



MECHANISMS FOR ADVANCING HEALTH EQUITY

Issue Brief

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

April 2022

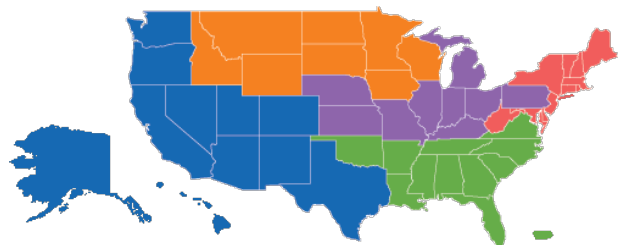
Introduction

In summer 2020, 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, over [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. Most resolutions were issued between June and November 2020, following the murder of George Floyd. Approximately 30 new resolutions were introduced or enacted in 2021.

These resolutions and formal statements are an important 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 third 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 Eastern Region is in red. 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). This brief 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 **specific issues**, 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.

Cities and counties within a state will often have similar resolutions and [templates and toolkits](#) exist to help guide community members and policymakers in designing, issuing, and implementing 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 specific 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 Eastern Region



The Eastern Region of the Network includes Connecticut, Delaware, the District of Columbia, Maine, Maryland, Massachusetts, New Jersey, New York, New Hampshire, Rhode Island, Vermont, and West Virginia. To date, there are 66 resolutions in 11 states. Notably, Connecticut had the most resolutions issued for the region, followed by Massachusetts (see the table of resolutions at the end of the issue brief). There are no resolutions in New Hampshire.

States have also acted through legislation ([New York](#) and [Connecticut](#)) and Executive Order ([Vermont](#)) to declare racism a public health crisis. In 2021, the Massachusetts legislature introduced ([H.2400](#)), and in 2022, the New Jersey Assembly introduced [Assembly Resolution 53](#), both of which declare racism a public health crisis.

About half of the jurisdictions issued a short resolution making a commitment to address racism in impacted communities with minimal details, simply acknowledging that racism is a public health crisis with no further action indicated. The other half included more detailed commitments in their resolutions such as implementing various strategies, task force teams, and accountability strategies to combat the crisis.

The length of the resolution is not as significant as the action proposed to support its implementation. For example, the operative portion of the resolution from Burlington, VT is only three sentences, but recognizes various issues and social determinants of health throughout the resolution, such as housing, as ways to combat racism as a public health crisis, especially by illustrating the extensive racial disparities observed during the COVID-19 pandemic.

Colchester, CT rescinded their initial resolution that declared racism a public health crisis once a new town selectman took position and replaced it with a resolution discouraging the term “racism,” entirely, as to not tarnish the city’s reputation and promote that the town may be racist. Such a change may detrimentally harm communities impacted by racism and illustrates the important role leadership plays.

Finally, 33 of 65 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 the resolutions in this region (52 of 65) include language related to organizational policies or practices. A few exceptions include Anne Arundel County and Baltimore, MD, Burlington, VT, and Chicopee and Cambridge, MA. All 52 that do contain this language reflect a commitment to assessing or reviewing policies to ensure or promote racial equity, and 34 specifically reference policies related to hiring, promotion, leadership appointments, or funding.

Seven of the resolutions commit to assessing policy either using an equity lens or a diversity, equity, and inclusion lens (Beverly, Boston, Framingham, and Medford, MA, Washington, DC, Norwich, CT, and New York City’s Board of Health)); considering racial impact (Vermont); or prioritizing racial equity (Simsbury, CT).

Holyoke, MA promotes the use of racial equity tools and specifically references the need to create a Racial Equity Public Health Professional position within the Holyoke BOH with the responsibility of collecting and reviewing data on the disparity of public health outcomes for people of color and developing public health plans with community partners to address those challenges.

Other common commitments:

- Twenty-three resolutions contain reference to education or [educational activities to understand and address the effects of racism](#) (Bloomfield, Bridgeport, Easton, Hamden, Manchester, New Britain, New Haven, Old Lyme, Old Saybrook, Simsbury, Stratford, West Hartford, West Haven, Westport, and Windsor, CT, Washington, DC, Leonia Borough, NJ, Wheeling, WV, Montgomery and Prince George’s Counties, MD, Frederick, Lexington, and Somerville, MA).

- Thirty resolutions contain reference to some variation of identifying specific activities to increase diversity and incorporate anti-racism principles across leadership, staffing, or contracting (South Windsor, CT and Saranac Lake Village, NY emphasized the importance of this reference on police and law enforcement).
- Twenty-two resolutions include a commitment to advocate for policies that improve health for communities of color (Albany County Health Commission, and New York City, NY, Bridgeport, Easton, Hamden, Manchester, New Haven, New Britain, New London, Old Lyme, Old Saybrook, Stratford, Windham, and Windsor CT, Framingham, Longmeadow, and Worcester City, MA, King County, VT, Leonia Borough, NJ, Montgomery County and Prince George's County, MD, Portland, ME).
- Eighteen resolutions contain a commitment to creating an "equity and justice oriented" organization or governance structure (Bloomfield, Bridgeport, Hamden, Manchester, New Haven, New Britain, New London, Old Lyme, Old Saybrook, Simsbury, Stratford, West Hartford, Westport, and Windham, CT, King County, VT, Lexington, and Somerville, MA, and Montgomery County, MD).
- Seventeen resolutions promote or encourage racial equity training (Connecticut General Assembly, Frederick, and Somerville, MA, Leonia Borough, NJ, Middletown, Old Saybrook, Simsbury, Stratford, West Hartford, West Haven, Westport, and Windsor CT, Montgomery County and Prince George's County, MD, Saranac Lake Village, and New York City, NY, Wheeling, WV, and Wilmington, DE).


Organizational Policy or Practice is the lead category because nearly all 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 a systemic problem requiring systemic solutions.

Partnerships and Collaboration

Thirty-six resolutions specifically use the words "partnership," "collaboration," or "alliance," and make general commitments to working with others to address systemic racism. While several resolutions name specific partners or organizations, none of the resolutions include a partnership with the National Association of Counties in identifying policies that improve health in communities of color.

Several resolutions reference partnerships with organizations, such as Black Lives Matter (Farmington and South Windsor, CT, and Cambridge, MA, Warren, RI), Black Mamma's Matter (Allegheny County, NY), and Say Her Name (Warren, RI).

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. Twenty-eight resolutions contain a commitment to engage actively and authentically with communities of color (New York City BOH, and Albany County Health Commission, NY, Anne Arundel County and Montgomery County, MD, Bloomfield, Bridgeport, Easton, Hamden, Manchester, New Haven, New London, Norwich, Old Lyme, Old Saybrook, Simsbury, Windham, Windsor, and Chelsea, CT, the Connecticut General Assembly,



Washington, DC, Framingham, Lexington, Medford, and Worcester City, MA, King County, VT, Leonia Borough, Montclair, and New Britain, NJ, and Portland, ME).

Saranac Lake Village, NY and **Somerville, MA** specifically mention their partnership with their police departments. Saranac Lake Village's Board of Trustees collaborated with the police department to denounce and mourn the death of George Floyd. Specifically, it denounces police brutality and reaffirms the commitment to advancing a police force culture that emphasizes de-escalation of physical force to promote peaceful and unbiased resolutions to all conflicts.

Three resolutions stand out for their commitment to engaging, collaborating with, and building the capacity of communities – Prince George's County, MD, Cambridge, MA, and Windsor, CT.

- **Prince George's County, MD** emphasizes law enforcement reform by mitigating the use of force and implementing a County Public Safety Leadership Mentoring program.
- **Cambridge, MA** vows to work with the Cambridge Public Health Department, NAACP Cambridge Branch, and the Cambridge African American Heritage Alliance to combat racism.
 - On April 13, 2020, the City Council passed a policy to form an advisory committee to review the impact of the pandemic on local communities of color, to propose the ways to better disseminate information and resources to those communities and collect data on the hardest hit neighborhoods to reduce infection rates and improve recovery rates during the pandemic.
- **Windsor, CT**
 - “Further work to solidify alliances and partnerships with other organizations that are confronting racism and encourage other local, state, regional and national entities to recognize racism as a public health crisis.”
 - “Support community efforts to amplify issues of racism and engage actively and authentically with communities of color wherever they live.”


Other resolutions mention partnerships with community members (Albany, NY), local art committees (Portland, ME), and local Racial Justice Commissions (Middletown, CT and New York City, NY). All jurisdictions should 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.

Twenty-eight resolutions reference issuing reports to assess progress (Bloomfield, Bridgeport, Glastonbury, Hamden, Old Saybrook, Old Lyme, New Britain, New Haven, Norwich, Middletown, South Windsor, Stratford, West Haven, Westport, Windham, and Windsor, CT, Connecticut General Assembly, Everett, Frederick, Lexington, Manchester, Medford, Town of Lexington, and Worcester City, MA, Montgomery County, MD, New York City BOH and the New York State Assembly, Portland, ME) and fourteen resolutions reference creating task force teams in order to capitalize on opportunities to achieve racial equity, or inform meaningful action steps (Albany County Health Commission, and New York City BOH, New York City, New York State Assembly, Connecticut General Assembly, Farmington, Hamden, Glastonbury, Middletown, and South Windsor, CT, Boston, Holyoke, Frederick, and Longmeadow, MA, and Portland, ME).

Thirty resolutions use the phrase “identify clear goals and objectives” (Bloomfield, Beverly, Bridgeport, Glastonbury, Hamden, Manchester, New Haven, New London, Norwich, Old Lyme, Simsbury, South Windsor, Stratford, West Hartford, West Haven, Westport, Windham, and Windsor, CT, Connecticut General



Assembly, Wilmington, DE, Boston, Framingham, Lexington, Somerville, Springfield, and Worcester City, MA, Prince George's County and Montgomery County, MD, New York City BOH, and New York State Assembly).

Two resolutions identify a target date for the completion of a plan or report (New York State Assembly and Connecticut General Assembly).

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

- Develop and implement under a partnership with the City's existing COVID-19 task force(s), an equity plan that outlines detailed objectives and measurable goals in which the City will focus on root causes of the inequities that cause disparities in health outcomes for their residents.
- Develop policy and practice solutions that work to dismantle the systemic racism such as using a "health equity in all policies" approach to evaluate current policies and practices and ensure access to data to drive equitable policy and practice development.
- Conduct ongoing and enhanced analysis using all available data to understand the complexity of the interconnectedness of societal, environmental, and behavioral factors that contribute to the impact of racism on access to those resources that promote good health including good jobs, access to healthy and affordable food and housing, equitable transportation options, and excellent public education. This includes a more comprehensive understanding of racism and its impact on violence in the community both as a direct correlation to its existence and the impact that it creates on the overall health of people and the community at large.
- Develop direct service programs and services to address the negative impact that these inequities have had on specific populations as well as programs that empower communities to tackle these systemic barriers.
- Advocate at the state and federal level for policies and funding opportunities that directly combat systemic racism.


Norwich, CT is another good example of including multiple accountability measures: The City has committed to:

- Promote access to data to drive equitable policies and a review of current policies and practices through a "racial equity lens."
- Develop a "Norwich Health Equity" plan, in partnership with the Uncas Health District, that outlines detailed objectives and measurable goals in which the City will focus on root causes of the inequities that cause disparities in health outcomes for their residents.
- Conduct all human resources, vendor selection, and grant management activities with a racial equity lens including reviewing all internal policies and practices such as examinations, hiring, promotions, leadership appointments, and funding.
- Encourage community partners and stakeholders in the education, employment, housing, criminal justice, and safety arenas to recognize racism as a public health crisis and to implement portions or all of the resolution.
- Identify clear goals and objectives, including specific benchmarks, to assess progress and capitalize on opportunities to further advance racial equity and report semi-annually to the city council on the progress of these goals.

Other examples from the region that are noteworthy include:

- **Portland, ME** establishing a Racial Equity Steering Committee with 9-13 members appointed by the Mayor and City, including a range of stakeholders such as public schools, public safety, education, employment, healthcare, and community organizers.
- **Glastonbury, CT** establishing a Commission on Racial Justice and Equity, composed of nine members who will conduct surveys and hold hearings to combat and dismantle systemic racism.
- **Colchester, CT** - Upon appointment of a new town selectmen, the city retracted the plan of action set forth by the former leader to dismantle systemic racism in the town, and instead put out a new resolution about how the town should not put forth resolutions that draw attention to the town being viewed as racist.

States have also established leadership positions and committees aimed at improving health equity. In Rhode Island, [The Select Commission on Race and Police-Community Relations Act](#) requires the commission to study and recommend changes needed to statutes, ordinances, institutional policies, procedures,



and practices deemed necessary to reduce racism. In 2018, Vermont created the [Executive Director of Racial Health Equity](#) position to collaborate with state agencies and improve activities to combat systemic racial disparities and measure progress towards fair and impartial governance. Vermont also established the [Health Equity Advisory Commission](#), to promote health equity and eradicate health disparities. Further, Vermont requires its [health-related data be responsive to health equity](#) by disaggregating the data used by the Vermont Department of Health to measure the impact of actions taken to reduce health disparities over time. In 2021, DC established its [Office of Racial Equity](#) and the [Commission on Racial Equity, Social Justice, and Economic Inclusion](#), tasked with establishing a Racial Equity Program to produce racial equity training materials, provide ongoing racial equity training for Council staff, and include a protocol for conducting Racial Equity Impact Assessments on legislation. Also in 2021, Connecticut passed [An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic](#), which increased recruitment and retention of healthcare workers of color, established a gun violence intervention and prevention committee, improved demographic data collection, and created a [Commission on Racial Health Equity in Public Health](#) to determine [best practices for state agencies regarding structural racism](#) and develop a [comprehensive strategic plan](#) to eliminate health disparities across sectors, while addressing the incorporation of health equity into specific policies, programs and government decision-making processes.

Issue Focus


As previously mentioned, most resolutions came in response to the 2020 murder of George Floyd. Several resolutions (D.C., Longmeadow, MA, Warren, RI) included names of people of color killed by police. Warren, Rhode Island also discussed the ‘pyramid of hate.’

Some resolutions identify specific issues or areas of focus as part of addressing racism as a public health crisis. Two reference Adverse Childhood Experiences (ACEs), which are linked to chronic illness, substance misuse, and mental health problems in adulthood (Montgomery County, MD and Leonia Borough, NJ). Twenty-eight reference public safety or policing (Connecticut General Assembly, Washington, DC, Easton, Glastonbury, Hamden, Middletown, New London, Norwich, Old Saybrook, Simsbury, Stratford, West Hartford, West Haven, Windham, and Windsor, CT, Everett, Framingham, Holyoke, Longmeadow, Lowell, Medford, Natick, Shrewsbury BOH, Somerville, and Worcester City, MA, Portland, ME, and Prince George’s County, MD).

Prince George’s County, MD emphasizes the negative effects of police brutality and an on-going commitment to review and revise criminal justice policies, procedures, and practices, such as banning chokeholds/strangleholds, requiring de-escalation, warning before shooting, exhaustion of all alternatives before shooting, establishing a duty to intervene, banning shooting at moving vehicles, requiring comprehensive reporting, and investigating all use-of-force complaints.

In the June 2020 analysis, only 3 of 24 resolutions specifically referenced data, while 9 of 21 resolutions referenced data in the Southeastern Region update in April 2021. In the Eastern Region to date, 33 of 66 resolutions reference the use of data to drive changes in policy and decision-making, inform evidence-based interventions, illustrate health disparities, or track progress (Bloomfield, Bridgeport, Easton, Glastonbury, Hamden, Hartford, Manchester, New Britain, New Haven, New London, Norwich, Old Lyme, Old Saybrook, Simsbury, West Hartford, West Haven, Windham, and Windsor, CT, Connecticut’s General Assembly, D.C., Beverly, Boston, Framingham, Frederick, Holyoke, Lexington, Natick, and Worcester City, MA, Portland, ME, NYC’s Board of Health, Burlington, and King County, VT, and Vermont.).

Other references include recognizing Juneteenth as a holiday (Holyoke, MA and Portland, ME), trauma or community stress (Bloomfield, CT and Prince George’s County, MD), and [health in all policies](#) (Bloomfield, Old Saybrook, Simsbury, West Haven, Windham and Windsor, CT, Portland, ME, Prince George’s County, MD, Somerville and Worcester City, MA). Twenty-six resolutions reference the social determinants of health or specifically list them out (Beverly, Boston, Chelsea, Framingham, Holyoke, Lowell, Medford, Shrewsbury BOH, Somerville, and Worcester City, MA, Connecticut General Assembly,



Middletown, Norwich, Simsbury, South Windsor, West Hartford, West Haven, Windham, and Windsor, CT, King County, VT, New York City BOH, New York City, Portland, ME, Prince George County, MD, Wheeling, WV, and Wilmington, DE).

Importantly, the Eastern Region's resolutions include more historical context compared to other regions.

- [New Jersey's](#) Assembly Resolution begins by recognizing that historically and systemically disadvantaged groups experience deep-seated problems today, more than 150 years after slavery ended, and 50 years after the civil rights movement.
- [Wilmington, DE](#) specifically notes that beginning in 1619, the newly formed United States of America relied on Black slave labor to build the foundations of this country and earn capital for White Americans until the ratification of the 13th amendment in 1865; followed by continued political efforts to disenfranchise Black Americans, like Jim Crow Laws, President Roosevelt's New Deal, and discriminatory housing practices.
- [Portland, ME](#) acknowledges that during its first 45 years of statehood it was governed by rules that allowed slavery and the last 400 years have allowed preferential opportunity to some while subjecting people of color to hardship and disadvantage in all areas of life.
- [Prince George's County, MD](#) recognizes the impact institutional racism has on employment, housing, education, chronic conditions, and other social determinants of health. The resolution also recognizes the historical contexts specific to Prince George's County, which had the largest population of enslaved persons in Maryland. Additionally, the resolution notes an 18-year delay for integration of the local school system after *Brown v. Board of Education*.

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: None of the Eastern Region resolutions specifically mentions a position or specific person that is responsible for funding related matters. Portland, ME mentions a Racial Equity Steering Committee and a city council working group to generate funding.


Funding or Resources: Fourteen resolutions state that they will secure, commit, or pursue the funding or resources to address systemic racism (Beverly, Boston, Chelsea, Framingham, Frederick, Holyoke, Lowell, and Somerville, MA, King County, VT, New York City BOH, and New York City, NY, New York State Assembly, Norwich, CT, Portland, ME, and Warren, RI).

[Lowell, MA](#) declares it will strive to direct funds from grants and other resources towards organizations owned and operated by minority community members. Additionally, the city seeks to establish a fund to raise from community members and organizations to augment efforts to curb social injustice and assist minority communities.

Call to Action

Thirty-one resolutions contain a statement of support or encouragement of other state, local, and national leaders to also recognize racism as a public health crisis. Several jurisdictions (Hamden, CT, Boston, Chelsea, Framingham, Holyoke, and Somerville MA, Burlington City, VT, and the State of Vermont) declared this matter as an emergency. Declaring racism a public health emergency gives some localities more authority to act. For example, [Boston officials](#) may not spend more money than is allocated, *except in cases of extreme emergency*. Broad commitment and alignment of efforts can have a greater impact on making systemic changes.

The [New York](#) bill recognizes this by combining and encouraging community partners and stakeholders from various groups such as lawmakers, health commissioners, and political state leaders, to also recognize racism as a public health crisis. New York aims to establish a racial equity working group consisting of the state commissioner of health and their designee, one member appointed by the state commissioner of health, two members appointed by the



governor, one member appointed by the speaker of the assembly, one member appointed by the temporary president of the senate, one member appointed by the minority leader of the assembly, and one member appointed by the minority leader of the senate.


This group will work to:

- Analyze methods for community engagement and tools for government agencies
- Engage with communities of color regarding healthcare services
- Form partnerships to eliminate racial or ethnic disparities in education, employment, housing, and criminal justice
- Implement measures to promote racially equitable hiring and promotion of employees, including in healthcare
- Support local, state, regional, and federal initiatives that advance efforts to reduce or eliminate racism
- Implement measures to expand understanding of racism and how racism affects individual and population health
- Secure adequate resources to successfully accomplish the activities
- Study social determinants of health and how they impact health, mental health, and educational and career opportunities

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 professional associations, health care entities, and institutes of higher education. The American Medical Association, the American Academy of Pediatrics, the American College of Physicians, and the American Public Health Association have all formally declared that, along with COVID-19, racism is a public health issue, and called upon the CDC and other leading health organizations to study the public health effects of racism, violence between law enforcement officers and Black communities, and the health, economic, education, and legal disparities rooted in a history of unequal treatment in racially marginalized communities. 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 health disparities. In the Eastern Region, several institutions have issued statements or pledged action:


- In Massachusetts, the Lowell School Committee passed a resolution to declare racism a public health crisis, despite the City Council's rejection of a similar resolution. The school committee's resolution included revisions to their curriculum and included a commitment to the recruitment and development of diverse teachers and staff.
- The University of Maryland – College Park issued an Anti-racism action plan and the University of Maryland – Baltimore established the 1807 Commission on Slavery and Racism
- The Vermont Racial Justice Alliance outlined 10 steps that other organizations can follow to combat systemic racism.
- The University of Vermont Medical Center is “100% committed to becoming an anti-racist organization[.]” The three main actions involve: collecting health disparity data; enhancing equity and diversity in the workforce; and implementing resource groups, training, and an anonymous hotline to report racism.
- The Maryland State Medical Society (MedChi) called on its member physicians and state government officials to take action to address a “tragic and ongoing public health crisis”: racism. MedChi launched an Inclusion, Diversity, Empowerment and Advocacy Task Force that will be responsible for making recommendations on how doctors can promote equity and actively address issues of racial disparity.
- The New Hampshire Medical Society recognized the disproportionate impact of COVID-19 on communities of color and police brutality. Additionally, the society acknowledged that Black Lives Matter is a human rights cause, rather than a political cause. Next steps include gathering data, using it to understand the root causes of a problem, and then studying various interventions to see what works.

Other Types of Resolutions and Actions

Some government entities have taken other approaches to addressing longstanding inequities across the social determinants of health.

A number of state governments have passed legislation denouncing hate crimes, including Vermont, Rhode Island, and Maryland. In Maryland, Collins' Law took effect in 2020, a hate crime update in honor of a student who was murdered at a University of Maryland, College Park, bus stop in 2017. In 2022, the Maryland legislature considered but failed to pass a bill establishing civil penalties for hate crimes.

New Jersey law requires its Human Relations Council to develop educational programs intended to educate, develop, promote, and strengthen respect for human rights and cultural diversity and prevent and combat racism, intolerance, and bigotry. The Council also presents a biennial report on the status of bias



and related violence and develops cultural diversity training for law enforcement personnel. In 2021, [New York](#) passed a package of legislation aimed at addressing discrimination and racial injustice, including the hate crimes analysis and review act.

The city of [Greenbelt, MD](#) voted to create a commission to study options for paying reparations to Black and Native American residents. In 2021, Vermont introduced [H.B. 387](#), to establish a task force to study and develop reparation proposals for the institution of chattel slavery. In 2022, the Maryland General Assembly considered but failed to pass the [Maryland Reparations Commission-Establishment](#) (Harriet Tubman Community Investment Act).

In [DC](#), the poverty-reduction plan is required to include recommendations on bias and the relationship between poverty, race, class, and structural racism.

Some states have recognized the work localities have done to combat racism. In July 2021, Maryland awarded Anne Arundel County DOH Office of Health Equity and Racial Justice the County Innovation Award for their leading-edge equity programs.

Several states have passed legislation to declare Juneteenth National Independence Day, such as [Maryland](#), [Vermont](#), and [Connecticut](#). Notably, Juneteenth was declared an official federal holiday in 2021.


State Profile: Massachusetts

In Massachusetts, 19 local governments have passed resolutions declaring racism a public health crisis. Five localities (Chelsea, Framingham, Lexington, Medford, and Worcester City) vowed to promote community engagement and provide tools to engage actively and authentically with communities of color. As previously noted, Framingham had some of the best examples of built-in accountability.

[Boston, MA](#) created the [COVID-19 Health Inequities Task Force](#) to provide guidance to the City of Boston on addressing current inequities in data analysis, testing sites, and health care services for Asians, Black people, Latinos, Native Americans and Indigenous people, and immigrants. 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. Additionally, the Mayor's Office of Health & Human Services partnered with the Boston Public Health Commission and all City departments to undertake key strategies to address systemic racism, its effect on public health, and the resulting health inequities. Examples of strategies include:

- The 'Boston Health Equity Now' plan, developed in partnership with the COVID-19 Health Inequities Task Force, outlines detailed objectives and measurable goals through which the City will focus on root causes of the inequities that result in disparities in health outcomes for residents.
- Ensuring complete and regular availability of specific race and ethnicity data that documents the health inequities that exist in Boston through collection, dissemination, and remedies for gaps in that data to strengthen our collective understanding. This should include implementing and, if necessary, revising the Boston Health Equity Measure Set, and data sharing between BPHC and relevant agencies.
- Using a health equity in all policies approach to evaluate current policies and ensure access to data to drive equitable policy and practice development.
- Developing direct service programs to address the negative impact that these inequities have had and to empower communities to tackle these systemic barriers.
- Advocating for policies and funding opportunities that directly combat systemic racism.

[Everett](#) and [Somerville](#)'s resolutions include language reflecting the reallocation of funds from the police department to support public health or racial equity efforts, which shows a commitment to improving life outcomes for all people while reducing conflict and police violence. Somerville promotes implicit bias training for elected officials, staff members, educators, and state employees. Additionally, the resolution proposes training for Somerville police officers in de-escalation, crisis intervention, and mental wellness. Notably, many communities have since [reversed course](#) on reallocating police budgets in the face of backlash.



Cambridge, MA vowed to seek specific partnerships with the Cambridge Public Health Department, NAACP Cambridge Branch, and the Cambridge African American Heritage Alliance to combat systemic racism in their city.

At the state level, Massachusetts recently enacted several Commissions that utilize a racial equity framework, such as the [Commission of the status of African Americans](#), [Commission on the status of Latinos and Latinas](#), and the [Commission on the social status of Black men and boys to examine issues causing a disproportionately negative impact](#). In 2020, the [Municipal police training committee](#) was required by law to develop an in-service training program for school resource officers including anti-racism strategies and hate crime prevention.

Massachusetts localities are taking a multi-pronged approach to address various aspects of the systems that create and uphold racial disparities and are 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 ways other states can take action.

Conclusion

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 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 and community members. 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 resolutions of racism as a public health crisis and implementing strategies to address structural racism.

Summary of Resolutions to Declare Racism a Public Health Crisis

Enacted or adopted as of April 1, 2022, in alphabetical order by state.

	Jurisdiction	State	Authority	Date	Citation	Organizational Policy or Practice	Partnerships and Collaboration	Accountability Measures	Issue Focus	Funding and Infrastructure	Call to Action
1	State	CT	General Assembly	6/14/2021	Public Act No. 21-35	X	X	X	X		
2	Bloomfield	CT	City Council	6/22/2020	Proclamation	X	X	X	X		X
3	Bridgeport	CT	City Council	7/21/2020	Agenda Item No. 129-19	X	X	X			X
4	Colchester	CT	Board of Selectmen	11/2021	Proclamation						
5	Easton	CT	Board of Selectmen	8/20/2020	Resolution	X	X		X		X
6	Farmington	CT	Town Council	7/14/2020	Proclamation	X		X			
7	Glastonbury	CT	Town Council	7/28/2020	Resolution	X		X	X		
8	Hamden	CT	City Council	7/20/2020	Resolution	X	X	X	X		X
9	Hartford	CT	City Council	6/22/2020	Statement				X		

10	Manchester	CT	Board of Directors	7/7/2020	Agenda Item No. 12.C	X	X	X			X
11	Middletown	CT	Common Council	7/6/2020	Resolution No. 50-20 K	X	X	X	X		
12	New Britain	CT	City Council	6/24/2020	Resolution	X	X	X			X
13	New Haven	CT	Board of Alders	7/6/2020	Resolution	X	X	X	X		X
14	New London	CT	City Council	7/20/2020	Resolution 072020-01	X	X	X	X		X
15	Norwich	CT	City Council	7/19/2021	Resolution No. 6	X	X	X	X	X	X
16	Old Lyme	CT	Board of Selectmen	9/22/2020	Resolution	X	X	X	X		X
17	Old Saybrook	CT	Board of Selectmen	10/27/2020	Resolution	X	X	X	X		X
18	Simsbury	CT	Board of Selectmen	9/29/2020	Resolution	X	X	X	X		X
19	South Windsor	CT	Town Council	11/9/2020	Agenda Item 8D	X		X	X		
20	Stratford	CT	Town Council	11/9/2020	Resolution	X	X	X	X		X
21	West Hartford	CT	Town Council	6/23/2020	Resolution	X	X	X	X		X
22	West Haven	CT	Town Council	12/28/2020	Resolution	X	X	X	X		X
23	Westport	CT	Town Council	9/27/2020	Resolution	X		X			

24	Windham	CT	Town Council	7/7/2020	Resolution	X	X	X	X		X
25	Windsor	CT	Town Council	6/15/2020	Resolution	X	X	X	X		X
26	District of Columbia	DC	Town Council	12/1/2020	Resolution No. R23-0602	X	X		X		
27	Wilmington	DE	City Council	6/18/2020	Resolution No. #4830	X	X	X	X		X
28	Beverly	MA	City Council	8/24/2020	Executive Order	X	X	X	X	X	X
29	Boston	MA	Mayor	6/12/2020	Executive Order	X	X	X	X	X	X
30	Cambridge	MA	City Council	6/10/2020	Policy Order POR 2020 #134		X				X
31	Chelsea	MA	City Hall	7/13/2020	Declaration	X	X	X	X	X	
32	Chicopee	MA	City Council	6/16/2020	Agenda Item No. 11						
33	Everett	MA	Mayor	6/16/2020	Declaration Statement	X		X	X		
34	Framingham	MA	Board of Health	6/16/2020	Order No. E02020-004	X	X	X	X	X	X
35	Frederick	MA	Board of Health	7/16/2020	Resolution No. 20-15	X	X	X		X	X
36	Holyoke	MA	Mayor & Board of Aldermen	6/17/2020	Executive Order	X	X	X	X	X	X

37	Lexington	MA	Human Rights Committee	7/21/2020	Resolution	X	X	X			X
38	Longmeadow	MA	Select Board	7/20/2020	Resolution	X	X	X	X		X
39	Lowell	MA	City Council	7/1/2020	Resolution				X	X	
40	Malden	MA	Mayor & Board of Health	6/18/2020	Executive Order	X			X		
41	Medford	MA	Mayor	6/15/2020	Declaration	X	X	X	X		
42	Natick	MA	Board of Health	7/18/2020	Statement				X		
43	Revere	MA	Mayor & Board of Health	6/25/2020	Declaration						
44	Shrewsbury	MA	Board of Health	11/20/2020	Statement				X		
45	Somerville	MA	Mayor & Board of Health	6/4/2020	Declaration	X	X	X	X	X	
46	Springfield	MA	Mayor & Board of Health	6/16/2020	Statement						
47	Worcester	MA	City Council	6/16/2020	Resolution	X	X	X	X		X
48	Anne Arundel County	MD	City Council	11/1/2019	Resolution No. 22-17	X					
49	Baltimore	MD	City Council	5/11/2020	Resolution, Council Bill 20-0218R				X		
50	Montgomery County	MD	County Council	6/11/2020	Agenda Item No. 3F	X	X	X	X		X

51	Prince George's County	MD	County Council	7/14/2020	Resolution	X	X	X	X		
52	Portland	ME	City Council	7/13/2020	Resolution	X	X	X	X	X	X
53	Leonia	NJ	Borough Council	5/1/2020	Resolution No. 2020-124	X	X		X		X
54	Montclair	NJ	Town Council	2/17/2021	Proclamation	X	X	X			X
55	State	NY	New York Assembly	1/26/2021	Declaration. Senate Bill S2987A	X	X	X	X	X	X
56	Albany	NY	County Department of Health	6/3/2020	Statement	X	X	X	X		
57	New York City	NY	Board of Health	10/18/2021	Resolution	X	X	X	X	X	X
58	Saranac Lake Village	NY	Board of Trustees	6/8/2020	Bill #60-2020	X	X	X			X
59	Tupper Lake	NY	Town Council	10/22/2020	Resolution #30 / 2020						
60	Cranston	RI	City Council	10/5/2021	Resolution	X					
61	Warren	RI	Town Council	6/9/2020	Resolution	X	X			X	X
62	State	VT	Governor	5/30/2018	Executive Order No. 04-18	X		X	X	X	
63	State	VT	State House of Representatives	5/11/2020	Joint House Resolution 6	X			X		

64	Burlington City	VT	City Council & Mayor	7/16/2020	Declaration		X	X	X		
65	King County	VT	County Government	6/11/2020	Declaration	X	X	X	X	X	X
66	Wheeling	WV	Mayor	10/6/2020	Resolution	X	X		X		
TOTAL						54	46	46	48	15	36

SUPPORTERS

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This document was developed by Morgan Jones-Axtell, JD, Staff Attorney for the Network for Public Health Law – Eastern Region, with research support from Ayesha Rajan, JD candidate '22, at the University of Maryland Carey School of Law. This work builds on the inaugural Network products on Racism as a Public Health Crisis developed by Dawn Hunter, director of the Southeastern Region. The Network for Public Health Law provides information and technical assistance on



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issues related to public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.

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