

Achieving Optimal Health for All by Eliminating Structural Racism

POSITION

State and territorial health officials (S/THO) and the agencies they lead are committed to advancing health equity and achieving 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 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](#) 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

Structural racism and related disinvestment in communities of color has contributed to inequity in social factors that influence health, including education, housing, transportation, and economic development and opportunity. These inequities act as barriers to achieving population health.⁴

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.⁵ Black, Indigenous, and People of Color (BIPOC) all have a higher risk of death from diabetes, heart disease, and cancer than White Americans.⁶ BIPOC face disproportionately high rates of COVID-19 infections and deaths; these disparities can be attributed to structural racism and long-standing structural inequalities related to the social determinants of health.⁷ Racial differences in health outcomes are tied to historically racist policies, such as [redlining](#) and [Jim Crow laws](#), that limit the opportunities many Americans have to access quality healthcare and public health services.⁸ These policies are rooted in racist ideologies that promote a hierarchy of human value based on skin color. Contemporary public health agencies must acknowledge that legacy and the policies that maintain their hierarchical system before they can transform to advance public health’s mission to assure the conditions for everyone to live healthy lives and achieve optimal health.

Reducing inequities in these social factors will improve health for BIPOC and for all Americans.⁹ According to the Kellogg Foundation, 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.^{10,11} This policy statement provides practical recommendations for health agencies to address structural racism and advance health equity by working to eliminate structural racism in their agencies as well as the jurisdictions these agencies serve.

SUMMARY OF RECOMMENDATIONS:

- Acknowledge structural racism as a fundamental cause of health disparities 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.

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.

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.

- Build capacity within S/THAs to address racial equity through multi-level systems change, investing in infrastructure, eliminating bias in data collection and information systems, disaggregating data by race and ethnicity, and instituting accountability mechanisms.
- Encouraging federal partners to make data on race and ethnicity transparent.¹²
- Commit to achieving equity by acknowledging historical trauma and the advantages derived from structural racism to different groups of Americans.
- 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.¹³

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 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.¹⁴
- Adapt business operations, procurement, and administrative services to ensure equity-promoting strategies are being implemented.¹⁵
- Establish or elevate offices of minority health or health equity at the executive level of the state or territorial public health agency.
- Recruit 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.¹⁶

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

- Advocate for cross-cutting Health Equity in All Policies approaches to formalize cross-government coordination and encourage other sectors to implement health equity goals.^{17,18}
- Establish state- or territory-wide taskforces or other advisory groups to examine racial inequities in specific areas of focus, such as a maternal mortality and COVID-19, to study the impacts of racism on the jurisdiction's health and recommend improvements in programs and policies.¹⁹

4. Participate in partnerships 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 decision-makers in policy development, program design, implementation, and evaluation.
- Collaborate with local health departments to advance local initiatives that address structural racism and promote health equity at the local level.

- Mobilize community-driven, equity-oriented, place-based approaches that strengthen community resilience and improve health long-term.^{20,21}

APPROVAL DATES:

Population Health and Informatics Policy Committee Approval: February 8, 2021

Board of Directors Approval: February 24, 2021

Policy Expires: February 29, 2024

ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.

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¹ ASTHO. "About Us." Available at <https://astho.org/About/>. Accessed 1-4-2021.

² Bailey ZD, Feldman JM, Bassett MT. "How Structural Racism Works — Racist Policies as a Root Cause of U.S. Racial Health Inequities." Available at <https://www.nejm.org/doi/full/10.1056/NEJMms2025396>. Accessed 1-4-2021.

³ ASTHO Experts Blog. "State Legislation to Declare Racism A Public Health Crisis and Address Institutional Racism." Available at <https://www.astho.org/StatePublicHealth/State-Legislation-to-Declare-Racism-a-Public-Health-Crisis-and-Address-Institutional-Racism/08-12-20/?terms=racism+public+health+issue>. Accessed 1-4-2021.

⁴ ASTHO. State Legislation to Declare Racism a Public Health Crisis and Address Institutional Racism. Available at: <https://www.astho.org/StatePublicHealth/State-Legislation-to-Declare-Racism-a-Public-Health-Crisis-and-Address-Institutional-Racism/08-12-20/?terms=jim+crow+laws>. Accessed 1-4-21.

⁵ Davis BA. "Discrimination: A Social Determinant Of Health Inequities." Health Affairs. Available at <https://www.healthaffairs.org/doi/10.1377/hblog20200220.518458/full/>. Accessed 1-4-21.

⁶ Kaiser Family Foundation. "Key Facts on Health and Health Care by Race and Ethnicity." Available at <https://www.kff.org/report-section/key-facts-on-health-and-health-care-by-race-and-ethnicity-health-status/>. Accessed 1-13-2021.

⁷ CDC. [CDC. COVID-19 Response Health Equity Strategy: Accelerating Progress Towards Reducing COVID-19 Disparities and Achieving Health Equity.](https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/CDC-Strategy.pdf) Available at: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/CDC-Strategy.pdf>. Accessed at 2-5-21.

⁸ National Community Reinvestment Coalition. "Redlining and Neighborhood Health." Available at <https://ncrc.org/holc-health/>. Accessed at 2-11-21.

⁹ Racial Equity Alliance. "Advancing Racial Equity and Transforming Government." Available at https://www.racialequityalliance.org/wp-content/uploads/2015/02/GARE-Resource_Guide.pdf. Accessed 1-4-21.

¹⁰ McAfee S. "The Business Case for Health Equity." Center for Health Progress. Available at <https://centerforhealthprogress.org/blog/the-business-case-for-health-equity/>. Accessed 1-4-21.

¹¹ Noricks, R. "Updated study outlines potential gains to U.S. economy and a pathway for economic growth." Available at <https://www.wkkf.org/news-and-media/article/2018/04/updated-study-outlines-potential-gains-to-us-economy-and-a-pathway-for-economic-growth>. Accessed 1-4-21.

¹² ASTHO. Why We Need Race and Ethnicity Data to Beat COVID-19. Available at <https://www.astho.org/StatePublicHealth/Why-We-Need-Race-and-Ethnicity-Data-to-Beat-COVID-19/04-22-20/>

¹³ Bailey ZD, Kreiger NK, Agenor M, et al. "Structural racism and health inequities in the USA: evidence and interventions." The Lancet. Available at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30569-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30569-X/fulltext). Accessed 1-4-21.

¹⁴ CDC. "Building Organizational Capacity to Advance Health Equity." Available at <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/pdf/health-equity-guide/Health-Equity-Guide-sect-1-1.pdf>. Accessed 1-4-21.

¹⁵ ASTHO. “Achieving Optimal Health for All Guiding Principles.” Available at <https://www.astho.org/Policy-and-Position-Statements/Policy-Statement-on-Achieving-Optimal-Health-for-All/?terms=guiding+principles>. Accessed 1-4-21.

¹⁶ ASTHO. “Achieving Optimal Health for All Guiding Principles.” Available at <https://www.astho.org/Policy-and-Position-Statements/Policy-Statement-on-Achieving-Optimal-Health-for-All/?terms=guiding+principles>. Accessed 1-4-21.

¹⁷ ChangeLab Solutions. “Blueprint for Changemakers.” Available at <https://www.changelabsolutions.org/product/blueprint-changemakers>. Accessed 1-4-21.

¹⁸ Ibid, ASTHO

¹⁹ Network for Public Health Law. “State and Local Efforts to Declare Racism a Public Health Crisis.” Available at <https://www.networkforphl.org/resources/state-and-local-efforts-to-declare-racism-a-public-health-crisis/>. Accessed 1-4-21.

²⁰ Bailey ZD, Kreiger NK, Agenor M, et al. “Structural racism and health inequities in the USA: evidence and interventions.” The Lancet. Available at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30569-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30569-X/fulltext). Accessed 1-4-21.

²¹ Amobi A, Lewis M, Novais A, and Alexander-Scott N. “ASTHO President’s Challenge: Core Principles for Building Community Resilience.” American Journal of Public Health. Available at <https://ajph.aphapublications.org/doi/10.2105/AJPH.2019.305301>. Accessed 1-4-21.