



# STRUCTURAL RACISM

The Big Cities Health Coalition (BCHC) is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the 62 million people they serve. Together, these public health officials directly affect the health and well-being of nearly **one in five Americans**.

Together, we aim to create healthy, more equitable communities through big city innovation and leadership.

# PRIORITY ISSUE AREAS

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## ► Building More Equitable Communities and Addressing Structural Racism

CDC defines health equity as “when everyone has the opportunity to be as healthy as possible.”<sup>1</sup> That equity can only be achieved by identifying and reducing health disparities, which are present across all health issues, and removing a host of structural barriers, which contribute to inequitable outcomes.

All across the United States, cities, elected bodies, and administrative agencies are changing how they make public policy.<sup>2</sup> They are integrating processes and tools to examine how racial inequities might unintentionally result from their decisions — and importantly, they’re adjusting those decisions to prevent those inequitable impacts. This movement to “apply an equity lens in decision making” has yielded concrete changes in local budgets, policies, plans, and programs in ways that protect and improve the health, social, economic, and environmental conditions of communities historically experiencing inequities.<sup>3</sup>

Further, COVID-19 has forced health departments into unprecedented territory with respect to the scale and scope of decisions made to protect the health of the public. According to some BCHC health departments, the urgency and difficulty of rapid decision making in the pandemic

is requiring them to double-down on their focus on equity, working to ensure that equity considerations remain prioritized and consistently addressed.<sup>4</sup> It is now well known that COVID-19 disproportionately exposes, sickens, and kills people of color, and those who are lower-income, at rates far higher than White, non-immigrant, and higher-income people.<sup>5</sup> A history of systematically racist employment, housing, health, and social policy has patterned these inequitable exposures and outcomes.

Policies related to healthcare access, Medicaid expansion, paid sick leave, universal basic income, affordable childcare, housing affordability and stability, and other issues would go a long way in creating the conditions to improve health and equity. The federal government can implement these policies at a national level or support state and local versions of these policies. Local health departments actively advocate for and are ready

to operationalize these upstream, population-level interventions to improve health and decrease inequities. The federal government can also support local policy levers by making recommendations and using purse strings to promote implementation.

Ideally, all public health agencies from local to the CDC would report on health disparities publicly, and the CDC and HHS would explicitly research the best ways to increase health equity and reduce health disparities and fund those programs across the country. A key part of doing so is disaggregating public health data by race, ethnicity, gender, and socioeconomic status; all too often it is these factors that play an outsized role in health status or outcomes.

An equity lens must be also applied to all federal policy and funding decisions. Adequately and appropriately ensuring health equity requires broadly

addressing social determinants of health for whole communities, removing structural obstacles to health such as poverty, racism, and discrimination, and addressing underlying root causes present across communities and society as a whole.

It is also important to give voice to the fact that structural racism is at the root of many of our systems and institutions; we must begin to treat racism as a public health crisis. Declaring racism as such, as at least half of BCHC jurisdictions have done, will help to reframe the conversation and illustrate that we are all only as healthy as the least healthy among us. These declarations recognize the central role that historical and current racism plays in harming the health and well-being of communities of color. The explicit acknowledgement that communities of color suffer higher rates of nearly every adverse health outcome due to systemic racism and issues including inadequate education,

discrimination in employment and housing, poverty, mass incarceration, residential segregation, and racial trauma is a necessary first step in working towards equity.

Moving forward, we must dedicate resources and prioritize work to diminish discrimination and trauma that is all too often experienced throughout communities of color. A measurable step many cities are taking is including more people of color and members of impacted communities in decision making processes. This, and other strategies to address structural racism and health equity will mean rebuilding our communities, and in some cases, the systems within which we operate, so that each and every person, no matter where they live, the color of their skin, or where they were born, has the opportunity to live a healthy, full, and productive life.

## **POLICY RECOMMENDATIONS**

- ▶ Advancing health equity and addressing structural racism must be

a national priority in policy, funding, and programmatic decision making.

- ▶ Support antiracist and antibias training for federal employees and contractors, with the understanding that structural racism exists in the US and must be actively confronted.
- ▶ Congress should ramp up funding for CDC's Social Determinants of Health Program to coordinate the agency's activities and improve capacity of local and state public health agencies and community organizations to do so.
- ▶ Congress should consider equity in every policy decision that is made, specifically funding of programs, including targeting additional dollars to those communities most in need.
- ▶ Data should be more easily available to the public, clearly presented, and disaggregated by race, ethnicity, and socioeconomic status to assist in evaluating impact of funding and policies on those most in need.

## **ENDNOTES**

1 Senator Patty Murray, *The Democratic COVID-19 Response: A Roadmap to Getting a Safe and Effective Vaccine for All*. <https://www.help.senate.gov/imo/media/doc/Murray%20Vaccines%20White%20Paper%20FINAL.pdf>.

2 Centers for Disease Control and Prevention, Division of Community Health. *A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease*. [https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/pdf/HealthEquityGuide\\_Intro\\_May2018\\_508.pdf](https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/pdf/HealthEquityGuide_Intro_May2018_508.pdf).

3 Forthcoming BCHC/Human Impact Partners Report: *Equity Lens Tool for Local Public Health Departments* (Working Title).

4 Ibid.

5 Human Impact Partners interviews with BCHC members.