BEHAVIORAL HEALTH LEADERS UNITE TO SUPPORT THE DECLARATION OF RACISM AS A PUBLIC HEALTH CRISIS

A call to the community to adopt similar action steps as part of a statewide declaration

Sacramento, CA -- A growing list of city and county jurisdictions across the state are declaring racism to be a public health emergency or crisis. The California Alliance of Child and Family Services (CACFS) and the California Council of Community Behavioral Health Agencies (CBHA) stand in strong support of these actions as a first step in acknowledging the realities of systemic, institutional, and structural racism that leads to abuse of power and racial injustice.

Common elements across these declarations and resolutions include:

- acknowledging the effects of intergenerational racism on population health, especially anti-Black racism,
- assessing governments’ internal policies and procedures with a racial equity lens,
- advocating for laws and regulations that center and promote racial equity,
- ensuring inclusivity and diversity in leadership, workforce, hiring and contracting,
- promoting educational efforts to address and dismantle racism,
- identifying clear goals and objectives, including specific benchmarks to assess progress and,
- securing adequate resources for anti-racism activities.

As the nation faces numerous challenges, an ever-evolving pandemic and a growing call to fix the deeply embedded systemic and structural discrimination faced daily by racial and ethnically diverse communities, it has never been more clear that racism has a profound impact on the mental and physical health of these individuals and their communities.

Amongst all race/ethnic groups in California, Black Americans have the lowest life expectancy, the highest burden of disease from a preventable cause, and the lowest access to mental health care. Compared to their white counterparts, Black children are five times more likely to have an emergency department visit due to asthma, Black women four times more likely to die from childbirth, Black older adults significantly more at risk for dementia, and Black adult men ten times more likely to be imprisoned. And, according to a report by SAMSHA, the COVID-19 pandemic has spotlighted racial and ethnic disparities in access to behavioral health care. “While their rates of behavioral health disorders may not differ from the general population, Blacks and Latinos have substantially lower access to mental health and substance-use treatment services.”

Public health and health care leaders around the nation have also spoken out and issued statements about racism and public health. For instance, the American Psychological Association expressed that “COVID-19’s disproportionately lethal impact on Black, Latinx and Native American people has revealed just how unequal our nation’s health outcomes are.” The American Association for Marriage and Family Therapy stated that they were “outraged by the continued racial trauma, violence, and loss that our communities of color are experiencing in this country.” The National Association of Social Workers vowed to "continue (their) efforts to ensure respect,
inclusion, fairness and equity in our social work practices and social justice actions for and with the individuals, communities and families that NASW members serve. (They) are committed to creating and sustaining healthy environments where Black Lives Matter and are valued and supported in all that (they) do as social workers." The American Academy of Family Physicians spoke about the costs of racism in generating tens of billions of excessive medical costs and loss in productivity every year and vowed to develop "a family medicine workforce as diverse as the U.S. population." The Institute for Healthcare Improvement acknowledged that it would be "in a state of 'becoming' anti-racist because this work requires lifelong commitment and vigilance."

"The California Council of Community Behavioral Health Agencies recognizes that racism negatively impacts social determinants of health among historically underserved communities," said Le Ondra Clark Harvey, CEO of the CBHA. "Without first admitting that racism is in itself a public health crisis, we cannot in good faith say we are working towards real systemic and structural change. By refusing to address this damaging crisis, health inequities will continue to exist, and the overall health of our state will suffer. At CBHA, we are aware of the impact that racism has on our behavioral health clients and we are committed to advocating for them and the providers that serve them."

"It is our responsibility to address the real health determinants of racism within our nation and act now to ensure that we can continue to heal through understanding, compassion, and justice," said Christine Stoner-Mertz, CEO of the California Alliance. "The first step to every problem is to acknowledge that it exists. Racism is a public health crisis, and as the Alliance continues to advocate for children, youth, and families served in our public systems, we will work to be accountable to them, to ensure all voices are heard, and to do better on their behalf."

We must come together to recognize the structural racism that continues to exist in many of our public systems. As our member organizations work to reduce the impacts of poverty and trauma, we must dig even deeper to uproot the underlying structures that keep these inequities alive. Black, Latinx, and Native American children continue to be placed in foster care and the juvenile justice system at disproportionately high rates and continue to be impacted by our educational systems' inequities. While research shows that 2.7 million Asian Pacific Islander have a mental and/or substance use disorder (SUD), and suicide was a leading cause of death for Asian Americans, alone, from ages 15 to 24, in 2017.

We encourage additional jurisdictions to review, adapt, and adopt similar action steps as part of a statewide declaration of racism as a public health crisis and identify goals and objectives to assess the local progress. And we hope such declarations will lead to a broader conversation engaging all sectors of our society.

In Solidarity.


iii  https://www.psychiatry.org/psychiatrists/cultural-competency/education/asian-american-patients