Presentation Title: Public Health Critical Race Praxis: An Introduction, an Intervention and Three Points for Consideration

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Abstract
Although the field of Public Health has a progressive history rooted in efforts to optimize the life chances of society’s most vulnerable communities, its history also includes a complicated and problematic relationship to race. The central roles Public Health has played in racializing disease and populations, and in promoting scientific racism are well documented. Antiracism resistance has always existed within the field, however, challenging it directly and influencing the contributions of Public Health to society.

The field appears ready for a new anti-racism movement. Researchers increasingly draw on the tools available to them within this multidisciplinary field to conduct studies that might explain and challenge the fundamental ways in which racial stratification contributes to health inequities. Some health interventionists focus their efforts on helping communities to raise racial consciousness or build community capacity to challenge racialized power differentials. All of these efforts occur within a context where the need for an antiracism movement is palpable within the field.

In this talk, I explore ongoing anti-racism efforts within the field of Public Health. I briefly introduce the Public Health Critical Race Praxis, which is an iterative, antiracism empirical approach that while grounded in Critical Race Theory is designed for health equity research, and discuss its potential to help advance an anti-racism health equity movement. I conclude with three key points for consideration, which are relevant both to the expansion of Critical Race Theory within Public Health and the potential of Public Health Critical Race Praxis to inform critical race empiricism more broadly. The first consideration reflects my concern that expanded uptake of Public Health Critical Race Praxis occur with fidelity to CRT, even though it must adapt to the needs of the field. The second consideration is a simple question: is the purpose of critical race empiricism merely to document? If so, what are the implications of this? The third consideration, which pertains to the critical race concept of voice as it is relevant to Public Health, highlights the need for us to engage in dynamic de-centering within and outside the academy to reduce the possibility of privileging our perspectives over those of the communities within which and for which we work.