

 **the praxis project** has organized a set of **Working Principles* for Health Justice and Racial Equity** to help guide our work in partnership with allies to center community interests in the design, promotion, implementation, and evaluation of policies and initiatives that support health justice and racial equity for everyone.



THROUGH THESE PRINCIPLES, WE ENVISION A SOCIETY IN WHICH BASEBUILDING COMMUNITY ORGANIZERS, AFFECTED COMMUNITIES, ADVOCATES AND POLICYMAKERS MOVE BEYOND JUST ADDRESSING INEQUITABLE OUTCOMES, TO WHERE THE STRUCTURES AND SYSTEMS THAT LEAD TO INEQUITY ARE TRANSFORMED THROUGH COMMUNITY-CENTERED INITIATIVES AND ENGAGEMENT.

* Inspired by the **Jemez Principles for Democratic Organizing**

WORKING PRINCIPLES* FOR HEALTH JUSTICE & RACIAL EQUITY

To make a positive impact on health inequities, radical shifts need to occur in many of our day-to-day activities, practices and approaches. The current status quo is not working; we see health and racial disparities continue to increase across sectors, geography, and issues. As such, Praxis' underlying goal is to promote the authentic engagement of basebuilding community organizers in health- and justice-affirming transformative policies and practices while acknowledging and learning from the historical and contemporary unjustness of policy processes and outcomes shaping where we are today. This includes acknowledging that:

- **Inequity has been intentionally created and protected over centuries through the imposition of racist, discriminatory practices and systems targeting underrepresented, oppressed communities.** We must deliberately and affirmatively take stock of and address past injustices while working for a future filled with opportunities for health and justice for all. Unless there are interventions or course corrections, many contemporary policies and practices will continue to perpetuate the inequitable status quo.
- **Historical repair and reparations are necessary for making amends with communities that have been harmed.** This approach encompasses the intentional and affirmative redistribution of resources, power, and opportunity to communities impacted by systemic and structural failures in a manner that accounts for past and present injustices.
- **We cannot take a one-size-fits-all approach.** The capacities, resources, and opportunities necessary to build a better world for health justice and racial equity are as diverse as our communities. Our unique conditions, histories, and contexts require intentional and meaningful solutions.
- **Meaningful solutions need to simultaneously serve as compassionate, intentional community investment.** Developing solutions in partnership with community partners should build community and programmatic capacity and infrastructure, ultimately strengthening the community beyond the initial engagement or financial support.

To help us get to a place where everyone has the same opportunity for health justice and racial equity, Praxis offers these Working Principles for Health Justice and Racial Equity to ensure that our programmatic, community, and policy work aligns with our intended impact of supporting health justice and racial equity for all.

*These principles are inspired by the **Jemez Principles for Democratic Organizing**, a guiding framework, created in 1996 by 40 diverse environmental justice leaders and organizers to help large environmental entities better understand authentic collaboration with smaller community-based, justice-oriented advocates.

1. ACT WITH CARE: PROCEED THOUGHTFULLY. BE DELIBERATE. SEEK TO UNDERSTAND. BUILD TRUSTING RELATIONSHIPS. LEAD WITH LOVE.

- A trending approach to “move fast and break things” at the expense of authentic relationship-building may have irreparable negative consequences on historically marginalized communities who disproportionately experience harm.
- No matter what the perceived initial benefit, decision-makers and advocates must avoid risking intended or unintended consequences of increasing health inequities of marginalized populations to achieve a short term gain. Policies are to be evaluated by their impact, not their intentions.
- We must instead act through valuing all human beings and considering all needs of all residents. We must fight bias and stigmatized statuses that are based on privilege, class, race, ethnicity, immigration status, gender, identity, and ability.
- We must act responsibly, and recognize that any harm we may cause affects communities seven generations forward.

2. INCLUSIVITY: THOSE MOST AFFECTED BY INEQUITIES ARE IN THE BEST POSITION TO DEFINE THE PROBLEM, DESIGN APPROPRIATE SOLUTIONS, AND DEFINE SUCCESS.

- Policies should reflect community priorities for needs and solutions, and communities that bear the greatest burden of health inequities should be at the table driving said solutions from inception. “Evidence based” and “trauma informed” approaches need to avoid completely displacing or silencing lived experience with academic or professional expertise.
- This requires mindful attention to how policies impact different communities due to intersecting systems of oppression.
- Ensure individual and communities’ identities and cultures are recognized, respected, and genuinely valued through intentional inclusivity.

3. AUTHENTIC COMMUNITY COLLABORATION: AUTHENTIC COMMUNITY COLLABORATION BUILDS DIGNITY AND ALLOWS FOR ALL PERSPECTIVES TO BE CONSIDERED, INTEGRATED, AND RECOGNIZED; SOLUTIONS SHOULD BE CO-DESIGNED, CO-IMPLEMENTED, AND CO-MEASURED/EVALUATED.

- An early step in advancing health equity and health justice is building trusting relationships to understand needs and co-create solutions.
- The design, implementation, and evaluation of solutions require ongoing leadership by community members to ensure transparency in decision-making and alignment with local priorities.
- Community is the primary source of information in evaluating problems and developing solutions. This requires trust-building and a genuinely reciprocal relationship.
- No two communities are exactly alike; policy solutions should provide flexibility to accommodate diverse relationships based on local priorities, contexts, and capacities.
- Participation must ensure community respect and dignity, while further elevating the needs, wants, and skills of community members from their own perspectives (rather than speaking for community members or solely providing a seat at the table).
- Policy leaders and advocates must develop intentional partnerships with basebuilding organizers to help authentically connect with community.
- Support should be provided to ensure accessibility for community members of all abilities to authentically participate in the governance process including, but not limited to, compensation, transportation, child-care, translation services, meals, accessible meeting times, and observance of cultural and religious celebrations and holidays.
- Communities know what is needed for residents to survive and to thrive. Authentic community participation must be integrated into policy-making in a genuine and respectful manner that does not reproduce past traumas.

4. SUSTAINABLE SOLUTIONS: SOLUTIONS SHOULD BE COMMUNITY-DRIVEN, BUILD COMMUNITY CAPACITY AND RESIDENT KNOWLEDGE, DEEPEN RELATIONSHIPS, INCREASE PROGRAMMATIC CAPACITY, BUILD LASTING INFRASTRUCTURE, AND ENSURE RESPECT FOR ALL.

- Policies should seek to address health equity and justice by prioritizing healing, and building community strength, relationships, and power.
- In addition to creating policies to mitigate the severest inequities, equal or greater effort should go towards creating community wellness and healing through the redistribution of resources, power, and opportunities.
- The strengths of communities that have experienced historical oppression are profound: their existence is proof of their adaptability and ingenuity in creating tools to survive. Sustainable, long-term solutions should build on these histories and strengths. Follow the leadership and honor the wisdom of those who have experienced trauma and resistance.
- Solutions should build organizational capacity and community infrastructure through a radically transformative healing-centered lens that goes beyond conventional trauma-informed practices.

5. COMMITMENT TO TRANSFORMATION: ALL PARTICIPANTS CAN LEARN FROM ONE ANOTHER, REFLECT ON THEIR OWN STRUCTURES AND PRACTICES, AND FIND AREAS TO CONTINUOUSLY IMPROVE ORGANIZATIONAL CULTURE AND PRACTICES.

- Community healing, convening, and community-building are valuable opportunities for self-reflection and transformation.
- We must all commit to creating and sustaining an organizational culture that applies these working principles internally in order to advance health justice and racial equity in our communities.
- Authentic partnership and collaboration will result in shared learning for all stakeholders involved.
- Implementers must work with communities to create mechanisms for community oversight of assessing and evaluating progress towards the outcomes needed for equity.

Through these principles, we envision a society in which basebuilding community organizers, affected communities, advocates and policymakers **move beyond just addressing inequitable outcomes, to where the structures and systems that lead to inequity are transformed through community-centered initiatives and engagement.**

THE PRAXIS PROJECT is a values-driven, national nonprofit organization that seeks to improve justice and equity through partnerships to build community power. Praxis believes strongly that organized communities are critical partners in the struggle to create just and equitable communities.

Our mission is to build healthy communities by transforming the power relationships and structures that affect our lives and communities.

LEARN MORE ABOUT OUR WORK

Visit our website, www.thepraxisproject.org, to learn more about our initiatives and explore our multimedia resources.

CONTACT US

Email: info@thepraxisproject.org
Phone: (510) 652-5250

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