

# Building Narrative Power for Racial and Health Equity

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# Session Objectives

- **Explain the meaning and relevance of building narrative power for eliminating the production of racial and health inequity by confronting root causes;**
- **Explore difficulties practitioners face in developing and promoting a compelling narrative;**
- **Demonstrate approaches to reveal, subvert and replace harmful dominant narratives with a social justice-based narrative in alliance with communities;**
- **Explore critical thinking and observational skills for becoming “narrative strategists,” to make social injustice more visible and surmountable;**

**“The true focus of revolutionary change is never merely the oppressive situations that we seek to escape, but that piece of the oppressor which is planted deep within each of us.”**

-Audre Lorde

**“If the structure does not permit dialogue the structure must be changed.”**

-Paulo Freire

# Why African Americans Are Over-represented in Cases of Covid-19: Differing Narrative Explanations

<b>Conventional Explanation</b>	<b>Social Justice Lens Explanation</b>
<b>Pre-existing, chronic health conditions (diabetes, high blood pressure, genetics)</b>	<b>Structural racism, weakening the social immune system</b>
<b>Risky personal behavior</b>	<b>Unsafe working and living conditions</b>
<b>Work in low-wage service industries in close daily contact with other workers</b>	<b>Legacy of occupational segregation in labor markets</b>
<b>Long-standing disparities in access to health care</b>	<b>Long-standing inequities, sustaining life conditions that lead to disease</b>
<b>A matter of personal responsibility</b>	<b>Multiple forms of exploitation and oppression, including violence</b>
<b>Low-income neighborhoods</b>	<b>People underpaid, in segregated neighborhoods targeted for predatory lending and hazardous waste sites</b>
<b>Race is a factor, a problem</b>	<b>Structural racism is an injustice, a direct cause of poor health outcomes</b>

## Why African Americans Are Over-represented in Cases of Covid-19 (2)

<b>Conventional Explanation</b>	<b>Social Justice Explanation</b>
<b>Essential workers are in unfortunate circumstances</b>	<b>Racialized capitalism: positioning people in the economic system</b>
<b>Covid differences as an economic issue</b>	<b>Legacy of occupational segregation in labor markets</b>
<b>Biological, racialized explanations without context</b>	<b>Limited political power, subjected to conditions that lead to disease</b>
<b>Uninque characteristics of people of color</b>	<b>Systematic structural racism</b>
<b>Vaccine hesitancy</b>	<b>Mistrust of medical profession, based on historical legacy</b>
<b>Underserved communities</b>	<b>Resource deprivation by economic interests &amp; destruction of social welfare infrastructure</b>

# Presentation Outline

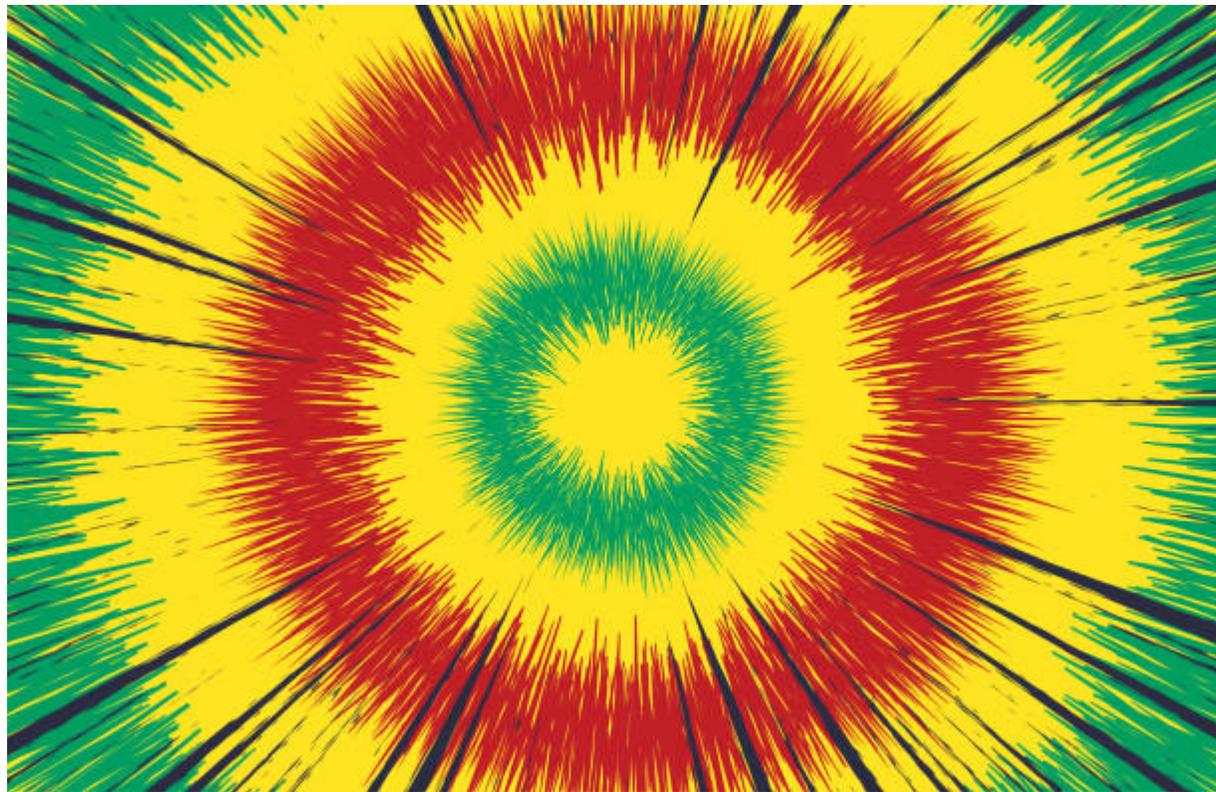
- The Relevance and Urgency for Building Narrative Power
- Defining Narratives and Their Role in Struggling to Eliminate Health Inequity
- General Examples of Dominant Narratives in Everyday Life
  
- The Current Moment and Harmful Dominant Narratives Old and New
- Challenges for Public Health in Disrupting and Replacing Harmful Dominant Narratives
  - In the profession
  - Mirroring society's dominant narratives
  - General difficulties in recognizing and disrupting long-standing narrative
  
- What is to be Done?
  - Framing a social justice vision
  - Community organizing and alliances
  - Inquiry: expanded knowledge base, changing the questions, rethinking concepts
  - Becoming narrative strategists, creating an infrastructure

## Building Narrative Power: Definition

**“[The] ability to create leverage over those who set the...rules and norms that shape society... to... unleash the imagination to make equity and social justice *the norm.*”**

-Rashad Robinson, Director, Color of Change

# Reimagining a Just Future



Source: Getty images: Juneteenth red yellow green background abstract blast explosion pattern design.

## **Making Social Injustice Visible and Surmountable**

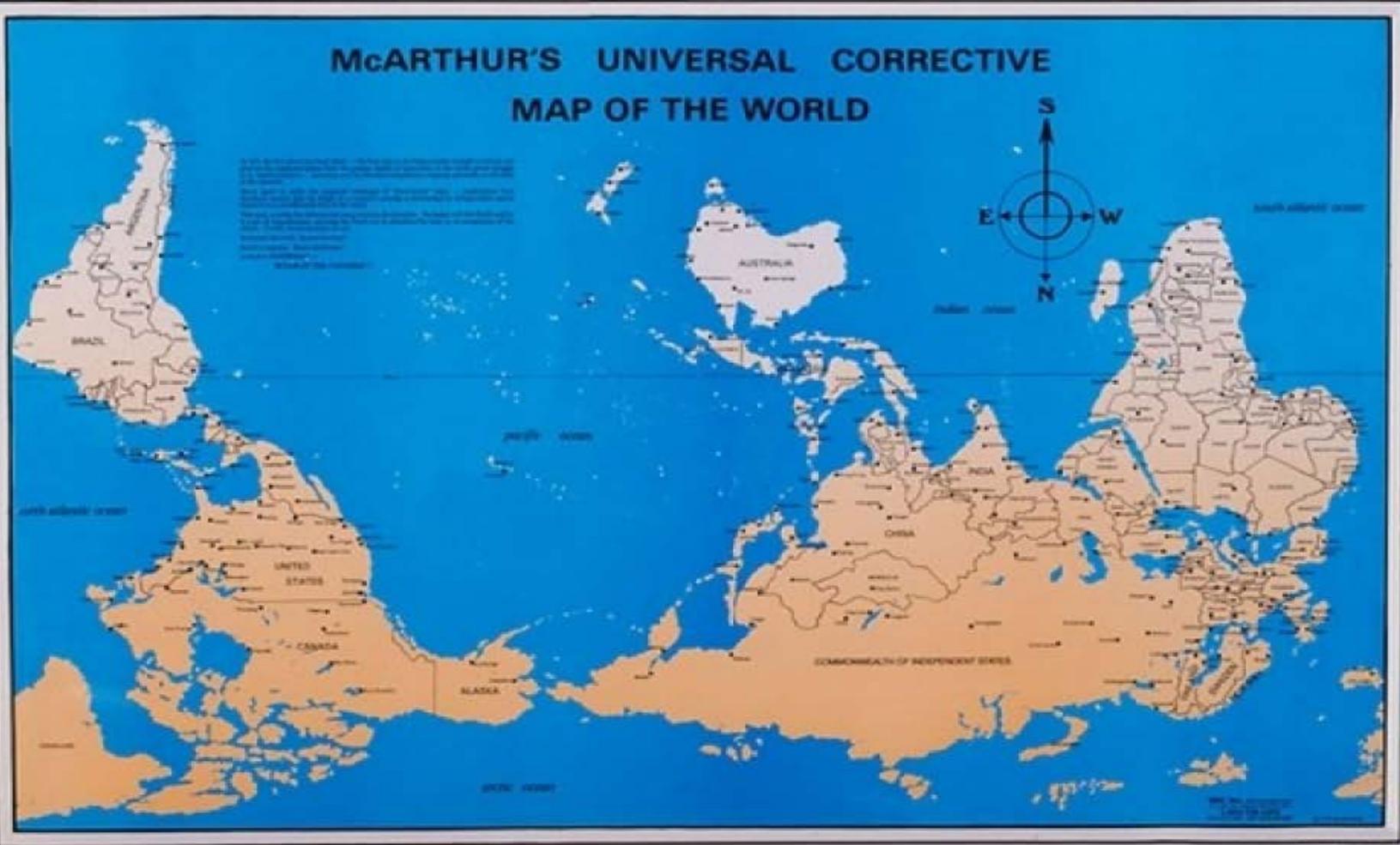
**“Once you get used to not seeing something, then slowly it is no longer possible to see it...The trouble is that once you see it, you can’t unsee it. And once you’ve seen it, keeping quiet...becomes as political an act as speaking out. There’s no innocence....”**

**-Arundhati Roy**



Source: dikobrazik, <https://graphicriver.net>

# McARTHUR'S UNIVERSAL CORRECTIVE MAP OF THE WORLD



# What Do You See?



Source: Fodor's Travel: Mt. Rushmore and the Black Hills Travel Guide

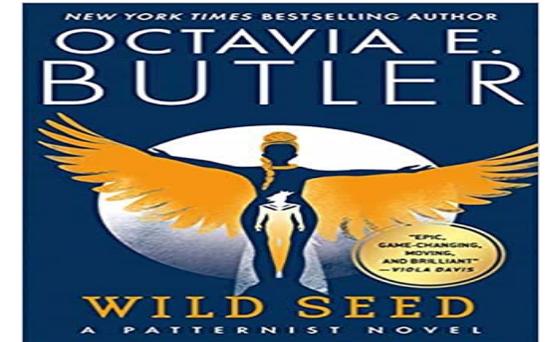
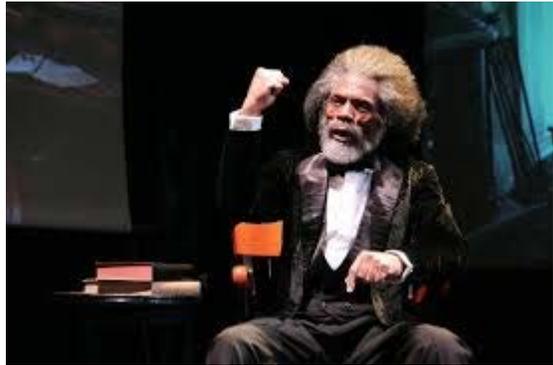
# Repressed History Remembered



Source: David Behrens

# Narratives Appear Everywhere In the Culture

**STORIES**   **LANGUAGE**   **IMAGES**   **SYMBOLS**  
**PERFORMANCE**   **POPULAR CULTURE**  
**SOCIAL RULES**   **INSTITUTIONAL PRACTICES**   **MYTHS**



**SIGNS**   **NORMS**   **MUSEUMS**   **HISTORY**   **SPECTACLE**   **ARCHITECTURE**  
**ART**   **JOURNALISTIC CONVENTIONS**

# Narratives Appear Everywhere in the Culture



**Symbols**



**Museum displays**



**Practices e.g., teaching, policing, public health**



**Art**



**Advertisements**



**The supermarket aisle as a theater**

# Deep Narratives

**Deep narratives are collections of stories characterized by pervasiveness and intractability. They are generally the foundational framework for understanding historical and current events, and inform basic concepts of identity, community, and belonging.**

-Rinku Sen, Executive Director, The Narrative Initiative

# Mythic Origin Stories



Source: Bob Larkin, The 40 Most Enduring Myths in American History, [bestlifeonline.com/americas-biggest-lies](http://bestlifeonline.com/americas-biggest-lies) (July, 2018)

# Politics & Health

**“The primary determinants of disease are mainly economic and social, and therefore its remedies must also be economic and social. Medicine and politics cannot and should not be kept apart.”**

*-Source: Geoffrey Rose, *The Strategy of Preventive Medicine*. Oxford: Oxford University Press, 1992, p. 129.*

## **Difficulties Overcoming Legacies of Harmful Dominant Narratives: Denaturalizing the “Common Sense”**

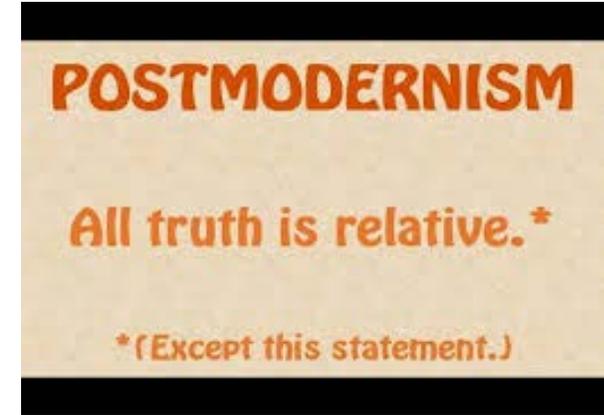
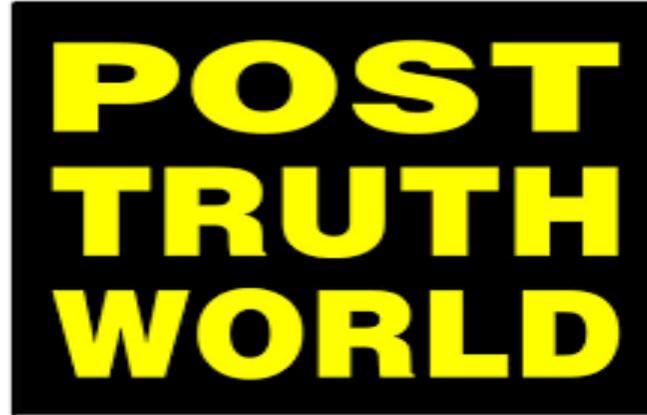
**“...We are already plunged deep in the midst of meaning, wherever...we happen to find ourselves. We are woven through by the meanings of others—...which we never got to choose, yet which provide the matrix within which we ...make sense of ourselves and the world. In this sense..., the idea that I can determine the meaning of my own life is an illusion....Because we are material animals, an enormous amount has already been determined for us....Many of the central features of personal life are not personal at all.”**

-Terry Eagleton, *The Meaning of Life: A Very Short Introduction* (Oxford, 2008, pp.133-34)

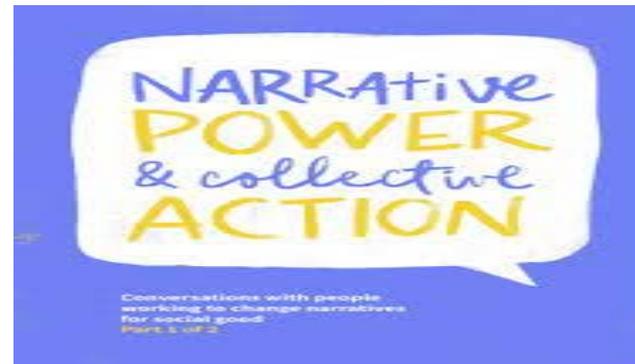
# Manufacturing Reality: A Threat to Democracy



The Irish Times



Source: HBO (2020) After Truth: Disinformation and the Cost of Fake News

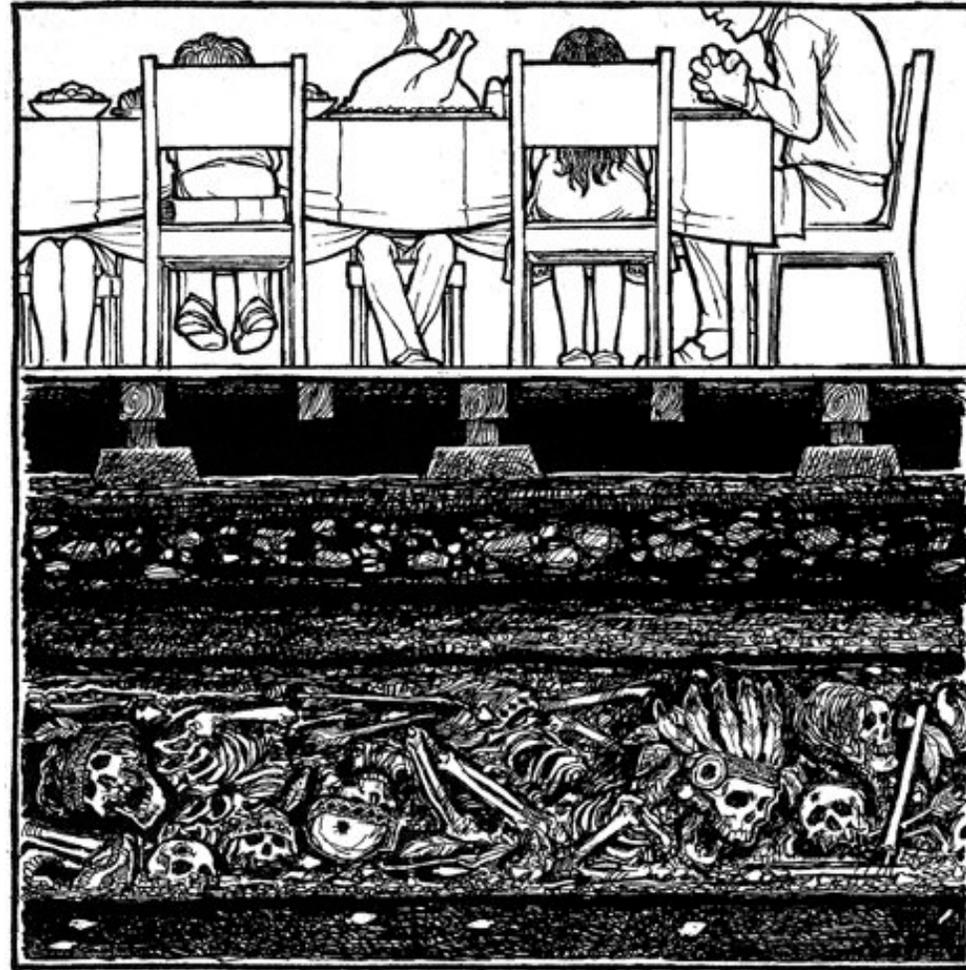


Source: [policypractice.Oxfam.org](http://policypractice.Oxfam.org)



Source: [oxfamlibrary.openrepository.com](http://oxfamlibrary.openrepository.com)

# Recovering the Political Unconscious: Resurfacing Repressed Memories



Source: R. Cobb

# Four Core Intersecting Harmful Dominant Narratives

- 1) **Structural Racism/White Domination:** *use of codes & stereotypes to obscure projects of racial domination/hierarchies and violence; the distracting focus on overt discrimination and interpersonal bias, instead of racialized structures that limit life chances*
- 2) **Individualism:** The self-determining individual who makes right or wrong choices
- 3) **Free Markets:** equating prosperity with economic growth, obscuring power of corporate capital, avoiding accountability for inequality
- 4) **Anti-Government:** *government as inherently inefficient, corrupt, (essentially code to weaken democratic institutions and a means to oppose political equality).*

## **Narrative Challenges Public Health Practitioners Face to Act on Root Causes**

- **Obstacles “Seeing” The Ongoing Production of Social Injustice**
- **Poverty of Bureaucratic Discourse**
- **Limits of the Biomedical Paradigm and the “Social Determinants of Health”**
- **Avoidance of Public Controversy and Conflict**
- **Absence of a Community Base of Political Support**
- **Professional Identity as Objective Scientists, Technicians**

# Slow Violence

**“By slow violence I mean a violence that occurs gradually and out of sight, a violence of delayed destruction...dispersed across time and space...that is not typically viewed as violence at all...The casualties from slow violence are...out of sync ...with our narrative and media expectations.”**

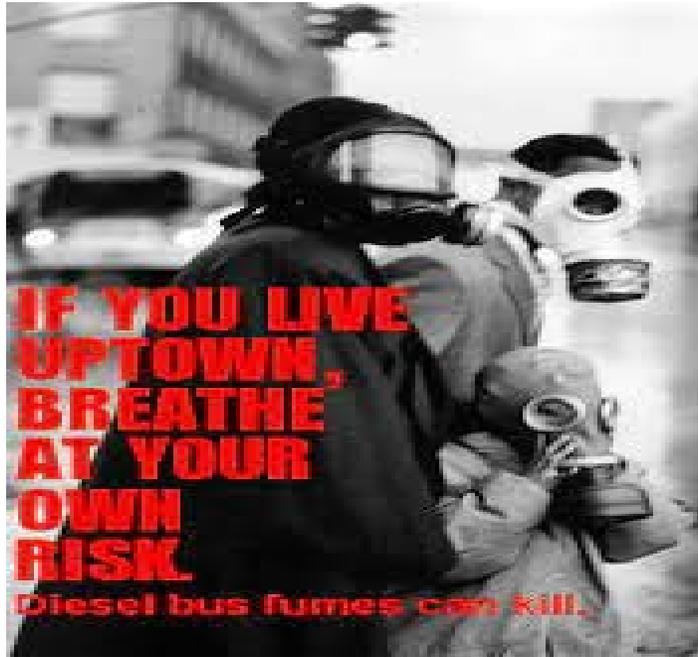
-Rob Nixon (1998) *Slow Violence and the Environmentalism of the Poor*

# The Invisible “Slow Violence” of Environmental Racism



Source: <https://onetreepanted.org/blogs/stories/social-environmental-justice>

# The Struggle for Environmental Justice in West Harlem



Source: WEACT website: program initiatives



Source: West Harlem Environmental Action

# Explaining Health Inequity (1)

**“Differences in health based on race, ethnicity, or economics can be reduced, but will require public awareness and understanding of which groups are most vulnerable, which disparities are most correctable through available interventions, and whether disparities are being resolved over time. These problems must be addressed with intervention strategies related to both health and social programs, and more broadly, access to economic, educational, employment, and housing opportunities.”**

Source: CDC Health Disparities and Inequalities Report. MMWR January 14, 2011

# Explaining Health Inequity <sup>(2)</sup>

## Missing the Injustice

“**Differences** in health based on **race, ethnicity, or economics** can be reduced, but will require public awareness and understanding of which groups are most **vulnerable**, which disparities are most correctable through available **interventions**, and whether disparities are being **resolved over time**. These **problems** must be addressed with intervention strategies related to both health and **social programs**, and more broadly, **access** to economic, educational, employment, and housing opportunities.”

Source: CDC Health Disparities and Inequalities Report. MMWR January 14, 2011

# Revised Version: Explaining Health Inequity (3)

Eliminating health inequities, which result from a legacy of structural racism, class oppression, and gender inequity, will require, beyond mitigation, transforming political structures that *subject* groups of people to social injustice. This goal entails public health collaborating with community organizers and residents to end the ongoing generation of health inequity by well-resourced and organized networks of interest.

# **Dominant Narratives, Structural Racism and Violence**

**“...[A]ll our phrasing—race relations, racial chasm, racial justice, racial profiling, white privilege, even white supremacy—serves to obscure that racism is a visceral experience, that it dislodges brains, blocks airways, rips muscles, extracts organs, cracks bones, breaks teeth. You must never look away from this. You must always remember that the sociology, the history, the economics, the graphs, the charts, the regressions all land with great violence, UPON THE BODY.**

–Ta-Nehisi Coates, *Between the World and Me*.

# Limits of “Social Determinants of Health” Approach



Source: CDC, Healthy People 2020

# Hidden Assumptions: Structural Racism Perpetuated by Obscuring Causes

**PRACTICE #2** By 2020..., the country will also be more racially and ethnically diverse, as the non-white population edges toward outnumbering the white population for the first time. And unless we tap new strategies to more effectively confront and reduce health disparities, **not only will these disparities increase, they will jeopardize the overall health and well-being of our communities** even more extensively....

Health departments also will need to pay greater and greater **attention** to people of color and Latinos, Asian-Americans, and other immigrants. **Demographic shifts** may also be accompanied by socioeconomic **changes** such as a growing income gap and concurrent inequalities in health outcomes...  
-Resolve (May 2014) *The High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist*

# Unfortunate Outcome or...Inequity?

**Native Americans have the highest mortality rates in the United States.**

## **REVISION**

**Native Americans, dispossessed of their land and culture, have the highest mortality rates in the United States.**

**Low income people have the highest level of coronary artery disease in the United States.**

## **REVISION**

**People under-paid and forced into poverty have the highest level of coronary artery disease in the United States.**

# Public Health's Bureaucratic Discourse: Avoids Content and Root Causes



A word cloud of public health and bureaucratic terms. The words are arranged in a dense, overlapping cluster. The colors range from dark red to light orange. The words include:

- Outcomes
- Sectors
- data
- Forces
- Factors
- Standardize
- Disparities
- Optimizing
- Measures
- Evidence-based
- Risk
- Collaboration
- Partnership
- Robust
- Innovative
- Coordination
- Stakeholders
- Cross-cutting
- Intervention
- Convene
- Tools
- Externalities



*"Self-help! Self-help!"*

Source: Dana Fradon, New Yorker Collection,  
[www.cartoonbank.com](http://www.cartoonbank.com) (Dec. 7, 1981).

# The Biomedical Model: Individualism and Racism

## Looking for Answers in the Wrong Place



Source: Mark Henle, photographer, copyright  
Phoenix Newspapers, Inc.

# The Obsession with a Narrow Knowledge Base



# Privileging Economic, Market Indicators Over Social Indicators



Source: Richard Drew, Associated Press USA Today, February 8, 2017



Source: What is the Gross Domestic Product (GDP)? Investor Trading Academy, YouTube video

# Euphemisms Giving the Market Human Powers

<b>Corporate Discourse: Avoidance of Responsibility</b>	<b>Clarification</b>
<b>Paychecks shrank</b>	<b>Corporations cut wages</b>
<b>The economy is an ungovernable force of nature</b>	<b>Organized power networks direct the economic system and flows of capital</b>
<b>Market discipline offers a necessary system shock</b>	<b>Abrupt firings; slashing pensions and health plans</b>
<b>The economy creates wealth</b>	<b>Workers create wealth through labor</b>
<b>Markets are self-regulating, self-governing</b>	<b>Self-interested classes make decisions, press agendas</b>
<b>The economy is hurting</b>	<b>People are hurting</b>
<b>The market demands wage cuts</b>	<b>Corporations demand wage cuts</b>

## Corporate Euphemisms

## Clarification

<b>Environmental regulation</b>	<b>Environmental protection</b>
<b>Disadvantaged neighborhood</b>	<b>Industry production of substandard housing &amp; schools</b>
<b>Negative Externality</b>	<b>Not our responsibility</b>
<b>Underperforming assets</b>	<b>Bad debt</b>
<b>Early retirement</b>	<b>Layoff</b>
<b>Market dynamics</b>	<b>Wage reductions</b>
<b>Food insecurity</b>	<b>Hunger</b>
<b>Welfare state</b>	<b>Social investment &amp; protection</b>
<b>Upscale</b>	<b>Overpriced; expensive</b>
<b>Poverty alleviation</b>	<b>Treat, but don't eliminate poverty and exploitation</b>

# Corporate Euphemisms: Obscuring Reality

<b>Corporate Discourse</b>	<b>Clarification</b>
<b>Oil subsidies</b>	<b>Corporate welfare</b>
<b>Food crisis caused by severe weather events</b>	<b>Food crisis caused by decreased wages, price hikes, expropriation of farm land</b>
<b>Thousands killed in chemical plant accident</b>	<b>Social murder through cost-cutting on safety</b>
<b>Economic recovery</b>	<b>Recovery of profits</b>
<b>Privatization</b>	<b>Corporate takeover of public services</b>
<b>Austerity</b>	<b>Assault on living standards</b>

Source: James Petras, "The Politics of Language and the Language of Political Regression," *Dissident Voice* (May, 2012).



Source: UC Davis, Humanities Institute, The Mellon Research Initiative on Racial Capitalism at UC Davis (May, 2020)

# The Assault on Substantive Democracy: Destruction of The Public Sector



# WHAT IS TO BE DONE?

**Toward Structural  
Transformation**

**RACISM IS A  
PUBLIC HEALTH  
CRISIS**

ASPPH



**WHITE SUPREMACY  
IS THE PANDEMIC  
THAT NEEDS TO BE  
QUARANTINED.**

RACISM  
ISA  
PANDEMIC



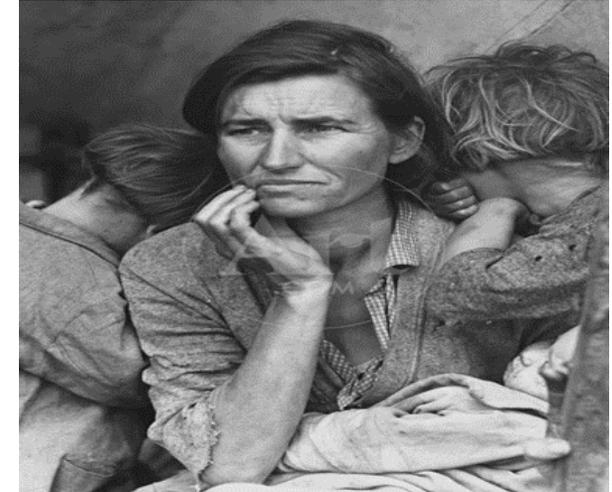
# The Power of Artistic Rendering



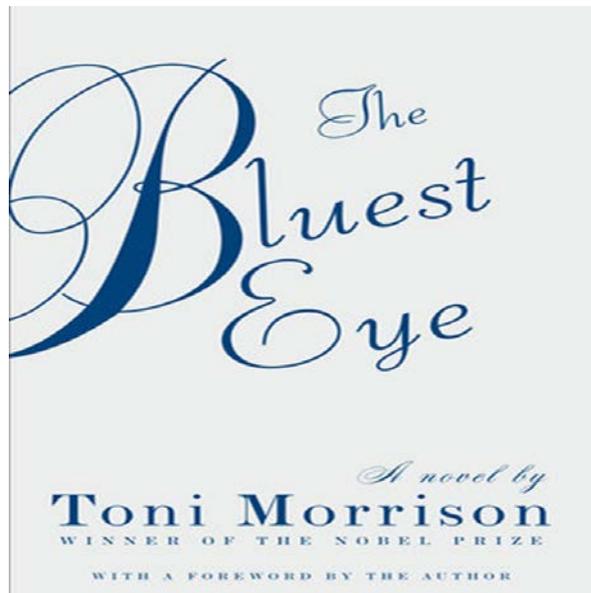
Source: ACT-UP



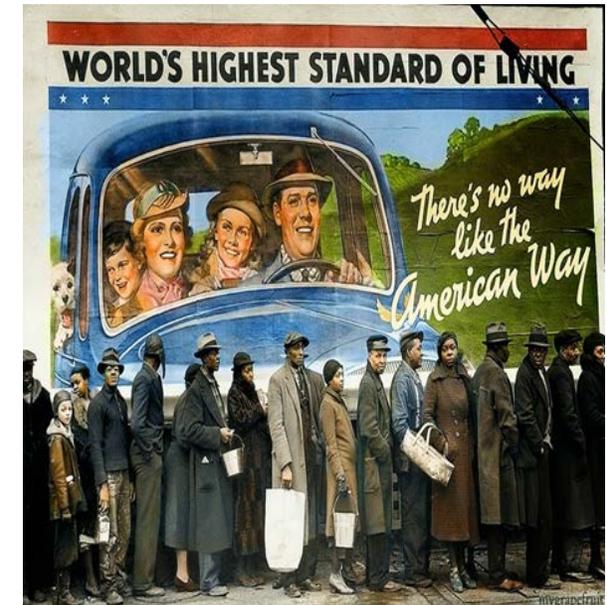
Source: Ricardo Levens Morales



Source: Dorothea Lange, Migrant Mother (1936)



Source: Judy Baca, Triumph of the Hands



Source: Photo by Margaret Bourke-White, Life Magazine (February 1937);

# The Foundation of Public Health

## Three Principles of a Social Justice Framework

- **Social and Economic Equality**
- **Political Equality (Democracy)**
- **Cultural Justice**



# Cultural Justice



Source: Race Forward

# Community Organizing: Building Power



Source: Chicago Community Trust, Community Organizing Archives, 2020

# Collaborating with Social Movements and Community Organizers



Source: Labor Movement,  
Ricardo Levins Morales, RLM Art



Source: ACT-UP!

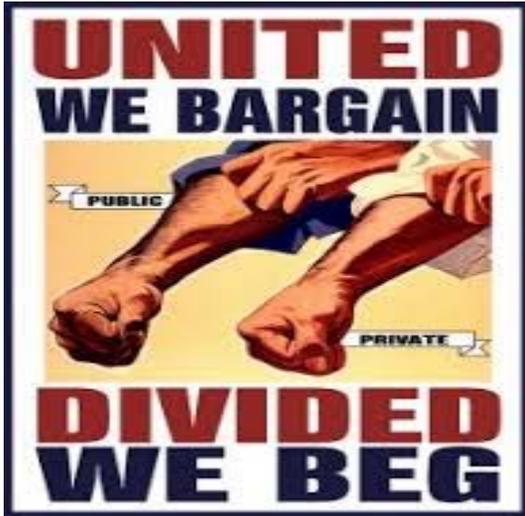


source: [Black Lives Matter: Resources and Responses, creativereview.co.uk](https://www.creativereview.co.uk/black-lives-matter-resources-and-responses/)

# Social Movements: The Power of Narrative in Practice



Source: Keisha Blain, *The Atlantic*, *The Pioneering Black Women Who Paved the Way for This Moment*



Source: Santa Barbara Teachers Association, *A Brief History of the Labor Movement*



Source: Pride 2022, *Your Guide to Michigan LGBTQ*

# Supporting Community Power and Voice



Source: Typeroom: A Black Panther roars in paper: the revolutionary art of Emory Douglas (October 2018)

# **Expanding the Public Health Knowledge Base: Identifying Generators Responsible for Health Inequity**

- **Inequitable allocation of city budget by neighborhood**
- **Corporate decisions to gentrify, redline, disinvest in neighborhoods and dispossess populations**
- **Discriminatory land use practices**
- **Corporate/government processes and decisions that create and sustain housing, occupational, and school segregation**
- **Bank foreclosure practices by neighborhood**
- **Measures of differential political influence and its causes**
- **Level of democracy: public participation, accountability, transparency**
- **Siting hazardous waste, landfills in communities of color**

# **Expanding the Knowledge Base: Sample Questions for Advancing Health Equity**

- **Why and how do some neighborhoods bear a heavier burden of negative conditions that lead to inequitable health outcomes?**
- **How do organized political-economic power networks shape the production, maintenance, and persistence of health inequities?**
- **Who and what excludes, exploits, and marginalizes populations, producing severe inequity?**
- **How are decisions made by banks, real estate developers and government agencies about where to locate land fills and hazardous waste sites?**

# Expanding the Boundaries of Public Health Practice

**“When the history of public health is seen as a history of...how social, economic, and political systems *structure the possibilities* for healthy or unhealthy lives, *how societies create the preconditions for the production and transmission of disease*, ...we find that public health history...pervades every aspect of social and cultural life. Hardly surprisingly, these questions direct attention to issues of power, ideology, social control, and popular resistance.”**

-Elizabeth Fee, introduction to George Rosen, *A History of Public Health*. Johns Hopkins University Press 1993 (1958): xxxviii.

# Changing the Questions: The Purpose of Inquiry

Conventional	Health Equity Perspective
What <b>interventions</b> can address health disparities?	What political and economic decisions <b>generate</b> health inequity in the first place?
What social <b>programs and services</b> are necessary to address health inequity?	What type of structural <b>social change</b> is necessary to confront health inequity?
How can <b>individuals</b> protect themselves against health problems?	What kind of public, <b>collective action</b> is necessary to confront health inequity across identifiable communities?
How can we promote <b>healthy behavior</b> ?	How can the <b>public have more control</b> over their living and working conditions to ensure health and well-being?
How do we <b>treat the consequences</b> of health inequity?	How do we <b>act directly on root causes</b> of inequity to meet human need?
What are the ways public health can <b>adapt</b> innovative practices to changing times?	What are the ways public health with their accomplices can <b>transform the culture</b> to set the preconditions that ensure health and well-being?

# Rethinking Public Health Concepts

<b>Conventional</b>	<b>Health Equity Lens</b>
<b>Vulnerable population</b>	<b>Communities oppressed, under threat</b>
<b>Risk factors</b>	<b>Social responsibility for risk</b>
<b>Factors</b>	<b>Oppression, Injustice</b>
<b>Social determinants of health</b>	<b>Political &amp; social determinations of health inequity</b>
<b>Intervention</b>	<b>Social change</b>
<b>Risky behavior</b>	<b>Dangerous conditions</b>
<b>Social Problem</b>	<b>Racism/Social Injustice</b>

# **A Potential Narrative to Advance as a Practice: Redefining Health**

**(Draft for upcoming workshop)**

**We value human life and health, which includes ensuring collective well-being of communities: a flourishing, thriving existence, so that people can achieve their fullest capabilities, agency, and capacity for cultural expression. Achieving it requires setting the prerequisite social, political and economic conditions.**

## **Becoming Narrative Strategists:** **Inquiry, Observational, Critical Thinking Skills and Sensitivities**

- **Draw attention to the relation between narratives and power**
- **Expose the interests behind harmful dominant narratives**
- **Listen to and uplift the voices of community residents**
- **Develop methods to capture people's imagination, inspire action**
- **Identify racist practices of white domination at a structural level**
- **Learn from historical and contemporary examples in social movements.**
- **Imagine different futures, beyond reform, and how to overcome barriers**

# **Becoming Narrative Strategists:**

**Improve Inquiry, Observational, Critical Thinking Skills and Sensitivities (2)**

- **Cultivate skepticism, re-evaluate assumptions**
- **Draw attention to organized power and its mechanisms**
- **Notice *seemingly* obvious, self-evident or normalized characteristics of institutions that conceal oppression**
- **Center communities, examine how narratives translate across different constituencies**
- **Learn to identify, disrupt, and undermine harmful dominant narratives and replace them with social justice-based narratives**

# **Suggested Dimensions of a Compelling Narrative for Public Health**

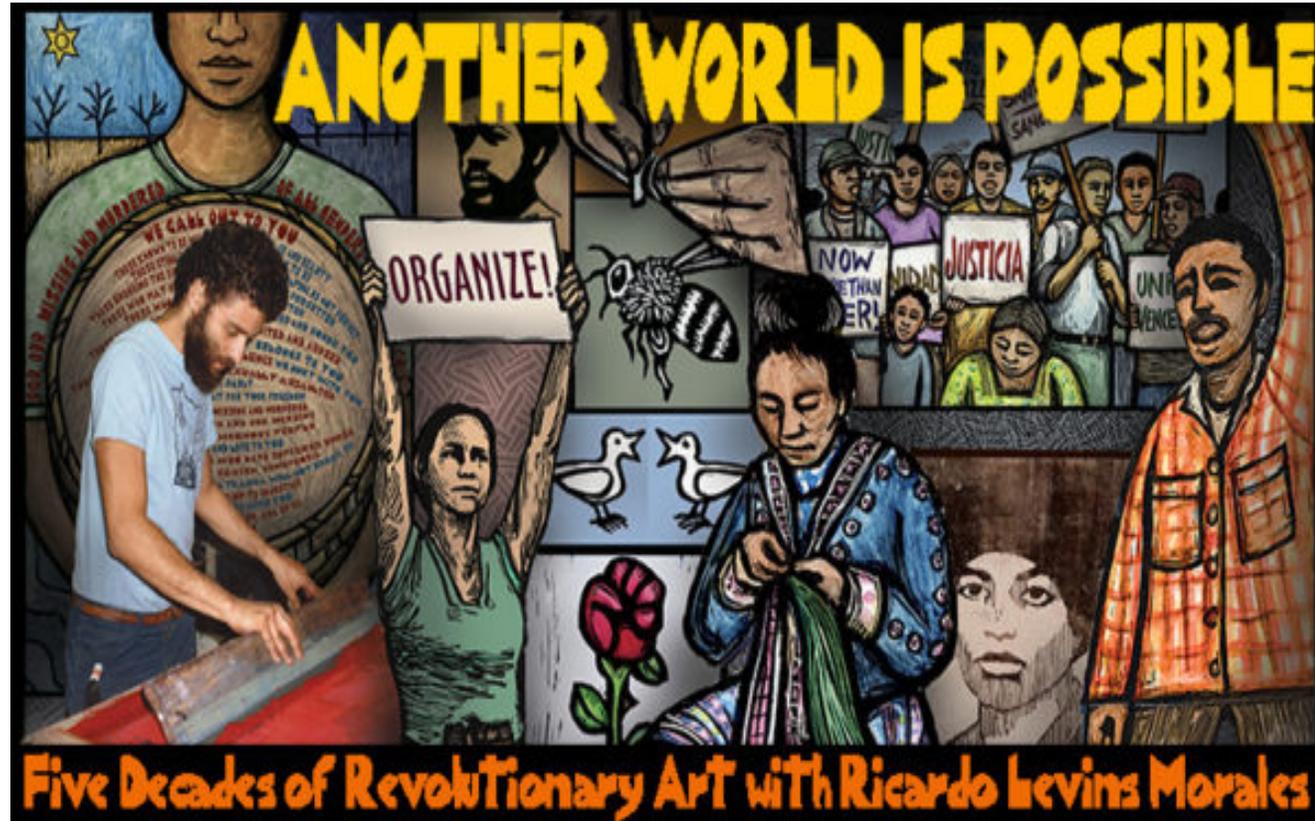
**(Sept. 28 Workshop)**

- **Clarifies Public Health Identity and Incorporates Historical Legacy**
- **Expresses Commitment to Core Values Within A Social Justice Framework**
- **Redefines Health and Public Health Centering Equity**
- **Expands the Boundaries and Scope of Legitimate Work**
- **Instills Inspiring Stories to Dramatize Social Injustice & Consequences of Inequity as a Shared Public Concern**

# Elements of a Narrative for Becoming Social Change Agents

- **Identify as Champions for the Public's Health**
- **Take Intentional Risks, Overcoming Fear of Public Conflict**
- **Build Permanent Alliances with Community Organizers and Organizations with Power and Commitment to Social Reconstruction**
- **Foster a Culture of Health Equity in the Organization Through Group Dialogue**
- **Ensure a Diverse Staff and Engage in Regular Group Dialogue**
- **Envision Possible Futures and a Trajectory for Change with Affected Communities**

# Envision a Socially Just Future



Source: Ricardo Levins Morales

# Questions and Comments?

**Contact Richard Hofrichter**  
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