U.S. Department of Health and Human Services

REPORT TO APPROPRIATIONS COMMITTEES

HHS Office of Minority Health

Update on Awardees' Efforts to Address Structural Racism in Public Health

December 2022

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Acronyms

FY Fiscal year
HHS U.S. Department of Health and Human Services
H. Rept. House Report
OMH Office of Minority Health
P.L. Public Law

Summary

Included in the House Appropriations Committee Report (H. Rept. 117-06, page 246), as referred to by the Joint Explanatory Statement to accompany the FY 2022 Consolidated Appropriations Act, P.L. 117-103, was a request for a report on structural racism:

> *The Committee is concerned that current grants to advance health equity and reduce disparities are not as targeted as necessary to address structural racism in public health and promote policies and practices that counter the disparate impact on the health and well-being of communities of color. Therefore, the Committee directs the Secretary to submit a report, not later than 90 days after enactment of this Act, providing details on entities awarded funding in prior fiscal years for efforts that address structural racism in public health, selection criteria used, and the funding amount for each grant or contract. In addition, the report shall detail steps the OMH plans to take to ensure grant funding is awarded to public and non-profit entities, including community-based organizations, that demonstrate the ability to implement innovative models to address structural racism.*

The following report is a summary of entities awarded funding by the HHS Office of Minority Health (OMH) in FY 2021 for efforts that address structural racism in public health. We also have provided information on a complementary OMH FY 2022 initiative addressing structural racism in public health.

Background

Racial and ethnic minority populations experience health disparities and poorer health outcomes across many health conditions. These health inequities are due, in part, to contributing factors, such as poverty, structural racism, and discrimination.[1] Race has been a contributing social factor that carries with it impacts of racism, which has been codified in practices, custom, policies, and laws – resulting in what is known as institutionalized or structural racism.[2]

Structural racism is defined as systems, social forces, institutions, ideologies, and processes that interact with one another to generate and reinforce inequities among racial and ethnic

[1] National Academies of Sciences, Engineering, and Medicine. 2017. Communities in action: Pathways to health equity. Washington, DC: The National Academies Press. doi:10.17226/24624.
[2] Jones CP. Levels of racism: a theoretic framework and a gardener's tale. Am J Public Health. 2000;90(8):1212-1215. doi:10.2105/ajph.90.8.1212

groups.[3] This inequitable distribution often results in health inequities.[4] For example, structural racism has been demonstrated to be a risk factor for heart attacks among Black individuals, as those living in states with high levels of structural racism were more likely to report heart attacks than those living in states with lower levels of structural racism.[5] In the 2013-2014 school year, more Hispanic, Black, and American Indian high school students were chronically absent compared to white students.[6] The resultant low graduation rates can increase chronic disease and reduce overall life expectancy.[7] Black men experienced an incarceration rate four to 10 times higher than white men[8] and the consequences of incarceration negatively affect the health and well-being of individuals, their families, and communities.[9]

Policies and laws can have a substantial impact on health, but there is a lack of research on how policies affect public health through structural racism.[10,11] A recent National Institute on Minority Health and Health Disparities workshop on structural racism and discrimination noted that methods need to be developed to rigorously and systematically measure structural racism in policies to understand their potential health disparity effects.[12]

Identifying systems-level policies that contribute to structural racism, and either modifying those policies or developing new policies for implementation, may lead to reduced health disparities for racial and ethnic minority populations. Collaborative efforts that involve cross-sector teams have the potential to support the broad assessment and identification of policies and support successful implementation of modified or new policies.

FY 2021 Framework to Address Health Disparities through Collaborative Policy Efforts

To support policy efforts to address structural racism in public health, OMH launched a new grant initiative in FY 2021, titled the Framework to Address Health Disparities through

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[3] Powell JA. Structural racism: Building upon the insights of John Calmore. 86 N.C. L. Rev. 791 (2008). National Academies of Sciences, Engineering, and Medicine.
[4] National Academies of Sciences, Engineering, and Medicine. 2017. Communities in action: Pathways to health equity. Washington, DC: The National Academies Press. doi:10.17226/24624.
[5] Lukachko A, Hatzenbuehler ML, Keyes KM. Structural racism and myocardial infarction in the United States. Soc Sci Med. 2014 Feb;103:42-50. doi: 10.1016/j.socscimed.2013.07.021. PMID: 24507909; PMCID: PMC4133127.
[6] Trent M, Dooley DG, Dougé J, AAP Section on Adolescent Health, AAP Council on Community Pediatrics, AAP Committee on Adolescence. The Impact of Racism on Child and Adolescent Health. Pediatrics. 2019;144(2):e20191765
[7] Ibid.
[8] Bailey ZD, Krieger N, Agenor M, Graves J, Linos N, Bassett M. "Structural racism and health inequities in the USA: evidence and interventions." The Lancet 389.10077 (2017): 1453-1463.
[9] García JJL, Sharif MZ. Black Lives Matter: A Commentary on Racism and Public Health. Am J Public Health. 2015;105(8):e27-e30. doi:10.2105/AJPH.2015.302706
[10] National Institute on Minority Health and Health Disparities. (2017). Structural Racism/Discrimination: Impact on Minority Health and Health Disparities Workshop Summary.
[11] Shavers VL, Fagan P, Jones D, Klein WM, Boyington J, Moten C, et al. The state of research on racial/ethnic discrimination in the receipt of health care. Am J of PH 2012;102(5):953-66. Public Health. 2012;102(5):953–66
[12] National Institute on Minority Health and Health Disparities. (2017). Structural Racism/Discrimination: Impact on Minority Health and Health Disparities Workshop Summary.

Collaborative Policy Efforts initiative. The initiative is comprised of two components: (1) a coordinating center; and (2) demonstration projects. This initiative is designed to help identify and address policies that may create or perpetuate health disparities and contribute to structural racism. The project period for this initiative is September 30, 2021 to September 29, 2024.

Awardee Information

Coordinating Center

The Coordinating Center leads the development and evaluation of a methodological framework, structured process, and tool to support the assessment and identification of policies that may create or perpetuate health disparities and contribute to structural racism. The Coordinating Center also provides technical assistance to demonstration project sites on utilizing the framework, process, and tool.

Awardee and FY 2021 Funding Amount:

- National Network of Public Health Institutes (LA): $500,000

Demonstration Projects

The demonstration projects will utilize the developed framework, process, and tool to identify specific policies that may create or perpetuate health disparities and contribute to structural racism and will work to modify or develop new policies to improve health outcomes.

Awardees and FY 2021 Funding Amounts: Total Amount: $2,150,598

- Baltimore City Health Department (MD): $374,741
- The Center for Black Health & Equity (NC): $375,000
- Illinois Alcoholism and Drug Dependence Association (IL): $300,700
- Morehouse School of Medicine, Inc. (GA): $374,845
- Native American Development Corporation (MT): $375,000
- The Regents of the University of California, Irvine (CA): $350,312

Selection Criteria

Organizations Eligible for OMH Grant Awards

OMH's statutory authority (42 USC 300u-6(a) and (e)) directs the award of grants, contracts, and cooperative agreements to public and non-profit private entities, which include non-profit community-based organizations (CBOs).

Eligible applicants for OMH grant initiatives include public or private nonprofit entities located in a State (which includes one of the 50 United States, District of Columbia, Commonwealth of Puerto Rico, U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands); faith-based organizations; and American Indian/Alaska Native/Native American (AI/AN/NA) organizations. Examples of eligible institutions include: State

Governments; County Governments; City or township governments; special district governments; independent school districts; public and State controlled institutions of higher education; Native American tribal governments (Federally recognized); Public Housing authorities/Indian housing authorities; Native American tribal organizations (other than federally recognized tribal governments); nonprofits having 501(c)(3) status with the IRS, other than institutions of higher education; nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education; private nonprofit institutions of higher education; and U.S. territories.

To support outreach to eligible entities regarding OMH funding opportunities, OMH disseminates funding opportunity announcements to the public through e-newsletters, social media, and the OMH website.

Review Criteria for Coordinating Center and Demonstration Projects

The Notice of Funding Opportunity (NOFO) sets forth the application review criteria for the initiative.

The review criteria for the Coordinating Center and Demonstration Sites can be found in the respective NOFOs.

- Coordinating Center - Refer to Section G (Application Review Information) of the Opportunity Number MP-CPI-21-003 NOFO (https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=91749).

  Examples of review criteria related to the applicant's ability to implement innovative models to address structural racism include:
  - Describe a feasible approach for developing strategies to address identified structural racism in policies, in collaboration with MP-CPI-21-004 recipients (Demonstration Projects), supported by research and best available evidence.
  - Demonstrate capacity and capability in policy assessment and analysis, in particular, relevant to structural racism and its impact on racial and ethnic health disparities.

- Demonstration Projects - Refer to Section G (Application Review Information) of the Opportunity Number MP-CPI-21-004 NOFO (https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=91750).

  Examples of review criteria related to the applicant's ability to implement innovative models to address structural racism include:
  - Provide a strong description and relevant data for the current policy context that includes challenges, gaps, and opportunities for addressing structural racism.
  - Provide evidence of demonstrated capacity and capability in health policy research, analysis, development, and implementation.
  - Demonstrate diversity in the types of partner organizations included in the multi-sector team.

- Describe the projected impact of the project on racial and ethnic minority populations and on the identified health disparities.

FY 2022 Community-Driven Approaches to Address Factors Contributing to Structural Racism in Public Health Initiative

The FY 2022 Community-Driven Approaches to Address Factors Contributing to Structural Racism in Public Health initiative will support projects that develop and implement new policies and innovative practices to address policies that may create or perpetuate health disparities and may contribute to structural racism. Building upon the FY 2021 initiative, FY 2022 awardees will demonstrate the effectiveness of the assessment framework and tools from the Coordinating Center, and other established frameworks/tools, to increase the capacity of community-led multi-sector teams to identify policy impacts that may create or perpetuate health disparities by contributing to structural racism. OMH expects awardees to develop action plans for modifying existing policies and practices or for developing new policies and practices and to implement those plans to the extent possible to reduce or remove structural racism and improve health outcomes. Please refer to the NOFO for additional information: https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=97788.

The project period for this initiative is September 30, 2022 to September 29, 2025.

Awardees and FY 2022 Funding Amounts: Total Amount: $4,815,848.93

- AltaMed Health Services Corporation (CA): $500,000.00
- Boston Public Health Commission (MA): $492,838.00
- Center for Health Innovation (NM): $500,000.00
- City of Hartford (CT): $500,000.00
- First Candle, Inc. (CT – project implemented in GA): $385,094.00
- Flushing Hospital Medical Center (NY): $499,923.00
- LiveWell Greenville (SC): $498,715.93
- Public Health Advocates (CA): $500,000.00
- The Regents of the University of California, U.C. San Diego (CA): $500,000.00
- Trustees of Indiana University (IN): $439,278.00