

COVID-19 EQUITY SNAPSHOT

RACISM IS A PUBLIC HEALTH CRISIS

JULY 7, 2020



The Public Health Alliance of Southern California (Alliance) has launched **“The COVID-19 Equity Snapshot Series”** to support our partners in advancing equity in response to COVID-19. The COVID-19 Equity Snapshots are meant to serve as a consistent, curated resource, aimed at elevating a few in real-time equity-focused resources, tools and best practices (both here in California and nationally). In the wake of the unjust killings of George Floyd, Breonna Taylor, and Ahmaud Arbery, individuals and leaders across the country

are waking up to what many of us in the public health field already knew—**racism is a public health crisis**. As we outlined in our recent [Alliance Statement on Racism](#), we know that police violence and COVID-19 both disproportionately impact Black men. Black men are both **2.5 times more likely** to die from COVID-19 and **2.5 times more likely to be killed by police** than their White counterparts. This injustice further emphasizes the importance of addressing the true root cause behind inequities in both outcomes: racism.

This snapshot includes analysis, resources, and best practices to assist public health departments in responding as public health professionals and anti-racist allies in supporting the Movement for Black lives and advancing justice:

- » [Racism is a Public Health Crisis](#)
- » [What Can Be Done? Public Health’s Role in Dismantling Structural Racism](#)
- » [Equity Member Spotlights: Declaring Racism a Public Health Crisis](#)
- » [Framing Protest During COVID-19: How Public Health Can Work to Advance Justice During a Pandemic](#)



RACISM IS A PUBLIC HEALTH CRISIS

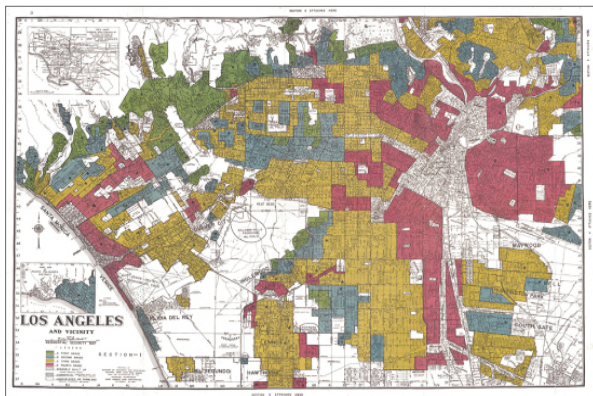
Racism—individual, institutional, systemic—is a public health crisis. Racism is behind the inequities we see in nearly every major measure of health status that we have. It is the root cause behind why, in the United States, Black mothers [die at more than three times the rate](#) of White mothers and Black and indigenous children are [three times as likely](#) to live in poverty as White children. It explains [gaps in life expectancy](#) in some cities between majority Non-White neighborhoods and majority White neighborhoods of close to 30 years. And it has laid the foundation for the incredible inequities in COVID-19 outcomes that we see in infections and death rates for Black and other communities of color both here in California and across the country. [According to nationally updated data from the American Public Media \(APM\) Research Lab:](#)

- Black Americans continue to experience the highest overall mortality rates and the most widespread occurrence of disproportionate deaths; **collectively, Black Americans represent 12.4% of the population in the U.S., but they have suffered 23.8% of known COVID-19 deaths.**
- White Americans represent 62.2% of the population in the U.S., but they represent **only 51.5% of the overall deaths.**
- Black and American Indian or Alaska Native people are **five times more likely** and Latino people are **four times more likely** to be hospitalized as a result of COVID-19.
- If they had died of COVID-19 at the same rate as White Americans, **at least 15,000 Black Americans, 1,500 Latino Americans and 250 Indigenous Americans would still be alive.**

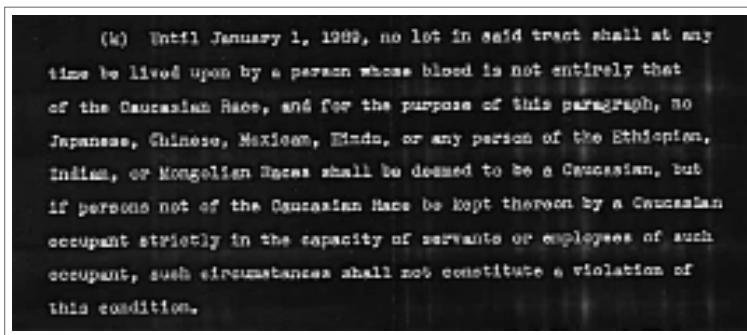
On a daily basis, we see how the virus has laid bare the incredible racial inequities in our country since inception, driven by centuries of racist policies and practices that have created and normalized a fundamentally unequal America. An America where people of color, especially Black Americans, [are more likely to live in under-resourced, high poverty, highly segregated neighborhoods than White Americans](#) and are likewise more likely to suffer from chronic illness, preventable disease and co-morbidities. The deep racial and ethnic inequities that exist today are a direct result of structural racism: the historical and contemporary policies, practices, and norms that create and maintain an unequal American society.

RACIAL SEGREGATION AND HEALTH

Black people remain the most segregated population in the country by design. [Over a century of codified discrimination](#), from redlining, to deed restrictions, to predatory lending, has pushed Black Americans and other Americans of color into under-resourced, over policed, highly segregated neighborhoods. Throughout the country, Black, indigenous and other people of color live in neighborhoods where they are less likely to have access to good paying jobs, affordable housing, healthy food, quality healthcare, green space and a myriad of other health protecting factors that have proved vital to survival of this devastating virus.

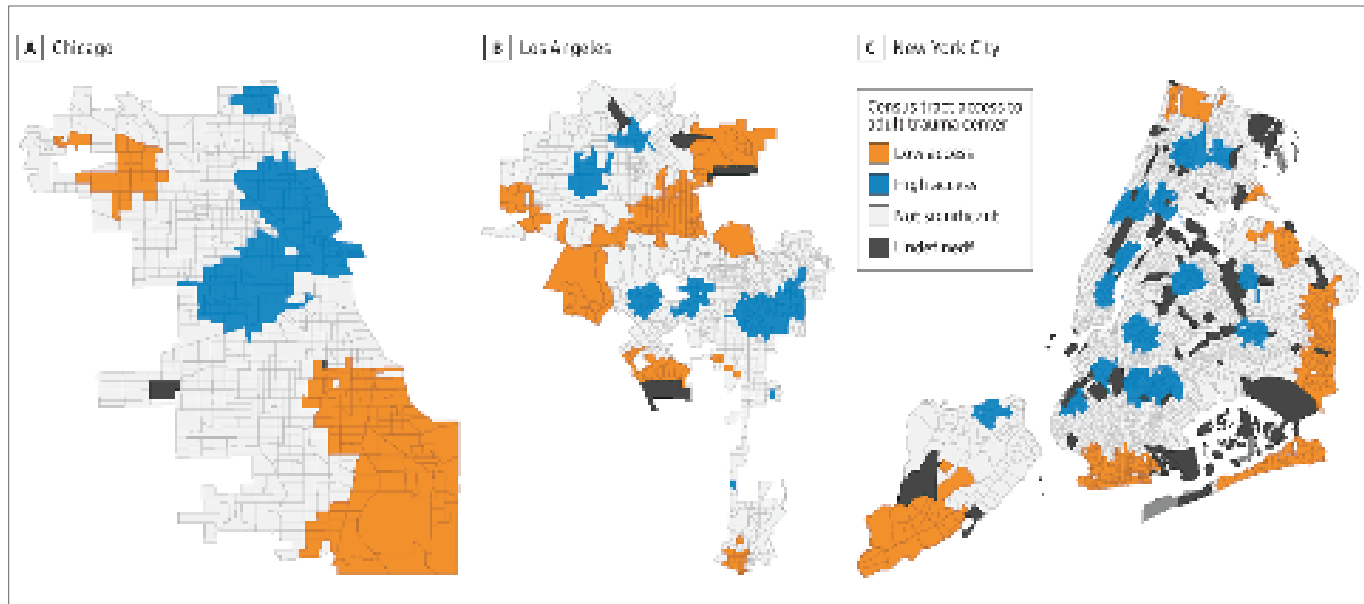


Source: KCET, "How Prop 14 Shaped California's Racial Covenants"



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It is no surprise that a recent study found infection rates were **five times higher** in majority-minority zip codes than in White neighborhoods. Or that in California, of the neighborhoods hardest hit by COVID-19 **82% of residents are people of color**. Residential segregation not only increases the risk of chronic illness, it also limits access to critical care. According to a recent study, **89% of the majority Black communities in Los Angeles are in “trauma deserts.”** Trauma deserts are communities in which residents would need to travel more than about five miles to reach the closest trauma center.



Source: PBS Window to the World

In addition to driving inequities in health, structural racism and segregation are the same root cause drivers behind **disproportionate rates of policing, incarceration and criminalization** of Black and Brown communities. COVID-19 and the killing of George Floyd further expose the burdens that communities of color face when there are co-occurring public health disasters powered by structural racism and injustice.

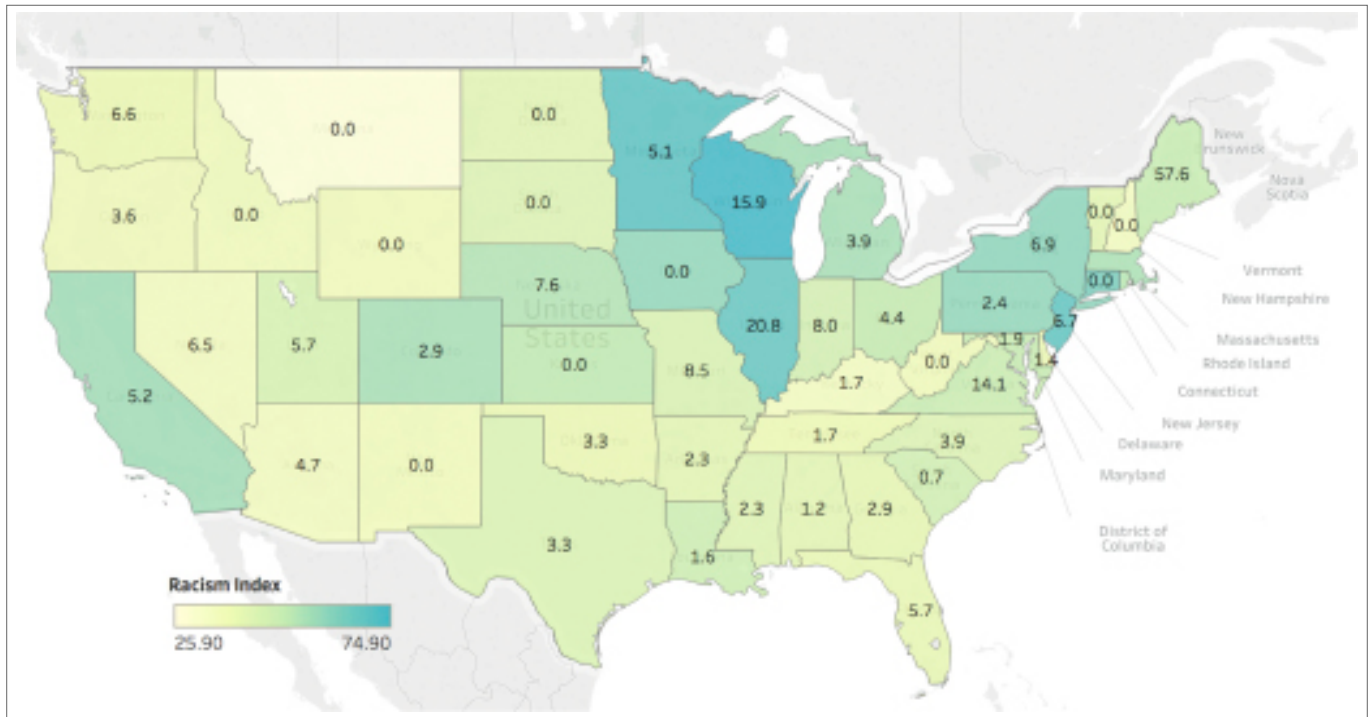
STRUCTURAL RACISM AND POLICE VIOLENCE



Source: <https://www.pbs.org/wnet/peril-and-promise/2020/01/redlined-neighborhoods/>

The tragic and unjust deaths of George Floyd, Breonna Taylor and countless other Black men and women who have been killed at the hands of the police, has brought the crisis of racism to the forefront of the public health conversation. They have also engaged many Americans in a fierce debate over the role of racism in disproportionate outcomes of police violence against Black Americans. **Studies show** that racism, or at minimum implicit bias, plays a role in individual decision-making when it comes to police violence. However, many argue that individual behavior and institutional culture alone does not explain the disproportionate outcomes we see in disproportionate rates of police violence against Black Americans.

In a landmark study from the Boston University School of Public Health, researchers demonstrated that structural racism, and segregation in particular, are also major driving factors behind the disproportionate rate of police killings of unarmed Black people. Researchers looked at data on fatal police shootings between 2013 and 2017 from the [Mapping Police Violence](#) database. They then created an index of structural racism at the state level, believed to be the first of its kind. The index includes measures of Black-White residential segregation and disparities in economic status, employment status, educational attainment, and incarceration rates. The worse that African Americans are doing on those five fronts compared to White people, the higher the state's score on what the researchers call a "state racism index."



Source: Bloomberg CityLab

Siegel's team found that structural racism positively correlates with higher levels of police killings of African Americans, even when controlling for other factors like rates of arrests. **For every ten-point increase in the state racism index there's a corresponding 24 percent increase in the ratio of unarmed black people killed by police compared to White people killed in the same conditions.** Racial segregation was the most significant predictor among the five state racism index factors for this outcome.

This research, and decades of additional public health research, has definitively demonstrated that factors driven by structural racism are root cause drivers behind disproportionate outcomes in so many of our [social, economic and health outcomes](#). Millions of Americans have joined the Movement for Black Lives to demand change. Chief among these demands: a recognition that centuries of disinvestment and structural racism have necessitated a need for fundamental changes to the status quo. In communities across California, there is now a resounding call to abandon attempts to return to the inequitable America that existed before COVID-19. This call has led to a renewed commitment to engage in the transformational work needed to recover from this crisis in a way that leads to a more equitable, healthy California for all.

WHAT CAN BE DONE? PUBLIC HEALTH'S ROLE IN DISMANTLING STRUCTURAL RACISM

From the beginning of this crisis, public health has taken a lead in supporting the calls to dismantle structural racism. Public health professionals nationwide took a stand in support of protesters in the midst of a pandemic. Shortly after the first public protests in the streets of Minneapolis, a coalition of public health professionals from across the country released [a statement in support of the protests](#) with strategies that jurisdictions can take to protect the health and safety of residents who are protesting during COVID-19. In 2018, The American Public Health Association (APHA) [released a strong statement](#) declaring their commitment to addressing police violence as a public health issue and urging others throughout the public health system to do the same. [A recent set of talking points](#) based on this statement was recently released by public health staff to assist public health professionals in leveraging their expertise to support community demands.



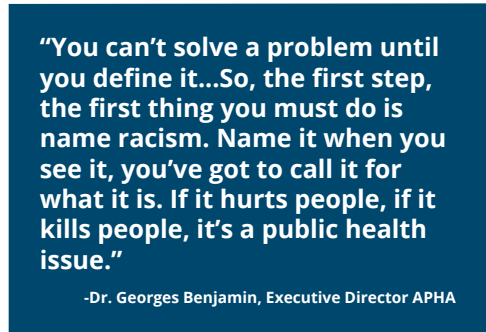
Source: New York Daily News

In addition to supporting these anti-racist movements, health departments have been lead drivers in pushing their counties and cities to [declare racism a public health crisis](#). In 2019, Milwaukee County and City became the first local government entities to declare racism a public health crisis and express their commitment to advancing racial equity across Milwaukee. Local government entities across the country and state have [begun to make similar declarations](#) and outlined their commitment to advancing racial equity through various changes in policies and practices. In the City of Boston, in addition to [their declaration](#), they redirected over \$3 million in police overtime to the Boston Public Health Commission. On June 25, [The City of Los Angeles declared racism a public health crisis](#). This declaration followed the appointment of the City's first ever Chief Equity Officer, along with a [redirection of \\$250 million](#) from the City's proposed 2020-2021 budget to social services, health, housing and healing for Black Angelenos and other communities of color. On June 23, the County of San Diego announced their intention to establish a new [Office of Equity and Racial Justice](#). The

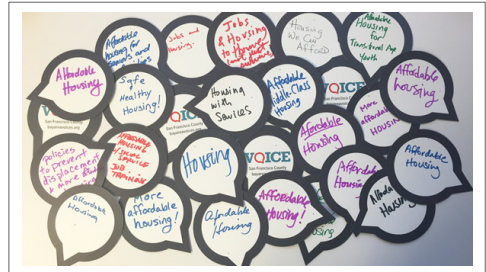
City of San Diego also approved a proposal for the creation of a similar [Office of Race and Equity](#) earlier in the month, which includes \$3 million for the establishment of a new [Community Equity Fund](#) to support organizations doing work to improve their communities and advance racial justice.

In the past few weeks, dozens of local governments across the country have begun the process of expressing their commitment to addressing and dismantling structural racism. These actions have ranged from drafting and passing resolutions, to funding new or expanded offices of equity. Initial steps for local government to consider, include:

1. Name the problem: Strong resolutions unequivocally declare that racism itself is a public health crisis that must be met head on with policy and systems change at the individual, institutional and systemic level. In addition, cities/ counties that [outline the root causes of systemic racism](#) driving disproportionate outcomes for communities of color, take an important step in acknowledging the history that has played a critical role in shaping the disproportionate outcomes we see today.



2. Listen to Community: Community knowledge around the impact of structural racism and the solutions for dismantling racism should be at the heart of any government plan for advancing racial equity. Black, indigenous and other communities of color must lead and inform the work of dismantling institutional and systemic racism.



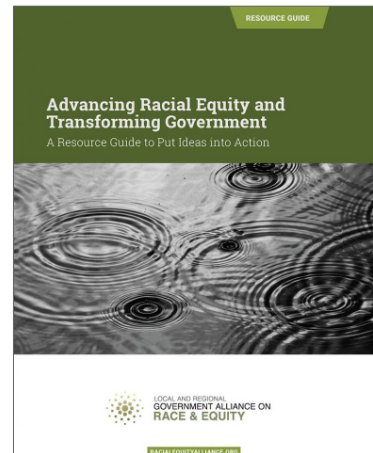
Source: Stanford Social Innovation Review

3. Commit to Advance Racial Equity Through Policy & Systems Change: Redirecting investments, implementing ongoing equity training, offering capacity building in racial equity, utilizing equity tools in budgeting, hiring and programmatic decision-making, and creating new, more equitable policies and processes, are all important tools. Jurisdictions that commit to a comprehensive approach to dismantling structural racism, will be best positioned to begin the process of committing to an intentional and ongoing process of advancing racial equity.



Source: Democratic Collaborative

The Government Alliance on Race and Equity [Resource Guide on Advancing Racial Equity in Government](#) can serve as an important starting place for identifying the steps jurisdictions can take to advance racial equity at the local level.



Source: Local and Regional Government Alliance on Race and Equity

EQUITY MEMBER SPOTLIGHTS

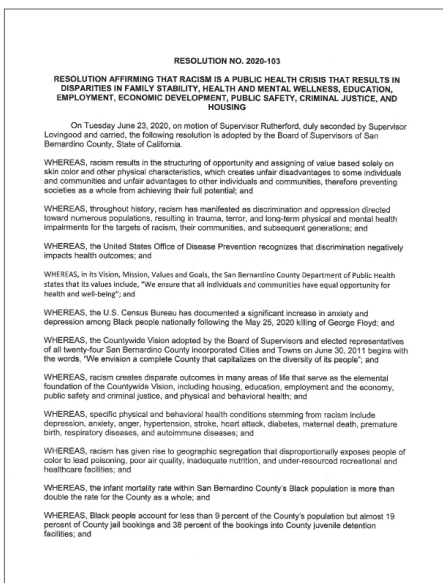
DECLARING RACISM A PUBLIC HEALTH CRISIS

The Alliance “Equity Spotlight” is intended to highlight in real-time efforts from Cities and Counties both in California and nationwide, that are working to advance equity in response to COVID-19. The Spotlights are meant to showcase (not promote), these efforts for departmental consideration and adaptation. The Alliance strongly recommends that any department wishing to launch similar efforts ensure efforts comply with the most recent local, state, and federal laws, policies and guidelines.

COUNTY OF SAN BERNARDINO

On June 23, 2020, San Bernardino County became the first county in California to pass a resolution declaring racism a public health crisis. San Bernardino’s resolution not only states that racism is a public health crisis, but the Board also directed County staff to form a new Equity Element Group of the [Countywide Vision project](#) to promote and increase equity in San Bernardino County. In addition to the formation of the Equity Element Group, the County committed to identifying programs and policies to prevent and address the impacts of racism, making the county government workforce more diverse, and studying county policies and practices “through a lens of racial equity.

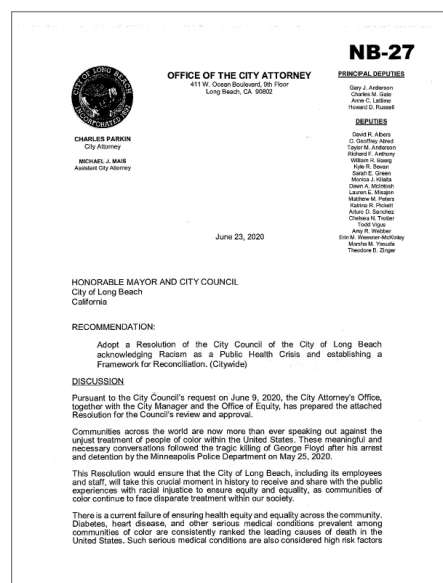
[Full Resolution Text Available HERE](#)



CITY OF LONG BEACH

On the same day as the County of San Bernardino, the City of Long Beach passed a resolution declaring racism a public health crisis and directed the City Manager to implement a Framework for Reconciliation. The Framework centers around four key steps, including a series of community listening sessions being led by the City Manager’s Office and the Office of Equity. Additional details can be found on the [Office of Equity website](#).

[Full Resolution Text Available HERE](#)



FRAMING FOR THE LONG-TERM: HOW PUBLIC HEALTH CAN WORK TO ADVANCE JUSTICE DURING A PANDEMIC

As advocates for social change, we must engage in the conversations of the day while also taking the long view. The FrameWorks Institute reminds us: [Be Prepared for What We Can Predict](#).

“Our voices and perspectives are vital right now in shaping a just recovery and a just society. We can anticipate some of the framing challenges that lie ahead. Through the crisis and on the long road to recovery ahead, when things are bad, we’ll be told they can’t be any different. We’ll hear voices that fuel division and hostility. And we’ll encounter the idea that since there isn’t enough to go around, tough choices must be made and some needs can’t be met. These frames undermine the very idea of a more inclusive, more equitable, and more sustainable future.

- **To avoid activating fatalistic thinking**, we need to communicate that change is both possible and feasible. This kind of framing doesn’t deny that problems exist; it emphasizes that they can be solved. We can turn to strategies that have worked to counter fatalistic thinking on [housing](#), [hunger](#), and [homelessness](#).
- **To dampen Us vs. Them thinking**, emphasize our shared [values]. We can highlight our interdependence and our mutual responsibilities to each other. We can learn from approaches that have worked to redirect Us vs. Them thinking on [aging](#), [human services](#), and [immigration](#).
- **To disrupt Zero-Sum thinking**, it’s important to shift the underlying assumption that resources are fixed and finite. It helps to find ways to show that resources are dynamic and changeable. We can adopt framing techniques that countered zero-sum thinking on the [economy](#), [budgets and taxes](#), [learning](#) and [linguistic diversity](#).”

- The Frameworks Institute