DENVER BOARD OF PUBLIC HEALTH & ENVIRONMENT  
POLICY RECOMMENDATION  
August 13th, 2020  

Declaring Systemic and Structural Racism as a Public Health Crisis:  
Toward Eliminating Racial, Economic, Social, Health and Other  
Systemic Injustices

WHEREAS, the Department of Public Health and Environment of the City and County of Denver (the Department) is committed to implementing unbiased, evidence-informed policies, systems, and environmental-change interventions to increase opportunities for a healthy life in the City and County of Denver; and

WHEREAS, the Department’s mission is to “Empower Denver communities to live better, longer”1; and

WHEREAS, the Department has adopted health equity as a guiding principle. Equity is defined as “when everyone, regardless of who they are or where they come from has the opportunity to thrive.” Health equity is defined as when “everyone has a fair and just opportunity to be as healthy as possible.” Health equity practice “intentionally supports policies, delivers public services and allocates resources to advance health equity and eliminate institutional biases and barriers”2; and

WHEREAS, achieving health equity requires the Department, the City and society as a whole to reduce barriers to good health, including lack of access to safe housing, education, economic opportunity, healthy food and drinking water, good environmental quality, and mobility. These “social determinants” of health are linked to a lack of opportunity and to a lack of resources to protect, improve, and maintain health and taken together, these factors are mostly responsible for health inequities3; and

WHEREAS, a “health disparity” refers to a higher burden of illness, injury, disability, or mortality experienced by one group relative to another. Disparities occur across many dimensions, including race/ethnicity, socioeconomic status, age, location, gender, disability status, and sexual orientation. Disparities in health and health care not

1 https://www.denvergov.org/content/denvergov/en/environmental-health/about-us.html  
2 https://www.denvergov.org/content/denvergov/en/environmental-health/health-equity.html  
3 https://www.cdc.gov/nchhstp/socialdeterminants/index.html
only affect the groups facing disparities, but also limit overall gains in quality of care and health for the broader population and result in unnecessary costs; and

WHEREAS, health outcomes for the people of color in the City and County of Denver are disproportionately impacted by health disparities when compared to their white counterparts in nearly every category; and

WHEREAS, the American Public Health Association defines racism as "a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources; and

WHEREAS, racism is a driving force of the social determinants of health and is a barrier to health equity; and

WHEREAS, people and communities of color are disproportionately affected by systemic and structural racism, which is manifested through such activities as over-policing, excessive police violence, over-incarceration, micro-aggressions and poverty, and are subjected to a variety of systemic injustices which result in premature death and disability; and

WHEREAS, the City and County of Denver has committed to health in all policies to reduce racial and health disparities; and

WHEREAS, local boards of health and county commissioners across the nation have declared that racism is a public health crisis; and

WHEREAS, the experiences of the COVID-19 pandemic and the demonstrations demanding social justice have called attention to the vulnerability of communities experiencing racial and health inequity, including the sickness and death of members of

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5 https://www.apha.org/topics-and-issues/health-equity/racism-and-health
6 Id.
these communities in numbers far greater than those expected based on their representation in the population as a whole; and

WHEREAS, the Board is committed to the advancement of racial equity and health equity in all its processes, procedures and decisions, and based on this commitment has begun to design, implement, and assess all Board decision-making using a racial health equity lens; and

WHEREAS, the Denver Board of Public Health and Environment (the Board) declares racism a public health crisis. The Board has begun and intends to continue to design, implement and assess all board decision-making using a racial health equity lens.

NOW, THEREFORE, THE DENVER BOARD OF PUBLIC HEALTH AND ENVIRONMENT OF THE CITY AND COUNTY OF DENVER HEREBY RECOMMENDS THAT THE BOARD AND DEPARTMENT ADOPT THE FOLLOWING POLICIES AND STRATEGIES. THE BOARD FURTHER ENCOURAGES THE MAYOR’S OFFICE TO CONTINUE TO COLLABORATE WITH THE DEPARTMENT TO ADDRESS SYSTEMIC RACISM AND THE SOCIAL DETERMINANTS OF HEALTH ACROSS ALL CITY DEPARTMENTS.

1) The Board, in partnership with the Department, will develop a plan and timeline to assess, develop and revise Board policies, rules and regulations to identify opportunities and address systemic racism and injustices associated with the Board’s duties and decisions. This work should be done in conjunction with the Department’s racial health equity efforts to ensure consistency and coordination in achieving the racial and health equity goals.

2) The Board recommends that the Department design, implement, assess, and report on a racial health equity action plan, to be established in partnership with the Mayor’s Office of Equity and Social Innovation. The Department should engage with and present regular updates to the Board about the progress of the plan and its implementation. The plan and implementation should include (but not be limited to) the following:

   a) Adoption of a racial health equity policy that guides the work of the department and clearly articulates the Department’s commitment to the integration of racial and health equity into its work;

   b) Adoption of racial and health equity assessment, measurement, and enforcement tools, using successful existing models from other entities, to guide assurance of racial and health equity within the Department and in the provision of its services. Such tools should be developed in collaboration with the community and should
be implemented in decision-making processes including the development of policies, programs, budgets, etc.;

c) Establishment of an advisory council to guide the racial health equity efforts in the Department, to include diverse perspectives, and provide transparency with key stakeholders. The council should include Department staff, Board members, grassroots community partners, impacted residents, business and organizational leaders, etc., and be inclusive of members of different communities including races/ethnicity, age, economic status, ability, etc.;

d) Assessment of public health and safety resources and recommendations for reallocation to prevent and mitigate the lethal use of force;

e) Completion of a city-wide health equity report (i.e. Community Health Assessment) to provide guidance and information about health outcomes, disparities and overall status in neighborhoods across the City. This report should be updated at least biannually and make data available to all community members and stakeholders. Data should be disaggregated by social determinants of health including race and ethnicity as indicators. The report should identify actions taken to improve health disparities including those directly associated with the activities of the Department as well as those related to other social determinants of health (i.e., housing, economic stability, safe infrastructure, progress on Health in All Policies, etc.); and

f) Regular reporting to Board members in alignment with the Department’s Health Equity Plan via written documentation and presentations where appropriate to provide updates on how programs, policies, and projects impact and address racial and health disparities and any proposed improvements. Data should be disaggregated by social determinants of health including race and ethnicity as an indicator where available. All Department divisions should use the same format for these Board reports and presentations and all reports should be placed on the Department website and made accessible to the public for transparency. It should be the responsibility of the department to maintain user friendly access to the data and work to provide access to health systems.

3) The Board recommends that the Department train Board and all Department staff members in racial and health equity as it relates to implicit bias and the social determinants of health. Such training should include how social determinants influence health outcomes, disparities and status with specific metrics to measure overall goals including an increase in awareness, education, comprehension and
vision for improvement for strategies and approaches. Additionally, grants awarded by the Department should require this training for grantees. This training should be conducted by community-based organizations in the Denver area with leadership and staff who reflect the diversity of our underserved and under-represented communities.

4) The Board recommends that the Department increase efforts within the Department to recruit, advance and develop leaders and retain employees and Board members from racially and ethnically diverse backgrounds by further engaging the Board, communities of color, and affinity groups which people of color belong to, and using other means to engage with the population. Identify specific goals and outcomes for these efforts including bringing diversity of opinions, perspectives and experience into the Department that represent the diversity of the communities it serves. Measurements for this strategy should be completed by using the equity tools above and reported to the Board through the Division quarterly written reports.

5) The Board recommends that the Department develop and implement a community engagement plan that works to continually, intentionally and actively engage people and communities of color, and those affected by systemic racism and poverty to alleviate harmful conditions in which people live, work and age. The Department should evaluate, update and publish reports about the Department’s community engagement activities on an ongoing basis.

6) The Board recommends that the Department continue to collaborate with the Mayor’s Office of Social Equity and Innovation for the City and County of Denver to ensure that the aforementioned recommendations be shared and implemented on a city-wide basis to advance health equity, anti-racism strategies and reduce disparities.

7) The Board recommends that the department prioritize and direct the Department’s financial and human resources in accordance with the Racial Health Equity Action Plan and the Board’s overall recommendations.

8) The Board requests that the Department provide a formal response to these recommendations along with a timeline for the agreed upon strategies by the September 2020 board meeting. The timeline is to be reasonably urgent to ensure that the needs of our most vulnerable communities are brought to the forefront and addressed.

ADOPTED this 13th day of August, 2020