

# RACISM AS A PUBLIC HEALTH CRISIS – PERSPECTIVES ON HEALTHY AGING

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# INTRODUCTION



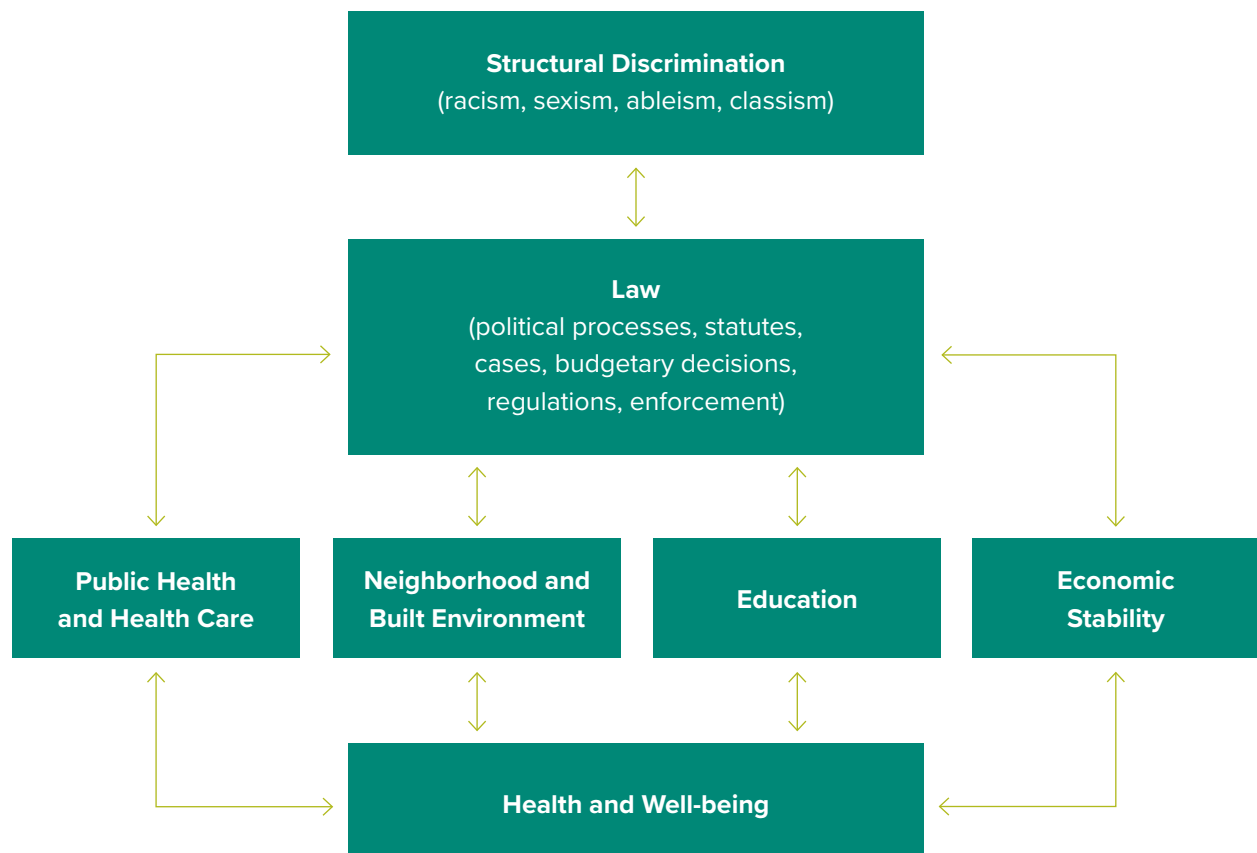
The social determinants of health are the social, economic, and environmental conditions that impact the health outcomes of individuals at all stages of life. These systems include conditions like access to nutritious food, economic stability, safe neighborhoods, stable housing, social connection, and transportation. Inequitable access to these conditions can lead to disparities in health and higher rates of morbidity and mortality. These inequities — and the systems and structures that maintain them — affect lifelong health outcomes and influence how people age.

This report uses a revised Social Determinants of Health (SDOH) framework put forward by Ruqaiyah Yearby to examine the role of law as a tool to address structural discrimination, with a focus on health impacts across the lifespan. This framework illustrates how law and the systems it interacts with can shape health and well-being and identifies structural discrimination as the root cause of disparities in health outcomes (Figure 1).<sup>1</sup>

Law includes statutes, regulations, budgetary decisions, cases, political processes, and enforcement in any of these areas, and it is deeply intertwined with the systems that determine health and well-being (public health and health care, neighborhood and built environment, education, and economic stability).<sup>2</sup> While law can be used to perpetuate and reinforce structural discrimination, it can also be used to create meaningful change by helping to identify and remove barriers to access, resources, and opportunity and advance health equity.

FIGURE 1

Revised Social Determinants of Health Framework created by Ruqaiyah Yearby (2020).





# BACKGROUND AND METHODOLOGY



This report reviews three legal and policy mechanisms — declarations of racism as a public health crisis, equity-focused legislation, and COVID-19 health equity task forces — as specific tools to address equity in aging within the systems that influence health outcomes. We reviewed these tools using a healthy aging lens to identify language that recognizes, supports, and promotes healthy aging as part of addressing racial and ethnic health disparities.



For the purposes of this report, “declarations” includes declarations, resolutions, proclamations, and formally approved statements introduced or adopted by state or local government entities, institutes of higher education, professional associations, and hospitals and health systems. A total of 211 declarations issued between April 2019 and August 2021 were reviewed from across the U.S. (see Appendix A) using a defined set of search terms related to racism, aging, and well-being across the life span. This review includes declarations made in 37 states and the District of Columbia, with the largest number of declarations found in California, Connecticut, Ohio, Massachusetts, Michigan, North Carolina and West Virginia. In addition to a review of declarations, this report analyzes similar terms included in reports issued by COVID-19 health equity task forces in 2020 and legislation introduced during 2021 legislative sessions. This analysis was completed in November 2021.



# LAW AND POLICY AS TOOLS TO IMPROVE HEALTH ACROSS THE LIFESPAN





## Declarations of Racism as a Public Health Crisis

In the past two years, racism has been declared a public health crisis in hundreds of cities and counties, numerous states, and by a variety of governmental and non-governmental entities, including the CDC, school boards, state-level professional associations, institutes of higher education, and more. Some declarations were issued as early as May 2018, but the number increased significantly after the murder of George Floyd and subsequent racial justice protests in the summer of 2020, as stark evidence was emerging about the disparate health impacts and economic fall-out of COVID-19. These declarations have served as a starting point to address the long-term consequences of institutional and systemic racism and laws, policies, practices, and collective norms that reinforce inequities in well-being and access to resources and opportunity.

Declarations are divided into two sections — the preamble or “whereas” section, which provides the basis for the proposed action(s), and the operative or “therefore” section, which describes the proposed action(s). Most of the declarations reviewed have very strong preambles that identify the root causes of health disparities observed across ages, racial and ethnic groups, and sexual orientation and gender identity, though there are variations in these statements in different regions of the U.S. **The terms that occurred most frequently in the review of the declarations were:**

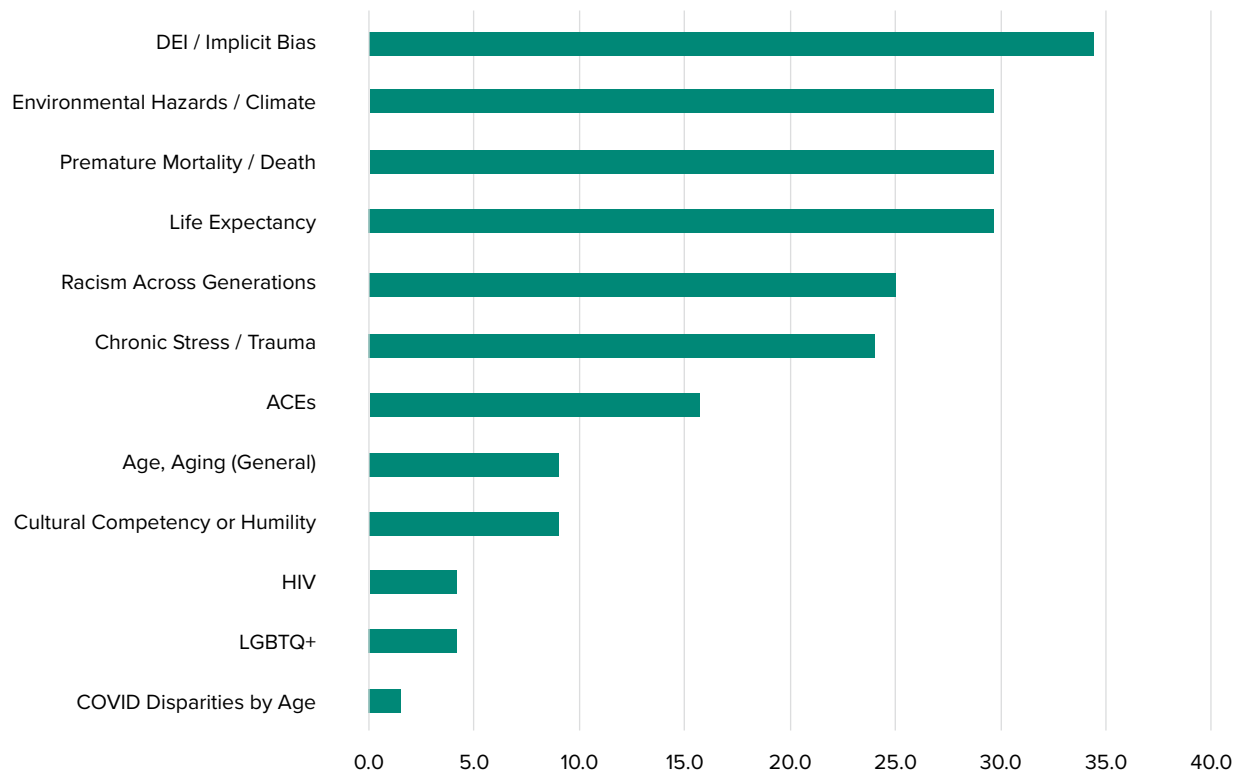
- diversity, equity, and inclusion (DEI) in the workplace or addressing implicit, explicit, or other workplace bias (34.1%);
- environmental hazards that lead to health disparities (29.9%);
- life expectancy and premature mortality (each at 29.4%);
- the generational effects of racism (25.1%);
- chronic stress and trauma (23.7%);
- adverse childhood experiences (ACEs, 15.6%);
- age or aging (8.5%), and
- cultural competency in service provision, engagement, or as a training recommendation (8.1%).



There were also references to disparities among LGBTQ+ individuals and disparities in rates of HIV/AIDS and other sexually transmitted infections (Figure 2).

FIGURE 2

Percentage of Declarations Containing the Identified Search Terms



The significance of these terms when looking at the effects of structural discrimination on healthy aging is discussed throughout this report. However, it should be noted that collectively, these terms were selected for their specific connection to aspects of aging and longevity and the factors that can negatively impact well-being across the lifespan. *It is also worth reiterating that despite clear evidence of the disparate impact of COVID-19 on older populations at the time most of these declarations were issued, very few mention COVID-19 disparities by age.*

This analysis of terms helped to identify **three common threads in the preamble statements** of the declarations reviewed:

- Racism affects lifelong health outcomes even before birth and across every stage of life.
- Racism significantly reduces life expectancy (a measure of how long a person can expect to live at birth that varies by age, gender, race and ethnicity, and geographic location), and increases premature mortality (commonly measured by years of potential life lost due to preventable death).
- Unequal access to opportunity due to redlining and geographic segregation, discriminatory lending practices, and other discriminatory laws and policies negatively affects economic stability, homeownership, and intergenerational wealth accumulation.

These acknowledgments are significant because longevity in the U.S. is driven by a number of factors, including opportunities for economic mobility and wealth building, access to resources, healthy environments, access to healthcare, and policies that promote racial justice.<sup>3</sup> The declaration issued by Wilmington, DE is an example of a declaration that illustrates all of these points in its preamble statement (Figure 3).

## FIGURE 3

Excerpt from the preamble of the declaration issued by the Wilmington, DE City Council

**WHEREAS**, in the Reconstruction Era and well into the 20th century, Jim Crow Laws were established by state and local jurisdictions in order to enforce segregation in the Southern United States, disenfranchise Black Americans after the 1870 ratification of the 15th Amendment, and prevent political and economic gains within Black communities; and

**WHEREAS**, in the 1930s, President Roosevelt's New Deal helped build a solid middle class through sweeping social programs, including Social Security and the minimum wage, yet because the majority of Black people were agricultural laborers or domestic workers, those occupations were ineligible for those benefits; and

**WHEREAS**, research by Trymaine Lee in 2019 found that: (1) White Americans have seven times the wealth of Black Americans on average, (2) Black people make up nearly 13 percent of the United States population yet hold less than 3 percent of the nation's total wealth, (3) the median family wealth for White people is \$171,000, compared with just \$17,600 for Black people, and (4) according to the Economic Policy Institute, 19 percent of Black households have zero or negative net worth, while only 9 percent of White families are that poor; and

**WHEREAS**, discriminatory housing practices such as segregation, redlining, racial covenants, the discriminatory application of the G.I. Bill, the Federal Housing Administration guaranteeing bank loans only to developers who wouldn't sell to Black people, the building of inter-state highways through historic minority neighborhoods have caused Black families to often be displaced from their homes even in their segregated neighborhoods, be continuously denied opportunities to own, invest in, and accumulate property, credit, and capital wealth; and

**WHEREAS**, housing has been accredited as a social determinant of health because where housing is located, the resources around it, the quality of the housing, the stability of that housing, including how much it costs, and the environmental quality of the air, water and soil of the neighborhood the housing is located, are all important in determining how housing affects health; and

**WHEREAS**, in 1985, the U.S. Department of Health and Human Services commissioned a report through Margaret Heckler on Black and Minority Health, which found disparate health outcomes for Black Americans, concluding that health disparities accounted for 60,000 excess deaths each year and that six causes of death accounted for more than 80 percent of mortality among Blacks and other minority populations; and

**WHEREAS**, research on discrimination and racial disparities in health reveals that: "pathogenic factors linked to race continue to affect health even when socioeconomic status (SES) criteria are in some cases nearly the same," and that, "even after adjustment for income, education, gender and age, blacks had higher scores on blood pressure, inflammation, and total risk... blacks maintained a higher risk profile even after adjusting for health behaviors (smoking, poor diet, physical activity and access to care)" (2008); and

**WHEREAS**, stunning research in the field of epigenetics, or the study of how "the external environment's effects upon genes can influence disease," and how some of these effects are inherited in humans, reveals that the health experiences of slaves, such as nutrition—findings suggest that diet can cause changes to genes that are passed down through generations by the males in a family, as well as, physical security, and mental anguish can impact Black Americans today; and

The other terms that occur frequently in the declarations are associated with the operative sections and identify strategies to address structural discrimination by tackling implicit and explicit bias, incorporation of DEI into workplace settings, interventions to reduce or prevent adverse childhood experiences, and ensuring culturally appropriate service provision.

While most declarations issued by state and local governments are non-binding, declarations can act to normalize the conversation around health equity; drive policy, planning and budgetary decisions; increase the use of racial equity tools; and be used as accountability reminders if policies or outcomes diverge from the commitments made and the evidence cited in the declarations. It is important to note that many declarations followed a template with very little customization (examples include language proposed by the Wisconsin Public Health Association and Connecticut-based non-profit Health Equity Solutions), so the inclusion or exclusion of certain terms or phrases is a reflection of this process as well as an area of opportunity for future communities considering issuing a declaration. Finally, while the declarations reviewed may not have an explicit focus on aging or on recommendations related to older adults, there is an opportunity for healthy aging considerations in implementation of the recommended actions.

### **Healthy Aging in the Systems that Impact Health and Well-being**

Declarations of racism as a public health crisis commonly acknowledge that structural racism is a driving force of inequities in the social determinants of health and overall health and well-being. Several declarations also cite to research identifying racism itself as a social determinant of health and well-being.<sup>4</sup> While many declarations recognize the multigenerational impact of discriminatory laws and policies, most fail to acknowledge ageism as a factor that also impacts health and well-being. However, a few declarations, including those in Denver and Nevada, recognize the intersectionality of racism and other forms of structural discrimination:

*...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.<sup>5</sup>*

Localized or generalized evidence of worse health outcomes associated with structural racism is often included in declarations.<sup>6</sup> However, declarations generally do not disaggregate data on shorter life spans, higher rates of premature death, and greater chronic disease burden in communities of color by age. One exception is the declaration issued by the Flint, Michigan City Council, which includes data on racial inequities in general health status for individuals over 50.<sup>7</sup>

In the following sections, we explore language in declarations that illustrates the intersection of racism and age — generational wealth, housing, public health and health care, and environmental racism — and provide examples from across the U.S.

#### *Generational Wealth*

Several declarations identify the stark economic inequities resulting from laws and policies that limit opportunities to create generational wealth, limit equity and access to investment capital for minority-owned businesses, and result in higher home interest rates and home loan denial rates in communities of color. For example, the declaration from Wilmington, DE cites to research finding that: “White Americans



have seven times the wealth of Black Americans on average,” and “Black people make up nearly 13 percent of the United States population yet hold less than 3 percent of the nation’s total wealth.”<sup>8</sup> The declaration adopted by the San Francisco Human Rights Commission explains that “[t]he racist legacy of policies like redlining, racial covenants and the SSA prevented Black families from building wealth and often keeps this group in neighborhoods with lower access to traditional banking resources and higher concentrations of predatory pay-day loans.”<sup>9</sup> Prince George’s County, MD recognizes that racism in housing and tax policies has, among other things, “disgorged income generation and transfer from within Black families.”<sup>10</sup> One recent example of this is the significant loss of wealth documented in high-income Black and Hispanic/Latino neighborhoods during the 2008 economic crisis that resulted from higher foreclosure rates on subprime loans targeted in those neighborhoods.<sup>11</sup> Declarations also identify ways to promote economic stability and build wealth for working age individuals, such as increasing access to higher education and increasing the minimum wage, which can also promote economic stability for individuals as they age.

### *Housing*

Housing instability is another social determinant that is often the focus of declarations; however, most declarations do not specifically focus on ensuring older adults are able to retain their homes or rental properties. Many declarations cite to evidence of discriminatory lending, redlining, home loan denial rates, gentrification, and racially restrictive covenants as contributing to low rates of homeownership in communities of color (see also Figure 3). Declarations that address housing instability and safety most commonly focus on rent burdens, exclusionary zoning, increased rates of lead poisoning, limited access to clean water, higher eviction rates, and disinvestment in communities of color. Some proposals that aim to restore disinvested neighborhoods through eviction prevention, homeownership programs, and anti-displacement initiatives are likely to support housing stability for aging populations impacted by generational racism. For example, the City of Fayetteville, AR committed to eliminating displacement during neighborhood development and to fostering small business development, affordable housing, and community-based infrastructure in low income and minority neighborhoods using Community Development Block Grant resources.<sup>12</sup>



### *Public Health and Healthcare*

Healthcare access and quality are also key determinants of health, and issues of inequitable healthcare are multiplied for older populations. It is quite common for declarations to cite data on higher rates of mortality from COVID-19, heart disease, stroke, diabetes, and other chronic disease, but most declarations do not address the special needs of aging populations living with years of chronic disease burdens. Few declarations actually focus on access to healthcare as a priority for addressing inequitable health outcomes due to racism, except in the context of infant and maternal health. However, the Kansas City, MO declaration is one example that cites to the “lack of access to affordable mental health services and inadequate health and mental health education” in communities of color.<sup>13</sup> In another example, the Multnomah County, OR declaration ties toxic stress and trauma experiences as a result of racism to “disengagement from healthcare and preventative care, even when care is accessible”.<sup>14</sup>

### *Environmental Racism*

Another common issue addressed in declarations is environmental racism, including the siting of toxic facilities in or near neighborhoods of color and unsafe housing conditions that pose health risks. While lead exposure is the most common pollutant considered in declarations, some also mention increased exposure to poor air quality disproportionately impacting communities of color. Multnomah County, OR explicitly recognizes that policies to address environmental threats “without an intentional prioritization of frontline BIPOC communities can exacerbate racial disparities through inequitably distributed burdens and benefits.”<sup>15</sup> As with the other conditions, the discussion of environmental racism in declarations is not age specific.

## **The Effect of Systems on Health Outcomes**

Health and well-being are the outcome of each of the key systems — public health and health care, neighborhood and built environment, education, and economic stability — all of which are shaped by law and policy as tools to mitigate the root causes of health inequities like ageism, racism, and classism. Throughout the declarations of racism as a public health crisis, there is recognition of a few key outcomes associated with health and well-being across the life span. The most prolific of these is reduced life expectancy and premature mortality due to the experience of discrimination across generations and in daily life that leads to chronic stress, increased risk and prevalence of chronic disease, lower lifetime educational attainment and earning potential, and increased susceptibility to environmental hazards and climate change, as described in the previous section.

The COVID-19 pandemic was one of the motivating factors behind many (if not most) declarations, which, as noted, often include data on the disproportionate impact of COVID-19 on people of color. None of the declarations reviewed discuss disparities in COVID-19 outcomes for older adults, although a handful, like Burlington, VT, mention that disparities in COVID-19 infections and mortality are more marked among younger age groups. However, it is clear that combined with longstanding structural barriers to health and well-being, COVID-19 has led to a reduction in life expectancy for all populations but is three to four times worse for Black and Latino Americans than White Americans.<sup>16</sup> In 2020, while White people experienced a decrease of 1.2 years in life expectancy, Black people saw a decrease of 2.9 years and Latino people a decrease of 3.0 years.<sup>17</sup>

These outcomes are influenced by many factors, but one of the most commonly referenced in declarations is adverse childhood experiences (15.6%), which is one of the only specific areas of intervention mentioned in the operative section of these declarations. ACEs were included in the scan of declarations because traumatic experiences in childhood are linked to chronic disease and poor mental health in adulthood and can limit educational and economic opportunities later in life.<sup>18</sup> ACEs are also associated with other factors often highlighted in the preambles to these declarations, including residential segregation and toxic stress associated with ongoing trauma such as the effects of intergenerational poverty. Of significance due to the pandemic is the trauma associated with the loss of a caregiver, with recent estimates that more than 5.2 million children in the U.S. have lost a primary or secondary caregiver due to COVID-19.<sup>19</sup> Investing in preventing ACEs can reduce the burden of chronic disease, disrupt the cycle of poverty, and place children in a better position to be healthy as they age.

## **Actions Implemented**

Declaring racism a public health crisis can help launch community efforts to assess health disparities and begin work to address racial health inequities. In communities already actively working to address racial inequities, declarations can serve as a reminder of the need to address a broad range of determinants as part of ongoing efforts. While each jurisdiction is at a different stage of implementing those commitments made in declarations, some communities have followed these declarations with racial equity action plans and new programs and policies focused on health justice and racial equity. One example is Akron, OH, which established the Racial Equity and Social Justice Task Force it committed to in its declaration, but notably the task force does not currently have a member to represent older adults or aging services and supports.<sup>20</sup> Another example is Buncombe County, NC, which approved a Racial Equity Action Plan in June 2021 that includes goals that address healthy aging.<sup>21</sup>

Milwaukee County, WI followed its 2019 declaration that racism is a public health crisis with an audit of racial and gender equity issues in the County's workforce, adoption of a Health and Equity Framework, and an ordinance directing the county to:

- Employ a workforce that reflects county demographics;
- Consult with frontline communities on policy development;
- Monitor and evaluate the impact of its strategic plan;
- “[U]se racial equity tools to evaluate the impact of decisions [about budget, process, policies and procedures] on black and brown communities”;
- Create and maintain an external website dedicated to racial equity and health; and
- Create a strategic plan advisory council to support actions to advance racial equity in the county.<sup>22</sup>

Prior to declaring racism a public health crisis, Minneapolis adopted an ordinance creating a division of race and equity in the office of the city coordinator and requiring city departments to align their work with the City's racial equity framework, incorporate race equity goals into strategic and budgetary planning, and provide the city coordinator with data regarding progress toward these goals.<sup>23</sup> The city's declaration can help reaffirm the city's commitment to racial equity goals with an eye towards health justice.



Communities can learn more about policies and practice to promote racial healing and advance racial equity through *Healing Through Policy: Creating Pathways to Racial Justice*,<sup>24</sup> an initiative of the American Public Health Association, deBeaumont Foundation, and the National Collaborative for Health Equity. In a series of policy briefs, *Healing Through Policy* highlights policies and practices within five categories: narrative change, racial healing and relationship building, separation (spatial or geographic), law, and the economy, and includes examples of interventions impacting older adults and their families.

## Legislative Trends

Statutes (enacted via legislation) are one important mechanism for creating the infrastructure for healthy communities, providing funding, establishing an enforcement mechanism, and ensuring a means of accountability. During the legislative sessions occurring during calendar year 2021 (which includes activity from 2020 and leading up to 2022), legislatures introduced a number of bills to support racial equity and healthy aging that address many of the same topics identified and addressed in declarations. Enacting legislation (at the state or local level) is one way to implement recommended actions in the declarations. Some of the trends in state-level legislation are described below.

### *Task forces and interagency coordination*

Several states (DE, MA, ME, MN, NJ, and TX) considered or enacted legislation to establish or update aging services task forces, councils, workgroups, and committees as a way to promote interagency coordination of age-friendly state initiatives, organize partners, develop a common agenda and plan, analyze data, issue reports and recommendations, or create an inventory of aging services (among other things).

### *Education and training*

Legislation to require training and/or continuing education on implicit bias, culturally competent care and services, and Alzheimer’s disease or related disorders was introduced in at least eight states (IA, IL, MO, NV, NY, OH, PA, and WA). Culturally competent care includes care that recognizes and respects the diverse characteristics of patients, including age, race or ethnicity, sexual orientation and gender identity, and language, among other things.

WHEREAS, lack of culturally and linguistically competent healthcare has resulted in less utilization of services and poorer health outcomes among BIPOC individuals; and National Academy of Medicine (NAM) found “racial and ethnic minorities receive lower-quality healthcare than white people — even when insurance status, income, age, and severity of conditions are comparable” and evidence from social psychological and health disparities research suggests that clinician-patient racial/ethnic concordance may improve minority patient health outcomes;...

– Whatcom County, WA Health Board Resolution

### *Social determinants of health*

Legislation is one way to address the social, economic and environmental conditions that impact the health outcomes of individuals across the lifespan by establishing requirements or standards, providing funding, supporting studies, or creating services or programs. States have introduced legislation to address the housing needs of older adults, financial exploitation, and strategies to support social connection for older adults (CA, CT, NY, RI, VA, VT), in addition to bills related to intergenerational poverty and health care access (described below).

### *Intergenerational poverty*

States continue to make efforts to address poverty with a focus on disrupting the persistence of poverty across generations. According to the Center for Poverty & Inequality Research, “one-third to one-half of children who are poor for a substantial part of their childhood will be poor as adults.”<sup>25</sup> Recent legislation (AK, MN, NJ, NY, PA, UT, WV) is aimed at studying the economic, social, and cultural factors that influence poverty and economic instability, the effects of poverty on other determinants (like educational attainment, access to health care, and housing stability), and strategies to address poverty.

### *Health equity and health care access*

A number of states (CO, CT, IL, MN, VT, WA) and the District of Columbia have introduced bills to address health care access for older adults or to address health equity across the life span. This includes bills that would strengthen public health infrastructure (for example, by creating comprehensive public health districts or establishing offices and advisory councils on health equity), address provider shortages, encourage all-inclusive care for older adults, or advance age-friendly built environment strategies.

### *Racism as a public health crisis*

While most declarations have occurred at the local level, numerous states have introduced (AZ, GA, IN, KY, MO, NJ, NY, OH, TN, UT, WI) or adopted/enacted (CT, DC, HI, NV, OR, VA, VT) bills or resolutions to recognize racism as a public health crisis. This legislative review was completed after the initial analysis of the declarations listed in Appendix A, therefore there are some additional states listed here that are not included in Appendix A. A statewide declaration can help drive further legislative activity to address structural racism, lend additional power to local declarations that have been issued, and provide the framework for a coordinated statewide effort.

Examples of bills from each of these categories are listed in Table 1 (page 15). States also introduced legislation to address specific issues like reducing gun violence as a way to improve equity in longevity (CT), provide supports and services for LGBTQ+ older adults and older adults living with HIV (CA, NJ, PA), and to promote resilience and community healing through action on adverse childhood experiences and intergenerational trauma (CA, IL, MA, MD, ND). There was also legislation introduced across states to address other issues related to healthy aging that were not related to the trends observed in the declarations of racism as a public health crisis. These bills include action on fall prevention, elder abuse, guardianship, accessibility of information, and long-term care. See Appendix B for a full listing of legislation reviewed. Developing strategies to change laws and policies, when part of a comprehensive strategy, can help improve health outcomes. Many of these bills or variations of them can be expected to be reintroduced during 2022 legislative sessions.

TABLE I

Examples of legislation by category

| CATEGORY  | EXAMPLE   |
|---|---|
| <b>Task forces and interagency coordination</b> | New Jersey Assembly Bill 1124 (2020, introduced) would establish a temporary Planning for an Aging Population Task Force inclusive of a broad set of stakeholders including older adults and their caregivers. The Task Force would analyze data on older adults and projected population growth; create an inventory of resources, programs, and services available to older adults in the state; analyze the nature and severity of illnesses or conditions suffered by older adults; and assess the impact of an aging population on the labor and housing markets, among other things.  |
| <b>Education and training</b>                   | Washington Senate Bill 5229 (2021, enacted) requires continuing education in health equity for licensed healthcare professionals, including instruction on structural factors that create health inequities (such as bias, racism, and poverty) and individual and system-level interventions, as a way to build skills in caring for patients from diverse groups varying in race, ethnicity, gender identity, sexuality, religion, age, ability, and socioeconomic status.  |
| <b>Social determinants of health</b>            | Virginia House Bill 1805 and Senate Bill 1366 (2021, enacted) require the Department for Aging and Rehabilitative Services to use available resources to provide services to older persons with the greatest economic or social needs. The bill defines “economic need” as need resulting from an income level at or below the poverty line. The bill defines “social need” as need caused by noneconomic factors, including disability status, language barriers, and cultural, social, or geographic isolation, including that which is related to a history of discrimination for factors such as racial or ethnic status, sexual orientation, or gender identity. |
| <b>Intergenerational poverty</b>                | Alaska House Resolution 8 (2021, enrolled) recognizes disparities in poverty for African Americans, Latinx Americans, and American Indians and Alaska Natives, that poverty is linked to lower life expectancy and other poor health outcomes, and results in social exclusion and exploitation. It establishes the House Task Force on Poverty and Opportunity, tasked with recommending policy actions to the governor and the legislature to effectively reduce intergenerational poverty and promote and encourage economic self-sufficiency.   |
| <b>Health equity and health care access</b>     | Illinois House Bill 158 (2021, enacted) creates the Community Health Worker Certification and Reimbursement Act, which includes the Department of Aging as an agency with public health responsibilities in requirements related to participation in the development of the State Health Assessment (SHA) and State Health Improvement Plan (SHIP); requires that the SHA and SHIP processes aim to reduce health disparities and inequities and promote health equity; and also addresses gaps in dementia training for Adult Protective Services staff, among other things.   |
| <b>Racism as a public health crisis</b>         | Connecticut Senate Bill 1 (2021, enacted) declares racism a public health crisis until the goal of a 70% reduction in racial disparities in education, health care utilization and outcomes (including quality of life, life expectancy, and emergency department visits due to environmental pollutants), criminal justice, and economic indicators (including poverty, income, and housing insecurity) is met. The work to reduce disparities will be driven by the newly established Commission on Racial Equity in Public Health.   |



## COVID-19 Health Equity Task Forces

Early in the pandemic, many state and local governments facing the inequitable toll COVID-19 was taking on Black, Hispanic and Latino, and Indigenous communities, established health equity task forces. Between April and June 2020, 25 states and numerous cities and counties across the United States established task forces that included a wide range of members from health departments, institutions serving or led by people of color, community-based organizations, health systems, higher education, members of the faith community and other government entities. These task forces were charged with assessing the root causes of health disparities in their states and identifying strategies to reduce of the inequitable burden of COVID-19 on communities of color and other marginalized populations. They issued recommendations across six key issue areas: equitable data practices, community engagement and inclusion, communication strategies, health care access, social determinants of health, and implementation.<sup>26</sup>

There were few statewide taskforce recommendations that addressed racial and ethnic health disparities through a healthy aging lens. Although nearly every task force identified age as a critical factor leading to adverse outcomes from COVID-19 and recommended the collection of data on COVID-19 outcomes by age, many of the recommendations from these task forces were generally applicable to all age groups, without a specific focus on the long-term health of the aging population. **However, a few task force recommendations that focused on aging populations stood out:**

- Indiana’s task force recognized the increased risk for families of frontline workers living in multigenerational housing.<sup>27</sup>
- Louisiana’s task force recognized the accumulating public health threats associated with the intergenerational transfer of impacts of racism, including laws and policies that limit opportunities to create generational wealth, and recommended the development of a comprehensive guide for best practices to address COVID-19 related isolation, grieving, and COVID-19 survivorship inclusive of older adults.<sup>28</sup>
- New Hampshire’s taskforce recommended strategies to decrease isolation for peoples of all ages and recommended removing older adults from correctional settings.<sup>29</sup>
- Ohio’s task force recommended actions to reduce unnecessary use of nursing homes, including a review of the number of Ohioans in congregate settings and consideration of policy changes that would allow older adults to receive supports and treatment at home rather than in a congregate setting.<sup>30</sup>

Task force recommendations to elevate the voices of impacted communities and increase partnership and collaboration with communities, while not age-specific, can also help promote healthy aging. These efforts should include healthy aging advocates and older adults that can help create awareness about health inequities, help design community solutions with an eye toward healthy aging, and are involved in community participatory research efforts. Older adults can also benefit from communications, like those recommended in Pennsylvania and Indiana, related to the confidentiality of personal information collected for health and social services, and assurances that individuals accessing health and social services during COVID-19 would not be penalized for accessing those services.

States should take special care to tailor implementation of task force recommendations to support healthy aging, including common task force recommendations related to social and economic supports, housing and food security, culturally and linguistically competent healthcare services and health literacy, the provision of trauma-informed care, bridging the digital divide, and increased access to testing, treatment, health insurance and vaccinations.





# GAPS AND OPPORTUNITIES





Through declarations of racism as a public health crisis, COVID-19 health equity task forces, and equity-focused legislation, state and local governments and other organizations have:

- recognized the intergenerational effects of racism and its effect on life expectancy and premature mortality;
- established frameworks to address the social determinants of health by improving access to health care, promoting wealth-building and financial stability, adopting a trauma-informed approach, reducing ACEs, and creating healthy environments; and
- identified specific solutions for individuals, public health and health care professionals, and institutions.

While the solutions offered reveal some gaps when it comes to health across the lifespan, they also are a starting point for opportunities to change law and policy to improve the systems that affect our health and well-being.

## Gaps

While all of the documents reviewed for this analysis address aspects of health across the lifespan, the lack of an explicit focus on aging means that there are some gaps. These include missed opportunities to:

- address health and racial equity using an intersectional approach,
- explore strategies to improve social cohesion as a component of age-friendly communities,
- identify the specific behavioral health needs of older adults, and
- address the changing accessibility of technology, transportation, housing, and food as people age.

WHEREAS, we cannot continue to ignore the widening gap locally and nationally of the trust between people who work in government and the people in the community they serve; and

WHEREAS, closing this gap requires that we address the underlying inequities that continue to divide our community along racial, social and economic lines, and work to build pathways for healing; and

WHEREAS, we recognize that we are at the beginning of a new nationwide and community conversation regarding race and the system that has been in place since 1615 which has created disequity and disadvantage;

– Portland, ME City Council Resolution



Vague language about commitments and next steps also could create a challenge for implementation. As communities move toward taking action and building on past efforts, they should be specific, transparent, and accountable to the public. They can also have a greater impact if there is intentional alignment and partnership across people and organizations that have made a commitment to addressing racism as a public health issue. Finally, while there are few direct commitments to develop action plans, communities can and should incorporate the recommendations in this report (refined by community feedback), into a comprehensive strategy that includes:

- educating partners and community members on the effects of racism on health throughout the life span,
- building individual and organizational capacity to implement recommended strategies,
- fostering coalitions and collective action, and
- mobilizing community members and other stakeholders to change law and policy.

## Opportunities

Despite the gaps, there are a number of key recommendations that can be implemented by partners across sectors to create and sustain healthier, more equitable communities. These recommendations are organized below using the **Framework for an Age-Friendly Public Health System**<sup>31</sup> that defines the role of public health in promoting older adult health and well-being. They are based on our analysis of common themes across declarations, task force reports, and equity-focused legislation.

### Connecting and convening multiple sectors and professions that provide the supports, services, and infrastructure to promote healthy aging.

- Ensure that advisory boards, committees, and similar groups have a representative that can speak to healthy aging and the needs of older adults. For example, representatives from organizations that provide aging supports and services (like Area Agencies on Aging and partners from Age-Friendly Communities) and impacted community members (like older adults, caregivers, and guardians).
- Align sectors and partners in pursuit of common objectives as part of a comprehensive racial equity action plan with an explicit focus on ways to promote equity at all life stages.
- Explore whether you have an age-friendly infrastructure. Define what that looks like for your community and identify what works and where there are gaps. For example, ensuring broadband access and digital skills trainings to improve access to essential services and social opportunities needed to support healthy aging.



**Coordinating existing supports and services to avoid duplication of efforts, identify gaps, and increase access to services and supports.**

- Develop an inventory of programs, services, and partners that promote and support healthy aging in your community and make this information publicly accessible.
- Review any reports and recommendations that have already been issued and develop an inventory of existing task forces, advisory boards, and committees engaged in work to promote health and racial equity and healthy aging. Identify what worked, what did not, and how to apply lessons learned to future efforts.
- Tailor implementation of declarations of racism a public health crisis and health equity task forces to the needs of community members at different ages and life stages, and across intersectional identities.

**Collecting data to assess community health status (including inequities) and aging population needs to inform the development of interventions.**

- Establish standards for the collection, use, and sharing of data across agencies, organizations, or systems. Use this data to develop a more complete picture of the health status of individuals, families, and communities from all of the touch points in the system that impact health and well-being at any age.
- Collect data for programs and services, health and population indicators, and social determinants of health by race and ethnicity, age, sexual orientation and gender identity, disability status and other demographic data.
- Develop organizational policies that guide the collection and use of data. Policies should address collecting data with a purpose — to inform future programming, investment, and policy decisions and to monitor the impact of those decisions on communities over time.
- Establish pathways for community members to engage in conversation about the collection and use of data about community health status, what the data mean, and how the data are used to shape community priorities and action.
- Don't just collect data — make it publicly available in a way that is culturally relevant, meaningful, accessible, and useful for all ages and abilities.

Ensure complete and regular availability of specific race and ethnicity data that documents the health inequities that exist in Framingham through collection, dissemination, and remedies for gaps in that data to strengthen our collective understanding. This should include data sharing between the Framingham Public Health Division and relevant agencies of the Commonwealth of Massachusetts.

– Framingham, MA Joint Order by the City Council and the Board of Health



**Conducting, communicating, and disseminating research findings and best practices to support healthy aging.**

- Normalize conversations about race and health across the life span by creating safe, inclusive spaces for these conversations to happen within and across organizations.
- Develop a communications strategy about efforts in your community to advance health and racial equity and how they can support healthy aging. Clearly identify the value of these efforts and how community members and other multi-sector partners can get involved.
- Identify laws, policies, and plans that impact health, assess their effects in your community, and communicate these findings to help inform decisions that will impact future interventions.
- Engage and mobilize community members and partners to identify community priorities and community-led solutions. Support people in the community to lead these conversations about what they value on the path to healthy aging.
- Communities that are considering issuing a declaration should engage in a collaborative process to draft the declaration with impacted community members and partners and tailor the declaration to reflect local interests and needs.

**Complementing and supplementing existing supports and services, particularly in terms of integrating clinical and population health approaches.**

- Invest in your workforce — assess workforce interests and needs related to health and racial equity work and then address gaps and build on successes.
- Establish training and/or licensure requirements for health equity, cultural competency, implicit bias, and aging-specific training areas (like Alzheimer’s disease and dementia).
- Expand training on the ways that law perpetuates and reinforces structural discrimination across the systems that impact health and well-being (the social determinants of health).
- Embed principles of justice, equity, diversity and inclusion into organizational operations and interactions.
- Ensure equitable access to healthcare services through actions like expanding telehealth and remedying practitioner shortages.
- Improve partnerships between health care and public health in identifying the needs of people across ages and races and collectively working to improve community health and well-being (for example, by leveraging the CHNA process and partnering on community investment strategies).

# CONCLUSION





This analysis illustrates a current opportunity to recognize the effects of racism throughout a person's life and across generations and embed healthy aging in efforts to promote racial equity. Declarations of racism as a public health crisis, along with recommendations from health equity task forces and equity-focused legislation, can be tools to address the social determinants of health, improve health outcomes, and reduce the longevity gap. Multi-sector partners can, and should, join together to establish common priorities and create a collective infrastructure to identify and implement policy recommendations that will advance health and racial equity across the lifespan. Any process should identify specific community engagement strategies to support age-friendly communities and policies that uplift community voices and expertise.

The success of efforts to create an age-friendly public health system depends on renewed investment in public health infrastructure.<sup>32</sup> However, it also depends on innovative investment in communities and strategic use of budgets as a policy tool. Countless partners from across sectors, communities, and identities have been involved in crafting, issuing, approving, and implementing declarations, health equity task force recommendations, and legislative requirements. Major funding commitments have been made by hospitals, health systems, insurers, professional associations, and corporate partners to advance racial equity. Collective action and strong cross-sector partnerships to leverage funding in pursuit of common objectives can mean greater impact on the health and well-being of people throughout their lives and across generations. Ultimately, health equity across the lifespan must be the framework and not just a goal.

# ABOUT THE NETWORK

The Network for Public Health Law provides visionary leadership in the use of law to protect, promote and improve health and health equity. We provide non-partisan legal technical assistance and resources, collaborating with a broad set of partners across sectors to expand and enhance the use of practical legal and policy solutions. We conduct research and analysis, provide strategic consultation and guidance, build capacity through skills and knowledge building training, and connect people to resources and expertise.

## SUGGESTED CITATION

Hunter, D. and Lawton, B. (April 2022). Racism as a Public Health Crisis — Perspectives on Healthy Aging. The Network for Public Health Law. [networkforphl.org/resources/racism-as-a-public-health-crisis-perspectives-on-healthy-aging](https://networkforphl.org/resources/racism-as-a-public-health-crisis-perspectives-on-healthy-aging)



# APPENDIX A

## Declarations of Racism as a Public Health Crisis

Declarations were only included in this analysis if an official source could be found and verified. Therefore, this list is not exhaustive. There are thirteen states where no declarations were introduced or adopted by any entity: Alabama, Alaska, Idaho, Kansas, Louisiana, Mississippi, Montana, New Hampshire, North Dakota, Rhode Island, South Carolina, South Dakota, and Wyoming. Finally, the declarations included in this analysis were reviewed before the legislative review was completed and, as a result, some state-level declarations were not included in this part of the analysis.

### CITIES AND TOWNS

|  |  |   |   |   |
|--|--|---|---|---|
| <b>Arkansas</b><br>Fayetteville  | Hamden<br>Manchester<br>Middletown   | <b>Maryland</b><br>Baltimore  | <b>Missouri</b><br>Kansas City  | <b>Oregon</b><br>Portland<br>Salem  |
| <b>California</b><br>Adelanto<br>Coachella<br>Fontana<br>Goleta<br>Indio<br>Long Beach<br>Los Angeles<br>Moreno Valley<br>Napa<br>Oxnard<br>Palm Springs<br>Redlands<br>Rialto<br>Riverside<br>San Bernardino<br>San Luis Obispo<br>Santa Barbara<br>Ventura | New Britain<br>New Haven<br>New London<br>Norwich<br>Old Saybrook<br>Simsbury<br>South Windsor<br>Stratford<br>West Hartford<br>West Haven<br>Westport<br>Windham<br>Windsor | <b>Massachusetts</b><br>Beverly<br>Boston<br>Cambridge<br>Chelsea<br>Frederick<br>Framingham**<br>Holyoke<br>Lexington<br>Longmeadow<br>Lowell<br>Malden<br>Medford<br>Revere**<br>Somerville<br>Springfield<br>Worcester | <b>North Carolina</b><br>Charlotte  | <b>Pennsylvania</b><br>Pittsburg  |
|  | <b>Delaware</b><br>Wilmington  |   | <b>New Jersey</b><br>Leonia<br>Montclair  | <b>Tennessee</b><br>Chattanooga<br>Memphis                                  |
|  | <b>District of Columbia</b><br>District of Columbia  |   | <b>New York</b><br>Saranac Lake   | <b>Texas</b><br>Austin<br>San Antonio                                       |
| <b>Colorado</b><br>Denver*   | <b>Florida</b><br>St. Petersburg   | <b>Maine</b><br>Portland  | <b>Ohio</b><br>Akron<br>Athens<br>Canal Winchester<br>Cincinnati<br>Cleveland<br>Columbus<br>Dayton<br>Lima<br>Piqua<br>Stow<br>Trotwood<br>Upper Arlington<br>Warren | <b>Virginia</b><br>Richmond   |
| <b>Connecticut</b><br>Bloomfield<br>Bridgeport<br>Easton<br>Farmington<br>Glastonbury  | <b>Indiana</b><br>Evansville<br>Indianapolis*  | <b>Michigan</b><br>East Lansing<br>Flint<br>Jackson<br>Pontiac<br>Port Huron  |   | <b>Vermont</b><br>Burlington*   |
|  | <b>Kentucky</b><br>Louisville  | <b>Minnesota</b><br>Minneapolis   | <b>Oklahoma</b><br>Ardmore  | <b>Washington</b><br>Bellingham   |
|  |  |   |   | <b>Wisconsin</b><br>Appleton<br>Cudahy<br>Green Bay<br>Madison<br>Milwaukee |
|  |  |   |   | <b>West Virginia</b><br>Wheeling  |

\* Joint Declaration: City and County

\*\* Joint Declaration: City and Board of Health

\*\*\* Joint Declaration: County and Board of Health

## COUNTIES

### California

Contra Costa County  
Mono County  
Riverside County  
Sacramento County  
San Bernardino County  
San Diego County  
Santa Barbara County  
Santa Clara County  
Santa Cruz County  
Ventura County  
Yolo County

### Colorado

Boulder County\*\*\*  
Denver County\*

### Florida

Hillsborough County  
Manatee County

### Georgia

DeKalb County  
Fulton County

### Illinois

Cook County

### Indiana

Marion County\*

### Maryland

Anne Arundel County  
Montgomery County  
Prince George County

### Michigan

Eaton County  
Genesee County  
Ingham County  
Kalamazoo County  
Washtenaw County

### Minnesota

Hennepin County  
Olmsted County

### North Carolina

Buncombe County  
Cabarrus County  
Durham County  
Mecklenburg County  
New Hanover County  
Orange County  
Pitt County  
Wake County

### Nevada

Clark County

### Ohio

Cuyahoga County  
Franklin County  
Hamilton County

Montgomery County  
Summit County

### Oregon

Lane County\*\*\*  
Multnomah County

### Pennsylvania

Allegheny County

### Tennessee

Shelby County

### Texas

Dallas County  
Harris County –  
Precinct One

### Vermont

Chittenden County\*

### Washington

Whatcom County

### Wisconsin

Dane County  
Kenosha County  
Milwaukee County  
Rock County

## LOCAL BOARDS, COMMISSIONS, DEPARTMENTS AND DISTRICTS

### California

City and County  
of San Francisco  
Health Commission  
San Francisco Human  
Rights Commission

### Colorado

Boulder County Bd.  
of Health\*\*\*  
Jefferson County Bd.  
of Health

### Georgia

Fulton County Bd.  
of Health

### Iowa

Linn County  
Public Health

### Illinois

Champaign School Bd.  
Peoria County Bd.  
of Health

### Indiana

St. Joseph County Bd.  
of Health

### Massachusetts

Framingham Bd.  
of Health\*\*  
Natick Bd. of Health  
Lowell Public Schools  
Revere Bd. of Health\*\*  
Shrewsbury Bd.  
of Health

### Michigan

Ferndale School Bd.  
Genesee County Bd.  
of Health  
Washtenaw County Bd.  
of Health

### North Carolina

Buncombe County  
Health & Human  
Services  
Chatham County Bd.  
of Health

### Nebraska

Douglas County Bd.  
of Health  
Lincoln-Lancaster  
County Bd. of Health

### Nevada

Southern Nevada  
Health District

### Ohio

Akron School District  
Butler County  
Health District  
Franklin County  
Public Health  
Canton City  
Health District

### Oregon

Lane County Bd.  
of Health\*\*\*

### Washington

Clark County Bd.  
of Health

Jefferson County Bd.  
of Health  
King County Bd.  
of Health  
Spokane County  
Regional Health  
District  
Snohomish  
Health District  
Tacoma-Pierce County  
Bd. of Health  
Thurston County Bd.  
of Health

### Wisconsin

Dane County  
Health Council

\* Joint Declaration: City and County

\*\* Joint Declaration: City and Board of Health

\*\*\* Joint Declaration: County and Board of Health

## STATES, LEGISLATURES AND STATEWIDE DEPARTMENTS

### **Colorado**

Colorado Dep't of  
Public Health &  
Environment

### **Minnesota**

Minnesota House  
of Representatives

### **Utah**

Utah House of  
Representatives

### **Michigan**

Michigan Governor  
Michigan Legislature

### **Nevada**

State of Nevada  
Nevada Senate

### **Virginia**

State of Virginia

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## ASSOCIATIONS AND ORGANIZATIONS

### **Arizona**

Arizona Public  
Health Association

Southern California  
Association of  
Governments

### **New York**

Greater Rochester  
Black Agenda Group

### **California**

California County  
Associations  
California Directors of  
Public Health Nursing  
County Health  
Executives of  
California

### **Maryland**

Maryland Medical  
Society

### **Utah**

Utah Hospital  
Association

### **North Carolina**

North Carolina  
Healthcare  
Association

### **Wisconsin**

Wisconsin Public  
Health Association

# APPENDIX B

## Legislation Reviewed for this Analysis by Category of Legislation as Described in the Legislative Trends Section

| CATEGORY                                 | EXAMPLE  |
|--|--|
| Task forces and interagency coordination | <b>Delaware</b><br>Bill Number: Senate Concurrent Resolution 44 (2021)<br>Title / Summary: Creating an aging-in-place working group to develop recommendations related to home and community-based services.   |
|  | <b>Massachusetts</b><br>Bill Number: Senate Bill 1276 (2021)<br>Title / Summary: Addressing barriers to care for mental health.  |
|  | <b>Maine</b><br>Bill Number: House Bill 1547 (2021)<br>Title / Summary: An Act to promote intergovernmental coordination regarding age-friendly state initiatives.   |
|  | <b>Minnesota</b><br>Bill Number: Senate Bill 1786 (2021)<br>Title / Summary: Age-Friendly Minnesota Council establishment.<br><br>Bill Number: House Bill 1807 (2021)<br>Title / Summary: Age-Friendly Minnesota Council establishment, and report required.   |
|  | <b>New Jersey</b><br>Bill Number: Assembly Bill 1124 (2020)<br>Title / Summary: Establishes “Planning for an Aging Population Task Force.”<br><br>Bill Number: Assembly Bill 4422 (2020)<br>Title / Summary: Establishes “Alzheimer’s and Dementia Care Long-Term Planning Commission” in DHS.<br><br>Bill Number: Assembly Bill 5586 (2021)<br>Title / Summary: Establishes permanent Age-Friendly State Advisory Council in DHS. |
|  | <b>Texas</b><br>Bill Number: House Bill 4572 (2021)<br>Title / Summary: Relating to the statewide interagency aging services coordinating council.   |
|  |  |

| CATEGORY               | EXAMPLE   |
|------------------------|---|
| Education and training | <b>Illinois</b><br>Bill Number: Senate Bill 701 (2021)<br>Title / Summary: An Act concerning aging.   |
|                        | <b>Iowa</b><br>Bill Number: House Bill 466 (2021)<br>Title / Summary: An act requiring implicit bias training for health-related professionals. |



| CATEGORY               | EXAMPLE  |
|------------------------|--|
| Education and training | <p><b>Missouri</b><br/> Bill Number: House Bill 937 (2021)<br/> Title / Summary: Requires certain health care professionals to complete two hours of cultural competency training as a condition of licensure.</p>   |
|                        | <p><b>Nevada</b><br/> Bill Number: Senate Bill 341 (2021)<br/> Title / Summary: An Act relating to racial equity, revises provisions relating to health care.</p>  |
|                        | <p>Bill Number: Assembly Bill 327 (2021)<br/> Title / Summary: An Act relating to mental health; requiring certain mental health professionals to complete continuing education concerning cultural competency and diversity, equity and inclusion; and providing other matters properly relating thereto.</p> |
|                        | <p><b>New York</b><br/> Bill Number: Senate Bill 5055 (2021)<br/> Title / Summary: Establishes a model racial equity, social justice, and implicit bias training program.</p>  |
|                        | <p><b>Ohio</b><br/> Bill Number: House Bill 23 (2021)<br/> Title / Summary: A bill to require emergency medical service personnel and peace officers to undergo dementia-related training.</p>   |
|                        | <p><b>Pennsylvania</b><br/> Bill Number: House Bill 1082 (2021)<br/> Title / Summary: An Act establishing an education program to assist in the early detection and diagnosis of Alzheimer's disease or a related disorder.</p>  |
|                        | <p><b>Washington</b><br/> Bill Number: Senate Bill 5228 (2021)<br/> Title / Summary: Addressing disproportionate health outcomes by building a foundation of equity in medical training.</p>   |
|                        | <p>Bill Number: Senate Bill 5229 (2021)<br/> Title / Summary: Concerning health equity continuing education for health care professionals.</p>   |

| CATEGORY                      | EXAMPLE  |
|-------------------------------|--|
| Social determinants of health | <p><b>California</b><br/> Bill Number: Senate Bill 591 (2021)<br/> Title / Summary: Senior citizens: intergenerational housing developments.</p>   |
|                               | <p><b>Connecticut</b><br/> Bill Number: Senate Bill 817 (2021)<br/> Title / Summary: An Act concerning senior centers and senior crime prevention education.</p>   |
|                               | <p><b>New York</b><br/> Bill Number: Senate Bill 3006 and Assembly Bill 3531 (2021)<br/> Title / Summary: An Act to amend the private housing finance law, in relation to establishing the affordable senior housing and services program.</p> |
|                               | <p>Bill Number: Assembly Bill 7158 (2021)<br/> Title / Summary: An Act to amend the elder law, in relation to establishing an intergenerational educational and mentoring service program.</p>   |

| CATEGORY                      | EXAMPLE  |
|-------------------------------|--|
| Social determinants of health | <b>Rhode Island</b><br>Bill Number: House Bill 5642 and Senate Bill 264 (2021)<br>Title / Summary: Relating to financial institutions – the Elder Adult Financial Exploitation Prevention Act. |
|                               | <b>Virginia</b><br>Bill Number: Senate Bill 1366 and House Bill 1805 (2021)<br>Title / Summary: Aging services; economic and social need.  |
|                               | <b>Vermont</b><br>Bill Number: House Bill 315 (2021)<br>Title / Summary: An act relating to COVID-19 relief.   |

| CATEGORY                  | EXAMPLE  |
|---------------------------|--|
| Intergenerational poverty | <b>Alaska</b><br>Bill Number: House Resolution 8 (2021)<br>Title / Summary: Poverty and Opportunity Task Force.  |
|                           | <b>Minnesota</b><br>Bill Number: Senate Bill 9 (2021)<br>Title / Summary: Omnibus jobs and economic growth finance and policy bill.  |
|                           | <b>New Jersey</b><br>Bill Number: Assembly Bill 2288 (2020)<br>Title / Summary: “New Jersey Intergenerational Poverty Reduction Act.”  |
|                           | <b>New York</b><br>Bill Number: Senate Bill 777 (2021)<br>Title / Summary: An Act to amend the social services law, in relation to enacting the intergenerational poverty mitigation act.  |
|                           | <b>Pennsylvania</b><br>Bill Number: Senate Bill 468 (2021)<br>Title / Summary: An Act providing for the study of intergenerational poverty; establishing the intergenerational poverty tracking system, the Interagency Workgroup on Poverty and Economic Insecurity and the Pennsylvania Commission on Poverty Elimination and Economic Security; and providing for a strategic plan, for reports and for duties of the Department of Human Services and the Secretary of the Budget. |
|                           | <b>Utah</b><br>Bill Number: House Bill 309 (2021)<br>Title / Summary: Intergenerational Poverty Work and Self-sufficiency Tax Credit.<br><br>House Bill 125 (2021)<br>Title / Summary: Intergenerational Poverty Solution.   |
|                           | <b>West Virginia</b><br>Bill Number: House Bill 3278 (2021)<br>Title / Summary: Establishing the Intergenerational Poverty Task Force.   |

| CATEGORY                             | EXAMPLE  |
|--------------------------------------|--|
| Health equity and health care access | <p><b>Colorado</b><br/>           Bill Number: Senate Bill 158 (2021)<br/>           Title / Summary: Increase Medical Providers for Senior Citizens.</p> <p><b>Connecticut</b><br/>           Bill Number: Senate Bill 1 (2021)<br/>           Title / Summary: An Act equalizing comprehensive access to mental, behavioral and physical health care in response to the pandemic.</p> <p><b>Illinois</b><br/>           Bill Number: House Bill 158 (2021)<br/>           Title / Summary: An Act concerning health.</p> <p><b>Minnesota</b><br/>           Bill Number: House Bill 33 (2021)<br/>           Title / Summary: Omnibus health and human services bill.</p> <p><b>Vermont</b><br/>           Bill Number: House Bill 210 (2021)<br/>           Title / Summary: An act relating to addressing disparities and promoting equity in the health care system.</p> <p><b>Washington</b><br/>           Bill Number: Senate Bill 5173 (2021)<br/>           Title / Summary: Supporting measures to create comprehensive public health districts.</p> <p><b>Washington, DC</b><br/>           Bill Number: Council Bill 240001 (2020)<br/>           Title / Summary: Comprehensive Plan Amendments Act of 2020.</p> |

| CATEGORY                         | EXAMPLE   |
|----------------------------------|---|
| Racism as a public health crisis | <p><b>Arizona</b><br/>           Bill Number: Senate Concurrent Resolution 1017 (2021)<br/>           Title / Summary: Proclaiming racism to be a public health crisis and affirming a commitment to end racism and improve health outcomes in communities of color.</p> <p><b>Connecticut</b><br/>           Bill Number: Senate Bill 1 (2021)<br/>           Title / Summary: An Act equalizing comprehensive access to mental, behavioral and physical health care in response to the pandemic.</p> <p><b>Georgia</b><br/>           Bill Number: House Resolution 78 (2021)<br/>           Title / Summary: A resolution declaring racism a public health crisis in Georgia.</p> <p><b>Hawaii</b><br/>           Bill Number: House Concurrent Resolution 112 and Senate Concurrent Resolution 140 (2021)<br/>           Title / Summary: Declaring racism a public health crisis.</p> <p><b>Indiana</b><br/>           Bill Number: House Bill 1390 (2021)<br/>           Title / Summary: Task force to combat racism as a health crisis.</p> |

| CATEGORY                         | EXAMPLE   |
|----------------------------------|---|
| Racism as a public health crisis | <p><b>Kentucky</b><br/>           Bill Number: House Joint Resolution 40 (2021)<br/>           Title / Summary: A joint resolution declaring racism a public health and safety crisis and demanding redress.</p>  |
|                                  | <p><b>Missouri</b><br/>           Bill Number: House Concurrent Resolution 14 (2021)<br/>           Title / Summary: Urges specific actions to address the public health crisis caused by systemic racism and greatly magnified by the COVID-19 pandemic in Missouri.</p>   |
|                                  | <p><b>Nevada</b><br/>           Bill Number: Senate Concurrent Resolution 5. (2021)<br/>           Title / Summary: Urging certain actions to address the public health crisis caused by systemic racism and greatly magnified by the COVID-19 pandemic in Nevada.</p>  |
|                                  | <p><b>New Jersey</b><br/>           Bill Number: Assembly Resolution 175 and Senate Resolution 127 (2020)<br/>           Title / Summary: Declares racism a public health crisis in New Jersey</p>  |
|                                  | <p><b>New York</b><br/>           Bill Number: Senate Bill 2987 and Assembly Bill 5679 (2021)<br/>           Title / Summary: Declares racism a public health crisis; establishes a working group within the department of health to promote racial equity throughout the state and address issues related to racism as a public health crisis.</p> |
|                                  | <p><b>Ohio</b><br/>           Bill Number: Senate Concurrent Resolution 4 and House Concurrent Resolution 6 (2021)<br/>           Title / Summary: To declare racism a public health crisis and to ask the Governor to establish a working group to promote racial equity in Ohio.</p>  |
|                                  | <p><b>Oregon</b><br/>           Bill Number: House Resolution 6 (2021)<br/>           Title / Summary: Declaring racism to be a public health crisis in this state.</p>   |
|                                  | <p><b>Tennessee</b><br/>           Bill Number: House Joint Resolution 10 (2021)<br/>           Title / Summary: Recognizes racism as a public health threat.</p>   |
|                                  | <p><b>Utah</b><br/>           Bill Number: House Joint Resolution 13 (2021)<br/>           Title / Summary: Joint resolution declaring racism a moral and public health crisis.</p>   |
|                                  | <p><b>Vermont</b><br/>           Bill Number: House Joint Resolution 6 (2021)<br/>           Title / Summary: Joint resolution relating to racism as a public health emergency.</p>   |
|                                  | <p><b>Virginia</b><br/>           Bill Number: House Joint Resolution 537 (2021)<br/>           Title / Summary: Recognizing that racism is a public health crisis in Virginia.</p>   |
|                                  | <p><b>Washington, DC</b><br/>           Bill Number: Council Resolution 230990 (2020)<br/>           Title / Summary: To declare the sense of the Council to declare racism a public health crisis in the District of Columbia.</p>   |
|                                  | <p><b>Wisconsin</b><br/>           Bill Number: House Joint Resolution 8 (2021)<br/>           Title / Summary: Proclaiming that racism and racial inequity constitute a health crisis in Wisconsin.</p>  |



| CATEGORY    | EXAMPLE   |
|-------------|---|
| Other bills | <p><b>California</b><br/> Bill Number: Assembly Bill 133 (2021)<br/> Title / Summary: Comprehensive health changes.</p> <p>Bill Number: Assembly Bill 1117 (2021)<br/> Title / Summary: Healthy Start: Toxic Stress and Trauma Resiliency for Children Program.</p> <p><b>Connecticut</b><br/> Bill Number: House Bill 6034 (2021)<br/> Title / Summary: An Act concerning Project Longevity.</p> <p><b>Illinois</b><br/> Bill Number: House Resolution 60 (2021)<br/> Title / Summary: Trauma-informed care support.</p> <p><b>Maryland</b><br/> Bill Number: House Bill 548 and Senate Bill 299 (2021)<br/> Title / Summary: Establishing the Commission on Trauma-Informed Care to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that impact children, youth, families, and older adults; ...</p> <p><b>Massachusetts</b><br/> Bill Number: House Bill 3953 (2021)<br/> Title / Summary: An Act promoting resilience and community healing to mitigate adverse childhood and community experiences.</p> <p><b>New Jersey</b><br/> Bill Number: Senate Bill 1926 (2020)<br/> Title / Summary: Establishes certain requirements concerning rights of lesbian, gay, bisexual, transgender, questioning, queer, intersex, and HIV-positive residents of long-term care facilities.</p> <p>Bill Number: Assembly Bill 1058 and Senate Bill 3552 (2020)<br/> Title / Summary: Requires discrimination prevention training for certain providers of services to senior citizens.</p> <p><b>North Dakota</b><br/> Bill Number: Senate Bill 2305 and House Bill 1488 (2021)<br/> Title / Summary: An Act to create and enact a new section to chapter 14-02.4 of the North Dakota Century Code, relating to the creation of the truth, healing, and reconciliation commission.</p> <p><b>Pennsylvania</b><br/> Bill Number: House Bill 836 and Senate Bill 437 (2021)<br/> Title / Summary: An Act establishing the LGBTQ Senior Community Grant Program; conferring powers and imposing duties on the Department of Aging; and making an appropriation.</p> |

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