Achieving Optimal Health for All by Eliminating Structural Racism

POSITION

State and territorial health officials (S/THO) and the public health agencies they lead are committed to advancing optimal health for all.[1] S/THOs aim to create the conditions for everyone to live in healthy, thriving, prosperous communities free from barriers to realizing full health and wellness. Fulfilling this aim requires a comprehensive approach which includes understanding historical contributions to health inequities, including an explicit focus on addressing structural racism and acknowledging racism and racial discrimination as a public health issue.[2,3] S/THOs play a critical role in addressing structural racism as it relates to health and wellbeing by introducing and supporting organizational changes and external policies that advance public health's mission of assuring the conditions for everyone to achieve the best health possible.

BACKGROUND/EVIDENCE BASE

Addressing structural racism is one of several required strategies needed to improve the health of all Americans. Structural racism is a complex, multi-faceted policy challenge contributing to significant negative impact on communities in all states and in rural and urban neighborhoods, and island territories. Research shows that persistent exposure to the stress and trauma of racial discrimination results in premature aging, poor health outcomes, and increased prevalence of certain chronic diseases[4]. Historical policies that are rooted in racist ideologies, such as redlining and Jim Crow laws, have limited the opportunities many Americans have to access quality healthcare and public health services that promote a hierarchy of human value based on skin color, and/or country of origin.[5]

Structural racism and the related disinvestment in communities of color over generations has contributed to inequities in community level protective factors that influence health, including education, housing, transportation, and economic development and opportunity. [6]Two critical negative impacts of structural racism on our nation are significant health disparities and their economic toll. Data indicate that racial and ethnic minority groups, in the United States experience higher rates of illness and death across a wide range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease when compared to their White counterparts, as well as higher rates of maternal and infant deaths.[7] Further, Black, Indigenous and People of Color all have a higher risk of death, and shorter life expectancies.[8]

An NIH study revealed the economic burden racial and ethnic health disparities cost the U.S. economy $451 billion in 2018, a 41% increase from the previous estimate of $320 billion in 2014. Similarly, another study concluded that the United States could see a $135 billion economic gain annually if racial inequities in health are eliminated, including a $93 billion reduction in excess medical costs and a $42 billion addition in realized economic productivity.[9,10] This policy statement provides practical recommendations for health agencies to acknowledge and work to eliminate structural racism in their agencies as well as the jurisdictions these agencies serve.

RECOMMENDATIONS:

ASTHO recommends the following actions state and territorial health officials (S/THO) can take to advance health equity and achieve optimal health for all.

Summary of Recommendations

- Acknowledge structural racism as a fundamental cause of heath inequities and recognize the role of public health agencies in efforts to eliminate racism and achieve optimal health for all.
- Lead internal organizational change efforts that address structural racism in health agencies and support racial healing and transformation within state and territorial public health agencies.
- Support jurisdiction-wide efforts to address and eliminate structural racism and advance health equity.
- Participate in partnerships and collaborations that support local, territorial, and state initiatives to address structural racism, promote health equity, and achieve optimal health for all.

1. **S/THOs can formally acknowledge structural racism and the role public health agencies play in addressing health equity and achieving optimal health for all**.

   - Commit to achieving optimal health for all by acknowledging historical trauma and the advantages derived from structural racism to different groups of Americans.
   - Build capacity within S/THAs to address racial equity through multi-level systems change by (1) continued investments in workforce and infrastructure, (2) instituting accountability mechanisms, including increasing data transparency, and (3) leveraging the current, and historic investments in public health data systems modernization to ensure S/THAs can collect all data needed, including race and ethnicity, to optimally measure health disparity elimination progress well into the future.
   - Encouraging federal partners to make data on race and ethnicity accessible to stakeholders and communities.[11]
   - Support ongoing evidence-based anti-racism and cultural humility training for staff that includes the historical context for racial inequities, illustrates how implicit and explicit bias may influence organizational behavior and decision-making, and highlights the benefits of diversity and inclusion to organizational success.[12]
   - Make the business case for racial equity by highlighting the economic cost of jurisdictional racial disparities in health across the life course.

2. **Lead internal organizational change efforts that support racial healing, racial justice, and transformation within state and territorial public health agencies.**

   - Assess and eliminate drivers of racial hierarchy within an agency by creating new systems that promote equity and fairness in organizational decision-making and foster the adoption of anti-racist policies, procedures, organizational and employment practices, and agency culture.
   - Implement system-wide performance improvement frameworks, including the National Public Health Accreditation standards and the revised 10 Essential Public Health Services, that place health equity in the center of all processes and outcomes and clearly define measures of success.[13]
   - Adapt business operations, procurement, and administrative services to ensure equity-promoting strategies are being implemented.[14]
   - Elevate and consistently fund offices of minority health and/or health equity at the executive level of the state or territorial public health agency.
   - Recruit and retain a racially and ethnically diverse workforce reflective of the communities served by the agency, focusing specifically on leadership diversity at the management and executive levels.[15]

3. **Support jurisdiction-wide efforts to address and eliminate structural racism and advance health equity.**

   - Advocate for cross-cutting Health Equity in All Polices approaches to formalize cross-government coordination and encourage other sectors to implement health equity goals.[16]
   - Establish state- or territory-wide taskforces or other advisory groups to examine racial inequities in specific areas of focus, such as maternal mortality and COVID-19 to study the impacts of racism on the jurisdiction's health and recommend improvements in programs and policies.[17]

4. **Participate in allyships and collaborations that support state and local initiatives to address structural racism, promote health equity, and achieve optimal health for all.**

   - Develop trust with systemically marginalized groups by engaging community members as decisionmakers in policy development, program design, implementation, and evaluation.
   - Mobilize community-driven, equity-oriented, place-based approaches that strengthen community resilience and improve health long-term.[18]

1   ASTHO contributors (n.d.). About Us. ASTHO. https://astho.org/About/.

2   Bailey, Z. D. *et al*. (2021). How structural racism works — racist policies as a root cause of U.S. racial health inequities. *New England Journal of Medicine*, *384*(8), 768–773. https://doi.org/10.1056/nejmms2025396

3   Lewis, M., & Thompson, C. (2020). *S*tate legislation to declare racism a public health crisis and address institutional racism. ASTHO. https://www.astho.org/communications/blog/state-legislation-declare-racism-public-health-crisis-addressinstitutional-racism/

4   Davis, B. A. (2020). Discrimination: A social determinant of health inequities. *Health Affairs*. https://www.healthaffairs.org/do/10.1377/forefront.20200220.518458/

5   Richardson, J. *et al*. (2020). Redlining and Neighborhood Health. National Community Reinvestment Coalition. https://ncrc.org/holc-health/

6   Braveman, P. A., Arkin, E., Proctor, D., Kauh, T., & Holm, N. (2022). Systemic and structural racism: Definitions, examples,   health damages, and approaches to dismantling. *Health Affairs*, *41*(2), 171–178. https://doi.org/10.1377/hlthaff.2021.01394

7   Hoyert, D. (2023, March 16). *Maternal Mortality Rates in the United States, 2021*. Www.cdc.gov; Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates2021.htm

8   Hill, L. *et al*. Key Facts on Health and Health Care by Race and Ethnicity. KFF. https://www.kff.org/report-section/key-factson-health-and-health-care-by-race-and-ethnicity-health-status/.

9   McAfee, S. (2018). The Business Case for Health Equity. Center for Health Progress. https://centerforhealthprogress.org/blog/the-business-case-for-health-equity/

10   Noricks, R. (2018) Updated study outlines potential gains to U.S. economy and a pathway for economic growth. W.K. Kellogg Foundation. https://www.wkkf.org/news-and-media/article/2018/04/updated-study-outlines-potential-gains-tou-s-economy-and-a-pathway-for-economic-growth/

11   Lewis, M. (2020). Why We Need Race and Ethnicity Data to Beat COVID-19. ASTHO. https://www.astho.org/StatePublicHealth/Why-We-Need-Race-and-Ethnicity-Data-to-Beat-COVID-19/04-22-20/

12   Bailey, Z.D. *et al.* (2017). Structural racism and health inequities in the USA: evidence and intervention. *The Lancet*, *389*, 1453–1463. https://doi.org/10.1016/S0140-6736(17)30569-X

13   CDC contributors. (2020). COVID-19 Response Health Equity Strategy: Accelerating Progress Towards Reducing COVID-19 Disparities and Achieving Health Equity. CDC. https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/CDCStrategy.pdf

14   ASTHO contributors. (2017). ASTHO Encourages Adoption and Implementation of a Health in All Policies Approach to Achieve Optimal Health for All. ASTHO. https://www.astho.org/advocacy/policy-statements/health-in-all-policies/

15   ASTHO contributors. (2017). ASTHO Encourages Adoption and Implementation of a Health in All Policies Approach to Achieve Optimal Health for All. ASTHO. https://www.astho.org/advocacy/policy-statements/health-in-all-policies/ 16 Change Lab Solutions. (2019). Blueprint for Changemakers. Change Lab Solutions. https://www.changelabsolutions.org/product/blueprint-changemakers

[17] Hunter, D. (2021). State and Local Efforts to Declare Racism a Public Health Crisis. Network for Public Health Law. https://www.networkforphl.org/resources/state-and-local-efforts-to-declare-racism-a-public-health-crisis/

[18] Amobi, A. *et al.* (2019). ASTHO President's Challenge: Core Principles for Building Community Resilience. *American Journal of Public Health.* 109(4): 277–S278. https://doi.org/10.2105/AJPH.2019.305301