"The Master's Tools Will Never Dismantle the Master's House": Ten Critical Lessons for Black and Other Health Equity Researchers of Color

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Abstract

Audre Lorde's provocative admonishment, "The master's tools will never dismantle the master's house," is a fitting caution for Black and other scholars of color who seek to use traditional social and behavioral sciences research as a tool to achieve social justice and health equity in Black communities. Invoking Lorde, I use the "master's tools" as a metaphor for conventional theoretical and methodological approaches and "dismantle the master's house" as a metaphor for intersectional structures and systems of oppression that created and sustain health inequity in U.S. Black communities. Using a blend of personal narrative and insights from a 23-year career as a Black critical health equity researcher, I share 10 critical lessons for Black and other health equity researchers of color. And because the personal typically reflects the structural, I recommend system and structural-level mitigation strategies for departments, universities, extramural institutions (e.g., journals), and the government, for each critical lesson.

Keywords

Black, African American, health disparities, health equity, population groups, qualitative methods, race/ethnicity, social determinants of health

"The master's tools will never dismantle the master's house." This is the provocative admonishment that Black lesbian feminist writer and activist Audre Lorde (1979/1984a) delivered to a feminist conference in 1979. In her address, Lorde excoriated the conference's organizers for excluding race, age, class, and sexuality diversity from its topics and speakers. I first read Lorde's talk 35 years ago while an undergraduate psychology major enrolled in an independent Women's Studies tutorial focused on Black feminist writers. Lorde's sage warning still lingers.

The trials and tribulations of being Black or other racial/ethnic minority faculty at predominantly White institutions have been amply documented (e.g., Alex-Assensoh, 2003; Zambrana, 2018), but less so the specific challenges of being a Black or other critical health equity researcher of color. As a Black woman with more of my research career now in the rearview than fore, I welcome the opportunity to reflect on what it means to use the master's tools—by which I mean, conventional theories and methodologies—to dismantle the master's house—by which I mean the intersectional structures of oppression that buttress health inequity in U.S. Black communities.

My central thesis is this: Because many of the master's tools valorize almost exclusively individualistic and social cognitive approaches (Cochran & Mays, 1993; Weber & Parra-Medina, 2003); ignore the foundational roots of structural and intersectional inequality (Bowleg, 2012, 2020); center White, Western, cisgender male, middle-class, and heterosexual people and their experiences as normative (Henrich et al., 2010); prioritize amelioration, not transformation (Fox et al., 2009a); and view Black people primarily through the lens of deficit or pathology, these tools are at best inadequate, and at worst, inimical to health equity. In short, Black and other health equity researchers of color need a different suite of tools.

This asserted, I confess that I often ponder whether it is possible to be "in it but not of it" (Wonder, 1976), to attempt to use research to dismantle the master's house from within. Because "academia's heart . . . is intellectual, not activist" (Fox et al., 2009b, p. 15), most of our work as academic researchers involves documenting inequality, not eliminating it (Ford &

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Airhihenbuwa, 2010); creating "knowledge for knowledge's sake" (Collins, 2019, p. 118); or disseminating our findings exclusively to other academics. Nevertheless, social and behavioral sciences (SBS) research is a vital step to empirically documenting racialized health inequities to remedy the "no data, no problem" problem (Krieger, 2004, p. 632) and inform social justice activism and intervention.

A caveat about the privileged stance from which I write is warranted. First, I am a tenured full professor with no concerns about how my worldviews, theoretical approaches, or methodological approaches might threaten my career. Thus, the risks I encourage here could be perilous for those without job security. If you are committed to social justice and health equity however, these are risks worth taking. Second, my sense of professional entitlement is culturally ingrained, a product of having been born and raised in The Bahamas, a predominantly Black country.

Using a blend of personal narrative, quotes that have bolstered and inspired me throughout my career, and insights from a 23-year career as an applied social psychologist with a research program focused on HIV prevention and intersectional stress and resilience in Black heterosexual and lesbian, gay, and bisexual (LGB) communities, I share 10 critical lessons for Black health equity researchers, primarily, but also other health equity researchers of color.

These lessons are risky. All threaten the White supremacist status quo, and consequently, tenure and promotion prospects, harmonious relationships with students and colleagues, grant proposal funding, and peer-reviewed publication. But as Lorde (1979/1984a) wisely observed, when we use "the tools of a racist patriarchy . . . to examine the fruits of that same patriarchy[,] it means that only the most narrow perimeters of change are possible and allowable" (p. 111). Herewith are 10 lessons to prompt Black and other health equity researchers of color to radically imagine their research as a transformative tool to advance health equity.

Serve *Your* Vision

> When I dare to be powerful, to use my strength in the service of my vision, then it becomes less important whether or not I am unafraid. (Lorde, 1980/1997, p. 13)

Twenty-three years ago when I was an assistant professor in my first tenure-track job, I bought and framed a poster of Audre Lorde, her arms outstretched triumphantly above her, that featured this quote. The poster has graced the walls of every university office I have occupied since, always in sight range as a talisman to fortify and affirm my vision of doing work that will enhance knowledge, and inform policy, programs, and interventions that improve Black people's health and well-being.

Accordingly, my dissertation research examined the gendered and relationship context of Black and Latina women's HIV risk (Bowleg et al., 2000). Then, as an assistant professor,

I researched Black lesbian and bisexual women's experiences of stress and coping (Bowleg et al., 2003; Bowleg et al., 2004; Bowleg et al., 2008; Bowleg et al., 2009). The latter topic was professionally precarious because of my choice to prioritize qualitative methods while untenured in a psychology department that was exclusively quantitative and experimental. And, because there is no groundswell of interest in Black lesbian and bisexual women in the field, I was potentially foreclosing opportunities for the grants and publication that were so vital for tenure. Given my HIV prevention interests, the safer path lay within a well-established and funded university research center, one with a massive HIV prevention research portfolio funded by millions of National Institutes of Health (NIH) dollars, and a popular health behavior model.

Collaborating with the center, as senior colleagues encouraged, would have been a career boost, one with many opportunities for publication and NIH funding. I desperately needed such a boost. I had one peer-reviewed publication from my dissertation in press when I got the job (inconceivable in today's academic market) and was fairly clueless about tenure requirements. Nevertheless, I eschewed the opportunity to collaborate with the center primarily because their vision was incongruent with mine. I could not fathom devoting time to research that was primarily social cognitive, conducted mostly with White college students, did not prioritize Black people's needs or experiences, and ignored the contextual factors that I deemed essential to understanding HIV risk in Black communities. Instead, I dared to serve my vision, an act that surely delayed my career advancement and prompted more days wracked with anxiety and teary meltdowns than I care to recount. In retrospect, my dare to honor my vision, rather than take the safer path, was one of the wisest of my career.

The norms of most academic departments "typically reflect the values, assumptions and interests of older middle-and upper-class professionals, particularly (still those who are White and male [and heterosexual])" (Fox et al., 2009b, p. 11). These departments, which implicitly socialize researchers to become cautious, rule-abiding, norm-adhering and non-threatening (Fox et al., 2009b), can be enervating for Black and other health equity researchers or color. But safe and traditional approaches will not dismantle the master's house. Strive to do research that is novel, bold, unconventional, innovative, and transformative, and that serves *your* vision.

Embrace Critical Perspectives

Critical frameworks such as intersectionality (Collins, 1991; Crenshaw, 1989, 1991) and critical race theory (Bell, 1979; Delgado & Stefancic, 2001) are those that interrogate, expose, and challenge assumptions about power and privilege and how they function to obscure structural inequality and facilitate health inequities in Black communities (Bowleg, 2019). Although critical frameworks have made some inroads within the mainstream SBS (e.g., Bowleg, 2012; Cole, 2009; Ford & Airhihenbuwa, 2010), they remain relatively rare. I learned

about intersectionality and how to think critically about inequality in my undergraduate Women's Studies courses. My doctoral applied social psychology program provided a solid grounding in traditional health behavior theories and quantitative methods but did not teach the critical frameworks and qualitative approaches that became the most essential tools in my methodological toolbox.

Critical perspectives offer a refreshing antidote to primarily social cognitive health behavior theories, most of them devoid of attention to intersectional structural inequalities that constrain health and well-being for U.S. Black communities. Alas, because "critical [scholars] challenge the research, values, and politics of those in their departments and in their administration who have the power to hire and fire" (Fox et al., 2009b, p. 15), becoming a critical scholar can be professionally risky. Underscoring the threat, President Trump issued an Executive Order that explicitly named critical race theory as a topic for which federal funds were banned, a move that the African American Policy Forum's (2020) #TruthBeTold Campaign noted, "effectively polices and muzzles social justice discourse while ensuring the financial ruin of scholars, activists, and anyone who wants to learn and teach the true histories of racism, sexism and White supremacy in the United States." President Biden revoked Trump's ban during the first week of his administration (The White House, 2021b). Indeed, it is primarily because critical perspectives with their laser focus on power and structural inequality threaten White supremacy that they are so indispensable to helping dismantle the master's house.

Intersectionality is an especially vital tool for health equity analysis and praxis for Black people at diverse intersections. Critical race scholar, Mari Matsuda's (1991) "ask the other question" exercise offers an excellent starting point for learning how to think intersectionally:

> The way I try to understand the interconnections of all forms of subordination is through a method I call "Ask the other question." When I see something that looks racist, I ask "Where is the patriarchy in this?" When I see something that looks sexist, I ask, "Where is the heterosexism in this?" When I see something that looks homophobic, I ask, "Where are the class interests in this?" (p. 1189)

Because opportunities to learn critical theories are rare in the mainstream SBS, it is your task to learn them independently and integrate them into your research.

Learn Research Paradigms

If you learned about research paradigms in graduate school, consider yourself among the rare and privileged few. If not, add these to your independent study list (e.g., Guba & Lincoln, 1994; Patel, 2015). Research paradigms are "the entire constellation of beliefs, values, techniques . . . shared by the members of a given community" (Kuhn, 2012, p. 174). The postpositivist paradigm is a prominent master's tool,

one frequently taught as the only paradigm, and one often absorbed unquestioningly and uncritically.

Understanding research paradigms equips you with the Swiss Army knife equivalent of tools to dismantle many of the postpositivist shibboleths routinely deployed against researchers who choose "unconventional" approaches; criticisms such as because you are a member of the group you choose to research, you are too biased to do so; or that White people are or should be included as a comparison group or considered the referent in statistical analyses; or that your writing style is not "scholarly" or "scientific." Knowing research paradigms facilitates your ability to strategically disarm or counter reviewers' attempts to make you conform to the master's strictures about what is legitimate, scholarly, or scientific research.

Embrace a Critical Qualitative Stance

When informed by a critical health equity stance, qualitative methods can be a revolutionary tool (Bowleg, 2017). My graduate feminist research methods Women's Studies courses introduced me to qualitative research. My doctoral psychology training included not a single reading on the subject, much less a course. Thus, as an assistant professor I learned qualitative research by successfully lobbying to teach a course on the subject. Those early years were filled with frustration, followed by numerous rejections of my qualitative manuscripts by editors and reviewers who were biased against or did not understand qualitative research. But soon, my qualitative research became the most intellectually fulfilling, albeit challenging, part of my research.

A critical health equity qualitative stance can be a powerful antidote to the master's traditional postpositivist approach, particularly its assumption that researchers have more expert knowledge about participants' lives than participants. I have long ditched this assumption, and each time I have found myself in new and uncharted territory. My current research on Black men's experiences with racist police brutality exemplifies this. Understanding the role of neighborhood context on Black men's HIV risk and protective behaviors was the stated goal of my NIH-funded study, Menhood (Bowleg et al., 2016). Although the study's focus group guide included no specific questions about experiences with police or narratives about police harassment, violence and police avoidance suffused most of the transcripts. Following the data, we developed quantitative measures to assess these experiences with the study's larger sample. Advocating for SBS researchers to critically engage with the topic of anti-Black racist police is now central to my team's health equity research (e.g., Bowleg, del Río González, et al., 2020; Bowleg et al., 2021; Bowleg, Teti, et al., 2020).

"Tell It Like It Is"

> Negroes want the social scientist to address the White community and "tell it like it is." (M. L. King, 1967/2018, p. 215)

In 1967, this was Dr. Martin Luther King Jr.'s directive to an audience of the American Psychological Association (APA) that he chastised for ignoring Black people's experiences. King Jr.'s exhortation also holds true for Black health equity researchers who disseminate their scholarly work to predominantly White audiences, many of whom are committed to epistemological ignorance. Epistemological ignorance is one of the master's most formidable tools. Epistemologies of ignorance refer to the examination of different types of ignorance and their production, maintenance, and functions (Sullivan & Tuana, 2007). Dominant groups typically rely on a host of cognitive practices such as denying discrimination or structural inequality to establish and maintain power (see Bowleg et al., 2017). The work for Black health equity researchers is to avoid complicity and collusion.

Given the surfeit of examples in the field, I will highlight just a handful. Informed by the World Health Organization's (Whitehead, 1990) definition of health inequities, I have advocated for the use of *health inequities* instead of the more imprecise *health disparities* (Bowleg, 2017). Avoid "race" as a proxy for racism (Yudell et al., 2020). Eschew modifiers such as "perceived" racial discrimination (see, e.g., Pascoe & Richman, 2009), a White epistemic frame that constructs discrimination as perception-based rather than structurally rooted and bolstered. Reconsider misnomers such as "mass incarceration" that connote that incarceration risk is proportionally shared (Wacquant, 2014) rather than one that vastly and disproportionately affects Black people. Last, avoid euphemisms such as "racial profiling," another term that implies that people of all races are similarly profiled, rather than "racist profiling," which more precisely describes the practice (Fields & Fields, 2012).

The language that researchers use shapes virtually every aspect of the research process. Consequently, these are not simply pedantic concerns. If researchers conceptualize "race" rather than social processes based on race (e.g., racism, racial trauma) as the source of health inequities, then every decision (e.g., the operationalization of variables, measures, hypotheses, analyses, interpretation of results, and the potential for intervention) hinges on this choice. It also detracts attention from more fundamental and modifiable factors such as those shaped by structural racism (e.g., occupation, household composition) that often provide greater explanatory power for racialized health inequities such as COVID-19 (coronavirus disease 2019) than "race" (see, e.g., Selden & Berdahl, 2020). Avoid euphemisms and other linguistic tropes that color-blind or otherwise erase the structural roots of racialized health inequities.

Emancipate Yourself From the Business of Keeping White People Comfortable

Emancipate yourselves from mental slavery

None but ourselves can free our minds. (Marley & Wailers, 1980)

Doing work concerned about how White people will perceive and react to it is a form of mental slavery. Emancipate yourself from this reflex. The health equity researcher's quest for tenure, promotion, publications, and grants can be fraught with challenges and compromises. For Black scholars, a formidable albeit often unspoken one is the temptation to self-censure frank discussions about race and racism to keep White people—particularly those with power over tenure, promotion, publications and grants—comfortable. Robin DiAngelo (2018), in her bestselling book, *White Fragility: Why It's So Hard for White People to Talk About Racism* describes the stakes:

> [White people] perceive any attempt to connect us to the system of racism as an unsettling and unfair moral offense. The smallest amount of racial stress is intolerable—the mere suggestion that being White has meaning often triggers a range of defensive responses. (p. 3)

An example from my own experience highlights the risk. A few years ago while writing an NIH grant proposal, I wrote and boldfaced this title sentence in the significance section: "Racial discrimination is a well-documented pathway to drug use and negative health." This was not opinion, this is fact, one empirically supported by countless studies. A senior White man who peer-reviewed a draft of the proposal cautioned "many view [racial discrimination] as 'fighting words' . . . and you want your reviewers to remain calm and dispassionate." I ignored the recommendation (and the grant was funded), but the comment illustrates the risks of "tell[ing] it like it is." It also provides context for understanding research that documents that although there were no racial differences in applications with top priority scores, Black applicants were 13 percentage points less likely to be funded than their White counterparts (Ginther et al., 2011), and that because Black scientists tend to choose research topics that are community- and population-level focused, they are less likely than White researchers to receive NIH funding (Hoppe et al., 2019). Despite these risks, the field desperately needs more Black health equity researchers who are willing to tell hard and bold truths in service of advancing health equity in Black communities. Be one of them.

Foster Community-Based Partnerships and Collaborations

Black community-based and grassroots organizations and activists are the unsung heroes of social justice and health equity work in U.S. Black communities. Yet traditional SBS academic departments tend to devalue community-based work as service or activism, not research. Nonetheless, find opportunities to meaningfully and respectfully collaborate with community-based organizations (CBOs) and activists. And to be clear, I am not talking about collaborations solely for the purpose of data collection. Academic researchers rightly

deserve the mistrust and derision of CBOs for our propensity to swoop in for data collection and leave (Harper & Salina, 2000). Community-based participatory research (CBPR) projects in which researchers collaborate with community members on projects of importance to the community with the goal of equitable and transformative change are the gold standard (Wallerstein & Duran, 2010), but there are countless other ways to meaningfully engage with community partners in service of advancing health equity. Some examples include finding innovative (and legal) ways to more equitably share grant resources to support CBO's research infrastructure and capacity building, making yourself available to provide feedback on grant proposals, inviting community partners to collaborate on publications and presentations, disseminating results back to communities, facilitating opportunities for communities to participate in beneficial trainings and workshops, and accepting their invitations to share your expertise.

Cite Black and Other Scholars of Color, Yourself Included

Citations matter. They are intellectual currency that reflect your scholarly contributions to the field and are a key metric that grant proposal reviewers (and tenure and promotion committees) use to assess research impact. Alas, scholars of color tend to be cited less frequently than White scholars (Chakravartty et al., 2018). The situation is especially dire for Black women, whose epistemic contributions are so routinely erased that a Black feminist anthropologist created the Cite Black Women movement to "acknowledge and honor Black women's transnational intellectual production" (Cite Black Women, 2020).

An egregious example of this can be found in the National Academy of Sciences' (formerly the Institute of Medicine) 2011 report, *The Health of Lesbian, Gay, Bisexual and Transgender People*. The report was one of the first to advance intersectionality as a cross-cutting perspective for NIH's lesbian, gay, bisexual, and transgender health research agenda. Yet its glossary included an amorphous definition of intersectionality attributed to a White Swedish professor's conference presentation. Notably, several Black feminist luminaries (e.g., Collins, 1991; Crenshaw, 1989, 1991; Lorde, 1984b) had written foundational articles and books on the concept, but the report cited none of them. This glaring example spotlights how Black women's contributions to knowledge production are erased (Edmonds, 2019) and the radical intent of their activism obscured; a pernicious master's strategy in which Black health equity scholars need not collude. And although some deride it as self-promotion, I advise Black health equity scholars to self-cite, particularly those who are women. Most of the research on self-citation (all cisgender focused, with no attention to intersections of race/ethnicity) documents that men are more likely than women to self-cite (M. M. King et al., 2017). The bottom line: citations are an important way to document and build on the intellectual and empirical contributions of Black and other racial/minority researchers. Cite their work, and yours.

Research and Highlight the Strengths, Assets, and Acts of Resistance of Black Communities

But I am not tragically colored. (Hurston, 1928/2015, p. 6)

The narratives and analyses of sorrow, pain, tragedy, and inequity in health equity research tell only part of the story of what it means to be Black in the United States. There are many other stories to be investigated and reported, stories of Black people's strengths, assets, resistance, and joy, even in health inequity research. What is the good stuff? What is protective? On what resources do Black communities at diverse intersections draw despite injustice and inequity? Which strengths are harnessed for resistance and when? Answers to questions such as these are necessary to inform the development of strengths-based initiatives such as Emotional Emancipation Circles (Community Healing Network, 2020) and Black-centered support groups (Elligan & Utsey, 1999) to bolster Black communities in the midst of structural racism and intersectional discrimination (e.g., racism, sexism, heterosexism, *and* cisgenderism). Ask research participants about these experiences, and include measures to assess them quantitatively. A caution though: Avoid the tropes of conceptualizing resilience and other strengths as personality traits rather than resources (Fergus & Zimmerman, 2005) or ignoring the structural barriers that constrain the ability of people in Black communities to engage in health promoting behaviors (Shaw et al., 2016; Teti et al., 2012).

Cultivate Your Mentorship and Support Squad

Although mentors are an invaluable asset for researchers of color in general (Marin & Diaz, 2002; Zea & Bowleg, 2016), critical health equity researchers of color in particular need a squad of good mentors *and* a social support system of trustworthy allies, colleagues, and peers to help navigate and mitigate the risks. The squad will be the most indispensable resource in your toolkit. You will need multiple mentors, such as those who have intersectional mentorship expertise (Brown & Montoya, 2020), those with a demonstrable commitment to mentoring researchers of color (e.g., a track record of inviting scholars of color to collaborate on publications, grant proposals, and presentations; and facilitating networking for jobs, fellowships, or publication), and those who will advocate for and defend you, especially when you are absent.

A word about race and intersectional mentor-matching. I have met many Black scholars who long for Black mentors. Alas, Black professors represented just 3% of full-time

Table 1. Systemic and Structural-Level Mitigation Strategies for Each Critical Lesson.

10 Critical lessons	Department	University	Extramural institutions (e.g., funders, journals)	Government
1. *Serve Your Vision*	• Implement policies that meaningfully incorporate faculty of color in the department (Alex-Assensoh, 2003; Zambrana, 2018) • Highlight critical scholarship in department communications (e.g., websites, newsletters) • Revise appointment, promotions, and tenure (APT) guidelines that implicitly or explicitly demean or penalize critical or nontraditional approaches (e.g., qualitative, CBPR) • Incorporate best practices for diversifying faculty searches (Lawson-Borders & Perlmutter, 2020) • Educate White faculty about the racial equity DEI challenges that Black and other faculty of color face and develop and implement policies to equitably address the challenges (McGee, 2020)	• Make an institutional commitment to meaningfully incorporate faculty of color (e.g., access to institutional resources, involvement in policy-making, parity in APT and salaries; Alex-Assensoh, 2003; Zambrana, 2018) • Implement APT policies that recognize and support critical scholarship • Dedicate resources to communication offices to identify opportunities to recognize the work of Black and other health equity scholars of color in university communications (UCLA, 2020) • Incorporate best DEI practices for faculty searches (Lawson-Borders & Perlmutter, 2020) • Expand the intellectual community focused on issues relevant to racial equity and critical scholarship, and Black and other communities of color, (e.g., summer graduate fellowships, postdoctoral positions, recruit faculty (UCLA, 2020) • Appoint a special faculty advisor within the Provost's office (or equivalent) to advise on issues of concern to Black and other faculty, staff and students of color (UCLA, 2020) • Invest institutional resources to permanently and equitably diversify faculty (Zahneis, 2020) • Implement institutional policies and practices that sync with public proclamations about racial equity (Cole, 2020)	• Commit to a social justice agenda (Mays, 2000) and develop accountability metrics • Journals can develop and implement diversity, equity, and inclusion (DEI) policies to ensure equitable representation of Black and other scholars of color as contributors, reviewers, and editorial members (e.g., APA, 2020)	• Develop scoring criteria to encourage grant proposals to address, as relevant, intersectional implications (e.g., attention to multiple interlocking positions; race, gender and sexual identity not just race or gender or sexual minority status), power and privilege (e.g., racism and heterosexism), and structural context (e.g., housing status) for all aspects of the proposal (e.g., design, hypotheses, sampling, measures, methods, analytic plan)

Table 1. (continued)

10 Critical lessons	Department	University	Extramural institutions (e.g., funders, journals)	Government
2. Embrace Critical Perspectives	• Highlight critical scholarship in department communications (e.g., websites, newsletters) • Revise APT guidelines that implicitly or explicitly demean or penalize critical or nontraditional approaches (e.g., qualitative, CBPR) • Incorporate best practices for diversifying faculty searches (Lawson-Borders & Perlmutter, 2020) • Educate White faculty about the individual and structural-level DEI challenges that Black and other faculty of color face, and develop and implement policies to equitably address the challenges (McGee, 2020)	• Make an institutional commitment to meaningfully incorporate faculty of color (e.g., access to institutional resources, involvement in policy-making, parity in APT and salaries; Alex-Assensoh, 2003; Zambrana, 2018) • Implement APT policies that recognize and support critical scholarship • Dedicate resources to identify opportunities to recognize the work of Black and other health equity scholars of color in university communications (UCLA, 2020) • Incorporate best DEI practices for faculty searches (Lawson-Borders & Perlmutter, 2020) • Expand the intellectual community focused on issues relevant to racial equity and critical scholarship, and Black and other communities of color, (e.g., summer graduate fellowships, postdoctoral positions, recruit faculty (UCLA, 2020) • Appoint a special faculty advisor within the Provost's office (or equivalent) to advise on issues of concern to Black and other faculty, staff and students of color (UCLA, 2020) • Invest institutional resources to equitably and permanently diversify faculty at every rank (Zahneis, 2020) • Implement institutional policies and practices that sync with public proclamations about racial equity (Cole, 2020)	• Commit to a social justice agenda (Mays, 2000) and develop accountability metrics • Journals can develop and implement DEI policies to ensure equitable representation of Black and other scholars of color as contributors, reviewers, and editorial board members (e.g., APA, 2020)	• Commit resources to monitor structural racism and intersectional discrimination and eliminate racial inequities in federal research funding (Stevens et al., 2021) • Encourage research on topics that penalize Black and other researchers of color who study them (e.g., community and population-level research; Hoppe et al., 2019) • Encourage grant applicants to address, where relevant, intersectional implications (e.g., attention to multiple interlocking positions (e.g., race, gender, *and* sexual identity not just race or gender or sexual minority status), power and privilege (e.g., racism and heterosexism), and structural context (e.g., housing status) for all aspects of the proposal (e.g., design, hypotheses, sampling, measures, methods, analytic plan)
3. Learn Research Paradigms	• Expand the methodological curriculum to include core courses on qualitative and MMR • Include faculty with qualitative and MMR expertise on search and APT committees	• Develop and implement APT policies that recognize and support qualitative and MMR • Include faculty with qualitative and MMR expertise on search and APT committees • Review and modify IRB policies that explicitly or implicitly penalize qualitative research (Lincoln, 2005)	• Journals can devote special sections or issues to, or explicitly invite manuscripts on critical and structural perspectives (see, e.g., *AJPH*, Bowleg, 2019) • Ensure that reviewers with qualitative and MMR expertise are included on grant and journal review committees	• Ensure that reviewers with qualitative and MMR expertise are included on grant and journal review committees and study sections

(continued)

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10 Critical lessons	Department	University	Extramural institutions (e.g., funders, journals)	Government
4. Embrace a Critical Qualitative Stance	• Expand the methodological curriculum to include core courses on qualitative and MMR • Include faculty with qualitative and MMR expertise on search and APT committees	• Ensure that IRB members have training or expertise in qualitative and MMR • Highlight the critical qualitative work of faculty in university press and communications	• Journals can invite associate editors or members with critical expertise to join editorial boards for meaningful inclusion and engagement, not tokenism • Journals can expand page limitations for qualitative and MMR articles, which, by design, require more space to present qualitative findings • Journals and professional associations can disseminate guidelines for qualitative and MMR (e.g., Levitt, 2020)	• Ensure that grant proposal reviewers and study section members with critical theoretical expertise are meaningfully represented • Develop and disseminate guidelines for qualitative research such as those that exist for MMR (e.g., Creswell et al., 2011)
5. "Tell It Like It Is"	• Expand the curriculum to include core courses on structural racism and health, racial equity, and critical perspectives (e.g., intersectionality, critical race) • Invite presenters who do critical scholarship to the department (e.g., colloquia, Grand Rounds) • Implement meaningful DEI policies and practices that reflect the department's stated commitment to DEI and critical equity issues (Alex-Assensoh, 2003; Zambrana, 2018)	• Develop policies to proactively support faculty member who receive threats or are trolled because of their critical perspectives or scholarship (see, e.g., Burnett, 2020) • Commit institutional resources to identifying (Leske & Pendleton, 2020) and building a racially diverse leadership team (Collado, 2020)	• Journals can develop and adopt DEI equity guidelines that encourage submissions that emphasize structural factors (e.g., racism) not demographic variables (e.g., race/ethnicity) as explanatory variables (Weil, 2021) • Journals and funders can develop implement, and track DEI policies to ensure equitable representation of Blacks and other scholars of color as authors, reviewers, and editorial staff (e.g., APA, 2020; Watts, 2021)	• Direct the federal government agencies to address and advance equity throughout its policies and institutions (e.g., The White House, 2021a) • Affirm the need for federal-level DEI trainings (e.g., The White House, 2021b) • Research funding agencies can (a) adopt DEI guidelines that encourage submissions that emphasize structural factors (e.g., racism) not demographic variables (e.g., race/ethnicity) as explanatory variables (Yudell et al., 2020) and (b) mandate DEI and structural competency (Metzl & Hansen, 2014) training for those who write funding announcements and proposal reviewers
6. Emancipate Yourself From the Business of Keeping White People Comfortable	• Develop a departmental culture that facilitates and encourages open dialogues about topics such as race, racial equity, racism, and racism and intersectional differences • Develop ground rules for dialogues about racism, race, and racial and intersectional equity for faculty, students, and staff	• Mandate anti-White fragility, decolonization, and antiracism training for White faculty • Incentivize White "allyship" by providing service credit to White faculty to relieve faculty of color from the additional burden of DEI service commitments and mentorship duties • Fund antiracist training workshops facilitated by skilled trainers for White faculty, students, and staff	• Journals and funders can develop guidelines to proactively address White fragility, epistemological ignorance, and racial biases that might result in negative reviews or rejections of submissions by Black and other critical health equity scholars	• Revise research guidelines for the inclusion of "women and minorities" [sic] to reflect intersectional realities (e.g., women of color) and people marginalized at multiple intersections (e.g., race, gender, class, and sexual and gender minority status)

Table 1. (continued)

10 Critical lessons	Department	University	Extramural institutions (e.g., funders, journals)	Government
7. Foster Community-Based Partnerships and Collaborations	• Develop APT policies and guidelines to support CBPR • Develop APT policies to acknowledge and count other forms of community-collaborations on non-peer-reviewed publications (e.g., reports to disseminate findings back to community, media reports, op-eds)	• Develop policies and guidelines to support CBPR in APT guidelines and policies	• Journals can encourage CBPR submissions • Funders can incentivize collaborations between faculty of color and CBOs led by Black and other people of color	• Develop research funding opportunities for CBOs led by people of color • Develop programs to fund the research capacity and support the infrastructure of CBOs • Incentivize joint or multiple-PI research proposals between CBOs and PIs of color
8. Cite Black and Other Scholars of Color, Yourself Included	• Midtenure review committees can (a) educate themselves about racial and gender citation biases and (b) advise faculty of color to increase their self-citations	• APT committees should educate themselves about racial and gender citation biases to reduce or eliminate bias in tenure evaluations	• Journals should develop and implement DEI policies to ensure more equitable representation of Black and other scholars (e.g., APA, 2020) • Journals should communicate a commitment to DEI, diversify all aspects of the publication process, merit research participant diversity, release annual public diversity reports, and establish a diversity task force (Roberts et al., 2020) • Journals can encourage authors to more equitably cite scholars of color	• To help eliminate bias in review, grant proposal reviewers eliminate bias in tenure evaluations • Funding agencies can encourage grant applicants to more equitably cite scholars of color
9. Research and Highlight the Strengths, Assets, and Acts of Resistance of Black Communities	• Recognize research and scholarship that emphasizes and prioritizes strengths and assets of Black and other communities of color	• Reframe the institution's DEI policies and strategies as assets, not deficits • Publicly highlight and recognize scholarship that emphasizes and prioritizes strengths and assets of Black and other communities of color	• Encourage submissions that focus on strengths and assets, particularly those with implications for intervention development	• Encourage and fund assets and strengths-based research • Require grant applicants to demonstrate awareness of structural barriers to resilience (Shaw et al., 2016)
10. Cultivate Your Mentorship and Support Squad	• Incentivize White faculty members to more equitably share the DEI service and mentoring load • Provide administrative resources to assist faculty of color who assist with DEI work or student mentorship	• Commit resources to developing and training cross-disciplinary intersectionality mentorship teams for Black and other faculty of color (Brown & Montoya, 2020) • Develop mentorship programs to link early-career critical scholars with tenured senior faculty who do critical scholarship • Acknowledge and reward (e.g., course buyouts, pilot funds for research) the additional service work (e.g., DEI initiatives mentoring students/faculty of color) that faculty of color routinely do • Fund and publicize the availability of mentoring resources such as the National Center for Faculty Development and Diversity (2020)	• Develop mentorship programs for early-career scholars of color to be mentored about publishing or writing grant proposals in the discipline	• Fund research mentoring programs (e.g., Center for AIDS Prevention Studies Visiting Professors Program; UCSF, 2020) to expand the pool of Black and other health equity of color independent researchers (Marín & Díaz, 2002; Zea & Bowleg, 2016)

faculty in 2018, compared with White men and women who accounted for 40% and 35%, respectively (National Center for Education Statistics, 2018). Moreover, a Black mentor who does not share your values or critical commitments will likely not serve your vision. During the course of my career, I have had three outstanding women mentors who have made an indelible impact on my career; only one of them, my dissertation advisor was Black. My experience informs my view that what matters most in a good mentoring relationship is personality fit, shared values, enthusiastic support for my vision, commitment to my professional growth (e.g., reading and providing detailed feedback on numerous drafts) and generosity with their time, knowledge, and expertise. Also, mentors need not be in your department or at your university. Proactively seek out mentors. First, be clear about your goals and the type of mentorship you need (see, e.g., Center for AIDS Research, 2020). Next, make a list of prospective mentors, include researchers whose work you admire. Then, read their work and email them to arrange an informational interview about their work and career path. Depending on the interaction, ask whether you might stay in touch, and later whether they might consider you as a mentee. My cadre of mentees affirms that this is an effective strategy. Moreover, seek formal mentorship opportunities through training programs specifically developed for racial/ethnic minority scholars such as the Visiting Professor's Program at the Center for AIDS Prevention Studies (Center for AIDS Research, 2020), to which I am eternally indebted for the gift of my beloved research mentor, Dr. Jeanne Tschann, and all of its excellent mentorship. Finally, avail yourself of online mentoring resources such as the National Center for Faculty Development and Diversity (2020).

You will also need a solid social support system. This part of the squad includes allies, colleagues, and peers who know and understand what it means to be a Black critical health equity researcher. When I was an assistant professor, a Black woman full professor whose work I admired, and whom I met at an annual feminist psychology conference, was instrumental to my sanity. She was always just a phone call away, ready to listen to my rants about the vexing microaggressions that I had encountered on campus, help me put it in perspective, and strategize effective responses.

The Personal as Political: Strategies for Systemic and Structural Change

A core tenet of intersectionality, the critical theoretical framework that informs much of my work, is that the individual-level experiences of people at multiple marginalized intersections typically reflect social–structural systems of power, privilege, and inequality (e.g., Bowleg, 2012). The feminist dictum, "The personal is political," captures the same point. As such, although there are particularities to the personal experiences that I have recounted in this article, these experiences are also linked inextricably to policies, systems, and structures at the departmental, university, extramural, and federal government levels. Accordingly, I have a developed a (nonexhaustive) list of systemic and structural-level mitigation strategies, stratified by department, university, extramural (e.g., journals, funders, professional associations), and government, for each of the 10 critical lessons (see Table 1).

Conclusion: Take Care of Yourself

> Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare. (Lorde, 1988, p. 131)

The indomitable Audre Lorde naturally deserves the last word about arguably one of the most important tools in the Black health equity researcher's toolbox: self-care. You simply cannot do your best work and have the fortitude to fight for social justice and health equity if you are exhausted, depleted, and mentally, spiritually, and physically unwell. Prioritize sleep, recovery, exercise, eating healthy food, social support, laughter, and joy, however you define it. Ensuring that we are fit to conduct our research in service of social justice and health equity for Black communities, may in the end be, one of the most revolutionary acts of all.

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