Can the Federal Incident Command System Be Used to Address Racism as a Public Health Crisis?: *Laying the groundwork*

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Background

My practicum work took place at the Cuyahoga County Board of Health (CCBH) located at 5550 Venture Dr., Parma, OH, 44130. Here I completed training on the Federal Incident Command System (ICS), while simultaneously researching "Racism as a Public Health Crisis" (RaPHC) declarations.

The **ICS** is a standardized system mandated for use by all levels of government to manage any type of incident irrespective of size or cause[1]. The ICS offers a framework to coordinate responses among officials, an array of government entities, and community partners, to various types of emergencies such as natural disasters, large-scale, planned events, pandemics and beyond. The primary goals of the ICS are to: a.) Establish a clear chain of command that creates accountability, b.) Outline clear objectives and accomplish those objectives via c.) Efficient planning, resource management, budgeting, and streamlined communications[1].

Figure 1- *Basic organizational structure and units of ICS[2].*

The COVID-19 pandemic and the health disparities that it laid bare, along with the protests and movements for Black Lives that grew in response to the killings of Breonna Taylor and George Floyd, prompted what several have referred to as a "racial reckoning" in the US during 2020[3]. These concomitant events spurred several governmental organizations and jurisdictions to declare **Racism as a Public Health Crisis**. According to a list maintained by APHA, there are currently 22 states, 94 counties, and 149 cities that have made such a declaration[4].

Population

CCBH's jurisdiction contains 57 municipalities, excluding the cities of Cleveland and Shaker Heights. Cuyahoga Co. is located in Northeast Ohio, bordered on the north by Lake Erie. It is home to over 1.2 million people[3]. According to 2022 estimates, the demography of the area is roughly 31% African American, 5% Hispanic, 4% Asian, 63% White, and 8% foreign born individuals[5].

Learning Objectives

➤ Define and understand the Federal Incident Command System and describe its application to disaster response and incident management.
➤ Explore non-traditional applications of the ICS.
➤ Analyze various jurisdictional responses following declarations of "Racism as a Public Health Crisis".
➤ Identify challenges to addressing Racism as a Public Health Crisis.
➤ Clearly demonstrate the link between social and racial justice concepts to health outcomes.
➤ Begin to evaluate the ICS model's ability to meaningfully address racism as a heath crisis.

Activities

➤ Complete the following Federal Emergency Management Agency trainings: National Response Framework, National Incident Management System, and Introduction to the Incident Command System.
➤ Attend the National Association of County & City Health Officials 2024 Preparedness Summit.
➤ Attend monthly CCBH Equity, Diversity, and Inclusion (EDI) Steering Committee meetings.
➤ Observe EDI Community Advisory Board meeting
➤ Literature review on declarations and actions taken to address "Racism as a Public Health Crisis".
➤ Literature review on adaptations of the ICS.
➤ Compile research from sources outside scholarly literature to characterize jurisdictional responses to "Racism is a Public Health Crisis" declarations.
➤ Collect infographics illustrating the equity concept of "Privilege" from various web-based sources for CCBH's monthly Stall Facts series.

Deliverables

➤ Summary report of "Racism as a Public Health Crisis" literature review.
➤ Summary report of literature review examining adaptations of the ICS.
➤ Summary report and chart of jurisdictional responses to "Racism is a Public Health Crisis" declarations from across the country.

Figure 2- *"Racism as a Public Health Crisis" lit review flow chart[†]*
[†] Adapted from PRISMA /Montalmant and Ettinger[6]

Lessons Learned

"The truth is America has always prioritized white comfort over Black survival." -Jon Stewart

Declaring that racism **IS** a public health crisis is an important first step in **NAMING** the convergence of individual, systemic, and structural discriminations that have led to inequities in nearly every aspect of life for people with minoritized racial identities. If **REAL AND SUSTAINED ACTION** does not follow these declarations, there is a risk that communities will be alienated, as hollow gestures will breed further mistrust and exacerbate existing health inequities. **COMMUNITIES KNOW** what is needed and **ITS MEMBERS MUST BE INVOLVED** in identifying solutions and interventions. Interventions that rely on individual level change are grossly insufficient; we must **FOCUS ON SYSTEMS-LEVEL CHANGE**. We must **ELEVATE THE VOICES OF BLACK AND INDIGENOUS SCHOLARS, AND COMMUNITY RESIDENTS,** and understand that addressing the inequity in our society will require efforts to address these wrongs each day for decades and centuries to come.

Public Health Implications

Since 2020, many types of governmental jurisdictions declared racism to be a public health crisis, including the Cuyahoga County Board of Health. This work:

- Provides a summary of the various approaches that several of these diverse jurisdictions have taken to address the inequities caused by racism.
- Critically examines how meaningful these approaches may be in an effort to guide evidence-based practice in Cuyahoga County.
- Begins to explore a radically new approach- activation of the well-established, federal model developed precisely to respond to crises- the ICS.

This practicum work will be the foundation for my capstone that will further evaluate the applicability and adaptability of the ICS to address RaPHC.

Scan for References!