ADVANCING HEALTH EQUITY

THROUGH THE LEGISLATIVE PROCESS

LEGISLATIVE OVERVIEW SERIES: 2022 PUBLIC HEALTH SPOTLIGHT

INTRODUCTION

Public health officials work to improve the health of all people, regardless of race, ethnicity, gender, sexual orientation, or social status. Discrimination based on a person's physical characteristics of perceived social grouping is a psychosocial stressor linked to negative health outcomes such as high blood pressure and sleep disturbances.[1] Policy decisions that implement or perpetuate racial discrimination to limit the well-being, opportunities, resources, or power are forms of structural racism.[2]

To achieve optimal health for all, public health agencies are working with governmental and nongovernmental partners to dismantle structural racism and other forms of structural discrimination. This work, commonly referred to as health equity, include strategies such as investing additional resources in historically under-resourced or disinvested communities, addressing inequities in social determinants of health, and supporting community-led solutions. There are many policy opportunities to support health equity across all levels of government.[3]

The COVID-19 pandemic magnified existing health inequities for policymakers, with Black, Indigenous, and Latinx communities disproportionately impacted.[4] Many factors, including structural racism and low-wage jobs with little flexibility, contribute to higher rates of COVID-19 infection and death within these communities. Recent actions by state legislatures include declaring racism as a public health crisis, advancing efforts to improve collecting data on health disparities, and implementing legislative processes to promote health equity.

LEGISLATIVE TRENDS

RACISM AS A PUBLIC HEALTH CRISIS

There have been at least 209 declarations of racism as a public health crisis passed in 37 states between 2018 and Aug. 2021.[5] Although the majority of these declarations were made by local government, Governors in at least 13 states and the Mayor of Washington, D.C. made executive declarations. In 2020, the Minnesota House of Representatives and the Council of the District of Columbia legislatively declared racism as a public health crisis. In 2021, at least four states (Hawaii, Nevada, Oregon, and Virginia) passed legislative resolutions declaring racism a public health crisis.

Nevada, in addition to recognizing racism as a public health crisis, enacted laws requiring state agencies to improve communication and collaborate with members of minority groups in the policy development process. At least one state, Connecticut, incorporated its declaration into substantive legislation that created a Commission on Racial Equity in Public Health.

COLLECTING HEALTH DISPARITY DATA

Assessing health equity requires socio-economic information (e.g., race, ethnicity, income, education) in addition to population health information. This information has not been routinely collected by public health agencies, however, at least 11 states (Colorado, Connecticut, Florida, Illinois, Louisiana, Maryland, New Hampshire, New Jersey, Oregon, Virginia, and Washington) enacted laws in 2021 directing state agencies to collect this information. In a new Illinois law, the legislature recognized that traditional public health data collection was insufficient in helping public health leaders identify policies and interventions to address health inequities because the data lacks information on social determinants of health.

Colorado's new law empowers its Office of Health Equity to assess health disparities and inequities, working with other state departments and community partners to collect health disparity data. The first report will be published in July 2022 and the assessment is to occur every two years. The Virginia legislature focused its health equity assessment on maternal health, instructing the State Health Commissioner to establish a taskforce to evaluate maternal health data collection processes and evaluate the effect of a social determinants of health screening on pregnant people in the state.

INCORPORATING HEALTH EQUITY IN THE POLICY DEVELOPMENT PROCESS

Policymakers consider an array of factors before adopting a new policy, including the fiscal impact of the proposal and community feedback. Additionally, several states are developing processes to integrate health equity assessments into the policy development process. During the 2021 legislative session, at least five states (California, Massachusetts, Nevada, Oregon, and Vermont) considered bills to incorporate health equity assessments into the legislative process.

Although the efforts noted above to change the legislative process were unsuccessful, Oregon was able to enact a law creating the Racial Justice Council to advise the Governor on issues related to racial justice and equity. Specifically, the council will assist state agencies in creating racial impact statements on programs included in the agency budget and track progress toward racial equity taken by the state legislature.

LOOKING AHEAD

ASTHO expects states to continue considering legislative proposals to address health disparities within their states and implementing structural changes to the policy development process to reduce structural discrimination. Future state legislative action may include:

- Creating health equity task forces, empowered to assess structural and systemic barriers experienced by underrepresented groups and make recommendations for reducing health disparities.

- Enhancing efforts to collect more robust data, including information on race, ethnicity, economic status, gender identity, and sexual orientation, to better understand health disparities occurring within the state.

- Investing in programs to reduce health disparities and dismantle structural racism.

- Directing the health department to provide additional training or guidance for public health and healthcare professionals on health disparities and ways to improve health equity.

The first community to declare racism as a public health crisis was Milwaukee County, Wisconsin in 2018.[5]

People's quality of life and overall health is affected by the environments in which they live, work, and play, known as social determinants of health (SDOH).[6] SDOH can be grouped into five domains:

1. Economic Stability
2. Education Access and Quality
3. Health Care Access and Quality
4. Neighborhood and Built Environment
5. Social and Community Context

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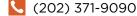
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