



ELSEVIER

 JOURNAL OF
 ADOLESCENT
 HEALTH

www.jahonline.org

Commentary

Inaction Is Not an Option: Using Antiracism Approaches to Address Health Inequities and Racism and Respond to Current Challenges Affecting Youth



Maria Veronica Svetaz, M.D., M.P.H.^{a,*}, Romina Barral, M.D., Ms.C.R.^{b,c}, Michele A. Kelley, Sc.D., M.S.W., M.A.^d, Tina Simpson, M.D., M.P.H.^e, Vinny Chulani, M.D., M.S.Ed.^f, Marissa Raymond-Flesch, M.D., M.P.H.^g, Tamera Coyne-Beasley, M.D., M.P.H.^e, Maria Trent, M.D., M.P.H.^h, Kenneth Ginsburg, M.D., M.S.Ed.ⁱ, and Nuray Kanbur, M.D.^j

^a Department of Family and Community Medicine, Leadership Education for Adolescent Health Program, Hennepin Healthcare, University of Minnesota, Minneapolis, Minnesota

^b Division of Adolescent Medicine, Children's Mercy Hospital Kansas City, Kansas City, Missouri

^c Department of Pediatrics, University of Missouri-Kansas City School of Medicine, University of Kansas, Kansas City, Missouri

^d Community Health and Youth Leadership Development Consultant

^e Division of Adolescent Medicine, Department of Pediatrics, University of Alabama at Birmingham, Birmingham, Alabama

^f Department of Pediatrics and Adolescent Medicine, Phoenix Children's Hospital, Phoenix, Arizona

^g Division of Adolescent and Young Adult Medicine, Department of Pediatrics, UCSF Benioff Children's Hospital, San Francisco, California

^h Division of Adolescent/Young Adult Medicine, Department of Pediatrics, Johns Hopkins University School of Medicine, Baltimore, Maryland

ⁱ Division of Adolescent Medicine, Department of Pediatrics, Children's Hospital of Philadelphia, University of Pennsylvania, Philadelphia, Pennsylvania

^j Division of Adolescent Medicine, Department of Pediatrics, Hacettepe University Faculty of Medicine, Ankara, Turkey

"We are now faced with the fact that tomorrow is today. We are confronted with the fierce urgency of now. In this unfolding conundrum of life and history, there 'is' such a thing as being too late. This is no time for apathy or complacency. This is a time for vigorous and positive action."

-Martin Luther King.

Racism is not new, and the past decade witnessed renewed expressions of discrimination and bigotry, with a sharp shift toward nationalism and a global increase in hate crimes. But the disproportionate impact of the current coronavirus disease crisis on communities of color and the death of George Floyd from police brutality have spurred a different type of fierce response. It is now clear that both are the product of the same social, economic, environmental, and political forces that have created and perpetuated long-standing and well-documented health inequities affecting youth.

This commentary has two goals: to discuss the role of anti-racism as a strategy to address pernicious health inequities affecting youth and to expand on the Seven Cs model of positive

youth development as a buffer against the toxic effects of racism on development [1].

The Ecological Model of Antiracism

Antiracism is defined as focused and sustained action by intercultural, interfaith, multilingual, and interabled (i.e., differently abled) communities to change systems or institutional policies, practices, or procedures that have racist effects [2].

Being an antiracist requires action, not simply denial of being racist. In the context of this pandemic, antiracist actions are most effective through multilevel approaches to disrupt the systems-level barriers to optimal health outcomes. Antiracist actions consider the social ecology of youth and their families and the community and organizational systems within which they are embedded. Antiracist actions specifically seek to identify and deconstruct harmful personal, institutional, and internalized attitudes, beliefs, and behaviors to create essential opportunities for healthy living.

Although it is essential to have a socioecological lens for our youth and families, it is crucial to use the same lens to deconstruct racism [3]. Racism is enacted at multiple levels [4], including extraorganizational [5], intraorganizational (e.g., education, health care, and justice systems), and individual (e.g., person to person interactions) levels. Both the Society for Adolescent Health and Medicine's Position Paper [6] and the

Conflicts of interest: The authors have no conflicts of interest to disclose.

* Address correspondence to: Maria Veronica Svetaz M.D., M.P.H., Department of Family and Community Medicine, Hennepin Healthcare, 2810 Nicollet Avenue South 2nd floor, Minneapolis, MN 55408.

E-mail address: maria.svetaz@hcmcd.org (M.V. Svetaz).

Table 1
More than being against it: antiracism and antioppression in mental health services [7]

Elements of an antiracism and antioppression framework
<p>Focus on activation Activation is creating the realization and validation that one can use one's strengths as tools for growth, developing a strong identity. Activation involves creating awareness of one's strengths, agency, and possibilities, and paths through thoughtful listening and validation [9].</p>
<p>Promote antiracism education Antiracism is committed to educating people about the notions of race, racism, and the position of privilege held by white people. (It does not deny that intersectional forces, such as classism, as well as home-based trauma, can create a great deal of suffering for white people.) It also encompasses the examination of individual and institutional racism by learning the historical roots of racism, its definitions, its manifestations within institutions, and its impact on social conditions. A framework using this philosophy of practice has four main components: 1) defining and undoing racism; 2) teaching the history of racism; 3) developing leadership to overcome domination and gain independence, and 4) multidirectional accountability: antiracism education helps individuals to acquire confidence in "owning" or becoming accountable for their actions [10]. Antiracism values and promotes alternative ways of knowing and producing knowledge by giving voice to lived experiences and resistance. "Focusing on the margins" means giving voice to youth, their families, and their communities marginalized by our society.</p>
<p>Build alliances using participatory processes Establishing and developing community alliances, collaborations, linkages, coalitions, and partnerships with other oppressed groups is an important component of any antiracist and antioppression strategy. Building alliances with and for an oppressed or marginalized group provides support and political visibility to efforts to challenge power and is a powerful tool in changing perceptions, racist discourse, and practices [11]. Youth-led Participatory Action Research gives an outlet to youth to catalyze social change [12].</p>
<p>Honor language that does not stigmatize Working within an antiracism framework involves the use of language that does not stigmatize, label, or reproduce oppressive forms of power. It also avoids the use of titles, ranks, or positions that can put a distance between us and the youth and families we serve, hence producing a more egalitarian relationship. Antiracism intersects with the trauma-sensitive approach and honors those adverse childhood events by not using quick diagnoses, such as oppositional disorder or antisocial personality [13].</p>
<p>Respect alternative healing strategies Antioppression distances itself from the "medical model" in favor of holistic approaches to providing care [14,15]. Tew defines holism as a way "of reclaiming the whole person from the partiality of a purely medical definition" [16]. Holism is, therefore, closer to a "social model" of mental "distress" than the dominant individualistic medical model of mental "illness." Promoting, developing, and proposing a vast array of healing strategies is a way of injecting alternative discourses into the dominant model of care [17]. Therefore, other holistic approaches to treatment may be included in an antiracist mental health services system—such as Indigenous practices that are rooted in balance, Chinese traditional medicine, Indian Ayurveda, African approaches, and yoga—to promote philosophies of healing that are responsive to the diversity of human experiences and worldviews. "It is what happens to you, not what is wrong with you."</p>
<p>Practice advocacy, social justice/activism in parallel Antioppression and antiracism both share the goal of social change as defined by the oppressed based on the needs they have identified for themselves. Advocating for disenfranchised groups or people requires that we guide, advise, and support without persuading or pressuring. As Arredondo and Rosen describe the process, "enacting social justice leadership involves active listening, more truth telling, having difficult dialogues, risk-taking, and applying collective empowerment strategies to combat systems of oppression" [18].</p>
<p>Foster reflexivity, for those who care and for those that are cared for To drive cultural and institutional change to achieve social justice, we must start with ourselves. Critical self-knowledge and self-examination are essential to understand the dominant system, one's place and role in it, and how it can be challenged [19]. As individuals, we must have a level of reflexivity, awareness, and acknowledgment of our social position to understand our roles in the systems of privilege and oppression.</p>

American Academy of Pediatrics' Policy Statement [7] on Racism and Health provide a framework for addressing different levels of racism for systems working with and on behalf of youth.

At the individual level, racism operates through attitudes, beliefs, and behaviors. We must start with ourselves to drive cultural and institutional changes necessary to achieve social justice. As individuals, we must examine our own beliefs, judgments, and practices (reflexivity) and acknowledge our social position and our roles in systems of privilege and oppression to understand how systems affect youth and families.

Corneau and Stergiopoulos offer a synthesis of antiracism and antioppression in mental health practice [8]. We have borrowed these elements and adapted them to adolescent health and development. Table 1 highlights and expands those components that we all need to incorporate in our routine care and practice with youth to stop the perpetration of oppression.

- 1 Focus on activation
- 2 Promote antiracism education
- 3 Build alliance using participatory processes
- 4 Honor language that does not stigmatize
- 5 Respect alternative healing strategies
- 6 Practice advocacy, social justice/activism in parallel

7 Foster reflexivity, for those who care and for those that are cared for

Integrating Antiracism Into Trauma-Sensitive Care for Positive Youth Development

Antiracism, trauma-sensitive care, and positive youth development share core values and principles that render them interrelated and complementary. They are fundamentally strength based, emphasize creating safe spaces and fostering trust, elevate youth voices, facilitate autonomy, and foster a participatory culture where youth can own solutions. These strategies all stress both the importance of viewing trauma, including the impacts of racism, from a historical perspective and the need for intergenerational approaches in the search for solutions for healing.

In our approaches to youth, we must be mindful of dimensions of power and the imbalance in the control of services that may lead to unintended exclusion and oppression [20–26]. Evidence-based health promotion programs may inadvertently cause harm by omission of antiracist practices [27,28]. Consider for example:

- Rather than ignoring the reality of racism and other forms of oppression, use culturally affirming content and activities to promote wellness and positive youth development while addressing health inequalities.
- Incorporate the historical context and legacy of social protection offered by marginalized communities, manifested in the many ways that they have practiced collective coping, caring, and resilience.
- Rather than centering youth programs solely on Western white-dominated science, knowledge, and practices, incorporate the wisdom and work of scholars and practitioners from nondominant racial and ethnic groups and allies, who seek to advance novel and culturally grounded approaches.

To this end, we propose adding an eighth C to the Seven Cs model that integrates positive youth development, resilience-building strategies, and trauma-sensitive practices: competence, confidence, connection, character, contribution, coping, and control [1]. The eighth C is critical consciousness [29]. This C is a competency that recognizes everyone's contribution to society and builds our collective character. It brings racial and political socialization as a shield against internalized racism, the most developmentally destructive form of racism. It also helps build relationships with allies that will stand up to future forms of oppression [30]. It celebrates culture and roots and fosters pride. Critical consciousness adds focus on ethnic formation and coaches parents on how to initiate positive racial and political socialization [31].

Adolescent development strives toward a positive sense of self and self-esteem, which can only be accomplished within a psychosocial context that is nurturing and validates diversity for positive youth development [9]. A positive youth development [32] framework must move away from outdated notations of colorblindness to serve as an example of how to be an antiracist. True positive youth development must seek to deconstruct norms, policies, and structures that lack an equity lens and begin to create paradigms that take into consideration who youth are and what their experiences have been and need to be to reclaim their future.

The moment is now, where we can see the old structures of our society failing and falling. This is our opportunity to rebuild a society without margins, where all youth and families can thrive.

In memoriam

George Floyd.

October 14, 1973, to May 25, 2020.

Rest in Power.

References

- [1] Ginsburg KR, Jablow MM. Building resilience in children and teens: Giving kids roots and wings. *American Academy of Pediatrics*; 2011.
- [2] Antiracism digital library. Available at: <https://sacred.omeka.net/>. Accessed May 27, 2020.
- [3] Jones CP. Levels of racism: A theoretic framework and a gardener's tale. *Am J Public Health* 2000;90:1212–5.
- [4] Griffith DM, Childs EL, Eng E, Jeffries V. Racism in organizations: The case of a county public health department. *J Community Psychol* 2007;35:287–302.
- [5] Geronimus AT, Thompson JP. To denigrate, ignore, or disrupt: Racial inequality in health and the impact of a policy-induced breakdown of African American communities. *Du Bois Rev Social Sci Res Race* 2004;1:247–79.
- [6] Svetaz MV, Chulani V, West KJ, et al. Racism and its harmful effects on nondominant racial-ethnic youth and youth-serving providers: A call to action for organizational change. *J Adolesc Health* 2018;63:257–61.
- [7] Trent M, Dooley DG, Dougé J. The impact of racism on child and adolescent health. *Pediatrics* 2019;144:e20191765.
- [8] Corneau S, Stergiopoulos V. More than being against it: Anti-racism and anti-oppression in mental health services. *Transcult Psychiatry* 2012;49:261–82.
- [9] Svetaz MV, Bring S, Barkley L. A clinical practice model to promote health equity for adolescents and young adults. In: *Promoting health equity among racially and ethnically diverse adolescents*. Cham: Springer; 2019:203–34.
- [10] Dei GJ. *Theory and practice: antiracism education*. Halifax: Fernwood Publishing; 1996.
- [11] Dominelli L. *Anti-racist social work*, 3rd ed Basingstoke.
- [12] Ozer EJ. Youth-led participatory action research: Developmental and equity perspectives. *Adv Child Dev Behav* 2016;50:189–207. JAI.
- [13] Fadus MC, Ginsburg KR, Sobowale K, et al. Unconscious bias and the diagnosis of disruptive behavior disorders and ADHD in African American and Hispanic youth. *Acad Psychiatry* 2020;44:95–102.
- [14] Fernando S. *Mental health, race and culture*. Macmillan International Higher Education; 2010.
- [15] Lefley HP. *Mental health systems in a cross-cultural context*. In: *A handbook for the study of mental health: Social contexts, theories, and systems*. 2010:135–61.
- [16] Tew J. Going social: Championing a holistic model of mental distress within professional education. *Soc Work Educ [Internet]* 2002;21:143–55. Available at: <http://www.tandfonline.com/doi/abs/10.1080/02615470220126390>. Accessed May 16, 2019.
- [17] Larson G. Anti-oppressive practice in mental health. *J Prog Hum Serv* 2008;19:39–54.
- [18] Arredondo P, Rosen DC. Applying principles of multicultural competencies, social justice, and leadership in training and supervision.
- [19] Bonnett A. Anti-racism [Internet]. 2005. Available at: <https://content.taylorfrancis.com/books/download?dac=C2010-0-43193-4&isbn=9781134695911&format=googlePreviewPdf>. Accessed May 18, 2019.
- [20] Morsillo J, Prilleltensky I. Social action with youth: Interventions, evaluation, and psychopolitical validity. *J Community Psychol* 2007;35:725–40.
- [21] Chapman-Hilliard C, Adams-Bass V. A conceptual framework for utilizing Black history knowledge as a path to psychological liberation for Black youth. *J Black Psychol* 2016;42:479–507.
- [22] Zimmerman MA, Eisman AB, Reichs TM, et al. Youth empowerment solutions: Evaluation of an after-school program to engage middle school students in community change. *Health Education Behav* 2018;45:20–31.
- [23] Evans SD, Prilleltensky I. Youth and democracy: Participation for personal, relational, and collective well-being. *J Community Psychol* 2007;35:681–92.
- [24] Ginwright S, Cammarota J. Youth activism in the urban community: Learning critical civic praxis within community organizations. *Int J Qual Stud Educ* 2007;20:693–710.
- [25] Harden T, Kenemore T, Mann K, et al. The Truth N'Trauma Project: Addressing community violence through a youth-led, trauma-informed and restorative framework. *Child Adolesc Soc Work J* 2015;32:65–79.
- [26] Duncan-Andrade J. Note to educators: Hope required when growing roses in concrete. *Harv Educ Rev* 2009;79:181–94.
- [27] Hodge DR, Jackson KF, Vaughn MG. Culturally sensitive interventions and health and behavioral health youth outcomes: A meta-analytic review. *Soc Work Health Care* 2010;49:401–23.
- [28] Castro FG, Yasui M. Advances in EBI development for diverse populations: Towards a science of intervention adaptation. *Prev Sci* 2017;18:623–9.
- [29] Ward J. Raising resisters: The role of truth telling in the psychological development of African American girls. In: Leadbeater BJR, Way N, eds. *Urban girls: Resisting stereotypes, creating identities* [Internet]. New York: New York University Press; 1996:85–99. Available at: <https://www.google.com/search?tbm=bks&hl=en&q=%5BWard+JV.+Raising+resisters%3A+The+role+of+truth+telling+in+the+psychological+development+of+African+American+girls.+Urban+girls%3A+Resisting+stereotypes%2C+creating+identities.+1996%3A85-99%5D+>. Accessed April 30, 2019.
- [30] Svetaz MV, Coyne-Beasley T, Trent M, et al. The traumatic impact of racism and discrimination on young people and how to talk about it. In: Ginsburg KR, ed. McClain ZBR. *Reaching teens: Strength based, trauma-sensitive, resilience-building communication strategies rooted in positive youth development*. 2nd ed. Itasca, IL: American Academy of Pediatrics; 2020.
- [31] Svetaz MV, Coyne-Beasley T. Raising youth of color in a complex world. In: Ginsburg KR, Jablow MM, eds. *Building resilience in children and teens: Giving kids roots and wings*. 4th ed. Itasca, IL: American Academy of Pediatrics; 2020.
- [32] Lerner RM, Dowling EM, Anderson PM. Positive youth development: Thriving as the basis of personhood and civil society. *Appl Dev Sci* 2003;7:172–80.