

Black Lives Matter: A Commentary on Racism and Public Health

Jennifer Jee-Lyn García, PhD, and Mienah Zulfacar Sharif, MPH

The recent nonindictments of police officers who killed unarmed Black men have incited popular and scholarly discussions on racial injustices in our legal system, racialized police violence, and police (mis)conduct. What is glaringly absent is a public health perspective in response to these events.

We aim to fill this gap and expand the current dialogue beyond these isolated incidents to a broader discussion of racism in America and how it affects the health and well-being of people of color.

Our goal is not only to reiterate how salient structural racism is in our society, but how critical antiracist work is to the core goals and values of public health. (*Am J Public Health*. 2015;105:e27–e30. doi:10.2105/AJPH.2015.302706)

“The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.”

—Dr. Martin Luther King, Jr.¹

“I can’t breathe.” “Hands up.” “Black lives matter.” These statements developed in reaction to the recent deaths of Eric Garner, an unarmed Black man strangled to death by police in Staten Island, New York, and Michael Brown, an unarmed Black adolescent shot to death by police in Ferguson, Missouri.² To racial scholars, activists, and many community members, these preventable deaths were only two recent examples of the stark racial injustices that have plagued our country’s history. In both instances, the White police officers responsible for the deaths were neither charged with any crime, nor taken to trial.³ However, despite the national and international media attention these cases drew,⁴ they are by no means isolated incidents.⁵ Moreover, despite the media’s disproportionate focus on cases involving men,^{5,6} intersectional analyses demonstrate that racialized police violence and misconduct are inflicted upon women and transgendered persons of color as well.^{7–11}

These cases bring to light how racism, defined as a “system of structuring opportunity and assigning value based on race, that unfairly disadvantages some individuals and communities,” and advantages others,^{12(p10)} affects the daily realities in communities of color. As public health professionals, we are committed to achieving optimal health for all.

Thus, these violent, premature deaths of people of color should enrage us because they directly oppose the vision of *Healthy People 2020*, “A society in which all people live long, healthy lives.”¹³ Therefore, our commentary calls upon our field to recognize the pervasive role of racism in public health and to reshape our discourse and agenda so that we all actively engage in racial justice work.

Our position is not a new one.^{14–22} In 1998, the American Public Health Association (APHA) released a policy statement on the disproportionate impact of police violence on people of color.²⁰ This statement recommended strategies for reversing the trends; however, to date, there has been no record whether these policy recommendations have been implemented.²³ The relevance of the 1998 APHA statement to the most recent incidents of racialized police violence is chilling. Yet, almost two decades later, explicit conversations about racism remain glaringly absent from most mainstream public health discourse.

Although our commentary was motivated by the recent nonindictments in the Garner and Brown cases,^{2–3} we intend to expand the conversation beyond these individual high-profile cases to discuss racism and public health more broadly. Specifically, our goal is to emphasize how race and racism in our society are central to the field of public health. The intent of our commentary is to (1) acknowledge racism as a critical public health concern, (2) distinguish between the constructs of race and racism for public health,

(3) discuss the pervasiveness of structural racism in our society, and (4) offer calls to action.

CONFRONT RACISM AS A PUBLIC HEALTH CONCERN

First, we assert that racism as a social condition is a fundamental cause of health and illness.²⁴ As a growing body of research shows, racism is a social determinant of health^{12,14–19,21,25–31} that perpetuates and exacerbates the very trends our field works to reverse. Therefore, public health, at its core, is antiracist work.

Health disparities, discrimination, and residential segregation, which are topics familiar to public health researchers, are by-products of racism.^{12,15,17} Yet, these topics are often discussed without explicit acknowledgment of their connection to racism. Undermining or disguising the impact of racism on racialized health disparities enables the perpetuation of these inequities.¹² Moreover, to improve health outcomes, racism must be addressed not only by those whose work directly pertains to racialized health disparities or those who are racial/ethnic minorities themselves, but by all public health professionals. In many ways, our stance mirrors the position by Krieger on the role of poverty in health research.³² Krieger describes the “intellectual responsibility” epidemiologists have to study the role of poverty on health outcomes, whether they consider themselves social epidemiologists or not.^{32(p659)} Moreover, she asserts that epidemiologists “cannot afford to ignore poverty” irrespective of their specific topics of interest, because this would

jeopardize the scientific rigor of their work.^{32(p658)} As public health researchers, students, and practitioners, we have a similar responsibility to directly confront, analyze, and dismantle racism.

Healthy People 2020 explains,

achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.¹³

Therefore, we posit that we will continue to fall short of local, state, and national goals to eliminate racialized health disparities if we ignore the multifaceted ways in which racism, as a societal epidemic, plays a dominant role in our communities.

RACE IS NOT RACISM

Second, race and racism are not interchangeable constructs. Each needs its own distinct conceptualization, measurement, and analysis for public health research.^{17,19,33,34} Race is a social construction with no biological basis, whereas racism refers to a social system that reinforces racial group inequity.^{12,35} Racialization is the process by which meaning and value are ascribed to socially determined racial categories, and each racial category occupies a different position in the social hierarchy.^{35,36} For example, being Black (a race category) does not tell us much about one's health risks. However, being Black in America (a racially stratified society) has negative implications for educational and professional trajectories, socioeconomic status, and access to health care services and resources that promote optimal health,^{37,38} which in combination, may reduce or exacerbate health risks. In a racially stratified society, White

lives are inherently valued over Black lives.

Racism, defined earlier, is a system based on race that unfairly disadvantages some individuals and communities, and advantages others.¹² The health consequences of living in a racially stratified society are illustrated by a myriad of health outcomes that systematically occur along racial lines, such as disproportionately higher rates of infant mortality,³⁹ obesity,⁴⁰ deaths caused by heart disease and stroke,⁴¹ and an overall shorter life expectancy for Blacks in comparison with Whites.⁴² Thus, we argue that racialized health disparities are a consequence of racism, not race, per se.

Although both race and racism are relevant to health, typically only race is included as a research question, variable, or topic in most health studies.^{12,15,17} Race, as it is conventionally conceptualized and operationalized in public health research, is not an adequate proxy measure for racism.^{17,33,34} In addition, controlling for race in statistical analysis is a common practice in public health research and the research of other health professions. However, doing so will not advance our thinking about the impact of racism on health.^{17,33,34} It is imperative that we improve our understanding of the mechanisms that potentially link racism to racialized health disparities.^{12,19,29}

RACISM IS STRUCTURAL

Third, racism can include interpersonal acts of discrimination, but it is not limited to individual acts of bias.^{35,43} Racism goes beyond individual attitudes or interpersonal exchanges and extends to structural factors such as institutional policies and societal norms.³⁵ A race-conscious

approach to public health examines how racism operates at the individual, institutional, and societal levels to affect health outcomes.^{14,15} Many widely used socioecologic frameworks recognize the dominant influence of structural factors on health outcomes.⁴⁴ For example, McLeroy et al. argues for closer examination and understanding of the existing power structures that may impede otherwise well-intentioned public health interventions.⁴⁴ We must recognize racism as a powerful, structural force that restricts the attainment of optimal health for all.

To this end, we urge for more consideration of the relevant “upstream” factors^{45,46}—that is, “features of the social environment, such as socioeconomic status and discrimination, that influence individual behavior, disease, and health status”^{46(p340)}—to recognize how structural racism operates. These factors include the entrenched racism in our legal, social, and political systems that enable police officers to disproportionately stop people of color, often without cause, and who do so with greater use of force without any repercussions.⁴⁷ Police violence is only one example of how structural racism functions in our criminal justice system.

Mass incarceration of people of color further exemplifies how structural factors, such as racial inequity and discriminatory practices within our criminal justice system, perpetuate racialized health disparities. Current estimates are that one in three Black men will be behind bars at some point in their lifetime.⁴⁸ The mass incarceration of Blacks is largely the result of institutional policies in our police and judicial systems, which includes aggressive enforcement of low-level drug

crimes and mandatory harsh sentencing laws that disproportionately affect Blacks.^{48–50} The consequences of mass incarceration extend beyond a prison sentence. Once released, individuals with a criminal record lose eligibility for social programs,⁵⁰ experience voter disenfranchisement, and face discrimination when seeking housing and employment, all of which are deleterious for the health and well-being of individuals, families, and communities.^{50–52}

Although a more detailed discussion goes beyond the scope of this commentary, we recognize that the adverse health effects of structural racism are not limited to the criminal justice system. Prominent examples of structural racism also include residential segregation³⁸ and the digital divide,⁵³ which result in systematic disadvantages among people of color. Therefore, current efforts to reduce racialized health disparities will have limited impact without serious consideration of relevant structural factors.⁴⁴

CALLS TO ACTION

Racism permeates our everyday lives, even if we do not readily acknowledge its power or pervasiveness.³⁵ We argue that addressing racism is central to eliminating racialized health disparities, and therefore, should be central to public health research and practice. We echo the principles of an “open society,”^{22(p5)} one that is based on social justice that recognizes the equal value of all lives. We believe that collective efforts can help evoke social change and more generally reduce racialized health disparities and inequality.⁵⁴

Inspired by, and in solidarity with, other position statements^{20,55–59} on racialized police violence, we call on our colleagues to mobilize and

strategize a reformed public health agenda that recognizes the connection between structural racism and racialized disparities in health. Implementation of this agenda requires a multipronged, multilevel, and interdisciplinary approach. However, as public health professionals, we are uniquely positioned to facilitate the following responses.

Training

Consistent with our argument that the field as a whole needs to confront racism, we advocate for the integration of race-conscious curricula^{60,61} in public health programs based on the social justice principles and history of public health. These curricula can include models, theories, and methodologies that explicitly recognize racial injustice as a threat to health.^{14,18,62,63} Such an approach to training frames public health as inherently antiracist work, which has broad implications for the future public health workforce, both within and beyond academia.

Research

To advance our understanding and analysis of race, racism, and health, we call for more support of racism-related research. Potential sources for support include, but are not limited to, the National Institutes of Health and the Association of Schools and Programs of Public Health. A racism-focused research agenda can include the collection and provision of the data^{47,64} necessary for developing and testing measures of racism, as well as delineating relevant pathways for health.^{19,27–29,65,66}

Community-Engaged Advocacy

Public health researchers and practitioners must actively engage with communities of color to deepen

our understanding of the pervasive and complex ways that structural racism affects individual and community-level health.⁶⁷ One strategy for fostering strong community partnerships is genuine pursuit of the Centers for Disease Control and Prevention Principles of Community Engagement.⁶⁸ Furthermore, we urge public health professionals to go beyond merely documenting health disparities and disseminating findings in scientific forums, and expand our professional responsibility to include community advocacy. We must stand with our community partners to advocate for relevant policies that improve health in communities of color, and support local, state, and federal initiatives that advance social justice.

CONCLUSIONS

We have (1) emphasized racism as a key fundamental cause of health that is crucial in the work of any public health professional, (2) discussed the importance of distinguishing between race and racism in public health work, and (3) described how racism goes beyond any isolated incident because it is structural.

A public health agenda, guided by the principles of social justice and equity, provide promising prospects for reversing the current inequalities. The tragic deaths of Eric Garner and Michael Brown remind us that as public health professionals we must critically evaluate our work, our values, and our impact vis-à-vis racism. We are convinced that we have an ethical and professional responsibility to address racism as an inherent component of health equity and optimal health for all. We believe that Black lives matter and that the field of public health can

guide the nation toward ensuring they do. ■

About the Authors

Jennifer Jee-Lyn Garcia is with the Department of Health Sciences, California State University, Dominguez Hills. Mienah Zulfacar Sharif is with the Department of Community Health Sciences, Fielding School of Public Health, University of California, Los Angeles.

Correspondence should be sent to Mienah Zulfacar Sharif, MPH, UCLA Fielding School of Public Health, Department of Community Health Sciences, 650 Charles E. Young Drive South, 36-071 CHS, Box 951772, Los Angeles, CA 90095-1772 (e-mail: mienah@gmail.com). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.

This article was accepted April 5, 2015.

Contributors

Both authors equally contributed to the conceptualization, drafting, and editing of this article.

Acknowledgments

The project described was supported by Award Numbers 5T32AG033533 and R24HD041022 from the National Institute on Aging.

We are grateful to Chandra Ford, PhD, for her mentorship and guidance on this commentary. We appreciate, and are inspired by, how she shares her passion for social justice and public health with her students, both in and outside of the classroom. We also thank two anonymous reviewers for their thoughtful feedback on an earlier version of this paper.

Note. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute on Aging or the National Institutes of Health.

References

- King ML Jr. *Strength to Love*. New York, NY: Harper & Row; 1963.
- Rhodan M. Poll: 57% of Americans say grand jury wrong not to indict cop in Garner case. *Time*. Available at: <http://time.com/3624982/poll-americans-eric-garner-grand-jury>. Accessed December 9, 2014.
- Pew Research Center. Sharp racial divisions in reactions to Brown, Garner decisions. 2014. Available at: <http://www.people-press.org/2014/12/08/sharp-racial-divisions-in-reactions-to-brown-garner-decisions>. Accessed December 8, 2014.
- BBC News. Eric Garner death: 76 arrested at London Westfield demo [transcript]. BBC. 2014. Available at: <http://www.bbc.com/news/uk-england-london-30424338>. Accessed December 12, 2014.
- Ralph L, Chance K. Legacies of fear: from Rodney King's beating to Trayvon Martin's death. *Transition*. 2014;113:137–143.
- Garsd J. Ferguson lawyer to represent family of Latino man shot 17 times by police [transcript]. *Morning Edition*. National Public Radio. February 26, 2015. Available at: <http://www.npr.org/2015/02/26/389079900/ferguson-lawyer-to-represent-family-of-latino-shot-17-times-by-police>. Accessed March 30, 2015.
- Juzwiak R, Chan A. Unarmed people of color killed by police, 1999–2014. *Gawker*. 2014. Available at: <http://gawker.com/unarmed-people-of-color-killed-by-police-1999-2014-1666672349>. Accessed March 30, 2015.
- West Savali K. Black women are killed by police, too. *Salon*. 2014. Available at: http://www.salon.com/2014/08/24/black_women_are_killed_by_police_too_partner. Accessed December 11, 2014.
- Law V. Remembering the Black women killed by police. *Bitch Magazine*. 2014. Available at: <http://bitchmagazine.org/post/gender-and-race-and-police-violence-women-ferguson-michael-brown>. Accessed December 9, 2014.
- Dionne E. Police kill black women all the time, too—we just don't hear about it. *Bustle*. 2014. Available at: <http://www.bustle.com/articles/52433-police-kill-black-women-all-the-time-too-we-just-dont-hear-about-it>. Accessed December 10, 2014.
- Torassa U. \$1.8 million settlement in killing by police officer/4-foot-9-inch troubled mother fatally shot in kitchen while holding a vegetable peeler. *SF Gate*. 2005. Available at: <http://www.sfgate.com/bayarea/article/SAN-JOSE-1-8-million-settlement-in-killing-by-2558796.php>. Accessed March 30, 2015.
- Jones CP. Confronting institutionalized racism. *Phylon*. 2002;50(1/2):7–22.
- US Department of Health and Human Services, Office of Disease Prevention Health Promotion. About healthy people. Washington, DC; 2012. Available at: <http://www.healthypeople.gov/2020/About-Healthy-People>. Accessed February 10, 2015.
- Ford CL, Airhihenbuwa CO. The public health critical race methodology: praxis for antiracism research. *Soc Sci Med*. 2010;71(8):1390–1398.
- Ford CL, Airhihenbuwa CO. Critical race theory, race equity, and public

- health: toward antiracism praxis. *Am J Public Health*. 2010;100(suppl 1):S30–S35.
16. Gee GC, Ford CL. Structural racism and health inequities. *Du Bois Rev*. 2011; 8(1):115–132.
17. Jones CP. Invited commentary: “race,” racism, and the practice of epidemiology. *Am J Epidemiol*. 2001;154(4): 299–304.
18. Krieger N. Does racism harm health? Did child abuse exist before 1962? On explicit questions, critical science, and current controversies: an ecosocial perspective. *Am J Public Health*. 2003;93(2): 194–199.
19. Williams DR, Mohammed SA. Racism and health I: pathways and scientific evidence. *Am Behav Sci*. 2013;57(8): 1152–1173.
20. American Public Health Association. Impact of police violence on public health. 1998. Available at: <http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/11/14/16/impact-of-police-violence-on-public-health>. Accessed November 20, 2014.
21. McKenzie K. Racism and health: antiracism is an important health issue. *BMJ*. 2003;326:65.
22. Nyswander DB. The open society: its implications for health educators. *Health Educ Behav*. 1967;1(22):3–15.
23. Human Rights Watch. Shielded from justice: police brutality and accountability in the United States. 1998. Available at: <http://www.columbia.edu/itc/journalism/cases/katrina/Human%20Rights%20Watch/uspohml/index.htm>. Accessed March 30, 2015.
24. Link BG, Phelan J. Social conditions as fundamental causes of disease. *J Health Soc Behav*. 1995;35(spec no.):80–94.
25. Marmot M, Friel S, Bell R, Houweling TA, Taylor S. Closing the gap in a generation: health equity through action on the social determinants of health. *Lancet*. 2008;372(9650):1661–1669.
26. Paradies Y, Priest N, Ben J, et al. Racism as a determinant of health: a protocol for conducting a systematic review and meta-analysis. *Syst Rev*. 2013;2:85.
27. Brondolo E, ver Halen NB, Pencille M, Beatty D, Contrada RJ. Coping with racism: a selective review of the literature and a theoretical and methodological critique. *J Behav Med*. 2009;32(1):64–88.
28. Nuru-Jeter A, Dominguez TP, Hammond WP, et al. “It’s the skin you’re in”: African-American women talk about their experiences of racism. An exploratory study to develop measures of racism for birth outcome studies. *Matern Child Health J*. 2009;13(1):29–39.
29. Brondolo E, Gallo LC, Myers HF. Race, racism and health: disparities, mechanisms, and interventions. *J Behav Med*. 2009;32(1):1–8.
30. Jones CP. Levels of racism: a theoretic framework and a gardener’s tale. *Am J Public Health*. 2000;90(8):1212–1215.
31. Dressler WW, Oths KS, Gravlee CC. Race and ethnicity in public health research: models to explain health disparities. *Annu Rev Anthropol*. 2005;34:231–252.
32. Krieger N. Why epidemiologists cannot afford to ignore poverty. *Epidemiology*. 2007;18(6):658–663.
33. Kaufman JS, Cooper RS. Commentary: considerations for use of racial/ethnic classification in etiologic research. *Am J Epidemiol*. 2001;154(4):291–298.
34. LaVeist TA. Beyond dummy variables and sample selection: what health services researchers ought to know about race as a variable. *Health Serv Res*. 1994;29(1):1–16.
35. Bonilla-Silva E. Rethinking racism: toward a structural interpretation. *Am Sociol Rev*. 1997;62(3):465–480.
36. Omi M. *Racial Formation in the United States: From the 1960s to the 1990s*. East Sussex, UK: Psychology Press; 1994.
37. Kaufman JS, Cooper RS, McGee DL. Socioeconomic status and health in blacks and whites: the problem of residual confounding and the resiliency of race. *Epidemiology*. 1997;8(6):621–628.
38. Williams DR, Collins C. Racial residential segregation: a fundamental cause of racial disparities in health. *Public Health Rep*. 2001;116(5):404–416.
39. Singh GK, Yu SM. Infant mortality in the United States: trends, differentials, and projections, 1950 through 2010. *Am J Public Health*. 1995;85(7):957–964.
40. Ogden CL, Carroll MD. Prevalence of overweight, obesity, and extreme obesity among adults: United States, trends 1960–1962 through 2007–2008. National Center for Health Statistics. 2010. Available at: http://www.cdc.gov/nchs/data/hestat/obesity_adult_07_08/obesity_adult_07_08.pdf. Accessed March 30, 2015.
41. Writing Group Members; Lloyd-Jones D, Adams RJ, Brown TM, et al. Heart disease and stroke statistic—2010 update: a report from the American Heart Association. *Circulation*. 2010;121(7): e46–e215.
42. Olshansky SJ, Antonucci T, Berkman L, et al. Differences in life expectancy due to race and educational differences are widening, and many may not catch up. *Health Aff (Millwood)*. 2012;31(8):1803–1813.
43. Kang J. Trojan horses of race. *Harv Law Rev*. 2005;118:1489–1593.
44. McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Educ Q*. 1988;15(4):351–377.
45. Williams DR, Costa MV, Oduunlami AO, Mohammed SA. Moving upstream: how interventions that address the social determinants of health can improve health and reduce disparities. *J Public Health Manag Pract*. 2008;14(suppl): S8–17.
46. Gehlert S, Sohmer D, Sacks T, Minger C, McClintock M, Olopade O. Targeting health disparities: a model linking upstream determinants to downstream interventions. *Health Aff (Millwood)*. 2008;27(2):339–349.
47. Warren V. The real problem in Ferguson, New York and all of America is institutional racism. *The Guardian*. 2014. Available at: <http://www.theguardian.com/commentisfree/2014/dec/04/problem-ferguson-new-york-america-institutional-racism>. Accessed December 11, 2014.
48. Alexander M. *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. New York, NY: The New Press; 2010.
49. López IFH. Post-racial racism: racial stratification and mass incarceration in the age of Obama. *Calif Law Rev*. 2010;98(3): 1023–1074.
50. Roberts DE. The social and moral cost of mass incarceration in African American communities. *Stanford Law Rev*. 2004;56(5):1271–1305.
51. Dumont DM, Brockmann B, Dickman S, Alexander N, Rich JD. Public health and the epidemic of incarceration. *Annu Rev Public Health*. 2012;33:325–339.
52. Gilmore RW. *Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California*. Oakland, CA: University of California Press; 2006.
53. Chang BL, Bakken S, Brown SS, et al. Bridging the digital divide: reaching vulnerable populations. *J Am Med Inform Assoc*. 2004;11(6):448–457.
54. Krieger N, Birn AE. A vision of social justice as the foundation of public health: commemorating 150 years of the spirit of 1848. *Am J Public Health*. 1998;88(11): 1603–1606.
55. Soc4All. American Sociological Association statement on Ferguson. Available at: <http://soc4all.wordpress.com/2014/08/26/american-sociological-association-statement-on-ferguson>. Accessed August 26, 2014.
56. Misgano S, Sirdenis TK, Sullivan S, et al. We all have a role to play: an open letter from public health students and professionals. 2014. Available at: <https://docs.google.com/document/d/1ygQpuTnpUlr2pIn6y-wN1vepAZB2kYsRG-XCjo6d3o/edit>. Accessed November 20, 2014.
57. Bassett MT. #BlackLivesMatter—a challenge to the medical and public health communities. *N Engl J Med*. 2015;372(12):1085–1087.
58. Krieger N. Police killings, political impunity, racism, and the people’s health: issues for our times. *Harvard Public Health Rev*. 2015;3(Jan):1–2.
59. Sheridan-Gonzalez J. Statement by NYSA president Judy Sheridan-Gonzalez, RN on Ferguson. 2014. Available at: <http://www.nysna.org/blog/2014/11/26/statement-nysna-president-judy-sheridan-gonzalez-rn-ferguson#>. VJNld4DcB. Accessed December 8, 2014.
60. Kumagai AK, Lyppson ML. Beyond cultural competence: critical consciousness, social justice, and multicultural education. *Acad Med*. 2009;84(6): 782–787.
61. Taboada A. Privilege, power, and public health programs: a student perspective on deconstructing institutional racism in community service learning. *J Public Health Manag Pract*. 2011; 17(4):376–380.
62. Thomas SB, Quinn SC, Butler J, Fryer CS, Garza MA. Toward a fourth generation of disparities research to achieve health equity. *Annu Rev Public Health*. 2011;32:399–416.
63. Bauer GR. Incorporating intersectionality theory into population health research methodology: challenges and the potential to advance health equity. *Soc Sci Med*. 2014;110:10–17.
64. Center for Policing Equity: University of California Los Angeles. What we do. Available at: <http://cpe.psych.ucla.edu>. Accessed March 30, 2015.
65. Williams DR, Mohammed SA. Discrimination and racial disparities in health: evidence and needed research. *J Behav Med*. 2009;32(1):20–47.
66. Jones CP, Truman BI, Elam-Evans LD, et al. Using “social assigned race” to probe White advantages in health status. *Ethn Dis*. 2008;18(4):496–504.
67. Wallerstein NB, Duran B. Using community-based participatory research to address health disparities. *Health Promot Pract*. 2006;7(3):312–323.
68. Centers for Disease Control and Prevention. *Principles of Community Engagement*. 2nd ed. Atlanta, GA: Centers for Disease Control and Prevention; 2011.

This article has been cited by:

1. Janine Young. 2020. Somali American Adolescent Girls and Women—A Hidden Refugee Population With Barriers to Health. *American Journal of Public Health* **110**:1, 18-19. [[Citation](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)]
2. Aleisha L. Kropf. 2020. The Photographer's Intent: Understanding the Narratives We Amplify. *American Journal of Public Health* **110**:1, 16-18. [[Citation](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)]
3. Annie Hardison-Moody, Julia Yao. 2019. Faithful Families, Thriving Communities: Bridging Faith and Health Through a State-Level Partnership. *American Journal of Public Health* **109**:3, 363-368. [[Abstract](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)]
4. Billie Castle, Monica Wendel, Jelani Kerr, Derrick Brooms, Aaron Rollins. 2019. Public Health's Approach to Systemic Racism: a Systematic Literature Review. *Journal of Racial and Ethnic Health Disparities* **6**:1, 27-36. [[Crossref](#)]
5. Alma Itzé Flores, Tanya J. Gaxiola Serrano, Daniel G. Solórzano. 7. Critical Race Theory, Racial Stratification in Education, and Public Health . [[Citation](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)]
6. Goleen Samari, Héctor E. Alcalá, Mienah Z. Sharif. 23. Racialization of Religious Minorities . [[Citation](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)]
7. . Foreword: The Long Trajectory . [[Citation](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)]
8. Amy Hagopian, Kathleen McGlone West, India J. Ornelas, Ariel N. Hart, Jenn Hagedorn, Clarence Spigner. 2018. Adopting an Anti-Racism Public Health Curriculum Competency: The University of Washington Experience. *Public Health Reports* **133**:4, 507-513. [[Crossref](#)]
9. John Tawa. 2018. Dimensions of Racial Essentialism and Racial Nominalism: A Mixed-Methods Study of Beliefs About Race. *Race and Social Problems* **10**:2, 145-157. [[Crossref](#)]
10. Derrick D. Matthews. 2018. Leveraging a Legacy of Activism: Black Lives Matter and the Future of HIV Prevention for Black MSM. *AIDS Education and Prevention* **30**:3, 208-212. [[Crossref](#)]
11. Rachel R. Hardeman, Katy A. Murphy, J'Mag Karbeah, Katy Backes Kozhimannil. 2018. Naming Institutionalized Racism in the Public Health Literature: A Systematic Literature Review. *Public Health Reports* **133**:3, 240-249. [[Crossref](#)]
12. Joan E. Dodgson. 2018. Social Justice and Lactation. *Journal of Human Lactation* **34**:2, 211-212. [[Crossref](#)]
13. Terrell J. A. Winder, Charles H. Lea. 2018. "Blocking" and "Filtering": a Commentary on Mobile Technology, Racism, and the Sexual Networks of Young Black MSM (YBMSM). *Journal of Racial and Ethnic Health Disparities* **5**. . [[Crossref](#)]
14. Héctor E. Alcalá, Mónica F. L. Montoya. 2018. Association of Skin Color and Generation on Arrests Among Mexican-Origin Latinos. *Race and Justice* **8**:2, 178-193. [[Crossref](#)]
15. Stefania Sarsah Cobbinah, Jan Lewis. 2018. Racism & Health: A public health perspective on racial discrimination. *Journal of Evaluation in Clinical Practice* **11**. . [[Crossref](#)]
16. Kristen R. Moore, Natasha Jones, Bailey S. Cundiff, Leah Heilig. 2018. Contested sites of health risks. *Communication Design Quarterly Review* **5**:4, 52-60. [[Crossref](#)]
17. Sara F. Jacoby, Therese S. Richmond, Daniel N. Holena, Elinore J. Kaufman. 2018. A safe haven for the injured? Urban trauma care at the intersection of healthcare, law enforcement, and race. *Social Science & Medicine* **199**, 115-122. [[Crossref](#)]
18. Alana M.W. LeBrón, Amy J. Schulz, Graciela Mentz, Angela G. Reyes, Cindy Gamboa, Barbara A. Israel, Edna A. Viruell-Fuentes, James S. House. 2018. Impact of change over time in self-reported discrimination on blood pressure: implications for inequities in cardiovascular risk for a multi-racial urban community. *Ethnicity & Health* **80**, 1-19. [[Crossref](#)]
19. Carrie Hemmings, Amanda M. Evans. 2018. Identifying and Treating Race-Based Trauma in Counseling. *Journal of Multicultural Counseling and Development* **46**:1, 20-39. [[Crossref](#)]
20. Vivian H. Jackson. The Role of Cultural Competence in Trauma-Informed Agencies and Services 41-64. [[Crossref](#)]
21. James H. Price, Erica Payton. 2017. Implicit Racial Bias and Police Use of Lethal Force: Justifiable Homicide or Potential Discrimination?. *Journal of African American Studies* **21**:4, 674-683. [[Crossref](#)]
22. Brian Pitman, Asha M. Ralph, Jocelyn Camacho, Elizabeth Monk-Turner. 2017. Social Media Users' Interpretations of the Sandra Bland Arrest Video. *Race and Justice* **14**, 215336871770542. [[Crossref](#)]
23. John R. Logan, Deirdre Oakley. 2017. Black lives and policing: The larger context of ghettoization. *Journal of Urban Affairs* **39**:8, 1031-1046. [[Crossref](#)]
24. Molly Rosenberg, Shabbar I. Ranapurwala, Ashley Townes, Angela M. Bengtson. 2017. Do black lives matter in public health research and training?. *PLOS ONE* **12**:10, e0185957. [[Crossref](#)]

25. Sharon Jones-Eversley, A. Christson Adedoyin, Michael A. Robinson, Sharon E. Moore. 2017. Protesting Black Inequality: A Commentary on the Civil Rights Movement and Black Lives Matter. *Journal of Community Practice* 25:3-4, 309-324. [[Crossref](#)]
26. Elizabeth M. Stein, Keith P. Gennuso, Donna C. Ugboaja, Patrick L. Remington. 2017. The Epidemic of Despair Among White Americans: Trends in the Leading Causes of Premature Death, 1999–2015. *American Journal of Public Health* 107:10, 1541-1547. [[Abstract](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)] [[Supplemental Material](#)]
27. Katherine M. Keyes, Melanie Wall, Tianshu Feng, Magdalena Cerdá, Deborah S. Hasin. 2017. Race/ethnicity and marijuana use in the United States: Diminishing differences in the prevalence of use, 2006–2015. *Drug and Alcohol Dependence* 179, 379-386. [[Crossref](#)]
28. Tamar M. J. Antin, Rachele Annechino, Geoffrey Hunt, Sharon Lipperman-Kreda, Malisa Young. 2017. The gendered experience of smoking stigma: implications for tobacco control. *Critical Public Health* 27:4, 443-454. [[Crossref](#)]
29. Kiyomi Tsuyuki, Eileen V. Pitpitan, Maria A. Levi-Minzi, Lianne A. Urada, Steven P. Kurtz, Jamila K. Stockman, Hilary L. Surratt. 2017. Substance Use Disorders, Violence, Mental Health, and HIV: Differentiating a Syndemic Factor by Gender and Sexuality. *AIDS and Behavior* 21:8, 2270-2282. [[Crossref](#)]
30. Candice Hargons, Della Mosley, Jameca Falconer, Reuben Faloughi, Anneliese Singh, Danelle Stevens-Watkins, Kevin Cokley. 2017. Black Lives Matter: A Call to Action for Counseling Psychology Leaders. *The Counseling Psychologist* 45:6, 873-901. [[Crossref](#)]
31. Sirry Alang, Donna McAlpine, Ellen McCreedy, Rachel Hardeman. 2017. Police Brutality and Black Health: Setting the Agenda for Public Health Scholars. *American Journal of Public Health* 107:5, 662-665. [[Abstract](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)]
32. Maeve Wallace, Joia Crear-Perry, Lisa Richardson, Meshawn Tarver, Katherine Theall. 2017. Separate and unequal: Structural racism and infant mortality in the US. *Health & Place* 45, 140-144. [[Crossref](#)]
33. P. Christopher Palmedo, Lori Dorfman, Sarah Garza, Eleni Murphy, Nicholas Freudenberg. 2017. Countermarketing Alcohol and Unhealthy Food: An Effective Strategy for Preventing Noncommunicable Diseases? Lessons from Tobacco. *Annual Review of Public Health* 38:1, 119-144. [[Crossref](#)]
34. Mario A. Rivera, James D. Ward. 2017. Toward an Analytical Framework for the Study of Race and Police Violence. *Public Administration Review* 77:2, 242-250. [[Crossref](#)]
35. Sara A. Snyder, Saeed Rahman, Jamie K. Hamilton, Hana T. Hamdi, Anjoli Anand, Anna Anandel, Laurene Barlet, Juliana L. Bennington, Cyril Bennouna, Chris B. Boyer, Matthew Cato, Eric Cioe-Pena, Courtney A. Clark, Mary Crippen, Justine Dowden, Jennifer B. Fearon, Lorraine Fei, Angie Hamouie, Ian R. Kurashige, Samina Lutfeali, Kathryn Martin, Ramón Millán, Adrienne Pizatella, Maria C. Quinn, Kate Ross-Hopley, Emily Wilkinson Salamea, Kaitlin Shaw, Mallory C. Sheff, Priyam Thind, Anaise M. Williams, Les Roberts. 2017. The Eric Garner Case: Statewide Survey of New York Voters' Response to Proposed Police Accountability Legislation. *Journal of Social Service Research* 43:1, 1-17. [[Crossref](#)]
36. Mickey Vallee. 2017. The Rhythm of Echoes and Echoes of Violence. *Theory, Culture & Society* 34:1, 97-114. [[Crossref](#)]
37. Karishma Furtado, Kira Hudson Banks. 2016. A Research Agenda for Racial Equity: Applications of the Ferguson Commission Report to Public Health. *American Journal of Public Health* 106:11, 1926-1931. [[Abstract](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)]
38. Sarah DeGue, Katherine A. Fowler, Cynthia Calkins. 2016. Deaths Due to Use of Lethal Force by Law Enforcement. *American Journal of Preventive Medicine* 51:5, S173-S187. [[Crossref](#)]
39. Anita Chandra, Carolyn E. Miller, Joie D. Acosta, Sarah Weiland, Matthew Trujillo, Alonzo Plough. 2016. Drivers Of Health As A Shared Value: Mindset, Expectations, Sense Of Community, And Civic Engagement. *Health Affairs* 35:11, 1959-1963. [[Crossref](#)]
40. Kacey Y. Eichelberger, Kemi Doll, Geraldine E. Ekpo, Matthew L. Zerden. 2016. Black Lives Matter: Claiming a Space for Evidence-Based Outrage in Obstetrics and Gynecology. *American Journal of Public Health* 106:10, 1771-1772. [[Citation](#)] [[Full Text](#)] [[PDF](#)] [[PDF Plus](#)] [[Supplemental Material](#)]
41. Gracelyn Cruden, Kelly Kelleher, Sheppard Kellam, C. Hendricks Brown. 2016. Increasing the Delivery of Preventive Health Services in Public Education. *American Journal of Preventive Medicine* 51:4, S158-S167. [[Crossref](#)]
42. Julie H. Levison, Margarita Alegría. 2016. Shifting the HIV Training and Research Paradigm to Address Disparities in HIV Outcomes. *AIDS and Behavior* 20:S2, 265-272. [[Crossref](#)]
43. Mohan J. Dutta. 2016. Cultural Context, Structural Determinants, and Global Health Inequities: The Role of Communication. *Frontiers in Communication* 1. . [[Crossref](#)]

44. Angela K. McGowan, Mary M. Lee, Cristina M. Meneses, Jane Perkins, Mara Youdelman. 2016. Civil Rights Laws as Tools to Advance Health in the Twenty-First Century. *Annual Review of Public Health* 37:1, 185-204. [[Crossref](#)]
45. Sonja Mackenzie, Emma Rubin, Cynthia Gómez. 2016. 'Prison is one place you don't want your sexuality'. *Champ pénal* :Vol. XIII. . [[Crossref](#)]
46. Christopher J. King, Yanique Redwood. 2016. The Health Care Institution, Population Health and Black Lives. *Journal of the National Medical Association* 108:2, 131-136. [[Crossref](#)]
47. Nicole Ackermann, Melody S. Goodman, Keon Gilbert, Cassandra Arroyo-Johnson, Marcello Pagano. 2015. Race, law, and health: Examination of 'Stand Your Ground' and defendant convictions in Florida. *Social Science & Medicine* 142, 194-201. [[Crossref](#)]
48. Srikanta Banerjee, Jill A. Firtell. Addressing Critical Multiculturalism in Online Education Using a Poly-Framework Approach 255-279. [[Crossref](#)]