

POWER DYNAMICS & STRUCTURAL RACISM: Insights from Critical Race Theory

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DISCLOSURES

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- Gabrieliño-Tongva peoples
 - Southern California



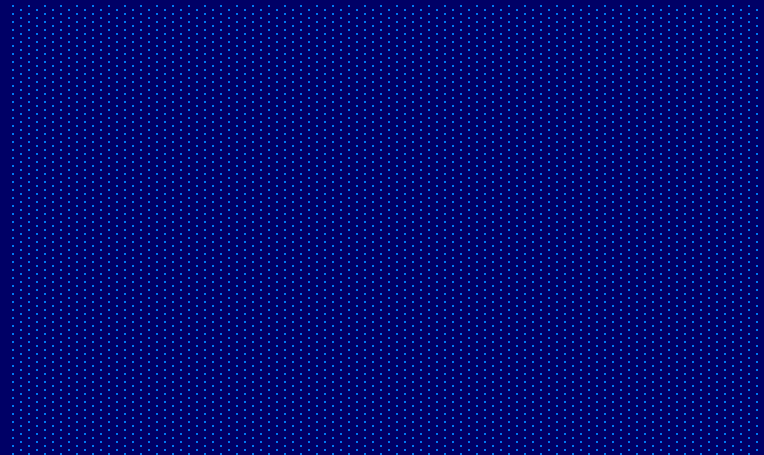
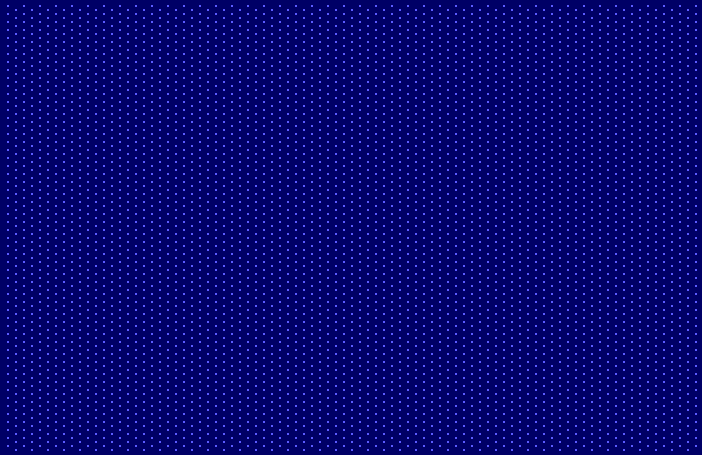


OVERVIEW

- Racism: definition and relevance
- Critical Race Theory (CRT)
 - Public Health Critical Race Praxis (PHCRP)
- Three recommendations
 - A priori assumptions
- Selected questions to guide next steps
- Conclusions



COMPLEX DRIVERS MADE VISIBLE





COMPLEX DRIVERS MADE VISIBLE

**Systems Science
Approaches**



COMPLEX DRIVERS MADE VISIBLE



**Critical Race
Theory Approaches**



COMPLEX DRIVERS MADE VISIBLE

**Systems Science
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**Critical Race
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RACISM

RACISM is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what [people] call "race"), that

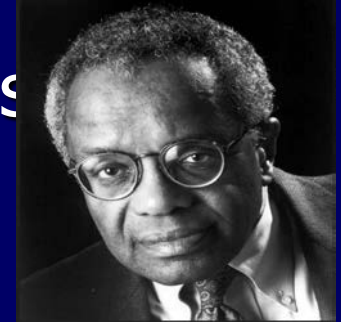
- **unfairly disadvantages** some individuals and communities,
- **unfairly advantages** other individuals and communities, and
- **saps the strength of the whole society** through the waste of human resources.”



CRITICAL RACE THEORY (CRT)

An anti-racist intellectual movement to identify, understand and undo the root causes of racial hierarchies.

“The racial philosophy we must seek is a hard-eyed view of racism as it is...”



Derrick Bell



Kimberle Crenshaw

“Holders” of whiteness [have] the same privileges and benefits accorded holders of other types of property.



Cheryl Harris

CRT IN PUBLIC HEALTH: PUBLIC HEALTH CRITICAL RACE PRAXIS (PHCRP)

Public Health Critical Race Praxis (PHCRP)

- A model for “applying” CRT to public health research

Key Components

- Racism-conscious orientation
- Lexicon based on CRT
- A semi-structured, self-reflective research approach

Ford CL and Airhihenbuwa AO. *Am J Public Health* 2010

Ford CL and Airhihenbuwa AO. *Soc Sci & Med* 2010

Ford et al. *Ethnicity & Disease* 2018



The public health critical race methodology: Praxis for antiracism research[☆]

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ARTICLE IN PRESS
Commentary:
Defining Critical
Race Theory

COMMENTARY: JUST WHAT IS
CRITICAL RACE THEORY AND WHAT'S
IT DOING IN A PROGRESSIVE FIELD LIKE
PUBLIC HEALTH?

Chandra L. Ford, PhD, MPH;
Collins O. Airhihenbuwa, PhD, MPH²

Gloria Ladson-Billings cautiously promotes the use of Critical Race Theory (CRT) to address racism's contribution to educational disparities. Nearly a decade ago, we issued a similar call to the multidisciplinary field of public health. Public health touts its

BACKGROUND

In her seminal paper, "Just What is Critical Race Theory and

tions for integrating CRT into the racial health equity movement.

What is Critical Race Theory



THREE RECOMMENDATIONS

Every model is an imperfect representation of reality. Most also systematically overlook the primacy of racialization.

1. Identify and include racism in mental models and analyses.
2. Address racialized power dynamics that preclude centering the work in the margins.
3. Acknowledge the social construction of knowledge.

1. IDENTIFY & INCLUDE RACISM IN RESEARCH

J Behav Med (2009) 32:20–47
DOI 10.1007/s10865-008-9185-0

Discrimination and racial disparities in health: evidence and needed research

David R. Williams · Se

Published by Oxford University Press on behalf of the International Epidemiological Association
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International Journal of Epidemiology 2006;35:888–901
doi:10.1093/ije/dyl056

ETHNICITY AND HEALTH

A systematic review of empirical research on self-reported racism and health

Accepted: October 22, 2008
© Springer Science+Busine

Abstract This paper | empirical research on p | The patterns of racial di | are multiple, more by st

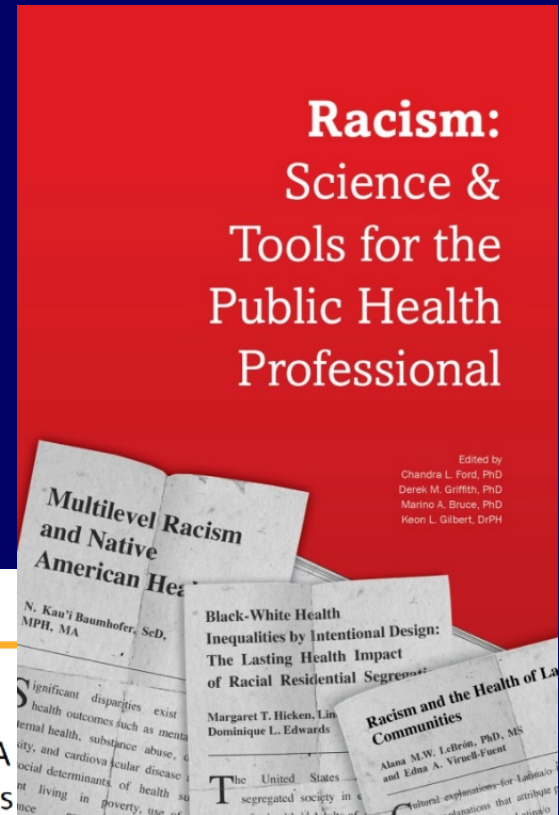
Yin Paradies^{1,2}



RESEARCH ARTICLE

Racism as a Determinant of Health: A Systematic Review and Meta-Analysis

Yin Paradies^{1,2}, Johannes Beal, Niels Bejerot, Aronow Elina, Neomi Dreyer



“At issue is doing correct science, not “politically correct” science. Blot...inequity from view, and not only will we contribute to making suffering invisible but our understanding of disease etiology and distribution will be marred.”

-Krieger N. *Epidemiology* 2007





RACIAL RELATIONS

- ❑ Racialized groups inherently exist *relative to* one another
- ❑ Social stratification, not race, determines race relations
- ❑ Sociopolitical factors influence what is valued or devalued about each group



RACE: A SOCIAL CONSTRUCT

A vast group of people loosely bound together by historically contingent, socially significant elements of their morphology and/or ancestry.

Haney Lopez 2000

“Race becomes in social fact what it is supposed to be in naturalist theory: a differentiating trait that orders us in hierarchical terms as members of inferior or superior races.”

Hayman & Levit 2002





ETHNICITY: A SOCIAL CONSTRUCT, *too!*

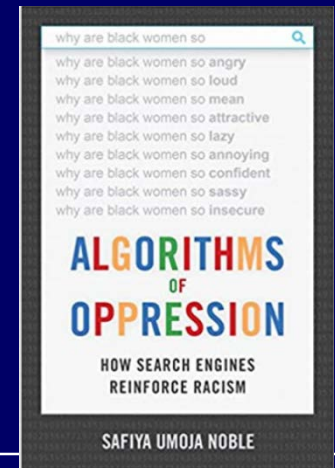
- Attributional dimension
 - e.g., cultural factors, language
- Relational dimension
 - Existing social hierarchies
 - Relationship to other groups
- For health equity research & practice
 - Identifies social determinants of inequities
 - Accounts for variability across regions
 - Improves surveillance
 - Improves practice in minority communities

*Exploit its social constructedness
to identify social etiologies!!*



2. ADDRESS RACIALIZED POWER DYNAMICS

- Power differentials between researchers and communities
 - In accessing data or information
 - In generating conclusions based on sophisticated analytic techniques
- Identify embedded racism
 - Global mechanisms – operate similarly across systems
 - System-specific mechanisms
- Clarify racialized power dynamics in the use of big data
 - Big data - already highly racialized
 - Surveillance and racial/ethnic minority populations
 - Adaptations to center the margins





3. ADDRESS THE SOCIAL CONSTRUCTION OF KNOWLEDGE

“Data never speak for themselves. It is the questions we pose (and those we fail to ask) as well as our theories, concepts and ideas that bring a narrative and meaning to marginal distributions, correlations, regression coefficients, and statistics of all kinds.”

- Lawrence Bobo 2004

“The systematic nature of the scientific method enhances the reliability of empirical findings, but does not necessarily eliminate the influence of racial bias.”

-Ford & Airhihenbuwa, *Ethn Dis*, 2018





CRITICAL REFLEXIVITY

- Human Immunodeficiency Virus Testing, Linkage and Retention in care (*HIV TLR*) Study
 - Retrospective cohort study (N≈3,500,00)
 - Data
 - Medical records (primary care & HIV care)
 - Area CDC HIV testing sites and diagnoses
 - Census data
 - Practice characteristics
 - Provider employee records
 - Patient clinical and demographic factors



(Ford et al. *Ethnicity & Disease* 2018)

ASSESSING A *PRIORI* ASSUMPTIONS

- Prior to each new aim, each member of the study team self-administered a confidential questionnaire.

- Items (open-ended and Likert-type response options) assessed
 1. Expected results
 2. Level of certainty about each prediction
 3. Nature of any expected disparities
 4. Basis for each of the expectations
 - Knowledge of the literature
 - The results obtained thus far
 - Just a hunch
 - etc...

- Qualitatively informs the results and process

SYSTEMS SCIENCE & OBESITY: SELECTED QUESTIONS

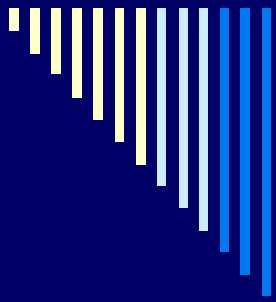
- ❑ What are best practices for sharing power with community in a systems science environment?
- ❑ What racial biases are embedded in the data on which systems science approaches rely?
- ❑ How does the (uncritical) use of such data reinforce the marginalization of communities of color (e.g., via surveillance)?
- ❑ How might racialization affect biological systems?
- ❑ To what extent are relational gains for the dominant group (i.e., whites) obscured even in disparities work?





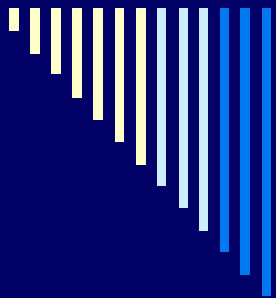
CONCLUSIONS

- ❑ Obesity is a complex phenomenon for which systems science holds promise
- ❑ Systems science is also well-suited to bring to light racism-related dimensions to obesity morbidity and mortality.
- ❑ Racism pervades every system in society, but its greatest impacts are difficult to perceive.
- ❑ PHCRP's racism conscious strategies can help explain the complex constructs and relationships.



THANK YOU





RESEARCH APPROACH

Essential Characteristic^a	Public Health Critical Race <u>Praxis (PHCRP)</u>	Critical Race <u>Theory (CRT)</u>	Critical Race Empiricism <u>(eCRT)</u>	Racism and Health	Health Disparities	Social Epidemiology
1. Based on CRT	Yes	Yes	Yes	No ^b	No	No
2. Racism focus	Yes	Yes	Yes	Yes	No ^b	No ^b
3. Health focus	Yes	No	No	Yes	Yes	Yes
4. Centered in the margins	Yes	Yes	Yes	No ^b	No ^b	No
5. Empirical	Yes	No	Yes	Yes	Yes	Yes
6. Accounts for research bias	Yes	Yes	Yes	No	No	No
7. Sequential process	Yes ^d	No	No ^b	Yes	Yes	Yes

^aAll such studies share the trait: Yes indicates the trait is essential to the approach; No indicates it is not essential.

^b The approach does not require studies to have this characteristic, though many studies based on the approach do.

^d Although PHCRP is a research process, some have drawn on it as an organizing framework only.



CONSIDERATIONS FOR SYSTEMS SCIENCE

Every model is an imperfect representation of reality. Most systematically ignore the primacy of racialization.

- Broad relevance to modeling
 - **Generality** – applicability across phenomena
 - **Realism** – true reflection of conceptualized world
 - **Fit** – fit to prior data and predictive accuracy
 - **Precision** – level of detail in model components

- Selected PHCRP insights



CRITICAL APPROACHES

- Identifying *a priori* assumptions
- Checking personal biases
- Attending to power imbalances





RESPONDING TO CURRENT CONSTRAINTS

- Lack of conceptual clarity on race, racialization
 - Conflates race & the systems that produce it
 - Inadequate attention to intersectionality
- Essentialization of race
 - treats it as a cause or pseudo-cause
 - re-inscribes it as an attribute of individuals (presumably biological)
- Tendency to treat race or racism as a “standard” discrete risk factor
 - Ignores its role in shaping the work



RACE: CRITICAL RACE PERSPECTIVES

- Race does not indicate inherent biological risk
- Race reflects (risk of) certain social experiences given a set of physical characteristics
- Race reflects hierarchies of value; therefore, it is closely tied to SES