



FAQ

Declare Racism a Public Health Crisis

1. What is racism and bias?

Bias is the tendency to favor one group over another.

Most people think they harbor no bias toward other people or groups, or they believe they know their biases and don't act on them.

Explicit bias is a consciously held set of beliefs about a social group. Acting on race or ethnicity-based bias would be conscious, or explicit, racism, that a particular race or ethnicity is superior or inferior to another.

Implicit bias is preconceived notions, or stereotypes, that affect our understanding, actions, and decisions about others—and which operate beyond our conscious control. As our brains use a shortcut to categorize everything we encounter, perceptions about people based on socioeconomic status, race/ethnicity, level of education, style of dress, etc., lead us to behave a certain way toward those people, involuntarily.

Many white Americans outwardly oppose explicit racism, though many of those same white Americans harbor implicit prejudices against minorities, perhaps unknowingly or unintentionally perpetuating harmful racist behavior.

2. How does racism/bias impact health equity?

Health is not created in a doctor's office.

Health is created in equitable, prosperous communities. These communities have quality child care and education, affordable housing, employment opportunities, healthy food, safe parks, and safe streets and transportation options connecting people to their destinations.

Health equity is where everyone has a fair, just chance to live their healthiest life.

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However, due to discriminatory policies and practices, not everyone has a fair, just chance to live their healthiest life.

Racism makes health equity impossible to achieve.

3. How has racism impacted public health, historically?

Decades of unfair social, economic, and political systems have created inequitable communities that are disproportionately burdened by injury, disease, and premature death.

These unfair systems aren't random. They are rooted in racism.

For example, racism led to some of the following discriminatory housing and highway policies throughout the 1900s:

- segregating public housing
- investing in suburbs for whites only
- zoning that separates single-family homes from multifamily dwellings
- requiring minimum lot sizes or square footage to build in certain neighborhoods
- enforcing discriminatory mortgage lending practices, known as “[redlining](#)”
- destroying low-income, minority neighborhoods for highways connecting white-majority suburbs to urban areas.
- destroying low-income, minority neighborhoods in the name of urban renewal
- defunding transit
- funding mortgage interest deductions

Often the preservation of public health and public safety were used as justification for these policies; however, public health professionals—and the entire field—have been notoriously neglected in the policymaking process.

In this context, white families were able to build wealth and pass that wealth down.

Black, Latino, and other families of color were systematically denied this opportunity.

Moreover, there has been a historical disinvestment in communities of color, from schools to fewer parks and less sidewalks, bike lanes, and transit. This blocked access to quality education, government-financed homeownership, financial development opportunities, and other chances to build wealth.

4. How does racism impact public health, today?

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Here are just a few ways that racist governing practices continue to contribute to social, economic, and health inequities that people of color face today.

- Black and Latino students face harsher discipline in school. They are taken out of the class and punished for subjective offenses at higher rates than their white peers.
- COVID-19 is killing Black people at 2.4 times the rate of white people.
- Black people have a higher mortality rate than any other racial/ethnic group for eight of the top 10 causes of death.
- The life expectancy of Black residents is four years shorter than their white neighbors.
- Latino students have the highest rates of high school dropout in the country.
- While 9% of whites are living poverty. 19% of Latinos and 22% of Blacks are.
- On average, white households have nearly [seven times the wealth](#) of Black families and five times the wealth of Latino families.
- Homeownership is the main source of wealth for many families, but Black and Latino families have historically low homeownership rates. In 2016, 68% of whites owned their homes, compared to 46% of Latinos and 42% of blacks. The black-white [homeownership gap](#) is larger today than in 1968, when housing discrimination was blatantly legal. Homeownership rates are lower for black college graduates (56.4%) than white high school dropouts (60.5%).
- Three in four neighborhoods “redlined” on government maps 80 continue to struggle economically today.

Communities are still not invested in equitably.

We cannot begin to address the health issues that threaten Latino and black lives unless we are honest about the systemic racial injustices that created them.

Racism is at the root of these injustices.

5. How does racism impact public health, individually?

Aside from the harms of racism on social, environmental, and economic conditions that burden Blacks, Latinos, and other people of color, racism harms a person’s toxic stress response and changes individual biology.

Experiencing racism can increase stress hormones which, without buffering care, can alter/impair several regions of the brain and inhibit the prefrontal cortex, which is responsible for attention, judgement and impulse control. These biological processes are associated with increased risk for learning and behavior problems, teen pregnancy, substance abuse, chronic absenteeism, dropping out of high school, and involvement in the criminal justice system.

Experiencing racism can also lead to activation of the immune and inflammatory systems; changes in brain structure; elevation of blood pressure and blood sugar; and changes in how

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genes are read. These biological processes are associated with increased risk for numerous mental and physical chronic health conditions, like heart disease, cancer, asthma, stroke, Alzheimer's, diabetes and suicide.

"We know now enough about trauma and the driving of low-grade inflammation, and low-grade inflammation being associated with all these diseases that plague black and brown folks and indigenous folks in a more impactful way from heart disease to depression, obesity, diabetes," [Dr. Rupa Marya](#), a professor at the University of California, San Francisco.

6. Is racism a true public health crisis?

Unlike a pandemic or emergency, there is no epidemiological definition for public health crisis.

[Experts](#) at the Boston University School of Public Health tried to solve this.

They explored the distinction between immediate and important and how politics, perceived risk, and affected groups shape the concept of a crisis. For example, they juxtaposed the number of deaths caused by terrorism and by gun violence with action taken by the U.S. government. Between 2001 and 2013, 3,380 Americans were killed by terrorism and 406,496 Americans were killed by firearms on U.S. soil; yet the U.S. spent trillions on the War on Terror and failed to pass gun control legislation.

They conclude that people often confuse the immediate and the important, and that the important often fails to receive the same crisis-level of concern as the immediate.

Moving forward, they [suggest](#) a crisis must meet three qualifiers: the problem must affect large numbers of people; the problem must threaten health over the long-term; and the problem must require the adoption of large-scale solutions.

Let's test systemic racial injustices as a public health crisis:

- **The problem must affect large numbers of people.** Through discriminatory housing, land use and transportation policies; unfair local and state school finance systems; and unjust labor laws, systemic racial injustices have negatively created racially segregated enclaves of concentrated poverty, impacting a majority of Blacks and Latinos, as well as many low-income families.
- **The problem must threaten health over the long-term.** Through plans, policies and practices, racial injustices have reinforced and perpetuated racial and socioeconomic segregation and systematically denied equal opportunity to Black and Latinos, thus threatened health since the 1920s.

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- **The problem must require the adoption of large-scale solutions.** Because systemic racial injustices are rooted in policies, regulations and laws at the local, state, and federal level, large-scale solutions are needed.

It checks out. Systemic racial injustices affect a large number of people. Systemic racial injustices threaten health over the long-term. Systemic racial injustices require the adoption of large-scale solutions.

Racism is a public health crisis.

7. Why does racism require an immediate public health response today?

As protesters across the U.S. demand action to stop to police brutality, it is important to also demand greater action to dismantle racism across all policies and practices, for the reasons stated above in questions 1-6.

A city resolution to declare racism a public health crisis and commit to action could be the first step toward lasting, meaningful change.

These declarations are “long overdue” and “a start,” Dr. Allison Agwu, an infectious disease specialist and associate professor at Johns Hopkins School of Medicine, told [The Guardian](#).

“If you declare something an emergency, you’re also saying it’s imperative to address the problem,” Agwu said.

8. What cities/counties have passed a resolution to declare racism a public health crisis?

Since 2019, 24 resolutions have been introduced or adopted, according to the [Network for Public Health Law](#).

For example:

- [Cleveland, Ohio](#)
- [Columbus, Ohio](#)
- [Franklin County, Ohio](#)
- [Denver, Colorado](#)

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- [Indianapolis City/Marion County, Indiana](#)
- [Cook County, Illinois](#)
- [Kansas City, Missouri](#)
- [Pittsburgh, Pennsylvania](#)

Leaders in [San Bernardino County](#), a 50% Latino region of California, voted 5-0 on June 23, 2020, to make it California's first county to adopt a resolution to declare racism as a public health crisis with a commitment to study existing county policies and practices "through a lens of racial equality to promote and support efforts that prioritize health for people of color."

All 24 resolutions state a clear declaration that racism is a public health crisis or emergency. Seventeen reference policy with a commitment to assess existing policy or procedure or to advocate for new policies that improve health in communities of color. Nine reference accountability measures, such as responsibility, oversight, communication, or strategies to support implementation of the resolution.

"The language of these resolutions, alone, cannot repair the health deficit American institutions have left for communities of color," according to the Network for Public Health Law. "However, these resolutions can jump start critical efforts to assess the barriers to health created by current laws."

9. What are the benefits of a city declaration that racism is a public health crisis?

Public recognition that systemic racial injustices contribute to health disparities is the first step to action. Cities that have adopted these resolutions often highlight the connection between social inequities and health disparities across various issues.

For example, various city/county declarations cover:

Wellness:

- racism manifests in distinct ways across other social intersections including gender identity, sexual orientation, class, disability, immigration status and age, and collectively reinforces the racial hierarchy throughout these intersections which weakens the strength of our entire humanity
- racism is a barrier to wellness that has a profound impact on the health status of children, adolescents, emerging adults, and their families and that the continued

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negative impact of racism on health and well-being through implicit and explicit biases, institutional structures, and interpersonal relationships is clear

Living Conditions:

- racism causes persistent discrimination and disparate outcomes in many areas of life, including housing, education, employment and criminal justice; and an emerging body of research demonstrates that racism itself is a social determinant of health
- communities of color, working class residents, and those that suffer from disabilities, are more likely to experience poor health outcomes as a consequence of their social determinants of health — health inequities stemming from economic stability, education, physical environment, food and access to health care systems
- structural racism has resulted in race as a social determinant of health, with persistent racial disparities in criminal justice, housing, education, healthcare, employment, worker protections, climate, food access, and technology, and Center for Health Progress has reported that data shows race, income, and ZIP Code have a bigger impact on your health than your behavior, your medical care, or your genetic code
- the negative repercussions of historical racism, including but not limited to discriminatory lending practices of the 20th century known as “redlining” and the current limitations and access to healthy, nutritious food, reduced life expectancy, increased rates of lead poisoning, limited access to clean water, and higher rates of infant mortality demonstrate the current impact of racism
- health and racism are inextricably linked, creating a harmful impact on individuals and communities of color, including unequal access to quality education, employment, livable wages, healthy food, stable and affordable housing, and safe and sustainable communities
- systemic racism unfairly disadvantages individuals, businesses, and communities while simultaneously depleting the strength of society through the wasteful use of human resources

COVID-19:

- COVID-19 is killing Black people at 2.4 times the rate of white people and Black people are disproportionately suffering in-part due to long standing, unaddressed health disparities as well as systematic racism and other socioeconomic inequities
- the current COVID-19 pandemic has exacerbated the racial disparities within Denver’s Black and Latinx communities ranging from health care access to risk exposure, and there is a clear correlation between maps showing rates of COVID-19 hospitalizations and neighborhoods with high social vulnerability

Toxic Stress (Adverse Childhood Experiences):

- research indicates that adverse childhood experiences are disproportionately experienced by black children when compared to white children thus having negative impacts on academic, behavioral, and physical health outcomes of black children
- more than 100 studies have linked racism to negative health outcomes, including research supporting that the cumulative experience of racism throughout one's life can

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induce chronic stress making Black populations particularly susceptible to chronic health conditions that lead to otherwise preventable deaths

Police Brutality:

- the police brutality and murders against Black citizens across the U.S., including recent victims George Floyd, Ahmaud Arbery, Breonna Taylor, Tony McDade and countless others have contributed to an environment that is persistently unsafe for our Black communities, serving to uphold both systemic inequities and psychological burdens that worsened this public health crisis

10. What are some important commitments to action a city can take alongside a resolution?

Beyond publicly declaring racism a public health crisis and recognizing the connection among racism, social inequities, and health disparities, many resolutions include commitments to take action.

For example, various city/county resolutions state commitments to:

- Always promote and support policies that prioritize the health of all people, especially people of color by mitigating exposure to adverse childhood experiences
- Continue on-going racial equity training with the goal of reaching all agency leadership and staff
- Encourage racial equity training among all community partners, grantees, vendors and contractors
- Identify clear goals and objectives, including periodic reports to assess progress and capitalize on opportunities to further advance racial equity
- Systematic, data-driven focus on poverty, economic mobility, and other factors that impact the social determinants of health
- Continue, with urgency, the review of policies and procedures for the purposes of eradicating implicit and explicit racial bias and develop instead policies and procedures that build racial equity
- Assess internal policies and procedures that ensure racial equity is a core element of the city in collaboration with the health department and other relevant parties;
- Collect data, disaggregated by race, on department staffing, procurement, contracting, and recipients of government intervention; that departments present the data to the Council and make this data publicly available via their websites, with the intention of incorporating racial equity into the analysis of governmental action and strengthening the city's commitment to analyze and address racial disparities
- Support the establishment of a working group to address these issues and to:
 - seek solutions to reshape the discourse and actively engage all citizens in racial justice work

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- continue to work to build alliances with organizations that are confronting racism and encourage partners to recognize racism as a public health crisis
- continue to promote racially equitable economic and workforce development
- continue to promote racially equitable hiring and promotion of all employees including City employees
- advocate and draft relevant policies that prioritize the health of people of color and mitigate exposure to adverse childhood experiences and trauma in childhood

According to the [Blueprint for Changemakers](#) from ChangeLab Solutions, specific actions to dismantle racism could include:

- Ensure racially and economically mixed neighborhoods through land-use planning, housing regulations, rental assistance programs, or school siting policies.
- Prevent housing and job displacement from driving racial and income segregation by enacting land use or affordable housing finance regulations.
- Confront negative stereotypes and reduce racial prejudice and discrimination through school policies and curricula that educate children about the harms of historical oppression and the value of equality and inclusion.
- Prevent biased policy decision-making and implementation through protocols that require equity analysis or through staff training on equity, bias, and cultural sensitivity.
- Ensure equal and unbiased law enforcement and criminal justice through policies on policing practices and through training, legal system protocols, and sentencing guidelines.
- Improve neighborhood value through community development or neighborhood revitalization, including investment in housing, open space, transportation networks, food systems, and school facilities while protecting priority populations from displacement.
- Reduce housing instability by preserving, protecting, and expanding the supply of quality affordable housing through property tax incentives, rental subsidies, rent stabilization, good cause eviction policies, condominium conversion protections, inclusionary zoning, density bonuses, expedited permitting, or property acquisition.
- Increase the income of the poorest individuals through supplemental income, including Social Security, disability insurance, Temporary Assistance for Needy Families, and tax credits, as well as through increased wages, including an increased minimum wage.
- Provide supplemental income to support healthy living through nutrition assistance, wage subsidies, Medicaid, or housing subsidies.
- Subsidize preschool for children from low-income families.
- Expand the coverage and frequency of public transportation, especially in poor areas.
- Provide universal high-quality early childhood education focused on child development, in addition to primary and secondary education.
- Make schools safe, equitable places to learn, and avoid unfairly penalizing students who live in poor neighborhoods or who are experiencing health, learning, or psychosocial

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challenges – for example, by implementing trauma-informed school discipline or restorative justice policies.

- Increase access to safe, secure, fairly paid work and year-round work for low-income families through direct job creation, apprenticeship programs for those with barriers to employment, or fair-chance hiring for job seekers with criminal records.
- Include mental health care in health care delivery.
- Involve underserved communities in the initiation, drafting, and implementation of policy solutions to local issues related to health equity, through community-based participatory research, inclusive and representative community engagement, participatory budgeting, or public deliberation.
- Create structures for collaboration among local governments, community-based organizations, and health care institutions to act on the social determinants of health.
- Make government protocols and decisions available to the community, and ensure that policies include clear roles, responsibilities, and evaluation processes to hold government responsible for successful implementation.

Additionally, consider pushing decision-makers to publicly measure and track improvement on various health and social outcomes, such as income inequality, disparities in multiple physical and mental health conditions, disparities in injury and premature death, population housing cost-burdened, population transportation cost-burden, high school graduation rates, adverse childhood experiences, and more.

11. How do I find out public health equity issues specific to my community?

Look through your local community health needs assessment. Try this Google Search: [CITY/COUNTY community health needs assessment]. Look through reports, maps and/or dashboards published by your local health department. Try this Google Search: [CITY/COUNTY health department report/dashboard/map disparities].

[Download *Salud America!*'s Health Equity Report Card for your county.](#) You'll see local maps, gauges, and data that reveal place-based inequities in housing, transportation, education, food, environmental issues, socioeconomic status, health outcomes and more.

Look for local reports from institutions or organizations on: community health, health disparities, diabetes, heart disease, depression, suicide, life expectancy, adverse childhood experiences, poverty, income inequality, housing affordability, transportation affordability, food insecurity, high school graduation rates, domestic violence, and incarceration rates. Find out if your city has a map of previously [redlined neighborhoods](#).

You can also email us to help you find more relevant data, at saludamerica@uthscsa.edu.

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