in the office.

"…the biggest impact I guess is that I almost feel freer to be more explicit about race, I think I was more hesitant to be explicit about race. I also think I learned a lot about how to lead conversations about health equity with racial justice as the framing and not class or poverty or gender." 2017 Fellow

Nurturing Vulnerability

By design, this model demands vulnerability — we share an expectation from the application through the interview and into the first gathering that Fellows bring their full selves and a willingness to stretch. Beginning with a set of commitments, each person agrees to say what they feel and feel what they say, to be present in discomfort, and to make the implicit explicit[5]. There are also physical conditions that lend to a good container: circle of chairs with no tables, access to outdoors, comfortable clothing, communal meals with incredible food, and building an altar together.

As HEA evolved, and the team at HIP deepened our own practice of being more vulnerable and reintegrating the heart, we decided to move the second Fellows' gathering to a residential setting in a wooded

[5] Dennie Butler Mac-Kay, Abigail Ortiz, www.racialrec.org

retreat center and extend it to three nights. And still, because the dominant culture is so strong, we still wrestle with a sense of urgency (creating too-full agendas), perfectionism, and navigating our own vulnerability as we hold the space for Fellows' growth. But we are committed to emergence (adrienne maree brown) and to experimenting-wrestling free from old paradigms, stepping into Evolutionary Leadership (Gibran Rivera) and trying on different ways of doing the work.

Over the course of the year, we integrate tools and practices like the Window of Affect Tolerance(Dan Siegel) (to measure hyper and hypo arousal), power analysis, one-on-ones, and reframing dominant narratives. Fellows explore the following questions:

- What if we moved from the painful practice of showing slide after slide of poor health outcome data to explaining why there are inequities by analyzing and communicating data that is explicit about history, structural racism, intersectionality, and inequity across systems?
- What actions do we want people to take and therefore what data and narrative do we need to select and organize to get them there?
- What's your skin in the game? Who are your co-conspirators?
- What opportunities do you have in your power in the health department to create space for embodied practice and to push around an explicit commitment to racial justice?

There is no room for neutrality once we are clear on how rigged the system is. People committed to public health need to understand how racial justice matters for everyone, perhaps especially if they live in communities structurally advantaged to have great health outcomes.

A New Way of Being

As Health Equity Awakened models what emergent practices can look like back at the office, Fellows experience a normalizing of bringing their full selves into hard conversations and in turn facilitate space for others to feel and heal. Our Fellows practice crafting more holistic stories of how health happens, and why public health looks the way it does so they can effectively move stakeholders in their communities. Fellows practice being explicit about their feelings, work to develop their story of self, and conceive of ways to use their role in the health department to make more space for emotional regulation by focusing on relationships and integrating the heart.

"*It really helps you understand how you show up in your work. It gives you a deep conscious level of awareness about how you have either been impacted by racism, or how you live out your work because of oppression and racism. That is what it has done for me. And I will tell you I had no idea. I thought I was going to a leadership institute to fix everybody else but instead I am fixing me*." 2017 Fellow

In our evaluation of the program, Fellows report high levels of satisfaction with the program and framework. We're normalizing a model where personal transformation is seen as essential to advancing health equity. We've expanded Fellows' professional networks by

developing relationships with cohort members, mentors, and institute staff, positioning them to support one another in risk-taking and as credible experts within their agencies.

"*It is completely life changing in a way that it makes you really reflect and assess who you are as a leader. It really helps you understand how you show up in your work. It helps you understand as a leader what tools you need to really advance health equity work.*" 2017 Fellow

As a field, public health is focused on health equity from strategic planning to training whole departments. But we will only succeed in achieving equity if we realize that our ability to implement strategic practices and organizational change is conditional on our own healing. That's the kind of transformation that is actually going to surface the necessary policy and systems change to improve health for everyone. We should not try to engineer solutions and strategies that are outside of ourselves without also doing the work within ourselves. As Grace Lee Boggs said, "We transform ourselves to transform the world."