

Dismantling white supremacy in public health

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The CDC recently declared racism as a threat to public health. But when it comes to dismantling white supremacy in public health, action must be taken beyond issuing statements declaring racism a public health crisis, says Sirry Alang, associate professor of sociology and health, medicine, and society at Lehigh University. A new analysis from Alang and colleagues examines the three core functions of public health—assessment, policy development and assurance—and the ten recently revised essential public health services (EPHSs) to offer strategies public health can follow to dismantle white supremacy.

The article, "White Supremacy and the Core Functions of Public Health," by Alang and colleagues from the University of Minnesota School of Public Health was published in the *American Journal of Public Health*.

The researchers found that public [health](#) has contributed to structural racism and white supremacy, mentioning that health surveillance systems do not routinely collect data on racism, schools of public health are disproportionately

white, and that research led by Black scholars is less likely to be funded than research led by their white counterparts.

"Public health research evaluates variation in the accessibility, effectiveness, and quality of health services by race. But the impact of racism and white supremacy on these outcomes are often ignored," Alang said.

To combat these challenges, the researchers suggest actions to take in response to public health's essential public health services.

Assessment

Under assessment, public health professionals are tasked with assessing and monitoring population health status, factors that influence health, and community needs and assets. Additionally, they are to investigate, diagnose and address health problems and hazards affecting the population.

The researchers suggest public health professionals consider tracking and reporting respondents' exposures to and experiences of police brutality and other indicators of structural racism and white supremacy, as well as investigate the complex mechanisms through which white supremacy shapes health outcomes.

Policy Development

Under [policy](#) development, tasks include communicating effectively to inform and educate people about improving health, strengthening communities and partnerships to improve health, creating and implementing policies that affect health, and utilizing legal and regulatory actions designed to improve and protect health.

The researchers encourage public health professionals to take action by educating public and policymakers on indicators of white supremacy and

how it affects health, ensure equitable allocation of resources, and develop and enforce regulations and policies to dismantle practices that maintain structural racism and white supremacy.

More information: Sirry Alang et al, White Supremacy and the Core Functions of Public Health, *American Journal of Public Health* (2021). [DOI: 10.2105/AJPH.2020.306137](https://doi.org/10.2105/AJPH.2020.306137)

Assurance

Under assurance, the essential public health services include ensuring an effective system that enables equitable access to services and care, building a diverse and skilled workforce, and improving and innovating public health functions.

Provided by Lehigh University

The researchers recommend public health professionals acknowledge racist systems and advocate for antiracist policies, set clear expectations for education on equity, focus on antiracist methodologies and ensure the infrastructure for teaching, research and practice is grounded in critical race theory so that the implications of historical and contemporary manifestations of white supremacy are addressed.

"Public health can do better by ensuring that assessment includes data collection, monitoring and reporting of racism pertinent to the health of Black, Indigenous and people of color. Policy development must center the experiences of people most impacted by white supremacy. Assurance requires us to analyze the impact of white supremacy on training curricula, [research funding](#) and resources, racial composition of the healthcare workforce, and on health outcomes," wrote the researchers.

Moving forward, Alang says public health institutions have to develop and enforce regulations and policies to dismantle practices that maintain structural racism and white supremacy.

"Public health cannot address racial inequities in health outcomes without addressing white supremacy in the field itself—the discipline, profession and practice of public health, and public health schools," Alang explained. "The newly revised ten essential [public health](#) services now highlight equity, but to live up to our goal of equity, they must also tackle structural [racism](#) and its roots: [white supremacy](#)."

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