

Navigating Pushback to Equity Work

Teams Can Anticipate These Common Pushback Themes

“There’s no problem here, equity work isn’t needed here...”

- We treat everyone the same, so there's no need for special measures
- Racism isn't a problem here; it's an issue somewhere else
- Our workforce is diverse, so we don't have a problem
- Our patients don't care about these issues
- At least the Division Director is Black...

“We shouldn’t focus on race at all / as much...”

- Focusing on race divides people further
- Implementing anti-racism policies is too politically charged
- Really in our community it isn't about race, it is about veterans health
- Anti-racism training is just 'political correctness'
- We're already doing enough in terms of diversity
- Why do we focus so much on race? We never seem to talk about LGBTQ issues
- We are training people here to be solid public health practitioners with excellent epi and biostats skills, they can learn racial justice on their own time
- The rates are high in the white areas too! Why do we keep focusing on BIPOC?
- Really in our community it isn't about race, it is about class...
- As soon as you talk about racism you are going to turn people off! We finally got them to add inclusion!
- I really don't think it is appropriate to talk about feelings here, this isn't therapy

“Not enough resources...”

- Addressing health equity is too expensive
- Our resources are limited; we need to prioritize other areas
- That would cost so much money/time/capacity to train all our staff! We have such limited resources here, if we do this we won't be able to do a COVID-19 vaccine campaign
- There isn't enough time or capacity for this additional work,

“I don’t believe this actually works/where is the data...”

- Anti-racism efforts are just a trend
- We don't have the data to support these changes
- There's no evidence that these initiatives work
- The data from that QI project is not watertight. You are going to lose credibility if you use it, we must maintain impeccable standards or we won't be able to do any other work on race
- But this study does not necessarily show racism, it could just be an issue with insurance, or visiting nurses, it isn't always about race
- Health equity initiatives are a distraction from our core mission.

“This isn’t my/our/your job...”

- I really don't want to cause harm, let's talk about that in affinity...
- I think that work is better suited for someone in the DPH Racial Justice Movement (™) space.
- You make a good point, but I would much rather hear from a person of color
- Patients should just take personal responsibility for their health
- We've always done it this way; why change now?

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Be Prepared with Responses to Address Pushback

Here are some common pushback statements that individuals or organizations might encounter when striving to achieve health equity and anti-racism, and how you may respond:

1. **"We treat everyone the same, so there's no need for special measures."** This statement ignores the systemic inequities that require tailored approaches to ensure true equity.
2. **"Addressing health equity is too expensive."** While upfront costs may be significant, the long-term savings and benefits from improved health outcomes can outweigh the initial investment.
3. **"Racism isn't a problem here; it's an issue somewhere else."** This statement can reflect a lack of awareness or denial of local issues, failing to acknowledge that racism can exist in any community.
4. **"Focusing on race divides people further."** Addressing racial issues can bring awareness and promote unity by working towards fair treatment for all.
5. **"Patients should just take personal responsibility for their health."** This overlooks the impact of social determinants of health and systemic barriers that affect individuals' ability to maintain their health.
6. **"Our workforce is diverse, so we don't have a problem."** Diversity does not automatically equate to equity or the absence of systemic racism.
7. **"We've always done it this way; why change now?"** This resistance to change ignores the evolving understanding of equity and the need for continuous improvement.
8. **"Anti-racism efforts are just a trend."** Anti-racism is a necessary, long-term commitment to dismantling systemic inequities.
9. **"Health equity initiatives are a distraction from our core mission."** Integrating health equity into the core mission can enhance overall organizational effectiveness and patient outcomes.
10. **"We don't have the data to support these changes."** Lack of data can be addressed by implementing robust data collection and analysis efforts to inform equity initiatives.
11. **"Our patients don't care about these issues."** This assumption may not reflect the true concerns of patients and can be addressed by directly engaging with and listening to patient communities.
12. **"Implementing anti-racism policies is too politically charged."** Promoting equity and justice should transcend political boundaries and focus on human rights and ethical care.
13. **"We're already doing enough in terms of diversity."** Continuous evaluation and improvement are necessary to ensure that diversity efforts effectively promote equity and combat racism.
14. **"Anti-racism training is just 'political correctness'."** Training is an essential step in educating and empowering staff to recognize and address biases and inequities.
15. **"Our resources are limited; we need to prioritize other areas."** Allocating resources towards equity can improve outcomes and efficiencies in other areas, creating a more sustainable system.
16. **"There's no evidence that these initiatives work."** Numerous studies and success stories demonstrate the positive impact of equity and anti-racism initiatives on health outcomes and organizational culture.