CALL FOR ABSTRACTS

In January 2022, the Journal of Public Health Management and Practice will publish a supplemental issue: “Public Health Interventions to Address Health Disparities Associated with Structural Racism.” This is a call for abstracts, not to exceed 250 words, to be submitted by March 1, 2021. Of abstracts submitted, a number will be selected to develop into full articles in a JPHMP format.

We are seeking abstracts to be developed into articles that describe how public health agencies at the local or state level are engaging with communities of color to address health disparities related to structural racism. Articles will also be sought seeking examples of innovations in pedagogy. Our preference for selection will be contributions from teams that include community authors. Abstracts will be judged for selection into full articles by a panel chaired by the guest editor for this supplemental issue, Mary T. Bassett, MD, MPH, Director of the FXB Center for Health and Human Rights and the FXB Professor of the Practice of Health and Human Rights at the Harvard School of Public Health.

Structural racism impacts health. Structural racism is a system in which public policies, institutional practices, cultural representations, and other norms work to perpetuate racial group inequity. It is rooted in a hierarchy that privileges one race over another influencing institutions that govern daily life from housing policies to police profiling and incarceration (1). It is associated with the social determinants of health and health disparities.

Health disparities are particularly evident in maternal and child health. Black, American Indian, and Alaska Native (AI/AN) women are two to three times more likely to die from pregnancy-related causes than white women. The infant mortality rate for Black infants is two times the rate for whites. Minorities also face higher rates of morbidity and mortality from chronic diseases, including cardiovascular problems, diabetes, cancer, and certain infectious diseases. The incidence and mortality rates of COVID-19 are the latest examples of racial disparities.

Public health professionals at local, state, and federal public health agencies and at academic institutions are in a unique position to address the challenges of structural racism as it contributes to poor health.

Abstracts should be submitted to Camelia Singletary at crsingle@wakehealth.edu.