
Introduction

This is precisely the time when [we] go to work. There is no time for despair, no place for self-pity, no need for silence, no room for fear.

—Toni Morrison, author and cultural critic¹

Imagine a world where no neighborhood is considered the “good” side of town—where every community is vibrant, well-resourced, and full of opportunity. Where healthy food is abundant and culturally affirming. Where every school nurtures growth, confidence, and a love of learning in students. Where joy and connection are deliberately designed into the places where people live, work, and travel. Where health care is not just universal but also proactive, empathetic, and accountable. Where our lives, our livelihoods, and our health are understood as interdependent—with each other and with the planet.

And yet, despite all we know and the advances we’ve made, this vision feels far away.

Why? Why is the deck seemingly stacked in favor of injustice? Why do efforts to “move the needle” so often fall short—or, worse, perpetuate the very problems we’ve committed our careers to solving? Why, in spite of all our efforts, does it feel like we’re always treading water and managing acute issues? Why are we unable to truly address the root causes of public health problems?

As we grappled with these questions—especially early in our careers—we longed for a resource that could help us name the forces continually undermining public health, explain why traditional public health approaches often miss the mark, and offer guidance for doing things differently.

So we wrote the book we wished we had.

In *Advancing Equity and Justice*, we make it clear that the challenges we’re facing in public health aren’t just problems related to implementation or underfunding. They’re systemic and structural. Our field has been shaped by—and remains embedded in—systems that fundamentally, and often fatally, undermine community health. This has forced us to merely respond to the symptoms of injustice while leaving its root causes intact.

Public health interventions and funding models were never designed to address the root causes of unjust health disparities. They were created to manage risk, modify individual behaviors, and mitigate disease—not to prevent systemic inequities or rectify injustice.

This contributes to missteps in how we do the work. Even well-meaning public health efforts are designed and implemented in shortsighted, hierarchical ways that overlook the

wisdom, power, and leadership of communities themselves. Health inequities persist not because individuals make “bad” choices but because community priorities and solutions are routinely ignored, unfunded, or overridden by systems that prioritize control over care.

Advancing Equity and Justice is a call for change—not just in achieving health outcomes, but in how we do the work to get there. It is an actionable, values-driven guide for anyone working to improve community health. It’s designed to inspire and equip you with the knowledge, strategies, and tools you need to make a positive impact that is meaningful and lasting.

The book is structured in three parts:

- **Part I: Uncovering the Foundations of (In)Equity and (In)Justice** sets the stage by establishing core definitions and examining the historical and systemic roots of health inequities.
- **Part II: Seizing Opportunities for Change** explores how misleading mindsets and harmful narratives limit progress—and how our work to shift power and take an assurance-based approach to public health can create new possibilities.
- **Part III: Creating Flourishing Futures for All** offers bold visions and concrete steps to advance equity, justice, and community health in ways that are both aspirational and applicable.

Throughout the book, we invite you to engage both your heart and your mind. The ability to advance equity, justice, and community health is not just about learning and doing; it’s also about feeling and being. That’s why this book includes the following:

- Historical context and systems analysis that conveys why and how health inequities persist.
- Arguments and counterarguments to help navigate resistance and political pushback.
- Resources and research that provide reliable information, evidence, and entry points for further learning and exploration.
- Strategies and practical guidance to move from ideas to action.
- Insights from lived experience, including voices of community leaders, organizers, and scholars.
- Lessons from justice movements, visionary approaches to public health that unite and inspire, and enduring values to guide us toward a flourishing future.
- Graphics to bring complex topics to life and support different learning styles.

Quotes that appear at the beginning of sections are meant to set the tone and spark reflection. Illustrations throughout the book offer a way to engage with the material visually and creatively. We invite you to interact with them in any way you like—color them in, use them to center your thoughts, or simply take a moment to pause and breathe.

We also have made values-driven choices about how we refer to people's identities, including the following:

- We use *queer* to refer to people whose sexual orientation or gender identity is not exclusively heterosexual or cisgender. Though once used as a slur, it has been reclaimed by many as a proud and expansive identity. Today, *queer* is increasingly used in activist, academic, and cultural contexts to be inclusive of the many ways that people self-identify and actively resist rigid gender categories.² That said, the term is not embraced by everyone, and in some settings, terms like *LGBTQ+* may be more appropriate.
- We use *Latine* as a gender-neutral and non-Anglicized term to describe people with origins in Latin America. It is a newer identifier intended to affirm gender diversity while being culturally and linguistically respectful. We also recognize that no single descriptor is used by all members of this diverse community, existing alongside *Latino*, *Latina*, and *Latinx*—each reflecting different histories, preferences, and contexts.^{3,4}
- We use *Indigenous people(s)*, *Native Nations*, *Tribal communities*, and *Tribal Nations* to refer to the diverse and sovereign peoples who have long inhabited lands now known as the United States and North America. These terms honor both cultural identity and the political status of Tribal Nations as distinct, self-governing entities with inherent rights to land, governance, and self-determination.
- We use *people of color* and *Black and brown people* to describe those who have been racialized—that is, people upon whom the construct of “race” has been imposed and who bear the burdens of racism. (Following the lead of many community leaders and scholars, we use a lowercased spelling of *people of color* and *brown* to reflect their use as broad political or social descriptors, not as specific ethnic or cultural identities.) This is not meant to oversimplify or flatten distinct identities, but to speak to shared experiences of racialization and systemic exclusion.
- We capitalize *Black* and lowercase *white* when we describe racial categories. The Associated Press explains, “people who are Black have strong historical and cultural commonalities, even if they are from different parts of the world and even if they now live in different parts of the world. That includes the shared experience of discrimination due solely to the color of one’s skin.” By contrast, “white people generally do not share the same history and culture, or the experience of being discriminated against because of skin color . . . [and] capitalizing the term *white*, as is done by white supremacists, risks subtly conveying legitimacy to such beliefs.”⁵

We have also been intentional about how we name harm. Language shapes how people understand the origins of injustice, and throughout the book, we use words that highlight structural causes, rather than those that obscure:

- We place the word “race” in quotation marks to provide a visual reminder that “race” is an unscientific categorization with no biological basis—but one with profound

life-and-death consequences caused by the system we call *racism*. This duality gives “race” its enduring and destructive power. The convention of and rationale for placing “race” in quotation marks is one that has been used by other scholars as well.^{6,7}

- We say *climate disaster*, rather than “natural disaster,” because the devastation that communities face is not natural. It has been created by human decisions—including those related to extraction, deregulation, and disinvestment—that have destabilized ecosystems and driven long-term, extreme changes we now experience as a climate crisis.
- We use terms like *cissexism* and *heterosexism* rather than “transphobia” or “homophobia” because the suffix “-phobia” inaccurately and inappropriately suggests fear and psychological conditions. In actuality, they are manifestations of deeply rooted systems of prejudice and discrimination that threaten the safety, dignity, and recognition of people’s full humanity.

No terminology can fully capture the richness and diversity of people’s lived experiences. Preferences and norms shift across time, place, community, and context. If we’ve used language that doesn’t reflect your identity, we ask for your grace and forgiveness. This book is situated in a particular moment, and the language we have used will almost certainly evolve—a dynamic that we appreciate and welcome.

Finally, two notes on what this book is *not*.

First, this is not an exhaustive resource on equity and justice. These are vast and evolving fields with long histories, deep roots, and vibrant schools of thought. We acknowledge the value of related concepts like diversity, inclusion, and belonging, and note that this book is focused specifically on equity and justice within the context of US public health practice. While our focus is on the United States, we recognize that equity work and struggles for justice are global, and practitioners everywhere have much to learn from one another. To that end, we encourage you to look both within and beyond national borders for inspiration, strategy, and solidarity.

Second, this book is not a one-size-fits-all solution. Instead, it offers frameworks, guidance, and examples that can be adapted across roles and contexts—whether you work at the local, state, or national level; in government, nonprofit, philanthropic, or academic spaces; or outside of institutions as a grassroots advocate, social entrepreneur, or consultant.

This book is interdisciplinary and wide-ranging in its scope. But we also recognize that any resource about equity and justice is, in some sense, unfinished, because the struggle is ongoing. The work is collective and evolving—and this book is one of many contributions to a living, growing movement.

Advancing Equity and Justice brings together hard-won lessons we’ve learned through our training, on the job, in justice movements, and in community. It’s shaped by questions we’ve asked ourselves, truths we wish we’d known, and tools we’ve discovered or

created along the way. In that sense, this book is both a reflection of where we've been and a foundation for what comes next. We hope it not only informs and engages you but also sparks new ways of thinking. We hope it encourages you to do the work of public health in deeper alignment with social movements for justice. And, most importantly, we hope it inspires you to *act*. A more just, flourishing, and liberated world is possible—and your work can bring it to life.

Thank you for joining us on this journey.

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