STATEMENT OF POLICY

Public Health, Racism, and Police Violence

Policy

The National Association of County and City Health Officials (NACCHO) has longstanding policy recognizing intentional injury, or violence, as a public health issue and calls on local health departments to work to protect and improve community safety in coordination and collaboration with local, state, and national efforts.[1]

NACCHO recognizes the inherent and valuable work overseen by partners in public safety to protect the health and well-being of local communities. With this in mind, NACCHO encourages local health departments to frame the prevalence of discriminatory police violence and the threat of violence in all communities as a public health issue associated with a legacy of social, economic, and racial injustice in urgent need of both a nationwide and local public health and community response. NACCHO further urges local health departments to engage in public dialogue and use their authority to highlight the health implications of this legacy and the long-term health effects of police violence where it occurs, particularly as it affects the health of children and their development, families, and communities. This work would include building strong relations with local law enforcement, social service, and other agencies of government, and community-based organizations to end the unjust and discriminatory burden of violence and threat of violence primarily against African-Americans, as well as people of color more generally. Local health departments should further support residents experiencing such violence in expressing their voice and building power to act on the processes and decisions that lead to permanent stress, deprivation, poor living conditions and unstable communities that may influence increased levels of crime. Local health departments should bring their experience with the conditions required for population health and well-being to address issues of structural racism, inequity and disproportionate levels of violence in certain neighborhoods and communities.

NACCHO further encourages local health departments to:
- Encourage the protection of the civil rights of all people and the necessary efforts by law enforcement officials to treat people in an equitable and unbiased manner.
- Support the abolition of discriminatory law enforcement strategies such as racial profiling.
- Support the modification or elimination of laws that may lead police to use force or arrest people for minor actions that rarely lead to prosecution.
- Educate the public about the ways in which all forms of structural racism (processes creating disadvantage, which "come from a … network of mutually reinforcing economic

and educational mechanisms … that make their combined negative effects [devastating]"[2]) threaten the public's health and increase the risk of physical and mental health disorders.

- Explore and communicate how the anticipation and long-term effects of violence and daily intimidation increase toxic stress that severely harms health of families and whole communities.
- Actively partner with federal, state and local law enforcement to obtain more complete information about death rates, firearm deaths, rates of arrest, and violence.
- Track, analyze, and disseminate accurate data about death rates, firearm deaths, rates of arrest, and violence.
- Document, in collaboration with local law enforcement, racial disparities in stops, arrests, killings, and complaints of the use of excessive force, and make this information publicly available.
- Research the nature and public health implications of police violence.
- Initiate and lead efforts to build ties between local government and communities focusing on health equity.

<u>Justification</u>
Violence as a public health issue has been well-documented for decades and remains a leading cause of death.[3] Its prevention partially depends on a public health approach integrating many disciplines and attention to living conditions, including the effects of stress (cardiovascular disease, depression) due to the embodiment of on-going, systematic processes of racism. In addition, the World Health Organization indicates that many types of violence or the threat of violence can have long-term and latent health consequences; it describes the role of public health in investigating, monitoring, and, most importantly, preventing it.[4,5] Public health plays a critical role through collective action and coordination of many sectors and disciplines.

Until recently, public health has not researched the health implications of discriminatory violence by local law enforcement, although a number of public health organizations have urged responsiveness to the issue.[6,7,8] Yet as Nancy Krieger, Professor of Public Health at Harvard University suggests, "We in public health have the capacity—the analytic tools, the data and the knowledge—to make the connections palpable – and actionable—between the many forms of racism…and the myriad ways they become embodied and manifest as health inequities."[9]

The public attention given to police violence in the past few years, recently in Ferguson, MO, New York City, Baltimore, MD and Cleveland and Cincinnati, OH, and elsewhere only underscores an ongoing, underreported phenomenon occurring in American society—unjust, disproportionate police violence against communities of color.[10,11] As the Washington Post reports on police shootings nationally in 2015: "about half the victims were white, half minority. But the demographics shifted sharply among the unarmed victims, two-thirds of whom were black or Hispanic. Overall, blacks were killed at three times the rate of whites or other minorities when adjusting by the population of the census tracts where the shootings occurred."[12] Such violence is a threat to the physical, emotional, and psychological health and well-being of residents in those communities where it occurs. It creates a severe burden for families and communities. Health statistics comparing death rates for black and white men, for example, document the increased mortality rates for black men with respect to legal or police

intervention.[13] According to some authors, police violence is closely tied to broader public health issues associated with health inequity, based on a long legacy of embedded racism.[14-17] The New York City Commissioner of Health has argued in the *New England Journal of Medicine* that health professionals ought to be held accountable for "fighting the racism—both institutional and interpersonal—that contributes to poor health in the first place." She further suggests that public health needs to confront the role of racism driving the inequities in health outcomes through "critical research, internal reform, and public advocacy."[18]

NACCHO through its health equity programs and workgroups has a long-standing commitment and track record over sixteen years, seeking to strengthen local health departments' capacity, as they confront the root causes of health inequity through principles of social justice in everyday practice, beyond mitigating the consequences. In 2007 NACCHO contributed to the production and dissemination of the acclaimed PBS documentary series *Unnatural Causes: Is Inequality Making Us Sick?*—over 150 local health departments conducted screenings at town-hall events. Recently, NACCHO has collaborated with California Newsreel in a similar effort with the documentary, *The Raising of America*. NACCHO is a key partner in the Building Networks Initiative, funded by the W.K. Kellogg and Kresge Foundations, to align public health with the discipline and strategies of community organizing in six Midwestern states and create strong, flexible, and permanent statewide teams that develop and promote strategies to eliminate health inequity. Over these years, NACCHO produced many valuable tools, including a web-based multi-media course called The Roots of Health Inequity; the anthology, *Tackling Health Inequities Through Public Health Practice: Theory to Action* (Oxford University Press, 2010); and, *Expanding the Boundaries of Public Health Practice* (2014), a publication exploring how local health departments can transform their practice in a way that emphasizes important root causes. Health equity was the theme of the NACCHO Annual Conference in 2001, 2007 and will be again in 2016.

References

1. 12-15 NACCHO Policy Statement on Injury and Violence Prevention
2. Powell, j. a. (September/October, 2013). Deepening our understanding of structural marginalization. *Poverty & Race*, 22(5), 1,3-4, 13.
3. Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (Eds). (2002). "Violence—A Global Public Health Problem," Chapter 1, *World Report on Violence and Health* (Geneva, World Health Organization).
4. World Health Organization, United Nations Development Programme, and United Nations Office on Drugs and Crime, (2014) *Global Status Report on Violence Prevention* Geneva, Switzerland).
5. Haegerich, T. M. & Dahlberg, L. L. (2011). Violence as a public health risk. *American Journal of Lifestyle Medicine*, 5(5), 392-406.
6. Dahlberg, L. L. & Mercy, J. A. (February, 2009). History of violence as a public health issue. *AMA Virtual Mentor*, 11(2), 167-172.
7. American Association of Colleges of Nursing. (1999). Violence as a Public Health Problem [position statement].
8. American Public Health Association. (1998). Impact of Police Violence on Public Health [policy statement]; Student National Medical Association. (2000). Police Brutality Position Statement [originally prepared by Roger Mitchell].
9. Krieger, N. (January, 2015). Police killings, political impunity, racism and the people's health: Issues for our times. *Harvard Public Health Review*, 3, 1-3.
10. Cooper, H., Moore, L., Gruskin, S., & Krieger, N. (July, 2004). Characterizing perceived police violence: Implications for public health. *American Journal of Public Health*, 94(7), 1109-1118.

11. Krieger, N., Kiang, M. V., Chen, J.T., & Waterman, P. M. (January, 2015). Trends in US deaths due to legal intervention among Black and White men, age 15-34 years, by county income level: 1960-2010. *Harvard Public Health Review*, 3, 1-5.
12. Kindy, K. (May 30, 2015). Fatal police shootings in 2015 approaching 400 nationwide.
13. Barry, R. & Jones, C. (December 3, 2014). Hundreds of police killings are uncounted in federal stats; FBI data differs from local counts on justifiable homicides. *The Wall Street Journal Online*. Retrieved December 14, 2014, from http://global.factiva.com/redir/default.aspx?P=sa&an=WSJO000020141203eac3001ur&cat=a&ep=ASE.
14. King, J. (March 12, 2013). Yes, racism is a public health risk. *Colorlines.* Retrieved March 13, 2015, from http://www.colorlines.com/articles/yes-racism-public-health-risk.
15. Silverstein, J. (March 2013). How racism is bad for our bodies. Retrieved March 14, 2015 from http://www.theatlantic.com/health/archive/2013/03/how-racism-is-bad-for-our-bodies/273911/.
16. Takeuchi, D. T. & Williams, D. R. (April, 2011). Race and health in the 21st Century. *Dubois Review: Social Science Research on Race*, 8(1), 1-3.
17. Freeman Anderson, K. (2013). Diagnosing discrimination: Stress from perceived racism and the mental and physical health effects. *Sociological Inquiry*, 83(1), 55-81.
18. Basset, M. (March 19, 2015). #Black Lives Matter—A challenge to the medical and public health communities. *New England Journal of Medicine*.372:1085-1087.

Note:

In 2015, the *Journal of Urban Health* will produce a special section on Police Brutality as a Public Health Issue; in summer 2015, the *Harvard Public Health Review* will dedicate a special issue titled: "Race, Politics, and Power."

Record of Action
Proposed by NACCHO Health Equity and Social Justice Committee
Approved by NACCHO Board of Directors
July 7, 2015