RACIAL EQUITY & PUBLIC HEALTH

What is Racial Equity?

Racial equity is the condition that will be achieved when racial identity no longer predicts how a person fares in society.

Racial equity is central to health equity, which is the assurance of the conditions that allow everyone the opportunity to reach their best health (To learn more about health equity, see Creating the Healthiest Nation: Advancing Health Equity).

Creating racial and health equity requires addressing health inequities, which are the uneven distribution of social and economic resources that impacts an individual's health.[1] Inequities often stem from structural racism or the historical disenfranchisement and discrimination of particular marginalized groups, including communities of color, low-income populations, people with disabilities and members of the LGBTQ community. These groups have historically been prevented from obtaining resources needed to be healthy, and are disproportionately exposed to a combination of health risks such as poverty, violence, poor neighborhood conditions and environmental health hazards.

Health inequities result in health disparities, which are differences in health status that are closely linked with social, economic and/or environmental disadvantage. Differences in health outcomes between communities of color and white communities, such as the fact that Black people experience higher morbidity and mortality from COVID-19,[2] are health disparities rooted in racism.[3] Racism shapes where and how people live, what resources and opportunities they have and directly impacts the health of the nation. Racism is a longstanding systemic problem in this country that must be dismantled through policy and practice changes and transformations, which must start with brutally honest conversations and assessments of our systems and structures.

The Public Health Impact of Racism

Racism shapes both opportunity and access to resources that support health. It also contributes to growing health disparities between and across communities. For example:

- Within the U.S., up to a seven-year difference in life expectancy exists between racial and ethnic populations.[4,5]
- Black women (across socioeconomic status) are three times more likely than white women to die within one year of childbirth.[6]
- Black, American Indian/Alaskan Native and Hispanic Americans all have a COVID-19 death rate that nearly triples that of white Americans.[7]
- "Weathering" describes how the stress from coping with chronic toxic stress, from structural and interpersonal racism and bias, over a lifetime causes physiological changes. The result is accelerated aging and increased risk of chronic diseases and other adverse health outcomes, including premature death.[8]

About 1,000 people die at the hands of police in the U.S. each year. Black people are three times more likely to die than their white counterparts during a police encounter, and 2018 statistics from the National Academy of Science indicated that one in 1,000 Black men or boys will be killed by police in their lifetime.[9] Individuals who have been victimized by police experience higher rates of PTSD, and the communities where people experience and witness police violence suffer higher rates of depression, anxiety, anger, fear, lack of trust, and other psychosocial problems.[10]

- health disparities cost the U.S. an estimated $60 billion in excess medical costs and $22 billion in lost productivity in 2009, according to a study by the National Urban League Policy Institute. That burden in excess medical costs is expected to increase to $126 billion in 2020 and $363 billion by 2050.[11]

- Thankfully, many of these worse health outcomes are preventable. For example, research has demonstrated that nearly half of severe maternal morbidity events and maternal deaths are preventable. These unnecessary deaths and outcomes can be prevented through a multi-pronged approach that addresses multiple factors including provider education. Ensuring that providers are educated about racial and ethnic disparities, the importance of shared decision-making, cultural competency and implicit biases are important steps toward addressing – and reducing – disparities in care.[12]

What Can We Do?

To reduce the burden of racism and achieve racial equity, we need to:

- **Be explicit.** Name the groups impacted by equity initiatives and identify the steps required to advance racial equity policies and eliminate health disparities. Being explicit is key to ensuring communities of color and low-income communities receive the social and economic resources needed to be as healthy as possible. Being explicit includes calling out racism as a contributor to health disparities and driver of the social determinants of health. At the beginning of 2021, 185 states, cities and counties had declared racism a public health crisis. Community leaders and advocates should work with local leaders to enact resolutions, policies and programs that address racism as a crisis and create public health solutions.

- **Engage people of color in equity initiatives.** People of color should be provided with meaningful opportunities to participate in the planning process of programs, interventions and policies aimed at advancing racial equity. This includes ensuring are at the table, are provided with leadership and ownership opportunities, have leadership roles and are informing and driving policy and program decisions.

- **Adopt a "Health in all Policies" approach** County, city, state and federal agencies should identify multi-sectorial opportunities for advancing equity and addressing determinants of health in all areas of social, economic and health policies. This involves improving vulnerable populations' access to healthy foods, safe housing, reliable transportation, quality education, equitable employment, safe green spaces and opportunities for economic development. The Health Equity and Accountability Act is one example of legislation that advances health equity across multiple sectors, with provisions that strengthen data collection, create new opportunities in the health workforce, improve access to culturally competent care and expand services to communities that need them the most. The bill also has provisions that take action on mental health, environmental justice and gun violence.

- **Measure and evaluate progress in reducing health disparities.** Progress toward advancing health equity is measured by the reduction of various health disparities. It is important to identify and measure health-related outcome indicators in order to assess our progress in reducing social and economic barriers to health, closing gaps in health outcomes, and increasing equitable opportunities to be healthy. The Improving Social Determinants of Health Act (H.R. 379 / S. 104) would create a new Social Determinants of Health, or SDOH, program at the Centers for Disease Control and Prevention to coordinate existing SDOH programs at the CDC and community level. By eliminating silos, the bill would empower communities to research and evaluate the progress of new and ongoing SDOH programs.

- **Protect moms and babies of color.** Maternal mortality statistics in the U.S. are disturbingly high when compared to the rates from other similar countries. But this epidemic is experienced even more acutely by women and pregnant people of color. Research shows that Black, Native American and Hispanic moms all face much higher rates of maternal mortality than white moms. The Black Maternal Health Momnibus Act of 2021 (S. 346/H.R. 959) would build on existing progress made in maternal health with provisions that would invest in social determinants of health, grow and support the perinatal workforce, improve data collection and promote maternal vaccination. The bill would also support research efforts into understanding the impact of climate change and the COVID-19 pandemic on women and pregnant people of color.

- **Advance police accountability.** Police violence toward the Black community and communities of color is an epidemic that leads to harm and death for those who experience it, negative physical and mental health outcomes for those who witness it and harmful impacts on other social determinants such as school performance and incarceration rates. The George Floyd Justice in Policing Act of 2021 (H.R. 1280) would reform policing and demand a higher level of accountability from officers through provisions that: create a national, publicly accessible registry of police officer misconduct; ban no-knock warrants in drug cases; ban chokeholds and carotid holds; limit the transfer of military-grade equipment to police departments; mandate training on racial profiling and racial bias; and create new standards for allowable use of force. The bill would also empower local communities to reimagine public safety via public safety innovation grants to encourage the development of just and equitable approaches and alternatives by community-based organizations.

APHA Racial Equity Resources

Check out these resources from APHA to learn more about racial equity and public health:

- Health Equity fact sheets
- Advancing Racial Equity webinars
- Declaring Racism a Public Health Crisis
- Policy Statement — Structural Racism is a Public Health Crisis: Impact on the Black Community
- Policy Statement — Achieving Health Equity in the United States
- Policy Statement — Addressing Environmental Justice to Achieve Health Equity

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