



CENTERING RACIAL JUSTICE TO STRENGTHEN THE PUBLIC HEALTH ECOSYSTEM

Lessons from COVID-19



THE BIG CITIES HEALTH COALITION (BCHC) is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the more than 61 million people they serve.

PREVENTION INSTITUTE is a national nonprofit that promotes health, safety, and well-being through thriving, equitable communities.

This report was made possible by a generous grant from the Skoll Foundation to Prevention Institute in partnership with BCHC. BCHC, in particular, thanks our other foundation funders, which helped support additional staff time on this report. PI also thanks the W.K. Kellogg Foundation for supporting our core work on racial justice and health equity.

The project team recognizes former BCHC program associate Gabrielle Nichols, MSPH, for her work on early iterations of this report, as well as Oxiris Barbot, MD, and Lonias Gilmore, MPH, for their review of a near final draft. We are also grateful to BCHC members who shared information about COVID lessons learned early in this process. PI colleagues La'Quana Williams, MPH, and Rachel Davis, MSW, offered invaluable insights and feedback that inspired our public health ecosystem approach. Finally, Sana Chehimi, MPH and Ruben Cantu, at PI, and Chrissie Juliano, MPP, from BCHC, contributed many focused hours of work to develop this final report.

Opinions in this report represent collaborative work between BCHC and PI and do not necessarily reflect the view of any one funder or BCHC member.

SUGGESTED CITATION *Centering Racial Justice to Strengthen the Public Health Ecosystem: Lessons from COVID-19*. Prevention Institute and Big Cities Health Coalition, November 2022.

PHOTO CREDITS Clay Banks on Unsplash (cover, page 9); Chase Baker on Unsplash (page 2); Chris Henry on Unsplash (page 6); San Francisco Department of Public Health (page 11); Rolande PG on Unsplash (page 14); Janine Robinson on Unsplash (page 17)

Introduction and purpose

In the summer of 2020, pandemic-empty streets were transformed as the Black Lives Matter movement powered global protests demanding an end to structural racism and police violence. In the U.S., the intensity of this collective resistance fueled public momentum on racial justice on a level not experienced since the 1960s and the brief period of Reconstruction following the “official” end of slavery.

Just prior to the murder of George Floyd, public attention was drawn to the stark disparities in COVID-19 deaths among people of color as compared to white residents, with deaths initially highest among Black, Latinx, and American Indian/Alaskan Natives residents.^{1,a} Exposure to COVID-19 was heightened for workers deemed “essential” based on the public nature of their work in jobs disproportionately occupied by people of color and less likely to pay a living wage, offer paid sick leave or reliable child care. The privilege of a desk job that could be done remotely, and one that could

offer benefits needed during COVID times was suddenly at the forefront of public conversation.

Our country was seemingly having a “moment,” a time to reflect on generational inequities and, perhaps, a willingness to take a huge collective step forward with decisive action against racism. City health departments and community-based organizations, in addition to all their other responsibilities, activated to ensure that the most vulnerable among us could meet their basic needs. This included making sure residents remained safely housed with food to eat and utilities (such as water) remaining on, had internet access, masks to wear, and prescriptions and other medical needs filled.

In the weeks and months that followed the summer’s racial justice protests, hundreds of jurisdictions declared that racism is a public health crisis.² Perennial conversations about strengthening public health grew more urgent and bold, shifting towards an insistence on antiracist and community-led solutions to address the foundational causes of injustice. Calls to fully fund governmental public health also elevated the essential leadership and role of grassroots and community networks in shaping public health outcomes.

^a Analysis of local, state, and federal COVID-19 data through mid-2022 by the Kaiser Family Foundation (see endnote 1) indicates that “While [racial] disparities in cases and deaths have narrowed and widened during different periods over time, the underlying structural inequities in health and health care and social and economic factors that placed people of color at increased risk at the outset of the pandemic remain.”





Since those challenging and inspiring months in 2020, various stakeholders have released a steady stream of recommendations for rebuilding, strengthening and/or reimagining public health, many of which apply COVID-response lessons (See pages 10–11 for “Efforts underway to rebuild, strengthen and/or reimagine public health.”) In this brief, we highlight and synthesize a number of these recommendations and lessons from those works and others. **However, to achieve the full potential and intended outcomes of these recommendations—healthy, safe, and thriving communities—we must reignite our collective, enduring pursuit and demand for bold transformational change rooted in equity and racial justice.**

We issue this challenge because we believe in the transformative power of public health. But as of this writing, we are witnessing a waning—and at times backsliding—in the overall field’s visibility in the pursuit of racial justice and transformational change. We base this assertion on shifts that many of us working at the intersection of public health, racial justice, and health equity are experiencing in the policy landscape and in our engagement with governmental and non-governmental public health. We are noticing a shift of tone, in dialogue and practice. We see the field moving away from overtly naming how systems have long been broken (and offering solutions) and more towards tinkering around the edges of these broken systems. Many community-based organizations and



networks point to the same experiences, noting a general caution or outright lack of focus on equity and racial justice in their engagement with public health. Simply put, our collective actions today are not keeping pace with the intentions expressed in 2020.

Public health authorities remain under significant attack making this time all the more challenging. States have taken away, or are trying to take, powers from public health leaders in part to keep us from moving forward.^{3,4} As the politicized backlash and opposition to racial justice, health equity, and public health authority intensifies,^b it is even more important for public health practitioners to proudly reclaim and be accountable to the field's social justice origins.⁵ Public health can learn from front-line grassroots, movement-building groups who never stop doing the work or dilute their efforts. This recommitment will mean shifting efforts and investments to strengthen public health practice and impact. We will move from being well meaning, yet far from sufficient and effective, to the full promise of much needed transformational change and racial justice.

To support the transformations that are needed—in practices, policies, and outcomes—this brief describes the actions and commitments of an ecosystem approach to public health. We highlight distinctions between this ecosystem approach and the current focus on rebuilding governmental public health infrastructure. To maintain

^b Unfortunately, there are far too many examples of how the intensifying backlash is playing out across the country. This is Signals offered a prescient analysis of the “culture wars” in *Through the Looking Glass: 2022 Narrative Predictions* that can be accessed directly here: <https://thisissignals.com/narrative2022#CultureWars>

As we consider how to shape the future we want for public health, we challenge the field to go all in on what we are calling an *ecosystem approach* by:

- ▶ Adopting a vision that fully supports the roles and needs of government public health and extends beyond government bodies to include non-governmental actors, and related sectors, who unquestionably impact the health of our communities;
- ▶ Centering the leadership, contributions, priorities, and agency of community-based organizations, community networks, advocates, and community residents as essential to public health's effectiveness and workforce;
- ▶ Centering racial justice as the driver for social and structural transformation; and
- ▶ Committing to transparency in how actions and principles of equity, racial justice, and antiracism are operationalized.

accountability, we share operational definitions and sources for key equity and justice terms and concepts. We conclude with a synthesis of public health policy and practice recommendations that advance this ecosystem approach and build on COVID-19 lessons learned.



Principles and elements of a public health ecosystem

*“An ecosystem isn’t just a set of living things. It’s the set of relationships between those living things.” –adrienne maree brown, *Emergent Strategy*⁶*

An ecosystem operates on interdependence.

A healthy ecosystem is one in which each connected element can fully thrive and fulfill its role and function within the whole system.

There are some nuanced, yet important, distinctions between actions to strengthen public health *infrastructure* and actions that foster a public health *ecosystem*. The default approach to rebuilding and resourcing public health infrastructure places the emphasis on governmental public health systems and processes. While capacity and resource investments at this level are critically important, all too often it is experienced as a top-down approach that discounts or does not incorporate community lived experience,^c leadership, and innovation. For community members, trust building or rebuilding with governmental agencies that have not always engaged adequately is an important step, and one that is often overlooked in the urgency to address public health crises or challenges.

By contrast, a public health ecosystem recognizes and incorporates the essential roles and leadership of all the contributors to the system. From

public health departments and other government agencies to non-governmental organizations; from community-based organizations and community residents to racial justice organizers and advocates, all are valued and included.

Embracing a public health ecosystem approach calls on public health practitioners, both those who work in governmental health departments and others, to:

1 Insist on racial justice. Racial justice is necessary for achieving health, safety, and well-being across culture, in communities, and in institutions and systems. We cannot eliminate patterned (and predictable) differences in health outcomes based on racial categories without addressing the policies and practices that generate and uphold racism. An insistence on racial justice includes the pursuit of policies and practices that undo and/or remedy racist policies;^d share power and maintain accountability to communities experiencing inequities; and create enabling environments for antiracist actions and preventive measures. (See 8 for full definitions.)

COVID-19 Spotlight Many cities successfully provided vaccines and additional resources to communities experiencing disproportionate rates of COVID-19 infection, hospitalization, and mortality, especially Black and Latinx residents. These programs resulted in high rates of immunization which protects the broader populace. Some states

^c We recognize the importance of community broadly and inclusively and we define community both by geographic boundaries as well as groups with shared identities, such as immigrants and refugees or LGBTQ+ communities.

^d Racist policies are defined as any measure that produces or sustains racial inequity between racial groups regardless of intention. Kendi IX. *How to Be an Antiracist*. One World; 2019.



expanded Medicaid eligibility and streamlined enrollment so that people could secure and keep coverage, and the public health emergency at the federal level enabled more flexibility around health care access and telehealth. Similarly, policies were changed to make it easier to access SNAP, WIC, free school meals, and other such resources.

2 Acknowledge and account for harms; earn and sustain community trust. Generations of structural racism and white supremacist ideology are deeply embedded across our systems and practices, including those of public health.^{7,8} Examining how current public health practices center white dominant culture is a necessary step in adopting antiracist practices and policies, and preventing future harms. Public acknowledgments and commitment to action can also create opportunities for healing and trust.^e Earning community trust also means strengthening community engagement in ways that are transformational rather than transactional, investing long-term in community-rooted organizations and partnerships, and improving accountability to community.^f

PRINCIPLES AND ELEMENTS IN A PUBLIC HEALTH ECOSYSTEM

- Insist on racial justice
- Acknowledge and account for harms; earn and sustain community trust
- Center community-led priorities, strategies and solutions
- Challenge power imbalances and share resources
- Build narrative power

COVID-19 Spotlight As COVID-19 and the racial justice uprisings of 2020 called greater attention to the impacts of structural racism, many city officials acknowledged historic and long-standing racial injustice. Such acknowledgments provide a path toward trust between government and community groups to facilitate working together toward collective goals. This builds on and starts the process to heal from years of mistrust, which will continue to be a long path. For example, in both Minneapolis and Austin, officials committed to truth-telling by using local historical references and public health data to define the impact of structural racism and make the case for policy and systems change.

3 Center community-led priorities, strategies, and solutions. The experiences, perspectives, and approaches of community⁹ members impacted by structural racism and inequities must be at the center of articulating the problems and securing solutions. Leveraging public health capacity, data, and resources to work alongside a specific community should be tailored based on the level of existing relationships and trust, and community context and priorities. At a minimum, governmental public health and other

^e For further information, see Healing Through Policy Initiative. Racial Healing and Relationship Building: Policy and Practice Brief. Published October 2021. https://www.nationalcollaborative.org/wp-content/uploads/2021/10/PolicyPapers_RH_FINAL.pdf.

^f For more on community engagement strategies: <https://preventioninstitute.org/event/igniting-change-ground-up-lifting-best-practices-community-organizing-and-leadership-engagement>; https://preventioninstitute.org/sites/default/files/publications/PartneringForHealthEquity_080218.pdf; <https://preventioninstitute.org/making-connections/strategies-for-community-resilience>.

⁹ Whether based on geographic boundaries and/or shared identities.



public health practitioners should co-lead strategy development and implementation where needed and be prepared to step aside and serve in a supportive role when asked. Importantly, centering community-led priorities calls for an asset-based approach that recognizes and values community agency and capacity, rather than defaulting to a limiting view whereby communities have the problems, but others have the answers. Structural levers for change are most successful when government works with the community to make shared decisions and build collective power.⁹

COVID-19 Spotlight Early in the pandemic, more than half of the individuals dying from COVID-19 in Chicago were African American, despite making up only 29% of Chicago's population. The health department knew from day one that they could not meet the community need for testing or vaccine roll out on their own. The Racial Equity Rapid Response Team (RERRT) included community-based partners representing four regions in the city: South, Southwest, West, and Northwest. These regions were identified using the Chicago COVID-19 Community Vulnerability Index. The purpose of the RERRT was to develop hyperlocal,



data-informed strategies to slow the spread of the COVID-19 and improve health outcomes among communities that were most heavily impacted. The City of Chicago is now taking many of the key lessons learned and applying them to other public health challenges, such as gun violence.

4 Challenge power imbalances and share resources. The public health field must continue to confront and address the inequitable distribution of power, money, and resources across systems that most harm communities of color and other marginalized groups. This includes shifting from the current ‘trickle down’ or pass-through model of supporting resource-starved Black, Indigenous, Latinx, and Asian and Pacific Islander community-rooted organizations to do the work they have been doing for decades to a model that promotes long-term, better resourced, and sustained collaboration. Supporting and trusting community-rooted organizations with resources outside of crises by actively championing direct ongoing and sustainable funding is central to achieving healthier, more equitable communities. This model is achieved by designing and implementing funding programs grounded in a commitment to equity in the first place.¹⁰ A well-funded public health ecosystem has resources to support different components of the ecosystem with incentive to cross pollinate work through well-established partnership and different service models.

COVID-19 Spotlight A key lesson was the importance of directing resources to BIPOC-led (Black, Indigenous, and People of Color) community organizations to engage and impact those with greatest need. Community-based organizations (CBOs) were funded to address gaps, and agencies hired trusted outreach workers with strong community relationships to implement prevention, vaccination and

treatment strategies. Additionally, in places where CBOs weren’t directly funded, many big city health departments used funds they received from the federal government (or other sources) to support the work of local CBOs, seeing them as key partners during the crisis period, as well as in the recovery.

5 Build narrative power. Public health has important contributions to community narrative power through stories that affirm interdependence, abundance, and the common good, to name a few examples. This includes storytelling that clearly explains why a public health approach is needed and that connects public health practice and successes to community leadership and engagement, as well as health and well-being. Health departments can not only explain how government has contributed to the marginalization of many groups but also identify ways to move toward justice and equity.¹¹ Public health is particularly well positioned to tell stories that illuminate the roles of systems in shaping health, safety, and well-being and in highlighting systems level solutions.^{12, 13}

COVID-19 Spotlight Public health played a key role in advancing a narrative that said “to improve health, we must focus on social and community conditions that create and support health, well-being and longevity.” For example, the federal government and local jurisdictions imposed moratoria on evictions. This was essential to keep people safe during an infectious disease outbreak, in an environment of growing economic instability and a lack of affordable housing. These moratoria and the accompanying messages are a good first step until we can address this crisis more holistically and sustainably.



Operational definitions and concepts to guide a racial justice centered ecosystem approach

To be accountable to what we in public health say we are going to do, we must clearly define what we *mean*. The language and framing of traditional public health has shifted significantly over the years. For example, language on equity and justice has grown in specificity over the past decade—shifting from “health for all” framing to more directly naming health equity, racial equity, racial justice, and increasingly, antiracism. But words and concepts can lose their potency when not applied with clear definitions, consistency, and intentionality—the use of the “right” words can also hide inaction. In *How to be an Antiracist*, Dr. Ibram X. Kendi reminds us that “Definitions anchor us in principles. *This is not a light point*: If we don’t do the basic work of defining the kind of people we want to be in language that is stable and consistent, we can’t work toward stable, consistent goals”¹⁴ (emphasis added).

We have gathered some key operational definitions and concepts that reflect the principles and values of a public health ecosystem approach. These are drawn from movement leaders, advocates, and scholars for racial and social justice—including Race Forward, Othering & Belonging Institute, and Dr. Ibram X. Kendi—and our own practices. We urge readers to examine (1) how these operational definitions and concepts align with your own approaches; and (2) further reflect on the specificity, consistency, and intentionality with which you are—or are not—communicating your commitments to equity and justice principles and actions.

Equity is an outcome as well as a vision. To realize equity, principles of fairness and justice grounded in data and action should run through the everyday work of individuals, organizations, and governments. The following dimensions of equity^{15,16} draw from an equity model¹⁷ advanced by scholars and practitioners and can be useful in providing specificity:

- **Procedural Equity:** Transparent, fair, and inclusive processes with additional opportunities for those who are disproportionately impacted. Think: “What are we doing to make sure we are including the right people in the right conversations to bring us closer to equity and justice?”
- **Distributional equity:** Fair distribution of resources, benefits, and burdens; prioritizes resources for communities experiencing the greatest inequities. Think: “How are we making sure that what we are doing is having the right impact on the communities that have been most disadvantaged over time?”
- **Structural equity:** Addresses underlying structural factors and policies that gave rise to inequities; makes a commitment to correct past harms and prevent future unintended consequences. Think: “What changes can we make to the way we operate to ensure that equity and justice are our outcomes?”





- **Health equity** means that everyone has a fair and just opportunity to attain their full health potential and that no one is disadvantaged, excluded, or dismissed from achieving this potential. Health equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined by race/ethnicity, gender, sexual orientation, culture, class, national origin, or other means of stratification.¹⁸
- **Racial equity** is “a process of eliminating racial disparities and improving outcomes for everyone. It is the intentional and continual practice of changing policies, practices, systems, and structures by prioritizing measurable change in the lives of people of color.”¹⁹
- **Racial justice** is “a vision and transformation of society to eliminate racial hierarchies and advance collective liberation, where Black, Indigenous, Latinx, Asian Americans, Native

Hawaiians, and Pacific Islanders, in particular, have the dignity, resources, power, and self-determination to fully thrive.”²⁰

Further distinction between *racial equity* and *racial justice* can be found in Philanthropic Initiative for Racial Equity’s (PRE) *Grantmaking With a Racial Justice Lens: A Practical Guide*²¹ and Race Forward’s *What is Racial Equity?*²² PRE notes that “A racial equity lens separates symptoms from causes, but a racial justice lens brings into view the confrontation of power, the redistribution of resources, and the systemic transformation necessary for real change.” Race Forward further explains that “Racial equity is the process for moving towards the vision of racial justice. Racial equity seeks measurable milestones and outcomes that can be achieved on the road to racial justice. *Racial equity is necessary, but not sufficient, for racial justice*” (emphasis added).



Structural racism is “racial inequities *across* institutions, policies, social structures, history, and culture. Structural racism highlights how racism operates as a system of power with multiple interconnected, reinforcing, and self-perpetuating components which result in racial inequities across all indicators for success.”²³

Antiracism is “a powerful collection of antiracist policies that lead to racial equity and are substantiated by antiracist ideas;” and antiracist policy is “any measure that produces or sustains racial equity between racial groups.”²⁴

Race-specific or race-targeted strategies “are those that address structural racism by targeting people on the basis of their race and providing benefits or extending protections on the basis of their racial identity.”²⁵

Targeted universalism “means setting universal goals pursued by targeted processes to achieve those goals. Within a targeted universalism framework, universal goals are established for all groups concerned. The strategies developed to achieve those goals are targeted, based upon how different groups are situated within structures, culture, and across geographies to obtain the universal goal.”²⁶

Race-conscious policies are “policies also aimed at remedying structural racism (hence, they are race ‘conscious’ and have a racial purpose), but they are designed or implemented within a nonracial frame.”²⁷

Narratives are “the themes and ideas that permeate collections of stories” and Deep narratives are “the stickiest themes and ideas that have permeated stories for more than 50 years.”²⁸

Narrative strategy is “a long-term effort to raise certain values and diminish others in ways that engage multiple kinds of narrators and audiences, and that are not bound by short term communications needs;” and **community narrative power building** is “growing narrative power in the hands of local communities that experience the outcomes of harmful and helpful narratives.”²⁹

Public health as originally defined by the Institute of Medicine in 1988 is “what we as a society do *collectively* to assure the conditions in which people can be healthy... The term encompasses a broad range of activities from the neighborhood to the national level that protect the health of individuals, families, and communities”³⁰ (emphasis added).

Governmental public health in the U.S. is a shared responsibility across local, state, and federal levels of government and has a unique set of statutory authorities that are a critical component to achieving a public health ecosystem, including (in some places) significant regulatory authority.





Efforts underway to rebuild, strengthen and/or reimagine public health

As noted in our introduction, there has been a steady stream of recommendations for rebuilding, strengthening and/or reimaging public health, many of which apply COVID-response lessons. We highlight and synthesize several reports and publications below for context in informing ours.

Public Health Forward,³¹ released in November 2021, provides recommended actions to policy-makers and public health leaders specific to the large influx of funds that supported governmental public health departments in their COVID-19 response. It makes the case for increased, sustained and more flexible funding to support public health infrastructure, and points out the need to build capacity in community-based organizations and the need to lead with equity.

The January/February 2021 supplement of the *Journal of Public Health Management and Practice* sought to outline COVID lessons learned from the nine months of the COVID pandemic. Three key pieces in the supplement support assertions in this brief.

- In their opening editorial, Chrissie Juliano, Brian Castrucci, and Michael Fraser point out how “COVID-19 highlights our nation’s racist history and contemporary inequalities, and it emphasizes the urgent need to address the social and economic conditions that keep people healthy, not just their individual access to health care. It is a sobering wake-up call ... a real need to double down as a nation on fixes to the root causes of health that create these conditions in the first place.”³²

- In “Disparities in COVID-19 Outcomes: Understanding the Root Causes Is Key to Achieving Equity,” Dr. LaQuandra Nesbitt similarly states that: “an effective approach to eliminating disparities in COVID-19-related health outcomes must (1) recognize that root causes are due to systemic causes that are beyond the acute nature of the emerging infectious disease; (2) engage multiple sectors of government beyond governmental public health and implement short- and long-term solutions; and (3) effectively mobilize public-private partnerships.”³³
- Finally, in “Working at the Intersection of Race, Racism, and Public Health,” Dr. Oxiris Barbot puts forth a viewpoint consistent with ours: “The field of public health must play a central role in getting our country back on its feet. We cannot let this moment pass without calling it what it is—a collective reckoning. This ‘collective reckoning’ will be meaningful only if justice and equity undergird public health practice ... We must build a constituency for public health outside of the field, and if we cannot do that now, we may never be able to do so. Antiracism practice, and operationalizing health equity, may be the way in which we can become—and stay—more visible to the community at large.”³⁴

In **Challenge and Opportunities for Strengthening the US Public Health**

Infrastructure,³⁵ the National Network of Public Health Institutes (NNPHI) put forth similar ideas: “We must find new ways of engaging individuals and communities from all walks of life so that we begin to build back better by planting new seeds that will grow in [greater support] of healthy human development. Government alone cannot do this work; it must be a multisector approach that engages all aspects of society.”

Most recently, **Meeting America’s Public Health Challenge**,³⁶ a report from the Commonwealth Fund Commission on Public Health, put forth a number of federally focused recommendations to build and support a national public health system, which they say “should promote and protect the health of every person, regardless of who they are and where they live; implement effective strategies for doing so with others in the public and private sector, including those who can address the drivers of health; respond to day-to-day health priorities and crises with vigor and competence; and, in the process, earn high levels of trust.” While governmental public health at all levels is at the heart of this strategy, they recognize, as we do in this brief, that achieving a true systems approach is the role of more than just the government. They go on to say that “the need for multisector partnerships that engage community residents has become paramount in building and establishing trust between the public health system and other sectors in the community... public health departments have not consistently established these partnerships, though they have had proven success in mobilizing communities and resources where they exist.”

Actions and commitments for a public health ecosystem

We offer the following actions and commitments to provide a pathway to a strong public health ecosystem that is rooted in racial justice and health equity, and centers community priorities, assets, and leadership. These recommendations are set up through the prism of the principles, elements, and operational definitions shared above.

They are intended for two purposes: 1) to provide a blueprint and highlight funding needs for 'traditional' public health as it builds a stronger ecosystem and infrastructure as the country responds to, and recovers from, COVID-19 and sustained systemic racism; and 2) to provide guidance to community leaders and advocates on the ways they can support and hold public health accountable.

1 Operationalize equity & justice through public health funding.

- Increase and sustain cross-cutting, non-disease specific funding for local governmental public health. This funding should be used to facilitate, and build capacity to, flexibly partner and support, community-driven health, safety, and well-being priorities.
- Maintain and build on COVID-19 funding adaptations. This change should include maximizing opportunities to align public health resources by social and community determinants of health instead of disease outcomes.
- Build specific equity strategies and objectives, robust community-engagement, and clear public accountability measures into the design, implementation, and evaluation of current and future public health funding mechanisms.³⁷

2 Act to protect and expand legal authorities to affirm public health powers of local governments, including by investing in narrative power, communications, and storytelling capacity to make the essential role of public health much more visible.^{38, 39}

3 Adopt a comprehensive and inclusive approach to integrating evidence^k to guide decision-making,⁴⁰ including making substantial resource investments in building capacity to do so. At least the three types of evidence below should be considered:

- **Best available research evidence:** information derived from scientific inquiry that assists in determining whether or not a program, practice, or policy is actually achieving its intended outcomes;
- **Contextual evidence:** a collection of measurable factors in the community that may impact the success, feasibility, or usefulness of a strategy (e.g., community history, organizational capacity, social norms, etc.); and
- **Experiential evidence:** the collective experience and expertise of those who have practiced or lived in a particular setting and that provides distinctive guidance in the form of real-world experience.

^k Evidence is defined as “information or facts that are systematically obtained (i.e., obtained in a manner that is replicable, observable, credible and verifiable)” Evidence Project Overview (cdc.gov): https://www.cdc.gov/violenceprevention/pdf/evidence_project_overview2013-a.pdf



4 Embed equity and justice processes across data collection, analysis, and coordination.

- Expand methods of data collection to include:
 - 1) direct community input that gathers lived experiences and perspectives from communities of focus;
 - 2) geographic asset mapping to collect strengths and challenges, existing community-driven plans, and partnership opportunities;
 - 3) health and racial equity impact assessments;
 - 4) partnerships with other governmental agencies to collect and share data, especially those that pertain to social determinants of health, and
 - 5) insights of front-line staff and partners that work in/with the community of focus.
- Strengthen analysis through:
 - Data disaggregation⁴¹ to better understand the health status of communities, identify preventable health disparities, and monitor progress for specific health, safety, well-being issues; in specific geographies; and for specific communities of focus.

- Including community voices to better understand the context for disaggregated, qualitative data.
- Co-create racial justice and health equity benchmarks and indicators in partnership with governmental and non-governmental partners and community members. These benchmarks should define and measure progress towards improvement in health and well-being, and guide coordination and continuous process improvements.
- Develop easily accessible and clear public data dashboards and conduct community-participatory, public audits of progress on racial justice and health equity goals.

5 Grow and sustain a diverse governmental and non-governmental public health workforce.

- Reimagine the public health workforce to include community leadership, skills, and insights into the identification of priorities, strategies, and solutions.

- Hire staff that are reflective of the community through shared lived and cultural experiences, countries of origin, languages spoken, etc.
- Foster workplace environments that are welcoming to the varied perspectives of a diverse workforce and that are open to the ways employees from various cultures and identities might change the workplace.
- Directly hire a community-based workforce and/or contract with community-based organizations that employ a community-based workforce, including community health workers/promotores, street outreach workers, youth peer support workers, etc.
- Provide workforce training and investment that foster increased flexibility on issues like schedules and remote work, pay, benefits (i.e., loan repayment), and workplace wellness.

6 Grow the capacity of the public health workforce.

- Grow strategic communications and narrative-based storytelling skills to ensure consistent, dynamic public health stories and messages that connect with the intended audiences.
- Support antiracist and antibias training for governmental and non-governmental public health employees and contractors, with the understanding that structural racism exists in the US and must be actively confronted.
- Support workforce members to apply new knowledge and skills gained through training to build competencies related to health and racial equity strategies, including recognizing power imbalances and analysis of racial equity impact.

- Normalize the integration of community insights, concerns, and assets into the identification of priorities, strategies, and solutions.
- Invest in pipeline programs that ensure leadership is developed from within both the field and the community.
- Work with national partners to address current (and prevent further) burn out among the public health workforce.

7 Prioritize and strengthen meaningful, mutually beneficial community partnerships and engagement that lead with equity and justice.

- Take intentional actions that earn and nurture trust between government and community, including through truth-telling and acknowledgement of the role government plays in perpetuating structural racism.
- Dedicate resources and staffing to support community partnerships and engagement through intentional systems such as paid community advisory boards, MOUs with community-based organizations, and other governance structures.
- Expand reach to meet communities where they are, investing additional resources to build capacity to serve communities in an inclusive and equitable manner.
- Invest greater and more flexible resources in community-based organizations and groups to strengthen their role in public health and as an extension of infrastructure.
- Employ health equity strategies such as co-creation with multi-sector and community partners in systems, policies, processes, and reform in resource allocation.

- Address systems that cause harm and disproportionately impact Black and brown communities.
- Adopt practices that support community healing, honor community culture, and affirm community power.^{42, 43}

8 Fully leverage public health capacity and influence to advance community investment priorities that further racial justice and health equity. Public health expertise like public health data, tools like health impact assessments, and resources like public funding programs must be more intentionally leveraged to benefit racial and social justice policy and structural change priorities. BCHC’s Urban Health Agenda⁴⁴ illuminates the role of cities and urban health departments. Importantly, movement building platforms—including for example, A New Deal for Youth⁴⁵—can also help to better understand partnership and alignment opportunities. While a thorough accounting of community investment priorities is beyond the scope of this brief, we offer a representative sample where public health can leverage its influence and assets for greater impact.¹ These types of policies may include:

- Expand labor protections and policies for a just economy—including through livable wage

¹ We suggest further resources including Healing through Policy (an initiative of the National Collaborative for Health Equity, the de Beaumont Foundation, and the American Public Health Association) and Othering & Belonging Institute’s Structural Racism Remedies Project for specific policies and strategies that address the foundational causes of racial injustice and health inequities.

policies, paid/earned sick leave, expanded childcare tax credits, and childcare subsidies.

- Reimagine food, technology, and transportation systems to repair the effects of systemic racism and other forms of oppression and to support communities segregated from opportunity.
- Address the immediate and long-term nature of the housing crisis, including by preventing evictions in times of emergency, prioritizing and incentivizing affordable housing, enforcing regulations for safe rental homes, increasing permanent supportive housing programs, and supporting stable and inclusive mixed-use housing in transit- and job-rich areas.
- Create and foster safe and healthy K-12 learning environments, including through social-emotional learning; access to food programs; adopting restorative justice practices and eliminating zero tolerance discipline policies; and school-based health centers that offer mental health, substance use, and contraception services.
- Further a comprehensive understanding and strategic approach to climate justice policy by emphasizing the connections to other public health priorities including well-being and social connection; jobs, housing and transportation, and food production and distribution.
- Adopt a collaborative, public health approach to community safety, including by convening young organizers, community leaders, elected officials, city agency leaders, and others, to plan, implement, evaluate, and sustain community safety strategies.



Conclusion

Public health practitioners make choices every day that can help realize a collective vision of racial justice and affect the health, safety, and well-being of their communities. These choices can either help or harm. They can promote safe and healthy environments or focus on behavior. They can ensure access to resources for health for all or just for a privileged few. They can inspire with creative design or reinforce and perpetuate oppression and marginalization.

Instead of getting 'back to normal,' when 'normal' means stark generational inequities, we can build back a stronger public health sector that encompasses a broader ecosystem with community and community voice at the center. We can address both immediate needs and policy and structural change to fix the root causes of inequities, to sustain long-term transformation, and promote sustainable health, safety, and well-being.

Endnotes

- 1** Hill L, Artiga S. *Covid-19 Cases and Deaths by Race/Ethnicity: Current Data and Changes Over Time*. KFF. Published August 22, 2022. <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-cases-and-deaths-by-race-ethnicity-current-data-and-changes-over-time>. Accessed September 26, 2022.
- 2** American Public Health Association. Racism is a Public Health Crisis. <https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations>. Accessed September 26, 2022.
- 3** Mahr K. 'It's a tsunami': Legal challenges threatening public health policy. *Politico*. Published May 10, 2022. https://www.politico.com/news/2022/05/10/legal-challenges-cdc-public-health-policy-00031253?fbclid=IwAR03HQ2hUg-1gieK986FSY-YDnKluXaOuirjaY3Ak3rn_LiwoGokxra79xYc.
- 4** Vinluan MH, de Guia S. *Strengthening Public Health Authority is Critical to a Healthy, Equitable Future*. RWJF Culture of Health Blog. Published June 3, 2022. <https://www.rwjf.org/en/blog/2022/06/strengthening-public-health-authority-is-the-key-to-a-healthy-equitable-future.html>. Accessed September 26, 2022.
- 5** Yong E. How Public Health Took Part in Its Own Downfall. *The Atlantic*. Published October 23, 2021. <https://www.theatlantic.com/health/archive/2021/10/how-public-health-took-part-its-own-downfall/620457>.
- 6** Brown AM. *Emergent Strategy*. AK Press; 2017:96.
- 7** Alang S, Hardeman R, Karbeah J, et al. White Supremacy and the Core Functions of Public Health. *American Journal of Public Health*. 2021;111(5):815-819. <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2020.306137>.
- 8** Petteway RJ. Dreams Of a Beloved Public Health: Confronting White Supremacy In Our Field. *Health Affairs*. Published February 9, 2021. DOI: 10.1377/forefront.20210204.432267.
- 9** Big Cities Health Coalition. Urban Health Agenda. Published June 2022. <https://www.bigcitieshealth.org/urban-health-agenda>. Accessed September 2022.
- 10** Aboelata MJ, Leus V, Sims J. *Investing in Equity: Designing and Implementing Public Funding Programs for a Just Recovery in California*. Prevention Institute. Published February 2022. https://preventioninstitute.org/sites/default/files/publications/Public_Funding_Programs_for_Recovery_in_Cali_220201%20%282%29.pdf.
- 11** Big Cities Health Coalition. Urban Health Agenda: Protecting and Promoting the Well-being of Our Nation's Big Cities Building Healthier, More Equitable Communities. https://www.bigcitieshealth.org/wp-content/uploads/2022/06/BCHC_UrbanHealthAgenda.pdf. Accessed September 26, 2022.
- 12** Sen R. Systems Language for Narrative Power. Narrative Initiative Blog. Published June 16, 2021. <https://narrativeinitiative.org/blog/systems-language-for-narrative-power>. Accessed September 26, 2022.
- 13** Big Cities Health Coalition. Urban Health Agenda. <https://www.bigcitieshealth.org/urban-health-agenda>.
- 14** Kendi IX. Extracts: Ibram X. Kendi defines what it means to be an antiracist. Penguin.co.uk. Published June 9, 2020. <https://www.penguin.co.uk/articles/2020/06/ibram-x-kendi-definition-of-antiracist>.
- 15** Aboelata MJ, Leus V, Sims J. *Investing in Equity: Designing and Implementing Public Funding Programs for a Just Recovery in California*. https://preventioninstitute.org/sites/default/files/publications/Public_Funding_Programs_for_Recovery_in_Cali_220201%20%282%29.pdf.
- 16** Aboelata MJ, Rivas R, Williams L, Yañez E. *Building Bridges: The Strategic Imperative for Advancing Health Equity and Racial Justice*. Prevention Institute. Published July 2020. https://www.preventioninstitute.org/sites/default/files/publications/PI_Racial_Justice_Paper_063020_D.pdf.
- 17** Yuen T, Yurkovich E, Grabowski L, Altshuler B. *Guide to equitable, community-driven climate preparedness planning*. Urban Sustainability Directors Network. Published May 2017. https://www.usdn.org/uploads/cms/documents/usdn_guide_to_equitable_community-driven_climate_preparedness-_high_res.pdf.
- 18** Aboelata MJ, Rivas R, Williams L, Yañez E. *Building Bridges: The Strategic Imperative for Advancing Health Equity and Racial Justice*. https://www.preventioninstitute.org/sites/default/files/publications/PI_Racial_Justice_Paper_063020_D.pdf.
- 19** Race Forward. What is Racial Equity? Understanding Key Concepts Related to Race. <https://www.raceforward.org/about/what-is-racial-equity-key-concepts#equity-justice>. Accessed September 26, 2022.
- 20** Ibid.
- 21** Sen R, Villarosa L. *Grantmaking with a Racial Justice Lens: A Practical Guide*. Philanthropic Initiative for Racial Equity. Published 2019. <https://racialequity.org/grantmaking-with-a-racial-justice-lens>.
- 22** Race Forward. What is Racial Equity? Understanding Key Concepts Related to Race. <https://www.raceforward.org/about/what-is-racial-equity-key-concepts#equity-justice>.

- 23** Ibid.
- 24** Kendi IX. *How to Be an Antiracist*. One World; 2019.
- 25** Menendian S. *The Structural Racism Remedies Project*. Othering & Belonging Institute. Published February 16, 2022. <https://belonging.berkeley.edu/structural-racism-remedies-project#recommendations>.
- 26** Powell ja, Menendian S, Ake W. *Targeted Universalism: Policy & Practice*. Haas Institute for a Fair and Inclusive Society. Published May 2019. <https://belonging.berkeley.edu/targeted-universalism>.
- 27** Ibid.
- 28** Sen R, Moore M. *Funding Narrative Change: An Assessment and Framework by the Convergence Partnership*. Convergence Partnership. <https://mailchi.mp/2f63721b8ef1/funding-narrative-change-an-assessment-and-framework>. Accessed September 26, 2022.
- 29** Ibid.
- 30** The Commonwealth Fund Commission on a National Public Health System. *Meeting America's Public Health Challenge*. The Commonwealth Fund. Published June 2022. <https://www.commonwealthfund.org/publications/fund-reports/2022/jun/meeting-americas-public-health-challenge>. Accessed September 26, 2022.
- 31** Armooh T, Barton T, Castillo G, et al. *Public Health Forward: Modernizing the U.S. Public Health System*. Bipartisan Policy Center. Published December 2, 2021. <https://bipartisanpolicy.org/report/public-health-forward>.
- 32** Juliano C, Castrucci B, Fraser MR. Covid-19 and Public Health: Looking Back, Moving Forward. *Journal of Public Health Management & Practice*. 2021;27(1):s1-s4. doi: 10.1097/PHH.0000000000001300.
- 33** Nesbitt LS. Disparities in COVID-19 Outcomes: Understanding the Root Causes Is Key to Achieving Equity. *Journal of Public Health Management & Practice*. 2021;27(1):s63-s65. doi: 10.1097/PHH.0000000000001272.
- 34** Barbot O. Working at the Intersection of Race, Racism, and Public Health. *Journal of Public Health Management and Practice*. 2021;27(1):s66-s68. doi: 10.1097/PHH.0000000000001276.
- 35** National Network of Public Health Institutes. *Challenges and Opportunities for Strengthening the US Public Health Infrastructure. Findings from the Scan of the Literature*. Published May 2021. <https://nnphi.org/wp-content/uploads/2021/06/NNPHI-E2A-Kresge-Report-Web.pdf>. Accessed September 26, 2022.
- 36** The Commonwealth Fund Commission on a National Public Health System. *Meeting America's Public Health Challenge*. <https://www.commonwealthfund.org/publications/fund-reports/2022/jun/meeting-americas-public-health-challenge>.
- 37** For more details on the elements of equity-focused public health funding design, review: Aboelata MJ, Leus V, Sims J. *Investing in Equity: Designing and Implementing Public Funding Programs for a Just Recovery in California*. https://prevention-institute.org/sites/default/files/publications/Public_Funding_Programs_for_Recovery_in_Cali_220201%20%282%29.pdf.
- 38** For more information on how to get involved in efforts to protect public health authorities, visit: Public Health Law Center. Act for Public Health: An initiative of the Public Health Law Partnership. <https://www.publichealthlawcenter.org/resources/act-public-health-initiative-public-health-law-partnership>. Accessed September 26, 2022.
- 39** Martinez Cuestas S, Dorfman L, Schaff K. *Championing public health amid legal and legislative threats: Framing and language recommendations*. Berkeley Media Studies Group. Published August 2022. <https://www.bmsg.org/resources/publications/championing-public-health-amid-legal-and-legislative-threats-framing-and-language-recommendations>. Accessed September 26, 2022.
- 40** Centers for Disease Control and Prevention. Evidence Project Overview. CDC.gov. Published 2013. https://www.cdc.gov/violenceprevention/pdf/evidence_project_overview2013-a.pdf. Accessed September 26, 2022.
- 41** Asian & Pacific Islander American Health Forum. Policy Recommendations: Health Equity Cannot Be Achieved Without Complete and Transparent Data Collection and the Disaggregation of Data. Published February 2021. <https://www.apiahf.org/wp-content/uploads/2021/02/APIAHF-Policy-Recommendation-as-Health-Equity.pdf>. Accessed September 26, 2022.
- 42** For more on strategies that benefit community healing, see: Prevention Institute. Prioritizing Equity and Community Wellbeing in the Wake of Catastrophic Events. Published August 2021. https://preventioninstitute.org/sites/default/files/publications/PI_CEL_Trauma-Informed_Systems_210816_v2.pdf.
- 43** For a deeper examination of community power, explore: The praxis project. Building Community Power. <https://www.thepraxisproject.org/building-power>. Accessed September 26, 2022.
- 44** Big Cities Health Coalition. Urban Health Agenda. <https://www.bigcitieshealth.org/urban-health-agenda>.
- 45** A New Deal for Youth. Homepage. <https://newdealoryouth.org>. Accessed September 26, 2022.



bigcitieshealth.org



preventioninstitute.org