

2018 RESOLUTION

Racism is a Public Health Crisis

WHEREAS, race is a social construction with no biologic basis¹; and

WHEREAS, racism is a social system with multiple dimensions: individual racism is internalized or interpersonal; and systemic racism is institutional or structural, and is a system of structuring opportunity and assigning value based on the social interpretation of how one looks, that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources ^{2,3}; and

WHEREAS, racism causes persistent racial discrimination in housing, education, employment and criminal justice; and an emerging body of research demonstrates that racism is a social determinant of health^{1,4}; and

WHEREAS, more than 100 studies have linked racism to worse health outcomes⁵; and

WHEREAS, in Wisconsin, the highest excess death rates exist for African American and Native Americans, at every stage in the life course ^{6,7}, and our infant mortality rate for infants of non-Hispanic black women is the highest in the nation ⁸; and

WHEREAS, the American Public Health Association (APHA) launched a National Campaign Against Racism ³; and

WHEREAS, Healthiest Wisconsin 2020 states that, “Wisconsin must address persistent disparities in health outcomes, and the social, economic, educational and environmental inequities that contribute to them” ⁹; and

WHEREAS, the Wisconsin Public Health Association has adopted in 2010 the resolution “Achieving Health Equity” and in 2014 the resolution “Promoting a Health in all Policies (HIAP) Framework to Guide Policymaking” and in 2017 convened a Racial Equity Workgroup; and

WHEREAS, public health’s responsibilities to address racism include reshaping our discourse and agenda so that we all actively engage in racial justice work; and

WHEREAS, while there is no epidemiologic definition of “crisis”, the health impact of racism clearly rises to the definition proposed by Galea: “The problem must affect large numbers of people, it must threaten health over the long-term, and it must require the adoption of large-scale solutions”.¹⁰

THEREFORE, BE IT RESOLVED that the Wisconsin Public Health Association:

1. Asserts that racism is a public health crisis affecting our entire society

2. Conducts an assessment of internal policy and procedures to ensure racial equity is a core element of WPHA, led by the Board in collaboration with the Racial Equity Workgroup and other relevant parties, communicates results of assessment, and determines appropriate interval for reassessment
3. Works to create an equity and justice oriented organization,¹¹ with the Board and Committees identifying specific activities to increase diversity and to incorporate anti-racism principles across WPHA membership, leadership, staffing and contracting
4. Incorporates into the organizational workplan educational efforts to address and dismantle racism, expand members' understanding racism, and how racism affects individual and population health and provide tools to assist members to engage actively and authentically with communities of color
5. Advocates for relevant policies that improve health in communities of color, and supports local, state, and federal initiatives that advance social justice, while also encouraging individual member advocacy to dismantle systemic racism
6. Works to build alliances and partnerships with other organizations that are confronting racism and encourages other local, state and national entities to recognize racism as a public health crisis

Fiscal impact: The WPHA Board will consider in the organization's budget allocating adequate financial resources to accomplish these activities.

Adopted at the WPHA Business Meeting on May 22, 2018.

References:

1. García JJ, Sharif MZ. *Black Lives Matter: A Commentary on Race and Racism*. AmJ Public Health. 2015;105: e27–e30. doi:10.2105/AJPH.2015.302706
2. Jones CP. *Confronting Institutionalized Racism*. Phylon. 2002;50(1/2):7--22.
3. American Public Health Association. Racism and Health. Available at: <https://www.apha.org/topics-and-issues/health-equity/racism-and-health>. Accessed February 20, 2018.
4. Flynn, A., Holmberg, S., Warren, D., and Wong, F. *REWRITE the Racial Rules: Building an Inclusive American Economy*. Roosevelt Institute, 2016.
5. Institute of Medicine. *Unequal Treatment*. <https://www.nap.edu/read/10260/chapter/2#7>. Accessed 3/2/2018.
6. Hatchell K, Handrick L, Pollock EA and Timberlake K. Health of Wisconsin Report Card-2016. University of Wisconsin Population Health Institute, 2016.
7. Healthiest Wisconsin 2020 Baseline and Health Disparities Report. <http://www.dhs.wisconsin.gov/hw2020/>. Accessed 2/23/2018.
8. Mathews,TJ., Ely,D., and Driscoll, A. *State Variations in Infant Mortality by Race and Hispanic Origin of Mother, 2013–2015*. NCHS Data Brief. No. 295, January 2018
9. Wisconsin Department of Health Services, Division of Public Health, Office of Policy and Practice Alignment. *Healthiest Wisconsin 2020: Everyone Living Better, Longer. A State Health Plan to Improve Health Across the Life Span, and Eliminate Health Disparities and Achieve Health Equity*. P-00187. July 2010.

10. Galea, Sandro. *Crying "Crisis"*. Dean's Note. Boston University School of Public Health. <https://www.bu.edu.sph/2017/04/23/crying-crisis/>. Accessed 4.13.2018.
11. Jackson, B. W (2006). Theory and practice of multicultural organization development. In Jones, B. B. & Brazzel, M. (Eds.), *The NTL Handbook of Organization Development and Change* (pps. 139-154). San Francisco, CA, Pfeiffer.