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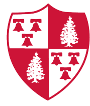

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Intersectional anti racist advocacy practice in healthcare organizations

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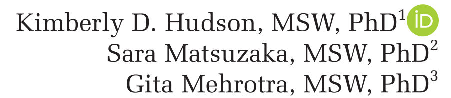
Intersectional Antiracist Advocacy Practice in Health Care Organizations



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Health care organizations, like individuals, can evolve to become antiracist and promote racial equity within and beyond the organization. In this brief article, we introduce an intersectional antiracist advocacy practice framework applicable to health care organizations that seek restorative and transformative change, as well as participation in social and economic justice action. Becoming an antiracist organization requires an acknowledgment that no organization is impervious to racist and other oppressive ideologies. Organizations can then begin to interrogate, interrupt, and address how racism permeates agency policies, procedures, and culture. The implementation of an intersectional antiracist advocacy practice framework within organizations involves a multifaceted approach, including both internal and external practices. Internally facing practices include providing mandatory antiracist trainings to all employees; promoting a representative and equitable workplace; and developing an organizational power structure based on inclusion, transparency, and accountability. Externally facing practices include fostering nonexploitative, reciprocal community partnerships; contributing to social and economic justice movements; and demonstrating transparency and accountability for the negative impact of operations in Black, Indigenous, and People of Color (BIPOC) communities and lands. We conclude with key questions for health care organizations to consider in regard to their racial equity efforts, specifically around organizational readiness, risk tolerance, and long-term commitment.

Health Promotion Practice
Month XXXX Vol. XX, No. (X) 1–6
DOI: 10.1177/15248399221131833
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Keywords: *intersectionality; antiracism; health; advocacy; organizations*

OVERVIEW

The COVID-19 pandemic along with the racial justice movements of 2020 have again forefronted the stark realities of racial injustice in the United States and race-based inequities in health care access, experiences, and outcomes (Laster Pirtle & Wright, 2020). Deep histories of medical racism, Western socio-cultural perspectives on health and medicine, and the neoliberal economy are foundational to how and why institutionalized racism operates in health care organizations in the United States (Williams & Rucker, 2000). Moreover, racism intersects with other forms of oppression that further amplify health disparities among minoritized groups (Crenshaw, 1991; Laster Pirtle & Wright, 2020). Scholars, health advocates, and communities at-large have called for health care organizations to build antiracist practices and policies to promote racial equity within and beyond their operational and service contexts (Hardeman et al., 2020). In these efforts, there are often significant gaps

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between moving from organizational will and intentions to implementation and practice (Hassen et al., 2021). In this brief note, we introduce an intersectional antiracist advocacy practice framework applicable to U.S. health care organizations that seek restorative and transformative change, as well as participation in social and economic justice action. This framework, while not meant to provide a "checklist" or comprehensive guide to antiracist work, poses several key theory and practice-informed considerations for furthering intersectional antiracist advocacy practice in organizations. We also recognize the diversity of health care organizations—from large public hospitals to small, culturally specific community-based clinics—and intend to present ideas adaptable to a full range of health care contexts.

DEFINING KEY CONCEPTS

Having an explicit understanding of key concepts helps to ground this practice framework and facilitates commitment and collective growth toward shared goals of racial equity. In our use of the term *intersectional antiracism*, we draw upon intersectionality theory, developed by Kimberle Crenshaw (1991) and other Black feminist scholar-activists, to describe how systems of oppression overlap and are interlocking to create distinct experiences of marginalization for women of color. Over time, intersectionality has grown and expanded in use and, at present, can be understood as a framework and analytical tool for interrogating how institutional and structural policies and discourses (re) produce power and oppression among individuals based on their intersecting social identities and positionalities. In addition, as a political and intellectual intervention, intersectionality challenges inequitable power dynamics of structural oppression, centers Black, Indigenous, and People of Color (BIPOC) experiences and voices, and aims to promote social justice (Collins, 2000; Dill & Zambrana, 2009; Hudson & Mehrotra, 2021).

Antiracism has been defined as "the active process of identifying and eliminating racism by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably" (NAC International Perspectives: Women and Global Solidarity, n.d.). We define *intersectional antiracism* as the active process of identifying and eliminating the mechanisms by which interlocking systems of oppression (e.g., racism, sexism, gendered racism) produce inequity. Intersectional antiracism promotes racial equity while simultaneously reminding us of Audre Lorde's (1984) declaration that "there is no such thing as a single-issue struggle because we do not live single-issue lives" (p. 138). In other words, intersectional antiracism is a lens through which we can understand the complexity and multidimensionality of racism as it intersects with other forms of power and oppression. Dismantling racism and interlocking systems of oppression requires engagement at individual, interpersonal, institutional, cultural, and ideological levels.

Organizational advocacy practice refers to multilevel efforts to develop and implement organization-wide sustainable changes that aim to dismantle oppressive policies, practices, and discourses to promote equity and justice both within the organization and in the communities and systems within its ecosystem. Organizational advocacy practice sees all community members and constituents as potential leaders and agents of change in this domain.

INTERSECTIONAL ANTIRACIST ADVOCACY PRACTICE FRAMEWORK

The practice framework described here is grounded in findings from a recent study that systematically collected and synthesized micro, mezzo, and macro-level practice recommendations from social work peer-reviewed journal articles that named intersectionality as a guiding theory (Hudson & Mehrotra, 2021). We expand upon the mezzo and macro-level findings by describing their applicability in building and becoming antiracist organizations and pose several key questions and considerations for deepening opportunities for sustainable growth and change specific to the health care sector. This framework has been informed by our collective personal and professional experiences as queer Asian and mixed cisgender women and femmes who have worked as practitioners, scholars, and equity advocates in grassroots queer-of-color as well as historically White spaces, including health care, higher education, and social service settings.

Groundwork

Becoming an intersectional antiracist organization requires, first, an acknowledgment that no sector or organization is impenetrable to racist, sexist, classist, and ableist ideologies, policies, and practices that are endemic to all aspects of U.S. society and capitalist economy, including health care. For example, the U.S. health care system has a legacy of racist practices, predating and including the Tuskegee Syphilis Experiment on Black men without their consent and present-day racial disparities in the quality of medical care and other structural determinants of health (Williams & Rucker, 2000). Recently, the U.S. health care system has been implicated in the disproportionate rates of COVID-19

hospitalization and mortality in Black communities (Laster Pirtle & Wright, 2020). Applying an intersectional lens, Black women face heightened health vulnerabilities based on their simultaneous experience of structural racism and sexism (Laster Pirtle & Wright, 2020).

We encourage members of health care organizations at any level or specialty and particularly those in traditional leadership roles (e.g., directors, chief officers) to actively engage in the (often) difficult work of interrogating their organization's internal and external policies and practices as relates to the topics of race, racism, and oppression and challenging taken-for-granted assumptions and practices. Only upon acknowledgment of its own historical and current positioning relative to systemic racism can an organization begin interrogating, interrupting, and addressing how racism permeates its policies, practices, and culture.

Essential to the groundwork involved in building an intersectional antiracist advocacy practice within organizations is to create ways for meaningful engagement and buy-in, build relationships with various constituents from within and beyond the organization, and to navigate points of resistance to intersectional antiracist work to envision the possibilities of racially equitable futures. These points of resistance might involve questioning motivations and readiness to deviate from historical practices and surrender decision-making power in ways that feel discomforting, particularly for those in positions of power. This may also involve being transparent about and accountable to the historical or current racial equity failures of the organization.

Internally Facing Practices

Internally facing practices are those that target sustainable organizational change *within* the organization. At the individual and interpersonal levels, this includes providing mandatory antiracist trainings that center on educating employees of all levels about what racism is, how it intersects with other forms of oppression, and how it manifests systemically, interpersonally, individually, and within the organizational context. This may include staff training on understanding how racism affects clinical decision-making, provider–patient interactions, and clinical/treatment outcomes.

At the organizational level, intersectional antiracist advocacy practices require organizations to ask fundamental and often difficult questions to honestly assess racial equity within the organization. Implementing internal intersectional antiracist advocacy practices necessitates reviewing and assessing all aspects of the organization using an equity lens, including policies, procedures, contracting, data collection, and organizational culture. Based on this assessment, policies, procedures, norms, and protocols can be updated or eradicated to promote antiracist organizational practices and culture. There should be transparent communications about any and all policy and procedure updates that are made, with an emphasis on assuming accountability for the organization's previous harmful impacts on BIPOC communities, staff, and patients. Particular attention should be given to investigating and addressing how racism and other oppressive ideologies and practices permeate the organizational culture, including examination of who holds power and how power is distributed across dimensions such as race and gender. This can be partially addressed by ensuring the recruitment, retention, and promotion of BIPOC workers at all levels of employment as well as their engagement in policy decision-making. This may be addressed by ensuring the existence of grievance policies and procedures that are safe, meaningful, and accessible. Such policies should prohibit racist and oppressive interactions and provide procedures by which employees can file reports about experiences of discrimination with guarantees that they will not experience retaliation.

Internally facing approaches to antiracism should be informed by the specific nature and context of the organization and the communities it serves. In Tables 1 and 2, we provide questions for consideration in regard to racial equity strategies and processes and encourage readers to consider their own organizational setting, community context, and needs when engaging with these questions.

Externally Facing Practices

Externally facing practices are the ways organizations interface with surrounding community, policy, and other social-structural contexts. For many community-based health organizations, these practices are at the core of their mission. These practices require health care organizations to have a critical awareness of themselves as part of a larger socio-political ecosystem that has been shaped by the U.S. legacy in systemic racist policies that have used and devalued BIPOC bodies and lives for capital advancement (Laster Pirtle, 2020). This involves organizations understanding how they affect the well-being of the people and communities they serve well beyond the clinical encounter. Organizations can seek to build and/or fortify nonexploitative, sustainable, and mutually beneficial partnerships with BIPOC community organizations. Given the historical and contemporary histories between BIPOC communities and health care systems, it is critical to approach this work with an understanding that it will take relationships and trust-building over time. Health care organizations should have an awareness of their proximity to power

TABLE 1
Internally Facing Practices Toward Intersectional Antiracist Advocacy in Organizations: Questions for Consideration

Provide mandatory antiracist trainings for all employees
Do all employees understand what racism is and how it intersects with other forms of oppression? Are employees aware of how racism and other forms of oppression operate individually, interpersonally, and systemically? And, within the health care system, specifically?
Do direct service providers and administrators understand how racism affects clinical decision-making, provider–patient interactions, and clinical/treatment outcomes?
What is the capacity of employees for self-reflection about their relationship to the topic of race and racism?
Promote representation and equity in the workplace
What would it look like for the organization to do a racial equity assessment of all aspects of the organization including policies, practices, organizational culture, and so on? Is the organization prepared to update or eradicate these policies or procedures to further antiracism efforts in the organization?
Is there racial equity specific to hiring and recruitment, retention and promotion, and training opportunities? Is there intersectional BIPOC representation across all types of employment positions as well as in leadership roles?
Are there systematic procedures for hiring practices to ensure a diverse candidate pool for open positions and to reduce biases in hiring processes?
Does the organization have explicit policies that prohibit racialized microaggressions, discrimination, or other forms of harm? Are the mechanisms in place to ensure a safe workplace accessible to all without fear of retaliation?
Develop an organizational power structure based on inclusion, transparency, and accountability
Who holds the policy-making power in the organization? What is the socio-demographic make-up of this person or group of people? Are people in leadership positions representative of the diversity of the communities served?
Do community members and patients have a voice in the organization (i.e., in regard to policy decisions, evaluation of services, leadership)? For example, is there a community advisory board, and does the CAB have actual decision-making authority?
Is the organization transparent and accountable for its past and current racist or oppressive policies, practice, and culture?

Note. BIPOC = Black, Indigenous, and People of Color; CAB = Community Advisory Board.

as relates to resources and socio-political influence, and take precaution to not reproduce partnerships with (other) community organizations that are exploitative, domineering, and short-term. This awareness can, as an example, inform community-driven efforts to build awareness within racialized communities about particular health needs and how to gain access to health care. It might also include similar public health and health promotion campaigns to raise awareness around health policy issues, which can be a useful approach to political engagement for those organizations prohibited from lobbying or otherwise influencing legislation. Planning, implementing, and evaluating these campaigns in partnership with and while centering racialized communities should enhance the appropriateness and resonance of these efforts, and ensure that they are community-determined and driven.

Another externally facing practice might involve demonstrating organizational commitment to contribute resources and funding to social and economic justice movements that benefit BIPOC communities as well as publicly decrying discriminatory local, state, and federal policies. This might mean going beyond nominal statements of support or alliance and contributing financially and in-kind to the movement (i.e., space and other resources, employee engagement). For example, all U.S. health care organizations are situated on the lands of Indigenous People. Thus, an organization should ensure that it publicly communicates recognition of Indigenous People as stewards of the land while also simultaneously working to build trust with local tribal communities and promoting health care access for Native peoples. Similar to internally facing practices, strategies should be informed by and relevant to the specific context of the organization, the communities the organization serves, and the land it occupies.

MOVING FORWARD

The framework we are presenting here is a starting point. We recognize that given the deep historical roots of racism in society and in health care, there is no easy fix. This intersectional antiracist advocacy practice framework offers some key considerations for building an antiracist organization. At the same time,

TABLE 2
Externally Facing Practices Toward Intersectional Antiracist Advocacy in Organizations: Questions for Consideration

Foster nonexploitative, reciprocal community partnerships

- Are values related to social responsibility and reciprocal community relationships built into the organizational mission, vision, and values, including how this work is resourced, defined, and measured?
- Is community outreach a priority? Are outreach efforts intended to build insight, understanding, sustained relationships, and promote social justice? What are the actual outcomes of these efforts?
- How are community partnerships formed and do they reinforce power imbalances between institutions and communities? How do community partnerships support and center the needs, norms, and desires of racialized communities?

Contribute to social and economic justice movements

- Does the organization publicly support or speak out about social, economic, and environmental injustice? How are those decisions made and how are priorities determined?
- How does the organization center the well-being and interests of BIPOC and other marginalized groups in policy work? How does the organization engage with policymakers? Community organizing efforts?
- Does the organization move beyond verbal communications and contribute financially and in-kind to social movements? How are those decisions made and how are priorities determined?
- How does the organization work to build awareness around social and health policies and legislative issues that affect the communities they serve?

Demonstrate transparency and accountability for the negative impact of operations in BIPOC communities and lands

- What is the historic and current relationship between the organization and BIPOC communities and lands it occupies? In what ways is its organizational footprint harmful?
- Within what power systems does the organization operate and how does this contribute to intersectional racism? (For example, does the organization rely on referrals from child welfare and criminal justice institutions?) How is the healthcare organization positioned to mitigate harms caused by these systems and/or collaborate to interrupt complicity with intersectional racism?
- What efforts have been made to acknowledge, ameliorate, and repair the harm done to the communities and lands in which the organization operates? How is the organization accountable to BIPOC communities and lands?

Note. BIPOC = Black, Indigenous, and People of Color.

we emphasize that this practice framework is neither a set of guidelines nor a "cookbook" approach, but rather an informative set of considerations for an organization seeking to promote racial equity within and beyond the organization. This practice framework centers on creating organizational change based on doing the necessary groundwork and implementing internally and externally facing strategies that aim for sustainable change. Based on the varied characteristics of health care organizations within diverse socio-structural contexts, the considerations we posed for building an intersectional antiracist advocacy practice must be developed and customized based on the organization's historical and current circumstances and needs.

The process of becoming antiracist can be challenging, but we urge health care organizations to consider the following:

- What antiracist action is your organization ready to take and at what potential costs?
- What are the risks of not taking antiracist action, and who bears these burdens?
- How will the organization commit to evolving and deepening intersectional antiracist commitments over time and in relation to changing socio-political and environmental contexts?

In closing, health care organizations that are seeking to become antiracist should explore the extent to which they are ready and willing to invest resources and funding to create and implement a sustainable plan for antiracist action. Racism and other interlocking forms of systemic oppression have long degraded and devastated the minds, bodies, and lands of BIPOC people and communities. Given the U.S. health care sector's deep roots in systemic racism, making superficial declarations about building an antiracist health care organization without commitment to allocating resources to foster long-term and sustainable change could potentially create greater mistrust among BIPOC employees and community

constituents and, at worst, inflict harm. Perhaps the most elemental consideration prior to engaging in the process of building an intersectional antiracist advocacy practice framework involves addressing the question: What kind of changes are we willing to make so that intersectional antiracism is truly foundational to our values, policies, and practices in health care organizations?

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REFERENCES

Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Routledge.

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. In M. A. Finemane & R. Mykitiuk (Eds.), *The public nature of private violence* (pp. 93–118). Routledge.

Dill, B., & Zambrana, R. (2009). *Emerging intersections: Race, class, and gender in theory, policy, and practice*. Rutgers University Press.

Hardeman, R. R., Medina, E. M., Boyd, R. W., & Stolen breaths (2020). Stolen breaths. *New England Journal of Medicine*, *383*(3), 197–199. https://doi.org/10.1056/NEJMp2021072

Hassen, N., Lofters, A., Michael, S., Mall, A., Pinto, A. D., & Rackal, J. (2021). Implementing anti-racism interventions in healthcare settings: A scoping review. *International Journal of Environmental Research and Public Health*, *18*, 2993. https://doi.org/10.3390/ijerph18062993

Hudson, K. D., & Mehrotra, G. R. (2021). Intersectional social work practice: A critical interpretive synthesis of peer-reviewed recommendations. *Families in Society*, *102*(2), 140–153. https://doi.org/10.1177%2F1044389420964150

Laster Pirtle, W. N. (2020). Racial capitalism: A fundamental cause of novel coronavirus (COVID-19) pandemic inequities in the United States. *Health Education & Behavior*, *47*(4), 504–508. https://doi.org/10.1177%2F1090198120922942

Laster Pirtle, W. N., & Wright, T. (2020). Structural gendered racism revealed in pandemic times: Intersectional approaches to understanding race and gender health inequities in COVID-19. *Gender & Society*, *35*(2), 168–179. https://doi.org/10.1177%2F08912432211001302

Lorde, A. (1984). *Sister outsider: Essays and speeches*. Crossing Press.

NAC International Perspectives: Women and Global Solidarity. (n.d.). “*Anti-racism*.” https://www.aclrc.com/antiracism

Williams, D. R., & Rucker, T. D. (2000). Understanding and addressing racial disparities in health care. *Health Care Financing Review*, *21*(4), 75–90.