



**Testimony of Wendy R. Ellis DrPH, MPH
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Before the Public Health Roundtable,
District of Columbia Council**

PR-23-990 Racism as a Public Health Crisis

Thursday, November 5, 2020

Thank you for the opportunity to offer testimony today. I am Wendy Ellis, an Assistant Professor at the Milken Institute School of Public Health at The George Washington University and the Director and Founder of the Center for Community Resilience, where we coordinate and support a network of communities around the country focused on advancing equity and addressing community adversity. My testimony reflects my own views and does not necessarily reflect the views of The George Washington University.

I am supportive of the resolution before the Committee and it is clear that systemic racism is a public health crisis. As the Committee understands, we need to move from proclamations to action. I want to focus on those actions and in particular on how we can measure progress toward equity.

First, B23-038—the Racial Equity Achieves Real Change Amendment Act of 2020 introduced by Councilmember Kenyan McDuffie provides a useful framework that will put the District on the pathway to implementing a racial equity framework and measures that over time could eliminate disparities based on race. The REAR Act requires the Mayor to include racial equity-related performance measures in the development of the Office of Budget and Planning’s annual performance plans. Connecting policies and programs to measures of social and economic equity should also draw a through-line to health equity in the District.

Measures of disparity are by definition measures of inequity. While indicators alone cannot resolve the legacy of systemic racism they can focus District government—it’s agencies, businesses, non-profits, institutions of higher learning, employers and our neighboring jurisdictions – on the measures that matter. As the maxim goes—what gets measured is what gets done.

The 2018 Health Equity report developed by the DC Department of Health included nine domains that can serve as a useful framework for measuring equity writ large in the District: education, employment, income, housing, transportation, food environment, medical care, outdoor environment, and community safety.

Communities that are part of our Center for Community Resilience network have successfully utilized equity indicators. Some key components should include public reporting and transparency, including tracking over time. These equity measures include indicators across all sectors of government, and using indicators to drive decision-making. For example in the City of Dallas equity indicators include: Economic Opportunity, Education, Neighborhoods and Infrastructure, Justice and Government and Public Health. These are tracked and publicly reported. In Portland, Oregon city leaders have adopted “City-wide Racial Equity Goals and Strategies” – requiring twenty agencies to issue strategic documents with indicators related to their domains.

Other cities, like San Antonio, Texas have broadened the authority of their executive offices of diversity and/or human rights to champion equity. Still other cities have allowed individual agencies or sectors to define equity indicators of their own—Baltimore has established health equity indicators that reflect issues related to transportation and economy through a public health lens. Chicago Public Schools established education indicators that involve housing and economic issues.

Declaring racism is a public health issue, while important and welcome, does not do anything to change the lived experience of District residents without accompanying policy changes that address systemic and structural barriers to equity. I urge the Council to not only pass this resolution, but also maintain this commitment to equity in every piece of legislation under consideration and require all agencies to track progress and be held accountable to these equity goals.