

Racial Equity and Social Justice (RESJ) Impact Statement

Office of Legislative Oversight

EXPEDITED DEPARTMENT OF HEALTH AND HUMAN SERVICES – BILL 32-22: STRUCTURE AND POSITIONS

SUMMARY

The Office of Legislative Oversight (OLO) anticipates Expedited Bill 32-22 will have a minimal impact on racial equity and social justice (RESJ) in the County. Oversight from a dedicated chief with more focused responsibilities could affect service delivery within the Public Health Services division, which could disproportionately impact Black, Native American, and Latinx residents. However, given the lack of RESJ focus in the job description for the new Chief of Public Health Services position and absent additional funding for direct services, OLO anticipates the leadership change is unlikely to affect racial and ethnic disparities in health and health care.

PURPOSE OF RESJ IMPACT STATEMENTS

The purpose of RESJ impact statements (RESJIS) is to evaluate the anticipated impact of legislation on racial equity and social justice in the County. Racial equity and social justice refer to a **process** that focuses on centering the needs, leadership, and power of communities of color and low-income communities with a **goal** of eliminating racial and social inequities.¹ Achieving racial equity and social justice usually requires seeing, thinking, and working differently to address the racial and social harms that have caused racial and social inequities.²

PURPOSE OF EXPEDITED BILL 32-22

The purpose of Expedited Bill 32-22 is to restructure leadership positions within the Department of Health and Human Services (DHHS). Under current law, the County Health Officer is required to also serve as the chief of the Public Health Services division in DHHS. This Bill would effectively separate this combined position into two positions: Chief Health Officer and Chief of Public Health Services (new non-merit position). The Bill would also reclassify the Chief Operating Officer position as a merit position, keeping the number of non-merit positions in DHHS consistent.³

In requesting the Bill, the County Executive explained that “the complexity and scope of the critical health issues continuing to face the County requires a new approach to the roles and responsibilities of the positions that guide policy and manage the delivery of public health services.”

At the request of the County Executive, Expedited Bill 32-22 was introduced to the Council on November 15, 2022.

In December 2021, OLO published a RESJ impact statement (RESJIS) for Expedited Bill 43-21, Health – Advisory Board for Montgomery Cares Program – Amendments, which also considers health and health care disparities.⁴ OLO builds on Bill 43-21’s analysis for this RESJIS.

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HEALTH, HEALTH CARE AND RACIAL EQUITY

There is a long history of systemic racism in the U.S. that drives present-day health disparities among Black, Indigenous, and Other People of Color (BIPOC). European colonists exposed Indigenous people to smallpox and other diseases, devastating entire native populations.⁵ Enslaved Black people experienced poor nutrition and inhumane living conditions, making them more susceptible to disease and death. Further, overutilization of Black patients for medical demonstration, dissection, and risky surgical and experimental procedures – a practice that began during slavery and continued into the 20th century – fostered distrust in the medical system that lives today.⁶

Post slavery, Black people only had sporadic access to deteriorated public hospitals that were typically reserved for the poorest residents. By the 1920s, while there was a limited number of segregated clinics operated by Black physicians, hospital and health facilities continued to be rare in the South, where most Black people resided. It was not until after the passage of Medicare and Medicaid in the 1960s – which forced the desegregation of hospitals through the 1964 Civil Rights Act – that BIPOC were able to receive access to a wider range of health care services and facilities.^{7,8}

Locally, present-day racial disparities in health and health care driven by the history of systemic racism include:

- Black infants have the highest mortality rate (6.2 per 1,000 births), followed by White infants (3.8 per 1,000 births) and Latinx infants (3.4 per 1,000 births).⁹
- Black residents in the County experience the highest rates of mortality for various health conditions, including diabetes, colon cancer, and breast cancer.¹⁰
- Locally, Black, Native American, and Latinx residents have the highest rates of uninsurance, with rates nearly three to eight times greater than White residents.¹¹
- Foreign-born residents in the County who are not U.S. citizens face among the highest rates of uninsurance at 24.3 percent.¹² Of note, 32.9 percent of the County's residents are foreign-born, 43.5 percent of whom are not U.S. citizens.¹³

ANTICIPATED RESJ IMPACTS

To consider the anticipated impact of Expedited Bill 32-22 on RESJ in the County, OLO recommends the consideration of two related questions:

- Who are the primary beneficiaries of this bill?
- What racial and social inequities could passage of this bill weaken or strengthen?

For the first question, OLO considered the race and ethnicity of clients served by DHHS Public Health Services division. Through oversight from a dedicated chief with more focused responsibilities, clients participating in Public Health Services programs could benefit from improved service delivery if the Bill works as intended.

Table 1 below estimates the demographics of Public Health Services clients, based on data from select programs provided by division staff.¹⁴ Table 1 suggests that Black and Latinx residents may be overrepresented among Public Health Services clients. Native American residents may also be overrepresented, though to a smaller degree. White residents may be proportionately represented among Public Health Services clients, while Asian residents may be underrepresented.

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Table 1: Percent of County Residents and Public Health Services Clients by Race and Ethnicity¹⁵

Race and ethnicity	County	Public Health Services Clients (Estimated)
Asian	15.4	3.2
Black	18.6	25.2
Native American	0.7	1.7
White	43.1	43.0
Latinx	20.5	67.9

Source: 2020 Decennial Census, Census Bureau. Unpublished data from DHHS Public Health Services division staff.

For the second question, OLO considered how the Bill could affect racial and ethnic disparities in health and health care. If the Bill works as intended, Black, Native American, and Latinx residents could disproportionately benefit from improved service delivery within the Public Health Services division. However, the position description for the Chief of Public Health Services does not explicitly state any responsibilities related to advancing RESJ.¹⁶ Further, absent additional funding for direct services, the additional staff time for division oversight added through this Bill is unlikely to change public health services in a way that would materially affect racial and ethnic disparities.

Taken together, OLO anticipates Bill 32-22 will have a minimal impact on RESJ in the County. Oversight from a dedicated chief with more focused responsibilities could affect service delivery within the Public Health Services division, which could disproportionately impact Black, Native American, and Latinx residents. However, given the lack of RESJ focus in the job description for the new Chief of Public Health Services position and absent additional funding for direct services, OLO anticipates the leadership change is unlikely to affect racial and ethnic disparities in health and health care.

RECOMMENDED AMENDMENTS

The Racial Equity and Social Justice Act requires OLO to consider whether recommended amendments to bills aimed at narrowing racial and social inequities are warranted in developing RESJ impact statements.¹⁷ OLO finds Bill 32-22 will have a minimal impact on RESJ in the County. As such, OLO does not offer recommended amendments.

CAVEATS

Two caveats to this racial equity and social justice impact statement should be noted. First, predicting the impact of legislation on racial equity and social justice is a challenging analytical endeavor due to data limitations, uncertainty, and other factors. Second, this RESJ impact statement is intended to inform the legislative process rather than determine whether the Council should enact legislation. Thus, any conclusion made in this statement does not represent OLO's endorsement of, or objection to, the bill under consideration.

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¹ Definition of racial equity and social justice adopted from “Applying a Racial Equity Lens into Federal Nutrition Programs” by Marlysa Gamblin, et.al. Bread for the World, and from Racial Equity Tools. <https://www.racialequitytools.org/glossary>

² Ibid

³ Expedited Bill 32-22, Department of Health and Human Services – Structure and Positions, Montgomery County Council, Introduced November 15, 2022.

https://www.montgomerycountymd.gov/council/Resources/Files/agenda/col/2022/20221115/20221115_3A.pdf

⁴ RESJ Impact Statement for Expedited Bill 43-21, Office of Legislative Oversight, Montgomery County Council, December 6, 2021.

<https://montgomerycountymd.gov/OLO/Resources/Files/resjis/2021/Bill43-21RESJ.pdf>

⁵ Kristine B. Patterson and Thomas Runge, “Smallpox and the Native American,” The American Journal of the Medical Sciences, April 1, 2002. <https://pubmed.ncbi.nlm.nih.gov/12003378/>

⁶ W. Michael Byrd and Linda A. Clayton, “Race, Medicine, and Health Care in the United States: A Historical Survey,” Journal of the National Medical Association, March 2001. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2593958/>

⁷ Ibid

⁸ Steve Sternberg, “Desegregation: The Hidden Legacy of Medicare,” U.S. News & World Report, July 29, 2015.

<https://www.usnews.com/news/articles/2015/07/30/desegregation-the-hidden-legacy-of-medicare>

⁹ “Health in Montgomery County 2010-2019: A Surveillance Report on Population Health, Montgomery County Department of Health and Human Services, April 2022.

<https://www.montgomerycountymd.gov/healthymontgomery/Resources/Files/Reports/Health-in-Montgomery-County-2010-19%20Final.pdf>

¹⁰ Ibid

¹¹ Table S2701: Selected Characteristics of Health Insurance Coverage in the United States, 2021 American Community Survey 1-Year Estimates, U.S. Census Bureau. <https://data.census.gov/table?t=Health+Insurance&g=0500000US24031>

¹² Ibid

¹³ Montgomery County, Maryland Profile, U.S. Census Bureau.

https://data.census.gov/cedsci/profile/Montgomery_County,_Maryland?g=0500000US24031

¹⁴ Estimates include race and ethnicity data from the Maternal Partnership (MPP), HIV, STI, School Health, and Montgomery Cares programs.

¹⁵ Latinx is an ethnicity rather than a race. Therefore, Latinx people are included in multiple racial groups within this table.

¹⁶ Executive Regulation 22-22: Position Description for the Chief of Public Health Services, Expedited Bill 32-22, Department of Health and Human Services – Structure and Positions

¹⁷ Bill 27-19, Administration – Human Rights – Office of Racial Equity and Social Justice – Racial Equity and Social Justice Advisory Committee – Established, Montgomery County Council