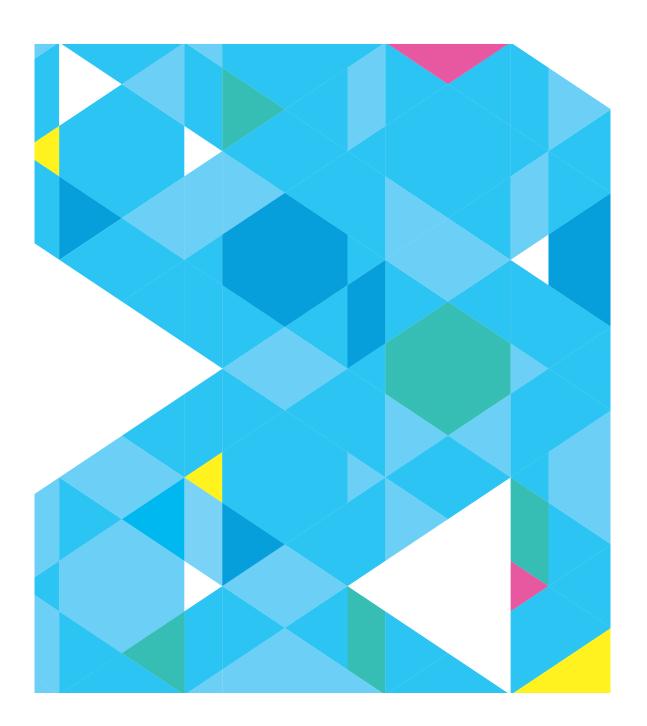
Race to Justice Frequently Asked Questions





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1 What are the goals of Race to Justice?

Race to Justice is the New York City Health Department's effort to advance racial equity and social justice across all programs, policies and practices. Through Race to Justice, the agency will:

- ► Educate and train staff on how racism and other systems of oppression can shape health.
- ▶ Study how racism has affected our past work and create new policies to lessen that impact.
- ▶ Collaborate with local communities to counter injustices.

The long-term goal of Race to Justice is for the Health Department and its staff to have the systems, policies, practices and skills to achieve measurable declines in unequal and unjust health outcomes.



2 Does racism affect the work of the Health Department? How so?

Yes. Racism is a system of power and oppression that provides opportunities and assigns value based on race and ethnicity. Racism disadvantages people of color and provides unfair advantages to White people. Racism is deeply embedded in our economic, political, social and cultural institutions. Institutional racism is a type of racism that affects the policies, practices and systems within institutions, such as the Health Department.

Institutional racism creates and sustains policies and outcomes that discriminate against people of color. One historical policy that affects the Health Department's work is redlining. Established by the Federal Housing Administration in the 1930s, redlining was the process of denying access to home loans in neighborhoods that had a high percentage of people of color. After World War II, this policy, along with the private practice of declaring specific communities "for Whites only," meant that the suburbs were established as White communities. Federal resources went to the new (White) suburbs, while fewer resources went to urban communities where more people of color lived. Because someone's environment and where they live, work and play can affect their health, the process of redlining resulted in significant avoidable and unjust health outcomes among urban communities of color. For more information on how racism affects health outcomes, see "The Impacts of Racism on Health" in this kit

Much of the Health Department's community-based work is devoted to fighting unfair policies and practices that negatively affect individual and community health.

3 How does institutional racism affect me?

Institutions, including the Health Department, are part of a system that has historically supported racist policies, which continue to affect the health and well-being of people today.

System-wide change requires involvement from everyone — and achieving racial equity needs to be a true community effort. Every member of the Health Department is asked to participate in training related to the goals and mission of Race to Justice. Though many of the opportunities to engage are strictly your choice, everyone is encouraged to play a role. Understanding race and racism can help us all work toward racial equity and social justice in the workplace and in the community.

4 Is the workplace really the best place to talk about racism and social justice?

It is the mission of the Health Department to protect and promote the health of all New Yorkers, and health happens where we live, work and play. Our agency is made up of individuals from many different backgrounds who have many different experiences, and we can learn from those around us. Before we can make citywide change, we must make change among ourselves, which can start with our experiences and discussions at work.





5 Many people experience discrimination based on their gender, socioeconomic or immigration status, sexual orientation, or some combination of these and other categories. Why focus only on race and ethnicity?

Race to Justice is just the first step on the path toward equity. A focus on race and ethnicity does not mean that other parts of our identities or experiences are not important. In fact, different kinds of oppression overlap. However, in the United States, race and ethnicity remain the primary categories by which a person's value is judged and assigned. Discrimination based on race and ethnicity intensifies the effects of many other kinds of discrimination.

This toolkit has information about the ways that racism and social injustice have contributed to inequities in our city. This kit also includes a list of terms that describe different types of identities and systems of oppression or privilege (see the "Glossary" in this kit). To help protect and promote health, we must address the health and resource gaps that exist between New Yorkers, many of which fall along racial lines. The Health Department is also working to create additional materials about other types of oppression.

6 • What can I do if I witness or experience interpersonal racism?

Interpersonal racist actions happen between people when someone makes a judgment or acts on prejudices based on skin color. These actions can be subtle or unclear, but are always painful or harmful to others regardless of intention. Everyone responds differently to instances of interpersonal racism; it's important to act in ways that make you feel safe. If you feel comfortable doing so, you can speak to the person involved, a colleague or a supervisor. You can also contact the Equal Employment Opportunity Office (EEO) or the New York City Commission on Human Rights (the Commission) to talk about what you witnessed or experienced. If you belong to a union, they may also have resources available. You can find the contact information for EEO on SharePoint: for the Commission's contact information, visit nyc.gov/humanrights.

7 Will talking about racism create more division among people?

It can sometimes be difficult to create an environment in which every person feels safe or comfortable discussing racism. Many people experience racial anxiety, the brain's stress response before or during interracial interactions and when talking about race. People experience racial anxiety in different ways depending on their racial identity. For a more detailed definition of racial anxiety, see the "Glossary" in this kit.

Feelings of racial anxiety can sometimes discourage people from talking about race, but the challenges of talking about racism should not prevent the conversation from happening. Talking about racism can ultimately create more unity among people. Creating more opportunities to discuss racism can help normalize the conversation and help the Health Department center racial equity and social justice in its work of protecting and promoting the health of all New Yorkers. This kit can be a good conversation starter to discuss the many ways in which racism and social injustice affect our lives.





8 Is Race to Justice sustainable, that is, can it last and will it make a difference?

Yes. We have seen other cities and agencies create similar, lasting efforts, including King County in Washington State, the San Francisco Department of Health and Portland's Office of Equity and Human Rights in Oregon. By studying these efforts, and through our own experience, we've discovered that the more staff members and people who participate, the more successful organizations can be in reducing health inequities. To hear as many voices as possible and to transform these thoughts and experiences into meaningful action, Race to Justice encouraged divisions to create divisional action teams focused on equity. Every division in the agency now has a Race to Justice Divisional Action Team (DAT).



9 How do I respond to individuals who say race doesn't matter anymore?

Some people say that race has no meaning, or that we are living in a color-blind or post-racial moment, while many others have profound experiences and feelings about race and racism. In our society, racism affects people differently: it creates a system of advantages for White people and denies advantages to people of color.

When someone says race doesn't matter anymore, this perception is most likely shaped by their position in society. It could be that they are part of a dominant group so that they don't think racism is a problem for them, or that the impact of racism is filtered through other advantages. Or it could mean that the person does not recognize or understand how race remains a primary shaping force in our society. Human experiences are not universal and there are many people who do feel the effects of race and racism.

When someone says race no longer matters, you could point to the number of ways that race and racism continue to affect people's lives: Race is still a predictor of certain outcomes in health, education and income. For more information on how race affects health, see "The Impacts of Racism on Health" in this kit.



