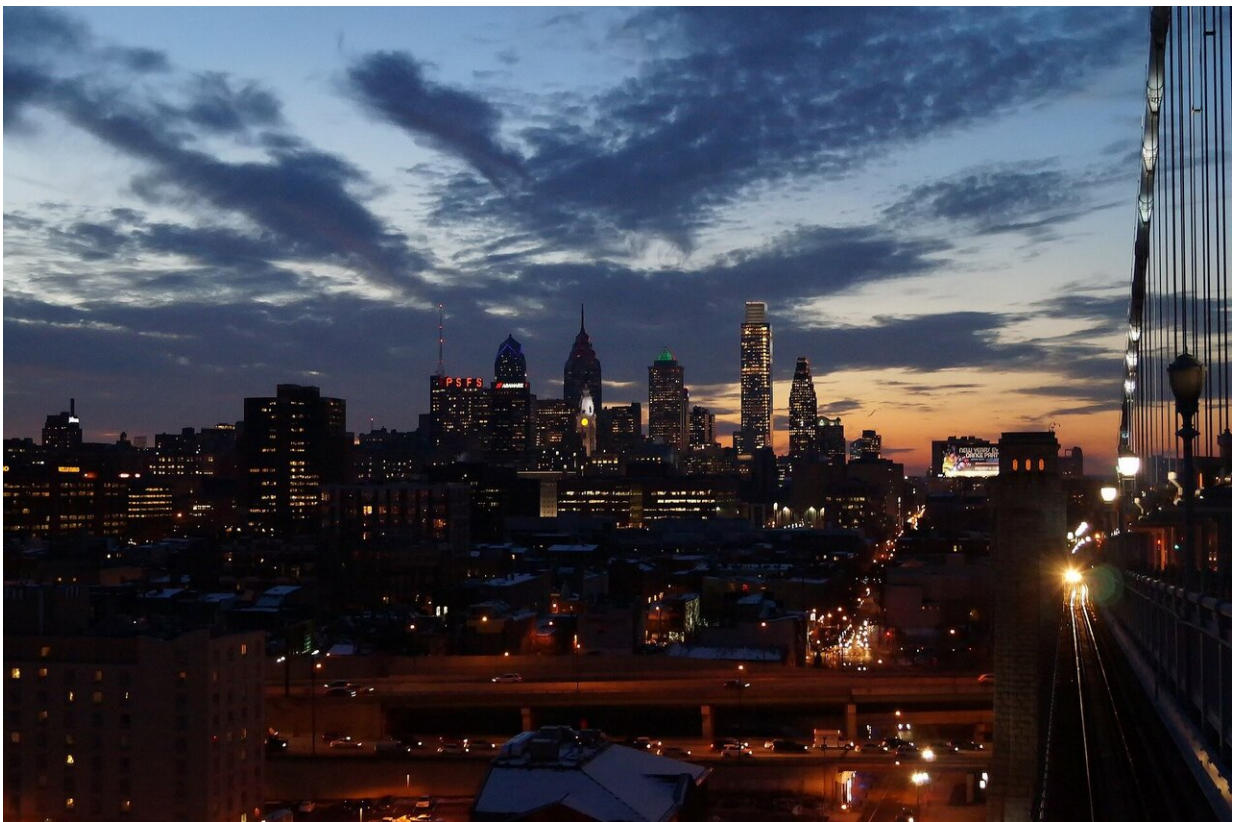


Racism is a declared public health issue in 145 cities and counties across 27 states. Now what happens?

November 24 2020, by Jordan Culver, Usa Today



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Philadelphia. Las Vegas. Cleveland.

Those are just three of the more than 100 communities since June that have taken a stand against racism, declaring it a public [health](#) issue, in the aftermath of George Floyd's death in police custody that sparked a racial reckoning across the U.S.

It's an important first step, experts told USA TODAY. It's the next step, however, that will determine whether the declarations are purely symbolic or something more.

"I really hope that these efforts are met by significant resources and significant willingness to be able to share power," said Tiffany Green, assistant professor of population health sciences at the University of Wisconsin.

She added, "The thing about racism that I wish people would understand is that this is not about blaming individual-level people for problems. It's a societal problem that keeps us from being all that we can be."

A summer that included protests against systemic racism and police brutality, combined with a COVID-19 pandemic that disproportionately impacts people of color, created a "perfect storm" of incidents that could no longer be ignored, said Melva Thompson-Robinson, professor at the School of Public Health at the University of Nevada-Las Vegas.

The American Public Health Association, which tracks declarations of racism as a public health issue, lists 145 cities and counties across 27 states—up from only seven in 2019. Five were statewide declarations and three were issued by states' governors (Michigan, Wisconsin and Nevada).

The most recent declaration came from California's Sacramento County on Nov. 17.

These communities are naming racism as an urgent need that "must be addressed rapidly," said Regina Davis Moss, the APHA's associate executive director.

'Race pervades every aspect of American life'

Discussions of racism's impact on public health aren't new—the APHA's first resolution regarding race as a public health issue came in the 1960s, Davis Moss said.

Things like school funding, access to nutritious food, unstable housing and income insecurity are all recognized in the public health community as directly related to structural and institutional racism, Davis Moss said.

There are also examples of "explicit racial stereotyping used in medical care," Wisconsin's Green said. She studies racial disparities in maternal and child health and has seen disparities in C-sections, for example.

"Now, I'm not demonizing C-sections here, but the problem is that you have a formula that determines whether a woman or a birthing person can have a successful trial of labor after a C-section in a previous birth," she said. "If you look at that formula, it literally has race and ethnicity built into it."

Green said Black or Hispanic people are "automatically downgraded from having a successful trial of labor." It's just one example of how "race pervades every aspect of American life," she said.

"You have two women, the only difference between them is one is identified as Black, one self-identifies as white, they may get different advice about how to proceed in terms of attempt of a trial of labor."

Thompson-Robinson singled out redlining, a discriminatory housing

practice that stopped Black families from securing home loans.

"We know that our schools are funded based on the value of housing in an area," Thompson-Robinson said. "So, if your houses are undervalued, if you're under-resourced, etc., then the quality of your schools is not as good. When the quality of your schools is not as good, then the type of education you receive is not as good and may not lend itself well to going on to postsecondary education."

Fast-forward to today's COVID-19 crisis. People who live in those undervalued, under-resourced communities often work in "essential worker" positions—in fast food, grocery stores or restaurants, Thompson-Robinson said.

"If you track it back, it's these essentially racist policies of redlining that went away in the 70s and 80s, but that have created situations that we're in now," said Thompson-Robinson, also executive director at UNLV's Center for Health Disparities Research.

Declarations need follow-up: Here's how it's done right

The major ways to follow up on the declarations fall into categories, according to Davis Moss: Data and accountability; creation of offices, groups or task forces; community engagement; policies and programs; and funding.

"It cannot be symbolic," Davis Moss said. "It has to be followed with action. It has to be followed with funding, because if it's not, we're not going to see the changes that we need to."

As examples, Boston and Dallas County in Texas are two places that

focused on data, Davis Moss said.

"That's one of the main things we do in public health," Davis Moss said. "We identify a problem, then we take the next step to really collect the data to figure out not only why it's happening, but also, in the cases where we've seen successes, how do we duplicate that?"

Some municipalities have created task forces to hold other groups accountable, Davis Moss said. San Bernardino County in California created an "Equity Element Group." Holyoke, Massachusetts, created a "Citizen's Police Advisory Committee."

In Dekalb County, Georgia, there's a focus on racial equity training that includes community partners, Davis Moss said.

For policies and programs, the APHA looks for equity when legislation is crafted. In Allegheny County, Pennsylvania, advocates have come up with an agenda designed to improve birthing outcomes for Black people, according to Davis Moss.

Finally, when it comes to funding, Davis Moss cited Minneapolis, where George Floyd was killed by police on Memorial Day, a death that sparked the country's racial reckoning. There, funds have been allocated for small businesses.

'Skeptical, but not cynical' about the future

The declarations are the result of hard work from Black activists and Black scholars pushing to ensure systemic racism is acknowledged, Green said.

People are willing to at least acknowledge there's a problem—that's a start, Thompson-Robinson said. She said she'll start feeling hopeful

when the "rubber meets the road" and polices are enacted.

"You've declared that racism is a public health issue," she said. "What exactly are you doing? You've acknowledged all these problems. How are you fixing this?"

Green is "skeptical, but not cynical" about the future. Resiliency is not the "job" of Black communities, or for other communities of color, however there is a strength within those communities that has allowed them to flourish.

"The power and the resilience come not from private corporations and not even necessarily government—those things change," she said. "I think harnessing community resources has been something that we have always done."

She added, "Now I think it's the job of government and of private corporations to support those efforts, rather than supersede them."

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Citation: Racism is a declared public health issue in 145 cities and counties across 27 states. Now what happens? (2020, November 24) retrieved 3 July 2024 from <https://phys.org/news/2020-11-racism-declared-health-issue-cities.html>

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