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November 19, 2020

The Honorable Bill Henry, Chair
Equity and Structure Committee
City Hall, 100 N. Holliday Street, Suite 500
Baltimore, Maryland 21202

RE: Testimony for 20-0218R Recognizing Systemic Racism as a Public Health Crisis

Dear Chairman Henry and Members of the Equity and Structure Committee,

I regret that I am unable to testify in person at the public hearing on Recognizing Systematic Racism as a Public Health Crisis, but I am pleased to offer written testimony on this important topic.

I am the James F. Fries professor of medicine and Bloomberg Distinguished Professor of equity in health and health care at the Johns Hopkins University schools of Medicine, Nursing, and Public Health, where I have served as faculty for 25 years. At the core of my work is addressing factors such as racism and its negative impact on health.

Structural inequities are reflected in the policies and structures that allow a dominant group in society, in our case, white persons and those with high levels of income, to differentially allocate desirable opportunities and resources to groups regarded as inferior. In this country, the latter typically includes African Americans and other persons of color, who bear the burden of health disparities.

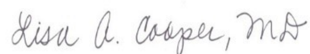
As a board-certified general internist, I have had the experience of treating patients who struggle with a range of illnesses and health care needs. My patients live with chronic conditions such as heart disease, diabetes, kidney disease, asthma, and depression. Each patient's health is impacted by individual predispositions and behaviors, factors within the healthcare system, and a unique constellation of factors far removed from my office, including family and social networks, exposure to stress and discrimination, and the availability and quality of housing, healthy foods, and safe, clean environments for work and recreation in their communities.

As a health services researcher, I have devoted my career to improving quality and addressing disparities in care delivered within the U.S. health care system — specifically the ways race and socioeconomic factors shape these disparities, and the ways our health systems, in partnership with others in our communities, might help eliminate them. Currently, I direct the Johns Hopkins Center for Health Equity, where my colleagues and I work to identify practical, effective solutions to achieve health equity for every person and family, across healthcare settings and communities, in partnership with governments, non-governmental organizations, and academia. We have developed programs targeting health professionals' skills, patients' health behaviors, and health systems' ability to address patient's medical and social needs.

The pandemic is shining a magnifying glass on structural racism as a public health issue. However, the effects of structural racism are longstanding. Tthe U.S. needs to engage in a much more comprehensive response to the impact of structural racism on our culture, our institutions, and on all people, but especially on people of color. David Williams, professor of public health, African American studies, and sociology at Harvard University, and I have described three broad strategies to do this. First, we have suggested that policymakers prioritize the development of "communities of opportunity" to minimize the adverse effects of structural racism. This would mean creating communities that provide early childhood development resources, put policies in place to reduce childhood poverty, provide work opportunities and income support for adults, and ensure healthy housing and neighborhood conditions. Second, we suggested that the health care system needs new emphases on ensuring access to high quality care for all, strengthening preventive and primary care approaches, addressing patients' social needs as part of health care delivery, and diversifying the health care work force to more closely reflect the demographic composition of the patient population. Third, we recommended that government and private funders support community engaged, action-oriented research to identify the best approaches to build political will and support to address social inequities in health. This could include initiatives to raise public awareness of the pervasiveness of health inequities and the connections between social factors and health; to build empathy and support for addressing inequities by telling the stories of people whose lives have been impacted; and to enhance the capacity of individuals and communities to actively participate in efforts to address inequities at all levels.

As we have seen through the Black Lives Matter protests, many people are finally recognizing the inequities that are borne out of systemic racism, becoming motivated to speak and act for justice and change. This resolution recognizing structural racism as a public health crisis is a bold and important first step. I and my colleagues stand ready as a resource in shaping legislation and policies that address the many inequalities in Baltimore and evaluating their impacts on health disparities.

Sincerely,



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Cc: The Honorable Kristerfer Burnett, Vice Chair
The Honorable Danielle McCray, member
The Honorable Robert Stokes
Dr. Letitia Dzirasa, Health Commissioner