



MECHANISMS FOR ADVANCING HEALTH EQUITY  
**Issue Brief**

## State and Local Efforts to Declare Racism a Public Health Crisis – Northern Region Summary

### Introduction

In the summer of 2020, as disparities in COVID-19 cases, hospitalizations, and deaths skyrocketed and racial justice movements followed the murder of George Floyd, state and local governments, and other organizations increasingly issued formal resolutions declaring racism a public health crisis. In June 2020, [we analyzed some of the first resolutions issued](#) to understand common threads and assess the commitments made to address systemic racism across the determinants of health. Since then, state and local governments have issued over [200 resolutions](#) in 37 states and the District of Columbia. The federal government has weighed in too - on April 8, 2021 Dr. Rochelle Walensky, CDC Director, [issued a statement](#) that racism is a serious public health threat and recognized the important role of the CDC in addressing the impact of racism on public health. In October 2021 the Presidential COVID-19 Health Equity Task Force issued its [report and recommendations](#), paired with an [implementation plan and accountability framework](#). The broad themes highlighted in these documents are:

- focus on health-equity-in-all-policies approach,
- invest in community led solutions,
- enforce a health equity centered data system,
- increase accountability for outcomes,
- invest in a representative health care workforce and access to healthcare, and
- implementation led by a permanent health equity infrastructure in the White House.

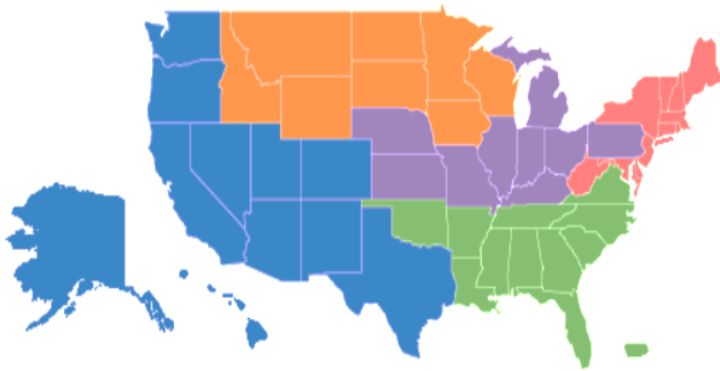
The resolutions and formal statements were an important first step in calling attention to the health impacts of systemic racism and to start the process of resource allocation and legal and policy changes to combat health inequities. For some communities this is the first time the government entity or lawmaking body has acknowledged racism as institutional and structural – rather than interpersonal – and as a root cause of life-long health inequities. Most resolutions do not have the force of law, but include statements of intent by a lawmaking body to address racism as a root cause of health inequities. Many resolutions recognize the role of law and policy in creating and sustaining inequities, identify specific issues affecting local communities, and may include strategies and proposed actions. While most of these commitments are nonbinding, this language can

- act to **normalize conversations** around health equity,
- drive **policy, planning and budgeting** efforts,

- increase the use of **racial equity tools**, and
- be used as **accountability reminders** if policies or outcomes diverge from the commitments made and evidence cited in the declarations.

For a detailed look at the various approaches these resolutions take to address racism and the social determinants of health see [Racism as a Public Health Crisis – Perspectives on Healthy Aging](#).

This Issue Brief, part of a series of analyses looking at resolutions in each region of the country, summarizes resolutions in the northern U.S. states of Idaho, Iowa, Minnesota, Montana, North Dakota, South Dakota, Wisconsin, and Wyoming, which are highlighted in orange below. This analysis focuses primarily on resolutions passed by state and local governments, including city councils, county boards, city and county executives, school boards, and boards of health. We will also highlight other types of organizations that have issued formal resolutions or statements, like hospitals and health systems, colleges and universities, professional associations, and non-profits. For the purposes of this Issue Brief, the term “resolutions” includes resolutions, declarations, proclamations and formally approved statements.



**This Issue Brief summarizes resolutions in the northern U.S. states of Idaho, Iowa, Minnesota, Montana, North Dakota, South Dakota, Wisconsin, and Wyoming, highlighted in orange here.**


## Notes on Methodology and Scope of Analysis

Only resolutions that include a clear declaration of racism as a public health crisis or emergency that can be verified from an official source (such as meeting minutes or a signed and/or numbered resolution) are included in this analysis. This analysis focuses on the operative language of resolutions, which generally is found in the “resolved” section of the resolution. The language in the preamble, or “whereas” sections, of the resolutions, while important to provide supporting data, background, and context, were not assessed as part of this analysis.

The language of the resolutions is divided into six broad categories<sup>1</sup> that recognize common themes among resolutions:

- organizational policies or practices
- funding and infrastructure to support implementation and accountability,
- partnerships and collaboration
- accountability measures
- issue focus
- call to action

[Templates and toolkits](#) can help guide community members and policy makers in issuing resolutions. Cities and counties within a state or region may include similar language originating from these templates, but also tailor resolutions to the specific issues, assets, and needs most impacting each community. No matter how they are drafted, success will be determined by subsequent action to strengthen relationships to achieve collective impact, and meaningfully engage impacted communities in the process to identify, design, and implement solutions.



However, this analysis summarizes the language of resolutions, and does not consider implementation or activities that may have furthered, or hindered, the goals and activities identified in the language of each resolution. For additional information on implementation or developments that arose after adoption of the resolution, please contact the Network [here](#).

### **Wisconsin Public Health Association Leads the Country in Adopting One of First Resolutions**

In 2018 the [Wisconsin Public Health Association](#) (WPHA) adopted one of the [first resolutions](#) in the nation that has served as a template for language and content in many of the resolutions adopted throughout the United States since that time.<sup>2</sup> Sixteen government entities signed on to the WPHA resolution, including health departments and government programs, school boards, and cities and counties, and well over 100 other entities (ranging from community health centers to Boys and Girls clubs to theaters) [signed](#) on to the WPHA resolution. Another nine cities and counties have tailored the language from the WPHA resolution to the specific needs of the community. The University of Wisconsin Population Health Institute hosts a website dedicated to the declarations, which includes an [action toolkit](#) and [community of practice that signers can utilize to engage with local government and advance anti-racism initiatives in their community](#).

Public commitments to address systemic racism made by a variety of entities, including hospitals and health care systems, professional associations, and institutes of higher education are important. These entities can partner with state and local governments because they serve the same communities, often have flexibility in resources including personnel, can serve as conveners for community conversations, can lead or support research, and can directly address disparities in health and health care.


[The WPHA declaration](#) includes significant language identifying race as a social construct and racism as a social system that includes institutional and structural racism, and tying health disparities to racism and racial discrimination in the social determinants of health. The operative section of the WPHA resolution includes language that is included in declarations across the country and commits the WPHA to the following:

- conduct an **assessment of internal policy and procedures** to ensure racial equity is a core element of WPHA, communicate results of the assessment and determine appropriate timelines for reassessments
- work to create an **equity and justice-oriented organization**, identifying specific activities to increase diversity and incorporate anti-racism principles across membership, leadership, staffing and contracting
- incorporate **educational efforts to address and dismantle racism**, expand member's understanding of racism, and its effects on individuals and population health, and provide tools to assist members to engage actively and authentically with communities of color
- **advocate for relevant policies that improve health in communities of color**, and support local state and federal initiatives that advance social justice, while also encouraging advocacy by individuals members to dismantle systemic racism
- work to **build alliances and partnerships** with organizations that are confronting racism and encourage other local, state and national entities to recognize racism as a public health crisis.

This language can kick start activities to address health inequities stemming from racism, including assessment of internal structures, anti-racism education, policy advocacy, alliance and partnership building, and most importantly, engagement with communities of color. Specific actions and activities to address racism in a community should be conceived and directed by the most impacted communities to ensure solutions are adequately tailored and durable.

### **Summary of State and Local Resolutions in the Northern Region**

As of June 2023, 18 cities and counties in three northern states have adopted independent resolutions, including ten resolutions in Wisconsin, five in Minnesota, and three in Iowa. In addition, several Wisconsin cities, counties, local governments, and school boards [signed on](#) to the [Wisconsin Public Health Association \(WPHA\) resolution](#). The only statewide resolution in this region is the resolution passed by the [Minnesota House of Representatives](#). No government entities in Idaho, Montana, Wyoming, North Dakota, or South Dakota have issued resolutions as of June 2023.



Of the ten resolutions in Wisconsin, many contain some or all of the language that originated from the 2018 [Wisconsin Public Health Association declaration](#). While some communities have expanded or revised the language to focus more on specific community needs, others have limited the language. For example, the [City of Cudahy](#) noted that the pandemic limited the public health department's ability to implement the declaration, and made implementation "aspirational." While this may reflect actual limited resources to address the impact of racism on health equity, dedication to funding racial equity work in the city budget could allow for prioritization of this essential work. [Kenosha County](#) on the other hand, included specific information about health inequities in the county and added a provision that would require the Board of Supervisors to report annually on implementation progress. This type of language increases accountability and makes implementation more likely.

## Organizational Policy or Practice

Commitments to identify and adopt anti-racist organizational policies and practices can help propel needed culture change within organizations. These commitments can also affect the ways in which the organizations interact with communities. This is important because addressing racism as a public health crisis means recognizing that it is a systemic problem requiring systemic solutions.

Nearly all the resolutions in this region include language related to organizational policies or practices, with a focus on assessing or reviewing policies to ensure or promote racial equity and racial equity training or education. Other commitments related to organizational policy or practice are often based on language from the [WPHA declaration](#), and include:


- activities that increase diversity and incorporate anti-racism principles,
- educational efforts to understand, address, and or dismantle racism,
- creating an equity and justice-oriented organization, and
- policies that improve health in communities in color.

A few resolutions also commit to promoting racial equity in hiring and promotion, and increasing diversity in the government workforce, leadership positions, vendor selection, and grant management. For example,

- [Minneapolis](#) committed to "build a workplace culture that promotes racialized repair, cross-cultural relationships, upholds the sacredness of caucus spaces for building community, and shifts the burden of addressing racism off BIPOC" and to shift "to a comprehensive approach that incorporates systemic, structural, or institutional changes that may respond to the health disparity presented with a commensurate response."
- [The City of Bloomington](#) committed to develop staff capacity to lead racial equity work and "become a trauma-informed agency so that staff are aware of the impact of structural racism, and its impact on employees and the residents the City serves."
- [The City of Milwaukee](#) committed to working with "nationally recognized technical assistance organizations, such as the Government Alliance for Racial Equity (GARE) initiative, to develop goals and strategies to improve health disparities among community of color in the City."

There were also examples of resolutions committing to comprehensively review policies for equity impacts. Some examples include:

- [The City of Milwaukee](#) committed to "examine departmental policies, rules, and practices to ensure that they are promoting equity and access to services."
- [The City of Bloomington](#) included a commitment to "require staff to complete a racial equity impact assessment for changes to policies, codes or regulations and identify steps taken to mitigate any adverse impact in recommendations for council action."
- [The City of Minneapolis](#) committed "to provide support to the [Racial Equity Community Advisory Committee](#) to conduct and implement an internal evaluation of the City Charter as well as all City policies and procedures to prioritize racial equity with specification on how policies translate into anti-racist action towards City employees, constituents, and community members."

- 
- [Hennepin County's resolution](#) included a commitment to assess “all human resources, vendor selection, and grant management activities with a racial equity lens, including reviewing internal processes and practices, such as hiring, promotions, leadership appointments, and funding.”

## Partnership and Collaboration

These resolutions also commonly include commitments to access tools and resources to increase partnerships with organizations working on racial equity. These commitments often focus on the role of the most impacted communities and recognize that these communities must be the ones to identify and lead solutions. The commitment may prioritize building the capacity of community members to lead conversations about racism and health equity; including community voices in policymaking; removing barriers to participation; and creating pathways to engagement in community-wide racial equity strategies.

Perhaps the most significant partners in identifying and addressing the impact of systemic racism are members of impacted communities, people who are closest to the problems and the solutions. Twelve declarations utilized language that first existed in the [WPHA declaration](#), committing to “provide tools to assist members to engage actively and authentically with communities of color.” Other approaches are listed below.

- [The city of Bloomington, Minnesota](#) focused on community partnerships in a number of ways, committing to
  - “[engage community](#) in review of the [Racial Equity Business Plan](#),”
  - “implement a community-driven approach for developing a strategic plan that defines internal and external work to eliminate racial disparities, outlines indicators of success, and identifies intersectional priorities,”
  - “direct staff to engage and partner with local and regional organizations who are addressing racism as a public health issue” and
  - “convene a [racial equity taskforce](#) that involves staff and members from the community, including residents, schools, businesses, non-profits and regional government.”
- [The city of Minneapolis](#) committed to “center[ing] the voices, work, and leadership of the communities most directly affected by said racism.”
- [The city of Milwaukee](#) included a commitment to “respond proactively to community requests for data on issues that impact their lives and make data available to residents and those who serve them so they can use it their own efforts to advance equity.”


In implementing these commitments, it will be important for all jurisdictions to consider how to define “community” and how government agencies can truly “engage authentically” with communities of color to conduct assessments, develop plans, implement actions, and monitor progress.

## Accountability Measures

Several resolutions also include commitments to accountability, such as measures that focus on oversight, responsibility, communication, or other strategies to support implementation of the resolution. In the Northern Region, the accountability measures most often committed to are: development of plan and/or report (13) and formation and/or reliance on a task force, committee, council, or team to lead the work (9). A few resolutions (4) include language related to monitoring progress in achieving the commitments made.

Some resolutions commit to developing plans or reports broadly related to implementation and reporting on progress, and other resolutions focus more narrowly on specific data or issues.

- [Minneapolis](#) committed to “develop and implement an annual report with racially disaggregated data on the health of Minneapolis BIPOC, including recommendations for actions to eliminate any disparities and improve overall health.”
- [The city of Kenosha](#) will develop an [annual report](#) on progress toward implementing the resolution.
- [The city of Milwaukee](#) plans to “report on data about the social determinant of health in a way that is accessible to the public and lead or facilitate plans to address those determinants.”
- [The city of Bloomington](#) will engage community to review its [Racial Equity Business Plan](#).

- 
- [The city of Red Wing](#) will work to implement a [Racial Equity Plan](#).

Taskforces and committees also vary in their scope and charge, for example:

- [The city of Bloomington](#) will convene a [racial equity taskforce](#) that involves staff and members from the community, including residents, schools, businesses, non-profits and regional government.
- [Milwaukee](#) identified a [collaboration of county departments and workgroups](#) – the County Executive, County Board of Supervisors, the Office of African American Affairs, and the Racial Equity Ambassador Group – to assess internal policy and procedures for racial equity implications.
- [The Minnesota House of Representatives](#) convened a “House Select Committee on Minnesota’s response to addressing racism as a public health crisis to ensure House Legislative efforts are analyzed through an intersectional race equity lens.”

## Issue Focus

Some resolutions identified specific issues or areas of focus as part of addressing racism as a public health crisis. The majority of resolutions mention systemic or structural racism. This is important for normalizing conversations about the connections between race and health and creating a shared understanding and commitment amongst partners. While the city of [Bloomington, MN](#) was the only resolution in the region specifically committed to implementing a Health in All Policies Approach, [Black Hawk County Public Health’s statement](#) “encourages policy makers at the federal, state, and local level to adopt a ‘health in all policies approach’ to ensure that health issues are addressed broadly, especially with respond to social policies that affect vulnerable populations.”

Other issues that were addressed in more than one resolution include:

- data (Bloomington, Redwing, Hennepin County, City of Milwaukee),
- the social determinants of health (Redwing, Linn County, Minneapolis, City of Milwaukee),
- trauma and community stress (Bloomington, Linn County, Minneapolis), and
- public safety or policing (Hennepin County, Linn County, Minneapolis, Milwaukee).


## Funding and Infrastructure

Commonly resolutions also identify the resources needed to support racial equity work, including funding and personnel, and specific positions or offices charged with implementation (like a Chief Equity Officer or Office of Equity). Seven resolutions in the Northern Region committed to allocate or dedicate funding to supporting this work, including Bloomington, Redwing, Hennepin County, LaCrosse County, City of Cudahy, Minneapolis and the City of Milwaukee. The most detailed commitment was included in the [Minneapolis resolution](#), which included commitments to:

- “allocate dollars in the Mayor’s budget to be directed towards small business development, housing, community-based infrastructure and other amenities to reverse and repair the harm experienced by BIPOC” including
  - making land and housing affordable,
  - “prioritizing BIPOC in redevelopment efforts,” and
  - reducing displacement during neighborhood revitalization efforts.
- establish a long-term sustainable source of funding for “high-quality youth development programming for BIPOC youth and young adults with inclusion of strategic plan to improve program quality and evaluate the impact and reach.”

## Call to Action

Eleven resolutions contain a statement of support or encouragement of other state, local, and national leaders to also recognize racism as a public health crisis. For example, the [Minnesota House of Representatives](#) encouraged the Governor and Senate to adopt a similar resolution “affirming that racism is a public health crisis resulting in disparities in family stability, health and mental wellness, education, employment, economic development, public safety, criminal justice, and housing.” Broad commitment and alignment of efforts can have greater impact on making systemic changes.



## State Profile - Minnesota

Minnesota was at the center of nationwide racial justice movements after the murder of George Floyd by a Minneapolis police officer on Memorial Day 2020. By the end of July, the city of Minneapolis, Hennepin County, and the State House of Representatives had all issued resolutions declaring racism a public health crisis, and asserting the need to address public safety and police brutality. For example, the [Minnesota House of Representatives](#) committed to “actively participate in the dismantling of racism” in a number of ways, including collaboration with the “state’s law and justice agencies and the community to work to ensure public confidence that public safety is administered equitably.”

[Minneapolis’ resolution](#) included an overarching commitment to “allocate funding, staff, and additional resources to actively engage in racial equity in order to name, reverse, and repair the harm done to BIPOC in this City.” Public safety was also a focus for the city, which resolved to:

- “Address our criminal justice system to stop the profiling and harm done to BIPOC. This includes but is not limited to de-carceration and reserving arrest only for violent and other major crimes, and easing and dismissing cash bail.”
- “Build and implement a comprehensive public safety system that decentralizes BIPOC over-policing and criminalization and is rooted in the public health approach to keep BIPOC communities disproportionately impacted by community violence safe.”
- “Develop a comprehensive rapid response protocol to immediate needs and long-term work to address systemic inequities. This includes activating the Office of Emergency Management and Incident Command System, the Health Department, the Division of Race & Equity, and other public facing departments to respond to community stress and trauma.”

However city voters, in a 2021 referendum [voted not to replace the police department](#) with a public safety department centered in a public health approach.

[Hennepin County](#) prioritized the use of a public health lens in sections of its resolution, committing to “conduct an assessment on how a public health lens or approach may connect to or improve other work within Hennepin County, such as housing, income, education, public safety, emergency response, criminal justice, sexual violence, and more.”

Other Minnesota communities also took action to address racial inequities in the policing and public safety realm. After a police officer in Brooklyn Center (a city neighboring Minneapolis) murdered a black motorist named Daunte Wright during a traffic stop, the city of Brooklyn Center overhauled its public safety model. While Brooklyn Center did not pass a resolution declaring racism a public health crisis, the city [did](#) adopt [a Community Safety and Violence Prevention resolution](#) to reduce interactions between armed police [during traffic stops and where mental health supports are needed](#). The City resolved to utilize an unarmed Traffic Enforcement Department and an unarmed Community Response Department with mental health professionals and social workers to respond when a resident is experiencing mental health or other behavior or social needs. A new Department of Community Safety and Violence Prevention, led by a director with public health expertise, would oversee these departments, as well as the police and fire departments. In addition the resolution commits the city to “more appropriately regulate the use of force by its armed law enforcement officers, including by appropriate changes in ordinance, practices or policies requiring de-escalation, exhaustion of reasonable alternatives before using deadly force, prohibitions on using deadly force in certain situations including firing upon moving vehicles, prohibiting certain uses of force or other policing tactics during First Amendment protests and assemblies, or similar policies.”

The City of Bloomington adopted a resolution in early 2021 that included several unique commitments that consider community involvement in decision making, equitable policy development, and structural investments, including, among other things:

- engaging community in review of the Racial Equity Business Plan;
- a community driven approach to developing a strategic plan to eliminate racial disparities, including indicators of success and intersectional priorities
- requiring a racial equity impact assessment for policy and regulatory changes that efforts to mitigate adverse impacts
- developing “a structure to sustain racial equity work within the organization and invest resources needed to grow staff capacity to lead and support work,”

- becoming a trauma-informed agency
- convening a racial equity taskforce that includes both staff and community members, and
- approving a “Racial Equity section in the City’s Legislative Policy.”

Bloomington’s approach includes actions from nearly all the broad categories of actions identified above and puts in place a structure for continued focus on equity in policy making.

## Conclusion

Systemic problems require systemic solutions, and no agency or organization can do it alone. Efforts at the state and local level should be aligned and coordinated where appropriate and also recognize the differences in local communities. These efforts should also be collective – combining the commitment, resources, and networks of the numerous agencies and organizations dedicated to improving the health and wellbeing of communities of color. This includes state-level COVID-19 health equity task forces, state offices of minority health, health departments and boards of health, hospitals and health systems, professional associations, membership organizations, and perhaps mostly importantly, community organizations. As the [Wisconsin Public Health Association](#) resolution notes, “public health’s responsibilities to address racism include reshaping our discourse and agenda so that we all actively engage in racial justice work.”

We encourage you to contact the Network for technical assistance on crafting declarations of racism as a public health crisis and implementing strategies to address structural racism.

## Summary of Resolutions to Declare Racism a Public Health Crisis

Enacted or adopted as of June 30, 2023, in alphabetical order by state.

| Jurisdiction      | State | Authority       | Date   | Citation                            | Organizational Policy or Practice | Partnerships and Collaboration | Accountability Measures | Issue Focus | Funding and Infrastructure | Call to Action |
|-------------------|-------|-----------------|--------|-------------------------------------|-----------------------------------|--------------------------------|-------------------------|-------------|----------------------------|----------------|
| Black Hawk County | IA    | Board of Health | 4/2023 | Position Statement                  | X                                 | X                              |                         | X           | X                          | X              |
| Linn County       | IA    | Board of Health | 7/2020 | <a href="#">Position Statement</a>  | X                                 | X                              | X                       | X           | X                          |                |
| Muscatine County  | IA    | Board of Health | 2/2021 | <a href="#">Position Statement</a>  | X                                 | X                              |                         |             |                            | X              |
| Bloomington       | MN    | City Council    | 1/2021 | <a href="#">Resolution # 2021-6</a> | X                                 | X                              | X                       | X           | X                          |                |





|                             |    |   |         |  |   |   |   |   |   |   |
|-----------------------------|----|---|---------|--|---|---|---|---|---|---|
| Hennepin County             | MN | County Board                                | 6/2020  | Board Action Request <a href="#">No. 20-0242</a> | X | X | X | X | X |   |
| Minneapolis                 | MN | City Council                                | 7/2020  | <a href="#">Resolution No. 2020R-193</a>         | X | X | X | X | X |   |
| Minnesota                   | MN | House of Representatives                    | 7/2020  | <a href="#">2020 H.R. 1</a>                      | X | X | X | X |   | X |
| Redwing                     | MN | City Council                                | 8/2021  | <a href="#">Resolution No. 7675</a>              | X | X | X | X | X |   |
| Olmstead County             | MN | Board of Commissioners                      | 8/2020  | <a href="#">Resolution No. 20-153</a>            |   |   | X |   |   |   |
| Cudahy                      | WI | Common Council                              | 6/2020  | <a href="#">Resolution N. 7430</a>               | X | X | X | X | X | X |
| Dane County                 | WI | Board of Supervisors                        | 7/2020  | <a href="#">2020 RES-106</a>                     | X |   | X | X |   | X |
| Dane County Board of Health | WI | Board of Health for Madison and Dane County | 12/2018 | <a href="#">Resolution No. 2018-30</a>           | X | X | X | X |   | X |
| Eau Claire County           | WI | County Board of Supervisors                 | 6/2020  | <a href="#">Resolution No. 20-21/030</a>         | X | X | X | X |   | X |
| Kenosha County              | WI | County Board of Supervisors                 | 8/2020  | <a href="#">Resolution No. 21</a>                | X | X | X |   |   | X |
| Lacrosse County             | WI | County Board of Supervisors                 | 4/2021  | <a href="#">Resolution No. 2-4/21</a>            | X | X | X | X | X | X |



|                                     |    |                             |         |  |   |   |   |   |   |   |
|-------------------------------------|----|-----------------------------|---------|--|---|---|---|---|---|---|
| Madison                             | WI | Mayor and Common Council    | 10/2019 | <a href="#">Resolution No. 57483</a>     | X | X | X | X |   | X |
| Milwaukee                           | WI | City Council                | 7/2019  | <a href="#">Resolution No. 190098</a>    | X | X | X | X | X | X |
| Milwaukee County                    | WI | County Board                | 6/2019  | <a href="#">Resolution No. 19-397</a>    | X | X | X |   | X | X |
| Rock County                         | WI | County Board of Supervisors | 6/2020  | <a href="#">Resolution No. 20-6B-037</a> | X | X |   | X |   | X |
| Wisconsin Public Health Association | WI | Public Health Association   | 5/2018  | <a href="#">Racism Resolution</a>        | X | X | X | X |   | X |

**SUPPORTERS**

**Support for the Network provided by the Robert Wood Johnson Foundation. The views expressed in this document do not necessarily reflect the views of the Foundation.**

**This document was developed by Betsy Lawton, JD, Deputy Director, Climate and Health (formerly Northern Region), with research assistance by Julia Ngep, Public Health Associate, Northern Region and National Offices. This work builds on the inaugural Network products on Racism as a Public Health Crisis developed by Dawn Hunter, former director of the Health Equity Team (formerly Southeastern Region). The Network for Public Health Law provides information and technical assistance on issues related to public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.**

**Updated: April 2024.**



Robert Wood Johnson  
Foundation

<sup>1</sup> The categories identified had been slightly revised since the June 2020 analysis, to include a new category: *Funding and Infrastructure* to support implementation and accountability. In our June 2020 analysis, references to *Funding and Infrastructure* were included under *Accountability Measures*, but are broken out here to reflect the importance of dedicating resources to ensure that commitments can be put into action.

<sup>2</sup> The Network’s regional updates generally focus on resolutions and declaration adopted by government entities, and generally do not include a summary or analysis of declarations adopted by associations or nonprofit organizations. The Wisconsin Public Health Association declaration is mentioned here because the language adopted by the WPHA in 2018 was later adopted by several government entities in Wisconsin and was used in declarations adopted by government entities across the nation.