



# FAQ

## Declare Racism a Public Health Crisis

### 1. What is racism, classism, and bias?

Bias is the tendency to favor one group over another.

Most people think they harbor no bias toward other people or groups, or they believe they are aware of their biases but don't act on them.

Explicit bias is a consciously held set of beliefs about a social group, such as the belief that a particular race or, ethnicity is superior or inferior to another. Acting on these beliefs would be conscious, or explicit, racism. Similarly, acting on the belief that a particular economic class is superior or inferior to another would be conscious, or explicit, classism.

Implicit bias is preconceived notions, or stereotypes, that affect our understanding, actions, and decisions about others beyond our conscious control. As our brains use a shortcut to categorize everything we encounter, our perceptions about people based on socioeconomic status, race/ethnicity, level of education, style of dress, etc., lead us to behave a certain way toward those people, involuntarily.

While many white Americans outwardly oppose explicit racism, many harbor implicit biases and prejudices against minorities, perhaps unknowingly or unintentionally perpetuating harmful racist or discriminatory behavior.

Unfortunately, explicit classism in America continues, with town hall meetings across the country full of wealthier residents speaking out against affordable homes in their neighborhood.

It is up to each American to figure out if racism, discrimination, classism, and bias are impacting their perceptions and behavior.

#### **Salud America!**

Institute for Health Promotion Research (IHPR) at UT Health San Antonio  
7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229  
210.562.6500 | Fax 210.562.6545 | [www.salud-america.org](http://www.salud-america.org)

## 2. What does racism, classism, and bias have to do with health?

Health equity is where everyone has a fair, just chance to live their healthiest life.

But this is impossible to achieve when racism and classism results in inequitable communities and unfair distribution of power and resources.

Health is not created in a doctor's office.

Health is created in equitable, prosperous communities. These communities have equitable distribution of power and resources. These communities have quality childcare and education, affordable housing, employment opportunities, healthy food, safe parks, and safe streets and transportation options connecting people to their destinations.

However, due to past and present discriminatory planning practices, which originated in overt racism and continue to be reinforced by overt classism, not all communities have been invested in equally. Low-income communities and communities of color have been subject to decades of disinvestment.

Thus, people of color and low-income people face unfair burdens to live their healthiest life because the communities in which they live do not have these opportunities.

## 3. How have racism and classism impacted community planning, historically?

Decades of unfair social, economic, and political systems have created inequitable communities that are disproportionately burdened by injury, disease, and premature death.

These unfair systems aren't random. They are rooted in racism and often masked by and reinforced in classism.

For example, racism led to some of the following discriminatory housing and highway policies throughout the 1900s:

- segregating public housing
- investing in suburbs for whites only
- zoning that separates single-family homes from two- and three-family homes as well as multi-family homes
- requiring minimum housing lot sizes or square footage to build in certain neighborhoods

### **Salud America!**

Institute for Health Promotion Research (IHPR) at UT Health San Antonio  
7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229  
210.562.6500 | Fax 210.562.6545 | [www.salud-america.org](http://www.salud-america.org)

- enforcing discriminatory mortgage lending practices, known as “[redlining](#)”
- destroying low-income, minority neighborhoods for highways connecting white-majority suburbs to urban areas
- destroying low-income, minority neighborhoods in the name of urban renewal
- defunding transit
- funding mortgage interest deductions
- concentrating affordable housing in disadvantaged, low-opportunity areas

Beyond these discriminatory policies used to segregate neighborhoods was historic disinvestment in communities of color, from schools and parks to sidewalks and transit. This starved neighborhoods and limited access to quality education, government-financed homeownership, financial development opportunities, and other chances to build wealth.

In this context, white families have been able to build wealth and pass that wealth down, while Black, Latino, and other families of color continue to be systematically denied this opportunity.

Moreover, despite that overtly racist practices, like redlining, are illegal, many persist under other forms of spatial racism while others persist under the guise of classism.

For example, classism reinforces the following policies today:

- zoning that separates single-family homes from multifamily dwellings
- requiring minimum housing lot sizes or square footage to build in certain neighborhoods
- destroying low-income, minority neighborhoods in the name of urban renewal
- concentrating affordable housing in disadvantaged, low-opportunity areas
- underfunding transit
- funding mortgage interest deductions

Although the preservation of public health and public safety has often been used as justification for these policies, public health professionals—and the entire field—have been notoriously neglected in the policymaking process.

There is no defensible rationale grounded in public health, safety, or welfare for requiring a 3,000-ft single-family home while prohibiting three 1,000-ft homes, according to [Jake Wegmann](#), urban planning and housing scholar.

Racist and classist beliefs, such as the belief that allowing triplexes in single-family neighborhoods will degrade the health, safety, and welfare of current residents, perpetuate racial and economic segregation.

These beliefs perpetuate the concentration of opportunity in white, wealthy neighborhoods and the denial of opportunity in low-income neighborhoods of color.

**Salud America!**

Institute for Health Promotion Research (IHPR) at UT Health San Antonio  
 7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229  
 210.562.6500 | Fax 210.562.6545 | [www.salud-america.org](http://www.salud-america.org)

Beyond the fallout of segregation and other discriminatory planning practices, Black people, Latinos, and other people of color also face discriminatory hiring, compensation, and promotion practices among employers; discriminatory lending practices among banks; discriminatory policing among law enforcement; the discriminatory provision of health care among providers and hospitals; and the discriminatory provision of resources among social service providers.

Although redlining has been banned, many pernicious and persistent forms of spatial racism, such as blockbusting, land contracts, subprime lending, retail spatial racism, and even neo-redlining, continue, according to [Alex B. Hill](#). Retailers continue to rely on redlining tactics to classify neighborhoods.

“The supermarket and grocery sector is one of the clearest examples of retail discrimination,” according to [Hill](#).

There is concern that Big Tech is doing the same.

“In an uncanny recreation of the [redlining] maps, BiggerPockets, a startup with a mission to help anyone ‘build wealth through real estate,’ provides A through D letter grades and green to red color coding for neighborhoods worth an investment in Cleveland and Indianapolis,” according to [Hill](#).

When combined with low-opportunity neighborhoods and spatial racism, these discriminatory practices take a toll on public health and individual health.

## 4. How do racist and classist practices impact public health, today?

Here are just a few ways that discriminatory planning practices continue to contribute to social, economic, and health inequities that people of color face today.

- Black people have 2.3 times the [infant mortality rate](#) as non-Latino whites. This is associated with numerous social and economic factors before and during pregnancy, such as experiencing trauma and lack of access to nutritious food and health coverage as well as provider discrimination and provider lack of linguistic and [cultural competency](#) during pregnancy and delivery.
- Black mothers were twice as likely to receive [late or no prenatal care](#) compared to non-Latino white mothers. They face numerous social and economic barriers, such as lack of sick leave, health coverage, and access to providers and hospitals.
- Black people have a higher mortality rate than any other racial/ethnic group for eight of the top 10 causes of death. Over the past 10 years, inequities in all-cause mortality between Black and white populations [worsened in six](#) and improved in only two of the

### Salud America!

Institute for Health Promotion Research (IHPR) at UT Health San Antonio  
7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229  
210.562.6500 | Fax 210.562.6545 | [www.salud-america.org](http://www.salud-america.org)

30 most populous cities in the U.S. This is associated with numerous structural inequities that contribute to economic hardship, such as housing cost-burden, transportation cost-burden, and lack of stable employment with livable wages.

- COVID-19 is killing Black people at [1.9 times](#) the rate of white people and killing Latinos at [2.1 times](#) the rate of white people. Black people and Latinos face numerous structural inequities, such as increased risk of transmission due to employment, increased severity due to comorbidities, and increased risk of mortality due to the [hospital to which they were admitted](#).
- Black and Latino students face [harsher discipline in school](#). They are taken out of the class and punished for subjective offenses at higher rates than their white peers.
- Latino students have the highest rates of high school dropout in the country.
- While 9% of whites are living poverty, 19% of Latinos and 22% of Black people are. This is associated with numerous systemic barriers that have contributed to income inequality. [Latino childhood poverty has risen](#) amid the COVID-19 pandemic.
- On average, white households have nearly [seven times the wealth](#) of Black families and five times the wealth of Latino families. Beyond systemic barriers that have contributed to income inequality, the wealth gap is associated with structural inequities, such as segregation and simultaneous concentration of opportunity in white, wealthy neighborhoods and disinvestment in low-income, communities of color, that have systematically contributed to white advantage and racial disadvantage.

Homeownership is a main source of wealth for many families, but Black and Latino families have historically low homeownership rates.

In 2016, 68% of whites owned their homes, compared to 46% of Latinos and 42% of Black people. The Black-white [homeownership gap](#) is larger today than in 1968, when housing discrimination was blatantly legal. Homeownership rates are lower for Black college graduates (56.4%) than white high school dropouts (60.5%). Three in four neighborhoods “[redlined](#)” on government maps 80 years ago continue to struggle economically today.

Communities are still not invested in equitably.

We cannot begin to address the social and economic issues that threaten Latino and Black health and lives unless we are honest about the systemic injustices that created them.

Racism is at the root of these injustices and classism reinforces these injustices.

## 5. How does racism impact individual health?

Beyond the harms of racism on social, environmental, and economic conditions that burden Black people, Latinos, and other people of color, racism and discrimination are forms of adversity that harms a person’s [biological toxic stress response](#).

### Salud America!

Institute for Health Promotion Research (IHPR) at UT Health San Antonio  
7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229  
210.562.6500 | Fax 210.562.6545 | [www.salud-america.org](http://www.salud-america.org)

Experiencing racism can increase stress hormones which, without buffering care, can lead to:

- activation of the immune and inflammatory systems
- changes in brain structure
- elevation of blood pressure and blood sugar
- changes in how genes are read

These biological processes can alter/impair several regions of the brain and inhibit the prefrontal cortex, which is responsible for attention, judgement and impulse control. They are associated with increased risk for numerous mental and physical chronic health conditions, like heart disease, cancer, asthma, stroke, Alzheimer's, diabetes and suicide. These biological processes are also associated with increased risk for learning and behavior problems, teen pregnancy, substance abuse, chronic absenteeism, dropping out of high school, and involvement in the criminal justice system. [Learn more about toxic stress.](#)

Experiencing racism is particularly harmful in America because historically racist practices have been cloaked in and accepted as classist practices.

For example, it is illegal for cities to exclude Black and Latino people from obtaining housing in white neighborhoods, but it is legal to exclude low-income people from obtaining housing in wealthier neighborhoods. Whether racially or ethnically motivated or not, these practices reinforce and cement the harmful outcomes of their predecessors.

Experiencing racism is also particularly harmful in America because healing from racism is undermined by structural inequities that segregate neighborhoods, degrade schools, threaten economic stability, and hinder access to health care.

“Families who live in distressed neighborhoods [often] face a higher cumulative dose of adversity and a lower cumulative dose of buffering relationships and environments, resulting in increased allostatic load (the cumulative biological impacts of repeated exposure to adversity) and increased risk for toxic stress,” according to the [Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health](#).

## 6. Is racism a true public health crisis?

Unlike a pandemic or emergency, there is no epidemiological definition for public health crisis.

[Experts](#) at the Boston University School of Public Health tried to solve this.

They explored the distinction between immediate and important and how politics, perceived risk, and affected groups shape the concept of a crisis. For example, they juxtaposed the number of deaths caused by terrorism and by gun violence with action taken by the U.S.

### **Salud America!**

Institute for Health Promotion Research (IHPR) at UT Health San Antonio  
7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229  
210.562.6500 | Fax 210.562.6545 | [www.salud-america.org](http://www.salud-america.org)

government. Between 2001 and 2013, 3,380 Americans were killed by terrorism and 406,496 Americans were killed by firearms on U.S. soil; yet the U.S. spent trillions on the War on Terror and failed to pass gun control legislation.

They conclude that people often confuse the immediate and the important, and that the important often fails to receive the same crisis-level of concern as the immediate.

Moving forward, they suggest [a crisis must meet three qualifiers](#): the problem must affect large numbers of people, it must threaten health over the long-term, and it must require the adoption of large-scale solutions.

Let's test systemic racial injustices as a public health crisis:

- **The problem must affect large numbers of people.** Through discriminatory housing, land use and transportation policies; unfair local and state school finance systems; and unjust labor laws, systemic racial injustices have negatively created racially segregated enclaves of concentrated poverty, impacting a majority of Black people and Latinos, as well as many low-income families.
- **The problem must threaten health over the long-term.** Through plans, policies and practices, racial injustices have reinforced and perpetuated racial and socioeconomic segregation and systematically denied equal opportunity to Black and Latinos, thus threatened health since the 1920s.
- **The problem must require the adoption of large-scale solutions.** Because systemic racial injustices are rooted in policies, regulations and laws at the local, state, and federal level, efforts to address individual social needs will fall short, thus large-scale solutions are needed.

It checks out. Systemic racial injustices affect a large number of people. Systemic racial injustices threaten health over the long-term. Systemic racial injustices require the adoption of large-scale solutions.

Racism is a public health crisis.

## 7. Why does racism require an immediate public health response today?

As advocates across the U.S. continue to demand action to stop discriminatory policing and police brutality, it is important to also demand greater action to dismantle racism across all policies and practices, for the reasons stated above in Questions 1-6.

### Salud America!

Institute for Health Promotion Research (IHPR) at UT Health San Antonio  
7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229  
210.562.6500 | Fax 210.562.6545 | [www.salud-america.org](http://www.salud-america.org)

Legislation is a critical tool to address both public health issues and long-standing racial disparities.

That's why local leaders are declaring racism a public health crisis and exploring policies and practices to move from commitment to action to address systemic health and racial inequities.

The National League of Cities shares [six steps](#) to help local leaders understand and gain the tools necessary to combat racial disparities:

1. Set an example and strike the right tone
2. Observe and listen
- 3. Make a public declaration**
4. Dedicate infrastructure to action
5. Commit to policy and system change
6. Create a racial equity plan

A city resolution to declare racism a public health crisis and commit to action could be an important step toward lasting, meaningful change.

These declarations are “long overdue” and “a start,” Dr. Allison Agwu, an infectious disease specialist and associate professor at Johns Hopkins School of Medicine, told [The Guardian](#).

“If you declare something an emergency, you're also saying it's imperative to address the problem,” Agwu said.

## 8. What cities/counties have passed a resolution to declare racism a public health crisis?

San Antonio, L.A., New York, and Chicago are among [242 cities, counties, and other governmental leaders](#) that have declared racism a public health crisis, as of Oct. 22, 2021, according to Michigan cartographer Alex B. Hill on Twitter. *Salud America!* at UT Health San Antonio is tracking this number on an ongoing basis.

As of August 2021, 209 declarations passed in 37 states, according to the [American Public Health Association](#).

Following are 10 of 16 declarations that included more than 10 strategic actions, according to an [analysis](#) conducted by the American Public Health Association (APHA):

- Canton City Council (Ohio)
- Minneapolis City Council and Mayor (Minnesota)
- Cuyahoga County Council (Ohio)
- Governor Whitmer/Michigan state at large

### **Salud America!**

Institute for Health Promotion Research (IHPR) at UT Health San Antonio  
7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229  
210.562.6500 | Fax 210.562.6545 | [www.salud-america.org](http://www.salud-america.org)



- Riverside City Council (California)
- Ypsilanti City Council (Michigan)
- Hennepin County Commissioners (Minnesota)
- Fayetteville City Council (Arkansas)
- Kansas City Council (Missouri)
- Orange County Board of Commissioners (North Carolina)
- Milwaukee Common Council (Wisconsin)

“The language of these resolutions, alone, cannot repair the health deficit American institutions have left for communities of color,” according to the Network for Public Health Law. “However, these resolutions can jump start critical efforts to assess the barriers to health created by current laws.”

## 9. What are the benefits of a city resolution declaring racism is a public health crisis?

Public recognition that systemic racial/ethnic injustices contribute to health disparities is an important step to action.

These declarations can first clarify what racial equity means by provide a definition.

For example, the DC Council defines racial equity as, “the elimination of racial disparities such that race no longer predicts opportunities, outcomes, or the distribution of resources for residents of the District, particularly for persons of color and Black residents.”

These declarations can then chart the path from structural and system racism to social and economic inequities and then to health inequities.

For example, various city/county declarations chart the path across various issues, such as:

### **Wellness:**

- racism manifests in distinct ways across other social intersections including gender identity, sexual orientation, class, disability, immigration status and age, and collectively reinforces the racial hierarchy throughout these intersections which weakens the strength of our entire humanity
- racism is a barrier to wellness that has a profound impact on the health status of children, adolescents, emerging adults, and their families and that the continued negative impact of racism on health and well-being through implicit and explicit biases, institutional structures, and interpersonal relationships is clear

### **Living Conditions:**

#### **Salud America!**

Institute for Health Promotion Research (IHPR) at UT Health San Antonio  
 7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229  
 210.562.6500 | Fax 210.562.6545 | [www.salud-america.org](http://www.salud-america.org)

- racism causes persistent discrimination and disparate outcomes in many areas of life, including housing, education, employment and criminal justice; and an emerging body of research demonstrates that racism itself is a social determinant of health
- communities of color, working class residents, and those that suffer from disabilities, are more likely to experience poor health outcomes as a consequence of their social determinants of health — health inequities stemming from economic stability, education, physical environment, food and access to health care systems
- structural racism has resulted in race as a social determinant of health, with persistent racial disparities in criminal justice, housing, education, healthcare, employment, worker protections, climate, food access, and technology, and Center for Health Progress has reported that data shows race, income, and ZIP Code have a bigger impact on your health than your behavior, your medical care, or your genetic code
- the negative repercussions of historical racism, including but not limited to discriminatory lending practices of the 20th century known as “redlining” and the current limitations and access to healthy, nutritious food, reduced life expectancy, increased rates of lead poisoning, limited access to clean water, and higher rates of infant mortality demonstrate the current impact of racism
- health and racism are inextricably linked, creating a harmful impact on individuals and communities of color, including unequal access to quality education, employment, livable wages, healthy food, stable and affordable housing, and safe and sustainable communities
- systemic racism unfairly disadvantages individuals, businesses, and communities while simultaneously depleting the strength of society through the wasteful use of human resources

#### **COVID-19:**

- COVID-19 is killing Black and Latino people at higher rates than that of White people; people of color are disproportionately suffering in-part due to long standing, unaddressed health disparities as well as systematic racism and other socioeconomic inequities
- the current COVID-19 pandemic has exacerbated the racial disparities within Denver’s Black and Latinx communities ranging from health care access to risk exposure, and there is a clear correlation between maps showing rates of COVID-19 hospitalizations and neighborhoods with high social vulnerability

#### **Toxic Stress (Adverse Childhood Experiences):**

- research indicates that adverse childhood experiences are disproportionately experienced by Black children when compared to white children thus having negative impacts on academic, behavioral, and physical health outcomes of Black children
- more than 100 studies have linked racism to negative health outcomes, including research supporting that the cumulative experience of racism throughout one's life can induce chronic stress making Black populations particularly susceptible to chronic health conditions that lead to otherwise preventable deaths

#### **Police Brutality:**

#### **Salud America!**

Institute for Health Promotion Research (IHPR) at UT Health San Antonio  
 7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229  
 210.562.6500 | Fax 210.562.6545 | [www.salud-america.org](http://www.salud-america.org)

- the police brutality and murders against Black citizens across the U.S., including recent victims George Floyd, Ahmaud Arbery, Breonna Taylor, Tony McDade and countless others have contributed to an environment that is persistently unsafe for our Black communities, serving to uphold both systemic inequities and psychological burdens that worsened this public health crisis

Referring again to the National League of Cities [six steps](#) to help local leaders combat racial disparities:

1. Set an example and strike the right tone
2. Observe and listen
3. Make a public declaration
4. Dedicate infrastructure to action
5. Commit to policy and system change
6. Create a racial equity plan

## 10. What are some important commitments to action a city can take alongside a resolution?

Beyond publicly declaring racism a public health crisis and recognizing the connection among racism, social inequities, and health disparities, many resolutions include commitments to take action.

For example, various city/county resolutions state commitments to:

- Always promote and support policies that prioritize the health of all people, especially people of color by mitigating exposure to adverse childhood experiences
- Continue on-going racial equity training with the goal of reaching all agency leadership and staff
- Encourage racial equity training among all community partners, grantees, vendors and contractors
- Identify clear goals and objectives, including periodic reports to assess progress and capitalize on opportunities to further advance racial equity
- Systematic, data-driven focus on poverty, economic mobility, and other factors that impact the social determinants of health
- Continue, with urgency, the review of policies and procedures for the purposes of eradicating implicit and explicit racial bias and develop instead policies and procedures that build racial equity
- Assess internal policies and procedures that ensure racial equity is a core element of the city in collaboration with the health department and other relevant parties
- Collect data, disaggregated by race, on department staffing, procurement, contracting, and recipients of government intervention; that departments present the data to the Council and make this data publicly available via their websites, with the intention of

### **Salud America!**

Institute for Health Promotion Research (IHPR) at UT Health San Antonio  
7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229  
210.562.6500 | Fax 210.562.6545 | [www.salud-america.org](http://www.salud-america.org)

incorporating racial equity into the analysis of governmental action and strengthening the city's commitment to analyze and address racial disparities

- Support the establishment of a working group to:
  - seek solutions to reshape the discourse and actively engage all citizens in racial justice work
  - continue to work to build alliances with organizations that are confronting racism and encourage partners to recognize racism as a public health crisis
  - continue to promote racially equitable economic and workforce development
  - continue to promote racially equitable hiring and promotion of all employees including City employees
  - advocate and draft relevant policies that prioritize the health of people of color and mitigate exposure to adverse childhood experiences and trauma in childhood

Commitments to action outside of resolutions include various forms of racial equity legislation.

For example, the National League of Cities shares [concrete policy and budgetary changes](#) local elected officials have made to prioritize racial equity, such as:

- Creating a permanent, dedicated office for racial equity work within the city to advance racial equity goals, train staff, build capacity, establish strategies, and track outcomes across departments
- Dedicating revenue specifically to support dismantling structural and institutional racism and other forms of discrimination, tackling patterns of segregation, promoting affordable housing in high opportunity neighborhoods, improving access to childcare and education, and redressing past inequities by centering equity within the budget process
- Collecting disaggregated data to establish equity targets and track progress as well to examine how policies, practices and budget decisions contribute to or redress past and existing inequities
- Racial equity training for staff, elected officials, appointed officials, and partners
- Eliminating single-family zoning
- Providing renters protections related to denied applications based on criminal record, no-cause evictions, and rent increases
- Resolutions acknowledging structural racism, like past discriminatory housing practices, and committing to planning a process and identifying funding streams for reparations
- Requiring police officers to present a business card with identifying information when stopping residents; requiring affirmative written consent for consent searches by a police officer; and requiring body-camera footage be made public more quickly

In 2010, King County, Washington passed the [Equity and Social Justice Ordinance](#), which directed implementation steps related to the fair and just principle for the 2010-2014 countywide strategic plan goals, objectives, and strategies; and established an internal team to

**Salud America!**

Institute for Health Promotion Research (IHPR) at UT Health San Antonio  
7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229  
210.562.6500 | Fax 210.562.6545 | [www.salud-america.org](http://www.salud-america.org)

facilitate accountability of and coordination by all branches, departments, agencies, and offices of county government regarding implementation of the fair and just principle of the countywide strategic plan.

Focusing on the strategic plan is important because it is often connected to the budget and internal departments and partnering agencies set individual implementation plans to achieve goals and objectives in the plan. Since then, King County's [2016-2022 Strategic Plan](#) is the first strategic plan to be centered on promoting equity internally and the community.

In 2019, Montgomery County, Maryland passed the [Racial Equity and Social Justice Policy](#), requiring the Planning Board to consider racial equity and social justice impact when preparing the Master Plan; establishing a Racial Equity and Social Justice Advisory Committee; and requiring the Director of the Office of Legislative Oversight to submit a racial equity and social justice impact statement to the council for each bill.

In 2020, Washington D.C. passed the [Racial Equity Achieves Change Act](#) (REACH Act) requiring racial equity training for all D.C. government employees and members of D.C. boards and commissions; establishing a Council on Racial Equity, Social Justice, and Economic Inclusion to advise the D.C. Council on matters of racial equity, social justice, and economic inclusions; and requiring that all new legislation go through a Racial Equity Impact Assessment before the D.C. Council votes on it.

According to the [Blueprint for Changemakers](#) from ChangeLab Solutions, specific actions to dismantle racism could include:

- Ensure racially and economically mixed neighborhoods through land-use planning, housing regulations, rental assistance programs, or school siting policies.
- Prevent housing and job displacement from driving racial and income segregation by enacting land use or affordable housing finance regulations.
- Confront negative stereotypes and reduce racial prejudice and discrimination through school policies and curricula that educate children about the harms of historical oppression and the value of equality and inclusion.
- Prevent biased policy decision-making and implementation through protocols that require equity analysis or through staff training on equity, bias, and cultural sensitivity.
- Ensure equal and unbiased law enforcement and criminal justice through policies on policing practices and through training, legal system protocols, and sentencing guidelines.
- Improve neighborhood value through community development or neighborhood revitalization, including investment in housing, open space, transportation networks, food systems, and school facilities while protecting priority populations from displacement.
- Reduce housing instability by preserving, protecting, and expanding the supply of quality affordable housing through property tax incentives, rental subsidies, rent stabilization,

**Salud America!**

Institute for Health Promotion Research (IHPR) at UT Health San Antonio  
7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229  
210.562.6500 | Fax 210.562.6545 | [www.salud-america.org](http://www.salud-america.org)

good cause eviction policies, condominium conversion protections, inclusionary zoning, density bonuses, expedited permitting, or property acquisition.

- Increase the income of the poorest individuals through supplemental income, including Social Security, disability insurance, Temporary Assistance for Needy Families, and tax credits, as well as through increased wages, including an increased minimum wage.
- Provide supplemental income to support healthy living<sup>8</sup> through nutrition assistance, wage subsidies, Medicaid, or housing subsidies.
- Subsidize preschool for children from low-income families.
- Expand the coverage and frequency of public transportation, especially in poor areas.
- Provide universal high-quality early childhood education focused on child development, in addition to primary and secondary education.
- Make schools safe, equitable places to learn, and avoid unfairly penalizing students who live in poor neighborhoods or who are experiencing health, learning, or psychosocial challenges – for example, by implementing trauma-informed school discipline or restorative justice policies.
- Increase access to safe, secure, fairly paid work and year-round work for low-income families through direct job creation, apprenticeship programs for those with barriers to employment, or fair-chance hiring for job seekers with criminal records.
- Include mental health care in health care delivery.
- Involve underserved communities in the initiation, drafting, and implementation of policy solutions to local issues related to health equity, through community-based participatory research, inclusive and representative community engagement, participatory budgeting, or public deliberation.
- Create structures for collaboration among local governments, community-based organizations, and health care institutions to act on the social determinants of health.
- Make government protocols and decisions available to the community, and ensure that policies include clear roles, responsibilities, and evaluation processes to hold government responsible for successful implementation.

Additionally, consider pushing decision-makers to publicly measure and track improvement on various health and social outcomes, such as income inequality, disparities in multiple physical and mental health conditions, disparities in injury and premature death, population housing cost-burdened, population transportation cost-burden, high school graduation rates, adverse childhood experiences, and more.

## 11. How do I find out public health equity issues specific to my community?

Look through your local community health needs assessment, often conducted by a local hospital. Try this Google Search: [CITY/COUNTY community health needs assessment].

### **Salud America!**

Institute for Health Promotion Research (IHPR) at UT Health San Antonio  
7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229  
210.562.6500 | Fax 210.562.6545 | [www.salud-america.org](http://www.salud-america.org)

Look through your local community needs assessment, often conducted by a local community action agency. Try this Google Search: [CITY/COUNTY community needs assessment].

Look through reports, maps and/or dashboards published by your regional health department. Try this Google Search: [CITY/COUNTY health department report/dashboard/map disparities].

[Download \*Salud America!\*'s Health Equity Report Card for your county.](#) You'll see local maps, gauges, and data that reveal place-based inequities in housing, transportation, education, food, environmental issues, socioeconomic status, health outcomes and more.

Look for reports published by local institutions, organizations, and foundations on some of the following topics: community health, mental health, adverse childhood experiences, poverty, income inequality, housing affordability, transportation affordability, food security, academic achievement, domestic violence, and incarceration rates.

Find out if your city has a map of previously [redlined neighborhoods](#).

You can also email us to help you find more relevant data, at [saludamerica@uthscsa.edu](mailto:saludamerica@uthscsa.edu).

## 12. What do I need to know about Critical Race Theory as I develop a resolution on racism?

Discussing racial equity and anti-racism can result in some backlash because of the great divide in our country regarding if and how to examine structural racism in American history and institutions.

For example, in September 2020, President Donald Trump issued an executive order banning federal contractors from addressing “divisive concepts” and “harmful ideologies” related to racial/ethnic and gender discrimination in employee trainings.

Although a federal judge temporarily blocked the executive order and President Joe Biden revoked it on his first day in office in January 2021, the nation was already divided on the concepts of systemic racism, including critical race theory, a critical theory that aims to examine and critique society.

Thus, it is important to understand what critical theory is and what critical race theory is, particularly as misinformation dominates news stories and as conservative lawmakers push to restrict what schools teach about race and racism.

Read the *Salud America!* deep dive into critical race theory at <https://salud.to/crt>.

### **Salud America!**

Institute for Health Promotion Research (IHPR) at UT Health San Antonio  
7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229  
210.562.6500 | Fax 210.562.6545 | [www.salud-america.org](http://www.salud-america.org)