

MECHANISMS FOR ADVANCING HEALTH EQUITY Issue Brief

State and Local Efforts to Declare Racism a Public Health Crisis – Southeastern Region Update

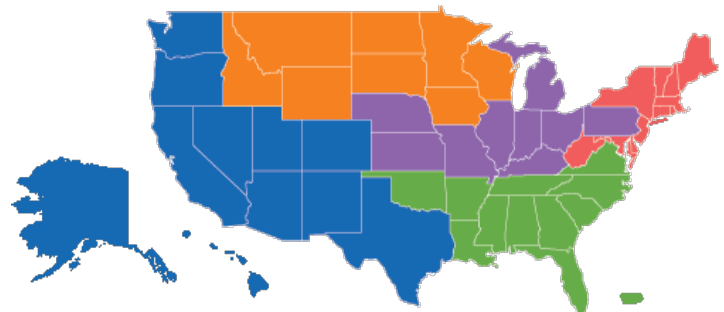
April 2021

Introduction

Last summer, as the disparities in COVID-19 cases, hospitalizations, and deaths continued to worsen and amid racial justice protests following the murder of George Floyd, cities, counties, states, and other agencies and organizations increasingly issued formal resolutions declaring racism a public health crisis. In June 2020, [we analyzed some of the first resolutions issued](#) to assess common threads and identify the commitments made to address systemic racism across the determinants of health. Since then, nearly [200 such resolutions in over 30 states](#) have been issued, and on April 8, 2021, Dr. Rochelle Walensky, CDC Director, [issued a statement](#) that racism is a serious public health threat and recognized the important role of the CDC in addressing the impact of racism on public health.

These resolutions and formal statements are an important first step in calling attention to racism in a way that can drive resource allocation and changes to law and policy. With few exceptions, these resolutions do not have the force of law behind them but rather are statements of intent by a lawmaking body to address racism as a root cause of health inequities, recognize the role of law and policy in creating and sustaining inequities, and identify specific issues affecting local communities. Many resolutions also include strategies and proposed actions.

This Issue Brief is the first in a series of updated analyses looking at resolutions issued in each region of the country based on the Network's regional offices (Figure 1). The Southeastern Region is in green. These analyses will focus primarily on state and local government entities, including city councils, county boards of commissioners (BOC), city and county executives, school boards, and boards of health (BOH). They will also highlight other types of organizations that have issued formal resolutions or statements, like



hospitals and health systems, colleges and universities, professional associations, and non-profits. For the purposes of this Issue Brief, “resolutions” includes resolutions, declarations, proclamations, and formally approved statements.



Notes on Methodology

In the June 2020 analysis, the language of the resolutions was divided into six broad categories, recognizing common themes:

- A **clear declaration** that racism is a public health crisis or emergency,
- Measures pertaining to **organizational policy or practice**,
- Emphasis on **partnerships and collaboration**,
- **Accountability measures**,
- Focus on a **specific issue**, or,
- A **call to action** to other local, state, and national leaders.

In this updated analysis, the categories have been revised to remove the clear declaration of racism as a public health crisis or emergency; resolutions are only included in the updated analyses if this statement is true, and only if the resolution can be verified from an official source (such as meeting minutes or a signed and/or numbered resolution). In addition, a new category has been added:

- **Funding and Infrastructure** to support implementation and accountability.


References to *Funding and Infrastructure* were previously included under *Accountability Measures* but have been broken out to reflect the importance of dedicating resources to ensure that commitments can be put into action. Finally, the analysis only includes language in the operative or “resolved” section of the resolutions but not the preamble or “whereas” section, which typically states relevant background information and data.

It is important to note that cities and counties within a state will often have similar resolutions and that [templates and toolkits](#) exist to help guide community members and policymakers in issuing a resolution. As a result, many of the resolutions have identical or nearly identical language, but there are also examples where resolutions have been tailored to the particular interests, assets, and needs of a given community. No matter how they are drafted, success will be determined by subsequent action to change organizational culture, build the capacity of organizations and communities, strengthen relationships to achieve collective impact, and meaningfully engage impacted communities in the process to identify, design, and implement solutions.

Summary of State and Local Resolutions in the Southeastern Region

The Southeastern Region of the Network includes 11 states and Puerto Rico. To date, there are 21 resolutions in 6 states, with North Carolina having the most resolutions issued for the region (see the table of resolutions at the end of the issue brief). There are no resolutions in the following states: Alabama, Louisiana, Mississippi, Puerto Rico, or South Carolina. The only statewide resolution in this region is in Virginia; the Tennessee legislature was considering a resolution in its current session, but it is [not currently advancing](#). About half of the jurisdictions issued a short resolution making a commitment to address racism in impacted communities with few details, while the other half contain more detailed commitments. The length of the resolution is not as significant as the action proposed to support its implementation. For example, the resolution from Wake County, NC is two sentences, but in the minutes from the board meeting where the resolution passed, there are commitments made to requiring racial equity training, getting PPE to high need areas, reviewing the names of county buildings, addressing the infant mortality rate for infants of color, and placing social workers in schools.

Three NC jurisdictions altered the statement that racism “is” a public health crisis to state that racism “can form the basis of” a public health crisis (Charlotte, Mecklenburg, and Pitt). Such a change may serve to soften the language for broader acceptance and encourage recognition of other social factors that contribute to poor community health. Finally, eleven of



the resolutions mention systemic or structural racism. This is important for normalizing conversations about the connections between race and health and creating a shared understanding and commitment amongst partners.

Organizational Policy or Practice

Nearly all of the resolutions in this region (18 of 21) include language related to organizational policies or practices. The only exceptions are Chattanooga, Memphis, and Virginia. All 18 that do contain this language reflect a commitment to assessing or reviewing policies to ensure or promote racial equity, and two specifically reference policies related to hiring, promotion, leadership appointments, or funding (Buncombe County Health and Human Services (Buncombe HHS) [NC] and Cabarrus [NC]). Five of the resolutions commit to assessing policy either using an equity lens (Buncombe HHS and Cabarrus); using a diversity, equity, and inclusion lens (Wake [NC]); considering racial impact (Orange [NC]); or prioritizing racial equity (Fayetteville [AR]). The resolution from Orange County also promotes the use of racial equity tools and specifically references the [Government Alliance on Race and Equity \(GARE\) model](#) for developing a racial equity plan.

Other common commitments:

- Seven resolutions contain reference to (a) education or educational activities to understand and address the effects of racism, and (b) some variation of identifying specific activities to increase diversity and incorporate anti-racism principles across leadership, staffing, or contracting (Buncombe HHS, Cabarrus, DeKalb [GA], Durham [NC], Hillsborough [FL], Manatee [FL], Orange).
- Seven resolutions include a commitment to advocate for policies that improve health for communities of color (Buncombe HHS, Cabarrus, DeKalb, Fayetteville, Fulton BOH [NC], Hillsborough, Manatee).
- Six resolutions contain a commitment to creating an “equity and justice oriented” organization or governance structure (Buncombe HHS, Cabarrus, DeKalb, Durham, Hillsborough, Manatee).
- Four resolutions promote or encourage racial equity training (DeKalb, Durham, Hillsborough, Manatee).

Organizational Policy or Practice is the lead category because nearly all of the resolutions reviewed include commitments to creating culture change within organizations and the way they interact with communities by identifying and adopting anti-racist policies and practices. This is important because treating racism as a public health crisis means recognizing that it is systemic problem requiring systemic solutions.


Partnerships and Collaboration

Nine resolutions specifically used the words “partnership,” “collaboration,” or “alliance,” and another three make general commitments to working with others to address systemic racism. While several resolutions identify specific partners or organizations, four include partnership with the [National Association of Counties](#) in identifying policies that improve health in communities of color (Fulton BOC, DeKalb, Hillsborough, Manatee).

Perhaps the most significant partners in identifying and addressing the impact of systemic racism are members of impacted communities, people who are closest to the problems and the solutions. Six resolutions contain a commitment to engage actively and authentically with communities of color (Buncombe HHS, Cabarrus, DeKalb, Durham, Hillsborough, and Manatee). Three resolutions stand out for their commitment to engaging, collaborating with, and building the capacity of communities – Fulton BOC, Fayetteville, and Orange.

The **Fulton BOC** committed to establishing a task force comprised of community members (one appointment per Commissioner) who have expertise in racial equity, civil rights, or social issues, and appointees from: the NAACP – Atlanta Chapter, the Georgia Coalition for the People’s Agenda, the Southern Christian Leadership Conference, the Martin Luther King, Jr. Center for Nonviolent Social Change, the Center for Civil and Human Rights, and the Concerned Black Clergy of Metropolitan Atlanta.

Fayetteville’s resolution [was first made](#) by the Mayor’s African American Advisory Council before being voted on by City



Council. The first action in the resolution is to “center the voices, work, and leadership of the communities most directly affected by...racism.” Other action items include encouraging individual advocacy to dismantle systemic racism and building a workplace culture that promotes cross-cultural relationships and upholds the sacredness of caucus spaces for building community.

Orange County’s resolution includes commitments to invite a diverse group of stakeholders to develop a shared vision of equity; promote racially inclusive collaboration and engagement; and develop “cross-section, cross-jurisdictional partnerships to achieve systematic change.” The resolution also includes a commitment to partner with stakeholders to achieve collective impact and defines collective impact as the “commitment of organizations from different sectors to a common agenda for solving a specific social problem.”

It will be important for all jurisdictions to consider how to define “community” and how government agencies can truly “engage authentically” with communities of color to conduct assessments, develop plans, implement actions, and monitor progress.

Accountability Measures

As in the original analysis from June 2020, this category includes any language that references responsibility, oversight, communication, or strategies to support implementation of the resolution. Six resolutions reference issuing reports to assess progress, capitalize on opportunities to achieve racial equity, or inform meaningful action steps (DeKalb, Fayetteville, Fulton BOC, Hillsborough, Manatee). Chatham’s resolution does not mention reports but does commit to being goal-oriented and objectively monitoring progress. Three resolutions identify a responsible body or key partner, like a work group or task force. Six resolutions use the phrase “identify clear goals and objectives” (Buncombe HHS, Cabarrus, DeKalb, Durham, Hillsborough, Manatee). Two identify a target date for the completion of a plan or report (Orange and Fulton BOC).

Fayetteville is one of the best examples of built-in accountability. The City has committed to:

- Develop and implement a Racial Equity Strategic Action Plan.
- Develop a comprehensive rapid response protocol, activating numerous partners (including the city BOH, the Arkansas Department of Health, and the Washington County [AR] Health Unit) to respond to immediate needs and identify long-term strategies to address inequities.
- Measure the effectiveness of city programming and the return on investment of budget allocations to advancing racial equity, with annual reports.
- Develop an annual report and recommendations on the health of African Americans in Fayetteville.
- Provide information to the public on police officer misconduct and disciplinary history.

Orange County is another good example of including multiple accountability measures:

- Directing the development of a Racial Equity Plan using the GARE model by September 2020.
- Developing a Racial Equity Scorecard to monitor and inform progress.
- Using data and metrics “to align outputs with outcomes across cross-departmental and cross-jurisdictional lines to evaluate community progress on racial equity throughout the County.”

These proposed actions are aligned with existing work within the Orange County Health Department, which already uses [GARE’s six-part strategic approach](#) to racial equity and has a Racial Equity Commission that was established in 2017. The Commission has issued a [2020-2024 Strategic Plan](#) and the health department [launched a Health Equity Website](#) in February 2021.

Other examples from the region that are noteworthy include:

- Fulton BOC establishing a Taskforce for Racial Equity in All Policies with a report and recommendations required by the end of calendar year 2021, with quarterly follow-ups thereafter to monitor progress.

- Fulton BOH committing to maintaining the board’s Health Equity Workgroup to examine internal structure, policies, and procedures.
- Buncombe HHS engaging the [Buncombe County Equity and Inclusion Workgroup](#) to conduct assessments and make recommendations to the Buncombe County Manager and Board of Commissioners.
- Cabarrus and Buncombe HHS requiring benchmarks to assess progress, with the latter also requiring alignment with the [Healthy NC 2030 Report](#).

Issue Focus

Some resolutions identified specific issues or areas of focus as part of addressing racism as a public health crisis. Five reference [Adverse Childhood Experiences](#) or ACEs, which are linked to chronic illness, substance misuse, and mental health problems in adulthood (Buncombe HHS, DeKalb, Durham, Hillsborough, Manatee). Four reference public safety or policing (Buncombe BOC, Fayetteville, Orange, Shelby [TN]). In Buncombe County, in addition to the BOC and the HHS resolutions, the [Buncombe County Justice Resource Advisory Council](#) also [issued a resolution](#) declaring racism a public safety emergency and made commitments to use a racial equity tool to review and revise criminal justice policies, procedures, and practices, among other things. Shelby County’s resolution, which calls attention to the deaths of Black Americans in police custody, was issued around the same time as [two other resolutions](#) to increase transparency in policing and endorse the [8 Can’t Wait](#) use-of-force reduction platform.

In the June 2020 analysis, only three of 24 resolutions specifically referenced data. In the Southeastern Region to date, nine of the 21 resolutions reference the use of data to drive changes in policy and decision-making, inform evidence-based interventions, illustrate health disparities, or track progress (Buncombe BOC, Charlotte, Chattanooga, Fayetteville, Fulton BOH, Mecklenburg, New Hanover, Orange, Pitt).

Other references include Black Lives Matter (Shelby, in relation to policing), recognizing Juneteenth as a holiday (Cabarrus), trauma or community stress (Buncombe HHS, Fayetteville), and health in all policies (Buncombe HHS, Fulton BOH). Four resolutions reference the social determinants of health or specifically list them out (Chatham [NC], Chattanooga, Fayetteville, Fulton BOC).

Funding and Infrastructure

This category recognizes those resolutions that identify the resources needed to support racial equity work, including funding and personnel. This category also includes positions or offices (like a Chief Equity Officer or Office of Equity) if identified.

- *Position or Office*: only the Fulton BOH resolution mentions a position, and it “authorizes and directs” the Executive Director to consider the impacts of racism on program, policy, and operating procedures. Only Virginia’s resolution identifies a specific agency and office – the Virginia Department of Health Office of Health Equity.
- *Funding or Resources*: the resolutions from Buncombe HHS, Cabarrus, and Fulton BOC all state that they will secure, commit, or pursue the funding or resources to address systemic racism. Buncombe BOC, Charlotte, Mecklenburg, Pitt, and Wake all recognize that racism should be “treated with the urgency and funding of” a public health crisis.

Fayetteville perhaps has the most detail of any of the resolutions. It declares racism a public health emergency and states that the City will allocate funding, staff, and additional resources toward advancing racial equity. It also commits to use [Community Development Block Grant](#) resources to support “small business development, affordable housing and community-based infrastructure serving lower income and minority citizens,” and to increase funding for public recreation resources that serve low-income families.



Call to Action

Ten resolutions contain a statement of support or encouragement of other state, local, and national leaders to also recognize racism as a public health crisis. Broad commitment and alignment of efforts can have greater impact on making systemic changes. The Fulton BOC resolution recognizes this, offering formal support for the Fulton BOH issuing its own resolution and encouraging community partners and stakeholders in education, employment, housing, criminal justice and safety to also recognize racism as a public health crisis and to “activate all methods for rooting out racism in their policies, practices, and partnerships.” The Fulton BOH likewise commended the Fulton BOC and County Manager for their efforts to support hate crimes legislation, and to establish a Health in All Policies program and Health Disparities Task Force.

Other Approaches

Resolutions by Non-Governmental Entities

Public statements in support of Black Lives Matter and public commitments to address systemic racism have been made by a variety of entities, including hospitals and health care systems, professional associations, and institutes of higher education. These entities are important partners for state and local governments because they serve the same communities, often have flexibility in resources including personnel, can serve as conveners for community conversations, can lead or support research, and can directly address disparities in health and health care. In the Southeastern Region, a number of institutions have issued statements or pledged action:

- The *Medical Association of the State of Alabama*, a professional association of about 7000 physicians, [recognized racism as a public health threat](#).
- The *North Carolina Healthcare Association* and its 130 health system and hospital members [issued a statement that racism is a public health crisis](#) and committed to advance equity through education and professional development; data gathering, analysis, and reporting; and innovation. The Association subsequently launched the [“It Takes a Hospital” initiative](#) to host conversations between hospitals and health systems with the residents in the communities they serve.
- The *Northwest Arkansas Council*, a nonprofit comprised mostly of companies and working to advance job opportunities, physical infrastructure, health care, and quality of life, issued a [Leadership Pledge](#) to address systemic racism in four areas: education and training; community and workplace; public policy; and continuous improvement. To date, more than 160 companies in Northwest Arkansas have signed the pledge.
- The *Health Foundation of South Florida* established a [Racial Justice and Equity Committee](#) to provide guidance to its Board of Directors on how to operationalize racial equity and inclusion in part by setting diversity and equity indicators and accountability mechanisms, taking a new approach to grantmaking, and engaging Black-led community organizations in the planning and implementation of programs and initiatives.
- The *Louisiana State University Health Sciences Center School of Public Health* issued a [statement of solidarity](#) with the Association of Schools and Programs of Public Health (ASPPH) and member schools and programs in a continued commitment as a school of public health to educate the public about the impact of systemic racism on public health.
- The CEOs of three large hospitals in Tennessee – *Regional One Health*, *Baptist Memorial Health Care*, and *Methodist Le Bonheur Healthcare* – issued a statement [calling racism insidious and intractable](#), calling on the larger corporate community to use its influence and power, and recognizing the significant role of health care institutions on the front lines of community health.
- The *Tennessee Health Care Campaign*, a volunteer-led non-profit whose vision is affordable, high-quality, and equitable access to health care, issued a statement [in support of the anti-racism movement](#) and calling for greater investment in community services and policies that will improve community health.



Other Types of Resolutions and Actions

Some government entities have taken other approaches to addressing longstanding inequities across the social determinants of health. The city of Jackson, MS [declared classism a public health crisis](#) in the hopes that it would facilitate a partnership with the CDC to look at community-level issues and lead to funding opportunities or access to resources that will support community development. The city of Asheville, NC issued a [resolution supporting reparations for the Black community](#) and apologizing for its role in creating and maintaining racist policies and practices, calling on the City Manager to take action, and establishing a commission to identify a range of recommendations to improve outcomes and access to opportunity for the Black community. The city of Carrboro, which is in Orange County, NC, [also approved a resolution supporting reparations](#) for Black Carrboro and committed to establishing a Racial Equity Commission and actively participating in the Government Alliance on Race and Equity, among other things.

A number of local governments have also issued resolutions denouncing hate crimes and/or racism generally, including the [Town of Surfside, FL](#), [Cobb County, GA](#), [Lawrenceville, GA](#), [Ardmore, OK](#), and [Nashville, TN](#). The Fulton BOC, in addition to its declaration of racism as a public health crisis, [passed an ordinance](#) establishing penalties for hate crimes.

Finally, a resolution is not necessary for state and local governments to recognize and address the impact of systemic racism on their communities, and for many communities, racial equity work is not new and has often been led by community partners. For example, the town of Harrisburg, NC (in Cabarrus County) established a Racial Equity Task Force in 2020. In addition, organizations like [Chatham Organizing for Racial Equity](#) and [Racial Equity Cabarrus](#), which have been active since 2017, influenced the discussions leading to declarations of racism as a public health crisis in their counties and have been leading racial equity training for a variety of stakeholders.

State Profile: Virginia

Virginia is the first southern state to pass a resolution declaring racism a public health crisis. While the operative section of the resolution encourages the Virginia Department of Health Office of Health Equity to consider steps to address systemic racism and its effect on public health, the preamble lists five possible steps:

- Expand the charge of the Office of Health Equity to address racism as a public health crisis.
- Make the Commission to Examine Racial Inequity in Virginia Law permanent.
- Require implicit bias training for elected officials, staff members, and state employees.
- Establish a glossary of terms and definitions related to racism and health equity.
- Promote community engagement and provide tools to engage actively and authentically with communities of color.

This resolution occurs in the context of other significant steps by the state of Virginia to address racial equity. The work of the Commission to Examine Racial Inequity in Virginia Law (established in 2019) led to the repeal of nearly 100 racist laws and a report in February 2021 on [strategies to address the lingering effects of these laws](#). In March 2020, the [COVID-19 Health Equity Working Group](#) was established as part of the state's Unified Command Structure and includes the Office of Health Equity Director. This is significant because not all states have engaged or empowered their existing [state office of minority health](#) to lead efforts to address COVID-19 health disparities. In January 2021, the state established an Office of Civil Rights, a reorganization of the Division of Human Rights. Virginia also recently passed a Voting Rights Act and the governor signed an [Executive Order restoring the right to vote](#) to all Virginians who are not currently incarcerated.

Virginia is taking a multi-pronged approach to address various aspects of the systems that create and uphold racial disparities and is both using existing infrastructure and creating new infrastructure to accomplish its goals. While the state is still on its journey, it may serve as an example of the ways that other states can also take action.



Conclusion

As already discussed, systemic problems require systemic solutions, and no agency or organization can do it alone. Efforts at the state and local level should be aligned and coordinated where appropriate and also recognize the differences in local communities. These efforts should also be collective – combining the commitment, resources, and networks of the numerous agencies and organizations dedicated to improving the health and wellbeing of communities of color. This includes state-level COVID-19 health equity task forces, state offices of minority health, health departments and boards of health, hospitals and health systems, professional associations, membership organizations, and perhaps mostly importantly, community organizations. Finally, whether a state or local government entity has already passed a resolution or is considering one, it must design and implement ways to be accountable to the community for progress on racial equity goals and dedicate the resources necessary to take meaningful action.

The Network will continue to research and analyze state and local approaches to addressing racism as a public health crisis, and to evaluate the outcomes of these efforts. We encourage you to contact the Network for technical assistance on crafting declarations of racism as a public health crisis and implementing strategies to address structural racism.

SUPPORTERS



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Updated: April 24, 2021

Summary of Resolutions to Declare Racism a Public Health Crisis

Introduced or adopted as of April 15, 2021, in alphabetical order by state. Citations with an asterisk (*) are no longer available online but can be provided on request.

	Jurisdiction	State	Authority	Citation	Date	Organizational Policy or Practice	Partnerships and Collaboration	Accountability Measures	Issue Focus	Funding and Infrastructure	Call to Action
1	Fayetteville	AR	City Council	Resolution 213-20	8/18/2020	X	X	X	X	X	
2	Hillsborough County	FL	Board of County Commissioners	Agenda Item No. F-2	9/16/2020	X	X	X	X		X
3	Manatee County	FL	Board of County Commissioners	Proclamation	11/10/2020	X	X	X	X		X
4	DeKalb County	GA	Chief Executive Officer & Board of Commissioners	Item No. 2020-0673	7/14/2020	X	X	X	X		X
5	Fulton County	GA	Board of Health	Resolution*	7/22/2020	X	X		X	X	X
6	Fulton County	GA	Board of Commissioners	File #21-0072	1/20/2021	X	X	X		X	X
7	Buncombe County	NC	County Board of Commissioners	Resolution 20-08-03	6/29/2020	X				X	X
8	Buncombe County	NC	Health and Human Services Board	Resolution	6/26/2020	X	X	X	X	X	
9	Cabarrus County	NC	Public Health Authority Board of Commissioners	Proclamation	9/8/2020	X	X	X	X	X	
10	Charlotte	NC	Mayor	Proclamation	6/17/2020	X				X	X

	Jurisdiction	State	Authority	Citation	Date	Organizational Policy or Practice	Partnerships and Collaboration	Accountability Measures	Issue Focus	Funding and Infrastructure	Call to Action
11	Chatham County	NC	Board of Health	Adopted Statement	8/24/2020	X	X	X			
12	Durham County	NC	County Board of Commissioners	Resolution	6/8/2020	X		X	X		
13	Mecklenburg County	NC	County Board of Commissioners	Proclamation, File #20-6227	6/16/2020	X				X	X
14	New Hanover County	NC	County Board of Commissioners	Resolution	7/13/2020	X			X		X
15	Orange County	NC	County Board of Commissioners	Resolution 2020-035	6/2/2020	X	X	X	X	X	
16	Pitt County	NC	County Board of Commissioners	Resolution 2020-16	8/3/2020	X			X	X	X
17	Wake County	NC	County Board of Commissioners	Resolution	7/6/2020	X				X	
18	Chattanooga	TN	City Council	Resolution No. 30407	7/7/2020				X		
19	Memphis	TN	City Council	Resolution, Item #38	7/7/2020		X				
20	Shelby County	TN	County Commission	Resolution, Item #24	6/22/2020	X	X				
21	State	VA	Legislature	House Joint Resolution 537	2/22/2021					X	
TOTAL						18	12	10	12	12	10