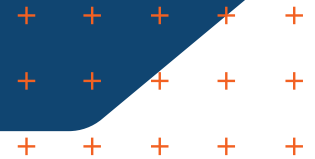


Survey: Public Health Employees Eager to Address Racism as A Public Health Crisis

Funding, training, and leadership support are top needs, according to national survey of state and local public health professionals



KEY FINDINGS:



Nearly three-quarters (72%) of state and local governmental public health employees believe that addressing racism as a public health crisis should be a part of their work

within their agencies, but only 4 in 10 (39%) employees reported being highly engaged in such efforts.



A strong majority of executives in public health agencies (81%)

believe that addressing racism should be part of their work.

Over half of the government public health workforce (58%) believes they lack adequate funding to address racism as a public health crisis, and nationally,



employees reported needing more training, community engagement, and support from agency leadership to address racism in their work.

The adverse and long-term impacts of racism on health are numerous, well-documented, and unequivocal.^{1,2}

Given the ubiquity of racism and the roles and responsibilities of government agencies, an effective response starts with having local, state, and federal agencies recognize how various forms of racism operate and how they create disparities across the social determinants of health.³

Although differential health outcomes between racial groups in the United States have persisted for over 400 years,⁴ formal acknowledgement of the impacts of racially unjust policies on health outcomes – particularly for Black people, Native and Indigenous people, and other People of Color – is relatively recent. The COVID-19 pandemic, the murder of George Floyd, and the subsequent protests against racial injustice in 2020 intensified national attention on how racism drives inequities in health, life outcomes, and life expectancy.

Bolstered by the political activism of community members, hundreds of jurisdictions across the country have declared racism a public health crisis.⁵ In April 2021, the Centers for Disease Control and Prevention (CDC) followed suit by formally declaring racism a “serious public health threat.”⁶ While explicitly naming racism as a driver of health inequities is an important step, words alone do not give those working in public health the resources and authority they need to make meaningful progress towards dismantling structural racism and achieving health equity.

As the providers of essential public health services,⁷ the state and local government public health workforce can play a critical role in addressing racism in communities nationwide. From preventing chronic and infectious diseases to ensuring the safety of built and natural environments, the government public health workforce is uniquely positioned to take on the root causes of structural racism. However, equipping them to do so requires a better understanding of their willingness and ability to address structural racism in their daily work.

Key Concepts & Definitions

Racism as a Public Health Crisis: An increasing number of cities, counties, and states have declared racism to be a public health crisis or emergency. These declarations are driven by a recognition that systemic, institutional, and other forms of racism drive disparities across employment, housing, education, the criminal legal system, healthcare, and other determinants of health. The declarations also reflect a growing acknowledgment that state and local governments must anchor efforts to eradicate the impacts of racism to achieve the conditions needed to create optimal health for all.³

Structural Racism: An entrenched and multifaceted system in which public and organizational policies, institutional practices, cultural representations, norms, and other structures collectively work in various, often reinforcing ways to maintain a racial hierarchy that allows the privileges associated with “whiteness” and the disadvantages associated with “color” to endure and adapt over time.⁸

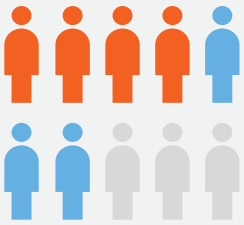
Health Equity: Describes a set of conditions in which all people, regardless of who they are, where they came from, how they identify, where they live, or the color of their skin, have a fair and just opportunity to live their healthiest possible lives — in body, mind, and community. Achieving health equity requires removing social, economic, contextual, and systemic barriers to health; and making a continuous and explicit commitment to prioritize those affected by historical disadvantages.⁹

Methodology

Conducted by the de Beaumont Foundation and the Association of State and Territorial Health Officials (ASTHO) in 2014, 2017, and 2021, the Public Health Workforce Interests and Needs Survey (PH WINS) is the only nationally representative survey of state and local government public health agency employees. The survey collects information on the government public health workforce, including self-identified demographics, engagement and satisfaction, training needs, and their ability to address pressing issues in public health. The PH WINS survey was distributed to 137,447 state and local government public health workers, representing 47 state health agencies and over 300 local health departments. The survey was completed by 44,732 individuals, for a 35% response rate. Results presented in the brief are representative of state and local government public health agencies across the nation. Balanced repeated replication weights were constructed and applied to analyses to account for the complex sampling design and to adjust for nonresponse. Additional data and analyses, including the [PH WINS 2021 Methodology Report](#) that provides more details on the issues and needs of this vital workforce, can be found in the [PH WINS 2021 Special Supplement](#) in the *Journal of Public Health Management and Practice*.

This research brief describes key findings from PH WINS 2021, which provided the first exploration of government public health employees’ views on addressing racism as part of their job functions, how much they have been involved in such efforts, and the resources and supports they believe they need to take on racial justice work within public health agency contexts.

Key Findings

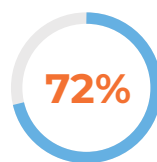


Nearly three-quarters (72%) of state and local government public health employees believe that addressing racism as a public health crisis should be a part of their work within their agencies; however, only about 4 in 10 employees (39%) reported being highly engaged in efforts to address racism.

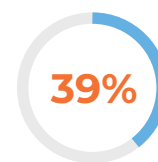
Understanding government public health employees' perceptions of their role in addressing racism is critically important. When asked, "Do you believe that addressing racism as a public health crisis should be a part of your work at the health department?" nearly three-quarters (72%) of government public health employees responded "Yes." Among employees with a public health degree, 89% agreed with this statement, compared with 69% of employees who did not have a public health degree.

To determine how engaged government public health employees feel in addressing racism as a public health crisis, participants rated the extent to which they had been engaged in such efforts at their agency on a four-point Likert scale.^a Despite nearly three-quarters of public health employees believing that addressing racism should be a part of their work, only about 4 out of 10 employees (39%) reported being highly engaged in efforts to do so. Employees at big city health departments (BCHDs)^b reported higher levels of engagement (50%) than those at state health agencies (SHAs) (36%) and local health departments (LHDs) (also 36%). Among government public health employees who had earned a public health degree, 55% reported being highly engaged in work to address racism, compared with 37% among those who lacked a public health degree.

Employees' Overall Belief & Engagement in Addressing Racism in Their Work at the Health Agency



of government public health employees believe addressing racism as a public health crisis should be a part of their job



of government public health employees are highly engaged in efforts to address racism

Believing that addressing racism should be a part of an employee's work did not consistently align with an employee being highly engaged in this work. Among government public health employees who shared their self-identified racial and ethnic groups, those who identified as Black or African American were the most likely to believe that addressing racism should be part of their work (82%); however, only 35% of Black or African American government public health employees reported being highly engaged in this work. Furthermore, public health agency employees aged 21-30 had the highest levels of belief (81%) across all age groups, yet only 39% felt highly engaged in this work.

a Responses of "Some" and "A Lot" were combined to create the category "High Engagement." Responses of "Not at All" and "Very Little" were combined to create the category "Low Engagement."

b Big City Health Departments encompass health departments that are a part of the [Big Cities Health Coalition](#).

Table 1: State and Local Government Public Health Agency Employees' Belief & Engagement in Addressing Racism in Their Work

	Employees who believe addressing racism should be a part of their work (N=186,173)*	Employees who are highly engaged in efforts to address racism as part of their work (N=186,847)**
Setting		
State Health Agency	69%	36%
Big City Health Department	81%	50%
Local Health Department	69%	36%
Self-Identified Gender Identity		
Man	64%	37%
Woman	74%	40%
Some other way	61%	42%
Self-Identified Racial and Ethnic Group		
American Indian or Alaska Native	67%	40%
Asian	76%	41%
Black or African American	82%	35%
Hispanic or Latino	73%	37%
Native Hawaiian or other Pacific Islander	72%	35%
White	69%	41%
Two or more races	64%	39%
Age (in years)		
<21	65%	29%
21-30	81%	39%
31-40	77%	42%
41-50	71%	38%
51-60	67%	38%
61+	65%	38%
Formal Public Health Training		
Yes	89%	55%
No	69%	37%
Supervisory Status		
Non-supervisor	70%	36%
Supervisor	73%	43%
Manager	78%	52%
Executive	81%	58%

*Unweighted total count: n= 29,974

**Unweighted total count: n= 16,252



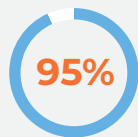
A strong majority of executives in public health agencies (81%) believe that addressing racism should be part of their work.

Exploring the beliefs of government public health employees at the executive level (members of the Senior Executive Service or its equivalent) is important, as public health agency leaders have the power to determine departmental and budgetary priorities, as well as organizational strategies that could be used to address racism. Within PH WINS, executives reported the highest engagement in addressing racism as a public health crisis (81%) across all supervisory levels.

However, executives' agreement that addressing racism was part of their jobs and their engagement in this work revealed clear differences across self-identified racial and ethnic groups. Given the connections between structural racism and the well-established health, racial, social, and economic inequities experienced by communities of color,¹⁰ understanding the perceptions of government public health agency employees of different self-identified racial and ethnic groups is critical to bolstering efforts to address racism.

ENGAGEMENT BY SUPERVISORY STATUS

Across all racial and ethnic groups, Black or African American public health agency executives reported the highest levels of belief and engagement in addressing racism as a public health crisis.



95% of Black or African American executives believe that addressing this issue is a part of their job, compared with 79% of white executives.

Furthermore, 67% of Black or African American executives reported being highly engaged in efforts to address racism as a public health crisis, compared to 58% of white executives.

Table 2: State and Local Government Public Health Agency Executives' Belief and Engagement in Addressing Racism as Public Health Crisis, by Racial and Ethnic Group*

Self-identified Racial and Ethnic Group*	Believe that addressing racism should be a part of their work (N=3,374)	Are highly engaged in efforts to address racism (N= 2,414)
Overall	81%	58%
Asian	82%	64%
Black or African American	95%	67%
Hispanic or Latino	85%	49%
White	79%	58%
Two or more Races	79%	65%

*The sample size of governmental public health agency executives who participated in PH WINS and self-identified as either "American Indian or Alaska Native" or "Native Hawaiian or another Pacific Islander" was not large enough to be nationally representative and risked identifying participants. To protect the anonymity of participants, findings from these two groups were excluded from this table.



Over half of the government public health workforce (58%) believes they lack adequate funding to address racism as a public health crisis, and nationally, the workforce reported needing more training, community engagement, and support from agency leadership to address racism in their work.

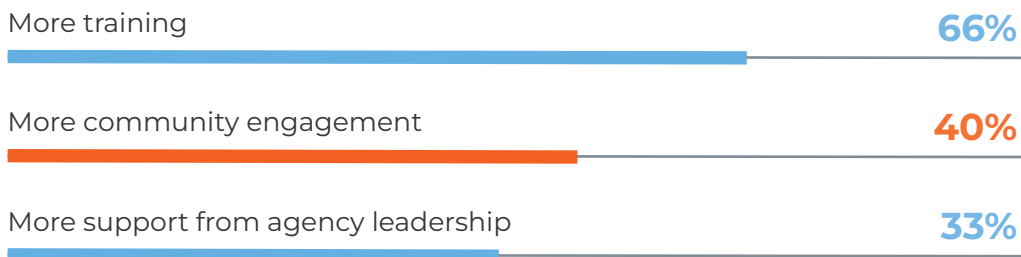
Having adequate funding is essential to address any public health crisis. Participants were asked to rate the extent to which they agreed with the statement, “I have adequate funding to address racism as a public health crisis” on a four-point Likert scale.^c A majority of employees disagreed (58%). Employees in SHAs disagreed the most with this statement (61%), compared to BCHD employees (55%) and LHD employees (57%).

It is critical to understand the connections between funding and government public health employees’ ability to engage in efforts to address racism. If most government public health employees believe they lack sufficient funding to address racism in their work, then their ability to and likelihood of doing this work may be substantially hindered.

BEYOND FUNDING NEEDS

Government public health agencies need more than financial support to address racism effectively and authentically. Survey participants were asked to select up to three non-monetary resources that they felt they needed to address racism as a public health crisis. The top three needs government public health employees identified were more training (66%), more community engagement (40%), and more support from agency leadership (33%).

Top Three Non-Monetary Needs Among the Governmental Public Health Workforce to Address Racism as a Public Health Crisis



^c Responses of “Strongly Disagree” and “Disagree” were combined to create the category “Disagree.” Responses of “Agree” and “Strongly Agree” were combined to create the category “Agree.”

Conclusions

With equity at the center of the 10 Essential Public Health Services,⁷ the government public health workforce cannot genuinely promote and protect the health of all people unless it is actively working to eradicate all forms of structural oppression that perpetuate health inequities at institutional, community, state, and national levels. Based on findings from PH WINS 2021, public health agencies should:

REMOVE BARRIERS

1

Understand the internal barriers that prevent employees from addressing racism as a public health crisis in their work and take steps to remove them

While PH WINS 2021 reveals that a strong majority of state and local government public health employees believe that addressing racism should be part of their work, there is a disconnect between their beliefs and their engagement in anti-racist efforts. Public health agencies should strive to better understand the internal issues that may drive this lack of engagement, including the extent to which government public health employees are encouraged and given opportunities to meaningfully engage in addressing racism as part of their daily work. Understanding the reasons why government public health employees are not engaged in addressing racism can help agency leadership create an organizational culture where all employees see how their work is essential to addressing systemic health inequities.

To this end, public health agency leaders must be introspective and recognize the many ways in which structural racism operates within their own agencies. By placing an intentional and sustained focus on justice, equity, diversity, and inclusion, public health agencies can create more equitable workplaces and authentically engage in health equity-focused efforts in collaboration with external partners and communities.

IMPROVE TRAINING

2

Facilitate continuing education and on-the-job training to ensure that employees understand that structural racism is ubiquitous and has genuine effects on community health

Findings from PH WINS 2021 show that having formal training in public health may bolster the belief that addressing racism should be a part of a public health agency employee's job and can lead to higher levels of engagement in efforts to address racism in their work. This suggests that receiving formal education and training in public health can help employees make clear connections between racism, health inequities, and their work within public health agency contexts. To better prepare members of the government public health workforce to take on racism through their work, agencies should prioritize continuing education and regular on-the-job training. This sustained focus on education is essential to ensure that all employees, regardless of their academic backgrounds, understand the many ways in which structural racism impacts public health and are equipped to address racism in their daily work.

BUILD PARTNERSHIPS

Prioritize creating and strengthening partnerships across sectors and organizations to build political will and bolster employees' ability to undertake anti-racist work

While most government public health agency executives believe that addressing racism as a public health crisis should be a part of their job, there are clear differences among executives by racial and ethnic group, and only about half of all executives are highly engaged in addressing racism in their work. This disparity between belief and engagement could be due to mounting external political pressures and challenges to public health authority across the nation.¹¹ From prohibitive funding restrictions to the inability to use terms such as “health equity” in their work,¹² forces outside of public health agencies are also preventing agency leaders from addressing or even acknowledging the role that racism plays in driving adverse health outcomes. When higher ranking decision-makers and elected leaders place limitations on public health agency executives’ autonomy, it can prevent them from leading agencies in a manner that centers social justice, uplifts community voices, and ultimately saves lives.

Often, these forces can be outside of public health agency executives’ control. To counter them, building political will among community members and forging strong cross-sector partnerships with community organizations, other government agencies, organizers, and advocates is essential. To address these political realities, public health agency leaders must prioritize building their internal capacity to do anti-racist work, while simultaneously collaborating with constituencies outside of public health agencies to bolster their influence and ability to do this critical work.

IDENTIFY FUNDING SOURCES

Secure sustained funding to address the many ways in which racism creates health inequities

Most government public health employees believe that they lack adequate funding to address racism. The CDC’s formal declaration of racism as a “serious public health threat” failed to include any specific funding or guidance for government public health agencies to operationalize efforts to address racism in their work.⁶ A 2021 analysis of 198 declarations of racism as a public health crisis from across the country found that only 19% of declarations (n=37) referenced dedicating resources or funding to address racism. And only four declarations (2% of all declarations analyzed) explicitly discussed reallocating or increasing funding to public health departments.¹³

Without direct funding for efforts to address racism and its impacts on health — and amid chronic underfunding¹⁴ and understaffing¹⁵ of public health agencies — how can government public health employees be expected to make meaningful and sustained progress toward health equity and racial justice? Allocating increased and stable funding to local, state, and federal agencies to explicitly address racism and its impacts on health are essential to ensure that government agencies, including those focused on public health, can move the needle and make tangible change. Moreover, funding must align with and fulfill non-monetary needs that public health agency employees require to address racism as part of their daily work, including training, community engagement, and leadership support.

While government public health employees overwhelmingly believe that they must address racism as part of their daily work, efforts to determine the most effective ways to do this work may spark many more questions than answers. Additional areas for research include exploring the gap between government public health employees’ belief and engagement in addressing racism as part of their jobs, understanding the role that formal public health education plays in preparing employees to combat structural racism, and identifying the specific types of training, community engagement, and support from agency leadership that employees believe they need to effectively address racism as part of their work. Public health agencies should focus their immediate attention on exploring these issues within their respective contexts and take tangible steps toward making changes that will fully support their workforce as they take on racism as a public health crisis.

Recommendations for the Field

👉 **Government public health agencies at federal, state, and local levels should:**

- Engage public health agency employees regularly to gain a deeper understanding of the internal barriers that prevent them from addressing racism as a public health crisis in their work and take steps to remove these barriers.
- Be actively introspective and work diligently and consistently to recognize the many ways in which structural racism operates within their own agencies.
- Facilitate continuing education and on-the-job training opportunities to ensure that public health agency employees understand the ubiquitous nature of structural racism and can genuinely address its effects on community health.
- Prioritize creating and strengthening partnerships across sectors and across organizations to build political will and to bolster the ability of public health agency employees to undertake anti-racism work.
- Secure sustained funding to explicitly address the many ways in which racism creates health inequities.

👉 **Federal agencies, as well as state and local governments,** should explicitly invest in efforts to address structural racism and allocate sustained funding directly to state and local public health agencies and community organizations to address the many ways in which racism creates health inequities.

👉 **Researchers** should investigate specific factors and circumstances that can help or hinder public health agency employees from engaging in efforts to address racism as a public health crisis and more deeply explore what public health agency employees need to effectively do this work.

ACKNOWLEDGEMENTS

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