

Racism is a Public Health Crisis YWCA USA Policy Statement

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As the U.S. Centers for Disease Control and Prevention (CDC) has recognized, racism is a public health crisis—an ongoing emergency or crisis event that significantly impacts the health, physical safety, and economic survival of millions of people of color throughout the United States. Centuries of racism have created deep inequities in housing, income, healthcare, education, public safety, transportation, food access, and other social determinants of health. These factors are interrelated and have a profound negative impact on the long-term physical and mental health of millions of people of color.

Over the past year, many in the U.S. have awakened to the racial justice crisis that is a daily reality for people of color: People of color are at increased risk of getting sick and dying from COVID-19. Women of color continue to bear the brunt of the COVID-19 “shecession.” George Floyd, Breonna Taylor, and too many other people of color have died at the hands of police. Children of color continue to be disproportionately disciplined in school and to fall further behind academically because of school closures and distance learning. People of color, specifically within the AAPI community, are harassed and targeted because of their race.

Recognizing the connectedness between our nation’s history of racism and these current-day racial inequities, YWCA has become a driving force in advocating for policymakers to recognize and address racism as a public health crisis in communities across the country and at the federal level. This Policy Statement sets forth the rationale for addressing racism as a public health crisis, as well as policy and legislative recommendations to address racism and racial inequities through a comprehensive, coordinated public health response across these myriad systems that impact the health, well-being, and safety of people of color.

Racism Is a Public Health Crisis

There is a growing consensus among public health experts, researchers, scholars, medical practitioners, and elected officials that racism is a public health issue that requires urgent action at all levels of government. In April 2021, [the CDC declared that racism is a serious threat to public health](#). As of June 2021, at least 115 cities, 82 counties, and 10 states have declared racism a public health crisis at state and local levels. According to the American Public Health Association (APHA), these declarations have been passed at city, county or state levels in 35 states. Moreover, leading organizations representing elected officials and experts from the medical and public health fields have issued substantive reports and policies recognizing racism as a public health issue, including

the American Academy of Pediatrics (AAP), the American Medical Association, the American Public Health Association (APHA), the Association of State and Territorial Health Officials (ASTHO), and the National Association of County and City Health Officials (NACCHO).

This emerging consensus is built on the recognition that racism and racial inequities influence social determinants of health—the conditions and environments in which people are born, live, learn, work, play, worship, and age, and which affect wide-ranging health and quality-of-life outcomes and risks. Social determinants that can enhance quality of life and have a significant impact on public health include safe and affordable housing; access to educational, economic, and job opportunities; public safety; social support; the availability of healthy foods; access to health services, transportation options, and mass media and technological infrastructure; and environments that are free of life and health-threatening toxins. Conversely, a range of factors can adversely impact public health and well-being, including social norms and attitudes such as discrimination and racism; exposure to crime, violence, and social disorder; socioeconomic conditions such as concentrated poverty; and residential segregation.

These social determinants of health are interrelated and shaped by decades of social, economic, and political laws, policies, and systems—creating health and well-being for some, but disproportionately burdening people of color with injury, disease, and premature death. Racially discriminatory governing policies and practices continue to contribute to the social, economic, and health inequities that people of color face today, and many of these health impacts are even more significant for women of color. Such social, economic, and health inequities include, for example:

Economic Opportunity:

- While 9% of white people are living in poverty, 17% of Latinx people, 21% of Black people, and 24% of American Indian/Alaska Native people live below the poverty line.ⁱ
- On average, Latinas are paid just 55 cents, Native American women 60 cents, Black women 63 cents, and Asian American and Pacific Islander women from 52-85 cents per every dollar earned by a white non-Hispanic male for the same work.
- 55% of Black and 53.5% of Latinx households spend more than 30% of their household income on housing, as compared to 42.6% of white households. Moreover, Black (21.2%) and Latinx (16.2%) households are disproportionately impacted by food insecurity
- Black-owned businesses are 2x as likely to be denied loans as those owned by white people. And up to 95% of Black-owned businesses may have been shut out of the federal government's recent Paycheck Protection Program.ⁱⁱ
- On average, white households have nearly 7x the wealth of Black families and 6x the wealth of Latinx families.ⁱⁱⁱ

- Homeownership is the main source of wealth for many families, but Black and Latinx families are more likely to be turned down for mortgages and have historically low homeownership rates. In 2020, 76% of white families owned their homes, compared to 61% of Asian, Native Hawaiian and Pacific Islander families, 51% of Latinx families and 46% of Black families.^{iv} The Black-white homeownership gap is larger today than in 1960, when housing discrimination was blatantly legal.^v Homeownership rates are lower for Black college graduates (56.4%) than white high school dropouts (60.5%).^{vi} This discrepancy in homeownership is partly why Black families have 86% less wealth, and Latinx families have 83% less wealth, than white families.^{vii}

Policing & Criminal Justice

- Across the country, Black Americans are 1.81x to 6.51x (an average of 3.23x) as likely to be killed by police as white men,^{viii} and 1 in every 1,000 Black men will die as a result of police violence.^{ix} Black women also face higher rates of violence at the hands of police – they are at least 1.4x as likely as white women to be killed by police.^x Police killings, violence, and other racist policing practices have adverse effects on mental health in Black communities.
- Black Americans are more likely to be stopped by the police, detained pretrial, charged with more serious crimes, and sentenced more harshly than white people.
- Due to the confluence of structural racism and factors such as gender, class, and sexual orientation or gender identity, commonly referred to as intersectionality, Black and Latinx transgender women are more likely to die due to violence and homicide than their white counterparts.

Educational Opportunity:

- Black and Latinx students face harsher discipline in school. They are taken out of the class and punished for subjective offenses at higher rates than their white peers. During the 2015–2016 school year, Black students represented only 15% of total US student enrollment, but they made up 35% of students suspended once, 44% of students suspended more than once, and 36% of students expelled. The US Department of Education concluded that this disparity is “not explained by more frequent or more serious misbehavior by students of color.”^{xi}
- The average non-white school district receives \$2,226 less per student^{xii}
- Black students are less likely to attend college, thus reducing their lifetime earnings by 65%^{xiii}

Access to Health Care:

- People of color and immigrants are less likely to be insured and are more likely to live in medically underserved areas. In 2019, 20% of Latinx, 11.4% of Black, and 21.7% of American Indian/Alaska Native individuals were uninsured, compared with 7.8% of white and 7.4% of Asian/Native Hawaiian/Pacific Islander individuals.^{xiv} In 2019, 13.8% of American

Indian/Alaska Native and 9.2% of Latinx children were uninsured compared with 5.6% of white, 4.6% of Black, and 4.4% of Asian/Native Hawaiian/Pacific Islander children.^{xv}

Health Conditions and Outcomes:

- Communities of color experience far higher rates of acute and chronic disease, and much higher rates of death from disease. People of color are more likely to suffer from chronic health conditions (such as heart disease, diabetes, asthma, hepatitis, and hypertension) and infectious diseases (such as HIV/AIDS, and COVID-19) compared to their white counterparts.
- As of April 2021, cases of COVID-19 were greater among American Indian/Alaska Native (1.6x), Black (1.1x), and Latinx (2x) communities than among white communities. Even more startling, however, is the fact that COVID-19 is killing American Indian/Alaska Native people at 2.4x the rate of white people, and Latinx individuals at 2.3x the rate of white people, and Black people at 2.9x the rate of white people.^{xvi}
- People of color are overrepresented in many vulnerable groups, such as low-wage workers, the uninsured, those without sick leave, the incarcerated, and the homeless. Moreover, individuals working in industries that involve high degrees of interaction with others—such as caregivers, health care professionals, and food, beverage, retail, and travel industry workers—are at higher risk of contracting COVID-19.

Racism and Reproductive Health

- Racism has led to persistent inequities in reproductive and sexual health care, including higher rates of maternal and infant mortality, unintended pregnancy, and rates of STI infection.
- While maternal mortality affects all women across the U.S., Black women are more than 3x as likely to die from pregnancy-related causes than white women—in some cities, they have maternal death rates up to 12x higher than white women—and American Indian/Alaska Native women are 2.3x as likely as white women to die from pregnancy-related causes. In addition, Black and American Indian/Alaska Native women with at least some college have higher pregnancy mortality ratios than all other women with less than high school diplomas.^{xvii} Black women also have the highest rates for 19 of the 21 severe morbidity indicators now used by the Center for Disease Control and Prevention (CDC).^{xviii}
- More than 700 women in the U.S. die every year from pregnancy-related causes;^{xix} however, an additional 50,000 a year suffer life-threatening pregnancy-related complications, known as severe maternal morbidity (SMM).^{xx} Black women are twice as likely to experience SMM compared to white women.^{xxi}

- Black and Native Hawaiian/Pacific Islander infants are more than twice as likely to die than white infants, while American Indian/Alaska Native infants are nearly twice as likely to die as white infants.^{xxii}
- Latinx women are 20% more likely to have cervical cancer and 19% more likely to die from cervical cancer than white women.^{xxiii}
- Black women are 38% more likely to die of cervical cancer, 28% more likely to die of breast cancer, and 48% more likely to die of uterine cancer than white women.^{xxiv}
- People of color disproportionately suffer the brunt of the HIV epidemic in the United States. While Black Americans make up just 13% of the population, they represented 42% of new HIV diagnoses in 2018, and Latinx Americans make up just 18% of the population but represent 27% of new HIV diagnoses.^{xxv} Moreover, Black people living with HIV/AIDS are 7x more likely than white people to die from the virus.^{xxvi}
- Disparities continue to exist in rates of sexually transmitted disease, access to treatment, and quality of care between people of color and white people, strongly correlated with other factors affecting overall health status, such as income, employment, and insurance coverage.

Racism and Acute and Chronic Disease

- 21.5% of Black, 26.8% of Latinx, and 28% of American Indian/Alaska Native individuals reported having fair or poor health compared with 16.4% of white individuals.^{xxvii}
- 57.1% percent of Black adults age 18 and over suffer from hypertension compared with 43.6% percent of white adults.^{xxviii}
- Native Hawaiian/Pacific Islanders adults were 3.9x as likely to have diagnosed cases of stroke than white adults.^{xxix}
- In 2018, 23.5% of American Indian/Alaska Native adults,^{xxx} 19.8% of Native Hawaiian/Pacific Islander adults,^{xxxi} 13.2% of Latinx adults,^{xxxii} and 13% of Black adults were diagnosed with diabetes compared with 8% of white adults.^{xxxiii} That year, American Indian and Alaska Native adults were 2.3x more likely to die from diabetes as white adults,^{xxxiv} while Native Hawaiian/Pacific Islander adults were 2.5x more likely to die as white adults.^{xxxv}
- Asian Americans adults are twice as likely to develop chronic hepatitis B than white adults and are nearly 8x more likely to die from hepatitis B than white adults.^{xxxvi}

YWCA supports legislation that would advance a comprehensive public health response to racism by directly addressing racial inequities across the [systems and domains that influence social determinants of health](#),

Congress Must Act

- A Resolution Declaring Racism a Public Health Crisis (H.Res.344/S.Res.172) has been introduced in both the U.S. House and the U.S. Senate.
- The resolution declares racism to be a public health crisis and commits to:
 - establishing a nationwide strategy to address health disparities and inequities across the U.S.;
 - dismantling systemic policies and practices that perpetuate racism across the U.S.;
 - advancing reforms to address policies that have led to poor health outcomes for communities of color across the U.S.; and
 - promoting efforts to address the social determinates of health—especially for Black, Latinx, Native American, and other people of color in the U.S.

Members of Congress must cosponsor and pass H.Res.344/S.Res.172!

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^x Edwards, F., Lee, H., & Esposito, M. (2019, August 20). Risk of being killed by police use of force in the United States by age, race-ethnicity, and sex. PNAS. <https://www.pnas.org/content/116/34/16793>.

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