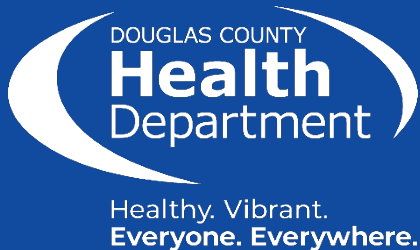


Racism as a Public Health Crisis & Long-term Prioritization of our RIM Community Members



Office of Health Equity

Andy Wessel
Community Health Planner

Grounded in Something More Permanent Than Grant Funding



DOUGLAS COUNTY BOARD OF HEALTH DOUGLAS COUNTY, NEBRASKA Declaration of Racism as a Public Health Crisis



Resolved,

WHEREAS, Public health is the art and science of protecting and promoting the health of people and communities with the goal of achieving optimal health for ALL; and,

WHEREAS, public health work is achieved by three core functions: assessment, policy development and assurance for the purposes of preventing epidemics, spread of disease and injuries, protecting against environmental hazards, promoting and encouraging healthy behaviors, responding to disasters and assuring the quality and accessibility of servicesⁱ; and,

WHEREAS, public health professionals work to prevent problems from happening or recurring by working with community members and partners to continuously assess the health status of the community, implement educational programs, recommend and support policies, administer services, and work to limit health disparities thru the promotion of equitable and accessible healthcareⁱⁱ; and,

WHEREAS, more than 100 studies have linked racism to worse health outcomesⁱⁱⁱ; and,

WHEREAS, race is a social construct with no biologic basis^{iv}; and,

WHEREAS, racism is a social system with multiple dimensions: individual racism is internalized or interpersonal; systemic racism is institutional or structural, and is a system of structuring opportunity and assigning value based on the social interpretation of how one looks, this unfairly disadvantages specific individuals and communities, while unfairly giving advantages to other individuals and communities, and saps the strength of the whole society through the waste of human resources^v; and,

WHEREAS, racism and segregation in Douglas County have exacerbated a health divide resulting in disparities for premature deaths, death rates for cardiovascular disease and cerebrovascular disease, average and median age of deaths. This health divide is also strongly linked to disparities in infant mortality, rates of premature births and infants born with low and very low birth rates (see Attachment 1). A contemporary example of such disparity is highlighted by preliminary data in Douglas County that suggest African Americans are dying at a disproportionately higher rate from the coronavirus^{vi}; and,

WHEREAS, for communities of color and those of low socio-economic status, health inequities are tied to poor health outcomes as a consequence of their social determinants of health (economic stability, education, physical environment, food and access to health care systems)^{vii}; and,

WHEREAS, addressing the social determinants of equity will involve monitoring for inequities in exposures and opportunities, as well as for disparities in outcomes and will require the examination of structures, policies, practices, norms and values and intervention on said structures and attention to systems of power all to achieve social justice and eliminate health disparities^{ix}; and,

WHEREAS, racism causes persistent racial discrimination influencing many areas of life, including housing, education, employment and criminal justice; and an emerging body of research demonstrates that racism itself is a social determinant of health^x; and,

WHEREAS, the American Public Health Association (APHA) launched a National Campaign against Racism^{xi};

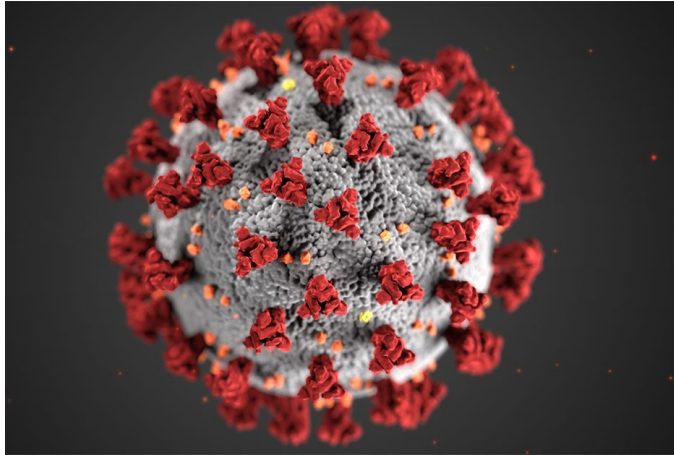
The Groundwater Approach

<https://racialequityinstitute.org/groundwater-approach/>

Toxicity Levels Racism and Other Supremacy Cultures

Level of Harm	Cultural Message	Cultural Impact	Example Mechanisms
Severely Toxic 	You Don't Matter	Dehumanization	Genocide Enslavement Lynching
Highly Toxic 	You Matter Less	Discrimination	Segregation Unfair Treatment Implicit Bias
Toxic 	You Matter if...	Shame & Anxiety	Diseases of Despair Poor Mental Health "Us vs Them" Thinking
Healthy 	You Matter!	Dignity & Belonging	Respect & Cooperation Shared Humanity Personal Worth

Opportunity from Turmoil: COVID & Nox-Crete Chemical Fire



1. Arabic
2. Burmese
3. Dari
4. Karen
5. Karenni
6. Kiswahili
7. Nepali
8. Nuer
9. Pashto
10. Q'anjoba'l
11. Somali

Goal: Develop a Way to Reach RIM Community Members in 10+ Languages During an Emergency

Other Components of Long-term Prioritization

1. Community-wide coordination/problem-solving with philanthropic sector including developing population estimates
2. Capturing REAL data at healthcare facilities to aid health assessment
3. Ongoing relationship building focused on cultural adjustment/mental health plus building awareness of prevention and primary care



Mahamed Jimale



Dekow Sagar



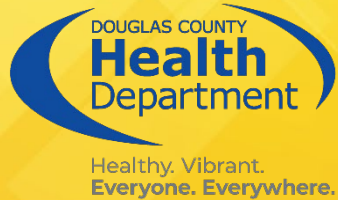
Matt Martin



Hannah Vlach
Paw Bway Htoo



Osuman Issaka
Sahfiya Mahamane



Thank you.

www.douglascountyhealth.com



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