



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé



LET'S TALK
**WHITENESS AND
HEALTH EQUITY**

PART OF THE LET'S TALK SERIES

This paper supports public health practitioners and policy-makers to view Whiteness as relevant to practice and provides insight on how to disrupt White supremacy. It builds on the discussion in *Let's Talk: Racism and health equity*.¹

KEY CONCEPTS

WHITE: Like all races, White is a social category, with no basis in biology, assigned to people of diverse countries of origin. Racial categories are dynamic and over time “White” as a racial category has widened to include all European-descended people.² White is usually seen as neutral in White institutions and not seen as a racial category. As a result, White people raised in White-dominant societies often do not see themselves as White or as having a race.^{3–5}

WHITENESS: Whiteness refers to the practices, policies and perspectives that create and enable the dominance of White people, norms and culture, in institutions, systems and society. Naming Whiteness helps make Whiteness visible and challenges the way White is often framed as neutral.^{2–4,6}

WHITE PRIVILEGE: White privilege occurs when White people hold more power in society because of their race.⁷ White privilege gives all White people significant advantages in all facets of life.⁸ White privilege protects White people from racial discrimination.⁹

SETTLER COLONIALISM: Settler colonialism in countries like Canada is the process of White European societies taking control over Indigenous land and removing or eradicating Indigenous Peoples for the purpose of building an ethnically distinct national community.^{10,11} It involves the exploitation of Indigenous Peoples through a capitalist system that is created and reinforced by racism.¹⁰ Everyone living in Canada today receives varying penalties and privileges from settler colonialism.¹¹ However, White people are significantly advantaged by settler colonialism.¹²

PRACTICES AND VALUES OF WHITENESS IN PUBLIC HEALTH

The public health system in Canada, much like other racist and colonial systems such as education, healthcare and the criminal justice system, has been built on values and practices of Whiteness.

Practices and values of Whiteness in public health include the following:

- Institutional practices such as a sense of urgency, perfectionism, right to comfort, defensiveness and power hoarding¹³
- Public health systems led by White people⁸ that draw mostly on Eurocentric knowledge and exclude the perspectives and leadership of Black, Indigenous and People of Color (BIPOC) even when equity is a stated priority¹⁴
- Research highlighting racial inequities without showing the relationship to racism, settler colonialism and Whiteness^{15,16}
- Ignoring issues of structural racism¹ such as police brutality against Black people¹⁷ and the overrepresentation of Indigenous children in the child welfare system¹⁸
- Perpetuating the myth that Canada was founded on the doctrine of *terra nullius* or 'empty land,' the misconception that the land was uninhabited by sovereign nations¹²
- The settler government's jurisdiction over the health of Indigenous communities and undermining of Indigenous sovereignty and self-determination¹⁹

IMPACTS OF WHITENESS ON HEALTH AND WELL-BEING OF WHITE PEOPLE

BIPOC carry a disproportionate burden of the impact of Whiteness and White supremacy.^{16,20–22}

However, White supremacy damages everyone, even those who benefit from it.⁵ White people often vote in favour of White-supremacist systems because of the myth that Whiteness, capitalism and individualism will lead to direct benefits.

The problem is that these systems tend to reject comprehensive policies that would address health inequities and thus improve health for everyone, including a significant number of White people.^{23,24}

White people experience a range of social and psychological impacts due to Whiteness, including:

- declining mental health, increased substance use and consequently higher mortality among low and middle socioeconomic classes due to a fear and misconception that their social status will decline as a result of increasing racial diversity in society;^{23,25,26}
- being affected by social unrest and violence related to racism;
- loss of sense of authenticity and self;
- loss of relationships with BIPOC and with one's family;
- loss of one's humanity and believing in the right to dominate;
- loss of knowledge about peoples' histories and cultures; and
- ignorance about one's own history and culture.^{4,6,16,26,27}

TOWARDS RACIAL EQUITY: DISRUPTING WHITENESS

Given the prevalence of racism and White supremacy in health and public health institutions, there is a need to disrupt White supremacy and work towards health equity.^{29,30}

CRITICAL WHITENESS OR WHITENESS STUDIES is a field of scholarship that aims “to reveal the invisible structures that produce and reproduce White supremacy and privilege.”^{31[p1]} This approach empowers people to challenge the societal impacts of Whiteness and provides common ground for alliance-building that disrupts racism and White domination.^{14,24,32}

A critical Whiteness approach (Table 1):

- views the normality of Whiteness as a problem;³³
- focuses on how power operates through systems of Whiteness in all settings;³⁴ and
- shifts the focus away from “Indigenous issues” or “BIPOC problems” and towards the problem of Whiteness.³⁵

“Not everything that is faced can be changed, but nothing can be changed until it is faced.”

JAMES BALDWIN^{28[1:26:13]}

TABLE 1: EXAMPLES OF ACTIONS TO DISRUPT WHITENESS THROUGH A CRITICAL WHITENESS APPROACH

LEVEL OF CRITICAL WHITENESS	DESCRIPTION	ACTIONS TO DISRUPT
Individual	Being aware of one’s own racial identity as well as being aware of how Whiteness manifests in society and how this contributes to racial inequities ^{3–5,12,16}	<ul style="list-style-type: none">• Reflect on one’s own practice and relationships.³⁶• Educate oneself on relevant social and political issues.³⁶• Pay attention to intersectional racial power dynamics³⁶ and implement strategies to deliberately shift power relations.
Institutional	Focusing on the way Whiteness operates in institutions and taking action to disrupt institutional Whiteness	<ul style="list-style-type: none">• Engage people in positions of power in conversations on Whiteness.• Conduct organizational racial equity and White supremacy culture assessments, communicate the findings and implement meaningful changes.³⁶• Implement policy changes that address group-based discrimination.• Make sure BIPOC groups have decision-making power in endeavours to transform institutions.^{3–5,36}
Systemic	Focusing on how Whiteness functions in all social, cultural and political systems and through public policy	<ul style="list-style-type: none">• Develop policy to increase political power and representation of BIPOC communities.• Advocate for equitable investments in the social determinants of health for BIPOC communities.• Meaningfully involve BIPOC communities in the development of public policy.• Divest from oppressive institutions and systems that harm BIPOC communities.

EMBRACING CRITICAL WHITENESS AS A DECOLONIZING ANTI-RACIST PRACTICE

Understanding Whiteness as an ideology and a set of practices embedded throughout our society is necessary to advance collective efforts in creating more equitable social and health outcomes. The process of becoming aware of Whiteness is necessarily disruptive on a personal and institutional level.^{5,16} Here are some tips to embrace a critical Whiteness approach and decolonizing anti-racist practice.

MAKE WHITENESS VISIBLE AND MOVE PAST WHITE DENIAL by acknowledging the Whiteness of systems and the reality of being White.^{4–6,8,14} The denial of Whiteness takes on several forms, including assertions like “I don’t see colour” and “All lives matter.” These are examples of colour blindness — a rhetorical tactic used to avoid the reality of Whiteness and racism.^{37,38} These assertions divert attention away from racism, erase experiences of racism and protect White people and White systems from criticism.⁸

VIEW SETTLER COLONIALISM AS CENTRAL TO WHITENESS. A critical Whiteness approach requires an understanding of how racist colonial processes are reproduced by Whiteness.^{10,11,39} Settler colonialism shapes relationships between all people in settler states through the dominance of White cultures and systems. Everyone needs to examine their complicity in settler colonialism, which includes viewing public health policies and practices through a lens of Indigenous sovereignty.^{39,40}

UNDERSTAND THE CENTRAL ROLE OF WHITENESS IN CREATING INEQUITIES. An essential part of addressing racism is understanding how people collude with White supremacy and White institutions.⁵ White people in particular need to understand how racism creates violent societal conditions that impact us all.⁴¹

MAKE SPACE FOR EMOTIONS. Being confronted with one’s own Whiteness tends to surface many emotions, including feelings of guilt, shame, anger, helplessness, discomfort and powerlessness. *White fragility* can occur if White people have not built up the emotional stamina to talk about race.^{5,6,12} This can dominate and interrupt productive conversations on racism and can be experienced as violent to BIPOC. Time and space are required to build emotional literacy and fortitude for engaging in anti-racist action that dismantles Whiteness. BIPOC-only or White-only discussion groups are helpful^{8,16,37,42} to reduce violence and the burden on BIPOC to educate White people; they also allow space for emotions and lead to working collectively to strategize for action.^{3,35,42}

EVOLVE ONE’S OWN RACIAL IDENTITY TO MOVE TOWARDS ACTION. White people are at risk of seeing themselves as “White saviours” whose role is to liberate BIPOC rather than recognizing their own role in maintaining Whiteness.⁸ Ongoing self-reflection and personal growth⁴ around one’s own racial identity are required to take on the responsibility to unlearn and challenge White supremacy.^{32,35} This moves beyond simple declarations of Whiteness and White privilege^{35,43} as well as dichotomies of “good” or “bad” White people.^{4,12,16,39} Action begins by analyzing what is within one’s sphere of influence to change, then identifying and implementing anti-racist practices.^{5,43}

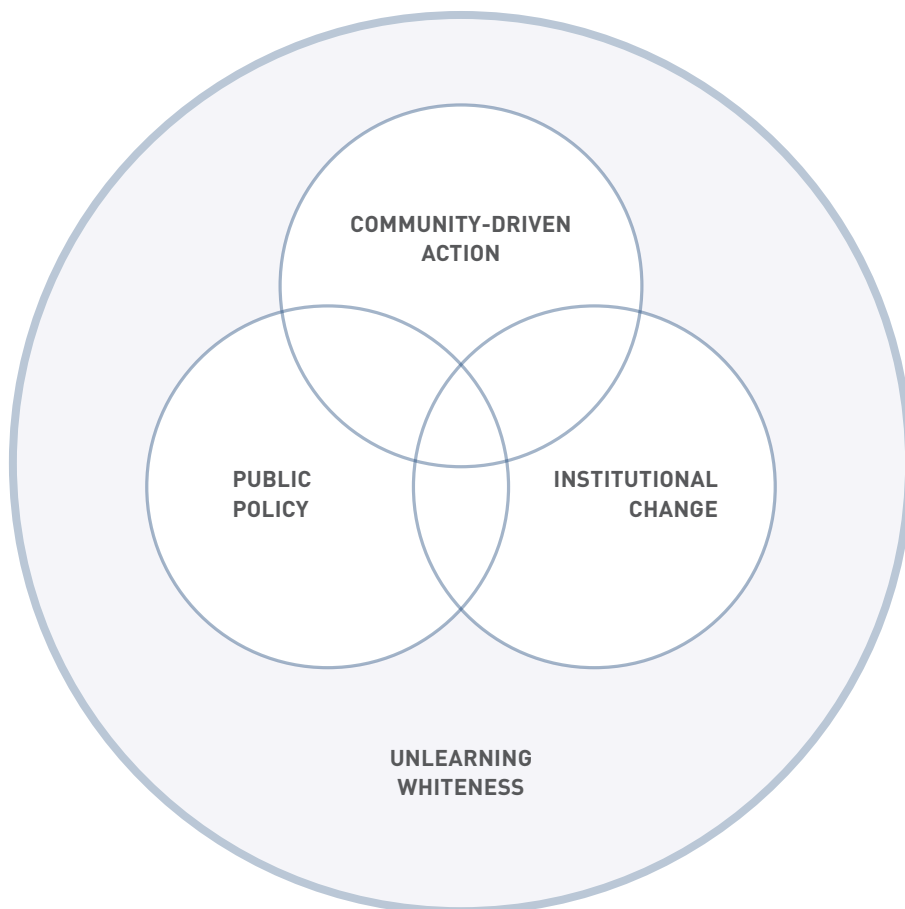
PUBLIC HEALTH ROLES FOR DISRUPTING WHITENESS

Public health must take on critical roles grounded in unlearning Whiteness to disrupt Whiteness in policies, programs, practices and processes (Figure 1). Transformational unlearning is an essential foundation for disrupting Whiteness.⁴⁴ We have to continuously unlearn racist attitudes and practices at an individual level to reveal and address racial inequities at a systemic level¹ through mutually reinforcing institutional change, community-driven action and public policy.

“The only way to undo racism is to consistently identify and describe it—and then dismantle it.”

IBRAM X. KENDI^{42[P9]}

FIGURE 1: PUBLIC HEALTH ROLES TO DISRUPT WHITENESS



COMMUNITY-DRIVEN ACTION

Public health organizations must take direction from, be accountable to and work in partnership with BIPOC communities to dismantle Whiteness and change what is considered normal in public health institutions.⁵ BIPOC communities and organizations must be invited into the process without the expectation of assimilation into a culture of Whiteness and without negative repercussions when they challenge the status quo.

INSTITUTIONAL CHANGE

First and foremost, it is important that we focus on understanding and addressing the power of Whiteness in our own disciplines and institutions. We must influence institutional processes and practices in all parts of the organization — hiring, funding, program development, leadership and governance, policy, partnerships, research and knowledge production and translation⁴⁵ — to foster health equity by disrupting Whiteness.^{4,15}

Leaders in positions of power and privilege need to engage in action and provide the resources that can facilitate change.^{5,42} Interventions need to be focused

on systems of Whiteness rather than focusing on BIPOC.⁸ Educational interventions could disrupt commonly held ideas such as meritocracy and equal opportunity, individualism, objectivity and the belief that good intentions are more important than the implications of our actions.^{2,11}

PUBLIC POLICY

Legal actions and public policies are influential in divesting from Whiteness.⁵ For example, historical shifts in human rights like the adoption of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)⁴⁰ in Canada are a source of inspiration for taking action. Policy tools such as UNDRIP must be leveraged to shift systemic power.²⁰ Sector-specific policies should invest in the determinants of health and well-being of BIPOC communities. Public policy processes need to be divorced from White supremacist values, culture and actions. Re-envisioning decision-making and democratic processes by drawing on more inclusive and just models can contribute to more equitable and racially just policies.⁴⁶

DISCUSSION QUESTIONS

Individual self-reflection questions:

- How do you define your racial identity? What emotions come up for you?
- How do you see your role and responsibility in disrupting Whiteness and White supremacy?
- What actions can you undertake to make Whiteness visible in your organization?

Organizational questions:

- What can support organizational leaders to increase their awareness of Whiteness and racial identity and actions to disrupt Whiteness?
- How do values and practices of Whiteness show up in your organizational programs, policies and processes?
- What practices can your organization put in place to recognize and disrupt systems of Whiteness?

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Acknowledgement

Written by Nancy Laliberté, Alycia Fridkin and Sume Ndumbe-Eyoh. Special thanks to internal reviewers Pemma Muzumdar and Jaime Stief and external reviewers Cian Knights, Stephanie Nixon and Cheryl Ward for their thoughtful comments on earlier drafts.

The NCCDH is hosted by St. Francis Xavier University. We are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq people.

Please cite information contained in the document as follows: National Collaborating Centre for Determinants of Health. (2020). *Let's Talk: Whiteness and Health Equity*. Antigonish, NS: NCCDH, St. Francis Xavier University.

ISBN: 978-1-989241-41-7

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for NCCDH. The views expressed do not necessarily represent the views of the Public Health Agency of Canada.

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